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34039 Maintenance of skin clearance in a long-term open-label study of fixed-combination halobetasol propionate and tazarotene lotion for psoriasis in participants with prior use of topical treatments

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Background: Most patients with psoriasis are dissatisfied with their current treatment, primarily because of limited effectiveness. This post hoc subgroup analysis evaluated long-term efficacy and safety of fixed-combination halobetasol propionate (0.01%) and tazarotene (0.045%) lotion (HP/TAZ) in participants with use of topical corticosteroid (TCS; 137/550 [24.9%]) or other antipsoriatic topical medications (51/550 [9.3%]) before entry in an open-label study of HP/TAZ (NCT02462083).

Methods: Participants in the open-label study received HP/TAZ once daily. At week 8, participants who achieved treatment success (investigator's global assessment [IGA] score of 0 or 1) stopped treatment and were reevaluated monthly through 52 weeks; those who did not achieve treatment success continued HP/TAZ. Twenty-four continuous weeks of treatment were allowed if participants achieved ≥1-grade improvement in IGA from baseline at week 12, with monthly reevaluation. If at any point the condition intensified to IGA ≥2, HP/TAZ was resumed, otherwise, HP/TAZ was discontinued.

Results: From weeks 8 to 52, similar treatment success rates were achieved by participants with prior use of TCS (range, 20.0%-40.0%) or other topicals (range, 21.1%-53.8%). Mean affected body surface area at baseline was 5.7% and 5.5%, respectively, and decreased to 3.8% and 2.4%, respectively, at week 52. Percentage of participants who maintained disease control for 29 to 85 days after HP/TAZ cessation was comparable. Rates of adverse events were similar between groups.

Conclusions: Regardless of the type of previous topical therapy, participants with prior use of topical medications maintained skin clearance with HP/TAZ over 52 weeks.

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31772

Malignancy risk among children and adults with atopic dermatitis in a population-based cohort

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Atopic dermatitis (AD) is linked to immunologic dysfunction which may influence cancer risk. Few epidemiologic investigations of AD and cancer have included pediatric populations or accounted for AD severity. We conducted a population-based cohort study using a U.K.-based medical records database to examine the risk of malignancy among children and adults with AD. 409,431 children and 625,083 adults with AD were matched on age, practice, and index date to 1,809,029 children and 2,678,888 adults without AD, respectively. AD severity was estimated as mild, moderate, or severe using treatments as a proxy. Among children, the risk of any incident malignancy did not differ by AD status (HR 1.02 [95% CI 0.92-1.12]). However, children with moderate or severe AD had a significantly greater risk of lymphoma compared with children without AD (HRs 1.71 [1.01-2.90] and 3.13 [1.39-7.06], respectively). Among adults, overall malignancy risk did not differ by AD status (HR 1.00 [0.99-1.02]) but severe AD was associated with a 15% greater risk of cancer relative to no AD (1.15 [1.10-1.20]). Adults with moderate or severe AD had significantly greater risk of lymphoma (HRs 1.19 [1.10-1.30] and 2.28 [1.92-2.71], respectively). Adults with moderate AD had lower risk of solid organ malignancy (HR 0.93 [0.92-0.95]), including bladder, breast, colon, lung, and prostate cancer. In summary, AD is associated with increased risk of select cancers, particularly lymphoma, and potentially lower risk of some solid malignancies, suggesting a heterogeneous relationship between AD and cancer that requires deeper investigation as immunomodulatory therapies continue to emerge for AD.

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31256

Malignancy rates through 5 years of follow-up in guselkumab-treated patients with moderate to severe psoriasis: Results from the VOYAGE 1 and 2 trials and comparisons to general populations

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Introduction: Surveillance of malignancy risk among patients receiving long-term immunomodulatory treatment remains an important safety objective. Here we report malignancy rates in patients with moderate-to-severe psoriasis treated with guselkumab for up to 5 years versus a representative psoriasis registry population and the general US population.

Methods: Cumulative rates of malignancies/100 patient-years (PY) were evaluated in 1721 guselkumab-treated patients from VOYAGE-1&2. Overall rates of malignancies excluding NMSC were compared with rates among patients eligible for systemic therapy from the Psoriasis Longitudinal Assessment and Registry (PSOLAR; 2007-2014; N = 12,093; >40,000 PY). Standardized incidence ratios (SIRs; 95%CI) comparing rates of malignancies excluding NMSC and cervical cancer in situ between guselkumab-treated psoriasis patients and the general US population using Surveillance, Epidemiology, and End Results data (2000-2017) were calculated, adjusting for age, sex, and race.

Results: Of 1721 guselkumab-treated patients included in VOYAGE-1&2 (7166PY of follow-up), 24 had NMSC (0.34/100PY) and 32 had malignancies excluding NMSC (0.45/100PY). For comparison, the rate of malignancies excluding NMSC was 0.68/100PY in PSOLAR. The rate of malignancies (excluding NMSC/cervical cancer in situ) in guselkumab-treated patients was generally consistent with that expected in the general US population [SIR (95% CI) = 0.93 (0.64-1.31)]; the most commonly reported malignancies in guselkumab-treated patients were breast [n = 6; SIR = 1.47 (0.54-3.20)], colorectal [n = 5; SIR = 1.54 (0.50-3.59)], melanoma [n = 4; SIR = 1.32 (0.36-3.39)], and prostate [n = 4; SIR = 0.59 (0.16-1.50)].

Conclusions: Through 5 years of treatment of psoriasis patients with guselkumab in VOYAGE-1&2, NMSC and other malignancy rates were low. Malignancy rates (excluding NMSC) were generally consistent with rates expected in the general US population and observed in the PSOLAR registry.

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34691

Management of common scabies and post-scabetic itch in adults: Lessons learned from a single-center retrospective cohort study

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Background: Limited data exist on clinical characteristics and treatment outcomes of patients with common scabies who are treated with combined topical permethrin plus oral ivermectin. Post-scabetic itch is common, but there is scant data describing its prognosis and management.

Methods: We conducted a single-center retrospective cohort study of adult participants with common scabies treated with combined topical permethrin plus oral ivermectin therapy compared with topical permethrin only. Participants previously treated with permethrin and/or ivermectin were excluded. The primary outcome was clinical outcome at follow-up, categorized as cure, worsening, or no change. Secondary outcomes included time from treatment initiation to cure, duration of follow-up after cure, recurrence rate, frequency of post-scabetic itch, and duration of post-scabetic itch.

Results: Of 55 participants treated with combined topical permethrin plus oral ivermectin, 49 (89%) achieved cure, 5 (9%) had no change, and 1 (2%) had worsening disease. Of 48 treated with topical permethrin only, 46 (96%) achieved cure, 2 (4%) had no change, and 0 (0%) had worsening disease. Thirty-five (34%) experienced post-scabetic itch for 52.5 days (interquartile range, 28-135). More participants in the older (mean [standard deviation {SD}] = 55 [21] years, $P = .002$) combined treatment group experienced post-scabetic itch than in the younger (mean [SD] = 42 [19] years) permethrin only treatment group (42% vs 25%, $P = .072$).

Conclusions: These findings support use of combined topical permethrin plus oral ivermectin therapy in treating common scabies, suggest post-scabetic itch can persist for longer than previously reported, and reveal a potential relationship between older age and post-scabetic itch.

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