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Recurrence status, perineural invasion, lymphovascular invasion, and hypothyroidism are independently associated with lymph node metastasis in cutaneous squamous cell carcinoma of the head and neck: A matched case-control study



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Introduction: Cutaneous squamous cell carcinoma (SCC) is the second most common skin cancer, causing up to 1,000,000 cases in the United States each year. Lymph node metastasis is the single greatest prognostic indicator for mortality in patients with SCC.

Objective: To identify and characterize key risk factors for cutaneous SCC nodal metastasis.

Methods: This was a multi-institutional, matched case-control study of 65 cutaneous SCC tumors with known nodal metastasis (cases) and 65 cutaneous SCC tumors without nodal metastasis (controls). The cases and controls were matched by tumor anatomic location, age (by decade when possible) and gender. Odds ratios (ORs) and their 95% confidence intervals (CIs) were generated to determine the association between specific risk factors and nodal metastasis.

Results: One-hundred thirty tumors were included in total from the cases and controls groups. Recurrent tumors (OR 4.7, 95% CI 2.2-10.1), perineural invasion (OR 3.3, 95% CI 1.6-7.2), lymphovascular invasion (OR 20.2, 95% CI 2.5-160.7), and hypothyroidism (OR 2.7, 95% CI 1.1-6.3) were significantly more common in the nodal metastasis cohort.

Discussion and conclusion: In our study, recurrence, perineural invasion, lymphovascular invasion, and hypothyroidism were associated with lymph node metastasis in cutaneous SCC of the head and neck. After confirmation in additional cohorts, the results of this study may be used to refine current staging systems for cutaneous SCC and to optimize management and surveillance strategies for a high-risk subset of individuals with these aggressive tumors.

Commercial Disclosure: None identified.

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Patient Satisfaction with Teledermatology during the Covid-19 Pandemic



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Introduction: As teledermatology experiences wider adoption with the Covid-19 pandemic, it is essential to examine patient experience with the modality. The objective of this study is to assess patient satisfaction with teledermatology among new-to-clinic vs existing clinic patients in the context of the rapid practice shift during the Covid-19 pandemic.

Methods: We report a survey-based study of teledermatology patients seen at a major Southeastern medical center from May 13 to June 5, 2020. The primary outcome was patient satisfaction levels among new and existing patients, assessed with chi-squared and *t* tests. The secondary outcome was future willingness to use teledermatology, assessed with logistic regression.

Results: Of 288 teledermatology patients seen during the study period, 184 (64%) completed the survey. Patients reported high overall satisfaction with teledermatology, with 159 (86%) participants reporting a positive experience with teledermatology. New patients had significantly higher overall satisfaction with teledermatology than follow-up patients (mean Likert 4.70 for new, 4.43 for existing; *P* = .03). Satisfaction with teledermatology did not significantly differ by age, race/ethnicity, education level, residence, or insurance status (*P* > .05). There was no significant difference in satisfaction by previous telehealth experience (*P* = .53); however, previous telehealth experience was associated with a higher odds of willingness to use telehealth in the future (OR 2.39, 95% CI 1.31-4.35, *P* = .004).

Conclusion: We report that the rapid expansion of teledermatology was met with high levels of patient satisfaction during the Covid-19 pandemic. Further studies are needed to identify disease-specific scheduling algorithms to ensure the visit modality suits the dermatologic condition being treated.

Commercial Disclosure: None identified.

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Time to onset of creatine kinase elevation in patients with advanced basal cell carcinoma receiving sonidegib 200 mg daily: Results from the 42-month BOLT study



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Introduction: Sonidegib, a hedgehog pathway inhibitor, is approved to treat patients with locally advanced basal cell carcinoma (laBCC) in the US, EU, Switzerland, and Australia, and metastatic basal cell carcinoma (mBCC) in Switzerland and Australia, not amenable to surgery or radiotherapy. Muscle spasms are a common adverse event (AE) in patients taking Hedgehog inhibitors. We evaluated the time to onset of grade 2/3/4 creatine kinase (CK) elevation in patients receiving sonidegib 200 mg once daily (QD) during the pivotal study.

Methods: BOLT was a randomized, double-blind, multicenter phase 2 study with patients randomized 1:2 to receive sonidegib 200 or 800 mg orally QD, respectively. Safety assessments included AE monitoring until 30 days after last dose. CK monitoring was performed within 72 hours of the first dose, then weekly for the first 2 months followed by every 4 weeks until end of treatment.

Results: In patients receiving sonidegib 200 mg QD (*n* = 79), 11 patients with laBCC and 3 patients with mBCC had elevated CK with overall median time to onset of 12.9 weeks (20.3 weeks for laBCC and 10.6 for mBCC). For patients with aggressive and nonaggressive laBCC, median time to onset of CK elevation was 24.3 and 10.2 weeks, respectively. The cumulative onset rate (95% confidence interval) of CK elevation at 24 weeks was 10.9% (5.4%–21.5%, laBCC) and 26.2% (9.2%–61.5%, mBCC).

Conclusions: Time to onset of CK elevation was longer in patients with laBCC vs mBCC, which is consistent with the 30-month analysis.

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