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Janssen-Sponsored Satellite Symposium at the 30th EADV Virtual Congress 2021

The art of joint forces: crafting psoriatic arthritis care for dermatologists

This virtual satellite symposium will focus on the necessity for practicing dermatologists to understand the burden of psoriatic arthritis in patients with psoriasis. It will emphasize how important it is that dermatologists detect early signals of psoriatic arthritis in patients with psoriasis and also understand why targeting IL-23 directly can be effective in treating and potentially also preventing the development of psoriatic arthritis for their psoriasis patients

Janssen Immunology

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Skin cancer awareness and prevention behaviour in Wales

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DEAR EDITOR, Skin cancer incidence is increasing worldwide, with higher incidence rates in Wales than in other UK countries.[1,2] The majority of skin cancers are caused by overexposure to ultraviolet radiation, and prevention measures are recommended at government level and by individuals.[3,4] In Wales, the Sunbeds Act was passed in 2010 prohibiting people under the age of 18 years from using sunbeds.

This study aimed to assess skin cancer awareness, preventive behaviour and knowledge of vitamin D to inform skin cancer prevention strategies in Wales. A questionnaire was developed in conjunction with HealthWise Wales, a population-based online study of individuals over 16 years old and residing or accessing healthcare in Wales. The questionnaire was based on the Northern Ireland Omnibus Survey 'Care in the Sun' module and a Danish validated sun exposure questionnaire.[5–7] Participants registered with HealthWise Wales were invited to complete the questionnaire, either online or over the phone, between October 2017 and October 2018. Responders were analysed by demographics and socioeconomic factors, with differences tested using z-tests.

In total 6386 participants responded (4476 female, 70·1%), with the following age distribution: 6·4% age < 25 years, 26·4% age 25–44 years, 41·4% age 45–64 years and 25·8% age ≥ 65 years. The majority (91·3%) reported Fitzpatrick type skin I–III. Participants reported that they check their skin daily (6·2%), weekly (11·3%), monthly (10·0%), every 2–3 months (4·5%), every 3–6 months (2·7%), less often than every 6 months (1·4%), 'whenever I think of it' (19·4%), 'when I spot something' (32·4%), never (8·8%), 'don't know' (3·0%) or other (0·3%).

Over half of participants (56·6%) did not report any episodes of sunburn over the previous year. Younger people (16–24 years old) were more likely to report sunburn at least once in the preceding year compared with participants in the ≥ 65-year age group (67·6% vs. 9·3%, $P < 0·001$). Women were slightly more likely to have experienced sunburn at least once in the preceding year than men (37% vs. 30%, $P < 0·001$).

The most common measure to protect against sunburn was using sunscreen (80·5%), with women being more likely to use it than men (84·9% vs. 70·3%, $P < 0·01$). Other measures, including wearing a hat, staying in the shade and covering up, were less used ($P < 0·001$) (Table 1). Of those who reported using sunscreen, daily use was reported by 25·9%, and over half (58·6%) reported use when sunbathing abroad in a warm country.

Past sunbed use was reported by 27·6% of participants, with 3·9% in the youngest age group (< 25 years); this group would have been < 18 years old when the Sunbeds Act came into force in October 2011. Current sunbed use was reported by 0·9%, with greater reported use among women ($P < 0·001$). The majority (83%) had less than 10 sessions per year. Participants with lower employment status were more likely to have never used sunbeds than participants with higher employment status ($P < 0·01$).

Almost half of participants (43·6%) agreed with the statement that 'having a suntan makes me feel healthier' and this increased to 62·8% in the youngest age group (< 25 years). Almost half (44·5%) of participants agreed with the statement

Table 1 Sun protection attitudes and vitamin D knowledge.

	Age group (years)					
	Total	< 25	25–44	45–64	> 65	P-value
Sun protection attitudes						
Avoid the midday sun	29·7	24·3	28·9	29·8	31·8	0·020
Cover up (e.g. long sleeves, loose clothing)	38·1	29·5	35·5	38·7	42·1	< 0·001
Wear a hat	43·3	28·0	33·3	44·2	55·9	< 0·001
Never go out in the sun	2·4	4·4	3·0	2·2	1·7	0·004
No protective measures taken	6·6	9·8	5·5	5·6	8·7	< 0·001
Where practical, stay in the shade	49·1	46·4	49·9	47·2	52·1	0·010
Regular skin checks	7·7	5·7	6·0	7·4	10·4	< 0·001
Sunscreens (e.g. a cream or lotion with a sun protection factor)	80·5	85·7	88·5	81·4	69·6	< 0·001
Vitamin D knowledge (response = disagree)						
Can produce vitamin D in shade	24·0	16·3	23·5	25·1	24·8	0·001
Can produce vitamin D between 12·00 h and 15·00 h	77·7	73·8	79·4	79·9	73·5	< 0·001
Have to sunbathe to produce vitamin D	82·7	80·0	84·4	84·3	79·2	< 0·001
Cannot produce vitamin D with sunscreen	62·6	75·0	69·1	64·1	50·6	< 0·001
5–20 min is sufficient for vitamin D needs for fair skin	9·2	10·9	9·7	9·2	8·8	0·55
3–4 h is sufficient for vitamin D needs for fair skin	35·9	27·7	36·2	36·4	36·8	0·005
Vitamin D supplement recommended by Department of Health	22·0	17·6	18·1	24·8	22·8	< 0·001

The data are the percentage of respondents.

that 'having a tan makes me look more attractive'. Higher or intermediate employment status showed more agreement with both statements.

The most popular sources for information about sun safety were magazines (55·5%), newspapers (44·5%), health professionals (40·6%), internet (40·4%) or family and friends (36·8%).

The majority of participants (82·7%) agreed with the statement that 'you don't have to sunbathe to produce vitamin D' and most participants (62·6%) disagreed with the statement that 'if you use sunscreen you don't produce vitamin D'. Only 22·0% of participants reported that they did not know whether vitamin D supplementation is recommended in the UK between October and March (Table 1).

In conclusion, this is the first study to describe attitudes towards skin cancer prevention in Wales. However, the findings may not be representative of the Welsh population. Significant selection bias is suggested by women comprising 70% of the sample, which has been observed in other population surveys. Furthermore, some results are reliant on recall of past behaviour.

In the youngest age group, sunburn incidence was reported in two-thirds of participants within the last year. However, past sunbed use was reportedly low, which may be attributed to the Sunbeds Act. There is a predisposition for using sun protection measures only while abroad and an over-reliance on sunscreen, which is consistent with other global surveys.[8] Tanning is associated with health and attractiveness particularly in younger people and there is confusion around the acquisition of vitamin D in the context of sun safety.

Future skin cancer prevention campaigns should focus on sun protection measures other than sunscreen, address attitudes regarding the health and attractiveness of tanning and provide clear guidance on vitamin D.

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The value of subcutaneous vs. oral methotrexate: real-world data from the German psoriasis registry PsoBest

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Dear Editor, Methotrexate (MTX) remains one of the most frequently used first-line systemic treatment options in patients with plaque-type psoriasis.[1] Direct head-to-head trials against adalimumab, infliximab and ixekizumab,[2] as well as indirect comparisons,[3] indicate lower efficacy of MTX compared with biologic therapies. The comparator studies were conducted with oral MTX, which may be suboptimal compared with subcutaneous (SC) administration due to the generation of lower levels of biologically active MTX polyglutamate.[4] A clinical trial with SC MTX suggested improved long-term disease control compared with oral MTX, but a direct head-to-head comparison was not performed.[5,6] The route of administration did not influence response rates in a recent real-life study.[7] Here we report the effectiveness of oral vs. SC MTX in the German psoriasis registry PsoBest.

Patients starting on oral or SC MTX for the first time and with a possible observation time in the registry of ≥ 12 months (index date 31 December 2018) were included in the analysis no matter how long they stayed on the drug. Patients were excluded if they did not have