ABSTRACTS

LB743
Anesthetic blister induction to identify biopsy site prior to mohs surgery
M. Zaic,1 T. Tonge,2 J. Porges,1 K. Toureli,3 S. Prodhanovich1
1 Florida International University, Miami, FL, 2 Nova Southeastern University, Fort Lauderdale, FL, and 3 Stony Brook Medical Center, Stony Brook, NY

The utility of an anesthetic blister induced at a suspected biopsy site is investigated for utility as a means of identifying the location for the biopsy prior to Mohs surgery. A patient presented with a clearly identifiable neoplasm, which was biopsied and histologically diagnosed as a squamous cell carcinoma. Subsequently, the patient was scheduled for Mohs surgery. On presentation for the surgical procedure, the initial biopsy site was not clearly identifiable and delayed initiation of treatment. Upon injection of local anesthetic, blister formation was developed in the initial biopsy site, clearly depicting our surgical location. Our presented surgical case was confirmed with frozen sections upon Mohs surgery. The biopsy site was easier to locate with the assistance of a blister that formed as a result of local anesthetic administration. This is a clear example of a new technique that can be used as an adjunctive tool to highlight with a higher degree of certainty what may be an obscure operative site. Though we used anesthetics to allow to see the site to be cut, 400 milg may also. Clinic response was assessed using modified RECIST (tumor shrinkage ≥50%) by central review. GJ1 levels were measured in 37 LaBCC and 13 mBCC tumor samples collected at baseline (BL), week 9, and week 17 by qRT-PCR. GJ1 levels decreased at weeks 9 and 17 with sonidegib 200 mg (median % change, −91.07, and −93.75, respectively; P < 0.001) and 800 mg (median % change, −96.16 and −96.02, respectively; P < 0.001 vs BL). Decreases were similar with LaBCC and mBCC (adjusted hazard ratios, 6.0, and 1.6, respectively). No grade ≥3 AEs were observed. LB744
Estimating health care costs associated with recurrent outpatient cellulitis
J. Stein Gold, MD, M. Hughes, MD, and L. Zane, MD
Dermatology Consulting Services, High Point, NC, 2 Henry Ford Medical Center, Detroit, MI, 3 St. George Hospital, University of New South Wales, Kogarah, NSW, Australia and 4 Anacor Pharmaceuticals, Inc., Palo Alto, CA

Two pooled analyses limited to assessment of anti-pruritic activity of AN2728 topical ointment, 2% (AN2728) were conducted using data from patients with atopic dermatitis (AD) from 4 studies: study 1: phase Ib trial of AN2728 systemic exposure, safety, and pharmacokinetics (PK) under maximal-use conditions in children and adolescents; study 2: phase 2a trial of AN2728 efficacy, safety, tolerability, and pharmacokinetics in adults; studies 3 and 4 included assessments of 2 target lesions per patient treated with AN2728 or vehicle. Pruritus severity was assessed using a 4-point rating scale from 0 (none) to 3 (severe). Efficacy assessments included change from baseline in mean standard deviation (SD) pruritus severity scores at days 8 (initial assessment), 15, 22, and 29 (whole-body assessments) or days 15 (initial assess- ment), 22, and 29 (target lesions). Paired-t tests comparing change from baseline against zero were used to calculate P-values. The pooled analysis of studies 1 and 2 included 57 patients. Reductions in meanSD pruritus severity scores during treatment with AN2728 occurred at days 8 (−1.32; 90% CI: −2.35, −0.29) and were maintained through day 29 (−1.37; 90% CI: −2.39, −0.35) (P < 0.001 for each). The pooled analysis of studies 3 and 4 included 67 patients. Reductions in mean SD pruritus severity scores during treatment with AN2728 were observed at days 15 (−1.54; 90% CI: −2.58, −0.50) and were maintained through day 29 (−1.70; 90% CI: −2.73, −0.67) (P < 0.001 for each). These findings provide preliminary evidence of the efficacy of AN2728 topical ointment, 2% in relieving pruritus, one of the most burdensome AD symptoms.