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Key words: adverse events; Belotero; cosmetic techniques; dermal fillers; esthetics; FACE-Q; hyaluronic acid; injections; Juvéderm; lip; quality of life; randomized controlled trial; Restylane; self-assessment; Stylage; treatment outcome.

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Conflicts of interest

None disclosed.

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International Society for Cutaneous Lymphomas Pandemic Section (ICLYPS) analysis of cutaneous T-cell lymphoma outcomes during the COVID-19 pandemic: A retrospective cohort study



To the Editor: Outcomes of patients with cutaneous T-cell lymphoma (CTCL), a diverse group of non-Hodgkin lymphomas, during the COVID-19 pandemic are unknown. Patients with CTCL require active management and rely on various local and systemic therapies administered in-hospital or

in-office, representing an increased risk for contracting COVID-19. There are no established maintenance protocols for cutaneous lymphomas. The COVID-19 pandemic served as an “experiment of nature” to understand the effects of reduced regimens and maintenance therapy. The professional societies developed emergency guidelines for the management of patients with cutaneous lymphomas during the pandemic to ensure patient safety.^{1,2} The International Society for Cutaneous Lymphomas created an International Cutaneous Lymphomas Pandemic Section to collect data to assess the impact of these guidelines. Using these data, we can determine if these measures were effective in preventing COVID-19 infection, what the impact was of maintenance therapy, and how delays in treatment affected disease outcomes in CTCL patients.

We performed a retrospective analysis of data from the electronic medical records at 9 international academic medical centers in 7 countries from March to October 2020, including 149 patients, actively managed with an established diagnosis of cutaneous lymphoma. Patient demographics, date of diagnosis, staging details, treatment details, delays or changes to treatment regimens, disease outcomes, and COVID-19 disease history including the source of transmission were recorded (Fig 1).

Treatment was delayed for 53.0% of patients for a mean of 3.2 months (range: 10 days-10 months). Adjusting for age, race, biological sex, COVID-19 status, and disease stage, treatment delay was associated with a significant risk of disease relapse or progression across all stages (odds ratio 5.00; 95% confidence interval [2.38, 11.0], P value < .001) and, for each additional month that a patient experienced treatment delay, the odds of disease progression increased by 37.0% (odds ratio 1.37; 95% confidence interval [1.14, 1.70], P value < .001) (Table I). A total of 28 (18.8%) patients with CTCL were diagnosed with COVID-19, none acquired from outpatient office visits. Patients who contracted COVID-19 did not have a statistically significant increase in odds of disease progression compared to COVID-19-negative patients (odds ratio 0.41; 95% confidence interval [0.15, 1.08], P value = .07).

Based on the results of this study, we conclude the following:

1. Adequate safety measures and protocols can prevent transmission of COVID-19 at physicians' offices as no outpatient office-acquired infections were reported.
2. Patients with cutaneous lymphomas who develop COVID-19 do not have worse outcomes than expected according to their risk factors.

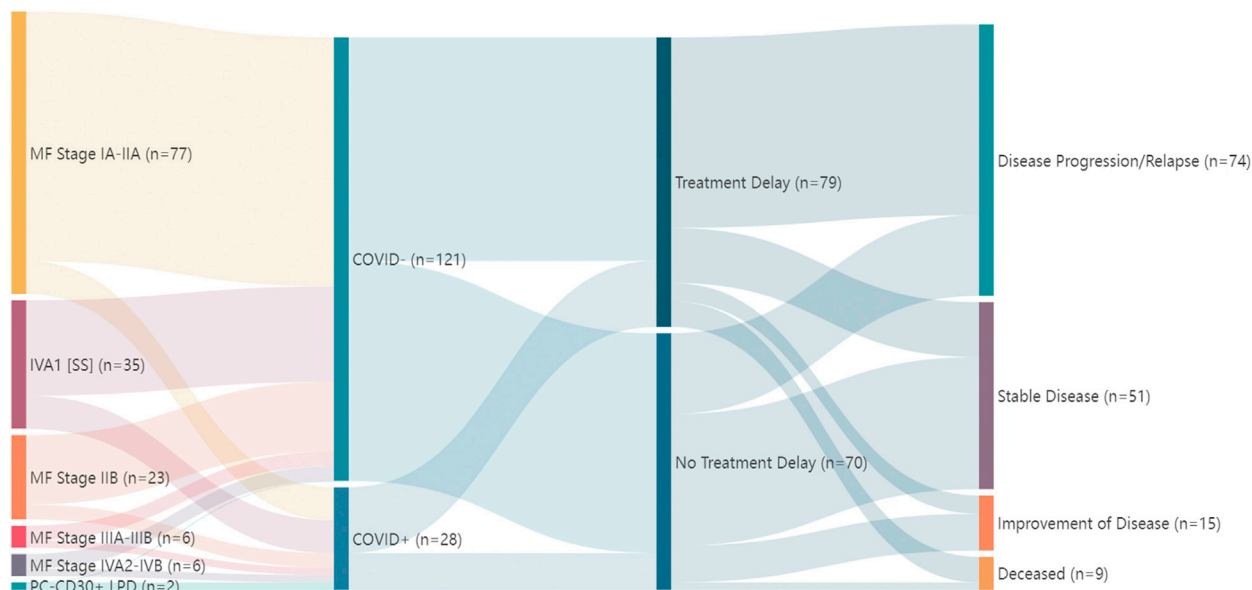


Fig 1. Stratified clinical characteristics and outcomes in patients with cutaneous T-cell lymphoma during the COVID-19 pandemic.

- As the pandemic continues, our data reveals the need to re-evaluate the initial recommendations made by the USCLC and EORTC-CLTG, and it provides reassurance that our current COVID-19-conscious management practices are safe and effective.
- Delays in therapy lead to adverse clinical outcomes and should be avoided, as the risk of contracting COVID-19 in the outpatient setting did not outweigh the risk of morbidity and mortality due to disease progression.
- Ensuring continuity of treatment and maintenance therapy appears critical to avoiding disease progression, underscoring the importance of maintenance therapy for CTCL.

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Key words: COVID-19; CTCL; cutaneous lymphoma; cutaneous T-cell lymphoma; International Society for Cutaneous Lymphomas; maintenance therapy; pandemic; treatment delay.

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Table I. Demographic and outcomes by treatment delay status

	Treatment delay (n = 79) N (%)	No treatment delay (n = 70) N (%)	Total (N = 149) N (%)
Age			
Mean	64	59	
Median (IQR)	65 (53, 78)	62 (48, 72)	
Range	28, 95	22, 88	
Biological sex			
Male	43 (54.4)	40 (57.1)	83 (55.7)
Female	36 (45.6)	30 (42.9)	66 (44.3)
Race			
White	60 (75.9)	44 (62.9)	104 (69.8)
Black/African American	8 (10.1)	19 (27.1)	27 (18.1)
Other/unknown/declined	11 (13.9)	7 (10.0)	18 (12.1)
Stage			
IA-IIA	40 (50.6)	37 (52.9)	77 (51.6)
IIB	11 (13.9)	12 (17.1)	23 (15.4)
IIIA-IIIB	4 (5.1)	2 (2.8)	6 (4.0)
IVA1 (SS)	19 (24.1)	16 (22.9)	35 (23.5)
IVA2-IVB	3 (3.8)	3 (4.3)	6 (4.0)
PC CD30+ LPD	2 (2.5)	0 (0.0)	2 (1.3)
COVID-19 status			
Positive	18 (22.8)	10 (14.3)	28 (18.8)
Negative	61 (77.2)	60 (85.7)	121 (81.2)
Length of treatment delay (mo)			
Mean	3.20	0.00	
Median (IQR)	3.00 [1.05, 4.00]	0.00 [0.00, 0.00]	
Range	0.30, 10.00	0.00, 0.00	
Unknown	2	0	
Outcomes			
Improvement of disease	5 (6.3)	10 (14.3)	15 (10.1)
Stable disease	15 (19.0)	36 (51.4)	51 (34.2)
Disease progression/relapse	52 (65.8)	22 (31.4)	74 (49.7)
Deceased	7 (8.9)	2 (2.9)	9 (6.0)

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Conflicts of interest

None disclosed.

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A multicenter descriptive analysis of 270 men with frontal fibrosing alopecia and lichen planopilaris in the United States



To the Editor: Lichen planopilaris (LPP) and frontal fibrosing alopecia (FFA) are forms of primary lymphocytic cicatricial alopecia characterized by inflammation and fibrosis of the follicular unit causing irreversible hair loss if untreated.¹ Epidemiologic studies of LPP/FFA are lacking but it is thought that the incidence is increasing globally.² Men with LPP/FFA are increasingly reported in the literature, challenging the paradigm that LPP/FFA is a disease of postmenopausal women.^{3,4} This multicenter descriptive study is the first to characterize LPP/FFA among men in the United States.

Medical records from adult men seen at specialty hair clinics in the U.S. between January 2010 and