Letters to the Editor

A changed life: the life experiences of patients with psoriasis receiving biological treatment

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Linked Article: Trettin *et al.* Br J Dermatol 2020; **183**:516–523.

Dear Editor, We read with interest the original article by Trettin *et al.*, examining the life-changing impact of biologic therapies on patients with psoriasis.[1] As they have demonstrated, the long-term psychological sequelae of psoriasis cannot be underestimated, even after successful treatment with biologic therapy.

Our own experience from the Severe Psoriasis Service mirrors their findings. Despite skin clearance – achieving 100% improvement in Psoriasis Area and Severity Index and Dermatology Life Quality Index 0 – some patients have deeply entrenched protective behavioural patterns, such as isolation and social withdrawal, that have developed over years of social stigmatization and rejection.[2] As newer biologic therapies become available with the promise of long-term clear skin, patients require ongoing psychological support to aid them in their transition to life without psoriasis.

Early-onset disease (before 20 years) is significantly more associated with anxiety and depression than late-onset disease.[3] Living with this chronic skin condition during these formative years was associated with an early 'pessimistic rejective character profile' and can in later life negatively affect education, career, relationships and family life.[4]

What is clear is that effective treatments should be implemented early to reduce the long-term psychological consequences of living with chronic skin disease.

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Response to 'Reduction in skin cancer diagnosis, and overall cancer referrals, during the COVID-19 pandemic'

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Linked Article: Earnshaw *et al.* Br J Dermatol 2020; **183**:792–794.

Dear Editor, We noted with interest the recent letter by Earnshaw and colleagues documenting decreased skin cancer referrals to their dermatology department[1] and report a similar phenomenon seen in Ireland on a national level. An analysis of skin cancer referrals from the National Cancer Control Programme (NCCP) Ireland from January to June in 2019 and 2020 showed that between the months of January and June 2019, there were 2994 pigmented lesion electronic referrals from primary care. During the same months in 2020, there were 2507 pigmented lesion electronic referrals, a reduction of 487 referrals. Monthly recordings demonstrate a decrease in referrals since the introduction of the lockdown in March, April and May. During the month of March there was a 47% reduction in referrals from 470 to 252 in 2019 and 2020, respectively. During the month of April, there was a 58% reduction in referrals from 502 to 210 in 2019 and 2020, respectively, and a 30% reduction in referrals during the month of May (see Figure 1).

Earnshaw *et al.* correctly identify that the cause of this reduction is likely to be multifactorial. In Ireland, data from *Google Trends* (https://trends.google.com/trends) demonstrated a decrease in internet search activity for both skin cancer and melanoma during COVID-19, with a dip in online search activity during the months of March, April and May. *Google*

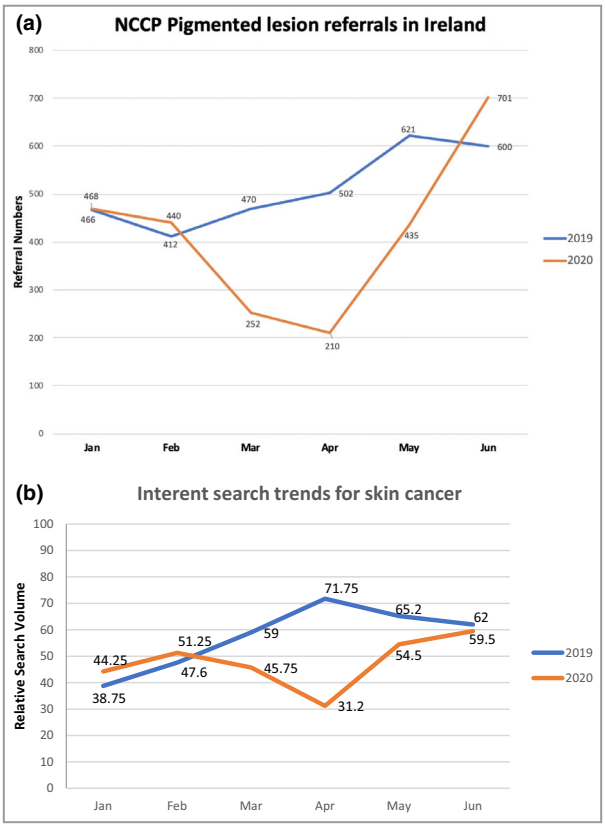

Figure 1 (a) National Cancer Control Programme (NCCP) pigmented lesion referrals in Ireland. National pigmented lesion referrals recorded from NCCP Ireland during 2019 and 2020 for the months of January to June. The data demonstrates a 47%, 58% and 30% reduction in referrals for the months March, April and May, respectively. (b) Internet search trends for skin cancer. Mean internet search activity for the search term 'skin cancer' in Ireland in 2019 and 2020 for the months January to June.

Trends is a search volume reporting tool which provides results for search terms that receive a significant amount of online traffic. Data from *Google Trends* does not represent absolute search volume, but rather assigns a reference value of 100% to the peak search activity of that term, and all other data over different time periods is presented relative to that peak (relative search volume). The mean search activity per month is recorded and is plotted in Figure 1(b).

Following the easing of restrictions on 18 May, the data show search volumes began to return to the levels of the previous year during the month of June for skin cancer search interest (see Figure 1b). However, melanoma search interest remained lower than the previous year and did not return to similar levels until June. This could suggest that a reduction in online health and information-seeking behaviour for skin cancer and melanoma is a result of patients' interests shifting towards that of COVID-19, and thus be a possible factor that has contributed to the reduced skin cancer referrals observed.

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The value of case reports and spontaneous reporting systems for pharmacovigilance and clinical practice

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Dear Editor, We greatly appreciate a recent editorial remarking on the value of published case reports in drug safety. It underlines the too often overlooked importance of reporting adverse drug reactions (i.e. adverse events suspectedly attributed to drug exposure) to a pharmacovigilance system.[1]

Dermatologists are facing new challenges in real-world pharmacovigilance. On one hand, skin manifestations are increasingly documented with anticancer drugs and require multidisciplinary management, as cutaneous adverse events have been proposed as potential biomarkers of drug efficacy. This implies a delicate balance between timely interruption of the offender (with medical treatment) and early resumption to avoid cancer recurrence or progression. A recent example includes immune checkpoint inhibitors, which may cause a variegate spectrum of skin toxicity, including rare but serious cutaneous adverse reactions, namely Stevens–Johnson syndrome, toxic epidermal necrolysis, and drug rash with eosinophilia and systemic symptoms.[2]

On the other hand, the widespread use of biologics such as monoclonal antibodies in cutaneous diseases (e.g. psoriasis) requires new diagnostic skills of dermatologists, who should become aware of rare but potentially serious nondermatological events such as infections, neuropsychiatric disorders and cardiovascular risks. In fact, these potentially innovative drugs are usually marketed through accelerated pathways, namely shortened review time and conditional approval. These processes imply provisional evidence of efficacy and safety due to underpowered clinical trials and their inability to fully capture rare adverse events, strengthening the role of proactive pharmacovigilance monitoring. Examples include novel interleukin-17 (e.g. secukinumab and brodalumab) and interleukin-23 inhibitors (e.g. ustekinumab and tildrakizumab), for which