

Current management of the removal of seborrheic keratoses: results from a US survey of dermatology and plastic surgeon clinicians

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1 INTRODUCTION AND PURPOSE

Seborrheic keratosis (SK) are benign skin tumors, frequently found in middle-aged and elderly adults. It is estimated that SK affects 83 million Americans, with an average of 155 new cases diagnosed each month. Nearly half of these patients will ultimately choose some form of treatment.

Visual and tactile examination can often reveal the diagnosis without biopsy, and they are rarely associated with malignancy. However, there are no guidelines for the most efficacious methods to remove SKs. If found to be benign, there are 6 major ways to remove them from patients: cryosurgery, curettage, surgical excision, electrosurgery, lasers, or topical agents. Data are lacking on the current preferences and practice patterns of clinicians on their choice of therapy as well as when they choose removal versus symptomatic treatment or patient reassurance.

The purpose of this study was to identify the current practice patterns regarding SK removal and the critical factors involved in SK management decisions in order to better understand current and future educational needs in this area.

2 METHODOLOGY

Survey Development: After a thorough literature review, a case-based survey instrument was developed using the Theory of Planned Behavior as a framework to assess practice and attitudes of clinicians related to their management of SKs. Surveys were pilot tested with 2 clinicians in each target audience prior to launch. The study was found to be exempt from IRB review by Western Institutional Review Board (Puyallup, WA).

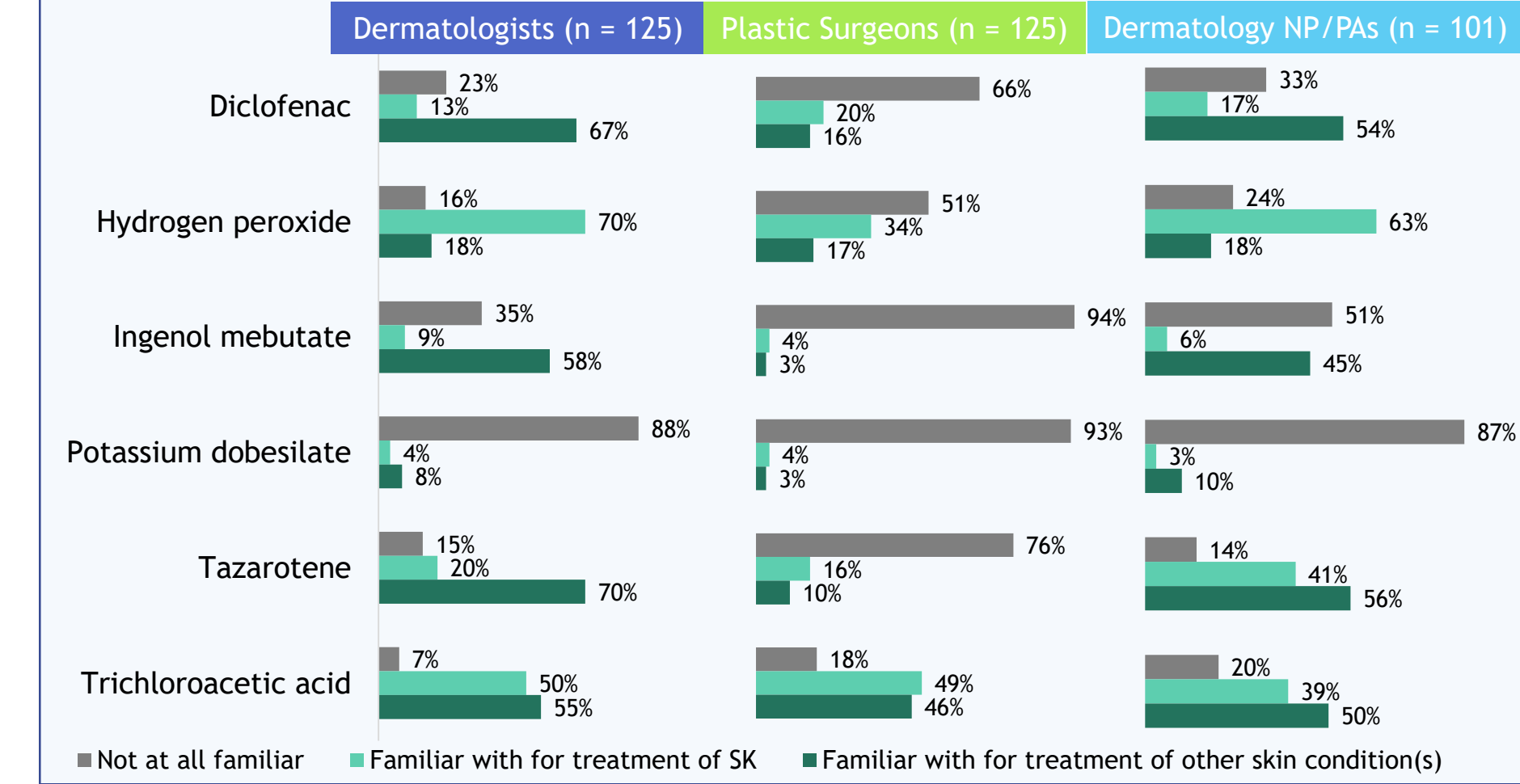
Data collection: Final surveys were randomly distributed to US-practicing dermatologists, dermatology NP/PAs, and plastic surgeons in October 2018 to practicing clinicians in the US who currently manage patients with SKs.

Analysis: 351 total responses were collected. Data were arrayed to show specific treatment choices in key patient scenarios. Subanalyses were conducted to understand differences in practice and perceptions by key demographics and additional analysis used regression modeling to predict factors involved in SK management decisions.

3 SAMPLE DEMOGRAPHICS

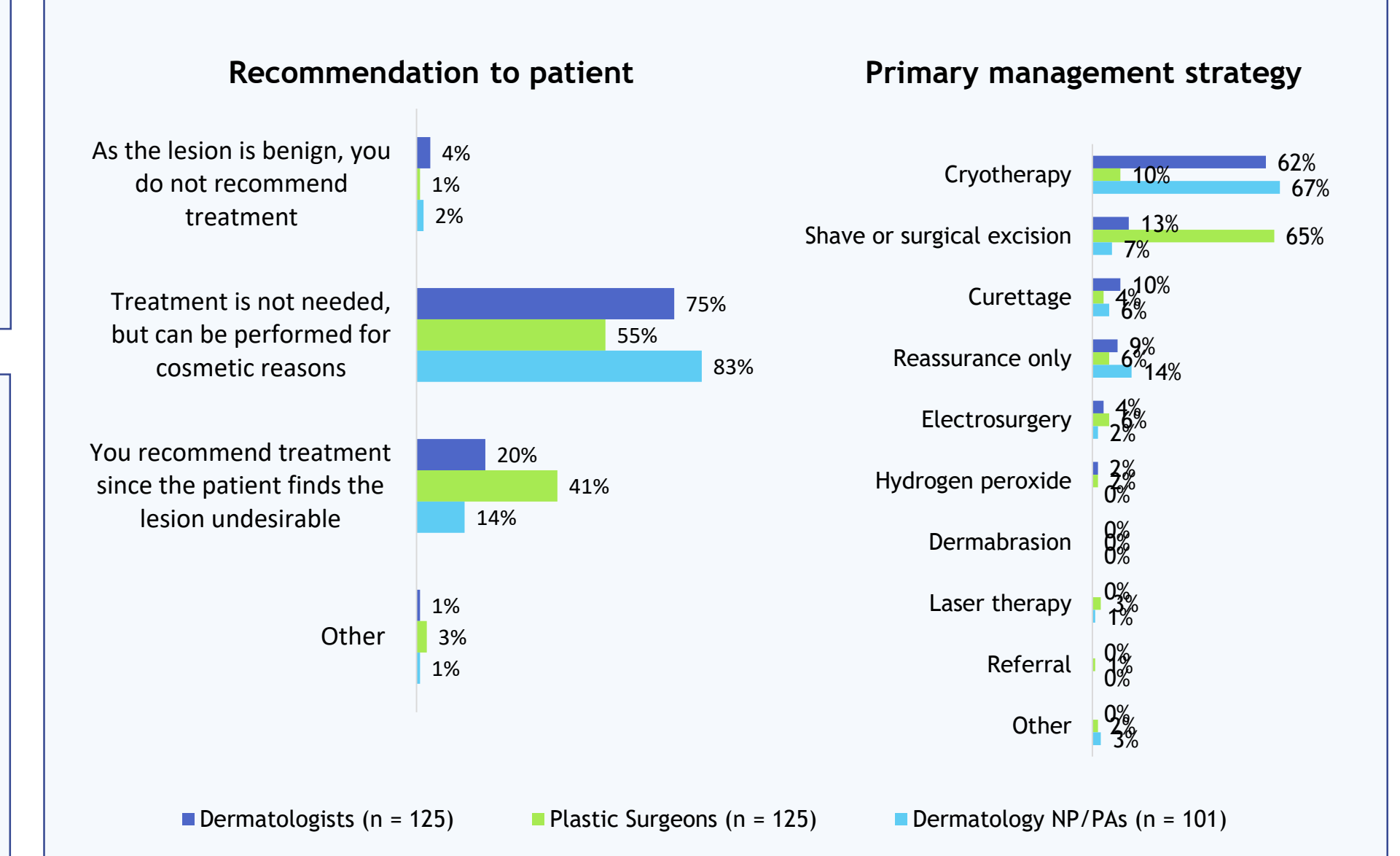
	Dermatologists (n = 125)	Plastic Surgeons (n = 125)	Dermatology NP/PAs (n = 101)
Number patients seen/week, mean	142	66	122
Number of patients seen/week with SK, mean	47	10	52
Practice location			
Urban	26%	45%	28%
Suburban	68%	51%	62%
Rural	6%	4%	10%
Present employment			
Solo practice	40%	54%	26%
Group single-specialty practice	50%	19%	56%
Group multi-specialty practice	6%	8%	14%
Academic/university/medical school	3%	17%	4%
Other	2%	2%	0%

4 FAMILIARITY WITH TOPICAL AGENTS

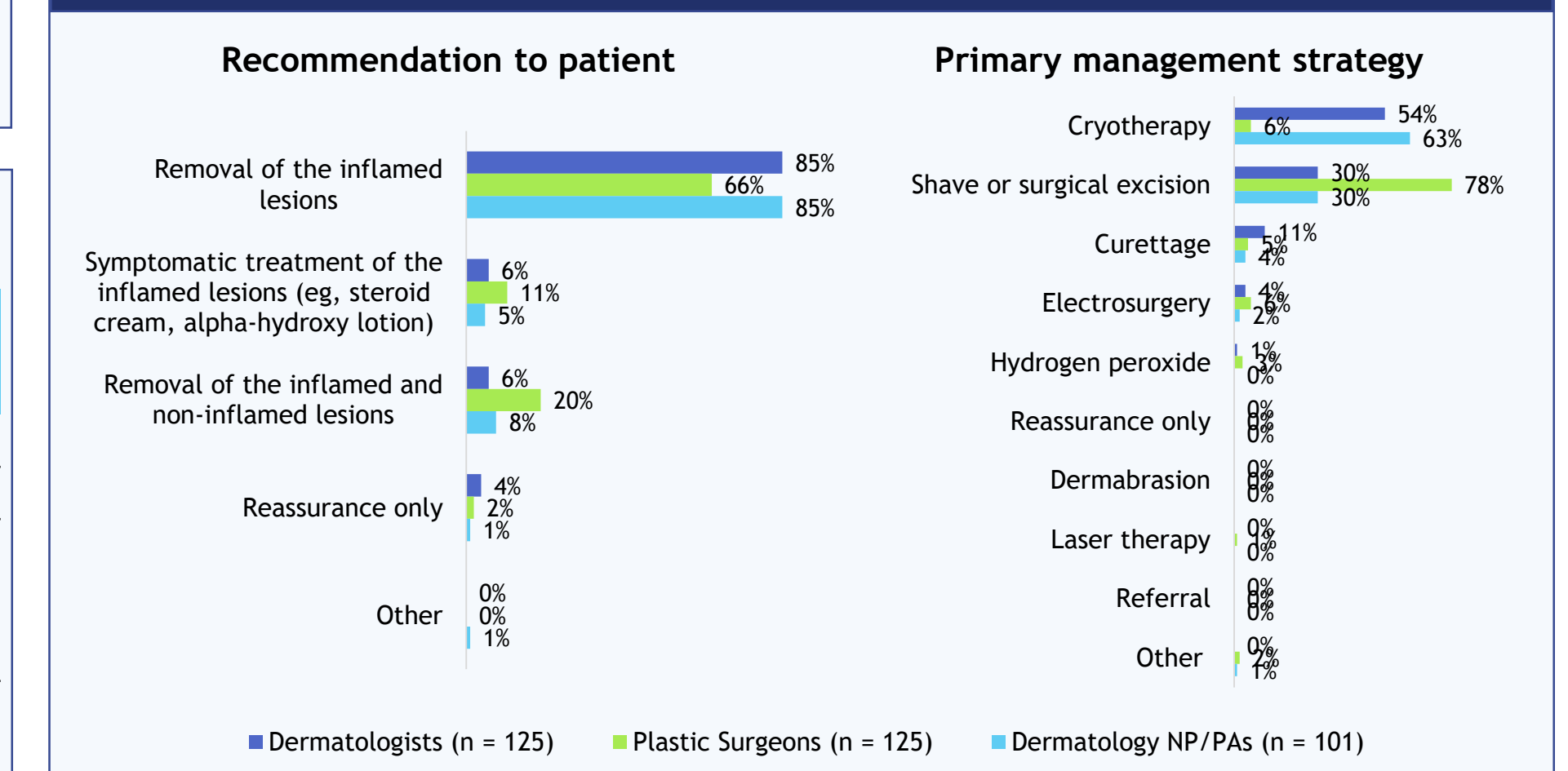


5 METHOD FOR SK REMOVAL

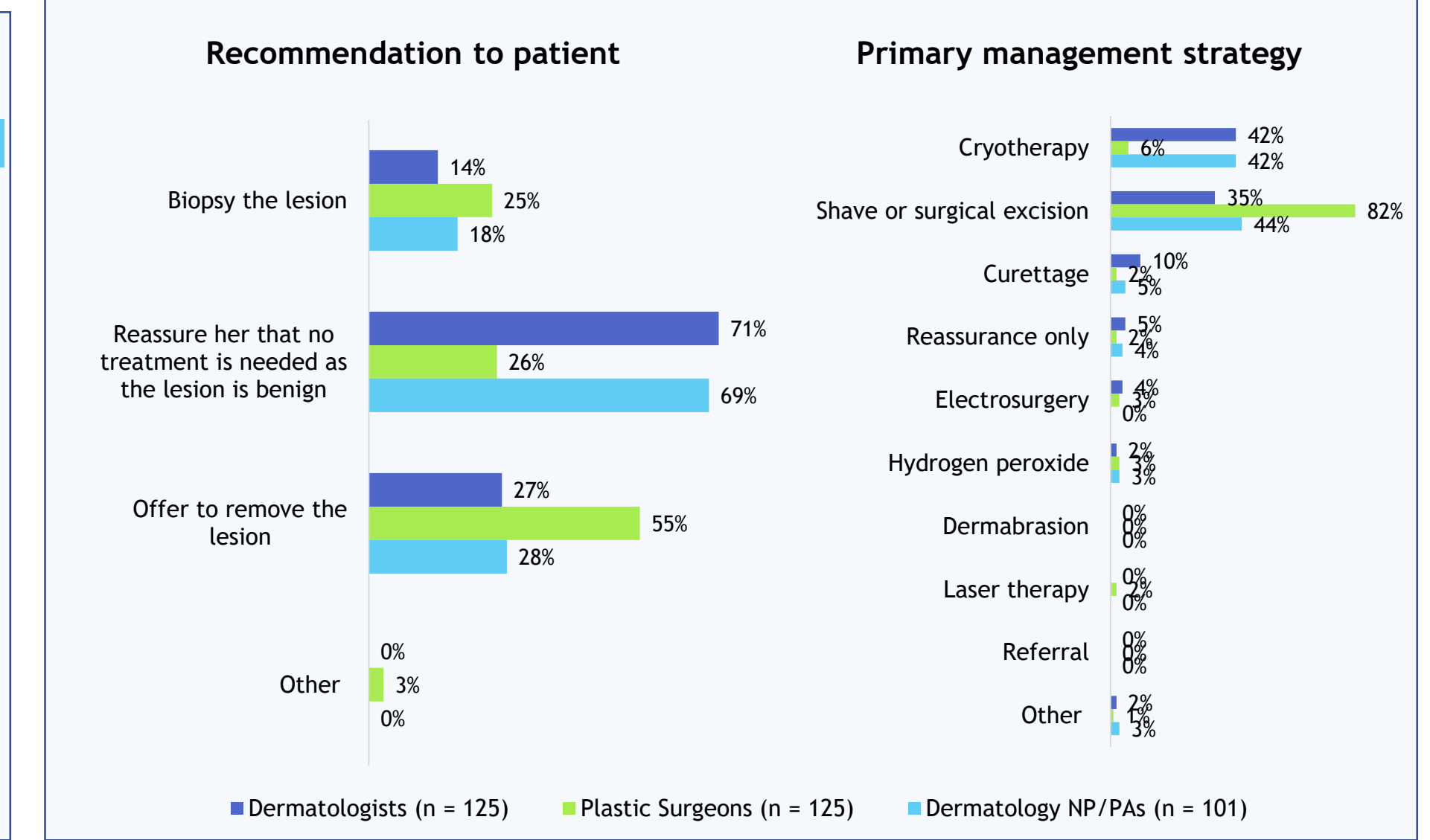
Case #1: Patient is a 50-year-old female requesting removal of unsightly lesion on shoulder that has been present for a year. Exam shows dark round lesion with rough, waxy appearance and horned cysts, 2 cm in diameter and 2 mm in height.



Case #2: Patient is a 65-year-old male with multiple lesions on back, present for years, but increasing in number. Two of them have been itchy and periodically catch on clothing and bleed. Exam reveals numerous lesions consistent with seborrheic keratoses, two of which are inflamed but none are concerning for malignancy.

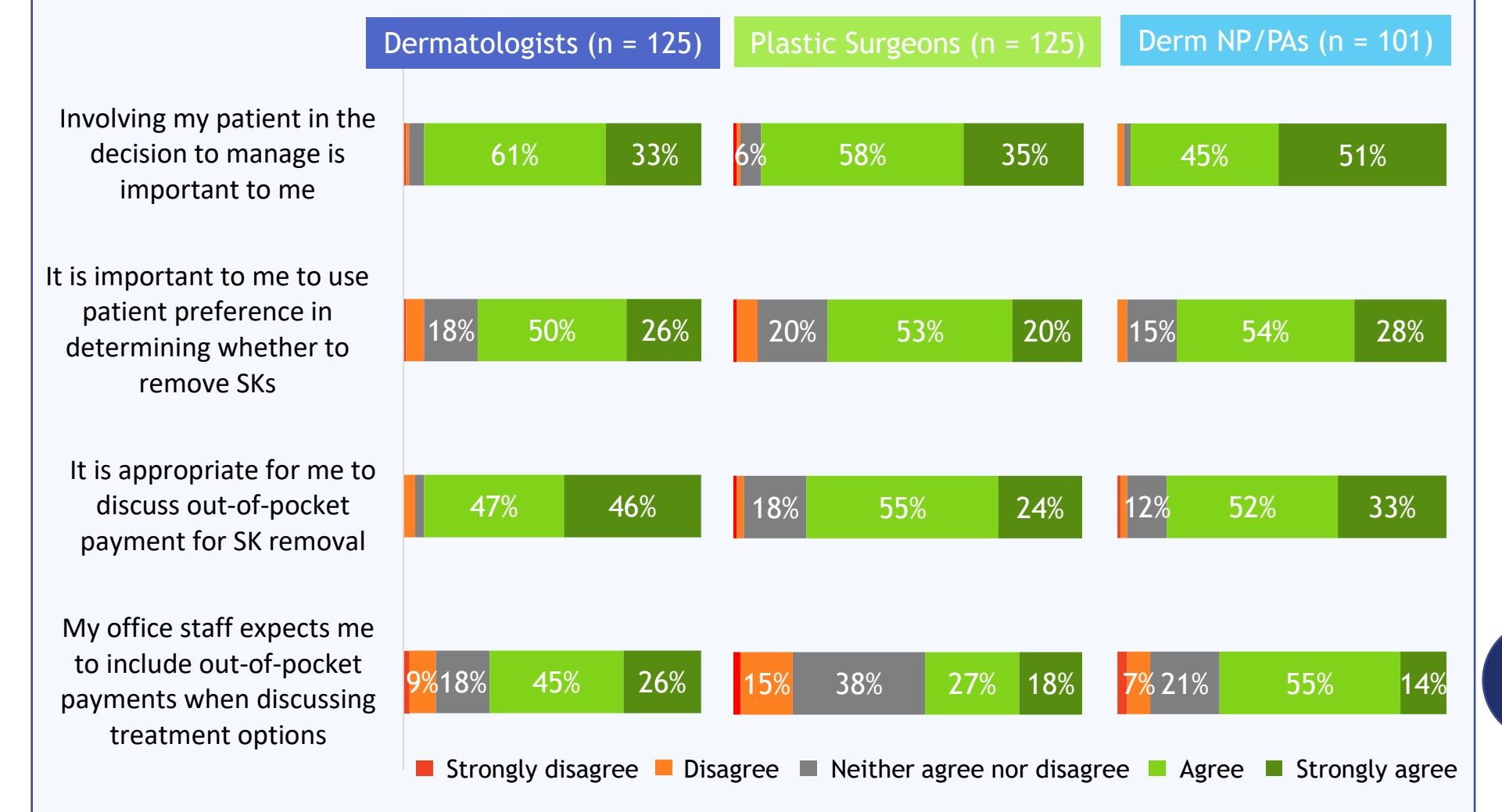


Case #3: Patient is an 80-year-old female with an asymptomatic lesion on her upper forehead that she is concerned may be cancerous. Exam reveals a well-demarcated 1 cm raised lesion with superficial horn cysts.



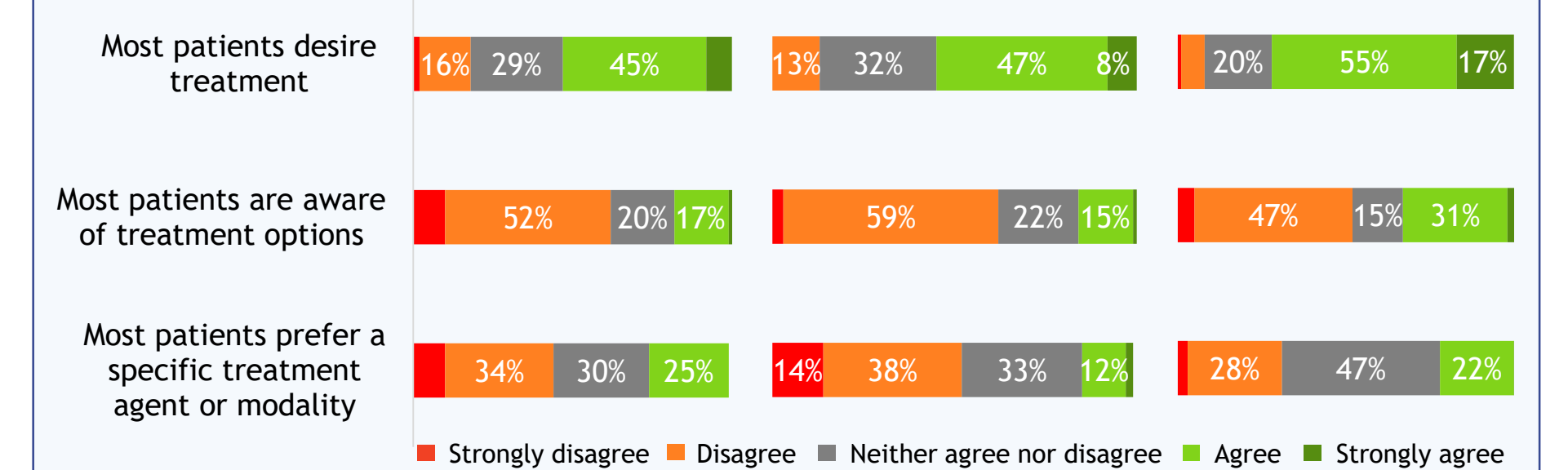
6 ATTITUDES TOWARD SK MANAGEMENT

Patient preference and payment



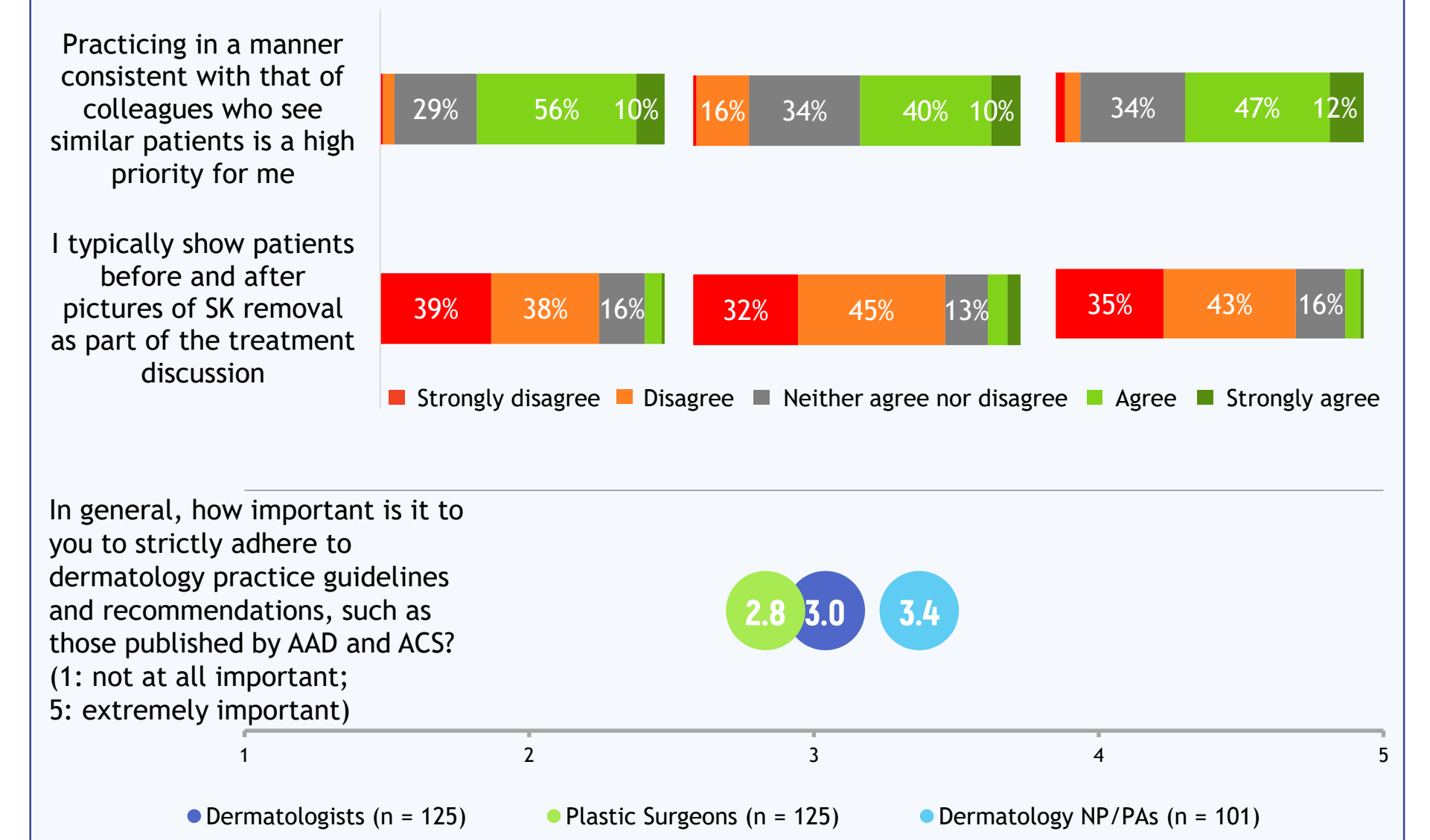
Most clinicians generally agree that involving the patient in the treatment decision is important and that they should discuss out-of-pocket payments.

Patient treatment awareness



While clinicians generally agree that most patients desire treatment, they do not necessarily think that most patients are aware of treatment options or have a preference for a specific type of treatment.

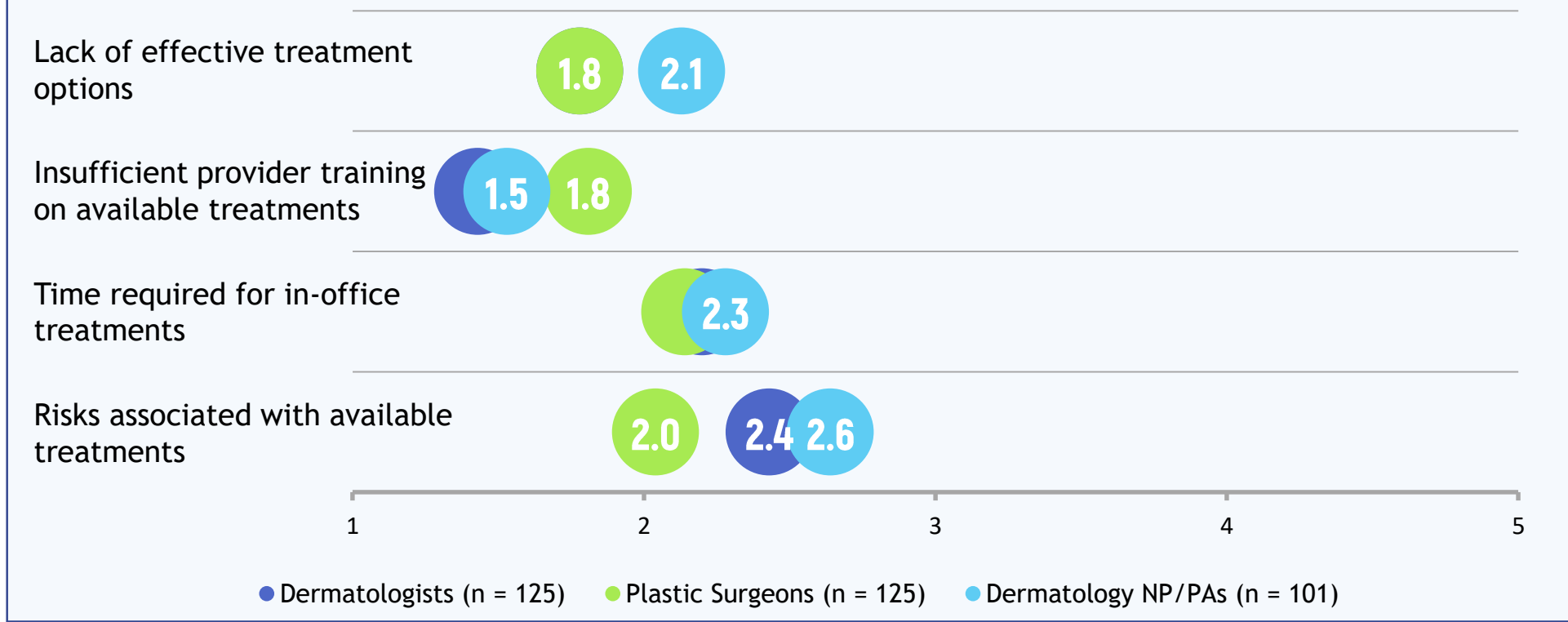
Physician practice and guidelines



Few clinicians report showing patients before/after pictures of SK removal as part of the discussion. Clinicians only somewhat agree that they should practice consistently with colleagues who see similar patients. Similarly, clinicians do not find strictly adhering to guidelines to be important.

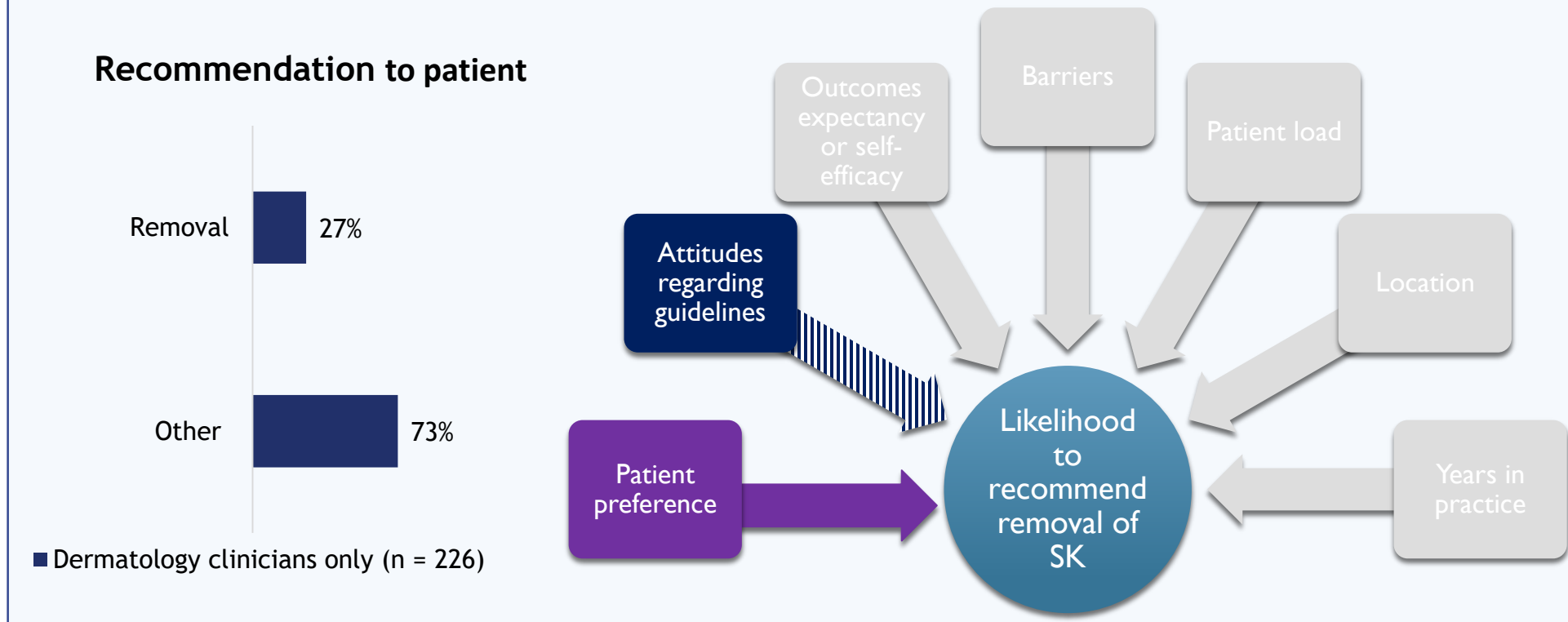
7 BARRIERS TO SK MANAGEMENT

Please indicate the significance of each of the following barriers to providing in-office treatment for SK (1: not significant; 5: extremely significant)



8 PREDICTION OF SK REMOVAL

Case #3: Patient is an 80-year-old female with an asymptomatic lesion on her upper forehead that she is concerned may be cancerous. Exam reveals a well-demarcated 1 cm raised lesion with superficial horn cysts.



Looking at only dermatology physicians and NP/PAs, attitudes around patient preferences and guidelines are key drivers of this decision for this patient. Dermatology clinicians who are more likely to take patient preferences into their decision-making are more likely to opt for SK removal. Clinicians who are more driven by guideline-based decisions are less likely to remove the patient's SKs. Other attitudes, barriers, or demographics are not significant factors.

9 DISCUSSION

Clinicians have relatively low familiarity regarding topical agents for SK treatment. Further, they are not likely to use topical treatments in case scenarios; dermatology clinicians prefer cryotherapy and plastic surgeons prefer shave/surgical excision for SK removal. Future education on topical treatments may need to overcome significant physician inertia using these other methodologies.

While the most significant barriers to in-office SK treatment are time requirements and risks associated with treatment, few clinicians feel that there are a lack of effective treatments or that they have had insufficient training. While clinicians may need to be trained in newer modalities of SK removal that have fewer risks and require less in-office time/return visits, they may be hesitant to attend education that purports to change their SK management.

The type of clinician may be the most significant factor in predicting a recommendation for SK removal, though there may be other important factors as well. Specifically, dermatology clinician decisions appear predicated on whether they find patient desire for removal or society expectations/guidelines more important.

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