

Pattern of Dermatological Screening for Patients with Inflammatory Bowel Disease in Primary Care Clinics: a Tertiary Care Center Experience

J. Murone, DO¹, S. Austin², H. Abdul-Baki, MD², D. Venkat, MD¹

¹ Department of Medicine; ² Division of Gastroenterology and Hepatology, Allegheny Health Network, Pittsburgh, PA



Introduction

Skin cancer is one of the most common forms of cancer in the United States of America. Incidence of melanoma in patients diagnosed with Inflammatory Bowel Disease (IBD) had a reported 37% increase in risk of melanoma when compared to the general population. It was seen that IBD was associated with an increased risk of melanoma, independent of biologic therapy. According to ACG preventative care guidelines, patients with IBD should undergo screening for melanoma independent of the use of biologic therapy.

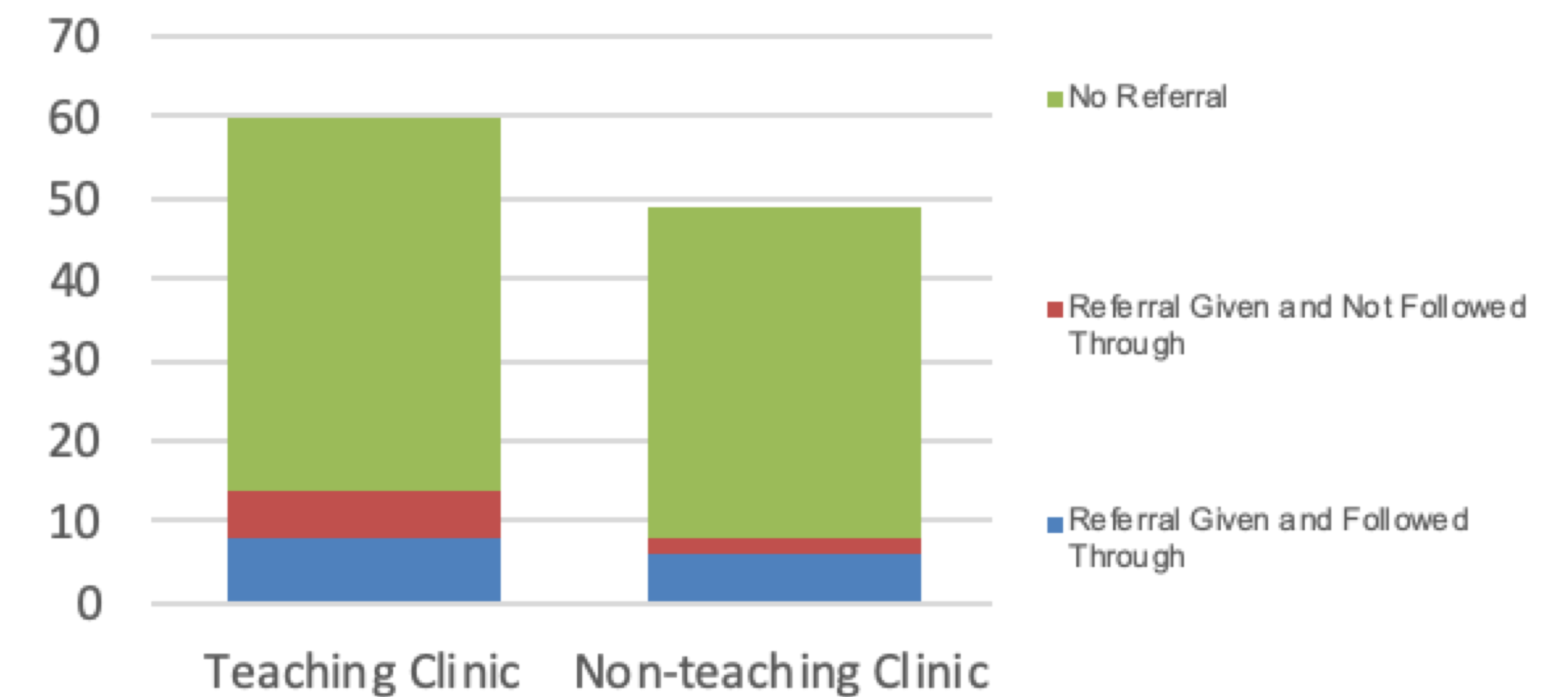
Methods

- A random sample of patients were collected from a tertiary care center located in Pittsburgh, PA
- Inclusion Criteria: Confirmed diagnosis of Crohn's Disease (CD) or Ulcerative Colitis (UC), established relationship with an internal medicine resident or non-teaching internist clinic
- Data Collected: General demographics, history of skin cancer, referral to Dermatology, specific department of referring physician, previous and current medical therapies for CD and UC

Results

- A total of 109 patients met inclusion criteria
 - 60 patients were cared for by residents: 14 were referred to Dermatology, 11 were referred by Gastroenterology, 8 followed through with Dermatology appointment
 - 49 patients were cared for by non-teaching internist: 8 were referred to Dermatology, 8 were referred by Gastroenterology, 6 followed through with Dermatology appointment
- CD patients were significantly more likely to be referred to Dermatology compared to UC patients ($p < 0.05$).
- Patients who are currently or were previously on biologic therapy were significantly more likely to be referred to dermatology compared to those who have no history of biologic use ($p < 0.05$).

Dermatological Examinations



Discussion

Based on this descriptive study, overall screening for dermatological cancers in the IBD at-risk population is low despite the care being provided at a tertiary care center with access to consultants. This signifies gaps of care and low adherence to practice guidelines. The limitations to this need to be further studied as we speculate that the reason for low adherence could include deficiency in awareness of ACG guidelines among primary care clinics, gastroenterologist reliance on primary care for general health maintenance, and insufficient patient education regarding the risks of skin cancer in this patient population.

References

1. Guy GP Jr, Machlin SR, Ekwueme DU, Yabroff KR. Prevalence and costs of skin cancer treatment in the U.S., 2002 – 2006 and 2007 – 2011. *AM J Prev Med.* 2015;48(2):183-187. doi:10.1016/j.amepre.2014.08.036.
2. Singh S, Nagpal SJ, Murad MH, et al. Inflammatory bowel disease is associated with an increased risk of melanoma: a systematic review and meta-analysis. *Clin Gastroenterol Hepatol.* 2014; 12(2):210-218. doi: 10.1016/j.cgh.2013.04.033.
3. Farraye, Francis A., et al. "ACG clinical guideline: preventive care in inflammatory bowel disease." *Official journal of the American College of Gastroenterology* | ACG 112.2 (2017): 241-258.