Prioritizing Areas for Future COS Development in Skin Surgery

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Initial Observations

• Abundance of published RCTs on cosmetic interventions and procedural treatments for other skin problems (in Dermatologic Surgery and other journals).

• Many methodologic concerns: small sample size, variability in treatment parameters, poorly specified randomization.

• Very poor comparability, even between trials of similar interventions due to wide disparity in outcome measures.
Formation of a Steering Group

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<tr>
<th>Name</th>
<th>University</th>
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<td>Joseph Sobanko</td>
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Surgery is Not a Skin Condition

- Too big a topic to address with a single core outcome set.
- Focus on human appearance, of face.
Facial Appearance in Children

• Socially anxiety
• Poor social competence
• Dissatisfied with their peer relationships

J Pediatr Psychol (22)4:455-69, 1997
http://www.maayaklinik.com/cosmetic_centre_craniofacial.php
Assessment of Others Based on Patients’ Appearance

- less honest (p 0.007)
- less employable (p 0.001)
- less trustworthy (p 0.01)
- less optimistic (p 0.001)
- less effective (p 0.02)
- less capable (p 0.002)
- less intelligent (p 0.03)
- less popular (p 0.001)
- less attractive (p 0.001)

than the same patients with normal facial appearance.

Patients Believe Others Assess Them Based on Appearance

(US telephone survey)

Social Science Quarterly 85 (Sep 2004) 713-30.
Patient Perception of Scarring

• Based on structured interviews with patients:
  – Most patients feel they are more concerned with their own scarring than their surgeon
  – Majority of patients report they would “go to any lengths to minimize scarring, even if they resulted in only small improvements in scar appearance”

“To standardize measurements of changes in the physical appearance and functions of the skin”
What is IMPROVED?

- Consensus group
- Experts in
  - Mohs
  - Reconstruction
  - Cosmetic surgery
  - Light based therapies
  - Injectables
- Aim
  - Develop COS for assessment of appearance
IMPROVED history

• Steering committee met in October 2013
  – Agreed on need for core outcomes in dermatologic surgery
  – Following precedent of rheumatology (OMERACT), psoriasis (IDEOM), atopic dermatitis (HOME)

• Rather than focusing on single procedure or condition we decided to develop COS for “appearance,” in particular facial appearance, as it influences numerous dermatologic interventions
IMPROVED history

• Winter 2014
  – Invitations sent to potentially interested dermatologic surgeons

• AAD 2014
  – First in person meeting of IMPROVED Working Group
  – Ratified target (appearance/face)
  – Selected name
  – Facilitated discussion to solicit potential domains for Delphi process
IMPROVED history

• Spring 2015
  – Meeting of working group at AAD
  – Discussion of outcomes after several rounds of physician Delphi

• Winter 2015
  – Physician and patient Delphi completed

• Future plans
  – Involvement of additional stakeholders
Questions

• Other areas that need COS in dermatologic surgery?
• Alternatives to Delphi?
• Suggestions regarding process, and which codified process(es) to follow?