Core Signs Associated with the Subtypes of Cutaneous Lupus Erythematosus: Concept Elicitation Interviews with Dermatologists and Rheumatologists

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CONCLUSIONS

- Signs of CLE associated with disease activity may vary across subtypes and must be considered in the definition and measurement of disease activity
- Erythema and scaling were the most frequently reported signs related to disease activity and considered relevant across all **CLE subtypes**

- Cutaneous lupus erythematosus (CLE) is an autoimmune disorder that can appear as an isolated skin condition or as a manifestation of SLE¹
- The skin manifestations and symptoms of CLE are highly variable and include photosensitivity, alopecia, scarring, pain, itching, and burning²
- Greater understanding of cutaneous signs and symptoms is needed to comprehensively define and measure CLE disease activity

METHODS

- This was a non-interventional, mixed-methods research study, integrating qualitative interviews and latent consensus assessments
- Board-certified dermatologists (n=11) and rheumatologists (n=10) based in the United States and Europe with \geq 5 years' experience in treating CLE were interviewed remotely using a semi-structured interview guide (Figure 1)

Figure 1. Data collection and analysis

Question

Understand known / concepts of interest r disease activity and d

Evaluate the degree professional consensu CLE core signs, sympt subtype identification

Abbreviations: ACLE, acute cutaneous lupus erythematosus; CLE, cutaneous lupus erythematosus; SLE, subacute cutaneous; SLE, subacute cutaneous lupus erythematosus; SLE, subacute cutaneous; SL References: 1. Wenzel J. Nature Reviews Rheum. 2019 15(9):519–532; 2. Ogunsanya ME, et al. Lupus. 2020;29(13):1691–1703
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- Infiltration/edema was the second most frequently evaluated sign by dermatologists, and therefore, it needs to be considered a highly relevant symptom of CLE disease
- While descriptions of CLE activity and damage were consistent with existing measures, the definition of remission varied slightly among clinicians
- Overall, this study enhances our understanding of the signs and symptoms of CLE as experienced by patients from the clinicians' perspective



	Data collection	Analysis
ovel levant for mage	 Clinician interviews Semi-structured interviews lasting 60 minutes interviews were conducted by trained researchers 	 Thematic analysis Summarise and organized in rich detail through a analysis approach
about oms, and	 Pile sort and ranking of symptoms Rank the representativeness and diagnostic importance of CLE symptoms Classify signs/symptoms of CLE according to one of the CLE subtypes: CCLE/DLE, SCLE, or ACLE 	 Consensus analysis Determine consensus o symptoms by subtype Identify most salient sy

data hematic

signs and

otoms

Clinicians' profile

- In total, 11 dermatologists (8 from the United States and 3 from Europe) and 10 rheumatologists (5 from the United States and 5 from Europe) were interviewed one-on-one; the experience of clinicians in treating patients with CLE is presented in Figure 2
- Most dermatologists (91%) had treated up to 100 patients with CLE in the past 12 months whereas 50% of the rheumatologists had treated more than 100 patients with CLE during the same period (Figure 2)

Most frequently reported signs and symptoms of CLE

- The most frequently reported CLE-related signs by dermatologists included erythema (11/11) and infiltration/edema (10/11) followed by alopecia (scarring and non-scarring), malar rash, scaling and dyspigmentation (8/11 for each) (Figure 3A)
- Rheumatologists reported erythema (10/10) as the most frequently mentioned CLE-related sign, followed by alopecia (scarring and non-scarring), malar rash, scaling, dyspigmentation and infiltration/edema (Figure 3A)
- Based on patient history, itching was the most frequently reported symptom by dermatologists whereas photosensitivity was the most frequently reported symptom by rheumatologists (Figure 3B)
- Erythema and scaling were associated with all CLE subtypes, but infiltration/edema, alopecia and non-scarring alopecia varied across subtypes (Figure 4)

CLE disease progression

- impacts duration of remission



• Most clinicians mentioned that CLE progression is often unpredictable, varied across patients and may be influenced by multiple factors including CLE subtype, sun exposure, smoking and medication compliance • The clinical experts characterised remission as the absence of signs and symptoms, with or without medication • CLE remission is negatively influenced by sun exposure and smoking, whereas medication compliance positively