Relative risk of photosensitivity

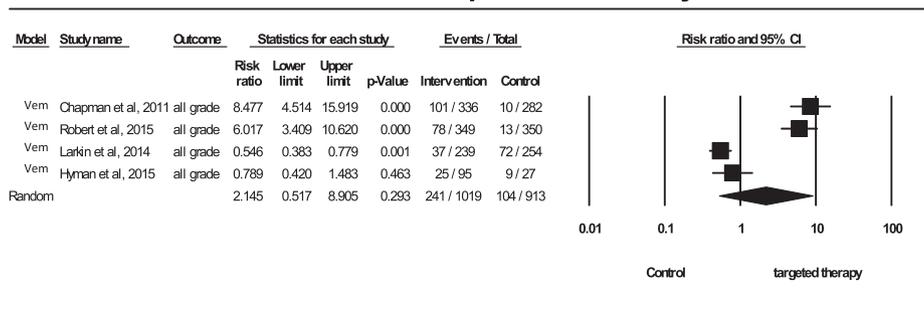| Model	Study name	Outcome	Statistics for each study				Events / Total		Risk ratio and 95% CI
			Risk ratio	Lower limit	Upper limit	p-Value	Intervention	Control	
Vem	Chapman et al, 2011	all grade	8.477	4.514	15.919	0.000	101 / 336	10 / 282	
Vem	Robert et al, 2015	all grade	6.017	3.409	10.620	0.000	78 / 349	13 / 350	
Vem	Larkin et al, 2014	all grade	0.546	0.383	0.779	0.001	37 / 239	72 / 254	
Vem	Hyman et al, 2015	all grade	0.789	0.420	1.483	0.463	25 / 95	9 / 27	
Random			2.145	0.517	8.905	0.293	241 / 1019	104 / 913	

Q=86.862, I2=96.542, P<0.001

* In order to assess the specific contribution on the development of photosensitivity, we determined the relative risk (RR) of these agents in comparison to controls

Vem = vemurafenib

Chapman, P.B., Hauschild, A., Robert, C., Haanen, J.B., Ascierto, P., Larkin, J., Dummer, R., . . . McArthur, G.A. (2011). Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *The New England Journal of Medicine*, 364(26), 2507-2516. doi: 10.1056/NEJMoa1103782.

Robert, C., Long, G., Brady, B., Dutriaux, C., Maio, M., Mortier, L., . . . Ascierto, P.A. (2015a). Nivolumab in previously untreated melanoma without BRAF mutation. *New England Journal of Medicine*, 372(4), 320–330. doi: 10.1056/NEJMoa1412082.

Larkin, J., Ascierto, P.A., Dréno, B., Atkinson, V., Liskay, G., Maio, M., . . . Ribas, A. (2014). Combined vemurafenib and cobimetinib in BRAF-mutated melanoma. *New England Journal of Medicine*, 71(20), 1867–1876. doi:10.1056/nejmoa1408868.

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Fig 2. Relative risk for all-grade photosensitivity. To assess the specific contribution on the development of photosensitivity, we determined relative risk of these agents in comparison to controls. *CI*, Confidence interval; *N*, nivolumab; *Va*, vandetanib; *Vem*, vemurafenib.

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Determining patient preferences and willingness to pay related to scar length and appearance after skin cancer treatment on the face and trunk: A multicenter discrete choice experiment

To the Editor: Discrete choice experiments (DCEs) identify patient preferences while reducing the opportunity for bias. DCEs have been increasingly used in health care research to ascertain patient preferences.[1-3] In this study, we provide DCE data from a large multicenter cohort that illustrates how patients value cosmetic outcomes after skin cancer surgery and how patient values vary with tumor location and risk.

The study was approved by the University of Pennsylvania Institutional Review Board and was performed at 4 clinical sites: the University of Pennsylvania, the University of Missouri, the University of Mississippi, and Good Dermatology. A DCE was designed using Conjoint.ly online software[4] to assess patient preferences and willingness to pay (WTP) with respect to several attributes of skin cancer treatment. Levels used for the scar length attribute were 1 inch, 2 inches, 5 inches, and 8 inches. Levels for the scar appearance attribute were a barely visible scar or an obvious scar. Cost measures were attached to each DCE scenario to allow for a WTP analysis. These values began at $50 and increased in $200 increments.

Patients who predominately, but not exclusively, had undergone Mohs micrographic surgery and their accompanying friends and family were asked to participate in exchange for a $10 Amazon.com gift card. The experiment began with an introductory stated-choice survey to educate respondents on the included attributes of treatment: anesthesia type, risk of repeat excision, risk of recurrence, margin status, wound closure timing, scar length,
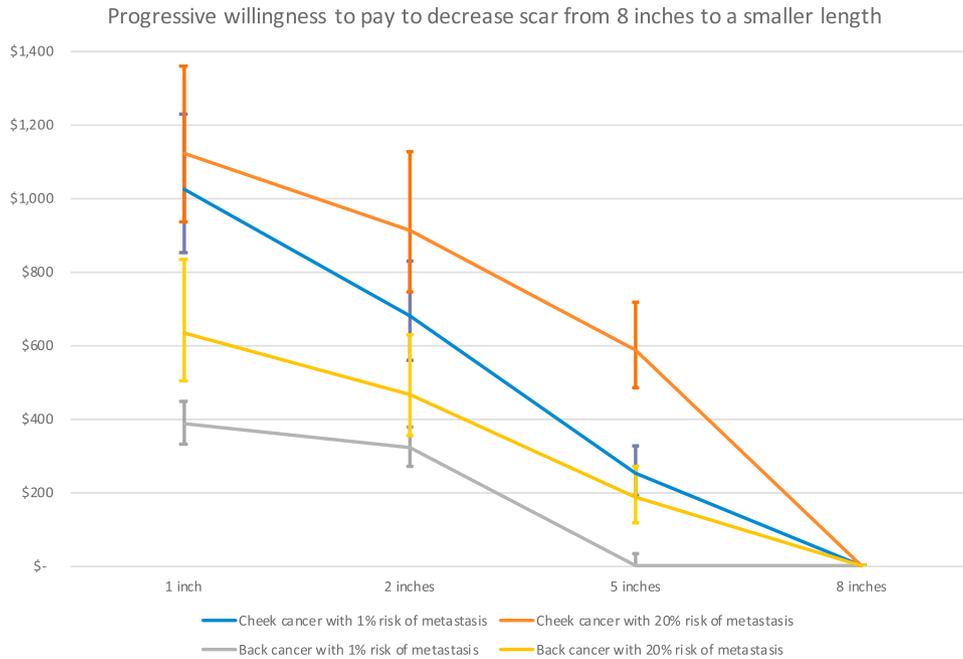
Fig 1. Progressive willingness to pay to decrease scar from 8 inches to a smaller length. Willingness to pay data to "upgrade" or "downgrade" the scar length by clinical scenario incrementally with 8 inches as the predetermined 0 point. Mean data are presented with the standard deviation (error bars).

Fig 2. Willingness to pay to improve scar appearance from obvious to barely visible. Mean data are presented with the standard deviation (error bars).

scar appearance, and out-of-pocket cost. Respondents were randomly assigned to 1 of 4 scenarios: skin cancer on the cheek with a low (1%) risk of metastasis, skin cancer on the cheek with a high (20%) risk of metastasis, skin cancer on the back with a low (1%) risk of metastasis, or skin cancer on the back with a high (20%) chance of metastasis. They were then redirected to the conjoint analysis portion of the survey. In each question, respondents were asked to pick 1 of 3 surgical treatment options.

The statistical assessment was done using the Conjoint.ly software, which estimates a hierarchical Bayesian multinomial logit model of choice.

Table I. Willingness to pay to decrease scar size from 8 inches to a smaller length and to decrease appearance of scar from obvious to barely visible

Scenario	Level name, inches	WTP to decrease scar size, $	90% CI, $	WTP to make scar barely visible, $	90% CI, $
Cheek cancer with 1% risk of metastasis	1	1023	850-1231	932	769-1149
	2	680	560-830		
	5	254	193-328		
Cheek cancer with 20% risk of metastasis	1	1121	935-1357	1103	935-1328
	2	914	747-1125		
	5	588	487-717		
Back cancer with 1% risk of metastasis	1	386	332-450	332	288-387
	2	322	273-378		
	5	2	−30 to 33		
Back cancer with 20% risk of metastasis	1	633	501-834	279	214-363
	2	466	355-627		
	5	186	119-272		

CI, Confidence interval; *WTP*, willingness to pay.

The study was completed by 912 patients. In all scenarios, patients desired smaller scars (Fig 1) and scars that were barely visible (Fig 2). The WTP for a smaller or less noticeable scar was higher when on the face than on the back, regardless of metastasis risk (Figs 1 and 2). Table I summarizes the actual WTP and confidence intervals to change scar length or appearance across all 4 scenarios.

Consistent with prior literature, this study demonstrates that patients assign high value to appearance after skin cancer treatment[5] and provides additional insight into how the relative values assigned to cosmetic outcome vary by tumor location and risk. Minimizing scar length and appearance are very important to patients, especially when the scar is on the face. Because scar size and appearance are related to the initial defect size, using tissue-sparing techniques, such as Mohs micrographic surgery, to treat skin cancer is one way to achieve patient goals.

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Intralesional sodium stibogluconate under inhaled anesthesia for the treatment of cutaneous leishmaniasis in children: A retrospective cohort

To the Editor: Cutaneous leishmaniasis (CL) due to infection with *Leishmania major* and *Leishmania tropica* is endemic in Israel.[1] Children represent a substantial portion of the infection burden.[2,3]