

Australasian  
Dermatology  
Registry

# Rural Patients within the Australasian Dermatology Registry

A/Prof Peter Foley



# Disclosures

P. Foley has received fees, honoraria, grants and/or research funding as a speaker, investigator, advisory board member, and/or consultant for: AbbVie, Akaal, Amgen, Apogee, Aslan, AstraZeneca, Avalo, Boehringer Ingelheim, Botanix Pharmaceuticals, Bristol Myers Squibb, Celgene, Dermira, Eli Lilly and Company, Evelo, Galderma, Genentech, GlaxoSmithKline, Incyte, Janssen, Kymab, LEO Pharma, Mayne Pharma, MedImmune, Merck, Novartis, Pfizer, Regeneron, Reistone Biopharma, Roche, Sanofi Genzyme, Sun Pharma, Takeda, Teva, UCB Pharma, Valeant Pharmaceuticals, and ZaiLab

# Rural Dermatology

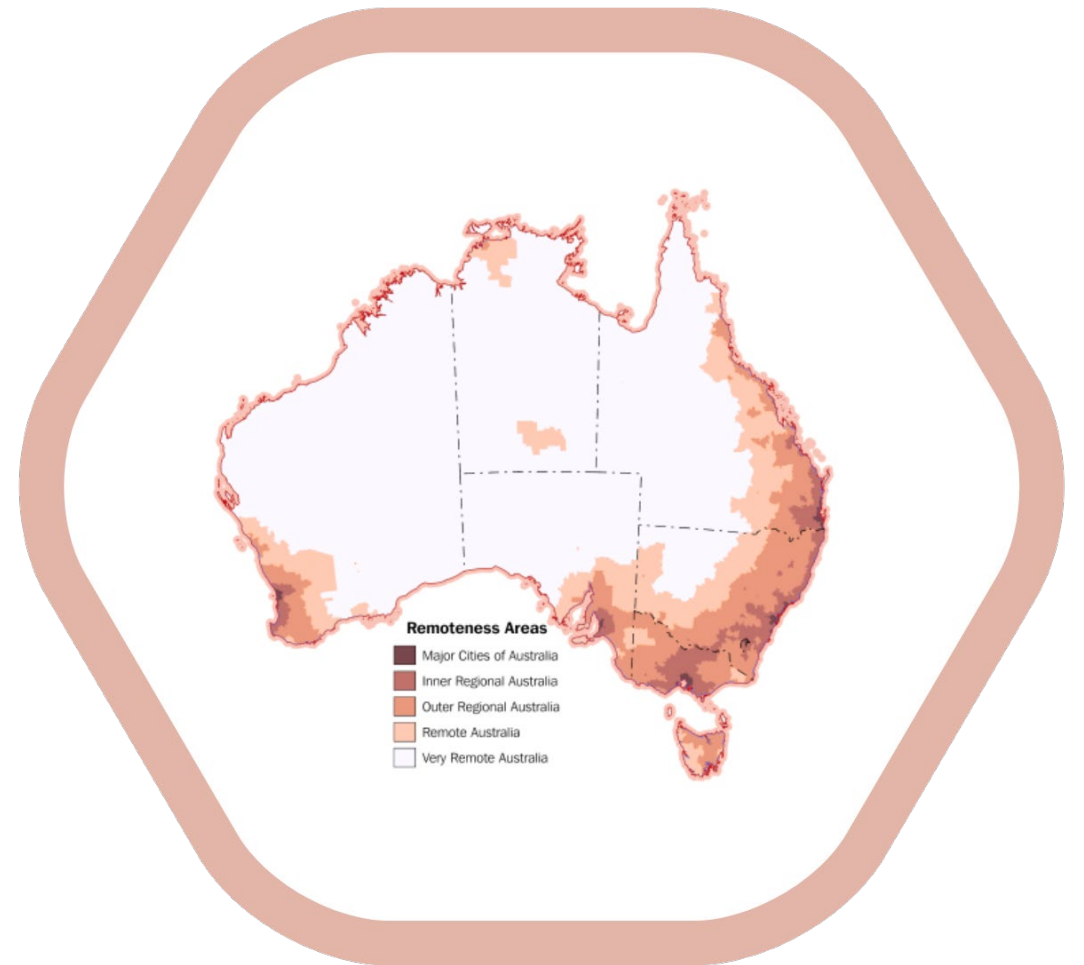
28%

Australians live in regional or rural areas<sup>1</sup>

6%

Dermatologists practice in these areas<sup>2</sup>

- Patients are required to travel to major cities for treatment or wait to access local services
- Clinics in regional areas are often private clinics requiring patients to be out of pocket



# Remote/Regional vs Major Cities

The Australian Institute of Health and Welfare report the burden of disease in Australia is associated with the degree of remoteness. People residing in regional and remote areas have:



Increased incidence rates of coronary heart disease, type 2 diabetes, chronic kidney disease, lung conditions and suicide<sup>3</sup>



Increased smoking rate<sup>4</sup>, alcohol use<sup>4</sup>, BMI<sup>5</sup>, and reduced exercise<sup>5</sup>



Lower education levels<sup>6</sup>, higher unemployment rates<sup>7</sup>, and lower income levels<sup>7</sup>

- The increase in comorbidity and lifestyle factors add to the complexity of treating dermatological conditions

3. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018

4. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022-2023.

5. Australian Bureau of Statistics. National Health Survey 2022.

6. Australian Institute of Health and Welfare. Higher education, vocation education and training 2023.

7. Australian Institute of Health and Welfare. Employment and unemployment 2023.

# Rural Dermatology - Melanoma

- In Australia, the only dermatology studies comparing metropolitan and remote/regional patients are in patients with melanoma
- Within melanoma, patients present at later stage of disease<sup>8</sup> and have a higher<sup>9</sup> age-adjusted case-fatality rate
- Patients reported the factors that contributed to this poor outcome were<sup>10</sup>:
  - Access to services (including dermatologists)
  - Travel time
  - Appointment costs
  - Difficulties in taking leave

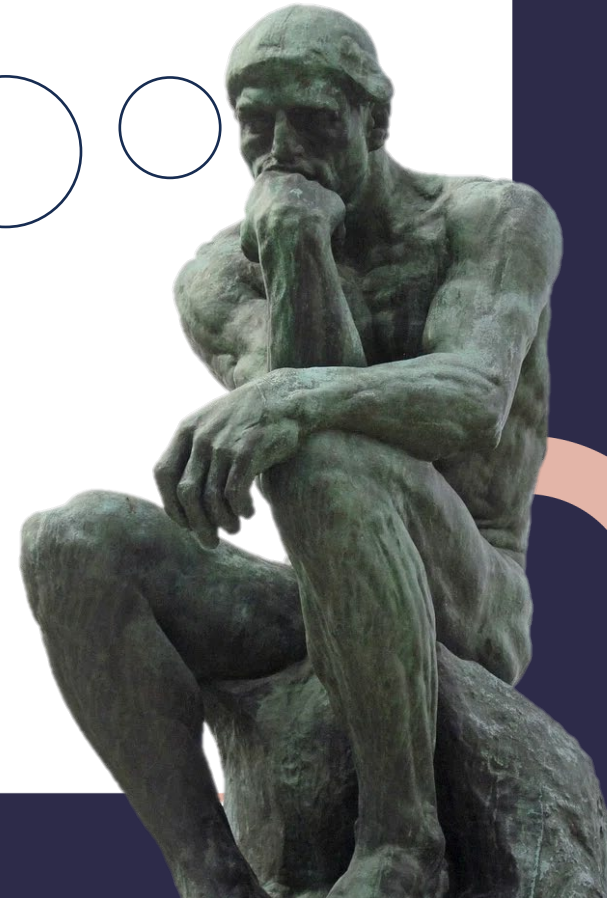
8. Pitre, L. D., et al (2019). Is Access to Care Associated With Stage at Presentation and Survival for Melanoma Patients? *J Cutan Med Surg*, 23(6), 586-594.

9. Coory, M., et al (2006). Urban-rural differences in survival from cutaneous melanoma in Queensland. *Aust N Z J Public Health*, 30(1), 71-74.

10. Tan, K., Pan, Y., & Mar, V. (2022). Comparison between melanoma diagnostic pathways and access to services for rural versus metropolitan patients during Victoria's COVID-19 lockdown. *Australas J Dermatol*, 63(1), e41-e43.

# Rural Dermatology - Psoriasis

- Do patients with psoriasis see the same difference in outcomes that are seen in the patients with melanoma?
- Are they presenting with later stage disease?
- Do they have the same increased rates of comorbidities and lifestyle factors seen in the general population?
- Do they have the same access to the same treatments?
- How far are patients travelling for management?
- What extra support is required to improve the health of rural and regional patients?



# Australasian Dermatology Registry

The aim of the Australasian Dermatology Registry is to:

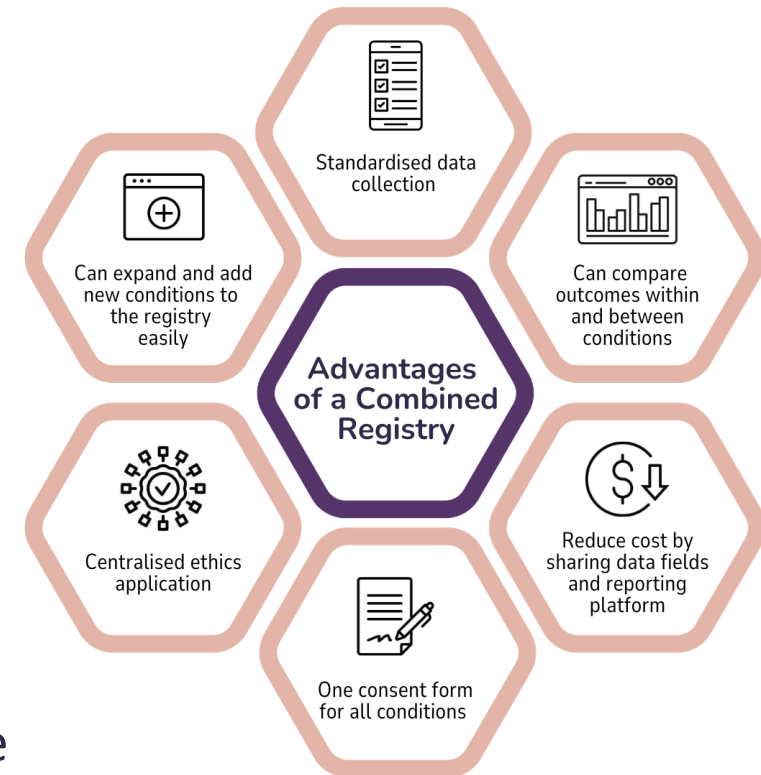
- Monitor and evaluate current and emerging treatment
- Provide local real-world evidence of management of skin conditions to improve patient care and quality of life
- Identify risk factors for development and severity of skin conditions
- Provide a research platform to support dermatology research

# Australasian Dermatology Registry

The registry currently captures data for:

- Psoriasis
- Atopic Dermatitis
- Hidradenitis Suppurativa
- Vitiligo

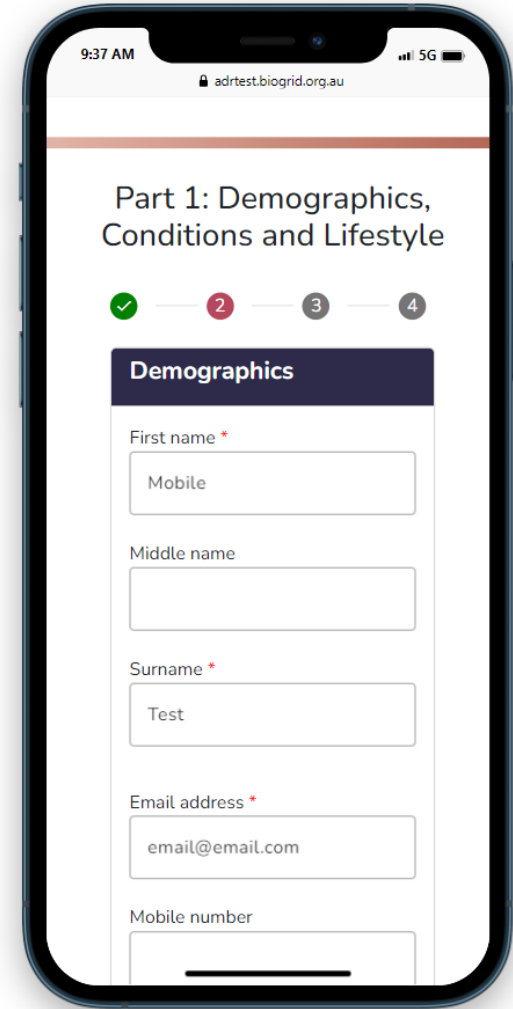
With plans to expand into other skin conditions in the future





# Data Captured – Patient

- Demographic
- Lifestyle (smoking status, alcohol use, cannabis use, weight, BMI)
- Family history
- Comorbidities
- Quality of life (DLQI)
- Anxiety and depression (HADS)
- Condition specific questionnaires (EARP and PEST)



The image shows a smartphone screen displaying a web-based form. The status bar at the top shows the time as 9:37 AM, the URL as adrtest.biogrid.org.au, and 5G connectivity. The form title is "Part 1: Demographics, Conditions and Lifestyle". Below the title is a progress indicator with four steps: a green checkmark in a circle, a red circle with the number 2, a grey circle with the number 3, and a grey circle with the number 4. The current section is titled "Demographics" in a dark blue header. The form contains several input fields: "First name" with a red asterisk, "Mobile" (with a placeholder text "Mobile"), "Middle name", "Surname" with a red asterisk (with a placeholder text "Test"), "Email address" with a red asterisk (with a placeholder text "email@email.com"), and "Mobile number".

# Data Captured – Clinician

- Psoriasis type and location
- Psoriasis Area Severity Index (PASI)
- Treatment
- Adverse events (if applicable)

The screenshot displays the Australasian Dermatology Registry (ADR) clinician interface. The page title is "Australasian Dermatology Registry" and the URL is "adrtest.biogrid.org.au/ADR/patient/consultation". The patient information is "Smith, John (153)" with a DOB of "19/01/1960 (63)". The form is titled "Psoriasis" and includes a "PASI" section with a "Not done" checkbox. Below this, there are fields for "Baseline PASI", "Baseline Date", and "PASI 75", along with checkboxes for "Baseline Entry" and "Manual PASI Score Entry". The main table is for "Body region (and weighting factor)" and includes columns for "Head", "Upper Limbs", "Trunk", and "Lower Limbs". The table has two rows: "Erythema" and "Thickness". The "Erythema" row has a "Rating Characteristic Score" column and four input fields, all containing "0". The "Thickness" row has a "Rating Characteristic Score" column and four input fields, all containing "0". The "Rating Characteristic Score" column has a legend: "0=None", "1=Slight", "2=Moderate", "3=Severe", "4=Very severe".

Erythema	Rating Characteristic Score	Body region (and weighting factor)			
		Head	Upper Limbs	Trunk	Lower Limbs
		0	0	0	0

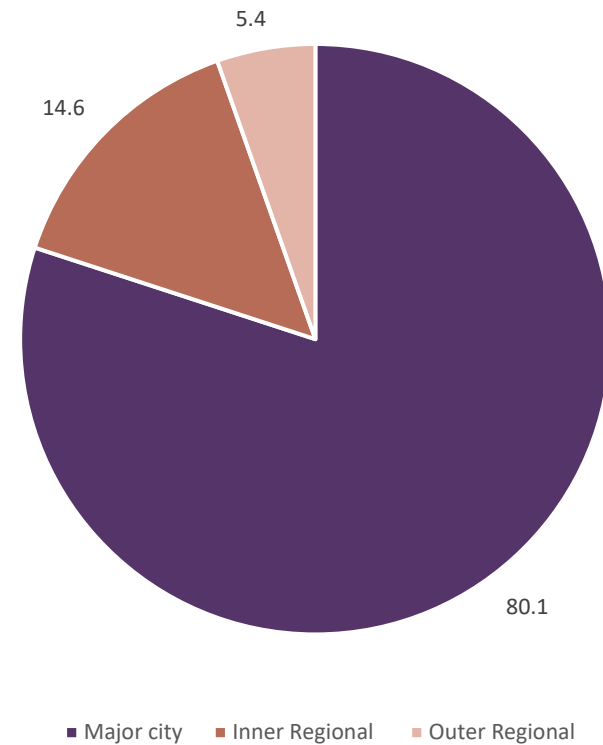
  

Thickness	Rating Characteristic Score	Body region (and weighting factor)			
		Head	Upper Limbs	Trunk	Lower Limbs
		0	0	0	0

# Preliminary Data

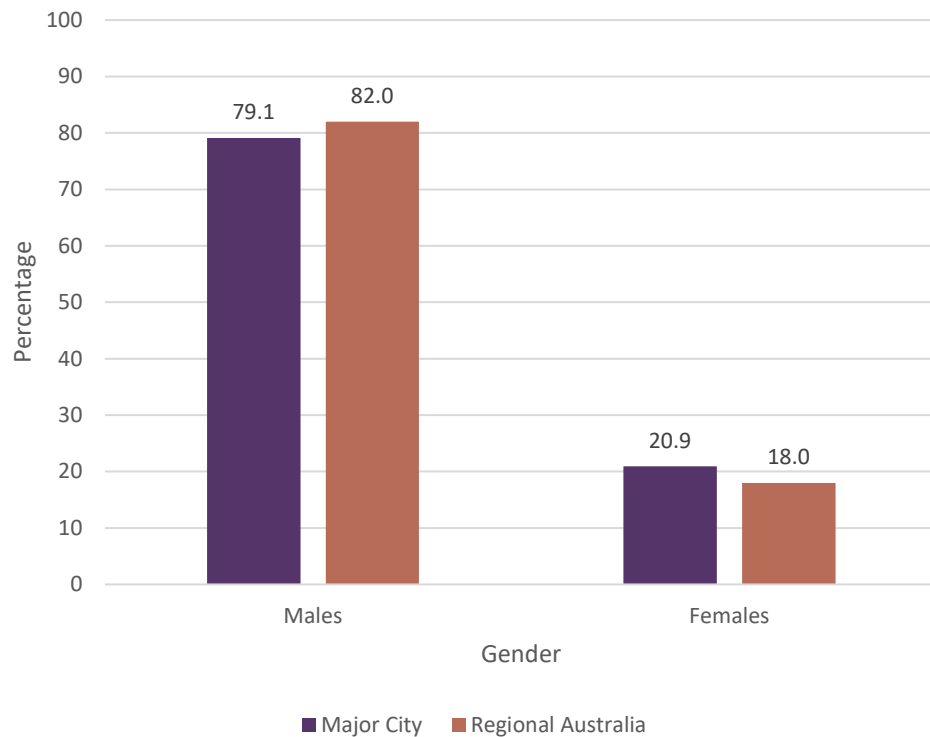
- Approximately 20% of registry participants with psoriasis are living outside of major cities (14.6% Inner Regional and 5.4% Outer Regional)
- Current no remote participants are enrolled in the registry

Remoteness of ADR Psoriasis Participants



# Gender and Age

Gender Distribution by Remoteness

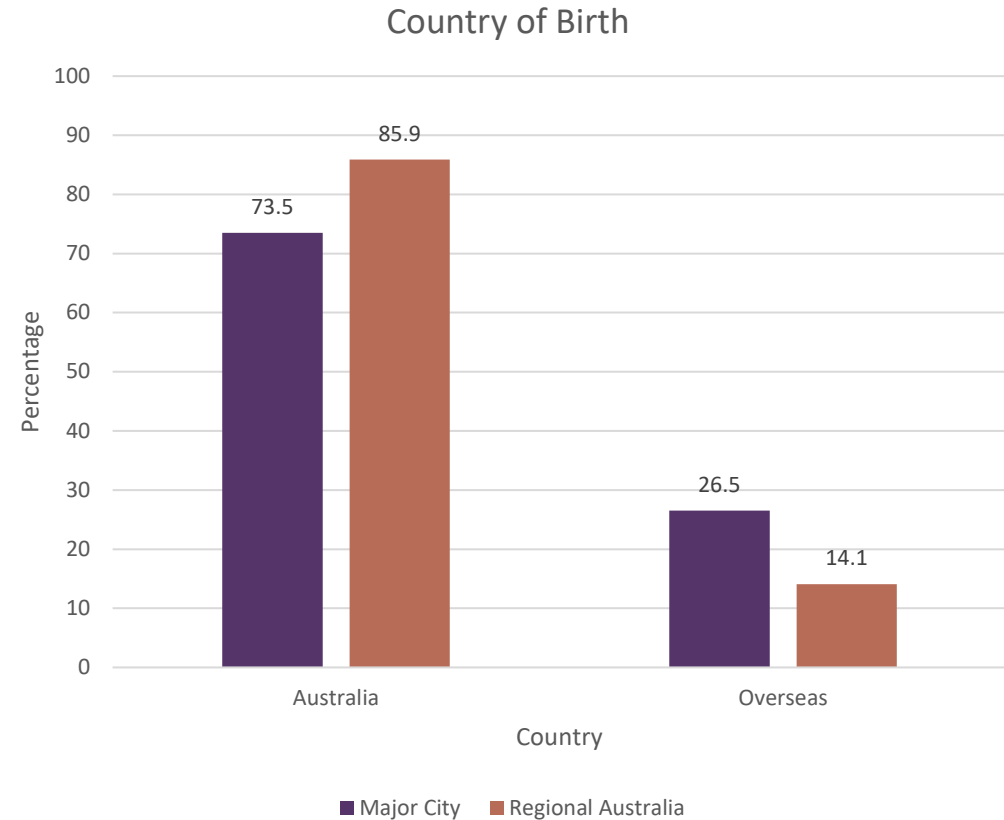


Age Distribution by Remoteness

Remoteness	N	Mean	Median (IQR)
Major City	313	54.8 (14.0)	54.5 (44.6-66.2)
Regional	78	57.9 (14.9)	60.3 (51.5 – 69.2)

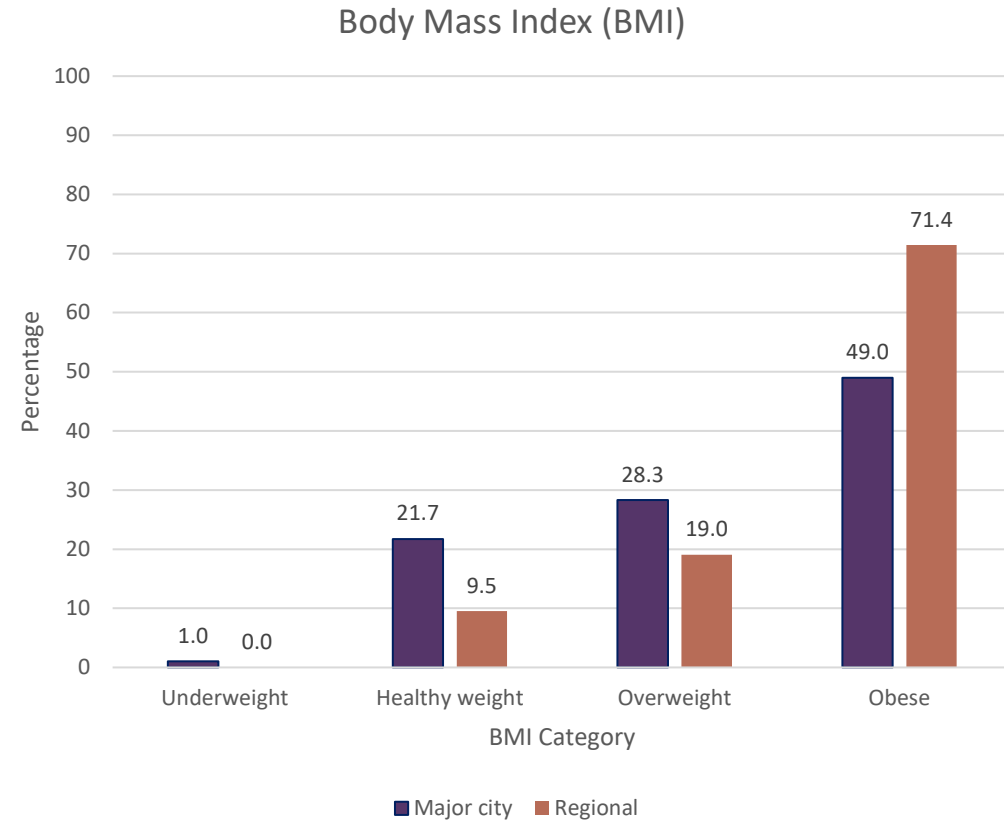
# Born In Australia

- The percentage of participants who are born overseas is statistically greater in major cities ( $p= 0.022$ )



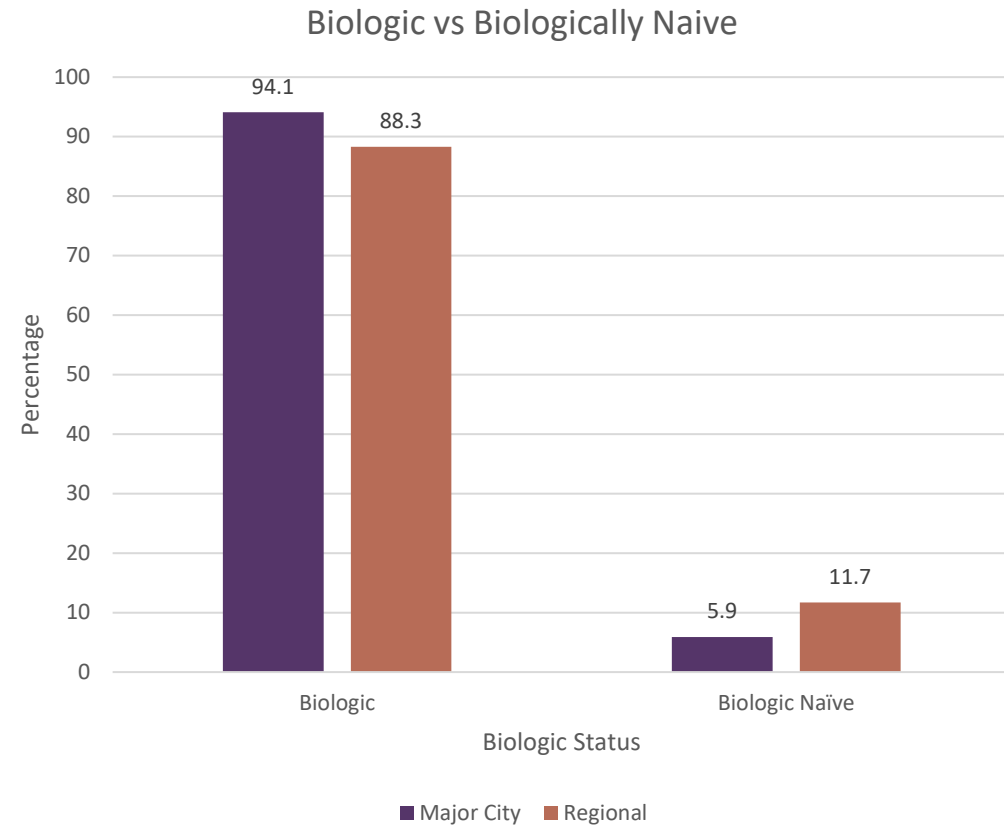
# Body Mass Index

- BMI range was found to be greater in regional patients than those residing in major cities, however participants numbers are still small



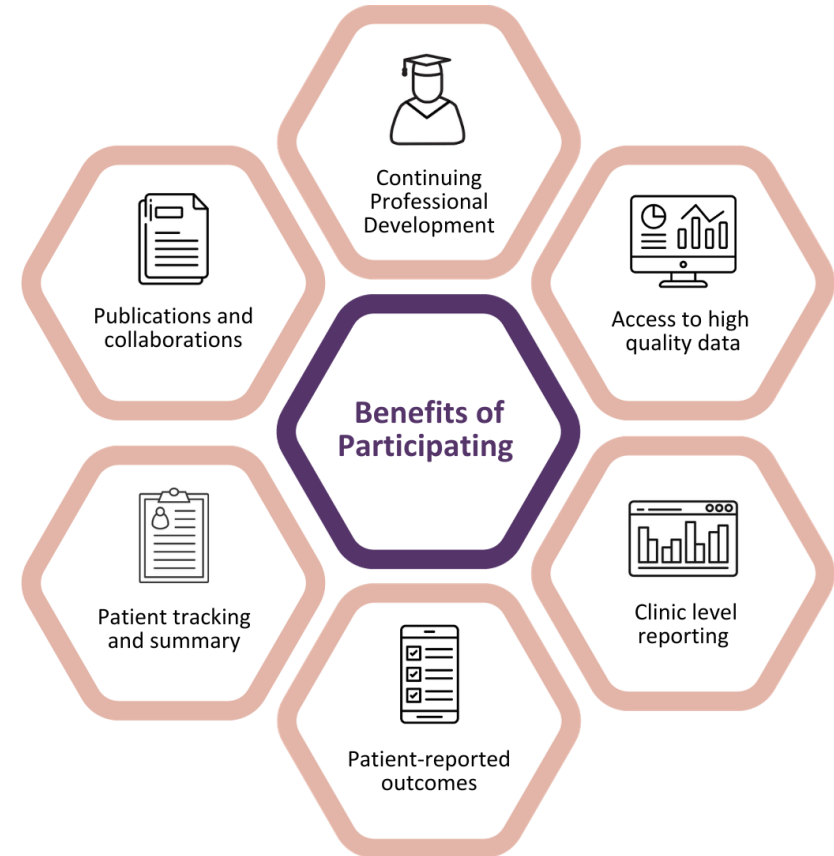
# Biologic Status

- More patients in major cities have had a biologic prescribed than those in regional areas (94.1% compared to 88.3%)



# Participating in the registry

- All clinics are eligible to participate in the registry
- The registry team will complete the necessary ethics and governance paperwork
- Dermatologists participating in the registry are eligible for category 3 CPD points
- De-identified data are available to any clinic that contributes data to the registry





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## Funding Providers

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# For more information

For more information or to participate in the registry

- Website: [www.australasiandermatologyregistry.org.au](http://www.australasiandermatologyregistry.org.au)
- Phone: (03) 9623 9470
- Email: [registry@australasiandermatologyregistry.org.au](mailto:registry@australasiandermatologyregistry.org.au)

Or see Chelsea Lehmann at the Australasian Dermatology Registry table

