There is no consensus on which measurements should be used in clinical trials of psoriasis therapies. In this Delphi survey study by Callis Duffin et al, patients, clinicians, and other stakeholders agreed that the following 6 domains should be measured in all psoriasis clinical trials: (1) skin manifestations, both primary and location (palmoplantar or scalp); (2) psoriasis and psoriatic arthritis symptoms; (3) investigator global assessment; (4) patient global assessment; (5) health-related quality of life; and (6) treatment satisfaction. These 6 domains should be the mandatory minimum measures in all future psoriasis interventional trials.

Contact immunotherapy is a preferred treatment for severe alopecia areata (AA), but there are no agreed criteria for therapeutic hair regrowth and regrowth rate. In this systematic review and meta-analysis, Lee et al quantify any, minor, major, and complete hair regrowth in patients with patchy AA and those with alopecia totalis/universalis. Hair regrowth outcomes of contact immunotherapy may be associated with various factors, and quantitative summarization may improve patient education, therapeutic adherence, and hair regrowth.

Use of digital whole-slide imaging (WSI) for dermatopathology is considered similar to traditional microscopy (TM), but concern has been noted that WSI is inferior for analysis of melanocytic lesions. About 1 of every 4 skin biopsies is of a melanocytic lesion, so the use of WSI requires verification before use in clinical practice. Onega et al survey 87 pathologists, randomized with stratification for clinical experience, to compare digital WSI with TM for melanocytic lesions. Interpretive accuracy was similar for digital WSI and TM. These results add to the growing evidence in support of the use of WSI for the primary diagnosis of melanocytic lesions.

The limited tissue sampling of a biopsy can lead to incomplete assessment of basal cell carcinoma (BCC) subtypes and depth. Reflectance confocal microscopy (RCM) combined with optical coherence tomography (OCT) may enable real-time, noninvasive, comprehensive, 3-dimensional sampling in vivo, which may improve diagnostic accuracy and margin assessment of BCCs. In this pilot study of a combination RCM-OCT device, Sahu et al found that residual tumor was consistently detected in biopsied lesions (100% sensitivity); BCC was diagnosed with high accuracy (100% sensitivity, 75% specificity) in nonbiopsied lesions; and depth was accurately assessed. Combined RCM-OCT may enable accurate diagnosis and depth assessment in lesions clinically suggestive of BCC, but further validation must be performed.

Triggering the extrinsic apoptotic pathway is an effective way to kill cutaneous T-cell lymphoma (CTCL) cells in vitro and ex vivo. In this study using in vitro and ex vivo methods, Wu and Wood perform high-throughput screening of 1710 compounds and identify gentian violet as an anti-cutaneous T-cell lymphoma agent that induces high levels of tumor cell death and blocks tumor cell growth. These preclinical data suggest that gentian violet (a well-known topical antimicrobial agent) has potential as a novel topical therapy for cutaneous T-cell lymphoma that is inexpensive and available worldwide.