

Objectives

- Review the elements of EASI scoring
- Practice EASI from photographs and compare with assessments of experienced investigators

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- Further validation (Barbier 2004) showed good:
 - Correlation with physician and patient assessments
 - Sensitivity to change, thereby detecting change over time
 - Assessor internal consistency
- In a systematic review of instruments to measure physicianassessed clinical signs in atopic dermatitis (AD), the EASI was found to be one of the best instruments available (Schmitt 2013)

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EASI Assessment and Calculation Infiltration/ Papulation Area of Line Area **Erythema Excoriations Lichenification** Multiplier Score Involvement 1 Head/Neck x 0.1 2 Trunk x 0.3 Upper 3 x 0.2 Extremities Lower 4 x 0.4 Extremities Sum intensity Multiply Multiply by Total EASI = scores per region by area preset Sum of products score factor **REGENERON**

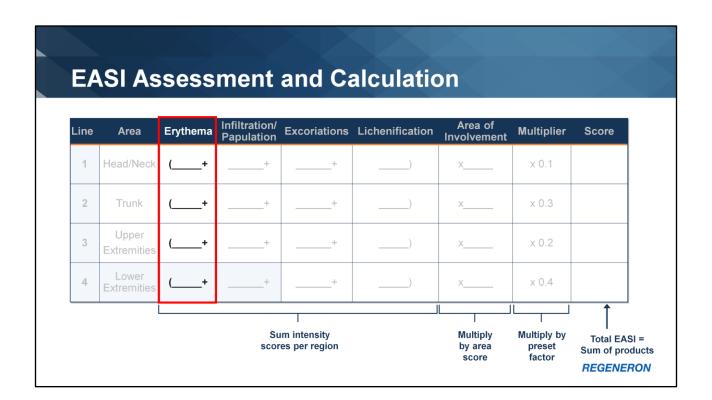
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EASI Process

Step 1 – Assess extent of eczema
For that region



Step 2 – Assess intensity of eczema

For that region
Erythema (0-3)
Induration/Papulation/Edema (0-3)
Excoriation (0-3)
Lichenification (0-3)

x 4 regions

Step 1 – Assess extent of eczema For that region Step 2 – Assess intensity of eczema For that region Erythema (0–3) Induration/Papulation/Edema (0–3) Excoriation (0–3) Lichenification (0–3)

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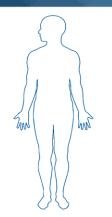
Step 2 – Assess intensity of eczema

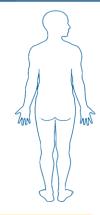
For that region
Erythema (0–3)
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Lichenification (0–3)

x 4 regions

Four body regions

- 1. Head and neck
- 2. Upper extremities
- 3. Trunk
- 4. Lower extremities





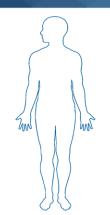
Each region will be assessed separately

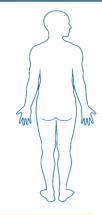
REGENERON

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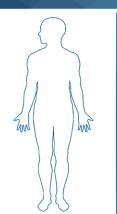
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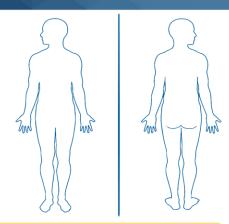


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REGENERON

Four body regions

- 1. Head and neck
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- 3. Trunk
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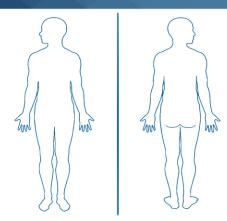


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REGENERON

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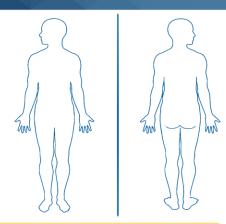


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REGENERON

Four body regions

- 1. Head and neck
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REGENERON

Things to Remember

- · Include only inflamed areas
- Do not include:
 - -Xerosis, ichthyosis, or keratosis pilaris
 - -Urticaria
 - -Infection unless underlying eczema
 - -Post-inflammatory hyperpigmentation
- Each region has potentially 100% involvement

REGENERON

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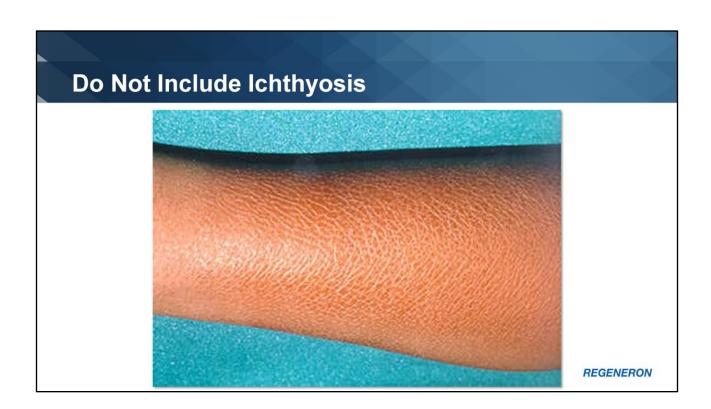
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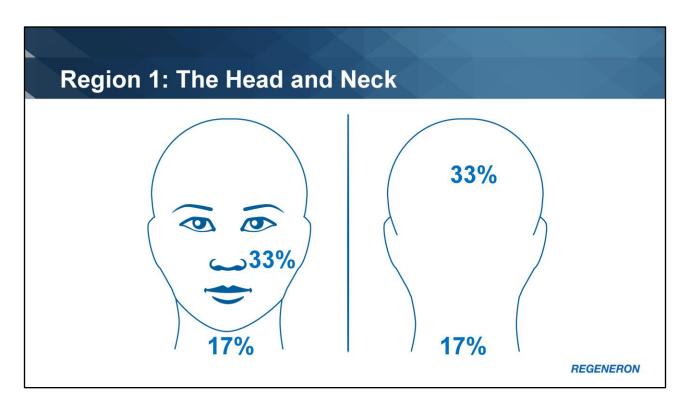
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REGENERON





The head and neck region includes face, scalp & neck.

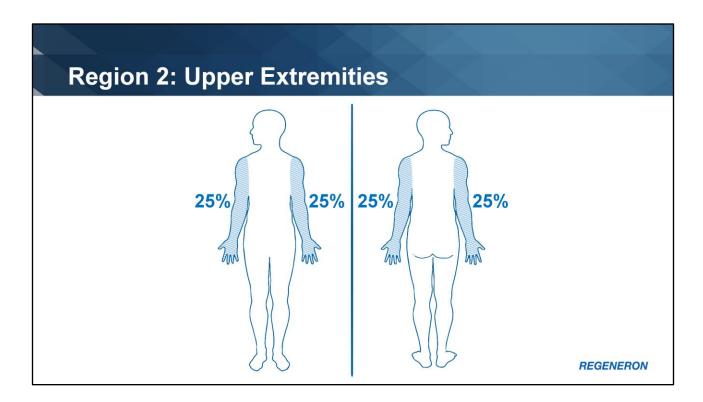
Each represents approximately one third of the total head/neck region.

What Percent of the Head and Neck Is Affected in This Patient?

Estimate: 25%



What Percent of the Head and Neck Is Affected in This Patient? Estimate: 17%



- · Includes both arms
- Includes the hands and external axillae
- Each arm represents 50% of the total for upper extremities

What Percent of the Upper Extremities Is Affected?

Estimate: 12.5% x 2 = 25%

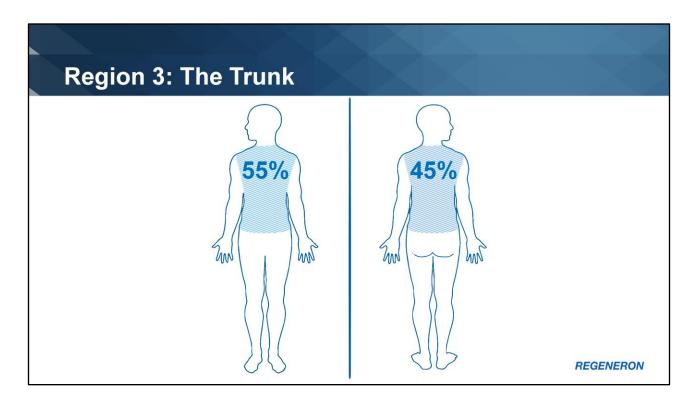


REGENERON

Back of arms clear

What Percent of the Upper Extremities Is Affected? Estimate: 12.5% x 2 = 25%

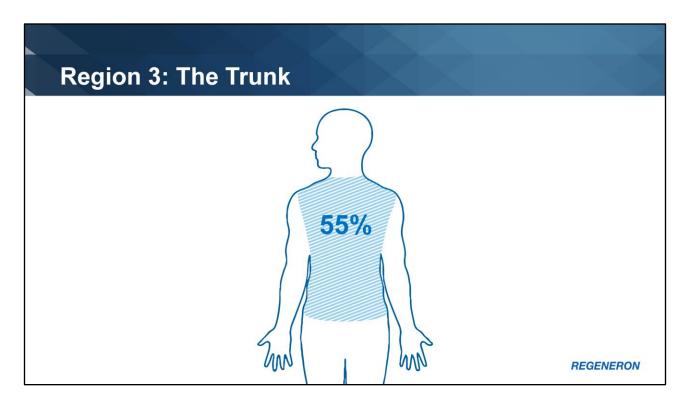
Back of arms clear



All areas from the base of the neck to:

- the inguinal fold, anteriorly
- the waistline, posteriorly
- · also includes the medial axillae

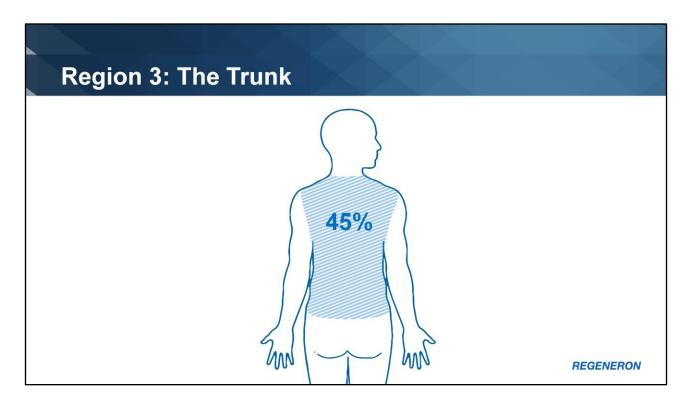
NOTE: The buttocks are not part of the trunk region



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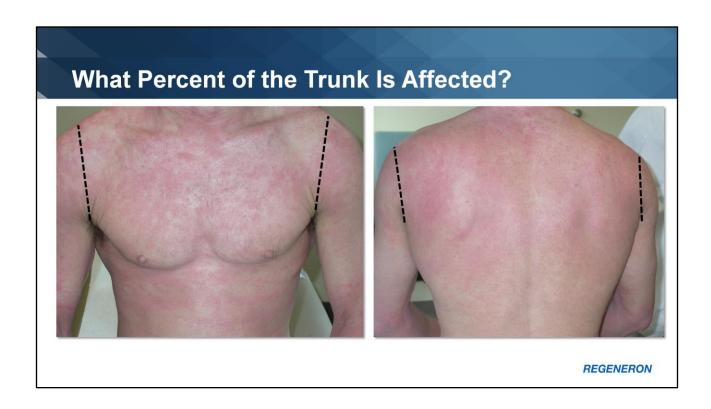
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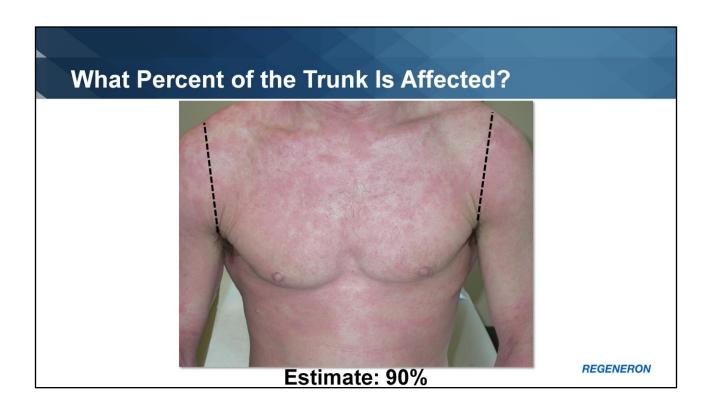


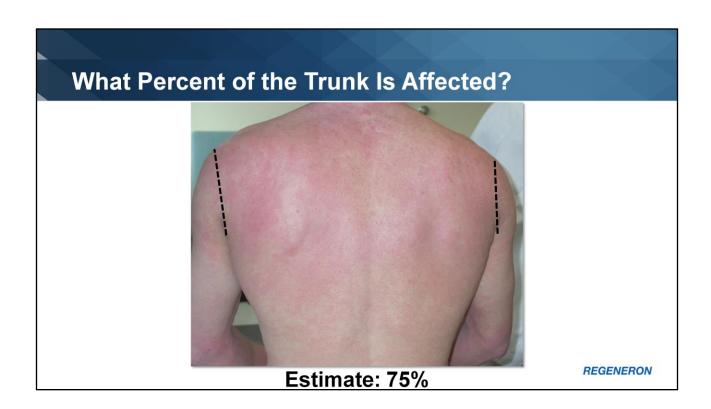
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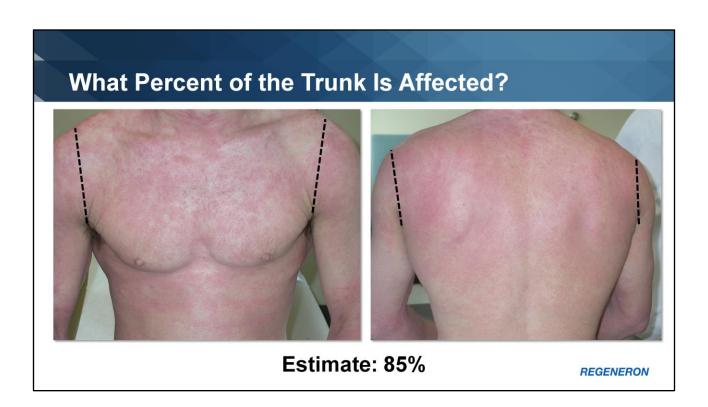
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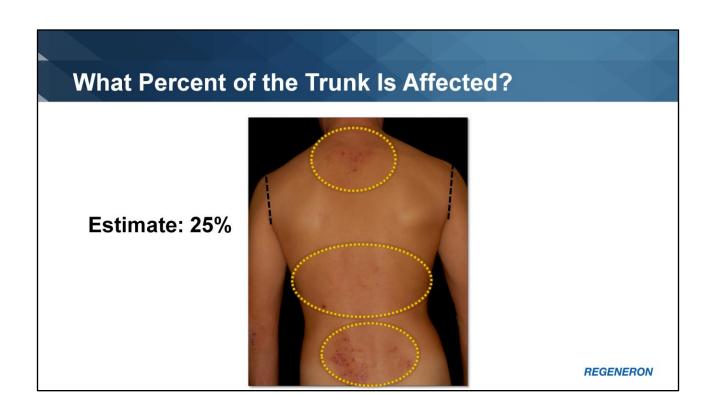
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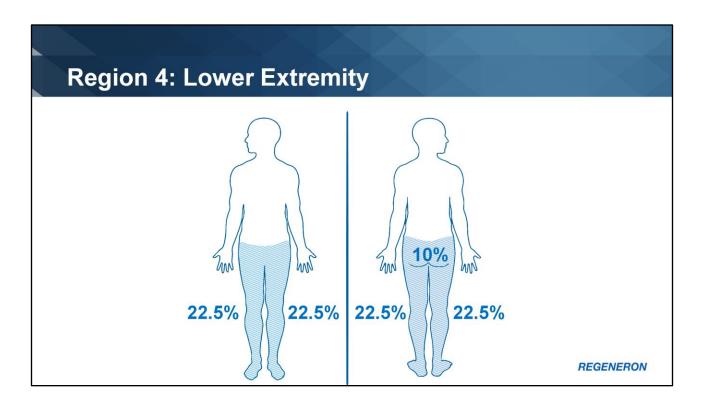












- · Anteriorly, below the inguinal fold
- · Posteriorly, below the waist (includes buttocks)

Region 4: Lower Extremity 22.5% 22.5%

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What Percent of the Lower Extremity Region Is Affected?

Estimate: 25%



Area Score (AS)

The percentage involvement of each body region is translated to an area score based on the following:

0 = no involvement

1 = <10%

2 = 10%-29%

3 = 30%-49%

4 = 50%-69%

5 = 70%-89%

6 = 90%-100%

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Four parameters are assessed:

- 1. Erythema
- 2. Induration/Papulation/Edema
 *Please note that the terms induration, papulation,
 edema and infiltration are used interchangeably
- 3. Excoriation
- 4. Lichenification

Each parameter receives a grading:

- 0 = none
- 1 = mild
- 2 = moderate
- 3 = severe

Record the average intensity across a region

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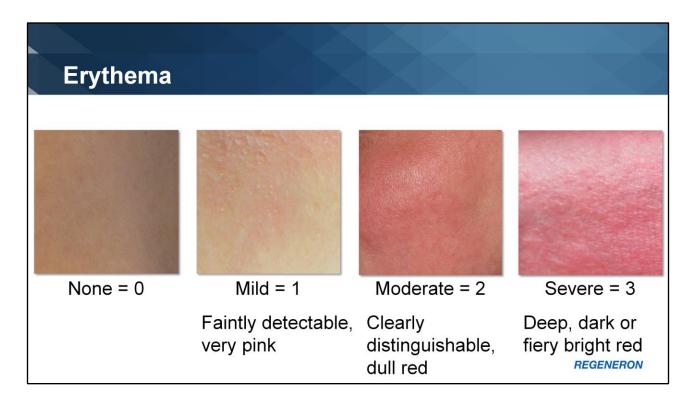
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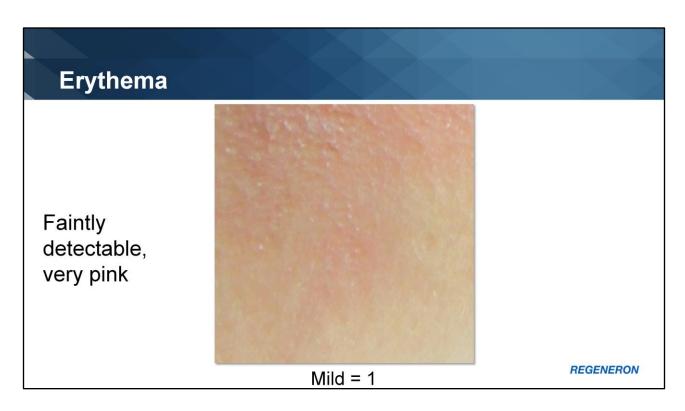
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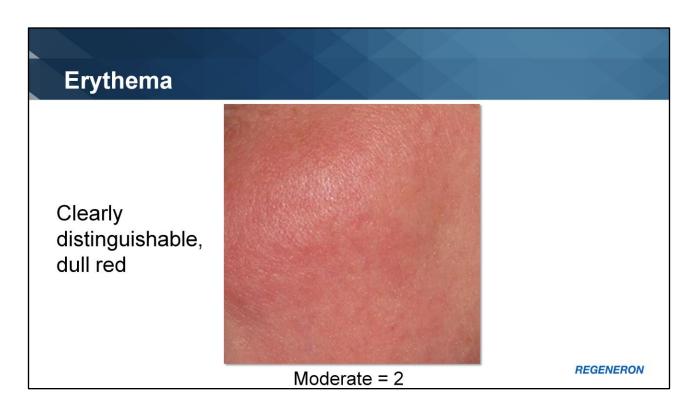
From PASI session – erythema is the most sensitive to variations in body temperature, position, topical agents, ethnicity or skin pigmentation, camera exposure or computer display.

None; Mild (faintly detectable erythema, very pink); Moderate (dull red, clearly distinguishable); Severe (deep/dark red)



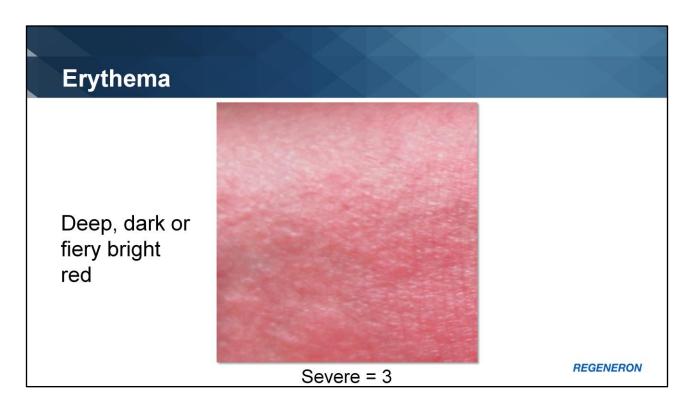
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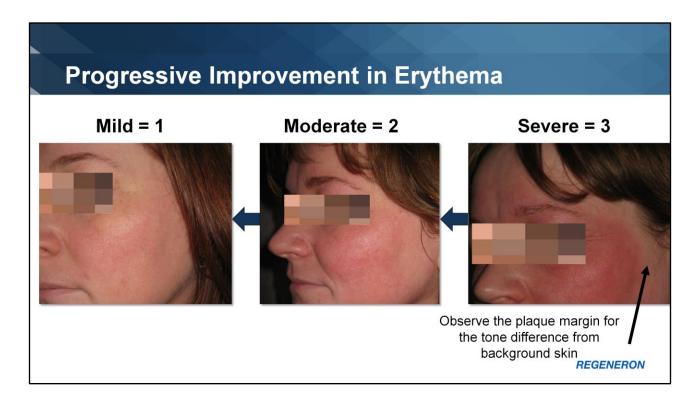
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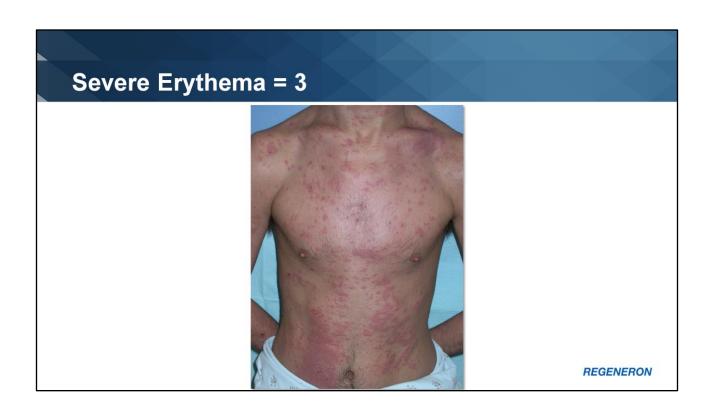












Pitfalls in Erythema Estimation

- Avoid underestimation on dark skin
- Adjust for underlying pigmentation



Pitfalls in Erythema Estimation

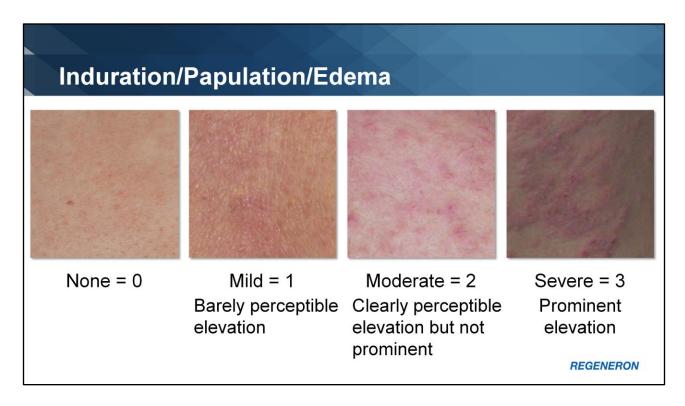
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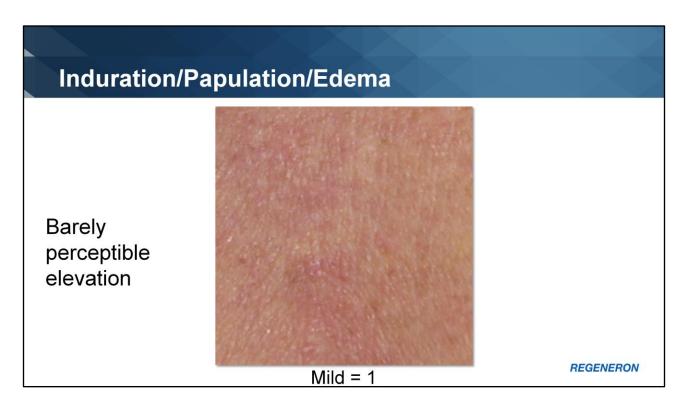


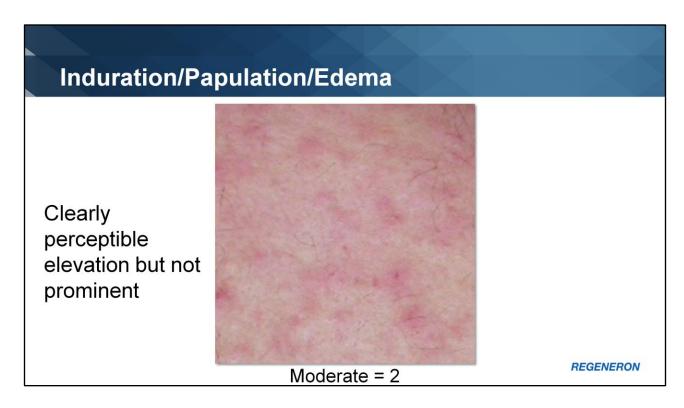
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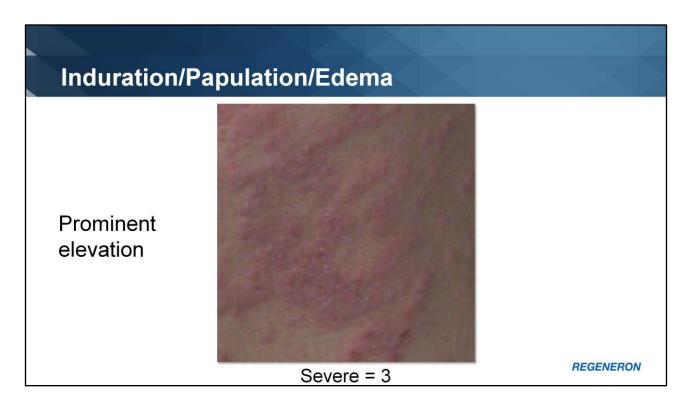
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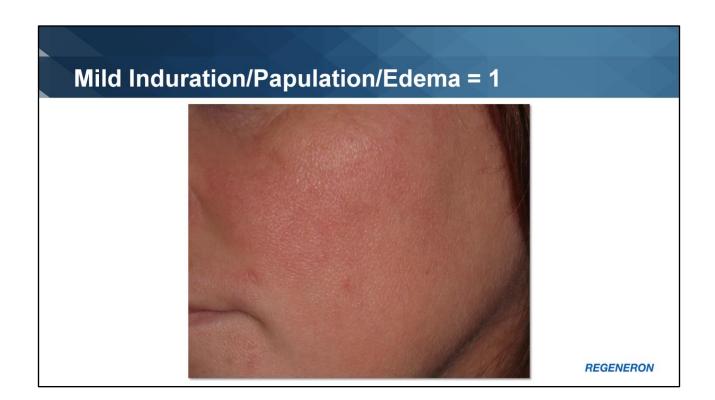


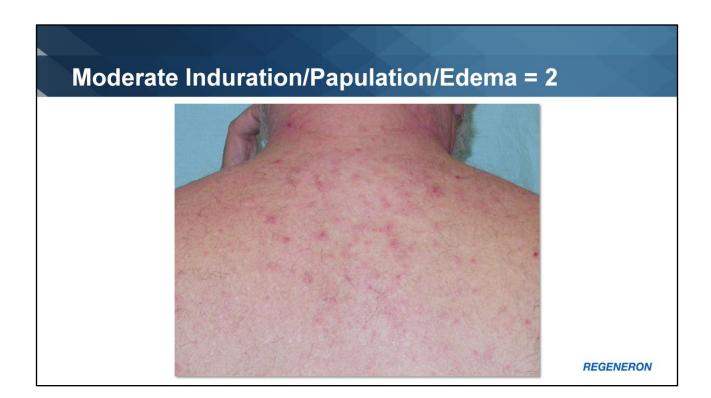














Pitfalls in Induration/Papulation/Edema Estimation

Confusing lichenification with papulation

- Differentiate based on edema (papulation) from firm thickening of epidermis (lichenification)
- Both are often present in same lesion



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This is probably a mild papulation = 1

Pitfalls in Induration/Papulation/Edema Estimation

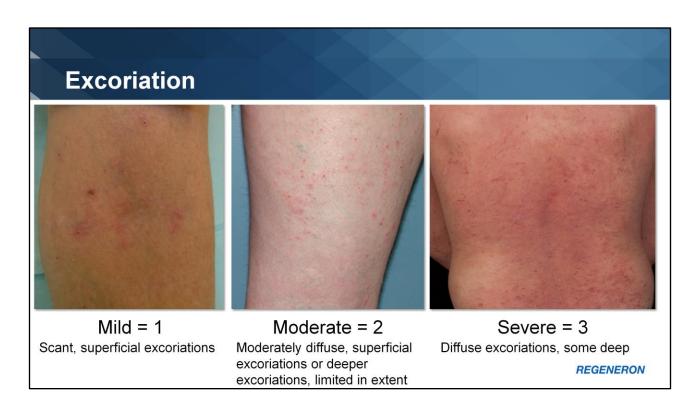
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- Both are often present in same lesion

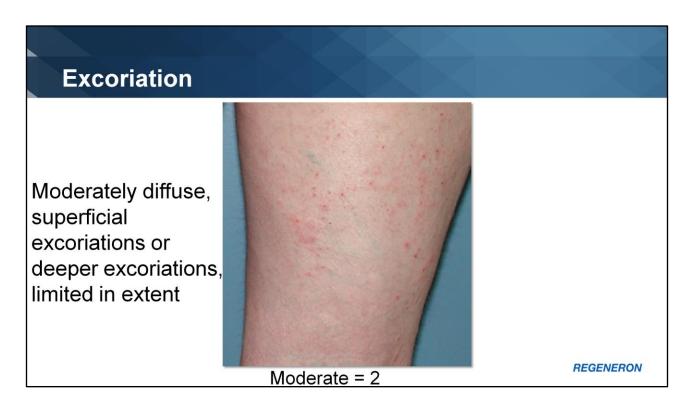


REGENERON

This is probably a mild papulation = 1

















None; Mild (slight thickening of the skin determined only by touch with skin markings minimally exaggerated; Moderate (clearly thickened skin with exaggerated skin markings); Severe (prominent thickening of the skin with exaggerated skin markings creating deep parallel? furrows)

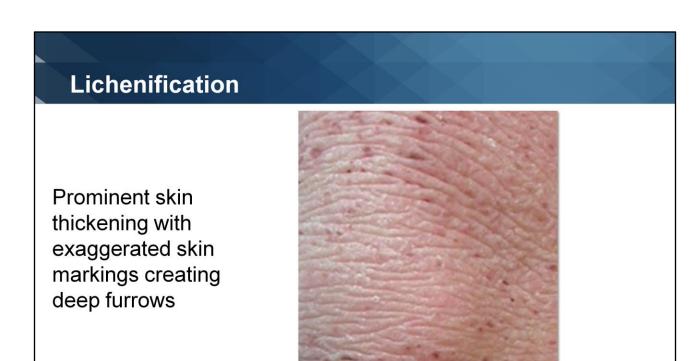
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Severe = 2







Other Challenges in Lesion Intensity Grading

- Record the <u>average</u> intensity of involved skin in a region, not the most intense
- Grading prurigo nodules
 - Rate as lichenification
- Differentiating xerosis, ichthyosis, and hyperlinearity from active eczema
- Use the same assessor to reduce variability

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- EASI is a composite scoring system- extent and intensity
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