Our patient developed a skin eruption that was clinically and histologically compatible with SCLE after 1 month of mitotane therapy, which resolved after treatment with the drug was stopped. Although test results for serological antibodies were negative, she met some of the guideline conditions for drug-induced LE, sufficient to diagnose DISCLE according to our criteria.

In conclusion, we report the first case to our knowledge of DISCLE induced by mitotane. It is important for the clinician to enquire about drug intake history when evaluating patients presenting with SCLE.

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Discussion | The National Comprehensive Cancer Network guidelines recommend the combination of pertuzumab and trastuzumab with docetaxel as a preferred option for first-line treatment of patients with HER2-positive MBC. In general, CAC has a histological similarity to the apocrine subtype of breast cancer. Therefore, if patients with metastatic CAC have overexpression of HER2, HER2 inhibitors, such as pertuzumab and trastuzumab, are expected to be effective for them.

Pertuzumab and trastuzumab are more active in combination than when used alone because these 2 agents bind to different HER2 epitopes and provide a comprehensive signaling blockade. According to a randomized clinical trial of patients with HER2-positive MBC, the combination of pertuzumab and trastuzumab with docetaxel compared with placebo and trastuzumab with docetaxel significantly improved both progression-free and overall survival. Therefore, the addition of pertuzumab plays an important role in the improvement of outcomes for patients with HER2-positive MBC. However, with regard to HER2-positive metastatic CAC, to our knowledge, there are no reports of therapy with pertuzumab.

In the present case, the tumor cells dramatically regressed with the combination of pertuzumab and trastuzumab with
Because of the effect of this combination therapy, we could perform surgery in this patient; to date, for 11 months after surgical treatment, CR has been maintained by combining subsequent radiation therapy and trastuzumab monotherapy.

This case suggests that the combination of pertuzumab-based targeted therapy with taxane chemotherapy may develop into a new treatment option for patients with HER2-positive metastatic CAC.

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Association of Google Search Volume Index Peaks for Skin Cancer With Skin Cancer Awareness Month

To the Editor I read with great interest the article by Bloom et al1 on the use of Google Trends to assess the US population's interest in skin cancer. The authors should be commended for presenting this novel methodology as an approach to assessing patient interest in skin cancer, and for examining the putative relationship between the search volume index (SVI) and melanoma outcomes.

The authors highlight that interest in skin cancer and melanoma is cyclical and that the “summer months” consistently demonstrate the highest SVI for skin cancer and melanoma searches. Yet Google Trends data show a consistent peak for the search term “skin cancer” in the month of May. Given sun exposure trends, the primary assumption would be that searches for skin cancer and melanoma, spurred by sun overexposure and burns, would peak in mid-July. The early peak in May, before most Americans have increased their sun exposure behaviors, followed by a persistently high level of interest over the summer months, suggests that something other than sun exposure patterns may be driving this phenomenon. Interestingly, a recent Brazilian study on the frequency of web visits to the Brazilian National Cancer Institute website failed to demonstrate a cyclical pattern of interest in skin cancer.2

Since 1985, the American Academy of Dermatology has sponsored May as skin cancer awareness month. The May peak in searches for skin cancer, and the frequent May peak in searches for melanoma, may suggest that such outreach programs are having an impact, at least insofar as SVI correlates with actual screening behaviors, which a recent study has questioned.3 The May peak for melanoma and skin cancer echoes a similar October peak for breast cancer searches, as breast cancer awareness month has become a major cultural trope in the United States and beyond.

These findings suggest that the cycle of awareness, led by outreach programs, may lead to a significant and meaningful feedback loop, with the founding of an awareness month leading to increased media coverage, which in turn leads to more searches and public interest, which then again feeds an increased interest in media coverage.

While it is difficult to draw valid conclusions from secular trends, these data should be heartening to the dermatology community at large because they suggest that outreach, advocacy, and education efforts, coupled with free skin cancer screenings, may be effectively contributing to an increased awareness of skin cancer.

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In Reply We thank Dr Kantor for his interest in our study.1 While we believe the American Academy of Dermatology’s May skin cancer awareness initiative is vital in improving outreach, its effect on population interest is less clear. Although the awareness initiative may provide a slight increase in Search Volume Index (SVI) at peak times, it is not clear it primarily drives searches.

Dr Kantor suggests October’s breast cancer awareness month as an example of the effect of awareness months on search volumes; however, we believe the 2 diseases and respective awareness months do not demonstrate the same relationship. Between 2010 and 2014, there was a sizeable peak in breast cancer searches mirroring those for “breast cancer awareness” and “breast cancer month.” Thereafter this increase in search volume quickly returned to baseline in November and December.2 Thus, breast cancer awareness month appears to have a significant causal relationship with searches for breast cancer as a whole.

In contrast, “skin cancer awareness” and “skin cancer month” appear to have far less of a clear relationship with skin cancer SVI. Searches for “skin cancer awareness” and “skin cancer month” only account for a peak SVI of 1 and 0, respectively, compared with peak values of 100 for skin cancer.2 On the other hand, values for “breast cancer awareness” and “breast cancer month” peak much higher at 29 and 14, respectively. In addition, the curve of skin cancer SVI appears to mirror that of mean national temperatures3 in its cyclical nature, suggesting a seasonal effect, rather than isolated peaks occurring during the awareness month.

This is not to say that skin cancer awareness in May potentially cannot have some effect in further increasing skin cancer searches. We performed differential curve analysis on our previously reported data to assess the greatest rates of increase in SVI.4 This was noted to occur in May of each month, with the greatest rate of increase seen in early May 2011. While this likely provides a boost to the peak of SVI, it fails to account for the sinusoidal nature of the SVI curve. Skin cancer SVI and mean na-