10. Gender and Time to Diagnosis in Systemic Sclerosis: An Updated Analysis of 1,129 Patients from the Canadian Scleroderma Research Group Registry

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Objective: A previous study found that time to diagnosis of systemic sclerosis (SSc) was significantly longer from onset of Raynaud's phenomenon for women with diffuse SSc (median 1.0 years) compared to men with diffuse SSc (median 0.7 years) and that, in limited SSc, time to diagnosis was more than twice as long for women (median 4.6 years) than men (median 2.1 years), although this was not statistically significant. That study wa3s limited, however, by the small number of men in each disease subtype. Thus, the objective of the present study was to investigate the association of gender with time to diagnosis of SSc using a substantially larger patient sample.

Methods: In the Canadian Scleroderma Research Group registry, dates of onset of Raynaud's phenomenon, first non-Raynaud's disease symptom, and diagnosis are recorded based on patient reports. Association between gender and time to diagnosis was assessed overall and stratified based on diffuse versus limited disease using Kaplan-Meier curves and Cox proportional hazards models.

Results: There were 1,129 patients in the study (median age=56.0 years; 978 [86.6%] women). Time to diagnosis was significantly longer for women (median 1.1 years) than men (median 0.8 years; p=.037) with diffuse SSc following onset of Raynaud's phenomenon. There were no significant or substantive gender differences in time to diagnosis after Raynaud's onset in limited SSc or from onset of first non-Raynaud's disease manifestation in diffuse or limited SSc. Results were unchanged when adjusting for age, education level, and marital status.

Conclusions: Time to diagnosis was significantly longer for women compared to men with diffuse SSc following onset of Raynaud's phenomenon, but the difference was small and not likely clinically meaningful. There were no differences in time to diagnosis following Raynaud's onset in limited disease or following onset of first non-Raynaud's disease manifestation in diffuse or limited disease.