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PRACTICAL THERAPEUTICS *and* CLINICAL NEWS *from the* WORLD of DERMATOLOGY ■ FEBRUARY 2010

Coming to your practice in
2010

*New therapies, devices
set to reshape
cosmetic dermatology market*



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Developments in therapy

Therapies set to reshape Cosmetic dermatology

■ New therapeutic options, emerging devices promise increased benefits to patients

by LOUISE GAGNON,
Correspondent, The Chronicle

Canadian dermatologists predict that new therapies and devices will reshape the cosmetic treatment marketplace in 2010.

"The Botox [botulinum toxin] market may be in for some competition," says Dr. Vince Bertucci, an assistant professor at the University of Toronto in Toronto, past president of the Canadian Society for Dermatologic Surgery, and a dermatologist in private practice in the Toronto area. "The product Xeomin has been approved for medical use in Canada, and we may see off-label cosmetic use of the product in the near future."

Xeomin is similar in efficacy and duration to Botox, so the learning curve may not be so steep. Another possible future entry in the marketplace, Dysport, also has potential cosmetic applications. Clinicians will need to learn its unique administration techniques because Dysport, unlike Xeomin, will not be interchangeable with Botox, notes Dr. Bertucci.

"Dysport diffusion and dosing is different from Botox, meaning that injection techniques will need to be adjusted accordingly," says Dr. Bertucci.

Dr. Alastair Carruthers, a clinical professor in the department of dermatology and skin science at the University of British Columbia in Vancouver, and co-director of the Carruthers Dermatology Centre, says the similarity between Botox and Xeomin will give both clinicians and patients a sense of security if they are thinking about switching products.

Non-surgical methods for fat reduction

The market for products that lead to fat reduction is huge, and patients are increasingly looking for less invasive techniques that can accomplish their fat-loss goals. In particular, high-intensity focused ultrasound (HIFU) or LipoSonix offers a non-surgical method of fat loss whereby most patients can see a reduction of about 3 cm in their abdominal circumference.

"The key is that the [fat loss] techniques are not meant for individuals who are morbidly obese," explains

Dr. Bertucci. "They are aimed at [reducing] focal collections of fat in areas such as the abdomen or hips."

One of the new products designed to produce fat loss that will come into the hands of dermatologists is the Zeltiq medical device, which eliminates fat through cooling. The approach uses Cryolipolysis to target fat cells exclusively, sparing harm to the skin or other tissue.

"The fat is eliminated through cooling rather than heating," explains Dr. Carruthers. "It does cause fat loss, but the results are not dramatic. It will likely be popular because it is a procedure that doesn't require downtime."

With the hectic and busy schedules of baby boomers, procedures that can be performed with no downtime are expected to be preferred over those that require a week or more of recovery before returning to work and daily activities, according to Dr. Carruthers. "Baby boomers don't have time to take off, and they don't want procedures that require downtime," he says.

With that priority in mind, light devices such as intense pulsed light, aimed at rejuvenating the skin, are expected to become more popular. There has been some lag with the integration of lasers in cosmetic dermatology in Canada, which Dr. Carruthers attributes to the recovery period required after treatment with many lasers.

Combination therapies are progressively being employed to optimize appearance, notes Dr. Bertucci, citing the example of Soft Lift, a therapy that offers the benefits of Botox and Juvederm, to target the effects of aging by smoothing out deep wrinkles and fine lines on the face.

"You can get results that are better than the sum of the parts," says Dr. Bertucci. "You can get dramatic results that are 'facelift-like' without the surgery."

Another trend in cosmetic dermatology is the use of temporary agents to avoid the pitfalls posed by some permanent agents. "Temporary agents give you a comfort level knowing you can get rid of what you have injected," says Dr. Carruthers, contrasting hyaluronic acid fillers to agents like Aquamid, an permanent agent. "If you inject something permanent, it is there forever. The lumps and bumps on the face don't go away."



Dr. Vince Bertucci



Dr. Alastair Carruthers



Dr. Marlene Dytoc



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New therapies *designed to improve patient compliance*

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As an exception, Dr. Carruthers uses permanent injectable fillers in select patients, such as those with

HIV who have experienced facial fat loss.

Dr. Marlene Dytoc, a dermatologist in private practice in Edmonton and an associate clinical professor of medicine at the University of Alberta in Edmonton, notes that injectables present an opportunity to perform facial sculpture and do not require patients to undergo surgical procedures such as facelifts and rhinoplasty.

“The appearance of the nose can change without surgery,” says Dr. Dytoc. “You can get a different appearance with the use of injectable fillers.”

Topical immune response modifier

The emergence of another immune response modifier approved earlier this year as a topical treatment for multiple actinic keratoses on the face or balding scalp of adults, will likely be well-received by clinicians.

Patients can apply the treatment, imiquimod cream 3.75%, at home at bedtime, with treatment duration being two weeks on, two weeks off, and then two weeks on, unless otherwise specified. Dr. Dytoc predicts dermatologists will find other uses for this cream, just as they have for imiquimod cream 5%, outside of the therapy’s indications. “There are many off-label uses for imiquimod,” notes Dr. Dytoc.

Given that efalizumab, an immunomodulating, humanized monoclonal antibody designed to treat moderate to severe chronic plaque psoriasis, was pulled from the Canadian market last year because of safety concerns, Dr. Dytoc says that clinicians will give greater weight to long-standing safety and efficacy of biologic agents in the treatment of conditions like chronic plaque psoriasis.

“We would like to see a long-term track record in terms of efficacy and safety,” says Dr. Dytoc. “One should be prudent and examine the track record for efficacy and safety especially with regards to immunomodulators and biologics.”

Patients are heeding the call from dermatologists that they use preventive products like sunscreens to ward off skin cancer, but research is pointing out that certain sunscreen ingredients, such as titanium dioxide, may pose potential harm to human health, according to Dr. Dytoc.

“There are controversial reports of toxicity with respect to the micronization of titanium dioxide and zinc oxide,” explains Dr. Dytoc. “The evidence is not conclusive as to whether this process is deleterious to health or not.”

The International Agency for Research on Cancer (IARC) has classified titanium dioxide as an IARC Group 2B carcinogen and described it as possibly carcinogenic to humans.

Patients will increasingly evaluate sunscreen not only for its ability to shield them from ultraviolet radiation, but to protect them from the absorption of any toxic ingredient. “Just as patients have sought more organic food from the market, they will seek less potentially toxic products to use on their skin as sunscreens,” says Dr. Dytoc.

Non-proprietary and brand names of therapies: *botulinum toxin type A (Botox Cosmetic, Allergan); botulinum toxin type A (Xeomin, Merz Pharma); abobotulinumtoxinA (Dysport, Medicis); high-intensity focused ultrasound (LipoSonix, Medicis Technologies); (Zeltiq device, Zeltiq Aesthetics); imiquimod cream 3.75% (Zyclara, Graceway); imiquimod cream 5% (Aldara, Graceway).*