

# Market Aesthetic Services by Highlighting Expertise

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WASHINGTON — The dermatologists who successfully add aesthetic services to their practices are those who use their expertise to show patients that they are the safe, smart choice, Catherine Maley said at the annual meeting of the American Academy for Facial Plastic and Reconstructive Surgery.

“Aesthetic dermatology is the business

of feelings and emotions,” said Ms. Maley, president of Cosmetic Image Marketing, a San Francisco–based marketing, public relations, and advertising firm that specializes in helping physicians build aesthetic practices.

“What you want to do is differentiate yourself from the medispas,” she pointed out. A dermatologist competing in the aesthetic market should emphasize his or her medical training so patients recognize that they are paying for expertise.

“The aesthetic patient needs to understand that you are not the cheapest: You are the best,” she said.

“Think of the psychology of the aesthetic patient. The bottom line is that she wants to look and feel better but she wants peace of mind. She wants to know that she is not going to regret anything and she is going to get a good result every time,” Ms. Maley said.

Don’t try to compete with medispas on price. Instead, sell the value. “You want

those preferred patients who care about safety and credibility,” she said.

How do dermatologists sell value? By emphasizing their credentials.

Use the logo from every society to which you belong on your cards, flyers, and promotional materials, including hospital and school affiliations. Put those logos everywhere because it enhances credibility with patients. “If you are board certified, say so in your promotional materials and explain to patients just what that means in terms of extra training,” Ms. Maley said.

“If you work with vendors, use those affiliations and let patients know that you have been called on to speak or do research or train others,” she added.

Create high-quality promotional handouts and cards to promote the aesthetic practice. A public relations agent can help create promotional materials, or there may be an interested and talented staff member who can design promotional pieces. Be sure to include patient photos and testimonials in your in-office and external promotional material. A dermatologist who is lucky enough to have a celebrity patient should ask for his or her permission to display a photo and short testimonial in the office.

Use testimonials generously, Ms. Maley emphasized. Provide high-quality photo albums with patients from a range of ages and ethnic backgrounds. Create a “what our patients say about us” album for written thank-you notes, e-mails, or postprocedure surveys.

“It’s very compelling for patients to read about how great you are from other patients, not just from you,” Ms. Maley said. The more testimonials, the better. Patient survey data have shown that prospective aesthetic patients associate quantity of patient testimonials with experience and expertise. Consider taking videos of patients who want to share their positive experiences, and put the videos together on a loop to show in the waiting room or post them on a Web site, Ms. Maley suggested.

And don’t underestimate the importance of appearing in print.

“Any time you publish or you are quoted, don’t miss that opportunity for public relations,” she said.

Pull together a collection of quotes and design a PR piece for patient information packets and for the practice’s Web site. One way to get written about or interviewed is to send a media kit to local print and TV reporters and to follow up with a personal phone call to pitch story ideas related to your expertise.

“Remember that it is not about you. It is about what you can do for their readers and viewers,” Ms. Maley cautioned. “But the PR can really pay off and set you up as an expert in your community.” ■

## BRIEF SUMMARY OF PRESCRIBING INFORMATION



**For topical use only**  
**Rx only**

**INDICATIONS AND USAGE**  
Extina® (ketoconazole) Foam, 2% is indicated for the topical treatment of seborrheic dermatitis in immunocompetent patients 12 years of age and older. Safety and efficacy of Extina Foam for treatment of fungal infections have not been established.

**CONTRAINDICATIONS**  
None

**WARNINGS AND PRECAUTIONS**  
**Contact Sensitization**  
Extina Foam may result in contact sensitization, including photoallergenicity. [See Adverse Reactions, Dermal Safety Studies]

**Flammable Contents**  
The contents of Extina Foam include alcohol and propane/butane, which are flammable. Avoid fire, flame and/or smoking during and immediately following application. Do not puncture and/or incinerate the containers. Do not expose containers to heat and/or store at temperatures above 120°F (49°C).

**Systemic Effects**  
Hepatitis has been seen with orally administered ketoconazole (1:10,000 reported incidence). Lowered testosterone and ACTH-induced corticosteroid serum levels have been seen with high doses of orally administered ketoconazole. These effects have not been seen with topical ketoconazole.

**ADVERSE REACTIONS**  
**Adverse Reactions in Clinical Trials**  
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug, and may not reflect the rates observed in practice. The adverse reaction information from clinical trials does, however, provide a basis for identifying the adverse reactions that appear to be related to drug use and for approximating rates.

The safety data presented in Table 1 (below) reflect exposure to Extina Foam in 672 subjects, 12 years and older with seborrheic dermatitis. Subjects

applied Extina Foam or vehicle foam twice daily for 4 weeks to affected areas on the face, scalp, and/or chest. Adverse reactions occurring in >1% of subjects are presented in Table 1.

Table 1: Adverse Reactions Reported by >1% Subjects in Clinical Trials		
Adverse Reactions	Extina Foam N = 672 n (%)	Vehicle Foam N = 497 n (%)
Subjects with an Adverse Reaction	188 (28%)	122 (25%)
Application site burning	67 (10%)	49 (10%)
Application site reaction	41 (6%)	24 (5%)

Application site reactions that were reported in ≤1% of subjects were dryness, erythema, irritation, paresthesia, pruritus, rash and warmth.

**Dermal Safety Studies**  
In a photoallergenicity study, 9 of 53 subjects (17%) had reactions during the challenge period at both the irradiated and non-irradiated sites treated with Extina Foam. Extina Foam may cause contact sensitization.

**USE IN SPECIFIC POPULATIONS**  
**Pregnancy**  
**Teratogenic Effects, Pregnancy Category C:**  
Ketoconazole has been shown to be teratogenic (syndactylia and oligodactylia) in the rat when given orally in the diet at 80 mg/kg/day (4.8 times the maximum expected human topical dose based on a mg/m² comparison, assuming 100% absorption from 8 g of foam). However, these effects may be partly related to maternal toxicity, which was also observed at this dose level. [See Pharmacokinetics]

No reproductive studies in animals have been performed with Extina Foam. There are no adequate and well-controlled studies of Extina Foam in pregnant women.

Extina Foam should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers**  
It is not known whether Extina Foam administered topically could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in

human milk, caution should be exercised when Extina Foam is administered to women who are breastfeeding.

**Pediatric Use**  
The safety and effectiveness of Extina Foam in pediatric patients less than 12 years of age have not been established.

Of the 672 subjects treated with Extina Foam in the clinical trials, 44 (7%) were from 12 to 17 years of age. [See Clinical Studies]

**Geriatric Use**  
Of the 672 subjects treated with Extina Foam in the clinical trials, 107 (16%) were 65 years and over.

**NONCLINICAL TOXICOLOGY**  
**Carcinogenesis, Mutagenesis, and Impairment of Fertility**  
Long-term animal studies have not been performed to evaluate the carcinogenic or photo-carcinogenic potential of Extina Foam.

In oral carcinogenicity studies in mice (18-months) and rats (24-months) at dose levels of 5, 20 and 80 mg/kg/day ketoconazole was not carcinogenic. The high dose in these studies was approximately 2.4 to 4.8 times the expected topical dose in humans based on a mg/m² comparison. In a bacterial reverse mutation assay, ketoconazole did not express any mutagenic potential. In three *in vivo* assays (sister chromatid exchange in humans, dominant lethal and micronucleus tests in mice), ketoconazole did not exhibit any genotoxic potential.

At oral dose levels of 75 mg/kg/day (4.5 times the expected topical human dose in mg/m²), ketoconazole impaired reproductive performance and fertility when administered to male rats (increased abnormal sperm, decreased sperm mobility and decreased pregnancy in mated females).

Manufactured for Stiefel Laboratories, Inc.  
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U.S. Patent Pending

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