

Laser Therapies Inappropriate For First-Line Acne Treatment

BY NANCY MELVILLE
Contributing Writer

ANAHEIM, CALIF. — Light-based therapies are heavily promoted as options for treating acne, but issues of cost and convenience should rule them out as a first line of treatment, said experts at a cosmetic dermatology seminar sponsored by the Skin Disease Education Foundation.

The market is filling up with dozens of different lasers claiming to help treat acne with wide-ranging treatment mechanisms and even wider-ranging price tags, said Jerome Garden, M.D., of the department of dermatology at Northwestern University in Chicago.

"I found 26 different products out there all claiming they treat acne, and it's very hard to sort all of these out," he said.

Most of the claims are backed by some research—infrared laser treatment, for instance, has some strong studies showing shrinkage of the sebaceous glands; blue light and photodynamic therapy (PDT) are gaining recognition for their efficacy; and radiofrequency devices have shown some success.

But for all of the devices and claims, several confounding factors give physicians pause in embracing light-based therapies as a first-line treatment.

First, there is broad inconsistency in the literature. An analysis of acne literature published in the *Journal of the American Academy of Dermatology* in 2002 underscored the wide-ranging measures used in determining not only outcomes but the very definitions of acne, said James Spencer, M.D., a clinical professor of dermatology at Mount Sinai School of Medicine, New York (*J. Am. Acad. Dermatol.* 2002;47:231-40).

"There were over 25 methods for assessing acne

severity and 19 methods for counting lesions," he said. "That makes comparing one study to another very difficult."

With a treatment like PDT, the evidence of efficacy in treating acne is strong, but there is the trade-off of the process being a negative experience for the patient.

"Photochemicals [used in PDT] cause cell membrane damage, and with the process there's pain. The outcome may be positive, but this is not a positive event in the life of the patient," Dr. Garden said.

When PDT is used to treat something like cancerous lesions, the process is entirely justified, but as a repetitive treatment for acne, it is much more questionable, he said.

"What we have to ask ourselves is this—do we really want this for our patients? And what's the long-term effect? We don't know," Dr. Garden said. "The approach is new, and at the moment I'm very uncomfortable with this."

And then there is the cost of light-based therapies, which are far more expensive than a medical option.

"These are highly expensive cash procedures requiring multiple visits to the office," Dr. Spencer said. "I think light-based therapy for acne represent one more tool in the tool chest, but it's quite unreasonable for it to be the first thing that pops into your head."

Dr. Garden agreed. "It's tempting to have a non-medical option for treating acne, and this may have a role for those very selective, noncompliant patients," he said.

"But when you look at this and ask if it's something that should be a first-line treatment for patients, the answer should be, unequivocally, no," he asserted. "It's not worth it—not yet."

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Assess Vulgaris Patients For Lesions on Trunk

BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Be vigilant for acne vulgaris on the trunk because almost half of acne patients might have it on their shoulders, chest, or back, according to a presentation at a symposium sponsored by the Florida Society of Dermatology and Dermatologic Surgery.

Assessment of acne patients for truncal involvement is important because "not all patients will tell you about it," said James Q. Del Rosso, D.O., of the department of dermatology, University of Nevada, Las Vegas.

A recent treatment option for acne of the trunk is clindamycin phosphate 1% (Evoclin Foam, Connetics Corp).

In October 2004, the Food and Drug Administration approved the once-daily acne vulgaris topical treatment for patients aged 12 years and older.

Dr. Del Rosso disclosed that he is a consultant, advisory board member, and member of the speakers' bureau for Connetics Corp.

To determine a ballpark figure of the frequency of involvement of acne on the

trunk, Dr. Del Rosso examined 100 consecutive patients with acne who were at least 16 years of age (range of 16-30 years). "I found 94% had facial acne vulgaris, which is to be expected," he said.

In 44% of patients, there was truncal acne. Men were more likely to have this type of acne (61%), compared with women (41%).

Patient age often correlates with the location and type of acne vulgaris. In preteens, for example, acne tends to be centofacial with predominantly comedonal lesions.

In teenagers, acne is located on the face or trunk and typically presents as a mixture of comedonal and inflammatory acne.

Adult females, on the other hand, can present with acne on perioral, chin, lower cheek, jawline, neck, and trunk areas. Inflammatory lesions are most common in this population.

The differential diagnosis of acne vulgaris on the trunk is aided by looking for lesions at different stages, Dr. Del Rosso said. In contrast, monomorphic lesions usually indicate other conditions such as hot tub folliculitis or "corticosteroid acne." ■

Combination Formula Provides Fast, Convenient Acne Treatment

BY PATRICE WENDLING
Chicago Bureau

NEW ORLEANS — A combined formulation of clindamycin (1%) and tretinoin (0.025%) in an aqueous hydrogel improved acne vulgaris significantly faster than did either drug alone or vehicle, James Leyden, M.D., reported in a poster presentation at the annual meeting of the American Academy of Dermatology.

The combination gel targets three factors in acne pathogenesis, according to Dr. Leyden, a consultant for Connetics Corp., which developed Velac gel and sponsored the studies.

Clindamycin targets *Propionibacterium acnes* and decreases inflammation, while topical tretinoin normalizes follicular keratinization.

Data were pooled from two phase III, randomized, double-blind, multicenter trials that evaluated 2,219 patients with acne vulgaris at 37 U.S. sites.

Patients were randomized to one of four treatment groups: combination gel, clindamycin, tretinoin, or vehicle. Treatments were applied once daily in the evening for 12 weeks.

Of the 2,219 patients enrolled (combination 634, clindamycin 635, tretinoin 635, and vehicle 315), 1,902 (85.7%) patients completed the two trials.

From baseline to week 12, the percentage reduction in total lesions was significantly greater with the combination gel (48.7%) than with either clindamycin (38.3%) or tretinoin (40.3%) alone, or the vehicle (23.3%).

The median time to a 50% reduction in total lesion counts was 8 weeks with the combination gel, which was significantly faster than with clindamycin (12 weeks), tretinoin (12 weeks), or vehicle.

The reduction in inflammatory and noninflammatory lesion counts also was significantly greater with the combination gel than with each agent alone. ■

At week 12, the number of patients who were "clear" or "almost clear" on the investigator's static global assessment was significantly higher in the combination group than in each of the other three treatment groups.

The combination of clindamycin and tretinoin was well tolerated, with a similar incidence of site reactions as tretinoin monotherapy, reported Dr. Leyden, of the University of Pennsylvania, Philadelphia.

In the combination group, 119 patients (19%) reported 207 incidences of application site reactions including dryness, desquamation, burning, erythema, and pruritus.

In the tretinoin group, 107 (17%) reported 190 incidences of application site reactions.

Velac gel is under review by the Food and Drug Administration and is expected to be available in the third quarter of 2005, according to a company spokesperson. ■

Adapalene Trial Offers Rare Look at Long-Term Results

BY BETSY BATES
Los Angeles Bureau

MAUI, HAWAII — An open-label trial of adapalene gel 0.3% offered a rare long-term look at efficacy beyond the standard duration of most clinical acne medication trials.

"Most of the trials that we do with retinoids or topical acne treatments are for 12 weeks, and you often wonder what happens to the patient after that 12 weeks," Diane M. Thiboutot, M.D., said at an annual Hawaii dermatology seminar sponsored by the Skin Disease Education Foundation.

A 1-year, open-label, 277-patient trial sponsored by Galderma Laboratories found that lesion counts continue to improve beyond the 50%-55% reduction from baseline seen at 12 weeks.

By 52 weeks, lesion counts had declined 80% from baseline. ■

Dryness was reported by 2.3% of patients at 12 months, compared with 8.2% at 3 months.

Discomfort and scaling, reported by 7.6% and 2.5% of patients, respectively, at 3 months, were no longer reported by patients 12 months into adapalene therapy.

These data are "exciting," said Dr. Thiboutot, professor of dermatology at Pennsylvania State University, Hershey.

"As time goes on, patients do become accustomed" to the medication, she said.

"Most of the adverse events, as you might imagine, occurred during the first 12 weeks of the study," Dr. Thiboutot added.

Dr. Thiboutot received funding for the clinical trial and also serves as a consultant to Galderma Laboratories.

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