

# New Topical Antifungal Roots Out Onychomycosis

BY ERIK GOLDMAN  
Contributing Writer

PHILADELPHIA—A novel broad-spectrum topical antifungal for the treatment of onychomycosis is now in early-stage clinical trials, and so far the data look favorable. Several papers covering various aspects of the new drug, AN2690, were presented as posters at the annual meeting of the Society for Investigative Dermatology.

AN2690, known also as 5-fluoro-ben-

zoxaborole, belongs to a class of boron-containing compounds and represents an entirely new class of antifungals. The molecule is very small, and is specially designed for optimum nail penetration, said Dr. Stephen J. Baker, a researcher for Anacor Pharmaceuticals Inc., the Palo Alto, Calif., company that is developing AN2690. He noted that the preclinical studies indicate this compound has broad-spectrum activity against a host of fungal pathogens including *Candida albicans*, *C.*

*neoformans*, *Trichophyton rubrum*, and *T. mentagrophytes*, the latter two being the most common pathogens in human onychomycosis.

Dr. Baker, in collaboration with the dermatology department at the University of California, San Francisco, recently began an open-label clinical study of patients with onychomycosis, treated with a nail lacquer containing either 5% or 7.5% AN2690. Patients were instructed to apply the assigned lacquer daily to all affected

toenails for a total of 180 days. All patients had baseline nail involvement of 20%-60%, and potassium hydroxide (KOH)-positive mycology.

Dr. Baker presented the interim 90-day data on the first 24 patients using the 5% AN2690. By day 90, all mycology samples were 100% negative for all dermatophytes, and 70% KOH-negative. The average unaffected nail growth was 2.6 mm, and 13 of the 24 patients had greater than 2.5 mm of new unaffected nail growth. ■

## Start and stay with nonscheduled Rozerem— ZERO evidence of abuse or dependence

Clinical studies show no evidence  
of potential abuse, dependence, or withdrawal\*

- **First and only**—nonscheduled prescription insomnia medication... not a controlled substance and approved for long-term use<sup>1</sup>
- **First and only**—prescription insomnia medication that targets the normal sleep-wake cycle<sup>1</sup>
- **First and only**—prescription insomnia medication with no evidence of abuse potential in clinical studies<sup>1</sup>
- **First and only**—prescription insomnia medication that does not promote sleep by CNS depression<sup>1</sup>
- **Promote sleep with Rozerem**—patients who took Rozerem fell asleep faster than those who took placebo<sup>1</sup>
- **One simple 8-mg dose**<sup>1</sup>

\*Rozerem is not a controlled substance. A clinical abuse liability study showed no differences indicative of abuse potential between Rozerem and placebo at doses up to 20 times the recommended dose (N=14). Three 35-day insomnia studies showed no evidence of rebound insomnia or withdrawal symptoms with Rozerem compared to placebo (N=2082).<sup>1,2</sup>

Please visit [www.rozerem.com](http://www.rozerem.com)

 **Rozerem**<sup>TM</sup>  
**ramelteon** 8-mg tablets

*Proven for sleep.  
Nonscheduled for added safety.*