

PCI Journal™

Journal of the Society of Dermatology SkinCare Specialists
Official Organ of the Medical Spa Society

Highlights of this Issue:

- **6th Annual Society of Dermatology
SkinCare Specialists Meeting Program**
February 4-7, 2008
El Tropicano Riverwalk - San Antonio, TX
- **Chronic Medication Use and Inflammatory Skin Diseases**
- **The Role of Cosmeceuticals in Your Practice**
- **What is a Medical Director?**

at 2x MED intervals. One day later, skin was evaluated by colorimeter for erythema and biopsies of 6x MED-irradiated skin were evaluated for sunburn cells. Erythema was measured by computerized colorimetry evaluation in the "a" mode of digital skin photographs (Tournas, 2005). Each spot and adjacent unirradiated skin was measured in triplicate. The difference between irradiated and unirradiated skin determined the erythema. Sunburn cells were determined in-fixed 8mm punch biopsy sections stained with hematoxylin and eosin. An additional 4 subjects who received 1-5x MED of solar simulated irradiation were biopsied for immunohistochemistry.

Results

C E Ferulic provided substantial protection against erythema. At 2-6x MED irradiance, colorimeter readings for vehicle vs. C E Ferulic revealed significant photoprotection by C E Ferulic. Moreover, C E Ferulic provided significant protection at 8x MED and 10x MED when compared to 6x MED irradiated vehicle-treated skin. Also, sunburn cell enumeration of 6x MED-irradiated skin revealed significant protection by C E Ferulic. Immunohistochemistry of skin receiving 2x MED revealed virtually complete protection by C E Ferulic against UV-generation.

No reprints available.

Presentations From The Fall Clinical Dermatology Conference

Evaluation of a Novel Solubilized BPO Gel: A Pooled Analysis From Three Randomized Investigator-Blind Trials

Presented by James Q Del Rosso, DO

Introduction

The author found many commercially available benzoyl peroxide treatments have had inconsistent effectiveness because benzoyl peroxide has been identified as a poorly soluble ingredient. This solubility problem caused a variance in particle size and decreased follicular penetration of the ingredient. As a result, this study was conducted comparing treatment with a new solubilized formulation of benzoyl peroxide. This new solubilized formulation was used to help optimize the bioavailability of benzoyl peroxide and promote the penetration of benzoyl peroxide into the follicles.

Methods

This study examined 112 patients between the ages of 11-45 years old. All of the patients had mild to moderate acne as determined by lesion count and were predominately Fitzpatrick skin type III. Participants were treated with either the solubized 5% benzoyl peroxide gel, a combination of solubized 5% benzoyl peroxide gel with 2% salicylic acid toner and cleanser, or a prescription benzoyl peroxide/clindamycin combination gel. Patients applied each treatment 1-2 times per day for 2-4 weeks. The patients were then evaluated in weekly intervals.

Results

The study showed the solubized 5% benzoyl peroxide treatment was more effective than the benzoyl peroxide/clindamycin product. The solubized 5% benzoyl peroxide gel used either alone or as part of a three part treatment with salicylic acid reduced non-inflammatory lesion count better than the benzoyl peroxide/clindamycin and was equally effective in reducing the inflammatory lesion count. This new formulation of benzoyl peroxide proved to achieve rapid improvements in lesion counts. Furthermore, this product offered favorable tolerability and patient satisfaction.

Conclusion

This study showed the formulation of solubized 5% benzoyl peroxide was a necessary step in skin care. The study author concluded that this advance could create many improved products that work more efficiently to improve skin and the treatment of acne.

No reprints available.

Using a Hydroquinone/Tretinoin-Based Skin Health System Before and After Electrodessication & Curettage of Superficial Truncal Basal Cell Carcinoma: A Multicenter, Randomized, Investigator-Blind, Controlled Study

By David Pariser, M.D., James Spencer, M.D., Kenneth Gross, M.D., Suzanne Bruce, M.D., Robert Loss, M.D.

Introduction

A common treatment to treat superficial basal cell carcinomas (BCC) is electrodessication and curettage (EDC). A main drawback to this treatment is the unsightly scars it leaves on skin. This study was conducted to investigate the efficacy of a hydroquinone/tretinoin skin care system used before and after EDC to improve the cosmetic appearance of the skin.

Sample Population

This study utilized 51 adult patients with 1-3 biopsy-proven superficial basal cell carcinomas on the trunk. All patients were Caucasian and had Fitzpatrick skin types I, II, III or IV. Overall, 59 lesions were treated. Patients were instructed to avoid using any non-study topical products and to protect the wounds from sun exposure.

Methods

Patients were randomly assigned to receive either a version of the hydroquinone/tretinoin system or a standard treatment of cleanser and healing ointment. Patients used the treatments for 3 weeks before and after the EDC therapy. Patients were treated with their regimen twice a day.

Results

The use of the hydroquinone/tretinoin skincare system with EDC rendered superior esthetic results than the traditional treatment. There was an observed improvement in 72% of the lesions treated with the hydroquinone/tretinoin treatment versus a 62% improvement in the standard treatment. The group treated with the hydroquinone/tretinoin also reported distortion as "none" or "mild" for every lesion. Furthermore, the hydroquinone/tretinoin group showed wounds with edges that appeared to be less elevated than the standard treatment group.

Conclusions

While both treatments were well tolerated, the results point to the increased benefits of a hydroquinone/tretinoin treatment used with EDC. The authors concluded that greater research could identify other procedures which could utilize hydroquinone/tretinoin treatments to improve skin appearance.

No reprints available.

MOVING?

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From the Food and Drug Administration

Food and Drug Administration (FDA) Proposes New Rule for Sunscreen Products

As a continued part of the Food and Drug Administration (FDA) and their effort to regulate over the counter (OTC) products, a proposed rule was issued to amend the monograph for OTC sunscreen products. This rule addressed the formulation, labeling and testing requirements for UVA and UVB radiation protection.

The proposed changes affect the ingredients, the sun protection factor labeling, the UVA and UVB labeling and testing, the warnings, indications and the directions. Of note, regarding ingredients, the allowable combinations of active ingredients will now include avobenzone with zinc oxide and avobenzone with ensulizole.

In terms of labeling changes, SPF values may be permitted up to, but not exceeding 50. Any OTC sunscreen with a SPF of over 50 will be labeled as "50+." Rather than using the term "sun protection," the phrase will now be, "sunburn protection." Additionally, UVB must be included before "SPF" on the principal display panel. Further, a product category description will be included on the display label to indicate the standard public health message about the use of sunscreen. Category descriptors will be termed as, "low" and "medium." Also on the label, the level of UVA protection will be designated as: low, medium, high or highest. This UVA categorization will be included as an additional product indication.

Another change will be on the warning label. There will be an updated "sun alert" statement on all OTC sunscreen products, excluding lip cosmetic and lip protection products. The statement is intended to warn users to decrease UV exposure as a way to reduce risk of skin cancer, premature aging and other skin damage. Further, the directions will be amended to require the term, "liberally" or "generously," as to encourage users to apply the correct amount of sunscreen.

Lastly, there will be new standards in UVB and UVA testing. For UVB testing a padimate O/oxybenzone standard will replace the current spectrophotometric method. As for UVA testing, a combination of *in vitro* and *in vivo* procedures will be used.

These new measures were developed in response to public comment and new data. As these changes are significant, the FDA anticipates over one year may be required to implement the new product labeling and testing procedures.

Visit www.fda.gov for additional information.