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# Coal Tar Solution Tops Calcipotriol in Psoriasis

BY BRUCE JANCIN

SAN FRANCISCO — A novel over-the-counter topical leave-on coal tar solution achieved significantly greater and more persistent improvement compared to prescription calcipotriol cream in patients with moderate chronic plaque psoriasis in a randomized trial.

Equally noteworthy was participants' rating of the coal tar solution as comparable to calcipotriol cream in terms of cosmetic acceptability, convenience, and aesthetics, Dr. Maria Beatrice Alora-Palli said at the annual meeting of the American Academy of Dermatology.

Topical coal tar has been used for centuries to control the symptoms of plaque psoriasis. In recent decades, however, it has come to be viewed as unacceptably messy and inconvenient.

The novel coal tar solution, marketed as Psorent by NeoStrata Co., is engineered to circumvent those shortcomings. It contains 15% liquor carbonis distillate, equivalent to 2.3% coal tar.

Dr. Alora-Palli of Massachusetts General Hospital, Boston, presented an 18-week investigator-blinded randomized trial involving 55 adults with chronic plaque psoriasis over 3%-15% of their body surface area. They applied either the topical coal tar solution or calcipotriol cream 0.005% (Dovonex)

twice daily for 12 weeks, followed by a 6-week follow-up assessment of regression of improvement, during which the coal tar solution clearly outperformed the calcipotriol cream.

Twelve weeks of therapy resulted in a Psoriasis Area and Severity Index (PASI) 50—that is, at least a 50% improvement over baseline in PASI scores—in 67% of the coal tar group, compared with 36% of those on calcipotriol cream. A PASI 75 was attained by 37% of the coal tar group and no one in the calcipotriol cream study arm. Moreover, PASI scores improved by a mean of 58% in the coal tar group, compared with 37% in the calcipotriol cream group.

Physician Global Assessment scores improved in the coal tar group from a mean of 3.1 at baseline to 1.3 at week 12 and 1.6 at week 18. This was significantly better than the scores in the calcipotriol group, which went from 2.9 at baseline to 2.0 at 12 weeks and then rebounded significantly to 2.6 at 18 weeks, Dr. Alora-Palli continued.

A total of 70% of the coal tar group reported having good control of the overall discomfort and appearance of their psoriatic lesions, compared with about half as many calcipotriol patients.

Dr. Alora-Palli received a research grant to conduct the NeoStrata-funded study. ■

# Teens With Outdoor Jobs at Higher Melanoma Risk Later

BY ROBERT FINN

SAN FRANCISCO — People who worked at outdoor summer jobs as teenagers for 3 years or more had twice the risk of developing malignant melanoma later in life as those who did not, according to a case-control study by Dr. Darrell S. Rigel of New York University Medical Center.

Dr. Rigel presented his preliminary results at the annual meeting of the American Academy of Dermatology.

The study identified six independent risk factors, each of which increased the risk of malignant melanoma between two- and threefold. In addition to the outdoor summer job, the other five were history of blistering sunburns, red or blonde hair, marked freckling of the upper back, a family history of melanoma, and a history of actinic keratoses.

The study involved 300 consecutive patients with malignant melanoma who were compared with 302 age- and gender-matched controls. The average age of the patients was about 50 years, with a range from 18 years to the mid-70s.

In an interview, Dr. Rigel said there was at least one potential risk factor that was conspicuous by its absence from that

list: The study found no increase in risk with increasing age. "The model tended to predict early on in life what was going to happen later in life," he said.

The lifetime risk of melanoma in the U.S. population is about 1.5%, Dr. Rigel said. The presence of any one of the six risk factors increased this risk to 3%-5%.

The presence of two or more of the risk factors increases the lifetime risk 5-10 times over that of the general population. Those with three or more have a 10-fold to 20-fold increase in risk.

This study carries an important message to primary care physicians, Dr. Rigel said. "There's only 9,000 [U.S.] dermatologists. Only one-third of dermatologic disease is treated by dermatologists. That means two-thirds are going to [primary care physicians]. We want those melanomas to be detected early. So models like this may let the primary care physician also focus on who they should focus their efforts on."

Dr. Rigel disclosed financial relationships with Graceway, Pharmaderm, Johnson and Johnson, Neutrogena, and LaRoche-Posay. He said that none of those were relevant to his presentation and the study was privately funded. ■