# Atrophic Acne Scars Improved With Nd:YAG Laser

### BY KATE JOHNSON Montreal Bureau

MONT TREMBLANT, QUE. - Objective improvement of atrophic facial acne scars can be achieved with the 1,064-nm Qswitched neodymium:YAG laser, according to recently published study.

This is one of the few papers that [exist] actually showing objective criteria for a problem that's difficult, sometimes, to visually assess in terms of degree of im-

provement," Roy Geronemus, M.D., told this newspaper. Dr. Geronemus coauthored the study, which is in press, with Paul Friedman, M.D., who is in private practice in Houston, and Greg Skover, Ph.D., of Johnson & Johnson.

Speaking at a symposium on cutaneous laser surgery sponsored by SkinCare Physicians of Chestnut Hill, Dr. Geronemus outlined the study, which used the Primos 3-D optical imaging system to assess skin topography in 11 patients at

baseline, and at 1, 3, and 6 months after their fifth and last laser treatment.

"One of the problems we face in dermatology, and specifically in the area of laser medicine, is that there is a tremendous lack of objective evidence to substantiate the benefits, or lack thereof, of a particular treatment," Dr. Geronemus said.

At midtreatment (1 month after the third treatment), an 8.9% improvement in patients' Ra scores was seen. The Ra score is a measurement of skin smoothness and is calculated by averaging the height of all points of the topographic profile (Arch. Dermatol. 2004;140:1337-41).

This improvement in Ra score increased to 23% at 1 month after the last treatment and to 32% and then 39% at 3 months and 6 months after the last treatment, said Dr. Geronemus, who is in private practice in New York.

"The continued incremental improvements were an indication of ongoing dermal collagen remodeling long after the last treatment session," he explained at the meeting.

pany involved in these treatments.



HOTOPIC Ontiment 0.03%. blacks, a significanty genet (p < 0.01) percentage of patients at 90% improvement based on the physican's (bbale exatuation of set in the MHOTOPIC Onternet 0.03% and PHOTOPIC Onternet of groups compared to the whole's teatment group. These was set in the MHOTOPIC teatment of the physican's physican teatment 0.03%. The difference in reflacts between PHOTOPIC set of 0.03% was particularly avoider in solid patients with severe sets, adds with exatines BSA involvement, and black adds is to each treatment group are shown, bodie by age groups. Solid in the statistic control sets of the results from these sets of the other testiment group are shown. bodie by age groups. Solid in the statistic of the sets of the results from these testimes of the results from these sets of the results for these sets of th

# Adult Studies

TOPIC Oint and older. patients 2 rolled study application in pediatric patients (see ADVERSE REACTIONS). In adc. common events (< 5%) of va (< 5%) of valuesias automotive frequent in patients us rash were more frequent in patients ent 0.03% compared to vehicle. In 1 involving 255 pediatric patients using PROTO adverse events, including infections, did not exposed of patients. and vesiculobull PROTOPIC Oin 1 year safe the incider

Geriatric Use Twenty-five (25) pati studies. The advers ents > 65 years old received PROTOPIC Ointment in phase 3 event profile for these patients was consistent with that for

### ADVERSE REACTIONS:

No phototoxicity and no photoallergeni and 216 normal volunteers, respectively evidence of sensitization in a contact se evidence of sensitization in a contact sensitization study. In three randomized vehicle-controlled studies and two long-term safety studies, 655 and 571 patients respectively, were treated with PROTOPIC Comment. The biolowing table dispicts the adjusted incidence of adverse events pooled across the 3 identically designed 12-week studies for patients in which, PROTOPIC comment 0.05%, and PROTOPIC comment 0.1% treatment groups, and the

Apply a thin layer of PROTOPIC Ointment 0.03% or 0.1% to the affected ski areas twice daily and rub in gently and completely. Treatment should be continued for one week after clearing of signs and symptoms of atopic dermatitis.

may pron # 0.03% s

HOW SUPPLIED:	
PROTOPIC <sup>®</sup> (tacrolimus) Ointment 0.035	6
NDC 0469-5201-30	Product Code 520130
30 gram laminate tube	
NDC 0469-5201-60	Product Code 520160
60 gram laminate tube	
NDC 0469-5201-11	Product Code 520111
DOCTODICI (transferrer) Cisterant 0.4%	
PROTOPIC* (tacrolimus) Ointment 0.1%	
NDC 0469-5202-30	Product Code 520230
30 gram laminate tube	
NDC 0469-5202-60	Product Code 520260
NDC 0400 5000 44	Deside and Carda Contra
100 arom laminata tuba	P100001 C008 520211
Too gram taminate tube	
Store at room temperature 25°C	(77*F); excursions permitted
15"-30"C (59"-86"F).	
Rx only	

Deerfield, IL 60015-254

He has no associations with any com-Improvement in Ra Score After Last Treatment 39% 32% 23% 1 Month 3 Months 6 Months

## **Postop Radiation Banishes Some** Keloids for Good

FLORENCE, ITALY - Complete remission of nearly 90% of keloids followed surgery and postoperative radiation, according to a report at the 13th Congress of the European Academy of Dermatology and Venereology.

With her colleagues, Monica Bellinvia, M.D., of the Institute of Dermatological Sciences of the University of Milan's Ospedale Maggiore, retrospectively analyzed the charts of 152 patients with 187 keloids treated with surgery and orthovoltage radiotherapy over the past 22 years (followup: 6 months to 18 years).

Complete remission occured in 166 lesions (89%), with a partial response in 21 lesions (11%). Relapses occurred in 17 lesions from 1 month to 6 years' post treatment, but the 5-year relapse-free rate was 85%, she said.

Excisional surgery was performed on all patients, with care taken to minimize tension at the wound site. Radiation followed within 48 hours in 48 lesions, within 3-7 days in 108 lesions, and within 8-23 days in 31 lesions. Surrounding tissues were protected from radiation.

Total radiation administered ranged from 15 Gy to 40 Gy, although a subanalysis of the data determined that the most therapeutic and cosmetically effective dose was between 25 Gy and 30 Gy.

### While patients i including eczer PROTOPIC Oir fection (chicken pox or shingles), herpes simplex vi cum. In the presence of these infections, the balan start with PROTOPIC Ontment use should be evalu

rolimus) are at increas ceive PROTOPIC Oir

phototoxic mechanisms. Despite the absence of observed photo (see ADVERSE REACTIONS), PROTOPIC Ointment shorters tumor formation in an animal photocarcinogenicity study (see Carcinogenesis, Mutagenesis, Impairment of Fertility). Therefore, it is prudent for patients to minimize or avoid natural or artificial sunlicht excosume

mimitee of avido natural of amitosi sungre icposue. The use of PROFOCI Comment may cales local symptoms such as skin burning (burning sensation, stirajna, scoressa) or prurba. Localized symptoms are most commo during the first wed ays of PROFOPC Comment application and hypolativ improve as the lexics of appc dematils heal. With PROTOPC Or thermst part of % of the skin burning events had a duration between 3 minutes and 1 hours (median 15 minutes), Ninely parcent of the puritus events had a duration between 3 minutes and 1 hours (median 20 minutes).

PRECAUTIONS: General Studies have not eval treatment of clinicall with PROTOPIC Oint