Can We Win The War on Melanoma?

- Understanding and Incorporating The Latest Therapies for Melanoma
  A Q&A With Sigrun Hallmeyer, MD

- PV-10: A Melanoma Therapeutic in the Pipeline
  A Q&A With Sanjiv S. Agarwala, MD

- Special Report: Education Key as Tanning Battle Enters New Phase

PLUS:

Hot Aesthetic Procedures in 2012: Part I
By Jeanine B. Downie, MD, FAAD, and Vivian W. Bucay, MD, FAAD

☑ Peer-Reviewed Content
Radiofrequency therapy and a new botulinum toxin are just two procedures that will continue to shape the practice of aesthetics in the year ahead.

The face of cosmetic dermatology is rapidly and continually shaping. 2011 brought several new updates and developments in the realm of aesthetic procedures, giving clinicians and patients considerably more options and unparalleled freedom in the areas of facial contouring, fat reduction, and others. Looking ahead to 2012, we can expect that the aesthetic market will continue to grow as newer procedures are unveiled and older ones are updated. Herein marks the first of two articles [with the second entry in the February issue] examining the latest advances in aesthetics and cosmetic dermatology. Ahead, Jeanine B. Downie, MD, FAAD, Director of image Dermatology in Montclair, NJ, and Vivian W. Bucay, MD, FAAD, Clinical Assistant Professor in the Department of Physician Assistant studies at the University of Texas Health Science Center in San Antonio, Texas, examine two of the newest procedures to come to the market: Radiofrequency Therapy and the latest botulinum toxin. Each procedure represents a unique step forward and will undoubtedly play a role in molding new fronts in cosmetic dermatology in years to come.

Radiofrequency Therapy: An Attractive Aesthetic Procedure With a Variety of Uses

By Jeanine Downie, MD

Exilis (BTL USA, Inc.) radiofrequency therapy has a number of potential applications in the cosmetic dermatology clinic, from the reduction of wrinkles to reshaping or minimization of small pockets of fat. The device has FDA clearance for these applications and is suggested to be an option for use after liposuction procedures, to delay more invasive fat removal therapies, or as a primary fat reduction treatment for patients with mild to moderate fat deposits that would not be candidates for liposuction.

The RF technology delivers short but intense bursts of heat (approximately 42°C) to target fat and, in the case of wrinkle therapy, stimulate collagen. Although treatment is provided in a short-contact manner, patients may experience some mild discomfort during treatment. Multiple patients have commented that the discomfort is "completely worth it." The skin may become transiently erythematous and warm to the touch immediately after treatment, but most patients are able to tolerate treatment with no significant downtime. It is safe for use on all skin types.

Treatments are typically provided once per week over a period of two weeks and may be administered by a non-physician staff member under the direction of the physician. Having a Medical Assistant administer treatment frees the physician to see other patients, thus optimizing the physician’s time.

One area where Exilis radiofrequency tightening
has been particularly useful for treatment of wrinkling around the mouth. In addition to or as an alternative to neurotoxins and fillers, RF-induced collagen synthesis can help to reduce sagging and minimize the appearance of fine and deeper wrinkles.

At a cost of approximately $2,000 to $3,000 for four to six weeks, Exilis may be an attractive treatment option for many patients. It is essential that treatments start and end on time. Patients are committing to four to six weeks of treatment, and if they find that they cannot realistically plan a schedule around the treatments, they may become discouraged and discontinue. In terms of marketing, in my practice, we have found that internal marketing strategies have been very effective. Patients who present for other treatments discover that we offer Exilis and become interested in treatment.

Dr. Downie has served as a consultant, lecturer, speaker or researcher for Johnson & Johnson, Allergan, Medicis, Galderma, Novartis, Bayer, Skin Medica, Stiefel, Merz, Sanofi Aventis, Theraplex LLC, and Photocure.

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New Botulinum Toxin Gives Physicians and Patients More Options

**By Vivian Bucay, MD**

Having received FDA approval for treatment of glabellar frown lines last year, incobotulinumtoxinA (Xeomin, Merz Aesthetics) is due to launch fully in 2012. Many clinicians have eagerly anticipated the availability of another botulinum toxin, as each of the available agents provides distinct characteristics relative to the others.

One key distinguishing feature of Xeomin is that it is “free of complexing proteins,” a point that may have clinical consequence. Each botulinum toxin preparation contains botulinum neurotoxin, comprised of a heavy amino acid chain (100kD) and a light chain (50kd). In preparations of ona- and abobotulinumtoxinA, the toxin is complexed with naturally occurring non-toxic proteins, with a total molecular weight of approximately 450kD. Two BNT [botulinum neurotoxin] molecules form a dimer with a molecular weight of approximately 900kD. For incobotulinumtoxinA, the complexing proteins are removed, yielding a molecular weight of 150kD. The absence of neutralizing antibodies is expected to reduce the risk for development of immuno-resistance to botulinum toxin. Although clinically relevant immuno-resistance to botulinum toxin is no longer a significant clinical concern and currently rarely develops, the possibility of resistance remains. In fact, clinicians may encounter neurotoxin non-responders in practice, perhaps due in part to antibody development.

Importantly, the presence or absence of complexing proteins does not appear to influence diffusion of injected neurotoxin formulations. Studies do not suggest a notable difference in the diffusion of the three botulinum toxin type A preparations.

The potency of each botulinum toxin formulation is determined using proprietary assays, making it difficult to compare the potency/dosing from one formulation to another. Although it may not be accurate or precise to term incobotulinumtoxinA and onabotulinumtoxinA...
“equipotent,” in both neurologic and cosmetic indications they are dosed at a 1:1 ratio. 7

Both toxin naïve patients and neurotoxin veterans may be interested in another “new” neurotoxin, thus the availability of Xeomin for cosmetic treatment will likely reinvigorate the already popular toxin market. The choice of a specific therapy and/or the decision to change formulations may depend on a number of factors, including therapeutic history and response, patient preference, injector’s clinical experience, and potentially cost. ■