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26085

Key efficacy and safety of apremilast in patients with mild to moderate plaque psoriasis in the phase 3 ADVANCE trial

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Background: In ADVANCE, apremilast 30 mg BID (APR) demonstrated efficacy in mild-to-moderate psoriasis vs placebo (PBO). We report subgroup analyses by baseline psoriasis-involved BSA (≤5%, >5%).

Methods: Biologic-naive adults with mild-to-moderate psoriasis (sPGA 2-3, BSA 2%-15%, PASI 2-15) inadequately controlled with or intolerant to ≥1 topical were randomized to APR or PBO for 16 weeks. At Week 16, endpoints were compared between treatment groups and by baseline BSA.

Results: At baseline, 284 patients had BSA ≤5% (APR: 143; PBO: 141); 311 had BSA >5% (APR: 154; PBO: 157). Overall, a greater proportion of APR patients achieved the primary endpoint, sPGA response (score 0/1 [clear/almost clear] with ≥2-point reduction at Week 16) vs PBO (21.6% vs 4.1%, P 5%: 54.6% vs 14.9%, P 5%: 45.4% vs 17.6%, P 5%: 50.6% vs 19.2%, P 5%: 11.0 vs 10.0 DLQI 5-point improvement (baseline DLQI >5): - BSA≤5%: 56.6% vs 31.2%, $P = .0002$ - BSA>5%: 64.4% vs 36.4%, $P < .0001$.

Conclusions: Greater proportions of patients achieved efficacy outcomes and greater improvements in QOL with APR vs PBO. Comparable improvements were observed between mild and moderate subgroups.

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26086

Gender-based stereotyping and cost discrepancies for razors

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Background: Physicians offer recommendations for hair removal for pseudofolliculitis barbae, folliculitis, and hirsutism. Gender-related cost discrepancies are well-documented in personal care products.

Objective: To investigate price differences and gender-based marketing for women's and men's razors.

Method: The 3 largest e-commerce retailers selling disposable razors were reviewed. Retailer, brand, price, blade number, gender specification, colors, lubrication strip, and handle/head features were recorded.

Results: We identified 176 unique razor products, 83 men's, 86 women's, and 7 gender neutral. Women's 4-blade razors cost 66% more than men's 4-blade razors ($3.02/razors vs $1.94/razor, $P = .005$). Women's 5-blade razors were priced 47% more than men's 5-blade razors ($5.14/razor vs $4.03/razor, $P = .047$). Of the 83 men's razors, 76 (92%) contained "men" in the title/description, and 57 (69%) depicted images of men. Of the 86 women's razors, 82 (95%) contained "women" in the title/description and 54 (63%) showed marketing images of women. Women's razors depicted 50/63 (79%) Fitzpatrick skin types I/II, 7/63 (11%) III/IV, and 10/63 (15%) V/VI. Men's razors depicted 49/57 (86%) skin types I/II, 5/57 (9%) III/IV, and 9/57 (16%) V/VI. Men's and women's razor colors fell within traditional gender stereotypes. Men's razors were darker, with black (48%) and navy (54%), whereas women's razors were lighter with pink (52%) and purple (28%).

Conclusion: On average, women's 4 and 5-blade razors cost more than men's razors with identical blade number. Razor marketing is tied to gender stereotypes and disproportionately represents White and binary populations. We advocate for equitable pricing and marketing that accurately represents our diverse population.

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26090

Clinical efficacy of a novel topical treatment for neck rejuvenation: A randomized, double-blind, regimen-controlled study

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The neck has increasingly become a key aesthetic concern for patients seeking to rejuvenate their overall appearance. With age, dermal thickness decreases which results in a sagging appearance. In addition, other prominent signs of neck aging include coarse lines and dyspigmentation. A novel neck cream (NC) was developed with a blend of antioxidants, plant extracts and peptides to address the various pathways involved in the signs of neck aging; plant extracts and peptides target the extracellular matrix to address the loss of elasticity and horizontal neck lines, and the antioxidants protect against environmental factors contributing to dyspigmentation. To assess the efficacy and tolerability of NC in subjects with moderate to severe overall skin texture, a 12-week, randomized, double-blind, regimen-controlled study was conducted. 69 females aged 48-70, with Fitzpatrick skin types I-V completed the study (active: n = 42, control: n = 27). Active applied NC twice daily, along with basic skincare regimen. Control applied the same basic skincare regimen. Investigator grading, questionnaires and photography were taken baseline and weeks 4, 8, and 12. Cutometer measurements for skin firmness and elasticity were taken at baseline and week 12. NC demonstrated significant improvements over Control in laxity/sagging (all $P \leq .006$; Wilcoxon rank-sum) and global improvement in overall skin texture (all $P \leq .009$; Wilcoxon signed-rank) at weeks 8 and 12. Cutometer measurements in active group showed significant improvements in skin firmness and elasticity at week 12 (all $P \leq .04$; paired t test). These results suggest that NC may provide patients with a treatment option for neck rejuvenation.

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26094

A randomized, evaluator-blinded, comparator-controlled, study to evaluate safety and effectiveness of HARC for cheek augmentation and correction of midface contour deficiencies

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Objectives: To evaluate safety and effectiveness of HARC for cheek augmentation and correction of midface contour deficiencies.

Design: In this randomized, evaluator-blinded, comparator-controlled study, subjects with loss of fullness in the midface area were randomized 2:1 to treatment (≤6 mL) with HARC or comparator (HAJVOL). Optional touch-up (≤6 mL) was allowed after 4 weeks. The primary objective was to demonstrate noninferiority of HARC relative to comparator in change from baseline on a 4 grade midface volume scale 1 (MMVS), 12 weeks after last injection. Secondary objectives included aesthetic improvement, improvement in cheek augmentation (independent photographic reviewer), subject satisfaction, and safety.

Results/summary: Subjects were randomized to treatment with HARC (n = 142) or comparator (n = 68). Most subjects were female (89%) and overall mean age was 53 years (range 24-80). Total mean volume injected was statistically less for HARC than comparator (4.3 mL and 4.9 mL, respectively, $P = .0134$). The primary objective was met as HARC was noninferior to comparator in midface fullness at 12 weeks after last injection (mean change from baseline in MMVS score: −1.4 [HARC], −1.3 [comparator]). HARC effectiveness was supported by a high degree of aesthetic improvement (≥77%) and subject satisfaction throughout the study. Cheek augmentation was assessed as improved for ≥65% of HARC subjects at week 48. Treatments were well tolerated; related adverse events were generally mild and transient.

Conclusions: HARC was effective, well-tolerated, and noninferior to comparator for cheek augmentation and correction of midface contour deficiencies. Subjects treated with HARC required less total volume injected to achieve optimal aesthetic results.

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