

THE SKINNY

WINTER 2004



INSIDE THIS ISSUE

What's New

Restylane Has Arrived

Clearing Up The Confusion

Meet Leena S. Bhat, M.D.

Sandy Nero on Skin Research

Calendar of Upcoming Events

New Year Specials

Skin-Care Regimens

WHAT'S NEW



Welcome to *THE SKINNY* 2004. It's a new year, and we have a new look. *The Skinny* is now five years old and has been very popular with our patients since its inception, so we decided to freshen things up a bit. Still, this is no extreme makeover. The new *Skinny* is still designed to

keep you up to date with information on the latest procedures and products for healthy and beautiful skin. The articles are written by our board-certified dermatologists, experts in skin care. We have found that an informed patient usually experiences a more satisfactory result from his or her treatment. This issue gives you information on our latest offering, Restylane, a longer-lasting filler.

When we published our first *Skinny* in 1998, we offered three major cosmetic services: photo rejuvenation (FotoFacial™), leg vein treatment, and permanent hair reduction. Now we offer a myriad of treatments and products. And, for our patients, keeping everything straight really does take a scorecard — or in this case, an article to clear up

some of the confusion as to which treatment does what. This article also provides you with a quick reference chart of the options for various skin concerns. It's included on the insert so you can keep it handy.

This winter issue also introduces our newest dermatologist, Dr. Leena Bhat. Dr. Bhat has been in practice since 2000. A graduate of the University of Texas at Austin and Baylor College of Medicine, she completed her dermatology residency at Vanderbilt University. Dr. Bhat sees medical, cosmetic, and clinical research patients. Get to know her better in her interview. In 2003, our Center for Skin Research business doubled. Sandy Nero, our lead clinical research coordinator (CRC), explains the origins of this center and how it fits into the overall picture at Suzanne Bruce and Associates. Finally, check our calendar for upcoming seminars and other events. Our first Saturday morning gathering on January 31 will focus on skin rejuvenation and will feature a Restylane demonstration. To RSVP, call 713.850.0240, ext. 100.

We hope you enjoy our first new look *Skinny*, and we look forward to seeing you in the office or at one of our upcoming seminars. You can also visit us on the web at www.sba-skincare.com.

RESTYLANE HAS ARRIVED

It's finally here! In late November 2003, the FDA finally approved the long-awaited new injectable filler for wrinkles called Restylane®. Restylane is a crystal-clear, non-animal, biodegradable gel based on a natural substance called hyaluronic acid. The gel is injected into the skin in tiny amounts with a very fine needle. The result is instantaneous and produces a long-lasting, natural enhancement, gentle and safe to your skin. Restylane is made in Sweden and was originally approved in European countries in 1996. Since then, more than a million people have been successfully treated in more than 60 countries worldwide.

A Restylane treatment adds volume to lips and lifts up wrinkles and folds. The most commonly treated areas are the nasolabial folds (from the nose to the corners of the mouth), the glabellar lines (between the eyebrows), the marionette lines (from the corners of the mouth to the jaw line), and the lips. It can also improve acne and chicken pox scars.

There are advantages to this new filler. First, Restylane requires no pre-testing, and it dissolves naturally in the body. Results from the procedure can be seen immediately. Next, it lasts approximately six to nine months, in contrast to injectable collagen, which lasts three to six months. A clinical study was performed in the U.S. in which Restylane was compared with injectable collagen. One hundred thirty-eight patients had one nasolabial fold injected with Restylane and the other one injected with collagen. At a six-month follow-up visit, 56.9 percent of the patients had a better remaining effect on the Restylane-treated side versus the collagen-treated side. Only 9.5 percent of patients had a better result on the collagen side at the six-month visit.

Restylane can be used in combination with Botox®. This works especially well in the frown lines between the eyebrows. The Botox relaxes the muscles that cause the frown line to form. Then Restylane is used to fill out any residual wrinkle. A Canadian study conducted on 38 women with frown lines showed that the combination treatment was more effective than either product on its own.

Patients should take a few precautions before treatment. Use of aspirin, non-steroidal anti-inflammatory agents, and vitamin E supplements should be avoided for one week prior to treatment because these agents may increase the risk of bruising at the injection sites. If an individual is prone to facial herpes simplex (cold sores), the injections could possibly trigger an outbreak. Taking an antiviral drug can prevent such an outbreak.

To help with the discomfort from the needle pricks, a topical anesthetic can be applied 30 to 60 minutes before the procedure. The actual procedure takes about 30 minutes. After the treatment, you can expect slight redness, bruising, swelling, tenderness, or an itching sensation in the treated area. This is a normal result of the injection. The side effects are temporary and generally disappear in a few days. After a lip treatment, the lips may become slightly swollen and look somewhat uneven. This can persist for a few days up to a week. While more severe reactions occur in only one out of every 2,000 patients on average, some patients have experienced localized swelling at the injection point. It is thought that hypersensitivity brings on this reaction. Reactions typically occur within a few days after the injection. However, they can appear as far out as four weeks. Should a reaction occur, it usually lasts only a few weeks and is typically described as mild-to-moderate in severity. One published study looked at the rates of allergic reactions in 144,000 patients injected with Restylane in 1999 and 262,000 patients treated in 2000. The allergic reaction was 0.15 percent in 1999 declining to 0.06 percent in 2000. The authors felt that the declining incidence of allergic reaction was due to improvements made in the purification of the hyaluronic acid, eliminating traces of proteins in the raw material.

If you are interested in trying this new, longer-lasting filler, call our office at 713.850.0240 to schedule a consultation or to RSVP for one of our upcoming seminars.

MEET LEENA S. BHAT, M.D.



Q. *Dr. Bhat, why did you join Suzanne Bruce and Associates?*

A. Actually, there are many reasons I made the decision to join this practice. Each reason is different, very different.

But when I considered all the reasons as one, I realized that this was an ideal place for me. First of all, the standards here are very high, and these high ideals are indicative of the doctors and medical professionals who have chosen to be part of Suzanne Bruce and Associates. I like the people and I enjoy the professional atmosphere. We share and learn from each other. It's a unique opportunity. I first met Dr. Bruce when she was an associate dean at Baylor Medical School. Her reputation preceded her, and I liked and respected her even before I joined her practice. Also, I have worked with Dr. Tenaro, and Dr. Hanson is a close family friend. So, I knew their work ethics before I became acquainted with everyone else. Additionally, this is a well-rounded practice – not concentrating on one side or the other. With cosmetic, medical, and research, this practice presents opportunities that most others do not, which is very appealing to me. The clinical trials that are conducted here were another deciding factor for me in joining Suzanne Bruce and Associates. I am very analytical and inquisitive, and I always want to learn something more. Here, The Center for Skin Research is conducting cutting-edge research and that fascinates me. I am able to see first hand the newest treatments and discoveries, and I will participate in the evaluation of treatments and drugs. It's very exciting. And, since joining the practice, I have become very interested in cosmetic dermatology. Dr. Bruce has enthusiastically supported my development in this field with both in-house and outside training. I am very comfortable with our various procedures and am now providing cosmetic treatments to my patients. Here, the doctors and RNs perform all cosmetic services. The combination of our professional skin expertise with advanced cosmetic technologies is a unique aspect of our practice and optimizes the results for our clients.

Q. *Your academic credentials are impressive. Tell us about your education and the path you took to earning your M.D.*

A. I was born in Omaha, Nebraska and moved to Houston in 1988. My college years were spent in Austin at the University of Texas, where I graduated – with honors – in 1992 with a bachelor of science in chemical engineering. I am certain you are wondering how I ended up with a medical degree from an engineering education, but actually, it is pretty logical. My father is a chemical engineer, and I always shared and was interested in his work, so engineering seemed a natural choice when I made my college decisions. However, though I liked the analytical part, I was always intrigued by other sciences. By my sophomore year, I realized that I wanted to attend medical school. So, in addition to my engineering classes, I took the prerequisites for medical school. With summer school, I was able to graduate with my engineering degree and the courses necessary for med school in four years. I graduated from Baylor College of Medicine in 1996, completed my internship in internal medicine at Baylor in 1997, and did my dermatology residency at Vanderbilt University in Nashville from 1997 to 2000. I served as chief resident at Vanderbilt Hospital from 1999 to 2000. My husband, who earned an MBA from Vanderbilt while I was completing

my residency, and I returned to friends and family here in Houston in 2000. I joined a practice in Sugar Land that same summer.

Q. *When did you decide that dermatology was going to be your field?*

A. Interestingly enough, it was in one of my very first classes at Baylor. The class was taught by the chair of the dermatology department. The material was fascinating and when he made the comment that you can tell everything from looking at a person's skin – I was inspired. I knew right then that dermatology would be my area of concentration.

Q. *You can determine a person's well being just from looking at his or her skin?*

A. Yes, absolutely. From looking at someone's skin, you can make a diagnosis of diabetes, cancer, thyroid problems, and other diseases. A dermatologist can determine abnormalities and often make diagnoses when primary care or internists cannot. The skin indicates the external manifestations of internal disease. It happens frequently that I get referrals and can make diagnoses from the classic dermatological manifestations of disease.

Q. *Describe your philosophy as a dermatologist.*

A. In a dermatological situation, many conditions are chronic – sun damage, skin problems, psoriasis. Therefore, I believe that education is critical and that people need to be educated about their conditions, their regimens, and the rules of managing the disease or condition. I spend a lot of time talking with my patients. I am very detail oriented, and I want to be certain that patients understand every aspect of the condition and the care. I also stress that follow-up is critical. I have been known to call my patients and ask why he or she hasn't been back to see me.

Q. *Here at Suzanne Bruce and Associates, where will you see patients?*

A. I see patients in all three areas of our practice. On the medical side, I have a particular interest in surgery, so I see patients in The Center for Medical Dermatology. As I mentioned earlier, I am performing cosmetic treatments, including our newest – Thermage and Restylane, in The Center for Cosmetic Dermatology. In addition, I am very active in The Center for Skin Research conducting trials and doing research.

Q. *Are there any areas in which you feel you particularly excel?*

A. I believe that I am knowledgeable in all phases of dermatology, and I have seen many cases of skin cancer, including basal cell, melanoma, and squamous cell. I have treated many patients with acne. As well, I bring quite a bit of surgical experience to the practice, so I will add more in-office surgery, such as cancerous lesion removals and simple skin grafts. I do endorse a particularly effective method of treating warts which very few doctors use. I am one of the few to use Candida antigen injections to treat warts. In fact, I have patients who seek me out for this treatment, which I find to be very effective. The usual treatment for warts is freezing, which hurts and can leave scars. Candida is a simple injection. When I first learned about this treatment, I spent considerable time researching the procedure, and now I use it confidently. In fact, I have taught several colleagues the procedure. Skin problems caused by sexually transmitted disease (STD) can be difficult, but I feel I have developed an understanding and sensitivity for patients with conditions such as herpes or genital warts. It really requires a different level of understanding, and I have patients – both male and female – who appreciate my grasp of the problem.

CLEARING UP THE CONFUSION

With the explosion of new products and treatment devices in the field of cosmetic dermatology over the past few years, there has arisen confusion in many consumers' minds about the best options to choose to address their problems. Just the sheer number of new treatments on the market causes some of this confusion. However, the media and, in some cases, the advertisers also have contributed to the puzzlement. For example, there is a widely advertised wrinkle cream that claims it's "better than Botox®." Based on published medical research, dermatologists know when we read or see these ads that there is no wrinkle cream on the market today, including the prescription ones, that is "better than Botox." Obviously, part of the reason for these advertised comparisons is the hope of riding the coattails of Botox's success.

Another example of the confusion is the buzz about the newly FDA-approved injectable filler called Restylane®. I've had patients ask me about the new wrinkle treatment that's "going to replace Botox." Once again, we have to set the record straight. Restylane is a great wrinkle treatment, and so is Botox. Still, they work in very different ways to treat wrinkles. Neither one can totally replace the other. In fact, they are often complementary, and can be used together to maximize results for many individuals.

Because patients often have more than one skin-care issue, skin rejuvenation is usually a multi-faceted process. In these cases, we get better results if we use multiple modalities to attack the problem. Each patient's needs are unique, and different problems have different solu-

tions, so we tailor a treatment plan to an individual's specific situation. For example, if a patient has many facial spider veins on his or her cheeks and nose, a deep frown line between their eyebrows, and the beginnings of vertical wrinkles on the upper lip, we might suggest a series of FotoFacials™ to reduce the facial veins, Botox for the frown line, and collagen or Restylane in the lips and frown line.

Everyone can benefit from a good skin-care regimen. Again, depending on what skin issues exist, we can suggest a program for your specific circumstances. We can pick the most effective products from our knowledge of prescription, over-the-counter, and cosmeceutical products. For example, if a patient has melasma (blotchy pigmentation) and acne, we might suggest the Obagi regimen combined with topical and oral antibiotics. Of course, the cornerstone of good skin care is strict sun protection. We recommend a variety of sunscreens that provide the best UVA and UVB protection on the market.

As an overview to help you understand what options are available for various problems, the following table is provided. If you're considering a particular procedure and want more information, we suggest you set up a consultation or attend one of our free Saturday seminars. At the seminars, we go into detail about the pros and cons of various procedures and show before-and-after photos to demonstrate the changes you can expect. Both are excellent ways to become more informed about your options. Our experience shows that a more informed patient is usually a more satisfied patient.

OPTIONS FOR SKIN CARE

SKIN PROBLEMS AND TREATMENTS (marked with ■)	Wrinkle Treatments	Sun Damage	Acne	Pitted or Depressed Acne Scars	Red Acne Scars	Rosacea and Facial Veins
Skin-Care Regimens	■	■	■	■	■	■
Botox	■	■	■	■	■	■
Injectable Fillers	■	■	■	■	■	■
CoolTouch	■	■	■	■	■	■
FotoFacial	■	■	■	■	■	■
Thermage Radiofreq.	■	■	■	■	■	■
Cortisone Injections	■	■	■	■	■	■
Microdermabrasion	■	■	■	■	■	■
M.D. Forté Peel	■	■	■	■	■	■
BetaLift Peel	■	■	■	■	■	■
Obagi Blue Peel	■	■	■	■	■	■
Oral Antibiotics	■	■	■	■	■	■
Accutane	■	■	■	■	■	■

CALENDAR OF UPCOMING EVENTS

Skin Rejuvenation Seminar

JANUARY 31, 2004

9:00 a.m. – 12:00 noon

The Center for Cosmetic Dermatology

Join us for coffee and the latest information on keeping your skin looking its best. There will be door prizes, free samples, UV photos to analyze your skin condition, and a demonstration of the new longer-lasting filler for wrinkles and lips, Restylane.

9:00 a.m. Skin-Care Regimens for Facial Rejuvenation: M.D. Forté®, Obagi, Perricone, and SkinMedica™

9:30 a.m. FotoFacial™ Treatments for Sun Damage and Rosacea

10:00 a.m. Treating Wrinkles and Acne Scars with a CoolTouch®

10:30 a.m. Tighter Skin Without Surgery with Thermage®/ThermaCool TC™

11:00 a.m. Botox® Cosmetic: The Wrinkle Relaxer

11:30 a.m. Restylane® and Collagen for Smoothing Wrinkles and Sculpting Lips

For reservations, call Tanya at 713.850.0240, ext. 100, or send an e-mail to her at tbuteaud@sba-skincare.com. Seating at each seminar is limited.

What's New Showcase Seminar

MARCH 6, 2004

9:00 a.m. – 12:00 noon

Topics on Website in February

The Center for Cosmetic Dermatology

Saturday Cosmetic Seminar

MAY 8, 2004

9:00 a.m. – 12:00 noon

Topics on Website in April

The Center for Cosmetic Dermatology

Saturday Cosmetic Seminar

JUNE 12, 2004

9:00 a.m. – 12:00 noon

Topics on Website in May

The Center for Cosmetic Dermatology

Please note that we offer cosmetic appointments every Saturday.

NEW YEAR SPECIALS

Ring in the new year with these **15 percent off** specials — through March 31— on several of our popular Perricone products.

■ **High Potency Face Firming Activator**

High potency antioxidant lotion that improves the appearance of skin tone and texture while minimizing enlarged pores, fine lines, scarring, and skin imperfections.

■ **High Potency Eye Area Therapy**

An intensive multi-benefit treatment that smoothes, brightens, and protects delicate eye area tissue. Reduces the appearance of puffiness, dark circles, and fine lines.

■ **High Potency Body Toning Lotion**

Highly concentrated body treatment combining alpha lipoic acid with skin-supportive DMAE, while providing SPF 15 protection. Firms and tones the skin's appearance and helps minimize the appearance of imperfections over time.

■ **Evening Facial Emollient**

A triple-acting lotion to smooth and refine skin overnight fostering the appearance of an even, glowing, refined complexion.

■ **Face Finishing Moisturizer**

Lightweight cream containing alpha lipoic acid and Vitamin C Ester and DMAE. Delivers moisture, provides external protection, and gives skin a luminous finish.

■ **Weight Management Supplements**

Dietary supplement program containing eight synergistic nutritional supplements designed for healthy weight loss and maintenance.

SKIN-CARE REGIMENS

INGREDIENTS	BRANDS WE RECOMMEND
(Ingredients and brands we recommend for home skin-care regimens)	
Glycolic Acid	M.D. Forté
Retinoids – Vitamin A Derivatives	
Tretinoin	Retin-A, Renova, Avita
Tazarotene	Tazorac, Avage
Adapalene	Differin
Antioxidants	
Vitamin C	Obagi, Perricone
Alpha Lipoic Acid	Perricone
Growth Factors	TNS Complex by SkinMedica
DMAE	Perricone
Bleaching Agents	Obagi



SANDY NERO ON SKIN RESEARCH

Sandy Nero, CRC, joined Suzanne Bruce and Associates in 2000. She has been a clinical research coordinator since 1988. From 1977 to 1988, she held several positions in clinical research at Bristol-Myers Squibb Pharmaceutical Research Institute, Buffalo, New York. Ms. Nero is a graduate of Erie Community College, Williamsville, New York and a member of the Dermatology Nurses' Association.

Q. *Sandy, tell us about The Center for Skin Research.*

A. The Center for Skin Research, which was started in March 2000, was a component that Dr. Bruce always wanted to incorporate into her practice. When she was a member of the faculty at Baylor College of Medicine, she was the head of dermatological research for the university and wanted to pursue this area in her own practice. During her years at Baylor, I was a clinical research coordinator, and it was there that I met Dr. Bruce. When she started The Center for Skin Research, I left Baylor and joined her here as the first full-time research coordinator.

Q. *Who is involved in The Center for Skin Research?*

A. The Center for Skin Research has grown quickly, and now there are several of us who work here. Maria Crockett and I are full-time coordinators. Jasmine Leung, RN, BSN, conducts research trials three days a week. Dr. Bruce is the lead doctor and principal investigator. Dr. Leena Bhat, who recently joined the practice, serves as co-investigator. Dr. Eubanks and Dr. Tenaro are involved in various trials as needed. All three coordinators have been involved with research before joining The Center. Beside myself, Jasmine worked in research at the University of Texas Health Science Center Houston, and Maria was at the University of Texas M.D. Anderson Cancer Center.

Q. *What are the benefits of having a research component?*

A. As we conduct research, we are continually at the forefront of medications that are being used for dermatology. We can learn first hand what works best. For instance, now Tazorac™ is a well-known drug, but before it was used on a widespread basis, we were involved in its testing. Recently, we conducted a study for a topical gel that may soon be approved to treat basal cell carcinoma. The drug irritates the area that is affected, and when the area heals, the basal cell cancer is gone. And, there's no scar, no surgery. It's a remarkable new development in basal cell treatment, and it could be on the market in the near future.

Q. *What kinds of checks and balances do you have?*

A. First of all, there's an internal pride at Suzanne Bruce and Associates that sets our standards to the very highest levels. With our backgrounds

in research, we adhere to stringent criteria so that we can truly judge a medication and can offer meaningful data. Furthermore, FDA approves the studies, and the Institutional Review Board (Ethics Board) checks to be certain that all trials are conducted correctly and are not harmful to the patients. We have established a reputation for excellence here at The Center. Pharmaceutical companies seek us out.

Q. *How do you find participants for the studies?*

A. There are a variety of ways we find patients for our studies. Our website is an excellent source of information. Individuals who are interested can read about the current studies and can e-mail or call us to be considered. We also recruit patients from both our Medical and Cosmetic Center, and we often advertise in the newspaper or on the radio.

Q. *Is there a cost involved?*

A. No, the studies are free to patients, and usually there is a stipend given to participants to cover their time and travel. When required, any lab work is generally included as well.

Q. *What is the length of time for the studies?*

A. Time frames vary, but most clinical trials last from four weeks to a year with some running up to 18 months. Each criterion is different, and so every trial has a different time frame.

Q. *Describe the care a patient would receive if he or she were participating in a trial at The Center for Skin Research.*

A. Patients receive exactly the same care they would if they were a patient at either The Center for Medical Dermatology or The Center for Cosmetic Dermatology. We cater to our patients and offer the same nurturing environment that is found in all divisions of the practice. I should also mention that patients in our trials are treated with confidentiality.

Q. *After a trial is concluded, what happens to the information?*

A. The sponsoring drug companies review all the data that we have collected. Then, combined with information gathered from other research sites around the country, they evaluate the effectiveness of a drug and determine whether it would be beneficial. If the answer is yes, they approach the FDA for approval.

Suzanne Bruce, M.D. • Leena S. Bhat, M.D. • Leigh Ellen Eubanks, M.D. • Leslie J. Tenaro, M.D.
Board Certified, American Board of Dermatology; Fellows, American Academy of Dermatology

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