A Survey of Dermatology Healthcare Professional Knowledge, Perception, and Experience Regarding Cellulite and Its Treatment

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BACKGROUND AND OBJECTIVE

- Cellulite, which is characterized by "dimpling" on the buttocks, thighs, and lower abdomen, and/or arms, affects an estimated 90% of women[1,2]
- Collagenous clostridium histolyticum-aaes (CCH; Qwo™, Endo Aesthetics LLC, Malvern, PA) is a subcutaneous injection approved by the US Food and Drug Administration in July 2020 for the treatment of moderate-to-severe cellulite in the buttocks of adult women[3]
- **Objective:** To identify unmet needs in dermatologist knowledge, perceptions/attitudes, and experience regarding cellulite and its treatment

CONCLUSION

This survey of dermatologists identified unmet needs in:

- Cellulite education
- Currently available/utilized cellulite treatments
- Dermatologist-patient communication on cellulite treatment options

METHODOLOGY AND QUALIFICATIONS

ONLINE MARKET RESEARCH SURVEY Conducted by Endo in March 2020

N=201 TOTAL RESPONDENTS

SURVEY LENGTH *(Median)*: 16 min

SURVEY RESULTS PRESENTED FOR: 80 Self-identified dermatologists*

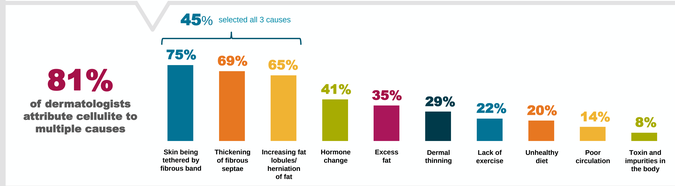
**79 licensed dermatologists and 1 Nurse Practitioner specializing in Dermatology.*

RESPONDENT ELIGIBILITY REQUIREMENTS

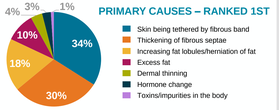
- Plastic surgeon, dermatologist, NP/PA, or other MD
- Involved in aesthetic treatment decisions (if NP/PA)
- Licensed in their state (if applicable)
- Not consultant (>80 hours/year) or employee of pharma company/manufacturer
- In practice 2-40 years
- Must not practice in Vermont or Maine
- Personally sees a minimum of cash pay aesthetics/month
- If NP/PA, must work for an aesthetic practice (Plastic or Derm office) or primarily in a med spa
- ≥20 injectable procedures/month at practice level
- Must not have only injections performed by "other physicians"

CELLULITE CONDITION KNOWLEDGE

PRIMARY CAUSES OF CELLULITE



PRIMARY CAUSES – RANKED 1ST

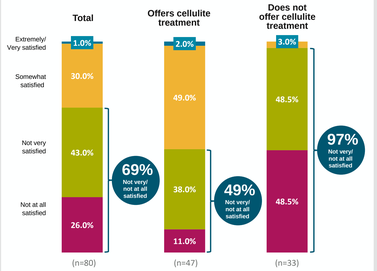


- **Skin being tethered by fibrous band**
- **Thickening of fibrous septae**
- **Increasing fat lobules and herniation of fat**
- **Dermal thinning**

Only **19%** selected all 4 components as causes of cellulite

CELLULITE TREATMENT PERCEPTIONS/ATTITUDES

Satisfaction With Available Cellulite Treatments – By Dermatologists Offering Cellulite Treatment (59%) or Not Offering Cellulite Treatment (41%)



Attitudes of Dermatologists to Cellulite Treatment (% Agree Much/Somewhat More)

Cellulite will never go completely away with treatment, so it isn't worth trying to improve in patients

If a treatment targets the cause of cellulite, it can greatly improve the appearance of cellulite and is worth offering to my patients

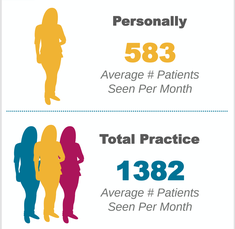
Many dermatologists indicated

- Dissatisfaction with currently available cellulite treatments
- Interest in cellulite treatment targeting the cause of cellulite

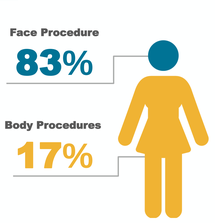
DERMATOLOGIST POPULATION CHARACTERISTICS

PRIMARY PRACTICE SETTING

PATIENTS SEEN PER MONTH (Medical + Aesthetic)



SHARE OF PROCEDURE TYPES



254 AVERAGE # OF TOTAL INJECTABLES PER MONTH

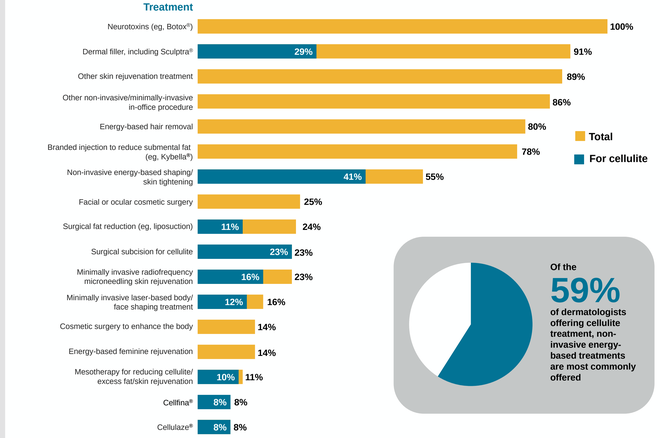
AVERAGE # OF INJECTABLE PROCEDURES PER MONTH

157 Neurotoxins | 88 Fillers | 10 Kybella®

SHARE OF INJECTABLES PERFORMED BY EACH ROLE PER MONTH

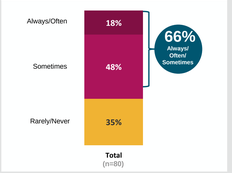
AESTHETIC AND CELLULITE TREATMENT USAGE

Percentage of 80 Dermatology Practices Offering and Performing Specific Aesthetic Treatments

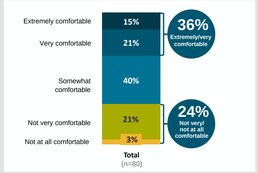


DERMATOLOGIST-PATIENT DISCUSSION OF CELLULITE AND ITS TREATMENT

How Often Female Patients Ask Dermatologists About Cellulite Treatments

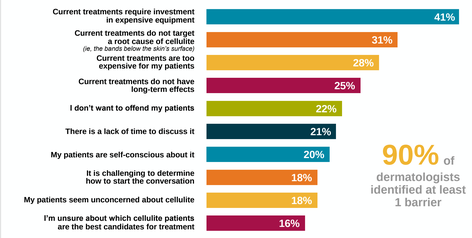


Dermatologist Comfort Level Discussing Cellulite Treatment With Patients



- *~2/3 of patients ask dermatologists about cellulite treatment*
- *Only ~1/3 of dermatologists are extremely/very comfortable discussing cellulite with patients*
- *Almost all dermatologists identified at least 1 barrier to discussing cellulite*

Cellulite Discussion Barriers (n=80)



90% of dermatologists identified at least 1 barrier

Barriers to Cellulite Discussion by Cellulite Treaters vs Non-Cellulite Treaters

	Offers cellulite treatment (n=47)	Does not offer cellulite treatment (n=33)
Currently available treatments require investment in expensive equipment	40.4%	42.2%
Currently available treatments do not target a root cause of cellulite (ie, the bands below the skin's surface)	31.9%	30.3%
Currently available treatments are too expensive for my patients	27.7%	27.3%
Currently available treatments do not have long-term effects	19.1%	33.3%
I don't want to offend my patients	31.9%	9.1%
There is a lack of time to discuss it	27.7%	12.1%
My patients are self-conscious about it	23.4%	15.2%
It is challenging to determine how to start the conversation	21.3%	12.1%
My patients seem unconcerned about cellulite	17.0%	18.2%
I'm unsure about which cellulite patients are the best candidates for treatment	14.9%	18.2%
Other	2.1%	6.1%

REFERENCES

1. Avram MM. *J Cosmet Laser Ther*. 2004;6(4):181-185. 2. Khan MH, et al. *J Am Acad Dermatol*. 2010;62(3):361-370. 3. QWO™ (collagenase clostridium histolyticum-aaes) for injection for subcutaneous use [package insert]. Malvern, PA: Endo Aesthetics LLC; 2020.

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DISCLOSURES

JE and SW are employees of Endo Aesthetics LLC.
DC and SC are employees of Endo Pharmaceuticals Inc.

INDICATION AND IMPORTANT SAFETY INFORMATION FOR QWO™ (collagenase clostridium histolyticum-aaes)

INDICATION

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

IMPORTANT SAFETY INFORMATION FOR QWO

CONTRAINDICATIONS

QWO is contraindicated in patients with a history of hypersensitivity to collagenase or to any of the excipients or the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted. Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture.

ADVERSE REACTIONS

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO incidence ≥ 10% were at the injection site: bruising, pain, nodule and pruritus.

Please see accompanying Full Prescribing Information for QWO.

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