Conversion from onabotulinumtoxinA to incobotulinumtoxinA for aesthetic treatments: a Canadian multicenter, real-world, retrospective study

Alfred Balbul,1 Robert Miller2

1Division of Dermatology, McGill University, Montreal, QC, Canada; 2Division of Dermatology, Dalhousie University, Halifax, NS, Canada

BACKGROUND

• Botulinum toxin Type A (BoNT-A) is a well-established cosmetic treatment.

• Aesthetic uses of BoNT-A include glabellar frown lines (GFLs), lateral periorbital lines (LPLs, also known as crow’s feet), and horizontal forehead lines (HFLs).

• IncobotulinumtoxinA (INCO) is approved for the treatment of GFLs in Canada and for the single and combined treatment of upper facial lines in Europe.1

• Head-to-head prospective comparison trials have demonstrated that INCO and onabotulinumtoxinA (ONA) result in comparable safety and efficacy for both aesthetic and therapeutic use.5–8

• Real-world data comparing INCO after switch from ONA is more limited, but essential to validate the conclusions drawn from the large prospective randomised clinical trials.

OBJECTIVE

• This study aimed to compare injection intervals and doses per area between ONA and INCO for the treatment of dynamic facial lines as a proxy measure of duration and clinical effect, in a real-world clinical practice setting.

METHODS

• This was a retrospective medical record study review conducted at two dermatology centers in Canada that treated patients for temporary improvement of dynamic facial lines.

• All patients’ information collected was de-identified prior to conducting the analysis.

• All patients included in the analysis were switched from ONA to INCO after INCO (Xeomin Cosmetic) had been granted Health Canada approval in April 2012.

• As part of routine clinical practice, patients signed an informed consent, which was written in a generic manner.

• The discussions between the patient and the physician were also non-specific (i.e. the brand names of the neuromodulator used were never mentioned to the patients).

• In total, 175 patients were included in the analysis which collectively comprised 689 injection sessions.

• Data collected included doses (U), areas of injection or muscles treated and injection visit dates.

– Injection intervals and total dose per treatment area were used as proxy measures of duration and relative potency, respectively.

• Analysis was performed on single isolated areas (i.e., glabellar region, crow’s feet and frontalis).

RESULTS

• The study population was representative of a typical patient seeking neuromodulator treatment (Table 1).

• The mean dose used to treat glabellar lines was higher (p=0.03) with ONA (23.3 ± 6.3U) vs. INCO (22.2 ± 6.4U) (Table 3), but was not considered clinically relevant.

• Similarly, the mean dose used to treat crow’s feet was also greater (p=0.01) with ONA (14.2 ± 9.3U) vs. INCO (12.0 ± 8.8U) per side (Table 3), but not clinically relevant.

• The mean doses used to treat the frontalis were not statistically different (ONA: 8.5 ± 4.7U vs. INCO: 8.2 ± 5.2U) (Table 3).

CONCLUSIONS

• Results suggest that inter-injection intervals and dose utilization of INCO and ONA are comparable for aesthetic treatments of dynamic facial lines.

• These data, collected in a real-world clinical setting, support previous studies which reported a clinical dose conversion ratio of 1:1.