ALA-PDT May Render Acne Medications Obsolete

BY BETSY BATES
Los Angeles Bureau

LOS CAROS, MEXICO — Dr. Mitchel P. Goldman doesn’t accept insurance and says he believes that his cash-only acne patients get more for their money with one to three photodynamic therapy sessions than they do with years of prescriptions for medications, he said at the annual meeting of the Noah Worcester Dermatological Society.

Although he says he knows it sounds heretical—“and maybe you’ll strip me of my derm boards”—he has been using the photosensitizing agent 5-aminolevulinic acid (ALA) followed by exposure to a blue-light laser for nearly 4 years and he thinks that there is nothing better for acne. “As soon as insurance companies wake up and realize it is a hell of a lot cheaper to do this than prescribe Accutane—they’ll cover it,” said Dr. Goldman, a dermatologist in private practice in La Jolla, Calif.

In the meantime, his patients pay $500-$600 for a treatment session that consists of a salicylic acid prep, microdermabrasion of the affected area, a scrub with ace-tone, 1-hour exposure to ALA (Levulan Kerastick, DUSA Pharmaceuticals), and 10-15 minutes’ exposure to a blue light that is approved for the treatment of acne (BLU-U Photodynamic Therapy Illuminator, DUSA Pharmaceuticals Inc.), as well as long-pulse dye laser to individual acne lesions.

He said that he sees at least a 30% improvement in inflammatory acne after each treatment, spaced 4 weeks apart. He has never done more than three treatments on a patient and he has never seen a patient’s acne rebound, even years after a final treatment.

“I have done controlled studies? No,” he admitted. “It definitely lasts a long time.” Dr. Goldman explained that he is reassured by animal data, which show that exposure to photodynamic therapy (PDT) actually reduced, and did not increase, the risk of skin cancer (“Photodynamic Therapy” [London: Elsevier, 2005], pp. 53-64).

He says he has biopsied patients and seen a 90% decrease in the size of sebaceous glands after PDT.

He’s read the studies that show that ALA-PDT kills bacteria and appears to normalize follicular shedding, and has participated in a study comparing blue light therapy with topical 1% clindamycin solution for inflammatory acne, in which lesions were reduced 34% after blue light therapy, compared with 14% with clindamycin (J Drugs Dermatol. 2005;4:64-70).

“This is something the pharmaceutical companies do not want us to investigate, because they’re going to lose a few billion dollars in acne treatment,” he said.

Dr. Goldman disclosed that he has served as a consultant to DUSA Pharmaceuticals, the manufacturer of Levulan Kerastik (ALA) and the BLU-U light source.

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► Photo rejuvenation. “A minimum of three ALA-PDT treatments at 2 to 4-week intervals. ALA-PDT can also be part of a standard five-treatment IPL regime for photo rejuvenation.”

► Acne. “ALA-PDT provides (1) the best result when used to treat inflammatory and cystic acne, and (2) modest clearance when used to treat comedonal acne.” The panel also agreed that “(1) acneiform flares may occur after any treatment, including ALA-PDT, and (2) although not supported by extensive documentation, PDL [pulsed dye laser] activation provides the best results in ALA-PDT for acne.”

► Sebaceous skin. “ALA should be incubated at least 1 hour before irradiation and … PDL with multiple stacked pulses provides the best results. I think this will go a long way into really looking at what is done best for the future,” Dr. Nestor said. “I am very, very excited about this technique and will continue to be.”

Most of the authors disclosed extensive relationships with DUSA Pharmaceuticals Inc., in Wilmington, Mass., manufacturer of the Levulan Kerastick. These included an educational grant to the American Society for Photodynamic Therapy.

Dr. Nestor reported that he received research support and is a funded speaker, consultant, and physician advisory board member, as did other panel members who also hold shares in the company. Eight others disclosed at least one of the above relationships.