

Evidence-Based Skincare Regimen To Meet Today’s Multigenerational Skincare Needs

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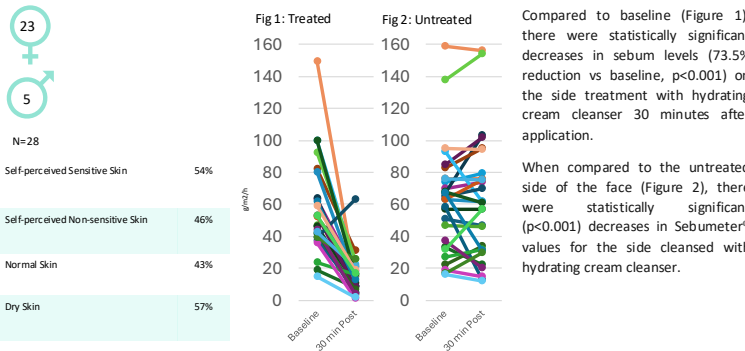
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Key Findings: A dermatology-informed skincare regimen consisting of a hydrating cleanser, moisturizer, and mineral-based sunscreens demonstrated clinically meaningful improvements in skin condition while maintaining excellent safety and tolerability across diverse populations. The hydrating cream cleanser significantly reduced surface sebum and maintained skin barrier function as evidenced by decreased TEWL, while the hydrating moisturizer provided rapid and sustained increases in skin hydration. Importantly, repeated use of these products was not associated with comedogenicity, acnegenic effects, or clinically meaningful irritation, including in pediatric populations. Evidence-based skincare routines built on clinically tested cleansers, moisturizers, and mineral sunscreens can support healthy skin function while maintaining excellent dermatologic safety across age groups.

Cleansing

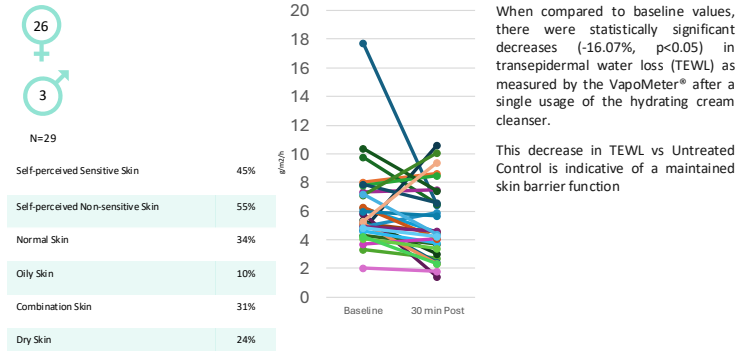
Reduces Sebum – Hydrating Cream Cleanser

Clinical skin assessments were performed by expert clinical graders prior to initial application/use of hydrating cream cleanser. Sebometer® measurements were taken prior to and 30 minutes after cream cleanser use. Subjects instructed to wash face with cleanser approximately 2 hours prior to visit.



Maintains Skin Barrier – Hydrating Cream Cleanser

This single-center, baseline-controlled, single-blinded, randomized clinical trial evaluated the impact of a hydrating cream cleanser on transepidermal water loss 30-minutes after a single application, when applied to the volar forearms using a VapoMeter®. Skin dryness was evaluated prior to the study by expert graders.



Moisturization

HRIPT – Hydrating Moisturizer

Objective: To determine the irritation and sensitization (contact allergy) potential of a hydrating moisturizer test material after repeated application to the skin.

Method:

- A Human Repeat Insult Patch Test (HRIPT) was conducted to evaluate the irritation and sensitization potential of a hydrating moisturizer. During the induction phase, the product was applied under occlusion for 48 hours followed by repeated 24-hour applications every three days for three weeks. After a 10-14 day rest period, a challenge patch was applied to a naïve site.
 - No adverse reactions of any kind were reported during the course of the study.
 - One grade 2 reaction and 10 subjects with Grade 1 reaction to the positive control (sodium lauryl sulfate).
 - No subjects reacted to the negative control (deionized water).

Number of Completers		51
Age	18-61 years	
Male/Female	14/37	
Fitzpatrick Skin Type		
I	0	
II	13	
III	16	
IV	17	
V	5	
VI	0	

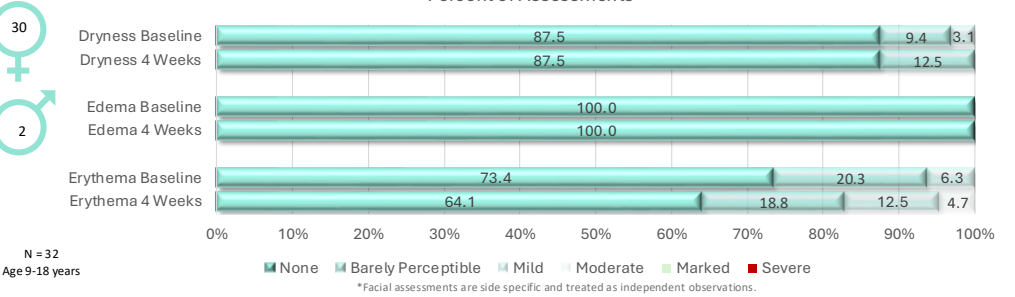
Daily Use is Not Acnegenic or Comedogenic

Regular use (1-2 pumps of product applied daily) was studied in 26 Female subjects, ages 19-45 years, with self-perceived normal to dry skin and no visible skin disease. Each subject had to also have no more than 25 facial lesions (grade I-II) which were predominately open or closed comedones.

Dermatologist graded, single-center, baseline-controlled, monadic clinical trial design of 4 weeks' duration.		
Acne Lesion Counts	Baseline	Final
Mean	5.2	5.0
t-Test (Dependent), P=NS		

Safety in Use Children and Teens – Tolerability of a Hydrating Moisturizer

Objective: To evaluate the potential for dermatological irritation and/or hypersensitivity of a hydrating moisturizer in children 8-18 years of age after 4 weeks of use. One to 2 pumps were used once daily. Clinical assessments were performed by a board-certified dermatologist at baseline and Week 4 using a 6-point scale with 0 = none and 4 = severe. Thirty-two subjects completed the study.

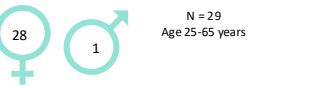


Early and Sustained Hydration Following Use of a Hydrating Moisturizer - Adults

Objective: To evaluate the moisturization potential of a hydrating moisturizer after a single application over an 8-hour period.

Design: Single-center, baseline-controlled, single-blinded, randomized clinical trial of 7 days duration.

Method: Core assessments were made with 5 consecutive Delfin MoistureMeterSC® measurements taken at baseline, 30 minutes, and 8 hours post application.



No Effect on Comedone Formation

Objective: To determine the comedogenic potential of a hydrating cream cleanser with Allantoin and Ceramides when applied topically under semi-occlusion to the skin.

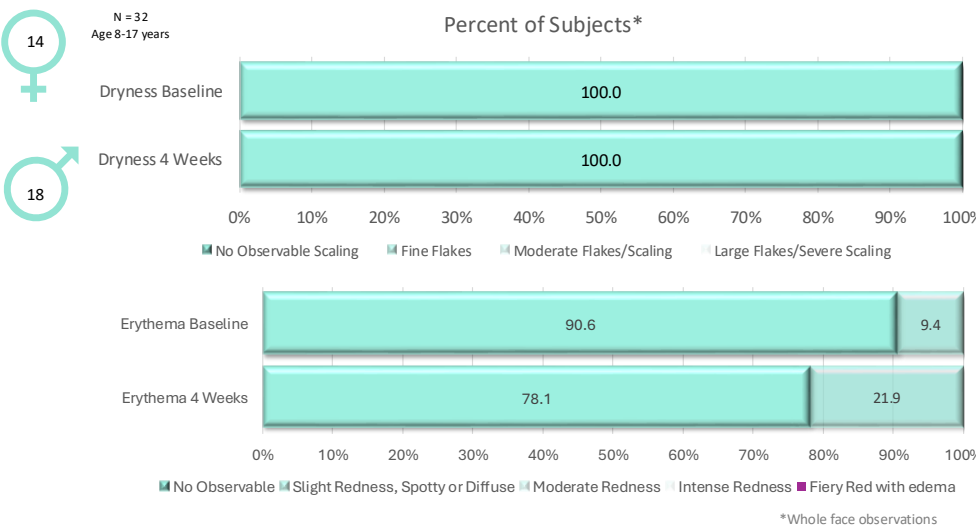
Method: Three times a week, 0.2 to 0.5 ml of hydrating cream cleanser was applied to 4x4 cm cotton cloth patches and applied to the suprascapular region of the panelist's back. Each patch was covered with a semi-occlusive, hypoallergenic tape and left in place for 48 hours. Three patches were applied each week (every other day) and repeated until 12 patches total were applied.

Dimethicone and Acetulan were also applied as negative and positive controls, respectively. Follicular biopsies were performed following the final patch removal. Scoring was conducted based on a 4-point scale with 0 indicative of no microcomedones or hyperkeratinization; normal follicular orifices up to a 3 indicative of at least 75 percent of the follicles displaying large, tightly compacted, globoid microcomedones.

Test	p-Value
Cream Cleanser vs Dimethicone	0.681546
Cream Cleanser vs Acetulan	0.000433
Dimethicone vs Acetulan	0.000797

Safety in Use Children and Teens – Tolerability of a Hydrating Cream Cleanser

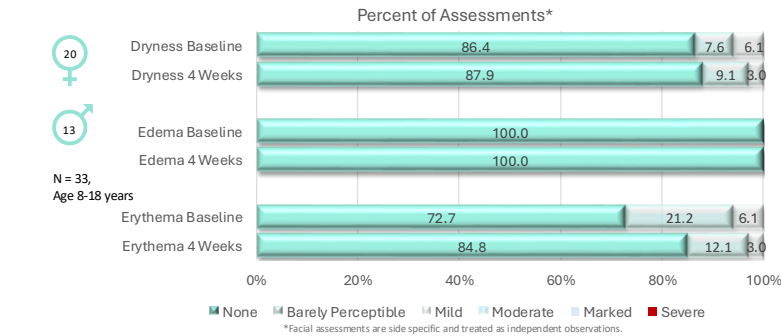
Objective: This single-center, baseline-controlled, monadic clinical trial design of 2 weeks was designed to evaluate the in-use safety and potential for dermatological irritation and/or hypersensitivity of a hydrating cream cleanser in children 8-17 years of age after 2 weeks of use. Clinical skin assessments were performed by a board-certified dermatologist at baseline and Week 2. Subjective tolerance was assessed for stinging, burning, itching, and tingling using a 4-point scale, where 0 = none and 4 = severe.



Sun Protection

Safety in Use Children and Teens – Tinted Daily Mineral Sunscreen

The purpose of these evaluations was to evaluate the potential for dermatological irritation and/or hypersensitivity of a tinted daily mineral sunscreen or invisible daily mineral sunscreen (SPF 40) in children 8-18 years of age after 4 weeks of use. Application was once daily after a regular morning skincare routine with additional application, 30 min prior to sun exposure, as necessary for protection. Clinical assessments were performed by a board-certified dermatologist at baseline and Week 4 using a 6-point scale with 0 = none and 4 = severe.



Safety in Use Children and Teens – Invisible Daily Mineral Sunscreen SPF 40

