

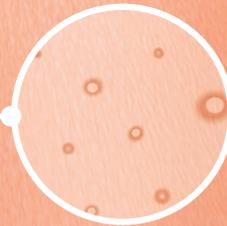
ADVANCED FORMULATION
Strata ctx[®]

Gel for dry skin and cutaneous rashes

Dry Skin



Cutaneous Rashes



A non-steroidal, full contact, flexible wound dressing for the management of dry skin and cutaneous rashes



 **Stratapharma**
Switzerland

Cutaneous rashes – etiology

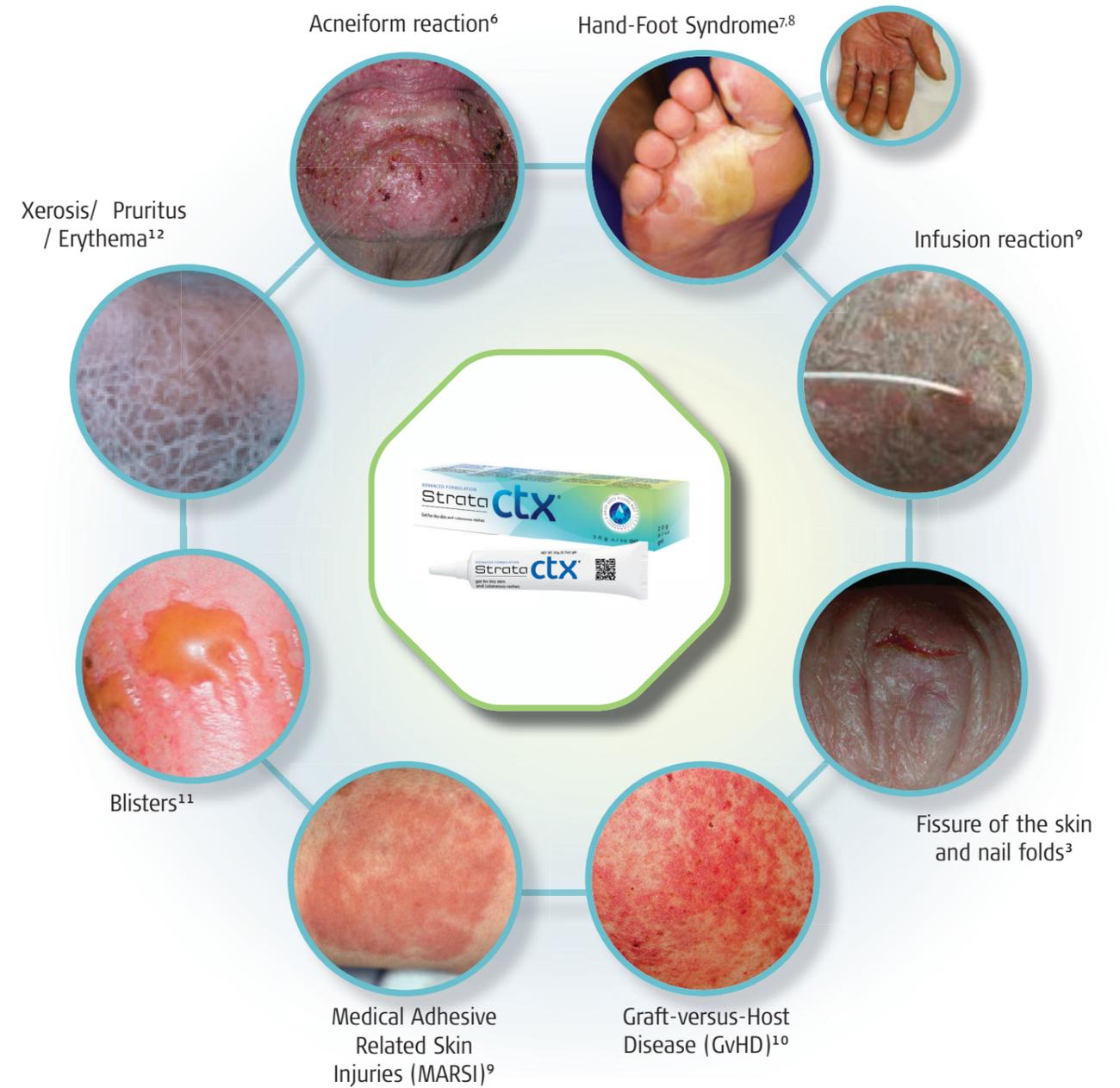
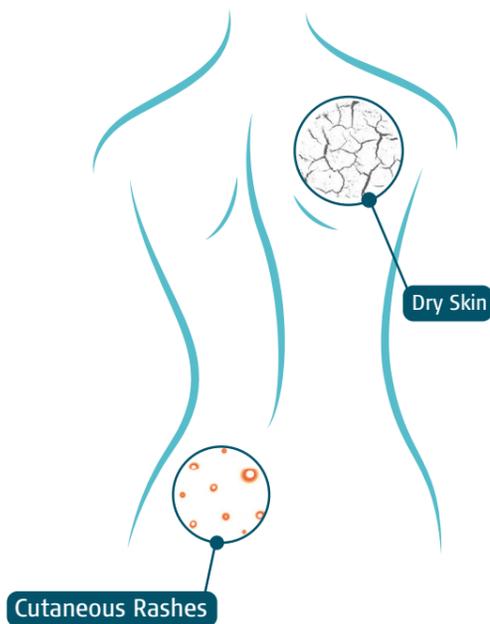
Cutaneous rashes are inflammatory reactions of the skin, occurring in certain underlying medical conditions, upon administration of medications (systemic or topical) including reactions at an infusion site or reactions to medical adhesives.

Another type of therapy which causes a wide range of cutaneous reactions is chemotherapy. It may damage fast growing skin and nail cells. This can cause problems such as skin that is dry, itchy, red, and/or that peels. Some people may develop a rash or sun sensitivity. Nail changes may include dark, yellow, or cracked nails and/or cuticles that are red and hurt.¹

Some oncology drugs, such as Epidermal Growth Factor Receptor Inhibitors (EGFRI) are responsible for rashes in 80% of patients, of which 10 – 17% can be severe.²

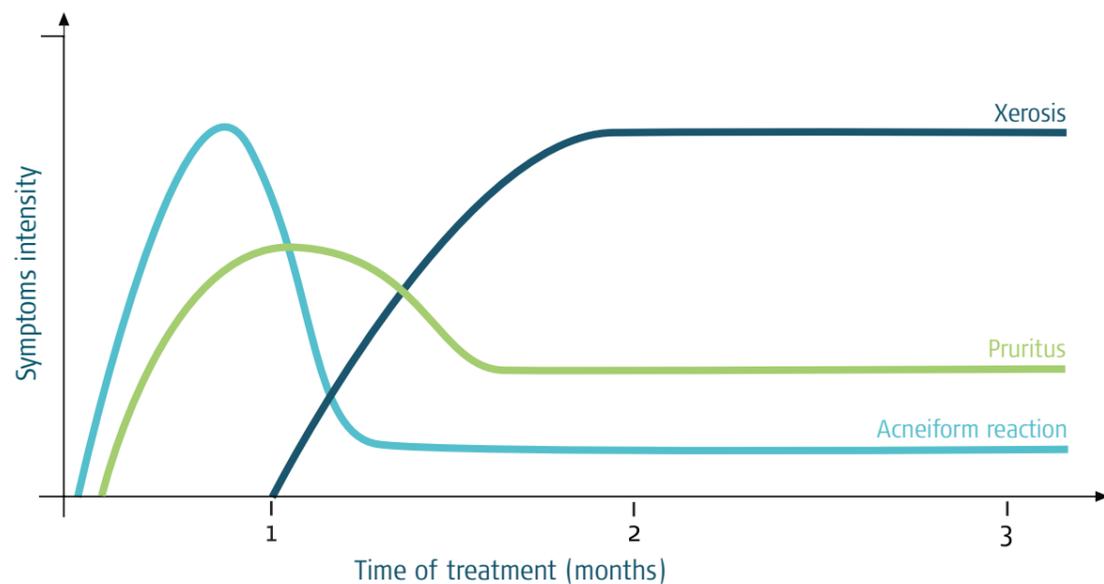
Skin reactions may lead to dose modification and treatment discontinuation by 36% and 72% respectively.²

Early treatment of cutaneous reactions may prevent the exacerbation of symptoms, the need for reducing the medication dose, or the interruption of therapy. It is vital to restore the barrier function of the epidermis, hydrate the affected area, while keeping the skin free from infection or environmental contamination.³



Progression of symptoms and cutaneous reactions^{4,5}

When undergoing EGFRI therapy the likelihood of experiencing cutaneous reactions is very high. Below is a visual representation of the progression of such reactions over several months.



StrataCTX – a new approach to manage cutaneous reactions

StrataCTX is a flexible, **film-forming** wound dressing in a gel format which adapts to any skin surface before drying into a protective sheet.

StrataCTX is **semi-occlusive** and gas permeable, which allows the skin to breathe and remain **hydrated**.

StrataCTX promotes a **moist healing environment** for wounds or compromised skin which facilitates faster re-epithelialization.

StrataCTX **soothes** dry, itching, flaking, peeling and irritated skin, and reduces pain, burning sensation and discomfort.



Once dry, StrataCTX does not inhibit **secondary dressings** or adhesives from sticking to the skin surface.

StrataCTX is **ideal** for large and contouring areas such as the head, face, hands and feet, joints and hairy areas without the need for shaving.

StrataCTX dries to form a layer which **protects** compromised skin areas and superficial wounds from irritants and microbial invasion.

StrataCTX is **transparent** and is not absorbed through the skin. It is ideal for monitoring the skin condition without the need of having to remove a physical dressing or adhesive.

It is **easy** to apply and can be used by patients at home.

StrataCTX **does not contain** steroids, fragrances, alcohol or parabens.

Clinical evidence with StrataCTX




 Children's Health Queensland Hospital and Health Service
 Children's Health Queensland Hospital and Health Service, Australia

Case series with 12 pediatric patients with Medical Adhesive-Related Skin Injuries (MARSI)⁹

- All patients experienced MARSI secondary to central venous access devices (CVAD) dressings.
- Resolution of the skin injuries was observed in all 12 patients in 14 days or less.
- Patients and carers reported less pruritus and irritation using the StrataCTX.
- The fast resolution of these cases is thought to be due to the gel lightly bonding to the contours of the skin providing 24 hour full contact instead of sitting on top. This significantly reduces acute inflammatory responses and promotes faster healing.

Clinical evidence with StrataCTX



Treatment of severe cutaneous reactions induced by topical imiquimod¹³

- Local inflammation on the scalp persisted causing great pain and social isolation for the patient.
- It is known that superficial skin erosions and ulcerations arising from local responses to topical treatments have a high probability of causing permanent sequelae.
- Full recovery occurred 3 months after treatment start.

How much StrataCTX is required?

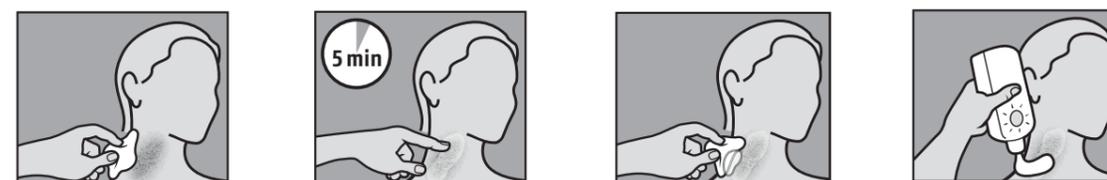
StrataCTX gel is an advanced formulation that requires substantially less gel per application than typical moisturizing creams or barrier ointments. A little bit goes a long way.



StrataCTX 20 g (0.70 oz) is enough to treat an area of 36 × 15 cm, (14 × 6 inch) twice per day for over 10 days.

StrataCTX 50 g (1.75 oz) is enough to treat an area of 36 × 15 cm, (14 × 6 inch) twice per day for over 25 days.

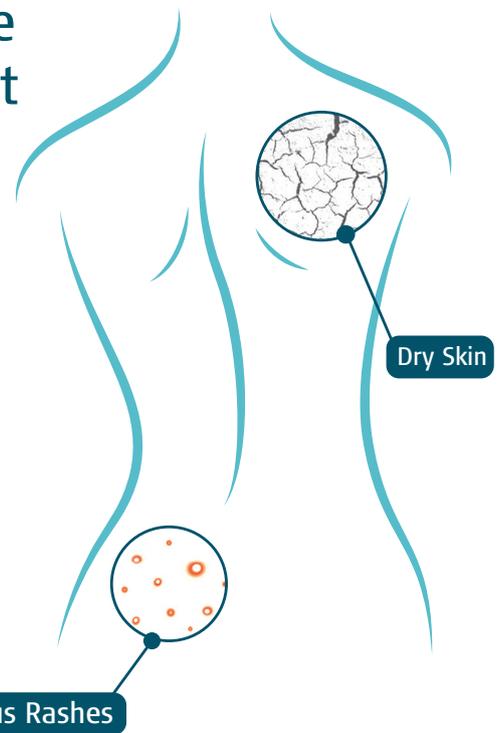
How to apply StrataCTX



1. Ensure that the affected superficial area is clean and dry. Apply a very thin layer of StrataCTX directly to the affected area and allow the gel to dry.
2. When applied correctly to exposed areas, StrataCTX should be dry in 5–6 minutes. If it takes longer to dry you have probably applied too much.
3. Gently remove the excess with a clean tissue or gauze and allow the drying process to continue. StrataCTX should be applied at least twice daily to affected areas, as needed or as advised by your physician.
4. Once dry, StrataCTX may be covered with sunscreen, cosmetics and clothing.

StrataCTX is recommended to be applied following the first day of treatment, or the first signs or symptoms on the skin and should be used until resolved or until no further improvement is seen. For best results StrataCTX should be maintained in continuous contact with the skin (24 hours a day/7 days a week).

A non-steroidal, full contact, flexible wound dressing for the management of dry skin and cutaneous rashes



Visit our website for more information about StrataCTX and the care of cutaneous rashes

www.stratactx.com

Caution: For external use only. StrataCTX should not be placed in contact with the eyes. StrataCTX should not be applied over topical medications unless advised by your physician. StrataCTX may stain clothing if not completely dry. If staining occurs, dry cleaning should be able to remove it without damaging the fabric. For correct storage please reclose the tube tightly with the cap. Should your cutaneous reaction show signs of infection or failure to heal, immediately consult your physician. If irritation occurs, discontinue use and consult your physician. Not suitable for highly exudative wounds, tunneling wounds or 3rd degree burns. Keep out of the reach of children. Do not use after the expiration (EXP) date printed on the tube. The expiration (EXP) date does not change once the tube has been opened. Do not use if the tube is damaged. **Ingredients:** Polydimethylsiloxanes, siloxanes, alkylmethyl silicones. STERILE UNTIL OPENED.

References: 1. Skin and Nail Changes. National Cancer Institute. <https://www.cancer.gov/about-cancer/treatment/side-effects/skin-nail-changes>. Published 2019. Accessed June 3, 2019. 2. Lacouture M, Anadkat M, Bensadoun R et al. Clinical practice guidelines for the prevention and treatment of EGFR inhibitor-associated dermatologic toxicities. *Supportive Care in Cancer*. 2011;19(8):1079-1095. 3. Segaert S, Van Cutsem E. Clinical signs, pathophysiology and management of skin toxicity during therapy with epidermal growth factor receptor inhibitors. *Ann Oncol*. 2005;16(9):1425-1433. 4. Beech J, Germetaki T, Judge M et al. Management and grading of EGFR inhibitor-induced cutaneous toxicity. *Future Oncology*. 2018;14(24):2531-2541. 5. Chularojanamontri L, Tuchinda P, Likitwattananurak C et al. Cutaneous toxicities of epidermal growth factor receptor inhibitors: A prospective study in 60 Asian patients. *Asian Pac J Allergy Immunol*. 2018. 6. Perez-Soler R, Delord JP, Halpern A, et al. HER1/EGFR inhibitor-associated rash: future directions for management and investigation outcomes from the HER1/EGFR inhibitor rash management forum. *Oncologist*. 2005;10(5):345-356. 7. Inokuchi M, Ishikawa S, Furukawa H, et al. Treatment of capecitabine-induced hand-foot syndrome using a topical retinoid: A case report. *Oncology Letters*. 2013;7(2):444-448. 8. Gomez P, Lacouture M. Clinical Presentation and Management of Hand-Foot Skin Reaction Associated with Sorafenib in Combination with Cytotoxic Chemotherapy: Experience in Breast Cancer. *Oncologist*. 2011;16(11):1508-1519. 9. Shergold J. Managing medication adhesive related skin injuries (MARSIs) due to central venous access device (CVAD) dressings using a novel silicone gel wound dressing. Poster presented at: Jun 15 - 17, 2017; Australian and New Zealand Children's Hematology / Oncology Group (ANZCHOG) Annual Scientific Meeting; Adelaide, Australia. 10. Riddell S, Appelbaum F. Graft-Versus-Host Disease: A Surge of Developments. *PLoS Med*. 2007;4(7):e198. 11. Encyclopaedia: Blisters. NHS Direct Wales. <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/b/article/blisters/>. Published 2019. Accessed July 1, 2019. 12. Szepletowski J. Uraemic xerosis. *Nephrology Dialysis Transplantation*. 2004;19(11):2709-2712. 13. Data on file, 2016 (Hospital Universitario Reina Sofia. Córdoba, Spain). Stratpharma AG.