

Vbeam[®] Family

Pulsed Dye Lasers

Summary of Select
Peer-Reviewed Articles



PB98372EN, Rev. B

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CE Indications for Use:

Vbeam:

Vbeam system is a flashlamp-excited, pulsed dye laser indicated for the treatment of benign cutaneous vascular lesions, benign vascular gynecological lesions and periorbital wrinkles.

Vbeam Prima:

595nm: General Surgery: Photocoagulation of benign cutaneous vascular lesions and benign cutaneous lesions.

Dermatology/Plastic Surgery: For treatment of benign cutaneous vascular lesions, such as facial and leg telangiectasia, rosacea, port wine stains, hemangiomas, angioma, spider angioma, poikiloderma of civatte, and benign cutaneous lesions, such as warts, scars, striae, psoriasis and the treatment of wrinkles. Treatment of benign epidermal pigmented lesions. Treatment of inflammatory acne vulgaris.

Gynecology: Photocoagulation of benign cutaneous lesions and benign vascular lesions in gynecology.

Podiatry: Treatment of benign cutaneous lesions, such as warts.

1064nm: The coagulation and hemostasis of benign vascular lesions such as, but not limited to, port wine stains, hemangiomas, warts, telangiectasia, rosacea, venus lakes, leg veins, spider veins, and poikiloderma of civatte and treatment of benign cutaneous lesions such as, but not limited to lentigos (age spots), solar lentigos (sun spots), café au lait manules, seborrheic keratoses, nevi, chloasma, verrucae, skin tags, and keratoses. The laser is also indicated for the treatment of wrinkles such as, but not limited to, periocular and perioral wrinkles.



The Efficacy of Pulsed Dye Laser Pretreated With or Without Local Anesthetic on Patients Presenting With Erythema of Face, Neck, Chest, and Extremities

Chunharas C, Boen M, Alhaddad M, Wu DC. Lasers Surg Med. 2020 Apr;52(4):307-314.

STUDY DETAILS

- Retrospective study of 69 subjects with erythema from various skin conditions including telangiectasia, cherry angioma, striae, and rosacea.
- 31 patients (21 females, 10 males; mean age 48.8) were pretreated with topical anesthetics (23% lidocaine/7% tetracaine ointment or 7% lidocaine/7% tetracaine ointment) before PDL (Vbeam Perfecta) therapy, 38 patients (25 females, 13 males; mean age 46.1) had no pretreatment anesthetic.
- Subjects underwent 1 - 6 Vbeam treatments.
- 2 blinded dermatologists evaluated digital photographs for erythema improvement, using a quartile scale (0 = 0%, 4 = 76–100%).

RESULTS

- Mean improvement of 2.2581 in the anesthesia group, 2.2632 in the non-anesthesia group (no significant difference).
- No significant difference between both groups as confirmed by a noninferiority test.



A Larger Spot Size Does Enhance Penetration and Efficacy in the Treatment of Port-Wine Stains

Al-Niaimi F. J Cosmet Dermatol 2020 Jun;19(6):1359-1360.

CASE STUDY 1

- A 36-year-old man (Skin Type III) with a laser-resistant port-wine stain (PWS) previously had ~6 PDL sessions (maximum spot size of 10 mm).
- 2 treatments with the Vbeam Prima system, using 15 mm spot size, fluence of 6.5 J/cm², pulse duration of 0.45 ms and cryogen cooling (DCD™ 30:20 ms).
- Marked lightening of the PWS with no epidermal injury.

CASE STUDY 2

- A 28-year-old man (Skin Type IV) with a laser-resistant PWS previously had 5 PDL sessions with 10 mm spot, 0.45 ms, and fluences up to 9.5 J/cm².
- 2 monthly treatments with the Vbeam Prima system: Treatment 1: 15 mm spot size, fluence of 6.5 J/cm², pulse duration of 0.45 ms and contact cooling handpiece on the colder mode; Treatment 2: 12 mm spot size, fluence of 7.5 J/cm², pulse duration of 0.45 ms and contact cooling handpiece on the colder mode.
- Laser-resistant PWS improvement following the 2 sessions.



Treatment of Erythematotelangiectatic Rosacea With Pulsed-Dye Laser and Oxymetazoline 1.0% Cream: A Retrospective Study

Suggs AK, Macri A, Richmond H, Munavalli G, Friedman PM. Lasers Surg Med. 2020 Jan;52(1):38-43.

STUDY DETAILS

- Retrospective study of 31 subjects (20 females, 11 males; mean age 51 ± 13 years) with erythematotelangiectatic (ET) rosacea.
- Pre- and post-treatment cross-polarized images from subjects on combination treatment with PDL and oxymetazoline 1.0% cream were graded by a board-certified dermatologist at each practice
- Blinded images were analyzed using the Clinical Erythema Assessment (CEA) Scale (0 = clear and 4 = severe).
- Unblinded images were analyzed using a 5-point Telangiectasia Scale to determine the degree of improvement post-treatment compared with baseline (1 = <5% clearance and 5 = 75-100% clearance).

RESULTS

- 55% of subjects improved by at least 1 CEA grade and 13% by 2 grades of improvement.
- 62% of subjects showed at least moderately clear results (25-50%) for telangiectasias.
- Subjects with more severe baseline erythema (i.e., the CEA Grade 3-4 group) showed significantly greater erythema improvement post-treatment.



Pulsed dye laser treatment of port-wine stains in infancy without the need for general anesthesia

Jeon H, Bernstein LJ, Belkin DA, Ghalili S, Geronemus RG. JAMA Dermatol. 2019 Mar 13.

STUDY DETAILS

- Retrospective review of **197** infants (73 boys, 124 girls), mean age of first treatment 3.38 months (range, 5-355 days) with Fitzpatrick skin types I –VI, treated for port-wine stains.
- **Vbeam Perfecta** (595-nm PDL) parameters (determined by PWS location): spot size 10 to 12 mm, fluence 6.5 to 9.0 J/cm² and pulse duration of 0.45 to 1.5 ms.
- Mean number of treatments was 9.8 (range 2-23, mean interval of 37.29 days). **Topical or general anesthesia was not administered.**
- Independent grading by 4 physicians of clinical photography (before and 1 year after the initial treatment), using a 5-point scale: poor (0%-25%), fair (26%-50%), good (51%-75%), excellent (76%-99%), and complete (100%) clearance.

RESULTS

- **67% of all patients** showed **>75 to 100% improvement.**
- Mean grade for all patients was 3.65±1.26, corresponding to **excellent clearance.**
- **None** of the patients experienced **scarring or permanent pigmentary change.**
- All of the patients with darker skin types (IV - VI) did well, without any significant complications.



Pulsed-dye laser as an adjuvant treatment for papulopustular eruptions from epidermal growth factor receptor inhibitors, a randomized blinded split-faced controlled trial

Rerknimitr P, Suphankong Y, Panchaprateep R, et al. Lasers Surg Med. 2019 Mar 7.

STUDY DETAILS

- 14 subjects (8 males, 6 females; mean age 50 ± 10.8 years) with **facial acneiform eruptions due to EGFRi** were enrolled. Subjects continued with EGFRi therapy during the study.
- A randomized side of the face was treated with 595nm-PDL (Vbeam Perfecta), while the contralateral side served as a control.
- Subjects received 4 treatments (at 2-week intervals): 10-mm spot size, 6-ms pulse width and fluence of 7 J/cm^2 for Fitzpatrick skin type IV and 7.5 J/cm^2 for skin type III.
- Treatment was assessed by erythema index (EI) measured by colorimeter, papulopustular lesion count and physician global assessment (PGA).

RESULTS

- In the laser-treated side, the mean EI decreased from a mean **23.5** at baseline to **16.3** at week 10.
- **Statistically significant improvement** was observed in the PDL arm after 4 weeks and onward.
- Mean **lesion count decreased significantly** from 58.07 at baseline to 15.9 at week 10.
- Higher patient satisfaction in the PDL arm.
- Side effects limited to mild erythema. **No post-inflammatory hyperpigmentation** observed.

<https://www.ncbi.nlm.nih.gov/pubmed/?term=PulsedDye+Laser+as+an+Adjuvant+Treatment+for+Papulopustular+Eruptions+From>



Treatment of poikiloderma of Civatte using a redesigned pulsed dye laser with a 15 mm diameter treatment spot

Bernstein EF, Schomacker K, Paranjape A, Jones CJ. Lasers Surg Med. 2018 Nov 27.

STUDY DETAILS

- 17 subjects (10 females, 7 males; mean age 55±4 years, range 47-61 years; Fitzpatrick Skin Types I-IV) with Poikiloderma of Civatte (POC) completed the study.
- **Vbeam Prima** parameters for 4 monthly treatments:
 - 15mm with mean fluence 5-5.7 J/cm², pulse repetition rate of 1.5 Hz., 1.5 ms pulse duration;
 - DCD™ cooling (40ms cooling/20ms delay).
- 3 blinded physician reviewers graded improvement on a 11-point scale from 0 to 100% improvement in 10% increments.

RESULTS AT 2 MONTHS AFTER FINAL TREATMENT

- Blinded evaluation success rate of **94%** (16/17 post-treatment images correctly identified).
- **Significant improvement (P<0.0001)** with mean score of 4.9, corresponding to 49.2% improvement.
- No or mild transient erythema, purpura or edema following treatment.
- **No hypo-/hyperpigmentation or scarring.**

<https://onlinelibrary.wiley.com/doi/full/10.1002/lsm.23036>

The application of 595-nm pulsed dye laser for vascular anomalies in a Chinese population: a 10-year experience

Lin MY, Lin CS, Hu S, et al. J Cosmet Laser Ther. 2018 Jul 27.

STUDY DETAILS

- 431 Chinese patients (259 females and 172 males; Fitzpatrick skin types III–IV) with 8 different types of vascular anomalies were treated with 595-nm PDL (**Vbeam Perfecta**) – see Table below.
- Independent evaluation by 2 dermatologists, using an Investigator Global Assessment (IGA) 5-point scale of score 1=0%, no improvement to score 5=75–100%, excellent improvement.

RESULTS

- Improvements were significantly correlated with infantile hemangioma (IH) subtypes.
- Significant correlation between efficacy and lesion color, anatomical sites, and hypertrophic-type port-wine stain (PWS) was found ($p < 0.05$). No significant correlation between efficacy and age or sex ($p > 0.05$).
- Pigmentary changes occurred with IH and PWS lesions only.

	Parameters			IGA Score (Mean ± SD)	Session (Mean ± SD)	Excellent improvement		Good-to-excellent improvement	
	Spot size (mm)	Pulse duration (ms)	Fluence (J/ cm ²)			Percentage (%)	Session (Mean ± SD)	Percentage (%)	Session (Mean ± SD)
IH	7	0.45–3	7–15	4.35 ± 1.05	4.54 ± 2.93	66.67	5.22 ± 3.13	79.23	5.00 ± 3.05
PWS	7	0.45–6	8–15	3.50 ± 1.31	5.61 ± 3.27	33.81	6.89 ± 3.17	51.08	6.56 ± 3.28
Telangiectasia	7	10	8.5–11.5	4.58 ± 0.69	2.89 ± 1.73	68.42	3.46 ± 1.81	89.47	3.06 ± 1.75
Solitary angioma	3	1.5	12.5–20.75						
	7	1.5–3	8.25–12.5	4.91 ± 0.29	2.31 ± 1.87	90.74	2.43 ± 1.93	100	2.31 ± 1.87
Spider nevi	3	1.5	12–15	4.42 ± 0.76	2.04 ± 1.00	55.69	2.60 ± 0.91	84.61	2.23 ± 0.97



Angiographic optical coherence tomography imaging of hemangiomas and port wine birthmarks

Waibel JS, Holmes J, Rudnick A, et al. Lasers Surg Med. 2018 Mar 22.

STUDY DETAILS

- 49 subjects (21 hemangioma subjects and 28 PWB subjects), ranging from 3 months – 73 years old, and Fitzpatrick skin types I-V were enrolled.
- Blood vessel depth and diameter was evaluated with optical coherence tomography (OCT).
- Treatments with 595nm-PDL (Vbeam Perfecta): 7-10 millimeter spot size; fluence 7.0 – 9.5 J/cm², pulse duration 1.5 – 10 msec, and 30/20 – 20/10 cooling).

RESULTS

- OCT images revealed that the blood vessel patterns in vascular lesions appeared dramatically different from that seen in normal skin.
- Highly heterogeneous blood vessel patterns with vessel diameters ranging from 20 to 160 μm.
- Largest vessels in the range 120 to 160 μm diameter were mainly at 0.50 millimeter depth.
- PWB tended to have larger vessel diameters than hemangiomas but not necessarily higher density.
- Vascular OCT may be used to give information to individualize laser settings.



Pulsed Dye Laser Treatment of Rosacea using a Novel 15mm Spot Size

Bernstein EF, et al. Lasers Surg Med. Lasers Surg Med. 2018 Apr 10.

STUDY DETAILS

- 19 subjects (16 females, 3 males; mean age 52 years, range 36-69 years; Fitzpatrick Skin Types II-IV) with rosacea (primarily moderate to severe) were treated with 595nm pulsed dye laser.
- **Vbeam Prima** parameters:
 - Linear vessels: 3x10 mm spot size with fluence 15 J/cm² and 40ms pulses;
 - Full face diffuse redness: 15mm with fluence range 6.25-7 J/cm² and 3ms pulse duration;
 - DCD cooling (40ms cooling/20ms delay).
- 3 (n= 2 subjects) or 4 treatments (n=17 subjects) administered at 4-week intervals.
- 3 blinded investigators graded rosacea on a 11-point scale of from 0 to 100% improvement in 10% increments.

RESULTS AT 2 MONTHS AFTER FINAL TREATMENT

- Blinded evaluation success rate of **96.5%** (55/57 post-treatment images correctly identified).
- **84.2%** (16/19 subjects) had >40% improvement.
- **No hypo-/hyperpigmentation or scarring.**

Treatment of post-pulsed dye laser purpura with pulsed dye laser

Chang YC, Lee SJ, Chung HJ. J Cosmet Laser Ther. 2018 Feb;20:21-23.

CASE STUDY DETAILS

- 3 Asian subjects with 585 nm PDL-induced purpura after treatment of acne erythema.
- Treated with 595 nm Vbeam laser at 3 days (Figure - case 1), 2 days (case 2) or same day (case 3) following PDL-induced purpura.
- All patients had clinically-significant improvement following 1 or 2 Vbeam treatments with 595nm.
- Treatment with 595nm PDL, which targets hemoglobin and its breakdown products, after initial PDL treatment may reduce post-PDL purpura & speed the resolution of purpura.



Figure. Top - Before 1 treatment with 10mm spot size, 6 ms pulse duration, 7.5 J/cm² fluence. Lower – 4 days post-treatment.



Effects of Early Combinatorial Treatment of Autologous Split-Thickness Skin Grafts in Red Duroc Pig Model Using Pulsed Dye Laser and Fractional CO₂ Laser

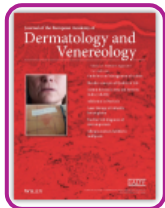
Bailey JK, Blackstone BB, DeBruler DM, et al. Lasers Surg Med 2018 Jan;50(1):78-87.

STUDY DETAILS

- 8 female red Duroc pigs (FRDP) received 4 standardized, 1 in. x 1 in. third degree burns that were excised and autografted.
- Wound sites were treated as follows: fractional CO₂ (CO₂RE laser) at 70mJ setting and 396J/cm² fluence, 150 µm spot diameter, 5% fractional coverage; PDL (Vbeam® system) at 5-6J/cm², 10 mm spot size, 0.45ms pulse duration, and DCD 30/20ms or both (PDL followed by fractional CO₂).
- 3 treatments at 4, 8, and 12 weeks post grafting. Grafts receiving no laser therapy served as controls.
- Scar appearance, morphology, size, and erythema were assessed, and punch biopsies collected at weeks 4, 8, 12, and 16.

RESULTS AT WEEK 16 AFTER 3 TREATMENTS

- Treatment with PDL, FX CO₂, or PDL + FX CO₂ resulted in significantly less contraction versus skin. graft only controls. No statistically significant difference among laser therapy groups.
- Scars treated with the CO₂RE laser were visually smoother and contained significantly fewer wrinkles.
- Hyperpigmentation was significantly reduced in scars treated with the CO₂RE laser.



Nd:YAG and pulsed dye laser therapy in infantile haemangiomas: a retrospective analysis of 271 treated haemangiomas in 149 children

Hartmann F, Lockmann A, Grönemeyer LL, et al. J Eur Acad Dermatol Venereol. 2017 Aug;31:1372-1379.

STUDY DETAILS

- 271 IH in 149 infants (107 females & 42 males; median age 24 weeks, range 1-533 weeks) were treated with Nd:YAG and PDL (n:187, 69%) or PDL alone (n:84, 31%).
- **Treatment parameters:**
 - 1064-nm Nd:YAG laser (**GentleYAG®**): 6-mm spot diameter, fluence 90 - 170 J/cm², 50-ms pulse duration, epidermal cooling with 30 ms duration/ 60-ms delay;
 - 595-nm PDL (**Vbeam**): 7-mm spot diameter, fluence 9 - 14 J/cm², 3-ms pulse duration and DCD cooling with 30-ms duration/10-ms delay.
- 3 physicians independently evaluated IH remission based on clinical photographs at baseline and 4–6 weeks after the last treatment.
- Remissions were categorized as 0–25% (I), 26–50% (II), 51–75% (III) and 76–100% (IV).

RESULTS AT 4-6 WEEKS AFTER FINAL TREATMENT

- **Moderate or strong (III/IV) improvement** was observed in **92.4%** of all IH treated.
- **No serious adverse effects** were observed.



Safety and Efficacy Evaluation of Pulsed Dye Laser Treatment, CO₂ Ablative Fractional Resurfacing, and Combined Treatment for Surgical Scar Clearance

Cohen JL, Geronemus R. J Drugs Dermatol. 2016 Nov 1;15(11):1315-1319.

STUDY DETAILS

- 25 healthy subjects (15 males, 10 females; mean age 61 years) with Mohs surgical scarring.
- Randomized to treatment arms: 3-4 CO2RE laser treatments, Vbeam pulsed dye laser treatments or combined treatments following suture removal.
- Investigator assessments of Vancouver Scar Scale (VSS).

RESULTS AFTER TREATMENT

- 83% significant improvement response rate on VSS with CO2RE treatments.
- 100% response rate on VSS with combined treatments.
- CO2RE treatments showed greater improvement with pigmentation, while Vbeam treatments improved vascularity.
- Combined treatments potentially have a synergistic effect and an accelerated outcome on the cosmesis of recent surgical scars.



Successful treatment of two pediatric port wine stains in darker skin types using 595 nm laser

Bae YS, Ng E, Geronemus RG. Lasers Surg Med. 2016 Apr;48(4):339-42.

CASE REPORT 1

- 1-month old Fitzpatrick skin type V patient (African descent) with a PWS on the upper lip.
- Vbeam treatment: 10% overlapping pulses, 10mm spot size, 7.5 J/cm², pulse duration 1.5 ms, and dynamic cooling spray (DCD™) duration of 30 ms.
- Cold hydrogel dressings were applied immediately after each treatment.
- **Complete resolution after 3 monthly treatments and no complications.**

CASE REPORT 2

- 4 year old Fitzpatrick skin type V patient (African descent) with a PWS on the right side of the forehead and glabella.
- Vbeam treatment: 10% overlapping pulses, 10mm spot size, 7–8.25 J/cm², pulse duration 1.5 ms, and dynamic cooling spray of 30 ms.
- Cold hydrogel dressings were applied immediately after each treatment.
- **Complete resolution after 2 treatments and no complications.**



Prospective comparison treatment of 595-nm pulsed-dye lasers for virgin port-wine stain

Yu W, Ma G, Qiu Y, Chen H, et al. Br J Dermatol. 2015 Mar.

STUDY DETAILS

- 22 subjects with PWS treated on adjacent sites by both Vbeam and Cynergy 595nm PDL devices.
- Vbeam parameters: radiant exposure of 11 J/cm², 1.5 ms pulse duration, 7 mm spot size, DCD cooling (30 ms cooling/20 ms delay).
- Cynergy® (Cynosure Corp) parameters: radiant exposure of 11 J/cm², 2 ms pulse duration, 7 mm spot size, cold-air cooling system of level three.
- 3 treatments on both sites.
- Chromameter and visual assessment at 2-months post treatment.

RESULTS

- **Average blanching rate was statistically higher for Vbeam sites (36.4%) compared to Cynergy sites (21.24%).**
- No scarring or permanent pigmentation change.



Efficacy of 595nm pulsed dye laser therapy for Mibelli angiokeratoma

Su Q, Lin T, Wu Q, Wu Y, Guo L, Ge Y. J Cosmet Laser Ther. 2015 Feb.

STUDY DETAILS

- 50 patients with Mibelli angiokeratoma (cutaneous lesion of capillaries).
- Vbeam parameters: pulse duration of 10ms, spot size of 7 mm, energy fluency 12-13.5 J/cm² with 10% overlapping pulses and DCD cooling.
- Up to 4 treatments repeated at intervals of 4-6 weeks until the lesion was cleared, or the patients discontinued the treatment.
- Investigator and subject assessment at ~3 months after treatment, using a 4-point scale: no change or mild improvement, 0 – 30%; moderate improvement, 30 – 60%; significant improvement, 60 – 95% and fully recovered, 95 – 100%.

RESULTS AT 3 MONTHS AFTER FINAL TREATMENT

- **92% of lesions had at least moderate improvement to full clearance.**
- 80% showed significant or full clearance.
- Most common skin effect was purpura and edema, which usually lasted for 12h to several days.
- Temporary pigment changes were not commonly seen after treatment. **No scarring or skin atrophy** was observed.



Figure 1. Before treatment.



Figure 2. After one treatment.



Treatment of the skin manifestations of hereditary hemorrhagic telangiectasia with pulsed dye laser

Halachmi S, Israeli H, Ben-Amitai D, Lapidoth M. Lasers Med Sci. 2014 Jan.

STUDY DETAILS

- 8 patients (5 males, 3 females, Fitzpatrick Skin Type II-IV) with cutaneous facial lesions of hereditary hemorrhagic telangiectasia (HHT).
- Vbeam parameters: pulse duration of 10ms, spot sizes of 5-7 mm, energy fluency 9.5-11 J/cm², 1.5msec pulses and DCD cooling (30msec spray/20msec delay).
- All lesions received 2 stacked pulses during treatment.
- Treatments repeated at 3-month intervals until satisfactory clinical improvement achieved.
- 2 independent physicians graded photographs, using a 5-point scale.

RESULTS

- **All patients exhibited excellent (75-100%) clearance** after a mean of 2.6 treatments (range 1-8).
- In comparison, a control group of patients with non-HHT facial telangiectasia required a mean of 1.9 (range 1-5; $p < 0.05$) treatments.
- No adverse events were reported in either group.



Treatment of port-wine stains with flash lamp pumped pulsed dye laser on Indian skin: a six year study

Thajudheen CP, Jyothy K, Priyadarshini A. J Cutan Aesthet Surg. 2014 Jan.

STUDY DETAILS

- 75 patients (44 females, 31 males, age range 8 months to 43 years, Fitzpatrick Skin Type IV&V) with PWS underwent multiple (6-17) treatments at monthly intervals.
- Vbeam parameters: spot sizes 7-10mm, energy fluency 6-12 J/cm², 0.45-10ms pulses, single pass with 10% overlapping, and DCD™ cooling.
- 2 independent dermatologists graded photographs, using a quartile grading scale.
- Subjects followed up at 6 monthly intervals to observe re-darkening of PWS.

RESULTS

- All patients who had at least 6 treatments showed improvement.
- 70% of pediatric subjects and 50% of adults had a grade 3 response (61-80% clearance) after 8-10 treatments.
- **No re-darkening of PWS** during the study.
- Lesions over the face cleared better than other areas.
- PWS in children <5 years of age responded faster than adults due to thinner lesions that were bright pink in color.
- Erythema, edema and crusting lasted 5-7 days. **No major side effects.**
- Post inflammatory hyperpigmentation (n=19 cases, 30%) resolved by 1-2 months.



Rosacea treatment using the new-generation, high-energy, 595 nm, long pulse-duration pulsed-dye laser

Bernstein EF, Kligman A. Lasers Surg Med. 2008 Apr.

STUDY DETAILS

- 20 subjects (18 females, 2 males with Fitzpatrick Skin Types I-III) with rosacea were treated.
- Vbeam parameters for linear vessels: elliptical spot size 3x10mm, energy fluency 17-19 J/cm², 40ms pulses, and DCD™ cooling (40ms cooling/20ms delay).
- Entire face was then treated with Vbeam parameters: 12mm spot size, 6-7 J/cm², 3ms pulses, and DCD cooling (40ms cooling/20ms delay).
- 4 treatments administered at 4-week intervals.
- Investigators graded rosacea on a 0 (no rosacea) - 6 (severe rosacea) scale.
- Blinded assessment of photos, using a 5-point scale of 0=no improvement to 4=76-100% improvement.

RESULTS AT 8 WEEKS AFTER FINAL TREATMENT

- **Rosacea scores decreased significantly** after 4th treatment and at follow-up (p<0.001).
- **79% of paired images showed overall improvement** by blinded assessment.
- **No hypo-/hyperpigmentation or scarring.**



Thank you

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