In the early 21st century, members of the medical community have been both witnesses to and participants in significant changes in the field of aesthetic surgery and medicine, including nonsurgical facial rejuvenation. Although some of dermal fillers were available prior to 2000, their indications were primarily therapeutic. Now, various categories of dermal fillers exist, including hyaluronic acid, poly-L-lactic acid, polymethylmethacrylate, calcium hydroxylapatite, and patients’ own fibroblasts.

Neuromodulators (ie, botulinum toxin type A [BoNTA] formulations) were first approved for therapeutic purposes but quickly gained popularity for aesthetic applications. According to the American Society for Aesthetic Plastic Surgery, in 2010, more than 2.4 million patients received treatment with a BoNTA product. Clearly, BoNTA injections have been widely adopted in aesthetic practice, beginning with the approval of onabotulinumtoxinA (Botox; Allergan, Irvine, California) in 2002 by the US Food and Drug Administration (FDA) for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adults 65 years or younger. Off-label applications in areas such as horizontal forehead lines, “crow’s feet,” and the perioral area followed.

A new neuromodulator, abobotulinumtoxinA, was introduced in 2009, expanding the treatment options for physicians. AbobotulinumtoxinA (Dysport; Medicis Aesthetics, Scottsdale, Arizona) was approved by the FDA for the treatment of cervical dystonia in adults and for the aesthetic treatment of moderate to severe glabellar lines associated with procerus and corrugator muscle activity in adults 65 years or younger. As was the case with onabotulinumtoxinA, the applications for abobotulinumtoxinA quickly expanded to include off-label uses. One year later, another BoNTA product was officially introduced into the US health care market. IncobotulinumtoxinA (Xeomin; distributed by Merz Aesthetics Inc and Merz Pharmaceuticals LLC, Greensboro, NC. Xeomin is also known by the tradename Bocouture for aesthetics use outside of the US) was approved in 2010 for the treatment of blepharospasm and in July 2011 for the correction of glabellar lines. Years prior to its introduction in North America, incobotulinumtoxinA was approved in Europe (2005); more than 260,000 patients have been treated with the neuromodulator in 20 countries, according to manufacturers of the product.

With a tripling of neuromodulator treatment options in 10 years, inevitable questions about safety, efficacy, duration, and comparability have arisen in the medical community. To that end, a cross-specialty group of physicians representing dermatology, facial plastic surgery, plastic surgery, and oculoplastic surgery convened for a 1-day meeting in New York.
in November 2011. All participants in the roundtable meeting are listed as authors on each of the articles in this supplement. An independent third-party CME provider first identified the panel moderator (J.M.K.) and panel chairperson (Z.P.L.). Following agreement to participate, the moderator and chair were responsible for assembly of panel members. All members of the panel had had experience with incobotulinumtoxinA prior to the meeting, although not necessarily to the same degree. The panel moderator and the panel chairperson felt that the presence of well-respected facial aesthetics practitioners across a spectrum of clinical experiences with the new botulinum toxin type A would promote a healthy interchange of experiences and perceptions. The group addressed issues that it felt would be salient to colleagues, including questions on protocol in the clinical setting, dosage for different facial areas, combination therapies, spread and diffusion, conversion ratios, and, candidly, possible benefits of one product compared with the other two.

The conversations that took place during the roundtable meeting are encapsulated in the consensus document in this supplement.

The production of the supplement was supported through an unrestricted educational grant to the American Society for Aesthetic Plastic Surgery by Merz Aesthetics, the manufacturer of one neuromodulator product. The sentiment of the panel was that addressing incobotulinumtoxinA in isolation would be less useful than looking at all of the neuromodulators. Accordingly, our intention from the outset was to address each of the 3 neuromodulators separately and then present a cross-products consensus of opinion regarding specific considerations. OnabotulinumtoxinA and abobotulinumtoxinA are described broadly, since physicians are already familiar with these 2 products. The supplement contains an expanded review of incobotulinumtoxinA’s mechanism of action and a review of the clinical literature about this specific neuromodulator, because it is the one with which physicians are less likely to be thoroughly conversant. The consensus article completes the manuscript portion of the supplement. Any opinions expressed in the consensus are the opinions of the experts and may or may not be concordant with labeling information provided by the 3 manufacturers of neuromodulators. This supplement is also accompanied by 3 supplemental videos, 2 of which demonstrate aesthetic evaluation of a patient. These videos are available at www.aestheticsurgeryjournal.com. You may also use any smartphone to scan the code on the first page of this article to be taken directly to the videos on www.YouTube.com. Because this is an activity designated for CME credit, a self-assessment instrument is included at the back of the supplement.

The title of the supplement is “Expanding Treatment Options for Neuromodulators: An Introduction to IncobotulinumtoxinA.” As the title implies, we are fortunate to now have 3 neuromodulators with which we can strive to meet the aesthetic needs of our patients. We sincerely hope that this supplement helps you identify which neuromodulator(s) will best support you in your aesthetic efforts on your patients’ behalf.

Disclosures

Dr Lorenc is a paid consultant for Mentor, Merz Aesthetics, Medicis, and Johnson & Johnson. Dr Fagien is an advisory board member and paid investigator for Allergan, Medicis, Merz Aesthetics, and Galderma. Dr Hirmand is a speaker for Medicis Aesthetics, an advisory board member for Merz Aesthetics, and a paid investigator for Invasix. Dr Nestor is an advisory board member for Medicis, Merz Aesthetics, Galderma, Compulink, and Allergan. Dr Sclafani is a paid consultant and grant recipient for Aesthetic Factors. Dr Sykes is an advisory board member for Mentor and Allergan and a member of the speakers bureau for Sanofi-Aventis and Medicis. Dr Waldorf is an advisory board member, paid consultant, and speakers bureau member for Merz Aesthetics, Medicis, Allergan, Valeant, Solta, Bropelle, P&G, Johnson & Johnson, Unilever, and Rhythera. Unless otherwise noted, the faculty and planners have nothing to disclose. Editorial and writing assistance for this manuscript was provided by Medical Education Advocates.

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