



Canada's Drug Agency
L'Agence des médicaments du Canada

CDA-AMC REIMBURSEMENT REVIEW

Patient and Clinician Group Input

Clindamycin plus benzoyl peroxide and adapalene (Cabtreo)
(Bausch Health, Canada Inc.)

Indication: Cabtreo (clindamycin phosphate, adapalene and benzoyl peroxide) is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

March 25, 2024

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CDA-AMC in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings. **If your group has submitted input that is not reflected within this document, please contact Formulary-Support@cda-amc.ca.**

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Patient Input

Name of Drug: Clindamycin plus benzoyl peroxide and adapalene **Indication:** Acne vulgaris in patients 9 years of age and older.

Name of Patient Group: Acne and Rosacea Society of Canada (ARSC) and Canadian Skin Patient Alliance (CSPA)

Author of Submission: Sue Sherlock, Executive Director, ARSC and Kathryn Andrews-Clay, Interim Executive Director, CSPA

About Your Patient Group

The Acne and Rosacea Society of Canada (ARSC), a national, not for profit organization comprised of dermatologists, patients, educators and communicators, offers hope and help to sufferers by providing independent, reputable and current information on these conditions and raising awareness. For more information, please visit <https://www.acneaction.ca/>.

The Canadian Skin Patient Alliance (CSPA) is a national non-profit organization with a mission to improve the health and wellbeing of people across Canada affected by skin, hair, and nail conditions, through collaboration, advocacy, and education. The CSPA also works with our network of Affiliate Members, including the Acne and Rosacea Society of Canada, to support the communities we both serve. For more information, please <https://www.canadianskin.ca/en/>.

Information Gathering

The drug under review is currently not available in Canada. However, Canadian clinical trials were held. In February 2024, in order to gather information for section 6, Experience with the Drug Under Review, CSPA and ARSC created a survey (Survey Monkey) for patients involved in the Canadian clinical trials. We contacted the Principal Investigator with a request to email patients involved in the trials and enquire if they would be interested in replying to a survey about their experiences with the drug. We received 3 responses. These are detailed in section 6, Experience with the Drug Under Review.

In June of 2022, the Acne and Rosacea Society of Canada (ARSC) and the Canadian Skin Patient Alliance (CSPA) conducted a joint survey to understand patient experiences with acne, including onset, healthcare resource use, experiences with treatments and impact on quality of life. We included a 5-question scale called CompAQ-short form (SF) to understand how facial and torso / truncal acne affected respondents' quality of life.

The survey was created in Survey Monkey. Eligibility criteria was either diagnosed with acne by a healthcare provider or self-diagnosed with acne or acting as a caregiver to an individual with acne. Resides in Canada was the other eligibility criteria. We disseminated the survey link through CSPA's website, newsletter, social media channels and email lists and ARSC's social media channels and network of dermatologists. The survey was open from June 7-30, 2022.

We received 154 eligible respondents, 59% of whom acne were diagnosed by a dermatologist, 24% diagnosed by a healthcare provider and 14% self-diagnosed. Some 68% of respondents were female and 30% male. Regarding age, 55% were 20-29 years old, some 23% were 30 to 39 and 12% were aged 16-19.

Some 28% of respondents first experienced pimples and breakouts at age 12 or younger. Almost half of respondents (47%) first developed acne symptoms between the ages of 13 and 19.

Some 62% were Caucasian, 15% Indigenous/Aboriginal, and 7% Black/African American while the remaining respondents came from a wide range of ethnic backgrounds. Respondents represented all provinces. Some 50% were from Ontario and British Columbia.

Respondents were provided with definitions and pictures of mild, moderate and severe acne and were asked to indicate the severity of their acne symptoms. Nearly half of all respondents (47%) reported symptoms consistent with moderate acne (blackheads, whiteheads and red pustules and papules on face), 16% indicated severe acne (facial redness with numerous red papules and

pustules and swollen lumps and bumps on face, chest and/or back) and 37% reported mild acne (blackheads, whiteheads and a few red pustules and papules intermittently).

Information gathered from the survey was analyzed and formed a report, "[Breaking Out: A report on the acne patient experience in Canada](#)".

Disease Experience

Acne is a common skin condition involving the oil (sebaceous) glands in the skin. The highest concentrations of oil glands are found in the skin on the face, neck, chest, shoulders and back – areas where acne appears.

Acne usually begins at the start of puberty when hormone levels, particularly testosterone, surge. These hormones cause many changes within our bodies. One of these is to disrupt the skin's normal processes. Dead skin cells in the pores are not shed as quickly as usual, stick together and pile up on the surface. Oil glands within the skin, stimulated by hormones, enlarge and become overactive, pumping out excess oil. This oily substance combines with dead skin cells to clog skin pores. The earliest stages of acne appear – blackheads, clogged but open pores and whiteheads, plugged, closed pores.

Bacteria naturally present in the skin thrive in these blocked, oily skin pores. The plugged pores may expand and break, and the bacteria may then add to the inflammatory reaction seen as redness and swelling. Papules - many, small red bumps with or without pus - appear and pustules (known as *pimples*), pus-filled spots can be seen. Some people develop deep acne nodules and boil-like lesions called acne cysts. Cysts and nodules are often painful, lodged deep and can cause considerable injury to the skin.

Acne affects 85% of people aged 12 to 24. The condition occurs in people of all ethnic groups. In the past, acne was seen as a mainly teenage skin problem. However, studies show it is prevalent in adults too, particularly women in their 20s and 30s. Adult acne causes frustration and emotional distress and can lead to anxiety and depression.

It is estimated that 70% of Canadians will get mild acne, a form that can be self-treated with good skincare and over-the-counter treatments. This is not the case for moderate and severe acne. Approximately 26-27% will get moderate acne. Moderate acne generally requires medical intervention to resolve the condition and limit the risk of scarring, pigmentation changes (brown or red stains left after acne) and emotional distress. An estimated 3-4% will get severe acne. **Medical help** is needed to bring severe acne under control and limit the risk of scarring, pigmentation changes and emotional distress.

Acne usually appears on the face and consequently affects appearance, self-esteem and self-confidence. It generally occurs during the teenage years and can affect the development of self-image and assertiveness – factors that are important in forming friendships and dating.

"In elementary school, I didn't really care much about having acne but it started to get to me once I hit high school. I was embarrassed and wanted to fix it. Acne impacted me during on-line school because you get up to take a break. While most people might check themselves in the mirror, I could not look at myself for the longest time. I'd turn off my camera most of the time too."

Acne is associated with various forms of emotional distress ranging from bad moods to anxiety, anger, poor self-image, loneliness, self-consciousness, shame, low self-esteem, depression, pain, anxiety in social situations, a feeling of overall poor health and unhappiness with appearance.

"Acne is much more than cosmetic. My pimples were itchy, uncomfortable, and even painful. They also did a serious number on my self-esteem. I have no pictures of my acne at its worst because I made a point of avoiding cameras. I also avoided mirrors and made excuses not to attend gatherings with friends and family. On good days, I felt ugly. On bad days, I felt worthless."

The prevalence of depression in acne patients is thought to be high. A survey of high school students in New Zealand with problem acne reported high rates of depressive symptoms (24%), anxiety (9%), and suicidal thoughts (34%)⁽¹⁾.

People with acne often feel ashamed and self-conscious and report that the condition impedes their ability to be social and conduct daily activities. They may avoid social interactions, use makeup to hide their acne or grow their hair or beard to hide their face. Some avoid sports such as swimming if they have acne on the body. Others may avoid using changerooms, which can negatively impact their interest and participation in sports and other activities.

Findings from our survey showed almost half of the respondents often or always feel self-conscious due to their acne. Most (87%) use strategies to hide their acne, with 63% using makeup and 59% avoiding social gatherings altogether.

“My way of coping was to put on lots of make-up. I would not leave the house without it. It was so embarrassing and affected my self-confidence in talking to people. The face is the first thing you see when you meet someone. I felt down, sometimes anxious, and even angry that I could not get rid of my acne.”

Acne can last for several years with periods of breakouts and clear skin, adding to the emotional toll of the condition. Half of the respondents in our survey reported they were always or often concerned that their skin would never clear up.

Some acne sufferers say the psychological effects associated with this condition, such as hurt and shame, continue to be felt for many years. Experts call this “emotional scarring”.

There are some upsetting myths about acne – that it is self-caused by eating fatty or high carb foods, or through being unhygienic in daily care, that stigmatize the condition. Another myth is that acne is “just pimples” offering little empathy or understanding of the emotional distress that can accompany the condition.

“Acne was just considered a part of growing up. And maybe my acne just wasn't as bad as other people's acne. It always affected me mentally; I hated my skin (and still do) and have always felt unattractive because of it.”

Finally, the burden of acne is not only in the active lesions but also acne scars and pigmentation changes. These are significant, lasting and detrimental manifestations of acne. Visible scars can cause embarrassment, self-consciousness and are a risk factor for depression and anxiety.

Our survey of Canadian acne patients revealed a very high prevalence of acne scarring and pigmentation changes. The vast majority of respondents reported they had both scarring (87%) and pigmentation changes (90%) due to their acne.

In ARSC's and CSPA's 2022 collaborative report, *Breaking Out*, a correlation was seen between acne severity and both acne scarring and pigmentation changes with 100% of those with severe acne having both acne scarring and pigmentation changes. Of those reporting moderate acne, 84% had scarring and 94% pigmentation changes. Of those with mild acne, 71% had scarring and 86% pigmentation changes.

“Acne has left my face unrecognizable. My mental state is very depressed, prone to psychological disorders. This seriously affects my quality of life.”

The high rate of acne scarring and hyperpigmentation among acne patients indicates a need for early, effective treatment to prevent these issues from developing. Many of our respondents reported moderate acne (47%) while 16% reported severe acne. Almost half of those surveyed (42%) said they had between 2-5 healthcare visits before being diagnosed and treated for acne. Nearly 30% visited a healthcare professional more than 5 times. Delay in the diagnosis and treatment of moderate and severe acne is a cause for concern given the risk of acne scarring, pigmentation changes and significant emotional effects.

(1) Sood S, Jafferany M, Vinaya kumar S, Depression, psychiatric comorbidities, and psychosocial implications associated with acne vulgaris. *J Cosmet Dermatol.* 2020;19:3177–3182. <https://doi.org/10.1111/jocd.13753>

Experiences With Currently Available Treatments

In our survey, we asked acne patients about their experiences with prescription medications. Respondents replied they have tried multiple prescriptions as well as skin procedures to try to gain control of their acne.

More than half (59%) of respondents reported that they had used isotretinoin pills to treat their acne, and it was the most effective treatment option seen in the survey, with 28% of individuals reporting significant improvement and 43% improving slightly.

Hormone pills (birth control and spironolactone) were the second most effective treatment option for those surveyed. Of the 59% who reported having used them, 23% had significant improvement and 36% had minor improvement.

Some 89% of respondents reported having used prescription gels or creams. When asked about their treatment experience, respondents reported on the level of improvement as follows: 21% no change, 43% a little improvement, 13% a big improvement, while 12% of those surveyed said the condition worsened.

It appears that prescription treatments may not be prescribed readily to those with acne, though future research is needed to understand whether this is due to physician perception that the patient may not be a good candidate for treatment benefits, patient hesitation, or lack of insurance coverage for the patient. There are also important barriers to accessing health care in Canada – particularly primary care and dermatology care – which may play a role as well.

The majority of respondents (95%) reported that they experienced acne treatment-related adverse effects in the last year, the most common being skin irritation (64%), dry skin (62%) and skin flaking (55%).

When asked about current topical acne products (non-prescription and prescription), 85% of respondents reported that they were experiencing side effects due to their current regimen. Minor side effects were reported by nearly 70% of respondents, and most were willing to accept them because the treatment was effective. Sixteen percent of individuals reported severe or very severe side effects, but their willingness to tolerate them was based on treatment effectiveness. Patients are clearly balancing out their desire to clear their skin - or at least improve it - with the harshness and discomfort of side effects, when deciding whether to start or continue their medications.

Looking at out-of-pocket monthly expenses due to prescription and non-prescription treatments for acne, nearly one-quarter of individuals indicated that they spend more than \$50 every month on non-prescription acne products. When costs spent on acne products were compared based on respondents' acne severity, we found that a higher percentage of individuals with severe acne paid \$100/month or more on non-prescription acne products (14%) than those with mild (4%) or moderate acne (5%).

Between 15-20% of respondents reported that they spend more than \$50 every month on each of the various prescription pills, gels and injection treatment options, providing evidence of a considerable financial burden that is not being covered by insurance. Respondents are also spending a considerable amount on prescribed gels and creams: 28% of those with severe acne and 17% of those with mild or moderate acne paid \$50 or more every month.

Acne patients were also asked about specific skin procedures they had chosen to treat their acne. Facials and peels were used by more than half of all respondents (53%) while 65% underwent light or laser therapy. Individuals with moderate or severe acne were slightly more likely to undergo procedures to treat acne than those with mild acne.

Of all respondents, 12% reported paying more than \$500 for each facial and peel, while 15% spent more than \$500 for each light or laser therapy session. More than 30% of respondents of each severity spend more than \$200 monthly on light or laser therapy while more than 28% of respondents of each severity spend that amount on facials and peels.

When asked about the challenges of managing acne, patients responded that the three most common areas of struggle were hiding acne, identifying triggers, and coping with mounting out-of-pocket expenses for treatments.

Improved Outcomes

Survey respondents were asked to rank the importance of various factors in deciding if their acne treatment had achieved their goals.

The three most prioritized goals were the ability to enjoy personal relationships, having less scarring, and having fewer changes in skin pigment. Other goals included clearer skin, better mental health, increased confidence, ability to be social and improved overall daily life.

More respondents reported satisfaction with prescription treatments (58%) than non-prescription treatments (44%). It is evident that treatment gaps exist for individuals with acne, and facilitation of access to effective and safe treatments is needed.

Experience With Drug Under Review

As mentioned at the beginning of this submission, we received three survey responses from individuals who have used clindamycin plus benzoyl peroxide and adapalene through their participation in the Canadian clinical trials for this drug. Because there were so few responses, we have provided a snapshot of each of the survey respondents:

Respondent 1 is under the age of 18. Their acne lasted 2 years. The type of acne spots they had were pimples. The acne was located on the cheeks. When asked – How well controlled is your acne, the respondent replied **“Well controlled”**.

Respondent 1 skipped 3 questions about benefits and disadvantages of the new drug compared to other prescription treatments used and the effect of benefits or disadvantages of the new treatment on daily life.

When asked about side effects experienced using the new drug, respondent 1 said **“None”** and that they could manage the side effects. When asked if the new drug was easier to use than previous treatments, respondent replied: **“It was easier to use than previous treatments”**. No further was provided.

Replying to the question - Does this treatment work better or worse for you than previous treatments you have used, they replied: **“About the same”**.

When asked what was important and of value regarding the new drug, respondent 1 replied: **“Time it took for improvement”**.

Respondent 2 is age 25-34 and first developed acne under the age of 18. Their acne lasted 20 years. The respondent reported they had all types of acne spots (pimples, blackheads, whiteheads, red bumps, cysts) and added this: **“All of the above, mostly skin coloured bumps and black heads, a large cyst or two and white heads.”** The acne was located on the jawline. When asked - How well controlled is your acne, respondent 2 replied **“Well controlled”**.

In reply to the question - Compared to any other prescription treatments used, what were the benefits of the new treatment, they replied: **“It cleared up all the bumps I was having which made me 100% more comfortable in my skin. A pimple here and there I can handle, but having constant bumpy skin and large cysts all the time really broke my confidence, the treatment helped clear that up and now I can finally manage my skin.”**

Respondent 2 was asked to compare the new treatment to any other prescription treatments used, and indicate the disadvantages of the new treatment. They replied: **“At first it really dried out my skin and made it very red and irritated. That wore off after a few weeks, but the initial onset of it made me worry it wasn’t helping my issues.”**

Asked about the benefits/disadvantages of the new treatment on their daily life, respondent 2 said: **“When I started using it I was more uncomfortable than anything, but once I had used it for a few weeks and finally started to see the benefits I was happy I pushed through the discomfort and appearance, totally changed my life and gave me new confidence in my appearance.”**

When questioned about the side effects experienced while using the new drug, respondent 2 indicated they had experienced all of the side effects listed (skin irritation, dry skin, redness, worsening of acne): **“All of the above, skin irritation, dry skin, redness, for a short period of time.”**

Asked if they could manage the side effects, respondent 2 replied: **“Yes, side effects did not let the entire duration, just upon initial use of the product.”**

The respondent was asked if the was drug easier to use than previous treatments and if so, how. They replied: **“It was easier to use than previous treatments. It’s a simple cream you put on after cleansing. Wasn’t difficult at all.”**

Respondent 2 was asked if the new treatment worked better or worse than previous treatments used. They replied: **“Much better. Nothing has ever helped my skin this well.”**

Finally, respondent 2 was questioned about what was important and of value regarding the new drug. They replied: **“Effectiveness of the treatment.”**

Respondent 3 is age 18-24 and first developed acne under the age of 18. Their acne lasted 4 years. The respondent indicated the type of acne spots they had were pimples. The acne was located on the cheeks. When asked - How well controlled is your acne, respondent 3 replied their acne is **“Poorly controlled”**.

When questioned about the benefits of the new treatment compared to any other prescription treatments used, they replied – **“Pimples cleared”**. Respondent 3 was asked about the disadvantages of the new treatment compared to any other prescription treatments used, and replied there were no disadvantages. When asked how did the benefits or disadvantages affect their daily life, Respondent 3 replied: **“Clearer skin, more confidence”**.

When questioned about side effects experienced using the new drug, respondent 3 indicated “**redness**”. They stated they could manage the side effects and had “**overall a good experience**” using the drug. When asked if the drug was easier to use than previous treatments, the respondent replied “**It was relatively the same as other topical applications.**”

When asked if the new treatment worked better or worse than previous treatments used, respondent 3 replied “**Better**”.

Finally, respondent 3 was asked what was important and of value to you regarding the new drug, and replied “**Effectiveness of the treatment**”.

Despite the small group of respondents, we heard from 3 age groups: a person under the age of 18, another aged 18- 24 and a third person aged 25-34. All respondents had acne on the face (cheeks or jawline).

All three said they could manage the side effects of using this drug. Two of the three stated the drug was easier to use than previous treatments. When asked what was important and of value regarding the new drug, two of the three replied the effectiveness of the treatment while one said it was the time it took for improvement.

Companion Diagnostic Test

There is no companion diagnostic test.

Anything Else?

Acne is often disregarded as a cosmetic concern and the impacts of acne on patients' lives diminished. The driving mechanism of acne is rightly considered a medical issue and treatment approaches must be evidence- based.

As we have seen in our report, “Breaking Out, a report on the acne patient experience in Canada”, without access to safe, effective and affordable prescription treatment options, patients with moderate to severe acne are relying on a multitude of approaches that are not effective and may be expensive.

Not treating acne has its own consequences: Undertreated acne often results in scars and pigmentation changes which are each much more difficult to treat and can impact a patient for the rest of their lives. There is also the risk of negative psychosocial impacts when acne goes untreated.

Based on our report findings, we have developed 3 stakeholder recommendations to improve the lives of individuals with acne:

- Increase access to new treatment options that are safe and effective.
- Ensure health care providers who see patients with acne are aware of all new and existing treatment options.
- Evaluate every patient with acne for depression and anxiety and connect them with support.

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

No. As mentioned above, the ARSC and CSPA collaborated to create the report, “[Breaking Out: A report on the acne patient experience in Canada](#)”. Sun Pharma, Bausch Health and L’Oreal Active Cosmetics provided financial support for the development of the report, including the survey that formed the basis of the report. No funders were involved in developing the content of the survey,

which was led by consultant Jennifer Pereira, Dr Jerry Tan (President of the Acne and Rosacea Society of Canada), Sue Sherlock (Executive Director, ARSC), Rachael Manion (Executive Director, CSPA), Sabrina Ribau (Programs Manager, CSPA), an adult acne patient and a teenaged acne patient. The ARSC and CSPA are grateful to everyone who filled out the survey and shared their experiences with us.

- List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Financial Disclosures

Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bausch Health Canada		X		
Sun Pharma Canada			X	
Galderma Canada			X	

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Sue Sherlock

Position: Executive Director

Patient Group: Acne and Rosacea Society of Canada

Date: February 22, 2024

Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Sun Pharma Canada			X	
Bausch Health Canada			X	
L'Oreal Canada		X		

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Kathryn Andrews-Clay

Position: Interim Executive Director

Patient Group: Canadian Skin Patient Alliance

Date: March 14, 2024