scientis

Cyspera®

Cysteamine

Intensive Pigment Corrector

Help your patients.
Reduce their pigmented marks.
reclaim their natural beauty.

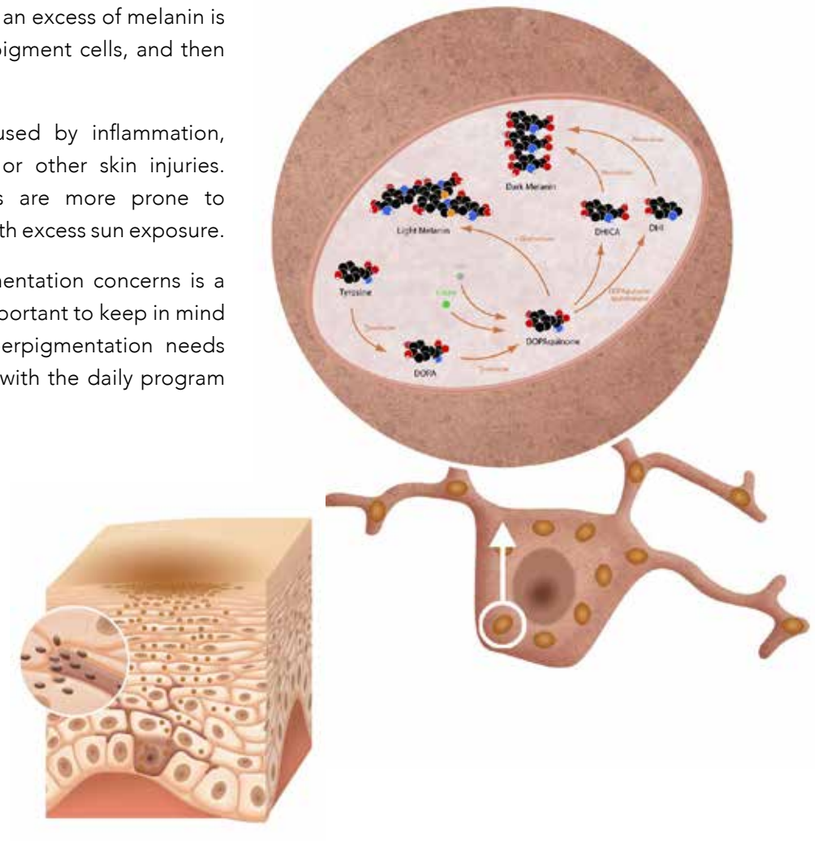
What is Hyperpigmentation

Hyperpigmentation is a common skin condition in which some areas of the skin become darker in colour than the surrounding skin.

Hyperpigmentation occurs when an excess of melanin is produced by melanocytes, the pigment cells, and then moved up to the skin's surface.

Hyperpigmentation can be caused by inflammation, hormonal stress, sun damage, or other skin injuries. People with darker skin tones are more prone to hyperpigmentation, especially with excess sun exposure.

Addressing stubborn hyperpigmentation concerns is a long and difficult process. It is important to keep in mind that there is no quick fix. Hyperpigmentation needs time, patience, and compliance with the daily program over weeks.



Concerns with Current Options

Hydroquinone has been used for decades as the gold standard for pigmentation concerns.

Although still very controversial, hydroquinone has a bad reputation as a potentially mutagenic and carcinogenic compound. It is a melano-cytotoxic agent that is known to induce ochronosis. (World Health Organisation - Hydroquinone Health & Safety Guide)

Non-hydroquinone compounds such as kojic acid, arbutin, azelaic acid, retinoids, hydroxy acids etc. have usually a lower efficacy.[4]

Why Cyspera®

Cyspera® is the novel intensive pigment corrector formulated with Cysteamine to address the appearance of discolouration, even skin tone and improve overall complexion. Naturally present in human skin cells, Cysteamine physiologically regulates melanin in the skin. For the first time Cysteamine is applied in a topical pigment corrector: Cyspera®

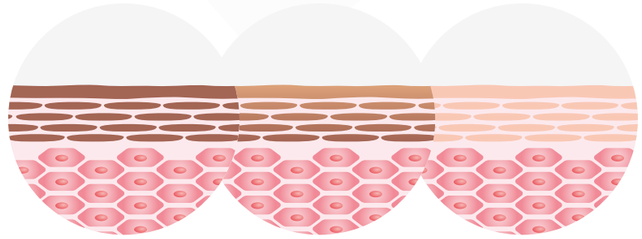
- **Significant pigment correction**
  67% melamin index reduction in pigmented lesions[2]
- **Superior benefit / risk ratio**
  compared to all other pigment correcting agents[4]
- **Highly biocompatible & well tolerated**
  90% user & 100% investigator satisfaction[5]
- **Non-cytotoxic, non-carcinogenic**
  free of hydroquinone, retinoic acid, corticosteroid[4]

67%

melanin index reduction in pigmented lesions[2]

90%

of users noticed moderate to significant improvements[5]



Week 0	Week 8	Week 16
Pigmented lesions	Initial correction	Corrected Pigmentation
Melanin pigment correction after cysteamine application[2]	-53%	-77%

Considerable efficacy
Hsu et al (2013) Journal of the American Accademy of Dermatology 68 (4,1) AB189, P6024

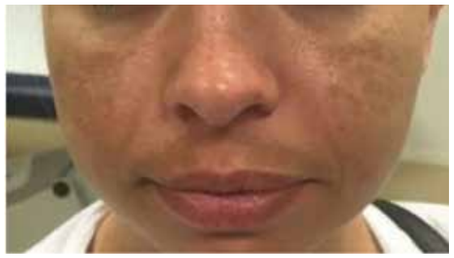
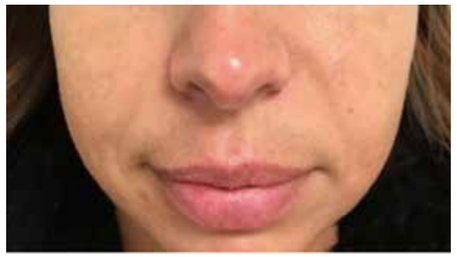
Significant efficacy both by investigators' and patients'assessment
Mansouri et al (2015) British Journal of Dermatology 173 (1) 209–217

Higher pigment correction compared to all other agents
Kasraee (2017) 23rd International Pigment Cell Conference in Denver Co, USA

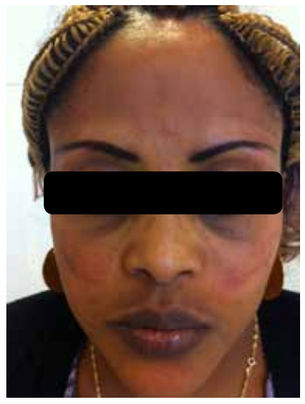
Superior benefit / risk ratio compared to all other agents
Goorochurn (2017) 26th Meeting of the EADV, Geneva, Switzerland

Significant efficacy in reducing melanin
Farshi et al (2018) Journal of Dermatological Treatment, 29 (2) 182–189

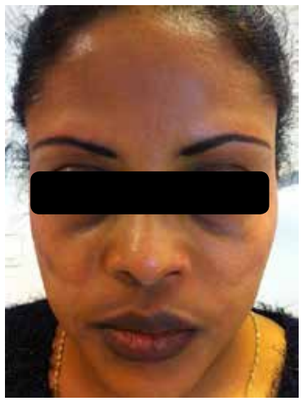
Clinical cases of
Facial Pigmentation

Results after 8 weeks. 15 minutes daily application of Cyspera®
on facial pigmented marks. © CDC Geneva 2017

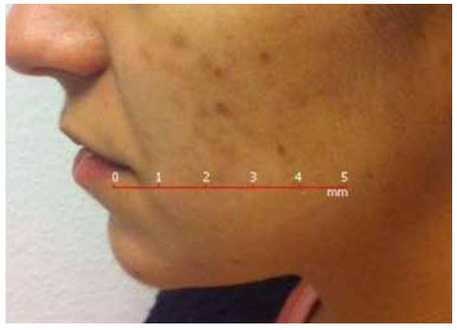


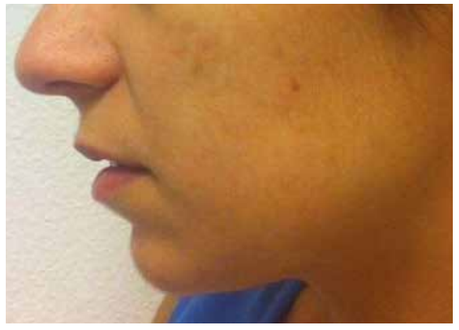
Subject under Kligman's formula treatment (Pigmanorm cream) for the past 3 years.



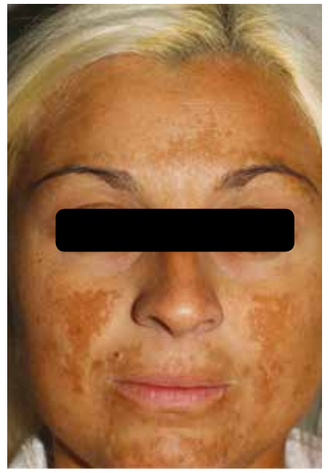
Discontinuation of Kligman's formula and switching to Cyspera®. Results after 16 weeks.

Results after 5 years twice weekly maintenance on Cyspera®.
Case published[6].





Results after 8 weeks. 15 minutes daily application of Cyspera®
on pigmented marks post acne. © CDC Geneva 2015



Before

After

Results after a 4 weeks combination protocol:
- In-office procedures: Full face microdermabrasion, 5% hydroquinone peel-off mask and Cyspera®
- Intensive phase of Cyspera® (15 min, evening) and 15% azelaic acid (morning for 4 weeks
- Maintenance phase: Cyspera®

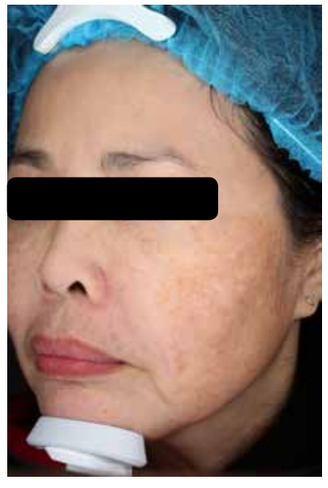
Case published[7].
Courtesy © Dr. Leonardo Marini SDC, 2019

Before

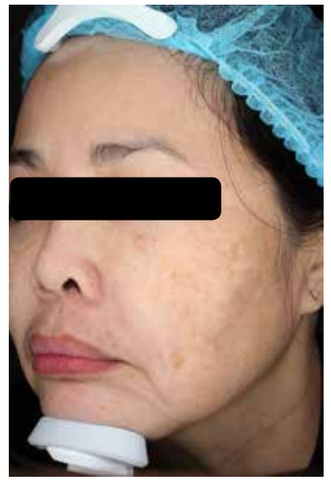
After

Results after 16 weeks.
15 minutes daily application of Cyspera®
on facial pigmented marks.

Courtesy © Dr. Huang 20 Skin 四季診所, 2019



Before



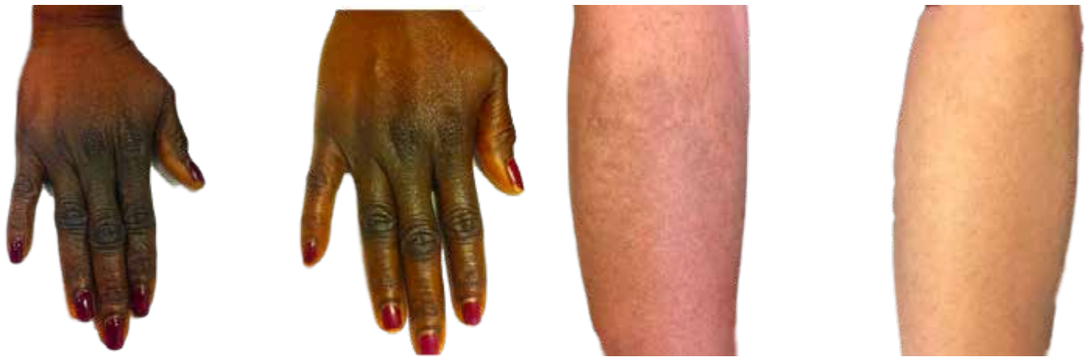
After

Results after 16 weeks.
15 minutes daily application of Cyspera®
on facial pigmented marks.

Courtesy © Dr. Joyce Lim, 2019

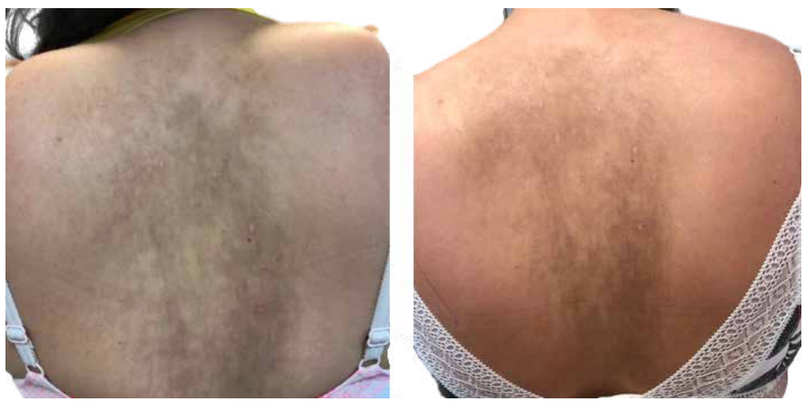
Clinical cases of
Pigmentation Concerns

Results after 19 days. 15 minutes daily application of Cyspera® on discolouration of the lips. © CDC Geneva 2018



Results after 12 weeks. 15 minutes daily application of Cyspera® on pigmented marks of the knuckles.

Results after 12 weeks. 15 minutes daily application of Cyspera® on pigmented marks of the fore-harm.



Results after 8 weeks. 15 minutes daily application of Cyspera® on pigmented marks of the back. © CDC Geneva 2018

Instruction for use
Short-Contact Application

Intensive phase: Once per day, everyday, for 16 weeks.

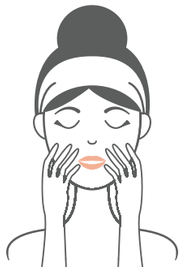
Maintenance phase: Apply once per day, twice-weekly to maintain results long-term.

1
On a rested skin

Do not wash the skin before application. If it is necessary to wash the area, wait for one hour before application.

2
15 minutes

Apply a thin layer on the skin. Leave on for 15 minutes (a warming sensation or mild tingling may occur and last up to 30 minutes).



3
Wash off

Remove by washing the area with a gentle cleanser. Gently pat the area dry.

4
Moisturise

Apply moisturiser. Maintain skin hydration during the day.

Optimal Results: Daily use of a broad spectrum sunscreen with SPF 30 or higher is highly recommended.

Caution: For external use only. Avoid contact with eyes. Discontinue use and ask a doctor if signs of irritation appear. Keep out of reach of children. Do not use if you are pregnant, lactating or planning to become pregnant. Do not use if you or someone in your immediate family suffers from vitiligo.

Science behind
Cysteamine

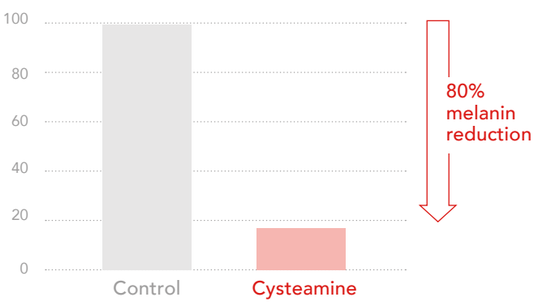
In the 60s, cysteamine was discovered to be significantly stronger than hydroquinone in vivo

In 1966, Dr. Chavin injected Cysteamine into black goldfish skin and observed significant pigment correction.

In 1968, Drs. Frenk, Pathak and Bleehen observed that cysteamine is significantly stronger than hydroquinone in vivo.

Its instability prohibited its formulation as a topical product.[1]

Interest in cysteamine resumed as concerns over the toxicity of hydroquinone emerged



In 2000, Dr. Qui investigated the pigment correcting effect of cysteamine in vitro which resulted in 80% reduction of melanin in vitro.[7]

In 2012, Scientis developed a new technology enabling topical use of cysteamine

The new technology significantly increases cysteamine stability and reduces its odor. Topical cysteamine was formulated.

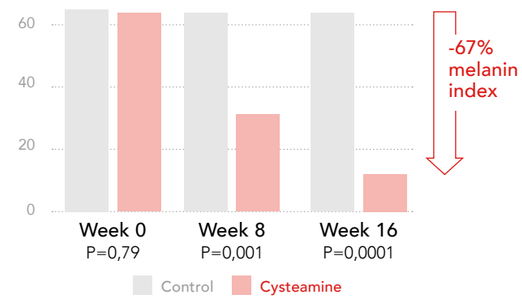
In 2013, a first case series gave clues about the significant efficacy. Dr Hsu presented first cases on 30 subjects and reviewed existing research results.[1]

Considerable efficacy
Hsu et al (2013) Journal of the American Accademy of Dermatology 68 (4,1) AB189, P6024

Published
Clinical Results

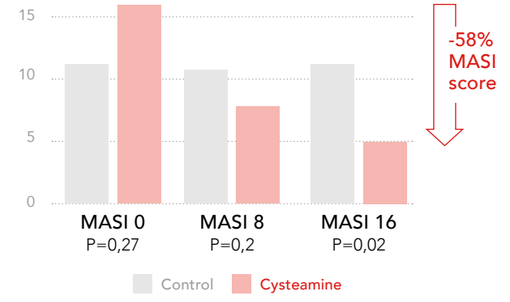
67% melanin index reduction

after 16 weeks measured by Mexameter[2]



58% MASI score reduction

after 16 weeks[2]



In 2015 in the British Journal of Dermatology Dr. Mansouri published the first first double-blind, randomized, vehicle-controlled clinical study on 50 subjects.

The study demonstrated significant efficacy of cysteamine.

Measurements indicated 67% melanin index reduction by mexameter, and 58% MASI score reduction.[2]

The study was awarded the Heinz Maurer Award 2017 for Skin Surface Research in Ethnic Population.

In the Journal of Cosmetic Dermatology Dr Kasraee also reported the significant response to cysteamine in subjects resistant to Kligman's formula.

The conclusion was superior efficacy of cysteamine compared to all other alternatives.[4 7]

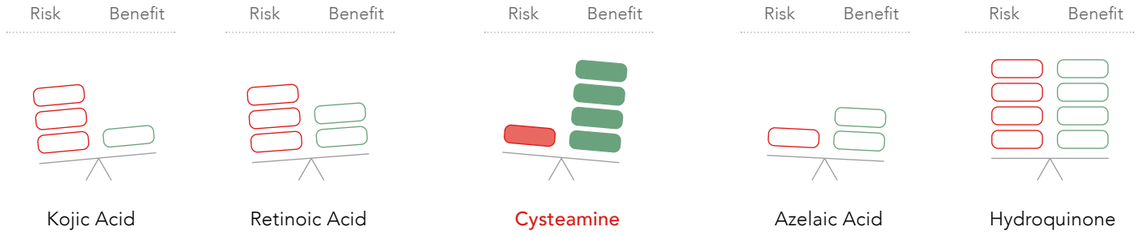
90% of patients noticed moderate to significant improvements[5]

In 2018, Dr Farshi confirmed the significant effectiveness of cysteamine and concluded on the significant efficacy both by Investigator's and patients' assessment in another double blinded vehicle control study, published in the Journal of Dermatological Treatment.[5]

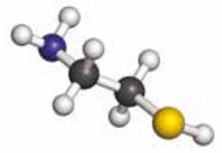
	Investigator's Global Assessment		Patient's Viewpoint on Efficacy	
No effect	0%		10%	
Moderate	45%	100%	40%	90%
Significant	55%		50%	
Complete	0%		0%	

Excellent
Safety Profile

Cysteamine is safe and has proven a superior benefit / risk ratio[4]



Cysteamine



Cysteamine is the simplest aminothiol physiologically produced in human cells. It is one of the strongest antioxidants and reduces dark melanin pigments in the stratum corneum through antioxidant effect.

Hydroquinone

Hydroquinone is a biphenolic agent that produces pigment correction through melano-toxicity

	Cysteamine	Hydroquinone
Origin of molecule	Human biological	Non-human biological
Benefits	High efficacy No photosensibility Biocompatible & well tolerated Anti-oxidation	High efficacy
Undesirable effects	Mild irritation (when not used as per instruction)	Rebound Ochronosis Dark skin patch depigmentation
Safety	Non-cytotoxic Non-mutagenic Non-carcinogenic Non-photosensitizer	Melano-cytotoxic Mutagenic Carcinogenic Photosensitizer

Non-significant
Undesirable Effects

No significant undesirable effects, other than redness, dryness or irritation of the skin are reported. A burning sensation and mild redness might occur immediately after application, and it will usually disappear after 30 minutes. This is a normal reaction and may happen during the first few days of application.

After 6 weeks of application of cysteamine, the risk of skin irritation reduces considerably (skin hardening), and higher exposure times are usually well tolerated (although it is not necessary to increase the exposure time). There is no limit for the long-term use of cysteamine.

Undesirable effects are very low when the protocol is respected[5]

	None	Mild	Moderate	Severe
Dryness	80%	20%	0%	0%
Erythema	65%	20%	15%	0%
Irritation	80%	15%	5%	0%
Itching	75%	25%	0%	0%
Burning	75%	15%	10%	0%
Dyspigmentation	100%	0%	0%	0%

Undesirable effects happen when:

- The face is washed just before the application (minimum 1h interval to be respected)
- Long exposure times
- Concomitant use with other topical products

Undesirable effects become very rare if:

- 15 minutes of exposure
- 1 hour interval between washing and application
- Adequate moisturization after removing the cream

If undesirable effects occur, contact your distributor to learn how to manage such effects.

CAUTION

For external use only. Avoid contact with eyes. Do not use if you are pregnant, lactating, or planning to become pregnant. Do not use if you or somebody in your immediate family suffers from vitiligo. Keep out of reach of children.

Protect product: Store at room temperature 15° - 30°C (59°-86°F). Do not remove and store outside the original airless container. Manufactured by Scientis SA, Avenue de Sécheron 15, 1202 Geneva, Switzerland.

PRODUCT COMPOSITION

Cyspera® contains 50g of a 5% topical formulation of cysteamine hydrochloride.
Aqua, Paraffinum Liquidum, Cysteamine HCL, Niacinamide, Butyrospermum Parkii (Shea Butter), Lecithin, Glyceryl Stearate, Isopropyl Myristate, Cetyl Alcohol, Ascorbyl Palmitate, Ceteareth-20, Sodium Ascorbyl Phosphate, Octyldodecanol, Phenoxyethanol, Ethylhexylglycerin, Propylheptyl Caprylate, Ceteareth-12, Cetearyl Alcohol, Cetyl Palmitate, Parfum, Xanthan Gum, Peg-30 Dipolyhydroxystearate, Tocopherol, Cera Alba, BHT, Tetra Sodium EDTA, Hexyl Cinnamic Aldehyde, Linalool, Geraniol.

References: (1) Hsu et al (2013) J. American Acc. Dermatol. 68 (4,1) AB189 P6024; (2) Mansouri et al (2015) British J. Dermatol. 173 (1) 209–217; (3) Kasraee (2017) 23rd International Pigment Cell Conference, Denver Co USA; (4) Goorochurn (2017) 26th Annual Meeting EADV, Geneva Switzerland; (5) Farshi et al (2018) J. Dermatol. Treatment 29 (2) 182–189; (6) Kasraee et al (2018) J. Cosmetic Dermatol. DOI: 10.1111/jocd.12837; (7) Qui L. et al J. Invest Dermatol. 2000 Jan 114(1):21-7

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Dr. Jennifer David, D.O., Board Certified Dermatologist.

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