



CLINICAL BENEFITS OF

# Oat for Oncology Patients

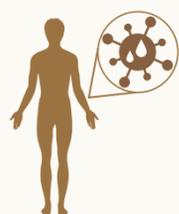


Dermatologic side effects are among the most frequent unexpected side effects of cancer treatments.

Targeted therapies are associated with a lower incidence of systemic adverse events, but a higher incidence of dermatological AEs - including acneform rash and pruritis.<sup>3</sup>



Reported to be as high as 90% for some systemic cancer therapies.<sup>1-2</sup>



Skin toxicities can have a dramatic negative impact on QOL and overall success of treatment therapies.<sup>3</sup>

Skin toxicities often lead to dose reductions or even discontinuation of cancer therapy, with impact on the disease outcome.<sup>3</sup>

Oat has many beneficial properties to the skin, beyond moisturization.

The clinical benefits of oat have been demonstrated through extensive research across diverse patient populations and clinical applications. Oat forms an occlusive barrier to protect and hold moisture in the skin contributing to the skin's barrier integrity, soothing itchy, dry skin.

Healthy skin is characterized by an intact barrier, lack of inflammation and a diverse microbiome.

Latest scientific research has shown that oat and key elements of oat can improve skin's pH, help increase endogenous ceramides\*, has strong anti-inflammatory and anti-oxidant properties and acts as a skin prebiotic.

\* in vitro



## Independent Published Studies

Clinical research studies have shown that oat can help address skin adverse events associated with various oncology treatments.



Effectively controlled rash associated with epidermal growth factor receptor EGFRIs and multiple tyrosine-kinase inhibitors in 100% of participants allowing for the continuation of antineoplastic therapy.<sup>4</sup>

“The fact that a simple topical agent could produce such spectacular benefit where more complex therapies have failed is important to highlight.”<sup>5</sup>

Shown to be an effective skincare approach in radiotherapy.<sup>6</sup>



First study to recognize the benefits of colloidal oatmeal in the treatment of radiation-induced skin reactions.



of participants perceived improvements in comfort and soothing of skin reactions

## New Pivotal Study

Clinically proven well-tolerated and effective on the distressed, dry skin of adult oncology patients<sup>7</sup>

### Purpose

To evaluate the safety and efficacy of a colloidal oatmeal skin care regimen in the management of mild to moderate xerosis and/or pruritus in adult oncology patients undergoing systemic cancer treatments.

### Design



52 patients

aged 18-75 years with solid or hematologic tumor either undergoing or completed therapy exhibiting Common Terminology Criteria for Adverse Events (CTCAE) Grade 1 or 2 (mild to moderate) xerosis ( $\mu=1.5$ ) and/or pruritus ( $\mu=0.9$ ) as a side effect of their cancer treatment.

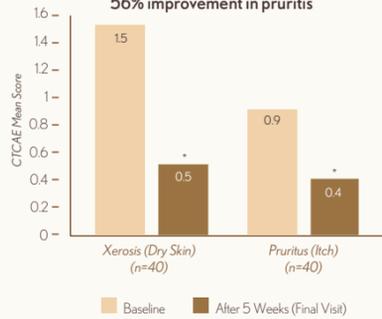
• 5 week study of an Oat regimen of body wash, cream and 0.5% Pramoxine HCl balm.

• Baseline patient skin characteristics including skin hydration and barrier properties were evaluated revealing a dry skin state with an impaired moisture barrier.

## Results

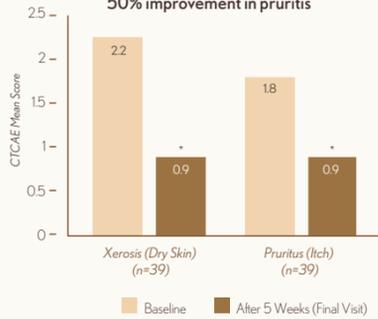
### Dermatologist Assessed Improvement in Xerosis & Pruritus

67% improvement in xerosis  
56% improvement in pruritis



### Patient Assessed Improvement in Xerosis & Pruritus

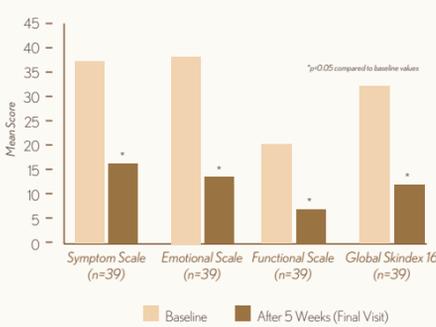
59% improvement in xerosis  
50% improvement in pruritis



### Quality of Life Index (QOL) Skindex-16 Scores

Global Index and Individual Subscales

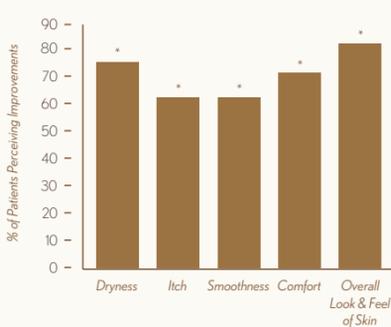
63% improvement in Global QOL scores



Study participants saw significant improvements as early as 2 weeks

Self Assessments at 2 Weeks

p<0.05 compared to baseline values



“Comforted my delicate skin and provided soothing relief.”



saw improvement in the overall look and feel of their skin at 5 weeks



The regimen was well tolerated with no serious product-related adverse events

### REFERENCES

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6. Rudge, R. (2016). Colloidal oatmeal emulsion as an alternative skincare approach in radiotherapy: A feasibility study. Journal of Radiotherapy in Practice, 15(4), 322-333. doi:10.1017/S1460396916000315  
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