

# Survey on the use of Dermylex<sup>®</sup> for psoriasis related symptoms

by

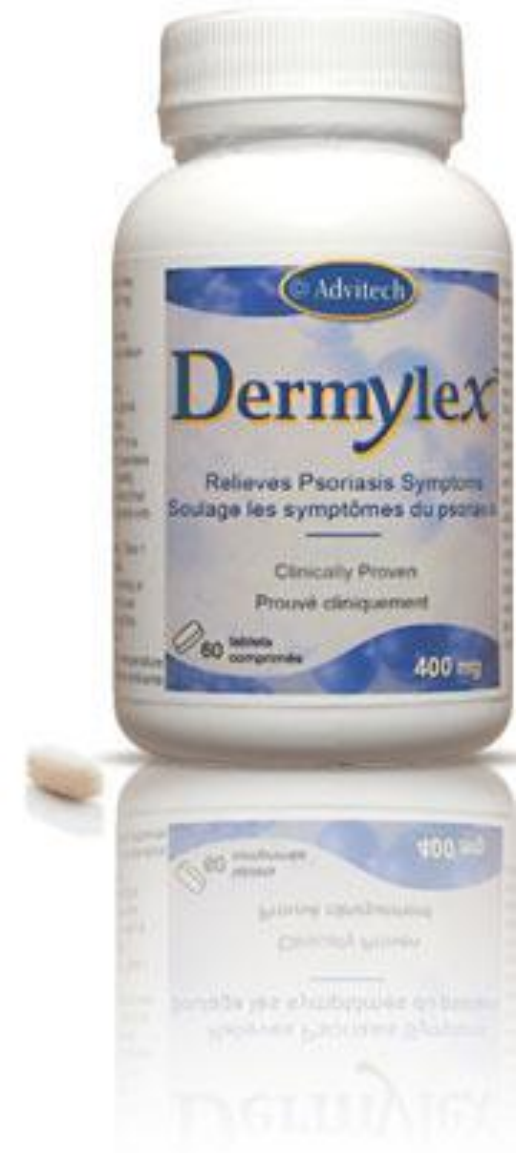
**Advitech**

October 2008

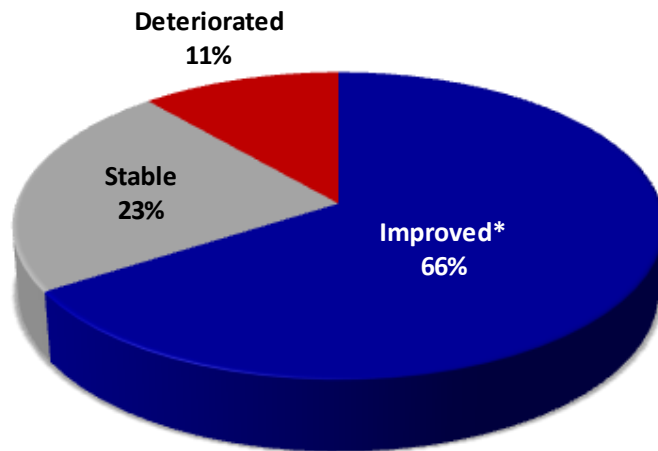
Advitech has been conducting a survey regarding the efficacy of Dermylex® when used **alone** or when used as an **adjuvant therapy** in concomitance with a topical cream usually used to treat psoriasis.

Patients were asked to use Dermylex® for a minimum of 2 months and rate the effectiveness of Dermylex® using a questionnaire developed by Advitech (see Annex I). Patients were asked to respect the posology of 2 tablets of 400 mg per day.

This update represents the data cumulated for **85 patients** since November 2006.

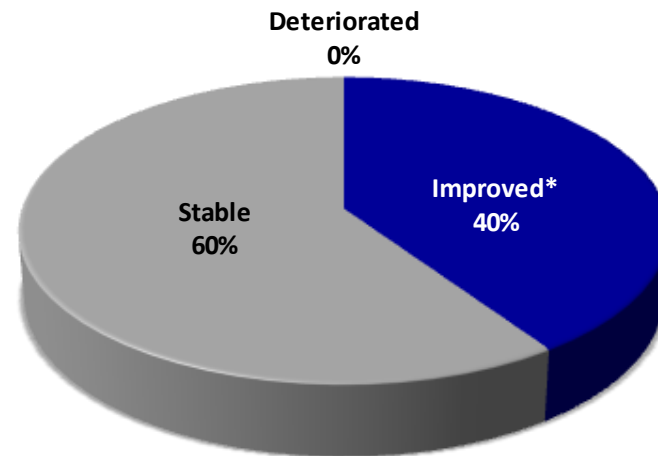


### Psoriasis Intensity when Dermylex is used alone (n=43)



Data represent the % of patients  
\*Average improvement of 42%

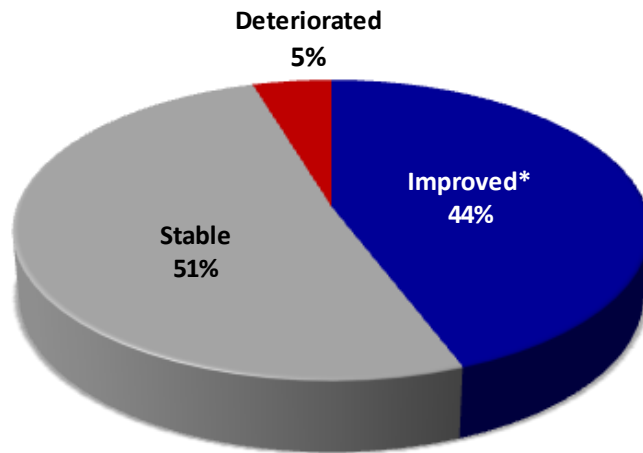
### Psoriasis intensity when Dermylex is used as an adjuvant therapy (n=42)



Data represent the % of patients  
\*Average improvement of 28%

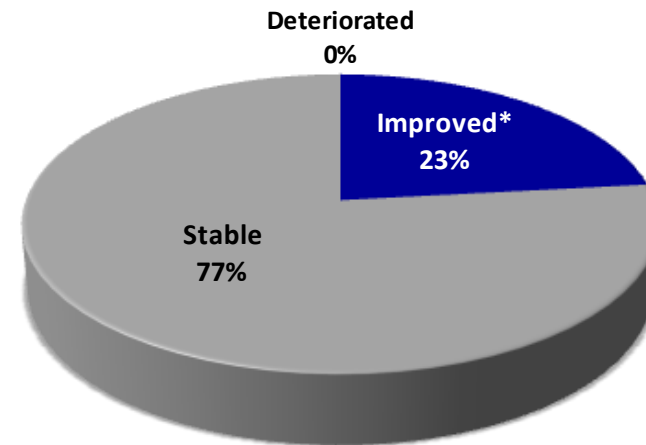
- *The % of deterioration of psoriasis intensity is less when Dermylex is used as an adjuvant therapy*
- *The % of improvement of psoriasis intensity is better when Dermylex is used alone*

### Itching sensation with Dermylex used alone (n=43)



Data represent the % of patients  
\* Average improvement of 43%

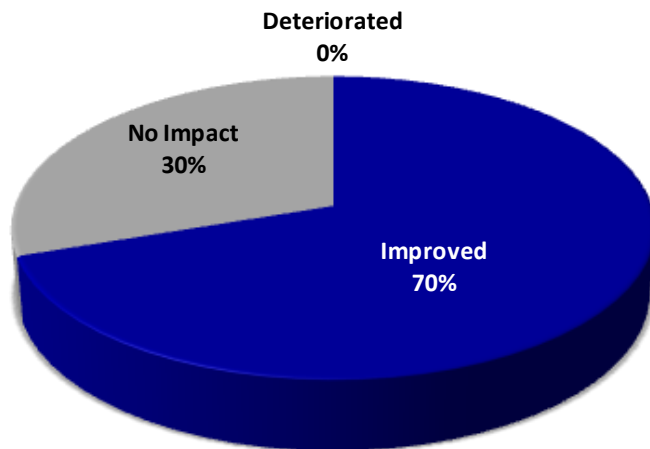
### Itching sensation with Dermylex when used as an adjuvant therapy (n=42)



Data represent the % of patients  
\* Average improvement of 30%

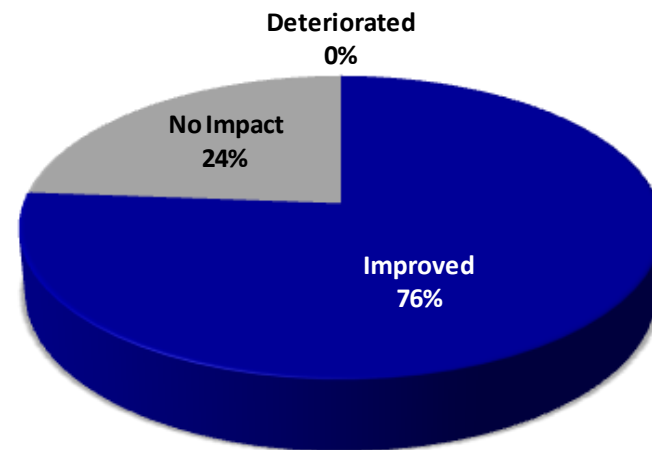
- *The % of improvement of itching sensation is better when Dermylex is used alone*
- *The % of deterioration of itching sensation is better when Dermylex is used as an adjuvant therapy*

### Impact of Dermylex on Quality of Life when used alone (n=43)



Data represent the % of patients

### Impact of Dermylex on Quality of Life when used as an adjuvant therapy (n=42)



Data represent the % of patients

- *Although the efficacy of Dermylex is better when used alone, the quality of life index is better overall when Dermylex is used in concomitance with a topical product*
- *This probes the strategy to offer eventually a treatment and a line of product combining an oral and topical solution*



## POST-MARKETING QUESTIONNAIRE

Advitech conducts a post-marketing consumer survey on Dermylex™. We are looking to increase our database with your feed-back and comments, as our clinical studies were evaluating Dermylex's effects, alone without any co-therapy, for a 112 days basis. To share your experience with Dermylex™ with us, please fill out this questionnaire or download it (in PDF format) from the Dermylex™ website at [http://www.dermylex.com/en/e\\_moignages.php](http://www.dermylex.com/en/e_moignages.php).

Full name : _____	YEAR of birth : _____	Sex : <input type="checkbox"/> M <input type="checkbox"/> F
Address* : _____ (Required for delivery of the free bottle)	E-mail* : _____ (Do you want to be added to our list? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Weight: _____ <input type="checkbox"/> Kg <input type="checkbox"/> lbs
Starting date of use: _____	Last date of use: _____	Height: _____ <input type="checkbox"/> m <input type="checkbox"/> ft

\* Optional information

- I authorize Advitech inc. to anonymously use the answers on this questionnaire.  Yes  No  
 I authorize Advitech inc. to contact me if Advitech inc. needs to use these answers for other means.  Yes  No

### A- BEFORE DERMYLEX™

1- Which treatments (creams, phototherapy, dietary supplements, etc.) do you usually use to relieve your psoriasis symptoms?	<input type="checkbox"/> None <input type="checkbox"/> Cream (which one?): _____ <input type="checkbox"/> Oral (which one?): _____ <input type="checkbox"/> Others: _____
2- For any other answer than "None" to question 1, for how long are you using these treatments? At which frequency? In which quantity?	Duration: _____ Frequency: _____ Quantity used: _____
3- What is your overall satisfaction with these treatments? (Encircle your answer)	1 2 3 4 5 6 7 8 9 10 Not much <span style="float: right;">Very satisfied</span>
4- Quantify your psoriasis plaques before using Dermylex™. (Encircle your answer)	1 2 3 4 5 6 7 8 9 10 Not much <span style="float: right;">A lot</span>
5- Quantify your itching intensity before using Dermylex™. (Encircle your answer)	1 2 3 4 5 6 7 8 9 10 Not much <span style="float: right;">A lot</span>
6- Why have you chosen to use Dermylex™? (You can check more than one choice)	<input type="checkbox"/> Previous treatments lacked efficacy <input type="checkbox"/> Looking for a adjuvant treatment <input type="checkbox"/> Looking for an easy to use treatment <input type="checkbox"/> Looking for a safe treatment <input type="checkbox"/> Looking for a natural treatment <input type="checkbox"/> Others: _____

Patient's initials: \_\_\_\_\_

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## POST-MARKETING QUESTIONNAIRE

### B- DERMYLEX™ USAGE

	After _____ bottles (_____ months)	After _____ bottles (_____ months)
7- Did you follow the recommended daily dosage of 2 tablets of 400mg / day? If not, which dose have you used?	<input type="checkbox"/> Yes <input type="checkbox"/> No, dose : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No, dose : _____
8- Did you interrupt your consumption of Dermylex™ for more than 5 consecutive days? If yes, for how long and why?	<input type="checkbox"/> Yes : _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes : _____ <input type="checkbox"/> No
9- Have you used other topical medication against psoriasis (Dovonex, Dovobet, Tazorac...), while taking Dermylex™?	<input type="checkbox"/> Yes, which one: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, which one: _____ <input type="checkbox"/> No
10- Have you used other general medication against psoriasis (not mentioned in question 9) while taking Dermylex™ (phototherapy, oral, natural product...)?	<input type="checkbox"/> Yes, which one: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, which one: _____ <input type="checkbox"/> No
11- Quantify your psoriasis plaques <u>compare to before using Dermylex™</u> . (See question 4, encircle your answer)	1 2 3 4 5 6 7 8 9 10 Mild Severe	1 2 3 4 5 6 7 8 9 10 Mild Severe
12- Quantify your itching intensity <u>compare to before using Dermylex™</u> . (See question 5, encircle your answer)	1 2 3 4 5 6 7 8 9 10 Mild Severe	1 2 3 4 5 6 7 8 9 10 Mild Severe
13- Have you modified the frequency and/or the quantity of other topical treatments while taking Dermylex™ (Encircle your answer) (0 = no change)?	-5 -4 -3 -2 -1 0 1 2 3 4 5 Decreased Increased	-5 -4 -3 -2 -1 0 1 2 3 4 5 Decreased Increased
14- What is your overall satisfaction after using Dermylex™? (Encircle your answer)	1 2 3 4 5 6 7 8 9 10 Not much Very satisfied	1 2 3 4 5 6 7 8 9 10 Not much Very satisfied
15- Do you consider that Dermylex™ has contributed to improve your quality of life related to your psoriasis? (Encircle your answer)	-5 -4 -3 -2 -1 0 1 2 3 4 5 Decreased Increased	-5 -4 -3 -2 -1 0 1 2 3 4 5 Decreased Increased
16- Have you noticed any other positive and/or negative change when using Dermylex™ (e.g: sleep, appetite, skin aspect, etc)?	<input type="checkbox"/> Yes, which ones: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, which ones: _____ <input type="checkbox"/> No

Will you use Dermylex™ again?  Yes  No Why? \_\_\_\_\_  
 Do you regularly see a dermatologist for your psoriasis?  Yes, each \_\_\_ months  No, my family doctor  No, another professional  No, I deal with it alone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone\*: \_\_\_\_\_  
 \* Optional information

Please complete and return this questionnaire to: 1165, boul. Lebourgneuf, Suite 140, Quebec, Quebec, G2K 2C9  
 By Fax: 418-686-2446 By mail: [info@dermylex.com](mailto:info@dermylex.com). You can find the electronic version of the questionnaire at: [www.dermylex.com](http://www.dermylex.com)

Patient's initials: \_\_\_\_\_