

# Results From a 1000+ Subject Survey Assessing Satisfaction With a Hypothetical 1-Point Improvement on the Validated Patient-Reported Photonumeric Cellurite Severity Scale (PR-PCSS)

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# Author Disclosures



- Sabrina Guillen Fabi is a clinical study investigator for Endo Pharmaceuticals Inc.
- Jill Edgecombe is an employee of Endo Aesthetics LLC.
- Saji Vijayan is an employee of Endo Pharmaceuticals Inc.

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# Objective

- To determine if a **1-point improvement** on the Patient-Reported Photonumeric Cellulite Severity Scale (**PR-PCSS**) is a **clinically meaningful** outcome for women with buttock cellulite



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# Survey Participants and Participation

## Key Inclusion Criteria

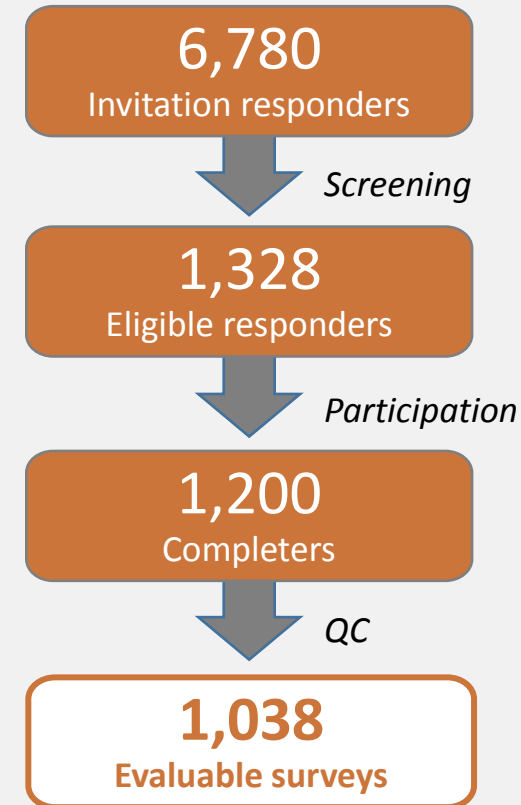
- Women aged 18-49 years
- BMI 18.5 to 32.0 kg/m<sup>2</sup>
- Self-identified as having “almost none” (PR-PCSS [1]) to “severe” (PR-PCSS [4]) buttock cellulite
- Self-identified as being at least “somewhat open” to receiving aesthetic treatment in a physicians' office

## Key Exclusion Criteria

- Have already received an aesthetic treatment in a doctor's office or medical spa to improve the appearance of cellulite
- Self-identified as having “no cellulite” (PR-PCSS [0]) on the buttocks
- Self-identified as having buttock cellulite that is more severe than a PR-PCSS score of 4

## Survey Participation

Conducted September 3–26, 2019



# Survey Assessments

1

Participants were first shown a panel of buttock images from the PR-PCSS and asked to select the baseline image that best represented the **current severity of their cellulite**

**Note:** PR-PCSS images were shown without labels or descriptors.



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2

Participants were then presented with their selected baseline image alongside the PR-PCSS scale panel image corresponding to a hypothetical 1-point PR-PCSS improvement and asked if they would be **satisfied with this level of improvement in cellulite appearance**

**Example.** *“Imagine that you experienced the following improvement...”*



Before Treatment  
(Baseline)



After Treatment  
(Hypothetical 1-pt  
PR-PCSS Improvement)

3

**Participants then completed (for each image):**

- Global Aesthetic Improvement Scale (GAIS)
- Body-Q<sup>®</sup> Appraisal of Cellulite Scale (16-item)
- Patient-Reported Cellulite Impact Scale (PR-CIS)
- Self-Rated Satisfaction Scale (SRSS)

...and were asked their likelihood of pursuing cellulite treatment


# Results: Baseline Cellulite Severity


**Participants (N=1,038)**

**Average Age** = 36.6 years  
**Average BMI** = 25.9 kg/m<sup>2</sup>

Included respondents with skin of color for a range of ethnic backgrounds **77.8%** white


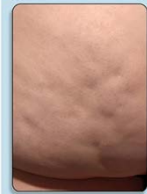


**Some participants had tried to treat their cellulite**

 **75.9%** had tried diet and exercise

**29.1%** had tried topical creams 

**Participants' Self-Identified Current Cellulite Severity Level\***

**Closest Matching PR-PCSS Image**

	<b>PR-PCSS 4 (severe)</b> <b>9.9%</b> (n=103)
	<b>3 (moderate)</b> <b>22.1%</b> (n=229)
	<b>2 (mild)</b> <b>37.3%</b> (n=387)
	<b>1 (almost none)</b> <b>30.7%</b> (n=319)

The majority of participants felt that the cellulite severity in the PR-PCSS image selected was similar to their own cellulite severity

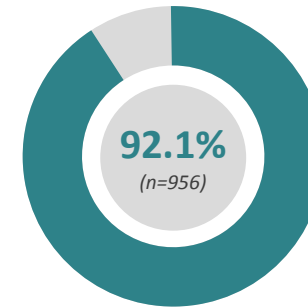
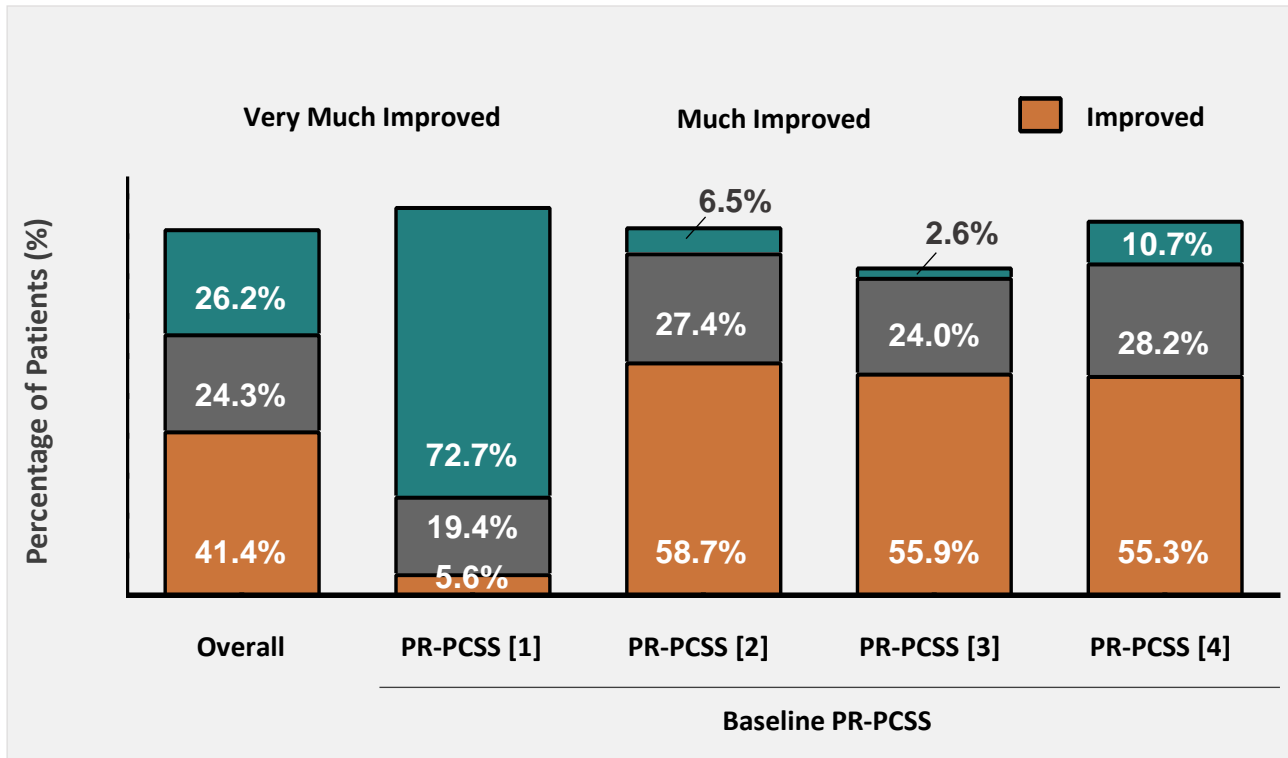
*Compared with the image selected, my actual cellulite severity is...*

Better	<b>4.0%</b> (n=42)
<b>Very similar</b>	<b>63.9%</b> (n=663)
Slightly worse	<b>25.1%</b> (n=261)
Worse	<b>6.9%</b> (n=72)

\*PR-PCSS images were shown without labels or descriptors.

# Results: Outcomes Associated With Hypothetical 1-Point PR-PCSS Improvement

## GAIS (Satisfaction)



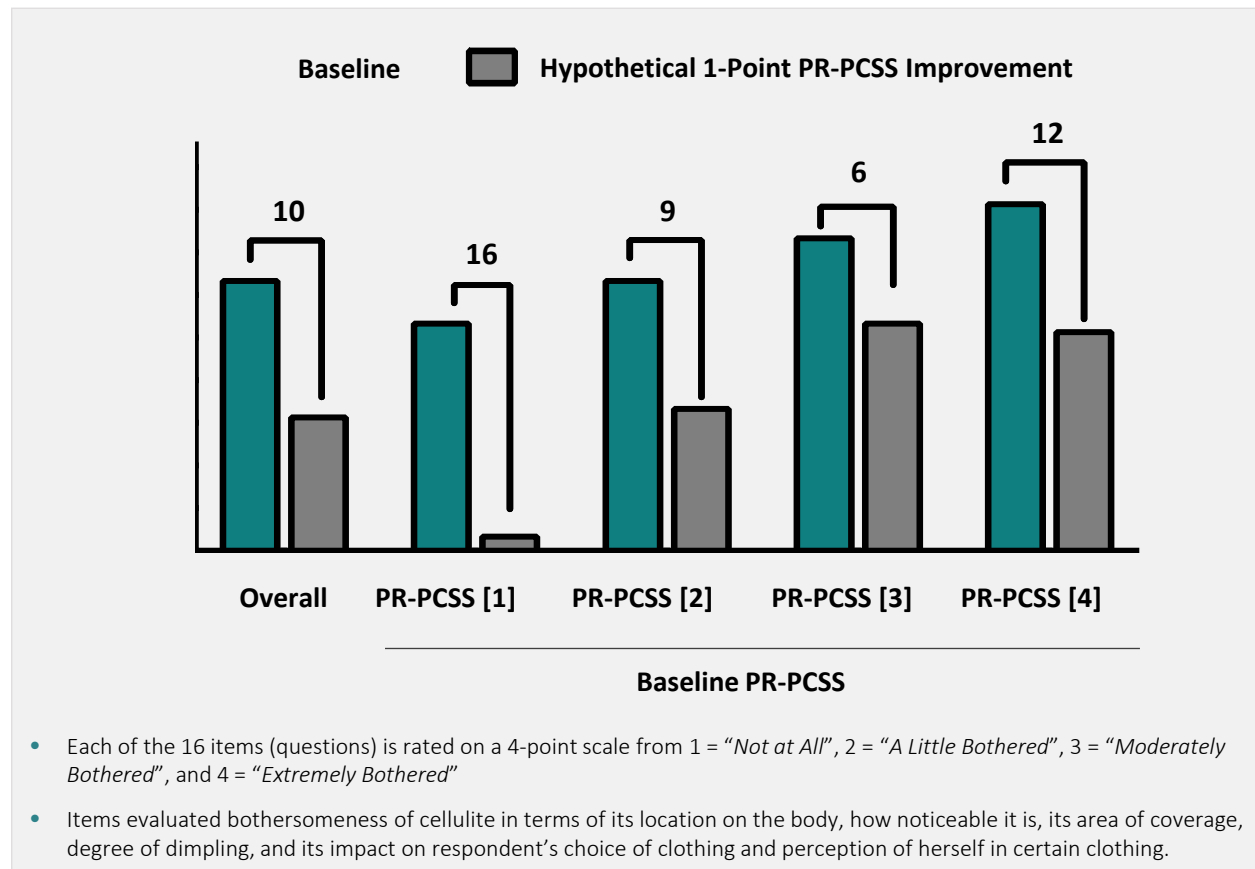
Would be “*satisfied*” with a 1-point PR-PCSS improvement, considering such a change to be a “*remarkable improvement*”

- Satisfaction was most pronounced for:
  - PR-PCSS [1]: **97.8%**
  - PR-PCSS [4]: **94.2%**
- Variability in satisfaction level suggests the need to **set appropriate patient expectations** (eg, what is perceived as cellulite may be due to non-cellulite–related pigment or texture issues)

# Results: Outcomes Associated With Hypothetical 1-Point PR-PCSS Improvement

## BODY-Q® Appraisal of Cellulite Scale (16 Items; Total Score Range: 0-48)

Higher score = higher *degree of bothersomeness due to the appearance of cellulite*



- Baseline median total score of 32.0
- A hypothetical 1-point PR-PCSS improvement would **decrease cellulite bothersomeness** to a median total score of 16.0
- The greatest median improvement in score was reported by
  - PR-PCSS [1]: **16-point reduction**
  - PR-PCSS [4]: **12-point reduction**

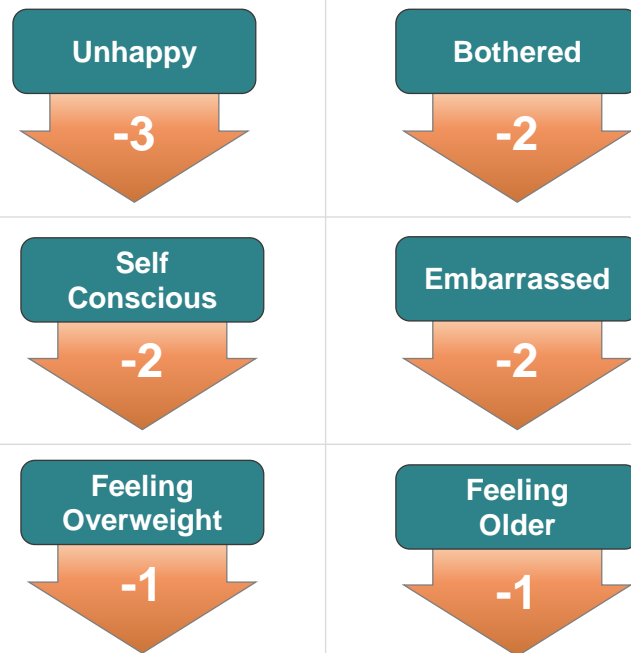


# Results: Outcomes Associated With Hypothetical 1-Point PR-PCSS Improvement

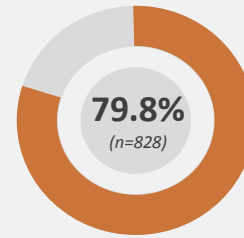
## Median Change in PR-CIS Score (Range: 1 to 10)

Cellulite has a negative impact on patient perceptions of appearance across subgroups

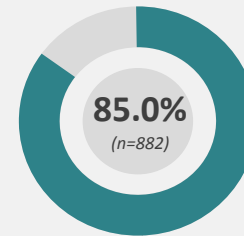
**Hypothetical PR-PCSS 1-point improvement = PR-CIS score improvements overall and across baseline PR-PCSS subgroups**



## Change in SRSS (Range: -3 to 3)



At baseline, were at least “*slightly dissatisfied*”, “*dissatisfied*”, or “*extremely dissatisfied*” with the actual appearance of their cellulite



Would be “*extremely satisfied*”, “*satisfied*”, or “*slightly satisfied*” with a hypothetical 1-point PR-PCSS improvement

29.8%  
*Satisfied*  
(n=309)

29.5%  
*Slightly Satisfied*  
(n=306)

25.7%  
*Extremely Satisfied*  
(n=267)

40.1%  
*Reported a >4-point improvement in satisfaction (n=416)*

66.1%

Of PR-PCSS [1] subgroup would be *extremely satisfied* with a 1-pt PR-PCSS improvement

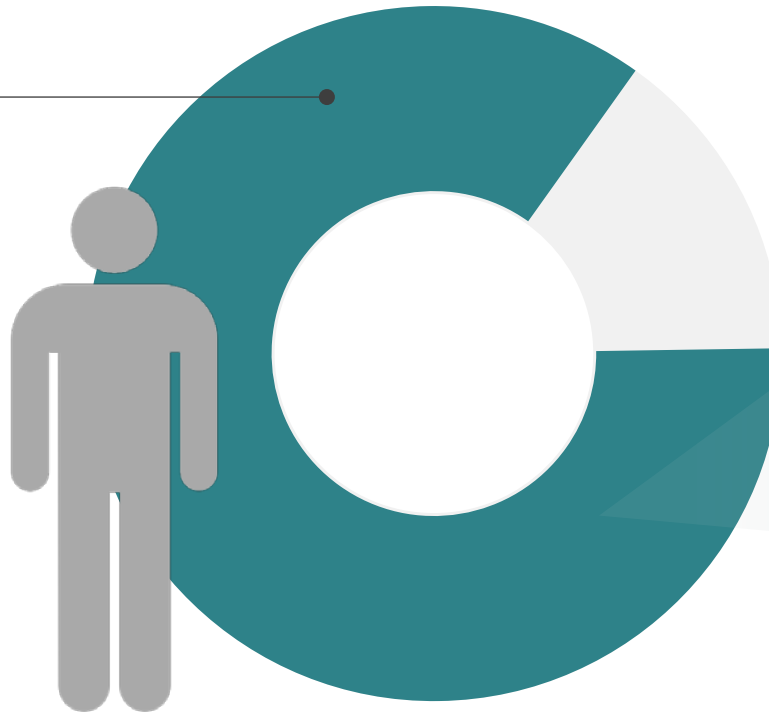
# Results: Outcomes Associated With Hypothetical 1-Point PR-PCSS Improvement

## Likelihood of Pursuing Cellulite Treatment

**84.3%**

Would be *“Somewhat”* or *“Very Likely”* to seek treatment in a physician’s office or medical spa if a 1-point PR-PCSS improvement is sustainable for 6 months

(n=875)



***“Very Likely”***

PR-PCSS [1]: **64.6%**

PR-PCSS [4]: **60.2%**

# Conclusions



- **PR-PCSS** can be used to assess **clinically meaningful change** in the study of cellulite
- Hypothetical, 1-point PR-PCSS improvement = **improved GAIS, BODY-Q, PR-CIS,** and **SRSS scores**, as well as a **high likelihood to seek treatment** at a physician's office/medical spa
- Perceptions of improvement **occurred in all PR-PCSS subgroups**; however, PR-PCSS [1] and [4] subjects are more likely to be satisfied
- The lack of complete satisfaction for patients where a hypothetical, 1-point PR-PCSS improvement results in "*no cellulite*" highlights the **need for patient education** and **expectation setting** (eg, differentiating cellulite from skin texture abnormalities)

# Thank you!



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