

COSMETIC PHYSICIANS SOCIETY of AUSTRALASIA INC



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12th May 2010

Dr Sharron Phillipson
President
Australasian Society of Cosmetic Medicine
Suite 1, Ground Floor
26 Ridge Street
NORTH SYDNEY NSW 2060

Dear Dr Phillipson,

Re: Scheduling of 5-aminolevulinic acid

I wrote to you in November last year requesting your support for a public health and safety campaign concerning the possible dangers that surround the use of 5-ALA by non-medical personnel and courses promoting photodynamic therapy (PDT) for beauty therapists.

Further to that letter, I am pleased to inform you that the Therapeutic Goods Administration is now considering scheduling 5-aminolevulinic acid, its derivatives and related compounds as one way of limiting the risks of harm arising from its use by non-medical personnel.

The CPSA's main concerns are

- PDT is generally conducted by doctors to treat precancerous and some forms of cancerous skin lesions^(1, 2, 3). Beauty therapy training does not provide the individual with the ability to correctly examine, diagnose or treat advanced sun-damaged skin; and the ability to biopsy for histopathological diagnosis of suspicious lesions before the appropriate treatment is prescribed is not within the beauty therapy skill base^(6,7,9,10,11,12,13);
- PDT is being promoted for treatment of sun-damaged skin within the beauty therapy profession without the relevant medical and clinical guidelines. In Australia there is a distinct possibility of pre-cancerous and cancerous lesions being present.^(1,2,4,9,10,11,14,15) Of particular concern is the central face region where lesion malignancy is a known high risk^(3,4,5,8,10,14);
- PDT is not a comfortable experience at therapeutic levels. The CPSA is duly concerned about aftercare, follow up and pain management for those individuals who undergo this treatment in this environment;
- The application of PDT-type procedures may not be appropriate for the "skin condition" being treated due to inaccurate diagnosis;
- Treatment in a beauty therapy environment may lead the patient to believe they are adequately treated for their sun-damage, which in turn may lead to a false sense of security and delayed presentation to a medical practitioner. Correct diagnosis and treatment may then require a more involved medical +/- surgical intervention perhaps with now-necessary mutilation and increased overall health care costs. For example, if patients have consulted www.treatskincancer.com.au they may expect they are receiving the same standard of treatment due to the terminology used to promote this treatment in a beauty therapy environment;
- There are currently no advertising restrictions applying to beauty therapists which are equivalent to those imposed on the medical profession. This may lead to a series of false or exaggerated treatment claims, further enticing and confusing the individual considering such treatments.

It would greatly assist if you were to register your views with the TGA in advance of the deadline for submissions, 26th May. Correspondence should be addressed to:

Dr Ruth Lopert
Chair, NDPSC
Therapeutic Goods Administration

PO Box 9848
Canberra ACT 2601
www.tga.gov.au/ndpsc/meetings.htm

Please do not hesitate to contact me if you have any queries.

Yours sincerely,



Dr Gabrielle Caswell
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Dip. Practical Dermatology (Cardiff, Wales)
President

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