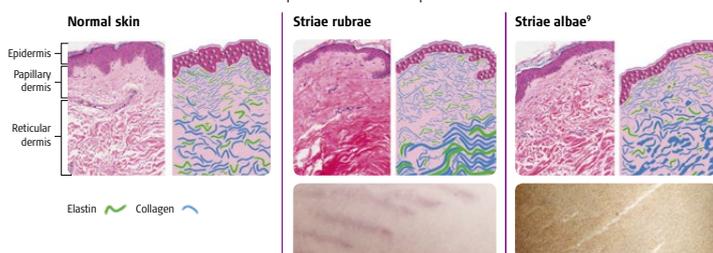
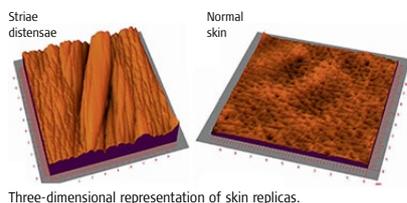


# New clinically proven medical product for prevention and treatment of striae distensae

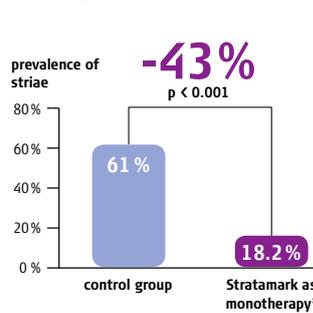
Striae distensae, or stretch marks, are common linear atrophic scars that have several different classifications: striae distensae (SD) is the generic term for stretch marks, striae rubra (SR) describes early red scarring that occurs in the epidermis, striae alba (SA) describes the stretch marks as they become mature, whiter and depressed, and striae gravidarum (SG) describes stretch marks that occur due to pregnancy. Stretch marks are two and a half times more likely to develop in women and the prevalence of SG ranges between 50-90%, with most control groups showing between 65% and 70% developed during pregnancy.<sup>(1-4)</sup> They can appear anywhere except the face, palms and soles of the feet.<sup>(5)</sup> In pregnancy, SG generally start in the second trimester and most frequently affects all four quadrants of the abdomen, as well as the breasts. They appear less commonly on the buttocks, hips, arms and thighs.<sup>(1,2)</sup> In males, the most common sites for stretch marks are the outer aspects of the thighs and the lumbosacral region, whilst for females the thighs, upper arms, buttocks and breast are the most common sites.<sup>(4)</sup>

Whilst stretch marks are not detrimental to one's physical health, fresh scarring can result in itchiness, tenderness and pain. Case studies report they may lead to a persistent feeling of inferiority and even precipitate serious depression states, especially in teenagers<sup>(5)</sup> and those individuals who experience large extensive scarring.

Microscopically, SD are scars with a thin, flattened, atrophic epidermis and flattening of the rete ridges. The pathogenesis of SD is still not fully understood, but most authors agree that there are definitive changes in the extracellular matrix, especially changes in collagen, elastin and fibrillin.<sup>(5,6,7)</sup> Gene expression studies have suggested that SD skin shows decreased fibroblast metabolism compared to normal skin, with decreased levels of collagen, elastin and fibronectin gene expression<sup>(5,6,7)</sup>.

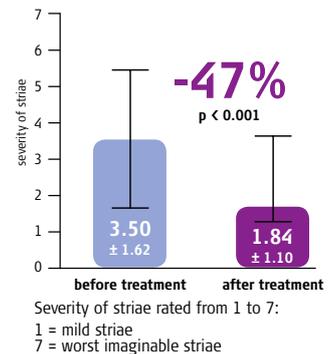


## Results – prevention



Malkova, S. NEUMM 2014;1-4.<sup>8</sup>

## Results – treatment



## Treatments

Treatments for the reduction and prevention of SD include phototherapy, laser therapy, pulsed light therapy, topical tretinoin and various other hydrant creams, oils and herbal remedies. Hundreds of products are available on the market claiming to improve stretch marks with no clinical trials or proof of efficacy. To date, the treatment modalities that are efficacious at reducing stretch marks are expensive and contraindicated in pregnancy. Until now.

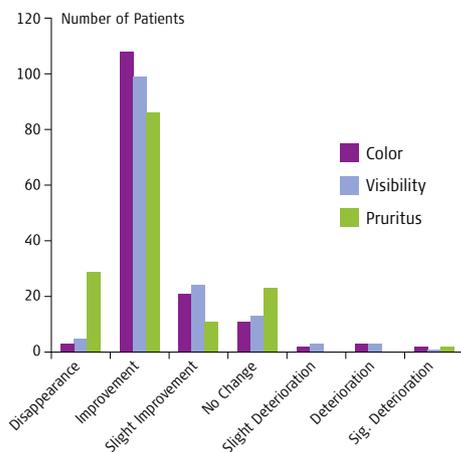
Stratamark is a topical gel made with a unique formulation, which is applied to the surface of the skin where it forms a thin, flexible and protective sheet. This barrier not only hydrates and protects the skin but also impacts the epidermal-dermal signaling cascade, ultimately normalising the collagen synthesis cycle that is disrupted during the formation of stretch marks. Manufactured by Stratapharma in Switzerland, Stratamark is the first clinically proven TGA registered topical medical device for the treatment and prevention of stretch marks. In a new published European clinical trial<sup>(8)</sup>, Stratamark demonstrated highly statistically significant results in the prevention of stretch marks in pregnant women, where only 18.2% of patients developed stretch marks instead of the consensus 65% – 70% of pregnant women. Those women who did develop stretch marks using Stratamark, developed only mild and mild-moderate stretch marks. No severe or very severe cases were observed.

In a separate clinical trial for the treatment of stretch marks<sup>(8)</sup>, 80% of women demonstrated improvement in their striae distensae which was also statistically significant. Stratamark was shown to soften and flatten the scars, reduce redness and discolouration and relieve the itching and discomfort in 80% of pregnant women whom already had stretch marks from a previous pregnancy.

Stratamark contains no active ingredients and is completely biocompatible. It's odourless and free from alcohol, parabens and fragrances that may irritate anyone with sensitive skin. Stratamark does not penetrate below the stratum corneum, so it is absolutely safe for pregnant mothers, babies and people with sensitive skin. Easy-to-use, Stratamark is applied to clean, dry skin just once a day or after each wash. For pregnant women wanting to prevent the formation of stretch marks, this should be done daily from the beginning of the second trimester (13 weeks pregnant) or after the first sign of stretch marks, whilst, for those wanting to treat existing stretch marks, Stratamark should be applied daily for a minimum of 60 to 90 days or until no further improvement is seen.

### Not just for pregnant women

Whilst stretch marks are more likely in pregnant women, they can also occur in both men and women during times of rapid growth, weight loss and gain, and after breast augmentation. Stratamark is indicated for the prevention and treatment of all kinds of stretch marks and, because of its novel application, is particularly effective on those, covering a wide surface area.



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	*Sample size	(n%)	Mean severity (Before)	Mean severity (After)	Z-score
All cases	153**	100.00	3.503	1.837	-9.044
Treatment start during pregnancy	69	45.39	2.986	1.928	-4.537
Treatment start post-delivery	72	47.37	4.014	1.847	-7.645
Old SD (> 90 days)	14	9.21	4.429	2.214	-3.354
Severe cases (> 4-7)	60	39.47	5.200	2.450	-9.075

Treatment arm: Ad Hoc analysis of subgroups after Stratamark® use

\* The total sample does not add up as some subjects are present in more than one subgroup at the same time.

\*\*2 women were not assessed for severity by investigators.

	Color		Visibility		Pruritus	
	n (total=152)	n (%)	n (total=149)	n (%)	n (total=152)	n (%)
Disappearance from SD	3	1.97	5	3.36	29	19.21
Significant improvement	58	38.16	43	28.86	47	31.13
Improvement	51	33.55	56	37.58	38	25.17
Slight improvement	22	14.47	24	16.11	12	7.95
No change	11	7.24	14	9.40	23	15.23
Slight deterioration	2	1.32	3	2.01	0	0.00
Deterioration	3	1.97	3	2.01	0	0.00
Considerable deterioration	0	0.00	0	0.00	0	0.00
Significant deterioration	2	1.32	1	0.67	2	1.32

Color, visibility and pruritus of SD before and after Stratamark® treatment

## ASSESS STRATAMARK FOR YOURSELF

Currently, multicentre trials are being conducted in Australia to confirm the preliminary findings from the European studies.

The manufacturer, Stratpharma, is also offering individual, physician led, case study based assessments.



**If you have a pregnant patient who you think would benefit from participating please visit [stratamark.net/assessment.html](http://stratamark.net/assessment.html) to register your details.** The assessment can be conducted during your routine appointments and product will be provided to your patients FREE throughout their pregnancy. Patients must be pregnant and stretch mark free on their abdomen prior to enrolment.

**CALL 1800 567 007 FOR MORE INFORMATION**

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