

different characteristics of a sunscreen product. Last, testing of other product claims that might influence consumer preference, such as being noncomedogenic, could be considered. We contacted CR but were not provided with more detailed information regarding their testing procedures and scoring methods; we do not know key information on the participants (eg, number, sex, age, skin types), the amount of sunscreen used or application process, and how subjective factors like scent and feel (which are often barriers to sunscreen use) were treated. We appreciate and value CR for providing ratings of sunscreen products to help consumers find a sunscreen product they enjoy using, which thereby increases sunscreen use in the US population. However, greater transparency and scientific rigor in sunscreen testing will enable consumers to make better informed choices.

REFERENCES

1. DiNardo JC, Downs CA. Dermatological and environmental toxicological impact of the sunscreen ingredient oxybenzone/benzophenone-3. *J Cosmet Dermatol*. 2018;17:15-19.
2. Olsen CM, Wilson LF, Green AC, Biswas N, Loyalka J, Whiteman DC. Prevention of DNA damage in human skin by topical sunscreens. *Photodermatol Photoimmunol Photomed*. 2017;33:135-142.
3. Hacker E, Boyce Z, Kimlin MG, et al. The effect of MC1R variants and sunscreen on the response of human melanocytes in vivo to ultraviolet radiation and implications for melanoma. *Pigment Cell Melanoma Res*. 2013;26:835-844.
4. Consumer Reports. May 2018 sunscreen buying guide. Retrieved from <https://www.consumerreports.org/cro/sunscreens/buying-guide/index.htm>. Accessed August 10, 2018.
5. US Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research. Labeling and effectiveness testing: sunscreen drug products for over-the-counter human use—small entity compliance guide, December 2012. Retrieved from <https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm330694.htm>. Accessed August 10, 2018.

JAAD Game Changers: Oral tranexamic acid (TA) in the treatment of melasma: A retrospective analysis



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Capsule Summary

- Melasma remains a therapeutic challenge.
- Retrospective analysis suggests that oral tranexamic acid might be a worthwhile adjunct in the treatment of refractory melasma.
- A detailed history to exclude risk factors of thromboembolism, stroke, or heart disease is mandatory before initiating therapy.

How did this article change the practice of dermatology?

This study shows an 89.7% improvement in melasma with oral tranexamic acid, which is very high, considering the disease is often highly resistant to therapy. Clotting risk is elevated, and screening is mandatory before initiation.¹

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REFERENCE

1. Lee HC, Thng TGS, Goh CL. Oral tranexamic acid (TA) in the treatment of melasma: a retrospective analysis. *J Am Acad Derm*. 2016;75(2):385-392.