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Manuscript Type: Systematic Review

Answers to reviewers comments:

Reviewer 00646537:

Dear reviewer,

We would like to thank you for your prompt manuscript evaluation, and the positive feedback.

Please find below answer to your comment regarding comparative PK data between ivermectin lotion 0.5% and cream 1%:

Ivermectin 0.5% lotion (SKLICETM Lotion) was approved in 2012 for head lice treatment in patients 6 months of age and older. Pharmacokinetics data for this product were collected only from a pediatric population (aged from 6 months to 3 years). In addition, this drug was applied only a single time as a short contact therapy for 10 minutes.

By contrast, pharmacokinetics data for ivermectin 1% cream were collected in a different population, i.e. adult subjects (healthy or with papulopustular rosacea) and after a once-daily treatment for up to 1 year.

Exposure levels data from SKLICETM study are displayed in the introduction readers can find information about this product. Nevertheless, considering the major differences between populations (pediatrics *versus* adults) and methods of use (short contact therapy for 10 min on scalp *versus* face treatment with a cream without removing the product) (see Table 1 below), we think that a head to head comparison of the exposure data may be misleading for readers.

Table 1. Main differences affecting PK studies designs and results interpretation

	Sklice	Ivermectin cream
Formulation	Lotion	Cream
Concentration of active	0.5%	1%
compound		
Dosage regimen	Single application for 10	Once daily (chronic use,
	minutes	without formulation
		washing)
Application site	Scalp	Face
Population enrolled in	Pediatric subjects from 6	Adult subjects, healthy
Pharmacokinetics studies	months to 3 years with	volunteers and subjects
	head lice	with severe
		papulopustular rosacea