With at least three novel toxins—DWP-450 (Evolus), daxibotulinumtoxinA (Revance), and EB-001A (Bonti)—in development, core aesthetic physicians suspected that the treatment landscape was due to change. But when Allergan agreed to acquire Bonti for $195 million in September, it became clear that the market is hot, and high hopes are riding on the pipeline. EB-001A, currently in Phase 2 clinical trials, appears to have a rapid onset of action and short duration of effect relative to available toxins, suggesting potential new opportunities in the aesthetics realm.

**CONTEXT**

To be sure, the Allergan/Bonti deal generated buzz, but a thoughtful pause is in order. While the acquisition indicates confidence in EB-001A, the agent is in Phase 2 trials for two indications—reduction of scars post Mohs micrographic surgery and reduction of moderate to severe glabellar frown lines. Once the transaction is complete, Allergan will lead additional studies, including the Phase 3 pivotal trials.

The data thus far are intriguing. EB-001A is a form botulinum toxin type E—something aesthetic physicians have not had in our tool chest. It has a rapid onset of action of about 24 hours and a short duration of effect of roughly two to four weeks.

Like onabotulinumtoxinA (Botox), EB-001A binds the synaptic protein SNAP-25, though the agents seem to interact with the protein in different ways, accounting for differences in effect.

**OPPORTUNITY**

In announcing its plan to acquire Bonti, Allergan noted that data suggest that up to 65 million Americans may be considering a facial injectable treatment. Yet nearly half of them say they are worried about an unnatural look. Data also show that roughly one-quarter of patients who receive Botox seek treatment just before an event. Each of us in practice has had to disappoint procrastinating patients, informing them that available neurotoxins simply would not provide notable improvement in time for their event. This also highlights an opportunity in our marketing and patient education to stress the importance—for now—of planning neurotoxin treatments around social events.

Finally, we already know that the judicious use of neurotoxins at surgical sites can relax muscles and reduce tension to support better wound healing with reduced risk for scarring. A quick-acting, short-duration neurotoxin would be especially desirable for use during the healing period.

**GATEWAYS**

Some observers are already suggesting that EB-001 is like a gateway neurotoxin that can potentially facilitate a conversion to long-term neurotoxin use. It also may be useful to touch-up patients mid-cycle. EB-001A is also a gateway to a new realm of neurotoxins beyond serotype A. It will be interesting to see if any other serotypes come into the space.

Time will tell whether EB-001A becomes a significant player in the market or a first blush exposure to the world of neurotoxins, but the potential addition of yet one more indication (Mohs) and an entirely new paradigm for treatment is exciting.

Finally, along with its investigational counterparts DWP-450 and daxibotulinumtoxinA, EB-001A may be a gateway for aesthetic practices, opening new opportunities for patient care.