



UVBioTek

Safe Phototherapy.
Superior Patient Outcomes.

**TREATING SKIN WITH
THE SCIENCE OF LIGHT**

**CLINICAL CATALOG
2017**

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ABOUT US

Light as medicine has existed for centuries and yet it still is developing as researchers make new discoveries every day. Medical professionals in various disciplines find uses for phototherapy in their practices as both a primary treatment and a complementary care option.

Whether you've used UVB treatment before or are just beginning to explore the science behind it, we continue to stand by its limitless potential and successful patient outcomes.

UVBioTek has been a leader in the phototherapy industry since 1994. Our company manufactures and distributes leading-edge light therapy equipment for clinical and home use. The technology of medicinal light is continually evolving at a rapid rate, and UVBioTek is evolving with it.

We want to help foster the shift to individualized care by paving the way to the future of the industry.

Read ahead to find out more about products that will transform the face of your practice. Advance with the technology, and become a pioneer for the Science of Light.



Long-Term Treatment



High Efficacy Rates



Safe & Natural Option

RETURN ON INVESTMENT

Starting or upgrading a phototherapy program in your practice will bring in new patients, increase your retention rate for existing patients, and will yield a quick ROI. With the national average reimbursement for UVB treatments at \$75, you can expect to see an average of \$800/month/patient. Patients typically will need 2-3 treatments/week to see optimal results.


$$\begin{aligned} & \$75 \times 3 = \$225 / \text{WK.} \times 4 \\ & = \$900 \text{ A MONTH PER PATIENT} \end{aligned}$$



160

FULL BODY UNITS



33

MOBILE-LITE



75

VERSA-LITE



5

HAND WAND

Listed above are the number of treatments that would be required on each system to see a full return on your investment.

\$75



Reimbursement average

TRAINING & USAGE

Bringing a phototherapy program into your practice will require you and your staff to become familiar with the technology and uses of light medicine. The following pages will lay out a foundation to understanding phototherapy and its medical implications. These guidelines are general protocols for our units and upon acquiring a specific system for your practice, a detailed manual will be provided.



The day you receive your new device, the UVBioTek Team will be ready to walk you through set up and training.



You will be instructed to put in a simple access code that is unique to your device. A prompt will then instruct you to run the machine for a short amount of time.



Once the lamps are warmed up, the unit is ready to begin treatment on patients.



After being trained, any staff member can easily operate the device. You are in control of setting the patient dosage and once the timer has counted down, the machine will automatically turn off.

RECOMMENDED USAGE & PROTOCOLS

Below are the necessary steps in MED skin testing. MED is recognized as the minimal dose that will cause a temporary reddening of the skin 24 hours after treatment.

1. Testing area should be a location on the body that isn't normally exposed to sunlight.
2. A photo-opaque template with 5 cutouts will be needed to begin testing. Cutout areas should be sized anywhere from 1-2 cm².
3. Secure the template onto the patient's skin with tape while shielding the surrounding areas from being exposed to the light.
4. Skin type will determine the range of NB-UVB light that will be used for MED testing. The chart located at the bottom of the page will determine which range is best in order to avoid additional burning.

All cutouts will be exposed for the first dosage of NB-UVB light. Make sure cutouts are not exposed after they receive their target dosage. Each subsequent treatment will move up in intensity to determine which square cutout is the MED.

5. After the target light dose has been given to each cutout, label the corners of each to accurately locate them after the skin assessment.

6. A skin assessment may be done after 24 hours have passed since light exposure. Observe all test areas and determine the MED by noting the uniform development of the most minimal sunburn.

SKIN TYPE	INCREMENTAL INCREASE [in mJ/cm ²]	NB-UVB 5-BLOCK DOSES [in mJ/cm ²]				
		■	■	■	■	■
I	↑ 50	100	150	200	250	300
II	↑ 75	200	275	350	425	500
III	↑ 100	200	300	400	500	600
IV	↑ 100	300	400	500	600	700
V	↑ 125	300	425	550	675	800
VI	↑ 150	350	500	650	800	950

RECOMMENDED USAGE & PROTOCOLS

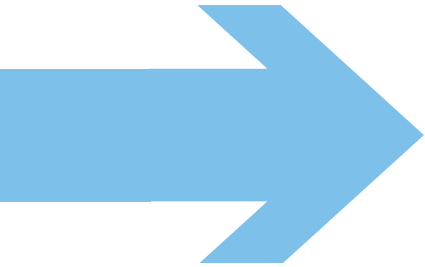
When establishing a phototherapy program, a medical professional must first determine the protocols before beginning therapy. The two standard NB-UVB practices are based on Skin Type and MED (minimal erythema dose) and are used to determine dosage time. Most practitioners recommend at least 20 sessions before seeing significant clearance. Treatment times start around 30 seconds and subsequent treatments will increase or decrease based on the patient's response and skin type.



TYPE	RESPONSE	STONE
I	Always burns, never tans.	Very fair skin. Blonde, red, or light brown hair. Blue, green, or gray eyes.
II	Usually burns, sometimes tans.	Fair skin. Blonde, red, or brown hair. Blue, green, gray, or brown eyes.
III	Sometimes burns, usually tans.	Black or brown hair. Brown eyes.
IV	Minimally burns, tans well.	Light brown skin.
V	Very rarely burns, tans profusely.	Moderately pigmented, brown skin.
VI	Almost never burns.	Deeply pigmented.

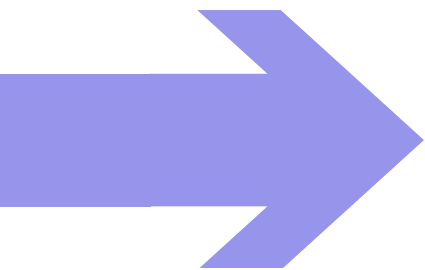
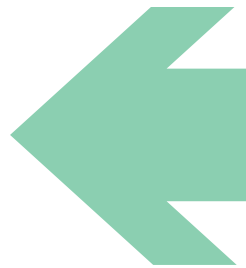
*Modified from NPF's Adoption of Dermatol Nurs 1996;8(4):235-241 for skin type estimate.

CLINICAL ABSTRACTS



"Phototherapy with NB-UVB appears to be a very good option for treatment of AGP because of the good results obtained and patient satisfaction."

"UVB irradiation inhibits IL-17 A/TNF- α -induced IL-6, IL-8, and CXCL-1 production in HDFs by decreasing the expression of fibroblasts through TGF-B1/Smad3 signaling pathway, which reveals a new mechanism of the therapeutic action of UVB on psoriasis."



"We found that phototherapy, in particular narrow-band UVB, was respondents' preferred first-line treatment for adults with recalcitrant moderate-to-severe atopic eczema, perhaps reflecting access to, and clinical experience of, this approach."



Taylor, K. et al. "Treatment Of Moderate-To-Severe Atopic Eczema In Adults Within The UK: Results Of A National Survey Of Dermatologists". British Journal of Dermatology (2016): n. pag. Web. 8 Mar. 2017.

Fernandez-Guarino, Montserrat et al. "Phototherapy With Narrow-Band UVB In Adult Guttate Psoriasis: Results And Patient Assessment." Dermatology 232.5 (2016): 626-632. Web. 8 Mar. 2017.

Yin, Li et al. "Ultraviolet B Inhibits IL-17A/TNF-A-Stimulated Activation Of Human Dermal Fibroblasts By Decreasing The Expression Of IL-17RA And IL-17RC On Fibroblasts". Frontiers in Immunology 8 (2017): n. pag. Web. 8 Mar. 2017.

ADVISORY BOARD

UVBiotek's medical advisory board is made up of a team of renowned medical professionals across the u.s. our board all have at least one of our units in their practice and are advocates of the use of phototherapy for a wide array of skin conditions. uvbiotek utilizes the board as a point of reference when testing out a new product or researching a new development in the field. Get to know them more on our website at uvbiotek.com/medicaladvisoryboard.



DR. STEFAN C. WEISS, M.D., PH.D.

A board-certified dermatologist, Dr. Weiss is a Fellow of the American Academy of Dermatology and a Diplomate of both the American Board of Dermatology and the National Board of Medical Examiners. He is among the leadership of the Society of Investigative Dermatology and serves as co-director of the Pharmacology of Skin Course.



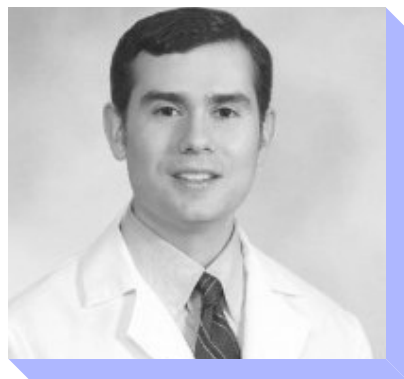
DR. WILLIAM TING, M.D.

Dr. Ting has been a prolific contributor to the field of dermatology and has won several dermatology research awards. At the University of Iowa he was endowed the first ever Resident Research Award. He was also the recipient of the Photobiology Award from the Skin Cancer Foundation as well as recognized by the Richard B. Stoughton fellowship from the British Association of Dermatologists.



DR. ROBERT BUKA, M.D.

Dr. Buka speaks at the annual meeting of the American Academy of Dermatology on topics ranging from complex eczema to techniques in dermatologic surgery. His articles have been published in dermatology and plastic surgery textbooks as well as a number of medical research journals. A graduate of the Feinberg School of Medicine at Northwestern, he then completed an internship at St. Vincent's before opening his own practice.



DR. JORDAN CUMMINS, M.D., PH.D.

Jordan Cummins, M.D., Ph.D. graduated Summa Cum Laude from Princeton University and attained his M.D. and Ph.D. degrees from Johns Hopkins School of Medicine. Dr. Cummins is the co-founder of Massachusetts Dermatology Associates, a practice located in Beverly, MA. He previously served as the co-director of the High Risk Skin Cancer Clinic at Massachusetts General Hospital and Clinical Instructor of Dermatology at Harvard Medical School.