WINDOME BANKING PARTNERS

Market Study: Rosacea, Couperose, Erythema, Telangiectasia and Skin Redness

Jan 2025

Disclaimer

This document, reflecting estimates as of December January, is based on WINDOME BANKING PARTNERS SAS' intelligence, which leverages a number of independent sources:

1. Global Newswire - Rosacea Therapeutics Market is predicted to expand at a CAGR of 6.2% by the year 2032
2. Globaldata- Rosacea: Competitive Landscape in 2022
3. Oge, L., et al. (2015) 'Rosacea: Diagnosis and Treatment', American Family Physician, 92(3), pp. 187-196.
4. Schaller, M., et al. (2019) 'Recommendations for rosacea diagnosis, classification and management: update from the global ROSacea COnsensus 2019 panel', British Journal of Dermatology, 182(5), pp. 1269- 1276.
5. Rosacea: Epidemiology, pathogenesis, and treatment
6. Tan J, Almeida LM, Bewley A, Cribier B, Dlova NC, Gallo R, Kautz G, Mannis M, Oon HH, Rajagopalan M, et al.. Updating the diagnosis, classification and assessment of rosacea: recommendations from the global ROSacea COnsensus (ROSCO) panel. Br J Dermatol.
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9. Stein L, Kircik L, Fowler J, Tan J, Draelos Z, Fleischer A, Appell M, Steinhoff M, Lynde C, Liu H, et al.. Efficacy and safety of ivermectin 1% cream in treatment of papulopustular rosacea: results of two randomized, double-blind, vehicle-controlled pivotal studies. J Drugs Dermatol.
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Although we have taken great care prior to producing this presentation, it represents WINDOME BANKING PARTNERS SAS' view at a particular point in time.

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Disease Overview

Rosacea– Key Facts

Symptoms

- Flushing, redness, pimples, pustules, and dilated blood vessels.
- Skin thickening with enlargement around nose.

Diagnosis

- The diagnosis of rosacea is made clinically, based on physical examination and patient history.
- One of the following centrofacial features is required: flushing, non transient erythema, telangiectasia, or papules/pustules.
- Rosacea is commonly misdiagnosed as adult acne vulgaris, photodermatitis, seborrheic dermatitis, or contact dermatitis.

Prognosis

- Rosacea is a harmless condition, but it often leads to patients becoming self-conscious or embarrassed.
- Papulopustular rosacea without remarkable centrofacial erythema has a more favorable prognosis than other subtypes.

Disease Etiology

Rosacea is a chronic relapsing inflammatory skin disease characterized by immune dysfunction and neurovascular dysregulation. Though its pathophysiologic connections remain to be defined, there are numerous studies showing association of rosacea with chronic inflammatory conditions including inflammatory cytokines and metabolic, immune, and endocrine changes. Evidence suggests that ultraviolet radiation, microbes, extremes of temperatures, skin barrier disruption dysbiosis of skin microbiota, psychosocial and oxidative stress, endocrinological imbalances and sleep deprivation trigger the stimulation of neurovascular dysregulation and/or an augmented innate immune response. Trigger factors can lead to the release of various inflammatory mediators and unlock the cytokine cascade (“storm”) and can also directly communicate to the cutaneous nervous system through neurovascular and neuro-immune active neuropeptides leading to the manifestation of rosacea lesions.

Rosacea is classified into four sub-types, depending on the morphology:

1/ Erythematotelangiectatic rosacea (ETR) is characterized by a transient facial erythema (flushing) combined with a persistent redness of the central face. Visible blood vessels (telangiectasia) are also present in most patients.

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Source: GlobalData

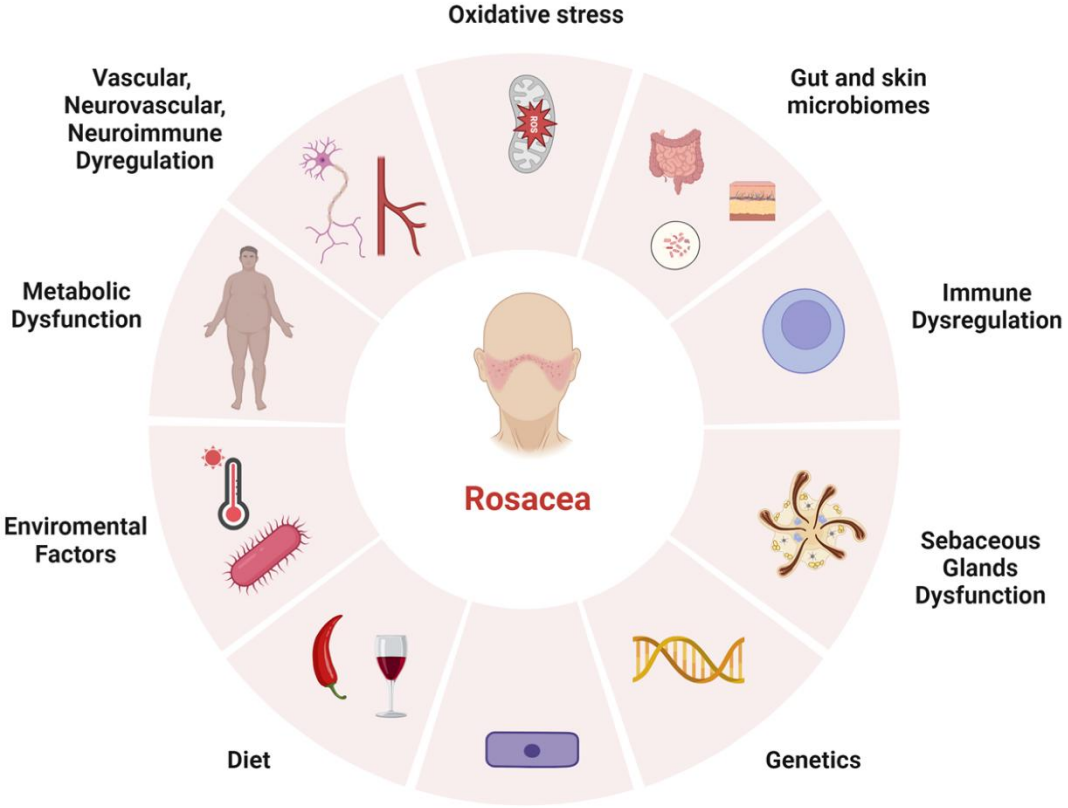
Comorbidities of Rosacea

Rosacea is considered a disease that is limited to the skin; however, there is accumulating evidence of significant associations between rosacea and systemic comorbidities and multiprametric pathogenic factors exacerbating its manifestation.

Patients with rosacea had significantly higher odds of having **allergies (airborne and food), respiratory diseases, gastrointestinal (GI) diseases, hypertension, metabolic diseases, urogenital diseases, and female hormone imbalance** compared with age-, sex-, and race-matched control subjects without rosacea.

Moderate to severe rosacea has been associated with **hyperlipidemia, hypertension, metabolic, cardiovascular, and GI diseases.**

12 Population-based cohort studies confirmed these findings and reported further associations of **rosacea and type 1 diabetes mellitus, celiac disease, multiple sclerosis, rheumatoid arthritis, Parkinson disease, and migraine**. In addition to physical comorbidities, rosacea was associated with a disease severity-dependent, increased risk of depression and anxiety disorders. Thus, assessing cardiovascular risk factors, GI and psychiatric morbidity in patients with rosacea seems prudent, especially in those presenting with more severe disease.



Schematic illustration of the main factors playing a role in the ecosystemic pathogenesis of rosacea and its multiple co-morbidities

Source: Rosacea: Epidemiology, pathogenesis, and treatment-Barbara M Rainer a,b,✉, Sewon Kang b, Anna L Chien b

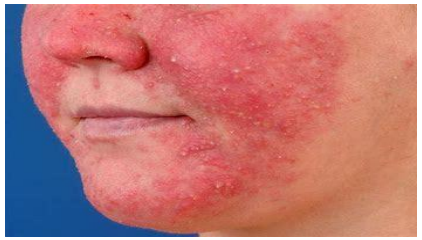
Market Size of Rosacea, still dominated by the North American Market

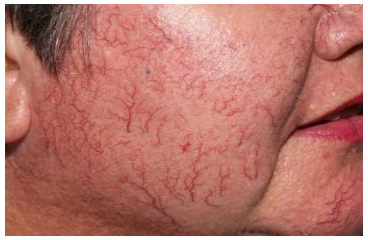
•**Erythematotelangiectatic rosacea**, a subtype of rosacea, which is characterised by recurrent episodes of transient face erythema (flushing) and not transient, or chronic, erythema, occurs most commonly amongst and holds the **highest market share of around 35.4%.**

•Antibiotics and cleansing agents, as well as Vitamin complexes are the most commonly preferred drug class by physicians for early relief from the disease, light therapy and photobiomodulation the most popular professional skincare devices . These segment accounts for the **highest share of 39.5% in the market.**

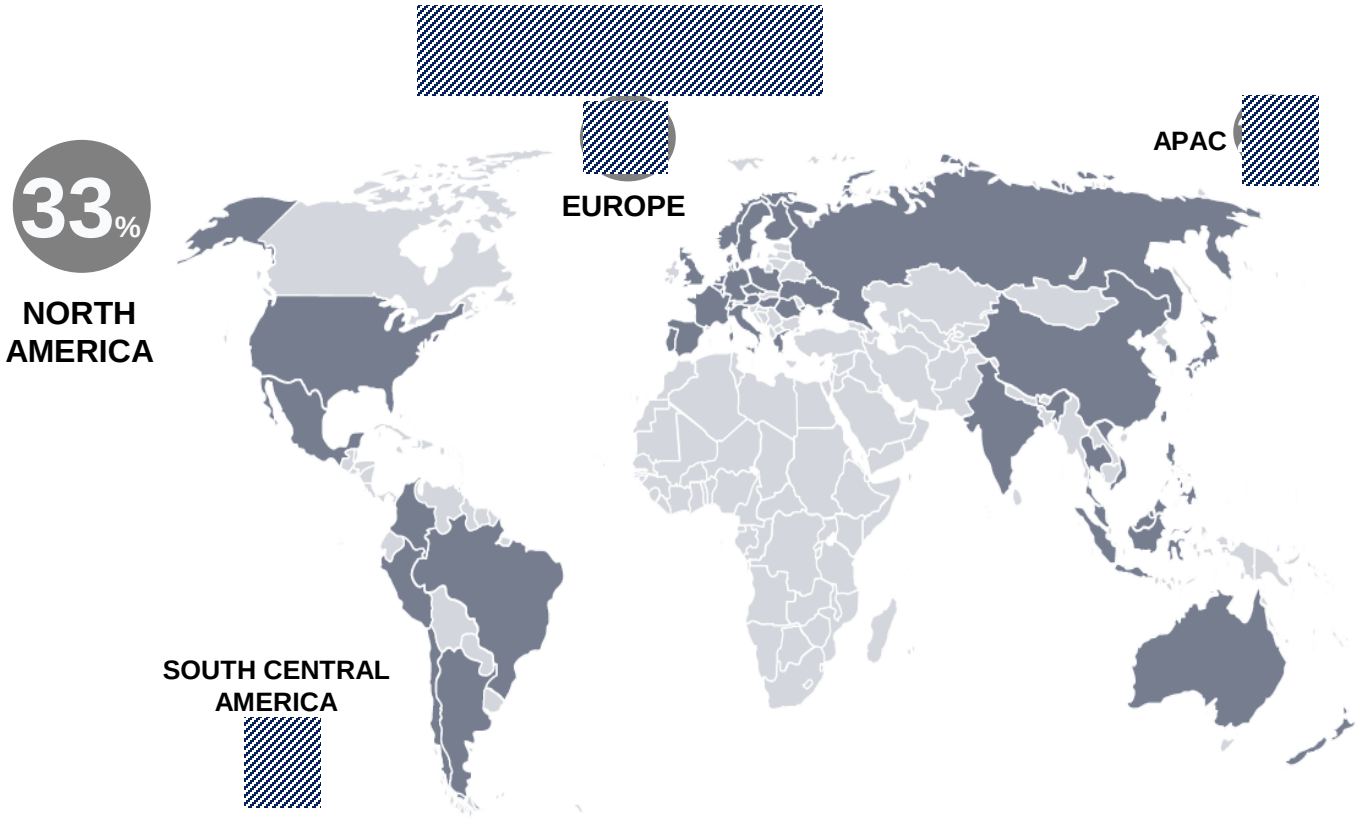
•Treatment of rosacea is challenging given the varied manifestations, complex co-morbidities, chronic impact, complication via pruriginous or acneic, seborrheic skins, exacerbation via UV exposure and incompletely understood etiology. **Topical treatment is growing tremendously and holds a market share of 29.3%.**

•Pharmaceutical companies are steadily transitioning toward innovation and sales of new drugs. Thus, retail sales, including retail **pharmacies & drug stores hold the highest market share of 52.1%**





$ 4.44 Bn in 2023

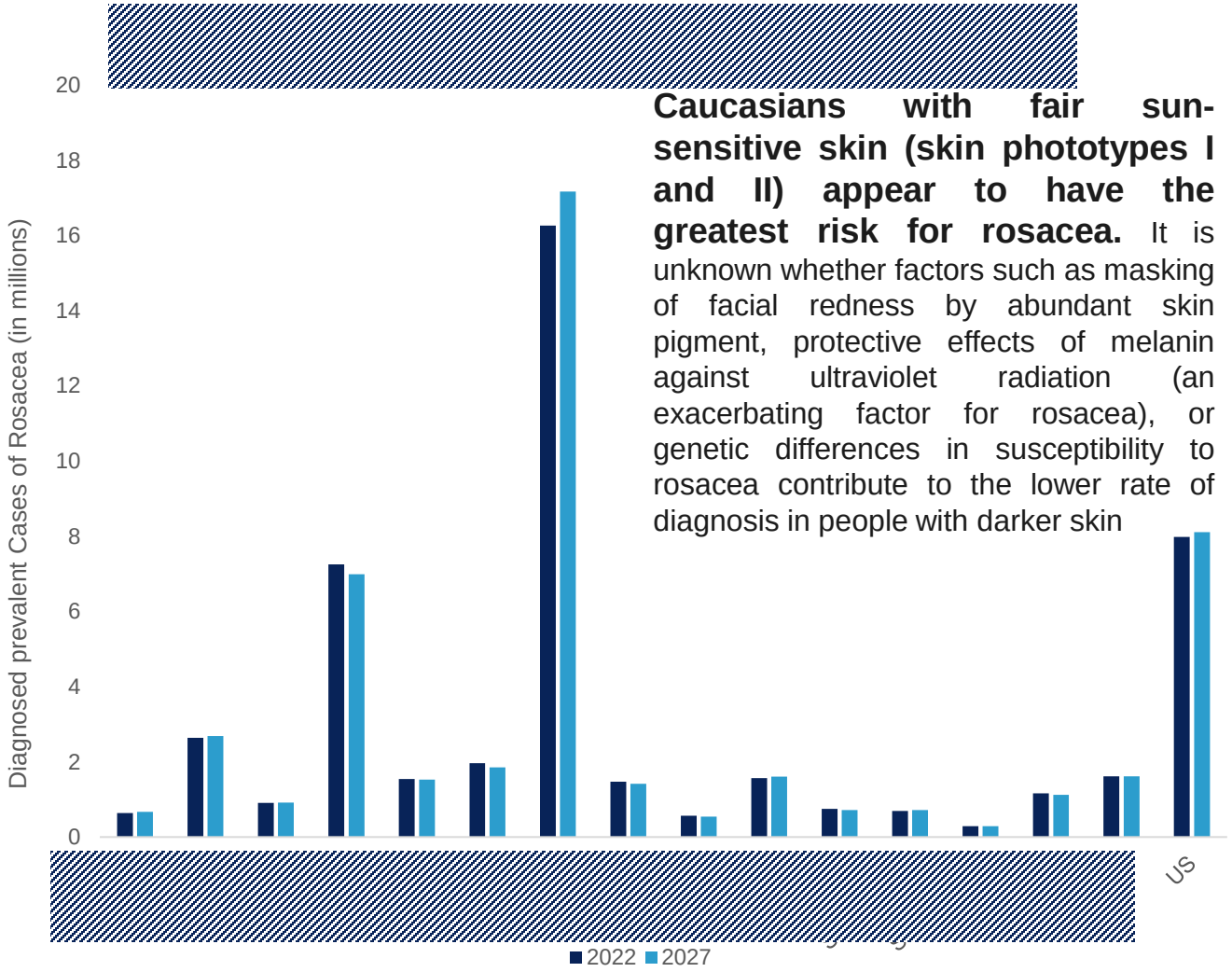


Source: Rosacea Therapeutics Market – Global Newswire

Epidemiology Overview

Diagnosed Prevalent Cases of Rosacea in 2022 and 2027

Country	Diagnosed prevalent cases of rosacea in 2022	Diagnosed prevalent cases of rosacea in 2027	CAGR of Prevalence from 2022-2027
[redacted]			
US	7,980,710	8,110,638	0.3%



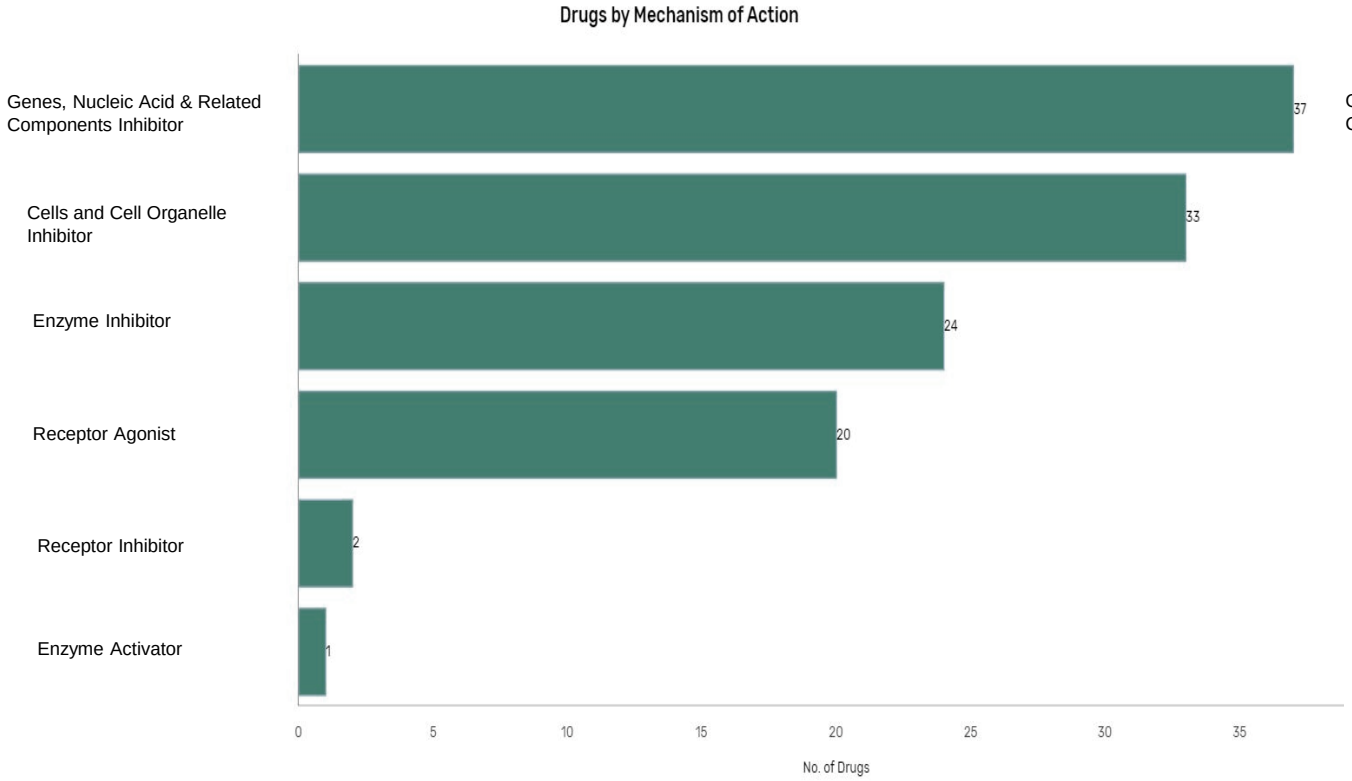
Caucasians with fair sun-sensitive skin (skin phototypes I and II) appear to have the greatest risk for rosacea. It is unknown whether factors such as masking of facial redness by abundant skin pigment, protective effects of melanin against ultraviolet radiation (an exacerbating factor for rosacea), or genetic differences in susceptibility to rosacea contribute to the lower rate of diagnosis in people with darker skin

Source: GlobalData, Pharmaceutical Intelligence Center, Epidemiology & Market Size Database; based on peer-reviewed literature, disease registries, and primary research

Ranking of key Mechanism of Action

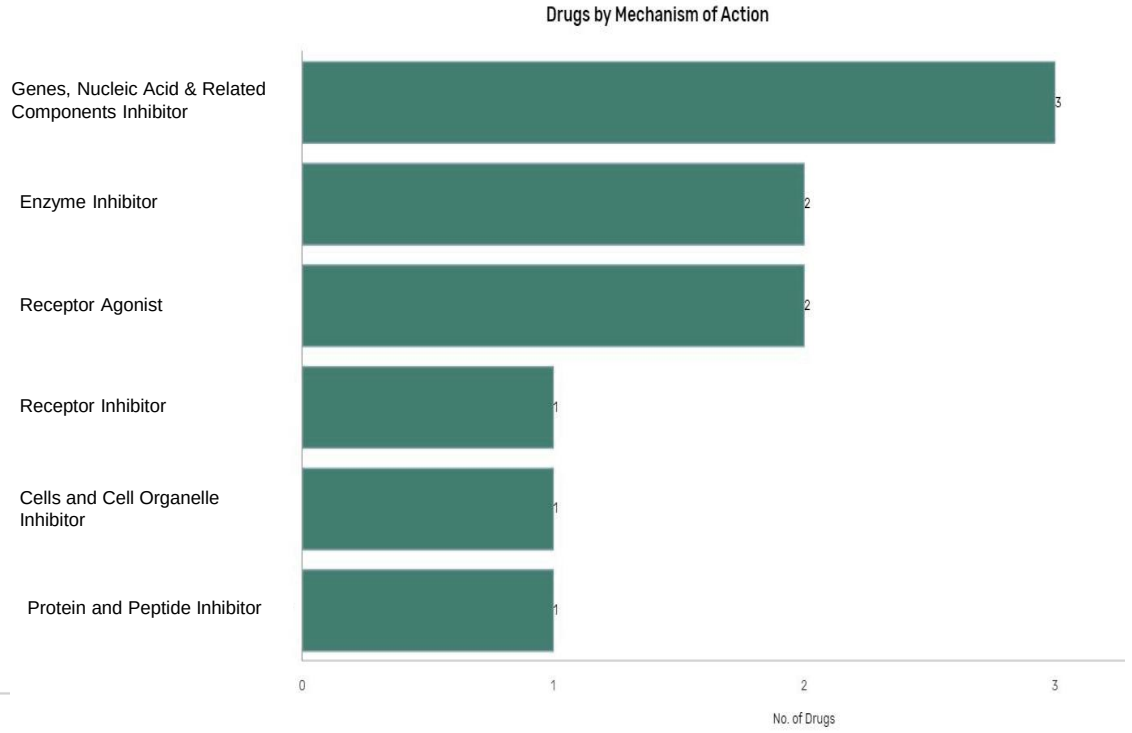
Marketed

The majority can be defined as a “genes, nucleic acids, and related components inhibitors.”



Pipeline

Most of the molecules undergoing development for rosacea with a known mechanism of action are inhibitors of genes, nucleic acids, anti-infectives, antibiotic, anti-inflammatory and related components, similar to the trend seen with marketed drugs

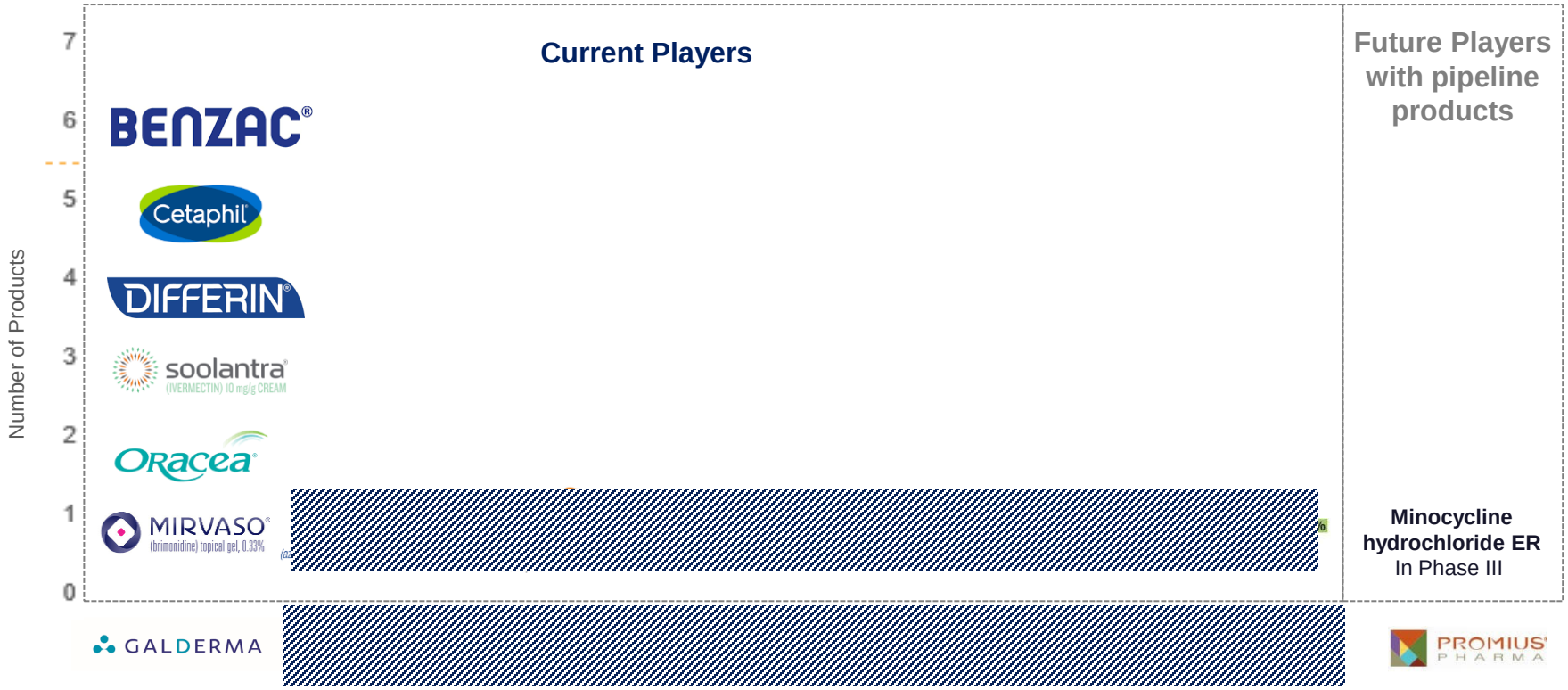


Source: GlobalData, Pharmaceutical Intelligence Center, Epidemiology & Market Size Database; based on peer-reviewed literature, disease registries, and primary research

Key Market Players in Rosacea

Companies are increasingly focusing on R&D activities to develop therapies to treat rosacea. However, there are limited players currently developing therapies in the late-stage pipeline (Phase III and above).

Key Market Players in Rosacea by Number of Products



Galderma is currently the most prominent player in the rosacea space, offering a comprehensive portfolio of solutions that address a variety of symptoms for patients with the condition. However, Galderma currently has no presence in the late-stage pipeline and with its existing marketed products widely genericized, the company may lose its position in the rosacea market.

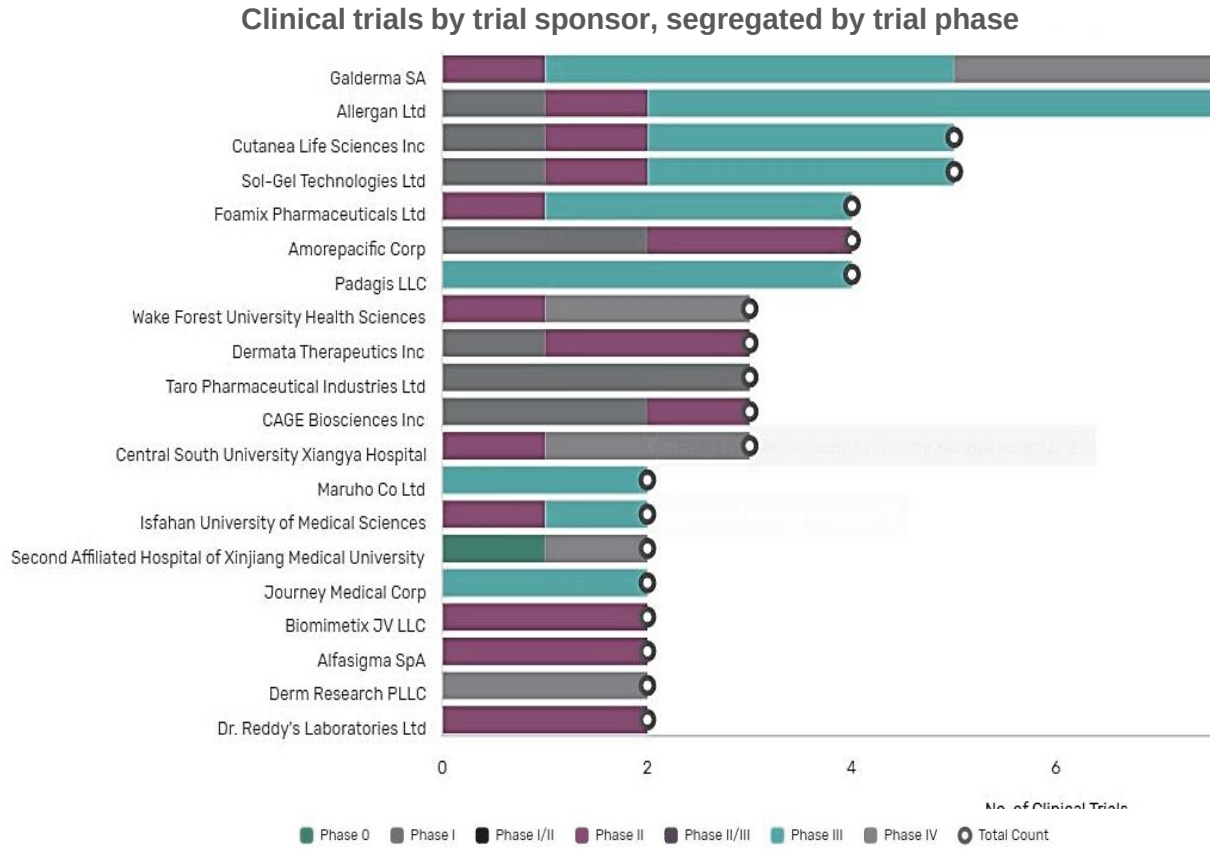
There are other less prominent players such

Source: GlobalData, Pharmaceutical Intelligence Center, Epidemiology & Market Size Database; based on peer-reviewed literature, disease registries, and primary research

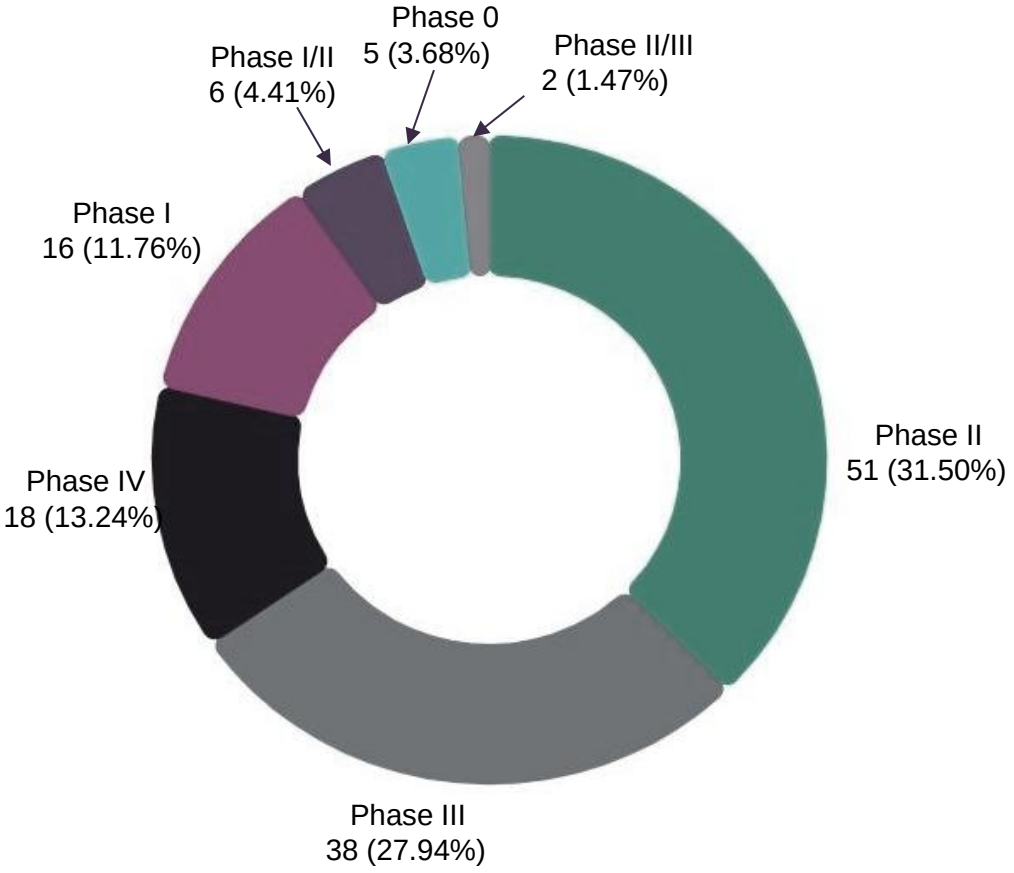
Clinical Trials of Rosacea

Top 20 Sponsors with Breakdown by Phase

Galderma has sponsored the highest number of clinical trials (10) in rosacea over the past 10 years, followed by Allergan, which has sponsored eight trials. Galderma and Allergan lead in the number of Phase III trials sponsored, with four and six trials, respectively.



Of the 136 clinical trials investigating rosacea that were initiated over the past 10 years, nearly 29% were Phase II/III and III trials.



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