

Supplementary Table S5. Astaxanthin. Update on the Efficacy of Topical Use in Human Clinical Trials.

| Author/year/ reference | Study design | Subjects | Dose [#] | Duration | Outcome [†] | Description |
|--|--|--|--|----------|---|--|
| Kosyreva TF. <i>et al.</i> , 2022 [1] | 3 arms quasi- experimental prospective study | 105 patients with partial adentia aged 30- 65 yrs.; | 0.026% in gel* | 7 days | ✓ Dental health | The main group ($n=35$) received astaxanthin (AX) gel within 7 days after the placement of the removable denture. The patients in the comparison group ($n=35$) did not receive AX gel after the placement of the removable denture. The control group ($n=25$) did not receive any prophylactic agents and did not have removable dentures. In patients with immediate and partial dentures, the preventive and anti-inflammatory effects of AX gel were confirmed: the use of the gel for 7 days reduced hygiene indicators, bacterial plasmalogens and endotoxin levels in the oral fluid from a short-term perspective. <u>No safety concerns were identified in this study.</u> [Article in Russian] |
| Trakanwittayarak S, Meephansan J. 2019 [2] | Placebo- controlled repeated measured prospective study | 13 volunteers with allergy associated with <i>p</i> - phenylenediami ne | 0.07% AX emulsion | 7 days | ✓ Allergic contact dermatitis (<i>p</i> -phenylenedia.) | On Day 2, pretreatment with AX emulsion resulted in a reaction in 5 of 12 patients ($p = 0.025$). On Day 7, pretreatment of skin sites with AX reduced the cutaneous allergic reaction to <i>p</i> -phenylenediamine in 2 of 12 patients ($p = 0.046$) as compared with skin treated with AX-free emulsion. <u>There were no serious adverse effects with patch test.</u> |
| Tominaga K. <i>et al.</i> 2012 [3] (Study 1) | Open-labeled, prospective study | 30 healthy females (22-55 yrs.) | 78.9 μ M AX solution (1mL/day) and 6 mg/day p.o. | 8 weeks | ✓ Skin health | Combined dosing study with oral intake (p.o.) and topical application. <u>Age spot (left cheek):</u> significantly improved after treatment. <u>Wrinkle depth (left eye corner):</u> significantly improved in several parameters after treatment. <u>Elasticity (left eye corner):</u> significantly improved after treatment. <u>Texture (left cheek):</u> significantly improved after treatment. <u>Moisture content (left cheek):</u> Not significant (N.S.) <u>No safety concerns were identified in this study.</u> |

| | | | | | | | |
|--|---------------------------------------|--|---|----------|--------|-------------------------|---|
| Seki T. <i>et al.</i> , 2001 [4] Study 2 (Primary skin irritation test.) | Open-labeled, prospective study | 45 healthy subjects | 5% oil, 0, 0.7mg/g in cream | 48 hours | ✓ ✓ | Skin health (Safety) | A few people in each group showed weak primary irritation, but this was not significantly different from the base product - judged to be safe products. |
| Seki T. <i>et al.</i> , 2001 [4] Study 2 (repeated application) | Open-labeled, prospective study | 11 healthy subjects (Mean 35 yrs.) | 0.7mg/g in cream (20mg, b.i.d) | 3 weeks | ✓ ✓ | Skin health (Safety) | <u>Water content</u> (left eye corner): significantly improved. <u>Inspection by dermatologist</u> : partially effective for chloasma and senile pigment spot. <u>Subjective symptoms (visual analogue scale: VAS)</u> : improvement trend in dryness, flushing, poor make-up application, itching and eczema. <u>No serious adverse effects were identified in this study.</u> |
| Seki T. <i>et al.</i> , 2001 [4] Study 2 | Open-labeled, prospective study | 3 healthy females (Mean 33 yrs.) | 0.7mg/g in cream (20mg, b.i.d) | 2 weeks | ✓ | Skin health | <u>Inspection/Palpation by dermatologist</u> : improvement trend in wrinkles <u>Wrinkle depth</u> (left eye corner): improvement trend <u>Moisture and sebum content</u> (left and right eye corner, left and right cheeks): trend towards improvement in terms of moisture content. <u>No serious adverse effects were identified in this study.</u> |
| Yamashita E. 1995 [5] | Open-labeled, prospective study | 7 male subjects (Skin type III) | ODT | 24 hour | ✓ | Skin health | <i>AX were derived from krill and synthetic product. AXs were applies by Occlusive Dressing Technique (ODT) for 24 hours. The areas of ODT were then wiped with alcohol, irradiated with 2 MED UVB and observed for erythema and hyperpigmentation up to 1 week.</i> Topical astaxanthin from krill suppressed of post-UVB erythema and hyperpigmentation. <u>No serious adverse effects were identified in this study.</u> |

Reference:

1. Kosyreva, T.F.; Samoylova, M.B.; Voeykova, O.V.; Belfer, M.L.; Zatevalov, A.M.; Voropayeva, E.A.; Zhilenkova, O.G. The effect of astaxanthin on the adaptation of the oral mucosa to a removable denture. *Stomatologiya (Mosk)* [in Russian] **2022**, *101*, 17-22, doi:10.17116/stomat202210101117.
2. Trakanwittayarak, S.; Meephansan, J. The effect of astaxanthin on allergic contact dermatitis in response to hair dye containing p-phenylenediamine. *Eur J Dermatol* **2019**, *29*, 647-648, doi:10.1684/ejd.2019.3654.
3. Tominaga, K.; Hongo, N.; Karato, M.; Yamashita, E. Cosmetic benefits of astaxanthin on humans subjects. *Acta Biochim Pol* **2012**, *59*, 43-47.
4. Seki, T.; Sueki, H.; Kono, H.; Suganuma, K.; Yamashita, E. Effects of astaxanthin from *Haematococcus pluvialis* on human skin-patch test; skin repeated application test; effect on wrinkle reduction. *Fragrance J* **2001**, *12*, 98-103.
5. Yamashita, E. Suppression of post-UVB hyperpigmentation. *Fragrance J* [in Japanese] **1995**, *14*, 180-185.