## Patient-Reported Outcomes and Family Impact With Roflumilast Cream in Atopic Dermatitis: Pooled Phase 3 Results

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Disclosures: ELS, MB, LFE, BG, VHP, and SFF are investigators and/or consultants for Arcutis Biotherapeutics, Inc. and received grants/research funding and/or honoraria; DRB and DHC are employees of Arcutis Biotherapeutics, Inc. Additional disclosures provided on request.

Acknowledgments: Thank you to the investigators and their staff for their participation in the trial. We are grateful to the study participants and their families for their time and commitment. Writing support was provided by Lauren Ramsey, PharmD, and Christina McManus, PhD, Alligent Biopharm Consulting LLC, and funded by Arcutis Biotherapeutics, Inc.

#### Introduction

- Atopic dermatitis (AD) is a chronic inflammatory skin disease that has a substantial impact on patients' quality of life<sup>1,2</sup>
  - Families/parents/caregivers of children and adolescents with AD are also negatively impacted<sup>2,3</sup>
- Roflumilast, a potent phosphodiesterase 4 inhibitor (PDE4), is formulated as a water-based cream and foam
  - Roflumilast potency is ~25 to >300-fold higher than other PDE4 inhibitors apremilast and crisaborole, with roflumilast more closely mimicking cyclic adenosine monophosphate binding<sup>4,5</sup>
  - Roflumilast cream 0.15% was recently approved by the US Food and Drug Association for treatment
    of mild-to-moderate AD in patients aged ≥6 years
- The safety, efficacy, and patient-reported outcomes from two identically designed Phase 3 trials (INTEGUMENT-1/INTEGUMENT-2) of once-daily roflumilast cream 0.15% in patients aged ≥6 years with AD have been published<sup>6</sup>; here, we present the overall improvement in AD signs and symptoms as well as the impact on families and caregivers

AD: atopic dermatitis; cAMP: cyclic adenosine monophosphate; PDE4: phosphodiesterase 4 inhibitor.

**<sup>1.</sup>** Silverberg JI, et al. Ann Allergy Asthma Immunol. 2018;121:340–347. **2.** Rønnstad ATM, et al. J Am Acad Dermatol. 2018;79:448–456.e30. **3.** Ramirez FD, et al. JAMA Pediatr. 2019;173:e190025. **4.** Dong C, et al. J Pharmacol Exp Ther. 2016;358:413–422. **5.** Wang J, Bunick CG. International Societies for Investigative Dermatology Meeting 2023. **6.** Simpson EL, et al. JAMA Dermatol. Published online ahead of print September 18, 2024. doi:10.1001/jamadermatol.2024.3121.

### INTEGUMENT-1/-2 Study Design

Identically designed, parallel, phase 3 multicenter trials (NCT04773587, NCT04773600)

#### Eligibility

- Diagnosis of mild or moderate AD (vIGA-AD = 2 or 3)
- Age ≥6 years
- BSA ≥3%
- EASI ≥5



#### 4 weeks<sup>a</sup>

Nonmedicated emollients/moisturizers could be applied QD to untreated areas

- The primary endpoint was Validated Investigator Global Assessment for AD (vIGA-AD) Success (0 [Clear] or 1 [Almost Clear] plus ≥2-grade improvement from baseline) at Week 4
- Other outcome measures included Worst Itch-Numeric Rating Scale (WI-NRS), SCORing AD (SCORAD) total score, Patient-Oriented Eczema Measure (POEM), and Dermatitis Family Impact (DFI; patients aged ≤17 years)
- Safety and local tolerability were also assessed

AD: atopic dermatitis; BSA: body surface area; DFI: Dermatitis Family Impact; EASI: Eczema Area and Severity Index; POEM: Patient-Oriented Eczema Measure; QD: once daily; SCORAD: SCORing AD; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis; WI-NRS: Worst Itch-Numeric Rating Scale.

Simpson EL, et al. JAMA Dermatol. Published online ahead of print September 18, 2024. doi:10.1001/jamadermatol.2024.3121.

#### Patient Demographics and Baseline Disease Characteristics

		Roflumilast Cream 0.15% (n=884)	Vehicle (n=453)			Roflumilast Cream 0.15% (n=884)	Vehicle (n=453)
Age, years,	mean (SD)	27.9 (19.4)	27.3 (19.0)	Fitzpatrick skin	I to III	481 (54.4)	238 (52.5)
Age group, n (%)	6–11 years 12–17 years	214 (24.2) 192 (21.7) 434 (49.1)	103 (22.7) 106 (23.4) 223 (49.2)	type, n (%)	IV to VI	403 (45.6)	215 (47.5)
				vIGA-AD, <sup>a</sup>	2 (mild)	211 (23.9)	112 (24.7)
	≥65 years	44 (5.0)	21 (4.6)	n (%)	3 (moderate)	673 (76.1)	341 (75.3)
Female at birth, n (%)		489 (55.3)	272 (60.0)	BSA, mean (median) [range]		13.5 (9.7) [3.0–88.0]	13.9 (10.0) [3.0–86.0]
Hispanic or Latino, n (%)		150 (17.0)	72 (15.9)		Naca (madian)		[5.0 (6.0)
Race, n (%)	White Asian Black/African American	529 (59.8) 114 (12.9) 176 (19.9)	267 (58.9) 62 (13.7) 96 (21.2)	WI-NRS <sup>b</sup>	Average weekly baseline score≥4, n (%)	542 (61.3)	271 (59.8)
	American Indian/ Alaskan Native	7 (0.8)	1 (0.2)	SCORAD, <sup>c</sup> mea	n (median) [range]	45.5 (45.3) [18.2–81.5]	45.1 (43.9) [20.9–83.5]
	Native Hawaiian/ Other Pacific Islander >1 race	1 (0.1) 24 (2.7)	0 14 (3.1)	POEM, <sup>d</sup> mean	(median)	15.8 (16) [0–28]	15.3 (15) [0–28]
	Other	33 (3.7)	13 (2.9)	DFI, <sup>e</sup> mean (median) [range]		6.5 (5) [0–27]	6.5 (5) [0–30]

<sup>a</sup>5-point scale ranging from 0 (Clear) to 4 (Severe) assessing inflammatory signs of AD. <sup>b</sup>11-point scale ranging from 0 (no itch) to 10 (worst itch imaginable) assessed only in patients aged  $\geq$ 12 years. <sup>c</sup>Scored up to 103 based on extent of involvement, disease intensity, and subjective symptoms. <sup>d</sup>Scale ranging from 0–2 (Clear/Almost Clear) to 28 (Very Severe) measuring disease severity per patient reports of signs and symptoms. <sup>e</sup>Scored up to 30 evaluating the effect of AD on patients' family life and relationships for patients aged  $\leq$ 17 years.

AD: atopic dermatitis; BSA: body surface area; DFI: Dermatitis Family Impact Questionnaire; POEM: Patient-Oriented Eczema Measure; SCORAD: SCORing AD; SD: standard deviation; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis; WI-NRS: Worst Itch-Numeric Rating Scale.

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# Proportion of Patients Achieving vIGA-AD Success, vIGA-AD 0/1, EASI-75, and WI-NRS Success at Week 4



<sup>a</sup>WI-NRS success was evaluated in patients aged >12 years with baseline WI-NRS  $\geq$ 4.

vIGA-AD Success = 0 (Clear) or 1 (Almost Clear) plus ≥2-grade improvement from baseline. EASI-75 = ≥75% reduction from baseline. WI-NRS Success = ≥4-point improvement in patients with baseline WI-NRS score ≥4. CI: confidence interval; EASI: Eczema Area and Severity Index; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis; WI-NRS: Worst Itch-Numeric Rating Scale.

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#### Improvements in Pruritus



All P values are nominal.

<sup>a</sup>Evaluated in all patients, not just those with baseline WI-NRS ≥4. <sup>b</sup>Evaluated in patients aged >12 years with baseline WI-NRS ≥2.

LSM: least squares mean; SE: standard error; WI-NRS: Worst Itch-Numeric Rating Scale

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#### Improvements in SCORing AD (SCORAD) Total Score



Estimate th	ne portion of eac	h of the fo	lowing body	areas affe	cted by	
eczema.						
Head and neck (9% BSA)			Lower limbs (left; 18% BSA))			
Upper limbs (left; 9% BSA)			Lower limbs (right; 18% BSA)			
Upper limbs (right; 9% BSA)			Anterior torso (18% BSA)			
Genitals (1% BSA)			Posterior torso (18% BSA)			
□ 0%	□ 25%	□ 50%	<b>75</b> 9	% Ε	] 100%	
Intensity         Rate the following for a representative area of eczema.         Redness       Scratch marks						
Swelling			Skin thickening (lichenification)			
Oozing/o	crusting )	ا M D	Dryness oderate (2)	Sevei Sevei	re (3)	
Subjectiv	e symptoms					
Rate the following for the last 3 days/nights.						
Itch	0				10	
Sleep los	(None)				(Worst Imaginable)	

All *P* values are nominal. AD: atopic dermatitis; SCORAD: SCORing AD. 7

#### Improvements in Patient-Oriented Eczema Measure (POEM)





All *P* values are nominal.

LSM: least squares mean; POEM: Patient-Oriented Eczema Measure.

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## Proportions of Patients Achieving Minimally Important Differences (MIDs)

Roflumilast Cream 0.15% (n=884) ■ Vehicle (n=483)



SCORAD (MID: -8.7<sup>1</sup>)



All P values are nominal.

AD: atopic dermatitis; CI: confidence interval; MID: minimal important difference; POEM: Patient-Oriented Eczema Measure; SCORAD: SCORing AD.

1. Schram MS, et al. Allergy. 2012;67:99-106.

#### Improvements in Dermatitis Family Impact (DFI)



■ Roflumilast Cream 0.15% (n=406) ■ Vehicle (n=209)



0: no impact on life of family

30: max impact on life of family

All P values are nominal.

DFI was evaluated in patients aged ≤17 years. DFI: Dermatitis Family Impact; LSM: least squares mean.

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**Baseline: 6.5** 

Neck of an 11-year-old female with AD treated with roflumilast cream 0.15%

Asian, Not Hispanic/Latino Fitzpatrick skin type V Duration of AD: 6 years Prior intolerance, inadequate response, or contraindication to TCS

AD: atopic dermatitis; TCS: topical corticosteroids; vIGA-AD: Validated Investigator Global Assessment for Atopic Dermatitis.



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#### Safety and Local Tolerability

	Roflumilast Cream 0.15%	Vehicle
Patients, n (%)	(n=885)	(n=451)
Patients with any treatment-related TEAE	53 (6.0)	12 (2.7)
Patients with any treatment-emergent SAE <sup>a</sup>	8 (0.9)	0
Patients with any TEAE leading to discontinuation of trial/trial drug	14 (1.6)	5 (1.1)
Patients with any TEAE <sup>b</sup>	194 (21.9)	65 (14.4)

- Incidence of TEAEs was low in both treatment groups
- Local tolerability was similar for roflumilast and vehicle. Across both treatment groups at all time points:

>95% of patients showed no signs of irritation on investigator-rated local tolerability assessments

>90% of patients reported no or mild ("slight warm tingling; not really bothersome") sensation

<sup>a</sup>SAEs were: atopic dermatitis, cutaneous nerve entrapment, depression, diverticulitis, general physical health deterioration, pulmonary embolism, staphylococcal scalded skin syndrome, and suicidal ideation. <sup>b</sup>Most frequently reported TEAEs (≥1% in either group) were (roflumilast / vehicle): headache (2.9% / 0.9%), nausea (1.9% / 0.4%), application site pain (1.5% / 0.7%), diarrhea (1.5% / 0.4%), vomiting (1.5% / 0.4%), and COVID-19 (0.8% / 1.8%). SAE: serious adverse event; TEAE: treatment-emergent adverse event. PRESENTED AT THE AMERICAN COLLEGE OF ALLERGY, ASTHMA & IMMUNOLOGY ANNUAL SCIENTIFIC MEETING; OCTOBER 24–48, 2024; BOSTON, MA, USA

#### Conclusions



Once-daily nonsteroidal roflumilast cream 0.15% provided meaningful improvements in signs and symptoms of AD, including improvement in pruritus within 24 hours of application



Roflumilast cream also improved the impact of AD on patients' families and patient-reported measures



Roflumilast cream was well tolerated, with low rates of discontinuations because of AEs occurring in both groups



Local tolerability with roflumilast was generally similar to that of patients treated with vehicle