

# Efficacy and Safety of Once-Daily Roflumilast Cream 0.15% for the Treatment of Atopic Dermatitis: Pooled Results in Patients 6 to 17 Years of Age From the INTEGUMENT-1/2 Phase 3 Clinical Trials

Adelaide A. Hebert,<sup>1</sup> Lawrence F. Eichenfield,<sup>2</sup> Eric L. Simpson,<sup>3</sup> John Browning,<sup>4</sup> Melinda Gooderham,<sup>5</sup> Mercedes E. Gonzalez,<sup>6</sup> Jeannette Jakus,<sup>7</sup> Vimal H. Prajapati,<sup>8</sup> Lisa Swanson,<sup>9</sup> Melissa S. Seal,<sup>10</sup> David Krupa,<sup>10</sup> Patrick Burnett,<sup>10</sup> David R. Berk,<sup>10</sup> Robert C. Higham,<sup>10</sup> David H. Chu<sup>10</sup>

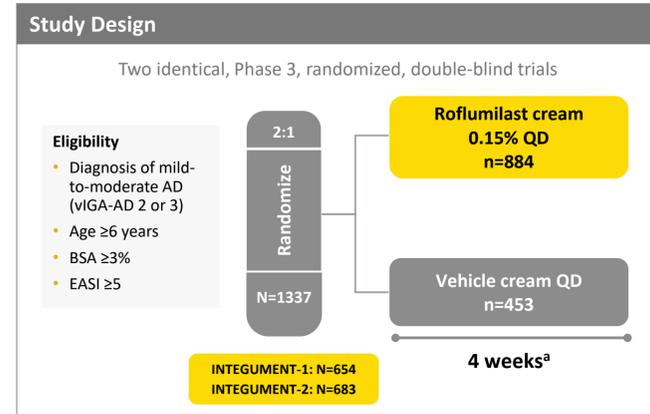
<sup>1</sup>UT Health McGovern Medical School, Houston, TX, USA; <sup>2</sup>Rady's Children's Hospital-San Diego, University of California San Diego, San Diego, CA, USA; <sup>3</sup>Oregon Health & Science University, Portland, OR, USA; <sup>4</sup>Texas Dermatology and Laser Specialists, San Antonio, TX, USA; <sup>5</sup>SKIN Centre for Dermatology, Probity Medical Research, and Queen's University, Peterborough, ON, Canada; <sup>6</sup>Pediatric Skin Research, LLC, Miami, FL, USA; <sup>7</sup>SUNY Downstate Health Sciences University, Brooklyn, NY, USA; <sup>8</sup>Dermatology Research Institute, Skin Health & Wellness Centre, University of Calgary, and Probity Medical Research, Calgary, AB, Canada; <sup>9</sup>Ada West Dermatology, Meridian, ID, USA; <sup>10</sup>Arcutis Biotherapeutics, Inc., Westlake Village, CA, USA

## INTRODUCTION

- Atopic dermatitis (AD) is a chronic inflammatory skin disease affecting patients of all age groups
- Roflumilast cream 0.15% is a nonsteroidal drug that has been investigated as a once-daily treatment for patients with AD
  - Does not contain ethanol, propylene glycol, or fragrances that can irritate skin
  - Roflumilast is a phosphodiesterase 4 (PDE4) inhibitor<sup>1,2</sup> with ~25- to >300-fold higher potency than apremilast and crisaborole,<sup>3</sup> with roflumilast more closely mimicking the 3 key binding sites of cyclic adenosine monophosphate to PDE4<sup>4</sup>
- Efficacy and safety of roflumilast cream 0.05% and 0.15% for AD have been demonstrated in Phase 3 randomized trials:
  - Patients aged 2–5 years (INTEGUMENT-PED: NCT04845620)<sup>5</sup>
  - Patient aged ≥6 years (INTEGUMENT-1: NCT04773587; INTEGUMENT-2: NCT04773600)<sup>6,7</sup>
- Here we present pooled efficacy and safety results of roflumilast cream 0.15% in patients aged 6–17 years from the INTEGUMENT-1 and -2 trials

## METHODS

- INTEGUMENT-1 and -2 were identical, Phase 3, randomized, double-blind trials
- This subgroup analysis assessed the efficacy and safety of roflumilast cream 0.15% in patients aged 6–11 years and 12–17 years; data are presented alongside data from the overall population



<sup>a</sup>Non-medicated emollients or moisturizers could be applied QD, but only to untreated areas of the patient's skin. BSA: body surface area; QD: once daily.

## Endpoints for This Analysis

- Validated Investigator Global Assessment for Atopic Dermatitis (vIGA-AD)**
  - vIGA-AD 0 (Clear)/1 (Almost Clear)
    - Weeks 1, 2, and 4
  - vIGA-AD Success, defined as vIGA-AD 0/1 plus ≥2-grade improvement from baseline
    - Week 4 (primary endpoint)
    - Weeks 1 and 2
- Eczema Area and Severity Index (EASI)**
  - EASI-75, defined as a ≥75% reduction in EASI score from baseline
    - Weeks 1, 2, and 4
- Worst Itch-Numeric Rating Scale (WI-NRS)**
  - WI-NRS Success, defined as ≥4-point improvement in patients with baseline WI-NRS score ≥4
    - Weeks 1, 2, and 4

## RESULTS

### Demographics and Baseline Disease Characteristics

	Roflumilast cream 0.15% (n=884)	Vehicle cream (n=453)
<b>Age, years, mean (SD) [range]</b>	27.9 (19.4) [6–91]	27.3 (19.0) [6–84]
<b>Age group, n (%)</b>		
6–11 years	214 (24.2)	103 (22.7)
12–17 years	192 (21.7)	106 (23.4)
≥18 years	478 (54.1)	244 (53.9)
<b>Female at birth, n (%)</b>	489 (55.3)	272 (60.0)
<b>Not Hispanic or Latino,<sup>a</sup> n (%)</b>		
Not Hispanic or Latino	730 (82.6)	377 (83.2)
White	529 (59.8)	267 (58.9)
Black or African American	176 (19.9)	96 (21.2)
Asian	114 (12.9)	62 (13.7)
American Indian or Alaskan Native	7 (0.8)	1 (0.2)
Native Hawaiian or Other Pacific Islander	1 (0.1)	0
Other	33 (3.7)	13 (2.9)
>1 race	24 (2.7)	14 (3.1)
<b>Fitzpatrick Skin Type, n (%)</b>		
I–III	481 (54.4)	238 (52.5)
IV–VI	403 (45.6)	215 (47.5)
<b>vIGA-AD of 2 (Mild), n (%)</b>		
6–11 years	53 (24.8)	29 (28.2)
12–17 years	48 (25.0)	26 (24.5)
Overall	211 (23.9)	112 (24.7)
<b>vIGA-AD of 3 (Moderate), n (%)</b>		
6–11 years	161 (75.2)	74 (71.8)
12–17 years	144 (75.0)	80 (75.5)
Overall	673 (76.1)	341 (75.3)
<b>EASI, mean (median) [range]</b>		
6–11 years	11.2 (9.6) [5.0–52.5]	11.0 (8.7) [5.0–37.9]
12–17 years	10.5 (8.7) [4.4–47.4]	9.7 (8.4) [3.4–25.6]
Overall	10.1 (8.4) [4.4–52.5]	10.0 (8.4) [3.4–37.9]
<b>BSA, %, mean (median) [range]</b>		
6–11 years	17.2 (12.5) [3.0–76.0]	16.8 (13.0) [3.2–86.0]
12–17 years	14.1 (9.2) [3.0–88.0]	13.8 (9.5) [3.0–52.0]
Overall	13.5 (9.7) [3.0–88.0]	13.9 (10.0) [3.0–86.0]
<b>Weekly WI-NRS, mean (median) [range]</b>		
6–11 years	5.9 (6.1) [0.0–10.0]	5.7 (5.9) [1.0–10.0]
12–17 years	5.7 (5.9) [0.0–10.0]	5.1 (5.1) [0.0–9.0]
Overall	6.1 (6.3) [0.0–10.0]	5.9 (6.0) [0.0–10.0]
<b>Facial involvement, n (%)</b>		
6–11 years	112 (52.3)	55 (53.4)
12–17 years	91 (47.4)	44 (41.5)
Overall	370 (41.9)	197 (43.5)

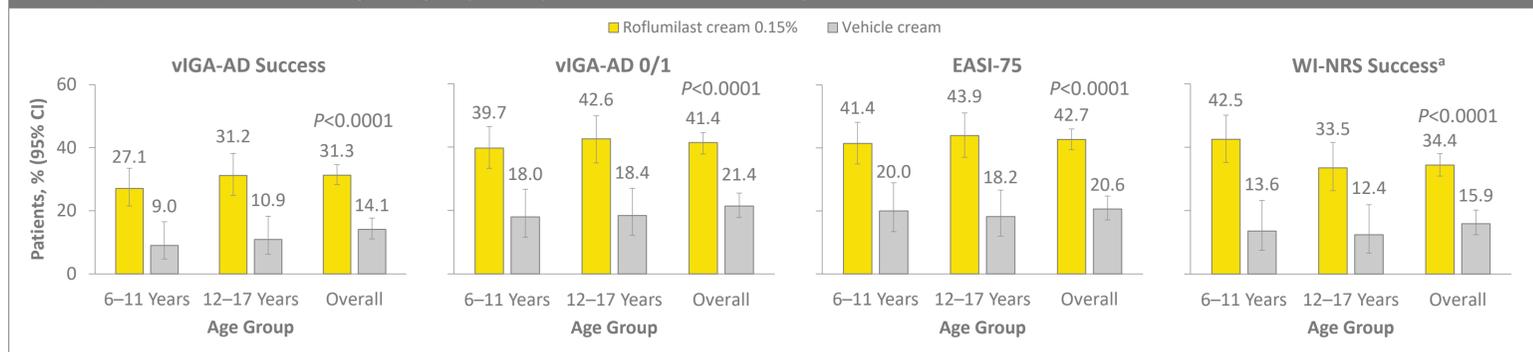
<sup>a</sup>Ethnicity data not reported for 4 patients in each group.

### Safety

	6–11 Years		12–17 Years		Overall	
	Roflumilast cream 0.15% (n=214)	Vehicle cream (n=103)	Roflumilast cream 0.15% (n=192)	Vehicle cream (n=105)	Roflumilast cream 0.15% (n=885)	Vehicle cream (n=451)
<b>Patients, n (%)</b>	53 (24.8)	23 (22.3)	44 (22.9)	14 (13.8)	194 (21.9)	65 (14.4)
<b>Patients with any TEAE</b>	15 (7.0)	5 (4.8)	12 (6.3)	2 (1.9)	53 (6.0)	12 (2.7)
<b>Patients with any treatment-related TEAE</b>	2 (0.9)	0	1 (0.5)	0	8 (0.9)	0
<b>Patients with any treatment-emergent SAE<sup>a</sup></b>	4 (1.9)	2 (1.9)	1 (0.5)	0	14 (1.6)	5 (1.1)
<b>Most frequently reported TEAEs<sup>b</sup></b>						
Headache	7 (3.3)	0	8 (4.3)	0	26 (2.9)	4 (0.9)
Nausea	8 (3.7)	0	3 (1.5)	0	17 (1.9)	2 (0.4)
Application-site pain	6 (2.8)	3 (2.9)	1 (0.5)	0	13 (1.5)	3 (0.7)
Diarrhea	3 (1.4)	2 (1.9)	2 (1.1)	0	13 (1.5)	2 (0.4)
Vomiting	8 (3.7)	2 (1.9)	3 (1.6)	0	13 (1.5)	2 (0.4)

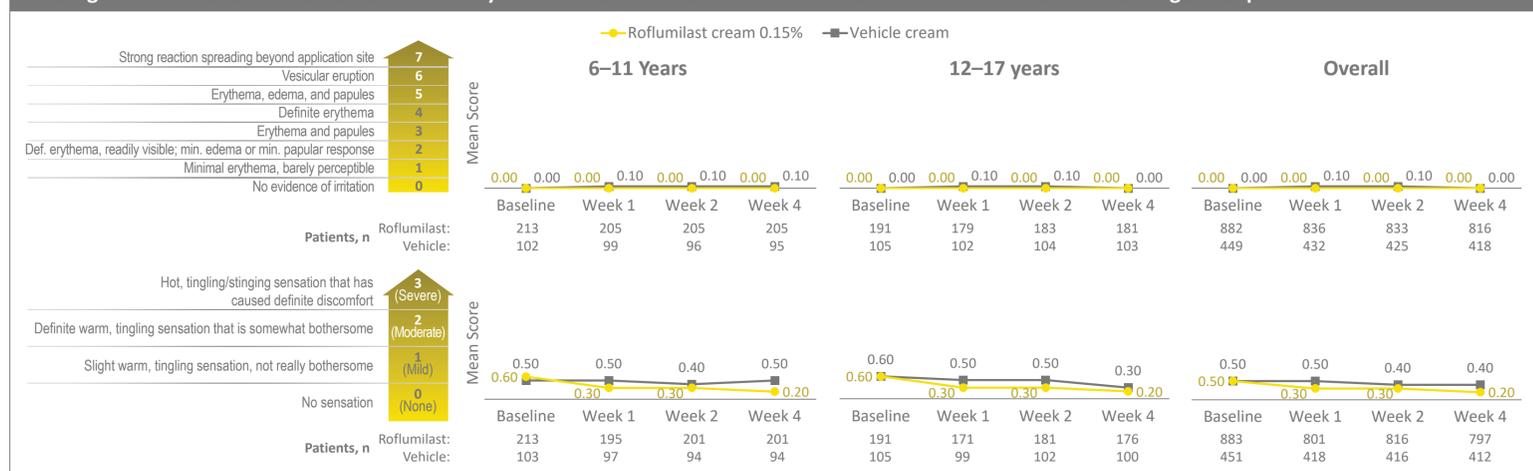
<sup>a</sup>SAEs were atopic dermatitis, cutaneous nerve entrapment, depression, diverticulitis, general physical health deterioration, pulmonary embolism, staphylococcal scalded skin syndrome, suicidal ideation; <sup>b</sup>≥1.5% in the roflumilast group in the overall trial population. SAE: serious adverse event; TEAE: treatment-emergent adverse event.

### Greater Proportions of Patients Treated With Roflumilast Versus Vehicle Achieved vIGA-AD Success, vIGA-AD 0/1, EASI-75, and WI-NRS Success at Week 4, With Similar Results in Age Subgroups Compared With the Overall Population



<sup>a</sup>WI-NRS success assessed in patients with baseline WI-NRS ≥4 only (6–11 years: n=167 [roflumilast] and n=78 [vehicle]; 12–17 years: n=150 and n=74; overall: n=709 and n=349).

### Investigator- and Patient-Rated Local Tolerability Was Similar Between Roflumilast Cream and Vehicle Cream Across Age Groups



Def.: definite; min.: minimal.

## CONCLUSIONS

- Once-daily, nonsteroidal roflumilast cream 0.15% improved multiple signs and symptoms of AD in pediatric patients aged 6–17 years in 2 Phase 3 trials
  - In the pediatric subgroup, more patients treated with roflumilast achieved vIGA-AD Success, vIGA-AD 0/1, EASI-75, and WI-NRS Success compared with those treated with vehicle, similar to the overall population
- Local tolerability was generally similar between roflumilast and vehicle and rates of TEAEs were low, including application-site pain
  - Local tolerability and rates of TEAEs were generally similar across age groups
- Pediatric subgroups treated with roflumilast experienced similar efficacy and safety to the overall population

## REFERENCES

- ZORYVE® cream. Prescribing information. Arcutis Biotherapeutics, Inc; 2024.
- ZORYVE® foam. Prescribing information. Arcutis Biotherapeutics, Inc; 2023.
- Dong C, et al. *J Pharmacol Exp Ther*. 2016;358:413–422.
- Wang J, Bunick CG. *J Invest Dermatol*. 2023;143:S194.
- Eichenfield L, et al. Presented at American Academy of Dermatology Annual Meeting; March 8–12, 2024; San Diego, CA.
- Simpson E, et al. Presented at American Academy of Dermatology Annual Meeting; March 17–21, 2023; New Orleans, LA.
- Eichenfield LF, et al. Presented at American College of Allergy, Asthma & Immunology Annual Scientific Meeting; November 9–13, 2023; Anaheim, CA.

## ACKNOWLEDGEMENTS

This work was supported by Arcutis Biotherapeutics, Inc. Thank you to the investigators and their staff for their participation in the trials. We are grateful to the study participants and their families for their time and commitment. Writing support was provided by Ashley Oney, MD, and Christina McManus, PhD, Alligent Biopharm Consulting LLC.

## DISCLOSURES

AAH, LFE, ELS, JB, MG, MEG, JJ, VHP, and LS are investigators and/or consultants for Arcutis Biotherapeutics, Inc. and received grants/research funding and/or honoraria; MSS, DK, PB, DRB, RCH, and DHC are employees of Arcutis Biotherapeutics, Inc.