Improvements in Scalp Outcomes With Roflumilast Foam 0.3% for Psoriasis of the Scalp and Body From the Phase 3 ARRECTOR Trial

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INTRODUCTION

- Plaque psoriasis, a chronic inflammatory skin condition, can occur anywhere on the body¹
- Psoriasis of the scalp has a substantial negative impact on patient quality of life²
- The scalp is one of the most common locations for development of psoriatic plaques, with approximately half of patients reporting involvement of the scalp^{2,3} and up to 80% reporting psoriasis-associated scalp itch⁴
- The use of cosmetically unacceptable formulations, such as creams and ointments, on hair-bearing areas can make treatment of psoriasis of the scalp challenging³ and contribute to dissatisfaction with treatment and nonadherence⁵
- TCS are commonly used to treat psoriasis, but because of their limitations and growing concerns about their safety, recently approved advanced targeted topical treatments that are not steroids are increasingly used^{6–8}
 - TCS are not reccommended for long-term use and the application of higher-potency TCS in thin-skinned areas, where systemic absorption is greater, can lead to increased risk of cutaneous and systemic AEs
- Roflumilast foam 0.3% is a water-based PDE4 inhibitor formulation that contains excipients that help maintain the skin barrier and does not contain ethanol, isopropyl alcohols, propylene glycol, polyethylene glycol, formaldehyde-releasing agents, or fragrances that can lead to contact sensitization, irritate the skin, and/or damage hair^{9,10}
- Roflumilast foam 0.3% is approved for once-daily treatment of plaque psoriasis of the scalp and body in patients aged ≥12 years and of seborrheic dermatitis in patients aged ≥9 years¹¹
- The cream formulation (roflumilast cream 0.3%) is approved for the topical treatment of plaque psoriasis in patients aged ≥6 years¹² Efficacy, safety, and tolerability of roflumilast foam 0.3% were demonstrated in patients with plaque psoriasis of the scalp and body in the phase 3 ARRECTOR¹³ trial
- The efficacy of roflumilast foam 0.3% to improve scalp symptoms and reduce scalp involvement in patients from the ARRECTOR trial are reported here

METHODS

Study design

• ARRECTOR (NCT05028582) was a double-blind, randomized, parallel group, vehicle-controlled, phase 3 trial of roflumilast foam 0.3% in patients aged ≥12 years with psoriasis of the scalp and body

Co-primary endpoints

B-IGA (body, non-scalp) and S-IGA (scalp only) success, defined as clear (0) or almost clear (1) plus ≥2-grade improvement from baseline

Key secondary endpoints

- S-IGA clear (0)
- PSSI-75, defined as ≥75% improvement in PSSI from baseline

Study Design

- Eligibility
- Aged ≥12 years

• B-IGA ≥2 (mild)

- BSA ≤25% • S-IGA ≥3 (moderate)
- Roflumilast foam 0.3% QD **Vehicle foam QD**

8 weeks

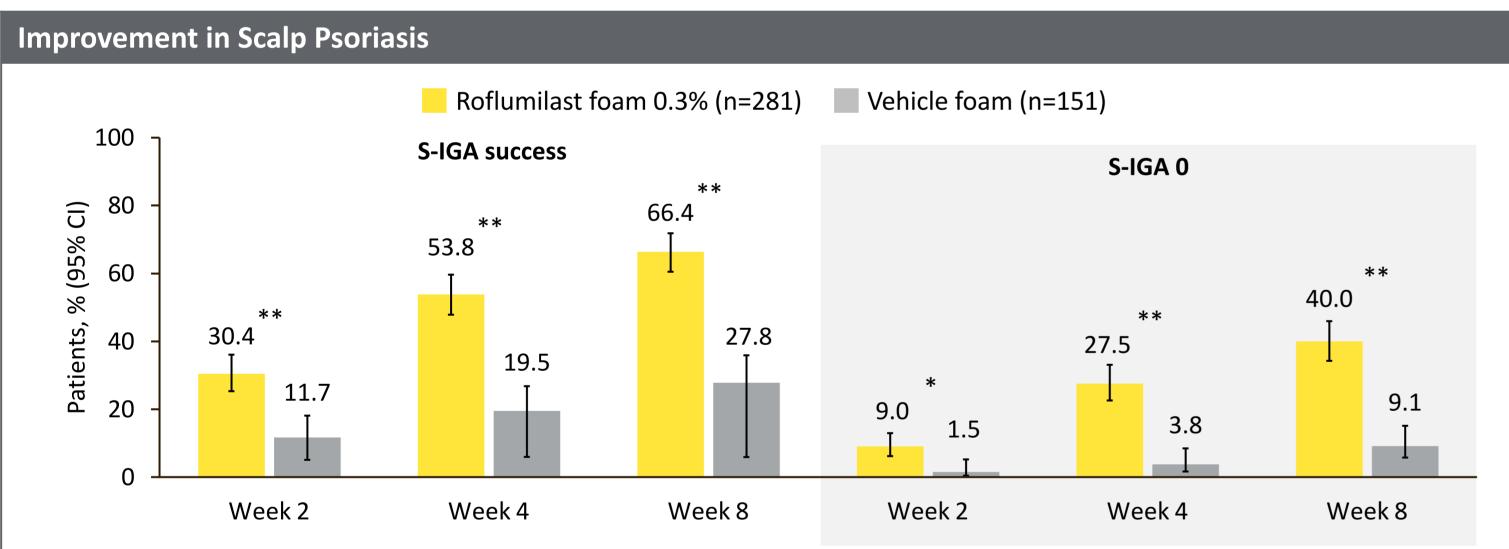
B-IGA success

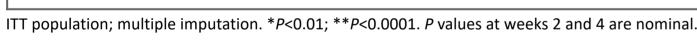
- **Co-primary endpoints** Additional assessments
- Extent of scalp involvement over time S-IGA success
 - PSSI component scores (extent of involvement, desquamation, erythema, and induration)
 - Safety and application-site tolerability

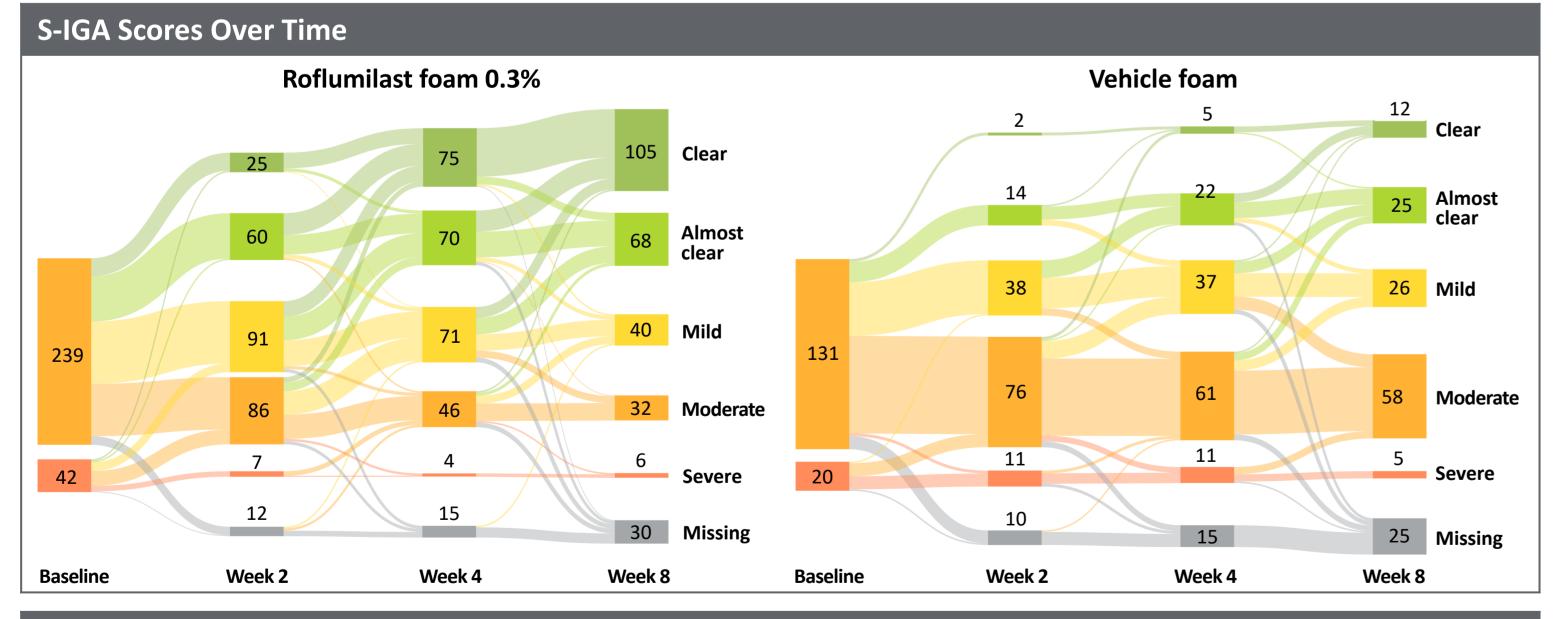
RESULTS

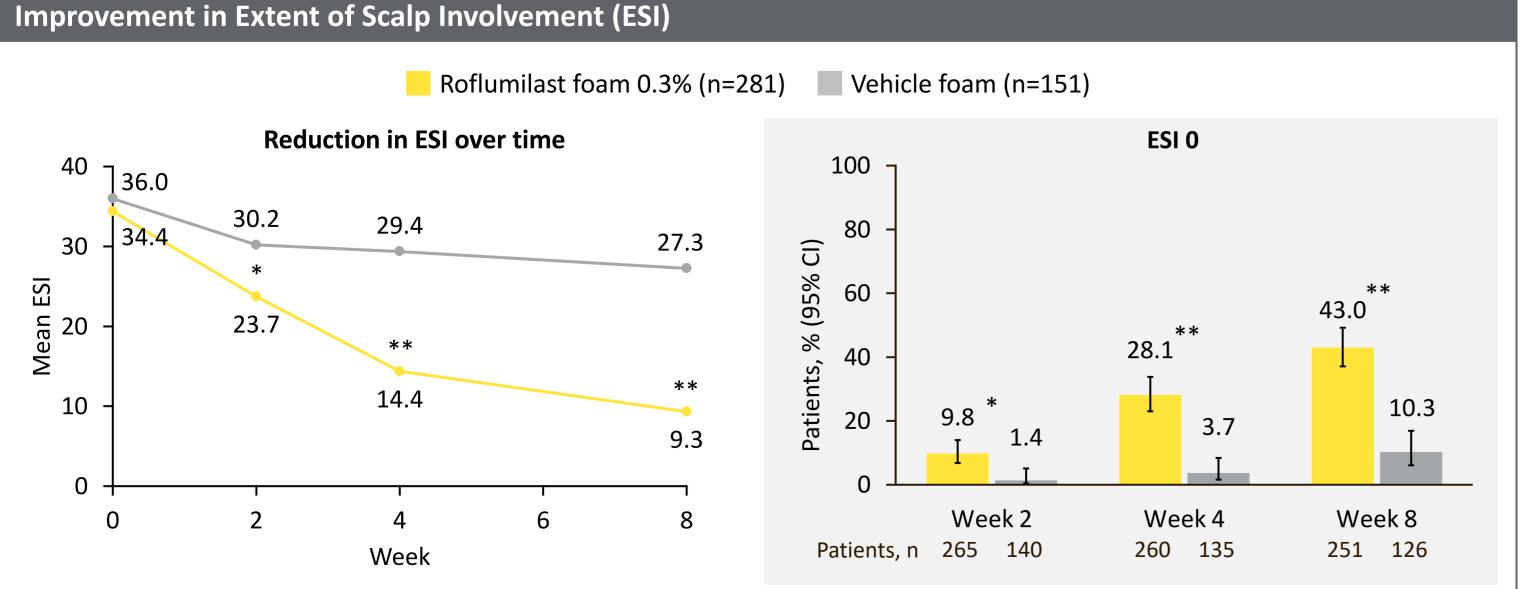
- Mean age of patients was 47.3 years, and demographics and baseline clinical characteristics were balanced between groups
- The majority of patients (≥80%) were White and not Hispanic or Latino
- Significantly higher proportions of patients in the roflumilast foam 0.3% versus vehicle foam group achieved S-IGA success (P<0.0001) and S-IGA 0 (*P*≤0.0055) at weeks 2, 4, and 8
- Mean improvement in extent of scalp involvement (ESI) from baseline to week 8 was greater with roflumilast than with vehicle
- Higher proportions of patients treated with roflumilast versus vehicle achieved ESI 0 throughout the study Higher proportions of patients in the roflumilast than vehicle group achieved PSSI-75 at all timepoints ($P \le 0.0056$)
- Topical roflumilast was well tolerated with SAEs reported for <1% of patients
 - No evidence of irritation at the application site was reported by investigators for >99% of patients and no/mild sensation was reported by >94% of patients, at all time points¹²

Roflumilast foam 0.3% (n=281) 48.6 (50.0) [12–87] 152 (54.1) 224 (79.7) 225 (80.1)	Vehicle foam (n=151) 45.0 (46.0) [15–78] 91 (60.3) 121 (80.1)
152 (54.1) 224 (79.7)	91 (60.3) 121 (80.1)
224 (79.7)	121 (80.1)
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225 (80.1)	120 (05 4)
	129 (85.4)
an 12 (4.3)	6 (4.0)
26 (9.3)	4 (2.6)
14 (5.0)	11 (7.3)
4 (1.4)	1 (0.7)
239 (85.1)	131 (86.8)
42 (14.9)	20 (13.2)
21.4 (11.1)	22.2 (11.0)
	14 (5.0) 4 (1.4) 239 (85.1) 42 (14.9)









ITT population, observed data. *P<0.01; **P<0.0001. P values for reduction in ESI over timerepresent least squares mean difference of roflumilast foam from vehicle foam. P values for ESI 0 are nominal.

ABBREVIATIONS AE, adverse event; B-IGA, Body Investigator Global Assessment; BSA, body surface area affected; ESI, extent of scalp involvement; ITT, intent-to-treat; PDE4, phosphodiesterase 4; PSSI, Psoriasis Scalp Severity Index; QD, once daily;

S-IGA, Scalp Investigator Global Assessment; SAE, serious adverse event; TCS, topical corticosteroid; TEAE, treatment-emergent AE.

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Improvement in Scalp Symptom Severity Roflumilast foam 0.3% (n=281) Vehicle foam (n=151) Improvement in scalp PSSI component scores from baseline at week 8 **Achievement of PSSI-75** 100 Extent of involvement 70.9 80 \overline{C} 56.5 31.3 Desquamation 29.1 24.7 16.1 20 Erythema Week 8 Week 2 Week 4

TT population; multiple imputation. *P<0.01; **P<0.0001. P values at weeks 2 and 4 are nominal.					
Improvement in Psoriasis of the Scalp With Roflumilast Foam 0.3%					
Baseline	Week 2	Week 4	Week 8		
56-year-old Black or African Amer	ican male with a 4-year history of p	soriasis and no history of TCS use			
S-IGA=4; ESI=20%; PSSI=18	S-IGA=3; ESI=20%; PSSI=18	S-IGA=1; ESI=10%; PSSI=1	S-IGA=1; ESI=10%; PSSI=1		
31-year-old White female with a 2	3-year history of psoriasis and prio	r inadequate response, intolerance,	, and/or contraindications to TCS		
O					
S-IGA=3; ESI=100%; PSSI=36	S-IGA=1; ESI=10%; PSSI=6	S-IGA=0; ESI=0%; PSSI=0	S-IGA=0; ESI=0%; PSSI=0		

Safety Summary					
Patients, n (%)		Roflumilast foam 0.3% (n=281)	Vehicle foam (n=151)		
≥1 TEAE		75 (26.7)	25 (16.6)		
≥1 treatment-related TEAE		16 (5.7)	3 (2.0)		
≥1 treatment-emergent SAE ^a		2 (0.7)	1 (0.7)		
≥1 TEAE leading to study/study drug discontinuation		5 (1.8)/7 (2.5)	2 (1.3)/2 (1.3)		
Most common TEAEs by preferred term, ≥2% in either group	Headache	13 (4.6)	3 (2.0)		
	Diarrhea	9 (3.2)	4 (2.6)		
	COVID-19	8 (2.8)	4 (2.6)		
	Nausea	6 (2.1)	0		

CONCLUSIONS

- Roflumilast foam 0.3% significantly reduced scalp symptom severity and scalp involvement compared with vehicle throughout 8 weeks of once-daily treatment
 - 43% of patients achieved complete clearance of plaques on the scalp (ie, ESI 0) at week 8
- PSSI-75 was achieved by >70% of patients treated with roflumilast foam 0.3%
 - Roflumilast foam 0.3% also reduced PSSI component scores for extent of involvement, desquamation, erythema, and induration to a greater extent than vehicle
- Roflumilast foam 0.3% was well tolerated, with few patients discontinuing study treatment because of TEAEs
- These results support the use of roflumilast foam 0.3% as an advanced targeted topical treatment that is not a steroid, for patients with moderate-to-severe psoriasis of the scalp and body, who may otherwise receive systemic therapy

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DISCLOSURES

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