

Efficacy and Safety of Roflumilast Foam 0.3% in Patients With Scalp and Body Psoriasis in the Phase 3 ARRECTOR Trial

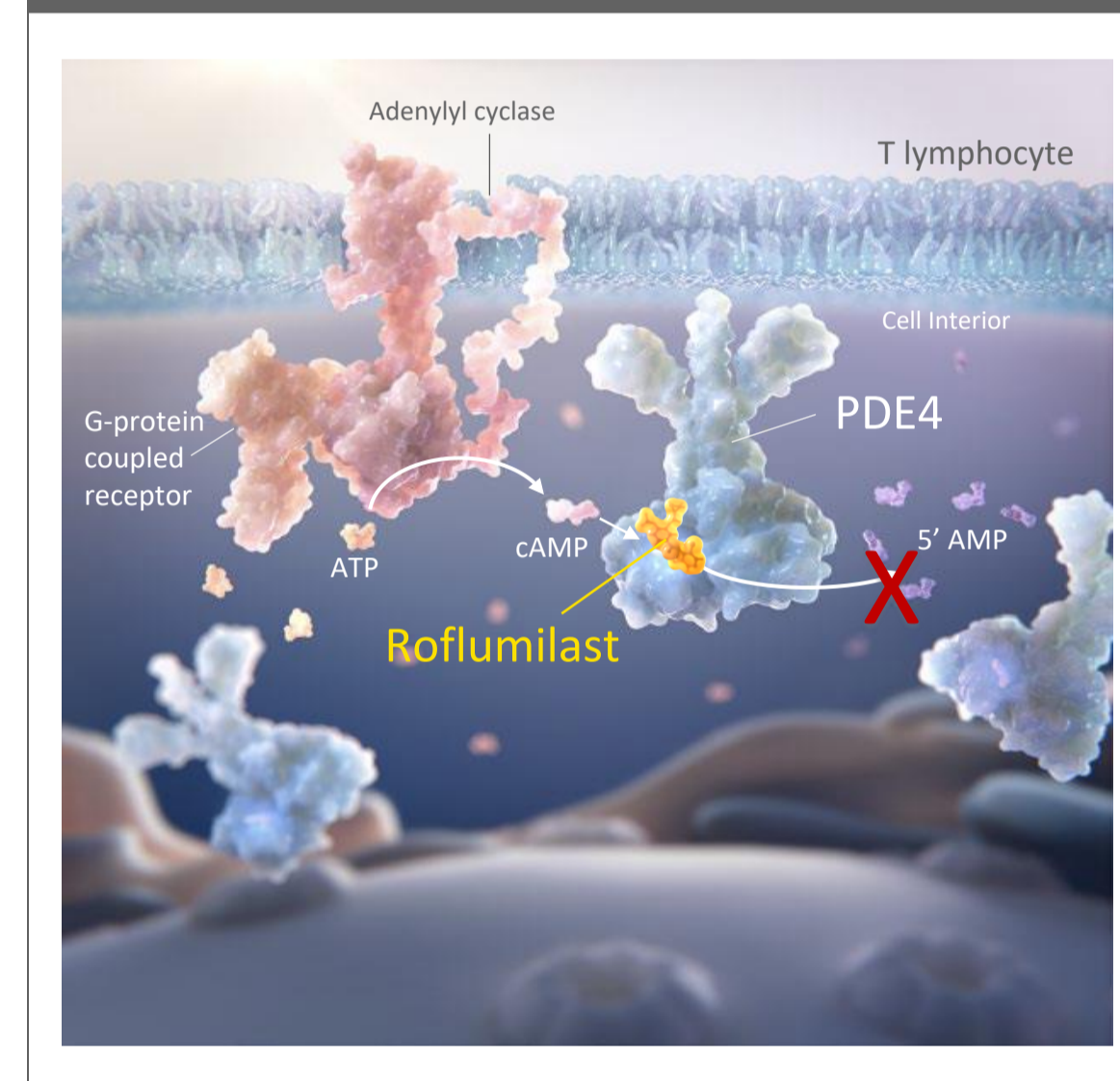
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INTRODUCTION

- Plaque psoriasis is a chronic inflammatory skin condition that negatively impacts quality of life, including patients in which the disease is not extensive¹
 - Up to 80% of patients with psoriasis experience scalp psoriasis^{2,4}
- Roflumilast is a selective, nonsteroidal, potent, phosphodiesterase-4 (PDE4) inhibitor being investigated as a once-daily cream and foam formulation for long-term management of various dermatologic conditions:
 - Chronic plaque psoriasis (0.3% cream formulation approved for patients 12 years of age and up on July 29, 2022 by the US Food and Drug Administration),⁵ atopic dermatitis (0.05% and 0.15% cream), and seborrheic dermatitis (0.3% foam)
- Roflumilast foam 0.3% differs from other topical foams used in the past:
 - It was adapted from the high water-content formulation of roflumilast cream 0.3%
 - Excipients include an emulsifier novel to prescription topical products, which does not extract epidermal lipids at safe skin temperatures⁶
 - Does not contain ethanol, propylene glycol, or fragrances that can irritate skin

Figure 1. Roflumilast Mechanism of Action: A Selective and Potent PDE4 Inhibitor



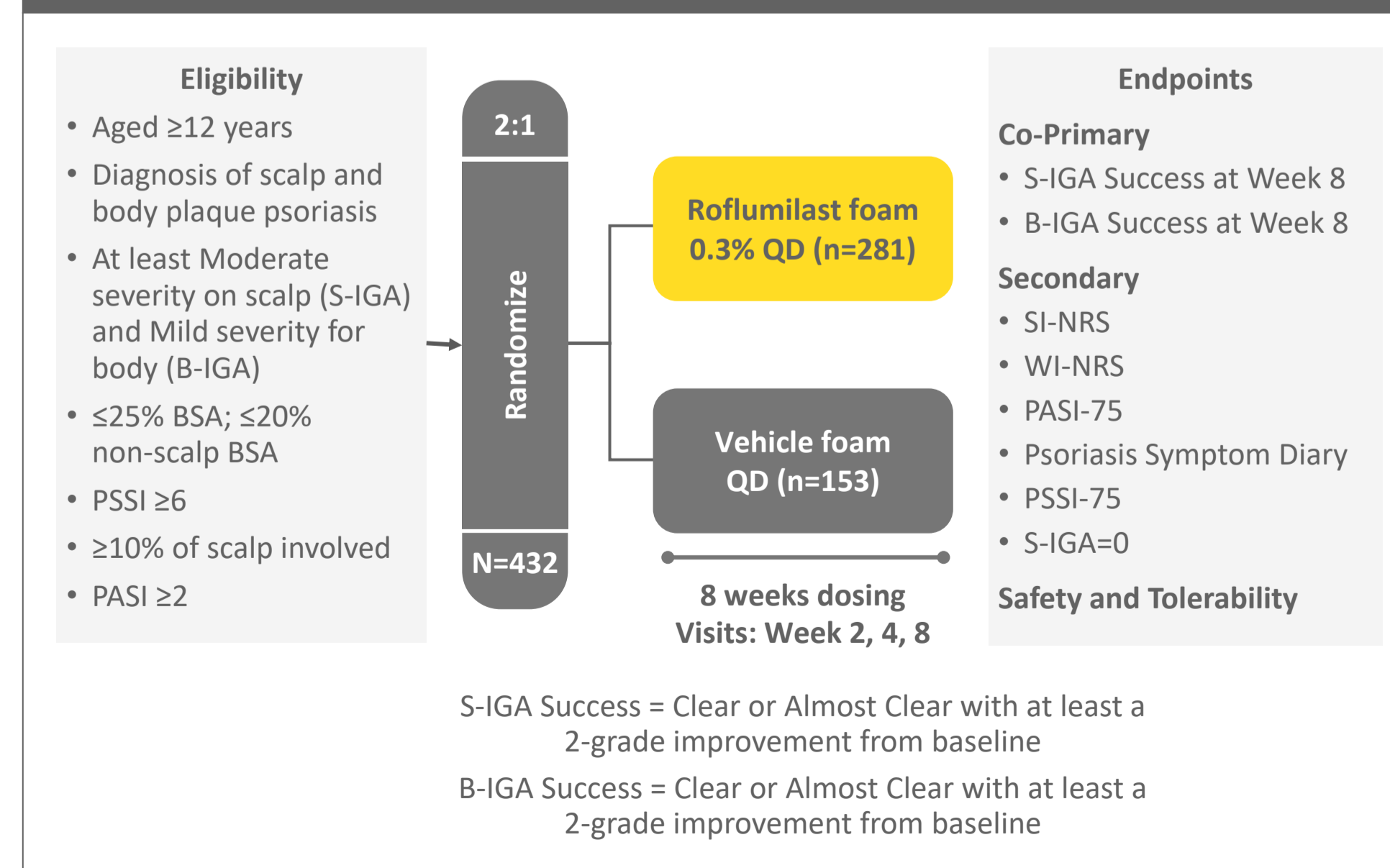
- Roflumilast has a greater affinity for PDE4 than apremilast and crisaborole
 - 25- to >300-fold more potent in in vitro assays⁷
- Roflumilast modulates inflammatory cytokines through inhibition of PDE4 (Figure 1)⁷
 - Decreases conversion of cyclic adenosine monophosphate (cAMP)⁸
 - Results in decreased expression of key pro-inflammatory cytokines⁷
 - T-helper (Th1) (interferon-gamma [IFN-γ], tumor necrosis factor [TNF-α])
 - Th2 (interleukin [IL]-4)
 - Th17 (IL-17, IL-23)
 - Increases anti-inflammatory cytokines such as IL-10⁸

AMP: adenosine monophosphate; ATP: adenosine triphosphate; cAMP: cyclic AMP; PDE4: phosphodiesterase 4.

METHODS

- ARRECTOR was a randomized, parallel-group, double-blind, vehicle-controlled, multicenter phase 3 study (NCT05028582; Figure 2)

Figure 2. Study Design



S-IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline
B-IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline

RESULTS

- Almost 90% of patients receiving roflumilast foam completed the trial (Table 1)
 - Few patients discontinued due to adverse events (≤1.8% in any treatment group) or due to lack of efficacy (≤1.1% in any treatment group)
- Overall, baseline demographics and disease characteristics were well-balanced (Table 2)
- Roflumilast foam 0.3% provided greater efficacy than vehicle across multiple endpoints (Figures 3–9)
- Incidence of treatment-emergent adverse events was low and local tolerability was favorable in both treatment groups (Table 2 and Figure 10)

Table 1. Patient Disposition

	Roflumilast Foam 0.3% (n=281)	Vehicle Foam (n=151)
Completed	250 (89.0)	126 (83.4)
Prematurely discontinued	31 (11.0)	25 (16.6)
Reason for discontinuation		
Lost to follow-up	11 (3.9)	9 (6.0)
Withdrawal of consent	9 (3.2)	10 (6.6)
Adverse events	5 (1.8)	2 (1.3)
Lack of efficacy	3 (1.1)	1 (0.7)
Request of PCP/Investigator	0	1 (0.7)
Death	0	0
Pregnancy	0	0
Other	3 (1.1)	2 (1.3)

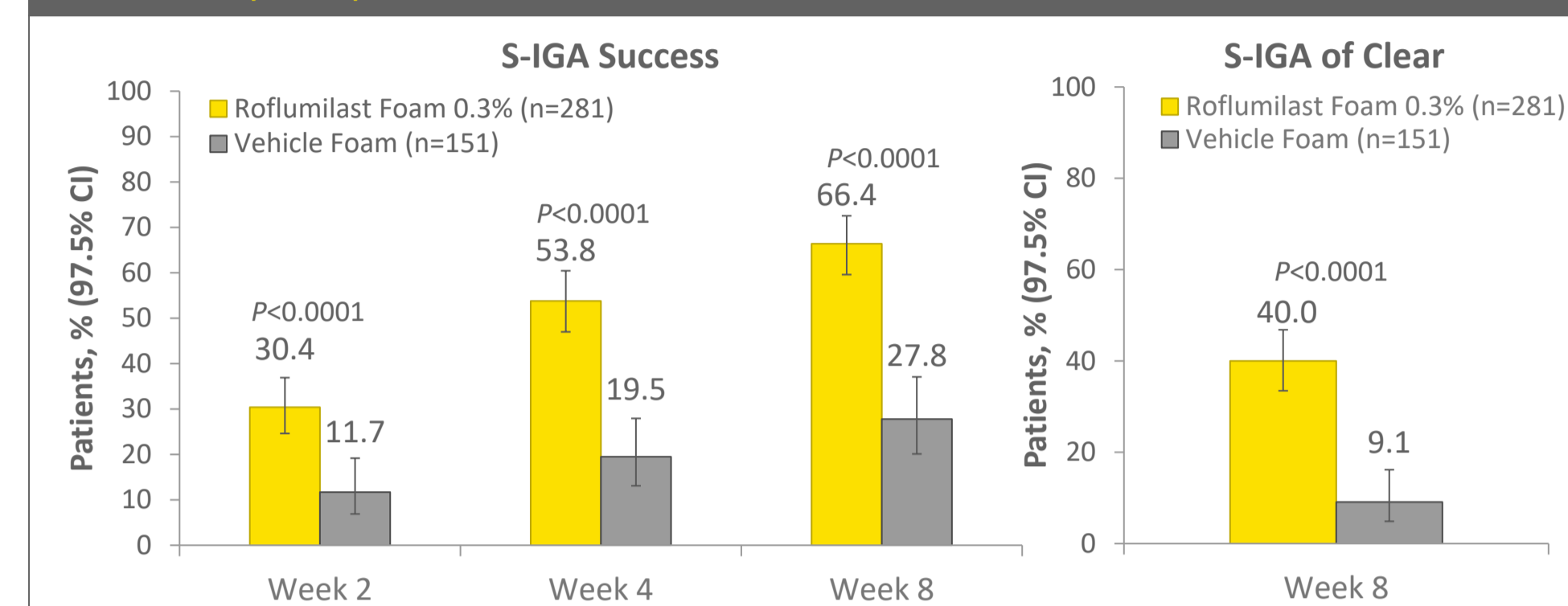
PCP: primary care physician.

Table 2. Patient Demographics and Baseline Disease Characteristics

	Roflumilast Foam 0.3% (n=281)	Vehicle Foam (n=151)
Patients, n (%)		
Age, years, mean (SD)	48.6 (14.9)	45.0 (14.3)
Gender		
Male	129 (45.9)	60 (39.7)
Female	152 (54.1)	91 (60.3)
Ethnicity		
Hispanic or Latino	48 (17.1)	28 (18.5)
Not Hispanic or Latino	224 (79.7)	121 (80.1)
Not reported	9 (3.2)	2 (1.3)
Race		
American-Indian or Alaskan Native	0	3 (2.0)
Asian	26 (9.3)	4 (2.6)
Black or African American	12 (4.3)	6 (4.0)
Native Hawaiian, Other Pacific Islander	3 (1.1)	1 (0.7)
White	225 (80.1)	129 (85.4)
Other	11 (3.9)	7 (4.6)
More than one race	4 (1.4)	1 (0.7)
Baseline S-IGA		
3 (moderate)	239 (85.1)	131 (86.8)
4 (severe)	42 (14.9)	20 (13.2)
Baseline B-IGA		
2 (mild)	76 (27.0)	43 (28.5)
3 (moderate)	191 (68.0)	99 (65.6)
4 (severe)	14 (5.0)	9 (6.0)
PSSI, mean (SD)	21.4 (11.1)	22.2 (11.0)
PASI, mean (SD)	6.7 (3.6)	6.0 (3.3)
PSD, total mean (SD)	73.4 (40.2)	75.2 (36.9)
BSA (%), mean (SD)	6.1 (4.3)	6.0 (4.3)
SI-NRS, mean (SD)	5.8 (2.6)	6.1 (2.3)
WI-NRS, mean (SD)	5.7 (2.6)	5.5 (2.6)

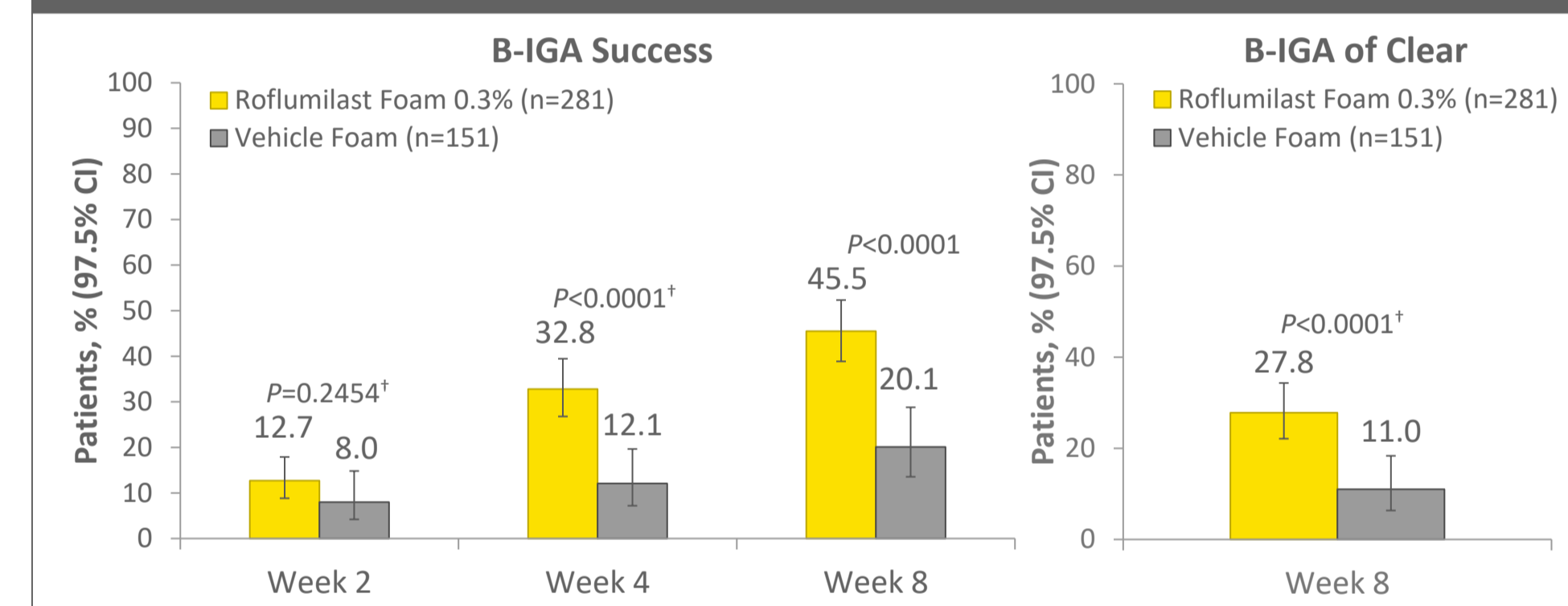
B-IGA: Body-Investigator Global Assessment; BSA: body surface area; PASI: Psoriasis Area and Severity Index; PSD: Psoriasis Symptom Diary; PSSI: Psoriasis Scalp Severity Index; SD: standard deviation; S-IGA: Scalp-Investigator Global Assessment; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 3. Improvement in Scalp Psoriasis: Co-Primary Endpoint: S-IGA Success at Week 8



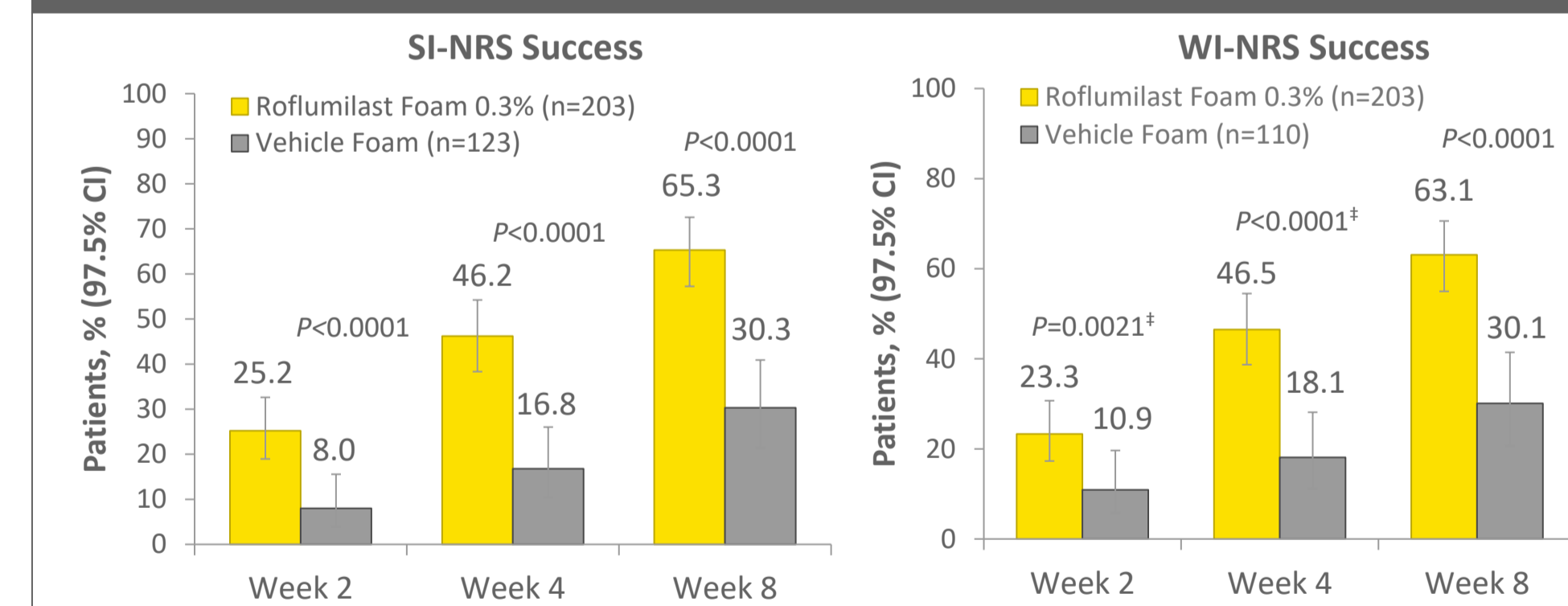
S-IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline. CI: confidence interval; S-IGA: Scalp-Investigator Global Assessment.

Figure 4. Improvement in Body Psoriasis: Co-Primary Endpoint: B-IGA Success at Week 8



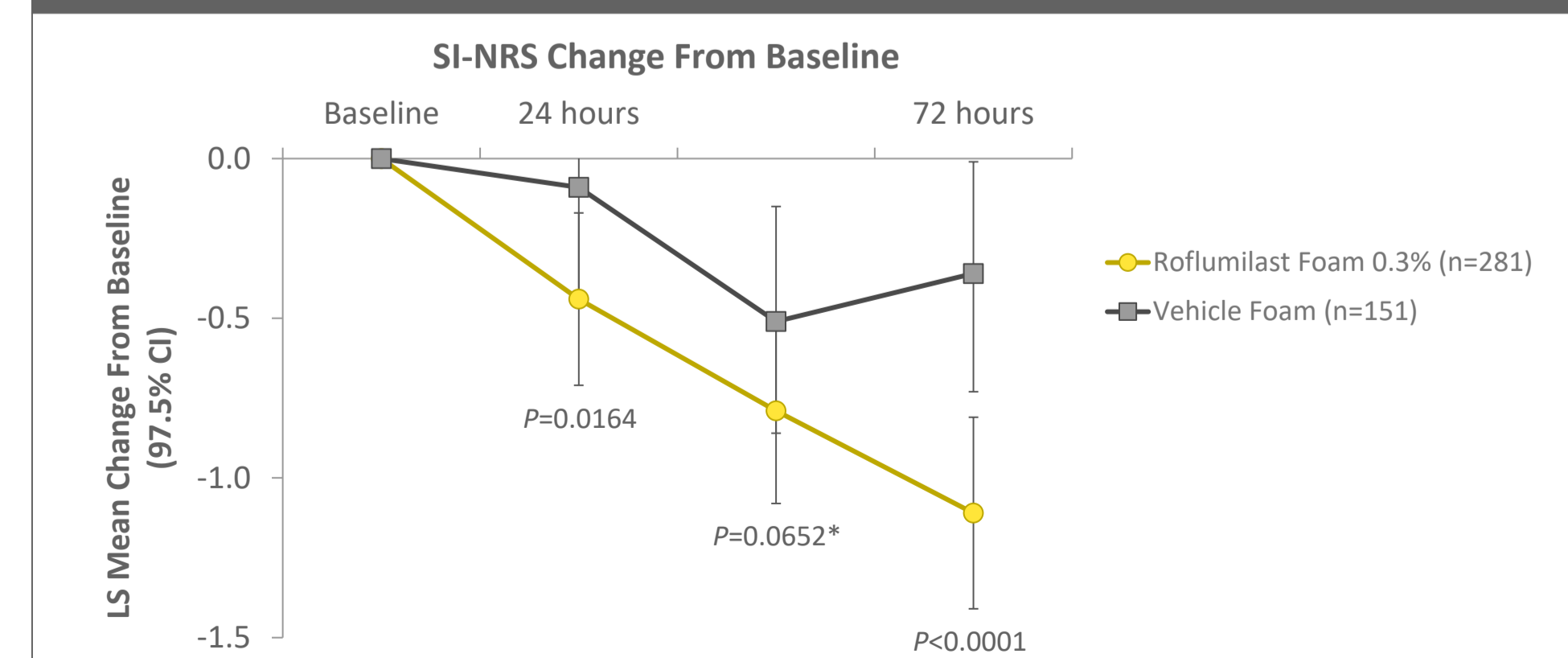
B-IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline. Nominal P-value. B-IGA: Body-Investigator Global Assessment; CI: confidence interval.

Figure 5. Improvement in Scalp and Body Pruritus



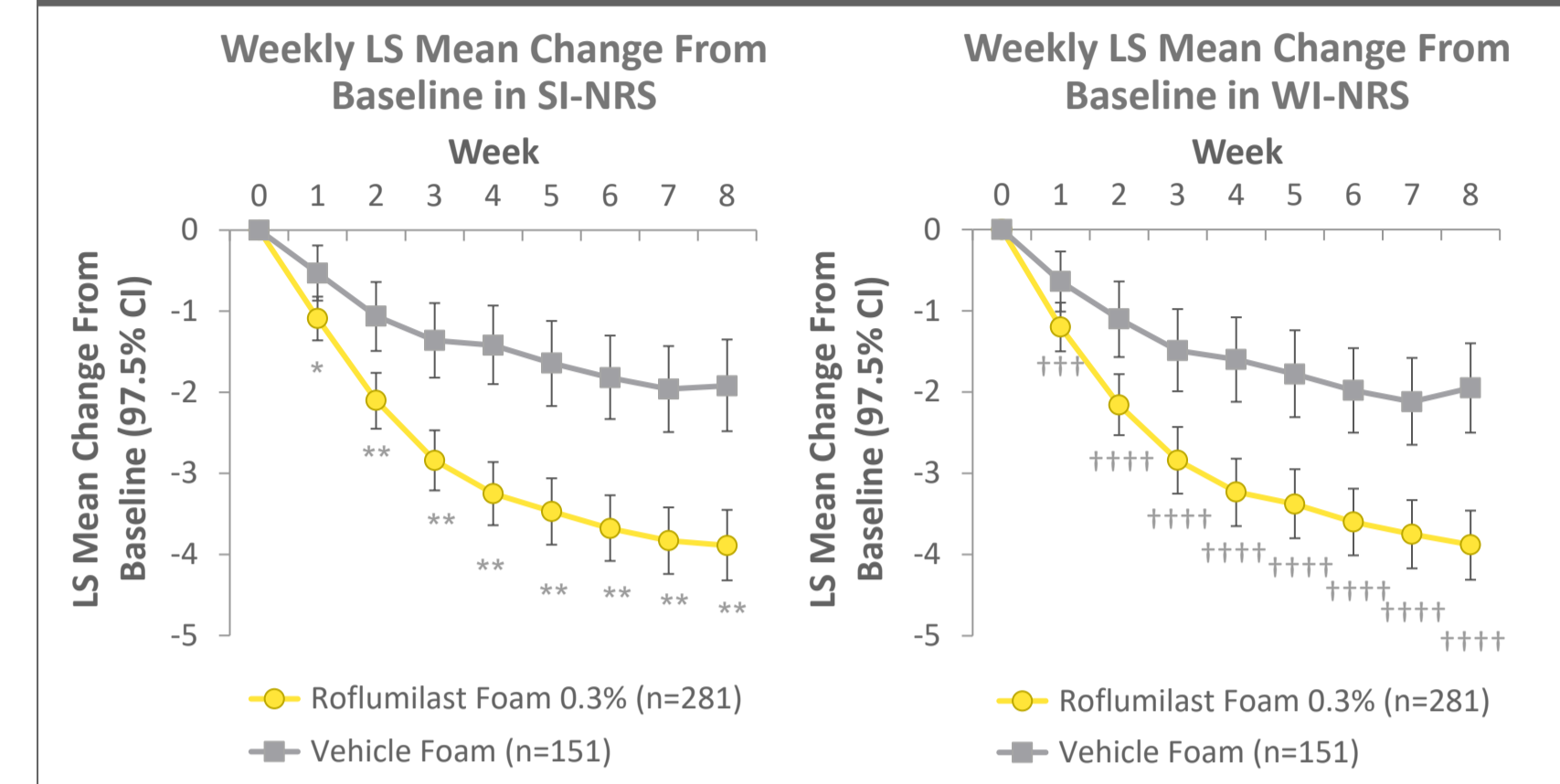
SI-NRS Success: achievement of 24-point improvement from baseline in patients with baseline SI-NRS ≥4; WI-NRS Success: achievement of 24-point improvement from baseline in patients with baseline WI-NRS ≥4. Nominal P-value. CI: confidence interval; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 6. Improvement in Scalp Pruritus at 24 Hours After First Application



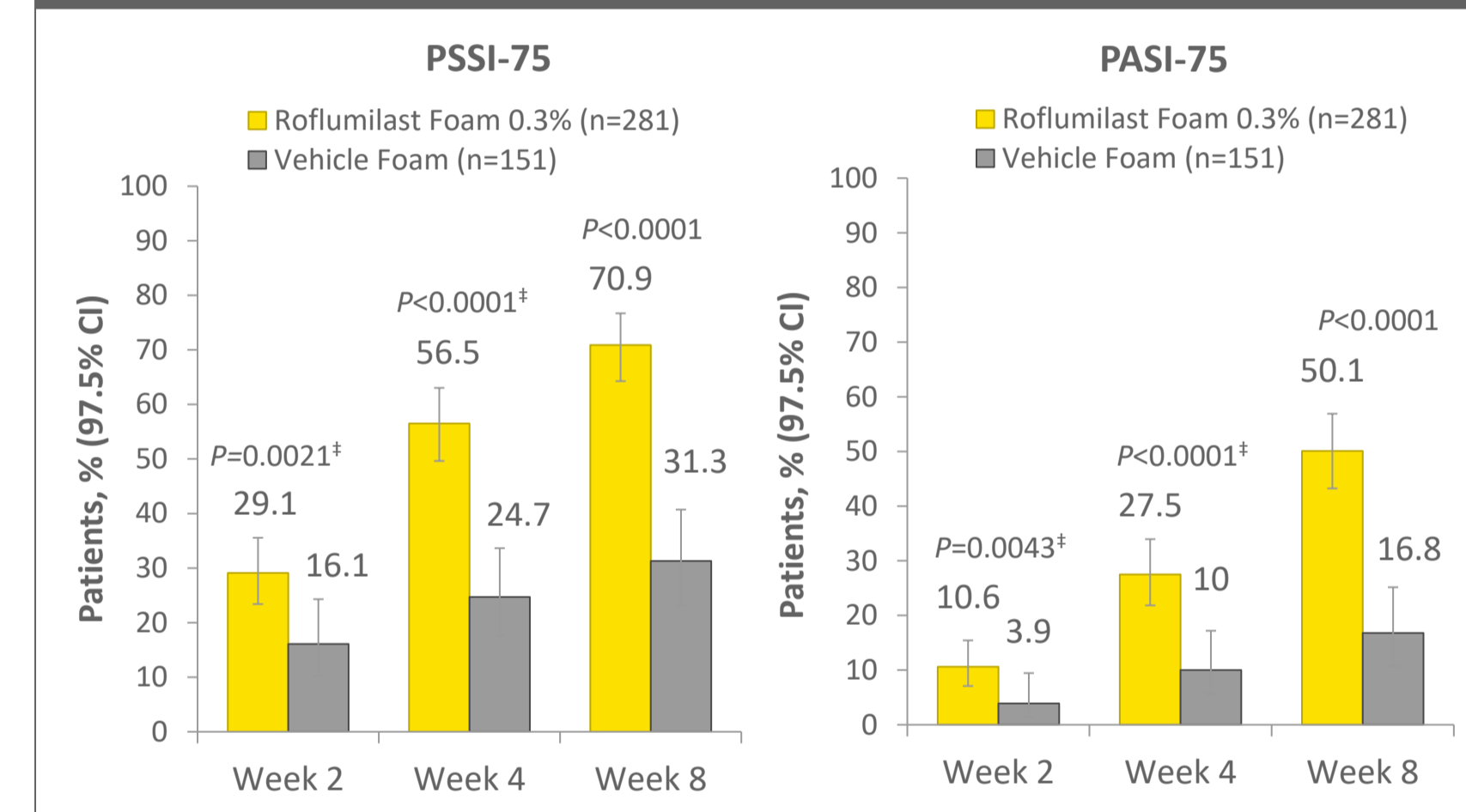
Nominal P-value: intent to treat population. CI: confidence interval; LS: least squares; SI-NRS: Scalp Itch-Numeric Rating Scale.

Figure 7. Improvement in Scalp and Body Pruritus



Intention-to-treat (all randomized subjects). As observed. CI: confidence interval; LS, least squares; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 8. Percentage of Patients Achieving PSSI-75 and PASI-75



Nominal P-value. PSSI-75: 75% reduction in PSSI; PASI-75: 75% reduction in PASI; PSSI: Psoriasis Scalp Severity Index; PSSI-75: 75% reduction on PSSI.

Table 3. Safety

Patients, n (%)	Roflumilast Foam 0.3% (n=281)	Vehicle Foam (n=151)
Patients with any TEAE	75 (26.7)	25 (16.6)
Patients with any treatment-related TEAE	16 (5.7)	3 (2.0)
Patients with any treatment-emergent SAE	2 (0.7)	1 (0.7)
Patients with any treatment-related SAE	1 (0.4)	0
Patients who discontinued study drug due to AE	7 (2.5)	2 (1.3)
Patients who discontinued study due to AE	5 (1.8)	2 (1.3)
Most common TEAEs by preferred term, ≥1% in any 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
Nasopharyngitis	4 (1.4)	2 (1.3)
Hypertension	3 (1.1)	2 (1.3)
Upper respiratory tract infection	3 (1.1)	0
Urinary tract infection	2 (0.7)	2 (1.3)

SAEs include bipolar disorder (roflumilast; unrelated), gastritis (roflumilast; possibly related), joint dislocation, peripheral artery occlusion and radius fracture (vehicle; all unrelated). AE: adverse event; SAE: serious adverse event; TEAE: treatment-emergent adverse event.

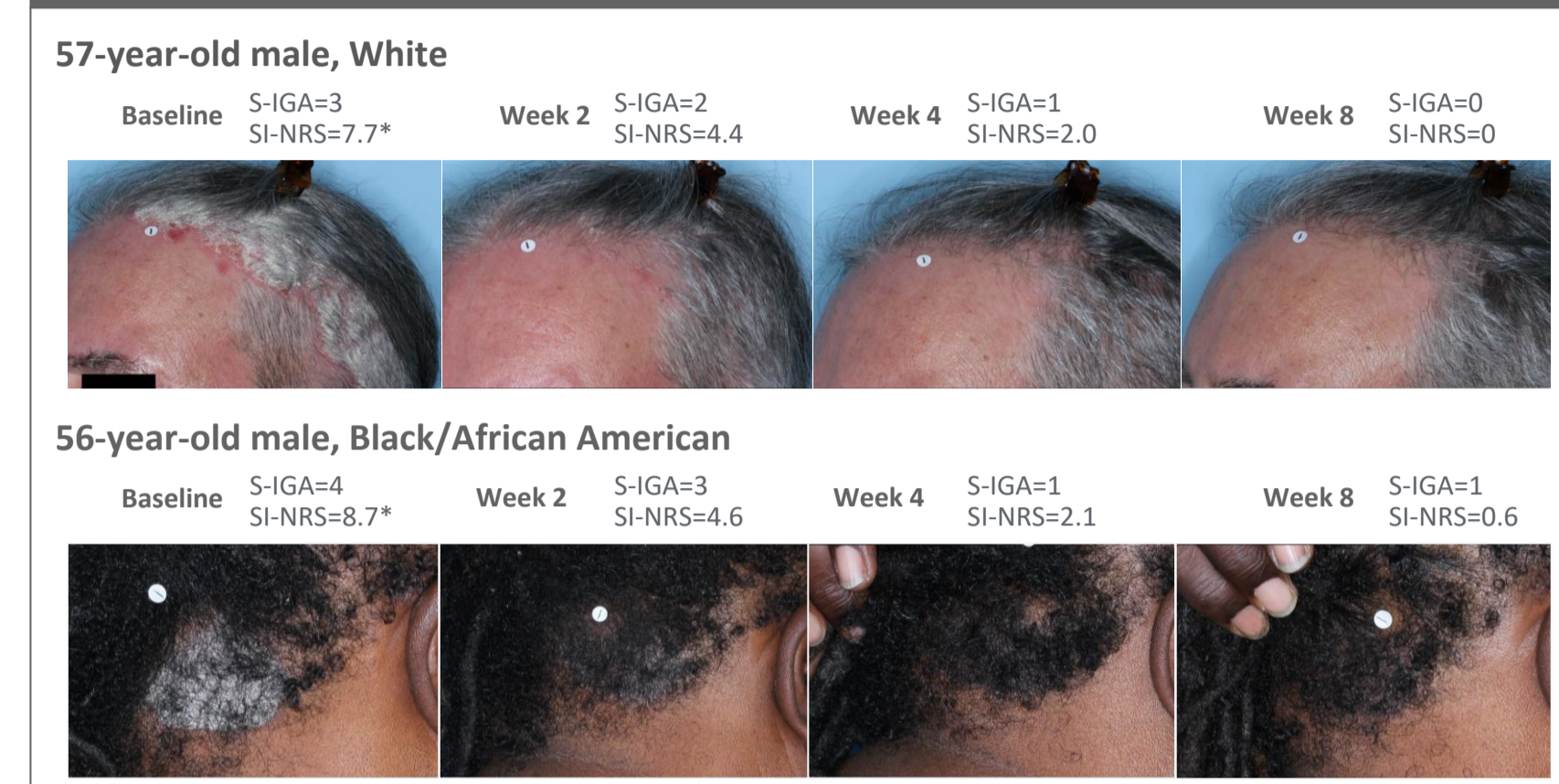
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DISCLOSURES

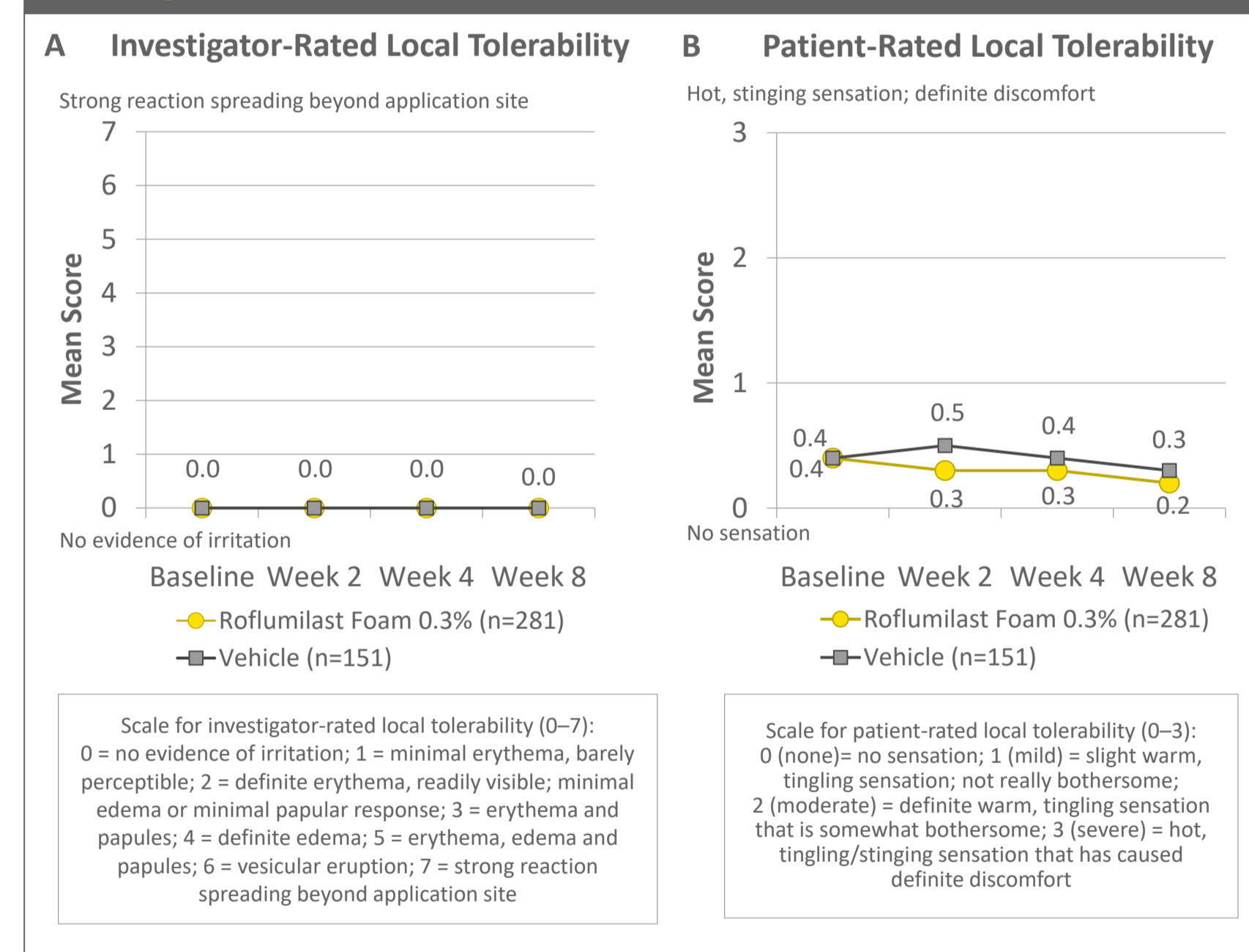
MG, JB, JD, LHK, BL, NAP, and JS are investigators and/or consultants for Arcutis Biotherapeutics, Inc. and received grants/research funding and/or honoraria; DK, PB, DRB, and DHC are employees of Arcutis Biotherapeutics, Inc. Additional disclosures provided on request.

Figure 9. Scalp Psoriasis Response to Roflumilast Foam 0.3%



SI-NRS is average weekly SI-NRS score for each week. S-IGA: Scalp-Investigator Global Assessment; SI-NRS: Scalp Itch-Numeric Rating Scale.

Figure 10. Local Tolerability Assessments: Investigator- and Patient-Rated



CONCLUSIONS

- Foam formulations are able to be applied through the hair more easily to reach lesions on the skin of the scalp and other hair-bearing areas
- Once-daily, nonsteroidal roflumilast foam 0.3% demonstrated improvement across multiple efficacy endpoints versus vehicle in patients with scalp and body psoriasis:
 - Significant improvement in both scalp and body psoriasis as early as 2 weeks after treatment initiation, the first timepoint measured
 - Significant improvement in pruritus at 24 hours following first dose
- Safety and local tolerability were favorable
 - Low rates of adverse events and discontinuations due to adverse events, similar to vehicle

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