

Roflumilast Cream (ARQ-151) Improved Itch Severity and Itch-Related Sleep Loss in Adults With Chronic Plaque Psoriasis in a Phase 2b Study

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Disclosures

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K.A. Papp is an investigator, consultant, speaker, scientific officer or has served on steering committees or advisory boards for AbbVie, Akros, Amgen, Anacor, Arcutis, Astellas, Bausch Health/Valeant, Baxalta, Boehringer Ingelheim, Bristol Myers Squibb, Can-Fite Biopharma, Celgene, Coherus, Dermira, Dow Pharma, Eli Lilly, Evelo, Galderma, Galpagos, Genentech, Gilead, GSK, Janssen, Kyowa Hakko Kirin, Leo, Medimmune, Meiji Seika Pharma, Merck (MSD), Merck-Serono, Mitsubishi Pharma, Moberg Pharma, Novartis, Pfizer, PRCL Research, Regeneron, Roche, Sanofi-Aventis/Genzyme, Sun Pharma, Takeda, and UCB Pharma. **M.J. Gooderham** has been a speaker, advisory board member, investigator and/or consultant for AbbVie, Amgen, Akros, Arcutis, Boehringer Ingelheim, BMS, Celgene, Dermira, Dermavant, Eli Lilly, Galderma, GSK, Incyte, Janssen, Kyowa Kirin, LEO Pharma, Medimmune, Merck, Novartis, Pfizer, Regeneron, Sanofi Genzyme, Sun Pharma, UCB Pharma, and Valeant/Bausch. **L.H. Kircik** is an investigator, consultant, speaker, and/or advisory board member for Abbott Laboratories, Acambis, Aclaris, Allergan, Inc., Almirall, Amgen Inc., Anacor Pharmaceuticals, Assos Pharma, Astellas Pharma US, Inc., Asubio, Berlex Laboratories (Bayer HealthCare Pharmaceuticals), Biogen-Idec, Bioline, Biopelle, Boehringer Ingelheim, Breckinridge Pharma, Colbar, Celgene, Centocor, Inc., Cellceutix, Cipher, Coherus, CollaGenex, Combinatrix, Connetics Corporation, Coria, Dermavant, Dermira, Dermik Laboratories, Dow Pharmaceutical Sciences, Inc., Dusa, Eli Lilly, Embil Pharmaceuticals, EOS, Exeltis, Ferndale Laboratories, Inc., Foamix, Genentech, Inc., GlaxoSmithKline, PLC, Health Point, LTD, Idera, Intendis, Innocutis, Innovail, Isdin, Johnson & Johnson, Laboratory Skin Care Inc., Leo, L'Oreal, 3M, Maruho, Medical International Technologies, Merck, Medicis Pharmaceutical Corp., Merz, Nano Bio, Novartis AG, Noven Pharmaceuticals, Nucrust Pharmaceuticals Corp., Obagi, Onset, OrthoNeutrogena, Promius, PediaPharma, QLT, Inc., PharmaDerm, Pfizer, PuraCap, Quinnova, Quatrix, Serono (Merck Serono International SA), SkinMedica, Inc., Stiefel Laboratories, Inc., Sun Pharma, Taro, TolerRx, Triax, UCB Pharma, Valeant Pharmaceuticals Intl, Warner-Chilcott, XenoPort, and ZAGE. **Z.D. Draelos** received grant support from Arcutis Biotherapeutics, Inc. for the conduct of this study. **S.E. Kempers** is an investigator for Arcutis Biotherapeutics, Inc., and serves as a consultant for Foamix and Kinex. **D.M. Pariser** is an investigator, consultant, and/or advisory board member for Abbott Laboratories, Almirall, Amgen, AOBiome, LLC, Asana Biosciences, LLC, Atacama Therapeutics, Bickel Biotechnology, Biofrontera AG, BMS, Celgene Corporation, Dermavant Sciences, Dermira, Eli Lilly and Company, LEO Pharma, US, Menlo Therapeutics, Merck & Co., Inc, Novartis Pharmaceuticals Corp., Novo Nordisk A/S, Ortho Dermatologics, Pfizer Inc., Regeneron, Sanofi, Stiefel, a GSK company, TDM SurgiTech, Inc., TheraVida, and Valeant Pharmaceuticals International. **J. Alonso-Llamazares** is an investigator for Arcutis; speaker for Celgene (Amgen), Dermira (Eli Lilly), Eli Lilly, Ortho Derm, and UCB Pharma; and serves on advisory boards for Leo. **D.P. Toth** is an investigator and/or consultant for AbbVie, Amgen, Arcutis, Avillion, Bausch Health/Valeant, Bristol Myers Squibb, Boehringer Ingelheim, Celgene, Dermira, Eli Lilly, Galderma, Genentech, GSK, Incyte, Janssen, Leo Pharma, Merck-Serono, Medimmune, Novartis, Pfizer, Regeneron, Roche, Sanofi-Aventis/Genzyme, Sun Pharma and UCB Pharma. **K. Smith, R. Higham, L. Navale, and D.R. Berk** are employees of Arcutis Biotherapeutics, Inc. **H. Welgus** has a patent application relevant to this work.

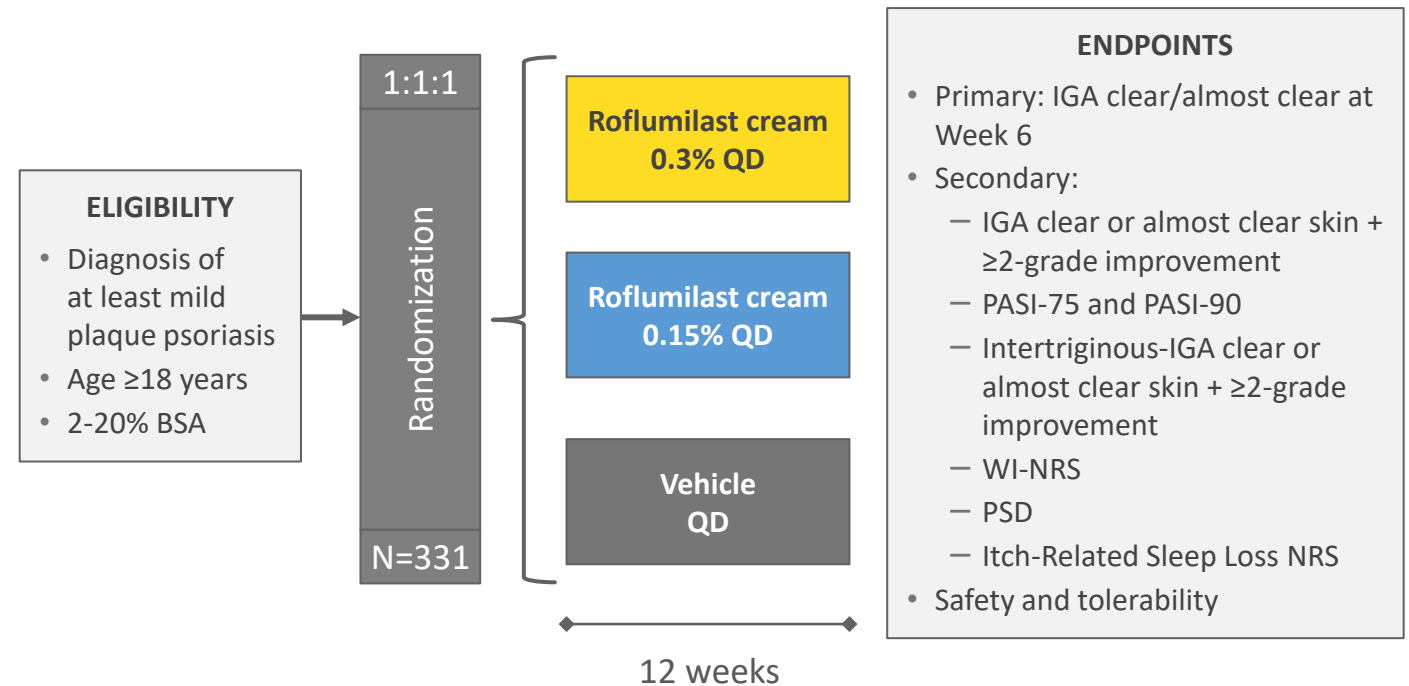
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Background

- Roflumilast cream (ARQ-151), a potent PDE-4 inhibitor, is under investigation as a once-daily topical treatment for plaque psoriasis^{1,2}
- In a randomized, double-blind, phase 2b trial of 331 adults with chronic plaque psoriasis, roflumilast cream administered once daily was superior to vehicle cream²
 - Primary endpoint of achievement of clear or almost-clear skin based on IGA at Week 6 was met
 - Roflumilast 0.3% 28.0% ($P < 0.001$ vs vehicle)
 - Roflumilast 0.15% 22.8% ($P = 0.004$ vs vehicle)
 - Vehicle 8.3%
 - Treatment-related adverse events, including application site pain, were uncommon and the frequency was similar in all groups
- Here we report the effect of roflumilast cream on itch, a highly prevalent and frequently bothersome symptom of chronic plaque psoriasis that negatively impacts quality of life,³ assessed using PRO measures in this study

Study Design

- Randomized, double-blind, vehicle-controlled multicenter study¹
- **Itch** was assessed at baseline, Weeks 2, 4, 6, 8, and 12 using PRO measures:
 - **Worst Itch Numeric Rating Scale (WI-NRS)**² assessed the worst itch
 - **Psoriasis Symptom Diary (PSD) Items 1 and 2**³⁻⁵ assessed burden and severity of itch
 - **Itch-Related Sleep Loss NRS** assessed intensity of sleep loss
 - All PRO measures assessed itch over the previous 24 hours and were rated on a scale from 0 (no impact) to 10 (as bad as it can be)



ClinicalTrials.gov NCT03638258. BSA: body surface area; IGA: Investigator Global Assessment; NRS: numeric rating scale; QD: once daily; PASI: Psoriasis Area and Severity Index; PRO: patient-reported outcome.

¹Lebwohl MG, et al. *N Engl J Med*. 2020;383:229-239. ²Naegeli AN, et al. *Int J Dermatol*. 2015;54:715-722. ³Lebwohl M, et al. *Int J Dermatol*. 2014;53:714-722. ⁴Strober BE, et al. *Value Health*. 2013;16:1014-1022. ⁵Strober B, et al. *Int J Dermatol*. 2016;55:e147-e155.

Baseline Characteristics

	Roflumilast 0.3% (n=109)	Roflumilast 0.15% (n=113)	Vehicle (n=109)
Age, mean (SD) years	51.7 (14.1)	54.4 (14.2)	55.5 (13.5)
Sex, male, n (%)	56 (51.4)	62 (54.9)	67 (61.5)
Race, n (%)			
White	82 (75.2)	95 (84.1)	92 (84.4)
Black	12 (11.0)	10 (8.8)	7 (6.4)
Multiple/other	15 (13.8)	8 (7.1)	10 (9.2)
Psoriasis-affected BSA, mean (SD), %	6.3 (4.0)	6.4 (3.9)	6.4 (3.6)
IGA score			
2 (mild), %	15.6	15.9	10.1
3 (moderate), %	77.1	73.5	81.7
4 (severe), %	7.3	10.6	8.3

	Roflumilast 0.3% (n=109)	Roflumilast 0.15% (n=113)	Vehicle (n=109)
PASI, mean score (SD)	7.7 (3.6)	8.0 (3.9)	7.6 (3.1)
WI-NRS score ≥6, n (%)	71 (65.1)	62 (54.9)	64 (58.7)
WI-NRS, mean score* (SD)	6.1 (2.7)	5.6 (3.1)	5.9 (2.9)
PSD Item 1, Itch Severity,* mean score (SD)	5.5 (2.8)	5.3 (3.1)	5.5 (3.0)
PSD Item 2, Itch Burden,* mean score (SD)	5.2 (3.0)	5.2 (3.3)	5.5 (3.2)
Itch-related Sleep Loss NRS,* mean score (SD)	2.9 (3.2)	3.0 (3.2)	3.4 (3.2)

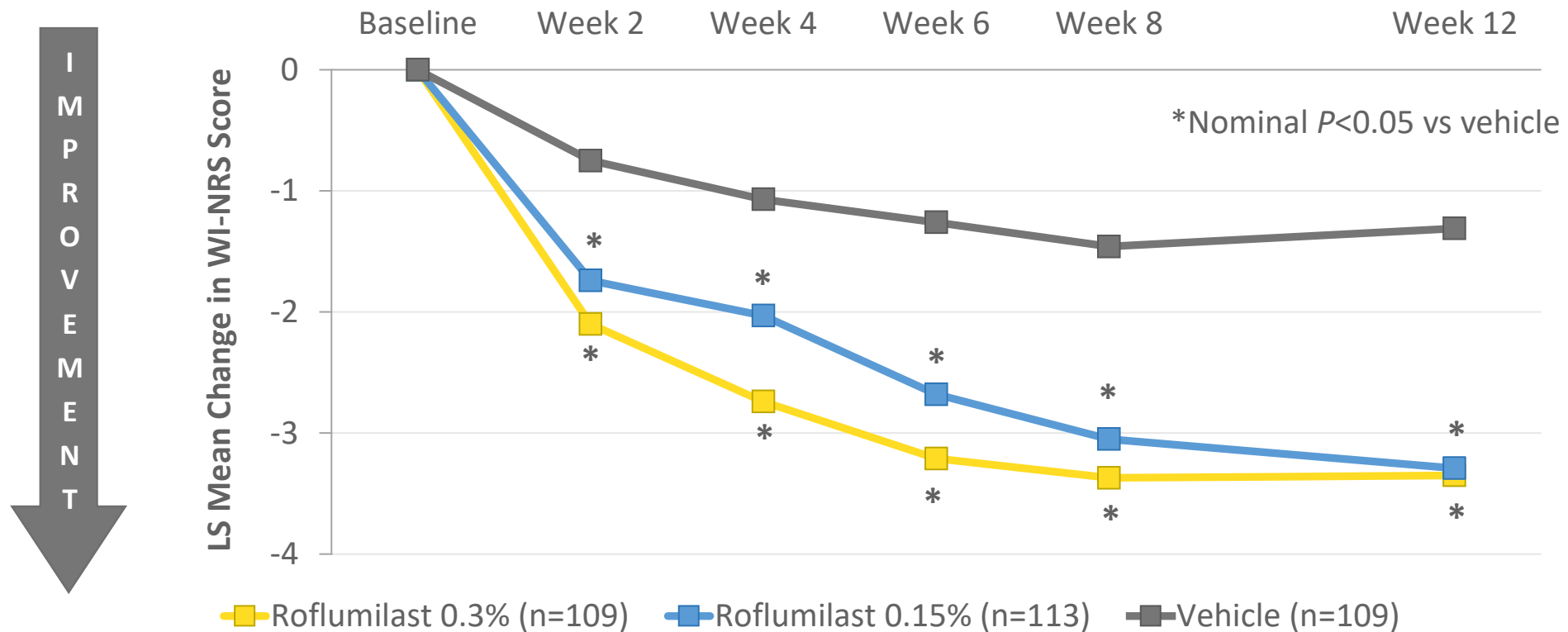
Data are presented for intent-to-treat population. *Scale of 0 (none) to 10 (worst). BSA: body surface area; IGA: Investigator Global Assessment; NRS: numeric rating scale PASI: Psoriasis Area and Severity Index; PSD: Psoriasis Symptom Diary; SD: standard deviation; WI-NRS: Worst Itch Numeric Rating Scale.

Lebwohl MG, et al. *N Engl J Med.* 2020;383:229-239.

Roflumilast Cream Significantly Reduced Patient-Reported Severity of Worst Itch

WI-NRS: "What was the worst level of itch over the past 24 hours?"

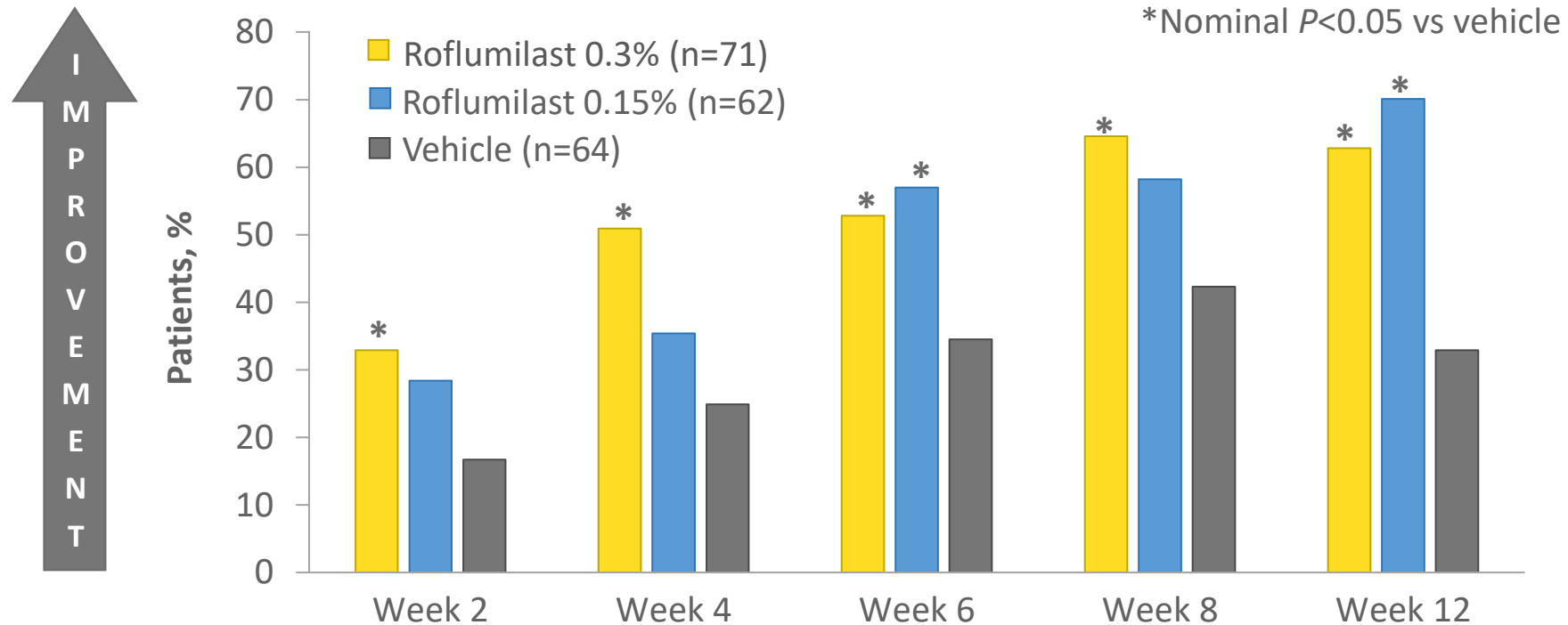
Assessed on a scale from 0 (no itch) to 10 (worst imaginable itch)



Data are presented for intent-to-treat population. Missing data imputed using linear interpolation and last observation carried forward where linear interpolation was not computationally possible. LS: least squares; WI-NRS: Worst Itch Numeric Rating Scale.

Roflumilast Cream Led to Significant Improvement in Itch Responder Rate

Proportion of Patients With a WI-NRS Score ≥ 6 at Baseline Who Achieved a ≥ 4 -Point Reduction From Baseline in WI-NRS Score



Previous studies have shown that a 4-point change is optimal for demonstrating a clinically meaningful itch response in patients with moderate-to-severe plaque psoriasis¹

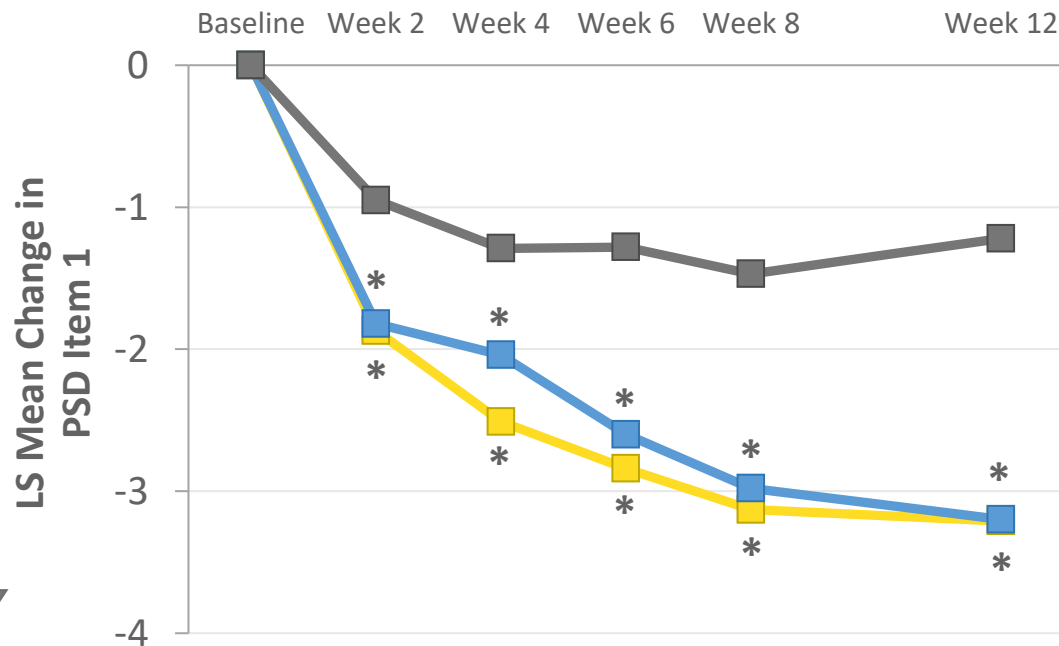
WI-NRS assessed the worst itch over the past 24 hours on a scale ranging from 0 (no itch) to 10 (worst imaginable itch). Data are presented for intent-to-treat population. Missing data imputed using linear interpolation and last observation carried forward where linear interpolation was not computationally possible. WI-NRS: Worst Itch Numeric Rating Scale.

¹Kimball AB, et al. *Br J Dermatol*. 2016;175:157-162.

Roflumilast Cream Significantly Reduced Patient-Reported Severity and Burden of Itch

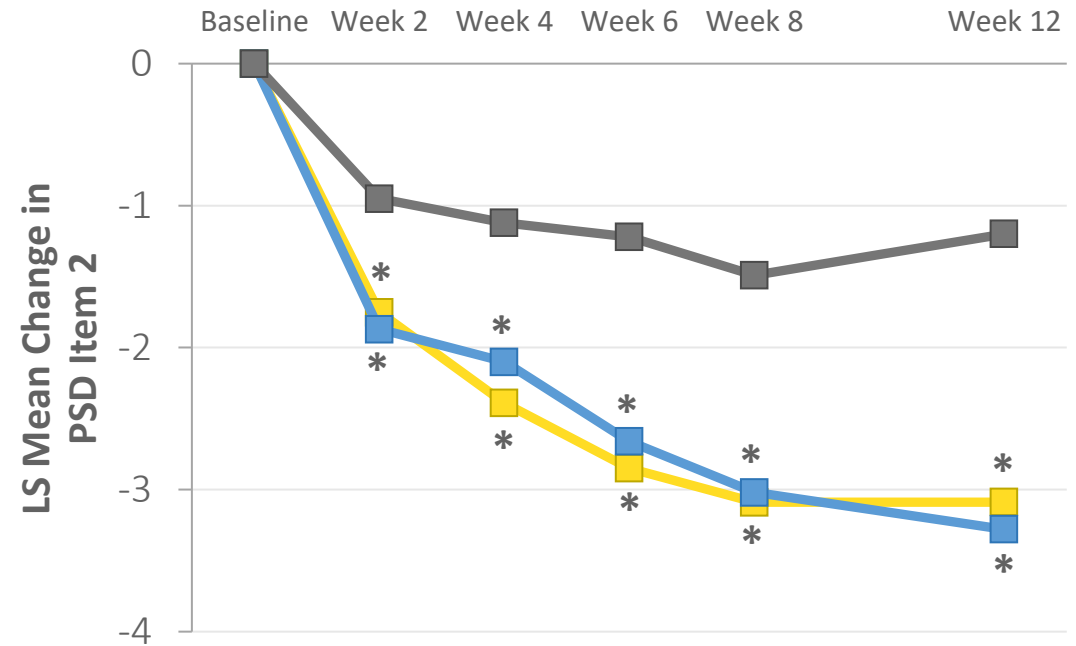
PSD Item 1: "How severe was your psoriasis-related itching over the past 24 hours?"

Assessed severity of itch on a scale from 0 (no itching) to 10 (as bad as you can imagine)



PSD Item 2: "How bothered were you by your psoriasis-related itching over the past 24 hours?"

Assessed burden of itch on a scale from 0 (not bothered at all) to 10 (as bothered as you can imagine)



*Nominal $P < 0.05$ vs vehicle

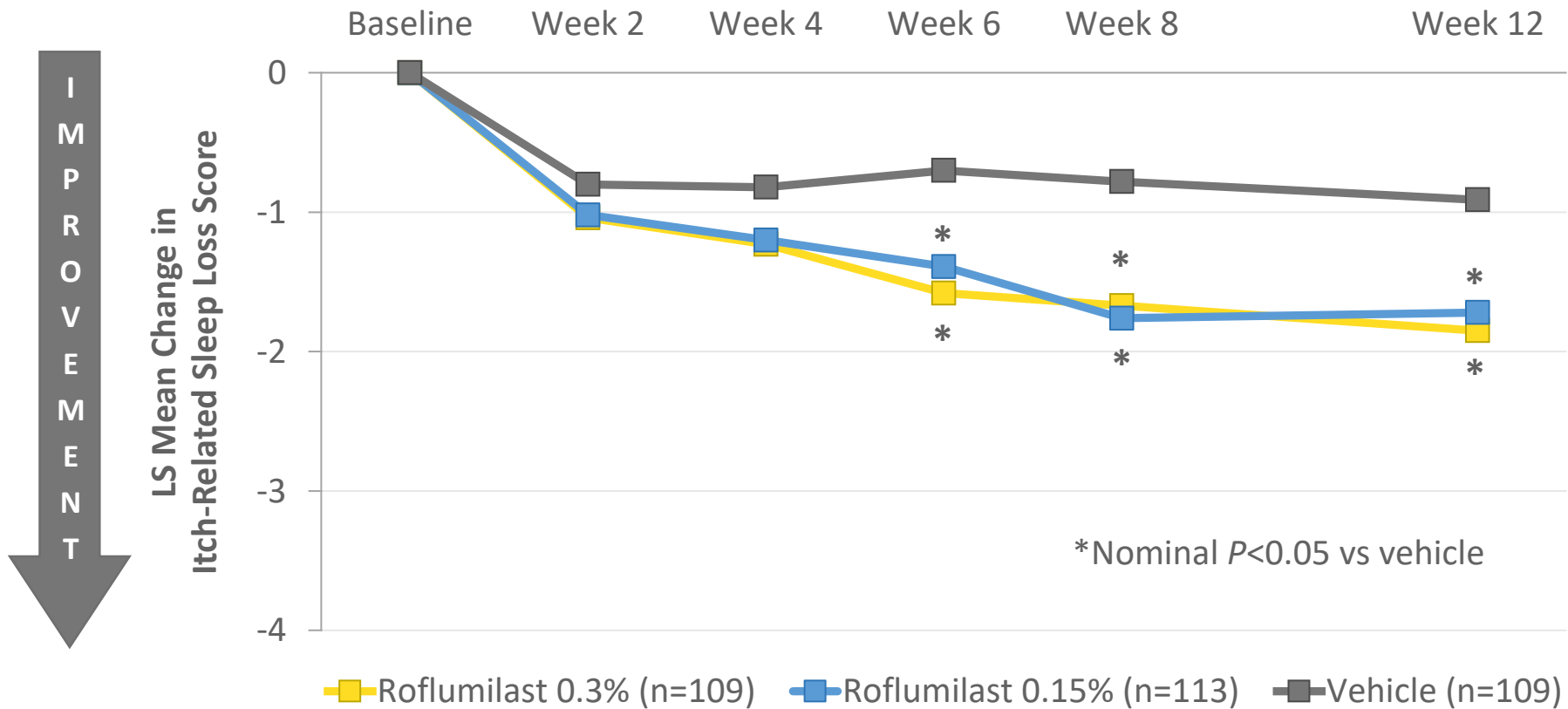
■ Roflumilast 0.3% (n=109) ■ Roflumilast 0.15% (n=113) ■ Vehicle (n=109)

Data are presented for intent-to-treat population. Missing data imputed using linear interpolation and last observation carried forward where linear interpolation was not computationally possible. LS: least squares; PSD: Psoriasis Symptom Diary.

Roflumilast Cream Significantly Reduced Patient-Reported Sleep Loss Related to Itch

Itch-Related Sleep Loss: “How intense was your itch-related sleep loss over the past 24 hours?”

Assessed on a scale from 0 (no itch-related sleep loss) to 10 (sleep loss as bad as it can be)



Data are presented for intent-to-treat population. Missing data imputed using linear interpolation and last observation carried forward where linear interpolation was not computationally possible. LS: least squares; NRS: numeric rating scale.

TEAEs Were Uncommon

- More patients discontinued the study due to an AE in the vehicle group than in the roflumilast groups
- Rates of application site pain were low and similar to vehicle
- 97% of AEs were rated mild or moderate

TEAE, n (%)	Roflumilast 0.3% (n=109)	Roflumilast 0.15% (n=110)	Vehicle (n=107)
Patients with any TEAE	42 (38.5)	30 (27.3)	32 (29.9)
Patients with any treatment-related TEAE	7 (6.4)	3 (2.7)	7 (6.5)
Patients with any SAE^a	1 (0.9)	1 (0.9)	2 (1.9)
Patients who discontinued study due to AE^b	1 (0.9)	0	2 (1.9)
Most common TEAE (>2% patients in any group)			
Upper respiratory tract infection (including viral)	9 (8.3)	8 (7.3)	4 (3.7)
Nasopharyngitis	4 (3.7)	3 (2.7)	4 (3.7)
Application site pain	2 (1.8)	1 (0.9)	3 (2.8)
Sinusitis	3 (2.8)	0	0
Urinary tract infection	0	3 (2.7)	1 (0.9)

^aRoflumilast 0.3%: worsening of chest pain in a patient with history of myocardial infarction; roflumilast 0.15%: melanoma (not in treatment area); vehicle group: acute infarction of left basal ganglia, spontaneous miscarriage. ^bRoflumilast 0.3%: onset of worsening psoriasis; vehicle: mood swings, contact dermatitis.

Conclusions

- Once-daily roflumilast cream demonstrated significant improvement in reducing itch in patients with psoriasis compared with vehicle cream
 - Patients reported a rapid and clinically significant reduction in the severity and burden of itch
 - Significant itch reduction occurred by Week 2 and continued with further reductions through Week 12
 - In a subgroup of patients with greater severity of itch at baseline (WI-NRS ≥ 6), more than half of the patients had a substantial (≥ 4 -point) reduction in itch by Week 6, and the response rate continued to increase through Week 12
 - Reduction in itch resulted in significant improvement in sleep loss by Week 6
- Roflumilast cream was well-tolerated and application site pain was uncommon and similar to vehicle

In a Phase 2b study, **roflumilast cream**, an investigational once-daily, non-steroidal topical PDE-4 inhibitor, was effective in achieving clear or almost clear skin and improving itch and itch-related sleep loss in patients with chronic plaque psoriasis

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