

# Rapid and Early Onset of Itch Relief with Tapinarof Cream 1% Once Daily in Two Pivotal Phase 3 Trials in Adults and Children Down to Two Years of Age with Atopic Dermatitis

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## INTRODUCTION

- Pruritus is the most bothersome symptom for patients with atopic dermatitis (AD), and has a significant negative impact on health-related quality of life<sup>1-4</sup>
  - Pruritus can negatively affect physical activity, school attentiveness and learning, sleep, and psychological well-being
- Relief from core AD symptoms, such as pruritus, with sustained efficacy is a key factor in disease management
- Tapinarof (VTAMA<sup>®</sup>, Dermavant Sciences, Inc.) is a first-in-class, non-steroidal, topical aryl hydrocarbon receptor agonist approved by the Food and Drug Administration for the treatment of plaque psoriasis in adults,<sup>5</sup> and under investigation for the treatment of psoriasis in children down to 2 years of age
- Tapinarof cream 1% once daily (QD) demonstrated significant improvements in pruritus from the earliest visit at Week 2 through Week 12 in adults with mild to severe plaque psoriasis in the pivotal phase 3 trials, PSOARING 1 and 2<sup>6</sup>
- In a phase 2 trial in adults and adolescents with AD, tapinarof cream 1% QD demonstrated efficacy versus vehicle and was well tolerated<sup>7,8</sup>
- In ADORING 1 and 2 (NCT05014568, NCT05032859), two pivotal identical phase 3, double-blind, randomized, vehicle-controlled trials, tapinarof cream 1% QD demonstrated highly statistically significant efficacy and was well tolerated in adults and children down to 2 years of age with AD<sup>9</sup>
- The Peak Pruritus Numerical Rating Scale (PP-NRS) is a well-defined and reliable patient-reported outcome measure for evaluating the intensity of pruritus in the past 24 hours<sup>9</sup>
  - In the PSOARING and ADORING trials, the minimal clinically important difference for improvement in PP-NRS (reduction in pruritus) was 4 points; however, a 2-point difference may also be considered clinically meaningful<sup>10-12</sup>

## OBJECTIVE

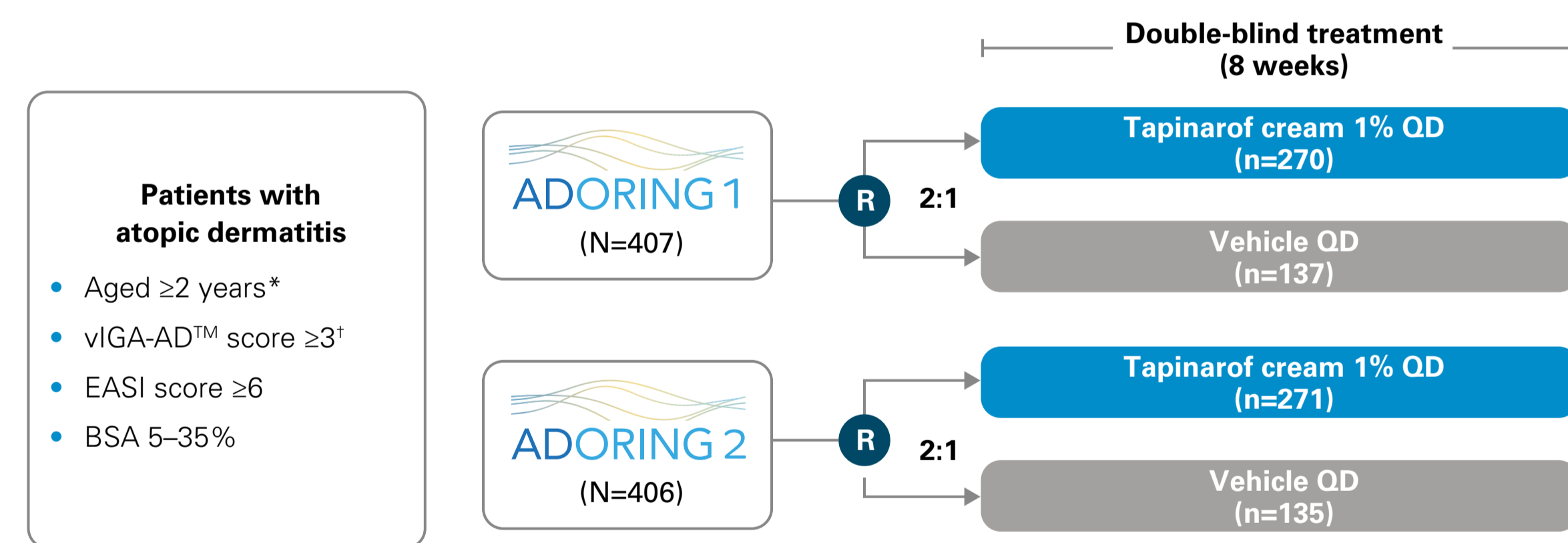
- To evaluate time to onset of itch relief in the pivotal phase 3 trials with tapinarof cream 1% QD in the treatment of adults and children down to 2 years of age with AD

## MATERIALS AND METHODS

### Trial Design

- In the ADORING 1 and 2 phase 3 trials, patients with AD were randomized 2:1 to tapinarof cream 1% or vehicle QD for 8 weeks (Figure 1)
- Following the double-blind period, patients could enroll in an open-label, long-term extension trial (ADORING 3) or complete a follow-up visit 1 week after the end of treatment (Week 9)

Figure 1. ADORING 1 and 2 Trial Design



Copyright ©2017 Eli Lilly and Company – Used with the permission of Eli Lilly and Company under a Creative Commons Attribution-NoDerivatives 4.0 International License. \*A minimum of ~15% of patients were enrolled into the following age groups: 2–6 years, 7–11 years, and ≥18 years. Adults (≥18 years) comprised a maximum of approximately 20% of enrolled patients. †Patients with a vIGA-AD™ score of 4 (severe) represented a minimum of ~10% of the total randomized population; the remainder had a vIGA-AD™ score of 3 (moderate). BSA, body surface area; EASI, Eczema Area and Severity Index; QD, once daily; R, randomized; vIGA-AD™, Validated Investigator Global Assessment for Atopic Dermatitis™.

### Endpoints and Statistical Analysis

- Itch relief was evaluated as mean change in PP-NRS score (daily and by visit [Weeks 1, 2, 4, and 8]) from baseline through Week 8
  - The PP-NRS score is evaluated using an 11-point scale, where 0 indicates “no itch” and 10 indicates “worst imaginable itch” within the last 24 hours
  - Daily PP-NRS scores were recorded in diaries
  - Patients aged ≥12 years self-completed the PP-NRS, while caregivers completed it for children aged <12 years
- Safety assessments included the incidence and frequency of treatment-emergent adverse events (TEAEs)
- Efficacy endpoints were based on the intention-to-treat population

## RESULTS

### Baseline Patient Demographics and Disease Characteristics

- The analyses included 541 tapinarof-treated and 272 vehicle-treated patients (Table 1):
  - Mean baseline PP-NRS scores were similar across treatment groups in ADORING 1 and 2

Table 1. Baseline Demographics and Disease Characteristics

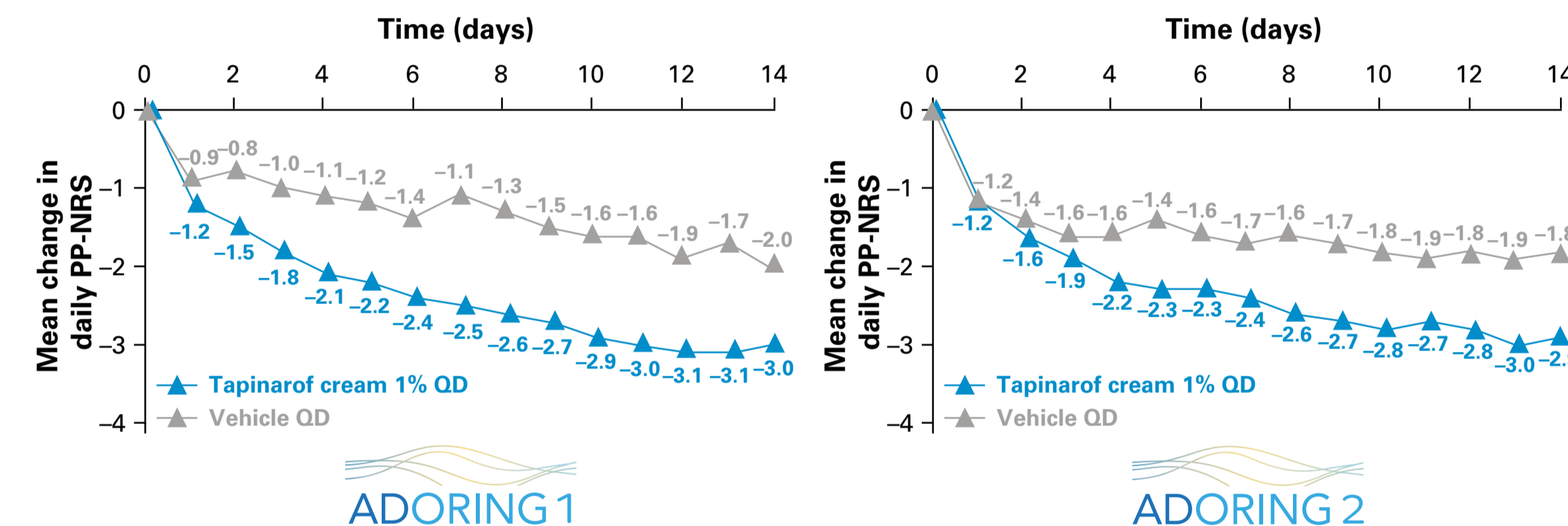
	ADORING 1		ADORING 2	
	Tapinarof cream 1% QD (n=270)	Vehicle QD (n=137)	Tapinarof cream 1% QD (n=271)	Vehicle QD (n=135)
Age, years, mean (SD)	15.6 (16.6)	15.6 (16.5)	16.4 (16.2)	16.7 (16.1)
Male, n (%)	130 (48.1)	66 (48.2)	117 (43.2)	58 (43.0)
Weight, kg, mean (SD)	46.7 (27.3)	47.7 (27.7)	51.5 (29.1)	54.0 (32.0)
BMI, kg/m <sup>2</sup> , mean (SD)	21.4 (6.3)	22.1 (6.6)	22.7 (7.5)	23.3 (8.3)
vIGA-AD™, n (%)				
3 – Moderate	244 (90.4)	122 (89.1)	228 (84.1)	113 (83.7)
4 – Severe	26 (9.6)	15 (10.9)	43 (15.9)	22 (16.3)
EASI, mean (SD)	12.2 (5.0)	12.9 (5.6)	13.5 (5.6)	13.1 (4.7)
BSA affected, (%), mean (SD)	16.5 (8.7)	17.7 (9.5)	17.1 (8.7)	15.8 (7.9)
PP-NRS (all), mean (SD)	6.8 (2.3)	6.5 (2.4)	6.7 (2.4)	6.9 (2.1)

Copyright ©2017 Eli Lilly and Company – Used with the permission of Eli Lilly and Company under a Creative Commons Attribution-NoDerivatives 4.0 International License. BMI, body mass index; BSA, body surface area; EASI, Eczema Area and Severity Index; PP-NRS, Peak Pruritus Numerical Rating Scale; QD, once daily; SD, standard deviation; vIGA-AD™, Validated Investigator Global Assessment for Atopic Dermatitis™.

### Mean Change in Daily PP-NRS Score from Baseline

- Greater reductions in mean (standard deviation) daily PP-NRS scores were observed with tapinarof cream versus vehicle as early as Day 1, 24 hours after initial application in ADORING 1 (–1.2 [2.2] vs –0.9 [2.0]) and Day 2 in ADORING 2 (–1.6 [2.4] vs –1.4 [2.1]) (Figure 2)
  - The 95% confidence intervals for the daily mean difference in PP-NRS scores excluded 0 starting at Day 2 in ADORING 1 (–1.1, –0.2) and Day 4 in ADORING 2 (–1.2, –0.2)
- Improvements in daily PP-NRS scores with tapinarof cream versus vehicle continued through the first 2 weeks (Day 14; –3.0 [2.8] vs –2.0 [2.4] and –2.9 [2.7] vs –1.8 [2.6]), and through Week 8 for both trials

Figure 2. Rapid Reduction in Pruritus with Tapinarof Cream 1% QD as Early as 24 Hours After First Application, the First Assessment

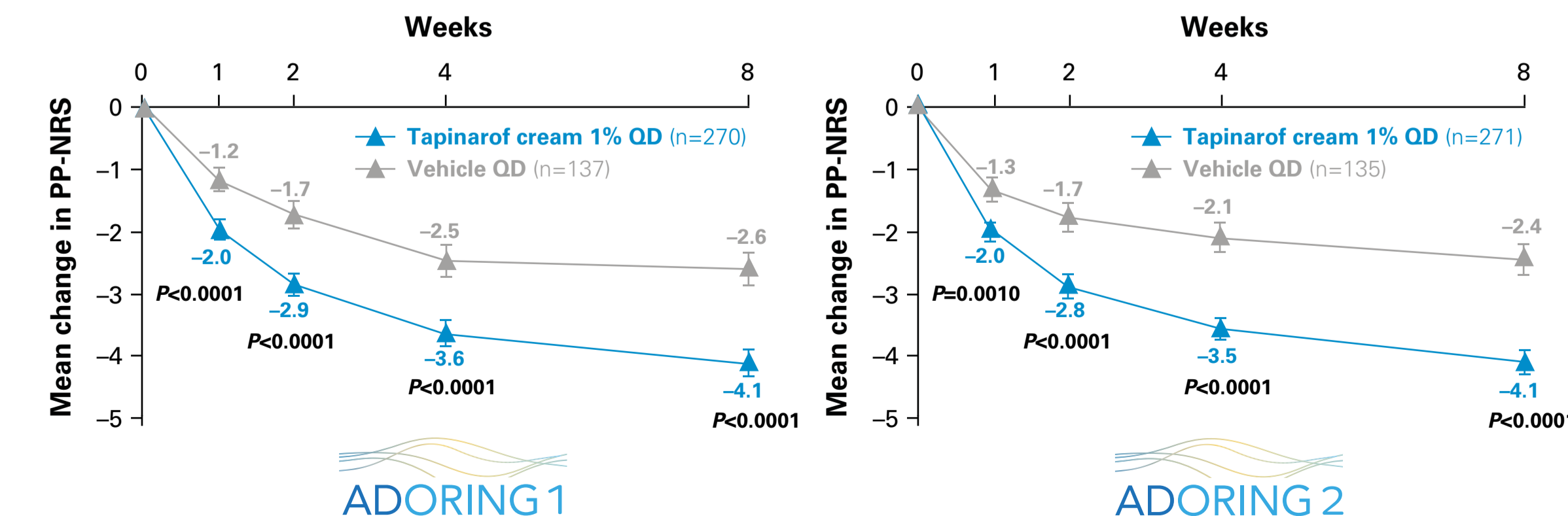


Intention-to-treat, observed cases. Time is days after first application. PP-NRS, Peak Pruritus Numerical Rating Scale; QD, once daily.

### Mean Change in PP-NRS Score from Baseline at Weeks 1, 2, 4, and 8

- Statistically significant reductions in mean PP-NRS scores were demonstrated with tapinarof cream versus vehicle as early as Week 1 (–2.0 vs –1.2 [ $P<0.0001$ ] and –2.0 vs –1.3 [ $P=0.0010$ ]), the earliest measured time point, in ADORING 1 and 2, respectively (Figure 3)
- Significant improvements in mean PP-NRS scores with tapinarof versus vehicle were observed for all visits through Week 8 (ADORING 1, –4.1 vs –2.6 and ADORING 2, –4.1 vs –2.4; both  $P<0.0001$ ).
  - The minimal clinically important difference of a ≥4-point reduction in mean PP-NRS score from baseline was surpassed in the tapinarof groups at Week 8

Figure 3. Rapid and Significant Reduction in Pruritus with Tapinarof Cream 1% QD from Baseline Through End of Trial

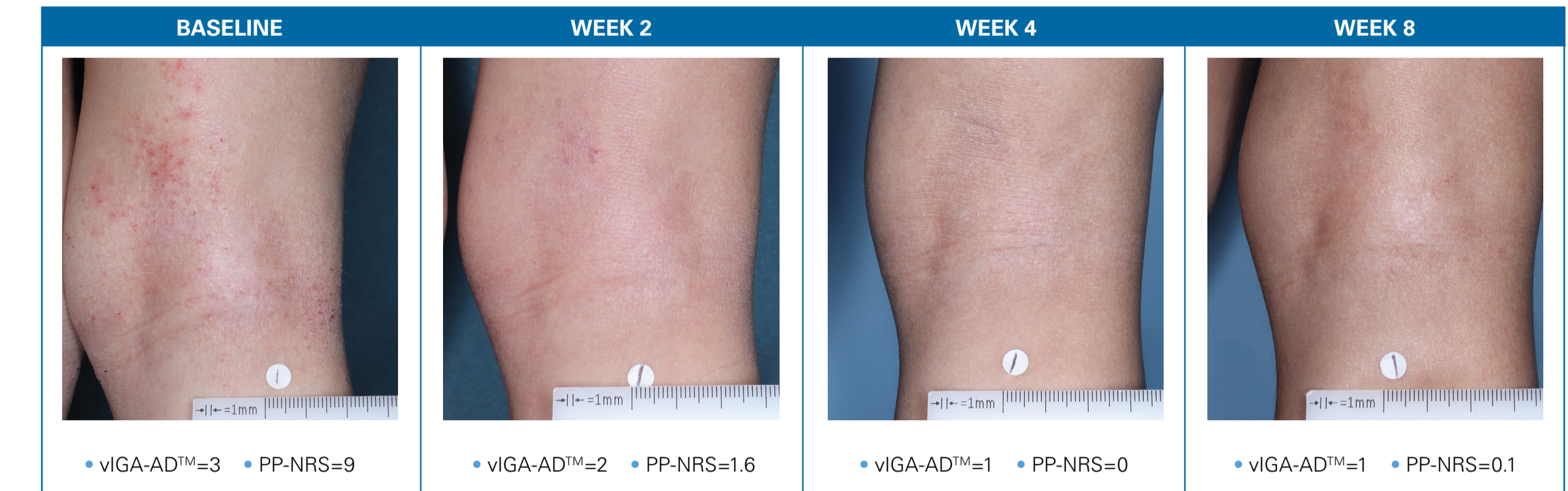


Intention-to-treat, observed cases. Least squares mean (standard error). PP-NRS, Peak Pruritus Numerical Rating Scale; QD, once daily.

### Patient who Achieved the Primary Endpoint and an Itch-free State at Week 4

- The patient (aged 3 years) in Figure 4 had moderate AD (Validated Investigator Global Assessment for Atopic Dermatitis™ [vIGA-AD™]=3) affecting the back of the leg at baseline. At Week 4, the primary endpoint (vIGA-AD™ score of clear [0] or almost clear [1] and ≥2-grade improvement) was achieved
- Severe itch was reported by the patient at baseline (PP-NRS=9); reduction in itch surpassed the minimal clinically important ≥4-point improvement by Week 2, and continued to improve to a PP-NRS score of 0 (an itch-free state) at Week 4

Figure 4. Achievement of Primary Endpoint and Complete Resolution of Itch by Week 4 in a 3-Year-Old Patient with AD Treated with Tapinarof Cream 1% QD



Copyright ©2017 Eli Lilly and Company – Used with the permission of Eli Lilly and Company under a Creative Commons Attribution-NoDerivatives 4.0 International License. Example of one representative target lesion in a tapinarof-treated patient from the ADORING 1 clinical trial. Individual results may vary. AD, atopic dermatitis; PP-NRS, Peak Pruritus Numerical Rating Scale; QD, once daily; vIGA-AD™, Validated Investigator Global Assessment for Atopic Dermatitis™.

### Safety

- Most TEAEs were mild or moderate, and consistent with previous trials
- Trial discontinuation rates due to TEAEs were lower with tapinarof versus vehicle (ADORING 1: 1.9% vs 3.6%; ADORING 2: 1.5% vs 3.0%, respectively)

## CONCLUSIONS

- Tapinarof cream 1% QD demonstrated rapid pruritus relief from 24 hours after initial application, with improvements increasing through Week 8 in both trials in adults and children down to 2 years with AD
  - Significant improvements in pruritus versus vehicle were seen as early as Week 1 and continued through Week 8
  - The minimal clinically important difference of ≥4 points was exceeded in the tapinarof groups at Week 8
- Tapinarof was well tolerated; TEAEs were consistent with those seen in previous trials, and trial discontinuation rates were lower with tapinarof versus vehicle
- Tapinarof is a non-steroidal topical medication with the potential to be used for the treatment of patients down to 2 years of age with AD, without restrictions on duration, extent, or sites of application

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