Safety and Tolerability of Fixed-Dose Clindamycin Phosphate 1.2%/Adapalene 0.15%/Benzoyl Peroxide 3.1% Gel in Black Participants With Acne

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SYNOPSIS

- Acne is one of the major causes of inflammation-associated sequelae such as post-inflammatory hyperpigmentation (PIH) and scarring, particularly in individuals with melanin-rich skin[1,2]
- Effective and rapid management of acne in patients with darker skin tones must be balanced with the need to minimize treatment-related irritation, which can also cause dyspigmentation[2]
- Clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% (IDP-126) polymeric mesh gel is the first fixed-dose, triple combination topical acne product in development that addresses the major pathophysiological abnormalities in acne patients
  - A three-pronged approach to acne treatment—combining an antibiotic, antibacterial agent, and retinoid in a single formulation—has been investigated as a means to provide greater efficacy than single/double treatments while potentially reducing antibiotic resistance
- In children, adolescents, and adults with moderate-to-severe acne, IDP-126 led to significant reductions in acne from baseline to week 12 versus vehicle gel and its component dyads, with over half of IDP-126 participants achieving treatment success[3,4]

OBJECTIVE

- The objective of this pooled, post hoc analysis was to evaluate the safety and tolerability of IDP-126 gel in Black individuals with moderate-to-severe acne

METHODS

- Two identical phase 3, double-blind, randomized, 12-week studies (NCT04214639; NCT04214652) enrolled participants aged ≥9 years with moderate-to-severe acne (score of 3 or 4 on the Evaluator's Global Severity Score)
- Participants were randomized (2:1) to receive once-daily IDP-126 gel or vehicle gel
  - CeraVe® hydrating cleanser and CeraVe® moisturizing lotion (L'Oreal, NY) and sunscreen were provided as needed for optimal moisturization, cleaning, and protection of the skin
- Safety evaluations included reports of treatment-emergent adverse events (TEAEs) as well as investigator-assessed hyperpigmentation, hypopigmentation, erythema, and scaling and participant-assessed itching, burning, and stinging (graded on a 4-point scale from 0 [none] to 3 [severe])
- Post hoc analyses were based on participants' self-identification of race, including 'Black or African American' (hereafter referred to as Black)

RESULTS

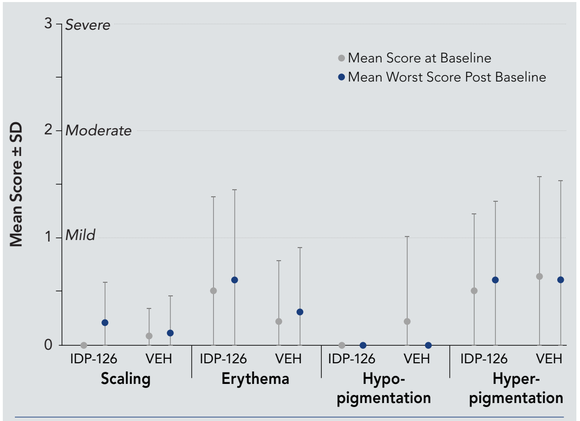
Participants and Adverse Events

- The pooled intent-to-treat population included 363 participants, of whom 54 (14.9%) self-identified as Black; the safety population included all 54 Black participants
- TEAEs were mild to moderate in severity in all Black IDP-126-treated participants, with no serious adverse events reported and no TEAEs that led to discontinuation (**Table 1**)
- The most common treatment-related TEAEs in IDP-126–treated Black participants were application site pain and application site pruritus
- Adverse event results in Black participants were generally similar to the overall population (**Table 1**)

Cutaneous Safety and Tolerability

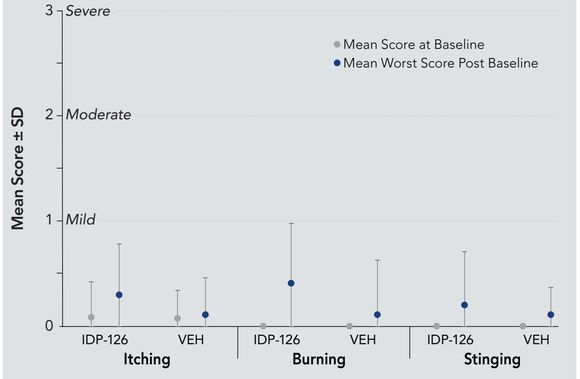
- Mean scores for all cutaneous safety and tolerability assessments following IDP-126 treatment were <0.55 at all study visits (score of 1=mild); mean worst scores post baseline are shown in **Figures 1 and 2**
- While hyperpigmentation (40%) and erythema (25%) were the most common cutaneous safety evaluations in Black participants at baseline, over half of all Black participants never had any hyperpigmentation or erythema post baseline during the studies
  - Rates of hyperpigmentation remained relatively unchanged throughout the study while erythema decreased by over 10% from baseline to week 12 with IDP-126 treatment
- No hypopigmentation was observed in any Black participants treated with IDP-126 at any study visit
- Rates of all other cutaneous safety/tolerability assessments were low (<9%) at both baseline and week 12 (data not shown)

FIGURE 1. Investigator-Assessed Cutaneous Safety in Black Participants (Safety Population, Pooled)



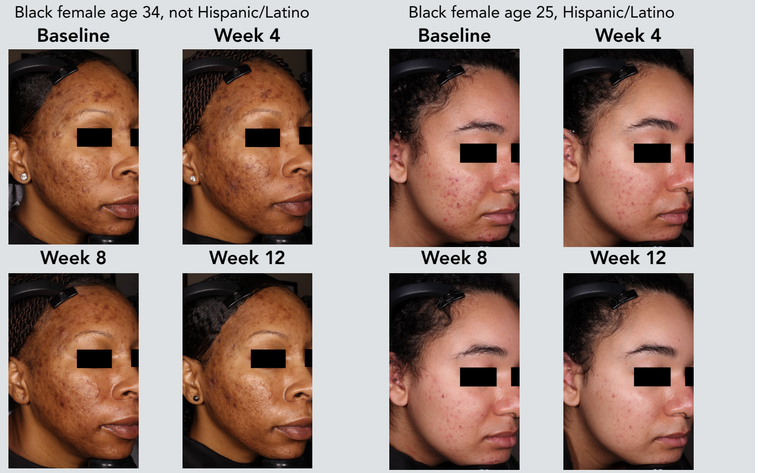
Mean worst score is the mean of the worst (highest) scores from each participant at any week after baseline.
N values: IDP-126: BL n=40; MWS Post BL n=39; Vehicle: BL n=14; MWS Post BL n=14.
BL, baseline; IDP-126, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; MWS, Mean Worst Score; SD, standard deviation; VEH, vehicle.

FIGURE 2. Participant-Assessed Cutaneous Tolerability in Black Participants (Safety Population, Pooled)



Mean worst score is the mean of the worst (highest) scores from each participant at any week after baseline.
N values: IDP-126: BL n=40; MWS Post BL n=39; Vehicle: BL n=14; MWS Post BL n=14.
BL, baseline; IDP-126, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; MWS, Mean Worst Score; SD, standard deviation; VEH, vehicle.

FIGURE 3. IDP-126-Treated Black Participants



	Baseline	Week 12
EGSS	4 (severe)	2 (mild)
IL	34	9 (-74%)
NIL	43	17 (-61%)

	Baseline	Week 12
EGSS	3 (moderate)	2 (mild)
IL	43	2 (-95%)
NIL	47	14 (-70%)

EGSS, Evaluator's Global Severity Score; IDP-126, clindamycin phosphate 1.2%/adapalene 0.15% /benzoyl peroxide 3.1%; IL, inflammatory lesions; NIL, noninflammatory lesions.
Individual results may vary.

TABLE 1. Black Participants Reporting any Treatment-Emergent Adverse Event (Safety Population, Pooled)

	IDP-126 Gel		Vehicle Gel	
	Black (n=40)	Overall (n=242)	Black (n=14)	Overall (n=121)
Any TEAE	9 (22.5)	66 (27.3)	1 (7.1)	10 (8.3)
Any SAE	0	0	0	0
Discontinued study or study drug	0	0	0	0
Severity of TEAEs				
Mild	6 (15.0)	40 (16.5)	1 (7.1)	8 (6.6)
Moderate	3 (7.5)	23 (9.5)	0	2 (1.7)
Severe	0	3 (1.2)	0	0
Treatment-Related TEAEs[a]	7 (17.5)	46 (19.0)	0	2 (1.7)
AS pain	5 (12.5)	31 (12.8)	0	1 (0.8)
AS pruritus	2 (5.0)	2 (0.8)	0	0
AS dryness	1 (2.5)	7 (2.9)	0	0
AS exfoliation	1 (2.5)	4 (1.7)	0	0
AS erythema	1 (2.5)	3 (1.2)	0	0
AS paraesthesia	1 (2.5)	1 (0.4)	0	0
Xerosis	1 (2.5)	3 (1.2)	0	1 (0.8)

[a]Reported in any participant in either treatment arm.
AS, application site; IDP-126, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; SAE, serious adverse event; TEAE, treatment-emergent adverse event.

CONCLUSIONS

- Minimizing irritation is a key goal in managing acne in patients with skin of color, given the higher risk of pigmentary alterations in melanin-rich skin[1]
- Clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% (IDP-126) gel was safe and well tolerated in Black participants after 12 weeks of once-daily treatment
- IDP-126 treatment led to improvements in investigator-assessed erythema in Black participants, no substantial increases in hyperpigmentation, and no incidences of hypopigmentation
- Despite the limited number of self-identified Black participants in these phase 3 studies, these post hoc analyses add valuable information to the limited literature describing treatment effects and tolerability of fixed-dose combination acne treatments in Black individuals

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AUTHOR DISCLOSURES

Valerie Callender has served as an investigator, consultant, or speaker for AbbVie, Galderma, L'Oréal, Ortho Dermatologics, and Vyne. Fran E. Cook-Bolden has served as consultant, speaker, investigator for Galderma, LEO Pharma, Almirall, Cassiopea, Ortho Dermatologics, Investigators Encore, Foamix, Hovione, Aclaris, and Cutanea. Leon Kircik has acted as an investigator, advisor, speaker, and consultant for Ortho Dermatologics. Jonathan S Weiss is a consultant, speaker, advisor, and/or researcher for AbbVie, Ortho Dermatologics, Janssen Biotech, Dermira, Almirall, Brickell Biotech, DermTech, and Scynexis. Andrew Alexis has received Grants (funds to institution) from LEO Pharma, Novartis, Almirall, Bristol-Myers-Squibb, Amgen, Vyne, Galderma, Bausch Health, Cara, Arcutis, Dermavant, Abbvie, and Castle; Advisory board/Consulting from LEO Pharma, Galderma, Pfizer, Sanofi-Regeneron, Dermavant, Beiersdorf, Ortho Dermatologics, L'Oreal, BMS, Bausch Health, UCB, Vyne, Arcutis, Janssen, Allergan, Almirall, Abbvie, Sol-Gel, Amgen, VisualDx, Eli Lilly, Swiss American, Cutera, Cara, and EPI; Speaker fees from Regeneron, SANOFI-Genzyme, Pfizer, and BMS; and Royalties from Springer, Wiley-Blackwell, and Wolters Kluwer Health. Michael Gold has acted as an investigator, advisor, speaker, and consultant for Ortho Dermatologics. Emil Tanghetti has served as speaker for Novartis, Ortho Dermatologics, Sun Pharma, Lilly, Galderma, AbbVie, and Dermira; served as a consultant/clinical studies for Hologic, Ortho Dermatologics, and Galderma; and is a stockholder for Accure. Hilary Baldwin has served as advisor, investigator, and on speakers' bureaus for Almirall, Cassiopea, Foamix, Galderma, Ortho Dermatologics, Sol Gel, and Sun Pharma. Linda Stein Gold has served as investigator/consultant or speaker for Ortho Dermatologics, LEO Pharma, Dermavant, Incyte, Novartis, AbbVie, Pfizer, Sun Pharma, UCB, Arcutis and Lilly. Jeffrey L. Sugarman is a consultant for Ortho Dermatologics, Bausch Health, Regeneron, Sanofi, Verrica, and Pfizer.

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