

Reduction in Pruritus Across Indications in Phase 3 Trials of Topical Roflumilast

Gil Yosipovitch,¹ Shawn G. Kwatra,² James Del Rosso,³ Laura K. Ferris,⁴ Melinda Gooderham,⁵ Adelaide A. Hebert,⁶ Edward Lain,⁷ Mark Lebwohl,⁸ Vimal H. Prajapati,⁹ Todd Schlesinger,¹⁰ Jennifer Soung,¹¹ Melissa Seal,¹² David Krupa,¹² Robert C. Higham,¹² David R. Berk,¹² Patrick Burnett¹²

¹University of Miami, Miami, FL; ²Johns Hopkins University School of Medicine and Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD; ³JDR Dermatology Research, Las Vegas, NV; ⁴University of Pittsburgh, Department of Dermatology, Pittsburgh, PA; ⁵SKiN Centre for Dermatology, Probitry Medical Research, and Queen’s University, Peterborough, ON; ⁶UTHealth McGovern Medical School, Houston, TX; ⁷Sanova Dermatology, Austin, TX; ⁸Icahn School of Medicine at Mount Sinai, New York, NY; ⁹Dermatology Research Institute, Probitry Medical Research, Skin Health & Wellness Centre, and University of Calgary, Calgary, AB; ¹⁰Clinical Research Center of the Carolinas, Charleston, SC; ¹¹Southern California Dermatology, Inc., Santa Ana, CA; ¹²Arcutis Biotherapeutics, Inc., Westlake Village, CA

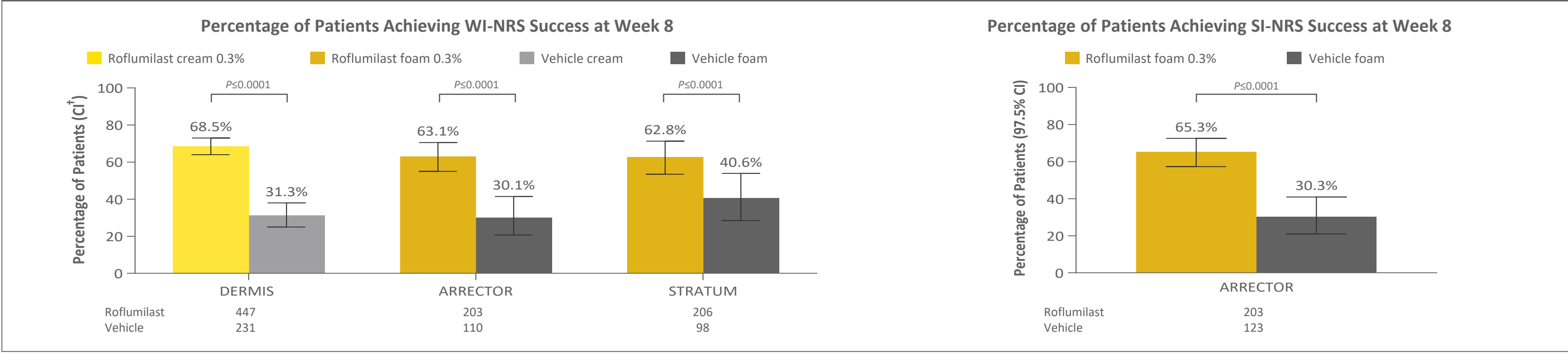
INTRODUCTION

- Pruritus is one of the most burdensome symptoms in patients with psoriasis, seborrheic dermatitis (SD), and atopic dermatitis (AD), affecting sleep and quality of life¹
 - Patient perception of pruritis varies greatly among various skin diseases²⁻⁴
- Phosphodiesterase 4 (PDE4) inhibitors may reduce pruritus by inhibiting production of inflammatory itch mediators⁵
 - PDE4 inhibitors also act through mechanistic pathways independent of the anti-inflammatory action of PDE4 in mouse models of dermatoses⁶⁻⁹
- In this poster, we evaluate the reduction in pruritus in six Phase 3 clinical trials of topical roflumilast in patients aged ≥9 years with SD or ≥12 years with psoriasis and AD

RESULTS

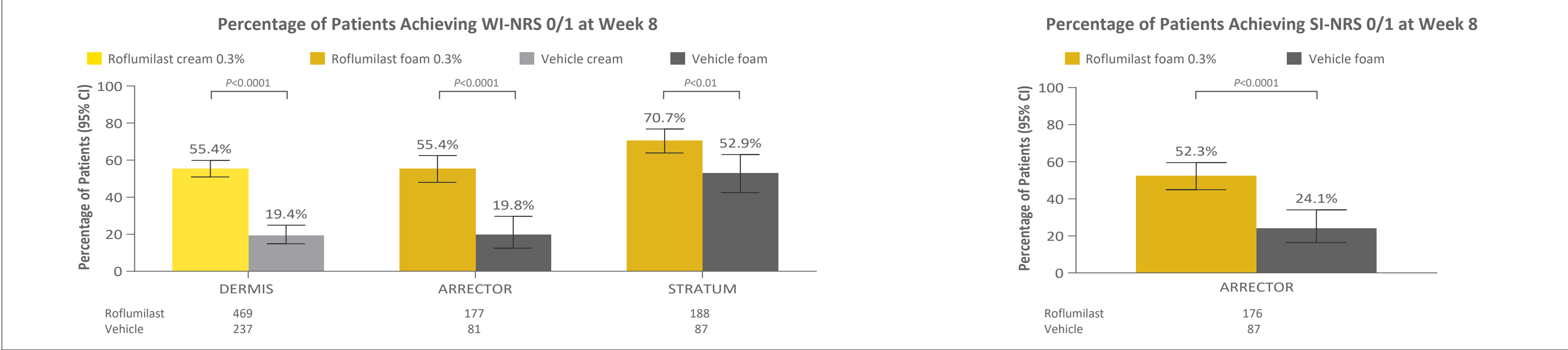
- Efficacy, safety, and tolerability for all six Phase 3 studies were previously reported
- More roflumilast- than vehicle-treated patients achieved improvement in pruritus as measured by Worst Itch-Numeric Rating Scale (WI-NRS) Success and Scalp Itch-Numeric Rating Scale (SI-NRS) Success (≥4-point improvement in patients with baseline score ≥4) at the final assessment in each trial (**Figures 1–3**)
- Similarly, differences favoring roflumilast were also observed for achievement of WI-NRS scores of 0 or 1 (in patients with baseline score ≥2) at the final assessment for all trials (**Figures 2 and 3**)
- Pruritus scores improved as early as 24 hours in patients with psoriasis (ARRECTOR) and AD (INTEGUMENT) and by 48 hours in patients with SD (STRATUM; **Figures 4–6**), as compared with vehicle

Figure 1. Percentage of Patients Achieving WI-NRS (A) and SI-NRS (B) Success at Week 8



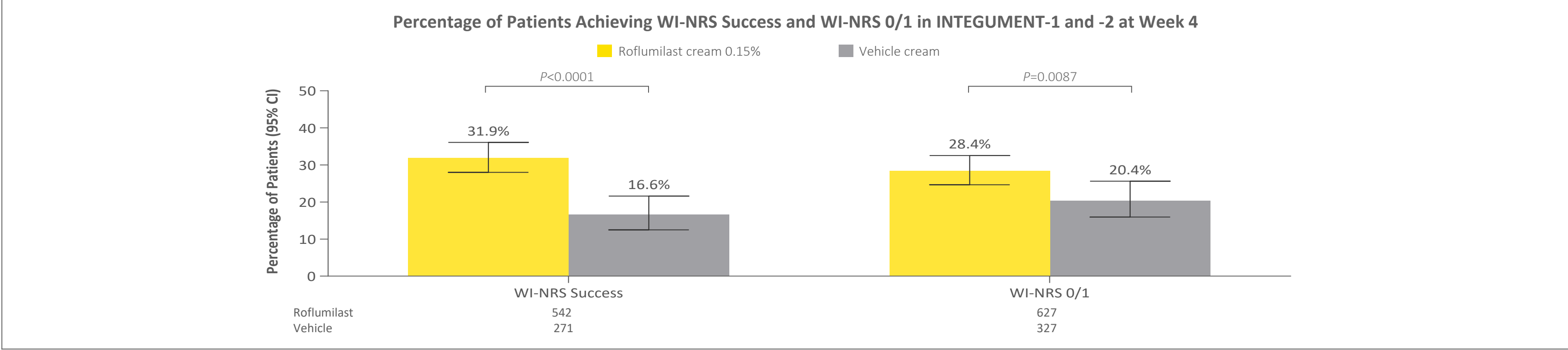
CIs are 95% for DERMIS, 97.5% for ARRECTOR, and 99% for STRATUM. WI-NRS Success: achievement of ≥4-point improvement from baseline in patients aged ≥12 years with baseline WI-NRS ≥4. Analyses of weekly average with multiple imputation to handle missing data. SI-NRS Success: achievement of ≥4-point improvement from baseline in patients aged ≥12 years with baseline SI-NRS ≥4. CI: confidence interval; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 2. Percentage of Patients Achieving WI-NRS (A) and SI-NRS 0/1 (B) at Week 8



WI-NRS 0/1 and SI-NRS 0/1 were assessed in patients with baseline WI-NRS and SI-NRS ≥2. Analyses of weekly average with multiple imputation to handle missing data. CI: confidence interval; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 3. Percentage of Patients Achieving WI-NRS Success and WI-NRS 0/1 in INTEGUMENT-1 and -2 at Week 4



WI-NRS Success: achievement of ≥4-point improvement from baseline in patients aged ≥12 years with baseline WI-NRS ≥4. WI-NRS 0/1 was assessed in patients with baseline WI-NRS ≥2. Analysis of observed daily assessments. CI: confidence interval; WI-NRS: Worst Itch-Numeric Rating Scale.

REFERENCES

1. Weissshaar E, Dalgard F. *Acta Derm Venereol.* 2009;89:339–350. 2. Brenaut E, et al. *Acta Derm Venereol.* 2013;93:573–574. 3. O'Neill JL, et al. *Acta Derm Venereol.* 2011;91:537–540. 4. Reich A, et al. *Acta Derm Venereol.* 2011;91:605–606. 5. Labib A, et al. *J Am Acad Dermatol.* 2023;89:338–344. 6. Andoh T, Kuraishi Y. *J Dermatol Sci.* 2014;76:206–213. 7. Andoh T, et al. *Exp Dermatol.* 2014;23:359–361. 8. Ishii N, et al. *J Pharmacol Exp Ther.* 2013;346:105–112. 9. Wakita H, et al. *Exp Dermatol.* 2015;24:215–216. 10. Lebwohl MG, et al. *JAMA.* 2022;328:1073–1084. 11. Gooderham MJ, Alonso-Llamazares J, Bagel J, et al. Roflumilast foam 0.3% for psoriasis of the scalp and body: a phase 3 randomized clinical trial (ARRECTOR). *JAMA Dermatol.* 2025. [In press]. 12. Blauvelt A, et al. *J Am Acad Dermatol.* 2024;90(5):986–993. 13. Simpson EL, et al. *JAMA Dermatol.* 2024;160(11):1161–1170.

ACKNOWLEDGMENTS

This study was supported by Arcutis Biotherapeutics, Inc. Thank you to the investigators and their staff for their participation in the trial. We are grateful to the study participants and their families for their time and commitment. Writing support was provided by Ashley Oney, MD, and Lauren Ramsey, PharmD, Alligent Biopharm Consulting LLC, and funded by Arcutis Biotherapeutics, Inc.

DISCLOSURES

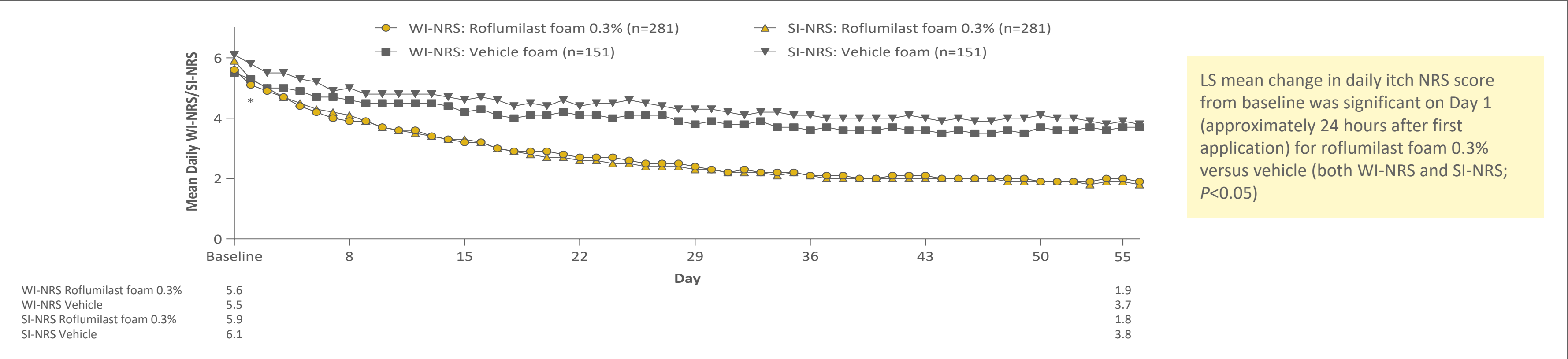
GY, SGK, JDR, LKF, MG, AAH, EL, ML, VHP, TS, and JS are investigators and/or consultants for Arcutis Biotherapeutics, Inc. and received grants/research funding and/or honoraria; MS, DK, RCH, DRB, and PB are employees of Arcutis Biotherapeutics, Inc. Additional disclosures provided on request.

Table 1. Study Designs

Trial	Treatment Groups	Inclusion Criteria	WI-NRS and SI-NRS Scores, Mean (SD)	Itch Assessments
DERMIS-1/-2 ¹⁰ (Psoriasis; NCT04211363 and NCT04211389)	Roflumilast cream 0.3% (N=576) Vehicle (N=305)	≥2 years of age BSA: 2–20% IGA: ≥2 (Mild) PASI: ≥2	Roflumilast: 5.7 (2.7) Vehicle: 5.9 (2.8)	Baseline, Weeks 2, 4, 6, 8
ARRECTOR ¹¹ (Scalp and Body Psoriasis; NCT05028582)	Roflumilast foam 0.3% (N=281) Vehicle (N=151)	≥12 years of age BSA: ≤25% (≤20% non-scalp, ≥10% scalp) S-IGA: ≥3 (Moderate) B-IGA: ≥2 (Mild) PSSI: ≥6 PASI: ≥2	WI-NRS Roflumilast: 5.6 (2.8) Vehicle: 5.5 (2.8) SI-NRS Roflumilast: 5.9 (2.8) Vehicle: 6.1 (2.5)	Baseline, Days 2–56
STRATUM ¹² (Seborrheic Dermatitis; NCT04973228)	Roflumilast foam 0.3% (N=304) Vehicle (N=153)	≥9 years of age BSA: ≤20% IGA: ≥3 (Moderate)	Roflumilast: 5.1 (2.3) Vehicle: 4.7 (2.3)	Baseline, Days 2–56
INTEGUMENT-1/-2 ¹³ (Atopic Dermatitis; NCT04773587 and NCT04773600)	Roflumilast cream 0.15% (N=884) Vehicle (N=453)	≥6 years of age BSA: ≥3% vIGA-AD: 2 (Mild) to 3 (Moderate) EASI: ≥5	Roflumilast: 6.1 (2.1) Vehicle: 5.9 (2.2)	Baseline, Days 2–29

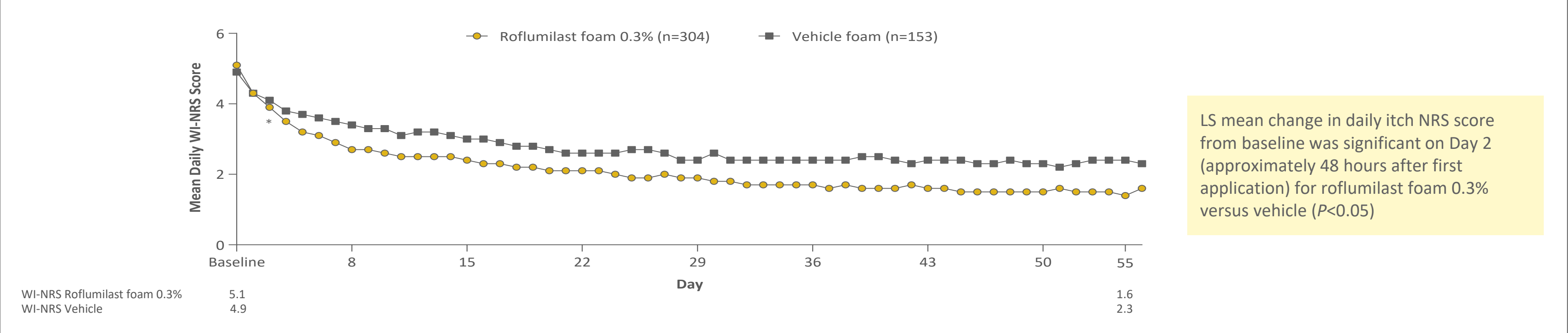
B-IGA: Body-Investigator Global Assessment; BSA: body surface area; EASI: Eczema Area and Severity Index; IGA: Investigator Global Assessment; PASI: Psoriasis Area and Severity Index; PSSI: Psoriasis Scalp Severity Index; S-IGA: Scalp-Investigator Global Assessment; SD: standard deviation; SI-NRS: Scalp Itch-Numeric Rating Scale; vIGA-AD, Validated Global Assessment for Atopic Dermatitis; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 4. Daily Itch Improvement of Scalp and Body Psoriasis From the ARRECTOR Trial



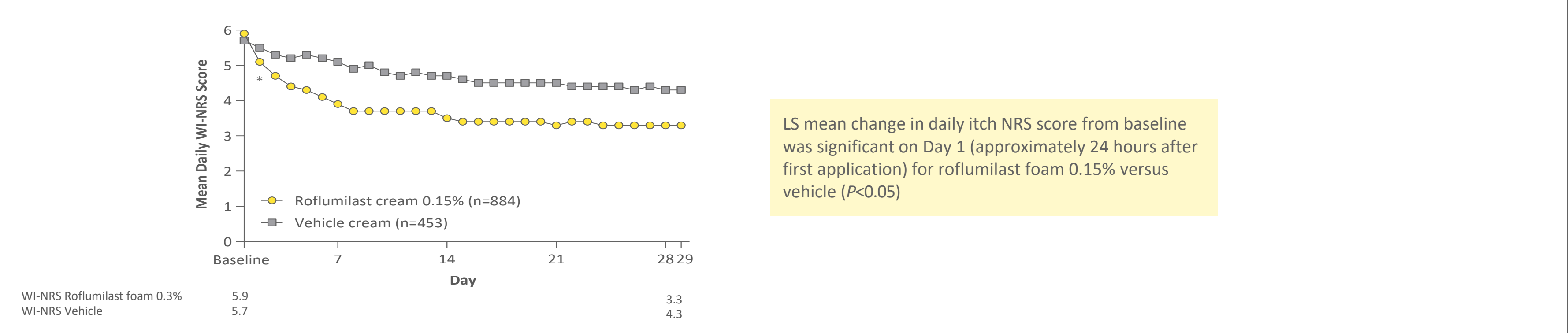
*P<0.05 for difference from vehicle at 24 hours post application and for all timepoints assessed after. LS: least squares; NRS: Numeric Rating Scale; SI-NRS: Scalp Itch-Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 5. Daily Itch Improvement in Seborrheic Dermatitis From the STRATUM Trial



*P<0.05 for difference from vehicle at 48 hours post application and for all timepoints assessed after. LS: least squares; NRS: Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

Figure 6. Daily Itch Improvement in Atopic Dermatitis From the Pooled INTEGUMENT Trials



*P<0.05 for difference from vehicle at 24 hours post application and for all timepoints assessed after. Assessed in all patients, not just those aged ≥12 years. LS: least squares; NRS: Numeric Rating Scale; WI-NRS: Worst Itch-Numeric Rating Scale.

CONCLUSIONS

- Once-daily topical roflumilast provided consistent and rapid improvements in itch across psoriasis, SD, and AD, with improvement as early as 24–48 hours, as compared with vehicle-treated patients
 - Across indications, a significant proportion of patients achieved an itch-free state (WI-NRS and SI-NRS 0/1)
- These results highlight the potential for roflumilast to reduce this burdensome symptom substantially across inflammatory dermatoses