

S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

1:00 pm - 1:10 pm

10052 - Secukinumab Maintains Improvements in Psoriasis through Five Years of Treatment: A randomized extension of the phase III ERASURE and FIXTURE Trials / Richard Langley, MD

Background: Secukinumab, a fully human anti-IL-17A monoclonal antibody, which provides long lasting complete treatment for patients with psoriasis (1-6). This abstract focuses on results for secukinumab from the largest and longest phase III study of a biologic in moderate-to-severe plaque psoriasis.

Type of Study: Long-term extension of pivotal phase III trials

Methods: Psoriasis Area and Severity Index (PASI) 75 responders from two core trials were randomized in 2:1 ratio at Week 52 to either the same dose of secukinumab (300mg/150mg, continuous-treatment) or placebo (treatment-withdrawal) every 4 weeks, until Week 156 or relapse (>50% reduction in maximal PASI from core study baseline); patients experiencing relapse with placebo received secukinumab. At Week 156, all patients received open-label secukinumab treatment with those on 300mg continuing 300mg and those on 150mg opting to receive 150mg or 300mg. Efficacy, safety and tolerability were evaluated.

Results: PASI responses were sustained with secukinumab till Week 260 (PASI 75/90/100: 85.1%/67.2%/37.8%). PASI \leq 1 was seen in 46% and the mean PASI score was 2.2 (Week 260) in secukinumab 300 mg stay group (in which responders in 300 mg arm at Week 52 were randomized to continue on 300 mg dose). Maintenance of individual patients' absolute PASI response through the study period is being analyzed and will be presented. Long-term treatment with secukinumab revealed no new safety signal.

Conclusion: Efficacy of secukinumab, as measured by PASI scores, was sustained over 5 years with a favorable safety profile on long-term use.

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S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

1:10 pm - 1:20 pm

11191 - Bermekimab is a Rapid and Effective Treatment for Atopic Dermatitis (AD) / Eric Simpson, MD, MCR

Background: Skin inflammation[1], epidermal barrier defects and severe debilitating itch[2] are hallmarks of AD. Mechanical stimulation[3] or keratinocyte rupture releases interleukin-1alpha(IL-1 α), which activates microvasculature and mediates leukocyte migration into skin[4]; induces matrix metalloproteinases to breakdown connective tissue; and induces itching in animal models[5]. Bermekimab neutralizes IL-1 α .

Type of study: An open-label, proof-of-concept, multicenter study was performed in subjects with moderate-to-severe atopic dermatitis refractory to standard therapies.

Method: Patients received either 200mg(n=10) or 400mg(n=28) subcutaneous injections weekly for either 4 or 8 weeks, respectively. Numerous measures of disease severity were assessed at baseline and at week 7.

Results: Statistically significant improvement from baseline to last visit was seen for all disease measures. Mean reduction(%) for the 400mg group after 7 weeks: DLQI(70%,p<0.001); EASI(76%,p<0.001); GISS (54%,p<0.001); HADS-AS(65%,p<0.001); HADS-DS(59%,p<0.001); POEM(66%,p<0.001); SCORAD(64%,p<0.001). For both pruritus-NRS worst and average itch scores, 75% of patients achieved ≥ 4 point improvement by week 7. By week 7, 82% and 71% of patients achieved EASI 50 and EASI 75 outcomes, respectively. 25% of patients had ≥ 2 improvement in IGA score and achieved a score of 0 or 1 by week 7. No bermekimab-related toxicities were evident. Injection-site reactions occurred in three patients.

Conclusion: Bermekimab rapidly improved all disease measures including a dramatic resolution of pruritus. Bermekimab may represent a new therapeutic for moderate-to-severe atopic dermatitis and a breakthrough treatment for pruritus.

REFERENCES

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Ballroom A

1:20 pm - 1:30 pm

11291 - JAK Inhibitor CTP-543 Achieves Primary Endpoint in Phase 2 Trial in Alopecia Areata / James Cassella, PhD

Introduction: There is growing evidence that Janus kinase (JAK) signaling underlies the pathophysiology in alopecia areata (AA). CTP-543 inhibits JAK1 and JAK2. A randomized, double blind, placebo-controlled Phase 2 trial was conducted to evaluate the efficacy and safety of CTP-543 in adults with moderate-to-severe AA. Results from the 4 and 8 mg BID cohorts from the trial are reported. Dosing in a 12 mg BID cohort is ongoing.

Methods: 104 Adult (18-65 yo) AA patients having at least 50% hair loss were sequentially randomized to receive 4 or 8 mg BID of CTP-543 or placebo for 24 weeks. SALT assessments were performed every 4 weeks. The primary endpoint was the percentage of patients achieving at least a 50% relative reduction in SALT between Week 24 and baseline.

Results: At Week 24, 47% of patients treated with 8 mg BID achieved a $\geq 50\%$ reduction in their overall SALT score compared to 8.6% for placebo ($p < 0.001$). 21% of patients treated with 4 mg BID achieved a $\geq 50\%$ reduction in their overall SALT score compared to 8.6% placebo (NS). The 8 mg BID dose group was significantly different from the 4 mg BID dose group ($p < 0.05$). The percentage of patients achieving the primary endpoint continued to increase up to Week 24. CTP-543 was generally well tolerated with no serious adverse events reported.

Conclusions: Treatment with 8 mg BID of CTP-543 for 24 weeks resulted in significant hair regrowth in patients with AA, with acceptable safety.

REFERENCES

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Ballroom A

1:30 pm - 1:40 pm

11138 - Oral Janus Kinase Inhibitors PF-06700841 and PF-06651600 Provide Clinically Evident Therapeutic Effect at 4 and 6 Weeks in Patients with Alopecia Areata and Greater Efficacy over 24 Weeks in Patients with a Shorter Duration of their Current Alopecia episode: Results of a randomized phase 2a trial / Elena Peeva

Background: Top-line results from a phase 2a trial (N=142) suggest that oral Janus kinase inhibitors PF-06651600 and PF-06700841 are efficacious and well-tolerated in patients with moderate-to-severe alopecia areata (AA).¹ We present time-to-onset data and examine the relationship between efficacy and duration of the current AA episode.

Type of Study: Phase 2 trial.

Methods: In this 24-week, double-blind study (NCT02974868), adults with moderate-to-severe AA ($\geq 50\%$ scalp hair loss) were randomized 1:1:1 to receive once-daily PF-06651600 (200mg x4 weeks, then 50mg x20 weeks), PF-06700841 (60mg x4 weeks, then 30mg x20 weeks), or placebo. The primary efficacy endpoint was change from baseline (CFB) in Severity of Alopecia Tool (SALT) score at Week 24.

Results: Statistically significant differences versus placebo in SALT CFB for PF-06700841 and PF-06651600, respectively, were observed at Weeks 4 and 6 (Week 4 mean differences [MDs] of 7.7 [P=0.002] and 2.9 [P=0.128]; Week 6: 19.6 [P<0.001] and 12.6 [P=0.002]), and continued to increase through Week 24. For patients with current AA episode <3.5 and ≥ 3.5 years in duration, Week 24 SALT CFB MDs from placebo (90% CI) were 53.4 (40.1, 66.7) and 39.1 (26.9, 51.3), respectively, for PF-06700841, and 42.1 (28.1, 56.0) and 22.7 (12.1, 33.4), respectively, for PF-06651600.

Conclusion: These phase 2 trial data indicate that PF-06700841 and PF-06651600 have an onset of effect at 4-weeks and 6-weeks, respectively, and that 24-week response may be greater in patients with a shorter duration of their current AA episode. Future studies will determine the effect of the loading dose on outcomes.

REFERENCES

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Ballroom A

1:40 pm - 1:50 pm

11223 - Clascoterone Topical Solution, an Investigational, Selective Androgen Receptor Antagonist: Results from a pivotal phase II dose ranging study in men with androgenetic alopecia (AGA) / Ulrike Blume-Peytavi, MD

Background: Clascoterone Topical Solution (Cassiopea, Italy) is an investigational androgen receptor (AR) antagonist that selectively targets AR in the skin at the application site.

Methods: A double blind, vehicle-controlled phase II study randomly assigned males 18-55 years with mild to moderate AGA, Norwood Hamilton Scale III vertex to V (IIIv, IV, V) to 52 weeks of treatment with twice daily application of clascoterone 2.5%, 5.0%, 7.5% solution or vehicle or 7.5% or vehicle QD. Primary endpoints: change from baseline in target area hair count (TAHC)- and hair growth assessment (HGA) scores- at 12 months. A 6-month interim analysis was conducted (June 2018).

Results: At the 6-month interim analysis, 404 enrolled, 375, per protocol population showed similar baseline characteristics (mean pooled age=40 years). Mean TAHC changes from baseline were greater for all clascoterone solutions, (2.5%=13.01, 5%=12.21, 7.5%BID=20.79, 7.5%QD=11.52, $p<0.0001$); vehicle TAHC were similar to baseline (-.1114, $p=0.9660$). Compared with previous proof-of-concept results, 7.5% BID produced a greater TAHC change from baseline versus previously tested 5% minoxidil (7.5% BID 20.79, minoxidil 5%,18.80) and reported TAHC changes from baseline with 12 months of finasteride (20.1, estimated 1cm²). A larger number of favorable HGA scores were observed in clascoterone subjects compared to vehicle. No treatment-related serious adverse events were observed; local skin reactions were mostly mild.

Conclusions: After 6 months, clascoterone solutions affected TAHC and HGA among men with AGA; complete results are anticipated in late 2018.

REFERENCES

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Ballroom A

1:50 pm - 2:00 pm

11295 - Bermekimab Shows Efficacy for Treating Hidradenitis Suppurativa (HS) Including Marked Reduction in Pain / Alice Gottlieb, MD, PhD

Background: HS is characterized by the presence of a heavy neutrophilic or mixed inflammatory infiltrate surrounding apocrine glands[1]. Platelet interaction with vascular endothelium and neutrophils creates a highly reactive surface for adhesion, recruitment and transendothelial migration of neutrophils into inflammatory lesions[2],[3]. Interleukin-1 α , which is present on platelets[4], is released by both keratinocytes and activated neutrophils[5] and thus may play a role in HS pathophysiology[6]. Intravenous infusion of the IL-1 α neutralizing antibody, bermekimab, was previously shown to be effective in treating HS[7]. The present study evaluates a subcutaneous bermekimab formulation for treating HS patients naïve to or failing anti-TNF therapy.

Type of study: An open-label multicenter study was performed in subjects with moderate-to-severe HS that were either naïve to or had failed anti-TNF therapy.

Method: Patients in Groups A and B had either previously failed anti-TNF therapy(n=24) or had no prior treatment with anti-TNF therapy(n=18), respectively. Patients in each group had weekly 400mg subcutaneous injections for 12 weeks. Numerous measures of disease severity were assessed. Efficacy was based on a comparison of baseline severity to week-12. For subjects who had not reached week-12 at time of analysis, data from last completed visit was compared to baseline.

Results: Statistically significant improvement from baseline was seen for all disease severity measures except HADS. Mean % improvement for Group B: DLQI(63%,p<0.001); DAS(67%,p<0.001); HADS-AS(14%,p=0.1); HADS-DS(9%,p=0.4); PGA(51%,p<0.001); VAS-Disease(44%,p=0.001); VAS-Pain(58%,p<0.001); HiSCR(61%achieved). No bermekimab-related toxicities were evident. Injection-site reaction occurred in four patients.

Conclusion: Bermekimab improved all disease measures. Weekly subcutaneous bermekimab injections targeting IL-1 α , may represent a novel and effective treatment for moderate-to-severe HS.

REFERENCES

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Ballroom A

2:00 pm - 2:10 pm

11224 - Ligelizumab Achieves Sustained Symptom Control up to 1 Year in the Majority of Patients with Chronic Spontaneous Urticaria /

Diane Baker, MD, FAAD

Background: Ligelizumab achieved greater control of symptoms versus omalizumab and placebo in patients with chronic spontaneous urticaria (CSU) inadequately controlled with standard of care including H1-antihistamines up to Wk20 (last treatment at Wk16) in the core CQGE031C2201 phase 2b study.^{1,2} Here, we report the efficacy and safety of ligelizumab 240mg up to 1 year in an open-label, single-arm extension study (NCT02477332) in patients who completed the core CQGE031C2201 study and presented with active disease.

Methods: After washout of last dose in the core study^{1,2} and evidence of disease activity (relapse), patients entering the extension study received ligelizumab 240mg q4w for 52 weeks; further monitoring for a 48-week follow-up is ongoing. Disease activity was assessed with the 7-day Urticaria Activity Score (UAS7).

Results: From the core study population, 70.6% (226/320) of patients entered the extension study, with 88.9% (201/226) completing 1 year of open-label treatment. Complete symptom control (UAS=0) was achieved in 35.4% of patients after the first dose of ligelizumab (Wk4). Complete responses were sustained and over 50% of patients achieved UAS7=0 at the end of Wk52. Throughout the one-year treatment period, 75.8% of patients (95% confidence interval [69.9%, 81.3%]) cumulatively experienced complete symptom control at least once by the end of Wk52 based on the Kaplan-Meier method. No new or unexpected safety signals were observed during 1-year of treatment in the extension study.

Conclusion: A high rate of sustained and complete symptom control was achieved with ligelizumab 240mg q4w in patients with CSU inadequately controlled with standard of care including H1 antihistamines.

REFERENCES

1. Maurer M., et al. Ligelizumab as add-on therapy for patients with H1-antihistamine-refractory chronic spontaneous urticaria: Primary results of a placebo- and active-controlled phase 2b dose finding study. Poster presented at the EAACI Congress in Munich, German on 26–30 May 2018
2. Maurer M., et al. Ligelizumab achieves rapid onset of action, improved and sustained efficacy compared with omalizumab in patients with chronic spontaneous urticaria not adequately controlled by H1-antihistamines. Poster presented at the EADV Congress in Paris, France on 12–16 September 2018

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Ballroom A

2:10 pm - 2:20 pm

10086 - Final Results of the Believe-PV Proof of Concept Study of PRN1008 in Pemphigus / Dedee Murrell, BMBCh FRCP

Background: PRN1008 is an oral inhibitor of Bruton's Tyrosine Kinase that has achieved complete remission (CR) without corticosteroids (CS) in dogs with naturally occurring pemphigus.

Materials & Methods: This open-label, Phase 2 study enrolled 27 patients with mild to moderate, newly diagnosed or relapsing pemphigus, with prednisone-equivalent CS doses of 0-0.5mg/kg (low dose CS, "LDCS"). PRN1008 doses were between 400 and 600 mg twice daily. Treatment was for 12 weeks with 12 weeks follow-up. The primary endpoint was control of disease activity (CDA) by four weeks on LDCS.

Results: Three patients dropped out due to adverse events unrelated to PRN1008 on Days 10, 43 & 44. Of the evaluable patients, CDA on LDCS was achieved in 7/26 (27%), 14/26 (54%) and 19/26 (73%) by 2, 4 & 12 weeks, respectively. CDA rates were similar in relapsing and newly diagnosed patients. CR on LDCS at any time during the trial was achieved by 6/24 (25%) patients completing 12 weeks of treatment and 12 weeks of follow up. Median anti-desmoglein levels fell by greater than 40% after 12 weeks. Treatment-related adverse events reported by $\geq 10\%$ of patients were Grade 1/2 nausea (15%), headache (11%) and abdominal pain or bloating (11%).

Conclusions: Early clinical responses in the majority on LDCS are encouraging, particularly the overall 25% CR rate after just 12 weeks of treatment. PRN1008 was well tolerated and has the potential to be efficacious while minimizing the doses of CS needed to treat patients with pemphigus.

REFERENCES

N/A

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Ballroom A

2:20 pm - 2:30 pm

11153 - Secukinumab Treatment Results in Normalization of Quality of Life in Patients with Moderate to Severe Psoriasis with and without Previous Systemic Therapy: Results from the PROSE Study / Matthias Augustin, MD, PhD

Background: The prospective, non-randomized, multicenter PROSE study (NCT02752776), examined the impact of previous anti-psoriatic therapies on patient reported quality of life (QoL) outcomes in patients with moderate-to-severe psoriasis commencing secukinumab treatment.

Methods: Patients (N=1659) were categorized at baseline according to previous exposure to systemic treatments: Naïve (N=662), Conventional systemics (CS; N=673), and Biologics (N=324). We report the effect of secukinumab treatment on Dermatology Life Quality Index [DLQI], Family DLQI [F-DLQI], EuroQoL 5-Dimension Health Questionnaire© [EQ-5D], and Patient Benefit Index [PBI] over time up to Week (Wk) 52.

Results: The primary objective was met with 70.8% patients achieving a DLQI 0/1 response at Wk 16 (Naïve, 74.7%; CS, 71.3%; Biologic, 61.7%) and the effects were sustained to Wk 52 (Naive, 75.3%; CS, 73.3%; Biologic, 62.0%). The mean EQ-5D crosswalk index increased from 0.70±0.25 at Baseline (Naïve, 0.71±0.23; CS, 0.72±0.23; Biologic, 0.63±0.28) to 0.92±0.15 at Wk16 (Naïve, 0.93±0.12; CS, 0.92±0.15; Biologic, 0.87±0.19). Patients showed a high benefit from secukinumab therapy at Wk 16 (mean PBI 3.4±0.7) which was greatest in the treatment naïve group (3.5±0.6), followed by CS pretreated (3.4±0.7) and Biologic pretreated (3.2±0.9) patients. The mean F-DLQI score decreased from 11.5±7.0 in the overall population (Naïve: 11.3±7.1, CS: 11.4±6.7, Biologic: 12.1±7.7) to 2.5±3.7 at Wk16 (Naïve: 2.5±4.0, CS: 2.3±3.1, Biologic: 3.5±4.2) indicating a favorable impact on the QoL of the patients' family. All improvements were sustained up to Wk 52.

Conclusion: Secukinumab treatment resulted in complete normalization of QoL in a substantial proportion of psoriasis patients with and without previous systemic therapy; effects were greatest in naive patients. This was complemented by marked improvement in the QoL of the patient's family.

REFERENCES

None

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11168 - Efficacy and Safety of Adalimumab Plus Methotrexate Versus Methotrexate Monotherapy in Patients with Moderate to Severe Plaque Type Psoriasis, a Randomized Clinical Trial Study / Mohamad Goldust, MD

Background: There are emerging reports regarding the drug resistance to anti-tumor necrosis factor agents.^{1,2} The aim of this study was to compare the clinical efficacy and safety of adalimumab plus methotrexate (MTX) combination therapy versus MTX in patients with moderate to severe plaque type psoriasis.

Type of study: Randomized, controlled clinical trial study.

Methods: In this 24-week study, patients randomly assigned to receive both combination therapy (subcutaneous injection of adalimumab at a dose of 80 mg at weeks 1, 2 and at a dose of 40 mg every two weeks, and intramuscular injection of methotrexate 15-20 mg per week) and methotrexate monotherapy. Efficacy assessments performed with the use of the Physician's Global Assessment (PGA), Psoriasis Area and Severity Index (PASI), and Dermatology Life Quality Index (DLQI).

Results: Rates for an improvement of $\geq 75\%$ from baseline in the PASI score (PASI75 response) were significantly greater ($p < 0.001$) at week 24 in patients treated with combination therapy compared with patients who received MTX monotherapy in the overall (88.2 vs. 62.4%, respectively). Improvements of ≥ 90 or $\geq 100\%$ from baseline PASI score were also higher with combination therapy. The greatest decreases in DLQI scores from baseline occurred also in the combination therapy group. Adverse events were similar between two groups.

Conclusion: This study can open the new doors for the treatment of moderate to severe plaque psoriasis and can be the base of new studies comparing the combination of other biological agents with methotrexate for the treatment of recalcitrant plaque type psoriasis.

REFERENCES

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Ballroom A

2:40 pm - 2:50 pm

11180 - Dual Neutralization of Interleukin (IL) 17A and IL 17F with Bimekizumab in Moderate-to-severe Plaque Psoriasis: 60-week Results from a Randomized, Double-blinded, Phase 2b Extension Study / Andrew Blauvelt, MD

Background: In the 12-week BE ABLE 1 study (NCT02905006), bimekizumab provided rapid, substantial clinical improvements in patients with moderate-to-severe plaque psoriasis, with no unexpected safety findings.[1] This Phase 2b extension study (BE ABLE 2; NCT03010527) assessed safety and efficacy of subcutaneous bimekizumab Q4W for an additional 48 weeks (60 weeks' exposure).

Methods: BE ABLE 1 responders (at least 90% reduction in Psoriasis Area Severity Index [PASI90] at Week 12) receiving placebo or bimekizumab 64mg, 160mg, 160mg (320mg loading dose [LD]) remained on the same dose; non-responders (less than PASI90 at Week 12) were reassigned from placebo/bimekizumab 64mg to 160mg, or 160mg/160mg (LD) to 320mg. Patients previously receiving bimekizumab 320mg/480mg received 320mg. Variables: primary, exposure-adjusted incidence rate (EAIR) of treatment-emergent adverse events (TEAEs); secondary, efficacy assessments.

Results: 217 patients were enrolled. Across doses, BE ABLE 1 responders generally maintained complete or almost complete skin clearance for up to an additional 48 weeks: PASI90: non responder imputation, 80–100% (observed, 93–100%); PASI100: 70–83% (80–96%); Investigator's Global Assessment: 78–100% (98–100%). PASI100 was achieved by 33–76% (40–82%) of non-responders (Week 48). EAIR of TEAEs was 206.1/100 patient-years (n=184/217 [85%]). EAIR of serious TEAEs was 6.2/100 patient-years (n=15/217 [7%]); no serious TEAE reported by more than 1 patient. Most frequent TEAEs were oral candidiasis and nasopharyngitis. No cases of suicidal ideation/behavior, major adverse cardiac events, or inflammatory bowel disease were reported. No new safety findings were observed.

Conclusion: Nearly all BE ABLE 1 responders completing 60 weeks' bimekizumab maintained complete or almost complete skin clearance, with a safety profile consistent with previous studies.[1]

REFERENCES

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Ballroom A

2:50 pm - 3:00 pm

11304 - The VIP-S Trial: Study to Evaluate the Effect of Secukinumab Compared to Placebo on Aortic Vascular Inflammation in Subjects with Moderate to Severe Plaque Psoriasis (NCT02690701) / Joel Gelfand, MD, MSCE

Background: Psoriasis is associated with increased cardiovascular mortality. Inflammation is causally related to cardiovascular disease. Secukinumab blocks IL-17A and is a highly effective psoriasis treatment.

Type of Study: Multi-center randomized placebo-controlled trial.

Methods: Patients with PASI \geq 12 who met all criteria were randomized 1:1 to secukinumab or placebo. At week 12 placebo patients switched to secukinumab for the remainder of the 52 week study. Aortic vascular inflammation (TBR) was measured by 18-FDG-PET/CT at baseline, week 12 (primary analysis timepoint), and 52. Biomarkers of cardiometabolic function (lipid particle size, HDL function); inflammation (TNF-alpha, IL-6, CRP, GlycA); adiposity (leptin, adiponectin); insulin resistance (HOMA-IR); and diabetes predictors (apolipoprotein B, ferritin, IL-2 receptor A, IL-18, fetuin-A) were measured.

Results: 91 patients were randomized; 86 and 78 completed through week 12 and 52. Baseline characteristics: age 47, PASI 22, BMI 32, 67% male. No change in TBR was observed with secukinumab vs. placebo at week 12 (-0.053; 95% CI: -0.169, 0.064) or week 52 vs. baseline. In patients with elevated TBR at baseline (TBR $>$ 1.6; n=38), a reduction was observed with secukinumab at week 12 compared to baseline (p $<$ 0.05; n=22), with the trend maintained through week 52 (p=0.24); however, placebo patients switched to secukinumab at week 12 showed no improvement in TBR at week 52. Reductions in TNF-alpha and ferritin and an increase in fetuin-A were seen at week 52 vs. baseline (p $<$ 0.05).

Conclusion: Secukinumab had a neutral impact on aortic vascular inflammation with minimal effect on cardiometabolic biomarkers.

REFERENCES

N/A

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Ballroom A

3:00 pm - 3:10 pm

11262 - Phase 2B Study OF Nemolizumab in Adults with Moderate-sever Atopic Dermatitis and Sever Prutitus / Andreas Wollenberg, MD

Background: Nemolizumab is a humanized monoclonal antibody targeting the interleukin 31 receptor alpha subunit (IL-31RA), a key mediator of atopic dermatitis (AD) pathogenesis.

Methods: A 24-week, randomized, double-blind, multicenter, study of nemolizumab (10, 30, or 90 mg Q4wk) vs placebo, added to mid potency topical corticosteroids in adults with moderate-to-severe AD, severe pruritus and inadequate control with topical treatment (n=226). Efficacy assessments included Eczema Area and Severity Index (EASI), peak-pruritus numeric rating score (NRS), Investigator's Global Assessment (IGA), and NRS response (≥ 4 -point). Standard safety assessments were performed.

Results: All nemolizumab doses significantly improved EASI, IGA and/or NRS-itch, though 30 mg was most effective. Nemolizumab 30 mg reduced EASI vs placebo at wk-24 (-68.8% vs. -52.1%; $P=0.016$); significant differences were observed by wk-8 ($P<0.01$). IGA 0/1 rates were significantly higher for nemolizumab 30 mg vs. placebo at wk-16 (33.3% vs 12.3%; $P=0.008$) but not wk-24 owing to increased placebo/TCS effect (36.8% vs 21.1%; $P=0.06$); with significant improvement by wk-4 at earliest ($P=0.028$). Peak-pruritus NRS was improved for nemolizumab 30 mg vs placebo at wk-16 (-68.6% vs -34.3%; $P<0.0001$) and wk-24 (-67.3% vs -35.8%; $P<0.0001$), with significant improvement by wk-1 ($P<0.001$). NRS response rates (≥ 4 -point) were higher for nemolizumab 30 mg vs placebo at wk-16 ($P<0.001$) and wk-24 ($P<0.01$). Nemolizumab was safe and well-tolerated. The most common adverse events were nasopharyngitis and upper respiratory tract infection.

Conclusion: Nemolizumab resulted in rapid and sustained improvements of inflammation and pruritus in AD, with maximal efficacy observed with the 30 mg dose. Nemolizumab had an acceptable safety profile.

REFERENCES

NA

S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

3:10 pm - 3:20 pm

11417 - Serlopitant Reduced Pruritus Associated with Psoriasis in Phase 2 Randomized, Double-blind, Placebo-controlled Clinical Trial / Mary Spellman, MD

Background: Pruritus associated with psoriasis is described as a bothersome symptom of the disease, and negatively impacts quality of life. Treatment of lesional skin does not consistently alleviate psoriatic itch, and there remains an unmet medical need for effective treatment of the itch. Serlopitant, an oral, once daily neurokinin 1 receptor antagonist, was studied for the treatment of pruritus associated with psoriasis (NCT03343639).

Methods: Patients (n=204) were randomized 1:1 to serlopitant 5 mg or placebo daily for 8 weeks. Eligible patients were 18-80 years of age, with plaque psoriasis ≥ 6 months, plaques covering $\leq 10\%$ of body surface area, pruritus ≥ 4 weeks, and screening worst itch numerical rating scale (WI-NRS) score ≥ 7 . The primary efficacy endpoint was the WI-NRS 4-point responder rate at week 8, and a key secondary endpoint was the WI-NRS 4-point responder rate at week 4.

Results: Mean age was 47.5 years, 54.2% were female, and 85.2% were white. Mean baseline WI-NRS scores were 8.3 for serlopitant and 8.1 for placebo. WI-NRS 4-point response rate at 8 weeks was 33.3% for serlopitant vs 21.1% for placebo ($p=0.028$), and at 4 weeks the rates were 20.8% for serlopitant vs 11.5% for placebo ($p=0.039$). Treatment-related adverse events were reported for 4.9% of serlopitant-treated patients vs 4.0% of placebo-treated patients.

Conclusion: Serlopitant significantly reduced pruritus associated with psoriasis, as demonstrated by 4-point improvement on WI-NRS at weeks 4 and 8. This corresponds to clinically meaningful improvement in pruritus and supports continued development of serlopitant for this patient population.

REFERENCES

NA

S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

3:20 pm - 3:30 pm

10055 - Oral Ivermectin vs. Oral Afoxolaner for the Treatment of Scabies a Prospective, Randomized, Double Blind, Controlled Study /

Mohamad Goldust, MD

Background: Scabies is found worldwide among people of all groups and ages. Various treatment modalities have been used since time immemorial but the search for an ideal scabicide is ongoing.¹⁻⁵ The aim of this study was to compare the efficacy of oral ivermectin vs. oral afoxolaner the treatment of scabies.

Type of study: Prospective, randomized, double blind, controlled study.

Methods: 256 patients with scabies were enrolled, and randomized into two groups: the first group received a single dose of 200 µg/kg body weight oral ivermectin, and the second group received single dose of oral afoxolaner with the dose of 2.5 mg/kg. Treatment was evaluated at intervals of 2 and 4 weeks, and if there was treatment failure at the 2-week follow-up, treatment was repeated.

Results: A single dose of ivermectin provided a cure rate of 69.4% at the 2-week follow-up, which increased to 84.5% at the 4-week follow-up after repeating the treatment. Treatment with single dose of oral afoxolaner was effective in 71.7% of patients at the 2-week follow-up, which increased to 86.1% at the 4-week follow-up after this treatment was repeated.

Conclusion: At the 4-week follow-up, oral afoxolaner was as effective as oral ivermectin. Afoxolaner with insecticidal and tickicidal efficacy, significantly resolved the clinical signs associated with sarcoptic.

REFERENCES

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S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

3:30 pm - 3:40 pm

11328 - Successful Treatment of Common Warts with Candida Extract - A Phase II study / Stacy Smith, MD

Background: Common warts, *Verruca vulgaris*, remain a clinical condition without a definitive therapy. The commonly used treatments are non-specific and destructive. Non-destructive therapies are not well-characterized. A specific, effective therapy is needed.

Type of Study: A Phase IIa, randomized, double-blind, placebo-controlled study

Methods: Adult subjects with multiple warts from 3-20 mm in size were randomized to four cohorts of investigational treatment with *Candida albicans* Skin Test Antigen for Cellular Hypersensitivity [Nielsen Biosciences]: 0.3 ml to one wart, 0.5 ml to one wart, 0.3 ml to up to four warts or placebo. Treatments were given every other week for 10 treatments. Warts were assessed by diameter. Safety was assessed via subject diaries and adverse event reporting.

Results: 169 subjects received at least one injection, 125 subjects completed 10 treatments or achieved resolution. Three active cohorts demonstrated statistically significant wart clearance compared to placebo. Clearance rates were 66% (P=0.0329), 79% (P=0.0007), 73% (P=0.0052) and 37% for the 0.3 ml one wart, 0.5 ml one wart, 0.3 ml multiple wart and placebo groups, respectively. Subjects in each of the active treatment groups cleared ALL warts more commonly than the placebo group (0.3 ml – 32%, 0.5 ml – 53%, placebo – 21%). Local reactions included tenderness, pain, itching, swelling, and redness, were generally mild and only modestly more prevalent in the active groups versus placebo.

Conclusions: Treatment of common warts with intralesional candida antigen appears safe and effective. Further studies are warranted to confirm the dosing scheme and demonstrate safety and effectiveness for FDA licensure.

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S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

3:40 pm - 3:50 pm

11216 - KX2-391 Ointment 1%, a Novel Dual Src/Tubulin Inhibitor, is Efficacious and Safe in the Treatment of Adults with Actinic Keratosis in Two Phase III Studies / Edward Lain, MD, MBA

Background: KX2-391 ointment 1% was previously shown to be safe/active in adults with actinic keratosis (AK) on the face or scalp in a Phase II study (AAD 2018).

Type of Study: Two identical Phase III pivotal double-blind vehicle-controlled randomized studies (KX01-AK-003/KX01-AK-004) that evaluate the efficacy/safety of KX2-391 ointment 1% versus vehicle in adults with AK on the face or scalp.

Methods: Eligible subjects with 4-8 clinically visible typical AK within 25 cm² on the face or scalp were enrolled at 2:1 into face or scalp subgroup and randomized 1:1 to receive KX2-391 or vehicle, daily for 5 consecutive days and followed for 100% AK clearance at Day 57. 100% cleared subjects are monitored for safety and recurrence up to 12 months.

Results: 702 subjects (351/study) enrolled from 62 US sites had similar demographic profiles between the treatment groups and most had skin type II and III. At Day 57, percentages of subjects with 100% AK clearance on KX2-391 were significantly higher than vehicle ($p < 0.0001$ per study; when the two studies were combined, p -value was $< 10^{-31}$). The comparison was also highly significant by face or scalp subgroup ($p < 0.001$ per study). Due to regulatory compliance, efficacy results will be withheld until AAD meeting. Adverse reactions were mostly mild application site pruritus or pain ($< 14\%$ subjects per treatment group). Local skin reactions were mostly transient mild/moderate erythema/flaking/scaling/crusting that resolved quickly before Day 57. No death/serious adverse events/discontinuation were related to study drug.

Conclusions: Two Phase III pivotal studies confirmed that 5 days of daily KX2-391 ointment 1% is efficacious and safe in the treatment of AK on the face or scalp.

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S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

3:50 pm - 4:00 pm

11218 - Clascoterone Topical Cream, 1%: A Novel, Topical, Local, Selective Androgen Receptor Antagonist: Results from Two Phase 3 Studies Treating Children and Adult Patients with Facial Acne Vulgaris / Adelaide Hebert, MD

Background: Clascoterone Topical Cream 1% (Cassiopea SpA, Italy) is an investigational androgen receptor (AR) antagonist that selectively targets AR in the skin.

Methods: Two double blind, vehicle-controlled studies randomly assigned subjects ≥ 9 years with facial acne vulgaris with Investigator's Global Assessment (IGA) scores of grade 3-moderate or 4-severe, for twice daily application for 12 weeks. The primary efficacy endpoints were: "success" defined as an IGA score of "clear (score=0)" or "almost clear (score=1)" AND at least a two-point reduction in IGA compared to Baseline; and absolute change from Baseline in non-inflammatory- and inflammatory lesion counts. Additional analyses included total lesion counts and adverse events.

Results: Studies 25 and 26 enrolled 353:355 and 369:363 clascoterone:vehicle subjects. Baseline characteristics (mean age: 19.5 years; >60% female) were similar. More clascoterone treated subjects achieved IGA success versus vehicle (Study 25: 18.8% versus 8.9% vehicle, $p=0.0008$, Study 26: 20.8% versus 6.5% vehicle, $p<0.0001$). Absolute change in non-inflammatory lesion counts were greater in clascoterone treated subjects: Study 25 and 26, respectively: -19.4 versus -13.1 vehicle ($p=0.0016$), -19.4 versus -10.9 vehicle ($p=0.0001$); inflammatory lesion counts: -19.4 versus -15.5 vehicle ($p=0.0029$), -20.0 versus -12.6 in vehicle ($p<0.0001$); total lesion counts -39.2 versus -28.9 vehicle ($p=0.0002$), -40.3 versus -23.7 vehicle ($p<0.0001$). Per protocol analysis were similar. Treatment Emergent Adverse Events (TEAE) were infrequent and mostly mild/moderate and similar between clascoterone and vehicle (11.3% versus 11.5% vehicle, 11.4% versus 13.8% vehicle.)

Conclusions: Clascoterone cream is a novel investigational treatment for acne, demonstrating a favorable efficacy and safety profile.

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S034 - Late-breaking Research: Clinical Trials

Saturday, March 2 from 1:00 PM — 4:00 PM

Ballroom A

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