

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

Linda Stein Gold,¹ Mark G. Lebwohl,² Kim A. Papp,³ Melinda J. Gooderham,⁴ Leon H. Kircik,⁵ Zoe D. Draelos,⁶ Steven E. Kempers,⁷ David M. Pariser,⁸ Javier Alonso-Llamazares,⁹ Darryl P. Toth,¹⁰ Kathleen Smith,¹¹ Robert C. Higham,¹¹ Lynn Navale,¹¹ Howard Welgus,¹¹ David R. Berk¹¹

¹Henry Ford Medical Center, Detroit, MI, USA; ²Icahn School of Medicine at Mount Sinai, New York, NY, USA; ³Probit Medical Research and K Papp Clinical Research, Waterloo, ON, Canada; ⁴SKin Centre for Dermatology, Probit Medical Research and Queen's University, Peterborough, ON, Canada; ⁵Icahn School of Medicine at Mount Sinai, New York, NY, Indiana Medical Center, Indianapolis, IN, Physicians Skin Care, PLLC, Louisville, KY, and Skin Sciences, PLLC, Louisville, KY, USA; ⁶Dermatology Consulting Services, High Point, NC, USA; ⁷Minnesota Clinical Study Center, Fridley, MN, USA; ⁸Department of Dermatology, Eastern Virginia Medical School and Virginia Clinical Research, Inc., Norfolk, VA, USA; ⁹Driven Research LLC, Coral Gables, FL, USA; ¹⁰XLR8 Medical Research, Probit Medical Research, Windsor, ON, Canada; ¹¹Arcutis Biotherapeutics, Inc., Westlake Village, CA, USA

INTRODUCTION

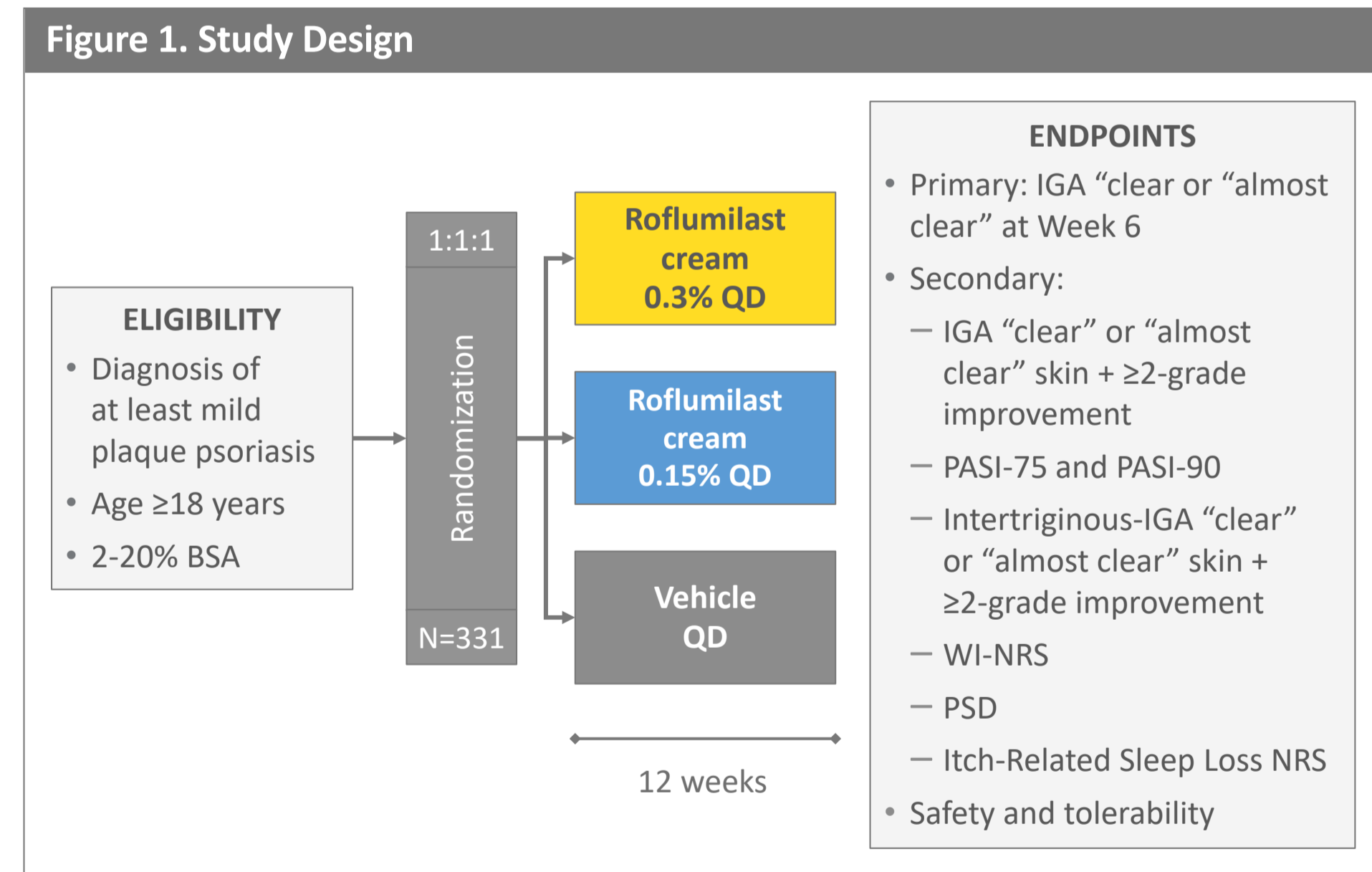
- Roflumilast cream (ARQ-151), a potent phosphodiesterase-4 (PDE-4) inhibitor, is under investigation as a once-daily topical treatment for plaque psoriasis^{1,2}
- In a randomized, double-blind, phase 2b trial of 331 adults with chronic plaque psoriasis, roflumilast cream administered once daily was superior to vehicle cream²
 - Primary endpoint of achievement of “clear” or “almost clear” skin based on Investigator Global Assessment (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 (AEs), 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 patient-reported outcome (PRO) measures in this study

OBJECTIVE

- To assess the effect of roflumilast cream on various PROs related to itch

METHODS

- Design: parallel-group, randomized, double-blind, vehicle-controlled phase 2b study (ClinicalTrials.gov NCT03638258; **Figure 1**)²
- Location: 30 sites in the United States and Canada



BSA: body surface area; IGA: Investigator Global Assessment; NRS: Numeric Rating Scale; QD: once daily; PASI: Psoriasis Area and Severity Index; PSD: Psoriasis Symptom Diary; WI-NRS: Worst Itch Numeric Rating Scale.

- Itch was assessed at baseline and Weeks 2, 4, 6, 8, and 12 using PRO measures:
 - Worst Itch Numeric Rating Scale (WI-NRS)³ assessed the worst itch
 - Psoriasis Symptom Diary (PSD) Items 1 and 2⁴⁻⁶ 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)

RESULTS

- In total, 331 patients were randomized to roflumilast 0.3% (n=109), roflumilast 0.15% (n=113), or vehicle (n=109)²
- Baseline characteristics are presented in **Table 1**

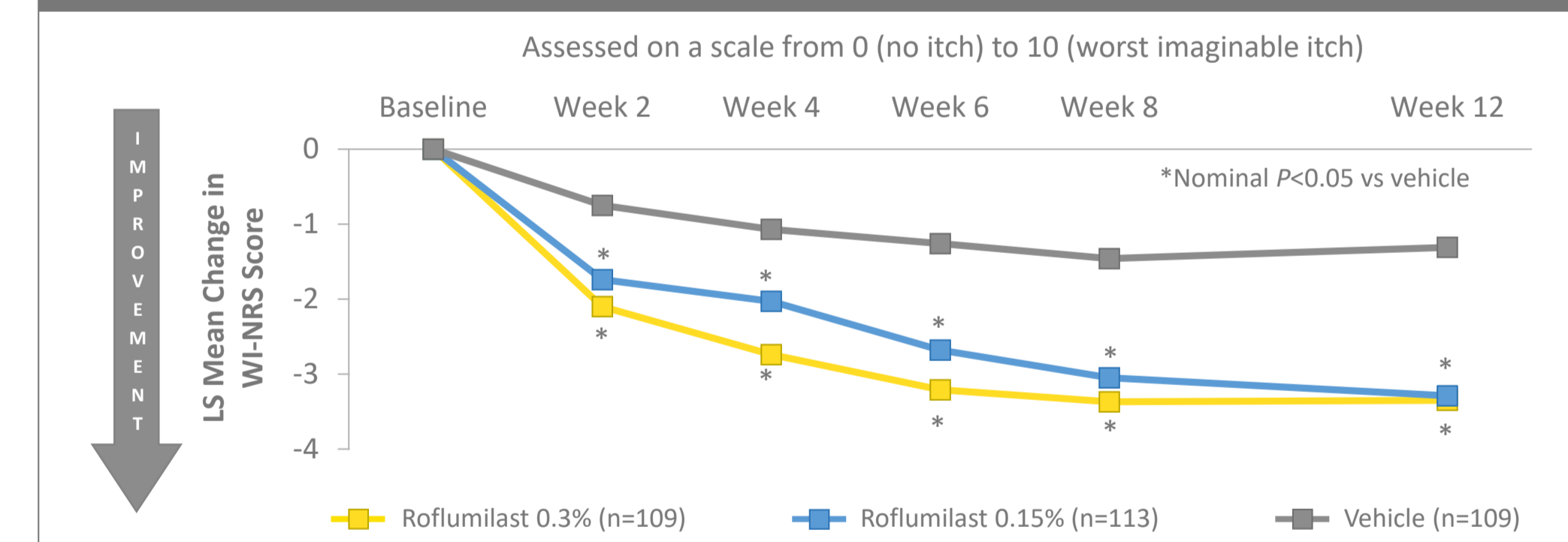
Table 1. Baseline Characteristics

	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
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.

- Both roflumilast doses showed similar improvements in WI-NRS score and mean change from baseline in WI-NRS score was significantly superior to vehicle throughout the trial (P<0.002; **Figure 2**)

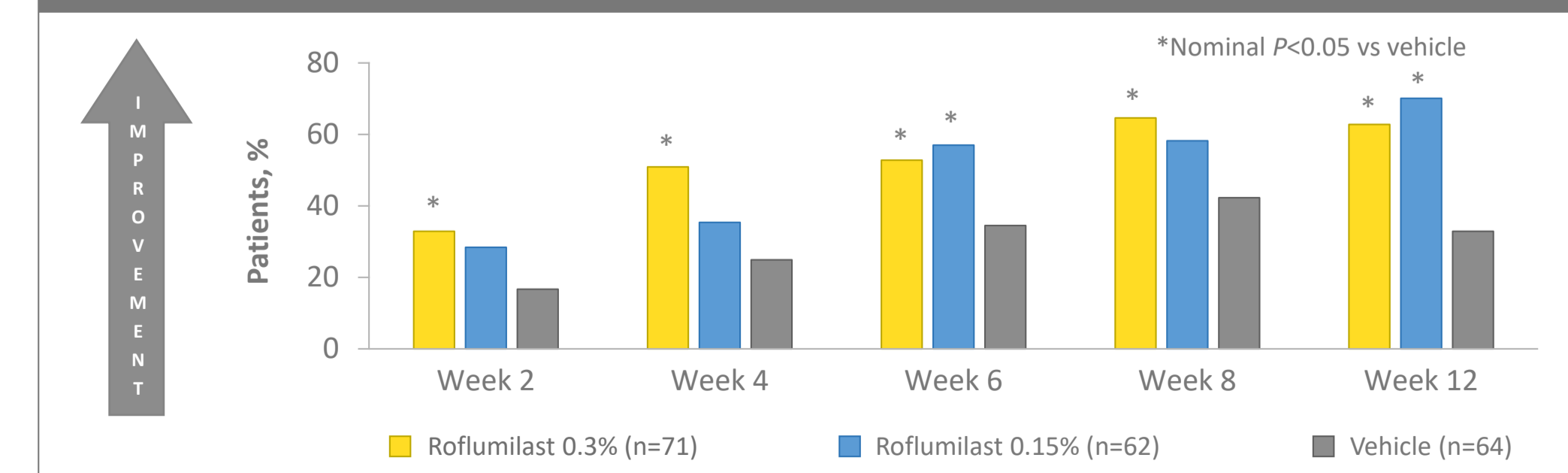
Figure 2. WI-NRS Score: “What was the worst level of itch over the past 24 hours?”



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.

- 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 psoriasis⁷
- Among patients with a WI-NRS score ≥6 at baseline (n=197/331), rates of achievement of a ≥4-point reduction from baseline in WI-NRS score were significantly greater with roflumilast 0.3% vs vehicle at all timepoints (P<0.034), and significantly greater with roflumilast 0.15% vs vehicle at Weeks 6 and 12 (P<0.012; **Figure 3**)

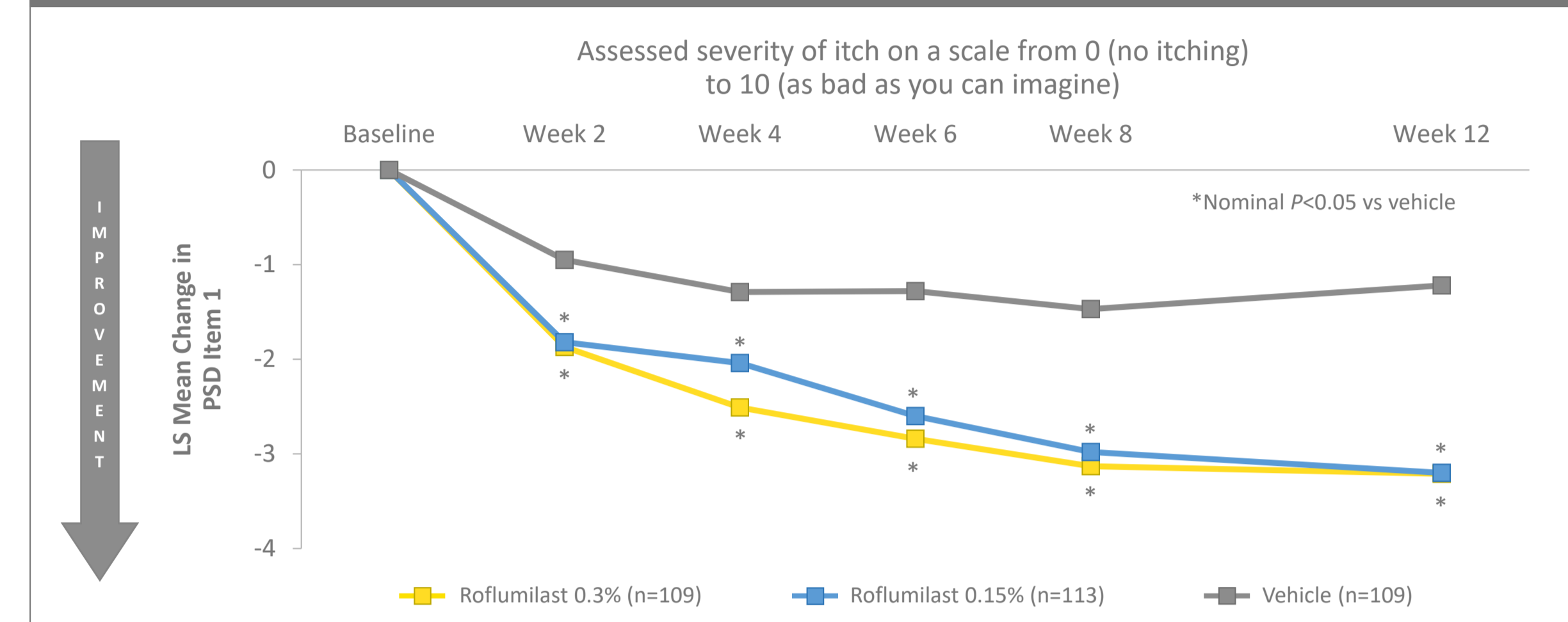
Figure 3. Proportion of Patients With a WI-NRS Score ≥6 at Baseline Who Achieved a ≥4-Point Reduction From Baseline in WI-NRS Score



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.

- Robust improvements in severity of itch based on Item 1 of the PSD were observed for both roflumilast 0.3% and 0.15% at Weeks 2 through 12 (P<0.012 vs vehicle; **Figure 4**)

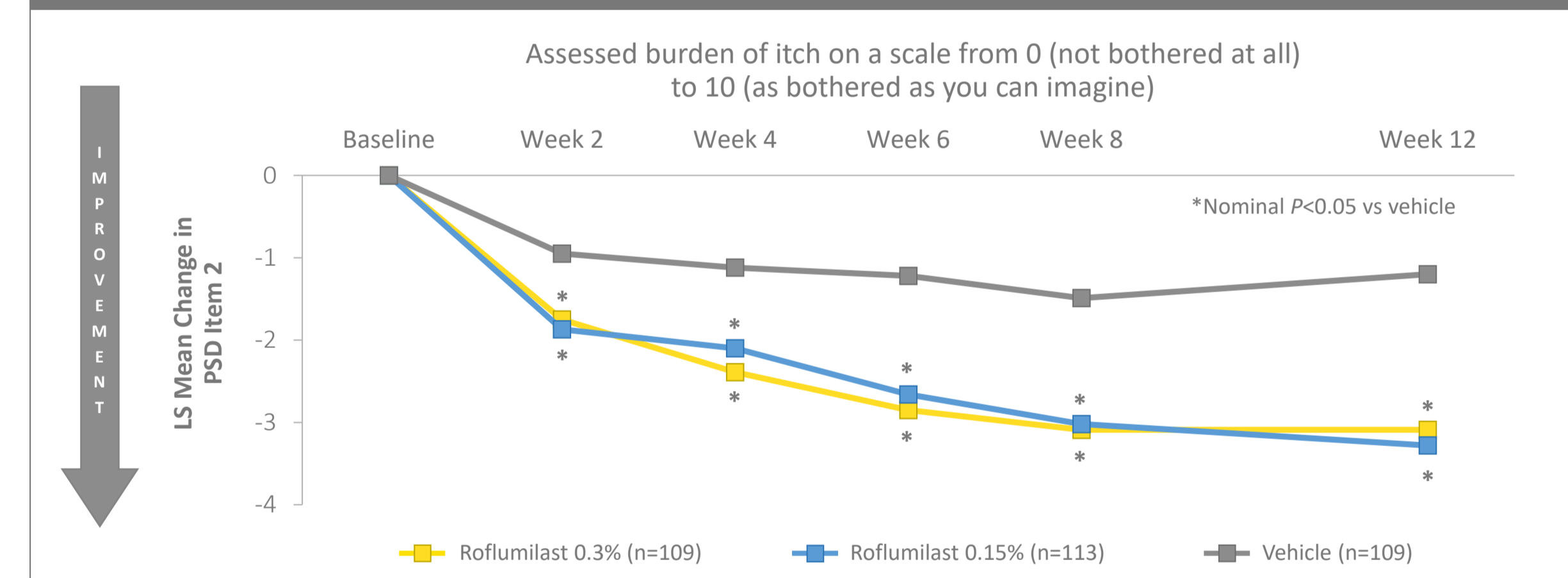
Figure 4. PSD Item 1: “How severe was your psoriasis-related itching over the past 24 hours?”



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.

- Robust improvements in burden of itch based on Item 2 of the PSD were observed for both roflumilast 0.3% and 0.15% at Weeks 2 through 12 (P<0.012 vs vehicle; **Figure 5**)

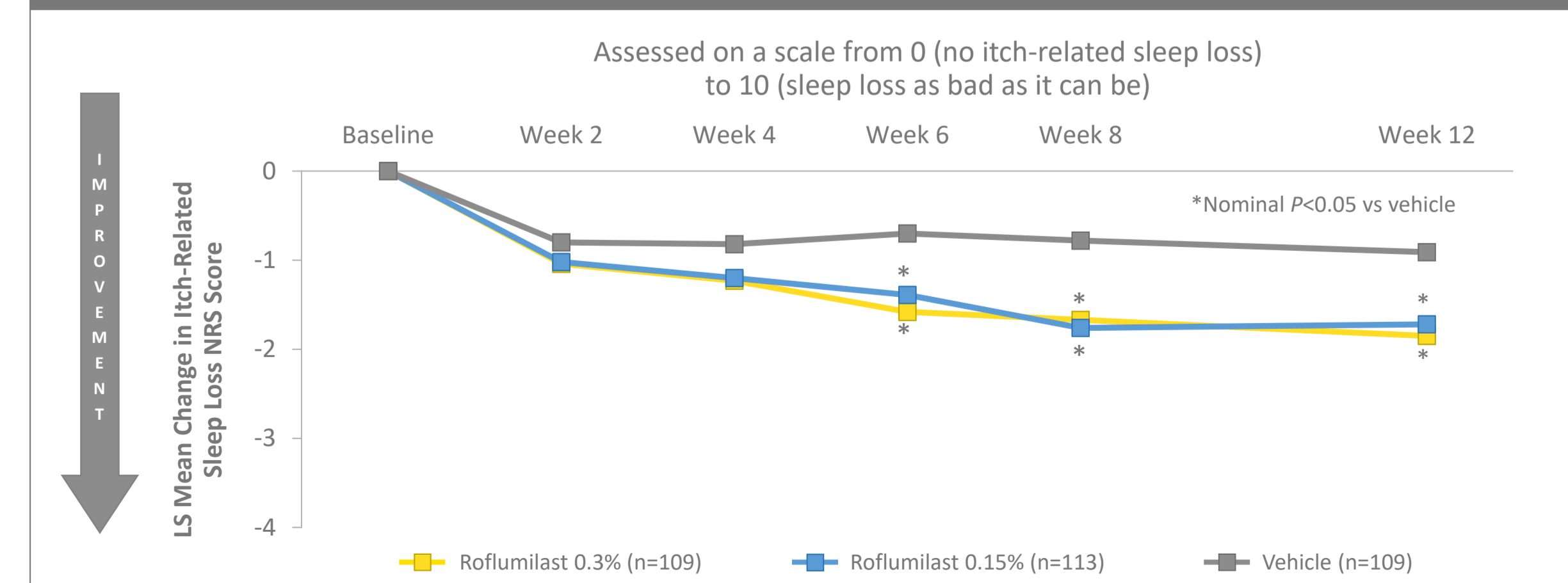
Figure 5. PSD Item 2: “How bothered were you by your psoriasis-related itching over the past 24 hours?”



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.

- Improvements in the Itch-Related Sleep Loss score were significantly greater with both roflumilast doses vs vehicle at Weeks 6 through 12 (P<0.022; **Figure 6**)

Figure 6. Itch-Related Sleep Loss NRS Score: “How intense was your itch-related sleep loss over the past 24 hours?”



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.

- Treatment-emergent AEs were uncommon in this study and were similar across treatment groups (**Table 2**)²
- 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

Table 2. Summary of AEs

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% of 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. Data are presented for safety population. AE: adverse event; SAE: serious adverse event; TEAE: treatment-emergent adverse event.

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, nonsteroidal 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

REFERENCES

- Papp KA, et al. *J Drugs Dermatol* 2020;19:734-740.
- Lebwohl MG, et al. *N Engl J Med* 2020;383:229-239.
- Naegeli AN, et al. *Int J Dermatol* 2015;54:715-722.
- Lebwohl M, et al. *Int J Dermatol* 2014;53:714-722.
- Strober BE, et al. *Value Health* 2013;16:1014-1022.
- Strober B, et al. *Int J Dermatol* 2016;55:e147-e155.
- Kimball AB, et al. *Br J Dermatol* 2016;175:157-162.

ACKNOWLEDGEMENTS

- 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 Aleksandra Adomas, PhD, CMPP, Touch Scientific, Philadelphia, PA, and funded by Arcutis Biotherapeutics, Inc.

DISCLOSURES

LSG, MGL, KAP, MJG, LHK, ZDD, SEK, DMP, JAL, and DPT: Investigator, consultant, and/or advisory board member for Arcutis Biotherapeutics, Inc. ZDD has received grant support from Arcutis Biotherapeutics, Inc. KS, RCH, LN, and DRB: Employees of Arcutis Biotherapeutics, Inc. HW has a patent application relevant to this work.



Scan QR Code for a digital copy of this poster