ATOPIC DERMATITIS PEER-TO-PEER EDUCATIONAL TOOLKIT

A compilation of key content from select presentations at the 2021 South Beach Symposium Part I: Medical Dermatology Summit and the Masters of Pediatric Dermatology

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### Clinical Assessment Tools

<table>
<thead>
<tr>
<th>Validated Sign &amp; Symptom Scoring Tools</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>EASI</td>
<td>1.1-7</td>
<td>7.1-21</td>
<td>21.1-50 50.1-72 (very severe)</td>
</tr>
<tr>
<td>POEM</td>
<td>3-7</td>
<td>8-16</td>
<td>17-24 25-28 (very severe)</td>
</tr>
<tr>
<td>PO-SCORAD</td>
<td>&lt;25</td>
<td>&gt;25 to &lt;50</td>
<td>&gt;50</td>
</tr>
<tr>
<td>SCORAD</td>
<td>&lt;25</td>
<td>&gt;25 to &lt;50</td>
<td>&gt;50</td>
</tr>
</tbody>
</table>

### Other Tools

<table>
<thead>
<tr>
<th>Other Tools</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>DLQI – validated questionnaire on the impact of AD on QoL</td>
<td>Each question 0 (not at all) to 3 (very much)</td>
</tr>
<tr>
<td>Pruritus (itch) score – patient’s subjective assessment of itch</td>
<td>VAS from 0 (none) to 10 (severe)</td>
</tr>
</tbody>
</table>
Racial Disparities in Atopic Dermatitis

- AD disproportionately affects Black children
- Among US children, more likely to suffer from AD and more likely to seek medical care for AD
- More disfiguring in SOC patients (hypo/hyper-pigmentation)
- Challenges in diagnosing and treating in pediatric SOC patients
Associated Comorbidities

- Cochrane systemic review and meta-analysis
- Patients with vitiligo and alopecia areata had SS greater odds of atopic dermatitis than control patients, p < .001

- Recent literature discussed morbidity
  - E.g. Obesity and increased blood pressure in atopic dermatitis children

- 2018 study discussed suicidality in pediatric patients:
  - Korean children with AD were at a significantly higher risk of suicidal ideation (OR 1.23, 95% CI 1.13-.135)
  - Female pediatric patients with AD also had an increased risk of suicidal ideation (adjusted OR, 1.114; 95% CI, 1.046-1.186) and suicide attempts (adjusted OR, 1.188; 95% CI, 1.065-1.325) compared with healthy controls
At Home Interventions

• **Basic Rules:**
  - Short nails, short bath (3 minutes), cotton clothing, and cool environment
  - Laundry: Hypoallergenic detergent with no bleach or fabric softener.

• **Bath Care:**
  - If previous Staph infection, use antibacterial soap from the neck down (do not use on face) for three minutes before bath
  - If history of Staph infections, ¼ cup of bleach in 1 ft of water; bleach in a bottle
  - After bath, pat dry. Do not rub!
  - Emollient to ENTIRE body.

**Wet Wraps**

Follow these 4 steps:

1. Take one pair of onesies, pajamas, gloves, and/or socks and soak it in warm water.

2. Wring out the onesies, pajamas, gloves, and/or socks until they are only slightly damp.

3. Put the damp onesies, pajamas, gloves, or socks on. Then put the dry onesies, pajamas, gloves, or socks on top of the damp layer.

4. Make sure the room is warm enough to sleep.
Treatment Recommendations

Pediatric
Adult
Stepwise Treatment Overview for Pediatric Patients

Step 1: Education, bathing, gentle skin care, moisturizing, avoidance of triggers

Step 2: Topical steroids (TCs), Calcineurin inhibitors (TCIs), phosphodiesterase-4 inhibitor

Step 3: Higher potency topical steroids, wet dressings, oral antihistamines, evaluate and treat for secondary infection

Step 4: Phototherapy, SCs, systemic immunomodulators
Atopic Dermatitis “Treatment Made EZ SM”
The Simple Sliding Scale For Mild to Moderate AD

• **Morning:**
  - **Emollient to entire body**, even if no inflammation (nothing pink or red).
  - AND
  - Medium strength topical steroid and/or Topical Calcineurin Inhibitors (TCI) and/or Phosphodiesterase inhibitors (PDI) to red areas on body.
  - Hydrocortisone and/or Topical Calcineurin Inhibitors (TCI) and/or PDI to slightly red or pink areas on body.
  - Hydrocortisone and/or Topical Calcineurin Inhibitors (TCI) and/or PDI to pink or red areas on face, groin, and armpits.
Atopic Dermatitis “Treatment Made EZ™”
The Simple Sliding Scale For Mild to Moderate AD

- **Afternoon:** Emollient to all skin.

- **Evening:**
  - **Emollient to entire body**, even if no inflammation (nothing pink or red).
  - **AND**
    - Medium strength topical steroid and/or Topical Calcineurin Inhibitors (TCI) and/or PDI to red areas on body (**emollient to other areas**).
    - Hydrocortisone and/or Topical Calcineurin Inhibitors (TCI) and/or PDI to slightly red or pink areas on body (**emollient to other areas**).
    - Hydrocortisone and/or Topical Calcineurin Inhibitors (TCI) and/or PDI to pink or red areas on face, groin, and armpits (**emollient to other areas**).
The Schachner Ladder

<table>
<thead>
<tr>
<th>Severity</th>
<th>Topical Treatment</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Severe:</td>
<td>Clobetasol (high potency CS) + TCI or PDI + emollients</td>
<td>Twice daily for 3-5 days</td>
</tr>
<tr>
<td>If Moderate:</td>
<td>Triamcinolone (medium potency CS) + TCI or PDI + emollients</td>
<td>Twice daily for 3-5 days</td>
</tr>
<tr>
<td>If Mild:</td>
<td>Alclometasone (low potency CS) + TCI or PDI + emollients</td>
<td>Twice daily for 3-5 days</td>
</tr>
<tr>
<td>Controlled:</td>
<td>TCI or PDI or TS + emollients</td>
<td>Twice daily for 2 weeks</td>
</tr>
<tr>
<td>Maintenance (to areas of predilection):</td>
<td>TCI or PDI or TS + emollients</td>
<td>Twice weekly for 6 months</td>
</tr>
<tr>
<td>Long-term Maintenance &amp; Prevention:</td>
<td>Emollients</td>
<td>Twice daily</td>
</tr>
</tbody>
</table>

*Abbreviations: CS: Corticosteroid. PDI: Phosphodiesterase inhibitor. TCI: Topical Calcineurin Inhibitor

*Antihistamines as needed
* Antibiotics as needed
Algorithm For The Treatment Of Moderate To Severe Atopic Dermatitis

• **If successful:**
  - Titrate down
  - TCI's 2x a week or role for PDI or topical steroid
  - Emollients only

• **If unsuccessful:**
  1) Patch testing
  2) Narrowband UVB
  3) **DUPILUMAB**
  4) Class I-II topical steroids
  5) Prednisone
  6) IVPS
  7) UVA, UVB
  8) **Cytotoxic and Biologic agents:** cyclosporine, mycophenolic acid, cyclophosphamide, azathioprine, methotrexate
  9) INF α or γ subcutaneously
  10) IVIG
  11) Relaxation / Massage therapy / Behavioral/ Probiotics

Dr. Lawrence Schachner
Prednisone My Way

• Example – 20 kg child with severe atopic dermatitis

• 1mg/kg/day x 4 days = 20 mg/day
• .75 mg/kg/day x 4 days = 15 mg/day
• .50 mg/kg/day x 4 days = 10 mg/day
• .25 mg/kg/day x 4 days = 5 mg/day
Cyclosporine My Way

1. Check blood pressure, BUN, Creatinine pre-treatment and each month.

2. Cyclosporine
   - 5mg/kg/day - First Month
   - 4mg/kg/day - Second Month
   - 3mg/kg/day - Third Month
   - 2mg/kg/day - Fourth Month
   - 1mg/kg/day - Fifth Month
Moderate-to-Severe AD Action Plan

*When Flaring (Itchy, Red, Oozing):*
*AM:*
1. Apply fluocinonide to the eczema areas
2. Apply moisturizer liberally
3. Take Vitamin D supplement

*PM:*
1. Wash with Oil Cleanser
2. Apply fluocinonide to the eczema areas
3. Apply moisturizer liberally
4. Apply damp layer then dry layer (“wet wrap”)

*Once Better:*
*AM:*
1. Apply crisaborole ointment to remaining areas/trouble spots
2. Apply moisturizer liberally
3. Take Vitamin D supplement

*PM:*
1. Wash with Oil Cleanser
2. Apply crisaborole ointment to remaining areas/trouble spots
3. Apply moisturizer liberally

***Do this for several days (up to 1 week) until better...***

Dr. Peter Lio
Moderate-to-Severe AD Action Plan

*When Flaring (Itchy, Red, Oozing):*

*AM:*
1. Apply mometasone to the eczema areas
2. Apply moisturizer liberally
3. Take Vitamin D supplement + Probiotic

*PM:*
1. Wash with Oil Cleanser
2. Apply mometasone to the eczema areas
3. Apply moisturizer liberally

***Do this for several days (up to 1 week) until better...***

*Once Better:*

*AM:*
1. Apply tacrolimus ointment to remaining areas/trouble spots
2. Apply moisturizer liberally
3. Take Vitamin D supplement + Probiotic

*PM:*
1. Wash with Oil Cleanser
1. Apply tacrolimus ointment to remaining areas/trouble spots
3. Apply moisturizer liberally
Crisaborole

- First topical Phosphodiesterase 4 inhibitor (PDE-4)
- U.S. FDA approved in December 2016 for mild-moderate atopic dermatitis in patients 2 years of age and older
- Mechanism of action: by inhibition PDE-4, results in increase intracellular cAMP levels which is suppression the release of pro-inflammatory cytokines
- Crisaborole ointment 2% apply twice daily supplies in 60 g and 100 g tube.
- FDA approved down to 3 months, 2020
Dupilumab

- Dose: 300 mg subq/ 200 mg subq...60 kg
- Dupilumab comes in a pre-filled syringe and can be self-administered as a subcutaneous injection every other week after an initial loading dose (600mg). It can be used with or without topical corticosteroids.
- New dosages for 6-year-olds and up

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Weight Range</th>
<th>Loading Dose 1</th>
<th>Maintenance Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-17 years</td>
<td>15-29 kg</td>
<td>600 mg loading dose</td>
<td>+ 300 mg every 4 weeks</td>
</tr>
<tr>
<td>30-59 kg</td>
<td></td>
<td>400 mg loading dose</td>
<td>+ 200 mg every other week</td>
</tr>
<tr>
<td>60 kg or more</td>
<td></td>
<td>600 mg loading dose</td>
<td>+ 300 mg every other week</td>
</tr>
<tr>
<td>18+ years</td>
<td></td>
<td>600 mg loading dose</td>
<td>+ 300 mg every other week</td>
</tr>
</tbody>
</table>
Dupilumab

- **Dupilumab** is a successful currently available biologic treatment of a moderate to severe Atopic Dermatitis (AD)
- It is a fully human monoclonal antibody directed against the shared alpha subunit of the IL-4 receptor resulting in signaling blockade of IL-4 and IL-13, which are key drivers of Th2-mediated inflammation of AD
- Suppresses the expression of genes related to the activation of Th2 cells and related inflammatory pathways, a major driver in AD clinical disease

**Indications:**
- Moderate to severe AD not responding to topical treatment (as monotherapy or in combination with topical steroids) in 12 years and up.
- Now approved 6 years old and up (2020)
- Current studies are being conducted in 6 month – 6-year-old patients with AD
The emerging immunopathology of atopic dermatitis: Therapeutic targets

Dr. David Cohen

**Antigen/microbiome changes**
- Itch/scratch cycle
- Pruritus

**Disrupted barrier** (filagrin)

**Acute lesion**
- Barrier disruption
- Decreased KC differentiation
- Decreased AP expression
- Barrier inhibition

**Chronic lesion**
- KC differentiation
- S100 proinflammatory proteins
- T cell chemotaxis
- Th2 inhibition

**JAK/STAT signaling**
- Keratinocyte differentiation and barrier integrity
- Th2 differentiation
- Pruritus

**Th0**
- Anti-IL-4Rα: Dupilumab, CBP-201

**Th2**
- Anti-IL-13: Tralokinumab, lebrikizumab

**Th2**
- Anti-IL-33: MSTT1041A

**Th17**
- Anti-IL-1α: Beremikimab

**Th1**
- Oral JAK inhibitors: Abrocitinib, baricitinib, guselkumab (ASN002), jakakinib, PF-06700841, SHR0302, upadacitinib

**Topical JAK inhibitors:** ARQ-252, ATI-502, delgocitinib, ruxolitinib

AP, antimicrobial peptide; DC, dendritic cell; KC, keratinocytes; IL-4Rα, IL-4 receptor alpha subunit
New and Emerging Therapies

- **New:**
  - Crisaborole: topical 2016
  - Dupilumab: systemic 2017
  - Dupilumab approved for adolescents 12-17 in 2019
  - Dupilumab approved for 6-year-olds and up in 2020

- **Emerging:**
  - Monoclonal antibodies against IL-13 and 31RA
  - Phosphodiesterase- 4 inhibitors
  - JAK inhibitors
  - Transient receptor potential (TRPV1) antagonist
  - T-cell inhibitors
  - Prostaglandin/leukotriene inhibitors

Dr. Lawrence Schachner
Emerging Treatments: JAK Inhibitors

Pediatric

Adult
JAK-STAT Pathway

- Plays a critical role in immune system modulation
- Cytokine stimulation → intracellular JAK proteins phosphorylate STATs → STATS dimerize and translocate to the nucleus → modulate gene transcription of inflammatory mediators
- Four human JAKs:
  - JAK1
  - JAK2
  - JAK3
  - TYK2
- Inhibition of this pathway is thought to reduce T-cell activation in AD

Dr. Lawrence Schachner


Site of monoclonal antibody inhibition

Site of JAK-STAT inhibition
Emerging JAK Inhibitors

- Selective JAK-1 inhibitors
  - Abrocitinib
  - Upadacitinib

- JAK-1/2 inhibitors
  - Baricitinib
  - Ruxolitinib

- JAK-1/3 inhibitor
  - Tofacitinib (studied in adults)
Abrocitinib

- Granted breakthrough therapy designation from the FDA in February 2018 after significantly alleviating IGA and EASI scores in adults in phase II and phase III RCTs
- Phase III trial of abrocitinib in adolescents and adults 12 years or older with moderate-to-severe AD
- JADE MONO-1 & JADE MONO-2: abrocitinib 200- or 100mg resulted in significant reductions in IGA, EASI, and PP-NRS scores compared with placebo
- Preliminary results of phase III trial of abrocitinib in adolescents aged 12-18 years (JADE TEEN, NCT03796676) yielded similar results

Simpson et al. European Academy of Dermatology and Venereology 28th Congress 2019
Silverberg et al. JAMA Derm 2020.

Dr. Lawrence Schachner
Upadacitinib

- Phase III data of 15- or 30mg upadacitinib monotherapy meeting all primary endpoints (IGA, EASI-5) in adults with moderate-to-severe AD
- Granted breakthrough therapy designation by the FDA in January 2018
- Phase III trials currently ongoing for the use of upadacitinib in adolescents and adults over the age of 12 with moderate-to-severe AD (NCT03661138, NCT03568318)
- Phase I study for pediatric patients aged 6 months to 12 years of age with severe AD is currently in recruitment (NCT03646604)
Baricitinib

• 2- or 4mg baricitinib has shown success in significantly reducing IGA and EASI scores as well as night-time awakenings, skin pain, and QOL measures in phase III trials of adult patients with AD

• Baricitinib + TCS met primary endpoint of EASI-75 in preliminary phase III data of adults with AD not otherwise controlled by cyclosporine

• Phase III study of baricitinib in children and adolescents aged 2 to 17 years of age is currently recruiting patients (NCT03952559)
Ruxolitinib

• Topical ruxolitinib cream demonstrated superiority in terms of IGA, EASI, and NRS scores compared to triamcinolone cream in a phase II study of adults with AD

• Preliminary phase III data of ruxolitinib cream significantly reducing AD severity scores and rapid reduction in itch support the planned submission of an NDA to the FDA before the end of 2020

• A phase I study assessing use of ruxolitinib cream in pediatric patients ages 2 to 17 years of age is currently active (NCT03257644)

Kim BS et al. Journal of Allergy and Clinical Immunology. 2020
Kim BS et al. JAAD 2020

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Emerging Treatments: Biologics

Pediatric
Adult
Emerging Monoclonal Antibodies in Pediatric AD

- Monoclonal antibodies which inhibit various cytokines
  - Dupilumab: anti-IL-4, IL-13
  - Nemolizumab: anti-IL-31
  - Lebrikizumab, Tralokinumab: anti-IL-13
  - Ustekinumab: anti-IL-12, IL-23
Dupilumab: anti IL-4, IL-13

- Shifted treatment paradigm of AD following multiple successful phase III trials in adult patients with moderate-to-severe AD
- Phase III study in 251 adolescents, patients receiving dupilumab had significant reductions in IGA and EASI compared with placebo
- Post-hoc analysis: patients receiving dupilumab q2w experienced significant improvements in AD signs, symptoms, and quality of life at 16 weeks versus placebo
- Following positive pediatric results from a phase III study, the FDA approved dupilumab as the first biologic medicine for children aged 6 to 11 years with moderate-to-severe AD
- Phase II/III safety and efficacy studies of dupilumab in patients between 6 months and 6 years of age currently in recruitment (NCT03346434)

Simpson et al. NEJM 2016
Deleuran et al. JAAD 2020
Blauvelt et al. Lancet 2017
Simpson et al. JAMA derm 2020
Paller et al. American journal of clinical dermatology. 2020
### SOLO-1 and SOLO-2: Safety profile of dupilumab through Week 28

<table>
<thead>
<tr>
<th>Event</th>
<th>Placebo qw (n=222)</th>
<th>SOLO-1 Dupilumab 300 mg q2w (n=229)</th>
<th>SOLO-1 Dupilumab 300 mg qw (n=218)</th>
<th>Placebo qw (n=234)</th>
<th>SOLO-2 Dupilumab 300 mg q2w (n=236)</th>
<th>SOLO-2 Dupilumab 300 mg qw (n=237)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 AE</td>
<td>145 (65)</td>
<td>167 (73)</td>
<td>150 (69)</td>
<td>168 (72)</td>
<td>154 (65)</td>
<td>157 (66)</td>
</tr>
<tr>
<td>≥1 SAE</td>
<td>11 (5)</td>
<td>7 (3)</td>
<td>2 (1)</td>
<td>13 (6)</td>
<td>4 (2)</td>
<td>8 (3)</td>
</tr>
<tr>
<td>Death&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (&lt;1)</td>
<td>1 (&lt;1)</td>
</tr>
<tr>
<td>AEs leading to treatment discontinuation</td>
<td>2 (1)</td>
<td>4 (2)</td>
<td>4 (2)</td>
<td>5 (2)</td>
<td>2 (1)</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Infections and infestations&lt;sup&gt;b&lt;/sup&gt;</td>
<td>63 (28)</td>
<td>80 (35)</td>
<td>74 (34)</td>
<td>76 (33)</td>
<td>65 (28)</td>
<td>68 (29)</td>
</tr>
<tr>
<td>Skin infections (adjudicated)</td>
<td>18 (8)</td>
<td>13 (6)</td>
<td>14 (6)</td>
<td>26 (11)</td>
<td>14 (6)</td>
<td>15 (6)</td>
</tr>
<tr>
<td>Non-skin infections</td>
<td>49 (22)</td>
<td>69 (30)</td>
<td>67 (31)</td>
<td>57 (24)</td>
<td>58 (25)</td>
<td>61 (26)</td>
</tr>
<tr>
<td>Herpes viral infections&lt;sup&gt;c&lt;/sup&gt;</td>
<td>9 (4)</td>
<td>15 (7)</td>
<td>9 (4)</td>
<td>8 (3)</td>
<td>10 (4)</td>
<td>12 (5)</td>
</tr>
</tbody>
</table>

Phase 3 study of dupilumab repeated the impressive efficacy seen in earlier phase trials.

Herpes infections and conjunctivitis are the 2 AEs of interest, but do not appear serious; etiology of conjunctivitis unknown.

- **Conjunctivitis 7-12% dupilumab; 2% placebo**
- 26% of patients in both studies reported a history of allergic conjunctivitis at study entry.
- Injection site reactions: 10-20% dupilumab; 7-8% placebo.

<sup>a</sup>Deaths were judged not to be treatment-related; 1 severe asthma attack (patient had a history of asthma since 1990), 1 suicide (patient had a history of depression and suicidal ideation, and family history of suicide); <sup>b</sup>MedDRA System Organ Class; <sup>c</sup>MedDRA High Level Term; Simpson EL, et al. EADV 2016, D3T01.1C Sponsored by Sanofi and Regeneron Pharmaceuticals, Inc.
Nemolizumab: anti IL-31

- 30mg nemolizumab significantly improved EASI and IGA scores in phase II RCT of adults with moderate-to-severe AD; shown to induce significant reduction in pruritus
- Pharmacokinetics and safety study being conducted for children and adolescents ages 12 – 17 years with AD (NCT03921411)
- Phase III trials for adolescents and adults ages 12 and older with AD are currently in recruitment for this monoclonal antibody with putative strong anti-itch properties (NCT03989349, NCT03985943, NCT03989206)
Lebrikizumab: anti IL-13

- Phase II trials reporting statistically significant improvements in study primary end points (i.e. EASI, IGA, and NRS) in patients receiving treatment with lebrikizumab vs. placebo

- Ongoing trials underway assessing efficacy and safety in patients over the age of 12 with moderate-to-severe AD (NCT04146363, NCT04178967, NCT04250337, NCT04250350, NCT04392154)
Tralokinumab: anti IL-13

- Phase IIb trial reporting that adults treated with 300 mg of tralokinumab showed significant improvements in EASI and IGA scores compared with placebo; treatment group also showed improvements in SCORAD, DLQI, and NRS vs. placebo
- Current phase III long-term extension trial for subjects with AD ages 12 years and older is currently enrolling (NCT03587805)
- Study assessing tralokinumab monotherapy for adolescent subjects ages 12 – 17 years of age with moderate-to-severe AD currently active (NCT03526861)
Tapinarof

- Tapinarof is a small molecule therapeutic AhR modulating agent (TAMA) that uniquely activates the AhR pathway to decrease pro-inflammatory cytokines, decrease oxidative stress, increase skin barrier proteins and re-establish skin homeostasis.

Dr. Leon Kircik

Wollenberg et al. Journal of Allergy and Clinical Immunology. 2019

Wollenberg et al. JAAD 2017

- Filaggrin, loricrin, and involucrin
- Th2 cytokines
- Th17 cytokines
- Inflammation in psoriasis
- Oxidative Stress
- Skin barrier repair
- Inflammation in atopic dermatitis

Tapinarof

C₁₇H₁₈O₂
MW: 254 g/mol

AhR

AhR

Th17 cytokines

Inflammation in psoriasis

Antioxidant activity via Nrf2 pathway

Oxidative Stress

Skin barrier repair

Inflammation in atopic dermatitis

Dr. Leon Kircik
Roflumilast Cream Improved Severity of AD

- CFB: change from baseline; EASI: eczema area and severity index; vIGA-AD: validated investigator global assessment—atopic dermatitis.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Roflumilast 0.15%</strong></td>
<td>vIGA-AD = 3</td>
<td>vIGA-AD = 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EASI CFB = -77%</td>
</tr>
<tr>
<td><strong>Roflumilast 0.05%</strong></td>
<td>vIGA-AD = 2</td>
<td>vIGA-AD = 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EASI CFB = -85%</td>
</tr>
<tr>
<td><strong>Vehicle</strong></td>
<td>vIGA-AD = 3</td>
<td>vIGA-AD = 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EASI CFB = -27%</td>
</tr>
</tbody>
</table>
Roflumilast

The Safety and Efficacy of Roflumilast Cream 0.15% and 0.05% in Atopic Dermatitis: Phase 2 Proof-of-Concept Study


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