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### Effects of ruxolitinib cream on affected body areas in patients with vitiligo: Subgroup analysis from a 52-week, randomized, double-blind trial



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Ruxolitinib cream is a Janus kinase inhibitor under investigation for vitiligo treatment. Vitiligo lesion location affects repigmentation likelihood. Meta-analyses of phototherapy and topical calcineurin inhibitors for vitiligo demonstrated no evidence of marked ( $\geq 75\%$ ) repigmentation of hands/feet. This 52-week, randomized, double-blind, phase 2 study (NCT03099304) enrolled adult patients with vitiligo that included depigmentation  $\geq 0.5\%$  of body surface area (BSA) on the face and  $\geq 3\%$  of BSA on nonfacial areas. Patients ( $n = 157$ ) were equally randomized to receive ruxolitinib cream (1.5% twice daily [BID], 1.5% once daily [QD], 0.5% QD, or 0.15% QD) or vehicle BID for 24 weeks, and then rerandomized to 1 of 3 higher ruxolitinib cream doses or maintained their original dose until week 52. Subgroup analysis determined the proportion of patients achieving  $\geq 50\%$  and  $\geq 75\%$  improvement from baseline in total Vitiligo Area Scoring Index (TVASI50 and TVASI75) at week 52 by affected body area. Ruxolitinib cream application was limited to  $\leq 20\%$  of total BSA, and analyses were conducted only in these patients. Ruxolitinib cream 1.5% BID produced the highest response in most body areas. At week 52, 1.5% BID produced substantial overall TVASI50 and TVASI75 responses (45.0% and 15.0%) across all body regions: head/neck (60.0% and 55.0%), trunk (29.4% and 11.8%), upper extremities (52.9% and 23.5%), lower extremities (52.6% and 26.3%), hands (15.0% and 5.0%), and feet (29.4% and 17.6%). In summary, ruxolitinib cream produced repigmentation of all body areas in patients with vitiligo, including the hands/feet, which has not been reported with previous treatment modalities.

*Commercial disclosure: This study was funded by Incyte Corporation.*

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### Treatment success in mild psoriasis patients with fixed-combination calcipotriene and betamethasone dipropionate foam: Results from the PSO-FAST trial



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Background: Numerous topical and systemic therapies are available for the treatment of cutaneous psoriasis; very few have been demonstrated effective for mild psoriasis. We evaluated efficacy in a mild patient cohort with once-daily application of Cal/BD foam for 4 weeks in a post hoc analysis.

Methods: Adults with mild-severe plaque psoriasis (IGA  $\geq 2$ , BSA 2%-30%) were randomized 3:1 to Cal/BD foam ( $n = 323$ ) or vehicle ( $n = 103$ ) once daily for up to 4 weeks (Leonardi et al, *J Drugs Dermatol* 2015;14:1468-77). Patient characteristics and IGA 'treatment success' was determined for patients with mild psoriasis (IGA = 2 according to 5-point IGA). 'Treatment success' for mild patients required a 2-grade IGA improvement with a rating of 'clear' (IGA = 0) at week 4 (Mantel-Haenszel).

Results: At baseline, 65/426 patients in PSO-FAST had mild psoriasis; mean duration was 14 years, BSA% = 4.8 and mPASI = 4.7. After 4 weeks, significantly more patients with mild psoriasis achieved treatment success with Cal/BD foam than foam vehicle with 30.6% versus 0.0% [ $P = .019$ ] being clear of visible psoriasis lesions. Similarly, reductions in mPASI from baseline were -35.5, -55.3, and -71.9, respectively for Cal/BD foam at week 1, 2, and 4 vs vehicle -15.2, -25.0, and -27.7. PASI-75 at week 4 was 49.0% in the mild Cal/BD foam group and 7.1% in the mild vehicle group ( $P = .023$ ).

Conclusions: These important results establish treatment success for Cal/BD foam in mild psoriasis, a population in which efficacy is difficult to demonstrate since the treatment must completely clear visible disease to be considered effective.

*Commercial disclosure: 100% sponsored by LEO Pharma.*

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### Global survey investigating the prevalence of vitiligo and vitiligo signs among adults in Europe, Japan, and the United States



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Vitiligo is a disease characterized by patches of skin depigmentation. Vitiligo global prevalence is  $\sim 0.5\%$ -2%, with reported rates varying geographically. An online global survey was fielded in Europe, Japan, and the United States (US) to participants aged  $\geq 18$  years. A total of 35,694 survey participants, including those with vitiligo or self-reported vitiligo signs, reported vitiligo prevalence of 1.3% (aware diagnosed, 0.6%; aware undiagnosed, 0.4%; unaware [experiencing vitiligo symptoms, ie, white patches, loss of color, or patches of pale/white skin], 0.3%); prevalence was highest in Europe (1.6%), followed by the US (1.4%) and Japan (0.5%). Among 352 participants (Europe,  $n = 238$ ; Japan,  $n = 34$ ; US,  $n = 80$ ) reporting awareness of vitiligo signs (mean age upon first noticing vitiligo signs, 24.1 years), 219 (62.2%) reported formal diagnosis by a physician (Europe, 63.0%; Japan, 61.8%; US, 60.0%). Among patients diagnosed with vitiligo, most were  $< 45$  years old (68.9%), female (54.1%), and Caucasian (77.7%); most had light brown skin per the Fitzpatrick scale (skin type 3; 40.2%). Dermatologists were the foremost diagnosing physicians across populations (Europe, 62.7%; Japan, 90.5%; US, 52.1%), followed by primary care physicians in Europe (23.3%) and the US (27.1%) and pediatricians/rheumatologists in Japan (4.8%). A total of 89.5% of participants with vitiligo signs reported receiving  $\geq 1$  previous treatment (Japan, 97.1%; Europe, 89.9%; US, 85.0%). This is the first study to assess vitiligo prevalence across 3 large populations in a self-reported survey. Irrespective of formal vitiligo diagnosis, an overwhelming majority of participants across populations reported using treatment to alleviate vitiligo signs.

*Commercial disclosure: This study was funded by Incyte Corporation.*

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### The bandwagon effect increases acne treatment willingness in teenagers



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Background: Many teenagers struggle with initiating medications for acne. The bandwagon effect is a psychological phenomenon in which consumers follow a particular trend due to the desire to conform to the masses. Providers might enhance acne treatment initiation in teenagers by utilizing the bandwagon effect.

Objective: To determine whether teenagers are more willing to take acne medications if presented with clinical data alone or clinical data with a bandwagon-based statement.

Methods: An online survey study was performed on 80 subjects aged 18-19 with a self-reported diagnosis of acne. Subjects were randomized in a 1:1 ratio to receive either clinical data alone ( $n = 40$ ) or clinical data with a bandwagon statement ( $n = 40$ ). Scores were recorded on a 10-point Likert scale and evaluated using 1-way fluorescence intensity, 2-group  $t$  tests, and chi-square tests.

Results: Compared with subjects presented with only clinical data ( $M = 5.8$ ,  $SD = 2.8$ ), subjects presented with clinical data and a bandwagon statement reported greater willingness to take treatment ( $M = 7.8$ ,  $SD = 2.1$ ,  $P = .001$ ). More subjects were nearly completely or completely willing to take treatment (score of 9 or 10) in the bandwagon group (20%) than in the clinical data group (8%;  $P = .02$ ).

Conclusions: Presenting an acne medication with a bandwagon statement increases willingness to take treatment for teenagers with acne. Bandwagon statements might provide teenagers with a sense of desire to fit in with their peers and may be a cost effective technique to improve outcomes for teenagers who suffer from acne.

*Commercial disclosure: None identified.*