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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

Pearl Grimes, Vitiligo and Pigmentation Institute of Southern California; David Rosmarin, Tufts Medical Center; Iltefat Hamzavi, John E. Harris, MD, PhD, University of Massachusetts Medical School; Mark Lebwohl, MD, Icahn School if Medicine at Mount Sinai; Alice B. Gottlieb, MD, PhD, Department of Dermatology, Icahn School of Medicine at Mount Sinai; Kathleen A. Butler, MD, MS, Fiona I. Kuo, PhD, Kang Sun, PhD, Incyte Corporation; Amit Pandya, MD, University of Texas Southwestern Medical Center

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 (≥75%) repigmentation of hands/feet. This 52-week, randomized, double-blind, phase 2 study (NCT03099304) enrolled adult patients with vitiligo that included depigmentation ≥0.5% of body surface area (BSA) on the face and ≥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 ≥50% and ≥75% improvement from baseline in total Vitiligo Area Scoring Index (T-VASI50 and T-VASI75) at week 52 by affected body area. Ruxolitinib cream application was limited to ≤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 T-VASI50 and T-VASI75 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.

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

Karen A. Veverka, PhD, Jes B. Hansen, PhD, MSc, Maria Yaloumis, PharmD, LEO Pharma; Leon Kircik, MD, Icahn School of Medicine at Mount Sinai, NewYork; Linda Stein Gold, Henry Ford Health System

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 ≥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.

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

John E. Harris, University of Massachusetts Medical School; Khaled Ezzedine, MD, PhD, Department of Dermatology, Henri Mondor University Hospital; Kristen Bibeau, PhD, MSPH, Heather Jones, RN, Ling Na, PhD, Incyte Corporation; Amit Pandya, University of Texas Southwestern Medical Center

Vitiligo is a disease characterized by patches of skin depigmentation. Vitiligo global prevalence is ~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 ≥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 ≥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.

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The bandwagon effect increases acne treatment willingness in teenagers

Jeremy K. Bray, BA, Steven Feldman, MD, PhD, Wake Forest University School of Medicine

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.

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