**INTRODUCTION**

Psoriasis is a chronic, immune-mediated disease characterized by scaly, erythematous, and pruritic plaques that can be painful and disfiguring.

Although multiple options are available for the treatment of plaque psoriasis, there is a need for effective topical therapies that can be used without body surface area (BSA) restrictions or dermatological restrictions.

**OBJECTIVES**

- To evaluate the efficacy and safety of tapinarof through post-hoc analysis of a phase 2b study in subjects with plaque psoriasis stratified by baseline disease characteristics, including % BSA affected, duration of psoriasis, and Fitzpatrick skin type.

**METHODS**

- **Study Design**
  - In this multicenter (United States, Canada, and Japan), phase 2b, double-blind, vehicle-controlled, randomized study, adult subjects with psoriasis were randomized 1:1:1:1 to receive tapinarof cream 0.5% or 1% once (QD) or twice daily (BID) or vehicle QD or BID for 12 weeks and followed for 4 more weeks (Figure 1).

- **Outcome Measures**
  - **Objective Efficacy**
    - PGA (Physician Global Assessment) score 0 or 1 and 2-grade improvement from baseline.
  - **Safety**
    - Incidence and type of adverse events (AEs) were collected from the start of treatment until the end-of-study visit.

**RESULTS**

- **Subject Demographics and Characteristics**
  - A total of 227 subjects (of the 290 subjects originally screened) were randomized (intent-to-treat [ITT] population), and of those randomized, 175 subjects (77%) completed the study, including the follow-up period.

- **PGA Response Rates at Week 12**
  - In the overall population, 67% of subjects in the 1% BID group, 50% in the 1% QD group, 53% in the 0.5% BID group, and 33% in the 0.5% QD group achieved PGA score 0 or 1 at Week 12.

**CONCLUSIONS**

- Overall, tapinarof cream was efficacious and well tolerated regardless of baseline % BSA affected, duration of psoriasis, and Fitzpatrick skin type.

**REFERENCES**


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