Tapinarof Cream 1% Once Daily: Disease Control Off Treatment and Minimal Disease Activity Through End of Remittive Period in a 1-year Trial

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BACKGROUND
- Psoriasis is a chronic, recurrent, inflammatory skin disease that significantly impacts health-related quality of life (HR-QoL).1
- Topical therapies remain the mainstay of treatment, regardless of disease severity; however, there are often limitations on duration of use.2
- In addition, efficacy may not be sustained after withdrawal of treatment, and rebound may be seen with some agents, particularly corticosteroids.3,4
- Therefore, there is a need for durable efficacious topical therapies that can be used without restrictions on duration, side, and extent of use, or concerns due to long-term adverse effects or local intolerance.

PsOARING Program Trial Design
- In PSOARING 1 and PSOARING 2, adults with mild to severe plaque psoriasis were assigned to tapinarof cream 1% cream or vehicle cream for 12 weeks.
- Patients completing PSOARING 1 and 2 were eligible to enrol in PSOARING 3 for up to 40 weeks of open-label treatment with tapinarof cream 1% cream, followed by 4 weeks of follow-up.

Endpoints
- Proportion of patients with a PGA score of 2 (mild), 3 (moderate), or 4 (severe)
- Mean Psoriasis Area and Severity Index (PASI) score, where a score of <5 indicates mild, 5-10 moderate, and >10 severe disease
- Mean %BSA affected, where <3% indicates mild, 3-10% moderate, and >10% severe disease
- Mean Dermatology Life Quality Index (DLQI) score, where patients rate items for dermatology-specific HR-QoL, and a score of 0 or 1 representing no effect on HR-QoL

RESULTS
Baseline Patient Demographics and Disease Characteristics
- 91.6% (n=763) of eligible patients completing PSOARING 1 and 2 opted to enroll in PSOARING 3
- Patient demographics and disease characteristics are summarized in Table 1, including baseline values prior to treatment arm in the 12-week pivotal trials.

In the long-term extension trial, PSOARING 3, tapinarof cream 1% cream demonstrated an 4-month remittive effect off therapy (maintenance of Psoriasis Global Assessment [PGA]=0 or 1), a high rate (41%) of complete disease clearance (PGA=0), and durability on therapy for up to 52 weeks.5

Table 1. PSOARING 3 Baseline Patient Demographics and Disease Characteristics

<table>
<thead>
<tr>
<th>Demographic/Characteristic</th>
<th>Overall (N=763)</th>
<th>Tapinarof*–Tapinarof* (n=508)</th>
<th>Vehicle–Tapinarof* (n=255)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, years, mean (SD)</strong></td>
<td>50.7 (12.9)</td>
<td>50.5 (12.9)</td>
<td>51.0 (12.9)</td>
</tr>
<tr>
<td><strong>Male, n (%)</strong></td>
<td>448 (58.7)</td>
<td>304 (59.8)</td>
<td>144 (65.5)</td>
</tr>
<tr>
<td><strong>Weight, kg, mean (SD)</strong></td>
<td>92.4 (23.9)</td>
<td>92.6 (25.1)</td>
<td>92.1 (21.3)</td>
</tr>
<tr>
<td><strong>BMI, kg/m², mean (SD)</strong></td>
<td>27.1 (7.7)</td>
<td>31.6 (8.1)</td>
<td>31.8 (7.0)</td>
</tr>
<tr>
<td><strong>PGA, n (%)</strong></td>
<td></td>
<td></td>
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<tr>
<td>0 – Clear</td>
<td>79 (10.4)</td>
<td>74 (14.6)</td>
<td>5 (2.0)</td>
</tr>
<tr>
<td>1 – Almost clear</td>
<td>161 (21.1)</td>
<td>144 (28.3)</td>
<td>17 (6.7)</td>
</tr>
<tr>
<td>2 – Mild</td>
<td>247 (32.4)</td>
<td>187 (36.8)</td>
<td>60 (23.5)</td>
</tr>
<tr>
<td>3 – Moderate</td>
<td>249 (32.6)</td>
<td>93 (18.3)</td>
<td>156 (61.2)</td>
</tr>
<tr>
<td>4 – Severe</td>
<td>23 (3.0)</td>
<td>7 (1.4)</td>
<td>16 (6.3)</td>
</tr>
<tr>
<td><strong>PASI, mean (SD)</strong></td>
<td>4.8 (4.7)</td>
<td>3.3 (3.5)</td>
<td>7.7 (5.4)</td>
</tr>
<tr>
<td><strong>BSA, %, mean (SD)</strong></td>
<td>4.7 (6.5)</td>
<td>3.3 (4.7)</td>
<td>7.3 (6.2)</td>
</tr>
<tr>
<td><strong>DLQI, mean (SD)</strong></td>
<td>4.3 (5.1)</td>
<td>3.3 (4.8)</td>
<td>6.2 (6.8)</td>
</tr>
</tbody>
</table>

*Tapinarof–Tapinarof = Patients previously assigned to tapinarof or vehicle, respectively, in the pivotal trials who enrolled in PSOARING 3. Four patients (0 previously assigned to tapinarof, 1 previously assigned to vehicle) did not have a baseline PGA, PASI, and BSA value and are listed as missing. †n=534. ‡n=504. §n=253. Intention-to-treat population.

Durable Efficacy and Minimal Disease Activity Across Multiple Objective and Patient-reported Measures Through the End of the Remittive Period

PGA Scores
- A large majority of patients (83%; n=169/199) had a PGA score of 2 (mild) at the end of the remittive period, 16% had a PGA score of 3 (moderate), and 1% had a PGA score of 4 (severe), demonstrating that efficacy was maintained through the off-therapy remittive period, with minimal disease activity and no evidence of symptom rebound or rapid worsening.

PASI, %BSA Affected, and DLQI Scores
- Minimal disease activity was confirmed on multiple measures of disease severity and HR-QoL, with no evidence of symptom rebound or rapid worsening at the end of the off-therapy remittive period.

Safety
- There were no new safety signals during this long-term trial, and AEs were mostly mild or moderate, did not result in trial discontinuation, and were consistent with previous trials.6,7

CONCLUSIONS
- In PSOARING 3, patients treated with tapinarof cream 1% cream who achieved a PGA score of 0 (completely clear) went on to experience an approximately 4-month remittive period of sustained disease control off therapy.
- At the end of the protocol-defined remittive period, a high proportion of patients maintained minimal disease activity, as confirmed across multiple objective and patient-reported outcomes.
- More than 80% had mild disease; patients reported only minimal impact on their HR-QoL.
- These data confirm that patients treated with tapinarof cream 1% cream experienced durable protocol-defined remittive periods, with effective disease control off therapy.

As previously reported, in addition to the off-therapy disease control described here, tapinarof demonstrated maintained minimal disease activity over time for up to 52 weeks, and was well tolerated with no new safety signals during this long-term trial.

REFERENCES

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