Tapinarof Cream 1% Once Daily Improves Patient-reported Outcomes in the Treatment of Mild to Severe Infiltrated Plaque Psoriasis

Howard Sofen,1 Stephen Tyring,1 Scott Guenthner,2 Patrick Shannon,2 Philip M. Brown,6 Katherine Tillman,6 Nancy Fitzgerald,6 Brandon Kirsch,6 Anna M. Tallman6

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INTRODUCTION

Infiltrated plaque psoriasis (IPP) is a chronic inflammatory disease characterized by the development of thick, red, inflamed plaques that can extend or involve other tissues or structures, most commonly the skin皱褶部位 (intertriginous areas) such as the armpits, groin, and buttocks. IPP can cause significant discomfort, affect quality of life (QoL), and lead to long-term complications like skin thinning and atrophy. Existing treatments for IPP can be limited by side effects, tolerability, and costs, and thus, there is a need for new, effective, and well-tolerated therapies.

METHODS

OBJECTIVE

The primary endpoint of this 12-week open-label study was to evaluate the safety and efficacy of Tapinarof cream 1% (VTAMA®, Dermavant Sciences, Inc.) in the treatment of patients with mild to severe plaque psoriasis involving intertriginous areas. Patients who had severe disease (iPGA=4) at baseline and had improvement in visible target lesion and investigator-assessed global score of ≥2 were excluded. The primary endpoint of an intertriginous Physician Global Assessment (iPGA) response (iPGA score of clear [0] or almost clear [1] and ≥2-grade improvement from baseline) was assessed at Week 12. Secondary endpoints included change in Psoriasis Area and Severity Index (PASI), Psoriasis Area Under the Curve (PAUC), and QoL outcomes such as Dermatology Life Quality Index (DLQI) and Patient-Reported Outcome Measure (PROM) scores. Safety was also evaluated.

RESULTS

Baseline Patient Demographics and Disease Characteristics

- 73 patients were enrolled and received Tapinarof cream 1% (VTAMA®, Dermavant Sciences, Inc.) once daily (QD) for 12 weeks.
- Mean age was 49.9 years, and 80.3% of patients were male.
- Most patients were white (83.1%) and had mild to severe plaque psoriasis affecting intertriginous areas.
- PASI-75 at Week 12 was achieved by 90.5% of patients.
- The most common reported adverse event (AE) was mild to moderate application site reaction (54.8%).

CONCLUSIONS

Tapinarof cream 1% QD was safe and efficacious in the treatment of mild to severe infiltrated plaque psoriasis, with rapid improvement in disease severity and patient-reported outcomes. Further studies are needed to confirm these results and explore the long-term safety and efficacy of Tapinarof cream 1% QD for the treatment of IPP.

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REFERENCES


Figure 1: Intermittent Infiltrated Plaque Disease

Figure 2: A Patient Achieving a 4-point Improvement in PP-NRS

Figure 3: High Confidence and Satisfaction with the Efficacy, Ease of Application and Cosmetic Elegance of Tapinarof Cream (N=31)

Figure 4: Improvement in DLQI Total Score from Baseline

Figure 5: Mean Improvement in DLQI Score and at Least a 4-point Improvement in DLQI Score

Figure 6: Percentage of Patients Achieving a Minimum 6-point Improvement in PP-NRS Score, and DLQI Score Improvement in Tapinarof Cream (N=31)