EFICACY AND SAFETY OF ADAPALENE 0.3% / BENZOYL PEROXIDE 2.5% GEL PLUS DOXYCYCLINE IN SUBJECTS WITH SEVERE INFLAMMATORY ACNE (NON-NODULOCYSTIC) THAT ARE CANDIDATES FOR ORAL ISOTRETINOIN

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INTRODUCTION

Acne vulgaris (AV) is the 8th most prevalent disease worldwide. All effects were estimated at 91% of individuals between 12 and 24 years of age.

Prompt and effective treatment is needed to prevent long-term consequences, such as scarring.

Oral isotretinoin (OI) is considered an effective treatment for many severe AV patients, however, OI has known and variable side effects.

Treatment cannot always be initiated immediately.

Investigator was patient-centered, and exposure should be avoided by women who are or may become pregnant.

Current acne treatment guidelines for first line treatment of severe acne suggest using OI or a topical therapy combined with oral antibiotics.

Adapalene 0.3%/benzoyl peroxide 2.5% (A/BPO 0.3%/2.5%) gel is approved for the treatment of AV.

A/BPO 0.3%/2.5% gel contains adapalene 0.3% and benzoyl peroxide 2.5% gel with strong efficacy and excellent safety and tolerability in subjects with moderate to severe AV.

SUBJECTS AND METHODS

Open-label, single arm, 12-week, multicenter study of A/BPO 0.3%/2.5% gel = DOX 200 mg

Twenty-three sites enrolled males and females, 13 years of age or older, with a clinical diagnosis of severe inflammatory acne (Investigator’s Global Assessment (IGA) score = 4) who had never received OI, and, in the opinion of the investigator, were candidates for OI.

Subjects had: 4 nodules: ≥1 cm in diameter on the face.

Subjects were excluded if they had nodulocystic or conglobate acne, acne fulminans, or secondary acne (eg, chloracne, drug-induced acne).

Treatment:

Topical A/BPO 0.3%/2.5% gel, once daily for 12 weeks.

DOX 200 mg (2x50 mg tablets, Mayne, DOXYK), twice daily (morning and evening) for 12 weeks.

Cetaphil® Gentle Cleanser® (or equivalent), twice daily.

Cetaphil® Daily Facial Moisturizer SPF 15® (or equivalent), at least once daily and reapply as needed.

Endpoints and Assessments:

Reduction and percent reduction in lesions at weeks 4, 8, and 12.

IGA (0, 1-4) scale. Success: subjects rated IGA 0 or 1 at weeks 4, 8, and 12.

Number and percent of subjects who, in the opinion of the investigator, were candidates for oral isotretinoin at weeks 4, 8, and 12.

Investigator evaluation of each subject’s candidacy to OI was performed independently at each visit, without consideration of previous visits.

Photographs were taken of all subjects enrolled in the study at all study visits.

Incidence of adverse events (AEs) and local tolerability (A/BPO 0.3%/2.5% gel)

Mean Tolerability Score

Figure 1. Investigator Assessed GI Candidacy and IGA by Study Visit

Figure 2. Lesion Counts (ITT, LOCF, n = 185*)

Figure 3. Percent Reduction in Lesion Count (ITT, LOCF, n = 185*)

Figure 4. Local Tolerability (Safety population)

Figure 5. Representative Subject Photographs

RESULTS

The study enrolled 186 subjects.

175 subjects received at least one dose of the study treatment.

Male (n = 78) and female (n = 97).

Mean age = 19.6 ± 7.3 (Range: 12-17; n of age)

Most subjects were white (79%) and not Hispanic or Latino (81%)

Baseline lesion counts: Mean (SD)

Inflammatory = 44.8 (21.7), Non-inflammatory = 65.3 (29.4). Total = 110.1 (49.4)

Subjects who were NOT considered candidates for OI by the investigator (Figure 1):

41.9% after 4 weeks; 65.1% after 8 weeks; 88.3% (14/16) after 12 weeks

75.8% of subjects were rated IGA 2-4 (mild) or better by week 12 (Figure 1)

IGA success rate (clear and almost clear, Figure 1):

4.8% at week 4; 22.7% at week 8; 37.1% at week 12

Mean number of lesions: Significantly reduced compared with baseline (P < .0001) for all study visits (Figure 2)

At week 12 the total mean reduction in lesions was 36.2 lesions compared with baseline (P < .0001)

Percent lesion reduction: Significant reduction compared with baseline (P < .0001) for all study visits, Figure 3)

At week 12 the total mean percent reduction in lesions was 62.6% compared with baseline (P < .0001)

Safety:

A/BPO 0.3%/2.5% was well tolerated and most AEs were mild (Figure 4)

The number of subjects experiencing any treatment emergent AE was 46 (26.3%)

The most common treatment related AEs were skin burning sensation (n = 6, [3.4%], skin burning sensation (n = 4, [2.2%]), and acne (n = 3, [1.7%])

The most common treatment related AE was skin burning sensation (n = 6, [3.4%]).

Figure 6. Lesion Counts (ITT, LOCF, n = 185*)

Figure 7. Percent Reduction in Lesion Count (ITT, LOCF, n = 185*)

Figure 8. Local Tolerability (Safety population)

Figure 9. Representative Subject Photographs

SUMMARY

This study observed that 12 weeks of A/BPO 0.3%/2.5% gel plus DOX 200 mg was an effective, safe, and well tolerated therapy for subjects with severe AV (non-nodulocystic, non-conglobate)

Mean lesion count reduction and mean percent reduction in lesions were significant compared with baseline (P < .0001) for all study visits.

20.1% of subjects receiving an treatment emergent AE were rated IGA 0-2 (26.3%)

The number of subjects receiving an treatment related AE was rated IGA 0-2 at week 12

Mean (SD) = 44.8 (21.7), Non-inflammatory = 65.3 (29.4). Total = 110.1 (49.4)

Twelve weeks of A/BPO 0.3%/2.5% gel plus DOX 200 mg was an effective and safe regimen.

For subjects with severe AV (non-nodulocystic, non-conglobate) who are also candidates for OI

For subjects who must wait before starting oral isotretinoin

As an alternative option for those unwilling to use oral isotretinoin

For those unable to use oral isotretinoin due to contraindications

REFERENCES


3. Del Rosso JQ, et al. Adapalene 0.3%/benzoyl peroxide 2.5% gel (A/BPO 0.3%/2.5%) in the treatment of non-nodulocystic, non-conglobate acne vulgaris during 12 weeks of open-label, single-arm treatment. J Am Acad Dermatol. 2015;73(4):726-731