Efficacy and Safety of 1.5% Ruxolitinib Cream in Patients With Facial and/or Neck Atopic Dermatitis: A Randomized, Double-Blind, Dual-Phase Study 2 Phase

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Objective
- To evaluate the efficacy and safety of ruxolitinib cream in adolescent and adult patients with facial and/or neck AD, including patients with skin of color, who represented half of the study population
- It is challenging to treat and has more limited treatment options

Conclusions
- In this phase 2 decentralized study evaluating twice-daily ruxolitinib, 1.5% ruxolitinib cream was well tolerated on the face and neck; no serious TEAEs were observed
- Application site reactions with ruxolitinib cream were mild and infrequent
- It is challenging to assess certain AD signs in photographs (eg, erythema, lichenification), particularly in patients with skin of color, who represented close to half of the study population

Methods
- In this phase 2 decentralized study evaluating twice-daily ruxolitinib cream for the treatment of facial/neck AD, more patients who applied ruxolitinib cream vs vehicle achieved head/neck EASI-75 and facial/neck IGA-TAS

Results
- Overall EASI-75 data were similar in both groups at all time points (Week 4: ruxolitinib cream, 29.2%; vehicle, 33.3%)
- More patients who applied ruxolitinib cream vs vehicle achieved face/head EASI-75 at Weeks 2 and 4 (Figure 3)

Safety
- Ruxolitinib cream was well tolerated (Table 2), including on the face and neck (even eyelids)
- No serious TEAEs or discontinuations due to TEAEs occurred during the study

Study Strengths and Limitations
- The decentralized trial format may have increased the recruitment of diverse patient populations compared with controlled trials
- Overall baseline EASI scores were low in this study population, which may have limited the potential improvement that could be achieved

Figure 4. Change From Baseline in POEM

Table 2. TEAEs During the Study

References

Table 1. Demographics and Baseline Clinical Characteristics

Table 2. Proportions of Patients Achieving Head/Neck EASI-75* and Facial/Neck IGA-TAS*