# Protocol for an Ongoing Phase 3 Multicenter, Long-Term Extension Study Investigating the Long-Term Safety and Efficacy of Abrocitinib in Adults and Adolescents With Moderate-to-Severe Atopic Dermatitis (JADE EXTEND)

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Presented at the 3rd Annual RAD Virtual Conference; December 11-13, 2021

# **Disclosures**

**ELS** has received grants from Pfizer Inc., Eli Lilly and Company, Kyowa Kirin, LEO Pharma, Merck, and Regeneron and personal fees from Pfizer Inc., Bausch Health (Valeant), Dermira, Eli Lilly and Company, Galderma, LEO Pharma, Menlo Therapeutics, Novartis, Regeneron, and Sanofi Genzyme.

KR has served as an advisor and/or paid speaker for and/or participated in clinical trials sponsored by Pfizer Inc., AbbVie, Almirall, Amgen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Forward Pharma, Gilead, Galderma, Janssen-Cilag, Kyowa Kirin, Leo, Lilly, Medac, Novartis, Ocean Pharma, Sanofi, and UCB and is cofounder of Moonlake Immunotherapeutics.

JIS has served as an investigator for Celgene, Eli Lilly and Company, F. Hoffmann-LaRoche, Menlo Therapeutics, Realm Therapeutics, Regeneron, and Sanofi; as a consultant for Pfizer Inc., AbbVie, Anacor, AnaptysBio, Arena Pharmaceuticals, Dermavant, Dermira, Eli Lilly and Company, Galderma, GlaxoSmithKline, Glenmark, Incyte, Kiniksa Pharmaceuticals, LEO Pharma, Menlo Therapeutics, Novartis, Realm Therapeutics, Regeneron, and Sanofi; and as a speaker for Regeneron and Sanofi.

AN has served as an investigator for Kiniksa, Escalier Biosciences, Ironwood, Galderma, Affibody, Pfizer Inc., Allergan, Lilly, AbbVie, Dermira, LEO Pharma, Asana, Incyte, Foamix, Cutanea, Biorasi, Sienna, Valeant, Menlo, Bristol Myers Squibb, Trevi, Aclaris, Gage, Brickell, Moderna, and Janssen.

PRC has received grants from Pfizer Inc., Novartis, Takeda, and Abbott.

**RR** is a former employee and shareholder of Pfizer Inc.

PB, DF, and SF are employees and stockholders of Pfizer Inc.

**HK** is an employee of Pfizer Corporation Austria Gesellschaft m.b.H. and may hold stock options.

# **Introduction and Study Design**

### **Background**

- Abrocitinib is a JAK1 selective inhibitor that has been approved for the treatment of moderate-to-severe AD in adults and adolescents in Great Britain and Japan<sup>1-3</sup>
- The short-term efficacy and safety of abrocitinib has been demonstrated in multiple phase 3 studies<sup>4-8</sup>

# **Objective**

JADE EXTEND (NCT03422822) is investigating the long-term safety and efficacy of abrocitinib, with or without concomitant topical treatments, in adult and adolescent patients who previously participated in a qualifying parent study

# **Study Design**

Ongoing, multicenter, phase 3 long-term extension study to assess the long-term safety and efficacy of abrocitinib

#### **Key Eligibility Criteria**

- Adolescent and adult patients (≥12 years of age) with moderate-to-severe AD for whom any of the following apply:
  - Completed 1 of the following phase 3 studies: JADE MONO-1, JADE MONO-2, JADE REGIMEN, JADE COMPARE, JADE TEEN, JADE DARE, or JADE MOA
  - Completed the open-label run-in period of JADE REGIMEN without meeting the protocol-defined response criteria at week 12
  - Completed the 12-week rescue treatment period of JADE REGIMEN
- No ongoing safety concerns
- Provided written informed consent

Eligible patients seamlessly roll over into JADE EXTEND instead of undergoing 4-week follow-up in parent study

Abrocitinib 100 mg QD

treatments for AD are permitted

- Follow-Up Abrocitinib 200 mg QD Medicated and nonmedicated topical
- Treatment period 1: 92 weeks of treatment; blinding may be maintained if relevant to conserve the blinding of an active qualifying parent study
- **Treatment period 2:** patients may continue to receive treatment until commercial availability or until the sponsor terminates the study; treatment will be open-label and at the same dose as that received in treatment period 1

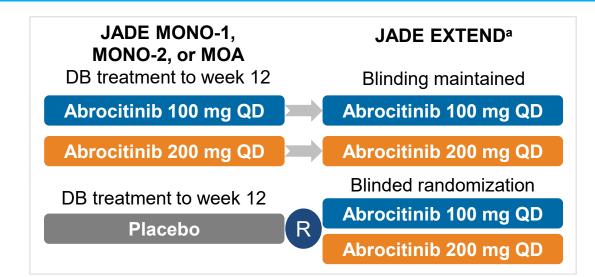
AD, atopic dermatitis; JAK, Janus kinase; QD, once daily.

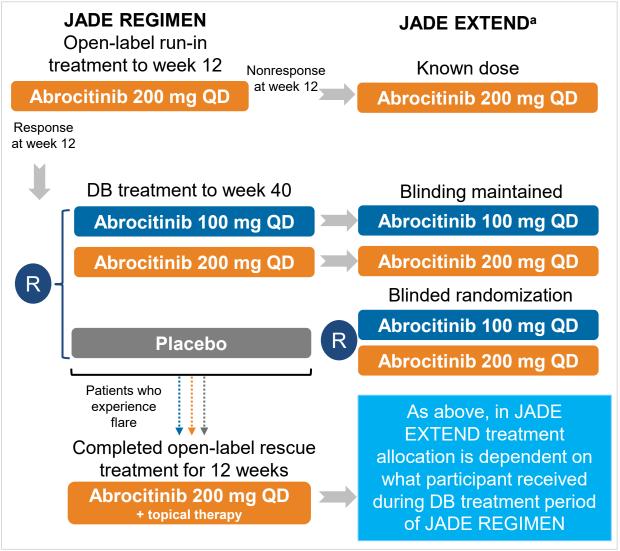
8. Eichenfield LF et al. JAMA Dermatol. 2021:157:1165-1173.

4-Week

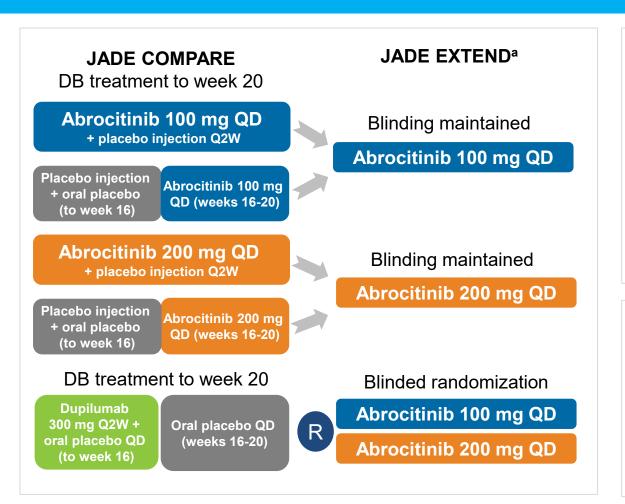
<sup>1.</sup> https://www.pfizer.com/news/press-release-detail/uks-mhra-grants-marketing-authorisation-pfizers-cibinqor 2. https://www.pfizer.com/news/press-release-detail/japans-mhlw-approves-pfizerscibingor-abrocitinib-adults 4. Simpson EL et al. Lancet. 2020;396:255-266. 5. Silverberg Jl et al. JAMA Dermatol. 2020;156:863-873. 6. Bieber T et al. N Engl J Med. 2021;384:1101-1112. 7. Blauvelt A et al. J Am Acad Dermatol. 2021;Aug 17:S0190-9622(21)02343-4.

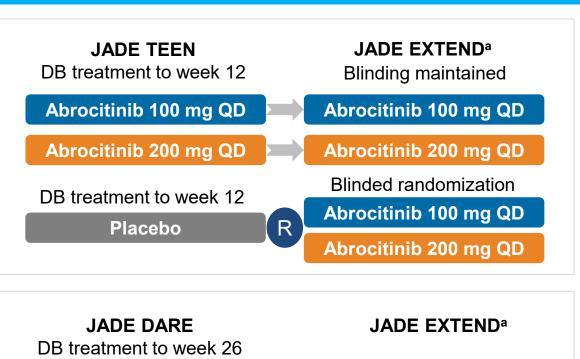
# Dose Allocation in Treatment Period 1: Monotherapy Parent Trials

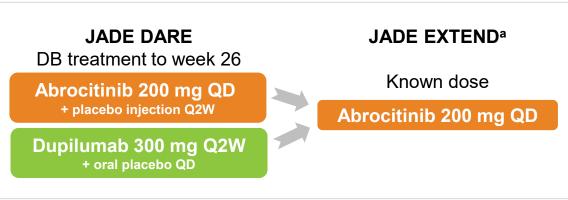




# Dose Allocation in Treatment Period 1: Concomitant Topical Parent Trials







# **Endpoints**

# **Primary Endpoints**

- Incidence of:
  - TEAEs
  - SAEs and AEs leading to discontinuation
  - Clinical abnormalities
- Change from baseline in:
  - Clinical laboratory values
  - ECG measurements
  - Vital signs

# **Secondary Endpoints**

- Response based on achieving:
  - IGA score of clear (0) or almost clear (1) and reduction of ≥2 points
  - ≥50%, ≥75%, ≥90%, and 100% improvement in EASI
  - ≥4-point improvement in PP-NRS
- Change from baseline in:
  - Patient Global Assessment
  - Dermatology Life Quality Index
  - Patient-Oriented Eczema Measure
  - Hospital Anxiety and Depression Scale
  - European Quality of Life 5-Dimension 5-Level Scale
  - Percentage of affected body surface area
  - Frequency of itching
- Steroid-free days
- Serum hsCRP levels