

Patient Perception of Vehicle and How This Influences Adherence to Topical Treatment Regimens

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INTRODUCTION

- Psoriasis can lead to long lasting psychological, social, and physical complications.
- The majority of cases can be treated with topical therapies, however poor adherence negatively impacts treatment success.^{2,3}
- Vehicle attribute influence adherence.³
- Calcipotriene foam, 0.005%, is a safe and effective steroid-free vitamin D3 analog for plaque psoriasis of the scalp and body.⁴
- We assessed patient preference for attributes of both active and vehicle foams and how these preferences impacted patient intentions to comply with prescribed treatment plans.

METHODS

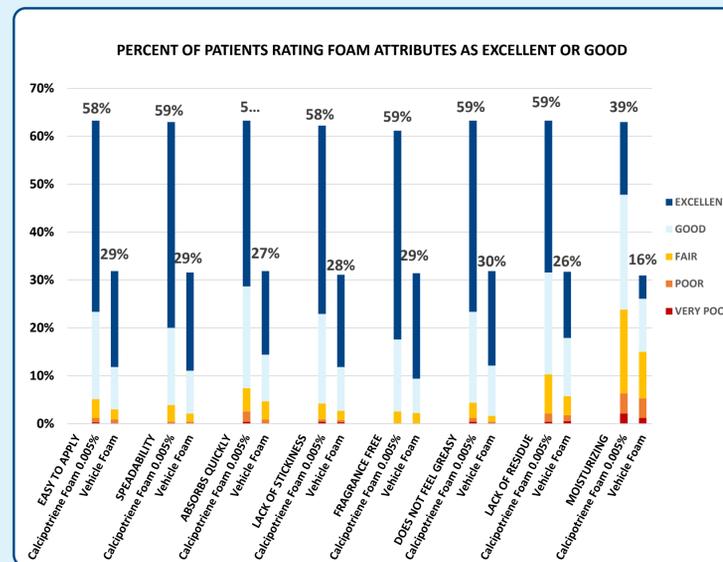
- Two identically designed, 8-week, blinded, multicenter, parallel group clinical trials were conducted with 659 subjects with mild to moderate plaque-type psoriasis randomized in a 2:1 ratio to topical calcipotriene foam, 0.005%, (n=437) or vehicle foam (n=222)
- Subjects ≥ 12 years with mild to moderate plaque psoriasis involving 2-20% of body surface areas (BSA)
- Foam was applied morning and evening or 8 weeks to lesions on the body, using the smallest amount of the product required to completely cover all lesions
- Lesions of the scalp or face were excluded
- At the final study visit a patient questionnaire was administered regarding formulation attributes, preference for treatment vehicle, and intent to adhere to treatment instructions
- Questionnaire results from both Phase III trials have been integrated for analysis and presentation here

RESULTS

Please rate the foam on each of the following; easy to apply, spreadability, absorbs quickly, lack of stickiness, fragrance free, does not feel greasy, lack of residue, and moisturizing:

Both the active foam and vehicle rated excellent or good with greater than 80% of subjects on all formulation and application attributes, except moisturizing, where 55% of subjects rated the foam as excellent or good.

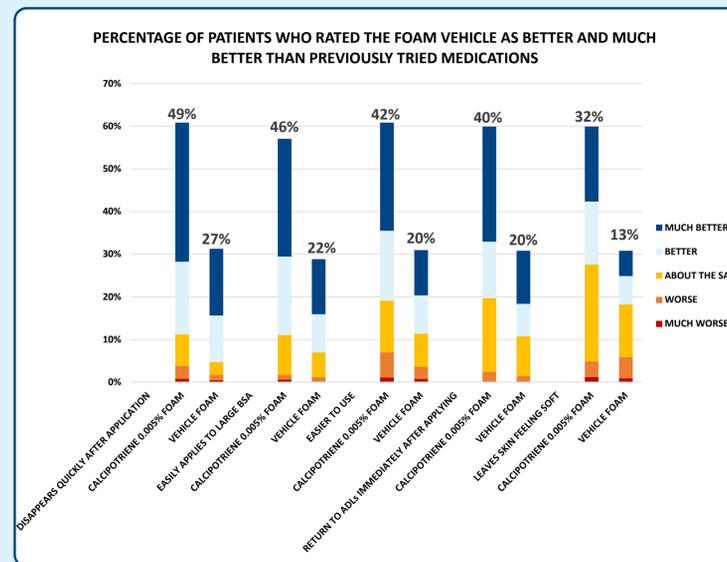
INTEGRATED INTENT TO TREAT ANALYSIS N=659, n(%)					
EASY TO APPLY	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Calcipotriene Foam 0.005%	263 (40)	120 (18)	26 (4)	6 (1)	2 (<1)
Vehicle Foam	132 (20)	58 (9)	14 (2)	5 (1)	1 (<1)
SPREADABILITY					
Calcipotriene Foam 0.005%	283 (43)	106 (16)	23 (3)	2 (<1)	1 (<1)
Vehicle Foam	135 (20)	59 (9)	11 (2)	3 (<1)	0 (0)
ABSORBS QUICKLY					
Calcipotriene Foam 0.005%	228 (35)	140 (21)	31 (5)	14 (2)	3 (<1)
Vehicle Foam	115 (17)	64 (10)	25 (4)	6 (1)	0 (0)
LACK OF STICKINESS					
Calcipotriene Foam 0.005%	259 (39)	123 (19)	22 (3)	3 (<1)	3 (<1)
Vehicle Foam	127 (19)	60 (9)	13 (2)	3 (<1)	2 (<1)
FRAGRANCE FREE					
Calcipotriene Foam 0.005%	287 (44)	99 (15)	17 (3)	0 (0)	0 (0)
Vehicle Foam	145 (22)	47 (7)	14 (2)	1 (<1)	0 (0)
DOES NOT FEEL GREASY					
Calcipotriene Foam 0.005%	263 (40)	125 (19)	21 (3)	5 (1)	3 (<1)
Vehicle Foam	130 (20)	69 (10)	8 (1)	2 (<1)	1 (<1)
LACK OF RESIDUE					
Calcipotriene Foam 0.005%	209 (32)	140 (21)	54 (8)	11 (2)	3 (<1)
Vehicle Foam	91 (14)	80 (12)	26 (4)	8 (1)	4 (1)
MOISTURIZING					
Calcipotriene Foam 0.005%	100 (15)	158 (24)	115 (17)	28 (4)	14 (2)
Vehicle Foam	31 (5)	73 (11)	64 (10)	27 (4)	8 (1)



Please rate the following qualities of the foam, compared to the other skin medicines you have used in the past:

77% of subjects had used creams previously, 68% had used ointments, 53% lotions, 42% gels, and 39% had used solutions previously. The foam vehicle rated strongly overall in all qualities and the active calcipotriene, 0.005%, foam ranked consistently better than the foam vehicle alone

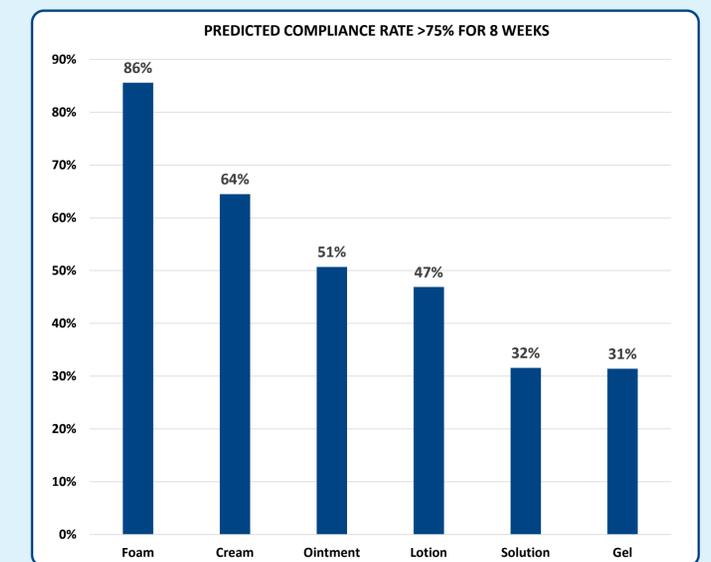
INTEGRATED INTENT TO TREAT ANALYSIS N=659, n(%)					
DISAPPEARS QUICKLY AFTER APPLICATION	MUCH BETTER	BETTER	ABOUT THE SAME	WORSE	MUCH WORSE
CALCIPOTRIENE 0.005% FOAM	215 (33)	112 (17)	49 (7)	20 (3)	5 (1)
VEHICLE FOAM	103 (16)	72 (11)	20 (3)	8 (1)	3 (<1)
EASILY APPLIES TO LARGE BSA					
CALCIPOTRIENE 0.005% FOAM	182 (28)	121 (18)	62 (9)	7 (1)	4 (1)
VEHICLE FOAM	85 (13)	59 (9)	38 (6)	7 (1)	1 (<1)
EASIER TO USE					
CALCIPOTRIENE 0.005% FOAM	167 (25)	108 (16)	80 (12)	39 (6)	7 (1)
VEHICLE FOAM	70 (11)	59 (9)	51 (8)	19 (3)	5 (1)
CONTINUE ADLs IMMEDIATELY AFTER APPLYING					
CALCIPOTRIENE 0.005% FOAM	178 (27)	87 (13)	114 (17)	15 (2)	1 (<1)
VEHICLE FOAM	82 (12)	50 (8)	62 (9)	8 (1)	1 (<1)
LEAVES SKIN FEELING SOFT					
CALCIPOTRIENE 0.005% FOAM	116 (18)	97 (15)	150 (23)	24 (4)	8 (1)
VEHICLE FOAM	39 (6)	44 (7)	81 (12)	33 (5)	6 (1)



If you were asked by your doctor to put medicine on your skin everyday including each morning and night for 8 weeks, how likely would you be to follow these instructions?

The foam was rated the highest compared to the other vehicles, with 86% of study participants stating that they would comply between 75-100% of the time over an 8 week treatment course. The foam rated 22% higher than the next highest rated vehicle.

INTEGRATED INTENT TO TREAT ANALYSIS N=659, n(%)					
	100%	75-99%	50-74%	25-49%	< or = 24%
Foam	384 (58)	180 (27)	19 (3)	3 (<1)	10 (2)
Cream	217 (33)	208 (32)	81 (12)	16 (2)	8 (1)
Ointment	172 (26)	162 (25)	92 (14)	43 (7)	18 (3)
Gel	119 (18)	88 (13)	62 (9)	29 (4)	384 (12)
Lotion	153 (23)	156 (24)	40 (6)	21 (3)	4 (1)
Solution	122 (19)	86 (13)	51 (8)	16 (2)	8 (1)



CONCLUSIONS

Difficulties with patient adherence to previously available topical formulations of calcipotriene are well documented and prescribers have long sought ways to improve patient compliance with prescribed treatment regimens. Patients have positive perceptions of the foam vehicle attributes, strong preference for the foam vehicle compared to previously tried medications, and a 22% greater reported likelihood of complying with prescribed treatment where foam is included. The foam vehicle may lead to better compliance and outcomes for patients suffering from psoriasis.

REFERENCES: 1. Wolf-Henning Boehncke, Michael P Schön. Lancet 2015; 386: 983-94. Published Online May 27, 2015. [http://dx.doi.org/10.1016/S0140-6736\(14\)61909-7](http://dx.doi.org/10.1016/S0140-6736(14)61909-7). 2. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies. J Am Acad Dermatol. 2009 Apr;60(4):643-59. 3. Eastman WJ, Malahias S, Delconte J, DiBenedetti D. Cutis. 2014 Jul;94(1):46-53. 4. Data on file; Mayne Pharma.

DISCLOSURES: Dr. Feldman is a paid consultant at Mayne Pharma. Mrs. Schreiber, Ms. Crane, and Ms. Comito are employees of Mayne Pharma. This presentation was sponsored by Mayne Pharma