ABSTRACT BOOK
ABSTRACTS

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ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

ACHIEVING COMPLETELY CLEAR FOLLOWING ROSACEA TREATMENT IS ASSOCIATED WITH POSITIVE PATIENT OUTCOMES: A POOLED ANALYSIS

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Introduction: Rosacea treatments are usually evaluated using a 5-point Investigator Global Assessment (IGA) scale, incorporating both inflammatory lesions and erythema, with success defined as a final score of 0 ("clear") or 1 ("almost clear").

Objectives: Evaluate whether patients achieving IGA0 after treatment had better outcomes (e.g. better quality of life and patient satisfaction) than subjects achieving IGA1.

Materials and Methods: Analysis of 1366 rosacea subjects from 4 randomized controlled trials with IGA and inflammatory lesion count assessments before and after treatment (once-daily ivermectin 1% cream, twice-daily metronidazole 0.75% cream, or vehicle). Patient-reported outcomes were assessed using the Dermatology Life Quality Index (DLQI) questionnaire and subject assessment of rosacea improvement. In one trial, after 16-weeks of treatment, treatment was discontinued and patients were followed every 4 weeks for up to 36 additional weeks to measure time to relapse to an IGA score ≥ 2 ('mild').

Results: Between baseline and end-of-treatment, mean % reduction in lesions was 14% better in "clear" vs "almost clear" subjects, with a reduction of 98.5% vs. 84.5% lesions, respectively ($p<0.001$). More "clear" subjects than "almost clear" subjects had a clinically meaningful difference in DLQI score (59% vs. 44%; $p<0.001$) and a final DLQI score of 0-1 indicating no impact on quality of life at the end of treatment (84% vs. 66%; $p<0.001$). Better mean improvements were observed for the "clear" subjects vs. "almost clear" subjects in all of the 6 domains of the DLQI. After the treatment period, more "clear" subjects reported an "excellent" improvement in their rosacea than "almost clear" subjects (77% vs. 42%; $p<0.001$). The median time to relapse was delayed by more than 5 months for "clear" subjects compared to "almost clear" subjects ($p<0.0001$).

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Conclusions: Achieving IGA-0 ("clear") in rosacea may provide multiple positive patient outcomes and a significantly prolonged time before relapse.