

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

HIDRADENITIS SUPPURATIVA RESPONDS TO A NOVEL ANTI-IL17 ANTIBODY (CJM112) IN A CONTROLLED CLINICAL TRIAL VS PLACEBO

A Kimball⁽¹⁾ - E Prens⁽²⁾ - Fg Bechara⁽³⁾ - J Weisman⁽⁴⁾ - F Kolbinger⁽⁵⁾ - I Rozenberg⁽⁶⁾ - J Jones⁽⁶⁾ - C Loesche⁽⁶⁾ - G Jemec⁽⁷⁾

Harvard Medical School And Clinical Laboratory For Epidemiology And Applied Research In Skin (clears), Beth Israel Deaconess Medical Center, Department Of Dermatology, Boston, Ma, United States ⁽¹⁾ - Erasmus University Medical Centre, Department Of Dermatology, Rotterdam, Netherlands ⁽²⁾ - Ruhr-university Bochum, Department Of Dermatology, Venereology And Allergology, Bochum, Germany ⁽³⁾ - Advanced Medical Research, Dermatology, Atlanta, Georgia, United States ⁽⁴⁾ - Novartis Pharma Ag, Novartis Institutes For Biomedical Research, Basel, Switzerland ⁽⁵⁾ - Novartis Pharma Ag, Novartis Institutes For Biomedical Research, Basel, Switzerland ⁽⁶⁾ - Zealand University Hospital, Health Sciences Faculty, University Of Copenhagen, Department Of Dermatology, Roskilde. Denmark ⁽⁷⁾

Introduction: Hidradenitis suppurativa (HS) is a challenging clinical condition and the need for effective and safe treatments. CJM112 is a novel fully human monoclonal antibody with high affinity to interleukin (IL)-17A. It has been shown to be clinically effective in psoriasis similar to other anti-IL17 antibodies. Previously, IL-17 has been shown to be upregulated in HS lesions.

Objectives: To test whether the anti-IL17A antibody CJM112 is effective in the treatment of HS patients.

Methods: Adult patients with moderate to severe HS were randomized to receive either CJM112 (300 mg s.c.) or placebo for two sequential treatment periods of 16 weeks in this multicenter, randomized, double blind, placebo controlled trial. Patients were required to have ≥2 affected areas with Hurley stage II and III, ≥4 abscesses and/or nodules, and at least moderate HS-Physician Global Assessment (HS-PGA) to be included. The primary endpoint was the rate of response defined as achieving a 2-point reduction in HS-PGA at week 16. Several washout criteria for concomitant therapies for HS applied. Topical treatments, as well as standard wound care, and oral antibiotics could be used as rescue medication.

Results: Patient baseline and disease characteristics were balanced across arms (Total, N=66; CJM112, n=33; Placebo, n=33). At 16 weeks, the HS-PGA response rate was 32.3%











A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

(10/31) with CJM112, which was significantly superior to 12.5% (4/32) seen with placebo. The decrease in inflammatory lesions (abscesses, nodules and fistulae) was 56% with CJM112 compared to 30% for placebo. CJM112 was generally well tolerated and the overall safety profile of CJM112 was similar to placebo group.

Conclusion: CJM112 was significantly more effective compared to placebo in this 16-week, proof-of-concept trial. To our knowledge, this is the first randomized controlled trial evaluating the efficacy of an IL-17 antibody in the treatment of HS.





