PRURITUS

TREATMENT OF PRURIGO NODULARIS WITH SERLOPITANT: IMPACT ON PRURIGO ACTIVITY SCORE

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Introduction: In a phase 2 study, serlopitant significantly reduced pruritus compared with placebo in patients with prurigo nodularis (PN; NCT02196324).

Objective: To assess the impact of serlopitant on healing of prurigo lesions.

Methods: Secondary analysis of a randomized, double-blind study of serlopitant 5 mg (n=64) vs placebo (n=63) once daily for 8 weeks. Adults with chronic (>6 weeks), topical corticosteroid or antihistamine treatment–refractory PN and a visual analog scale pruritus score of ≥70 were enrolled. Analyses included impact of therapy on prurigo activity score over the 8-week treatment period, with respect to healed (0-24%, 25-49%, 50-74%, 75-99%, 100%), excoriated/crusted (0%, 1-25%, 26-50%, 51-75%, >75%), number (0, 1-19, 20-100, >100), distribution (disseminated, localized, neither), and size of lesions. Descriptive statistical analyses were conducted.

Results: Percentage of patients with ≥50% of PN lesions healed increased from 23.4% at baseline to 49.1% at 8 weeks (25.7% increase) with serlopitant, compared with 34.9% to 44.7% (9.8% increase) with placebo. Percentage of patients with ≤25% excoriated/crusted lesions healed increased from 7.8% at baseline to 33.3% at 8 weeks serlopitant, compared with 11.1% to 23.4% with placebo. The percentage of patients with <20 lesions increased from 9.4% at baseline to 17.5% at 8 weeks with serlopitant, versus 9.5% to 12.8% with placebo. All patients had disseminated prurigo lesions at baseline. After 8 weeks, distribution improved to localized in 3.5% and 2.1% of patients treated with serlopitant and placebo, respectively. Size of representative and biggest lesions decreased over the course of treatment in both groups.

Conclusion: Although 8 weeks may not be long enough for complete healing of prurigo lesions, serlopitant-treated patients showed a greater level of improvement in percentage of healed and excoriated/crusted lesions, and in number and dissemination of pruriginous

lesions, over the course of the study.