Baseline burden and treatment history of adolescents with moderate to severe Chronic Hand Eczema (CHE) enrolled in the randomized phase 3 DELTA TEEN trial

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Conclusions

- At baseline, moderate to severe CHE was associated with significant impacts on daily lives of adolescents enrolled in the phase 3 DELTA TEEN trial
  - These findings are consistent with previous observations in adult populations[1,2]
- Current standard-of-care treatments used prior to inclusion were associated with limited success
- Effective treatments for adolescents with moderate to severe CHE represent a major unmet need

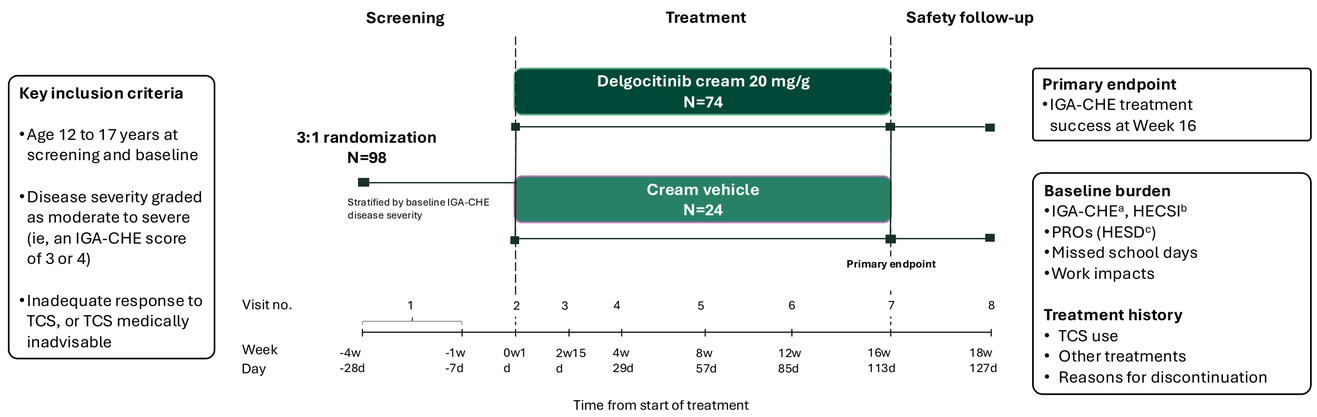
Objectives

- To report baseline burden and treatment history among adolescents with moderate to severe CHE enrolled in DELTA TEEN

Background

- Chronic Hand Eczema (CHE) is a multifactorial, heterogeneous, inflammatory skin disease affecting the hands and wrists, lasting over three months or recurring at least two times annually[3,4]
- The chronic nature of CHE is associated with an ongoing psychosocial burden which may limit patient health-related quality of life; however, little is known about such impacts in adolescent patients[5-8]
- Furthermore, approved treatments for adolescents are few and treatment patterns are poorly understood[8]
- DELTA TEEN (NCT05355818) was a phase 3 trial that investigated the efficacy and safety of delgocitinib cream 20 mg/g (a topical pan-JAK inhibitor) versus cream vehicle in adolescents with moderate to severe CHE
- The DELTA TEEN dataset provides valuable insight into the impacts of CHE and treatment patterns in an adolescent population

DELTA-TEEN trial design



IGA-CHE[1a]
- Validated clinician-assessed CHE severity measure
- Scoring based on erythema, scaling, lichenification/ hyperkeratosis, vesiculation, oedema, and fissures

HECSI[2b]
- Validated clinician-assessed CHE severity measure
- Scoring based on erythema, infiltration/papulation, vesicles, fissure, scaling, oedema, with regional sub-scores

HESD[3c]
- Validated patient-reported outcome measure of worst severity of core CHE symptoms
- Core symptoms: itch, pain, cracking of the skin, redness, dryness, flaking

9. Silverberg JI, et al. *Arch Dermatol Res.* 2024;316(4):110. **10.** Held E, et al. *Br J Dermatol.* 2005;152(2):302-7. **311** Molin S, et al. *Dermatol Ther (Heidelb).* 2024;14(3):643-69.

Figure 1. DELTA TEEN trial design: An international, randomized, double-blind, phase 3 trial (NCT05355818)

Results

Patient characteristics and baseline data

- 101 patients were screened and 98 patients were treated
- The first visit was 14 July 2022; database lock was 15 Jan 2024
- The median age was 14 years and 59.2% were female
- Patients were screened at 30 sites across 7 countries[a]

Patient characteristics at baseline

Characteristic	All randomized (N=98)
Median age, years (range)	14 (12-17)
Female, n (%)	58 (59.2)
Median age at CHE onset, years (range)	11 (0-17)
Median duration of CHE, years (IQR)	4 (2-6)
Race, n (%)	
Asian	3 (3.1)
Black or African American	2 (2.0)
White	89 (90.8)
Not reported	4 (4.1)
Region, n (%)	
Australia	14 (14.3)
Europe	77 (78.6)
North America	7 (7.1)
Current or ex-smoker, n (%)	3 (3.1)
Reported daily handwashes, n (%)	n=96
0-10	68 (70.8)
11-20	23 (24.0)
>20	5 (5.2)

[a]Australia (n=14); Belgium (n=2); Canada (n=7); France (n=16); Poland (n=32); Spain (n=20); United Kingdom (n=7).

Prior treatment among adolescents in DELTA TEEN

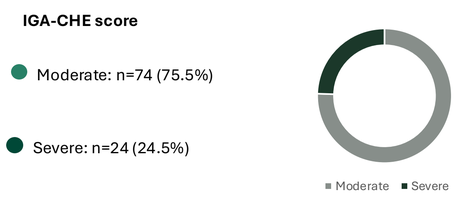
- All adolescents had received prior TCS
  88.8% discontinued due to inadequate efficacy
- Median duration of TCS treatment was 134.5 days (IQR: 61.0-434.0)
- Other previous therapies included:
  Topical calcineurin inhibitors (38.8%)
  Oral corticosteroids (4.1%)
  Phototherapy and other procedures (4.1%)
  Other CHE treatments (18.4%)

Prior treatment among adolescents in DELTA TEEN

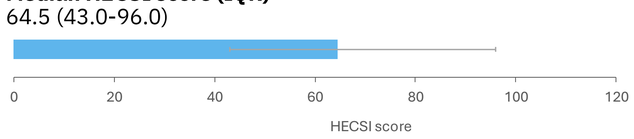
Treatment history	All randomized (N=98)
TCS (highest potency), n (%)	
Very potent	24 (24.5)
Potent	73 (74.5)
Other	1 (1.0)
Reason for discontinuation of TCS, n (%)	
Inadequate efficacy	87 (88.8)
Side effects	1 (1.0)
Other	10 (10.2)
Treatment with TCS medically inadvisable, n (%)	14 (14.3)
TCI, n (%)	38 (38.8)
Reason for discontinuation of TCI, n (%)	
Inadequate efficacy	29 (29.6)
Side effects	4 (4.1)
Other	7 (7.1)
Oral corticosteroids, n (%)	4 (4.1)
Reason for discontinuation of oral corticosteroids, n (%)	
Inadequate efficacy	1 (1.0)
Other	3 (3.1)
Phototherapy and other procedures, n (%)	4 (4.1)
Reason for discontinuation of phototherapy/other, n (%)	
Inadequate efficacy	3 (3.1)
Other	1 (1.0)

Baseline disease characteristics (N=98)

- Most patients (75.5%) had moderate disease per IGA-CHE



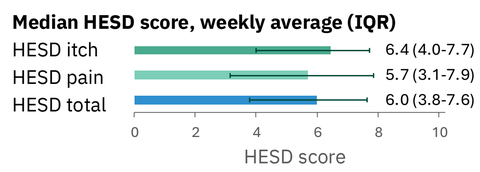
Median HECSI score (IQR)[a]
64.5 (43.0-96.0)

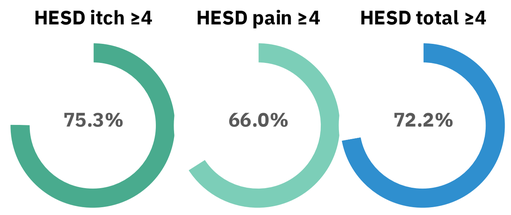


[a]0: clear; 1-16: almost clear; 17-37: moderate; 38-116: severe; ≥117-360: very severe.

Baseline disease characteristics (N=98)

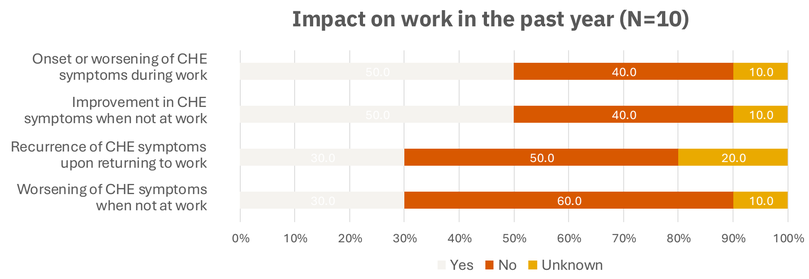
- Most patients (72.2%) had HESD total score ≥4





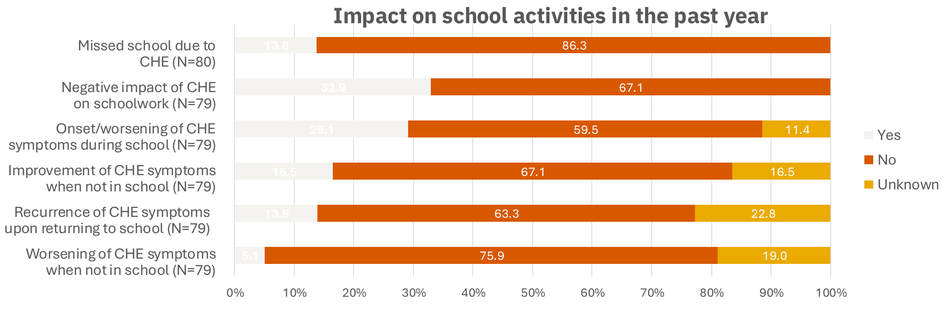
CHE impact on work

- Overall, 10 (10.2%) of adolescents reported employment in the past year
- Among these, half reported onset or worsening of CHE symptoms during work



CHE impact on schoolwork

- Among the 98 patients randomized, 80 had attended school in the past year
- Of these, 13.8% missed school due to CHE and 32.9% reported a negative impact of CHE on schoolwork



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Abbreviations CHE, Chronic Hand Eczema; d, day; HECSI, hand eczema severity index; HESD, Hand Eczema Symptom Diary; IGA-CHE, Investigator Global Assessment of Chronic Hand Eczema; IGA-CHE treatment success: IGA-CHE score of 0 (clear) or 1 (almost clear) with a ≥2-step improvement from baseline; IQR, interquartile range; JAK, Janus kinase; no. number; PROs, patient-reported outcomes; TCS, topical corticosteroids; TCI, topical calcineurin inhibitors; w, week.

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