# Patient-Reported Outcomes From Two Randomized, Double-Blind, Vehicle-Controlled Phase 3 Trials in Axillary Hyperhidrosis (ATMOS-1 & ATMOS-2)

David M. Pariser,<sup>1</sup> Adelaide A. Hebert,<sup>2</sup> Janice Drew,<sup>3</sup> John Quiring<sup>4</sup>, Dee Anna Glaser<sup>5</sup>

<sup>1</sup>Eastern Virginia Medical School and Virginia Clinical Research, Inc., Norfolk, VA; <sup>2</sup>UTHealth McGovern Medical School at Houston, TX; <sup>3</sup>Dermira, Inc., Menlo Park, CA; <sup>4</sup>QST Consultations, Allendale, MI; <sup>5</sup>Saint Louis University, St. Louis, MO

#### INTRODUCTION

- Hyperhidrosis affects an estimated 4.8% of the US population or approximately 15.3 million people, and negative psychological consequences are experienced by approximately 75% of patients with the disorder<sup>1</sup>
- The prevalence of anxiety and depression is over 3.5 times greater in people with hyperhidrosis than in those without it, and there is a positive correlation between the severity of hyperhidrosis and rates of anxiety and
- Topical glycopyrronium tosylate (GT; formerly DRM04) is a cholinergic receptor antagonist being developed for the treatment of primary axillary hyperhidrosis in patients ≥9 years of age
- GT has been assessed in 2 replicate randomized clinical trials (ATMOS-1 [sites in the US and Germany] and ATMOS-2 [US sites only]); the primary efficacy and safety results of these studies have been previously reported<sup>3</sup>
- Patient-reported outcomes (PROs) from these pivotal trials were also assessed using the 4-item Axillary Sweating Daily Diary (ASDD),<sup>4</sup> 6 Weekly Impact Items, and the single-item Patient Global Impression of Change (PGIC) that were developed according to current regulatory standards
- The ASDD/ASDD-C axillary sweating severity item (Item 2) was specifically developed for use as an endpoint in clinical trials in support of approval and labeling (also as a useful clinical parameter)

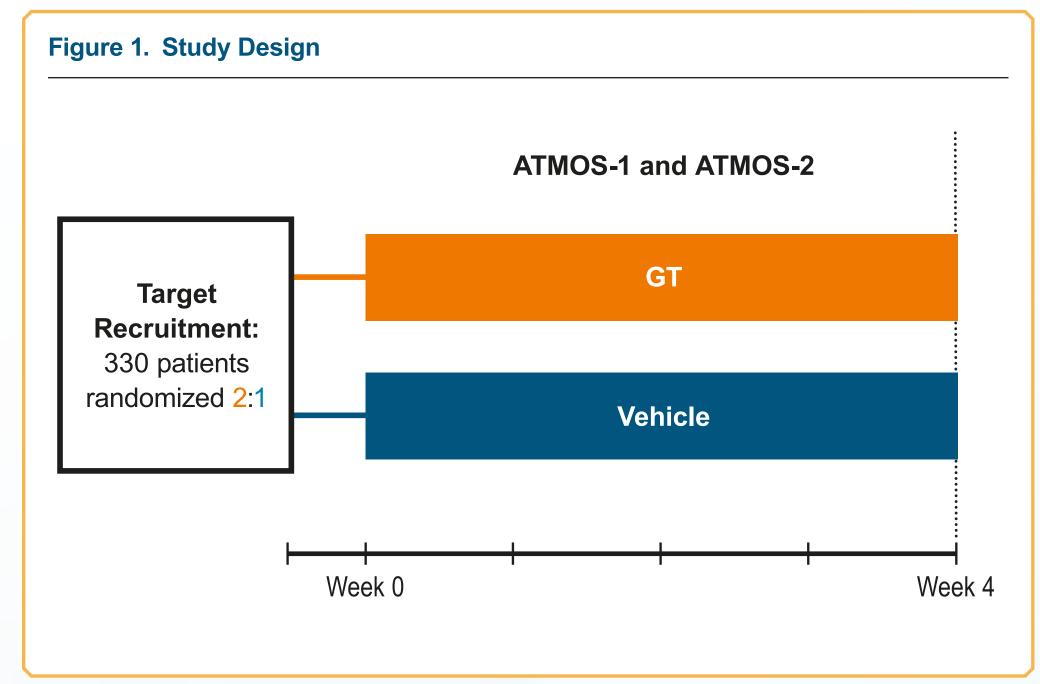
#### **OBJECTIVE**

• To evaluate changes in patient-reported outcomes after 4 weeks of treatment with GT compared with vehicle in ATMOS-1 and ATMOS-2

## **METHODS**

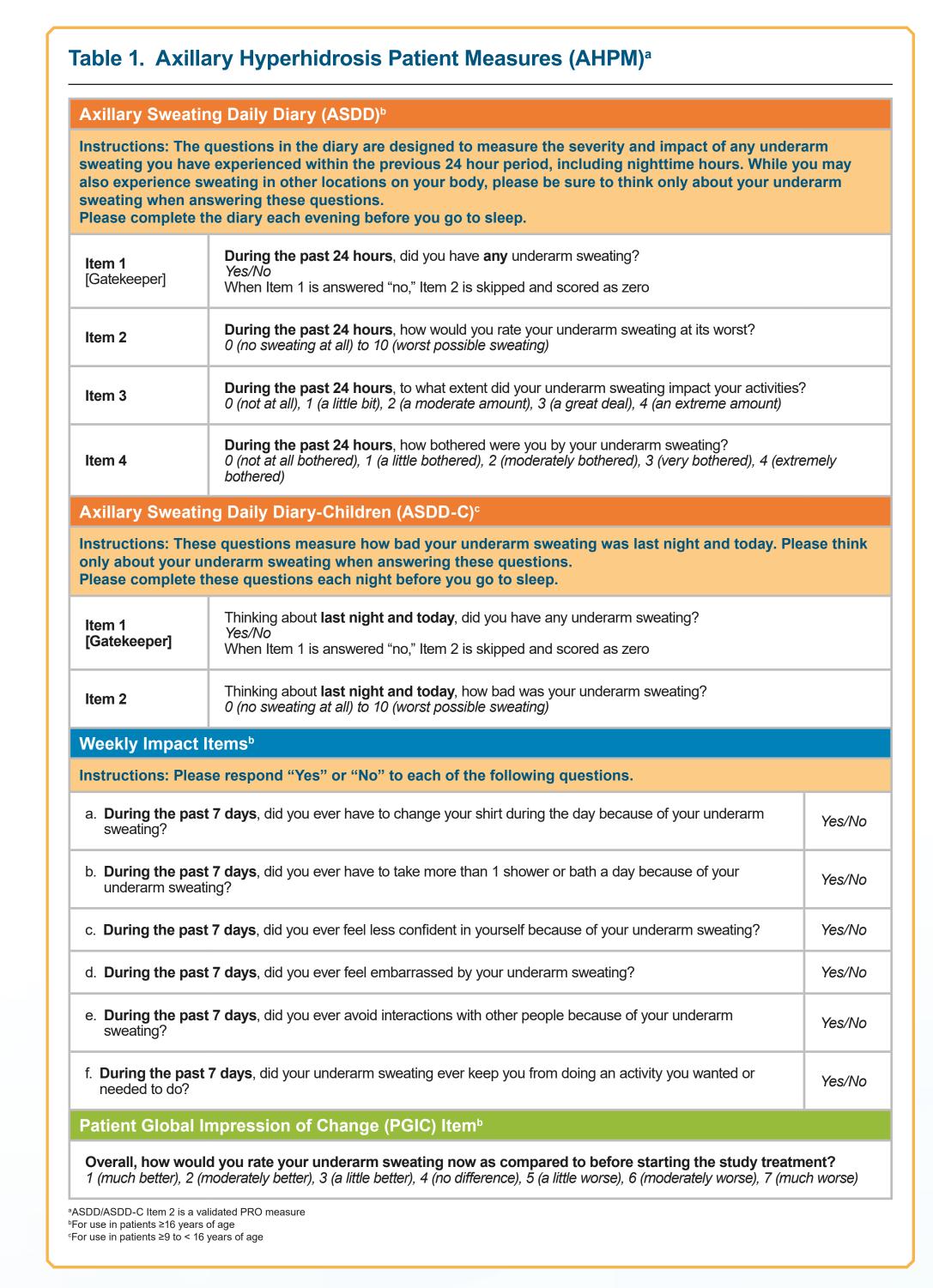
#### **ATMOS-1** and **ATMOS-2** Study Design

- ATMOS-1 (DRM04-HH04; NCT02530281) and ATMOS-2 (DRM04-HH05; NCT02530294) were parallel-group, 4-week, double-blind, phase 3 clinical trials in which patients with primary axillary hyperhidrosis were randomized (2:1) to GT or vehicle (**Figure 1**)
- Coprimary endpoints included ASDD axillary sweating severity item (Item 2) responder rate (defined as ≥4-point improvement from Baseline) at Week 4 and mean absolute change from Baseline in gravimetrically-measured sweat production at Week 4
- Eligible patients were ≥9 years of age (patients <16 years were only recruited at US sites) and had primary axillary hyperhidrosis for ≥6 months, with gravimetrically-measured sweat production of ≥50 mg/5 min in each axilla, ASDD Item 2 score ≥4, and Hyperhidrosis Disease Severity Scale (HDSS) grade 3 or 4
- Patients were excluded for history of a condition that could cause secondary hyperhidrosis; prior surgical procedure or treatment with a medical device for axillary hyperhidrosis; treatment with iontophoresis within 4 weeks or treatment with botulinum toxin for axillary hyperhidrosis within 1 year; axillary use of nonprescription antiperspirants within 1 week or prescription antiperspirants within 2 weeks; new or modified psychotherapeutic medication regimen within 2 weeks; treatment with medications having systemic anticholinergic activity, centrally acting alpha-2 adrenergic agonists, or beta-blockers within 4 weeks unless dose had been stable ≥4 months and was not expected to change; and/or conditions that could be exacerbated by study medication



# **Patient-Reported Outcomes**

- Axillary Hyperhidrosis Patient Measures (AHPM)
- The ASDD consists of 4 items and was used for patients ≥16 years; patients <16 years of age completed a</li> modified, 2-item version of the ASDD, the ASDD-C (**Table 1**)
- Patients ≥16 years were additionally asked to complete 6 Weekly Impact items and a single-item Patient Global Impression of Change (PGIC) (**Table 1**)
- Mean changes from Baseline were summarized by descriptive statistics in the intent-to-treat (ITT) population (all randomized subjects who were dispensed study drug)
- For ASDD Item 2 (all patients) and ASDD items related to the impact and bother of axillary sweating (Items 3 and 4, respectively; patients ≥16 years of age), Baseline was defined as the average of ≥4 days of data in the most recent 7 days prior to randomization
- For the Weekly Impact items (patients ≥16 years of age), Baseline was defined as the last available record
- As the PGIC was only administered at the end of study treatment, there was no Baseline value
- Missing values for Items 2 through 4 were not imputed; for Weekly Impact Items, the last observation carried forward (LOCF) approach was used to impute missing values
- An additional analysis was performed to assess the percent improvement from Baseline to Week 4 in ASDD Item 2, 3, and 4 scores



### **RESULTS**

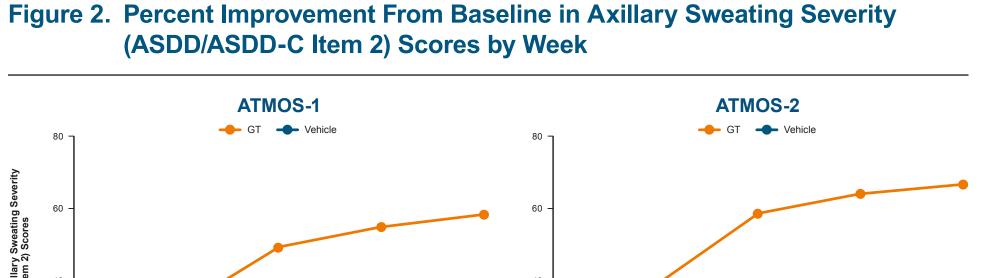
- A total of 697 patients were randomized and were asked ASDD/ASDD-C Items 1 and 2 on a daily basis; 665 patients were ≥16 years of age and were asked ASDD items related to the impact and burden of sweating on a daily basis (Items 3 and 4, respectively), the Weekly Impact Items on a weekly basis, and the PGIC at end of treatment
- Demographic and Baseline disease characteristics from the primary studies are presented in **Table 2**

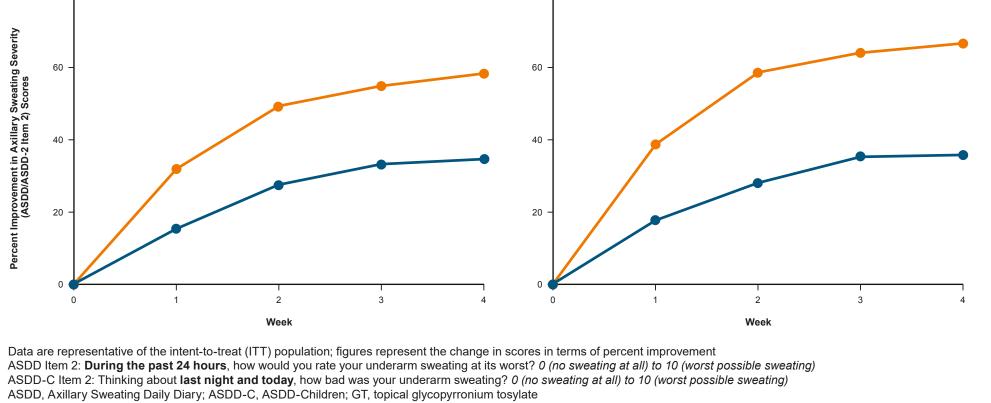
#### **Table 2. Demographics and Baseline Disease Characteristics**

	ATMOS-1		ATMOS-2	
	Vehicle (N=115)	GT (N=229)	Vehicle (N=119)	GT (N=234)
Demographics				
Age (years), mean ± SD	34.0 ± 13.1	32.1 ± 11.2	32.8 ± 11.2	32.6 ± 10.9
Age group, n (%) <16 years ≥16 years	5 ( 2.2) 224 (97.8)	6 ( 5.2) 109 (94.8)	11 ( 4.7) 223 (95.3)	10 ( 8.4) 109 (91.6)
Male, n (%)	55 (47.8)	99 (43.2)	59 (49.6)	113 (48.3)
White, n (%)	94 (81.7)	182 (79.5)	102 (85.7)	192 (82.1)
BMI (kg/m²), mean ± SD	27.2 ± 4.9	27.6 ± 5.8	28.4 ± 5.5	27.3 ± 5.0
Baseline Disease Characteris	stics, mean ± SD			
Years with primary axillary hyperhidrosis	13.7 ± 10.4	16.0 ± 11.4	16.9 ± 11.1	15.9 ± 9.9
Sweat production (mg/5 min) <sup>a</sup>	170.3 ± 164.2	182.9 ± 266.9	181.9 ± 160.1	162.3 ± 149.5
ASDD/ASDD-C Item 2 (Severity)	7.1 ± 1.7	7.3 ± 1.6	7.2 ± 1.6	7.3 ± 1.6
ASDD Item 3 (Impact) <sup>b</sup>	2.2 ± 0.9	2.4 ± 0.9	2.3 ± 1.0	2.5 ± 0.8
ASDD Item 4 (Burden) <sup>b</sup>	2.4 ± 0.9	2.6 ± 0.8	2.5 ± 0.9	2.7 ± 0.9

<sup>b</sup>Mean Baseline scores for ASDD Items 3 and 4 are based on all patients in the ITT populations of ATMOS-1 and ATMOS-2 ≥16 years of age only Baseline scores for Items 2 to 4 were based on the average of ≥4 days of data in the most recent 7 days prior to randomization ASDD, Axillary Sweating Daily Diary; ASDD-C, ASDD-Children; BMI, body mass index; GT, topical glycopyrronium tosylate

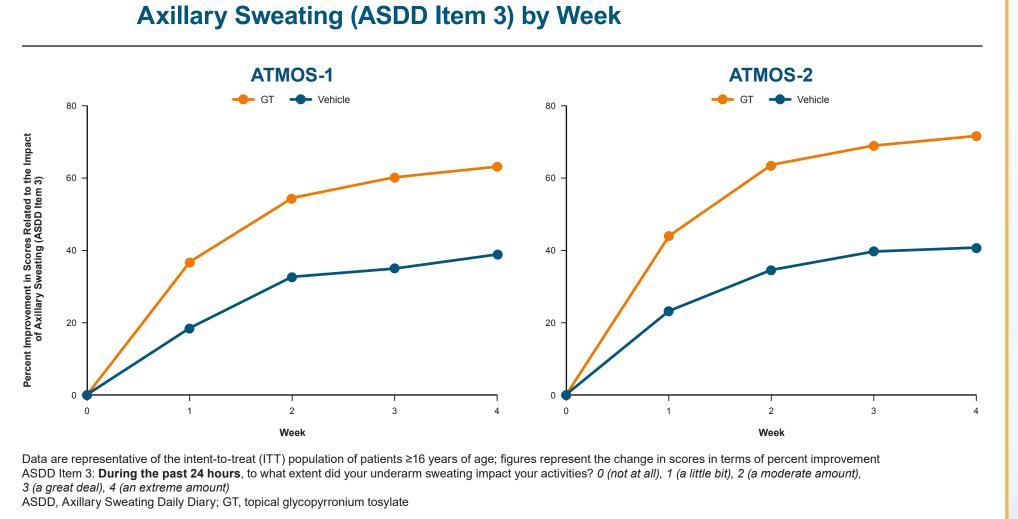
- The ASDD Item 2 responder rate (coprimary outcome; ≥4-point improvement) was significantly greater for GT-treated patients than for vehicle-treated patients in ATMOS-1 (53% vs 28%) and ATMOS-2 (66% vs 27%) (p<0.001 both studies)
- Improvement in axillary sweating severity (ASDD/ASDD-C Item 2) was greater for GT-treated patients compared with vehicle-treated patients at every study week (Figure 2)
  - After 4 weeks of treatment in ATMOS-1, scores improved 59% (-4.3 point change) in GT-treated patients and 35% (-2.5) in vehicle-treated patients compared with Baseline
- After 4 weeks of treatment in ATMOS-2, scores improved 67% (-4.9 point change) in GT-treated patients and 36% (-2.6) in vehicle-treated patients compared with Baseline





- Improvement in scores related to the impact of axillary sweating (ASDD Item 3) scores was greater for GT-treated patients than vehicle-treated patients at every study week (**Figure 3**)
- After 4 weeks of treatment in ATMOS-1, scores improved by 63% (-1.5 point change) in GT-treated patients and 39% (-0.8) in vehicle-treated patients compared with Baseline
- After 4 weeks of treatment in ATMOS-2, scores improved by 72% (-1.7 point change) in GT-treated patients and 41% (-1.0) in vehicle-treated patients compared with Baseline



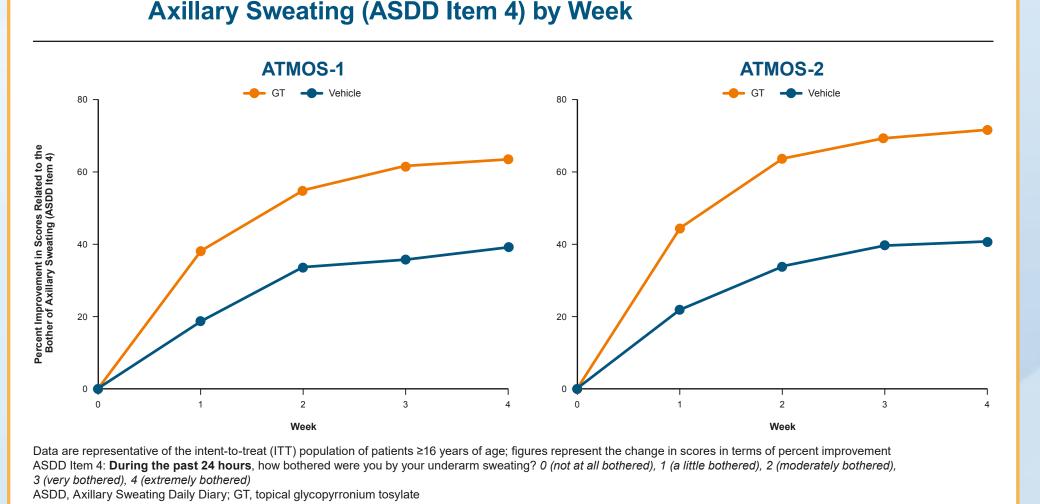


 Improvement in scores related to the bother of axillary sweating (ASDD Item 4) was greater in GT-treated patients than vehicle-treated patients at every study week (**Figure 4**)

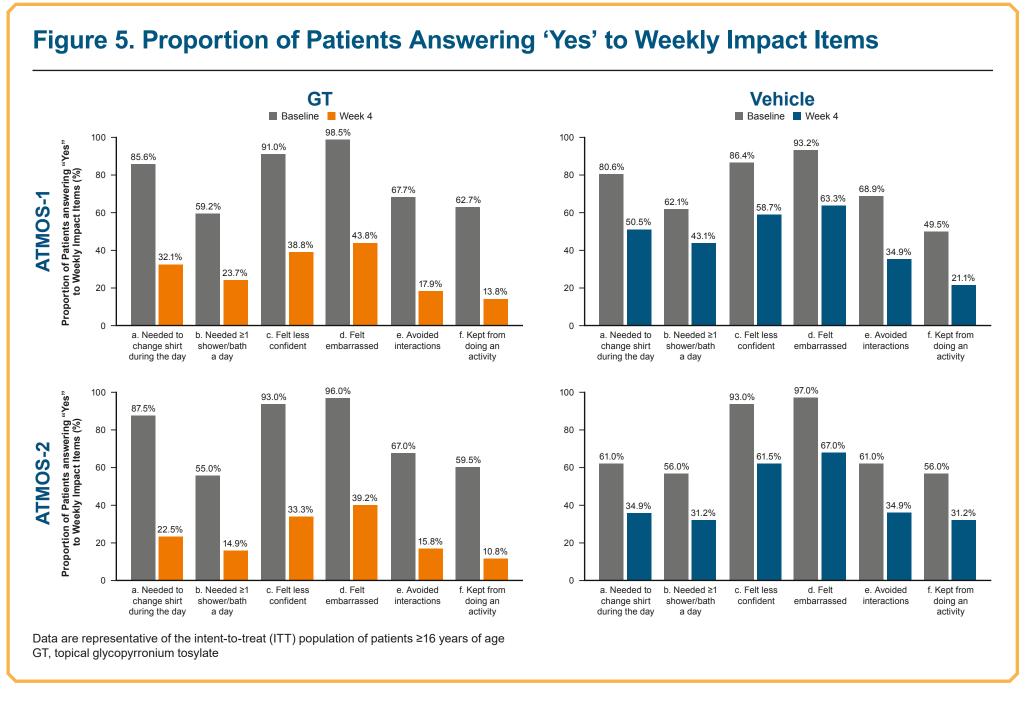
- After 4 weeks of treatment in ATMOS-1, Item 4 scores improved by 64% (-1.7 point change) in GT-treated patients and by 39% (-0.9) in vehicle-treated patients compared with Baseline

After 4 weeks of treatment in ATMOS-2, Item 4 scores improved by 72% (-1.9 point change) in GT-treated patients and by 41% (-1.0) in vehicle-treated patients compared with Baseline

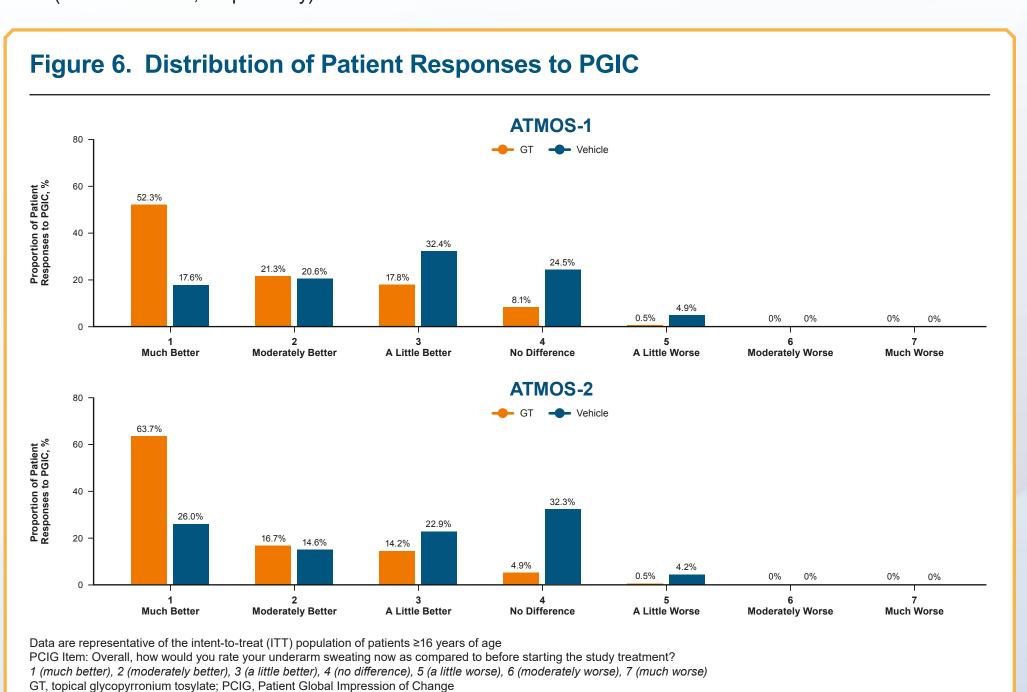
Figure 4. Percent Improvement From Baseline in Scores Related to the Bother of **Axillary Sweating (ASDD Item 4) by Week** 



 The proportion of patients who were negatively impacted by aspects of sweating (Weekly Impact items) decreased at Week 4 for all patients regardless of treatment; the magnitude of the decrease was greater in patients treated with GT than with vehicle on all items, indicating greater improvement with GT treatment (Figure 5)



- Following treatment in ATMOS-1 and ATMOS-2, 73.6% and 80.4% of GT-treated patients rated their axillary sweating as much or moderately better, compared with 38.2% and 40.6% of vehicle-treated patients, respectively
- Following treatment in ATMOS-1 and ATMOS-2, more vehicle-treated patients (29.4% and 36.5%, respectively) reported no difference or a little worsening in axillary sweating following treatment compared with those receiving GT (8.6% and 5.4%, respectively)



# CONCLUSIONS

- After 4 weeks, GT-treated patients reported greater weekly average improvement than vehicle-treated patients on all ASDD items (ie, severity, impact, and bother of axillary sweating on daily activities) that measured the daily burden of disease associated with
- At the end of treatment, fewer GT-treated patients reported the occurrence of the specific negative behaviors or feelings associated with their excessive axillary sweating than did vehicle-treated patients
- Following treatment, approximately 2-fold more GT-treated patients rated their axillary sweating as much or moderately better versus vehicle-treated patients
- These additional results from ATMOS-1 and ATMOS-2 suggest that GT, if approved, has the potential to reduce the burden of disease for patients with axillary hyperhidrosis

#### References

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#### **Author Disclosures**

**DMP:** Consultant and Investigator for Dermira, Inc. **AAH:** Consultant for Dermira, Inc.; employee of the University of Texas Medical School, Houston, which received compensation from Dermira, Inc. for study participation. JD: Employee of Dermira, Inc. JQ: Employee of QST Consultations. DAG: Consultant and Investigator for Dermira, Inc.