American Journal of Clinical Dermatology

Efficacy and Safety of Apremilast for the Treatment of Japanese Patients With Palmoplantar Pustulosis: Results From a Phase 2, Randomized, Placebo-Controlled Study

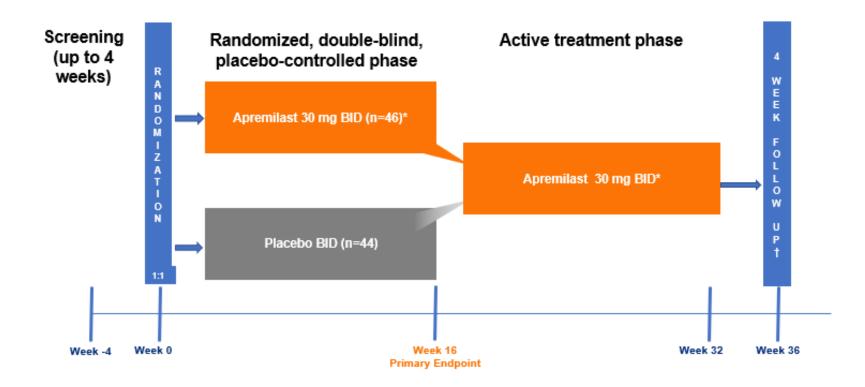
Tadashi Terui¹; Yukari Okubo²; Satomi Kobayashi³; Shigetoshi Sano⁴; Akimichi Morita⁵; Shinichi Imafuku⁶; Yayoi Tada⁷; Masatoshi Abe⁸; Masafumi Yaguchi⁹; Natsuka Uehara⁹; Takahiro Handa⁹; Masayuki Tanaka⁹; Wendy Zhang¹⁰; Maria Paris¹⁰; Masamoto Murakami¹¹

¹Nihon University School of Medicine, Tokyo, Japan; ²Tokyo Medical University, Tokyo, Japan; ³Seibo International Catholic Hospital, Tokyo, Japan; ⁴Kochi Medical School, Kochi University, Kochi, Japan; ⁵Nagoya City University, Nagoya City, Japan; ⁶Fukuoka University, Fukuoka, Japan; ⁷Teikyo University, Tokyo, Japan; ⁸Sapporo Skin Clinic, Sapporo, Japan; ⁹Amgen K.K., Tokyo, Japan; ¹⁰Amgen Inc., Thousand Oaks, CA, USA; ¹¹Ehime University Graduate School of Medicine, Ehime, Japan

Corresponding author:

Tadashi Terui, MD, PhD Nihon University School of Medicine 30-1 Oyaguchikamicho, Itabashi City, Tokyo 173-8610, Japan terui.tadashi@nihon-u.ac.jp

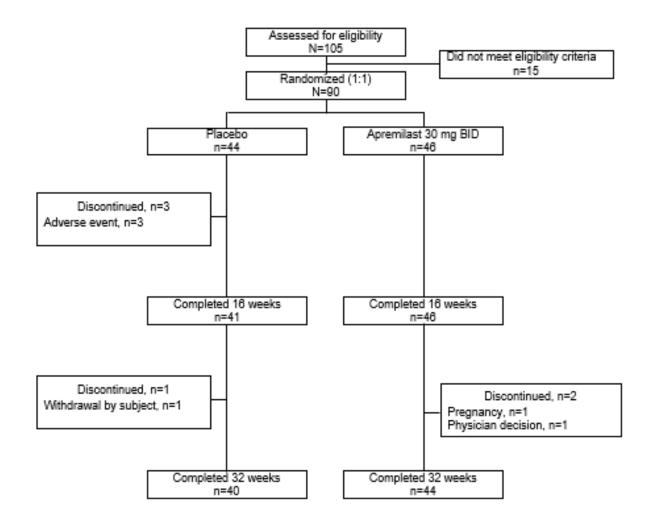
Online Resource 1. Study Design



*Apremilast dose was titrated over a 5-day period at Week 0 for patients initially randomized to apremilast and at Week 16 for patients switched from placebo to apremilast.

[†]Observational follow-up for all patients who completed the study or discontinued the study early.

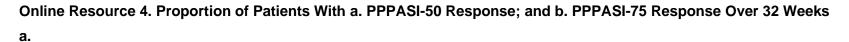
Online Resource 2. Patient Disposition

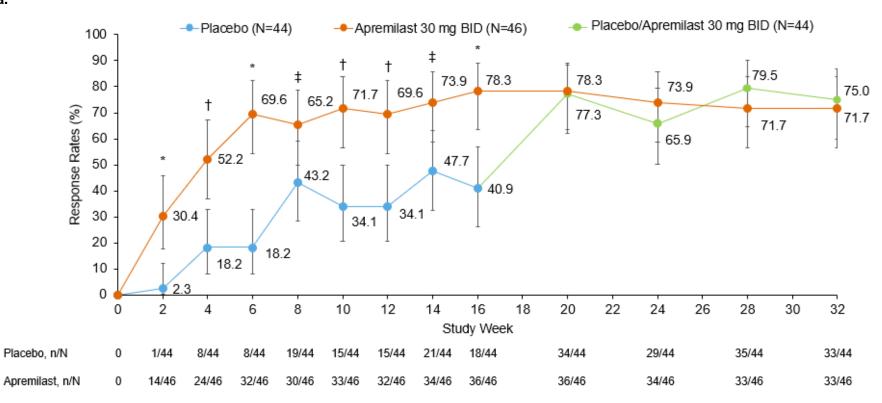


Proportion of Patients	Placebo N=44 n (%)	Apremilast N=46 n (%)	Difference in Proportion % (95% CI)	Nominal <i>P</i> value
PPPASI-50	18 (40.9)	36 (78.3)	37.4 (18.6, 56.1)	0.0003
PPPASI-75	7 (15.9)	20 (43.5)	26.3 (8.3, 44.2)	0.0074
PPPASI-90	3 (6.8)	6 (13.0)	6.2 (-6.0, 18.5)	0.3278

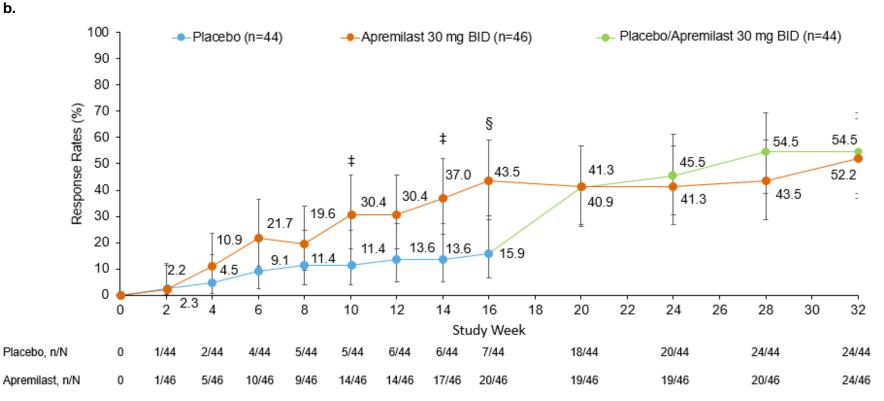
Online Resource 3. Proportion of Patients at Week 16 With PPPASI-50, PPPASI-75, or PPPASI-90 Response

Intent-to-treat population. Two-sided CI is based on the Clopper-Pearson method. Two-sided *P* value (nominal) is based on Cochran Mantel-Haenszel test adjusting for baseline PPPASI score range and baseline focal infection status at baseline. Missing data were imputed by nonresponder imputation. CI=confidence interval; PPPASI=Palmoplantar Pustulosis Area and Severity Index; PPPASI-50=≥50% improvement from baseline in PPPASI total score; PPPASI-75=≥75% improvement from baseline in PPPASI total score; PPPASI-90=≥90% improvement from baseline in PPPASI total score. NA=not available





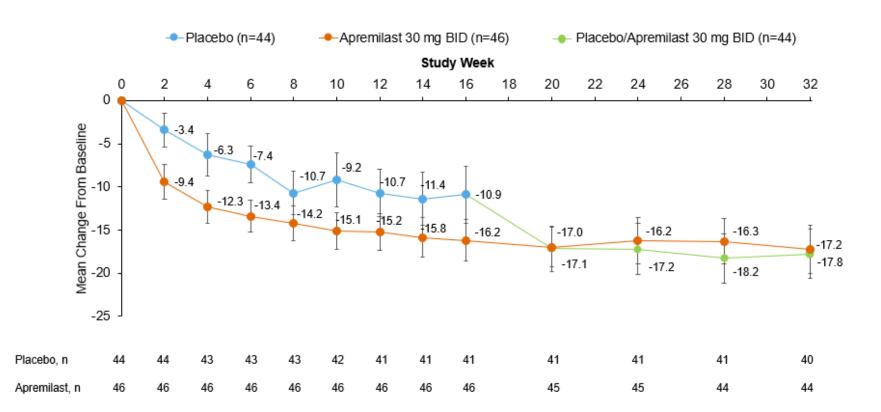
b.



*Nominal P<0.0005 vs placebo. [†]Nominal P<0.005 vs placebo. [‡]Nominal P<0.05 vs placebo. [§]Nominal P=0.0074 vs placebo. Intentto-treat population. Two-sided CI is based on the Clopper-Pearson method. Two-sided P value (nominal) is based on the Cochran-Mantel-Haenszel test adjusting for baseline PPPASI score range and baseline focal infection status. Missing data were imputed by nonresponder imputation. CI=confidence interval; PPPASI=Palmoplantar Pustulosis Area and Severity Index; PPPASI-50=≥50% improvement from baseline in PPPASI total score; PPPASI-75=≥75% improvement from baseline in PPPASI total score.

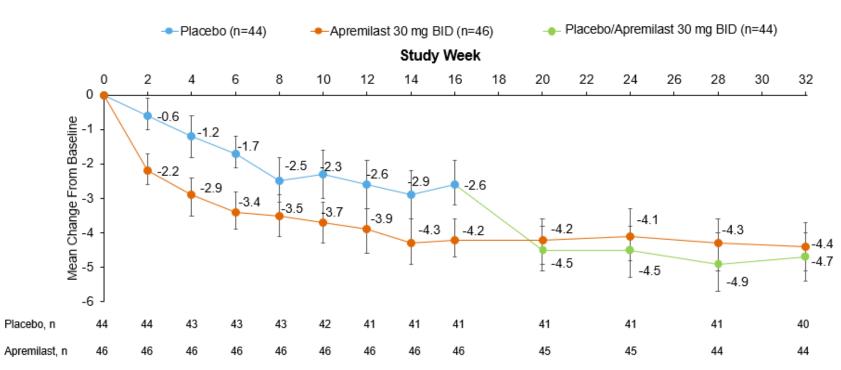
Online Resource 5. Change From Baseline in a. PPPASI; and b. PPSI Score Over Time

a.



Error bars represent 95% CI. Intent-to-treat population.

b.

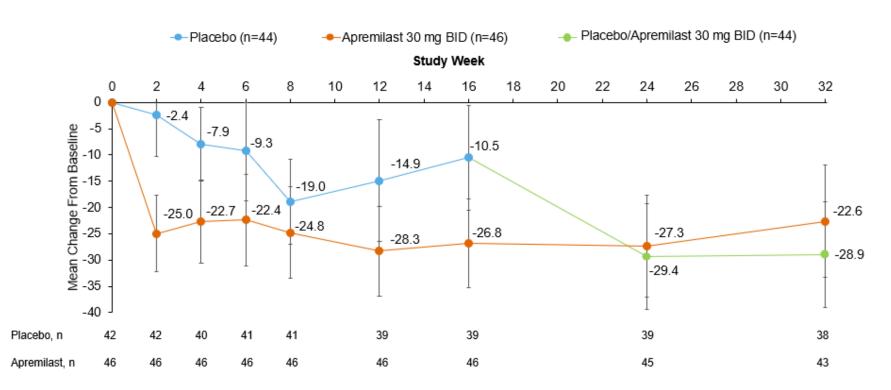


Error bars represent 95% CI. Intent-to-treat population.

CI=confidence interval; PPPASI=Palmoplantar Pustulosis Area and Severity Index; PPSI=Palmoplantar Severity Index.

Online Resource 6. Change From Baseline in a. Pruritus VAS; and b. Skin Discomfort/Pain VAS Over Time

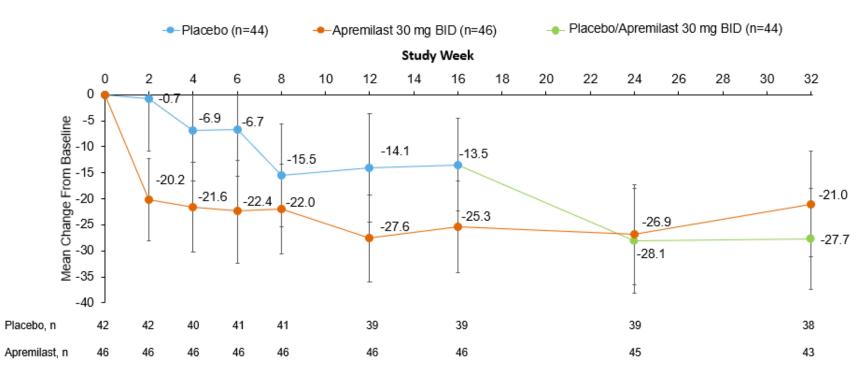
a.



Error bars represent 95% CI. Intent-to-treat population.

CI=confidence interval; VAS=visual analog scale.

b.



Error bars represent 95% CI. Intent-to-treat population. CI=confidence interval; VAS=visual analog scale.