



Insights on Chronic Hand Eczema

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Disease State



HE is not a uniform disease. Differences in etiology, morphology and severity make accurate diagnosis difficult, further hampered by the lack of a systematic classification system¹

Clinical signs and symptoms of HE comprise classic features of eczema localized to the hands, including erythema, edema, hyperkeratosis, scaling, lichenification, blistering, fissures, pruritus and pain¹

In a substantial number of hand eczema patients, the disease develops into a chronic condition even when an initial causative agent is avoided¹

CHE refers to an eczematous process that lasts for more than three months or relapses twice or more often per year²

Impaired skin barrier function is a key factor. The inflammatory changes in the skin may increase the likelihood of acquiring a secondary allergy^{1,2}

Methods of advancing CHE management in clinical practice using evidence-based medicine, and the development of treatment guidelines are much-needed¹



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Impact of CHE on society and the patient



Current ICD-10 codes do not allow for HE-specific coding¹ - ICD-11 codes will²

The size of global patient population is difficult to assess. It is estimated that:

- HE affects 5-10% of the general population³
- HE accounts for 9-35% of all occupational diseases⁴
- Up to 68% of HE patients develop CHE⁵

Atopic dermatitis (AD) and HE are common chronic and relapsing inflammatory skin conditions that often co-occur. Patients with AD have a 3-4 times increased prevalence of HE when compared with controls.⁶

As a result, many AD patients are advised by their HCPs to avoid professions entailing wet work and prolonged exposure to irritants and allergens.⁶



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Current treatment strategies in CHE



CHE is a disease with a multifactorial - and often mixed - etiology and clinical presentation does not always correspond to disease phenotype.¹

Treatment objectives are irrespective of phenotype, and include elimination or reduction of exposure to causative factors, symptom control, and reduction of frequency and severity of flares.¹

Patients with CHE require long-term management and therapy is usually delivered in escalating steps.¹

1. Education and non-pharmacological methods
2. Topical therapies
3. Systemic therapies

One drug has been specifically developed for the indication of severe CHE, but is only available in EU and Canada.^{1,2}

The management of CHE is often difficult.²

Additional drugs are needed for treatment of CHE²



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Introducing a potential future treatment option...



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A potential future treatment option



Delgocitinib (LEO124249) – investigational pan-JAK inhibitor

A Phase 2a, Proof of Concept Trial, tested applications of delgocitinib ointment for 8 weeks in the treatment of CHE¹

- Actual Enrollment : 91 participants
- Allocation: Randomized
- Intervention Model: Parallel Assignment
- Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
- Primary Outcome Measures: Subjects with treatment success according to Physician's Global Assessment (PGA) at visit 6 (End of Treatment, Time Frame: 56 days)

Key results to be presented at AAD 2019:

e-poster no. 8467

**Oral presentation Friday 3/1 1.25 pm - 1.30 pm,
Center 2, Hall D.**



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A potential future treatment option



Delgocitinib is an investigational drug for topical treatment of chronic hand eczema (CHE) of mild to severe disease severity in adults with a history of inadequate response to topical corticosteroid treatment or adults in which topical corticosteroid treatment is medically inadvisable¹

Based on data thus far, delgocitinib:

- Aims to treat all subtypes of CHE²

Data is needed to determine:

- Safety and efficacy
- Optimal dosage to treat CHE with delgocitinib cream
- Optimal treatment duration to treat CHE with delgocitinib cream

Phase 2b study results are anticipated in March 2020¹



Thank you

