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

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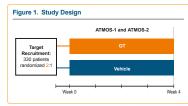
# INTRODUCTION

- Hyperhidrosis affects an estimated 4.8% of the LIS nonulation, 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 depression<sup>2</sup>
- 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 [site in the US and Germanyl and ATMOS-2 (US sites only)); the primary efficacy and safety results of these studies have been previously reported
- Patient-reported outcomes (PROs) from these pivotal trials were also assessed using the 4-item Axillary Sweating Daily Diary (ASDD), 6 Weekly Impact Items, and the single-item Patient Global Impression of Change (PGIC) that were developed
- 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)

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 rs of age completed a modified, 2-item version of the ASDD, the ASDD-C
- 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 For ASDD Item 2 (all nationts) 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 prior to Day 1
- As the PGIC was only administered at the end of study treatment, there was no
- · Missing values for ASDD Items 2 through 4 were not imputed; for Weekly used to impute missing values
- An additional analysis was performed to assess the percent improvement from Reseline to Week 4 in ASDD Item 2 3 and 4 sr

# Table 1. Axillary Hyperhidrosis Patient Measures (AHPM)<sup>a</sup>

Please complete the diary each evening before you go to sleep. During the past 24 hours, did you have any underarm sweating?

Satekeeperj	When Item 1 is answered "no," Item 2 is skipped and scored as zero
tem 2	During the past 24 hours, how would you rate your underarm sweating at its worst?  0 (no sweating at ail) to 10 (worst possible sweating)
tem 3	During the past 24 hours, to what extent did your underarm sweating impact your activities? 0 (not at all, 1 is little bit), 2 (a moderate amount), 3 (a great deal), 4 (an extreme amount)
	During the past 24 hours, how bothered were you by your underarm

sweaung r 0 (not at all bothered), 1 (a little bothered), 2 (moderately bothered), 3 (very bothered), 4 (extremely bothered)

te these questions each night before you go to sleen. Thinking about last night and today, did you have any underarm sweating | Item 1 | Thinking about last theirs also body, ..., ?- Yes/No | When Item 1 is answered "no," Item 2 is skipped and scored as zero Thinking about last night and today, how bad was your underarm sweating?
0 (no sweating at all) to 10 (worst possible sweating)

uctions: Please respond "Yes" or "No" to each of the following quesa. During the past 7 days, did you ever have to change your shirt during the day Yes/

	bounded of your discretiff swearing.	740
	b. During the past 7 days, did you ever have to take more than 1 shower or bath a day because of your underarm sweating?	Yes/ No
	During the past 7 days, did you ever feel less confident in yourself because of your underarm sweating?	Yes/ No
	d. During the past 7 days, did you ever feel embarrassed by your underarm sweating?	Yes/ No
ŀ	a. During the past 7 days, did you ever avoid interactions with other people because of your underarm sweating?	Yes/ No
	During the past 7 days, did your underarm sweating ever keep you from doing an activity you wanted or needed to do?	Yes/ No

Patient Global Impression of Change (PGIC) Item<sup>b</sup> Overall, how would you rate your underarm sweating now as compared to before starting the study treatment?

1 munt before? Inoderately before, 3 de little better), 4 (no difference), 5 (a little worse), 6 (moderately worse), 7 (much worse)

# RESULTS

 A total of 697 patients were randomized and were asked ASDD/ASDD-C Items 1 and 2 on a daily basis: 665 natients 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

 Demographic and Baseline disease characteristics from the primary studies are presented in Table 2

### Table 2. Demographics and Baseline Disease Characteristics

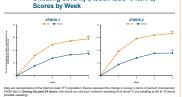
	Vehicle (N=115)	GT (N=229)	Vehicle (N=119)	GT (N=234)			
Demographics							
Age (years), mean ± SD	34.0 ± 13.1	32.1 ± 11.2	32.8 ± 11.2	32.6 ± 10.9			
Age group, n (%) <16 years ≥16 years	6 ( 5.2) 109 (94.8)	5 ( 2.2) 224 (97.8)	10 ( 8.4) 109 (91.6)	11 ( 4.7) 223 (95.3)			
Male, n (%)	55 (47.8)	99 (43.2)	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 Characteristics, mean ± SD							
Years with primary axillary hyperhidrosis	16.0 ± 11.4	13.7 ± 10.4	15.9 ± 9.9	16.9 ± 11.1			
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			

years of age only.

Stassine scores for liters 2 to 4 were based on the average of 24 days of data in the most recent 7 days prior to randomization
ASDD. Astlary Sweating Daily Diary, ASDD-C, ASDD-Childrer, BM, body mass index; GT, topical glycosymmium toxylate

- The ASDD Item 2 responder rate (coprimary outcome; ≥4-point improvement) w 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 GTtreated patients compared with vehicle-treated patients at every study week (Figure 2)
- After 4 weeks of treatment in ATMOS-1, scores improved 58% (-4.3 point change) in GT-treated patients and 35% (-2.5) in vehicle-treated patients
- 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 Reseline

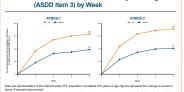
Figure 2. Percent Improvement From Baseline in Axillary Sweating Severity (ASDD/ASDD-C Item 2)



no Daily Diany: ASDD-C. ASDD-Children: GT. topical plycopymonium toxylate

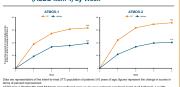
- Improvement in scores related to the impact of axillary sweating (ASDD Item 3) study week (Figure 3)
- After 4 weeks of treatment in ATMOS-1, scores improved by 63% (-1.5 point change) in GT-treated patients and 39% (-0.8) in vehicle-treated patients compared with Baseline
- After 4 weeks of treatment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

# Figure 3. Percent Improvement From Baseline in Scores Related to the Impact of Axillary Sweating

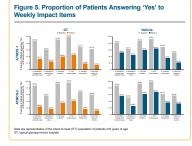


- Improvement in scores related to the bother of axillary sweating (ASDD Item 4) was greater in GT-treated patients than vehicle-treated patients at every study week (Figure 4)
- After 4 weeks of treatment in ATMOS-1 Item 4 scores improved by 64% (-1.7 patients compared with Baseline
- After 4 weeks 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

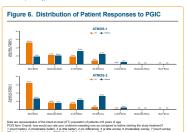
Figure 4. Percent Improvement From Baseline in Scores Related to the Bother of Axillary Sweating (ASDD Item 4) by Week



• 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 (Figure 6)
- 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



### CONCLUSIONS

- · After 4 weeks, GT-treated patients reported greater weekly average severity, impact, and bother of axillary sweating on daily activities) that measured the daily burden of disease associated with axillary
- 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 nationts
- 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

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1. Docititle et al. Arch Dermatol Res. 2016; 308 (10)743-9. 2. Bahar et al. J Am Acad Dermatol. 2016; 75(6)1126-33. 3. Patiesr et al. Poster presented at: 25° European Academy of Dermatology and Venereology Congress, September 25-October 2, 2016; Vienna, Austria. 4. Pariser et al. Poster presented at: 15° Annual Maui Derm for Dermatologists, March 20-24, 2017; Maui, Hi.

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