MEASURING THE PREDICTIVE VALUE OF SEROLOGICAL QUANTIFICATION OF CYTOKINES WITH THE ONSET OF INFLUENZA-LIKE SIGNS AND SYMPTOMS INDUCED BY IMIQUIMOD 3.75% CREAM: RESULTS OF A SINGLE CENTER, OPEN-LABEL, PROOF OF CONCEPT TRIAL Neal Bhatia, M.D.

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INTRODUCTION

- Imiquimod is an immune response modifier that is FDA approved for the treatment of actinic keratosis (AKs), external genital warts, and superficial basal cell carcinoma.¹
- Imiquimod is a potent inducer of interferon (IFN)- α and other pro-in- Table 2. Influenza-like symptoms that emerged during flammatory cytokines.² treatment

Frequency of Influenza-like Symptoms

Systemic symptoms characteristic of influenza occurred infrequently during the treatment period (**Table 2**).

Figure 1. Temporal relationships among systemic symptoms (SS), local skin reactions (LSR) and elevations in cytokines (EL CYT) for patients with and without SS.

- Some patients treated with topical imiquimod develop influenza-like symptoms (e.g., myalgia, malaise, headache, low-grade fever, and fatigue) that may be related to elevated levels of pro-inflammatory cytokines associated with application of the drug.³
- This study was carried out to assess correlations between influenza-like symptoms and cytokine levels in patients who applied imiquimod cream to their skin for 14 days. Other variables that might influence emergence and severity of symptoms, including age, severity of local skin reactions, the amount of surface area involved, and the area of the body exposed were also evaluated.

METHODS

Design

Single-center open-label study.

Subjects

22 men and women with 5-20 AKs between 30 and 89 years of age.

Treatment

The designated treatment area (entire face or balding scalp; or chest or upper extremities) was cleansed with an approved cleanser and allowed to dry for 5 minutes prior to application of imiquimod 3.75% cream to a total are of 200 cm². The treatment period was 14 days.



Relationship Between Clearance of AKs and Influenza-like Symptoms

There was no apparent relationship between clearance on the occurrence of symptoms (**Table 3**).

Table 3. AK clearance in subjects with and without influenza-like symptoms

	No Systemic Symptoms				Systemic Symptoms						
	V1	V2	V3	V4	V5	ĺν	/1	V2	V3	V4	V5
SS											
LSR											
EL CYT											
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EL CYT											
SS						•	Fm	ntv ho	Xes (ar	av). en	hiect
LSR							 Empty boxes (gray): subject Yellow boxes: subject had no symptoms with a score of 2 or more. Pink boxes: Subject had at most one symptom scored a 				ad
EL CYT						ľ					ore of
SS											
LSR						•					d at
EL CYT											
SS							2 (modera	ate) and	d no sy	mp-
L SR							toms scored above 2. Red boxes: Subject had				
FL CYT						•					b
							more than one symptom scored at two or more or at least one symptom scored as a 3 (severe)				
LSR											

Endpoints

- Clearance of AKs.
- Frequency of symptoms indicative of an influenza-like response, including, fever, headache, fatigue, malaise, gastrointestinal symptoms, dizziness, myalgia, and arthralgia.
- Change from baseline at subsequent study visits (days 8, 15, 43, and 57 [end of study]) in:
- Cytokines interleukin (IL) -6, IL-8, IL-12, IL-13, IL-2 receptor (R), tumor necrosis factor- α (TNF), IFN- α , and IFN- γ
- Frequency of local skin reactions of erythema, scabbing/crusting, edema, erosion/ulceration, exudate, flaking/scaling/dryness and pruritus.

RESULTS

Systemic Symptoms during treatment	Baseline AK count, mean (median)	End of treatment AK count, mean (median)
Yes	14.0 (14.0)	2.9 (0.0)
No	13.7 (14.0)	2.4 (1.0)

Changes from Baseline in Cytokine Levels

- Twelve subjects had elevations in at least one cytokine at one or more post-baseline visits (**Table 4**).
- There were no apparent relationships between the occurrences of cytokine elevations and either the occurrence of influenza-like symptoms or local skin reactions (Figure 1).

Table 4. Cytokine elevations during treatment.

Subjects		Subject	Visit 1	Visit 2	Visit 3	Visit 4
 Characteristics of subjects enrolled and areas treated are summa- rized in Table 1. 		4	IL-2	IL-2	IL-2, IL-13	IL-2, IL-2R,
Clearance of AKs					12-13	
• All but one subject experienced either	7			IL-13	IL-13	
clearance of actinic keratoses with no more than 3 remaining in the treatment field.		8	IFN-γ	IFN-γ	IFN-γ	IFN-γ
Table 1. Subject characteristics		10		IL-2, IL-12	IL-2	IL-2, IL-12, IFN-γ
Characteristic	N=22	11	IL-6, IL-2R,	IL-6, IL-2R,	IL-6, IL-2R,	
Age (years)			IL-13	IL-13	IL-13	
Mean (standard deviation)	62.8 (8.99)	12			IL-13	
Median	59	10				
Age group, n (%)		13	IL-13		IL-13	
≥30 years to ≤59 years	12 (54.5)	15			IL-8. IL-13	
≥60 years to ≤ 89 years	10 (45.5)					
Sex, n (%)		18	IL-13			
Female	7 (31.8)	20		11 12		II 10
Male	15 (68.2)	20		IL-IS		IL-13
Area of Treatment n (%)		21	IL-13	IL-12		
Entire Face or Balding Scalp	11 (50.0%)					
Chest or Upper Extremities	11 (50.0%)	23		IL-8	IL-13	IL-13

CONCLUSION

- Treatment on the face led to more incidence of flu like symptoms in younger patients
- Elevations in pro-inflammatory cytokines did not appear to predict the development of either systemic symptoms or local skin reactions.
- Elderly patients treated on the body were less likely to develop reactions of the four groups.

REFERENCES

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ACKNOWLEDGMENTS

The author would like to recognize the contributions of AraMed Strategies Inc for scientific analysis and editorial support. Study funding was graciously provided by Ortho Dermatologics.