doi:10.36849/JDD.8639

Clindamycin Phosphate 1.2%/Adapalene 0.15%/Benzoyl Peroxide 3.1% Gel in Participants With Moderate-to-Severe Acne: The Patient Journey

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ABSTRACT

Introduction: Topical clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% (CAB) gel is the only fixed-dose, triple-combination formulation approved for acne treatment. In 3 clinical studies of participants with moderate-to-severe acne, CAB demonstrated superior efficacy to vehicle and component dyads, with good safety and tolerability. Detailed efficacy/safety data from individual clinical study participants are presented.

Methods: In two phase 3 (NCT04214652, NCT04214639) randomized, double-blind, 12-week studies, participants aged at least 9 years with moderate-to-severe acne were randomized to once-daily CAB or vehicle gel. Descriptive data—including lesion count changes, treatment success (at least 2-grade reduction from baseline in Evaluator's Global Severity Score and clear/almost clear skin), compliance, treatment-emergent adverse events (AEs), and cutaneous safety/tolerance assessments—were summarized from 6 CAB-treated cases.

Results: By week 12, all cases achieved >70% lesion reductions, 4/6 achieved treatment success, and 1/6 achieved a 2-grade reduction in severity. All cases were compliant with CAB treatment. No cases reported serious AEs. Transient increases occurred on cutaneous safety and tolerability assessments, with scores generally decreasing back to/below baseline levels by week 12.

Conclusions: In two phase 3 clinical trials, fixed-dose, triple-combination CAB demonstrated good efficacy/safety. All 6 CAB-treated cases achieved substantial (>70%) lesion reductions, with 5/6 achieving treatment success or 2-grade reduction in severity by week 12. Transient cutaneous safety/tolerability severity increases generally resolved to baseline values by week 12. These clinical study cases reinforce the importance of patient education regarding adherence, expectations, and AEs.

J Drugs Dermatol. 2024;23(11):1017-1024. doi:10.36849/JDD.8639

INTRODUCTION

Treatment of acne vulgaris is difficult due to its chronicity, long treatment time course, and low patient adherence.[1,2] The main treatment goal is to clear lesions quickly to manage and/or mitigate persistent sequelae such as scarring and/or dyspigmentation.[3]

Topical clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% (CAB; Cabtreo®; Ortho Dermatologics) gel is the only fixed-dose, triple-combination formulation approved for acne treatment. In 3 clinical studies of participants with moderate-to-severe acne, CAB demonstrated superior efficacy to vehicle and component dyads, with good safety and tolerability.[4,5] As clinical data may provide a limited perspective on individual participant experiences, detailed efficacy and safety data from 6 clinical study participants with moderate-to-severe acne are presented here to document their treatment journey with CAB.

METHODS

Study Design and Participants

Details of the two phase 3 randomized, double-blind, vehicle-controlled, 12-week studies (NCT04214639; NCT04214652) have been published previously.[5] In brief, eligible participants aged ≥9 years with moderate-to-severe acne were randomized (2:1) to once-daily treatment with CAB or vehicle gel. These studies were conducted in accordance with the principles of Good Clinical Practice and the Declaration of Helsinki and were approved by institutional review board/ethics committees at all sites. All participants or their legal guardians provided written informed consent.

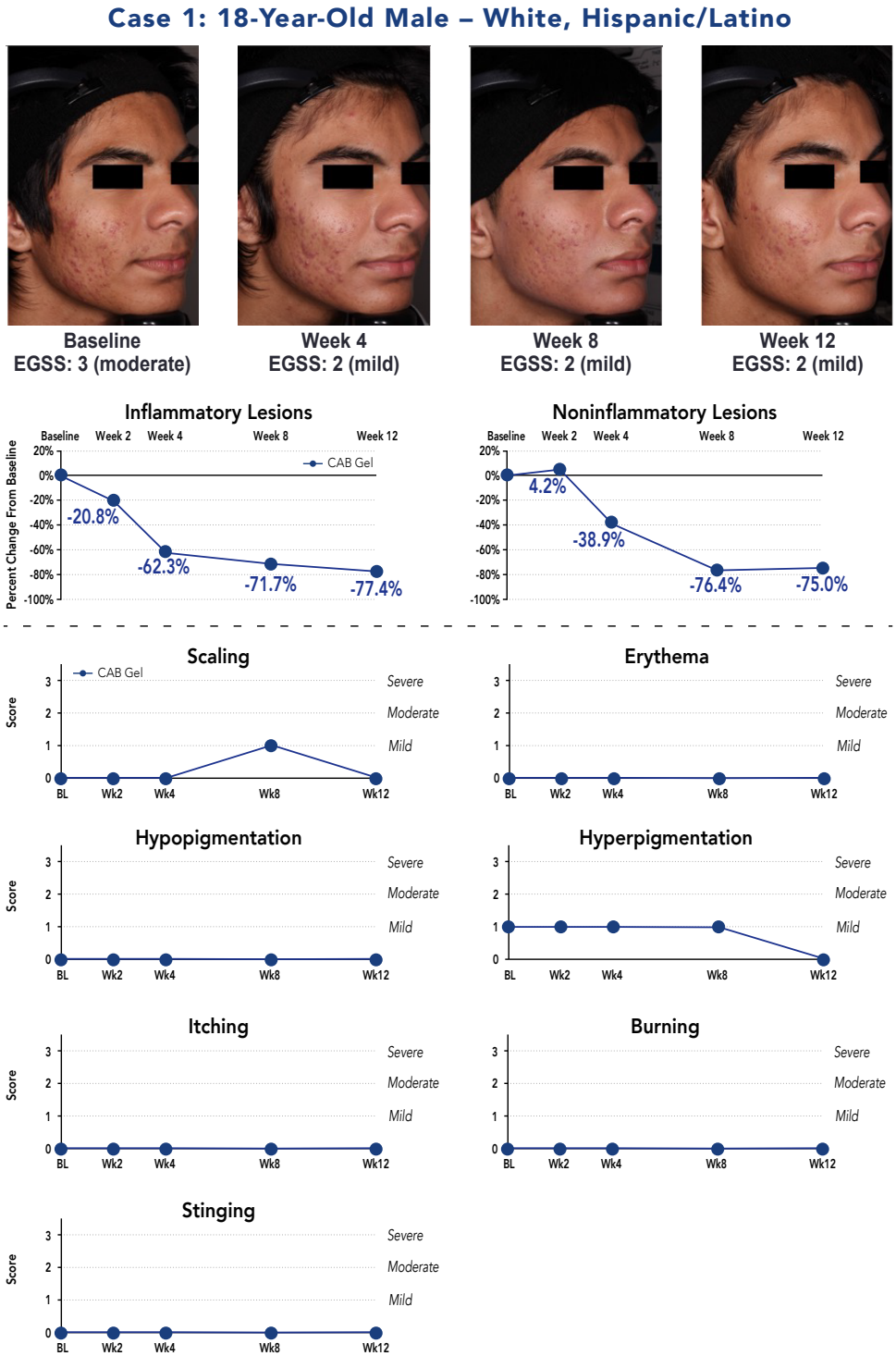
Study Assessments

Endpoints included percentage of participants achieving treatment success (≥2-grade reduction from baseline in Evaluator's Global Severity Score [EGSS] and clear/almost clear skin) and percent change from baseline in inflammatory/noninflamma-

tory lesion counts at week 12. Assessments occurred at baseline and weeks 2, 4, 8, and 12. Investigator-assessed cutaneous safety (scaling, erythema, hypopigmentation, hyperpigmentation) and participant-assessed tolerability (itching, burning, stinging) were scored using a 4-point scale (0=none to 3=severe). Treatment compliance was defined as participants not missing >5 consecutive days of dosing and applying 80%-120% of expected applications. Adverse events (AEs) were monitored throughout the studies.

Descriptive efficacy, safety, and tolerability data from selected cases who completed 12 weeks of CAB treatment are summarized.

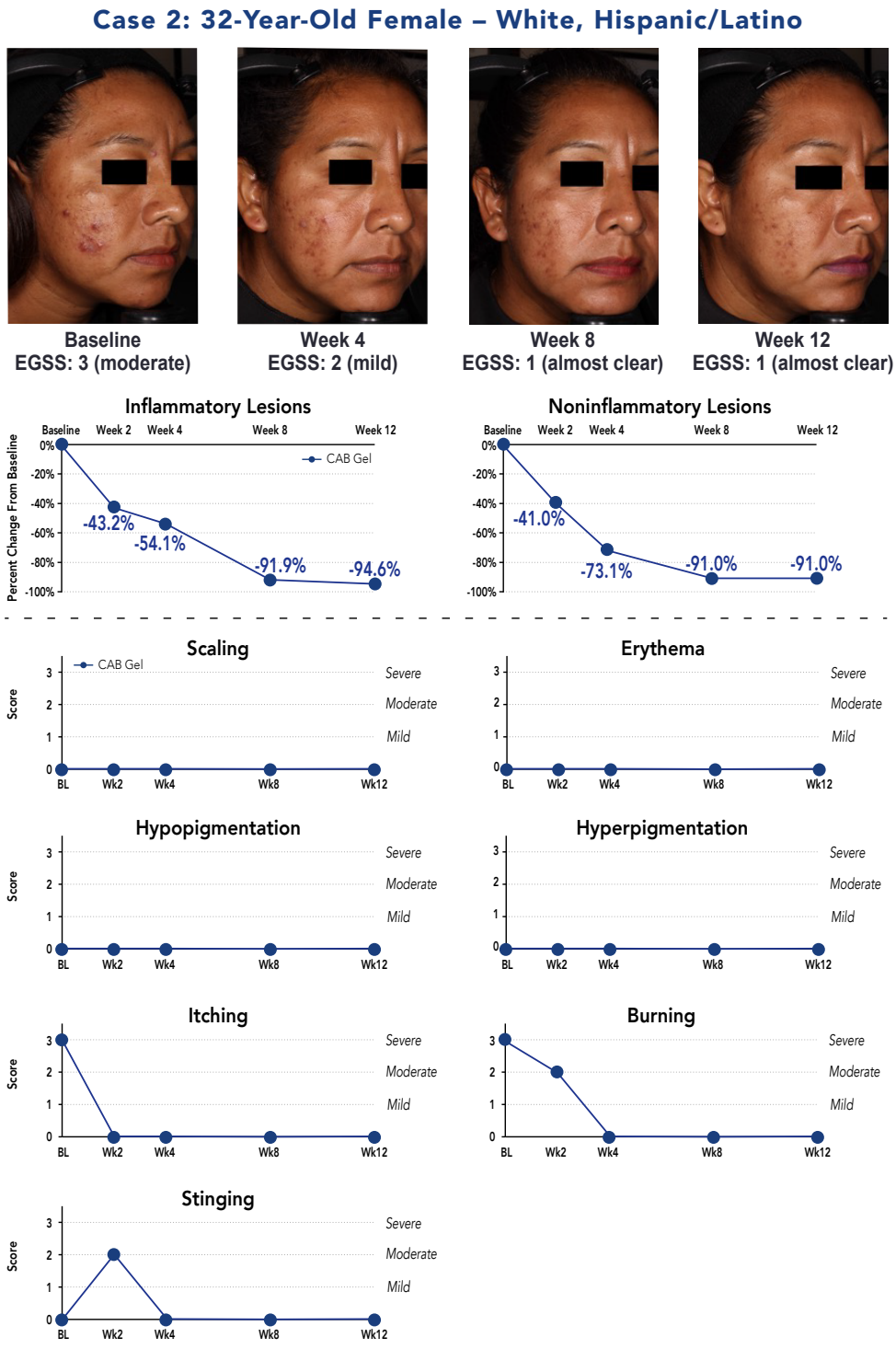
FIGURE 1. Photographs, acne severity, treatment efficacy, and cutaneous safety/tolerability by visit for 6 CAB-treated cases.



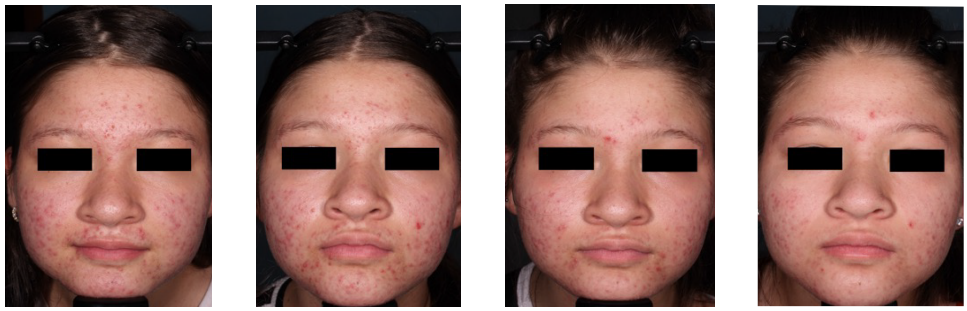
RESULTS

Photographs, efficacy results, and cutaneous safety/tolerability assessments are shown for 6 CAB-treated cases by visit in Figure 1. Demographic characteristics and EGSS are presented with photographs (none were taken at week 2). Three cases were female. Four cases self-identified as White, 2 as Asian, and 2 as Hispanic/Latino. Ages ranged from 13 to 32 years. All cases were compliant with CAB treatment (100%, n=4; 97.4%, n=1 [case 2]; 94.3%, n=1 [case 4]). By week 12, all cases achieved >70% acne lesion reductions, and 5/6 achieved either treatment success or a 2-grade reduction in acne severity.

One case (case 4) reported a treatment-related treatment-emergent AE (TEAE; mild application site dermatitis on treatment day 5 that resolved by day 77), and none reported serious AEs. While patterns in cutaneous safety/tolerability were



Case 3: 13-Year-Old Female – Asian, Non-Hispanic/Latino

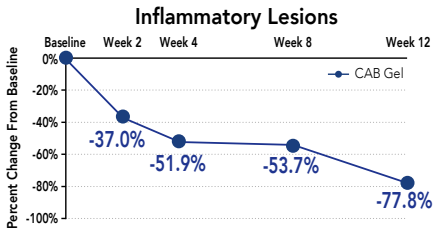


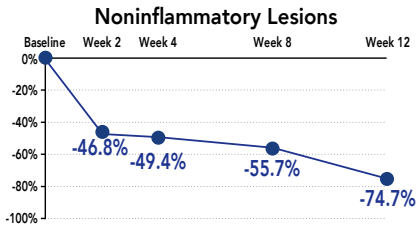
Baseline
EGSS: 4 (severe)

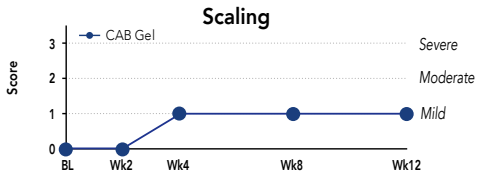
Week 4
EGSS: 3 (moderate)

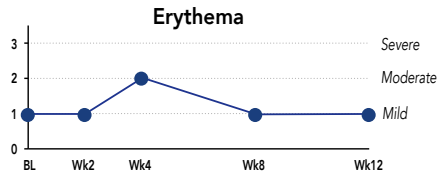
Week 8
EGSS: 3 (moderate)

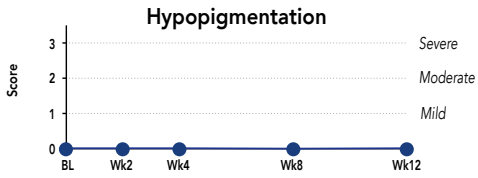
Week 12
EGSS: 2 (mild)

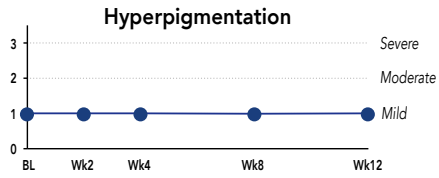


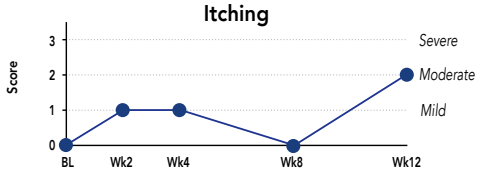


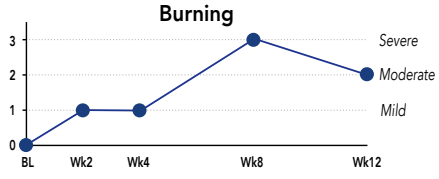


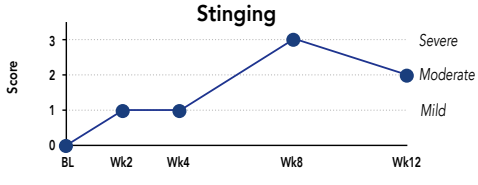




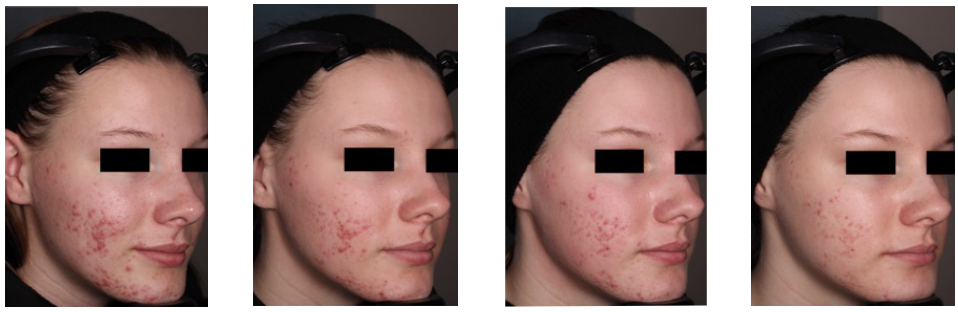








Case 4: 18-Year-Old Female – White, Non-Hispanic/Latino

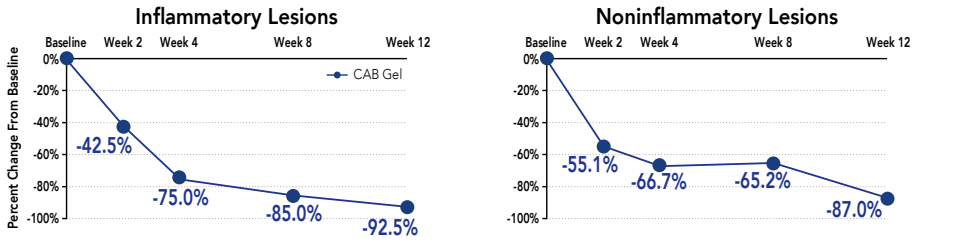


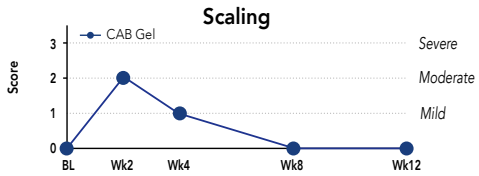
Baseline
EGSS: 3 (moderate)

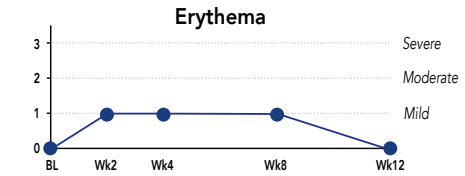
Week 4
EGSS: 3 (moderate)

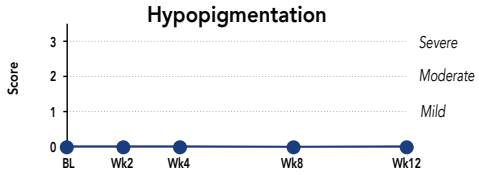
Week 8
EGSS: 2 (mild)

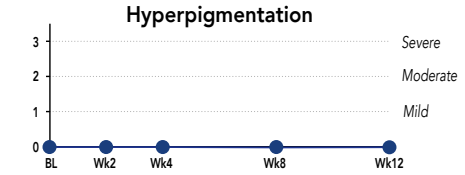
Week 12
EGSS: 1 (almost clear)

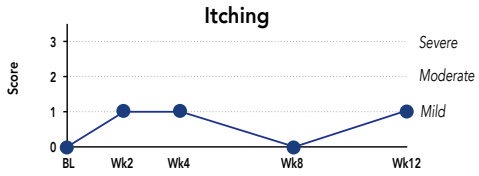


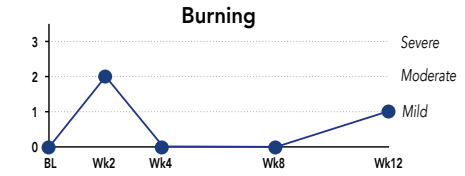


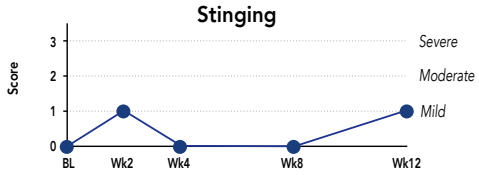




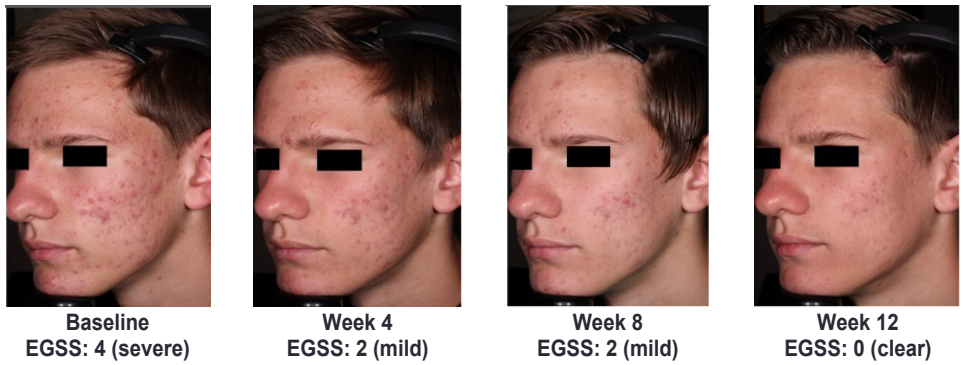








Case 5: 16-Year-Old Male – White, Non-Hispanic/Latino

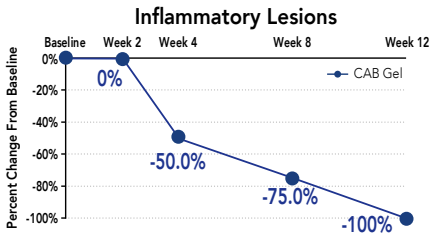


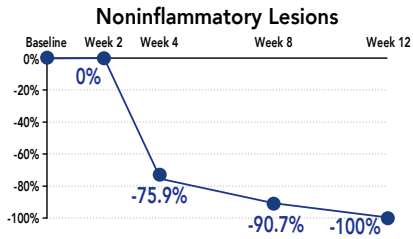
Baseline
EGSS: 4 (severe)

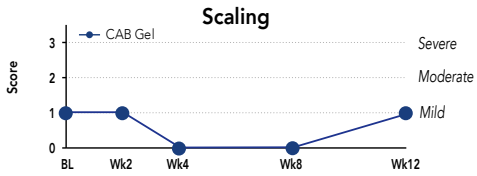
Week 4
EGSS: 2 (mild)

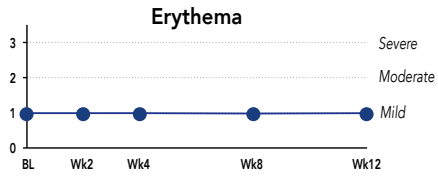
Week 8
EGSS: 2 (mild)

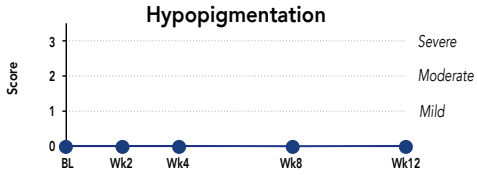
Week 12
EGSS: 0 (clear)

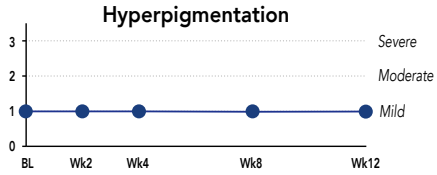


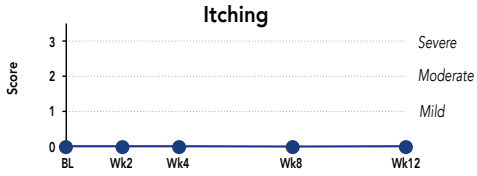


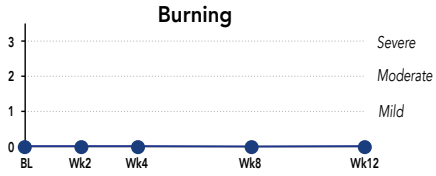


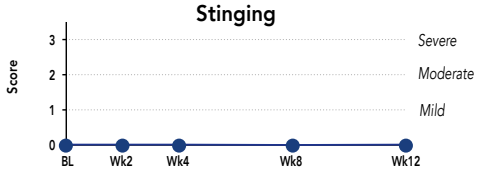










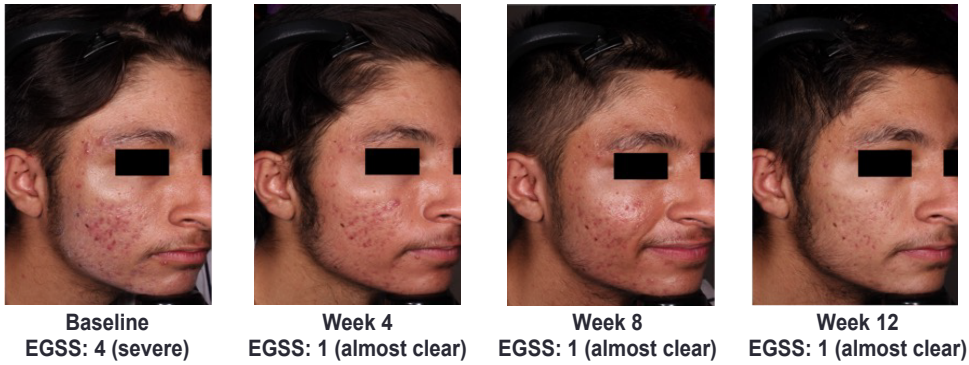


variable across cases, transient increases in cutaneous effects with CAB generally resolved to baseline values within 8 to 12 weeks of treatment.

DISCUSSION

Acne pathophysiology is a multifactorial process.[2] Clearing lesions rapidly to manage and/or mitigate persistent sequelae is the main treatment goal.[3] US guidelines recommend treatments

Case 6: 18-Year-Old Male – Asian, Non-Hispanic/Latino

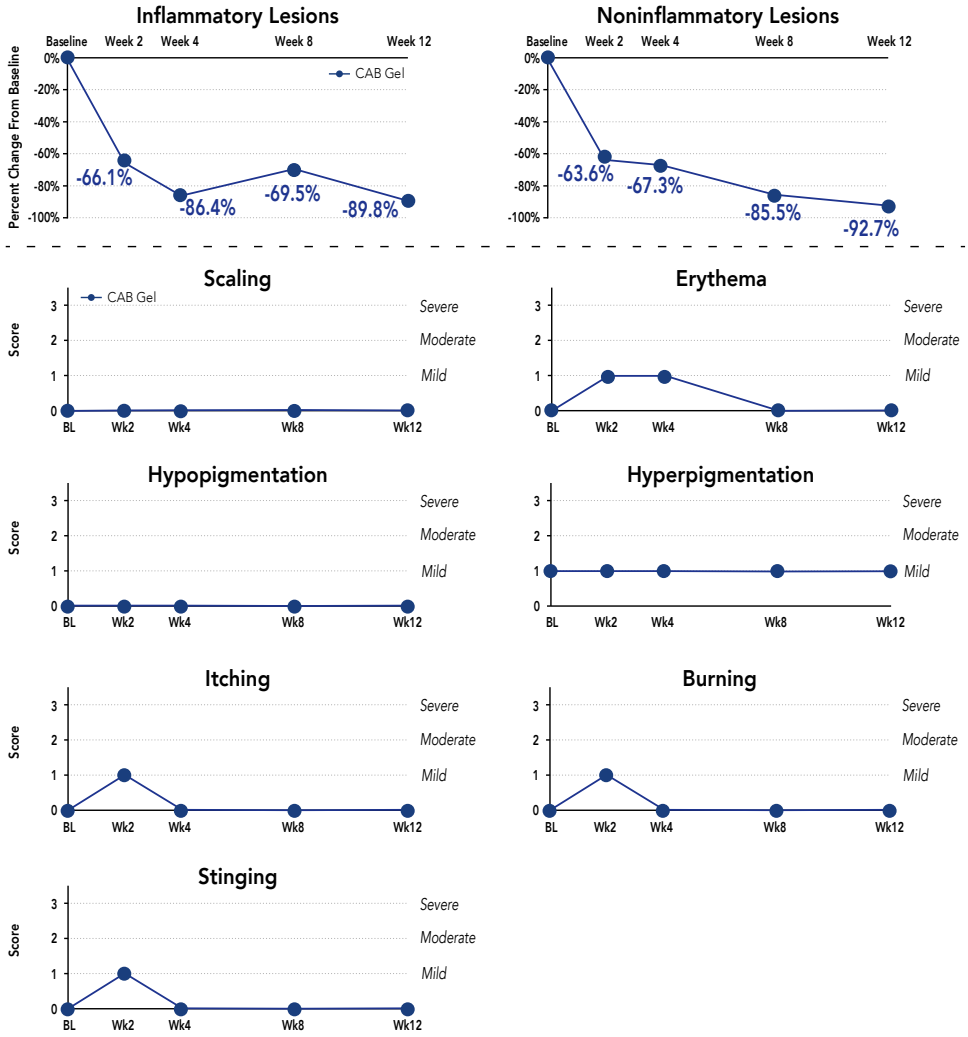


Baseline
EGSS: 4 (severe)

Week 4
EGSS: 1 (almost clear)

Week 8
EGSS: 1 (almost clear)

Week 12
EGSS: 1 (almost clear)



Individual results may vary.
Photographic Images Copyright 2024.
BL, baseline; CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% gel; EGSS, Evaluator's Global Severity Score; wk, week.

combining multiple mechanisms of action, with strong recommendations for topical retinoids, BPO, and/or antibiotics (antibiotic monotherapy is not recommended).[2] Unfortunately, treatment adherence is poor due to complex regimens, lack of efficacy, adverse effects, or unrealistic treatment expectations.[1,6] Simplifying topical regimens into a single fixed-dose, once-daily treatment may improve adherence.[1]

CAB, the only approved triple-combination topical for acne, addresses 3 of the 4 pathophysiologic acne processes.[2,7-9] Two recent meta-analyses determined that CAB and/or triple combinations like CAB that include BPO, a retinoid (topical), and an antibiotic (oral or topical) are among the most effective acne treatments.[10,11] In two phase 3 clinical studies, 50% of participants achieved treatment success with CAB, and all CAB-treated participants had >70% reductions in inflammatory/noninflammatory lesion counts at week 12.[5] CAB also rapidly and significantly reduced lesion counts from baseline versus vehicle as early as weeks 2 and 4.[12] All 6 CAB-treated cases achieved substantial (>70%) lesion reductions, with 5 of 6 achieving treatment success or a 2-grade reduction in acne severity by week 12. Additionally, 4 of 6 cases had >35% lesion reductions as early as week 2, and 2 of 6 achieved a ≥2-grade severity reduction by week 4.

When combining multiple active ingredients for acne treatment, there is the risk of increased AEs. CAB has demonstrated safety in the phase 3 studies, with most TEAEs being of mild-to-moderate severity and low discontinuation rates due to TEAEs (<4%).[5] One CAB-treated case shown here reported a TEAE, and none reported serious AEs. Although patterns in cutaneous safety/tolerability were variable across cases, severity increases were transient and generally returned to baseline values within 2 months of treatment, similar to what was observed in the phase 3 populations.[5] This may be due to the CAB polymeric emulsion delivering the active ingredients in a moisturizing aqueous formulation, which may reduce irritation.[13]

CONCLUSION

Once-daily CAB gel provided rapid lesion reductions and was safe and well tolerated over 12 weeks in 6 cases with moderate-to-severe acne. These clinical study cases reinforce the importance of patient education regarding acne treatments, including the importance of adherence, managing patient expectations, and the potential for increased, often transient, cutaneous effects.[3]

DISCLOSURES

Hilary Baldwin has served as advisor, served as investigator, and served on speakers bureaus for Almirall, Cassiopea, Foamix, Galderma, Ortho Dermatologics, Sol Gel, and Sun Pharma. Julie Harper has received honoraria from Almirall, Galderma, LaRoche-Posay, Ortho Dermatologics, and Sun Pharma. Joshua A Zeichner has served as advisor, consultant, or speaker for AbbVie, Allergan, Dermavant, Dermira, EPI Health, Galderma, Incyte, Johnson & Johnson, L'Oreal, Ortho Dermatologics, Pfizer, Procter & Gamble, Regeneron, Sun Pharma, UCB, Unilever, and Vyne. Zoe Draelos has received funding from Ortho Dermatologics. Lawrence Eichenfield has received honoraria for consulting services from AbbVie, BMS, Almirall, Amgen, Arcutis, Dermata, Dermira, Dermavant, Eli Lilly, Forte Pharma, Galderma, Incyte, Johnson & Johnson, Novartis, Pfizer, Regeneron Pharmaceuticals, Inc., Sanofi Genzyme, and Ortho Dermatologics and study support (to institution) from AbbVie, Amgen, Bausch Health, Dermata, Dermira, Eli Lilly, Galderma, Incyte, Pfizer, Regeneron Pharmaceuticals, Inc., and Sanofi Genzyme. Michael Gold has acted as an investigator, advisor, speaker, and consultant for Ortho Dermatologics. Linda Stein Gold has served as investigator/consultant or speaker for Ortho Dermatologics, LEO Pharma, Dermavant, Incyte, Novartis, AbbVie, Pfizer, Sun Pharma, UCB, Arcutis, and Lilly. Leon Kircik has served as either a consultant, speaker, advisor, or an investigator for Allergan, Almirall, Epi Health, Galderma, Novartis, Ortho Dermatologics, and Sun Pharma.

ACKNOWLEDGMENTS

Medical writing and editorial support were provided by Lynn M. Anderson, PhD, of Prescott Medical Communications Group, a Citrus Health Group, Inc., company (Chicago, IL) with support from Ortho Dermatologics. Ortho Dermatologics is a division of Bausch Health US, LLC.

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