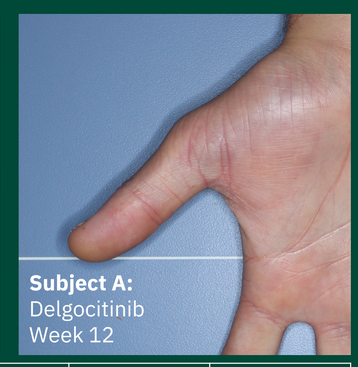
HRQoL and Work Productivity Improvements with Topical Delgocitinib vs Oral Alitretinoin in Chronic Hand Eczema: Phase 3 DELTA FORCE Results

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Subject A: study outcomes	**Week 0**	**Week 12**	**Week 24**
WPAI work productivity loss	90	64	0
WPAI activity impairment	90	10	0
HEIS	3.4	0.2	0.1
DLQI	19	2	1

Conclusions

- Treatment of severe CHE with delgocitinib cream 20 mg/g reduced productivity loss and activity impairment, and improved CHE-specific, dermatology-specific and generic HRQoL with the maximum effects achieved already after 4 to 8 weeks of treatment.
- The topical pan-Janus kinase inhibitor Delgocitinib achieved significantly larger improvements in all outcomes compared with oral alitretinoin after 24 weeks of treatment.
- The results from this study, together with findings from the pivotal trials, support delgocitinib as a valuable treatment option after inadequate response to, or inadvisability of, TCS in moderate to severe CHE.

Objectives

- To assess changes in work productivity, daily activity and different dimensions of health-related quality of life (HRQoL) among patients with severe Chronic Hand Eczema (CHE) after treatment with delgocitinib cream compared with oral alitretinoin.

Background

- CHE occurs in ~5% of western populations[1] and can negatively affect both HRQoL and functional ability, including work capacity.[2-6]
- For those with moderate to severe CHE (~50% of all CHE[7]), the standard treatment is topical corticosteroids (TCS)[8]; however, TCS is suboptimal for an estimated 10% of these patients due to side-effects or inadequate treatment effects.[7]
- Oral alitretinoin, which used to be the only approved alternative to TCS for those with severe CHE not benefitting from TCS, is teratogenic and associated with adverse effects that require regular monitoring.[8]
- The new delgocitinib cream, a pan-Janus kinase inhibitor, has shown good tolerability and superiority to both alitretinoin and a cream vehicle on clinical outcomes in phase 3 clinical trials.[9,10]

Methods

Detailed description of the DELTA FORCE trial is provided in Gimenez-Arnau et al.[9]

Trial Design (Fig 1): Phase 3, randomized, assessor-masked, active-controlled, parallel-group, multisite trial in 10 countries.

Study participants: Adults with severe CHE as determined by the Investigator's Global Assessment for Chronic Hand eczema (IGA-CHE) who had either inadequate treatment response to TCS or for whom TCS were medically not advisable.

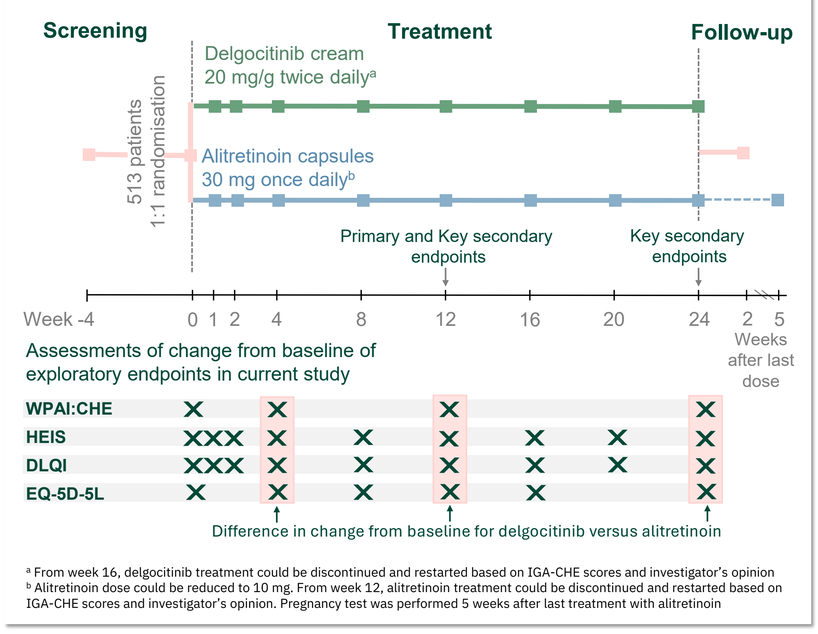
Outcomes (exploratory):

- Percent impairment in work productivity and daily activity by the Work Productivity and Activity Impairment (WPAI) instrument adapted to CHE (WPAI:CHE) among participants with paid employment at baseline. Change as percentage points.
- CHE-specific HRQoL by the Hand Eczema Impact Scale (HEIS; 0 = no impact, 4 = extremely large impact on HRQoL).
- Dermatology-specific HRQoL by the Dermatology Life Quality Index (DLQI; 0 = no impact, 30 = maximum impact on HRQoL).
- Generic health status by EQ-5D-5L index score (0= theoretically dead, 1= full health).

Statistical Analyses

- The composite estimand was used (see Gimenez-Arnau et al.)[9]. Outcomes were analyzed using ANCOVA models including treatment and hyperkeratotic versus non-hyperkeratotic subtype as fixed effects. For each outcome, the corresponding baseline value was included as a covariate when available. Model-based estimates were obtained from least-squares means (LS-means).

Figure 1 DELTA FORCE trial design



[a] From week 16, delgocitinib treatment could be discontinued and restarted based on IGA-CHE scores and investigator's opinion
[b] Alitretinoin dose could be reduced to 10 mg. From week 12, alitretinoin treatment could be discontinued and restarted based on IGA-CHE scores and investigator's opinion. Pregnancy test was performed 5 weeks after last treatment with alitretinoin

Results

Patient characteristics and baseline data

- Most participants were females and more than 90% lived in Europe.
- Approximately one quarter of those employed had been home from work due to CHE over the past year.
- Proportions reporting occupationally relevant trigger factors (>20%) and onset/worsening of symptoms at work (~30%) indicate that occupational exposure was a considerable risk factor.
- Disease burden was high with on average >40% loss in work productivity and very large effect on dermatology-specific HRQoL based on DLQI score.
- Characteristics and baseline values were comparable between the delgocitinib and alitretinoin treatment groups.

Table 1 Patient characteristics and study outcomes for the full analysis set at baseline

	Delgocitinib, n=250	Alitretinoin, n=253
Age, mean (SD)	45.2 (13.8)	43.8 (14.5)
Females, n (%)	164 (65.6)	163 (64.4)
Region, n (%)		
France	13 (5.2)	16 (6.3)
Germany	63 (25.2)	72 (28.5)
Italy	13 (5.2)	9 (3.6)
Poland	89 (35.6)	90 (35.6)
Spain	35 (14.0)	26 (10.3)
Other European countries	14 (5.6)	12 (4.7)
Canada	23 (9.2)	28 (11.1)
Duration of CHE in years, mean (SD)	9.2 (10.4)	8.2 (10.0)
Employed (full or part time)	201 (80.7[a])	204 (80.6)
If employed, sick leave due to CHE past year, n (% of employed)	47 (23.4)	57 (27.9)
Trigger factor with occupational relevance, n (%)	56 (22.4)	54 (21.3)
Onset/worsening of symptoms at work, n (%)	74 (29.6)	73 (28.9)
Outcomes at baseline, n; mean (SD)		
WPAI Work productivity loss[b]	159; 41.06 (28.58)	165; 43.13 (28.49)
WPAI Activity impairment[b]	184; 49.5 (26.20)	189; 51.7 (25.24)
HEIS	231; 2.40 (0.81)	237; 2.51 (0.76)
DLQI	230; 12.7 (6.35)	236; 12.9 (6.07)
EQ-5D-5L	230; 0.674 (0.227)	236; 0.632 (0.259)

[a] n=253 due to employment status missing for 1 participant; [b] participants with paid employment only

HRQoL

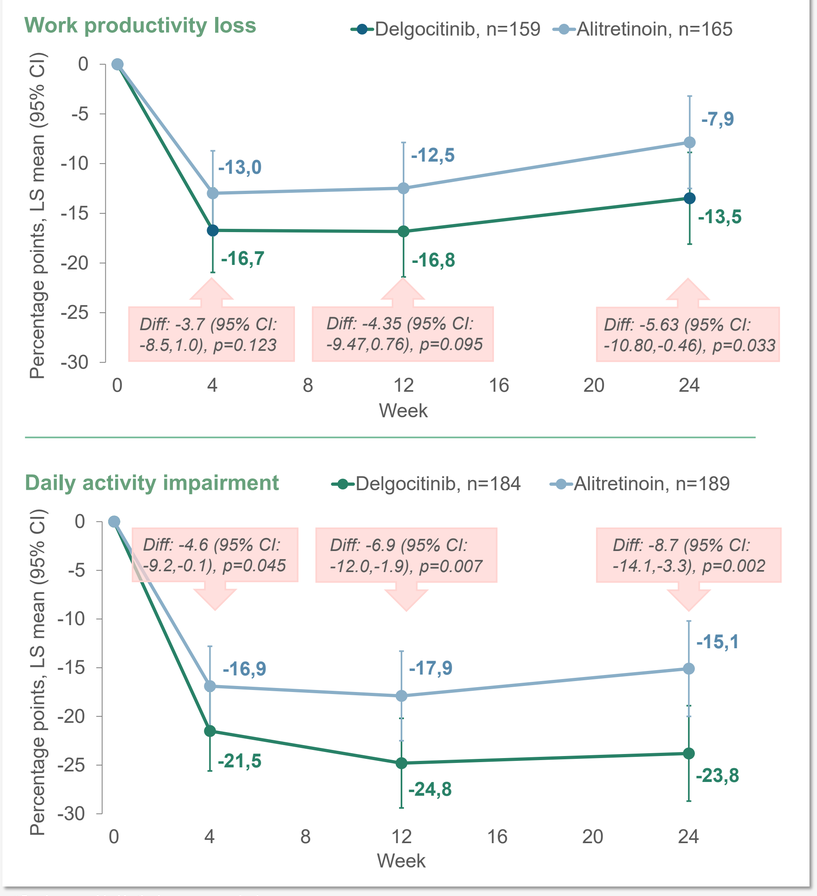
- Treatment with delgocitinib showed larger reductions in HEIS and DLQI scores and larger increase in EQ-5D-5L index score compared with alitretinoin, indicating more improvement in HRQoL.
- The difference was significant for HEIS and DLQI at week 4, 12 and 24 and for EQ-5D-5L at week 4 and 24.
- The maximum effect of delgocitinib was reached after 4 to 8 weeks.

WPAI:CHE

- Treatment with delgocitinib resulted in larger reductions in work productivity loss and daily activity impairment (i.e. more improvement) compared with alitretinoin.
- The difference was significant at week 24 for work productivity loss and at week 4, 12 and 24 for daily activity impairment.

Fig 2 Change from baseline in WPAI:CHE

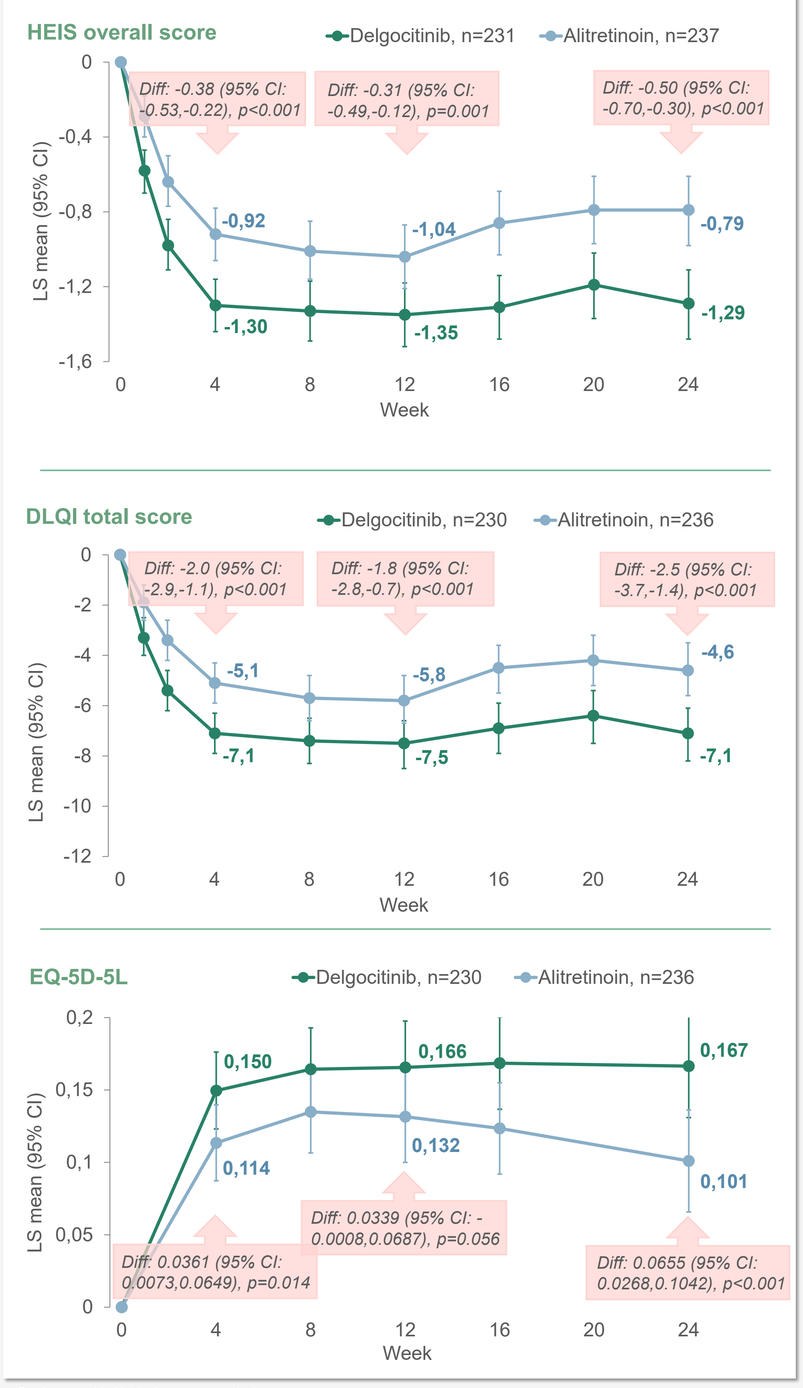
Differences in changes between delgocitinib and alitretinoin at week 4, 12 and 24 is provided in pink boxes[a]



[a] P-values provided in the boxes are nominal

Fig 3 Change from baseline in HRQoL

Differences in changes between delgocitinib and alitretinoin at week 4, 12 and 24 is provided in pink boxes[a]



[a] P-values provided in the boxes are nominal

References 1. Apfelbacher C et al. Br J Dermatol 2025; 192: 1047-54; **2.** Quaade AS et al. Contact Dermatitis 2023; 89: 453-63; **3.** Cazzaniga S et al. Contact Dermatitis 2018; 79: 136-48; **4.** Fowler JF et al. J Am Acad Dermatol 2006; 54: 448-57; **5.** Armstrong Aet al. Am J Clin Dermatol 2022; 23: 287-300; **6.** Oosterhaven JAF et al. Contact Dermatitis 2018; 79: 10-9. **7.** Molin et al. Acta Derm Venereol 2026; 15:106:adv44493; **8.** Weisshaar E. Am J Clin Dermatol 2024;25(6):909-926; **9.** Giménez-Arnau et al. Lancet; 405(10490):1676-1688; **10.** Bissonnette R et al. Lancet 2024;404(10451):461-473.

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Abbreviations HRQoL = Health-Related Quality of Life; CHE = chronic hand eczema; TCS = topical corticosteroids; WPAI:CHE =Work Productivity and Activity Impairment instrument adapted to CHE; HEIS = Hand Eczema Impact Scale (HEIS); DLQI = Dermatology Life Quality Index (DLQI); LS = least squares; CI = confidence interval; diff = difference (refers to delgocitinib versus alitretinoin).

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