

Results of the REALISE (Real-life Use and Safety of EPIT) Study: A Multicenter Blinded Randomized Controlled Trial Investigating the Safety of Epicutaneous Immunotherapy for Peanut Allergy in Peanut-Allergic Children

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Disclosures

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Study Aims to Assess Safety of EPIT for Peanut Allergy in Children 4 to 11 Years of Age

- Epicutaneous immunotherapy (EPIT) with Viaskin Peanut 250 µg (VP250) is currently being investigated as a potential treatment option for peanut-allergic children aged 4 to 11 years
- This Phase 3 study was designed to assess the safety of VP250 over a 36-month treatment period in a trial population that approximated its anticipated real-world use
- Results presented here are from the 6-month blinded period

REALISE: Phase 3 Study of EPIT for Peanut Allergy in Children in Anticipated Real-World Use Setting¹⁻³

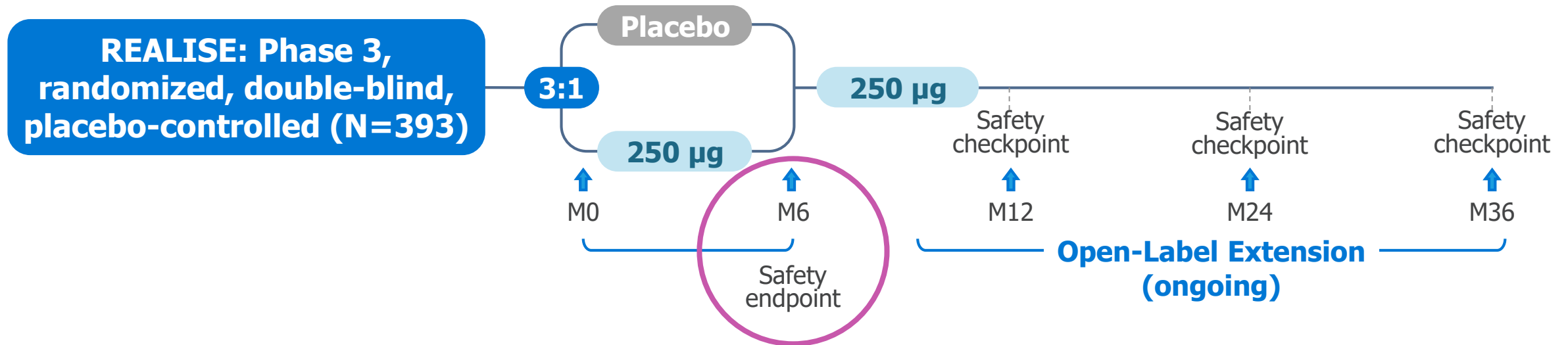
Participants were selected based on criteria used in usual real-world medical practice for peanut allergy diagnosis

Target enrollment and entry criteria

- **393 patients aged 4–11 years** with history of IgE-mediated reactions to peanut, **including those with history of severe anaphylaxis (n=14)**
 - **Severe anaphylaxis** defined as food-induced anaphylaxis reaction of Grade 3, including any one of the following symptoms: hypoxia, hypotension (>20% drop in blood pressure), bradycardia, cardiac arrest, cardiovascular collapse, cyanosis or SpO₂ ≤92% at any stage, neurological compromise, confusion, loss of consciousness, and incontinence⁴
- **32 centers** in the United States and Canada
- **Confirmed peanut allergy** by SPT (≥8 mm) and sIgE levels (≥14 kU/L)
- **No entry food challenge** required

1. DBV Technologies. Press release. November 20, 2017. https://media.dbv-technologies.com/d286/ressources/_pdf/5/4305-PR_REALISE-11-20-2017-ENG-PDF.pdf. Accessed January 31, 2020. 2. ClinicalTrials.Gov. NCT02916446. <https://clinicaltrials.gov/ct2/show/NCT02916446?term=NCT02916446&rank=1>. Accessed January 31, 2020. 3. DBV Technologies. Data on file, 2018. 4. Brown SG. *J Allergy Clin Immunol*. 2004;114(2):371-376.

REALISE Study Design and Safety Data Collection¹⁻³



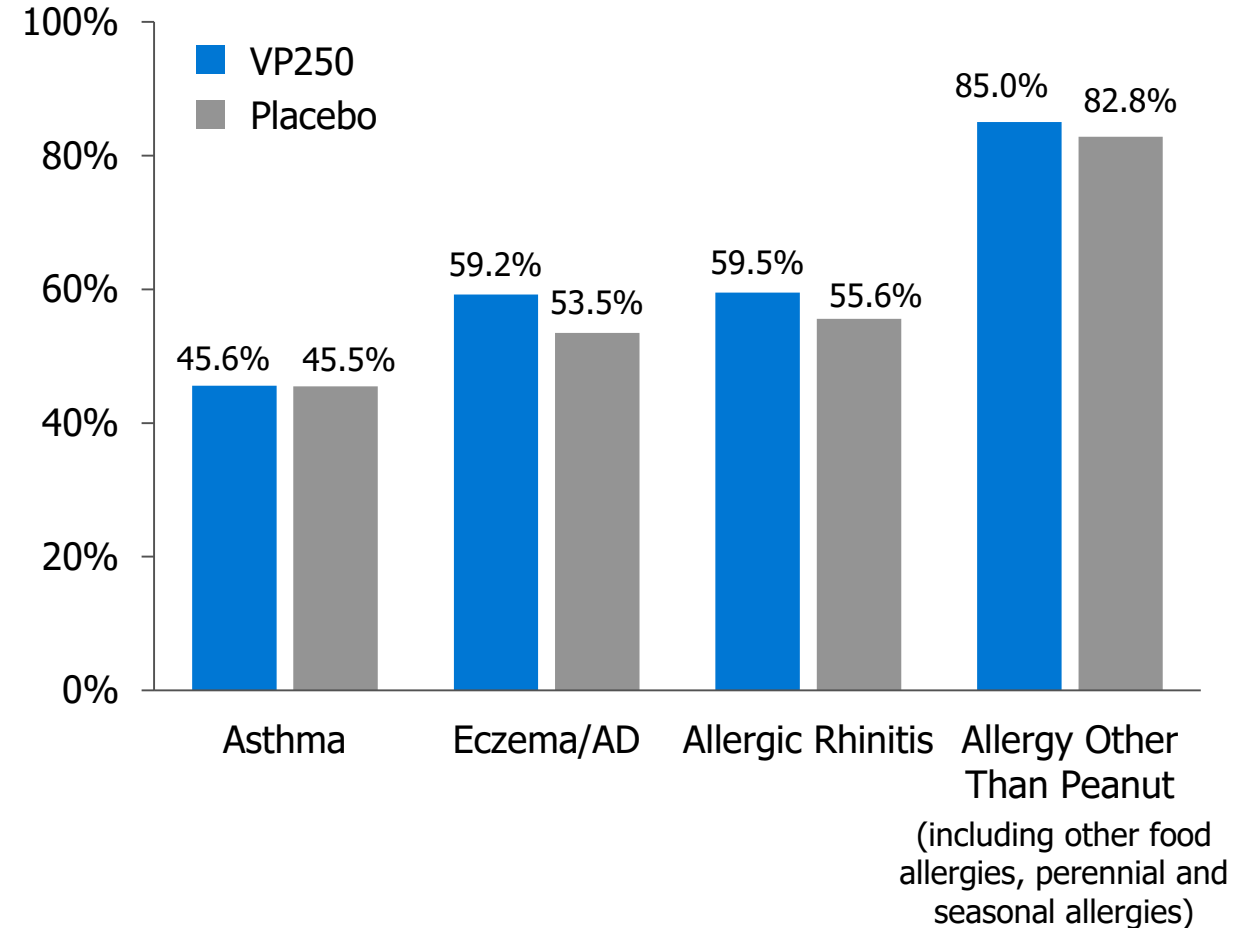
- **Safety data** were collected at specific time points by investigators, as well as throughout the course of treatment as documented in patient diaries
 - 3 prespecified administration site symptoms (local itching, redness, and swelling) were recorded and graded (mild, moderate, or severe) daily

Baseline Characteristics of Study Participants

Baseline Demographics

	VP250	Placebo	Total
Randomized (N)	294	99	393
Age, mean (y)	7.2	7.2	7.2
Female (%)	44.2%	34.3%	41.7%
Median peanut-specific IgE (kU/L)	91.4	89.5	91.2
History of severe anaphylaxis (N)	10	4	14 (3.6%)

Medical History



High Compliance and Low Discontinuations Due to Treatment-Emergent Adverse Events (TEAEs)

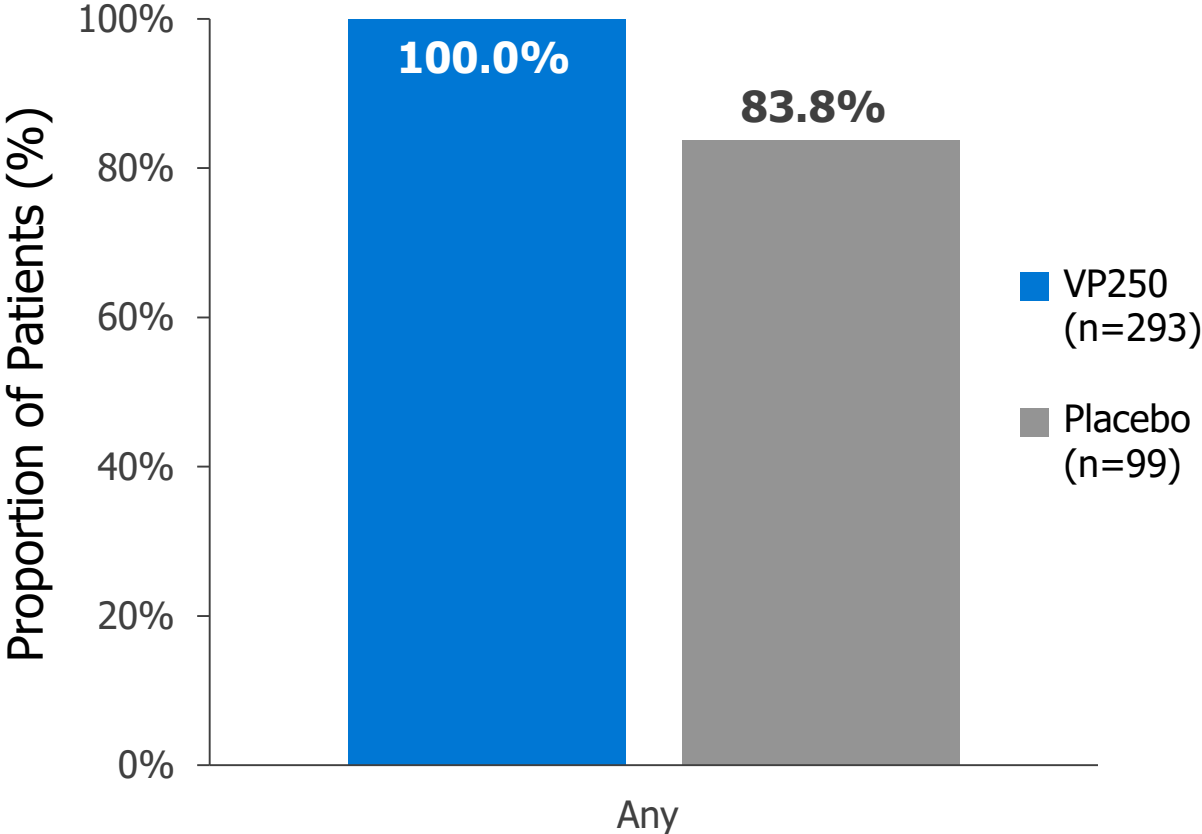
- Compliance remained high at ~98% throughout the 6-month, double-blind study period
- TEAEs leading to study discontinuation were infrequent (1.7% in VP250 group) and included 2 cases of moderate anaphylaxis, 1 case of application site reactions, 1 case of urticaria, and 1 case of mild induration at patch site
 - Other reasons for discontinuation among the total study population included lost to follow-up (0.5%), physician decision (0.3%), and withdrawal of consent (0.8%)

	VP250	Placebo	Total
Compliance (%)	98.3	97.9	98.2
Withdrawals (N)	9 (3.1%)	1 (1%)	10 (2.5%)
Withdrawals due to TEAEs (N)	5 (1.7%)	0	5 (1.3%)

According to Patient Diaries, Most Patients Experienced Local Reactions

- Nearly all patients reported local skin reactions of redness, itching, or swelling in their daily diaries

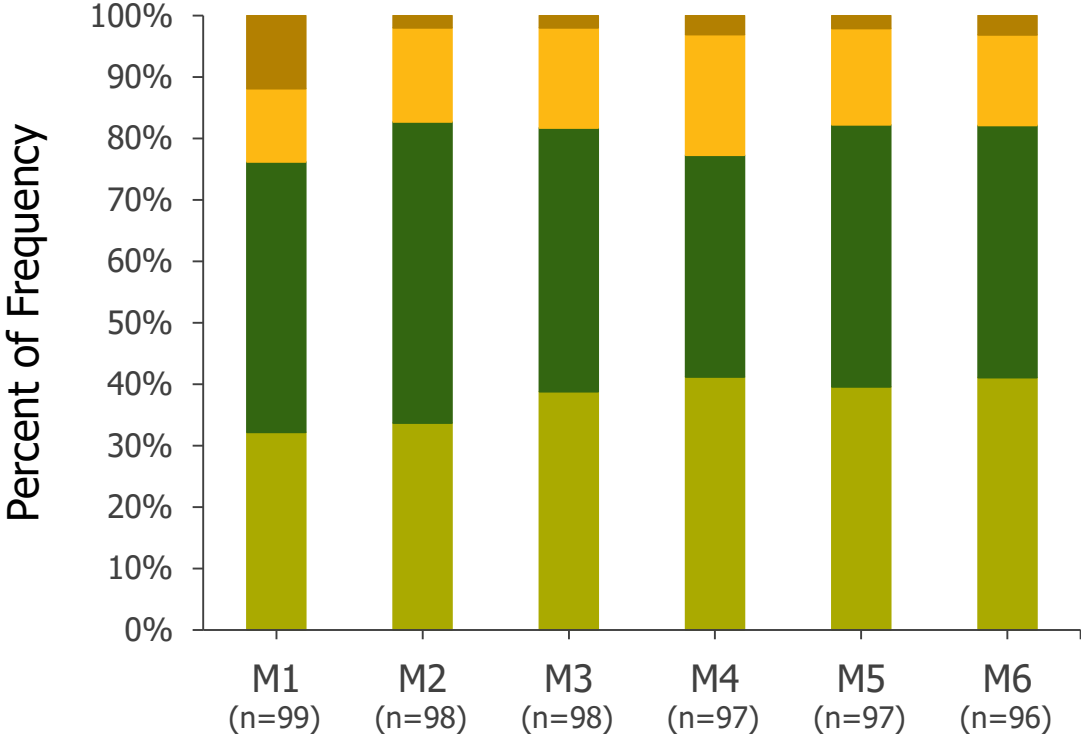
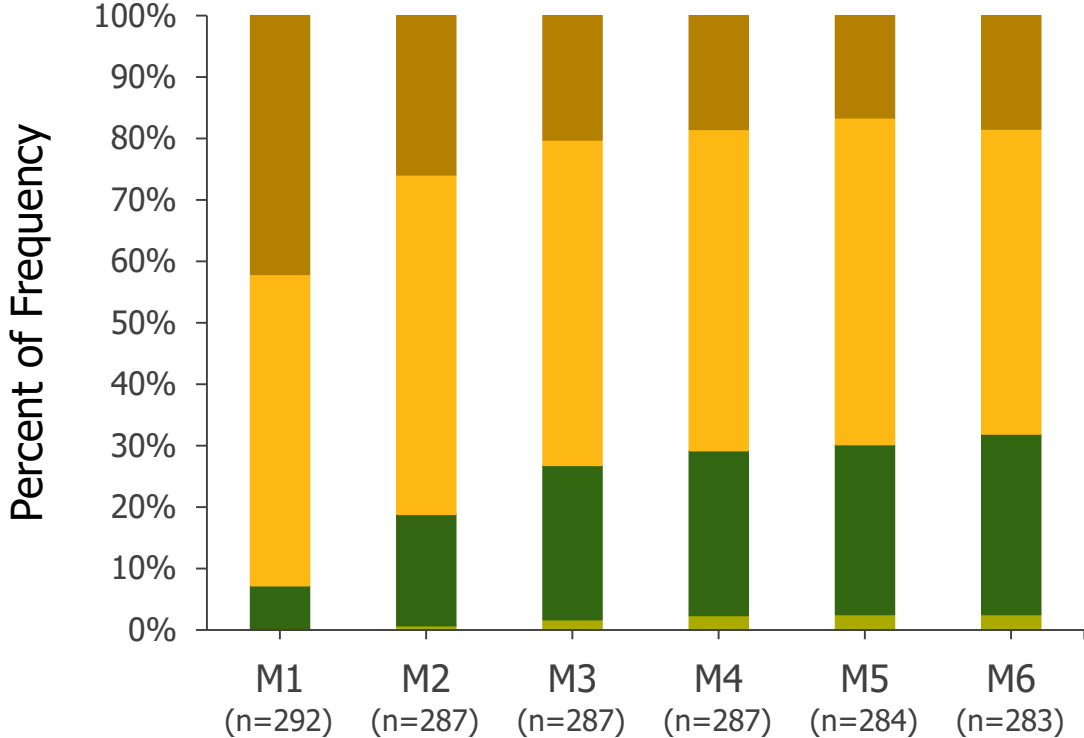
Frequency of Patient-Reported Local Symptoms



Local Skin Reactions Decreased in Severity Over Time

Local Reactions Over Time in VP250 Group

Local Reactions Over Time in Placebo Group

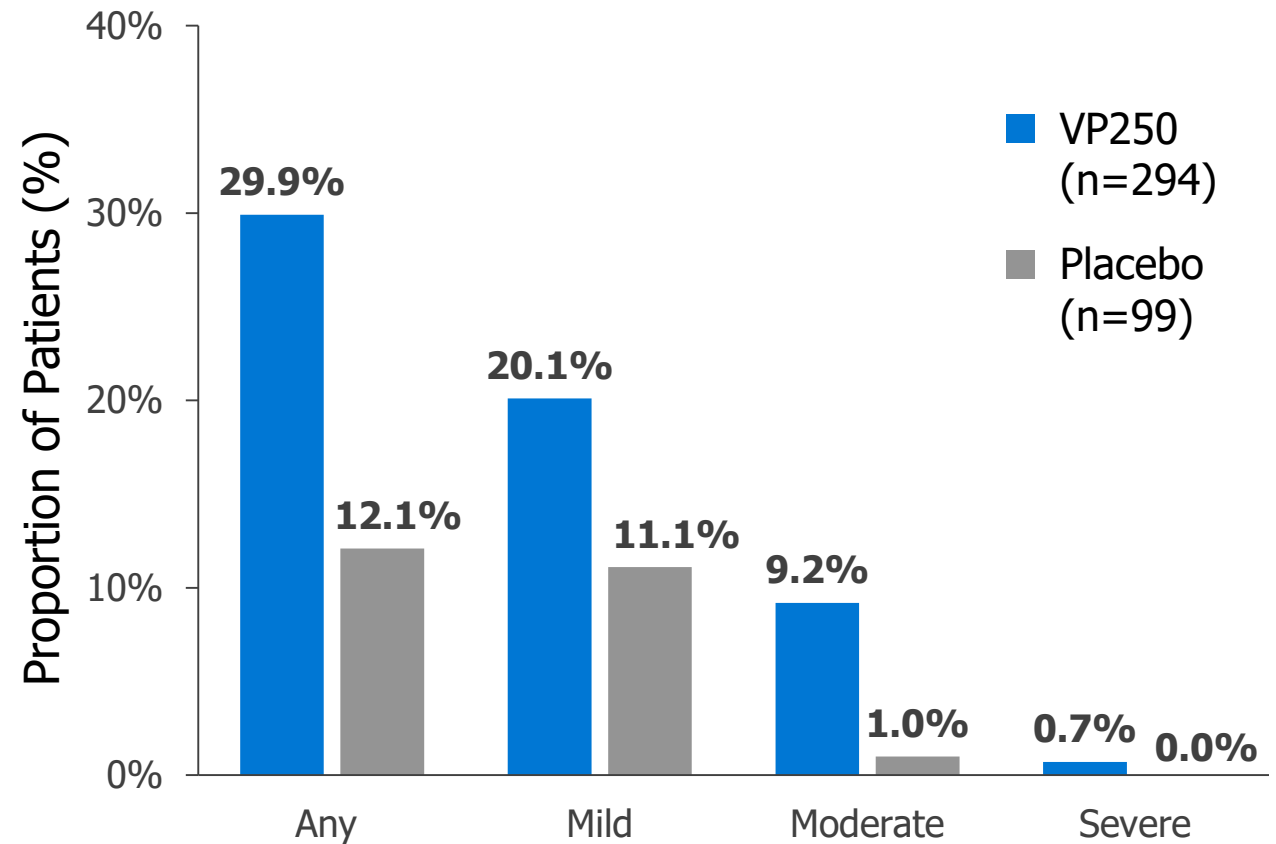


Grade 0 (negative)
 Grade 1 (only erythema, or erythema + infiltration)
 Grade 2 (erythema, few papules)
 Grade 3 (erythema, many or spreading papules)

The Majority of Treatment-Related TEAEs Were Mild or Moderate

- Most treatment-related TEAEs (ie, reactions reported as possibly related, probably related, or related as determined by the site investigator) were mild or moderate
- A low percentage of patients experienced severe treatment-related TEAEs
 - 2 (0.7%) patients in the VP250 group and none in the placebo group
- 1 serious treatment-related TEAE occurred in 1 (0.3%) patient in the VP250 group

Treatment-Related TEAEs



The Majority of Treatment-related TEAEs Were Local Administration Site Reactions

- The most common treatment-related administration site reactions in the VP250 and placebo groups, respectively, included*:
 - Eczema: 10.2% vs 5.1%
 - Discoloration: 3.1% vs 0%
 - Erythema: 2.0% vs 1.0%
 - Pruritus: 1.7% vs 1.0%

*During the 6-month double-blind period, 3 prespecified application site reactions (erythema [redness], pruritus [itching], and swelling) were reported and graded daily in the subjects' diaries. These 3 prespecified solicited symptoms were not recorded as an AE except if these symptoms were part of another concomitant disease or if these symptoms led to a subject's study discontinuation or serious AEs.

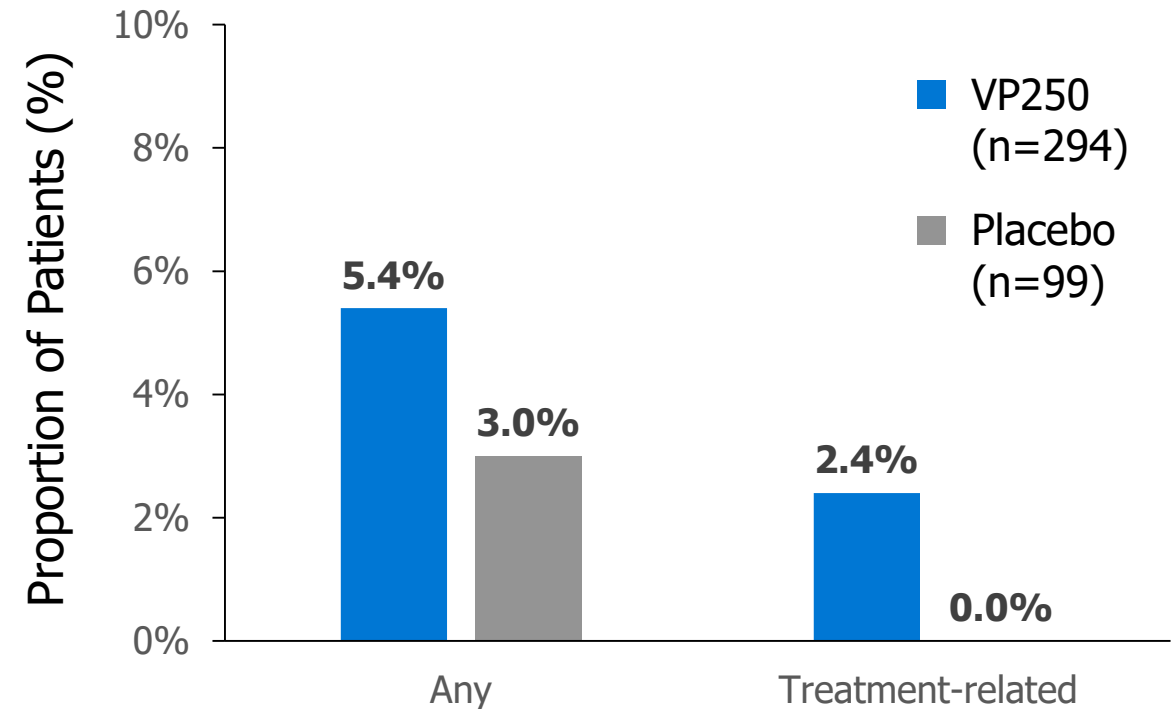
Treatment-Related TEAEs by System Class

	VP250 (n=294)	Placebo (n=99)
Administration site conditions	19.7%	8.1%
Skin and subcutaneous tissue disorders	8.8%	4.0%
Immune system disorders	5.1%	0.0%
Eye disorders	2.4%	1.0%
Infections and infestations	1.0%	0.0%
Gastrointestinal disorders	0.7%	1.0%
Respiratory, thoracic, and mediastinal disorders	0.7%	1.0%

Low Rates of Treatment-Related Epinephrine Use Were Observed

- TEAEs, regardless of treatment relatedness, leading to epinephrine administration occurred in 5.4% of VP250 patients and 3.0% of patients in the placebo group
- 7 (2.4%) patients in the VP250 group and no patients in the placebo group received epinephrine due to a treatment-related TEAE
 - 5 patients remained in the study
 - None had severe anaphylaxis
 - All occurrences were in patients without a history of severe anaphylaxis

Epinephrine Use



Summary

- This study assessed the **safety of EPIT with VP250 in peanut-allergic children** (based upon history, specific IgE, and SPT), in a setting that **approximated anticipated real-world use**, including **no restrictions based on prior reaction severity and no food challenges**
- **High compliance** and **low discontinuations due to TEAEs** were observed
- According to patient diaries, **most patients experienced local reactions**, which **decreased in severity over time**
- The **majority** of treatment-related TEAEs were **mild or moderate local administration site reactions**
- **Low rates of treatment-related epinephrine** use were observed
- Overall, **VP250 was observed to be well tolerated** in this population of peanut-allergic children, consistent with previous Phase 2b and 3 efficacy and safety studies