Pooled Results of Two, Phase 3 Studies With VP-102 for the Topical Treatment of Molluscum Contagiosum: ≥75% and ≥90% Clearance Rates for Treated Lesions in CAMP-1 and CAMP-2

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Proprietary drug-device combination not yet approved by FDA. Photo is for representative purposes only.







Two identical, multicenter, randomized, double-blind, vehicle-controlled trials were conducted to test the safety and efficacy of VP-102 in patients with molluscum contagiosum (MC).

- VP-102 is a drug-device combination containing 0.7% cantharidin (w/v) in a single-use applicator under investigation for the treatment of molluscum contagiosum.
- Here we review the data from a pooled analysis of patients in the CAMP-1 and CAMP-2 studies who achieved a lesion clearance rate of at least 75% or 90% by

≥75% Clearance of MC Lesions from Baseline to Day 84 (ITT Population)



Incidence of Treatment Emergent Adverse Events (TEAEs) ≥5%

	VP-102 (N=311)	Vehicle (N=216)
At Least One Incidence: N (%)		
Application Site Vesicles	298 (95.8)	63 (29.2)
Application Site Pain	193 (62.1)	36 (16.7)
Application Site Pruritus	169 (54.3)	75 (34.7)
Application Site Scab	147 (47.3)	47 (21.8)
Application Site Erythema	139 (44.7)	58 (26.9)
Application Site Discoloration	100 (32.2)	27 (12.5)
Application Site Dryness	63 (20.3)	31 (14.4)
Application Site Edema	29 (9.3)	10 (4.6)
Application Site Erosion	22 (7.1)	2 (0.9)

the end of the treatment period, Day 84 (pre-specified endpoints).

METHODS

- Qualified subjects ≥2 years old were consented, enrolled, and randomized 3:2 to VP-102 or vehicle.
- VP-102 or vehicle was applied to baseline and new lesions once every 21 days until total lesion clearance or up to 4 applications. The end-of-study (EOS) visit occurred on Day 84.

≥90% Clearance of MC Lesions from Baseline to Day 84 (ITT Population)



CONCLUSIONS

- As early as D21, ≥75% and ≥90% lesion clearance rates were statistically significantly higher for VP-102 treatment compared to vehicle.
- VP-102 was well-tolerated as evidenced by low AE-related discontinuation rates.
- These data are of clinical value because, even

Adverse events (AEs) were documented throughout study with a specific focus on local site reactions (LSRs), which were expected due to the pharmacodynamic action of cantharidin.

Exploratory objectives included the time course and percentage of patients (ITT population) with \geq 75% and \geq 90% lesion clearance rates.

without complete clearance, reduction of MC lesions may lead to a reduced viral burden, decrease auto-inoculation, and limit transmission to others.

Disclosures

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