# Phase 2 Safety and Efficacy of VP-102, a Drug-Device Combination Product Containing Cantharidin (0.7% w/v), for the Treatment of External Genital Warts (CARE-1)

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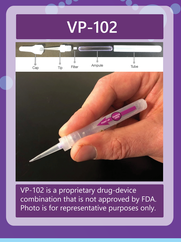



VP-102 is a proprietary drug-device combination that is not approved by FDA. Photo is for representative purposes only.

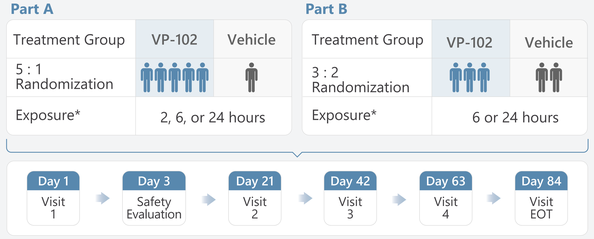
## INTRODUCTION

- External genital warts (EGW) are caused by the human papilloma virus, which is spread through direct skin-to-skin contact.[1]
- Approximately 1% of people in the US have EGW.[2]
- Cantharidin has been used to treat EGW for decades,[3] however the treatment remains unapproved by the FDA, with no reliable or controlled source available.

## METHODS

- This Phase 2, double-blind, vehicle-controlled trial included two parts (A and B, see Figure 1).
- The number of EGW was required to be between 2 and 30 and located within the medial thigh, supra-pubic area, and/or perianal area.
- The primary efficacy endpoint was measured by the percentage of subjects who had complete clearance of all baseline and new EGW lesions at Day 84 (end of treatment visit, EOT).
- Safety was assessed via related local skin reactions (LSRs) and adverse events (AEs).

**Figure 1.** Study design for CARE-1 Phase 2 clinical trial. There were 2 parts of the study: A and B.




EOT=end of treatment. * Duration of exposure prior to washing off the medication.

## CONCLUSIONS

- This Phase 2 study demonstrated the safety and efficacy of VP-102 in the treatment of EGW.
  - The 6- and 24-hour duration periods had similar outcomes for efficacy and safety.
- Treatment with VP-102 resulted in statistically significantly higher complete clearance of all EGW at day 63 and 84 compared to vehicle.
- TEAEs in the VP-102 group were mostly mild to moderate and expected due to the pharmacodynamic action of cantharidin, the active ingredient in VP-102. TEAEs were similar across different exposure times.
- VP-102 is well-tolerated for the treatment of EGW, as no subjects discontinued due to AEs and there were no serious AEs reported due to study drug.

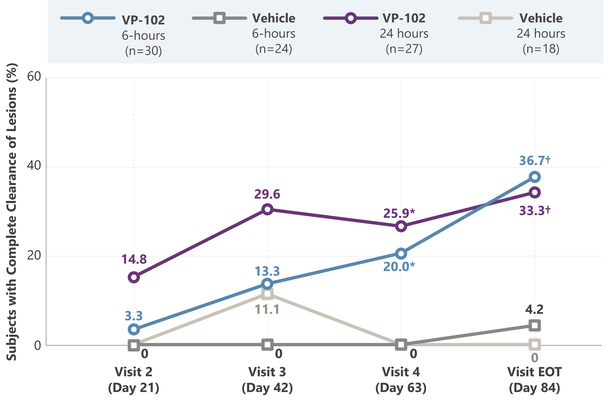
## RESULTS

**Table 1.** CARE-1 subject demographics and EGW characteristics.

| | VP-102 6-hours (n=30) | Vehicle 6-hours (n=24) | VP-102 24-hours (n=27) | Vehicle 24-hours (n=18) |
|---|---|---|---|---|
| **Age** | | | | |
| Mean (SD) | 38.93 (9.9) | 35.83 (7.8) | 34.33 (7.1) | 33.83 (6.3) |
| Min, Max | 26, 59 | 26, 58 | 25, 53 | 25, 43 |
| **Gender, n (%)** | | | | |
| Male | 17 (56.7) | 14 (58.3) | 15 (55.6) | 11 (61.1) |
| Female | 13 (43.3) | 10 (41.7) | 12 (44.4) | 7 (38.9) |
| **Race, n (%)** | | | | |
| White | 24 (80.0) | 13 (54.2) | 24 (88.9) | 12 (66.7) |
| Black or African American | 6 (20.0) | 8 (33.3) | 2 (7.4) | 6 (33.3) |
| American Indian or Alaska Native | 0 (0) | 1 (4.2) | 0 (0) | 0 (0) |
| Other | 0 (0) | 2 (8.3) | 1 (3.7) | 0 (0) |
| **Ethnicity, n (%)** | | | | |
| Hispanic or Latino | 6 (20.0) | 1 (4.2) | 2 (7.4) | 5 (27.8) |
| Not Hispanic or Latino | 24 (80.0) | 23 (95.8) | 25 (92.6) | 13 (72.2) |
| **Duration of Warts, No. (%)** | | | | |
| <1 year | 15 (50.0) | 12 (50.0) | 13 (48.1) | 9 (50.0) |
| 1–2 years | 3 (10) | 1 (4.2) | 2 (7.4) | 0 (0.0) |
| >2–5 years | 4 (13.3) | 5 (20.8) | 8 (29.6) | 3 (16.7) |
| >5 years | 8 (26.7) | 6 (25.0) | 3 (11.1) | 6 (33.3) |
| **Wart Count** | | | | |
| Mean | 8.5 | 6.71 | 9.48 | 7.56 |
| SD | 7.3 | 5.5 | 6.2 | 6.8 |
| Median | 6 | 5 | 9 | 4.5 |
| Min, Max | 2, 30 | 2, 26 | 2, 25 | 2, 28 |
| **Prior Wart Treatment, No. %** | | | | |
| Yes | 17 (56.7) | 13 (54.2) | 14 (51.9) | 9 (50) |

Pooled data from the 6- and 24-hours groups from Part A and Part B; ITT Population.

**Figure 2.** Percentage of subjects with complete clearance of all baseline and new treatable EGW by visit.




* $p \leq 0.05$ (VP-102 regimen vs. vehicle)
† $p \leq 0.01$ (VP-102 regimen vs. vehicle)

Pooled data from the 6- and 24-hours groups from Part A and Part B; ITT Population.

## SAFETY

**Table 2.** Treatment emergent adverse events related to study drug (≥5%, Safety Population).

| TEAEs, N (%) | VP-102 6-hours (n=29) | Vehicle 6-hours (n=22) | VP-102 24-hours (n=28) | Vehicle 24-hours (n=20) |
|---|---|---|---|---|
| **Subjects reporting at least one TEAE** | 29 (100.0) | 8 (36.4) | 28 (100.0) | 6 (30.0) |
| Application site vesicles | 25 (86.2) | 0 (0.0) | 26 (92.9) | 1 (5.0) |
| Application site pain | 20 (69.0) | 3 (13.6) | 19 (67.9) | 4 (20.0) |
| Application site erythema | 14 (48.3) | 3 (13.6) | 19 (67.9) | 1 (5.0) |
| Application site pruritus | 14 (48.3) | 5 (22.7) | 10 (35.7) | 1 (5.0) |
| Application site scab | 13 (44.8) | 1 (4.5) | 14 (50.0) | 0 (0.0) |
| Application site discoloration | 7 (24.1) | 4 (18.2) | 6 (21.4) | 0 (0.0) |
| Application site dryness | 7 (24.1) | 2 (9.1) | 6 (21.4) | 1 (5.0) |
| Application site erosion | 6 (20.7) | 0 (0.0) | 7 (25.0) | 0 (0.0) |
| Application site edema | 3 (10.3) | 1 (4.5) | 7 (25.0) | 1 (5.0) |
| Application site exfoliation | 3 (10.3) | 2 (9.1) | 5 (17.9) | 0 (0.0) |

No serious adverse events occurred that were deemed by the investigator to be related to the treatment.

References

**1.** Recanati MA, et. Al. *Clin Exp Obstet Gynecol.* 2018;45(3):383-386.
**2.** CDC. Genital HPV Infection Fact Sheet. Accessed February 8, 2019. Available at: https://www.cdc.gov/std/hpv/stdfact-hpv.htm.
**3.** Epstein WL, Kligman AM. *AMA Arch Derm.* 1958;77(5):508-511

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