

# CLINICAL VALUE OF A TOPICAL PAN-JAK INHIBITOR IN THE TREATMENT OF MODERATE-TO-SEVERE CHRONIC HAND ECZEMA IN ADULTS

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Anzupgo<sup>®</sup> (delgocitinib) is indicated for the treatment of moderate-to-severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate.<sup>1</sup> Prescribing information for healthcare professionals in the UK can be found [here](#). Local prescribing conditions may vary. Please refer to the prescribing information in your country of practice. Healthcare professionals are asked to report any suspected adverse reactions. Details on adverse event reporting are given at the bottom of this infographic.

## BACKGROUND

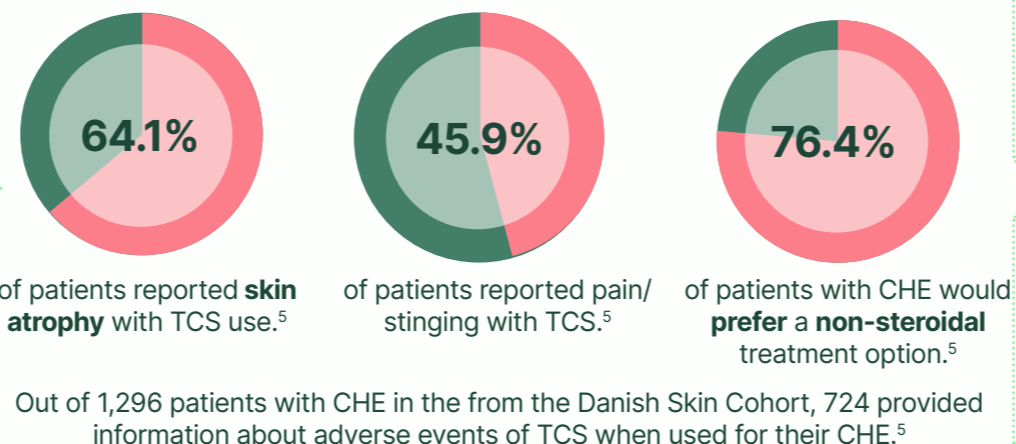
CHE is a multifactorial, heterogenous disease with several aetiological and clinical subtypes that make it distinct from atopic dermatitis.<sup>2</sup>

Each of the aetiological subtypes has a unique immune signature:<sup>2,3</sup>

- Irritant contact dermatitis (Th1/Th17)
- Allergic contact dermatitis (Th1/Th17 or Th2/Th22)
- Atopic hand eczema (Th2/Th22)

However, subtypes frequently coexist and may evolve over time; additionally, there is no reliable link between clinical signs and underlying aetiology.<sup>4</sup>

## UNMET NEED



## DELGOCITINIB CREAM: PIVOTAL DATA

Delgocitinib cream 20 mg/g is a non-steroidal topical pan-JAK inhibitor that addresses the heterogeneous pathogenesis of CHE by inhibiting the activity of all four members of the JAK family.<sup>6</sup>

The Phase III DELTA 1, 2, and 3 trials investigated the efficacy and safety of delgocitinib cream in adults patients with moderate-to-severe CHE for whom TCS was inadequate or not advised.<sup>6,7</sup>

In DELTA 1 and DELTA 2, patients were randomised 2:1 to twice-daily delgocitinib cream 20 mg/g or cream vehicle for 16 weeks. In the open-label DELTA 3 trial, patients who completed DELTA 1 or DELTA 2 trials were treated as-needed with twice-daily delgocitinib cream for 36 weeks (n=801). Patients with IGA-CHE  $\geq 2$  received treatment until IGA-CHE  $\leq 1$  was achieved.<sup>6,7</sup>

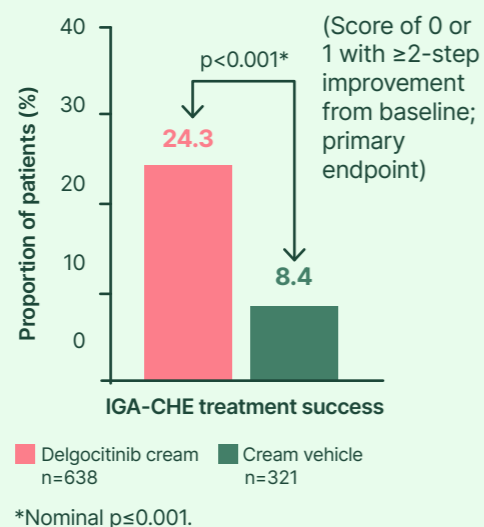
## EFFICACY



Image 1<sup>a,8</sup>

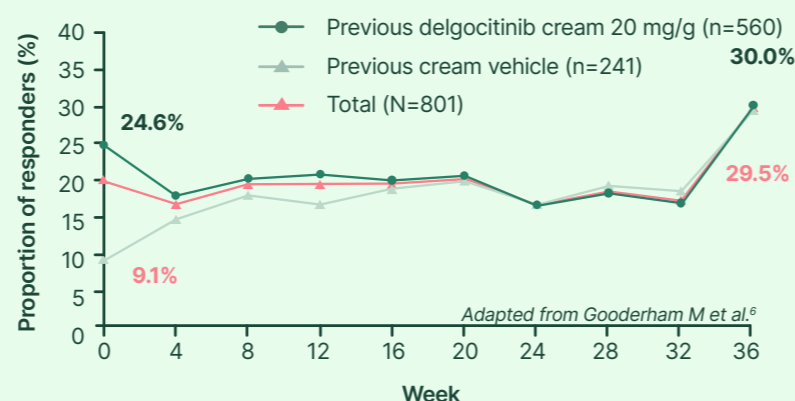
Delgocitinib cream significantly improved disease severity and HRQoL compared with cream vehicle from baseline to Week 16 and provided consistent control up to 52 weeks (Figures 1 and 2).<sup>6,7</sup>

Figure 1: Pooled DELTA 1 and 2: IGA-CHE treatment success at Week 16.<sup>7</sup>



In DELTA 3, the primary objective was to investigate the long-term safety of as-needed treatment with twice-daily delgocitinib in adult patients with CHE.<sup>6</sup>

Figure 2: Delta 3: Proportion of IGA-CHE responders up to week 36.<sup>6</sup>



## RAPID ITCH AND PAIN RELIEF<sup>9</sup>

Patients treated with delgocitinib cream experienced significantly greater reductions from baseline in itch and pain as early as Day 1 and Day 3, respectively, compared with cream vehicle (each  $p \leq 0.001$ ; Figure 3), and these reductions were maintained up to Week 16.<sup>9</sup>

Among patients with  $\geq 4$ -point baseline itch/pain score, a significantly greater percentage of delgocitinib-treated patients achieved  $\geq 4$ -point reduction from baseline (47.2%/48.9%) versus cream vehicle (21.5%/25.2%;  $p < 0.001$ ) at 16 weeks.<sup>6</sup>

Figure 3: Change in HESD Itch and Pain scores.<sup>9</sup>

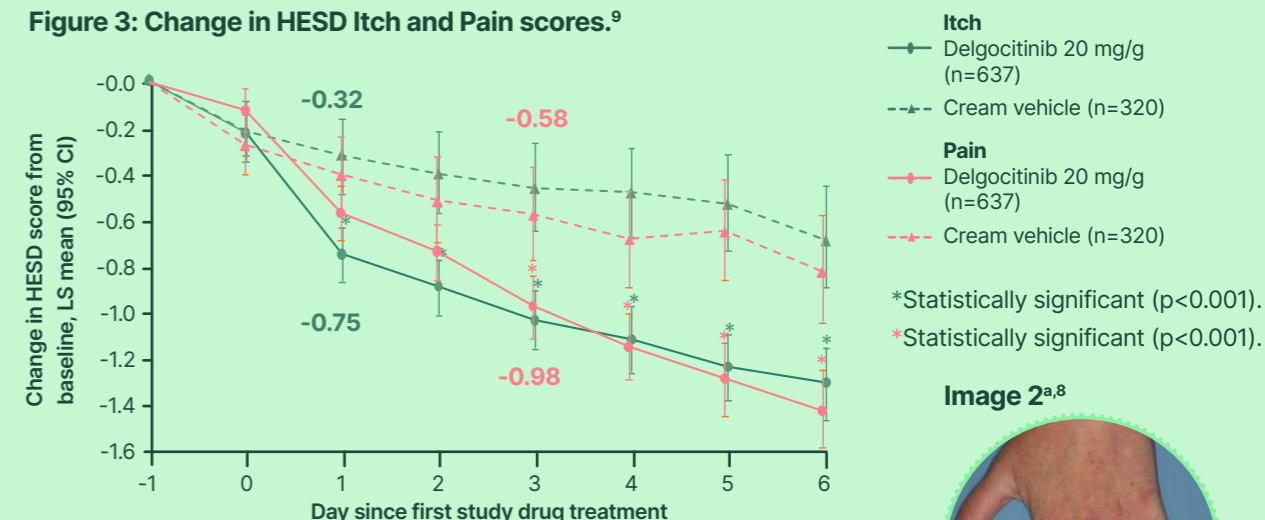


Image 2<sup>a,8</sup>



## SAFETY

Delgocitinib cream 20 mg/g had a safety profile comparable with cream vehicle, with minimal systemic exposure, and had a long-term safety profile consistent with short-term use.<sup>1,6,7</sup>

The rate (n events per PYO x 100) of "all events" observed was similar across delgocitinib cream and cream vehicle (305.4 and 331.6 in DELTA 1; 280.6 and 319.7 in DELTA 2) respectively; with a lower "all event" rate in DELTA 3, 231.12. Most frequent adverse events were similar in both treatment groups and included COVID-19 and nasopharyngitis. Common adverse reactions ( $\geq 1/100$  to  $< 1/10$ ) included application-site reactions.<sup>1,6,7</sup> NMSC, predominantly basal cell carcinoma, has been reported in patients treated with topical JAK inhibitors. Periodic skin examination of the application site is recommended for all patients, particularly those with risk factors for skin cancer.<sup>1,6,7</sup>

<sup>a</sup>Images 1 and 2 show an example of a patient before and after treatment with delgocitinib cream who achieved resolution of fissures at Week 8 in DELTA 2.<sup>8</sup>

### Abbreviations:

CHE: chronic hand eczema; HESD: hand-eczema symptom diary; HRQoL: health-related quality of life; IGA-CHE: investigator global assessment of chronic hand eczema; LS: least squares; LTE: long-term extension; NMSC: non-melanoma skin cancer; TCS: topical corticosteroid; Th: T-helper.

### References:

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Adverse events should be reported. For the United Kingdom, reporting forms and information can be found at: [yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk). Adverse events should also be reported to Drug Safety at LEO Pharma by calling +44 (0)1844 347333 or e-mail [medical-info.uk@leo-pharma.com](mailto:medical-info.uk@leo-pharma.com) or search for MHRA Yellow Card in the Google Play or Apple App Store.