CLINICAL TRIAL RESULTS

This summary reports the results of only one study. Researchers must look at the results of many types of studies to understand if a study medicine works, how it works, and if it is safe to prescribe to patients. The results of this study might be different than the results of other studies that the researchers review.

Sponsor: Pfizer, Inc.

Medicine(s) Studied: Abrocitnib (PF-04965842)

Protocol Number: B7451029

Dates of Trial: 29 October 2018 to 06 March 2020

Title of this Trial: Study to Measure the Efficacy and Safety of Abrocitnib Versus Placebo and Dupilumab to Treat Moderate to Severe Atopic Dermatitis in Adults Receiving Background Topical Therapy.

[A Phase 3 Randomized, Double-Blind, Double-Dummy, Placebo-Controlled, Parallel Group, Multi-Center Study Investigating the Efficacy and Safety of PF-04965842 and Dupilumab in Comparison With Placebo in Adult Subjects on Background Topical Therapy, With Moderate to Severe
Atopic Dermatitis]

Date(s) of this Report: 20 November 2020

– *Thank You* –

Pfizer, the Sponsor, would like to thank you for your participation in this clinical trial and provide you a summary of results representing everyone who participated. If you have any questions about the study or results, please contact the doctor or staff at your study site.

WHY WAS THIS STUDY DONE?

Atopic dermatitis (AD), also called atopic eczema, is a common skin condition that causes very itchy, red, flaky patches of skin. AD occurs in 10% of adults in the United States. There are currently few approved treatment options in the USA to treat AD, such as dupilumab. These treatments can cause other health problems, or can only be used for short periods of time. Researchers are searching for new treatments for AD that can be taken for long periods of time.

While researchers think that many things cause AD, it is made worse by the body's immune system (the body's defense against infection) causing redness and swelling (inflammation). Cells in the immune system cause inflammation by making special proteins called "cytokines" that send signals around the body. Researchers think that medicines that lower the amount of cytokines that the body makes could help treat patients with AD.

The drug tested in this study was PF-04965842, which now has the generic name abrocitinib. PF-04965842 is an experimental drug that has not been approved for sale yet. PF-04965842 blocks the activity of a protein called "Janus kinase 1", which acts like an on/off switch for the cells of the immune system. By turning off this switch, the cells of the immune system are expected to produce fewer cytokines that are believed to make AD worse.

In order to measure the safety and efficacy of abrocitinib treatment for AD, it was compared to treatment with placebo or treatment with the drug dupilumab (Dupixent®). A placebo does not have any medicine in it, but it looks just like the study medicine. Dupilumab is a medicine that is approved for treating AD. Dupilumab blocks the activity of two cytokines, "IL-4" and "IL-13" that are believed to make AD worse.

The researchers wanted to ask,

- **Are patients who take abrocitinib more likely to have their AD improve compared to patients who are treated with a placebo at 12 weeks?**
- **Are patients who take abrocitinib more likely to have their AD improve compared to patients who are treated with dupilumab at 16 weeks?**

To do this, researchers used 2 tests to measure the severity of each patient's AD at the beginning of the study. While the data in this report was collected in the first 16 weeks, the researchers measured the severity of AD during the 20 weeks of study treatment. The difference in severity was used to decide if a patient's AD had improved or not.

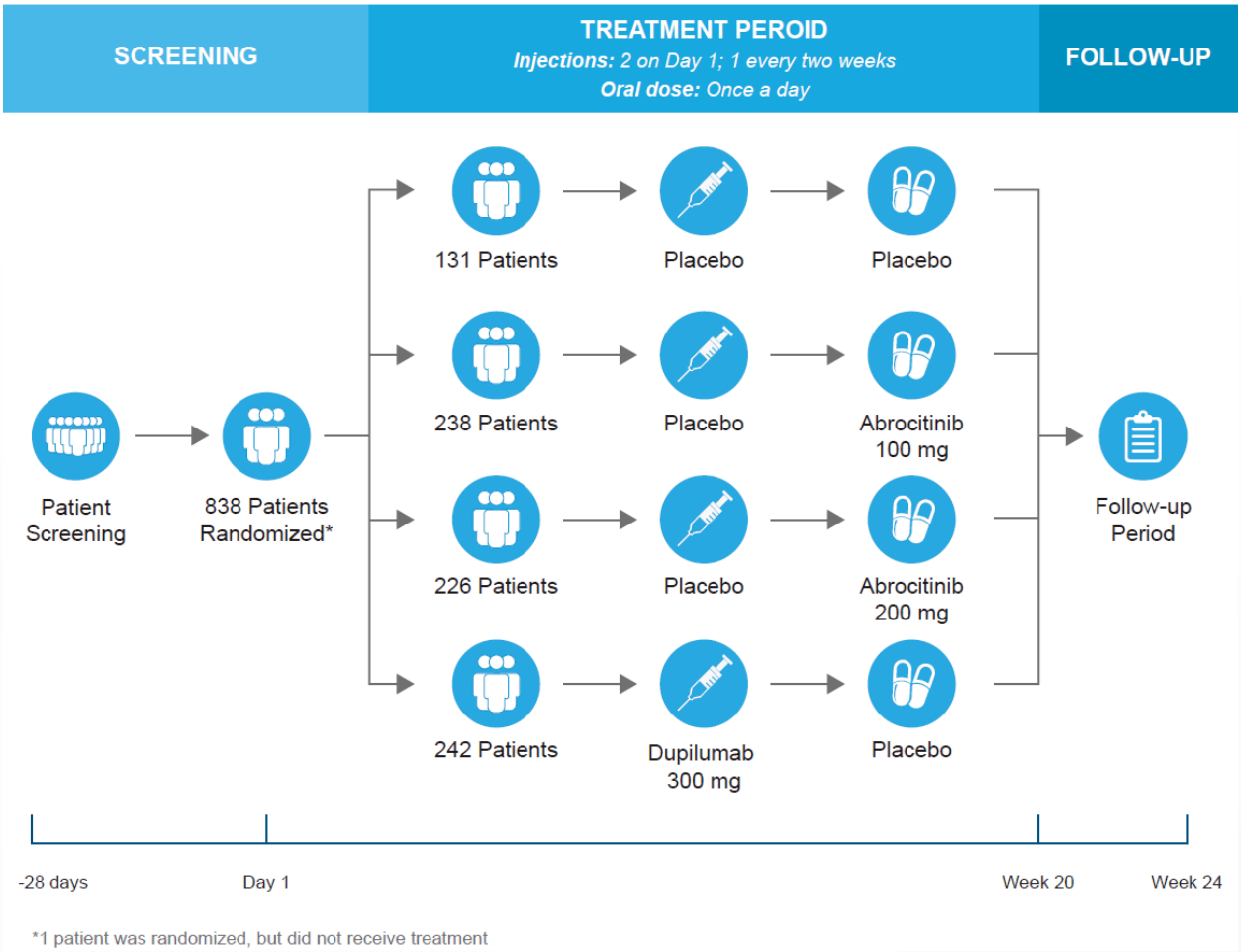
WHAT HAPPENED DURING THE STUDY?

This study compared 4 groups of patients to find out if patients taking abrocitinib had their AD improved compared to patients taking a placebo, or patients taking dupilumab.

The study included adult men and women, who were aged 18 years and older. Patients included in the study:

- Had chronic (long-term) AD for at least 1 year, and had moderate to severe AD when they entered the study.
- Had used other treatments for AD and did not see their AD improve.
- Had not used other medicine on the skin for AD in the week before starting the study.

The patients and researchers did not know who took abrocitinib and who took the placebo. This is known as a "double-blinded" study. This is done to make sure the results of the research study cannot be unfairly influenced by anyone. Patients were put into 1 of 4 treatment groups by chance alone (like the flip of a coin or drawing straws) to receive either abrocitinib 100 mg, abrocitinib 200 mg, dupilumab, or placebo. Patients had a 29% (2 in 7) chance of receiving either abrocitinib 100 mg, abrocitinib 200 mg, or dupilumab, and a 14% (1 in 7) chance of receiving placebo for the study treatment period. This is known as a "randomized" study. This is done to make the groups more similar. Reducing differences between the groups (like age or the number of men and women), makes the groups more even to compare.



This study used 2 different tests to measure the severity of the patients' AD at the beginning of the study and throughout 20 weeks of treatment. The first test is called the Investigators Global Assessment (IGA) scale and measures the severity of AD on a 5-point scale (0 being the best and 4 being the worst). The second test is called the Eczema Area and Severity Index (EASI), and measures how severe a patient's AD is based on 4 different signs, as well as the amount of skin affected by AD. The difference in each patient's score between the start of the study and after 12 weeks of treatment was used to decide if their AD had improved.

While patients were only in the study for 20 to 24 weeks, the entire study took 16 months to complete. The Sponsor ran this study at 194 locations in 18 countries in the US, Poland, Republic of Korea, Japan, Australia, Bulgaria, Canada, Germany, United Kingdom, Latvia, Hungary, Czech Republic, Chile, Spain, Italy, Mexico,

Slovakia, and Taiwan. It began 29 October 2018 and ended 06 March 2020. Four-hundred nine (409) men and 428 women participated. All patients were 18 years of age or older. The average age of patients in this study was 34 years old.

Patients were to be treated until the end of the 20 weeks treatment period. Of the 838 patients who started the study, 765 patients were continuing the study at Week 16. One (1) patient was randomized, but did not receive treatment. Twenty-four (24) patients did not finish the study because of medical problems. Twenty-three (23) patients left before the study was over by their choice or because a doctor decided it was best for a patient to stop being in the study.

In February 2020, the Sponsor began reviewing the information collected. The Sponsor then created a report of the results. This is a summary of that report.

WHAT WERE THE RESULTS OF THE STUDY?

Were patients who took abrocitinib more likely to have their AD improve compared to patients who took placebo at 12 weeks?

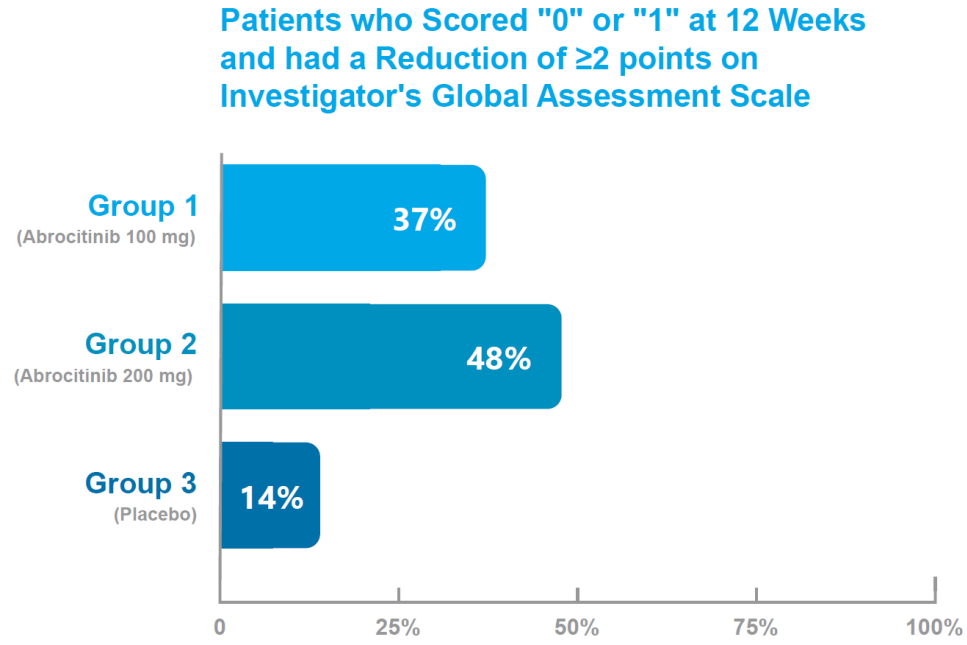
In this study, more patients in the abrocitinib 100 mg or 200 mg treatment groups had their AD improve compared to the placebo group after 12 weeks.

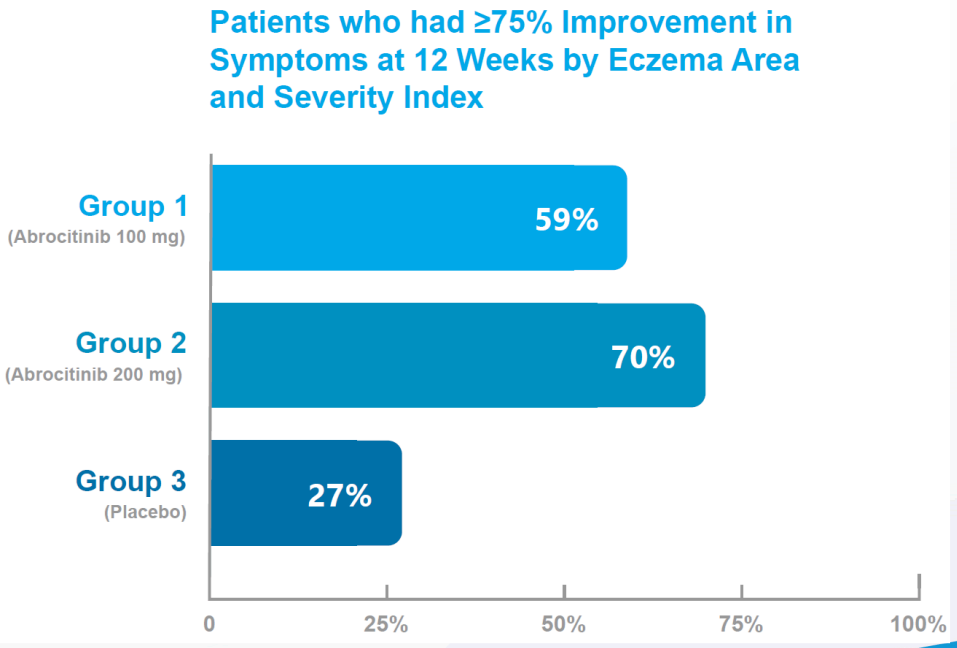
When the change in severity of AD was measured using the Investigator's Global Assessment scale, 86 out of 235 evaluated patients (37%) in the abrocitinib 100 mg treatment group and 106 out of 219 patients (48%) in the abrocitinib 200 mg treatment group had their AD improve to 'clear' or 'almost clear' (score of 0 or 1) and had an improvement of 2 points or more in their AD after 12 weeks. In comparison, 18 out of 129 patients (14%) in the placebo group had their AD improve to 'clear' or 'almost clear' after 12 weeks.

When the change in severity of AD was measured using the Eczema Area and Severity Index, 138 out of 235 patients (59%) in the abrocitinib 100 mg treatment group and 154 out of 219 patients (70%) in the abrocitinib 200 mg treatment group had their AD improve by at least 75% after 12 weeks. In comparison, 35 out of

129 patients (27%) in the placebo group had their AD improve by at least 75% after 12 weeks.

These results are also shown in the graphs below.





Based on these results, the researchers determined that the results are not likely due to chance. Abrocitinib may be an option for treating AD in adults.

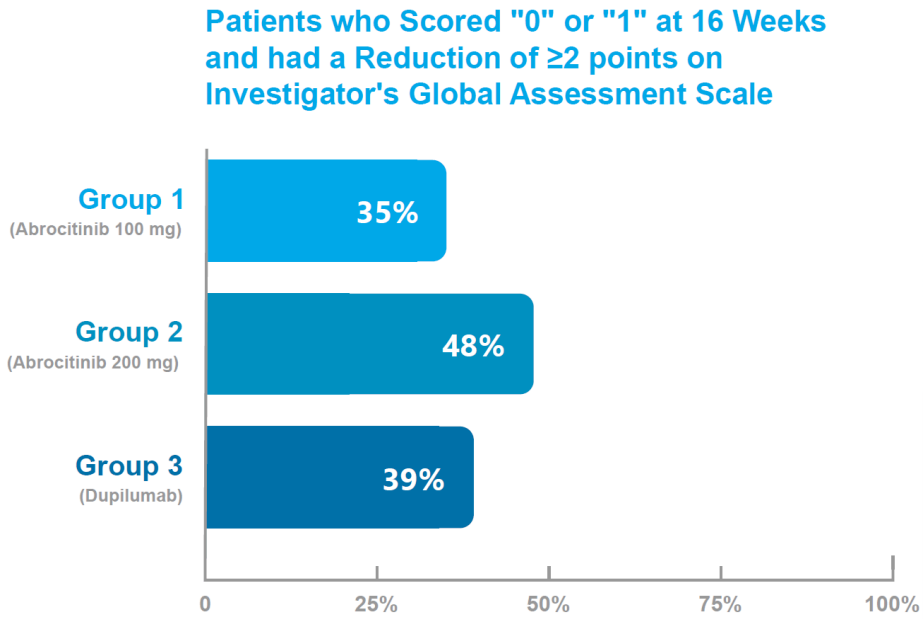
Were patients who took abrocitinib more likely to have their AD improve compared to patients who took dupilumab at 16 weeks?

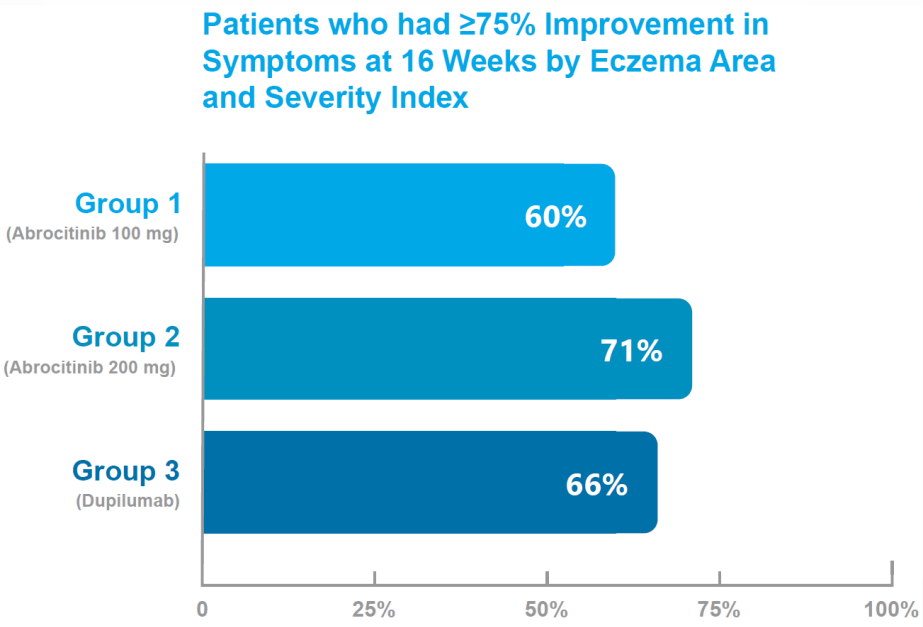
In this study, a higher number of patients in the abrocitinib 200 mg treatment group had their AD improve more compared to patients in the dupilumab group after 16 weeks.

When the change in severity of AD was measured using the Investigator's Global Assessment scale, 80 out of 230 evaluated patients (35%) in the abrocitinib 100 mg treatment group and 105 out of 221 patients (48%) in the abrocitinib 200 mg treatment group had their AD improve to 'clear' or 'almost clear' (score of 0 or 1) and had an improvement of 2 points or more in their AD after 16 weeks. In comparison, 90 out of 232 patients (39%) in the dupilumab group had their AD improve to 'clear' or 'almost clear' after 16 weeks.

When the change in severity of AD was measured using the Eczema Area and Severity Index, 138 out of 229 patients (60%) in the abrocitinib 100 mg treatment group and 157 out of 221 patients (71%) in the abrocitinib 200 mg treatment group had their AD improve by at least 75% after 16 weeks. In comparison, 152 out of 232 patients (66%) in the dupilumab group had their AD improve by at least 75% after 16 weeks.

These results are also shown in the graphs below.





This does not mean that everyone in this study had these results. Other studies may produce different results, as well. These are just some of the main findings of the study, and more information may be available at the websites listed at the end of this summary.

WHAT MEDICAL PROBLEMS DID PARTICIPANTS HAVE DURING THE STUDY?

The researchers recorded any medical problems the participants had during the study. Participants could have had medical problems for reasons not related to the study (for example, caused by an underlying disease or by chance). Or, medical problems could also have been caused by a study treatment or by another medicine the participant was taking. Sometimes the cause of a medical problem is unknown. By comparing medical problems across many treatment groups in many studies, doctors try to understand what the side effects of an experimental drug might be.

Four-hundred fifty-two (452) out of 837 patients in this study had at least 1 medical problem. A total of 29 patients left the study because of medical problems. The most common medical problems are listed below.

Most Common Medical Problems (Reported by At Least 2% of Patients)

Medical Problem	Placebo (131 Patients Treated)	Abrocitinib 100 mg (238 Patients Treated)	Abrocitinib 200 mg (226 Patients Treated)	Dupilumab (242 Patients Treated)
Loose stools	4 (3%)	4 (2%)	4 (2%)	3 (1%)
Nausea	2 (2%)	10 (4%)	25 (11%)	7 (3%)
Pink eye	3 (2%)	2 (1%)	3 (1%)	15 (6%)
Infection of one or more of the pockets from which hair grows (follicles)	4 (3%)	4 (2%)	4 (2%)	2 (1%)
Herpes simplex (virus	1 (1%)	5 (2%)	8 (4%)	2 (1%)

infections causing contagious sores around the mouth or on genitals)				
Skin infection	0	5 (2%)	0	0
Common cold	9 (7%)	22 (9%)	15 (7%)	23 (10%)
Cold sores (oral herpes)	1 (1%)	4 (2%)	2 (1%)	5 (2%)
Nose and throat infection	6 (5%)	12 (5%)	9 (4%)	9 (4%)
Infection of the kidneys, bladder, or urethra	2 (2%)	4 (2%)	7 (3%)	4 (2%)
Muscle protein (creatine phosphokinase) increased in the blood	3 (2%)	7 (3%)	6 (3%)	2 (1%)
Back pain	5 (4%)	0	1 (<1%)	7 (3%)
Dizziness	2 (2%)	4 (2%)	7 (3%)	0
Headache	6 (5%)	10 (4%)	15 (7%)	13 (5%)
Acne	0	7 (3%)	15 (7%)	3 (1%)
Dermatitis atopic	5 (4%)	7 (3%)	3 (1%)	2 (1%)

WERE THERE ANY SERIOUS MEDICAL PROBLEMS?

A medical problem is considered "serious" when it is life-threatening, needs hospital care, or causes lasting problems.

Fifteen (15) patients had serious medical problems. No patients experienced more than one serious medical problem. Of these, 4 patients had serious medical problems considered by the researchers as related to the study medicine. No patients died during the study.

Serious Medical Problems (Reported by 1 or More Patients)				
Serious Medical Problem	**Placebo (131 Patients Treated)**	**Abrocitinib 100 mg (238 Patients Treated)**	**Abrocitinib 200 mg (226 Patients Treated)**	**Dupilumab (242 Patients Treated)**
Low blood cell count	**0**	**1 (<1%)**	**0**	**0**
Abdominal pain	**1 (1%)**	**0**	**0**	**0**
Chills	**1 (1%)**	**0**	**0**	**0**
Fever	**1 (1%)**	**0**	**0**	**0**
Liver damage caused by medication	**0**	**1 (<1%)**	**0**	**0**

Severe allergic reaction to the medication	1 (1%)	0	0	0
Loose stool caused by a virus, bacteria, or parasite	0	1 (<1%)	0	0
Oral herpes (cold sores)	0	1 (<1%)	0	0
Infection of the lung	0	1 (<1%)	0	0
Ankle fracture	0	1 (<1%)	0	0
Joint injury	0	0	0	1 (<1%)
Muscle injury	0	1 (<1%)	0	0
Tendon injury	0	1 (<1%)	0	0
Liver test levels increased	1 (1%)	0	0	0
Herniated disc	0	0	1 (<1%)	0
Breast cancer	0	0	0	1 (<1%)
Breast lump	1 (1%)	0	0	0
Uterine bleeding	0	0	1 (<1%)	0
Difficulty breathing	1 (1%)	0	0	0
Lung damage	0	1 (<1%)	0	0
Dermatitis atopic	1 (1%)	0	0	0
Night sweats	1 (1%)	0	0	0

WHERE CAN I LEARN MORE ABOUT THIS STUDY?

If you have questions about the results of your study, please speak with the doctor or staff at your study site.

For more details on your study protocol, please visit:

www.clinicaltrials.gov	Use the study identifier **NCT03720470**
www.clinicaltrialsregister.eu	Use the study identifier **2018-002573-21**
www.pfizer.com/research/research_clinical_trials/trial_results	Use the protocol number **B7451029**

Please remember that researchers look at the results of many studies to find out which medicines can work and are safe for patients.

Again, **thank you** for volunteering. We do research to try to find the best ways to help patients, and you helped us to do that!