AZR-MD-001 efficacy in improving tear film stability and its impact on associated symptoms of meibomian gland dysfunction in a phase 2 trial

¹School of Optometry and Vision Science, University of New South Wales Sydney, Australia; ²Centre for Ocular Research & Education (CORE), School of Optometry & Vision Science, University of Waterloo, Waterloo, ON, Canada; ³Azura Ophthalmics, Tel Aviv, Israel

INTRODUCTION

- Meibomian gland dysfunction (MGD) causes tear film abnormalities and ocular surface-associated symptoms due to hyperkeratinization.¹⁻³
- AZR-MD-001, a selenium sulfide ophthalmic ointment, is a potent keratolytic and keratostatic agent that induces meibomian gland lipogenesis.
- A phase 2 clinical trial was conducted to explore tear film function and its impact on ocular symptoms in response to topical AZR-MD-001 (0.5% or 1.0%) in adults with MGD (NCT03652051).

DEMOGRAPHICS

• 245 patients were included in the safety and in the intent-to-treat (ITT) populations (Table 1).

TABLE 1. DEMOGRAPHICS AND BASELINE CHARACTERISTICS (SAFETY POPULATION)

		AZR-MD-001 0.5% (N=82)	AZR-MD-001 1.0% (N=83)	VEHICLE (N=80)
Age (years)	Mean (SD)	52.1 (16.9)	55.6 (17.9)	51.9 (18.5)
	Range	18-80	20-93	20–97
Sex, n (%)	Male	31 (37.8)	27 (32.5)	24 (30.0)
	Female	51 (62.2)	56 (67.5)	56 (70.0)
Race, n (%)	White	57 (69.5)	64 (77.1)	56 (70.0)
	Asian	16 (19.5)	10 (12.0)	21 (26.3)
	Black	3 (3.7)	3 (3.6)	1 (1.3)
	Other	6 (7.3)	6 (7.2)	2 (2.5)
Duration of MGD, n (%)	<5 years	29 (35.4)	30 (36.1)	28 (35.0)
	≥5 years	53 (64.6)	53 (63.9)	52 (65.0)
Number of MGYLS	Mean (SD)	1.7 (1.4)	1.9 (1.4)	1.8 (1.3)
MGS score, n (%)	<6	38 (46.3)	33 (39.8)	34 (42.5)
	≥6 and ≤12	44 (53.7)	50 (60.2)	46 (57.5)
OSDI total score	Mean (SD)	25.2 (7.5)	24.2 (6.0)	25.0 (6.7)
MGD, meibomian gland dysfunction; MGS, Meibomian Gland Secretion; MGYLS, Meibomian Glands Yielding Liquid Secretion; OSDI, Ocular				

GD, meipomian giana aystunction; MGS, Meipomian Gland Secretion; MGYLS, Meibomian Glands Yielding Liquid Secretion; OSDI, Ocular Surface Disease Index; SD, standard deviation.

STUDY DESIGN

- **Purpose:** Phase 2 prospective, randomized, double-masked, vehicle-controlled trial evaluating the safety and efficacy of AZR-MD-001 (0.5% or 1.0%) for the treatment of MGD (NCT03652051)
- **Eligible patients:** male or female; aged \geq 18 years; with mild to moderate MGD (Meibomian Gland Secretion [MGS] score ≤12 for 15 glands of the lower lid) and associated ocular symptoms (Ocular Surface Disease Index [OSDI] score 13–33); self-reported dry eye signs and symptoms within 3 months of study entry; and had a Standard Patient Evaluation of Eye Dryness (SPEED) score ≥ 6 , a Tear Break-Up Time (TBUT) <10 seconds in both eyes, and gland dropout <75% • For patients with 2 qualifying eyes, the study eye had lower numerical MGS score; if the eyes had the same MGS score, then the right eye was selected
- **Treatment:** Patients randomized (1:1:1) to AZR-MD-001 0.5%, 1.0%, or vehicle applied to the lower eyelid twice-weekly at bedtime
- **Co-primary endpoints:** change from baseline in number of Meibomian Glands Yielding Liquid Secretion (MGYLS) and in OSDI total score at Month 3
- **Responder rates:** All response thresholds were prespecified.

STATISTICAL ANALYSIS

• Populations:

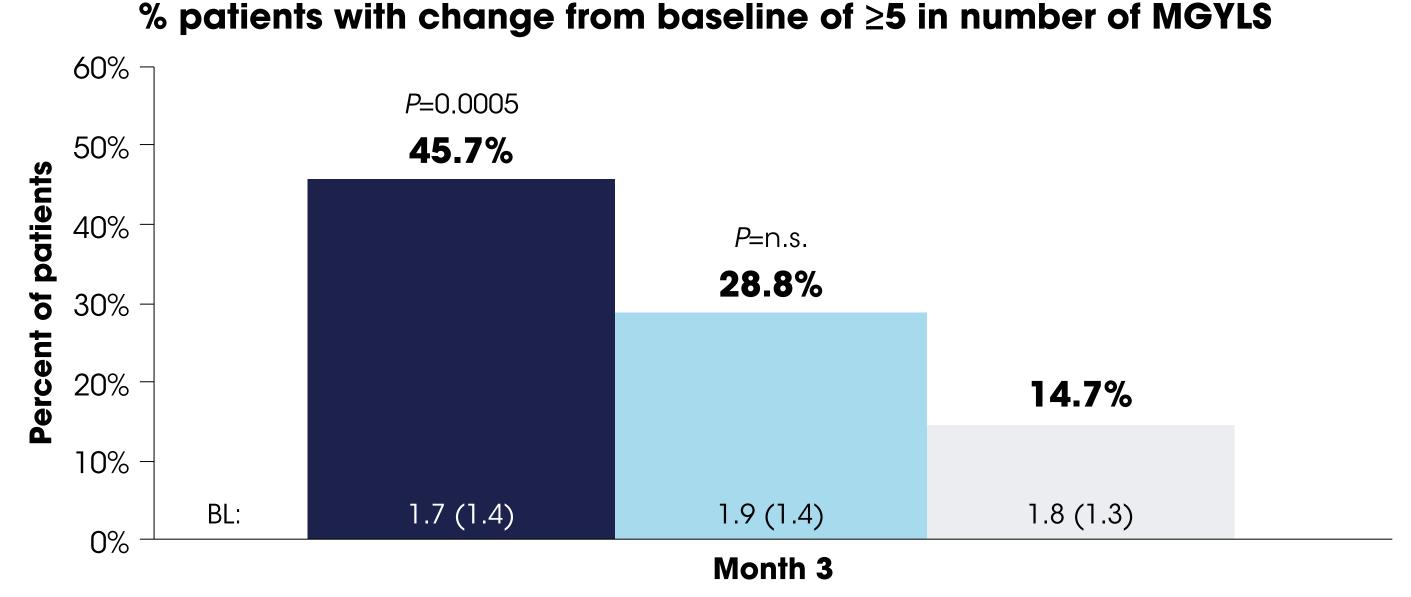
- Safety = all randomized patients administered ≥ 1 dose of study drug \circ Intent-to-treat (ITT) = all randomized patients
- **Responder rates:** Cochran-Mantel-Haenszel test, controlling for duration of disease category (<5 or \geq 5 years) and baseline MGS score category (<6 or \geq 6 and \leq 12), using Wilson-Hilferty transformation
- Changes from baseline: Analysis of covariance model with continuous baseline score as a covariate and treatment, duration of disease category (<5 or \geq 5 years), and baseline MGS score category (<6 or \geq 6 and \leq 12) as factors
- **P-values:** All versus vehicle, not adjusted for multiplicity

Fiona Stapleton¹; Jacqueline Tan¹; Lyndon W. Jones²; Alison Ng²; Yair Alster³; Charles Bosworth³; The CELESTIAL STUDY Group

RESULTS

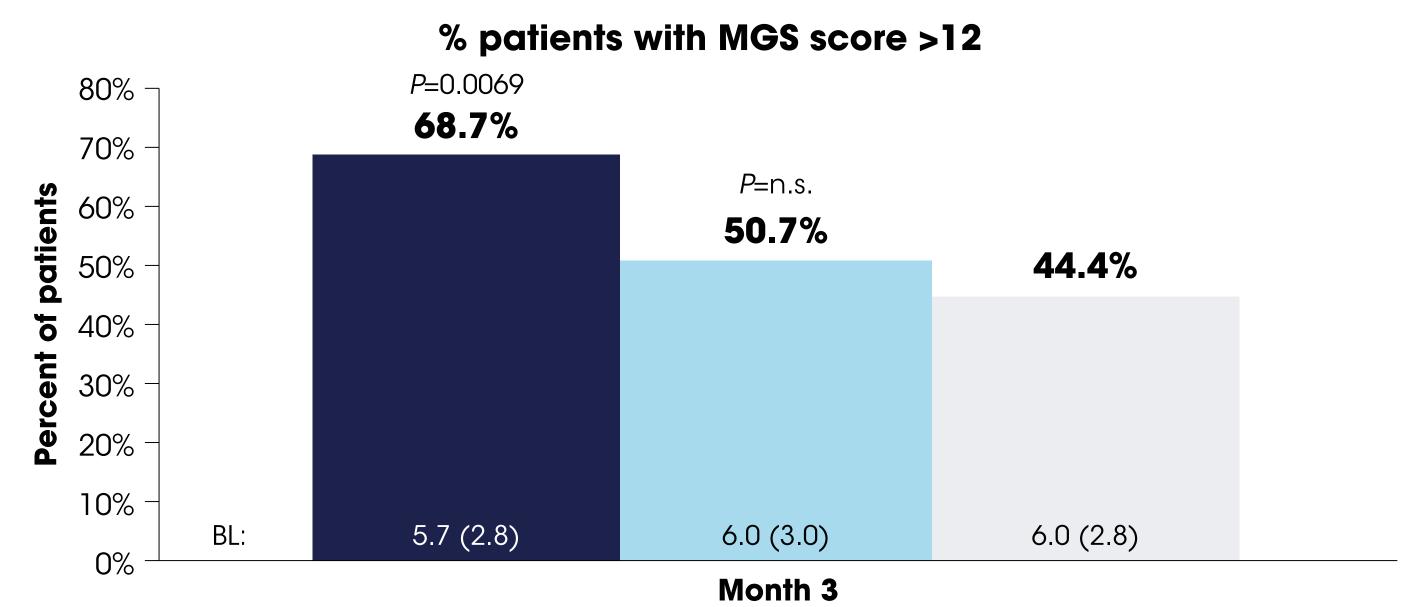
- 2023 abstract 5175 B0072.)
- symptoms (Figure 4), and higher rates of normal TBUT (Figure 5)

FIGURE 1. AZR-MD-001 0.5% SIGNIFICANTLY INCREASED THE NUMBER OF FUNCTIONAL GLANDS VS VEHICLE AT MONTH 3 (ITT)



AZR-MD-001 0.5% (n=82) BL, baseline mean (standard deviation) score; ITT, intent-to-treat; MGYLS, Meibomian Glands Yielding Liquid Secretion (higher scores are better); n.s., not significant (vs vehicle).

FIGURE 2. SIGNIFICANTLY MORE PATIENTS TREATED WITH AZR-MD-001 0.5% THAN VEHICLE HAD GOOD MEIBUM QUALITY AT MONTH 3 (ITT)



AZR-MD-001 0.5% (n=82)
AZR-MD-001 1.0% (n=83) Vehicle (n=80) BL, baseline mean (standard deviation) score; ITT, intent-to-treat; MGS, Meibomian Gland Secretion (higher scores are better); n.s., not significant (vs vehicle).

 $\sim \sim$

MGYLS

Number of glands yielding liquid secretion, with the total score ranging 0–15 and a change from baseline of \geq 5 indicating significant response⁴



MGS

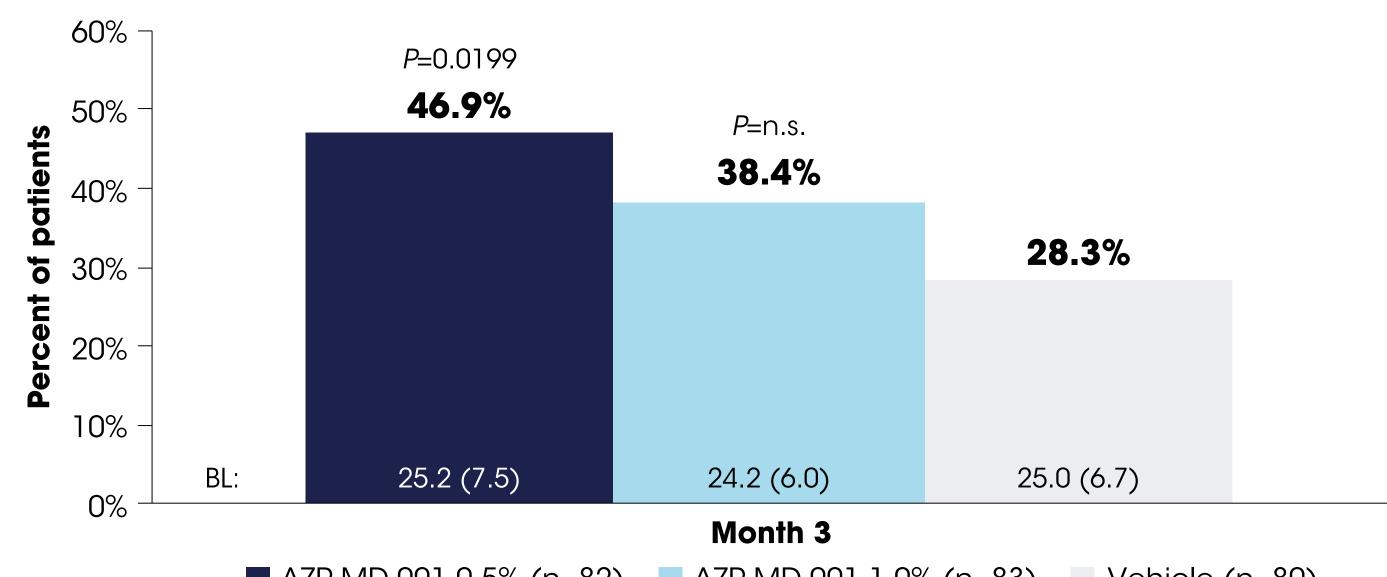
Meibum quality of 15 glands on the lower eyelid on a scale of 0–3, with the total score ranging 0–45 and scores >12 indicating good meibum quality⁵

OSDI Ocular symptoms, environmental triggers, and vision-related functioning, with the total score ranging 0–100 and scores <13 considered normal or asymptomatic^{4,6}

Poster presented at the ARVO Annual Meeting; April 23–27, 2023 (New Orleans, LA)

• AZR-MD-001 0.5% met the co-primary endpoints, significantly improving the signs (number of MGP vs vehicle at Month 3, with both doses demonstrating good safety and tolerability. (For complete results, see ARVO • At Month 3 compared to vehicle, AZR-MD-001 0.5% resulted in an increased number of functional open glands (Figure 1), higher meibum quality (Figure 2), greater percentage of patients considered asymptomatic (Figure 3), larger improvement in dry eye

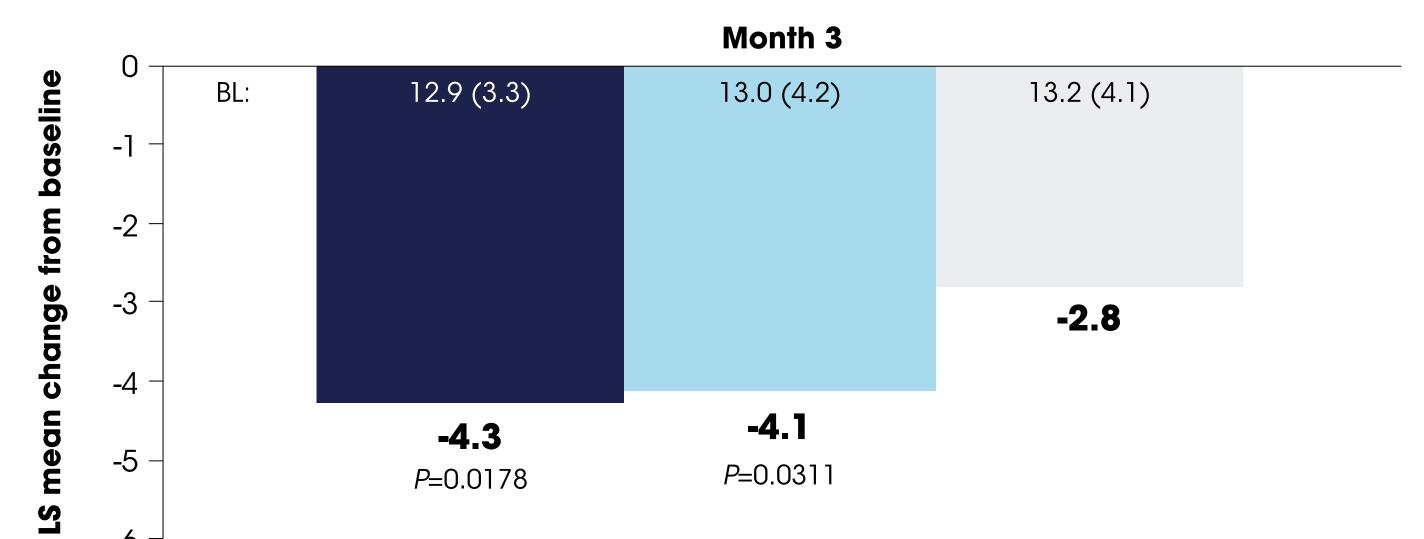
FIGURE 3. SIGNIFICANTLY MORE PATIENTS TREATED WITH AZR-MD-001 0.5% THAN VEHICLE WERE CONSIDERED ASYMPTOMATIC FOR DISEASE (ITT) % patients with OSDI total score <13



AZR-MD-001 0.5% (n=82) AZR-MD-001 1.0% (n=83) Vehicle (n=80) BL, baseline mean (standard deviation) score; ITT, intent-to-treat; n.s., not significant (vs vehicle); OSDI, Ocular Surface Disease Index (lower scores are better)

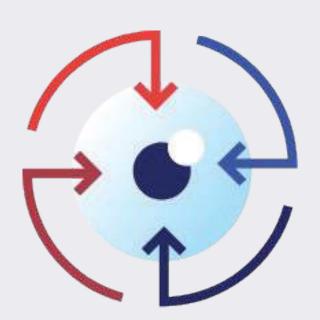
FIGURE 4. AZR-MD-001 0.5% SIGNIFICANTLY IMPROVED SYMPTOMS OF DRY EYE AT MONTH 3 RELATIVE TO VEHICLE (ITT)

Change from baseline in SPEED score

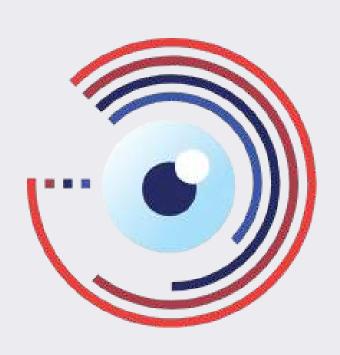


AZR-MD-001 0.5% (n=82)
AZR-MD-001 1.0% (n=83) Vehicle (n=80) BL, baseline mean (standard deviation); ITT, intent-to-treat; LS, least squares; n.s., not significant (vs vehicle); SPEED, Standard Patient Evaluation or Eye Dryness (lower scores are better).

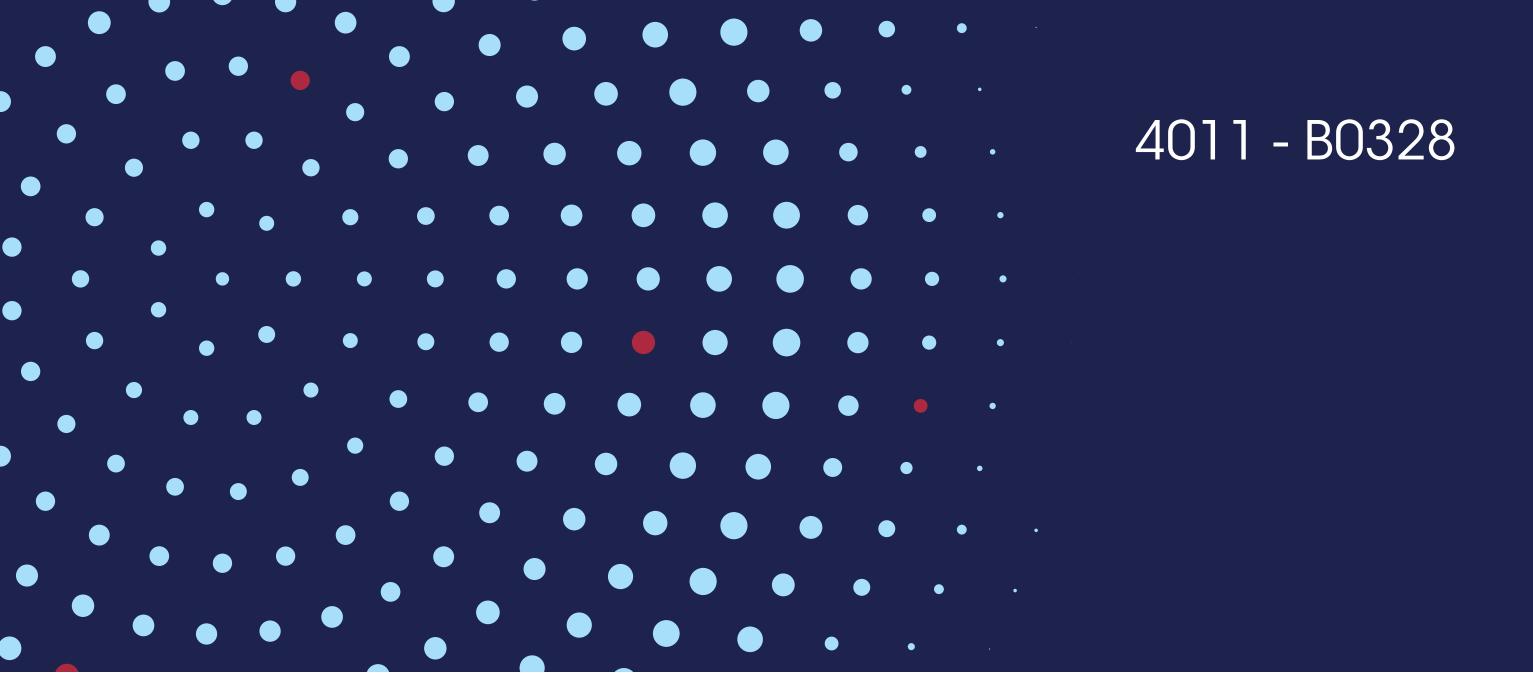




SPEED Occurrence, frequency, and severity of 4 dry eye symptoms, with total score ranging 0–28 and higher scores indicating increasing symptom severity'

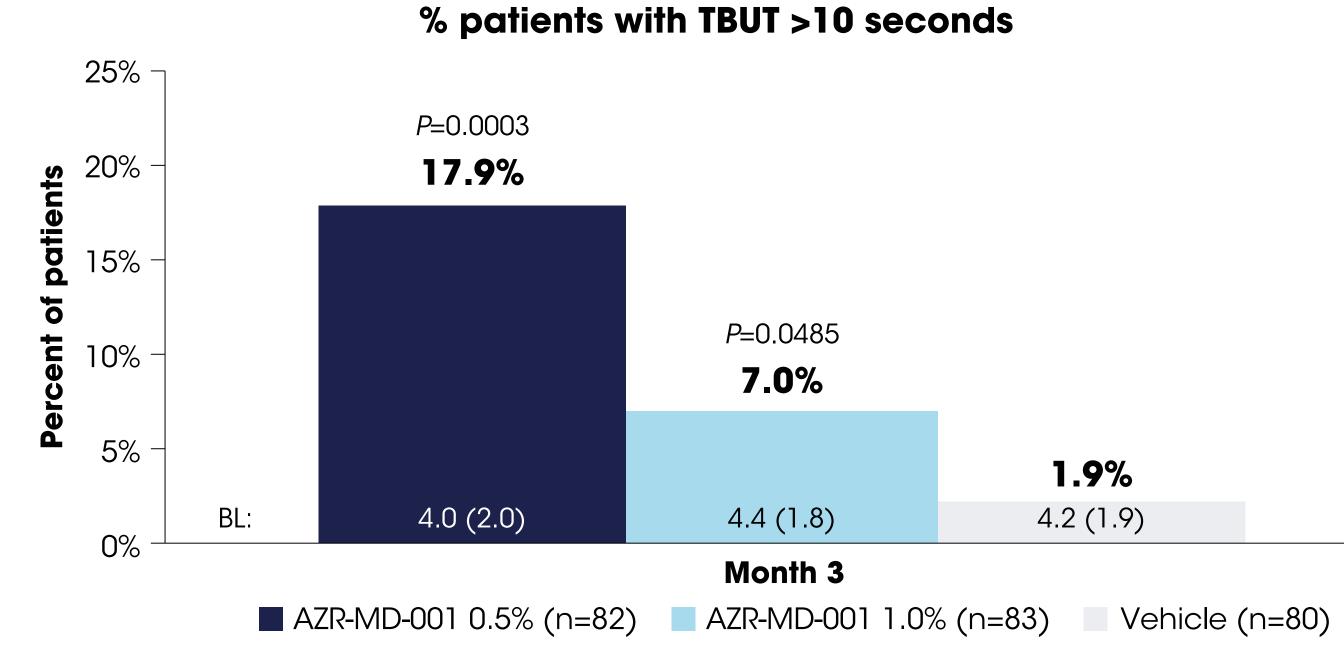


TBUT Time taken for the first dry spot to appear on the cornea after a complete blink, evaluated in triplicate using a micropipette (5 µL of 2% non-preserved sodium fluorescein), with a time of ≥ 10 seconds considered normal⁸



This phase 2 study was sponsored by Azura Ophthalmics Ltd

FIGURE 5. AT MONTH 3, AZR-MD-001 SIGNIFICANTLY INCREASED TEAR FILM **STABILITY COMPARED WITH VEHICLE (ITT)**



BL, baseline mean (standard deviation) score; ITT, intent-to-treat; TBUT, Tear Break-Up Time (higher scores are better).

SUMMARY

- A statistically significant, higher percentage of patients treated with AZR-MD-001 experienced resolution of MGD signs and symptoms compared to vehicle.
- AZR-MD-001 0.5% is the first therapy showing significant resolution of MGD clinical signs and ocular symptoms, such that ~50% of mild to moderate cases were symptom-free by 3 months.

Contact

Fiona Stapleton, PhD School of Optometry and Vision Science University of New South Wales Sydney Sydney, Australia f.stapleton@unsw.edu.au

References

- 1. Nichols KK, et al. Invest Ophthalmol Vis Sci. 2011(4):1922-9.
- 2. Green-Church KB, et al. Invest Ophthalmol Vis Sci. 2011;52(4):1979-93.
- 3. Gupta PK, et al. Clin Ophthalmol. 2021;15:4399-4404. 4. Tomlinson A, et al. *Invest Ophthalmol Vis Sci*. 2011;52(4):2006-49.
- 5. Lane SS, et al. Cornea. 2012;31(4):396-404.
- 6. Schiffman RM, et al. Arch Ophthalmol. 2000;118(5):615-21
- 7. Ngo W, et al. *Cornea*. 2013;32(9):1204-10.
- 8. Lemp MA, Hamill JR Jr. Arch Ophthalmol. 1973;89(2):103-5.

Acknowledgements

The authors thank the patients who participated in this study. Medical writing support was provided by The Medicine Group, LLC (New Hope, PA, USA), which was funded by Azura Ophthalmics and in accordance with Good Publication Practice guidelines.

Disclosures F. Stapleton:

Financial support: Alcon, Allergan, Azura Ophthalmics, CooperVision, Exonate, Menicon, Novartis, nthalmic, Rodenstock; *Consultant:* Alcon, Novartis, Segirus

J.Tan:

Financial support: Alcon, Azura Ophthalmics, Novartis, nthalmic, Rodenstock

L.W. Jones:

Financial support: Alcon, Allergan, Allied Innovations, Aurinia Pharma, Azura Ophthalmics, BHVI, CooperVision, GL Chemtech, IMedPharma, J&J Vision, Lubris, Menicon, Nature's Way, Novartis, Ophtecs, Ote Pharma, PS Therapy, Shire, SightGlass, SightSage; Consultant: Alcon, CooperVision, J&J Vision, Novartis, Ophtecs, Visioneering; Honoraria: Alcon, CooperVision, J&J Vision

A.Ng:

Financial support: Alcon, Allergan, Allied Innovations, Aurinia Pharma, Azura Ophthalmics, BHVI CooperVision, GL Chemtech, MedPharma, J&J Vision, Lubris, Menicon, Nature's Way, Novartis, Ophtecs, Ote Pharma, PS Therapy, Shire, SightGlass, SightSage; Non-remunerative: TFOS Global Ambassador for Canada

Y. Alster:

Owner, employment, stock options, and patent: Azura Ophthalmics

C. Bosworth:

Employment, stock options, and patent: Azura Ophthalmics

