In REJOICE, Most Postmenopausal Women Using a Softgel Estradiol Vaginal Insert to Treat Moderate to Severe Dyspareunia Were Satisfied with It and Preferred It Over a Previous Treatment

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Disclosures

- **Speaker's bureau**: AMAG, TherapeuticsMD, Valeant, and Viveve
- **Shareholder:** AMAG, Palatin, and TherapeuticsMD

Background

- Many women are dissatisfied with vaginal products approved to treat vulvar and vaginal atrophy (VVA)
  - 21% to 50% reported being not very or not at all satisfied with current vaginal VVA products (Women's EMPOWER survey)[1]
  - Messiness, difficult administration, inconvenience, and insufficient symptomatic relief with current vaginal products were frequently reported in REVIVE[2]
- TX-004HR (IMVEXXY® [4-µg and 10-µg doses]) are low-dose, softgel vaginal inserts of solubilized 17β-estradiol (E2) approved (May 2018) in the US to treat moderate to severe dyspareunia due to menopause[3,4]
  - TX-004HR had a high level of product acceptability, attributable to its ease of use and clinical efficacy[5]

1. Kingsberg SA, et al. *J Sex Med* 2017;14:1463-1491. **2.** Kingsberg SA, et al. *J Sex Med* 2013;10:1790-1799. **3.** Imvexxy Prescribing Information. TherapeuticsMD. **4.** Constantine G, et al. *Menopause* 2017;24:409-416. **5.** Kingsberg SA, et al. *Menopause* 2017;24:894-899.

Objective and Design

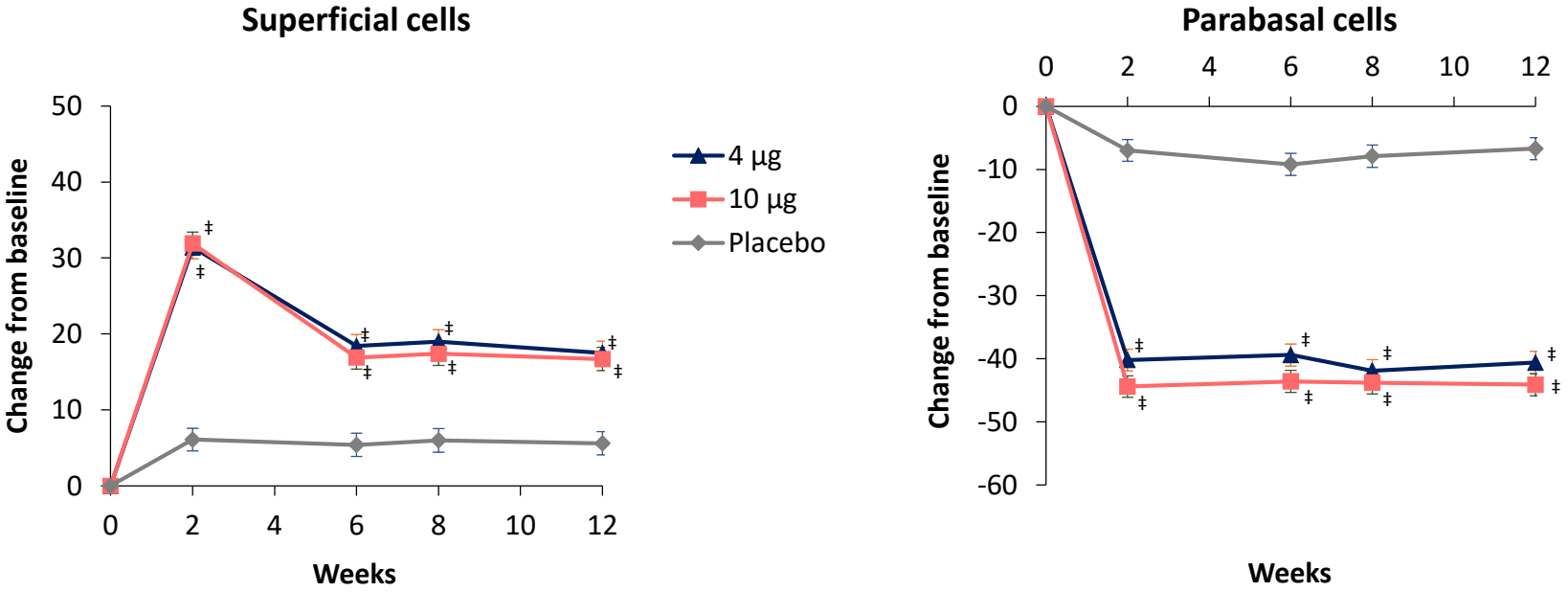
- **Objective:** To determine the acceptability of TX-004HR in women who were previously treated with other hormone therapies (HT) for VVA at screening

- **Design:** REJOICE (NCT02253173) was a randomized, double-blind, placebo-controlled, multicenter, phase 3 trial of TX-004HR 4 µg, 10 µg, and 25 µg E2[1]
  - Self-administered vaginally (1x daily for 2 weeks; 2x weekly for 10 weeks) [1]
  - Prior to enrollment, women using HT at screening required a 4- to 8-week washout period depending on HT type[1]
  - Each subject was given a 5-question acceptability survey at the end of the study[2]
  - Results of this survey in women who required a washout period were summarized descriptively

1. Constantine G, et al. *Menopause* 2017;24:409-416. **2.** Kingsberg SA, et al. *Menopause* 2017;24:894-899.

REJOICE Trial: Co-Primary Efficacy Endpoints

- TX-004HR significantly improved vaginal cell physiology[1,2]

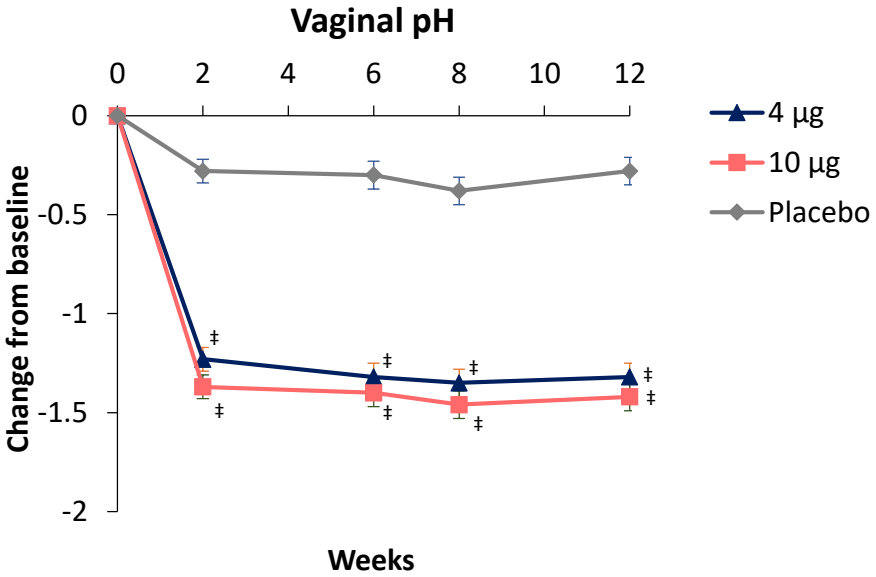


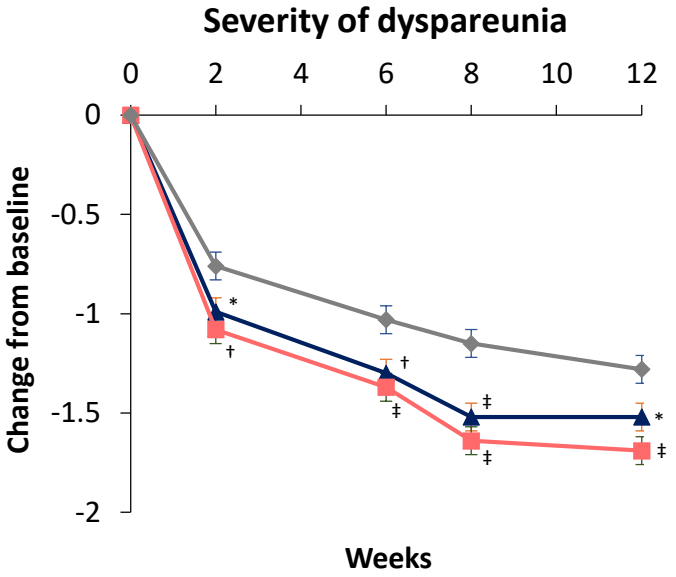
‡*P*<0.001 for TX-004HR vs placebo.

1. Constantine G, et al. *Menopause* 2017;24:409-416. **2.** Simon JA, et al. *Maturitas*. 2017;99:51-58.

REJOICE Trial: Co-Primary Efficacy Endpoints

- TX-004HR significantly improved vaginal pH and dyspareunia severity[1,2]





*P<0.05, †P<0.01; ‡P<0.001 for TX-004HR vs placebo.

1. Constantine G, et al. *Menopause* 2017;24:409-416. **2.** Simon JA, et al. *Maturitas*. 2017;99:51-58.

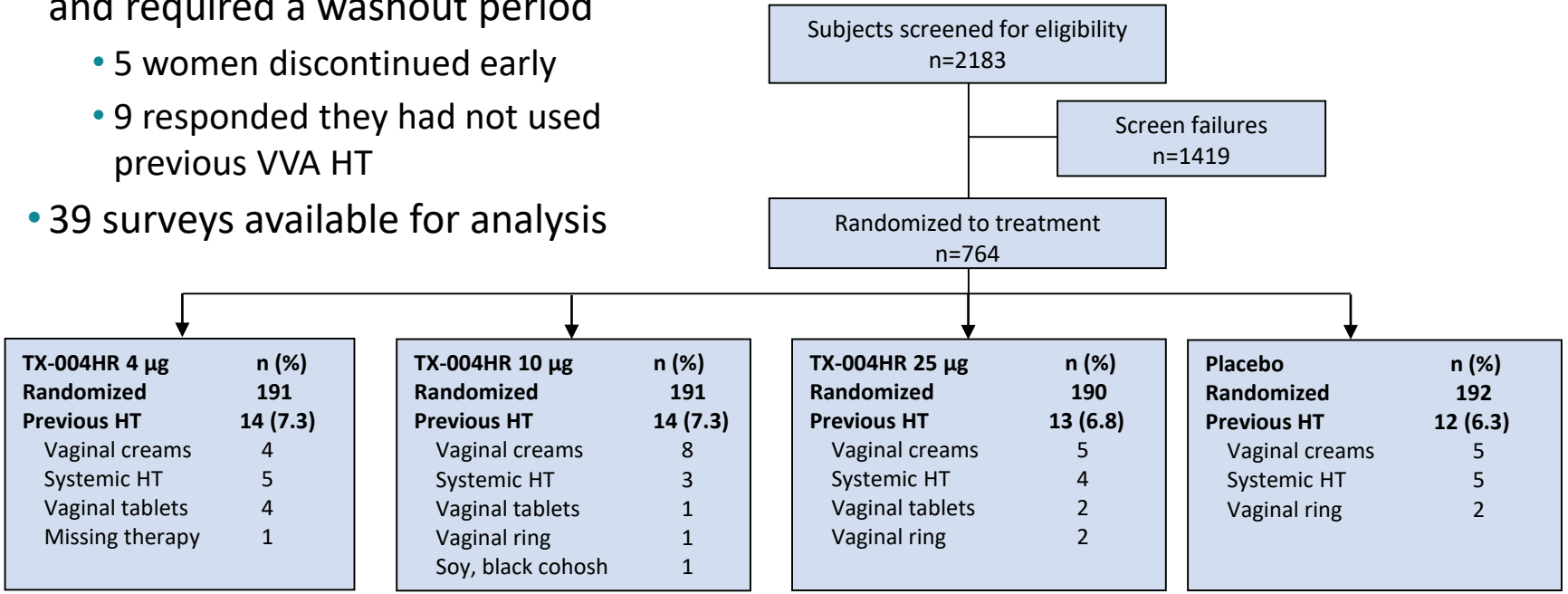
Questionnaire

Questions	Choices
1. Was the product easy to use?	Yes, or no
2. How would you rate the ease of insertion of the capsule?	Excellent, good, fair, or poor
3. Level of satisfaction with the product	Very satisfied, satisfied, unsure, dissatisfied, or very dissatisfied
4. How do you compare the treatment you received in this study to previous medication or therapies for your vulvar and vaginal atrophy symptoms?	Very much prefer present treatment, somewhat prefer present treatment, no preference, somewhat prefer previous treatment, very much prefer previous treatment, or previously not used treatment
5. Would you consider using this form of treatment again?	Definitely, probably, unsure, probably not, or definitely not

Kingsberg SA, et al. *Menopause* 2017;24:894-899.

Disposition

- 53 women were using HT at screening and required a washout period
  - 5 women discontinued early
  - 9 responded they had not used previous VVA HT
- 39 surveys available for analysis



TX-004HR 4 µg	n (%)
Randomized	**191**
Previous HT	**14 (7.3)**
Vaginal creams	4
Systemic HT	5
Vaginal tablets	4
Missing therapy	1

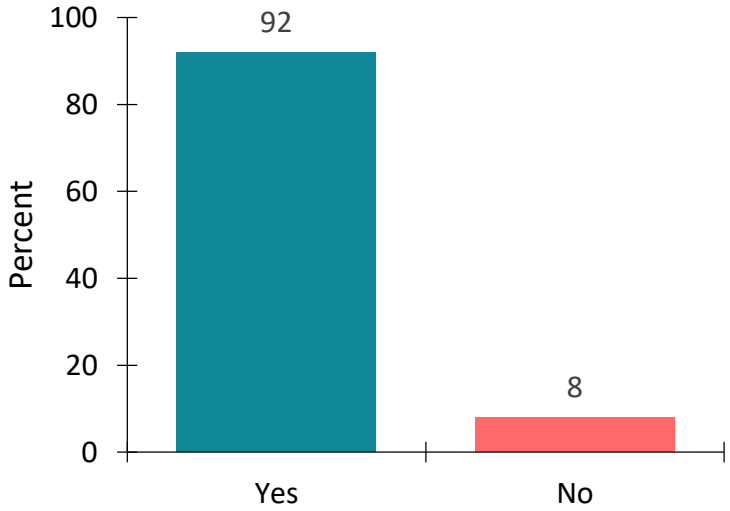
TX-004HR 10 µg	n (%)
Randomized	**191**
Previous HT	**14 (7.3)**
Vaginal creams	8
Systemic HT	3
Vaginal tablets	1
Vaginal ring	1
Soy, black cohosh	1

TX-004HR 25 µg	n (%)
Randomized	**190**
Previous HT	**13 (6.8)**
Vaginal creams	5
Systemic HT	4
Vaginal tablets	2
Vaginal ring	2

Placebo	n (%)
Randomized	**192**
Previous HT	**12 (6.3)**
Vaginal creams	5
Systemic HT	5
Vaginal ring	2

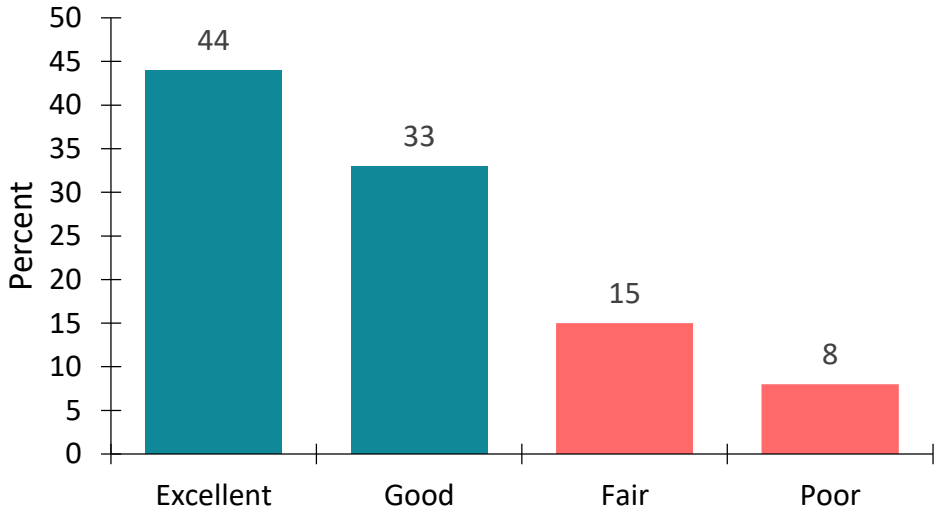
Was the Product Easy to Use?

- Most women (92%) thought the product was easy to use



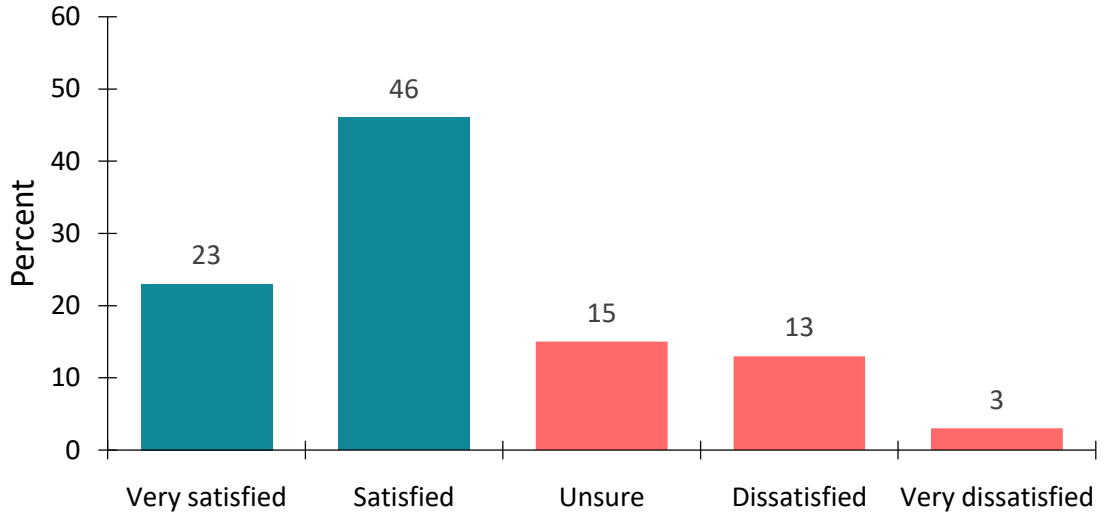
How Would You Rate the Ease of Insertion of the Capsule?

- The majority of women (77%) rated the ease of insertion as excellent or good



Level of Satisfaction

- More than two-thirds of women (69%) were very satisfied or satisfied with the softgel vaginal insert

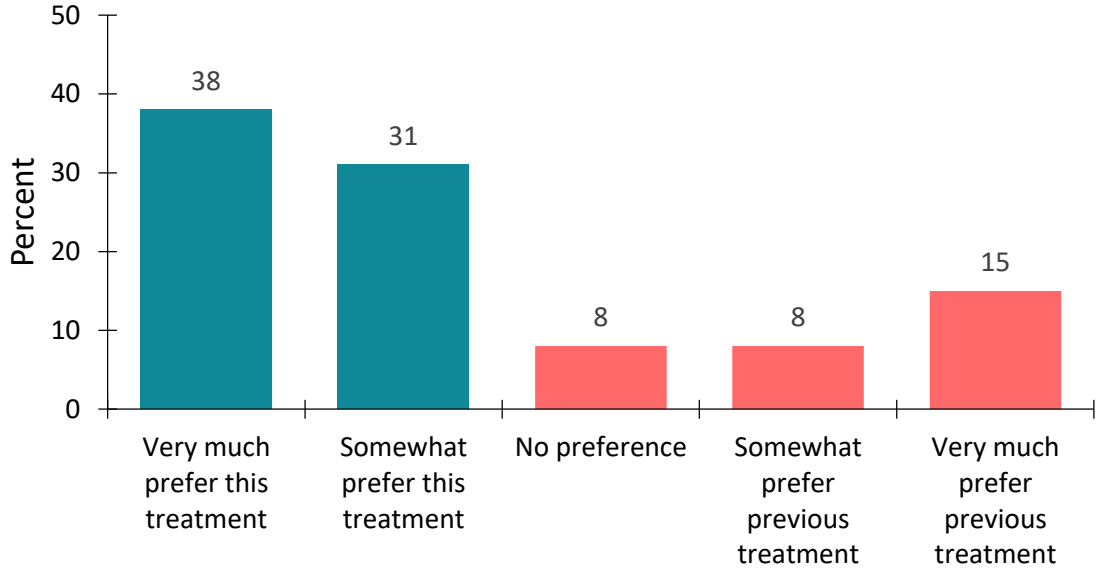


Satisfied women had previously used:	**n/N**	**(%)**
Vaginal tablets	5/6	(83)
Vaginal creams	13/16	(81)
Vaginal rings	4/5	(80)
Systemic therapies*	4/11	(36)
Soy, black cohosh	1/1	(100)

*Oral or patches

Do You Prefer this Treatment or Previously Used Therapies for Your VVA Symptoms?

- More than two-thirds of women (69%) very much or somewhat preferred the vaginal insert compared with their previous VVA symptom therapies



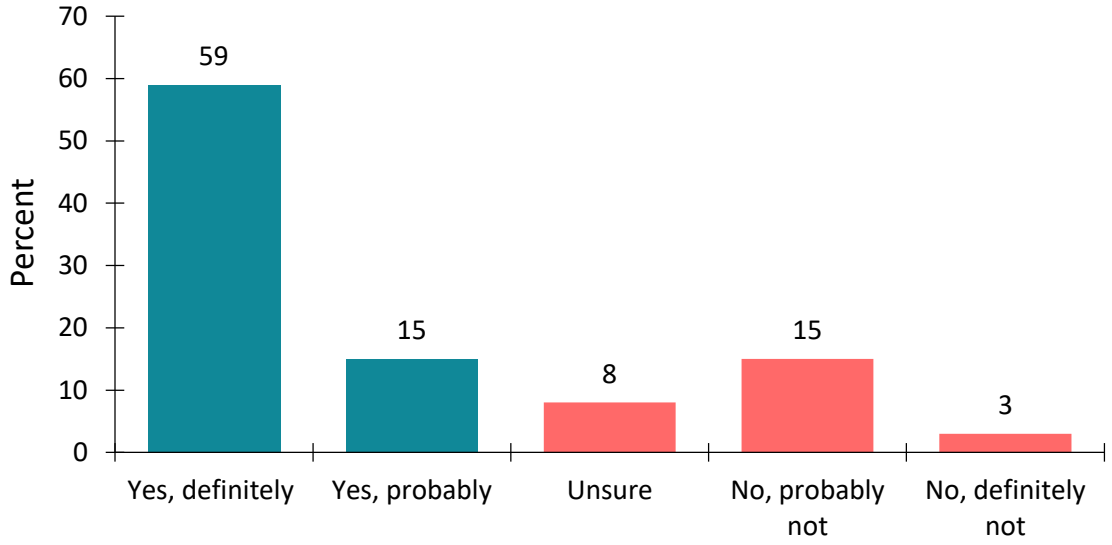
Women who prefer the vaginal insert had previously used

	n/N	(%)
Vaginal tablets	5/6	(83)
Vaginal creams	11/16	(69)
Vaginal rings	4/5	(80)
Systemic therapies*	6/11	(54)
Soy, black cohosh	1/1	(100)

*Oral or patches

Would You Consider Using This Form of Treatment Again?

- Majority of women (74%) said that they would definitely or probably consider using the vaginal insert again



Women who would consider using it again had previously used	**n/N**	**(%)**
Vaginal tablets	5/6	(83)
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Conclusions

- Most women in the REJOICE trial who were users of vaginal estrogens or systemic HT at screening thought the softgel estradiol vaginal insert was easy to use and were satisfied with it
- More than two-thirds of these women preferred the softgel vaginal insert over their previous VVA treatment and would consider using it again