Long-Term Efficacy and Tolerability of Clindamycin Phosphate 1.2%/Adapalene 0.15%/Benzoyl Peroxide 3.1% Gel for Acne in Participants With Fitzpatrick Skin Phototypes IV-VI: Pooled Results From Two 6-Month Studies

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OBJECTIVE

- To assess long-term efficacy and tolerability of CAB gel for acne in participants with darker skin (Fitzpatrick skin phototypes IV-VI)

CONCLUSIONS

- Across 24 weeks of once-daily treatment, CAB gel demonstrated marked and continued improvements in acne lesions, scarring, PIH, and PIE in participants with darker skin (Fitzpatrick skin types IV-VI)
  - 73% of participants with darker skin types achieved treatment success with CAB gel
  - CAB gel treatment led to a 90% reduction in inflammatory lesions, 66% reduction in noninflammatory lesions, and 71% improvement in PIH
  - Qualitatively assessed facial scarring severity reduced by 32%; no new safety or tolerability signals were observed
- These results support long-term use of CAB gel in patients with darker skin types with moderate to severe acne

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SYNOPSIS

- Clindamycin phosphate 1.2%/adapalene 0.15%/ benzoyl peroxide 3.1% (CAB; Cabtreo®; Ortho Dermatologics) gel—the only approved triple-combination acne topical—was efficacious and well tolerated in 12-week clinical trials and in 24-week studies[1-5]
- Acne presentation and sequelae vary by skin type, requiring long-term management strategies to account for differences in skin pigmentation[6,7]
- This post hoc analysis of data pooled from two identical 24-week studies assessed long-term CAB gel use in participants with Fitzpatrick skin phototypes IV-VI

METHODS

- Two identical, post-marketing, open-label, 24-week, single-center studies evaluated once-daily CAB gel in participants aged ≥12 years with moderate or severe acne (Investigator's Global Assessment [IGA] of 3 or 4)
- Endpoints included the following:
  - Primary efficacy: IGA improvement from baseline at week 24
  - Secondary efficacy: inflammatory and noninflammatory lesion count reduction from baseline at week 24
  - Safety: incidence of adverse events (AEs)
  - Investigator-assessed acne scarring (via Goodman Qualitative Scar Scale)
  - Investigator-assessed skin appearance: postinflammatory hyperpigmentation (PIH), postinflammatory erythema (PIE), and dryness
  - Participant-assessed tolerability: itching, burning, redness, and swelling

RESULTS

Participants

- Of 50 participants enrolled, 24 had Fitzpatrick skin type IV-VI
  - Two participants discontinued the studies (treatment-related AE [BPO allergy, n=1]; personal reasons [n=1]) and were not included in the analyses
- Of 22 participants who completed the study
  - Mean age was 26.6 years, and 86.4% were female
  - Most (~95%) had moderate acne (IGA=3)

Efficacy

- At week 24, 73% of participants treated with CAB gel achieved treatment success (**Figure 1, top**)
- There was a 90% reduction from baseline in inflammatory lesions and a 66% reduction in noninflammatory lesions at week 24 (**Figure 1, bottom**)
- Participant photographs demonstrating acne improvement are shown in **Figure 2**

Safety

- One participant experienced an AE (bronchitis), which was deemed unrelated to study product

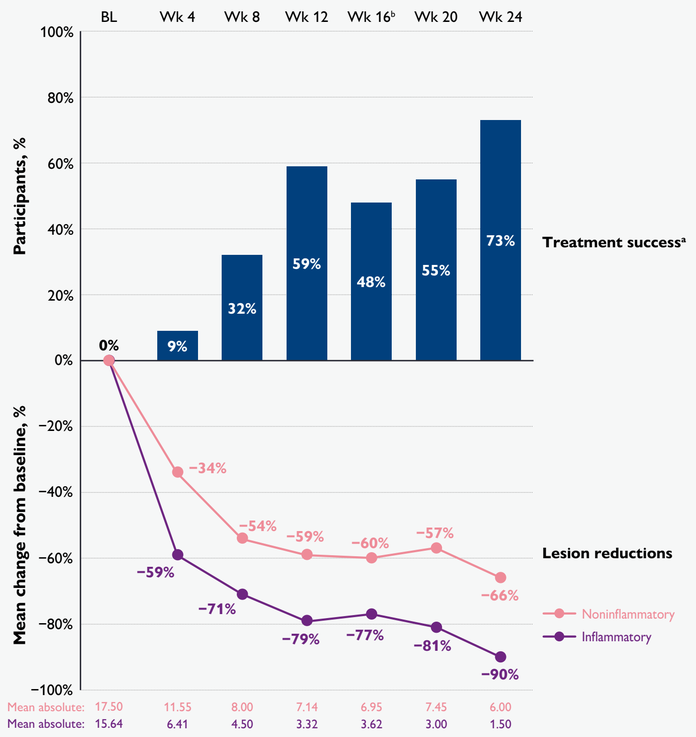
Investigator-assessed scarring and skin appearance

- By week 24, facial scarring, PIH, and PIE improved by 32%, 71%, and 87%, respectively (**Figures 3, 4**)
- Average skin dryness scores were ≤0.05 (1 = minimal) across all timepoints

Participant-assessed tolerability

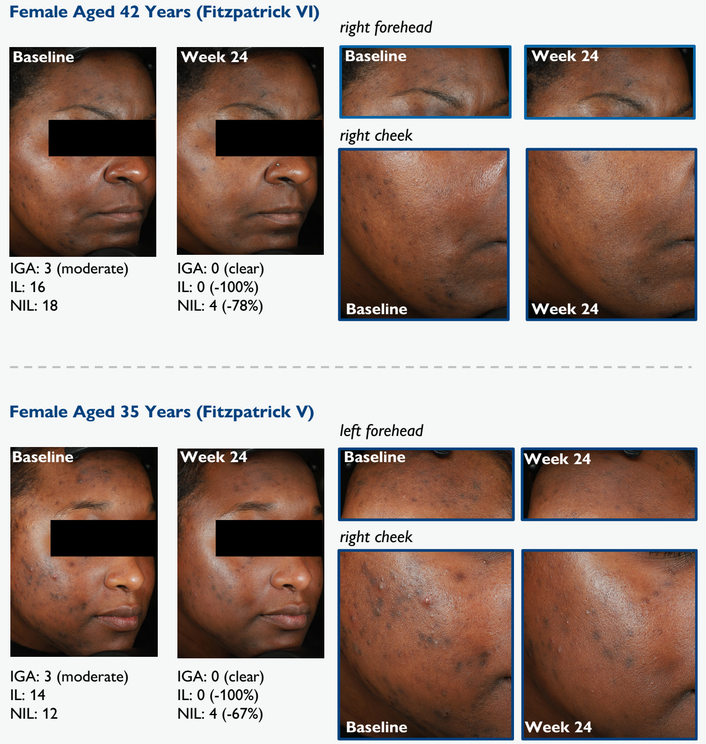
- Mean tolerability scores did not exceed 0.1 at any timepoint (1 = minimal)

Figure 1. Long-Term Efficacy of CAB Gel in Fitzpatrick Skin Types IV-VI



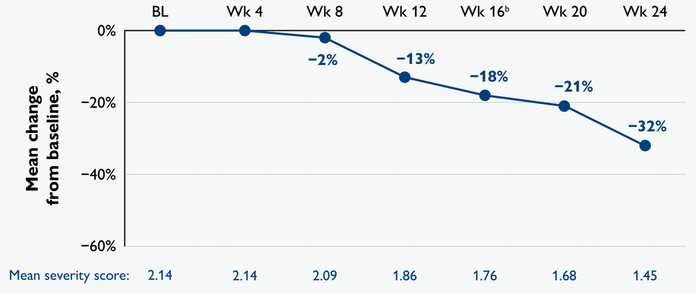
[a]Defined as percentage of participants achieving ≥2-grade reduction from baseline in IGA score and a score of 0 (clear) or 1 (almost clear). [b]One participant was not evaluated at week 16.
BL, baseline; CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; IGA, Investigator's Global Assessment.

Figure 2. Acne Improvements at Week 24 With CAB Gel in Fitzpatrick Skin Types IV-VI



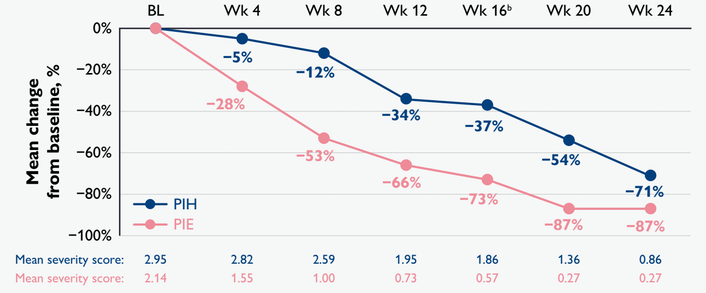
Individual results may vary. Photographic Images © 2026. Courtesy of Study Investigator. Part of this figure was previously published in Draelos ZD, et al. *J Drugs Dermatol*. 2025;24(5):516-523.
CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; IGA, Investigator's Global Assessment; IL, inflammatory lesion; NIL, noninflammatory lesion.

Figure 3. Improvement in Acne Scarring[a] With CAB Gel in Fitzpatrick Skin Types IV-VI



[a]Assessed via the Goodman Qualitative Scar Scale: 0 = none, 1 = macular disease, 2 = mild disease, 3 = moderate disease, 4 = severe disease. [b]One participant was not evaluated at week 16.
CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; AE, adverse event; BL, baseline; PIE, postinflammatory erythema; PIH, postinflammatory hyperpigmentation.

Figure 4. Improvement in Skin Appearance[a] With CAB Gel in Fitzpatrick Skin Types IV-VI



[a]Assessed via 5-point ordinal scale: 0 = none, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe. [b]One participant was not evaluated at week 16.
CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%; BL, baseline.

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