Oleogel-S10 reduces dressing change burden and associated costs in patients with epidermolysis bullosa

Anna Bruckner,¹ Dimitra Kiritsi,² Dédée Murrell,³ Lara Wine Lee,⁴ Eli Sprecher,⁵ Laura Maher,⁶ Sandra Löwe,⁷ and Johannes S Kern⁸ on behalf of the EASE investigators

¹University of Colorado School of Medicine, Aurora, CO, USA; ²University of Freiburg, Freiburg, Germany; and Aristotle University of Thessaloniki, Thessaloniki, Greece; ³University of New South Wales, Sydney, NSW, Australia; ⁴Medical University of South Carolina, Charleston, SC, USA; ⁵Tel Aviv Sourasky Medical Center, Tel Aviv, Israel; Tel Aviv University, Tel Aviv, Israel; ⁶Amryt Research Limited, Dublin, Ireland; ⁷Chiesi GRD, Dublin, Ireland; ⁸Monash University, Melbourne, Australia

Background and unmet need

- Epidermolysis bullosa (EB) is a rare hereditary skin disorder.¹
- EB is characterized by skin fragility, recurrent blister formation, and impaired wound healing,¹ leading to serious complications and devastating impact on the quality of life for patients and families.²
- Treatment of EB is focused on wound management,³ and dressing changes in junctional EB and dystrophic EB are commonly done every 1–2 days, often taking as much as 2–4h per day.⁴ The cost associated with dressing changes is high.⁵
- Reduction in dressing change burden is a major unmet medical need in EB.²

The EASE trial

- The EASE trial was the largest randomized, controlled clinical trial ever conducted in EB.⁶
- EASE compared the efficacy and safety of Oleogel-S10 (see panel) versus the control gel over 90 days (Figure 1).⁶







Oleogel-S10 reduces dressing change burden and associated costs in patients with epidermolysis bullosa



Accelerated wound healing

700



Oleogel-S10 can be applied to the wound or the dressing. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/215064s000lbl.pdf Reduced number of dressing changes and fewer patients requiring daily dressing changes*



Reduced time spent on this painful procedure*

Reduced costs associated with dressing use*

*Data derived from the subgroup of patients requiring daily dressing changes at baseline

Scan or follow link to download poster or view a mobile-friendly version.

This material is intended for healthcare professionals only.

https://link.scimobi.com/KMWuLfN6Kv/b



- − + Ι

References

Data on the reduction in the frequency of dressing changes in patients with daily dressing changes at baseline were transformed into reductions in time spent using historical data from Bruckner et al 2020.² Data on the change in body surface area percentage affected by EB wounds and, reduced frequency of daily dressing changes and the unit costs of a standard, commonly used dressing brand were used to calculate the impact of Oleogel-S10 on dressing costs over 27 months.



*Difference is statistically significant at Days 45, 60 and 90







Data derived from the subgroup of patients requiring daily dressing changes at baseline ⁺The total cost of dressing changes for untreated patients (calculated by multiplying by the cost of dressings required to cover the BSAP of all patients with daily dressing changes at baseline for the treatment duration for double blind-phase (91 days) and open-label phase (2 years); BSAP, body surface area percentage; EB, epidermolysis bullosa; k, thousand; USD, United States Dollars



Significantly more patients treated with Oleogel-S10 no longer required daily dressing changes



Almost 3 fewer dressing changes every 2 weeks for patients treated with Oleogel-S10 versus 1 less change for control gel



Time saved on dressing changes for patients and caregivers was 10.9h per week for Oleogel-S10 versus 4.0h for control gel



Saving USD\$37.5k per patient over 27 months

- Taking into account the reduced frequency of dressing changes together with the change in BSAP, we then conducted a cost impact analysis for Oleogel-S10 treated patients over the course of the EASE study (27 months).
- At each visit, the number of patients with daily dressing changes was multiplied by the mean BSAP in cm² and the cost of dressing/cm² (costs in USD of standard non-adhesive dressings).

1. Bardhan A, et al. Nat Rev Dis Primers 2020 Sep 24;6:78. 2. Bruckner A, et al. Orphanet J Rare Dis 2020;15: 3. Kern JS, et al. Br J Dermatol 2023;188:12–21.

4. Kern JS, et al. Trials 2019;20:350. 5. Feinstein JA, et al. Orphanet J Rare Dis 2022;17:367. 6. Murrell D, et al. BAD 2023, Liverpool, UK.

Acknowledgements

The authors would like to thank Nigel Eastmond of Eastmond Medicomm Ltd for editorial support with this poster that was funded by Chiesi GRD.

Poster presented at the joint Symposium on Advanced Wound Care (SAWC) Spring / Wound Healing Society (WHS) meeting, April 30–May 4, 2025, Grapevine, TX, USA