



ATOPIC ECZEMA/DERMATITIS

## **BASELINE ATOPIC COMORBIDITIES AND HEALTHCARE RESOURCE UTILIZATION (HCRU) AMONG PATIENTS WITH ATOPIC DERMATITIS (AD) IN THE EUROSTAD PROSPECTIVE OBSERVATIONAL REGISTRY**

*M. De Bruin-weller<sup>(1)</sup> - A. E. Pink<sup>(2)</sup> - S. M. Ferrucci<sup>(3)</sup> - P. Arenberger<sup>(4)</sup> - Å. Svensson<sup>(5)</sup> -  
M. L. Schuttelaar<sup>(6)</sup> - A. Nosbaum<sup>(7)</sup> - S. Jayawardena<sup>(8)</sup> - L. Eckert<sup>(9)</sup> - M. Ardeleanu<sup>(10)</sup> -  
A. Sorrentino<sup>(9)</sup> - Z. Ozturk<sup>(9)</sup>*

*Department Of Dermatology/allergology, University Medical Center Utrecht, Utrecht,  
Netherlands<sup>(1)</sup> - St John's Institute Of Dermatology, Guy's & St. Thomas' Hospital, London,  
United Kingdom<sup>(2)</sup> - Dermatology Unit, Fondazione Irccs Ca' Granda Ospedale Maggiore  
Policlinico, Milan, Italy<sup>(3)</sup> - Dermatovenerologická Klinika 3, Charles University Of Prague,  
Prague, Czech Republic<sup>(4)</sup> - Department Of Dermatology, Skane University Hospital, Lund  
University, Malmö, Sweden<sup>(5)</sup> - Faculty Of Medical Sciences, University Medical Center  
Groningen, University Of Groningen, Groningen, Netherlands<sup>(6)</sup> - Department Of Allergy  
And Clinical Immunology, Lyon-sud University Hospital, Pierre-benite Cx, France<sup>(7)</sup> -  
Sanofi, Sanofi, Bridgewater, Nj, United States<sup>(8)</sup> - Sanofi, Sanofi, Chilly-mazarin, France<sup>(9)</sup> -  
Regeneron Pharmaceuticals, Inc., Regeneron Pharmaceuticals, Inc., Tarrytown, Ny, United  
States<sup>(10)</sup>*

**Introduction:** The European Prospective Observational Study in Patients Eligible for Systemic Immunosuppressive Therapy for AD (EUROSTAD) registry follows the characteristics and management of patients with AD in a real-world setting.

**Objective:** To report baseline comorbidities and HCRU of EUROSTAD.

**Materials and Methods:** EUROSTAD enrolled patients aged  $\geq 18$  years eligible to receive systemic therapy for AD including immunosuppressive therapy.

**Results:** 308 (85.6%) patients with AD were enrolled. 133 (43.2%) patients were female; most patients enrolled from Italy (30.2%). At baseline, mean (standard deviation [SD]) age was 37.19 (13.8) years, and mean body mass index 24.73 (4.9) kg/m<sup>2</sup>. Mean (SD) age of AD onset was 11.82 (16.8) years; mean duration of AD was 25.42 (15.6) years. Most patients had moderate (53.5%) or severe (31.6%) AD (Investigator's Global Assessment score 3 or 4). At enrollment, the current systemic therapy of patients was cyclosporine (40.5%), methotrexate (23.2%), corticosteroids (all; 19.0%), and dupilumab (18.3%). 82.1%





of patients had  $\geq 1$  relevant medical history/comorbidity; of these patients, 96.0% (n=243) reported  $\geq 1$  ongoing condition. Comorbidities occurring in  $>1\%$  of the enrolled patients were allergic rhinitis (61.7%), asthma (53.3%), allergic conjunctivitis (43.2%), food allergy (38.6%), chronic rhinosinusitis (14.0%), atopic keratoconjunctivitis (8.4%), nasal polyps (4.9%), aspirin sensitivity (4.6%), diabetes type 1/2 (2.3%), and oral herpes (2.3%). HCRU over 12 months before enrollment for reasons related to AD flares/AD but not for flares included a mean (SD) of 5.7 (9.3)/3.1 (4.5) visits to a healthcare professional, 11.4 (25.9)/5.5 (18.8) total days off from usual activities, and 0.2 (0.6)/0.0 (0.3) emergency room admissions. The average out-of-pocket monthly medication costs for most patients were between €0–5 (13.2% of patients),  $>€5$ –10 (9.7%),  $>€10$ –50 (29.5%),  $>€50$ –100 (28.1%), or  $>€100$ –200 (16.7%).

**Conclusions:** The EUROSTAD suggests that in a real-world setting, patients with AD have substantial burden of atopic/allergic comorbid conditions and HCRU.

