ATOPIC ECZEMA/DERMATITIS

DUPILUMAB WITH CONCOMITANT TOPICAL CORTICOSTEROIDS (TCS) ON OBJECTIVE SCORAD IN ATOPIC DERMATITIS (AD) INADEQUATELY CONTROLLED WITH OR MEDICALLY INADVISABLE FOR CYCLOSPORIN A (CSA): LIBERTY AD CAFÉ

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Introduction: The SCORAD (SCORing AD) index is used to assess AD extent and severity. Objective components of SCORAD (o-SCORAD) include: erythema, edema/papulation, oozing/crust, excoriation, lichenification, and dryness, and Body Surface Area (BSA).

Objective: To report the effect of dupilumab+TCS on o-SCORAD in adults with AD who were not adequately controlled with or intolerant to CsA, or when this treatment was medically inadvisable (CAFÉ: NCT02755649).

Materials and Methods: 325 patients received dupilumab 300 mg plus TCS weekly (qw+TCS), every 2 weeks (q2w+TCS), or control (placebo+TCS) qw for 16 weeks (Wks). Outcomes included o-SCORAD. Improvements were assessed by least squares mean percent change from baseline using ANCOVA model with baseline measurement, region, and baseline IGA stratum as covariates. Patients were censored after rescue treatment use; multiple imputation method was implemented for missing data.

Results: Treatment groups had balanced baseline characteristics. Dupilumab treatment improvements vs control were observed by: Wk1 in excoriation in qw+TCS (–18.0% vs –6.2%); Wk2 in excoriation and erythema in q2w+TCS (excoriation, –37.6% vs –9.4%; erythema, –21.0% vs –14.1%), and in both dupilumab arms in edema/papulation and

oozing/crust ([qw+TCS/q2w+TCS vs control]: edema/papulation, –23.1%/–20.6% vs –9.4%; oozing/crust, –44.8%/–41.1% vs –21.1%). By Wk4, lichenification and dryness improvements (qw+TCS/q2w+TCS vs control) were –27.1%/–26.9% vs –13.7%, and –27.2%/–35.2% vs –11.3%, respectively. All improvements lasted through Wk16 ([qw+TCS/q2w+TCS vs control]: erythema, –44.4%/–48.1% vs –27.2%; edema/papulation, –52.8%/–54.9% vs –27.3%; oozing/crust, –69.1%/–76.7% vs –28.8%; excoriation, –66.7%/–65.5% vs –29.7%; lichenification, –48.8%/–51.0% vs –25.7%; dryness, –52.7%/–53.1% vs –24.9%). By Wk2, BSA as measured by SCORAD had improved in both dupilumab arms, lasting through Wk16. Dupilumab had an acceptable safety profile.

Conclusions: Dupilumab+TCS treatment for 16 weeks showed rapid and sustained improvement in AD signs and extent, as measured by o-SCORAD, in adults with AD not adequately controlled with or intolerant to CsA, or when this treatment was medically inadvisable.