ATOPIC ECZEMA/DERMATITIS

RAPID ONSET AND LONG-TERM EFFECT OF DUPILUMAB WITH CONCOMITANT TOPICAL CORTICOSTEROIDS (TCS) ON OBJECTIVE SCORAD (O-SCORAD) IN ADULTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS (AD): LIBERTY AD CHRONOS

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Introduction: Dupilumab (anti-IL-4Rα) inhibits signaling of IL-4/IL-13, key drivers of type 2-mediated inflammation. Dupilumab is indicated for treatment of moderate-to-severe AD in adults who are candidates for systemic therapy.

Objective: To report the long-term effect of dupilumab+TCS on o-SCORAD in adults with moderate-to-severe AD (CHRONOS: NCT02260986).

Materials and Methods: 740 adults were randomized to receive dupilumab 300 mg plus TCS weekly (qw+TCS), every 2 weeks (q2w+TCS), or control (placebo+TCS) qw for 52 weeks. Outcomes included objective components of SCORAD: erythema, edema/papulation, oozing/crust, excoriation, lichenification, and dryness, and Body Surface Area (BSA). 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: Baseline characteristics were balanced between treatment groups. Patients receiving dupilumab qw+TCS had improvements (reduction) vs control in excoriation by Week 1 (–26.9% vs –17.8%), and patients receiving q2w+TCS by Week 2 in excoriation (–41.8% vs –23.3%) and dryness (–25.3% vs –16.3%). Patients in both dupilumab treatment arms (qw+TCS/q2w+TCS vs control) had improvement in erythema

(–27.2%/–26.2% vs –19.0%), edema/papulation (–30.0%/–32.3% vs –19.9%), and oozing/crust (–49.9%/–55.9% vs –32.6%) by Week 2, and by Week 4 in lichenification (qw+TCS/q2w+TCS vs control, –31.1%/–34.7% vs –23.9%) and dryness (qw+TCS vs control, –34.2% vs –23.9%). All improvements remained through Week 52 (qw+TCS/q2w+TCS vs control): erythema, –51.0%/–48.9% vs –34.4%; edema/papulation, –63.7%/–57.8% vs –43.5%; oozing/crust, –89.9%/–85.1% vs –65.6%; excoriation, –78.6%/–72.8% vs –46.9%; lichenification, –67.4%/–69.9% vs –46.7%; dryness, –50.7%/–55.7% vs –36.5%. By Week 2, BSA had improved in both dupilumab arms, lasting through Week 52. Dupilumab had an acceptable safety profile.

Conclusions: Dupilumab+TCS treatment for 52 weeks resulted in rapid, marked, and sustained improvement in AD clinical signs in adults with moderate-to-severe AD as measured by o-SCORAD.