ATOPIC ECZEMA/DERMATITIS

DUPILUMAB FOR TREATMENT OF MODERATE-TO-SEVERE ATOPIC DERMATITIS IN A REAL-WORLD SETTING

Christine E. Jo [1] - Jorge R. Georgakopoulos [2] - Arvin Ighani [3] - Matthew Ladda [3] - Kaitlyn Lam [3] - Vijay K. Sandhu [3] - Aaron M. Drucker [4] - Vincent Piguet [4] - Jensen Yeung [4]

University Of Ottawa, Faculty Of Medicine, Ottawa, Canada [1] - Western University, Schulich School Of Medicine And Dentistry, London, Canada [2] - University Of Toronto, Faculty Of Medicine, Toronto, Canada [3] - University Of Toronto, Division Of Dermatology, Department Of Medicine, Toronto, Canada [4]

Introduction: Moderate-to-severe atopic dermatitis (AD) has been difficult to manage with limited safe and efficacious treatment options available in the past. With increasing understanding of the pathogenesis of AD, dupilumab (first biologic for AD) was developed and approved for use in 2017. Despite promising efficacy and safety evidence from randomized controlled trials (RCTs), the question remains whether results seen within the real-world will vary compared to results outlined in RCTs.

Objective: To provide real-world efficacy and safety data on dupilumab and compare to results from RCTs

Materials and Methods: A retrospective chart review was conducted of all patients receiving dupilumab at an academic hospital in Toronto, Canada. Patients who met inclusion criteria (≥3-year history of AD prior to screening, baseline IGA ≥ 3, at least 16 weeks of dupilumab treatment (loading dose of 600mg, followed by bi-weekly doses of 300mg) between December 2017-January 2019) were included for the study. Primary efficacy endpoint (IGA 0/1) and adverse events (AE) reported by all patients were recorded following the 16-week treatment period.

Results: Of 61 patients who met inclusion criteria, 36 (59%) reached IGA 0/1 and 20 (33%) experienced at least 1 AE. Most commonly reported AE was conjunctivitis (n=13, 21%), followed by dizziness/blurred vision (n=3, 5%), and oral herpes (n=2, 3%). Other AEs included one case each (n=1, 2%) of herpes simplex infection, eczema herpeticum, exacerbation of AD, acute cystitis, blepharitis, joint stiffness, and injection site reaction.

Conclusion: Compared to RCTs, a higher proportion of patients met IGA 0/1 (59% vs. 36-40%), and a lower proportion of patients experienced at least one AE (33% vs. 65-88%).

These findings suggest a higher IGA-based efficacy profile for dupilumab with no new safety concerns in everyday clinical practice.