Efficacy of Abrocitinib in Improving Signs of Atopic Dermatitis by Body Location in Patients With Moderate-to-Severe Atopic Dermatitis: Results From JADE DARE

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Background and Objectives

Background

- AD is a chronic inflammatory skin condition characterized by eczematous lesions[1]
- The efficacy of 12 weeks of abrocitinib monotherapy in reducing the extent and severity of AD signs across body regions has been demonstrated previously[2]

Objectives

- To assess the efficacy of abrocitinib 200 mg versus dupilumab 300 mg with concomitant medicated topical therapy in improving erythema, induration/papulation, excoriation, and lichenification as assessed by EASI subscores over 26 weeks
- To assess the efficacy of abrocitinib 200 mg versus dupilumab 300 mg with concomitant medicated topical therapy in improving signs of AD across body regions as assessed by EASI subscores over 26 weeks

AD, atopic dermatitis; EASI, Eczema Area and Severity Index.

1. Langan SM et al. *Lancet.* 2020;396:345-360. 2. Alexis A et al. *Dermatol Ther (Heidelb).* 20220;12:771-785.

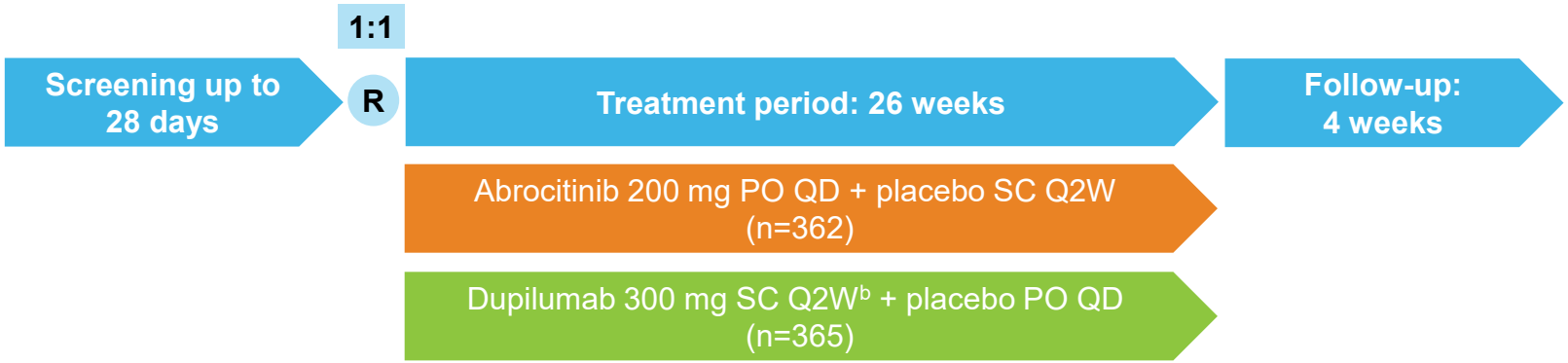
Study Design and Assessments

Study Design

- This post hoc analysis of JADE DARE (NCT04345367), a head-to-head study, included patients aged ≥18 years with moderate-to-severe AD who received abrocitinib 200 mg QD or dupilumab 300 mg Q2W after a 600-mg loading dose plus concomitant topical medicated therapy for 26 weeks

Eligibility Criteria[a]

- Adult patients (≥18 years) with AD ≥6 months
- Moderate-to-severe AD at baseline (IGA ≥3, EASI ≥16, %BSA affected ≥10, PP-NRS ≥4)



Assessments

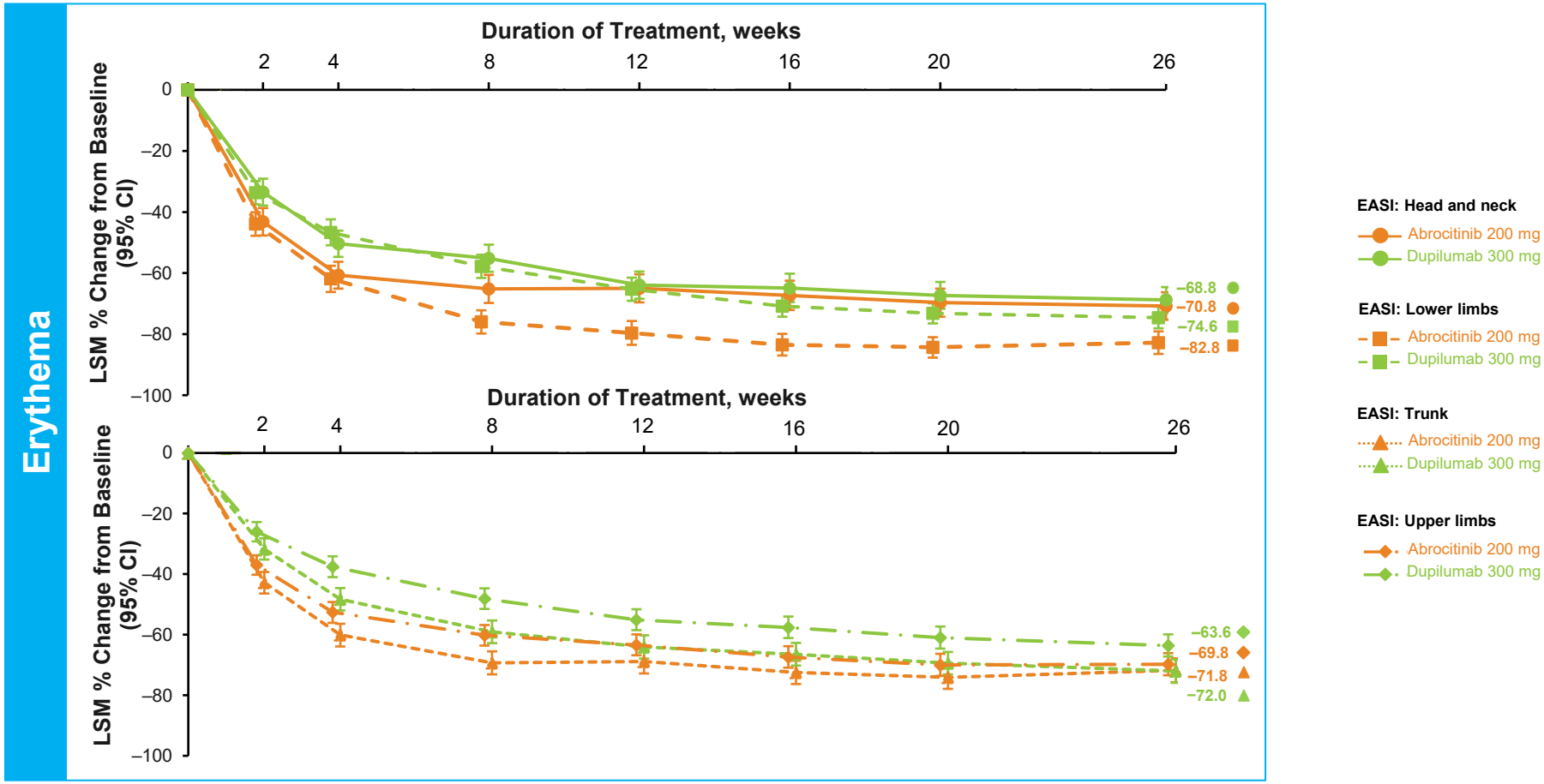
- LSM percentage change from baseline in EASI scores were assessed up to Week 26 for
  - AD signs: erythema, induration/papulation, excoriation, and lichenification
  - Body locations: head/neck, trunk, lower limbs, and upper limbs

%BSA, percentage of body surface area; AD, atopic dermatitis; EASI, Eczema Area and Severity Index; IGA, Investigator's Global Assessment; LSM, least squares mean; PO, by mouth; PP-NRS, Peak Pruritus Numerical Rating Scale (used with permission from Regeneron Pharmaceuticals, Inc., and Sanofi); Q2W, once every 2 weeks; QD, once daily; R, randomization; SC, subcutaneous.

[a]Inadequate response to topical medication or requiring systemic therapy to control AD. [b]After a 600-mg SC loading dose of dupilumab. The last dose of dupilumab was administered at Week 24.

LSM Percentage Change From Baseline in EASI Sign Scores for Erythema Across All Body Regions

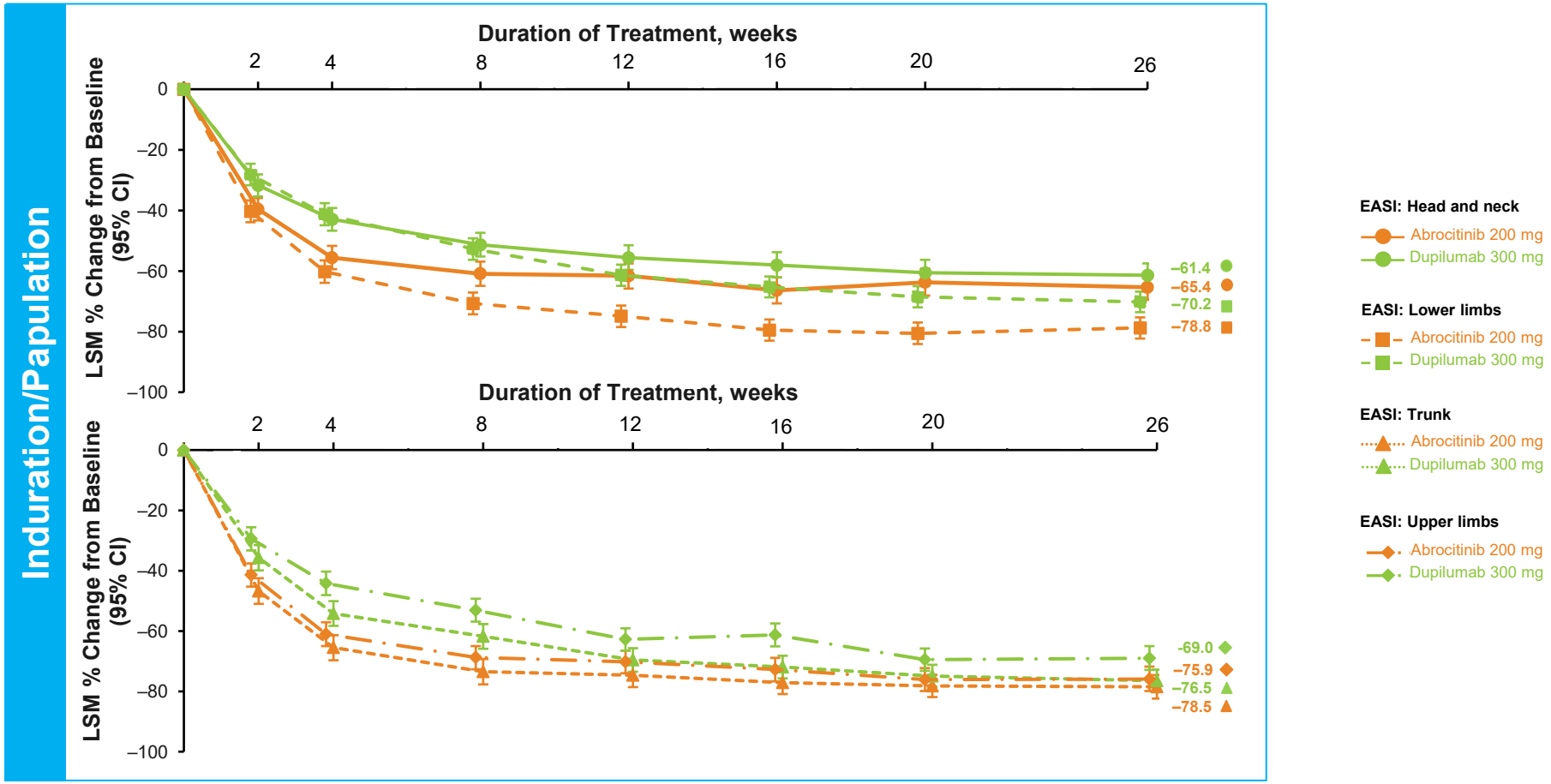
- This analysis included 362 and 365 patients treated with abrocitinib and dupilumab, respectively
- At Week 2, improvements in EASI sign scores were numerically greater with abrocitinib versus dupilumab across all body regions for erythema, and were comparable between treatment arms at Week 26



%, percentage; EASI, Eczema Area and Severity Index; LSM, least squares mean.

LSM Percentage Change From Baseline in EASI Sign Scores for Induration/Papulation Across All Body Regions

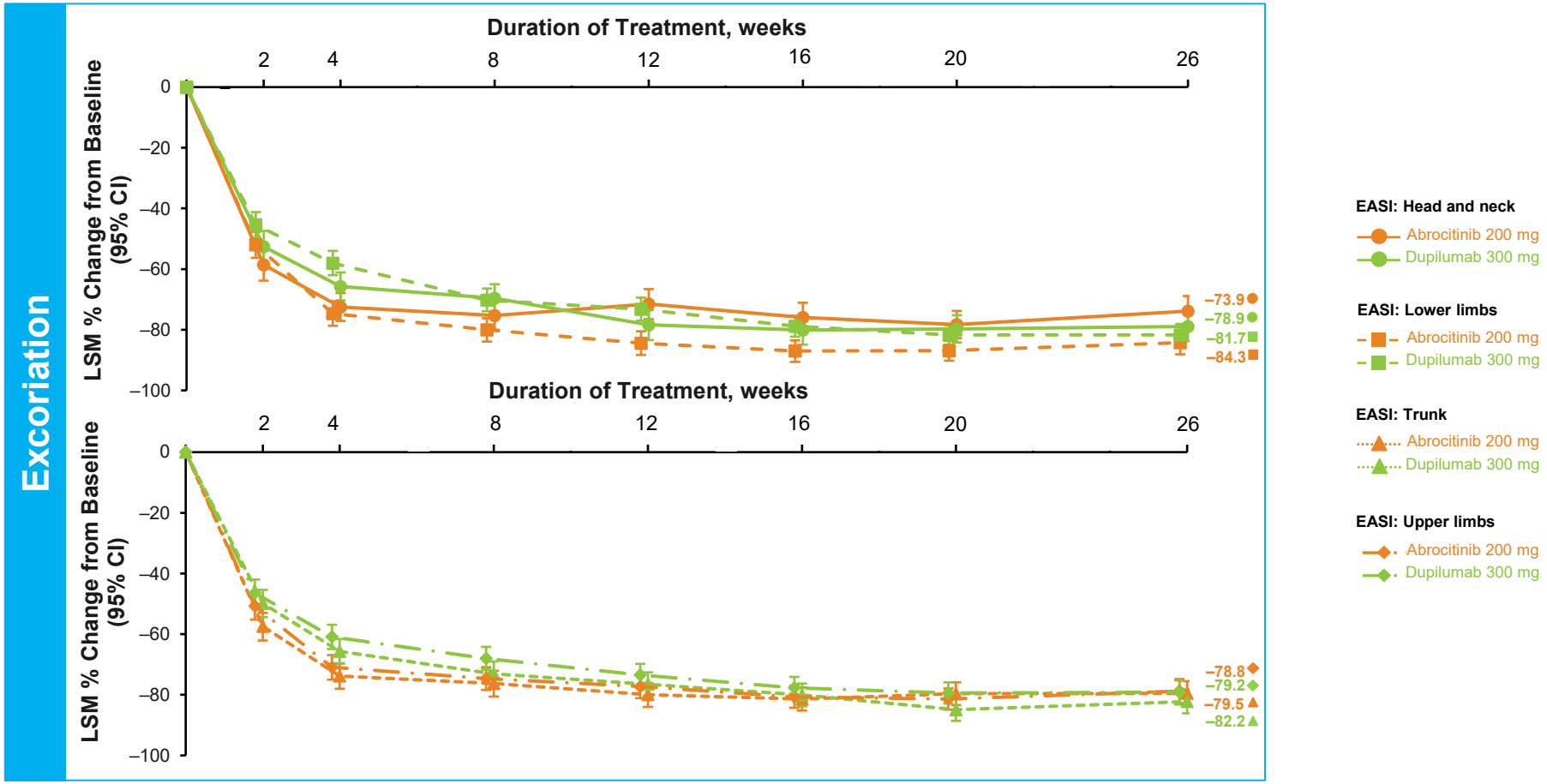
- Similarly, improvements in EASI sign scores were numerically greater with abrocitinib versus dupilumab across all body regions for induration/papulation at Week 2, and were comparable between treatment arms at Week 26



%, percentage; EASI, Eczema Area and Severity Index; LSM, least squares mean.

LSM Percentage Change From Baseline in EASI Sign Scores for Excoriation Across All Body Regions

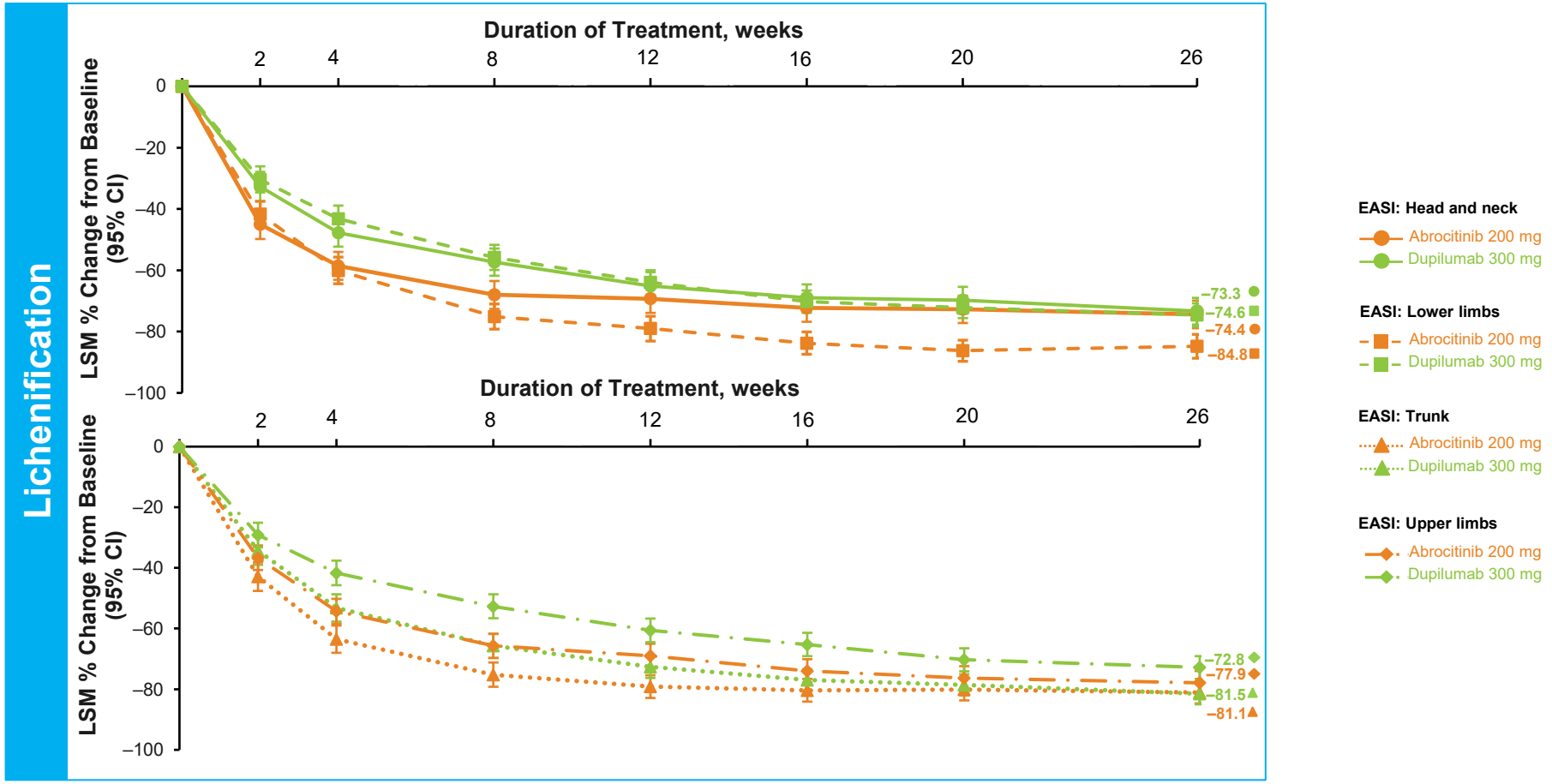
- At Week 2, improvements in EASI sign scores were numerically greater with abrocitinib versus dupilumab across all body regions for excoriation also
  - Improvements were comparable between treatment arms at Week 26



%, percentage; EASI, Eczema Area and Severity Index; LSM, least squares mean.

LSM Percentage Change From Baseline in EASI Sign Scores for Lichenification Across All Body Regions

- Likewise, improvements in EASI sign scores were numerically greater with abrocitinib versus dupilumab across all body regions for lichenification at Week 2; improvements were found to be comparable between treatment arms at Week 26



%, percentage; EASI, Eczema Area and Severity Index; LSM, least squares mean.

Conclusions

Conclusions

- Improvements in severity of AD signs across all body regions as assessed by EASI score were more rapid with abrocitinib 200 mg than with dupilumab 300 mg
  - Improvements in EASI subscores became comparable in patients treated with abrocitinib and dupilumab by Week 26