

Clinical Remission and Off-Treatment Remission in Pediatric Patients With Moderate-to-Severe Atopic Dermatitis Treated With Dupilumab: Open-Label Extension Study Preliminary Data

Atopic
Dermatitis

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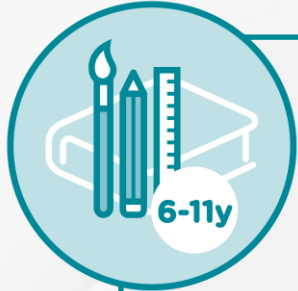
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Background



- Pediatric and adolescent patients with moderate-to-severe atopic dermatitis (AD) have a high burden of disease
- Higher disease severity and earlier onset predict disease persistence



- Early intervention with targeted therapies during infancy and childhood may have the potential to impact AD disease trajectory and associated atopic morbidities, and promote long-term remission^{1,2}



- Concerns among physicians and caregivers about the need for long-term systemic treatment may be mitigated by data supporting the possibility of disease remission



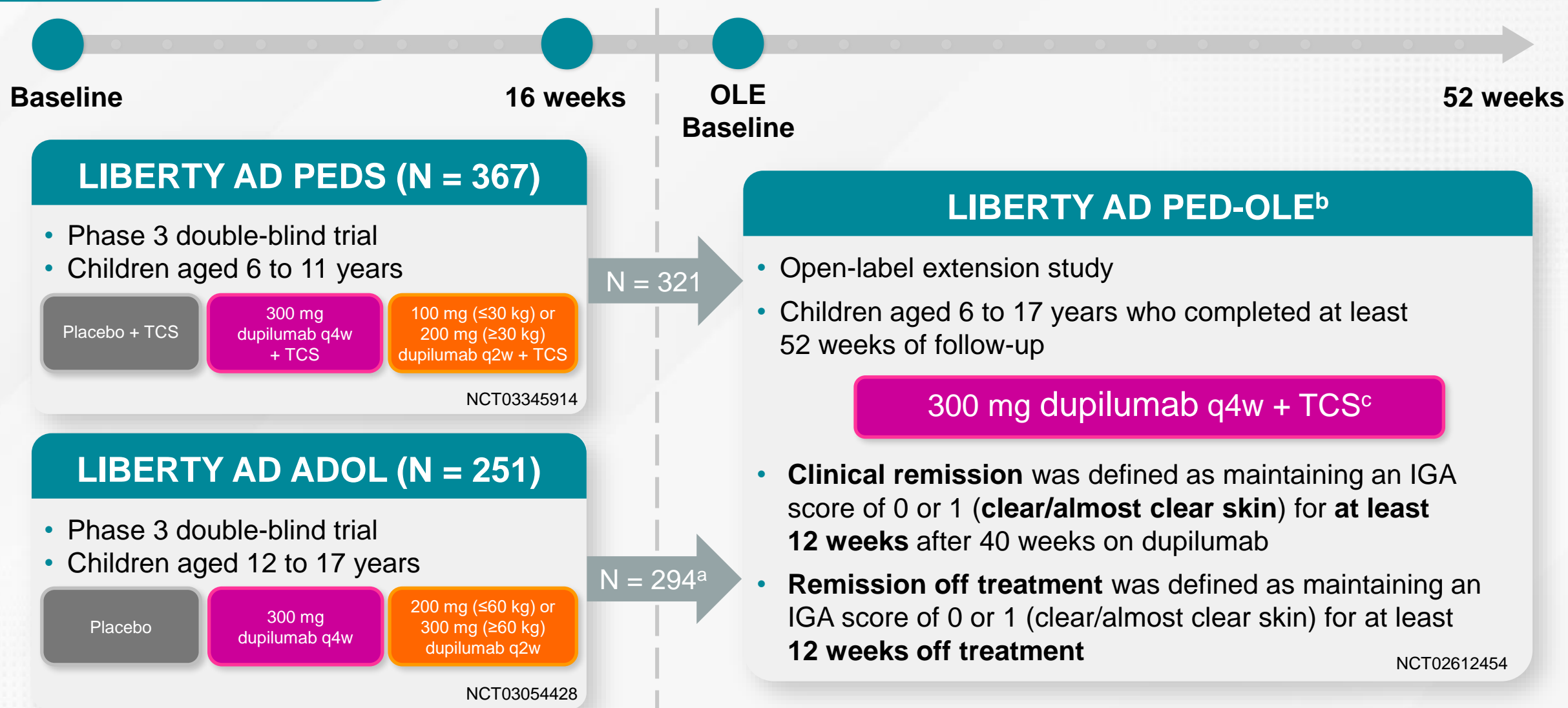
Objective



To assess the incidence of clinical remission on dupilumab and maintenance of remission after treatment discontinuation in pediatric and adolescent patients with moderate-to-severe atopic dermatitis



Methods



^aAdditional patients enrolled from R688-AD-1412 (NCT02407756), and R688-AD-1607 (NCT03050151).

^bSome patients transitioned directly from the parent studies to the open-label extension, while others had a time lapse in between.

^cDupilumab dosing could be titrated to every 2 weeks if response was inadequate.

IGA, Investigator's Global Assessment; q2w, every 2 weeks; q4w, every 4 weeks; TCS, topical corticosteroids.

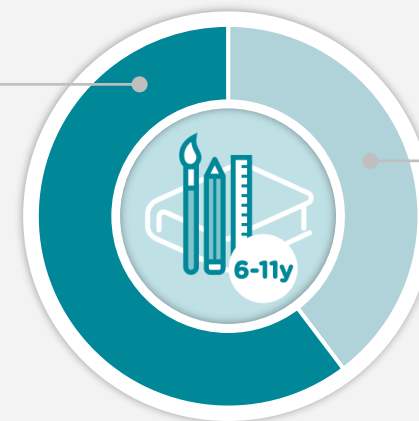
Results

Children aged 6 to 11 years achieving clinical remission on therapy and maintaining remission off treatment

28.7% (n = 73/254)
of children with severe AD treated
with dupilumab for at least 52 weeks
achieved clinical remission^a



Remission off
treatment^b
60.3%
(n = 44/73)



Re-initiated
dupilumab^c
39.7%
(n = 29/73)



Median follow-up off therapy:
15.7 weeks

^aDefined as maintenance of an IGA score of 0 or 1 (clear/almost clear) for ≥ 12 weeks after 40 weeks on dupilumab.

^bMaintained clear/almost clear skin for at least 12 weeks.

^cPatients who reached an IGA score ≥ 2 (mild disease and above) within the follow up period re-started treatment with dupilumab. In these cases, investigators were encouraged to consider treatment with topical therapy and to re-initiate dupilumab only for patients who did not respond adequately after 7 days of topical treatment.

AD, atopic dermatitis; IGA, Investigator's Global Assessment.

Cork MJ, et al. Dermatol Ther (Heidelb). 2023;13:2697-719.

Results

Adolescents aged 12 to 17 years achieving clinical remission on therapy and maintaining remission off treatment

29.4% (n = 30/102)

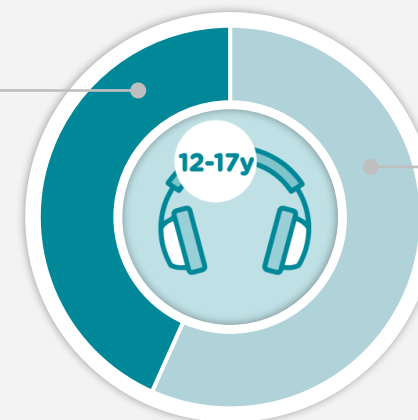
of adolescents with moderate-to-severe AD treated with dupilumab for at least 52 weeks

achieved clinical remission^a



Remission off treatment^b

43.3%
(n = 13/30)



Re-initiated dupilumab^c

56.7%
(n = 17/30)



Median follow-up off therapy:
18 weeks

^aDefined as maintenance of an IGA score of 0 or 1 (clear/almost clear) for ≥ 12 weeks after 40 weeks on dupilumab.

^bMaintained clear/almost clear skin for at least 12 weeks.

^cPatients who reached an IGA score ≥ 2 (mild disease and above) within the follow-up period re-started treatment with dupilumab. In these cases, investigators were encouraged to consider treatment with topical therapy and to re-initiate dupilumab only for patients who did not respond adequately after 7 days of topical treatment.

AD, atopic dermatitis; IGA, Investigator's Global Assessment.

Blauvelt A, et al. Am J Clin Dermatol. 2022;23:365-83.



Conclusions



- About one-third of pediatric patients achieved clinical remission on dupilumab and about half of these patients maintained remission off treatment for at least 12 weeks
- The incidence of remission off treatment is higher in younger patients