Efficacy and safety of tralokinumab monotherapy in adult patients with moderate-to-severe atopic dermatitis: results from two 52-week, Phase 3 trials (ECZTRA 1 and ECZTRA 2)

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Introduction

Atopic dermatitis (AD) is a chronic inflammatory skin disease characterized by intense itch and eczematous lesions. It affects up to 20% of the pediatric population and 10% of the adult population. The underlying pathophysiology of AD is a complex and multifaceted combination of skin barrier dysfunction and specific immune dysregulation, characterized by T-cell activation, Th2 cytokine expression, and altered skin barrier function.

Patients

Eligible patients were 18 years of age and older, with a confirmed diagnosis of AD for at least 2 years, with baseline IGA score of 3 or 4, and with a history of persistent AD for at least 12 months prior to the screening visit.

Methods

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Patients were randomly assigned 2:2:1 to receive either tralokinumab 300 mg q2w or placebo for an initial treatment period of 16 weeks, followed by an additional 36 weeks of maintenance treatment with trial medication. Patients who, after week 16, received rescue medication or were transferred to open-label treatment are considered non-responders at week 52. Missing values imputed as non-response.

Endpoints

Primary endpoints

At week 16, IGA-0/1 response was achieved by 51.3% versus 51.4% (N=199; 95% CI: 4.1% - 23.0%) and 59.3% versus 51.4% (N=592; 95% CI: 6.1% - 20.8%) in ECZTRA 1 and ECZTRA 2, respectively. Overall, patients in the tralokinumab group had a significant improvement in IGA scores compared to the placebo group at week 16 (P<0.001).

Secondary endpoints

At week 16, EASI-75 response was achieved by 44.9% versus 30.0% (N=199; 95% CI: 5.4% - 16.6%) and 45.1% versus 22.2% (N=592; 95% CI: 3.8% - 16.4%) in ECZTRA 1 and ECZTRA 2, respectively. Patients in the tralokinumab group had a significant improvement in EASI scores compared to the placebo group at week 16 (P<0.001).

Safety

The safety profile at week 52 was comparable with that in the initial treatment period. The most common adverse events were injection site reactions, nasopharyngitis, and URI.

Results

The primary analysis of the maintenance endpoints considered patients who, prior to week 52, received rescue medication. Rescue medication was defined as any medication used for AD treatment that was not part of the original treatment regimen.

Conclusions

Tralokinumab demonstrated superior over placebo in primary and secondary endpoints of AD.

The majority of patients maintained response at week 52 with tralokinumab (without the use of rescue medication).

After achieving sustained response, q4w dosing could be appropriate for some patients.

Continued treatment beyond 52 weeks resulted in additional patients achieving treatment response.

The overall frequency of AEs among tralokinumab-treated patients was comparable with placebo on an overall group basis.

Specifically targeting IL-13 with tralokinumab represents a novel and efficacious approach for the long-term treatment of AD.