The severity of AD is often stratified using objective (Investigator’s Global Assessment [IGA], Eczema Area and Severity Index [EASI], body surface area [BSA]) and subjective, itch numerical rating scale (NRS) criteria.

Methods

Randomized, double-blind, vehicle-controlled trials were conducted in a subpopulation of patients with more severe AD at baseline and was well tolerated in patients with AD.

Results

Patients

A total of 1249 patients (median age, 32 years) were randomized in the VC period.

Distribution of baseline demographics and clinical characteristics of all randomized patients are shown in Table 1. Patients were randomized to vehicle-controlled (VC) period; patients were not randomized until all vehicle-controlled patients had completed their 8-week washout period.

Disease Control Analysis

Analysis included patients who remained on their randomization treatment from the beginning to the end of the LTS period (Figure 2).

Conclusions

The subset of patients meeting various thresholds for more severe disease at baseline achieved effective long-term disease control with ruxolitinib cream monotherapy during the 52-week study period.

Ruxolitinib cream was well tolerated in the long-term setting in this subset of patients who may be eligible for both systemic and topical therapies.

These data suggest that ruxolitinib cream may delay or prevent the need for systemic therapy in a subset of patients with more severe AD.

Although these patients met various thresholds for more severe disease at baseline, failure of topical therapy was not a requirement for entering the studies.