Abrocitinib in the Treatment of Moderate-to-Severe Atopic Dermatitis Refractory to Dupilumab: An Analysis of JADE-EXTEND, A Phase 3 Long-Term Extension Study

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BACKGROUND

• Dupilumab, an anti-interleukin-4 receptor alpha monoclonal antibody, is approved for the treatment of patients with atopic dermatitis (AD) who are candidates for systemic therapy.
• Patients with moderate-to-severe AD who do not respond to dupilumab have limited treatment options.

OBJECTIVE

• To assess the proportion of dupilumab nonresponders from JADE COMPARE who experienced clinically meaningful improvement in signs and symptoms of AD after switching to abrocitinib in JADE EXTEND.

METHODS

• JADE COMPARE included adults with moderate-to-severe AD and inadequate response to topical medication or a need for systemic therapy to control AD.
• This post hoc analysis focuses on patients with moderate-to-severe AD who received dupilumab and concomitant topical therapy for 16 weeks in JADE COMPARE followed by entry into JADE EXTEND (Figure 1).
• Upon entering JADE EXTEND, patients were randomized to either abrocitinib 200 mg or 100 mg once daily.

RESULTS

• Among dupilumab PP-NRS 0/1 nonresponders (based on failing to achieve a PP-NRS score of 0 [representing no itch] or 1 at week 12 and with ≥2-point improvement from baseline in PP-NRS in JADE COMPARE), 42.3% of the abrocitinib 200-mg group and 33.1% of the abrocitinib 100-mg group achieved IGA 0/1 at week 12 of JADE EXTEND.
• Among dupilumab EASI-90 nonresponders (based on failing to achieve an IGA of clear [0] or almost clear [1] and ≥75% improvement from baseline in EASI in JADE COMPARE), 47.2% of the abrocitinib 200-mg group and 32.5% of the abrocitinib 100-mg group achieved IGA 0/1 at week 12 of JADE EXTEND.
• Among dupilumab SS nonresponders (based on failing to achieve at least a 75% improvement in signs and symptoms of AD after switching to abrocitinib in JADE EXTEND), 38.8% of the abrocitinib 200-mg group and 27.7% of the abrocitinib 100-mg group achieved IGA 0/1 at week 12 of JADE EXTEND.

DISCUSSIONS

• A substantial proportion of dupilumab nonresponders achieved clinically meaningful efficacy responses after switching to abrocitinib (Figure 2).

Table 1. Baseline Characteristics (Safety Population)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>n</th>
<th>%BSA, Mean (SD)</th>
<th>EASI, Mean (SD)</th>
<th>IGA, n (%): 0/1</th>
<th>SS, 0/1</th>
<th>EASI-90, n (%): 0/1</th>
<th>SS-90, n (%): 0/1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrocitinib 200 mg QD</td>
<td>117</td>
<td>47.1 (22.7)</td>
<td>22.4 (15.0)</td>
<td>67 (57.3)</td>
<td>45 (38.5)</td>
<td>67 (57.3)</td>
<td>45 (38.5)</td>
</tr>
<tr>
<td>Abrocitinib 100 mg QD</td>
<td>111</td>
<td>45.4 (21.9)</td>
<td>23.6 (15.6)</td>
<td>66 (59.3)</td>
<td>43 (38.6)</td>
<td>66 (59.3)</td>
<td>43 (38.6)</td>
</tr>
</tbody>
</table>

Table 2. Safety

<table>
<thead>
<tr>
<th>Treatment</th>
<th>n</th>
<th>TEAEs reported for ≥4 patients in any group, n (%):</th>
<th>Patients who had ≥1 TEAE, n (%):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrocitinib 200 mg QD</td>
<td>117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abrocitinib 100 mg QD</td>
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CONCLUSIONS

• The efficacy and safety profile of oral abrocitinib 200 mg or 100 mg QD in this analysis supports the role of abrocitinib as treatment for patients with moderate-to-severe AD, regardless of prior experience with dupilumab.

REFERENCES


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