Comparison of Study Designs for Primary Phase III Trials for Omalizumab Versus Dupilumab for Patients With Chronic Spontaneous Urticaria

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Introduction

- Omalizumab is currently the only biologic approved and recommended as second-line treatment for patients with chronic spontaneous urticaria (CSU).
- However, clinical trial programs are underway for other biologic treatments such as dupilumab.
- Given head-to-head trials will not be conducted, consideration of study design may be important.
- We compared the participants, interventions, outcomes, and results for Phase III primary efficacy clinical trials for omalizumab versus dupilumab for patients with CSU (using published information only):
- Omalizumab trials ASTERIA I¹ and II² (NCT01287117 and NCT01292473)

Outcomes			
ASTERIA I/II (omalizumab)	LIBERTY-CSU-CUPID (dupilumab)		
Primary OutcomesChange from baseline in ISS7 at Week 12	Primary OutcomesChange from baseline in ISS7 at Week 24		
Secondary Efficacy Outcomes Week 12	Secondary Efficacy Outcomes Week 12 and Week 24		
CFB UAS7	CFB ISS7 Week 12		

- Dupilumab trial - LIBERTY-CSU CUPID³ (NCT04180488).

Participants

ASTERIA I/II (omalizumab)

- 12–75 years
- Diagnosis of CSU refractory to H1 antihistamines for ≥6 months
- Presence of itch and hives for >6 consecutive weeks despite H1 antihistamines plus H2 antihistamines, LTRAs, or both, or >8 weeks despite use of H1 antihistamines
- UAS7 score ≥16
- ISS7 score ≥8
- UAS ≥4 on at least 1 screening day

LIBERTY-CSU-CUPID (dupilumab)

- 6–80 years
- Diagnosis of CSU refractory to H1 antihistamines for ≥6 months
- Presence of itch and hives for >6 consecutive weeks despite H1 antihistamines (standard or ≤4-fold dose)
- UAS7 score ≥16
- ISS7 score ≥8

- CFB weekly hives severity score
- CFB weekly size of largest hive score
- CFB DLQI
- Time to MID ISS7
- % participants ISS7 MID responders
- % participants UAS7≤6
- % participants UAS7=0 (complete responders)
- % angioedema-free days from Week 4

• CFB UAS7

- CFB weekly hives severity score
- CFB weekly angioedema activity score
- CFB DLQI
- CFB CDLQI
- CFB PGIC
- CFB PGIS
- CFB UCT
- % participants UCT \geq 12 (well-controlled)
- Time to ISS7 MID
- % participants ISS7 MID responders
- % participants UAS7≤6
- % participants UAS7=0 (complete responders)
- % participants receiving OCS
- Time to receiving OCS
- (Safety) Incidence of treatment-emergent ADAs

Results

ASTERIA I/II (omalizumab)

LIBERTY-CSU-CUPID (dupilumab)

Study B Study A

Study C

Key Exclusion Criteria

ASTERIA I/II (omalizumab)

LIBERTY-CSU-CUPID (dupilumab)

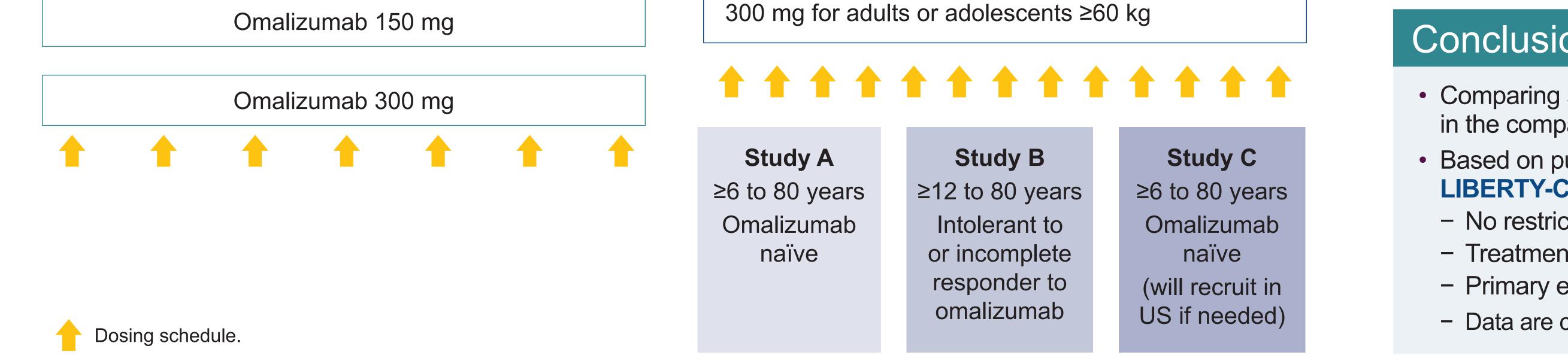
- Weight <20 kg
- Other skin disease associated with itch
- Routine daily doses of the following within 30 days prior: systemic steroids, hydroxychloroquine, methotrexate, cyclosporine, cyclophosphamide, IV Ig
- History of malignancy
- Use of any H2 antihistamine or LTRA within 7 days
- Weight <30 kg adults/adolescents, <15 kg children

200 mg for adolescents <60 kg or children ≥30 kg

- Presence of other skin morbidity including atopic dermatitis
- History of malignancy
- Active TB or active infection
- Known immunodeficiency

Interventions				
ASTERIA I/II (omalizumab)	LIBERTY-CSU-CUPID (dupilumab)			
24-week (ASTERIA I) or 12-week (ASTERIA II) treatment (every 4 weeks)	24-week treatment (every 2 weeks)			
Placebo	Placebo			
Omalizumab 75 mg	Dupilumab			

						Study A	Study B	Study C	
	All patients with CSU refractory to H1 antihistamines					Omalizumab naïve	Intolerant to or incomplete responder to omalizumab	Omalizumab naïve	
						An sBLA was submitted based on Study A and Study B⁴	Stopped due to futility based on a prespecified interim analysis ⁵	Status not publicly available	
Primary Outcome - Week 12						Primary Outcome - Week 24			
ASTERIA I	ASTERIA II					LIBERTY-CSU-CUPID			
	Omalizumab			Omalizumab (mg)	_	PBO Dupilumab			
PBO -2- -4- -6- -6- -6- -8- -10- -12-	75 150	300	0 -2- -4- -6- -8- -0- -0- -10- -12-	PBO 75 150 300		-2- -2- -4- -6- -6- -0- -10- -12-			
	Sa	afety: fo		es, adverse events	s were sin	nilar in treatment and	d placebo groups. ¹⁻³		



Dupilumab

Note: Given the differences in study design, direct comparison of efficacy outcomes is limited.

Conclusions

- Comparing study designs for primary clinical trials for omalizumab and dupilumab for patients with CSU will aid in the comparative analysis and clinical evaluation of final trial results.
- Based on published information, key differences between ASTERIA I/II (omalizumab) and LIBERTY-CSU-CUPID (dupilumab):
- No restrictions on participants for omalizumab
- Treatment every 4 weeks for omalizumab and every 2 weeks for dupilumab
- Primary endpoint of 12 weeks for omalizumab versus 24 weeks for dupilumab

- Data are complete and validated in real-world studies for omalizumab and incomplete/ongoing for dupilumab.

References: 1. Saini S, et al. J Invest Dermatol. 2015;135:67–75. 2. Maurer M, et al. N Engl J Med. 2013;368:924–35. 3. Maurer M, et al. JACI. 2022;148 (Supp):AB312. 4. Sanofi. Press Release: Dupixent[®] (dupilumab) application for treatment of chronic spontaneous urticaria (CSU) in adults and adolescents accepted for FDA review. Paris and Tarrytown, N.Y. March 7, 2023. https://www.sanofi.com/en/media-room/press-releas es/2023/2023-03-07-06-00-00-2621670. 5. Sanofi. Press Release: Update on ongoing Dupixent® (dupilumab) chronic spontaneous urticaria Phase 3 program. Paris and Tarrytown, N.Y. February 18, 2022. https://www.sanofi.com/en/media-room/press-releases/2022/2022-02-18-06-00-00-2387700

Abbreviations: ADA, antidrug antibody; CFB, change from baseline; CDLQI, Children's Dermatology Life Quality Index; CSU, chronic spontaneous urticaria; DLQI, Dermatology Life Quality Index; ISS, Itch Severity Score; ISS7, 7-day Itch Severity Score; IV Ig, intravenous immunoglobulin; LTRA, leukotriene receptor antagonist; MID, minimal important difference; OCS, oral corticosteroid; PGIC, Patients' Global Impression of Change; PGIS, Patient Global Impression of Severity; TB, tuberculosis; UAS, Urticaria Activity Score; UAS7, 7-day Urticaria Activity Score; UCT, urticaria control test.

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