Lebrikizumab Demonstrates Progressive Improvements in Skin Clearance and Itch Relief Over One Year in Patients With Atopic Dermatitis

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BACKGROUND
- AD is a chronic skin disease associated with severe burden, affecting sleep, daily activities, and social relationships.1
- Lebrikizumab is a monoclonal antibody that binds with high affinity and slow efflux to IL-13, thereby blocking the downstream effects of IL-13 with high potency.2
- Lebrikizumab has demonstrated efficacy and beneficial risk profile as monotherapy for moderate-to-severe AD in the 16-week primary endpoints of the PHASE 3 Phase 3, randomized, double-blind, placebo-controlled, 50-week ADVOCATE (NCT03914351) and ADVANCE (NCT03789967) trials.3
- Due to re-randomization at Week 16, the design of these studies does not allow for a continuous view of patients’ response trajectory from Weeks 0 to 52 from randomized results of the primary and major secondary endpoints for lebrikizumab and placebo through separate period evaluations, cohort, or specific arm reviews.4

OBJECTIVE
- To estimate the response trajectory for patients continuously treated with lebrikizumab from baseline to Week 52.
- This analysis was designed to mimic lebrikizumab treatment as it may appear in the real-world, under the assumption that interim-Treat patients received lebrikizumab Q2W treatment for the first 16 weeks, then received lebrikizumab Q4W if they responded or initiated lebrikizumab treatment, or continued to receive Q2W treatment if they did not respond.

CONCLUSIONS
- Based on this model, treatment with lebrikizumab resulted in continuous and progressive skin and itch improvements from Week 0 to 52.
- As these results were not designed as treat-through,these results should be interpreted with caution.

METHODS
Treat-Through Model
- The Induction Period analysis was based on the pooled ADVOCATE 182 mg population assigned to Q2W at baseline.
- The estimates of the response rates from Week 16 to Week 52 were on a weighted sum of the response rates from two Treatment arms at each time point:
  - Responders at Week 16 who received lebrikizumab Q4W during the 36-week Maintenance Period (MP): Patients who did not meet post-pipeline response criterion at Week 16 continued lebrikizumab Q2W as unblinded treatment in the Escape Arm for the 36-week Maintenance Period (MP).5
  - The weighted average to be 1/2 the Treatment arms pool as the proportion of lebrikizumab-treated in MP patients who were re-randomized to blinded treatment, or entered the Escape Arm, respectively.
- Data from treatment discontinuation due to lack of efficacy were imputed with NRS; data after treatment discontinuation due to other reasons and other missing data were imputed with values from the baseline through the 52-week treatment.
- In the Induction Period, patients who used rescue medication were considered non-responders; collected data after use of rescue medication (topical or systemic) were imputed using the last observation carried forward.
- The Induction Period, use of rescue medication was permitted; observed data after rescue medication use were included.
- In the Maintenance Treatment Period at non-randomization EASI 50 during the Maintenance Period were discontinued from the assigned blinded treatment eligible for (Escape Arm).
- Patients in the Escape Arm not achieving or maintaining an EASI 50 score after 8 weeks of maintenance were re-randomized from the blinded treatment to the open-label treatment.
- Responders were defined as having an IGA (0,1) with ≥2 rescue medication achieving EASI 75 from baseline to Week 16, without receiving topical or systemic medication.

RESULTS
- Based on data analysis, the incidence of patients requiring rescue medication was ≤1% in both groups. Responders were defined as having an IGA (0,1) with ≥2 rescue medication achieving EASI 75 from baseline to Week 16, without receiving topical or systemic medication.

REFERENCES