Tralokinumab improves signs and symptoms of moderate-to-severe atopic dermatitis in patients aged 12 years and older with and without atopic comorbidities

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Background

- Atopic dermatitis (AD) is an inflammatory skin disease associated with atopic comorbidities, including asthma, food allergy, hay fever, and allergic conjunctivitis.
- The presence of comorbidities can impact the progression of AD, the response to treatment, and patient quality of life.
- Tralokinumab, a high-affinity monoclonal antibody that specifically targets IL-13, is approved for the treatment of moderate-to-severe AD in multiple countries.

Objectives

- To assess the impact of atopic comorbidities on the efficacy and safety of tralokinumab vs. placebo for the treatment of moderate-to-severe AD in patients aged 12 years and older.
- To evaluate the safety profile of tralokinumab in patients with and without atopic comorbidities.

Methods

- The analysis included patients from phase 3 trials of tralokinumab: ECZTRA 1 (monotherapy, adults), ECZTRA 2 (monotherapy, children and adolescents), ECZTRA 3 (monotherapy, adults), and ECZTRA 6 (combination therapy, adults and children).
- The primary outcomes were the proportion of patients achieving a >75% improvement in EASI (EASI-75) and IGA 0/1.
- Baseline characteristics and comorbidities were assessed.

Results

- In the overall population, safety across subgroups was consistent with the safety profile of tralokinumab observed in adults and adolescents (Table 1).
- The proportion of patients with asthma AEs was higher in patients with at least 1 atopic comorbidity vs. none, with 7.5% vs. 5.3% respectively.
- The proportion of patients with AEs leading to discontinuation of treatment was similar between patients with and without atopic comorbidities (1.5% vs. 2.1% respectively).

Conclusions

- 16 weeks of tralokinumab treatment improved AD signs and symptoms in adult and adolescent patients with and without atopic comorbidities, regardless of type or number of atopic comorbidities (Figure 4).
- In the full population of the adult trials, response rates improved beyond Week 16 up through Week 52 for ECZTRA 1 and 2, and Week 32 for ECZTRA 3.
- The safety profile of tralokinumab was consistent between patients with and without atopic comorbidities.