A checklist to aid in identifying patients with atopic dermatitis who are candidates for systemic therapy

Jonathan Silverberg1, Matthias Augustin2, Lawrence Eichenfield3, Peter Lio4, Emma Guttman-Yassky5, Amber Reck Atwater6, Evangeline Pierce6, Maria Jose Rueda6, Alvin Li7, Yolanda Munoz Maldonado7, Eric Simpson8

1George Washington University School of Medicine and Health Sciences, Washington, DC, USA; 2University Medical Center Hamburg-Eppendorf, Hamburg, Germany; 3University of California San Diego and Rady Children's Hospital, University of California, San Diego, USA; 4Northwestern University Feinberg School of Medicine, Chicago, USA; 5Icahn School of Medicine at Mount Sinai, New York, USA; 6Eli Lilly and Company, Indianapolis, USA; 7CorEvitas LLC, Massachusetts, USA; 8Oregon Health & Science University, Oregon, USA

Introduction: The decision to initiate systemic therapy (ST) in patients with atopic dermatitis (AD) is complex, with no criteria that are globally agreed upon. To aid dermatology providers in this decision-making, the “When to Start Systemic Therapy Checklist” was developed. The checklist comprises three components: (A) clinical severity, (B) subjective burden, and (C) lack of treatment response, each with several criteria. Systemic therapy is indicated when at least one criterion in each component is fulfilled.

Objectives: To corroborate the validity of this checklist, we evaluated the agreement between the decision to initiate ST using the checklist, against the reference, CorEvitas AD Registry patients prescribed a ST.

Methods: Adults with moderate-to-severe AD from the prospective, longitudinal CorEvitas AD registry were included in this descriptive analysis (July 2020 – August
 Patients were included if they were initiating ST at enrollment (ST group) or not initiating ST at enrollment (non-ST group) but had vIgA-AD® ≥3 and Eczema Area Severity Index ≥12. The checklist criteria were compared against registry outcome measures; when a criterion did not match a measure, either a proxy measure was selected or that part of the questionnaire was excluded. Overall percentage agreement (accord between checklist criteria and ST initiation status [reference standard]) with corresponding 95% confidence intervals (CIs) was calculated.

**Results:** In the ST group (n=1488), 97.0% of patients met at least one criterion from section A, 94.1% from section B, and 92.1% for either section A or B. In the non-ST group (n=208), 100% of patients met at least one criterion from section A, 92.3% from section B, and 92.3% from either section A or B. Among patients in the ST group who met at least one criterion each from section A and B, overall percentage agreement was 81.7% (95% CI: 79.8%, 83.5%). Section C, which addresses “lack of treatment response” could not be evaluated due to the absence of relevant data in the registry.

**Conclusions:** Nearly all patients initiating ST met at least one criterion from both section A and B of the “When to Start Systemic Therapy Checklist”, demonstrating a strong alignment between the checklist sections A and B and disease burden of AD patients in the registry. Subsequent research is needed to assess section C due to registry limitations. Future analyses should examine why some patients with high disease burden and severity remain untreated with systemics.

**Keywords:** Atopic dermatitis, Checklist, Lebrikizumab, Systemic therapy.

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