Lebrikizumab Is an Effective Treatment for Moderate-to-Severe Atopic Dermatitis in Patients ≥60 Years of Age

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BACKGROUND
Historically, AD was believed to affect children with onset expected to occur by age 2 years; however, current data suggest that the prevalence of adult-onset AD is up to 30%, and that AD onset can occur at all ages.

Lebrikizumab is a monoclonal antibody that binds with high affinity and slows the rate to IL

eye driven by IL

KEY FINDINGS
Lebrikizumab Led to Significantly Higher Efficacy and Improvements in Patient-Reported Outcomes Compared With Placebo in Older Adults at Week 16

Study Design
- **ADvocate1** (N=1347) and **ADvocate2** (N=1319), randomized, placebo-controlled, Phase 3 studies (NCT03484653) and Adverse Events (NCT01476983) trials after 16 and 52 weeks of treatment.†

RESULTS
Baseline Demographics and Disease Characteristics
- **Age (years)**: Pool: 58 (29.9); 250 mg Q2W: 60 (29.9); 250 mg Q4W: 57 (29.9)
- **Female, n (%):** Pool: 19 (38.9); 250 mg Q2W: 20 (39.6); 250 mg Q4W: 19 (33.8)
- **RACE**: Pool: 16 (32.7); 250 mg Q2W: 18 (36.0); 250 mg Q4W: 16 (28.1)

Statistical Analysis
- **EASI 75**
- **Psoriasis NRS**
- **AQA**

Conclusions
- In the older adult population (age ≥60 years)

LIMITATIONS
- There are limitations of interpretation of data with small sample size.

METHODS
ADvocate1 and 2 Study
- **ITT**
- **mITT**
- **LEBRI single dose**

IMMUNITY
- **First dose**
- **Induction Period**
- **LEBRI 250 mg Q2W, N=464

Outcomes
- **Safety and tolerability**
- **Efficacy and PRO endpoints**

**Statistical Tests (Efficacy Outcomes)**
- CMI tests were used to compare treatment groups in the age ≥60 years population while adjusting by study
- Continuous outcomes were assessed using the ANCOVA model

**Implications (Efficacy Outcomes)**
- Data were reported using NRI (for categorical endpoints) or set to baseline values (for continuous endpoints) if collected after use of rescue medication or discontinuation of treatment due to lack of efficacy
- Data collected after discontinuation for other reasons were set to missing
- Missing data were imputed using MI

**REFERENCES**
- Bexley Dermatology Research Clinic et al. (2022) Dermatol Ther (Heidelb) 12, 1-11.
- Literature survey: 2023

**SUMMARY OF TREATMENT EMERGENT ADVERSE EVENTS**
- **Incidence ≥5% in any treatment group**
- **Any TEAE**
- **Any serious AEs**
- **AEs leading to discontinuation**
- **Death**
- **Conjunctivitis cluster**

**ABBREVIATIONS**
- **AD**=atopic dermatitis
- **adj**=study size
- **AE**=adverse event
- **AMCOVA**=analysis of covariance
- **BSA**=body surface area
- **CMH**=Cochrane-Mantel-Haenszel
- **EASI**=Eczema Area and Severity Index
- **EASI 75**=EASI representing an improvement of ≥75% from baseline in EASI
- **EHR**=Electronic Health Record
- **IGA**= Investigator’s Global Assessment
- **IGA 0**=clear/complete resolution
- **IGA 1**=almost clear
- **IGA 2**=mild
- **IGA 3**=moderate
- **IGA 4**=severe
- **IGA 5**=unsure
- **IT**=intent-to-treat
- **ITT**=intention-to-treat
- **LEBRI=lebrikizumab
- **LSM=least squares mean
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- **M. Napolitano**
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