BACKGROUND

- Atopic dermatitis (AD) is a common, chronic inflammatory disease requiring long-term, continuous management.
- In clinical practice, drug holidays and intermittent therapies are a reality of chronic disease.
- No head-to-head comparisons with maintenance data have been made for lebrikizumab, tralokinumab, or dupilumab.

DURABILITY INDEX

- The Durability Index is a numerical value to compare the efficacy of maintenance doses of systemic AD therapies and account for different scenarios where patients, who are treatment responders, either continue or suspend treatment.
- Here, the Durability Index value is based on published IGA (0, 1) or EASI 75 data with maintenance dosages of systemic therapies from Weeks 16–52 in Phase 3 monotherapy trials.
- Data set consisting of monotherapy trials:
  - Lebrikizumab 250 mg Q4W
  - Dupilumab 300 mg Q2W
  - Tralokinumab 300 mg Q2W

- EASI 75: ≥75% improvement in Eczema Area and Severity Index.
- IGA (0, 1): clearance or 1 (almost clear), with a ≥2 point reduction from baseline, or ≥75% improvement in Eczema Area Severity Index (EASI 75).

DURABILITY INDEX DEVELOPMENT

- Continuing therapy (100%) and stopping therapy (0%) are the anchors to the index.
- The index places different weighting on continuing treatment or stopping treatment.
- Indicator weights are associated with continuing or stopping treatment.
- Indirect comparisons with these drugs are also considered.

OBJECTIVE

To present an exploratory durability index, which accounts for on-drug and off-drug outcomes at Week 52, to compare long-term outcomes with lebrikizumab, tralokinumab, and dupilumab in the absence of head-to-head trials.

KEY RESULTS

- Durability Index values by weighting for IGA (0, 1) and EASI 75
- Tralokinumab Q2W
- Dupilumab Q4W/Q2W
- Lebrikizumab Q4W

- Durability Index differences across biologics by weighting
- IGA (0, 1)
- EASI 75
- EASI 75

- Data are not adjusted for baseline differences
- Analyses are based on anIT methodology
- Due to lack of comparability of responders at Week 16 based on an indirect comparison with other IGA
- IGA (0, 1): lebrikizumab 31.4%, tralokinumab 17.3%, dupilumab 31.8%; EASI 75: lebrikizumab 46.6%, tralokinumab 31.2%, dupilumab 45.6%

- Response rates are not adjusted for baseline and Week 16 outcomes

- Response rates are based on non-responder imputation
- Normal approximation was used to calculate outcomes

- Response rates were not adjusted for baseline and Week 16 outcomes

- Patients with incomplete data were not included in the analysis

- Weighting for IGA (0, 1) and EASI 75

- Durability Index by treatment
  - 50%/50% (equal weight placed on continuing and stopping therapy)
  - IGA (0, 1)
  - EASI 75

- Response rates were not adjusted for baseline and Week 16 outcomes

- Response rates were not adjusted for baseline and Week 16 outcomes

CONCLUSIONS

- Lebrikizumab’s higher outcome durability may reflect a combination of better efficacy and maintenance of response after continuing or discontinuing treatment.
- Both are important clinical scenarios.

- Lebrikizumab’s higher outcome durability may allow for tailoring of the treatment course to individual patient needs and preferences, and ultimately translate to improved long-term management of AD.