Atopic dermatitis (AD) is a highly pruritic, inflammatory skin disease that is often associated with detrimental impacts on quality of life (QoL). In two phase 3 randomized AD studies of identical design (TRuE-AD1 [NCT03745638]; TRuE-AD2 [NCT03745651]), ruxolitinib cream, a selective Janus kinase (JAK) 1/JAK2 inhibitor, was well tolerated and demonstrated significant improvement vs vehicle in patient-reported outcomes at Week 8. In these studies, patients aged ≥12 years with AD for ≥2 years, an Investigator’s Global Assessment score of 2 or 3, and 3%–20% affected body surface area (excluding scalp) were randomized (2:2:1) to twice-daily 0.75% ruxolitinib cream, 1.5% ruxolitinib cream, or vehicle cream for an 8-week, double-blind, vehicle-controlled period (continuous treatment). Patients subsequently continued in a double-blind, long-term safety (LTS) period (as-needed treatment) up to Week 52. Patients initially randomized to ruxolitinib cream (0.75% or 1.5%) remained on their regimen during the LTS period; patients initially on vehicle were rerandomized (1:1) to either ruxolitinib cream strength. During the LTS period, patients were instructed to only treat areas with active AD, stop treatment 3 days after lesion clearance, and restart treatment upon recurrence. QoL was assessed using the Dermatology Life Quality Index (DLQI)
and children’s DLQI (cDLQI), with lower scores indicating improved QoL. Here, the
effects of ruxolitinib cream on patient-reported QoL during the LTS period are reported
using pooled results from the 2 studies. Of 1249 randomized patients, 1072 (85.8%)
continued into the LTS period; 1031 were evaluated for efficacy (0.75% ruxolitinib
cream, n=409; 1.5% ruxolitinib cream, n=428; vehicle to 0.75% ruxolitinib cream, n=98;
vehicle to 1.5% ruxolitinib cream, n=96). Median (range) age was 33.0 (12–85) years,
61.7% of patients were female, 70.3% were White, and 22.8% were Black. Baseline
mean (SD) DLQI scores were 9.9 (6.4), 9.6 (6.4), 8.5 (6.3), and 9.7 (6.5) for the 0.75%
ruxolitinib cream, 1.5% ruxolitinib cream, vehicle to 0.75% ruxolitinib cream, and vehicle
to 1.5% ruxolitinib cream groups, respectively (n=343/377/84/79); baseline mean (SD)
cDLQI scores were 7.5 (6.4), 9.4 (6.5), 9.4 (5.9), and 7.4 (6.2), respectively
(n=61/48/10/17). At Week 8, mean change from baseline in DLQI was −7.3, −7.1, −3.0,
and −3.3 for the 0.75% ruxolitinib cream, 1.5% ruxolitinib cream, vehicle to 0.75%
ruxolitinib cream, and vehicle to 1.5% ruxolitinib cream groups, respectively. During as-
needed application of ruxolitinib cream in the LTS period, improvements were
maintained for patients who remained in the 0.75%/1.5% ruxolitinib cream groups
(Week 52, −7.8/−7.5). Similar improvements at Week 52 were observed for patients on
vehicle who switched to ruxolitinib cream (0.75%/1.5%) in the LTS period (−6.9/−7.4). A
DLQI score of 0/1 (no effect of AD on QoL) was reported by 54.2%, 58.8%, 26.4%, and
21.5% of patients in the 0.75% ruxolitinib cream, 1.5% ruxolitinib cream, vehicle to
0.75% ruxolitinib cream, and vehicle to 1.5% ruxolitinib cream groups, respectively, at
Week 8 and 62.6%, 60.7%, 61.9%, and 68.2% at Week 52. QoL data were similar
among adolescents aged 12–15 years assessed by cDLQI. Mean change from baseline
in cDLQI was −5.3, −6.1, −3.5, and −2.0 at Week 8 and −6.1, −8.5, −6.8, and −5.8 at Week 52. A cDLQI score of 0/1 was reported by 57.4%, 43.8%, 30.0%, and 31.3% of patients at Week 8 and 65.1%, 51.4%, 62.5%, and 80.0% at Week 52. In summary, QoL was substantially improved with ruxolitinib cream, including achievement of no QoL impact from AD, and these improvements were maintained for 44 weeks with as-needed ruxolitinib cream use. Patients who switched from vehicle to ruxolitinib cream during the LTS period had similar improvements in QoL at Week 52 compared with patients initially randomized to ruxolitinib cream.

**Author Disclosures**

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