INTRODUCTION AND METHODS

Introduction

Atopic dermatitis (AD) is a chronic, inflammatory skin disease with typical clinical signs including erythema, edema/papulation, oozing/crusting, excoriation, lichenification, and dryness that can markedly impact a patient’s sleep and quality of life.

Upadacitinib (UPA) is a selective oral Janus kinase (JAK) inhibitor with greater inhibitory potency for JAK1 vs JAK2, JAK3, and tyrosine kinase 2, indicated for the treatment of moderate-to-severe AD.

The SCORing Atopic Dermatitis (SCORAD) measure assesses the extent of disease based on the area of the body affected, intensity of clinical signs of AD, and itch and sleeplessness due to AD.

This integrated post hoc analysis of the Measure Up 1 and Measure Up 2 studies compared the effects of upadacitinib 15 mg and upadacitinib 30 mg versus placebo on the intensity of the individual signs of AD assessed by the SCORAD at week 2 and week 16.

Study Design

The Measure Up 1 and 2 studies were 16 week placebo-controlled phase 3 multicenter, randomized, double-blind studies with an ongoing blinded extension comparing the safety and efficacy of UPA 30 mg and UPA 15 mg to placebo in adults and adolescents with moderate-to-severe AD (Figure 1).

RESULTS

A total of 1,679 participants (558 placebo; 557 upadacitinib 15 mg; 564 upadacitinib 30 mg) were included in the integrated data from the Measure Up 1 and Measure Up 2 studies.

At weeks 2 and 16, resolution rates with upadacitinib 15 mg and upadacitinib 30 mg versus placebo were higher (p<0.0001) for all six clinical signs measured by the SCORAD at week 2 and week 16.

Methods

- The current study assessed the intensity of the six clinical signs measured by the SCORAD (erythema, edema/papulation, oozing/crusting, excoriation, lichenification, and dryness) with a 4-level rating scale of none, mild, moderate, and severe.
- Achievement of resolution of one of the six clinical signs was defined as an intensity rating of ‘none’ on the SCORAD.
- The proportion of subjects achieving resolution of each clinical sign at week 2 and week 16 were evaluated among patients with mild, moderate, or severe intensity at baseline.
- Resolution rates were compared using the Mantel-Haenzel test.
- Missing data at study visits were imputed using non-responder imputation (NRI).

CONCLUSIONS

Greater proportions of patients treated with upadacitinib 15 mg or upadacitinib 30 mg compared to placebo on the severity of the individual signs assessed by the SCORAD at week 2 and week 16.

Complete resolution of these clinical signs of AD may correspond to reductions in disease burden that translate to improved quality of life.

Understanding the treatment effects on the clinical signs of AD may help physicians tailor treatment choices to the unique skin manifestations of each individual treatment.