Improvement in Patient-Reported Symptoms and Quality of Life With Abrocitinib Versus Dupilumab in Adults With Moderate-to-Severe Atopic Dermatitis Who Received Background Topical Therapy: Results of a 26-Week, Randomized, Head-to-Head Trial

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Introduction: Abrocitinib was superior to dupilumab in providing itch relief at week 2 of treatment (primary endpoint) and reducing the area and severity of atopic dermatitis (AD) at weeks 4 and 16 (primary and key secondary endpoint) in adults with moderate-to-severe AD in a head-to-head trial (JADE DARE, NCT04345367).

Objective: To summarize patient-reported signs, symptoms, and dermatologic health-related quality of life (HRQoL) in patients from the phase 3b JADE DARE trial.

Methods: JADE DARE was a 26-week, multicenter, randomized (1:1), double-blind, double-dummy, active-controlled, phase 3b trial designed to assess the efficacy and safety of oral abrocitinib (200 mg once daily) versus subcutaneous dupilumab (300 mg every 2 weeks) in adults with moderate-to-severe AD receiving background medicated topical therapy. Least squares mean (LSM) changes from baseline in the Patient-Oriented Eczema Measure (POEM), assessed at weeks 12, 16, and 26, and the Dermatology Life Quality Index (DLQI), assessed at weeks 2, 12, 16, 20, and 26, were analyzed using a mixed-effects model with repeated measures. Differences between the proportions of patients in each treatment group achieving a POEM score of <3 (“clear/almost clear”) and a DLQI score of 0/1 (“no effect on HRQoL”) were estimated using the Cochran-Mantel-Haenszel method adjusted by baseline disease severity. *P* values were not controlled for multiplicity.

Results: Significantly greater LSM changes from baseline score with abrocitinib vs dupilumab were observed for POEM at weeks 12 and 16 and for DLQI at weeks 2, 12, 16, and 20. At week 16 of abrocitinib vs dupilumab treatment, the LSM changes from baseline were −14.2 vs −12.8 (*P*=0.0013) for POEM and −10.8 vs −10.0 (*P*=0.0126) for DLQI, respectively. Abrocitinib-treated patients had significantly higher proportions of patients who achieved clear/almost clear symptoms (POEM <3) at weeks 12 (31% vs 17%, *P*<0.0001), 16 (29% vs 15%, *P*<0.0001), and 26 (31% vs 19%, *P*=0.0005) and patients with no HRQoL impact (DLQI 0/1) at weeks 2 (23% vs 6%, *P*<0.0001), 16 (42% vs 30%, *P*=0.0012), 20 (44% vs 33%, *P*=0.0041), and 26 (40% vs 32%, *P*=0.032) vs dupilumab.

Conclusions: In patients with moderate-to-severe AD receiving background medicated topical therapy, abrocitinib 200 mg once daily treatment for up to 26 weeks was associated with greater improvements in patient-reported signs, symptoms, and HRQoL than dupilumab treatment.