Rapid and Sustained Improvement in Skin Pain With Abrocitinib in Adult and Adolescent Patients With Moderate-to-Severe Atopic Dermatitis

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Introduction, Objective, and Methods

Background

- Skin pain is a poorly understood symptom in AD and is associated with itch, sleep difficulties, and quality of life impairment[1]
- Efficacy and safety of abrocitinib, an oral once-daily Janus kinase 1 selective inhibitor, has been established in patients with moderate-to-severe AD in phase 2b and phase 3 clinical trials[2-6]

Objective

- To examine the efficacy of abrocitinib on skin pain in patients with moderate-to-severe AD in a post hoc analysis of 5 studies from the abrocitinib JADE clinical program

Methods

- Data were analyzed from trials with abrocitinib as monotherapy (pooled phase 2b trial [age: 18-75 years] and phase 3 trials JADE MONO-1 and MONO-2 [age: ≥12 years]) or in combination with topical therapy (phase 3 trials JADE COMPARE [age: ≥18 years] and JADE TEEN [age: 12-17 years])
- Patients received abrocitinib 200 mg or abrocitinib 100 mg orally once daily or placebo
  - JADE COMPARE also included an active-control arm (dupilumab 300 mg administered subcutaneously every other week, as prescribed)
- Patients rated their skin pain over the past 24 hours from 0 (no symptoms) to 10 (extreme symptoms) using the PSAAD instrument
- LSM change from baseline in the skin pain score (PSAAD item #2) was recorded over the duration of the studies

AD, atopic dermatitis; LSM, least squares mean; PSAAD, Pruritus and Symptom Assessment for Atopic Dermatitis.
Clinicaltrials.gov identifiers: NCT02780167 (pooled phase 2b), NCT03349060 (JADE MONO-1), NCT03575871 (JADE MONO-2), NCT03720470 (JADE COMPARE), NCT03796676 (JADE TEEN).
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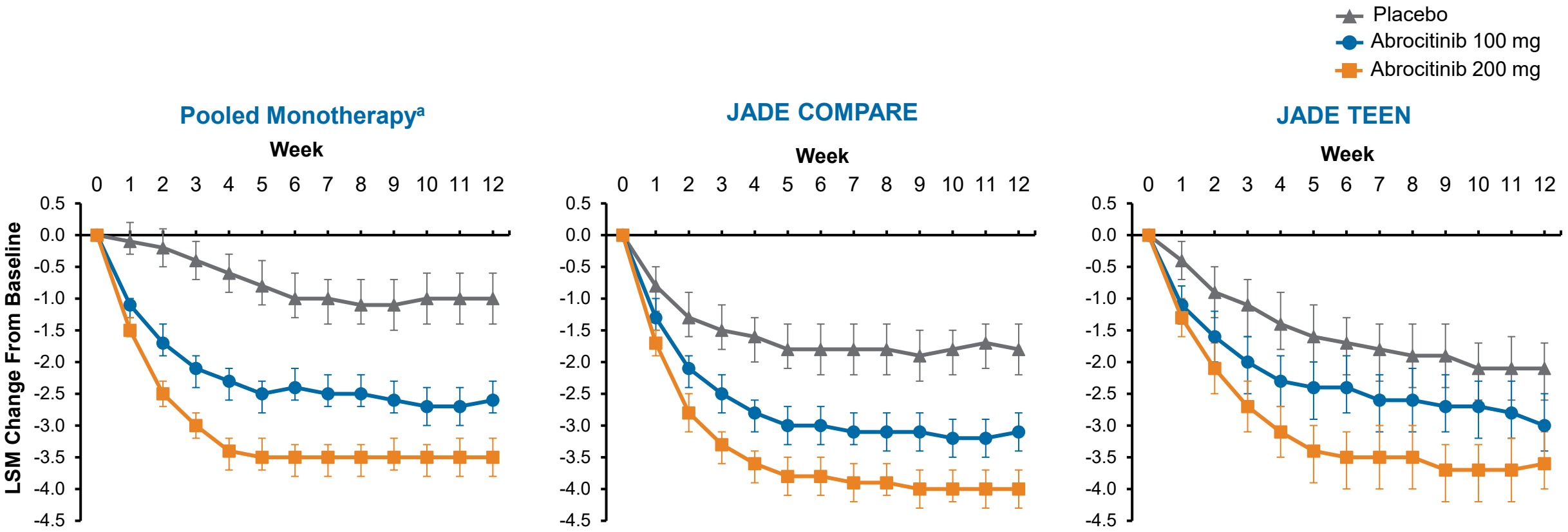
Baseline Characteristics of Patients in JADE Clinical Studies (Full Analysis Set)

	Pooled Monotherapy[a] N=942	JADE COMPARE N=837	JADE TEEN N=285
Age, y, mean ± SD or median (IQR)	35.0 ± 15.9	37.7 ± 14.7	15.0 (IQR: 13.0-17.0)
Age <18 years of age, n (%)	124 (13.2)	0 (0)	284 (99.6)
EASI score, mean ± SD	28.8 ± 12.7	30.9 ± 12.8	29.9 ± 12.5
PP-NRS total score, mean ± SD	7.0 ± 1.9	7.3 ± 1.7	7.0 ± 1.8
DLQI total score, mean ± SD	14.6 ± 6.9	15.7 ± 6.6	NA
CDLQI total score, mean ± SD	12.7 ± 6.0	NA	14.0 ± 6.6
HADS Anxiety score, mean ± SD	6.1 ± 4.1	5.3 ± 3.8	5.5 ± 4.0
HADS Depression score, mean ± SD	4.3 ± 3.8	3.9 ± 3.5	3.6 ± 3.2
PSAAD Item #2 score, mean ± SD	5.6 ± 2.5[b]	5.6 ± 2.6[c]	5.0 ± 2.6[d]

CDLQI, Children's Dermatology Life Quality Index; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; HADS, Hospital Anxiety Scale; IQR, inter-quartile range; NA, not applicable; PP-NRS, Peak Pruritus Numerical Rating Scale; PSADD, Pruritus and Symptom Assessment for Atopic Dermatitis; SD, standard deviation; y, years.

[a]Pooled monotherapy population includes patients from the phase 2b, and phase 3 JADE MONO-1, and JADE MONO-2 trials; [b]N=802; [c]N=780; [d]N=254.

Change From Baseline to Week 12 in Skin Pain Score



Conclusion

- Abrocitinib, as monotherapy or in combination with topical therapy, provided rapid and sustained improvement in skin pain in adult and adolescent patients with moderate-to-severe AD

AD, atopic dermatitis; CI, confidence interval; LSM, least squares mean.
Error bars denote 95% CI. [a]Pooled monotherapy population includes patients from the phase 2b, and phase 3 JADE MONO-1, and JADE MONO-2 trials.