Dupilumab Monotherapy for 1 Year Provides Sustained Improvement in DLQI in Adults With Moderate-to-Severe Atopic Dermatitis Optimally Responding at Week 16

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Background:

The Dermatology Life Quality Index (DLQI; range 0 [no effect] to 30 [extremely large effect]) is a 10-item questionnaire assessing the impact of skin disease on patient quality of life (QoL) in areas including symptoms and feelings, hindrance of daily tasks, impact on work/school and leisure activities, effect on personal relationships, and impact of treatment. Here, we evaluate the effect of dupilumab monotherapy for up to 1 year (as measured by DLQI) on patients who achieved a 75% reduction from baseline on the Eczema Area and Severity Index (EASI-75) and/or an Investigator's Global Assessment (IGA) score of 0–1 after 16 weeks of dupilumab treatment.

Methods:

Adult patients with moderate-to-severe AD who had previously participated in the 16-week monotherapy LIBERTY AD SOLO 1/2 trials (NCT02277743/NCT02277769) and achieved EASI-75 and/or IGA score of 0–1 at Week 16 were enrolled in a randomized, placebo-controlled maintenance phase 3 study (LIBERTY AD SOLO-CONTINUE, NCT02395133). We analyzed data from 80 patients who were treated with the

approved dupilumab dose regimen (300 mg every 2 weeks [q2w]) in SOLO 1/2 and continued q2w monotherapy for an additional 36 weeks (dupilumab-52W treatment group) vs 83 patients who switched from dupilumab in SOLO 1/2 to placebo (placebo-switch treatment group).

Results:

Mean DLQI total scores at parent study baseline in both groups were consistent with a very large effect on quality of life (14.2 and 13.6 for dupilumab-52W and placebo-switch, respectively). After 16 weeks of dupilumab treatment least-squares (LS) mean total DLQI scores in both groups were below 5, corresponding to small effect on quality of life (3.3 and 3.5 for dupilumab-52W and placebo-switch, respectively). At Week 52, patients who received continuous dupilumab monotherapy maintained a total DLQI score corresponding to a small effect on quality of life (3.2), whereas those that transitioned to placebo at week 16 reported slightly increased DLQI scores indicating a moderate effect (6.7). The percentage of patients who reported no effect of AD on their quality of life (total DLQI score 0–1) was 0/1.2 at baseline and 38.8/44.6 at Week 16 (for dupilumab-52W/placebo-switch). This percentage was similar at Week 52 in the dupilumab 52W treatment group (46.3%) but decreased in the patients who switched to placebo (26.5%). Dupilumab was generally well tolerated with an acceptable safety profile.

Conclusion:

Dupilumab provided sustained improvements in QoL over one year as assessed by DLQI in adults with moderate-to-severe AD who achieved optimal treatment response after 16 weeks. Patients switching to placebo partially lost the benefit of 16 weeks of treatment in a slow and progressive manner.

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