Switching from Dupilumab to Abrocitinib in Patients With Moderate-to-Severe Atopic Dermatitis: An Analysis of Responders and Nonresponders to Dupilumab

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Introduction, Objective, and Methods

Introduction

- Abrocitinib, an oral, once-daily Janus kinase 1-selective inhibitor, was superior to dupilumab, an injectable IL4-receptor antagonist, in reducing the signs and symptoms of patients with moderate-to-severe AD in the JADE DARE clinical trial, which was designed to compare efficacy and safety of 26-week abrocitinib (200 mg daily) versus dupilumab (300 mg bi-weekly) in patients receiving topical medicated therapy[1]
- Data on patients who switched from dupilumab to abrocitinib have been limited[2]

Objective

- To evaluate abrocitinib response in patients with moderate-to-severe AD who were responders or nonresponders to dupilumab

Methods

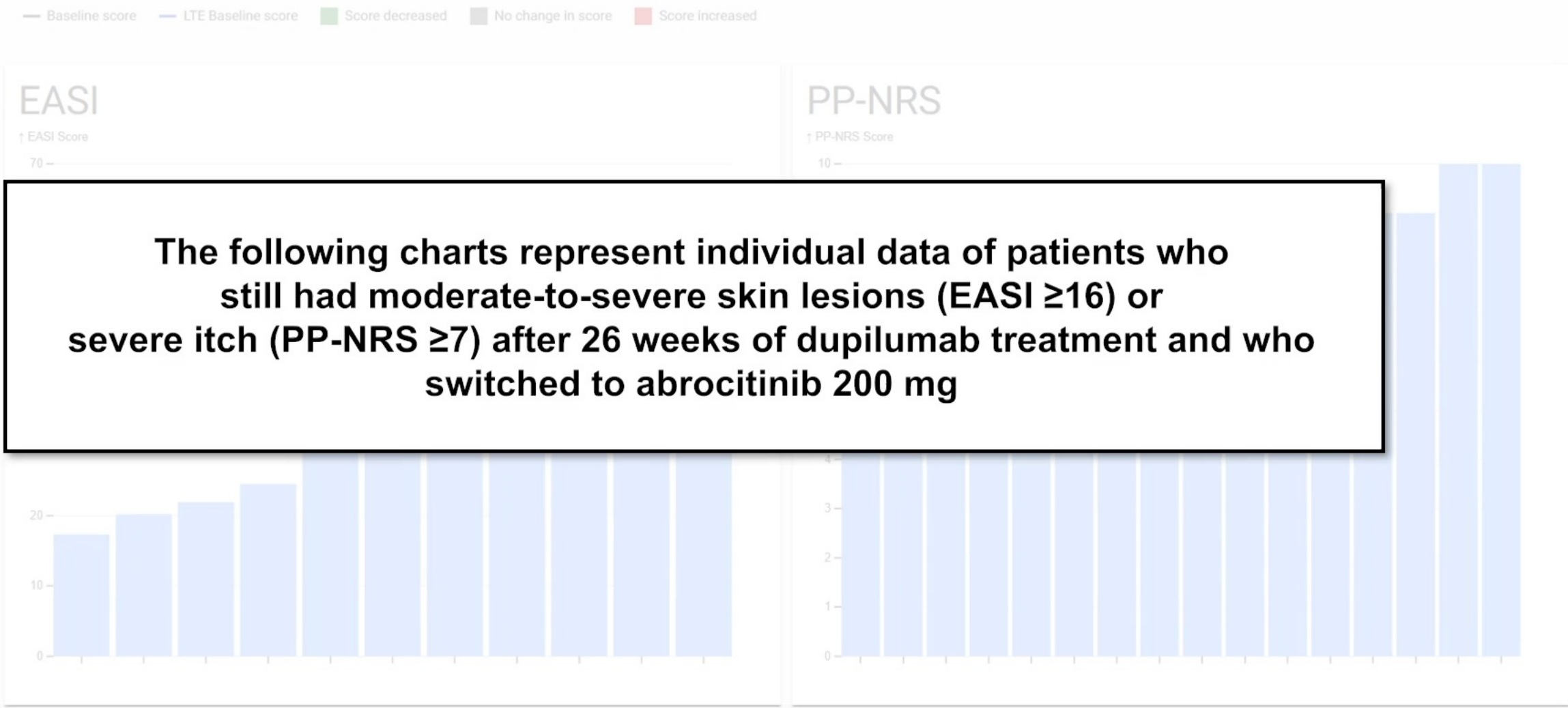
- Dupilumab-treated patients from the JADE DARE trial had an option to switch to abrocitinib 200 mg by enrolling to the open-label JADE EXTEND trial
- We evaluated the response to abrocitinib 200 mg at week 12 of JADE EXTEND of responders and nonresponders to dupilumab at week 26 of JADE DARE
  - Response and nonresponse were defined as patients' achievement and nonachievement, respectively, of EASI-50, EASI-75, EASI-90, PP-NRS4, or PP-NRS 0/1 at week 26 of JADE DARE
- Changes in individual EASI and PP-NRS scores were evaluated in dupilumab-treated patients with significant skin lesions (EASI ≥16) or itch burden (PP-NRS ≥7) at week 26 of JADE DARE
- Patients who withdrew from JADE EXTEND were considered nonresponders after withdrawal
- AEs of dupilumab-treated patients from JADE DARE occurring during JADE EXTEND were assessed

AD, atopic dermatitis; AE, adverse event; EASI, Eczema Area and Severity Index; EASI-50, ≥50% improvement from JADE DARE baseline in EASI; EASI-75, ≥75% improvement from JADE DARE baseline in EASI; EASI-90, ≥90% improvement from JADE DARE baseline in EASI; IL, interleukin; PP-NRS, Peak Pruritus Numerical Rating Scale (with permission from Regeneron Pharmaceuticals, Inc., and Sanofi); PP-NRS 0/1, PP-NRS score of 0 or 1; PP-NRS4, ≥4-point improvement from JADE DARE baseline in PP-NRS.
ClinicalTrials.gov Identifier: NCT04345367 (JADE DARE) and NCT03422822 (JADE EXTEND).
1. Reich K et al. *Lancet*. 2022;400:273-282; 2. Shi V et al. *J Am Acad Dermatol*. 2022;87:351-358.

Changes in Individual EASI and PP-NRS Scores During 26 Weeks of Dupilumab Treatment (JADE DARE) and 12 Weeks of Abrocitinib Treatment (JADE EXTEND) in Patients with EASI ≥16 or PP-NRS ≥7 at JADE DARE Week 26

DARE Baseline

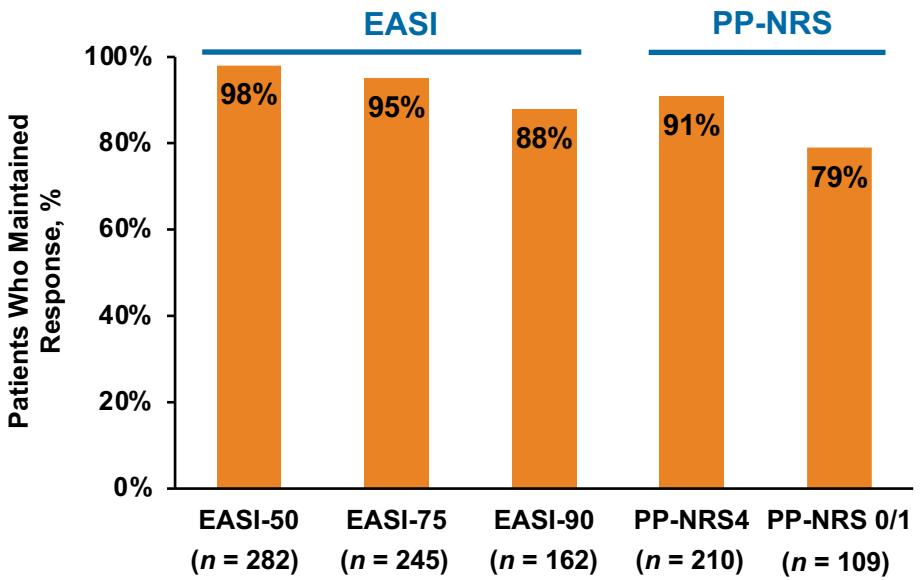
- DARE Baseline
- DARE Week 2
- DARE Week 4
- DARE Week 8
- DARE Week 12
- DARE Week 16
- DARE Week 20
- DARE Week 24
- DARE Week 26
- LTE Week 2
- LTE Week 4
- LTE Week 12



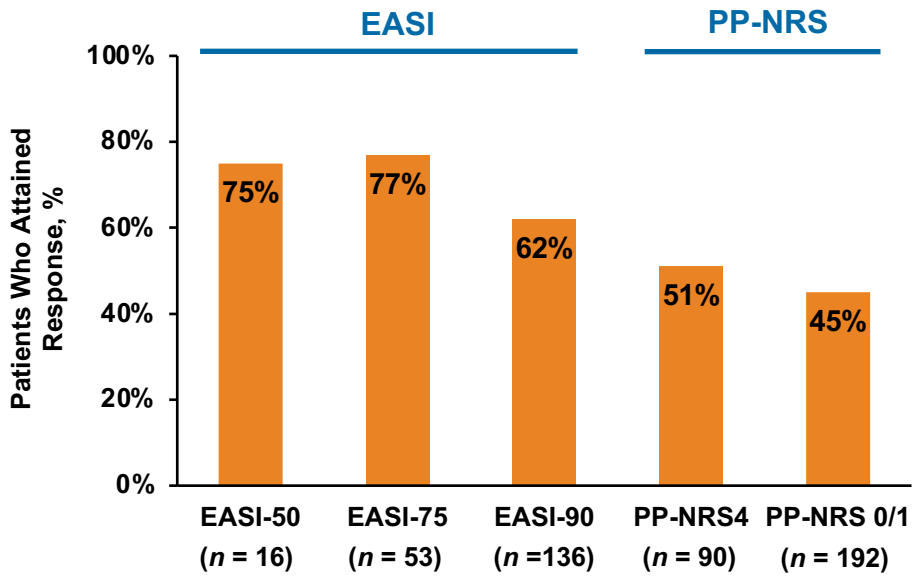
The following charts represent individual data of patients who still had moderate-to-severe skin lesions (EASI ≥16) or severe itch (PP-NRS ≥7) after 26 weeks of dupilumab treatment and who switched to abrocitinib 200 mg

Efficacy and Tolerability of 12-Week Switch Abrocitinib Among Patients Previously Treated With Dupilumab

Response to Abrocitinib in Dupilumab Responders at Week 26 of JADE DARE



Response to Abrocitinib in Dupilumab Nonresponders at Week 26 of JADE DARE



- Out of 365 dupilumab-treated patients in JADE DARE, 312 received abrocitinib 200 mg in JADE EXTEND
- Among dupilumab-treated patients with EASI ≥16 at week 26 of JADE DARE, 91% (10/11) experienced improvements (ie, EASI <16), after switching to abrocitinib for 12 weeks; in two such patients, score changes were consistent with ≥97% improvement in EASI from JADE DARE week 26 to JADE EXTEND week 12 (from 45.5 to 0 and from 42.3 to 1.4)
- Among patients with PP-NRS ≥7 at JADE DARE week 26, 75% (12/16) showed an improvement (ie, PP-NRS <7), 12 weeks after switching to abrocitinib; 3 such patients achieved PP-NRS score of 0 or 1
- During JADE EXTEND, 57% (178/312) of patients who previously received dupilumab experienced AEs and 3% (9/312) experienced serious AEs

Conclusions

- Most patients with moderate-to-severe AD who switched from dupilumab to abrocitinib after 26 weeks maintained their response, while a great proportion of the nonresponders achieved clinically relevant efficacy outcomes 12 weeks after the switch
- The safety profile of abrocitinib after switching from dupilumab was consistent with that of previous safety analyses; serious AEs were relatively rare