Long-term improvements observed in tralokinumab-treated patients with moderate-to-severe atopic dermatitis: an ECZTEND interim analysis

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Background: Additional long-term treatment options are needed for patients with moderate-to-severe atopic dermatitis (AD). Tralokinumab is a fully human monoclonal antibody that specifically targets interleukin-13, a key driver of AD signs and symptoms (Bieber T. *Allergy*. 2020;75:54-62; Tsoi LC et al. *J Invest Dermatol*. 2019;139:1480-1489). Efficacy and safety results for tralokinumab for up to 52 weeks in adult patients with AD have been published previously (Wollenberg A, et al. *Br J Dermatol*. 2021;184:437-449; Silverberg JI, et al. *Br J Dermatol*. 2021;184:450-463).
Methods: ECZTEND (NCT03587805) is an ongoing, 142-week, open-label extension trial investigating the long-term safety and efficacy of tralokinumab 300 mg q2w in patients who previously participated in tralokinumab AD trials. We performed an interim analysis of ECZTEND trial data to assess the long-term efficacy of tralokinumab in patients with moderate-to-severe AD based on Investigator's Global Assessment (IGA) and Eczema Area and Severity Index (EASI) scores.
Results: Overall, 1174 patients were included in ECZTEND at data cut-off (April 2020). Outcomes were analyzed as observed at Week 56 and included all patients enrolled 60 weeks prior to data cut-off (N=612). Median time since last treatment dose in parent trials (Wollenberg A, et al. *Br J Dermatol*. 2021;184:437-449; Silverberg JI, et al. *Br J Dermatol*. 2021;184:450-463; Merola JF, et al. Presented at: European Academy of Dermatology and Venerology Virtual Congress; Oct 29-31, 2020) to first treatment dose in ECZTEND was 36 days. Median age was 38 years, 57% were male, and median duration of AD was 27 years at baseline for all patients. At parent-trial baseline, ECZTEND baseline, and Week 56, median (IQR) EASI scores were 26.9 (19.7-37.3), 4.8 (2.0-12.6), and 1.8 (0.4-5.6), respectively. At Week 56, IGA and EASI response rates were 49.7% (IGA 0/1), 95.1% (EASI-50), 82.8% (EASI-75), 61.0% (EASI-90), and 79.7% (EASI ≤7). Sensitivity analyses were consistent with efficacy in all observed patients. Safety data remained consistent with that in the parent trials.
Conclusions: These data support the effectiveness of tralokinumab in leading to long-term improvements; tralokinumab is well-tolerated in patients with moderate-to-severe AD.
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