

## Atopic dermatitis predisposes dupilumab related conjunctivitis in prurigo nodularis patients

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## Prurigo nodularis

Debilitating chronic inflammatory skin disorder

Intensely pruritic nodules

Often associated with atopic predisposition

#### Prurigo nodularis reflects neuroimmune dysregulation

- Th2 cytokines (IL-4, IL-13, IL-31) sensitize cutaneous nerves
- Reduced intraepidermal nerve fibers
- Itch-scratch cycle, neuroplasticity, and dermal fibrosis

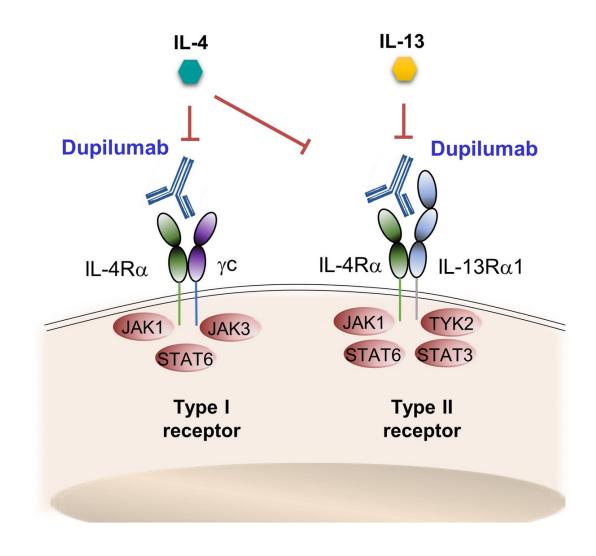






## Prurigo nodularis & Dupilumab

- Dupilumab, a monoclonal antibody targeting the IL-4 receptor α subunit
- Robust efficacy in PN:
  - ≥4-point itch reduction
    - 60% vs 18% at week 24 (PRIME)
    - 37% vs 22% at week 12 (PRIME2)
  - Clear/almost-clear skin (IGA PN-S 0/1, ≤5 nodules) at week 24 in ~48%/45% vs 18%/16%



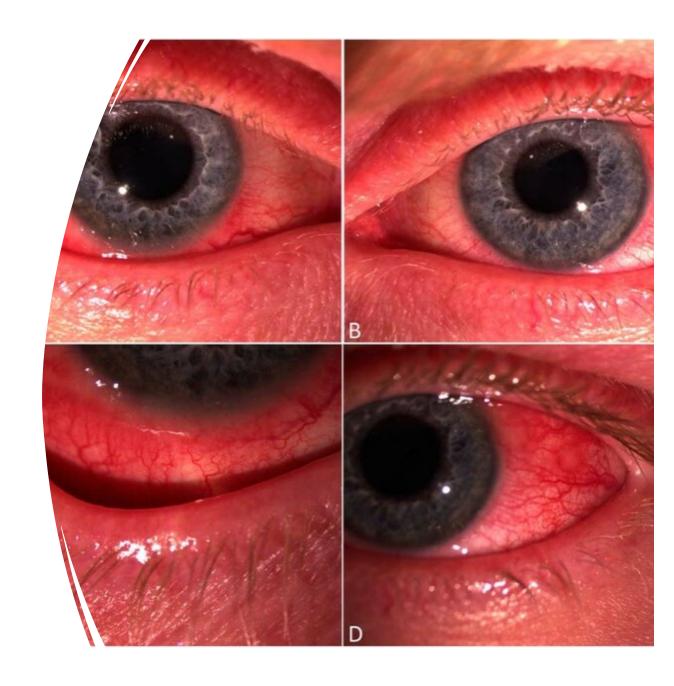
### Dupilumab associated conjunctivitis

#### • Incidence:

- Higher with dupilumab in AD (≈8–19% in RCTs)
- Meta-analysis RR 1.9-2,4 vs placebo

#### · Risk factors:

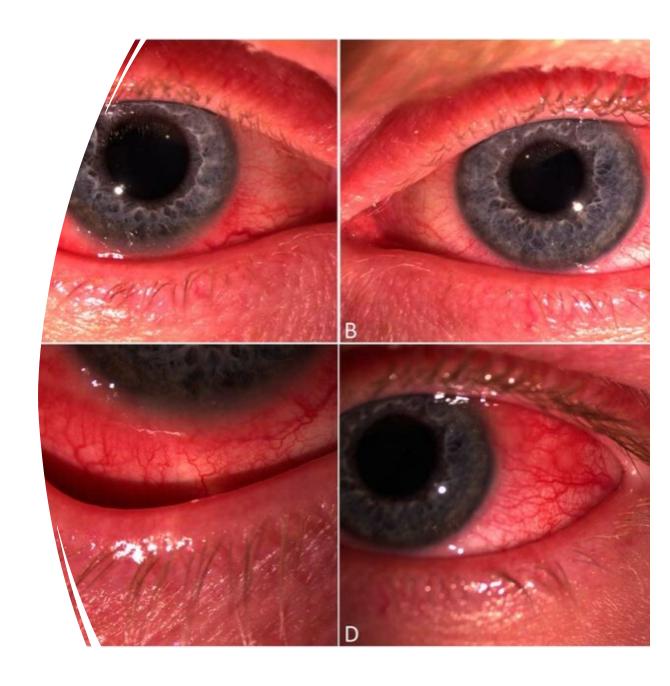
- Prior ocular surface disease/conjunctivitis
- · Facial/eyelid eczema
- Longer AD duration
- Possible roles of high IgE/eosinophilia.



### Dupilumab associated conjunctivitis in PN

#### • Incidence:

- **AD**: 8–19% on dupilumab (significantly higher than placebo
- PN: ~3.9% on dupilumab overall
  - PRIME: 2.7% vs 2.7%;
  - PRIME2: 3.9% vs 0%—none serious, no discontinuations
- Prominent in AD
- Not consistently elevated vs placebo in non-AD indications (including PN)



Atopic or disease-specific risk?

It remains unclear whether this risk is driven by underlying "atopic diathesis" or specifically by atopic dermatitis itself



## Rationale, clinical importance

- Defining risk factors:
  - Crucial for patient risk stratification
  - Monitoring
  - Preventive strategies
- We conducted a large, multi-center, propensity-matched cohort study
- Assess the actual contribution of atopic dermatitis and related atopic comorbidities to the risk of conjunctivitis in patients with PN treated with dupilumab.





## First analysis – general influence

### First analysis:

- Cohort 1:
  - PN (L28.1) + AD (ICD10: L20) + dupilumab (RxNORM: 1876376)
- Cohort 2:
  - PN (L28.1)+ dupilumab (RxNORM: 1876376), but without AD (L20)
- PSM: Age at index, Sex

### Outcome:

- New diagnosis of conjunctivitis (ICD10: H10)
  - After dupilumab initiation (index date +1 day onward).

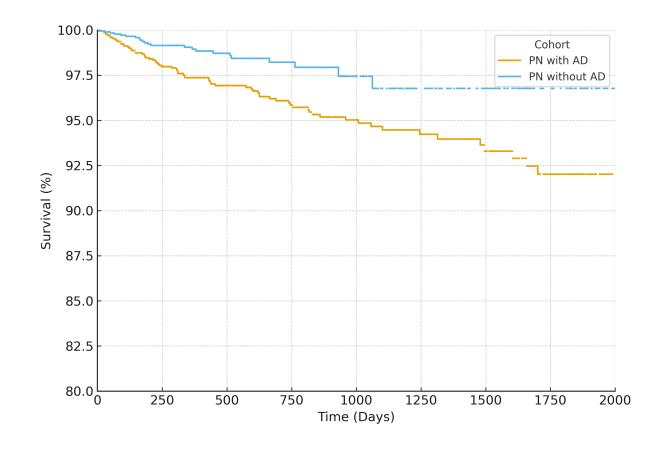
Follow-up time extended until latest record, up to 5 years post-index event.

## Matching

	Before Matching					After Matching					
<b>∨</b> Demo	graphics	Mean ± SD	Patients	% of Cohort	P-Value	Std diff.	Mean ± SD	Patients	% of Cohort	P-Value	Std diff.
Al	Age at Index	56.1 ± 18.2 60.9 ± 14.5	2,744 2,188	100% 100%	< 0.0001	0.2912	60.6 ± 14.9 60.5 ± 14.4	2,132 2,132	100% 100%	0.6998	0.0118
F	Female		1,596 1,409	58.163% 64.397%	< 0.0001	0.1282		1,333 1,355	62.523% 63.555%	0.4852	0.0214
М	Male		<b>1,148</b> 779	41.837% 35.603%	< 0.0001	0.1282		799 777	37.477% 36.445%	0.4852	0.0214

## First analysis - results

- Conjunctivitis risk
  - PN with AD **4,1**%
  - PN without AD **1,2**%
- Time to event analysis
  - **HR** 2.26
  - **95% CI**: 1.405-3.634)
  - p<0.001



### Second analysis – pure AD influence

### First analysis:

- Cohort 1:
  - PN (L28.1) + AD (ICD10: L20)
    + dupilumab (RxNORM: 1876376)
- Cohort 2:
  - PN (L28.1)+ dupilumab (RxNORM: 1876376), but without AD (L20)
- PSM: Age at index, Sex,
  Asthma (J45), Rhinitis (J30),
  IgE (conitnuous), Eosynophilia

#### Outcome:

- New diagnosis of conjunctivitis (ICD10: H10)
  - After dupilumab initiation (index date +1 day onward).

Follow-up time extended until latest record, up to 5 years postindex event.

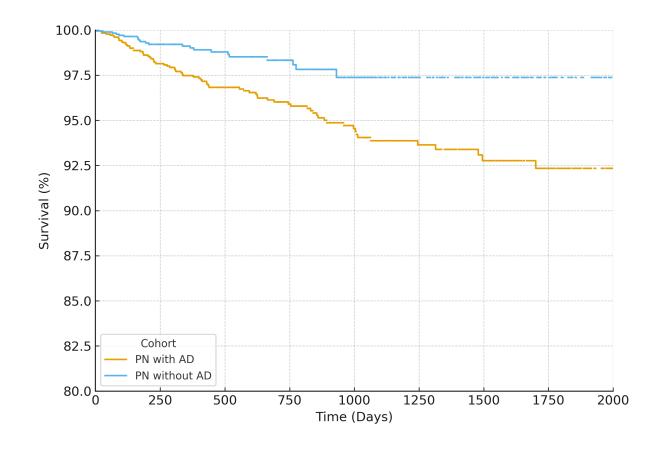
## Matching

Before Matching After Matching

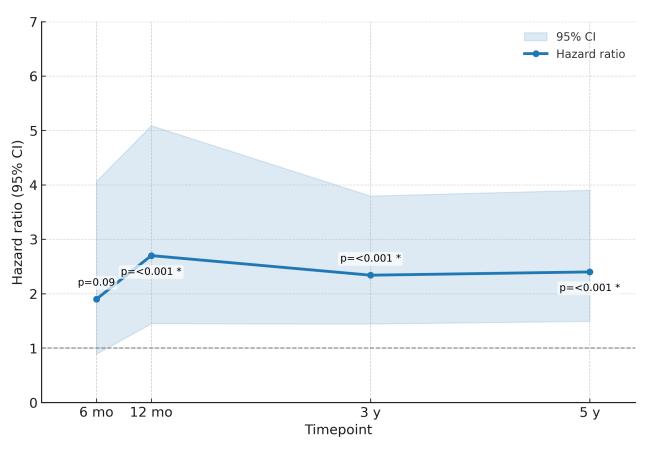
✓ Demogra	phics		Mean ± SD	Patients	% of Cohort	P-Value	Std diff.	Mean ± SD	Patients	% of Cohort	P-Value	Std diff.
Al	Age at Index		55.7 ± 18.5 60.7 ± 14.6	2,717 2,228	100% 100%	< 0.0001	0.3003	60.3 ± 15.9 60.1 ± 14.5	2,127 2,127	100% 100%	0.6193	0.0152
F	Female			1,568 1,439	57.711% 64.587%	< 0.0001	0.1414		1,312 1,347	61.683% 63.329%	0.2677	0.0340
М	Male			1,149 789	<b>42.289%</b> 35.413%	< 0.0001	0.1414		815 780	38.317% 36.671%	0.2677	0.0340
→ Diagnose	es			Patients	% of Cohort	P-Value	Std diff.		Patients	% of Cohort	P-Value	Std diff.
ICD-10-CM	J45	Asthma		787 565	28.966% 25.359%	0.0046	0.0812		525 544	24.683% 25.576%	0.5018	0.0206
ICD-10-CM	J30	Vasomoto		771 512	28.377% 22.98%	< 0.0001	0.1238		502 500	23.601% 23.507%	0.9424	0.0022
✓ Labs			Mean ± SD	Patients	% of Cohort	P-Value	Std diff.	Mean ± SD	Patients	% of Cohort	P-Value	Std diff.
TNX Curated	LG32849-8	Eosinophil	0.949 ± 7.23 0.633 ± 5.64	1,909 1,546	70.261% 69.39%	0.1598	0.0487	0.873 ± 6.8 0.65 ± 5.75	1,498 1,485	70.428% 69.817%	0.3339	0.0354
				1,929 1,560	70.997% 70.018%	0.4521	0.0215		1,509 1,498	70.945% 70.428%	0.7110	0.0114
TNX Curated	LG5901-6	IgE [Units/	2,277 ± 6,095 469 ± 1,045	<b>345</b> 177	12.698% 7.944%	0.0001	0.4136	1,014 ± 3,827 471 ± 1,047	167 176	7.851% 8.275%	0.0712	0.1933
				345 177	12.698% 7.944%	< 0.0001	0.1567		167 176	7.851% 8.275%	0.6123	0.0155

# Second analysis - results

- Conjunctivitis risk
  - PN with AD **4,3**%
  - PN without AD **1,2**%
- Time to event analysis
  - **HR** 2.47
  - **95% CI**: 1.534-3.634)
  - p<0.001







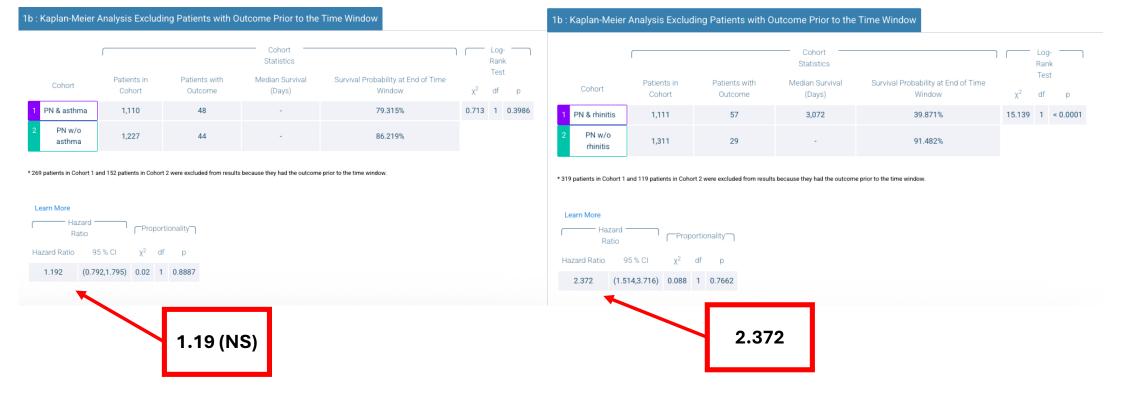


### **Subgroup Analyses**

Too few conjunctivitis cases in subgroups for robust HR calculation

No evidence for statistically significant effect modification by sex (descriptive risk trends similar for males/females)

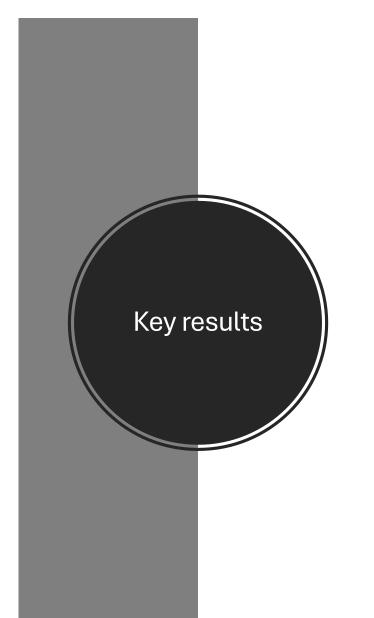
## Maybe it is not only AD?



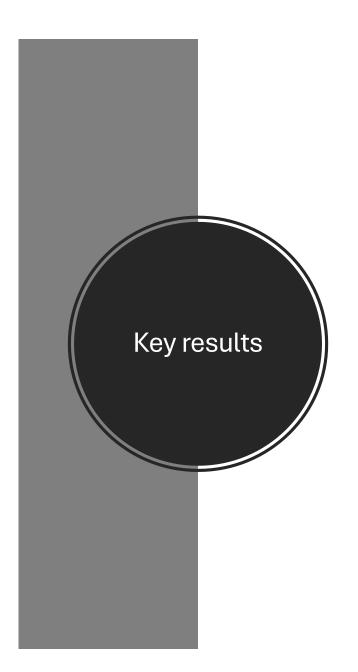


### Multivariable Analysis - sensitivity

Predictor	Hazard Ratio (95% CI)	p-value	
Atopic Dermatitis	1.39 (1.29–1.50)	<0.001	
Asthma	1.52 (1.44–1.61)	<0.001	
Allergic Rhinitis	2.10 (2.00–2.21)	<0.001	
Male Sex	0.88 (0.84–0.92)	<0.001	
Baseline IgE	1.00 (1.00–1.00)	NS	
Baseline Eosinophils	1.00 (0.99–1.01)	NS	



Exposure	HR (95% CI)	p-value	
Atopic dermatitis	2.40 → 1.30	<0.001	Independent risk; stable after adjustment
Asthma	1.19 → 1.52	<0.001	Mild, significant only in multivariable model
Allergic rhinitis	2.37 → 2.10	<0.001	Strongest and most consistent association



### Time-dependent pattern:

• 6 mo: HR 1.9 (NS)

• 12 mo: HR 2.7 (p<0.001)

• 3–5 yrs: HR ~2.4 (p<0.001) → stable effect over time

### Cumulative incidence:

• PN + AD: ~4%

• PN – AD: ~1%

### Conclusions and clinical implications

Atopic dermatitis and allergic rhinitis independently increase the risk of dupilumab-associated conjunctivitis.

Both AD and AR increase DCA; **AR is the strongest** *independent* **predictor**, while **AD drives the largest** *absolute* **increase** in the matched population

Asthma shows only a modest contribution after adjustment.

The risk peaks within the first year of therapy and remains stable long-term.

#### Clinical implications:

- Baseline ophthalmologic screening for patients with AD or AR before dupilumab.
- Preventive measures (artificial tears, eyelid hygiene).
- Early recognition and management of ocular symptoms during treatment.

