# Incidence of Flares During Maintenance Treatment With Dupilumab Monotherapy for 1 Year Is Associated With Higher Baseline CCL17/TARC

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#### **Learning objective**

To identify the association between serum CCL17 levels and future flares in patients with AD who receive dupilumab monotherapy

#### **Takeaway message**

Baseline serum CCL17 level was a robust predictive biomarker of flares in patients with AD

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#### **Background & Objective**



- Absence of flares (worsening of disease requiring escalation of treatment<sup>1</sup>) in patients with AD is a top priority for patients<sup>2</sup> and an important goal for physicians
- Serum CCL17/TARC is a type 2 biomarker that reflects AD severity<sup>3-5</sup> and may be predictive of response to treatment<sup>6-8</sup>

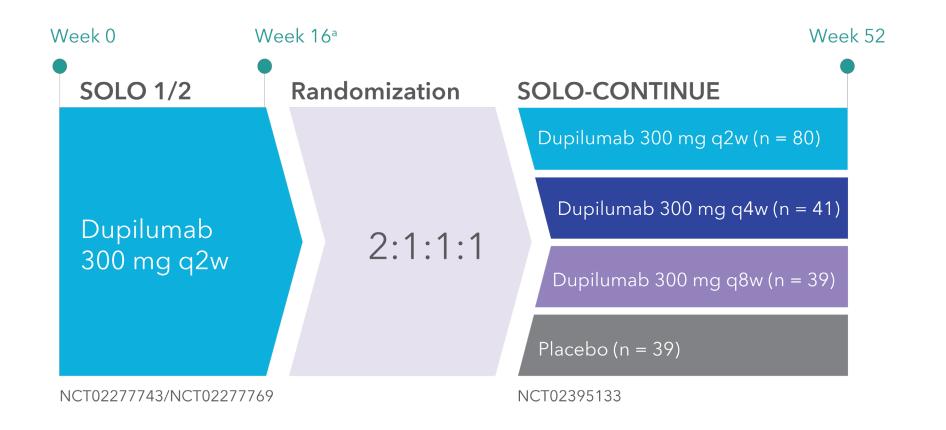


To examine the association between **serum CCL17 levels** and **flares** in patients with AD who received:

- dupilumab monotherapy for 1 year
- dupilumab q2w for 16 weeks, then placebo for 36 weeks

## Patients who received dupilumab q2w and achieved IGA 0/1 and/or EASI-75 at Week 16 were re-randomized to dupilumab or placebo





This post hoc analysis of adults reports median **serum CCL17** levels prior to initiating dupilumab treatment in SOLO 1/2 (**Week 0**) and after 16 weeks of dupilumab q2w (**Week 16**)

## Demographics and baseline disease characteristics were balanced between groups



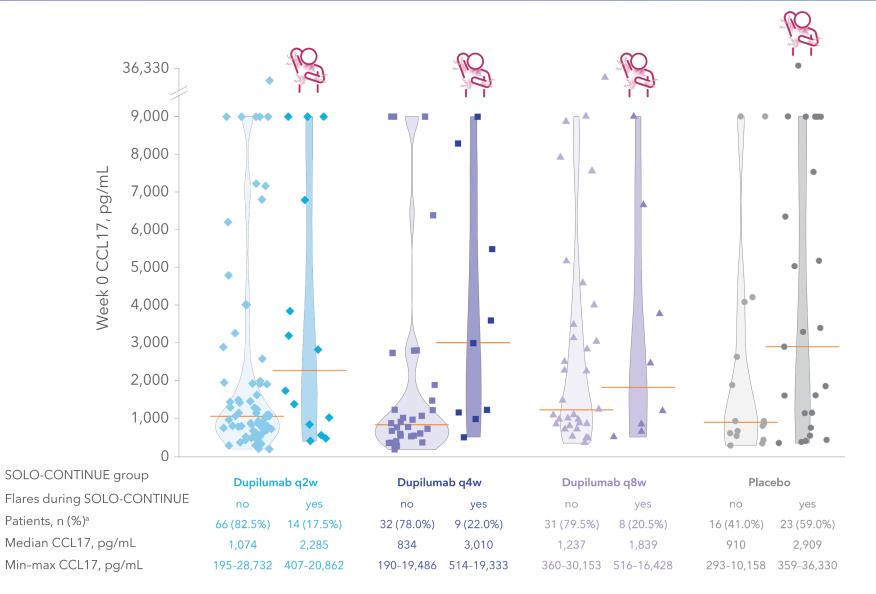
<b>SOLO</b>	1/2	baseline,	Week 0
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	Placebo <sup>a</sup> n = 39	Dupilumab 300 mg q2w <sup>a</sup> n = 80	Dupilumab 300 mg q4w <sup>a</sup> n = 41	Dupilumab 300 mg q8w <sup>a</sup> n = 39
Demographics				
Age, mean (SD), years	38.5 (15.0)	38.6 (14.8)	37.7 (17.6)	34.3 (13.8)
Male, n (%)	18 (46.2)	38 (47.5)	23 (56.1)	22 (56.4)
Disease characteristics				
Duration of AD, mean (SD), years	26.8 (15.9)	28.2 (16.2)	26.4 (16.1)	22.9 (10.5)
EASI, mean (SD)	29.0 (9.8)	30.5 (12.5)	27.9 (12.0)	26.9 (10.6)
BSA, mean (SD), %	48.6 (17.5)	48.3 (21.1)	47.1 (20.7)	47.3 (20.2)
Patients with ≥1 AD flare in 12 months before screening visit, n/N (%)	36/38 (94.7)	66/79 (83.5)	37/41 (90.2)	35/39 (89.7)
Number of flares in 12 months before treatment period, median	3.0	3.0	3.0	4.0

<sup>&</sup>lt;sup>a</sup>Treatment arm in SOLO-CONTINUE. N, number of patients with data available.

### Patients with ≥1 future flare had greater CCL17 levels prior to initiating dupilumab vs patients with no future flares





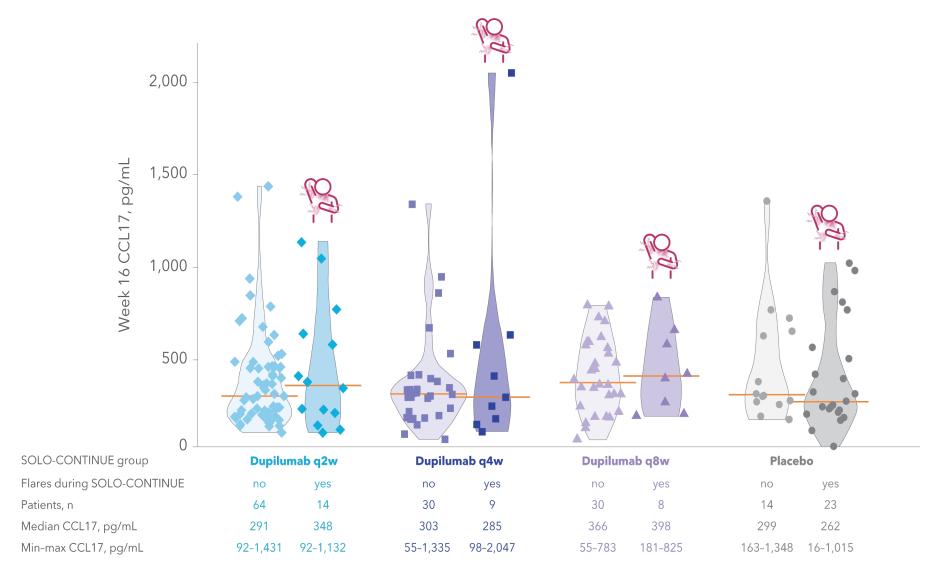
### Median Week 0 CCL17 overall:

54 patients with ≥1 future flare 2,647 pg/mL

145 patients withno future flares1,007 pg/mL

# After 16 weeks of dupilumab q2w, CCL17 levels were similar between patients with ≥1 future flare and patients with no future flares





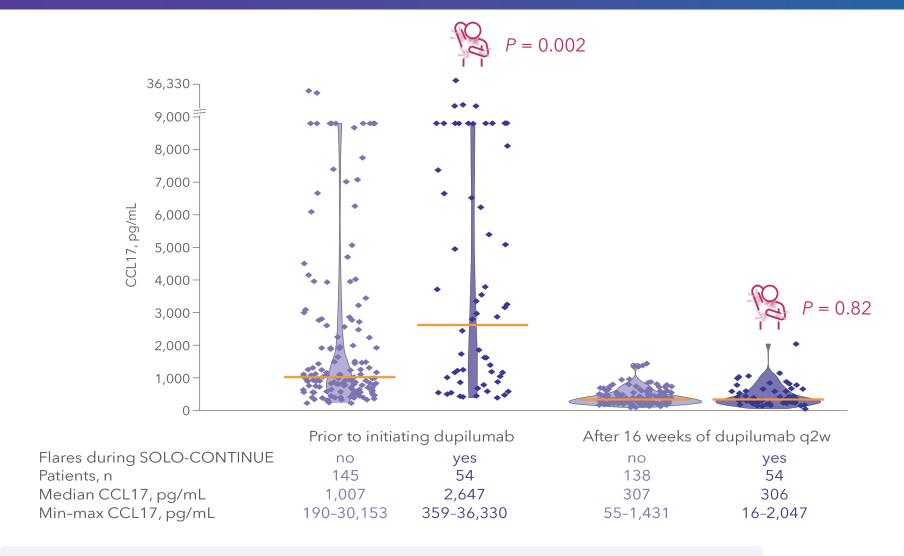
#### Median Week 16 CCL17 overall:

54 patients with ≥1 future flare 306 pg/mL

138 patients with **no future flares 307** pg/mL

### After 16 weeks of dupilumab q2w, median CCL17 was reduced from Week 0 to normal levels





Safety was consistent with the known dupilumab safety profile



#### Conclusion





- Baseline serum CCL17 level was a robust predictive biomarker of flares in patients with AD
- Serum CCL17 level after 16 weeks of dupilumab q2w was not a predictive biomarker of flares during maintenance with or discontinuation of dupilumab