Dupilumab Treatment **Across Dose Regimens** Maintains **Improvement** in Atopic Dermatitis **Signs** and **Symptoms** and **Quality of Life** for **100 Weeks**

Peter Schmid-Grendelmeier[1,2], Thomas Bieber[1,3], Yoko Kataoka[4], Lin Ma[5], Wei Li[6], Carsten Flohr[7], Amy H. Praestgaard[8], Brad Shumel[9], Ana B. Rossi[8]

[1]Christine Kühne – Center for Allergy Research and Education, Medicine Campus Davos, Davos, Switzerland; [2]Allergy Unit, University Hospital of Zürich, Zürich, Switzerland; [3]Department of Dermatology and Allergy, Ludwig-Maximilians University, Munich, Germany; [4]Osaka Habikino Medical Center, Osaka, Japan; [5]Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing, China; [6]Huashan Hospital, Fudan University, Shanghai, China; [7]St. John's Institute of Dermatology, King's College London and Guy's & St Thomas' Hospitals, London, UK; [8]Sanofi, Cambridge, MA, USA; [9]Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA

Learning objective

To recognize minimal disease activity in patients receiving dupilumab over a long period of time

Takeaway message

Most patients treated with dupilumab achieve and maintain minimal disease activity for 2 years

Contact author: Ana B. Rossi. Sanofi, Cambridge, MA, USA; email: ana.rossi@sanofi.com

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Background & Objective

- Achieving and sustaining improvement in disease severity and symptom frequency and improvement in QoL are important goals of long-term management of AD[1]
- Dupilumab for up to 5 years in a phase 3 OLE study demonstrated long-term efficacy with an acceptable safety profile in adults with moderate-to-severe AD[2]
- Real-world data on dupilumab treatment for up to 5 years have confirmed the long-term effectiveness of dupilumab in clinical practice[3–6]

To report **maintenance of disease control**[a] in patients who achieved IGA 0/1 and/or EASI-75 after 16 weeks of dupilumab q2w

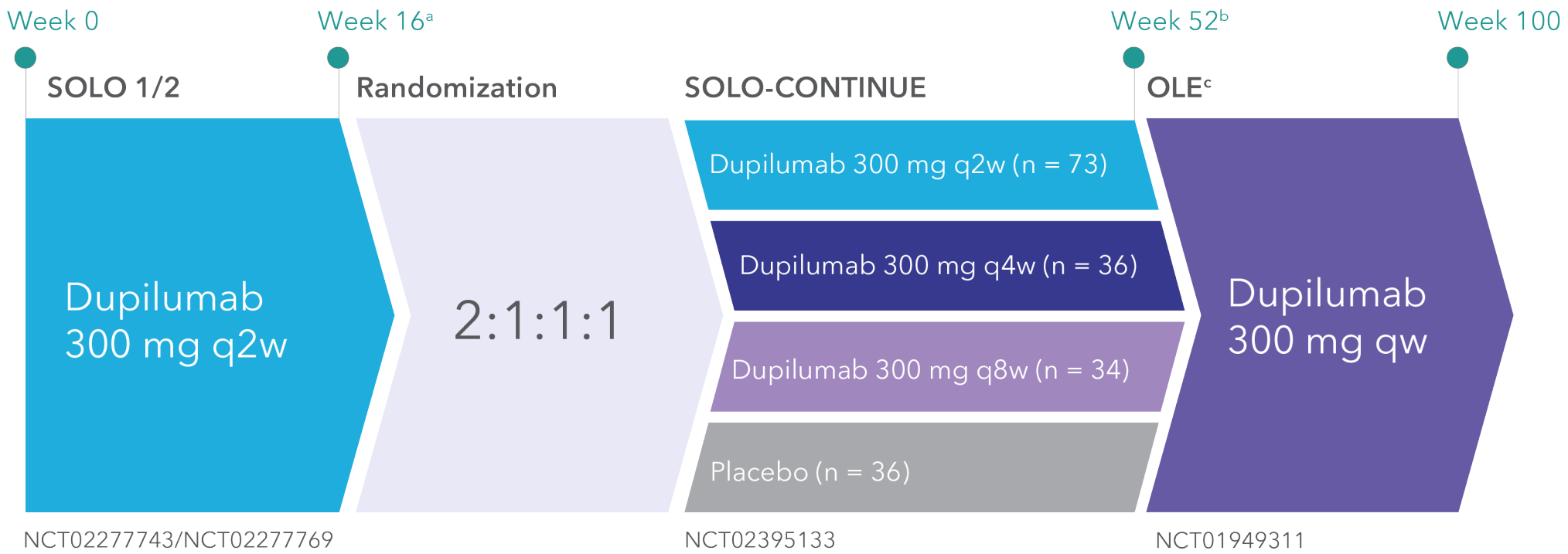
1. Silverberg JI, et al. J Eur Acad Dermatol Venereol. 2024;38:2139-48. 2. Beck LA, et al. JAMA Dermatol. 2024;160:805-12. 3. Boesjes CM, et al. JAMA Dermatol. 2024;160:1044-55. 4. Sood S, et al. Five-year real-world drug survival of dupilumab for moderate-to-severe atopic dermatitis in adult patients: A Canadian multicenter retrospective study. Poster presented at the 2024 Revolutionizing Atopic Dermatitis (RAD) Virtual Update; December 8, 2024. 5. Barei F, et al. J Dermatolog Treat. 2024;35:2404718. 6. Gargiulo L, et al. J Eur Acad Dermatol Venereol. 2025; 39:e807-e811. Epub ahead of print.

[a]Majority/most patients achieving clear/almost clear skin, no/very low frequency of symptoms, or minimal/no QoL impact at each timepoint.

AD, atopic dermatitis; OLE, open-label extension, q2w, every 2 weeks; QoL, quality of life.

Patients who received dupilumab q2w and achieved IGA 0/1 and/or EASI-75 at Week 16 continued in SOLO-CONTINUE, then in an OLE

Methods



This post hoc analysis of adults presents, as observed, percentages of patients per severity category for **EASI score**, **POEM score** (including itch and sleep disturbance items), and **DLQI score**

[a]Week 16 of SOLO 1/2 is SOLO-CONTINUE baseline. [b]Week 52 of SOLO-CONTINUE is OLE baseline. [c]Data cutoff: 48 weeks; concomitant treatments for AD, including TCS/TCI, were permitted in the OLE; note, 300 mg qw is not the approved dose of dupilumab. DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; EASI-75, ≥75% reduction from baseline in EASI; IGA, Investigator's Global Assessment; POEM, Patient-Oriented Eczema Measure; q4w, every 4 weeks; q8w, every 8 weeks; qw, every week; TCI, topical calcineurin inhibitor(s); TCS, topical corticosteroid(s).

Demographics, baseline disease characteristics, and patient disposition

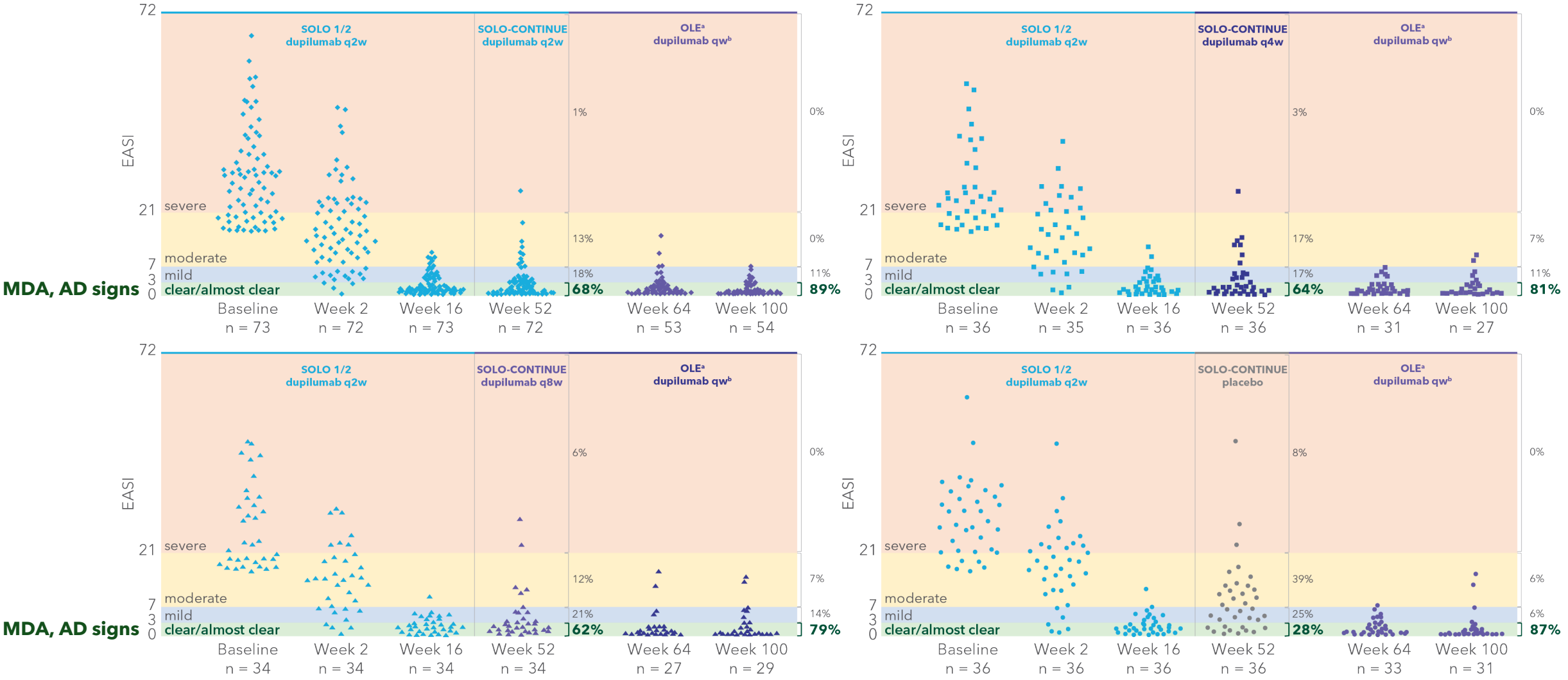
Results

	Placebo[a] n = 36	Dupilumab 300 mg q2w[a] n = 73	Dupilumab 300 mg q4w[a] n = 36	Dupilumab 300 mg q8w[a] n = 34
Demographics				
Age, mean (SD), years[b]	39.2 (15.4)	38.3 (14.0)	39.0 (18.1)	35.6 (14.3)
Male, n (%)[b]	18 (50.0)	36 (49.3)	20 (55.6)	22 (64.7)
Baseline disease characteristics				
Duration of AD, mean (SD), years[b]	27.1 (16.1)	27.3 (14.9)	27.9 (16.2)	23.2 (11.0)
IGA 0/1, SOLO 1/2 baseline, Week 0, n (%)	0	0	0	0
IGA 0/1, SOLO-CONTINUE baseline, Week 16, n (%)	29 (80.6)	60 (82.2)	29 (80.6)	26 (76.5)
EASI, SOLO 1/2 baseline, Week 0, mean (SD)	29.6 (9.7)	30.4 (12.1)	27.2 (10.6)	27.6 (10.8)
EASI, SOLO-CONTINUE baseline, Week 16, mean (SD)	2.4 (2.5)	2.6 (2.7)	2.5 (2.8)	2.4 (2.2)
EASI-75, n (%)[b]	35 (97.2)	68 (93.2)	35 (97.2)	32 (94.1)
Patient disposition				
Randomized to SOLO-CONTINUE, n	36	73	36	34
Completed up to Week 52, n (%)	36 (100)	71 (97.3)	36 (100)	34 (100)
Completed up to Week 64, n (%)	34 (94.4)	70 (95.9)	36 (100)	33 (97.1)
Completed up to Week 100, n (%)	27 (75.0)	53 (72.6)	27 (75.0)	26 (76.5)
Reason for discontinuation, n (%)				
Adverse event	1 (2.8)	1 (1.4)	0	0
Lost to follow-up	0	2 (2.7)	1 (2.8)	0
Physician decision	0	1 (1.4)	0	0
Study terminated by sponsor	6 (16.7)	11 (15.1)	7 (19.4)	7 (20.6)
Withdrawal by subject	0	4 (5.5)	1 (2.8)	0

[a]Treatment in SOLO-CONTINUE. [b]At SOLO-CONTINUE baseline, Week 16. SD, standard deviation.

Most patients maintained MDA in AD signs (EASI score ≤3)[1] across dupilumab dose regimens up to Week 100

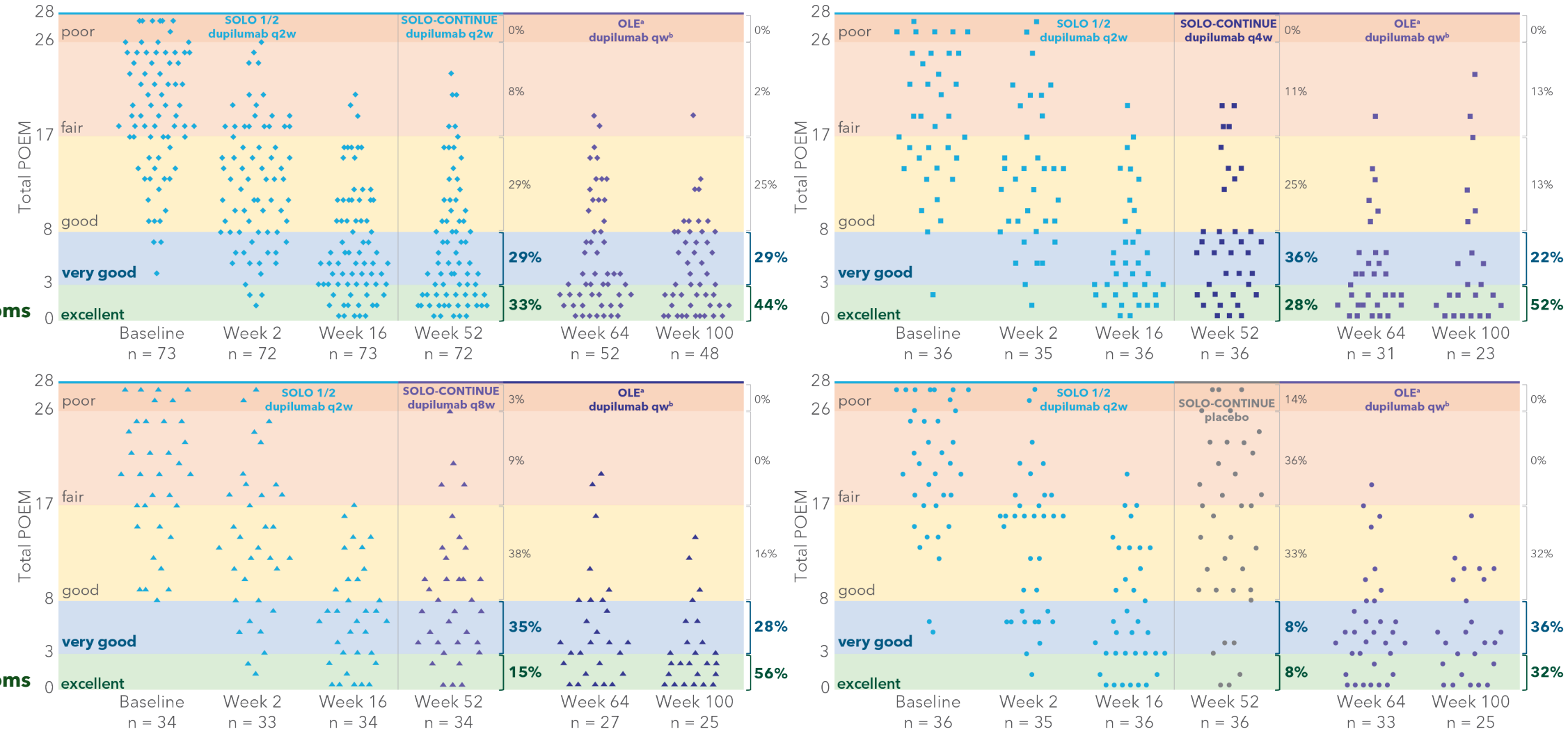
Results



1. Silverberg JI, et al. J Eur Acad Dermatol Venereol. 2024;38:2139-48.
[a]Concomitant treatments for AD, including TCS/TCI, were permitted in the OLE. [b]300 mg qw is not the approved dose of dupilumab. MDA, minimal disease activity.

Majority of patients maintained mild/no symptoms (POEM score ≤7) across dupilumab dose regimens up to Week 100

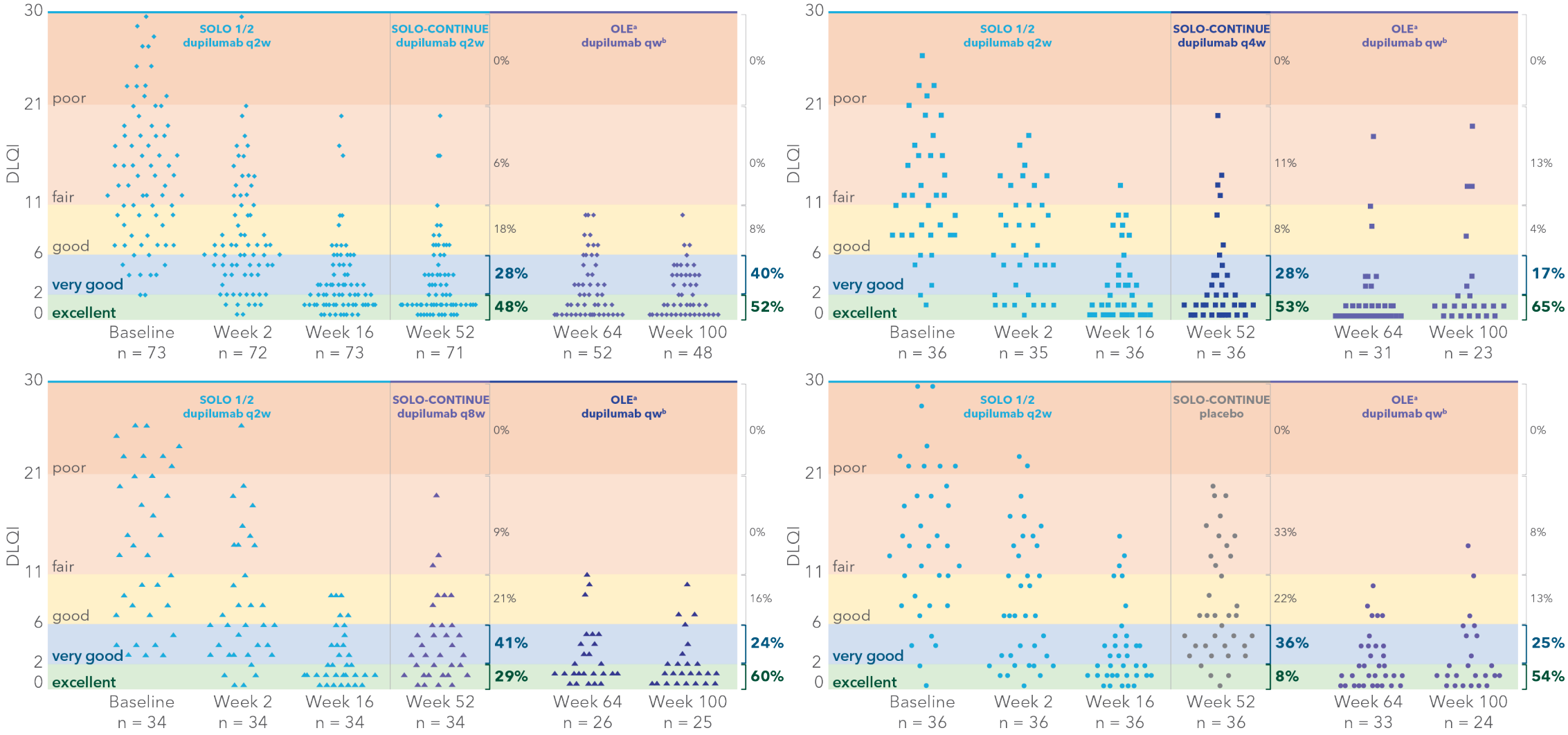
Results



[a]Concomitant treatments for AD, including TCS/TCI, were permitted in the OLE. [b]300 mg qw is not the approved dose of dupilumab.

Most patients maintained minimal/no impact on QoL (DLQI score ≤5) across dupilumab dose regimens up to Week 100

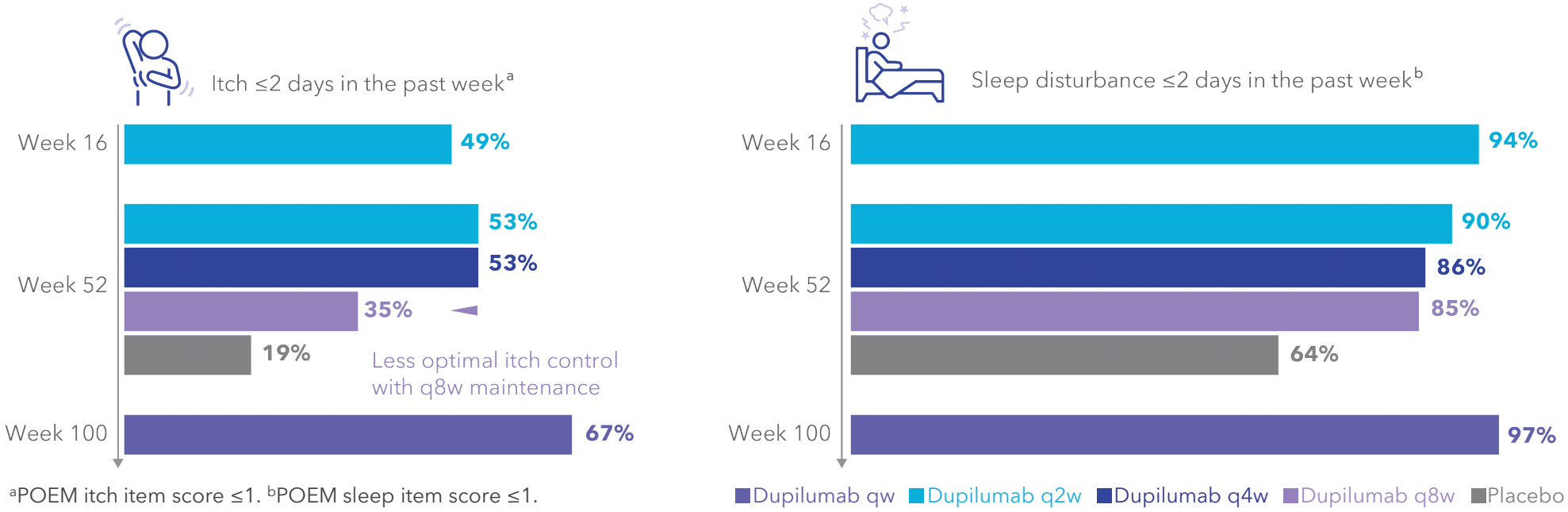
Results



[a]Concomitant treatments for AD, including TCS/TCI, were permitted in the OLE. [b]300 mg qw is not the approved dose of dupilumab.

Initial improvement in frequency of itch & sleep disturbance with 16 weeks of dupilumab q2w was maintained over 2 years with continued treatment

Results & Conclusion



[a]POEM itch item score ≤1. [b]POEM sleep item score ≤1.

- Safety was consistent with the known dupilumab safety profile

Conclusion

Most patients with moderate-to-severe AD and an initial optimal response[a] to dupilumab **maintained disease control (clear/almost clear skin, no/very low frequency of symptoms, and minimal/no QoL impact)** for 2 years

[a]Patients achieving IGA 0/1 and/or EASI-75 at the end of SOLO 1/2.