Early and sustained improvements in patient-reported outcomes with tralokinumab in combination with topical corticosteroids as needed in moderate-to-severe atopic dermatitis

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Introduction

Atopic dermatitis is a chronic, inflammatory skin disorder characterized by exudative lesions associated with intense itch and impaired quality of life (QoL) in severity and duration.1,2 Tralokinumab is a fully human immunoglobulin-G monoclonal antibody that specifically binds to the IL-13 cytokine with high affinity, preventing interaction with the IL-13 receptor and subsequent downstream signaling.3–5

Aim

To assess the effects of tralokinumab plus TCS as needed in patients with moderate-to-severe atopic dermatitis with persistent disease, to determine the safety and effectiveness of this combination regimen, and to evaluate the impact on patient-reported outcomes (PROs).

Methods

Patients

Eligible patients were 18 years of age with a confirmed diagnosis of atopic dermatitis for ≥1 year, current atopic dermatitis body surface area (BSA) ≥10%, a Physician’s Global Assessment (PGA) score of ≥4, and safety criteria were met as previously described.6

PROs at Weeks 16 and 32

Mean DLQI scores of patients (n) 253 256 228 09 207

Table 1: Change from baseline to Week 32 in POEM and DLQI scores in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

Conclusions

At Week 56, tralokinumab provided significant improvements in patient-reported symptoms of atopic dermatitis, symptomatology, and skin-related QoL. Patients who received tralokinumab had a significant improvement in itch compared with placebo plus TCS.

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References


Disclosures

All authors have disclosed any potential conflicts of interest that may relate to the subject matter or materials discussed in this contribution.

Statistical analysis

Data analyses were conducted post hoc for patients who were randomized to atopic dermatitis at the initial treatment period, irrespective of atopic dermatitis during follow-up.11

Statistical analyses were performed using the Wilcoxon rank-sum test with FDR correction for multiple comparisons to account for the number of additional comparisons

Data from the final patient population for those randomized to atopic dermatitis at the initial treatment period, irrespective of atopic dermatitis during follow-up.11

Supporting information

Additional information may be found in the Supporting Information online at www.jidonline.org.

Figure 2A

Tralokinumab q2w + TCS Placebo q2w + TCS

Figure 2B

Table 1: Change from baseline to Week 32 in POEM and DLQI scores in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

Table 2: Change from baseline to Week 32 in NRS, DLQI total score, HADS anxiety score, and IGA in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

Figure 3A

Patient characteristics

Table 1: Change from baseline to Week 32 in POEM and DLQI scores in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

Figure 1

Patient characteristics

Table 2: Change from baseline to Week 32 in NRS, DLQI total score, HADS anxiety score, and IGA in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

Figure 2

Patient characteristics

Table 1: Change from baseline to Week 32 in POEM and DLQI scores in patients treated with placebo plus TCS (n=125) or tralokinumab plus TCS (n=126)

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