Lebrikizumab Improved Skin Signs, Quality of Life, and Showed High Levels of Patient Satisfaction in Adult and Adolescent Patients with Moderate-to-Severe Atopic Dermatitis and Skin of Color

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BACKGROUND AND OBJECTIVE

- Lebrikizumab improved signs and symptoms in patients with skin of color (SoC) and moderate-to-severe atopic dermatitis (AD) in ADmirable (NCT05372419), a 16-week, open-label, Phase 3b clinical trial.
- Recent guidelines recommend reprioritizing clinical trial outcomes to focus on patient quality of life (QoL) over skin signs alone.[1]
- We report 16-week QoL response and patient satisfaction results in this underrepresented patient population, and treatment satisfaction in patients with high rates of skin clearance and QoL improvements.

CONCLUSION

- It is important to investigate QoL outcomes in patients with SoC and AD because greater QoL impairments have been observed in this patient population.[2]
- Lebrikizumab treatment showed improved QoL and high rates of patient-reported treatment satisfaction in SoC patients with moderate-to-severe AD.
- Patients treated with lebrikizumab who achieved high rates of skin clearance and QoL improvements reported the highest levels of treatment satisfaction.

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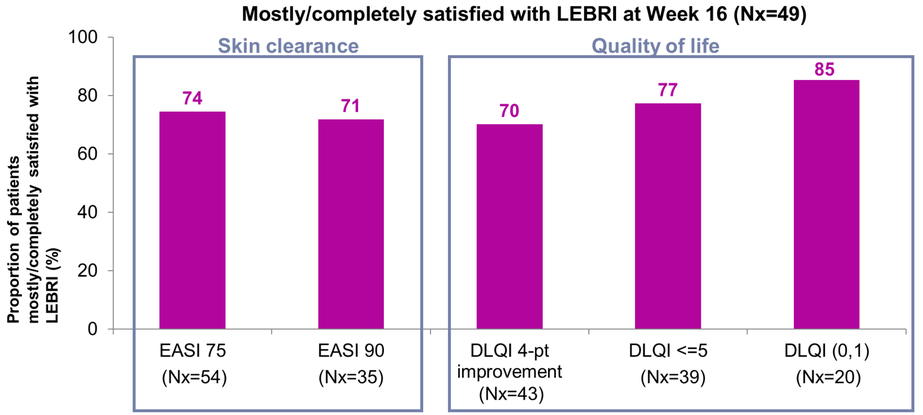
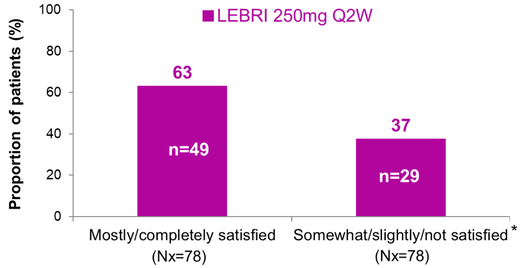
Patients with high rates of skin clearance and QoL improvements had high rates of patient treatment satisfaction

- >70% of Week 16 EASI 75 and EASI 90 responders were mostly/completely satisfied.
- Most patients who achieved improvements in DLQI were mostly/completely satisfied.
- DLQI (0,1) responders had the highest rate of patient satisfaction.



Note: Nx represents number of patients reaching endpoints at Week 16.

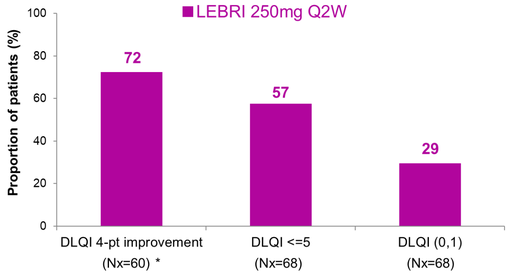
Most patients were mostly/completely satisfied with lebrikizumab treatment



*Of the 29 patients who were somewhat, slightly, or not satisfied, 6 (7.7%) were not satisfied with treatment.

Note: Nx represents number of non-missing satisfaction response at Week 16.

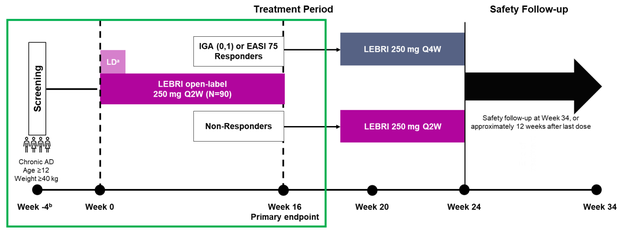
Lebrikizumab treatment resulted in improved QoL in SoC patients with moderate-to-severe AD



Note: Nx represents total number of patients in the analysis with non-missing values.
*DLQI ≥4-point improvement based on patients with baseline DLQI score ≥4.

- The mean percentage improvement in DLQI from baseline to Week 16 was 52.7% (Nx=66).

STUDY DESIGN



[a]Patients received LD of 500 mg given SC at Weeks 0 and 2. [b]Screening window is up to 30 days.
AD=Atopic Dermatitis; EASI=Eczema Area and Severity Index; IGA=Investigator's Global Assessment; ITT=Intention To Treat; LD=Loading Dose; N=Number of Patients in the Analysis Population; Q2W=Every 2 Weeks; Q4W=Every 4 Weeks; SC=Subcutaneous.

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METHODS

- Analysis population: ITT
- Analysis was descriptive based on all observed data.
- Patients reported their level of satisfaction with lebrikizumab's ability to treat their AD by responding "not satisfied," "slightly satisfied," "somewhat satisfied," "mostly satisfied," or "completely satisfied."
- Quality of life was assessed using DLQI, a patient-reported, 10-item questionnaire measuring QoL over the previous week. Scores range from 0-30, with higher scores indicating greater impairment of QoL.
- Efficacy endpoints at Week 16:
  - Mostly/completely satisfied with treatment rates in EASI75/90 and DLQI responders
  - Patient satisfaction rates
  - DLQI (0,1) response rate – little or no impact
  - DLQI ≤5 response rate – minimal impact
  - DLQI ≥4-point improvement from baseline with baseline score ≥4

Table 1: Baseline Demographics and Disease Characteristics

	LEBRI 250 mg Q2W (N=90)
Age, years	40.7 (19.6)
Female, n (%)	39 (43.3)
Race, n (%)	
American Indian or Alaska Native	6 (6.7)
Asian	10 (11.1)
Black or African American	70 (77.8)
Native Hawaiian or Other Pacific Islander	4 (4.4)
Ethnicity, n (%)	
Hispanic or Latino	19 (21.1)
Not Hispanic or Latino	71 (78.9)
Fitzpatrick Skin Phototype n (%)[a]	
IV – Rarely burns, tans easily	39 (43.3)
V – Very rarely burns, tans very easily	22 (24.4)
VI – Never burns, tans very easily	29 (32.2)
BMI, kg/m^2	30.1 (7.7)
Disease duration since AD onset, years	19.7 (16.1)
BSA	37.8 (20.5)
IGA 3 (Moderate), n (%)	62 (68.9)
EASI	26.4 (12.2)
DLQI Nx=77	13.2 (7.4)
Pruritus NRS Nx=78	7.0 (2.2)

[a]Based on the patient's reported cutaneous reaction to sun exposure.
Data are mean (SD) unless stated otherwise.
BMI=body mass index; BSA=Body Surface Area; DLQI=Dermatology Life Quality Index; EASI= Eczema Area and Severity Index; IGA=Investigator's Global Assessment; LEBRI=lebrikizumab; NRS=Numeric Rating Scale; Nx=number of patients with non-missing values; Q2W=every 2 weeks; SD=standard deviation.

References

1. Chu, Derek K. et al. "Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE– and Institute of Medicine–based recommendations." *Annals of Allergy, Asthma & Immunology, Volume 132, Issue 3, 274–312.*
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