Patient Experience and Preferences for Treatments in Atopic Dermatitis: Results from a US Patient Survey

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Background

- **Atopic dermatitis (AD)** – a common and often debilitating inflammatory skin disease – is a highly **heterogenous disease** and patients have **variable clinical responses to treatment**.[1]
- Improvements in **understanding of the molecular underpinnings** of the complex pathogenesis and immune dysregulation in AD have **led to the development of multiple immune pathway targeted systemic drugs**.[2,3]
- In 2017 the FDA approved dupilumab, an IL-4/IL-13 inhibitor, as the first immune pathway biologic agent available for AD.[4]
- Since December 2021, the FDA has approved 5 additional therapies for adults with moderate-to-severe AD that target other molecular immune pathways:
  - IL-13 inhibitors: tralokinumab and lebrikizumab
  - JAK inhibitors: abrocitinib and upadacitinib
  - IL-31R inhibitor: nemolizumab
- Clinical practice guidelines provide broad treatment support recommendations for the use of targeted systemic therapies but do not specify sequence of use[5], and clinicians tend to rely on an empirical treatment approach.[6]
- **A major factor in therapy selection is patient preference**, an aspect of shared decision-making, and is emphasized in clinical practice guidelines.[5,7]
- The increasing number of options for patients to consider jointly with their treating physician warrants a better understanding of the AD patient perspective to improve patient care.

Objectives

- **Better understand patient experiences with contemporary AD treatments.**
- **Evaluate patient perception of a molecular test to guide therapy selection.**

Methods

- A 31-question survey (IRB-exempt) was made available to attendees of the National Eczema Association Eczema Expo in 2024.
- Participation was voluntary, not associated with additional data presentation, and participants were not monetarily compensated.
- Individuals with AD <18 years old required a parent or guardian to complete the questionnaire.
- Where questions allowed for multiple responses, results are presented as the percentage of the individual responses out of the number of participants responding to the survey question.

Results

Respondent Demographics

Respondent type	Respondents, n (%)
Parent or caregiver	15 (34.9)
Individual with AD	28 (65.1)
Age of individual with AD (years)	
<12	6 (14.0)
12 to 17	3 (7.0)
18 to 64	32 (74.4)
≥65	2 (4.6)
Sex	
Female	32 (74.4)
Male	11 (25.6)

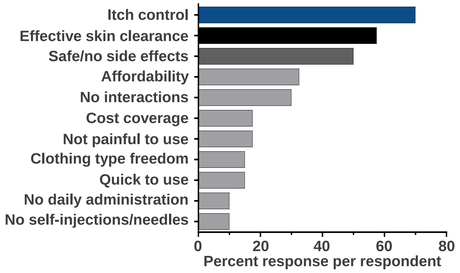
Results

Patient Experience: AD Diagnosis

AD originally misdiagnosed (n = 41)	Respondents, %
Yes	39.0%
No	61.0%
Biopsy to confirm AD diagnosis (n = 43)	
Yes	27.9%
No	72.1%

Patient Experience: AD Treatment

Treatment factors important to patients in managing their AD

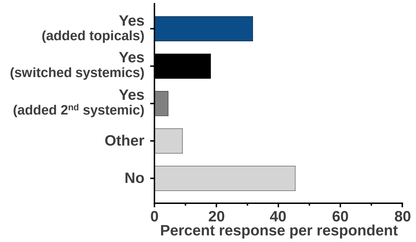


Participants selected the top 4 factors most important in their AD treatment (n=40). Factors with ≥10% response rate are shown.

Patients selected itch control and skin clearance as top factors for their therapy to address.

Definitions: 'No interactions' includes interaction with other patient medical conditions or medications; 'Cost coverage' includes insurance or other cost assistance.

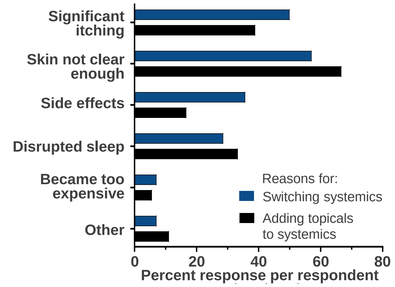
Patterns of systemic therapy modifications due to lack of efficacy



Individuals who reported using systemic therapy for their AD (n=22) were asked to identify types of treatment modifications (multiple response) they experienced from their initial use of systemic therapy due to lack of efficacy. Respondents never having used systemics were excluded from analysis.

Over 50% of patients modified their initial systemic therapy due to lack of efficacy.

Reasons for switching systemics or adding topicals to systemic therapy

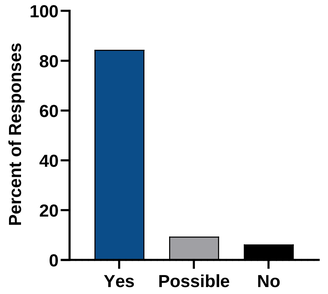


Respondents using systemic therapy for their AD were asked to identify their reasons (multiple response) for switching from their 1st systemic medication (n=14) or adding topicals to their 1st systemic therapy (n=18). Respondents not having switched systemics or added topicals were excluded from analysis.

Significant itching and insufficient skin clearance were the top reasons patients had for modifying systemic therapy.

Patient Interest in Molecular Test

Percent of respondents who would want a molecular test for targeted AD-treatment guidance



Patients/caregivers were asked if they would want to take a molecular test that could provide personalized information on which systemic treatment would likely be most effective for their AD (n=32). Respondents who indicated they would not want a test because their current medication was working (n=1) or those who were not open to taking systemic modalities (pills or injections, n=3) were excluded from analysis.

94% (30/32) of those who would consider using systemics indicated they either would or possibly would want to take a molecular test for guidance on targeted therapy selection.

Conclusions

- The majority of AD was clinically diagnosed without confirmation from biopsy, which can be a confounding factor in identifying an appropriate personalized systemic treatment plan.
- A majority of respondents modified or switched their initial systemic therapy due to lack of efficacy.
- Respondents using systemics and/or topical treatments reported heterogeneous treatment responses indicating a need for a personalized approach to treatment selection.
- Nearly all patients open to using systemics indicated they would want a molecular test to help identify the most effective treatment for their AD.

References

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