Head and Neck Atopic Dermatitis: Therapeutic Response After Switching to Upadacitinib in Moderate-to-Severe Atopic Dermatitis Patients Who Had Inadequate Response to Dupilumab

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OBJECTIVE

To evaluate the efficacy of switching to upadacitinib (UPA) in patients with moderate-to-severe atopic dermatitis (AD) who experienced an inadequate response in head and neck (HN) AD with dupilumab (DUPI) treatment

CONCLUSIONS

In moderate-to-severe AD, switching to UPA improved HN lesions in patients who had inadequate response to DUPI

Most patients achieved HN Eczema Area and Severity (EASI) reduction of ≥75% (EASI75) and many achieved HN EASI reduction of ≥90%/100% (EASI90/100) by week 4 after switching

Most patients achieved substantial improvement in skin lesions and itch outcomes within one month of switching to UPA, supporting UPA as an effective therapeutic strategy for AD patients with HN involvement

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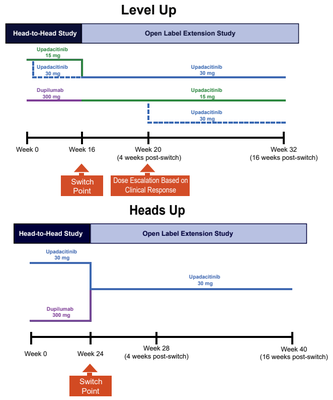
SYNOPSIS

- Head and neck (HN) atopic dermatitis (AD) is highly visible; prominent erythema and intense itch drive psychosocial and functional burden, impairing quality of life[1]
- HN region involvement is common in moderate-to-severe AD and is often difficult to control
- In head-to-head clinical trials (Level Up and Heads Up), upadacitinib (UPA) demonstrated superior efficacy compared to dupilumab (DUPI)[2,3]
- This study evaluated the efficacy of switching to UPA in patients with moderate-to-severe AD who experienced inadequate response in the HN region following prior treatment with DUPI

METHODS

- This post-hoc analysis evaluated data from two head-to-head studies investigating UPA vs DUPI: Level Up (NCT05601882) and Heads Up (NCT03738397)
- In Level Up, patients were randomized to DUPI 300 mg or UPA 15 mg (UPA15) and dose escalated to UPA 30 mg (UPA30) based on clinical response before the open label extension (OLE) period started at week 16
- At week 16, inadequate responders with an Eczema Area and Severity Index (EASI) of <75% either remained on UPA (staying at or escalating to UPA30) or switched from DUPI to UPA15 with dose escalation to UPA30 at week 20 based on response (Figure 1)
- In Heads Up, patients were randomized to DUPI 300 mg or UPA30 before the OLE study started at week 24; patients who successfully completed treatment and elected to continue entered the OLE study and received UPA30 (Figure 1)
- Achievement of HN EASI ≥75/90/100% (EASI75/90/100) was assessed at 4 and 16 weeks following the switch point in DUPI-treated patients who had inadequate response in HN (not achieving HN EASI75)
- Overall itch outcomes were assessed using the Worst Pruritus Numerical Rating Scale (WP-NRS), including clinically meaningful improvement (≥4-point reduction) and achievement of minimal/no itch (WP-NRS 0/1)
- Outcomes were analyzed as observed cases (OC)

Figure 1. Study Designs and Switch Points



RESULTS

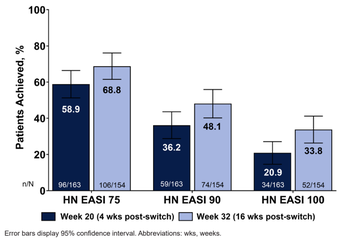
- Baseline demographics were comparable between the Level Up and Heads Up cohorts (Table 1)
- Most patients in Level Up who switched from DUPI to UPA achieved HN EASI75, and many patients achieved HN EASI90/100 (Figure 2)
- Adjusted median HN EASI scores for switched patients improved from baseline by 87.9% in Level Up by 16 weeks after switching (Figure 3)
- Most patients in Heads Up who switched from DUPI to UPA achieved HN EASI75/90, and many patients achieved EASI100 (Figure 4)
- Adjusted median HN EASI scores for switched patients improved from baseline by 97.5% in Heads Up by 16 weeks after switching (Figure 5)
- Most patients achieved clinically meaningful improvement and many had minimal/no itch within one month of switching to UPA in both Level Up (Figure 6) and Heads Up (Figure 7)

Table 1. HN-AD Switch Cohort Demographics and Baseline Characteristics

Parameter[a]	Level Up (n=165)	Heads Up (n=50)
Sex, n (%)		
Female	68 (41.2)	20 (40.0)
Male	97 (58.8)	30 (60.0)
Race, n (%)		
Asian	52 (31.5)	13 (26.0)
Black or African American	5 (3.0)	4 (8.0)
White	106 (64.2)	31 (62.0)
Multiple	2 (1.2)	2 (4.0)
Age, median (range)	27.0 (13.0-63.0)	32.5 (18.0-59.0)
Baseline HN EASI, median (range)	2.7 (0.4-7.2)	2.6 (0.2-5.4)
Switch point HN EASI[b], median (range)	1.5 (0.2-7.2)	1.2 (0.2-4.8)
Baseline WP-NRS, mean (SD)	7.6 (1.4)	7.7 (1.7)

[a]Percentages calculated on non-missing values. Results are restricted to subjects with baseline HN EASI score >0. [b]Reported as observed cases. SD, standard deviation.

Figure 2. HN Skin Improvement and Clearance After Switching to UPA in Level Up (Among DUPI HN Inadequate Responders, OC)



Error bars display 95% confidence interval. Abbreviations: wks, weeks.

Figure 3. Percent Change From Baseline HN EASI in Level Up (Among DUPI HN Inadequate Responders, OC)

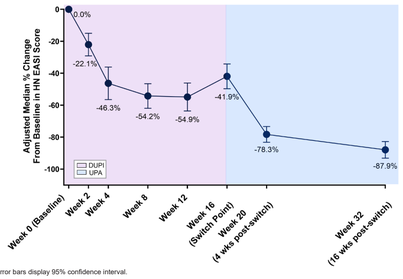


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Figure 4. HN Skin Improvement and Clearance After Switching to UPA in Heads Up (Among DUPI HN Inadequate Responders, OC)

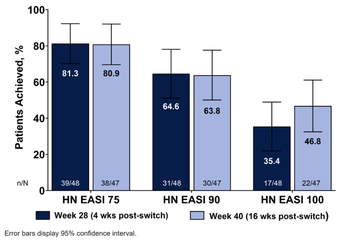

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Figure 5. Percent Change From Baseline HN EASI in Heads Up (Among DUPI HN Inadequate Responders, OC)

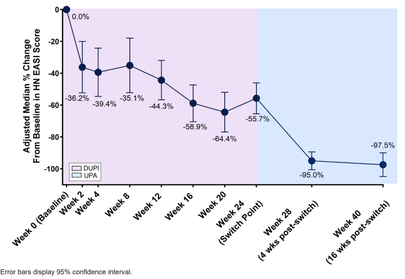

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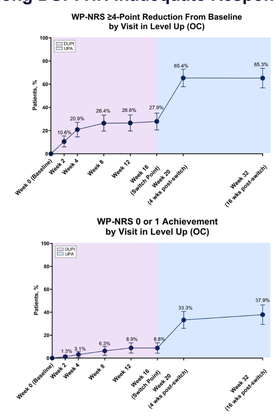
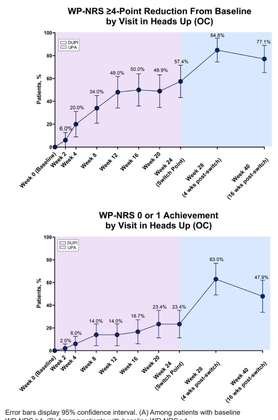
Figure 6. Achievement of Itch Outcomes in Level Up (Among DUPI HN Inadequate Responders)



Error bars display 95% confidence interval. (A) Among patients with baseline WP-NRS ≥4. (B) Among patients with baseline WP-NRS >1.

Figure 7. Achievement of Itch Outcomes in Heads Up (Among DUPI HN Inadequate Responders)



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