Abrocitinib in the Treatment of Moderate-to-Severe Atopic Dermatitis Refractory to Dupilumab Treatment: An Analysis of JADE-EXTEND, a Phase 3 Long-Term Extension Study

Vivian Shi, MD[1], Tina Bhutani, MD[2], Mette Deleuran, MD[3], Luz Fonacier, MD[4], Stephen Shumack, FACD[5], Fan Zhang, PhD[6], Michael C. Cameron, MD[7,a], Gary L. Chan, PharmD[6], Hernan Valdez, MD[7], Natalie C. Yin, MD[7,a]

[1]University of Arkansas for Medical Sciences, Little Rock, AR, USA; [2]UCSF, San Francisco, CA, USA; [3]Aarhus University Hospital, Aarhus, Denmark; [4]NYU Langone Hospital–Long Island, Mineola, NY, USA; [5]University of Sydney, Royal North Shore Hospital, Sydney, NSW, Australia; [6]Pfizer Inc., Groton, CT, USA; [7]Pfizer Inc., New York, NY, USA

[a]At the time of the study

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Introduction

Background

- Dupilumab, an anti–IL-4 receptor α monoclonal antibody, is approved for the treatment of patients with AD who are candidates for systemic therapy[1]
- Patients with moderate-to-severe AD who do not respond to dupilumab have limited treatment options
- Abrocitinib is a JAK1 inhibitor under investigation for the treatment of moderate-to-severe AD[2,3]

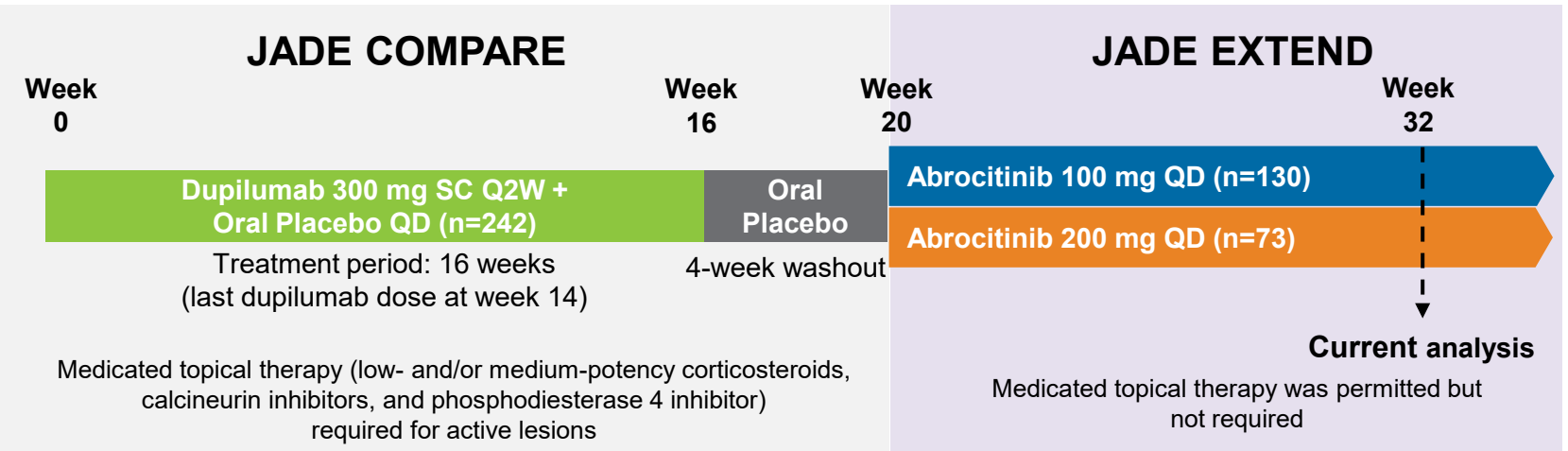
Objective

To assess the proportion of dupilumab nonresponder patients from JADE COMPARE who experienced clinically meaningful improvement in signs and symptoms of AD after switching to abrocitinib in JADE EXTEND

JADE COMPARE

Eligibility Criteria

- Adult patients (≥18 years of age) with AD for ≥1 year
- Moderate-to-severe AD (IGA ≥3; EASI ≥16; %BSA ≥10; PP-NRS ≥4)
- Inadequate response to topical medication or need for systemic therapy to control AD



AD, atopic dermatitis; %BSA, percentage of body surface area affected; EASI, Eczema Area and Severity Index; IGA, Investigator's Global Assessment; IL, interleukin; JAK, Janus kinase; PP-NRS, Peak Pruritus Numerical Rating Scale; Q2W, every 2 weeks; QD, once daily; SC, subcutaneous. The PP-NRS is used with permission of Regeneron Pharmaceuticals, Inc. and SAR&D.

1. Dupixent (dupilumab) injection, for subcutaneous use [prescribing information]. Bridgewater, NJ: Sanofi and Regeneron Pharmaceuticals; May 2020. 2. Simpson EL et al. *Lancet*. 2020;396:255-266.
3. Silverberg JI et al. *JAMA Dermatol*. 2020;156:863-873.

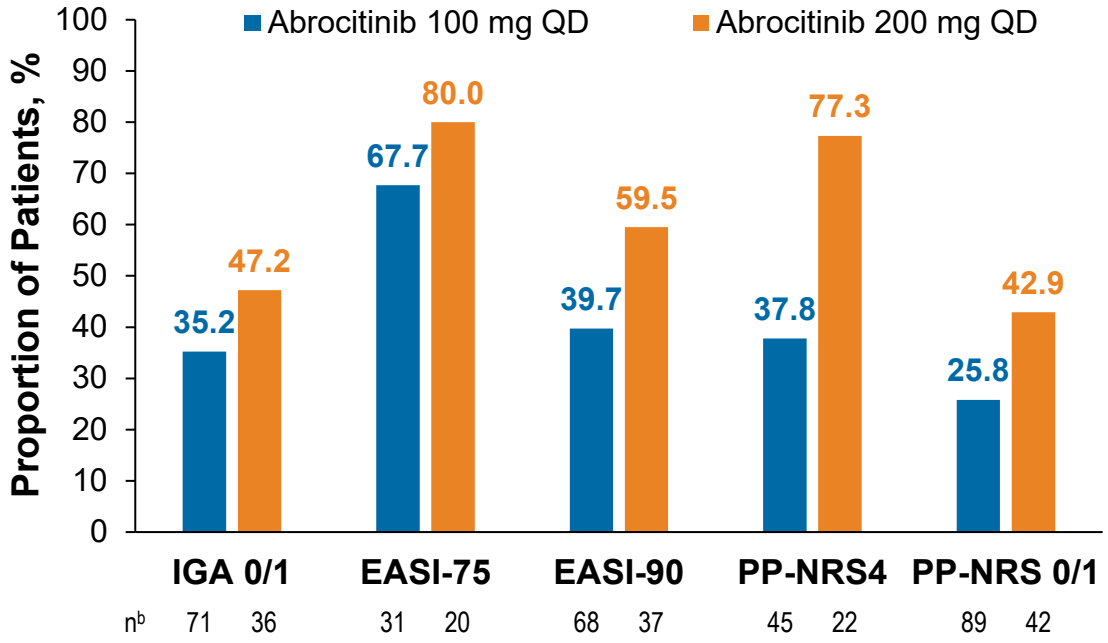
Baseline Characteristics and Efficacy

Baseline Characteristics (safety population[a])

		Abrocitinib 100 mg	Abrocitinib 200 mg
Duration of AD, mean (SD), y		24.2 (15.0)	23.6 (15.6)
IGA, n (%)	Moderate (3)	87 (66.9)	47 (64.4)
	Severe (4)	43 (33.1)	26 (35.6)
%BSA, mean (SD)		45.4 (21.2)	47.9 (22.9)
EASI, mean (SD)		29.6 (11.2)	31.2 (12.4)
PP-NRS, mean (SD)		7.4 (1.7)	7.2 (1.6)

- Disease characteristics were well balanced across treatment arms at entry to JADE EXTEND
- Most patients had moderate AD per IGA

Abrocitinib Efficacy at Week 12 Among Dupilumab Nonresponders



- A substantial proportion of dupilumab nonresponders achieved clinically meaningful efficacy response after switching to abrocitinib

EASI-75, ≥75% improvement from baseline in Eczema Area and Severity Index score; EASI-90, ≥90% improvement from baseline in Eczema Area and Severity Index score; IGA 0/1, IGA of clear (0) or almost clear (1) and ≥2-grade improvement from baseline; PP-NRS4, ≥4-point improvement from baseline in Peak Pruritus Numerical Rating Scale score; PP-NRS 0/1, Peak Pruritus Numerical Rating Scale score of 0 (no itch) or 1 (minimal itch).
[a]Safety population = all patients who had previously received dupilumab in JADE COMPARE and were randomly assigned to receive abrocitinib in JADE EXTEND.
[b]Number of dupilumab nonresponders according to each efficacy endpoint at week 16 of JADE COMPARE.

Safety and Conclusions

Safety

	Abrocitinib 100 mg	Abrocitinib 200 mg
Patients who had ≥1 TEAE, n (%)	54 (41.5)	37 (50.7)
Serious	3 (2.3)	1 (1.4)
Severe	3 (2.3)	2 (2.7)
Leading to study discontinuation	1 (0.8)	1 (1.4)
TEAEs reported for ≥4 patients in any group, n (%)		
Nasopharyngitis	9 (6.9)	8 (11.0)
Nausea	0	6 (8.2)
Acne	3 (2.3)	5 (6.8)
Headache	1 (0.8)	5 (6.8)
Upper respiratory tract infection	6 (4.6)	2 (2.7)
Urinary tract infection	4 (3.1)	1 (1.4)

Conclusions

- In a substantial proportion of dupilumab nonresponders, clinically meaningful improvement in signs (IGA, EASI-75, EASI-90) and symptoms (PP-NRS4, PP-NRS 0/1) of moderate-to-severe AD can be achieved after switching to abrocitinib
- The safety profile of abrocitinib in JADE EXTEND was consistent with that of previous studies; no new safety signals were observed at 12 weeks
- The efficacy and safety profile of oral abrocitinib 200 mg or 100 mg QD in this analysis supports the use of abrocitinib as treatment for patients with moderate-to-severe AD, regardless of whether dupilumab was previously received

TEAE, treatment-emergent adverse event.