



Use of Advanced Systemic Therapy in Patients with Moderate-to-Severe Atopic Dermatitis in the TARGET-DERM Registry



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Introduction

- Moderate-to-severe atopic dermatitis (AD) has a significant negative impact on quality of life
- Despite currently available advanced systemic therapy (AST) options, and despite being eligible due to uncontrolled (moderate or severe) disease many patients have not transitioned to AST
- This study aims to characterize adult patients with moderate-severe AD who have not initiated treatment with an AST compared to those who have

Methods

- TARGET-DERM AD is an ongoing, longitudinal, observational study of patients managed in clinical practice at 43 community (n=22) or academic (n=21) sites in the United States
- Baseline demographic, site, and clinical characteristics, are analyzed descriptively
- Categorical variables are presented as numbers and percentages
- Continuous variables are shown as means with standard deviation, medians, minimum and maximum
- Comparisons of AST treated versus AST naïve users were made through logistic regression modeling. Multivariate binary logistic regression estimate odds ratios (OR) as to whether a particular characteristic is a potential risk factor for the utilization of an AST
- ASTs considered in this study: dupilumab, tralokinumab, upadacitinib, and abrocitinib

Inclusion Criteria:

- Adult (≥18 years)
- Moderate/severe AD based on validated Investigator Global Assessment (vIGA-AD) at enrollment; where the score is 3 or 4
- At least one follow-up visit post-enrollment
- Prior exposure to any of the following:
 - Topical corticosteroid
 - Systemic corticosteroid
 - Immunomodulator
 - Phototherapy

Excluded:

 Clinical trial patients

At the data cut date, variables of interest included:

- Patient demographics
- Clinical characteristics
- AST-naïve or AST treated-patients
- Disease severity measures:
 - vIGA-AD, Validated Investigator Global Assessment scale for Atopic Dermatitis
 - TBSA, Total Body Surface Area
 - vIGA-AD x TBSA

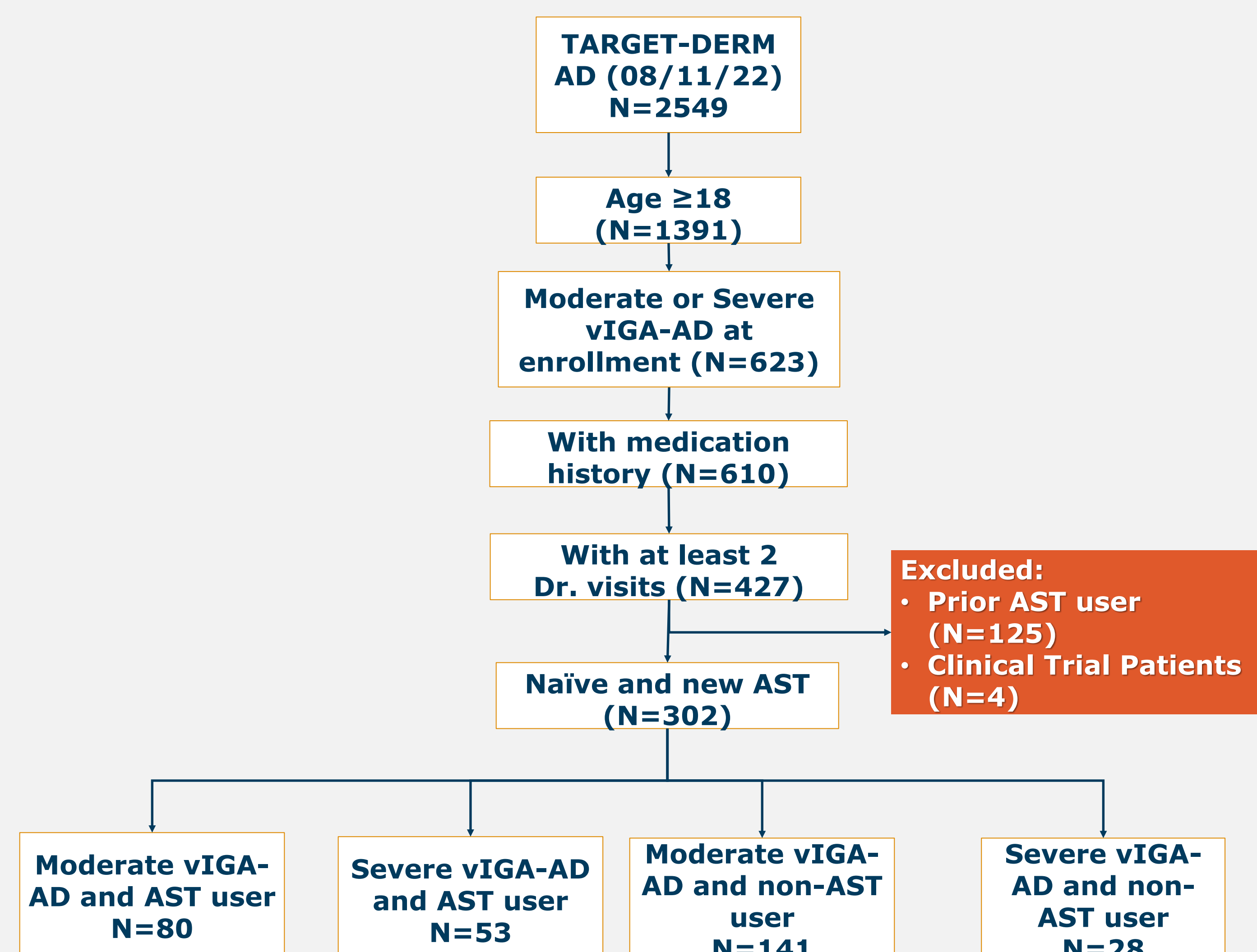


Figure 1. Patient Disposition

- Patient reported outcomes:
 - DLQI: Dermatology Life Quality Index
 - NRS-Pain: Numeric Rating Scale – Pain
 - NRS-Sleep: Numeric Rating Scale – Sleep
 - POEM: Patient-Oriented Eczema Measure
 - PO-SCORAD: Patient-Oriented Scoring Atopic Dermatitis
 - PROMIS Itch: Patient-Reported Outcomes Measurement Information System Itch and Scratching Behavior
 - PROMIS Depression
 - PROMIS – Itch - Mood/Sleep
 - WPAI: Work Productivity and Activity Impairment questionnaire

Results

- As of August 11th 2022, 2,549 patients were enrolled in TARGET-DERM AD, and 302 adults were included in the analysis:
 - 169 (56%) AST-naïve
 - 133 (44%) AST-treated
- At enrollment, compared to AST treated patients, the AST-naïve:
 - Were older (median age 45 vs 36 years, p=0.04)
 - Had a greater proportion of males (45% vs 33%, p=0.03)
 - Were more likely to have moderate, rather than severe, vIGA-AD scores (83%/17%) compared to AST-treated patients (60%/40%) (p<0.001)
 - Had lower total affected TBSA (8% vs 18%, p<0.001) and vIGA x TBSA (24 vs 60, p<0.001)
 - Were less likely to have used topical calcineurin inhibitors (16% vs 26%, p=0.04)
 - Had a greater proportion of patients with phototherapy as their first systemic treatment (14% vs 6%, p<0.02)

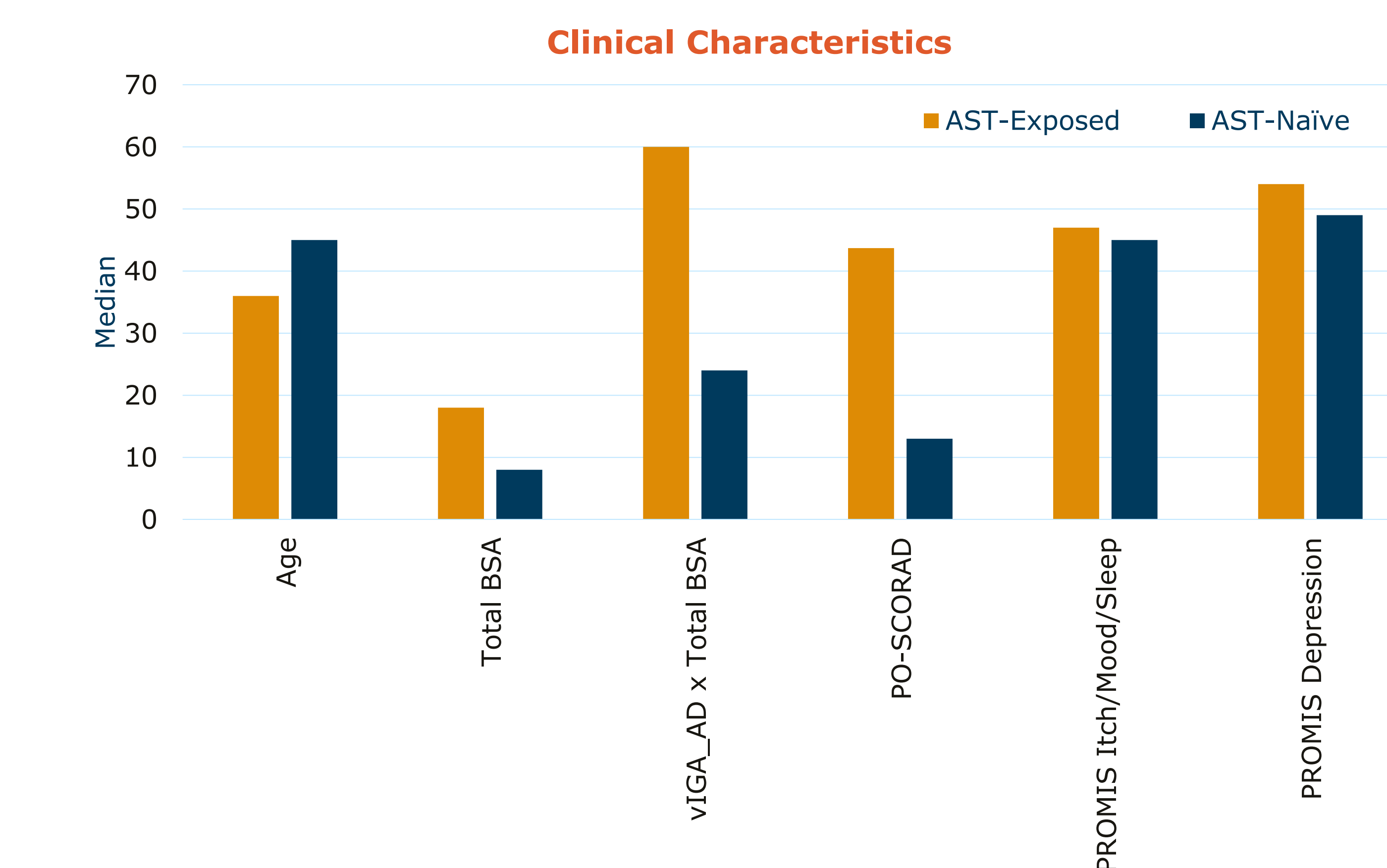
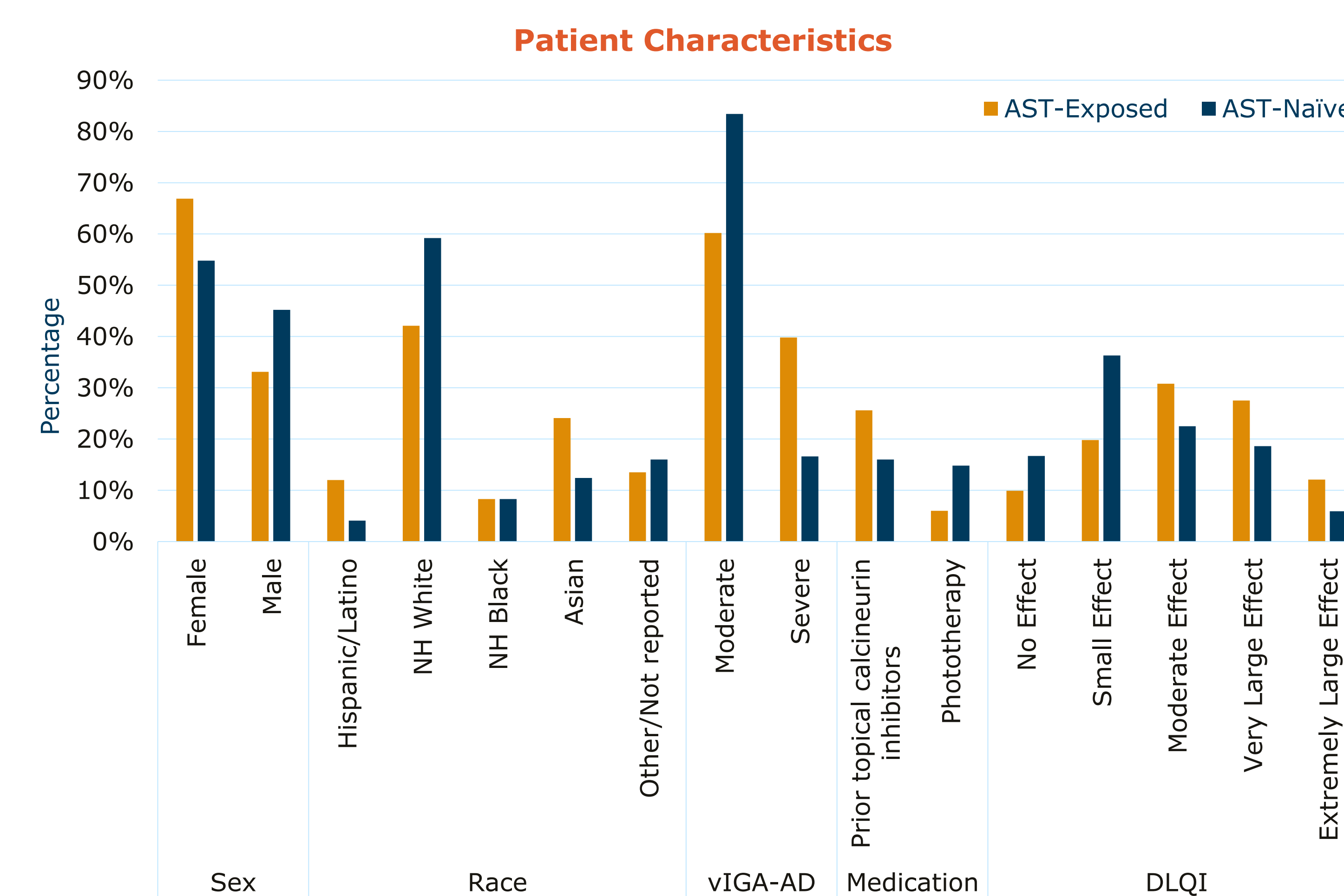


Figure 2. Patient and Clinical Characteristics

- Among completed PRO assessments, AST naïve patients' scores were lower for:
 - PO-SCORAD
 - PROMIS – Itch - Mood/Sleep
 - PROMIS Depression (all p<0.02)
 - The proportion of patients with DLQI scores indicating moderate to extremely large impact on their lives was 47% vs 70% for AST naïve and AST treated patients, respectively (p<0.03).
- In multivariable analysis the following factors were associated with a greater likelihood of AST treatment:
 - Non-Whites vs Whites with private insurance (Shown in figure 3 as: Non NH-Whites vs Non-Hispanic Whites with private insurance)
 - Non-Whites with private insurance vs those with non-private insurance, OR=4.16 (=1/0.24) (Shown in figure 3 as: Non-Hispanic Whites with non-private insurance were less likely to be treated with an AST than Non-Hispanic Whites with private insurance)
 - vIGA-AD of severe vs moderate
 - Any increase in TBSA

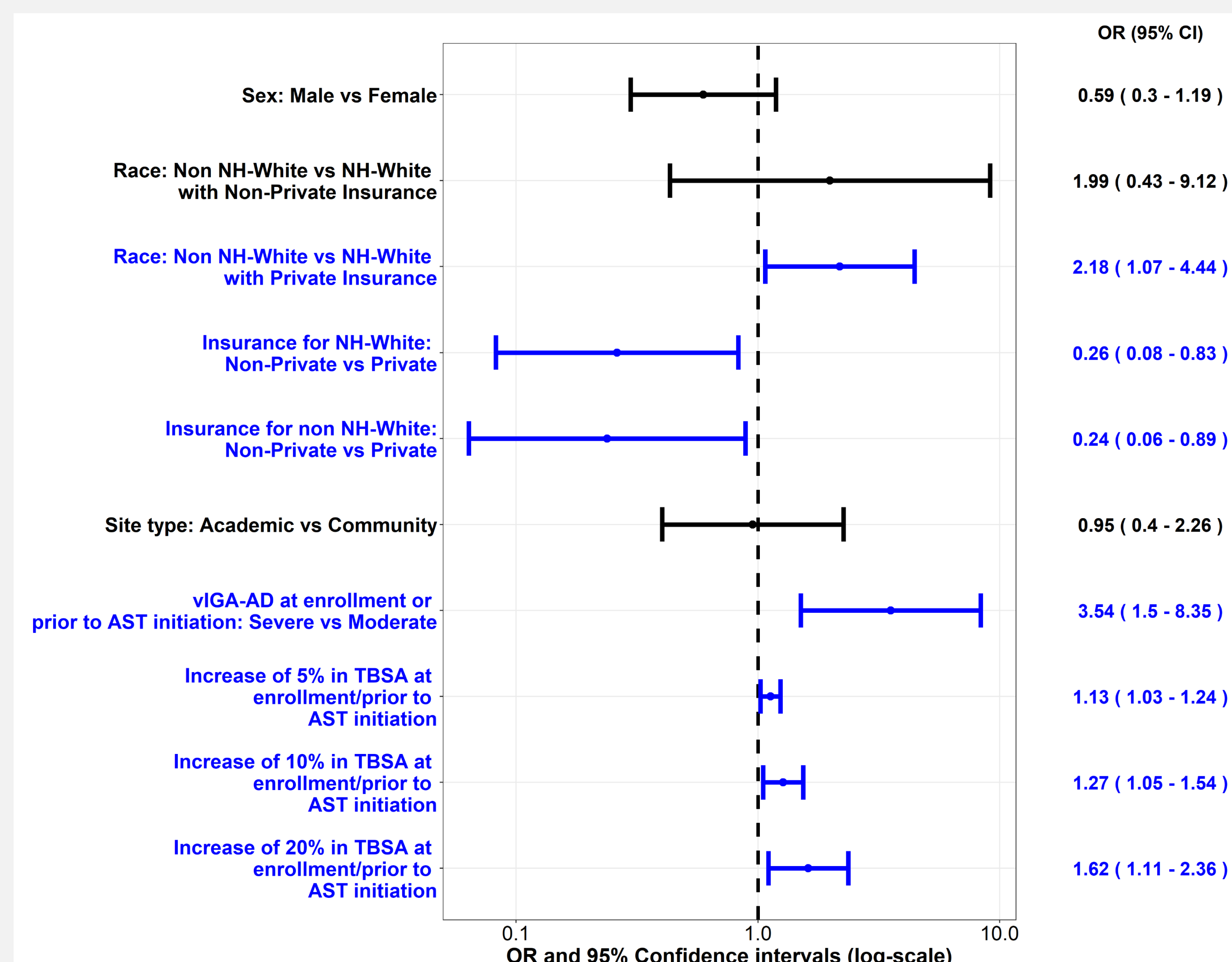


Figure 3. Factors associated with AST-Treatment. Significant values are in blue

Conclusion

- vIGA-AD, TBSA, and Race (combined with Insurance) are associated with higher likelihood of AST treatment
- A substantial proportion of patients with moderate-severe AD were not treated with available AST, despite data suggesting a considerable impact on their quality of life
- Longitudinal follow-up is ongoing to determine the evolution of therapeutic interventions and outcomes in these patients



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