

# Treatment Preferences, Monthly Injection is the Preferred Frequency of Administration in the Treatment of Moderate to Severe Atopic Dermatitis: Results from a Real-World Survey in the United States

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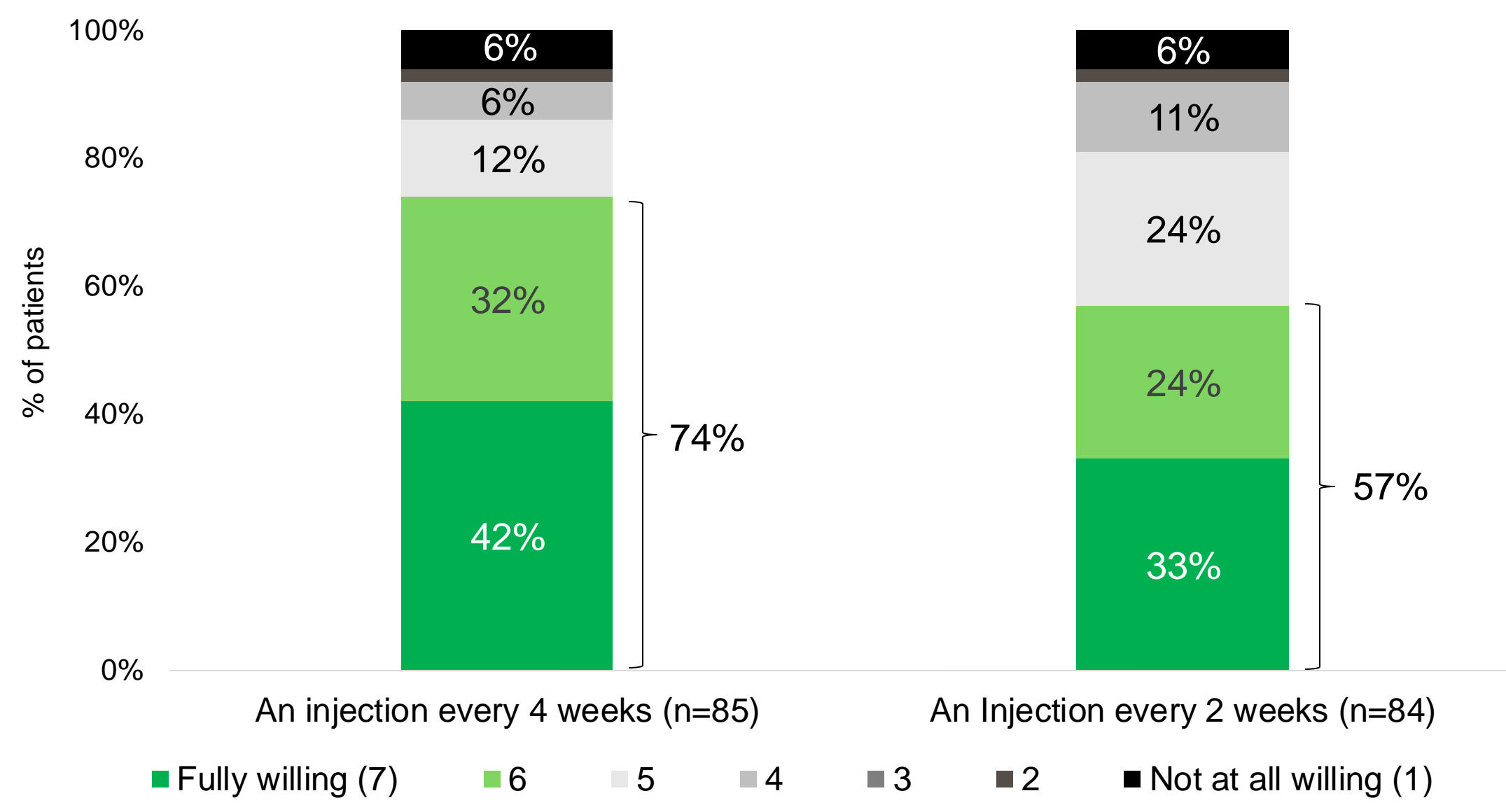
## OBJECTIVE

- To describe key preferences of dermatologist, allergists, immunologist, advanced practice provider and patients regarding AD treatments, including their modes and frequencies of administration.

## CONCLUSION

- For patients on biologics, monthly injections are the preferred administration frequency, and advanced practice providers see dosing frequency as a key area for improvement.
- Leading physician and patient preferences for moderate to severe AD treatment include efficacy, well-being, affordability, and providing a dosing frequency acceptable to patients is important to physicians.
- Overall, mode and frequency of administration are important elements in patient-clinician shared decision making when applied to moderate to severe AD

**Figure 1: Patients Preferred Q4W Dosing vs. Q2W Dosing (Self-reported)**



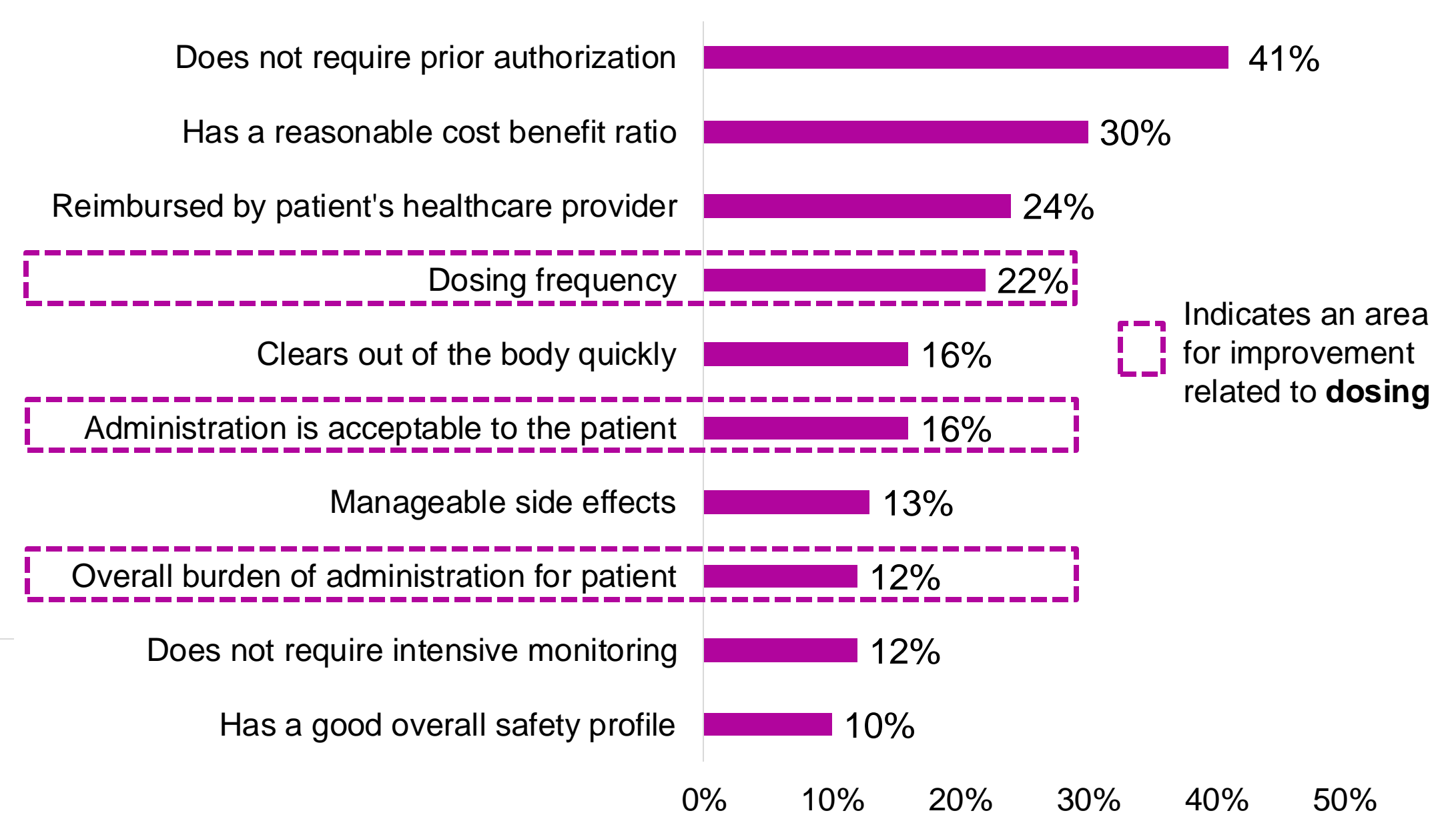
Includes patients receiving biologic Q2W at time of data collection (n=86) with available data managed by APPs. All data reported by patients. Data labels ≤3% not shown

**DEMOGRAPHICS AND CLINICAL CHARACTERISTICS**  
Table 1: Baseline Demographics and Clinical Characteristics

	Moderate/Severe Patients (n=86)	Biologic Q2W Patients (n=86)
<b>Mean Age, Years, mean (SD)</b>	38.0 (15.4)	41.3 (16.1)
<b>Female, n (%)</b>	42 (49)	43 (50)
<b>Race/ Ethnicity, n (%)</b>		
White/ Caucasian	57 (66)	68 (79)
African American	21 (24)	9 (11)
Hispanic/ Latino	4 (5)	4 (5)
Other	4 (5)	5 (6)
<b>Time since diagnosis, Years, mean (SD) [n]</b>	7.2 (9.1) [58]	7.6 (8.6) [51]
<b>Current treatment, n (%)</b>	[n=85]	
Topical	74 (87)	74 (86)
Traditional systemic	24 (28)	5 (6)
Biologic (dupilumab)	30 (35)	86 (100)
<b>APP reported severity assessment, n (%)</b>		
Mild	0 (0)	59 (69)
Moderate	70 (81)	22 (25)
Severe	16 (19)	5 (6)

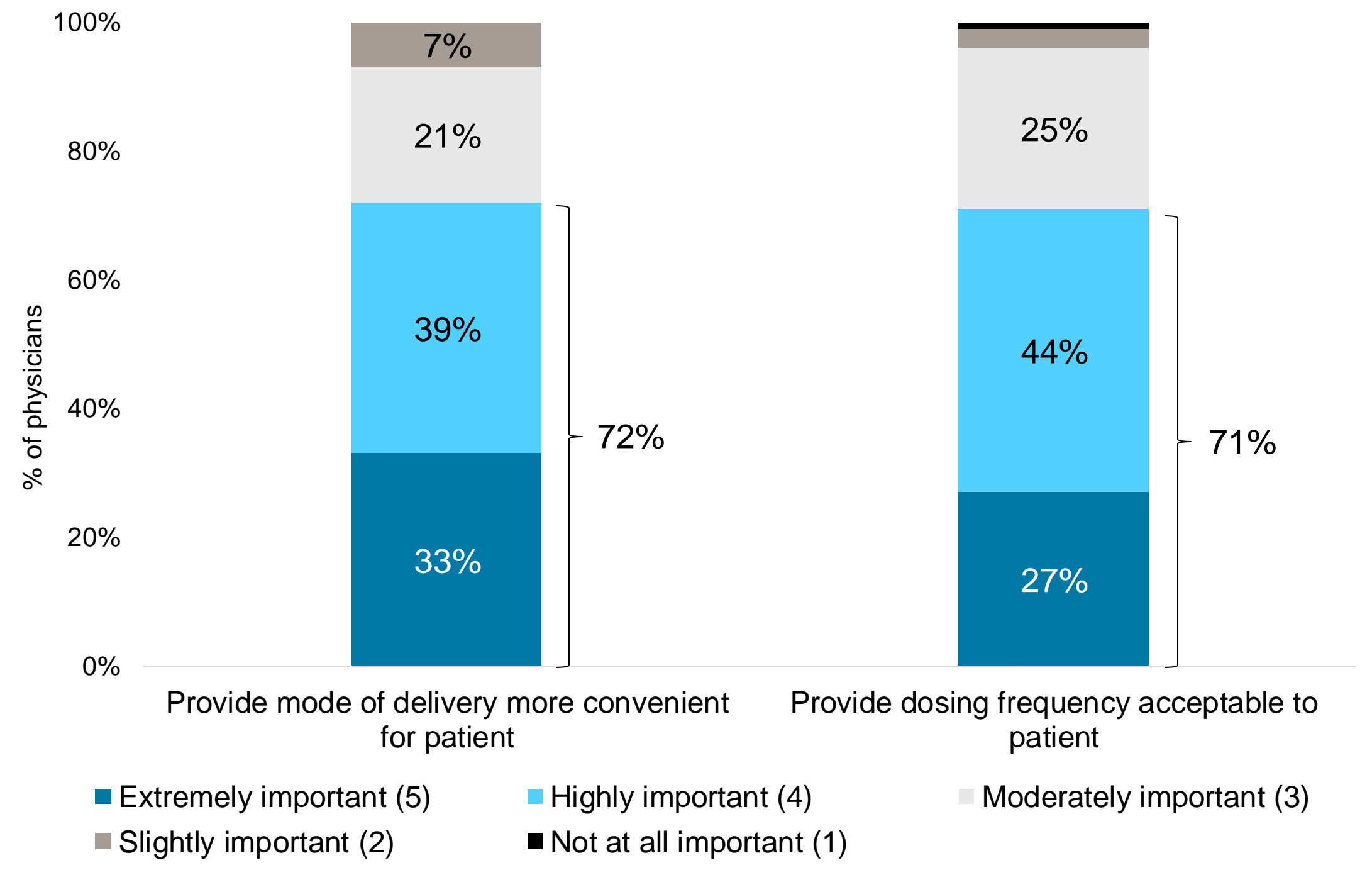
Mod/severe patients: Defined as mod/severe by APPs at time of data collection. Biologic Q2W patients: APP report receiving biologic every 2 weeks at the time of data collection. Q2W = biologic dose every 2 weeks. SD = Standard Deviation, \*Other includes Asian and Middle Eastern. Severity reported at the time of data collection. All data reported by APPs for each patient.

**Figure 2: APPs Identify Dosing Frequency as a Top 5 Area of Improvement for Patients**



Includes patients receiving biologic Q2W at time of data collection (n=86) managed by APPs. All data reported by APPs for each patient.

**Figure 3: Convenience of Mode of Delivery and Acceptable Dosing Frequency are Important Preferences to Dermatologists and Allergists/ Immunologists in Managing Mod/Severe AD**



Includes only attributes related to mode/frequency of treatment. All data reported by Dermatologists and allergists/immunologists (n=89). Data labels ≤3% not shown

**References**

1. Neha Puar, Raj Chovatiya, Amy S. Paller, New treatments in atopic dermatitis, Annals of Allergy, Asthma & Immunology, Volume 126, Issue 1, 2021, Pages 21-31, ISSN 1081-1206, <https://doi.org/10.1016/j.anaai.2020.08.016>.

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Disclosures: Data collection was undertaken by Adelphi Real World as part of an independent survey. Eli Lilly did not influence the original survey through either contribution to the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World AD DSP. The DSP is a wholly owned Adelphi Real World product. Eli Lilly is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. Competing interests: OH and PA are employees of Adelphi Real World, WM, ZD and EP are employees of Eli Lilly, AA, BG, MY and PL have received consultancy payments from Eli Lilly.