Real-World Effectiveness of Upadacitinib in Moderate-to-Severe Atopic Dermatitis: Results From Longitudinal Analyses in 6- and 12-month Cohorts for the PPD CorEvitas Atopic Dermatitis Registry

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OBJECTIVE

Report the real-world effectiveness of upadacitinib treatment in participants with atopic dermatitis in the PPD™ CorEvitas™ Atopic Dermatitis Registry

CONCLUSIONS

In this real-world setting, participants with atopic dermatitis receiving upadacitinib for 6 or 12 months achieved clearer skin, reduced itch, and improved quality of life

Over one-third of participants achieved minimal disease activity in both cohorts (simultaneous clear or almost clear skin and minimal or no itch)

These real-world findings are consistent with clinical trial findings and highlight the long-term effectiveness of upadacitinib for treatment of atopic dermatitis

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INTRODUCTION

- Atopic dermatitis (AD) is an inflammatory skin condition characterized by eczematous lesions with intense itch and is associated with reduced quality of life (QoL)
- Upadacitinib (UPA) is an oral Janus kinase inhibitor approved to treat moderate-to-severe AD in adolescents and adults
- Previous phase 3 clinical trials have reported the safety and efficacy of UPA for the treatment of AD[1,2]

METHODS

Study Design

- The PPD™ CorEvitas™ AD Registry is a prospective, noninterventional registry for adults with AD in the United States and Canada receiving care from a dermatologist or qualified physician comprising over 4000 participants over 80 study sites
- Longitudinal data were collected from participants and their dermatology providers during scheduled clinic visits occurring approximately every 6 months

Inclusion Criteria and Outcome Assessments

- Participants were enrolled in the Registry if they were aged 18 years or older, had a diagnosis of AD from a dermatologist, and began receiving treatment with an eligible medication (including biologics, small molecules, nonbiologic systemics, or systemic corticosteroids) at or within 12 months prior to the enrollment visit
- This analysis included participants in the CorEvitas AD Registry who had a 6-month (3- to 9-month window) follow-up visit in 1 cohort, and a 12-month (9- to 15-month window) follow-up visit in the other cohort. In both, participants had an initiation date (baseline) from January 14, 2022 (date of UPA approval by the United States Food and Drug Administration) or October 1, 2021 (for participants in Canada) through April 30, 2025
- For inclusion in this analysis, patients had to have baseline data before UPA exposure and remained on UPA at the corresponding 6- or 12-month follow-up
- Outcomes assessed are described in **Figure 1**
- Safety was not reported in this analysis

Statistical Analysis

- Outcomes were evaluated relative to baseline and analyzed as observed with no imputation

METHODS CONTINUED

Figure 1. AD Outcomes Assessed

Skin clearance	• vIGA-AD score of 0 or 1 (**vIGA-AD 0/1**) among patients with a baseline vIGA-AD score >1 • EASI score improvement ≥90%[3] or 100% from baseline (**EASI 90/100**)
Itch[3] and skin pain	• **No/minimal itch (PP-NRS 0/1):** PP-NRS score 0 or 1 among patients with a baseline PP-NRS score >1 • **No/minimal skin pain (Skin pain 0/1):** Skin pain score 0 or 1 among patients with a baseline skin pain score >1
Quality of life[3]	• **No impact on QoL (DLQI 0/1):** DLQI score 0 or 1 among patients with a baseline DLQI score >1
Disease control[4]	• **Well-controlled disease (ADCT <7):** ADCT score <7 among patients with a baseline ADCT score ≥7
Simultaneous skin and itch improvement (MDA)[3]	• **Complete or almost complete skin clearance and itch relief (EASI 90** and **PP-NRS 0/1):** EASI score improvement ≥90% and PP-NRS score 0 or 1 among participants with a baseline PP-NRS score >1

AD, atopic dermatitis; ADCT, Atopic Dermatitis Control Tool; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; MDA, minimal disease activity; PP-NRS, Peak Pruritus Numeric Rating Scale; QoL, quality of life; vIGA-AD, validated Investigators Global Assessment Scale for Atopic Dermatitis.

RESULTS

Table 1. Baseline Demographics and Characteristics

	6 Month (N = 270)	12 Month (N = 189)
Age at baseline visit, mean (SD)	47.1 (17.1)	47.2 (17.1)
Age at AD onset, years, mean (SD)	28.4 (23.3)	27.7 (23.4)
Sex, female, n (%)	149 (55.2)	101 (53.4)
Race, n (%)		
Asian	37 (13.7)	28 (14.8)
Black	22 (8.1)	14 (7.4)
Other[a]	32 (11.9)	24 (12.7)
White	179 (66.3)	123 (65.1)
Country, n (%)		
United States	179 (66.3)	112 (59.3)
Canada	91 (33.7)	77 (40.7)
vIGA-AD, n (%)		
0: Clear	17 (6.3)	7 (3.7)
1: Almost clear	14 (5.2)	8 (4.2)
2: Mild	48 (17.8)	42 (22.2)
3: Moderate	124 (45.9)	88 (46.6)
4: Severe	67 (24.8)	44 (23.3)
EASI (range 0–72), mean (SD)	10.9 (10.6)	11.7 (11.4)
DLQI (range 0–30), mean (SD)	10.4 (7.2)[b]	10.4 (6.9)
PP-NRS (range 0–10), mean (SD)	6.0 (3.0)	6.1 (3.0)
ADCT (range 0–24), mean (SD)	12.7 (6.4)	12.8 (6.3)

AD, atopic dermatitis; ADCT, Atopic Dermatitis Control Tool (score range: 0–24); DLQI, Dermatology Life Quality Index (score range: 0–30); EASI, Eczema Area and Severity Index (score range: 0–72); PP-NRS, Peak Pruritus Numeric Rating Scale (score range: 0–10); vIGA-AD, validated Investigators Global Assessment Scale for Atopic Dermatitis.
[a]Other race includes patients who selected multiple races, American Indian or Alaskan Native, Native Hawaiian, or Other Pacific Islander, or "Other" race. [b]N = 269.

Study Population (Table 1)

- Baseline demographics and disease characteristics were similar between the 6-month (n = 270) and 12-month (n = 189) cohorts

Outcomes (Figure 2)

- Participant outcomes were similar in both the 6- and 12-month cohorts
- Over one-third of participants in each cohort achieved MDA (6 month 38.9%; 12 month 37.9%)
- Many participants, in both cohorts, achieved stringent skin clearance and itch outcomes
  - More than half of participants achieved vIGA-AD 0/1 (6 month 66.0%; 12 month 65.5%) and EASI 90 (6 month 59.7%; 12 month 62.2%)
  - At least 40% of participants achieved EASI 100 (6 month 45.8%; 12 month 48.9%) and PP-NRS 0/1 (6 month 47.5%; 12 month 41.4%)
- Participants in both the 6- and 12-month cohorts also reported that AD had no impact on their life (DLQI 0/1–6 month 45.7%; 12 month 44.6%) and reported well-controlled disease (ADCT <7–6 month 63.4%; 12 month 68.4%)

Limitations

- As study objectives were descriptive in nature, no formal hypothesis testing was performed
- This analysis only included patients who remained on UPA and results may not be generalizable to all patients who start UPA
- Results were not stratified by dosing regimen

Table 2. Medication at Baseline, 6-Month, and 12-Month Follow-Up Visits

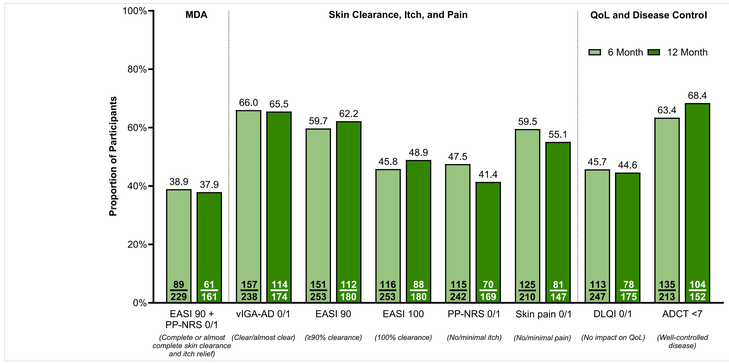
	6 Month N = 270		12 Month N = 189	
	Baseline	6 Month	Baseline	12 Month
Time treated with UPA, months, mean (SD)	—	6.1 (1.0)	—	11.9 (1.4)
15 mg UPA dose, n/N (%)	191/262 (72.9)	178/268 (66.4)	123/183 (67.2)	113/188 (60.1)
Dose increase from baseline, n/N (%)	—	21/26 (80.8)	—	22/30 (73.3)

AD, atopic dermatitis; ADCT, Atopic Dermatitis Control Tool; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; MDA, minimal disease activity; PP-NRS, Peak Pruritus Numeric Rating Scale; QoL, quality of life; UPA, upadacitinib; vIGA-AD, validated Investigators Global Assessment Scale for Atopic Dermatitis.
Previously presented at Revolutionizing Atopic Dermatitis (RAD) June 6–7, 2025.

Medication Usage (Table 2)

- The average treatment time for participants was 6.1 months and 11.9 months in the 6- and 12-month cohorts, respectively, with most patients receiving the 15 mg dosage in both cohorts

Figure 2. Achievement of Optimal Treatment Targets After 6 or 12 Months of Treatment With Upadacitinib



ADCT, Atopic Dermatitis Control Tool; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; MDA, minimal disease activity; PP-NRS, Peak Pruritus Numeric Rating Scale; QoL, quality of life; vIGA-AD, validated Investigators Global Assessment Scale for Atopic Dermatitis.
Assessment of outcomes was limited to patients eligible to achieve them (ie, patients with a score greater than the assessment at baseline).

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