Patients With Atopic Dermatitis Reported Rapid and Optimal Real-World Effectiveness With Upadacitinib: SCALE-UP Study Results by Prior Treatment

Jonathan I. Silverberg,[1] Brian M. Calimlim,[2] Zelma C. Chiesa Fuxench,[3] Diego Ruiz Dasilva,[4] Arielle G. Bensimon,[5] Jiaxuan Liu,[5] Ayman Grada,[2] Chao Li,[2] Bang Truong,[2] Christopher G. Bunick[6]

[1]*Department of Dermatology, The George Washington University School of Medicine and Health Sciences, Washington DC, USA;* [2]*AbbVie Inc., North Chicago, IL, USA;* [3]*Department of Dermatology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA;* [4]*Department of Dermatology, Forefront Dermatology & Eastern Virginia Medical School, Virginia Beach, VA, USA;* [5]*Analysis Group, Inc., Boston, MA, USA;* [6]*Department of Dermatology, Yale University, New Haven, CT, USA*

OBJECTIVE

Evaluate the patient reported effectiveness of upadacitinib in patients with atopic dermatitis by prior advanced systemic therapy exposure

CONCLUSIONS

In this real-world setting, the majority of patients reported little-to-no itch and clear or almost clear skin after treatment with upadacitinib, regardless of prior treatment with advanced systemic therapy

The majority of patients were very satisfied with upadacitinib treatment and reported no or almost no sleep disturbance

Most patients noticed itch and skin improvements within 1 week of upadacitinib treatment, with some noticing improvements within hours (itch) and days (skin)

To obtain a PDF of this poster

Scan QR code or use the following link to download an electronic version of this presentation and other AbbVie Fall Clinical 2025 scientific presentations

https://abbvie1.outsystemsenterprise.com/CongressPublications/CongressHome?CongressId=b8758441-99a9-4a04-a4c8-75ef968362d3

QR code expiration: September 23, 2026

To submit a medical question, please visit www.abbviemedinfo.com

References

1. Guttman-Yassy, et al. *Lancet.* 2021 Jun 5;397(10290):2151–68.
2. Reich, et al. *Lancet.* 2021 Jun 5;397(10290):2169–81.

Presented at Fall Clinical Dermatology Conference, October 23–26, 2025, Las Vegas, NV, USA [DV-016176]

AbbVie and the authors thank the participants, study sites, and investigators who participated in this clinical trial.

AbbVie funded this trial and participated in the trial design, research, analysis, data collection, interpretation of data, and the review and approval of the publication. All authors had access to relevant data and participated in the drafting, review, and approval of this publication. No honoraria or payments were made for authorship. Medical writing support was provided by Trisha Rettig, PhD, of AbbVie.

J.I. Silverberg received honoraria as a consultant, advisory board member, and/or speaker for AbbVie, Aldena, Amgen, AOBiome, Apollo, Arcutis, Arena, Asana, ASLAN, Attovia, Bodewell, BI, BMS, Cara, Castle, Celgene, Connect, Corevitas, Dermavant, Lilly, FIDE, Galderma, GSK, Incyte, Inmagene, Invea, Kiniksa, LEO, Merck, Nektar, Novartis, Optum, Pfizer, RAPT, Recludix, Regeneron, Sandoz, Sanofi-Genzyme, Shaperon, TARGET-RWE, Teva, Triveni, Union, UpToDate; institution received grants from Galderma, Incyte, Pfizer. B.M. Calimlim, A. Grada, C. Li, and B. Truong – AbbVie – Employee – may hold stock and/or stock options in the company. Z.C. Chiesa Fuxench has served as a consultant for AbbVie, the Asthma and Allergy Foundation of America, Beiersdorf Inc, Incyte, the National Eczema Association, and Pfizer; has received research grants and/or honoraria from LEO, Lilly, Menlo, Regeneron, Sanofi, Tioga, Vanda. D. Ruiz Dasilva – AbbVie, Arcutis, Dermavant, Galderma, Janssen, LEO, Lilly, Pfizer, Sanofi Regeneron, UCB, and Verrica. A.G. Bensimon and J. Liu – Analysis Group, Inc. – Employee – Analysis Group, Inc. received funding from AbbVie for the conduct of this research. C.G. Bunick is an investigator and consultant for AbbVie, Allergan, Almirall, Apogee, Arcutis, Connect, Daiichi-Sankyo, EPI Health/Novan, LEO, Lilly, Novartis, Ortho Dermatologics, Palvella, Pfizer, Suns, Sanofi Regeneron, Skinosive, Takeda, Timber, and UCB.

INTRODUCTION

- Atopic dermatitis (AD) is a chronic inflammatory skin disease characterized by itchy eczematous patches and significantly impacts a patient's quality of life (QoL)
- Upadacitinib (UPA) is an oral selective Janus kinase inhibitor approved for the treatment of moderate-to-severe AD in adults and adolescents
- While UPA-treated patients demonstrated optimal efficacy in clinical trials[1,2], patient-reported effectiveness in real-wold settings, particularly with prior advanced systemic treatment (AST) exposure is valuable

METHODS

- SCALE-UP is a real-world, observational, online patient survey of adults with moderate-to-severe AD who participated in a patient support program and received UPA for 2 to 12 months at survey time
- Patients were stratified by no prior advanced systemic therapy (AST-Naïve) or prior exposure to abrocitinib, dupilumab, or tralokinumab prior to initiating UPA (AST-Experienced)

METHODS CONTINUED

- Outcomes are reported as observed and outlined in **Table 1**, with patients also reporting time to noticeable itch relief and clearer skin
- Safety was not assessed in the SCALE-UP study

Table 1. Assessment and Outcome Measures

Category	Assessment	Optimal Outcomes	Interpretation
Itch and Skin	WP-NRS[a]	0/1	Little-to-no itch
	BSA[b]	≤2% affected	Clear or almost clear skin
QoL	DLQI[c]	0/1	No effect on patient's life
	PGI-Sleep[d]	0/1	No or almost no sleep disturbance
Treatment Satisfaction	PGIT[e] PGIT Itch[e] PGIT Skin[e]	6/7	Very or extremely satisfied

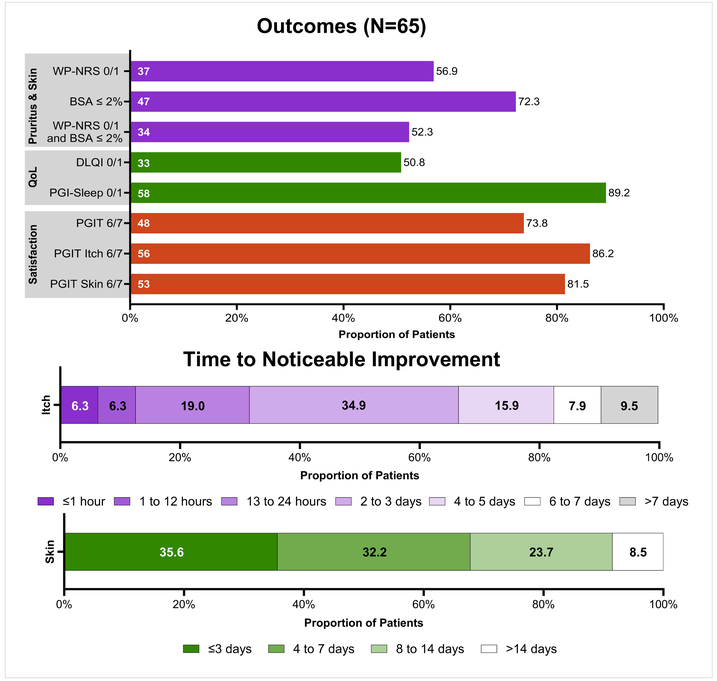
BSA, body surface area; DLQI, Dermatology Quality of Life Index; PGI, Patient Global Impression; PGIT, Patient Global Impression of Treatment; QoL, Quality of Life; WP-NRS, Worst Pruritus Numerical Rating Scale.

RESULTS

Patient Demographics and Treatment History

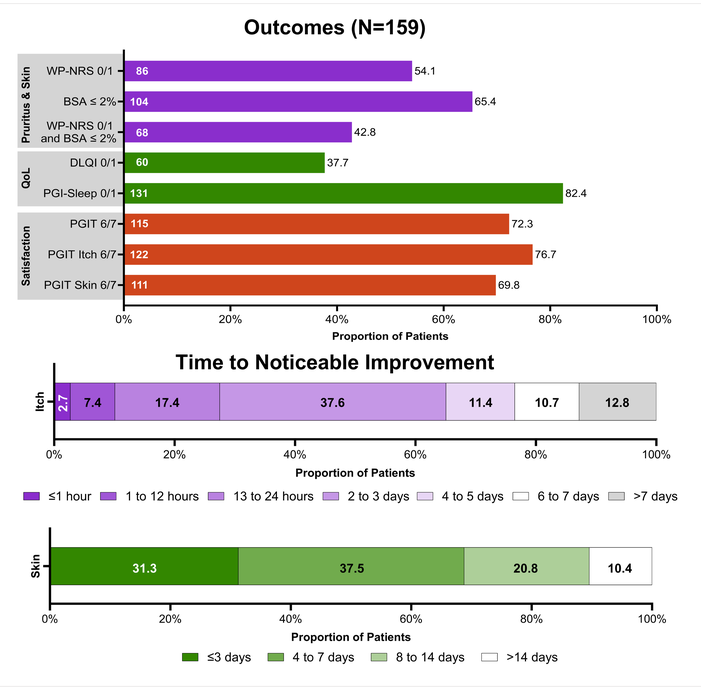
- A total of 224 participants (AST-Naïve N = 65; AST-Experienced N = 159) were included in this analysis
  - The average age for AST-Naïve patients was 46.3 years (SD 15.8) and 66.2% were female and the average age for AST-Experienced patients was 45.0 years (SD 16.8) and 73.6% were female
- Approximately half of AST-Naïve (52.3%) and AST-Experienced (49.0%) participants had received UPA for at least 6 months and the most common dosage in both groups was 15 mg daily (AST-Naïve 87.7%; AST-Experienced 75.5%)
- AST-experienced patients had prior exposure to dupilumab (n = 154; 96.9%), tralokinumab (n = 20; 12.6%), and abrocitinib (n = 8; 5.0%)
- Within the past 4 weeks, topical corticosteroids were used by 22.7% of AST-Naïve and 39.0% of AST-Experienced patients and topical calcineurin inhibitors were used by 10.8% and 13.2%of AST-Naïve and AST-Experienced patients, respectively

Figure 1. AST-Naïve Patients



AST, advanced systemic therapy; BSA, body surface area; DLQI, Dermatology Quality of Life Index; PGI, Patient Global Impression; PGIT, Patient Global Impression of Treatment; QoL, quality of life; WP-NRS, Worst Pruritus Numerical Rating Scale.
Number at the far left of the bar represents n.

Figure 2. AST-Experienced Patients



AST, advanced systemic therapy; BSA, body surface area; DLQI, Dermatology Quality of Life Index; PGI, Patient Global Impression; PGIT, Patient Global Impression of Treatment; QoL, quality of life; WP-NRS, Worst Pruritus Numerical Rating Scale.
Number at the far left of the bar represents n.

AST-Naïve Patient Outcomes (Figure 1)

- The majority of patients achieved stringent itch, skin clearance, QoL, and treatment satisfaction outcomes
- Among those who experienced itch improvement (N = 63) or skin improvement (N = 59)
  - Most noticed itch improvement within 3 days (66.7%), with some noticing within hours
  - Most noticed skin improvement within a week (67.8%), with some noticing within 3 days (35.6%)

AST-Experienced Patient Outcomes (Figure 2)

- Many achieved stringent itch, skin clearance, QoL, and treatment satisfaction outcomes
- Among those who experienced itch improvement (n = 149) or skin improvement (n = 144)
  - Most noticed itch improvement within 3 days (65.1%), with some noticing within hours
  - Most noticed skin improvement within a week (68.8%), with some noticing within 3 days (31.3%)

©AbbVie Inc. 2025