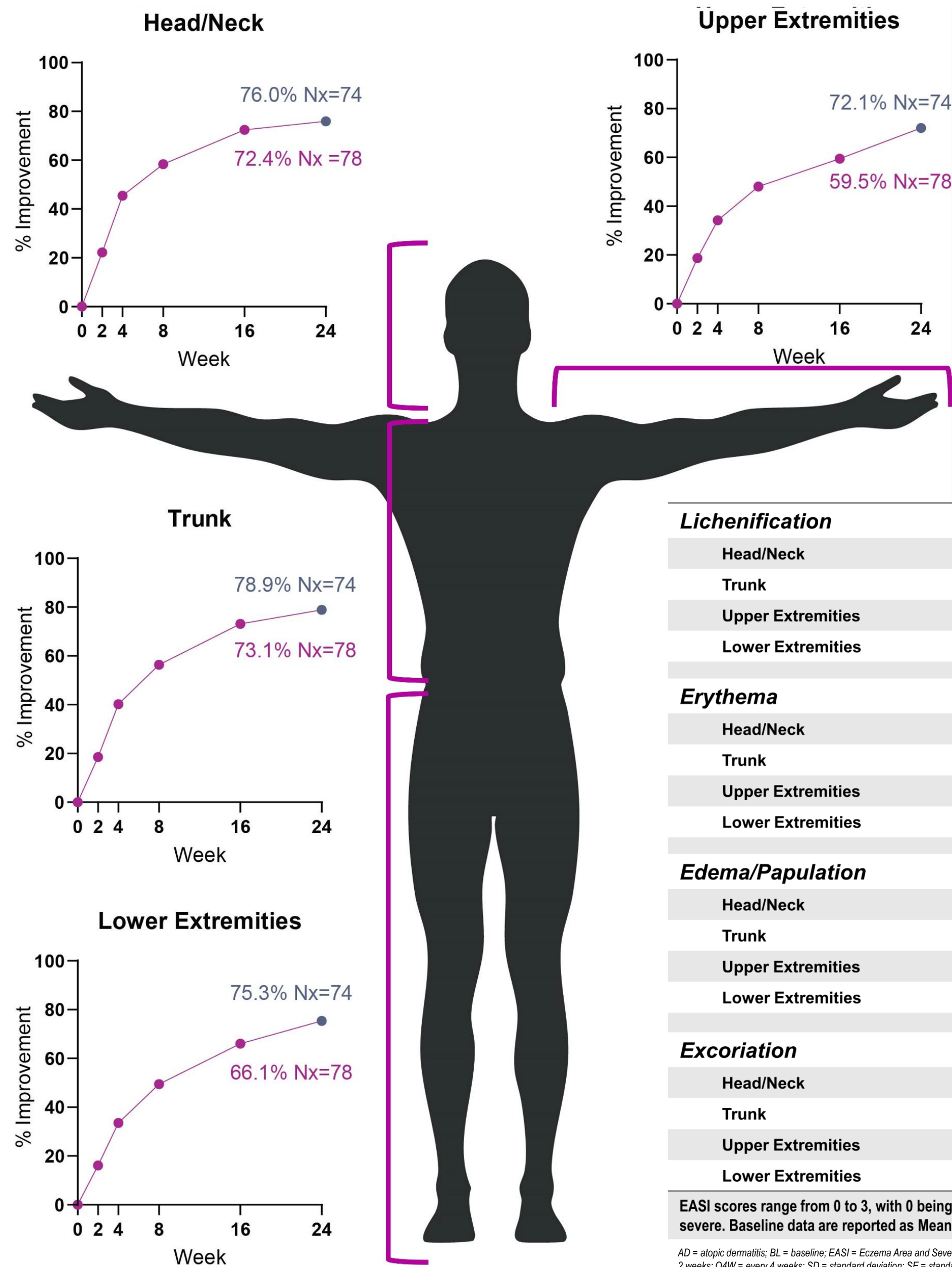


Lebrikizumab Treatment Improves Lichenification and Other Clinical Signs of Atopic Dermatitis in Adults and Adolescents with Moderate-to-Severe AD and Skin of Color

Chesahna Kindred,¹ Raj Chovatiya,² Jill Waibel,³ Chih-ho Hong,⁴ Zach Dawson,⁵ Jinglin Zhong,⁶ Lucia Seminario-Vidal,⁵ Andrew Alexis⁷

¹Kindred Hair and Skin Center, Columbia, USA; ²Rosalind Franklin University of Medicine and Science Chicago Medical School, North Chicago, USA; ³Miami Dermatology and Laser Institute, Miami, USA; ⁴Department of Dermatology and Skin Science, University of British Columbia, and Probitry Medical Research, Surrey, BC, Canada; ⁵Eli Lilly and Company, Indianapolis, USA; ⁶IQVIA, Durham, USA; ⁷Weill Cornell Medicine, New York, USA

RESULTS LEBRI provides >70% improvement from BL in lichenification severity across all body regions after 24 weeks



Highlights

- Lichenification in the extremities was more severe than in the head/neck and trunk regions at BL.
- >80% of adults and adolescents with AD and SOC saw no or mild lichenification across all body regions with LEBRI after 24 weeks.

Table 1: LEBRI improves lichenification, erythema, edema/papulation, and excoriation severity by 65-83% across all 4 body regions at 24 weeks

	Baseline Nx = 90	Week 16 LEBRI 250 mg Q2W Nx = 78	Week 24 LEBRI 250 mg Q2W/Q4W Nx = 74
Lichenification			
Head/Neck	1.7 (0.99)	-72.4 (4.10)	-76.0 (4.10)
Trunk	1.9 (0.73)	-73.1 (3.86)	-78.9 (3.47)
Upper Extremities	2.2 (0.61)	-59.5 (3.95)	-72.1 (3.61)
Lower Extremities	2.2 (0.69)	-66.1 (3.99)	-75.3 (3.68)
Erythema			
Head/Neck	2.0 (0.92)	-64.9 (4.06)	-68.6 (4.22)
Trunk	2.2 (0.74)	-69.7 (3.61)	-68.8 (3.95)
Upper Extremities	2.4 (0.56)	-61.7 (3.62)	-65.0 (3.71)
Lower Extremities	2.4 (0.66)	-61.2 (3.88)	-69.9 (3.67)
Edema/Papulation			
Head/Neck	1.7 (0.87)	-74.0 (3.86)	-75.4 (3.93)
Trunk	1.9 (0.79)	-74.4 (3.71)	-74.2 (3.80)
Upper Extremities	2.2 (0.58)	-68.9 (3.58)	-71.7 (3.53)
Lower Extremities	2.2 (0.63)	-69.7 (3.69)	-78.5 (3.60)
Excoriation			
Head/Neck	1.4 (0.93)	-83.1 (3.60)	-81.9 (3.97)
Trunk	1.8 (0.73)	-82.2 (3.36)	-80.7 (3.55)
Upper Extremities	2.0 (0.80)	-77.7 (3.27)	-82.8 (3.13)
Lower Extremities	2.0 (0.73)	-79.4 (3.72)	-81.5 (3.56)

EASI scores range from 0 to 3, with 0 being absent, 1 mild, 1.5 between mild and moderate, 2 moderate, 2.5 between moderate and severe, and 3 severe. Baseline data are reported as Mean (SD). Week 16 and Week 24 data are reported as LSM %CFB (SE).

AD = atopic dermatitis; BL = baseline; EASI = Eczema Area and Severity Index; LEBRI = lebrikizumab; LSM = least-squares mean; Nx = number of patients with non-missing values; %CFB = percent change from baseline; Q2W = every 2 weeks; Q4W = every 4 weeks; SD = standard deviation; SE = standard error; SOC = skin of color

Sponsored by Eli Lilly and Company

OBJECTIVE

- To assess improvement of the four Eczema Area and Severity Index (EASI) clinical signs across four body regions with LEBRI treatment in adults and adolescents with moderate-to-severe AD and SOC through 24 weeks.

CONCLUSION

- Patients with moderate-to-severe AD and SOC had moderate severity across all clinical signs at BL; after 24 weeks with LEBRI treatment, all body regions demonstrated meaningful improvement in all clinical signs of skin severity, including lichenification, which is more prominent in this understudied population.

SYNOPSIS

Background

- People with atopic dermatitis (AD) and skin of color (SOC) have a large burden of disease and experience disparities in care.^{1,2}
- ADmirable (NCT05372419) Phase 3b clinical trial was the first lebrikizumab (LEBRI) study in adults and adolescents with moderate-to-severe AD and SOC.

METHODS

Endpoints

- Percent change from baseline (% CFB) in 4 clinical signs of EASI over 4 body regions: Head/Neck, Trunk, Upper Extremities, and Lower Extremities.

Note: The MMRM model includes baseline value, visit and interaction of baseline value by visit, variance-covariance structure=unstructured. AD = atopic dermatitis; EASI = Eczema Area and Severity Index; ITT = intent-to-treat; LEBRI = lebrikizumab; LSM = least-squares mean; MMRM = mixed model repeated measures; %CFB = percent change from baseline; SOC = skin of color

Baseline Demographics

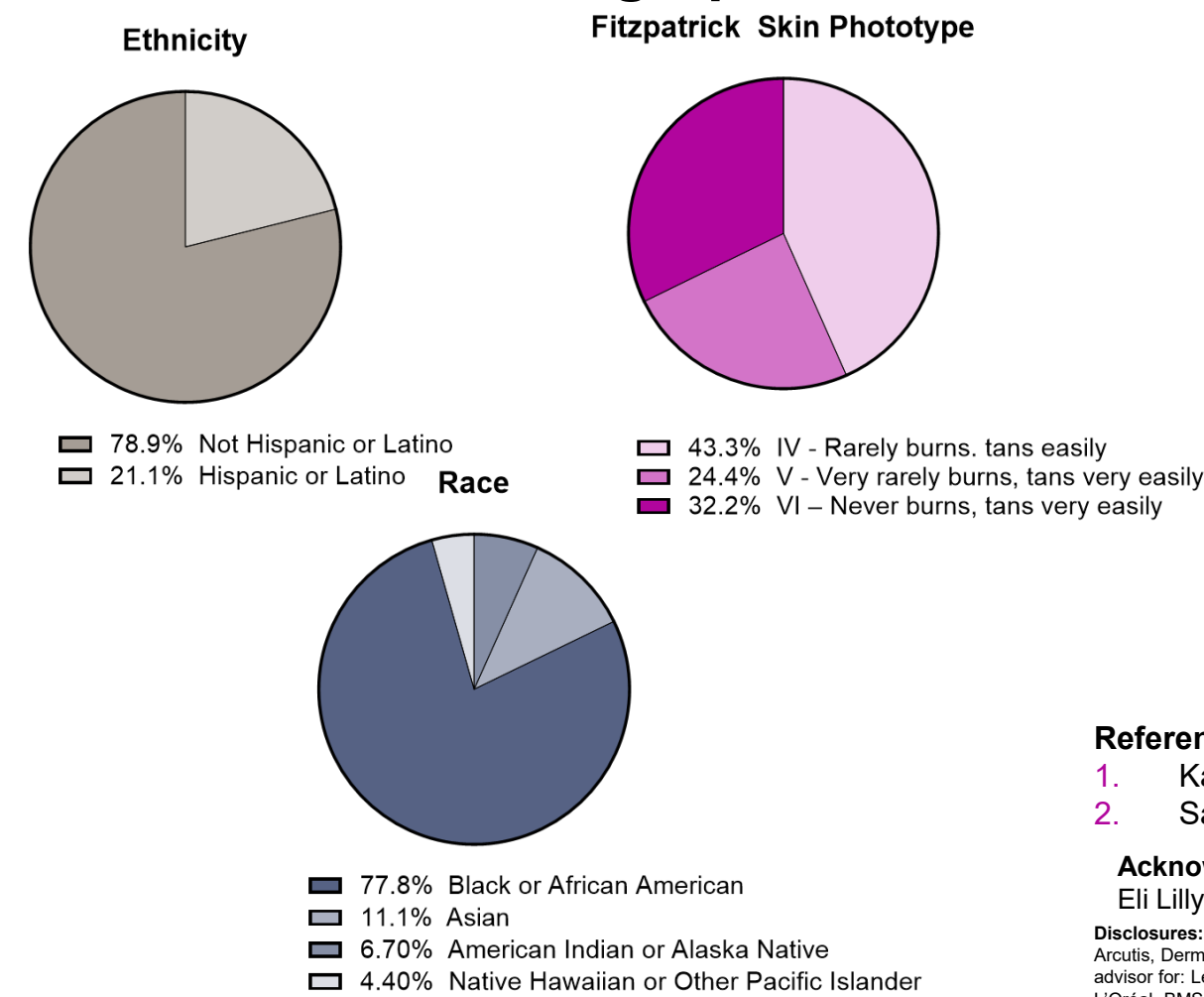


Table 2: Concomitant topical treatment use through 24 Weeks

Topical therapy	Any LEBRI (N=90)
TCS	31 (34.4)
Low potency	27 (30.0)
Mid potency	26 (28.9)
High potency	0
TCI	12 (13.3)
Crisaborole	11 (12.2)
Topical ruxolitinib	0

Note: All data are n (%).

References

- Kaufman, BP, Guttman-Yassky, E, Alexis, AF. Exp Dermatol (2018).
- Sangha AM. J Clin Aesthet Dermatol (2021).

Acknowledgments: The authors would like to thank Emily Dennis, Ph.D., of Eli Lilly and Company for their writing and editorial contributions.

Disclosures: A.A. has received grant support (funds to institution) from: Leo, Amgen, Arcutis, Dermavant, Abbvie, Incyte, and Castle; has served as a consultant and/or advisor for: Leo, Galderma, Pfizer, Sanofi-Regeneron, Dermavant, Beiersdorf, Ortho, L'Oréal, BMS, Bausch Health, UCB, Vyne, Arcutis, Janssen, Allergan, Almirall, Abbvie, Amgen, VisualDx, Eli Lilly, Swiss American, Incyte, Castle, Apogee, Canfield, Alphyx, Genentech, Boehringer Ingelheim, Symrise, Novartis, HairDays, Botanix, Alumis; has served as a speaker for: Regeneron, SANOFI-Genzyme, L'Oréal, Janssen, Aerolase, and Scientia; has received royalties from: Springer, Wiley-Blackwell, Elsevier, and Wolters-Kluwer Health; and receive equipment (loan to institution) from: Aerolase. R.C. has served as an advisor, consultant, speaker, and/or investigator for AbbVie, Acelyrin, Alumis, Amgen, AnaplysBio, Apogee Therapeutics, Arcutis Biotherapeutics Inc., Argenc, Astria Therapeutics Inc., Avallera Health, Beiersdorf, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, CellCdx, Cln Skin Care, Dermavant, Eli Lilly and Company, EMD Serono, Formation Bio, Forte Biosciences, Galderma, Genentech, GSK, Incyte, Johnson & Johnson, Kenvue, LEO Pharma, L'Oréal, Nektar Therapeutics, Novartis, OpSida, Pfizer Inc., RAPT, Regeneron, Sanofi, Silryx, Takeda, TRex Bio, UCB, Zai Lab, H. C.H. H. has been an investigator for and/or received honorarium from: Abbvie, Amgen, Arcutis, ASLAN pharmaceuticals, Bausch Health, Biocan, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Celltrion, Cutanea, Dermira, Dermavant, DS Biopharma, Eli Lilly, Evolve Biosciences, Galderma, GSK, Incyte, IQVIA, JAMP, Janssen, Leo Pharma, MedImmune, Merck, Mirum, Novartis, Organon, Pfizer, Regeneron, Sanofi-Genzyme, Sun Pharma, UCB, C. K. has been a speaker and/or an advisory board member for: Aerolase, Eli Lilly and Company, Janssen, Pfizer, Regeneron, Sanofi, Seiphy, Sun Pharma, and UCB Pharma; has been a consultant for: AbbVie, Novartis, and Pfizer; has been a steering committee member for: Janssen; and has been a journal editor for: Cutis. J.W. has served as a consultant, investigator, and/or has received personal fees from: Aquavit, Allergan, Argenc, Bellatella, Bristol Myers Squibb, Candela, Cytellis Biosystems, Eli Lilly, Galderma, Horizon, Incyte, Lufira, Olix Pharmaceuticals, Pfizer, P&G, Regeneron, Sanofi, SkinCeuticals, Shanghai Biopharma PWB, and Turn Bio. Jill Waibel is also a recipient of a VA Merit Grant for Amputated Veterans Z. D. and L.S.W. are employees and shareholders of Eli Lilly and Company. J. Z. is an employee of IQVIA.



Scan the QR code for a list of all Lilly content presented at the congress.

Other company and product names are trademarks of their respective owners.