INDIRECT COMPARISON OF IL-13 INHIBITORS PLUS TOPICAL CORTICOSTEROIDS IN MODERATE TO SEVERE ATOPIC DERMATITIS

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BACKGROUND AND IMPORTANCE

Lebrikizumab, tralokinumab and dupilumab are anti-interleukin-13 monoclonal antibody used as therapy in patients with moderate to severe atopic dermatitis (msAD). There are no direct comparisons among them.

AIM AND OBJECTIVES

To establish whether lebrikizumab plus topical corticosteroids (L-TC), tralokinumab plus topical corticosteroids (T-TC) and dupilumab plus topical corticosteroids (D-TC) can be declared equivalent therapeutic alternatives (ETA) in patients with msAD through an ITC using a common comparator.

MATERIALS AND METHODS

A bibliographic search was conducted to identify phase III clinical trial (CTs) with L-TC or T-TC or D-TC with similar populations, duration and endpoints

EASI90 at week 16 was used as the main variable

ITC → **Bucher's method** → **ITC calculator from the Canadian Agency for Health Technology**

Delta value = maximum acceptable difference as a clinical criterion of no-inferiority. → **D=15%** → half of the ARR in EASI90 obtained in the pivotal CT of dupilumab **(ARR=29%)**

To establish the positioning the **ETA guidelines** was applied.

The results were **analysed graphically** and the relative position of the 95% CI and the equivalence margin were observed.

RESULTS

CT= 3

- L-TC (Adhere)
- T-TC (ECZTRA 3)
- D-TC (Liberty ad Chronos

1. Phase III
2. Randomised
3. Double-blinded
4. Placebo-controlled
5. Patients with msAD

Reference (clinical trial)	EASI90 (ARR (95%CI))	ITC
T-TC (ECZTRA 3)	11·4% (2.1–20.7)	6.6 (-9–22.2)
L-TC (Adhere)	18.9% (6,1–31.7)	
D-TC (Liberty ad Chronos)	29% (19–38.9)	-11 (-27– 5)

Applying the ETA Guide, L-TC, T-TC and D-TC could be considered ETA, being the probability of clinically relevant difference <50% (most of the 95% CI is in the equivalence range) and the failure does not involve serious/irreversible damage.

CONCLUSION AND RELEVANCE

The ITC showed no statistically significant and clinically relevant differences in EASI90 between anti-interleukin-13 plus topical corticosteroids. These drugs could be considered ETA in most patients with msDA