EFFECTIVENESS AND SAFETY OF DUPILUMAB AND TRALOKINUMAB IN ATOPIC DERMATITIS IN CLINICAL PRACTICE

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Background and importance

Dupilumab, an IL-4/IL-13 antagonist, and tralokinumab, an IL-13 antagonist, are approved for the treatment of moderate-to-severe atopic dermatitis (AD). Until now, no published studies have compared these treatments in clinical practice.

Aim and objectives

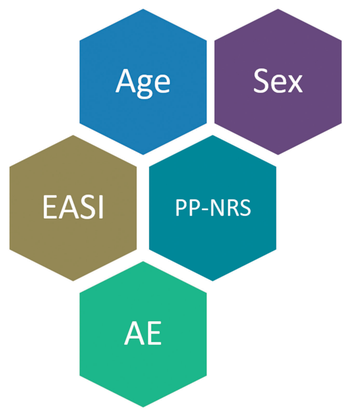
To evaluate and compare the effectiveness and safety of dupilumab and tralokinumab in AD patients in clinical practice.

Materials and methods

We conducted a retrospective study in a tertiary hospital. We included AD patients who initiated dupilumab or tralokinumab as the first targeted treatment between 11/2017 and 5/2023.

We collected the following data from electronic medical and pharmacy records: age, sex, Eczema Area and Severity Index (EASI), Peak Pruritus-Numerical Rate Scale (PP-NRS), Adverse effects (AE).

Effectiveness endpoints were EASI and PP-NRS at the first follow-up medical visit. Safety endpoints were the number and type of AE during the study period.



Results

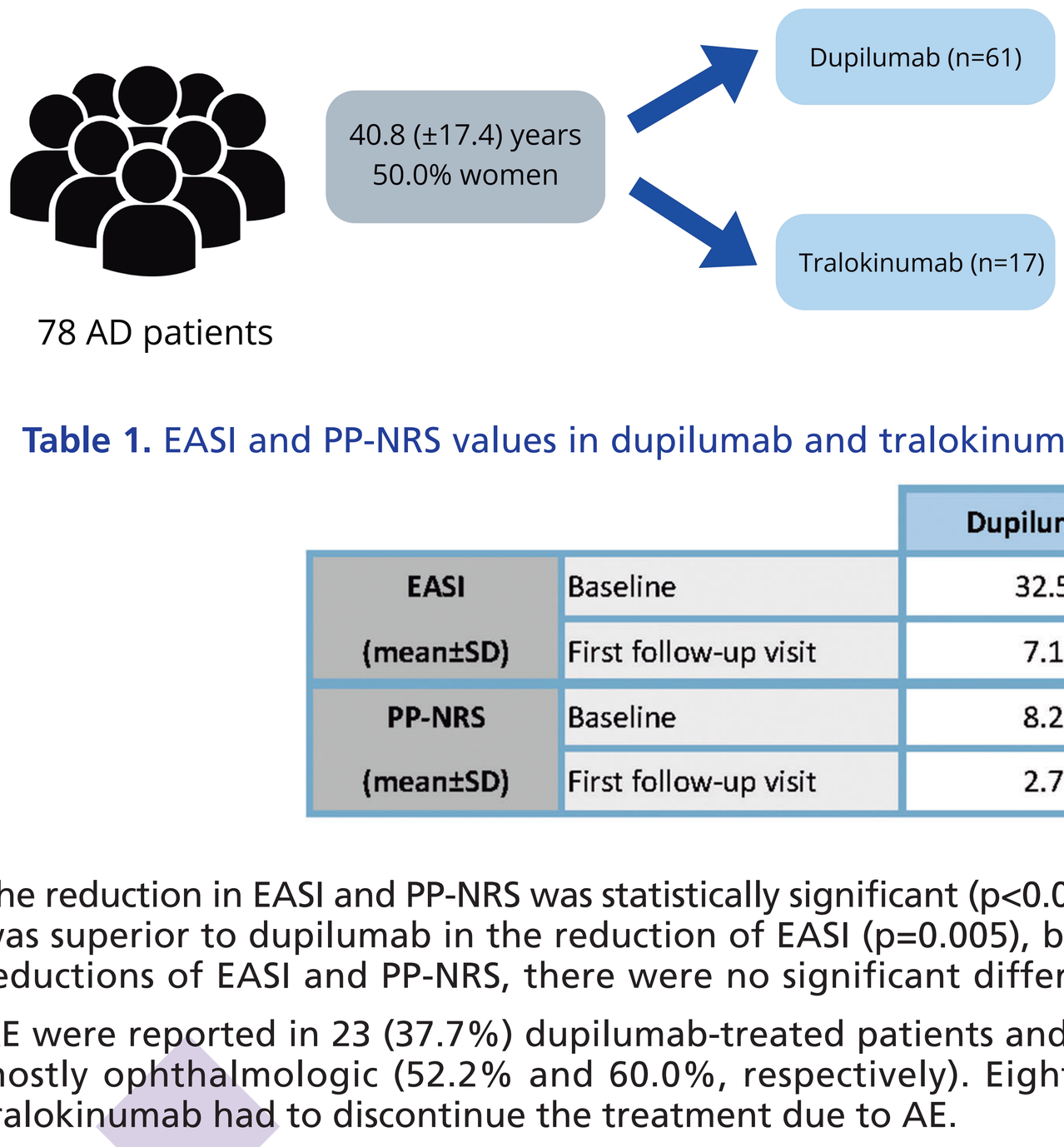


Table 1. EASI and PP-NRS values in dupilumab and tralokinumab groups at baseline and after first follow-up visit.

		Dupilumab (n=61)	**Tralokinumab** (n=17)
EASI (mean±SD)	Baseline	32.5 (±9.7)	26.4 (±8.3)
	First follow-up visit	7.1 (±6.0)	2.4 (±4.8)
PP-NRS (mean±SD)	Baseline	8.2 (±1.3)	7.3 (±1.7)
	First follow-up visit	2.7 (±1.8)	1.9 (±2.7)

The reduction in EASI and PP-NRS was statistically significant ($p<0.001$) in both groups. At first follow-up visit, tralokinumab was superior to dupilumab in the reduction of EASI ($p=0.005$), but not in PP-NRS. However, comparing the normalized reductions of EASI and PP-NRS, there were no significant differences between dupilumab and tralokinumab groups.

AE were reported in 23 (37.7%) dupilumab-treated patients and 5 (29.4%) tralokinumab-treated patients, which were mostly ophthalmologic (52.2% and 60.0%, respectively). Eight (13.1%) dupilumab-treated patients and 2 (11.8%) tralokinumab had to discontinue the treatment due to AE.

Conclusion and relevance

- In our cohort, **dupilumab and tralokinumab were effective**. Our study shows a **significant improvement in EASI and PP-NRS** in the first follow-up visit.
- AE data show that close **ophthalmologic monitoring** is recommended in these patients.
- **Further studies are warranted** to validate the differences found between both treatments.

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D11- OTHER DERMATOLOGICAL PREPARATIONS

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