Real-World Characteristics and Burden of Patients Initiating Advanced Systemic Therapy in the TARGET-DERM Atopic Dermatitis Registry

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Background

Real-world evidence describing characteristics and burden of AD patients initiating advanced systemic therapy (AST) remains limited.[1]

Objectives

Describe demographics, clinical characteristics, and treatment patterns of patients in the TARGET-DERM AD registry, including new AST initiators

Methods

Observational, retrospective, cohort study design (study period: January 25, 2019, to November 14, 2024)

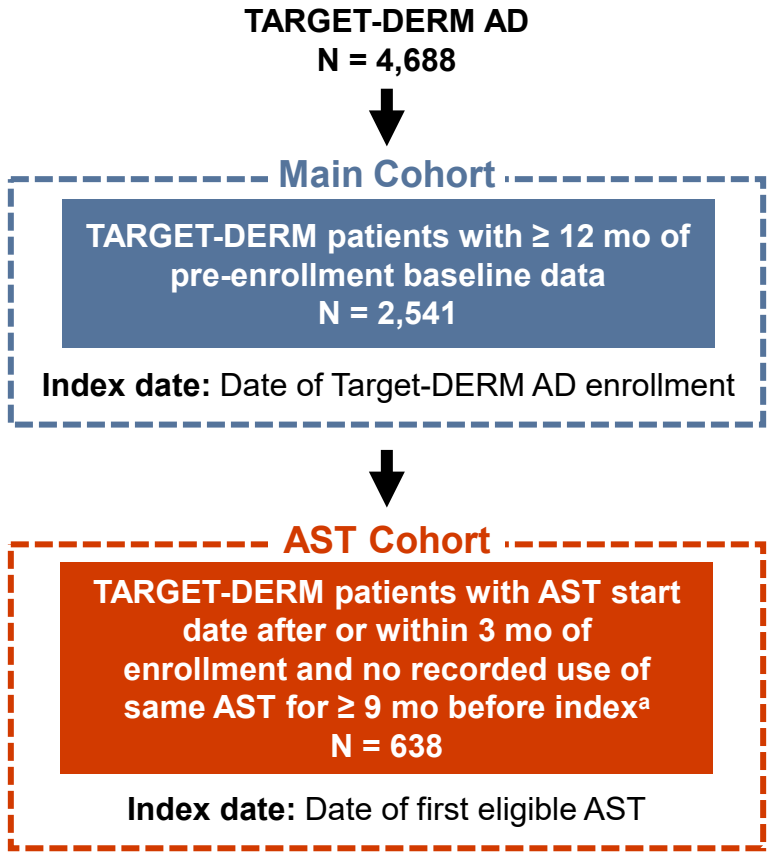
Two patient cohorts identified using the TARGET-DERM AD Registry, an international multicenter, observational, and longitudinal registry that reports the natural and treatment history of patients with physician-diagnosed AD[2]

- **Main Cohort:** Patients with AD of any severity and using any therapy with ≥ 12 mo of pre-enrollment baseline data
- **AST Cohort:** A subset of patients from the Main Cohort who initiated an AST after or within 3 mo of enrollment and had no recorded use of same AST within 9 mo of the AST index date

Descriptive statistics using mean and standard deviation or median and 25th/75th percentile estimates for continuous variables and number and percentages (n, %) for categorical variables used to examine patient characteristics and ClinROs/PROs (eg, vIGA-AD™, BSA, PO-SCORAD, PROMIS-Worst Itch)

Treatment patterns evaluated using Sankey diagrams for graphical presentation of patterns of AD therapies within 2 y after index date

Population Attrition



[a]Dupilumab (n = 453), upadacitinib (n = 104), tralokinumab (n = 56), abrocitinib (n = 25).
Abbreviations: AD, atopic dermatitis; BSA, body surface area; ClinRO, clinician-reported outcome; PO-SCORAD, Patient-Oriented SCORing of Atopic Dermatitis; PRO, patient-reported outcome; PROMIS, PRO Measurement Information System; vIGA-AD™, validated Investigator Global Assessment for Atopic Dermatitis.

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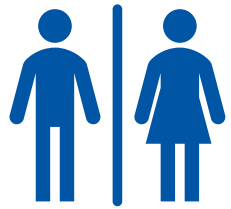
At Baseline, Patients in the AST Cohort vs the Main Cohort Experienced a Higher Rate of Comorbidities; TCSs, Dupilumab, and TCIs Were the Most Commonly Used Medications

Age, sex, and race distributions were similar between cohorts

Age at Enrollment (Mean [SD])

Main Cohort (N = 2,541): 35 (24) y
AST Cohort (N = 638): 34 (22) y

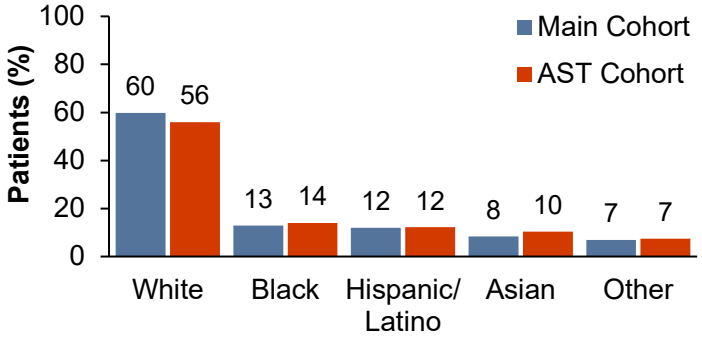
Sex (%)

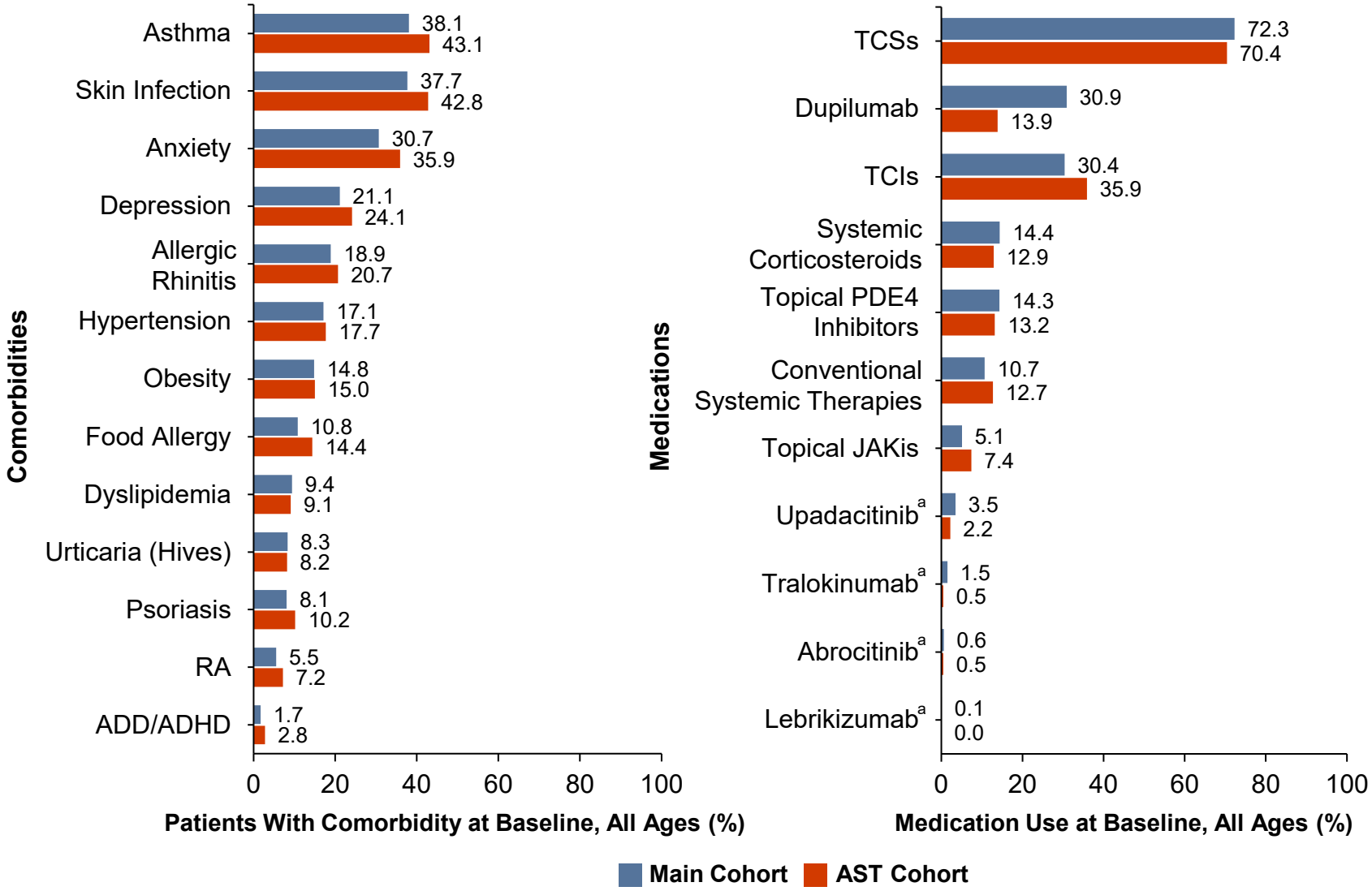


Main Cohort: 44.7%
AST Cohort: 45.3%

Main Cohort: 55.3%
AST Cohort: 54.7%

Race/Ethnicity (%)

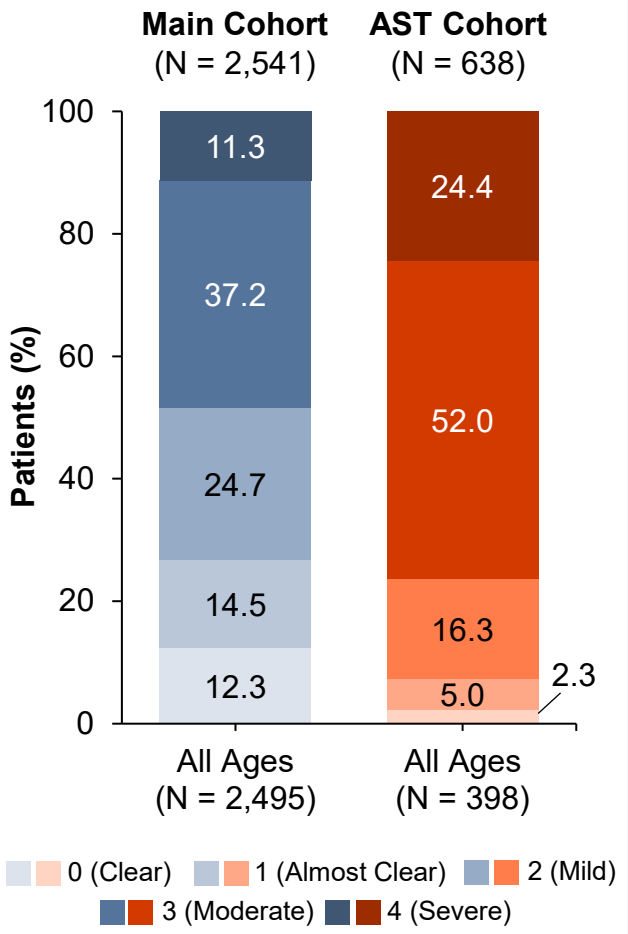




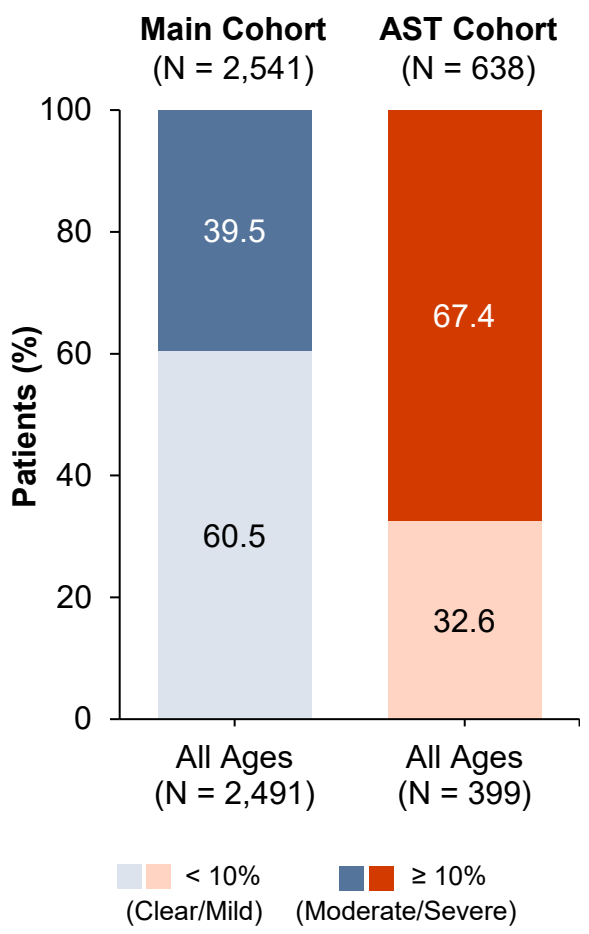
Patient characteristics assessed via descriptive statistics. [a]Overall, 638/4,688 patients initiated an AST (dupilumab [n = 453], upadacitinib [n = 104], tralokinumab [n = 56], abrocitinib [n = 25]).
Abbreviations: ADD, attention-deficit disorder; ADHD, attention-deficit/hyperactivity disorder; AST, advanced systemic therapy; JAKi, Janus kinase inhibitor; PDE4, phosphodiesterase 4; RA, rheumatoid arthritis; TCI, topical calcineurin inhibitor; TCS, topical corticosteroid.

The Majority of Patients with AD Who Newly Initiated Use of an AST Had a High Disease and Itch Burden at Treatment Initiation

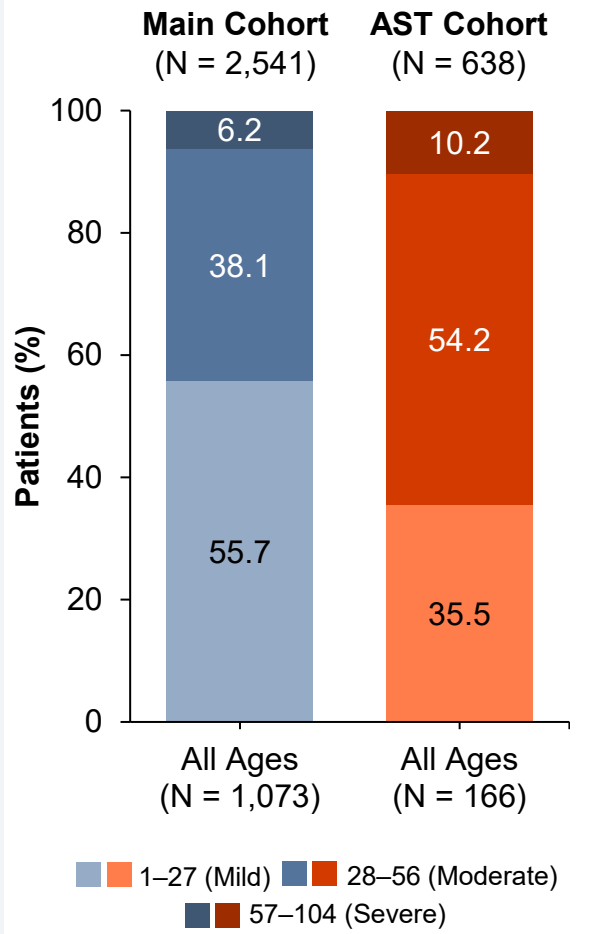
vIGA-AD™[a]



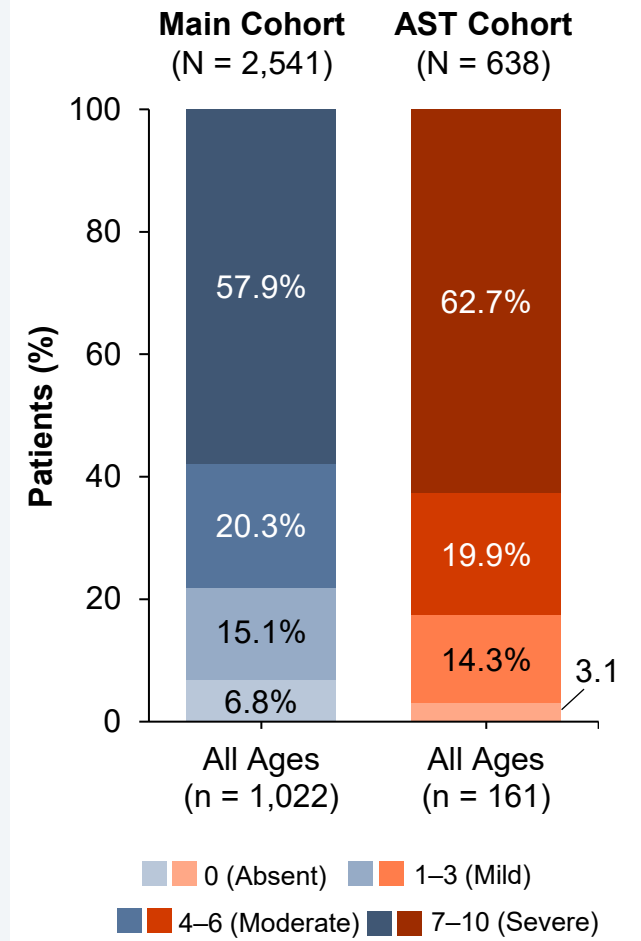
BSA[a]



PO-SCORAD[b]



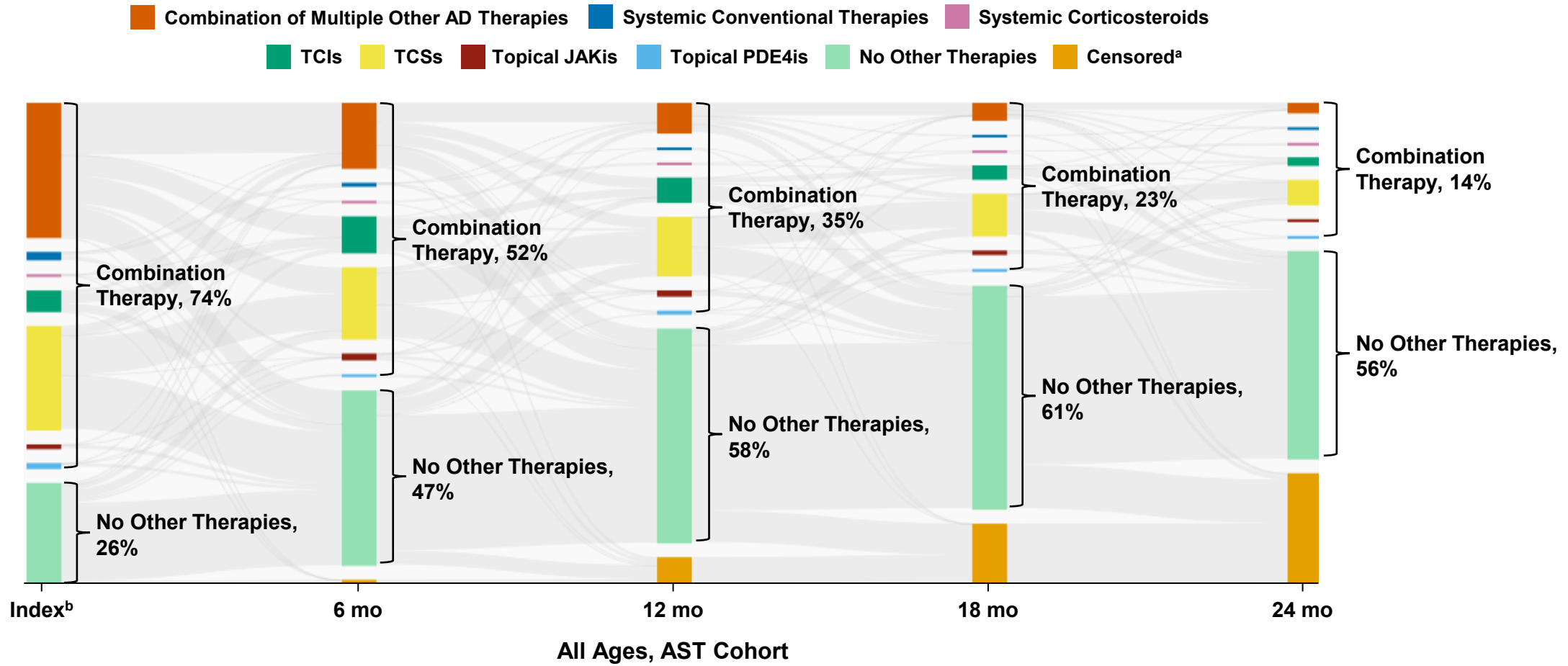
PROMIS-Worst Itch[b]



ClinROs/PROs assessed via descriptive statistics. [a]ClinRO. [b]PRO.

Abbreviations: AST, advanced systemic therapy; BSA, body surface area; ClinRO, clinician-reported outcome; PO-SCORAD, Patient-Oriented SCORing of Atopic Dermatitis; PRO, patient-reported outcome; PROMIS, PRO Measurement Information System; vIGA-AD™, validated Investigator Global Assessment for Atopic Dermatitis.

Among Patients Who Initiated Use of an AST, Approximately 40% Were Using a Combination of AD Therapies at 12 Months



[a]Includes patients without follow-up data due to withdrawal of consent to participate in TARGET-DERM, end of study period, end of patient data, or death, but does not include missing data. [b]Date of first eligible AST (≤ 3 mo prior to enrollment).

Abbreviations: AD, atopic dermatitis; AST, advanced systemic therapy; JAKi, Janus kinase inhibitor; PDE4i, phosphodiesterase 4 inhibitor; TCI, topical calcineurin inhibitor; TCS, topical corticosteroid.

Key Takeaways

AD patients who newly initiated use of an AST experienced a high rate of comorbidities, including asthma and skin infections

The majority of patients with AD who newly initiated use of an AST had a high disease and itch burden at treatment initiation

Concomitant therapy use was frequent and persistent among patients with AD, including those treated with an AST, indicating an ongoing unmet need

Continued use of multiple therapies during follow-up suggests that many patients with AD may not achieve adequate disease control and may require adding or switching therapies

The high disease burden and continued use of other AD therapies 12 months after initiation of AST indicate an unmet need and highlights the importance of identifying optimized treatment options for patients with AD.

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Disclosures

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Abbreviations: AD, atopic dermatitis; AST, advanced systemic therapy.

References: 1. Eichenfield DZ, et al. *Dermatitis*. 2025;36:244-257. 2. Abuabara K, et al.*BMJ Open*. 2020;10:e039928

Scan for additional study data