**Background**

The study was conducted in accordance with the provisions of the Declaration of Helsinki. The inclusion criteria included patients with atopic dermatitis and age 18 years or older. Patients with a history of allergic rhinitis (AR) were stratified by body weight (< 60 kg or ≥ 60 kg) and baseline disease severity (mild, moderate, or severe).

**Objective**

To determine if a history of AR impacts the efficacy of dupilumab in patients with moderate-to-severe AD with or without atopic comorbidities.

**Methods**

• This was a randomized, double-blind, placebo-controlled, parallel-group, 2-arm trial in patients with moderate-to-severe AD (LIBERTY AD ADOL, NCT01254454).

**Endpoints**

The following endpoints were evaluated in patients with and without a history of AR:

- **Patients with a history of AR:**
  - Proportion of patients with a ≥ 25% improvement from baseline in EASI at Week 16
  - Proportion of patients with a ≥ 50% improvement from baseline in EASI at Week 16
  - Percent change from baseline in IGA at Week 16
  - % of patients with ≤ 2 new injections of rescue medication at Week 16

- **Patients without a history of AR:**
  - Proportion of patients with a ≥ 25% improvement from baseline in EASI at Week 16
  - Proportion of patients with a ≥ 50% improvement from baseline in EASI at Week 16
  - Percent change from baseline in IGA at Week 16
  - % of patients with ≤ 2 new injections of rescue medication at Week 16

**Results**

- **Efficacy outcomes were analyzed among randomized patients (full analysis set).**
- **Safety was assessed among patients who received ≥ 1 dose of any study medication (safety analysis set).**

**Figure 1. Study design.**

**Table 1.** Adverse events—clinical events (all grades). (N = 82 for dupilumab q2w, n = 84 for dupilumab q4w). (C) Injection-site reaction (HLT) 3 (3.5) 5 (6.0) 7 (8.5) (C) Injection-site reaction (HLT) 3 (3.5) 5 (6.0) 7 (8.5)

**Table 2.** Safety outcomes in all patients—adverse events. (N = 82 for dupilumab q2w, n = 84 for dupilumab q4w)

**Conclusions**

Dipilumab was associated with improvements in pruritis and quality of life regardless of history of AR, indicating that the potential increase in q4w dose did not impact dupilumab efficacy.

**References**


**Disclosures**

Mark L. Johnson, Olympina, Regeneron Pharmaceuticals, Inc.; Sanofi Genzyme—advisory board; Zinrelo, Inc. (advisory board); Sanofi Genzyme—advisory board; UCB Inc.; Bristol-Myers Squibb; Merck & Co., Inc.—advisory board; Aimmune Therapeutics—advisory board. The remaining authors have no relevant financial relationships to disclose.