Early Experience of Lebrikizumab▼ in the Treatment of Atopic Dermatitis

Interviewees:


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Disclaimer:	The opinions expressed in this article belong solely to the named interviewees. Ebglyss▼ (lebrikizumab) is indicated for the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older with a body weight of at least 40 kg who are candidates for systemic therapy. Prescribing information can be found here. Adverse events reporting can be found at the end of this article.
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Interview Summary

Atopic dermatitis (AD) is a common and chronic immune-mediated inflammatory skin disease that imposes a significant burden on patients through symptoms such as itch, impaired sleep, and psychological distress. New targeted systemic treatment options are therefore needed to address the many challenges that exist in the current management of moderate-to-severe AD. During interviews

conducted by EMJ, two Consultant Dermatologists from Germany, Dennis Niebel, Department of Dermatology, University Hospital Regensburg, and Alexander Thiem, Clinic and Policlinic for Dermatology and Venereology, University Medical Centre Rostock, reviewed the current treatment landscape in AD and explored the role of the new IL-13 inhibitor lebrikizumab in the treatment of moderate-to-severe AD. The experts provided insights into their real-world treatment experience of using lebrikizumab in clinical practice, and shared some relevant patient case studies.

THE EVOLVING ATOPIC DERMATITIS TREATMENT LANDSCAPE

Challenges Facing Patients and Clinicians

Many challenges exist in the current management of AD, which the experts described as a chronic, relapsing, inflammatory skin disorder, typically requiring long-term treatment. Niebel highlighted missed windows of opportunity as one of the major barriers to effective systemic management: "We tend to see patients with long-standing disease and chronified skin lesions," he remarked. "Many AD patients experience years of insufficient treatment for numerous reasons."

Both experts agreed that the existing different phenotypes of AD and the lack of reliable response biomarkers posed another key challenge, making it difficult to identify patients most likely to benefit from the available therapeutic options. Other pressing issues include a lack of data in patient populations of specific interest, such as pregnant/lactating women, as well as prevention of AD-associated comorbidities.

The experts also highlighted the substantial psychological burden associated with AD. "Psychosocial stress factors can contribute significantly to a reduced quality of life, which is why they should be given greater consideration in the treatment of AD," insisted Thiem. "It is important to note that psychological distress in patients with AD does not only include anxiety or depression, but can also be caused by other stressful factors, such as the experience of shame."[1,2]

The Existing Atopic Dermatitis Treatment Armoury

The basic principles of AD management centre largely on allergen avoidance, emollients, and topical anti-inflammatory drugs. "However, within the realm of moderate-to-severe AD, systemic treatments are indicated to achieve control of inflammation and the associated symptoms such as eczema, pruritus, and skin pain," Niebel explained. These may be grouped into conventional immunosuppressants (e.g., cyclosporin and systemic glucocorticoids), unlicensed immunosuppressants, and newer targeted therapies. The latter category includes a total of four monoclonal antibody-based biologics (dupilumab, tralokinumab, lebrikizumab, and nemolizumab) and three selective JAK inhibitors (baricitinib, upadacitinib, and abrocitinib; Table 1). "Plus, there are even more drugs on the horizon, with inhibitors of the OX40-OX40L axis being in the latest stage of development," added Niebel.

The Need for New Treatments

The experts emphasised that more treatment options for AD are clearly needed. "Long treatment durations are often required for AD patients, which means well tolerated treatments are in demand," Thiem elaborated. "Patients are often also tired of applying topical creams, which is why effective systemic therapy is of great benefit."

"Moderate-to-severe AD may have debilitating and devastating consequences for patients," Niebel continued. "As dermatologists, we aim for the best possible outcome that enables the patients to have a 'normal' life. This may signify modest aspects like [being] free of itch, [being] able to sleep, [going] to school/work, [being]

Table 1: List of treatments approved by EMA for moderate to severe atopic dermatitis.

Drug	Target	Route	Age restrictions	Other indications (EMA approved)*
Dupilumab	IL-4Rα	SC	6 months and older	Severe asthma with Type 2 inflammation, COPD, CRSwNP, eosinophilic esophagitis, prurigo nodularis
Tralokinumab	IL-13	SC	12 years and older	-
Lebrikizumab	IL-13	SC	12 years and older	-
Nemolizumab	IL-31R	SC	12 years and older	Prurigo nodularis
Baricitinib	JAK1, JAK2	Oral	2 years and older	Alopecia areata, rheumatoid arthritis, juvenile idiopathic arthritis
Upadacitinib	JAK1	Oral	12 years and older	Rheumatoid arthritis, axSpA, psoriatic arthritis, IBD, GCA
Abrocitinib	JAK1	Oral	12 years and older	-

*As per current Summary of Product Characteristics (SmPC) valid June 2025.

axSpA: axial spondyloarthritis; COPD: chronic obstructive pulmonary disease; CRSwNP: chronic rhinosinusitis with nasal polyposis; GCA: giant cell arteritis; IBD: inflammatory bowel disease; MoA: mode of action; SC: subcutaneous.

in a relationship, [having] a sexual life, etc. Treatment of AD was revolutionised over recent years, yet there are still many patients with severe signs and symptoms despite being on modern drugs. We need to get even better, and we will need more treatment options to achieve that."

The interviewees outlined how more recent therapies like lebrikizumab differ from existing options in the AD treatment armamentarium. "Older systemic therapies for AD are not very specific and are more frequently associated with side effects. The newer, more targeted therapies combine greater therapeutic safety with very often good efficacy," noted Thiem. Niebel concurred: "The long-standing therapeutic options in AD are mainly cyclosporin and systemic glucocorticoids. Both drugs work, but they do so in a broad and non-specific fashion, which comes with a wide range of side effects and risk of infection [associated with immunosuppression]. Lebrikizumab and other monoclonal antibodies targeting IL-13, the hallmark cytokine of Type 2 inflammation in the skin, are very effective in reducing inflammation, eczema, and itch, thus improving the patient's quality of life while having a favourable side-effect profile."

As Thiem explained, the treatment landscape in AD is rapidly evolving, but "there is room for all these drugs because the disease is so broad and diverse; it's not a one size fits all approach". Niebel agreed: "Each drug is a bit different, which leaves doctors with the privileged challenge to find the right one for the individual patient based on clinical results, preferences, life-setting, and comorbidities."

PATIENT CASE STUDIES: LEBRIKIZUMAB IN MODERATE-TO-SEVERE ATOPIC DERMATITIS

Both experts went on to share case studies from their own clinical practice, illustrating the use of lebrikizumab to treat moderate-to-severe AD. Lebrikizumab is indicated for the treatment of moderate-to-severe AD in adults and adolescents 12 years and older with a body weight of at least 40 kg who are candidates for systemic therapy.[3]

Thiem presented the case of a 26-year-old female patient who had suffered from AD since childhood but was naïve to systemic therapy. This patient had a history of allergic and exercise-induced bronchial asthma, as well as pollen and animal hair allergies. Her AD had become more pronounced over the past 2 years, and now affected a large body surface area, accompanied by severe itching and disturbed sleep. Thiem explained that "the patient wanted a systemic therapy that would control her condition in the long term with few side effects. After a risk–benefit assessment, the joint decision was made with the patient to start lebrikizumab."

At the time of lebrikizumab initiation, this patient had severe AD as denoted by an Eczema Area and Severity Index (EASI) score of 26.3. After 2 weeks, her EASI score had reduced to 10.9, and it decreased continuously thereafter. EASI scores were 5.4, 4.0, 2.6, and 1.9 after 4, 16, 24, and 36 weeks of treatment, respectively. The Dermatology Life Quality Index (DLQI) also decreased from 21 points before the start of lebrikizumab to 4 points (minimal or no impact on QoL) at Week 24. Lebrikizumab dosing frequency was reduced from once every 2 weeks to once every 4 weeks (Q4W) maintenance dosing after 16 weeks of treatment (as per the SmPC), and "the patient perceived this extended injection interval positively," noted Thiem.

Two further cases studies were then shared by Niebel. The first was a 21-year-old female patient with an AD duration of 10 years who had previously been treated with emollients and topical corticosteroids. Atopic comorbidities included allergic rhinitis and dust mite allergy. At the time of lebrikizumab initiation, this patient presented with disseminated oozing and crusting erythematous plaques, predominantly on flexural areas, the head-neck region, and the shoulder (Figure 1A). Plaques were also observed on the back of the hands and wrists. Clinical scores at baseline were Investigator's Global Assessment (IGA) 3, EASI 18.8, Peak Pruritus Numerical Rating Scale (PP-NRS) 10/10, moderate sleep disturbance (2/4), and DLQI 12. After 24 weeks, this patient's skin was almost completely clear with only isolated residual plaques remaining on the trunk (Figure 1B). EASI score was 1.9, an 89% reduction from baseline, and IGA was 1. Pruritus had also completely resolved (PP-NRS: 0/10), sleep was no longer impacted (0/4), and DLQI was 0.

Niebel's second case study was a 25-year-old male who was first diagnosed with AD at age 2 years. Prior treatments included emollients, intermittent potent topical steroids, and short bursts of systemic corticosteroids. Relevant pre-existing conditions were bronchial asthma, chronic hand eczema, allergic rhinitis, and dust mite allergy. This patient presented with disseminated oozing and crusting and erythematous plaques, mostly on the extensor surfaces. Lichenification was also evident, particularly on the backs of the hands above the metacarpophalangeal (MCP) joint. Prior to starting lebrikizumab, clinical scores were IGA 3, EASI 16.2, PP-NRS 10/10, sleep disturbance (3/4), and DLQI 13.

After 24 weeks of lebrikizumab treatment, the patient showed improvement in skin lesions, with an EASI score of 8.3 and an IGA of 2. There was also a significant positive impact on itch (PP-NRS: 2), sleep (0/4), and quality of life (DLQI: 3). The patient reported that he was satisfied with treatment, predominantly due to the reduction in itching.

CASE STUDIES VERSUS CLINICAL TRIAL EXPERIENCE WITH LEBRIKIZUMAB

Onset of Action

The pivotal ADvocate 1 and 2 Phase III studies of lebrikizumab demonstrated a rapid onset of action, with improvements in EASI seen as early as Week 2.[4,5] "We observed the same with our patient," Thiem confirmed, "the EASI score reduced by more than half after 2 weeks and just one administration of two simultaneous injections of lebrikizumab (the loading dose)." He continued: "In other patients, we have observed the same as in the ADvocate trials, in which lebrikizumab monotherapy was sufficient to induce an EASI-75 response after just 2 weeks in some patients."[4]

Figure 1: 21-year-old female patient prior to, and after, treatment with lebrikizumab.

A 21-year-old female patient prior to treatment with lebrikizumab (Week 0).

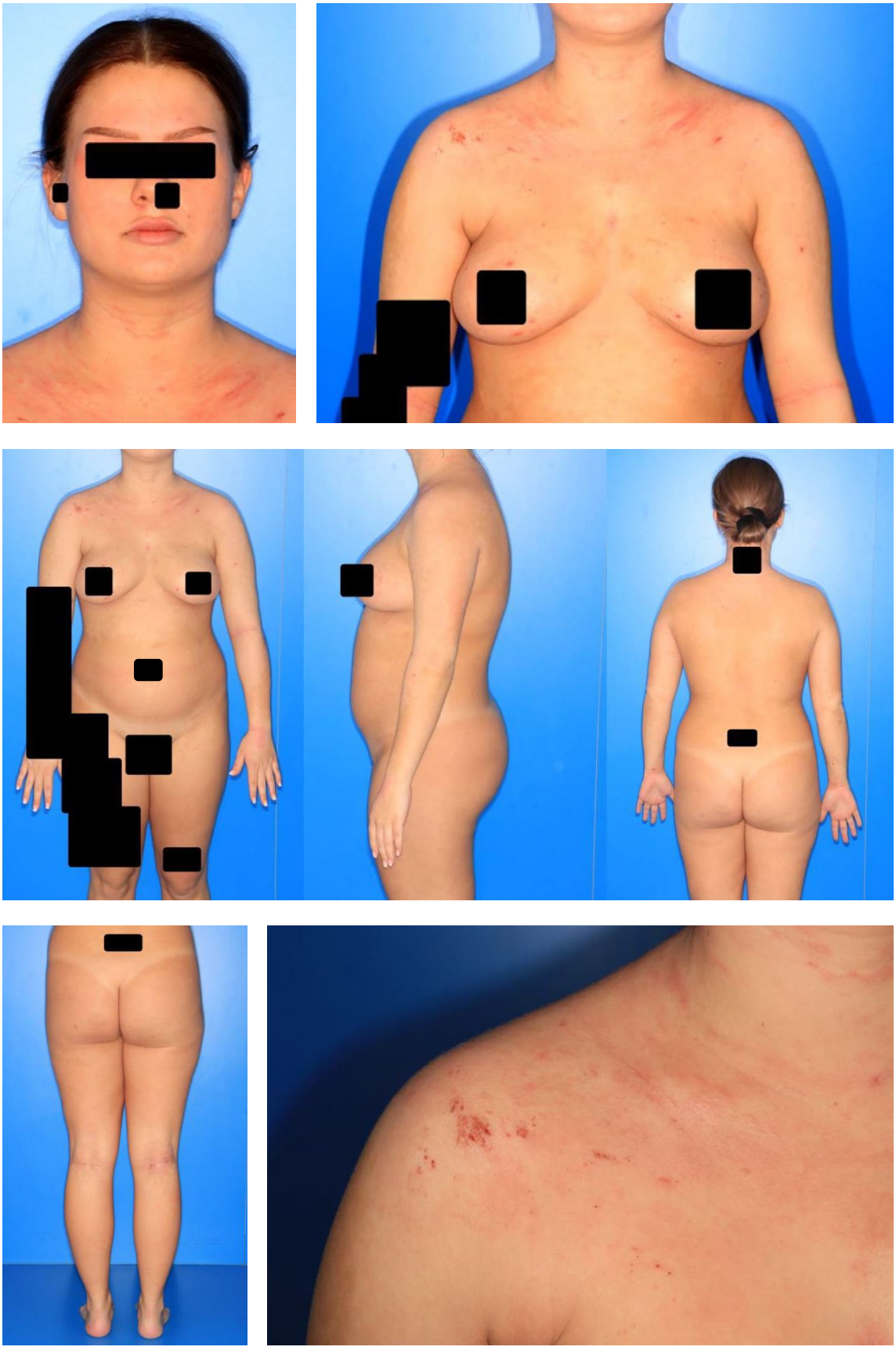
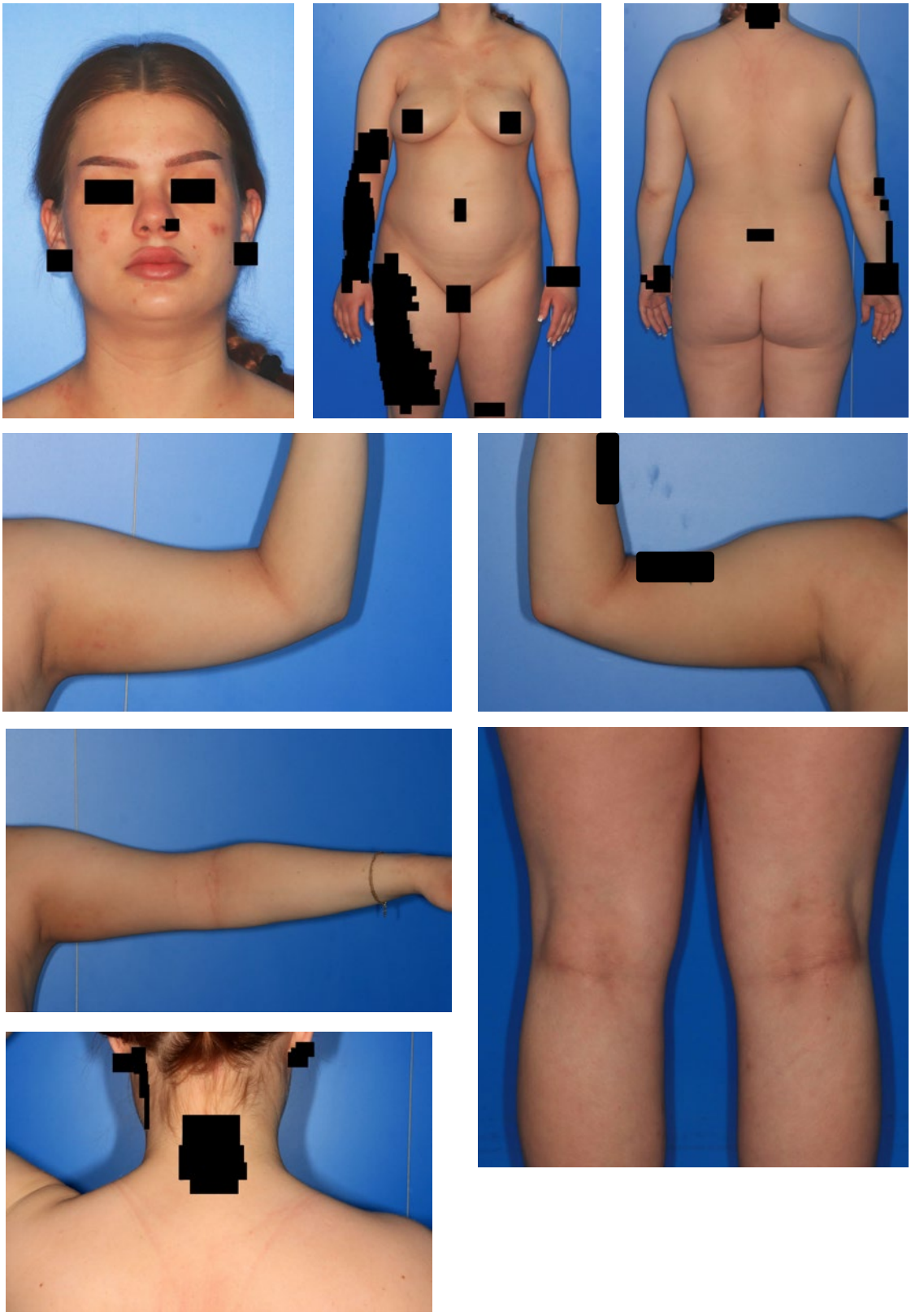


Figure 1: 21-year-old female patient prior to, and after, treatment with lebrikizumab. (Continued)

B 21-year-old female patient treated with lebrikizumab (Week 24).



*Black boxes have been used to cover patient's identifiable features.

Niebel pointed out that certain patients appear to respond more quickly to Type 2 inhibition than others, like his female case study who experienced a rapid improvement of skin lesions and itch, with a >4-point reduction on the PP-NRS as early as Week 4. "She got better quite quickly, and continued to get better over time, which is the typical picture we see with lebrikizumab treatment, although more chronified lesions may take longer to resolve," he explained. "Itch typically responds faster." Although the male patient showed more gradual improvement of skin lesions over the course of 24 weeks of lebrikizumab treatment, rapid improvement of relevant patient-reported outcome measures (DLQI, itch, and sleep) were already evident by Week 4. Moving forward, Niebel suggested that more detailed patient stratification based on molecular endotypes may make it possible to identify lebrikizumab 'super-responders' and help guide treatment decisions.[6]

Sustained Impact on Disease Activity

In the ADvocate 1 and 2 clinical trials of lebrikizumab, a significant proportion of patients achieved clear or almost clear skin.[4,5,7] The experts confirmed that the evolution of disease activity scores over time in these real-world patient cases reflected the sustained efficacy of lebrikizumab seen in clinical trials.[4,7,8] "The female patient achieved almost clear skin, rendering an EASI-90 response," Niebel pointed out.

In his case study, Thiem described how "the EASI score continuously decreased during 36 weeks of treatment. Slight reddening and slight lichenification of the face, neck, and elbow and knee bends were the only clinical signs observed after 36 weeks." Of note, the patient was able to discontinue topical steroids completely, and only applied topical calcineurin inhibitors as needed. Importantly, pollen count in spring was named as another factor that usually made her skin condition much worse. However, this year, a low EASI was maintained, with a score of 2.4 at last follow-up at Week 48. Outcomes in this patient case study align with recent evidence demonstrating the stability of response to lebrikizumab. Patients from the ADvocate 1 and 2 studies who met the response criteria at Week 16 and continued treatment with lebrikizumab showed no or minimal fluctuations in efficacy in measures of skin and itch for up to 1 year of treatment.[8]

Improvements in Sleep Quality and Itch

Lebrikizumab also produced sustained improvements in itch and sleep symptoms in patients with moderate-to-severe AD in the ADvocate clinical trial programme.[9] Evaluating the efficacy of lebrikizumab in reducing itch and improving sleep quality in these patient case studies, Thiem observed that "pruritus was a big issue for this patient before she started lebrikizumab. She rated the intensity at eight out of 10, and complained of disturbed sleep eight out of every 10 nights. Pruritus decreased to three out of 10 after 16 weeks." Niebel added that, even though his male patient still struggles with some persistent skin lesions, his sleep is now normal after treatment with lebrikizumab.

Safety

In the Phase III ADvocate trials, lebrikizumab demonstrated a favourable safety profile, and the experts were asked how this matched up to their experience in clinical practice.[4,7,10] "The good tolerability of lebrikizumab in our patient was consistent with the study results," Thiem confirmed. "Conjunctivitis was her only treatment-associated adverse event, which was mild and well controlled by topical anti-inflammatory treatment."

"These patients did not experience any drug-related side effects," Niebel corroborated. "However, we must be vigilant to side effects. I think it is noteworthy that the risk of skin infection tends to decrease with lebrikizumab treatment; in my academic centre, we have not seen serious infections such as eczema herpeticum on the drug."

OVERALL REAL-WORLD EXPERIENCE WITH LEBRIKIZUMAB

Based on their experience with these specific patient cases and in wider clinical practice, the experts agreed that the real-world effectiveness and safety profile of lebrikizumab appears to align with results

from the ADvocate 1 and 2 clinical trials.[4,7] "Our experience is still somewhat limited," Niebel conceded. "However, pending real-world data from registries and other European academic centres, the data from the Phase III studies aligns with my personal experience regarding safety and efficacy."

"A Japanese group recently published their real-world experience in a cohort of 126 patients confirming the data of the pivotal studies, which is important as patients of Asian ethnicity may differ from the cohorts in the Phase III studies with a majority of Caucasian patients," he added.[11]

This viewpoint was echoed by Thiem: "In our clinical experience, lebrikizumab has proven to be effective. So far, I don't know of many patients in our clinic in whom we initiated lebrikizumab treatment that subsequently discontinued the drug due to a lack of efficacy and/or adverse events."

Identifying Suitable Patients for Lebrikizumab

While dermatologists in Germany have the option to use lebrikizumab as a first-line systemic therapy, the experts acknowledged that this is not the case in all European countries due to differences in reimbursement criteria. Nevertheless, the importance of early intervention with effective therapies in AD was highlighted. "From a pathophysiological viewpoint, it would be beneficial to treat with the most effective and potentially disease-modifying drug early on," Niebel stressed. "The more chronified the inflammation, the harder it is to eradicate, as memory mechanisms in the skin may perpetuate inflammation."

The experts explained that a checklist included within the German AD treatment guidelines is used to review eligibility for systemic options, including lebrikizumab.[12] This checklist considers three main criteria: relevant objective severity, relevant subjective burden, and lack of response to topical therapies. "If the patient is a candidate for systemic therapy, we generally consider all authorised drugs," explained Thiem. "If it is foreseeable that longer-term therapy will be necessary, we often favour the use of biologics due to the overall lower rate of side effects.[13] Another advantage of biologics is the possibility that they can have a positive effect on atopic comorbidities."

He continued: "If the patient is eligible for lebrikizumab therapy according to its indication, we offer this to patients on an equal footing with other biologics. The advantages of lebrikizumab, which we discuss with patients, are its often good and rapid efficacy, overall good tolerability and, above all, the indication-appropriate extension of the injection interval (to every 4 weeks) in the maintenance phase."

Niebel pinpointed several specific factors which might influence the decision to prescribe any given systemic drug (e.g., lebrikizumab), including atopic and non-atopic comorbidities, patient age and preference regarding injectable or oral drugs, disease severity, and pregnancy and lactation.

Lebrikizumab was viewed by the experts as a suitable therapeutic option for both biologic-naïve and treatment-experienced patients. Although, Niebel cautioned, "patients who are unresponsive to an advanced systemic therapy are a hard-to-treat population." In terms of switching from dupilumab to lebrikizumab, Thiem indicated that patients may still respond favourably despite similarities in the mechanism of action. "We have observed that patients who no longer responded to dupilumab had a good response to lebrikizumab, and are therefore pleased that we can offer these patients a serious alternative in the same class of biologics," he remarked. Niebel concurred, referencing "numbers that suggest IL-13 blockade with lebrikizumab after discontinuation of dual IL-4/IL-13 blockade may be successful in more than half of patients."[14]

Impact on Quality of Life and Atopic Dermatitis Burden

Lebrikizumab treatment was associated with significant improvements in quality of life and patient-reported symptoms of anxiety and depression in clinical studies, driven mainly by improvements in itch and

sleep quality. Similar results have been seen in practice.[15,16] "The female patient told us at Week 24 that she felt she had 'a new life'. She did not have pruritus anymore, and the DLQI was at 0," Niebel remarked.

The interviewees pointed out that, while dermatologists may have high treatment goals in the form of complete skin clearance, disease activity scores are not the only measure of therapeutic success in AD. For patients, everyday outcomes linked to quality of life can often hold more weight. "The male patient was left with persistent eczematous lesions on his trunk and his hands, yet the quality of life improved drastically, and he could sleep normally. For anyone who has experienced sleep deprivation over a longer period, the improvement of quality of life with a good night's sleep is easy to grasp," Niebel elaborated. "In these case studies, lebrikizumab has therefore really improved the quality of life significantly for these young adults."

Looking at the wider patient population with AD, Thiem reiterated that many patients have a significantly reduced quality of life at baseline. "Consistent with the data from the ADvocate trials, the great majority of our patients experienced significantly improved quality of life with DLQI total score ≤5, meaning small to no effect on patients' lives, just a few weeks after treatment initiation," he emphasised.

The experts saw the scope to move from a once-every-2-weeks to a QW4 dosing regimen with lebrikizumab as positive, both from the patient's perspective and in terms of the overall AD care burden. "Injectable drugs are practical for most patients, yet it is best to have as few injections as possible," Niebel remarked. "To reduce the number of syringes is important from a psychological standpoint, but also from an environmental standpoint." He also pointed to potential cost savings that may be achieved from a reduced injection frequency.

These benefits of QW4 lebrikizumab dosing were reinforced by Thiem. "Due to the early onset of the disease and the fact [that] new systemic therapies have only been introduced in recent years, many of our patients have a long history of the disease behind them, during which they have had to apply cream to their eczema lesions very frequently and usually only with temporary success," he explained. "It is therefore a great advantage for these patients in particular if they do not have to think about the disease or its treatment so often."

FUTURE ROLE OF LEBRIKIZUMAB IN THE ATOPIC DERMATITIS TREATMENT LANDSCAPE

"At this point in time, and in the near future, lebrikizumab is among the most efficacious drugs with few side effects; this makes it an ideal candidate for first-line treatment for adolescent and adult patients," Niebel summarised. "The 4-week treatment interval for patients achieving adequate disease control between Week 16 and Week 24 is beneficial both from the patient's and the payer's perspective."

Thiem agreed that "lebrikizumab will continue to play an important role in systemic therapy for AD" moving forward, while ongoing research and collection of real-world data will be important to further reinforce the drug's position in clinical practice. In particular, he identified the efficacy of lebrikizumab in atopic comorbidities, clinical utility in younger children (<12 years), response rates after failure of other systemic therapies, and the potential for flexible lebrikizumab dosing intervals, as key avenues for further exploration.

Looking to the future, "predictive biomarkers that would allow us to identify best-responders and non-responders to the available drugs, including lebrikizumab, would be a crucial step towards precision medicine in AD," Niebel concluded.

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References

1. Spitzer C et al. Facets of shame and their impact on quality of life in patients with atopic dermatitis and psoriasis. Sci Rep. 2025;15:13753.
2. Spitzer C et al. Determinants of quality of life in patients with atopic dermatitis and psoriasis: a multivariate approach. Acta Derm Venereol. 2025;105:adv42794.
3. European Medicines Agency (EMA). Lebrikizumab summary of product characteristics. Available at: https://www.ema.europa.eu/en/documents/product-information/ebglyss-epar-product-information_en.pdf. Last accessed: 24 September 2024.
4. Silverberg JI et al. ADvocate 1 and ADvocate 2 Investigators. Two phase 3 trials of lebrikizumab for moderate-to-severe atopic dermatitis. N Engl J Med. 2023;388(12):1080-91.
5. Simpson EL et al. Lebrikizumab provides rapid clinical responses across all eczema area and severity index body regions and clinical signs in adolescents and adults with moderate-to-severe atopic dermatitis. Dermatol Ther (Heidelb). 2024;14(5):1145-60.
6. Fyhrquist N et al. Endotypes of atopic dermatitis. J Allergy Clin Immunol. 2025;156(1):24-40.e4.
7. Blauvelt A et al. Efficacy and safety of lebrikizumab in moderate-to-severe atopic dermatitis: 52-week results of two randomized double-blinded placebo-controlled phase III trials. Br J Dermatol. 2023;188(6):740-8.
8. Silverberg J et al. Patients with moderate-to-severe atopic dermatitis maintain stable response with no or minimal fluctuations with 1 year of lebrikizumab treatment. Dermatol Ther (Heidelb). 2024;14(8):2249-60.
9. Yosipovitch G et al. Stable response and sustained improvement of itch and sleep symptoms in patients with atopic dermatitis treated with lebrikizumab over 52 weeks. Dermatol Ther (Heidelb). 2024;14(8):2171-80.
10. Stein Gold L et al. Safety of lebrikizumab in adults and adolescents with moderate-to-severe atopic dermatitis: an integrated analysis of eight clinical trials. Am J Clin Dermatol. 2023;24(4):595-607.
11. Hagino T et al. Real-world effectiveness and safety of lebrikizumab for moderate-to-severe atopic dermatitis: a 16-week study in Japan. Dermatitis 2025;DOI:10.1089/derm.2025.0004.
12. Werfel T et al. S3 guideline atopic dermatitis: part 2 - systemic treatment. J Dtsch Dermatol Ges. 2024;22:307-20.
13. Chu AWL et al. Systemic treatments for atopic dermatitis (eczema): systematic review and network meta-analysis of randomized trials. J Allergy Clin Immunol 2023;152(6):1470-92.
14. Lilly Investors. Lilly's EBGLYSS™ (lebrikizumab-lbkz) demonstrated meaningful improvement in skin clearance and itch relief in the majority of patients with moderate-to-severe atopic dermatitis who discontinued dupilumab. Available at: https://investor.lilly.com/news-releases/news-release-details/lillys-ebglysstm-lebrikizumab-lbkz-demonstrated-meaningful. Last accessed: 4 June 2025.
15. Lio PA et al. Lebrikizumab improves quality of life and patient-reported symptoms of anxiety and depression in patients with moderate-to-severe atopic dermatitis. Dermatol Ther (Heidelb). 2024;14(7):1929-43.
16. Soung J et al. Lebrikizumab monotherapy impacts on quality of life scores through improved itch and sleep interference in two Phase 3 trials. J Dermatolog Treat. 2024;35(1):2329240.

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