The Future of Atopic Dermatitis Treatment: The Latest Patient Outcomes

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Adtralza®▼ (tralokinumab) is indicated for the treatment of moderate-to-severe atopic dermatitis in adult and adolescent patients 12 years and older who are candidates for systemic therapy.[1,2]

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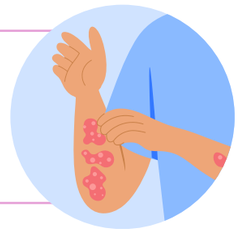
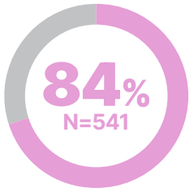
What is AD?

AD is a chronic, **inflammatory skin disease** characterised by **pruritus** and **eczematous lesions,** which can affect **multiple body areas.**[3,4]





453 out of 541 patients with AD in the TARGET-DERM AD registry report having H&N involvement.[4]

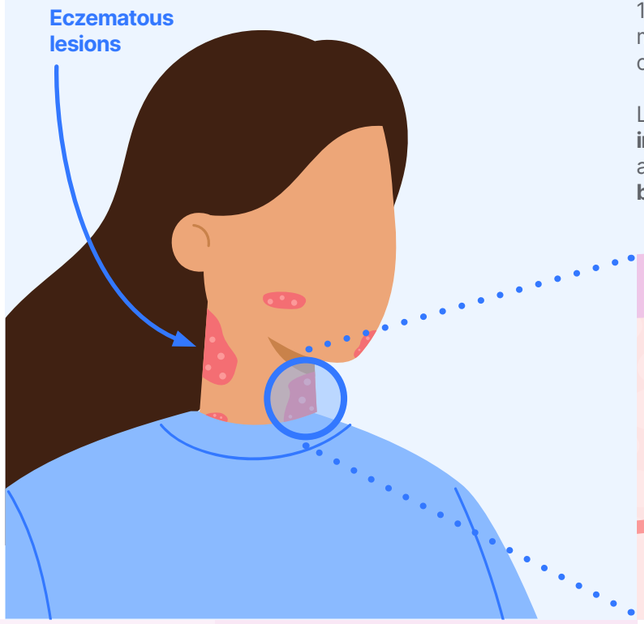
The impact of AD on QoL varies by which body areas are affected, with the **H&N** involvement causing the **greatest** social, psychological, and **disease burden.**[5,6]

For many individuals with AD, the disease can be controlled with topical treatments; however, people with moderate-to-severe AD require systemic therapy to improve disease control and QoL.[3,4]

Biologics

Biologics for AD, such as dupilumab, tralokinumab, and lebrikizumab, are **immunomodulating target-specific drugs** as they target IL-4 and/or IL-13 to modulate Type 2 inflammation.[9]

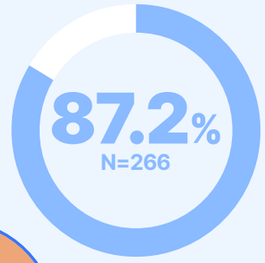
When used in combination with topical corticosteroids, tralokinumab has shown a **lasting efficacy and safety profile** in Phase II and III clinical trials,[12,13] including 6-years follow-up data in the ECZTEND trial.[14]

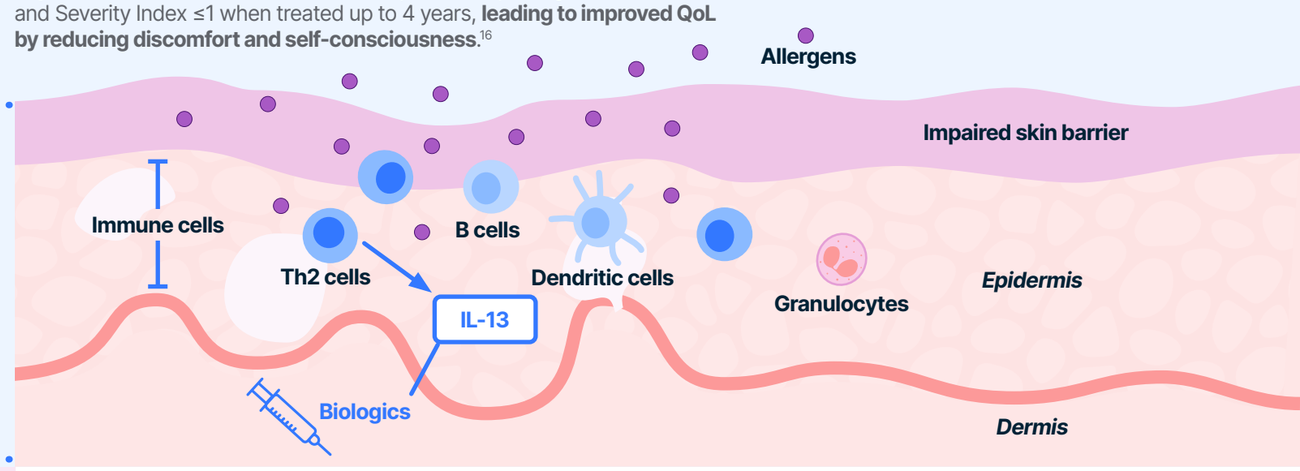


The efficacy and safety of tralokinumab, as monotherapy and with concomitant topical corticosteroids (TCS), were evaluated in three randomised, double-blind, placebo-controled trials: ECZTRA 1 (n=802), ECZTRA 2 (n=794) and ECZTRA 3 (n=380) in adults (≥18 years) with moderate-to-severe atopic dermatitis (IGA 3–4), baseline EASI ≥16 and ≥10% BSA involvement, all three trials met their primary endpoints: IGA 0–1 ("clear" or "almost clear") and ≥75% reduction in EASI (EASI-75) from baseline to week 16.[12,15]

ECZTEND was a long-term, single-arm extension study involving patients (n=523) who received tralokinumab monotherapy for 52 weeks in ECZTRA 1/2, followed by 152 weeks in ECZTEND (data cut-off: 30 April 2022). A 600 mg loading dose was given at entry. The primary endpoint was adverse event count from baseline to Week 268.[14] No new safety signals were observed.[1,2]

Long-term data demonstrate that **tralokinumab provides sustained improvements** in H&N AD, with **87.2%** of patients reporting Eczema Area and Severity Index ≤1 when treated up to 4 years, **leading to improved QoL by reducing discomfort and self-consciousness**.[16]





Treatment Landscape

Read this **interactive article** to learn more

Conventional therapies

Conventional therapies like corticosteroids, cyclosporine, and methotrexate remain widely used due to cost and accessibility, yet all carry long-term adverse events risks.[7,8]

Small molecule JAK inhibitors

Small molecule oral JAK inhibitors offer rapid symptom relief but carry infection and cardiovascular risks including baricitinib, abrocitinib and upadacitinib.[9,10]

Biologics

Biologics like dupilumab, lebrikizumab, nemolizumab, and tralokinumab are effective, well-tolerated treatments for AD.[11] Tralokinumab demonstrates consistent efficacy in the head-and-neck region, supported by both clinical trials and real-world data.[12,13,14]

Future and Conclusion

The AD treatment landscape is rapidly evolving, with new biologics emerging to target diverse pathways beyond Type 2 inflammation, addressing the need for safer, more effective options for a complex and varied disease.

As awareness grows, systemic biologics are poised to play a larger role in AD treatment, even in early stages, offering long-term control, reducing disease burden, and improving QoL from a young age.

Prescribing information for tralokinumab for UK HCPS can be found **here**

Reporting of Suspected Adverse Reactions
Adverse events should be reported. For the United Kingdom, reporting forms and information can be found at: yellowcard.mhra.gov.uk. Adverse events should also be reported to Drug Safety at LEO Pharma by calling +44 (0)1844 347333 or e-mail medical-info.uk@leo-pharma.com or search for MHRA Yellow Card in the Google Play or Apple App Store.

Abbreviations: AD: atopic dermatitis; HCP: healthcare professional; H&N: head and neck; JAK: Janus kinase; QoL: quality of life.

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