Rapid and Sustained Improvements with CBP-201 Across All Body Regions: Treatment of Atopic Dermatitis in a Phase 2b, Randomized, Double-blind, Placebo-controlled Trial (CBP-201-WW001)

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Objective: To report analysis of changes from baseline in EASI by body region following treatment with CBP-201

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CBP-201, a monoclonal antibody targeting IL-4Rα, demonstrated global reductions in Eczema Area and Severity Index (EASI) scores in a Phase 2b atopic dermatitis (AD) trial (WW001; NCT04444752).[1,2] Pain, the impact of AD on functioning, and ease of treatment can vary by body region. [3–5] We report a *post hoc* analysis of changes from baseline in EASI by body region.

226 adults with moderate-to-severe AD were randomized to subcutaneous CBP-201 (300mg Q2W, 150mg Q2W, 300mg Q4W) or placebo. Percent changes in LS mean EASI per region were analyzed by ANCOVA, with LOCF.

Rapid and sustained improvements in EASI subscores were observed in all four body regions across 16 weeks of treatment, and were comparable between 300mg Q2W and Q4W. At Week 2, during treatment with 300mg Q4W, EASI decreased by -26.3% (head/neck), -26.4% (trunk), -21.6% (upper limbs) and -23.2% (lower limbs) vs -9.5% to -15.7% with placebo. At Week 16, EASI decreased further, by -69.2% (head and neck), -72.1% (trunk), -64.2% (upper limbs) and -68.5% (lower limbs) with 300mg Q4W vs -21.2% to -49.1% with placebo ($p<0.05$ per region). Reductions in AD signs were comparable per region: for head and neck at Week 16, EASI component signs decreased by -61.2% (erythema), -72.3% (lichenification), -77.7% (excoriation), and -74.3% (induration) with 300mg Q4W vs -24.7% to -40.2% with placebo. Other regions show similar pattern and responses on reductions in AD signs.

In summary, CBP-201 was associated with rapid, sustained, and comparable improvements in AD signs and symptoms across all body regions.

References

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