P74631

Greater Achievement of Minimal Disease Activity With Abrocitinib Versus Dupilumab: An AHEAD Treat-to-Target Analysis of Patients With Moderate-to-Severe Atopic Dermatitis

Melinda Gooderham,[1,2] Peter Lio,[3] Mahreen Ameen,[4] Norito Katoh,[5] Pinaki Biswas,[6] Gerardo Encinas,[7] Melissa Watkins[6]

[1]SKiN Centre for Dermatology, Probity Medical Research, Peterborough, ON, Canada; [2]Department of Medicine, Queen's University, Kingston, ON, Canada; [3]Department of Dermatology, Northwestern University, Chicago, IL, USA; [4]Royal Free London NHS Foundation Trust, Belsize Park, London, UK; [5]Department of Dermatology, Kyoto Prefectural University of Medicine, Kyoto, Japan; [6]Pfizer Inc., New York, NY, USA; [7]Pfizer S.A. de C.V., Mexico City, Mexico

Disclosures: **M. Gooderham** has received research support from, served as an advisor, consultant, speaker, investigator, participant on steering committees and advisory boards, and/or received honoraria from the following sponsors: Pfizer, AbbVie, Acelyrin, Akros, Alumis, Amgen, AnaptysBio, Apogee, Arcutis, Aristea, Bausch Health, BMS, Boehringer Ingelheim, Cara, Dermavant, Dermira, Eli Lilly, Galderma, GSK, Incyte, Inmagene, JAMP Pharma, Janssen, LEO Pharma, L'Oreal, MedImmune, Meiji, Moonlake, Nektar, Nimbus, Novartis, Regeneron, Sanofi Genzyme, Sun Pharma, Takeda, Tarsus, UCB, Union, Ventyx, and Vyne. **P. Lio** reports being on the speaker's bureau for Pfizer, AbbVie, Arcutis, Eli Lilly, Galderma, Hyphens Pharma, Incyte, La Roche-Posay/L'Oreal, Pierre-Fabre Dermatologie, Regeneron/Sanofi Genzyme, and Verrica; reports consulting/advisory boards for AbbVie, Almirall, Alphyn Biologics (stock options), Amyris, Arcutis, ASLAN, Astria Therapeutics, Bristol Myers Squibb, Burt's Bees, Castle Biosciences, Codex Labs (stock options), Concerto Biosciences (stock options), Dermavant, Eli Lilly, Galderma, Janssen, LEO Pharma, Lipidor, L'Oreal, Merck, Micreos, MyOr Diagnostics, Pelthos Therapeutics, Regeneron/Sanofi Genzyme, Sibel Health, Skinfix, Soteri Skin (stock options), Stratum Biosciences (stock options), Theraplex, UCB, Unilever, Verdant Scientific (stock options), Verrica, and Yobee Care (stock options); and has a patent pending for a Theraplex product with royalties paid and is a board member and scientific advisory committee member emeritus of the National Eczema Association. **M. Ameen** has served as a consultant, advisory board member, and/or speaker for or has received honoraria from Pfizer, AbbVie, Almirall, Galderma, Lilly, LEO Pharma, and Sanofi. **N. Katoh** has received honoraria as a speaker/consultant for Pfizer, AbbVie, Celgene Japan, Eli Lilly Japan, Jansen Pharma, Kyowa Kirin, Maruho, Mitsubishi Tanabe Pharma, Otsuka Pharmaceutical, Sanofi, Taiho Pharmaceutical, and Torii Pharmaceutical and has received grants as an investigator from Boehringer Ingelheim Japan, Eisai, LEO Pharma, Maruho, Mitsubishi Tanabe Pharma, Sun Pharma, and Torii Pharmaceutical. **P. Biswas**, **G. Encinas**, and **M. Watkins** are employees and shareholders of Pfizer.

Presented at the American Academy of Dermatology Conference
March 27-31, 2026; Denver, Colorado

Editorial/medical writing support under the guidance of authors was provided by Coles Keeter, PhD, at Nucleus Global and was funded by Pfizer Inc., New York, NY, USA, in accordance with Good Publication Practice (GPP 2022) guidelines (*Ann Intern Med.* 2022; 10.7326/M22-1460). This study was sponsored by Pfizer Inc.

Introduction

Background

- Atopic dermatitis (AD) is a common inflammatory skin disease characterized by recurrent eczematous skin lesions and pruritus with heterogenous skin manifestations, symptoms, and severity[1,2]
- Abrocitinib is an oral JAK1 selective inhibitor approved for the treatment of adults and adolescents with moderate-to-severe AD[3-5]
- The AHEAD (Aiming High in Eczema/Atopic Dermatitis) treat-to-target (T2T) approach introduces the concept of minimal disease activity (MDA) as the overarching goal, achieved when optimal targets are met across selected clinician- and patient-reported outcomes[6]
- Abrocitinib is well suited for integration into T2T protocols, potentially enabling more patients to attain MDA

Objective

- To assess the efficacy of abrocitinib versus dupilumab using the AHEAD T2T criteria

JAK1, Janus kinase 1.

1. Langan SM et al. *Lancet*. 2020;396:345-360. 2. Afshari M et al. *Front Immunol*. 2024;15:1361005. 3. Cibinqo 100 mg film-coated tablets. Summary of product characteristics. Kent: Pfizer, Limited; 2025. 4. European Medicines Agency. Cibinqo (abrocitinib). Summary of product characteristics. Pfizer Europe MA EEIG; 2024. 5. Cibinqo (abrocitinib) tablets, for oral use. Prescribing information. Pfizer Inc.; 2023. 6. Silverberg JI et al. *J Eur Acad Dermatol Venereol*. 2024;38:2139-2148.

AHEAD Treat-to-Target Endpoints

Outcome measure	Moderate target	Optimal target
Patient-reported outcomes		
PP-NRS	≥4-point improvement	PP-NRS <2
POEM	≥4-point improvement	POEM ≤2
POEM	≥3-point improvement in item 2 (sleep)	POEM (item 2) ≤2
HADS-A/D	HADS-A <11 OR HADS-D <11	HADS-A <8 AND HADS-D <8
PSAAD	≥3-point improvement in item 2 (pain)	PSAAD (item 2) <2
DLQI/cDLQI	≥4-point improvement (reduction)	DLQI/cDLQI <2
Clinical endpoints		
EASI	EASI-75 *or* EASI ≤7	EASI-90 OR EASI ≤3
SCORAD	SCORAD-50 *or* SCORAD ≤24	SCORAD-75 OR SCORAD ≤10
IGA, BSA	IGA ≤2 AND 50% improvement in BSA	IGA 0/1 AND BSA ≤2%

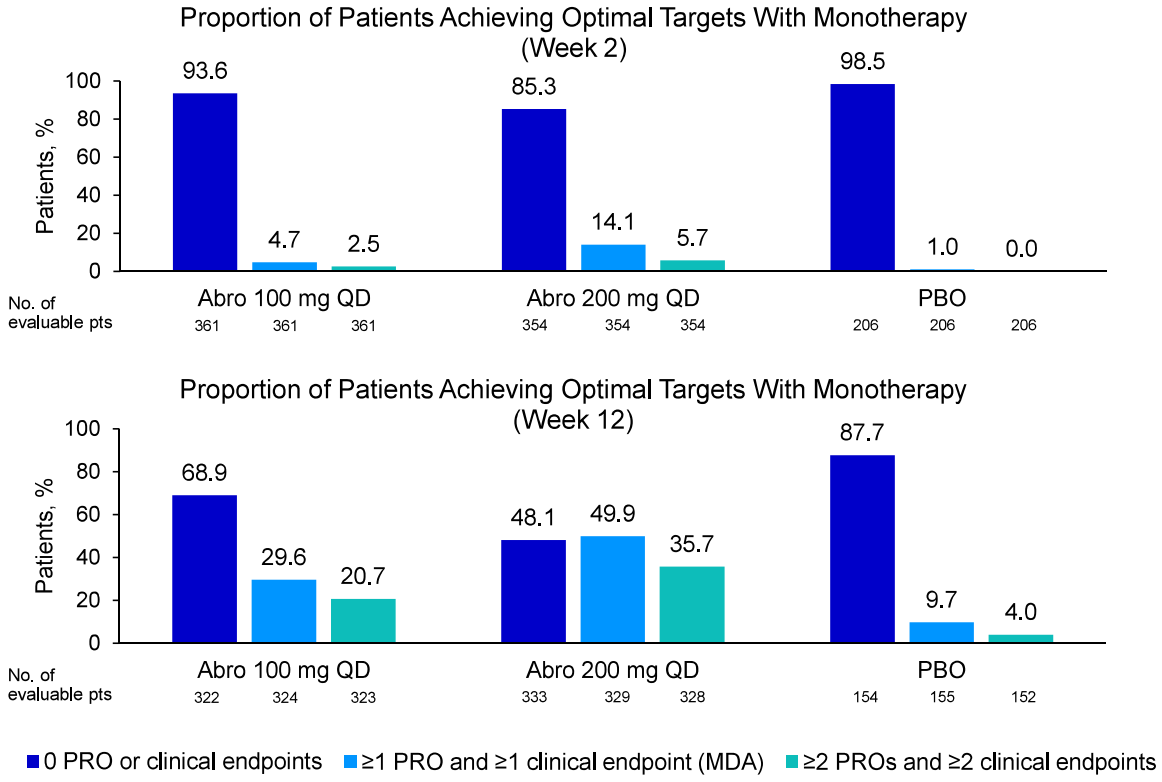
- This analysis included adult and adolescent patients ≥12 years with moderate-to-severe AD receiving abrocitinib monotherapy (100 or 200 mg) or placebo in a phase 2b (NCT02780167)[1] and the phase 3 JADE MONO-1/2 trials (NCT03349060/NCT03575871)[2,3]
- Patients receiving abrocitinib (100 or 200 mg) or dupilumab 300 mg in combination with topical therapy in the JADE COMPARE/TEEN trials (NCT03720470/NCT03796676)[4,5] were also included
- MDA was defined as the achievement of optimal targets for ≥1 clinical endpoint and ≥1 patient-reported outcome (PRO)
  - Treatment targets should be reviewed every 3-6 months and if targets are not achieved, treatment escalation or modification should be considered[6]

AD, atopic dermatitis; BSA, body surface area; cDLQI, Children's Dermatology Life Quality Index; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; EASI-75, 75% improvement in EASI; EASI-90, 90% improvement in EASI; HADS-A, Hospital Anxiety and Depression Scale (Anxiety); HADS-D, Hospital Anxiety and Depression Scale (Depression); IGA, Investigator's Global Assessment; MDA, minimal disease activity; POEM, Patient-Oriented Eczema Measure; PP-NRS, Peak Pruritus Numerical Rating Score; PSAAD, Pruritus and Symptoms Assessment for Atopic Dermatitis; SCORAD, SCORing Atopic Dermatitis; SCORAD-50, 50% improvement in SCORAD; SCORAD-75, 75% improvement in SCORAD.

1. Gooderham MJ et al. *JAMA Dermatol*. 2019;155:1371-1379. 2. Simpson EL et al. *Lancet*. 2020;396:255-266. 3. Silverberg JI et al. *JAMA Dermatol*. 2020;156:863-873. 4. Bieber T et al. *N Engl J Med*. 2021;384:1101-1112. 5. Eichenfield LF. *JAMA Dermatol*. 2021;157:1165-1173. 6. Silverberg JI et al. *J Eur Acad Dermatol Venereol*. 2024;38:2139-2148.

Achievement of MDA in Patients Receiving Monotherapy

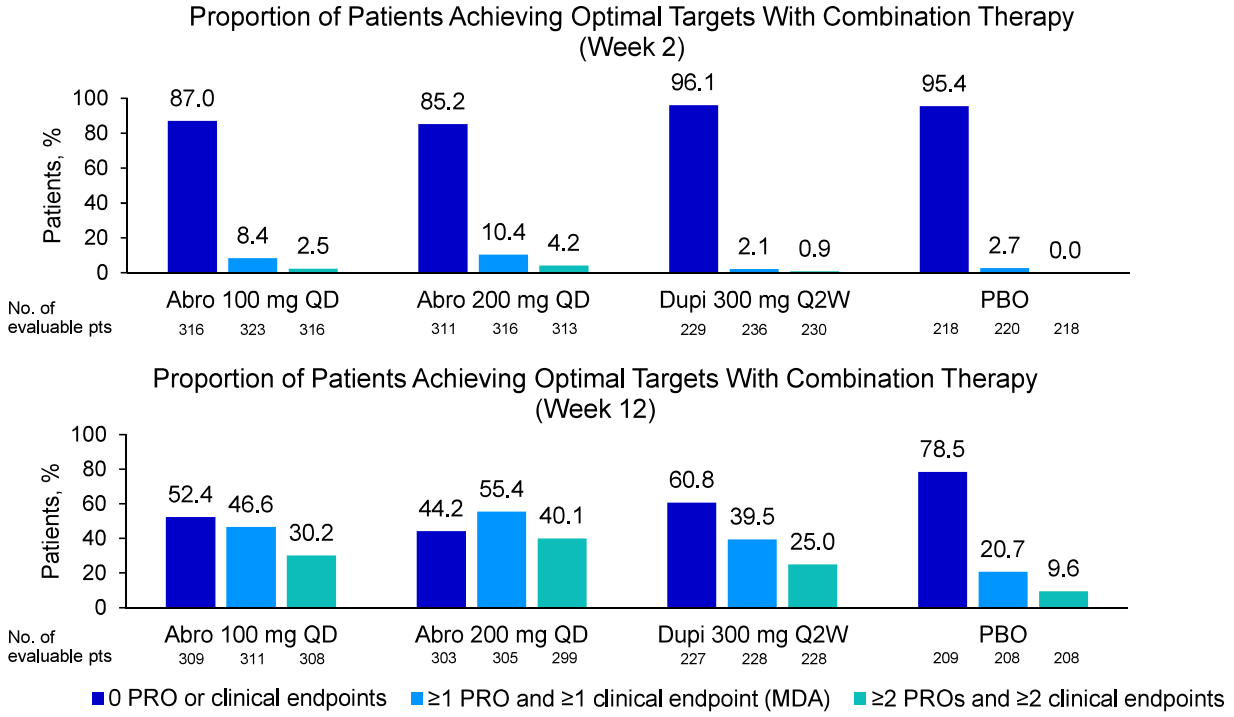
- Following 2 weeks of monotherapy treatment, 4.7% and 14.1% of patients receiving abrocitinib 100 or 200 mg, respectively, achieved MDA compared with 1.0% of patients receiving placebo
- By Week 12, rates of MDA increased to 29.6% and 49.9% in patients receiving abrocitinib 100 or 200 mg, respectively
- Notable proportions of patients achieved ≥2 PROs and ≥2 clinical endpoints in both the abrocitinib 100 mg (20.7%) and abrocitinib 200 mg (35.7%) groups
  - These results indicate that among patients receiving abrocitinib monotherapy who achieve MDA, most achieve optimal targets for multiple PROs and clinical endpoints



Abro, abrocitinib; MDA, minimal disease activity; PBO, placebo; PRO, patient-reported outcome; pt, patient; QD, once daily.

Achievement of MDA in Patients Receiving Combination Therapy

- Following 2 weeks of combination therapy, greater proportions of patients receiving abrocitinib 100 or 200 mg (8.4% and 10.4%) achieved MDA compared with those receiving dupilumab 300 mg (2.1%) or placebo (2.7%)
  - By Week 12, rates of MDA increased to 46.6% and 55.4% of patients receiving abrocitinib 100 or 200 mg monotherapy, respectively, and remained greater than in those receiving dupilumab (39.5%) or placebo (20.7%)
- Similar to patients receiving monotherapy, notable proportions of patients who achieved MDA achieved optimal targets for ≥2 PROs and clinical endpoints



- This analysis highlights the efficacy of abrocitinib in achieving MDA in patients with AD using a structured T2T approach following 12 weeks of consistent treatment with either monotherapy or concomitant topical therapy
- Rates of MDA were greater in patients receiving abrocitinib vs dupliumab, and most achieved optimal targets across multiple PROs and clinical endpoints simultaneously

Abro, abrocitinib; AD, atopic dermatitis; Dupi, dupilumab; MDA, minimal disease activity; PBO, placebo; PRO, patient-reported outcome; pt, patient; QD, once daily; Q2W, every 2 weeks; T2T, treat-to-target.