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# Interim Analysis of the ATTRACT Registry: Real-World Treatment Patterns and Clinical Outcomes of Abrocitinib in Moderate-to-Severe Atopic Dermatitis in Taiwan

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## Introduction and Objectives

Abrocitinib Taiwan TReatment pattern and real-world sTudy in AtopiC dermatitis (**ATTRACT)** registry was established to **explore** the **real-world treatment patterns** and **clinical outcomes** of **abrocitinib** (a selective JAK1 inhibitor) in **moderate-to-severe atopic dermatitis** (AD) in **Taiwan**.

We sought to conduct **an interim analysis** of the ATTRACT registry, for patients enrolled between June 19, 2024, and October 31, 2024, with a data cut-off on November 30, 2024.

## Methods

### Study Design

- **Study type:** A prospective, multicenter observational study
- **Study setting:** Conducted across 8 medical centers in Taiwan
- **Study population:** Patients aged ≥12 years with moderate-to-severe AD newly prescribed abrocitinib were enrolled.
- **Enrolment and observation period:** Recruitment started in June 2024, and data collection will continue for a minimum of 12 months and up to 24 months observation period per participant.
- **Data collection:** Data on demographics, clinical features, treatment history, and physician/patient-reported outcomes were collected.
- **Adverse events:** Adverse events were also recorded at each participating site through standard AE reporting procedures as the evaluation of safety is not a primary objective of this registry.

## Results

### Baseline demographic and clinical characteristics

As of November 2024, 55 patients were enrolled from 8 sites in Taiwan. Baseline demographics and other characteristics were illustrated in Table 1, Figure 1 and Figure 2. The mean (SD) age was 40.8 ± 20.2 years, and 70.9% were male. Regarding prior treatments, two of six previously treated with dupilumab and two with JAK inhibitors had discontinued due to lack of effectiveness. Most patients (83.6%, n=46) received abrocitinib through self-payment, while 9 patients (16.4%) were covered by national health insurance. Most patients (83.6%) received the 200 mg dose.

**Table 1. Baseline characteristics***

| Characteristics | N=55 |
|---|---|
| **Age group, n (%)** | |
| ≥12 to <18 | 2 (3.6%) |
| ≥18 to <40 | 29 (52.7%) |
| ≥40 to <65 | 15 (27.3%) |
| ≥65 | 9 (16.4%) |
| **Age of AD onset, years** | |
| Mean (SD) | 29.7 (24.7) |
| **Age of AD diagnosis, years** | |
| Mean (SD) | 31.8 (24.7) |
| **Sex, n (%)** | |
| Male | 39 (70.9%) |
| Female | 16 (29.1%) |
| **BMI, kg/m²** | |
| Mean (SD) | 23.4 (4.3) |
| **Prior treatments, n (%)** | |
| Topical agents | 23 (41.8%) |
| Conventional systemic agents | 17 (30.9%) |
| Biologic therapies | 6 (10.9%) |
| Phototherapy | 3 (5.5%) |
| JAK inhibitors | 2 (3.6%) |
| **Smoking status, n (%)** | |
| Never smoked | 50 (90.9%) |
| Former smoker | 0 (0%) |
| Current smoker | 5 (9.1%) |
| **Time point, n (%)** | |
| Week 2 | 23 (41.8%) |
| Week 4 | 42 (76.4%) |
| Week 12 | 15 (27.3%) |

*At the data cutoff, all patients had completed the baseline visit. Percentages at each time point reflect the proportion of eligible patients who reached that visit.

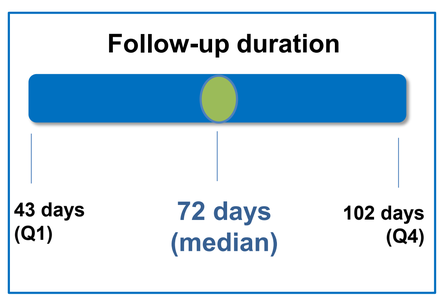



**Figure 1. Follow-up duration for enrolled patients.**
***(median and IQR at the data cutoff date)***

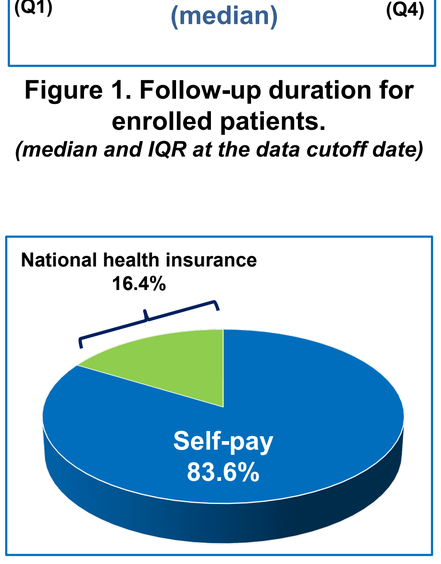
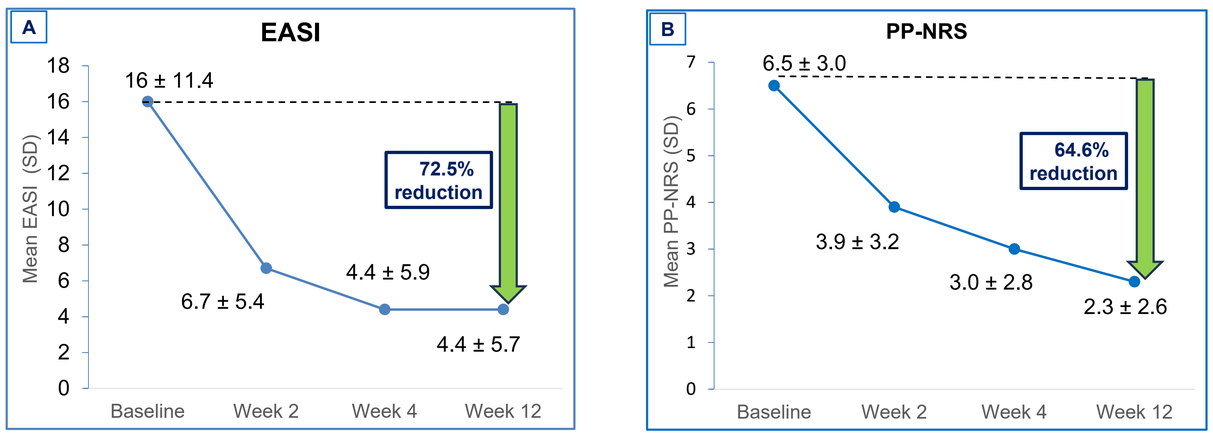



**Figure 2. Payment sources for abrocitinib treatment.**

### Effectiveness of abrocitinib treatment

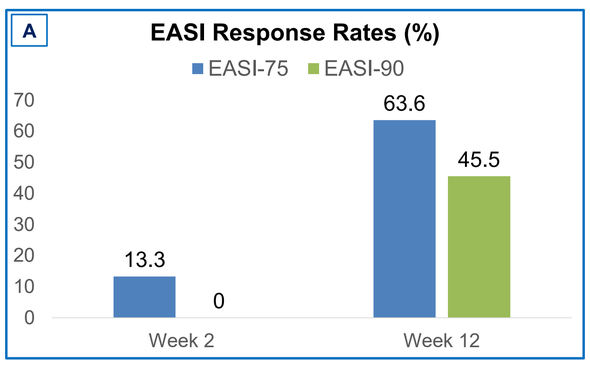
By Week 2, EASI and PP-NRS decreased rapidly by 58.1% and 40%, respectively, with further reductions to 72.5% and 64.6% by Week 12 (Figure 3A and 3B, respectively).

**Figure 3. Reduction in EASI (A) and PP-NRS (B) with abrocitinib treatment.**

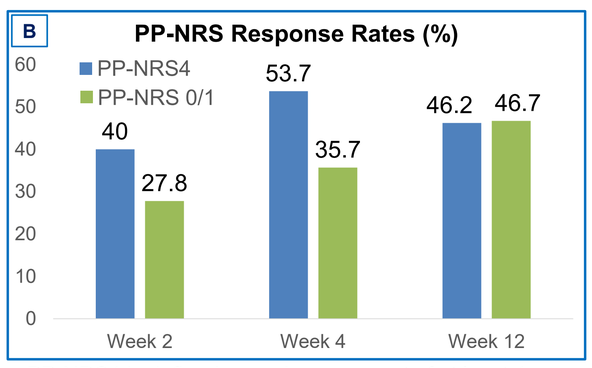



At week 12, 63.6% and 45.5% of patients achieved EASI-75 and EASI-90, respectively (Figure 4A). Meanwhile, **PP-NRS 0/1** rates increased from 27.8% at week 2 to **46.7% at week 12** (Figure 4B), indicating **nearly half of patients reported minimal or no itch.**

**Figure 4. Response rates of EASI-75/90 (A); PP-NRS4, PP-NRS 0/1 (B) with abrocitinib treatment.**




The EASI-75 and EASI-90 response rates are defined as the percentage of patients who achieve an improvement of at least 75% or 90%, respectively, in the EASI (based on the available data at each timepoint).




PP-NRS4 is defined as an improvement of at least 4 points from baseline. PP-NRS 0/1 is defined as the percentage of patients who self-assess their PP-NRS as 0 or 1, calculated based on the available data at each timepoint.

### Improvements in other key clinical outcomes

Improvements were also observed from baseline to week 12 across other key patient and physician reported outcomes, including IGA, BSA, HECSI, POEM, ADCT, and DLQI. The mean ± SD at various timepoints and percentage reduction are presented in Table 2.

**Table 2. Other physician and patient reported outcomes**

| Outcomes | Baseline | Week 2 | Week 4 | Week 12 | Reduction (%)* |
|---|---|---|---|---|---|
| IGA | 3.2 ± 0.63 | 2.3 ± 1.1 | 1.7 ± 0.95 | 1.3 ± 1.4 | ↓ 59.4% |
| BSA (%) | 27.6 ± 23.8 | 12.0 ± 13.7 | 8.4 ± 12.6 | 9.0 ± 12.8 | ↓ 67.4% |
| HECSI | 23.8 ± 29.5 | 6.7 ± 12.6 | 5.5 ± 10.5 | 7.9 ± 14.3 | ↓ 66.8% |
| POEM | 21.0 ± 6.6 | 10.6 ± 9.4 | 7.9 ± 7.5 | 6.9 ± 8.9 | ↓ 67.1% |
| ADCT | 17.2 ± 5.7 | 9.1 ± 8.4 | 6.2 ± 6.3 | 5.4 ± 5.5 | ↓ 68.6% |
| DLQI | 17.3 ± 7.7 | 9.0 ± 6.9 | 7.5 ± 7.7 | 5.8 ± 7.7 | ↓ 66.5% |

*Percentage change in reduction was calculated as the difference between baseline and week 12.

### Safety

Three patients experienced adverse events (two reported nausea and one reported upper abdominal pain)—consistent with previously documented safety profiles. No new safety signals emerged during this interim analysis.

## Conclusion

Interim findings from the Taiwan ATTRACT registry show that abrocitinib delivers rapid and meaningful improvements in moderate-to-severe AD in real-world clinical practice. Consistent improvements across clinical and patient-reported outcomes were evident as early as Week 2 and were sustained through Week 12. These results reinforce the role of abrocitinib as a valuable treatment option in Asian population.

ADCT: Atopic Dermatitis Control Tool; AE, adverse events; BMI, body mass index; BSA: Body Surface Area; DLQI: Dermatology Life Quality Index; EASI: Eczema Area and Severity Index; HECSI: Hand Eczema Severity Index; IGA: Investigator's Global Assessment; IQR, interquartile range; JAKi, janus kinase inhibitor; POEM: Patient-Oriented Eczema Measure; PP-NRS: Peak Pruritus Numerical Rating Scale; SD, standard deviation.

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