

Lebrikizumab Provides Clinically Meaningful Response in Face and Hands in Adults and Adolescents with Moderate-to-Severe Atopic Dermatitis: ADhope 1 Study

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BACKGROUND & OBJECTIVE

- Most patients with atopic dermatitis (AD) have face or hands involvement, which poses a major psychological burden, including stigmatization and impact on quality of life^{1,2}
- There is a need to generate data that measures treatment efficacy in these high-impact and difficult-to-treat areas
- Lebrikizumab, a high-affinity monoclonal antibody that selectively targets the cytokine interleukin-13, is approved for moderate-to-severe AD and has previously shown efficacy and a favorable safety profile in extensive clinical trials³⁻⁵
- Here, we report lebrikizumab efficacy in face and hands using data from the ADhope 1 study (NCT05990725)

CONCLUSIONS

- Lebrikizumab provided improvements in facial AD in the majority of patients, with responses seen as early as Week 2
- Almost half of the population with Face IGA ≥2 at baseline achieved clear or almost clear skin on the face (Face IGA 0/1) within 24 weeks of treatment
- In patients with Face IGA ≥2 at baseline, Face IGA improvements positively correlated with overall IGA improvements
- Patients with hand involvement achieved meaningful overall improvements and mean mTLSS progressively decreased over 24 weeks of treatment
- These findings indicate that lebrikizumab is an effective treatment option for adults and adolescents with moderate-to-severe AD with facial and hand involvement

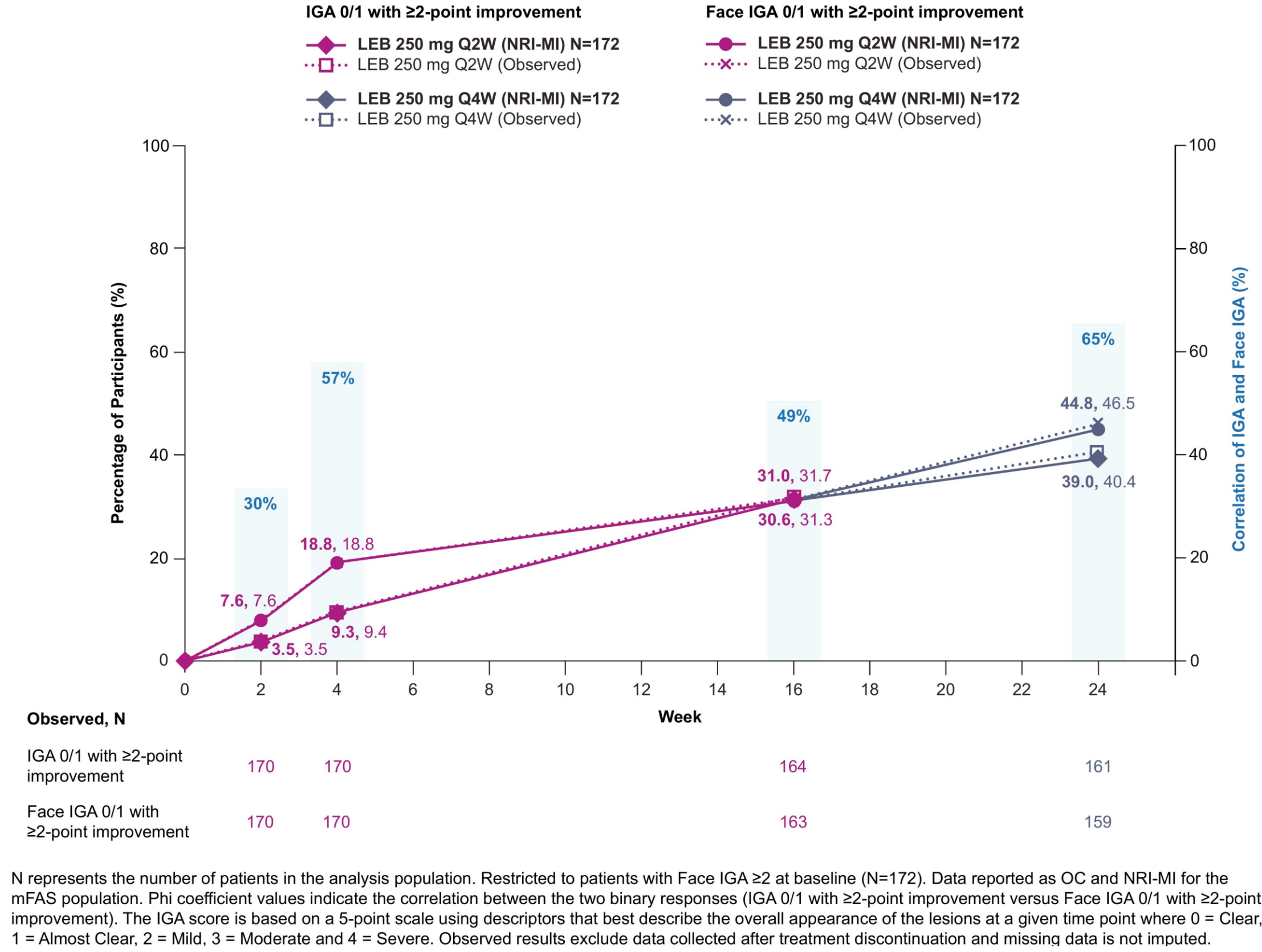
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KEY RESULTS

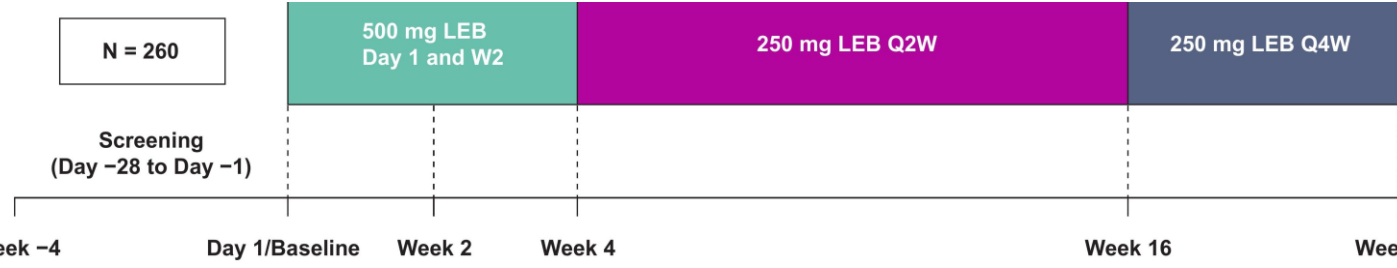
Figure 1. Face IGA 0/1 with ≥2-point improvement and IGA 0/1 with ≥2-point improvement (in patients with Face IGA ≥2 at baseline), mFAS



METHODS

- ADhope 1 was a 24-week, interventional, single-arm, open-label study of lebrikizumab in patients with moderate-to-severe AD
- All patients moved to lebrikizumab 250 mg every 4 weeks (Q4W) at Week 16, regardless of their response

Figure 4. Study design



Key eligibility criteria

- Adults (≥18 years) and adolescents (≥12 to <18 years; weight ≥40 kg)
- Moderate-to-severe AD, defined as having all the following at the baseline visit: Eczema Area and Severity Index ≥12, Investigator's Global Assessment (IGA) ≥3 and ≥10% body surface area of uncontrolled AD
- Inadequate response with, or medically inadvisable to receive, topical treatment
- Prior dupilumab use was allowed (allowed in up to 20% of the population)
- Tralokinumab and Janus kinase inhibitors naïve
- Monotherapy was recommended but topical corticosteroid (TCS) use was permitted

Disclosures: CV has served as an advisor and/or speaker and/or has received fees or grant and/or research support for and/or has participated in clinical trials sponsored by: AbbVie, Almirall, AstraZeneca, Eli Lilly and Company, Galderma, LEO Pharma, Novartis, OM Pharma, Pfizer, Pierre Fabre and Sanofi-Genzyme. JS has received honoraria for conferences and advisory boards from AbbVie, Almirall, LEO Pharma, Eli Lilly and Company, Novartis, Pfizer, Pierre Fabre and Sanofi-Genzyme. SW has been a consultant, advisory board member and/or speaker for AbbVie, Almirall, Apogee, Amgen, Astria, Boehringer Ingelheim, Eli Lilly, Galderma, GSK, LEO Pharma, Pfizer, Regeneron, Sanofi and UCB. AW has served as an advisor or paid speaker for, or participated in clinical trials (with honoraria paid to the institution) sponsored by: AbbVie, Aleene, Almirall, Amgen, Apogee, Beiersdorf, Bioderma, Bioprocess, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Chugai, DKSH, Eli Lilly and Company, Galapagos, Galderma, Glenmark, GSK, Hans Karrer, Hexal, Incyte, Janssen-Cilag, Kyowa Kirin, LEO Pharma, L'Oréal, Maruho, MedImmune, MSD, Mylan, MSD, Nektar, Novartis, Pfizer, Pierre Fabre, Regeneron, Sandoz, Santen, Sanofi-Aventis and UCB. AI is a speaker, advisory board member, and/or investigator for: AbbVie, Almirall, Connect BioPharma, Eli Lilly and Company, LEO Pharma, OM Pharma, Pfizer, RAFT Therapeutics, Regeneron and Sanofi. HA, JVB, VS are employees of Almirall. DT has received honoraria as an advisor, speaker and/or investigator from AbbVie, Amgen, Almirall, Bristol Myers Squibb, Boehringer Ingelheim, Celltrion, Fresenius, Eli Lilly and Company, Galderma, Genzyme, Johnson&Johnson, LEO Pharma, New Bridge, Novartis, Pfizer, Regeneron, La Roche-Posay, Sanofi, Samsung, Sun Pharma, UCB, Viartis and Vichy. Previously presented at the European Academy of Dermatology and Venereology (EADV) Spring Symposium; Athens, Greece; 7-9 May, 2026

Figure 2. Face IGA 0/1 with ≥2-point improvement and Face IGA ≥1-point improvement (in patients with Face IGA ≥2 at baseline), mFAS

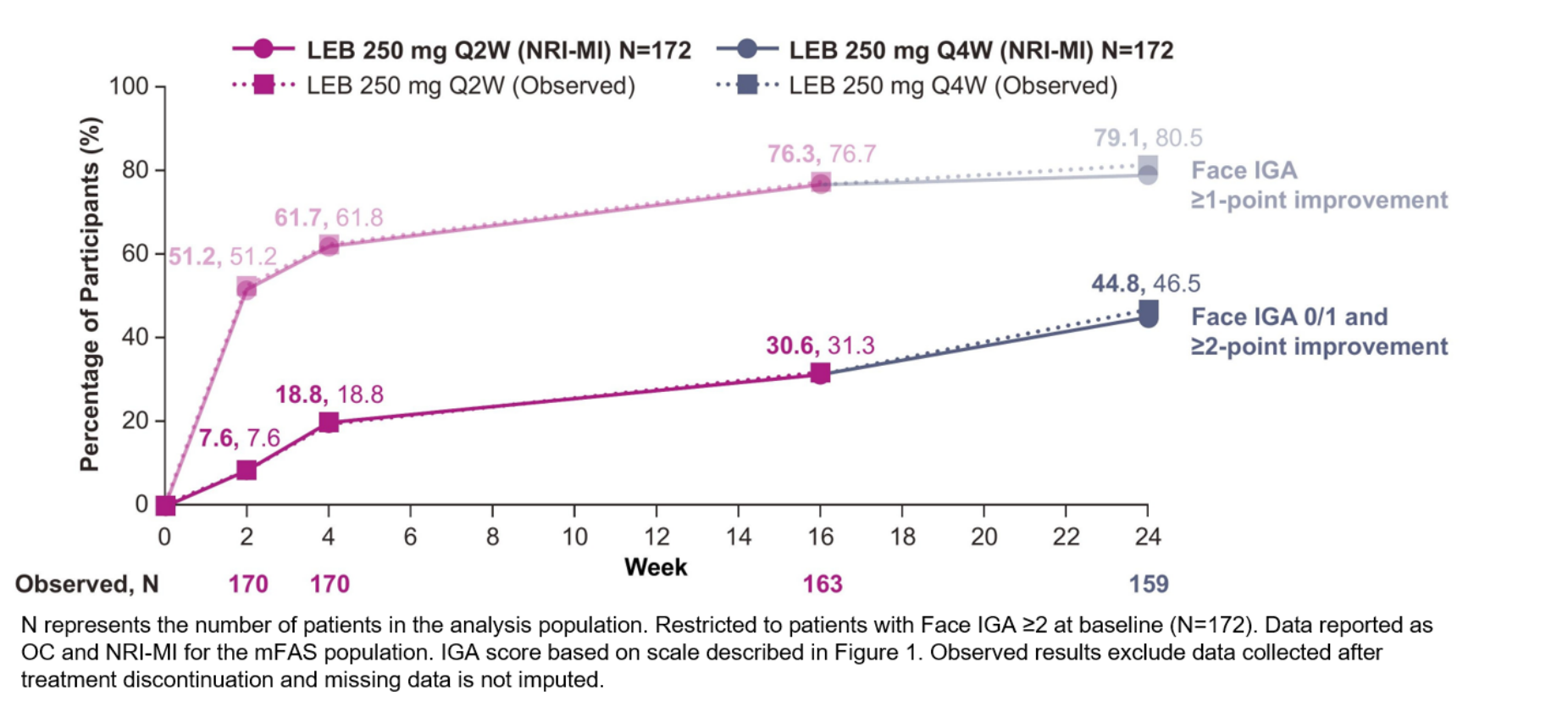
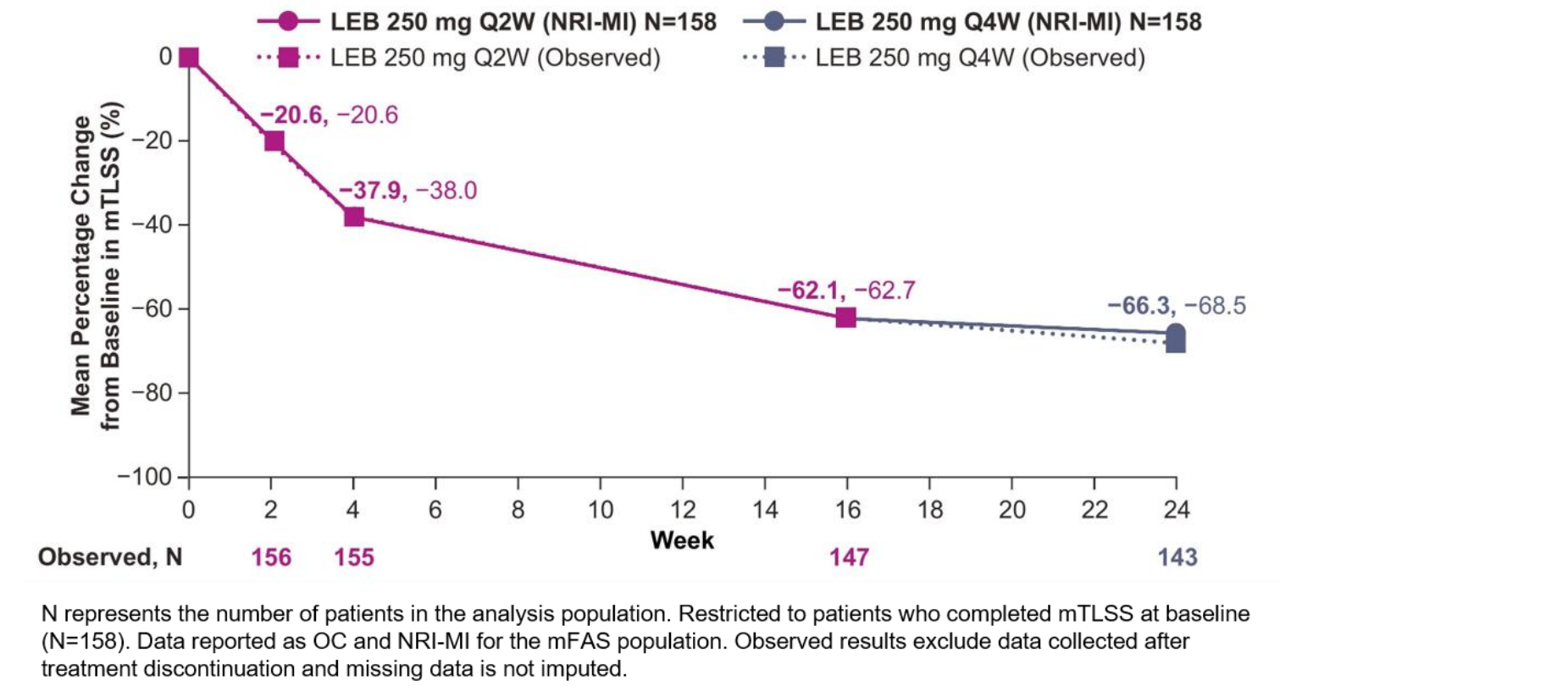


Figure 3. Mean percentage change from baseline in mTLSS



RESULTS

- A total of 260 patients were enrolled. Efficacy was assessed in 247 patients from the modified Full Analysis Set (mFAS), data for 13 patients from one site had to be excluded due to quality issues. The key results are shown in Figures 1-3
- In the population with Face IGA ≥2 at baseline, 80 patients (46.5%) used any TCS during the study; 61 (35.5%) patients were using TCS at baseline before initiating lebrikizumab
- Phi coefficient values indicate the correlation between the responses of IGA 0/1 with ≥2-point improvement and Face IGA 0/1 with ≥2-point improvement were positive. The correlation coefficients are shown in Figure 1 at each timepoint

Abbreviations: AD, atopic dermatitis; BMI, body mass index; CRF, case report form; IGA, Investigator's Global Assessment; LEB, lebrikizumab; mFAS, modified full analysis set; MI, multiple imputation; mTLSS, modified Total Lesion Symptom Score; NRI, non-responder imputation; OC, observed cases; Q2W, every 2 weeks; SD, standard deviation; TCS, topical corticosteroid use.

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Table 1. Baseline Demographics and Disease Characteristics

	LEB 250 mg Q2W/Q4W mFAS N=247
Demographics	
Age, years, mean (SD)	32.8 (14.1)
Adolescents (≥12 to <18 years; ≥40 kg), n (%)	23 (9.3)
Male, n (%)	151 (61.1)
Previous dupilumab exposure, n (%)	21 (8.5)
BMI, mean (SD), kg/m ²	26.0 (5.6)
Disease characteristics	
Duration since AD onset (years), mean (SD) ^a	24.6 (13.3)
IGA, n (%)	
3, moderate	183 (74.1)
4, severe	64 (25.9)
Face IGA^b, n (%)	
2, mild	39 (15.8)
3, moderate	105 (42.5)
4, severe	28 (11.3)
mTLSS ^c , n (%)	9.7 (4.1)

^aDuration since AD onset (years) was calculated as the difference between randomization date and the date of AD onset collected on the CRF. ^bFace IGA was to be performed only for patients with AD of the face at baseline, n=182. ^cmTLSS was to be performed only for patients with AD of the hands at baseline, n=158.