

Dupilumab vs Placebo Improves Symptoms, Asthma Control, and Asthma-Related Quality of Life in Patients With Oral Corticosteroid-Dependent Severe Asthma Through 48 Weeks of Follow Up

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BACKGROUND

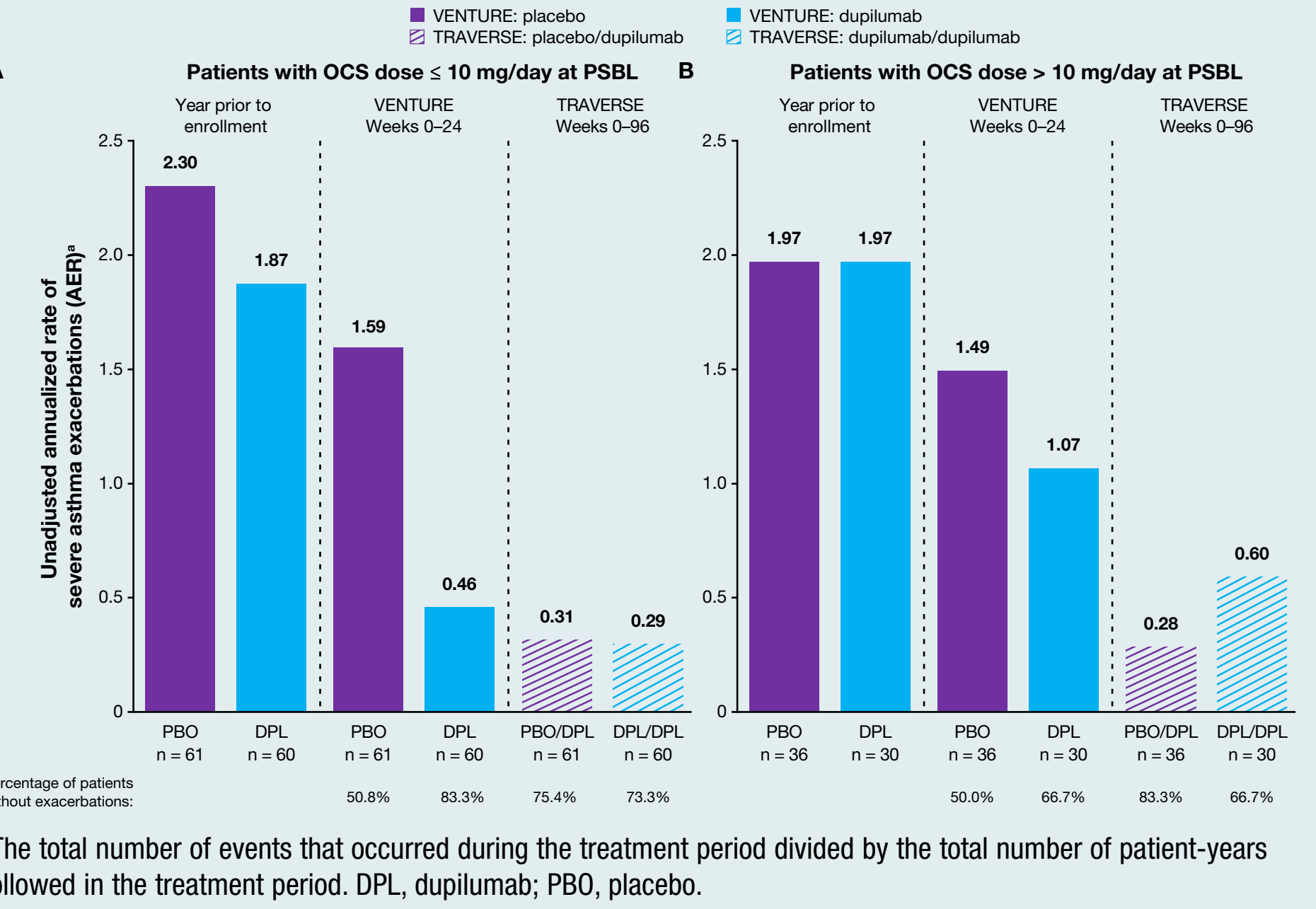
- Approximately 45% of patients with severe asthma manage their disease with long-term oral corticosteroids (OCS), a practice associated with considerable adverse effects¹
- There is a need for asthma therapies that improve asthma symptoms while allowing durable reductions in OCS use
- In the phase 3 LIBERTY ASTHMA VENTURE study (NCT02528214), add-on dupilumab 300 mg every 2 weeks vs placebo, over 24 weeks, significantly reduced OCS use from baseline and improved clinical measures in patients aged ≥ 12 years with OCS-dependent severe asthma²
- LIBERTY ASTHMA TRAVERSE (NCT02134028), a single-arm, open-label extension study, evaluated the long-term safety, tolerability, and efficacy of add-on dupilumab in patients rolled over from previous dupilumab studies, including VENTURE³
 - Safety findings were consistent with the known dupilumab safety profile³

OBJECTIVE

- To assess dupilumab efficacy in patients with OCS-dependent severe asthma from VENTURE (6 months duration) who enrolled in TRAVERSE (2 years duration) with varying levels of disease burden at parent study baseline (PSBL)

RESULTS

Figure 1. Dupilumab further reduced the annualized rate of severe asthma exacerbation from end of VENTURE into TRAVERSE in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.



*The total number of events that occurred during the treatment period divided by the total number of patient-years followed in the treatment period. DPL, dupilumab; PBO, placebo.

RESULTS (CONT.)

Figure 2. Dupilumab improved pre-BD FEV₁ from PSBL over time in TRAVERSE in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.

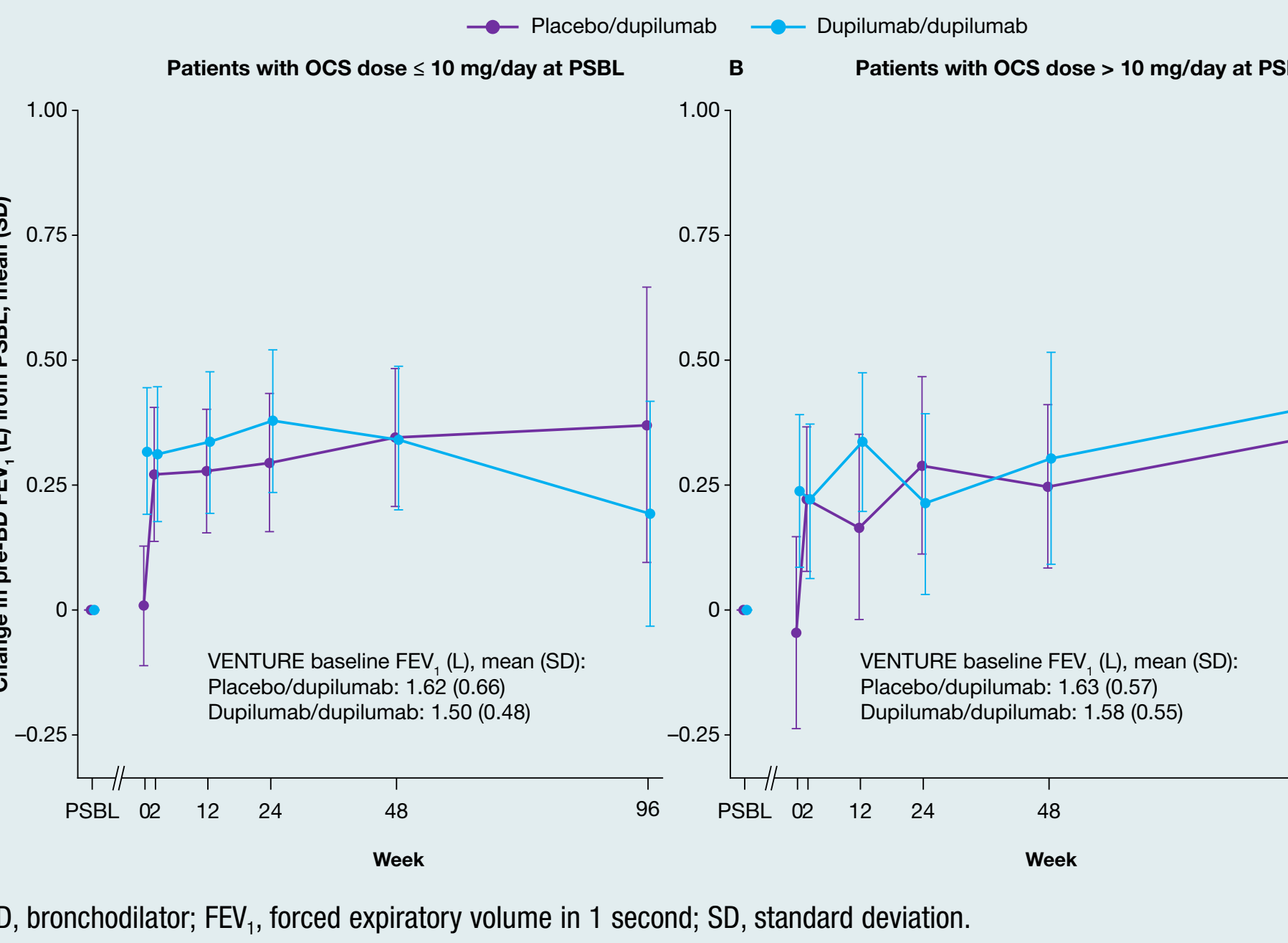


Figure 3. Dupilumab reduced OCS dose from PSBL over time in TRAVERSE in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.

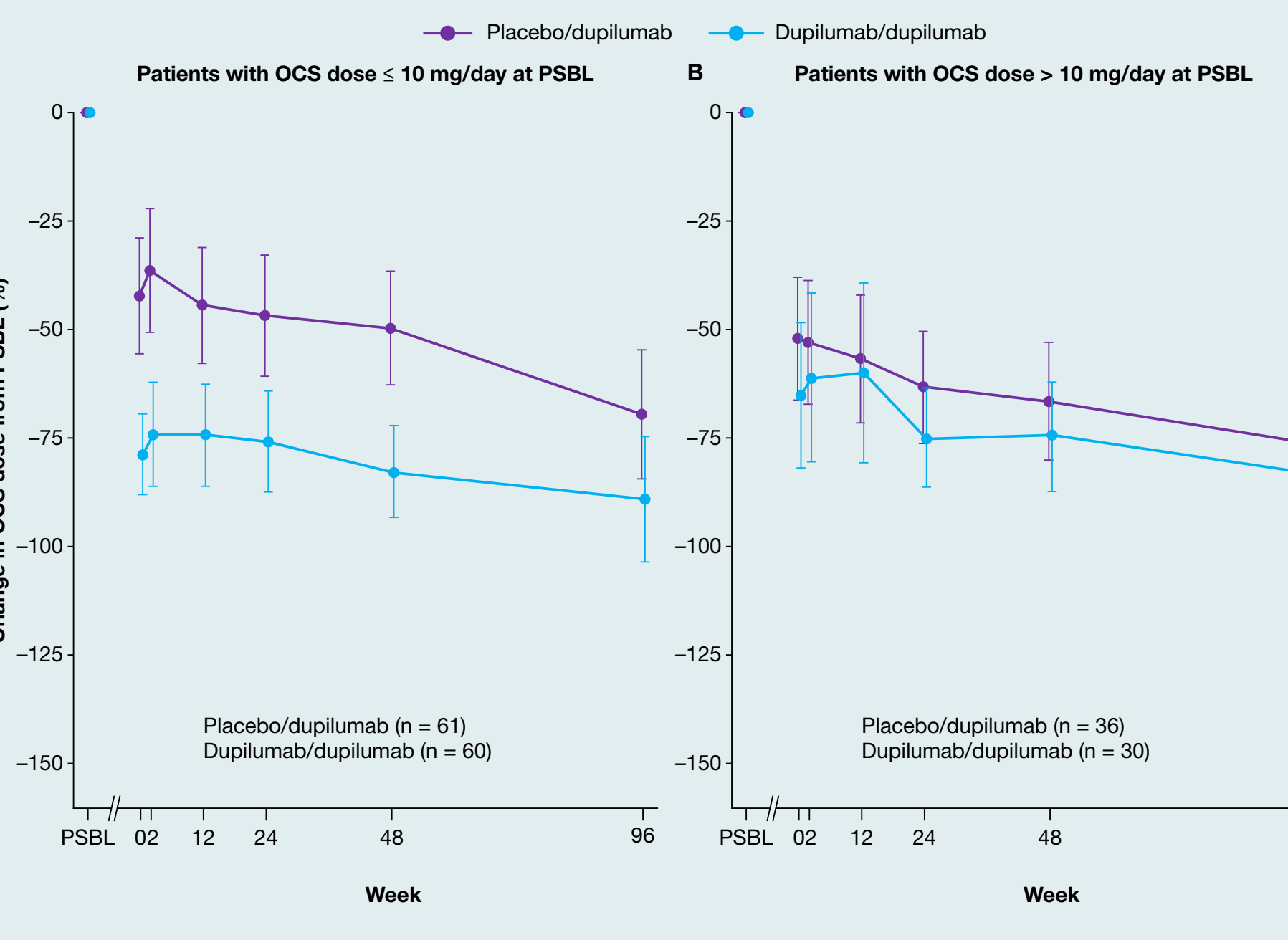


Figure 4. Dupilumab increased the proportion of patients achieving an OCS dose of 0, < 5, or < 10 mg/day in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.

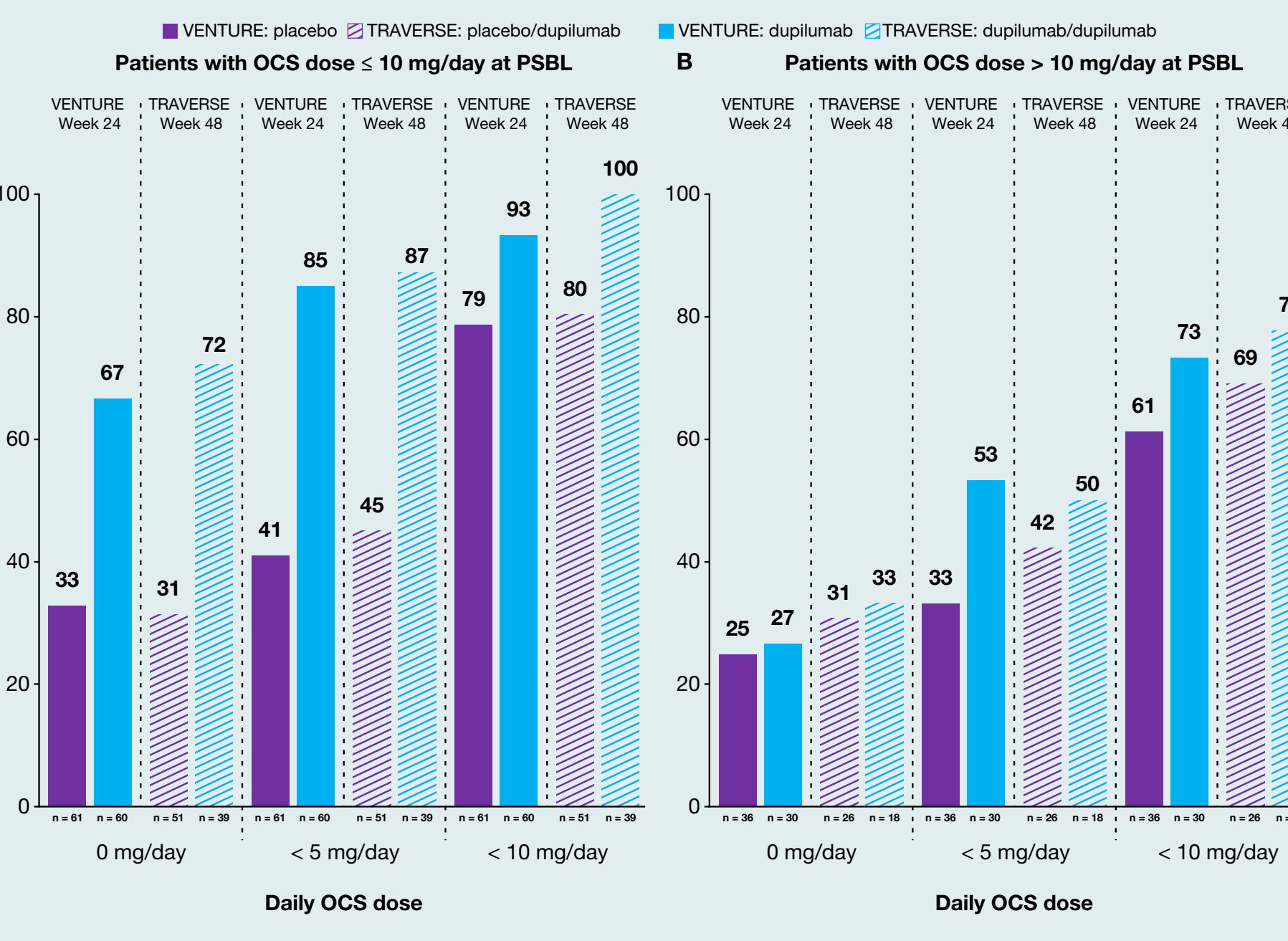
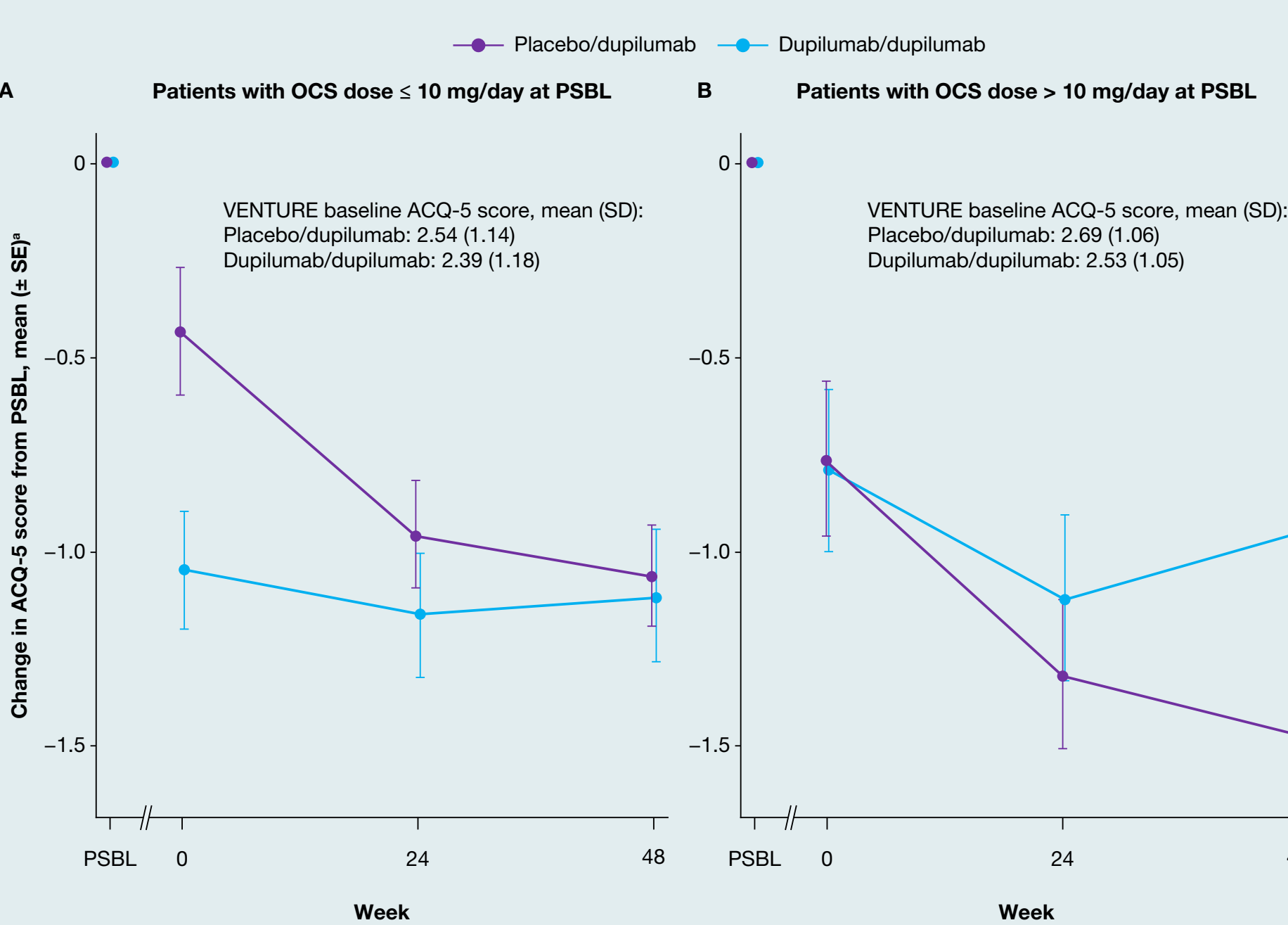
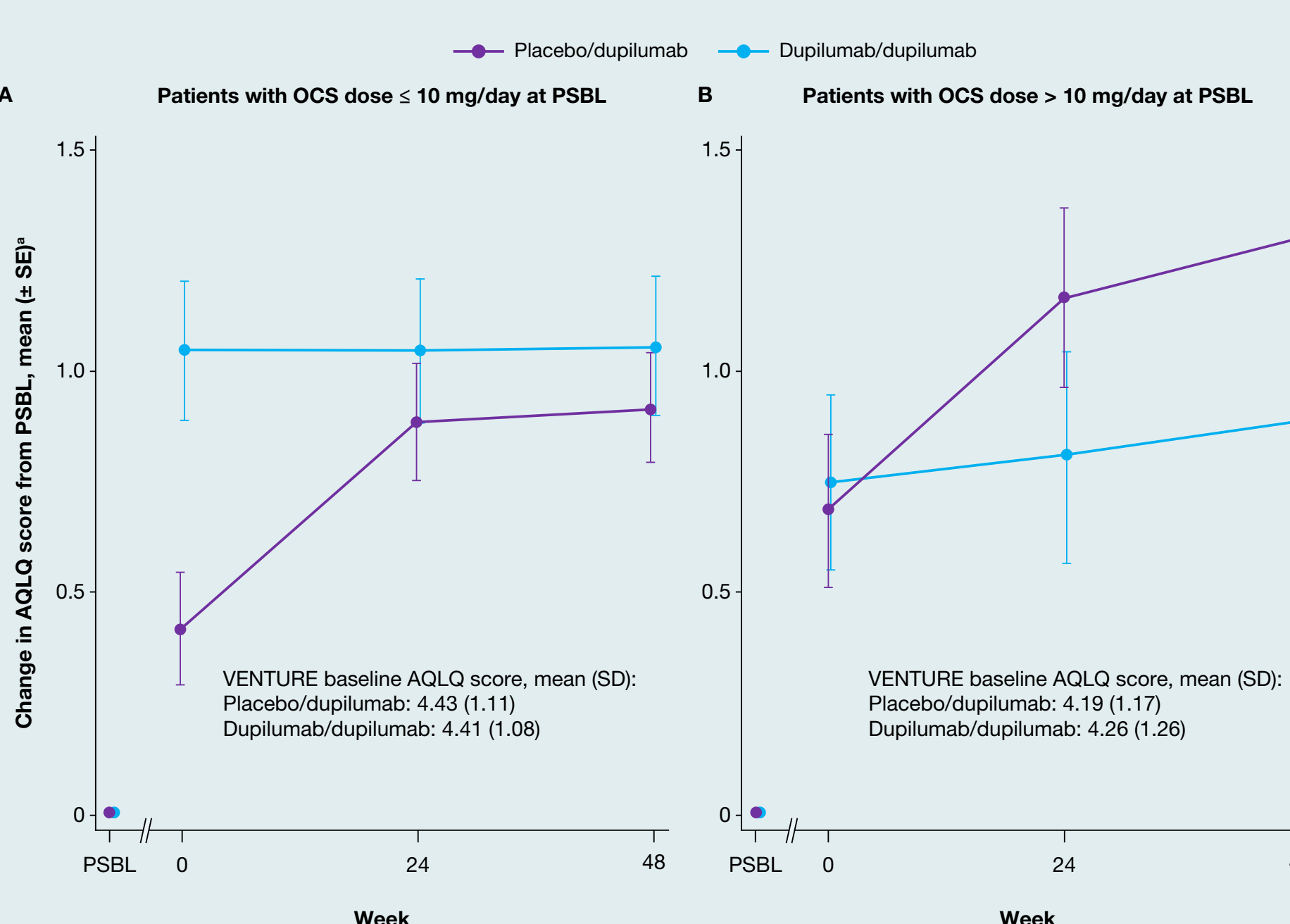


Figure 5. Dupilumab improved overall asthma control (as measured by reduction in ACQ-5 scores) in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.



*ACQ-5 mean score: range 0–6, lower score = better asthma control. ACQ-5, 5-item Asthma Control Questionnaire; SE, standard error.

Figure 6. Dupilumab improved health-related quality of life (as measured by AQLQ scores) in (A) patients with ≤ 10 mg/day OCS dose at PSBL and (B) patients with > 10 mg/day OCS dose at PSBL.



*AQLQ global score: range 1–7, higher score = better quality of life. AQLQ, Asthma Quality of Life Questionnaire.

CONCLUSIONS

- Dupilumab improved asthma control and quality of life, regardless of baseline OCS starting dose
- Improvements in AER continued during TRAVERSE and, as in VENTURE, dupilumab demonstrated persistently high reduction in OCS use without a tapering reduction schema

References: 1. Bloechlinger M, et al. Respir Res. 2018;19:75. 2. Rabe KF, et al. N Engl J Med. 2018;378:2475–85. 3. Wechsler ME, et al. Lancet Respir Med. 2022;10:11–25.

Acknowledgments and funding sources: Research sponsored by Sanofi and Regeneron Pharmaceuticals, Inc. ClinicalTrials.gov Identifiers: NCT02528214 (VENTURE)/NCT02134028 (TRAVERSE). Medical writing/editorial assistance was provided by Éilis Sutton, PhD, of Excerpta Medica, and was funded by Sanofi and Regeneron Pharmaceuticals, Inc., according to the Good Publication Practice guideline.

Disclosures: **Gurnell M:** AstraZeneca – steering committee member, and speakers bureau; Novartis – speakers bureau. **Domingo C:** ALK, Allergy Therapeutics, Almirall, AstraZeneca, Boehringer Ingelheim, Chiesi, Esteve, Ferrer Pharma, GSK, HAL Allergy, ImmunoTek, Menarini, Novartis, Pfizer, sanofi-aventis, Stallergenes Greer, Takeda, Teva – travel and speaker fees. **Rabe KF:** AstraZeneca, Boehringer Ingelheim, Novartis, Sanofi, Teva – consultant, speaker fees. **Menzies-Gow A:** AstraZeneca – consultant, speaker fees, research support; GSK – consultant; Novartis, Sanofi – consultant, speaker fees; Teva – consultant, speaker fees, conference attendance. **Price D:** Amgen, AstraZeneca, Boehringer Ingelheim, Chiesi, Circassia, Mundipharma, Mylan, Novartis, Regeneron Pharmaceuticals, Inc., Sanofi, Teva, Thermo Fisher Scientific – advisory board member; Airway Vista Secretariat, AstraZeneca, Boehringer Ingelheim, Chiesi, EPG Communication Holdings, FIECON, Fieldwork International, GSK, Mundipharma, Mylan, Novartis, OM Pharma, PeerVoice, Phadia, Spirosure, Strategic North, Synapse, Talos Health Solutions, Theravance Biopharma, WebMD – consultancy agreements; AstraZeneca, Boehringer Ingelheim, Chiesi, Mylan, Novartis, Regeneron Pharmaceuticals, Inc., Respiratory Effectiveness Group, Sanofi, Theravance Biopharma, UK National Health Service – research grants; AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, GSK, Kyorin Pharmaceutical, Mundipharma, Mylan, Novartis, Regeneron Pharmaceuticals, Inc., Sanofi – speaker fees; AKL Research and Development – stock or stock options; GSK – expert witness. **Brusselle G:** AstraZeneca, Boehringer Ingelheim, Chiesi, GSK, Novartis, Sanofi, Teva – consultant, speaker fees. **Wechsler ME:** Amgen, AstraZeneca, Boehringer Ingelheim, CytoReason, Equillum, Genentech, Genzyme, Novartis, Pulmatrix, Regeneron Pharmaceuticals, Inc., resTORbio, Sentien Biotechnologies, Teva – personal fees; GSK, Sanofi – grants and personal fees. **Xia C, Gall R, Deniz Y:** Regeneron Pharmaceuticals, Inc. – employees. **Pandit-Abid N, Jacob-Nara JA, Rowe PJ:** Sanofi – employees, may hold stock and/or stock options in the company. **Siddiqui S:** Regeneron Pharmaceuticals, Inc. – former employee and shareholder.

Presented at the Annual Congress of the International Society for Pharmacoeconomics & Outcomes Research-Europe (ISPOR-EU); Vienna, Austria; November 6–9, 2022.

