Systemic therapies for patients with atopic dermatitis: Results of the TREATswitzerland registry 2025

Kathrin Thormann[1], Teofila Caplanusi[2], Ahmad Jalili[3], Ieva Saulite[4], Karin Hartmann[5], Basile Page[6], Tobias Plaza[7], Siegfried Borelli[8], May Jane Erne[1], Barbara Ulrich[1], Simone Cazzaniga[1], Susanne Radonjic-Hoesli[1], Dagmar Simon[1]

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Objectives of TREATswitzerland

Targeted therapies with monoclonal antibodies (biologics) as well as Janus kinase inhibitors (JAKi) have become available for the treatment of atopic dermatitis (AD) in Switzerland. The aim of the register study TREATswitzerland is to evaluate the application, efficacy and safety in real life across Switzerland.

Data of interest

The registry collects data on demographics, patient history including recent therapy, comorbidities, type of systemic therapy, its efficacy and safety, changes of therapy as well as physicians' and patients' reported outcomes.
Total number of patients included: 138
Patients with at least one follow-up visit: 111

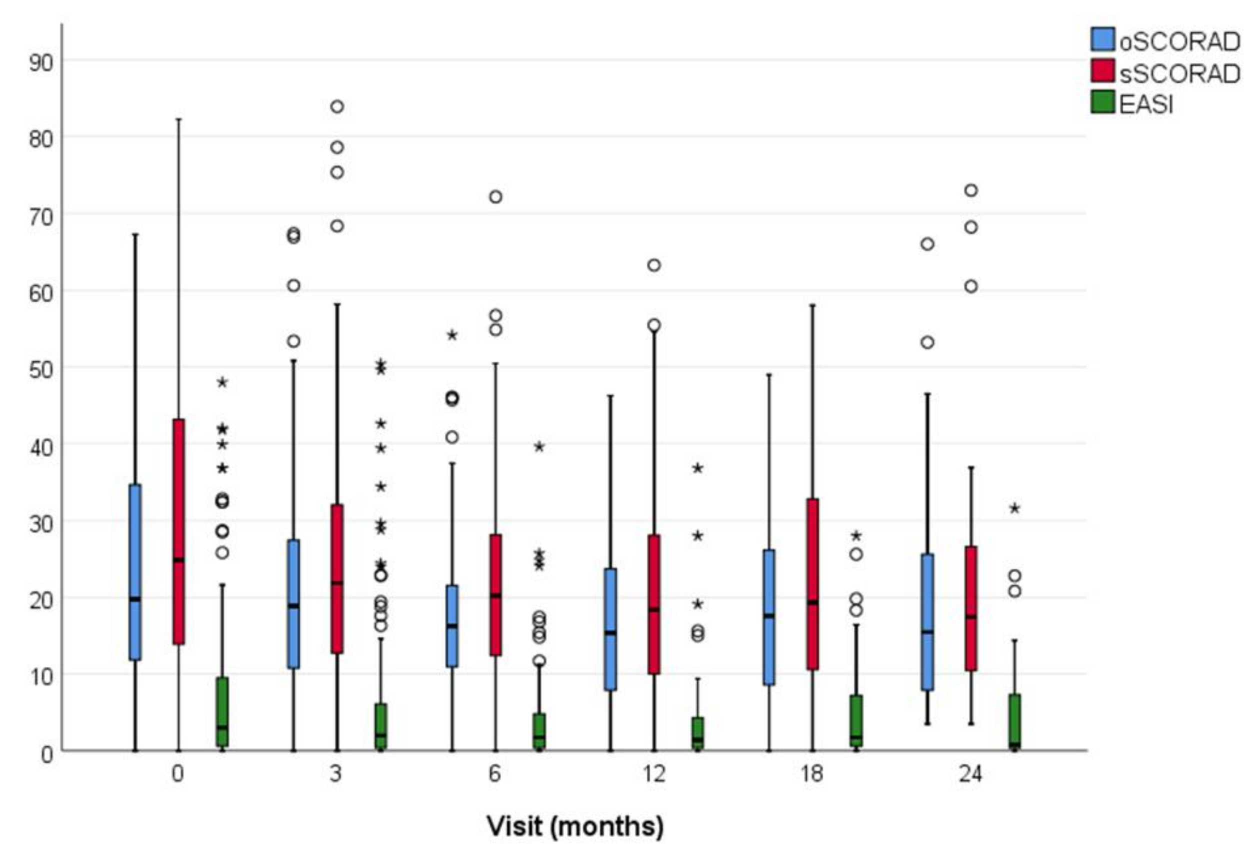
Centers contributing to the registry and the study

Results

Follow-up	Range (min - max)	Median (IQR)
First visit date	Jun 2022 - Mar 2025	-
Last follow-up date	Sep 2022 - Jun 2025	-
Duration of follow-up (months)	2.3 - 35.6	11.5 (6.0 - 18.2)
Previous treatment duration in the clinic (years)	0.1 - 25.6	1.5 (0.5 - 3.7)

Demographics

Age	Years (Median, IQR)	*36.0*	*26.0-51.0*
		N=111	%
Gender	Male	57	51.4
	Female	54	48.6
Highest educational level	No degree	5	4.6
	Compulsory schooling	8	7.3
	Completed vocational training	38	34.9
	Vocational / Specialised / Gymnasium baccalaureate	16	14.7
	Higher vocational training / Universities	42	38.5



Previous and current therapies applied in AD patients

	Previous		Baseline		3 months		6 months		12 months		18 months		24 months		P
	N=111	%	N=111	%	N=111	%	N=94	%	N=58	%	N=36	%	N=25	%	
Topical corticosteroids	78	70.3	78	70.3	70	63.1	49	52.1	26	44.8	25	69.4	10	40.0	<0.001
Topical calcineurin inhibitors	47	42.3	5	49.5	53	47.7	38	40.4	22	37.9	15	41.7	6	24.0	0.004
Topical antiseptic	8	7.2	7	6.3	1	0.9	2	2.1	2	3.4	1	2.8	0	0.0	0.39
Topical antibiotic	1	0.9	2	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.44
Antihistamine	23	20.7	27	24.3	23	20.7	11	11.7	8	13.8	2	5.6	1	4.0	<0.001
UV therapy	4	3.6	2	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.44
Ciclosporin	20	18.0	13	11.7	6	5.4	2	2.1	0	0.0	0	0.0	1	4.0	0.02
Dupilumab	51	45.9	63	56.8	63	56.8	42	44.7	23	39.7	17	47.2	6	24.0	<0.001
Tralokinumab	18	16.2	26	23.4	20	18.0	12	12.8	5	8.6	2	5.6	2	8.0	0.001
Lebrikizumab	0	0.0	1	0.9	1	0.9	1	1.1	1	1.7	2	5.6	1	4.0	0.38
Baricitinib	0	0.0	0	0.0	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	0.60
Upadacitinib	8	7.2	8	7.2	11	9.9	7	7.4	5	8.6	3	8.3	1	4.0	0.21
Abrocitinib	2	1.8	2	1.8	2	1.8	2	2.1	1	1.7	1	2.8	1	4.0	0.39
Oral corticosteroids	1	0.9	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.60

* Test for linear trend across different visits from baseline by using generalized linear mixed models with binomial distribution

Data on prescribed therapies reflect
- the use of all available substances for AD treatment in real life
- the use of systemic therapies according to current guidelines
- the criteria for approval of novel therapies in CH

Severity of AD upto 24 months of follow-up

	Baseline		3 months		6 months		12 months		18 months		24 months		P
	Med	IQR	Med	IQR	Med	IQR	Med	IQR	Med	IQR	Med	IQR	
oSCORAD	19.8	11.9, 35.1	18.9	10.6, 27.7	16.3	11.0, 21.6	15.4	7.9, 23.7	17.6	8.6, 26.1	15.5	7.9, 25.6	0.004
sSCORAD	24.9	13.9. 43.5	21.9	12.6, 32.1	20.2	12.4, 28.1	18.4	10.0. 28.1	19.3	10.6, 32.8	17.5	10.5, 26.6	0.002
EASI	3.0	0.6. 10.0	2.0	0.4, 6.2	1.8	0.4, 4.8	1.4	0.4, 4.3	1.8	0.6, 7.2	0.8	0.4, 7.3	0.02
IGA	2.0	1.0, 3.0	2.0	1.0, 3.0	2.0	1.0, 2.0	2.0	1.0. 2.0	2.0	1.0, 3.0	1.0	1.0, 2.0	0.01

* Test for trend across different visits by using linear mixed models on rank-transformed variables

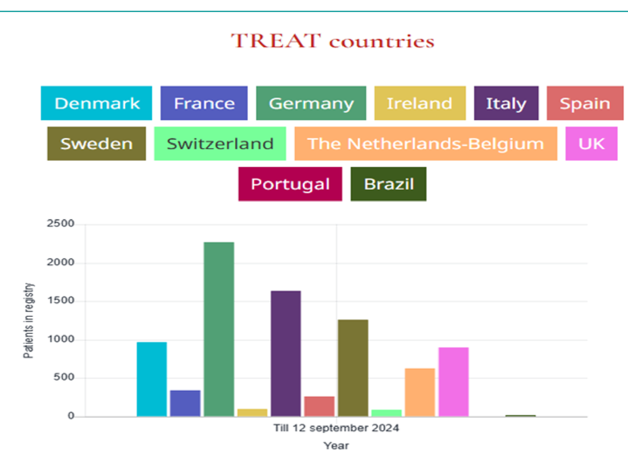
Significant improvement of AD severity upon systemic therapy over time assessed by SCORAD (objective, subjective), EASI and PGA

Conclusion

The registry TREATswitzerland provides information on the prescription modalities and outcomes of systemic therapies available for severe AD in real life. To overcome the gap of relative small data sets, joining an international TREAT taskforce is planned.

Aims

To overcome the gap of relative small data sets, joining an international TREAT taskforce is planned
To include approximately 100 patients per year
To extend follow-up time (> 2 years)
To collect data on pregnancy and on non-melanoma skin cancer
To include children in the registry



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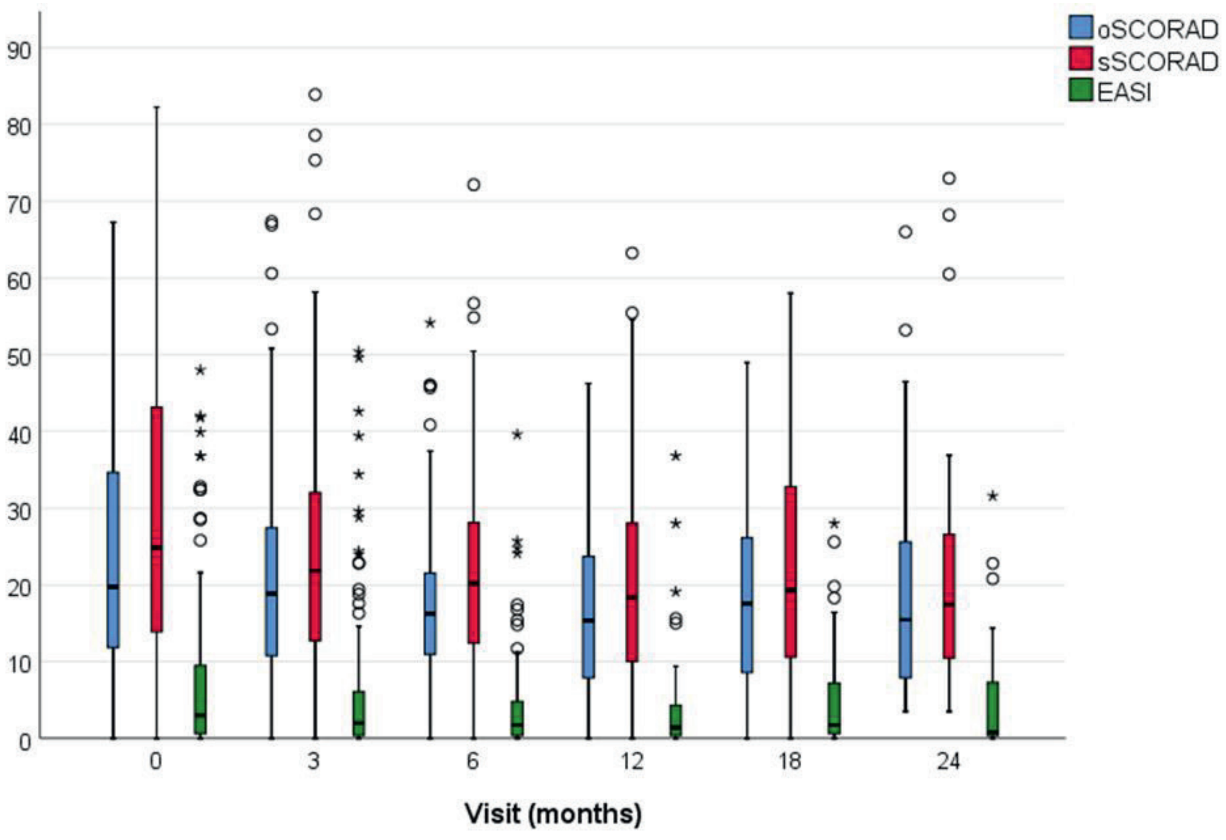

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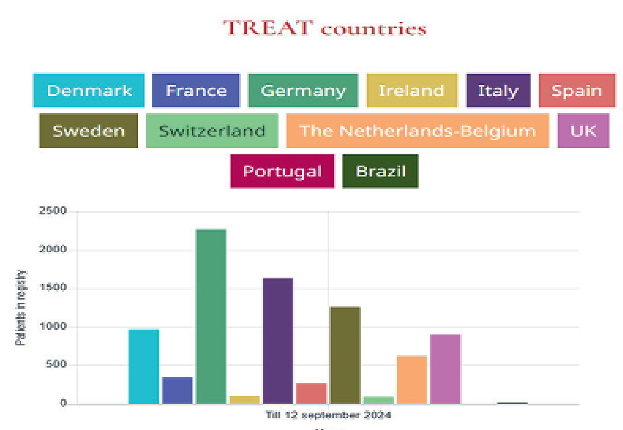

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