Complete control of urticaria symptoms with ligelizumab helps normalize quality of life

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INTRODUCTION
• Chronic spontaneous urticaria (CSU) is characterized by the occurrence of itchy wheals (hives), angioedema, or both for 6 weeks or more in the absence of specific external stimuli and has a significant negative effect on dermatology-quality of life (DLQI).1-3
• CSU disease activity and dermatology-QoL impairment can be assessed by the Urticaria Activity Score (UAS) and the Dermatology Life Quality Index (DLQI), respectively

METHODS
Study design
• In this Phase 2b dose-finding, multicenter, randomized, double-blind, active placebo-controlled study, adult patients with CSU inadequately controlled by an H1-antihistamine with moderate to severe DLQI, UAS7 assessment

RESULTS
A substantial proportion of patients achieved DLQI 0–1 (no impact on QoL) as early as Week 4 in response to treatment with ligelizumab 72 mg and 240 mg, omalizumab 300 mg and placebo arms were analyzed. Patients were categorized based on their UAS7 response at Week 12 and Week 20 of the study.

CONCLUSIONS
• Overall, a numerically greater proportion of patients who had complete control of symptoms, achieved DLQI 0–1 compared with patients who did not achieve complete control.
• Improvement in DLQI is associated with improvement in CSU, and complete control of disease can help achieve complete normalization of patients' lives.

Figure 1. Proportion of all patients who achieved DLQI 0–1 in different treatment arms during the Phase 2 study treatment period

Figure 2. Shift in DLQI severity bands by treatment. More patients in active treatment arms achieve complete control of urticaria and DLQI 0–1 versus placebo

At Week 12,
– A higher proportion of patients with UAS7=0 achieved DLQI 0–1 in all active treatment arms compared with patients who did not achieve complete symptom control, including even those with well-controlled disease (UAS7=1–6) (Figure 2)
– A much smaller proportion of patients with DLQI 0–1 outcomes were observed within the UAS7=2–6 category (Figure 2)
– At Week 20,
– The majority of patients in the ligelizumab 72 mg and 240 mg arms and the omalizumab 300 mg arm who achieved UAS7=0 were patients who had UAS7=0 at Week 12 (Figure 2)
– Patients with UAS7=2 were less likely to achieve a DLQI 0–1 compared with patients who were completely controlled or well controlled (Figure 2)

REFERENCES

Conflict of interest
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