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| **Corticosteroid Use in Children With Uncontrolled Asthma by Exacerbation History** |
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| **Introduction/Aim:** There is a need to limit systemic corticosteroid (SCS) exposure in children with asthma. In VOYAGE (NCT02948959), dupilumab significantly reduced severe asthma exacerbations, improved lung function and was well tolerated in children (6 to 11 years) with moderate-to-severe asthma. This post-hoc analysis assessed dupilumab efficacy in reducing rescue SCS use in children with moderate-to-severe type 2 asthma (baseline blood eosinophil count ≥150 cells/µL or FeNO ≥20 ppb).**Methods:** Children received dupilumab 100/200 mg or placebo, every 2 weeks for 52 weeks. Unadjusted annualized severe exacerbation rate, number of total SCS courses, and change from baseline in pre-bronchodilator percent predicted (pp) forced expiratory volume in 1 second (FEV1) were analysed in patients stratified by number of exacerbations (1, 2, or ≥3) in the year prior to VOYAGE.**Results:** Dupilumab vs placebo reduced severe exacerbation rates for children with type 2 asthma, with 1 (0.143 [n=77] vs 0.463 [n=43]), 2 (0.290 [n=69] vs 0.678 [n=31]), or ≥3 (0.682 [n=63] vs 0.994 [n=32]) prior exacerbations. Unadjusted annualized number of SCS courses were 0.16 vs 0.49/0.33 vs 0.74/0.78 vs 1.18, respectively. Dupilumab vs placebo improved ppFEV1 by Week 2 (Mean % [SD] change from baseline: 6.2 (13.9) vs 1.9 (10.5) /10.7 (16.4) vs 8.4 (12.8) /8.2 (13.6) vs 2.6 (15.6); Week 52: 10.6 (15.9) vs 3.0 (12.1) / 17.3 (23.6) vs 5.8 (12.7) /10.0 (14.7) vs 3.0 (18.0)) with 1, 2, and ≥3 prior exacerbations, respectively.**Conclusion:** In children with uncontrolled moderate-to-severe type 2 asthma, dupilumab reduced corticosteroid burden related to exacerbations, regardless of exacerbation history.**Grant Support:** \*Presenting on behalf of authors. Data first presented at the American College of Allergy, Asthma & Immunology (ACAAI) annual scientific meeting; Anaheim, CA, USA; November 9-13, 2023. Research sponsored by Sanofi and Regeneron Pharmaceuticals Inc. ClinicalTrials.gov Identifier: NCT02948959. Medical writing/editorial assistance was provided by Sylvia Nkoula, of Excerpta Medica, and was funded by Sanofi and Regeneron Pharmaceuticals Inc., according to [the Good Publication Practice guideline](https://www.acpjournals.org/doi/10.7326/M22-1460). |

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**Conflicts of interest: Katelaris CH:** reports honoraria for presentations; Principal Investigator of the dupilumab asthma phase 2b (NCT01854047) and phase 3 (NCT02414854) studies for Regeneron Pharmaceuticals Inc. and Sanofi**. Ducharme P:** Sanofi – advisory board member; AstraZeneca, Covis Pharma, Sanofi, Thorasys – consultant; Covis Pharma, FMOQ, FMSQ, GSK, Sanofi – speaker; Covis Pharma, GSK, Jamieson, Thorasys/MEDTEQ – research grant funding. **Sher L:** Aimmune Therapeutics, Optinose, Regeneron Pharmaceuticals Inc., Sanofi – advisory board member; Regeneron Pharmaceuticals Inc., Sanofi – speaker fees; Aimmune Therapeutics, Amgen, AstraZeneca, Circassia, DBV Technologies, Galderma, GSK, Lupin, Merck, Mylan, Novartis, Novo Nordisk, Optinose, Pearl, Pfizer, Pulmagen, Roxane, Sanofi, Spirometrix, Teva, Vectura, Watson Pharmaceuticals – clinical trials funding. **Hamelmann E:** Aimmune Therapeutics, ALK, AstraZeneca, Boehringer Ingelheim, GSK, HAL Allergy, Novartis, Nutricia, Sanofi, Stallergenes Greer – speaker, advisory board member. **de Mir I:** Sanofi - Personal fees for lectures, Advisory Board member; GSK- personal fees for lectures and boards; Astra, Diater -conference registration fees, travel expenses. **Moody J, Ledanois O:** Sanofi – employees, may hold stock and/or stock options in the company. **Xia C, Gall R:** Regeneron Pharmaceuticals Inc. – employees and shareholders.