

One of the things we find with dupilumab is that there is a bit of a range to how people respond. And some of the patients actually report having improvement in their itch after the loading dose, if you can imagine. The next day, they will call me and say, I'm actually feeling better. Now some of that certainly may be placebo because when we look at the trials, we don't see anything really statistically different until about a week out. But as early as a week out, you begin to see the separation between the groups, in terms of itch. And that's really powerful, I think. For many patients, they begin to see that improvement even before they get their second dose.

We find some patients are incredibly responsive to it, in terms of the appearance as well. When I see them, usually at the one month follow up, they're already in a healing state. Others, it can take some time. I do have some patients where it can take two and sometimes, even three months. But my honest opinion is that if someone has not responded much at all in three months, probably it is not going to work for them. So you don't have to keep them on it for a whole year, or six months, before you deem it a treatment failure. I think that it tends to work quickly enough that you'll know within the first couple of months, almost always, and maybe a third month, it would be safe.

Now that would be a primary failure if they came back and said, gosh, you know, it really hasn't done anything. And what's fascinating is we were kind of interested-- we're like, if we could look at the patients who totally fail it, maybe we'll learn something about this subtype. And the truth is, in a very good way, it's been frustrating. We have so few patients who truly don't fail-- who truly don't respond at all-- or true failures, primarily-- that it really is difficult to study them.

The one group that I found is people that have prurigo nodularis. In my experience, so long as they have atopic dermatitis with the prurigo, they're going to respond very well. But if they have just pure prurigo, just the lesions, and the skin is quite normal appearing in between, my experience, which is obviously pretty small, but it is that it really doesn't help those patients very much.

So I really feel that it's a drug that is very, very much in its zone what it's approved for. It's not something-- you know, in dermatology, we're used to playing with medicines off-label all the time. But this is a situation where I think if you really target it towards atopic dermatitis, you're going to see an improvement in almost everyone. And if you try to use it elsewhere, you might not.

Of course, there are other indications that are being studied right now. And there may be value there. I don't mean to say that there's not. But things that are not ADEs tend not to respond as well in my experience.

For patients, though, that don't get to where they need to get-- so I have a decent number of patients who are much better, maybe 50% to 75% better, and they're pretty comfortable, but they're not fully there. For those patients, I think we want to optimize their topical regimen, make sure we're doing everything we can. Some of those patients, we will even add traditional immunosuppressants along with it. Sometimes it's just for a short period to get them through a difficult phase. Sometimes it can be moderate or even longer term along with that. And we can also use phototherapy along with it.

Of course, none of these are FDA approved to be used together directly. But again, in dermatology, they may never be studied formally. These are a smaller group of patients. So we have to use our clinical judgment with many situations like this. But I can attest, from my experience, that they tend to work very well together. And for some patients, I'm able to use a tiny dose of something like cyclosporin along with their dupilumab and keep them essentially clear or good enough so that they can function. Whereas if I didn't do that, they still might be in trouble, still might be getting infections, still might be having trouble with their skin.