When do we stop this medicine? Many families will reach out and say, so we're doing much better. What is the long term prognosis on this? Do I have to stay on this forever?

And what I usually will tell my patients is that first of all, one of the nice pieces about it is that you probably can stay on it for quite some time safely. And to me, that is the primary-- really the primary bonus to using a biologic agent over any traditional immunosuppressant drug.

We have a safety profile that allows us to use it for medium and potentially even quite long-term as opposed to conventional immunosuppressants, where we really have lots of monitoring to do. And we know, for example with cyclosporine, we are doing some damage to the kidneys from the get-go. So a little bit of a ticking time bomb with that, for certain patients especially, that we don't have to worry about with many of the biologics, in particular dupilumab.

When we look at the studies, many of the studies go out to a full year of data. And of course, there's even more data accruing of patients who were involved in some of the earlier studies. So some of the patients that have been followed for, I believe going on six years or maybe even longer, when you count all the data sort of in the pre-trial time. And we know that the safety profile appears to be quite stable throughout the one-year period, which is very, very reassuring. There don't seem to be effects that are building, again, as we might see with certain medications.

To sort of bolster that or underscore that, we know that the monitoring is extremely minimal. Not only is there no monitoring to begin with, there is no recommended monitoring throughout the course of dupilumab. So for many of my patients, it's incredibly liberating. If they've been on a conventional immunosuppressant, they often needed monthly labs.

So for methotrexate, especially in the beginning, I'm checking every month. If they're tolerating it well, I might space out to every two or three months. But I still worry, particularly in my younger patients. Same with cyclosporine, I generally, if we're on full dose, every single month we're doing lab work to make sure, including blood pressure. So I want them in the office every month, which is a big burden-- again, time, energy, and expense for those patients.

With the dupilumab, none of that really applies in the same way. So can a patient come off of it over time, however? The answer is, we don't really know. But I can tell you that I wrote a small paper last year where we looked at patients who wanted to come off or had to come off for varying reasons.

And one of the things that we looked at was even many months after their last dose, not a single patient did a rebound spike. You know, as we might see, for example, with prednisone or methylprednisolone, when you stop, sometimes not only do you get back to where you were, you get worse than your baseline. You actually flare up worse than you were when you started in some cases.

We didn't see that. We didn't even see people get back to their baseline, even about three-plus months after their last dose. So one of the nice things is that I believe for many patients, especially patients who are doing well on it, there is a relative remission that they can have.

And I think this is true for many other agents, including cyclosporine. If they do well for a while and you come off the drug, many patients will stay relatively improved. And they might slowly head back towards that baseline of where they were when we started the medication. That being said, I do have some patients now who have been off dupilumab for over a full year. And we know it is probably fully out of your system in about 8 to 10 weeks. It'd be really hard to detect it at 10 weeks. So it is clearly put them in a state that is better than when they started.

Now, some of that is disease variability. We know that some people do better at different times. But I truly believe some of these patients who were suffering for many years leading up to it are now in a state of relative remission-- not cured, but relative remission. And that's pretty exciting to me as a clinician.

So I tell my patients that this is a possibility. But I really also know that we don't want to play with the dosing schedule too much. If we space out the dosing, we know that the drug neutralizing antibodies increase. And in my experience, or my interpretation of that data, the chance for not only the drug not working as well but also potentially for becoming allergic to it, increases.

So I really I ask my patients to stay on every two weeks as best we can. And then for certain patients, I've had them-- usually the patient has sort of pushed to go to monthly dosing. But then I think it's fine to take a break. And we think that the recapture rate, if they needed to go back on, is still really pretty good for this drug.

And that is not true universally for biologics. Some medicines, if you stop them and you go back, they don't recapture in the same way. And there may be immunological reasons for that. There may be, again, these neutralizing antibodies that develop. But with dupilumab at least, it seems relatively safe and effective to do that. Although I still have to say, we have a lot to learn. It's still a relatively new medicine.