

Another question that I often get is a patient is being treated with, let's say, systemic steroids or methotrexate or cyclosporin or phototherapy, or mycophenolate mofetil-- and I've already told you I don't like using [INAUDIBLE]-- how do you transition to dupilumab? And that answer is actually quite easy. I've also told you that dupilumab is very fast. You see a benefit within two weeks, and most of the benefit you get is in the first four weeks. And then of course, it goes on to continue to improve so that I would keep going to 12 weeks before I'd ever give up.

And we hardly ever have to give up. It usually does work. But when a patient is on cyclosporin, what I usually will do is tell them we're going to keep you on the same dose for the first four weeks. At four weeks, now we're seeing most of the response to dupilumab, we start to taper cyclosporin by-- the daily dose is taper by 50 milligrams each week. And that's how I do it.

There's not a lot published on this, but it's been a very easy way to do it. Obviously if the patient flares, you can go back up on the cyclosporin. If they are really clear, you can even taper it faster.

With methotrexate, the way we taper, which would be, again, until week four, we don't. And then we taper by 2 and 1/2 to 5 milligrams every week, which is a very rapid taper of methotrexate.

For mycophenolate mofetil, we taper by 500 milligrams every week, again, starting at week four. And we gradually have them off it. So if somebody is on 3 grams a day, it's going to take them six weeks to get off it. If they're very clear, we can even speed that up.

Systemic steroids are a little trickier because you want to make sure that you don't make a patient [INAUDIBLE]. You don't want to make them steroid deficient. So depending on how long they've been on it, you might actually need to taper much more slowly, sometimes over even months. And in patients who've been on systemic steroids for years, you might need to do cortrosyn stimulation testing. And usually that's done in conjunction with an endocrinologist.

As far as phototherapy is concerned, again, you can keep them on the two together long-term if you wanted to. But at four weeks, we often try to taper or simply stop phototherapy.