

Title: Safety and Efficacy of Lebrikizumab in Adolescent Patients with Moderate-to-Severe Atopic Dermatitis: A 52-Week, Open-Label, Phase 3 Study

Running head: Lebrikizumab in adolescent patients with moderate-to-severe atopic dermatitis

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SUPPLEMENTARY MATERIAL

eMethods

Inclusion Criteria

To be eligible for the study, a patient must have

- been an adolescent aged 12 years and older but less than 18 years and weighing 40 or more kilograms,
- had a diagnosis of chronic AD as defined by the American Academy of Dermatology Consensus Criteria, for at least 1 year before the screening visit,
- had moderate-to-severe AD, defined as having all the following at the baseline visit
 - EASI \geq 16
 - IGA score \geq 3
 - BSA \geq 10%, and
- been a candidate for systemic therapy.

Exclusion Criteria

- uncontrolled chronic disease that might require bursts of oral corticosteroids,
- diagnosed active endoparasitic infections or at high risk of these infections,
- history of malignancy, including mycosis fungoides, within 5 years before the screening visit, except the following
 - completely treated in situ carcinoma of the cervix
 - completely treated and resolved non-metastatic squamous or basal cell carcinoma of the skin, and
- severe concomitant illness (es) or any medical or psychological condition that would adversely affect the participant's participation in the study.

Table S1: Summary of type of atopic dermatitis medication used through Week 52 in the safety population. Data are presented as n (%).

Rescue Therapy ^a	LEB 250mg Q2W (N=206) n (%)
Patients with ≥1 rescue therapy	56 (27.2)
Topical therapy	56 (27.2)
Topical corticosteroids	54 (26.2)
<i>Low- to moderate-potency TCS</i>	38 (18.4)
<i>Triamcinolone</i>	23 (11.2)
<i>Hydrocortisone</i>	17 (8.3)
<i>Desonide</i>	4 (1.9)
<i>Betamethasone; fusidic acid</i>	1 (0.5)
<i>Dexamethasone; gentamicin</i>	1 (0.5)
<i>Fusidic acid; hydrocortisone</i>	1 (0.5)
<i>Hydrocortisone; natamycin; neomycin</i>	1 (0.5)
<i>Prednisone</i>	1 (0.5)
<i>High-potency TCS</i>	21 (10.2)
<i>Mometasone</i>	14 (6.8)
<i>Desoximetasone</i>	2 (1.0)
<i>Betamethasone</i>	1 (0.5)
<i>Clobetasol</i>	1 (0.5)
<i>Fluocinolone acetonide</i>	1 (0.5)
<i>Fluocinonide</i>	1 (0.5)
<i>Fluticasone</i>	1 (0.5)
<i>Methylprednisolone</i>	1 (0.5)
Topical calcineurin inhibitor	13 (6.3)
<i>Tacrolimus</i>	8 (3.9)
<i>Pimecrolimus</i>	5 (2.4)
Crisaborole	0
Systemic therapy	5 (2.4)
Systemic corticosteroids	5 (2.4)

Rescue Therapy ^a	LEB 250mg Q2W (N=206) n (%)
<i>Methylprednisolone</i>	3 (1.5)
<i>Dexamethasone</i>	2 (1.0)
<i>Prednisone</i>	1 (0.5)
Immunosuppressant	1 (0.5)
<i>Cyclosporine</i>	1 (0.5)
Biologics	0
Phototherapy or photochemotherapy	0

^a Rescue therapy was defined as topical treatments (including TCS, TCI, and crisaborole) and systemic treatments (including oral corticosteroids, immunosuppressants, biologics, and phototherapy/phytotherapy). Abbreviations: LEB = lebrikizumab; N = number of patients in the analysis population; n = number of patients in the specified category; Q2W = every 2 weeks; TCS = topical corticosteroids.

Table S2: List of ADore study investigators

Investigator Name	Site Address
Australia (12 patients, 4 sites)	
Samantha Eisman, MD	Sinclair Dermatology 2 Wellington Parade Level 2 East Melbourne, Victoria, 3002 Australia
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Canada (20 patients, 5 sites)	
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Poland (63 patients, 9 sites)	
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