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Supplementary Figure S1. Absolute abundance of total bacteria in lesional skin samples from the (a) placebo group and (b) dupilumab-treated group. Relative abundance of *Staphylococcus* over time in lesional skin samples in the (c) placebo group and (d) dupilumab-treated group. Relative abundance of *Staphylococcus* over time in nonlesional skin samples in the (e) placebo group and (f) dupilumab-treated group. Changes in abundance from baseline were assessed using the nonparametric Mann–Whitney U test, with Bonferroni correction for multiple comparison. qPCR, quantitative PCR; rCFU, relative colony-forming units; rRNA, ribosomal RNA.

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Supplementary Figure S2. Relative abundance of *Staphylococcus* in individual patients over time in lesional skin (dupilumab-treated group). Only patients receiving active treatment were included; some patient dropout is noted. rRNA, ribosomal RNA.

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Supplementary Figure S3. Relative abundance of bacterial taxonomic distribution of individual patients over time in lesional skin (dupilumab-treated group). Only weeks 0, 4, 8, 12, and 16 are shown for simplicity.

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Supplementary Figure S4. β-Diversity
(PCoA) plot color-coded per week
number of the (a) dupilumab-treated
group of lesional skin (small dots
represent nonlesional skin samples);
(b) dupilumab-treated group of
nonlesional skin (small dots represent
lesional skin samples); (c) placebo
group of lesional skin (small dots
represent nonlesional skin samples);
and (d) placebo group of nonlesional
skin samples). Each dot represents a
different sample. PCoA, principal
coordinates analysis.a



Weighted Unifrac

0

PCoA1 (34.09%)

Supplementary Figure S5. Absolute abundance of *Staphylococcus aureus* per week in lesional skin samples in dupilumab-treated group (group B) and placebo group (group A). Statistical differences between treatment groups at each time point were assessed using the nonparametric Mann–Whitney U test, with Bonferroni correction for multiple comparison. qPCR, quantitative PCR; rCFU, relative colony-forming units. Weighted Unifrac

PCoA1 (34.09%)





Supplementary Figure S6. Correlation between quantitative PCR (qPCR) detection of *Staphylococcus aureus* and relative abundance of *Staphylococcus* using 16S ribosomal RNA (rRNA) gene sequencing. qPCR, quantitative PCR; rCFU, relative colony-forming units; rRNA, ribosomal RNA.



Supplementary Figure S7. Correlation of baseline Scoring Atopic Dermatitis (SCORAD) score and (a) relative and (b) absolute abundance of *Staphylococcus aureus* and (c) absolute abundance of all bacteria. qPCR, quantitative PCR; rCFU, relative colony-forming units; rRNA, ribosomal RNA.

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Supplementary Figure S8. Absolute abundance *Staphylococcus aureus* and EASI scores over time in lesional skin samples of dupilumab-treated group for (**a**, **c**) female and (**b**, **d**) male subsets. Statistical differences in *S. aureus* abundance and EASI scores versus baseline were assessed using the nonparametric Mann–Whitney U test, with Bonferroni correction for multiple comparison. *P < 0.05, **P < 0.01, ***P < 0.01. EASI, Eczema Area and Severity Index; F, female; M, male; qPCR, quantitative PCR; rCFU, relative colony-forming units.

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Supplementary Figure S9. SCORAD, score over time in (a) placebo-treated and (b) dupilumab-treated lesional skin, and (c) placebo-treated and (d) dupilumab-treated nonlesional skin. Statistical differences with week 0 (baseline) were assessed using the nonparametric Mann–Whitney U test, with Bonferroni correction for multiple comparison. SCORAD, Scoring Atopic Dermatitis.