

AD (baseline IGA score of 4; see inclusion criteria for each age group). Therefore, disease characteristics at baseline differed between the two age groups.

[096] Adolescent Patients Aged ≥ 12 to < 18 Years: The proportion of adolescent patients diagnosed with AD within specified age ranges was generally similar between the dose cohorts, with the majority of patients in each dose cohort diagnosed before the age of 5 (Table 1). The mean duration of AD was also similar between the dose cohorts. As expected, patients in the older age subsets within each dose cohort had a longer duration of AD than younger patients. Mean baseline values for all AD assessments were consistent with moderate-to-severe AD. Differences in mean EASI score at baseline, mean pruritus NRS score, mean BSA and SCORAD score were minor and consistent with that expected in non-randomized groups (Table 1). Overall, the baseline disease characteristics were comparable between the 2 dose cohorts.

Table 1: Summary of Baseline Disease Characteristics for Adolescent Patients Aged ≥ 12 to < 18 Years

	2 mg/kg SC (N=20)	4 mg/kg SC (N=20)	Total (N=40)
Chronic AD Diagnosis Age:			
Before 5 years of age	16 (80%)	18 (90%)	34 (85%)
Between 5 and 9 years of age	3 (15%)	2 (10%)	5 (12.5%)
Between 10 and 17 years of age	1 (5%)	0	1 (2.5%)
Duration of AD (years) Mean (SD)	11.8 (4.21)	12.5 (2.28)	12.2 (3.36)
EASI score Mean (SD)	34.8 (17.00)	28.6 (14.70)	31.7 (16.00)
Number n (%) of patients with IGA score 3	8 (40%)	11 (55%)	19 (47.5%)
Number n (%) of patients with IGA score 4	12 (60%)	9 (45%)	21 (52.5%)
Pruritus NRS Mean (SD)	6.1 (2.47)	6.9 (2.21)	6.5 (2.34)
Number n (%) of patients with Pruritus NRS ≥ 3	18 (90%)	19 (95%)	37 (92.5%)
Number n (%) of patients with Pruritus NRS ≥ 4	15 (75%)	18 (90%)	33 (82.5%)
BSA Mean (SD)	52.2 (24.78)	45.9 (25.34)	49 (24.94)
SCORAD Mean (SD)	68.0 (13.19)	63.0 (14.43)	65.5 (13.88)

BSA, body surface area; EASI, Eczema Area Severity Index; IGA, Investigator's Global Assessment; NRS, numerical rating scale; SAF, safety analysis set; SC, subcutaneous; SCORAD, Scoring Atopic Dermatitis; SD, standard deviation

[097] Patients aged ≥ 6 to <12 years: The proportion of patients aged ≥ 6 to <12 years diagnosed with AD within specified age ranges was generally similar between the dose cohorts, with the majority of patients in each dose cohort diagnosed before the age of 5 (Table 2). The mean duration of AD was also similar between the dose cohorts. As expected, patients in the older age subsets within each dose cohort had a longer duration of AD than younger patients. Mean baseline values for all AD assessments were consistent with severe/moderate AD. Differences in mean EASI score at baseline, mean pruritus NRS score, mean BSA and SCORAD score were minor and consistent with that expected in non-randomized groups (Table 2). Overall, the baseline disease characteristics were comparable between the 2 dose cohorts.

Table 2: Summary of Baseline Disease Characteristics - Children ≥ 6 to <12 Years of Age

	2 mg/kg SC (N=18)	4 mg/kg SC (N=19)	Total (N=37)
Chronic AD Diagnosis Age			
Before 5 years of age	16 (88.9%)	19 (100%)	35 (94.6%)
Between 5 and 9 years of age	2 (11.1%)	0	2 (5.4%)
Duration of AD (years) Mean (SD)	6.8 (2.46)	7.4 (2.24)	7.1 (2.33)
EASI Mean (SD)	32.9 (15.53)	38.8 (18.64)	35.9 (17.22)
Number n (%) of patients with IGA score 3	1 (5.6%)	0	1 (2.7%)
Number n (%) of patients with IGA score 4	17 (94.4%)	19 (100%)	36 (97.3%)
Pruritus NRS Mean (SD)	6.4 (2.23)	6.7 (2.35)	6.6 (2.27)
Number n (%) of patients with Pruritus NRS ≥ 3	18 (100%)	18 (94.7%)	36 (97.3%)
Number n (%) of patients with Pruritus NRS ≥ 4	18 (100%)	17 (89.5%)	35 (94.6%)
BSA Mean (SD)	59.0 (22.49)	62.3 (30.34)	60.7 (26.49)
SCORAD Mean (SD)	66.4 (13.06)	72.7 (12.96)	69.7 (13.22)

of existing hospitalization; results in persistent or significant disability/ incapacity; is a congenital anomaly/ birth defect; or is an important medical event.

Results

Baseline Characteristics

[0151] Baseline demographics and disease characteristics are summarized in Table 3.

Table 3: Baseline Demographics and Disease Characteristics

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w	Adolescent Overall
N (FAS)	85	84	82	251
Age (years), Mean (SD)	14.5 (1.8)	14.4 (1.6)	14.5 (1.7)	14.5 (1.70)
Age group (years), n (%)				
>=12-<15	41 (48.2%)	45 (53.6%)	43 (52.4%)	129 (51.4%)
>=15-<18	44 (51.8%)	39 (46.4%)	39 (47.6%)	122 (48.6%)
Gender (Male), n (%)	53 (62.4%)	52 (61.9%)	43 (52.4%)	148 (59.0%)
Race, n (%)				
White	48 (56.5%)	55 (65.5%)	54 (65.9%)	157 (62.5%)
Black or African American	15 (17.6%)	8 (9.5%)	7 (8.5%)	30 (12.0%)
Asian	13 (15.3%)	13 (15.5%)	12 (14.6%)	38 (15.1%)
Weight (kg), Mean (SD)	64.4 (21.5)	65.8 (20.1)	65.6 (24.5)	65.2 (22.0)
Weight group n (%)				
<60 kg	43 (50.6%)	42 (50.0%)	43 (52.4%)	128 (51.0%)
>=60 kg	42 (49.4%)	42 (50.0%)	39 (47.6%)	123 (49.0%)
BMI (kg/m^2), Mean (SD)	23.9 (6.0)	24.1 (5.9)	24.9 (7.9)	24.3 (6.6)
Duration of AD (yr), Mean (SD)	12.3 (3.4)	11.9 (3.2)	12.5 (3.0)	12.2 (3.2)
EASI (0-72) , Mean (SD)	35.5 (14.0)	35.8 (14.8)	35.3 (13.8)	35.5 (14.2)
IGA (0-4), n (%)				
3	39 (45.9%)	38 (45.2%)	39 (47.6%)	116 (46.2%)
4	46 (54.1%)	46 (54.8%)	43 (52.4%)	135 (53.8%)
Peak Pruritus NRS [0-10] , Mean(SD)	7.7 (1.6)	7.5 (1.8)	7.5 (1.5)	7.6 (1.7)
BSA involvement (%), Mean (SD)	56.4 (24.1)	56.9 (23.5)	56.0 (21.4)	56.5 (23.0)
SCORAD (0-103), Mean (SD)	70.4 (13.2)	69.8 (14.1)	70.6 (13.9)	70.3 (13.7)

[0152] Baseline demographics were comparable across the three treatment groups. Baseline disease severity was slightly higher in adolescents as compared to adults in earlier clinical studies.

Table 4: Disease Burden at Screening

	Placebo (n=85)	Dupilumab 300 mg q4w (n=84)	Dupilumab 200/300 mg q2w (n=82)	Total (N=251)
BSA affected by AD, %, mean (SD)	50.9 (23.1)	52.7 (21.9)	50.6 (21.5)	51.4 (22.1)
Patients with IGA 4, n (%)	38 (44.7)	41 (48.8)	34 (41.5)	113 (45.0)
EASI score, mean (SD)	31.4 (11.9)	32.5 (13.5)	31.8 (12.9)	31.9 (12.8)
Peak Pruritus NRS score, mean (SD)	7.3 (1.9)	7.0 (2.0)	7.4 (1.4)	7.2 (1.8)
SCORAD total score, mean (SD) ^a	66.4 (12.2)	65.2 (13.6)	66.1 (13.4)	65.9 (13.0)
SCORAD VAS sleep loss score, mean (SD) ^b	4.9 (2.9)	5.1 (3.2)	4.7 (3.1)	4.9 (3.1)
POEM, mean (SD)	20.3 (5.7)	20.7 (5.3)	21.2 (5.3)	20.7 (5.4)
POEM severity categories, n (%)				
Moderate disease, score 8–16	12 (14.1)	19 (22.6)	15 (18.3)	46 (18.3)
Severe disease, score 17–24	53 (62.4)	39 (46.4)	39 (47.6)	131 (52.2)
Very severe disease, score 25–28	18 (21.2)	26 (31.0)	27 (32.9)	71 (28.3)
PGADS, n (%)				
Moderate symptoms	29 (34.1)	27 (32.1)	25 (30.5)	81 (32.3)
Severe symptoms	35 (41.2)	37 (44.0)	34 (41.5)	106 (42.2)
Very severe symptoms	11 (12.9)	12 (14.3)	15 (18.3)	38 (15.1)
CDLQI total score, mean (SD) ^c	13.0 (6.6)	14.4 (7.3)	12.4 (6.1)	13.3 (6.7)
CDLQI response of ‘quite a lot’ or ‘very much’ on subscales, n (%) ^c				
How itchy, sore, painful, stinging	77 (90.6)	73 (86.9)	71 (86.6)	221 (88.0)
How embarrassed, self-conscious	42 (49.5)	44 (52.4)	41 (50.0)	127 (50.6)
Affected friendships	7 (8.3)	11 (13.1)	6 (7.4)	24 (9.6)
Influenced clothes you wear	35 (41.2)	38 (45.2)	29 (35.4)	102 (40.6)
Affected leisure activity	36 (42.4)	41 (48.8)	25 (30.5)	102 (40.6)

Difficulty with sports	30 (35.3)	35 (41.7)	28 (34.2)	93 (37.1)
Problem at school or holiday	31 (36.4)	39 (46.4)	31 (37.9)	101 (40.2)
Problem with other people	12 (14.2)	12 (14.3)	9 (11.0)	33 (13.2)
Affected sleep	52 (61.2)	50 (59.5)	48 (58.6)	150 (59.8)
How much treatment is a problem	34 (40.0)	42 (50.0)	26 (31.7)	102 (40.6)
HADS, total score, mean (SD) ^d	11.4 (6.0)	12.7 (7.4)	12.1 (7.2)	12.1 (6.9)
Anxiety, mean (SD) ^d	7.2 (3.5)	8.0 (4.5)	8.1 (4.4)	7.8 (4.2)
HADS-A ≥ 8 , n (%)	42 (49.4)	44 (52.4)	41 (50.0)	127 (50.6)
HADS-A ≥ 11 , n (%)	15 (17.6)	24 (28.6)	25 (30.5)	64 (25.5)
Depression, mean (SD) ^d	4.2 (3.5)	4.7 (4.0)	3.9 (3.5)	4.3 (3.6)
HADS-D ≥ 8 , n (%)	15 (17.6)	18 (21.4)	11 (13.4)	44 (17.5)
HADS-D ≥ 11 , n (%)	4 (4.7)	10 (11.9)	4 (4.9)	18 (7.2)

[0153] Patients in this study had a mean age of 14.5 years and had a long duration of the disease (mean of 12.2 years). A majority (92%) had at least one allergic comorbidity, and 42.4% used prior systemic medications. The mean BSA affected by AD was 22.1%; 45% had IGA 4 (severe disease), while average EASI and SCORAD scores were 31.9 and 65.9, respectively. Mean Peak Pruritus NRS and SCORAD VAS sleep loss scores were 7.2/10 and 4.9/10, respectively. Mean POEM score was 20.7/28; 18.3%, 52.2%, and 28.3% patients reported moderate, severe, and very severe symptoms, respectively, based on the POEM scoring bands. Based on the PGADS classification, 32.3%, 42.2%, and 15.1% of patients experienced ‘moderate’, ‘severe’, and ‘very severe’ symptoms, respectively. On average, patients reported a very large effect on quality of life (mean CDLQI, 13.3/30). Symptoms of anxiety and depression were reported by 50.6% and 17.5% of patients, as defined by HADS-A/HADS-D scores of ≥ 8 , respectively (**Table 4**).

Efficacy

[0154] Tables 5 – 7 summarize improvements in various AD-associated parameters in dupilumab-treated patients.

Table 5: Efficacy results for primary and key secondary endpoints

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w
N	85	84	82
IGA 0-1 (%) at week 16	2.4%	17.9%	24.4%

EASI-75 (%) at week 16	8.2%	38.1%	41.5%
Mean% change EASI score from baseline to week 16	-23.6%	-64.8%	-65.9%
Mean % change Peak Pruritus NRS from baseline to week 16	-19%	-45.5%	-47.9%
Peak Pruritus NRS improvement ≥ 3 at week 16	9.4%	38.6%	48.8%
Peak Pruritus NRS improvement ≥ 4 at week 16	4.8%	26.5%	36.6%

Table 6: Efficacy results for other secondary endpoints

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w
N	85	84	82
Proportion of patients with EASI-50	12.9%	54.8%	61%
Proportion of patients with EASI-90	2.4%	19%	23.2%
Median time to onset of effect on pruritus during the 16-week treatment period (≥ 3 point reduction of weekly average of peak Pruritus NRS from baseline) (weeks)		6	5.4
Median time to onset of effect on pruritus during the 16-week treatment period (≥ 4 point reduction of weekly average of peak Pruritus NRS from baseline) (weeks)		11	11
Change from baseline in percent BSA affected by AD	-11.7%	-33.4%	-30.1%
Percent change from baseline in SCORAD	-17.6%	-47.5%	-51.6%
Change from baseline in CDLQI	-5.1	-8.8	-8.5
Change from baseline in POEM	-3.8	-9.5	-10.1
Change from baseline in weekly average of daily peak Pruritus NRS	-1.5	-3.4	-3.7
Percent change from baseline to week 4 in weekly average of daily peak Pruritus	-12.5%	-33.1%	-34.7%
Change from baseline to week 16 in HADS	-2.5	-5.2	-3.8

Proportion of patients with improvement (reduction) of weekly average of daily peak Pruritus NRS ≥ 4 from baseline to week 4	4.8%	20.5%	22%
Incidence of skin-infection TEAEs (excluding herpetic infections) during 16-week treatment period	18.8%	9.5%	9.8%
Incidence of serious TEAEs during 16-week treatment period	1.2%	No SAE	No SAE

Table 7: Proportion of patients that needed rescue medication

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w	Overall
N (SAF)	85	83	82	250
N (% pts Rescued by week 16)	49 (57.6%)	27 (32.5%)	17 (20.7%)	93 (37.2%)

[0155] Mean (standard deviation) values for weekly average of daily Peak Pruritus NRS at baseline for dupilumab q2w/dupilumab q4w/placebo groups were 7.5 (1.52)/7.5 (1.84)/7.7 (1.62), respectively, consistent with severe pruritus. Significant improvement in pruritus with dupilumab vs placebo was seen as early as Day 5 for dupilumab q2w and Day 6 for dupilumab q4w regimens. At Day 5, least squares mean percentage change from baseline (standard error) in daily Peak Pruritus NRS score for dupilumab q2w/q4w vs placebo was -12.5 (2.43)/ -8.8 (2.41) vs -4.9 (2.39); $P < 0.05$ /not significant. Day 6 values were: -13.0 (2.28)/ -12.9 (2.27) vs 4.5 (2.24); $P < 0.01$ for both. The improvement in itch scores continued to Day 15: -25.3 (2.68)/ -21.8 (2.69) vs -5.7 (2.64); $P < 0.0001$ for both. A higher proportion of patients in dupilumab q2w group showed clinically meaningful response (≥ 3 -point improvement) in daily Peak Pruritus NRS score vs placebo group as early as Day 13 ($P < 0.05$). By Day 15, significantly higher proportions of patients in both dupilumab groups achieved clinically meaningful improvement from baseline: 25.6%/25.3% vs 9.4% for dupilumab q2w/dupilumab q4w vs placebo, respectively; $P < 0.01$ for both.

[0156] The placebo adjusted response was generally comparable to that seen in adult patients. Primary endpoint IGA (0,1) and co-primary endpoint EASI-75 at week 16 were met for both Q2W and Q4W dose regimens. All pre-specified key efficacy endpoints were

met for both doses. Both dupilumab treatment groups showed percent decrease in EASI as early as week 1 compared to placebo. For IGA, the dupilumab effect was seen as early as week 4 for both dose regimens as compared to placebo. The Q2W and Q4W treatment groups showed similar efficacy on continuous endpoints. However, the Q2W dose group showed numerically superior effect on IGA (0,1), NRS>4 and EASI-50. Both the treatment groups showed comparable effect until week 8 of treatment (due to loading dose effect), however Q2W showed numerically superior effect at subsequent time-points. The Q2W arm showed higher response as compared to Q4W in patients with severe disease (baseline IGA=4); both treatment groups outperformed placebo.

[0157] In both weight sub-groups, the dupilumab treatment groups outperformed placebo. In patients <60kg, dupilumab 200mg Q2W was numerically superior to dupilumab 300mg Q4W. In patients ≥60kg, dupilumab 300mg Q2W was comparable to dupilumab 300mg Q4W.

[0158] 69 of 84, 62 of 82, and 83 of 85 patients did not achieve IGA 0/1 at Week16 in the q4w/q2w/placebo groups, respectively. Among these patients, significantly greater improvement from baseline (least squares [LS] mean % change) was seen in q4w/q2w vs placebo groups in Eczema Area and Severity Index (EASI) (-58.4%/-55.0% vs -20.7%, respectively ; $P<0.0001$ for both comparisons), pruritus Numerical Rating Scale (NRS; -41.2%/-44.2% vs -17.4%; $P<0.0001$ for both), Patient-Oriented Eczema Measure (POEM; -8.4%/-8.5% vs -3.5%; $P<0.0001$ for both), and Children's Dermatology Life Quality Index scores (LS mean change, -8.46/-8.44 vs -5.61; $P=0.002$ for both). More dupilumab-treated patients vs placebo achieved ≥50% improvement from baseline in EASI (44.9%/48.4% vs 10.8%; $P<0.0001$ for both), ≥3-point improvement in pruritus NRS (30.4%/43.5% vs 7.2%; $P=0.0001/P<0.0001$), ≥6-point reduction in POEM (39.1%/53.2% vs 8.5%; $P<0.0001$ for both) scores, and improvement in body surface area affected by AD (LS mean change, -31.32/-24.53 vs -10.78; $P<0.0001/P=0.0002$).

[0159] A higher proportion of patients in the Q4W arm needed use of rescue medications as compared to the Q2W arm (Table 7). However, dupilumab effect is robust and superior as compared to placebo over the course of treatment regardless of the use of rescue medication. The use of rescue medication had minimal effect on increasing response rates. Overall, a higher proportion of adolescent patients needed rescue medication as compared

to adult patients, underscoring the severity of disease in adolescents. For primary analysis, patients on rescue medications were considered non-responders and data censored.

[0160] The adolescent patients showed high incidence of co-morbid allergic conditions (Table 8).

Table 8: Co-morbid allergic conditions in the patient population

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w	Overall
Number of patients with at least one co-morbid allergic condition	78 (91.8%)	73 (88%)	79 (96.3%)	230 (92%)
ALLERGIC RHINITIS	57 (67.1%)	48 (57.8%)	59 (72.0%)	164 (65.6%)
ASTHMA	46 (54.1%)	42 (50.6%)	46 (56.1%)	134 (53.6%)
FOOD ALLERGY	48 (56.5%)	52 (62.7%)	52 (63.4%)	152 (60.8%)
ALLERGIC CONJUNCTIVITIS	16 (18.8%)	21 (25.3%)	20 (24.4%)	57 (22.8%)
HIVES	22 (25.9%)	28 (33.7%)	22 (26.8%)	72 (28.8%)
CHRONIC RHINOSINUSITIS	7 (8.2%)	6 (7.2%)	6 (7.3%)	19 (7.6%)
NASAL POLYPS	2 (2.4%)	1 (1.2%)	2 (2.4%)	5 (2.0%)
EOSINOPHILIC ESOPHAGITIS	0	0	1 (1.2%)	1 (0.4%)
OTHER ALLERGIES	62 (72.9%)	53 (63.9%)	58 (70.7%)	173(69.2%)

[0161] Table 9 shows the prior systemic medications used by the patients.

Table 9: Proportion of patients treated with prior systemic medications

	Placebo	Dupilumab 300 mg q4w	Dupilumab 200/300 mg q2w	Overall
N (SAF)	85	83	82	250
Patients receiving prior systemic medications for AD, n (%)	33 (38.8%)	38 (45.8%)	35 (42.7%)	106 (42.4%)
Patients receiving prior systemic corticosteroids, n (%)	21 (24.7%)	27 (32.5%)	21 (25.6%)	69 (27.6%)

Patients receiving prior systemic non-steroidal immunosuppressants	17 (20.0%)	15 (18.1%)	20 (24.4%)	52 (20.8%)
Azathioprine	1 (1.2%)	1 (1.2%)	0	2 (0.8%)
Cyclosporine	12 (14.1%)	6 (7.2%)	14 (17.1%)	32 (12.8%)
Methotrexate	6 (7.1%)	10 (12.0%)	10 (12.2%)	26 (10.4%)
Mycophenolate	0	1 (1.2%)	2 (2.4%)	3 (1.2%)

[0162] A high proportion of patients used prior systemic medications. Systemic medications have been prescribed off-label based on limited evidence of efficacy and have been known to be associated with significant toxicities. The prior use of systemic medications and resultant lack of efficacy is confirmed by the baseline severity of disease in the study.

Table 10: Change in measures of sleep

LS mean change (SE) from baseline	Placebo (n=85)	Dupilumab 200/300 mg q2w (n=82)	Dupilumab 300 mg q4w (n=84)
SCORAD VAS sleep loss score (Week 1) <i>P</i> value vs placebo	-0.52 (0.25)	-1.72 (0.26) 0.0009	-1.13 (0.26) 0.0902
SCORAD VAS sleep loss score (Week 16) <i>P</i> value vs placebo	-1.12 (0.36)	-3.62 (0.32) <0.0001	-3.04 (0.32) 0.0001
CDLQI affected sleep score (Week 2) ^a <i>P</i> value vs placebo	-0.23 (0.10)	-0.66 (0.09) 0.0013	-0.74 (0.09) 0.0001
CDLQI affected sleep score (Week 16) <i>P</i> value vs placebo	-0.52 (0.13)	-1.18 (0.10) <0.0001	-1.13 (0.11) 0.0005
POEM disturbed sleep score (Week 2) ^a <i>P</i> value vs placebo	-0.34 (0.13)	-0.87 (0.13) 0.0030	-0.88 (0.13) 0.0028
POEM disturbed sleep score (Week 16) <i>P</i> value vs placebo	-0.43 (0.18)	-1.62 (0.14) <0.0001	-1.55 (0.16) <0.0001

^aWeek 2 was the earliest time point of assessment post-baseline. CDLQI, Children's Dermatology Life Quality Index; LS, least squares; POEM, Patient-Oriented Eczema

Measure; SCORAD, SCORing Atopic Dermatitis; SE, standard error; VAS, visual analogue scale.

[0163] Dupilumab treatment demonstrated significant improvement in sleep vs placebo as early as Week 1 that was sustained through Week 16 (Table 10).

Safety

[0164] No new or unexpected side effects were observed in the trial compared to those seen in trials of adult patients. For the 16-week treatment period, the overall rate of adverse events was comparable between the dupilumab groups and placebo (72% for dupilumab every two weeks, 64% for dupilumab every four weeks and 69% for placebo). There were no serious adverse events or events leading to treatment discontinuation in either dupilumab treatment groups. As seen in trials of adult patients, skin infections (adjudicated including herpetic infections) were also numerically higher in the placebo group (11% for dupilumab every two weeks, 13.3% for dupilumab every four weeks compared with 20% for placebo). Adverse events that were observed at a higher rate with dupilumab included injection site reactions HLT (8.5% for dupilumab every two weeks, 6% for dupilumab every four weeks compared with 3.5% for placebo) and conjunctivitis CMQ (9.8% for dupilumab every two weeks, 10.8% for dupilumab every four weeks compared with 4.7% for placebo).

Clinical Pharmacology

[0165] Exposure was slightly lower in adolescents as compared to exposure predicted from adult PK studies. Exposure as measured by serum trough concentrations between 200mg Q2W (<60kg) and 300mg Q2W (>60kg) were comparable. Exposure for 300mg Q4W was significantly lower in both weight groups. Higher exposure was associated with numerically higher response rate on %EASI. No high titer anti-drug antibodies (ADA) were observed. Low persistent ADA rates were observed across all treatment arms and placebo similar to adults.

[0166] At baseline, treatment groups had similar clinical and laboratory characteristics. Mean eosinophil counts ($\times 10^9/L$) were within normal range. Transient increases from baseline were observed in both dupilumab groups, with the highest mean increases at Week 8 (q4w 0.177; q2w 0.189; placebo -0.086). These increases had no clinical consequences, returning to baseline by Week 16. Mean changes from baseline through Week 16 in other hematologic parameters, though not meaningfully different between groups, were: leukocytes ($\times 10^9/L$, q4w 7.61; q2w 8.01; placebo 7.55); hemoglobin (g/L, q4w -0.8; q2w -1.2; placebo -0.8); platelets ($\times 10^9/L$, q4w -15.4; q2w -17.6; placebo