

Supplementary Material

Title: Efficacy and Safety of Variable-Dose Versus Continuous-Dose Abrocitinib Treatment in Patients With Moderate-to-Severe Atopic Dermatitis: A Pooled Analysis

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Table S1. Patient disposition

	Variable dose^a n = 90	Continuous abrocitinib 200 mg^b n = 941
Discontinued, n (%)	26 (28.9)	264 (28.1)
AE	9 (10.0)	94 (10.0)
Death	0	3 (0.3)
Lack of efficacy	7 (7.8)	26 (2.8)
Lost to follow-up	0	21 (2.2)
Pregnancy	0	1 (0.1)
Protocol deviation	0	9 (1.0)
Withdrawal by patient	8 (8.9)	78 (8.3)
Medication error without associated AE	0	1 (0.1)
Other	2 (2.2)	31 (3.3)

Percentages in the discontinued categories are based on the population of patients who received ≥ 1 dose of study medication.

AE adverse event, *TCS* topical corticosteroids.

^aIncludes patients who responded to abrocitinib 200-mg induction, were randomly assigned to receive abrocitinib 100 mg, flared during the maintenance period and received rescue treatment with abrocitinib 200 mg + TCS in JADE REGIMEN, and were randomly assigned to receive abrocitinib 100 mg $\pm$ TCS in JADE EXTEND.

^bIncludes patients who were randomly assigned to abrocitinib 200 mg or placebo in the qualifying studies JADE MONO-1 (NCT03349060), JADE MONO-2 (NCT03575871), JADE COMPARE (NCT03720470), JADE TEEN (NCT03796676), and JADE DARE (NCT04345367) and subsequently enrolled into JADE EXTEND, where they were allocated to receive abrocitinib 200 mg $\pm$ TCS.

Table S2. IRs of serious infections, malignancies, MACE, VTE, and laboratory changes in the variable-dose and continuous abrocitinib 200 mg cohorts

Events per 100 PY	Variable dose ^a n = 90	Continuous abrocitinib 200 mg ^b n = 941
Serious infections n (%) IR (95% CI)	6 (6.7) 3.23 (1.18–7.02)	38 (4.0) 2.61 (1.85–3.58)
All herpes zoster infections (CMQ) n (%) IR (95% CI)	9 (10.0) 5.06 (2.31–9.60)	70 (7.4) 4.99 (3.89–6.30)
Opportunistic herpes zoster infections n (%) IR (95% CI)	3 (3.3) 1.62 (0.33–4.73)	17 (1.8) 1.17 (0.68–1.88)
Tuberculosis n (%) IR (95% CI)	0 0.00 (0.00–1.95)	1 (0.1) 0.07 (0.00–0.38)
Malignancies (excluding NMSC) n (%) IR (95% CI)	0 0.00 (0.00–1.95)	4 (0.4) 0.27 (0.07–0.70)
NMSC n (%) IR (95% CI)	0 0.00 (0.00–1.95)	1 (0.1) 0.07 (0.00–0.38)
MACE n (%) IR (95% CI)	0 0.00 (0.00–1.95)	2 (0.2) 0.14 (0.02–0.49)
VTE (CMQ) n (%) IR (95% CI)	0 0.00 (0.00–1.95)	4 (0.4) 0.27 (0.07–0.70)
Thrombocytopenia (platelets <75×10 ³ /mm ³) n (%) IR (95% CI)	0 0.00 (0.00–1.95)	4 (0.4) 0.27 (0.07–0.70)
Thrombocytopenia (platelets <50×10 ³ /mm ³) n (%) IR (95% CI)	0 0.00 (0.00–1.95)	1 (0.1) 0.07 (0.00–0.38)
Lymphopenia (<0.5×10 ³ /mm ³) n (%) IR (95% CI)	0 0.00 (0.00–1.95)	5 (0.5) 0.34 (0.11–0.80)
Retinal detachment n (%) IR (95% CI)	0 0.00 (0.00–1.95)	1 (0.1) 0.07 (0.00–0.38)

JADE EXTEND was an ongoing long-term extension trial at the time of this analysis. For the continuous abrocitinib 200 mg cohort, Day 1 of treatment was defined as the first dose of abrocitinib received by the patient (either in the qualifying trial or in JADE EXTEND). Safety responses were

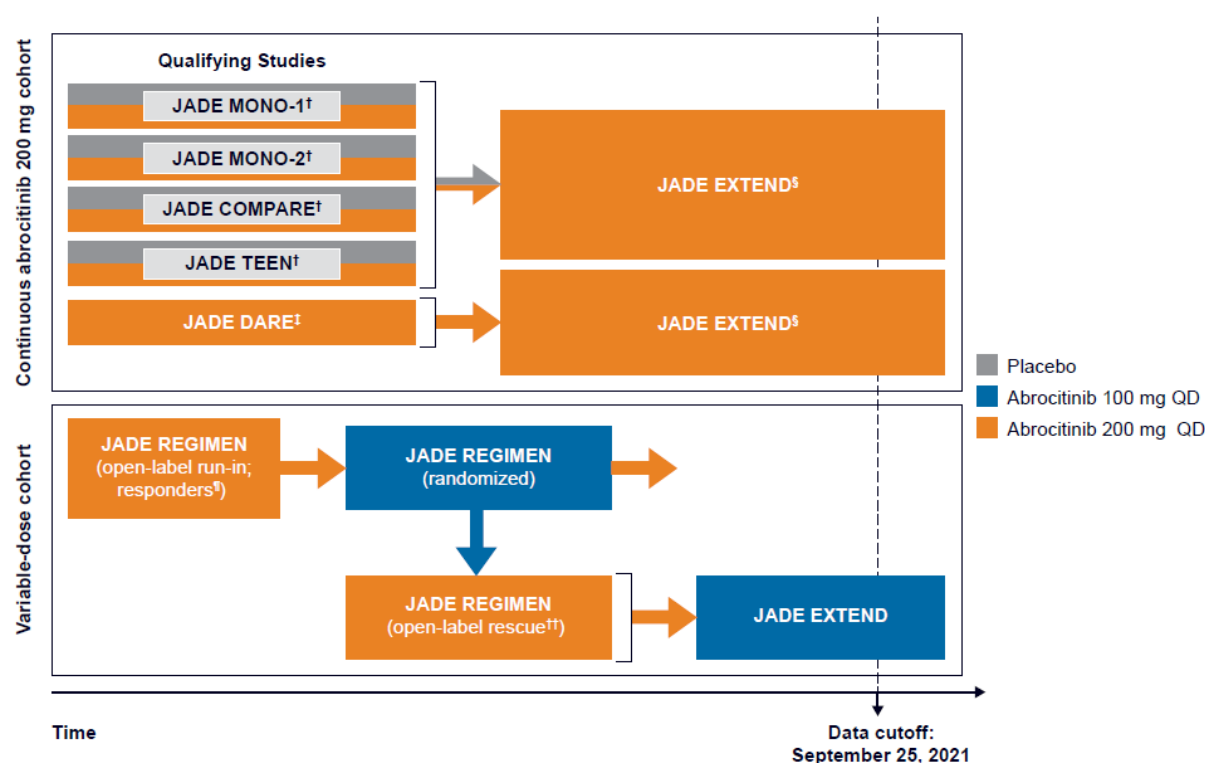
41 evaluated over the first 48 weeks of abrocitinib 200 mg treatment from Day 1.
42 For the variable-dose cohort, safety was evaluated from the first exposure to abrocitinib in JADE
43 REGIMEN (i.e., the first 200-mg dose in the induction period) through Week 48 of JADE EXTEND (up
44 to 112 weeks of abrocitinib treatment).

45 *CI* confidence interval, *CMQ* customized MedDRA query, *IR* incidence rate, *MACE* major adverse
46 cardiovascular event, *MedDRA* Medical Dictionary for Regulatory Activities, *NMSC* nonmelanoma
47 skin cancer, *PY* patient-years, *TCS* topical corticosteroids, *VTE* venous thromboembolism.

48 ^aIncludes patients who responded to abrocitinib 200-mg induction, were randomly assigned to receive
49 abrocitinib 100 mg, flared during the maintenance period and received rescue treatment with
50 abrocitinib 200 mg + TCS in JADE REGIMEN, and were randomly assigned to receive abrocitinib 100
51 mg ± TCS in JADE EXTEND.

52 ^bIncludes patients who were randomly assigned to receive abrocitinib 200 mg or placebo in the
53 qualifying studies JADE MONO-1 (NCT03349060), JADE MONO-2 (NCT03575871), JADE
54 COMPARE (NCT03720470), JADE TEEN (NCT03796676), and JADE DARE (NCT04345367) and
55 subsequently enrolled into JADE EXTEND, where they were allocated to receive abrocitinib 200 mg ±
56 TCS.

Fig. S1 Study design and cohorts.



EASI Eczema Area and Severity Index, *IGA* Investigator's Global Assessment, QD once daily.

[†]JADE MONO-1 (NCT03349060), JADE MONO-2 (NCT03575871), JADE COMPARE (NCT03720470), and JADE TEEN (NCT03796676) also included an abrocitinib 100 mg treatment arm; however, these patients were not included in this analysis.

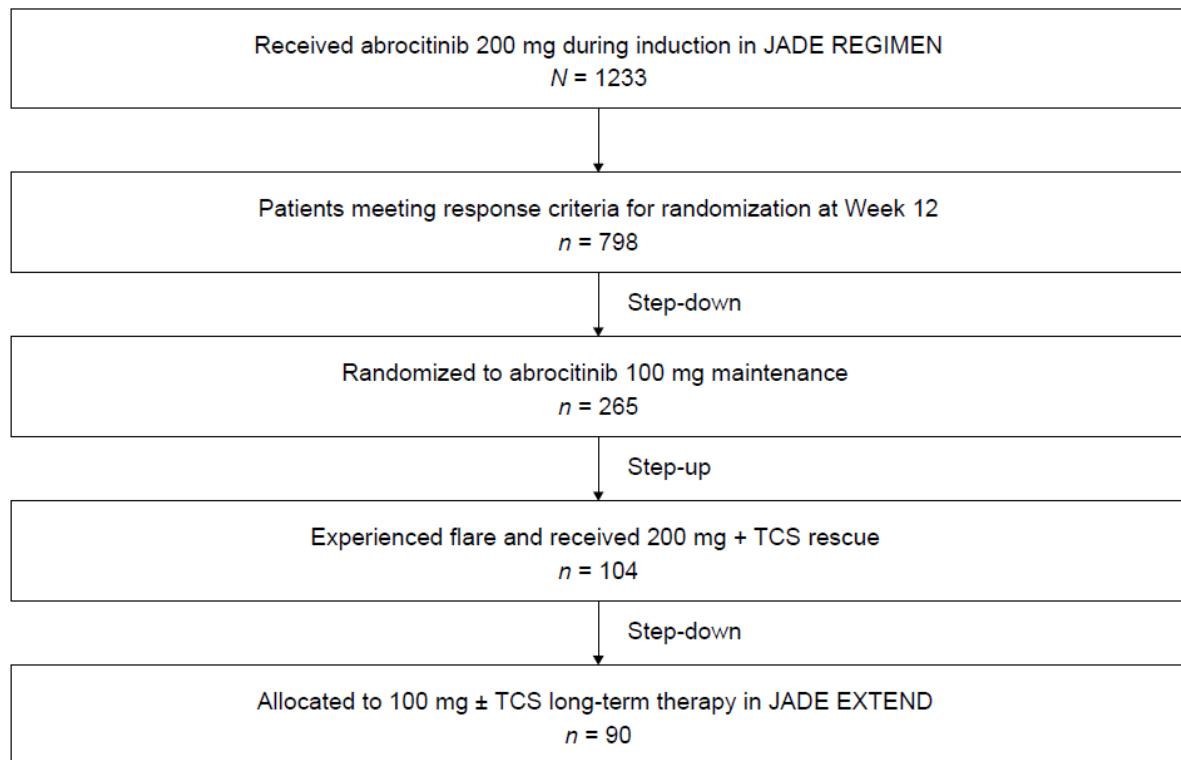
[‡]JADE DARE (NCT04345367) included a dupilumab 300 mg treatment arm as an active comparator; however, these patients were not included in this analysis.

[§]JADE EXTEND (NCT03422822) was a phase 3, open-label extension trial (ongoing at the time of this analysis, completed December 2025) that enrolled patients from qualifying studies in which patients receive abrocitinib 100 mg or 200 mg, with or without topical therapy. JADE EXTEND also included patients from JADE MOA (NCT03915496); however, these patients were not included in this analysis.

[¶]Patients who achieved an *IGA* score of 0 (clear) or 1 (almost clear) with a ≥ 2 -point reduction from baseline and a $\geq 75\%$ improvement from baseline in *EASI* response were randomly assigned to a blinded maintenance period.

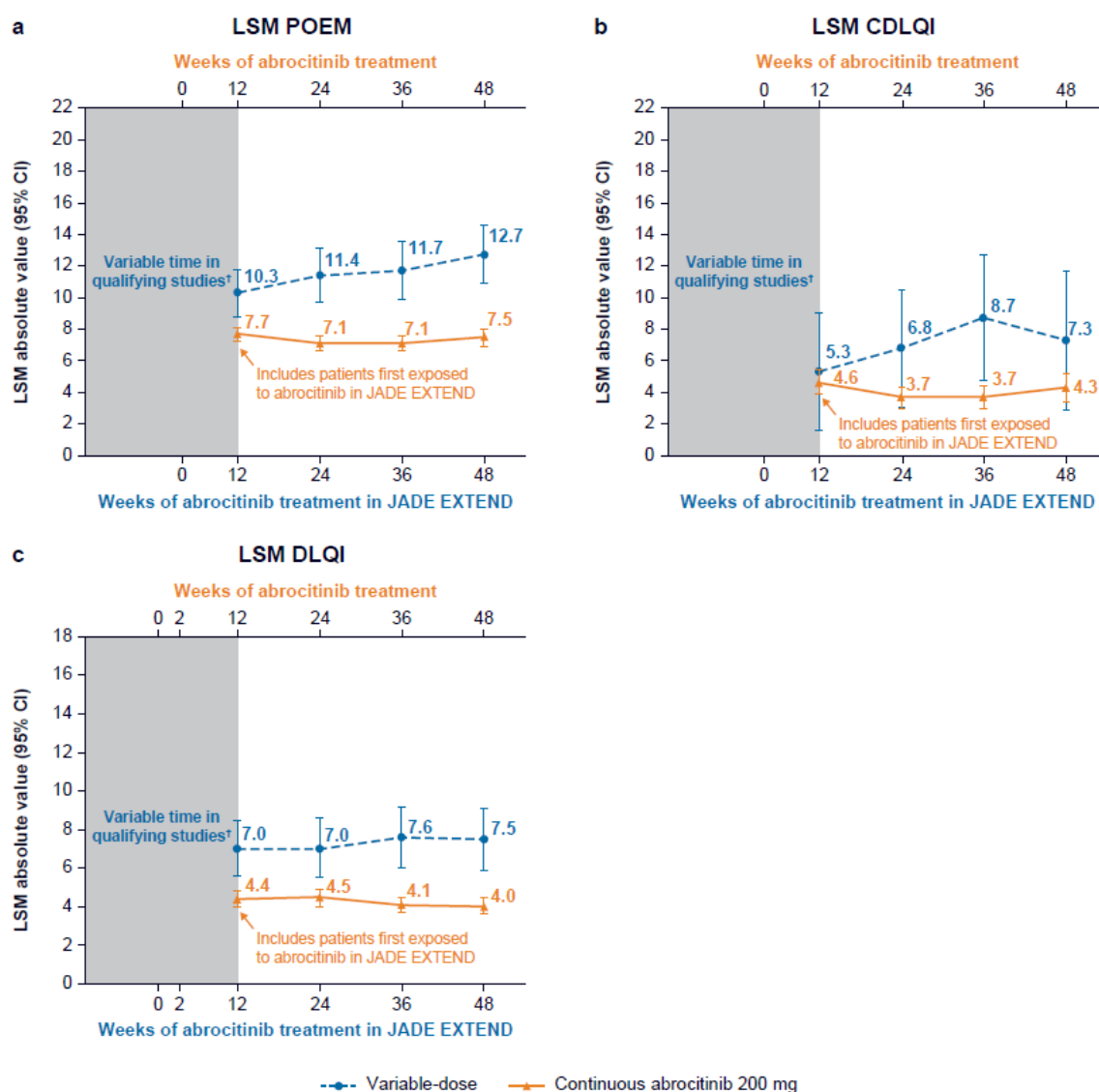
^{††}Patients who experienced a flare, defined as a $\geq 50\%$ loss in the initial *EASI* response at Week 12 and an *IGA* score ≥ 2 during the maintenance period, received abrocitinib 200 mg plus topical corticosteroids as rescue therapy.

Fig. S2 Patient flow in the variable-dose cohort.



TCS topical corticosteroids.

Fig. S3 LSM absolute values for (a) POEM, (b) CDLQI, and (c) DLQI scores up to Week 48 of abrocitinib treatment.



CDLQI Children's Dermatology Life Quality Index, CI confidence interval, DLQI Dermatology Life Quality Index, LSM least-squares mean, POEM Patient-Oriented Eczema Measure.

In the continuous abrocitinib 200 mg cohort, Day 1 of treatment was defined as the first dose of abrocitinib received by the patient (either in the qualifying trial or in JADE EXTEND). POEM, CDLQI, and DLQI scores were assessed over the first 48 weeks of abrocitinib 200 mg treatment.

In the variable-dose cohort, POEM, CDLQI, and DLQI scores were assessed over the first 48 weeks of abrocitinib 100 mg treatment in JADE EXTEND.

†Patients in the variable-dose cohort were previously enrolled in JADE REGIMEN (NCT03627767), during which they received abrocitinib 200 mg for 12 weeks in the open-label induction period, abrocitinib 100 mg for up to 40 weeks, and abrocitinib 200 mg for 12 weeks. These patients subsequently entered JADE EXTEND (NCT03422822), in which they were allocated to receive abrocitinib 100 mg. Day 1 of treatment for these patients was defined as the first dose of abrocitinib treatment in JADE EXTEND. Within the continuous abrocitinib 200 mg cohort, Day 1 was defined as the first day of abrocitinib treatment in the qualifying study (JADE MONO-1 [NCT03349060], JADE MONO-2 [NCT03575871], JADE COMPARE [NCT03720470], JADE TEEN [NCT03796676], or JADE DARE [NCT04345367]) or, for patients who received a placebo in the qualifying study, Day 1 of abrocitinib in JADE EXTEND.