

Stapokibart: Adis Evaluation

Clinical Considerations

- A humanised IgG4 monoclonal antibody targeting IL-4R α
- Significantly improves the signs and symptoms of moderate-to-severe atopic dermatitis, reduces nasal polyp size and congestion in severe CRSwNP and improves daily nasal symptoms in moderate-to-severe seasonal allergic rhinitis in adults
- Benefits are sustained up to 52 weeks in adults with moderate-to-severe atopic dermatitis and severe CRSwNP
- Generally well tolerated and associated with a low incidence of conjunctivitis

Plain Language Summary

Background and rationale

- Type 2 inflammatory diseases arise when the immune response responsible for protecting the body against parasitic pathogens, venoms and toxins becomes overactive
- This dysregulation leads to the characteristic immune response seen in type 2 inflammatory diseases such as atopic dermatitis, chronic rhinosinusitis with nasal polyps (CRSwNP), allergic rhinitis and asthma
- Interleukin (IL)-4 and IL-13 are key cytokines that drive type 2 inflammation. They share a common receptor subunit, IL-4 receptor alpha (IL-4R α)
- Stapokibart (Kangyueda®; 康悦达®) is a humanised immunoglobulin (Ig) G4 monoclonal antibody that blocks IL-4 and IL-13 signalling by targeting IL-4R α

Clinical findings

- In clinical trials in adults, subcutaneous stapokibart significantly improved the signs and symptoms of moderate-to-severe atopic dermatitis, reduced nasal polyp size and congestion in severe CRSwNP and improved daily nasal symptoms in moderate-to-severe seasonal allergic rhinitis
- Stapokibart is generally well tolerated and associated with a low incidence of conjunctivitis

Conclusion

Stapokibart expands the treatment options for adults in China with moderate-to-severe atopic dermatitis, CRSwNP and moderate-to-severe seasonal allergic rhinitis whose symptoms are inadequately controlled despite standard of care

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