

# Immunology & Inflammation (I&I) Strategic Area of Interest for Investigator Initiated Studies (IIS) and Research Collaborations (as of 4/5/2021)

# **DERMATOLOGY**

#### • Current Indications: dupilumab in Atopic Dermatitis

- Evaluate the [optimal] utilization of dupilumab for the treatment of AD within the evolving therapeutic landscape
- o Real world AD patient / disease characteristics, burden of AD and comorbid conditions
- Dupilumab use patterns, effectiveness, and other attributes in real-world setting
- Special populations (e.g., skin of color, etc.)
- Studies to measure the effect of dupilumab on AD symptoms and other important disease domains that are insufficiently characterized (e.g. sleep, pain, mental health, sensory processing, executive function, etc.)
- New mechanistic insights into dupilumab MOA, including effect on important inflammation markers in lesional and non-lesional skin not studied previously
- Effect of dupilumab in AD patients with comorbid type 2 inflammatory diseases (e.g. AD with comorbid asthma ± allergic rhinitis ± food allergy, etc.)
- Effect of early AD treatment with dupilumab on the development of type 2 comorbidities, atopic march and disease modifying aspects in general
- Dupilumab in the context of COVID-19 pandemic
- Effectiveness of dupilumab across different phenotypes and endotypes

#### AD Disease State

- AD time course (natural history)
- New mechanistic insights into AD pathophysiology, including the identification of distinct phenotypes and endotypes

### • AD Epidemiology

- Prevalence of AD by gender, age group, age of onset, associated comorbidities, special populations
- Treatment patterns throughout the course of AD

#### Mechanistic

 Further understand the AD mechanism of disease, or dupilumab mechanism of action in relevant pathobiological contexts

#### • New Disease Areas

Other dermatologic diseases where existing data support that IL-4 and / or IL-13 might play a central role (beyond the ones already initiated such as PN, CSU, BP, CPUO, etc.) NOTE: For areas where we already have ongoing programs or ISS, proposals will need to undergo a preliminary evaluation to confirm they are not overlapping with internal initiatives and assessed for regulatory / patent risk. (Including: prurigo nodularise, bullous pemphigoid, chronic spontaneous urticaria, hand and foot dermatitis, and dermatological indications in ongoing IIS's: e.g., alopecia areata, scleroderma, keloid formation, nummular eczema). To the extent possible, this should be done before submission to the IIS portal.



# **ASTHMA**

#### Mechanism of Action (MOA)

- o Biomarkers
- Pathophysiology
- o Phenotyping/endotyping
- Airway hyperresponsiveness
- Skin prick testing sensitivity
- Fungal sensitization
- o Eosinophilia

# Special Populations

- o Type 2 comorbidities
- Asthmatics with smoking history
- o Obese
- Exercise induced asthma
- Acute exacerbations

#### Comparative Data

Dupilumab comparative efficacy studies (indirect/switch)

#### Mechanistic

- Airway remodeling
- o Dupilumab bronchial concentration

#### • Observational Studies

- o Epidemiology
- o RWE

# **Chronic Rhinosinusitis with Nasal Polys (CRSwNP)**

#### • Mechanism of Action (MOA)

- o Prevention of nasal polyp regrowth and relationship to surgery
- Mechanism of polyp and symptom recurrence, relationship between type 2 inflammation and symptom
- o Factors (phenotypes/endotypes) predicting relapse after surgery in CRSwNP
- Factors responsible for clinical effects of dupilumab treatment including onset of improvement
- o Imaging (e.g. CT, LMK)
- Disease Modification
- Type 2 inflammatory pathways & role of Type 2 cytokines on CRSwNP development & progression
- o Influence of IL-4Ra-mediated mechanisms on epithelial barrier function
- o IL-4Ra-mediated mechanisms on smell loss or improvement



## • Special Populations

- Type 2 comorbidities
- CRS outcomes and biomarkers
- o Sleep disturbance due to CRSwNP symptoms or comorbid OSA
- o Impact on smell, taste and hearing
- o OCS use & surgery use

#### Comparative Data

o Dupilumab Comparative Efficacy Studies (indirect treatment comparison/switching data)

# Pathophysiology

- o Burden of Disease
- o Epithelial barrier defects, microbiome, Type 2 inflammatory cells and cytokines in CRS
- o Role of IL-4 and IL-13 in de novo polyp formation
- o Chronic Rhinosinusitis without Nasal Polyps (CRSsNP) phenotypes and the role of IL4/13

# • Observational Studies

- Epidemiology (disease or treatment)
- $\circ$  RWE
- Registries
- Database