

List of Supplementary Materials

Supplementary Table 1. Baseline patients characteristics.

Supplementary Table 2. Baseline CHE disease characteristics.

Supplementary Table 3. Overview of patients included in the molecular phenotyping study.

Supplementary Figure 1. Flow chart of the clinical study.

Supplementary Figure 2. Baseline whole skin proteomic signature in CHE patients compared to healthy controls was restricted to a strongly compromised skin barrier.

Supplementary Figure 3. Baseline CHE patients showed less circulating NK cells, more B cells and a global immune activated profile in the serum compared to healthy controls.

Supplementary Figure 4. Skin barrier defect proteomic signature was restored after 16 weeks-dupilumab treatment compared to placebo.

Supplementary Figure 5. No major change was observed in circulating immune cells or serum proteins in dupilumab-treated patients compared to placebo at week 16.

	Placebo arm N=47 (50%)	Dupilumab arm N=47 (50%)	Total N=94 (100%)
Demographic characteristics			
Gender, n (%)			
Male	23 (48.9%)	14 (29.8%)	37 (39.4%)
Female	24 (51.1%)	33 (70.2%)	57 (60.6%)
Age in years (mean (SD))	41.1 (15.86)	37.8 (13.60)	39.5 (14.79)
Phototype, n (%)			
1-4	45 (95.8%)	46 (97.9%)	91 (96.8%)
5-6	2 (4.2%)	1 (2.1%)	3 (3.2%)
Profession, n (%)			
Office worker	18 (38.3%)	19 (40.4%)	37 (39.4%)
Healthcare professional	5 (10.6%)	6 (12.8%)	11 (11.7%)
Manual workers (construction, mechanics, electrician, wood)	5 (10.6%)	4 (8.5%)	9 (9.6%)
Restauration	4 (10.6%)	4 (8.5%)	9 (9.6%)
Cleaning agent	3 (6.4%)	5 (10.6%)	8 (8.5%)
Hairdresser, Beautician	1 (2.1%)	1 (2.1%)	2 (2.1%)
Farmer	1 (2.1%)	1 (2.1%)	2 (2.1%)
Retired/Unemployed	6 (12.8%)	6 (12.8%)	12 (12.8%)
Other	3 (6.4%)	1 (2.1%)	4 (4.3%)
History of personal atopy, n (%)	37 (78.7%)	41 (87.2%)	78 (83.0%)
Atopic dermatitis	30 (63.8%)	34 (72.3%)	64 (68.1%)
Allergic rhinitis	28 (59.6%)	25 (53.2%)	53 (56.4%)
Asthma	17 (36.2%)	16 (34.0%)	33 (35.1%)
Allergic conjunctivitis	14 (29.8%)	12 (25.5%)	26 (27.7%)
Food allergy	5 (10.6%)	10 (21.3%)	15 (16.0%)
Known sensitization to pneumallergens (prick or IgE-confirmed)	23 (48.9%)	20 (42.6%)	43 (45.7%)
Family history of atopy, n (%)	22 (46.8%)	30 (63.8%)	52 (55.3%)
History of CHE disease			
Time since diagnosis in years (mean (SD))	9.24 (13.037)	8.20 (8.909)	8.72 (11.118)
Previous treatment for CHE, n (%)	Therapeutic education	9 (19.1%)	8 (17.0%)
	Potent or very potent topical corticosteroids	47 (100.0%)	47 (100.0%)
	Topical tacrolimus	13 (28.9%)	18 (40.0%)
	Ciclosporin	3 (6.4%)	2 (4.3%)
	Methotrexate	6 (12.8%)	1 (2.1%)
	Alitretinoin	12 (25.5%)	14 (29.8%)
	Oral corticosteroid	5 (10.6%)	8 (17.0%)
	Phototherapy	5 (11.1%)	6 (13.3%)
Irritative aggravating cofactors, n (%)	22 (46.8%)	22 (46.8%)	44 (46.8%)
Allergic aggravating cofactors, n (%)	6 (12.8%)	5 (10.6%)	11 (11.7%)
Working test (active CHE at work and improvement/regression offsite work), n (%)			
Positive	2 (5.9%)	5 (12.5%)	7 (9.5%)
Negative	25 (73.5%)	27 (67.5%)	52 (70.3%)
Doubtful	7 (20.6%)	8 (20.0%)	15 (20.3%)
Currently off work due to CHE, n (%)	5 (10.6%)	7 (14.9%)	12 (12.8%)

Supplementary Table 1. Baseline patients characteristics.

CHE: chronic hand eczema, SD: standard deviation.

	Placebo arm N=47 (50%)	Dupilumab arm N=47 (50%)	Total N=94 (100%)
CHE examination			
Unilateral involvement, n (%)	1 (2.1%)	3 (6.4%)	4 (4.3%)
Bilateral involvement, n (%)	46 (97.9%)	44 (93.6%)	90 (95.7%)
Palmar involvement only, n (%)	6 (12.8%)	6 (12.8%)	12 (12.8%)
Dorsal involvement only, n (%)	5 (10.6%)	5 (10.6%)	10 (10.6%)
Palmar and dorsal involvements, n (%)	36 (76.6%)	36 (76.6%)	72 (76.6%)
Vesicles, n (%)	20 (42.6%)	18 (38.3%)	38 (40.4%)
Cracks, n (%)	34 (72.3%)	30 (63.8%)	64 (68.1%)
Hyperkeratosis, n (%)	31 (66.0%)	19 (40.4%)	60 (63.8%)
Pulpitis, n (%)	22 (46.8%)	21 (44.7%)	43 (45.7%)
Nails affected, n (%)	13 (27.7%)	20 (42.6%)	33 (35.1%)
Eczema on feet, n (%)	18 (38.3%)	10 (21.3%)	28 (29.8%)
Disease severity scoring			
mTLSS - Modified total lesion symptom score (mean (SD)) / 25	12.5 (2.71)	12.0 (3.15)	12.2 (2.93)
IGA - Investigator global assessment (mean (SD)) / 4	3.3 (0.48)	3.3 (0.51)	3.3 (0.49)
PaGA - Patient Global Assessment of disease severity (mean (SD)) / 4	3.3 (0.67)	3.3 (0.66)	3.3 (0.66)
Visual analogue scales of pruritus (mean (SD)) / 100	63.1 (23.63)	60.8 (29.73)	62.0 (26.70)
Visual analogue scales of pain (mean (SD)) / 100	53.5 (27.61)	60.2 (27.32)	56.8 (27.53)
Visual analogue scales of sleep loss (mean (SD)) / 100	41.3 (27.37)	39.8 (30.52)	40.5 (28.85)
EASI – Eczema area and severity index (mean (SD)) / 72	7.13 (5.969)	5.36 (4.100)	6.3 (5.216)
EQ-VAS – EuroQol-visual analogue scales (mean (SD)) / 100	61.8 (19.43)	68.9 (21.20)	65.3 (20.54)
DLQI - Dermatology life quality index (mean (SD)) / 30	12.1 (5.38)	13.0 (5.21)	12.5 (5.28)
WPAI - Work productivity and activity impairment questionnaire	Work time missed (%) (mean (SD))	10.1 (28.83)	8.9 (26.16)
	Impairment while working due to health (%) (mean (SD))	33.5 (25.34)	41.6 (25.31)
	Overall work impairment due to health (%) (mean (SD))	2.3 (10.42)	3.0 (11.81)
	Activity impairment due to health (%) (mean (SD))	50.9 (25.89)	57.8 (25.31)
		54.3 (25.70)	
Biological routine atopic traits			
Eosinophils blood count (G/L)			
Mean (SD)	0.24 (0.118)	0.17 (0.139)	0.20 (0.132)
Min ; Max	0.1 ; 0.5	0.0 ; 0.8	0.0 ; 0.8
Total IgE serum level (kUI/L)			
Mean (SD)	742.26 (1050.5)	221.84 (386.9)	467.6 (812.1)
> 150	21 (44.7%)	26 (61.9%)	47 (52.8%)
< 150	26 (55.3%)	16 (38.1%)	42 (47.2%)

Supplementary Table 2. Baseline CHE disease characteristics.

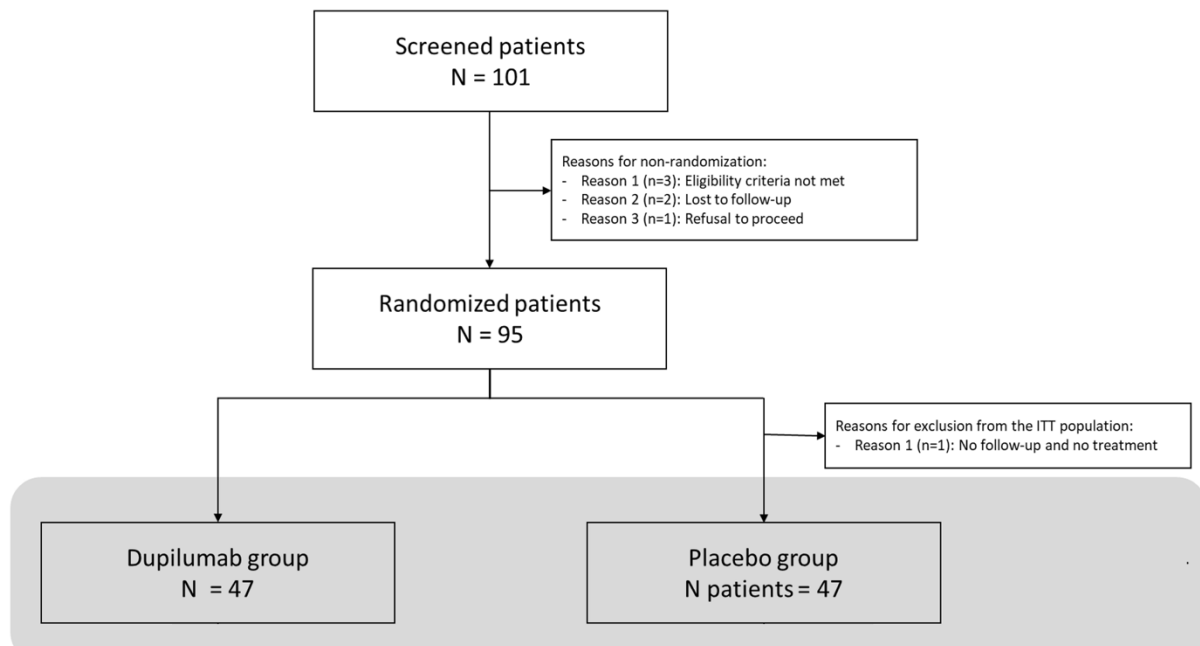
IgE: Immunoglobulin E, CHE: chronic hand eczema, SD: standard deviation, VAS: Visual analogue scales.

Patients included in the molecular study	Group	Analysis performed							History of AD	Irritative factors	Proven contact allergy	mTLSS		IGA		
		Skin total RNA sequencing			Blood immune cells phenotyping by spectral cytometry	Skin LC-MS/MS shotgun proteomic		Serum LC-MS/MS shotgun proteomic				Meso Scale Discovery multiplex assay	W0	W16	W0	W16
		x	Matched healthy donor skin	Biopsy site		x	Matched healthy donor skin									
P1	Placebo	x		P/B interface	x			x	yes	no	no	11	8	3	2	
P2		x		B	x			x	no	yes	no	15	8	4	3	
P3		x		B				x	yes	no	no	15	12	4	3	
P4		x		P	x			x	yes	no	no	13	11	3	3	
P6		x		P	x				no	yes	yes	15	13	3	3	
P9		x		NA	x				yes	no	yes	10		3		
P13					x			x	yes	no	no	14	17	4	4	
P14					x			x	no	yes	no	17	12	4	4	
P15					x				yes	no	no	9	6	3	2	
P17					x			x	yes	yes	yes	14	11	3	3	
P18								x	yes	yes	yes	14	2	3	1	
P21					x		x	x	yes	yes	no	11	19	3	4	
P41							x	x	no	yes	yes	12	13	3	3	
P42						x	x	x	yes	no	no	12		3		
P43						x	x	x	yes	no	no	18	15	4	4	
P47		x		NA	x				yes	no	yes	14		3		
D1	Dupilumab	x	From abdomen or arm n=15	P/B interface		From the back of the hand n=4		x	yes	yes	yes	17	5	4	1	
D2		x		P/B interface	x				yes	yes	yes	9	3	3	1	
D4		x		P/B interface				x	yes	yes	no	10	5	3	2	
D5		x		B	x				yes	yes	no	12	7	4	2	
D6		x		B				x	no	no	yes	14	6	4	2	
D7					x			x	yes	yes	no	10	3	3	1	
D8		x		B	x			x	yes	no	yes	13	2	3	1	
D10		x		B	x				yes	yes	no	12	2	3	1	
D12		x		NA					no	no	yes	7	4	3	2	
D14					x				no	no	yes	15	1	4	0	
D15					x			x	yes	no	no	16	6	4	1	
D16					x				yes	yes	no	11	5	3	1	
D19					x			x	yes	yes	no	12	3	3	1	
D20					x				yes	no	yes	6	2	3	1	
D22					x			x	no	no	yes	13	0	4	0	
D24					x				yes	no	no	11	7	3	3	
D43					x		x	yes	yes	yes	15	3	4	1		
D45				x	x		x	no	yes	yes	11	2	3	1		
D46				x	x		x	yes	yes	no	14	6	4	2		

24 **Supplementary Table 3. Overview of the patients included in the molecular phenotyping**
25 **study.**

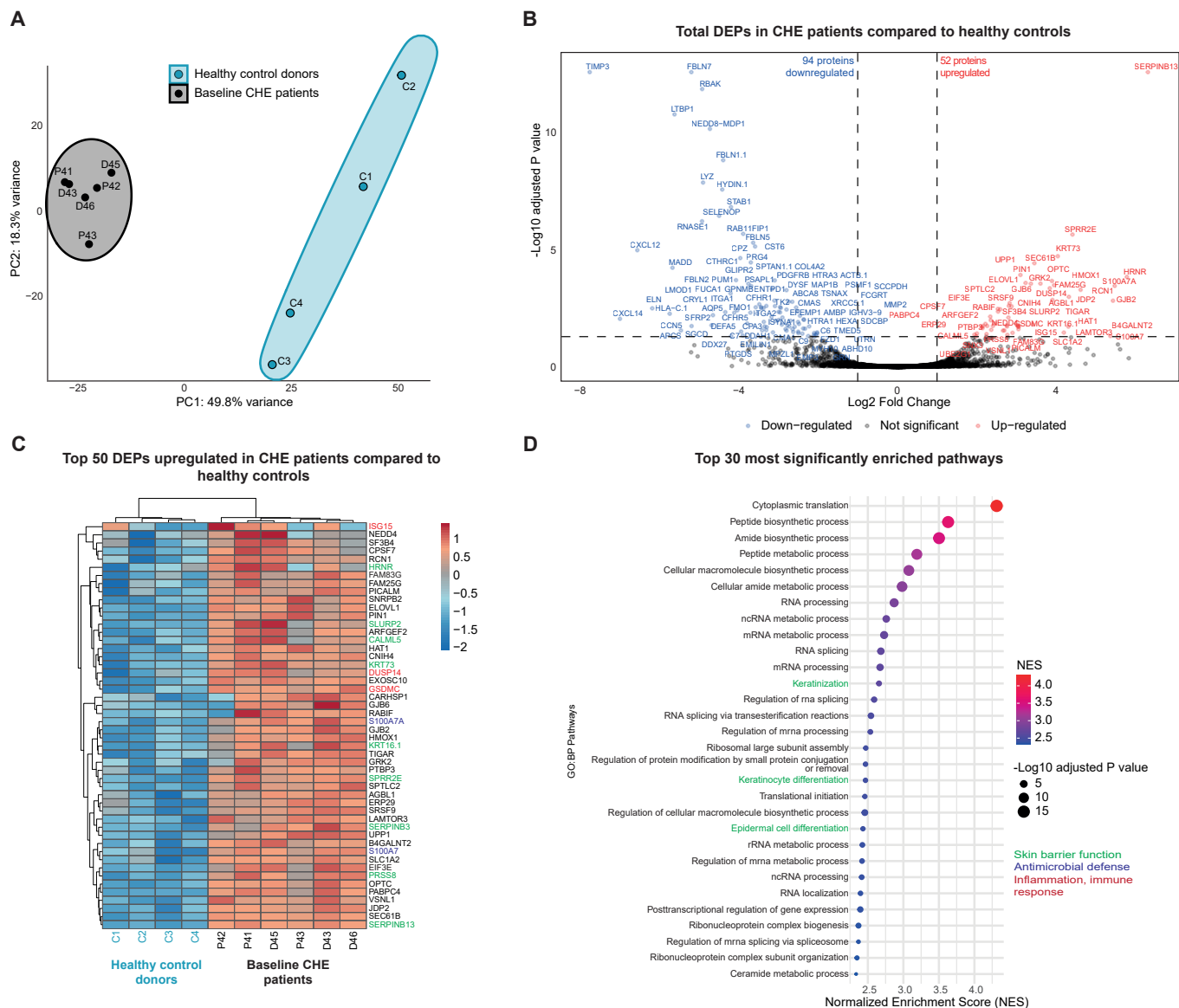
26 X indicates the analyses completed by each patient. P: palm, B: back, AD: atopic dermatitis, W: week., mTLSS:
27 modified Total Lesional Severity Score, IGA: Investigator Global Assessment. History of AD was defined as a
28 diagnosis of AD including mild or intermittent forms, made prior to the diagnosis of CHE. Black squares indicate
29 a premature end of study (no score available at week 16 and no paired sample).

30
31
32



33 **Supplementary Figure 1. Flow chart of the clinical study.**

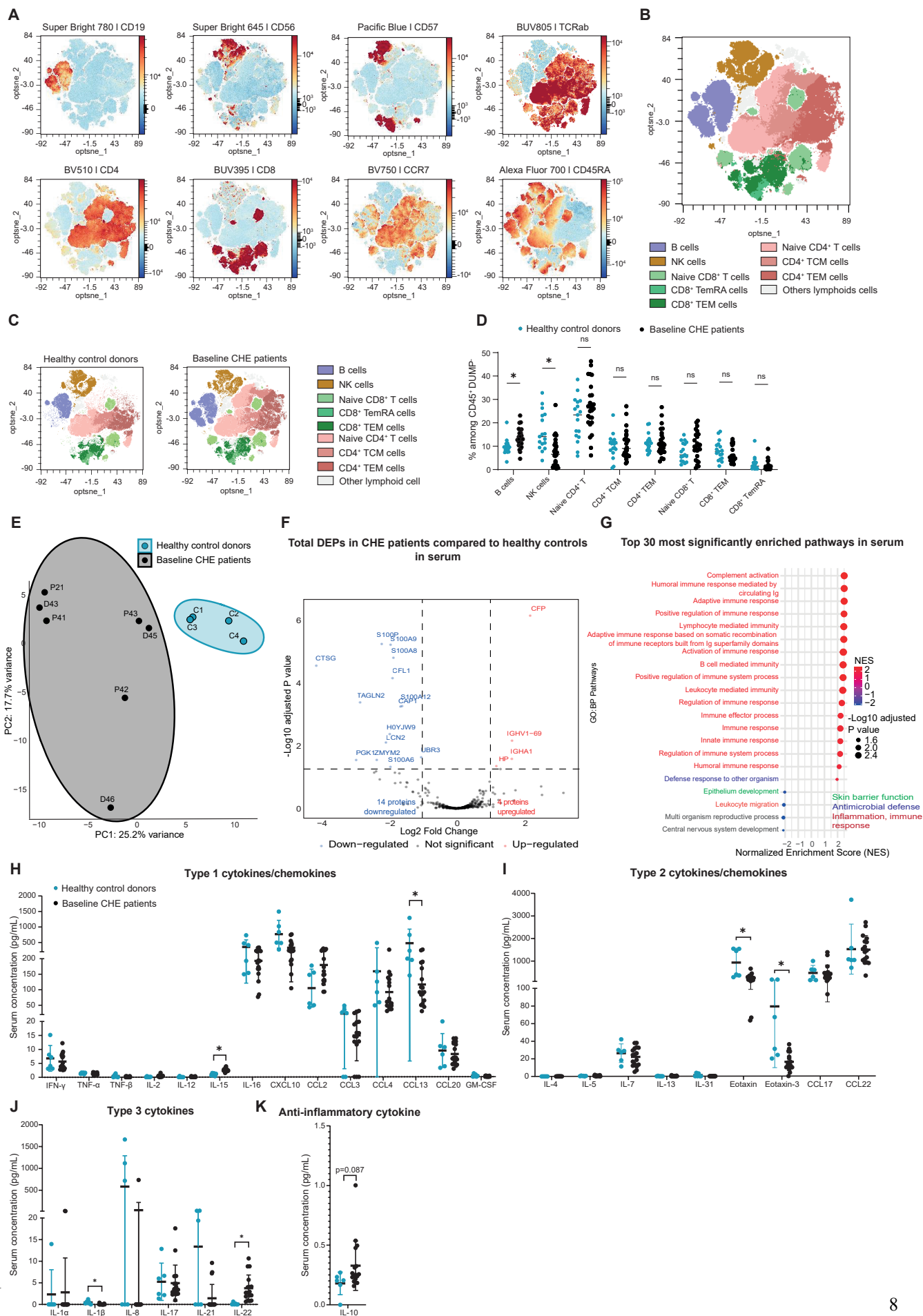
34



Supplementary Figure 2. Baseline whole skin proteomic signature in CHE patients compared to healthy controls was restricted to a strongly compromised skin barrier.

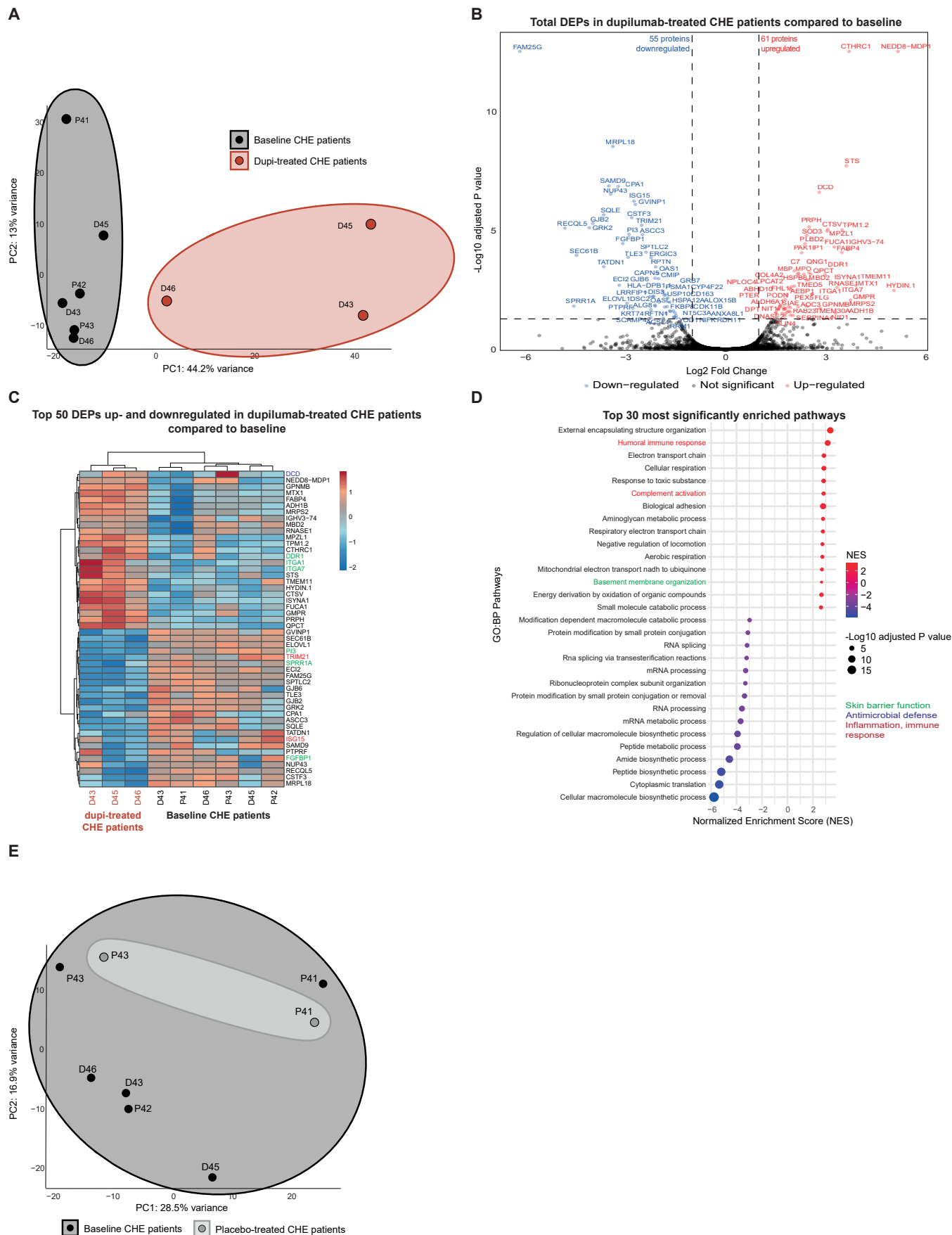
A. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the skin, showing the segregation between CHE patients at baseline and healthy donor controls. Patient and control numbers are reported above each sample. **B.** Volcanoplot representation of differentially expressed proteins (DEPs) between CHE patients and healthy controls at baseline. Log2-FC threshold : < -1 and > 1 , adjusted P value threshold < 0.05 . **C.** Hierarchically clustered heatmap representation of top 50 upregulated DEPs in CHE patients compared to controls. Characteristic genes involved in skin barrier functions (green), antimicrobial defense (blue) or inflammation/ immune response processes (red) are highlighted. Red and blue represent up- and downregulated expression, respectively. **D.** Top 30 most enriched pathways from Gene set

46 **enrichment analysis (GSEA) in CHE patients at baseline.** Y-axis represents ranked pathways, and X-axis
47 shows the normalized enrichment score (NES). Blue to red colors represent low to high NES, respectively. The
48 size of the bubbles is associated with the *P* value. Characteristic genes involved in skin barrier functions (green),
49 antimicrobial defense (blue) or inflammation/ immune response processes (red) are highlighted. (A-D) n = 4
50 controls and 6 baseline CHE patients.



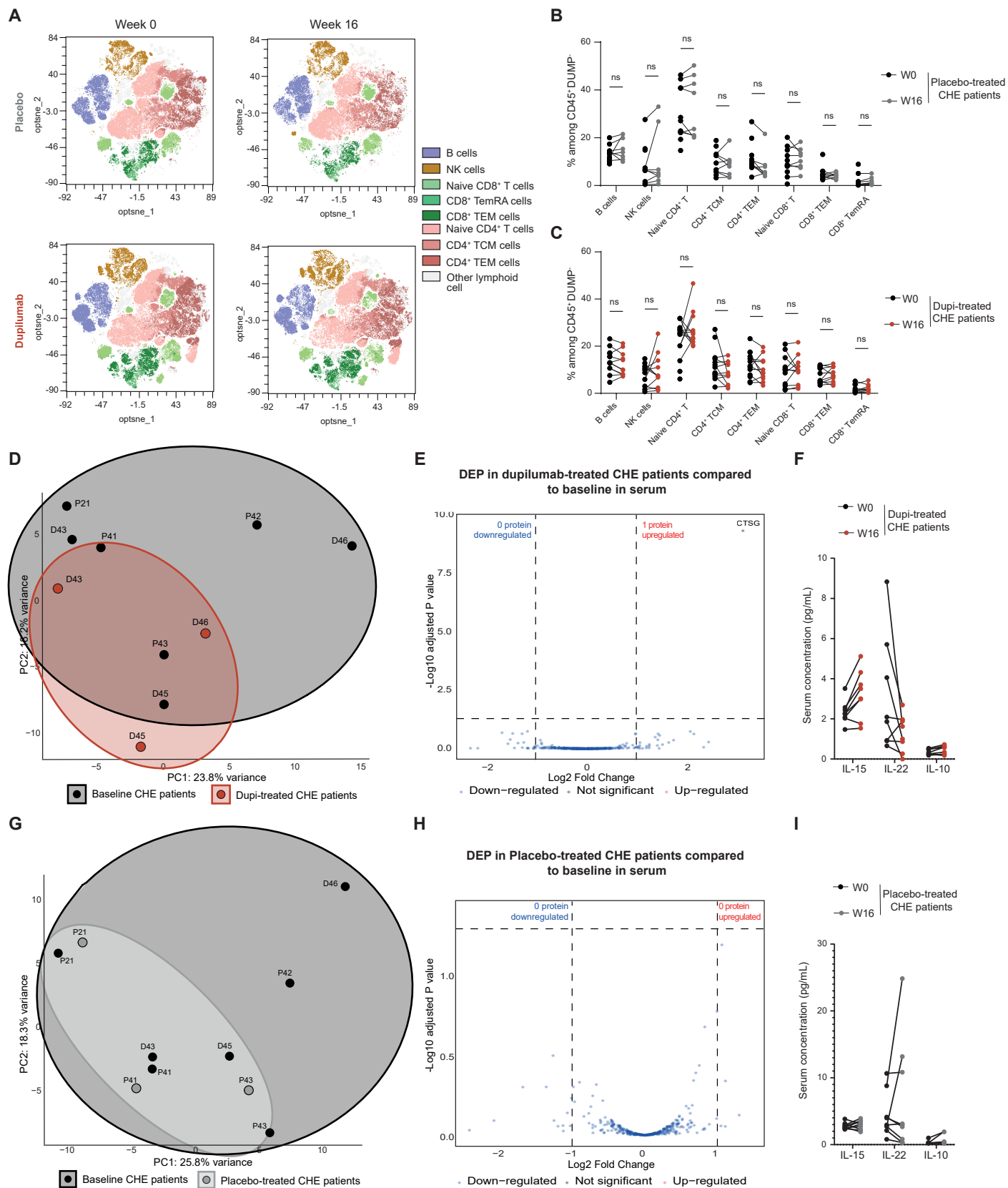
Supplementary Figure 3. Baseline CHE patients showed less circulating NK cells, more B cells and a global immune activated profile in the serum compared to healthy controls.

A-C. Opt-sne concatenation of circulating lymphoid populations of baseline CHE patients compared to healthy controls. (A) Relative expression of lymphoid biomarkers (CD19, CD56, CD57, TCRab, CD4, CD8 and CCR7) was assessed to determine lymphoid populations. Red and blue represent high and low expression levels of markers, respectively. (B, C) Distribution of major lymphoid populations in opt-sne. Biomarkers allow discriminating between B cells, NK cells, naïve/TEMRA/TEM CD8⁺ T cells and naïve/TEMRA/TEM CD4⁺ T cells. **D. Quantification of major circulating lymphoid populations in baseline CHE patients compared to healthy controls.** Percentage of each population among lymphoid cells. DUMP = CD14, CD11c, CD1a, CD34. Data are presented as mean ± standard deviation. **P*<0.05, ns: not significant. Mann–Whitney U test. (A-D) n = 16 controls and 25 baseline CHE patients. **E. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the serum, showing the segregation between CHE patients at baseline and healthy donor controls.** Patient and control numbers are reported above each sample. **F. Volcanoplot representation of differentially expressed proteins (DEPs) between CHE patients and healthy controls.** Log2-FC threshold : < -1 and > 1, adjusted *P* value threshold < 0.05. **G. Top 30 most enriched pathways from Gene set enrichment analysis (GSEA) in CHE patients.** Y-axis represents ranked pathways, and X-axis shows the normalized enrichment score (NES). Blue to red colors represent low to high NES, respectively. The size of the bubbles is associated with the *P* value. Characteristic genes involved in skin barrier functions (green), antimicrobial defense (blue) or inflammation/ immune response processes (red) are highlighted. (E-G) n = 4 controls and 7 baseline CHE patients. **H-K. Serum concentration of chemokines and cytokines in baseline CHE patients compared to healthy controls obtained from Meso Scale Discovery multiplex assay.** Type 1 (H), 2 (I), 3 (J) and anti-inflammatory (K) cytokines/chemokines were assessed in serum. n = 6 controls and 17 baseline CHE patients. Data are presented as mean ± standard deviation. **P*<0.05. Student's t-test.



Supplementary Figure 4. Skin barrier defect proteomic signature was restored after 16 weeks-dupilumab treatment compared to placebo.

A. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the skin, showing the segregation between baseline CHE patients and dupilumab-treated CHE patients. Patient numbers are reported above each sample. **B. Volcanoplot representation of DEPs in dupilumab-treated CHE patients compared to baseline.** Log2-FC threshold : < -1 and > 1 , adjusted P value threshold < 0.05 . **C. Hierarchically clustered heatmap of the top 50 up- and downregulated DEPs in dupilumab-treated CHE patients compared to baseline.** Characteristic genes involved in skin barrier functions (green), antimicrobial defense (blue) or inflammation/ immune response processes (red) are highlighted. Patient numbers are reported at the bottom of the figure. Red and blue represent up- and downregulated expression, respectively. **F. Top 30 most significantly enriched pathways from GSEA in dupilumab-treated CHE patients compared to baseline.** Y-axis represents ranked pathways, and X-axis shows NES. Blue to red colors represent low to high NES, respectively. The size of the bubbles is related to the P value. Characteristic genes involved in skin barrier functions (green), antimicrobial defense (blue) or inflammation/ immune response processes (red) are highlighted. (A-D) $n = 6$ baseline CHE patients and 3 dupilumab-treated CHE patients. **E. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the skin, showing no segregation between baseline CHE patients and placebo-treated CHE patients.** Patient numbers are reported above each sample. $N = 6$ baseline CHE patients and 2 placebo-treated CHE patients.



Supplementary Figure 5. No major change was observed in circulating immune cells or serum proteins in dupilumab-treated patients compared to placebo at week 16.

A-C. Distribution of major circulating lymphoid populations in CHE patients treated with dupilumab or placebo. Opt-sne concatenation representation (A) and percentage of each population among lymphoid cells at week 0 and 16 in (B) placebo-treated and (C) dupilumab-treated CHE patients. DUMP = CD14, CD11c, CD1a, CD34. N = 12 at week 0 (W0) and 9 at week 16 (W16) for placebo, and 13 at week 0 and 10 at week 16 for dupilumab-treated CHE patients. Data are presented as mean \pm standard deviation. (B,C) * P <0.05, ns: not significant. Mann–Whitney U test. **D. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the serum, showing no segregation between baseline CHE patients and dupilumab-treated CHE patients.** Patient numbers are reported above each sample. **E. Volcanoplot representation of DEPs in dupilumab-treated CHE patients compared to baseline.** Log2-FC threshold : < -1 and > 1, adjusted P value threshold < 0.05. **F. Serum concentration of chemokines and cytokines in dupilumab-treated CHE patients compared to baseline obtained from Meso Scale Discovery multiplex assay.** N = 17 baseline and 8 dupilumab-treated CHE patients. **G. PCA approach on all variable proteins obtained from LC-MS/MS shotgun proteomic in the serum, showing no segregation between baseline CHE patients and placebo-treated CHE patients.** Patient numbers are reported above each sample. N = 6 baseline CHE patients and 2 placebo-treated CHE patients. **H. Volcanoplot representation of DEPs in placebo-treated CHE patients compared to baseline.** Log2-FC threshold : < -1 and > 1, adjusted P value threshold < 0.05. **I. Serum concentration of chemokines and cytokines in placebo-treated CHE patients compared to baseline obtained from Meso Scale Discovery multiplex assay.** N = 17 baseline and 9 placebo-treated CHE patients. B, C, F, I: ns= not significant. Student's t-test.