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Fig. S1. Rate of Complete Remission in Bullous Pemphigoid (BP) Patients Treated with Dupilumab.
Rate of complete remission in patients with BP treated with dupilumab. Complete remission was achieved in 88.9% (16/18) of patients during the 52-week observation period. Remission rates at weeks 2, 4, 12, 28, and 52 were 22.2%, 33.3%, 72.2%, 88.9%, and 90.9%, respectively. Subgroup analysis showed remission rates of 67.0%, 67.0%, 67.0%, 100%, and 100% in steroid-refractory BP; 20.0%, 40.0%, 80.0%, 100%, and 100% in BP relapsed during steroid tapering; and 30.0%, 40.0%, 70.0%, 80.0%, and 87.5% in minocycline/topical corticosteroid-resistant BP. Complete remission was defined as a Bullous Pemphigoid Disease Area Index (BPDAI) score of 0, with full resolution of new lesions and pruritus. This represents a stricter endpoint than disease control, which may explain the slower onset of remission compared to initial disease control.

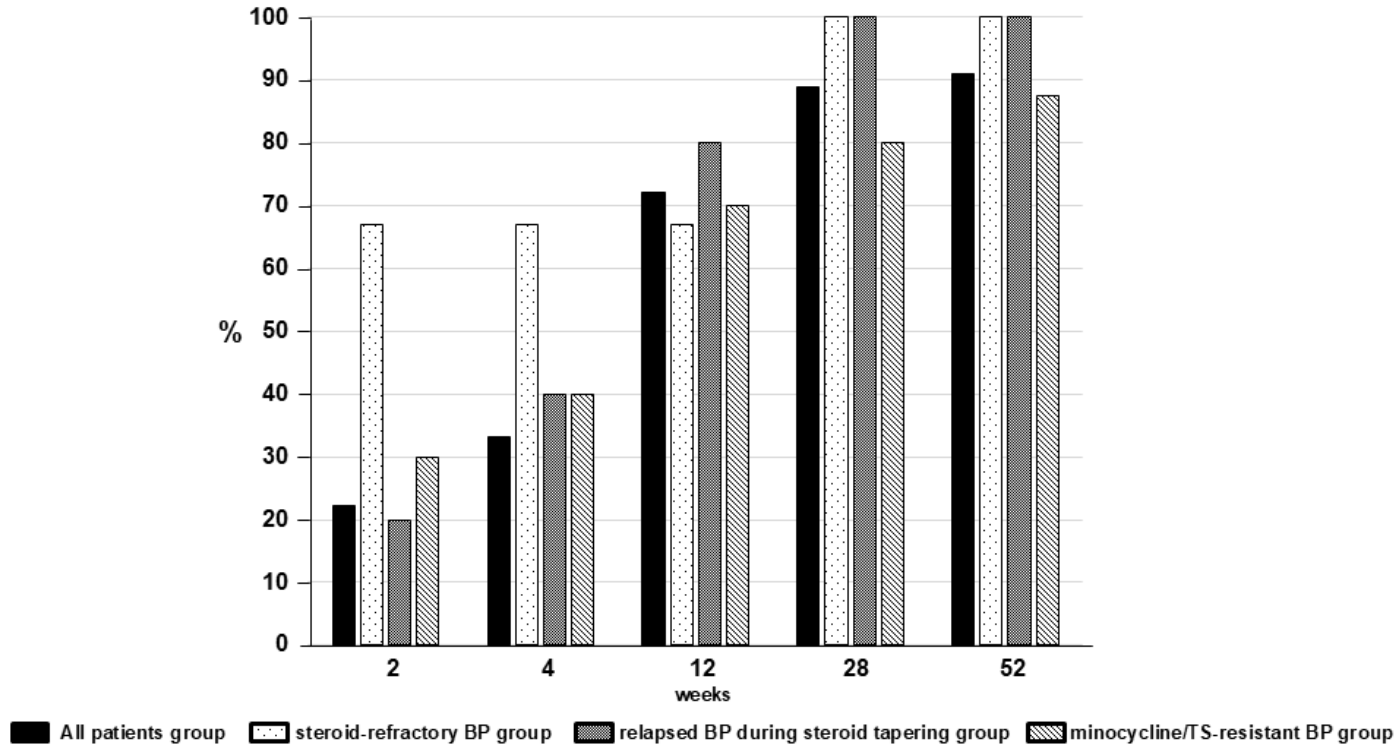

Fig. S2. Longitudinal Changes in Clinical Indicators and Serum Biomarker Levels in Patients with Bullous Pemphigoid Treated with Dupilumab. Clinical indicators (BPDAI, NRS) and serum biomarkers (eosinophil count, IgE, TARC, and anti-BP180 antibody titres) were assessed at baseline and at weeks 4, 12, 28, and 52. Dupilumab treatment led to significant reductions in BPDAI scores, eosinophil counts, and TARC levels from week 4 onwards ($P < 0.05$). NRS scores also showed significant improvement by week 4 and remained low through week 52. IgE and anti-BP180 antibody titres demonstrated a downward trend, although these changes were not statistically significant. Statistical significance: $P < 0.05$, $P < 0.01$, $P < 0.001$. BPDAI, Bullous Pemphigoid Disease Area Index; NRS, numerical rating scale; BP, bullous pemphigoid; TARC, thymus and activation-regulated chemokine; IgE, immunoglobulin E.