P1371

Real-World Ritlecitinib Treatment of Severe Alopecia Areata in the US: Patient Characteristics and Physician Satisfaction

Samantha K. Kurosky,[1] Ashley S. Cha-Silva,[1] Jenny Austin,[2] Arash Mostaghimi,[3] Chesahna Kindred,[4,5] Genevieve Gauthier,[6] Grace O'Neill,[2] Mojgan Sadrarhami,[1] Alexa Russnak,[2] Peter Anderson,[2] Benjamin Ungar[7]

[1]Pfizer Inc, New York, NY, USA; [2]Adelphi Real World, Bollington, UK; [3]Brigham and Women's Hospital, Boston, MA, USA; [4]Kindred Hair & Skin Center, Columbia, MD, USA; [5]Howard University, Washington, DC, USA; [6]Pfizer Inc, Kirkland, QC, Canada; [7]Mount Sinai, New York, NY, USA

BACKGROUND

- Alopecia areata (AA) is an autoimmune disease characterized by patchy or complete nonscarring hair loss on the scalp, with or without additional loss of facial and/or body hair[1]
  - AA is associated with significant psychosocial burden and negative impacts on patients' health-related quality of life (HRQOL)[2,3]
- Ritlecitinib, an oral, selective, dual inhibitor of JAK3/TEC family kinases, demonstrated efficacy and safety in the pivotal ALLEGRO phase 2b/3 trial in adults and adolescents
- In June 2023, riltecitinib 50 mg daily was approved to treat adults and adolescents with severe AA[4]
- As approved kinase inhibitor treatments for AA are relatively new, limited data exist describing how dermatologists are integrating them into real-world clinical practice or how such treatments are affecting patients

OBJECTIVE

- To describe patient characteristics and treatment history, satisfaction, and success among adult patients with severe or very severe AA who were treated with ritlecitinib in the United States. Patients were also stratified by time on ritlecitinib and having initiated ritlecitinib within 2 months of the survey.

METHODS

STUDY DESIGN

- A secondary database analysis was performed using data from the Adelphi Real World AA II US Disease Specific Programme™ (DSP)—a cross-sectional survey with retrospective data collection from US dermatologists and their patients with AA in a real-world setting
  - The DSP collected de-identified data from patient medical records and direct consultation with participating patients from Nov 2023 - Jun 2024 including demographics, clinical characteristics, treatment history and satisfaction, and AA impact (**Figure 1**)
  - Included physicians were involved in AA treatment management with a minimum monthly workload of ≥7 adults with AA (≥1 mild, 3 moderate, and 3 severe or very severe)

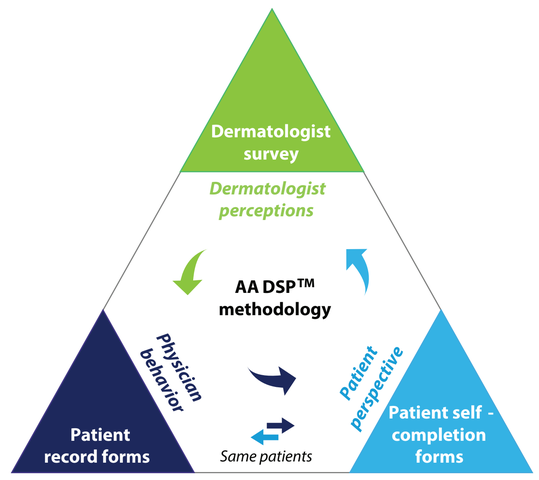
STUDY POPULATION

- Adults ≥18 years diagnosed with physician-assessed severe or very severe AA in the US and receiving ritlecitinib at the time of the survey (**Figure 1**)
  - Disease severity was assessed by physicians based on their overall clinical judgment, without use of a standardized definition or predefined criteria

STATISTICAL ANALYSIS

- Data were reported for each objective, the overall cohort sample (patients receiving ritlecitinib), and each subgroup
- Patients were divided into subgroups by:
  - Ritlecitinib treatment duration (<3 months, 3-6 months, ≥7 months)
  - Ritlecitinib initiation within 2 months of the survey (recently initiated)

Figure 1. Study design



AA, alopecia areata; DSP, disease specific programme.

RESULTS

Patient demographics & clinical characteristics

- Overall, 123 adults were included, of whom 26 recently initiated ritlecitinib (**Table 1**)

Table 1. Demographics of patients receiving ritlecitinib

Characteristic	All patients (n=123)	Recently initiated (n=26)
Age in years, mean (SD)	37.1 (11.5)	34 (11.9)
Male, n (%)	70 (57)	9 (35)
Race, n (%)		
White	97 (79)	22 (85)
Black	20 (16)	2 (8)
Other	9 (7)	2 (8)
Hispanic, n (%)	14 (1)	5 (19)
Employment status, n (%)		
Working full/part time	96 (78)	19 (73)
Student	12 (10)	6 (23)
Unemployed	7 (6)	-
Other/unknown	8 (7)	1 (4)
Health insurance type, n (%)		
Commercial insurance	108 (88)	25 (96)
Medicaid or medicare	10 (8)	1 (4)
Other/none	5 (4)	-

- Mean (SD) disease duration was 2.1 (3.0) years (n=84, **Table 2**)
- At ritlecitinib initiation, patients (n=93) had a mean (SD) percentage of scalp hair loss (SHL) of 71.1% (18.5) and at the time of the survey, patients (n=104) had a mean (SD) percentage of SHL of 60.9% (24.2) (**Table 2**)
- Overall (n=123), 73% reported worsening AA prior to ritlecitinib initiation; at the time of the survey, 89% reported improving or stable AA (**Table 2**)

Table 2 . Clinical characteristics prior to ritlecitinib initiation and at time of survey

Characteristic	All Patients*	
Disease duration	n=84	
Mean (SD)	2.1 (3.0)	
Assessment period:	**Prior to ritlecitinib initiation**	**At time of survey**
% SHL	n=93†	n=104
Mean (SD)	71.1 (18.5)	60.9 (24.2)
Hair regrowth status, n (%)	n=123†	n=123
Improving	1 (1)	51 (41)
Stable	29 (24)	59 (48)
Worsening	90 (73)	13 (11)
Don't know	3 (2)	0 (0)
Hair regrowth quality, n (%)	-	n=79
Fine‡	-	41 (52)
Strong	-	38 (48)
Experienced hair regrowth in the past, n (%)	-	n=123
Yes	-	19 (15)

SHL, scalp hair loss. *Patients with available data. †Disease status immediately prior to ritlecitinib initiation. ‡Sometimes referred to as fuzzy.

- Proportions of patients with hair regrowth increased with treatment duration (**Table 3**)

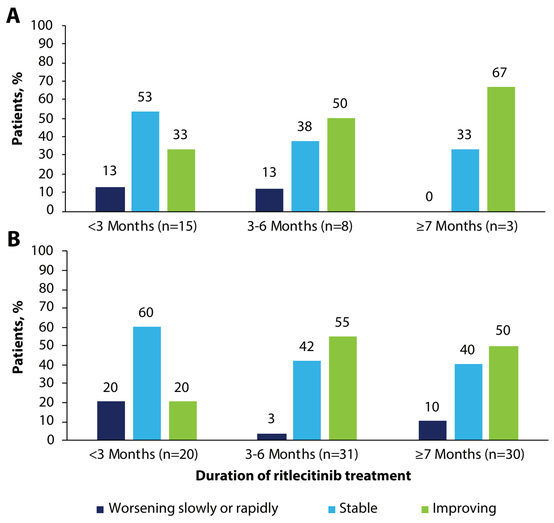
Table 3. Clinical characteristics at the time of the survey by duration of ritlecitinib treatment*

Characteristic, n (%)	All Patients†			
Assessment period:	**All patients† (n=111)**	**<3 months (n=37)**	**3-6 months (n=40)**	**≥7 months (n=34)**
Current hair regrowth, n (%)	n=111	n=37	n=40	n=34
Yes	75 (68)	18 (49)	29 (72)	28 (82)
No	33 (30)	17 (46)	10 (25)	6 (18)
Don't know	3 (3)	2 (5)	1 (2)	-
Body region with hair regrowth, n (%)	n=80	n=18	n=29	n=28
Scalp	79 (99)	18 (100)	29 (100)	28 (100)
Eyebrow	12 (15)	4 (22)	5 (17)	3 (11)
Facial (beard, mustache)	8 (10)	1 (6)	2 (7)	4 (14)
Eyelash	7 (9)	2 (11)	2 (7)	3 (11)
Body (arms, legs, chest)	7 (9)	2 (11)	2 (7)	3 (11)
Pubic area	2 (2)	-	-	1 (4)
Percentage of scalp with hair regrowth	n=71	n=16	n=28	n=27
Mean (SD)	30.4 (27.4)	19.7 (15.4)	21.9 (19.0)	45.6 (33.4)
Hair regrowth quality, n (%)	n=75	n=18	n=29	n=28
Fine‡	37 (49)	13 (72)	14 (48)	10 (36)
Strong	38 (51)	5 (28)	15 (52)	18 (64)

*Measured from the start of ritlecitinib to the date of the survey. †Receiving ritlecitinib and had a known date of ritlecitinib initiation. ‡Sometimes referred to as fuzzy.

- Among patients whose AA was stable or worsening immediately prior to ritlecitinib initiation, disease severity improved over the duration of ritlecitinib treatment (**Figure 2**)
  - Results were similar among patients with severe or very severe disease immediately prior to ritlecitinib initiation (**Figure S1**, see QR code)

Figure 2. Current disease status by ritlecitinib treatment duration among patients* whose AA was (**A**) stable or (**B**) worsening slowly or rapidly immediately prior to ritlecitinib initiation.

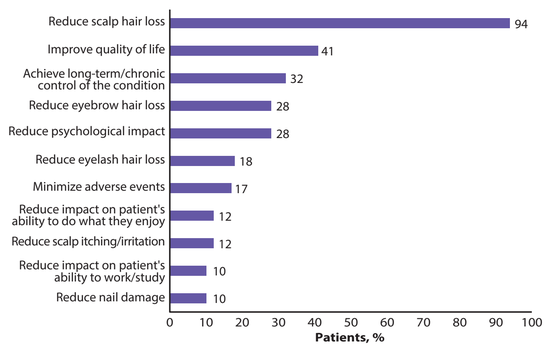


*Patients with a known duration of ritlecitinib treatment.

Treatment overview

- The top physician-reported treatment goals included reducing scalp hair loss (94% of patients), improving quality of life (41%), and achieving long-term control (32%) (**Figure 3**)

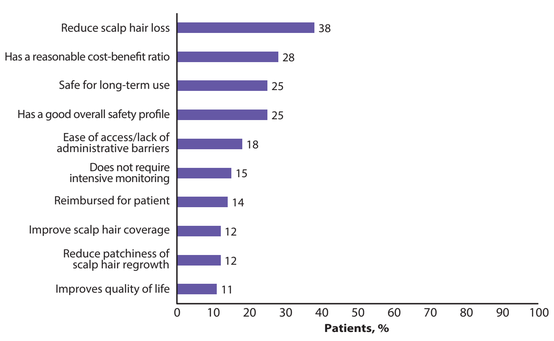
Figure 3. Treatment goals* (n=123)



* Reported for ≥10% of patients.

- Among patients with physician-reported reasons for selecting ritlecitinib, the most common factors were its ability to reduce scalp hair loss (38%), cost-benefit ratio (28%), overall safety profile (25%), and safety for long-term use (25%) (**Figure 4**)

Figure 4. Reasons for selecting ritlecitinib* (n=113)



* Reported for ≥10% of patients.

- Patients (n=102) reported a mean (SD) of 1.8 (0.9) lines of treatment; ritlecitinib was the first treatment for 46% of these patients (**Table 4**)
- The mean (SD) ritlecitinib treatment duration was 4.8 (3.2) months among patients with know treatment duration (n=111) (**Table 4**)
- Among those treated with prior AA therapies (n=60), 18% received another JAK inhibitor before initiating ritlecitinib (**Table 4**)

Table 4. Treatment characteristics

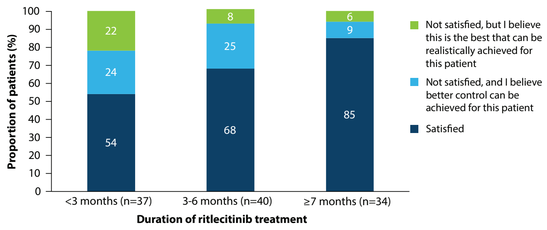
Characteristic	All Patients
Current regimen, n (%)	n=123
Ritlecitinib monotherapy	103 (84)
Concomitant therapies	20 (16)
Intralesional injected corticosteroid*	12 (10)
Topical corticosteroid	7 (6)
Oral corticosteroid	4 (3)
Total number of treatment lines	n=102
Mean (SD)	1.8 (0.9)
Ritlecitinib received as, n (%)	n=102
First line	47 (4)
Second line	35 (34)
Third line or later	20 (20)
Duration of ritlecitinib at time of survey, n (%)	n=111
Months, mean (SD)	4.8 (3.2)
<3 Months	37 (33)
3-6 Months	46 (41)
≥7 Months	28 (25)
Last treatment prior to ritlecitinib, n (%)	n=60
Topical corticosteroid	20 (33)
Intralesional injected corticosteroid*	18 (30)
Oral corticosteroid	11 (18)
Oral or topical JAKi	11 (18)
Systemic IM	9 (15)
IV injected corticosteroid	4 (7)
Topical IM	3 (5)
Other	7 (12)

IM, immunomodulator; IV, intravenous; JAKi, Janus kinase inhibitor.
*For example, triamcinolone.

Physician-reported treatment satisfaction and success

- The proportion of patients with physician-reported satisfaction with their patient's AA control was 54% (n=37), 68% (n=40), and 85% (n=34), after <3, 3-6, and ≥7 months of ritlecitinib, respectively (**Figure 5**)

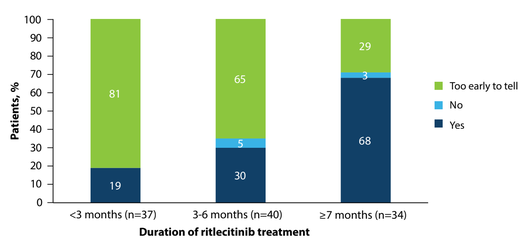
Figure 5. Physician-reported satisfaction with current control of patient's AA



AA, alopecia areata.

- Physicians reported ritlecitinib treatment as a success for 68% of their patients in the ≥7-month group (n=34) but felt it was still too early to tell if it was a successful treatment for 29% of patients **(Figure 6)**

Figure 6. Physician perception: considers the treatment regimen to be a success

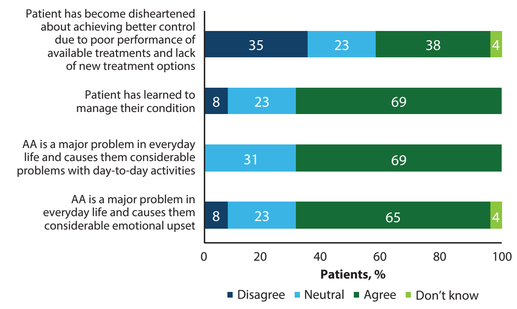


AA, alopecia areata.

Psychosocial burden among recent ritlecitinib initiators

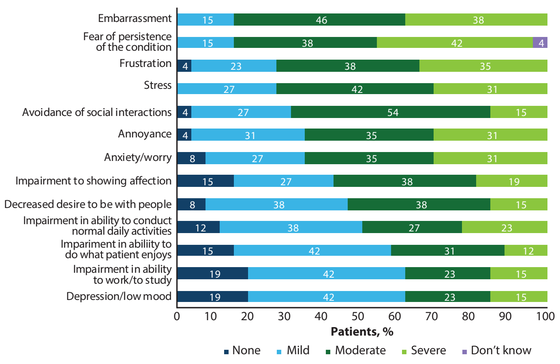
- Dermatologists reported that among the subset of their patients who recently initiated ritlecitinib (n=26), 69% had learned to cope with their AA prior to starting ritlecitinib (**Figure 7**); however, 85% (n=22), 73% (n=19), and 65% (n=17) still reported moderate/severe embarrassment, frustration, and anxiety, respectively, due to their AA (**Figure 8**)

Figure 7. Physician-reported HRQOL among patients with AA who initiated ritlecitinib within 2 months of the survey (n=26)



AA, alopecia areata; HRQOL, health-related quality of life.

Figure 8. Physician assessment of impact of AA among patients who initiated ritlecitinib within 2 months of the survey (n=26)



AA, alopecia areata.

LIMITATIONS

- Physicians provided data on consecutively consulted patients, thus reducing the chance of selection bias; however, generalizability of the study results may be impacted as follows:
  - Participants did not constitute a true random sample; participation was influenced by willingness to complete the forms
  - The patient sample may have included patients who were more severely affected by their disease and/or treatment, as those who consulted more frequently were more likely to be included in the patient sample.
  - Study data are self-reported by participants as no independent verification was possible
  - As patients currently on treatment may be more likely to feel satisfied with their therapy (ie, did not discontinue due to lack of efficacy), satisfaction results cannot be generalized

CONCLUSIONS

- Despite many patients coping with AA, dermatologists reported that patients with severe or very severe AA had substantial emotional and daily life impacts before initiating ritlecitinib
- Ritlecitinib was chosen for its efficacy, safety profile, and cost-benefit ratio
- Hair regrowth, disease severity, overall improvement, physician satisfaction, and perceived treatment success increased with treatment duration
  - Among patients with worsening disease prior to starting ritlecitinib, physicians reported that 90% had improving or stable AA at the time of the survey
- While selection bias should be considered, results indicate the importance of sustained treatment for the management of patient and physician expectations

Presented at the European Academy of Dermatology & Venereology (EADV) Congress 2025; September 17-20, 2025 | Paris, France

REFERENCES

1. Islam N, et al. *Autoimmun Rev*. 2015;14:81-89.
2. Lauron S, et al. *JAMA Dermatol*. 2023:159(3):281-8.
3. Mesinkovska N, et al. *J Investig Dermatol Symp Proc*. 2020;20(1):S62-s8.
4. King B, et al. *Lancet*. 2023;401:1518-1529.

Portions of this poster were previously presented at the Fall Clinical Dermatology Conference for PAs and NPs 2025, May 30-June 1, 2025, in Orlando, FL, USA.

DISCLOSURES

This analysis was funded by Pfizer Inc. Pfizer Inc did not influence the original survey through either contribution to the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World AA DSP. The DSP is a wholly owned Adelphi Real World product. Pfizer is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. SKK, ASCS, GG and MS are employees of Pfizer Inc and may own stock/stock options in Pfizer Inc. JA, GO, AR and PA are employees of Adelphi Real World, Bollington, UK. AM reports personal fees from hims and hers, AbbVie, Sun Pharmaceuticals, Pfizer Inc, Digital Diagnostics, Lilly, ASLAN, Ingelheim, Figure 1 Co, and ACOM. CK has been a speaker and/or advisory board member for Aerolase, Eli Lilly and Company, Janssen, Pfizer Inc, Regeneron, Sanofi, Selphyl, Sun Pharma, and UCB Pharma; has been a consultant for AbbVie, Novartis, and Pfizer Inc; has been a steering committee member for Janssen; and has been a journal editor for Cutis. BU has received research funds (grants paid to the institution) from Arcutis Biotherapeutics, Incyte, Rapt Therapeutics, Pfizer, and Sanofi, and is a consultant for AbbVie, Arcadis Biotherapeutics, Bristol Myers Squibb, Botanix Pharmaceuticals, Castle Biosciences, Ebla Holdco, Fresenius Kabi, Galderma, J&J, Leo Pharma, Lilly, Pfizer Inc, Primus Pharmaceuticals, Sanofi, and UCB. Support for third-party medical-writing assistance, provided by Nucleus Global, was funded by Pfizer Inc.

https://scientificpubs.congressposter.com/p/jayarvh6soca08nd

SUPPLEMENTAL FILE

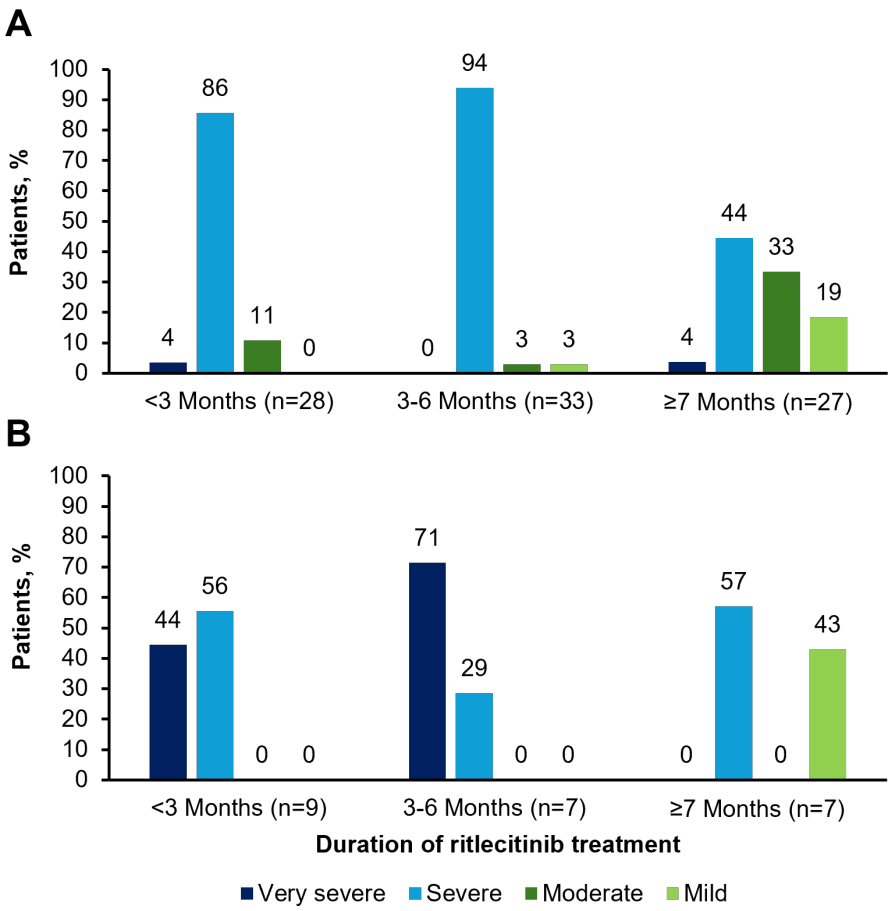
P1371: Real-World Ritlecitinib Treatment of Severe Alopecia Areata in the US: Patient Characteristics and Physician Satisfaction

Samantha K. Kurosky,[1] Ashley S. Cha-Silva,[1] Jenny Austin,[2] Arash Mostaghimi,[3] Chesahna Kindred,[4,5] Genevieve Gautier,[6] Grace O'Neill,[2] Mojgan Sadrarhami,[1] Alexa Russnak,[2] Peter Anderson,[2] Benjamin Ungar[7]

1. Pfizer Inc, New York, NY, USA; 2. Adelphi Real World, Bollington, UK; 3. Brigham and Women's Hospital, Boston, MA, USA; 4. Kindred Hair & Skin Center, Columbia, MD, USA; 5. Howard University, Washington, DC, USA; 6. Pfizer Inc, Kirkland, QC, Canada; 7. Mount Sinai, New York, NY, USA

Presented at the European Academy of Dermatology & Venereology (EADV) Fall Congress; September 17-20, 2025; Paris, France

Figure S1. Current disease severity by ritlecitinib treatment duration among patients* who had **(A)** severe or **(B)** very severe disease immediately prior to ritlecitinib initiation.



*Patients with a known duration of ritlecitinib treatment.