Patient reported burden is associated with clinician-reported severity in alopecia areata: Real world insights from TARGET-DERM AA

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Introduction

- Alopecia areata (AA) is a chronic, dermatologic autoimmune disease that affects children and adults and is associated with significant psychosocial burden
- The objective of this analysis was to characterize the relationship between the extent of hair loss and patient reported outcomes

Methods

- TARGET-DERM AA is an ongoing longitudinal, observational study. It characterizes the natural history of AA in real world populations through a consortium of academic and community sites in the US and Canada.
- Data were analyzed from participant enrollment visits between December 2021 and July 2023 and include medical record data and baseline prospective clinician-reported and patient-reported outcomes.
- Association assessment based on Kruskal-Wallis and Chi-square or Fisher Exact tests compares the distributions across SALT groups. No pairwise association testing was performed.

Inclusion Criteria

- All ages
- Diagnosis of alopecia areata per enrolling dermatologist
- All stages of disease
- Clinician-Reported Severity of Alopecia Tool (SALT) at enrollment visit

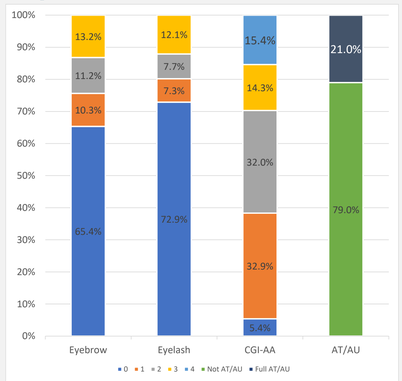
Subgroups

- Defined by SALT scalp hair loss score at enrollment: <20 (mild), 20-49 (moderate), and 50-100 (severe), see figure 2

Clinician-Reported Outcomes at Enrollment

- Patient demographics
- Clinician-Reported Outcomes:
  - SALT 0 (no hair loss) to 100
  - Eyebrow score (EB) and Eyelash score (EL), 0=No hair loss, 3=Total loss
  - Clinician Global Impression (CGI-AA), 0=No hair loss to 4=Total loss
  - % Hair Loss
- Alopecia totalis / alopecia universalis (AT/AU) determined by ICD-10 code; documented in notes at enrollment or by SALT=100 at enrollment

Figure 1. Baseline Clinician-Reported Outcomes



Patient-Reported Outcome Measures at Enrollment

- Patient Global Impression of Severity (PGIS-AA)
- PROMIS-Anxiety T-Score
- PROMIS-Depression T-Score
- DLQI (adults)
- CDLQI (for children 6 to 17 years of age) Patient Satisfaction with Hair Growth (P-SAT)
- Work Productivity and Activity Impairment Questionnaire (WPAI-SHP-AA)
- AA Resource Utilization Questionnaire (AARU)

Results

- 60.5% were adults, 18.1% adolescents (12-17 years) and 21.4% children (14.7% aged 6-11 and 6.8% aged 0 to less than 6 years).
- 64.0% were female and there were a variety of race/ethnicities represented (Figure 3).
- 65.4% of patients had full eyebrow coverage, while 13.2% had no notable eyebrow hair. 72.9% had continuous eyelash coverage, while 12.1% had no notable eyelashes.
- 21.0% of the cohort had AT/AU; 79.0% did not.
- A significant difference in QOL was observed with the distribution of scores in each SALT category (DLQI p<0.0001 and CDLQI, p=0.0075, Table 1).
- Similarly, significant differences (P<0.0001) were found in the distribution of eyebrow and AT/AU scores across SALT categories.
- Increasing scores of PGIS-AA (Figure 4) and eyelash outcomes were associated with increasing SALT severity (both p<0.0001).

Figure 2. Patient Disposition at Baseline

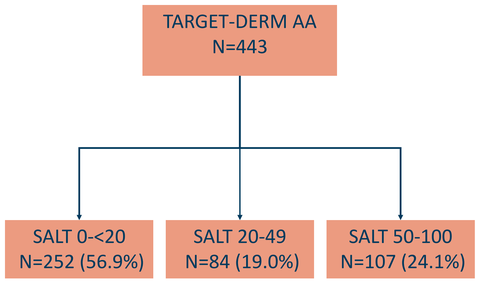


Figure 3. Race/Ethnicity Distribution of Patients in TARGET-DERM AA (N=443)

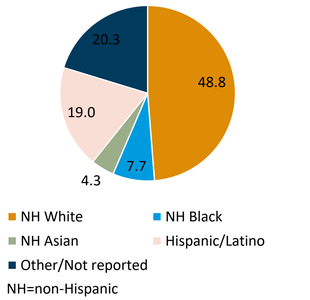
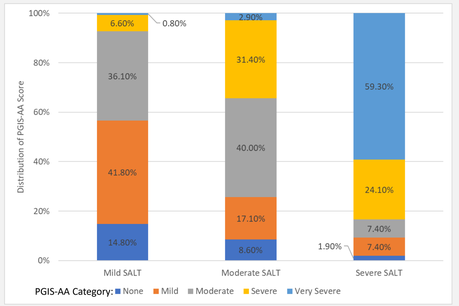


Table 1. Impact on Quality of Life By SALT Score at Enrollment

	Mild SALT (0-<20) N=252	Moderate SALT (20-49) N=84	Severe SALT (50-100) N=107	All Participants N=443	P-value
Quality of Life Measure, n/N (%)					
DLQI, n (%)					
n	82	29	34	145	
No effect at all	29 (35.4)	10 (34.5)	12 (35.3)	51 (35.2)	
Small effect	46 (56.1)	9 (31.0)	13 (38.2)	68 (46.9)	
Moderate effect	6 (7.3)	2 (6.9)	8 (23.5)	16 (11.0)	<0.0001
Very large effect	1 (1.2)	8 (27.6)	1 (2.9)	10 (6.9)	
CDLQI, n (%)					
n	43	6	28	77	
No effect at all	18 (41.9)	0	6 (21.4)	24 (31.2)	
Small effect	15 (34.9)	1 (16.7)	7 (25.0)	23 (29.9)	
Moderate effect	10 (23.3)	4 (66.7)	7 (25.0)	21 (27.3)	0.0075
Very large effect	0	1 (16.7)	7 (25.0)	8 (10.4)	
Extremely large effect	0	0	1 (3.6)	1 (1.3)	

Figure 4. Frequency Distribution of Patient-Reported PGIS-AA by Clinician-Reported SALT at Enrollment



P<0.0001

Conclusions

- In this large, diverse, real world cohort of AA patients, clinician-reported outcomes and patient-reported outcomes of severity and QOL were often associated with increasing SALT scores.
- Further analyses are needed to characterize trends in various subgroups.

Acknowledgements/Disclosures: Target RWE communities are collaborations among academic & community investigators, the pharmaceutical industry, and patient community advocates. Target RWE communities are sponsored by TARGET PharmaSolutions Inc (d.b.a., Target RWE). The authors would like to thank all the investigators, participants, and research staff associated with TARGET-DERM AA. ClinicalTrials.gov Identifier: NCT03661866. BU: research funds (to institution) from: Incyte, Pfizer, and Rapt; consultant for: Arcutis Biotherapeutics, Bristol Myers Squibb, Castle Biosciences, Fresenius Kabi, Galderma, Pfizer, Primus Pharmaceuticals, Sanofi, and UCB. HT, EHL, LT employees of Pfizer, Inc. AG and CB full-time employees of Abbvie, Inc. and may hold Abbvie stock and/or stock options. BMH, KK and JMC employees of Target RWE. MH advisory board: Almirall, Abbvie, Eli Lilly. Grant/research support: Acrutis, Aslan, Eli Lilly, RegenLab, SUN Pharmaceuticals, Technoderm. Investigator: Arcutis, Aslan, Eli Lilly, RegenLab, SUN Pharmaceuticals, Technoderm. Grant: National Alopecia Areata Foundation, Section editor: Up to Date Book editor McGraw Hill