Efficacy of Ritlecitinib (PF-06651600) in Patients With Alopecia Totalis and Alopecia Universalis: Post Hoc Analysis of the ALLEGRO Phase 2b/3 Study

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BACKGROUND
• Alopecia areata (AA) is an autoimmune disease that has an underlying immunological pathogenesis and is characterized by incurable hair loss ranging from small patches to complete scalp, face, and body hair loss.
• Spontaneous hair regrowth can occur in AA; however, it is unlikely to occur in extensive forms of AA, including alopecia totalis (AT) and alopecia universalis (AU).
• The severity of Alopecia Tool (SALT) assesses the extent of scalp hair loss with scores ranging from 0 (no scalp hair loss to 100% complete scalp hair loss); patients with AT and AU have a SALT score of 100.

OBJECTIVE
To evaluate the efficacy of ritlecitinib at Weeks 24 and 48 in patients with AT and AU in the ALLEGRO phase 2b/3 study.

METHODS
Study design
• The ALLEGRO phase 2b/3 trial was an international, randomized, double-blind, placebo-controlled, combined dose-ranging and pivotal phase 2/3 study (Figure 1).

Key eligibility criteria
• Patients aged 12 years or older with a diagnosis of AA and >50% scalp hair loss, including those with AT and AU, and a current duration of current AA episode, mean (SD), years 34.5 (15.0) 33.7 (13.8) 32.4 (13.4) 33.7 (14.8) 34.3 (13.9) 34.0 (15.0)

RESULTS
Efficacy of ritlecitinib at Weeks 24 and 48 in patients with AT and AU in the ALLEGRO phase 2b/3 study

Figure 2. Response based on SALT ≥20 at Weeks 24 and 48 by AT/AU status

Figure 3. Response based on PGI-C ≥4.1 at Weeks 24 and 48 by AT/AU status

REFERENCES

CONCLUSIONS
• Ritlecitinib demonstrated clinical and patient-reported efficacy across all AA subgroups, including patients with more extensive forms of AA. Non-AT/AU patients at Week 48, up to 40%, 50%, and 64% of patients had a PGI-C response in the AT/AU, AT, and AU subgroups, respectively, regardless of current AA disease activity and clinical severity.
• While SALT ≥20 responses were lower in patients with AT/AU compared to those without AT/AU, a substantial proportion of patients with AT/AU still reported moderate or great improvement in their AA while receiving ritlecitinib, suggesting that many patients experienced meaningful benefit without achieving SALT ≥20 response.