Real-World Assessment of Disease Characteristics and Clinical Outcomes in Alopecia Areata in a Global Noninterventional Observational Cohort (ADAAGIO)

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OBJECTIVE

To describe patient characteristics, treatment patterns, and clinical outcomes of patients with alopecia areata (AA) with ≥ 50% hair loss of the scalp.

This large, multinational retrospective cohort study highlights the wide array of treatment classes that may be applied in patients with AA with extensive hair loss in a real-world setting.

Although patients in this study experienced a substantial absolute Severity of Alopecia Tool (SALT) score reduction, few patients achieved and subsequently sustained a clinically meaningful response of SALT ≤ 20.

These findings highlight the potential suboptimal effectiveness of traditional treatment options that were utilized in this population.

RESULTS

Study Population and Demographics

A total of 741 patients were included in the analysis; 53.3% of these included an adolescent.

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Clinical Characteristics

- Hair loss of all types in patients (62.3%) presenting with ≥ 50% scalp hair loss
- Mean (SD) SALT score at index was 68.19 (17.12), with 62.0% of patients having patchy alopecia and 18.0% having AA or AT

SALT Endpoints

- A proportion of patients (62.3%) had a baseline SALT score of 20-30

AA Treatments

- Topical corticosteroids were the most common treatment observed from the index date through 12 months follow-up, with 56.6% of patients receiving a course of traditional corticosteroids.

LIMITATIONS

- Medical records included in the study were from RCPs who were willing to participate; our population thus represents a convenience sample that may not be generalizable to all physicians who treat patients with AA.

- As patients were required to have ≥1 postindex follow-up visits, there is potential for immortal time bias; this may further limit the generalizability of the findings.

- Although a minimum 20% sampling quota was applied for adolescents, this quota could not be met for France due to lower-than-expected recruitment.

- Analyses of longer-term clinical endpoints (such as SALT endpoints beyond 12 months postindex) were subject to the limitations of incomplete follow-up and early censoring.

The potential for nonrandom censoring may limit the robustness of Kaplan-Meier estimates of these endpoints.