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### Permalink

<https://escholarship.org/uc/item/0fr8x47r>

### Journal

SKIN The Journal of Cutaneous Medicine, 8(6)

### ISSN

2574-1624

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### Publication Date

2024-11-01

### DOI

10.25251/skin.8.suppl.469

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# Race and ethnicity sub-groups of alopecia areata patients have differing clinical characteristics: TARGET-DERM AA

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## Introduction

- Alopecia areata (AA) is a chronic, autoimmune disease that disproportionately impacts select subgroups.<sup>1</sup>
- Specifically, patients with skin of color seem have a higher prevalence of AA.<sup>2</sup>

## Objective

- To assess clinical characteristics of AA patients by race and ethnicity subgroup.

## Methods

- United States and Canadian clinics enrolled participants in the TARGET-DERM AA registry (December 2021 - June 2024, data collection ongoing).
- Inclusion criteria:
  - Enrolled in TARGET-DERM AA
  - Completed a patient questionnaire at enrollment
  - Had at least one clinician reported outcome at enrollment
- The patient questionnaire invites responses regarding comorbidities and the Patient Global Impression of Severity-AA (PGIS-AA).
- Clinician-reported outcomes collected: the Clinician's Global Impression of AA (CGI-AA), Severity of Alopecia Tool (SALT), Measure for Eyebrow and Eyelash Hair Loss.
- Patients were summarized using descriptive statistics and compared using the Fisher-Exact, Chi-square, or Kruskal-Wallis tests as appropriate.

## Results

- Of the 267 AA patients, 61.4% were female; 53.2% were adults. (Table 1)
- 52.1% identified as Non-Hispanic (NH) White, 28.5% identified as Hispanic, 8.6% NH Black and 6.4% as NH Asian. (Figure 1)
- Of all subgroups the NH Asian patients had the highest proportion (47.1%) with severe disease (SALT>50) followed by (Figure 2):
  - 34.8% of NH Black patients
  - 31.7% of NH White patients
  - 19.7% of Hispanic AA patients
- Across the subgroups HS Asian patients also had the highest proportion (47.1%) of patient-reported severe/very severe disease (PGIS-AA) followed by (Figure 2):
  - 41.9% of NH White patients
  - 39.1% of NH Black patients
  - 27.6% of Hispanic AA patients

Figure 1. Distribution by Race/Ethnicity subgroup

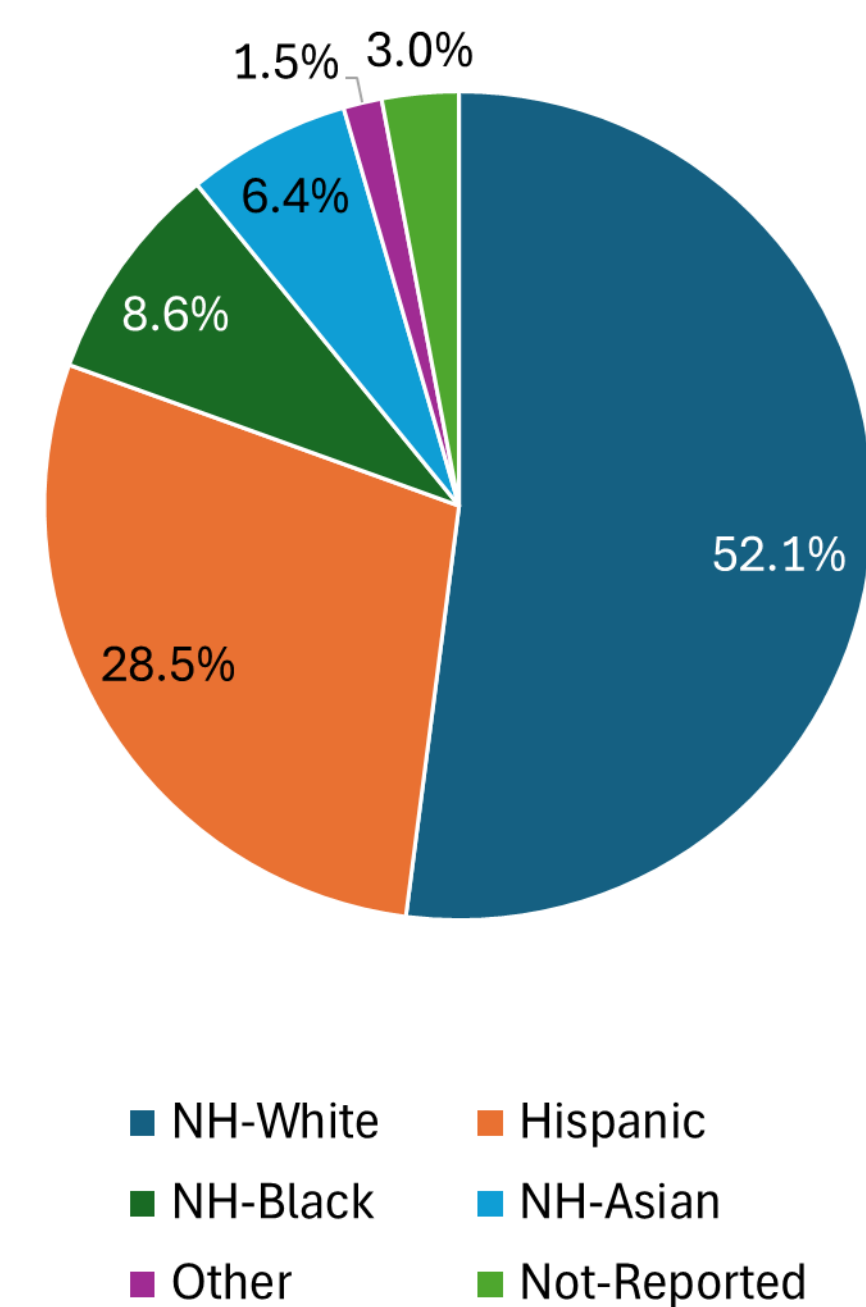


Figure 2. Proportion of patients in each subgroup with the named outcomes

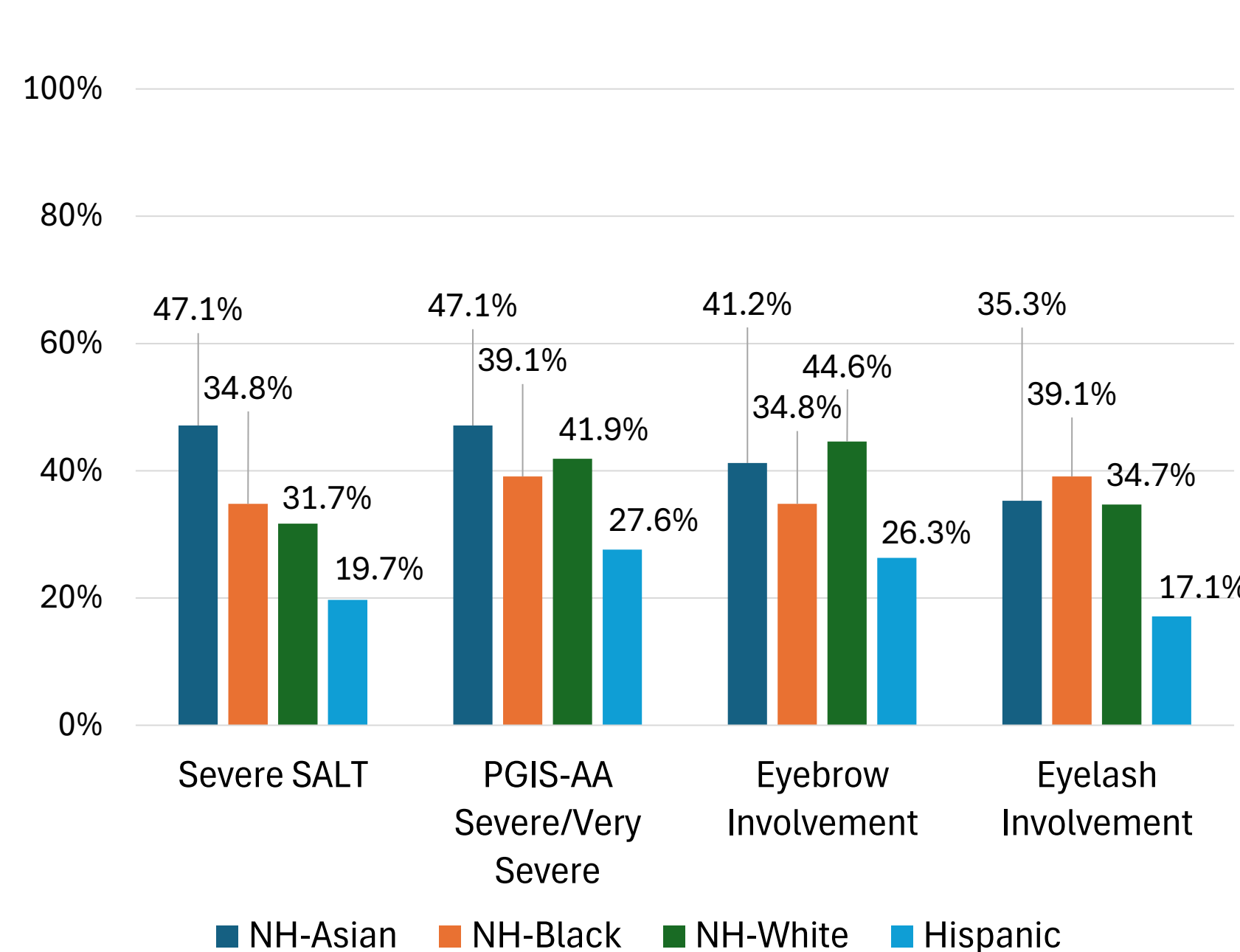


Table 2. Systemic therapy use at enrollment by race/ethnicity subgroup

	NH White (N=139)	NH Black (N=23)	NH Asian (N=17)	Hispanic (N=76)	NH White or NH Black or NH Asian or Hispanic (N=255)	p-value compares NH White, NH Black, NH Asian and Hispanic	Other/Not Reported (N=12)	All participants (N=267)
Topical Corticosteroids								
Fluocinolone, n (%)	4 (2.9%)	3 (13.0%)	1 (5.9%)	3 (3.9%)	11 (4.3%)		1 (8.3%)	12 (4.5%)
Betamethasone, n (%)	6 (4.3%)	0 (0.0%)	2 (11.8%)	2 (2.6%)	10 (3.9%)		0 (0.0%)	10 (3.7%)
Clobetasol, n (%)	32 (23.0%)	1 (4.3%)	6 (35.3%)	25 (32.9%)	64 (25.1%)		3 (25.0%)	67 (25.1%)
Topical Minoxidil, n (%)	24 (17.3%)	4 (17.4%)	4 (23.5%)	13 (17.1%)	45 (17.6%)	0.5742	1 (8.3%)	46 (17.2%)
Oral Minoxidil, n (%)	24 (17.3%)	3 (13.0%)	3 (17.6%)	4 (5.3%)	34 (13.3%)	0.3623	2 (16.7%)	36 (13.5%)
Baricitinib, n (%)	20 (14.4%)	1 (4.3%)	2 (11.8%)	2 (2.6%)	25 (9.8%)	0.1325	1 (8.3%)	26 (9.7%)
Tofacitinib, n (%)	7 (5.0%)	1 (4.3%)	2 (11.8%)	1 (1.3%)	11 (4.3%)	0.6617	0 (0.0%)	11 (4.1%)

## Results (continued)

- Eyebrow involvement was highest in NH White patients (44.6%), followed by NH Asian (41.2%), NH Black (34.8%), and Hispanic AA patients (26.3%, Figure 2)
- Eyelash involvement was highest in NH Black patients, followed by NH White, NH Asian, and Hispanic patients (39.1%, 34.7%, 35.3%, and 17.1%, respectively, Figure 2).
- Across race/ethnicity subgroups at enrollment, there were no significant differences in the use of topical treatments or in the use of systemic Janus Kinase Inhibitors (Table 2).

Table 3. Clinician-reported outcomes at enrollment by race/ethnicity subgroup

Outcome	NH White (N=139)	NH Black (N=23)	NH Asian (N=17)	Hispanic (N=76)	NH White, NH Black, NH Asian and Hispanic (N=255)	p-value compares NH White, NH Black, NH Asian and Hispanic	Other/Not reported (N=12)	All participants (N=267)
SALT						0.0284		
Mean (SD)	41.3 (37.3)	41.3 (43.7)	41.5 (43.2)	26.7 (32.3)	37.0 (37.3)		22.6 (30.3)	36.3 (37.1)
Median (n)	28.0 (139)	19.3 (23)	10.0 (17)	11.9 (76)	21.0 (255)		8.3 (12)	19.8 (267)
Min - Max	1.0 - 100	1.8 - 100	1.2 - 100	1.2 - 100	1.0 - 100		1.2 - 100	1.0 - 100
CGI-AA						0.0610		
Mean (SD)	2.4 (1.1)	2.3 (1.3)	2.3 (1.3)	1.9 (1.0)	2.2 (1.1)		1.9 (1.0)	2.2 (1.1)
Median (n)	2.0 (139)	2.0 (23)	2.0 (17)	2.0 (76)	2.0 (255)		2.0 (12)	2.0 (267)
Min - Max	1.0 - 4.0	1.0 - 4.0	1.0 - 4.0	1.0 - 4.0	1.0 - 4.0		1.0 - 4.0	1.0 - 4.0
Percent Hair loss						0.0120		
Mean (SD)	43.2 (35.9)	44.0 (42.3)	44.8 (41.9)	27.6 (31.6)	38.7 (36.3)		26.1 (28.7)	38.1 (36.0)
Median (n)	30.0 (138)	23.0 (23)	25.0 (17)	15.0 (76)	25.0 (254)		17.5 (12)	24.0 (266)
Min - Max	1.0 - 100	2.0 - 100	1.0 - 100	1.0 - 100	1.0 - 100		2.0 - 100	1.0 - 100
Eyebrow						0.0375		
Mean (SD)	1.0 (1.3)	0.6 (0.9)	1.1 (1.4)	0.5 (0.9)	0.8 (1.2)		0.9 (1.2)	0.8 (1.2)
Median (n)	0.0 (139)	0.0 (23)	0.0 (17)	0.0 (76)	0.0 (255)		0.0 (12)	0.0 (267)
Min - Max	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0		0.0 - 3.0	0.0 - 3.0
Eyelash						0.0146		
Mean (SD)	0.9 (1.3)	0.8 (1.1)	0.9 (1.3)	0.4 (0.9)	0.7 (1.2)		0.3 (0.9)	0.7 (1.2)
Median (n)	0.0 (139)	0.0 (23)	0.0 (17)	0.0 (76)	0.0 (255)		0.0 (12)	0.0 (267)
Min - Max	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0	0.0 - 3.0		0.0 - 3.0	0.0 - 3.0

## Conclusion:

- In this large real-world cohort, we identified differences in clinician reported measures by race/ethnicity subgroup.
- NH-Asian patients represented the largest proportion of patients with patient and clinician-reported severe disease.
- Clinician-reported eyebrow hair loss was most prevalent in NH White patients, while eyelash hair loss was most prevalent in NH Black patients.
- Hispanic patients had the smallest proportion with severe SALT, eyebrow and eyelash involvement.
- Additional research is required to better characterize AA and health-related quality of life burden in non-White AA patients.

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**Acknowledgements and Disclosures:** TARGET-DERM is a study sponsored by Target RWE. Target RWE is a health evidence solutions company headquartered in Durham, NC. The authors would like to thank all the investigators, participants, and research staff associated with TARGET-DERM. \*TARGET-DERM Investigators are the participating investigators who provided and cared for study patients; they are authors and non-author contributors. For the complete list, please see ClinicalTrials.gov (NCT03661866). **MKH** has functioned as an advisory board member or investigator (funds paid to institution) for Arcutis Biotherapeutics, Abbvie, Eli Lilly, Pfizer, RegenLab, SUN Pharmaceuticals, Cassiopea, and the National Alopecia Areata Foundation; **BNU** had research funds paid to institution from: Incyte, Pfizer, and Rapt. He consulted for: Arcutis Biotherapeutics, Bristol Myers Squibb, Castle Biosciences, Fresenius Kabi, Galderma, Pfizer, Primus Pharmaceuticals, Sanofi, and UCB. **NAM** has rendered professional services to AbbVie, Arena Pharmaceuticals, Bristol Myers Squibb, Concert Pharmaceuticals, Eli Lilly, La Roche Posay, and Pfizer; **ASP** has served as an investigator or consultant for AbbVie, Boehringer-Ingelheim, Bristol Myers Squibb, Catawba, Dermavant, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Regeneron, Sanofi/Genzyme, Seanergy, and UCB; and has served on AbbVie and Galderma Data Safety Monitoring Boards; **MSC** was an investigator for Biofronterra; **LWL** has rendered professional services to Castle Creek Biosciences, Eli Lilly, Pfizer, Regeneron Pharmaceuticals, Inc., Chiesi, AbbVie, Amryt Pharma, Krystal Biotech, Novartis, Kimberly Clark- consultant; AbbVie, Amgen, Amryt Pharma, Arcutis Biotherapeutics, Castle Creek Biosciences, Celgene, Eli Lilly, Galderma, Incyte, Mayne Pharmaceuticals, MoonLake Pharmaceutical, Novartis, Pfizer, Regeneron Pharmaceuticals Inc., Sanofi, Target Pharma, Trevi Therapeutics, Timber, UCB - investigator; Amryt Pharma, Krystal Biotech - speaker. **SR, CB, and AS** are employee of AbbVie and may hold stock options. **KDK, BM, and JMC** are employees of Target RWE and may hold stock options.