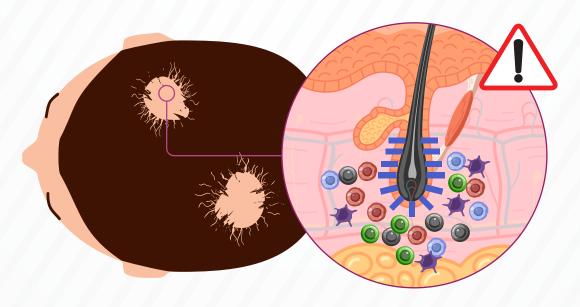


Analysing the Efficacy and Safety of Ritlecitinib in Adolescents with Alopecia Areata

This infographic reflects the content of the following article: Hordinsky, M., Hebert, A. A., Gooderham, M., Kwon, O., Murashkin, N., Fang, H., Harada, K., Law, E., Wajsbrot, D., Takiya, L., Zwillich, S. H., Wolk, R., & Tran, H. (2023). Efficacy and safety of ritlecitinib in adolescents with alopecia areata: Results from the ALLEGRO phase 2b/3 randomized, double-blind, placebo-controlled trial. *Pediatric Dermatology*, *40*(6), 1003–1009. https://doi.org/10.1111/pde.15378

Alopecia areata: Prevalence and impact1-6

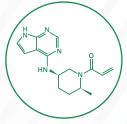


Alopecia areata (AA) is an autoimmune disease in which the body's immune system attacks its own hair follicles



Impairs quality of life and psychosocial well-being, especially in children and adolescents

ALLEGRO-2b/3 study and ritlecitinib7



Ritlecitinib is an oral, selective dual inhibitor of Janus kinase 3 (JAK3) and Tec family kinases

Approved in the United States and Japan for treating AA in patients >12 years of age

An international, randomised, double-blind, placebo-controlled, multicentre study

ALLEGRO-2b/3

Investigated the efficacy and safety of ritlecitinib in patients >12 years old with AA



This study is a subgroup analysis that specifically evaluated the efficacy and safety of ritlecitinib in patients aged **between 12 to 17 years** from the ALLEGRO-2b/3 trial

Participants



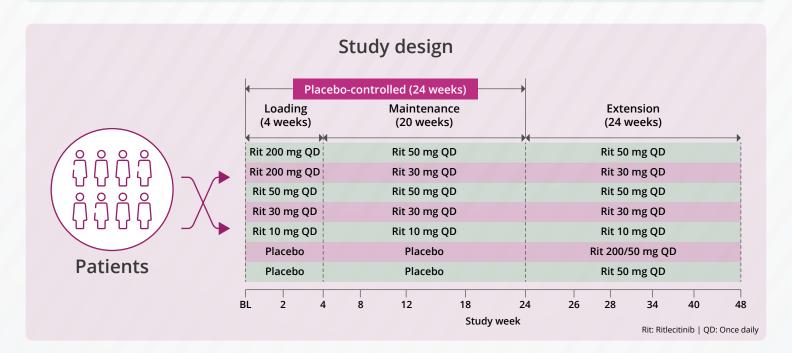
Adolescents aged 12 to 17 years with AA



>50% hair loss



Current AA episode duration: 6 months to 10 years



Exploring the efficacy of ritlecitinib in adolescents with AA aged 12 to 17 years







At week 24: ritlecitinib vs. placebo

In the ritlecitinib group (receiving ≥30 mg)



17%–28% achieved Severity of Alopecia Tool (SALT) score <20



A high proportions of patients achieved eyebrow and eyelash regrowth responses



- ↑ Proportion of adolescents
- ↑ Hair regrowth (PGI-C)
- ↑ Satisfaction (P-Sat)
- ♣ Hair loss scores (AAPPO)

√ 45%-61% of adolescents experienced moderate or great improvements in AA

At week 48: ritlecitinib vs. placebo

Efficacy maintained and improved



Efficacy demonstrated by ritlecitinib in the adolescent subgroup was consistent with the total study population (adults + adolescents)

AAPPO: Alopecia Areata Patient Priority Outcome PGI-C: Patient Global Impression of Change

P-Sat: Patient Satisfaction with Hair Growth

Safety profile of ritlecitinib in adolescents with AA8









Serious AEs in 3 adolescents

- Appendicitis (patient in the 200/30 mg group)
- Eczema (patient in the 10 mg group)
- Suicidal behaviour (patient in the 10 mg group)

2 patients discontinued due to:

- Eczema (patient in the 10 mg group)
- Urticaria (patient in the 50 mg group)

Ritlecitinib was safe and well-tolerated at all doses in adolescent patients, consistent with the total study population (adults + adolescents)

Conclusions8,9

- AA is an autoimmune disorder that causes nonscarring hair loss and significantly impairs patient's quality of life
- ✓ Ritlecitinib is an oral, selective dual inhibitor of JAK3 and Tec family kinases
- Ritlecitinib treatment in adolescents with AA for 48 weeks exhibited significant clinician-reported efficacy, patient-reported improvement, and an acceptable safety profile
- Ritlecitinib efficacy and tolerability in adolescents are consistent with outcomes reported for the total study population

References:

- 1. Islam, N., Leung, P. S., Huntley, A. C., & Gershwin, M. E. (2015). The autoimmune basis of alopecia areata: a comprehensive review. Autoimmunity Reviews, 14(2), 81–89.
- 2. Lee, H. H., Gwillim, E., Patel, K. R., Hua, T., Rastogi, S., Ibler, E., & Silverberg, J. I. (2020). Epidemiology of alopecia areata, ophiasis, totalis, and universalis: A systematic review and meta-analysis. *Journal of the American Academy of Dermatology, 82*(3), 675–682.
- 3. Tan, E., Tay, Y. K., Goh, C. L., & Chin Giam, Y. (2002). The pattern and profile of alopecia areata in Singapore–a study of 219 Asians. International Journal of Dermatology, 41(11), 748–753.
- 4. Shellow, W. V., Edwards, J. E., & Koo, J. Y. (1992). Profile of alopecia areata: a questionnaire analysis of patient and family. International Journal of Dermatology, 31(3), 186–189.
- 5. Christensen, T., Yang, J. S., & Castelo-Soccio, L. (2017). Bullying and quality of life in pediatric alopecia areata. Skin Appendage Disorders, 3(3), 115–118.
- 6. Beard, H. O. (1986). Social and psychological implications of alopecia areata. Journal of the American Academy of Dermatology, 14(4), 697–700.
- 7. Xu, H., Jesson, M. I., Seneviratne, U. I., Lin, T. H., Sharif, M. N., Xue, L., ... & Telliez, J. B. (2019). PF-06651600, a dual JAK3/TEC family kinase inhibitor. ACS Chemical Biology, 14(6), 1235–1242.
- 8. King, B., Zhang, X., Harcha, W. G., Szepietowski, J. C., Shapiro, J., Lynde, C., ... & Wolk, R. (2023). Efficacy and safety of ritlecitinib in adults and adolescents with alopecia areata: a randomised, double-blind, multicentre, phase 2b–3 trial. *The Lancet, 401*(10387), 1518–1529.
- 9. Sinclair, R., & Mesinkovska, N. (2022). 33280 Improvement in patient-reported hair loss outcome measures in patients with alopecia areata treated with ritlecitinib: 48-week results from the ALLEGRO phase 2b/3 randomized, double-blind, placebo-controlled trial. *Journal of the American Academy of Dermatology, 87*(3), AB69.

