Correlation between achieving SALT 20 score and clinician- and patient-reported outcomes among patients diagnosed with alopecia areata in the US: An assessment from the TARGET-DERM AA registry

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Introduction

- Alopecia areata (AA) is a systemic immune-mediated disease with high patient burden.

Objective

- This analysis explores whether clinical improvement in AA correlates with improvements in health-related quality of life (HRQoL) burden.

Methods

- United States and Canadian clinics enrolled participants in the TARGET-DERM AA registry (December 2021 - November 2024, data collection ongoing).
- Inclusion criteria:
  - Enrolled in TARGET-DERM AA
  - Aged ≥12 years of age
  - Severity of Alopecia Tool (SALT) score ≥ 25 at enrollment
  - At least one follow-up visit with a SALT score
- Outcomes assessed at enrollment and the follow-up visit:
  - The Clinician's Global Impression of AA (CGI-AA) 0 (No hair loss) – 4 (Severe hair loss)
  - SALT 0 (Less hair loss) – 100 (Increased hair loss)
  - Alopecia Areata Patient Priority Outcomes (AAPPO) has 3 domains:
    - Hair loss (HL) 0 (Less hair loss) – 4 (Greater hair loss)
    - Emotional Symptoms (ES) 0 (Never experienced emotional symptom) – 4 (Always experienced emotional symptom)
    - Activity Limitations (AL) 0 (None) – 4 (Complete)
- Patient satisfaction with hair growth (P-SAT) has 3 domains (Amount of hair growth, Quality of hair growth, Overall hair on scalp), each with the percentage of patients reporting satisfaction (slightly, moderately, or very):
- PROMIS SF v1.0 Depression 4a, T-Score 41.0 (Mild) – 79.4 (Severe)
- PROMIS SF v1.0 Anxiety 4a, T-Score 40.9 (Mild) – 85.2 (Severe)
- The index date was the date of enrollment; the follow-up visit was the earliest date a participant achieved a SALT ≤ 20, or otherwise the most recent SALT score.
- Patients were assigned into two subgroups (SALT 20 or non-SALT 20) based upon their follow-up SALT score.
- Descriptive statistics of the differences in improvement at follow-up were compared between SALT 20 and non-SALT 20 achievers using Kruskal-Wallis, Chi-Squared, and/or Fisher's exact test as appropriate.

Results

- Of the 45 qualifying AA patients, the mean age was 37 years, 60% were female, 64.4% were adults.
- 67% identified as Non-Hispanic (NH) White, 9% identified as Hispanic, 2% NH Black and 2% as NH Asian.
- The mean SALT score at enrollment was 71.1 (SD=26.4), with 33% having SALT score 25-49, and 67% having SALT score 50 or higher. Other baseline patient characteristics (including time to follow-up) were similar for SALT 20 achievers and non-SALT 20 achievers.

Figure 1. Distribution by follow-up SALT 20 score

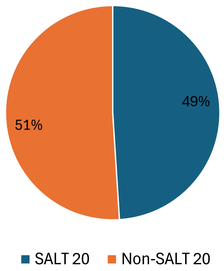
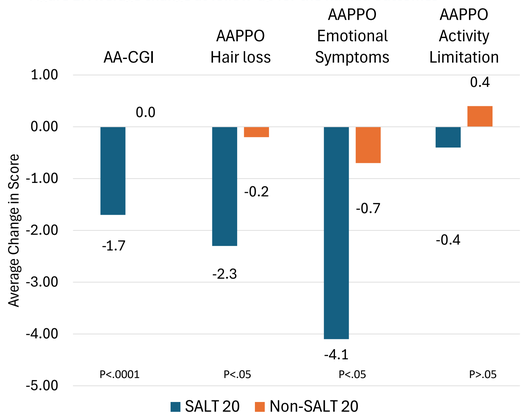


Figure 2. Average change at follow-up for the named outcomes



- The mean change between index and follow-up for the AA-CGI score for SALT 20 achievers was -1.7 (SD=1.1), while those not achieving SALT 20 showed no change 0.0 (SD=1.0, p<.0001, Figure 2).
- SALT 20 achievers showed statistically significant improvement over non-SALT 20 achievers in mean change for AAPPO 'hair loss' and 'emotional symptom' (-2.3 vs -0.2 and -4.1 vs -0.7, respectively p<.05). SALT 20 achievers also had numerical improvement in the mean AAPPO 'activity limitation' score, -0.4 vs 0.4, respectively (Figure 2).
- Significant differences were observed in the percentage change of satisfied patients (slightly, moderately, or very satisfied) between SALT 20 achievers and non-SALT 20 achievers for the P-SAT measures of 'amount of hair' and 'overall scalp hair satisfaction' (75% vs 14% and 88% vs 14%, respectively p<.05, Figure 3). Although not significant, there was an 88% increase in SALT 20 achievers reporting satisfaction with P-SAT hair quality compared to a 72% increase in non-SALT 20 achievers (Figure 3).
- Numerical improvement was also observed in the average change of PROMIS anxiety and depression scores, with greater average decreases in mean scores in SALT 20 achievers over non-SALT 20 achievers (-7.0 vs -3.1 and -6.4 vs -3.0, respectively, p>.05, Figure 4). Despite lacking sufficient power to obtain significance, the trend in the data suggests differences.

Figure 3. The percentage of AA patients achieving P-SAT satisfaction from baseline to follow-up

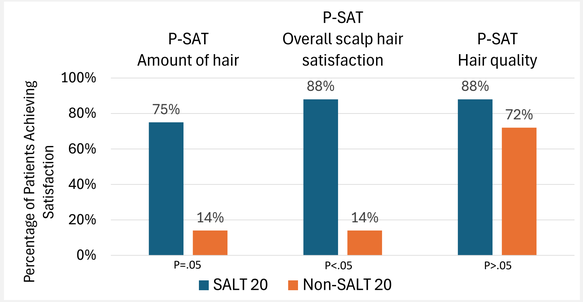
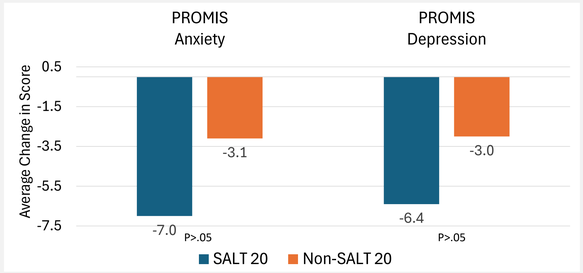


Figure 4. Mean change in PROMIS anxiety and depression scores from baseline to follow-up



Conclusion:

- This analysis evaluated the impact of achieving a clinically meaningful response (SALT 20) on HRQoL burden among AA patients with similar baseline characteristics.
- It found that patients achieving SALT 20 had significant improvements in CGI-AA, AAPPO, and P-SAT scores.
- AA-specific HRQoL measures effectively capture improvement in patients achieving SALT score ≤20.
- Additional research should characterize HRQoL burden across different SALT strata at treatment initiation.

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