

# Evidence-Based Data on How Long to Treat to Achieve Response With Baricitinib in Severe Alopecia Areata

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## OBJECTIVE

- In this post hoc analysis, we evaluated patients achieving at least 30% improvement (SALT<sub>30</sub>), and their ultimate achievement of 20% or less hair loss (SALT score ≤20) to better characterize the optimal length of time required to treat individual patients with severe AA

## CONCLUSIONS

- These post hoc data from the BRAVE-AA trials can help answer 2 important clinical questions
- Clinical Question #1:** What treatment duration is required to observe meaningful improvement predicting success?
  - SALT<sub>30</sub> improvement can be used to predict those for whom ongoing treatment will have greatest benefit
  - Most patients with severe AA (SALT score 50-94) showed SALT<sub>30</sub> improvement by 6 months of treatment
  - In those with very severe AA (SALT score 95-100), SALT<sub>30</sub> improvement rates continued to increase through 1 year of treatment
- Clinical Question #2:** If I observe a clinical change that indicates treatment is working in my patients, how many will achieve treatment success?
  - Most patients with severe AA (SALT score 50-94), who showed objective improvement at 6 months, achieved SALT score ≤20 within 1 year of treatment
  - Patients with very severe AA (SALT score 95-100) continued to show increases in absolute numbers of SALT<sub>30</sub> improvers and SALT score ≤20 responders up to at least 1 year
- The results of this analysis are applicable to baricitinib 4-mg monotherapy, and not to treatment with baricitinib 2-mg, where up-titration to baricitinib 4-mg and/or the addition of other therapies may be a consideration

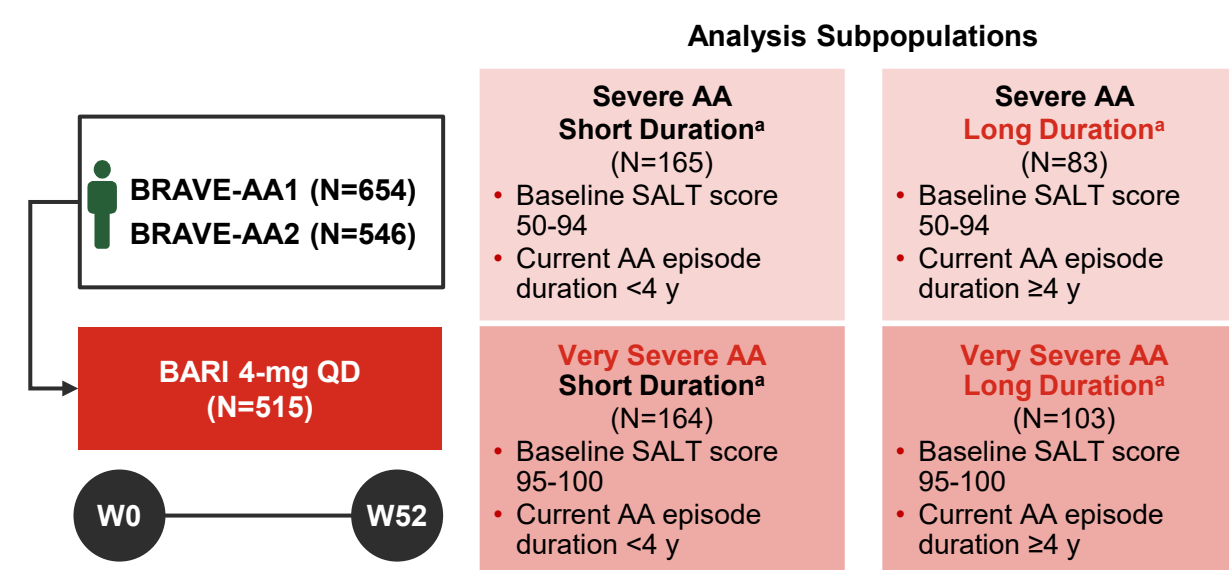
## BACKGROUND

- AA is an autoimmune, non-scarring hair loss disorder that most often affects the scalp but can develop on any hair-bearing site, including eyebrows and eyelashes<sup>1</sup>
- Baricitinib 4-mg or 2-mg showed efficacy vs. placebo in hair regrowth in 2 Phase 3 trials (BRAVE-AA1 and BRAVE-AA2) and is an approved systemic therapy (selective JAK inhibitor) for treatment of severe AA in adults<sup>1,2</sup>
- Hair regrowth in response to treatment can be variable, with the timing and likelihood of treatment response being affected by baseline disease severity and by duration of current episode<sup>3</sup>
- The speed of hair regrowth is slow unlike the more rapid responses to treatment observed with other dermatoses, and clinicians are continuing to learn about what to expect from treatment
- At least 30% improvement (SALT<sub>30</sub>) has previously been shown to be a predictor of future achievement of 20% or less hair loss (SALT score ≤20)<sup>3</sup>
- To appropriately counsel patients and to make decisions on when to stop or switch therapy, clinicians continue to seek data on how long to optimally treat patients to achieve a response

## STUDY DESIGN

### BRAVE-AA1 and BRAVE-AA2

- This analysis included patients who continued to receive baricitinib 4-mg from randomization through to Week 52



<sup>a</sup>Of current AA episode. Note: Figure is not the full BRAVE-AA1 and BRAVE-AA2 program.

### Assessments and Statistical Analyses

- Proportion of patients achieving *meaningful improvement* in SALT score (SALT<sub>30</sub>) for each subpopulation
- Proportion of patients achieving SALT score ≤20 through Week 52 among patients who achieved SALT<sub>30</sub> at Weeks 24, 36, and 52
- Visits after permanent study drug discontinuation were excluded with non-responder imputation for SALT<sub>30</sub> and SALT score ≤20

## Methods

### Key Eligibility Criteria: BRAVE-AA1 and BRAVE-AA2

- Male (≥18 to ≤60 years) or female (≥18 to ≤70 years)<sup>a</sup>
- Hair loss involving ≥50% of the scalp, assessed with SALT score
- Current episode of AA >6 months to <8 years<sup>b</sup>
- No spontaneous improvement in the 6 months before screening
- Not primarily a “diffuse” type of AA
- No concomitant treatments for AA allowed<sup>c</sup>

<sup>a</sup>Different upper age limits were included for male and female patients based on differences in the prevalence of concomitant androgenetic alopecia; <sup>b</sup>Patients who had AA for ≥8 years could be enrolled if episodes of regrowth, spontaneous or under treatment, had been observed on the affected areas over the past 8 years; <sup>c</sup>Oral/topical minoxidil or finasteride was allowed if on stable dose for ≥12 months and bimatoprost ophthalmic solution was allowed if on stable dose for ≥8 weeks.

### SALT Score<sup>4</sup>

- SALT score interpretation
  - SALT score 0=no hair loss
  - SALT score 100=complete hair loss
  - SALT score ≤20=20% or less hair loss (≥80% scalp coverage)
- SALT subscript interpretation
  - Subscripts refer to percent improvement from baseline (eg, SALT<sub>30</sub>≥30% improvement from baseline in total SALT score)

#### Example of Severe AA: SALT Score 50-94



SALT score 62

#### Example of Very Severe AA: SALT Score 95-100



SALT score 100

## Results

### Baseline Demographics and Patient Characteristics

- Very severe subgroups were more likely to have atopic backgrounds and had higher prevalence of significant or total loss of eyebrows and/or eyelashes

Characteristic	Severe AA Short Duration <sup>a</sup> (N=165)	Severe AA Long Duration <sup>a</sup> (N=83)	Very Severe AA Short Duration <sup>a</sup> (N=164)	Very Severe AA Long Duration <sup>a</sup> (N=103)
Age, y, mean (SD)	38.1 (13.3)	39.6 (13.0)	35.1 (12.1)	36.7 (13.7)
Female, %	61.2	72.3	53.7	58.3
Race, %				
White	53.7	53.0	46.3	57.3
Asian	31.7	28.9	42.7	34.0
Black or African American	9.8	14.5	8.5	3.9
Other	2.4	1.2	1.2	1.9
BMI, kg/m <sup>2</sup> , mean (SD)	26.9 (5.5)	26.1 (5.2)	26.0 (5.0)	26.4 (5.1)
Duration of AA since onset, y, mean (SD)	9.1 (10.7)	15.1 (10.9)	10.2 (10.1)	16.3 (11.5)
Patients with atopic background, <sup>b</sup> %	32.1	31.3	40.2	38.8
SALT score, mean (SD)	69.7 (15.0)	69.2 (14.0)	99.4 (1.3)	99.6 (1.2)
ClinRO eyebrow score ≥2, %	48.5	49.4	82.2	93.1
ClinRO eyelash score ≥2, %	35.6	39.8	80.4	83.3

<sup>a</sup>Severe AA/Short duration=baseline SALT score 50-94 and current AA episode duration <4 y; Severe AA/Long duration=baseline SALT score 50-94 and current AA episode duration ≥4 y; Very severe AA/Short duration=baseline SALT score 95-100 and current AA episode duration <4 y; Very severe AA/Long duration=baseline SALT score 95-100 and current AA episode duration ≥4 y; <sup>b</sup>Atopic background is defined as medical history or current atopic dermatitis, allergic rhinitis, allergic conjunctivitis, or allergic asthma. Note: Percentages are based on the number of patients with non-missing data.

**References:** 1. King B, et al. *J Am Acad Dermatol*. 2021;85:847-853. 2. King B, et al. *N Engl J Med*. 2022;386:1687-1699. 3. King B, et al. *Br J Dermatol*. 2023;189:666-673. 4. Olsen EA, et al. *J Am Acad Dermatol*. 2004;51:440-447. **Abbreviations:** AA=alopecia areata; BARI=baricitinib; BMI=body mass index; ClinRO=Clinician-Reported Outcome; JAK=Janus kinase; QD=once daily; SALT=Severity of Alopecia Tool; SALT score ≤20=20% or less hair loss; SALT<sub>30</sub>≥30% improvement from baseline in SALT score; SD=standard deviation; W=Week; y=year

**Disclosures:** B. King has served on advisory boards and/or is a consultant and/or a clinical trial investigator and/or is on a data monitoring committee for: AbbVie, Almirall, AltruBio, AnaptyxBio, Arena Pharmaceuticals, ASLAN Pharmaceuticals, Bionix Therapeutics, Bristol Myers Squibb, Concert Pharmaceuticals, Eli Lilly and Company, Equillium, Horizon Therapeutics, Incyte Corporation, Janssen, LEO Pharma, Merck, Otsuka/Visterra, Pfizer, Q32 Bio, Regeneron, Sanofi Genzyme, Sun Pharma, TWI Biotechnology, Ventyx Biosciences, and Viala Bio; has served on speakers bureaus for: AbbVie, Eli Lilly and Company, Incyte Corporation, Pfizer, Regeneron, and Sanofi Genzyme; and is a scientific advisor for: BiologicsMD, M. Senna has served on advisory boards and/or has been a consultant for: Arena Pharmaceuticals, Concert Pharmaceuticals, Eli Lilly and Company, and Pfizer; and is a clinical trial investigator for: Concert Pharmaceuticals and Eli Lilly and Company. M. Ohyama has received lecture and advisory fees from: AbbVie G.K., Bristol Myers Squibb Japan, Eli Lilly Japan K.K., Pfizer Japan, Rohto Pharmaceutical, and Taisho Pharmaceutical; and has received research grants from: Advantest Corporations, Maruho, Shiseido, and Sun Pharma Japan; R. Sinclair has been an investigator for and/or provided professional services to: AbbVie, Aerotek Scientific, Akeo Biopharma, Amgen, Arcutis, Arena Pharmaceuticals, Ascend Laboratories, AstraZeneca, Bayer Pharmaceuticals, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Cohesus BioSciences, Connect Biopharma, Cutanea, Dermira, Eli Lilly and Company, Galderma, GlaxoSmithKline, Janssen, LEO Pharma, MedImmune/AstraZeneca, Merck Sharp & Dohme, Novartis, Oncobiologics, Pfizer, Regeneron, Reistone Biopharma, Sanofi, Sun Pharma, and UCB Pharma; N. Lu is an employee of: Precision Statistics Consulting; N. Somani, Y. Dutronc, Y.-F. Chen, J. P. Jedynak, and A. Buchanan are employees and shareholders of: Eli Lilly and Company; B. M. Piraccini has received honoraria from or been a consultant for: Almirall, Eli Lilly and Company, ISDIN, Pfizer, and Vichy Laboratoires. Medical writing assistance was provided by Serina Stretton, PhD, CMPP, of ProScribe – Envision Pharma Group, and was funded by Eli Lilly and Company

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## STUDY QUESTIONS



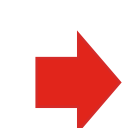
What treatment duration is required to observe meaningful improvement predicting success?



Time to observe at least 30% improvement (SALT<sub>30</sub>)

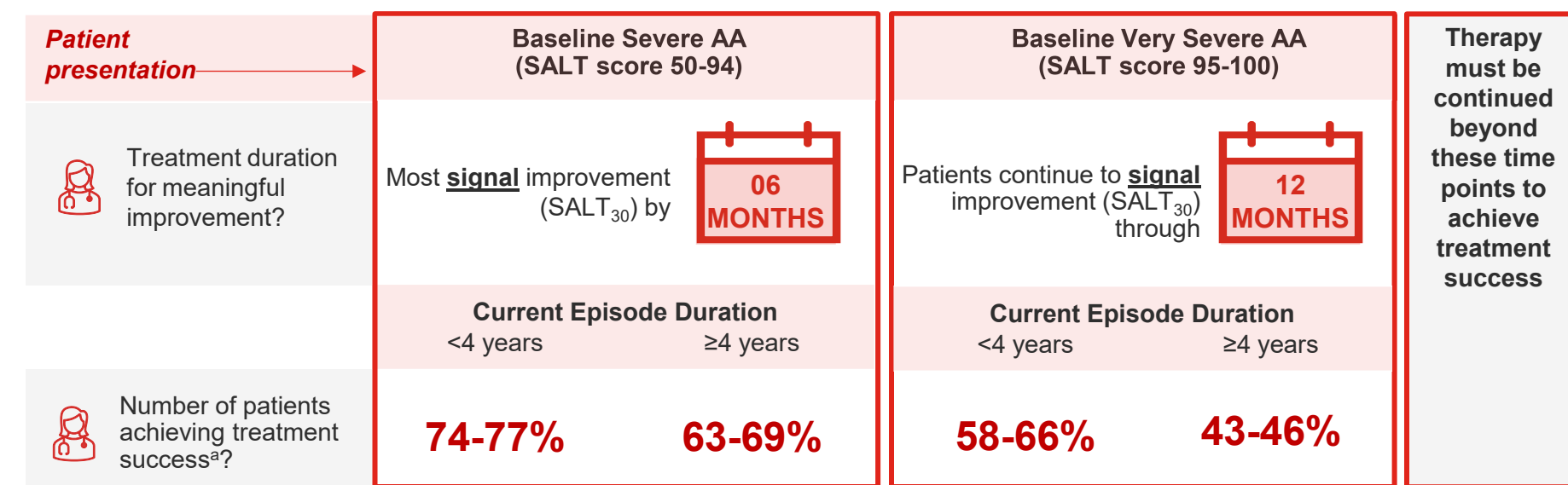


If I observe this clinical change, how likely is it that my patient will achieve treatment success?



Treatment success SALT score ≤20 at Week 52 among those achieving SALT<sub>30</sub> at each time point (Weeks 24, 36, 52)

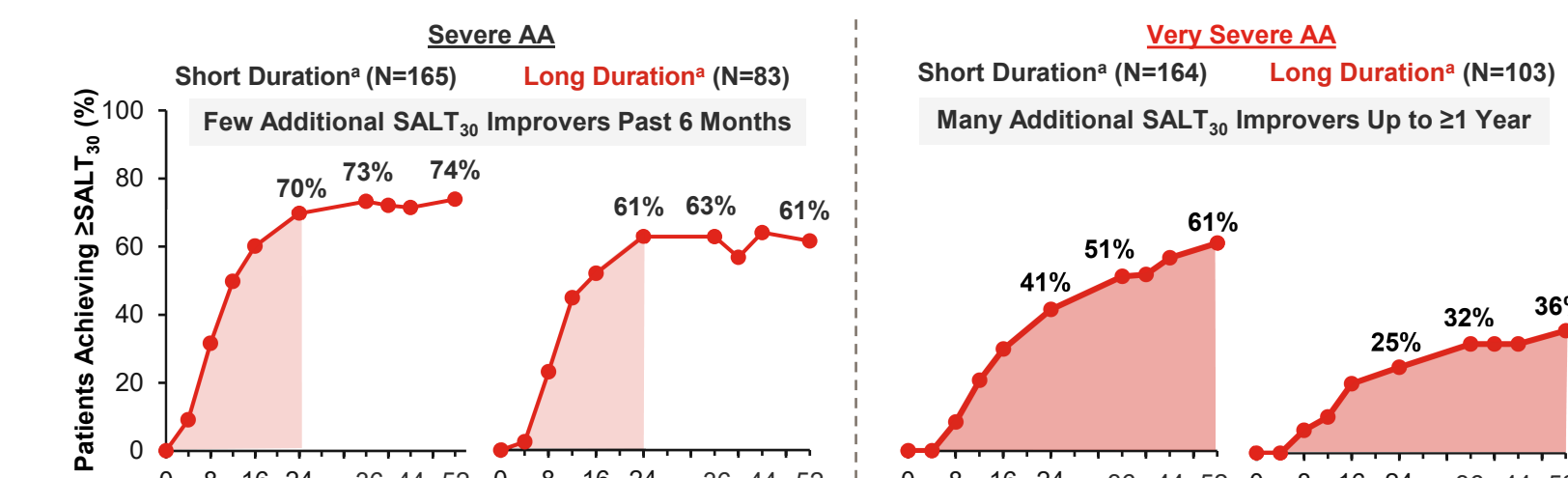
## KEY RESULTS



Improvement (defined as 30% improvement from baseline in SALT score) indicates that treatment is working and predicts that continued treatment will lead to a meaningful response (SALT score ≤20) by 1 year

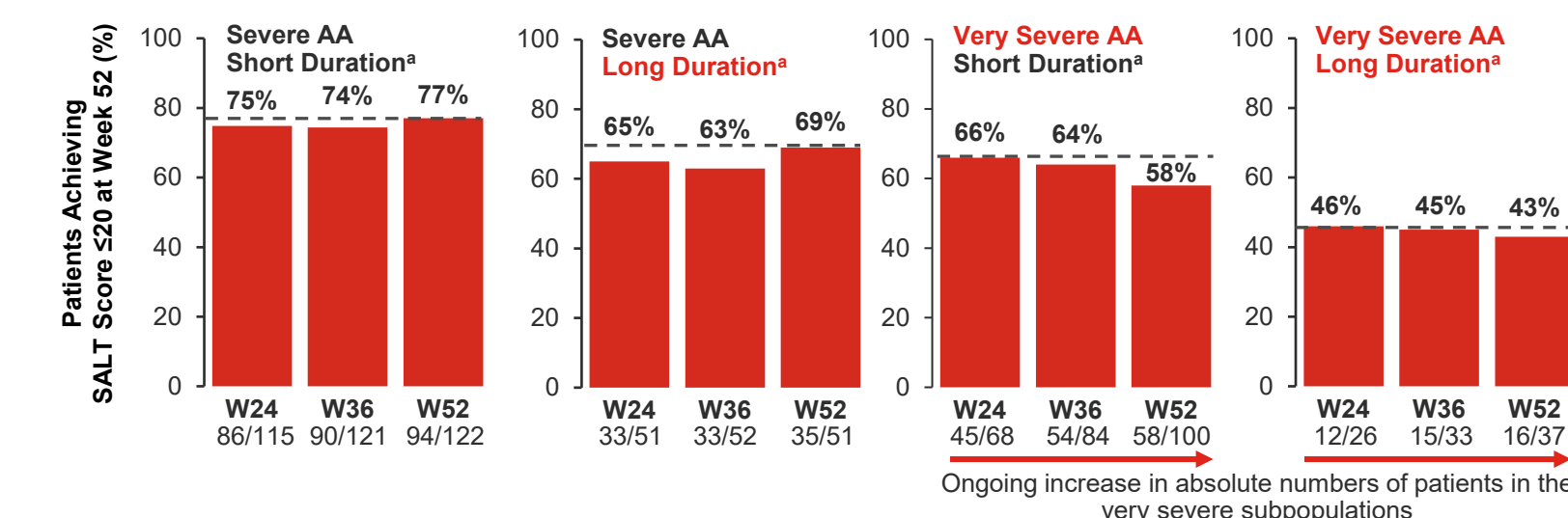
<sup>a</sup>Among those who achieve SALT<sub>30</sub> at each time point (Weeks 24, 36, 52).

### Clinical Change Predicting Eventual Treatment Success (SALT<sub>30</sub>)



Note: Shading indicates time over which response rates notably continue to increase.

### Patients Achieving Treatment Success (SALT Score ≤20 at Week 52) Among Those Reaching SALT<sub>30</sub> at Weeks 24, 36, and 52



<sup>a</sup>Severe AA/Short duration=baseline SALT score 50-94 and current AA episode duration <4 y; Severe AA/Long duration=baseline SALT score 50-94 and current AA episode duration ≥4 y; Very severe AA/Short duration=baseline SALT score 95-100 and current AA episode duration <4 y; Very severe AA/Long duration=baseline SALT score 95-100 and current AA episode duration ≥4 y.