

Identifying the Continuing Educational Needs of US Dermatology Clinicians in Managing Patients with Alopecia Areata¹

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1 Background

Alopecia areata (AA) is an autoimmune skin disease that can cause significant physical and psychological burden. This study was conducted to understand current approaches of dermatologists and dermatology advanced practice providers (APP) to assessing and managing patients with AA, knowledge of the pathophysiology of AA, and awareness of emerging AA treatments to identify areas for future education. Additionally, this study sought to understand clinician preferences for continuing medical education on AA.

2 Methodology

A survey instrument including 2 patient case vignettes and a series of multiple choice, Likert-type, and open-ended questions was developed in collaboration with an AA clinical expert.

The survey was programmed on a web-based platform and fielded during February 2022 via email. It was distributed to a random sample of clinicians within the target audience.

Analyses used a combination of quantitative methods with qualitative open-ended coding to understand responses based on clinical role (dermatologists vs. APP) and based on the volume of patients with AA seen per month.

3 Study sample demographics

	Dermatologists (N = 150)	Dermatology NPs/PAs (N = 76)
# of patients seen per week (mean)	158 patients	151 patients
# of patients with AA seen per month (mean)	23 patients	19 patients
% academic affiliation	9%	5%
Number of years in practice (mean)	20 years	15 years

Screening criteria: No more than 50% of surgical practice, must see at least 1 patient with AA per month.

Analysis was conducted to understand the differences between clinicians seeing more patients with AA (≥ 21 per month) compared to those who see fewer patients (≤ 8 per month). Results where differences are statistically significant between the groups have been included. Statistical significance: $p \leq .05$

4 Assessment approach for patient with hair loss

Patient case: A 33-year-old man presents for evaluation of hair loss. He first noticed several small, round patches of hair loss on his posterior scalp about 4 months ago. The areas rapidly became larger, and new areas of hair loss developed. He is otherwise healthy and does not take any medications. Review of systems is unremarkable. On exam there are well-demarcated patches of hair loss involving the occipital, temporal, and vertex of the scalp. The underlying skin appears normal.

Which of the following would you use as part of your assessment of this patient?

Assessment Tool	Derm (N = 150)	Derm NP/PA (N = 76)
Alopecia assessment tool (eg, SALT, AASc)	38%	36%
Biopsy	24%	24%
Hair pull test	47%	39%
Lab tests (eg, ANA, TSH)	57%	63%
Trichoscopy/dermoscopy	36%	46%
Other (please specify)	4%	4%
None of these	17%	14%

Over 1/2 would perform lab tests and just over 1/3 report they would use an alopecia assessment tool when assessing this patient. ~15% of respondents would do nothing further in their assessment of this patient. Of those not using an assessment tool, most reported it was due to a lack of familiarity.

Clinicians seeing more patients with AA are **more likely to use an assessment tool** as compared to those who see fewer patients (44% vs. 28%).

% who would NOT use an AA tool as part of their assessment

Group	%
Derm (N = 150)	62%
Derm NP/PA (N = 76)	64%

Main reason would not use an AA tool? (open-ended)

- Lack of familiarity (26)
- AA is a clinical diagnosis (22)
- AA is a straightforward/classical presentation (21)
- No value (21)
- Time-consuming (13)

5 Disease severity and treatment goals

Case cont'd: Further evaluation reveals hair loss of 50% (a SALT score of 50). Dermoscopy is notable for exclamation hairs and yellow dots. You begin a discussion with the patient about his AA. He reports that his hair loss adversely affects his social life and functioning at work. He would like to begin treatment.

How would you classify the severity of the patient's AA? (Patient has hair loss of 50%, a SALT score of 50)

Severity	Derm (N = 150)	Derm NP/PA (N = 76)
Mild	1%	0%
Moderate	28%	25%
Severe	71%	72%
Unsure	0%	3%

1/4 of respondents underestimated the severity of the patient's AA.

6 Confidence in managing severe or refractory AA

Respondents report high confidence in managing limited or patchy AA; however, confidence drops when managing either severe or refractory disease.

Clinicians seeing more patients with AA are **more confident managing severe disease** (mean: 2.8 vs. 2.4) and **refractory disease** (mean: 2.5 vs. 2.0) than those who see fewer patients.

Self-reported confidence in managing AA:

Disease Type	Derm (N = 150)	Derm NP/PA (N = 76)
Limited or patchy disease	4.2	4.2
Severe disease	2.6	2.6
Refractory disease	2.3	2.3

7 Familiarity with emerging therapies & clinical trials

Self-reported familiarity was highest with tofacitinib followed by ruxolitinib and then baricitinib. Dermatologists were more familiar with these therapies than NPs/PAs.

Clinicians seeing more patients with AA are more familiar with all new and emerging therapies for AA as compared to those who see fewer patients.

Familiarity with new and investigational therapies for AA (mean)

Therapy	Derm (N = 150)	Derm NP/PA (N = 76)
Baricitinib	1.8	2.3
Ritlecitinib	1.5	1.5
Ruxolitinib	2.3	2.6
Tofacitinib	2.5	2.9

Familiarity with clinical trials of investigational therapies for AA (mean)

Therapy	Derm (N = 150)	Derm NP/PA (N = 76)
ALLEGRO	1.2	1.2
BRAVE-AA	1.2	1.2
THRIVE-AA	1.2	1.2

8 Pathogenesis of AA

About 1/4 are aware that INF- γ triggers immune responses through the JAK/STAT pathway; however, the majority of respondents reported that they were unsure of the pathogenesis of AA.

The pathogenesis of AA involves activation of the JAK/STAT signaling pathway by which of the following?

Pathway	Derm (N = 150)	Derm NP/PA (N = 76)
Caspase-1	4%	5%
Interferon-gamma (INF- γ)	27%	24%
Interleukin-31 (IL-31)	6%	17%
Tumor necrosis factor-alpha (TNF α)	3%	0%
Unsure	60%	54%

9 Future CME on AA

How likely are you to participate in CME on AA in the upcoming year?

Group	Mean Likelihood
Derm (N = 150)	3.7
Derm NP/PA (N = 76)	4.3

Topics related to AA of most interest for future CME activities

- New and emerging treatments
- Safety and efficacy of current and emerging treatments
- Current treatments/best treatment approach

10 Likelihood to participate in CME formats

Likelihood to participate in the following formats of education in the next 6 months

Dermatology NPs/PAs report higher likelihood to attend an in-person national or regional conference compared to dermatologists.

Format	Derm (N = 150)	Derm NP/PA (N = 76)
In-person national or regional meetings	3.0	3.7
Virtual national or regional meetings	3.1	3.1
Online "live" webcasts	2.3	3.0
On-demand webinars	2.8	3.0
Online text CME	3.1	3.4
Podcast or audio recordings	2.5	2.7
Print monographs and newsletters	2.9	3.2

11 Implications

Given the physical and psychological burdens that AA presents to patients, it is important for clinicians to properly diagnose AA and provide appropriate management strategies while taking patient quality of life into consideration. This study identified areas where future education on AA may be beneficial, including the use of alopecia assessment tools in evaluating AA symptoms and determining severity, approaches to managing patients with severe or refractory disease and data supporting the efficacy and safety of new and emerging therapies for AA.

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