



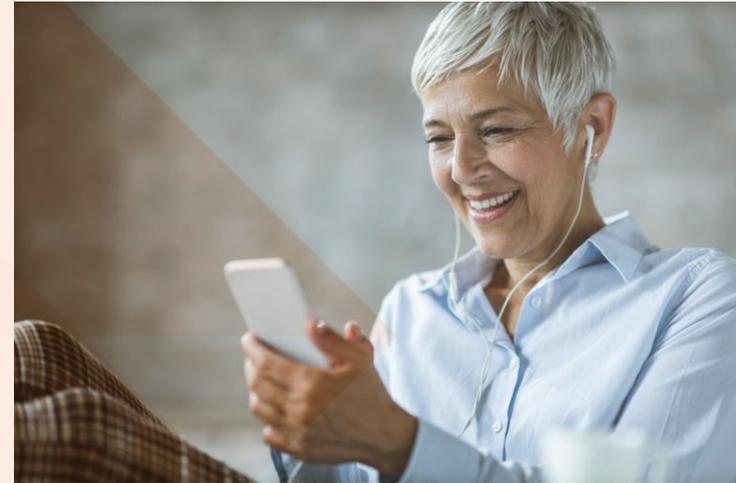
# Clinical Studies of Androgenetic Alopecia Treatment Products

## Confidentiality Statement

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# Overview of the Webinar - Agenda

- What kind of products?
- Regulatory background
- Anatomy human scalp & hair
- What is Androgenetic Alopecia?
- Clinical study design
- Inclusion criteria
- Objective & subjective evaluation
- Methods & devices
- Possible claims
- Questions & answers



# Product Categories

- **Cosmetic products:**
  - Caffein, Cannabidiol, Biotin, Plant-based Oils, Niacin derivates, Redensyl
- **Food supplements:**
  - Vitamins , Minerals, Nutraceuticals
- **Medical devices:**
  - Advanced Laser Treatment (LLLT), Microneedling
- **Medicinal products:**
  - Minoxidil, Finasterid, (Dutasteride), Diasteride, Ppyrilutamide, Spironolactone etc.
  - Botulinum Toxin, Platelet-rich-plasma (PRP), Stemm Cell Therapy etc.



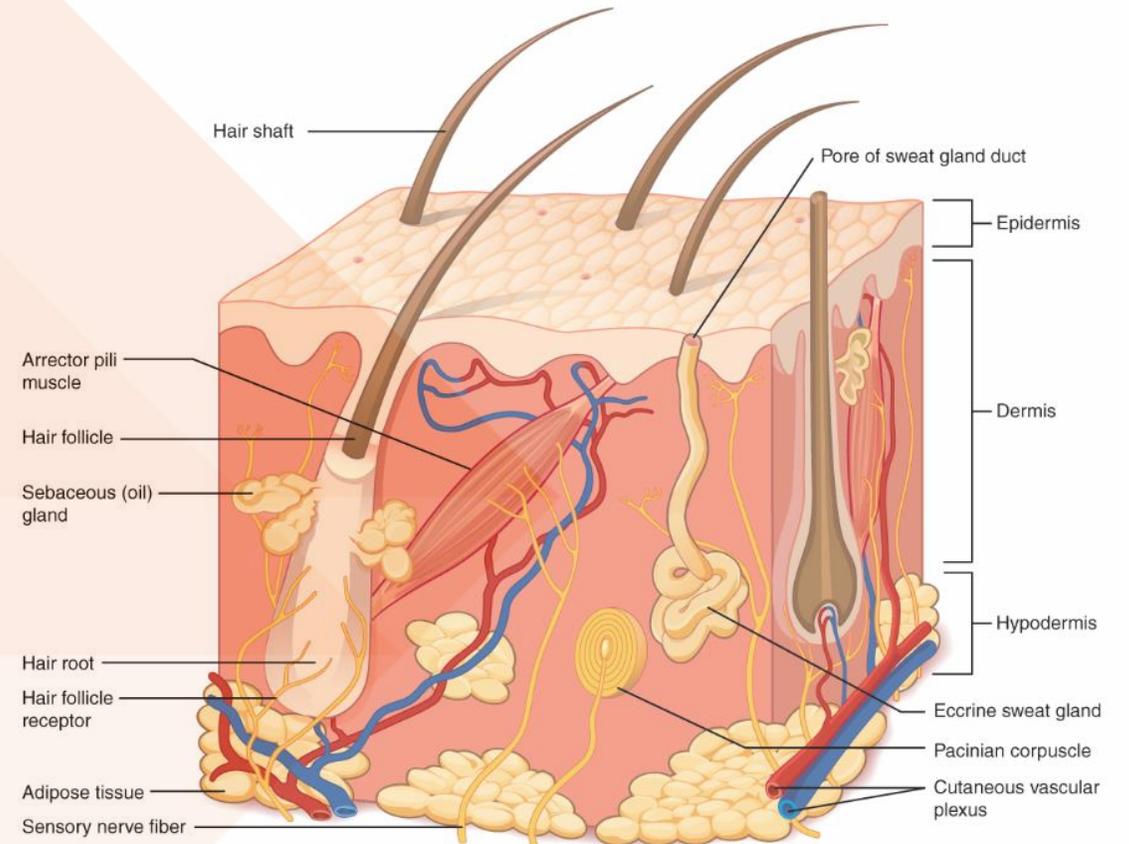
# Regulatory Background



- Cosmetic products according to **Cosmetic Product Regulation (EC) No 1223/2009**
- Food supplements - Beauty & Health Claims **EFSA**
- Medical devices : **MDR (EU) 2017/ 745 directive 93/42/EEC, ISO 14 155, MDCG guidances**
- Medicinal products : **CTR : (EU) No 536/2014** and relevant ICH and EMA guidelines:

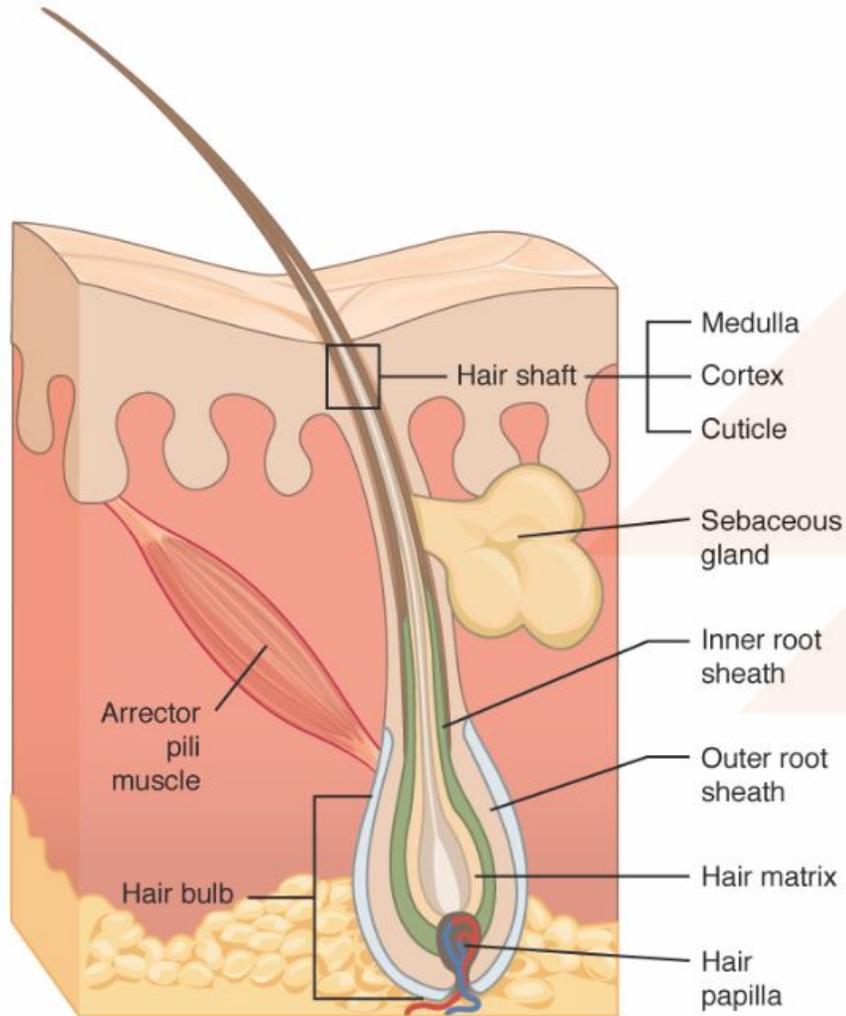
# Anatomy of the Scalp

- Epidermis
- Dermis
- Hair & Hair Follicle
- Sebaceous Glands
- Blood vessels



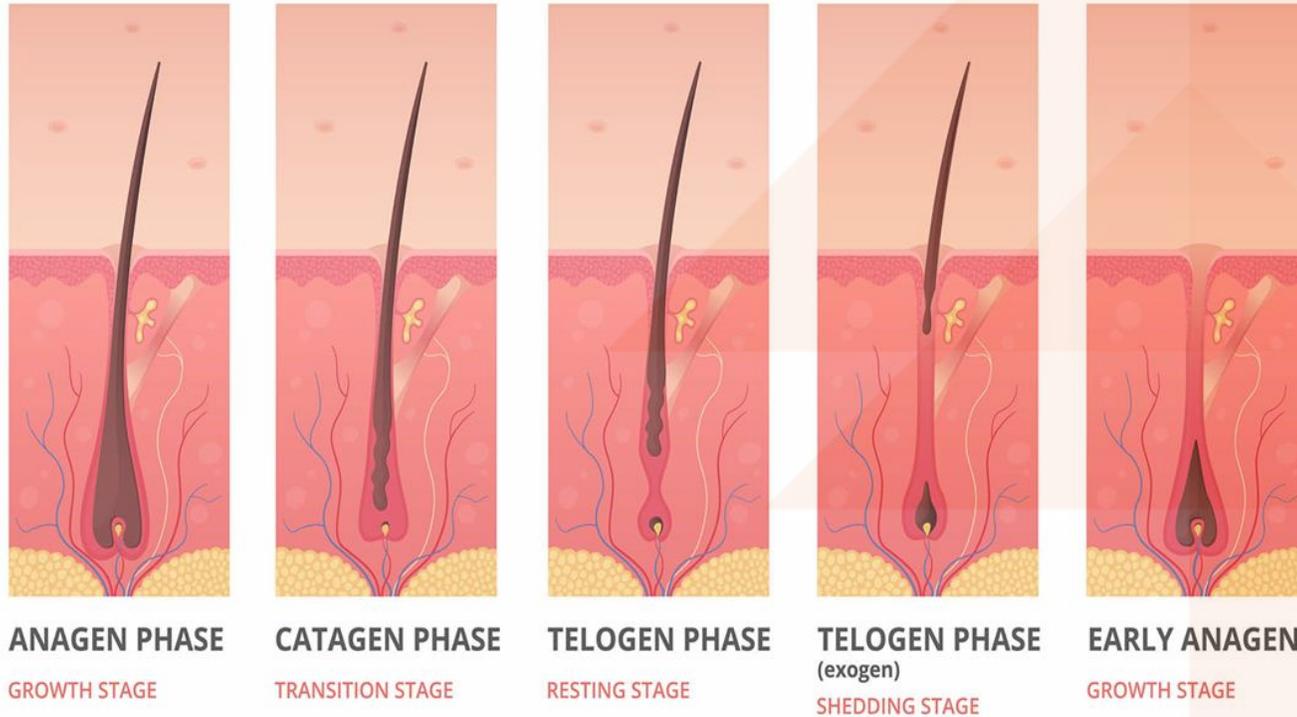
Betts, et al.; No changes made; <https://ecampusontario.pressbooks.pub/medicalterminology/chapter/integumentary-system/#Figure6.1id>

# Hair Follicle Structure



- Hair shaft - Medulla, Cortex, Cuticle
- IRS - Henle's layer, Huxley's layer, Cuticle
- ORS - outer root sheath
- Hair buldge region – between sebaceous gland and arrector pili muscle
- Hair bulb - hair matrix, hair papilla

# Hair Cycle



## Phases

- Anagen: Growth - Proliferation - 2 to 7 years
- Catagen: Transition - Apoptosis - 2 weeks
- Telogen : Resting - Hair removal - 12 weeks Shedding
- Anagen: Growth stage of the new hair

# Hair Loss – Effluvium

is a symptom and not a diagnosis

- Functional or structural disorders
  - >100 hairs fall out per day
  - Hair follicle damage
  - Cancer treatment (Chemotherapy/ Radiotherapy)
  - Hormonal and nutritional disorders
  - Stress etc
- 
- Alopecia Areata (AA) - patchy hair loss
  - Androgenetic Alopecia (AGA) – pattern hair loss



110.000 hairs  
600 cm<sup>2</sup>  
50-100 hairs/day



# Androgenetic Alopecia (AGA)

- Hair Loss in male or female pattern
- Anagen phase shorter
- More telogen hairs
- Less anagen hairs
- Hairs tend to miniaturize
- Decrease of hair density on the scalp



# Clinical Studies

- Scientific Credibility
- Standardization
- Ethical Requirements
- Good Clinical Practice (GCP)
- Compliance & Follow up
- Adverse Events & Safety



# Clinical Study Design

- Prospective – not retrospective
- Randomization – treatment & control groups
- Blinding – patients & observer
- Controlled – placebo, controls, untreated
- Confirmatory or exploratory

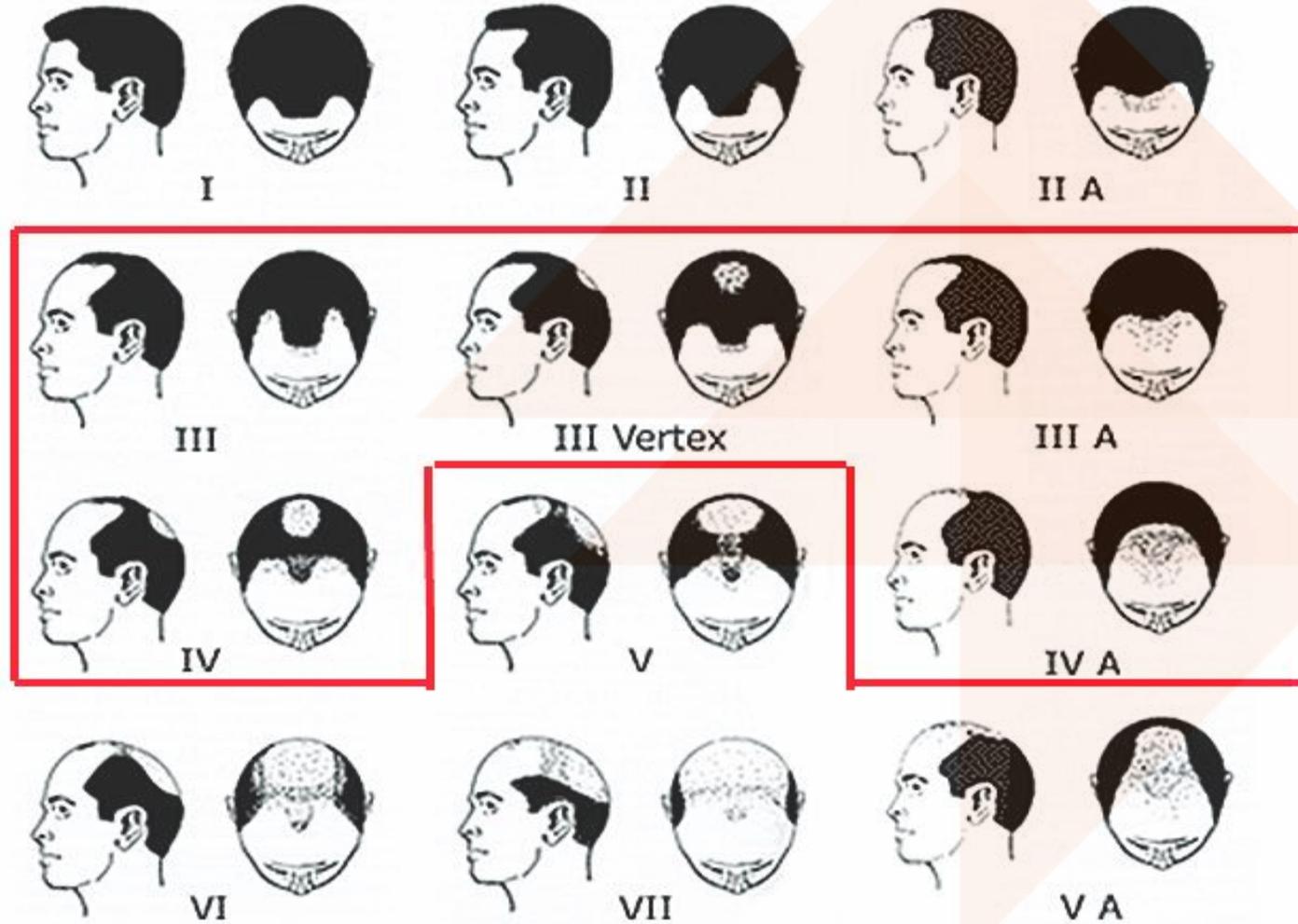


# Clinical Study Design

- Study duration – active in dermis: 3 months or longer
- Sample size – statistical power
- Participant selection - In- / exclusion criteria
- Endpoints - safety & efficacy
- Objective & subjective assessments
- Methods & measurements



# Hamilton Score



**Male participants**

Inclusion according to scheme, III to IV

# Ludwig Scale

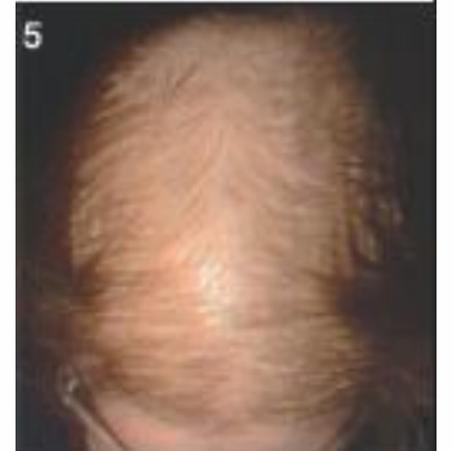
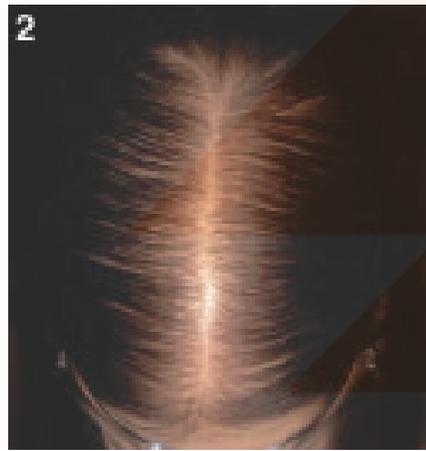


- Erich Ludwig's female pattern baldness classification system
- I: Visible thinning of the hair on the top of the head
- II: More extensive thinning of the hair than in I
- III: Full baldness

# Savin Score

**Female participants**

Inclusion according to score -> 2 to 4



# Pull Test



- Grasping 40 to 60 hairs between the thumb and index-finger and applying steady traction
- In general, only a few hairs can be plucked in this fashion
- < 10% normal
- >10% indicative of a pathologic process

Blume-Peytavi, U., Hillmann, K., & Guarrera, M. (2008). Hair growth assessment techniques *Hair pull test* (pp. 130-131). Springer, Berlin, Heidelberg

# Treatment

- Topical

- Shampoos and hair waters
- Scalp lotions, creams and sera
- Foams, sprays
- Advances laser treatment
- Injections of PRP, MSCs cells etc.
- Microneedling

- Systemic

- Tablets
- Capsules
- Fluids
- Powders

- Application

- Dose
- Procedure
- Duration (each time & overall)
- Frequency



# Parameters

- Vertex images (full head)
- Images of the test area for analysis (test area)
- Ranking of images (trained grader/ lay raters/ participants)
- Counting of combed-out hairs (trained technician/subjects)
  
- Objective (trained grader/ dermatologist) & subjective evaluation (participants):  
Hair density, volume, length, growth, strength, thickness and hair quality,,
  
- Quality of Life [Subjects]
- Product acceptance questionnaire (Subjects)
- Assessment of tolerance (trained grader/dermatologist and participant)



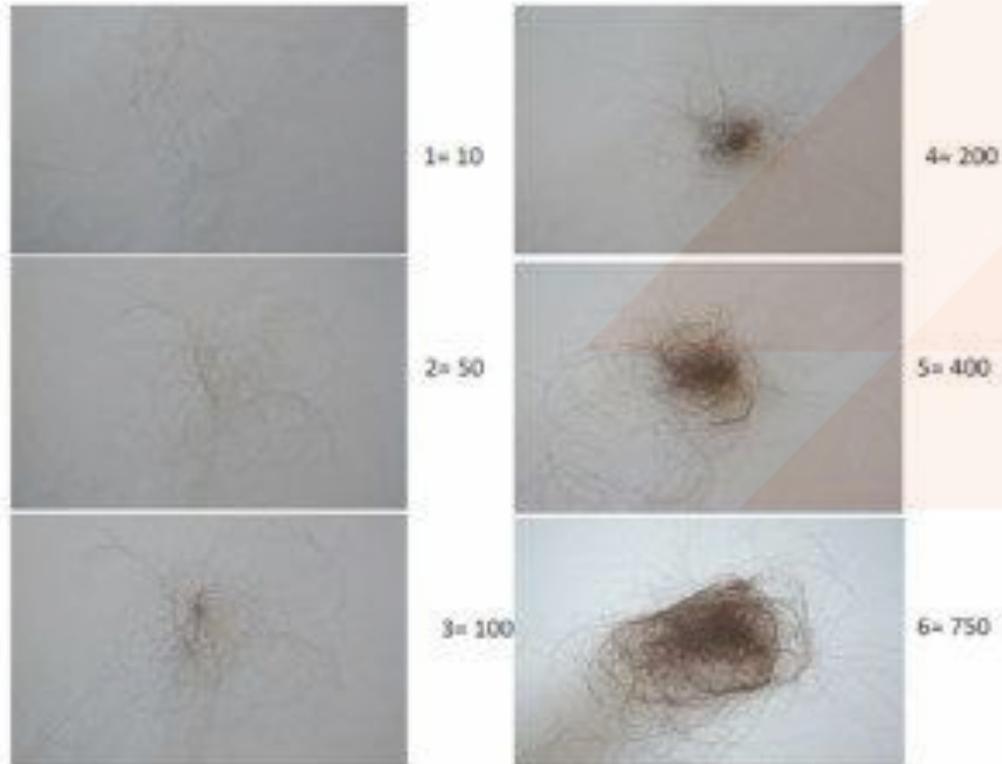
# Study Design – Phototrichogram

- Inclusion; according to Hamilton Score (male) or Savin Score (female), Pull test (pull of telogen hairs) or according to self-estimation (weaker)
- Conduct : 8 weeks, 3, 4 or 6 to 12 month with compliance visits every 4 weeks
  - Day 1 Clipping of small Area on the Scalp, relocation of areas with microtattoos
  - Day 3 Images 2 days after clipping for phototrichogram Analysis
  - Image Analysis: hair density, rates of anagen and telogen hairs, anagen hair density, telogen hair density, anagen/telogen ratio, cumulative hair thickness, hair growth rate
- Test area : Full head ,  $\frac{1}{2}$  or defined part of the scalp



# Combing, Counting Of Combed-Out Hairs

- Combing of hair
- Manual counting of combed out hairs





## Vertex Images

- Subjective rating by lay persons , same panel



## Vertex Images

- Subjective rating by lay persons , same panel
- Objective evaluation by hair dresser or other experts

*(Recommendation in “S3 - European Dermatology Forum Guideline for the Treatment of Androgenetic Alopecia in Women and in Men”)*



## High Resolution Full Head Images



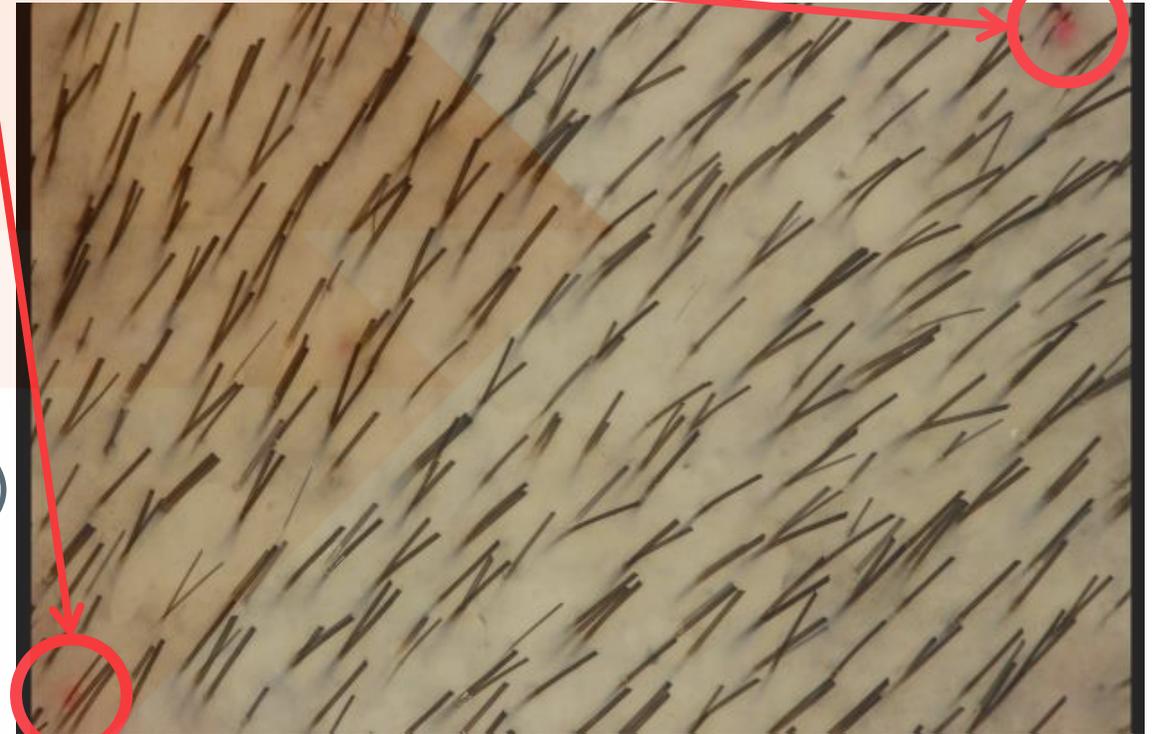
# Phototrichogram method

- Clipping of hair in a small area on scalp
- Photo by Leviacam to check the shaving quality and visibility of microtattoos
- 2 days regrowth of hair
- Dying the hair

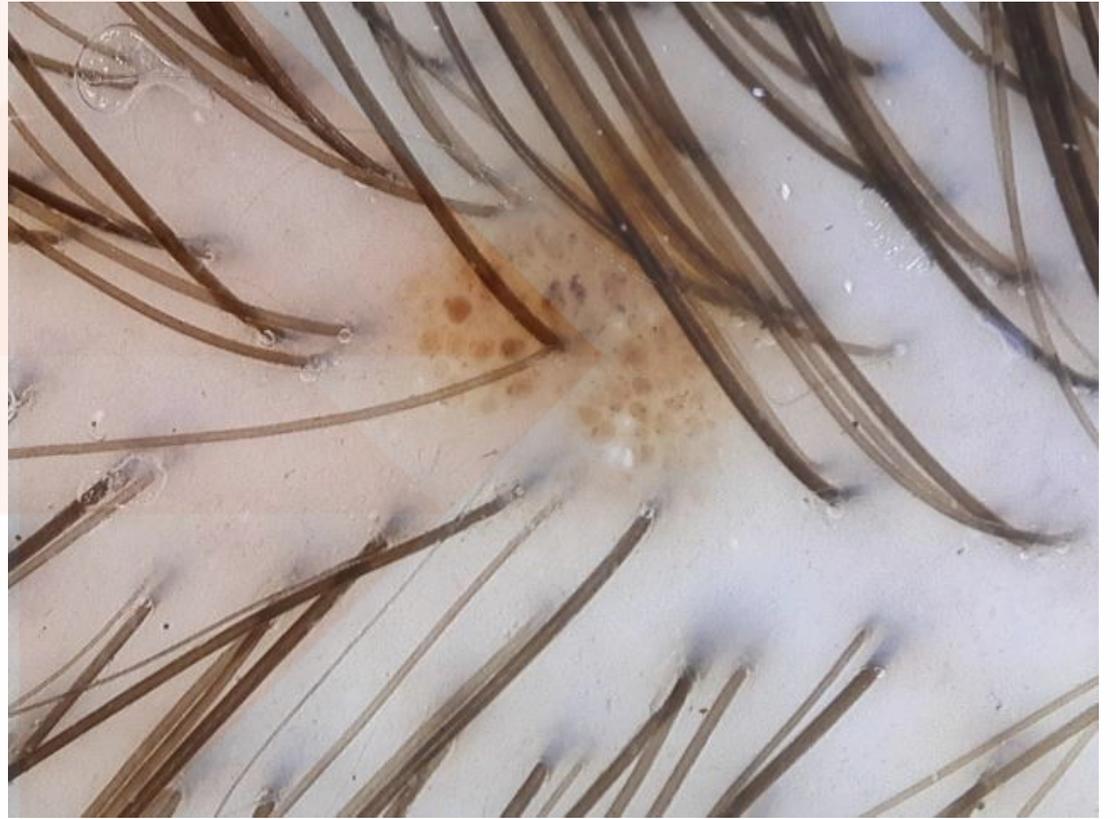
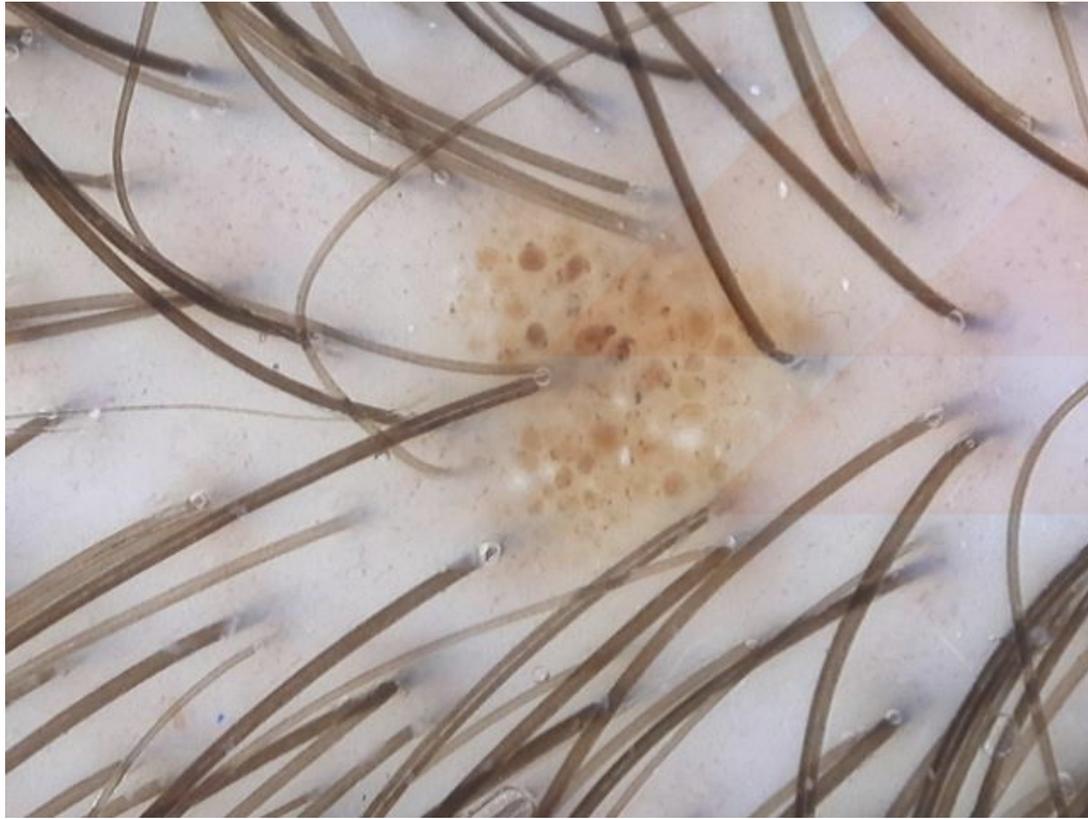


# Phototrichogram method

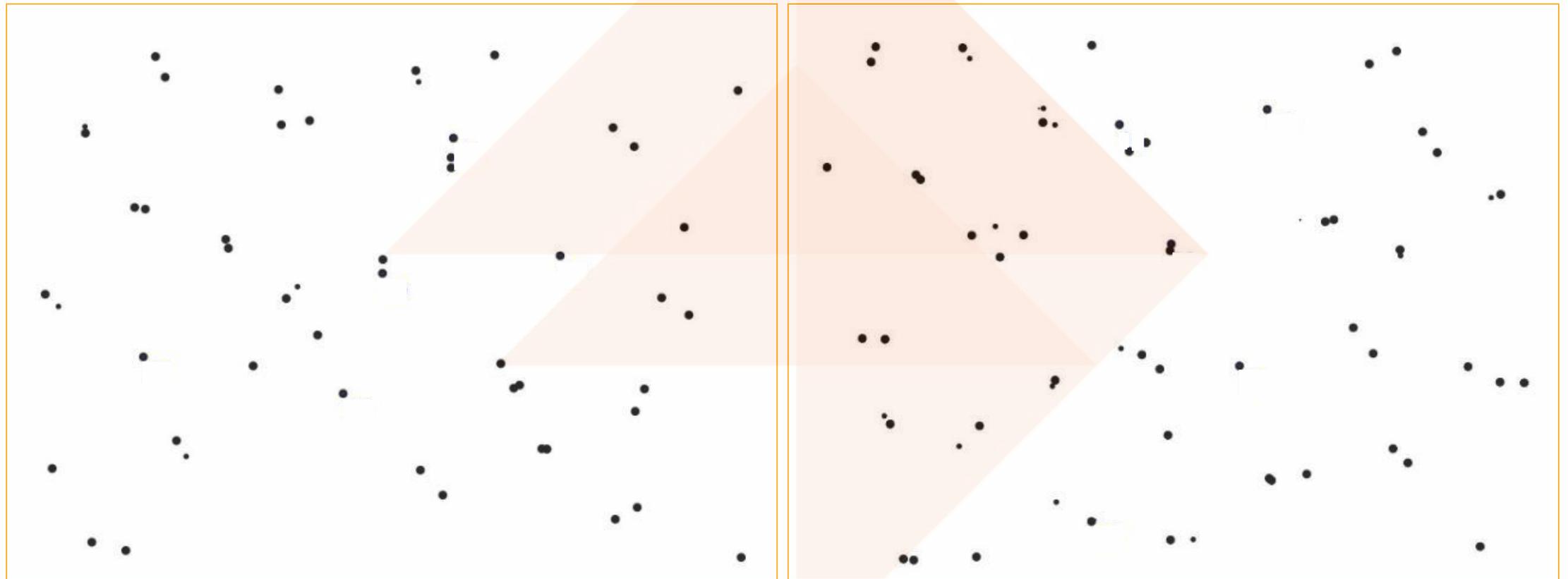
- Relocation of areas with microtattoos
- Photo by Leviacam, analysed for
  - hair density (hairs/cm<sup>2</sup>),
  - rate of anagen/telogen hairs (%),
  - ratio of anagen rate/telogen rate
  - growth rate (mm/day)
  - cumulative hair thickness (mm/cm<sup>2</sup>)
- Same procedure at further timepoints



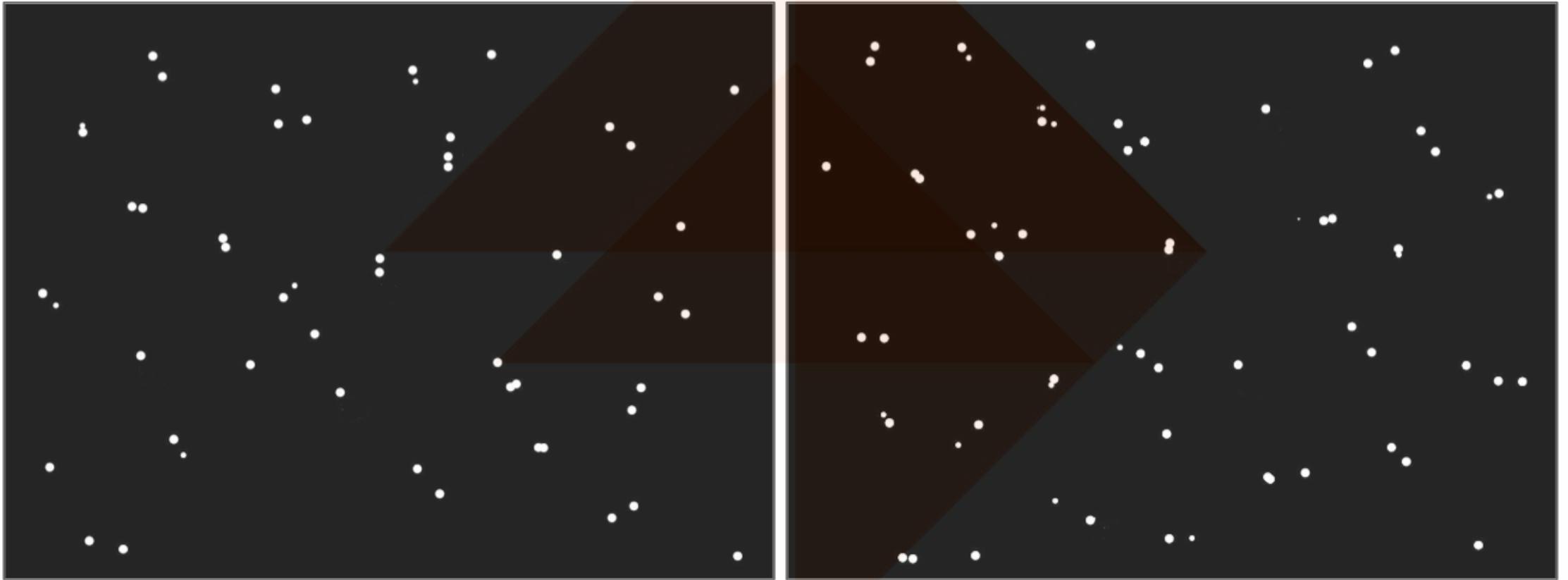
# How to identify the same spot on scalp?



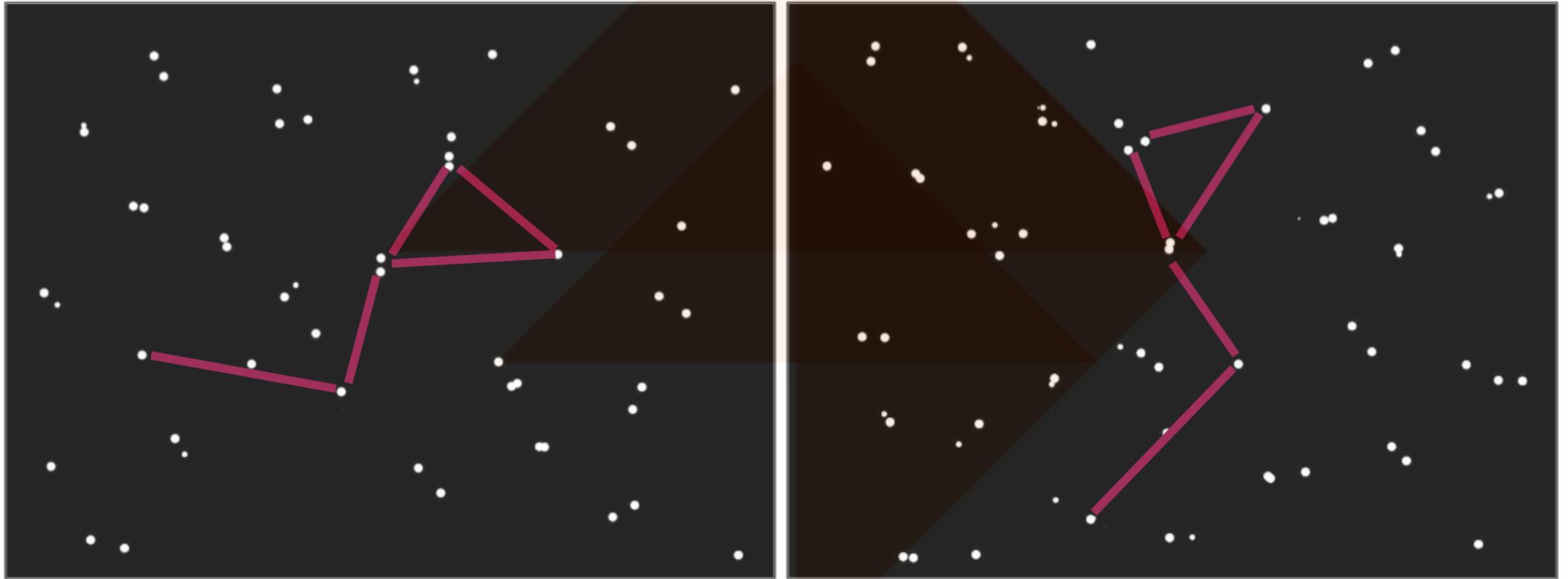
# Remove hair & characteristic skin lesions from the image

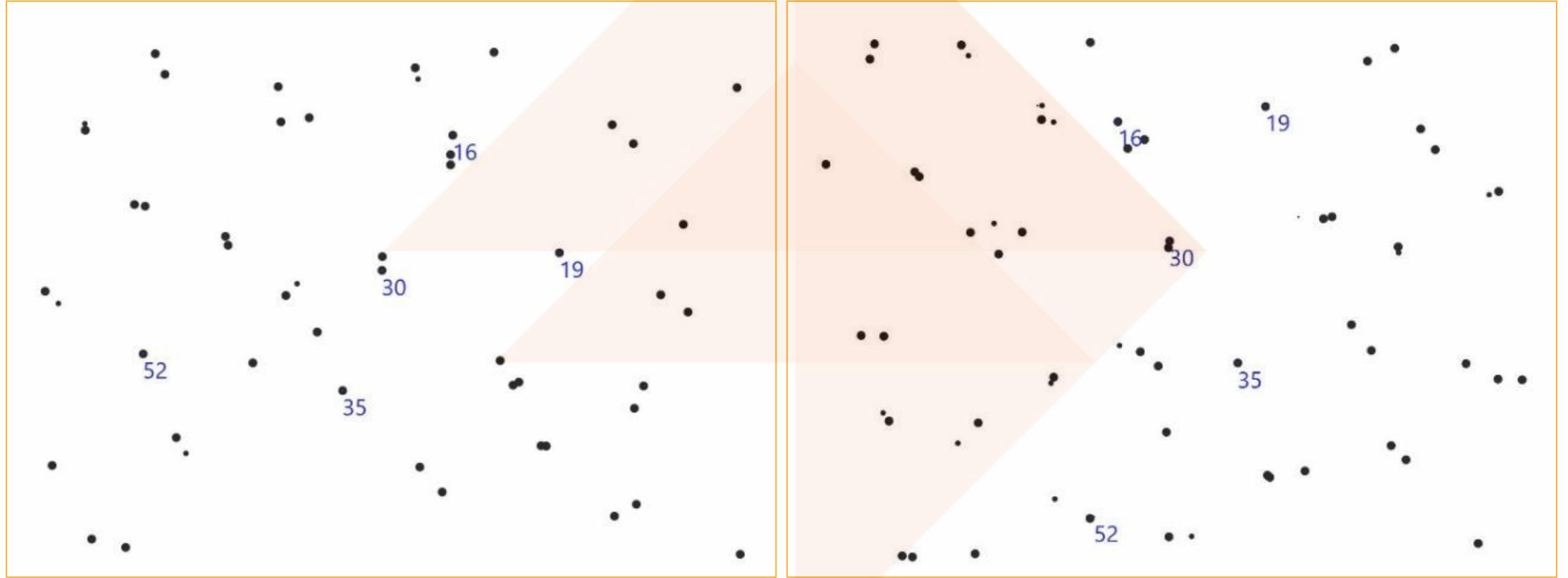


...looks like sky at night

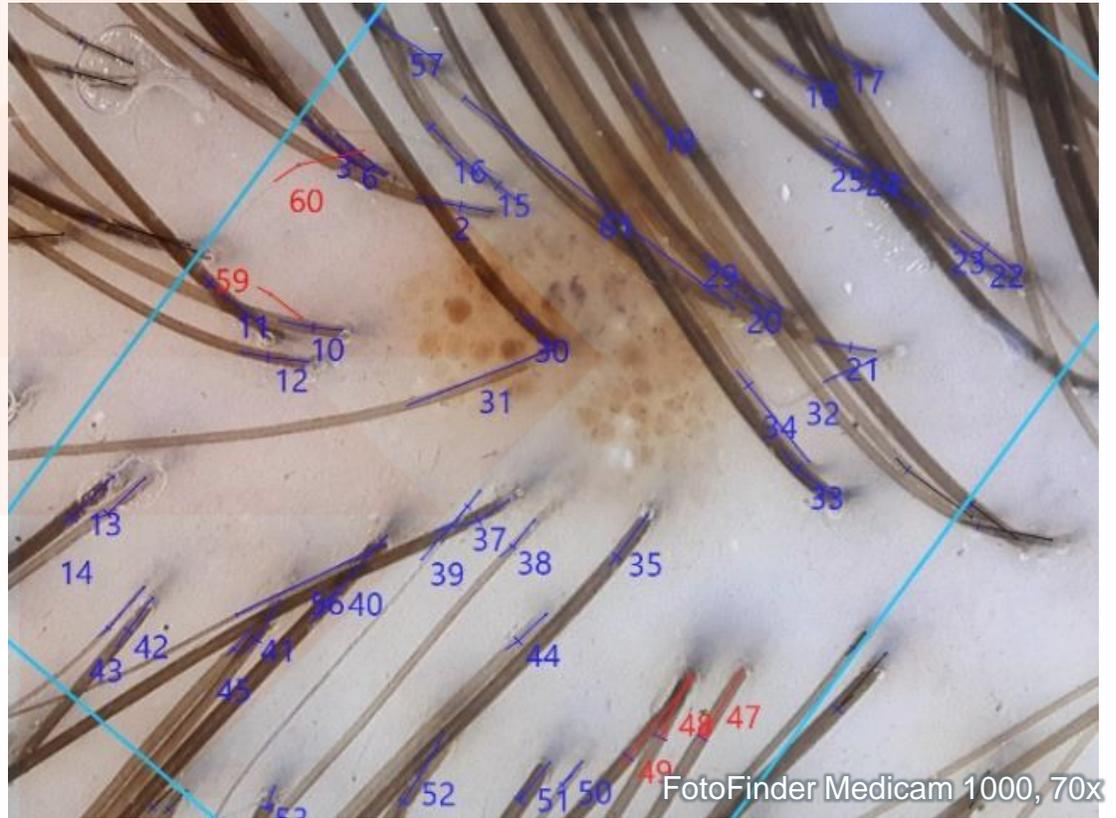


# Astronomy approach:

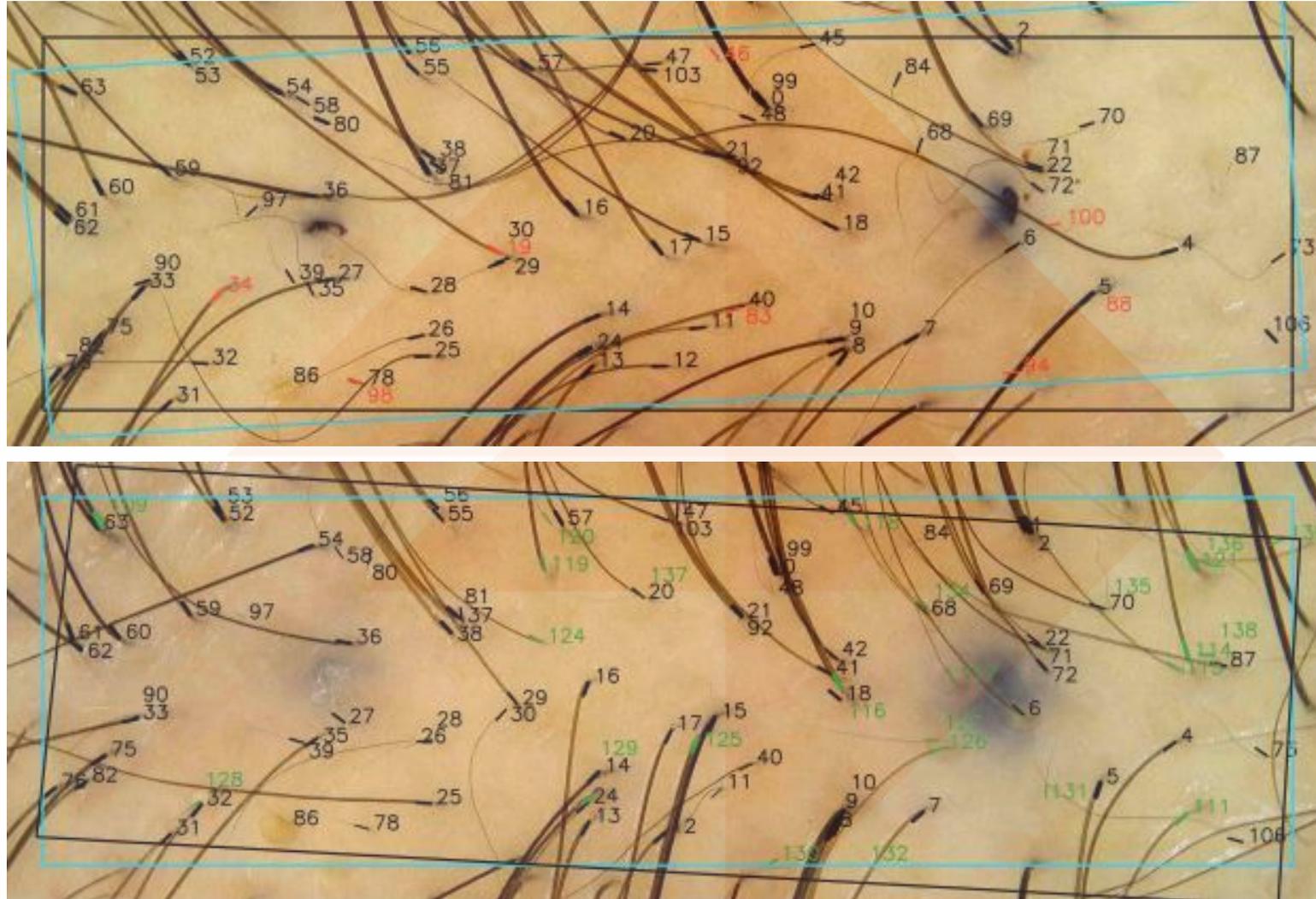




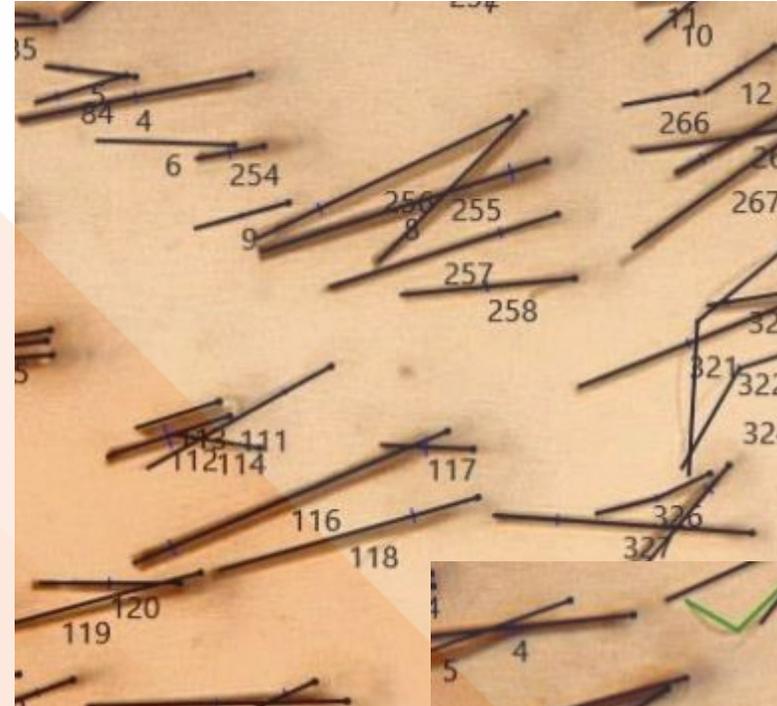
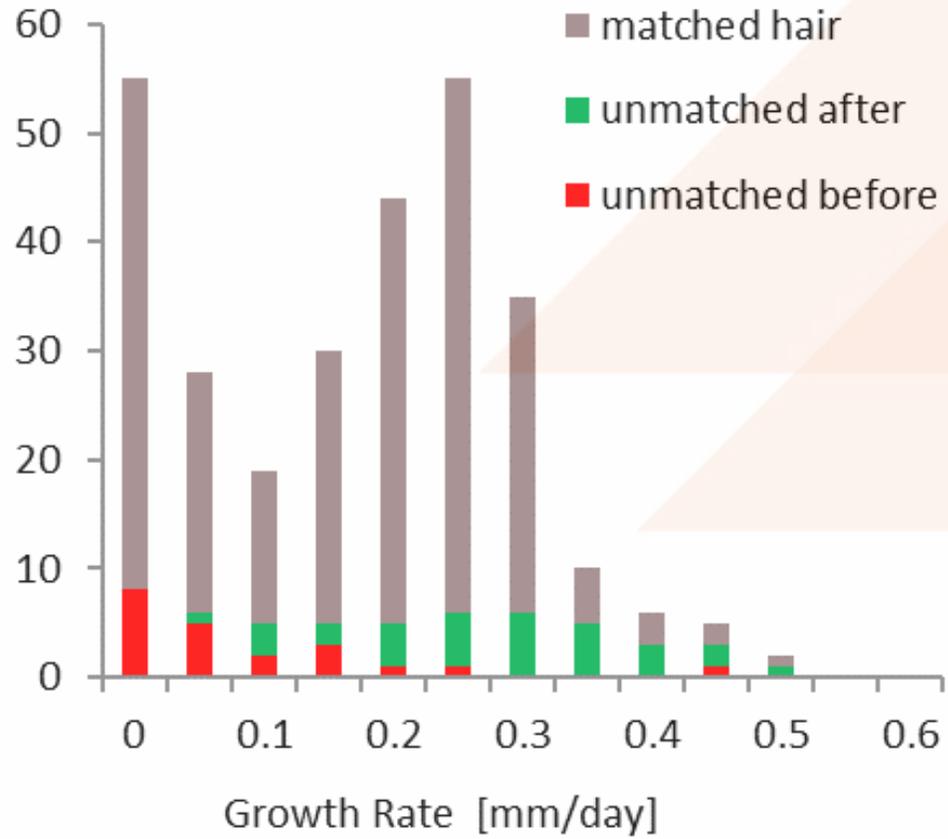
# And back to trichoscopy



# Make a comparison hair-by-hair – the H2H matching



# H2H matching of clipped hair



**BEFORE  
TREATMENT**



**AFTER  
TREATMENT**

# H2H matching validation project:

- Blinded, multi-site study with R.Grimalt clinic, Barcelona & R.Sinclair clinic, Melbourne
- Before-after difference in clipped & non-clipped hair count obtained with 3 methods:
  - automatic hair detection(TrichoScan)
  - manual corrected with standard TrichoLAB processing workflow
  - H2H matched
- H2H procedure enhanced with F-Mapping to recover information about hair that could not be detected in primary image from subsequent 2 images of the same spot
- Results:
  - automatic (clipped hair only): min  $\pm 12\%$
  - manual corrected:  $\pm 7\%$  (clipped) and  $\pm 9\%$  (non-clipped hair)
  - H2H matched:  $\pm 0.6\%$  (clipped) and  $\pm 0.4\%$  (non-clipped hair)

# Example: clinical trial planning

- Medication expected to trigger inactive hair follicles and increase hair density by minimum  $3 \pm 3\%$  in first 4 months
- Test procedure: Double blind with placebo control sample
- Examination procedure
  - First visit
    - Patient qualification
    - Clipping 1.5cm of scalp to c.a. 0.5mm hair length
    - Dying & tattooing
    - Image registration with m1000 20x (1mc2)
  - After 4 months
    - Clipping & Dying
    - Image taking with similar camera positioning
- Goal: prove therapeutic effect on  $P < 5\%$  Confidence Level



## Example: classical approach – pre-&post- haircount difference

Uncertainties & fluctuations of the result for one patient (assume average 100 hair in 1cm<sup>2</sup>)

- During 4 months 10 of hair will fall out and get replaced by new hair  
→ expected fluctuation of  $\pm 6.0$  hair in haircount difference in test sample,  $\pm 5.2$  in control
  - The pre- and post- image positioning precise to c.a. 0.5mm in X and Y so ca 90% of the image is the same but the remaining 10% - only similar  
→ expected fluctuation of  $\pm 3.2$  hair in haircount difference in remaining 10% of image area
  - Pressing&manovering the camera stretches/tilts skin resulting in 10-20% area difference  
→ expected fluctuation of  $\pm 3.9$  hair in haircount difference
  - Haircounting uncertainty →  $\pm 1$  hair
- Total expected fluctuation of  $\pm 7.9$  hair (test) and  $\pm 7.3$  hair (control)

→ At least **45 patients (net)**

# Example: H2H – difference in UNMATCHED hair count

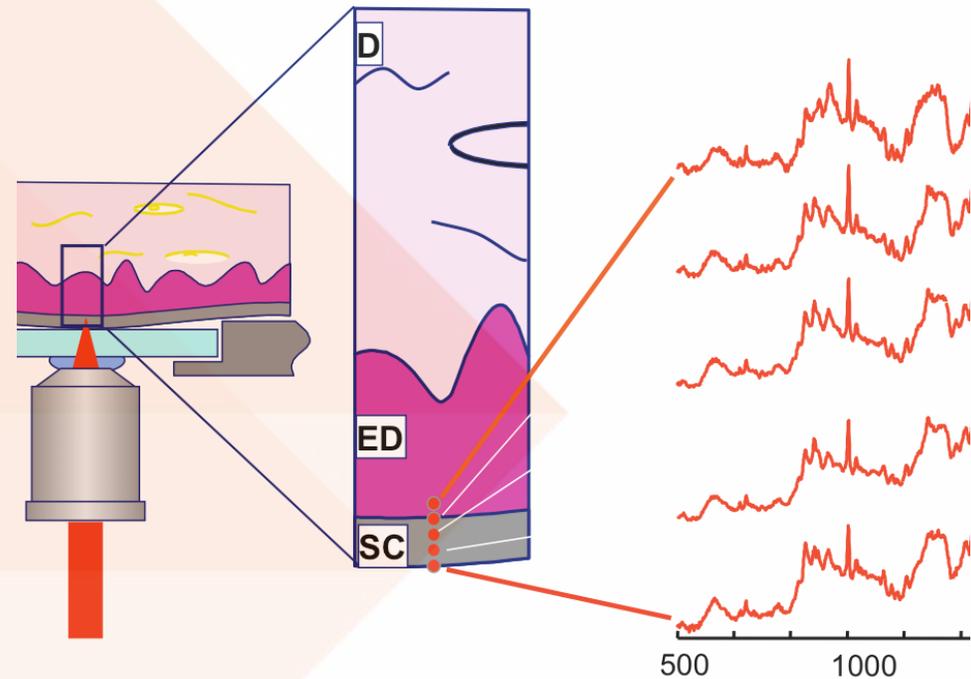
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→ ~~expected fluctuation of  $\pm 3.2$  hair in haircount difference in remaining 10% of image area~~
  - ~~Pressing & maneuvering the camera stretches/tilts skin resulting in 10-20% area difference~~  
→ ~~expected fluctuation of  $\pm 3.9$  hair in haircount difference~~
  - Haircounting uncertainty →  $> \pm 1$  hair
- Total expected fluctuation of  $\pm 6.1$  hair (test) and  $\pm 5.4$  hair (control)

→ At least **27 patients (net)**

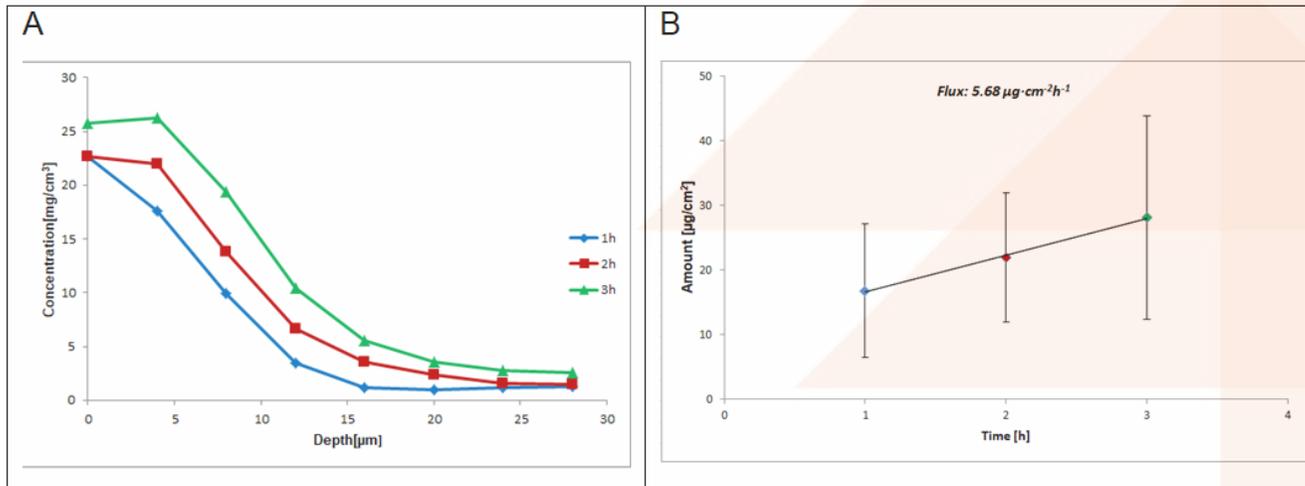
# Confocal Raman Spectroscopy

- Non-invasive method
- Using the „Raman methods“, light scattering to identify the molecules
- Allows to analyse the composition of the skin
- Can analyse multiple parameters in one measurement:
  - Thickness of Stratum Corneum
  - Water profile in epidermis
  - Natural Moisturizing Factors (NMF) & Barrier Lipids
  - Skin penetration of biomolecules, i.e. active ingredients, pharmacological products



# Raman Measurements on the Scalp (Skin penetration of biomolecules)

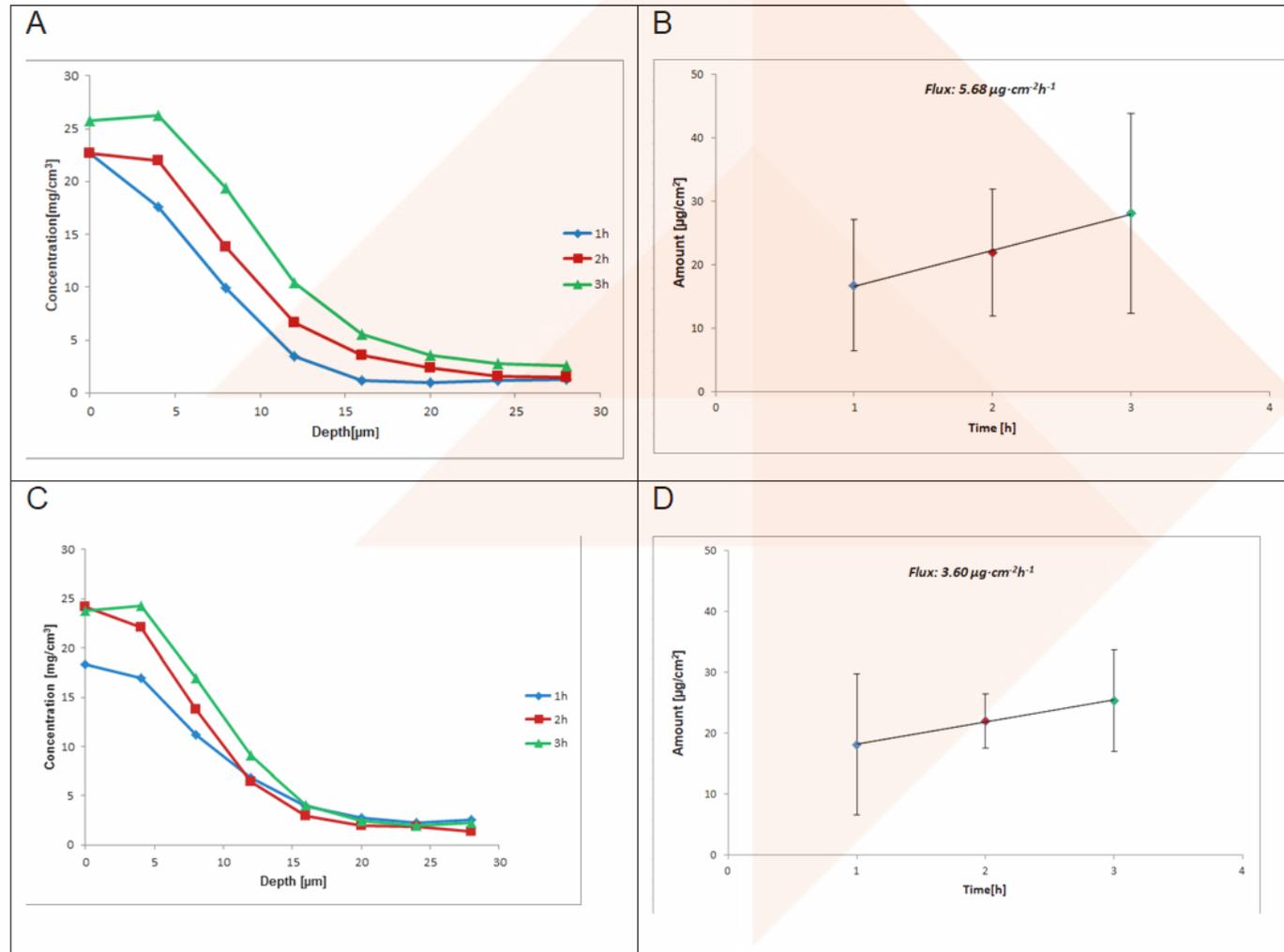
Penetration of Caffeine 2% into Stratum Corneum  
Application on 3 areas (volar forearm) for 1, 2, 3 hours,  
 $n = 3$



# Penetration of Caffeine 2% into Stratum Corneum

Application on 3 areas (volar forearm) for 1, 2, 3 hours, n = 3

In water



In water  
+ penetration  
enhancer

# Medicinal Product Case Study

- Phase IIa study with 200+ patients to be enrolled with AGA according to the Hamilton-Norwood grade
- Multicenter- 3 Sites
- N= 210
- Full-service
  - Scientific Consulting
  - Project Management
  - Data Management & Statistics
  - Clinical & Medical Monitoring
  - Site & Vendor Management
  - Pharmacovigilance
  - Clinical Report Writing



# Claims

- Relaunch hair growth, decrease hair loss
- Efficiency as alopecia hair loss treatment confirmed
- Visible results in xx weeks/ months
- Converse of hair follicles into the anagen phase
- Stronger and thicker hair
- Up to xx new hairs.
- High user satisfaction rate (+xx%)
- Tested under medical supervision
- Dermatologically approved tested
- Suitable for ‚sensitive scalp‘



Version July 2013

**Guidelines to Commission Regulation (EU) No 655/2013**  
**laying down common criteria for the justification of claims used**  
**in relation to cosmetic products**

# Summary

Crucial aspect clinical study design with products for the Treatment of Androgenetic Alopecia:

- What kind of product is it? What is the mode of action?
- What is the purpose of the study?
- Which are the targeted Indications, claims/ marketing needs?
- ->
- Regulatory & ethical requirements, timelines, budget
- Study design, recruitment, parameters (safety & efficacy)
- Phototrichogram (H2H matching) is the ‚gold standard‘
- Double-blinded, placebo-controlled randomized trials and studies with direct comparisons between treatments are most scientifically meaningful





Questions?