



C . A . R . F .

### Medical Visibility Vera Price MD



In the past months, representatives of CARF attended the annual national meeting of three organizations and gained important visibility to promote public awareness and advocacy about cicatricial alopecia.

The three organizations, the American Academy of Dermatology (AAD), The Society of Investigative Dermatology (SID), and the Coalition of Skin Diseases (CSD), are briefly described below.

The AAD is the largest, most influential and most representative of all dermatologic associations. With a membership of

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### CARF Visits Capitol Hill Sheila Belkin



As spring descended on the nation's capital, I was eager and excited to participate in the 4th Annual Skin Research Day with fifty other members of the Coalition of Skin Diseases (CSD), the American Academy of Dermatology (AAD) and the Society of Investigative Dermatology (SID).

Prior to these high level meetings, the hotel was abuzz with lobbyists, researchers, clinicians, residents, patients, and advocates. We received well-crafted briefings on how to conduct ourselves when we met with our respective legisla-

tors to ask them to support increased funding for the National Institutes of Health (NIH) for scientific research for all skin diseases.

The day began when eleven constituents from California had breakfast with Senator Dianne Feinstein, who gave us an informative civics lesson and spoke candidly about the numerous pending issues facing our nation. Afterwards, we had a private meeting with her health aide, who assured us that the Senator would support our request. We next met with Senator Boxer's staff member, who reiterated that she, too, would continue to sponsor scientific research. With feelings of triumph from these first

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Only those who have made a donation or attended a CARF event will continue to receive this publication for the coming year.

### A Patient's Perspective: Half Empty or Half Full?

Nancy Gates



I've always considered myself an optimist. But I sure didn't feel the least bit cheerful on that day four years ago, when I held

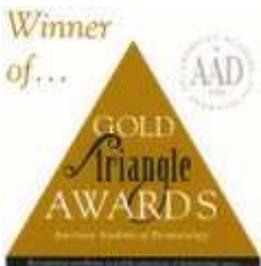
up a hand mirror to check out the rearview of a new haircut, only to discover a series of shiny, snow-white, mangy-looking bald patches sweeping across the back of my head. I felt devastated.

As a freckled, green-eyed, strawberry blonde susceptible

to skin cancers and rashes, I had seen dermatologists routinely my entire life, and during the previous six years had asked them to examine my scalp to see if the itching and crusty lesions I'd been experiencing were suspicious or malignant. Not a single doctor, even after several biopsies, had given me an accurate diagnosis. My panic and dismay were now mixed with anger and frustration that things had gotten out of control, even under the care of professionals. My glass seemed considerably closer to half empty.

Responding to my alarm and distress, my husband, Dennis, encouraged me to find a specialist and said we would "go to Switzerland" if necessary. We didn't have to go that far. After an Internet search I discovered one of the world's foremost scalp specialists, Dr. Vera Price, nearby in San Francisco. Things were looking up! But I was still in for an emotional roller-coaster ride, particularly after learning that my hair loss was permanent and my disorder so rare that scientists have not yet discovered a cause, let alone a cure. More

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## CARF Research Update—An Introduction

### Paradi Mirmirani MD

**Promising research using latest microarray gene chip technology shows decreased PPAR gamma in LPP scalp biopsies**



The Hair Disorders Research Group at Case Western Reserve University has been on the forefront

of research in cicatricial alopecia. Using the latest technology of microarray gene chips, abnormal pathways were identified in scalp biopsies of patients with cicatricial alopecia (please refer to CARF Newsletter Issue 1 for details).

These abnormal pathways are known to be regulated by an important factor—peroxisome proliferator activated receptor gamma (PPAR $\gamma$ ).

Most recently the work of Dr. Pratima Karnik and her colleagues has turned to studying a mouse model that lacks PPAR $\gamma$  in the hair follicle. Interestingly, this mouse shows many similar features of human cicatricial alopecia.

This mouse model gives

added evidence that PPAR $\gamma$  is essential for healthy hair follicles. Why some patients may have a disruption in the function of this important factor is still under speculation and requires further research.

Oral medications that can increase the function of PPAR $\gamma$  are currently available for use in patients with diabetes. These medications may also be a possible treatment option for patients with cicatricial alopecia.

## PPAR $\gamma$ and Cicatricial Alopecia

### Pratima Karnik PhD

**“We generated a mouse model with the PPAR-gamma gene knocked out in hair follicle stem cells ...and the mouse shows characteristics of human cicatricial alopecia.”**



**Summary, Part 2, of CARF-funded research of Pratima Karnik, presented at the Society of Investigative Dermatology (SID) meeting, May 2007, Los Angeles, CA.**

The term “cicatricial alopecia” (CICAL) represents a rare and poorly understood group of disorders characterized by inflammation and destruction of the hair follicles. The result is permanent hair loss. We used a combination of microarray, biochemical and immunofluorescence approaches to understand the cause and disease process

in the lymphocytic CICAL, lichen planopilaris (LPP). Our preliminary data suggests that peroxisome proliferator activated receptor gamma (PPAR $\gamma$ ), a transcription factor (protein that controls the expression of a number of inflammatory and lipid metabolic genes) shows decreased expression in LPP. We therefore hypothesized that loss of PPAR $\gamma$  may trigger the events leading to the inflammatory attack on the hair follicle, destruction of the hair follicle, and eventual remodeling of the tissue.

To test this hypothesis, we generated a mouse model where the PPAR $\gamma$  gene is knocked out or removed specifically in the stem cells of the hair follicle bulge using a

procedure called *Cre-loxP* mediated gene targeting. Our PPAR $\gamma$  knockout mouse shows many of the clinical and histological characteristics of human scarring alopecia (permanent hair loss, follicular plugging, inflammation and scarring).

This mouse model provides strong evidence that PPAR $\gamma$ -signaling and lipid metabolism play a crucial role in scarring alopecias. Our studies suggest that PPAR $\gamma$  is essential for healthy hair follicles and loss of this function underlies the pathogenesis of cicatricial alopecia. We propose that PPAR $\gamma$  agonists may provide a new therapeutic strategy in the treatment of these disorders.

## CD200, a Protective Molecule of the Hair Follicle

Michael Rosenblum MD, PhD



For many life forms, hair is an essential component of an array of vital biological processes, such as mating, temperature regulation, defense and wound healing.

Because of the importance of hair, nature has evolved elaborate mechanisms to preserve and maintain it. One such mechanism is the ability to evade immune attack. Hair is composed of molecules that are intrinsically foreign to our bodies and every person's immune system is capable of attacking his or her own hair, much like it would attack foreign bacteria or viruses. Under normal circumstances, however, hair is thought to be "immune privileged," in that it is protected from attack by one's own im-

mune system.

In some patients, the hair's "immune privilege" is flawed and their immune systems recognize their hair as a foreign entity and wage a chronic battle in an attempt to destroy it. This is observed clinically as immune-mediated hair loss (such as alopecia areata and cicatricial alopecia). The mechanisms that protect hair from immune attack are thought to be quite complex and at the current time are largely unknown.

CD200 is a molecule that suppresses the immune system. It has been shown to be located in "immune privileged" areas of the body (ovaries, testes, eyes, etc.). Genetically altered mice that lack CD200 are highly susceptible to immune destruction of a variety of organs.

Dr. Michael D. Rosenblum and colleagues have discovered that CD200 is also located in and around hair follicles. In addition, they have shown that mice lacking CD200 in their hair readily develop immune-mediated hair loss very similar to that seen in humans. Through several experimental studies they have shown that CD200 may be an important component in establishing and maintaining the "immune privilege" of hair.

If studies performed in mice translate to humans, new therapies to treat immune-mediated hair loss in humans may focus on CD200. CD200 "gene cream" may one day be applied topically to the skin in areas of immune destruction of hair with the potential of locally suppressing the immune system and allowing hair to grow without any systemic side effects.

## CARF Scientific Advisor Profile: Maria Hordinsky MD

Maria K. Hordinsky MD is Professor and Chair of the Department of Dermatology at the University of Minnesota in Minneapolis. Dr. Hordinsky is recognized for her expertise and research in hair diseases and the peripheral nervous system as it relates to hair follicle biology.

She is actively involved in several medical school committees and activities as well as dermatology organizations. Dr. Hordinsky is a member of the Scientific Advisors of the Cicatricial Alopecia Research Foundation and the Scientific Advisory Council of the National Alopecia Areata Foundation. She has authored over 80 publications and regularly lectures and teaches on hair diseases.

Dr. Hordinsky received her undergraduate degree from Fordham University and her MD degree from the University of North Dakota. She com-

pleted her first post-graduate year at Henry Ford Hospital in Detroit, Michigan, and her dermatology residency at the University of Minnesota. Additional training in dermatology and clinical research was subsequently supported with a fellowship from the Dermatology Foundation and a National Research Service Award from the National Institutes of Health. She divides her time between clinical research, teaching, administrative responsibilities, and patient care.

Dr. Hordinsky lives in Minneapolis, Minnesota, with her PhD husband who heads an MBA program at Hamline University in St. Paul. She has four children: one daughter who was recently married and who will be starting medical school; one daughter in the Teach for America Program in New York City; and two teenagers at home, keeping everyone busy with soccer, fencing, and other teenage activities!



**Maria Hordinsky MD,**  
CARF Scientific Advisor,  
Host of 2nd CARF Patient  
Conference

## Profile in Giving: From Hope Lost to Hope Realized

### Gwendolyn Powell Todd, EdD

**“After living with cicatricial alopecia, to move out of our despair, our first step involves discovering the Cicatricial Alopecia Research Foundation (CARF). It is the only organization that supports relevant research and provides patient support and education on current treatment, research and hair alternatives.”**



As patients with hair loss, our hopes for recovery are often dashed at the time we receive a diagnosis of cicatricial alopecia. We walk into the doctor's office thinking that something can be done to remedy the hair loss and instead find that there is no known cause, no consistent treatment protocol, and no cure.

After living with the disease, some of us realize that in order to move out of our despair we must join the journey that will lead to answers. Our first step is assisting CARF however we can (by donating and volunteering) because it is the only organization that supports relevant research and provides patient support and education on current treatment, research, and hair alternatives.

Our second step often involves learning how to become an advocate for cicatricial alopecia. Advocacy includes introducing people to the concept of cicatricial alopecia, promoting CARF, and providing information to others about our disease. I

became an advocate when I went to the Annual Meeting of the American Academy of Dermatology (AAD), held in Washington D.C. in early February, 2007. More than 10,000 physicians and medical professionals were there. I was privileged to attend the conference with our CARF founders, Sheila Belkin and Dr. Vera Price. Our advocacy-focused activities included:

**Education, Education, Education:** There were 11 hair loss sessions during the conference! This represents a notable increase in interest and visibility for cicatricial alopecia. Several of CARF's highly respected scientific advisors were speakers. Dr. Price lectured on the diagnosis and treatment of the disease to an audience of approximately 100 physicians. The attendees were enthusiastic and asked many questions.

I asked one physician who does not treat hair loss why he was attending Dr. Price's session. He replied, "Because she is world famous, don't you know?!" Our very own internationally renowned specialist

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## Annual Meeting of Investigative Dermatology (SID)

### Margaret Sachs

**“It was daunting to consider listening to a crowd of strangers conversing in medical jargon for four days, essentially reminding me on a nonstop basis that I had a disease.”**



I was diagnosed with cicatricial alopecia in March 2007. I soon discovered CARF's website and a month later Sheila asked if I would attend the 68th SID annual meeting with

her in May. I agreed to do so even though my knowledge of medical research was almost non-existent. It was daunting to consider listening to a crowd of strangers conversing in medical jargon for four days, essentially reminding me on a nonstop basis that I had a disease.

SID's mission is to advance and promote the sciences relevant to skin health and disease through education, advocacy,

and scholarly exchange of scientific information. This year's annual meeting was held at the Hyatt Regency Century Plaza Hotel in Century City, CA.

At the conference, Sheila had seen to it that CARF's table was prominently located. She was warmly greeted by staff from the other patient foundations and doctors and researchers shared medical information with her. It was obvious that the doctors and researchers have great passion for their work and that they care deeply about finding cures for people stricken with our diseases.

The study that interested me most was "Hair follicle stem cell-specific PPAR $\gamma$  de-

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## A Message from Senator Dianne Feinstein

DIANNE FEINSTEIN  
CALIFORNIA

COMMITTEE ON APPROPRIATIONS  
COMMITTEE ON THE JUDICIARY  
COMMITTEE ON RULES AND  
ADMINISTRATION—CHAIRMAN  
SELECT COMMITTEE ON INTELLIGENCE

### United States Senate

WASHINGTON, DC 20510-0504

<http://feinstein.senate.gov>

July 21, 2007

Cicatricial Alopecia Research Foundation  
P.O. Box 64158  
Los Angeles, California 90064

Dear Friends:

It gives me great pleasure to extend my warmest greetings to all who have gathered for the Cicatricial Alopecia Research Foundation's *Diamond Affair*.

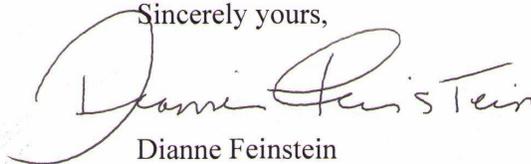
Since its inception, the Cicatricial Alopecia Research Foundation has dedicated itself to promoting public awareness of cicatricial alopecia and advocating for those coping with this debilitating illness. Throughout its endeavors, the Foundation has demonstrated a steadfast commitment to funding research and has helped touch the lives of countless patients and their families. I commend the Cicatricial Alopecia Research Foundation for their inspiring efforts, which serve as a shining example for other organizations to emulate.

I would also like to take this opportunity to extend my deepest appreciation to CARF's co-founders, Dr. Vera Price and Sheila Belkin. Over the past several years, they have both demonstrated a tireless dedication to improving the lives of those coping with cicatricial alopecia, and the resources their organization provides have undoubtedly had a profound impact on the lives of many. They are truly an inspiration to us all.

As your United States Senator representing the State of California, I salute Cicatricial Alopecia Research Foundation, Dr. Price and Ms. Belkin for their remarkable contributions to finding a cure for cicatricial alopecia. Please accept my best wishes for a most enjoyable evening.

With warmest personal regards.

Sincerely yours,



Dianne Feinstein  
United States Senator

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## Editor's Call to Action for Patients with Cicatricial Alopecia

### Laurence Spector



My own experience with lichen planopilaris is perhaps not dissimilar to that of many patients. Caught entirely off guard by the diagnosis, I was shocked to learn how little is known about the cicatricial alopecias. In August, 2006, I found CARF on the Internet and sent an e-mail to CARF seeking more information about the condition. That very same day, I received a telephone call from CEO Sheila Belkin, offering to assist me in finding a dermatologist and providing any information and tips she could offer for dealing with the disease. I immediately became a donor, sending a contribution. I did not then realize I would become an active member of the foundation within a few months, helping to craft the first newsletter and assisting with fundraising.

During that conversation with Sheila, I learned of her and Dr. Vera Price's efforts to help patients and fund research. And over the past

few years, from many dedicated CARF members, I learned many important lessons, the most significant being that it is possible to move forward and "make lemonade from lemons." Even though the condition is not great news, the chance to make a difference for others by funding research and helping patients is perhaps the greatest opportunity that CARF represents.

One of the things I studied as an MBA student at the Wharton School is the concept of leadership. This concept is a popular field of study in business schools today because the hope is that MBA students will become leaders whose choices will benefit and direct the course of the organizations they lead. We can all learn valuable lessons about leadership from the founders of CARF, who have made this organization a reality, despite the rarity of the condition and lack of medical information.

For CARF to succeed in its mission, we must all get involved because the number of individuals afflicted with cicatricial alopecia is small. Today, only a handful of patients are active donors and participants. In my case, attending CARF's events and talking with other patients gradually helped me to feel better and come to terms with the diagnosis. CARF has given me the chance to make a difference for others by getting involved with patient support initiatives, helping to organize marketing campaigns, and helping to raise funds for research.

If you are interested in volunteering, please let us know if you'd be interested in any of the following activities by e-mailing [volunteer@carfintl.org](mailto:volunteer@carfintl.org):

- Fundraising
- Graphic Design
- Golf Tournament Participation
- Marketing
- Public Relations
- Web Design/Programming

## 68th Annual Meeting of Investigative Dermatology (SID)

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letion causes scarring alopecia," which was partially funded by CARF. The study concluded that "PPAR gamma targeted therapy may represent a new strategy in the treatment of these disorders."

We attended several social functions and Sheila worked her way through the crowd, talking with doctors and heads of various organizations, bringing them up to date on CARF's accomplishments, and encouraging them to attend the July fundraiser in Beverly Hills.

The highlight of the convention for many was a lecture given on the final

day by George Cotsarelis, a member of CARF's Scientific Advisory Board. Entitled "Hair Follicle Stem Cells: Past, Present, and Future," Dr. Cotsarelis's lecture revealed that his research team at the University of Pennsylvania had discovered during wound healing in mice that epidermal cells in the wound can assume a hair follicle stem-cell role and form new hair follicles. This breakthrough finding appears to null the prevailing theory that all hair follicles are formed before birth in mammals and suggests that a window exists after wounding when new hair follicles can be stimulated. These findings may pave the way for new hair loss

treatments for all types of alopecia.

At the end of the conference, the knowledge I gained was far beyond my expectations; my skepticism was replaced with hope. I now believe that with enough funding the likelihood of a cure for cicatricial alopecia is achievable, perhaps sooner than anyone expected. CARF is the little engine that could. Each study funded is another mountain conquered, bringing better understanding of the disease and more effective treatments. The more of us who jump on board and get involved, the more quickly we will reach our final destination – a cure for cicatricial alopecia.

## A Patient's Perspective: Half Empty or Half Full?

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disheartening was the fact that some of the drugs being tried as first-line treatments produced mixed outcomes and often came with serious side effects. I had to make some difficult decisions, weighing my desire to hang on to my hair against my fear of putting my body at risk.

So where was the silver lining in this cloud? Reflecting back today, I can actually count many blessings in the form of life lessons learned and things for which to be thankful. The best thing to come out of this process has been the deepening strength of my relationship with my husband, who routinely applies topical tacrolimus to my scalp. In so doing, we have maintained some control over the symptoms and rate of hair loss. While assuring me that he'd love me with or without hair, Dennis' emotional support continues to help me cope. He has also become a supporter of CARF in its mission to fund research and raise awareness and advocacy.

Other good things have come out of having this disorder. I have long subscribed to several health/medical/nutrition newsletters and have followed research on a wide range of health-related topics – from the study of chronic diseases of aging to the many ways science is discovering how diet and lifestyle can affect illness and wellness. In the course of learning about the cicatricial alopecias and other hair loss disorders, I have integrated theories and knowledge about these disease processes, such as autoimmunity, into my understanding of health issues in general.

In particular, I have become a proponent of an anti-inflammatory diet. Having already known that many diseases – including arthritis, heart disease and Alzheimer's – are thought to be inflammatory in nature, and then learning that the activity of cicatricial alopecia is likely also

to be an inflammatory process, I have adopted a diet rich in anti-inflammatory nutrients and low in ingredients thought to contribute to inflammation. There's nothing like the motivation of not going bald to inspire a commitment to a diet that may slow the hair loss process! Rigorous adherence to my diet, along with dedication to regular exercise, has reduced much of my arthritic joint pain, made me slender, and may also be lowering my risk of developing some of the diseases that have afflicted my ancestors. Benefits indeed!

I have also gained more confidence in my ability to influence my health through exploring modalities that are complementary to Western medicine, including acupuncture and Oriental and naturopathic medicine. I have learned how to have more productive clinical visits and more effective conversations with care providers, both for myself and on behalf of others. I am empowered knowing that my growing knowledge base will help me in the future to deal with other issues and illnesses that may arise in my family and am grateful to have become an ad hoc resource for information and support within my extended family and circle of friends.

Another look on the bright side concerns my hairstyle. I used to let my long hair flow, restraining it with a pony-tail holder anytime I wanted it out of my face, which was most of the time. It was not the most becoming look for me but it was utilitarian. Now, because of my need to train my hair to sweep back in order to cover the bald patches, I've been compelled to learn some styling skills that, in my opinion, have resulted in a hairstyle that's more flattering to my face and is functional as well. And I've strengthened my commitment to wearing hats and sunscreen as a result of using a medication that increases UV sensitivity. In the long run, my skin will look less

aged.

And speaking of comb-overs, I have learned to be more compassionate in my attitude toward balding men whose attempts to reposition a few strands of hair across their hairless heads used to seem comical to me. I can now empathize with their desperation to cover their scalps. I am more sensitive to anyone trying to minimize what they perceive to be personal imperfections of any kind.

Gaining a healthy perspective has also been an advantage in adjusting to this disorder. Although hair loss is horrid, it is not life-threatening. And I've found that staying busy with my work and my life has helped me to place less importance on hair loss, too.

One of the most rewarding benefits of my condition has been my association with physicians and patients through the wonderful organization of CARF. The exchange of information, support, and friendship among the patients I've met through CARF continues to be invaluable. CARF, through its two patient conferences and the 2005 Colloquium, has provided Dennis and me opportunities to meet the world's leading specialists in scalp disorders, and to talk with them about their treatment approaches and work. What a rare and valuable privilege this has been!

I look forward to seeing these folks and meeting new acquaintances at CARF's upcoming Diamond Affair fundraiser in Beverly Hills in July. Dennis and I hope to see you there!

*Nancy Gates was formerly a publicist for technology businesses and now works as a volunteer patient advocate for women with Alzheimer's disease. She was a member of the first CARF Patient Conference steering committee.*

## CARF Representatives Visit Capitol Hill

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**CARF CEO Sheila Belkin on Capitol Hill, March 2007**

meetings, seven of us went on to encounter Representative Dana Rohrabacher from Long Beach. Initially, he took an adversarial position on appropriating more funds for science. After an impassioned plea from our team, however, he agreed to read the testimony of the NIH Director given earlier that week and reconsider his position.

I was abruptly summoned to the Capital for an appointment with House Speaker Nancy Pelosi. This was because of my earlier acquaintance with her when we flew to Cairo together shortly after she became a new Congresswoman. I entered our nation's magnificent edifice, where tall, erect military sentinels stood sphinx-like protecting our national treasure.

After meandering through a maze of off-limit corridors and a trip in a private ele-

vator, I found myself speaking to a prominent senior staffer who told me that Speaker Pelosi was on the floor of the House because Al Gore was testifying on global warming. To my delight, the staffer told me that the bill to fund the NIH would indeed pass. We chatted amicably about other health issues and CARF specifically. I was then instructed to take a special underground route and proceed to my final appointment with Representative Henry Waxman. He, too, was busy on the floor of the House, so I had a discussion with an enlightened and like-minded staff member, who confirmed that our cause had an avid champion.

As I left Congressional Row, I felt a sense of profound elation and awe, knowing that the mission of the CSD was accomplished and that a few more people had learned about CARF.

## Medical Visibility

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**In 2007, representatives of CARF attended the Annual Meetings of the American Academy of Dermatology (AAD), The Society of Investigative Dermatology (SID), and the Coalition of Skin Diseases (CSD).**

over 13,000, it represents virtually all practicing dermatologists in the United States. It provides continuing education in dermatology by sponsoring educational events for dermatologists, other physicians, medical students, health professionals, schools, and the public.

The SID has a worldwide membership of 1700. It represents the research sector of dermatology serving scientists and physicians working in academic settings, researchers in government and industry, practicing dermatologists, residents and fellows, and members of the lay community interested in skin research. It publishes *The Journal of Investigative Dermatology (JID)*—the premier journal dedicated to research in cutaneous biology.

The CSD is a voluntary coalition of patient advocacy groups and represents many different skin diseases, including cicatricial alopecia. It addresses the needs and concerns of millions of people whose lives are affected by skin diseases by working closely with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).

Members of the Coalition meet annually with members of Congress and testify before the appropriations committees to educate Congress and the public on the seriousness of skin diseases while stressing the need for increased medical funding, particularly research funding at the National Institutes of Health (NIH).

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CARF wishes to recognize the tremendous generosity of our donors. Without your support, our patient services and research sponsorship would not be possible.

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CARF Medical Advisors Kurt Stenn MD; Lloyd King, Jr. MD, PhD; Paradi Mirmirani MD; Vera Price MD at AAD



C. A. R. F.

**Cicatricial Alopecia Research Foundation**  
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Volunteers	volunteer@carfintl.org
Diamond Affair 2007	events@carfintl.org

Check out CARF's award-winning  
 website: [www.carfintl.org](http://www.carfintl.org)

**CARF Communiqué** Editor: Laurence A. Spector

ADDRESS CORRECTION REQUESTED

## Profile in Giving: From Hope Lost to Hope Realized

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educated people not only with lectures and personal conversations but also with a video that was played at the entrance to the conference.

**Networking:** There were countless opportunities to meet people and discuss the latest information about CARF and cicatricial alopecia. We shared information when we attended receptions, luncheons, award ceremonies, or just walked to the conference with other attendees.

We were able to learn how other organizations have grown by attending their gatherings. The

Women's Dermatological Society (WDS) held both a reception and luncheon, the Coalition of Skin Diseases (CSD) held a luncheon meeting, and there were numerous other receptions.

**CARF Goals:** The goals of the organization are always on the minds of our co-founders. They held a meeting with our scientific advisors to discuss how to meet CARF objectives and to share treatment strategies. Drs. Lloyd King, Len Sperling, Paradi Mirmirani, Ken Washenik, Kurt Stenn, Jerry Shapiro, and Maria Hordinsky attended.

A major goal of CARF was realized at the conference: expanding the list of physicians who treat hair loss. During the various lecture sessions, physicians who are willing to treat hair loss patients gave us their contact information. This is important for the many patients who are seeking physician referrals.

As a cicatricial alopecia patient, my hope was lost with the initial diagnosis. The more involved I have become with CARF activities, however, the more I believe that one day soon my hope for a cure will be realized!