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Review of the CARF 6th International Patient-Doctor Conference: Part 1



Executive Director Victoria Ceh (left), Conference Chair Dr. Victoria Barbosa (center), and Associate Executive Director Melanie Stancampiano (right), organizers of the 6th Patient-Doctor Conference.

The CARF 6th International Patient-Doctor Conference was held on April 4-6, 2014, at the Embassy Suites Chicago Downtown Lakefront Hotel in Chicago, Illinois. It was hosted by Dr. Victoria Barbosa of Millennium Park Dermatology and the CARF Chicago-area support group including leader Joe LaZara. The conference had an amazing 128 attendees, breaking the record for 2012 of 118 attendees.

Friday night's event was held at a local bar/restaurant called Lucky Strike. Approximately 50 were in attendance, and many new friends were made. On Saturday, the conference kicked off early morning with an award for Sustaining Support given to Marilyn Ey. She received the CARF Super Volunteer from Mary Clay. Addressing the patients in the audience, Marilyn said, "I am always happy to talk with you; you help me and you empower me!"

Overview of Cicatricial Alopecia

The first lecture was given by Amy McMichael who described the different types of scarring alopecia. She discussed how, in her practice, 58% of the patients have scarring alopecia, 5% have breakage, 30% have nonscarring alopecia, and 5% have traction alopecia. A small 2% have hair shaft disorders. She discussed how most patients hope their hair loss is due to a medication, a vitamin deficiency, or a hormonal abnormality, but that is rarely the case. The diagnoses she sees are mostly female pattern hair loss (FPHL), telogen effluvium (TE), or scarring alopecias such as CCCA. She also discussed how difficult it can be to weed out confounding factors underlying hair loss. For African Americans, in particular, the scarring often coexists with nonscarring hair loss, and many patients' grooming habits can contribute to or worsen their hair loss.

One challenge is that anecdotal events can contribute to what a patient perceives. For instance, Dr. McMichael told a story about a patient who swam in a creek, and her friend did too, and that her friend's hair didn't look so good. Maybe the creek was what contributed to it! Host factors can also play a role, such as genetics, environmental exposure, and the presence of any underlying inflammation such as seborrheic dermatitis, psoriasis, or atopic dermatitis.

Dr. McMichael discussed chronic cutaneous lupus erythematosus (CCLE, also known as discoid lupus) in which the presence of follicular plugging and loss of pigment appeared on the scalp. These conditions are usually treated with systemic medications such as hydroxychloroquine (Plaquenil), methotrexate, thalidomide, or even retinoids. Frontal fibrosing alopecia is another condition in which the white blood cells attack the hairs in the frontal hairline, and then move to attack the eyebrows, too. Central centrifugal cicatricial alopecia (CCCA) is a condition seen almost exclusively in patients of African descent, in which the inflammation attacks the hair follicles in the vertex of the scalp and can move outward.

Dr. McMichael next discussed how important a few simple things are to building a great patient-doctor rapport:

1. Set expectations: address the fear of going bald, which is at the forefront of many people's minds.



A surprised Marilyn Ey walking up to the podium to receive a special acknowledgment.



Marilyn receiving the Volunteer Appreciation Award and excitedly waving in the air a signed copy of Drs. Price & Mirmirani's textbook.



Board member Mary Clay (right) presented Marilyn Ey with Volunteer Appreciation Award.



Skin Advocate

<http://www.skinadvocateapp.com/>

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Would you like to be a part of the newsletter?

Please consider sharing your experience with cicatricial alopecia and/or attending a support group.

Send your write-up to:

info@carfintl.org

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The mission of the Cicatricial Alopecia Research Foundation (CARF) is:

- to provide funds for research to find effective treatments and a cure
- to support education and advocacy
- to raise public awareness



C . A . R . F .

On fire for research and a cure!

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Conference Review: Part I *continued from page 1*

2. Discuss how there is no crystal ball to know one's prognosis.
3. Emphasize the importance of compliance with at-home treatments.
4. Learn to rely on support organizations such as the CARF local support groups. If you don't have one in your area, start one!
5. Find a good hair stylist! Teach them about your condition so that they can help you and not be afraid.
6. Chart the progression of the inflammation using dermoscopy (this applies more for doctors).

One patient asked a question about whether Dr. McMichael considers cicatricial alopecia a condition or a disease. She explained how she uses the term "condition" in the early stage of a scarring process. She uses the term "disease" once the condition has a name, such as lichen planopilaris (LPP), frontal fibrosing alopecia (FFA), or central centrifugal cicatricial alopecia (CCCA).

The Workup of Cicatricial Alopecia

Dr. Jerry Shapiro next spoke about the workup of hair loss patients in his Vancouver, Canada, practice as well as in New York City. He treats exclusively hair and scalp disorders. He uses the term "disorders" rather than condition or disease. In Canada, Dr. Shapiro usually sees 70 hair loss patients per day. Of these, 20 are cicatricial and FFA makes up 8 patients per day. In New York, he sees 3 FFA patients per day.

Dr. Shapiro covered some of the most important questions that he likes to ask, which include the following:

1. When did it start?
2. Where on the scalp or body did it start?
3. Is there hair on the pillow? Is there hair in your food? (This helps him understand how aggressive the disease is.)
4. Does it itch or burn?

Next, he reviewed the things he looks for as a physician:

1. Are there many hairs coming out of one "hole"? This refers to hair tufting, in which multiple hairs are pushed together to come out of the scalp in a larger than normal grouping.
2. If the person has LPP, are there ulcers in the mouth or purple bumps elsewhere?
3. Are there nail changes? This is sometimes seen with LPP.
4. Are there ostia (openings on the scalp for follicles)? If these ostia are visible (intact), then this is not a scarring condition.
5. Are there cysts? These can indicate the presence of a dissecting cellulitis.
6. Is there hyperkeratosis? This refers to the thickening of the skin around the hair follicles, and it can be indicative of cicatricial alopecia.
7. Is there ulceration or a confetti-type lesion? LPP can be ulcerated, and with Pseudopelade of Brocq (described in an 1890 paper) there are smooth oval non-inflammatory areas of hair loss.
8. Is there involvement of the area behind the ears? (Dr. Shapiro uses the term "marginal alopecia" for patients with FFA who also have hair loss behind the ears.)
9. Tracking progress. He explained how he sometimes measures the distance between the lateral canthus (outer edge of the eye) and the hairline, on each side of the face. He also uses the pull test, and advises his patients not to use shampoo on the day of their visit. This allows him to "pull" the maximum numbers of hair possible, so they are not shed first while in the shower.
10. Scalp biopsy. He routinely takes a 4mm punch biopsy to sample the hair-bearing skin, and then sends this to a pathologist who will interpret the results.

Dr. Shapiro explained to the group that this is a magnified, often polarized, way to look at the scalp and hair follicles up close. Different doctors use different devices, but the more commonly used ones include the DermLite Dermoscope by 3Gen or the Folliscope, while other doctors use a standardized setup by Canfield Scientific, Inc.

What blood tests to order?

Dr. Shapiro also explained that blood tests are not necessary to order for all forms of hair loss, but he would order them based on what disorder he suspected and any additional symptoms the patient was having. Special stains using direct immunofluorescence (DIF) will help identify an autoimmune form of hair loss such as lupus.

Medical Treatment of Cicatricial Alopecia

Next, Dr. Vera Price went over the medical treatment of cicatricial alopecias. She began by explaining the difference between primary and secondary alopecias: in the former, the hair follicle is the primary target of destruction, and the skin is not affected. In secondary, the follicular destruction is incidental to non-follicular process such as infection, tumor, burn, radiation, or traction (pulling on the hair follicles). Dr. Price noted how the cicatricial alopecias only make up 5% of the forms of hair loss but that they are irreversible, unlike the 95% of hair loss disorders that are nonscarring and potentially reversible.



Dr. Amy McMichael provided an overview of cicatricial alopecia.



Dr. Jerry Shapiro spoke about the work-up of cicatricial alopecia.

continued on page 4

Conference Review: Part I *continued from page 3*

Dr. Price explained how nearly all cicatricial alopecias are due to an attack by white blood cells (WBCs) on the hair follicle. The difference between scarring alopecia and alopecia areata is the level of the follicle where the attack occurs. In alopecia areata, the WBCs infiltrate around the bulb (bottom) of the follicle, but with scarring alopecia the WBCs infiltrate closer to the infundibulum (top) of the follicle. Dermatopathologists can be very helpful in identifying what type of inflammation is present, at what level of the follicle, and to what degree. They can also help identify the presence or absence of sebaceous glands (scarring alopecias can result in the loss of sebaceous glands). What dermatopathologists cannot identify is the clinical subtype of cicatricial alopecia. To explain, lichen planopilaris and frontal fibrosing alopecia look identical under the microscope, but the clinical presentation of LPP is round or oval patches scattered within the scalp. The clinical presentation of FFA is a band-like recession of the entire hairline with frequent loss of eyebrows.

Dr. Price next reviewed a working classification of primary cicatricial alopecias. Lymphocytic alopecias include LPP, FFA, CCCA, and Pseudopelade of Brocq. With LPP, patients have frequent symptoms of itching or burning. There may be perifollicular scaling and erythema along the active border. With FFA, there are frequently NO symptoms of itching or burning, and sometimes there is no evidence of redness along the border. With CCCA, the symptoms can vary. With Pseudopelade of Brocq, there are usually no symptoms or signs. Neutrophilic alopecias include folliculitis decalvans and tufted folliculitis. Folliculitis decalvans can have the appearance of pustules and crusting. Mixed alopecias (containing a mixture of lymphocytes, neutrophils, and even plasma cells) can include dissecting cellulitis and folliculitis decalvans.

Dr. Price then reviewed treatment options for the lymphocytic types of alopecia. Specifically, she described Tier 1 treatments (hydroxychloroquine 200mg twice daily, doxycycline 100mg twice daily), Tier 2 treatments (mycophenolate mofetil, pioglitazone, cyclosporine, and 5-alpha reductase inhibitors (finasteride and dutasteride) for FFA. She also mentioned topical treatments to include intralesional triamcinolone acetonide (10mg/cc in inflamed, symptomatic areas) and the use of high potency topical corticosteroids and topical tacrolimus. She also uses topical Derma-Smoother/FS Scalp Oil, which has a peanut oil base. Regrowth of eyebrows has been described in 9 out of 10 patients who were treated with intralesional triamcinolone injections for FFA. It is unclear why the eyebrows might be able to regrow, but it is much harder to regrow hair along the hairline.

Treatment options for patients with neutrophilic/plasmacytic type cicatricial alopecia include oral antibiotics such as cephalexin and rifampin, as well clindamycin and trimethoprim-sulfamethoxazole or ciprofloxacin. If the patient is a carrier of the bacteria staphylococcus aureus, he/she may benefit from topical mupirocin ointment intranasally.

Another realm of treatment options are the use of PPAR-gamma agonists. PPAR stands for peroxisome proliferator-activated receptor, which is a transcription factor that regulates gene expression, specifically inflammation and lipid metabolism in the pilosebaceous unit. Research has demonstrated that in FFA and CCA there is inactivation of PPAR-gamma, suggesting that drugs that ACTIVATE PPAR-gamma may be helpful treatment options. Dr. Price described a study using pioglitazone, a PPAR-gamma agonist used in the treatment of type II diabetes. In a single patient, the use of oral pioglitazone 15mg/day resulted in resolution of the disease. The hypothesis is that loss of PPAR-gamma function in sebaceous glands leads to abnormal processing and buildup of “toxic” lipids. This toxic buildup triggers inflammation and eventuates in scarring and destruction of the follicle. (Editor’s note: Subsequent investigations have shown mixed results, and widespread use of this drug has been slightly hampered by the recent link with bladder cancer. This link is most relevant for patients taking higher doses of 30-45mg/day for 3-5 years).

Update on the Topical Gabapentin Study

Dr. Maria Hordinsky, Professor and Chair of Dermatology at the University of Minnesota, introduced Daniel Groth, a 4th-year medical student (also at the University of Minnesota) who spoke about their research on the use of gabapentin for cicatricial alopecias. He explained how epidermal nerves in scalp affected with LPP can have decreased epidermal nerve density. He showed images explaining how the innervation of the scalp and hair follicle bulge region is very different from normal scalp. Gabapentin is a GABA analogue introduced in 1994 for the treatment of epilepsy. It has been used for chronic nerve pain such as diabetic neuropathy, vulvodynia, and post-herpetic neuralgia (after shingles). Their group applied for an IND (investigational new drug application) to evaluate whether applying a 6% topical solution of gabapentin could relieve the itch, pain, burning, or tingling of cicatricial alopecias. Study participants had to be at least 18 years of age, have biopsy-proven scarring alopecia, have at least one persistent scalp symptom, and be willing to adhere to study protocol.

The predominant exclusion criteria included allergy or intolerance to gabapentin, underlying disease that might be affected by the drug, systemic corticosteroid or other immunosuppressive drug, secondary skin infection, or previous scalp surgery or hair transplant surgery.

Patients are still being enrolled in this study. If you are interested in participating please contact Heather Bemmels, MS, CGC, Research Assistant, University of Minnesota, 1-612-624-5721, bemm0003@umn.edu.



Dr. Vera Price reviewed the medical treatments for cicatricial alopecia.



Conference attendees engaged in the lectures.



Dr. Maria Hordinsky describes the topical gabapentin study.

NEXT ISSUE: Part 2—Surgical Treatment of Cicatricial Alopecia, Notes from the Ask the Experts Panel, Hair Care & Styling, Wigs & Hairpieces, Research Update, and Integrative Medicine.

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Thank you to conference chair, Dr. Victoria H. Barbosa, and her staff of Millennium Park Dermatology, for all of their hard work in preparation of this conference.

Thank you to Laurence Spector & Ken Washenik, MD, PhD for generously donating the luxurious vacation door prize.

Thank you to those who made donations to the CARF Tricky Trays prizes, and raffle organizer, Rita Wanser.

Our thanks to the numerous members of the Chicago Support Group for sponsoring the reception at Lucky Strike.

Saturday evening entertainment was organized by Marilyn Ey and enjoyed by all thanks to the contributions of Mary Clay, Jerry Shapiro, Rita Wanser, Ken Washenik and Nancy White.

Thank you presenting faculty, panel members, table hosts, and support session facilitators for sharing your expertise:

Willie Baldwin
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Dr. Barbosa's staff from Millennium Park Dermatology helping with conference preparations.

Many volunteers give of their time before, during and after the conference, contributing to the overall success, and to each of you we say, "Thank you!"

We regret the omission of any names.



It's time to get jazzed

for the

CICATRICAL ALOPECIA RESEARCH FOUNDATION

7th International Patient-Doctor Conference

2016 New Orleans, Louisiana, USA



French Quarter Balcony: French Quarter.
Photo Credit: Jeff Anding



Hat Shopping: Hat Fitting at Fleur de Paris.
Photo Credit: Nijme Rinaldi Nun



Dessert: Festive Dessert at Commander's Place.
Photo Credit: New Orleans CVB

Here's what they're saying about the 6th International Patient-Doctor Conference *Patient Testimonials*

“Thank you CARF for an informative weekend presented in a fun, positive environment. Every dermatologist should be required to provide their alopecia patients with information on this organization! This organization and the weekend conference has been the answer to a huge prayer for me.”
—SMH, Harrisonburg, VA

“First of all, the conference was great because it felt good to know that the doctors thought enough to include the patients. Second, the information presented was diverse and easy to understand. It spoke to the wholeness approach of managing our conditions. Finally, it was a collegic atmosphere with individuals who were happy to share their stories and help others; all the while learning how to live with their condition and help themselves.”
—BD from Illinois, a CCCA patient

“LOTS of people did LOTS of work to make the conference such an informative, rewarding and supportive event for all who attended. When you have a disease that does not make the ‘nightly news,’ it means the world to know that you are not alone and that someone cares. Thank you for a constellation of efforts that made the event so successful and memorable.”
—MC, patient

“I enjoyed meeting everyone and finally learning about my condition, which seems to be a combination. The best part was finding a doctor who would treat it after 9 years of trying to get help, finally getting a diagnosis, and then not being able to get a doctor to prescribe the recommended medications. Thank you, Dr. D!”
—JN, Santa Fe, NM

“I came here feeling like a caribou in the middle of a zebra herd – I left belonging to the CARF Family!”
—Anonymous

SUPPORT GROUP NEWS

Report from San Francisco

Marilyn Ey, Patient Support Group Leader

Tips from San Francisco Meeting, April 2014

1. Tattoo eyebrows.
2. Latisse® eyebrows. (Editor's note: This may enhance the growth of functioning hair follicles, but there are not clinical trials using it for cicatricial alopecias.)
3. Save long hair for future wig or hairpiece.
4. Use a wide-tooth comb.
5. For curly hair: Curly Girl is a foam and nice for curls. Use hair dryer diffuser for softer more gentle hair drying. Use DevaCurl Volumizing Foam after washing. In between, use a drop of DevaCurl Spray Gel for volumizing. DevaCurl MirrorCurls helps with dryness/frizz. (See www.MyDevaCurl.com.)
6. Hair Pull Test: Do NOT shampoo your hair the morning of your doctor's "pull test" as it won't be effective. For an accurate "pull test" reading, always shampoo your hair the same amount of time before your appointment. (Editor's Note: Not all doctors do the pull test routinely, so discuss this with your physician first.)
7. Head and Shoulders Itchy Scalp Shampoo & Conditioner is used by a member to help relieve itching.
8. Use a good conditioner on hair ends.
9. Eat gluten free. (Editor's note: There is only anecdotal evidence to suggest that this is of benefit.)
10. Arthritis Magazine subscription provides information and ads for biologic medications. A \$20.00 minimum donation provides a year's free Arthritis Today emailed subscription. (Editor's note: There are no biologic drugs approved for cicatricial alopecia, nor is there published data suggesting a role for them at this time. Patients who suffer from psoriasis or psoriatic arthritis are most likely to benefit from such drugs.)
11. Slow, deep breathing five times a day relieves stress. While slowly inhaling and exhaling repeat, "Nothing is worth my health." Your body will learn how good it feels being relaxed.
12. In the San Francisco area, order meals from "Home on the Range" (homeontherangemeals.com). They deliver chilled, diet-specific (free of gluten, peanuts, or sugar, etc.) meals in San Francisco, Contra Costa, and Alameda counties. Heat the dinner when you are ready to eat.
13. FFA Bangs Band: One member demonstrated hiding her FFA with a "bangs band." Synthetic hair was styled and dyed to match her hair. Velcro attaches to the underside of both the bangs and the band. This allows bang attachment to various colored hair bands. This works great for her when the doorbell rings and there's no time to style her hair. (See photos.)



14. FFA Custom Hairpiece: One member demonstrated her FFA "custom hairpiece," another FFA hair styling option. From emailed photos and simple measurements, Kathy Ricci (AdvancedHair4U.com) designed a forehead pattern to cover ONLY the area of permanent hair loss. Using a special double-sided tape, the hairpiece attaches comfortably to the forehead. It NEVER touches the existing hair. This provides a cooler option from wearing a full wig. (See photos.)



For more information regarding #13 & #14, email Marilyn at sanfranciscosupportgroup@carfintl.org

MEETINGS, ADVOCACY & AWARENESS

2014 American Academy of Dermatology (AAD) Annual Meeting March 21-25, 2014 • Denver, Colorado, USA

CARF Meeting

The CARF Scientific Advisors held an open meeting on March 22, 2014. Twenty dermatologists were in attendance for the round table and discussed issues relevant to advancing research and professional education on cicatricial alopecia. Discussion occurred about the development of a cicatricial alopecia patient registry and what is currently being done by various clinicians, including how to develop a common, standardized evaluation form. The need for concentrated sessions at the AAD on cicatricial alopecia was discussed. Moving forward, CARF will aim to coordinate efforts to be sure cicatricial alopecia is always an integral part of the annual Hair Loss Symposium that takes place at the AAD. Discussion took place about easy-to-use tools and resources on cicatricial alopecia for dermatology residents. CARF plans to contribute information to the smartphone app, VisualDx, which is used by many practicing dermatologists and especially by residents. The need to reach out to and educate hair stylists also was discussed.



NAHRS Meeting

The North American Hair Research Society (NAHRS) hosted a scientific session with two lectures on March 21, 2014. One was on the topic of finasteride given by Ken Washenik, MD, PhD (Clinical Assistant Professor, New York University Medical Center; and Medical Director, Bosley). The other was a lecture given by Elise A. Olsen, MD (Professor of Dermatology and Medicine (Oncology); Director, Cutaneous Lymphoma Research and Treatment Center; Director, Hair Disorders Research and Treatment Center; Director, Dermatopharmacology Study Center, Duke University Medical Center), with two parts, one of which was an update on the Frontal Fibrosing Alopecia Project. She specifically described her research using dutasteride and finasteride as off-label treatment options for frontal fibrosing alopecia.



Dr. Ken Washenik and Dr. Elise Olsen, keynote speakers at the NAHRS Scientific Session at the American Academy of Dermatology 2014 Annual Meeting in Denver.

“Chronic Pruritus: Bedside to Bench Perspectives”

An important session at the AAD featured four important areas of pruritus: the basics of itch, itching due to atopic dermatitis, neuropathic itch, and itch in the elderly. Although the session did not focus on cicatricial alopecias directly, their findings may ultimately help mitigate the itching and burning that affects so many CA patients. Timothy Berger, co-director of the course, discussed how there is an immunologic and neurologic component, and how he envisions that there will one day be specific blockers for the signaling molecules that mediate itch. The course director, Dr. Gil Yospovitch of Temple University School of Medicine in Philadelphia, spoke about how drugs such as gabapentin and pregabalin, which help with chronic pain and itch, may be used in combination with some antidepressant drugs to help reduce the sensitization of nerve fibers.



2014 Society for Investigational Dermatology Annual Meeting May 7-10, 2014 • Albuquerque, New Mexico

Dr. Gil Yospovitch of Temple University School of Medicine in Philadelphia also spoke at the 2014 Society for Investigational Dermatology (SID) Annual Meeting, May 7-10, 2014, in Albuquerque, New Mexico, where there was a Translational Symposium on Neurobiology that focused on Pruritus. The Symposium included several lectures and also discussion of the beginnings of a Standard Chronic Pruritus Clinical Protocol. While some CICAL patients have symptoms of itch, many have burning sensations and these are displayed on the same neuro pathways.

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Britt-Marie Harding
Diane Hayes
LaVonne Hendricks
Frances Henn
Aaron Horton
Robin Howard
Jessica Iroanya
Irene Johan
Doreen Karoll
Shelby Keiser
Judith Lewis
Suzanne Little
George Mantikas
Laura Marconi
Carol McGovern
Kathryn McGrath
Debra McVey
Kathleen Moriarity
Claudette Motuzas
Colette Murstein
Cynthia Nelson
Beverly Nicbols
Margaret O'Brien
Michelle Pelle, MD
Patricia Pequignot
Patricia Rheaume
Rene Rieser
Eva Roberto
Beverly Robin
Engay Ross
Scott Rothman
Antoinette Rowe
Elizabeth Ruhland
Zelma Ruiz
Maureen & John Saar
Gideon Sasson
Delores Schaaf
Elaine Schneider
Marilyn Seely
Francell Shade
Debra Shaver
Kathy Shearer
JoAnn Silverstein
Dawn Simons
Nadine Smedshammer
Carol M. Smith
Margaret Smith
Susan Spitz
Doris Starnes
LaNora Stokes
Patricia Thomas
Susan Tosk
Ellen Vandenburg
Helle Voldbaek
Judy Wagner
George Wanser
Geraldine Ward
Aoife Wasser
Deborah White
Nancy White
Andrew Wos
Arlene Yates
Yvelin Yang
Monica Yearwood
Raye Ziring

Soroptimist International of Chico, California, President Jackie Travis (*right*) presented a \$500 check designated for medical research to fellow Soroptimist and CARF San Francisco Support Group Leader, Marilyn Ey (*left*).



Join the eScrip Program to Help Fund CARF Research

CARF has enrolled in the eScrip fundraising program. You can benefit CARF without any out-of-pocket expense. Shop for groceries, airline tickets, personal purchases, and/or dine out—it's simple and free! Participating merchants contribute a percentage of your purchases made on your credit or debit/ATM card to CARF. Invite your extended family and friends to support CARF by joining eScrip and designating CARF as the organization they wish to benefit. Check out the eScrip website for participating merchants. Shop retail or online.



To select CARF, go to www.eScrip.com and indicate us as your beneficiary. (CARF's Group ID # is 500020699.) Funds generated with your purchases will support CARF's ongoing patient support, patient education, and research to find better treatments and a cure for cicatricial alopecia.

Member of Coalition of Skin Disorders
(<http://www.coalitionofskindiseases.org/>)



Member of National Organization of Rare Diseases
(<http://www.rarediseases.org/>)



CARF Support Groups

See www.carfintl.org for meeting dates in your area. Note: In some locations, we are looking for patient co-leaders and physician advisors.

USA Support Groups

CALIFORNIA

Los Angeles: For more information, contact losangelessupportgroup@carfintl.org

San Francisco: For more information, contact Marilyn at sanfranciscosupportgroup@carfintl.org

ILLINOIS

Chicago: For more information, contact Joe and Bev at chicagosupportgroup@carfintl.org

LOUISIANA

New Orleans/Baton Rouge: For more information, contact Debbie and Elayne at neworleanssupportgroup@carfintl.org

MARYLAND, WASHINGTON DC, VIRGINIA

For more information, contact Beth at md-dc-va-supportgroup@carfintl.org

MASSACHUSETTS

Boston: For more information, contact Melody, Doreen, and Joyce at bostonsupportgroup@carfintl.org

MICHIGAN

Detroit: Contact Virdell at detroitssupportgroup@carfintl.org

NEW YORK

New York City Area: For more information, contact Laurence and Ilene at newyorksupportgroup@carfintl.org

International Support Groups

CANADA

Toronto, Ontario: For more information, contact Shirley at tontosupportgroup@carfintl.org

UK

London: For more information, contact Marva at londonsupportgroup@carfintl.org