

## Summer 2021 Welcome message

I am delighted to introduce the second newsletter of this year.

A lot has changed in the last 18 months since the pandemic started. Though concerns of a third wave exist, and the numbers affected with the COVID delta variant are rising rapidly with some threat on the NHS services, there is a lot to cheer. The majority of restrictions have now been lifted, further news of no quarantine on return from amber countries means flights are getting booked rapidly, it all does feel that we are moving forward positively. England reached the finals in the euros generating the much-needed cheer and excitement and though hopes were dashed with the final outcome, we can be proud of a great team and look forward to the world cup. I hope you are as glued to the television sets as I am watching Team GB collecting lots of medals.

We have just concluded our BHNS sub speciality session at the BAD with some excellent contributions from our registrars. The talks by our guest speakers Professor Rodney Sinclair, Dr Michela Stearce and Dr Nekma Meah were very well received. We had our BHNS AGM on 8 July and the minutes ave been circulated.

In this newsletter we have several great contributions. In keeping with the BAD theme on diversity and inclusivity, Leila Asfour and Yusur Al-Nuaimi have provided a great article on Diversity and Hair-Representation matters. Through the pandemic many hospitals relied on teledermatology as a means of keeping communications with patients. Emma Mack has given an insight in the role of teledermatology in the diagnosis of her patients. Jake Moss has provided a very rare case of hair loss in a child- do consider your differential diagnosis for the scalp lesion prior to reading the rest of the case report. The project of development of the global registry of alopecia areata severity and treatment safety has been neatly summarised by Dmitri and Yusur.

Thank you to Jen Chambers for providing an update on the great work Alopecia UK is doing supporting our patients and raising awareness for alopecia. We have two virtual events planned for this year. The first registrar training day of hair and nails on 10 September has a great line-up of national experts and the nail education day on 18 November boasts of International experts.

The BHNS website has been revamped to give it a new fresh new look. Do visit <https://bhns.org.uk/> and give us your comments both positive and by suggesting ways to improve.

I will continue to encourage all members to be active in the Grand round where cases can be submitted for expert opinion with a fast turnaround of 2 weeks. We are opening this up to all BAD members twice a year to allow the wider community to take advantage of our in-house experts.

Continue to keep your interest in hair and nails!  
Thank you



### NEWS

#### New Members

Dr Abdullah Ahmed  
Dr Sharon Crichlow  
Dr Bindi Gaglani  
Dr Kusuma Narayana  
Dr Isabelle Nicholls  
Dr Minal Patel  
Dr Sonia Sharma  
Dr Michela Starace  
Dr Ben Waterfall  
Dr George Woodward  
Dr Leona Yip

#### Welcome to ENS Members

Recently the BHNS has opened up our membership to European Nail Society members. We have already had applications from across Europe. We hope you will join us in welcoming them to the society.

Likewise, BHNS members are encouraged to join the ENS. If you're interested in applying please email Dr Michela Starace at [michela.starace2@unibo.it](mailto:michela.starace2@unibo.it).

#### Journal Club

Many thanks to contributors of the monthly Journal Clubs. Contributors over the last year include:

Dr Leila Asfour  
Dr Faraz Imran  
Dr Matthew Wynne  
Dr Isabelle Nicholls  
Dr Sonia Sharma

If you would like to make a contribution to the Journal club please email [rose.wilmot@nhs.net](mailto:rose.wilmot@nhs.net).

#### BHNS Prizes at the BAD

As usual, the BHNS presented two prizes at the annual BAD meeting. The winner of the Andrew Messenger Oral Presentation prize (£100) was Dr Lloyd Steele for his talk on the status and outcomes of registered clinical trials for JAK inhibitors in alopecia areata where he discussed whether non-published trials are being overlooked. The winner of the poster prize (£75) was Dr Rebekka Jerjen for her poster on testosterone deficiency in men with female pattern hair loss. Congratulations to them both.

Many thanks to our judges Dr Megan Mowbray and Dr Yusur Al'Nuaimi.

### EVENTS

#### BHNS Events

- [10 September 2021, Virtual](#)

The SPR Hair and Nail Training Day has now been confirmed and you [can register via the BAD event's calendar on their website](#).

- 18 November 2021, Virtual

Nail Education Day. Registration is not yet open but we will let you know as soon as it does.

#### European Hair Research Society Events

- [16-18 June 2022 - St Petersburg, Russia](#)

The next EHRS meeting will take place in the historic city of St Petersburg in Russia.

- [15-17 June 2023 - Sheffield, UK](#)

The 19th EHRS meeting originally scheduled for 2020 sadly had to be postponed due to Covid-19 but will still be taking place in 2023.

#### World Congress for Hair Research

- [22-25 April 2022 - Melbourne, Australia](#)

#### BHNS Trainee Travel Fellowship

The BHNS will once again be providing a Trainee Travel Fellowship for a member to attend either a hair or nail event next year. The fellowship will be for £500 and is open to all trainee members in the society. Priority will be given to members who have successfully submitted an abstract to attend the event of their choice.

### Diversity and Hair – Representation matters

On the 2nd of June this year, the BBC posted a news report on under representation of non-white skin in textbooks and teaching materials for the medical profession. The simple take home message is that representation matters. We should strive to ensure that persons of all skin (and hair!) types are embedded in our educational materials and that we take the time to educate ourselves whenever possible. Positive changes are being made. We saw Malone Mukwende, a second year medical student, produce the textbook *Mind The Gap* last year (1). The British Association of Dermatologists have updated their Undergraduate Handbook and the UK dermatology specialist registrar training curriculum to better represent our diverse patient population and they have set up a Skin Diversity Sub-committee. As members of the British Hair and Nail Society we can have a positive influence; a simple example would be to have all skin types in mind when teaching the fundamentals of hair and nail disorders and in carrying out research.

Traditionally human hair was classified as African, Asian and Caucasian. But this classification does not reflect the society we live in or even demonstrate the diversity seen within subgroups. In the UK, 1 in 10 people are in an inter-ethnic relationship, demonstrating the increasingly diverse community we live in (2). Loussouarn et al. classified the various hair types found worldwide into eight main groups, using objective descriptors of hair shape without requiring reference to ethnic origin.<sup>3</sup> See figure 1 for the classification. Loussouarn et al. further reviewed 2249 young adults (18-35 years, females and males) without alopecia, originating from 24 various ethnic groups to study variation in total hair density, telogen percentage and growth rate on three different scalp areas using non-invasive validated techniques. They outlined their results as the following: Caucasian scalps have higher hair density, with about 30% more hair than African or Asian scalps, whereas Asian hair shows the fastest growth, an Asian hair will be almost 5 cm longer after one year of growth than an African hair. Asians also have the greatest hair diameter, with these thicker hairs being associated with the fastest growth, in particular seen in Asian subjects with straight shaped hairs (Types I and II). Increased curliness was associated with a smaller total hair density and a lower rate of growth. Some of these results are shown on Figure 2. (4).

Undeniably, hair has an integral role in our identity. It often can communicate messages about our individuality or conscious adherence to the customs

and standards of a group. Therefore, it is vital to have an appreciation of various hair practices/ traditions and an understanding of the structural and biological differences seen in all groups. Studies have suggested the impact of racial discordance between physicians and patients seeking care for hair loss; in particular lack of awareness in hair care routines, which may be potentially implicated in their condition (5). There is increasing awareness of hair practices leading to hair and scalp disorders, such as traction alopecia secondary to hair extensions/weaves and braiding, increased hair fragility and irritant dermatitis from the use of chemical relaxers and even anaphylactic/contact allergy reactions to glues and adhesives used for hair extensions.

Increased familiarity with skin of colour in our clinical practice is essential, for example benign longitudinal melanonychia is often referred as possible melanoma. We know that certain hair, follicular and scalp disorders are more prevalent or unique to persons with increased skin pigmentation such as central centrifugal cicatricial alopecia (CCCA), pseudofolliculitis barbae, Trichorrhexis nodosa (TN), seborrheic dermatitis and traction alopecia (6,7).

CCCA is a form of scarring alopecia seen predominantly in women of African-descent, affecting the vertex of the scalp and expanding in a centrifugal manner. It has been linked to a genetic mutation (PADI3), there has been suggestion of an association to hair practices such as use of chemical relaxers and weaves, but there has not been a consistent link found. There has also been a suggestion of being associated to type 2 diabetes (8). Treatment requires an anti-inflammatory approach, recommendation on natural hairstyles and addressing any underlying seborrheic dermatitis that may be contributing to symptoms. Hair transplant can be considered in cases where their CCCA has been stable for at least a year (6).

Pseudofolliculitis barbae commonly referred to as "Razor bumps". It is an inflammatory condition commonly involving the face and neck in persons with curled or coiled hair who shave. In women the face, axillae and suprapubic area is a commonly involved. Clinically there are follicular based hyper pigmented papules and pustules with postinflammatory hyper pigmentation hypertrophic scars and keloid scars can result. This arises from cut hairs penetrating the skin. Medical management includes topical steroids, benzoyl peroxide, topical antibiotics and topical retinoids.

Recommended shaving techniques for pseudofolliculitis barbae:- avoid close shave, use

clippers, shave in the direction of hair growth, avoid plucking. Permanent hair reduction such as electrolysis or laser hair removal prevents hair regrowth (6,7). Trichorrhesis nodosa a common disorder characterized by hair breakage due to weak points in the hair. The most common type of TN is due to physical or chemical trauma to the hair. It occurs more frequently in individuals of African origin with curly hair. The spiral shape of the hair follicle and hair shaft predispose the hair to breakage. The curlier the hair, the more it is susceptible to this. There are 4 major hair care practices that lead to hair breakage: heat, chemical straightening or permanent waving, permanent hair color, and drying hair products. Once hairs are broken, they cannot be restored so prevention is key to managing this and encouraging the adoption of more natural hair-styles (6).

Seborrheic dermatitis may present differently in individuals with skin of color. They may present with scaly, hypopigmented macules and patches in typical areas of involvement. Arcuate or petal-like patches may be seen, specifically termed petaloid seborrheic dermatitis. Children of color often do not experience the classic "cradle cap" appearance of seborrheic dermatitis, and have erythema, flaking, and hypopigmentation of the affected areas and folds of skin (See Figure 3) (10). SD tends to respond well to conventional treatments, although it tends to recur. Skin of color patients may require a modified treatment approach which takes into account differences in hair texture and hair washing frequency. Chappell et al compared SD treatment modalities, it was found that Caucasian patients preferred antifungal foams, gels, and sprays, while black patients preferred ointment or oil preparations (9). Emphasis on alternative, less drying treatment modalities may increase compliance and treatment success in skin of color patients, and prevent hair damage and breakage. In general, ketoconazole shampoo is utilized with caution in African-American women and care should be taken to instruct patients to apply directly to the scalp, rather than to the hair shaft. In men and children of color, ketoconazole shampoo may be used with less concern for hair fragility as they are less likely to have chemically or heat-styled hair (10).

Tinea capitis (TC) in dark-skinned scalp can represent a diagnostic challenge, as erythema of the scalp is more difficult to appreciate (see figure 4). 11 A variety of features on trichoscopy have been described in the literature according to hair shape; such as corkscrew hairs seen in patients of African descent, or comma hairs and zigzag hairs identified in Egyptian population and other TC features seen in dark skinned scalp include black dots, hair casts, broken hairs, clip

or question mark hairs, and Morse code-shaped hair. It can be difficult to differentiate from alopecia areata, in view of the lack of erythema. In AA, trichoscopy on dark skinned scalp shows normal honeycomb-like pigment pattern with numerous white dots (see Figure 5). The rest of the features are seen in all skin types including exclamation mark hairs, broken hairs and black dots (12).

The British Hair and Nail Society Committee is dedicated to ensuring that we contribute to and keep positive changes coming. We are updating our resources to ensure increased diversity and representation. Please do contact us if there are specific resources or additional topics you would like to see from the BHNS.

Figure 1: Loussouarn Classification of hair types based on shape



Figure 2: Loussouarn et al. Diversity in human hair growth and density

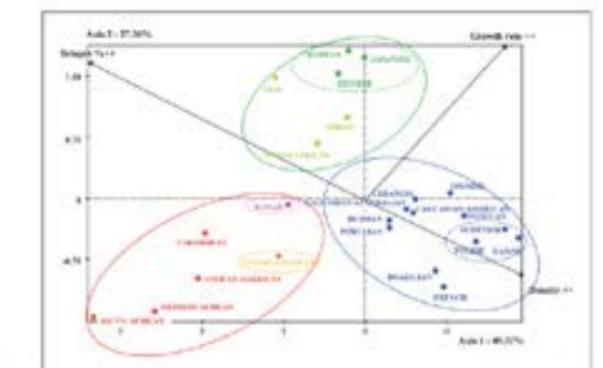


Figure 2. Grouping (PCA and HAC). Principal component analysis (PCA) followed by hierarchical ascending classification (HAC) provided the two-dimensional localization of human populations when cross-analyzing all their genetic parameters (ethnicity, height, weight, and growth rate). Diameter is added as an illustration. Most of populations were localized on one of three distinct clusters corresponding to classical African (cluster 1), Asian (cluster 2) and Caucasian (cluster 3) hair types, which could then be further differentiated into distinct sub-clusters, including some Chinese in 2011.

Figure 3: Hypopigmented macules and patches on the face of an African female with SD (image courtesy of Dr Ncoza Dlova) (10)

Hypopigmented macules and patches on the face of an African female with SD (image courtesy of Dr. Ncoza Dlova).



Figure 4: Tinea apitis in an African-American child (11)



Figure 5a: Trichoscopy of Alopecia areata (12)



Figure 5b: tinea capitis (12)



**Resources**

Here you can find a selection of resources addressing skin diversity and those relevant to hair and scalp disorders:

1. Centre for Evidence Based Healthcare Skin of Colour Resource:- The resource is compiled by Dr Douglas Grindlay (Information Specialist) and Dr Sharon Belmo (Consultant Dermatologist and Clinical Lead). Some of the links to the hair, scalp related pages are found here:-

a. Hair and scalp disorders: <https://www.nottingham.ac.uk/research/groups/cebd/resources/skin-of-colour/hair-scalp-disorders.aspx>

b. Follicular disorders: <https://www.nottingham.ac.uk/research/groups/cebd/resources/skin-of-colour/follicular-disorders.aspx>

c. Afro-textured hair:- <https://www.nottingham.ac.uk/research/groups/cebd/resources/skin-of-colour/ethnic-hair.aspx>

2. British Association of Dermatologists –skin of colour resources:- <https://www.bad.org.uk/healthcare-professionals/education/skin-of-colour-resources>

3. Skin of color society (USA) <https://skinofcolorsociety.org>

4. Dermnet NZ:-

a. <https://www.dermnetnz.org/topics/hair-care-practices-in-women-of-african-descent/>

b. <https://dermnetnz.org/topics/skin-conditions-in-skin-of-colour/>

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3. Loussouarn G, Garcel AL, Lozano I, Collaudin C, Porter C, Panhard S, Saint-Léger D, de La Mettrie R. Worldwide diversity of hair curliness: a new method of assessment. *Int J Dermatol.* 2007 Oct;46 Suppl 1:2-6.
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5. Grayson C, Heath C. An Approach to Examining Tightly Coiled Hair Among Patients With Hair Loss in Race-Discordant Patient-Physician Interactions. *JAMA Dermatol.* 2021;157(5):505-506.
6. Common Dermatological conditions in Skin of colour. *Pharmaceutical Journal.* June 2021. <https://pharmaceutical-journal.com/article/ld/common-dermatological-conditions-in-skin-of-colour>
7. Lawson et al. Updates in the understanding and treatments of skin & hair disorders in women of color. *International Journal of Women's Dermatology.* Volume 3, Issue 1, Supplement, March 2017, Pages S21-S37



By Dr Leila Asfour and Dr Yusur Al'Nuaimi

**The role of teledermatology in the diagnosis of hair disorders**

Teledermatology played a vital role during the COVID-19 pandemic in allowing Dermatology departments to assess patients efficiently and to ensure a continuing high standard of clinical care where face-to-face consultations are limited. The challenges posed to Dermatology by the pandemic have been considerable on a global scale. A study conducted in the United States used a survey to compare outpatient volumes and scheduling issues for a week in February 2020 to the same activity for a week in March 2020 and found a statistically significant decrease in the number of skin biopsies performed from 19.8 to 7.7 and an increase in the postponement of routine appointments (1).

Notably, a decrease in the number of patients reviewed in outpatients by over 50% was reported by 66.3% of survey respondents<sup>1</sup>. It is likely that future social distancing will continue to limit the number of patients who are able to attend an outpatient clinic in a face-to-face capacity, thus Teledermatology will continue to play an important role in patient assessment.

The limitation of face-to-face appointments has posed further challenges to the assessment of patients with hair disorders. Firstly, we must consider if the conditions with which patients present to outpatients have altered following the pandemic. A Turkish study compared the diagnoses of patients presenting to a Dermatology outpatient clinic in a three month period during the pandemic peak to the diagnoses of patients presenting to the same clinic one year previously. A statistically significant decrease in patients presenting with androgenetic alopecia was noted during the COVID-19 pandemic period (2). A second Turkish observational cross-sectional study used an online questionnaire to assess patients on their pre and post-pandemic management of conditions including telogen effluvium, alopecia areata and seborrhoeic dermatitis. Of the 563 individuals who participated in the study, almost 80% did not seek any treatment for their hair condition during the pandemic (3). Further studies are required to determine whether this effect is applicable for the management of hair disorders in other countries.

The role of Teletrichology has been described as the use of virtual platforms to interact with patients with hair disorders remotely and plays an important role in identifying patients who require a face-to-face consultation. One report describes the use of Teletrichology to evaluate patients with both scarring

and non-scarring alopecia. Patient evaluation methods included instructing patients to perform the hair pull or tug tests, to measure ponytail thickness, to measure the distance from the hairline to the glabella and to show their daily hair shedding. The same group reported that photographs sent in by patients have been useful to assess the presence of exclamation mark hairs in alopecia areata, the presence or absence of villus hairs in frontal fibrosing alopecia, peripilar casts in scarring alopecia and hair shaft variability in androgenic alopecia<sup>4</sup>. However, difficulty was noted in identifying yellow dots, white dots or peri-follicular scales with hand held video microscopes<sup>4</sup>. The importance of patient instruction was outlined in terms of how to obtain clinically useful images and where to take the photographs at their scalp, hairline and temples (4). This may require specific instruction, training or a patient information leaflet to be made. Developments in Teledermatology continue to provide new and innovate ways in which hair disorders can be assessed in the future.

*References*

1. Litchman G, Rigel D. 2020 'The Immediate Impact of COVID-19 on US Dermatology Practices' *J Am Acad Dermatol* Aug; 83 (2): 685-686
2. Turkman D, Altunisik N, Mantar I et al 'Comparison of patients' diagnoses in a dermatology outpatient clinic during the COVID-19 pandemic period and pre-pandemic period' *Int J Clin Pract* 2020; 00:e13948
3. Turkmen D, Altunisik N, Sener S et al 'Evaluation of the effects of the COVID-19 pandemic on hair diseases through a web based questionnaire' *Dermatol Ther.* 2020; e13923
4. Randolph M, Al-alola A, Tosti A 'Diagnosis of hair disorders during the COVID-19 pandemic: an introduction to teletrichoscopy' *J Eur Acad Dermatol Venereol* 2020 10.1111/jdv.1698



Dr Emma Mack

**A rare cause of hair loss in a child**

*Clinical findings*

A 7 year old fit and well girl with no past medical history, presented to the local paediatric department with a 3 month history of a rapidly enlarging nodular lesion on the central scalp. This was associated with central crusting and hair loss. She had been seen by dermatology four weeks prior and started on oral terbinafine for a presumed kerion, while awaiting results of hair plucking and skin scrape sent for mycology. After four weeks of oral treatment there had been no improvement to the lesion and mycology was negative. Further examination by the paediatric team demonstrated no further skin lesions but examination of her neck revealed tender right side cervical lymphadenopathy. Due to concerns about the depth of the tumour an MRI of her head was requested which demonstrated superficial involvement of the scalp lesion and was reported as an infected epidermoid cyst or soft tissue tumor.

However, a full blood count showed a marked eosinophilia at 48 X 10<sup>9</sup>. (standard range 0.1-0.8 X 10<sup>9</sup>)

Due to lack of response to treatment and blood count abnormalities a biopsy of the scalp lesion and a cervical lymph node was undertaken by the ENT team.



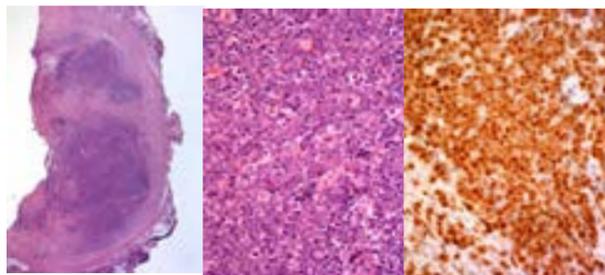
What would be your differential diagnosis for this scalp lesion?

*Histopathological findings*

Scalp biopsy showed an extensive diffuse infiltration of the dermis (Fig. A) by small to medium blue round cells consistent with lymphoid blasts (Fig. B). Immunostains showed the cells to be uniformly CD19, PAX5, TDT (Fig. C) and CD10 positive and CD20 weakly patchy positive. A subsequent bone marrow aspirate

showed a hypercellular marrow with an eosinophilic expansion and lymphoid blasts. Flow cytometry confirmed B-cell lymphoblastic leukaemia (B cell ALL)

Fig A Fig B Fig C



Diagnosis; leukaemia cutis.

The patient was referred to our local tertiary paediatric oncology centre for induction chemotherapy as per UKALL guidelines 2019 and is still undergoing treatment.

### Discussion

Leukaemia Cutis is the infiltration of malignant leukocytes into the skin resulting in a variety of cutaneous manifestations such as papules, nodules and plaques; as well as eczema like skin changes, purpura and gingival hyperplasia. Erythroderma may be seen in cases of Sezary syndrome with T cell lymphoma. Leukaemia cutis may present in up to 30% of patients depending on the type of leukaemia (1).

Skin findings as described in the literature are more commonly seen in acute and chronic myeloid leukaemia and T cell acute lymphoblastic leukaemia. It is a rare finding in B cell ALL with estimated prevalence at 1-3% (2). It is even rarer to be the presenting complaint as described in our case as a crusted nodule on the scalp.

Histology of leukaemia cutis can show a wide variety of findings with immunostaining used to confirm the diagnosis.

Management is to treat the underlying malignancy, radiotherapy may also be considered for skin lesions. In adults there is some evidence that it depicts more advanced disease and a poorer prognosis (1).

Whilst B cell ALL is a more common leukaemia in children than adults, to our knowledge this case is unique as it is the first time a child with B-Cell ALL has presented with leukaemia cutis. Subsequently we

would like to use this case to highlight the importance of having a differential diagnosis for lumps on the scalp.

### References

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### Contributors

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By Dr Jake Moss

### A Global eDelphi Exercise to Identify Core Domains and Domain Items for the Development of a Global Registry of Alopecia Areata Disease Severity and Treatment Safety (GRASS)

This project built on prior consensus work that, through the process of facilitating international, expert consensus regarding the diagnosis, investigation and treatment of alopecia areata (AA), established a network of international AA experts. 1-3 In an era of emerging therapies for AA, the group had identified the need to facilitate collection of harmonised, real-world data through the development of a network of patient registries.

To support this aim, further clinicians, patient organisation representatives, scientists, industry and pharmacoeconomic experts were added to the original group and all were invited to take part in a 3 round

eDelphi exercise to identify data points that should be collected by such registries. The eDelphi process was chosen as it enables participants, through iterative completion of an online questionnaire, then a final face-to-face round, to reach agreement about a topic.

The dataset developed through a similar process for atopic dermatitis, undertaken by the Treatment of Atopic Eczema (TREAT) Registry taskforce, was utilised as a template, around which AA-specific data points were modeled. 466 participants from 6 continents then engaged in this exercise, that culminated at the World Congress of Dermatology, in Milan, Italy, in June 2019, to examine, validate and expand that dataset, where appropriate. The consensus exercise identified 25 categories of core data, (termed domains, e.g., demographics, aetiopathogenesis) with ninety-two specific measures (termed domain items, e.g., date of birth; date of enrolment into registry) required to build a high-quality AA registry.

While the dataset produced by the exercise will be essential to the development of harmonised AA patient registries, more valuable still, is the collaborative network that the consensus projects have enabled. Work has progressed on platform development to facilitate the roll-out of the multi-stakeholder, Global Registry of Alopecia areata disease Severity and treatment Safety (GRASS) patient registry network, with pilot testing to begin later this year. It is hoped that, with time and investment, this open, collaborative project will be extended internationally and the harmonised data it will collect will better inform our understanding of existing and emerging therapies for AA.

### References

1. Wall D, Meah N, York K, et al. A Global eDelphi Exercise to Identify Core Domains and Domain Items for the Development of a Global Registry of Alopecia Areata Disease Severity and Treatment Safety (GRASS). *JAMA Dermatology* 2021. doi:10.1001/jamadermatol.2020.5839.
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atopic eczema photo- and systemic therapy registries. *Br J Dermatol* 2018; 18:1-12.



By Dr Yusur Al'Nuaimi

### Alopecia UK

#### An update from Jen Chambers Alopecia UK's Charity Development Manager

"Alopecia UK will be raising much awareness this September for our annual 'Alopecia Awareness Month'. As well as providing lots of alopecia-related information across our social media, we will also be hosting a number of online webinar events throughout the month.

The charity continues to provide ongoing support in a variety of ways for those with alopecia. We look forward to bringing our face to face peer support groups back this summer but we will continue to run our newly established online Zoom meetings for adults, parents and children with alopecia too. Our private peer support groups on Facebook continue to provide a 24/7 peer support space with over 8000 people engaging every month. For some these spaces, and the ability to connect with others who 'just get it', really are a lifeline. We are also very excited to be setting up our very first 'Youth Voice Board' and look forward to seeing what services this group would like to develop for teenagers with alopecia. We also have a final few spots remaining for our first Kids Camp this summer for children with alopecia and their families. The closing date for ticket sales is 15th July 2021.

Our new Research Manager has been busy with our third round of Research Pots and we look forward to funding two brand new research projects. We will be releasing two further research funding streams later in the year, for grants ranging from £500 to £60,000. Further details will be posted on our website in due course.

One of the challenges many with alopecia face is

finding the right products and services and knowing where to go for wigs, headwear and permanent make up. Our brand new Service Directory 'Blue Pages' booklet will help many navigate this path, plus it provides details of discounts available to Alopecia UK VIP Cardholders. The ever growing Alopecia UK Service Directory is a great resource to signpost your patients with alopecia towards. Printed copies of our 'Blue Pages' and our 'A Little Bit of Everything about Alopecia' booklets are available on request - both are helpful resources to pass to your patients with alopecia.

As part of Alopecia UK's Inclusion Strategy, we look forward to running several focus groups this year engaging with people from ethnic minority communities, underrepresented groups and people experiencing racial inequality to understand the barriers faced when accessing alopecia peer support in the UK. If you have patients who might be interested in assisting with this work, please let them know.

Information about everything mentioned above can be found at [www.alopecia.org.uk](http://www alopecia.org.uk).



By Jen Chambers