BRITISH HAIR & NAIL SOCIETY
Specialists in hair and nail disorders

October 2018 Issue

Official BHNS NEWSLETTER

WELCOME TO THE AUTUMN BHNS NEWSLETTER

It is time to introduce our autumn BHNS newsletter which has many exciting articles for all.

Let me start however with a gentle reminder for all to explore the BHNS website and use it to its maximum potential. The clinical cases forum is for all to put in your challenging cases for discussions, equally your experiences on the particular subject discussed will be welcome. The more these forums are utilised the more we all benefit. The monthly journal club continues and it remains a way to keep abreast of the latest research on hair and nails and we are always grateful to all the contributors for their input. The interview videos done by hair specialists at the Glasgow Hair education day, on specific hair conditions are now available on the public website.

The European hair research congress in Bologna, Italy was an informative event. Christos Tziotzios received the travel fellowship from BHNS for the congress and has provided a summary of the event. The BHNS had its subspecialty session at the BAD in Edinburgh which again attracted a good number of delegates. It was a delight to invite two guest speakers- Prof Myrto Georgia Trakatelli from Greece who gave us her insight on Nail unit melanoma and Bessam Farjo who gave us tips on Hair transplant. Bessam has kindly provided an article on techniques on hair transplant and how to choose the right candidates.

In this newsletter it is also exciting to read numerous articles on hair research. Kehinde Ross has encouraged us to look at RNA's in a new light for hair loss, Mike Philpott has made us aware on future challenges of growing human hair and Nasim Rouhani has updated us on multifactorial causes/ associations with premature greying hair.

Ingrid Wilson has given a very thorough understanding of how to maintain African textured hair. Nicole Cooke has raised a potential new treatment option for Alopecia areata after a recent report of regrowth of hair following treatment with Dupilumab for an atopic patient. The result of the new clinical trial in US looking at this will be much awaited.

David de Berker had reminded us about the European nail society meeting in Paris which was again a great success, we had excellent speakers and discussions on nail melanoma.

"All about Alopecia" Day Manchester was a great success; Caroline and Matthew Harries have provided us a summary of the event.

'Get Ahead of Hair Loss' was hosted at the Royal Society of Medicine on Sunday 30th September.

There are always plenty of meetings both national and international for you to choose from – for registrars our travel fellowships always provide a great opportunity to learn more on hair and nails as well as explore new places.

On behalf of all I would like to thank Rose Wilmot for working tirelessly for the society and helping keep the membership active.

Keep your interest in hair and nails and do encourage colleagues and juniors to join the society.

Anita Takwale (Clinical and Educational Lead BHNS)

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Website Update

A new video section with interviews from the conference in Glasgow this year.

Case Discussions continue to be provided by members, for members, which can be viewed here.

The Journal Club is still being updated each month. In the Journal Club you can read useful summaries of all recent Hair and Nail Papers provided by members, for members.

Washing African textured hair

Tightly coiled African hair naturally stands away from the scalp.[1] Therefore this hair needs cleansing less than other types of hair because it does not become coated with sebum secretion as naturally as straight hair. However, African hair needs to retain moisture in order to minimize dryness and breakage.[2] This hair also undergoes significant shrinkage when washed which can present grooming challenges particularly for longer hair which is not chemically straightened.

The authors of a literature review published in 2017[3] reviewed the literature on acquired Trichorrhexis Nodosa focusing on Black patients recommended that "Patients with dry, damaged or tightly curled hair should limit their shampooing to no more than once per week. Those with straight hair, however, can shampoo daily. This is consistent with anecdotal evidence that it is common practice for people with African textured hair to wash this hair once a week.

It is important for clinicians with an interest in hair disorders and trichologists to be able to give consistent advice to patients with African textured hair about frequency of hair washing and products to use. A review of the literature indicates that patients should be advised as follows:

1.Shampoo choice:

•Patients with natural hairstyles should aim to use sulfate-free shampoos to prevent stripping the hair of its moisture and natural oils. Sodium lauryl sulfate and sodium laureth sulfate are detergents /surfactants commonly used as a foaming agent in shampoos which often cause dryness.

•Nonionic or amphoteric detergents /surfactants are recommended. Non ionics are mild and examples include polyoxylene fatty alcohols, polyoxylene sorbitol esters and alkanolamides. Amphoterics, which foam moderately well while leaving the hair manageable include be-taines, sultaines and imidazolinium derivatives for those with natural black hair or dry, damaged or colour-treated hair.

•It has been shown that those shampoos containing sphingamine derived ceramide (i.e C18-dhCer) bind to and protect chemically treated African hair from excessive breakage.[4]

2.Co-washing:

•Co- washing is washing the hair with a conditioner. The use of cationic ingredients in conditioners aids in sealing moisture within the hair shaft. Hair consists of the negatively charged protein keratin, which binds to cationic surfactants in conditioners.[4] The hydrophobic ends of the surfactant prevent the substance from being rinsed out and act to restore the hair barrier.

3.Conditioning:

•This is one of the most important steps. Deep conditioners are beneficial for severely damaged hair. Leave-in conditioners are put in the hair after shampooing and conditioning, and are not rinsed out. Leave-ins can be applied daily and are ideal for preventing damage from every-day grooming. The most beneficial conditioning treatment for those with dry and damaged hair is protein-containing conditioners. These can be formulated as rinse-out, deep or leave-in. Though protein-containing treatments help with breakage, it is recommend to only apply on a monthly or bimonthly basis, since overuse can lead to brittleness.

4.Silicones:

•As professionals we can recommend silicone-free conditioners or conditioners containing water-soluble silicones to prevent hair dehydration and subsequent breakage. Silicones are added to products designed to coat the hair, adding shine, retaining moisture, and providing thermal protection. Most importantly for African hair silicones are used to help comb or detangle the hair. Water-soluble silicones do not build up and typically do not cause damage. Silicones with the prefixes PEG- or PPG- typically are water soluble and will not build up on the hair. Dimethicone copolyol and lauryl methicone copolyol are other water-soluble silicones. In general, water-soluble silicones provide moisturizing properties without leaving residue. Other silicones such as amodimethicone and cyclomethicone are not water soluble but have properties that prevent build-up.[5]

5.Soak-and-smear method for hair care:

•This method increases moisture retention, which in return enhances hair elasticity and reduces tangles. It forms increased protection from damage. The repurposed soak-and-smear method for hair care is as follows:

- Shampoo and/or condition the hair normally and lightly blot hair with a towel.
- Follow with the application of a water-based leave-in conditioner to the hair.
- Immediately apply an oil or thick, occlusive moisturizer, such as coconut oil, olive oil, jo-joba oil, petrolatum or mineral oil, to the hair.
- Allow the hair to air dry and style as desired.

This method can be completed as often as needed throughout the week and modified depending on shampoo/conditioning needs.

The repurposed soak and smear is especially beneficial for patients with tightly coiled hair, as it helps reduce dryness associated with over-processing from heat and chemical applications.

Summary

1. Wash hair once a week with a sulfate free shampoo or silicone free/water soluble silicone conditioner.

2. Use a conditioner after washing.

3. Seal in moisture after washing with an oil or thick occlusive hair moisturiser.

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Hair Transplantation: Current techniques and choosing the right candidate.

Norman Orentreich[1] wrote about the principle of donor dominance leading to the popularization of modern hair replacement surgery. Sixty years has passed since then, and there have been many surgical improvements from the early large 4mm plug grafts to the current gold standard of follicular unit transplantation using only naturally occurring groupings usually comprised of 2, 3, or 4 hairs.[2] The main indication for surgery is androgenetic alopecia in both men and women; however, the refinement in technique means that we can now reconstruct beards, moustaches, eyebrows and eyelashes.[3] Other common indications for restoration include mechanical scars (burns, accidents, post infection etc), traction alopecia, eyebrow overplucking, congenital hypotrichia, and in some dermatological hair loss conditions.

In the past 10 years the surgical technique that has become more popular worldwide involves use of a 1mm or smaller drill punch to take out individual grafts, Follicular Unit Excision (FUE).[4] There are a multitude of devices that the punches can be fitted to from manual handles, to motorised hand engines, to computerised devices and robots. No matter how the grafts are extracted they are then placed into recipient incisions without much further processing. Another technique is the strip harvesting method which was the predominant method of donor removal from about the early 1990's. This involves resection of a strip of skin and hair from the occipital and sometimes parietal area and then individual follicular units are dissected by technicians under stereoscopic microscopes. Each of these harvesting techniques has advantages and disadvantages depending on a number of factors: patients' age, hair type, hair colour, potential for future hair loss, preferred hair style and the surgeon's skill.[5]

The main limitation to surgery is the availability of donor hair so it is essential that the best use of this resource is made especially in the young patient who may be destined to lose a considerable amount of hair in the future. Ideally, patients should be over the age of 25 before contemplating surgery. This can be because expectations are too high in younger patients especially when they are in early stages of hair loss and it may be difficult to assess the "safe" donor area (that area that is not androgen sensitive). What you don't want to happen is that you operate on a patient who loses a considerable amount of hair and then there is not enough donor hair left to complete the restoration later in life, leaving them with a natural and balanced appearance. The other main issue to convey to patients is that with one surgical procedure in a completely bald area you will probably only achieve about 1/3 of their original density in one operation.

So transplantation is great for a thinning look but will not necessarily give back a thick head of hair again.

In female pattern hair loss where there is a more diffuse pattern there is the added complication of missing dual pathology such as anaemia, diabetes, or thyroid disease. Also consider other hair loss conditions in men and women where the underlying problem is ongoing so hair loss will recur. For example, traction alopecia from tight braids where the patient does not change their styling habits.

In the future we may find alternatives to surgery where the donor limitations are not an issue and this is where some of the current hair biology research is focusing.[6]

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Premature greying of the hair.

After having a 9 years old male patient with premature grey hair coinciding with the announcement of the new gene discovery causing greying of the hair, known as IRF4 which regulates melanin and locates on chromosome 6, I have decided to explore further causes related to this topic. As we know premature greying of the hair is multifactorial and it is known as "premature canities" or in the case of sudden whitening of the hair called "canities subita". It is a combination of normally pigmented, hypomelanotic and amelanotic hairs. The definition of the premature varies between studies from an age range below 20 years old to under 30. Unfortunately, there has not been any systemic review on this topic and nor a consensus on the underline aetiology.

For a robust assessment of the patients, Singal A et al had produced a greying severity score (GSS) which is an objective and numeric tool for assessing the patient with premature canities. It divides the scalp into 5 sections and measures the percentage of the grey hair based on the density of the hair and number of grey hair in each section.[1]

The commonest involved sites in premature greying hair are the frontal and temporal area in both men and women however, occipital involvement is mainly observed in men.[2,3,4]

The greying hair is caused either by the reduction in melanin production or an alternation in melanosome transfer or an increase in melanocyte destruction.[5] In addition, the hair follicles are neuro mediator targets and neuro hormone regulators of ß-endorphin, TRH, ACTH, CRH, Proopiomelanocortin, α- MSH and. Melatonin.[6]

In broad categories, the premature canities could be due to autosomal dominant inheritance, acquired factors, immune response or a genetic disorder which is usually associated with other signs and symptoms.

The prominent feature in the autosomal dominant variant is a localised circumscribed area of the grey or depigmented hair known as poliosis or piebaldism in case of association with leukoderma. Also, this type is present in the majority of the genodermatosis such as Waardenburg syndrome, tuberous sclerosis, Chediak-Higashi and Elejalde syndrome. Although diffuse hypomelanosis of scalp hair could be seen in Fanconi syndrome, Book syndrome, Down syndrome, Hallerman- Streiff syndrome, Teacher- Collins syndrome, Prolidase deficiency, Werner syndrome, Ataxia telangiectasia, Rothmund- Thomson syndrome, Fisch syndrome, Myotonic dystrophy and Oasthouse disease.[7,8]

In the healthy children and young adults without any other personal or familial comorbidities that suggest underline syndromic disorder, still positive family history is significantly relevant, as demonstrated in multiple studies.[2,3,4] The second commonest cause of premature canities seems to be acquired due to nutrient deficiencies such as vitamin B12 and Zinc, especially in infants or due to thyroid dysfunction. Although some studies have included Iron, folic acid, copper and biotin deficiency too.[2,3,4,5,9&10] In addition, an Indian study suggested a significantly raised level of pro-oxidant and reduced level of antioxidant in the serum of patients with premature grey hair.[11]

Moreover, a significant relationship between the history of atopic eczema and the premature canities have been described in the literature while a few case reports suggest its association with inflammatory conditions such as darier's disease or vitiligo.[2,4,7] With consideration of these associations and a reported case of hair re-pigmentation with Adalimumab[12], an immune process probably has a role in premature greying hair.

The other suggested aetiology are medications such as chloroquine and less likely hydroxychloro-quine and Acitretin.[6,8]

However, one of the commonest side effects of Acitretin is alopecia so we can hypothesis that due to loss of anagen and telogen hairs the grey hairs become more prominent leading to misconception of the premature greying. Similarly, a few cases of canities subita (sudden whitening of the hair) have been explained to be likely due to sudden onset alopecia areata rather than true whitening of the hair.[13]

In conclusion, the premature greying of the hair could be multifactorial and beyond a simple gene mutation. In young and healthy individuals, the acquired causes should be ruled out via detailed history and appropriate investigation such as a blood test for B12, Iron study, Zinc and thyroid function.

By Dr Nasim Rouhani

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Potential New Treatment for Alopecia Areata?

Alopecia areata (AA) is a relatively common form of alopecia characterised by localised patches or, occasionally, more widespread areas of non-scarring hair loss from the scalp and other body sites. There has been some recent progress with the use of JAK inhibitors in this condition, however, these are not currently licensed for this indication in the UK and, to date, treatment options for this distressing condition remain limited.

A recent article in the British Journal of Dermatology described a patient with both AA and atopic dermatitis (AD), who showed significant hair regrowth when given a new biologic agent dupilumab for treatment of his AD.[1] In this case, the 28-year-old male had widespread AA with complete loss of hair from his scalp, eyebrows, eyelashes and beard. His baseline Severity of Alopecia Tool (SALT) score was high at 87.4. Prior treatment with both ciclosporin and methotrexate had been relatively ineffective for both of his conditions. He was subsequently commenced on dupilumab, an anti-IL4 receptor monoclonal antibody licensed for the treatment of AD, with a loading dose of 600mg followed by 300mg every 15days thereafter. By month 3, he had noticed a significant improvement in his AA and almost complete recovery by month 6 with his SALT score dropping by >90%.

It is well-known that AD and AA often co-exist but there is now increasing evidence that AA pathogenesis is also mediated by a T helper 2 (Th2) immune response similar to AD. Elevated levels of Th2-driven cytokines, such as IL4 and IL13 (which also signals via the IL4 receptor), have been found in the skin biopsies and blood of patients with AA[2] providing rationale for the use of dupilumab in this condition as well as AD. It is however important to remember that this a single case report, which does not prove efficacy, and furthermore that the report doesn't mention whether hair regrowth was sustained in the longer term with or without ongoing treatment. In addition, there is at least one published case report, which paradoxically showed the onset of AA following treatment with dupilumab.[3]

In a condition such as AA, which has a significant negative impact on quality of life, potential new therapies are always welcome although these should, of course, be both evidence-based and safe. A randomised, double-blind trial is currently being undertaken in the US (clinicaltrials.gov, NCT033593356) to assess whether dupilumab is a useful treatment for AA and the results of this are keenly awaited.

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Mission Possible: Neutralising Rogue RNAs when Hair Falls Out

Time was when the DNA encoding our genes and the protein output of those genes were considered the important players in the central dogma of molecular biology, with messenger RNA (mRNA) playing little more than an incidental role as a middle-man between those two heavyweights. How little did we know. It turns out that RNA molecules that do not encode proteins are fundamentally important to a whole range of pathophysiological processes. With the advances in RNA sequencing technologies of recent years, we are only just beginning to appreciate the scale of the influence that RNA molecules exert in multiple diseases, including alopecia.

Take microRNAs as an example. These small non-protein codin molecules of ≈22 nucleotides bind to specific regions of target mRNAs. A given miRNA can regulate hundreds of genes through complex mechanisms that converge on the reduction of the steady-state levels of their target mRNAs.[1] As a result, miRNAs represent attractive potential therapeutic targets for complex diseases with multiple pathological features like alopecia areata (AA). Recent work from Christiano and colleagues found miR-155 levels were over 3-fold higher in the skin of AA mice compared to their unaffected littermates. Even though there were other miRNAs that underwent significantly higher induction (such as miR-329 and miR-31, which were 14-fold and 12-fold higher, respectively, in AA mice compared to unaffected mice), the focus on miR-155 was judicious, given the established roles of miR-155 in immunity.2 The extent to which such miR-155 elevation is associated with human AA remains to be seen, however. Nonetheless, as a candidate drug target, miR-155 activity can be neutralised effectively using chemically modified antisense oligonucleotides

Indeed, a clinical trial is underway for lymphoma and leukaemia using an anti-miR-155 investigational new drug labelled MRG-106 (NCT02580552) and what roles might it have in AA. Hence, it would be interesting to determine the effect of MRG-106 on the mouse models of AA. In addition, miR-329 appears to function as a tumour suppressor miRNA based on a number of reports, raising questions as to what contribution it makes to AA pathogenesis and progression. Furthermore, as miR-31 has established inflammatory roles in psoriasis[3] and wound healing,[4] what role might it have in AA?

Building on their extensive genome-wide association studies (GWAS) of AA in over 3000 patients, Betz and colleagues recently identified three miRNA loci that were significantly associated with AA. Of these, miR-30b/d was significantly associated with 22 target genes, compared to the 9 and 11 target genes defined for miR-1237 and miR-548h-2. More importantly, miR-30b expression was low in AA hair follicles compared to healthy control individuals. Hence, although depletion miR-30b in hair follicles needs to be confirmed in a larger patient cohort than the 3 examined by Betz and co-workers, miR-30b may be a suitable target for miRNA-replacement therapy in AA using a synthetic miR-30b mimic. The paradigm here is the phase I MRX34 trial aimed at raising levels of the tumour-suppressor miR-34 in hematologic malignancies and solid tumours (NCT01829971). Somewhat disappointingly, the trial ceased prematurely due to immunological serious adverse events that may have been related to the liposomal formulation rather than the miR-34 mimic itself.[5]

More promisingly in relation to skin, a miR-29 mimic for miRagen Therapeutics (MRG-201) has completed phase I evaluation via intradermal injection with a view to reducing fibrotic scarring (NCT02603224).

Crucially for translational purposes, our understanding of physicochemical parameters for therapeutic oligonucleotides is advanced, and the modifications required to avoid triggering an immune response, enhance resistance to nuclease degradation and promote target tissue delivery have been established to a large extent.[6] Therefore, with appropriate consideration of approaches for topical delivery of miRNA mimics or inhibitors to the hair follicle,[7] studies should soon emerge targeting dysregulated 'rouge' miRNAs associated with AA to bring their activities back under control.

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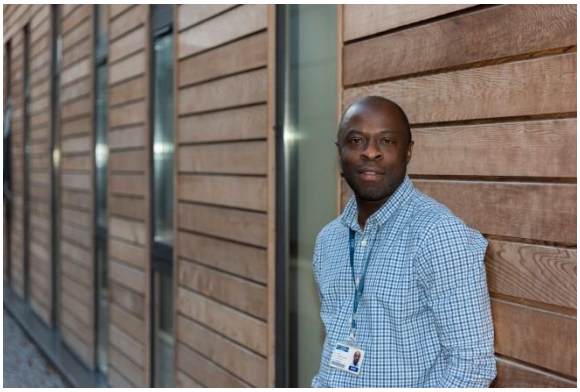

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Growing human hairs in vitro: challenges and future perspectives.

Much of our knowledge of basic hair biology is derived from animal studies-mainly in rodents. However, there are fundamental aspects of human hair biology that differ in many ways from that of other mammals. Unlike the waves of co-ordinated growth cycles in the mouse and rat human follicles mainly function independently of their neighbours.[1] Moreover, unlike many other mammals' androgens play a major role in determining the types of hairs produced in many parts of the body both in health and disease. Androgens normally stimulate the production of terminal hairs in many areas of the body after puberty, e.g., the beard of men and the axillary regions in both sexes[2] while appearing to have no effect on other areas such as the eyelashes and nonbalding areas of the scalp, e.g., the occipital regions. However, in genetically predisposed individuals, androgens cause a gradual transformation to vellus follicles on the scalp producing a slowly progressing, patterned balding, androgenetic alopecia.[3] To address human hair follicle biology we developed a model of human hair growth in vitro.[4] This model has been widely adopted by hair researchers and recently extensively reviewed.[5]

However, when we established this model hair follicles were readily available from redundant facelift skin. In recent years less invasive plastic surgery methods have been developed and whereas when we developed our model we would routinely isolate 200-300 hair follicles from a single facelift nowadays we are lucky to get 20 hair follicles. Hair transplant surgery is an alternative source of follicles but again researchers are lucky to get 20 hair follicles. Therefore, one of the major disadvantages of human hair follicle culture is the difficulty many laboratories have in obtaining human samples. This will always be a major barrier to any group wishing to use this model system. Also, because quality of skin varies, it is not always possible to isolate sufficient follicles from every sample. Therefore, to carry out any meaningful study a regular supply of skin is also essential. Without human hair follicles for research our understanding of human hair biology is going to be significantly impaired and we may look back on the 1990's as the golden years of human hair biology research. Despite this we still know so little about the human hair follicle and its diseases.

The lack of available hair follicles for research is doubly worrying as we now live in a new age of molecular biology techniques including small molecule inhibitors of many signalling pathways, the ability to knockdown specific genes using siRNA all of which raise the opportunity to mimic genetic disorders hair growth disorders in the HF in vitro.[6]

In order to understand the precise biochemical function of single molecules or groups of molecules in hair biology we are in desperate need of a next generation of hair follicle models. The holy grail of hair follicle biology would be one in which either de novo hair follicles could be induced in vitro or one in which hair follicles could be reconstructed from their component cells. It would then be possible to reconstitute hair follicles from cells in which individual genes of interest were either knocked out or overexpressed and to investigate the effects of knockout/overexpression on hair follicle function. This involves the establishment in vitro of cell cultures, possibly in skin equivalents that mimic the embryonic environment and that will support embryonic follicle development.

Currently little has been published with regard to de novo hair follicle synthesis in vitro. This lack of data is interesting. Histiotypic culture of skin equivalents is well established. We know from the pioneering work of Roy Oliver and Colin Jahoda of

the central role played by the dermal papilla (DP) in hair biology. Moreover, it has been demonstrated that when primary mouse keratinocytes are combined with cultured DP cells and grafted onto nude mice, hair follicles develop.[7,8] What is not known or has not been reported is whether such recombinants would support follicle development in vitro. However, one can presume that these experiments have probably been carried out and that the lack of publications probably reflects failure of follicles to develop. This will be a significant future challenge for hair biology and advancing animal replacement.

However, less complex models have been developed using isolated and cultured DP and these involve forming spheroids of dermal papilla cells, to mimic, which maintain DP gene expression mimic the in vivo environment of the DP. DP spheroids can be co-cultured with keratinocytes to model hair follicle epithelial mesenchymal interactions between the DP and hair follicle epithelium9-10. Whilst these models may not yet yield intact growing hair follicles they are a major step forward in developing the next generation of hair follicle models. Likewise the organ on a chip is now a reality and there is no reason why we will not soon have hair follicles on a chip.[11] Whilst they may not be fully representative of hair follicles in vivo and will still require access to human material cell culture can be used to considerably expand the tissue available to develop these models. Moreover, they will allow rapid screening of molecules to identify target molecules that can then be used in whole hair follicle organ culture models.

By Dr Mike Philpott

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A word from one of the winners of the BHNS' Travel Fellowship.

The European Hair Research Society Committee invited me to their 18th Meeting to deliver a talk on my research into the pathogenesis of frontal fibrosing alopecia (FFA). I am very grateful to have been awarded a travel fellowship by the British Hair and Nail Society enabling me to attend the meeting, which was held in Bologna, Italy on May 18th to May 20th 2018.

Hosted in a magnificent city, this 3-day event comprised a trichoscopy course and 3 days of scientific sessions covering non-scarring and scarring alopecias, paediatric hair disorders, updates on therapeutics and molecular science advances and clinical cases. The selected conference venue was perfectly fit for purpose and the Chairman of the Scientific Committee was Professor Bianca Piraccini, who evidently worked relentlessly to organise a splendid meeting.

It was great to meet in person clinical and research colleagues, with whom we have been collaborating as part of our recently established FFA research network. It was also great to meet hair scientists outside this network and be presented with new and exciting research partnership opportunities for future collaborative work.

Given my molecular genetic work and clinical interest in cicatricial and immune-mediated hair loss, I was excited to hear talks on genetic hair diseases. I also enjoyed the session reviewing the fascinating background to JAK inhibitor development in alopecia areata. Cell-based and growth factor-based treatments are innovative and clinically attractive and the session debating their therapeutic relevance was useful. The session on cicatricial and permanent alopecia was fascinating: I was particularly interested in hearing Prof Trueb's therapeutic pearls in his overview of scarring hair loss, where he assertively explained his disbelief in the association of sunscreens with FFA. More from Prof Trueb followed on the last day of the meeting, which closed with sessions on stem cells and clinical cases for diagnosis. The overall experience has been stimulating and I very much look forward to the World Congress for Hair Research in Barcelona in 2019.

By Dr Christos Tziotzios

"All About Alopecia" Day Manchester 23rd June 2018

Patient and Public Involvement and Engagement

BRITISH HAIR & NAIL SOCIETY
Specialists in hair and nail disorders

October 2018 Issue

Official BHNS NEWSLETTER

(PPIE) are increasingly viewed as a vital component of any research proposal. These not only inform us of the feasibility of a study but also ensure the research we do is relevant and important to our patients. On the 23rd June we hosted a PPIE event in Manchester called "All about Alopecia" funded by the University of Manchester's BRC funding programme and supported by Alopecia UK. This eventful and productive meeting brought together clinicians, researchers and people with various types of alopecia in a free day event.

Information giving and gathering was shared in a variety of settings running in parallel, including a rolling programme of interactive talks, focus group work, a mindfulness session, an art project and a central "market place". Two workshops ran throughout the day ("ETAAP" (Early Treatment for AA Prevention) and "ROMA" (Refining Outcome Measures in AA)) that will hopefully help improve trial design for future studies.

The market place was a popular component of the day allowing people with hair loss to speak with researchers and clinicians and take part in a number of activities, including feasibility of self-SALT scoring and rating the recent hair loss PSP outcomes. Stalls included a clinical and research area to discuss previous and current studies, patient representatives to chat and share tips on hair makeup techniques and stalls from TRENDCO (local wig provider) and MASUMI head wear where they showcased their products and offered advice. Alopecia UK kindly supported the event and sent members of their team. We particularly thank members of the BHNS who gave up their time to support the day, including Susan Holmes, Abby MacBeth (and the ROMA study group) and Andrew Messenger. The day ended with a prize draw with the first prize winner leaving with an Amazon Echo.

Feedback from the day was generally very positive. For many in attendance this was the first time they had spoken with other people with hair loss in a safe non-threatening environment. Will we do it again? Yes – probably, but not for a couple of years to give us chance to recover!

By Dr Caroline White & Dr Matthew Harries
Manchester (August 2018)

Travel Fellowship

The travel fellowship available for 2019 for the World Congress on Hair Research will be in Barcelona from the **24th-27th April 2019.**

Information about abstract submission deadlines is overleaf. The application to the BHNS must be made by the 15th March 2019.

Upcoming Hair Disorder Event

Evidence-based update on hair disorders, May 15th 2019 at Holywell Park, Loughborough.

Many of you will have been to an evidence-based update meeting organised by the Centre of Evidence-Based Dermatology at Nottingham where new evidence from systematic reviews and clinical trials are presented along with an expert panel involving clinicians, patients and methodologists. One unique feature of the meeting is that the topic for the next meeting is chosen by the delegates. The chosen topic for 2019 is hair disorders and topics will include an update on treatments for alopecia areata including JAK inhibitors. The meeting is being organised by the CEBD team led by Professor Hywel Williams in collaboration with the British Hair and Nail Society. So please save the date and do check the CEBD website as registration will open in November 2019. The meeting is usually fully booked, so please do not leave it until the last minute.

For further information, please contact Maggie McPhee margaret.mcphee@nottingham.ac.uk and check the CEBD website https://www.nottingham.ac.uk/conference/fac-mhs/medicine/evidence-based-update-meeting/

New Members

Since the start of the year we have had 16 new members, below:

Dr Christos Tziotzios Dr Donna Cummins
Dr Faraz Imran Dr Ivan Bristow Dr Shirin Zaheri
Dr Jairabanu Mohd Kassim Dr Janet Dua
Dr Justine Kluk Dr Kapil Bhargava Dr Iaisha Ali
Dr Krishnan Bhagwandas Dr Malobi Ogboli
Dr Ophelia Veraitch Dr Sanja Karanovic
Dr Sharon Aryiku Dr Yusur Al-Nuaimi

WCHR
£500 Travel Fellowship
Barcelona

Abstract Deadline:4th Feb
Abstract Acceptance Date: 28th Feb
BHNS Application Deadline: 15th Mar
Notification to Applicants: 4th Apr