



MEETING MINUTES

SEPTEMBER 28, 2015

We were very lucky to have Dr. Jeff Donovan join us for updates on research and for a Q & A

Lichen Planopilaris (LPP):

- 20% of LPP sufferers have had an injury to the scalp that causes the LPP
- LPP patients should get tested for thyroid levels, hemoglobin and iron
- In studies, LPP sufferers are 40% more likely than the average person to have thyroid level issues
- New studies have found that diabetes drugs may help but it does not lead to long lasting improvements
- Vitamin A pills (retinoids) were studied and it was found that they do not work
- In some cases, the scalp scars over but there are still some stem cells still alive in the follicles
- Doxycycline, Plaquenil and steroids are still the best treatment for LPP

Frontal Fibrosing Alopecia (FFA):

- LPP and FFA look the same under the microscope
- In FFA, the patient can have hairloss all over the body
- There has been a new study with 355 patients in Spain, where FFA stopped in half of the patients and there was regrowth in some.
- Treatments include 5 alpha reductive inhibitors that block DHT (Finasteride, Dutasteride) and Plaquenil.
- Thinning of the skin (atrophy) is part of FFA and can lead to depression of skin in the middle of the forehead
- Alopecia can slow down in patients but quickly ramp up again due to stress but generally, when it slows down, it normally stays that way.
- If medication does not work, it is not advised that you go back on it again at any time
- Latisse helps 80% of people to thicken and grow eyelashes
- Have the conversation with your doctor about a bone density test if you have been getting Kenalog injections for awhile
- If you have hairloss, you should be taking vitamin D
- In FFA, hair transplants are the most difficult because hair survival is unpredictable (can work well in LPP and CCCA); condition has to be quiet for a year before considering a transplant
- Hair cloning technology is not there yet and transplants can be considered as trauma to the scalp

Centrifugal Cicatricial Alopecia (CCCA):

- CCCA is usually under diagnosed and unrecognized
- In the early stages, CCCA can be stopped but as it progresses it gets more complicated



- New research shows that it is genetic on some patients and it is the only scarring alopecia that is genetic
- Hair breakage can actually be an early sign of CCCA
- The diabetes risk is slightly increased in CCCA women
- In some cases, regrowth is a possibility as there are hairs under the scalp

Folliculitis Decalvans:

- This type is more likely in men than women
- It can be accompanied by pustules and bleeding on the scalp
- Under a microscope, it will show up as many hairs pushing out of one follicle
- It is treated with antibiotics
- In a 2014 study of 82 people, Accutane was used

Q &A:

- Is the age of the patients changing?
 - FFA patient diagnosis seems to be getting sooner at 19-20
- What are the new studies?
 - Scalp trauma in LPP
 - Transplants in LPP and FFA
 - Studies are now closed
- What shampoos should we use?
 - Anti-inflammatory shampoos can help but not that much, a good volumizing conditioner is more important
- Can you have multiple scarring alopecias?
 - Yes you can

NEXT STEPS

Next Meetings:

Monday November 30th, 2015 from 6:00 pm – 8:00 pm

Monday March 7th, 2016 from 6:00 pm – 8:00 pm

Monday June 13th, 2016 from 6:00 pm – 8:00 pm

Monday September 26th, 2016 from 6:00 pm – 8:00 pm

Monday November 28th, 2016 from 6:00 pm – 8:00 pm

2200 Yonge Street, Canadian Tire Conference Centre