WCHR Highlights April 24th 2019

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HIGHLIGHTS #WCHR2019 APRIL 24th 2019

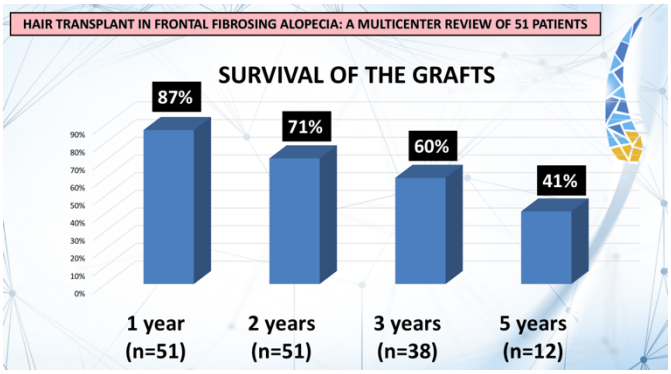
- Dr. Ramon Grimalt, Dr. Juan Ferrando, Dr. Francisco Camacho and Dr. Sergio Vañó-Galván inaugurate the 11th World Congress for Hair Research with more than 900 registrations from 70 countries!!

*PICTURE OPENING SESSION

- In order to act in the best interest of the patient, the hair surgeon should master both techniques (FUE and strip techniques) and recommend the most suitable method based on individual criteria *(Dr. Andreas Finner, hair transplant session)*

- In scarring alopecias the vascular supply is limited, so lesser graft density of 25-30 FU/cm^2 is recommended. Inactive stage should be confirmed by dermoscopy or histopathology. *(Dr. Ratchathorn Panchaprateep, hair transplant session)*

- Hair transplant in frontal fibrosing alopecia: a multicenter study of 51 patients showed that the survival of the grafts decreased over time (approx 40% after 5 years of follow-up) despite maintaining the adequate medial therapy *(Dr. Sergio Vañó-Galván, hair transplant session).*



- The substantial changes in scars observed after hair transplantation demonstrate the beneficial role of follicles in scar remodelling. (*Dr. M. Plotczyk, hair transplant session).*

- Alopecia areata: Today, AA research is active in genetics, the microbiome, dietary modulators, the role of atopy and allergens, immune cell types in AA pathogenesis, primary antigenic target(s), mechanisms by which immune cells influence the hair follicles, and of course new treatment development based on these discoveries. *(Dr. Kevin McElwee, alopecia areata research session)*

- Alopecia areata: new evidence suggests that CD8+ T cells are not the only drivers of disease. Instead, subsets of NK and so-called "unconventional" T-cells (iNKT cells, T-cells, classic NK cells, ILC1), all of which can produce large amounts of IFN-γ, may also drive AA pathobiology independent of classical, autoantigen-dependent CD8+ T cell functions. Another important new frontier is the role of regulatory

lymphocyte subsets such as Tregs, γδTregs, NKT10, as well as perifollicular mast cells in maintaining the physiological HF immune privilege. *(Dr. Amos Gilhar, alopecia areata research session)*

- Two major trigger factors that can induce the collapse of the hair follicle immune privilege have been identified: interferon- gamma (secreted e.g. by perifollicular NKG2D+ cells like CD8+ T cells, NK cells and gamma/delta T cells) and substance P, most likely secreted by perifollicular sensory nerve fibers under condi- tions of perceived stress/neurogenic skin inflammation. *(Dr. Ralf Paus, alopecia areata research session)*

- "We are now working to identify upstream triggers of alopecia areata, specifically, environmental factors such as the microbiome". *(Dr. Angela Christiano, alopecia areata research session)*

- Alopecia areata: "In our patient population, of the 20 patients treated with oral tofacitinib, 47% experienced regrowth of hair by 12 months. However, the extent of regrowth varied greatly, ranging from only 5% to nearly complete regrowth. *(Dr. Wilma Bergfeld, alopecia areata clinical session)*

*PICTURE 2

- Alopecia areata: Treatment against specific allergens (allergen desensitization treatment), concomitant with standard corticosteroid treatments, may benefit atopic AA patients in the long term. *(Dr. Zixun Zeng, alopecia areata clinical session)*

- Alopecia areata: The combination of tofacitinib and oral minoxidil therapy leads to substantial hair growth in patients with severe AA. *(Dr. B. King, alopecia areata clinical session)*

- Neogenesis and tissue engineering: "We have conducted clinical research studies in Japan on autologous cell-based therapy both for 66 male and female patients with Androgenic Alopecia using Dermal sheath cup cells. This type of cell therapy is characterized by acting on existing miniaturized hair follicles with a safe and organized procedure. The study is currently ongoing in two medical institutions and no serious adverse effect has been reported. *(Dr. J. Kishimoto, tissue engineering session)*

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