Bridging Haircare & Healthcare: Improving Hair Loss Recognition and Referrals in Black Barbershops and Salons

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Introduction

Hair loss conditions including CCCA, traction alopecia, and androgenetic alopecia disproportionally affect Black communities and are frequently diagnosed at advanced stages[1].

Scarring alopecias are irreversible. Earlier recognition leads to better outcomes[2].

Barbers and stylists serve as consistent points of contact, yet no structured referral pathway exists to act on what they observe[3].

Salons and barbershops are established venues for community-based health interventions[4].

Objective

To evaluate the **feasibility and preliminary impact** of a culturally responsive training intervention on hair loss recognition and referral readiness among barber and cosmetology students.

Methods

STUDY SNAPSHOT

12 PARTICIPANTS

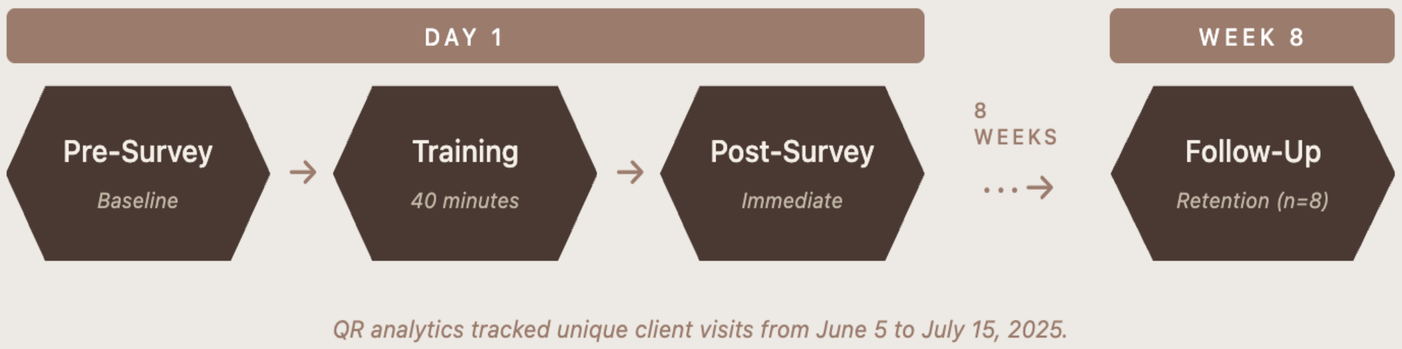
40min TRAINING

DESIGN

Single-site QI project, same-day pre-post with 8-week retention check

SETTING

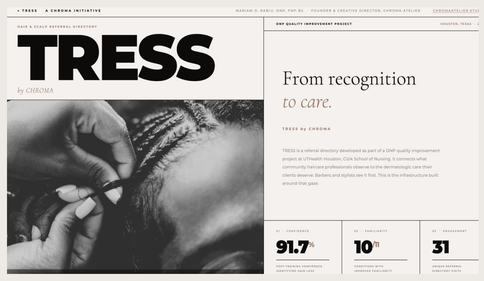
Houston barbershop and cosmetology school partnership · barber and cosmetology students



QR analytics tracked unique client visits from June 5 to July 15, 2025.

TRESS BY CHROMA: Referral Pathway Tool

Digital directory connecting barbers, stylists, and clients to 10 verified Houston dermatology providers.



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Results

Recognition of hair loss conditions improved following a single training session. Familiarity increased across 10 of 11 conditions assessed, with the largest gains observed in conditions with the lowest baseline recognition. Knowledge and confidence outcomes approached significance on McNemar's testing, with effect sizes suggesting clinically meaningful improvement despite the small sample.

91.7% POST-TRAINING CONFIDENCE IDENTIFYING HAIR LOSS — *vs. 50.0% pre-training*

10/11 CONDITIONS WITH IMPROVED FAMILIARITY — *Post-training vs. baseline*

83% CORRECTLY IDENTIFIED A SCARRING ALOPECIA POST-TRAINING — *vs. limited recognition at baseline*

Training shifted recognition across 10 of 11 conditions assessed.

MCNEMAR'S TEST — MATCHED PAIRS ANALYSIS

n = 12 matched participants · Continuity correction applied · Significance threshold p < 0.05

MEASURE	PRE	POST	P-VALUE	RESULT
Confidence identifying hair loss	50.0%	91.7%	0.063	Trend
Knowledge of hair loss types	66.7%	100%	0.125	Trend
Belief scalp exam improves outcomes	91.7%	100%	—	Ceiling

** Scalp exam belief excluded — ceiling effect (11/12 pre-training agreement). † Approached but did not reach statistical significance; clinically meaningful improvement observed. Framework: Socioecological Model (SEM).*

Note: Small matched sample (n=12) limits statistical power; results reflect preliminary trends and inform future full-scale implementation.

31 QR CODE VISITS — *June 5 to July 15, 2025*

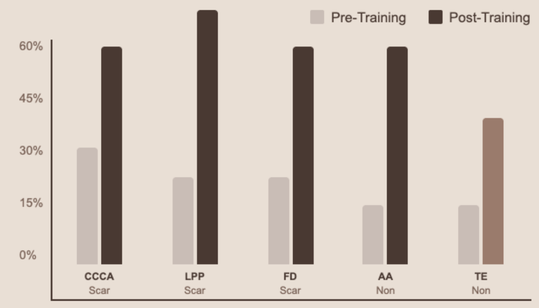
8 COMPLETED WEEK 8 FOLLOW-UP — *Suggested knowledge retention*

TABLE 1. CONDITION FAMILIARITY — PRE VS. POST

CONDITION	TYPE	PRE	POST	+/-
CCCA	Scar	26.7%	50.0%	+23.3%
Lichen Planopilaris	Scar	20.0%	58.3%	+38.3%
Folliculitis Decalvans	Scar	20.0%	50.0%	+30.0%
Alopecia Areata	Non	13.3%	50.0%	+36.7%
Telogen Effluvium	Non	13.3%	33.3%	+20.0%

n=12–15. Selected conditions reflect lowest baseline familiarity.

FIGURE 1. PRE VS. POST FAMILIARITY BY CONDITION



A single session. Meaningful change.
Scarring alopecia recognition improved most. These are the conditions where delayed diagnosis causes permanent loss.

Findings support integrating hair loss education into cosmetology and barbering curricula, with community-based referral pathways as a scalable strategy for improving early detection in populations disproportionately affected by scarring alopecia.

Discussion

This project demonstrates that barbers and cosmetology students can improve recognition of hair loss conditions following a brief, structured training intervention. These findings support the role of community-based approaches in addressing gaps in early detection, particularly in populations disproportionately affected by scarring alopecia.

CLINICAL IMPLICATIONS

Community-based training interventions may serve as a scalable strategy to improve early identification of hair loss conditions.
Early recognition is particularly critical for scarring alopecias, where delayed diagnosis can lead to permanent hair loss.

LIMITATIONS

Findings are limited by small sample size and single-site design. Follow-up findings suggested retention but require larger samples to confirm. Additional research is needed to evaluate long-term knowledge retention and actual referral behaviors.

IMPACT

Integrating referral tools within training may strengthen pathways to dermatologic care for underserved populations. Barbers and stylists can serve as important partners in early detection and community-based health interventions.

Conclusion

- A single structured training improved hair loss recognition among barbers and cosmetology students serving Black communities.
- Improvements were most notable in scarring alopecias, where delayed diagnosis can result in permanent hair loss.
- Findings support integrating hair loss education into cosmetology curricula and embedding referral pathways to improve access to dermatologic care for underserved populations.
- The model is low-cost, requires no clinical infrastructure, and can be replicated across community settings.
- Future research should evaluate long-term referral outcomes and clinical follow-through in larger populations.

References

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3. Khanani & Haight. (2024). Leveraging barbershops as community health resources. Public Health Rep.
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5. Accetta et al. (2018) Scarring alopecia. Attitudes, knowledge & referral patterns of hair stylists & barbers. Skin.

Dupilumab Impacts **Bone Mineralization** Biomarker **and Growth** in **Children** Aged **2–5 Years** With Moderate-to-Severe **Atopic Dermatitis**

Amy S. Paller[1,2], Alan D. Irvine[3*], Elaine C. Siegfried[4,5], Michael J. Cork[6,7], Lin Ma[8], Annamaria Staiano[9], Wenying Deng[10], Stephane Levy[10], Mike Bastian[11], Sonya L. Cyr[10]

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Conclusion

Children 2 to 5 years with moderate-to-severe AD treated with dupilumab for 16 weeks exhibited increases in serum ALP, a proxy biomarker of bone mineralization

Children with shorter stature on dupilumab appear to experience greater growth after just 16 weeks compared to children on placebo

Longer-term evaluation is needed to appreciate dupilumab's growth impact in both sexes

AD

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Objective

To evaluate the impact of dupilumab on total serum ALP, a proxy biomarker for bone mineralization and growth, in children 2 to 5 years old with moderate-to-severe AD[a]

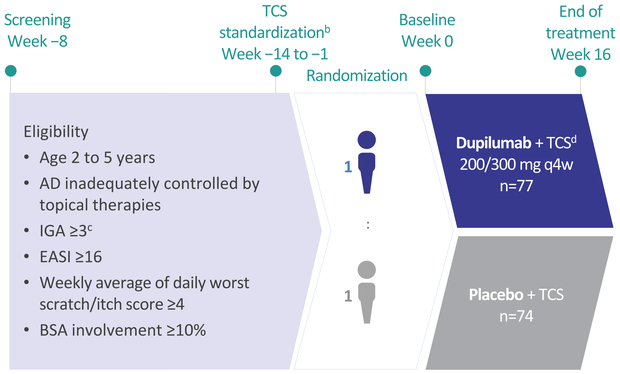
[a]Girls and boys below the 50th height percentile at baseline were also evaluated.

Background

- Children with moderate-to-severe AD are at risk of impaired growth and poor bone health[1]
  - Chronic inflammation, sleep disturbances, and corticosteroids may increase the risk for low bone mineral density and fractures
- Dupilumab treatment in children increases BALP, a biomarker for bone formation, and is associated with increased growth in children aged 6 to 11 years of low stature with severe AD[2]
- Total ALP, which measures ALP produced primarily in the liver and bones, generally reflects the changes in BALP levels in children and can be used as a proxy biomarker of bone mineralization and growth[3,4]

Methods

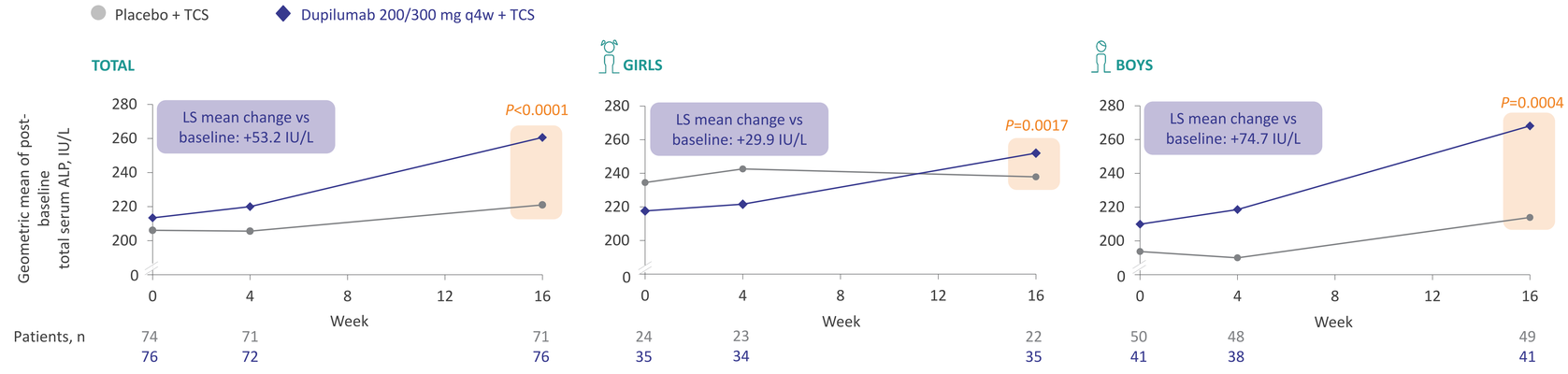
LIBERTY AD PRESCHOOL (NCT03346434)



[b]Starting on Day –14, all patients were to initiate a standardized low-potency TCS treatment regimen (hydrocortisone acetate 1% cream). [c]Number of patients with IGA=3 was capped to 40. [d]No loading dose. Weight-tiered doses were assigned by baseline body weight for the duration of the study: ≥5 to <15 kg: 200 mg (n=20), ≥15 to <30 kg: 300 mg (n=57).

Results

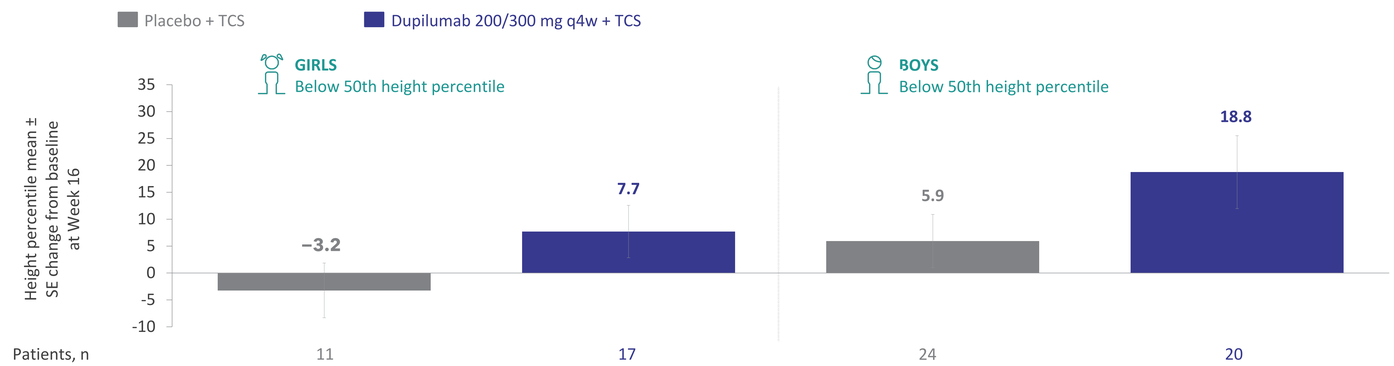
Dupilumab significantly increased total serum ALP, a proxy biomarker of bone mineralization, at Week 16 in children aged 2 to 5 years



All values remained within normal reference ranges (110–360 U/L).[1] Error bars are standard error. *P* values are based on treatment difference (dupilumab vs placebo) of the exponentiated LS mean of log(value)-log(baseline) using an ANCOVA model with log of baseline measurement as a covariate and the treatment, region, and baseline weight strata as fixed factors.
[a]Ratios of post-baseline/baseline geometric mean total serum ALP for dupilumab at Week 16 were 1.309 (boys) and 1.142 (girls).

Boys have a slightly **greater ratio of post-baseline/baseline** mean total serum ALP,[a] which may **contribute to greater growth** observed

Dupilumab resulted in numerical height improvements in children aged 2 to 5 years below 50th height percentile at baseline



Safety

- Safety was consistent with the known safety profile for dupilumab

AD, atopic dermatitis; ALP, alkaline phosphatase; ANCOVA, analysis of covariance; BALP, bone alkaline phosphatase; BSA, body surface area; EASI, Eczema Area and Severity Index; IGA, Investigator's Global Assessment; LS, least squares; q4w, every 4 weeks; SE, standard error; TCS, topical corticosteroid(s).

References: 1. Silverberg JI, et al. *JAMA Dermatol*. 2015;151:401–409. 2. Irvine AD, et al. Presented at the *European Academy of Dermatology and Venereology*; October 11–14, 2023; Berlin, Germany. 3. Jürimäe J. *Curr Opin Pediatr*. 2010;22:494–500. 4. Cannalire G et al., *Front Endocrinol (Lausanne)*. 2023;14:1111445. 5. Silverberg JI. *Pediatr Allergy Immunol*. 2015;26:54–61.

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Adults With **Moderate-to-Severe Atopic Dermatitis** Treated With **Dupilumab** for **Over 1 Year** Achieve **Minimal Disease Activity** by Patient-Reported Outcomes

Eric L. Simpson[1], Michael J. Cork[2,3], Yoko Kataoka[4], Amy H. Praestgaard[5], Zhixiao Wang[6], Ana B. Rossi[5]

[1]Oregon Health & Science University, Portland, OR, USA; [2]Sheffield Children's NIHR Commercial Research Delivery Centre, Sheffield, UK; [3]Sheffield Dermatology Research, University of Sheffield Medical School, Sheffield, UK; [4]Osaka Habikino Medical Center, Osaka, Japan; [5]Sanofi, Cambridge, MA, USA; [6]Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA

Conclusion

- Most responder patients at Week 16 achieved and maintained minimal disease activity according to PROs at Week 52 with q2w and q4w dupilumab monotherapy maintenance dosing

AD

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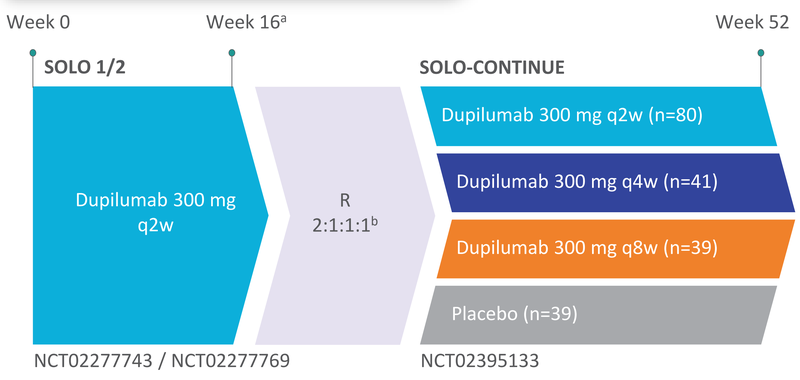
Objective

- To assess the proportion of adults with moderate-to-severe AD treated with dupilumab monotherapy who achieved sustained MDA over time, as measured by PRO instruments

Background

- Achieving and maintaining minimal symptoms and disease impact are important goals for patients with moderate-to-severe AD

Methods



MDA[1] achieved at Weeks 16 & 52[c]

- EASI score ≤3 *and*
- ≥1 PRO
  - DLQI score = 0–1
  - PGADS = very good/excellent
  - PGATE = very good/excellent
  - POEM total score = 0–2

[a]Week 16 of SOLO 1/2 is SOLO-CONTINUE baseline. [b]199 adult patients who received dupilumab (300 mg q2w, approved dose) and achieved an IGA score of 0/1 or EASI-75 at Week 16 in SOLO 1 or 2 were randomized to SOLO-CONTINUE. [c]Patients who discontinued or received systemic rescue were set to non-responders; missing values were addressed through multiple imputation regardless of rescue treatment.

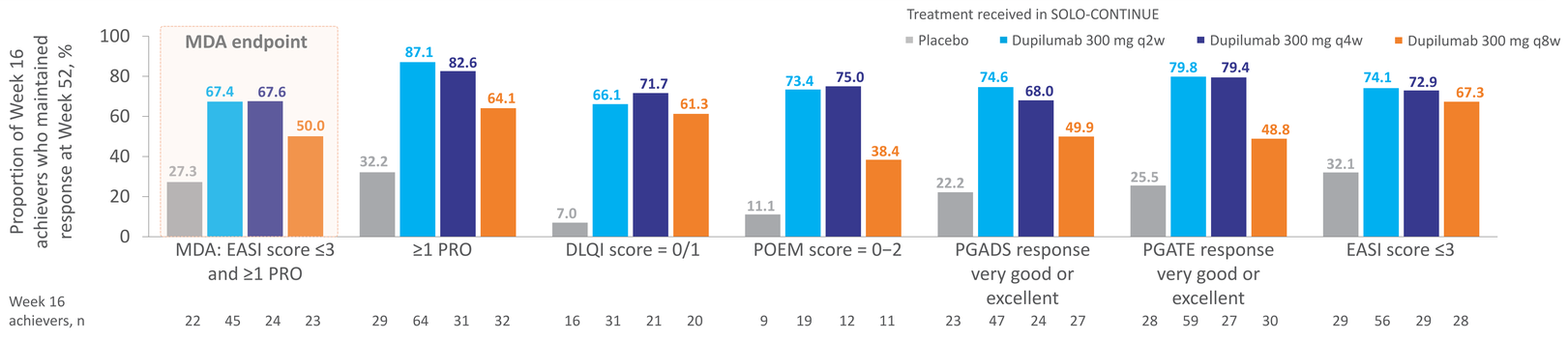
Results

Patient demographics and disease characteristics

	Placebo[a] n=39	Dupilumab 300 mg q2w[a] n=80	Dupilumab 300 mg q4w[a] n=41	Dupilumab 300 mg q8w[a] n=39
Demographics				
Age, mean (SD), years[b]	38.9 (15.0)	39.0 (14.8)	38.2 (17.5)	34.6 (13.8)
Sex, male, n (%)[b]	18 (46.2)	38 (47.5)	23 (56.1)	22 (56.4)
Disease characteristics				
Duration of AD, mean (SD), years[b]	26.8 (15.9)	28.2 (16.2)	26.4 (16.1)	22.9 (10.5)
DLQI total score, mean (SD), range 0–30				
SOLO 1/2 baseline, Week 0	14.4 (7.7)	14.2 (6.8)	12.7 (6.2)	14.0 (7.7)
SOLO-CONTINUE baseline[b]	3.6 (3.9)	3.3 (3.8)	3.2 (3.6)	2.7 (3.0)
POEM total score, mean (SD), range 0–28				
SOLO 1/2 baseline, Week 0	20.3 (6.1)	19.6 (5.8)	18.8 (6.2)	19.8 (6.2)
SOLO-CONTINUE baseline[b]	6.7 (5.7)	6.6 (5.3)	6.0 (5.4)	6.5 (5.0)
EASI score, mean (SD), range 0–72				
SOLO 1/2 baseline, Week 0	29.0 (9.8)	30.5 (12.4)	27.9 (12.0)	26.9 (10.6)
SOLO-CONTINUE baseline[b]	2.3 (2.4)	2.5 (2.7)	2.7 (3.5)	2.3 (2.3)

Data presented from the full analysis set. [a]Treatment arm in SOLO-CONTINUE. [b]At baseline of SOLO-CONTINUE (After 16 weeks of treatment in SOLO 1/2).

Proportion of patients achieving MDA at Week 16 and maintaining response at Week 52 with dupilumab monotherapy



MDA defined as EASI score ≤3 *and* ≥1 PRO (DLQI score = 0–1, PGADS = very good/excellent, PGATE = very good/excellent, POEM total score = 0–2).

Safety

- Safety was consistent with the known safety profile for dupilumab

AD, atopic dermatitis; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; EASI-75, 75% improvement from baseline in EASI score; MDA, minimal disease activity; PGADS, Patient Global Assessment of Disease Status; PGATE, Patient Global Assessment of Treatment Effect; POEM, Patient-Oriented Eczema Measure; PRO, patient-reported outcome; q2w, every 2 weeks; q4w, every 4 weeks; q8w, every 8 weeks; R, Randomization; SD, standard deviation.

1. Silverberg JI, et al. *J Eur Acad Dermatol Venereol*. 2024; 38:2139–2148.

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Systemic Treatments Patient-Reported Outcomes for Moderate-to-Severe **Atopic Dermatitis** in **Children** Aged Under 12 Years: **PEDISTAD 5-Year Results**

Amy S. Paller[1,2], Alan D. Irvine[3], Michele Ramien[4,5], Lin Ma[6], Eulalia Baselga[7], Marlies de Graaf[8], Joel C. Joyce[9], Korey Capozza[10], Sara Hamad[11], Marius Ardeleanu[12], Annie Zhang[13]

[1]Northwestern University Feinberg School of Medicine, Chicago, IL, USA; [2]Ann & Robert H. Lurie Children's Hospital, Chicago, IL, USA; [3]School of Medicine, Trinity College Dublin, Dublin, Ireland; [4]Alberta Children's Hospital, Calgary, AB, Canada; [5]University of Calgary, Calgary, AB, Canada; [6]Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing, China; [7]Hospital Sant Joan de Déu, Barcelona, Spain; [8]Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, Netherlands; [9]Endeavor Health, Skokie, IL, USA; [10]Global Parents for Eczema Research, Santa Barbara, CA, USA; [11]Cytel – Evidence Generation & Decision Science, London, UK; [12]Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA; [13]Sanofi, Cambridge, MA, USA.

Conclusions

- Patients with moderate-to-severe AD aged <12 years receiving dupilumab had numerically greater improvements in patient- and family/caregiver-reported outcomes, lower adverse event rates, and lower discontinuation rates compared with patients receiving methotrexate or cyclosporine

AD

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Objective

- To report the long-term effects of systemic therapies on patient- and family/caregiver-reported outcomes in children aged <12 years with moderate-to-severe AD

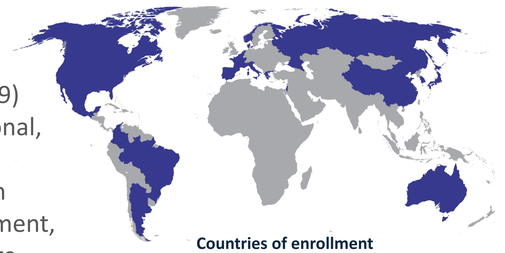
Background

- Dupilumab treatment has been shown to provide significant and sustained improvements in AD signs and symptoms in children[1]
- Real-world studies offer healthcare practitioners useful insight into the long-term effect of systemic treatments in infants and children with AD, and the effect treatment has on their families and caregivers

Methods

PEDISTAD 5-year interim data analysis

- PEDISTAD (NCT03687359) is an ongoing, international, observational 10-year registry study in children aged <12 years at enrolment, who were receiving/were candidates for systemic treatment



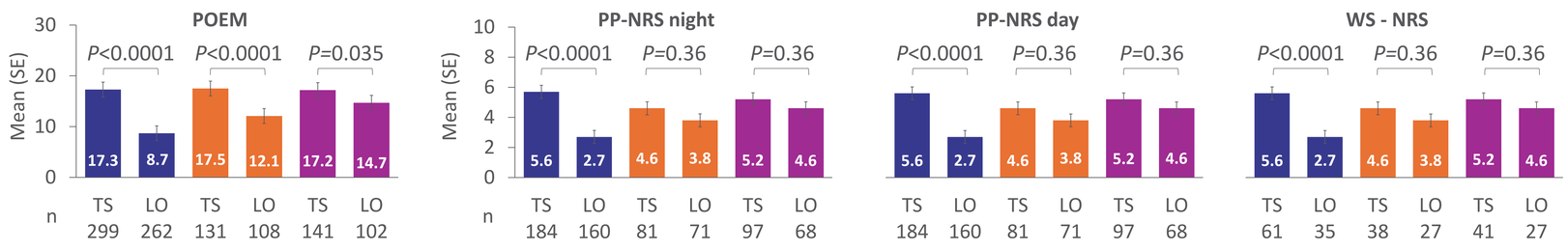
Countries of enrollment

- This interim analysis reports mean POEM, CDLQI, PP-NRS (Night/Day), WS-NRS, DFI, and IDQoL
- The number of AEs and discontinuations were also evaluated
- Data are presented as observed

PEDISTAD countries of enrolment included Argentina, Australia, Brazil, Canada, China, Colombia, Denmark, France, Greece, Israel, Italy, Japan, Mexico, the Netherlands, Norway, Portugal, Russia, South Korea, Spain, and the USA.

Results

Patients receiving dupilumab had greater improvements in clinical outcome assessment measures compared with patients receiving methotrexate or cyclosporine



[a]Scores calculated at the time the patient initiated the treatment (if treatment initiation was prior to baseline, baseline data was used). [b]Scores calculated at last visit of the patient during the time the patient was exposed to the treatment.

Patients receiving dupilumab had fewer TEAEs and lower EAER/100 PY and cumulative discontinuation rates

	Dupilumab n=361		Methotrexate n=154		Cyclosporine n=153	
Patient with any AE[a]	**n (%)[a]**	**EAER/100 PY[b]**	**n (%)[a]**	**EAER/100 PY[b]**	**n (%)[a]**	**EAER/100 PY[b]**
TEAE	104 (28.8)	37.7	44 (28.6)	41.7	48 (31.4)	56.7
SAE	5 (1.4)	0.8	1 (0.6)	0.9	3 (2.0)	2.3
Treatment-related AE	4 (1.1)	0.8	4 (2.6)	5.1	6 (3.9)	4.1
AE leading to corrective treatment/therapy	2 (0.6)	0.5	3 (1.9)	1.3	10 (6.5)	5.9
AE leading to hospitalization	3 (0.8)	0.5	1 (0.6)	0.9	3 (2.0)	2.3
AE leading to death	0	0	0	0	0	0
AE leading to premature discontinuation from study	0	0	0	0	0	0
AE leading to treatment discontinuation	0	0	1 (0.6)	0.4	3 (2.0)	2.3
5-year cumulative discontinuation rates, %	31.6		71.1		88.7	
Treatment exposure,[c] mean (SD), months	21.3 (17.4)		20.2 (16.9)		13.6 (13.2)	

[a]Calculated as the number of patients who reported an AE. [b]Calculated as number of new AEs occurring in exposure periods between the first dose and up to and including 30 days after the last dose of a specific therapy for AD divided by total patient-years (number of AEs/drug exposure time [100 patient-year]). [c]Exposed duration (months) is defined for AD only and for time periods with no changes in dose, from baseline until end of follow-up, inclusive of both days. It was calculated as: sum of treatment periods (end date - start date + 1)/30.4 per patient.

AD, atopic dermatitis; AE, adverse event; CDLQI, Children's Dermatology Life Quality Index; DFI, Dermatitis Family Impact; EAER/100PY, exposure-adjusted event rate per 100 patient-years; IDQoL, Infants' Dermatitis Quality of Life Index; POEM, Patient-Oriented Eczema Measure; PP-NRS, Peak Pruritus Numeric Rating Scale; SAE, serious adverse event; SD, standard deviation; SE, standard error; TEAE, treatment-emergent adverse event; WS-NRS, Worst Scratch Numeric Rating Scale.

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Chronic Itch in Dermatologic Conditions is Associated With Greater Pain-Related Interference Despite Similar Pain Severity

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Background

- Itch is one of the most common and burdensome symptoms in dermatology and often coexists with pain across a wide range of skin diseases.
- Pain and itch are closely related sensations, with overlapping receptors and mediators.
- The interaction and potential synergistic effects of pain and itch on clinical symptom burden remains poorly understood.
- The purpose of this study was to evaluate whether pain severity and pain-related interference differ across patients with differing itch chronicity.

Methods

- Dermatology outpatients were administered a questionnaire that included the Chronic Graded Pain Scale Revised (CGPS-R) and assessed:
  - Presence of itch and pain
  - Itch duration
  - Pain severity
  - Pain-related interference with enjoyment of life
  - Pain-related interference in general activity
- Adults were stratified into **3 groups** based on itch duration:
  1. Itch for 12 weeks or less
  2. Itch for 13 to 54 weeks
  3. Itch for greater than 54 weeks
- Mean pain severity, mean impact on life enjoyment, and mean impact on daily activity were compared across the 3 groups.
- Two-tailed unpaired sample t-tests were performed to evaluate statistical significance

Results

- A total of 78 patients with itch ages 18-92 were enrolled in the study:
  - 15 patients in the ≤ 12 weeks group
  - 22 patients in the 13-54 weeks group
  - 41 patients in the >54 weeks group

Pain Severity Ratings by Itch Chronicity

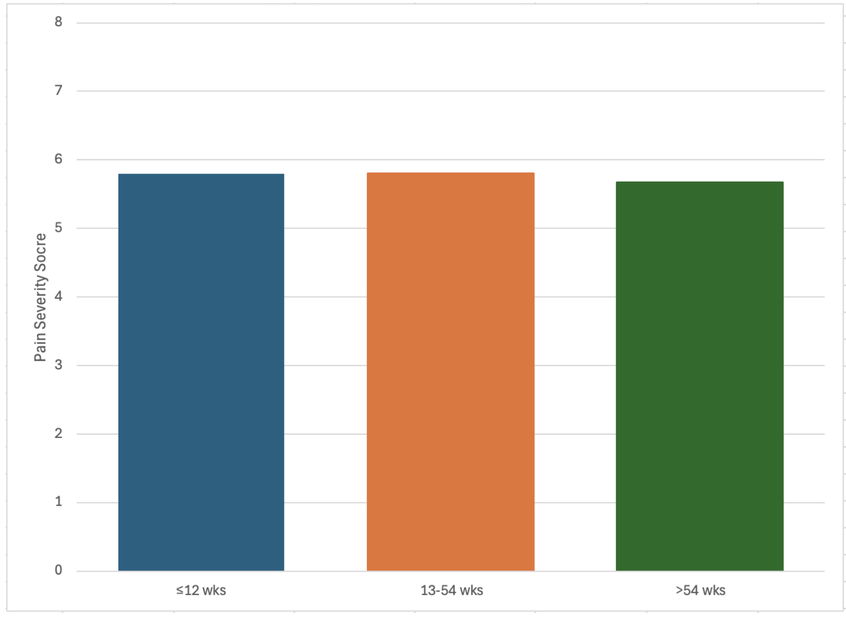

Figure 1. Pain severity ratings between the ≤12 weeks group, 13-54 weeks group, and >54 weeks group (p = 0.984)

Enjoyment and Activity Interference by Itch Chronicity

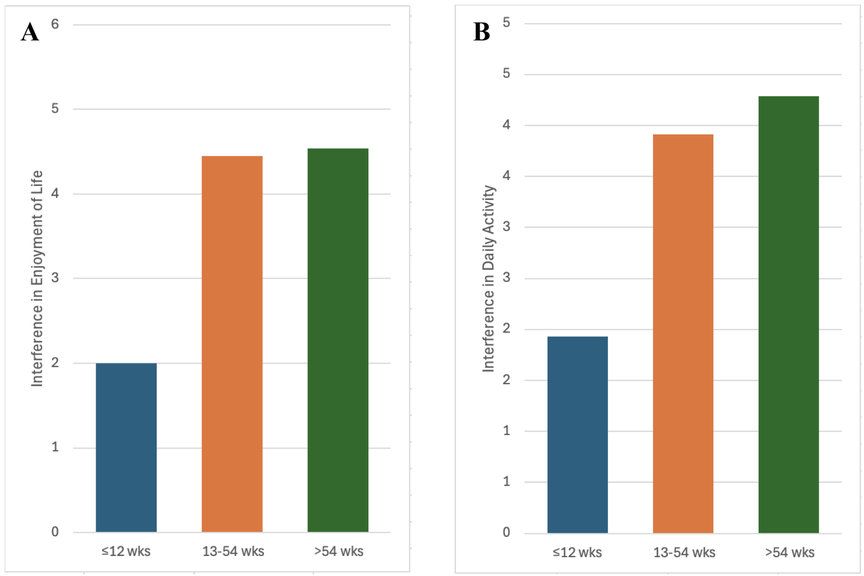

Figure 2. Interference in enjoyment in life (**A**) and daily activity (**B**) between the ≤12 weeks group, 13-54 weeks group, and >54 weeks group.

Results Cont.

- Mean pain severity between the ≤12 weeks group, 13-54 weeks group, and >54 weeks group was not significantly different: 5.80, 5.82, and 5.68 respectively. (p = 0.984) (**Fig. 1**)
- Mean interference with enjoyment of life between the ≤12 weeks group,13-54 weeks group, and >54 weeks group was significantly less in the ≤12 weeks group: 2.00, 4.45, and 4.54 ($p < 0.05$) (**Fig. 2A**)
- Mean interference with daily activity between the ≤12 weeks group,13-54 weeks group, and >54 weeks group was significantly less in the ≤12 weeks group: 1.93, 3.91, and 4.29 ($p < 0.05$) (**Fig. 2B**)
- Mean interference with enjoyment of life and mean interference in daily activity in the 13-54 weeks group and >54 weeks group did not significantly differ from each other.

Discussion

- These findings suggest that among dermatology patients who have concurrent itch and pain associated with their dermatologic conditions, itch duration that exceeds 12 weeks is associated with significantly greater functional burden, even when patients don't recognize a difference in pain severity.
- The discordance between pain intensity and pain interference may indicate that dermatologic conditions with chronic itch may be more disruptive to daily life than simple pain scales alone would suggest.
- Regular screening for quality-of-life impairment, in addition to symptom duration and intensity may be useful to guide more comprehensive symptom directed treatment strategies.

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