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Article Type: Reply

Statistical inaccuracies over use of facial skin care products and sunscreens in the aetiology of frontal fibrosing alopecia: reply from authors

Dear Sir,

We thank the authors of this letter for their interest in our study. In reply to the points they raise:

We did not perform a matched one-to-one comparison between FFA subjects and controls, we compared two groups with similar ages. The only continuous variable was age. The responses to the questions posed were categorical. We therefore maintain that a Fisher's exact test rather than a McNemar's test was an appropriate method for analyzing the results.

The sample size did not allow for the use of logistic regression with enough covariates.

For facial skin care products we conservatively and *a priori* combined the results for every day use and 2-6 times a week as we felt this frequency of use was clinically relevant. We accept the point about the non-significance of the difference in use of moisturisers and foundations between FFA subjects and controls. We do acknowledge this in the discussion and suggest how it may be addressed. The greater use of primary sunscreens by FFA subjects was highly significant.

Is FFA a new disease? It is possible that generations of dermatologists failed to recognise FFA before Kossard's first description in 1994 but we think this is unlikely. Two of us had a special interest in hair disease for several years prior to seeing our first case of FFA in 1993. We saw no more than 3 further cases during the 1990s despite by then being aware of the diagnosis following Kossard's paper in 1994. The 3rd edition of Dawber's textbook on Diseases of Hair and Scalp published in December 1997 does not mention FFA. It is since the early 2000s that FFA has become increasingly common. Could this apparent increase in incidence just reflect greater awareness of hair disease? Again this is possible but, over the same period, we have not seen anywhere near the same increase in presentation of patients with other common hair disorders.

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We are fully aware that FFA sometimes affects more than one member of a family and it is quite possible, if not probable, that genetic factors play a predisposing role. However, it is hard to conceive that FFA is primarily genetic if it is indeed a recent disease with a rising incidence.

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