

2015 Annual Scientific Meeting Committee

Thank you to the 2015 Annual Scientific Meeting Committee for a great conference!

2015 Annual Scientific Meeting Committee

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Dr. Sharon Keene congratulates Dr. Nilofer Farjo for her efforts in chairing the 2015 Annual Scientific Meeting.



Members of the 2015 Annual Scientific Meeting Committee receiving plaques from Dr. Keene. L to R: Sharon Keene, Allan Parungao (Local Liaison), Márcio Crisóstomo, Janna Shafer



The many technicians who participated on the Course Prep Team.

THANK YOU to the 2015 Course Prep Team and their Physicians! Song Yang and Silvia Aragon-Gonzalez of Dr. Ron Shapiro's office; Lauren Gorham of Dr. Ken Washenik's office; Janet Martin of Dr. Allan Parungao's office; Sara Roberts of Drs. Bessam and Nilofer Farjo's office; Tina Lardner of Dr. Jim Harris's office; Kathryn Morgan of Dr. John Gillespie's office; Heather Stretch of Drs. Bessam and Nilofer Farjo's office; Salome Vadachkoria of Dr. Vazha Vadachkoria's office; Amy Hahn and Deanne Pawlak of Dr. John Gillespie's office; Janna Shafer of Dr. Ron Shapiro's office.



THANK YOU to professional photographer Dawn Holler Wisher, who is also ISHRS's graphic designer.



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Front L to R: Sungjoo Tommy Hwang (Secretary), Sharon Keene (President), Kuniyoshi Yagyu (Vice President)

Back L to R: Ken Washenik (Treasurer) and Vincenzo Gambino (Immediate Past-President)



Dr. Keene acknowledging Victoria Ceh, Executive Director, for her hard work during the past year.

2015 ISHRS Research Grant Recipients

To Study and Compare the Scalp, Beard and Chest Hair in a Hair Restoration Procedure
 Kavish Chouhan, MD, Jyoti Gupta, MD, Amrendra Kumar, MD, Ariganesh Chandrasegaran, MD

Platelet Rich Plasma Activation Study Using Ultrasound vs. Calcium Gluconate
 John P. Cole, MD, Chiara Insalaco, MD, Saida Omorova, MD

A Side-by-Side Comparison Evaluating Overall Cosmesis, Yield and Density of 5 Patients Undergoing FUE and FUT During the Same Procedure
 David Josephitis, DO, FISHS, Ronald Shapiro, MD, FISHS

Comparison of the Quality and Survival of Grafts Placed with Implanter and Forceps
 Parsa Mohebi, MD, FISHS, Conradin von Albertini, MD, Jean M. Devroye, MD, FISHS, Bijan Feriduni, MD, FISHS

A Comparison of Apoptotic Activity for Follicular Unit Extraction Hair Grafts Stored in Different Holding Solutions
 Paul T. Rose, MD, JD, FISHS, Bernard P. Nusbaum, MD, FISHS, Aron G. Nusbaum, MD



SEVERAL RECIPIENTS OF 2015 ISHRS RESEARCH GRANTS

L to R: Carlos Puig-Chair Scientific Research, Grants & Awards Committee, Parsa Mohebi, David Josephitis, Chiara Insalaco, John Cole, Sharon Keene (President)

2015 ISHRS Poster Awards

1st Place

FUE, Re-Growth Rate of Transected Hair in the Donor Area
 Jean M. Devroye, MD, FISHS

2nd Place

Characterizing Ergonomics and Work-Related Musculoskeletal Disorders
 Ken L. Williams, DO

Best Practical Tip

A Quick Overview of 3D Printing and Its Potential Applications in Hair Transplant
 Tseng-Kuo Shiao, MD



Poster winners Ken Williams (left) and Jean Devroye (right) accepting ribbons from Carlos Puig (center), Chair, Scientific Research, Grants & Awards Committee

2015 Awards & Recognition

2015 Manfred Lucas Award — Dr. Shoji Okuda

Lifetime achievement

The award was accepted by Dr. Okuda's grandson, Prof. Takahiko Okuda. In attendance also were Dr. Shoji Okuda's great granddaughters, Yumi Okuda and Mai Okuda.

The 2015 Manfred Lucas Award was bestowed to the late Dr. Shoji Okuda (1886–1962) of Japan. Dr. Okuda was honored with the award in recognition of his decades of ground-breaking research in hair transplantation. A self-trained physician, Dr. Okuda published the surgical technique of punch hair grafting in the 1930s, including the first, and only, paper to date describing the histologic picture of the evolution of the transplanted grafts. He experimented with different donor areas—commonly known today as body hair transplantation—and how heterotransplantation, or transplants from other human scalps, did not produce hair growth. He is credited as the first to describe the use of a 1mm punch to harvest follicular units, making him the earliest pioneer of today's follicular unit extraction (FUE) donor harvesting method.



L to R: Yumi Okuda, Takahiko Okuda, Dow Stough (ISHRS Founder), Sharon Keene (President)



Prof. Takahiko Okuda giving acceptance speech on behalf of his late grandfather.

2015 Golden Follicle Award — Dr. Bernard Nusbaum

For outstanding and significant clinical contributions related to hair restoration surgery

The 2015 Golden Follicle Award, bestowed annually to an ISHRS member who has made outstanding and significant clinical contributions related to the field of hair restoration surgery, was presented to Bernard P. Nusbaum, MD, FISHRS, of Miami, Florida, USA. A respected teacher and leader, Dr. Nusbaum has authored 37 published articles including two that are highly regarded in the specialty—"Naturally Occurring Female Hairlines" and "Effects of Anti-Baldness Drugs on Follicular Apoptosis and Inflammasomes." Dr. Nusbaum has made numerous contributions to the ISHRS over the years; he has authored a column on scalp dermatology for the Society's newsletter, *The Hair Transplant Forum International*, and later served as its editor. He is a past member of the ISHRS Board of Governors, is a past Program Chair of the Annual Scientific Meeting, and has served on numerous committees.



2015 Platinum Follicle Award — Dr. Pierre Bouhanna

For outstanding achievement in basic science or clinically related research in hair pathophysiology or anatomy as it relates to hair restoration

The 2015 Platinum Follicle Award, awarded for outstanding achievement in basic scientific or clinically related research in hair pathophysiology or anatomy as it relates to hair restoration, was presented to Pierre Bouhanna, MD, FISHRS, of Paris, France. Dr. Bouhanna is the author of 10 textbooks on medical and surgical hair treatments published in five languages and has authored 140 medical articles and textbook chapters on hair surgery. He has a private practice in hair replacement surgery and is a consultant at the Hospital Saint-Louis (Paris). In addition, he is the course director of the Paris University Diploma for Scalp Pathology and Surgery. Dr. Bouhanna has served as President of the French Society of Hair Replacement Surgery, an expert in dermatology for hair for the French Ministry of Health, and Editor-in-Chief of the journal *Hair & Sciences*.

Dr. Bouhanna is a Fellow of the ISHRS and currently is a member of the Fellowship Training Committee. He also was involved in the development of the Phototrichogram and the multifactorial classification as an evaluation method for viability of long hair grafts, scalp diseases, and the effect of drug molecules on hair growth.



2015 Awards & Recognition

2015 Distinguished Assistant Award — Janna Shafer

Presented to a surgical assistant for exemplary service and outstanding accomplishments in the field of hair restoration surgery

The 2015 Distinguished Assistant Award honoring a surgical assistant with exemplary service and outstanding accomplishments in the field of hair restoration surgery was presented to Janna Shafer, of Bloomington, Minnesota, USA. Janna began her career in hair restoration as a technician in 1996, quickly working her way up to surgical manager. She has attended numerous major conferences. At many of these conferences, she was an integral part of the surgical demonstrations, assisting her physician and coordinating with foreign clinics to ensure all ran smoothly. Janna willingly shares her expertise with her peers and serves on the Surgical Assistants Committee of the ISHRS. Janna served as Surgical Assistant Chair of the Surgical Assistant Program at the ISHRS's 2015 Annual Scientific Meeting in Chicago.



OFFICER & OUTGOING BOARD MEMBERS



Dr. Sharon Keene accepts the president's award and pin from Immediate Past-President, Dr. Vincenzo Gambino.

LAST MAN STANDING CLUB— ATTENDED ALL 23 METINGS



L to R: John Gillespie, Russell Knudsen, Edwin Epstein, Mario Marzola, Ivan Cohen, Paul Cotterill, Bob Haber, Bessam Farjo and Paul Straub



Accepting plaques for their service: Ken Washenik (Treasurer), Robert Haber (Board Member), Alex Ginzburg (Board Member) and Kuniyoshi Yagyu (Vice President)

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Congratulations to the Daily Evaluation Winners

Thank you to everyone who completed the evaluations. We appreciate your feedback and suggestions so we can continue to improve the Annual Scientific Meeting. The following were randomly selected as the winners of the daily evaluation incentive prize drawings to receive a discount on registration fees for the 2016 ISHRS World Congress!

Thursday: Michel R. Prevost, MD

Friday: Waris Anwar, MD

Saturday: Mauricio R. Morato Montequin, MD

Overall Eval: Maria Marta Mattos Zollinger, MD





Hair's the Question*

Sara Wasserbauer, MD, FISHRS *Walnut Creek, California, USA* drwasserbauer@californiahairsurgeon.com

*The questions presented by the author are not taken from the ABHRS item pool and accordingly will not be found on the ABHRS Certifying Examination.

A board exam is proof of a physician's desire to demonstrate expertise in his or her chosen field of medicine. The ABHRS exam is no exception and should definitely be described as a worthwhile endeavor. Whether you are just considering sitting for the exam, or are looking to recertify, here are a few facts about the exam that should test your knowledge.



ABHRS Exam Questions

- If you are confused about a question on the ABHRS written exam, one good strategy is to
 - flip a coin.
 - eliminate at least one answer, which increases your odds to 50/50.
 - eliminate the longest answer, which statistically is LEAST likely to be the correct answer.
 - peek at the answer on the paper of the person next to you.
- Good sources for review for the ABHRS exam include
 - the AACS journal.
 - the THIRD edition of the Unger Hair Transplantation textbook.
 - the FIFTH edition of the Unger Hair Transplantation textbook.
 - old test questions from friends who have already taken the exam.
- Which of the following is a good way to review for the ABHRS Board Exam?
 - Conduct consultations.
 - Read the Internet.
 - Watch online surgery.
 - Form a study group and write your own test questions.
- How many questions are on the ABHRS written examination?
 - 80
 - 100
 - 300
 - It varies—but the percentages range of questions from each subject category remain stable
- What is the first thing an examinee should do when presented a case in the ABHRS Oral Examination?
 - Write out a history and physical outline to follow when asking questions.
 - Calm down, ask to see the photos first, and then determine which surgical approach might be best for that patient based on the photos.
 - Ask to go to the bathroom.
 - Ask only for the biopsy since that is what usually gives you the diagnosis.
- Which of the following is the LARGEST category of questions—percentage-wise—in the written ABHRS examination?
 - Ethics
 - General Principles
 - Donor Area, Recipient Sites, and Grafts
 - Major Procedures (flaps, scalp reductions, expanders etc.)
- If a student fails any part (oral OR written) of the ABHRS board examination
 - they can apply to retake the exam, but only once.
 - they can apply to retake the exam, as many times as they need.
 - they must wait one year before applying to retake the exam in order to provide for additional study and surgical experience time.
 - they must wait two years before applying to retake the exam.
- The ABHRS oral and written exams are
 - given in English, Spanish, and French, depending on the examinees preference.
 - not available for translation.
 - given in English only.
 - recorded with video for quality assurance purposes.
- The most common reason for failing the ORAL portion of the ABHRS exam is because
 - the examinee missed a crucial intervention.
 - the examinee failed to “do surgery” on a patient.
 - the examinee failed to write out the history and physical outline in the hallway before they went into the session.
 - the examinee only spoke Russian.
- Which of the following is true about the ABHRS Board exams?
 - Only one of the written and the oral sections must receive a passing score in order to be certified.
 - Any candidate who fails to appear for a confirmed Oral or Written Examination for 2 consecutive years shall forfeit their examination fees.
 - Recertification is every 12 years and is solely a written examination.
 - To sit for the exam requires 2 letters of reference, 50 operative reports, and 5 case reports with before and after photos.

⇒ Answers on page 262

Hair's the Question *from page 261*

1. **B.** Of course the answer is B. Other than being unethical (and getting you kicked out of the exam), D is not an option since all candidates have a different form of the test. Plus, the exam is proctored. Unlike my questions, there are only THREE answers from which to choose, so your odds improve dramatically if you can at least eliminate one answer.
2. **C.** The official resources for study and are all listed on the ABHRS website in the candidate handbook (see below). The Unger text is now in its 5th edition.
3. **D.** Research has shown that the act of writing out your own test materials will help you learn the material better than simple observation or reading ever will.
4. **D.** There were about 200 on the exam this year. The number of questions on the recertifying exam is 80, which you will need to take every 10 years to maintain certification.
5. **A.** Any examiner will tell you that when a candidate does NOT do this, they invariably flounder. WAIT to ask for the photos!
6. **B.** The percentages will be changing this year, and the new categories will be listed on the website for potential candidates to review.
7. **B!** TRY AGAIN! Never give up. In almost every case, examinee has the knowledge and is simply nervous, which causes the examinee to miss a critical intervention in the oral exam.
8. **C.** If you are a candidate, seriously consider bringing your own translator if English is not an easy language for you. Translators are encouraged! They are not provided by the ABHRS since there are too many languages to represent all the candidates, but since this is another consistent reason for failing the exam, please find yourself a reliable medical translator (but NOT a doctor who would be able to give you the answers since they would be disqualified) and bring them to the exam with you!
9. **A.** Critical interventions are things such as recognizing a life-threatening situation or making the correct diagnosis. Surgery is not always indicated in the oral exam scenarios. You are not allowed to write out a history and physical outline in the hallway—although you are encouraged to do so once you are IN the exam room! It does not matter what language you speak as long as you can bring an appropriate translator to the exam with you.
10. **D.** There are actually three routes to certification, including a Fellowship Route, an Experience Route, and a Life Achievement Route, all of which have different requirements, but those listed in D are consistent across all routes. If you don't show up for the exam 3 years in a row, THAT is when you forfeit your exam fees! You must receive a passing score on both the written and oral exams to be certified, but you only have to repeat the one that you failed if you do not pass. Recertification is every 10 years—and I ought to know since I have to do it next year myself! Good luck everyone! Look up abhers.org for more information!

Recommended Reference List

DISCLAIMER: These are only recommendations. Exam questions could also come from other textbooks and periodicals.

Reference Books

- Olsen, E. Disorders of Hair Growth. McGraw-Hill, Inc. New York, 2003.
- American Heart Association, Advanced Cardiac Life Support (Current Edition).
- Unger, W. Hair Transplantation, 5th Edition. Informa Healthcare, 2010.
- Whiting, D. Hair Growth Disorders. Springer, 2011.
- Price, V. Cicatricial Alopecias: An Approach to Diagnosis and Management. Springer, 2011.
- Sperling, L., S. Cowper, and E. Knopp. An Atlas of Hair Pathology with Clinical Correlations. Informa Healthcare, 2012.
- Rudnicka, L. Atlas of Trichoscopy: Dermoscopy in Hair and Scalp Disease. Springer, 2013.
- Lam, S. Hair Transplant 360, Vol. 3. Jaypee Brothers 2013.

Journals and Other Sources

- *Dermatologic Surgery*
- *Hair Transplant Forum International*
- Basic Course in Hair Restoration Surgery Lecture Series (available at www.ishrs.org under Physician Center, Educational Offerings)

You should also review the Mock Oral Examination Video as you review. ♦

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Review of the Literature

Jeff Donovan, MD, PhD, FISHRS *Toronto, Ontario, Canada* donovan.jeffrey@gmail.com



Rosemary Oil: Potential Benefits in Male Pattern Balding

Panahi, Y., et al. Rosemary oil vs minoxidil 2% for the treatment of androgenetic alopecia: a randomized comparative trial. *Skinmed*. 2015; 13:15-21.

Rosemary oil has been reported to have potential benefits for promoting hair growth in many different types of hair loss, including alopecia areata. In the present study, authors from Iran set out to investigate the efficacy of rosemary oil in the treatment of androgenetic alopecia (AGA) and compare its effects with minoxidil 2%. Study participants were randomly assigned to minoxidil 2% (n = 50) or rosemary oil (n = 50) for a period of 6 months with evaluations conducted every 3 months.

Interestingly, both groups showed a significant increase in hair count at the 6-month endpoint compared with the baseline

and 3-month endpoint ($P < .05$). Moreover, there was no significant difference found between the study groups regarding hair count either at month 3 or month 6 ($> .05$). The frequency of scalp itching was significantly higher compared with baseline in both groups but was more frequent in the minoxidil group.

Comment: Overall, there is accumulating evidence for the hair growth-promoting properties of rosemary oil. The findings of the present study suggest potential benefits in the treatment of androgenetic alopecia and call for additional high quality studies. ♦



A Placebo Controlled Split Scalp Study of PRP for Male Pattern Baldness

Gentile, P., et al. The effect of platelet-rich plasma in hair regrowth: a randomized placebo-controlled trial. *Stem Cells Transl Med*. 2015; Sep 23.

One of the criticisms regarding the benefits of platelet rich plasma (PRP) in treating hair loss has been the lack of high-quality clinical studies published in the medical literature. Studies to date have been small, and they have lacked the essential features of high-quality studies—namely, that of randomization and use of a placebo.

Researchers from Italy recently reported results of a randomized, evaluator-blinded, placebo-controlled, half-head group study to evaluate hair regrowth with PRP versus placebo in 20 patients with androgenetic alopecia. According to the protocol, PRP (at a concentration of about 4 times above baseline and activated with calcium) was injected on half of the selected patients' scalps with pattern hair loss and the other half was treated with placebo. Treatments were administered to each patient at 30-day

intervals for three consecutive months. Several endpoints were studied including hair regrowth. Patients were followed for 2 years. Hair regrowth was evaluated by a blinded evaluator using computerized trichograms.

Of 20 patients evaluated, the authors reported clinical improvement with a mean increase of 45.9 hairs per cm^2 compared with baseline values. No side effects were noted during treatment. After 12 months, 4 of 20 patients, however, reported progressive hair loss.

Comment: This study adds to our growing list of studies suggesting a possible beneficial effect of PRP. The use of blinded controls and placebo controls in this study introduces a necessary framework for future larger studies in this important area. ♦



PCOS: Please Consider Other Supplements

Razavi, M., et al. Selenium supplementation and the effects on reproductive outcomes, biomarkers of inflammation and oxidative stress in women with polycystic ovarian syndrome. *Horm Metab Res*. 2015; Aug 12. [Epub ahead of print]

Jamilian, M., et al. Effects of zinc supplementation on endocrine outcomes in women with polycystic ovarian syndrome: a randomized, double-blind placebo controlled trial. *Biol Trace Elem Res*. 2015; Aug 28.

Polycystic ovarian syndrome, or PCOS, is a hormonal disorder among women and frequently causes a number of clinical manifestations including irregular menstrual cycles, acne, hirsutism, diabetes, hypertension, and hair loss. Treatments for PCOS include oral contraceptives, anti-androgens, and medications to treat the specific manifestations (i.e., insulin sensitizers for insulin resistance).

Two recent studies remind us that supplements—specifically zinc and selenium—may improve hormonal dysregulation and even hair growth in women with PCOS irrespective of baseline levels.

Razavi et al studied the effect of receiving either 200 μg

selenium daily (n=32) or placebo (n=32) for 8 weeks. Jamilian et al studied the effect of 220mg zinc sulfate (containing 50mg zinc) (n = 24) or placebo (n = 24) for 8 weeks. Although short in duration, both studies showed an improvement in various clinical parameters and improved hair growth.

Comment: The role of supplements in various types of hair loss is not well understood. The effects of zinc and selenium on multiple endocrine parameters in these studies suggests that it warrants further study in the treatment of hair loss in women with PCOS. ♦

Response to Dr. Rassman's Opinion on the Future of Hair Restoration Surgery

By ISHRS Executive Committee: Sharon Keene, MD, FISHRS, Kuniyoshi Yagyu, MD, FISHRS, Ken Washenik, MD, PhD, FISHRS, Sungjoo Hwang, MD, PhD, FISHRS, and Arthur Tykocinski, MD, FISHRS

Conflict of Interest Disclosure from Dr. Bill Rassman: I acknowledge that I am a strong proponent of innovation. As the author and owner of several patents and intellectual property involved in the use of automated FUE as well as the use of implanters for placing, I may financially benefit from the paradigm I suggested in my *Forum* article, "The Future of Hair Transplantation," and wish to declare this COI for the *Forum* readers.

In the last issue of the *Forum* (September/October 2015; Vol. 25, No. 5), Dr. Bill Rassman expressed a controversial opinion describing his vision for the future of hair restoration surgery as a paradigm facilitated by new tools and technology, whereby surgery will be largely if not completely delegated to licensed non-doctors. Specifically, he suggests Follicular Unit Extraction (FUE) harvesting will be delegated to licensed non-physician personnel who will use FUE machines along with implanters to supplant the need for large teams of skilled dissecting and placing technicians—and hair restoration doctors, who were needed in the past. He cites the overseas hair mills as potential "cost effective" role models for private physician enterprise. While this paradigm mirrors the expressed ideas of certain medical device companies, the ISHRS Executive Committee does not share this vision for a number of important reasons reviewed in this response to Dr. Rassman's thesis. The authors have a vision of the future of hair restoration surgery where physicians do more than the legal minimum of signing our patients' charts, but, rather, continue to take care of our patients.

One thing we can agree on is that ISHRS members should be proficient in FUE and utilize any technology that improves quality of grafts. In fact, members are encouraged to know all donor harvesting methods because patients can benefit from both—and to lose any of these options in the future would be detrimental for hair loss patients. If a properly trained and experienced hair restoration physician chooses to delegate some FUE or any surgical incision on a patient, the person to whom they delegate should be licensed, legally allowed, and properly trained to accept delegation. It must be acknowledged there are jurisdictions where **only** licensed doctors with particular credentials and training are legally allowed to perform hair restoration surgery (HRS), and can only delegate to another similarly trained and credentialed doctor. All members of the ISHRS are expected to comply with local laws and regulations wherever they practice. Therefore, existing laws in many countries would not support the vision that Dr. Rassman articulates—and it seems likely neither would many educated patients if given the choice. That is where the ISHRS can help. The best practices standards being established by the ISHRS Best Practices Committee and supported by the Board of Governors will distinguish our members' commitment to high standards, education, and patient safety and far more than just the technical aspects of hair surgery. We can make sure

that patients will have that choice so long as there are ISHRS members willing to do the work to be a hair restoration surgeon.

Our strongest point of disagreement with Dr. Rassman's vision is the degree of education, expertise and training necessary for future doctors advertising themselves to the public as a hair restoration surgeon. A hair restoration surgeon's duties and

When physicians delegate, they must be proficient in the medical discipline and procedure they are delegating as requisite to properly supervise the medical personnel who accepts delegation.

responsibilities for his or her patients include preoperative diagnostic evaluation and consultation, surgery planning, execution of the actual surgical procedure to include donor hair harvesting, hairline design, recipient site creation, management of other patient medical issues and possible

adverse reactions, and post-operative care—not simply the technical aspects of surgery, but definitely including them.

Most statutory language in the United States and Canada insists that delegation must benefit the patient and not be for physician convenience or profit. Statutes also typically require when physicians delegate they must be proficient in the medical discipline and procedure they are delegating as requisite to properly supervise the medical personnel who accepts delegation. Implicit in this language is the requirement that doctors must know how to properly diagnose and treat hair loss disorders, as well as possess competency in every aspect of the surgery being delegated. This necessarily precludes doctors who lack training and expertise in hair restoration surgery, but nevertheless purchase an FUE device they believe requires little expertise to garner profits and hire a trained and licensed independent contractor or staff to operate it. It does not matter if the staff they hire possesses training to use the machine or perform other aspects of the surgery. Importantly, these licensed staff would in most states be in violation of their license to operate if the doctor has insufficient expertise to supervise. This example illustrates the "turnkey" paradigm alluded to by Dr. Rassman's vision and marketed by some medical device companies. Instead, the ISHRS Executive Committee envisions the future to include innovative, ergonomic tools that are cheaper and easier to use, making it easier for doctors to maintain their role as surgeon and perform or share various aspects of surgery more easily, rather than completely delegate them.

Increasing complications are emerging from paradigms where non-physicians are doing hair restoration surgery without experienced physician oversight. Some complications reflect improperly trained or untrained doctors delegating surgery to

improperly supervised, inadequately skilled or poorly trained technicians. Improper hair line designs, overharvesting, graft failure, scalp necrosis, and even death have been reported. Photos of the hair restoration mills referred to in Dr. Rassman's vision, rather than role models of cost effectiveness, reveal a dangerous lack of bloodborne pathogen standards and many reports of poor growth or graft failure. When surgery fails due to incompetency, with permanent donor damage, patients who were looking for a bargain suffer irreparable damage. "Saving that nickel, cost them more than a dime." If what Dr. Rassman admires are high-volume clinics, we know of some here in the United States who adhere to our best practices standards and continue to be very successful. As complication cases rise, they will inevitably and negatively impact the hair restoration discipline in general, but may offer opportunity for doctors who maintain the standards established by the ISHRS.

There is no substitute for education, experience, and training. Medical device companies may have an ethical and moral obligation to inform would be customers of the need for training and experience, but legally are allowed to prioritize profits. Doctors are held to a different standard. A doctor's license is a public trust. Our Society will continue to protect patients and promote the public's trust over paradigms that encourage profiteering. Medical delegation wherever it occurs in medicine must, first of all, be consistent with the law and optimal patient care. Doctors in every specialty must always be mindful they don't delegate themselves out of the medical paradigm to lesser trained but cheaper delegees—the latter is a paradigm originating in the United States and promoted by corporations for several decades. The rigorous basic science background required in medical schools and extensive clinical experience in residencies can be credited for the innovation and discoveries made by our own colleagues in hair restoration surgery. Scientific curiosity fostered by the medical training required to be a physician has advanced our specialty and benefits patients. From the ISHRS Executive Committee's perspective, the care and attention from doctors should never be abandoned in favor of delegation paradigms.

The *Core Curriculum for Hair Restoration Surgery (CCHRS)*¹ is a suitable starting point for training future hair surgeons. New and upcoming technologies are likely to make it easier and cheaper for doctors to perform FUE themselves—provided we maintain the specialty and standards we have worked diligently for decades to establish. Our specialty, under the ISHRS umbrella, has markedly improved standards of patient care and education, increased research dollars and advanced cosmetic surgical results for hair loss patients.

Finally, while Dr. Rassman asserts that the unlicensed practice of HRS will fix itself, he did not suggest why that would occur. It is a global problem adversely impacting patient care, which is why it is the focus of ISHRS Board of Governors attention and policy. It would rarely be the case that problems fix themselves, and importantly when ignored, they often grow worse. The ISHRS will continue its efforts to discourage unlicensed individuals from performing surgery and will continue to welcome physicians new to the field to join the ISHRS, and to take advantage of the many educational opportunities it offers as well as the collegiality that is a hallmark of our meetings. We look forward to these physicians adding to the advancement of the field and completing the time honored circle of medical education as they progress from students to educators.

In conclusion, we acknowledge and respect the pioneering efforts of Dr. Rassman in advancing FUE techniques over a decade ago. We simply have a different vision for the future of hair restoration surgery, one that continues to value and encourage the commitment, innovation, creativity, and expertise of hair restoration surgeons to be physicians and surgeons... and not merely technical supervisors.

Reference

1. Puig, C., et al. Core Curriculum for Hair Restoration Surgery recommended by the International Society of Hair Restoration Surgery (ISHRS). *Derm Surg.* 2006; 32:86-90. ♦



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Message from the ISHRS 2016 World Congress Program Chair

Marcelo Pitchon, MD *Belo Horizonte, Brazil* marcelopitchon@gmail.com



I would like to start my first message after the ISHRS Chicago meeting by congratulating our then president, Sharon Keene, our chairman, Nilofer Farjo, our executive director, Victoria Ceh, all of the ISHRS staff, and our faculty for one more excellent ISHRS meeting. The ISHRS's leading role in the world is increasing every year and we have achieved a new attendance record in Chicago in our Society's history. Congratulations to the ISHRS membership as well, to each individual member, for having attended Chicago and having contributed to increase the quality and quantity of the most important part of a meeting: the audience. Your presence is the most important part of the show.

Our public is becoming increasingly aware of the importance of repeatedly attending meetings, and especially the "Big One," our annual meeting. Personally, I regret for each one of the four meetings I have missed of all the previous 23 ISHRS annual meetings. Considering attending annually the most important and comprehensive hair restoration meeting in the whole world was for sure the most important element in expanding my knowledge in my career. If you are a hair restoration surgeon or if you intend to be one, you should make all the efforts to commit yourself to attend as many meetings you can, even if the only one you could would be the ISHRS Annual Scientific Meeting. We have been making important changes every year to improve the recognized quality and organization level of our meeting. As chairman of the Panama 24th Annual Meeting of the ISHRS, and on behalf of our president, Kuniyoshi Yagyu, I would like to invite you to take the unique opportunity to be present at the historic moment when for the very first time the annual meeting will be called the **WORLD CONGRESS OF HAIR RESTORATION SURGERY**. Let's celebrate it together, with our friends and families, in Panama.

We are in the process of selecting for you a professional team that will put together a highly scientific conference. With that in mind, I will personally attend the 9th World Congress for Hair Research in Miami, Florida, USA, November 18-21, with the specific objective of—and with the help of Sharon Keene, Ken Washenik, Paco Jimenez, and Bessam and Nilofer Farjo, who frequently attend that meeting—analyzing the major research taking place in the world today in order to choose for our meeting the appropriate speakers for our hair biology lectures. It is with such level of detail that we at the ISHRS want to tailor our World Congress in Panama custom made for you and every hair surgeon—or every future hair surgeon who wants to become each year—an even more complete professional in our noble specialty. In such a professional group like that of the ISHRS, it is very easy to find highly professional colleagues to compose the World Congress Scientific Committee. There are so many excellent surgeons amongst us that the hard job is to define who are the ones that will share with you the responsibility and countless hours of hard work and dedication to an event with such a high organizational level.

Panama is a very interesting country and I would like to share with you some facts about it:

- Panama is the only place in the world where you can see the sun rise on the Pacific and set on the Atlantic.
- The Panama Canal was built by the U.S. Army Corps of Engineers between 1904 and 1914 with more than 75,000 workers. The canal allows ships to sail between the Atlantic and Pacific Oceans without having to go all of the way around South America, cutting out 7,872 miles of travel on voyages between New York and San Francisco.
- The Ancon cargo ship was the first vessel to transit the Canal on August 15, 1914.
- Today, the Panama Canal generates one-third of Panama's entire economy.
- In 1977, an agreement was signed for the complete transfer of the Canal from the U.S. to Panama by the end of the century. The entire Panama Canal, the area supporting the Canal, and the remaining U.S. military bases were transferred to Panama by the end of 1999.
- In 2007, the Panama Canal Expansion Project broke ground to create a new lane of traffic along the Canal through a new set of locks, doubling the waterway's capacity. The Expansion will double the Canal's capacity and Post-Panamax vessels will be able to transit through the Canal. The Expansion Project is 94% complete with aim to open the new locks in 2016.
- The lowest toll ever paid to use the Canal crossing was \$0.36, which was paid by Richard Halliburton when he swam the canal in 1928.
- The highest ever toll paid for the Panama Canal crossing was \$376,000, which was levied by the Norwegian Pearl cruise ship in 2010.
- The Panama hat actually originates in Ecuador and acquired the name because they were shipped from Ecuador to Panama before being sent to their destinations worldwide.
- Panama City is the only capital city in the world that has a rainforest within the city limits, having the second largest rainforest in the Western hemisphere.
- The official language of Panama is Spanish, although many Panamanians are bilingual with English being the most common second language.
- Contrary to popular belief, Panama is a democratic republic. Elections are held every five years and the last presidential ballot was won by Juan Carlos Varela in May 2014.
- Panama holds multiple world records in the field of bird-watching as it is home to more birds than the U.S. and Canada combined.
- The name "Panama," in the Indian language, means "abundance of fish." It's a great place for sport fishing, as a number of world record fish were caught off its shores. Surfing is also popular in Panama, particularly in world-famous Santa Catalina. Other available water sports include paddle boarding, kayaking, and kite surfing.

⇒ *continued on next page*

Message from the 2016 Surgical Assistants Program Chair

Sara Roberts *Manchester, UK* Sara@farjo.com

Welcome to my first message as Chair of the Surgical Assistants Program for next year's meeting in Panama. For those of you who don't know me, I am Drs. Bessam and Nilofer Farjo's Surgery Manager and have worked with them for just short of 20 years. I am extremely honoured to have been given this opportunity and know that I have the challenge of following some extremely well-structured and dynamic programs of the past number of years.

I had the pleasure of attending and presenting at this year's meeting in Chicago, and I wish to extend my thanks and congratulations to Janna Shafer on a successful meeting. The value in all the presentations and content from the Surgical

Assistants Program is huge, and every year that I have attended I have brought back to the clinic something new that has benefited patients and also the continued development of myself and others. It is for this reason that I encourage you all to come along to Panama City, so save the date October 19-22, 2016. Plans for this meeting are still in the making, so I welcome suggestions from all as to how we can re-create and even improve on the success of previous meetings. Please contact me if you wish to get involved or have any ideas to enhance the learning experience for surgical assistants. Please email me directly at Sara@farjo.com. ♦



Program Chair *continued*

- While Spanish is the official language of Panama, English is taught in all schools and many Panamanian executives are fully bilingual.
- While the national currency in Panama is called the Balboa, the U.S. dollar is the official currency and is used for bills.

The abstracts submission deadline will soon be informed. Each and every abstract is welcome, and they will be rated blindly by our Scientific Committee. Please adhere to the guidelines for both content and photographs submitted.

Share your experience! It is time to think and prepare to submit your abstracts. We all want to learn from you, whatever your experience level.

Let's all make, together, as faculty and as audience, a fantastic and unforgettable meeting in beautiful Panama. ♦

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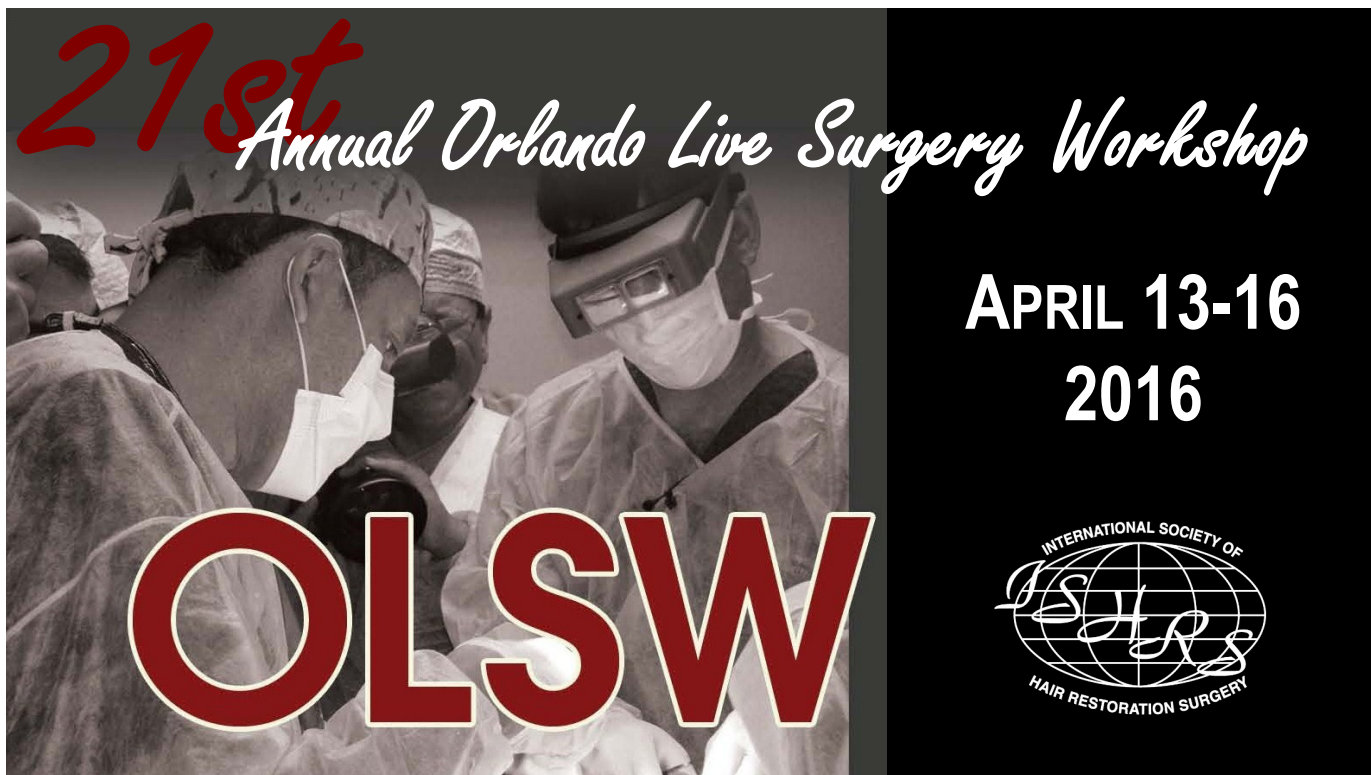
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Target audience: Hair restoration surgeons from beginner to advanced who desire the opportunity to learn about mechanized FUE devices

Learning objectives:

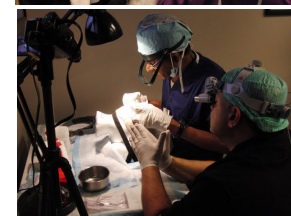
- Understand the basic concepts of donor area management, unique FUE graft qualities, limitations, and complications of FUE, and the basics of body FUE.
- Employ the different methodologies and instrumentation for FUE.
- Discuss the advantages and disadvantages of each type of device.
- Understand the basic aspects of FUE with these devices in order to successfully and safely perform this procedure.

Faculty and devices: Faculty list to be announced at a later date. The devices to be available are the powered SAFE System, the CDD-Vortex, several motorized sharp punch systems, and the ARTAS System robot. There will also be a hands-on lab with skin tissue models for those attendees who do not have a United States medical license.

Registration: Registration will open in December. Details will be available at www.ishrs.org/content/educational-offerings. To be placed on the mailing list for first opportunity to register, send your contact details to jlmccasky@hsccolorado.com.

Questions: Contact Janiece McCasky at jlmccasky@hsccolorado.com.

Exhibits: Opportunities are available for tabletop exhibits.



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GENERAL SESSIONS

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- Hairline Design
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- Advances in Hair Biology
- Unique Issues in Ethnic Transplantation
- Small Group Discussion Tables on a Variety of Topics
- Storage Solutions
- Non-Surgical Adjunct Therapies
- Live Patient Viewing
- Surgical Pearls to Achieve the Best Results

OTHER OFFERINGS

- Lunch Symposia and Small Group Workshops
- Basics in Hair Restoration Surgery Course
- Advanced/Review Course
- Surgical Assistants Program
- M&M Conference
- Exhibits Program
- E-Posters
- Networking Opportunities

NEWCOMERS ARE WELCOME!

We offer a "Meeting Newcomers Program" to orient those who are new to the ISHRS meeting. Newcomers will be paired with hosts. We want to welcome you, introduce you to other colleagues, and be sure you get the most out of this congress.

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World Congresses of the ISHRS

2016: 24th World Congress
October 19-22, 2016
Panama City, Panama

2017: 25th World Congress
October 4-8, 2017
Prague, Czech Republic

2018: 26th World Congress
October 2018
USA (tentative)

2019: 27th World Congress
November 13-17, 2019
Bangkok, Thailand (tentative)



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Upcoming Events

| Date(s) | Event/Venue | Sponsoring Organization(s) | Contact Information |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| December 5-6, 2015 | 20th Annual Meeting of the JSCHR <i>Kochi, Japan</i> | Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Ryuichiro Kuwana, MD | Dr. Ryuichiro Kuwana, Program Chair der-r-kuwana@mte.biglobe.ne.jp www.jschr.org |
| February 16-19, 2016 & May 24-27, 2016 | University Diploma of Scalp Pathology and Surgery <i>Paris, France</i> | University of Paris VI Coordinators: P. Bouhanna, MD and M. Divaris, MD www.hair-surgery-diploma-paris.com | Dr. Pierre Bouhanna, Course Director sylvie.gaillard@upmc.fr |
| April 1-3, 2016 | ISHRS FUE Workshop: Istanbul 2016 <i>Istanbul, Turkey</i> | International Society of Hair Restoration Surgery Hosted by O. Tayfun Oguzoglu, MD | info@ishrsfueworkshopistanbul2016.com http://www.ishrsfueworkshopistanbul2016.com/ |
| April 13-16, 2016 | 21st Annual Orlando Live Surgery Workshop <i>Orlando, Florida, USA</i> | International Society of Hair Restoration Surgery Hosted by Matt L. Leavitt, DO | Valarie Montalbano, Coordinator HValarieM@leavittmgt.com |
| May 5-7, 2016 | ISHRS Regional Workshop Surgical Assistant Training Program: Graft Preparation and Placement (FU-strip & FUE) <i>Denver, Colorado, USA</i> | International Society of Hair Restoration Surgery Hosted by James A. Harris, MD, FISHRS Workshop Chairs: Tina Lardner & Emina Karamanovski Vance | Janiece McCasky jlmccasky@hscolorado.com |
| June 10-12, 2016 | ISHRS Regional Workshop European Hair Transplant Workshop <i>Manchester, UK</i> | International Society of Hair Restoration Surgery Hosted by Bessam Farjo, MBChB, FISHRS www.ishrs.org | www.hairtransplantworkshop.com |
| July 29-30, 2016 | 2016 FUE Palooza <i>Denver, Colorado, USA</i> | International Society of Hair Restoration Surgery Hosted by James A. Harris, MD, FISHRS www.ishrs.org | Janiece McCasky jlmccasky@hscolorado.com |
| August 17-20, 2016 | 6th Brazilian Congress of Hair Restoration <i>Curitiba, Brazil</i> | Brazilian Association of Hair Restoration Surgery (ABCRC) http://www.abrcr.com.br/ | Suzana Wilbrantz secretaria@abrcr.com.br |
| September 8-11, 2016 | 8th Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i> | Practical Anatomy & Surgical Education (PASE), Center for Anatomical Science and Education, Saint Louis University School of Medicine In collaboration with the ISHRS | Dr. Samuel L. Lam, Course Director Emina Karamanovski Vance, Assistant Course Director http://pa.slu.edu |
| October 19-22, 2016 | 24th World Congress of the International Society of Hair Restoration Surgery <i>Panama City, Panama</i> | International Society of Hair Restoration Surgery www.ishrs.org | Tel: 1-630-262-5399 Fax: 1-630-262-1520 info@ishrs.org |