

Hair's the Question

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*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.

It is amazing how many half-truths and misunderstandings continue to exist in the field of hair medicine. You might even have been taught some of these by your professors in medical school. It is patients who know them best, though, thanks in large part to the plethora of misinformation on

the Internet. This column was inspired by a patient visit in which a potential patient's wife refused to let her husband go forward with shaving for an FUE surgery since she was absolutely convinced that shaving the scalp made the hair stop growing forever. When asked about the effect of cutting hair, it was her assertion that cutting hair actually strengthened hair.

So try to separate all the "truthiness" you know from the "fake news" in the following questions. And remember: the correct answer is the FACT, not the myth!



Myths and Urban Legends about Hair

- 1. Cutting hair will make it
 - A. grow in thicker and more densely.
 - B. stop growing, but only if it is shaved.
 - C. grow faster.
 - D. grow the same as it did before.
- 2. "Dandruff" is most often a sign of
 - A. dry scalp.
 - B. oily scalp.
 - C. Malesezzia Furfur infection.
 - D. impending hair loss.
- 3. Brushing and washing your hair
 - A. should be done as little as possible when you are losing your hair.
 - B. makes your hair shed more whether you have hair loss or not.
 - C. makes you aware of daily shedding that is otherwise unnoticed.
 - D. strengthens your hair when done daily.
- 4. If you pluck one gray hair,
 - A. two will grow back in its place.
 - B. it may or may not grow back.
 - C. it can be regrown if dipped in ACell (matristem) powder and re-implanted.
 - D. it is lost forever.
- 5. Which of the following does NOT cause hair loss?
 - A. Wearing hats
 - B. Wearing glue-on wigs 24/7 for months to years
 - C. Tight ponytails or dreadlocks
 - D. Turban wearing

- 6. Which of the following is accurate advice regarding hair care for your patients?
 - A. Brushing your hair 100 strokes every day makes it stronger.
 - B. Washing your hair daily with sulfite-free shampoo will make your hair stronger.
 - C. Hair-thickening shampoos can reverse hair loss caused by androgenetic alopecia.
 - D. Shampoos that improve hair growth include zinc pyrithione shampoo and antifungal shampoos such as ketoconazole.
- How does blow drying at about 15cm distance affect hair?
 - A. Blow drying daily on high heat does not cause significant hair shaft damage.
 - B. Blow drying daily on the cool setting avoids significant hair shaft damage.
 - C. Heat from blow drying is LESS damaging than letting hair air dry.
 - D. Heat from blow drying is MORE damaging than letting hair air dry.
- 8. Which of the following hair oils may improve hair growth?
 - A. Emu oil
 - B. Argan oil
 - C. Coconut oil
 - D. Olive oil
- 9. Genetic hair loss (androgenetic alopecia) is inherited
 - A. through the father's side.
 - B. through the mother's side.
 - C. through the mother's side (autosomal dominant), but it skips a generation.
 - D. through both the mother's and father's sides (autosomal dominant), but with many confounding variables (i.e., incomplete penetrance).

Answers

- 1. **D.** There are a number of urban legends and myths surrounding shaving or cutting hair, and some cultures have incorporated this into ritual shaving or haircuts in the hopes of giving the subjects nice thick hair. This is a fallacy, however, for although getting a haircut will reduce split ends and make hair look better, the follicle itself is not affected.
- 2. **B.** "Dandruff" is often thought of as a sign of dry scalp, so A is the (rarely true) hair myth. More often, though, "dandruff" is a sign of oily buildup that lifts the layers of epithelium, causing "flakiness." Sebum production in the hair follicles is stimulated by DHT, so a relationship exists between "impending hair loss" and "dandruff," but it is not a causal one. Malesezzia (of different varieties) is a fungus that is part of the normal flora on our skin. As recently reviewed expertly by Tom Dawson in the April/May Forum, an overabundance of this fungus does cause flaking and itching, but a scalp can be colonized with it and not have these symptoms.¹
- 3. **C.** B is the myth that many patients come to believe, mainly because of the well-known human tendency to assume causality between events when a temporal relationship exists. The cycle for this myth starts when a patients stops washing/brushing their hair for whatever reason. Less hair is mobilized between showering/brushing, and thus all that accumulated shedding will come out during the next brushing/showering. This leads patients to believe falsely that more shedding is happening. Furthermore, since the shedding is now is associated with showering/brushing, the erroneous conclusion that the showering/brushing is causing the "loss" is often made. In the field of cognitive psychology, this is called "causation," and it is worth looking up again just to see how strong its presence is in our collective hair patient base.^{2,3}
- 4. **B.** While it is true that it may or may not grow back, it is very likely it will. A is the urban myth that persists among many hair patients. C is a hypothesis that has been posited but not yet conclusively proven (anyone want to do a study? Check out the ISHRS grants at (http://www.ishrs.org/member-grants.htm). Since the process of graying will continue, more gray hair may appear leading to the illusion that plucking the hair causes the proliferation of the gray.
- 5. A. This is another example of a temporal relationship of events that implies but does not create a causal relationship. As young men start to lose their hair, wearing a hat re-frames their face and so they subconsciously gravitate toward the wearing of hats because they prefer their appearance with a hat on. Long-term wig wearing has been known to retard hair loss in the areas they occlude. Tight ponytails, dreadlocks, and chronic turban wearing can all result in traction alopecia.
- 6. **D.** Although D is correct, my Grandmother swore A was true and made me do it as I was growing up. There are several different sulfites that are used in shampoo, usually as a foaming agent, and none have been conclusively proven to cause harm at low levels. Hair thickening shampoos make the hair feel better by coating the

- hair shaft with various oils and waxes, but the effect is temporary and they do not reverse androgenetic alopecia. There is evidence for hair growth with Zinc pyrithione and ketoconazole shampoos.^{4,5}
- 7. C. Surprisingly, while blow-drying causes more damage to a hair's surface, air drying causes more damage to a hair strand's interior. The best way to dry hair without causing damage is to avoid high heat and use a blow dryer with a constant motion at a distance of about 15cm.6
- 8. **A.** This oil has the best evidence for hair growth, but for the most part, using hair oils to retard air loss of any sort is a myth. It is difficult to get reliable studies on unpatentable home remedies like "hair oil" since an accurate trial would be expensive and need to be reproduced. Supplemental oils do show efficacy for other medical conditions. For instance, tea tree oil has antifungal properties and several oils are useful antioxidants when taken internally. Among the oils marketed for growing hair, however, Emu oil has a few (tepid) studies that may demonstrate hair growth improvement in conjunction with minoxidil.^{7,8}
- 9. **D.** This is about the best answer you can get on this question, because the precise mode of inheritance has not yet been fully elucidated. The best explanation currently is the autosomal dominant option with incomplete penetrance listed in Unger. For the record, even the professors I had in medical school taught the myth/answer listed in answer C as "fact."

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Literature Review

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Biotin and Hair Loss: Valuable or Just "In Vogue"?

Soleymani, T., et al. The infatuation with biotin supplementation: is there truth behind its rising popularity?

A comparative analysis of clinical efficacy versus social popularity. *J Drugs Dermatol*. 2017(May 1); 16(5):496-500.

Biotin is a well-known and popular supplement for treating hair loss. True deficiencies in biotin are rare given the ability of bacteria in the gastrointestinal system to produce biotin. Nevertheless, many individuals and physicians turn to biotin in the search for treatment options.

Soleymani and colleagues from New York University School of Medicine set out to critically examine the evidence for biotin use for treating hair loss. Their findings point out that there are no randomized trials to support the use of biotin in treating hair loss and that the public's interest in biotin over the past decades is not supported by medical evidence.

Comment: There is no evidence to support routine biotin supplementation for individuals with hair loss. Exceptions do exist, of course, and true biotin deficiency may be considered in individuals who are elderly, pregnant, using anticonvulsants or chronically using alcohol.

Does the immune system regulate how hairs grows?

Ali, N., et al. Regulatory T cells in skin facilitate epithelial stem cell differentiation. *Cell*. 2017; 169(6):1119–1129. http://www.cell.com/cell/pdf/S0092-8674(17)30529-9.pdf

New research from the University of California–San Francisco makes us consider whether immunologists could have an important role in the future to treat hair loss. The researchers showed without specific immune system cells called T regulatory cells (Tregs), hair follicles do not grow properly. The study was performed in mice, but likely has relevance to humans.

Tregs are important immune cells. Mice have them and so do humans. These specific immune system cells act as sort of peacekeepers of our immune system. In scientific terms, we say that these cells play a key role in "immune tolerance." They tell other immune cells of our body to stay quiet

when the time is right to stay quiet and this helps prevent unnecessary allergies and autoimmune diseases.

To study the role of Tregs, the researchers developed a clever mouse model whereby Tregs could be removed from the mouse whenever desired. In these studies, mice were shaved and hair regrowth patterns were observed after depleting Tregs. Surprisingly, hair did not regrow after shaving.

Comment: In the world of hair loss, this study has triggered an entirely new thinking. Hair follicle stem cells, at least in mice, appear to listen to the commands of Tregs to know when to grow—and when to stay quiet. Tregs are understood to accumulate around hairs at the end of the hair growth cycle (in the telogen phase) and to help direct hair follicle stem cells to make a new hair. Without Tregs, the growth phase (anagen phase) does not begin. This new information could have direct relevance to humans and how we as hair specialists treat a variety of hair loss conditions.

Finasteride and Persistent Erectile Dysfunction (PED)

Kigiradze, T., et al. Persistent erectile dysfunction in men exposed to the 5-alpha reductase inhibitors, finasteride, or dutasteride. *Peer J.* Published online 2017 Mar 9. doi: 10.7717/peerj.3020.

It is well known that sexual dysfunction is a potential side effect of finasteride that occurs in less than 2% of male users. Recently, concerns have arisen that these side effects may be persistent in some, even after stopping the drug. A study by Belknap and colleagues from Northwestern University in Chicago has given the first solid attempt at quantifying the risk of persistent sexual dysfunction with men using the hair loss drug finasteride.

The authors retrospectively examined a large database of patient records and looked for patients who had used finasteride and dutasteride and who also reported erectile dysfunction, decreased libido. In addition, they looked at the proportion of patients experiencing persistent erectile dysfunction, or "PED"

(defined as erectile dysfunction occurring more than 90 days after stopping the drug). The main findings of the study were that men using finasteride 1mg had an approximately a 1% chance of experiencing PED. In addition, about 1 in 3 young men who ultimately did experience erectile dysfunction using finasteride experienced PED, and this lasted several years (average 3.7 years in the study). The longer an individual used these medications, the greater the risk of PED.

Comment: This study represents the first real attempt to explore the concept of PED with finasteride. No study is perfect and this represents the best we have to date. It is important to advise patients considering finasteride about the possibility of PED regardless of how remote an individual physician feels the issue might be. An ideal study would be a randomized double-blind placebo controlled study over 5 years, but this will likely never occur given the challenges and costs. This would help us better sort out the precise magnitude of risk. For now, we need to rely on well-constructed epidemiologic studies rather than expert opinion.



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Making Prague Memorable: A Visitor's Guide

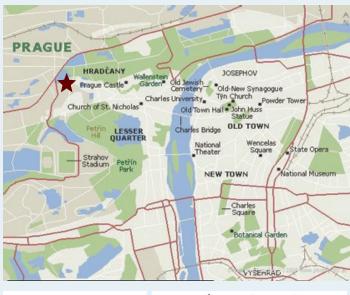
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1 U.S. dollar= 22 CZK (Czech koruna or crown), 1 Euro= 26 CZK

Prague Castle, perched on a hill above the city, is a complex of buildings dating from the 9th century (red star on map). Be sure to visit St. Vitus Cathedral, an excellent example of Gothic architecture and the biggest and most important church in the country. As you walk the castle grounds, enjoy the varied architectural styles and views east over the Vltava River across the Charles Bridge and into Old Town Square.

The iconic Charles Bridge connects the city center to the castle area (Mala Strana). When you stroll across this pedestrian walkway look for the 30 unique statues that depict various saints venerated during the reign of Charles IV (1346–1378).

Near the conference center and Corinthia hotel, we recommend a visit to Vyšehrad, a historical fort from the 10th century located on a hill overlooking the Vltava River, across and down river from Prague Castle. Situated within the castle grounds are the Basilica of St Peter and St Paul, as well as the Vyšehrad Cemetery, containing the architecturally significant headstones marking the remains of many famous people from Czech history.





The metro (subway) is the most convenient and economical way to navigate the fantastic sights of Prague. The ISHRS will include metro passes in your registration packet. The hotel and Congress Centre are just steps away from the Vysehrad metro stop on the C or red line (see red star on map). Most popular tourist attractions are on the A or green line, which is two stops north of the Vysehrad stop. From there, you can easily access Wenceslas Square, Old Town Square, Mala Strana, and Prague Castle.

When visiting a foreign country, you will always get smiles from the locals if you attempt to speak their language, even if your pronunciation is less than perfect. Below are 10 important words and phrases in Czech:

- Hello (formal) dobrý den (DOH-bree-DEHN), (informal) ahoj (AH-hoy)
- Goodbye Na shledanou [Na shlay-dan-ow] This expression is used every time you leave a store, a restaurant, or leave someone. There are a few different pronunciations, including the slang Na Skle or said Na Sklay.
- Yes Ano (AH-no)
- 4. No Ne (nay)
- 5. Please Prosím (PRO-seem) This word you'll hear often in Czech, it's is used to say please and you're welcome.
- Thank You Děkuji [Dya-koo-yee] This version is the correct way to say thank you, though slang has brought a new word—"Dike" or said like Dee-kay.
- 7. You're Welcome Prosím (PRO-seem)
- Do You speak English? Mluvíte anglicky? (mloo-VEET-tay ang-LICK-skee?)
- 9. Excuse me/pardon me Promiňte (PRO-meen-teh)
- 10. Cheers! Na zdraví (NAH-zdravee!)

One of the best investments when traveling to another country is a language program translator uploaded to an iPod or an iPhone, such as the iTranslate app.

Have a great time in this great city! ■



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An increasing number of unlicensed personnel worldwide are performing substantial medical aspects of hair restoration surgery and, in doing so, are putting patients at risk. The ISHRS is committed to the highest standards of medical practice and to educating consumers about this unlawful practice and to following due diligence when researching a hair restoration surgeon.

During the 25th World Congress, ISHRS leaders are asking all members worldwide to stand proud and be loud:



- Stop by the registration table to pick up a badge—and wear it!
- Take a picture of you wearing the badge and post it on Twitter and Facebook. Use the hashtag: #SurgeonsNotTechsPerformSurgery
- Sign the ISHRS online petition to show your commitment to a society where surgeons, not technicians, perform the surgery.
- Post the badge on your website and link to the ISHRS consumer alert page: http://www.ishrs.org/article/consumer-alert-0
- Please share your stories about patients who are seeking ISHRS physician help, asking them to correct mistakes of individuals who are not properly licensed or trained to perform surgical hair transplantation. Send to: info@ishrs.org
- Report any concerns about unlawful practices you see or hear about to your local authorities, states attorney generals, and ministries of health and medical boards.



Recollections of 25 years

Carlos Oscar Uebel, MD, PhD Porto Alegre, Brazil Thank you so much for asking me to share my recollections of our first ISHRS meeting that was held in Dallas in 1993. I can't believe that 25 years have passed since that memorable Congress. I had just published my technique about micro- and minigrafts in 1991, which opened a new window for so many new advances in hair restoration. I can remember when the Moser Group from Austria invited me in 1992 to demonstrate and teach my technique in Vienna. I also remember when Bobby Limmer, a true gentleman, asked for my references to give me credit on his published papers. O'Tar Norwod could not understand how it was possible to implant 1,000 grafts in a single session of 3 hours.

The meeting in Dallas was really the beginning of the follicular unit megasessions. We didn't use the term follicular units, but we called it the "Punctiform Technique with micro- and minigrafts." However, we introduced at that time some terms that we still use today, such as scalp ballooning, hair-bearing scalp, and stick-and-place, among others. The idea was from Emmanual Marrit and Rolf Nordstrom who split large punch grafts into small grafts to hide traumatic and burn scars. From there, I started with megasessions to restore male and female pattern baldness with great success.

Today, I perform the same strip technique, with a linear scar, in 70% of my patients, and in 30%, I use the FUE technique that was introduced to me many years ago by my good friend, John Cole. It is interesting that at that same meeting in Dallas I presented another personal approach—the "immediate rotation angular flap"—which was a single stage rotation flap from the Juri flap. This was a random flap, without delaying procedures, that I seldom use today.

Now I am convinced that the FUE technique will increase in the future allowing better scars in the donor areas. But we must maintain the limits with the linear hair-bearing strips with which we can harvest the largest amount of hair, which is very important. Well-performed strip excision procedures can be repeated two or three times in cases of progressive baldness.

Reference

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Last Men Standing: Reflections on the ISHRS's 25th Anniversary

Ivan S. Cohen, MD, FISHRS I Fairfield, Connecticut, USA The Last Man Standing was born when a small group of us realized that we had attended every ISHRS meeting. Now, several years later and with only 10 remaining members, I am happy to say that I am still standing and I am looking forward to attending the ISHRS 25th World Congress in Prague. The ISHRS meetings have been unrivaled in the opportunities available to meeting attendees and faculty. It is an international forum where ideas and experiences are shared in an environment of mutual respect and congeniality that is unique among professional organizations.

The ISHRS has continued to advance the profession of hair restoration surgery by successfully drawing upon the skills, experiences, and varied specialties of its members. What once seemed impossible (microscopic dissection, 1,000 grafts in one procedure, robotics) is now routine in our practices. The annual meetings are the venue for sharing this information.

Looking back over 25 years, the meeting I almost missed was Puerto Vallarta, Mexico, in 2001. It was scheduled a month after the 9/11 attacks on the World Trade Center Towers in New York City. There was even serious consideration of canceling that meeting and many U.S. members chose not to attend. But that was a memorable meeting for me. Many of our international members made it a point to share stories of terrorism that had occurred in their own countries and how they dealt with it. This unique environment of personal and intellectual camaraderie is what distinguishes the ISHRS from other professional organizations and is why so many of us come back year after year to attend these meetings.

So here we are in Prague at 25, stronger than ever. Happy birthday, ISHRS!

Paul C. Cotterill, MD, FISHRS Toronto, Ontario, Canada I remember attending my first meeting in Dallas with Walter Unger, my first mentor and teacher, and getting the background story from Walter on many of the physicians I had heard and read so much about. I very quickly made many long-lasting friends. It's a testament to this society about the willingness of our members to share with each other.

Years ago, I was asked to develop and give the first Beginner's Workshop for the ISHRS at the Nashville, Tennessee, meeting in 1996. It was a one-man show that took me 1.5 hours to deliver and that included a 49-page bound hand-

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out. I cringe now when I reread what I presented as it seems so out of date, sketchy, and simplistic compared to what is being offered today.

In 1998, I was chair of the Washington meeting, which had its own particular set of challenges. The executive director and co-chair quit during the time when I was putting the meeting together. It was only later that Victoria Ceh came on board as our new executive director. And I thank my lucky stars that she did. Victoria Ceh has been a constant source of encouragement and extreme capability over the many years as she has directed this society. I was also in charge, in Washington, of putting on one of the first live surgery offerings. A lot of what I did was by the seat of my pants, learning as I went along, but always with ready help from any members at large or the behind the scenes staff that I was able to enlist.

The ISHRS has truly matured over the last 25 years, adapting to current technologies and continuing to offer comprehensive educational opportunities. But one constant that I have experienced and continue to look forward to is the enthusiasm, new ideas, and different perspectives of many of the newcomers that I meet attending our annual general meeting. It is always a highlight of mine to get to know and exchange ideas with new physicians from different parts of the world brought together under one roof for a few days each year. It's amazing what pearls of wisdom one can pick up from in the hall during casual discussions with our international members.

I look forward to 25 more years of making new friends.

Edwin S. Epstein, MD, FISHRS I Virginia Beach, Virginia, USA In the past 25 years, there have been several people whose technique innovations significantly changed my approach to hair restoration surgery. It amazes me that I have attended every meeting with all the life events that could potentially prevent this. Each meeting builds on the many friendships, and what a gift to share knowledge with such talented physicians worldwide!

When I attended the Dallas meeting in 1993, I realized that the field of hair restoration surgery was truly international, and it was my introduction to developing friendships that have blossomed over 25 years. I had read about the Norwood-Hamilton classification, and what a thrill to see and meet O'Tar Norwood, and other pioneers who contributed to the early text books. Dr. Constantine Chambers initially trained me in the splitting of 4-6mm punches into micrografts. This Dallas meeting was the first of several "game changers" in the development of my career. Strip harvesting, as an alternative to split punch graphs, was the "new technology," and I returned home excited about this novel approach.

Over the ensuing years, it was interesting to listen to and observe the "heated discussions" between the Unger brothers and others over the benefits of flap and reductive surgery. Paralleling advances in strip harvesting with follicular unit dissection under microscopic control, and now the explosion of follicular unit extraction, exemplify the ingenuity of ISHRS members to pioneer our unique field of medicine.

A lecture by Manfred Lucas provided new insight into the recognition of the importance of artistry in hairline design. I am grateful to Manfred Lucas for allowing me to spend several days with him in Munich and to Dow Stough, who invited me to participate as faculty in his hairline design workshops. In Puerto Vallarta in 2001, Bobby Limmer invited me to attend the President's reception, and two years later, Mario Marzola asked me to be his Program Chair for the Vancouver meeting. My involvement in the ISHRS went down a new path.

Unique about the ISHRS has been the social and congenial flavor of the society and friends that are now my family. The Galas provide so many memories: the unique hats of Cheryl Pomerantz, Russell Knudsen's zany outfits, the diverse international attire, the songs by the Follicular Eunuchs, original compositions of Paul Rose, and of course Elvis, aka Tony Ruston, in the house. These memories and good times motivate me to attend every meeting.

John D.N. Gillespie, MD, FISHRS I Calgary, Alberta, Canada The 1993 Dallas inaugural meeting of the International Society of Hair Surgeons (as it was then called) was a great opportunity to get to know the organizers better—Dow Stough, O'Tar Norwood, and Paul Straub—and to broaden our knowledge of hair transplant surgery. It was the first time I met Jim Arnold, and over the years I appreciated his many insightful and humorous presentations. The line dancing at the Dallas meeting was fun, but I hope there are no remaining videos anywhere.

It was in Dallas that David Seager tried to convince me I needed a hair transplant. It was a good opportunity for all Canadian physicians to get to know each other better. At the next meeting in Toronto the following year, 1994, I don't recall any contentious issues but that would be expected as Canadians are always so polite. At that meeting, I recall Dominic Brandy well, and I respected his ingenuity even though some of his ideas did not work out in the long term. It was on Monday following the meeting that David Seager gave me my first hair transplant. I was a little over sedated and did require some supplemental oxygen, however, it all turned out very well.

The meetings have gone from 100 physicians discussing things to an incredible number of professionals sharing interesting ideas, inventions, and theories, all while having the feeling of a family reunion. The closeness and camaraderie is unlike anything that I have experienced or heard of in any other similar type of group. We are truly united in wanting the best not only for our profession but for our peers as well.

The 2001 meeting in Puerto Vallarta was a chance to mourn together after the tragedy of 9/11 in New York City. While we were all feeling on edge, there was great comfort in being with friends and colleagues from all over the world and feeling united in sorrow. During the 2000 meeting in Hawaii, Bobby Limmer took us out for dinner with Bill and MaryAnn Parsley. It was the first time we connected personally with the Parsleys and such an endearing friendship has evolved. The 2005 meeting in Australia was the most memorable for me, not just for the meeting but for the amazing planning, arrangements, and hospitality provided by Russell

and Anne Knudson. Because of their efforts, we were able to travel with some of our friends and colleagues to see more of their beautiful country. A trip to the Great Barrier Reef and an opportunity to climb Uluru with Bob Haber were highlights. A visit to Adelaide to stay with Mario and Helen Marzola was also a treat. I first met Mario in 1977 in Hot Springs, Arkansas. The Alaska meeting of 2011 was memorable as we had an opportunity to fly around Denali, North America's highest mountain.

The ISHRS has embraced the assistants who help so many of us. My assistants feel so connected to and supported by other physicians and their assistants from around the world.

The ISHRS is a wonderful society and I am proud to be a part of it.

Robert T. Leonard, Jr., DO, FISHRS | Boston, Massachusetts, USA

Wow! Twenty-five years of meetings with now life-long friends from around the world. What could be better than that? There are too many memories from all corners of the globe to choose just one meeting that stands out more than the rest. However, I think the Barcelona meeting was particularly special to me. Our first European meeting, on a continent I adore, offered great education coupled with late night dining and lots of cultural activities to enjoy.

There have been controversies at every meeting; however, the first New York meeting had some fireworks regarding the benefits and drawbacks of "megasessions," which now are considered small cases. I guess everything is relative! And how about the heated debate in the early days about scalp reductions and flaps?

The meeting that I nearly missed was the recent Chicago meeting. That spring, my beloved Mother had sustained life-threatening complications from a supposed routine heart operation. By the grace of God and via a certain miracle, she fully recovered after more than 70 days in the Cardiovascular Intensive Care Unit!

Our meetings have evolved dramatically over the last quarter century to ones that have become very large and with far more science-based presentations. They are very, very busy these days, too! Increased input of unique ideas and perspectives from speakers from around the world have broadened ideas pushing the envelope of science in our field—all which is great.

What I sorely miss, however, are the more intimate meetings of years gone by with a tremendous amount of clinically based and "how I do it" sort of lectures. Fewer participants at meetings afforded the time and atmosphere to more easily to get to know others attending and to forge and to grow friendships. Another notable difference in meetings from the "good ol' days" was the significant pharmaceutical support we used to have, which provided rather extravagant and exciting social events without draining the ISHRS financially.

I cannot believe that 25 years have passed since our inaugural meeting in Dallas, Texas. I have been incredibly blessed to have been a part of this wonderful Society that has afforded to me the ability to teach, to learn, to travel the world, to have made an impact in the field of hair restora-

tion surgery, and to have given my special friendship that I sincerely cherish. Can't wait for the next 25 years!!

Paul M. Straub, MD, FISHRS | Torrance, California, USA

I find it very difficult to select one meeting location as the best. I take my family to many exotic locations and we have decided Amsterdam was the best location of all the ISHRS meetings. Kuala Lumpur was also memorable for me. My family had airplane tickets for Bangkok. Then began some civil disturbance in usually peaceful Thailand. My family didn't want to go to Kuala Lumpur so I went by myself.

I was the Chairman of the Board of Ethics for 10 years. Members were required to report to us if they were put on probation by any state board for medical problems. One member had not reported this and the board voted to place him on probation by the ISHRS for five years. This action was severely criticized by some of the members. Our society appeared to be divided 50% for and 50% against. The intensity of the arguments resembled our recent presidential election in United States.

We began as a tiny group. I wrote the bylaws and our code of ethics on our kitchen table at night. In the beginning, we were largely Americans. Now Americans are less than 50% of the membership. Our society has members from every continent except Antarctica and from many countries. We have become the most influential organization dealing with hair restoration on the planet. I am very proud of the ISHRS.

Meeting Memories...1993-2016

A group of experienced physicians, most of whom have been to most or all the meetings, were asked to share their memories of the 24 ISHRS meetings from Dallas in 1993 to Las Vegas in 2016. They were kind enough to recall highlights, events, and controversies through the years. Thanks to Bob Haber for his wonderful photos and thanks to Bessam Farjo, Jean Devroye, Ron Shapiro, Bill Parsely, Russell Knudsen, Jim Vogel, Ed Epstein, Bob Haber and yours truly for taking the time to send in their memories. Now it's up to you to match the memory with the author! —BRW

1993/Dallas, Texas

- Claudia Moser presenting the technique for 1,000-graft sessions, seemed impossible at the time.
 Carlos Uebel spoke also about very large sessions.
- I remember we all went to this massive bar and were given line dancing lessons—not a pretty sight.
- Seeing the titans of hair restoration together at one meeting was very impressive for a beginner like me.

1994/Toronto, Ontario, Canada

- Dizzying meeting. So many rooms, so many ideas, and the beginning of so many friendships
- I recall it was the only meeting that had main lectures on different topics going on at the same time.

1995/Las Vegas, Nevada

- First time ISHRS did live surgery, I think and first time FUT live demonstration done. I was the one who did it...placed every graft.
- A lively discussion about the merits of "Laser Hair Transplantation." A German presenter (forgot his name) talked glowingly and Manfred Lucas gave him a working over during Q&A. The German laser doctor, I don't believe, ever attended another meeting.
- Bill Rassman bringing multiple patients with largish sessions of FUT to the live patient viewing, which silenced a lot of doubters and shifted the axis significantly.
 Bill Rassman bringing patients to meeting to prove megasessions were successful.

1996/Nashville, Tennessee

Largest hotel and walks ever.
Russell in his country attire in
Nashville.

Nashville.
The first Texas Black Tie Gala.
What I remember most about
Nashville, other than the incredible
Grand Old Opry hotel, was meeting
John Cole for the first time.

1997/Barcelona, Spain

- Mario got up and talked about his
 Marzola lift like he did every year and
 halfway through he said, "I don't do them
 anymore." He admitted they were problems
 and with FUT were not needed. It took a
 big man and an honest man to say that.
- Norman Orentreich being presented with the inaugural Manfred Lucas Award for Lifetime Achievement.
- Extraordinary lecture by Norman
 Orentreich demonstrating keen intellect in
 his later years, and being given inaugural
 Manfred Lucas Award, Martin Unger almost
 causing a fist fight because of his remarks,
 great area of dance clubs all lined up next
 to each other, maybe first large scale live
 surgery program.
- I think that was the only time where the talks for at least a day were organized geographically. I remember that because it was the first time I gave a hair talk and I was in the United Kingdom panel.

1998/Washington, DC

- First time I brought patients for live viewing; I think it was first live viewing.
- The first Presidential Suite and party! (Perhaps that should not go in the *Forum*!)
- I remember the Sunday session on "The Philosophy of Follicular Unit Transplantation" moderated by Bobby Limmer. It seemed like a watershed moment to me in the change to follicular unit transplantation.

1999/San Francisco, California

- The Past Presidents (PPs) "doing the crocodile" on the dance floor at a number of the early meetings.
- Not only did the PPs enjoy the spirited "Gator" move on the dance floor in San Fran in '99, but at that time we were a bit more limber and developed a modification of the "gator" and performed the "Reverse Gator" on our back with hands planted on the floor! Ouch! My back hurts just thinking about that!

2000/Hawaii

- The gondola mounted on rails with false drivers on it.
- Everyone ended up in a hot tub after the gala, still wearing tuxedos.
- Paul Rose was program chair and I remember his thrill at taking to the stage with a painting of Jimmy Hendrix in the background!
- There was a panel discussing reasons for variable results. One audience member made a point that we can't always control variable results because someone may have been drinking or using drugs. The moderator asked Dr. Ron Shapiro to comment. He sheepishly asked, "Are you talking about the patient?" Everyone laughed.

2001/Puerto Vallarta, Mexico

- Who can forget this one barely a month after 9/11. As a result, the meeting was very small, maybe 250 or so, which made it very intimate. The thing I remember is this pre-gala procession where we were all dressed festively with shot glasses hanging around our necks that kept getting refilled.
- The meeting went on and was a success, despite the recent 9/11 tragedy. Who knew there were so many different tequilas?

2002/Chicago, Illinois

- The 10-year anniversary, but also the huge lineup of the "hair transplant pioneers." Walter Unger, I think, played a big part in organizing and then ended up getting up on stage with them.
- The presentation by the antifinasteride lobby, who changed the opinion of the panel in just 20 minutes.
- Best dance clubs!

2003/New York, New York

Once in a lifetime gathering of most of the giants in the field of HRS for group photo, seeing Dow and Blu side by side on stage, Best post-gala crash of Presidential Suite ever! Longest elevator wait time.



2005/Sydney, Australia

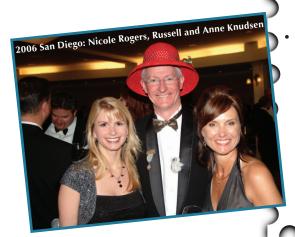
First visit Down Under for most of us!



 The last time most of us saw Jim Arnold, who fatefully arrived on his motorcycle.



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2007/Las Vegas, Nevada

Russell in his Venetian Gondolier outfit at the gala.

2008/Montreal

The hotel staff went on strike!
 Most delegates moved hotels, but
 we stayed to keep my massive
 2-bedroomed apartment suite (I
 was President), and got serviced
 by the hotel managers.

2009/Amsterdam

- The attack on Dr. Gho about cloning.
- First (and only) meeting where conference center was not attached to hotel.



2011/Alaska

- The freezing rain in Alaska after the meeting.
- Watching glacier calving during a boat ride, Karaoke on train ride.
- It has to be the train ride that turned into the mother of all karaoke parties!
- Beautiful location. Whitewater rafting with Arthur Tykocinski was an amazing highlight, and then paragliding off the mountain at our hotel, because Bob Leonard did it first and convinced me to do it, too.



2012/Bahamas

Walking fast, almost running, in coat and tie, through all the slot machines and tourists eating, drinking, and smoking so I could get to the lecture hall. I did this multiple times a day.



2014/Kuala Lumpur, Malaysia

All the friendly people at the hotel and in the city everywhere. When I left to go to the airport, the taxi driver asked to make sure I had my passport and all my luggage.

2015/Chicago, Illinois

The family of Dr. Okuda being presented with the only posthumous Manfred Lucas Award.

General

- The cigarettes outside with Dr. Kim from Korea and Dr. Kim showing his legs with the results of his experiments.
- I remember the "heated" discussions, usually involving the Unger brothers.
- Cheryl Pomerantz's many hats; the Follicular Eunuchs (the ISHRS's unofficial band) first song.
- I remember a moment at one of the earlier meetings when my friend Jim Arnold stood up in front of the audience, and with a simple elegance that personified Jim, described what he called the hair mass index by isolating a bundle of hair from a circumscribed area and then measuring the circumference with a small thread. A simple idea, but profound.



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Message from the ISHRS 2017 World Congress Program Chair

Jean Devroye, MD, FISHRS | Brussels, Belgium | prague2017ishrs@gmail.com

For almost one year, we have been preparing the next world meeting in Prague.

I would like to take the opportunity to thank the whole task

force of the ISHRS for the wonderful job they have already accomplished. I include all the permanent staff but also all the directors, moderators, and faculty members who are still preparing the next Big One, the World Congress of the ISHRS.

Furthermore, it is the 25th edition, which gives it the title of Jubilee, and this strengthens the stakes awaiting us. So the ISHRS, this great society organized by founders Dow Stough and O'Tar Norwood, has been existing for 25 years.

The October World Congress in Prague will be the climax of the year 2017 and will be the occasion to provide the latest information on medical and surgical hair treatments.

This year, the ISHRS decided to couple the world meeting with a workshop in Poland exclusively dedicated to FUE. The World Congress will take place in Prague from October 4th till October 7th, 2017, while the World Live Surgery Workshop will take place in Polanica Zdrój, Poland, on October 1st and 2nd. It will be orchestrated by my colleagues Arthur Tykocinski and Jerzy Kolasinski. Below is the schedule for those who would like to attend both meetings.

2017 WORLD CONGRESS SCHEDULE

Saturday/September 30 – Arrivals in Prague and Transfers from Prague (Czech Republic) to Polanica Zdrój (Poland) by bus; Basics Course lecture in the afternoon (Poland)

Sunday/October 1 – LSW Day 1 (Poland)

Monday/October 2 – LSW Day 2 (Poland)

Tuesday/October 3 – Transfer day from Polanica Zdrój to Prague

Wednesday/October 4 – Pre-Congress Courses (Basics Course, Advanced/Board Review, Surgical Assistants Core Skills Workshop, and Surgical Assistants Program, etc.)

Thursday/October 5 – First day of general sessions, Welcome Reception in evening

Friday/October 6 – Second day of general sessions, M&M Conference in evening

Saturday/October 7 – Third day of general sessions and then adjourn; Gala in evening off site at The Municipal House

I would like to emphasize this year's theme of quality: **Quality of the analysis, quality of the strategy, quality of the techniques**.

The main session will treat many trendy topics. On Wednesday, we will have many different courses, Basics Course, Advanced Course, a half-day course on Hair Loss Diagnosis for the Non-Dermatologist, the Surgical Assistants Core Skills Workshop (hands-on) and Surgical Assistants Program (didactic), the FUE Mini Course, and the SMP Mini Course.

On Thursday, is a very interesting Hair Biology session with Paco Jimenez, as director, accompanied by Claire Higgins, Ralf Paus, Thomas Dawson, and Dominique Van Neste. There will also be a session about Innovation and Research, a session directed by Jim Harris on FUE News, and Henrique Radwanski will moderate the Corrective Procedures session. Maria Muricy will present a full video session.

On Friday, discussion tables will be facilitated by dozens of physicians. Edwin Epstein will moderate a session about medication. Ken Washenik will present on emerging therapies and give us the latest update about the possible finasteride complications.

As in previous years, we will have a series of workshops and numerous presentations around particular themes such as female alopecia, difficult cases, dermoscopy, storage solution and bioenhancement, implanters, recipient area, transgender, eyebrow transplant, FUE robot assisted, SMP, and PRP.

Another general session on cicatricial alopecias will be moderated by Antonella Tosti and Ken Washenik, and Marcelo Pitchon will present for the first time in our meeting a complete session about preview long hair FUT and FUE.

Bob Haber will present a session about the advantages of strip surgery over FUE, and Ron Shapiro and Russell Knudsen will moderate the session on the future of hair transplantation surgery.

We also have the Live Patient Viewing and the Mortality and Morbidity (M&M) session. And, as always, the Gala dinner will conclude our world meeting on Saturday night.

For assistants, remember we have a superb Surgical Assistants Program, and this year the chair is the wonderful Emina Vance.

Best regards to all of you,

Jean Devroye ■



Message from the 2017 Surgical Assistants Chair

Emina Vance | Plano, Texas, USA | emina@hairtx.com

As a physician who is planning to attend the meeting, I hope your plans also include your surgical assistants' education too. It is well known that a successful hair restoration practice relies on the combined effort of physicians and assistants.

Don't miss out on this great educational opportunity.

We have prepared an intense educational schedule for both novice and seasoned assistants. For those who want to expand their practice and bring novice assistants, the Surgical Assistants Core Skills Workshop offers a great opportunity to learn basic skills. The workshop is scheduled for Wednesday morning and it is followed by the Surgical Assistants Program in the afternoon. The program content is highly focused on useful tips, and the program is recommended to assistants and physicians of all levels of experience. The unique program format will offer an intimate and dynamic way for faculty to present topics related to both techniques, FUT and FUE, and the audience to comfortably ask questions. In addition, the program is packed with information presented by seasoned faculty from 5 continents and 20 practices. Imagine the value of being able to virtually visit multiple offices in one day and gain something from each one of them!

My hope is that some of the lectures will educate while others will inspire discussion, but most importantly, that the program will provide many pearls that you and your practice will find invaluable.

See you in Prague! ■



Message from the 2017 Surgical Assistants Vice Chair

Salome Vadachkoria, BBA, MBA | Tbilisi, Georgia | salomevadachkoria@gmail.com

Small changes can make big differences! This is the secret of most successful hair restoration practices around the world that we want to share with you this

year. The ISHRS has always been dedicated to the continuous education of physicians together with their surgical assistants in order to improve the quality of hair restoration procedures carried out in our clinics.

Things change very fast; there are always new and improved techniques, equipment, and instruments being invented for the overall improvement of the quality and naturalness of the results of hair restoration procedures. The ISHRS World Congress is the only place where you will be able to follow all the new trends and see and learn all the new techniques and methods used and implemented recently in the field.

It is a big challenge every year to gather and invite international faculty coming from all around the world who are happy to share their experiences. I would like to use this opportunity and express my gratefulness to our brilliant faculty, who find time in their very busy schedules and agree to come and share their experience and expertise with us. The Surgical Assistants Program and Core Skills Workshop are ready and designed for you, in leadership of Emina Vance together with Dr. Ken Williams, whose contribution every year is invaluable!

It will take place on a single day—Wednesday/October 4, 2017—starting with the Surgical Assistants Core Skills Workshop in the morning and followed by the Surgical Assistants Program in the afternoon. Both physicians and their assistants are invited to join us and find new pearls for their practice. At the same time, you are more than welcome to share your personal experience with us!

Looking forward to see you in Prague! ■



Message from the ISHRS 2017 World Live Surgery Workshop Program Chair

Arthur Tykocinski, MD, FISHRS | São Paulo, Brazil | arthur@cabelo.med.br

One More Thing: The Implanter Fever

The use of implanters will be debated and demonstrated at the FUE Immersion WLSW. For some surgeons, including me, they are the perfect match for the fragile FUE graft. Others like them for the faster learning curve for techs to get the skills to place grafts on premade sites, which will be demonstrated by Mauro Speranzini. But if you like to stick-and-place, now you have a tool that allows you to place perfect grafts alone at speeds ranging from 800 to 1,200 grafts per hour. This way, you are less dependable on skilled techs. Conradin Von Albertini, Maria Angelica Muricy, and I will demonstrate that.

But if you ever have tried implanters, you know that starting from ground zero is not that easy. That's because the loading phase, usually done by two techs who assist the surgeon, is really critical. Improper loading, adjustments, graft positioning, or even different setups from each tech will make the performance irregular, with pop out and/or buried grafts. Therefore, proper tech training is mandatory.

For the surgeon, implanters can be a challenge. If you simply take them and stick at the desired position in one single movement, there will be a lot of pop out and the implanter needle will be blunt soon. It's all about the details.

Finally, we must consider ergonomics. In fast and repetitive movements, ergonomics are relevant not just for speed and efficiency, but also for fatigue. Just 1 second of delay for each graft placed represents more than 15 minutes of increased time for 1,000 grafts; 2 seconds increases it to 30 minutes. However, worse than wasting your time because of improper positioning is wasting your shoulder, which can get sore after placing 1,000+ grafts. To enhance that ergonomic, I will demonstrate the implanter ramp, developed by Alejandro Chueco and improved on by me.

If you were waiting for an additional reason to attend the Polanica FUE Immersion WLSW, now you've got it! ■



APPLY FOR ISHRS FELLOW MEMBER CATEGORY (FISHRS)



The designation of Fellow has been established in order to recognize members who meet its exceptional educational criteria. In order to be considered, the hair restoration surgeon must achieve a specific level of points in a system of various educational parameters such as serving in leadership positions, receiving American Board of Hair Restoration (ABHRS) certification, writing scientific papers, and teaching at scientific programs, among others.

It is a great honor for a member to achieve the Fellow designation of the International Society of Hair Restoration Surgery (FISHRS). This recognizes the surgeon who strives for excellence in this specialized field. To maintain this status, the surgeon must continue to meet established educational criteria over time. Fellows may vote and hold office in the Society. Fellows may use the ISHRS Fellows logo on their websites and in other promotional materials, and use "FISHRS" behind their name.

If you believe you qualify and would like to be considered to elevate to Fellow Member status, then please consider completing the Scorecard Application.

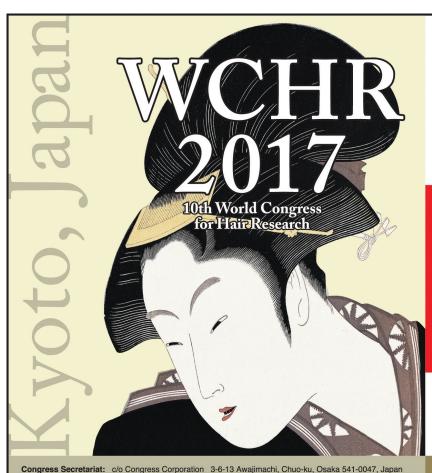
To be considered this year, submission deadline is August 18, 2017.

You may download the application at the link below. It is an Excel file. The first worksheet is a blank scorecard, and the second worksheet is a sample of a completed scorecard. The criteria are also listed on this page:

http://www.ishrs.org/members-only/ishrs-fellow-category

We encourage all Physician Members to consider applying for Fellow Member status.





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- ► Medical Treatment
- ► Critical Thinking Day
- **► Quality Control**
- ► FUE



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Seeking Hair Transplant Technicians

The Paragon Hair Clinic in Southlake and Mansfield, Texas is currently looking for full-time technicians with planting experience, minimum speed requirement of 600 grafts per hour. We are a multiple case practice per day utilizing FUT and FUE (motorized and robotic).

Required 90-day trial/training period.

Please email your résumé to: careers@markbisharamd.com.



Proceedings from the 9th World Congress for Hair Research

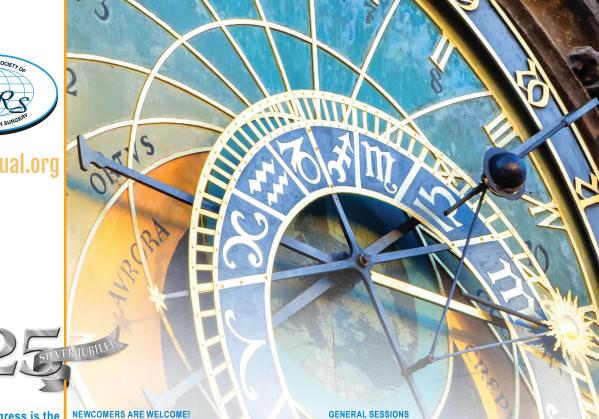
The extensive summary from the 9th World Congress for Hair Research has been published in the August 2017 issue of *Journal of Investigative Dermatology Supplement*. The separately bound supplement will be included with the August issue for those who subscribe to the JID.

Free online access of the supplement is available to all until September 8, 2017.

For online access, go to: https://authors.elsevier.com/a/1VPkK3t9zuz09S



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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.

25TH WORLD CONGRESS OCT 4-7, 2017

ETY OF HAIR RESTORATION SURGERY

SIMULTANEOUS INTERPRETATION

English to Spanish

- Hair Biology Past, Present and Future
- FUE A Review of the Polanica World Live Surgery Workshop
- FUT Is Follicle Unit Transplantation still important?
- □ Recipient Area: How to manage?
- How to manage a study?
- Hairline Design Quality of the Placement, Implanters, Strategy
- Medical Treatments Pearls and Future
- Storage Solutions
- Non-Surgical Adjunct Therapies, PRP
- Small Group Discussion Tables on a Variety of Topics
- Surgical Pearls to Achieve the Best Results

OTHER OFFERINGS

- Lunch Symposia and Small Group Workshops
- Basics in Hair Restoration Surgery Course
- Advanced/Review Course
- FUE Mini Course
- □ SMP (Scalp Micro Pigmentation) Mini Course
- Live Patient Viewing
- Surgical Assistants Program
- M&M Conference
- Exhibits Program
- Scientific Posters
- Networking Opportunities

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INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

Vision: To establish the ISHRS as a leading unbiased authority in medical and surgical hair restoration.

Mission: To achieve excellence in medical and surgical outcomes by promoting member education, international collegiality, research, ethics, and public awareness.

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Membership proudly includes: American Board of Hair Restoration Surgery Asian Association of Hair Restoration Surgeons Association of Hair Restoration Surgeons-India Australasian Society of Hair Restoration Surgery Brazilian Society of Hair Restoration Surgery (ABCRC) British Association of Hair Restoration Surgery French Hair Restoration Surgery Society German Society of Hair Restoration Surgery Hair Restoration Society of Pakistan Hellenic Academy of Hair Restoration Surgery Ibero Latin American Society of Hair Transplantation (SILATC) International Society of Hair Restoration Surgery Italian Society for Hair Science and Restoration

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Paraguayan Society of Hair Restoration Surgery

Polish Society of Hair Restoration Surgery Swiss Society for Hair Restoration Surgery

Editorial Guidelines for Submission and Acceptance of Articles for the Forum Publication

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to forumeditors@ishrs.org.
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at www.ishrs.org.
- 10. All photos and figures referred to in your article should be sent as **separate** attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do NOT embed your files in the email or in the document itself (other than to show placement within the
- Images should be sized no larger than 6 inches in width and should be named using the author's last name and figure number (e.g., TrueFigure1).
- 12. Please include a contact email address to be published with your

Submission deadlines:

October 5 for November/December 2017 issue December 5 for January/February 2018 issue February 5 for March/April 2018 issue

Please note new submission address: forumeditors@ishrs.org

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To place a Classified Ad in the Forum, email cduckler@ishrs.org. In your email, include the text of what you'd like your ad to read. You should include specifics in the ad, such as what you offer, the qualities you're looking for, and how to respond to you.

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Calendar of Hair Restoration Surgery Events

http://www.ishrs.org/content/upcoming-events

DATES	EVENT/VENUE	SPONSORING ORGANIZATION(S)	CONTACT INFORMATION
* OCT 1-2, 2017	ISHRS World Live Surgery Workshop Polanica Zdrój, Poland	International Society of Hair Restoration Surgery www.25thannual.org	info@ishrs.org
* OCT 4-7, 2017	25th World Congress of the ISHRS Prague, Czech Republic	International Society of Hair Restoration Surgery www.25thannual.org	info@ishrs.org
OCT 20-22, 2017	ISHRS Advanced FUE Workshop L.A. Los Angeles, California, USA	International Society of Hair Restoration Surgery	drumar@dru.com
OCT 31-NOV 3, 2017	10th World Congress for Hair Research (WCHR2017) Kyoto, Japan	The Society for Hair Science Research–Japan http://www.congre.co.jp/wchr2017/	wchr2017@congre.co.jp
* NOV 16-19, 2017	Hair Transplant 360 Cadaver Workshop & FUE Hands-On Workshop <i>St. Louis, Missouri, USA</i>	Saint Louis University School of Medicine, Practical Anatomy & Surgical Education in collaboration with the International Society of Hair Restoration Surgery	Dr. Samuel L. Lam, Course Director Emina Vance, Asst. Course Director http://pa.slu.edu
MAR 27-30, 2018 MAY 22-25, 2018	University Diploma of Scalp Pathology and Surgery Paris, France	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

REMINDER

ISHRS full **Members** and **Fellow Members** are required to attend 1 ISHRS-approved meeting every 3 years to maintain their member category.

ISHRS WORLD CONGRESS SCHEDULE

26TH WORLD CONGRESS

October 10-14 2018 Hollywood, California I USA **27TH WORLD CONGRESS**

November 13-17, 2019 Bangkok I Thailand 28th world congress

October 21-25, 2020 Panama City I Panama

^{*2017} meetings that qualify for the ISHRS member educational maintenance requirement

HAIR TRANSPLANT FORUM INTERNATIONAL

International Society of Hair Restoration Surgery 303 West State Street Geneva, IL 60134 USA

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