HAIR TRANSPLANT FORUM INTERNATIONAL

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

forum

VOLUME 10, NUMBER 2 MARCH/APRIL 2000

Every Silver Lining Has a Cloud: Review of Study on Effect of Finasteride on the Prostate Gland

James A. Harris, MD, FACS *Englewood, Colorado USA*

Just when we become complacent with some aspect of our practice, technique, or prescribing habits, something usually happens to knock us out of our steady state. My routine discourse to patients regarding medical therapies for androgenetic alopecia was recently brought into a question when Dr. Emanuel Marritt called me to ask if I had seen a study regarding finasteride and its potential effect in patients with elevated prostate-specific antigen (PSA) levels. Apparently Dr. Marritt received word about this study from Dr. Robert Bernstein. Where Dr. Bernstein obtained this from is unknown. The study I refer to has been out in the literature for greater than one year. My intent is not to provide the genealogy of this study, but to illustrate that one to one distribution of important information, such as this study contains, may not be the most efficient method of dissemination. Hence, I decided to write to the *Forum* as well as to present a review of this article in poster form at the ISHRS meeting in San Francisco.

Drs. Cote, Skinner, et al.[1] published their study, "The effect of finasteride on the prostate gland in men with elevated serum prostate-specific antigen levels," in 1998 in the *British Journal of Cancer*. They proposed that 5a-reductase activity might have some relationship on the incidence of prostate cancer, namely, in its possible prevention. We are well aware of its effects on prostate volume and the use in patients with benign prostatic hypertrophy, but this study aimed to examine the effects of finasteride on theorized markers for "malignant potential," cellular proliferation, and high-grade prostatic intraepithelial neoplasia (PIN). High-grade PIN lesions are considered premalignant lesions. If there were some chemopreventative effect, they expected to see a decrease in cellular proliferation and fewer patients with PIN lesions or less severe lesions.

The subjects included in the study were men 50 years and older with elevated PSA levels (>4ng/ml). Pre-study ultrasound–guided biopsies were obtained to exclude patients with pre-existing cancer. Eventually 58 men were enrolled in the study and were randomized to a treatment and a control group, stratified based on age and PSA levels. The treatment group received finasteride 5mg/day. The length of the study was one year, with pre-study and interval evaluation of PSA, dihydrotestosterone (DHT), and testosterone (T) serum levels. Prostate biopsies were obtained at the end of the study looking for cellular proliferation/hyperplasia, high-grade PIN lesions, and prostate cancer.

The results for serum levels of PSA, DHT, and T were as expected, a decrease in both PSA and DHT and an increase in T. The biopsy results were

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In every issue...

In this issue...

President's Message

Daniel E. Rousso, MD
Birmingham, Alabama

The New Millennium—Era of Communication

We are now well into the twenty-first century. All of the hype and doomsday paranoia surrounding Y2K is beginning to subside, and most of us are beginning to feel more comfortable writing the digits "00" instead of "99" on the dates in our charts and checkbooks. For those of us who stockpiled bottled water, canned food, and generators, we can now start depleting our supplies. (I wish I had had stock in some of the companies that made a killing on Y2K-proofing everything from Aardvarks to Zulus.)

While much of the coming of the new millennium has been overrated, this is still a time of great optimism and excitement. Global economies are rebounding, unemployment is declining, interest rates are low, inflation is under check, and technology is advancing at an exponential rate. Computers are becoming smaller and smaller with capacities growing into the mega-gigabytes. With advancements occurring on all fronts, it is difficult to predict, but I believe the new millennium will be most renowned as the "Era of Communication." Cellular phones have become commonplace, e-mail is an absolute necessity, and the Internet is poised for explosive growth.

This all will have a significant effect on how we interact, do business, and learn new information, including the various facets of the field of hair replacement surgery. This is where the ISHRS has been the vanguard. We have been a forerunner in disseminating knowledge quickly, beginning with this publication, the *Forum*, many years ago. As the largest organization devoted to hair replacement surgery, we must continue to lead the way in the new communication era. We are well on our way to that goal with our Web site, which is continuously being updated and revised. The *Forum* itself, is produced, edited, and published all with the use of e-mail, which has dramatically increased the speed of production while simultaneously bringing down costs.

We must continue to offer our members a rapid forum for the interchange of ideas. Many of our members have formed e-mail groups to interact on a daily basis. I would like to see this concept embraced and expanded by the ISHRS. Not only can we offer chat rooms and message boards, but we can offer online registration for our meetings. We can use our leadership role to help standardize nomenclature and terminology, promulgate new procedures and technology, as well as continue to promote ethical standards in our field. These are not far-fetched ideas, but realities attainable now in the new millennium. I look forward with great enthusiasm to all of the exciting new things that this millennium has to offer as we move into the New Communication Era.

In closing, as spring begins to approach those of us in the northern hemisphere, I would like to remind everyone to mark their calendars now for the 8th Annual ISHRS Meeting, November 30–December 4, 2000, in Hawaii. The meeting promises to be an exceptional educational and social event, in a wonderful tropical island resort. A great place to learn and relax! ✧

Danny Rousso, MD

Past Presidents,
seated from left to right:
Dow B. Stough, MD (1993-94),
Robert T. Leonard, Jr. DO (1995-96),
James E. Vogel, MD (1996-97),
Russell Knudsen, MB, BS (1997-98),
Sheldon S. Kabaker, MD (1998-99)

Hair Transplant Forum International ■ Volume 10, Number 2

Hair Transplant Forum International is published bi-monthly by the International Society of Hair Restoration Surgery, 930 North Meacham Road, Schaumburg, IL 60173-4965. First class postage paid at Schaumburg, IL and additional mailing offices. POSTMASTER: Send address changes to *Hair Transplant Forum International*, International Society of Hair Restoration Surgery, Box 4014, Schaumburg, IL 60168-4014. Telephone: 847/330-9830; Fax: 847/330-1135.

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.

Editors' Messages

Russell Knudsen, MB, BS
Sydney, Australia

There are a multitude of hair meetings, large and small, on offer this year for beginners through to advanced and experienced surgeons. By my count there are meetings on three different continents hosted in nine separate countries! It is obviously helpful to local surgeons to access these meetings, but picking and choosing which meetings to attend becomes difficult. Recognized leaders are likely to receive invitations to speak at most of these meetings, which are often hosted by personal friends. Nonetheless, a veritable smorgasbord awaits those who seek to further develop their skills.

Richard Shiell tells us in his Editor Emeritus column of the legal predicament developing in Australia for inexperienced surgeons who fail to refer to more experienced colleagues. It seems that visible Continuing Medical Education (CME) is becoming essential to protect yourself. Certification cannot be far away. The American Board of Hair Restoration Surgery (ABHRS) has led the way and this year, in France, a University Diploma in hair is being conducted in Paris. It won't be long before other credentials appear.

How much CME do we require? In Australia the Australian Society of Hair Restoration Surgery and the Australian College of Cosmetic Surgery have both suggested that a minimum 40 hours every 2 years be required. This translates to attending the ISHRS Annual Meeting at least every other year (30 hours) and attendance at local meetings (1 day = 8 hours). This seems reasonable, even for those practicing other areas of cosmetic surgery that will require separate CME points. Modern grafting is intricate and requires a high level of skill from all members of the team. Where practical, your staff should also be able to participate in CME programs because *their* legal liability is *your* legal liability. Particularly when, in some practices, they have taken over considerable responsibility in the procedure (e.g., "stick and place").

Different meetings seek to achieve different outcomes. Smaller meetings often focus on live operating (a wonderful teaching tool) but larger meetings tend to have a didactic lecture program and teaching videos, which are very exciting and stimulating to participants at a more experienced level. The recent San Francisco meeting was exceptional in this regard. A mix of these two meeting types would seem to be ideal. So, find a small local meeting and plan to attend the ISHRS Annual meeting. It's no longer optional. ✧

Russell Knudsen, MB, BS

Dow B. Stough, MD
Hot Springs, Arkansas

Our specialty of hair transplant surgeons is an eclectic mix of physicians with varied backgrounds. To say that we are a unique group is somewhat of an understatement. *The Hair Transplant Forum* is pleased to announce a new section titled "Life outside of Medicine." The subject matter falls loosely under liberal arts and science. Dr. Jim Arnold has agreed to be sectional editor and he would like to hear from you. There are no concrete boundaries as to the content of submissions. We make a plea for all members to contribute a perspective of their life outside of medicine. This could be poetry you have composed yourself, or perhaps your favorite reading from another individual. Photography, artwork, and sculpture are among other subjects we hope to cover. We will showcase the talents, emotions, and life experiences of our society in this section. We are blessed with musicians, artists, and writers. So express yourself! E-mail Jim your thoughts at: jarnold@calhair.com. If the subject deals in photography or sculpture, include a photograph and brief caption on what inspired you to take the photo or to compose the artwork. If you have an unusual hobby or case history you would like to share with us, please do so.

Finally, all future editions of *The Hair Transplant Forum* will be scaled back to 32 pages. Russell and I got so carried away with adding new sections that we neglected the financial side of expansion. For cost containment, all future issues will be a maximum of 32 pages. ✧

Dow Stough, MD

To Submit an Article or Letter to the *Forum* Editors

Please send submissions via a 3½" disk or e-mail, double space and use a 12 point type size. Remember to include all photos and figures referred to in your article. For e-mail submissions, be sure to ATTACH your file(s)—*do not* embed it in the e-mail itself. We prefer e-mail submissions with the appropriate attachments.

Submit all North American entries (Canada, USA, Mexico) to:
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Submission deadline for the May/June issue is April 10; deadline for the July/August issue is June 10.

Notes from the Editor Emeritus

Richard Shiell, MB, BS
Melbourne, Australia

The past two months have been unexpectedly busy at my office and a quick check on last year's figures shows that operation numbers and income are well up from the same period last year. Is there an overall upturn in the market I wonder? Time will tell.

Some hair restoration surgeons have been able to expand their practices in recent years and I congratulate them. It is noteworthy that, apart from being first-rate surgeons, they are mostly very organized with great marketing skills. Marketing is a costly process and you need a good income stream to initiate and sustain it. This is what makes it so difficult for the young surgeon to get started.

Physicians wanting to know more about marketing may like to attend a three-day Aegean cruise in May this year. The dhi Clinic of Greece is conducting a seminar at sea and the emphasis will be on marketing and quality control with a few surgical lectures for good measure. There will be stop-overs at Mykonos, Rhodes, Patmos, and Ephessos. It should be lots of fun and hopefully very instructive for those of us who need lessons in marketing.

Recent Legal Changes

Speaking of the difficulties facing surgeons new to the field of hair restoration, an added factor has recently arisen in Australia. In a recent judgment in the case of *Chapell* vs *Hart* it was, in effect, decreed that it was the duty of the younger surgeon to refer cases to a more experienced surgeon where there was any likelihood of material risk to the patient. This will of course "put the cat amongst the pigeons" in every public hospital in Australia and may lead to an enormous increase in litigation in private as well as public cases. Does this mean that only the most senior surgeon in the land should work at all and when does a young surgeon get to do more than hold a retractor? Where does this leave all the young cosmetic surgeons now that disgruntled patients have yet another baton with which to berate them.

If this was a lower court ruling it would be bad enough, but the Court of Appeal and the High Court have, over the past four years, upheld it. Wherever will this nonsense end? Apart from hanging up his scalpel, what can a young surgeon do to minimize his risks? Well obviously, he must get as much education and surgical experience as possible. If postgraduate qualifications are relevant, he must certainly obtain these. If not, he must attend as many meetings as possible, join professional bodies and make friends and visit with his professional peers. In the case of hair transplantation, membership of the American Board of Hair Restoration would have to be helpful, even if it does not yet carry official sanction.

You might think that we experienced guys should be laughing all the way to the bank, but a little reflection will show that this would be a premature celebration. No matter how good we might think we are, there is always someone, somewhere, who could be held up as more experienced, more qualified, more artistic, or more highly regarded in world circles. I will keep you posted on the repercussions of this interesting and alarming legal decision. In the meantime, just pray long and hard that the same nonsense does not infect your own state legal system.

Side Effects from Minoxidil

The January 3 edition of the *Medical Journal of Australia* (Vol 172;48) carried an interesting letter warning of an effect of minoxidil overdosage. A 49-year-old man presented with a two-week history of headaches and severe fluid retention in the legs and upper body. He had no history of heart problems or CCF and was taking no oral medication. He was, however, using 2ml of 5% minoxidil with retinoic acid twice daily. Tests of liver and renal function were normal. The symptoms improved on cessation of the topical solution but returned when rechallenged.

A literature search revealed systemic effects in another patient who was hoping to reverse his baldness in time for a family wedding. He was using minoxidil lotion four times daily.

These cases highlight that there is a greater potential for serious adverse side effects from topical minoxidil when it is used with tretinoin, which may increase the absorption up to threefold.

A Bad Day at the Office

You might think that we older guys get it easy, but let me assure you that we can get badly caught just like anyone else. Let me tell you about one of my recent "bad hair days."

I had seen the 23 year old at consultation some months earlier. I quoted him for 500 follicular units to his hairline but suggested that he might like to try Propecia® for a while. I was quite surprised when he turned up in my operating room last week and even more surprised when I heard him telling my nurse that he was a reformed heroin addict. He was now trying to get off alcohol but was still drinking up to 20 "stubbies" a day. This was in addition to 6 × 5mgm Valium tablets that he was taking for anxiety. None of this information had been forthcoming at the consultation.

I took a long time designing his new hairline (even more when he told me that he was thinking of suing the highly reputable surgeon who had done his rhinoplasty). I said that his nose looked great to me and he replied "that's because it is not *your* nose"!!

We eventually got started, and I was not surprised when 10mgm of intravenous Versed had no effect whatever and he continued to talk throughout the procedure. Fortunately the 2% Xylocaine was effective and the operation proceeded uneventfully thereafter. I was particularly careful to be sure that only single hairs went into the front 5mm of

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