



forum

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Effect of Finasteride on the Prostate Gland: The Question Revisited

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

In the March/April issue of the *Forum*, a review article of a study on the possible adverse effects of finasteride was published. I have heard from both practitioners and representatives from Merck that some physicians have drastically changed their prescribing habits of Propecia®, including discontinuing prescribing the medication altogether. This is somewhat surprising, although I had expected that there would be a change in the information given to the patients or a change in the requirement for baseline PSA values; I did not expect to see a complete discontinuation of a medication that seems to be a valuable adjunct to our armamentarium of treatments for hair loss.

Briefly stated, a small study by Cote, et al.,¹ showed that in a select group of male patients, over the age of 50, with PSA greater than 4ng/ml, and showing high-grade PIN lesions on a pre-study biopsy, showed that there seemed to be a statistically higher incidence in the formation of prostate cancer lesions in the group of patients on finasteride (5mg/day) as compared to a control group. The study had some inherent problems, which included a small sample size and a pre-selection bias (elevated PSA). It should also be noted that the dose was five times that used in Propecia®. The authors of this study

also stated that the biopsies performed could introduce a bias. That is, the initial random sextant biopsies of the prostate gland may not have detected an occult carcinoma in both the treatment and observation groups. After being treated with finasteride, the resulting prostate gland volume is reduced by approximately 19%, thereby increasing the chance of finding a cancerous lesion in the treatment group. In addition to this, the group of untreated patients had an extremely low rate of prostate cancer (.04 %) as compared to approximately 10%–13% shown in other studies for patients with elevated (>4ng/ml) PSA levels. This would skew the statistical analysis when comparing the treatment group to the control group. That is, if the control group had a significantly low percentage of patients with cancer as compared to the population norm, and the treatment group had the normal rate of cancer occurrences, the analysis would show a significant statistical difference, and it would appear as though the treatment group had a significant elevation in the rate of occurrence over the control group.

In a study by Andriole, et al.,² entitled "Treatment with Finasteride Preserves Usefulness of Prostate Specific Antigen in the Detection of Prostate Cancer: Results of a Ran-

domized, Double-Blind, Placebo-Controlled Clinical Trial," the detection rate of prostate carcinomas was

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See you in Hawaii!

President's Message



Daniel E. Rouso, MD
Birmingham, Alabama

As Fall begins to approach us here in the Northern Hemisphere, I realize that my tenure as your President is coming to an end. This will be my last Presidential Address to appear in the *Forum*. The year has been an exciting one for me on many levels. I would like to take this opportunity to review many of the accomplishments that we achieved this year.

Certainly, a highlight was the successful completion of the Live Surgery Workshop in Orlando, Florida, in cooperation with the World Hair Society, which was directed by Dr. Matt Leavitt. The workshop was a resounding success both educationally and financially, and kudos go to Dr. Leavitt and his Live Surgery Workshop Committee for an outstanding meeting. We look forward to many further successful meetings in the future.

Our Website Committee, chaired by Dr. Tony Mangubat and assisted by Drs. Jerry Cooley, Richard Shiell, and Bradley Wolf, has continued to improve and refine our website, making it more user friendly and aesthetically pleasing. The Physician Profile has become a popular member benefit. We look forward to future developments and the prospect of linking to other sites and organizations.

The *Forum* continues to be the cornerstone of our organization under the direction of the editors, Drs. Russell Knudsen and Dow Stough, and Cheryl Pomerantz, RN, along with assistance from Drs. Richard Shiell, Jim Arnold, Jerry Cooley, and William Parsley. It is difficult to comprehend the amount of time and energy required to produce the *Forum* and all of these individuals should be commended.

Dr. Paul Rose and the Annual Meeting Committee, including Drs. Jim Arnold, Marc Avram, John Cole, and Joseph Greco, have worked tirelessly to organize a full and unique program for our meeting in Hawaii that promises to offer much for both the experienced surgeon and the novice. A Beginners Program and an Advanced Cardiac Life Support (ACLS) Course and will be offered prior to and after the general sessions, respectively. We will also be hosting a review course in preparation for the American Board of Hair Restoration Surgery Exam to assist our members who are interested in pursuing this goal. These courses are in addition to a Scientific Program that is packed with the latest developments in our field. By the time this *Forum* reaches you, many of you will have already made your plans to attend. For those of you who haven't decided, it's not too late. You won't want to miss this one.

Most importantly, I want to give special thanks to our members and staff that have helped me to function effectively as your President for the past year. Victoria Ceh, our Executive Director, has been a pillar of support and her insight into all aspects of our Society has been invaluable. Her staff,

including Leah McCrackin (Administrative Assistant), Judy Lichter (Membership Assistant), Malysa Sopko (Meeting Manager), and Robin Downey (Exhibits and Registration Coordinator), has been responsible for the smooth operation of this organization and its meetings. We are indeed fortunate to have such a talented group of professionals with whom to work. In addition to our administrative staff, all of the committee chairmen and committee members should be commended for their work throughout the year. Our Executive Committee and Board of Directors should also be acknowledged for their dedication and support. Lastly, I have been so very fortunate to have the advice and input from our immediate Past President, Dr. Shelly Kabaker, for whose support I will always be grateful. I only hope that I can be as helpful to our incoming President, Dr. Marcelo Gandelman, as Dr. Kabaker has been to me this past year. Again, I want to thank all of you who have helped make this past year as your President so richly rewarding. It has truly been an honor and a privilege. ♦

Danny Rouso, MD

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President: Daniel E. Rouso, MD
Executive Director: Victoria Ceh
Editors: Dow Stough, MD, and Russell Knudsen, MB, BS
Assistants' Editor: Cheryl Pomerantz, RN
Managing Editor & Graphic Design: Cheryl Duckler
Advertising Sales (Interim): Victoria Ceh, 847/330-9830; vceh@aad.org



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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, MBBS
Sydney, Australia

Some of the liveliest debate that has occurred within the pages of the *Forum* recently has revolved around the use, or alleged misuse, of ancillary drug therapy. In particular, the debate has been about the use of Versed and Propecia®. This issue of the *Forum* is no exception.

It is clear that different views exist on the correct use of both these drugs and the debate is unlikely to be resolved in the short term. I consider that debate about appropriate drug use will continue because of a similarity with the individual reaction of physicians to

“new technology.” There are the “early adopters” who will enthusiastically trial a new drug or technology or technique, whilst others (perhaps more conservative) become “late adopters” after much further evidence has been accumulated.

There are good arguments for either position but perhaps Dr Yoho's position is influenced by the fact that we are dealing with healthy patients with no “illness.” Perhaps a higher standard of drug safety is required by some physicians who hold **primum non nocere** (first do no harm) to be paramount in a healthy patient seeking treatment for a cosmetic complaint. The concern about the potential risk of IV Versed can easily be understood in this context even though many experienced practitioners have never experienced a serious problem nor are likely to do so.

Propecia® has a very good side-effect safety profile though there is widespread concern by patients regarding the sexual side effects. The physicians seem more concerned with confusion about the effects of finasteride on serum PSA levels and any implications to be drawn about the incidence of prostatic carcinoma. As these concerns have not been adequately resolved, perhaps a cautious approach is warranted with patients who are 50 years or older. A baseline PSA and twice-yearly check-ups seems appropriate. In my practice, all patients are encouraged to see me twice a year. Some new patients arrive to me having discontinued Propecia® because of side effects they have neglected to mention to the prescribing physician. The incidence of side effects is therefore likely to be under-estimated.

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Dow B. Stough, MD
Hot Springs, Arkansas

It was only after attending the Japanese Hair Society Meeting recently that I was able to fully understand the differences that are inherent in transplanting diverse races. Many western surgeons (North American, Australian, and European) tend to view this field only from a Caucasian standpoint, but there is much to be gained from understanding the various ethnic subtleties in hair restoration surgery. Likewise, it would be educational for

the Japanese to attend the ISHRS meetings.

It seems hair societies are springing up all over the world. The Australian Society has been successfully rolling along for years. A group of around one dozen Australian hair surgeons gather for their annual meeting at various locations in their country. Patrick Frechet was responsible for spearheading the European Society of Hair Restoration Surgery. The ESHRS met in Istanbul this summer and plans to continue to meet on an annual basis. The Japanese Society of Hair Restoration Surgery has evolved under Dr. Tom Hirayama's careful watch. Asian surgeons outside of Japan as well as Japanese physicians attend this meeting.

Most of the world's regional and national societies have very small memberships. The organizational aspects of yearly conferences can quickly become problematic. The president of each particular society is usually left as the sole administrator, and unless there is continuity between presidents, meetings may suffer or cease altogether.

I propose that the world's regional and national societies meet at the same site as the ISHRS annual assembly, but hold their meetings the day before the ISHRS meeting begins. By doing so, these societies can address local matters, credentialing, political issues, etc. They will avoid the administrative hassles of organizing a meet-

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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:
Dow Stough, MD
One Mercy Lane, Suite 304
Hot Springs, Arkansas 71913
e-mail: sstough@cswnet.com

All other entries to:
Russell Knudsen, MB, BS
Level 3, 4-10 Bay Street
Double Bay
Sydney NSW 2028
AUSTRALIA
e-mail: russell@hair-surgeon.com

Submission deadline for the for the November/December issue is October 10; for January/February 2001, December 10.



Salute to **Marc R. Avram, MD** Surgeon of the Month

Jerry E. Cooley, MD *Charlotte, North Carolina USA*



Marc R. Avram, MD
New York, New York

With his long list of publications and his frequent presentations at meetings, Marc Avram has already established himself as a leader in the field of hair restoration surgery. Having interests ranging from lasers to genetic research, he enjoys the variety that a career in "the hair world" offers. Born in 1963, Mark grew up in New York City, the son of a prominent nephrologist. Although his father was a doctor, he never felt any pressure to enter the medical field.

As a college student at Tufts University outside of Boston, Marc was more interested in liberal arts than science or medicine. After his freshman year, however, he spent the summer volunteering in a research lab at Harvard Medical School. He had such a positive experience there that he changed directions and set his sights

on a career in medicine. He attended medical school at the State University of New York at Brooklyn and later chose to do a residency in dermatology because of the variety this specialty seemed to offer.

From 1990 to 1994, Marc did his dermatology residency at Harvard. While there, he had the opportunity to work with the well-known hair researcher Howard Baden. This sparked his interest in hair loss and as he delved into the literature he discovered references in surgical journals to the use of extensive micrografting to treat hair loss. He felt sure at the time that this would revolutionize the treatment of hair loss. He also had the chance to work with leading experts in the field of laser skin surgery at Harvard, an experience that would have a major impact on his career interests. After his dermatology residency, Marc did a fellowship in hair transplantation with Dow Stough in Hot Springs, Arkansas. He brought the technical skills he learned there back to his hometown of New York City where he established a private practice.

While he continues to practice general and cosmetic dermatology, his primary focus is hair transplantation. He says that for the majority of patients he uses follicular unit grafting, which he feels consistently produces excellent results. In some patients, however, depending on their hair characteristics, he will sometimes use slightly larger grafts placed into 1 millimeter holes.

He also continues to be optimistic about the role of lasers in hair transplantation. Unlike some people, he definitely believes there is a future for the laser and he is researching the use of a new erbium laser, which may make the rapid creation of recipient sites easier with less bleeding. He has also been involved in genetic research on baldness at Cornell Medical Center where he is on the faculty.

Marc is single and enjoys everything that life in New York offers. While not attending the theater, he can be found dining out with friends at the multitude of restaurants in the city. He also enjoys running, mountain climbing, and travel. ♦

Editor's Message—R.K.

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Since my letter to Cyberspace Chat, I have had further reports from my patients of side effects. I now have one case of gynecomastia (that resolved on cessation of daily Propecia®) and another four cases of reduced libido (again on **daily** Propecia®). Intriguingly, one patient has reported persistence of reduced libido 4 months after cessation of Propecia®! I am investigating to hopefully eliminate an organic cause of this side effect. Reassurance may be effective though a significant psychological overlay cannot be excluded. I continue to recommend Propecia® on a

second or third daily basis and still have no reports of sexual side effects using this intermittent dosing schedule. Again, a cautiously positive approach seems warranted because the positive impact of this therapy (especially in younger patients) cannot be overestimated. I am honest with the patients about long-term effects or side effects (i.e., we don't know yet as we have 12 years' experience with the drug in prostate treatment but only 5 years' experience in baldness treatment). Most of my patients remain keen to try the therapy. In answer to their question

about lifetime therapy, I explain that they need only continue the therapy whilst their hair loss is of concern. They can stop anytime if hair loss no longer bothers them (as they grow older, get married, etc).

Each physician must justify their rationale for prescribing and continually review this with regard to newer information. Continued debate about the appropriate use of drugs can only help us, as physicians, in making an informed choice. ♦

Russell Knudsen, MBBS

Live-Surgery Workshop

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in a more efficient use of program time, was having the lunch meal each day at the surgery site, instead of bussing back to the country club, as in previous years.

The “live-surgery” portion featured procedures on a Latin patient, a female, a black male, a case utilizing the laser technique, the Frechet reduction with extender, a Marzola “M” reduction, and a frontal forelock, among others. Another series of research or side-by-side comparison studies were embarked upon by several of the faculty members. Dr. Melvin Mayer performed a case in which he will be comparing follicular regeneration with the hair shaft cut at the edge of the bulge versus through the bulge itself. Another study, pitting the Mangubat Cutter against microscopic dissection of follicular units, was carried out by Tony Mangubat and Bob Bernstein. These results should prove to be interesting, as these two approaches embody the polar opposites in hair transplanting. One is incredibly efficient, while the other is very painstaking and labor intensive. Stay tuned! This author conducted a “graft dessication” experiment in which a large number of follicular units were placed on the assistant’s gloved finger and placed

individually, 20 seconds apart over a 20-minute time span. The purpose of the study is to determine if there is a threshold at which dessication affects the growth of the graft. A second part of the study compared grafts left at room temperature for 4 hours versus grafts that were re-refrigerated, again placed 20 seconds apart as they dried out. This was done to see if perhaps



cooling contributed in helping grafts tolerate stress better.

Several panel discussions were featured, covering topics such as the consultation, the pre-op and post-op care of the transplant patient, and complications and risks. The exchanges between panel members and the audience were lively, and most participants spoke highly of what was learned there.

As always, Matt Leavitt, with his incredible energy and upbeat personality, was the heart and soul of the

meeting. Valarie Montalbano and Ron Kirk did a fabulous job in assisting Matt with the organization of the meeting. Drs. David Perez and Marco Barusco are also to be congratulated on their efforts toward the workshop. Ron was responsible for the live-surgery portion and is to be commended for the smooth way this all came together and was so enjoyable for the physicians attending.

The Workshop next year will take place February 28–March 3. The number of people that can be accepted is limited, due to the desire of the workshop organizers to preserve the up-close and personal aspects of the meeting. This author only wishes such a meeting had been available in the late 1980s, because an experience like this meeting greatly shortens the learning curve time for anyone starting out in this field. The best part of the meeting isn’t even the lectures or the surgery that is seen; it is the informal give-and-take that takes place in the corridors, operating rooms, and lounges, in which faculty and newcomers share their unique experiences and their individual approaches to transplanting. The pace is intensive throughout the four days, but I always leave having made new friends, armed with new ideas, and anxious to return to the following year’s meeting. ♦

Editor’s Message—D.S.

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ing place and time. Rooms could be reserved for each entity. The agenda for these meetings would be decided by each society. The benefits of holding a one-day meeting prior to the ISHRS are plentiful. This editorial is intended for those members of the ISHRS who may be involved in other local or national hair societies and wish to continue with minimal effort. I hope both the ISHRS board

and the local societies will consider this opportunity.

Another issue. Along with other members of the ISHRS, the editors frequently receive phone calls from doctors wishing to enter this field. Russell and I believe it is prudent that any physician wishing to observe in our office should be a member of the ISHRS. In this way, we not only strengthen the Society, but we also

identify those potential new members who have enough commitment to join our Society and attend our meetings. Without this commitment, it hardly seems worthwhile to open our office doors and allow free observational status. I urge all members of the ISHRS to adopt a similar policy of allowing observation status only to members of the ISHRS. ♦

Dow Stough, MD