Hair Transplant Forum International

forum

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The SAFE System®:
New Instrumentation and Methodology to Improve Follicular Unit Extraction (FUE)

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

The technique of follicular unit extraction (FUE) and the FOX® procedure and test as described by Drs. Rassman et al.[1] has added an additional technique to the armamentarium of the hair transplant surgeons. However, the technique as currently described is technically demanding and time-consuming, and there is the possibility of high rates of follicle transection. In the study by Rassman, 37.5% of patients were FOX® negative (not candidates for FUE) due to high rates of follicle damage. Even for FOX® positive patients (candidates for the procedure), the rate of follicle transection may be close to 20%. With transection rates this high, the efficiency of hair transfer to the scalp is low when compared to traditional strip excision with microscopic dissection.

The technique, as is currently described, may consume the better part of the day to extract and implant 500 grafts. The reasons for the long procedure time have to do with the nature of the procedure, extracting a single graft at a time, and the frequent tethering of the follicular units to the subcutaneous tissue requiring tedious dissection for removal. Some clinics have resorted to using non-physician staff members in an effort to increase the rate of graft extraction.

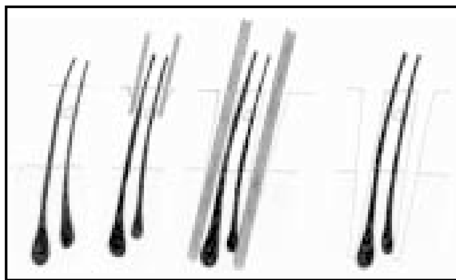

Figure 1. Illustration of the SAFE System®

Newcomers to this technique have found multiple sources of difficulty in performing FUE. In my own experience, the frequent lack of association between the exit angle of the hair and the subcutaneous course of the follicle is particularly problematic. When this is coupled with frequent changes in follicle direction, transection is frequent. Another problematic area in FUE is the tethering of the follicle to dermal components requiring either time consuming dissection or shearing of the follicles as extraction is attempted. All of these factors contribute to the relative lack of physicians performing FUE and account for the lack of research into the refinement,

continued on page 163

Regular Features

President's Message 158
Co-Editors' Messages 159
Notes from the Editor Emeritus 160
Letter to the Editor 164
Cyberspace Chat 167
Pioneer of the Month 183
Surgeon of the Month 186
Once Upon a Time 187
Surgical Assistants Corner 194

Feature Articles

Update on Androgens and Their Actions 165
ABHRS Sets Plans for Coming Year ... 166
Perspective on Vancouver from an ISHRS Co-Founder 170
Thursday Review 12th Annual Meeting 171
Friday Review 12th Annual Meeting 180
ISHRS Honors Three Physicians 174
Global Council of Hair Restoration Surgery Societies Meets 181
Review of "Finasteride and the Prostate Gland" 182
Hair Loss in Sikhs 185

Full-color highlights of Vancouver inside!

The BIG One, Down Under

ISHRS 13th Annual Meeting
Sydney, NSW, Australia
August 24–28, 2005

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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.

President's Message

E. Antonio Mangubat, MD
Tukwila, Washington

Dear Friends and Colleagues,

I am excited to serve as the 12th President of this wonderful Society. We have accomplished much under the leadership of our prior presidents and I stand on their shoulders as we press ahead. I was given the challenge and opportunity to address the issue of changing public opinion of Hair Restoration Surgery (HRS) at our Annual Meeting in Vancouver, BC. This challenging topic allowed me to synthesize my agenda for my term at the helm. While I may have differing views from some of you, I am open to comments, criticism, and direction about where each of you wants to go with our organization. By working together, we can accomplish immeasurable achievements.

The following is a transcript of my speech that outlines the critical elements of my goals for the Society this year, and I present it to you as my opening Presidential Message for your thoughts and consideration. In October, your Board of Governors will be meeting in a dedicated strategic planning session to chart the course of our Society for the next 3–5 years. I will report on that meeting in my next Presidential Message.

Advances in Hair Restoration: Changing the Public's Image

Presented at the 12th Annual Scientific Meeting,
August 12, 2004, Vancouver, BC

Why HRS Lacks Credibility

Hair restoration surgery today is an incredible specialty. Most results are virtually undetectable. That wasn't always the case. Only 15 years ago, virtually every hair transplant surgeon used 4mm round grafts and we know the typical results generated by the old methods. Most would agree that the images of old techniques yielding unacceptable results have marred the public's perception of HRS. The continued presence of these results reinforces their preconceived notions.

Hair transplantation was popularized in the United States in 1959, yet major advances did not occur until 30 years later. So why did it take us so long to develop a good product?

HRS had a non-traditional development. Most practitioners hid their secrets, kept their offices closed to other physicians, and were unwilling to share with their peers. They considered their fellow hair transplant surgeon their competition, their nemesis—especially if they lived in the same town. Little cooperation existed between surgeons and it's a wonder any advances happened at all. Adding to the problem, a few clinics were owned and operated by non-physician businessmen whose ethical standards were the bottom line and not the Hippocratic oath. No wonder the public mistrusts us.

Now modern HRS turns out reliable and reproducible results. Why does the public still have a negative perception of HRS? I suggest that it is more than just bad old results:

1. The public never sees a good hair transplant today; good hair transplant results today are virtually undetectable.
2. The old hair transplants are still here. We have a responsibility to help these patients even if it means doing surgery at a reduced fee. We have to get the bad results off the streets, otherwise, they will be a constant reminder to the public.
3. The HRS physicians of the world have to stop perpetuating these negative impressions. In the face of perceived competition, some surgeons propagate hype, confuse terminology, and even go so far as to denigrate their colleagues. They do not realize their attempts to gain patients only scare

continued on top of page 161

Co-Editors' Messages

Michael L. Beehner, MD
Saratoga Springs, New York

Vancouver! What can you say? So many impressions weigh on my memory: A beautiful city with a picture-book view of water and mountains everywhere you look—rivaling even San Francisco; Dr. Jim Harris's ingenious talk on a new and simple FUE method for all of us to try ("Why didn't *I* think of that???"); all of those patients of Drs. Victor Hasson and Jerry Wong at the live patient display with the impressive results; the wonderful gala dinner and awards ceremony, with the extra treat of watching Drs. Tony Mangubat, Carlos Puig, and Tony "Elvis" Ruston doing their cabaret musical thing (separately) with the band; and meeting again with so many wonderful friends and colleagues. I'm already looking forward to Australia! I echo everything Bill says in his column below and to avoid repetition will instead touch on some other topics. I *also* want to congratulate Dr. Ed Epstein on his wonderful job as Meeting Director—I never saw such a calm, serene Meeting Director in all my days!

It is clear from the informal Wednesday evening meeting of the physicians involved with marketing on the Websites, and from all the talk in the corridors, that the Internet marketing sites have certainly become a divisive issue in many ways. The main points that everyone seemed to agree upon at that meeting were the following: there was too much emphasis on the negative, especially in the discussion chat rooms; individuals being paid by a hair practice shouldn't be posting on the Internet, praising their boss and putting other doctors down under the guise of being regular patients; and the Webmasters shouldn't allow patients to raise issues from 15–25 years ago against doctors who are now performing state-of-the-art work, destroying their reputation in the process. Dr. Walter Unger gave a very eloquent talk on the subject of Internet marketing in the opening session of the meeting and made the point that the Internet, like it or not, is here to stay and that we as physicians must somehow learn how to effect changes over time in rooting out the undesirable aspects of these sites. After all, it is our financial support that allows them to exist.

The new Unger-Shapiro text, *Hair Transplantation,* is a welcome sight for all of us, but especially so for those of us responsible for putting together the annual ABHRS written examination, as we have been holding off for the past four years in doing a major revamping of our question pool until a new, authoritative text was out. This September in Chicago, the exam committee and the directors of the ABHRS are all meeting for an entire weekend to write new questions and oral exam protocols. It should be quite an outburst of creativity.

continued on page 192

William M. Parsley, MD
Louisville, Kentucky

It just keeps getting better. Dr. Ed Epstein ran a beautiful program that was both informative and entertaining. Most in the Society claim that Program Chair is the most demanding voluntary job that the ISHRS has to offer. One bothersome point, however, was that Dr. Epstein looked too happy and fresh. Some suggested that he repeat as Program Chair until he looks sufficiently tired and stressed.

Dr. Mario Marzola stepped down as President after only 10 months, due to the meeting schedule, possibly the shortest presidency on record for the ISHRS. His calming voice, nonpartisan attitude, and ground level wisdom made him a natural for the job. But fortunately we have the capable hands of Dr. Tony Mangubat taking over the job, with Dr. Paul Rose in the "on deck" circle. We certainly are blessed with a lot of talented doctors willing to give freely of their time with no compensation.

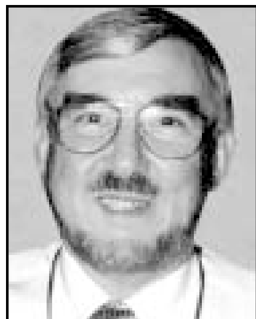
The workshops were outstanding and Dr. Jim Harris, as Chair, deserves great credit. I don't remember another meeting that had such a variety of significant and timely workshops. Sometimes the large meeting hall can be intimidating for many in the audience. Most of the workshops were small (maximum 40, but usually much less) and allowed the speakers to stop in mid-presentation to answer questions while they were fresh on the mind. Some subjects still need more attention. With skill levels rapidly growing with the smaller grafts, it seems that hairline design needs more attention. Most of the variability in results, in my opinion, is coming from the different levels in expertise concerning hairline design, particularly as it relates to the temporal, parietal, or mid-scalp zones. An entire meeting could easily be filled with discussion on this vital subject.

Betsy Shea, LPN, did a great job with the Surgical Assistants Program. For the first time in years, I had to miss the Basic and Advanced Review Programs. These are my personal favorites to attend and I heard that they were excellent. The Live Surgery Workshop was totally filled with a turn-away crowd. This very well illustrates the thirst for seeing operations done live. The ISHRS is working hard to have small regional live surgery workshops to accommodate the membership and should soon have some in place.

The daily meeting write-ups as well as focus reports of some of the special talks will be divided between this issue and the November/December *Forum.* The Live Patient Viewing was the best

continued on page 192

Notes from the Editor Emeritus


Richard C. Shiell, MBBS
Melbourne, Australia

All who attended the 12th Annual meeting of the ISHRS in Vancouver will agree what an outstanding meeting it was. With perfect weather in a beautiful venue and a program honed to perfection by Meeting Director Ed Epstein, it beats everything that has come before. It really has the next Organizing Committee worried *"How do we top that in 2005 in Sydney?"* Well it will be fun trying!

Congratulations to Past President Mario Marzola on an outstanding year in office and welcome to new President Tony Mangubat who, as a "mover and shaker" of high repute, will be sure to make his mark on the ISHRS in the year ahead. Once again, Victoria Ceh proved to be a silent treasure as she and her very able staff worked tirelessly with Dr. Epstein to ensure that the meeting ran without hitch. Seeing Victoria looking cool and unruffled from early morning to late at night, it was difficult to believe that she had a 4-month-old baby with her at the Resort. I had the pleasure of meeting both Kelly and Victoria's very understanding husband at the President's Cocktail Party.

Meeting Highlights

The indelible image I will take away from this meeting is that of the patients of Drs. Victor Hasson and Jerry Wong. These were demonstrated at the *Live Patient Viewing* on Friday afternoon. To say that these results were "mind-blowing" would be an understatement. Please picture a young man with former type 5 baldness with over 5,000 FUs harvested and planted in A SINGLE SESSION and growing with close to 100% perfection. Not only growing, but planted at up to 80 grafts per square centimeter and giving the appearance of completely normal hair direction and density with no "crinkle" whatsoever and a donor scar of 1–2mm. The rest of us will be a long time catching up with the skills of Jerry and Victor and their wonderful staff of Assistants.

A word of caution to all those who were as impressed as I was. Please do not return home, remove a 15×2cm strip and start planting 5,000 FUs at 80 or even 40 per sq. cm. This is something that you and your staff might like to aim toward but for goodness sake, work up to it gradually. It requires a marvel of coordination and expertise to be able to perform such a procedure even if, like me, you have been inserting grafts for nearly 40 years.

FUE

The very vocal advocates of FUE again disappointed with no cases on display at the *Live Patient Viewing* and in fact some of these prominent physicians did not even attend the meeting. Drs. Paul Rose, Jim Harris, Alan Bauman, and Bill Rassman all *spoke* on the technique during the Scientific Sessions and Dr. Ken Anderson, also from NHI, showed an outstanding video on the technique on Saturday afternoon. By the number of questions he received after the video, it is apparent that FUE is certainly a "hot" topic and it is a pity that those who are so vocal on the Internet are strangely shy when it comes to presenting examples of their work at meetings.

I was pleased to hear that methods for performing FUE are becoming faster, and I would think that prices will also fall as more efficient techniques are developed in the next year or two. I heard one member of the audience describe FUE as the *"way of the future,"* but I think he is being over-simplistic. It will be an interesting addition to our skills and a small number of surgeons may care to specialize in the technique but, in my opinion, it will NEVER completely replace the useful workhorse of follicular unit grafting from donor strips.

CAG vs SAG

It was agreed at the meeting that henceforth the term *"parallel"* and *"perpendicular"* (to the direction of natural hair growth) would be used instead of the less accurate terms of *SAG* and *CAG*. The superiority of perpendicular angled grafts was not fully resolved at this meeting as several trials during the past 2 years have shown only minimal differences between the two with only a slight long-term advantage in the perpendicular direction. The major proponent of the perpendicular technique has been Drs. Hasson and Wong from Vancouver. The high quality of their results may have been confusing the issue of angulation somewhat. It may be that their ability to dense pack with peak efficiency into tiny 0.7mm slits is more responsible for their great cosmetic success rather than the actual angulation of the recipient slits. Time will tell.

Operation Restore

Another highlight of the meeting was to meet the boy who is the recipient of the first pro bono operation under the new ISHRS *"Operation Restore"* program. Eleven-year-old Mitchel courageously attended one of our sessions where his story of burns and skin grafts was presented and his mother spoke of her gratitude to surgeon Dr. Tony Mangubat and to the ISHRS. Listening to her remarks and viewing the wonderful composure of young Mitchel, with the large tissue expander in place on his scalp, I am sure I was not the only one in the audience with moist eyes at the conclusion of the segment. I am sure this program will be greatly expanded in the years ahead as it becomes better known by the public and more surgeons volunteer their services.

Award Winners for 2004

The Golden Follicle Award this year went to Dr. William Rassman. He has had over a decade of outstanding contributions to the field of Hair Transplantation and a willingness to share his knowledge that is a delight to behold. With his past track record of research and discovery, Bill could equally have won the Platinum Follicle Award but this year it went to that quiet and persistent researcher Dr. Melvin Mayer who has had two past ISHRS Research

continued on page 188

President's Message

continued from page 158

these patients away by casting doubt on HRS again. This is unacceptable. We all know the skill of the surgeon is far more important than the surgical procedure.

4. Many new surgeons coming into HRS today are inadequately trained. Regrettably, there are few educational opportunities available for them to get adequate training.
5. Our non-HRS peer physicians do not understand us. We need to be involved with the established medical community.
6. HRS is viewed as just another cosmetic surgery—frivolous and elective. The public does not realize that we can make a difference in people's lives.

A Comprehensive Approach to Improving Our Credibility

We need a comprehensive approach to improve our creditability in the eyes of the public, our peers, and ourselves. The solution lies in four different areas:

1. Public Education
2. Expanding HRS education
3. Educating our non-HRS peers
4. Public relations

Public Education

The public does not want to be sold on surgery, they want to be educated by a responsible, caring, and skilled HRS surgeon and they'll make the decision. Remember, we are dealing with people's lives; we are not selling cars.

I have to say something about the Internet because it is likely the first place prospective patients go to seek out information. The Internet is wonderful and immediate. Unfortunately, most hair Websites are commercial and most are biased to market their sponsors. Regrettably, there are Websites masquerading as official organizations that claim to set standards when their only purpose is to market their sponsors. In my opinion, this is unethical, divisive, and confusing.

For example, one organization claims to be (quoting directly from their Website):

"the patient's advocate, the ethical physician's voice, and the standard for the profession."

"Promote the art and science of hair restoration surgery."

"Encourage the furthering of research and application regarding state-of-the-art hair transplantation techniques"

To my knowledge, this particular group has never organized a scientific meeting nor have they ever given a research grant. This is deceptive and intended to confuse the public. I am disappointed when I look at their list of surgeons and see my friends and colleagues whom I respect for their extraordinary surgical abilities. I ask of those you who are on their roster and are paying for this ad campaign, that you have the ability to exert the necessary pressure to make positive changes. I encourage you to do so. I have no objection to marketing and gaining a business advantage, but let's not confuse the public with misleading rhetoric. It hurts our specialty.

The public needs unbiased, accurate, and complete information in order to make educated decisions. The ISHRS is making strides in this area with our own Website, www.ISHRS.org, but it is only a start. Our members need to take personal responsibility for ensuring accurate and complete information is presented on the Websites they sponsor.

Peer Education: Improving Ourselves

Educational opportunities in HRS are limited. For a discipline that has been around more than 40 years, why don't we have more than 600 members? Perhaps part of the reason is that we do not have enough education for our new colleagues. It certainly is not taught in many residency programs. The ISHRS only has 2 meetings a year. This is hardly enough to educate the HRS doctors of the future. We need more live surgery workshops, more fellowship training programs, and a lot more mentor physicians willing to teach our young colleagues.

There are some amongst us that feel that educating new colleagues is bad business, that it creates more competition, that the competition is currently too great, that they will starve if we increase the number of HRS surgeons today. I must passionately disagree. The world population is almost 6.4 billion people of which 3.2 billion are male; approximately half of them, or 1.6 billion males, will develop androgenetic alopecia. If there are 10,000 HRS physicians in the world today (I think there are less), we can estimate that there are approximately 160,000 potential male patients for each surgeon at any one time. If women were included, the number would be almost 200,000 patients/surgeon in the world today who are HRS candidates. There are far more patients who need our services than there are surgeons to care for them.

The best number we have today is only 3% of the hair loss suffers in the United States seek treatment of any kind (potions, lotions, and surgery). It does not seem too far-fetched that we could double that number to 6%. Who would not like to double the number of procedures they perform annually? Well then, let's stop scaring them away! Stop the hyper-competition, stop the divisive attitudes, and start the synergistic cooperation amongst ourselves. Remember, your fellow hair restoration surgeon is your colleague, not your competitor.

Competitors work against you, colleagues work with you. We need to help each other become successful. Each member of the ISHRS must do their part to push our specialty forward and resist every personal urge to let it slide backwards through divisiveness, denigration, and confusion.

HRS as a true specialty. We have to change our mind-set. We must recognize and treat HRS as a true specialty if we are to expect other specialties to take us seriously. There is no one in the world doing HRS better than the people in this room (speaking to the General Session in Vancouver, August 12, 2004). As with all recognized specialties, we gather annually to educate each other and push the bar higher. It's time to formally think of ourselves as a real specialty. We have all the critical elements:

1. We have an organization that meets regularly to stimulate and propagate new knowledge. That is the ISHRS.
2. We have an HRS core curriculum that defines our specialty.
3. We have a credible board certification process in HRS. The International

continued on page 162

President's Message

continued from page 161

and American Boards of HRS offer examinations annually to all hair surgery specialists. This has been controversial in the recent past but we have to get past the controversy and charge toward the goal: that is, the goal of making HRS a specialty recognized for its ability to deliver the goods. Having taken the exam myself, I can attest that it is a worthwhile and rewarding achievement.

It is my belief that every member of the ISHRS is capable of achieving board certification and, furthermore, we should take it upon ourselves to encourage and assist every interested surgeon in attaining that goal.

All of these elements only elevate us in the eyes of the public and our peers. We just need to start thinking this way. HRS is a real specialty and we must do everything possible to improve ourselves, our knowledge, and our credibility.

Non-HRS Peer Perception

Our non-HRS physician peers have limited information of how much we've advanced mainly because we are not in the mainstream of medicine. Journal articles on HRS do not flow across their desks. We are not represented in organized medicine and thus we get little recognition amongst our peers. We should consider joining the ranks of organized medicine by the ISHRS applying to be a surgical subspecialty organization in the American Medical Association (AMA) as a start. I recognize that the ISHRS is an international organization but this initiative could be replicated in other jurisdictions worldwide. The key is to insert ourselves into organized medicine and begin to cultivate our credibility amongst our peers. I believe we should pursue this because to have a voice in mainstream medicine will significantly elevate our credibility.

Public Relations

To put it all together, we must transcend the image of being just another cosmetic surgery procedure. The public must see HRS as a useful contribution to society. Yes, we are fee for service, but this also allows us the luxury of giving back to the community. We now have an organized pro bono program, OPERATION RESTORE, with the mission to match prospective patients with volunteer ISHRS physicians to help restore physical and emotional wellness as a result of hair loss due to disease or trauma. OPERATION RESTORE has been a dream of many of us for many years. We owe a debt of gratitude to Dr. Paul Rose for spearheading this massive effort and making it a reality. I now call on all members of ISHRS to step up to the plate and volunteer to take care of one OPERATION RESTORE candidate per year up to the level of your expertise. If we were to engage every capable member, we could help over 500 patients annually. It would not cost a lot, and let me assure you that what you will get in return from the patients you help will far exceed any expense you would have.

Again, I encourage your comments and active participation. If you have always wanted to contribute to our Society but never got the nod, this is your chance. E-mail me with your special skills and I will find a place for you to serve.

I look forward to an active year as your president: MAKE A DIFFERENCE.✧

Sincerely,

E. Antonio Mangubat, MD

You don't want to miss this one. The 2005 Annual Scientific Meeting Committee is hard at work organizing our next annual meeting to take place in the beautiful city of Sydney. We are featuring a live surgery workshop that is sure to be popular along with a full day course in Basics in Hair Restoration Surgery and an Advanced Review Course. In addition, there will be a full line up with a variety of morning workshops. Pre-congress and post-congress tours are also being arranged. Register early!

2005 Annual Scientific Meeting Committee

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Pamela Hulley, RN, Surgical Assistants Co-Chair

Registration opens March 2005.

WELCOME ABOARD

The Editors of the *Forum* would like to extend a warm welcome aboard and a hearty congratulations to Jerry E. Cooley, MD, and Robert S. Haber, MD, who will be taking over the helm as your new *Forum* Editors beginning with the March/April 2005 issue. They will be guiding the direction of the journal through January/February 2008. Please join us in wishing them much success as they embark on their new endeavor.

With fond regards and much appreciation,
The ISHRS Staff and Editors of the Forum