

## COLUMNS

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Full meeting coverage in this issue!



## Highlights from the 2006 Annual Scientific Meeting of the ISHRS

October 18–22 • San Diego, California

### Thursday Morning, October 19, 2006

James E. Vogel, MD *Owings Mills, Maryland*

#### Opening Session: New Advances on the Horizon; moderated by Bernard P. Nusbaum, MD

The general session began with an introduction by the program director, Dr. Bernard Nusbaum. The presidential address by Dr. Paul T. Rose then followed, outlining the Society's commitment to a vision that has existed from its inception, and has carried us forth to witness numerous accomplishments over the past year. In particular, he cited the ACCME accreditation, the preceptor programs, participation in the AMA, as well as augmented educational opportunities for the membership. He concluded with a promise for continued commitment to the fundamental visions of the Society.

Dr. Ralf Paus from the University of Luebeck in Luebeck, Germany, delivered a stimulating presentation on controversies in hair molecular biology. Dr. Paus recommended re-shifting an em-

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# President's Message

Paul C. Cotterill, MD Toronto, Ontario, Canada

I am writing this column having just returned from San Diego. Dr. Bernie Nusbaum gets a huge chorus of thanks for organizing the best meeting ever. Likewise, much appreciation goes out to Drs. Carlos Puig, James Harris, Ron Shapiro, Mel Mayer, Matt Leavitt, Francisco Jimenez-Acosta, and Sharon Keene, as well as to MaryAnn Parsley, Victoria Ceh, Jule Uddfolk, and everyone else who helped out in so many ways. Last, but certainly not least, I would like to thank Dr. Paul Rose, our now immediate past president, who steered the ISHRS over the past year through some not so minor bumps and twists to keep us on the course that will continue to ensure the success of our Society. Dr. Sharon Keene, our new Chair for the upcoming Las Vegas meeting next year, and I will be filling you in over the coming months on what is in store for you.



Paul C. Cotterill, MD

To introduce myself, I will start by sharing with you that my first taste of the field of hair restoration was over 26 years ago when I had my own initial transplant during my second year of medical school. I was a Norwood Class V-VI, having started to lose my hair at age 16, and am forever indebted to Dr. Walter Unger for performing transplants on a young bald man in his early 20s. Having seen what could be achieved with transplants, my curiosity began to grow. In 1986, I left orthopedic residency to train and work with Walter, until six years ago when I set out on my own. Walter gave me my start and on the job training, and to him I owe a great deal of thanks.

In 1993, I attended the first ISHRS meeting in Dallas, and shortly thereafter decided I wanted to get involved. I went up to Dr. Russell Knudsen and asked him what I could do. At that time, there wasn't a beginner's course. I have Russell to thank for being so approachable and generous with his time and many words of encouragement. As a result, I spent the better part of one summer putting together a few hundred slides and writing a beginner's handbook. I initially received a few letters and comments that perhaps we shouldn't be teaching the potential competition on how to get started in hair restoration. Times have certainly changed. However, when I think of the rudimentary program that I put on, compared to the high caliber beginner's and advanced courses and live surgeries that are offered today employing hands-on workstations, satellite feeds, and even fresh cadaver scalps, I cringe at my initial attempts.

After chairing the Washington ISHRS meeting in 1998, I again felt that I wanted to get involved. So this time I approached Dr. Bob Haber and asked what I could do. He put me in charge of forming a new committee—the Continuing Medical Education (CME) Committee. One of the tasks of the CME Committee was to obtain ACCME accreditation, which we achieved in March of 2006. The point of telling you all this is to say that if you want to get involved, speak out. Ask me. Write, call, e-mail. I'm sure that with all our committees and meetings there's something for you. When I see what is being accomplished, and the huge strides that we have made in educating our membership, simply by many people wanting to get involved, it makes me very proud to be a member of this Society.

My personal goals for this upcoming year are to get more members involved, to continue to meet the needs of our members, and to increase the education of our members by helping members to organize, with the assistance of the ISHRS, regional workshops around the world.

In addition, I plan to continue to progress the Society's strategic initiatives, namely:

1. The ISHRS will demonstrate a measurable increase in the public and our physician-peer's awareness and perception in the value of medical and surgical hair restoration.

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# Co-Editors' Messages

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



Jerry E. Cooley, MD

Another successful annual conference has wrapped up. Kudos go to Dr. Bernie Nusbaum for putting together and running an efficient, successful meeting. To top it off, we had the chance to honor three very deserving people at the Gala: Drs. Bobby Limmer (Manfred Lucas Award), Mario Marzola (Golden Follicle), and Sunjoo "Tommy" Hwang (Platinum Follicle).

We're now left to muse over the ideas and concepts presented at the conference. I echo the sentiments of Dr. Bill Rassman who writes in this issue about how the meeting demonstrated the growing gulf between the high degree of advancement in today's surgical techniques and the relatively primitive state of research we carry out to advance our field.

The coordinated talent demonstrated by surgeon and staff at some of the best clinics today is truly remarkable. In addition, the overall quality delivered by the majority of members is much better than the average care delivered only a few years ago. But we are now at a critical point in our evolution where we can either leap to the next level by adopting the well-accepted principles of clinical research or we can remain where we are, exchanging technical "pearls" at the annual conference.

It is amazing to see how much ink is spilled, for example, debating the meaning of a 7% difference in hair growth comparing technique A versus technique B, when

the study was carried out in a single patient and the results were almost certainly different because of pure chance. If we truly want to answer an important question, such as whether graft survival is worse at 50/cm<sup>2</sup> compared to 25/cm<sup>2</sup>, then we need to enroll enough patients to arrive at statistically significant results. If the statistician tells us we need 40 patients to prove that a 10% difference is not due to chance, then that is how many we need to use. It is better to not do the study at all, than to do one that provides misleading results that are given false legitimacy by some and dismissed by others because of small sample size.

Dr. Rassman also alludes to the issue of Institutional Review Boards (IRBs). While strictly speaking, IRBs are only necessary in the United States for federally funded research, they should be considered by anyone wishing to do serious clinical research. There are commercial IRBs that can be found by Internet searching and hired to ensure that one's study falls within ethical guidelines. Anyone wishing to understand their ethical duty to their patients being studied should read the Belmont Report at <http://ohsr.od.nih.gov/guidelines/belmont.html>.

By improving the quality of our clinical research, and insisting on balanced presentations and full disclosure of financial conflicts, we can enhance our reputation among our physician peers as well as improve our public image. More than this, we can see hair restoration evolve to heights that we can now only imagine.

*Jerry Cooley, MD*

Robert S. Haber, MD *Cleveland, Ohio*



Robert S. Haber, MD

San Diego was magnificent. Perfect weather, perfect location, and the best meeting yet, thanks to the year-long efforts of Program Chair Bernie Nusbaum, the entire annual meeting committee, and of course, Victoria Ceh and her staff. Each year it seems like the meeting is so good, there's no room for improvement, and yet improve it does. This year a number of new aspects made the meeting

special. The Basics Course, organized by Dr. Carlos Puig, utilized pre-recorded lectures sent to the attendees in advance, so that the precious time available at the meeting could be spent more extensively on hands-on learning experiences, including the use of human cadaver scalp tissue. When I visited the beginner's course, I found many small groups of attendees intently focused on instructors, bent over microscopes, making sites, and planting grafts.

The Surgical Assistants course, organized by MaryAnn Parsley, was also brand-new, combining previously spread out lectures into a day-long program, including an optional, but not to be missed, cutting and placing workshop, also using cadaver scalp. The opportunity for new and even experienced assistants to observe and learn from many of the most experienced assistants in the world was unprecedented.

The next five days ran like clockwork, for the most on-time program in our history, thanks to Dr. Nusbaum's new rules for moderators and several training sessions in the months leading up to the meeting. This left ample time for questions and breaks, and kept the room filled until the end of each day.

And the live surgery workshop teamed up two of the world's best dense packers, Drs. Jerry Wong and Ron Shapiro, and two of the best FUE practitioners, Drs. Jim Harris and Paul Rose. For the first time, we were able to offer a live satellite feed to audience members unable to be at the surgery center itself, and this turned out to be an extraordinary session as well.

Add to this the Gala, where once again several of our members climbed to the stage and demonstrated that for some, talent does not stop at the operating table. Paul Rose, Tony and Susan Mangubat, Carlos Puig, and Tony Ruston entertained us well.

Dr. Rose has guided us through the past 14 months with great skill and wisdom, and turns a healthy Society over to Dr. Paul Cotterill. His hands will be full, as the Society is engaged in many projects. And as always, the pages of the *Forum* continue to be yours to fill with your ideas, thoughts, and criticisms, so we look forward to hearing from you.

*Bob Haber, MD*

**President's Message**

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2. The ISHRS will create a formal process for the training of physicians and their assistants.
3. The ISHRS will establish guidelines for patient care and evaluate (recognize) physicians based upon education, experience, and training.
4. The ISHRS will obtain financial security.

Much work has been accomplished already, but there is still a lot to do. This is an exciting time to be a part of the ISHRS, and again, I encourage you to get involved. This should prove to be a very fruitful and exciting year for everyone.

I look forward to hearing from you all.

*Paul C. Cotterill, MD*  
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**An Author Consent Release Form must accompany ALL submissions.**

The form can be obtained in the Members Only section of the ISHRS website, under the section "Forum Newsletter," at <http://www.ishrs.org/members/member-index.php>.

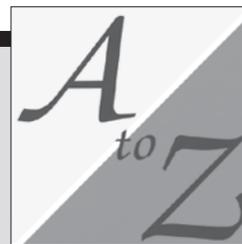
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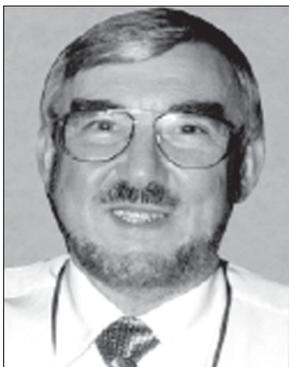
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# Notes from the Editor Emeritus

Richard C. Shiell, MBBS Melbourne, Australia (Forum Editor 1996–1998)



Richard C. Shiell, MBBS  
Melbourne, Australia

## Some Thoughts on Retirement

For several years patients have been asking me, “*When are you going to retire, Doc?*” My usual reply has been, “*Not for a while yet.*”

Well, I have just turned 68, and with increasing health problems, the time has come at last. My practice, together with the office and fittings, has been sold to my friend and colleague, Dr.

Russell Knudsen, and notices of the changes have gone out to current patients. I have agreed to work on for a few more months to “finish off” transplants started a year or more ago, and to introduce former patients to our new doctors.

Many of my patients have become personal friends as I have been seeing some of them intermittently for up to 40 years. They want the opportunity to have “*one last go, please Doc.*” Apart from numerous expressions of regret regarding my impending departure from the HT scene, the inevitable question from patients is, “*What are you going to do with yourself in retirement, Doc?*”

To be truthful, I have not yet had time to think about this important question, but I am sure that I will have no difficulty. For many years past, I have played in a number of musical ensembles on both the flute and horn, so perhaps I will get a chance to improve my technique a bit.

I might even start a physical exercise program. Just kidding!! The need is certainly there, but the urge to do so is completely missing. Who would have thought that I had been the half-mile champion at the Combined Secondary School Sports in 1956? Gone is the slim, 140-pound frame that I kept throughout my student days. Time and gradual weight gain combined with Paget’s disease of bone and osteoarthritis have gradually wrecked my left hip. Now, even after a hip replacement, a walk of a mile or so produces pain in my thigh and reminds me that I should lose at least 40 pounds.

Why retire at all? Some of my medical colleagues are still working in their 70s and even their 80s. Well, everyone has his own agenda and some have family members “in the business” to carry on their name and good work. When you are a “one-man band” as I have been, you have to put in a lot of personal endeavor just to cover the basic practice overheads. I thought that I should withdraw while I still had reasonable health, an active practice, and some remaining goodwill to sell.

I entered the industry as a young man of 29 and built up a very busy practice. I am now financially secure and all my 4 children are settled, so there is no great need for me to keep working. There is a joy in the daily stimulus of patient contact of course, but after 40 years “*at the coal-face,*” I think I can survive without it.

Most of all, I shall miss the contact with my professional friends and colleagues. Once I stop regularly attending HT meetings, I know I will be quickly forgotten like so many of the great characters in hair transplantation from my early years. Because of this, I shall try to attend occasional meetings and certainly I will continue to write for the *Forum* as long as my faculties last.

At meetings I will sit and listen as earnest young guys describe their “discovery” of things that we tried (and sometimes prematurely discarded) 30–40 years ago. I will recall with nostalgia those early days when I, too, hoped to carve a niche in our new specialty. I will look around anxiously trying to find a face I recognize amongst the crowd. Someone might even ask kindly, “*Didn’t you used to be Dr. Shiell?*”

I have been a teacher and lecturer for nearly 40 years, long before I attended my first hair meeting in Hot Springs in 1975. The books to which I have contributed will eventually all gather dust in archives, and the hundreds of scientific articles I have written will cease to be read or cited. My grandchildren will look at my precious Golden Follicle and Manfred Lucas Awards and ask, “*What did Grandpa do to get those funny statues?*”

That is the way it goes in science and medicine, and one must accept that one is completely expendable. It was great to be a celebrity for a while and to be invited to lecture at exotic locations such as Athens, Vienna, Rio de Janeiro, Tokyo, Rome, Chicago, Taegu, London, Singapore, and even in Australia (the Biblical quotation about rarely being accepted as a “prophet in one’s own country” is pretty true but nevertheless I was delighted to be asked to address gatherings of Plastic Surgeons on at least 5 occasions over 40 years).

## Some Words of Advice

One cannot fade from the scene without a few words of advice to the younger members of our great profession. I shall try not to be critical of young surgeons and new techniques, although it is difficult to avoid comment when one has been down similar paths over the preceding 4 decades. Sometimes a failed technique can become very successful in new hands and in a new era. One only has to look at FUE as an example of this.

- ⇒ When you start in practice, make sure that you follow the system of one of the established “masters” of our profession. Do not attempt to prematurely combine what you consider to be the best features of several experts. Only when you have been in practice a couple of years and you and your patients are happy with your results, should you think of making small changes to a tried and proven technique.
- ⇒ Do not be too quick to adopt new techniques. Many new ideas seem great at the time you first hear about them but, for a variety of reasons, they quickly fade into oblivion

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**Editor Emeritus**

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- (e.g., ligating the temporal arteries to reduce blood flow to the scalp and laser hair surgery). By all means, be innovative, but use some caution and do not throw all your “eggs” into this one basket until you have time to truly evaluate your results over a year or two.
- ⇒ Likewise, do not be too slow to discard the old ways. In good hands, the old techniques of plugs, reductions, flaps, and large minigrafts can work exceedingly well on carefully selected patients. Those surgeons who do them well should be respected for their expertise, but whatever their past merits, these are not techniques that are encouraged or taught routinely to the new generation.
  - ⇒ Medicine has become a business rather than a profession, and the patient is often neglected in the flood of problems associated with running a modern cosmetic surgery practice. Avoid phone calls and interruptions for business matters during consultations and operations. Your patients do not want to know your problems and expect your full attention during “their” time in the operating room.
  - ⇒ Do whatever seems right for the patient. Give him the advice you would give your own brother or son in the same circumstances. If you are seen to be sincere and caring, rather than greedy and money-motivated, your reputation will spread and financial rewards will eventually come in abundance.
  - ⇒ Compared with other specialties, there are very few relatively full-time hair transplant surgeons in the world.

With the high standard of modern surgery, there should be work enough for all and the opportunities for young doctors entering this specialty are immense.

- ⇒ Do not criticize your colleagues in front of patients as you will only serve to belittle our profession. If there are ethical issues involved and you have concrete proof of serious infringements, then you may have an obligation to report these matters to your local Medical Board.
- ⇒ What is needed most in our profession is a coordinated publicity campaign containing positive information about modern hair replacement surgery. There was plenty of information available three decades ago when hair transplantation was relatively new and the results still crude and tufty. As standards have gradually improved, we have now reached the stage when most transplants are relatively invisible after a week or two. Unfortunately, the members of the press are only interested in sensationalism and photos of unsightly scars and hair clumps. As a result, most readers of today are not aware of the wonders that can now be performed on a balding head.
- ⇒ Take an active interest in your Society. The ISHRS is one of the greatest professional groups in the world. It is loaded with friendly, highly intelligent, and motivated people who are only too happy to help you. Make friends, visit offices around the globe, exchange information freely, do research and present papers at meetings, write for the *Forum*, join committees and accept a higher office if the opportunity is presented to you. If you do all this, you will have a wonderful life and the next 40 years will pass in a flash as it has done for me. ♦

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