Letters to the Editors

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This section of the *Forum* is dedicated to you, the readers, so that you can suggest topics that you would like discussed or, also, comment on any previously published articles. We will be happy to publish your questions or comments and will engage the original authors to provide a reply. We hope that, via this format, we can foster educational debate and discussion on the most relevant topics in our field.

Please send your letters to:
drnusbaum@yahoo.com or jimenezeditor@clinicadelpelo.com
Thank you,

Paco Jimenez, MD; Bernie Nusbaum, MD
Co-editors, *Hair Transplant Forum International*

Vance Elliott, MD

Re: "Follicular Unit Plain Speak"

It was with great interest that I read the above article in the November/December issue of the *Forum* (Vol. 17, No. 6; p. 201). It raised my passions regarding larger grafts. I coined the term multi-unit graft (MUG) around 8 years ago, to the best of my knowledge. My technique had evolved from traditional mini-/micrografting into slit recipient sites, to follicular units (though they did not fit the definition of the authors, as they were not dissected under the microscope) and multi-unit grafts (MUGs) of various sizes. I felt that MUG was a better descriptor. I have watched with enthusiasm the paradigm shift that has clearly occurred in our field over the last 5 years, with grafts larger than FUs becoming mainstream in our literature and meetings. I agree that accurate representation of what we do is vitally important. I agree with the authors that reexamining our terminology and definitions is always valuable, and especially relevant now that more of us are using (and admitting to using) larger grafts.

However, I disagree on several points. The authors' insistence on purity in graft nomenclature from a system developed nearly a decade ago ignores the fact that there now exist more accurate, useful descriptors for these grafts. How is calling a graft with 2, 3, or 4 follicular units a multi-unit graft (MUG), multi-follicular unit graft (MFUG), or multi-follicular unit (MFU) misrepresentation? This is exactly what they are (though we do not need three similar terms for the same entity). From personal communication with one of the authors, I know that in his opinion and experience, follicles dissected away from the follicular unit grow just as well, so perhaps as long as follicles in MUGs are not transected it should not qualitatively matter if the units are not all intact.

What these grafts are not is minigrafts! In the days when the "standard graft" was a 3.5–4.0mm round punch graft, they were certainly "mini", but not today. The "standard graft" of today is the follicular unit, both in terms of the literature and in the actual performance of this procedure worldwide. All other grafts, except for single follicles intentionally separated from follicular units, are larger than the standard follicular unit graft. According to the article, the original description of the follicular unit by Headington in 1984 did not include naturally occurring single hairs. Does that mean that all single-hair grafts done in our transplants today, including those performed by the authors, are not FUs?

In my office, what we refer to as a DFU is a graft containing 2 intact follicular units that are naturally so close together that they can be left together as one graft and placed into a site smaller than the cumulative site required for those follicular units to be placed separately. MUGs are physically larger still.

Accuracy in our terminology, yes, but let us not ignore that this field has evolved again. The pendulum has swung away from pure FUT as the only tool in our toolbox, even though many practices do not use these other grafts. The terminology must evolve as well. I submit that it is time to convene another panel on graft terminology to bring things up to date and to finally retire the term "minigraft." Oh, and let us not forget to have a few combination grafters on the panel, just like in 1998.✧

IN REPLY

Drs. Bernstein, Rassman, and Limmer

Reply to: Vance Elliott, MD; Follicular Unit Plain Speak

This is our main point: We do not have an issue with calling two adjacent but distinct follicular units, that are microscopically dissected from a donor strip in one piece, a double follicular unit graft, or DFU. As Vance suggests, the exact name for these grafts, and others, can be decided upon by committee. What we do object to is calling the procedure that uses DFUs, and other types of grafts, Follicular Unit Transplantation.

FUT "is a method of hair restoration surgery where hair is transplanted exclusively in its naturally occurring, individual follicular units." If a physician wants to use double, triple, or partial follicular units in the surgery, that is fine; just call it something else, so that the patient doesn't think that he or she is having an FUT procedure, when he or she is not. Whether adding additional "tools" to FUT enhances the procedure, or makes it worse, is not the issue. The issue if that if we call everything the same procedure, one will never know.✧

A chance in a million

Tony Ruston, MD *Sao Paulo, Brazil*

At the end of the year I was delighted to receive Dr. Ron Shapiro as my guest in Brazil.

One of our trips was to Fortaleza, the capital of Ceara, a very big city in the northeast of Brazil.

One day we decided to visit the central market, which is huge and like a labyrinth, which means that even if you arrange to meet someone there, it's a difficult feat.

So we were walking there and, suddenly, I spotted a familiar bald man and I couldn't believe my eyes.

As this tall man with a notable presence came closer, I realized that I was right at first glance...it was Dr. Shelly Kabaker and his lovely wife Marsha.

Ron also couldn't believe his eyes, and the funniest part of this story is that a couple of hours prior, Ron had been showing me one of his presentations in which he uses pictures of Dr. Kabaker to illustrate his points.

Ron Shapiro, Shelly Kabaker, Tony Ruston, and Marsha Kabaker

We had a wonderful afternoon together in Fortaleza for the few hours Dr. Kabaker's ship was docked.

Attached is a photograph to prove this amazing coincidence.

As I've been saying all along, the ISHRS is a very big family with relatives all over the world.✧

Surgeon of the Month: Marla Ross, MD

Vance W. Elliott, MD *Edmonton, Alberta, Canada*

Marla Ross, MD
Tigard, Oregon

Marla Ross was born in New Jersey in 1956. Her father passed away when she was 5 years old and she and her older brother were raised by their mother, who was very strong and determined that they would get the best education to succeed in life. When Marla was 14, her family relocated to southern California where family members lived and schools were better. Marla attended the University of California–San Diego (UCSD) where she graduated Phi Beta Kappa/Summa Cum Laude with a B.A. in Biological Sciences. She stayed at UCSD for medical school on a scholarship from the U.S. Navy and, after graduation in 1982, spent 5 years on active duty in the Navy serving as a general medical officer and head of a 15-person medical department aboard a submarine tender. During that time, Marla developed a deep respect for the dedication of the sailors and marines that she cared for. After leaving the Navy in 1987, she finished her residency at UCSD and became board certified in Internal Medicine. Her first love was always Dermatology, however, and from 1989–1992 she completed her Dermatology residency at the University of California–Irvine and was elected to the Alpha Omega Alpha honor society as outstanding resident her senior year.

Marla subsequently spent a year on the clinical faculty at the Department of Dermatology and, although she loved to teach, she decided that she did not want to raise a family in southern California. Marla then relocated to Portland, Oregon, in 1993 and went into practice with Bruce Miller, MD, a dermatologist who was doing hair transplantation. She became aware of the changes that were taking place in the field and spent the next 6 months "apprenticing" with Bruce. Marla currently devotes about half of her time to doing hair transplants and the rest to general and surgical dermatology, with a lot of minor cosmetic procedures such as Botox, fillers, and lasers.

Marla states that when she began to develop her own surgical practice, she "had a strong desire to 'take it to the next level' and really explore the science and education behind hair restoration. I joined the ISHRS and began to attend live surgery workshops and the ISHRS meetings. I particularly enjoy the opportunity to interact with and get to know my fellow surgeons. I am very impressed with the quality of people in our field." In 2002, she became the first woman to pass the ABHRS examination and is currently the Chairperson of the written examination and a member of the ABHRS Board of Directors. Although her involvement with the Board has been time consuming, Marla is happy to "give back" to the profession that gives her so much pleasure. She is also passionate about the issue of ethics in our field and believes that it is very important to carefully educate our patients, rather than "sell to them," and to be ethical in advertising as well as in dealings with colleagues."

Marla has been married to her medical school sweetheart, Dr. Brian Markey, a neuroradiologist, for 26 years. They are the proud parents of Alex, 16, and Katie, 14. Marla describes them as an "outdoors family," enjoying hiking, golf, scuba diving, waterskiing, and skiing/snowboarding (Alex is on the varsity high school team). In addition, they love music and theater and love to watch Katie perform, who plays flute and piano, and also sings and acts. They are also self-described "animal-holics" and have 4 cats and 2 dogs, and are suckers for anything with 4 legs that needs a home. With flocks of teenagers and herds of animals, life is never dull (or quiet) in the Ross/Markey household.✧

Shedding New "Light" on the Hair Loss Industry

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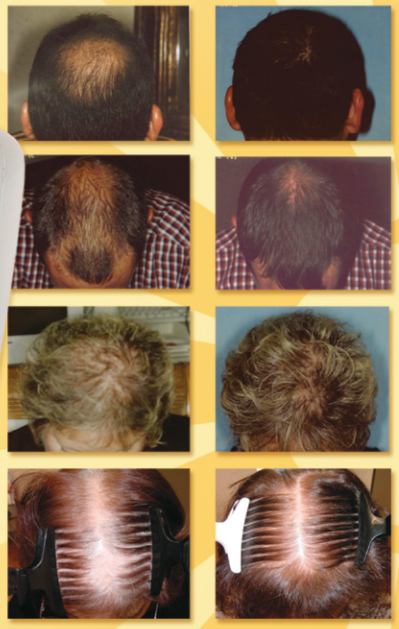
Patient Results

Before After



Untouched Photos of Actual Patients
Non–Transplant Patients
Individual Results May Vary

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Darkening of grey hair during thyroid hormone therapy*

Pedro Redondo, MD; Maria Guzman, MD; Miren Marquina, MD; Maider Pretel, MD; Leyre Aguado, MD; Pedro Lloret, MD; Alberto Gorrochategui, MD *Department of Dermatology. University Clinic of Navarra. School of Medicine. Pamplona, Spain*

*Original article published in *Actas Dermosifiliográficas* (2007; 98:603-10)

Introduction

The hair graying trait correlates closely with chronological aging and occurs in all individuals, regardless of gender or race. Fifty percent of Caucasian individuals have at least 50% gray hairs by the age of 50 years. HF melanocytes may be divided into three distinct subpopulations. The first, located in the HF bulge, only expresses tyrosinase-related protein 2 (TRP2), does not proliferate, and presumptively represents HF melanocyte stem cells. The second, located in the HF outer root sheath (ORS), expresses TRP2 and relatively weak TRP1, displays proliferative activity during early and mid-anagen, and represents differentiating melanocytes. The third, located in the hair matrix above the dermal papilla (DP), expresses TRP2, TRP1, and tyrosinase, proliferates only during mid-anagen, actively produces melanin during mid- to late anagen, and progressively disappears during catagen.

Hair graying results from an age-related slowdown or breakdown in the repopulation of the new anagen hair bulb with "fresh" melanocytes from the ORS reservoir. However, several case reports in the literature have shown that hair graying is not an irreversible process. White hair follicles (HF) still retain melanocytes in the ORS, so that there is a theoretical possibility that these melanocytes could migrate and differentiate to naturally repigment graying HF.

Thyroid hormone is essential in the homeostasis of neural crest derived cells. In the skin, thyroid hormone is involved in epidermal differentiation, in enhancing local responsiveness to growth factors, in the physiology of sebaceous, ecrine, and apocrine glands, and in hair growth. Here we discuss the role of thyroid hormone in the hair darkening of two patients with hair graying. In addition, we investigated the effects of triiodothyronine (T3) on mouse HF (C57BL/6) *in vivo*, in order to understand the role of this thyroid hormone on HF melanocyte homeostasis.

Methods and Results

We studied two patients with darkening of their gray and white hairs that had an increase in T3 through exogenous administration, one due to myxedema coma and the other due to decompensation of his disease. We believe that thyroid hormone may have had an effect on the repigmentation of their white hair, and we studied its influence in *in vivo* and *in vitro* models. We used the highly standardized C57BL/6 model of depilation-induced HF cycling. A wax/rosin mixture was applied on the dorsal skin of 7-week-old mice with all dorsal skin HF in telogen, as evidenced by the homogeneous pink skin color. Removing the wax/rosin mixture removes all hair shafts and immediately induces homogeneous anagen development over the entire depilated back of the mouse. When the mice entered anagen, hair regrowth began, as detected by the increasing skin pigmentation from gray to black. T3 (0.5 µg) dissolved in ethanol was applied topically once daily for 10 days on the backs of telogen mice. At day 6, 100% of the tested mice entered anagen (see Figure 1). In control mice, a spontaneous shift from telogen to anagen started on day 10, and 100% of them were in anagen phase at day 16.

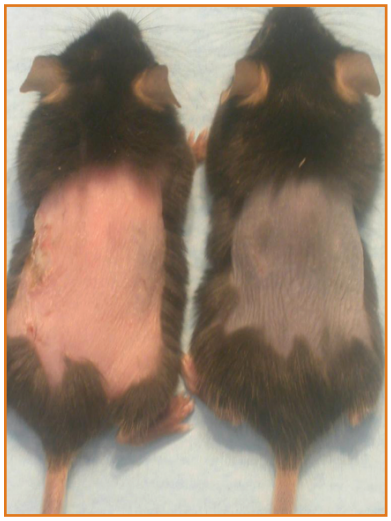


Figure 1. C57BL/6 female mice 7 weeks of age were depilated with warm beeswax/rosin. Six days after: Left—control mouse. Right—after daily topical application of T3. ***Note:*** This figure is reprinted with permission of the Editor of *Actas Dermosifiliográficas*.

We did another experiment with follicular units obtained from hair transplant surgery. The follicular units were maintained for 72 hours in Williams E medium. In the presence of 100 nM T3 the rate of hair follicle growth was 1.2 + 0.05mm/72h versus 0.65 + 0.05 in the control group.

Discussion

Our data suggest that telogen follicles can be induced to enter anagen by the topical application of T3, and that thyroid hormone may reverse hair graying, repigmenting terminal hair. *In vitro* T3 appears to stimulate hair follicle growth. The follicular melanocyte may be the target cell for both actions. This neural crest-derived cell may play a critical role in hair cycle regulation, not only limited to giving color to the hair. Its pharmacological manipulation opens up new lines of research into hair growth.

Editor's Note: *It is well known that hypothyroidism should be ruled out in patients who present with diffuse hair loss. This article not only exhibits the profound effect that thyroid hormone has on hair growth but also on hair pigmentation. As evidenced in this report, the potential for topically applied molecules to influence the hair follicle may open the way for future therapies to treat hair loss and restore hair pigmentation.*✧

from the

Literature: Dermatology

Marc Avram, MD, Nicole E. Rogers, MD *New York, New York*

Tobacco tied to thinning

A survey of 740 Taiwanese male subjects aged 40–91 showed that those who smoked 20 or more cigarettes per day had a greater incidence of moderate to severe androgenetic alopecia (Norwood IV–VII). The authors performed a multivariate regression analysis, controlling for age and family history. They propose several theories for this link, including deleterious effects on the microvasculature of the dermal papilla, smoke genotoxicants damaging follicular DNA, the up regulation of matrix metalloproteinases, and oxidative stress leading to the release of pro-inflammatory cytokines.

Comment: Despite the wide prevalence of male pattern baldness, the exact etiology remains elusive. A polygenic inheritance pattern is most widely accepted, with influence from both maternal and paternal sides of the family. This survey attempts to identify smoking as a non-genetic determinant of AGA. Although the statistics in this study are sound, it is more likely that smoking is a contributing factor rather than a sole etiologic agent. Obviously, there are many heavy smokers who have no hair loss, as well as many non-smokers who have lost all their hair. Similar results to those in this study were found in a study by Mosley and Gibbs, however, they did not control for confounding factors or consider a dose-response relationship between smoking and AGA. More research is needed to further confirm this relationship.

Citations

1. Su, L.H., and T. Hsiu-His. Association of androgenetic alopecia with smoking and its prevalence among Asian men: A community-based survey. *Archives in Dermatology* 2007; 143:1401–1406.
2. Mosley, J.G., and A.C. Gibbs. Premature grey hair and hair loss among smokers: A new opportunity for health education? *British Medical Journal* 1996; 313:1616.

Minoxidil 5% foam shows good results

A double-blind, placebo-controlled, 16-week trial demonstrated that the new foam formulation of topical minoxidil was effective and safe for the treatment of androgenetic alopecia. A total of 352 men, aged 18–49, with Norwood patterns III, IV, or V, were enrolled in 14 study sites and randomized to receive either placebo or topical minoxidil 5% foam, applied twice daily. After 16 weeks, subjects in the active treatment group continued therapy for an additional 8 months in an open-label extension in order to obtain further safety data. Investigators found a significantly greater increase in hair counts for the minoxidil group compared with the placebo at all time intervals (15.5 vs. 5.2 at 8 weeks, 19.8 vs. 5.0 at 12 weeks, and 20.9 vs. 4.7 at 16 weeks). Subject assessment and global photos evaluated by an expert panel of blinded investigators also showed a significantly greater improvement in the active treatment group. Only headache, pruritus, rash, and pain occurred in more than 1% of patients in either group. Dryness/scaling, erythema, and folliculitis were surprisingly common at baseline (14%), but showed no significant worsening in either treatment group during the study period.

Comment: Minoxidil topical solution has been a useful adjunct to hair transplantation since its FDA approval for hair loss in 1988. Its use, however, has been limited because of contact reactions to the propylene glycol component, or because patients find it too messy. This foam alternative has no propylene glycol, dries more quickly, and does not drip down to other areas. Further studies should compare the therapeutic effect of the foam to that of the solution to ensure comparable efficacy. In the meantime, patients can benefit from the foam's enhanced cosmetic acceptability, which may increase compliance as well.

Citations

1. Olsen, E.A., et al. A multicenter, randomized, placebo-controlled, double-blind clinical trial of a novel formulation of 5% minoxidil topical foam versus placebo in the treatment of androgenetic alopecia in man. *J Am Acad Dermatol* 2007; 57:767–74.
2. Friedman, E.S., et al. Allergic contact dermatitis to topical minoxidil solution: Etiology and treatment. *J Am Acad Dermatol* 2002; 46:309–312.

Shedding more (low level) light on wound healing

Investigators at Harvard, MIT, and Tufts are teaming up to help us better understand the effects of red low level light therapy (LLLT) on skin. In a recent publication, they found that single exposures of LLLT enhanced wound healing in mice. They created full-thickness dorsal excisions, and 30 minutes later exposed the wounds to 635nm light at a fluence of 2 J/cm^2. These wounds were found to heal faster than control wounds, with statistically significant difference during the first 5 days. Immunohistochemical studies found increased numbers of "α" isoform-smooth muscle actin positive cells, which label myofibroblasts, at the wound edge. The authors postulate that LLLT stimulates wound contraction, but the exact mechanism is still unclear.

Comment: Since FDA (510K) clearance of the Hairmax Lasercomb, there has been renewed interest among the hair transplant community in using LLLT to grow hair. In this study and earlier studies, Hamblin's group at Harvard is elucidating the mechanism of LLLT and how it may be related to its effect on the mitochondrial transport chain.

Citations

1. Demidova, T.N., et al. Low level light stimulates excisional wound healing in mice. *Lasers in Surgery and Medicine* 2007; 39:706–715.
2. Hamblin, M.R., and T.N. Demidova. Mechanisms of low level light therapy. *Proc. of SPIE* Vol. 6140, 614001 (Feb. 10, 2006).✧

Cyberspace Chat

Topic of the Month: A safe "out of body" time for follicular unit grafts

Sharon A. Keene, MD *Tucson, Arizona*

The following online correspondence reviewed the subject of a safe time for grafts to be out of the body for maximum graft survival. (In other words, how much time can we spend before placing the grafts in the incisions?)

Dr. Bill Parsley responded with the following data from Dr. Bobby Limmer's study, which implies that 8 hours (and sometimes a little longer) is still fine.

Dr. Limmer's Study

2 patients, all grafts were 1- to 2-hair FU grafts, in chilled Normal Saline solution. Survival was assessed at 5.5 months, with the following findings on graft growth and survival:

2 hours (257 FUs)..... 95%
4 hours (200 FUs)..... 90%
6 hours (200 FUs)..... 86%
8 hours (227 FUs)..... 88%
24 hours (200 FUs)... 79%
48 hours (200 FUs)... 54%

Vance Elliot, MD *Edmonton, Alberta, Canada,* asks:

Where do we draw the line, though? Obviously, 2 hours seems better, but there are practical problems with this. Do we tell patients we get an 88% survival? Should we be aiming for 4 hours max?

David Perez-Meza, MD, *Maitland, Florida,* replies:

I have done some studies with ISHRS research grants and additional protocols also done at the Orlando Live Surgery Workshop.

We (Alex Ginzburg and I) made three studies about graft preservation up to 48 hours outside the body—just Saline solution or Saline vs. Moser solution. Additional studies were performed with custodiol vs. hypothermosol, custodiol vs. Saline, and Survive (a solution that I prepared). Another study utilized autologous growth factors. Finally, we also did another study—ambient temperature vs. 4°C (we didn't find a significant difference at 4–6 hours). Obviously, there are many variables in these studies (chubby vs. skinny, 1-hair vs. 2-hair FUs, sagittal vs. coronal), but most were done in 1cm square boxes with 25–30 FUs, each graft was a 2-hair FU, and the grafts were placed in less than 4–6 hours.

As I mentioned before, in my opinion, the best survival rate (90–92 + % average) is up to 6 hours (I will draw the line here).

I also repeated the Limmer study using different solutions, and the survival rate was higher than Bobby's study.

In conclusion, arranging donor harvesting so that grafts are out of body for a maximum of 6 hours seems prudent based on the anecdotal reports of the clinical cases presented to date! This may involve staged donor harvesting, but in the end should help maintain high graft survival.✧

Call for Nominations

ATTENTION DOCTORS AND ASSISTANTS: 2008 Distinguished Assistant Award

Presented to a surgical assistant for exemplary service and outstanding accomplishments in the field of hair restoration surgery.

Examples of exemplary service may include, but are not limited to, extending superior patient care, developing new protocols (related to clinical care or office management), active participation in ISHRS events and projects, assisting in research or contributing to the advancement of the science of hair restoration surgery, implementing new tools or techniques, maintaining the highest standards, and dedication to the field of hair restoration surgery.

Members in good standing (assistants or doctors) may mail, fax, or e-mail nominations with an explanation of why the person is deserving of the award by June 15, 2008. Eligible candidates must be members of the ISHRS Surgical Assistants Auxiliary, however, non-members whose service has been significant may be considered.

Nominees will be reviewed and voted upon by the Surgical Assistants Awards Committee. The winner will be announced during the Gala Dinner/Dance & Awards Ceremony on Saturday/September 6, 2008, at the 16th Annual Scientific Meeting in Montréal. Send submissions* to:

ISHRS Surgical Assistants Awards Committee

Fax: 630-262-1520

E-mail: info@ishrs.org

Deadline for nominations:

June 15, 2008

Distinguished Assistant Awardees

Betsy Shea, LPN	2007
MaryAnn Parsley, RN	2005
Helen Marzola, RGN	2004
Carol Rosanelli, RN, JD	2004
Marilynne Gillespie, RN	2003
Cheryl J. Pomerantz, RN	2003

**Remember to include your name, the person you are nominating, AND the reason they are deserving of the award.*

ISHRS Research Grant Program

The International Society of Hair Restoration Surgery offers research grants for the purpose of relevant clinical research directed toward the subject of hair restoration. Research that focuses on clinical problems or has applications to clinical problems will receive preferential consideration. These research grants are in an amount of up to US$1,200 each.

The Scientific Research, Grants & Awards Committee oversees the ISHRS research grant process, including rating the proposals and determining the awardees. The grant recipient will be announced at the ISHRS's Annual Scientific Meeting, September 3–7, 2008, in Montréal, Quebec, Canada.

NEW!

2008 ISHRS/IHRF Joint Research Grant US$10,000

The International Society of Hair Restoration Surgery is pleased to announce its partnership with the International Hair Research Foundation for purposes of furthering research in the field of trichology.

The ISHRS and IHRF will provide an annual grant in the amount of US$10,000 to one worthy proposal for a research project. A special subcommittee of the ISHRS Scientific Research, Grants & Awards Committee will review all submissions on set criteria and make the annual selection. The grant recipient will be announced at the 2008 ISHRS Annual Scientific Meeting.

The submission deadline to be considered for either research grant is

May 1, 2008.

For more details, a list of past recipients, and to obtain an application to apply for either or both grants, go to:

ww.ishrs.org/member-grants.htm

Call for Nominations

2008 Golden & Platinum Follicle Awards

Golden Follicle Awardees

E. Antonio Mangubat, MD	2007
Mario Marzola, MBBS	2006
Ronald L. Shapiro, MD	2005
William R. Rassman, MD	2004
William M. Parsley, MD	2003
Matt L. Leavitt, DO	2002
David J. Seager, MD	2001
Russell Knudsen, MBBS	2000
Dow B. Stough, MD	1999
O 'Tar T. Norwood, MD	1998
Richard C. Shiell, MBBS	1997
James Arnold, MD	1996
Walter P. Unger, MD	1995
Patrick Frechet, MD	1994

Platinum Follicle Awardees

David Perez-Meza, MD	2007
Sungjoo "Tommy" Hwang, MD, PhD	2006
Walter Krugluger, MD, PhD	2005
Melvin L. Mayer, MD	2004
Jennifer H. Martinick, MBBS	2003
Gerard Seery, MD	2002
Robert M. Bernstein, MD	2001
Carlos O. Uebel, MD	2000
Michael L. Beehner, MD	1999
Marcelo Gandelman, MD	1998
Rolf Nordstrom, MD	1997
Bobby L. Limmer, MD	1996
Masumi Inaba, MD	1995
Jung Chul Kim, MD	1994

This is your chance to nominate a deserving peer for one of these prestigious awards. Members in good standing may fax or e-mail nominations with an explanation of why the person is deserving of the award by **June 15, 2008,** to:

ISHRS Scientific Research, Grants, & Awards Committee

Fax: 630-262-1520

E-mail: info@ishrs.org

Specific information and accomplishments should be included on the nomination. All nominees will be reviewed and voted upon by the Scientific Research, Grants, & Awards Committee. The Golden Follicle and Platinum Follicle Awards will be presented during the Gala Dinner at the ISHRS 16th Annual Scientific Meeting, September 3–7, 2008, in Montréal.

Deadline for nominations:

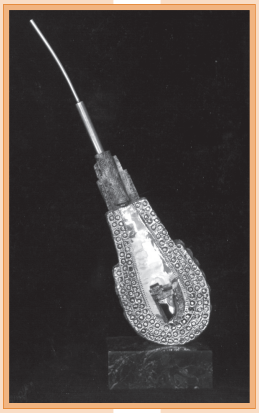
June 15, 2008

Please make sure to include your name, the person you are nominating AND the reason they are deserving of the award.

Golden Follicle Award Criteria

"Outstanding and significant clinical contributions related to hair restoration surgery."

1. The recipient must have been the principal person involved in clinical research or in developing innovations or made a significant contribution furthering the advancement of hair restoration.
2. The work of the recipient must have resulted in demonstrated improved patient outcomes.
3. The recipient may not have been awarded the Golden or Platinum Follicle Awards within the previous 5 years. (Exceptions may be made in the event of extraordinary circumstances regarding new work conducted by the nominee.)
4. The recipient will preferably be a member of the ISHRS, however, non-members whose work has been significant may be considered.



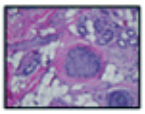
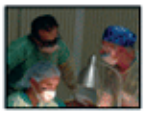
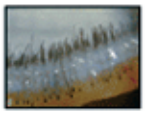
Platinum Follicle Award Criteria

"Outstanding achievement in basic scientific or clinically-related research in hair pathophysiology or anatomy as it relates to hair restoration."

1. The recipient must have been the principal investigator involved in basic scientific or clinically-related research related to hair restoration.
2. The results of the research must represent significant advancement the science of hair restoration.
3. The recipient may not have been awarded the Golden or Platinum Follicle Awards within the previous 5 years. (Exceptions may be made in the event of extraordinary circumstances regarding new work conducted by the nominee.)
4. The recipient will preferably be a member of the ISHRS, however, non-members whose work has been significant may be considered.

2007-2008 Advanced Webinars



Don't miss this advanced learning opportunity!

The ISHRS Advanced Webinars are devoted to topics identified by physician members and/or the ISHRS Core Curriculum in Hair Restoration Surgery as necessary to professional enhancement or patient care, and are taught at an **advanced level.** Each Webinar is led by a recognized leader in the field of hair transplantation and when appropriate has adjunct faculty that are renowned for their work in a particular area. Each Webinar offers up to 3 hours of *AMA PRA Category 1 Credit™*. Go to the Advanced Webinars website for further information, technical requirements for participation, and to register.

Registration Fees: Member Rate = $150.00 USD per Webinar
Member Pending Rate = $165.00 USD per Webinar
Non-Member Rate = $180.00 USD per Webinar

James A. Harris, MD
Chair, Advanced Webinars

Register online at: http://www.registration123.com/ishrs/07WEBINARS/

Remaining 2008 Schedule

Quality Assurance and "Six Sigma" Strategies in Hair Transplantation

Saturday, July 26, 2008, 10:00AM–1:00PM (Central Time/Chicago)
Director: Carlos J. Puig, DO
Quality assurance is a planned and systematic set of activities to ensure that the critical steps in a procedure are clearly identified and assessed and measures are taken to ensure that these steps meet the benchmarks to provide the patient with the optimal outcome. Preventable errors can lead to complications and poor patient outcomes. A strategy known as "Six Sigma," which reduces defects in a process to fewer than 3.4 per million, may be applicable to hair transplantation. This course will describe the underlying causes of error and provide suggestions for important changes that may include adopting new educational programs, devising strategies to increase staff awareness, and encouraging physician commitment to quality improvement.

Learning Objectives:
- Describe the difference between Quality Assurance (QA) and Six Sigma quality improvement programs.
- Define and list a "critical to quality" step in hair transplantation.
- Outline the steps in implementing a Six Sigma quality program.
- Define and contrast an internal and external customer.
- Define and contrast a stable and unstable process.
- Describe the role of variation in managing quality.
- Define profound knowledge.

Advanced Hair Transplant Principles and Planning

Saturday, November 8, 2008, 10:00AM–1:00PM (Central Time/Chicago)
Director: William M. Parsley, MD
Faculty: Paul T. Rose, MD, JD, Bradley R. Wolf, MD
This course is intended to provide the experienced transplant physician direction for counseling and planning when they are dealing with a patient who has extraordinary needs or demands, such as young patients, those wanting low hairlines, patients at risk for severe shock loss, those with body dysmorphic disorder, or patients with class VI–VII patterns. It will also provide practical surgical details to physicians wanting to practice at an advanced level utilizing a variety of recipient site orientations (perpendicular and parallel), transplanting at high densities, and advanced harvesting and closure techniques.

Learning Objectives:
- Understand how to counsel and assess patients with a variety of needs and desires that may be beyond the "standard" patient.
- Describe the factors critical for "high density" transplants.
- Define "parallel" and "perpendicular" recipient sites.
- Describe the theoretical advantages and disadvantages of "parallel" vs. "perpendicular" sites.
- Explain the variety of ways that donor tissue may be harvested and list possible uses of each.
- Describe the methods for closing a strip harvest incision.

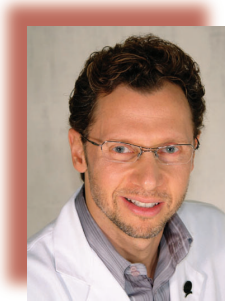
"I thought the Webinar was excellent. The talks were informative and stayed on time."
—Edwin S. Epstein, MD

"I thought it was an absolutely fantastic Webinar. Thanks for all your obvious work in preparing it. There are few educational experiences that I have enjoyed more"
—William M. Parsley, MD

"I just completed my first Webinar under the auspices of the ISHRS. It was superb. The Webinar took 3 hours, reduced expenses greatly for participants, made it easier to get highly qualified experts to donate time, allowed for much greater in-depth discussion than can be afforded at a meeting or workshop, and it was very cost and time effective. The audience knowledge level was very high and stimulating. This type of in-depth discussion is sorely needed in our education and should be on the agenda of several committees—specifically education—for future programs."
—Edward Lack, MD

SAVE THE DATE...Experience Montréal

September 3-7, 2008
ISHRS 16th Annual Scientific Meeting
Montréal, Quebec, Canada
Fairmont The Queen Elizabeth Hotel



Arthur Tykocinski, MD
Sao Paulo, Brazil

Message from the Program Chair of the 2008 Annual Scientific Meeting

Dear Colleagues,

You may ask, why did we choose "Complications of Hair Transplants" for the theme of the next ISHRS Annual Meeting in Montreal?

Many times we go to a meeting and everything looks perfect and easy. But when we get back to our offices, we find that in the real world things happen a little differently. We might think that it is only us that have such problems, difficulties, and complications. Now is time to talk frankly about that. Even the great surgeons learned from their mistakes and no one is immune to having a complication. They just happen, sooner or later.

We have to learn by others' mistakes to not commit the same errors. We have to be prepared to deal with such situations in the best manner as possible. Not just that, but mainly we have to be prepared to prevent them, and exchanging personal experiences in meetings and publications is the best way to learn.

To accomplish that task, this year we will have an extremely prepared group of surgeons to discuss in depth all aspects involved in complications on hair restoration. Despite that, we will discuss unusual cases. If we start to discuss them, maybe we might see they are not so rare.

If you have suggestions, please send them to arthur@cabelo.med.br

Best regards,

Arthur Tykocinski, MD, Chair
ISHRS 2008 Annual Scientific Meeting Committee

Surgical Assistants Co-editors' Messages

Betsy S. Shea, LPN *Saratoga Springs, New York*

Dear Assistants,

I recently had the pleasure of visiting another office. During a visit to North Carolina to visit my son in college, I had an opportunity to stop by Dr. Jerry Cooley's office in Charlotte. They welcomed me with open arms and I got to see how wonderful they are at their jobs.

I observed a 1,500 follicular unit graft case on a young man who happily watched several movies while they worked on him. Dr. Cooley and his staff were all very happy to answer any of my questions and had a few of there own about how things work in Dr. Mike Beehner's office. The vibe in the room was very comfortable and professional. The exchange of ideas was even better than any of the meetings; mainly because I was able to witness everything firsthand in their own environment. They worked very well as a team.

When I returned to work the following week, everyone in the office was very interested in what I had seen and if I had learned any new pearls of wisdom. If any of you get an opportunity to visit another office for a day, I encourage you to jump at the chance. It was a great experience and as always a pleasure to meet up with some friends.

Betsy

Laurie Gorham, RN *Boston, Massachusetts*

Hello Assistants,

It's almost Spring! We've almost made it through the long winter.

I know we are all busy with the balance of work and home life, but remember:

Keep those ideas flowing,
and article submissions growing,
because before long,
the grass we will be mowing!

Laurie

Stress management in hair restoration

Emina Karamanovski, The Lam Institute for Hair Restoration, *Plano, Texas*

Stress is a word commonly used to describe our emotional strain. In our fast-paced society we are constantly adding tasks to accomplish and expectations to meet, while progressively feeling emotionally overextended and unsatisfied. Trying to keep up with the increasing number of demands placed upon us, we end up suffering physically, mentally, and emotionally. Back pain, insomnia, or anxiety attacks are just a few of the many symptoms associated with stress.

Hair restoration is performed working in close proximity to the patient and coworkers over many hours. This setup creates a unique work environment as well as specific sources of stress. While the tedious work of graft dissection and graft placement may cause muscle tension and mental fatigue (and thereby contribute to work injuries), the positive or negative emotions displayed by people involved in the process of hair restoration can dictate the work mood, cause poor performance, color the patient's experience and affect the overall result of the procedure. The purpose of this article is to help you understand the symptoms of stress related to hair restoration, and to give you the tools to manage stress effectively.

Have you ever felt on top of the world, only to be suddenly deflated by a grouchy coworker? That's because emotions are more contagious than colds or flu. According to a study published in Psychiatry Research, just looking at happy or sad faces can evoke those same feelings in us. Brain and heart researchers tell us that we are biologically programmed for sensing others' feelings. For centuries, the heart was associated with emotions. For example, "putting one's heart into" something describes passion, while being rejected by a loved one can leave you with a "broken heart". Only recently, we are finding that the connection between the heart and emotions is actually physiologic. Research in the domain of neurocardiology reveals that within the heart a sophisticated web of approximately 40,000 neurons forms a functional brain-like structure that can sense and remember.

You have probably had the uncomfortable experience of walking into a room and sensing "thick air," only to later learn that the people in the room had had an argument. Research at the Institute of HeartMath® shows that our emotional state is revealed in heart rate variability. When feeling love, care, or appreciation, our heart rate is even, whereas when feeling anger or hostility, our heart rate is irregular.. Furthermore, cardiac activity generates a strong electromagnetic field that is five thousand times stronger than the field produced by the brain. The electromagnetic field of a heart can be measured at a ten-foot distance from the body. When someone is upset, the heart may broadcast the person's feelings into the electromagnetic field such that others around him can pick up on the person's overall mood.

Although our emotions can be affected by the emotions of others, we can learn to control our sentiments by choosing our attitude and transforming our feelings. According to the principle of physics called entrainment, when two or more oscillating objects are in proximity, they synchronize. When two people "on the same wavelength" work on a project, their hearts can synchronize and both people accomplish more. The opposite is true also! When there is tension or animosity between two people, their productivity decreases significantly and each individual becomes less efficient. The same law applies to our mind–heart communication. When our mind is upset, it can upset our heart and vice versa. If we notice that we are stressed, we can relax our inner tension by thinking differently or feeling differently. One of the suggested techniques to manage stress would be to engage in a meaningful conversation, because when we talk about something we enjoy, our mind and heart align, we feel good, and our feelings can guide others around us to feel good, too.

In order to manage stress effectively we have to:

1. Identify the signs of stress
2. Recognize its source
3. Determine our options
4. Choose our response

The Signs of Stress

Hours spent in a limited motion while focused on tedious work can cause us to feel stressed yet we may neglect to notice its signs:

- Tension
- Restlessness
- Frustration and irritability

Tension can be caused by the prolonged focus on a small field, the body's unchanged position, repetitive motion, a difficult case, and it can be expressed through muscle tension, eye fatigue, headache and/or nervousness. Restlessness is easy to recognize in a patient—he or she becomes fidgety—while restlessness in a surgical assistant is less obvious and can be observed when a person is distracted, inattentive, or clumsy. Frustration and irritability are usually two sides of the same coin; when someone is frustrated he or she becomes irritable. Pay attention to your feelings; they provide you with the information you need to discover whether you are comfortable or stressed.

The Source of Stress

Although our focus is on the surgical staff, we should not overlook patients' feelings as a contributor to stress. There are four sources of stress: you, your coworkers, the patient, and the environment. After you recognize that you are experiencing stress, identify its source.

- Always start with you. Identify what you feel and take responsibility for your feelings. Remember, emotions are contagious both ways; you can be affected by the feelings of others and you can contaminate or uplift others depending on your mood.
- If you notice that your coworker is upset about something, share your observation gently, offer to help her find a solution later, or suggest a break and help change the attitude. If someone is sick with the flu, you would

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not let that person spread germs around the room. The same applies to spreading an unpleasant mood.

- Have you ever been trapped on a tarmac for hours? That is how your patient feels sitting in a chair all day. Be aware of his physical comfort, physiological needs for the restroom or to stand up and stretch, and his feelings, such as anxiety or boredom. Be tuned in to your patient.
- Recognize if the background is noisy, the temperature too warm or too cold, or your work area uncomfortable.

Determine Your Options

Whether you are getting tired or tense, whether the source of stress is you or a frustrated coworker or your patient, your may find solace in one of the following:

- Create comfort. Take or suggest a break, get a snack or drink. Sometimes a little sugar can lift your energy and change one's mood. Move around, stretch your body; let your patient stand up for few minutes, give him a pillow to sit on or put behind his back, offer him a snack or something to drink.
- Create distraction. Start a conversation, turn on the TV, or suggest a movie (if applicable).
- Change attitude. Change the mood in the room, find a meaningful topic that can engage everybody's heart and thereby evoke pleasant feelings. Don't be upset with a patient if the case is challenging; he or she did not do anything intentionally to make your work more difficult. (Even if the patient did have a glass of wine, in spite of hearing the preoperative instruction, keep in mind that he or she did not choose to drink so that your work is more difficult.) Do not take things personally and avoid reprimanding the patient, rather educate the patient.
- Change your approach and/or technique. If the hair is white and difficult to see, try coloring it before harvesting, or change your focus and occasionally lift your head and gaze in a distance. If your patient's tissue is not cooperating and the grafts are popping, take a break and give your patient a break; then try applying gentler pressure on the recipient area. If your patient starts bleeding half way through the procedure, offer her a bathroom break; her blood pressure may be up because of the inner tension.

Choose Your Response

Depending on the source of stress, in choosing your response, you can address the environment or your attitude. It is important to mention that there is a difference between reacting to a stressful situation and choosing your response to it. When you react, you are acting instinctively, but when you choose your response, you are deliberately expressing and demonstrating your values and qualities.

- In addressing the environment, you can create a physical or mental comfort by choosing to take a break or engaging in a meaningful conversation.
- In addressing your attitude, you have to recognize your mood, determine that it is unhelpful, and decide to change it. For example, you discover that you are grumpy. Ask yourself if you would want to be around (or treated by) people in such a mood, then determine your preferred attitude (such as being pleasant or funny) and take appropriate action.

Because we generally lack education on emotional intelligence, most of us are unaware that we do have the capacity to manipulate and transform our sentiment. As you can open or close your heart, send or receive love, transform anger into determination or decrease inner agitation by being honest, thus you can choose your attitude. Before you react to any given situation, take a minute to choose your response so that it can reflect the true you.

Imagine working on a patient who is bleeding and graft placement is challenging. Your neck and shoulders are hurting. In addition to being frustrated, you are getting irritated because your coworker is rough, pushing hard on the patient's head, and you learned that the patient had taken an aspirin the day before his surgery. You have been working for hours, fighting with grafts to stay in place and now, your patient is starting to fidget. You have two choices. You can be short with the patient and blame him for your discomfort, you can tell him that he is bleeding because of the aspirin he took, causing the procedure to be more difficult and lengthy, and order him to sit still and bear the consequences of his action. You may temporarily feel better because you distributed the "justice" and the patient calmed down…but this is only a short-term benefit. The tone of your voice and the words you used to talk to the patient just aggravated the situation. After you reprimanded him, his disturbed emotions cause his blood pressure to go up, resulting in more bleeding and more tension. Your patient feels worried for the result of his surgery, concerned that he upset you, and his overall experience is changed to unpleasant. Or, you can make a different choice. You can recognize that all parties involved are tired and tense and offer a break and a snack. Change your approach and/or technique. Try the compression technique, hold your hands on the recipient area and use that time to close your eyes and relax. Apologize to the patient that the procedure is taking longer than estimated and for the discomfort and the inconvenience it may have caused him. Educate your patient; explain that the reason he has to be sitting in the same chair for long hours is the aspirin he took but emphasize that the results will not be affected. Discover an interesting subject you may have in common and engage him in a conversation, or offer him the opportunity to relax and put on appropriate music. Create a pleasant environment, free of tension for both you and your patient.

The interesting aspect of stress is that it depends on personal perception. A steep roller-coaster ride can cause fear and anxiety in one person, and excitement and enjoyment in another. Furthermore, stress can emerge in a relaxing situation, such as getting a flat tire while on vacation. Remember to pay attention to your feelings so that you can recognize when a situation changes from challenging to taxing, and use your power to choose your attitude. The guidelines for stress management offered above are only good if you apply them.

For questions or more information, please email Emina at emina@hairtx.com.✧

Kathryn Lawson
Calgary, AB, Canada

Message from the 2008 Surgical Assistants Program Chair

As the months fly by, I sit waiting patiently for ideas, comments, and suggestions. All in a hope to make this meeting one that all of you want to be part of and feel excited about.

Through the years I have listened to those around me quietly discussing our meetings, voicing their ideas and opinions on how to make each year better and offering their creative criticism. I know that many of you have a lot to say.

What I didn't know when I took on this position was how hard it would be to make people talk to me and take part. My pleas seem to be unanswered so I have resorted to new tactics.

Check out my blog page once again—or for the first time—and see what I mean:
http://sameetingmontreal2008.blogspot.com

This program has come a long way with the hard work and dedication of a small group of people. They have contributed so much in so many ways over the years. Unfortunately, these same people can only work so much and come up with so many ideas.

This is the year for all of us to come together. Once again, I encourage you to speak up and let me know what you want and what you don't.

Nothing can grow or change if new people and voices do not take part in our Society, and our program.

For those of you who have taken part in the past and helped to make this program what it is today, I give you a standing ovation. This is no easy job and I appreciate more than ever the hard work and determination you have put into this throughout the years.

Please be in touch,

Kathryn

Email: Kathryn@gillespieclinic.com
800-461-2220 or 403-259-6798; Fax: 403-255-6547

Surgical Assistants: Get Involved in the ISHRS...

We would love to hear from you. There are many ways you can contribute:

- Write an article or present an idea to the Forum
- Serve on the Surgical Assistants Executive Committee
- Help in the planning of our educational events
- Teach at our meetings and workshops

Contact info@ishrs.org today!

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

Classified Ads

Clinics for Sale

Established Hair Restoration Clinics (3 locations) 15 years in practice. Annual 1 to 1.2 million. Retiring from the business and selling my half at reduced rate. Doctor & staff in place. Great investment or come in and perform the surgeries yourself.

Inquiries Confidential Fax: 515-474-8086

Hair Transplant Clinic Practice

Looking to incorporate a physician with core basics in surgical Hair Restoration to eventually assume established hair restoration practice. www.midwestrealhair.com

Inquires Confidential 608-241-8848

Independent Hair Technician Available

Denise Kernan is a 14 year experienced hair transplant tech who's available per diem or training. If you're starting, adding or just short handed, please contact Denise Kernan at 612-751-4657 or dk@dkhairtransplants.com

Are you a member of the Annual Giving Fund (AGF) Leadership Circle?

We need your help and support to accomplish the many projects and initiatives of the ISHRS.

Projects and Initiatives to Be Funded

- Increase international public awareness of ISHRS activities through website improvements and other media channels
- Expand educational and training programs
- Expand the *Forum* with the addition of more color photos
- Increase support to OPERATION RESTORE
- Provide additional amenities for members at meetings (e.g., Internet café)
- Attract more internationally known guest speakers
- Build supply of technical equipment (e.g., microscopes, mannequin heads, etc.) that can be used repeatedly at meetings
- Coordinate guided, better financed research programs

Giving Categories

Trustees Circle: *$2,000/year (5-year commitment)*

- ✔ Access to VIP Room at the Annual Meeting—stocked with snacks, e-mail access, a place to relax, network
- ✔ 2 tickets to President's Giving Fund reception each year for the person who gives this amount
- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Leadership Circle: *$1,000/year (5-year commitment)*

- ✔ 2 tickets to President's Giving Fund reception each year for the person who gives this amount
- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Supporter's Circle: *$500/year (5-year commitment)*

- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Contributor's Circle: *$250/year (5-year commitment)*

- ✔ Lapel pin
- ✔ Acknowledgment sticker on Annual Meeting name badge
- ✔ Recognition on website (name appears for duration of one year, for each year of giving)
- ✔ Recognition in the *Forum* (once per year)

Please consider donating to the ISHRS Annual Giving Fund.

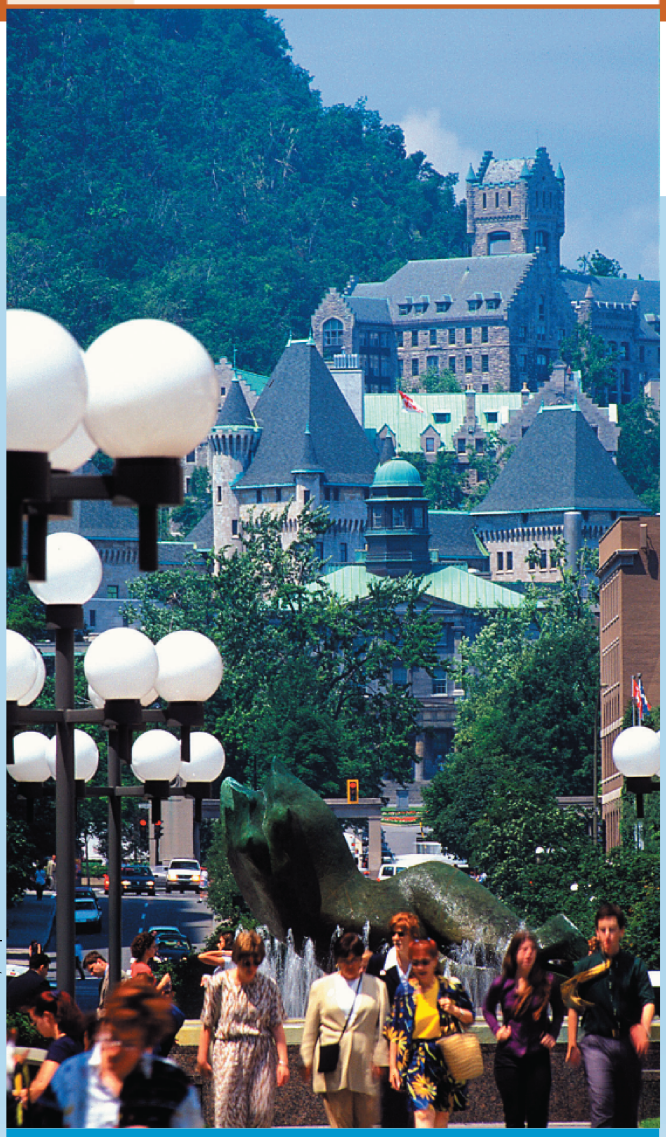
To make your donation to the ISHRS Annual Giving Fund, go to our secure website:
http://www.registration123.com/ishrs/AGF
Questions about the AGF? E-mail: agf@ishrs.org

MARK YOUR CALENDAR AND PLAN TO ATTEND!

September 3-7, 2008
ISHRS 16th Annual Scientific Meeting
Montréal, Quebec, Canada
Fairmont The Queen Elizabeth Hotel

Tête à Tête Montréal:

Vital Discourse in the Innovations & Possibilities of Hair Restoration Surgery



© Tourisme Montréal, Stéphan Poulin

The complete program with registration materials will be available in early April.
Go to: www.ISHRS.org/16thAnnualMeeting.html

This is the 16th Annual Scientific Meeting, dubbed "THE BIG ONE," of the International Society of Hair Restoration Surgery. We cordially invite you to join us in this grand exchange of science and ideas.

For the general sessions we are planning a unique surgical video session that will be shown in high definition with a never-seen-before resolution! There will be an innovative panel on "hairline design" whereby you will see the different approaches taken by the surgeons in the same patient. In order to do so, the pictures will be superposed and then compared, using the assist of digital technology. This is a unique opportunity to compare personal styles and different conceptions.

We want to put out an interactive event where everybody can participate in exchanging ideas and experiences. At this 2008 Meeting, we will emphasize special panels on controversies, with much time devoted to question-and-answer sessions.

So, bring on your ideas, your doubts, or your objections. The exchange of information of different experiences is very important to enrich us all.

2008 ANNUAL SCIENTIFIC MEETING COMMITTEE

Arthur Tykocinski, MD, Chair
Melvin L. Mayer, MD, Basics Course Co-Chair
Alex Ginzburg, MD, Basics Course Co-Chair
Carlos J. Puig, DO, Board Review Course Co-Chair
Paul McAndrews, MD, Board Review Course Co-Chair
David Perez-Meza, MD, Workshop Chair
Sharon A. Keene, MD, Immediate Past-Chair
Kathryn Lawson, Surgical Assistants Chair

Our Program Chair, Dr. Arthur Tykocinski (Sao Paulo, Brazil) and his dedicated committee are developing a grand learning experience for all comers even if you are new to this field.

GENERAL SESSION FEATURES:

- Interactive Movie Theater – Surgery in High Definition
- Controversies – Discussion Panels
- Hard Cases
- Optimum Cosmesis for the Recipient Site
- Hairline Demonstration Panel
- Novel Surgical Techniques
- Advances in Hair Biology
- Live Patient Viewing

OTHER PROGRAM FEATURES:

- 2 Lunch Symposiums
- Full day Basics in Hair Restoration Surgery Course – includes 9 hours of lectures on CD-ROM and a full day hands-on curriculum utilizing cadaveric scalp tissue
- Full day Board Review Course
- Peer Networking and Discussion Forums
- Surgical Assistants Program
- Technical Exhibits Program
- 2 Surgical Assistants Cutting/Placing Workshops – hands-on utilizing cadaveric scalp tissue
- 8 Workshops – interactive, small group settings

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
January 2008–June 2008	International European Diploma for Hair Restoration Surgery *www.univ-lyon.fr*	Coordiantors: Y. Crassas, MD, P. Cahuzac, MD University Claude Bernard of Lyon, Paris, Dijon (France) Torino (Italy), Barcelona (Spain) *Dept. of Plastic Surgery*	*yves.crassas@wanadoo.fr*
Academic Year 2007–2008	Diploma of Scalp Pathology & Surgery U.F.R de Stomatologie et de Chirurgie Maxillo-faciale; *Paris, France*	Coordinators: P. Bouhanna, MD, and M. Divaris, MD Director: Pr. J. Ch. Bertrand	Tel: 33 + (0)1 + 42 16 12 83 Fax: 33 + (0) 1 45 86 20 44 *marie-elise.neker@upmc.fr*
April 3–5, 2007	ISHRS Regional Workshop 14th Annual Live Surgery Workshop *Orlando, Florida, USA*	International Society of Hair Restoration Surgery *www.ISHRS.org* Hosted by Matt L. Leavitt, DO	Valarie Montalbano, Coordinator 407-373-0700, ext. 6 *HValarieM@leavittmgt.com*
May 2–4, 2008	III Congress of Brazilian Association of Hair Restoration Surgery *Rio de Janeiro, Brazil*	Brazilian Association of Hair Restoration Surgery (ASSOCIAÇAO BRASILEIRA DE CIRURGIA DA RESTAURAÇAO CAPILAR - A.B.C.R.C.)	President: Marcelo Gandelman, MD Chairman: Henrique N. Radwanski, MD *Dr.Henrique@pilos.com.br*
May 4–5, 2008	ISHRS Regional Workshop Asian Hair Surgery Workshop *Seoul, Korea*	International Society of Hair Restoration Surgery *www.ishrs.org* *Hosted by Sungjoo Tommy Hwang, MD, PhD*	Dr. Hwang *doctorhair@naver.com* or *tommyhairdoctor@yahoo.com*
May 29–June 1, 2008	11th ESHRS Congress and Live Surgery Workshop *Madrid, Spain*	European Society of Hair Restoration Surgery *www.eshrs.com*	Tel: 00 33 1 40 50 54 60 (New) Fax: 00 33 1 45 02 15 77 *eshrs@eshrs.com*
May 30–June 1, 2008	ISHRS Regional Workshop Made in Italy: Hair Restoration Live Video Surgery Workshop *Rome, Italy*	International Society of Hair Restoration Surgery *www.ishrs.org* *Hosted by Istituto Dermopatico dell'Immacolata*	ISHRS HQ Tel: 630-262-5399; Fax: 630-262-1520 *info@ishrs.org*
July 26, 2008 10:00AM–1:00PM Central Time	Advanced Webinar: Quality Assurance and "Six Sigma" Strategies in Hair Transplantation *(online seminar)*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; Fax: 630-262-1520 *www.registration123.com/ishrs/07WEBINARS/*
September 3–7, 2008	16th Annual Scientific Meeting *Fairmont The Queen Elizabeth* *Montréal, Quebec, Canada*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; 800-444-2737 Fax: 630-262-1520 *info@ishrs.org*
November 8, 2008 10:00AM–1:00PM Central Time	Advanced Webinar: Advanced Hair Transplant Principles and Planning *(online seminar)*	International Society of Hair Restoration Surgery *www.ishrs.org*	Tel: 630-262-5399; Fax: 630-262-1520 *www.registration123.com/ishrs/07WEBINARS/*

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