

Hair's the Question

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When you have practiced hair surgery for a while, it seems as if you reach the point where you can diagnose a patient just by looking at them. Every once in a while, though, you run across something a little unusual. Here for your consideration are some scalp photos of common and rare medical conditions. See how good you really are and match them with their *most likely* diagnosis!

Photo Quiz

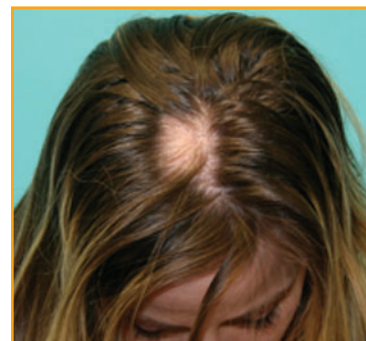
- | | |
|---|---|
| A. Cutis Verticis Gyrata | F. Previous hair transplant surgery |
| B. Androgenetic Alopecia (Female Pattern) | G. Alopecia Areata |
| C. Traction Alopecia | H. Frontal Fibrosing Alopecia |
| D. Androgenetic Alopecia (Male Pattern) | I. Central Centrifugal Cicatricial Alopecia |
| E. Temporal triangular alopecia | |



1



2



3



4



5



6



7



8



9

Hair's the Question

from page 21

1. **E.** Triangular temporal alopecia (TTA) is usually unilateral but may be bilateral. There is a 2-4cm hairless area in the frontotemporal region. While the changes are normally present at birth, they are often not fully appreciated until the child is several years old. The alopecic plaque is stable throughout the patient's life. If first recognized at a later age, this problem may be misdiagnosed as alopecia areata. TTA is an excellent indication for hair transplantation.
2. **C.** Traction alopecia is best known among blacks with corn-stalk hair styling or among young girls with extremely tight pigtails. The pressure exerted on the hairs leads to hair loss, which initially is reversible. If the process is not stopped, the potential for permanent hair follicle damage exists.
3. **G**
4. **H.** Frontal fibrosing alopecia (FFA) is a progressive scarring alopecia first described in 1994. It is currently considered one of the most, if not the most, common type of scarring alopecia. Patients are usually elderly, postmenopausal women who present a symmetric recession of the frontal and temporal hairlines. It has been described in premenopausal women and rarely in males. The etiology is unknown. The affected skin appears pale and atrophic, lacking follicular orifices. A common associated finding is a bilateral loss of the hair of the eyebrows. The course of this disease is slowly progressive, and medical therapies have not been efficacious in the majority of patients. In a recent report, Nusbaum et al. described the long-term loss of the transplanted hair in a case of frontal fibrosing alopecia.¹

5. **I.** Central centrifugal cicatricial alopecia is a progressive permanent loss of scalp hair starting on the central crown or vertex. A spectrum of clinical inflammation exists, ranging from minimal to highly inflamed with marked erythema, pustules, and crusting. It is usually a chronic and progressive scarring alopecia, with eventual spontaneous "burn out" after years. It is most commonly seen in women. It progresses in a roughly symmetrical fashion, with the most active disease activity occurring in a peripheral zone surrounding a central alopecic zone.²
6. **A.** Cutis verticis gyrata may be present at birth, either alone or as part of a variety of syndromes, or become apparent in adult life. Most commonly the scalp is involved. There appears to be simply too much skin, so that it acquires many folds. The hairs over the folds or gyri are usually reduced. If cutis verticis gyrate is present elsewhere on the body, one should be very suspicious of an associated syndrome or underlying dermal tumor or deposit.³
7. **B**
8. **D**
9. **F**

References

1. Nusbaum, B.P., and A. G. Nusbaum. Frontal fibrosing alopecia in a man: results of follicular unit test grafting. *Dermatol Surg.* 2010; 36:959-962.
2. Sperling, L.C. *An Atlas of Hair Pathology with Clinical Correlations.* Parthenon Publishing Group, 2003.
3. Wienecke, R. Malformations and genodermatoses. In: *Braun-Falco's Dermatology.* Springer Verlag, 2009; p. 747. ♦



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^{*}In a clinical study (N=352) of twice-daily use of Men's ROGAINE® Foam vs placebo.

1. Data on file. McNEIL-PPC, Inc. 2. In an in-home use test (n=300).

Review of the 6th World Congress for Hair Research

Russell Knudsen, MBBS Sydney, Australia; Bessam Farjo, MBChB Manchester, United Kingdom

The 6th World Congress for Hair Research was recently held in Cairns, Australia, under the chairmanship of Prof. Rodney Sinclair. It attracted 300 delegates from around the world, and was judged a great success. Highlights of the meeting were new elucidations of the myriad hormonal influences and transcription factors involved in the incredibly complex organ known as the hair follicle and new treatment directions. This Congress is held once every 3 years uniting the various regional hair research societies including the Australasian, Japanese, Korean, North American, and European. The following is a small selection of topics presented and excludes the countless fascinating posters on show.

Dr. Bruno Bernard introduced a new Equilibrium Theory regarding the hair cycle that involves a new phase (neogen) between telogen and anagen. He described a bi-stable system with phases of high activity (neogen and catagen) alternating with phases of low activity (telogen and anagen). He reminded delegates that there was much individual variation in the length of anagen phases in a single follicle.

Dr. Ralf Paus postulated that "Clock Genes" (originating in the hypothalamus) modulate cyclic organ regeneration in the hair follicle via TRH. These clock genes show a circadian rhythm and decreased clock genes create a prolonged anagen and increased melanin production. TRH prolongs anagen, modulates the clock genes, and decreases period 1 genes (again to prolong anagen). Any possible influence of TRH in male pattern balding and female pattern hair loss is still unclear. Astoundingly, recent evidence shows that the hair follicle is capable of producing every known human hormone!

Dr. Paus also stipulated that prolactin stimulates female fronto-temporal hairs but induces catagen in male occipital hairs. Both TRH and estradiol regulate intra-cutaneous prolactin, but it is unclear if it affects stem cell populations in the hair follicle. TRH does modulate epithelial stem cells.

The hair follicle, via a peripheral hypothalamic-pituitary-adrenal (HPA) axis, secretes cortisol for a negative feedback effect that also protects hair follicle immune privilege. The possible role of stress in up-regulating cortisol production was suggested as influencing the development of alopecia areata (AA) whereby AA might be seen to involve defective stress up-regulation by CRH. The role of stress in inducing telogen was also explained as involving nerve growth factor (NGF) and substance P in the dorsal root ganglia, which induces mast cell neurogenic inflammation and thereby inhibiting hair growth. Thyrotropin (TSH) proteins in the scalp are differentially regulated by TRH (increased) and T3 and T4 (decreased), but this does not change hair growth or pigmentation in the follicle. Dr. Paus also emphasized that vitamin D3 affects hormone regulation and maintains cycling in the



Dr. Bruno Bernard of L'Oreal.

hair follicle. He postulated that vitamin D might increase conversion of T4 to T3.

It was pointed out that the stimulatory effect of estradiol treatment was dose dependent and that finasteride increases estradiol by 10% via increased aromatase conversion. In addition, aromatase has a different expression in occipital versus frontal scalp hair follicles. Beta estrogen receptors occur in the hair follicle and, interestingly, there are decreased beta estrogen receptors in the occipital scalp of both men and women. Angiotensin 1 and 2 receptors occur in the skin and this raises the possible effectiveness of angiotensin receptor 2 blockade via spironolactone in preventing follicular fibrosis and hair loss.

Dr. George Cotsarelis stated that bald scalp lacks progenitor cells (CD 34+), but that stem cells are intact. This suggests that balding might involve a defect in stem cell activation. Various factors such as TGF β 1 and interleukin-8 are stimulated by androgens in balding dermal papilla (DP) cells, but interleukin-6 is over-expressed in balding DPCs and is induced by dihydrotestosterone (DHT), thereby inhibiting hair shaft elongation and inducing catagen.

Dr. Rodney Sinclair showed computer-generated 3-D reconstructions of the arrector pili muscle demonstrating that, contrary to classical drawings, a single arrector pili (AP) muscle may serve 2-5 follicles within a follicular unit.

He pointed out that no histological evidence existed of arrector pili musculature in severely miniaturized hairs. He suggested that miniaturized hairs drift away from the AP and that separation from the AP is the point of no return for hair re-growth potential, while in alopecia areata for instance, the muscle maintains its proximity to the hairs possibly explaining its reversibility. He also suggested there were primary and secondary follicles in the follicular unit with the primary hair follicle the last to drift. Dr. Sinclair also speculated that the AP might be a reservoir for DP cells as well as cytokines and hormones, and may thereby have a role in hair follicle homeostasis. He also raised the possibility that nerve endings in the AP muscle might be involved in the "pain" sometimes associated with hair loss. Alternatively, this pain could be explained by the inflammation Whiting found to be present in 10% of cases of androgenetic alopecia.

Dr. Pratima Karnik and others from a Vera Price group noted through gene expression profiling that there are similarities between lymphocytic and neutrophilic cicatricial alopecias. There is a shared decrease in cholesterol biosynthesis raising the idea for new treatments. There is also upregulation of TGF β .

Dr. Elise Olsen addressed the subject of central centrifuging cicatricial alopecia (CCCA), a condition almost exclusive to Blacks and in particular women. A 9-centre pilot study identi-



First session chairs, Drs. Nilofer Farjo and Kurt Stenn.

fied diabetes as a risk factor. In all, there was increased facial hair, adult acne, irregular menses, and difficulties with getting pregnant. CCCA was most commonly seen in middle age, braids/weaves were factors in the more advanced cases, and 90% of cases used hair relaxers. In another presentation, Dr. Olsen, through a study, challenged the connection between iron deficiency and hair loss in women by demonstrating that although iron deficiency is common in women, it is not increased in cases of female pattern hair loss or chronic telogen effluvium compared to controls.



Next World Congress scientific committee (L to R): Dr. Nilofer Farjo, Prof. Mike Philpott, Dr. Gill Westgate, Dr. Andrew Messenger, Prof. Valarie Randall, and Dr. Bessam Farjo

Dr. Blanka Havlikova told us that ER- β (estrogen receptor) is expressed in all regions of the hair follicle in both genders. ER- β agonist increases hair elongation in culture, increases keratinocyte proliferation, and increases the anagen/catagen ratio. She also discussed that pre-treatment of hair follicles with estrogens before chemotherapy inhibited progression of hair fall in 35% of cases. She concluded by saying ER signalling is an important regulator of apoptosis although there is less expression in the occipital hairs.

Another keynote speaker was Prof. Seong-Jin Kim who discussed the TGF β superfamily of growth factors as well as

“smads,” which are intracellular proteins that shuttle from cytoplasm to nucleus. In vivo studies suggest smad4 affects follicle differentiation mainly through BMP signalling. Smad7, which is specific to hair, also affects follicle differentiation and development but does so through blocking the TGF β /Activin/BMP pathway, as well as by inhibiting wnt/ β -catenin signalling.

One interesting talk on the final day by Chong Hyun Won presented the effect of adiponectin, which is a fat cell hormone or cytokine. Organ culture studies showed that adiponectin promotes hair shaft elongation and upregulates hair matrix keratinocytes through stimulating IGF1, VEGF, and HGF while inhibiting TGF β . Androgens inhibit adiponectin, which directly targets the hair follicle. It is possible that anti-androgen therapy can work by promoting adiponectin, VEGF, and IGF and stimulate hair growth.



(L to R) Dr. Russell Knudsen, Dr. Nilofer Farjo, Anne Knudsen, and Dr. Bessam Farjo sample the Aussie cuisine and an excellent vintage!

On a final note, it was great to see the increasing collaboration between the scientists and the hair transplant world. Dr. Nina Otberg gave two excellent presentations and Drs. Russell Knudsen and Nilofer Farjo separately served as session co-moderators while Drs. Ken Washenik and Jerry Shapiro had feet in both camps. Drs. Knudsen and Richard Shiell were on the scientific committee while both Dr. Farjos are on the organizing committee of the next World Congress to be held in Edinburgh, Scotland in July 2013 chaired by Dr. Andrew Messenger. ♦

WE NEED YOUR SUBMISSIONS!

ISHRS CICATRICAL ALOPECIA REGISTRY

Nina Otberg, MD, Chair, Ad Hoc Committee on Database of Transplantation Results on Patients with Cicatricial Alopecia

Please contribute to this database for the collection of **hair restoration results on patients with cicatricial alopecia and hair diseases other than androgenetic alopecia**.

We are asking every ISHRS member to help to create a database of hair restoration results on patients with these difficult scalp disorders. The database will help us to optimize patient selection, treatment outcome, and patient satisfaction. It will help us to create guidelines for the surgical treatment of each scalp disorder and will allow us to be more confident in managing patients with cicatricial alopecia and other rare hair diseases.

You may obtain the details and download the registration form at:

www.ishrs.org/cicatricial_alopecia_data_collection_form.php

Thank you.

MESSAGE FROM MELVIN L. MAYER, MD, PROGRAM CHAIR OF THE 2011 ANNUAL MEETING

PLAN NOW TO ATTEND!

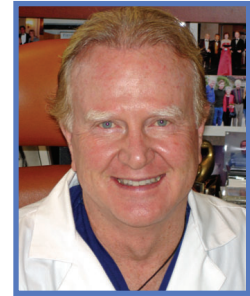
This is the PREMIERE MEETING of the year presented by the ISHRS. It is a MUST for all Hair Transplant Surgeons and those interested in learning more about this unique specialty.

Planning is well under way for an exciting and "cutting edge" scientific meeting.

One of the best ways for you to contribute to the meeting is to SUBMIT AN ABSTRACT.

You may choose from four distinct types of abstracts:

1. Scientific study abstract (Please submit even if final data is not available.)
2. Abstract on a position of controversy (e.g. FUE, dense packing, giga-sessions etc.)
3. Abstract for an HD video for the Video Section
4. Abstract for the Live Patient Viewing



SUBMISSION DEADLINE: February 8, 2011

Newcomers are welcome! We want to make you feel welcome by continuing our "Meeting Newcomers Program." If you are new to the ISHRS, we want to welcome you and introduce you to other colleagues who will help you get the most out of the meeting.

Features of this year's meeting:

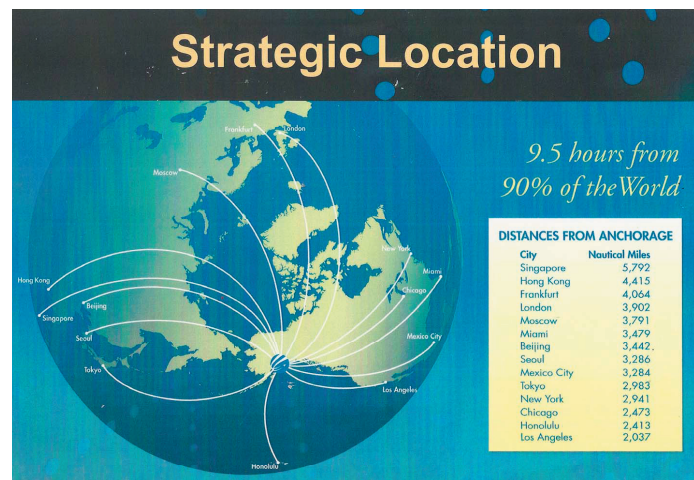
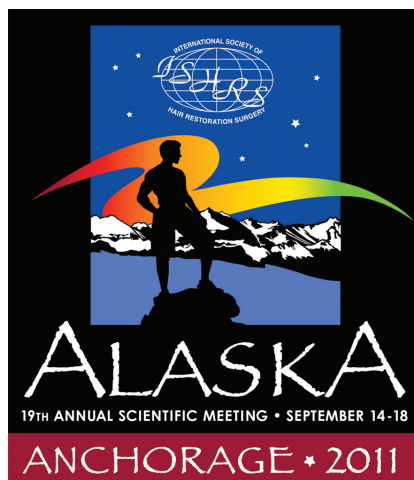
- Basics in HRS Course
- Board Review Course
- Morning Workshops
- Surgical Assistants Program
- Breakfast with the Experts
- Live Patient Viewing
- Controversy Panels
- Surgical HD Video Session
- Audience Response System
- Hairline Design Panel
- Cutting-and-Placing Workshop Utilizing Cadaver Scalp
- Exhibits of Latest Surgical Instruments and Practice Support
- Socializing and Networking

There will not be a Sunday morning meeting, so plan an adventure!

Warm regards,

Melvin L. Mayer, MD, 2011 Program Chair

www.ISHRS.org/AnnualMeeting.html



"New Vistas and Trusted Techniques in Hair Transplant Surgery"



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Jerry Cooley, MD

Ron Shapiro, MD
Bessam K. Farjo, MBChB
Nilofer P. Farjo, MBChB
Gerd Lindler, MD
Prof. Val Randall

Join some of the most renown hair biology researchers and
hair restoration surgeons for a workshop in Istanbul, where East meets West and the old blends in with the new.
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the latest research on hair biology, ACell applications and much more.

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For questions, please contact Melis Abacioglu at thenextbigthing2011@transmed.com.tr
or 0090 532 725 5500 & 0090 212 281 1300.



Date: May 13-15, 2011 Location: Istanbul, TURKEY

Surgeon of the Month: Kenichiro Imagawa, MD

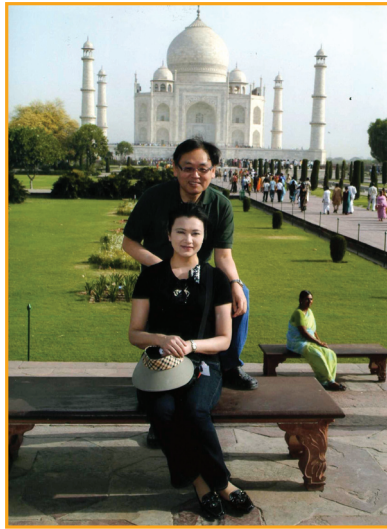
Sungjoo "Tommy" Hwang, MD Seoul, Korea hairhwang@gmail.com

Dr. Kenichiro Imagawa was born in 1948 in Kokura, Kitakyushu City, in southwestern Japan. Kenichiro is the first-born son of Dr. Yoshihiro Imagawa, an OBGYN practitioner. Yoshihiro felt that he hadn't been able to get a good medical education due to the chaos of World War II, yet he took the Educational Commission for Foreign Medical Graduates (ECFMG®) exams and passed. Later, when he was in his 40s, he decided to close his clinic and started an internship in Brooklyn, New York. After his internship, he accepted a two-year residency training in anesthesiology at Mt. Sinai Hospital.

Kenichiro graduated from the Keio University School of Medicine in 1974 and followed in his father's footsteps to become an OBGYN by taking a residency at the Keio University Hospital. He completed research in "Aging of the reproductive germ cell" and received his Doctor of Medicine degree in 1983. He had an interest in plastic surgery, underwent further training in this area, and then started his own practice in Yokohama in 1985 as the director of the Yokobi Clinic.

In 1990, Kenichiro expressed an interest in hair restoration and attended a lecture about scalp reduction and hair transplantation put on by Dr. Gerald Seery in Sacramento, California. After this lecture, Kenichiro decided to pursue additional training in hair restoration surgery and thus began a new chapter in his life.

In 1992, Kenichiro attended The International Symposium of Hair Replacement Surgery at the JW Marriott, Beverly Hills, California, held by Dr. Toby Mayer. During this symposium, he had the opportunity to observe the scalp flap technique at Dr. Mayer's clinic and has since



Dr. Imagawa and his wife, Megumi

performed over a hundred Fleming Mayer flap surgeries himself.

Kenichiro has been an ISHRS member since 1994, and has learned much from Drs. Damkerng Pathomvanich and Jerry Wong, whom he met at the 1997 ISHRS Annual Scientific Meeting in Barcelona. He is currently practicing FUT and FUE as a full-time hair surgeon in Yokohama, Japan.

Kenichiro served as president of the Japan Society of Hair Restoration Surgery in 1999 and was president of the 5th ISHRS Annual Meeting in June 1999.

Kenichiro is often invited to speak and demonstrate selected procedures in hair transplantation at various local and international workshops. He has contributed to many medical journals on the topic of Asian hair surgery, and he served as co-editor with

Dr. Pathomvanich of a new textbook by Springer in 2010 titled "Hair Restoration Surgery in Asians."



Dr. Imagawa and his staff

Kenichiro served as the program director of the ISHRS Regional Workshop "Asian Hair Surgery" in Yokohama in 2007, and is currently a diplomate of the ABHRS.

Kenichiro and his dad received a special award from the ISHRS in 2004 for the translation of the Okuda and other Japanese pioneers' scientific articles on hair transplantation.

Kenichiro has been married to Megumi for 18 years and has an 18-year-old son, Hiroshi, and a 14-year-old daughter, Risa.

The Imagawa family enjoys swimming and classical music; however, Megumi will be the first to tell you her real love is Italian opera while Kenichiro is a fan of operettas by Strauss and Lehar. ♦

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!



Surgical Assistants Corner

Patrick Tafoya Orlando, Florida, USA patrickatafoya@yahoo.com



Hello Everyone!

I am very honored to be chosen as this year's Surgical Assistants Corner editor. I have been looking forward to share whatever I can with all my friends I've met throughout the years in the field of Hair Restoration, and I also look forward to meeting many new friends in the future. As many of you know, our position in this field is demanding and skill-oriented so our extensive knowledge and pearls should be shared with one another. I wish to challenge all the experienced assistants to submit an article detailing special protocols and surgical pearls describing how we can increase our surgical quality and efficiency. My hope for this new year is for everyone to learn something new and to feel more enthusiastic in surgery from an article you read here.

Am I asking too much?

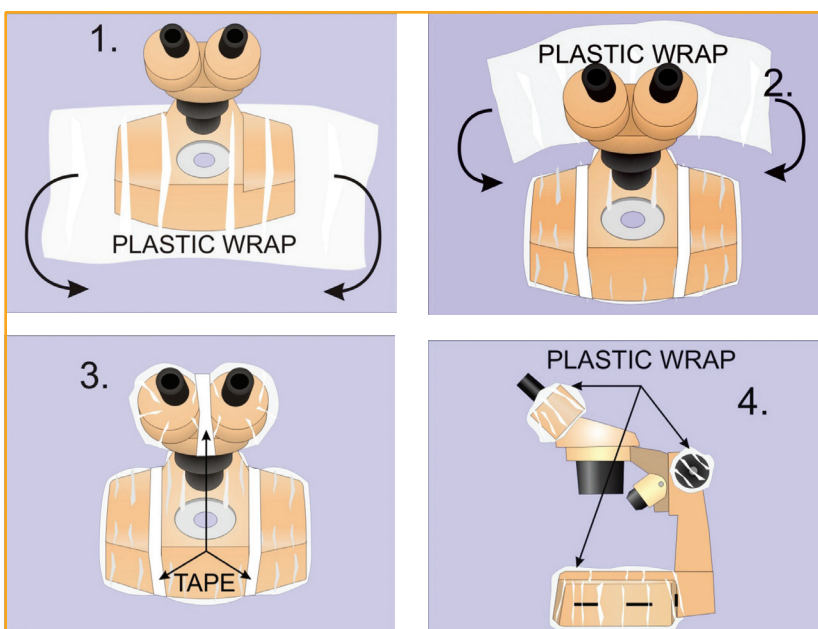
I am optimistic (and enthused!).

Prevention of cross contamination while using the binocular microscope

Patrick Tafoya Orlando, Florida, USA patrickatafoya@yahoo.com

The prevention of cross contamination and resulting complications such as infections ensures the best possible results and experience had by all our patients. Disinfecting all surgical areas post-operatively is necessary, but the problem areas where contamination can be difficult to disinfect can lie within the binocular microscope used by hair technicians to dissect grafts. The binocular microscope contains many rough surfaces (focusing knobs, eye lens, etc.) and areas where contaminated fluids can accumulate undetected (beneath glass plate, etc.) or difficult for the disinfecting solutions to reach. In order to help reduce the risk of contamination, our hair restoration office covers the dissecting surface and all the focusing knobs of the microscope with a layer of plastic wrap. This is not a substitute for the post-operative disinfecting solutions, but it will help minimize contamination.

Since there are numerous designs and brands of microscopes, you will need to determine how plastic wrap can



cover all the surfaces of your microscopes where technician's hands usually touch. The microscope we use most commonly in our office is the Omano (illustrated). Because this microscope houses both an illumination (backlight) and reflective light (the spot light above dissection surface), we cover the whole microscope body with the plastic wrap (Illustration 1). This will also prevent fluids from short-circuiting the electrical system housed within the main body and the power and dimming switches on the sides. The other areas we cover are the focusing knobs and the lens housing (Illustrations 2 through 4). We discard the plastic wrap post-operatively and disinfect the microscope as usual.

Reducing the risk of any potential contamination is essential and any step that ensures prevention should never be skipped. Covering the microscope with the plastic wrap relieves us of the worry of potential contamination. ✧

Classified Ads

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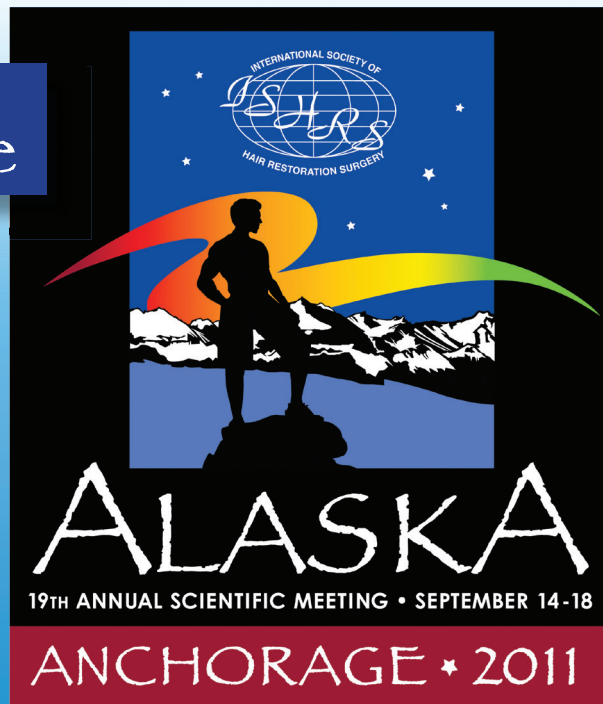
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**Advancing the art and
science of hair restoration**

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
DIPLOMAS Academic Year 2010–2011	Diploma of Scalp Pathology & Surgery U.F.R. de Stomatologie et de Chirurgie Maxillo-faciale; <i>Paris, France</i>	<i>Coordinator:</i> Pr. P. Goudot <i>Directors:</i> P. Bouhanna, MD, and M. Divaris, MD <i>Director:</i> Pr. J. Ch. Bertrand	Tel: 33 +(0)1+42 16 13 09 Fax: 33 + (0) 1 45 86 20 44 sylvie.gaillard@upmc.fr
January 2011	International European Diploma for Hair Restoration Surgery	<i>Coordinator:</i> Y. Crassas, MD, University Claude Bernard of Lyon, Paris, Dijon (France), Torino (Italy), Barcelona (Spain). Department of Plastic Surgery www.univ-lyon1.fr	For instructions to make an inscription or for questions: Yves Crassas, MD yves.crassas@wanadoo.fr
February 24-25, 2011	16th Annual Scientific Meeting and Live Surgery Workshop <i>Okinawa, Japan</i>	Japan Society of Clinical Hair Restoration (JSCHR) www.jschr.org Hosted by Akio Sato, MD	Tel: +81-3-5351-0309 Fax: +81-3-5351-1395 drsato@crux.ocn.ne.jp
March 16-19, 2011	ISHRS Regional Workshop 17th Annual Live Surgery Workshop <i>Orlando, Florida, USA</i>	International Society of Hair Restoration Surgery www.ISHRS.org/2011OLSW.htm Hosted by Matt L. Leavitt, DO	Valarie Montalbano, Coordinator 407-373-0700 ext. 103 HValarieM@leavittmgt.com
May 13-15, 2011	ISHRS Regional Workshop The Next Big Thing: Hair Research and Advanced Live Surgery with a Focus on FUE Method <i>Istanbul, Turkey</i>	International Society of Hair Restoration Surgery www.ISHRS.org Hosted by Melike Kulahci, MD	thenextbigthing2011@transmed.com.tr
June 24-26, 2011	1st Annual Asian Association of Hair Restoration Surgeons Scientific Meeting <i>Pratumwan Princess, Bangkok, Thailand</i>	Asian Association of Hair Restoration Surgeons www.aahrs.asia	Sungjoo "Tommy" Hwang, MD, PhD hairhwang@gmail.com
September 14-18, 2011	19th Annual Scientific Meeting of the International Society of Hair Restoration Surgery <i>Anchorage, Alaska, USA</i>	International Society of Hair Restoration Surgery www.ISHRS.org	Tel: 630-262-5399 Fax: 630-262-1520
October 14-16, 2011	3rd Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i>	Practical Anatomy & Surgical Education, Center for Anatomical Science and Education, Saint Louis University School of Medicine http://pa.slu.edu in collaboration with the International Society of Hair Restoration Surgery	http://pa.slu.edu
November 12-13, 2011	3rd Annual Meeting of the Association of Hair Restoration Surgeons of India (HAIRCON-2011) <i>Mumbai, India</i>	Association of Hair Restoration Surgeons of India www.ahrsindia.org	Tel: + 91 -9821 308411 drajeshrajput@gmail.com

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Dates and locations for future ISHRS
Annual Scientific Meetings (ASMs)

2011: 19th ASM, September 14-18, 2011
Anchorage, Alaska, USA

2012: 20th ASM, October 17-21, 2012
Paradise Island, Bahamas

2013: 21st ASM, October 23-27, 2013
San Francisco, California, USA