

Letters to the Editors

Michael Beehner, MD Saratoga Springs, New York, USA
mlbeehner@spa.net

Re: Correction on Authorship of the “Coronet”

I just wanted to correct a statement made on page 114 of the new Unger/Shapiro textbook, *Hair Transplantation*, 5th edition. The “coronet” is shown in a photo of one of my patients, and is

the small early circular zone that forms just inferior to the vertex a few years before being engulfed by the vertex as it enlarges. The legend beneath the photo gives me credit for this name, but rather it was designated by our esteemed, late colleague, James Arnold. I simply provided the photo.

Thank you. ♦



John Cole, MD Alpharetta, Georgia, USA john@forhair.com

Re: Shaven vs. non-shaven method

Some patients avoid FUE simply because they do not wish to shave their head for the procedure. One proposed method to harvest grafts without shaving the entire scalp is to shave small patches of hair, especially in cases where smaller numbers of grafts are required. Another way is to cut the “smallest patch,” i.e., individual follicular unit, which is the non-shaven method of harvesting. The non-shaven method involves trimming individual follicular units spread out over the entire donor area. The number of grafts required for the individual procedure determines the number of follicular units you trim.

The shaven patch method leads to rows of white dots concentrated in small areas. The areas above and below these shaved patches will have a higher density than in the rows where FUE grafts were taken. This can lead to complications for patients who prefer to wear their hair short because the rows of lower follicular unit density will be potentially obvious due to the contrasting densities.

Many times physicians treat strip scars with FUE grafts taken from shaven patches, as well. This method simply trades one complication, a scar, for another complication, a “strip” of lower density hair, and risks patient dissatisfaction. The shaven patch method should therefore be avoided.

Instead, it is far better to spread the smaller number of grafts out over the entire donor area to avoid concentrating hypopigmented spots and an area of reduced follicular unit density in a linear patch as was depicted in the photograph in last issue’s Controversies column (Vol. 21, No. 6, p. 192). Such a complication was easily avoidable and should not be considered the standard for the FUE donor harvest. The non-shaven method is more time consuming, but it leads to far more patient satisfaction.

While the shaven patch method is often used in live FUE surgery demonstrations, it is the least desirable method for obtaining grafts by FUE. The complications of the shaven patch method make this technique a poor choice for the surgical plan because one of the aesthetic benefits of FUE, i.e., a donor area that appears as normal as possible, is compromised. ♦



Walter Unger, MD Toronto, Ontario, Canada wung@bellnet.ca

Re: Hair transplanting in early stage MPB

I don’t mean to confuse readers, but I did not disagree with anything Dr. Bill Parsley or Dr. Bill Rassman wrote about transplanting in young men with male pattern balding (MPB). The one exception was Dr. Rassman’s statement that the use of finasteride “is critically important to prevent hair transplant-induced shock loss.” I’m not aware of any study that confirms that opinion. On the whole I really believe the views of the three of us are in fact similar; it is just that the application of those views are different because they are based on our individual techniques and experiences, the patient population we see, and the ratio of caution-to-empathy that we have.

One other point: In addition to stating the case for “early” surgical intervention in MPB, perhaps more importantly, I also intended the article to support the concept of transplanting into hair-bearing areas that are expected to become alopecic with time, and the advantages of doing so. That should be far less controversial than the appropriate age to start transplanting—which was the only issue that the two doctors

addressed. There is, of course, a concern about “transplant shock” resulting from grafting into hair-bearing areas, but in my experience, such grafting should invariably increase the existing hair density in the treated areas, *if recipient site incisions are made at the same angle and direction as the existing hair and at no more than 25-30 FU/cm². In other words, cosmetically, grafting will considerably more than compensate for the cosmetic consequences of any hairs that experience shock loss. Based upon my experience, my impression is that generally less than 10% of hairs will suffer from shock loss in men if the previously noted qualifications are observed. When shock loss does occur, the hairs are thereby moved one hair-loss/regrowth cycle further along the miniaturization pathway.* I have shown many dozens of “before” and “after” photos over the years at meetings, in articles, and in my other writings that should confirm that belief. Those who believe otherwise should re-read my articles on the subject or take advantage of my offer to let physicians come and watch me do this technique before it’s too late rather than imagining that I have been imagining for decades. ♦

Jeffrey Epstein, MD Miami, Florida, USA jsemdfhrps.com

Re: Grafting vs. tissue expansion

I would like to respond to the Cyberchat discussion regarding grafting vs. tissue expansion for scalp scars. In my practice, tissue expansion is an invaluable technique for treating those outlying cases of large scalp scars in which I know hair grafting will simply not provide equivalent cosmetic coverage.

Another advantage of tissue expansion that was not adequately presented in the discussion is the fact that the alopecic scalp tissue is not only missing hair, but the skin itself is not normal. It is typically either hypopigmented or pink in color (Figures 1 and 2). The advancement of expanded hair-containing scalp tissue allows not only for much more normal hair coverage, but also more normal appearing skin.

In the over 500 patients I have treated with various types of scalp scars over the past 17 years, taking account of the pros and cons of the procedure, I have found tissue expansion to be the most effective approach in approximately 5% of them. However, in these 25 or so patients, tissue expansion resulted in far superior results. Compare the grafting in Figures 1 and 2 with the results from expansion in Figures 3 and 4. The grafting results in good improvement but compare the skin color and the density of the results in the two cases.



Figure 1.



Figure 2.



Figure 3.



Figure 4.

A note from Dr. Sheldon S. Kabaker: Dr. Epstein describes the situations and results that might indicate the superiority of tissue expansion relative to grafting. In my experience, tissue expansion of the scalp has changed little since the mid-1980s. It is far and away the best approach to reconstruction of the scalp when there is atrophic or tight scarring. However, when there has been need for reconstruction in certain hair direction transition zones, the better results have been to use grafts either at the time of tissue expansion reconstruction or later. Also, if one procedure (grafts or a one-stage scar revision) can give a predictably good result, its application beats the two procedures and the temporary deformity of scalp expansion.

There is no routine indication for scalp expansion other than for hairline advancement with tight scalps. Each reconstruction case has had to be unique as no two scalp scarring defects have been the same. A good use of scalp expansion in recent years has been for treating wide occipital scars from multiple donor strip harvests. ♦

One-of-a-kind
opportunity!

2012 USA | AUG 4-5 | DENVER COLORADO
FUEpalooza

FUE Technology Workshop **The Hands-On Experience**



ISHRS Regional Workshop

Hosted by: **James A. Harris, MD**

www.FUE-palooza.org

Mark your calendar and save the date! You do not want to miss this one-of-a-kind hands-on experience to learn about and try various mechanized tools used for follicular unit extraction (FUE). Compare and contrast popular devices and decide for yourself which tool or tools suit you the best. Sponsored by the International Society of Hair Restoration Surgery.

Clinic Sponsor: Hair Sciences Center of Colorado

Target audience: Hair restoration surgeons from beginner to advanced, who desire the opportunity to learn about mechanized FUE devices

Learning objectives:

- Name and describe the mechanized devices for FUE that are currently available.
- Employ the different methodologies and instrumentation for FUE.
- Discuss the advantages and disadvantages of each device.
- Understand the basic aspects of FUE with these devices in order to successfully and safely perform this procedure.

Faculty and devices to be covered: To be announced

Registration: Coming soon

There are limited slots to register for this workshop. We anticipate a sold-out workshop, so if you are interested in registering, we encourage you to register early as enrollment is first-come, first-served. ISHRS Members will be e-mailed when registration opens. If you are not an ISHRS member and wish to be placed on the mailing list, please e-mail Janiece McCasky at: jlmccasky@hscolorado.com

Exhibits: Opportunities are available for tabletop exhibits. Please inquire to: jlmccasky@hscolorado.com

Review of the first annual meeting of the Korean Society of Hair Restoration Surgery

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

A note from Dr. David Perez-Meza: Following is a summary of the 1st Annual Meeting of the Korean Society of Hair Restoration Surgery (KSHRS) that was held in Seoul, Korea, on October 30, 2011. The Korean cosmetic and hair transplant market has been increasing in the past few years as more physicians (e.g., plastic surgeons, dermatologists) have become interested in learning about and sharing their knowledge of hair loss and hair restoration surgery. Thus, the Korean Society was created. In one day the organizers accomplished many goals from electing Board positions to having three lecture sessions that covered most of the aspects of hair restoration surgery.

Congratulations to the president, Board of Directors, and members of the Korean Society. We wish you the best and look forward to the continued submissions and summaries of future meetings to be shared with our readers.



KSHRS meeting attendees



KSHRS Board of Governors

The First Scientific Meeting of the Korean Society of Hair Restoration Surgery (KSHRS) was held in Seoul, South Korea, on October 30, 2011. By all means this was a very successful meeting establishing the beginning of a bright future for our organization. We were surprised to have had over 276 doctors from various specialties, such as plastic surgeons, dermatologists, and hair restoration surgeons, who registered and attended the meeting. In addition, 173 of them became new members.

Based on the number of attendees and the various specialties, it is exciting to know that hair restoration surgery is becoming more in demand within Korea resulting in the interest of doctors to expand their knowledge and learn this surgery.

Our meeting began with the election of board positions for the KSHRS. Congratulations to the following individuals:

- Dr. Jung-Chul Kim, President
- Dr. Jae-Heon Jung, Vice President
- Dr. Tommy Hwang, Secretary

Our meeting continued with three sessions consisting of lectures covering various topics of hair restoration:

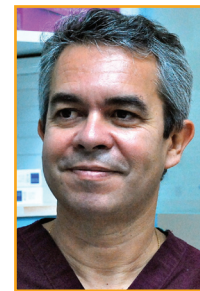
- **Session I** (Five Lectures): Background of the KSHRS Foundation; History and Trend of Hair Restoration; Overview of Male Pattern Hair Loss; Differential Diagnosis of Female Pattern Hair Loss; and International Society of Hair Restoration Surgery (ISHRS) Alaska Meeting's and Recent News.
- **Session II** (Six Lectures): International Society of Hair Restoration Surgery (ISHRS) Alaska Meeting's and Recent News; Donor Harvest with Strip; Follicular Unit Extraction (FUE); Hair Transplantation with Implanter; Hair Transplantation with Slit Method; and How to Improve the Survival Rate, and Post-Op Care.
- **Session III** (Six Lectures): Hair Transplantation in Male Pattern Hair Loss (MPHL); Female Pattern Hair Loss (FPHL); Female Hairline Correction; Eyebrow and Eyelashes Transplantation; Beard Transplantation; and Pubic Hair Transplantation.

Due to the tremendous success of our first annual KSHRS meeting, we have already begun planning our second annual meeting, which will be held in conjunction with the Asian Association of Hair Restoration Surgeons (AAHRS) on May 11-13, 2012, in Seoul, South Korea. If you would like more information, please visit our website at www.aahrs.asia.

In closing, I would like to say thank you to all of my fellow professionals. The interest of Korean doctors in hair transplantation continues to increase and many of them will play key roles in the AAHRS and KSHRS, and eventually will become members of the ISHRS. As secretary of the KSHRS and president of the AAHRS, I welcome the challenge to be a good ambassador and bridge between the KSHRS, AAHRS, and ISHRS. ♦

Message from the Program Chair of the 2012 ISHRS Annual Scientific Meeting

Francisco Jimenez, MD Las Palmas de Gran Canaria, Canary Islands, Spain fjimenez@clinicadelpelo.com



The 20th Annual Scientific Meeting (Celebrating 20 Years) will be held from October 17-20, 2012, in Atlantis-Paradise Island in Las Bahamas. The theme for the meeting will be “New Trends in Hair Restoration: Surgery and Science.”

We are presently developing a scientific program that will attempt not only to satisfy the interests of the most experienced hair transplant surgeons, but at the same time to present the most complete educational experience that any newcomer to this field could receive.

This year, the day prior to the meeting and in addition to our traditional Basic HT course, we are considering holding a new half-day “hands-on” FUE course.

For the general session, we are also planning to have sessions and workshops on a variety of subjects including, to name just a few, “Hot Topics and Controversies,” “Finasteride Symposium,” “How I Do It” video demonstrations, “Different Strategies to Induce Hair Growth,” “Scalp Microtattooing,” “Practice Management and Marketing/Internet in Hair Restoration Practice,” and “Live Patient Viewing.”

I invite all of you to submit one, or more, abstracts for consideration for presentation in Las Bahamas. The abstracts will be rated blindly by the scientific committee with only the



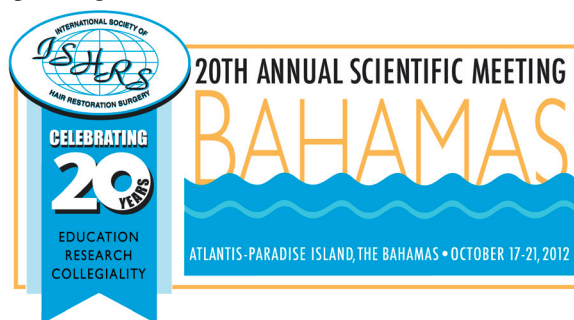
best being selected for oral, video, or poster presentations. If your abstract is selected for oral or video presentation, you will be required to send your video or Power Point presentation to an assigned session moderator 6 weeks prior to the meeting to ensure that both the quality of the presentation and the learner objectives are being met. If your abstract

is selected as a poster, this year there will be a new “discussion poster viewing session” in the general session during which the presenter must be present to answer any questions that may arise.

We are experiencing significant changes and exciting moments in our field and the interaction between basic scientists and clinicians has never been so close. For this reason, one of our priorities is to invite world-renowned scientists who can illuminate us on the current status of follicular stem cell biology and its potential applications for hair regeneration and wound healing.

All of the above make me feel confident that this annual ISHRS meeting will continue to be the

place to learn about the latest trends in hair loss therapies, and our forum the ideal way to interchange experiences and improve our clinical and scientific knowledge. ♦



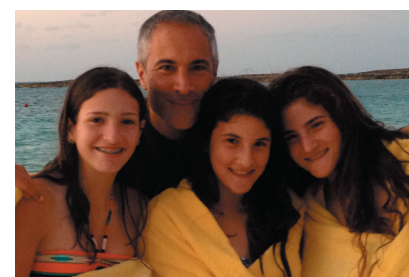
A firsthand account of Atlantis, Paradise Island

Jeffrey Epstein, MD, FACS Miami, Florida, USA

This past winter break I spent with my three teen /preteen kids vacationing at Atlantis, and it truly was the ideal family vacation. Think of it as Vegas mixed with a ski vacation in shorts with an upscale cruise. There are top places to eat (The Mosaic has a brunch and dinner buffet beyond awesome, with a complement of other well-known restaurants), there are awesome water activities for kids and parents and couples to do together, and the place has a safe and friendly feel. There's even an alcohol-free supervised club for teens to enjoy the night.

Every one of my kids, along with a few family friends' kids, all said it was the best vacation they ever had. I have to agree, as you can see in the photo of me, a family friend, and my two daughters.

I am very excited about attending this meeting for the outstanding educational opportunity provided by the meeting directors and for the camaraderie in what will be a perfect setting.



ISHRS On-Demand Webinars

I am pleased to announce the launch of our ISHRS On-Demand Webinars. Thus far, we have two offerings and are in the process of recording more topics. CME credit may be earned by passing a short post-test with 70% or higher correct answers.

Information and registration:

<http://www.ishrs.org/for-hair-doctors.htm>

Under "Educational Products", click "On-Demand Webinars".

We listened to member feedback since our last round of webinars two years ago. We made improvements, recorded the webinars so they may be watched at any time (thus, "on demand"), shortened the length to 60-90 minutes, and lowered the price.

PRICE:

ISHRS Members: \$40 per credit hour

ISHRS Pending Members: \$45 per credit hour

Non-Members: \$50 per credit hour

Going Viral: Unlocking the Secrets of Social Media for Hair Transplant Patient Education and Beyond

Faculty: Alan Bauman, MD

Officially, social media is "an umbrella term that defines the various activities that integrate technology, social interaction, and the construction of words, pictures, videos, and audio." It is also a fancy way to describe the "zillions" of conversations people are having online 24/7. Recently, social media became the fourth most popular online activity, surpassing traditional email and firmly solidifying its place in the Information Age as more than a simple fad. So why should we as physicians care? Social media is democratizing communications - shifting power away from the editors, publishers, the establishment and the 'media elite.' Beyond just another marketing channel, understanding how to leverage social media has implications for public relations, customer service, loyalty building, collaboration, networking, thought-leadership... And, yes, your next patient might find you there, too! Now is the time to LISTEN, ENGAGE & MEASURE. Are you ready to become part of the conversation?

60 Minutes; 1.0 CME Credit

Intro to Biostatistics & Evidence Based Medicine

Faculty: Jamie Reiter, PhD and Jerry E. Cooley, MD

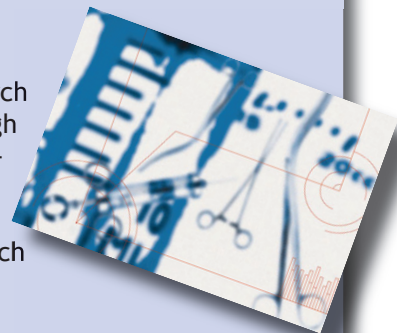
This webinar will provide basic information regarding proper research design and statistics for investigators in hair restoration surgery, through didactic lecture and dialogue between presenters. It is intended to address the needs of the more common research questions in hair restoration surgery. The webinar will cover the importance of proper design and analysis, typical research questions asked by ISHRS members, research design, statistical analysis and resources.

90 Minutes; 1.5 CME Credit

On behalf of the CME Committee, we hope you find these educational offerings beneficial, and we look forward to your feedback.

Sincerely,

James A. Harris, MD *Chair, CME Subcommittee on Webinars*





ADVANCING THE
INDUSTRY OF HAIR
RESTORATION.



CLINIC SPONSOR
BOSLEY

OLSW

18TH ANNUAL ORLANDO LIVE SURGERY WORKSHOP

April 18-21, 2012 Orlando, FL



PRELIMINARY PROGRAM

Cadaver Workshop Available Daily

Special Surgical Techniques

- Eyebrow and Eyelash Transplantation
- Performing 2000+ Grafts with Efficiency and Comfort for the Patient
- Temple Points
- Numerous Cutting Techniques & Implantation
- Natural Hairline Design Workshop
- FUE – How to Perform Efficiently
- Trichophytic Closures
- Coronal Incision Transplant

New Instruments/Techniques

- Punch Machine / FUE
- Special Emphasis on Dense Packing
- Newest Implantation Instrumentation
- Dissecting Microscope
- Slot Correction for Scalp Reduction
- Laser Techniques, Newest Lasers

Research Symposium

- Genetic Research
- Hairloss Medical Review

LEARNER OBJECTIVES

Upon Completion of the Program, participants will:

- Understand the basic concept of hair restoration and apply this knowledge in practice.
- Understand the development of the latest techniques in hair restoration surgery and when they are best utilized for the patient.
- Evaluate the efficacy of hair loss medications and how to effectively use them in conjunction with surgery.
- Learn the various forms of alopecia, diagnosis techniques and the best approach to relevant treatments both medical and surgical.
- Comprehend the current data in genetic and medical research and its impact on hair restoration and patient care.
- Understand the various surgical techniques and their appropriate use with emphasis on follicular units, follicular extraction, scalp reductions, extenders, etc.

- Dense Packing: Sagittal vs. Coronal Sites
- Growth Factors in Hair Restoration
- Follicular Unit Extraction vs. Follicular Unit Transplantation
- Graft Storage Solutions
- Laser Therapy in Hair Growth and Wound Healing
- Genetics of Hair Loss

**Special Nurses Workshop
Mentor Program**

- Hands-on Practical Training
- Unique Cutting/Placing

Practice Management

- The Surgical Team & Selecting Staff
- Managing the Surgical Flow
- Designing the Perfect Facility
- Complications
- Marketing – how leaders build a practice
- Risk Management

PROGRAM COORDINATORS & INVITED FACULTY

PROGRAM COORDINATORS

Matt L. Leavitt, D.O., Chairman and Live Surgery Workshop Founder
 David Perez-Meza, M.D., Co-Chairman
 Scientific Coordinators
 Melvin Mayer, M.D.
 William Parsley, M.D.
 Ken Washenik, M.D., Ph.D.
 Marco Barusco, M.D.

INVITED FACULTY

Patrick Frechet, M.D., Live Surgery Workshop Founder
 Marcelo Gandelman, M.D., Live Surgery Workshop Founder
 Ricardo Mejia, M.D.
 Samir Ibrahim, M.D.
 Ali Abbasi, M.D.
 Robert Cattani, M.D.
 Pierre Bouhanna, M.D.
 Mohmand Humayun, M.D.
 Ron Shapiro, M.D.
 Alan Bauman, M.D.
 Marcelo Pitchon, M.D.
 Alex Ginzburg, M.D.
 Carlos Puig, D.O.
 Mark McKenzie, M.D.
 Grant Koher, D.O.
 Vincenzo Gambino, M.D.
 Jerry Cooley, M.D.
 Jean Devroye, M.D.
 Ivan Cohen, M.D.
 Shelly Kabaker, M.D.
 Antonio Ruston, M.D.
 Scott Boden, M.D.
 Vance Elliott, M.D.

Fernando Basto, M.D.
 John Gillespie, M.D.
 Dow Stough, M.D.
 Jonathan Ballon, M.D.
 Angelica Muricy, M.D.
 Jose Muricy, M.D.
 Robert Niedbalski, D.O.
 Dan McGrath, M.D.
 Muhammad Rashid, M.D.
 Craig Zeiring, D.O.
 Miguel Canales, M.D.
 Chris Varona, D.O.
 Eugene Rodillo, M.D.
 Paco Jimenez, M.D.
 Robin Unger, M.D.
 Bernie Cohen, M.D.
 Jose Lorenzo, M.D.
 Jennifer Martinick, M.B.B.S.
 Mark MacKenzie, M.D.
 David Clas, M.D.
 Glenn Charles, D.O.
 Ed Suddleson, M.D.
 Gabriel Krenitsky, M.D.
 Parsa Mohebi, M.D.
 Asim Isqbal, M.D.
 E. Antonio Mangubat, M.D.
 Sharon Keene, M.D.
 Eric Bouhanna, M.D.
 Shelly Friedman, D.O.
 Yves Crassas, M.D.
 Valerie Callendar, M.D.
 Michael Beehner, M.D.

WORKSHOP DIRECTOR
Valarie Montalbano



Dr. Matt L. Leavitt, D.O.
Founder, Program Chair

**SPONSORED BY: THE INTERNATIONAL SOCIETY
OF HAIR RESTORATION SURGERY
REGIONAL WORKSHOP HOSTED BY: MATT L. LEAVITT, D.O.**

Continuing Medical Education (CME) Credit - The International Society of Hair Restoration Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The International Society of Hair Restoration Surgery designates this live activity for a maximum of 33.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The International Society of Hair Restoration Surgery's 18th Annual Live Surgery Workshop (AAD CME Program # 1116-100) is recognized by the American Academy of Dermatology for 33.0 AAD Recognized Category I CME Credits and may be used toward the American Academy of Dermatology's Continuing Medical Education Award.

ADVANCE REGISTRATION—LIMITED ENROLLMENT—REGISTER NOW TO RESERVE YOUR SPACE

Please enroll me in the Live Surgery Workshop. Course fee: \$2075 ISHRS members; \$2375 non-members; \$875 training assistants. All major credit cards accepted.

Name & Specialty _____

Street Address _____

City _____ State _____ Zip _____ phone _____ Fax _____

email _____ credit card # _____ exp. date _____

Mail Registration to: Valarie Montalbano, Lake Faith Surgery Center, 260 Lookout Place, Suite #103, Maitland, FL 32751. No refunds 3 weeks prior to workshop. Workshop and hotel information to be sent upon receipt of registration fee. For additional information, contact: Valarie Montalbano Phone: (407)373-0700 or (321)594-5530 Fax: (407)333-2140; E-Mail: HValarieM@leavittmgt.com

Review of the Literature

Nicole E. Rogers, MD *Metairie, Louisiana, USA* nicolerogers11@yahoo.com



Spermidine: the newest hair stimulator?

Citation(s):

Ramot, Y., et al. Spermidine promotes human hair growth and is a novel modulator of human epithelial stem cell functions. *PLoS ONE* 6(7): e22564.

Ramot, Y., et al. Polyamines and hair: a couple in search of perfection. *Exp Dermatol.* 2010; 19:784-790.

Polyamines, such as putrescine, spermidine, and spermine, constitute a group of cell components with several amine (NH₃⁺) groups that are important in the regulation of cell proliferation and cell differentiation. Recently, investigators studied the effect of spermidine on human scalp hair follicles and epithelial stem cells. They found that administration of spermidine for 6 days led to a 20% increase in hair shaft production of cultured human hair follicles. It also led to an increase in the percentage of hair follicles in anagen, and decreased the number of catagen hair follicles. In the presence of spermidine, only 47-52% of hair follicles entered catagen, while 67% of controls had already done so. The addition of spermidine down-regulated the expression of ornithine decarboxylase (ODC), the rate-limiting enzyme of polyamine synthesis. Spermidine also upregulated expression

of epithelial stem cell-associated keratins K15 and K19, while ODC downregulated intrafollicular K15 expression. Finally, spermidine slightly promoted entry into the S/G2-M phases of the cell cycle, possibly explaining how spermidine may impact longevity.

Comment: It has been established that polyamines serve crucial roles in cell survival. Vaniqa® (eflornithine) is a topical prescription cream marketed to shrink unwanted hair follicles on the face and upper lip. It works by inhibiting the enzyme ornithine decarboxylase, discussed above. This study uncovers how spermidine plays a role in the hair growth process. It is still unclear whether a therapeutic treatment may be created from this discovery that will enhance hair growth. More studies are needed. ♦



Testosterone the terrible: or not?

Citation:

Glaser, R., C. Dimitrakakis, and A.G. Messenger. Improvement in scalp hair growth in androgen-deficient women treated with testosterone: a questionnaire study. *Br J Dermatol.* 2011(Oct); doi: 10.1111/j.1365-2133.2011.10655.x. [Epub ahead of print].

To investigate the long-held observation that testosterone causes hair loss, researchers in the United States, the United Kingdom, and Greece evaluated the effect of subcutaneous testosterone therapy on scalp hair growth in female patients. There were 285 women, treated for 1 year with subcutaneous testosterone, who completed survey questions on scalp and facial hair, controlling for age, Body Mass Index (BMI), and serum testosterone. Seventy-six of the 285 patients (27%) reported hair thinning prior to treatment. Of these, 47 (63%) reported hair re-growth on testosterone therapy. Those without regrowth had significantly higher BMIs ($p=.005$) than responders. No patient in this cohort reported scalp hair loss

on testosterone therapy. In contrast, 262 (92% of women) reported some increase in facial hair. The authors conclude that the beneficial effect on hair in women with testosterone deficiency may be due to an anabolic effect of testosterone on hair growth. Further studies using more formal measurements on hair growth are needed.

Comment: It appears that we have yet to understand the true etiology of female pattern hair loss. Although this study is just a questionnaire, subject to recall bias, it overturns the hypothesis that testosterone supplementation may cause worsening of female hair thinning, and may in fact be used to treat it. More studies will inevitably help clarify whether this is true. ♦

Surgical Assistants Corner

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



I was asked earlier this week if I knew of a “school” for hair technicians. The only current independent curriculum I know of are the hair technician workshops within the ISHRS’s Annual Scientific Meetings (to be held in sunny Bahamas this year), the ISHRS’s Orlando Live Surgery Workshop, and the St. Louis Hair Restoration Workshop (sponsored by St. Louis University in collaboration with the ISHRS). I have had the pleasure of participating in all three workshops, and I can attest to their value and effectiveness. I recommend all new and experienced hair techs to attend at least one of these events this year. There is always room for improvement of your skills and for education on new techniques.

Design elements in zone planning for hair transplantation: part II—variations in the surgical plan

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

By first understanding how design elements in zone planning influence the success of hair restoration (see “Part I” in *Hair Transplant Forum Int’l.* 2011; 21(5):177), we can now examine the variations in the hair surgeon’s surgical plan.

The surgical plan not only addresses the areas or “zones” of hair loss (Figure 1), but it anticipates future hair loss. The variations and extent of present and future hair loss can be numerous. After accessing the size and shape of the hair loss zones, design elements are incorporated into the plan to address the characteristics of the patient’s hair (color, texture, curl, etc.), proportions of the face, and shape of the head. Utilizing these design elements provides the hair surgeon with numerous tools to maximize the illusion of coverage and to address the specific needs of the patient.

The first step of the surgical plan is mapping out the hair loss zones. The first example of various extents of hair loss was the Norwood classifications. Within the varying extents of male pattern hair loss illustrated in the Norwood Scale are varying shapes within these zones (Figure 2). The second step is to establish an

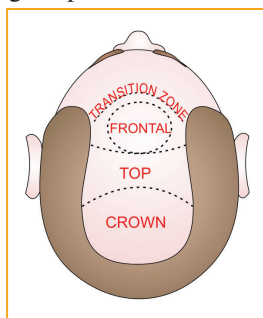


Figure 1. Bald zones.

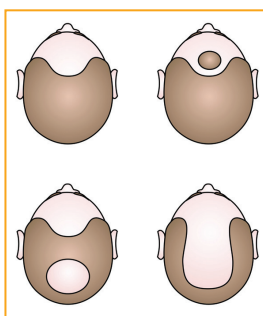


Figure 2. Bald shapes.

appropriate hairline (Figure 3). The hairline will determine the proportion and shape of the face. The third step is to determine the distribution of the various size follicular unit grafts (1- to 4-hair grafts) into the zones. The transition zone usually receives the greater percentage of 1- to 2-hair grafts. The frontal zone (or frontal forelock) usually receives the greater percentage of 3- to 4-hair grafts. The rest of the zones usually receive an even proportion of all the grafts.

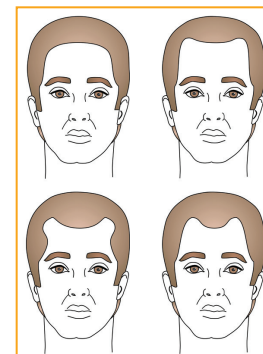


Figure 3. Front hairline.

The distribution of grafts can vary depending on the patient’s characteristic of their hair. For example, dark coarse hair against fair color skin usually requires a higher percentage of 1-hair grafts in the transition zone, while white hair on fair color skin usually requires a lower percentage of 1-hair grafts in the same zone. Depending on their aesthetic sensibility, the surgeons will tweak the distribution of 1- to 4-hair grafts in all zones just as a master chef will alter the seasoning of a recipe depending on the ingredient’s unique characteristics.

Conclusion

Understanding the uniqueness in each patient’s aesthetic plan will enable the hair technician to follow the hair surgeon’s intent and ultimately provide the most attainable result. ♦

Message from the 2012 Surgical Assistants Program Chair

Brandi Burgess Charlotte, North Carolina, USA bburgess@haircenter.com



Holiday Greetings to everyone!

When thinking about the New Year, remember to think about our upcoming EXCITING meeting this year! I feel privileged to chair the Assistants Auxiliary meeting with such an exciting venue as the Bahamas. I hope everyone will enjoy this meeting and feel it was one of the best yet, that is what I am striving to achieve! Once again, PLEASE contact me with ideas and re-

quests to be involved, and let’s not forget updating our workbook with pearls from each office. No idea is too small and all will be looked at. I promise to try to incorporate as many as possible into the program.

May this season find each of you doing well and I hope to see each and every one of you at this meeting. ♦

Classified Ads

Patrick Tafoya— Independent Hair Transplant Technician/Trainer Available

Services available as hair technician, trainer (one-on-one and past Director of Educational Services for a multi-office hair practice) and an evaluator/consultant of quality control, efficiency and ergonomics for existing hair practices.

Over 27 years of experience (all techniques) in the Hair Restoration field.

Available for travel and welcome all opportunities. Résume and references upon request.

Email contact information: www.patrickatafoya@yahoo.com or call: 321-356-9724

To Place a Classified Ad

To place a Classified Ad in the *Forum*, simply e-mail cduckler@ishrs.org. In your email, please include the text of what you'd like your ad to read—include both a heading, such as “Tech Wanted,” and the specifics of the ad, such as what you offer, the qualities you're looking for, and how to respond to you. In addition, please include your billing address.

Classified Ads cost \$85 per insertion for up to 70 words. You will be invoiced for each issue in which your ad runs. Our 2012 rate sheet can be found at the following link: <http://www.ishrs.org/ishrs-advertising.htm>

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!



CHECK IT OUT!

ISHRS Website in Arabic, Italian, Japanese, Korean, & Spanish



As part of our ongoing effort to meet the needs of our international membership, I am pleased to announce that our first wave of ISHRS website translations is complete.

We have translated the primary patient pages on the ISHRS website into Arabic, Italian, Japanese, Korean, and Spanish. The Board of Governors plans to do another wave of translations in 5 more languages in the year to come.

Please visit the ISHRS website at www.ishrs.org and click on the flags in the upper, right corner.

Please consider promoting these pages to your patients and linking to applicable pages from your website.

We would like to extend our sincere gratitude to the following members who spent countless hours proofing and editing the translations.

For Arabic: Mohammad Abushawareb, MD and Ahmed Noreldin, MD
 For Italian: Daniele Campo, MD
 For Japanese: Hirotohi Tanizaki, MD and Kuniyoshi Yagyu, MD
 For Korean: Jino Kim, MD and Jiseung Bang, MD
 For Spanish: Alfonso Barrera, MD, David Perez-Meza, MD, Gaston De La Garza, MD, and Alex Ginzburg, MD



OCT 17-20
2012

20TH ANNUAL SCIENTIFIC MEETING

BAHAMAS

New Trends in Hair Restoration: Surgery and Science

PLAN TO ATTEND!

The ISHRS's annual scientific meeting is THE premiere meeting of hair transplant surgeons and their staff. *You don't want to miss it.*

NEWCOMERS ARE WELCOME!

We will again offer a "Meeting Newcomers Program" to orient those who are new to the ISHRS annual meeting. Newcomers will be paired with hosts. We want to welcome you, introduce you to other colleagues, and be sure you get the most out of this meeting.

EMERGING THERAPIES
Different Strategies to Induce Hair Growth

GRAFT SURVIVAL – FUT vs FUE

FINASTERIDE SYMPOSIUM
"So tell me doctor, are there any side effects?"

TO TRANSPLANT OR NOT TO
TRANSPLANT CASES

PRACTICE TIPS AND SURGICAL GEMS
Top Pearls to Achieve the Best Results

ROBOTIC HAIR HARVESTING

ADVANCES IN HAIR BIOLOGY
The role of follicular stem cells in
hair cycle regeneration

2012 ANNUAL SCIENTIFIC MEETING COMMITTEE

Francisco Jimenez, MD
Chair

Robert H. True, MD, MPH
Advanced/Board Review Course Chair

Jonathan L. Ballon, MD
Basics Course Chair

Marcelo Pitchon, MD
Workshops & Lunch Symposia Chair

Nicole E. Rogers, MD
Live Patient Viewing Chair

Bertram M. Ng, MBBS
Live Patient Viewing Co-Chair

Glenn M. Charles, DO

Jan M. Devroye, MD

Neil S. Sadick, MD

Melvin L. Mayer, MD
Immediate Past-Chair

Brandi Burgess
Surgical Assistants Chair

Paul C. Cotterill, MD
Newcomers Program Chair

www.ISHRS.org/AnnualMeeting.html



ATLANTIS-PARADISE ISLAND, THE BAHAMAS



Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
DIPLOMAS			
Academic Year 2012–2013	Diploma of Scalp Pathology & Surgery U.F.R. de Stomatologie et de Chirurgie Maxillo-faciale; Paris, France	Coordinator: Pr. P. Goudot Directors: P. Bouhanna, MD, and M. Divaris, MD	Tel: 33 +(0)1+42 16 13 09 Fax: 33 + (0) 1 45 86 20 44 sylvie.gaillard@upmc.fr
January 2012	International European Diploma for Hair Restoration Surgery	Coordinator: 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
April 18-21, 2012	18th Annual Live Surgery Workshop ISHRS Regional Workshop Orlando, Florida, USA	International Society of Hair Restoration Surgery Hosted by Matt L. Leavitt, DO Clinic Sponsor: Bosley	Valarie Montalbano, Coordinator 407-373-0700 ext. 103 hvalariem@leavittmgmt.com
May 11-13, 2012	2nd Annual Scientific Meeting of the AAHRS Seoul, Korea	Asian Association of Hair Restoration Surgeons www.aahrs.asia/c02/c02_01.php	Tel: 82-2-545-5824 Fax: 82-2-545-5829 aahrs2010@gmail.com
May 24-27, 2012	XIV International Congress of the ISHR Rome, Italy	Italian Society for Hair Restoration www.ishr2012.com/	Tel: (+39)06/66.51.46.70 Fax: (+39)06/23.32.69.77 info@ishr2012.com
June 21-23, 2012	16th Annual Meeting of the European Hair Research Society Barcelona, Spain	European Hair Research Society www.ehrs.org	Elena Lagalante Tel: 00 34 607 260 684 Fax: 00 34 93 212 09 70 e.lagalante@gmail.com
August 4-5, 2012	FUE-Palooza ISHRS Regional Workshop Denver, Colorado, USA	International Society of Hair Restoration Surgery Hosted by James A. Harris, MD Clinic Sponsor: Hair Sciences Center of Colorado www.fue-palooza.org	jlmccasky@hsccolorado.com
October 17-21, 2012	20th Annual Scientific Meeting of the International Society of Hair Restoration Surgery Paradise Island, Bahamas	International Society of Hair Restoration Surgery www.ishrs.org	Tel: 630-262-5399 Fax: 630-262-1520
November 16-18, 2012	4th Annual Hair Restoration Surgery Cadaver Workshop St. Louis, Missouri, USA	Practical Anatomy & Surgical Education (PASE), Center for Anatomical Science and Education, Saint Louis University School of Medicine In collaboration with the International Society of Hair Restoration Surgery http://pa.slu.edu	http://pa.slu.edu
May 4-6, 2013	7th World Congress for Hair Research Edinburgh, Scotland	European Hair Research Society www.ehrs.org	hair2013@meetingmakers.co.uk

HAIR TRANSPLANT FORUM INTERNATIONAL

International Society of Hair Restoration Surgery

303 West State Street
Geneva, IL 60134 USA

Forwarding and Return Postage Guaranteed

FIRST CLASS
US POSTAGE
PAID
CHICAGO, IL
PERMIT NO. 6784

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

- 2012: 20th ASM
October 17-21, 2012
Paradise Island, Bahamas
- 2013: 21st ASM
October 23-27, 2013
San Francisco, California, USA
- 2014: 22nd ASM
November 2014
Bangkok, Thailand

