

Invitation to ISHRS Physician Members to Participate as Investigational Site in a Study: Donor Surface Area Response to FUE Surgery

The ISHRS FUE Research Committee chaired by James A. Harris, MD, and the FUE Studies Subcommittee chaired by Ken Williams, DO, are seeking the assistance of the ISHRS hair restoration surgeon community. The respective committees request physician participants in a research study designed by Drs. John Cole (Lead Investigator), Marco Toscani, and Chiara Insalaco, investigating the donor area response to FUE surgery. This study is the first investigation to evaluate the impact of FUE harvesting upon the donor site.

The FUE Research Committee and Dr. Cole are seeking physicians with strong experience in FUE graft harvesting and can enroll at least 10 patients into the study protocol. Hair surgeons wishing to participate will be screened for their FUE experience and motivation. We strongly encourage our members with FUE experience to take part in this study since clinical data is critical to identifying optimal methods and tools for performing FUE donor harvesting. This opportunity may assist you in gaining experience in what it takes to develop and implement a study protocol, too!

If you are interested in becoming an investigational site and would like to review the study protocol, please contact Dr. Ken Williams at drwilliams@iimcs.org.

Call for ISHRS Fellowship Training Program Directors

The ISHRS has a long-standing and prestigious Fellowship Training Program in Hair Restoration Surgery whereby it has a rigorous process overseen by the Fellowship Training Committee that ensures Program Directors and Training Programs meet specific guidelines to provide exceptional opportunities and educational environments to acquire expertise in hair restoration surgery. Fellowships may be one or two years in duration. One-year programs are required to perform at least 70 cases per year per Fellow. Two-year programs are required to perform 50 cases per year per Fellow.

The list of ISHRS-sanctioned Program Directors is available on the ISHRS website. The trainees seeking to complete a fellowship inquire directly with the program directors for availability. The ISHRS issues certificates to Program Directors whose programs qualify, as well as to Fellows who complete the course of study.

For those who are interested in developing a program or have an existing program that may qualify, you are encouraged to consider completing the application process.

Application materials may be obtained at: <http://www.ishrs.org/member-fellowship-training.php>

Questions may be directed to Fellowship Training Committee Chair, Robert P. Niedbalski, DO at: drniedbalski@gmail.com

[Note of clarification: The term "Fellow" as used to describe those who complete an ISHRS-sanctioned Fellowship Training Program is not to be confused with the term "Fellow" category of ISHRS membership.]

CALL FOR NOMINATIONS

2015 ISHRS Awards

GOLDEN FOLLICLE AWARD

Presented for outstanding and significant clinical contributions related to hair restoration surgery.

PLATINUM FOLLICLE AWARD

Presented for outstanding achievement in basic scientific or clinically related research in hair pathophysiology or anatomy as it relates to hair restoration.

DISTINGUISHED ASSISTANT AWARD

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

How to Submit a Nomination

Include the following information in an e-mail to: info@ISHRS.org

- Your name,
- The person you are nominating,
- The award you are nominating the person for, and
- An explanation of why the person is deserving; include specific information and accomplishments.

Nominating deadline: July 15, 2015

See the Member home page on the ISHRS website at www.ISHRS.org for further nomination criteria. The awards will be presented during the Gala Dinner at the ISHRS 23rd Annual Scientific Meeting that will be held September 9-13, 2015, in Chicago, Illinois, USA.



ISHRS Research Grants Available

The International Society of Hair Restoration Surgery (ISHRS) 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. There are several opportunities this year for hair-related research grant funding through the ISHRS with typical amounts of \$1,200 to \$2,600 USD per grant. ISHRS members in good standing may apply.

Grant applications deadline: July 15, 2015

Further information and a full application can be obtained on the ISHRS website at www.ISHRS.org/member-grants.htm.

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Hair's the Question*

Sara Wasserbauer, MD, FISHRS *Walnut Creek, California, USA* drwasserbauer@californiahairsurgeon.com

*The questions presented by the author are not taken from the ABHRS item pool and accordingly will not be found on the ABHRS Certifying Examination.



How much do you know about the histology of your grafts once you send them home with your patient? When are they permanent? When do they create their own blood supply? How do they regenerate? If you get picky patients like I do—or if you are just curious and want to know the minutiae of what you do (also like I do!), join the nerd section at the next ISHRS meeting (front row!) and test your knowledge.

When Is a Graft “Grafted”?

- When do hair grafts revascularize post-operatively?
 - Immediately
 - On day 2
 - 72 hours—7 days
 - Within the first 6 months
- Scabs/crusting post-hair transplant is
 - a necessary part of the healing process and should be left alone.
 - a preventable phenomenon that extends the time a graft is at risk for being dislodged.
 - NOT water-soluble but can be softened or removed with Vaseline or other oil-based emollients.
 - a common occurrence that can be rubbed off vigorously starting on post-op day 3.
- Pulling on an adherent scab/crust (not hair) always results in a lost graft through
 - day 2.
 - day 5.
 - day 9.
 - any day before the scabs (or crusts) fall off by themselves.
- Pulling on a hair (not scab/crust) always results in a lost graft through
 - day 2.
 - day 5.
 - day 9.
 - whatever day the hairs fall off by themselves.
- How soon after a hair transplant can any plucked hair (with or without a scab) be said to be fully “grafted” (i.e., unable to be dislodged)?
 - 2 days
 - 6 days
 - 9 days
 - 4 weeks
- Hair grafts that are transected (horizontally) and only the top two-thirds implanted will
 - never regenerate.
 - regenerate non-pigmented (white) hairs.
 - regenerate 100% of the time but with thinner hairs than intact grafts.
 - regenerate the bottom half of the follicle before growing a new hair shaft.
- Hair grafts that are transected (horizontally) and only the bottom two-thirds implanted will
 - never regenerate.
 - regenerate non-pigmented (white) hairs.
 - regenerate 100% of the time but with thinner hairs than intact grafts.
 - regenerate the follicle and grow a new hair shaft.
- What fraction of an intact hair graft is needed to actually grow a hair over 80% of the time?
 - One-fourth of the lower section
 - One-half of the lower section
 - Two-thirds of the lower section
 - Only complete hair grafts will grow a hair over 80% of the time.
- Which of the following will prevent a graft from growing the most?
 - Transection (i.e., in half)
 - Dessication (i.e., more than 3 minutes on a glove)
 - Crush injury (“hard crushed” at the bulb)
 - Dense packing (i.e., > 40 FU/cm²)
- Which of the following is the best holding solution for a graft to ensure survival?
 - HypoThermosol®—FRS
 - Hydrogen peroxide 1% solution
 - PH balanced (7.4) Saline with PRP/ACell and liposomal ATP
 - There is no randomized, controlled, double-blinded study with large numbers of patients to determine the answer to this question at this time.

Hair's the Question from page 117

Answers

- C.** Maintaining an adequate blood supply to our delicate grafts has always been one of the major survival factors (if not THE major factor other than avoiding desiccation and or crush/transection injuries). If you can get your grafts to have a good blood supply, you can avoid shock loss and graft non-growth, and optimize outcomes. When the blood supply is established, your graft pretty much is too. This also brings up the point that you should avoid damage to the recipient vascular bed (including smoking and deep recipient sites), but that is a set of questions for another column!
- B.** Try to prevent the crusts! Grafts don't need them to survive and they may in fact inhibit their survival. Grafts appear to be completely intact as of day 9, and are very vulnerable up to about Days 3-5, so D is incorrect. The exudate is water-soluble (therefore C is incorrect) initially, so use frequent washing or moist compresses to prevent the formation.
- B.** If you want your grafts to "take," realize that through day 5 the grafts are still very vulnerable and you can interrupt their survival most effectively by pulling or rubbing the crusts/scabs. Pulling on the hairs alone is less likely to result in a lost graft in the early post-op period—see the next question!
- A.** In other words, in the post-operative period, pulling on a hair alone is going to have a lower risk of killing a graft than pulling on a scab/crust. If you have not formed the scabs/crusts in the first place, you are in better shape and your grafts are more likely to get grafted!
- C.** But tell your patients D (4 weeks) just to be sure they are compliant.... Just kidding! By 9 days your grafts can be said to be officially "grafted."
- D.** This fact is remarkable to my mind and is part of the reason that we know it is the cells in the bulge area of the follicular unit (about halfway up the follicle) that cause grafts to become grafted. It is these stem cells that we are actually grafting—not the hair that is temporarily in that follicle at the time of the transplant (although if you think about it, it is the hair that we are using to locate the stem cells!). C is partially correct; these transected follicles will generate a thinner graft, just not 100% of the time.
- D.** This is still one of my favorite little factoids about hair! Too bad hair trivia is not much in demand as other factual knowledge, or we could all have another career!
- C.** This is true 83% of the time according to the original study by Kim and Choi. It takes having the stem cells in the bulge (at the center of the follicular shaft) intact for a graft to grow. Thus, two-thirds of a graft is technically a graft.
- B.** Transected and crushed grafts, and even densely packed grafts, all exhibit some percentage of regrowth in various studies
- D.** That's it. We don't know what is going to be the best stuff to make grafts "graft." Here is an area for some enterprising new surgeon in the field of hair transplantation to make his or her mark! (I look forward to seeing the results, whoever you are!) In the meantime, A and C are both reasonable options, but hydrogen peroxide (answer B) is likely to decrease your survival rates.

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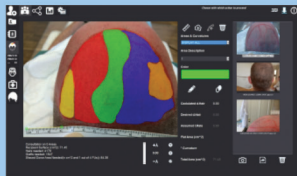
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Review of the Literature

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Finasteride Long-Term Safety Data: How Good Is the Published Data?

Belknap, S.M., et al. Adverse event reporting in clinical trials of finasteride for androgenic alopecia. A meta-analysis. *JAMA Dermatol*. Published online April 1, 2015.

The safety of finasteride has been an important topic of discussion among the ISHRS, especially at our annual meetings. Concerns over sexual dysfunction, cancer risks, fertility, and mood alterations are active topics of discussion. Two published meta-analyses concluded that finasteride has a good safety profile. But what are the real numbers on risks that we should use to advise and counsel our patients?

A U.S. study from Northwestern University Feinberg School of Medicine set out to assess the quality of safety reporting in published clinical trials of finasteride at doses used to treat hair loss (at doses of 1.25mg or less).

In the study, safety reporting was classified as “adequate,” “inadequate,” or the study classified a given published trial as having no safety data. Of 34 clinical trials that were reviewed by the authors, none had “adequate” safety reporting. Of those that did, 19 (56%) were rated as partially adequate, 12 (35%) were deemed

inadequate, and 3 (9%) reported no adverse events. In 26 of the 34 trials (76%), duration of drug safety evaluation was 1 year or less.

The authors’ further analyses concluded that the studies had some degree of bias with 18 (53%) studies disclosing conflicts of interest and 19 (56%) receiving funding from the manufacturer.

Comment: Safety data is important in order to provide our patients with the best possible counseling on risk. Post-marketing safety evaluation of finasteride has met challenges, and many physicians rely on previously published clinical trials as a source of information to relay to patients. The present study reminds us that the safety data we have from current clinical trials is of poor quality and, as the authors found, may have bias. The current study did not take into account the safety data available from studies of the 5mg dose. Further rigorous and high-quality studies are needed to understand the safety of this highly effective hair loss medication. ♦



Minoxidil for Frontotemporal Hair Loss in Men: It Does Help!

Hillman, K., et al. A single-centre, randomized, double-blind, placebo-controlled clinical trial to investigate the efficacy and safety of minoxidil topical foam in frontotemporal and vertex androgenetic alopecia in men. *Skin Pharmacol Physiol*. 2015; 28:236-244.

It has long been thought that minoxidil helps men with frontotemporal androgenetic alopecia (AGA) as well as vertex AGA. Until recently, definitive high-quality clinical studies were lacking. In the January issue of the Forum, I shared results of a double-blind, placebo-controlled study of 16 men by Mirmirani et al. that showed that minoxidil benefitted both the frontal and vertex scalp AGA.

Now, a second even larger study from Germany provides further confirmation that minoxidil indeed benefits the frontotemporal scalp in men with AGA.

The investigators assessed the efficacy of twice daily 5% minoxidil foam in the frontotemporal region of male AGA patients after 24 weeks of treatment compared to placebo treatment and to the vertex region. Changes in target non-vellus hair count were the

primary end point. Secondary endpoints included changes in hair width as well as clinician and patient ratings of improvement.

Study results showed that hair counts and width increased significantly compared to baseline in both the frontotemporal and vertex scalp. Furthermore, study subjects using 5% minoxidil foam rated a significant improvement in scalp coverage for both the frontotemporal ($p = 0.016$) and vertex areas ($p = 0.027$). Clinician assessors, however, were only able to appreciate a difference in the crown and not in the frontotemporal scalp.

Comment: There is now good evidence to support the notion that twice daily 5% foam promotes improvements in hair density in both frontotemporal and vertex regions in men with moderate stages of AGA. ♦



Occipital Neuralgia after Hair Transplantation: How Would You Treat?

Siefferman, J., and Y. Khelemsky. Occipital neuralgia after hair transplant and its treatment. *Case Rep Neurol Med*. 2015; 2015:428413.

Neuralgias after hair restoration are uncommon. However, the immediate recognition and management of nerve injuries are important skills for the hair transplant physician. The International Headache Society defines occipital neuralgia as a type of headache characterized by paroxysmal shooting or lancinating pain in the greater, lesser, or third occipital nerve dermatomes.

Authors from New York shared a case report of a 72-year-old man with occipital neuralgia following follicular unit strip surgery and outlined the complexities of management. The man reported pain, numbness, and tingling extending up to the posterior right ear, consistent with the distribution of the lesser occipital nerve. His pain failed to improve with oxycodone, neuropathic agents, and acupuncture, and only temporarily improved with local anesthetic

blocks. He was then started on Pregabalin 75mg three times daily with modest improvement. An initial set of Botulinum toxin type A injections (100 units) temporarily helped, but additional follow-up injections did not help. The patient then underwent pulsed radiofrequency neuromodulation, which is a non-destructive technique to relieve pain by delivering an electrical field to neural tissue. The technique provided 80% pain relief for 5-month intervals. He has had repeat radiofrequency sessions with success.

Comment: This case report provides the hair transplant surgeon with important reminders of the range of strategies for treating occipital neuralgia as well as the challenges that exist in providing some patients with sustained pain relief. ♦

Meetings and Studies

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It is my great honor to contribute to the *Forum* as the new columnist for the Meetings section, and I thank the editors for their kind invitation.

The ISHRS recently sponsored its first event in India, where many young surgeons are applying their creativity and ingenuity to HRS, specifically FUE. A great team of speakers interacted with more than 50 participants, sharing their experience with eager colleagues. A generous mixture of live surgery, lectures, discussions, and cultural activities provided an informal setting for teaching, learning, and fun. Drs. Kapil Dua and Aman Dua and their staff provided excellent accommodations. Here is their lively report on this meeting.

Review of the ISHRS Asian FUE Workshop February 27–March 1, 2015 • New Delhi, India

Kapil Dua, MBBS, MS *Ludhiana, Punjab, India* drkapildua@akclinics.com

The first ISHRS Asian FUE live surgery hair transplant workshop was held in New Delhi, the capital city of India. Drs. Kapil Dua and Aman Dua were directors of this event that included 55 participants from around the world. The key objective of the workshop was to identify the current best FUE techniques for scalp and body hair transplant.

The workshop began with an opening address by Dr. Kapil Dua, welcoming the faculty and the delegates, followed by a welcome from the ISHRS ambassador, Dr. Bessam Farjo from the UK.

This was followed by lectures on Basics of FUE, with Dr. Aman Dua outlining the latest terminology and indications of FUE, and Dr. Jean Devroye presenting different types of punches and devices used for FUE.

The next session was on increasing the efficiency in FUE. Dr. Farjo explained the ARTAS® Robotic technique, and Dr. John Cole talked about ergonomics to achieve maximum efficiency. He also illustrated how the total number of donor grafts available is more in FUE than strip with repeated sessions.

In the next session, the expert faculty gave insights into their own extraction techniques. Dr. James Harris explained his “Hex technique,” which uses a hexagonal punch, and noted that it has reduced his transection rates. Dr. Alex Ginzburg explained his unique technique of extraction with his cordless powered device. Although Dr. Koray Erdogan could not personally attend the meeting, his team gave a video presentation about how they do FUE. Dr. Cole explained his sharp punch minimal depth technique and



Dr. Jean Devroye participating in discussion.



Dr. John Cole preparing his patient for extraction.



Dr. James Harris being awarded a faculty memento.

devices. Dr. Kapil Dua explained how he extracts grafts with a dull punch in his 7-step technique.

In the following session, Dr. Harris addressed the issue of proper donor site selection and preparation. He explained the safe donor zones for FUE and proper pre-operative planning of the harvest. Dr. Ginzburg discussed how FUE technique must be modified for different ethnicities and for women.

Live surgery demonstrations followed at the AK Clinic. Dr. Harris operated on a case of grade III baldness with traction alopecia and demonstrated his unique Hex technique. Dr. Cole operated on a case of grade III V baldness with the patient in the sitting posture, which was new to the delegates as both the other surgeons were operating with the patient in the prone position. His spectacular skill was clearly obvious to everyone present by the beautiful grafts that he had taken out.

Dr. Ginzburg operated on the third patient, a case of grade V baldness. With his typical cheerful attitude, he put the assisting team at ease and the delegates had a great time watching how he did the surgery in a cool and charming way. Delegates in the audiovisual observation rooms were engaged and entertained by moderators, Drs. Farjo and Robert True.

The day ended with a welcome reception at the hotel. The theme was Punjabi based (North Indian) with Punjabi dance and food. Faculty shed their “tough exteriors” and participated actively. Delegates and faculty joined together for dancing and festivities.

Day 2 began with Breakfast with Experts. Dr. Harris ex-



Delegates and faculty at the workshop.

plained powered FUE by SAFE Scribe. Dr. Ginzburg discussed scalp micropigmentation. Dr. Devroye presented his instruments and his different sized punches. Dr. Farjo had a lively discussion about robotic FUE, and Dr. True explained various tips and tactics of body hair extraction.

The lectures started with discussion of implantation of FUE grafts, speed of extraction, limits of donor area, transection rate, and complications of FUE. The debate of FUE vs. Strip was addressed, with extensive discussion in the question & answer session. Dr. Kapil Dua also shared how with dull punches he has brought his FTR (follicular transection rate) into the range of 2-3%. Dr. Aman Dua put forward that revision FUE after primary strip surgery had a lower transection rate due to the better virgin area available compared to primary FUE and punch grafting.

Dr. Farjo discussed post-operative care. Dr. True gave a thorough discussion on the causes and prevention of poor growth in FUE. The delegates had their various doubts cleared at the end of the session.

Adjuvants therapy in hair restoration was the next topic. Dr. Ginzburg helped the delegates understand the intricacies in mixing of colors for scalp micropigmentation. Dr. Aman Dua presented on the effect of platelet rich plasma (PRP) in hair restoration.

Dr. Farjo enthusiastically took the microphone once again in the audiovisual room and had an active discussion running between the surgeons and the audience while the first set of delegates were inside the Operating Room, with Drs. Devroye, Ginzburg, True, and Dua performing their procedures.

The second day ended with the Gala Dinner where delegates were welcomed in the Indian way—with a garland of flowers—and they were treated to a series of performances from the different states of India with the highlight being the Manipuri and Punjabi dance. The third and final day of the workshop was reserved for hands-on practice on models for the delegates, who were again divided into different tables each led by an expert. The workshop ended with an open discussion among the faculty and the participants. Drs. Dua, thanking all the delegates and faculty, and honoring all their team members who had done a spectacular job in organizing and making the workshop a huge success, proffered closing remarks. Dr. Devroye specially commented about the excellent scientific discussion during the workshop, and the entire faculty expressed congratulations for how well the whole event was organized.



Guests, delegates and faculty at the Welcome Reception.



Dr. Alex Ginzburg delivering a lecture.

The cultural program included a half-day Delhi tour guided by the hosts to see some of the famous heritage sites in India and experience the Cultural Gully at Kingdom of Dreams. The next day gave them an opportunity to visit the famous Taj Mahal in Agra, one of the Seven Wonders of the World.

The workshop proved to be a great stage for transplant surgeons from 13 different countries to discuss and enlighten themselves regarding the latest developments in FUE. They had ample interaction with the experts. Their great enthusiasm helped to make the event a raving success.

In the end, I would like to thank the ISHRS for allowing us to host this prestigious workshop, the first of its kind in the Indian subcontinent. The way the ISHRS guided us made sure that everything was planned and taken care of well in advance to keep the anxiety at bay. No workshop can be complete without teamwork behind the scenes, which was led by Dr. Renu Kothottil, Mr. Aman Bansal, and Mr. Sanjeev Kumar and who made sure that everything went according to the plan. All in all, our intention of providing a worthwhile quality academic exposure and value for every minute spent in the workshop was made possible by the effort of one and all. ♦

Regional Societies Profiles

For this issue, we asked Dr. Paul Rose, an ISHRS stalwart, to tell us about the American Society of Hair Restoration Surgery (ASHRS). Sometimes, the ISHRS may seem like an American Society, but there is this society that is truly American and one that we may not have heard much about. Following are Dr. Rose's answers to the usual questions.

American Society of Hair Restoration Surgery (ASHRS)

Q. What is the history of the ASHRS?

A. The name of our society is the American Society of Hair Restoration Surgery (ASHRS). Currently, we have 66 members. It is a specialty section of the American Academy of Cosmetic Surgery (AACS). My understanding is that the ASHRS became incorporated into the AACS in 1995 due to various reasons. I imagine that some of it was financial and some political. I believe that the original ASHRS began with Drs. Bluford Stough and probably Thomas Alt. At the time of incorporation in 1995 the initial chairman in was Dr. Martin Unger and the vice chair was Dr. Robert Cattani. Councilors included Drs. Thomas Alt, Dominic Brandy, Bluford Stough, Daniel Rousso, and Richard Anderson. The way the ASHRS is structured currently is that there is only one officer—a President—who sits on the AACS board. I am the current president. We are in the process of filling the other positions.

Q. Do you hold annual meetings?

A. The ASHRS has a yearly workshop(s) during the annual AACS meeting.

Q. What are the medicolegal challenges to HRS in the United States?

A. The ASHRS is facing the challenges of hair restoration surgery in general. As you may know, the practice of medicine is shifting in the United States. Physicians are concerned about the changes that relate to providing quality care, financial reimbursement, and the role of ancillary personnel working with physicians.

The movement towards the use of Nurse Practitioners (NPs) as solo practitioners, able to have their own offices, may have a profound effect as to how healthcare is provided in the future. The use of unlicensed personnel performing procedures is increasing. This issue is under scrutiny by some of the Boards of Medicine and legislatures in the United States.

With the concern for decreasing reimbursement, many physicians are seeking the means to increase their ability to perform or have someone perform medical procedures that are not reimbursed by insurance companies or the government. This has attracted a great many more physicians who have little or no hair loss/hair restoration experience to enter the field of hair restoration. Some entrepreneurs are developing hair restoration centers and utilizing physicians who have no experience in hair restoration, simply to use the physician's license so that techs can perform the procedures. Some are also using physician assistants (PAs) and NPs in a similar fashion.

Q. Is advertising permitted for HRS in the United States?

A. Yes, unlike some other countries, advertising of medi-

cal procedures is legal in the United States. I believe that the United States is probably the largest market for hair restoration procedures. The public has accepted the procedure and there is increased interest by many due to the advertising of the FUE process as a minimally invasive procedure. Nevertheless, the population seeking hair restoration is quite small compared to the population that experiences significant hair loss. This may be due to lack of accurate information, costs, and the current trend amongst young people to have a shaved head appearance.



Paul T. Rose, MD, JD, FISHS

Q. Are most practitioners busy?

A. There has been a good deal of consolidation in the U.S. hair restoration field with the merger of MHR and Bosley. The solo practitioner understandably has more difficulty competing with Bosley and its ability to market globally. My impression is that there are fewer physicians who perform hair restoration as a primary specialty field and many who are seeking to dabble in the field or to hire technicians to perform the procedure in a practice that does not specialize in hair restoration.

My impression is that most of the hair specialty physicians would like to be busier.

Q. Do you feel more surgeons are performing FUT or FUE surgery?

A. Most seem to be doing more strip surgery, but that is changing. FUE/FIT is becoming more popular. Some physicians are using the ARTAS® Robotic System. (For COI, I own one and I consult for the company and own stock.)

Q. Is anyone investigating cell-based therapies?

A. Yes, I am currently investigating cell-based therapies, but I do not have information as to other members on this topic. I think that since the AACS has devoted a fair number of lectures to stem cell therapy at past meetings, it is certainly possible that members are using these modalities.

Q. Who is active in teaching in the ASHRS?

A. We have been fortunate to have physicians such as Drs. Marco Barusco, Carlos Puig, Tony Mangubat, Steve Hopping, Bob True, and Danny Rousso at the teaching forefront of the ASHRS. We have also benefitted from the contributions of ISHRS members who have been kind enough to lecture as well.



Q. Where do you think HRS is headed in the United States?

A. It seems that there is increasing demand for FUE/FIT whether manually or with the robotic device or mechanized drills. The advertising being done that denigrates strip procedures and conveys the sense that strip harvesting is a poor choice has been successful. The fact that the public has seen the evolution of hair restoration from plugs to strip harvesting over many years has allowed the bad outcomes to be evident and the great results to be overshadowed. This is in part due to the fact that men tend to be reticent about having undergone the hair restoration procedure.

Because FUE/FIT is relatively new, the public has not had enough time to learn about poor outcomes with this technique. Many of us fear that improperly trained physicians and other personnel will produce poor results with FUE/FIT and there will be a backlash against all hair restoration practitioners.

We are starting to see patients who have been over harvested and the donor area is too thin. We are seeing patients with poor growth, patients with dermatologic disorders that should have precluded surgery, and patients with harvesting outside of what most would consider the safe zone.

I would think that we will see an increasing number of robots placed in the country, and probably businesspeople will try to “corner areas” by purchasing several machines and then hiring doctors or NPs or PAs simply to be on staff while technicians use the devices.

The device companies may pursue a model wherein there is a traveling technician team that would go to the offices that have the machines if the physician is not experienced in hair restoration.

Q. When is your next meeting?

A. Our next meeting will take place in Fort Lauderdale, Florida, in January 2016.

Q. How can the ISHRS and ASHRS work together?

A. I believe that many of the ASHRS members are already ISHRS members. Obviously, the ISHRS meetings and workshops provide intensive training opportunities to an extent that exceeds the ASHRS.

I would certainly welcome having ISHRS participation in the AACS annual meeting.

Dr. Paul Rose is a board certified dermatologist. He has been performing hair restoration surgery for over 20 years. Dr. Rose received his medical degree from the SUNY at Downstate and then interned at the University of Connecticut. He practiced emergency medicine for almost 5 years before entering a dermatology residency at Temple University Skin and Cancer Hospital in Philadelphia.

Dr. Rose has served on the Board of Governors of the ISHRS and also has served as its 2005–2006 president. He has been honored by the ISHRS by being a recipient of the Golden Follicle award. In addition, Dr. Rose has lectured at various ISHRS meetings, written many articles and textbook chapters, and has made numerous contributions to the field of hair restoration. ♦

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For all inquiries, please contact
NAHRS Administrator, Victoria Ceh, MPA
info@nahrs.org

Hosted by **NORTH AMERICAN HAIR RESEARCH SOCIETY**

INVITATION

The North American Hair Research Society (NAHRS), with participation from the Australasian Hair & Wool Research Society, the European Society for Hair Research, the Hair Research Society of India, the Japanese Society for Hair Research, and the Korean Hair Research Society, will host the **9th World Congress for Hair Research**, which will bring together hair biologists, dermatologists, cosmetic scientists and hair transplantation surgeons for this three and a half day comprehensive hair research meeting.

International colleagues will present new research, share experiences, and discuss new directions for the advancement of knowledge in hair growth, hair and scalp disease, and clinical care.

The Congress will include general sessions, scientific posters, pre-Congress workshops, networking opportunities, a full exhibits program, company sponsored satellite symposia, and more.

We invite you to attend!

Sincerely yours,
Congress Scientific Planning Committee

Wilma F. Bergfeld, MD
Wilma F. Bergfeld, MD
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Cleveland Clinic Foundation

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Angela Christiano, PhD
CONGRESS CO-CHAIR
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Johns Hopkins University

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Antonella Tosti, MD
University of Miami

Ken Washenik, MD, PhD
Ken Washenik, MD, PhD
New York University/ Bosley

Message from the 2015 Annual Scientific Meeting Program Chair

Nilofer P. Farjo, MBChB, FISHRS *Manchester, UK* dr.nilofer@farjo.com



The preliminary program has now been published and I thank all those on the Annual Scientific Committee for the tremendous effort in getting the plans together so far. There is a lot of behind the scenes arrangements still taking place getting all the workshops organized, especially the hands-on courses, both by the course directors and their faculty but also by the ISHRS annual meeting team. With plenty more to do before September, it's still possible to get involved even if you haven't had an abstract accepted. And if you are presenting, please have a look below for your next step.

How can I get involved?

Live Patient Viewing: Here's your chance to showcase your own work to your colleagues. Bring one or more patients to the Saturday live patient session. Contact the Live Patient Viewing Chair, Marcio Crisostomo, if you have some patients that you wish to bring along with you: anything from a straightforward case to something more challenging such as a repair or even a complication would be welcome. If you're proud of your work, then why not show it off!

M&M Conference: The Morbidity and Mortality Conference will have limited seating to allow physicians to discuss their unexpected complications in a more intimate setting. The session is designed to be a learning experience by critically analysing how and why something went wrong in a procedure and by finding a solution whenever possible. Again, we do need you to volunteer to discuss your cases, so if you have a complication that you wish to present, then please contact Marco Barusco, who is chairing this session.

This meeting is scheduled to run on the Friday over dinner. The session itself is free, but you must pay for the dinner. Attendees cannot come along without payment for the meal as the ISHRS will be charged per seating. This year we have planned a sit-down dinner rather than a buffet to allow the maximum learning experience without interruption. Book to attend early as this session has sold out for the past 2 years.

If my abstract has been accepted, what do I do next?

Get prepared early. You will be asked to send in your PowerPoint presentation several weeks prior to the meeting for two reasons: 1) the moderator for your session needs to see that your talk meets the learner objectives and complies with the time limit, and 2) a copy of your presentation will need to go into the abstract book. Because the program is very full, anyone who goes outside of their time limit risks having their slides turned off so that the next speaker can have their allocated time. So please be respectful of your colleagues and prepare well in advance.

If I have had a poster accepted, what do I do next?

Again, be prepared early as you are required to send in your poster ahead of the conference. The posters will be presented in e-format once again. We need your posters early to be able to

set time limits on the rolling screens so that the audience has time to read your poster before the next one appears. If you miss the deadline, your poster will not be included. The other reason we need the posters is to judge posters for awards. The awards committee will select the best posters and the prizes will be made prior to the Saturday business.

If I have a video accepted for presentation, what do I need to do?

Make sure that you note the time limit that has been set for your video presentation. The sessions have been carefully timed to exactly fit in all the allotted videos, so the time limits must be strictly adhered to. Also make sure that you have filmed in high definition so that the projection on the large screens is clear.

How We Can Help You

If you need help in getting any of your presentations together, please ask us. We are here to guide you in any way we can. If English is not your first language and you want someone to check the spelling or grammar of the English in your slides or poster, then please ask as we have volunteers who are happy to assist. Unfortunately, we cannot help out with translation into English, but perhaps we can find a colleague from your country to assist you.

We are working hard to try to meet everyone's educational needs, so I hope that the preliminary program has successfully gained your interest and you are now putting your travel plans in place to be in Chicago. This is the world's largest annual hair restoration meeting, so maximize your continuing medical education credits by attending. ♦

SAVE THE DATE
September 9-13, 2015
2015 ISHRS Annual Meeting

CHICAGO '15
 ISHRS 23RD ANNUAL
 SCIENTIFIC MEETING
 SEPTEMBER 9-13

www.ishrs.org/AnnualMeeting.html

Message from the 2015 Surgical Assistants Program Chair

Janna Shafer *Bloomington, Minnesota, USA* janna@shapiromedical.com

The outline for the Surgical Assistants Program in Chicago is nearly finished. I'd like to thank all the presenters who have volunteered to share their expertise. There are 2-3 topics remaining if anyone is still interested. It would be great to get more varying clinics to participate. It's a wonderful opportunity to "show off" your clinic. If public speaking isn't your cup of tea, we can help you find an alternative way to participate or perhaps we can help you overcome your fears of public speaking. All it takes is that first baby step in the right direction. If I can do it, anyone can. I believe the topics being covered in this year's program are very relevant and pertinent to all assistants. Come find out...reminder that the Surgical Assistants Program will be held on Wednesday, September 9, 7:30AM to 12NOON.

Sara Roberts, who works for Drs. Farjo & Farjo, is just about done putting together the faculty for the Surgical Assistants Cutting/Placing Workshop, which will be held Thursday, September 10, 9:00AM to 12NOON. The workshop, geared toward assistants old and new to the field who are looking to get helpful tips in all aspects of assisting in HT surgeries, is traditionally very popular and has limited seating, so be sure to register as soon as possible so you don't miss out. Slivering, cutting, and planting for strip procedures and assisting for FUE procedures will be the main. Please feel free to contact me with questions regarding the Surgical Assistants Program or Workshop in Chicago. ♦



SAVE THE DATE!

November 19-22, 2015

St. Louis, MO | USA



Course Director:

Samuel M. Lam, MD, FACS, FISHRS

Honored Guest:

Mario Marzola, MBBS

Physician Faculty:

Marco N. Barusco, MD

Vance Elliott, MD, CCFP, FISHRS

James A. Harris, MD, FACS, FISHRS

Nicole Rogers, MD, FAAD

Lawrence E. Samuels, MD

Robert H. True, MD, MPH, FISHRS

Ken L. Williams, Jr., DO

Assistant Course Director:

Emina Karamanovski Vance, MD

Assistant Faculty:

Rita Kordon, RN

Tina Lardner

Hannah Mehsikomer

Aileen Ullrich

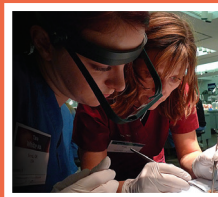
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- | | | | |
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| ▶ Hairline Design | ▶ Graft Placement | ▶ Graft Calculation | ▶ Medical Treatment |
| ▶ Donor Harvest/Closure | ▶ Crown Design | ▶ Eyebrow Transplant | ▶ Critical Thinking Day |
| ▶ Recipient Site Creation | ▶ Female Hairline Design | ▶ Marketing | ▶ Quality Control |
| ▶ Graft Dissection | ▶ Temporal Point Design | ▶ Consulting | ▶ FUE |



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Classified Ads cost \$85 per insertion for up to 70 words. You will be invoiced for each issue in which your ad runs. The Forum Advertising Rate Card can be found at the following link:

<http://www.ishrs.org/content/advertising-and-sponsorship>



www.ISHRS.org/AnnualMeeting.html

The ISHRS annual scientific meeting is THE premiere meeting of hair transplant surgeons and their surgical assistants.

You don't want to miss it.

GENERAL SESSIONS

- Combining FUE and Strip Surgery
- Advances in Hair Biology
- Update on Finasteride and Side Effects
- Hair Loss Diagnostic Dilemmas
- Unique Issues in Ethnic Transplantation
- Live Patient Viewing
- Small Group Discussion Tables
- Interactive Panels
- Female Pattern Hair Loss
- Management of Complex Cases

OTHER OFFERINGS

- FUE Hands-On Mini-Courses
- Lunch Symposia and Workshops
- Basics in Hair Restoration Surgery Course
- Advanced/Review Course
- Surgical Assistants Program & Hands-On Workshop
- M&M Conference
- Exhibits Program
- E-Poster Exhibits
- Social program including optional tours and activities, Welcome Reception, Gala Dinner/Dance

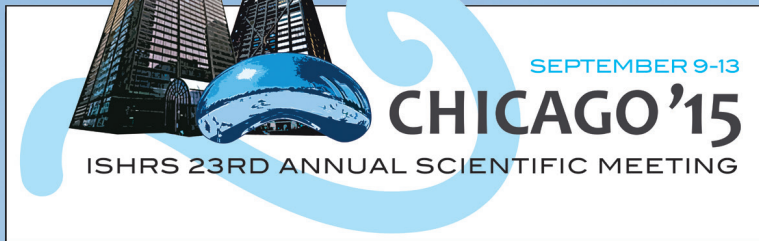
NEWCOMERS ARE WELCOME!

We 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.

2015 ANNUAL SCIENTIFIC MEETING COMMITTEE

- Nilofer P. Farjo, MBChB, FISHRS**
Chair | UK
- Sara M. Wasserbauer, MD, FISHRS**
Advanced/Board Review Course Chair | USA
- Ratchathorn Panchaprateep, MD**
Advanced/Board Review Course Co-Chair
| THAILAND
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Workshops Chair | USA
- Marco N. Barusco, MD**
M&M Chair | USA
- Márcio Crisóstomo, MD**
Live Patient Viewing Chair | BRAZIL
- Jennifer H. Martinick, MBBS**
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- Janna Shafer**
Surgical Assistants Chair | USA
- John D.N. Gillespie, MD, FISHRS**
Surgical Assistants Co-Chair | CANADA
- Damkerng Pathomvanich, MD, FISHRS**
Immediate Past Chair | THAILAND
- Jeffrey Donovan, MD, PhD** | CANADA
- Piero Tesauro, MD** | ITALY

Plan to Attend



SEPTEMBER 9-13
CHICAGO '15
ISHRS 23RD ANNUAL SCIENTIFIC MEETING

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

2015: 23rd ASM
September 9-13, 2015
Chicago, Illinois, USA

2016: 24th ASM
October 19-22, 2016
Panama City, Panama



HAIR TRANSPLANT
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Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
March 3-6, 2015 & May 26-29, 2015	University Diploma of Scalp Pathology and Surgery <i>Paris, France</i>	University of Paris VI Coordinators: P. Bouhanna, MD and M. Divaris, MD www.hair-surgery-diploma-paris.com	Dr. Pierre Bouhanna, Course Director sylvie.gaillard@upmc.fr
September 9-13, 2015	23rd Annual Scientific Meeting of the International Society of Hair Restoration Surgery <i>Chicago, Illinois, USA</i>	International Society of Hair Restoration Surgery www.ishrs.org	Tel: 1-630-262-5399 Fax: 1-630-262-1520
October 2-4, 2015	HAIRCON 2015 <i>Hotel Fariyas, Lonavala, Maharashtra, India</i>	Association of Hair Restoration Surgeons-India http://www.ahrsindia.org/index.html	Dr. Narendra Patwardhan, President, AHRS-India Tel: +91 9822057712 ngpatwardhan@gmail.com
November 18-21, 2015	9th World Congress for Hair Research <i>Miami, Florida, USA</i>	North American Hair Research Society www.hair2015.org	For details: info@nahrs.org
November 19-22, 2015	7th Annual Hair Restoration Surgery Cadaver Workshop <i>St. Louis, Missouri, USA</i>	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	Dr. Samuel L. Lam, Course Director Emina Karamanovski Vance, Assistant Course Director http://pa.slu.edu
December 5-6, 2015	20th Annual Meeting of the JSCHR <i>Kochi, Japan</i>	Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Ryuichiro Kuwana, MD	Dr. Ryuichiro Kuwana, Program Chair der-r-kuwana@mte.biglobe.ne.jp www.jschr.org