

Call for Editors for the 2017–2019 ISHRS *Forum*



We are looking for two ISHRS physician members to fill the positions of *Forum* Co-Editors for the term 2017–2019, which equates to 18 issues. These are uncompensated, volunteer positions, but very rewarding nonetheless!

Interested members should forward an e-mail to ISHRS headquarters office and Victoria Ceh, ISHRS Executive Director, at info@ishrs.org and vceh@ishrs.org by **June 1, 2016**, indicating their interest. The Executive Committee will review all candidates and make a determination at its June 2016 meeting. Candidates will be notified in July.

Duties

- To produce 6 issues of the *Hair Transplant Forum International* per year within the pre-established timeline. The *Forum* is the ISHRS's official publication. It is not peer-reviewed and is considered a newsletter.
- The co-editors may wish to alternate issues as the "lead" editor, thus, serving as the lead for 3 of the 6 issues per year. The "lead" editor can expect to spend 15-30 hours per issue. The non-lead editor can expect to spend 8-10 hours in helping with proof review.
- One of the two editors should serve as the primary point person in regards to submitted articles from the membership. All articles are required to be submitted electronically via email. Staff at ISHRS headquarters provides copy relating to Society announcements.
- Each co-editor writes a "Message from the Editor" on any topic he or she wishes for each issue.
- Co-editors have the discretion to determine which articles to include.
- The physician co-editors work with the Managing Editor (staff person), Cheryl Duckler, by first reviewing and editing all articles for medical correctness and appropriateness, and then forwarding the articles and all corresponding figures to Cheryl to include for a particular issue. The Managing Editor edits all articles for grammar and style, and also designs the final publication. Both co-editors are expected to review first a draft proof, which is e-mailed as a PDF file or sent via dropbox.com, and also a final proof of each issue before signing off to go to print. The printing and mailing is handled by ISHRS staff.

Qualifications

The editor must:

1. be an experienced hair transplant surgeon;
2. have experience in publishing papers in the *Forum* or in any other peer-reviewed journals or textbooks, because this experience gives you familiarity with the reviewing process of papers;
3. appreciate the diversity of approach represented by members of the ISHRS and not show favor to any particular "niche" technique;
4. have the ability to write easily and fluently in English;
5. be computer and e-mail literate and not have to rely on a secretary as an intermediary (or work will grind to a halt after office hours, when most of the editors' work is usually done); and
6. be organized and adhere to deadlines.

Send e-mail indicating intent, and include qualifications and C.V., to Victoria Ceh at vceh@ishrs.org and info@ishrs.org by **June 1, 2016**, to be considered for the position of *Forum* Co-Editor.

Deadline for Application for 2017–2019 *Forum* Editor: **June 1, 2016**

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.

You never know when the information you learned on your rotation in infections disease will be useful! Test your knowledge about some common herpetic esoterica—you will thank me the next time a herpetic outbreak happens in your patient and you are able to spot it and treat it early!



Herpes and Hair Transplant

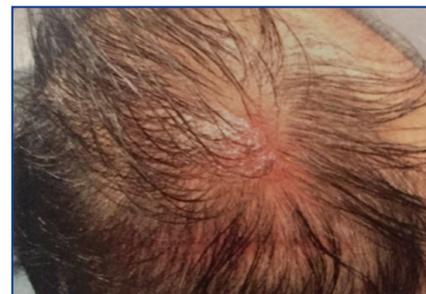
1. This photo shows a line of very tender, crusty bumps in the back of the scalp ascending vertically and perpendicular to a donor strip scar occurring in a female FUT. 2,000 grafts were placed only in the front half of the scalp to improve frontal coverage. The lesions appear to follow the path of the right occipital nerve. The patient was 9 days' post-op when she sent pictures. The painful bumps started 2-3 days after surgery. Which of the following herpetic lesions does this photo likely represent?
- Herpes Keratitis
 - Herpes Zoster (VZV)
 - Herpes Labialis
 - HSV-2 (i.e., Type 2)



Q1. Photo and case courtesy of Dr. Sheldon Kabaker.

2. Your 35-year-old patient lives 500 miles away from you and calls to report a line of tender, crusty bumps in his donor area about 1 week post-operatively after a 1,500 graft FUE surgery. The bumps really bother the patient but there are no other symptoms and the patient is afebrile. The local dermatologist agrees to do a biopsy and culture. While waiting for these results, which of the following would be your best next course of action?
- Wait for the biopsy and culture results before prescribing anything.
 - Prescribe trimethoprim-sulfamethoxazole (Bactrim, TMP-SMX) 1–2 DS tab PO BID for presumed MRSA.
 - Prescribe valacyclovir (Valtrex) 500 mg PO QID.
 - Start Vancomycin with weight-based dosing.

3. Which of the following herpetic lesions does this photo likely represent?
- Herpes Simplex Type 1 (HSV-1)
 - Herpes Simplex Type 2 (HSV-2)
 - Herpes Zoster (VZV)
 - Herpes Labialis



Q3. Photo courtesy of Drs. Robert Neidbalski and David Perez-Meza from Oral and Maxillofacial Surgery Clinics, Feb. 2009.

4. Which of the following herpetic lesions does this photo likely represent?
- Herpes Simplex Virus (HSV)
 - Herpes Keratitis (i.e., Ocular Herpes) caused by the Herpes Simplex Virus
 - Herpes Labialis
 - Herpes Zoster (VZV)



Q4. Photo courtesy of Drs. Robert Neidbalski and David Perez-Meza from Oral and Maxillofacial Surgery Clinics, Feb. 2009.

5. Which of the following herpetic lesions does this photo likely represent?
- Herpes Pogonialis Virus (HPV)
 - Herpes Zoster (VZV)
 - Herpes Labialis
 - HSV-2 (i.e. Herpes Simplex Virus -Type 2)



Q5. Photo courtesy of Drs. Robert Neidbalski and David Perez-Meza from Oral and Maxillofacial Surgery Clinics, Feb. 2009.

Hair's the Question *from page 74*

6. How common is Varicella Zoster Virus (VZV) infection?
 - A. 500,000 to 1 million episodes occur annually in the United States.
 - B. Lifetime risk of zoster estimated to be 32%.
 - C. 50% of persons living until age 85 years will develop zoster.
 - D. All of the above
7. How common is Herpes Simplex (HSV Type 1 or Oral Herpes) in the general population?
 - A. Rare, about 5%
 - B. Common, about 60%
 - C. Ubiquitous, >90%
 - D. Unknown since it is commonly latent and hard to diagnose.
8. Which of these things is not like the others? Which of these things, does not belong?
 - A. HSV-1 (i.e., Herpes Simplex Virus Type 1)
 - B. HSV-2 (i.e., Herpes Simplex Virus Type 2)
 - C. Oral Herpes
 - D. Herpes Labialis
9. Which of the following would be appropriate prophylaxis in a patient undergoing beard transplant who has a history of oral herpes (HSV Type 1)
 - A. Shingles vaccine (Zostavax)
 - B. Sunscreen with a high SPF or Acyclovir cream 4 times daily
 - C. Once daily administration of 500mg of valacyclovir for 4 months prior to surgery
 - D. Acyclovir orally (400mg twice daily for a maximum of 7 days)
10. Which of the following is the best way of avoiding post-herpetic neuralgia (PHN) in a 65-year-old patient who is concerned that they might develop "shingles" (i.e., Herpes Zoster)
 - A. Shingles vaccine (Zostavax)
 - B. Acyclovir (Zovirax) 800mg five times daily for 7-10 days
 - C. Valacyclovir (Valtrex) 1 gram 3 times daily for 7 days
 - D. Famciclovir 500mg PO Q8hr for 7 days

Answers

1. **B.** Herpes Zoster is the infection that results when Varicella-Zoster Virus (the same virus that causes Chickenpox) reactivates from its latent state in a posterior dorsal root ganglion. It forms painful crusting lesions that appear along the dermatome of the nerve they have infected. In hair transplant patients, this can occur in either the donor or recipient areas, or even anywhere on the body as a result from stress from the surgery if a patient is prone. Prevention is easiest with the vaccine: treatment includes antivirals, nonsteroidal anti-inflammatory drugs (NSAIDs); wet dressings with 5% aluminum acetate (Burow solution), applied for 30-60 minutes 4-6 times daily; and lotions (such as calamine).
2. **C.** This question was a lob (i.e., an easy pitch to hit in baseball) given the title of the column this month, so I hope you all picked the one answer relating to herpes! C is the correct answer. You will see quick resolution if your hunch is correct and the cultures will come back negative. Give yourself a half point if you just wanted to cover with an antibiotic until you have the results back (answer B), but subtract a half point if you answered D since the risks of Vancomycin are significant and thus treatment with this "big gun" antibiotic would not be indicated in an afebrile and otherwise asymptomatic patient.
3. **C.** Once again, Herpes Zoster (Varicella Zoster Virus) is the same virus that causes a painful rash known as "Shingles." Herpes Zoster (VZV). If your post-op patient gets a painful rash and has a history of the Chickenpox, this should be on your differential. Herpes Simplex (HSV) acts differently. There are two types of HSV. HSV Type 1 most commonly causes cold sores. It can also cause genital herpes. HSV Type 2 is the usual cause of genital herpes, but it also can infect the mouth. Herpes Labialis is another term for herpes outbreaks around the mouth, or oral herpes.
4. **D.** This photo is a complication of a hair transplant surgery and represents the reactivation of latent Varicella Zoster Virus (VZV), which the patient may have contracted as Chickenpox in his early life. The trick here is to know that Herpes Keratitis is a Herpes Simplex viral infection IN the eye—which is not in evidence here, and probably not a concern with hair transplant patients. Herpes Labialis is the same thing as oral herpes, and both are caused by the herpes simplex virus (HSV).
5. **C.** Since the distribution of the small blisters does not follow the distribution of a specific nerve, the correct answer is C, Herpes Labialis, which refers to the lip, NOT the labia as it is commonly confused. Genital Herpes is HSV-2 (i.e., Herpes Simplex Virus Type 2). Herpes Zoster is commonly known as "Shingles" and typically affects the distribution of the nerve it is occupying. I made up A from the Greek work for "beard" (Pogon). Or was it the Geek word for beard?

For the sake of discussion, there would be two different kinds of "herpes" that might affect a beard transplant; Zoster ("Shingles") from Chickenpox infection (VZV) or herpes simplex (HSV Type 1) affecting the oral area. It is conceivable that either one could be reactivated by a beard transplant (and be prophylaxed against with acyclovir in case you are concerned). So you could have narrowed the answers down that way, too.
6. **D.** I almost never use the "All of the above" as an answer, but in this case the question is more for education than testing your knowledge. VZV is hugely prevalent, and prior to the introduction of the vaccine in 1995, it was considered endemic in the USA with nearly everyone having acquired it by adulthood. For your information, a single dose of the vaccine is not fully protective and outbreaks in vaccinated populations have been documented, which is why a second dose is not recommended by the U.S. Centers for Disease Control (CDC). <http://www.cdc.gov/vaccines/pubs/pink-book/varicella.html>

7. **C.** HSV Type 1 has about 60% prevalence depending on your socioeconomic status (<https://www.ncbi.nlm.nih.gov/pubmed/19339385>), so would be more likely but much less concerning for beard grafts than Zoster would be.
8. **B.** All of the others are different names for the same thing.
9. **D.** The Shingles vaccine will prevent VZV infections. Oral herpes is caused by Herpes Simplex. For the record, no strategy for preventing outbreaks of oral herpes is completely effective (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2602638/>), but the oral acyclovir regimen laid out in answer D is the most likely to help and the most reasonable. Sunscreen, acyclovir cream, and Valacyclovir might help, just not in the case of a beard transplant or not in the doses mentioned.
10. **A.** The Shingles vaccine is the only one for prevention. All the others are for treatment to be initiated within 72 hours of the first occurrence. ♦

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Review of the Literature

Jeff Donovan, MD, PhD, FISHRS Toronto, Ontario, Canada donovan.jeffrey@gmail.com



New Association Identified between Male Balding and Colon Cancer

Keum, N., et al. Male pattern balding and risk of colorectal neoplasia. *Br J Cancer*. 2016; 12(114):110-7.

Previous studies have examined whether men with male pattern hair loss have an increased risk of cancer. For example, some studies (albeit not all) have suggested an increased risk for prostate cancer. Whether a link between male balding and other types of cancer exists is unknown.

In a new study, researchers examined whether there was an association between baldness and the risk of colon polyps and colon cancer. The researchers found the men with frontal baldness and

men with frontal and vertex balding had a 30% increase risk of colon cancer compared to men without balding. In addition, men with frontal balding had a risk of polyps.

Comment: This study is interesting as it's the first study to look at the relationship between male balding and colon cancer. Whether screening guidelines for men with balding should be different than men without balding remains to be determined. ♦



Spironolactone for Genetic Hair loss in Women: How well does it work?

Famenini, S., et al. Demographics of women with female pattern hair loss and the effectiveness of spironolactone therapy. *J Am Acad Dermatol*. 2015(Oct); 73(4):705-6.

Androgens are thought to have a role in the pathogenesis of androgenetic alopecia in women. Overall, the role of androgens appears less defined in women compared to men. While reduction of DHT through 5-alpha reductase inhibition helps a large proportion of men with hair loss, the same degree of benefit is not seen in women.

Spironolactone is an oral anti-androgen used off label to treat female androgenetic alopecia. The drug inhibits adrenal and ovary androgen production and is a competitive blocker of the androgen receptors. A limited number of previous studies suggested it could have benefit in a proportion of women with female pattern hair loss.

A new study from University of California–Los Angeles examined the benefits of spironolactone in 19 women with genetic hair loss. A survey was given to 20 women. Follow-up period was 7 to 20 months. Overall, 30% of women experienced an improvement, deemed as either a “mild improvement” or “increased thickness.” Another proportion achieved stabilization (no further loss) but it's not clear in the study how many of the women in the study had follow-up long enough to accurately evaluate stability.

Comment: Overall, these data are similar to previous studies suggesting that 30-40% of females with genetic hair loss will achieve a benefit using spironolactone pills for genetic hair loss. ♦



Increased Risk of Stroke Identified in Individuals with Alopecia Areata

Kang, J.H., et al. Alopecia areata increases the risk of stroke: a 3-year follow-up study. *Sci Rep*. 2015; 5:11718.

A study from Taiwan set out to determine if the risk of stroke is increased in individuals with alopecia areata. Using a large health insurance database, investigators compared 3,231 patients with alopecia areata to 16,155 matched controls. Patients were tracked for 3 years. Overall, investigators found the risk of stroke was increased 1.61 times compared to controls. The incidence rate of stroke was 5.44 per 1,000-person years (95% confidence interval [CI] = 4.03~7.20) for those with alopecia areata compared to 2.75 per 1,000-person years (95% CI = 2.30 ~ 3.27) for those without alopecia areata.

Comment: Many autoimmune inflammatory conditions are associated with an increased risk of stroke (psoriasis, rheumatoid arthritis). This study suggests that alopecia areata may also be on this list. Further studies are needed to verify these findings in other patient populations. ♦

Message from the ISHRS 2016 World Congress Program Chair

Marcelo Pitchon, MD *Belo Horizonte, Brazil* marcelopitchon@gmail.com

Here we are to give you more information on the planning of the ISHRS 2016 World Congress of Hair Restoration Surgery. Different than a few years ago when the surgeons interested in hair restoration had very few courses and workshops throughout the year, today we have so many professional events that one cannot attend even a small percentage of them. We have workshops happening all around the planet, for all levels of expertise, and for a variety of specific topics. The ISHRS Regional Workshops are a true success that continuously educate surgeons and medical assistants. The individual countries, continents, and languages that compound the Global Council of Hair Restoration Surgery Societies have their own symposia and congresses. Different audiences attend each of the various scientific events, and they all represent very important aspects of the hair restoration medical community. But, there is only one big meeting a year that is attended by all audiences, all societies. Only one big meeting gathers surgeons from all continents and all countries where you may have a surgeon interested in continuously learning and improving his skills. Only one big meeting offers several presentations from clinical professors and researchers from the most respected and advanced centers and universities of the world that invest in hair medical research: the ISHRS World Congress of Hair Restoration Surgery.

Once a year for the past 23 years we have had the privilege of experiencing the exchange of ideas that the ISHRS has brilliantly promoted. Sharing of information, open debates, and universal comprehensive knowledge on all aspects of the hair medical/clinical/surgical science are a hallmark of the ISHRS and its World Congress. The importance of such a complex, sophisticated organizational event for the career of the top hair surgeons of the world is clearly and constantly revealed by each one of them. The World Congress of the ISHRS is the right event for every one of us to meet in person, whether in the audience or in the hallways, the most experienced hair doctors in the world, no matter if surgeons or researchers or both.

Talking about researchers, I would like to remind you that this past year has seen major new changes with respect to hair research. There are new advances in the role of the prostaglandins that promote or inhibit hair growth, regeneration of hair follicles from stem cells and the possibility to create new follicles (follicular neogenesis), new treatments for alopecia areata (the most common form of autoimmune hair loss), effects of laser light energy on hair growth, and new treatment approaches for androgenetic alopecia (male and female pattern hair loss) aimed at changing the local follicular environment, reducing follicular stress, and enhancing local production of

growth factors (all of which can influence hair growth).

Several promising hair loss treatments are in clinical trials, which means that they may soon be available to the public, including treatments that would work topically or systemically.

At this year's World Congress, prominent guest speakers will cover a relevant part of the above topics through our General Session Special Guest Lectures.

Follicular unit extraction is a continuously growing hair restoration technique and we are planning to give it the highest percentage of scientific space in this year's program. Our team of FUE experts will help us prepare a robust program that will be useful to the basic, intermediate, and advanced levels. The variety of equipment and devices present today will be presented

to our audience in detail. We have seen continuous growth of the use of implanters. As such, we will make sure that the topic is presented in a detailed and focused way. We are also concerned about the fact that we have a large number of surgeons entering the field because of the attractiveness created by follicular unit extraction.

We want to provide to these new surgeons with as much knowledge as possible on all aspects of hair restoration surgery science, including, for example, presentations on the preservation, handling, and placement of follicular units; hairline design; and the complications, indications, and contraindications for hair restoration surgery, among other topics. Follicular unit transplantation through localized strategic strip removal will also be emphasized with its advancements and indications in combined or individual methods.

We all have many of our ISHRS colleagues as some of our best friends, and that is fostered by our continuous attendance at our World Congresses and by the spirit of camaraderie and friendship that we each feel every year. No matter if we attend one, some, or none of the several small, regional meetings in a year, the one event that everyone always attends and that no one will want to miss is the ISHRS Big One: the 2016 ISHRS World Congress of Hair Restoration Surgery.

As the scientific chairman, I invite you to participate. Send your abstracts. They will be rated blindly by our scientific committee. And send me your comments and suggestions. Let's together construct an excellent Congress. ♦



UPDATE ON LOCATION

Because of concerns and news reports about the Zika virus epidemic and global health emergency declared by the World Health Organization, a poll was sent to members with regard to relocating the meeting in Panama. The majority of members (76%) preferred that the meeting be relocated. As such, the Board of Governors is looking into alternative venues and will keep the membership informed.



ISHRS Annual Giving Fund 2015 Year-End Report

Dear Colleagues:

I would like to take this opportunity to wish you all a healthy and prosperous new year. I would like to once again offer heartfelt appreciation to all the members who care enough about the ISHRS and the AGF mission to make such transforming gifts.

2015

To recap, the ISHRS Annual Giving Fund met its 2015 fundraising goal of \$40,000. **I want to personally thank all who contributed so generously this year making it possible for us to raise \$40,135.** Each of you has helped the ISHRS achieve many of its philanthropic and educational goals.

The proceeds from the year's Annual Giving Fund were used to support several projects and initiatives. Here is an example of what your gifts helped to fund in 2015:

- **Operation Restore Pro Bono Program:** Since its inception in 2004, Operation Restore has provided \$630,822 of free hair transplant services and expenses for 59 patients suffering from hair loss due to disease or trauma. The program helps cover travel expenses for patients related with their procedures.
- **Cicatricial alopecia research:** Your funding helped to support patients around the world suffering from scarring, inflammatory, permanent hair loss via funding research. In addition, your contributions helped patients gain access to support groups, patient-doctor conferences, and other valuable information.
- **Communications and public education,** which includes website improvements and SEO: The ISHRS website has now been translated into eight languages.
- **Support of the 9th World Congress for Hair Research:** More than 700 scientists and physicians from 53 countries gathered at the 9th World Congress for Hair Research in Miami, Florida, which took place November 18-21, 2015, to share their latest findings on hair follicle research and promising new therapies for hair loss.

2016 GOALS

In 2016, we again hope to reach our \$40,000 fundraising goal. We will be reaching out to old and new members asking them to carry the torch. It is my hope that many of you will be inspired by the important works that past donations have funded. Your 2016 donation will help continue to fund the Operation Restore Pro Bono Program, hair research, and additional public education via our www.ISHRS.org website.

PLEASE CONSIDER DONATING: For those who have not yet contributed, it is easy to support the Society. If you choose to donate for 2016 or make another multi-year pledge, please complete the online donation form by going to <http://www.ishrs.org/content/ishrs-annual-giving-fund>.

Or, if you prefer, you can contact Kimberly Miller at the ISHRS headquarters office at agf@ishrs.org with your credit card information, amount of donation, and number of pledge years. New donors will receive a lapel pin, and we ask you to wear it proudly at the ISHRS meetings. Those who make a 2016 charitable contribution to the AGF at the Trustee or Leadership Circle levels will receive two complimentary tickets to the Gala in their registration packets and will be acknowledged during the Gala Dinner Dance.

Your generosity in giving makes a concrete statement that you support the ISHRS and its initiatives. Thank you for your consideration of a gift to the Annual Giving Fund. All gifts are tax-deductible within provisions of your national income tax laws. Should you need additional information, please contact the ISHRS Headquarters at 1-630-262-5399.

Most sincerely,

John D. N. Gillespie, MD
Chair, ISHRS Annual Giving Fund



Thank You to Our 2015 Donors

The ISHRS gratefully acknowledges the generosity of the following individuals who have made donations to the Annual Giving Fund.

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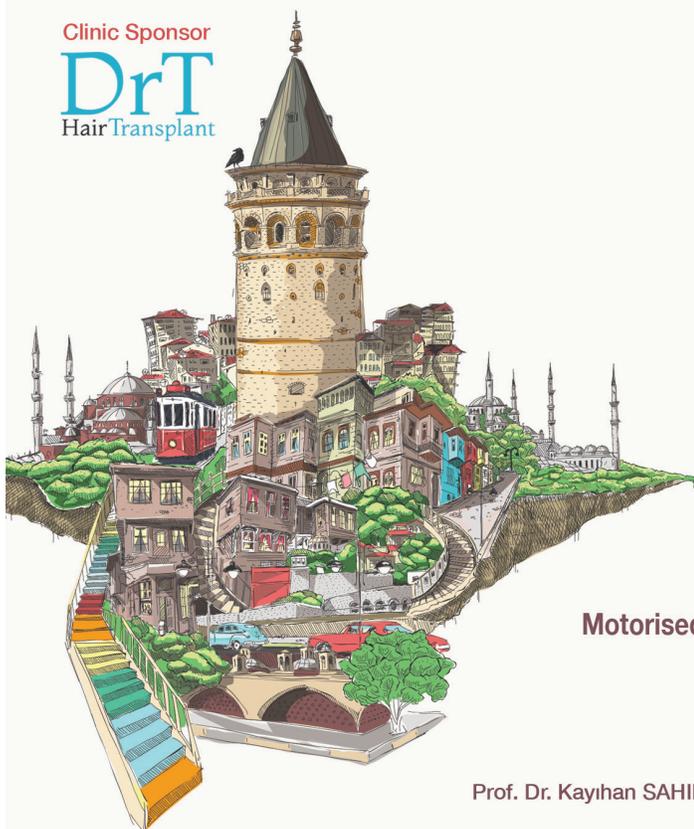
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Hosted by: James A. Harris, MD, FISHRS

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- Discuss the advantages and disadvantages of each type of device.
- Understand the basic aspects of FUE with these devices in order to successfully and safely perform this procedure.

Faculty and devices: Faculty list to be announced at a later date. The devices to be available are the powered SAFE System, the CDD-Vortex, several motorized sharp punch systems, and the ARTAS System robot. There will also be a hands-on lab with skin tissue models for those attendees who do not have a United States medical license.

Registration: Details are available at www.ishrs.org/content/educational-offerings

Questions: Contact Janiece McCasky at jmccasky@hscolorado.com.

Exhibits: Opportunities are available for tabletop exhibits.



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PAI Medical Group is executing its expansion plan. We require physicians and technicians with hair transplant experience for the US mid-western, eastern, and southern states and for Canada's Ontario, Quebec, Manitoba, Alberta and B.C. provinces.

To become part of the growing resources of PAI Medical Group, provide, where applicable, résumé, certification, license information, and your experience.

Please send to one of: www.paihair/en/employment; fcorsale@pa-intl.com; fax 613-225-0717.

Seeking Surgical Technicians/Medical Assistants

Ziering Medical is seeking experienced surgical technicians/medical assistants to join our team.

Excellent working environment, compensation, salary and benefits.

Searching for Full Time employees. Willingness to travel a plus.

Positions available in Atlanta, Beverly Hills, Chicago, Newport Beach, New York, and Pittsburgh.

Please e-mail your résumé to: charmane@zieringhair.com

Experienced Hair Transplant Physician Looking to Relocate

Board Certified, over 20 years experience. Full- or part-time.

Please respond to jim162@cox.net

Hair Transplant Surgeon Needed—Phoenix, AZ

National Hair Centers, an established Hair Restoration Center, seeks a licensed MD or DO for our Phoenix Surgical Center.

Hair Transplant experience preferred, but training can be provided.

Immediate part-time opening for weekends, with possibility to move into full-time weekdays.

Opening also for experienced hair transplant Surgeon willing to travel to our surgical center 2 weekends per month.

Contact Lisa Zimmerman, lzimmerman@nationalhair.com or 602-370-3224.

Looking to Rent Surgical Space in Vancouver, BC

A hair transplant surgeon is looking to rent surgical space in an existing hair transplant centre in the greater Vancouver area.

Techs & nurses could be brought in by the physician or the physician could employ members of your existing team.

If you currently have a surgical centre and are interested in discussing an arrangement, please contact vancity_23@yahoo.ca

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. The *Forum* Advertising Rate Card can be found at the following link:

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

IMPORTANT UPDATE

ISHRS 2016 World Congress Relocated from Panama

Dear ISHRS Members,

On behalf of the ISHRS Board of Governors, I wish to provide you an important update about the ISHRS 2016 World Congress that was scheduled for Oct. 19-22, 2016, in Panama City, Panama.

The ISHRS Board is deeply saddened by the public health emergency with respect to the Zika virus epidemic adversely affecting so many countries in Central and South America. The number of cases of those affected by Zika virus is on the rise with large-scale trials for a vaccine at least eighteen months away. Our heartfelt thoughts are with those affected by Zika.

Although WHO has not yet recommended formal travel or trade restrictions for the affected areas, such recommendations may be forthcoming. In particular, as recently as February 12, 2016, WHO advised, "Women who are pregnant should ... consider delaying travel to any area where locally acquired Zika infection is occurring." In addition, reports of Zika transmission through sexual contact have caused increased concerns not only for pregnant women and women contemplating pregnancy, but also for their partners. Furthermore, there are also possible links to Guillain-Barré Syndrome.

The results of the member poll taken earlier this month indicate an overwhelming response to relocate the meeting from Panama to an area not affected by the Zika virus.

We do not know if the virus will progress, and we must provide attendees, exhibitors, and guests with sufficient lead time in which to make their arrangements. Therefore, I take this opportunity to alert you that the 2016 World Congress will be relocated.

We are aggressively investigating alternate cities. Although we are trying to maintain the same dates, it is possible the dates may change from the original set of dates. We are quite confident the meeting will occur in October or November.

I will keep you posted when the new site is selected, and the Call for Abstracts will open soon after it. We anticipate to make the announcement by the end of March.

Lastly, we plan to schedule the World Congress for Panama City in 2020. It is a beautiful city and such a shame that we had to cancel it this year.

If you have any questions, I am happy to answer them. Thank you for your understanding.

Sincerely,
Victoria Ceh, MPA, Executive Director
International Society of Hair Restoration Surgery



HAIR TRANSPLANT FORUM INTERNATIONAL

International Society of Hair Restoration Surgery

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Dates and locations for future
World Congresses of the ISHRS

2016: 24th World Congress
TBD

2017: 25th World Congress
October 4-8, 2017
Prague, Czech Republic

2018: 26th World Congress
October 2018
USA (tentative)

2019: 27th World Congress
November 13-17, 2019
Bangkok, Thailand (tentative)



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 10-12, 2016	2nd Latin-American FUE Workshop <i>Asuncion, Paraguay</i>	Sociedad Paraguaya de Cirugia Plastica & Soc. Paraguaya de Cirugia de Restauracion Capilar (SPACREC)	Dr. Roberto Trivellini, Workshop Chairman informes@workshop-latc.com
April 1-3, 2016	ISHRS FUE Workshop: Istanbul 2016 <i>Istanbul, Turkey</i>	International Society of Hair Restoration Surgery Hosted by O. Tayfun Oguzoglu, MD	info@ishrsfueworkshopistanbul2016.com http://www.ishrsfueworkshopistanbul2016.com/
May 5-7, 2016	ISHRS Regional Workshop Surgical Assistant Training Program: Graft Preparation and Placement (FU-strip & FUE) <i>Denver, Colorado, USA</i>	International Society of Hair Restoration Surgery Hosted by James A. Harris, MD, FISHRS Workshop Chairs: Tina Lardner & Emina Karamanovski Vance	Janiece McCasky jlmccasky@hscolorado.com
May 24-27, 2016	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
May 28-29, 2016	International Congress of the KSHRS, 2016 <i>Seoul, Korea</i>	Korean Society of Hair Restoration Surgery www.koreanhair.or.kr	Dr. Tommy Hwang, Program Chair kshrs@naver.com
June 10-12, 2016	ISHRS Regional Workshop European Hair Transplant Workshop <i>Manchester, UK</i>	International Society of Hair Restoration Surgery Hosted by Bessam Farjo, MBChB, FISHRS www.ishrs.org	www.hairtransplantworkshop.com
July 29-30, 2016	2016 FUE Ploozza <i>Denver, Colorado, USA</i>	International Society of Hair Restoration Surgery Hosted by James A. Harris, MD, FISHRS www.ishrs.org	Janiece McCasky jlmccasky@hscolorado.com
August 24-27, 2016	6th Annual Congress of Brazilian Association for Hair Restoration (ABCRC) <i>Curitiba, Brazil</i>	Brazilian Association for Hair Restoration Surgery (ABCRC) http://www.abrc.com.br/	secretaria@abrc.com.br
September 8-11, 2016	8th 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 ISHRS	Dr. Samuel L. Lam, Course Director Emina Karamanovski Vance, Assistant Course Director http://pa.slu.edu
September or October, 2016 TBA	ISHRS 24th World Congress <i>Location TBA</i>	International Society of Hair Restoration Surgery www.ishrs.org	info@ishrs.org
November 26-27, 2016	21st Annual Meeting of the JSCHR <i>Hamagin Hall, Yokohama, Japan</i>	Japan Society of Clinical Hair Restoration (JSCHR) Hosted by Prof. Kazuo Kishi, MD	Prof. Kazuo Kishi, MD, Program Chair Maiko Kuroda, Secretary m.kuroda@z6.keio.jp ; www.jschr.org