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Message from the FUE Research Committee Chair

James A. Harris, MD, FISHRS Greenwood Village, Colorado, USA harris@hsccolorado.com



An Invitation from the FUE Research and Committee Chair

The FUE Research Committee (FUERC) held its first meeting in October of 2012 and was charged with three main tasks: 1) standardize FUE terminology, 2) catalogue the literature concerning FUE, and 3) identify and study the most pressing research questions regarding FUE. The first task was completed and the results published in several issues of the *Forum*. The second was completed and a subcommittee of the FUERC, led by Dr. Aditya Gupta, is charged with the ongoing review and addition of references to a database that in time will be made available to the membership on the ISHRS website.

The third task, regarding FUE studies, is overseen by the FUE Studies Subcommittee chaired by Dr. Ken Williams. This subcommittee has been very active and has identified numerous high priority studies, and currently, has one active study and two additional studies that are ready to begin.

The original concept of the FUERC/Studies Subcommittee was that this group would identify studies and conduct them. After working for several years, we have come to realize several facts. The scope of needed FUE research is very large and a committee of 13 members can't possibly perform all of the studies and make significant and timely progress. The second is that the ISHRS has members worldwide who have extensive



FUE experience and have expertise and a willingness to participate in FUE studies.

The purpose of this message is to invite all ISHRS members who are interested in becoming involved in studies advancing the science and knowledge base of FUE to become involved. The opportunities include:

1. Become an investigator in a multicenter study that is in progress or is about to start.
2. Initiate a study by writing a study protocol and create research opportunities for interested investigators.

The FUERC will provide general guidance, study design evaluation, IRB advice, and support with study organization, and will also help match potential investigators to available studies.

To facilitate this program, we will publish advertisements in the *Forum* listing studies looking for investigators. We will also provide a list of FUE studies that have been identified as "high priority" and need a study protocol and investigator to lead. It is also my hope that we will place this information on the ISHRS website for easy and timely access to this information.

I would encourage all ISHRS members interested in becoming involved in FUE research to contact me at jharris@hsccolorado.com or to contact ISHRS staffer Ms. Kimberly Miller at kmiller@ishrs.org for further information. ♦

Invitation to ISHRS Physician Members: Participate as Investigational Site

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 committee requests physician participants in the following studies:

FUE vs. Strip Survival

Lead Investigator: James A. Harris, MD, FISHRS

The purpose of the study is to compare survival rate of follicles by FUE and strip excision.

Implanter vs. Forceps

Lead Investigator: Parsa Mohebi, MD, FISHRS

The purpose of this study is to compare the survival rate of FUE grafts implanted by implanter in comparison to FUE grafts implanted by forceps.

Comparison of Out of Body Time of Grafts with the Overall Survival and Growth Rates in FUE

Lead Investigator: Kapil Dua, MBBS, MS

The intent of this study is to compare the out of body time duration of grafts with the hair survival and the growth rate of the grafts at 1, 3, 6, and 12 months after the transplant.

The FUE Research Committee is seeking physicians with strong experience in FUE graft harvesting and can enroll at least 10 patients into the study protocol over a 12-month period. Accepted investigators will be listed as coauthors in the final publication. 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 protocols, please contact Dr. Ken Williams at drwilliams@iimcs.org.

Review of the Literature

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



More Data on Pioglitazone and Bladder Cancer

1. Tucorri, M., et al. Pioglitazone use and risk of bladder cancer: population based cohort study. *British Med J.* 2016(Mar): 30; 352:i1541.
2. Dormandy, J.A., et al. PROactive Investigators. Secondary prevention of macrovascular events in patients with type 2 diabetes in the PROactive Study (PROspective pioglitazone Clinical Trial in MacroVascular events): A randomized controlled trial. *Lancet.* 2005; 366:1279-1289.
3. Lewis, J.D., et al. Risk of bladder cancer among diabetic patients treated with pioglitazone: interim report of a longitudinal cohort study. *Diabetes Care.* 2011; 34:916-922.
4. Lewis, J.D., et al. Pioglitazone use and risk of bladder cancer and other common cancers in persons with diabetes. *JAMA.* 2015; 314:265-277.

In March 2016, results were published from a population-based cohort study examining data from the United Kingdom Clinical Practice Research Datalink.¹ The study reviewed a cohort of 145,806 patients newly treated with anti-diabetic drugs between 2000 and 2013, with follow-up through 2014. This analysis generated 689,616 person years of follow-up, during which 622 patients were newly diagnosed with bladder cancer. Compared with controls, patients taking pioglitazone had an increased risk of bladder cancer (121.0 vs 88.0 per 100,000 person years) but rosiglitazone (another anti-diabetes drug) users had only 86.2 vs 88.9 cases per 100,000 person years. The authors concluded that pioglitazone is associated with an increased risk of bladder cancer, and the absence of such an association with rosiglitazone supports the idea that this risk is drug specific and not a class effect.

Comment: For many years there has been debate about whether it is safe to use pioglitazone as a treatment for cicatricial alopecias, such as lichen planopilaris and frontal fibrosing alopecia. The 2005

PROactive randomized controlled trial showed a higher rate of bladder cancer cases among pioglitazide users versus placebo.² Subsequently, one study by Kaiser Permanente Northern California confirmed an increased risk of bladder cancer in patients on pioglitazone for more than 24 months,³ but refuted this association when follow-up was extended to 10 years.⁴ That 2015 study published in the *JAMA* found that pioglitazone use was not associated with a statistically significant increased risk of bladder cancer, but that an increased risk could not be excluded. Some might argue that this most recent publication puts the nail in the coffin in terms of showing an overall 63% increased risk of bladder cancer, with risk increasing with duration and dose. The study suggests that it is not merely a class effect but rather a specific side effect of the drug pioglitazone. The size and scope of this study makes it difficult for us to justify using pioglitazone as first line treatment. At best, the data implicates that pioglitazone should only be used as a last-line agent and for as short a time as possible. ♦



New Scoring System for Frontal Fibrosing Alopecia (FFA)

1. Holmes, S., et al. Frontal fibrosing alopecia severity index (FFASI): a validated scoring system for assessing frontal fibrosing alopecia. *Br J Derm.* 2016; Feb 4. doi: 10.1111/bjd.14445. [Epub ahead of print]
2. Chiang, C., et al. Hydroxychloroquine and lichen planopilaris: efficacy and introduction of lichen planopilaris activity index scoring system. *J Am Acad Dermatol.* 2010(Mar); 62(3):387-392.

It can be difficult to track the progression of patients with FFA. This is because so many presentations exist: recession of the central hairline only, recession of sideburns only, combination of loss with eyebrows, eyelashes, loss of postauricular and/or body hair, and skin changes such as facial papules, cutaneous, oral, or genital lichen planus. This spring, a validated scoring system was introduced for the formal characterization of frontal fibrosing alopecia.¹ It allows the evaluator to assign a score of

1-100 based on the degree of hairline recession in various areas as well as other items listed above.

Comment: Since 2010, there has been a scoring system for lichen planopilaris² but none has existed for FFA. Hopefully, this system will assist researchers and other physicians who treat FFA on a daily basis in order to more accurately describe their clinical characteristics. ♦



New Insights about CCCA

1. Lenzy, Y. "CCCA: from fashion to family history." *Amer Acad Dermatol*. March 5, 2016.
2. Miteva, M., and A. Tosti. Pathologic diagnosis of central centrifugal cicatricial alopecia on horizontal sections. *Am J Dermatopathol*. 2014; 36:859-864.
3. Dlova, N., et al. Autosomal dominant inheritance of central centrifugal cicatricial alopecia in black South Africans. *J Am Acad Dermatol*. 2014; 70:679-683.

At the American Academy of Dermatology, Dr. Yolanda Lenzy recently brought to light two interesting facts about central centrifugal cicatricial alopecia (CCCA).¹ The first examined a publication characterizing horizontal scalp biopsies taken from 51 cases of CCCA in Miami, Florida. In this publication, Dr. Antonella Tosti demonstrated that 81% of scalp biopsies showed evidence of follicular miniaturization with retention of sebaceous glands in 94% of cases.² This was in addition to characteristic findings like premature desquamation (96% of cases), inflammation (89%), and naked hair shafts (68%). The authors propose that the disease affects mostly terminal hair follicles, because vellus follicles were affected in only 19% of cases. They suggest that this loss of terminal follicles is the cause for the increased proportion of vellus hairs, as opposed to them transitioning to a miniaturized state. However, in her lecture, Dr. Lenzy demonstrated success using topical minoxidil to achieve regrowth in patients with CCCA. She also reviewed

the study showing an autosomal dominant inheritance pattern in women with CCCA from South Africa. In that publication, 14 index families underwent pedigree analysis to characterize genetic inheritance patterns.

Comment: CCCA has been historically categorized as a cicatricial (scarring) alopecia with no potential for regrowth. However, Dr. Lenzy's evidence of regrowth using minoxidil suggests that we may be more able to help our patients with CCCA than we had previously thought. There is a chance that we can exert an effect on those miniaturizing follicles to help them transition back into thicker, fuller follicles. The preservation of sebaceous glands, which can be a reservoir for stem cells, also raises questions about whether this is truly a cicatricial alopecia like the others in which destruction of sebaceous glands is seen. Early diagnosis of inherited forms of CCCA may allow us to offer more rapid treatment and help prevent disease progression. ♦

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Dr. Eduardo López Bran



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CALL FOR NOMINATIONS

2016 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, 2016

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 24th Annual Scientific Meeting that will be held September 28-October 1, 2016, in Las Vegas, Nevada, USA.

ISHRS Research Grant Program EXPANDS TO QUARTERLY REVIEWS

New Quarterly Deadlines: Feb. 10, April 10, July 10, and Nov. 10

The ISHRS Scientific Research, Grants & Awards Committee is pleased to announce that it has expanded the number of times per year that it will consider Research Grant applications.

Effective immediately, grant submission deadlines will be: February 10, April 10, July 10, and November 10. Applications received after the published quarterly deadline will be held for consideration until the next review cycle.

➔ Next Deadline: July 10, 2016

The 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. These Research Grants are generally in an amount of up to US \$2,400 each.

The Scientific Research, Grants & Awards Committee oversees the ISHRS research grant process including rating the proposals and determining the awardees. The grant recipients will be announced at the Annual Business Meeting at the World Congress of the ISHRS.

Further information and a full application can be obtained on the ISHRS website:

www.ISHRS.org/member-grants.htm

Message from the ISHRS 2016 World Congress Program Chair

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

I would like to start this message by congratulating the ISHRS and saying thank you to the Executive Committee, the Board of Governors and our administrative staff, much certainly in the name of all of our members. Because of the risk caused by the presence of the Zika virus in Panama, the Society decided to relocate our World Congress that was scheduled for Panama City. Only a strong organization has the necessary courage to put their members' safety first. Imagine how complex it is to cancel an event planned and contracted years in advance. Imagine the financial risk of having a contract breakage and the elevated cost of hiring a new venue at the last moment in order to care for our membership's safety. Well, that is what the ISHRS did. That decision was taken thinking of our members, our children, our relatives, our potentially pregnant participants, our staff, and our exhibitors.

As you may know, the Zika virus is being confirmed as probable cause of many microcephalic babies of women who got the virus while pregnant. It is also related to Guillain Barre Syndrome, and it is yet not known what other sequelae this disease can cause. Even with the conviction that the hard change should be made, the ISHRS did an inquiry with all its members in order to check if the majority of the membership would support the decision. That was one more example of how much the ISHRS cares for their members and respects them.

Once confirmed to cancel Panama by the support of the vast majority of the membership, our directors and staff started an operation for finding the new site for our congress. And after a fantastic and intense research job, with staff trips to many venues, we found our ideal new city and venue: Las Vegas, Nevada, USA, at the Caesars Palace Hotel.

Yes, Las Vegas is now home for us and for the ISHRS 24th World Congress of Hair Restoration Surgery. Panama was an excellent location, and I hope we can plan a future meeting there. But, for now, let's think about our new location, Las Vegas. One of the top tourist destinations in the United States and in the world, it is a city with such an easy access and with so many enchantments that it is with great pleasure that we will have our World Congress there for the third time.

Las Vegas is often referred to as the "Entertainment capital of the world." Personally, I like Las Vegas not because of gambling, but because I love concerts and shows. There you can attend a top-quality show every night even if you stay more than a week. All in a city and a state with many tourist attractions and lots of excellent restaurants and hotels, including the Caesars Palace where we will meet.

Our Society and our Congress are devoted to the global promotion of the education of the hair restoration surgeon as a whole, at all levels—basic, intermediate, and advanced—in absolutely all aspects of our specialty. Especially in times when there is the false idea that hair restoration surgery is an easy procedure, it is extremely important that surgeons from around the world meet to share their experience and the idea that universal knowledge

in hair restoration is essential for the best and safe practice of our specialty. Our program is at the same time focused on specific topics and techniques and on the objective of covering the universal education of our attendees.

Exactly because of that, we have already confirmed our first guest lecture speaker, whom we met at the Miami World Hair Research Congress last year: Dr. Angela Christiano. Dr. Christiano has been a member of the Faculty of Columbia University in New York City since her arrival in 1995 as an Assistant Professor, and has steadily ascended in rank to a tenured Professorship and Vice Chair of Research in Dermatology and Genetics and Development. She is the President (elect) of the Society for Investigative Dermatology for 2017, and serves as deputy editor of the *Journal of Investigative Dermatology*, the highest ranking journal in the field and a journal

read widely around the world. Her studies in alopecia areata have transformed our understanding of disease pathogenesis, and also identified the first class of drugs with mechanism-based efficacy. As a result of these accomplishments and a series of landmark publications in top-tier scientific journals, her work has received extensive worldwide media coverage and was recognized by the Faculty of 1000 as "heralding in a new era of translational research in alopecia areata."

Also confirmed as a featured guest speaker is Prof. Pantelis Rompolas. He gave one of the excellent talks that really impressed us at that Miami meeting. Prof. Rompolas agreed to collaborate with our Las Vegas Congress by telling us why and how he developed a system where he could capture stunning video images of stem cells movements and migration in the hair follicle.

Prof. Rompolas earned a BSc in Biology from the University of Athens, Greece. He then worked as a Laboratory Technologist at Ikonisys Inc, in New Haven, Connecticut. In 2009, he graduated with an MBA in Management and a PhD in Biomedical Science from the University of Connecticut Health Center, where he trained with Dr. Stephen M. King and studied the biology of dynein motor proteins in eukaryotic cilia. Dr. Rompolas then joined Dr. Valentina Greco's laboratory at Yale University School of Medicine where he developed a system that established for the first time the ability to visualize stem cells in their native environment in mammalian skin. Since the summer of 2015, Dr. Rompolas was recruited at the University of Pennsylvania Perelman School of Medicine as an Assistant Professor of Dermatology.

In Las Vegas, we also will cover the FUE procedure in all its nuances, from basic to advanced. No matter your level of expertise in FUE, or if no experience at all, there will be something for everyone. We will discuss FUE thoroughly, including its various devices, types of loupes, how to avoid sequelae and complications, future perspectives, and comparisons with other methods.



Message from the 2016 Surgical Assistants Program Chair

Sara Roberts *Manchester, United Kingdom* Sara@farjo.com



When thinking of what I wanted this message to say, I remembered that recently I came across a quote that made an impression on me. It read: "If you think that you're too small to have an impact, try going to bed with a mosquito in the room – Anita Roddick." It seemed pertinent to share this with you given that this year's meeting has been impacted by this same creature. However small and unimportant we believe our ideas and actions to be, they can have a great impact on what happens within our field and in the operating room. With this in mind, I encourage you to attend this year's Surgical Assistants Program, where even a small question asked within the audience may encourage a huge change within practice.

So not only am I really excited about this year's new venue of Las Vegas, I am also delighted to share with you that this year's Surgical Assistants Program is developing nicely. We will be covering topics for beginners on the basic skills required to be an

effective newcomer to a team. You will enhance your knowledge in the latest cutting and placing techniques and listen to experts in the field talk you through what physicians require from their assistants in both an FUT and FUE procedure. These lectures will also incorporate the information that you require for the Surgical Assistants Workshop, which is being expertly put together by Emina Vance and will run on the afternoon of Wednesday, September 28, just after the completion of the Surgical Assistants Program. For the more experienced assistants, there will be a panel of experts discussing more dynamic topics including different approaches to staff training and managing quality control. We will also cover complications that may occur within the surgery. There is still time to get involved, so anyone wishing to impact in some way, please contact me directly at sara@farjo.com. ♦

Program Chair *from page 120*

Other topics to be discussed include such things as strategies to manage donor over the long term with FUE; prevention of poor growth in FUE; least traumatic way of extracting grafts; minimizing trauma to FUE grafts during placement; keys to minimizing evidence of extraction in the donor area; quality control in FUE; donor area mapping per session and for consecutive treatment sessions; the current and next generation in FUE devices; the best method for curly hair FUE; practice models that improve efficiency in FUE; when sharp is better than blunt and vice versa; when flat is better than sharp or blunt; and using FUE in corrective surgery.

There will also be a workshop on implanters. Topics will include their use in FUE, FUT, stick-and-place, and pre-made incisions, and dull vs. sharp will be thoroughly discussed from basic to advanced levels.

Scalp micropigmentation (SMP) for men and women will receive special attention in our program and we have already

planned two specific workshops exclusively for this an extremely popular topic.

Extraction of top-quality grafts, graft survival, graft growth, graft placement, storage solutions, quality control in hair restoration, non-shaved hair restoration, hairline design, recipient area artistic planning and placement, tips on removing excellent strips and generating virtually invisible linear scars, also will be discussed.

Our traditional Basics Course, Advanced Board Review Course, Workshops, Morbidity and Mortality Conference (M&M), Live Patient Viewing, Surgical Assistants Program and Workshop are being carefully prepared by their experienced chairs and directors. There is a lot, lot more to come.

I hope you have already sent your abstracts. They will be rated blindly by our scientific committee. I may not be able to promptly answer all emails but you are all welcome to send your suggestions and topics you would like to be covered in our World Congress. Our Congress is made for you. ♦

Consider Applying to be Recognized as a Fellow of the ISHRS (FISHRS)

We encourage all Physician Members to consider applying for Fellow status.

Qualifications and process can be found in the Members Only section of ISHRS website at:

<http://www.ishrs.org/members-only/ishrs-fellow-category>



1. Must achieve 50 points or more on Scorecard, and
2. Minimum 5 years ISHRS physician Member in good standing, and
3. Minimum 5 ISHRS Annual Scientific Meetings attended.

Scorecard categories:

1. ISHRS Physician Member in good standing (1 point per year. 5 points minimum required, 15 points maximum.)
2. ISHRS Annual Scientific Meeting attended (2 points per meeting. 10 points minimum required, 20 points maximum.)
3. Completion of ISHRS Fellowship Program (10 points)
4. ABHRS Certification (12 points)
5. Article in Peer-Reviewed Publication (2 points per article. 12 points maximum.)
6. Article in ISHRS's *Hair Transplant Forum International* (1 point per article. 10 points maximum.)
7. Attendance at Other Hair-Related Conference certified with AMA PRA Category 1 Credit (1 point per meeting. 5 points maximum.)
8. Presentation at Hair-Related Conference certified with AMA PRA Category 1 Credit (2 points per presentation. 10 points maximum.)
9. Teaching a University Course Related to Hair (2 points per year. 8 points maximum.)
10. Director of an ISHRS Fellowship Training Program (8 points per 5 years. 16 points maximum.)
11. President of ISHRS or any Global Council Society (3 points per society. 6 points maximum.)
12. Chairman of ISHRS Annual Meeting or any Global Council society's annual meeting, or ISHRS Regional Workshop (3 points per meeting. 6 points maximum.)
13. Editor of *Forum* or Peer-Reviewed Journal or Textbook (3 points per year. 9 points maximum.)

Maximum score of 139 potential points. Must score at least 50 points.

Meetings and Studies

Henrique N. Radwanski, MD *Rio de Janeiro, Brazil* hnradwanski@hotmail.com



A correction from Dr. Robert True: I wish to make a correction to my report, “Lecture Synopsis: FUE in African Patients,” that appeared in the January/February 2016 Meetings and Studies column ((26(1):33-34) on the lecture I gave on FUE in African Patients at the St. Louis 2015 360 Workshop. I inadvertently omitted crediting Dr. Alan Bauman for the picture I used in the presentation and *Forum* article that shows “extreme C shaped curl.” I used this same picture in my illustration of the proper direction of punch insertion. My apology and thanks to Dr. Bauman. Dr. Bauman notes that the photograph was taken as part of a 1,500+ graft FUE case and was harvested using a NeoGraft handpiece with a 0.9mm ID blunt punch fitted with a custom depth-limiter using a straight (not arc’d) approach and intradermal tumescent technique. This is different than the technique I described.

FUE has gone south!

A very friendly group of instructors and participants met for 3 days in Asunción, Paraguay, to discuss FUE and every facet around this thrilling topic. Hosted by Drs. Roberto Trivellini and Sebastián Yriart, this workshop was quite intense. Dr. Speranzini was our scientific coordinator and he planned a full day of lectures, followed by one day of surgery and classes, and a last day of surgical demonstrations. Below are the reports written by our “amigos” Drs. Marco Barusco and Ricardo Mejia.

Report of the II Workshop Latinoamericano de Transplante Capilar Asunción, Paraguay • March 10-12, 2016

Thursday/March 10, 2016

Marco N. Barusco, MD *Port Orange, Florida, USA*
drbarusco@tempushair.com

Following the trend of growth worldwide, hair transplant procedures have become more and more popular in South America. Traditionally, the largest markets for these procedures have been Brazil and Argentina, but other South American countries have shown steady increases in the number of physicians performing hair transplantation, particularly Colombia and Paraguay. This was the second Workshop hosted by the Sociedad Paraguaya de Cirugía y Restauración Capilar (SPACREC)—the Paraguayan Society of Hair Restoration and Surgery—which is operated under the auspices of the Sociedad Paraguaya de Cirugía Plástica (Paraguayan Society of Plastic Surgery).

Dr. Roberto Trivellini, current President of the SPACREC, was the host and one of the Program Directors of this workshop, together with Dr. Mauro Speranzini from Brazil and Dr. Sebastián Yriart from Argentina.

The location was Asunción, the Capital City of Paraguay. A nice location with easy access by flight. Lectures were held at the comfortable and well-appointed Sheraton Hotel Asunción, and the surgical procedures were performed at Dr. Trivellini’s beautiful clinic, Hair Again. The official languages of the meeting were Spanish and Portuguese, but there were simultaneous translations in English, Spanish, and Portuguese for those who needed.

The workshop focused on FUE and was well designed, gathering a multitude of speakers from South America, the United States, and Europe. It was very well attended, with approximately 75 attendees of all experience levels.

The first day was packed with multiple sessions arranged in a nice, logical sequence that was easy for the attendees to follow. There was ample time for discussions and Q&A after each session.

After the welcome remarks by Drs. Trivellini, Speranzini, and Yriart, the morning started with a panel focusing on an overview

of androgenetic alopecia and included lectures on diagnosing alopecias, pre-operative scalp analysis, skin cancer detection in the scalp, and a couple of lectures on FUE covering follicular adherence and FUE terminology. The second panel of the day focused on how to start an FUE practice. Lectures included Operating Room organization, ergonomics, and sedation, followed by a panel focusing on the donor area and transection. Before lunch, the attendees also saw a panel on the different punches used in FUE procedures and a session on complications.

The afternoon was just as busy with sessions on recipient area and recipient sites, including placement with implanters in pre-made incisions, a novel technique by Dr. Speranzini. This session was followed by a “How I Do It” session with presenters describing some of their individual machines and techniques for harvesting scalp and body hair. The panel also had a lecture about the ARTAS. The last session of this very busy day was about using FUE in special situations, such as reconstructive surgery and beard and eyebrow transplants.

It was an intense, long day but the room was full the entire time and participants and faculty were very engaged in discussions—sometimes slightly heated ones. But collegiality prevailed and at the end of the day everyone was happy.

The evening of the first day was free for each one to enjoy themselves. There were a few good options on restaurants across the street from the hotel, with some people venturing a little further. For me, it was a glass (two actually) of some great Argentine wine at the hotel, a light dinner, and to bed, to get ready for day 2.

Friday/March 11, 2016

Ricardo Mejia, MD Jupiter, Florida, USA skinandhairdoc@aol.com

It was a beautiful morning in Asunción as the group boarded the bus to Dr. Roberto Trivellini's Hair Again Clinic.

In surgery, Dr. John Cole demonstrated the PCID device as well as the Vortex while Dr. Marco Barusco demonstrated the operation of the AlphaGraft device. On the right side of the frontal hairline, Dr. Mauro Speranzini used dull implanters in smaller pre-made incision sites. This allowed him to use his staff to place with the implanters and to minimize incision size and maximize density. On the left, Dr. Angelica Muricy demonstrated the use of the sharp implanters.

Next door, Dr. Umar Sanusi demonstrated his U punch device to follow the curl of the hair follicle while Dr. Alejandro Chueco showed us his manual technique of FUE extraction and the simplicity of implanters in the crown area. Dr. Chueco implants all grafts since he likes to have full control of his results. Attendees had the opportunity to get hands-on experience to improve their FUE skills, feel the difference between devices, and exchange a wealth of ideas and techniques in and out of the rooms.

In the afternoon, we returned to the hotel for lectures on combination FUT and FUE moderated by Dr. Tony Ruston. Dr. Jose Rogério Regis explained that Brazilians are very resistant to shave their head. Consequently, he stressed that FUT provides good scars with trichophytic closure despite some of the negative marketing about linear FUT scars. Dr. Jose Candido Muricy liked the combination in an effort to maximize graft count. Dr. Christine Graf Guimarães gave us a different perspective of using the technique for patients that have low density, previous surgeries, and multiple or wide scars as opposed to sessions over 4,000 grafts, which can lead to a lot of pain, popping, and staff exhaustion. None thought their linear scars looked worse with FUE. Dr. Jorge Gaviria presented data from the ISHRS surveys regarding FUT and FUE and explained the different reasons why people support or are against FUE and FUT. In the discussion, questions arose as to why do a combination FUT/FUE if you can do 2,000 FUE grafts in two days without having to leave a linear scar. We were reminded that in some countries the economic crisis is so prevalent that the cost of doing two days of surgery for the patient and/or the doctor is not affordable.

Dr. Henrique Radwanski moderated the second session kicked off by Dr. Marco Barusco describing the "No Shave" technique with scissors randomly clipping the hair as opposed to creating "windows" or strips. Dr. Otavio Boaventura echoed the difficulty in performing large cases as well, and both doctors limit to small cases of around 700 grafts per day. Because of the complexity and time, it is slightly more expensive.

Dr. Alex Ginzburg followed with his cordless battery operated device whose speed is controlled by his finger.

The next session was rich with platelets as Dr. Fatima Agüero

presented an excellent review of various published articles on hair regrowth. Despite this, there is no good standardized protocol to date.

Dr. John Cole raised the sound level with his data on sonication using sound waves to activate platelets and showed how the growth factor such as PDGF was much higher in concentration than with calcium gluconate. More data to come on the various iterations of PRP studies that are ongoing with the help of Dr. Chiara Insalaco.



Dr. Leoncio Moncada described positive results with ACell mixed with PRP every 4 months activated with calcium gluconate.

Dr. Tony Ruston gave us a plethora of ideas to improve speed and efficiency to reduce graft time out of the body. Dr. Angelica Muricy showed us how to do 3,000+ grafts with implanters. Dr. Mauro Speranzini wrapped up with survey questionnaires from the experts defending their viewpoints.

After a long, enriching session of ideas, we were treated

to an extravagant and delicious churrascaria while others opted to dance the night away.

Saturday/March 12, 2016

Ricardo Mejia, MD Jupiter, Florida, USA skinandhairdoc@aol.com

Saturday morning greeted us with new and exciting surgical techniques and devices with Dr. Robert Trivellini's Mamba, a dual FUE device that allows two surgeons to do combined rotation and oscillation or independently. The technique was demonstrated by both Drs. Trivellini and Speranzini. Dr. Maria Munhoz, Dr. Speranzini, and me (a new beginner to implants) demonstrated a coordinated team approach of using dull implanters in smaller pre-made recipient sites at an average rate of 13 per minute. With his skilled team, he can achieve approximately 21 grafts per minute. A new and novel alternative to stick-and-place is the "stick and drop" technique by Dr. Trivellini. He uses a bent 21 gauge needle to make the incision while pulling the skin taut, then inserts a straight 4mm-long forceps to make an opening while his assistant drops a graft that is held by the epidermis and not the base thereby minimizing trauma to the lower half of the follicular unit. A video of the technique has been posted on the official ISHRS Facebook site.

Next door, Dr. Jean DeVroye demonstrated his flat punch device. He enjoyed poking himself several times with it to show it does not cut the skin. What it does do, however, is extract beautiful FUE grafts.

It was a great surgical day to end a great workshop for all attendees. ♦

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**



European Hair Transplant Workshop

International Society of Hair Restoration Surgery Regional Workshop

Hosted by: Bessam Farjo, MBChB, FISHRS

World Class Faculty including:

John M. Devroye, MD, FISHRS (co-host),
 Márcio Crisóstomo, MD, FISHRS, Kapil Dua, MBBS, MS, Alex Ginzburg, MD,
 Patrick Mwamba, MD, Robert H. True, MD, MPH, FISHRS, Arthur Tykocinski, MD, FISHRS,
 James E. Vogel, MD, FISHRS... and more!

- Learn how to introduce FUE and FUT into your Practice
- Assess and compare FUE vs FUT: Indications, Complications, Pros & Cons
- Optimize efficiency in FUE: Graft survival, donor selection, motorized vs manual, sharp vs dull, latest robotic advances
- Understand the role of concomitant medical therapies

SAVE THE DATE:
 June 10-12, 2016



Beginner's Program: June 9, 2016

Location: Manchester, UK



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2016 USA FUEpalooza JULY DENVER 29-30 COLORADO

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



ISHRS Regional Workshop

Hosted by: James A. Harris, MD, FISHRS

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:

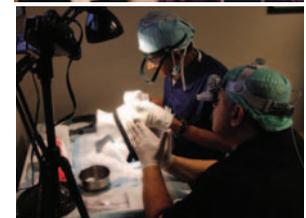
- Understand the basic concepts of donor area management, unique FUE graft qualities, limitations, and complications of FUE, and the basics of body FUE.
- Employ the different methodologies and instrumentation for FUE.
- Discuss the advantages and disadvantages of each type of device.
- Understand the 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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Full-Time Hair Transplant Surgeon Needed \$350k+yr

Busy Northwest hair transplant practice is looking for an experienced hair transplant surgeon to join.
Please respond to jobs@AdvancedHairRestoration.com

Acquisition or Merger Opportunity: London Based Clinic

Due to planned retirement of the Principal, a long established, highly reputed London based Hair Transplant clinic is for sale. Based near the prestigious Harley Street medical area this expanding, superbly equipped clinic is an ideal opportunity for an ambitious medical group or surgeon to establish themselves by acquisition/merger.
In the first instance, expressions of interest should be sent to our agent:
enquiries@mtmm.co.uk

Hair Transplant Surgeons Required

Due to recent expansion, Ziering is looking to recruit new Hair Transplant Surgeons to operate out of our UK clinics.
Income in the region of £300,000 per year.
Ziering specialises in providing hair restoration surgery to both men and women. We have clinics across the UK.
We are looking to recruit new, full- or part-time Hair Transplant Surgeons to join our existing clinical team.
The successful candidates will be required to operate out of London, Birmingham or Manchester clinics.
Experience in Hair Restoration is preferred.
To apply for this position, please email your CV and a covering letter to Kelly Ellis,
Kellis@hairtransplantziering.co.uk

GENERAL SESSIONS

- FUE – Follicle Unit Extraction
- FUT – Follicle Unit Transplantation
- Hairline Design
- The Future of Hair Transplantation
- Advances in Hair Biology
- Unique Issues in Ethnic Transplantation
- Small Group Discussion Tables on a Variety of Topics
- Storage Solutions
- Non-Surgical Adjunct Therapies
- Live Patient Viewing
- Surgical Pearls to Achieve the Best Results

OTHER OFFERINGS

- Lunch Symposia and Small Group Workshops
- Basics in Hair Restoration Surgery Course
- Advanced/Review Course
- FUE Mini Courses
- SMP (Scalp Micro Pigmentation) Mini Courses
- Surgical Assistants Program
- M&M Conference
- Exhibits Program
- Scientific Posters
- Networking Opportunities

NEWCOMERS ARE WELCOME!

We offer a "Meeting Newcomers Program" to orient those who are new to the ISHRS 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 congress.

2016 ISHRS WORLD CONGRESS SCIENTIFIC PLANNING COMMITTEE

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24TH WORLD CONGRESS

ISHRS Las Vegas

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PLAN TO ATTEND

The ISHRS's World Congress is the premiere meeting of hair transplant surgeons and their surgical staff. You don't want to miss it.

Call for Abstracts

Submission deadline: April 30, 2016
Go to: www.ishrs.org/AnnualMeeting.html

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Dates and locations for future World Congresses of the ISHRS

2016: 24 th World Congress September 28-October 1, 2016 Las Vegas, Nevada, USA	2019: 27 th World Congress November 13-17, 2019 Bangkok, Thailand (tentative)
2017: 25 th World Congress October 4-8, 2017 Prague, Czech Republic	2020: 28 th World Congress October 21-24, 2020 Panama City, Panama
2018: 26 th World Congress October 2018 USA (tentative)	



HAIR TRANSPLANT
forum
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Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
May 5-7, 2016	ISHRS Regional Workshop Surgical Assistant Training Program: Graft Preparation and Placement (FU-strip & FUE) Denver, Colorado, USA	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 Paris, France	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 Seoul, Korea	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 Manchester, UK	International Society of Hair Restoration Surgery Hosted by Bessam Farjo, MBChB, FISHRS www.ishrs.org	www.hairtransplantworkshop.com
July 29-30, 2016	2016 FUE Palooza Denver, Colorado, USA	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) Curitiba, Brazil	Brazilian Association for Hair Restoration Surgery (ABCRC) http://www.abcrc.com.br/	secretaria@abcrc.com.br
September 8-11, 2016	8th 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 ISHRS	Dr. Samuel L. Lam, Course Director Emina Karamanovski Vance, Assistant Course Director http://pa.slu.edu
September 28-October 1, 2016	ISHRS 24th World Congress Las Vegas, Nevada, USA	International Society of Hair Restoration Surgery www.ishrs.org	info@ishrs.org
November 26-27, 2016	21st Annual Meeting of the JSCHR Hamagin Hall, Yokohama, Japan	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