Letters to the Editors

Re: International Recipient Site Society (IRSS)

James Vogel, MD, FACS, *Baltimore, Maryland, USA*
jev@drvogelplasticsurgeon.com
William R. Rassman, MD, FISHRS *Los Angeles, California, USA*
williamrassman@gmail.com

A transcontinental trip recently brought Bill and I together. As frequently happens when colleagues who share a passion for their profession get together, many ideas and comments on the state of the art were bantered about. We enjoyed learning from each other, debated the nuances of technique, and had some laughs. The topic of the FUE splinter groups came up. "Wow," we agreed, "these ISHRS breakaway societies are certainly very focused on donor harvesting."

After initially dismissing this concept, we actually considered the need for a new society to address the practice interests of those wanting to focus on the recipient area as well. After all, how can the one "general" hair restoration society really do justice to both the recipient and donor areas during a *single* 5-day ISHRS conference? In fact, this technique is so popular in some areas of the world that there are reports of patients requesting FUE and not even having any of the grafts placed in recipient areas. So a unique FUE donor society really does make sense! It is that good of a technique! So we pondered the idea of a new splinter group arising out of the ISHRS. This new society would address the needs of patients and docs primarily interested in the recipient area results.

Although we had considered joining one of the existing or potential FUE splinter groups, we might not fit in as they do seem to neglect the importance of the recipient area. During our time together, we discussed the artistry of hairline design, the angulation of grafts, the variations in calyx reconstruction, the difference between male and female hairline design, the importance of creating a natural forelock distribution to frame the face, the use of blades vs. needles vs. punches in the recipient area, and, of course, the importance of surgical planning in the young patient as the frontal hairline slowly disappears with age. It became obvious that, following the lead of those advocating for a separate FUE society, we really could use another break-away society that would allow its members to focus on their passion—the recipient area. We were excited that we had stumbled onto an unmet need!

We jotted down a few names for the new society, but the one that stuck was the IRSS (International Recipient Site Society). Nominations for officers are now being accepted!!

Hey… Wait! Before we went our separate ways we had one final thought in lieu of bursting apart the ISHRS into multi-fragmented societies. How about looking at the real issues that are driving a wedge in our cherished group and maintaining this great society of professionals as the educational and collegial organization that was developed over 20 years ago? Let's abandon the big brother concepts and criticism of assistants, marketing, and products such as NeoGraft and ARTAS, and just let the market and regional laws of the land dictate what takes place when and by whom. Of course, the ISHRS can and should take a stand and voice an official opinion, but to have the membership hinge on signing up for allegiance to some core group's personal concepts of right and wrong is absurd. Let's face it, it is a big, mean, and entrepreneurial world out there and the "horses" that the ISHRS are condemning are already way away from the barn and they are not coming back!

The ISHRS powers that be can denigrate and preach their ideals, but the only real effect will be to splinter our professional society. To effect change, one's only real recourse is to do excellent work and assume those patients seeking same will find us or report non-qualified law breaking docs to local authorities. Let's strive to reunite and not over regulate individual rights to practice hair restoration.◆

Re: The Contagion Dogma of Modern Obfuscation

Jennifer Martinick, MBBS *Perth, Western Australia*
info@image21.com.au

In this era of freedom of speech, everyone has an opinion including strong contradictory opinions. The information overload on the Internet has caused paralysis and the ability to make the right decision with confidence has been diminished. As a result of this, I have handed over to "Ed," my alter ego, to comment on the IRSS. —JM

"Hi guys, Ed here, I'm losing hair and it's in my genes; I've spent two years searching the Internet to get honest information about good doctors to undertake my procedure.

I got really excited when I found the FUE society because they promised to leave no scars, that I could shave my head, and that I could be back to work in two days. They really seemed to be heroes at extracting the donor hairs.

Then I started to think about the placement of these hairs; surely the placement is important to my overall satisfaction.

Recently, I discovered the new International Recipient Site Society (IRSS). Their focus is on making the incisions on my scalp where the extracted donor hairs will be placed. This was good news, I thought. Slowly it dawned on me that I'd have to employ both doctors to get a proper transplant. This was getting more expensive.

IRSS, hmm, did he know that I cheated on my tax return? Oh sorry, it stands for recipient sites, so he is great at making recipient sites, but what's he going to put in them? Feathers, dog hairs, reptile scales; so that I can have a "natural" result to look like my favourite animal! Or my own follicles from the back of my head you say… But he is not trained to harvest them; he can only dig holes in my scalp.

Unmet need indeed!

The more I think about it, the more worried I am about the artistry required to mimic my other hair and make the result natural. I comb the Internet again looking for an Artistic society. There is none! I still hesitate to do a procedure as I'm terrified if the hairs are put in backwards, sideways, or upside down that I'll look like a freak!

I start searching again… This time I find the International Society of Hair Restoration Surgeons. They have a great website with lots of information. More importantly, they teach their members all aspects of hair restoration surgery, even strip harvesting, another method of removing the donor hairs.

The ISHRS has a mission to educate doctors and the public and

stands up for the rights of the patients. It has strong leadership and is a cohesive group of professionals who have shared their knowledge openly in an educational and collegial setting annually over the past 20 years. As a result of this dissemination of information, outcomes in hair transplantation have improved to the point where, if the procedure is carried out by a fully educated doctor, the results will be indistinguishable from the existing hair.

Now that's the sort of doctor I want…"

In summary, it is evident that the ISHRS was and is the "go to" site for complete information and education.

"Splinter groups" dilute this pool of knowledge and frequently attract would-be hair transplant surgeons who are not fully grounded in all aspects of the surgery. Their websites also "muddy" the clear message that the ISHRS has worked for years to impart to the public.

The ISHRS has subcommittees that cover the needs of the "splinter groups"; that's where they should direct their energy, so that the whole industry benefits from their research and deliberations.

"Unity is strength" now more than ever before; it is the only way to get our clear message out.◆

Re: "Return to the Barn"

Carlos J. Puig, DO, FISHRS, Chair, ISHRS Ad Hoc Committee on the Unlicensed Practice of Medicine
Houston, Texas, USA *cpuig@hairdoctexas.com*

Once again Drs. Vogel and Rassman have eloquently communicated their ideas with a touch of humor that all can appreciate. Unfortunately, they have also demonstrated their limited insights into the complexity of the problem confronting not just the ISHRS, but the entire medical profession. The real issue is the unlicensed practice of medicine, and its potential harm to patients.

The ISHRS has a primary mandate to educate physicians in the art and science of hair restoration surgery. Those training programs appropriately include—in addition to surgical methodologies—contemporary diagnostics, responsible treatment planning, and patient consultation. Indeed, one of the strengths of the ISHRS is that its training programs have always encouraged physicians to practice patient-focused, ethically sound, "do no harm" hair restoration surgery. As such, the ISHRS has been encouraged to develop professional best practices for the profession. In doing so, the Society's primary focus has always been on what is best for the patient first.

The fact is there are unlicensed hair technicians, independently or in conjunction with physicians not trained in hair restoration surgery, performing hair restoration surgery all over the world. The ISHRS Board of Governors has reset the membership standards to discourage this behavior. If those in the profession do not set an example of ethical behavior and allow unlicensed hair technicians to harvest grafts, i.e., performing surgery in their offices, then state regulatory agencies are hesitant to try to contain the problem. Not until a patient is seriously harmed will the regulatory agencies independently respond, and at that time the weakened profession may not prevail in containing the dangerous behavior.

The ISHRS has never criticized ARTAS or NeoGraft development and marketing of machines or technologies. The ISHRS has refused to encourage or facilitate any company's strategies that encourage the unlicensed practice of medicine. The ISHRS has always encouraged responsible, ethical marketing of professional hair restoration services. Unfortunately, those who participate in the unlicensed practice of medicine feel little ethical responsibility to any patient, let alone to creating an ethical marketing program. Yes, the free market will eventually eliminate the poor performer. However, we are talking about the practice of medicine, and, unfortunately, many patients will be harmed before the market is made aware of the problem.

Yes, "it is a big, mean, and entrepreneurial world out there," but we are physicians first, and entrepreneurs second. We have an obligation to protect all patients that supersedes our entrepreneurial desires. Yes, many of the horses are out of the barn. In fact, many of the horses have never been in the barn, but that does not mean they all cannot return to the barn and build a bigger, more productive ranch for all.◆

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.

Diagnosing hair disorders requires pattern recognition…which is why it is always tricky when one hair pattern looks suspiciously like another! If you are like most hair surgeons, you enjoy the challenge of a good mimic. In addition to that though, this type of case is always good fodder for a presentation, paper, poster, or M&M case at your next hair meeting. Try making it through all 10 questions before checking your answers!

Mimics Questions

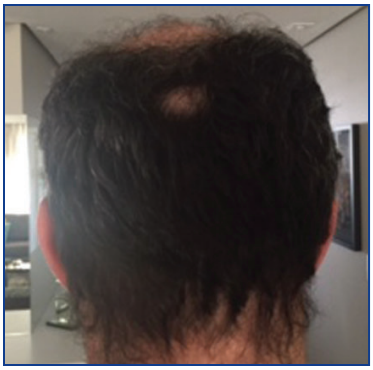

Photo courtesy of Dr. Marcelo Pitchon.

The following 3 questions pertain to the photograph above.

1. This patient is a 27-year-old male with Norwood Type V hair loss that is familial and an additional midline balding spot at the back of his crown that resembles alopecia areata. If there is no smoothness or loss of follicular openings but there is miniaturized hair, what is your most likely diagnosis?
   A. Alopecia areata, since miniaturized hair can occur with alopecia areata
   B. This area is likely a "coronet," part of male pattern hair loss (androgenetic alopecia), and is a clue that this patient is likely to progress to a Norwood Class VI-VII.
   C. Trichotillomania, especially if the patient is ambidextrous and can reach the area with both hands
   D. Traction alopecia from excessive hat wearing (especially with adjustable baseball caps where the hair gets caught at the back closure)

2. If this same patient gave a history of using a toupee (hairpiece) for 10+ years, would you reconsider your diagnosis?
   A. No, because alopecia areata can occur whether a hairpiece is worn or not.
   B. Yes, because this area might represent traction alopecia from clipping in or gluing/taping on a hairpiece.
   C. No, because it is clearly androgenetic alopecia only since there is miniaturized hair.
   D. Yes, because people who wear hairpieces often use them to hide occult trichotillomania.

3. If this same patient showed exclamation point hairs at the margins of the small bald spot, what would your diagnosis be?
   A. Trichotillomania
   B. Androgenetic alopecia
   C. Cicatricial ("scarring") alopecia (and the patient will need a biopsy for a definitive diagnosis)
   D. Alopecia areata

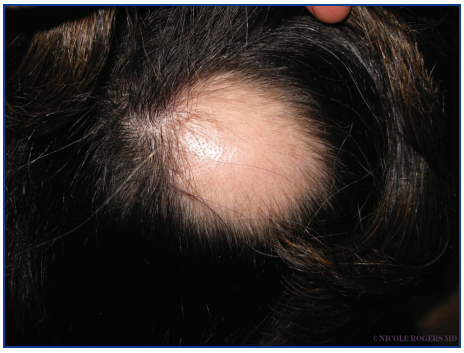

Photo courtesy of Dr. Nicole Rogers.

4. The above 28-year-old male patient arrives at your clinic. He has smooth crown loss with early maturation of his hairline, but it is the crown that bothers him the most. Male pattern androgenetic alopecia runs in his family and he would like to have surgery to correct this as soon as possible. Without a biopsy, what is your initial differential diagnosis?
   A. Central centrifugal cicatricial alopecia (CCCA) and alopecia areata
   B. Alopecia areata and Pseudopelade of Brocq
   C. Trichotillomania and central centrifugal cicatricial alopecia (CCCA)
   D. Vertex male pattern hair loss (androgenetic alopecia) and alopecia areata

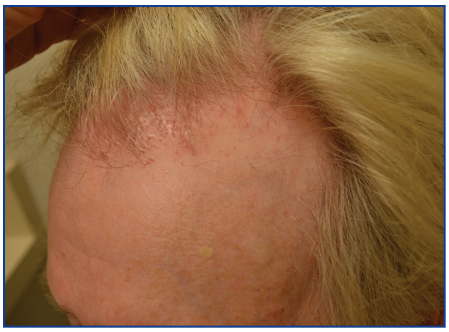

Photo courtesy of Dr. Nicole Rogers.

5. The above 32-year-old woman comes into your clinic complaining of a receding hairline with some hairline redness over the past 6 months. She has had a history of hypothyroidism for the past 2 years that has been controlled with medication. Androgenetic alopecia runs in her family, especially with her father and two brothers. Without a biopsy, what is your provisional diagnosis?
   A. Male pattern hair loss (androgenetic alopecia) in a female
   B. Female pattern hair loss (androgenetic alopecia)
   C. Frontal fibrosing alopecia (FFA)
   D. Lichen planopilaris (LPP)

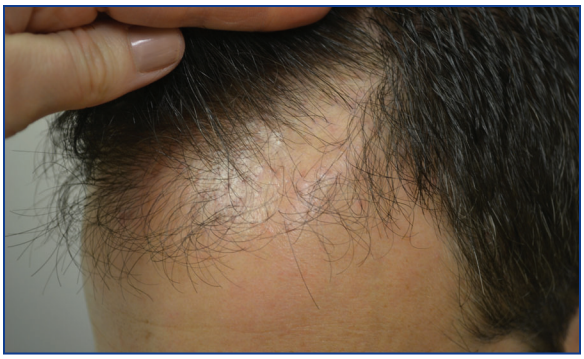

Photo courtesy of Dr. Nicole Rogers.

6. The above 37-year-old male comes to your clinic complaining of a receding hairline. This recession has happened over the past 6 months and he started using minoxidil about 2 months ago without much success. Androgenetic alopecia does not run in his family, but he has been under a lot of stress lately, so he thinks that is what is causing his hair loss. He wants to do an FUE procedure immediately to fill in the hairline before it becomes too noticeable. Without a biopsy, what is your diagnosis?
   A. Male pattern hair loss (androgenetic alopecia) in a female
   B. Female pattern hair loss (androgenetic alopecia)
   C. Frontal fibrosing alopecia (FFA)
   D. Lichen planopilaris (LPP)

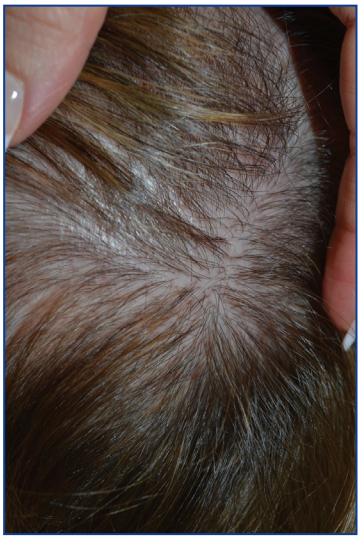

Photo courtesy of Dr. Nicole Rogers.

7. The above 45-year-old male comes to your clinic requesting hair surgery to fill in his crown loss. He started taking finasteride about 2 years ago without much improvement. As a matter of fact, he thinks it might have been slowly getting worse. Without a biopsy, what is your diagnosis?
   A. Male pattern hair loss (androgenetic alopecia) in a female
   B. Female pattern hair loss (androgenetic alopecia)
   C. Frontal fibrosing alopecia (FFA)
   D. Lichen planopilaris (LPP)

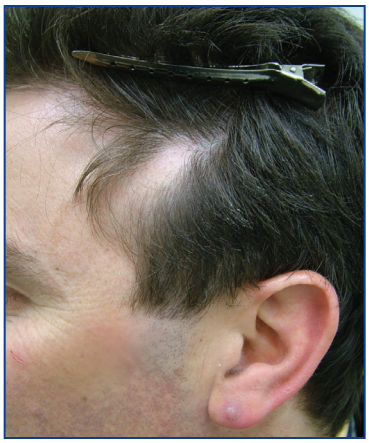

Photo courtesy of Dr. Mario Marzola.

8. You meet the above patient who has a history of alopecia areata and androgenetic alopecia (male pattern hair loss). It has been 3 years since you last saw him and the 2cm-round areata area on his right occiput has been stable. Androgenetic alopecia runs in his family and started in his late teens and slowed when he went on finasteride treatment. He wants to do a surgery to fill in his frontal area, and at the same time he points out a small smooth area of alopecia at his right temporal peak (sideburn) that he would like to fill in as well. He says this spot has been present since birth and he shows you baby photos to prove it. Can you fill this area in for him?
   A. Yes, this area is most likely triangular alopecia and grafts typically grow well.
   B. No, this area most likely is a new alopecia areata area and grafts will NOT grow.
   C. Yes, this area is part of his androgenetic alopecia.
   D. No, this area is due to covert trichotillomania and should not be transplanted until that condition is treated.

⇨ page 226

Hair's the Question from page 225

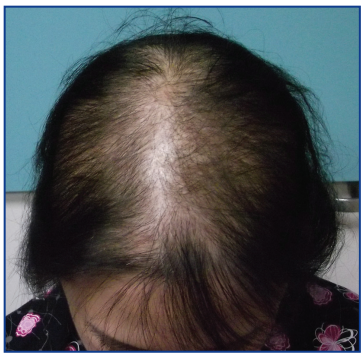

Photo courtesy of Dr. Sara Wasserbauer.

9. The above 32-year-old woman has complained of diffuse hair loss over the past few months. She has no history of male or female pattern hair loss in her family, but has noted increased stress lately. She had this same thing happen to her once before but "it all grew back after about 3 months." What is your diagnosis?
   A. Diffuse alopecia areata and she needs a biopsy to prove it
   B. Male pattern hair loss (androgenetic alopecia) in a female
   C. Female pattern hair loss (androgenetic alopecia)
   D. Diffuse trichotillomania (undiagnosed)

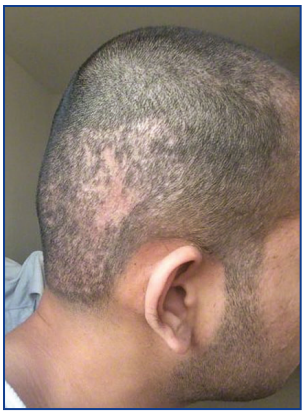

Photo courtesy of Dr. William Rassman.

10. The above 28-year-old male sends you his photos over the Internet. He wants to know if there is anything he can do to improve the appearance of his head. It has been like this for about a year. He refuses to go out in public without a hat and does not provide you with any additional information. Just based on this photo, you are suspicious for what conditions?
    A. Lichen planopilaris OR Pseudopelade of Brocq
    B. Diffuse overharvesting of the donor area with FUE OR a cicatricial ("scarring") alopecia
    C. Diffuse alopecia areata OR diffuse overharvesting of the donor area with FUE
    D. Cicatricial ("scarring") alopecia OR diffuse trichotillomania (undiagnosed)

Answers

1. **B.** The correct term for this patch is "coronet." I love this example since many hair doctors have seen this, but still don't recognize the pattern. This is where being a regular at meetings (first ISHRS meeting in San Francisco), or just plain reading a few textbooks (Unger comes to mind) is handy, since the sight of this will trigger the image of progression to Norwood Stage VI or VII. Plan your surgery accordingly! For the record, this has been known clinically to disappear completely with finasteride treatment over a year.
2. **B.** Traction alopecia is a great mimic because patients love to damage their hair repeatedly in the same way (hats, braids, hairpieces, etc.).
3. **D.** If you are particularly cautious, you might consider biopsying this "coronet" even if you do recognize the pattern, just because alopecia areata is such a great imitator of other conditions. You will see what I mean in the next question. Exclamation point hairs are a dead giveaway, though.
4. **D.** Areata again!! CCCA is less circumscribed and patchier, as is Pseudopelade. Dr. Elise Olsen's text "Disorders of Hair Growth" is really good at helping explain the differences among these rarer hair loss patterns.
5. **C.** The location and perifollicualr erythema, as well as the short time course, are your big clues here. The other answers occur typically in other areas (top/crown) OR over longer time frames.
6. **C.** This the "gotcha" answer. FFA happens in both males and females.
7. **D.** Although this is diffuse, there is some hallmark tufting that should catch your eye. Biopsy for the definitive diagnosis and DO NOT transplant.
8. **A.** This is triangular alopecia because the patient has had it his whole life. I included the others (areata and MPHL) because triangular alopecia can mimic both of these conditions really well.
9. **A.** This is the warning case—beware diffuse alopecia areata in a female. It looks EXACTLY like androgenetic alopecia.
10. **B.** The truth is that this represents overharvesting of the donor area with FUE. It looks remarkably like many other scarring alopecias, however, so now we must add a new diagnosis to our differential for this patchy pattern!

Bibliography

1. http://www.ijtrichology.com/article.asp?issn=0974-7753;year=2016;volume=8;issue=1;spage=50;epage=51;aulast=Dey
2. http://www.ncbi.nlm.nih.gov/pubmed/24017974
3. Rogers, N. Imposters of androgenetic alopecia: diagnostic pearls for the hair restoration surgeon. *Facial Plast Surg Clin North Am.* 2013(Aug); 21(3):325-334.◆

UPGRADE TO CAPILLUS

GET CREDIT TOWARDS YOUR CAPILLUS PURCHASE FROM TRADE-IN OF UNSOLD COMPETITOR INVENTORY

HAIRMAX • THERADOME • IGROW • LASERCAP

Capillus is not affiliated with these companies or competitor brands and this offer is not affiliated, endorsed or approved by these companies.

Capillus will accept unsold, unused inventory of the above competitor's laser devices as credit towards your initial Capillus purchase. Let us help you help your patients with the premier laser device for treatment of hair loss. Details below. Contact us today to get started.

The FDA-Cleared, physician-recommended cap that's **clinically proven** to regrow hair – affordably and easily - is available now for men and women. Capillus laser therapy caps **prevent progression of hair loss and regrow thinning hair.** Hand-made individually in the USA, Capillus laser caps are **FDA-CLEARED** and have no known side-effects, so you can prescribe it with confidence. Nothing tops it for convenience.

PROMOTION DETAILS & TRADE-IN CREDIT AMOUNTS

COMPETITOR DEVICE	CREDIT AMOUNT	VALID TOWARDS
HairMax LaserBand82	$450	Capillus272 Pro Purchase
HairMax Ultima 12 Lasercomb	$350	Capillus272 Pro Purchase
HairMax Prima 7 Lasercomb	$200	Capillus272 Pro Purchase
HairMax Advanced 7 Lasercomb	$100	Capillus272 Pro Purchase
Theradome LH80 Pro Helmet	$340	Capillus272 Pro Purchase
iGrow Helmet	$300	Capillus272 Pro Purchase
LC Pro Laser Cap	$900	Capillus272 Pro Purchase

Valid only on initial Capillus purchase. One-to-one upgrade program: Capillus will apply the trade-in value of each competitor device towards purchase of each Capillus272Pro device. Join our network of authorized physicians today. Call our sales department for more information on additonal trade-in options.

LIMITED TIME PROMOTION, SUBJECT TO CERTAIN CONDITIONS. CAPILLUS RESERVES THE RIGHT TO WITHDRAW OFFER AT ANY TIME.

VISA MasterCard DISCOVER AMERICAN EXPRESS PayPal ALL MAJOR CREDIT CARDS ACCEPTED

CALL FOR LIMITED TIME PROMOTIONS TODAY

USA TOLL-FREE 1 (888) 272-9599 • OUTSIDE USA +1 (786) 888-6249 • WWW.CAPILLUS.COM

Meetings and Studies

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

We have an assortment of great meetings and events to report on in this issue. The Surgical Assistant Training Program was again held in Denver under the auspices of Dr. Jim Harris. Titled "Beginners and Beyond," this very practical hands-on meeting is well summarized by Emina Vance. It is a pleasure to feel her enthusiasm in dealing with the new and also the experienced technicians as they rotate stations and express how valuable this training has been for them. In Korea, the International Congress of the Korean Society of Hair Restoration Surgery had its best meeting ever according to our reporter, Dr. Damkerng Pathomvanich. Then we have two back-to-back meetings in Europe. Brussels was the venue for the 5th Annual European FUE Society Meeting. Write-ups by Drs. Otavio Boaventura, Ricardo Lemos, and Robert True bring to us what they describe as one of the best FUE meetings ever. Topics ranged from importance of depth control to a new punch designed specifically for beard hair removal. Next, we have the report from Manchester by Dr. Márcio Crisóstomo. Dr. Bessam Farjo hosted this well-attended European Hair Transplant Workshop, which is a regional workshop of the ISHRS. Finally, moving on to Tbilisi in Georgia, Dr. Nilofer Farjo reports on the annual European Hair Research Society Congress, where hair biology and pathology was discussed outside of the sphere of surgical restoration. Thank you to all who made the effort to teach and share.

Review of the ISHRS Regional Assistant Training Workshop: Beginners and Beyond May 5-7, 2016 · Denver, Colorado, USA

Emina Vance *Plano, Texas, USA* emina@hairtx.com

This three-day workshop that offered an intensive hands-on learning experience without pressure was a great success. Although its capacity almost doubled, the workshop was sold out yet again. Students came from across the United States and from as far as Europe and the Middle East. Consisting mostly of surgical assistants, the group also included one PA and three physicians. Among the attendees were several Naval medical personnel from the Wounded Warriors program. Two students who traveled from the United Kingdom were delayed in their travel due to plane issues and missed the first day of training; however, thanks to the heavy hands-on format of the workshop and our effort to help them, these students were caught up by the end of the workshop and demonstrated significant progress in their knowledge and skills. This year, we increased the number of students to 18, which proved to be the ideal count to maintain needed intimacy of the group. With the increased number of students, we also increased the number of faculty and provided easy and quick feedback to the students. Janiece McCasky was in charge of registration and did a great job making sure that the students felt taken care of and that the workshop ran smoothly. The team of dedicated assistants from Dr. James Harris's office helped set up the rooms, prepare the tissue, and assist as the faculty. The workshop ran well and could not have been as successful without them. I am very thankful to Tina Lardner for the many hours of organization and preparation and to Dr. Harris for his gracious hosting, both of whom were critical to the success of this event.

Students were divided into two groups and rotated between operating rooms and skills. Two operating rooms were set up, one for graft preparation and a second for graft placement. I was in charge of slivering and graft dissection, and Tina was in charge of graft placement. Dr. Harris observed both groups, interjected when he felt appropriate to add additional insights, and demonstrated the tight collaboration between the physician and assistants. Students were rotated every 90 minutes. Over the course of the workshop, both Tina and I were able to follow each student closely, provide feedback, correct or encourage their movements, and monitor their progress. Similarly, throughout the day, Dr. Harris interacted with students offering the physician's perspective.

The first day included observation of the surgery in the morning and learning basic principles of graft preparation and placement in the afternoon. The meeting room was equipped with a hi-tech smart board that served as a screen for presentations, a white board for explanation, and a monitor for video streaming. Students were able to observe every aspect of the procedure: the patient pre-operative consultation, the surgical preparation, both a strip and FUE harvest, recipient site creation, graft placement, and post-operative instructions. During the video streaming, students were able to ask questions, see minute details of the surgical procedure, and interact with all three of the faculty. Students found the surgery viewing very valuable, and the teachers were excited about the unique opportunity to provide this experience to the students.

The rest of the workshop provided many hours of practice. The intimate group setting permitted instant feedback from experienced faculty. Although the schedule was well thought through, we stayed flexible and adjusted it to the needs of students. The second day we noticed that students needed more time to feel comfortable and confident with slivering and graft dissection, so we modified the schedule, decreased the number of rotations, and increased the time spent on each skill. In addition, we had several experienced assistants wanting to improve their efficiency, so we were able to tailor their practice. Instead of rotating with their respective group, these students were able to continuously practice their skill of choice. Fortunately, we had ample tissue for practice and great faculty to support focused learning.

The operating rooms were spacious and the setup could easily be replicated. Students were taught the proper instrument and tissue handling, and a combination of inanimate models and cadaver skin were used to teach the skills. Each day began with critical thinking demonstrating and discussing how to recognize good from bad tissue handling and how to identify the subtleties

that could create good or cause bad results. We also introduced proper ergonomics and addressed "Dos and Don'ts" for surgical assistants, making them aware of their responsibilities as well as their legal limitations. Students were encouraged to think through their actions, assume proper posture, and recognize proper graft hydration and handling. Each day finished with every student sharing his or her "aha moments" or their most valuable learning of the day. It was exciting to hear that all students gained more clarity and felt more confident on a daily basis. At the end of the third day, we assessed students' skills and each student received a written evaluation of their skills with recommendations for improvement when applicable.

Students left smiling and the faculty shared contentment for the opportunity we had to impart our passion for hair restoration. As I am writing this report, I am realizing that this workshop is truly unique. Besides teaching the fundamental skills, this course offers learning that goes far beyond the basics. Although geared for the novice student, the setting and format of the workshop also worked well for the experienced student. We heard comments such as "This course gave me confidence and inspired me to learn more" coming from a beginner, and "I was stuck for a year. I wanted to be faster and more efficient but did know how. Now, I do. I cannot wait to return to work!" coming from an experienced technician.◆

Review of the International Congress of the KSHRS May 28-29, 2016 · Seoul, Korea

Damkerng Pathomvanich, MD, FACS *Bangkok, Thailand* path_d@hotmail.com

I have attended many Korean meetings in the past, but this meeting, chaired by KSHRS President Dr. Tommy Hwang, was more advanced in technique and showed impressive postoperative results.

The first day covered the live-surgery workshops, which were held in different offices. There were about 60 attendees who attended the 6 live surgery workshops that covered the following:

1. Strip and Implanter Using Hwang's Board + Advanced NeoGraft Technique by Dr. Tommy Hwang and Dr. In Joon Lee
2. Classic Strip and Implanter Technique by Dr. Ji Sup Ahn
3. Female Hairline Transplantation—Classic Design by Dr. Jae Hyun Chung
4. Non-Shaven FUE Technique by Dr. Jae Hyun Park
5. Eyebrow Transplantation by Dr. Sung Chul Hong
6. Beard Transplantation by Dr. Hee Choong Rhu

Saturday/May 28, 2016

The first workshop I went to was "Strip and Implanter Using Hwang's Board and advanced NeoGraft Technique," which was held at Dr. Hwang's clinic. After greeting attendees, Dr. Hwang gave a presentation on scar correction with W-plasty, Hwang's Board, and Hwang's Implanter, then he allowed attendees to observe inside the operating theatre on the roster basis. The patient had a wide strip scar and his associate performed W-plasty and wound closure. The strip scar was then passed to his assistants to cut the grafts in the piece of wooden board with no magnification. Another team of 3-4 assistants loaded the grafts into Hwang's implanter. Dr. Hwang demonstrated his new depth control implanter live. His assistants passed the implanters to him in rapid motion for Dr. Hwang to place the grafts. He said with the use of his new depth control implanter, he no longer experiences folliculitis complications as he had in the past.

Next, Dr. Lee demonstrated on the same patient his modified NeoGraft machine that he invented with no touch technique. He explained how to extract and insert the grafts with the pneumatic machine, but he still had mechanical failure when he tried to inject the graft inside the premade incision. He said his machine should be ready for use within the next few months.

I also attended "Non-Shaven FUE," which was held at Dr. Park's Dana Plastic Surgery Clinic. Dr. Park gave a lecture on the guidelines for his non-shaven FUE method and demonstrated on one of his office staff as a patient. Dr. Park and his assistants trimmed alternate hair follicles in rows and used a hair clip to hold the hair and stacked it in rows while the patient was in the sitting position on the chair that he specially invented for FUE. It was a time-consuming preparation. He then showed the attendants how to perform non-shaven FUE. He used a motorized 1mm sharp punch with a foot pedal. Sometimes he punched the follicle that had not been trimmed. He said that the extraction speed is a little bit slow compared with shaving FUE and results in more transection of follicles. After he completed FUE harvesting, he used implanters to place the grafts in rapid motion. The assistants split the grafts into single hairs without a microscope when used in hairline reconstruction.

Dr. Park ran the workshop smoothly and on time. I didn't see any quality control regarding transection rate. I was surprised to hear that Dr. Park is no longer using his ARTAS machine and keeps it in his basement.

While it is not a common hair transplantation practice in Korea, the "Beard Transplantation" session was aimed at teaching attendees how to design a beard and moustache. It then reviewed the technique of how to use the implanter to place grafts and make a natural looking beard for the Korean male.

At the end of the day, registrants enjoyed a gala dinner at the Ritz Carlton Hotel with good Korean food and a magic show. Dr. Hwang introduced attendees from many foreign countries including India, Taiwan, and Thailand.

Sunday/May 29, 2016

The next day's scientific meeting was held at Kim Koo Museum & Library, about 30 minutes from the hotel. The KSHRS provided simultaneous translation from Korean to English and

⇨ page 230

Meeting Reviews *from page 229*

vice versa. There were about 10 exhibitors displaying their products.

Dr. Tommy Hwang welcomed all attendees and then free papers were presented as follows: Dr. Hyo Kang talked on significant factors related to wide strip scar such as young age, thin scalp, and strip wider than 17mm. Dr. Jae Seong Moh presented on factors contributing to survival in FUE and concluded that resistance was an important factor in low survival rate. Dr. Min Seon Moon presented "Usefulness of Scalp Dyeing with Gentian Violet Solution in White-Haired FUE," noting it is a simple alternative for dying the white hair. Next, Dr. Hyun Wook Baik gave a perspective on the advantages of video analysis that was more reliable than a still picture. Dr. Young Geun Ryu spoke on "The Safe Pigments for SMT (Scalp Medical Tattoo)." He reminded us that currently practitioners don't know the ingredients of the pigments so we cannot guarantee the safety over the long term. He also explained how to analyze the pigment's ingredients, proportion, and production process for the ideal safety of pigments used in our patients.

Next was an invited lecture from Dr. Ji Won Oh who presented "Dynamics of the Post-Transplantation Hair Follicles and Stages," which reviewed cycling of post-transplanted hairs. It was very interesting, but because it was conducted in mice, it was difficult to equate it to the human experience. Dr. Oh said the hair graft should grow in two months after the procedure not four months. Dr. Young Kwan Sung presented "Preservation of Trichogenicity of Cultured Dermal Papilla Cells for Hair Follicle Neogenesis," and described the current limitation of follicular dermal cell cultivation. He proposed a new medium, activators and cultivating method. Dr. Ali Abbasi's presentation was "New Disease Entity in LPP." He talked about how to distinguish between LPP and AGA. LPP can mimic AGA in diffuse hair loss but has a significant decrease in vellous hair, loss of follicular orifices, and follicular keratosis around the vellous hairs.

Dr. Damkerng Pathomvanich presented "25 Years' Experience on Donor Wound Closure." He noted many factors involved in keeping the scar at minimal width, such as selecting good candidates for surgery, checking whether the patient is prone to keloid or hypertrophic scarring, selecting the donor site, minimizing follicular transection and wound tension on closure, trichophytic closure and other techniques. He then talked about ClotMaster in hair transplantation. ClotMaster (Pierce Surgical, USA) is a device that allows clots to be derived and used from the patient's own blood. ClotMaster allows the blood clot pool of platelets to be placed inside the donor wound before it's closed. Growth factors continue to be released inside the wound as the platelets become activated. This new technique might result in a better scar, but it needs to be evaluated before we know the final result.

Dr. Kenichiro Imagawa presented "Historical Beginning in FUE: Okuda Papers." He showed many pictures of Dr. Okuda back in the old days. This was followed by Dr. Hwang's "DCT Technique Using Hwang's Board and Hwang Implanter," which was similar to that given in his Live Surgery workshop.

There was a lunch lecture by Dr. Byung Cheol Park entitled "Guidelines for Drug Treatment of Androgenetic Alopecia." He noted that topical minoxidil, oral finasteride, oral dutasteride, and low level laser therapy are still the main core of medical treatments in male AGA.

In the afternoon, we had "FUE: Ask the Experts" hosted by Drs. Seung Hyun You, Jong Pil Choi, In Joon Lee, and Seung Yong Lee. They discussed the pros and cons of FUE and its complications. Dr. Se Won Lee gave the presentation "Expectations and Concerns in Medical Treatment for MPHL." South Korea is the only country in the world that has FDA approval for dutasteride as a therapy for male AGA. Next, Dr. Gyeong Hun Park presented "Revisiting of the Role of Dual 5ARI, Avodart," and said that dutasteride was more efficacious in the treatment of MPHL than finasteride possibly by its dual-inhibitory action against type 1 and 2 5α-reductase.

The next session was on body hair. Dr. Jung Wook Hwang presented "Pubic Hair Graft" and discussed the natural pubic pattern, surgical technique, result, and complications.

Dr. Sunh Chul Hong's lecture "Eyebrow Transplantation" explained how to design the eyebrow, the surgical techniques, and how to avoid complications. He noted careful attention should be paid to angle and direction of implanted hair during the graft insertion. Dr. Yoon Oo Noh described the eyelash transplantation using the technique with suture anchoring method by stitching the upper eyelid followed by using implanters for graft insertion. He avoided implantation on the medial portion of upper eyelid. Dr. Hyun Wook Baik said beard was the best source and leg hairs were probably the worst to use in the scalp transplantation.

In the hairline session, Dr. Jae Heon Jung presented "Female vs. Male Hairline Correction." He showed anatomical differences between the male and female hairline. Women had round frontotemporal hairlines and men had acute angle. Then Dr. Ji Sup Ahn presented "Female Hairline Correction" and spoke about design law of nature, and Dr. Hui Joong Ryu presented on density, distribution, direction, and angle. On the other hand, Dr. Woo Seok Koh presented "Understanding and Limitation of Widening Narrow Forehead." He described how to remove excessive hair in a narrow forehead to make a high forehead. He used a hair removal laser with different fluences, wavelengths, and pulse durations during treatment.

For the video session, Dr. Jae Hyun Park talked on non-shaven FUE. He showed his video "Ergonomics and Dynamics in FUE," and noted FUE could cause intra-operative and post-operative pain, fatigue, and discomfort to the hair surgeon and the patient. Understanding its dynamics in FUE can help to resolve this problem for both the physician and the patient. Dr. Gun Park presented, "Use of Implanter." He detailed how to use implanters from instructing the staff on how to load the grafts inside the implanters to passing them to the surgeon in rapid motion for fast implantation. Last but not least, Dr. Hyung Suk Kim demonstrated a punch and graft technique on scars, which increased survival rate of hair grafts when implanted in the scarred area.

I would like to congratulate Dr. Tommy Hwang and his colleagues for the successful, enjoyable, and well-attended meeting.◆

Review of the 5th Annual Meeting of FUE Europe Society June 2-5, 2016 · Brussels, Belgium

Friday/June 3, 2016

Ricardo Lemos, MD *São Paulo, Brazil* ricardo@ricardolemos.med.br

A beginners' course was held on Thursday, the first day of the conference. During the morning of the second day, we observed two surgeries at the MyWHTC Clinic. Dr. John Cole demonstrated the computer-assisted device for FUE, giving detailed instruction about the procedure. He explained that the surgeon may choose to take pieces of the follicular unit or group with smaller punches. This results in minimal scarring and hypopigmentation and the transected follicles that eventually remain in the donor area will grow again. He also emphasized the importance of variation in angle and punch depth in the different areas of the donor area in order to improve transection rates. He called our attention to the importance of scalp traction performed by both the assistants and the surgeon to reduce skin laxity, making extraction easier.

In the adjacent room, we saw a manual FUE performed by Dr. Patrick Mwamba. Calm and highly skilled, Dr. Mwamba showed us in detail the secrets of the technique. Gentle rotation movements as well as using his left hand to stabilize the punch during penetration were important tips. He also emphasized the importance of the "safe zone," especially in young patients. He mentioned that patients with tight scalps are generally the best candidates for FUE. Dr. Mwamba explained the importance of maintaining very consistent traction in the patients with greater scalp elasticity to facilitate extraction and reduce transection.

During the afternoon, at the BHR Clinic, Dr. Robert True, with his typical didactic manner, taught us the motorized sharp punch technique in detail. Dr. True explained that the use of punches in the range of 0.8-0.9mm and fractional and harvesting of follicular groups rather than harvesting all the hair in a group produces smaller scars and reduces hypopigmentation in the donor area. A 0.9mm was used to extract each follicular unit from the epidermis and subcutaneous attachments and then were harvested using two forceps. Dr. True used a range of 2,000-3,000 rpm and a 2.8mm punch depth control. He also explained the importance of the correct depth, as well as the correct angle, in order to decrease the transection rates. The procedure was done to increase the hair density in the frontal hair region. The patient had already done a previous FUT surgery and wanted to improve both frontal density and the aspect of his linear scar. A beard FUE was proposed to restore the scar surface. Premade coronal incisions were made with micro blades, carefully, respecting the angle of the adjacent hair. Dr. True explained the importance of measuring the length of the grafts in order to adjust premade depth incisions. Doing it this way, he aimed to avoid placing the grafts deeper than they should be. Dr. True also drew attention to the careful placement of the follicular units extracted, as they are more delicate than FUT grafts.

Dr. Christian Bisanga performed a beard extraction with manual FUE, explaining the differences in hair angles according to each area of the face. The angle of emergence becomes more acute in the submandibular region and neck, as well as the face. He transplanted 380 grafts in order to restore a scar left by a previous FUT procedure. He believes that the percentage of growth is 80% in scars.

In the next room, Dr. Ozgur Oztan told us that patients are seeking beard and moustache transplantation for cosmetic reasons, and the number of these procedures has increased over the past two years in his clinic. In this particular case, he chose to use the beard, from the submandibular region and neck, to increase the density in a recipient area of scalp, which had already been transplanted using FUT. He explained the anatomical details, important during the local anesthesia and the harvesting. He noted that beards consist of mainly single-hair follicular units and are thicker—almost two times more compared with scalp hair. The significant variation in the angle of emergence in the beard must be taken into consideration in order to reduce the transection rate.

Dr. Oztan performed beard manual FUE, using a bifurcated needle known as a crocodile jaw, to extract 1,213 grafts. The placing was a model of excellence, performed by Dr. Kaan and his assistant Emine, using the stick-and-place technique with extreme speed and skills. Dr. Oztan always avoids placing beard grafts close to the very frontal hairline due to the differences in caliber and texture between scalp and beard hairs, and as a rule of thumb places beard hair 3cm behind the front line.

After a great day of work, teachers and students enjoyed a delicious beer and cheese tour!

Saturday/June 4, 2016

Otavio Boaventura, MD *Belo Horizonte, Brazil*
otavio@otavioboaventura.com.br

The next day started early with Dr. Cole talking about the donor area and controversies about safe or "safer zones" in FUE. He presented the way he divides the donor area using a 14-box pattern. One advantage of dividing it into squares is to permit a more homogenous extraction and to estimate, after harvesting the first boxes, the total amount of grafts the surgeon will obtain by the end of procedure. Dr. Bijain Feriduni complemented Dr. Cole's lecture on the donor area with his approach to FUE megassessions.

The next talk, about PRP, was given by Dr. Bioulac. He told us some of his thoughts regarding PRP and regenerative medicine benefits—it may be used not only for joints and hairs, but it may even prevent breast cancer metastasis. He also showed us some improvements in hair following PRP. While the results can vary, it seems that the greater the percentage of miniaturizing hair, the greater the chance for improvement.

Dr. True gave us important tips on how to optimize the donor area supply. Some of the most important are to use the smallest punches that yield high-quality grafts, to respect the safe donor area, and to consider harvesting body hair grafts.

Dr. Lars Heitman, who usually performs FUE with no technicians, discussed how he creates a very natural and dense frontal hairline: with a lot of patience, 8× loupes, and very hard and delicate work. And, surprisingly, he also cooks the patient lunch and dinner.

The next surgeon on stage was Dr. Mwamba talking about FUE in other ethnicities and female cases, and the hair structure and characteristics of Asian, Caucasian, and curly hair. I particularly enjoyed some tips about extracting curly hair, for example, not centering the punch on a hair follicle and trying to angulate the punch while it penetrates the skin may improve transection rate.

Dr. Bisanga emphasized the differences between FUE and FUT grafts and their specific needs. Good hydration and a short

⇨ page 232

Meeting Reviews from page 231

time outside the body are crucial for optimal growth, especially in countries in which HypoThermosol and ATP spray are not available, such as Brazil. As I always compare and tell my assistants—FUT grafts are like a "cactus": their endurance to harder conditions, such as dehydration and trauma, is greater than that of the FUE "delicate orchid" grafts.

Dr. Asim Shamalak shared his difficulties in transitioning from FUT to FUE, noting that performing FUE is a tough job even for those who have been doing FUT for a long time ago.

Plastic surgeon Dr. Chiara Insalaco presented her studies about combined FUE–FUT technique, concluding that FUE scarring above and below an FUT zone results in a wider FUT scar. Maybe this issue may minimize whether the surgeon reduces the strip width when performing a combined technique or begin FUE punching at a greater distance from a FUT scar.

Dr. Ron Shapiro presented benefits on using storage solutions, and we realized that it has greater relevance for long duration procedures when grafts might stay out of body for more than 4-6 hours. He discussed the factors and treatments that have been developed to address optimal graft growth. These include growth factors, extracellular matrix products, platelet rich plasma (PRP), tissue holding solutions, and adenosine triphosphate (ATP).

Dr. True, during his second talk this day about "adjusting technical variables according to patient variable in FUE," added a new and interesting concept to my practice—to assess the depth and width of follicle splay. It certainly will improve my transection rates in some difficult cases.

Dr. Cole returned to talk about punch sizes and follicle transection rates. One important aspect about his presentation was the difficulty in evaluating results obtained by surgeons around the world using different punch brands—an international standardization on internal diameter of punches does not exist. A specific 0.9mm punch from one company does not produce the same wound as a 0.9mm punch from a different company.

Dr. Carlos Calixto was the next to explain the benefits of adding the FUE technique to his practice. A better and quicker recovery and reduced post-operative pain are the most important FUE advantages for him.

Milena Lardy showed how SMP may improve hair transplantation results, especially in those patients with a poor donor area.

And closing the day, Dr. Bisanga returned to explain how to evaluate miniaturization in the donor area.

Sunday/June 5, 2016

Robert H. True, MD, MPH, FISHRS *New York, New York, USA*
editors@ISHRS.org

The final day of the conference began with two excellent presentations on facial hair reconstruction and harvesting by Dr. Marie Schambach and Dr. Oztan. Dr. John Cole gave a very detailed lecture summarizing his studies on survival rates, alteration of growth rates, and regional hair characteristics in body hair transplantation. Dr. Mwamba presented his approach to body hair transplantation and the limitations of body hair as donor, and Dr. Bisanga presented his technique and excellent results in transplanting beard hair to scars. A vigorous Q&A session on how to be successful with BHT followed these presentations.

Marc Costin gave an intriguing presentation on the economics of hair transplant surgery. He showed that diversification is an important way to manage the impact of economic downturns on our practices.

Dr. Otavio Boaventura demonstrated the new punch and technique he has developed for non-shaven FUE, Dr. Harshit Ranpara outlined his approach to identifying and making the safe donor zone in FUE, and Dr. Shadi Zari gave a thorough outline of preferred local anesthetic techniques for hair restoration surgery.

To conclude the day and the conference, Dr. Mwamba presented his experience with HelpHair Shake and the faculty and participants discussed potential research projects in FUE.

This was an excellent workshop and I am looking forward to the 2017 meeting that will occur in Ankara, Turkey.◆

Review of the European Hair Transplant Workshop June 10-12, 2016 · Manchester, England

Márcio Crisóstomo, MD, FISHRS *Fortaleza, Brazil* marcio@implantecapilar.med.br

The workshop organized by Drs. Bessam Farjo and Jean Devroye discussed in a very informal and intimate way hot topics such as FUE, the combination of FUE and FUT (strip surgery), and the use of implanters. The focus was on FUE, but FUT was also discussed as a very important part of the hair restoration field. Doctors from 22 countries were represented.

Faculty (10 invited and 4 local hosts) from 7 countries presented a mix of different approaches. The format of a debate panel was chosen, rather than that of a mini congress, and the audience was stimulated to participate actively throughout the event.

Three days of lectures were planned in the morning at the historic Manchester Midland Hotel, followed by two afternoons of live, state-of-art surgeries at the Farjo Clinic. There was also a sold-out Beginners Course and hands-on workshop one day before the meeting.

Friday/June 10, 2016

The first presentation, by Dr. Jean Devroye, was about the consultation with basic points in family history and imaging that helps the surgeon make a better plan. He also gave a presentation about quality in FUE. Dr. Robert True gave us a fair comparison between punches (sharp, dull, flat, as well as different materials and contraptions) and the various devices used to harvest in FUE. Dr. Arthur Tykocinski showed how he designs a hairline, paying special attention to the temporal points and the transition between the anterior hairline and the temporal peaks. Dr. Bradley Wolf described how to create recipient sites and grafting implantation, showing how to achieve natural and elegant results. Finally, Dr. Alex Ginzburg presented issues about anesthesia. After the basic presentations, Dr. Bessam Farjo presented FUE robotic advances for the harvesting process and also reviewed the new site-making feature of this technology.

After the coffee break, we had three discussion panels with all faculty answering questions from the audience about how to improve FUE results, concepts about safe donor area and how to preserve it, as well as some discussion on FUE ergonomics.

Saturday/June 11, 2016

On the second day, Dr. Tykocinski presented a high-definition video explaining his "trustler suture," which is a 3-layer suture with external "anchor stitches" removed after two to three days. Dr. Jerry Cooley discussed holding solutions and their role in improving graft survival and also the role of PRP and adjuvant therapies. Dr. Márcio Crisóstomo presented the combination of FUT/FUE in the same surgery for advanced baldness. He showed two videos including a repair case adding beard and chest hair. Dr. Patrick Mwamba presented tips when extracting grafts in black patients and/or curly hair, and Dr. Kapil Dua presented body hair as donor site.

After the coffee break, panel faculty discussed how to minimize white dots, beard transplant and complications.

Sunday/June 12, 2016

On the third day, a live patient hairline design discussion panel with all faculty and discussions about different pre- and post-operative approaches ended the intense scientific schedule.

Live Surgeries

After the morning lectures and panels, the audience moved to the Farjo Clinic to observe live surgeries, alternating between the surgical room and the auditorium. The audience could interact with all surgeons during the procedures and saw a variety of different approaches.

The first patient was a female with traction alopecia operated by FUT (1,800 grafts) over two days. The strip was excised by Drs. Bradley Wolf and Arthur Tykocinski, who also did her anterior hairline using implanters. On day two, the strip was excised by Dr. Greg Williams, who also did the sites with Dr. Cooley.

The second patient was an FUE case where 2,000 grafts were excised and transplanted over two days. The harvesting was done by Dr. Devroye, using his personal system of flat punch, and by Drs. True, Dua and Crisóstomo. All surgeons demonstrated their personal way to harvest FUE grafts. The sites were made by Dr. Bessam Farjo.

The third patient was also an FUE case. Dr. Bessam Farjo coordinated the extraction using the ARTAS® Robotic System (700 grafts) and the recipient sites were also done with ARTAS. Dr. Mwamba did 500 further harvests with manual punch (Cole) and made the recipient sites.

The fourth patient was a 700-graft FUE case into trauma scar on top of the scalp. The first half of harvesting was done with Jack's FUE tool by Drs. Ginzburg, Nilofer Farjo, and Bessam Farjo, and the other half with T.K. Shiao's automated FUE 4D device performed by Drs. True and Nilofer and Bessam Farjo, who also made all the recipient sites.

Social Program

The hospitality of the Farjos in Manchester was remarkable. The informal Welcome Reception was held at the Sakana Bar and the Gala Dinner was at the Museum of Science & Industry followed by a very animated dance. On Sunday, a walking tour was planned through the main tourist points of Manchester.

The workshop will be remembered by the attendees for its intense and productive scientific program and surgeries, and also for the hospitality and friendship of the hosts.◆

Review of the 17th Annual European Hair Research Meeting June 24-26, 2016 · Tbilisi, Georgia

Nilofer Farjo, MBChB, FISHRS *Manchester, United Kingdom* Dr.nilofer@farjo.com

The European Hair Research Society (EHRS) has been hosting annual meetings for many years now. This year's meeting took place in a new destination in Eastern Europe, which allowed many members from Ukraine, Russia, Georgia, and Belarus to attend. In these days of international membership, it is a great opportunity to be able to broaden the scope of the Society. People who attend these research meetings include hair scientists, dermatologists, trichologists, and hair restoration surgeons.

The meetings every year have a program that incorporates the latest developments in all conditions that affect the hair follicle including all types of hair loss, and hair biology including stem cell research, hair greying, genetics, etc. One of the great advantages of being a part of the hair research societies is the opportunity to visit some fascinating places. Another advantage of traveling to new places is the opportunity to visit colleagues in their clinics. We visited Dr. Akaki Tsilosani, whom we have known for many years from ISHRS meetings. Along with his partner Dr. Vadja Vadachoria and assistant Salome Vadachoria, he has attended meetings for many years. Their small but well-equipped clinic has been a venue for aspiring doctors to train in hands-on techniques.

The meeting began with pre-courses in some basic principles and techniques such as trichoscopy, but unlike in previous years, one of the courses was held in Russian and this was probably the session with the highest attendance. Following was the John Ebling lecture, this year awarded to Professor Jerry Shapiro from New York City. The Ebling lecture is given in honour of Prof. Ebling, an internationally renowned zoologist who pioneered some of the early work in hair biology. The lecture was sponsored by an educational grant from Johnson & Johnson. In his lecture, Dr. Shapiro gave an overview of his 30-year career and how he developed his dermatology practice at a time when trichology was an unpopular and largely unknown subspecialty. He was one of the first dermatologists to found a clinic in a university that combined both hair biology research and clinical practice. Following on from this was the opening ceremony where we were treated to traditional music, song, and dance.

Some of the highlights from talks in the main sessions included Dr. Ramon Grimalt's discussion of the terminology in hair pulling conditions. We all know about trichotillomania but have you heard about trichoteiromania (hair loss due to hair rubbing) and trichotemnomania (deliberate cutting or shaving of the hair seen in 13-18 year olds)? Trichophagia, as one would expect, is eating hair, but trichorhizopagia is eating the hair root

⇨ page 234

Meeting Reviews from page 233

and trichodaganomania is eating arm hair. He described a study looking at 3- to 4-year-old children with these artificial hair loss conditions and the need for more awareness in diagnosis as the study showed that only 51% of parents were aware of the child's deliberate hair pulling/cutting activities.

A very important review was given by Dr. Regina Betz in which she looked at the recent genetic studies that have been published on underlying genes in genetic hair loss. While the number of genetic studies are limited, the overlap between female pattern hair loss (FPHL) and male pattern hair loss (MPHL) genes is very small. This adds further evidence to the suggestion that the etiopathogenesis of FPHL and MPHL is different.

Dr. Rolf Hoffmann reviewed the current cell-based therapies that are in development for the treatment of hair loss. A promising treatment modality is injection of autologous dermal papilla cells derived from dermal cup sheath cells, which is currently being evaluated in clinical studies. One of the setbacks they have had, though, was that the manufacturer of the culturing medium discontinued production of the product. This highlights a major problem in clinical trials in that the protocol is very tightly controlled so when one part of the project is disrupted there are many months or years of delay.

Dr. Koyama showed some very interesting high resolution MRI scans of the scalp that revealed the depth and density of hair follicles in the scalp. This may be a very promising tool to use to analyse the hair as current evaluation methods have limitations.

Dr. Eddie Wang from Dr. Angela Cristiano's lab (USA) reviewed the results of a number of genome wide association studies (GWAS) in alopecia areata (AA) patients. He discussed the role of NKG2D+CD8 cells in AA pathogenesis, but he pointed out that these are only a subset of the immune cells involved in AA. Dr. Amos Gilhar next presented new findings in AA initiation and development involving innate lymphoid cells and gamma-delta T cells.

Cicatricial alopecias were discussed by a number of speakers both from a medical and surgical viewpoint. On the medical side, quick diagnosis and treatment was urged for these trichological emergencies. Dr. Jerry Shapiro presented his treatment algorithms for the more common cicatricial alopecias, which combine topical, intralesional, and systemic therapies according to the severity of the inflammation. Dr. Andrew Messenger presented the results of two questionnaire studies in frontal fibrosing alopecia (FFA) to evaluate possible environmental factors in its etiology. These studies suggest that skin care products play a causative role in the disease but further studies are needed to prove this theory. FFA seems to be a scarring alopecia with an increasing incidence; there were several other presentations on this topic but with no clear-cut answers as to etiology or treatment. Interestingly, Dr. Messenger described a female patient with FFA who was not treated and 20 years later had not progressed, which he suggested that perhaps nothing helps this condition.

Dr. Bruno Bernard discussed the possible role of glycans in HF regulation and growth, discussing potential functions in the HF, possibly by affecting different signalling pathways such as Wnt and Notch or by controlling the release of growth factors. He showed evidence that different glycans have different expression patterns in the HF, suggesting that they possess a diverse functional potential. Dr. Claire Higgins focused her talk on the dermal fibroblasts, and presented her findings that there are differences between papillary, reticular, and dermal fibroblasts although they originate from the same progenitor. The work that she did with 3-D handing drop spheres showed that reticular fibroblasts didn't form spheres at all, and papillary fibroblast spheres disperse immediately when transplanted, but dermal papilla fibroblasts disperse more slowly. These experiments are very interesting when we consider the next steps in trying to find how we can maintain hair inductivity in cell regeneration projects to create hair follicles.

In the hair transplant sessions, Dr. Akaki Tsilosani presented his technique to maximize donor harvesting in hair transplantation utilising a combination of strip surgery with follicular unit extraction (FUE) but only in cases of very advanced balding. He does FUE on both sides of the strip wound to decrease scalp tension. Dr. Bessam Farjo showed examples of the capabilities of robot-assisted FUE, and demonstrated the potential of automated graft implantation currently under development.

Drs. Alex Ginzburg and Ekrem Civas reviewed the different types of scars and the insertion techniques that are utilized in scarring alopecia. Salome Vadachkoria discussed surgical options for eyebrow restoration including a video of the technique. She also mentioned the trend at the moment for very wide eyebrows that does not fit in with the described "normal" variation in women's brows, but this is what patients are requesting.

Dr. Desmond Tobin gave two very interesting talks. The first was on the complexity of skin and hair pigmentation. He discussed the steps needed, which included melanocytes development, biogenesis of the melanosome, biosynthesis of melanins, and transfer of melanins to the fibroblasts where it seems they are processed. It has now been discovered that there are over 300 pigment-associated genes including those genes regulating the hormonal signaling proteins such as alpha MSH. One of his recent studies has shown that the IRF4 gene previously shown to be associated with sun sensitivity, freckles, blue eyes, and brown hair is associated with hair greying in a population of black-haired individuals in South America. He also gave another talk presenting the results of a big GWAS study (over 6,000 subjects) in Latin Americans to discover the genetic variants that control the features of scalp and facial hair. A total of 14 genomic regions were found for at least one hair trait.

A panel of judges analysed all the lectures and posters to come up with winners for best presentations in each category. Below are the results and titles of this judging:

Best Oral Presentations

A. Tafazzoli (Germany). Role of microRNAs in the etiology of alopecia areata: a genome-wide microRNA association and analysis

I. Doche (Brazil). Study of the neurogenic inflammation in lichen planopilaris and frontal fibrosing alopecia

Best Poster Presentations

A. Rippa (Russia). Hair follicle morphogenesis and epidermal homeostasis in mice with postnatal alopecia

M.A. Martinez-Velasco (USA). Pilot study to evaluate a hair shedding scale in women with curly hair of 3 different lengths

Future meetings

Other regional societies hold their own meetings within their respective regions and every two or three years the various regional societies hold a World Congress that incorporates all the societies into one large meeting. The EHRS meeting next year will take place as part of the 10th World Congress for Hair Research to be held in Kyoto, Japan, October 31-November 3, 2017.◆

Review of the Literature

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

Biotin Supplementation Can Alter Thyroid Test Results

Barbesino, G. Misdiagnosis of Graves' Disease with apparent severe hyperthyroidism in a patient taking biotin mega doses. *Thyroid.* 2016; 26:352:i1541.

In a recent case report from Mass General Hospital, one man with multiple sclerosis was accidentally given a diagnosis of severe Graves' disease. The diagnosis was made after blood tests revealed a suppressed TSH and elevated T3 and T4. However, the patient had no clinical evidence of Graves' disease. There was no proptosis, diplopia, or lid lag. He was normotensive and his skin was warm and dry. He had a normal thyroid exam. Ultrasound of the neck showed a normal sized thyroid with no nodules. The patient was questioned again about his medication list. He admitted to recently starting on biotin at 100mg daily. He obtained this from a compounding pharmacy, after seeing a study that biotin could improve his MS. The patient was asked to stop the biotin and labs were repeated two weeks later with completely normal results.

Comment: Biotin, or Vitamin H, has long been reputed for its benefits in treating skin and hair. While many of our patients take 5-10,000mcg daily for their hair loss (5-30mg), the daily requirement is just 30-100mcg (0.03-0.1mg). In many labs, thyroid testing is performed using the streptavidin-biotin immobilizing system. Streptavidin, a protein produced by *Streptomyces avidinii,* binds biotin with more affinity than other haptens. In a complex interplay, large biotin excess can result in reduced binding of the immune complexes to the solid phase, and thereby a falsely low TSH level. Based on this data, it is imperative that we ask patients to stop biotin supplementation prior to thyroid testing. The half-life of biotin is just 2 hours, so 2 days of discontinuation is sufficient. This may save our patients from an unnecessary referral to the endocrinologist, as well as the anxiety and fear that can accompany any sort of misdiagnosis.◆

Potential Link Between Frontal Fibrosing Alopecia and Sunscreen?

Aldoori, N., et al. Frontal fibrosing alopecia—possible association with leave-on facial skin care products and sunscreens; a questionnaire study. *Br J Dermatol.* 2016 Mar 14. doi: 10.1111/bjd.14535. [Epub ahead of print.]

New research from the United Kingdom suggests that topical sunscreens may be causing hair loss among patients with frontal fibrosing alopecia (FFA). Patients were recruited from two sites in the United Kingdom, including general dermatology clinics and hair specialty clinics. There were 105 women with FFA and 100 age- and sex-matched controls who each filled out questionnaires related to lifestyle, social, and medical factors. A subcohort of 40 women then underwent patch testing. A history of thyroid disease was significantly more common in FFA patients than controls (19% vs. 7%, $p<0.05$). A history of oral contraceptive use was significantly higher in the control group (FFA 65.7%, control 85%, $p<0.01$). There were no differences between the groups in terms of smoking or alcohol intake. Facial moisturizers were used more often in the FFA group (93%) vs. controls (85%), but this difference was not statistically significant. Foundations were also used more frequently, but again, the difference was not significant. The most interesting fact was that dedicated sunscreen use among FFA patients was twice the rate of controls: 48% of patients using sunscreen at least twice a week vs. 24% for controls ($p<0.001$). The study made no mention about the type of sunscreen ingredients used (chemical vs. physical blockers), but it did point out that the first cases of FFA were described in Australia where the "Slip-Slop-Slap" sunscreen campaign had been launched in 1981.

Comment: The aim of the present study was to identify a putative environmental exposure that has only been around for the last 30 years or so to possibly explain the increase in FFA prevalence since it was first described in 1994. Although association between sunscreen use and FFA does not necessarily imply causation, these results do leave us practitioners in a quandary. On the one hand, we encourage all of our patients to wear sunscreen liberally to prevent skin cancer. On the other hand, the surprising and precarious implications of this study are that our FFA patients must potentially choose between keeping their hair and developing skin cancer. For now, we can only encourage our patients to wear hats and stay indoors during the peak hours of sun exposure. Hopefully more studies will shed light on the truth of this association/causation.◆

Message from the ISHRS 2016 World Congress Program Chair

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

Please join us for the Las Vegas 24th ISHRS World Congress of Hair Restoration Surgery!

Hair restoration has never been so popular and the medical search for advanced knowledge, information, and learning opportunities to novice doctors has never been so high.

One-day courses, small two-day seminars, workshops and symposia, regional societies and individual country meetings have been totally booked around the world. Smaller audiences distributed throughout the year and around the world compound a busy annual calendar of satellite events in hair restoration in which the solar one is the ISHRS World Congress of Hair Restoration Surgery. All the roads lead us to Las Vegas in 2016. It is the number one scientific meeting every hair restoration professional does not want to miss. It is the big one where you have the best surgeons in the world giving general session and workshop lectures, the top clinical, non-surgical researchers presenting the ultimate findings from the most recognized universities and their personal experiences, and courses and workshops with hands-on experience for newcomers and basic level doctors willing to become high-quality hair restoration surgeons. Intermediate- and advanced-level surgeons always struggle not to miss even one of the annual congresses, since it is the only time they can meet colleagues who perform the most diverse types of surgical methods and techniques available and the most innovative clinical treatments.

One of the highlights of our scientific program will be the top-notch featured guest speakers. Dr. Angela Christiano from Columbia University will lecture on "Hair Regeneration, JAK Inhibitors, and Genetic Testing," Dr. Pantelis Rompolas from the University of Pennsylvania will speak on "Potency and Contribution of Stem Cells to Follicle Regeneration," including the exhibition of one of the most fantastic innovative videos we have ever seen on microscopic migration of stem cells inside the follicle, and Dr. Aline Donati, co-coordinator of the Hair Clinic of the Dermatology Department at Hospital do Servidor Público Municipal de São Paulo, SP, Brazil, will speak on "Frontal Fibrosing Alopecia: an Emerging Epidemic—Clues to an Earlier Diagnosis" during the Saturday lunch symposium. We will also have the privilege of having Dr. Rodney Sinclair from the University of Melbourne, Australia, speak on "Advancing Our Understanding of the Biology of Androgenetic Alopecia and Changing the Way We Use Minoxidil to Treat it." And, finally, Dr. Alan Jacobs, a neuroendocrinologist in private practice in New York, New York, will present "Post-Finasteride Syndrome and the Neuroendocrine System."

The General Sessions include important current topics with many papers selected from our esteemed members to be presented and followed by intense discussions with the audience. We also offer a fantastic learning experience through our traditional "Discussion Table Topics" sessions where you can sit side-by-side around a round table with some of the top hair doctors in the world from clinical or surgical backgrounds.

The Las Vegas World Congress will provide a record number of mini courses and workshops. None of these courses or workshops conflict with the General Session so that you will not have to choose what to miss. And better than that, the most popular workshops will have two editions—one in the morning, one in the afternoon—so that if you find another workshop that you would like to attend in the morning that conflicts with the most popular ones, you will have the chance to attend this in the afternoon.

The mini courses will take place on Wednesday, which is the day before the General Sessions start. We will have 3 FUE mini courses and one SMP mini course (scalp micropigmentation) in the morning and again the same repeated in the afternoon.

Education has never been so essential to our field.

Unluckily, the so desired popularity of hair restoration and the current, relative pseudo-easiness to start performing hair transplantation has provoked an avalanche of weekend courses, clinics, and alleged professionals promoting hair treatments with much less than excellent quality standards.

It took us decades to achieve the technical and artistic excellence we have achieved with state-of-the-art follicular unit transplantation (FUT) and follicular unit extraction (FUE) and the respect of patients and the general public for our results. FUE has opened a fantastic new door in the hair transplantation field, adding numerous important elements to the hair restoration practice. It has also paradoxically created a new menace to our public reputation. The invasion of our field by non-medical practitioners and even medical ones with inadequate background and training has been reducing ethical parameters and elevating patient medical and aesthetic risk throughout the world. The fraudulent promise of a magical procedure with no scars that also includes the disqualification and denigration of well-established methods has triggered a cascade of events that range from public seduction and misinformation to medical incompetence, which as a consequence is causing the start of an autophagic phase because of the increasing incidence of sequelae around the world. It is our own field's responsibility to revert that scenario by bringing as many practitioners as possible to the scientific meetings in order to increase the level of education of every surgeon. And that is one of the most important things we want by making all the necessary efforts to put together an excellent program of an outstanding Congress.

Please help us bring your colleagues who have never attended a meeting. Help us promote our Congress to every small area of the world where a hair transplant is being done. It is very important to all of us, and to our field.◆

VALE, LARRY LEE BOSLEY MD

A "warts and all" obituary of one of our pioneer HT surgeons
by Dr. Richard Shiell who knew him and enjoyed his company for 40 years.

Larry Bosley passed away at his home in Sun Valley on July 11, 2016, at the age of 84.

He will be remembered fondly by some of us, but by others his passing will not be mourned. He was a tough businessman/doctor who ran a Hair Transplantation "Empire" for many years and made enemies along the way. But also know the he made many friends as well who were perhaps not as vocal.

Larry was born in Lincoln, Nebraska, on September 19, 1931. He was the first child of Alice and her schoolmaster husband Clifford Lee Bosley. Later, two younger brothers, Steve and Craig, were born. Larry's father Clifford became principal of several high schools in Nebraska and then Superintendent of Schools in Eaton, Colorado.

Larry received the Regent's Scholarship at the University of Nebraska achieving his Bachelor of Science degree in 1952. He continued at the U of N College of Medicine, graduating in 1956. After an internship in Tacoma, Washington, he joined the US Army Medical Corp., commissioned a captain, and served in Heidelberg and Munich, Germany. Larry served a year in Family Practice before entering a 3-year Dermatology Residency in Portland, Oregon, and San Francisco, California. Larry saw his first hair transplant procedure in 1962, the third year of residency, but waited to start his hair restoration surgery (HRS) career.

In 1973, Larry, now a board certified dermatologist, worked with Lakewood hair transplant surgeon Dr. Edward Frankel before starting his own Beverly Hills practice. Excellent workmanship and intensive advertising earned Larry a stellar reputation as he built a business that required additional doctors, surgical assistants, and counselors who saw prospective patients prior to being seen by the doctors. Larry was not the first to advertise in our field (Drs. Edward Frankel and Constantine Chambers preceded him), but he did it bigger, better, and more successfully than anyone else, which roused the ire of his more conservative colleagues.

Many of our leading hair transplant surgeons were introduced to HRS by working with the Bosley Medical Group. Some remained only briefly while some stayed over a decade.

Sadly, many departing doctors had enforceable 2-year contracts with BMG that they fought fiercely, only to lose with poor legal advice, and several were forced into bankruptcy. It left Larry with bitterness and ill-will from former colleagues that remain to this day and casts a dark shadow on his contributions to HRS. Fortunately, some of us (myself included) got to know him, his loyalty, and his sense of humor outside of his company.

Contributions to Hair Transplantation

Larry's contributions were many, and most HT doctors in practice today do not recognize the contributions made by this enigmatic man. He wrote a little for journals, and although he was a founding member of the ISHRS and a regular attendee at meetings, he never presented a paper, never contributed any articles to the *Forum* and never received any honors from his peers, yet all of us owe him a debt of gratitude. He trained more HT doctors than anyone else, and he wrote the book on HT advertising and made hair transplant a household word. However, perhaps his greatest contribution was spending millions of dollars fighting the authorities. All of these paved the way and made it easier for us to practice our art.

Family Life

Larry married first in 1962 and son John was born in 1966. After his divorce in 1968, Larry married Sandra Neubarth, daughter of a Californian Judge, in 1970. A second son, Bradford, was born prematurely in 1984 and was handicapped by cerebral palsy affecting his lower limbs. Brad has a fine mind, however, and has done well at school and in Computer Science at the University of San Diego, where he is now a member of staff.

Life Outside of Medicine

Larry was an athlete excelling at basketball, tennis, skiing, and swimming all with enthusiasm and skill. A succession of hip and knee operations finally curtailed these activities. Growing up in Nebraska, Larry enjoyed hunting and fishing with his father from an early age. Big game hunting became a passion in later years and he had five very enjoyable trips to Africa between 1968-1982 in pursuit of a wide variety of game. In addition, he hunted ducks in Mexico, grouse and pheasants in England, and went deep-sea fishing in Mexico and Australia's Barrier Reef.

Bowing Out

In August 2001, just shy of his 70th birthday, Larry sold the Bosley Medical Group to Aderans, a Japanese hairpiece company. Today, it continues to successfully be led by renowned dermatologist and scientist, Dr. Ken Washenik. The "Bosley" brand was retained and the company continued to expand, acquiring the Leavitt Group of Orlando, Florida. Larry continued to service his private HT clients in Beverly Hills until relatively recent times. Larry will be greatly missed by some of us.

Please note: Content for this obituary is adapted from a Pioneers column written by me [Dr. Shiell] and published in a 2003 *Forum* (Vol. 13, No. 4; pp. 371-373). All of that text was checked and approved by Dr. Bosley prior to publication. He did not mind criticism, but he insisted on accuracy. Some recent additions in 2016 are my own, and I hope are equally accurate.◆

Classified Ads

Hair Transplant Physicians and Technicians

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 Beverly Hills, Chicago, Newport Beach, and New York.
Please email your résumé to: charmane@zieringhair.com

For Sale: Canadian HT Clinic

FOR SALE: Firmly established and fully equipped Canadian Hair Transplant Clinic located in Winnipeg, Manitoba, Canada. No significant competition in the area. Willing to train new owner, if necessary.
Contact (204) 489-2694. Website: www.hairtransplantcanada.com

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

HAIR RESTORATION SURGERY

24TH WORLD CONGRESS

ISHRS Las Vegas

SEPT 28-OCT 1, 2016 CAESARS PALACE • NEVADA • USA

COMPREHENSIVE TOPICS TO BE PRESENTED

- FUE – Follicle Unit Extraction
- FUT – Follicle Unit Transplantation
- Hairline Design
- Anesthesia
- Donor Harvesting
- Planning the Recipient Area
- Post-Op Care
- The Future of Hair Transplantation
- Advances in Hair Biology
- New Hair Loss Treatments
- Unique Issues in Ethnic Transplantation
- Storage Solutions
- Non-Surgical Adjunct Therapies, such as
  - Medical Therapies
  - Platelet Rich Plasma for Hair Regrowth (PRP)
  - Low Level Laser Therapy (LLLT)
  - Scalp Micropigmentation (SMP)
- Eyebrows, Eyelashes, Beards, etc.
- Case Presentations/ Live Patient Viewing
- Surgical Pearls to Achieve the Best Results
- And more...

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

Marcelo Pitchon, MD | BRAZIL
Chair

Marco N. Barusco, MD | USA
Advanced/Board Review Course Chair

Bernardino A. Arocha, MD, FISHRS | USA
Advanced/Board Review Course Co-Chair

Gregory Williams, MBBS, FISHRS | UNITED KINGDOM
Basics Course Chair

Mauro Speranzini, MD | BRAZIL
Basics Course Co-Chair

Ricardo Gomes de Lemos, MD | BRAZIL
Workshops Chair

Márcio Crisóstomo, MD, FISHRS | BRAZIL
M&M Chair

Piero Tesauro, MD | ITALY
Live Patient Viewing Chair

Tseng-Kuo (TK) Shiao, MD, FISHRS | USA/TAIWAN
Live Patient Viewing Co-Chair

William M. Parsley, MD, FISHRS | USA
Newcomers Chair

Sara Roberts | UNITED KINGDOM
Surgical Assistants Chair

Ken L. Williams, Jr., DO, FISHRS | USA
Surgical Assistants Co-Chair

Nilofer P. Farjo, MBChB, FISHRS | UNITED KINGDOM
Immediate Past Chair

Narendra G. Patwardhan, MD | INDIA
Committee Member

Sebastian Yriart, MD | ARGENTINA
Committee Member

Georgios Zontos, MD, MSc, PhD | GREECE
Committee Member

REGISTER TODAY

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

EARLY BIRD REGISTRATION DEADLINE: AUGUST 15, 2016
Go to: www.ishrs.org/AnnualMeeting.html

NEWCOMERS ARE WELCOME!

INTERNATIONAL SOCIETY OF ISHRS HAIR RESTORATION SURGERY

SIMULTANEOUS INTERPRETATION
English to Spanish

International Society of Hair Restoration Surgery
303 West State Street, Geneva, IL 60134 | Tel 1 630 262 5399 or 1 800 444 2737 | Fax 1 630 262 1520
www.ISHRS.org/AnnualMeeting.html | info@ishrs.org | www.ISHRS.org

HAIR TRANSPLANT FORUM INTERNATIONAL
International Society of Hair Restoration Surgery
303 West State Street
Geneva, IL 60134 USA

Forwarding and Return Postage Guaranteed

Dates and locations for future World Congresses of the ISHRS

2016: 24th World Congress
September 28-October 1, 2016
Las Vegas, Nevada, USA

2017: 25th World Congress
October 4-7, 2017
Prague, Czech Republic

WITH

World Live Surgery Workshop
October 1-2, 2017
Polanica Zdrój, Poland

2018: 26th World Congress
October 2018
USA

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

2020: 28th World Congress
October 21-25, 2020
Panama City, Panama

HAIR TRANSPLANT forum INTERNATIONAL

Advancing the art and science of hair restoration

Upcoming Events

Date(s)	Event/Venue	Sponsoring Organization(s)	Contact Information
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 27, 2016	1st Annual Meeting of SILATC *Las Vegas, Nevada, USA*	Sociedad Iberolatinoamericana de Trasplante de Cabello (SILATC)	Dr. David Pere-Meza, SILATC President and Chairman of the meeting *drdavid@perez-meza.com*
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*
February 24-27, 2017	HAIRCON 2017 The Scientific Meeting of the Association of Hair Transplant Surgeons of India *Ludhiana, Punjab, India*	Association of Hair Transplant Surgeons of India	Dr. Kapil Dua: *drkapildua@akclinics.com*
February 28-March 3, 2017 May 9-12, 2017	University Diploma of Scalp *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*
October 1-2, 2017	World Live Surgery Workshop *Polanica Zdrój, Poland*	International Society of Hair Restoration Surgery *www.ishrs.org*	*info@ishrs.org*
October 4-7, 2017	ISHRS 25th World Congress *Prague, Czech Republic*	International Society of Hair Restoration Surgery *www.ishrs.org*	*info@ishrs.org*
October 20-22, 2017	ISHRS Advanced FUE Los Angeles Workshop *Los Angeles, California, USA*	International Society of Hair Restoration Surgery *www.ishrs.org/content/educational-offerings*	Sanusi Umar, MD, Program Director