

Meeting Reviews

Review of the 5th Meeting of the Asian Association of Hair Restoration Surgeons (AAHRS) and Live Surgery Workshop March 31–April 1, 2017 | Bangkok, Thailand



Mario Marzola, MBBS | Adelaide, South Australia

The 5th meeting of the AAHRS and Live Surgery Workshop was held at the Anantara Riverside and Resort Hotel. A stunning location as good as any we have been to with a never ending spread of food, pools, and seating.

On Sunday, April 2, we were bussed to Siriraj hospital for the live surgery workshop. This is on the grounds of Dr. Damkerng Pathomvanich's old medical school, the best in

Thailand he said! We had good registration interest, a little more than in previous years, with more from China on this occasion.

AAHRS President Dr. Ali Abassi welcomed us and then off we went on a journey of the future with Dr. Bill Rassman, our featured guest speaker. It's just fascinating how our specialty attracts the best and the worst of practitioners. Ever was and ever will be, as we are a mix of medicine and business. Whether we like it or not, it will continue to evolve with the public demanding more for lower cost.

There are so many different punches now that it's hard to keep up. We saw them all. If we were dozing off by mid-morning, we woke up quickly to watch a video of Prof. Mughese Amin harvesting 2,000 grafts in one hour! A whirlwind no less. When asked during question time, he noted that there was little transection.

Being an Asian society, we spoke a lot about the differences between Caucasian and Asian hair and scalp, as well as about the differences in north, south, east, and west Asian characteristics. FUT got its share of attention as did the placing aspect of the transplant operation, often subjugated in the FUT/FUE debates. Now implanters are making big inroads and rivaling the tried-and-true forceps method. Here comes another battle.

PRP, cell therapy, SMP, beard and body transplants, and hairline design were all featured and we finished the didactic sessions with

a sobering panel discussion on inadequate growth. Live viewing was featured next. Dr. Damkerng Pathomvanich was well represented in the patients viewed, and why not? His work is exemplary, the dense growth is the best I have seen.

In between the sessions, we could view poster

presentations and meet with exhibitors, both numerous for a regional society meeting.

We were entertained that evening by the river with the Gala Dinner and Awards Ceremony. Not long after a Cultural performance, the mandatory Karaoke session ended a wonderful two days, but the best was yet to come!

The next morning's live surgery featured Dr. Harris and Dr. Dua in one room, Dr. Devroye in the second room, and Dr. Umar in the third. Each was video-linked to our auditorium for the best view possible. There is no better way to compare punches and techniques than to see it all clearly on three large screens. We were able to move between the three and cherry-pick the best moments and accommodate questions from the audience or simply "show me that part again please." It was a great way to learn.

There is a lot of work needed to make a meeting run seamlessly and a thank-you goes out to all those who put together this great learning experience. ■



Review of the ISHRS Orlando Live Surgery Workshop April 26-29, 2017 | Orlando, Florida, USA



WEDNESDAY/APRIL 26, 2017

David Josephitis, DO, FISHRS | Minneapolis, Minnesota, USA

OLSW 21 was "Back Again" to give the hair restoration community a space to teach, share ideas, and create friendships. Kudos to Co-chairmen Drs. Matt Leavitt and David Perez-Meza, Program Coordinator Valarie Montalbano, and the entire OLSW team for putting together the OLSW again.

The workshop began with Dr. Rodrigo Frota giving an excellent primer on the use of dermoscopy as a way to help us in our consultation and for selecting good candidates for hair restoration surgery. Recognizing different aspects of the scalp and hair shaft can help by giving us confidence in making a diagnosis. Afterwards, there was a graft cutting and placing workshop for physicians and assistants.

loss area looking for destruction of the follicle. Dr. Waldman also discussed the ideal consultation during which it is vital that the physician "sees" what the patient sees and understands. The patient needs to be well-educated on the "honest" results that can be delivered. As physicians, we also need to be able to say "NO" to a patient when we feel it is in their best interest. Looking out for "red flags" will help the surgeon to avoid poor outcomes.

Dr. Edwin Suddleson continued on the planning of the surgery with a talk on hairline design. He emphasized that the hairline is one of the most important aspects of the surgery and that naturalness is key. He pointed out techniques for correct placement of an appropriate hairline.

Dr. David Josephitis discussed some of the basic instrumentation and equipment involved with having a successful hair



The Basics Course, moderated by Drs. Perez-Meza and David Josephitis, was met by a great group of beginners from around the globe. Although the course was designed for beginners in the field, it was also a good review for more experienced hair physicians. Dr. Perez-Meza opened the section with his 16-year-old (he renews every year) talk—"Hair Restoration for Dummies"—on the basics of hair restoration surgery, and he introduced the six steps in surgery including an adequate consultation and surgical plan. He emphasized that transplantation must be customized to each patient. He also recommended that newcomers to the specialty gain as much education and experience in the field as they can.

Dr. Ken Washenik gave an excellent primer on non-scarring alopecias including androgenetic alopecia and alopecia areata. In diagnosing the type of hair loss, he recommended looking at the pattern of loss as well as determining if it is scarring or non-scarring alopecia. He reminded us that alopecia areata is very common, affecting about 2% of the population. We should look out for "exclamation point" hairs as well as nail pitting.

The scarring alopecias were then reviewed by Dr. Mark Waldman. He noted that there are hair loss patterns that can mimic AGA. In order to prevent failed surgeries and unhappy patients, we need to recognize these other types of loss. It is important to look for common patterns that may represent different types of scarring alopecias. On the exam, we should look out for a "shiny" scalp with a loss of ostia. At least two biopsies must be taken on the edge of the hair

transplant clinic. He pointed out that a dedicated photo room with a high-quality camera is an essential component of creating standardized photos and HD videos of your patients.

Dr. Marie Schambach discussed the use of anesthesia in hair restoration surgery (HRS). She highlighted the importance of continually monitoring the patient for signs of toxicity. She also demonstrated easy-to-follow landmarks to give regional nerve blocks for the donor and recipient areas.

Dr. Ken Anderson discussed a donor harvesting technique for the strip, emphasizing good patient selection and adequate donor prep prior to surgery.

Dr. Conradin von Albertini then discussed his technique for FUE harvesting. He encouraged trying different FUE systems to see what works best for the individual surgeon. His goal is to minimize injury and out of body time to fragile FUE grafts, and he prefers to break up the periods of extraction into two sweeps in order to minimize the time the grafts are out of the body. Dr. Perez-Meza continued with a talk about graft preparation and preservation. He noted that keeping good surrounding tissue during the graft creation process is very important to good graft survival.

Dr. Schambach talked about the creation of recipient sites. Three important aspects are distribution, direction, and angle of graft placement. She noted that in order to minimize injury to the graft and to maximize naturalness, it is important to match up the size of the site with the graft. Dr. Bruno Szyferman gave an interesting lecture on how to

make your own instruments for HRS. He demonstrated how to make a useful punch for FUE out of an inexpensive standard needle. Also, he showed how to turn flat razor blades into custom-made blades for site creation. Dr. Perez-Meza again spoke on the postoperative care of the HRS patient. He noted that quality care of the patient must also continue after the surgery. He went over instructions and helpful tips on educating the patient after surgery.

was designed to accommodate beginner, intermediate, and experienced hair surgeons who are looking for updates, new devices, and techniques. A main discussion was on the six steps of the hair transplant surgery for successful and natural results.

The meeting started with non-CME interesting lectures. Sawan Hurts discussed using pharmacogenetics testing in his lecture, referencing the clinical testing of the genetic varia-



Dr. Suddleson gave an essential talk on emergency preparedness. He wants all HRS offices to be ready for any event that might befall the patient. The most common issues are cardiovascular, pulmonary, neuro, and medication related. One way to know if your staff is truly prepared is to ask them what they would do in the event the doctor "went down." Dr. Perez-Meza then spoke about surgical complications. Although prevention is the best defense, all practicing surgeons will have complications. It is important that we deal with them in an open and caring manner. Patients need our full support every step of the way. Dr. Carlos Puig discussed the appropriate ethical behavior of a hair restoration surgeon. Consent is all about educating the patient and not just about signing a document. We have a responsibility to put the well-being of our patients before profits.

Dr. Samir Ibrahim spoke about how to set up an HRS clinic. He noted that no matter how beautiful the clinic looks, it is worthless unless the surgeon is educated and well-trained in the nuances of HRS. Dr. Matt Leavitt gave some pearls on customer service in HRS. Patients pay attention to the details, and as surgeons we should make sure every aspect of our practice is professional and patient-oriented. When dealing with patients, treat them as very important customers and give them the time and respect they deserve. Finally, follow up on patient reviews promptly so that the clinic can continually improve.

THURSDAY/APRIL 27, 2017

David Perez-Meza, MD, FISHRS | Benalmadena, Malaga, Spain

After a two-year sabbatical, the OLSW came back for its 21st meeting, boasting approximately 125 participants representing 21 countries worldwide. The 4-day meeting included panels, lectures, and 13 live surgeries featuring an incredible diversity of procedures: 2 eyebrow cases, 4 FUT-Strip, and 7 FUT-FUE cases. Several motorized FUE devices were demonstrated, such as the SAFE system, the WAW, the Mamba, the PCID, the Combi, and the wireless device CDD-vortex including the ARTAS® Robotic System. Also included were PRP and SMP demonstrations, as well as important updates on hair research and emerging hair loss therapies. The meeting

tions that give rise to differing responses to drugs. Genetic differences in metabolic pathways can affect an individual's response to drugs in terms of therapeutic effect as well as adverse events; this will be relevant to our hair loss patients currently taking finasteride. Drs. Jean Devroye and Roberto Trivellini gave excellent lectures about donor harvesting with the FUE technique. Dr. Devroye spoke about his rotating-oscillating powered WAW device and the trumpet punch; he demonstrated that these methods showed that deeper extractions (4-5mm) obtain better quality grafts and result in lower transection rates. Dr. Trivellini also presented an informative lecture with pictures and video for better understanding of the forces involved in the skin for FU extractions. He mentioned his very sophisticated and practical motorized Mamba device that includes two handhelds for working simultaneously.

Welcome and Opening Comments

In this traditional session, OLSW Chairman Dr. Matt Leavitt (OLSW founder) reiterated the OLSW's goals: to educate hair transplant physicians, and to advance the science of hair loss and hair restoration. He pointed out that the meeting included new faculty, new instruments, and new techniques every year.

Co-chairman Dr. David Perez-Meza welcomed the participants to the 21st Hair-Athon and hair boot camp again. He mentioned the many hair restoration changes worldwide that are affecting the patients and the hair restoration industry. He talked about attending the 100-year celebration of his Military Medical School in Mexico City and about the importance of getting back to his roots and foundation as a Military and Medical Doctor and the values learned, such as ethics, discipline, empathy, respect, honor, loyalty, friendship, leadership, etc. He reminded us to keep in mind those values in our profession and our loyalty to our patients, friends, colleagues, staff, ISHRS, ABHRS, OLSW, or any society that we belong to.

Dr. Marcelo Gandelman mentioned his happiness to be part of the OLSW for so many years and thanked Drs. Leavitt and Perez-Meza for organizing the meeting again. Dr. Ken Washenik, current ISHRS President, Medical Direc-

tor of Bosley, and Clinical Sponsor of the meeting, noted that Bosley is proud to support the OLSW and thanked the participants for attending.

Male Hair Loss and Hairline Design Panel

Dr. Edwin Suddleson moderated the panel, which included one male patient and experienced Drs. Jennifer Martinick, Mark Waldman, and Michael Beehner. All aspects of the patient consultation were described in detail, including patient goals and expectations. The faculties drew the hairline with different variables and the different surgical plans were discussed as well to give attendees an explanation of how to present viable options to potential patients.

Female Hair Loss and Hairline Design Panel

Dr. Leavitt moderated the session that included a very experienced faculty: Drs. Sharon Keene, Jim Vogel, and Carlos Puig. Dr. Leavitt described female pattern hair loss in detail, including hair restoration procedures and approaches often used with female patients. He pointed out the value of the consultation. The panelists discussed critical and important topics with the African-descent patient and the audience. They used the videomicroscope to compare the donor and recipient areas, to illustrate what was a normal caliber hair vs. miniaturized hair, and to compare normal vs. pathological scalp. In addition, they reminded the audience of the importance of listening to the details shared by our female patients about their concerns and goals. Several hairline designs were drawn. The patient was one of the day's surgery cases.

and he discussed the popularity of this technique; it has been a hot topic at ISHRS hair meetings, at regional workshops, and for doctors and patients for the last several years. He pointed out the FUE technique is another excellent technique for donor harvesting besides the donor strip, but that many patients and new doctors have been misinformed to believe the technique doesn't involve scalpels, scars, or complications. He attributes this misinformation to the prevalence of inaccurate information that has been shared about the FUE process found on manufacturers'/physicians' websites, in newspapers, or in magazines ads. He also noted the FUE technique uses a circular punch and this may result in a circular scar with different grades of hypopigmentation. Dr. Perez-Meza pointed out that FUE, while a great technique for some types of patients, has pros, cons, side effects, and complications, much like the donor strip technique. He showed pictures demonstrating the improvement of FUE graft quality, and that this trait is one of the keys for a successful hair transplant. He also emphasized that the use of the microscope is very valuable in FUE cases, too. Dr. Perez-Meza noted that hair graft quality is more important than graft quantity, and finished his presentation by showing different photos of FUE patients (transplanted in tourism countries) with scarring and depleting of the donor area.

Dr. David Josephitis shared his experience with different manual and motorized FUE devices and punches. He pointed out that one punch type/size or device may be superior in certain circumstances based on factors such as graft type, skin type, donor area, and special cases (beard,



Donor Estimation, Harvesting—Strip, Donor Closure, and Trichophytic Closure

Dr. Vincenzo Gambino noted that donor harvesting with the donor strip technique is still a great option for some types of patients. He pointed out that the best hair transplantation surgeries begin with harvesting incisions that avoid transecting follicles and this accomplishes two very important goals: maximizing available grafts for transplantation and creating optimum edges for a minimally visible closure. He presented a great video about his technique. Dr. Fernando Basto presented an excellent lecture about the eclectic approach of the donor area in baldness surgery that combines the strip and FUE donor harvesting techniques; he mentioned one or two surgery days for maximizing harvesting of the grafts and accomplishing the surgery plan. Dr. Leavitt spoke about his technique for donor closure and showed a very useful video.

Donor Harvesting with FUE Technique Session

Dr. David Perez-Meza was the moderator for this session

body hair). He recommended that we try different devices and punches to determine which allows for the best graft quality and lowest transection rate. Dr. Asim Shahmalak presented his experience in how he performs his donor harvesting with FUE technique that completely changed from 80% strip vs 20% FUE cases to 80% FUE vs 20% strip cases in his practice. He emphasized the importance of TEAMwork. Dr. Luis Nader gave tips to improve our FUE cases during the six steps of the hair transplant surgery; he showed pictures of each step that included before and after surgery cases.

Grading Scale to Evaluate Graft Quality

Graft quality is critical in hair restoration practices. Dr. Carlos Puig spoke about the importance of graft quality as one of the key components for great hair growth and hair survival for a successful hair transplant surgery. He mentioned the MHR (Medical Hair Restoration) Scale, a morphological graft grading system that grades grafts by looking for

the anatomical qualities that protect vital structures during dissection and transfer. This scale was used for the evaluation of 16 different random piles of 30 grafts (ten 1's, ten 2's, and ten 3's) obtained from the donor harvesting strips using different FUE devices and punches of the 13 surgery cases presented. Drs. Puig and Perez-Meza were the coordinators and Drs. Keene, Martinick, and Beehner reviewed all the grafts in a blind analysis. The results of these evaluations will be presented in the future.

Surgery Center

Again this year, a scalp cadaver session—a cutting-and-placing station with hands-on experience—was offered to physicians and assistants. OLSW faculty were the instructors for physicians, and Laureen Gorhman, RN, instructed the assistants. The hands-on included donor harvesting with strip and FUE techniques, how to make your homemade punches, and recipient site creation.

As usual, a variety of surgery cases, surgical techniques, and surgical instruments were presented.

FUT-Strip and FUT-FUE cases

Operating Room 1: Recipient site creation with the ARTAS Robotic System on a male patient. Dr. Craig Ziering discussed and demonstrated all steps related to recipient site creation. Drs. Eugene Rodillo and Jim Vogel were the supporting faculty, and Dr. Tania Pauls was audience coordinator. The ARTAS program avoids damaging follicles and protects existing healthy, permanent hair using ARTAS Artificial Intelligence™ algorithms that evaluate multiple hair characteristics, detects and identifies miniaturized, non-permanent hair in order to fill in balding areas with recipient sites, and preserves areas that currently have healthy and permanent hair. The system can use needles or blades for the creation of the recipient sites. In the demo, the ARTAS 9x was used and sites were made with SP89 and 19-gauge needles.

Operating Room 2: FUT-strip female surgery case, African descent patient. Donor harvesting with donor strip. Dr. Leavitt was the surgical coordinator; Drs. Waldman, Martinick, Puig, and Chris Varona were supporting faculty; and Dr. Barusco was audience coordinator. The faculty discussed and demonstrated donor estimation, harvesting, donor closure with the zipper technique, and trichophytic closure in this patient. Hairline design was discussed and several instruments were used for making recipient sites.

Operating Room 3: FUT-FUE male surgery case. Dr. Josephitis was the surgical coordinator, and Drs. Harris and Keene were the supporting faculty. The surgery team discussed male pattern hair loss and different FUE devices (SAFE and WAW), and .9 mm punches were demonstrated. Dr. Keene demonstrated the use of a multiblade recipient site device and the Minde 1mm and 1.3mm.

Operating Room 4: FUT-FUE male surgery case. Dr. Gabriel Krenitsky was the surgical coordinator, Drs. Conradin von Albertini and Jean Devroye supporting faculty, and Dr. Grant Koher was audience coordinator. All aspects of the FUE technique were revised, discussed, and demonstrated. Key points were given during this very didactic case for the participants.

Drs. Puig and Perez-Meza coordinated the evaluation under the microscope by Drs. Keene, Martinick, and Beehner of the hair grafts of the three surgery cases.

Finally, after a great day, we were ready for the Welcome Cocktail party that this year included a karaoke night that was very well received and attended by the participants.

FRIDAY/APRIL 28, 2017

Conradin von Albertini, MD | Zurich, Switzerland

David Perez-Meza, MD, FISHRS | Benalmadena, Malaga, Spain

The day started with a working breakfast, followed by a general session in the morning and live surgeries with PRP and SMP demonstrations in the afternoon.

General Session

In the morning, the general session began with a non-CME presentation on PRP in hair loss and hair restoration. Dr. Jeff Rapaport provided an excellent update on the current research and treatments. He pointed out that the PRP and injection techniques are critical for a successful outcome. He also suggested a PRP protocol of 2-4 monthly treatments followed by a 4- to 6-month break.

The second topic of the session was "Donor Harvesting with FUE Technique." Dr. Craig Ziering presented FUE with ARTAS, which today works three times faster than 6 years ago. Dr. James Harris offered insights into his no-shave FUE technique. First, two staff trim single follicular units at a speed of approximately 1,000 FUs in 45 minutes. For the extraction, he systematically searches the trimmed FUs. Also, there was a great panel discussion that included Drs. Ziering, Harris, and von Albertini about different topics related to FUE.

The third topic was "Recipient Sites and Surgical Plans." Dr. Jennifer Martinick reminded the audience that "there is no straight line in nature" and that "hair makes up only 1% of the scalp surface." Surgeons thus need to understand the variables of hair growth, such as direction, angle, orientation, curl, and density. Dr. Roberto Trivellini presented a novel stick-and-place technique to protect frail FUE grafts. To create the recipient sites, he uses a bent needle on a holder and modified tweezers.

The next topic was "Special Cases." Dr. Jim Vogel presented his technique of hairline lowering by foreheadplasty, which he illustrated with a series of impressive cases. Dr. Edwin Suddleson offered an overview of eyebrow transplantation. Dr. Marie Andrée Schambach discussed the key aspects of beard transplantation with scalp hair. She insisted on the importance of planning and warned against beard transplants in patients with a hair loss history.

The fourth topic was "Devices, Tools, and Techniques." Dr. Michael Beehner spoke about hair transplantations in patients with severe alopecia. He suggested that the surgeon set realistic goals, and to apply a "frontal forelock template," a technique focusing on the central front to "frame the face." Dr. Samir Ibrahim presented complex cases in which he combined hair restoration surgery with other techniques, such as scalp reduction, tissue expanders, and scar tissue excision.

The last topic of the session was "Update on Hair Loss Research." Dr. Ken Washenik discussed emerging therapies in hair loss, including prostaglandins, androgen receptor blockers, and adipocytes. In his update on Post-Finasteride Syndrome (PFS), he pointed out that there is no causal link between finasteride and sexual dysfunction: a high-quality study revealed a higher incidence of PFS in the placebo group, while another study indicated that counseling on PFS has a placebo effect. Dr. David Perez-Meza presented a promising case series study on hair follicle growth by stromal vascular fraction enhanced adipose transplantation in baldness. He reported that after six months the hair count increased by approximately 25%. Moreover, the anagen phase increased while the telogen phase decreased. Dr. Sharon Keene offered an update on the research on low level laser therapy (LLT) and the various—unproven—explanations of photobiostimulation. Patients and their physicians, she concluded, should both be aware of the limited scientific evidence.

In another room, it was a PRP for hair loss demo in a young patient using the Eclipse centrifuge and supplies. Drs. Rodillo, Perez-Meza and Anderson discussed the case and the technique for properly preparing and injecting the PRP. Also, they recommended a series of PRP injections for better results, which was mentioned by Dr. Rappaport in his lecture. They recommended that you do not mix the PRP with any other material.

At the end of the day, Emma Furlong, Fawn Forshaw, and Zulema did a great scalp micropigmentation (SMP) demonstration for increasing density in the front and mid-scalp of a male patient with two previous hair transplants. They explained the technique in detail, and provided information on the handheld device, needles, and organic inks including the depth and possible touch-ups for achieving great results.

There is no doubt that PRP and SMP are great options for hair loss treatment in select patients.

In the evening, participants gathered for the Gala Dinner in the elegant Bice Restaurant of the Portofino Bay hotel.



Live Surgery

In the afternoon, the participants could observe four live surgery demonstrations.

Operating Room 1: Day 2 of the ARTAS donor harvesting case. Drs. Craig Ziering and Ricardo Mejia participated in this case; Dr. Ken Anderson was audience coordinator. The ARTAS 9x was used for the extractions with 0.9mm 4-prong punch at spacing 2mm. There were 1,047 harvests in 1 hour, with a total of 1,236 grafts. The audience appeared to be very engaged while observing this robotic case about speed and graft quality.

Operating Room 2: Dr. Matt Leavitt coordinated a case of FUT strip technique for crown surgery with a supporting faculty consisting of Drs. Jim Vogel, Sharon Keene, Vincenzo Gambino, Eugene Rodillo, and Puja Kathrotiya. It was an interesting case to show how to approach the critical aspects of the recipient site angulation of the crown.

Operating Room 3: Dr. Edwin Suddleson showed an eyebrow surgery to increase bilateral density in a Caucasian female case. The support team included Drs. Tania Pauls and Marco Barusco, who presented the use of graft implanters.

Operating Room 4: Non-shaven FUE case. Dr. David Josephitis coordinated a non-shave case of 1,000 grafts. Dr. Jim Harris discussed the difficulties and detailed steps of planning the donor harvesting. Several devices and punches were demonstrated for the FUE extractions including SAFE and WAW systems, and manual sharp Cole punch. Also, different 0.9mm punches were demonstrated. The surgical support team included Drs. Asim Shahmalak and Jennifer Martinick; Dr. Ken Washenik was audience coordinator.

The relaxed atmosphere was interrupted only by well-done speeches and the presentation of plaques to co-chairmen Drs. Leavitt and Perez-Meza and patient coordinator Dr. Eugene Rodillo.

SATURDAY/APRIL 29, 2017

Ricardo Mejia MD | Jupiter, Florida

Complications and Difficult Cases Session

Saturday morning was important for all beginner, intermediate, and advanced surgeons to remind us of the difficult cases we can encounter and some of the complications if we are not prudent with our decision-making process. Moderator Dr. David Perez-Meza opened the session speaking about general and critical aspects related to complications; he then showed several case presentations to the panel depicting FUE cases that had gone bad and revealed how to best correct and prevent them. Dr. Ricardo Mejia discussed the important aspects to avoid poor planning, which basically involve everything from the consultation to ensure that proper expectations are set with the patient to properly educating and training your staff to execute a well-defined hair restoration plan. Dr. Marie Schambach presented two ISHRS Operation Restore cases and the challenges of extensive hair loss that can be remedied with hair systems such as the Cesare Ragazzi system. Pakistan has one of the world's highest rates for acid burn victims. Dr. Asim Shahmalak shared stories of women who had been doused with acid in the face simply because they refused to marry. He has done his own private, badly needed Operation Restore cases at no charge for these victims, and he presented

the changes that hair can make for these victims. Also, Dr. Shahmalak presented an excellent lecture on when to operate or not to operate in hair loss cases. Dr. Fernando Basto focused on reconstruction of the surgery of scalps following trauma. He demonstrated a variety of techniques such as flaps and expanders. Dr. Bruno Szyferman shared his technique using homemade punches from 18 gauge needles to correct scars from donor overharvesting with strip and FUE procedures. He also presented an FUE case with thin donor after what appeared to be overharvesting, but that resolved with time and patience. Dr. Victor Vallejo presented excellent and extended cases of hairline repairs with FUE.

Surgery Cases

The surgery center was again filled with excitement as physicians gained hands-on experience under the guidance of experienced faculty members.

Operating Room 1: Dr. Matt Leavitt and support faculty discussed and demonstrated an eyebrow case in a young patient. He noted the delicate steps of recipient site creation.

Operating Room 2: FUT strip case. Dr. Michael Beehner presented and discussed his frontal forelock design and showed a variety of different instruments to make different

hairline angles and direction, including different hair densities for achieving his surgical plan. Dr. Ken Anderson was audience coordinator.

Operating Room 3: FUT-FUE case. Drs. David Josephitis and Jim Harris demonstrated a non-shaven FUE case with different techniques and FUE devices and punches. They discussed the delicate steps for hairline design and instrumentation to produce very natural results.

Operating Room 4: FUT-FUE Hispanic and Portuguese Speaking case. Drs. Ricardo Mejia (Surgical Coordinator and Florida License), Luis Trivellini, and Jean Devroye demonstrated different FUE devices including the WAW, the dual suction Mamba, and the Vortex punches. Dr. Mejia demonstrated his technique to create natural looking hairlines utilizing different instrumentations in a Norwood VI patient. Dr. Victor Vallejo was audience coordinator.

Operating Room 1, following the eyebrow case: FUT-strip male case. Dr. Leavitt demonstrated and discussed the different steps and techniques for donor harvesting with the strip technique. In addition, he showed the different instruments used for recipient site creation. Dr. Grant Koher was audience coordinator.

The day provided an excellent end to a great 21st ISHRS OLSW meeting. ■

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Literature Review

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

Effect of 5-AR therapy on Sexual Function: Results from a Meta-Analysis

Liu, L., et al. Effect of 5α-reductase inhibitors on sexual function: a meta-analysis and systematic

review of randomized controlled trials. *J Sex Medicine*. 2016; 13:1297-1310.

Researchers in China recently undertook a rigorous and exhaustive examination of the literature concerning 5-ARIs and sexual function to assess whether this class of medicines can indeed increase the risk of sexual dysfunction. After screening 493 articles published up until October 2015, they identified 17 randomized controlled trials including 17,494 patients that were present in Medline, Embase, or the Cochrane databases. Studies were selected in which the drugs were given for either BPH (9 studies) or AGA (8 studies). Of these patients, 9,628 receive 5-ARIs and 7,866 received placebo. The mean age of participants was 60 years old. Studies were specifically chosen that focused on sexual dysfunction, erectile dysfunction, or decreased libido using a validated measurement and where a placebo group was available. The mean duration of therapy was 17.6 months (42 days to 4 years). The researchers found that the pooled relative risks for sexual dysfunction were 2.56 in men with BPH and 1.21 in men with AGA.

This data suggest that 5-ARIs were associated with increased sexual adverse effects in men with BPH vs. placebo, but the association was not statistically significant in men with AGA. Included in the discussion is an interesting commentary on the role of DHT-inhibiting NO (nitric oxide) and NOS (nitric oxide synthesis). They reported evidence that DHT can decrease NO release and the resultant vascular relaxation needed for tumescence of the corpus cavernosum. In addition, long-term androgen deprivation may result in apoptosis of smooth muscle cells and adipocyte accumulation in the penile corpus cavernosum. This may help explain instances of long-standing sexual side effects, even after discontinuation.

Comment: There is extensive debate among physicians about whether prescribing finasteride for our patients will make them better or worse. Further confounding things is a mixed amount of data, some showing strong correlation between this class of drugs and sexual side effects, and some showing minimal correlation. This data highlights an interesting discrepancy: men receiving 5-ARIs for BPH have statistically significant rates of sexual dysfunction compared with men treated for AGA who do not. It is known that sexual dysfunction is common and increases with age. BPH in general affects men in older age groups and they often require higher doses of 5-ARI. Therefore, it is not surprising that this link with sexual dysfunction would be stronger in the group treated for BPH. ■

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Letter to the Editors

Re: A report from Turkey—the situation in a top FUE destination

Tayfun Oguzoglu, MD | Istanbul, Turkey | drt@drthair.com

When I started my first hair transplantation in 1997, the first thing I cared about as a beginner surgeon was that I could leave a very little scar in the donor area, so I joined many workshops for it and learned the subtleties of this work from doctors who are really pioneers in FUT.

In order to get the best results in the field of planting, with advancing technology we continue to learn together about an artistic and natural hairline and the answers to the questions such as what is the ideal holding solution, because we are faced with a new product or equipment every day.

FUE, which we started to hear about in ISHRS congresses and publications in 2003, attracted my attention very much. My first contact was Dr. Alex Ginzburg, and as a result of one-year follow-up talks with him, we established our first FUE workshop in Istanbul in 2004. To my friends who attended the workshop and also in my first impression, it seemed impossible, but Dr. Ginzburg was a very good teacher and explained to us FUE with very simple principles and practically showed on the patients for 2 days, and on top of that he encouraged us to continuously practice this technique without worrying.

Now when I look back, I realize that I performed my first operations with this courage given by him, and I have to admit that my first operation, with 500 graft extractions, took nearly 2.5 hours and I do not even want to remember the transection rate.

The reason for me to write all the above stories is to encourage doctors who are still doing FUT and want to meet FUE demand, but do not know how to change over to FUE or thinking about starting hair transplant. Some doctors who hold off from doing FUE are trying to solve FUE demand by getting technicians to perform FUE. The only way to prevent this is to give priority to doctor training. I especially recommend to learn from experienced colleagues and through hands-on training if possible.

I would like to briefly explain the current situation in Turkey: We have an average of 300 FUE clinics in Istanbul alone, but unfortunately, only at 20 of them operations are done by doctors. We do not exactly know how many of those 300 clinics have legal permissions, but we know very well that an average 500-1,000 FUE operations are done per day.

More interesting than this number is that 90% of the sessions are not with 1,000 or 2,000 grafts but are between 5,000-8,000 grafts. However, as hair surgeons we know very well that the patient's donor density should be very high for a session with 5,000 grafts. It causes great desperation for me to see that some of the clinics claim on their sites that they have broken records by planting 11,000-12,000 grafts. These numbers are also being requested by patients who come to our clinic from the United States, the UK, Italy, or even from Canada, and we see that when you offer 3,000 grafts, they do not rely on your 20 years of experience and prefer other clinics with quack doctors who

claim 5,000-6,000 grafts. This is a great danger both for us and for the doctors in the whole world.

Because of this, most patients who will come to you soon will ask you for 3,000-5,000 grafts at the consultation. Most of the patients to whom I recommend FUT and FUE combined, since it is probably more suitable than FUE for the consultation, are showing consultation reports from these types of clinics that claim 5,000 or more grafts can be transplanted.

We have to do more training in FUE or FUT + FUE combined surgeries as ISHRS members, otherwise such illegal and fake technician clinics will multiply by taking advantage of legal gaps throughout the world.

As we all know, hair type, density, and other factors are the most important determinants when determining whether to perform FUT or FUE. If we do not have enough FUE yield, maybe with FUT + FUE combination we can reach enough numbers.

But first of all, we should pay attention to two issues as the ISHRS: the first is to raise the awareness of the patient and the other is to make our members more well-supported, more educated, and more informed about FUE or FUE + FUT combination by sharing our experience and knowledge. I think that we should work more and harder on these two issues.

FUE is described in detail at congresses and workshops organized not only within ISHRS doctors but also by experienced doctors individually, and are shown as live surgery or on videos.

FUE actually started to become a serious tech-dependent technique, which frightens me so much, because manual FUE is almost forgotten, but we all started with FUE manually and we changed over to FUE engines to gain speed when we first taught it to our students. We had only 2 eyes and 2 hands at the beginning, we combined our knowledge and achieved it.

Nowadays, if you do not use the latest, best FUE instrument, you are told that you can face high transection rates, even graft fragments and disastrous consequences; that is to say, that technology wars are directly affecting our FUE applications.

I recently saw an FUE prototype at a medical equipment fair in Turkey. In this new system, the doctor marks the donor area and the planting area at a computer keyboard and the robot pulls out and transplants the grafts at the same time. The company's executive says that 2,500 grafts are completely transplanted in 90 minutes. In the 3D videos I watched, I saw the points that still need to be improved, but if they can find enough finance, then in a few years, we may encounter an FUE robot that does not need a doctor for operation.

In this letter, I would like to draw attention to the following situation: I think between the high-tech or sophisticated discussion of FUE techniques, we are always forgetting sharing experiences with beginners.

To start FUE, I think it is necessary to understand the basic principles of this work well and start with these principles. A good eye and hand coordination is enough to get started. We

need to understand that we do not need high-tech toys or we will be lost between too much sophisticated discussion.

As physicians of the ISHRS experienced in FUE, the duty is to share our experience and to encourage new colleagues. Otherwise, high-tech products will no longer need a doctor for FUE, and non-doctor FUE robots like unmanned vehicles will start doing it alone in the near future.

If you are waiting on the side of the water, maybe you think you will have a temporary support to buoy you on the water, like getting your technician to perform the operation. I advise that you should not think about this. Jump in the water and start swimming; you will see that you can swim in the water with the help of the ISHRS and your ISHRS member colleagues.

Editor's note from Dr. Finner:

I thank Dr. Oguzoglu for his report and thought-provoking remarks. I agree that we have a serious problem with technician-only hair transplants now also being performed all over Europe, mostly in a grey legal zone, by Turkish teams. It seems to have started due to a lack of legal regulation and enforcement, and now it is difficult to gain back control and ostracize and outlaw those developments. The internet makes it easy to reach and allure patients. Despite increasing public awareness and legal actions, what can we do?

I think we should all agree and communicate that hair transplantation is a complex surgical procedure leading to a perma-

nent change of appearance and therefore requires a physician. It may be tempting to trivialise the procedure to convince more patients, but this means to devalue our own work.

Even though FUE is minimally invasive, it is absolutely not easy, scarless, riskless, and simple. It involves the transplantation of human tissue to achieve a natural restoration that cannot be seen as a purely mechanical job. Many things can be done wrong and be potentially harmful for the patient. It is also not true that FUE is the best option for every patient, especially patients with a small safe zone or fine hair, which are common in central and northern Europe. None of us should promote FUT or FUE as the only suitable and superior method. Ideally, every physician should be capable of performing FUT and FUE to choose or combine the best methods according to patient characteristics.

To gain back and keep control of the procedure and protect patients, we must make clear that the physician's experience and medical expertise is crucial for the correct diagnosis and treatment. This involves a personal consultation with the patient, the choice of technique, the specification of graft quantity, donor and recipient site determination, and the creation of recipient sites in an individual distribution and direction. Regarding graft numbers, sometimes less is more. Eventually, good long-term results will be the most convincing argument. Physician training to master ALL different methods and aspects of hair restoration is crucial. Russell Knudsen's "Controversies" column on page 153 also addresses this issue. ■



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Message from the ISHRS 2017 World Congress Program Chair

Jean Devroye, MD, FISHRS | Brussels, Belgium | prague2017ishrs@gmail.com

Summer arrives in Europe, and the next world meeting in Prague is nearly here. We are still working hard to organize a wonderful and original meeting. As you know, the

World Congress will take place in Prague from October 4th till October 7th 2017, while the World Live Surgery Workshop (WLSW) will take place in Polanica Zdrój, Poland, on October 1st and 2nd. All the directors and moderators are making tremendous effort focused on putting together the best program possible.

The different activities on Wednesday include the Basics Course, Advanced/Board Review Course, Hair Loss Diagnostic Course for the Non-Dermatologist, the Surgical Assistants Core Skills Workshop, the FUE Mini Course, the SMP Mini Course, and the Surgical Assistant Program. Many thanks to all of you who accepted to play a role in these many different activities.

I would like to thank also all of you who took the time to submit an abstract. Our society is alive because of its members' activities. Each of you is important and has a role to play in our collective success. There were 135 abstracts submitted of which 7 were accepted for live patient viewing, 45 for oral presentations, 10 for video presentations, and 64 for posters, and 9 were rejected.

I know that some of you have been disappointed that you were not offered an oral presentation, but there is a limited number of spaces available so only those that received the highest scores and/or was corresponding to the different session chosen were offered this opportunity. For those who will be speaking, congratulations, and I look forward to hearing your presentations.

The subjects of the main sessions will be—among others—the past, the present, and the future of cell therapy; a large session of videos; different sessions about FUE news, innovation, and research; difficult cases; correctives procedures; female hair loss procedure and treatment; medications; PRP; dermoscopy; storage solutions and bioenhancements; implanters; long hair FUT and FUE; and much more.

Some of the submitted topics were converted into posters. This year there will be a session for poster authors to defend their topic, and comments on the best ones will also be made during the general session.

The featured invited guest speakers include Dominique Van Neste for a very interesting topic regarding the difficulty to judge the evolution of a hairy zone, and also Claire Higgins, Tom Dawson, Ralf Paus, and Antonella Tosti.

Last year, the portion reserved for discussion table topics was such a huge success that the next meeting will continue in this direction. The Tables with the Experts volunteers and Invited Speakers are not still completely booked. Some of you will be contacted soon.

If you are planning on sitting for the ABHRS exam, the Advanced/Board Review course is a must. Headed by a dynamic team of instructors, you are sure to get all the guidelines you need to succeed on this exam.

Newcomers will get the chance to meet established surgeons in the return of the very popular Newcomers Speed Networking session.

The ISHRS & ABHRS Morbidity and Mortality (M&M) conference will be held on the Friday/October 6th. If you are willing to present a case, please email M&M Chair Konstantinos Anastassakis at dr.anastassakis@gmail.com.



Lastly, on the Saturday is the Live Patient Viewing where you will be able to see the results of hair transplantation from your colleagues on actual patients. If you wish to participate, please contact Conradin von Albertini at info@swisshairdoctor.ch.

Remember, this meeting is a Jubilee. We are preparing a huge and happy 25th birthday event for our wonderful society.

I am delighted to see you all soon in this wonderful city of Prague for this world meeting marked with a sharing and conviviality spirit. And I am especially delighted to see that year-after-year, the search for quality is the main purpose of our organisation. ■



Message from the 2017 Surgical Assistants Chair

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

At the end of each meeting, I sort through my collected brochures, look through my notes, and reflect on how to implement all the things I've learned. In the process, I realized that there are two ways we gain valuable information at any given meeting: one way is through lectures and the other way is through chatting with peers. This year's Surgical Assistant Program is designed to appeal to both types of learning. Our program is packed with information presented by seasoned faculty from five continents providing the attendees a glimpse into almost twenty different practices.

Have you ever thought about the value your practice gains from attending a meeting? Dr. Lam and I often refer to what we learn as the "pearls" we bring home from meetings. Sometimes the pearls are new techniques, but most often they are the small ways to tweak and improve our practice. Because Dr. Lam has a physician's perspective and I have a surgical assistant's perspective, we see different things and

find pearls in places that the other person would often miss. For that reason, I sincerely believe that each practice would greatly benefit from bringing at least one assistant to the meetings.

As you know, hair restoration relies on a combined effort of physicians and assistants. Some physicians would argue that it is too expensive to bring assistants to the meetings. I would agree except that stagnation and ineffectiveness could be even more costly to a practice. The annual ISHRS World Congress is the rare opportunity for continuing education of surgical assistants. To assist you in minimizing the cost and disruption to your practice, we moved this year's Surgical Assistant Program to Wednesday afternoon.

I hope that some of the lectures we prepared for this year will educate, while others will inspire the attendees to ask questions, and/or mingle with colleagues. Most importantly, I hope that the program will provide many pearls that you and your practice will find invaluable and thereby pay many times over for your attendance at the meeting. See you in Prague! ■



Message from the 2017 Surgical Assistants Vice Chair

Salome Vadachkoria, BBA, MBA | *Tbilisi, Georgia* | salomevadachkoria@gmail.com

We are only 4 months away from next biggest meeting of the year and are excited to announce that we are finalizing the program for the Surgical Assistants Core Skills Workshop. This year we have international faculty who have confirmed their contribution and participation in the workshop to teach and share their experience with the novice assistants in our field. We also will have a Surgical Assistants Program, designed for experienced surgical assistants, led by Emina Vance, whose contribution to education in the field is tremendous and her creative thinking in every course management makes it possible to look through the windows of the most experienced clinics around the world and share their experience with all of us, as everyone needs to learn continuously for future development and perfection of their practices.

We all know, how important the contribution of surgical

assistants is to hair restoration procedures and its high-quality final result, which is why we encourage all physicians to bring their assistants to the meeting, as this is the place where you will be able to educate your team fully in all important aspects of the field.

This year, the workshop will start with presentations and continue with practical hands-on training on five different stations. Participants will have a chance to rotate through the stations starting from FUE/Implanters and Slivering and Dissection and finishing with implantation and Ask an Expert tables. Students will be able to try hands-on different instruments and discover innovative techniques. There is also an opportunity to ask opinions of the experts in the field.

We strongly encourage both assistants and their physicians to come prepared with questions and attend the Surgical Assistants Core Skills Workshop—and discover something new for your practice! Looking forward to seeing you in Prague! ■



Message from the ISHRS 2017 World Live Surgery Workshop Program Chair

Arthur Tykocinski, MD, FISHRS | São Paulo, Brazil | arthur@cabelo.med.br

Our World Live Surgery Workshop (WLSW) will provide a wide vision of FUE covering different techniques, punches, and machines. In order to cover all diversity and shades in FUE, we invited top surgeons and faculty.

We are pleased to introduce to you the FUE Immersion surgeons, moderators, and faculty.

If you have not yet registered, please do so. There are limited seats!

<https://25thannual.com/25thannual/wlsw-fue-immersion/>

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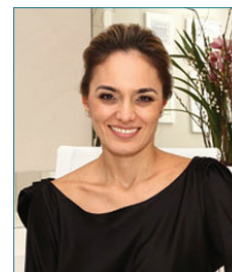
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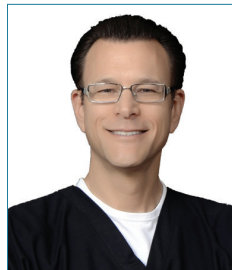
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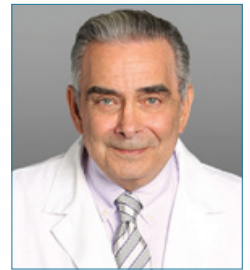
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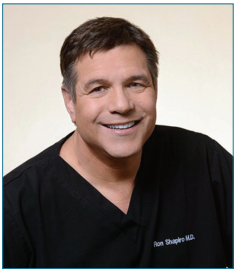
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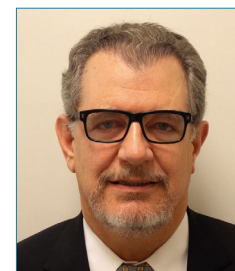
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Celebrating Its 25th Year: A Look Back to Where It All Began



25 Years of ISHRS

Mario Marzola, MBBS | *Norwood, Australia*

As one of the “Tenacious Ten” who has been to every meeting of the ISHRS (25th coming up), it may be time to look back. It is not as if there were no hair meetings before. Blu Stough, Dow’s father, ran many with Richard Fleming, Toby Mayer, and Daniel Rousso, backed by their Facial Plastic Society, and Tom Alt as part of the American Academy of Cosmetic Surgery. But it was Dow Stough who dreamed of an international society where practitioners from every background and every country would be welcome and equal. This is an ethos that has stood the test of time and is alive and well in the ISHRS today. Meanwhile O’Tar Norwood had started his *Forum* magazine further bringing us together by reporting topically and quickly our thoughts and experiences. Generously, O’Tar later donated the *Forum* magazine to the ISHRS. Dallas was memorable. A large auditorium filled with people and an amazingly full program. If you have time, take a look at the program; there is something for everyone and every minute is taken up. Nothing much has changed in 25 years!

The outstanding presentation for me was Patrick Frechet’s extender, an ingenious scalp stretcher that promised to make scalp reductions much easier. As it happened, both the stretcher and the reductions have long gone. The Dallas impetus, however, continued to Toronto and onwards. The only meetings where we had reduced attendances were distant locations, such as Sydney, and Puerto Vallarta, which was soon after the New York City attack of 9/11 when many people chose not to fly. We traveled to most of the meetings with our children, and made many friends along the way to the point where we consider the ISHRS to be our second family. When Richard Shiell took over from O’Tar as editor of the *Forum*, my wife Helen was the first editor of the Assistant’s Corner of the magazine. Our children have been to many Gala dinners and spent time resting and sleeping under the tables.

Controversies abound in our field, some debated with heat and conviction, but rarely without respect for the opposing position. Other differences such as “what is delectable” take a little more courage to talk about as we often differ on this subject. Scalp reductions died in the mid-nineties when transplants of follicular units became possible and understandable. Game over, there can be nothing more natural than that. Thank you Bobby Limmer for all the explanations and demonstrations with microscopes. Since then, it

(L to R) D. Bluford Stough with Tom and Carol Rossanelli and baby, 1993.



has been a chase for the best way to harvest and plant these follicular units. FUT or FUE, have you heard of this debate? It continues still with the majority now in the FUE corner, though FUT still has much strong support.

Perhaps all surgery will soon be a last resort. Today we are looking for better pharmaceuticals to help hair growth. The introduction of low dose minoxidil orally has given a good option to our patients who rightly or wrongly fear libido issues with finasteride and dutasteride. ACell, ATP, LLLT, PRP, stem cells, genetic modification, who knows where the next breakthrough will be, but nothing stands still, least of all this dynamic field of ours. The ISHRS may become the ISHRT (not surgery but treatment).

Congratulations and thanks to everyone at the ISHRS for 25 wonderful years. ■

APPLY FOR ISHRS FELLOW MEMBER CATEGORY (FISHRS)



The designation of Fellow has been established in order to recognize members who meet its exceptional educational criteria. In order to be considered, the hair restoration surgeon must achieve a specific level of points in a system of various educational parameters such as serving in leadership positions, receiving American Board of Hair Restoration (ABHRS) certification, writing scientific papers, and teaching at scientific programs, among others.

It is a great honor for a member to achieve the Fellow designation of the International Society of Hair Restoration Surgery (FISHRS). This recognizes the surgeon who strives for excellence in this specialized field. To maintain this status, the surgeon must continue to meet established educational criteria over time. Fellows may vote and hold office in the Society. Fellows may use the ISHRS Fellows logo on their websites and in other promotional materials, and use "FISHRS" behind their name.

If you believe you qualify and would like to be considered to elevate to Fellow Member status, then please consider completing the Scorecard Application.

To be considered this year, submission deadline is August 18, 2017.

You may download the application at the link below. It is an Excel file. The first worksheet is a blank scorecard, and the second worksheet is a sample of a completed scorecard. The criteria are also listed on this page:

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

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Proceedings from the 9th World Congress for Hair Research

The extensive summary from the 9th World Congress for Hair Research has been published in the August 2017 issue of *Journal of Investigative Dermatology Supplement*. The separately bound supplement will be included with the August issue for those who subscribe to the JID.

Free online access of the supplement is available to all until September 8, 2017.

For online access, go to: <https://authors.elsevier.com/a/1VPkK3t9zuz09S>



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English to Spanish

GENERAL SESSIONS

- ▣ Hair Biology – Past, Present and Future
- ▣ FUE – A Review of the Polanica World Live Surgery Workshop
- ▣ FUT – Is Follicle Unit Transplantation still important?
- ▣ Recipient Area: How to manage?
- ▣ How to manage a study?
- ▣ Hairline Design – Quality of the Placement, Implanters, Strategy
- ▣ Medical Treatments – Pearls and Future
- ▣ Storage Solutions
- ▣ Non-Surgical Adjunct Therapies, PRP
- ▣ Small Group Discussion Tables on a Variety of Topics
- ▣ Surgical Pearls to Achieve the Best Results

OTHER OFFERINGS

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

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Vision: To establish the ISHRS as a leading unbiased authority in medical and surgical hair restoration.

Mission: To achieve excellence in medical and surgical outcomes by promoting member education, international collegiality, research, ethics, and public awareness.

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Membership proudly includes:

American Board of Hair Restoration Surgery
 Asian Association of Hair Restoration Surgeons
 Association of Hair Restoration Surgeons–India
 Australasian Society of Hair Restoration Surgery
 Brazilian Society of Hair Restoration Surgery (ABCRC)
 British Association of Hair Restoration Surgery
 French Hair Restoration Surgery Society
 German Society of Hair Restoration Surgery
 Hair Restoration Society of Pakistan
 Hellenic Academy of Hair Restoration Surgery
 Ibero Latin American Society of Hair Transplantation (SILATC)
 International Society of Hair Restoration Surgery
 Italian Society for Hair Science and Restoration
 Japanese Society of Clinical Hair Restoration
 Korean Society of Hair Restoration Surgery
 Paraguayan Society of Hair Restoration Surgery
 Polish Society of Hair Restoration Surgery
 Swiss Society for Hair Restoration Surgery



Editorial Guidelines for Submission and Acceptance of Articles for the *Forum* Publication

- Articles should be written with the intent of sharing scientific information with the purpose of progressing the art and science of hair restoration and benefiting patient outcomes.
- If results are presented, the medical regimen or surgical techniques that were used to obtain the results should be disclosed in detail.
- Articles submitted with the sole purpose of promotion or marketing will not be accepted.
- Authors should acknowledge all funding sources that supported their work as well as any relevant corporate affiliation.
- Trademarked names should not be used to refer to devices or techniques, when possible.
- Although we encourage submission of articles that may only contain the author's opinion for the purpose of stimulating thought, the editors may present such articles to colleagues who are experts in the particular area in question, for the purpose of obtaining rebuttal opinions to be published alongside the original article. Occasionally, a manuscript might be sent to an external reviewer, who will judge the manuscript in a blinded fashion to make recommendations about its acceptance, further revision, or rejection.
- Once the manuscript is accepted, it will be published as soon as possible, depending on space availability.
- All manuscripts should be submitted to forumeditors@ishrs.org.
- A completed Author Authorization and Release form—sent as a Word document (not a fax)—must accompany your submission. The form can be obtained in the Members Only section of the Society website at www.ishrs.org.
- All photos and figures referred to in your article should be sent as **separate** attachments in JPEG or TIFF format. Be sure to attach your files to the email. Do NOT embed your files in the email or in the document itself (other than to show placement within the article).
- Images should be sized no larger than 6 inches in width and should be named using the author's last name and figure number (e.g., TrueFigure1).
- Please include a contact email address to be published with your article.

Submission deadlines:

August 5 for September/October 2017 issue
 October 5 for November/December 2017 issue
 December 5 for January/February 2018 issue

Please note new submission address:
forumeditors@ishrs.org

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Calendar of Hair Restoration Surgery Events

<http://www.ishrs.org/content/upcoming-events>

DATES	EVENT/VENUE	SPONSORING ORGANIZATION(S)	CONTACT INFORMATION
JULY 20-22, 2017	3rd Latin American Hair Transplant Workshop FUE Workshop 2017 <i>Asuncion, Paraguay</i>	Paraguayan Society of Hair Restoration Surgery (SPACREC) and Paraguayan Society of Plastic & Reconstructive Surgery (SPACPRE)	http://workshop-latc.com/
* OCT 1-2, 2017	ISHRS World Live Surgery Workshop <i>Polanica Zdrój, Poland</i>	International Society of Hair Restoration Surgery www.25thannual.org	info@ishrs.org
* OCT 4-7, 2017	25th World Congress of the ISHRS <i>Prague, Czech Republic</i>	International Society of Hair Restoration Surgery www.25thannual.org	info@ishrs.org
OCT 20-22, 2017	ISHRS Advanced FUE Workshop L.A. <i>Los Angeles, California, USA</i>	International Society of Hair Restoration Surgery	drumar@dru.com
OCT 31-NOV 3, 2017	10th World Congress for Hair Research (WCHR2017) <i>Kyoto, Japan</i>	The Society for Hair Science Research-Japan http://www.congre.co.jp/wchr2017/	wchr2017@congre.co.jp
* NOV 16-19, 2017	Hair Transplant 360 Cadaver Workshop & FUE Hands-On Workshop <i>St. Louis, Missouri, USA</i>	Saint Louis University School of Medicine, Practical Anatomy & Surgical Education in collaboration with the International Society of Hair Restoration Surgery	Dr. Samuel L. Lam, Course Director Emina Vance, Asst. Course Director http://pa.slu.edu

*2017 meetings that qualify for the ISHRS member educational maintenance requirement

REMINDER

ISHRS full **Members** and **Fellow Members** are required to attend 1 ISHRS-approved meeting every 3 years to maintain their member category.

ISHRS WORLD CONGRESS SCHEDULE

26TH WORLD CONGRESS

October 10-14 2018
Hollywood, California | USA

27TH WORLD CONGRESS

November 13-17, 2019
Bangkok | Thailand

28TH WORLD CONGRESS

October 21-25, 2020
Panama City | Panama

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25TH WORLD CONGRESS
OCT 4-7, 2017

