



President's Message

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The Future of the Hair Transplant Industry

The ISHRS is changing to adapt itself as it enters a new era. We are enhancing our communications to the general public. The ISHRS was established as a medical society focused on medical education, research, and of course, collegiality—our three pillars. We have had a great time together during meetings, the world congresses, and workshops. Many friends have been made for the life “outside of medicine,” and we have enjoyed these friendships over dinners, parties, traveling, and even sports! We are so lucky to be part of such a big society with friendly members, bright minds, and loyal friends. This has to continue, for sure!

Nowadays, the world and the hair transplant industry are different. A deep change in the profile happened, moving from a highly exclusive procedure in a boutique office of an experienced physician to a massive discount-store model available at pop-up facilities; from doctors focused on refined techniques and the art to industrial assembly lines and greedy companies recruiting anyone willing to make a profit for them. Thousands of patients have been victimized by this new business model, and the public needs to be alerted to and informed about hair restoration surgery. The ISHRS is the largest and most representative global hair transplant society, and as such, we have an obligation to inform the public about these critical issues.

There are many forums and discussion groups that are debating the Black Market, but no other group is in the leadership position that the ISHRS is. Of course, we can and will collaborate with those who are truly protecting the patients. But we shall have an independent opinion that represents our members and our goals of offering high-quality hair transplantation by experienced, trained physicians and always protecting the patients.

Different from the past, the traditional media (e.g., television, newspaper, magazines) is only scratching the surface of the Black Market issues. The real battle with its deceptions is happening on the social media fronts, and mostly on YouTube. That's why we need to be there, to produce relevant content. But forget about a video with a traditional doctor sitting at a table with books behind him. A video like this probably won't last any longer. Consumers will just skip it. Surprisingly, notorious YouTubers make raw videos with minimal production. What counts here is interesting information (or fake info) and charisma. We need a friendly language and attitude to reach this specific population. We

are talking about young men, in their thirties or younger. These guys are on their phones searching for HT info. Inexperienced and highly motivated, they are an easy target for the unethical clinics and for unscrupulous imposters.

The difficult issue is that good and experienced doctors are not on their radar. What we say may sound boring to them. Therefore, we have to learn how to communicate with this public, who is usually outside our scope, but who are relevant in the internet world. More than that, they can easily set a trend and make anything go “viral” (highly ranked,

with hundreds of thousands of views), even a fake video. And surprisingly, many informed, educated and not so young patients are listening to them... to the young generation. That makes them the relevant part of the equation. We need to address them and make them listen to us in order to combat the Black Market that is ultimately harming them. All we have tried different from this so far has failed.

The Black Market underworld with hundreds of clinics and unethical companies is spending millions of dollars on the internet to become relevant, to set a trend. They are achieving this through paid ads, videos, and hiring influencers. Though we don't have the resources to compete, and of course, we are a medical society focused mostly on education, we cannot pretend we are not seeing it.

The ISHRS as a society will try its best, but this is a war that all the good ones will have to fight side-by-side, surgeon-by-surgeon. All groups and societies truly interested in combatting these pirate clinics and to inform and protect the patients are welcome. This is a war no one can win alone, so we ask that you join us in the fight. ■

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Co-editors' Messages

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You don't know what you have until it is gone. This is a phrase that certainly applies to our hair. We take it for granted; it is an integral part of our body and self-image. Only somebody who has personally experienced hair loss knows how it feels. It can be the first sign of aging and is a highly emotional issue. Depending on the situation and personality, it can markedly decrease life quality.

Our responsibility is to help patients get back control over their hair loss and provide them with proven, realistic options. Hair surgery, in most cases, is a reconstructive procedure to restore the former appearance lost by a hair disorder or trauma, and not a cosmetic procedure to actually alter the look.

This is especially true in case of burn victims. The reconstructive hair restoration described in the report by Felix Popescu is a great example of what can be achieved by a dedicated hair surgeon.

The study by Conradin von Albertini comparing the contamination of different gloves in FUE is thought-provoking. The additional alcohol disinfection of gloves seems more important. I wonder whether alcohol left on the gloves may also repeatedly disinfect the scalp. I would expect larger patient numbers and long-term clinical observations in the recipient area before changing the routine, as this is the area where we don't always shave but actually insert the grafts deep into the skin and really do not want any infection.

While planning the surgery for a patient with androgenetic alopecia, we should never forget that we are dealing with a progressive condition. The Balding Aggressiveness Index (BAI) described by Russell Knudsen may help to assess the future extent of alopecia and safety of the donor area.

To save our patients from this progression, we should combine hair surgery with medical treatments. The upcoming World Congress of Hair Research in Barcelona (www.barcelonahair2019.org) is an excellent opportunity to get an update on diagnostic techniques and treatment strategies as well as recent trends in hair science. ■



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While outstanding articles are presented to us for publication, the backbone of our *Forum* is the columnists and their columns. In this issue, our columns are particularly pertinent and educational beginning with Robert True, who presents his first Editor

Emeritus column. An immediate past *Forum* co-editor and mentor, Bob thoughtfully describes his FUE journey, which reflects the history of FUE. Arthur Tykocinski (our president), Greg Williams (Professional and Medical Ethics), and Robin Unger (Cyberspace Chat) have submitted well written columns that explore the Black Market that is affecting and infecting our specialty. Thanks to Vlad Ratushny (Hair Sciences) for enlightening us about olfactory receptors and adding an interesting study to our knowledge base. Knowing that olfactory receptors are present on the epidermis and can sustain hair follicle growth will most likely not change what we do in our practices, but it is important to know all we can about hair follicles and there is always something new to learn. Sara Wasserbauer (Hair's the Question) reviews non-AGA causes of hair loss. Diagnosing causes of hair loss other than androgenetic alopecia (AGA) is of paramount importance in our practices. The literature suggests the incidence of scarring alopecias is increasing worldwide. I have seen patients, referred to me by doctors for hair transplantation, who have an obvious (to me) scarring alopecia that was missed on examination (if an exam was performed!). We are often the first physician who sees a patient with these diseases, so it is imperative that we develop a high index of suspicion since hair restoration surgery is often contraindicated. In addition, we welcome Aditya Gupta as co-columnist (with Nicole Rogers) of our Literature Review column. He reviews two articles concerning immune related hair loss and treatment using topical JAK (janus kinase) inhibitors and (platelet rich plasma), interventions that most likely will become more common in the future.

Hair restoration surgery is generally not a specialty filled with emotional moments. We don't save lives or limbs. We certainly feel good when we see the effects of a great result or see a long-term patient who we have gotten to know well over the years. The emotional presentations at meetings have been the amazing results from Operation Restore cases and seeing the looks on the patients' and their families' faces immediately after a "long hair preview" case. The most emotional presentation I've seen in 26 years of meetings was that of Felix Popescu in Los Angeles during the 26th annual ISHRS World Congress. Felix submitted this story, which I thought was important to present. The amazing journey of his patient is our cover story. Please be sure to watch the video link provided. ■