FROM HUMBLE BEGINNINGS

Fifteen years ago the idea of having the very first multi-specialty aesthetic conference was ‘hatched’ in a dimly lit hotel room in Newport Beach, California. In that room were representatives of the four so-called ‘core’ specialties, including facial plastic surgery, oculoplastic surgery, dermatology, and plastic surgery. All agreed that involvement within our own respective specialty society was very important but that education had become stale and there was much to be gained by creating a meeting that was a true multi-specialty program.

Our concept for this multi-specialty educational event was relatively simple. Our faculty would be equally divided among, and limited to, the four core specialties, and our program would include material relevant to a practitioner of each of those specialties. Having directed over 25 national programs at this point I was the one chosen to lead this effort.

No easy task. In fact, it had never really been done before. These four specialties as a rule were very competitive and even somewhat suspicious of one another, but we were able to build this coalition by having our faculty limit their presentations to areas that fell under their respective board certifications.

Fast-forward 15 years from that dimly lit room and multi-specialty education has now become commonplace around the world. And while I am totally prejudiced I continue to believe Vegas Cosmetic Surgery (VCS) still has the most comprehensive and high-end multi-specialty faculty and program in the world.

Moreover, another very important concept hatched by VCS eleven years ago was the importance of practice management and marketing (PMM) as it relates to each of our respective practices regardless of specialty. A one-day break out session has now become a very important four and a half day comprehensive portion of the meeting with over 50 lecturers. Today, almost every other aesthetic meeting – both society related and independent – has added some component of PMM to their respective programs. They say that imitation is the best form of flattery so we are extremely proud of our contributions and vision.

Since the very first meeting in 2004, VCS has grown dramatically, becoming one of the three or four most attended aesthetic conferences in North America. In summary, the future for aesthetic medicine and surgery is multi-specialty education and we are extremely proud that the organizers of VCS were at the forefront of this movement so many years ago.

S. Randolph Waldman
Founder and Chair, Vegas Cosmetic Surgery

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TOP 10 TIPS TO MAXIMIZE THE PATIENT EXPERIENCE WITH INJECTABLE FILLERS

In 2015 there were over 2.5 million injectable filler treatments according to the American Society of Plastic Surgeons. In addition, this number has grown dramatically over the past 15 years, up over 250%. Yet the number of Botox injections far exceeds the number of filler procedures, well over 6 million. This is despite the fact that filler injections often provide a more dramatic correction and are typically much longer lasting.

So why is this? While I have not seen a scientific study that details the number of fillers administered, I can tell you that the number of fillers administered often exceeds the number of Botox injections. In that vein, it is important to understand and observe the importance of maximizing the patient experience with injectable fillers.

1. Prepare the patient – From pre-op instructions to evaluation and discussion of the treatment plan, a prepared patient is more likely to be a happy patient.

2. Numbing cream – No single item has improved our patient experience as much as the right numbing cream; find it, use it, and please don't charge for it!

3. Pick the right filler – This could be an article in itself, but oh what a problem the wrong filler in the wrong spot can be – know your fillers.

4. Take your time – This is especially aimed at surgeons like myself. This is not a 10 minute procedure. Taking your time means less swelling, bruising, discomfort and, most importantly, better results.

5. Cannulas – If you are not a believer, you should be.

6. Be prepared – Emergencies happen, make sure your filler emergency is nothing more than a close call and not a serious filler complication.

7. Ice/pressure – This routine has so many benefits.

8. Ocumend gel pads – Even if you are an Arnica skeptic, you and your patients will like these.

9. Show them what you have done – Impress them with your good work after the injection by showing them in a mirror.

10. Follow-up – As with all medicine, this completes a great experience for everyone and gives the patient a chance to ask questions.

CONSULT WITH A HEALTH CARE ATTORNEY WHEN YOU START YOUR OWN PRACTICE

In the medical aesthetics industry, what you don't know can hurt you, and if you're new to the business, there is a lot you don't know. The laws to which cosmetic surgeons and other medical aesthetics professionals are beholden vary from state to state, and they are typically quite complex. Failure to understand and observe these statutes might result in catastrophic consequences, so it is in your best interest to engage an experienced healthcare attorney as soon as you can.

OUT OF THE GATE

Cosmetic surgeons and other medical aesthetics professionals can fall victim to legal stumbling blocks before their practices are even out of the starting gate. For example, a medical aesthetics practice's ownership structure must conform to its state's regulations that govern the ways in which a medical facility must be owned and operated; treatments must be administered according to state laws regulating supervision and delegation, and the manner in which the practice compensates its employees must conform to its state's rules regarding fee-splitting—diverting part of a patient's payment to an entity other than a physician or a physician-owned corporation. Violating any of these rules can result in licensure penalties and fines, which can cripple a medical aesthetics practice.

This might seem like a lot to take in, but if you engage an experienced, attentive healthcare attorney early in the process of creating a medical aesthetics business, you can avoid these obstacles. An attorney will typically tell you that it costs at least twice as much to fix a problem than it does to prevent that problem from happening in the first place. So although it might seem like hiring a legal professional is an unnecessary expense at a time when a business is likely on a tight budget, it will almost certainly result in significant savings over the life of the practice.

STAYING SAFE

Several types of situations cause problems for medical aesthetics professionals who haven't consulted a healthcare attorney. For example, a person who wishes to open a cosmetic surgery practice may attempt to partner with businesspeople and/or doctors in order to get the practice off the ground. In cases such as these, an attorney should help craft the partnership documents. As a general rule, attorneys consider the worst possible outcome for each situation and then draft documents to protect their clients as much as possible in the event that outcome occurs. When creating partnership documents, a lawyer will typically consider what would happen if the partners don't want to be partners anymore. You wouldn't necessarily consider such situations when things are going well, but they definitely need to be addressed, because if things suddenly aren't going well, you'll want to know what recourse you have and what you stand to gain or lose.

All this legal work needs to be undertaken as soon as possible. It does a practice owner or operator no good to ask an attorney to solve a problem like this after it arises. At that point, there's only so much that can be done.

GET IT DONE

If you are thinking about opening a cosmetic surgery practice, you owe it to yourself to consult an experienced healthcare attorney who is deeply familiar with your state's laws as soon as possible. In the long run, it will very likely save you a great deal of money and aggravation.

Alex R. Thiersch, JD is a Chicago healthcare attorney who represents medical spas, plastic surgeons, and aesthetic medical professionals. He is the founder and director of the American Med Spa Association (AmSpa), which was created for the express purpose of providing comprehensive, relevant and timely legal and business resources for medical spas and medical aesthetic physicians throughout the United States. For more information about becoming a member or to learn about AmSpa's upcoming events, log on to www.americanmedspa.org. Alex can be contacted at alex@americanmedspa.org.
THE BLACK MARKET AESTHETIC PRODUCTS

WENDY LEWIS INVESTIGATES HOW PRACTITIONERS AND THE INDUSTRY ARE FIGHTING BACK AGAINST COUNTERFEIT PRODUCTS

The black market for aesthetic products has emerged as a mounting problem globally. The proliferation of counterfeit or fake products presents a growing challenge for practitioners, patients, and manufacturers. The expense of policing illegally sold products and prosecuting the offenders impacts everyone.

Doctors report that they are being inundated with offers from offshore vendors pitching cheap toxins and fillers, as well as HIFU and IPL systems that are not approved for sale in the US or EU. According to facial plastic surgeon S. Randolph Waldman, I think the counterfeit market must be booming as I am deluged with emails each day asking me to purchase HA’s and Neurotoxins. ‘Then you see a price being advertised at the ‘spa’ across town that is actually lower than our product cost, and then you say “hmmm.”’

On the other hand, some physicians may wonder why their colleagues in Canada and Europe may be able to buy the same injectable products at far less than what American physicians pay? ‘I would love to purchase a Botox or Juvederm which is considered a gold standard when it comes to the product approval process. But the supply chain has become increasingly complex beyond US borders in the form of counterfeiting, diversion, cargo theft and importation of unapproved or otherwise substandard drugs or medical devices.’

Wendy Lewis, President of Wendy Lewis & Co Ltd, reports, ‘I am flooded with emails each day asking me to purchase HA’s and Neurotoxins. ‘Then you see a price being advertised at the ‘spa’ across town that is actually lower than our product cost, and then you say “hmmm.”’

On the other hand, some physicians may wonder why their colleagues in Canada and Europe may be able to buy the same injectable products at far less than what American physicians pay? ‘I would love to purchase a Botox or Juvederm which is considered a gold standard when it comes to the product approval process. But the supply chain has become increasingly complex beyond US borders in the form of counterfeiting, diversion, cargo theft and importation of unapproved or otherwise substandard drugs or medical devices.’

The ‘Black Market’ or ‘Fake Market’ is an illegal traffic or trade in officially controlled commodities. However, there is a distinction to be made between a black market trade that is itself an illegal act, and an incident where the goods may or may not themselves be illegal to use or trade through other, legal channels. This underground market incentivizes practitioners to purchase counterfeit or imitation products at low costs and without being taxed, which in turn they sell to consumers at a lower price point. Some of these products may be fakes, counterfeits, and knock-offs of patented and licensed products.

Although the US has the tightest regulations in the world, in other countries and regions, regulations are not always enforced. The FDA process is widely accepted as the gold standard when it comes to the product approval process. But the supply chain has become increasingly complex beyond US borders in the form of counterfeiting, diversion, cargo theft and importation of unapproved or otherwise substandard drugs or medical devices.

Many of the counterfeit products entering North America and Europe are being imported from China, India, Pakistan and other countries in Asia, which is considered a worldwide center of counterfeit injectables, lasers, and energy based devices. ‘There is also a steady stream of look-alike products that claim to have the same ingredients, mechanism of action, and technology of the market leader, but are sold under a slightly different name that can be deceptive to both physicians and consumers.’

KEY THREATS

There are many major threats posed by the global rising trend of black market products and devices. Counterfeit products may be contaminated, or contain the wrong ingredient or a substitute ingredient, or no active ingredient at all. They could also have the right active ingredient but at the wrong dosage. ‘The possibilities are endless and may have lethal consequences. There is an inherent global consumer safety risk when products that are not regulated are being used in such a way that governing agencies cannot monitor who is doing what to whom. In this manner, adverse events are not always recorded and patient treatments may not be documented, which limits the ability to track it all.’

Counterfeiting is not a new problem, says Keith Sullivan, Chief Commercial Officer and President, North America of ZELTIQ Aesthetics. ‘However, while counterfeiting has been a concern in the pharmaceutical industry for some time, it is relatively new to the medical device realm. It is important for medical device manufacturers to take a more active role with regulatory bodies, and continue to stay involved to help shape regulations as well as protect patients. We work with these regulatory bodies and share information, yet it remains a significant concern for all involved: regulatory agencies, industry and patients.’

WHAT CAN INDUSTRY DO

According to Mr. Sullivan, “Counterfeit products that are not cleared by the FDA pose a potential injury to patients. This means they have not been evaluated for safety or efficiency. At best, patients who are fooled into believing they are receiving authentic treatments are simply wasting their money and not achieve any results at all. At worst, patients may be injured by counterfeit devices. ZELTIQ has invested heavily in safety features and techniques to ensure that the treatments are safe. On the contrary, counterfeit devices lack any safety features and have been known to cause injuries including serious freeze burn and blistering. Counterfeits perform far below the high standards we have set.’

The FDA encourages physicians as well as consumers to report any suspected criminal activity to the Office of Criminal Investigations (OCI). Submissions are voluntary and may be kept confidential. There are also certain steps in place that are intended to guide consumers to protect themselves. For example, the US FDA’s website contains a list of approved fillers, if consumers are aware this exists, and know where to look for it. Medical devices also pose a challenge, as it is unreasonable to expect consumers to be able to identify a Class I from Class II device.

According to facial plastic surgeon Mary Lynn Moran, ‘As a member of Medical Board of California for seven years and as a private practitioner in solo practice for 22 years, I have seen this issue from both sides. I have sat on many committees of the AAFPRS and I am also on the Credentialing Committee of the AAFPRS, so I understand from the certifying board point of view how these matters are handled. For example, I was involved in disciplining many high profile practitioners who were illegally importing neurotoxins. The most high profile case was from Florida (the doctors had California licenses) where four people ended up being hospitalized and on ventilators for months after being injected with a research grade neurotoxin.’

Continued in tomorrow’s edition, and online at www.prime-journal.com

Reference

What teases the subconscious mind of the opposite sex and why?

Beauty, in essence, is a form of subconscious communication. It is an indicator of health, vitality, and the potential for producing viable offspring. But, it's essential that being beautiful is subconsciously transmitted. Appearing 'fake' will inadvertently suggest a message of not being healthy and vital—the exact opposite of what is intended.

Contrary to the 'makeover' concept, it only takes one small detectable change in a person's face, expression or posture to completely alter the impression projected.

Subliminal Difference uses an evolutionary approach to guide treatments—relying on humankind's innate desires for beauty shaped over millions of years. It was designed using non-surgical treatments to strategically improve physical appearance along with self-esteem, resulting in the immediate projection of a more attractive first impression. These outcomes have been detailed and supported in peer reviewed published research. Unlike traditional methods, following a Subliminal Difference treatment, results are immediately apparent and those who experience the treatment can expect minimal morbidity; most go right back to work or their busy schedule looking youthful and refreshed.

The key is that these small improvements are recognized by others subconsciously. Subliminal difference is a major advancement in not only the technique, but also the philosophy of cosmetic medicine.

Subliminal difference is a major advancement in not only the techniques, but also the philosophy of cosmetic medicine.

and patient satisfaction is tremendous.

At the core of the technique is the use of blunt tip cannulas, an instrument that, for me, allows placement of filler without the bruising effects of traditional instruments. Cannulas are a real 'game changer' in the way patients are treated, both technically and philosophically. Large bore 22 gauge cannulas likely reduce the risk for a devastating intravascular related complication and for that reason alone it has become a mainstay in my practice. However, beyond widening the safety index, the use of cannulas has taken filler procedures from a treatment to fill in a few facial wrinkles often associated with bruising and swelling to an instant facial beauty makeover with little to no bruising or swelling. Cannulas are soft and blunted. They gently push underlying soft tissue out of the way as they advance. Unlike traditional filler treatments that use a needle which slices through soft tissues and blood vessels to result in pain, swelling, and bruising. The key value of cannulas is reducing the discomfort and morbidity of the procedure as it is my impression that the patient's experience and outcome is influenced by the experience of the treatment.

Admittedly, many of the most accomplished filler injectors worldwide and likely the majority prefer needles. And in the hands of an expert the experience and outcomes are equivalent regardless of the technique. However, in my experience, when a filler treatment is performed with blunt tip cannulas, both the patient as well as the...
I’LL THINK ABOUT IT. NOW WHAT?

You thought you had a great consultation with your prospective patient, Sara—at least you thought you did. However, Sara ended up saying, “I gotta think about it” and walked out the door. Ugh!

WHY DIDN’T THEY BOOK?
Since cosmetic rejuvenation is a very personal as well as emotional decision, there are all sorts of reasons why the prospective patient didn’t book.

■ Maybe the downtime was too much for them
■ Maybe the reality of surgery and general anesthesis scared them away
■ Maybe they couldn’t afford it or didn’t have a way to comfortably pay for it.

Or, maybe they got bad news that morning and weren’t in the right mind frame to bond with you and make a decision. Or a dozen other benign things could have happened that had nothing to do with you. It could have had everything to do with their frame of mind at the time that prevented them from moving forward.

The point is people change, their moods change, and their circumstances change so you can never assume anything.

WHAT DO YOU DO WHEN YOU CAN’T CONVERT THE CONSULTATION?
If the prospective patient can’t or won’t make a decision during the consultation or says they have to think about it, don’t push. For whatever reason, they aren’t just not ready to book.

So rather than hope they call you back when they are ready, here is an effective proactive strategy to get you closer to the finish line:

■ Rather than call or email to ‘follow-up’ with them or, worse, do nothing, offer new information that helps the patient get to a YES.

For example, let’s say Sara, the prospective patient, wants a Mommy Makeover. She mentions at the end of her consultation with your coordinator that she’ll be going on three more consults to do her due-diligence and you happen to be her first visit. You mail and email Sara your ‘Checklist of Questions to Ask the Surgeon During Your Mommy Makeover Consultation’.

Now fill the checklist with questions you can say yes to that your competitors may not be able to, i.e., you have performed an above-average number of Mommy Makeovers, etc. And, fill it with patient stories and photos of other Mommy Makeover patients just like them who have had the procedure. Add their contact information or at least an invitation to set your happy and satisfied patients up to talk with Sara about their experience.

Now your coordinator calls Sara not to ‘follow-up’ but to ‘get feedback’ and says:

“Hi Sara, it’s Kim from Dr. Smith’s office. It was so great to meet you the other day I’d love to get your feedback on our ‘Checklist of Questions to Ask the Surgeon During Your Mommy Makeover Consultation’. Was it helpful to you for your other consultations?”

Now zip it and listen. Let Sara tell you. While you hope that’s what she needed to move forward with you, maybe it was or maybe she decided to go in a different direction. Regardless, at least you have an answer one way or the other.

For more strategies to comfortably and confidently follow up with a prospective patient who said they need to think about it, attend my talk, “They Said, ‘Til think about it’ Now What?” today at 3:10pm.

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SESSION HIGHLIGHTS: HIFU — WHAT YOU DON’T KNOW FROM AROUND THE WORLD

The use of high intensity focused ultrasound (HIFU) has become one of the most popular and most studied cosmetic aesthetic procedures that many clinicians now use on a regular basis for skin tightening and lifting in a non-invasive manner. With the marketing efforts that have accompanied the positive results from the procedures, the procedure has garnered its own term in the aesthetic community—Ultherapy.

Ultherapy has earned its place as noted, has had numerous clinical studies and US FDA approvals to support the marketing efforts and claims. Since it has become so popular, many companies from other parts of the world, especially South Korea and China, have come out with their own HIFU devices.

What makes them different and do they perform at the same levels as what we have here in the US? The claims are coming in—and it would seem that these devices are perhaps working faster than our current Ultherapy device. They have more transducers with more capacity than our current device allowing them to treat not only the face, neck, and décolleté like our current device, but also treat larger areas, such as the abdomen.

It will be prudent for all of us to examine these devices carefully, to look at the clinical studies that are accompanying these devices and to determine if they are, in fact, similar, superior, or inferior to our current Ultherapy device.

To hear more on this topic, you can attend my talk, HIFU — What You Don’t Know From Around the World” this afternoon at 5:30pm.

► Michael H. Gold, MD is the Medical Director of Gold Skin Care Center, Nashville, Tennessee

► Catherine Maley, MBA is a cosmetic patient attraction and conversion specialist. Catherine and her team in Sausalito, CA use creative patient attraction and staff training strategies to keep a steady stream of cosmetic patients coming to you. You can visit her at www.CosmeticImageMarketing.com
EMBEZZLEMENT, FRAUD, AND THEFT IN AESTHETIC PRACTICE

JAY A. SHORR AND MARA SHORR DISCUSS THE MOST COMMON CASES OF DISHONEST BEHAVIOR IN AN AESTHETIC PRACTICE AND POSSIBLE SOLUTIONS

If you think that embezzlement, fraud, theft, and dishonest activities only occur in large corporate settings, think again. We always hear of major catastrophic events, like Enron, Bernie Madoff, and Scott Rothstein. The media plays those cases up for ratings, and the cases affecting thousands of innocent people. The truth of the matter is that it happens every day, right in our own businesses, but we’re either not savvy enough to catch it, or it only bears its ugly head when it amounts to a compelling event. Let’s look at a few ways our practices are subjected to dishonest behavior:

THEFT OF CASH

When a patient pays cash for a procedure or a combination of procedures, the staff member should post the procedure just like any other transaction. Once the transaction has posted, if your practice management system allows for a staff member to delete the transaction without secondary approval, then the cash can be stolen and the transaction will not be listed to match up with the daily report for monetary consideration, inclusive of cash, checks, credit cards, etc.

Another way your staff can steal cash from your practice is to check for multiple credit card transactions using the same credit card number. When a patient pays in cash, the staff member can take the cash and use their personal credit card to charge the transaction. The daily report will match for the total revenue, but the cash and credit card amounts may not match if the transaction was not altered to reflect the proper method of payment.

This may not seem like a big deal, but the employee just took an interest free loan and you have to pay the merchant processing fee on the transaction.

**SOLUTION**

Mandate secondary approval for all deleted transactions and run a daily exception report of all deleted transactions. Additionally, check to see if multiple transactions were used by the same truncated credit card numbers (last four digits).

EMBEZZLEMENT FOR PHONY VENDORS

Check to see that all payments are made to legitimate vendors. Staff members can set up phony companies, create invoices for goods or services, and pay the vendor, which may indeed be your staff member or their family members.

**SOLUTION**

Make it a practice policy for you to approve every vendor with proper name and contact information. Review each invoice processed to determine the legitimacy of the goods and services listed. Limit the amount of authorized signers on your checking account.

THEFT OF PROFESSIONAL SERVICES

All too often, a provider will request payment for procedures in the exam room. Patients do not know your practice policy for payments, and often accept the honesty of the provider. Payments are made to the provider, and it never reaches the checkout counter. The provider may even alter the route sheet to indicate a complimentary or lesser fee for the treatment.

**SOLUTION**

Your practice policy must indicate that every transaction must be posted at the checkout counter and not in the exam room. Unless both staff members are in cahoots with one another, the checkout staff member must bring any discrepancy to your attention.

THEFT OF RETAIL PRODUCTS

What type of product inventory system do you have? Does every item received in your orders make it to the inventory on your shelves or in the stockroom? Do you even know what was ordered and what was received? Most practices leave this up to an aesthetician with minimal to no controls. This leaves you wide open for internal theft.

**SOLUTION**

Ensure that you have some type of inventory management system, and review it. Do not depend exclusively on the same person who orders the merchandise. That is like having the fox watching the hen house. Many practice management systems have proper software to assist you. Even a manual excel filing system, although primitive, is better than nothing. Theft plays a large part in diminished profits, as every dollar that walks out of your practice is a pure profit dollar.

Theft plays a large part in diminished profits, as every dollar that walks out of your practice is a pure profit dollar. Remember, it usually takes three to four revenue dollars to make one profit dollar. Be prudent, and don’t be afraid to challenge your staff.

ABOUT THE AUTHORS

Mara Shorr, BS, CAC II-VIII serves as the Vice President of Marketing and Business Development for The Best Medical Business Solutions, assisting medical practices with the operational, financial, and administrative health of their business. She is a Level II-VIII Certified Aesthetic Consultant and program advisor, utilizing knowledge and experience to help clients achieve their potential. A national speaker and writer, she can be contacted at marashorr@thebestmbs.com.

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THE RISKS OF BLACK MARKET AESTHETIC PRODUCTS — PART II

Wendy Lewis continues to explain how practitioners and the industry can fight back against the growing tide of black market products. In Part I, featured in yesterday’s daily newsletter, Wendy covered the definitions of black market products, key threats posed by such products, and what can be done. In Part II, Wendy covers patient education and the role of the regulators.

PATIENT EDUCATION

A big problem cited by physicians relates to the fact that many patients have no idea what product they have had injected and are just looking for a good deal. These patients may not even understand the potential risks to their health posed by counterfeit products and devices. When complications arise, they may see another doctor or go to the nearest ER. Not knowing exactly what was done and how, does not allow the next doctor to best treat the problem or manage the complication. It is a vicious cycle.

Physicians all over the world report that they are seeing an increase in the number of patients coming in for corrections from injections that have gone wrong. Complications range from foreign body granulomas, extrusions, chronic inflammation, and infections from fillers, to more severe consequences including death from illegal injections of permanent substances performed by non-physicians and/or unlicensed physicians. The risks associated with unlicensed fillers and neurotoxins range from dangerous reactions to outdated or ineffective products. More serious consequences, ranging from infection to death, have also occurred.

Epidemic injuries, including scarring, hypopigmentation, hyperpigmentation, and burns from lasers and energy-based devices also pose an increasing problem. Regrettably, the disasters tend to land on the front page of local papers and the nightly news, which often paints every device with the same brush. These stories send a message to consumers of ‘buyer beware,’ and it does not bode well for the medical aesthetics industry as a whole. It may also contribute to greater uncertainly in the medical aesthetics industry as a whole. It may also contribute to greater uncertainly in the marketplace, and more consumer fear and apprehension. The end result is a negative impact on the expansion of aesthetic market penetration.

PRODUCT POLICE

How can the industry police the influx of products in the market that are finding their way into practices? As I see it, the responsibility is three-fold. It is first the job of the FDA to police what comes into the country and how it is being used. Next, it falls on physicians to make good decisions by demanding solid clinical data and a long safety profile to determine what products are efficacious for patients.

Then there is the all-important issue of whistle-blowing. Unless practitioners can be certain that the products they are using are the real deal from a reputable source, they may be putting their license and future practice at risk. In the US, major manufacturers have strict protocols in place to identify practices in violation, and are cracking down on physicians who are illegally importing product into the country and making examples of them. There are steep penalties and even jail time being handed out in many countries for those who get caught participating in this practice, and their employees.

Unless practitioners can be certain that the products they are using are the real deal from a reputable source, they may be putting their license and future practice at risk. The industry fares well when there is a concerted joint effort to educate consumers about these sorts of practices and how to avoid them. Major manufacturers display photographs of their products and logos, and post a comprehensive listing of legitimate or authorized providers under the ‘physician locator’ section of their consumer websites.

According to Keith Sullivan, Chief Commercial Officer and President, North America of ZELTIQ Aesthetics, ‘We feel education is the best way to combat this problem. We will continue to educate patients and physicians alike. Although it does not rest solely on the shoulders of the industry to do so. Counterfeiting is a losing proposition for counterfeiters we are made aware of practices in violation, and are cracking down on counterfeitors. Our legal department sends cease and desist letters to counterfeiters we are made aware of in the US and escalates to litigation if necessary.’

In general, the industry agrees that more needs to be done. Counterfeiting is a losing proposition for practitioners and consumers alike. Although it does not rest solely on the shoulders of the industry to monitor quality control, manufacturers and professional organizations are becoming more vigilant. It is clearly an ongoing global challenge to keep up with which doctors are bringing products into their practices that are illegal or counterfeit, and where these are coming from.
TREATMENT TIPS FOR ACNE

Acne is nature’s cruel joke on our most vulnerable, stressed out, and well intentioned. It is each teenager’s right of passage, college student’s final exam treat, women’s menses reminder, and athletes’ post work out residual. A skin condition involving the sebaceous glands of the skin, which become inflamed, purulent, infected and blocked. The etiology of acne is multifactorial and can include: stress, hormones, environment, bacteria, and bad luck. The resultant scars of acne breakouts include issues of color and texture — once acne is cleared, scarring can be addressed.

Options for acne treatment are plentiful and can be quite simple, in fact, my number one acne treatment tip is to wash affected acne areas, followed closely by tips two and three — medicating and moisturizing said areas. At Las Vegas Dermatology we sell the Clarisonic brush, which oscillates back and forth instead of in a circle and shoots water into individual pores, an appropriate cleanser is also necessary to clean the skin. Once you’ve graduated from the basics, antibiotics, topical retinoids, facials, blue light therapy, microdermabrasion or a chemical peel can help with acne treatment or prevention. The most severe cases of acne with abscesses, nodules, and cysts are treated with the super-drug of acne therapy: high doses of vitamin A in the form of isotretinoin or ‘Accutane’ (a federally registered drug requiring multiple hoops in order to be written). In clinic, I will use a syringe to inject or a blade to incise and drain painful acne cysts or boils.

Once acne has been cleared, then the resultant scars can be treated. Color matters with scarring, red discoloration (vascular) can be treated with a pulsed dye, YAG or diode vascular laser, while brown or black discoloration (hyperpigmentation from melanin) can be treated with hydroquinone, other topical bleaching agent or a Q-switched laser. Deep ice-pick acne scars should be volumized with an injectable therapy, such as hyaluronic acid, collagen, polymethylmethacrylate, or calcium hydroxylapatite prior to resurfacing. More superficial acne scars can be resurfaced with a deep peel, microneedling or laser resurfacing procedure. Providers must take caution with newly cleared acne patients coming off of isotretinoin therapy, as these patients must wait 6 months before they can have any elective cosmetic resurfacing procedures because of the concomitant risks of hypertrophic scarring. Managing expectations in acne scarring is key, and patients should be prepared for a lengthy and multi-step treatment process.

Managing expectations in acne scarring is key, and patients should be prepared for a lengthy and multi-step treatment process.

H.L. Greenberg, MD, FAAD, is the Owner & Founder Las Vegas Dermatology, USA
What Twitter said...

- Amazing educational displays at VCS2016 with @Allergan @skinmedica @VenusConceptZimmer and @Oxygentrix @VCS2016 @Florez vanessa
- "Visits at vcs2016 booth 704! You MUST feel the Silagen difference! #scars #plasticsurgery #cosmeticsurgery #vegas" @SilagenScars
- "Meeting with the wonderful VCS2016 attendees & talking about their Digital Marketing Strategies. Visit Booth #422" @Ceatus
- "At Vegas Cosmetic Surgery? Stop by Booth 118 or, call (512) 657-5866 for a free MyMedLeads demo. #VCS2016 @ MyMedLeads"
- "Visit ASIRn at Booth 105 at VCS2016 for journal copies and more #cosmeticsurgery #VCS2016 @HipSurgeryNYC"
- "Check out the great products for #plasticsurgeons and dermatologists at VCS2016 @ MiramarLabs @HydraFacial @Syneron @Florez vanessa"
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THE EVOLUTION OF MY FACELIFTING TECHNIQUE

In order for there to be an evolution, there must first be a beginning, a point from which things progress. The evolution of my facelifting techniques began in 1973, during a one year American Academy of Facial Plastic Surgery Fellowship. That year, I learned three totally different techniques from three mentors: Dr. Jack Anderson, Richard Webster, and Wally Berman. Their facelifting techniques ranged from minimal undermining (3-4cm) without SMAS suspension, to wide undermining – connecting the flaps under the chin.

Management of the upper face ranged from post-trichial coronal lifting to elevating brows with an incision made at the superior margin of the brow hairs. So what is a young surgeon trained by three giants in the field whose techniques so widely varied to do? In my case, I tried them all, until I was able to determine which technique—in my hands—seemed to be the best fit. Then, I created an approach that incorporated techniques learned from each of my mentors but quickly added deep plane SMAS suspension, before it became mainstream.

For the first twenty years, I relied on very safe, conservative techniques—limited undermining with aggressive suspension of minimally undermined SMAS. Complications were essentially non-existent, and results were good. As a result, I built a very successful practice.

In the mid 1980s, I incorporated liposuction to the lower jaw line and submental regions, thereby providing additional improvement in long term results. I became more aggressive with SMAS undermining in the 1990s, but not to the extent described in the classical ‘deep plane’ technique. Skin undermining in the pre- and post-auricular regions was extended to approximately 8cm, and I ceased using permanent sutures for SMAS suspension. I changed to absorbable sutures that held their tensile strength for up to 12 weeks and relied on the natural fibrous bonds of healing to replace sutures, thus eliminating multiple ‘foreign bodies’ in the face.

In the early 2000s, I incorporated the trichophytic technique to the temporal, post-auricular, and forehead regions, thereby avoiding the tell-tale signs of post-surgical elevated hairlines. When performed properly, hair will grow through—and beyond—the incision lines. At the same time, I began to be more aggressive when dealing with platysmal banding, either suturing the edges in the midline, or excising the leading edges. It is of note, that when platysmal bands are sutured together, skin undermining should be extended from the pre-auricular region to join with submental skin elevation. Otherwise, a ‘cobra deformity’ may ensue.

NO TWO FACES ARE THE SAME

In 2011, I published a paper entitled, ‘Condition-Specific Facial Rejuvenation,’ in which I proposed an algorithmic approach to facelifting. Based upon a scale from 1-5, the severity of aging in each of the four regions of the face: forehead, temple, cheek, and neck determine the extent of surgery. Said another way, there is never an indication for a ‘one-size-fits-all’ lift. No two faces are the same. Different regions of the face age at different rates. And the same face is a different face at different ages.

I choose not to incorporate fat grafting in my facelift surgery. Rather, I reposition sagging tissues to fill the volume losses created by aging. At the time of this writing, I have performed nearly 7000 facelifts. Based upon that experience, my recommendations can be summarized in a few short sentences: minimalist surgery is indicated only when minimalistic signs of aging are present. Aggressive measures are required to adequately treat advanced conditions of aging. If a surgeon feels comfortable with his or her ability to close a wound and produce minimal scarring, the length of the scar should not cause him or her to compromise the operation that conditions call for.

And finally, my facelifting techniques are designed to comply with the ‘Goldilocks Principle’—nothing to the extreme. The goal should always be: create a more youthful, but naturally-appearing face—at every age.

► E. Gaylon McCollough, MD, FACS, is a facial plastic surgeon and Founder of the McCollough Institute and Plastic Surgery Clinic, Gulf Shores, Alabama, USA

SESSION HIGHLIGHTS: NEW FILLERS ON THE HORIZON

Dermatologists and plastic surgeons are fortunate that we have several well studied injectable fillers for our patients interested in having lines and wrinkles treated, as well as for volumizing the face. We also now have FDA approved fillers for rejuvenating the hands and for treating acne scars on the face. The newest of these fillers will be reviewed in my presentation entitled: New fillers on the horizon, this morning at 8:20am.

Additionally, we need to understand that there are several new fillers that are under investigation now or have finished clinical trials and are pending approval at the FDA. These fillers will also be reviewed during the session. We will also determine where they will fit into the armamentarium of injectable fillers for clinicians to use in their daily practices. One thing to note, compared to the rest of the world, we, in the US, are very fortunate that we have the FDA monitoring these products, where safety comes at the same level as efficacy.

We want to ensure that we inject the best products into our patients and that we understand the nuances of these products that we plan on using in our practices.

► Michael H. Gold, MD is the Medical Director of Gold Skin Care Center, Nashville, Tennessee

SATURDAY’S EDITION...

► Legal issues to avoid in doctor advertising
► Stem cells: state of the science
► Wrap-up panel
KEY TO RUNNING A successful and profitable practice is your ability to manage patient expectations. All too often, aesthetic patients have unrealistic expectations and are not prepared for their surgical journey, including their post-op recovery.

Surgical practices need to spend more time with patients to ensure that all aspects of the procedure, as well as realistic outcomes are thoroughly explained and understood by patients. Managing patient expectations starts at the practice level. One should never assume that your patient understands the scope of their surgery, or outcome. This also applies to non-invasive treatments, such as Botox and fillers.

SCREENING PATIENTS
I recommend that every practice screen their patients for psychological disorders such as body dysmorphia. Patients with psychological disorders will never be happy with their results. These patients end up being very difficult patients and can cause harm to a practice financially and emotionally. Patients that exhibit and screen for these disorders should be referred to the proper medical professional prior to any plastic surgery or cosmetic procedures. All aesthetic practices should have psychologists or psychiatrists to whom they can refer.

THE CONSULTATION
An unhappy patient is a practice’s worst nightmare resulting in bad online reviews and a possible law suit. It is a best practice to prepare the patient in every aspect of the surgery, realizing that in rare cases the outcome may not be ideal.

During the initial consultation there is great deal of information for the patient to absorb. Your patient is focused on the procedure(s) and excited for the outcome; therefore much of the information is not retained. Many times the information is so overwhelming that the patient leaves the office with many unanswered questions. This can lead to a misunderstanding of the surgical outcome and post-operative recovery process.

Managing expectations to ensure the best outcome works both ways. The patient has an aesthetic goal in mind that he or she must convey to the surgeon. It is important that in order for expectations to be realistic the surgeon must also have a clear understanding of the patient’s goals and must be a good listener. The surgeon should help the patient articulate his or her goals if he or she is unable to do so. Every patient who walks through your practice door is there for a specific reason. It is best to uncover this goal during the initial consultation.

If the patient’s goals are unrealistic; this is the time to note this and advise the patient that these goals are unrealistic. If the patient does not understand this, then it is up to the surgeon to decide if this patient is the right patient for his or her practice. Sometimes it’s better for both parties not to pursue the procedure or surgery.

Proper patient preparation is a team effort. Surgeons should realistically discuss the aesthetic outcome as well as the post-op recovery period. Your staff is also responsible in ensuring that the patient fully understands the procedure, potential outcomes as well as office policies.

PATIENT INFORMATION
Patients today are very savvy and most of them will do research online prior to a consultation for a procedure and some patients hire a plastic surgery coach to guide them through this process. However, there is a lot of misinformation as well as good resources. Some patients even rely on a friend or family member who had the same procedure. Therefore, it is not necessary to dumb down the procedure, surgery or make light of the recovery time. Transparency is very important to managing patient expectations and developing the trust on both sides; patients have to trust you as the surgeon and your team and you have to trust your patient.

Surgeons and staff are sometimes reluctant to tell the patient the truth for fear that he or she will not commit to the procedure, therefore losing a ‘sale’. This is medicine and should be treated as such. If your patient is truly committed to the outcome, have the financial resources and time, they will not back out.

ABOUT MICHELE GARBER
Michele has over 25 years in the aesthetic industry working with both practices and consumers. She is a former lifestyle publicist, media consultant and educator. Michele is the founder of The NipTuck Coach, an independent plastic surgery consultancy, a patient advocate and Host and Producer of The NipTuck Talk Show. She is a contributor to Deep Body, a women’s online health website and is editor and chief of Beauty News Talk. Michele frequently lectures at medical meetings and has recently partnered with a concierge post-op recovery care service in Beverly Hills, CA.

I recommend that every practice screen their patients for psychological disorders, such as body dysmorphia.
WHAT HAPPENS IN VEGAS, DOESN’T STAY IN VEGAS
WENDY LEWIS SHARES HER THOUGHTS ON SOME OF THE KEY LEARNINGS AND MOST MEMORABLE SESSIONS OF VCS2016

Vegas Cosmetic Surgery is a unique experience. In a sea of meetings, new ones popping up all the time plus well-established events, VCS offers something not seen very often in this market; a big crowd. It is invigorating to speak to an audience that is engaged, interested, and taking copious notes.

VCS2016 featured 150 different companies, over 1500 registered plus an additional 500 industry representatives, 30 complimentary workshops, and 16 separate panels on five simultaneous meeting tracks. It is an astounding accomplishment, especially when you consider the small group of staffers who manage the project from soup to nuts.

According to Louis Scafuri, Co-Founder and CEO of Zalea.com, a global digital media platform, ‘Drs. Waldman and Saltz and their team have done an excellent job again this year in putting together a stellar program and inviting many of the leaders in their specialties to present on timely topics and business matters of importance to aesthetic practitioners today.

HIGHLIGHTS OF SPECIAL SESSIONS
Vegas Cosmetic Surgery partnered with RealSelf to conduct research to better understand how aesthetic providers engage with digital consumers. ‘Connecting people with aesthetic providers is core to RealSelf. The survey presented an exciting opportunity to partner with VCS to better understand how providers have evolved their processes, tools and strategies to build trust with patients and consumers in the digital world,’ says RealSelf CEO Tom Seery.

One of the milestones celebrated at VCS2016 was the Galderma dinner symposium, ‘20 Years Of Restylane,’ featuring Drs. Steven Dayan, Z Paul Lorenc, Leslie Baumann, and Brian Biesman. According to Dr. Lorenc, Q-Med originally got the CE mark for Restylane in 1996 and we started the pivotal trial in 2001 with the US FDA, ultimately voting on FDA clearance in November of 2003. This marks a momentous occasion of two decades of the global Restylane brand.

Combination treatments are the buzzword of the year with non-invasive options. Jason Pozner described his experience in a workshop sponsored by Sciton, ‘Increasing Patient Satisfaction with Halo™ and BBL™ Combination Treatments.’ The key takeaways were his pearls on how to utilize both technologies in the same treatment session to get the ‘wow’ factor that patients really want.

Paradigm Medical Communications presented a CME workshop supported by an educational grant from Sinclair Pharma, ‘Optimal Facial Rejuvenation: Expert Insights on the Use of New and Emerging Minimally Invasive Technique with Drs. Mark Nestor and Z. Paul Lorenc speaking on the new Silhouette InstaLift™ procedure. These novel absorbable lifting sutures are uniquely different and specifically address the shortcomings of the previous generation of barbed sutures and thread lifts. The fully resorbable sutures made from glycolide/L-lactide (PLGA) lift and reposition subdermal tissue while the resorbable bi-directional cones hold the sutures and facial skin in place.’

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an elevated position. Over time the implanted PLGA suture and cones also stimulate collagen production to help increase and restore volume to the mid-face. Absorbable lifting suture placement provides the ideal solution for the void created by fillers, neuromodulators, and resurfacing. The key to mastering this technique is the hands-on approach to training. This is a very technique dependent procedure,’ says Dr. Lorenc.

A panel moderated by Dr. Steve Dayan on How Globalization and the Internet Have Affected Our Definition of Beauty included a roster of industry experts and media to reflect on the power of digital and how this trend has changed the way we think about aesthetics. Dr. Sam Rizk presented a very original and engaging video describing ‘A Modern Approach to the Art of Facial Beauty Restoration’ that woke people up and stimulated discussion.

Sunday’s outstanding Stem Cell Bonus Section will conclude the conference with a robust global line-up of leading fat grafting experts and stem cell researchers, including Drs. Guy Magalon, Gordon Sasaki, Erik Woods, Kai-Uwe Schlaudraff, Carlo Tremolada, Neil Riorian, PhD, Joel Aronowitz and Jill Walbel.

MARKETING MAESTROS
The dedicated marketing track and special workshops attracted a lot of attention at this year’s conference, covering everything from customer relationships, digital marketing, treatment bundling strategies, and online reviews.

Cosmeceuticals took center stage at this year’s VCS, and there were a flurry of leading brands represented on the exhibit floor, including SkinMedica, Alastin, ZO Skin Health, Dermalage, Sente, PCA Skincare, Revision Skincare, Envy Medical, Topix, Pierre Fabre, and many more. Dr. Leslie Baumann also presented a dedicated workshop on her proprietary Skin Type Solutions Franchise System, Skincare Retail the Easy and Scientific Way’ that helps practitioners to step up their skin care dispensing with a turnkey solution.

‘The topic of co-op marketing was important this year, as so many medical devices, injectable, and skin care brands are offering practitioners the benefits of subsidizing their marketing efforts. We are seeing more large companies investing in direct to consumer marketing, local search, digital campaigns, billboards, and integration programs that help to offset the costs of marketing these procedures and products to their consumers.

According to Jay A. Shorr, Managing Partner of The Best Medical Business Solutions, Inc., ‘At the conclusion of the conference, attendees had the opportunity to interact with industry professionals through scientific sessions, symposiums, sponsored lectures, and a 4-day practice management track. This is one of the leading conferences in our industry where the business side of medicine is placed in such a high regard for presentations to physicians, mid-level providers, aestheticians and management staff. The practice management tracks allowed the attendees to hear multiple opinions (often opposing) and understand the confines of how they can result in sanctions for unprofessional conduct by the medical board, fines, and penalties.

So what tips do you need to know so that your advertisement is not deemed to be deceptive or misleading?
1. All information must be accurate—you cannot omit information that may be harmful
2. Do not create false or unjustified expectations
3. Avoid terms such as ‘top,’ ‘world famous,’ ‘world class,’ or even ‘pioneer,’ which are usually misleading and designed to attract vulnerable patients
4. Avoid statements that rank your competence or the quality of medical services because they are usually not factually supportable
5. If you plan on using paid advertisements—it must be clearly stated that the advertisement is paid.

TEN LEGAL ISSUES TO AVOID IN DOCTOR ADVERTISING

In the highly competitive field of aesthetic medicine, physicians are finding the need to advertise in order to promote their practice. Done correctly, advertising can lead to significant increases in patient generation. But, done incorrectly, advertising can find you knee deep in hot water.

There are rules and regulations that every physician must be aware of prior to putting out an advertisement. ‘The Federal Trade Commission (FTC) governs commercial advertising and requires all forms of physician advertising (print, radio, television, internet) to be explicitly and implicitly truthful and not misleading. The physician must have a reasonable basis for making claims that are either: i) facts known to the advertiser, and ii) those which a reasonable, prudent advertiser should have discovered.

The FTC has and will continue to prosecute claims of false advertising in the field of cosmetic surgery. In one such case, the FTC prosecuted a case against a physician who advertised that ‘liposuction is a low-risk procedure’ and used before and after images that did not depict typical results. The FTC also found that the ‘ads implied liposuction is a minor medical procedure with no risk of serious adverse complications, significant discomfort, or lengthy healing period, all contrary to fact.’

There are also medical board and state regulations that direct how and in what format a physician may advertise. It is imperative that every physician know the confines of how they may advertise. Failure to follow the regulations can result in sanctions for unprofessional conduct by the medical board, fines, and penalties.

So what tips do you need to know so that your advertisement is not deemed to be deceptive or misleading?

6. Avoid calling yourself a specialist if you aren’t a specialist. It is impermissible to indicate that you have a subspecialty where no subspecialty exists
7. Take precaution when advertising experimental procedures or procedures that have never been proved to result in the desired outcome
8. Do not make a guarantee of results
9. Detail fee structures or costs for procedures to avoid inaccurate assumptions
10. Make sure that there are disclaimers with any before and after images.

Before creating a marketing campaign, the essential first step is to know what you can say and what you cannot say to the public. Following the basic guidelines for physician advertising and having legal counsel approve the content of any advertisement or marketing material will help you avoid costly mistakes.

Allison Avila is Assistant Managing Partner, Gordon & Rees, Scully & Mansukhani, LLP
STEM CELLS IN AESTHETIC MEDICINE AND SURGERY


Stem cells and their role in regenerative medicine and tissue engineering is a rapidly evolving sector in the realm of cosmetic surgery. On Sunday, June 12th The Aesthetic Stem Cell Society (ASCS) will host its second annual scientific session on ‘State of the Science of Stem Cell and Molecular Therapies’ as part of Vegas Cosmetic Surgery 2016.

The Aesthetic Stem Cell Society is an international organization made up of plastic surgeons, facial plastic surgeons, oculoplastic surgeons, dermatologists, and researchers. The purpose of the Society is to advance and support the medical community’s understanding and use of stem cells for the purpose of aesthetic medicine and be an advocate for patient safety and quality of medical care regarding such use.

This meeting will review clinical therapies and current research being conducted throughout the World, featuring both noted physicians and leading stem cell research scientists from Europe, South America, and the United States.

CLINICAL STUDIES
This is an area of escalating interest with over 270 active clinical studies currently being conducted throughout the World. The symposium will review important clinical trials regarding adipose derived and bone marrow derived stem cells as well as umbilical cord derived stem cells. It will also assess the progress of clinical studies dealing with hair growth and photo aging therapies and discuss the current state of the art regarding the use of stem cell derived growth factors and cytokines as well as platelet rich plasma (PRP) for skin rejuvenation as well as for hair restoration.

Discussions will include review of new adipose stromal cell devices; update on development of new mechanical devices utilizing infiltration and gravitational methods to achieve cell separation without the use of enzymes; and exciting discussions regarding the use of stem cells derived from amniotic tissue and umbilical cord tissue.

UMBILICAL CORD DERIVED STEM CELLS
Recent research has revealed that the use of umbilical cord derived mesenchymal stromal cells is associated with fewer ethical constraints than cells derived from other sources. Umbilical cord derived mesenchymal stromal cells can be cryopreserved for future use when needed as ‘off-the-shelf’ therapy. Umbilical cord derived mesenchymal stem cells can be used as ‘universal donors’, as they are not vulnerable to the HLA barrier. Regarding their proliferation capacity, proteic and transcriptomic profiles, their secrdotome involved in regenerative functionality, their homing and their immunomodulatory capacities – umbilical cord derived mesenchymal stromal cells may be the new ‘Gold Standard’. The key factors are their increased proliferation rates, great expansion capacity, the fact that they do not induce teratomas, and that they harbor strong immunomodulatory capacity.

FDA REGULATION
In the United States stem cells are considered source material and fall under FDA Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)’ regulation for transplantable tissues and are regulated by the FDA Center for Biologics and Evaluation Research, and the Office of Cellular, Tissue and Gene Therapy. Currently, the FDA is in the process of promulgating new rules and regulations in this area. The FDA recently released a draft guidance document regarding the use of human cell and tissue products used during the same surgical procedure from adipose tissue.

- Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps) from Adipose Tissue: Regulatory Considerations
- Minimal Manipulation of Human Cells, Tissues, and Cellular and Tissue-Based Products
- Same Surgical Procedure Exception under 21 CFR 1271.15(b): Questions and Answers Regarding the Scope of the Exception

There is concern over the potential impact that the above noted ‘guidance documents’ may have on patient care, on the advancement of responsible medical research, and on extending additional regulatory authority into private medical practice. Mike Sacopulos, JD, noted medical risk management expert and nationally recognized legal authority regarding stem cell regulatory issues, will be providing an overview of current and pending FDA regulations and his perspective regarding their impact on how cellular therapies will be conducted in the United States.

A key feature of the meeting will be a discussion and the Future of Regenerative Cell Research and Therapies in Aesthetic surgery and Medicine’ from a panel of international experts. A highlight of the meeting will be the presentation of the ASCS President’s Award to five internationally renowned stem cell research scientists from the United States and South America, in recognition of their significant contributions to the field:
- Neil Ridordan, PhD
- Erik Woods, PhD
- Shelly Zacharias, DVM
- Patricia Zuk, PhD
- Jeffery Gimbel, MD, PhD

The session will run from 7:30 am to noon and is sure to be the ‘capstone’ of week’s educational sessions.

William H Beeson, MD is President of the Aesthetic Stem Cell Society (ASCS)

“This is an area of escalating interest with over 270 active clinical studies currently being conducted throughout the World.”

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