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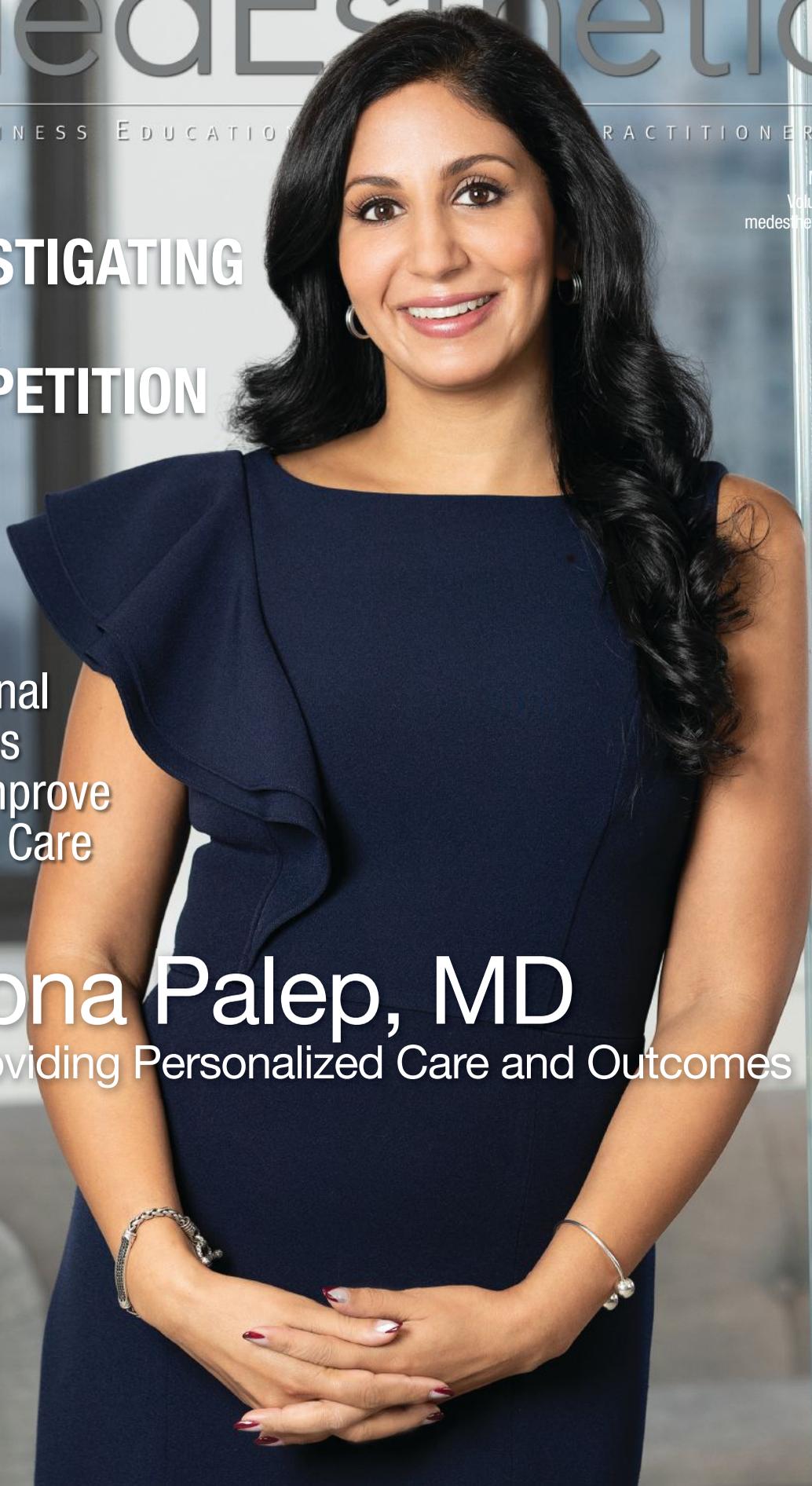
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Sapna Palep, MD
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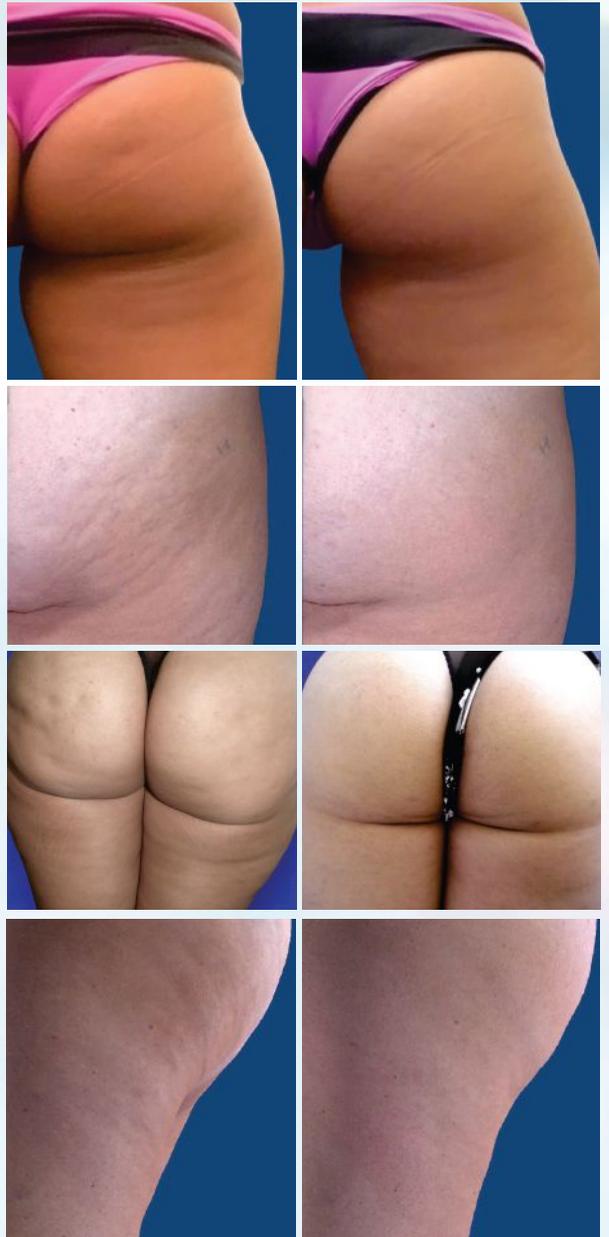
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COVER: Sapna Palep, MD

PHOTOGRAPHY: Kevin Brusie



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1. Cohen JL, Geronemus R. Safety and efficacy evaluation of pulsed dye laser treatment, CO₂ ablative fractional resurfacing, and combined treatment for surgical scar clearance. J Drugs Dermatol. 2018;15(11):1315-1319. © 2019 Candela Corporation. This material contains registered and unregistered trademarks, trade-names, service marks and brand names of Candela Corporation and its affiliates. All other trademarks are the property of their respective owners. All rights reserved. P180202EN-NA, Rev. A

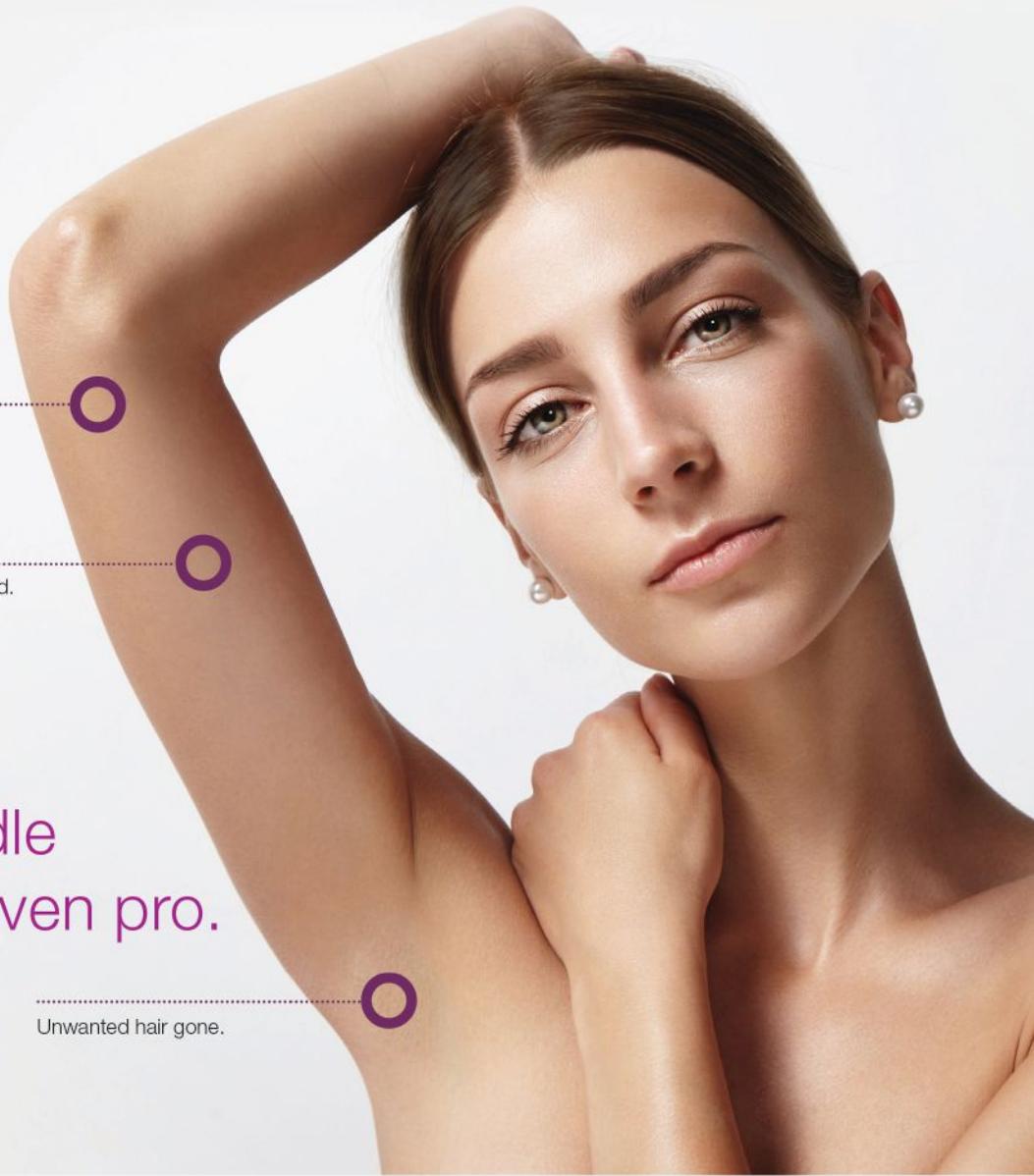


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Inga Hansen
Executive Editor/
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LEADING AND LEARNING

As we were preparing this issue, I had the opportunity to attend the Medical Spa Show in Las Vegas. Soon, I will be heading out to Denver for the American Academy of Dermatology meeting. Industry conferences provide a wonderful opportunity to network, learn and gain inspiration.

During the Medical Spa Show's Mini-MBA track, business coach Wendy Collier spoke on leadership and shared her five-step COACH strategy to becoming a better leader:

- C – See your people as Capable.** You must have faith in your staff and they will have faith in you as a leader.
- O – Be Observant.** Step back and observe the verbal and nonverbal cues occurring among your team members. This helps you understand what's going on in your practice and catch potential problems before they blow up.
- A – Be self-Aware.** Leaders must understand the impact they have on their staff. Your words and action affect your employees' attitudes.
- C – Be Curious.** Don't just hand down directives, ask questions. By asking employees for their input when problems arise, you can build a solutions-focused vs. problem-focused team.
- H – Hold staff members accountable.** Accountability empowers employees.

Running a practice is not easy, but the freedom it afford physicians in choosing their own team members, setting their own treatment protocols and establishing their own culture of care can be well worth the extra hours and demands of business ownership. Some physicians have found that obtaining a Master's of Business Administration (MBA) degree gives them an advantage in managing their businesses, but is this path necessary and right for everyone eyeing private practice? On page 36 ("Dual Degrees"), physicians discuss which additional advanced degrees offer the most benefit for aesthetic physicians.

If you are looking for ways to stand out in a crowded market or thinking of launching a new practice or medspa, performing a competitive analysis can help you pinpoint your unique attributes and target patient base. It can also help you identify your practice's strengths and weaknesses. Our Business Consult column (page 20) offers an overview of how to shop your competitors' practices and perform a competitive analysis based on the data collected.

On page 60, you will find a full list of upcoming industry events and conferences. We hope to see many of you there!

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SAFER CHIN INJECTIONS

In an effort to improve the safety of chin injections, Tanvaa Tansatit, MD, MSc, et al, performed cadaveric dissections to determine the locations of the ascending mental arteries. After dissecting 31 embalmed cadaveric faces, the researchers found 19 dominant ascending mental arteries on the right side of the inferior margin of the mandibular protuberance and 12 on the left. The dominant ascending mental arteries enter the chin paracentrally, approximately 6mm (5.64 ± 4.34 mm) from the midline, within the muscular plane, and at a depth of 4.15 ± 1.95 mm from the skin. The main artery forms an anastomosis with the sublingual artery, within the floor of the mouth.

In the paper, published in *Plastic and Reconstructive Surgery* (January 2020), the authors note that arterial occlusion of the mental artery can result in soft-tissue infarction. Therefore, “every aesthetic physician should recognize the course of the ascending mental artery and use the appropriate techniques to avoid vascular injury during chin augmentation using filler injections.”

Nutrition and Skin Health

Aesthetic physicians can help patients achieve long-term skin health and slow the signs of skin aging by providing nutritional counseling

alongside their in-office treatments. In “The Role of Medical Nutrition Therapy in Dermatology and Skin Aesthetics: A Review” (*Journal of Drugs in Dermatology*, January 2020), authors Martina M. Cartwright, PhD, RD, et al, provide an evidence-based overview of nutritional recommendations for various cutaneous concerns.

They found that in large-scale studies, middle-aged women with wrinkled skin consumed less dietary protein, potassium, vitamin C and vitamin A. Lower linoleic acid and vitamin C intake was associated with drier skin.

Subjects whose diets included eggs, yogurt, legumes, fruits, vegetables and olive oil had less wrinkling on sun-exposed skin. Consumption of vitamin C and lycopene-rich foods also led to smoother skin with less visible sun damage.

Overall, a Mediterranean diet, which is rich in fruits, vegetables, whole grains, beans, nuts, seeds, legumes, red wine, fish and olive oil, helps to reduce inflammation. The authors noted that this diet can be beneficial for patients with inflammatory skin conditions and may also help improve skin tone and texture.



Thulium Laser for Photodamage on the Décolleté

A side-by-side randomized controlled trial by Kristoffer Hendel, MD, et al, revealed that treatment with a 1,927nm Thulium laser (TL) is as effective at reducing photodamage on the décolleté as combination treatment with TL and photodynamic therapy (PDT).

The study included 12 women with moderate-to-severe photodamage on the décolleté and a cumulative total of 184 thin grade I AKs. All AKs were treated with lesion-directed curettage. Subjects' décolletés were then divided into four treatment areas and randomized to receive one single treatment with TL, PDT, combination TL and PDT or only lesion-directed curettage (control).

Six patients underwent eight passes

with the TL (20mJ/mb, 500mJ/cm²). Follow-up at 12 weeks included clinical assessment of overall photodamage, mottled pigmentation and rhytides, using optical coherence tomography (OCT) imaging.

The areas treated with TL and combination TL-PDT showed equal improvement in overall photodamage, mottled pigmentation and rhytides compared with lesion-directed control. Areas treated with combination TL-PDT showed greater improvement in skin texture compared to TL alone. Complete median AK responses were similar for all interventions and control. No scarring or adverse events were observed, but skin response following treatment was more pronounced in areas that received combined TL-PDT.

The study was published in *Lasers in Surgery and Medicine* (January 2020).

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Zinc Supplementation for Acne

A literature review performed by Raja Sivamani, MD, et al, and published online in the *American Journal of Clinical Dermatology* (November 19, 2019) revealed strong evidence for the use of zinc supplementation to combat the inflammation of acne and atopic dermatitis.

The researchers searched the Cochrane Central Register of Controlled Trials, EMBASE, MEDLINE and Ovid for all papers on the use of zinc for inflammatory dermatologic conditions (including acne vulgaris, atopic dermatitis, diaper dermatitis, hidradenitis suppurativa, psoriasis and rosacea) up to May 29, 2019.

They identified 229 articles, 22 of which met inclusion criteria. Ten of 14 studies evaluating the effect of zinc supplementation on acne found the supplementation to be beneficial. Zinc was also shown to be beneficial in one of two studies on atopic dermatitis, one of one study on diaper dermatitis and three of three studies evaluating its effects on hidradenitis suppurativa. The one article found on psoriasis and one article found on rosacea showed no significant benefit of zinc supplements on disease outcome.



Promising Protocol for Removal of Eyebrow Tattoos

Skin of color patients who would like to remove their brow tattoos may have a new treatment available. A pilot study by Farah Moustafa, MD, et al, showed that treatment with a dual-wavelength (1,064nm/532nm) picosecond laser combined with a Perfluorodecalin (PFD)-infused patch is both safe and effective.

The physicians treated four patients with skin types III–IV with a dual-wavelength picosecond Nd:YAG laser using the 1,064nm wavelength with a 3mm spot size and fluence of 4–4.6J/cm². One patient (Patient 2) also received treatment with the 532nm wavelength (4mm spot size and fluence of 0.5J/cm²). Three patients underwent a single treatment session. One patient (Patient 1) had a total of three treatments spaced six to eight weeks apart.



Patient outcomes were: 75 percent clearance in patient 1 after three treatments over a period of 2.5 months, 75 percent clearance in patient 2 after one treatment, 90 percent clearance in patient 3 after one treatment and 100 percent clearance in patient 4 after one treatment. All patients experienced mild and transient localized erythema and edema immediately following each laser treatment as well as some epidermal crusting for three to five days following treatment. Eyebrow hair growth was not affected and no serious or unexpected adverse events were reported.

The study was published in *Lasers in Surgery and Medicine* (online December 11, 2019).

LASER SAFETY PROTOCOLS DO NOT IMPEDE OFFICE EFFICIENCY

Failure to follow standardized laser safety protocols often stems from concerns that strict adherence reduces clinical efficiency. In an effort to combat these concerns, Ronda S. Farah, MD, and Adarsh Ravishankar, MS, published the outcomes of an improvement project at the University of Minnesota Cosmetic Center's laser program. The project included multiple interventions in the areas of laser maintenance protocols, improved laser safety measures and better training for staff, residents and students. By performing staff audits and tracking patient time in clinic, the authors demonstrated that these interventions led to an overall compliance rate of 98 percent, with no significant changes to clinic efficiency.

Three categories of interventions were designed and implemented, including laser maintenance, clinical laser safety and training. Over the course of four months audits were performed to track compliance—measured as a percentage of protocol steps completed—as well as patient treatment times. All 31 audits revealed compliance rates greater than 98 percent. The average patient treatment time post-implementation was 13.8 ± 7.8 minutes compared to pre-implementation times of 14.5 ± 10.8 minutes.

“We hope these findings will influence clinicians to implement strict laser safety protocols, and to allay concerns that such interventions will affect clinical efficiency,” said Dr. Farah, who is an assistant professor in the department of dermatology at the University of Minnesota, director of medical dermatology at the University of Minnesota Health Maple Grove Clinics, and the founder and lead of the University of Minnesota Health Cosmetic Center.

“Implementing Laser Safety Standards in the Outpatient Academic Dermatology Clinic: A Quality Improvement Based Study,” was published in the December 2019 issue of *Lasers in Surgery and Medicine*. ME

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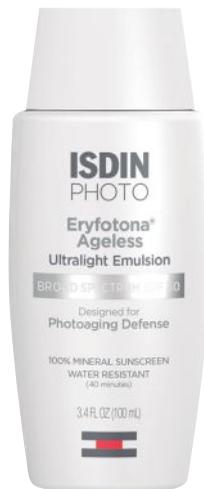
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1



3



4



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"Fractional plasma will change how we think about resurfacing. If full-field CO₂ technology was resurfacing 1.0, and fractional technology was resurfacing 2.0, fractional plasma technology is resurfacing 3.0," said Jeffrey Hsu, MD, FAAD, a board-certified dermatologist at Oak Dermatology in the greater Chicago area. "I can produce results to match the most aggressive CO₂ laser or the gentlest laser peel in a fraction of the procedure time with less patient downtime."

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INTRODUCTIONS



5

5 PROFESSIONAL PEELING

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6

6 FACE, BODY AND MUSCLE

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Contact: 855.298.7347, inmodemd.com.



7

7 DISPOSABLE DERMAPLANING BLADE

Cincinnati Surgical offers a disposable 10R blade scalpel—better known as the butter blade—designed specifically for use in cosmetic dermaplaning procedures. The stainless steel blade is permanently affixed to a blue polystyrene handle, eliminating the need to attach and remove the blade from a handle. It is ideal for contouring the nose, mouth and brows. The rounded (bull nose) tip prevents any accidental snagging or scratching thus providing a more effective and consistent finish. The sterile scalpels are sold in boxes of 10, and there is a plastic guard over the blade of each scalpel.

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8

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Shopping the Competition

How to investigate your direct competitors and perform a competitive analysis of your practice.

Shop your competition? Why on earth would you do that when you're already so busy with your own aesthetic practice? Because you can learn a lot about your own business by seeing what other practices do well and what they do poorly. Furthermore, the information you gather when investigating your competitors can help you identify your practice's strengths, weaknesses and unique attributes.

I recommend investigating your local competitors at least once a year with the following goals in mind:

1. Evaluating your competitor's customer service
2. Identifying and assessing the products and services they offer
3. Discovering your competition's flaws or weaknesses
4. Identifying your practice's unique characteristics, which can help guide your marketing efforts

In order to gain a clear picture of the practice, you want to experience it through the eyes of a patient. The most effective way to do this is to send a mystery shopper to the competitor's business. Your mystery shopper could be a friend, family member or hired professional.

THE PATIENT EXPERIENCE

Your mystery shopper should especially note the following areas that impact the overall patient experience: the facility, the ambiance, the consultation and overall impressions.

PHYSICAL LOCATION

- Is your competitor in a standalone building, medical office building or a strip mall?
- Is the location easy to find?
- Is convenient and adequate parking nearby?
- How easy is it to access the facility?
- Is the facility clean and inviting?

AMBIANCE

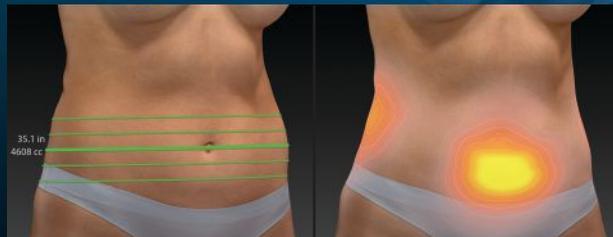
- When you called the practice, was the phone answered within three rings by a human or was there an answering machine or voicemail? Were you put on hold?
- Did the receptionist ask for your name and contact information?
- Were your questions answered?
- Were you invited to make an appointment for a consultation?

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The organizational method you use is less important than your decision to review and act on the information gathered.



- Did the receptionist provide information about the hours of operation?
- Did the front desk employee offer a smile and a warm greeting to those entering the facility?

THE CONSULTATION

- How long did you wait to see the provider?
- Did the staff and/or provider ask about your needs and concerns?
- Did they build a good rapport with you?
- Did they understand your concerns and recommend products/services to address those concerns?
- Did they discuss the features and benefits of the products/services offered, including downtime and number of sessions required?
- Did you feel pressured to buy?
- Did the provider or another staff person close the sale by asking you to book an appointment?
- Did they ask for the best contact and time to follow-up?
- Did they thank you for coming in?

OVERALL IMPRESSIONS

- Did the staff make you feel welcome and valued?
- Was the experience positive, negative or exceptional?

COMPARING PRODUCTS AND SERVICES

One way to differentiate your practice is to identify what you offer that no one else in your area can provide. In addition to reporting on the aforementioned criteria, ask your shopper to obtain a copy of the service menu and ask about prices, specials and bundling programs available. You also want to obtain information on the certifications of the providers.

Additionally, you want to gain information on your competitors' retail offerings. The range of services offered and price points of both treatments and retail products will give you a better understanding of the competitor's target patient base. For instance, is the practice targeting economy-minded or high-end patients? Are they offering treatments typically geared toward older or younger aesthetic patients?

YOUR COMPETITIVE ANALYSIS

Once you've gathered this information, you can compare it to your own practice and perform a competitive analysis. (To ensure you are making a true comparison, I recommend hiring a mystery shopper to visit your own practice as well.) A competitive analysis identifies who your key competitors are, what products and services they offer, pricing, their competitive strengths and weaknesses, the strategies they are using to meet their goals and the overall market outlook for your business.

You can find templates online that will help you organize the information identified by your mystery shopper and perform the analysis. But the organizational method you choose is less important than your decision to review and act on the information gathered.

Once you have compiled and entered the information from your mystery shopping into the template, hold a staff meeting to share the results of the competitive analysis. Discuss the outcomes and look for areas of differentiation as well as areas for improvement. For example, do your providers hold certifications that no one else in your area has? Are your prices lower—or significantly higher—than those of your competitors? Do you offer a more convenient location with better parking and superior customer service? These points of differentiation should be highlighted in your marketing message and shared with prospective patients in the initial phone call. You can even integrate them into a practice tag line that is included on your website, service menu and phone greeting.

Be sure your staff is fully engaged in these meetings by opening with positive comments and then asking for their feedback. By understanding your practice's unique attributes, you and your staff will be better able to attract and retain the patients who most value what you have to offer. ME

Cheryl Whitman is founder and CEO of Beautiful Forever, an aesthetic business consulting firm, and Beautiful Forever University, which offers educational programs to medspas and aesthetic practices. Contact Cheryl at Cheryl@beautifulforever.com, 561.299.3909.

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Needle-Free Injectors

What you need to know before considering hyaluronic acid atomizers.

In the past several months, you may have noticed ads, social media posts, articles, videos and training events talking about an “incredible” new injection device that can place hyaluronic acid filler in the skin without using a needle. These devices are often marketed as “noninvasive” or “nonmedical,” using names such as “hyaluron pen” or “hyaluronic acid atomizer.”

Although they do not have needles, these products are medical devices and should be treated the same as traditional syringes. In the United States, administering medication, no matter the method used, is part of each state’s definition of the “practice of medicine.” Therefore, any person wanting to administer treatment with a needle-free injector must have the same type of professional license required to inject using a needle and syringe. In addition, the U.S. Food and Drug Administration (FDA) has not approved any needle-free injector for use with hyaluronic acid fillers, meaning practitioners should not be marketing these treatments. But should you offer them?

NO NEEDLE, NO PROBLEM?

Needle-free injection devices generally are used to deliver vaccines and medications either intramuscularly or subcutaneously, similar to a traditional needle and syringe. They work by creating a very narrow high-pressure jet of medication that is able to penetrate the

skin. The jet is generated using gas or spring pressure to force the medicine through a small opening in a disposable vial. The purported benefits include lower risk of cross-contamination, reduced needle-stick injuries and less sharp medical waste. This makes these devices particularly well-suited for inoculation campaigns, clinics and home self-administration of insulin or other medications.

Several needle-free injection devices have received FDA approval for use with specific drugs. For example, in 2014 a needle-free injector manufactured by PharmaJet and Seqirus Pty. Ltd.—manufacturer of the influenza vaccine Afluria—received approval to administer the Afluria vaccine using the PharmaJet Stratis injector for patients 18 to 64 years old. The FDA made clear, however, that it still recommends sterile needles and syringes for other vaccines and for patients younger than 18 and older than 64.

These injectors are regulated through the FDA premarket notification process under the 510(k) provision. These premarket notifications are granted when a new device is substantially similar to an existing approved device, and they allow the manufacturer to begin marketing the product while it complies with the more lengthy registration and approval process. In order to be cleared through this process, at least one drug or injectable substance must already be approved for this method of injection.

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The FDA has approved a number of hyaluronic acid-based fillers for injection using either the traditional needle and syringe method or cannula. Thus far, no hyaluronic acid fillers have been approved for use in needle-free injectors. So, any pen injector cleared under the premarket category may not legally be marketed for use with hyaluronic acid-based fillers.

PROFESSIONAL CONSIDERATIONS

Medical aesthetic professionals interested in bringing needle-free devices into their practices need to consider two questions: Can I legally offer these treatments and should I? Physicians generally are able to use otherwise-approved devices and drugs in ways that are not yet approved by the FDA. This is known as “off-label use,” and it is the source of a great deal of innovation and advancement in the medical field. However, physicians are not allowed to advertise and promote off-label uses. Additionally, using unapproved devices in an unapproved way can create standard-of-care and liability issues for the practitioner if the patient experiences an adverse outcome.

So, while it would not be advisable for a nurse or physician to purchase one of these unapproved, illegally marketed devices off eBay, for example, a physician could take an FDA-approved needle-free injector and repurpose it for injecting FDA-approved fillers, so long as they did not market or advertise this practice. The question then becomes—does it make sense to do this? Do such devices bring additional capabilities over the current syringe-and-needle techniques?

While many of the approved devices allow for the dosage per “firing” to be metered, it does not appear that the placement of the medication can be done as precisely as using a syringe and needle—there is no way to ensure that the filler is injected in the precise location or depth, or in the amount desired. According to studies conducted by jet injector manufacturers, the amount of the drug that is actually delivered and the precise location of delivery can vary from injection to injection. The depth and penetration also can be influenced by tissue density, the angle of the injector to the skin and the pressure applied against the skin prior to firing.

While these variables can be within acceptable limits for administering vaccines and medications, would they be acceptable for cosmetically treating someone’s lips or face? Newer devices may remedy some of these issues, but any licensed practitioner should carefully consider

the pros and cons before integrating this off-label use into their practice.

HOME USE CONCERNS

The majority of the hyaluronic pens currently listed online are packaged with a supply of hyaluronic acid and marketed for at-home personal use. Surprisingly, there are relatively few legal issues for those wanting to treat themselves. While non-FDA-approved hyaluronic pens can’t legally be sold, they can be possessed for personal or nonmedical use.

Furthermore, people are generally free to do things to themselves that would normally require a professional license if performed by another. For example, you can cut your own hair without a barber’s license, you can write your own contracts without a law license, and you can treat your fever without being a doctor. Similarly, someone can possess a jet injector for their personal use, as well as possess syringes and scalpels if they so choose. It is worth noting, however, that in some states, possessing prescription drugs and substances—such as injectable hyaluronic acid filler—without a prescription is prohibited. And offering to perform these treatments on others is considered practicing medicine without a license.

From a practical standpoint, people should think carefully before choosing to perform medical procedures on themselves. The jet injectors being sold are not designed for this use—they appear to be rebranded and repurposed injectors that are not approved in the U.S. The hyaluronic acid fillers sold with them and available online are not approved for injection into humans, either, and often are of unknown sterility, safety or quality.

The public should be extremely wary of using these devices, and under no circumstances should anyone perform this treatment—or any other cosmetic injectable—unless they hold an appropriate medical license. Licensed healthcare professionals should educate their patients about the risks of these at-home, unapproved products and should always carefully consider the benefits and risks of adding a new or novel treatment to their own practices. ME

Alex R. Thiersch, JD, is a healthcare attorney who represents medspas and aesthetic medical professionals. He is the founder and CEO of the American Medical Spa Association (AmSpa) and partner at ByrdAdatto Law Firm. Contact him at alex@americanmedspa.org.



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LIGHT THERAPY

LED devices are gaining new attention as effective, pain-free aesthetic treatment options.

By Inga Hansen

LIGHT IS ESSENTIAL FOR ALL LIVING ORGANISMS, AND ITS POWER HAS BEEN HARNESSSED BY MAN TO HEAL, GROW AND DESTROY. In aesthetic medicine, lasers are the most widely used light-based devices. But many practitioners are also working with light-emitting diodes (LEDs) to calm inflammatory conditions, such as acne, rosacea and dermatitis, and rejuvenate aging skin.

While lasers emit single wavelength coherent light, LEDs emit light typically in a range of about 10nm in a noncoherent (or nonfocused) manner. "The end result of a laser is usually at least some destruction of the tissue, whereas an LED creates biochemical changes within the tissue," says Mark E. Richards, MD, a plastic surgeon with Ageless Impressions Plastic Surgery Institute in North Bethesda, Maryland.

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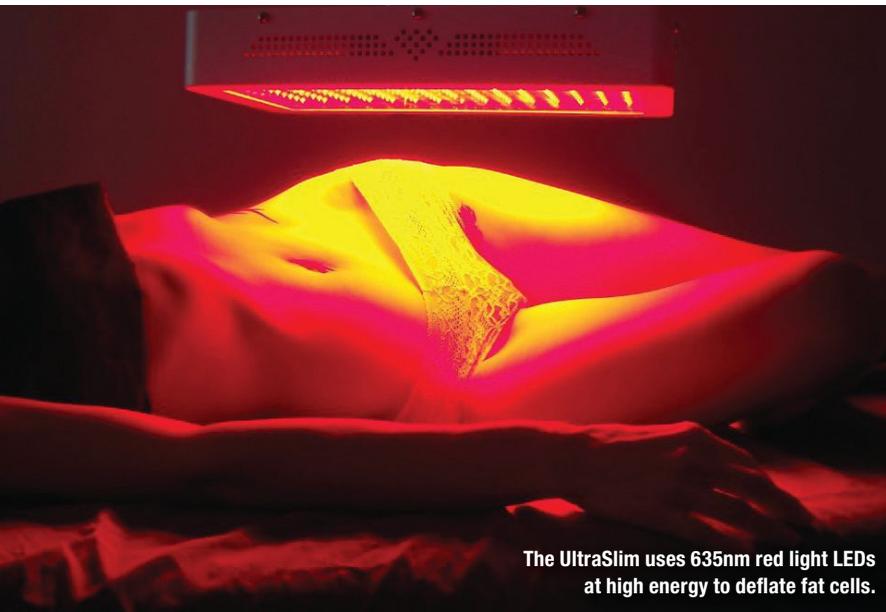
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The UltraSlim uses 635nm red light LEDs at high energy to deflate fat cells.

the February 2018 issue of the *Journal of Clinical and Aesthetic Dermatology*.

In studies using blue light alone, subjects showed a 25 percent to 60 percent decrease in acne lesions. Studies combining blue light with a red light LED system led to a mean improvement of 77.9 percent after eight treatments (two treatments per week for four weeks, *Journal of Cosmetic Laser Therapy*, 2006;8:71-5). Comedones did not respond as well as inflammatory acne to the red and blue light treatments.

“There are some new companies that have devices that emit red and blue light at the same time, but I tend to do three red light treatments and then one blue. I typically wait 48 hours in between sessions,” says Dr. Ablon.

The most widely used LEDs in aesthetic medicine include blue light, red light and infrared light. Glynis Ablon, MD, Ablon Skin Institute and Research Center in Manhattan Beach, California, and associate clinical professor of dermatology at the University of California, Los Angeles, has studied the use of LEDs and regularly treats patients with them in her practice.

“Exposure to LEDs increases adenosine triphosphate (ATP), upregulates nitrous oxide, helps with transcription factor production and offers collagen synthesis,” she says. “Blue light can be antibacterial. Red is anti-inflammatory, and you’ve also got the infrared light, which can stimulate collagen synthesis. We have two LED systems in our practice, and they run all day long.”

BLUE AND RED LIGHT FOR ACNE

One of the most popular indications for LEDs in dermatology and aesthetics is acne. Blue light in the 409-419nm range helps destroy acne-causing *Propionibacterium acnes* (*P. acnes*), while the anti-inflammatory power of red light (633nm) helps calm inflammatory acne. “Blue light is effective for treating *P. acnes* because it produces the strongest photoactivation of endogenous porphyrins through a process known as endogenous photodynamic therapy (PDT). The result is free radical formation and destruction of the *P. acnes* cell membrane,” Dr. Ablon explains in her paper, “Phototherapy with Light Emitting Diodes,” published in

“Red is anti-inflammatory, and you’ve also got the infrared light, which can stimulate collagen synthesis. We have two LED systems in our practice, and they run all day long.”

Dr. Richards’ practice offers acne treatments that combine extractions and red and blue light to address the multiple manifestations of acne. His estheticians also perform microdermabrasion or a chemical peel prior to LED therapy to improve penetration of the light. “Acne patients get a full facial treatment that includes blackhead and comedone removal, exfoliation either with microdermabrasion or a HydraFacial or chemical peel to get the debris off the skin, and then blue or red light treatment. We treat them every couple of weeks during an outbreak and then monthly for maintenance,” he says.

CALMING INFLAMMATION

The anti-inflammatory action of red light also can be used to calm the skin of patients with rosacea and dermatitis. “The most common indications for red light in my practice are acne, rosacea and rashes,” says Dr. Ablon.



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Rosacea patient before and after seven sessions with an in-office red light LED device.

“I will use red light postprocedure if I have someone who’s really, really red. It’s not great for bruising. If I want to take away bruising, I typically use a laser.”

“You can use red light for anything that is inflammatory.”

When treating patients with rosacea, she finds that the red LED is most effective at reducing the diffuse redness and the papules and pustules. “If someone has prominent vessels that I can see, I start with the LED just to bring down the inflammation, then I would turn to either an IPL or a vascular or pulsed dye laser,” says Dr. Ablon. “But if I’m looking at just the overall blush of rosacea with papules and pustules, then I go straight to the LED, and we see great results.”

Patients with rosacea or dermatitis typically need six to eight sessions spaced one week apart. “For a rash, I have patients who do one or two treatments and they’re clear. For rosacea, I usually see a big change after the third or fourth session,” says Dr. Ablon.

Red light is also used by both Dr. Ablon and Dr. Richards postprocedure for patients who have prolonged erythema. “I will use red light postprocedure if I have someone who’s really, really red,” says Dr. Ablon. “It’s not great for bruising. If I want to take away bruising, I typically use a laser.”

SKIN REJUVENATION

It is well proved that thermal technologies, including lasers and radiofrequency-based devices can stimulate the production of collagen to deliver younger-looking skin. LEDs can also rejuvenate skin through a mechanism known as photobiomodulation, wherein absorption of photons activates mitochondrial pathways

in the cells. “This stimulates fibroblast proliferation, collagen synthesis, growth factors and extracellular matrix production,” explains Dr. Ablon.

For their 2007 randomized, double-blind, controlled study on LED therapy for skin rejuvenation (*Journal of Photochemistry and Photobiology B: Biology*), researchers Seung Yoon Lee, et al, treated 76 subjects with 830nm infrared (Group 1) and 633nm red (Group 2) LEDs alone or together (Group 3) and performed punch biopsies in four to six subjects within each group. The percentage of subjects with improvement in both melanin and wrinkle severity was significantly higher in all treatment groups (95.2 percent, 72.3 percent and 95.5 percent, respectively) compared to the

sham treatment group (13.3 percent). Biopsies revealed increased collagen, highly activated fibroblasts and an increase in the size and number of collagen and elastin fibers in all treatment groups.

Still, the outcomes in skin rejuvenation are modest when compared to more aggressive treatments, notes Dr. Ablon. “I see mild, mild improvement. I’m not wowed,” she says. “I’d rather sneak an IPL in there if I’m really looking for rejuvenation of photodamaged skin.”

LIGHT-BASED FAT REDUCTION

LED therapy is also gaining in popularity as a noninvasive treatment option for body contouring. “Both red and green low-level lasers disrupt the fat cells and cause some lipolysis and shrinkage of the fat cells,” says Dr. Ablon.

The red wavelengths target the mitochondria of the fat cells and cause them to release a cellular hormone that opens up the pores on the cell membrane. “The fat leaks out of the cells, and the treatment keeps those pores open for about 36 hours, allowing the fat cells to deflate,” says Dr. Richards.

Much of the research on the use of low-level laser therapy using red light came from Erchonia, which makes the Zerona laser. “This is a low-power 635nm laser that opens up the fat cell membranes,” says Dr. Richards. “The problem is, the beam is the size and power of a penlight, and you have to wave that penlight all over the place to create the biochemical changes that open up the fat cells.”

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Building on the effectiveness of the 635nm low-level laser, engineers at Ward Photonics created the UltraSlim, an LED device that uses noncoherent light in that same 635nm wavelength range, but at a significantly higher power.

Robert Burke, MD, of the Michigan Center for Cosmetic Surgery in Ann Arbor, Michigan, studied the UltraSlim and presented his data at the 2018 International Society of Aesthetic Plastic Surgery meeting. The IRB-approved, placebo-controlled study included 15 subjects. Each underwent six 32-minute treatment sessions to the abdomen and upper legs. In treated subjects the average dimensional loss was 7.2 inches in the abdomen and 2.3 inches in the upper legs. Average weight loss was 4.6 lbs. There was no significant weight or circumferential dimension loss in the placebo group.

"The UltraSlim has much more energy than the Zerona. That power overcomes the difference between the focused and nonfocused beam. And it allows you to treat a much larger area in one session," says Dr. Burke.

Both Dr. Burke and Dr. Richards typically recommend six sessions. "In general, people with looser or fluffier fat can have really dramatic changes. People with firmer, more fibrous fat may find that their clothes fit a little bit better after six treatments, but they don't change sizes," says Dr. Richards.

Most patients seek the treatment to reduce fat in their abdomen or flanks, but Dr. Richards has also seen good results with arms. "We had a bride come in because her arms were really tight in her wedding dress. It was too close to the wedding date to do any kind of liposuction, so we did the UltraSlim on the arms," he says. "She had four treatments and lost an inch in circumference. She was thrilled."

In addition to offering pain-free treatments with no downtime, LED systems offer good ROI to aesthetic practices. Nonmedical providers can operate the devices and the systems require little maintenance compared to other light-based devices. "My two machines are from Omnilux, and I rarely have anything that needs to be fixed," says Dr. Ablon.

"That power overcomes the difference between the focused and nonfocused beam. And it allows you to treat a much larger area."

She encourages practitioners to beware of the "no pain, no gain" mentality. "We are learning that you don't have to have pain to see results. In my practice we use these machines every single day, multiple times a day, with great results," she says.

Dr. Richards also sees a bright future for LED technology. "If it's destruction of some particular tissue that you want, then a laser is ideal. If it's a change in the nature of the tissue, then LEDs are really the better option. You just need to explore all the different wavelengths. There are likely dozens and dozens of wavelengths that can do all sorts of wonderful things that we haven't even discovered yet," he says. **ME**

Inga Hansen is the executive editor of *MedEsthetics*.

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DUAL DEGREES

Is pursuing an additional advanced degree right for you?

By Stephanie Kramer

For Jorge Garcia-Zuazaga, MD, MBA, the turning point came 10 years after medical school. While working at a university hospital, he saw that patients had to wait up to six months for an appointment. He had long wanted to open his own practice, and believed it could help improve access, but leaving his job in academia seemed risky. When he won a career development award from a local foundation, he made his move.

He enrolled in an executive Master's of Business Administration (MBA) program at Case Western Reserve University's Weatherhead School of Management. It was two years of evening and weekend classes, but instead of being stressed out, it sparked his entrepreneurial spirit. "It jump-started

me thinking, 'I could do something on my own,'" he says. "It gave me greater confidence to take the risk and set up my own practice."

The risk paid off. Since founding Apex Dermatology & Skin Surgery Center, the practice has grown from a single office to seven locations across Northeastern Ohio.

Until recently, many doctors steered clear of the business side of patient care. But according to Maria Chandler, MD, MBA, president of the Association of MD/MBA Programs, about 50 percent of all medical schools now have the option to pursue a dual degree. As more practitioners are discovering, the added expertise can have an enormous impact on their careers.

Dual Degrees on the Rise

An additional degree may be useful for physicians who want to move up the managerial ladder at a hospital or do consulting for a biotech company. But what about aesthetic providers in private practice? For them, it's especially important, says Josh Waltzman, MD, MBA, founder of Waltzman Plastic and Reconstructive Surgery in Long Beach, California. He graduated with a joint degree from the University of California, Irvine, in the early 2000s.

"Aesthetic patients are looking for an experience," he says. Doctors may think their performance is evaluated based on clinical skill alone, but other factors influence how patients perceive the quality of treatment. "You can perform the surgery or provide good medical services, but there's a lot more to it when it comes to the aesthetic patient," says Dr. Waltzman. "That's where the business side comes in." Practice design, location, waiting times and office atmosphere all contribute to the patient's overall experience and satisfaction.

Dr. Chandler, founder and former head of the MD/MBA program at UC Irvine, has seen an increase in the number of plastic surgeons graduating with joint degrees. (The university also offers a healthcare MBA for mid-career professionals.) Despite the rise in dual degrees overall, the percentage of doctors in each program remains small, ranging from two or three students in a class of about 25, meaning many physicians still leave their residencies with little business management training.

"Doctors aren't necessarily taught how to be good businesspeople," says Dr. Waltzman. His MBA familiarized him with marketing, finance, accounting and legal issues as well as skills for creating a business plan and structuring a business. This inspired him to hit the ground running and set up a solo practice right out of fellowship.

Knowledge of business administration can determine whether a practice thrives. "You need to know where your dollars go—what goes to overhead, supplies, the doctors' salaries and staff salaries," says Dr. Garcia-Zuazaga. "It's important to understand how everything comes together. If you have an understanding of the business side of medicine, you can do things more efficiently, which also improves patient satisfaction and patient care."

Speaking the Language

While some doctors prefer to focus on patient care, others enter the field with the goal of solving the challenges in health care through population health, department management or product innovation. The first challenge they often face is making their ideas understood.



"Business has its own language, just like medicine," says Dr. Waltzman. An advantage of an MBA is it teaches physicians how to "talk the talk" when working with investors, accountants, attorneys and marketing experts.

A nonmedical degree can also expose doctors to new ideas and concepts. Vinod Nambudiri, MD, MBA, an assistant professor in the department of dermatology at Brigham and Women's Hospital in Boston, completed a joint MD/MBA program at Harvard University. He soon learned one of the key differences between business and medicine. "In the business world, there's a lot more decision-making using much less reliable evidence," he says.

The experience greatly improved his ability to "think outside the box," says Dr. Nambudiri. "I hadn't contemplated how valuable that would be in terms of being willing to experiment or innovate or go outside the boundaries and think about alternative solutions to a problem."

Physicians are often in charge of university programs and hospital departments, where they are responsible for huge budgets and must make decisions about staffing and equipment. "Getting an MBA helped prepare me for certain administrative and leadership roles like overseeing a residency program, recruiting trainees, managing crises as they unfold and strategically thinking about developing the program over time," says Dr. Nambudiri.

In addition to teaching finance, strategy and communication skills, business training emphasizes teamwork. "When you work in the real world, you're not doing it all by yourself," says Dr. Garcia-Zuazaga. "Picking the right team and surrounding yourself with the right advisors is very important. Health care is not a one-person job."



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Natalie Curcio, MD, MPH, founder of Curcio Dermatology in Nashville, received a Master of Public Health (MPH) from Vanderbilt University. The advanced degree has benefited both her patients and her career. “After you get your MPH you realize you’re really not taught in medical school how to clinically analyze studies,” says Dr. Curcio. “This ability to clinically evaluate evidence not only makes you a better physician in clinical practice, but it also creates leadership opportunities.”



MPH Benefits

An MPH includes courses such as biostatistics and epidemiology, covering health research methods, health policy and analysis for healthcare improvement. “The MPH teaches you how to assess large data sets in order to solve a problem,” says Dr. Curcio. “With a clear understanding of both the methods and analysis of clinical or scientific research, one can clearly and confidently analyze any published scientific paper and decide if the study is fair and just, and if the conclusions are justified.”

Her MPH led to unexpected opportunities almost immediately. After completing her residency and fellowships, she was asked to apply her knowledge of clinical research to evaluating lasers and other new technologies. “My ability to analyze data, both clinical and scientific, to find the epidemiology of a health outcome or a disease; my ability to problem-solve, perform analysis of current issues or products, offer ideas for innovation, and create or perform new studies [has been] very valuable,” she says.

To Pursue or Not To Pursue?

Obtaining an MBA or MPH can benefit physicians at every stage of their careers, from student to mid-career professional and later, but not everyone needs or wants more letters after their name. “If you’re going to spend \$100,000 on an extra degree, ask yourself ‘What is the return on investment?’” says Dr. Garcia-Zuazaga. “The question is, ‘Where do I see myself in five years and how do I get there? Do I need to have an MBA? Or do I need to have an MPH? Do I really want to be the chair of a department or own my practice?’”

An MPH gives you expertise in healthcare policy and management. It prepares you for designing and managing health programs, overseeing funding, dealing with changing regulations and understanding population-based research methods. If you are interested in influencing health at the community level, or getting into preventive

care, quality improvement or patient safety, then an MPH may be a good fit.

The value of an MBA is that it teaches entrepreneurial skills that are not part of the medical school curriculum. These include accounting, marketing, operations management and business law. The degree can give you an edge if you want to go into hospital administration or run a start-up. Some people claim that every private physician needs an MBA. Yet life experience also matters.

Dr. Garcia-Zuazaga says his military experience as a Marine flight surgeon was as important to growing his practice as his MBA, because it helped him develop a sense of responsibility and leadership.

Dr. Curcio advises physicians considering an additional degree to “go for it and go for it early.”

Dr. Nambudiri concurs, provided you are pursuing a path that will allow you to put those additional skills to work. “It comes down to how you put to use the skills that you acquire,” he says. “If you take a year or two early in your career and invest it in additional training, and if you put that to use, you could have a 20- or 30-year career period where you’re reaping the benefits.”

Entrepreneurial doctors and those who desire to shape the future of health care can benefit from an additional degree. “It gives you a greater perspective that makes your clinical work and your career more rewarding because it allows you to broaden the breadth and depth of your impact,” says Dr. Curcio. “You’re influencing the whole medical field and patient care on a more global scale.”

She admits it’s a heavy workload, but she’s glad she did it. “If your heart’s in it, you can make it work, because you’re enjoying what you’re doing,” she says. “Follow your life’s passion with enthusiasm. It won’t feel like work when you love what you do.” [ME](#)

Stephanie Kramer is a freelance writer who specializes in health care.

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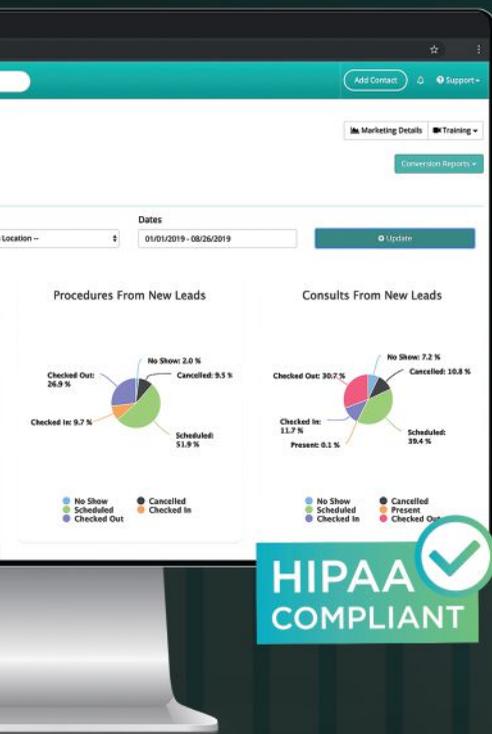
Derasof Silk from Biodermis is a medical-grade silicone skin repair serum formulated to reduce stretch marks, superficial scars, and fine lines and wrinkles. The lightweight serum has a silky soft texture that dries to the touch, making it easy to wear under clothing or makeup. The topical silicone prevents moisture loss, reduces keratinocyte stimulation and improves skin elasticity. **Contact: 800.322.3729, biodermis.com.**

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The four-step, fragrance-free **DefenAge Men's Kit** from Progenitor Biologics includes a facial cleanser, daily skin cream, daily serum and exfoliating mask. The line features the company's proprietary Age-Repair Defensins, which have been shown to help minimize pores and wrinkles; improve skin brightness, tone, texture and hydration; and reduce oiliness. The kit comes packaged in a black leather toiletry bag and includes an antimicrobial hemp towel. **Contact: 888.368.5372, defenage.com.**



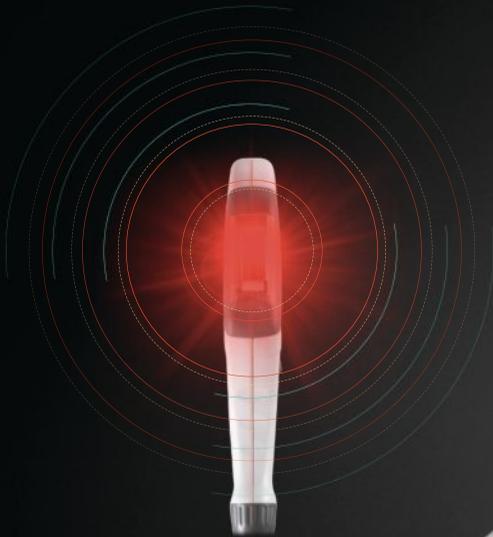


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Sapna Patel, M.D.
Dermatology



THE MINIMALIST

Dermatologist Sapna Palep, MD's own struggle with acne and her extended family's skin diseases sparked her pursuit of beauty and health for her patients.

By Echo Montgomery Garrett ♦ Photography by Kevin Brusie

Sapna Palep, MD, got an early inside look at a career in medicine. Her father, a busy gastroenterologist in Miami, would often take her with him to the hospital when he was on call on weekends. "What he did was fascinating to me," says Dr. Palep, who at 19 became the country's youngest student to be accepted into medical school.

After two years attending the University of Miami School of Medicine, she transferred to New York Medical College where she graduated in 2004. That same year, Dr. Palep graduated with a Master's of Business Administration from the Lubin School of Business at Pace University, where she majored in Health Systems Management as preparation to run her own practice.

Her own struggle with acne and the skin problems—including psoriasis and vitiligo—of several extended family members sparked her interest in dermatology. "A lot of skin diseases are hereditary, and my family asked me about new research all the time," says the Florida native. "Once I did my rotation as a resident in dermatology, I was hooked."



Spring Street Dermatology offers personalized care in a calm environment for busy New Yorkers.

“I am not trying to sell my patients the newest thing. I’m a minimalist, and I take a personalized approach. I don’t treat every face the same.”

She then went on to the Mount Sinai Medical Center for her specialty training in dermatology. Currently, Dr. Palep is a clinical instructor in the Mount Sinai department of dermatology.

During residency, she worked closely with Mark G. Lebwohl, MD, chair of Mount Sinai Medical School’s dermatology department, who became her mentor. Dr. Palep spent two years at Mount Sinai studying skin cancer full time. Her research focused on the carcinogenic effects of UV radiation on DNA, and her work was published in the *Journal of the American Association of Dermatology*, the *Journal of Cutaneous Pathology* and the *Journal of Investigative Dermatology*. She served as chief resident from 2008 to 2009.

“I love bench research and biochemistry,” she says. “I wanted to get down to the cellular level and understand what protects the skin and what doesn’t.”

In 2010, the newly minted board-certified dermatologist founded Spring Street Dermatology in SoHo in New York City, specializing in acne. “I am patient about clearing people,” she says. “I went

through it myself. At times I wouldn’t even leave my apartment. I can’t tell you how many people cry on my shoulder. The skin is what you see when you look at a person, so anything that hurts the skin can affect self-esteem and self-confidence. That becomes a dermatology emergency.”

Building a Practice

Her brand logo, a lotus flower, represents regeneration in Eastern culture. “I wanted the atmosphere in my office to be peaceful and beautiful, and I wanted patients to feel like family,” says Dr. Palep. The practice features natural wood floors and light, calming wall colors.

Not long after opening her practice, Dr. Palep added cosmetic treatments to her offerings, which now include Botox, chemical peels, dermal fillers, microneedling and resurfacing lasers. Her practice is split 50/50 between cosmetic and medical. “I want to be a one-stop shop that can take care of all of our patients’ skin needs,” she says.



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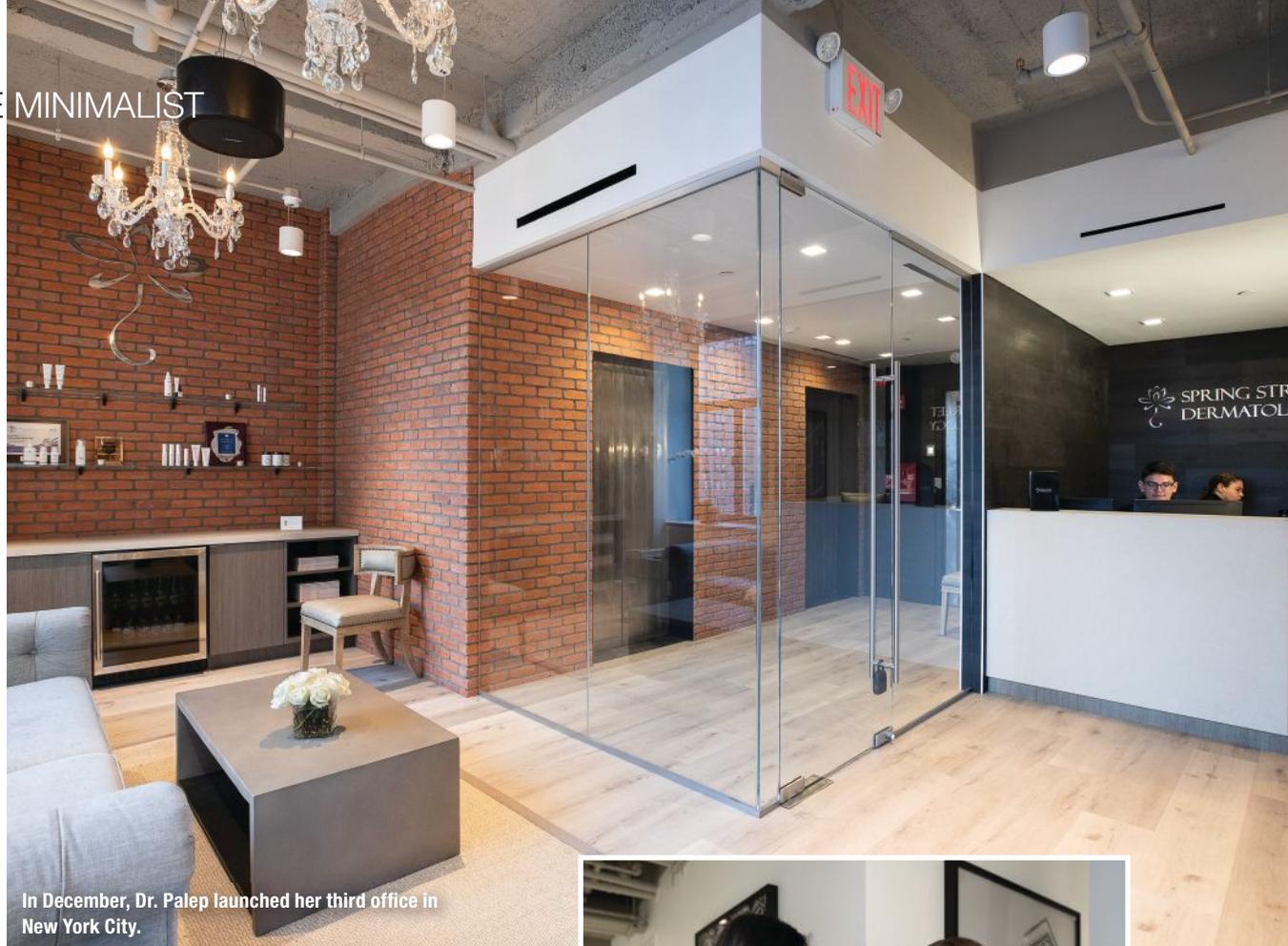
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In December, Dr. Palep launched her third office in New York City.

Often after treating one family member, she will begin treating their entire family. “Usually the wife will come first and then the husband,” she says. “I have at least 10 families where I see all of them. I feel like I’m part of their families, and that’s a real privilege.”

For the first decade, she relied entirely on word of mouth to build her patient base. “I didn’t spend one dollar on marketing until just recently,” says the doctor, who opened a second location early last year in Tribeca and added a third in Midtown in December. She continues to practice in her original SoHo location.

A Personalized Look

She takes a light touch with cosmetic procedures. “If the people closest to you say you look great and well-rested, then I’ve done my job. I don’t want anyone to look different from who they are,” says Dr. Palep. “There are a lot of scary-looking people out there. I can’t believe people look in the mirror and think that looks OK. It drives me crazy when people spend ridiculous amounts of money and wind up with bad results. It gives the field a bad name.”

The doctor often asks patients who come to her to correct the results of a procedure from another provider a simple question: Did that procedure address the issue



you went to that doctor for in the first place?

“I am not trying to sell my patients the newest thing. I’m a minimalist, and I take a personalized approach. I don’t treat every face the same,” says Dr. Palep. “You cannot treat patients robotically, because people will not be happy. One bad experience, and people are out the door. I pride myself on doing work that looks very natural and aesthetically pleasing.”

When she meets with a new patient, she says, “Look at my face. Would you know that I have Botox and filler? Then you get their attention and they trust you. I hand them a mirror and ask what bothers them. From there we develop a game plan to address any issues. You have to have that vision for someone’s face.”

Dr. Palep stakes her reputation on hiring other physicians who share her personalized patient care philosophy. Currently, she has seven doctors and two

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physician's assistants on her team. By August, she plans to have 13 doctors.

"I train everybody on myself," says Dr. Palep. "You have to feel how they inject the needle. I'm proud of my team. They are all learners and very caring people."

Still, she admits it's nerve-wracking to train her doctors on herself: "I tell them, 'Don't mess up my face!'"

Getting an Early Start

Dr. Palep didn't start using injectables and fillers until her late 30s and regrets not starting earlier, so she's glad to see that millennials and younger patients are increasingly coming in for preventive procedures. "Taking steps now to prevent lines and atrophies should eliminate the need for a plastic surgery overhaul later," she says. "If it's a gradual build, then people aren't shocked when you have a more invasive procedure. Although it's never too late, it's harder when people come in when they are older."

Always a researcher, Dr. Palep devotes a lot of time to ensuring that the technology in her practice is best in class. "You have to choose your machines very carefully," she says, noting that a single device may top \$100,000. "I demo all of my machines on patients and staff to make certain they operate well, and that the results are really what was promised."

She is known as a leader in the fields of microneedling and noninvasive body contouring and is a fan of the latest truSculpt iD machine. "It accomplishes fat reduction through radiofrequency, which destroys the fat cells," she says, adding that truSculpt flex can also increase muscle mass. "I can treat six pockets of fat at one time in 15 minutes, and four major muscle groups at one time in 45 minutes."

Becoming the Mentor

After Dr. Palep completed her residency, her mentor Dr. Lebwohl invited her to join his teaching staff at Mount Sinai. Since 2010—the same year she opened her own practice—she has served as clinical instructor in the department of dermatology at the Icahn School of Medicine at Mount Sinai. She was presented with the Teacher of the Year Award in 2010 and 2012, and the Mentor of the Year Award in 2013. "All residents rotate with me every Thursday afternoon," says Dr. Palep.

For new physicians entering the field, she advises figuring out how you want to practice to suit your lifestyle and your goals. "Some want to work for somebody else and go home at the end of the day, and others want to own their own practice or be a part-owner in a practice," she says.

From the beginning of her career, Dr. Palep—recognized by *The Leading Physicians of the World* as a Top Dermatologist in New York in 2015 and named a Top Doctor in the New York Metro Area in 2018 by Castle Connolly—knew she wanted everything under her full control.

"I think we grew so fast because I set such high standards for patient care," she says. "Maintaining that quality of care while expanding and growing the practice is my biggest concern. Because I'm an owner, everybody's problem is my problem. If something goes wrong, that's on my shoulders. My phone is never off. It's the hardest work, and it's what keeps me up at night. But I want to leave a legacy of excellent patient care. Nothing bothers me more than an unhappy patient." ME

Echo Montgomery Garrett is a freelance writer based in Marietta, Georgia.

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TUESDAY

MARCH 17, 2020

2:00PM PT/5:00PM ET

Michael Somenek, MD, is double board certified by the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology and is also a member of the American Academy of Facial Plastic and Reconstructive Surgery. He is the founder of Somenek MD - Advanced Facial Plastic Surgery in Washington, DC. The practice offers cosmetic and reconstructive services.

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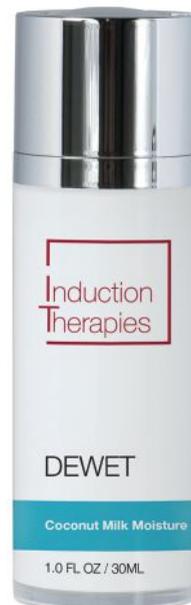
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Epionce **Renewal Calming Cream** soothes sensitive, eczema-prone skin and replenishes moisture in the skin barrier for long-term relief. The formulation includes: colloidal oatmeal to help condition and moisturize skin; meadowfoam, safflower and apple extract to increase firmness and elasticity; Rosa canina, a source of vitamins A, B, C, E and K; vitamin C-rich onion; and anti-inflammatory white water lily. **Contact: 866.374.6623, epionce.com.**



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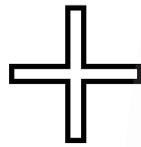
The **Finishing Touch Protocol** by Colorescience minimizes patient discomfort and postprocedure downtime by concealing, healing and protecting sensitive skin. The protocol includes: Even Up Clinical Pigment Perfector SPF 50, All Calm Clinical Redness Corrector SPF 50, Total Eye 3-in-1 Renewal Therapy SPF 35, Mineral Corrector Palette SPF 20 and Sunforgettable Total Protection Brush-On Shield SPF 50.

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The **HydraFacial** is a nonlaser, hydradermabrasion skincare system that offers customizable procedures to improve the appearance of fine lines, wrinkles, enlarged pores, congested skin and brown spots. Both a physical and chemical treatment, HydraFacial uses patented technology to cleanse, extract and infuse skin with serums containing antioxidants, peptides and hyaluronic acid. **Contact: 800.603.4996, hydrafacial.com.**



Alma Lasers **Beautiful** is a laser-based system designed to optimize the process of autologous fat transfer. The system combines 1,470nm laser, suction and fat processing into one step, allowing physicians to quickly harvest and process high-quality fat for immediate reimplantation. The conical tip laser fiber is encased in a protective glass sheath, which protects adipose tissue and allows the energy to be distributed in a 360-degree radius. **Contact: 866.414.2562, almalasers.com.**



The **TempSure Envi** radiofrequency device from Cynosure minimizes fine lines and wrinkles and improves the appearance of cellulite by tightening skin through soft tissue coagulation. The device features Therapeutic Logic Control (TLC), a tool that links treatment time with target temperature, allowing for consistent treatment temperatures with minimal to no pain for patients. The no-downtime treatments are safe for all skin types. **Contact: 800.886.2966, cynosure.com.**



The **Vbeam Prima** from Candela offers two wavelengths—595nm and 1,064nm—to address a wide range of vascular concerns. The 595nm pulsed dye laser deeply penetrates skin to reach, coagulate and clear targeted blood vessels, while the 1,064nm wavelength treats blue veins, venous lakes and minimizes wrinkles. **Contact: 508.358.7400, candelamedical.com.**

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11:00AM PT/2:00PM ET

Presented by:

Kseniya Kobets, MD, board-certified dermatologist with Skin Laser & Surgery Specialists of NY and NJ.

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SEBACIA ACQUIRES SIENNA PHOTOPARTICLES

Sebacia, maker of Sebacia Microparticles for the treatment of acne, recently acquired all assets related to Sienna Biopharmaceuticals' SNA-001 (silver photoparticle technology). The acquisition includes all related intellectual property owned or licensed by Sienna as well as the 510(k) application for light hair removal, which was submitted to the U.S. Food and Drug Administration (FDA) in September 2019. It also enables Sebacia to resolve the outstanding patent interference litigation between The General Hospital Corporation (GHC, the owner of certain patents licensed by Sebacia) and Sienna Biopharmaceuticals.

"This acquisition enables Sebacia to secure Sienna's silver photoparticle intellectual property (IP), effectively resolving all existing patent conflicts with Sienna, while also establishing Sebacia as a leader in the use of microparticles and laser energy in dermatology," said Chuck Abraham, CEO of Sebacia. "Consolidating the IP within Sebacia allows us to move forward and focus on making our innovative gold microparticle treatment for acne available to dermatologists and their patients and gives us an even deeper pipeline of potential additional indications."

ABBVIE ANNOUNCES POST-ACQUISITION TEAM

Upon completion of its acquisition of Allergan, AbbVie will create a new global business, called Allergan Aesthetics. Allergan Aesthetics will have its own research and development function under the AbbVie umbrella and will include leading aesthetic products including, BOTOX Cosmetic, the JUVEDERM collection of dermal fillers and CoolSculpting body contouring, among others.

Located in Irvine, California, the new company will be led by Carrie Strom, current senior vice president, U.S. Medical Aesthetics, Allergan. Upon completion of the Allergan acquisition, Strom will be named senior vice president of AbbVie and president of Global Allergan Aesthetics. She will oversee the worldwide operations, along with an experienced team of current Allergan leaders, and report directly to Richard A. Gonzalez, chairman and CEO of AbbVie.

The "Eye Care and Specialty" businesses, including BOTOX Therapeutics, Central Nervous System, Women's Health and Gastrointestinal Diseases, will be integrated into the existing AbbVie organization. The following individuals will make up the executive leadership team of the combined companies:

- Richard A. Gonzalez, chairman and CEO
- Laura Schumacher, vice chairman, external affairs and chief legal officer
- Michael E. Severino, MD, vice chairman and president
- Carlos Alban, vice chairman, chief commercial officer

- Henry O. Gosebruch, executive vice president, chief strategy officer
- Robert A. Michael, executive vice president, chief financial officer
- Timothy J. Richmond, executive vice president, chief human resources officer
- Azita Saleki-Gerhardt, PhD, executive vice president, operations
- Carrie Strom, senior vice president, AbbVie, and president, Global Allergan Aesthetics

ALASTIN RECEIVES THIRD PATENT

The U.S. Patent and Trademark Office has issued a third U.S. Patent covering ALASTIN Skincare's TransFORM Body Treatment. U.S. Patent No. 10,493,011 is entitled, "Peptide Compositions and Methods for Ameliorating Skin Laxity and Body Contour." The patent is directed to the composition and uses related to TransFORM Body Treatment, both when used alone and when used in conjunction with body-shaping procedures.



"With TransFORM Body Treatment, I am finally able to provide patients with a topical product that perfectly complements invasive and noninvasive fat reduction and body contouring procedures and energy-based body sculpting procedures by accelerating results as well as improving skin tone and crepiness, ensuring patient's receive ideal post treatment outcomes," said Laurie Casas, MD, clinical professor of surgery at the University of Chicago Medical Center and owner of Casas Aesthetic Plastic Surgery.

"As we expand the ALASTIN portfolio, our patented TriHex Technology formulations continue to be the building blocks of our ongoing success," said Diane S. Goostree, CEO of ALASTIN Skincare. "We are proud to be enhancing the outcomes desired by our physician customers and their patients."

REPLICEL ANNOUNCES INCOMING BOARD MEMBERS

RepliCel Life Sciences, a regenerative medicine company and maker of autologous cell therapies RCS-01 for skin rejuvenation and RCH-01 for hair restoration and proprietary injection device, RCI-02, has announced the election and appointment of its incoming Board of Directors.

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THURSDAY MARCH 26, 2020

11:00AM PT/2:00PM ET

Presented by:



Dr. Harry Fallick, plastic surgeon, and founder and CEO of Fallene Ltd., the maker of TIZO.



Amanda Barretta, licensed esthetician, trainer and educator.

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The re-elected directors are David Hall (chair), Peter Lowry, Andrew Schutte, Peter Lewis, Larissa Huang and Lee Buckler. The board also increased its members from six to seven and elected Zhan (Gavin) Ye to join the returning members. Ye has a Bachelor's of Science from the Technical University of Delft (The Netherlands) and a Bachelor's of Science for the University of Victoria (Canada). His background is in the financial services sector, the commodity exchange industry and, most recently, in international product development and brand building driven by deep data analytics.

"As RepliCel expands the development of its products internationally with a particular focus on Asia, we anticipate Mr. Ye will be a valuable addition to RepliCel's Board of Directors," said Hall. "Gavin has deep cross-border experience between Canada and Hong Kong, China, Singapore, South Korea and Taiwan, which we anticipate will play an instrumental role in RepliCel's business activities in Asia both with our existing partners and new partnerships being explored."

VIVACARE LAUNCHES DIGITAL PHYSICIAN PROFILE SERVICE

Digital health firm Vivacare has launched a new service that allows medical professionals to create digital professional profiles that highlight their clinical expertise, the conditions they treat and procedures they offer. The profiles include a "Patient Care Toolkit" pre-loaded with hundreds of patient education resources designed to improve clinical care and patient satisfaction. Content includes printable handouts, videos, interactive learning guides and patient support tools that can be customized by physicians to reflect their subspecialty and unique approach to care.

The Patient Care Toolkit can be delivered to patients via a mobile app or displayed on the doctor's own website. "Physicians recognize the importance of reaching their patients online, but find it

difficult to do so in a manner that properly reflects their professionalism and provides meaningful benefit to their patients," says Mark Becker, MD, pediatrician, founder and CEO of Vivacare. "Vivacare's goal is to make it easy for professionals to share their expertise and build a strong online presence, while delivering content and tools that support their patients."

For more information, visit vivacare.com.

EVENTS

March 8-10 International Esthetics, Cosmetic and Spa Conference, Javits Convention Center, New York City. Contact: 203.736.1699, iecsc.com

March 12-14 ASPS/ASAPS Spring Meeting, Hyatt Regency New Orleans, New Orleans. Contact: 847.228.9900, plasticsurgery.org

March 20-24 2020 Annual Meeting of the American Academy of Dermatology, Colorado Convention Center, Denver. Contact: 888.462.3376, aad.org

April 18-20 International Esthetics, Cosmetic and Spa Conference, McCormick Place, Chicago. Contact: 203.736.1699, iecsc.com

April 22-26 Combined Otolaryngology Spring Meeting, Hilton Atlanta, Atlanta. Contact: 312.202.5322, cosm.md

April 23 Aesthetics Innovation Summit, Mandalay Bay Resort and Casino, Las Vegas. Contact: 516.765.9005, attendais.com

April 23-26 Society of Plastic Surgical Skin Care Specialists, Mandalay Bay Resort & Casino, Las Vegas. Contact: 562.799.0466, spsscs.org

April 23-27 The Aesthetic Meeting 2020, Mandalay Bay Resort and Casino, Las Vegas. 562.799.2346, surgery.org

April 29-May 2 American Society for Laser Medicine and Surgery (ASLMS) Annual Meeting, Phoenix Convention Center, Phoenix. Contact: 877.258.6028, aslms.org

May 2-5 American Association of Plastic Surgeons Annual Meeting, Palmer House Hilton, Chicago. Contact: 978.927.8330, aaps1921.org

May 8-11 Music City Scale: Symposium for Cosmetic Advances & Laser Education, Music City Center, Nashville. Contact: 781.793.0088, scalemusiccity.com

May 14-16 World Congress on Anti-Aging Medicine Spring Conference, Gaylord Palms Resort & Convention Center, Kissimmee, FL. Contact: 561.997.0112, a4m.com

May 14-17 Advances in Rhinoplasty, Fontainebleau Miami Beach, Miami. Contact: 703.299.9291, aafprs.org

May 28-30 31st European Association of Plastic Surgeons (EURAPS) Meeting, Hilton Athens Hotel, Athens, Greece. Contact: euraps.org

June 5-6 Facial Aesthetic Conference and Exhibition (FACE), QEII Centre, London. Contact: faceconference.com

June 7-11 Southeastern Society of Plastic and Reconstructive Surgeons Annual Meeting, The Sanctuary, Kiawah Island, South Carolina. Contact: 435.901.2544, sesprs.org

June 10-13 Vegas Cosmetic Surgery, Bellagio, Las Vegas. Contact: 949.830.5409, vegascosmeticsurgery.info

June 24-27 Maui Derm NP+PA Summer 2020, Broadmoor Hotel, Colorado Springs, CO. Contact: 831.595.0710, mauiderm.com

June 27-29 International Esthetics, Cosmetic and Spa Conference, Las Vegas Convention Center, Las Vegas. Contact: 203.736.1699, iecsc.com

July 26-27 Face and Body Midwest Spa Expo & Conference, Donald E. Stephens Convention Center, Rosemont, IL. Contact: 630.653.2155, faceandbody.com

August 13-16 AAD Innovation Summit, Washington State Convention Center, Seattle, Washington. Contact: 866.503.7546, aad.org ME

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Back Issues & Single Copies: \$10 each issue. 800.442.5667, subscriptions@creativeage.com

Publication Offices: MedEsthetics, 7628 Densmore Ave., Van Nuys, CA 91406-2042, USA, Phone 818.782.7328, Fax 818.782.7450. The views and opinions printed herein are not to be taken as official expressions of the publishers, unless so stated. The publishers do not warrant, either expressly or by implication, the factual accuracy of the articles herein, nor do they so warrant any views or opinions offered by the authors of said articles. No part of this publication may be reproduced in any form or by any means, including photocopying, or utilized by any information storage and retrieval system without written permission from MedEsthetics. Copyright 2020 by Creative Age Communications, Inc. All rights reserved.

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HAIRMETRIX

Canfield is introducing an innovative, AI-driven hair analysis and consultation system for aesthetic practitioners.



Hair loss and thinning hair affect the majority of men and women as they age. In the past few years, demand for hair restoration procedures has grown as new, more effective treatments come to market. To help practitioners and patients track progress, Canfield Scientific—maker of the Visia Skin Analysis system—has developed HairMetrix, an artificial intelligence (AI)-driven, noninvasive consultation tool.

of results,” says Esposito. “For male clients, you take images in the temporal, vertex and occipital regions, the images are automatically uploaded to and processed in our AI servers in the cloud and immediately returned with the completed analysis.”

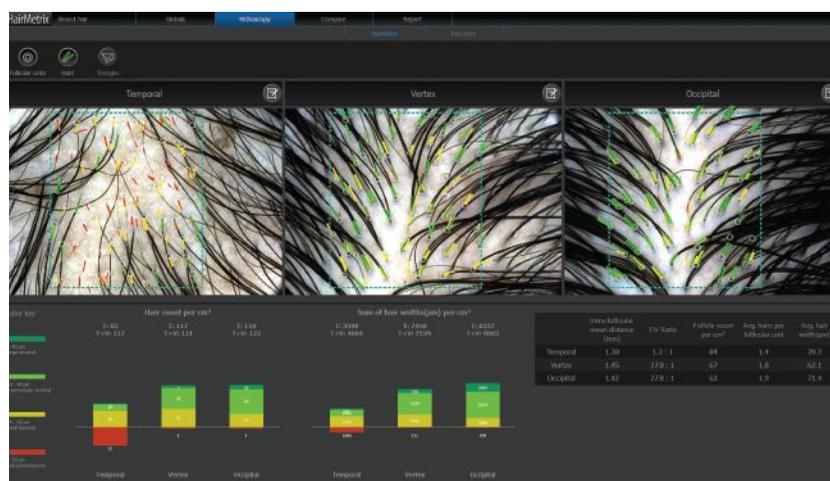
Providers use Canfield’s VISIONED D200evo dermatoscope to take images of the scalp, and the HairMetrix software analyzes the images and saves

the data for follow-up comparison. In addition to capturing trichoscopy images, HairMetrix can capture global images using Canfield’s optional Mirror mobile iPad application, which also now includes ALODEX, a clinically validated hair density assessment for quantifying the extent of hair loss.

“This complete hair consultation solution offers easy-to-read print reports, has a compare function for follow-up imaging,

and the images and analytics are saved for future appointments,” says Esposito. “It is easy to operate for users and easy for clients to understand, like the VISIA Skin Analysis consultation, but now for hair loss analysis versus skin analysis.”

Canfield has been trialing the system since October 2019 with hair restoration specialists and key opinion leaders and will launch HairMetrix at the American Academy of Dermatology meeting this month. “The early users are excited about their HairMetrix experience and we look forward to the broader launch,” said Esposito. ME



“The two key breakthroughs of HairMetrix are eliminating the need to clip the hair to acquire accurate information and an immediate analysis to provide a more effective consultation,” says Sam Esposito, product manager at Canfield Scientific. The system automatically measures all the key hair indicators and metrics, such as total non-vellus hair count, number of follicular units and terminal-to-vellus hair ratios, using similar analysis tools created and validated by Canfield Scientific for clinical research studies.

“This provides the practitioner an effective way to clearly communicate the treatment options while increasing compliance by providing objective evidence

Inga Hansen is the executive editor of *MedEsthetics*.

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