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Volume 16, Number 3
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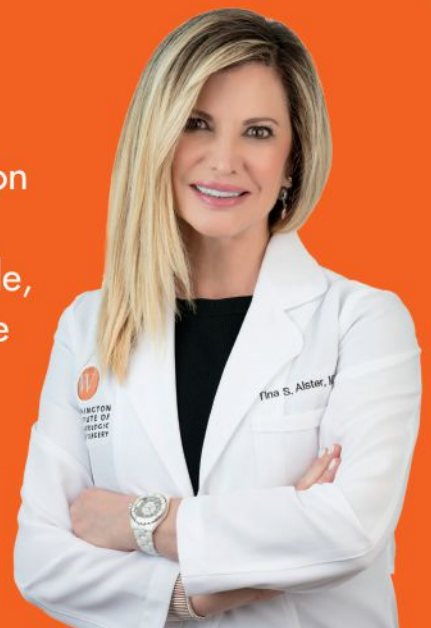
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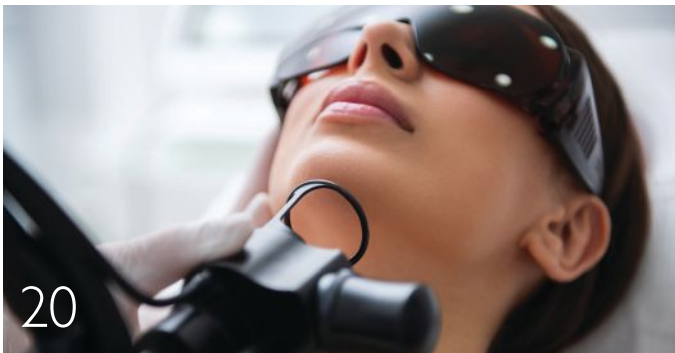
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COVER: Stanley Okoro, MD



CONTENTS

April 2020, Volume 16, Number 3

TOOLS AND TECHNIQUES

20 Details

by Miguel Aristizabal, MD

Low-energy, low-density fractional ablative laser skin resurfacing

26 Collagen Induction

by Inga Hansen

Advances in RF microneedling technologies

44 Blemish Control

Products addressing acne and pigmentation concerns

46 Collagen Builders

Antiaging skin care for patients

56 Redness Relief

Rosacea, anti-redness and post procedure products

64 Newsmakers

by Inga Hansen

Transcription factor Ybx1

PRACTICE MANAGEMENT

14 Business Consult

by Alexander Acunzo

Key performance indicators

32 The Faces Behind the Formulations

by Joan Vos MacDonald

Innovators in physician-dispensed antiaging skin care

48 Take a Bow

by Shelley Moench-Kelly, MBA

Stanley Okoro, MD, and Georgia Plastic Surgery

IN EVERY ISSUE

10 Best Practices

12 Introductions

58 News & Events

62 Advertiser Index

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Inga Hansen
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VIRTUALLY TOGETHER

At the time of this issue's publication, concern about the spread of coronavirus in the U.S. is beginning to affect us all. Industry conferences are being cancelled or postponed, several cities have put a moratorium on large gatherings and the NBA has suspended the remainder of its season. As physicians and employers, you are likely making difficult decisions of your own surrounding patient care, staff safety and the health of your community.

The driving factor behind these decisions has been, overall, a desire to protect the most vulnerable in our communities by slowing down the spread of the virus as researchers work toward a vaccine. The challenge is finding the right balance between public safety and the need to uphold our responsibilities to our jobs and to those we employ and serve. Fortunately, technology can help us achieve this balance in a way that would not have been possible even 10 years ago.

Scientific and clinical sessions that provide valuable insight and training for providers can be—and likely will be—offered online through a variety of platforms. Telemedicine allows physicians to minimize patient traffic by providing care virtually to those who do not require in-office treatments or visits. Tools, such as conference calling and video conferencing, may replace in-person team meetings for those with multiple locations as well for members of networking groups, philanthropic groups and professional societies.

If you find yourself with more spare time, whether the result of cancelled travel plans and meetings or fewer in-office visits, put that time to good use. Often we are so busy keeping up with our day-to-day responsibilities that we don't have time to consider long-term plans. Developing and tracking key performance indicators (KPIs) is a simple way for practice owners and managers to set measurable goals and gather the data needed to reach them. On page 14 ("Know Your Numbers"), we outline the KPIs every practice should be tracking and provide formulas you can use to determine your current and target numbers.

Scientific conferences not only provide an opportunity to network and learn about the latest research, they also offer an opportunity to meet product developers and learn about the latest technologies and topicals in aesthetic medicine. For "The Faces Behind the Formulations," we spoke with the chemists and formulators behind today's top physician-dispensed skincare lines. On page 34, you can learn more about their backgrounds, philosophies and what they believe will be the most important future innovations in antiaging topical ingredients.

As aesthetic providers, you often develop long-term relationships with your patients. During this time of social distancing and self-isolation, it is important for us all to maintain contact with one another, even if virtually. I encourage you to reach out regularly to your clients, patients and colleagues, whether through phone calls, emails or video conferencing. We are all in this together, so let's make sure no one feels alone.

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IMPROVING **EMPLOYEE** ENGAGEMENT

A recent study from Gallup showed that the percentage of workers who report being highly involved in, enthusiastic about and committed to their work and workplace has reached 35 percent—the highest percentage since it began tracking this metric in 2000. Jim Harter, PhD, chief scientist with Workplace, Gallup's workplace management practice, shared that previous research indicates that higher employee engagement is tied to how well organizations develop employees. He offers the following strategies that practices can adopt to create "high-development cultures" that foster high levels of employee engagement.

1. Develop a well-defined purpose and brand that encompasses why your practice exists and how you want to be known. This helps employees understand how their roles contribute to your success and mission.
 2. Train your managers to identify the strengths of team members and then use and build upon those strengths to achieve better outcomes.
 3. Create a "champions network" that collects and communicates best practices and is available to answer staff questions.
 4. View employee recognition as a means to develop success.
- Recognition of employees and team leaders sends a strong message about what your organization values. Make sure you are recognizing key metrics, such as productivity, retention rates, patient care and employee engagement, and not tolerating or rewarding mediocrity.



AAD RESPONDS to Chemical Sunscreen Absorption Research

A follow-up study published on January 21 in the *Journal of the American Medical Association* found that some active sunscreen ingredients were absorbed into the bloodstream at levels exceeding the U.S. Food and Drug Administration's threshold for waiving additional safety tests. For "Effect of Sunscreen Application on Plasma Concentration of Sunscreen Active Ingredients," researchers tested six sunscreen ingredients—avobenzone, oxybenzone, octocrylene, homosalate, octisalate and octinoxate—in four different formulations after a single, full-body application to analyze the ingredients' absorption levels in the blood.

In a statement to members and the public, American Academy of Dermatology President George J. Hruza, MD, MBA, FAAD, noted that both the study's authors and the FDA concluded that consumers should continue to use sunscreen to protect themselves from the sun. "More research is needed to determine if the absorption has any effects on a person's health. As the researchers point out, just because an ingredient is absorbed into the bloodstream does not mean that it is harmful or unsafe," he added.

Physicians should continue to recommend that patients seek shade, wear protective clothing—including a lightweight and long-sleeved shirt, pants, a wide-brimmed hat and sunglasses—and apply a broad-spectrum sunscreen with an SPF of 30 or higher to all exposed skin. People with sensitive skin or who are concerned about absorption of chemical sunscreen actives can use physical sunscreens formulated with titanium dioxide and/or zinc oxide.

NONSURGICAL RHINOPLASTY: *Safety and Best Practices*

A retrospective study of 5,000 nonsurgical rhinoplasty patients, published in the March issue of *Plastic and Reconstructive Surgery*, revealed 24 cases of arterial occlusion; 16 of which occurred following injection into the nasal

tip. Co-author Ayad Harb, MD, FRCS, reviewed the outcomes of his own nonsurgical rhinoplasty patients treated between March 2016 and January 2019. In total, he treated 4,702 women and 298 men (mean age 27), using hyaluronic acid dermal fillers injected percutaneously in microdroplets with a fine-caliber needle. He used cross-linked hyaluronic acid gels due to their high viscosity, longevity and reversibility.

The most common indication for treatment was dorsal hump (44 percent), followed by post-surgical correction (20 percent). The most common intraoperative complication was bleeding (559 patients). One hundred patients experienced immediate bruising. Twenty-four patients experienced arterial occlusion. The areas of injection resulting in occlusion included the nasal tip (16 patients), the bridge (6 patients) and the radix (2 patients). After vigorous massage and application of warm compresses, 14 patients displayed spontaneous return to adequate perfusion. Ten were treated immediately with hyaluronidase (1,500 IU in 1ml of saline, injected at the site of injection and the areas where skin changes were seen) and made a full recovery.

Dr. Harb noted that "injection technique, an intimate knowledge of the local anatomy, experience in diagnosing imminent complications and skill in managing these complications are arguably the greatest determinants of success and rates of complications." **ME**



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“We know elastin, alongside collagen and glycosaminoglycans, is critical to maintaining youthful-looking skin. However, in order to be functional, elastin must undergo a specific process of transformation,” said Dr. Laurence Dryer, VP of research and development at Obagi. “We studied elastic fiber quality and orientation to understand what it takes to impact skin resiliency, and then designed an advanced technology that addresses all three stages of elastin development and assembly to produce real results in the skin.”

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Know Your Numbers

5 Easy Formulas to Keep Your Practice—and Your Profits—on Target.

As the legendary management consultant and author Peter Drucker put it: “You can’t manage what you can’t measure.” How can you know if you’re successfully accomplishing your goals if no tangible metrics are tied to them?

The best way to make your goals measurable is to attach them to key performance indicators (KPIs). These include: your staff utilization rate, average hourly revenue per procedure, your marketing spend, your service-to-retail ratio and revenue per patient.

By focusing on these key metrics, you will be able to set tangible goals, measure them and understand what changes need to be made in your practice to reach them.

1. STAFF UTILIZATION RATE

Your staff’s productivity is one of the most important measurements in your business. By analyzing

your team’s productivity rate (often referred to as “utilization”), you’ll know when to add additional providers, adjust staff schedules or relocate your practice.

The formula for calculating staff utilization is:

$$\text{Staff Utilization Rate} = \frac{\text{Hours of Services Performed}}{\text{Hours Staffed/Scheduled}}$$

When you first open or hire an additional provider their utilization rate can be as low as 30 percent. This should be monitored closely to ensure that it is increasing each month. Within three to four months, it should be at a minimum of 50 percent. After that it should be monitored to ensure that it is growing each month until it reaches a minimum of 65 percent. Low

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utilization can mean a few things:

1. Your marketing spend is too low and the marketing machine is not generating sufficient leads.
2. The provider is not doing a sufficient job and isn't producing repeat patients and referrals.
3. Your staffing is too high for the demand in your marketplace.

If your staff utilization rate is 80 percent or higher, you may want to increase staff hours or add an additional provider. Eventually, as you continue to grow, your staff and treatment rooms may become utilized to the point where you need to increase the size of your facility or relocate. But first, ensure that you are taking advantage of all possible hours, such as early evenings and weekends. Expansions and relocations are extremely costly, with tenant buildouts averaging \$150-\$180 per square foot, depending on your region.

2. AVERAGE HOURLY REVENUE RATE PER PROCEDURE

Do you know which treatments and services generate the most revenue for your practice? By understanding the profitability of each service, you'll know where to focus your attention.

Here's a quick and simple way to determine the average hourly fee by service:

$$\text{Average Hourly Fee} = \frac{\text{Service Fee}}{\text{Est. Time to Perform}} \times 60$$

You can take this equation even further by subtracting costs, such as your cost of goods/ consumables and labor costs, from the service fee.

While this formula can help you understand the greatest profit centers in your practice and guide you on creating promotional discounts, don't give up on lower revenue services. Ancillary services, such as IV infusions, chemical peels and facials, can be gateway treatments for new patients.

3. MARKETING SPEND RATIO

Plan to allocate between 5 to 15 percent of your monthly sales goal on generating leads. (Whether your marketing budget is closer to 5 percent or 15 percent depends on factors such as scope of practice, competitiveness of market, years since opening, demographics and a handful of other unique characteristics.)

If your sales are down or your practice is not performing as expected, this simple formula can help you compare your practice with others in the industry:

$$\text{Marketing Spend Ratio} = \frac{\text{Monthly Budgeted Marketing Spend}}{\text{Monthly Forecasted Sales}}$$

If you're consistently missing sales goals and spending less than 5 to 8 percent on marketing, consider spending more on ads that target your highest revenue-generating procedures.

If your practice is healthy with its topline (or gross) revenue, but these dollars aren't passing down to the bottom-line (or net) revenue, check the marketing spend ratio in your practice. If you are a mature business with more than 15 percent marketing spend, consider slowly cutting back.

4. SERVICE TO RETAIL RATIO

This formula helps analyze your team's ability to upsell and implement pre-treatment and post-treatment protocols. It is important when assessing the performance of estheticians providing clinical skincare treatments, as well as providers who perform medical aesthetic treatments.

$$\text{Service to Retail Ratio} = \frac{\text{Retail Sales}}{\text{Service Sales}}$$

Creating a culture that emphasizes this metric will support in building a patient + practice win-win. Through strategically combining your treatments with efficacious skin care, you can enhance a patient's results and your practice's profitability. A good target for this metric is 20 percent retail sales.

5. REVENUE PER PATIENT

Analyzing this metric over various time frames (monthly, quarterly and annually) can help you understand how seasons, weather and holidays affect your practice. It will also provide insight into the success of your sales and marketing strategies and help your practice develop and manage an upsell/cross-sell culture.

The goal of this KPI is to benchmark your practice in comparison to previous time periods to help you determine the current level of revenue per patient for your specific practice.

$$\text{Revenue Per Patient} = \frac{\text{Total Revenue}}{\text{Number of Patient Visits}}$$

BEYOND CRUNCHING NUMBERS

As technology advances, it's becoming easier to gain valuable metrics and insight into your practice. Device

manufacturers and EMR/EHR software developers are adding tracking technology into their offerings to help you better understand and measure your practice's key numbers. Sciton's new Joule X and PatientNOW's Pulse service are a few notable examples. But these metrics are meaningless if you aren't leveraging this data to make changes within your organization.

If you're going to take the time to crunch the numbers, you should also take the time to coach, manage and lead based on these metrics. Establish bi-weekly or monthly one-on-one meetings with key providers and patient care coordinators (sales consultants). Show team members month-over-month, quarter-over-quarter and year-over-year trends. Use these figures to guide your team in the development of strategies to move the needle in the right direction. [ME](#)

Alexander Acunzo is the president of Acara Partners, an aesthetic practice and medspa management consulting firm, and Reach Digital Marketing. Contact him at aacunzo@acarapartners.com.

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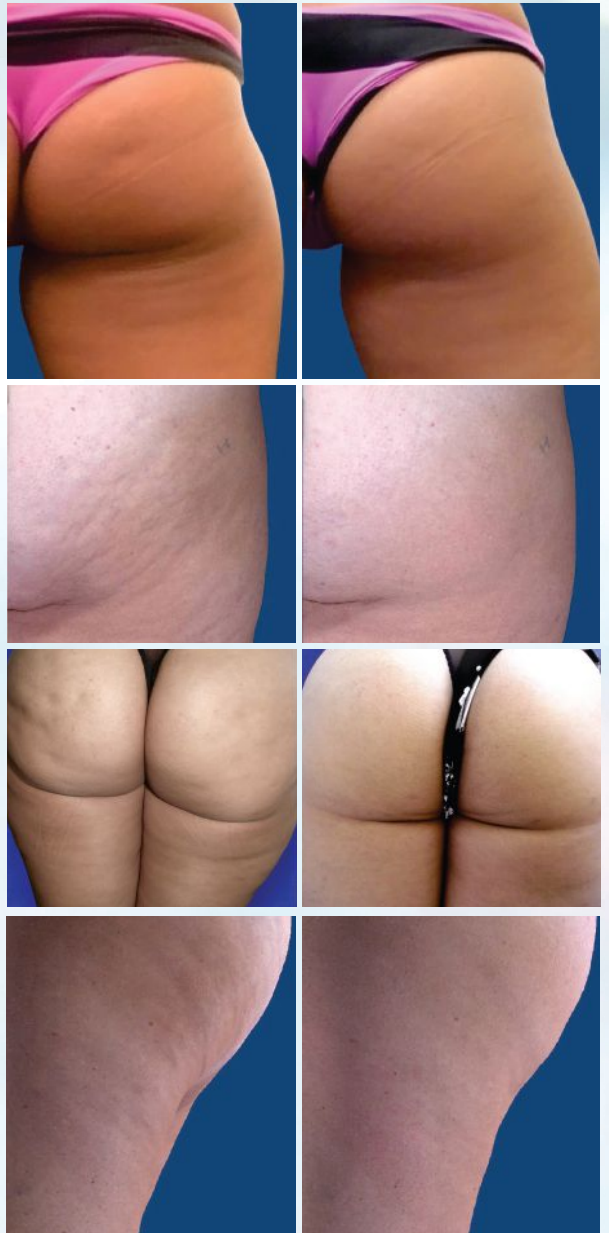
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Fractional Ablative Laser Resurfacing

How to achieve effective and safe outcomes with fractional CO₂ treatments using lower energies and densities.

CO₂ lasers, widely used in the dermatology field, can be powerful tools in your armamentarium to treat superficial photodamage that often accompanies skin aging. Depending on the severity of the UV exposure, such photodamage usually expresses with wrinkles, sun spots, lentiginos and skin discoloration.

I recommend fractional ablative devices equipped with ultrapulsed pulse duration. Thanks to the short pulse duration (around 500 microseconds), there's minimal thermal collateral damage, thus the downtime is short.

PATIENT SELECTION

Higher Fitzpatrick skin phototypes are generally not ideal candidates for CO₂ lasers and other fractional ablative lasers due to the risk of post-inflammatory hyperpigmentation (PIH). I do not recommend performing these lasers in phototypes greater than V. Be aware and discuss this risk with your patient, especially if the phototype is greater than III.

If PIH is a concern, I pretreat patients for four to five

weeks prior to the procedure with a modified Kligman-Willis formula (hydroquinone, desonide, nicotinamide, retinoic acid).

Other contraindications for fractional CO₂ laser resurfacing procedures include:

- Autoimmune diseases
- Uncontrolled bleeding disorders
- Inflammation or infection at or near the treatment site
- History of severe herpes infection
- Pregnancy or breastfeeding
- Unrealistic expectations
- Psychiatric diseases

Regarding herpes simplex virus infection, never perform treatments if there are active lesions. In patients at risk of herpetic reactivation (>3 reactivations per year), treatment with 400mg acyclovir three times per day for 10 days or 1g valacyclovir twice per day for seven days is recommended before any ablative laser procedure. In cases of frequent recurrences and severe outbreaks, any procedures with an ablative laser should be discouraged.

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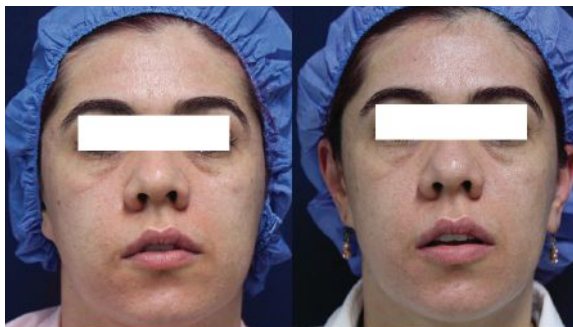
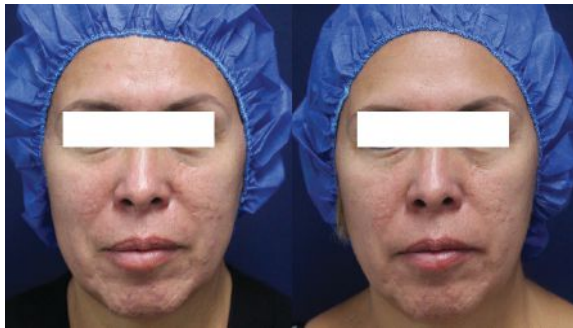
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Outcomes following two to three low-density, low-energy treatments with an ultrapulsed fractional CO₂ laser.

PATIENT PREP

I perform an exhaustive medical history, excluding any of the contraindications described above, and explain the risks of the procedure before obtaining informed consent. Photographs are always taken (as with any other aesthetic procedure).

Patients are instructed to come with a clean face and without makeup. Thereafter skin is disinfected and a topical anesthetic is used (EMLA) for about one hour. In some cases, patients cannot tolerate the laser treatment in the periorbital area. In this area, I frequently use subcutaneous lidocaine. I inject 1 percent lidocaine without epinephrine, using needles or cannulas.

Avoid alcohol-based disinfectants immediately before the procedure due to fire ignition risk with the laser. I disinfect the skin with alcohol. Then, after evaporation, I use sterile saline-soaked gauzes to remove any remaining alcohol.

TECHNIQUE AND SETTINGS

I perform a multilayer technique that may vary depending on the device. First, I tackle each deep/notorious wrinkle and scar using the linear shape handpiece, pointing at the base. I use energies between 15-25mJ, depending on the skin thickness, density is 5 to 8 percent and frequency between 250-300. This first pass is followed by an additional general pass using a square/rectangular shape with energy level between 30-40 mJ, increasing the density up to 15 percent.

Additional passes are performed depending on the condition being treated. Scars may require higher energies. Keep in mind that pulse stacking is correlated with an increased risk of PIH, as are higher densities.

I perform another pass below the jawline to feather the resurfacing, so there is no visible line between treated and untreated areas.

Proper intraocular eye shields must be used while treating the periorbital area. I use a half step down from the above settings described when treating the neck, which is prone to scar formation.

Sometimes in darker skin types, I perform two or three treatments with lower densities and energies. I am trying to accumulate less heat to avoid hyperpigmentation, a bigger concern with Hispanic, Asian or Indian populations.

In several cases, I have performed the laser treatment and immediately afterward a regular microneedling procedure, going up to 1mm over deep scars or wrinkles, 1-2 passes maximum as the skin is already traumatized. This is a great combination for acne scars but it is not recommended in the poorly compliant patient, as it generates more downtime than each procedure alone.

POTENTIAL ADVERSE EVENTS

Following ablative laser resurfacing, expected events include erythema and edema, which usually resolve within 15 days postprocedure. Cases of prolonged erythema typically resolve on their own within four weeks.

Infections are rare. If an infection is suspected, start empiric treatment early.

Herpes outbreaks may occur following treatment. Recommended treatment is 400mg acyclovir three times per day for 10 days or 1g valacyclovir twice per day for seven days.

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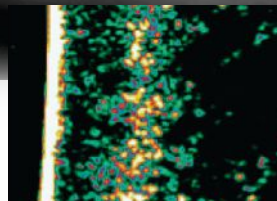
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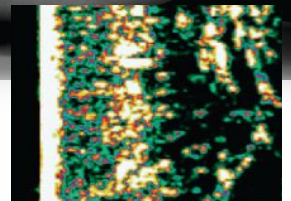
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Day 90

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Day 0



Day 90

Photomicroscopy images show the visible results on the skin from the increase in collagen, skin hydration and elasticity in the same 42 year old female subject.

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DETAILS

Patients must avoid UV exposure up to three months following the procedure to protect the delicate treated skin and reduce the risk of PIH.

Scarring typically occurs when using high densities covering up to 80 percent of the area to be treated or elevated energy settings. I have not seen this complication with the treatment approach described above.

Hypopigmentation is rare but is likely related to density and energy settings. Acneiform eruptions are also rare. Patients at risk of hyperpigmentation are instructed to use the modified Kligman-Willis formula starting four weeks postprocedure or at the first sign of hyperpigmentation.

RECOVERY AND DOWNTIME

Immediately after the procedure, I use cold and wet sterile gauzes to carefully remove the ablated debris. This provides comfort to the patient as well. After the stinging and/or burning sensation has subsided, I apply a thin layer of a petrolatum-based ointment to the treated areas. Patients are instructed to use this ointment and a restorative hydrating alcohol-free serum five to eight times per day.

The disappearance of the crust occurs five to seven days postprocedure, followed by erythema that remains for two to three weeks. I counsel patients to use a petrolatum-based ointment and clean the treated areas with sterile gauzes and sterile normal saline several times a day until crusts disappear.

Sunscreen is mandatory starting 24 hours postprocedure. I encourage patients to use sunscreens with 100 percent physical actives. After 48 hours, gentle cleansers may be used as well as a gentle restorative serum to hydrate and provide comfort. I recommend keeping the serum refrigerated to increase the cooling effect.

OUTCOMES AND SATISFACTION

Treatments with lower energies and densities have a shorter downtime, which is what patients are asking for. Today's patients seek real lunchtime procedures. I achieve high patient satisfaction by performing a series of two to three lower energy and density treatments spaced 20 to 30 days apart. The majority of our patients return to work/activities three days postprocedure. **ME**

Miguel Aristizabal, MD, specializes in aesthetic medicine and is the CEO of ADEI - Aesthetics & Dermatology Institute.

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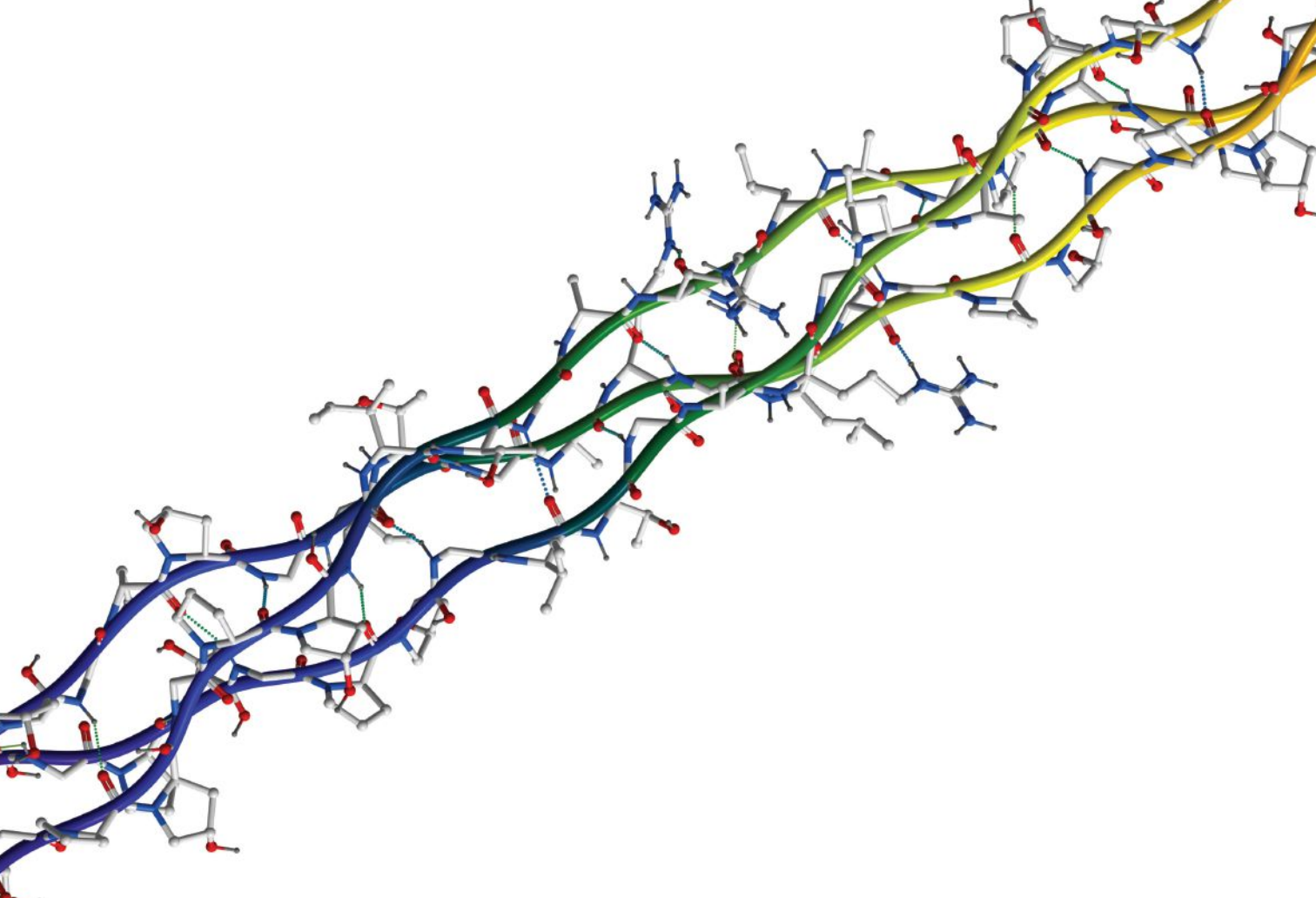
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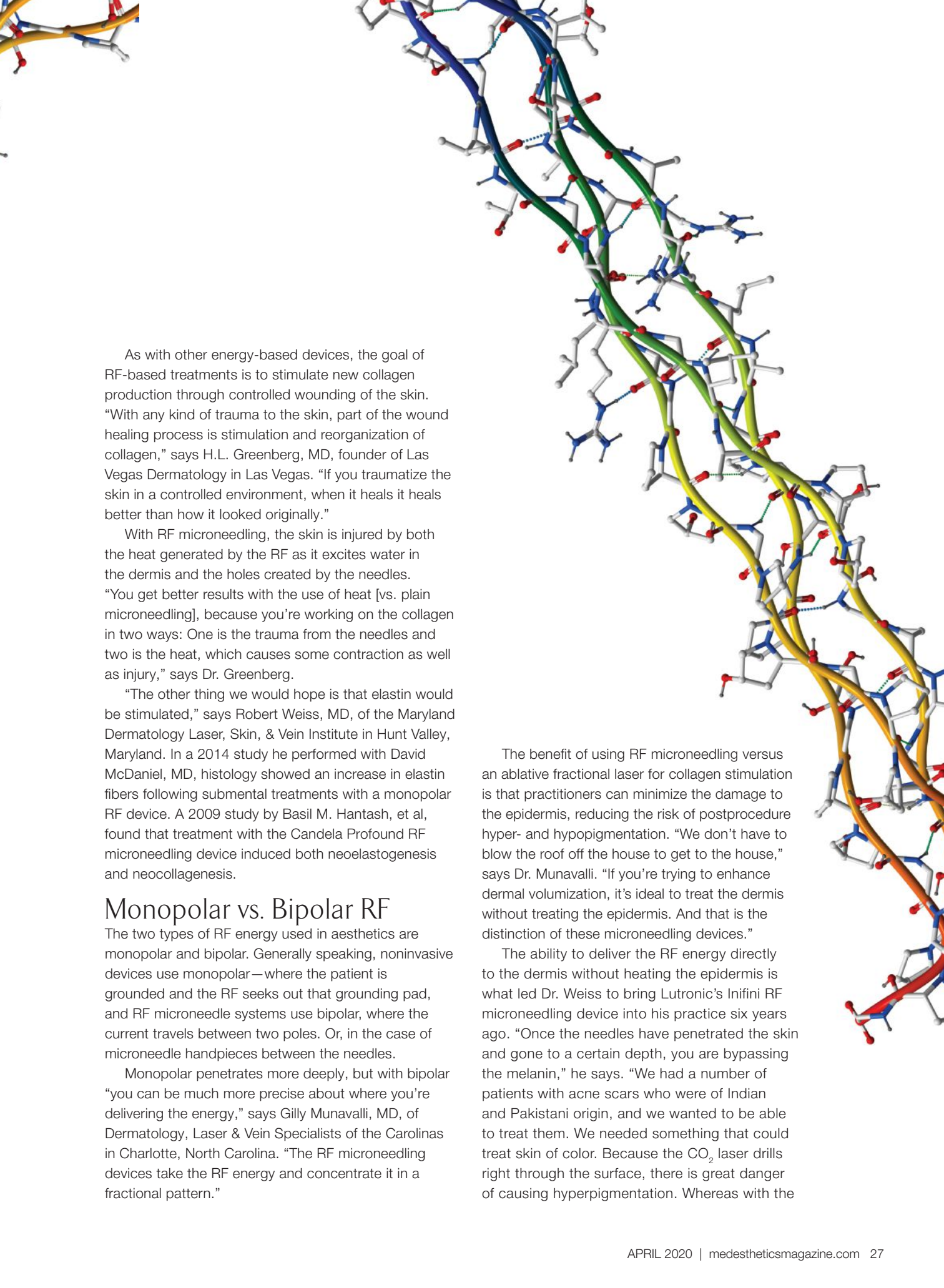


COLLAGEN INDUCTION

Radiofrequency-based microneedling devices are gaining legions of fans thanks to a strong safety profile and new advances in energy delivery and adjustability.

BY INGA HANSEN

When Thermage came to market in 2002, it introduced a new technology to help correct the signs of skin aging: radiofrequency (RF)-based energy. Nearly 20 years later, RF-based devices have become ubiquitous in medspas and aesthetic practices where they are used to tighten lax skin, reduce fat and smooth acne scars. While noninvasive devices have received mixed reviews over the years, primarily related to inconsistent outcomes, RF-based microneedling devices have proved more universally popular with practitioners.



As with other energy-based devices, the goal of RF-based treatments is to stimulate new collagen production through controlled wounding of the skin. “With any kind of trauma to the skin, part of the wound healing process is stimulation and reorganization of collagen,” says H.L. Greenberg, MD, founder of Las Vegas Dermatology in Las Vegas. “If you traumatize the skin in a controlled environment, when it heals it heals better than how it looked originally.”

With RF microneedling, the skin is injured by both the heat generated by the RF as it excites water in the dermis and the holes created by the needles. “You get better results with the use of heat [vs. plain microneedling], because you’re working on the collagen in two ways: One is the trauma from the needles and two is the heat, which causes some contraction as well as injury,” says Dr. Greenberg.

“The other thing we would hope is that elastin would be stimulated,” says Robert Weiss, MD, of the Maryland Dermatology Laser, Skin, & Vein Institute in Hunt Valley, Maryland. In a 2014 study he performed with David McDaniel, MD, histology showed an increase in elastin fibers following submental treatments with a monopolar RF device. A 2009 study by Basil M. Hantash, et al, found that treatment with the Candela Profound RF microneedling device induced both neoenlastogenesis and neocollagenesis.

Monopolar vs. Bipolar RF

The two types of RF energy used in aesthetics are monopolar and bipolar. Generally speaking, noninvasive devices use monopolar—where the patient is grounded and the RF seeks out that grounding pad, and RF microneedle systems use bipolar, where the current travels between two poles. Or, in the case of microneedle handpieces between the needles.

Monopolar penetrates more deeply, but with bipolar “you can be much more precise about where you’re delivering the energy,” says Gilly Munavalli, MD, of Dermatology, Laser & Vein Specialists of the Carolinas in Charlotte, North Carolina. “The RF microneedling devices take the RF energy and concentrate it in a fractional pattern.”

The benefit of using RF microneedling versus an ablative fractional laser for collagen stimulation is that practitioners can minimize the damage to the epidermis, reducing the risk of postprocedure hyper- and hypopigmentation. “We don’t have to blow the roof off the house to get to the house,” says Dr. Munavalli. “If you’re trying to enhance dermal volumization, it’s ideal to treat the dermis without treating the epidermis. And that is the distinction of these microneedling devices.”

The ability to deliver the RF energy directly to the dermis without heating the epidermis is what led Dr. Weiss to bring Lutronic’s Inifini RF microneedling device into his practice six years ago. “Once the needles have penetrated the skin and gone to a certain depth, you are bypassing the melanin,” he says. “We had a number of patients with acne scars who were of Indian and Pakistani origin, and we wanted to be able to treat them. We needed something that could treat skin of color. Because the CO₂ laser drills right through the surface, there is great danger of causing hyperpigmentation. Whereas with the



Six weeks following two treatments for the smile lines of the mid cheek using the Lutronic Genius RF microneedling device.

RF microneedling, we haven't seen any adverse events on pigment."

Device Considerations

There are now several RF-based microneedling devices on the market, and each offers unique features and characteristics. "The unique thing about the Candela Profound is that it gives you a high level of control and feedback with regards to temperature and placement of the needle tips, and it is the only long-pulsed RF microneedle device in the U.S.," says Dr. Munavalli. "The only downside of the Profound is that you cannot adjust the depth of the needles."

Devices, such as the Lutronic Genius and Cutera Secret, offer variable depth penetration "and they are sub one millisecond pulse devices, so you can do multiple passes with them and treat more superficial areas," says Dr. Munavalli.

The goal, he explains, is to deliver the energy precisely where the problem is. "For fine lines and wrinkles, which are upper dermal problems, you may want to work more superficially and with a shorter pulse. For deep wrinkles and skin laxity, it's a lower dermal issue and you want to use a longer pulse," says Dr. Munavalli.

Whether a device has insulated versus noninsulated needles is another consideration. With noninsulated needles, the energy is emitted throughout the length of the needle. With insulated needles it is only emitted from the tip. Hypothetically, the noninsulated needles would cause injury from the epidermis down to the desired layer in the dermis, but it is not quite this simple.

In April 2019, Dr. Weiss and colleagues published a study in *Dermatologic Surgery* on the effects of

heat-based devices on dermal fillers. "We took fresh abdominoplasty skin and injected Juvederm Ultra at the level we normally would, and we used a variety of devices, including RF microneedling devices with either insulated or noninsulated needles," he says. "Most of the needle configurations caused damage to the collagen, but we saw very little damage to the epidermis. I surmise that the reason there is very little effect on the epidermis with any type of RF microneedle device is because there's more water in the dermis than in the epidermis."

A new device, the Potenza from Cynosure, offers what the company calls semi-insulated "Tiger Tip" needles. The insulated and noninsulated stripes allow you to treat at two different depths with every application of the microneedles, explains Dr. Weiss.

The Potenza offers multiple needle arrays with varying densities, adjustable pulse widths, and both bipolar and monopolar RF settings. "You can adjust the time that the microneedles are in the skin—and that is important when you're trying to do things like skin tightening and acne scarring versus textural improvement," says Dr. Weiss. "You can also adjust the speed at which the needles go into the skin, which can be important depending on which area of the body you're treating."

He uses a short pulse with rapid penetration of the needles when addressing superficial textural concerns on the face. For acne scars, he uses a slower needle setting. "When you're trying to get into an acne scar, it is better to slow the needles down a little bit so they actually get into the scar, rather than bounce off of it," says Dr. Weiss. "Then I adjust the length of the pulse because scar tissue is going to take a little longer to heat up, since it has less water than healthy tissue."

RESULTS SHOULD BE THREE THINGS: SEEN, FELT, & IMMEDIATE

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COLLAGEN INDUCTION

The Cynosure Potenza RF microneedle system allows you to toggle back-and-forth between monopolar and bipolar RF energy.



“By switching to the monopolar mode, we can potentially get the energy from the tip of the RF microneedle much deeper.”

He also slows the needles down when working on the neck. “If the needle goes too fast, it just kind of bounces off the neck,” he says.

Going Deeper

While bipolar RF energy allows for more precise placement, it has shallower depth of penetration than monopolar, which may be a drawback for some indications. Dr. Greenberg finds he gets better skin tightening results with his noninvasive monopolar Venus Viva device, due to its depth of penetration. So he combines the treatment with medical microneedling to deliver the benefits of both modalities. “We do the radiofrequency first and then immediately follow that with microneedling,” he says.

Cynosure sought to address this concern by adding a monopolar mode to the Potenza. “By switching to the monopolar mode, we can potentially get the energy from the tip of the RF microneedle much deeper,” says Dr. Weiss.

Physicians can toggle between bipolar and monopolar during treatment. “If you want to do your first pass and then go a little deeper for acne scars, you hit monopolar. If you don’t have the patient grounded, it will inform you that there’s no grounding pad in place,” says

Dr. Weiss. “Conversely, if the patient is grounded and then you want to go a little more superficial, you just hit bipolar, and it will switch to that mode.”

Generally speaking, if you are trying to achieve skin tightening over a large area, noninvasive monopolar devices are a better choice than RF microneedling. “For example, if somebody has droopy jowls, we would use a monopolar device with a large applicator. If someone has crepey skin on their neck, then we would choose to use RF microneedling. And, of course, with acne scarring, if you apply a large swath of RF energy, you’re not going to get much improvement. You have to have the needles to get in there and really break up that scar. You can’t address that just from the surface,” says Dr. Weiss.

The key to determining whether—as well as which—RF microneedling device is a good addition for your practice is understanding your target patient base and their concerns. “Know your patient population and what they might benefit from before you decide to buy one of these devices,” says Dr. Munavalli. “Because they are very different than lasers and noninvasive RF devices, and each system offers unique capabilities.” **ME**

Inga Hansen is the executive editor of *MedEsthetics*.



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The Faces Behind the FORMULATIONS

Meet the formulators behind today's top physician-dispensed antiaging skincare lines.

By Joan Vos MacDonald

Advances in antiaging skin care are the result of innovative thinking, devotion to intensive research and a passionate drive to find effective solutions. Despite their varying backgrounds, the following five leaders in the antiaging skincare field all share these qualities. On the following pages, they share the science and philosophies behind their formulations as well as their visions for the future of physician-dispensed, antiaging skin care.

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On the Cutting Edge

Robert Manzo, president and CEO of Skinprint



“One thing is certain, after more than 35 years of participating in this fast-moving and exciting industry, I continue to learn and invent every day.”

Robert Manzo, a longstanding member of the Society of Cosmetic Chemists and the American Chemical Society, holds 13 patents in a variety of fields, including pharmaceutical preparations, nanoparticles and genetic plant expressions. A chemist specializing in cosmetic chemistry, he was initially hired as a research and development (R&D) lab technician in the field of fragrance, skin care and makeup at Avon Products.

“Over time I began to develop a passion for the art and science of skin care,” says Manzo. “I grew into research positions as a chemist, senior chemist, R&D manager and then international manager in the development of skincare cosmetic ingredients. One thing is certain, after more than 35 years of participating in this fast-moving and exciting industry, I continue to learn and invent every day.”

His company, Skinprint, founded in 2002, creates both branded and custom-formulated products for aesthetic practices. His latest formulations draw on research regarding the optimal pH of skin and its effect on barrier function. “The skincare industry has historically accepted 5.5 as the optimal pH for healthy skin,” says Manzo. “However, newer research suggests that skin function truly optimizes a bit lower— around 4.7-5.1.”

Manzo has been researching these findings since 2018 and has developed

a specific blend of ingredients that optimizes the natural pH of skin to that pH range. “This directs the skin to behave in a healthier way. The barrier function of the skin improves and, as a result, the skin is measurably more hydrated and less inflamed,” he says, noting that the company is so committed to this research and development, it began using this proprietary blend of ingredients in its entire line this spring.

Manzo also is hopeful that new developments in the field of epigenetics will improve topical antiaging product outcomes. “Research in epigenetics is extending into skin care with the advancement of new technologies that have the power to significantly slow down and even reverse multiple skin conditions, including the signs of aging, by turning certain genetic markers on and off,” says Manzo.

As topical skincare research progresses, he continues to embrace one guiding principle: Healthy skin needs less intervention. “Every one of our products is formulated specifically to reinforce barrier function and support a healthy microbiome,” says Manzo. “When the skin barrier is functioning well and not in a cycle of inflammation, there is a dramatic visible reduction in the rate of problematic skin conditions such as aging, hyperpigmentation and acne.”

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1. Ellipse Nordlys 5100k clearance [K181162], September 2016; 2. Bjarng P. et al. Lasers Surg Med. 2004;34(2):120-126; 3. Ngilish K, et al. Dermatol Surg. 2006;32(11):1390-1397

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Simple, Clean Ingredients

Angelia Inscoe, founder and CEO of Induction Therapies/Collagen P.I.N.

“Post-care product use needs to be controlled, and patients need education and guidance.”

Angelia Inscoe was initiated into the Society of Cosmetic Chemists not because she had a chemistry degree, but due to her 25 years of experience working with leaders in the skincare industry on product development and formulation. She began her career as an electrologist and esthetician, which led her to develop products based on the skincare needs of her clients. When she conceives of a new product idea and has exhaustively researched it, she works with a team of chemists to develop it.

“I tell them the outcome I’m looking for and give them the percentage of each active ingredient I want to use,” says Inscoe. “In response, the chemists suggest inactive ingredients required to stabilize the formula, without using parabens, gluten or animal byproducts.”

After leaving her job as vice president of domestic sales at ZO Skin Health, the popularity of microneedling inspired her to start her own company. “I saw that I could improve on microneedling devices by adding more power and more needles, which provide superior results and less trauma to the skin, and by offering cordless and corded options,” she says.

While training providers on the use of the Collagen P.I.N., she realized there was a need for post-care products and training. “Patients were often left to choose their own aftercare products, and they unknowingly were using

chemical-based sunscreens and skincare products with irritating ingredients,” she says. “Post-care product use needs to be controlled, and patients need education and guidance.”

Based on these concerns, she began formulating a topical product line. In addition to being gluten-, paraben- and fragrance-free, all of her products are dermatologist-tested and vegan. “We use simple, clean ingredients for optimal results,” she says.

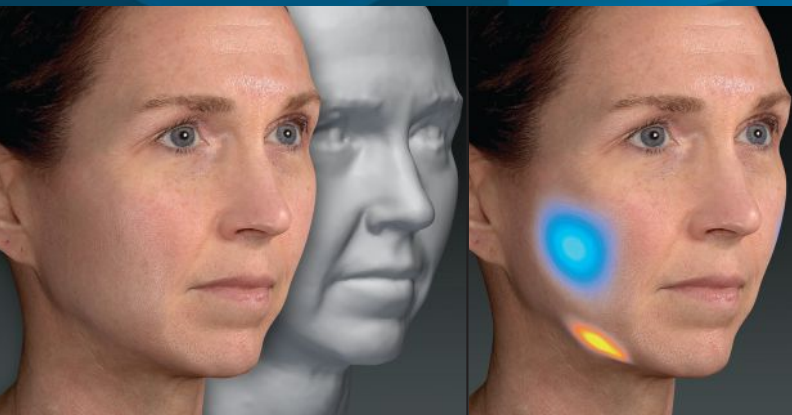
Inscoe believes the future of skin care will continue to focus on better delivery systems and new ways to stabilize ingredients for better absorption. She sees significant promise in cannabidiol (CBD)-based skincare products. Studies suggest that the anti-inflammatory properties of CBD may make it effective for the treatment of acne, eczema and psoriasis.

“I’m really excited about CBD in skin care because it is a very powerful antioxidant,” says Inscoe. “CBD is used orally as tinctures or topically for aches and pains, but it’s also very useful in skin care. We recently formulated a new line of CBD-infused total wellness and skincare products called SHALIA Botanicals that promotes wellness inside and out. I think we’re going to see more and more use of CBD in the future.”

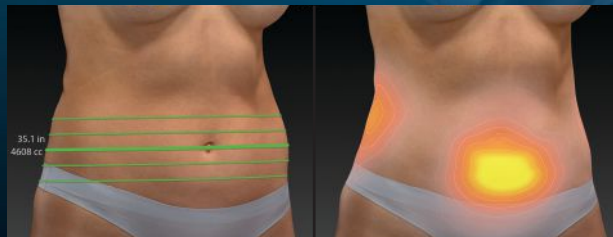


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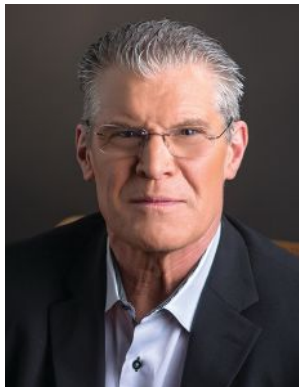


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Effective Nonprescription Alternatives

Carl Thornfeldt, MD, founder of Episciences



“We were the first ‘cosmetic’ to challenge prescription gold standard topical therapies. We have now beaten 10 of them in efficacy and safety.”

Carl Thornfeldt, MD, dermatologist and founder of Episciences, maker of the Epionce skincare line, grew up on a sheep farm owned by his father, a well-known pediatrician. Suffering from allergies and eczema as a child, Dr. Thornfeldt knew he wanted to become a doctor by the time he reached sixth grade. After practicing medicine for seven years in the U.S. Navy, he opened a dermatology practice in Oregon, where he observed many treatment failures and adverse reactions to prescription drugs. He wanted to find a better way.

“I began my research by focusing on uncovering the pathophysiology of chronic inflammatory skin diseases and neoplasia,” says Dr. Thornfeldt. “The focus was the epidermis, stratum corneum and basement membrane zone. The hypothesis was that if we can achieve normal structure and function of the entire epidermis, we can prevent these inflammatory skin diseases and develop more effective therapies.”

His research resulted in 22 U.S. patents, including a 1989 patent for cholesterol, ceramide and free fatty acids in specific ratios for optimizing skin barrier function, earning him the nickname “the father of barrier repair.”

“I wanted to prove that an anti-inflammatory barrier repair therapeutic modulating multiple anomalies was more effective and safer than targeting a specific receptor or cell,” he says. “We were the first ‘cosmetic’ to challenge

prescription gold standard topical therapies. We have now beaten 10 of them in efficacy and safety. For example, Epionce Renewal Facial Cream with Lytic Tx was proved to be twice as effective as Renova and lactic acid in treating photodamaged skin, without causing any irritation.”

With a focus on natural ingredients, Dr. Thornfeldt pioneered the use of herbs such as meadowfoam, rosehip and safflower in antiaging products 18 years ago. “They were selected based on precise extraction methods that yielded specific active ingredients. We then paired them based on their mechanisms of action for synergistic activity, increasing therapeutic response,” he says. “It has been exciting to prove in clinical trials that by adding our delivery and herbal synergistic technologies to proven, nonprescription ingredients we are able to create products that are more effective and safer than standard prescription medicines.”

He looks forward to discovering new natural therapeutic ingredients and combining them with novel delivery technologies. He wants to create products that are safe and effective, as well as cost effective, to improve users’ quality of life. “My greatest joy is seeing suffering people, especially children, become the best they can be,” he says.



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Mostafa Omar, PhD, president and founder of Phytoceuticals



“All of my formulations must be natural, safe and effective. Beyond this, every formulation must be innovative, unique and supported by scientific research.”

Born and raised in Egypt, Mostafa Omar, received a PhD in pharmacology and pharmacognosy—the study of medicinal drugs obtained from plants or other natural sources—at Cairo University’s College of Pharmacy. After moving to the U.S., he earned his PhD in Pharmaceutical Sciences at the University of Rhode Island.

“I studied traditional methods of medicinal chemistry, and these are the skills I use to this day in all my formulations,” he says. “The majority of this information does not exist on the Internet and will not be furthered if we rely on technology to do the work for us.”

His drive for knowledge and ability to combine traditional medicine with modern science led to the development of several patents related to natural ingredients, including olive leaf extract and aloe vera. But Mostafa is best known as the “Father of liquid L-ascorbic acid,” a discovery that came about from a client’s request.

Shortly after leaving his first post-doctoral job, Omar started a chemical analysis company in New Jersey. He was approached by a potential client who knew of his research with aloe vera—which included a patent for a method of aloferon isolation for use in cosmetics and wound healing. She asked if he was able

to stabilize vitamin C in water.

“At the time it was not possible, but I told her I would try,” says Mostafa. “I began to research vitamin C stability and, after six months, one of the experiments didn’t oxidize for several days.”

He launched Phytoceuticals in 1994 and began licensing his patented ingredient technologies to leading cosmeceutical companies. Today, he uses his proprietary ingredients in only his own lines. The SuperHeal O-Live leaf extract line features Mostafa’s patented olive leaf extract with vitamins C and E to heal and protect dry skin. The company also offers Selenium in C, a combination selenium and vitamin C topical for patients with acute and chronic UV-damaged skin.

These days, he is focused on the company’s newest product line, HYPER, which features gradient layer technology: three different molecular weights of hyaluronic acid that permeate different layers of the skin for sustained hydration and protection against the premature signs of aging. “All of my formulations must be natural, safe and effective,” he says. “Beyond this, every formulation must be innovative, unique and supported by scientific research.”

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**John Kulesza, PhD,
president and founder of
Young Pharmaceuticals**



“We focus on, ‘What is the active?’ Then our goal is to put nothing else in the product that could complicate things.”

John Kulesza, PhD, is a third-generation graduate of Yale University. While his education gave him a solid basis in the fundamentals of chemistry, learning about skincare products required industry training. “It’s one thing to graduate from college and understand the fundamentals of chemistry, but in order to make a skin cream, this is what one would call applied science,” he says.

In 1977, he founded Young Pharmaceuticals. “My family has always been in business, not the skincare business, but they were always entrepreneurial people,” he says. “I thought to myself, ‘I’m going to combine my love of chemistry with my love of business.’”

The company’s first product was an acne remedy, which he sold to dermatologists. The response was enthusiastic, and he was asked to create more products. In the late 1970s and the early 1980s, hydroxy acids became very popular, and the company became known for its chemical peels. “Then other actives, such as retinol and vitamin C, came along and generated a lot of interest, and we began to add those to our product line,” says Kulesza, who describes his approach as minimalist.

“We formulate a cosmeceutical the way we would formulate a pharmaceutical,” he says. “We focus on, ‘What is the active?’ Then our goal is to put nothing else in the product that could complicate things.”

He uses only active ingredients that

have a long history of clinical success.

“If you ask me the question, ‘What can I do to stay younger looking?’ I’m going to recite what any good dermatologist would tell you: Use sun protection. And if you want to use a good sunscreen, it should have zinc oxide in it. There are no gimmicks there. I see sunscreens with growth factors or DNA repair ingredients in them. We reject those things because they lack validation. They are not well supported by science,” says Kulesza.

He believes the future of skin care lies in the customization of products. “There isn’t a lot of science yet that can correctly analyze our skin and determine what it might—or might not—benefit from, but I’m excited about what’s on the horizon,” he says.

Forty years after its inception, Young Pharmaceuticals remains a leader in developing chemical peel formulations. “We have been working with dermatologists who are developing a very powerful Croton oil-based deep chemical peel,” says Kulesza. “I hate the term ‘magic,’ but you could call Croton oil a magic ingredient. It’s comes from the seed of a plant that’s very, very toxic, but when used in very low doses on the skin it can create extremely transformative effects. We are working now on research in developing new delivery systems for these deep peels.” **ME**

Joan Vos MacDonald is a freelance writer based in Kingston, NY.



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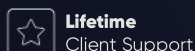
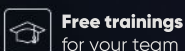
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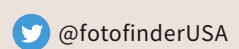
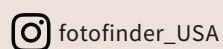
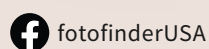


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TAKE A BOW

By Shelley Moench-Kelly, MBA

Stanley Okoro, MD, heads thriving practices in the United States and Nigeria, but never forgets the importance of giving back.

“THANK YOU FOR CALLING. HOW MAY WE ENHANCE YOUR LOOKS SO YOU CAN ENJOY YOUR LIFE?”

This invitation greets patients when they call the offices of plastic surgeon Stanley Okoro, MD, also known as “The Bow Tie Doctor” due to his penchant for stylish bow ties that accent his suits and reflect his vibrant, ebullient nature. Dr. Okoro is the founder of Georgia Plastic & Reconstructive Surgery in Marietta, Georgia, founded in 2010, and Abuja Plastic Surgery in Nigeria, which currently has two locations and opened in 2012.

Born and raised in Nigeria, Dr. Okoro’s father was a businessman, lawyer and philanthropist. There was no hospital in their village, so his father built one. “My father provided medical access to the villagers...to his people. He hired doctors from India, and I got to hang out with them,” says Dr. Okoro. “I was just fascinated watching them work. One of them even removed my appendix, and I survived! I wanted to be like those doctors.”

This year marks the 10th anniversary of Georgia Plastic & Reconstructive Surgery, and the practice is flourishing. It boasts 27 staff members in a 14,000-square-foot space that contains an on-site surgery center as well as the Amachi Med Spa. Staff members strive to give every patient the

“Georgia Plastic Surgery Experience,” which begins with the first phone call and carries through the entire patient experience.

“We want to connect with every person who contacts or enters our practice on some level,” says Dr. Okoro. “That is part of our greeting and consultation protocols—we are going to be honest and transparent with the patient at every transaction point.” New patients receive a tour of the facility and undergo a thorough consultation with staff even before they meet with Dr. Okoro or Daniel Park, MD, the other plastic surgeon in the practice.

Dr. Okoro’s current success has not come without obstacles. “As a child, I stuttered a lot. Sometimes I couldn’t even form a complete sentence,” he says. “My dad said that surgeons at that time (in the 1970s) had prestigious careers, and that they didn’t have to speak that much. My parents told me I would do very well, since I could do surgery on patients without really ever having to speak to them.”

It wasn’t the only challenge Dr. Okoro had to tackle. “I had to work very, very hard to prove myself in the United States. I’m a Nigerian immigrant, and some people don’t think [non-native Americans] are good enough,” he says. “Someone once told me that I could never become a doctor because I was



Georgia Plastic & Reconstructive Surgery includes an on-site surgery center and the Amachi Med Spa.

a foreigner; that I'd be better off working in a lab, and that nobody would hire me because I had an accent and because I was black. I had to work three times harder than my peers just to succeed. It was worth the struggle though. It makes me so much more appreciative of what I have achieved."

Persistence Pays Off

Dr. Okoro attended medical school at Meharry Medical College in Nashville, Tennessee, where he graduated with honors before completing a general surgery residency at Emory University in Atlanta. Following residency, he joined the United States Navy, where he served as chief of general surgery for four years.

It was during his general surgery training that Dr. Okoro discovered plastic surgery. "A breast cancer patient requested breast reconstruction, which I found fascinating," he says. "The attending physician invited me to observe the procedure, which was done by Dr. John Bostwick, the chief of plastic surgery at Emory University. His way of performing the TRAM flap reconstructive procedure was so fabulous. It was a work of art, and I thought 'This is the best thing since sliced bread!'"

He and Dr. Bostwick hit it off, and the older surgeon supported his desire to enter the field of plastic surgery. He even offered to train Dr. Okoro, but there was a problem. Dr. Okoro had already committed to working as a general surgeon in the Navy. "I called my recruiter and told him I

wanted to be a plastic surgeon. The response was 'no,' because I'd signed a contract for general surgery, and the Navy didn't need me as a plastic surgeon, they needed me as a general surgeon," he recalls.

Dr. Okoro applied annually for five years before the Navy allowed him to pursue a plastic surgery residency, which he completed in three years at the University of Texas Health Science Center at San Antonio. Part of his "release" agreement was that he would return to the Navy after the residency. He practiced for two years (2008-2010) as chief of plastic surgery at the National Naval Medical Center in Bethesda, Maryland, and served a total of 12 years in the Navy. "I learned about leadership, discipline and servant leadership, where you serve people," he says. All important skills for a physician and private practice owner.

An Owner by Necessity

Dr. Okoro's post-Navy plans were to work for an established practice or in a hospital, but when he left the Navy in 2010, America was in the middle of a great recession. "I applied to many different hospitals, but nobody was hiring. I told my wife that I wanted to go back into the Navy. She encouraged me to open my own business. My wife is the reason we have the practice," he says.

In the beginning, he couldn't afford to hire anyone and, due to the recession, banks were not issuing loans for new businesses. So his wife joined the practice as his support

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

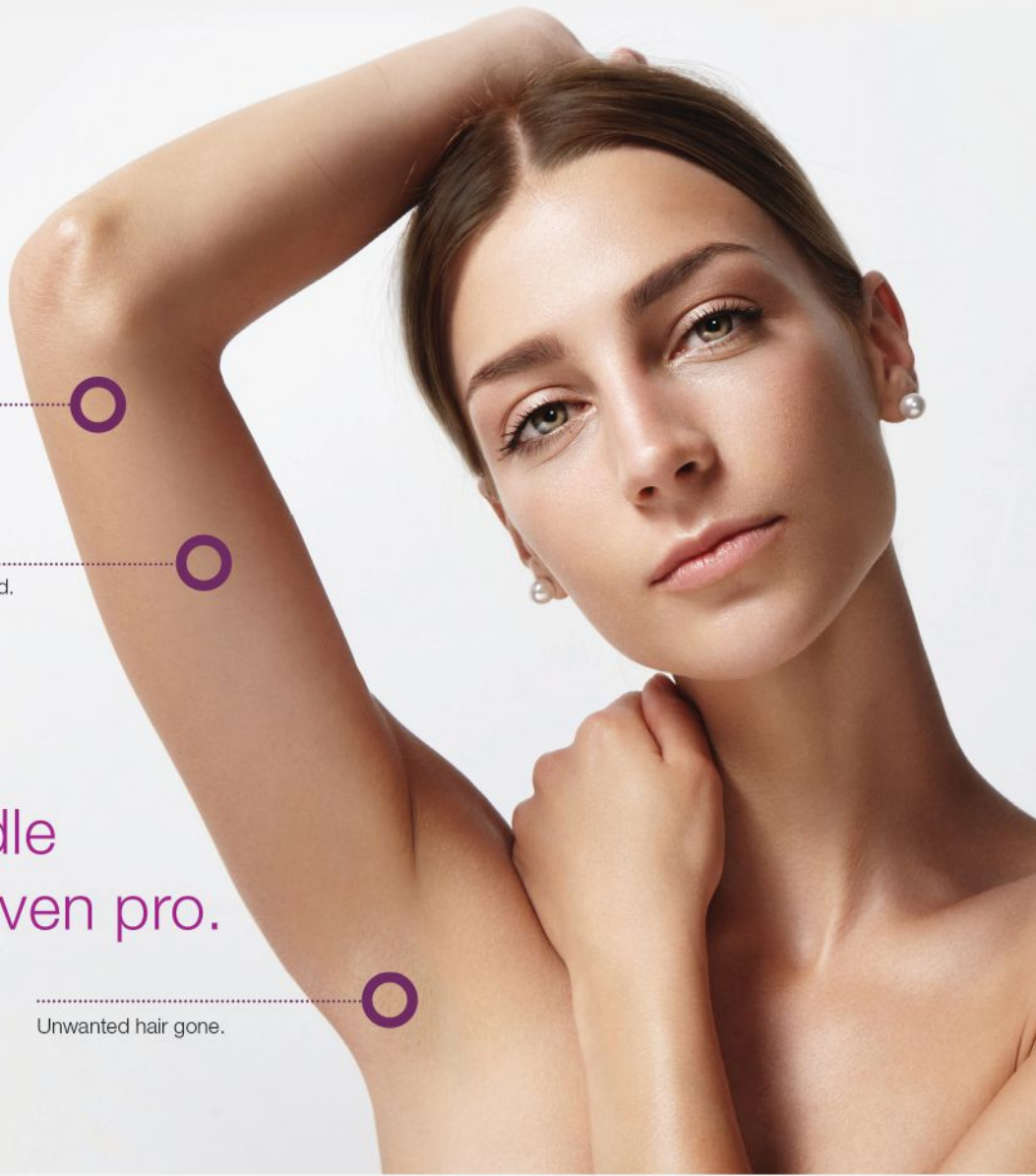


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TAKE A BOW



Dr. Okoro trains all staff members in the “Georgia Plastic Experience,” developed to ensure all patients feel welcome, valued and respected.

staff. “The initial struggle was having enough business to support ourselves,” says Dr. Okoro. “Atlanta is a popular location with a lot of well-known plastic surgeons. During the recession of 2010, fewer people were getting elective surgery. I did wound care and whatever else I had to do to feed my family.”

As the recession eased and the practice grew, his biggest challenge became staff turnover. “You hire people, you invest resources to train them, and then they leave,” says Dr. Okoro.

Over the years, he developed a strategy for finding the right candidates. “We’ve learned how to select new staff in a very special way; we call it the ‘Georgia Plastic Surgery Way,’” he says. Candidates first go through a Skype interview. “We have a high-tech office, so if they can’t figure out how to use Skype, we don’t need to go further with the interviews,” he says. “That’s the first test.”

Candidates who make it through the Skype interview then come in for a one-to-two hour face-to-face interview with the staff. The top applicants are invited back for a working interview, where they spend four-to-eight hours in the practice, interacting with the staff. After the working interviews are complete, the practice team gets together to select the best candidate. Why all the extra care? Dr. Okoro notes that some candidates may look great on paper, “but they don’t treat people right. We’ve learned to hire for attitude. Skills we can teach,” he says.



Taking the time to find the right candidates for the practice has paid off. “There’s little to no drama in our office. My staff are wonderful. I wish they could all stay here, and we could all retire together,” says Dr. Okoro.

A Seat at the Table

The field of plastic surgery is constantly changing, and Dr. Okoro is committed to keeping up with the changing services and business models. “I am very excited that there’s so much new technology in the nonsurgical arena,” he says. “I love procedures with minimal downtime. I think that 100 years from now, there probably will be gene therapy, and people will be shocked to know that surgery used to be invasive. That’s exciting for me. I imagine a patient with an injury could donate a piece of himself and doctors will be able to manifest a new limb by genetic manipulation, for example.”

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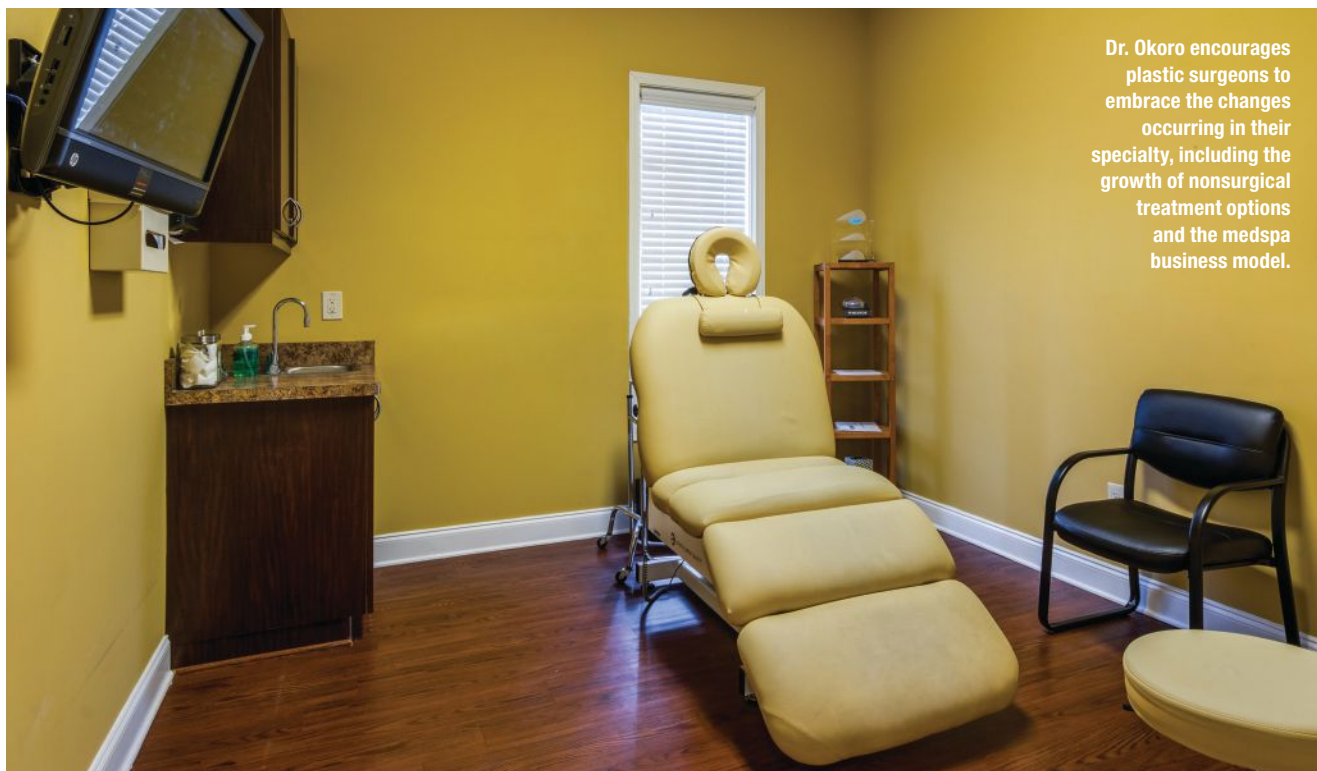
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Dr. Okoro encourages plastic surgeons to embrace the changes occurring in their specialty, including the growth of nonsurgical treatment options and the medspa business model.

The flow of noncore physicians into the cosmetic surgery and medical aesthetic field is another trend Dr. Okoro urges plastic surgeons to take seriously. “Insurance reimbursements are decreasing, and physicians are being forced to do what they need to do to feed their families. They’re doing things that they are not traditionally trained for,” he says. “They’re going into medspas.”

As professional societies seek to slow the growth of the medspa industry and differentiate themselves based on training and board certification, Dr. Okoro has chosen to embrace these changes, which, he notes, are also being driven by the millennial patient demographic. “The new generation of patients is doing things to maintain and prevent—I call it ‘preventive aesthetics’ or ‘prejuvenation’—rather than waiting until they’re older or in greater need of rejuvenation before seeking plastic surgery,” he says. “Going forward, there will be less demand for facelifts and tummy tucks, and the role of the traditional plastic surgeon will change.”

For the past three years, he has been a guest lecturer at the Medical Spa Show in Las Vegas. “I see what’s happening and I want to be part of this change. If you’re not at the table, you’re on the menu. I choose to be at the table,” he says.

He advises those new to plastic surgery to keep their overhead low, collaborate with other plastic surgeons and “Don’t be greedy. Be open to this new shift to a nonsurgical medspa practice model,” he says.

Paying It Forward

As the son of a philanthropist, helping others in need is an important part of Dr. Okoro’s life and career. He heads the Georgia Plastic Foundation, a nonprofit, charitable organization that organizes medical missions to developing countries, and is the former executive director of Imo Medical Mission, which brings free medical and surgical care to patients in Imo State, Nigeria.

“I always wanted to give back to the community where I was born,” he says. During a medical mission trip to Nigeria several years ago, he saw a newspaper ad by an Indian company soliciting plastic surgery services. “The company was recruiting people from Nigeria to go to India to have plastic surgery. That didn’t sit well with me,” he says.

He turned once again to his wife, who encouraged him to take action. In 2012, he launched Abuja Plastic Surgery to not only give back to the community where he came from, but to reduce medical tourism to India. “Patients who experienced complications were coming to me for help. That’s how Abuja Plastic Surgery began,” he says. “My practice in Georgia helps to fund the humanitarian missions that I do in Nigeria, and I do them twice a year, in April and December. It is absolutely the most rewarding work that I do.” **ME**

Shelley Moench-Kelly, MBA, is a New York-based writer, ghostwriter and editor.



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FDA SETS PDUFA DATE FOR DAXI NEUROMODULATOR

The U.S. Food and Drug Administration (FDA) has accepted the Biologics License Application (BLA) for Revance Therapeutics' DaxibotulinumtoxinA for Injection (DAXI) in the treatment of moderate to severe glabellar (frown) lines. In a press release issued by Revance, the company noted that, in its correspondence, the FDA stated that no potential filing review issues were identified and indicated in the BLA filing communication letter that it is not currently planning to hold an advisory committee meeting to discuss the application. The FDA set a target Prescription Drug User Fee Act (PDUFA) action date of November 25, 2020 for completion of the review.

"The FDA's acceptance of our BLA for our next-generation neuromodulator product, DAXI, is a significant achievement for Revance and a crucial step forward as we look to establish a new, premium, long-lasting neuromodulator category," said Mark Foley, president and CEO of Revance. "The patient experience has remained largely unchanged since botulinum toxin type A treatments were first introduced over 30 years ago. If approved, we expect that patients treated with DAXI may achieve lasting, natural-looking frown line correction all year long with as few as two treatments."

DAXI has been evaluated in three Phase 3 trials (SAKURA 1, 2, 3). In the Phase 3 pivotal program, the median time to loss of none or mild wrinkle severity was 24 weeks and the median time to return to baseline wrinkle severity was approximately 28 weeks.

AESTHETIC PATIENT BASE GETTING YOUNGER

The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) has released the results of its 2019 annual member survey on aesthetic procedures. Overall, facial plastic surgery procedures increased 6 percent last year compared to 2018, and demand for nonsurgical aesthetic procedures is up 13 percent compared to 2018. And the patients seeking these procedures are younger than in years past. Seventy-four percent of respondents reported an increase in minimally invasive procedures (neurotoxins, fillers, skin treatments) in patients under age 30, and 73 percent of AAFPRS members believe there will be a greater emphasis on earlier maintenance for patients starting in their 20s and 30s, to forestall bigger procedures and surgery for longer.

The most common surgical procedures performed by AAFPRS members in 2019 were rhinoplasty, facelift (including partial facelifts) and blepharoplasty. The number of facelifts performed in 2019 increased by 3 percent, while forehead lifts increased 6 percent since 2018.

Despite the growth in surgical procedures, noninvasive and minimally invasive cosmetic procedures accounted for 85 percent of the total number of procedures performed by

AAFPRS members. The top treatments in this category included: neurotoxins (up 12 percent), soft tissue fillers (up 13 percent) and skin treatments (up 39 percent).

The survey was conducted in December 2019 by ACUPOLL PRECISION RESEARCH through an online survey of the organization's 2,200 members.

PHYSICIAN RESOURCES FOR ROSACEA AWARENESS MONTH

The National Rosacea Society (NRS) has designated April as Rosacea Awareness Month in an effort to better educate the public on the current understanding of this complex condition and encourage those who believe they may have rosacea to see a dermatologist for diagnosis and appropriate therapy.

"Advances in medical therapy and in our understanding of rosacea have made it more possible than ever for many patients to achieve clear skin," said Julie Harper, MD, clinical associate professor of dermatology at the University of Alabama-Birmingham. "But even as our arsenal of therapeutic options has expanded, one obstacle remains: We can only help rosacea sufferers who come to us for treatment."

Those interested in spreading awareness during the month of April are encouraged to visit the official Rosacea Awareness Month landing page at rosacea.org/ram for ways in which they can participate.

Individuals may also visit the National Rosacea Society's website at rosacea.org for information and patient materials, including *Recognizing Redness*, an informational booklet that includes a redness register to allow patients to gauge relative redness before and after flare-ups or treatment; *Rosacea Review*, a newsletter for rosacea patients; a "Rosacea Diary" to help patients identify and avoid lifestyle and environmental factors that may trigger flare-ups in their individual cases; and other booklets to help patients understand, manage and cope with their condition. Professionals can order bulk quantities of educational materials for their patients via the website, by writing the National Rosacea Society, 196 James Street, Barrington, Illinois 60010, or by calling or emailing the NRS at 847.382.8971, info@rosacea.org.

CORRECTION

In the January/February issue of *MedEsthetics*, we incorrectly identified the Reti-Refine 3 percent retinol peel from The A Method by Tina Alster, MD, as Induction Therapies' Ready Refine peel.

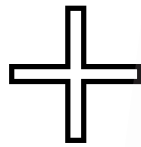
SOLITON RECEIVES 510(K) CLEARANCE

Soliton, a medical device company using a Rapid Acoustic Pulse (RAP) platform technology licensed from The University of Texas on behalf of the MD Anderson Cancer Center, has received

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THE PROOF

RESULT REPORT

- 100%** noticed immediate improvement in the skin after only one use
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- 80%** reported a smoother surface: improved appearance in lines, wrinkles and crow's feet



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increase in Collagen*

76%
increase in Elastin*

Special 510(k) clearance from the U.S. Food and Drug Administration (FDA) to market its Generation II RAP device.

The Generation II RAP device is indicated for the same tattoo-removal therapy as the Generation I device, but is slightly modified for improved ease of use in the physician's office. Although similar technology was utilized in the company's pivotal cellulite and proof of concept keloid scar trials, only the tattoo-removal indication was reviewed by the FDA in this submission.

The Special 510(k) filing and approval states the device is indicated as an accessory to the 1,064 nm Q-switched laser for tattoo removal on the arms, legs and torso in Fitzpatrick Skin Type I-III individuals. Clinical trials have demonstrated that using the RAP device in conjunction with a Q-switched laser allows for multiple passes of laser treatment in a single treatment session, resulting in accelerated fading in comparison to stand-alone laser treatment.

CYPRIS MEDICAL RECEIVES ISO CERTIFICATION

Cypris Medical, maker of the Xact handheld suturing tool for plastic surgery, has received ISO 13485 certification following an independent audit of its quality management system. ISO certification is a globally recognized endorsement of standards specific to the medical device industry. It represents a company's commitment to the highest level of quality, regulatory and safety controls.

"I'm incredibly proud that our pursuit of exceptional product safety and quality resulted in the certification of Cypris Medical's system for design, development and manufacturing of medical devices," said Dan Holton, CEO of Cypris. "ISO certification marks another significant milestone for us as we advance Xact device commercialization. Cypris Medical's early achievements include ISO-13485 certification, FDA clearance and more than 100 patient procedures using our novel patented technology."

The Xact device is a handheld surgical suturing tool designed to approximate and pass suture through soft tissue. It is indicated for use in facial plastic surgery procedures and allows surgeons to treat patients without general anesthesia in outpatient settings.

EVENTS

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

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 27-28 CSAPS/ASPS Sino-American Congress of Plastic Surgeons, Shanghai International Convention Center, Pudong Shanghai, China. Contact: 847.228.9900, plasticsurgery.org

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 6-9 Aesthetic Extender Symposium, JW Miami Marriott Turnberry Resort, Miami. Contact: info@aestheticextendersymposium.com

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

August 28-30 Masters of Aesthetics, InterContinental San Diego, San Diego, CA. Contact: 858.926.0697, moasandiego.org

August 30-31 Face and Body Northern California Spa Expo & Conference, McEnery Convention Center, San Jose, CA. Contact: 630.653.2155, faceandbody.com **ME**



ExceedPodcast

Microneedling:

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Exceed™

Konika Patel Schallen, M.D.

Founder and Medical Director of CMA Medicine
Vice President of Clinical Operations
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Learn more about the Exceed device at www.candelamedical.com



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| aerolase.com | |
| A Method | 2 |
| theamethod.com | |
| Allied Beauty Experts | 53 |
| alliedbeautyexperts.net | |
| Candela | 35, 51 |
| candelamedical.com | |
| Canfield Scientific | 37 |
| canfieldscientific.com | |
| Celluma by Biophotas | 33 |
| celluma.com | |
| Cynosure | 9, 39 |
| cynosure.com | |
| EltaMD | 4-5 |
| eltamd.com | |
| Environ | 7 |
| environskincare.com | |
| FotoFinder Systems | 45 |
| fotofinder-systems.com | |
| GlycoAla | 31 |
| glycoala.com | |
| Hale Cosmeceuticals | 55 |
| halecosmeceuticals.com | |
| ImprimisRx | 21 |
| imprimisrx.com | |
| Induction Therapies/Collagen P.I.N. | 3 |
| inductiontherapies.com | |
| LiftLab | 59 |
| liftlabskincare.com | |
| LightStim | 41 |
| lightstim.com | |
| MedEsthetics Podcast/Candela | 61 |
| candelamedical.com | |
| Neova SmartSkincare | 1 |
| neova.com | |
| NewSurg | 11 |
| newsurg.com | |
| PhytoCeuticals | 29 |
| phyto-c.com | |
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| Silhouet-Tone USA | 57 |
| silhouettone.us | |
| Skinade | 23 |
| us.skinade.com | |
| SkinLuma | 15 |
| skinluma.com | |
| TIZO/Fallene | 13 |
| info@tizofusion.com | |
| Viktoria De Ann Peptide Cosmeceuticals | 25 |
| viktoriadeann.com | |
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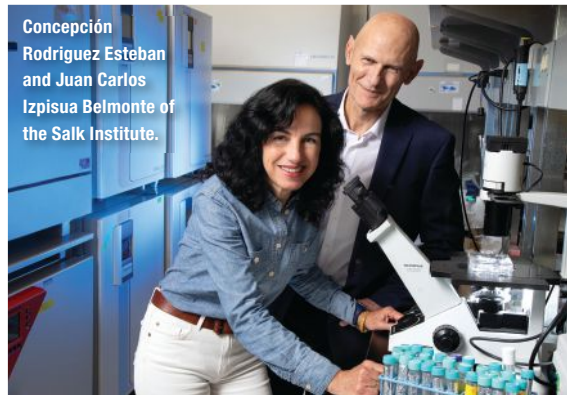


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TF Ybx1

Researchers have identified the transcription factor that may hold the key to reversing age-related cellular changes.



Concepción Rodríguez Esteban and Juan Carlos Izpisua Belmonte of the Salk Institute.

Several studies have shown that calorie-restricted diets increase life span. But how? In an effort to understand the mechanisms by which caloric restriction prolongs life, a team of researchers from the United States and China built single-cell and single-nucleus transcriptomic atlases across various tissues of aging rats.

For their paper, “Caloric Restriction Reprograms the Single-Cell Transcriptional landscape of *Rattus Norvegicus* Aging” (*Cell*, February 27, 2020), Juan Carlos Izpisua Belmonte, the Roger Guillemin Chair and a professor at the Salk Institute Gene Expression Laboratory, and co-authors compared rats who ate 30 percent fewer calories with rats on normal diets. The animals’ diets were controlled from age 18 months through 27 months, which is roughly equivalent to a human following a calorie-restricted diet from age 50 through 70. Both groups of older rats were also compared to young rats on a normal diet.

At both the start and the conclusion of the diet, Belmonte’s team isolated and analyzed a total of 168,703 cells from 40 cell types in the 56 rats. The cells came from fat tissues, liver, kidney, aorta, skin, bone marrow, brain and muscle. In each isolated cell, the researchers used single-cell genetic-sequencing technology to measure the activity levels of genes. They also looked at the overall composition of cell types within any given tissue. Then, they compared the results of the rats on each diet.

At the conclusion of the diet, many of the changes that occurred as rats on the normal diet grew older didn’t occur in rats on a restricted diet, and many of the tissues and cells of the animals on the diet closely resembled those of young rats. Overall, 57 percent of the age-related changes in cell composition seen in the

tissues of older rats on a normal diet were not present in the rats on the calorie-restricted diet.

“This approach not only told us the effect of calorie restriction on these cell types, but also provided the most complete and detailed study of what happens at a single-cell level during aging,” says co-author Guang-Hui Liu, a professor at the Chinese Academy of Sciences in Beijing.

The cells and genes most affected by the diet related to immunity, inflammation and lipid metabolism. The number of immune cells in nearly every tissue studied dramatically increased as control rats aged but was not affected by age in rats with restricted calories. In brown adipose tissue—one type of fat tissue—a calorie-restricted diet reverted the expression levels of many anti-inflammatory genes to those seen in young animals.

“The primary discovery in the current study is that the increase in the inflammatory response during aging could be systematically repressed by caloric restriction,” says co-author Jing Qu, also a professor at the Chinese Academy of Sciences.

When the researchers homed in on transcription factors that were altered by caloric restriction, one stood out. Levels of the transcription factor Ybx1 were altered by the diet in 23 different cell types. The researchers believe Ybx1 may be an age-related transcription factor and are planning more research into its effects.

“We already knew that calorie restriction increases life span, but now we’ve shown all the changes that occur at a single-cell level to cause that,” says Belmonte. “This gives us targets that we may eventually be able to act on with drugs to treat aging in humans.” **ME**

Inga Hansen is the executive editor of *MedEsthetics*.

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