



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 9, Number 3 SUMMER 2005

Mills Honored for Generous ASERF Donation

Dr. Dan Mills and his wife Jan were honored at the 2005 annual ASAPS meeting for the donation of \$100,000 life insurance policy, payable to the Aesthetic Society Education and Research Foundation (ASERF). To date, Dr. Mills is the second member to give a gift of this size.

"Of course, it is very gratifying to give back a small portion of all that has been given to me, educationally, professionally and personally" said Dr. Mills. "From a practical perspective, the younger you are, the less this type of donation will cost."

"Dan's generous contribution will be

put to good use" said Jeffrey Lang, MD president of the foundation. "Over the past several years we have funded studies in important areas such as "Suicide and Breast Augmentation: An Analysis of Risk," showing that actual suicide rates may be lower than expected among women who undergo breast augmentation, and that the procedure may actually confer protection from suicide, and a 2005 study showing that patients have significant and sustained improvements in body image after aesthetic surgery."

The Aesthetic Surgery Education and Research Foundation (ASERF) funds

important work that directly impacts the clinical practice of aesthetic surgery. An ASERF Research Grant Application is available online at www.ASERF.org.

Dr. Mills' donation is part of the ASERF Planned Giving Program, where individuals can bequest gifts securing the future needs of ASERF. For more information on this program, please contact Tom Purcell at tom@surgey.org.



Daniel C. Mills, II, MD

New Award in Body Contouring Announced at ASAPS Annual Meeting

Plastic surgeon Ted E. Lockwood, MD, a pioneer in body contouring surgery and a member of the American Society for Aesthetic Plastic Surgery (ASAPS) for almost 20 years, is the first recipient of a new award that bears his name. After a valiant battle with cancer, Dr. Lockwood passed away earlier this year.

The redesign of body lifts over the past 15 years, making them safer and more effective, has been largely based on Dr. Lockwood's pioneering research and methodical scientific testing. Dr. Lockwood studied and analyzed the anatomical basis of the "hard body" look of youth, noting the effects of aging, weight change, pregnancy and sun damage. His research identified the important role of the superficial fascial system (SFS), a fibrous structural meshwork that encases the fat beneath the skin, in the anatomy of the youthful body. Based on this new understanding, lifts of the buttocks, thighs, abdomen, and arms were redesigned,



Sponsored by Ethicon, Inc., Award named for pioneering plastic surgeon Ted E. Lockwood, MD

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Breast Implant Task Force Changes Leadership, Continues Work on Educational Initiatives

By Alan H. Gold, MD

Building upon the excellent work of Drs. Jim Wells and ASAPS President Mark Jewell, Richard D'Amico, MD and I are now respectively, the Chair and Vice Chair of the Breast Implant Task Force. This joint ASPS/ASAPS initiative works on vital issues surrounding FDA, physician and public information concerning patient safety and dissemination of science-based information on silicone gel implants.

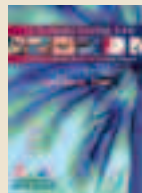
As most of us know, Mentor Corporation was issued an "approvable with conditions" letter from the FDA for their application for silicone gel implants. While the device is not yet approved, this letter is a milestone in once more having these devices available.

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASERF Website: www.aserf.org

SEPTEMBER 24, 2005

Facial & Periorbital Rejuvenation Symposium

Chicago, IL

Co-sponsored by ASAPS/PSEF

Contact: PSEF 800.766.4955

NOVEMBER 16-19, 2005

Fillers, Injectables & Lasers for Facial Rejuvenation— Aesthetic Surgery of the Aging Face

New York, NY

Contact: Francine Leinhardt

212.702.7728

JANUARY 27-29, 2006

11th Annual New Horizons in Cosmetic Surgery Symposium

Indian Wells, CA

Contact: PSEF 800.766.4955

FEBRUARY 3-4, 2006

40th Baker Gordon Symposium on Cosmetic Surgery

Miami, FL

Contact: Mary Felpeto

305.859.8250

MARCH 10-12, 2006

23rd Annual Dallas Rhinoplasty Symposium

Dallas, TX

Contact: Jennifer Leedy

214.648.3138

MARCH 31-APRIL 1, 2006

Body Contouring After Massive Weight Loss Symposium

Dallas, TX

Contact: PSEF 800.766.4955

APRIL 20-20, 2006

SPSSCS 12th Annual Meeting

Orlando, FL

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For more info, log on to:

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APRIL 20-26, 2006



The Aesthetic Meeting 2006

Disney's Coronado Springs Resort
Orlando, FL

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Email: asaps@surgery.org

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No Time Like the Present

Aside from being a great honor, coming in as the new president of the Aesthetic Society holds some unique privileges not common to other membership organizations or, in that case, to businesses in general.

ASAPS is fiscally responsible and healthy, enabling us to respond quickly to member needs. We have no mistakes to fix. Our annual meeting continues to be the world's leading educational forum for aesthetic surgery, research, and clinical practice information. There is no big infrastructure to slow us down, enabling us to respond quickly to important initiatives such as legislative or FDA issues and develop new educational opportunities in vital areas like silicone breast implants.

Of course, all of these great perks bring responsibility: continue raising the bar and go even further to meet the needs of my aesthetic surgery colleagues. To achieve this, I've done a lot of listening—at meetings, on conference calls, and locally wherever aesthetic surgeons come together to learn and share experiences. The following efforts reflect this observation: I propose them to you as ASAPS initiatives for the coming year:

Provide concise and useful information you can apply to your practice today:

Expect to see more member advisories on topics such as: the dangers of purchasing off shore injectables, taxation and other governmental concerns, late breaking clinical updates on issues such as the rise of community-acquired methicillin-resistant Staph. Aureus and practice management advice to help your business be leaner and even more efficient.

More clinical information on topics patients are presenting with now:

Is there an aesthetic surgeon in the country who has not had a patient ask about barbed sutures? The “lunch time facelift” is a current media darling, and often comes equipped with unrealistic patient expectations.

We all know that over the course of the year there will be other media “miracle procedures” that patients will have questions about and in some cases want you to perform. Using a mechanism developed last year under the auspices of our Patient Safety Steering Committee, we will be developing and releasing the results of brief clinical member surveys that will provide information on topical issues, based on the experiences and wisdom of your fellow ASAPS members.

An even greater focus on patient safety:

Our Patient Safety Steering Committee continues to find ways to promote the patient safety cause and provide you with educational opportunities. One of their recent suggestions is ASAPS membership in the Coalition to Prevent Deep-Vein Thrombosis (DVT), a multi-specialty effort to raise awareness among consumers, healthcare professionals, government and public health leaders of the dangers of DVT.

The Coalition's objectives include preventing DVT through actions to help achieve better diagnosis, taking steps required to reduce DVT prevalence and incidence, and investigating ways to inspire government, healthcare leaders, and policy-makers to make DVT a national

“I am strongly committed to devoting financial and human resources to defend our practice against legislative, scope of practice and other issues as they arise throughout the year.”

healthcare priority. According to a national study conducted by the American Public Health Association (APHA), 74 percent of adults surveyed had little or no awareness of DVT.

Continued collaboration with ASPS on important legislative and educational issues:

After many years and much effort to see science overcome emotion, the future is brightening for the eventual approval of silicone gel implants. We will continue to play a seminal role in the development and implementation of physician and patient education needs in this important area. ASPS and ASAPS will continue to offer assistance to the manufacturers of silicone gel implants to meet the educational requirements set forth by the FDA. I am also strongly committed to devoting financial and human resources to defend our practice against legislative, scope of practice and other issues as they arise throughout the year. We owe this to our patients, our practices and ourselves.

These are a few of the informational resources we plan to pursue this year. Please do not hesitate to contact me with any questions, comments or concerns at mjewell@surgery.org.

New Award in Body Contouring

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and the new techniques advanced by Dr. Lockwood have become state-of-the-art in aesthetic surgery.

Today, aesthetic contouring following massive weight loss, using many of Dr. Lockwood's techniques, is increasingly popular. According to ASAPS 2004 statistics, there were over 15,000 lower body lifts performed last year, an increase of 38 percent since 2003 and 610 percent since 1997; patients frequently seek this type of surgery to treat the loose, hanging tissue and skin that result from massive weight reduction.

The Ted Lockwood Award is sponsored by Ethicon, Inc., a global medical device company that manufactures surgical sutures. "Ethicon is sponsoring this new ASAPS award because we recognize Dr. Lockwood as a visionary whose contributions to plastic surgery and patient care are truly extraordinary," says Rodrigo Bianchi,



Pictured above is the Lockwood Award for Excellence in Body Contouring.

Worldwide President of Ethicon Products. "We hope by honoring Dr. Lockwood, the next generation of plastic surgeons will strive for the sort of innovation he did."

Breast Implant Task Force

Continued from Page 1

As we wait for final approvals, we continue to develop educational opportunities for our memberships and work with the manufacturers to ensure educational requirements are met for physicians and patients in accordance to the FDA mandates.

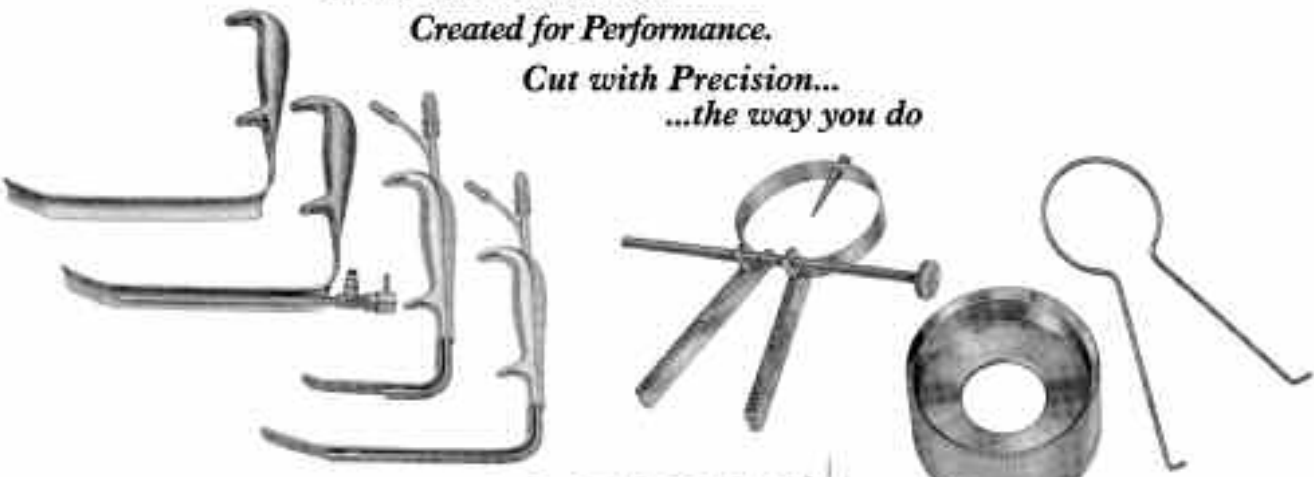
As this newsletter goes to press, ASPS and ASAPS is preparing to offer "Breast Implants: Use, Efficacy and Safety" after the Santa Fe Symposium on August 26-27. This was one of our most popular topics at the recent ASAPS Annual Meeting.


Plans are underway for an updated www.breastimplantsafety.org, the joint ASPS/ASAPS website designed to be the go-to source for women wanting information on gel and saline implants. We will keep you updated on its progress.

Alan H. Gold, MD is Vice Chair of the Breast Implant Task Force, serves as the Aesthetic Society's Treasurer and a member of the Executive Committee, Vice Chair of the Communications Commission and is President-elect of ASERF. He has a private practice in Great Neck, New York.

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Taxing Cosmetic Surgery

Old Rule: Goods are taxable, services are not. **New Rule:** Balance the budget any way possible.

Budget Crisis

Such is the case in Arkansas, Illinois, New Jersey, New York, Tennessee, Texas and Washington state where cosmetic surgery tax legislation has been introduced. According to the National Conference of State Legislatures, nine states in 2004 increased health care provider taxes by \$487.1 million, most notably Pennsylvania (\$164 million assessed against managed care organizations), New Jersey (\$112 million assessed against HMOs, ambulatory medical facilities and cosmetic procedures) and Rhode Island (\$59 million in taxes on hospitals). Only New Jersey successfully passed their cosmetic surgery tax, which fortunately has generated a disappointing \$6 million against the \$24 million projected.

For and Against the Tax

Disappointing revenues from New Jersey's cosmetic surgery taxes are good news as other states attempt to balance their budgets. They hope to win public approval by targeting only elective procedures and channeling the proceeds towards children's health care (Washington and Texas), stem cell research (Illinois), or the transit authority (New York). Arguments against the tax include targeting women and vanity, defining procedures as cosmetic versus elective, and the heightened privacy expectations of cosmetic surgery patients.

Fundamentally the Tax is Flawed

Selective excise taxes discriminate against specific market activity by imposing high rates of taxation, thereby producing an unstable revenue stream. Nevertheless, they generate broad public support in an anti-tax climate because such taxes only apply to specific users, i.e. cosmetic surgery patients, and not to the general public.

Negative Experience is Positive

The National Conference of State Legislatures also reports that significant fiscal improvements in 2004 means fewer states implemented fewer actions to close their budget gaps in 2005. Yet budget shortfalls continue. North Carolina is considering the tax, and they would also like to tax Botox and Restylane, but physicians are resisting based upon the non-taxability of prescription drugs, currently a uniform law in all states. New Jersey's negative experience with their cosmetic surgery tax also provided a welcome reality check: when Washington state's initial revenue prediction of \$25 million was reevaluated in light of New Jersey, a more realistic \$4 million revenue prediction emerged, and Washington's bill died.

It Could be Worse

New Mexico is the only state to have a gross receipts tax (6.31-7.75%) upon professional services, including health care; as of 2005 managed care doctors and dentists are exempt, but fee-for-service doctors and dentists still pay the tax, threatening an exodus of

practitioners. When you hear your advocates claim the cosmetic surgery tax "sets a bad precedent," New Mexico is the fear realized.

Who's On Your Side?

Your Cosmetic Surgery Tax Coalition* is fighting back. AMA resolutions against cosmetic surgery taxes, such as passed this June in Chicago, alone will be insufficient to sway legislators. However, such resolutions in concert with local legislative contacts by members of the Coalition have been effective in keeping cosmetic surgery taxes confined to New Jersey. Stay tuned, because the battle has now returned to Texas, where the tax is earmarked for children's health care.

What You Can Do

Stay vigilant, and contact Bob Aicher at aicher@sbcglobal.net, ASAPS Legislative Liaison or Sarah Svoboda at sas@plasticsurgery.org, Manager, ASPSP State Government Affairs whenever you hear cosmetic surgery tax, health care tax, or gross receipts tax talk. Remember: when it comes to legislation, it is much easier to educate than repeal.

**American Society for Aesthetic Plastic Surgery, American Academy of Facial Plastic and Reconstructive Surgeons, American Academy of Dermatology Association, Allergan, American Academy of Ophthalmology, American College of Surgeons, American Medical Association, American Academy of Otolaryngology, American Society for Dermatologic Surgery, American Society of Plastic Surgeons*

The Critical Elements for Practice Success: External Marketing: Needs, Goals, Values

by Marie Czenko Kuechel, MA



The following is based on a portion of The Critical Elements for Success session offered at The Aesthetic Meeting 2005 in New Orleans.

Recruiting patients is a necessary task for any practice, whether it is young and growing or well established in the market. Even a fully referral-based practice engages in external marketing or communication efforts of one form or another, most commonly advertising, media relations, the web and networking.

The most common objectives for these external marketing and communication efforts include:

- Visibility—a means for others to find you
- Information—a means for others to learn about you or your specialty and safety
- Education—a means for others to learn about the services you provide that may interest them or that they may desire; your specialty and safety
- Traffic—a means to get people through your door

Most importantly, these and any marketing or communication functions in your practice must have two critical elements in order to succeed:

- External efforts and messages must consistently uphold and convey your practice identity.
- Any efforts that expend time and money must prove to have value through defined goals and a measure of return on investment (ROI).

“To be successful, all marketing and communication efforts must uphold your assigned goals, strategy, and identity.”

Identity

Marketing or communication efforts must have cohesion and congruity with your practice identity, usually comprised of a brand, image and mission: who you are and what you offer, how others see and perceive you and the responsibility you take to carry out the services you provide. Some may call “branding” marketing on steroids. Relying on any one marketing strategy or concept is illogical. A blend of strategically planned and balanced marketing efforts is your best effort. But without a defined brand, consistently applied to your practice—how will you be identified in your market? Without a consistent identity, your messages run the chance of alienating, confusing or disappointing your market. Such action is clearly ineffective and even detrimental to your success.

Determining just where you stand is quite simple: gather all your external and internal messages and audit them. Look at how old, how accurate, how consistent, and how effective these messages are. Ask yourself some key questions, for example:

- Is the practice identified in the same verbal and visual manner in every instance?
- Do messages consistently communicate the mission or commitment to serving patients?
- Is the message targeted toward a specific market, and does that message include, complement or contradict the current market the practice serves?

Strategy

All of your marketing and communication efforts should be defined within a business strategy and carried out with

planning and critical evaluation.

First, define general goals for your efforts: visibility, information, education or traffic. Then you must consider your return on investment (ROI) or the value of your efforts:

- Money expended and generated
- Influence made or lost
- Resources expended such as staff time and productivity

To be successful, all marketing and communication efforts must uphold your assigned goals, strategy, and identity. Appropriate planning and ROI are critical. Each external effort however has its own critical elements of success. They are outlined below:

Advertising

Advertising is quite simply paying to get your message out. Advertising is not an essential, but for many it can be an appropriate vehicle to send your message to the masses or to a key audience. Before you undertake any advertising effort, ask yourself:

- Is this right for my practice?

Don't undertake something incongruent to your image. If it doesn't feel 100% right, don't do it.

- Is this right for my market?

Unless you are willing to abandon your current market, make certain advertising will still address, or at the very least that patients will not feel alienated or question your objectives. Also, make certain those you are reaching are an interested and appropriate audience.

- What is my message/mission?

Clearly define your message and, further define how you will fulfill the interest of those who respond.

- What are my stated goals?

Define some measures of how you expect the advertising to affect your practice, productivity, performance and profitability.

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The Critical Elements for Practice Success

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Make certain those you are reaching are an interested and appropriate audience.

The most common advertising vehicles include billboards, direct mail, radio, television, internet, newspapers, magazines, and of course...directories. Directories are a good case study seeing that nearly every practice will use one in some form. Many believe the goal of directories is to garner traffic. Before you commit to this theory, or define your ROI, consider these three key points:

- Is directory traffic garnering the type of traffic I want?
- Did the prospective patient choose me by the information in the directory, or simply use it to obtain current contact information?
- Does the directory accurately reflect my practice and clinical image? Are these my true peers, and sincere competition,

or inappropriate providers with incongruent services?

You cannot answer these questions generally; you must have measures. Every new patient who comes to your office should be tracked by the source; that is, how was that patient directed to you, what advertising or marketing messages did they encounter along the way and what procedure is he or she is interested in.

Once you determine if an advertising vehicle is right for you, you must think about your message. Some believe that the key to any effective ad is a call to action—something that will make the audience respond. Many mistake a call to action as a special deal or emotional appeal. In fact, calls to action based on price or emotional appeals logically bring in price driven patients or those acting on emotion. Are these good candidates for your practice?

Determine your call to action in the same manner you define your goals for advertising. Know your audience, remain consistent in your identity, define your goals and address cycles. Focus on the results and benefits of treatments, the goals and interests of your audience, and how your mission (the responsibility you take to serve your audience) relates. In addition, if and how you choose to advertise must never compromise your ethics or those of your specialty.

Media Relations

Advertising is paying to get your message to the masses. But is there a means to use the media for free? Clearly television, radio, web, newspapers and magazines are always looking for sources of information. True media exposure is newsworthy, attributed and unpaid. Unfortunately today, the lines have become blurred with so-called “advertorials.” An advertorial is a paid message that looks a

...if you advertise with a call to action based on price or emotional appeals what you often will attract are price-driven patients or those acting on emotion. Are these good candidates for your practice?”

lot like editorial content; however it is promotional in nature, and payment is required. The Public Relations Society of America has called advertorials “advertising equivalency” and quite justly. So then, how can we use the media for free?

Careful strategy and defined goals, the right procedures and a lot of persistence are the critical elements to media relations. First you must define, sincerely and objectively, that your message is newsworthy and not self-promoting.

- Does it have prominence or celebrity?
- Is there an element of human interest, such as innovation?
- Is the news a rarity and enthralling?
- Is the message cyclical, or time-sensitive?

Next, you must know your contact. You must get your message to the hands of an editor or producer whose “beat” is to present news of a similar nature and begin establishing a relationship with that reporter. With only three percent of news releases on average read by media contacts, it is imperative your release is enticing at a glance, gets in the right hands, tells a valuable story, and most importantly, that you follow-up to make certain your news has been received, and read.

Using the media for free, however, does not mean your efforts are without cost. Whether you handle the initial PR internally with your staff, or hire an agency, there is always cost attached. To determine if a PR effort is right, consider the following:

- Money: What will this effort cost me?
- Image: Am I comfortable with the media light in which I may be placed?
- Productivity: How will the exposure

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The Critical Elements for Practice Success

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impact my practice? For example, if news is a clinical trial, you must anticipate and prepare for the flood of calls you may receive.

- ROI: What is the value of this effort, now and in the future?

Any media appearance becomes public record and a part of history. You need to accept that what you say today may be repeated in the future. Therefore think carefully before you speak or act upon something that may seem worthy at the moment and suddenly becomes the center of controversy.

Finally, you need to be comfortable and prepared—for anything. Interviews are easy when they stay easy. But even an interview or media agenda that seems clear at the onset can turn difficult. You must prepare, without sounding rehearsed. Familiarity with the material and your comfort with the media source are key.

The Web

The web is no longer something new; it is as seasoned and mainstream as advertising and PR. In fact, in aesthetic surgery, the web has superseded any other external marketing effort in importance. Truly no practice can exist today without some form of web presence. The critical element of success in using the web is learning to

maximize its use and accepting that while your marketing efforts may be local, the web makes everything you do global. How do you manage it all, and use it effectively?

You need to define a web marketing plan. Among the basic components are:

- Your own web site, or one that showcases your practice which you fully control
- A web directory that includes packaged information most commonly managed by an outside source such as a marketing company, pharmaceutical or medical devices company or a medical society
- Media (news) on the web

Your web strategies like any external marketing must be consistent with your brand image and mission, relative to your goals and have a defined ROI. Among the considerations:

- Visibility: Who will find me and how?
- Information: Who controls content?
- Education: Does the site inform or sell?
- Traffic: How is it measured and reported?

A web site is only as good as the information on it, and there is a lot of stale information on the web today. There is also a lot of inaccurate information in web directories. For example, have you previously been listed or subscribed to a web directory and not renewed? Does your name pop up not with a profile but “expired”? Have you checked this recently?

“A web site is only as good as the information on it, and there is a lot of stale information on the web today.”

What inferences do prospective patients make of you and your practice if web information is dated, or you appear to be expired? Like any external marketing, information must be timely and accurate. Eliminate everything else.

The key to visibility on the web is to overcome randomization. Unless your potential market knows your web address they will likely start with a random search such as Google. Search engine optimization (SEO) is a complex process that essentially uses key words, data and a lot of programming to determine just where you will come up on web searches. Those who manage your web site and the web sites you participate in must effectively use SEO so that with appropriate key words your site will be found by prospective patients in your market. Search engine marketing (SEM) is a concept whereby a company pays to be the “sponsored” links that appear as the top two-three links, or in a sidebar to search engine results.

Any site you subscribe to should, at a minimum, provide you with a report of hits or traffic to the information about you. Your own web site should also be managed effectively to garner traffic reports, not only in the number of hits your web site receives, but in “unique users.” This will allow you to determine how many times your web site has been visited in a given period, and how many unique individuals were interested in the information your site provides. Unless your site has an interactive capability, aside from on-line consultations, traffic reports are your only means to measure contacts generated from a given site.

Networking

Networking is one of the most important, and usually, one of the weakest among external marketing efforts. For most, networking is a great group with whom you are familiar and comfortable.

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Cosmetic Surgery and Your Safety

Cosmetic Surgery
and Your Safety



Making Informed Choices
About Your Surgical Care



AMERICAN SOCIETY OF AESTHETIC SURGEONS

Making Informed Choices About Your Surgical Care

Cosmetic Surgery and Your Safety, the new patient-education brochure developed exclusively for Aesthetic Society member practices, suggests a variety of simple and time-tested ways for patients to make informed choices about their surgical care. While providing well-established guidelines for cosmetic surgery preparation, it also discusses how patients can prepare for a safe surgery and come away with realistic expectations.



**To obtain your FREE sample or to place your order,
call ASAPS at 800.364.2147 (562.799.2356),
email your request to asaps@surgery.org
or go to www.surgery.org**

Focus on Patient Safety

News from the Patient Safety Front Lines

Leadership from the Aesthetic Society and ASPS recently published a joint advisory on issues regarding legal and regulatory injectables and fillers. Some highlights of the report are detailed below:

Is it legal for a physician to obtain and use a product from outside of the United States that is not approved by the FDA?

Drugs and devices not approved by the FDA for any use in the U.S. are available for use only by clinical investigators working under FDA-approved clinical study protocols. They may not be legally marketed or sold in this country. If, however, a physician injects a non-approved product that a patient brings personally to the doctor's office, the physician will not be in violation of the federal Food, Drug & Cosmetic (FD&C) Act because his or her conduct did not relate to the interstate delivery of a non-approved drug or device in the practice of medicine. The physician does risk significant liability exposure, invalidation of professional liability insurance coverage, criminal penalties and action by regulatory agencies.

If a patient brings a non-approved drug or device to a physician, is it legal to treat the patient using this drug or device?

Although it may be possible to obtain non-FDA approved products from foreign sources or to have patients bring these products to the United States from foreign travel, members should be aware that federal law prohibits such conduct. For example, an individual who enters the country with a non-approved injectable filler in his/her luggage could be sanctioned

“Although it may be possible to obtain non-FDA approved products from foreign sources or to have patients bring these products to the United States from foreign travel, members should be aware that federal law prohibits such conduct.”

by the FDA. Similarly, a physician who orders a non-approved injectable filler through a Canadian mail-order pharmacy could be sanctioned by the FDA when the device arrives in the mail. Other regulatory agencies, including state medical licensing boards would become involved if there was a patient complaint regarding the use of a non-approved drug or device.

What circumstances permit access to non-approved drugs and devices?

The FDA recognizes only two circumstances in which a non-approved drug or device may be legally imported into and transported through the United States:

1. for use in approved clinical studies; or
2. for use in serious/life-threatening emergencies, if the product is under clinical investigation.

The latter exception is sometimes referred to as the “compassionate care” exception because of the humanitarian need to make available a non-approved product to a patient whose life is in jeopardy but who is not a clinical trial participant. In both instances informed consent and, to the extent possible without jeopardizing the patient's health and safety, Institutional Review Board approval must be obtained.

What is the risk exposure of using non-approved drugs and devices?

Members are urged to exercise prudence and caution when dealing with non-approved drugs and devices so as to avoid enforcement actions by the FDA, licensing actions by state medical boards, and professional liability actions by dissatisfied patients.

What is the risk exposure of off-label use of approved drugs and devices?

Off-label use of FDA approved drugs and devices by physicians does not carry the risks cited above, provided patient acceptance and understanding, and the treatment rationale, are well documented. For example, Botulinum Toxin Type A is a FDA-approved product for use in the glabellar area. Use of the product in other areas is legal and a clinical decision.

Can a physician advertise non-approved or off-label use?

Members are reminded that it is illegal to commercially advertise any non-approved or off-label use; only FDA-approved uses may be commercially advertised. Moreover, members who participate as investigators in clinical trials cannot advertise their participation in the trial, nor the drug or device that is the focus of the trial, until such time as the FDA has approved it for commercial distribution.

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Focus on Patient Safety

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Off-label use of FDA approved drugs and devices by physicians does not carry the risks provided that the physician has completed the informed consent process, and the treatment rationale, are well documented. For example, Botulinum Toxin Type A is a FDA-approved product for use in the glabellar area. Use of the product in other areas is legal and a clinical decision.

“...a physician who orders a non-approved injectable filler through a Canadian mail-order pharmacy could be sanctioned by the FDA when the device arrives in the mail.”

Is it legal for a physician to purchase and use a FDA approved drug/product that is re-imported from foreign sources?

The act of importing drugs manufactured or approved in the U.S. and approved by the FDA is called “reimportation.” Despite recent support in Congress and by some state governors, the FDA and the U.S. Department of Health and Human Services (“HHS”) maintain that

such reimportation remains illegal and dangerous. Currently, only manufacturers are allowed to reimport their own drugs. While HHS recently created a task force to investigate the safety and efficacy of promulgating regulations that would allow for pharmacists and wholesalers to

reimport FDA-approved drugs, such practices by pharmacists and wholesalers are not yet legal and any new regulations would not include physicians.

While FDA enforcement actions are concentrated against operators of foreign Internet pharmacies, both the FDA and HHS warn physicians and consumers that drugs purchased from foreign sources may be counterfeit versions of FDA-approved drugs, contaminated, outdated or improperly packaged and labeled. Physicians who directly obtain or assist their patients in obtaining prescription drugs from foreign sources may risk increased professional liability exposure. It is impossible to verify that drugs and devices obtained from out of country sources have been stored in a way to prevent degradation prior to or during shipping.

A full copy of this report is available at:

www.surgery.org

News for ASAPS members:

<http://www.surgery.org/members/whatsnew.php>

Focus on Patient Safety is a new regular feature in ASN.

Member Insights

Julius W. Few, M.D.

Editor, ASN

I receive faxes almost weekly from Canadian labs. Northwestern Hospital also receives this information and made an inquiry about four months ago. I outlined some

of the points mentioned here and they quickly abandoned the idea of obtaining these products. The marketing for these products is very confusing and leads the reader to believe they are getting a legitimate product. Everyone is trying to cut cost, it is not worth it!



ASAPS recognizes Inamed Aesthetics

**as an ASAPS Sapphire Triangle Sponsor 2005
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**Inamed Aesthetics Executive Vice President,
Mr. Han Zeini receives the ASAPS Sapphire Triangle Award from
ASAPS Immediate Past President, Peter B. Fodor, MD.**

**ASAPS thanks Inamed Aesthetics for its continued
support and provision of resources to fulfill the Society's
important educational and research mission.**



ASAPS recognizes NexTech, Inc.

**as an ASAPS Platinum Triangle Sponsor 2005
for contributing over \$100,000 from May 2004-April 2005**



NexTech, Inc. President, Mr. Kamal Majeed, PhD, P.E., receives the ASAPS Platinum Triangle Award from ASAPS Immediate Past President, Peter B. Fodor, MD.

ASAPS thanks NexTech, Inc. for its continued support and provision of resources to fulfill the Society's important educational and research mission.

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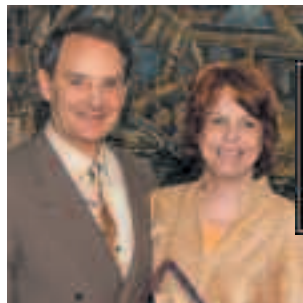
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International Surgeons Speak About ASAPS' Role in Global Education

by Elizabeth Sadati Bernard

There are at least two things about which plastic surgeons around the globe agree completely: The world of aesthetic surgery has become a “smaller” place, and sharing clinical experience has never been more important.

The boom in aesthetic surgery clearly a worldwide phenomenon, is emphasized in the American Society for Aesthetic Plastic Surgery's mission “to bring into close association those members of the medical profession who are actively engaged... in the practice of aesthetic surgery” which has assumed an even broader significance than the founding members imagined. In 2001, recognizing the value of a multi-cultural approach to aesthetic education, ASAPS co-sponsored an International Symposium immediately preceding The Aesthetic Meeting in New York that drew an attendance of nearly 300 surgeons in its first year. The symposium was presented annually for the next three years. This year, ASAPS decided to

“The feedback we've gotten confirms that the emphasis on international perspectives within The Aesthetic Meeting really enriched the educational experience for everyone.”

—Foad Nahai, MD, ASAPS Vice President

incorporate the international program into the main body of The Aesthetic Meeting 2005 in New Orleans. In 2006, the international program will again be presented within the main scientific program, but a day earlier to achieve maximum attendance and visibility.

“The feedback we've gotten confirms that the emphasis on international perspectives within The Aesthetic Meeting really enriched the educational experience



Left to right: Claudio C. de Castro, MD, *Aesthetic Surgery Journal* liaison from the Brazilian Society of Plastic Surgery; Stanley A. Klatsky, MD, *ASJ* Editor-in-Chief and co-chair of the ASAPS International Committee; Antonio Fuente del Campo, MD, *ASJ* International Editor; and Kitaro Ohmori, MD, *ASJ* liaison from the Japan Society of Aesthetic Plastic Surgery.

for everyone,” says Foad Nahai, MD, ASAPS Vice President and Chair of the Education Commission. “By including global perspectives as an important part of our national meeting, the Aesthetic Society has acknowledged and accepted our role as a world leader in aesthetic education.”

“ASAPS is the most important organization for promoting cosmetic surgery all over the world,” agrees Abel de la Pena, MD, Director of the Institute of Plastic Surgery in Huixquilucan, Mexico, and an ASAPS International Committee member. “I have been happy to see the contributions of international surgeons increasing, not only in the Society's promotion of international faculty at its Annual Meeting but also in the *Aesthetic Surgery Journal*.”

International contributions to *Aesthetic Surgery Journal (ASJ)* now comprise approximately 50 percent of published papers in the journal's Scientific Forum, a change from just a few years ago when the vast majority of papers were

from American surgeons. This change is due, in part, to the official relationships that the journal has established with international societies over the past four years. *ASJ* international affiliates include plastic surgery societies in Brazil, Japan, Israel, Korea, Mexico and, most recently, Thailand. The major plastic surgery societies in all six of these countries have adopted *ASJ* as their official English-language journal.

“There's no doubt that ASAPS' visibility and prestige around the globe is enhanced tremendously by our journal,” says Stanley Klatsky, MD, *ASJ* Editor in Chief and Co-Chair of the ASAPS International Committee. “Even more importantly, the original work of many international surgeons, as well as their significant clinical experience with new products and technologies prior to their introduction into the U.S. market, are of real benefit to *ASJ* readers.”

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International Surgeons Speak About ASAPS' Role in Global Education

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International Practices Are Increasingly Focused on Aesthetic Surgery

Aesthetic surgery is the primary focus of the majority of plastic surgeons' practices in countries as diverse as Brazil and Thailand. "There are 210 members of the Society of Plastic and Reconstructive Surgeons of Thailand. Sixty percent are in private practice and generally about 80 percent of their practice is aesthetic surgery," says Apirag Chuangsuwanich, MD, Associate Professor of the Division of Plastic Surgery, Siriraj Hospital in Bangkok. "The 40 percent of plastic surgeons who are in government service do about 40 percent of their work in aesthetic surgery." Dr. Chuangsuwanich says that he estimates about 30 percent of plastic surgeons in Thailand know about ASAPS and its role in aesthetic education. "Even

"Globalization in cosmetic surgery means showing each other what works best so that we can better satisfy many different types of patients. This is ASAPS' greatest role. It is truly opening the door to young plastic surgeons worldwide."

—Luis Lopez-Tallaj, MD

though not all our members are familiar with ASAPS now, this will change as they receive more information through the journal about the activities and the benefits they receive from becoming an ASAPS member," he says.

"The level of aesthetic surgery in my country is very high. The demand for it in Rio is tremendous, and the majority of plastic surgeons in Brazil, especially in Rio,

With the boom in aesthetic surgery clearly a worldwide phenomenon, the American Society for Aesthetic Plastic Surgery's mission "to bring into close association those members of the medical profession who are actively engaged...in the practice of aesthetic surgery"

perform more cosmetic than reconstructive surgery," says Claudio de Castro, MD, Past President of the Brazilian Society of Plastic Surgery. "We have many courses and meetings in Rio de Janeiro that deal with cosmetic surgery, and our major meeting attracts about 800 plastic surgeons. Every year, we invite ASAPS members from the U.S. to join us and exchange ideas, and this is very valuable for all of us."

International surgeons interviewed for this article agree that perhaps the most important thing the Aesthetic Society can do to assist plastic surgeons worldwide is to actively participate in the various national and international meetings. "ASAPS is looked upon as the most sophisticated and authoritative association in aesthetic surgery," says Gaston Schwarz, MD, an ASAPS Member in Montreal, Canada. "As such, I feel it is important that it maintains and increases its profile worldwide, for example through seminars or symposia that could be organized in conjunction with national societies around the world."

"The role ASAPS can play in aesthetic surgery education worldwide is to work to support the activities of the International Society of Aesthetic Plastic Surgery," says ASAPS International Committee member Richard Sadove, MD, of Tel Aviv, Israel. Constance Neuhann-Lorenz, MD, of

Germany, Chair of Quality Assurance for the International Plastic, Reconstructive and Aesthetic Surgery Foundation (IPRAF), agrees that both ASAPS and ISAPS have a role to play in global aesthetic surgery education. "ASAPS conferences, together with the biennial ISAPS conferences, represent an ideal opportunity for the international plastic surgery community to present new developments in aesthetic surgery, as well as learn from a greater number of recognized colleagues."

Vicente De Carolis, MD, of Chile regards the ASAPS meeting as "the forum where the critical analysis of classic technique and the introduction of new techniques are exposed at the deepest scientific level." He encourages the Society to expand its integration of international papers within the main Scientific Session of The Aesthetic Meeting. "My first attendance at an ASAPS meeting was a breakthrough in my professional career, and my first presentation at an ASAPS scientific session was a breakthrough in my academic style and viewpoint," he says. "I enjoyed the interaction with American colleagues very much."

Limits on International Membership, But No Limits on ASAPS' Commitment

Dr. de Castro says that most plastic surgeons in Brazil are familiar with ASAPS, some primarily through *Aesthetic Surgery Journal* but others have attended or heard about The Aesthetic Meeting. "I know many more would like to become members of ASAPS, but the fees are very high for our standards," he says.

Dr. Schwarz, who is a member of the ASAPS International Committee, agrees that economic factors may hinder the assimilation of international surgeons into the Society and encourages "economic concessions to candidates of countries with

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International Surgeons Speak About ASAPS' Role in Global Education

Continued from Page 17

lesser possibilities.” However, he says, “We must make sure that we do not sacrifice quality for quantity. ASAPS has always prided itself on setting the standards of excellence in aesthetic surgery.”

Currently, ASAPS has 106 International Active Members and 265 International Candidates. International Active Members must have shown special interest and achievement in aesthetic surgery, as well as be a member of their national member society of the International Confederation for Plastic, Reconstructive and Aesthetic Surgery (IPRAS) or a member of the International Society of Aesthetic Plastic Surgery (ISAPS). The ASAPS Bylaws currently limits the number of International Active Members to 10 percent of the number of Active Members. “ASAPS welcomes our foreign colleagues, and we encourage them to apply for International Active Membership or to enroll as an ASAPS International Candidate, which is a very easy process,” says ASAPS

President Mark Jewell, MD. “According to the Bylaws, we currently could have up to 175 International Active Members, so there are plenty of opportunities for new applicants,” he adds. Dr. Jewell says he is pleased by the growing number of international surgeons who participate in the Society’s various committees and other activities. “ASAPS makes these opportunities available to international surgeons, and we appreciate the many contributions they make to the Society,” he says.

The ASAPS International Committee, chaired by Candido Fuentes-Felix, MD, was created to help further the recognition and participation of international surgeons in the Aesthetic Society. “This committee has been very positive for furthering active relationships between ASAPS and various international groups,” says Dr. Fuentes-Felix. “The members, who are primarily international surgeons themselves, are very committed to bringing new

educational opportunities to plastic surgeons in their countries and look to the Aesthetic Society as the premier organization to help them do this.”

“ASAPS is the top of the line organization worldwide. Its members are the best cosmetic surgeons, it has the top journal and the best meeting with a rich scientific and educational program,” says Luis Lopez-Tallaj, MD, a member of the ASAPS International Committee from the Dominican Republic. “Globalization in cosmetic surgery means showing each other what works best so that we can better satisfy many different types of patients. This is ASAPS’ greatest role. It is truly opening the door to young plastic surgeons worldwide.”

Elizabeth Sadati Bernard is an independent marketing consultant and former Senior Director of Communications and Marketing for ASAPS.

The Critical Elements for Practice Success

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The first impression you make can not be left to chance!

But it must be more. Networking should not be limited to an occasional random encounter. Like any marketing effort, it requires strategies, goals and ROI for you, your practice, and for the networking group. If even one member of the group doesn’t benefit over time, networking is ineffective. For this reason, many find networking a too difficult and time-consuming task. But with carefully planned strategy, networking can be one of your most effective tools.

The goals of networking most often are defined as professional support, referral among professionals, and socialization. Your network may be focused on one or all of these goals.

The members of your network may include other professionals, other physicians or your immediate peers. At a time

when aesthetic surgeons are isolated in their own office-based OR, a network with each of these goals, and all of these groups is reasonable.

Managing Contacts

Practicing medicine results in more contacts than merely your patients. You will develop contacts with countless colleagues, service providers, salespeople and more, whose support you may or may not need at all times.

The critical element to successfully managing contacts means more than keeping records, it requires keeping records current and maintaining contact. Electronic storage is essential, as is organization be it alphabetically, by contact type, interest or date of last contact.

Date of last contact is the critical element to updating; this allows you to set a standard for inactive contacts. Set your standard at no less than 12 and no more than 24 months. Don’t delete inactive contacts; rather update the contact

information so it is accessible, organized and current when you do need it.

In Conclusion

Managing external marketing thoroughly with all the critical elements of success seems like a daunting task. But a key element to success is the group of professionals who support you. You may not need a dedicated marketing professional, but clearly, one person on staff must be knowledgeable, savvy and detail-minded enough to be entrusted with external marketing. The first impression you make can not be left to chance!

Marie Kuechel is the founder of Czenko Kuechel Consulting, Ltd and is the author of “Aesthetic Medicine: Practicing for Success.” She is an editor for “NewBeauty” Magazine and a frequent speaker on practice related topics.

Aesthetic Surgery Journal Stays Ahead of the Curve with New Online Features and Reference Tools

by Greg Fagan

As publisher of *Aesthetic Surgery Journal (ASJ)*, the highly respected, peer-reviewed publication of the American Society for Aesthetic Plastic Surgery, I work closely with the Editorial Board and the Society leadership to provide readers with the benefits of the latest publishing technology and services.

Elsevier is extremely proud to publish *Aesthetic Surgery Journal*, which is one of our most successful journals. *ASJ* has a large international following, with subscribers in more than 80 countries. That is one reason why enhancing the online capabilities of the journal has been a priority for us and the *ASJ* Editorial Board.

Easily access full-text content through the ASAPS members-only website

ASJ is scheduled to move to a new, more powerful web platform by late July 2005. This new platform will offer readers many enhanced features, such as:

- Seamless access between the ASAPS members-only website and full-text articles at www.aestheticsurgeryjournal.com. It will no longer be necessary to go through multiple log-ons
- PDA delivery of tables of contents and abstracts
- e-mailing articles of interest to colleagues
- Richly linked references, with links to cited content via Medline, CrossRef, and other Elsevier titles
- Downloading of citations to a reference management tool
- Saved searches
- The ability to search across up to 400 journals, plus *ASJ*, plus Medline, with just one query

Receive e-mail notification of the latest Table of Contents

The new *ASJ* website will enable users to request automatic e-mail delivery of the table of contents from the latest issue as soon as it posted online by clicking on the "Add TOC Alert" link. Users will also be able to set up "Saved Search Alerts" and "Citation Alerts."



Find ASJ articles through leading indexing and abstracting databases

ASJ is indexed in two of the world's largest indexing and abstracting databases—EMBASE and Scopus.

EMBASE (www.embase.com) comprises the entire Excerpta Medica database of ten million records, which are supplemented by six million non-duplicated MEDLINE records dating back to 1966.

There are 1,800 unique journals in EMBASE that are not covered by MEDLINE/PubMed, so it provides comprehensive coverage of the biomedical literature. EMBASE has a large number of institutional subscribers, including academic libraries, government agencies, corporations, and hospitals.

Scopus (www.scopus.com) is the world's largest abstracting and indexing database, containing records going back to the mid 1960s, and offering newly-linked citations across the widest body of scientific abstracts available in one place.

There are over 14,000 peer-reviewed titles from more than 4,000 international scientific, technical, and medical publishers contained in Scopus. Scopus employs the Scirus (www.scirus.com) search engine, so it yields results that are focused on science and medicine.

ASJ is reaching new readers worldwide

Aesthetic surgeons throughout the world rely on *ASJ* for information. As your publisher, part of our job is to continually expand the readership of our journals.

To that end, the Journal is now the official English-language journal of six international aesthetic and plastic surgery societies, including our most recent agreement with the Society of Plastic and Reconstructive Surgeons of Thailand.

Our marketing efforts also reflect the Journal's international reach. A worldwide letter campaign featuring *ASJ* was launched earlier this year to more than 14,000 highly targeted individuals in the U.S. and abroad. A variety of other promotions are conducted on a continual basis through advertisements in other Elsevier journals, brochures distributed throughout Asia, participation in worldwide plastic surgery conventions, e-mail alerts, web catalogs, and other communications.

ASJ is also taking advantage of a unique opportunity to increase the paid subscriber base by offering the journal as a replacement for Operative Techniques in Plastic and Reconstructive Surgery, an Elsevier journal which has recently been discontinued. To date, we have converted 436 former OTRPS subscribers to *Aesthetic Surgery Journal*— a conversion rate of 70 percent!

As the Society's publishing partner for *ASJ*, we are constantly looking for ways to improve journal operations. If you have any suggestions for the journal, please feel free to contact me at g.fagan@elsevier.com, or you can contact *ASJ*'s Editor-in-Chief, Stanley A. Klatsky, MD at journal@surger.org.

Greg Fagan is Publisher, US Health Sciences Journals for Elsevier, the international publisher of books, journals, indices, newsletters and many other publications. He is based in New York City.

Updates from the E-zone: Online Learning Opportunities for ASAPS Members

by Darlene Oliver

The new streaming videos are now available at the ASAPS Members-Only section of the website, www.surgery.org. When you enter the web site, you will see the icon for the "Anatomical Lady," a body-based guide for clinical education, located on the right side. Members have access to an online library of clinical education presentations from the 2004 Annual Meeting. Before long, the Aesthetic Society will have some of the 2005 Meeting videos on the website.

How It Works:

If you click on any part of her anatomy, a "Clinical Education Library Search Results" shows all of the content available on that particular topic. For example, a click on her face, followed by her nose, will display a page of "Search Results," listing rhinoplasty and associated videos

from the 2004 Annual Meeting. Some of the current presentations are the "Interactive Videos" from



the 2004 Meeting. Members can view actual surgery while the presenting surgeon/speaker stops at key spots during the surgical procedure to provide important information and to answer questions.

Other Options

Scroll down below the image of the "Anatomical Lady" to conduct a search for clinical education presentations by procedure, speaker and/or keyword.

Category 1 CME Credits

There are also a variety of CME credits available online. The credits are free for all text-based educational activities. Articles from the *Aesthetic Surgery Journal*, which have been repurposed online, are designated for CME Category 1 credit. Immediate scoring of CME exams is conveniently online to provide Members with instant feedback, and if necessary, the chance to retake the exam. Additionally, you have the option to automatically send the passed exam to the Society headquarters with a click of the mouse. The CME exam results are recorded in the Member's permanent record and forwarded to ASAPS on a quarterly basis.

Additionally, Category 1 CME Credit was assigned to several 2004 Meeting videos. Video viewing is complimentary, but if a Member desires the CME Category 1 credit option, there is a nominal fee to help defray costs of operating the website.

Satisfying Member Needs

Online education is consistently listed as a top priority by the Membership. "Here is an opportunity to see the 2004 Meeting videos, review surgical procedures,

Here is an opportunity to see the 2004 Meeting videos, review surgical procedures, and watch the techniques that help achieve safe, aesthetic results from the convenience of the Member's home or office.



www.surgery.org

"Online education is consistently listed as a top priority by the Membership. It has always been a great fit with the Aesthetic Society whose mission statement attests to its dedication to education."

and watch the techniques that help achieve safe, aesthetic results from the convenience of the Member's home or office," explains Dr. Jeffrey Kenkel, Education Commission Liaison to the Intranet Steering Committee.

Feedback Is Welcome

The Aesthetic Society built this online clinical education library for its Members. Please let us know how you like it and how to improve it by giving us a call. Need assistance to retrieve information from the website? Call Darlene at the Aesthetic Society, 800-364-2147 or email Darlene@surgery.org for assistance.

Darlene Oliver is ASAPS Manager of Distance Learning.

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

"A Food and Drug Administration advisory panel recommended yesterday that silicone gel breast implants made by Mentor Corp. be allowed back on the market for wider use—a surprise decision that came a day after the same panel rejected the application of a rival company... Laurie A. Casas, a plastic surgeon and spokeswoman for the **American Society for Aesthetic Plastic Surgery**, said that her organization would be working with plastic surgeons to set up a new certification program."

The Washington Post
April 14, 2005

"The use of injectables is on the rise. The **American Society for Aesthetic Plastic Surgery** estimates that fillers such as collagen, fat and hyaluronic acid have increased by 113 percent from 2003 to 2004. And those seeking them are increasingly younger."

Self Magazine
April 2005

"About 11.9 million surgical and nonsurgical cosmetic procedures were performed in 2004, a 44 percent increase from 2003 and a whopping 465 percent increase from 1997, according to statistics compiled by the **American Society for Aesthetic Plastic Surgery**. Dr. Peter Fodor, president of ASAPS, attributed the increase to several factors, including: Americans with more money to spend, baby boomers battling back the years, and the spate of TV shows and fashion magazine article on plastic surgery in the past decade. "

Associated Press
April 9, 2005

"As the Food and Drug Administration takes up a controversial and highly publicized recommendation by one of its expert committees to lift the 13-year ban on silicone breast implants, it might seem the implants have been impossible to obtain. But thousands of American women manage to get them every year through open studies, or through more restricted clinical trials. 'There's just a very big demand for the newer gels, because the word is out among patients,' said Dr. Mark Jewell, a plastic surgeon in Eugene, Ore., the president-elect of the **American Society for Aesthetic Plastic Surgery**...Dr. Jewell conducts clinical trials for the newer implants for Mentor and Inamed Corporation. When word of his trials got out, Dr. Jewell said, women from as far away as Florida and Hawaii asked to join."

The New York Times
April 21, 2005

"In a continuing battle, many women as well as some men have tweezed, shaved, waxed and even electrified unwanted hair. The laser method—which sends a beam of light into hair follicles to damage the roots—is a relatively new addition to the arsenal... But prices have generally been declining thanks to increased competition and the lower cost of laser equipment, said Dr. Barry E. DiBernardo, a spokesman for the **American Society for Aesthetic Plastic Surgery** and a plastic surgeon in Montclair, N.J. The average physician's fee for a session in 2004 was \$350, versus \$388 the previous year, the group said."

The New York Times
May 15, 2005

"Q: If you make a funny face for too long, will it stay that way?

A: Nope. The muscles in the face, called mimetic muscles, go from soft tissue to soft tissue, unlike muscles such as the quadriceps, which go from bone to bone. That means you cannot put enough resistance on them to train, tone, or build them in any way, says Lawrence Reed, MD, a spokesperson for the **American Society for Aesthetic Plastic Surgery**. So mom's funny-face theory is baloney."

Real Simple Magazine
May 2005

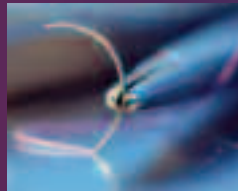
"Even as public health officials, breast manufacturers and anti-implant activists have been warring over the risks of silicone implants, more women than ever are paying the price—and taking the risk—to have perkier or bigger breasts. According to a 2003 survey of 5,000 women funded by the **Aesthetic Surgery Education and Research Foundation**, the media age of augmentation patients is 34, and 75% are married.

The Los Angeles Times
June 13, 2005

"Last year doctors diagnosed more than 59,000 new cases of malignant melanoma and about one million new cases of basal or squamous cell carcinoma, believed to be the result of cumulative sun exposure. 'The stage for this stuff is set when you're 18, when you're in the tanning bed, thinking this makes you look cool,' says Dr. Mark Jewell, president of the **American Society for Aesthetic Plastic Surgery**..."

Newsweek
June 29, 2005

The Aesthetic Meeting 2006



Pursuit of Artistry and Science in Aesthetic Surgery

April 20-26, 2006

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