



SRS NEWS

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President's Report

2006 – 2007

The first three months of my presidency have been extremely busy. I did not appreciate how busy until I began preparing this report. In the past three months, there has been an Executive Committee Meeting prior to the Cabinet Meeting, the Cabinet Meeting itself, and two Executive Committee Conference calls. This report will highlight the important issues and decisions made at each of these meetings.

EXECUTIVE COMMITTEE MEETING

The Executive Committee Meeting was held on October 20, 2006 in Dallas, Texas, the evening before the Cabinet Meeting. We reviewed the various council and committee reports. Richard E. McCarthy, M.D., Treasurer, presented the current financial statements, which confirm that the SRS is financially sound. The original 2006 budget projected a loss for the year due to the use of some reserve funds for research grants, but better than expected results from the Annual Meeting and IMAST may offset most or all of that loss. Dr. McCarthy also suggested research allocations of \$350,000 for 2007, to include \$140,000 from the endowment fund earnings, \$110,000 from general reserves, and \$100,000 that has been committed by Industry.

The problems with morbidity and mortality submission compliance were extensively discussed. This is a major issue since not all members submit data, and those that do sometimes only submit partial data. Since the SRS values collection of this data, we will need stronger compliance if the program is to continue. Morbidity and mortality will be a major topic at the upcoming 2007 SRS Retreat at Rancho Bernardo, California. If you have particular thoughts, concerns, or suggestions regarding morbidity and mortality data collection, please contact me or Chris Shaffrey, M.D., Chairman, Morbidity and Mortality Committee.

Other issues discussed at the Executive Committee Meeting included requests for excused absences or

fellowship status changes, the AAOS Africa Project, a proposal from NASS for SRS involvement with their new Spine Masters Institute, possible SRS participation in the 2008 Spine Week in Geneva, Switzerland, and SRS representation at an MCAC meeting in Washington, DC.

CABINET MEETING

The Cabinet meeting was held on Saturday, October 21, 2006. One highlight of the meeting was the presence of Richard Kyle, M.D., President, AAOS, and Karen Hackett, AAOS Executive Director, who came to discuss ongoing relationships between the AAOS and the SRS. New and existing partnership options include an annual meeting for executive directors of specialty societies, stronger ties between specialty societies and AAOS board councils and committees, and the increasing role of specialty societies in planning of the annual meeting. Advocacy will also be an important area for future collaboration. They would like the SRS to work on articles on Your Orthopaedic Connection (YOC), the patient information section of the AAOS web site. The SRS Board questioned how we could strengthen our position as a spine partner with the AAOS and Dr. Kyle outlined several ways in which this could be accomplished. We also discussed the concerns regarding policy statements versus information statements with regard to the role of school screening for scoliosis. There is an upcoming conference call to further discuss this issue.

John Dormans, M.D. and Robert M. Campbell, Jr., M.D. reviewed a proposal from the US Bone and Joint Decade office inviting specialty societies to participate in the development of an electronic version of the Burden of Musculoskeletal Diseases book. It was decided that the SRS would be a member of the Management Oversight Team and contribute \$25,000 to this project. This will allow us to have a major role in reviewing and editing, but not writing, content for this book. This

Presidential Report, continued on page 2



SCOLIOSIS RESEARCH SOCIETY Mission Statement

The purpose of Scoliosis Research Society is to foster the optimal care of all patients with spinal deformities

has been a very important source of information regarding the burden of musculoskeletal diseases throughout many societies in North America and the world.

The remaining time was spent in discussion with committee chairs regarding their plans and goals for 2007. It will be important that these plans support and coordinate with the results of the 2005 Strategic Plan. These will also be reviewed at the upcoming SRS Retreat.

EXECUTIVE COMMITTEE CONFERENCE CALLS

Monthly Executive Committee Conference Calls have been held in November and December 2006. The major topic has been the development of the 2007 SRS Retreat, which will be held in Rancho Bernardo, California, just outside San Diego, on February 9-12, 2006. It will begin with an Executive Committee dinner meeting on Friday night, followed by meetings on Saturday, Sunday, and Monday. Participants will include the Board, Council Chairs, selected committee chairs, and other selected individuals. There are three major issues to be discussed at this retreat: review of the 2005 Strategic Plan, morbidity and mortality compliance issues, and evidence-based medicine.

• Review 2005 Strategic Plan

The board felt it was time to review the goals and objectives that had been organized into six different categories at the 2005 Strategic Planning Retreat. These included, (1) funding; (2) research; (3) education; (4) globalism; (5) advocacy; and (6) society leadership. Cate Bower from Tecker Consulting, who was our facilitator at the first retreat will be with us to assist in that review. I have already reviewed our initial goals and objectives and feel that we have made very substantial progress in achieving them on a short-term basis.

• Morbidity and Mortality Compliance Issues

As stated previously, there are considerable problems with compliance with morbidity and mortality submission requirements. These include lack of submissions, incomplete submissions, and possible inaccurate submissions. The Board is extremely concerned about this, as we spend a considerable amount of money each year collecting and reviewing this data. We feel that it is critically important that this information be accurate and complete so that the reports generated will be beneficial to our membership. We are also concerned that our enforcement rules have not been implemented in the past, and therefore, have very little motivation to the membership. As a consequence, we feel that the entire morbidity and mortality compliance issues should once again be reviewed and perhaps a new course determined. Possible solutions include (1) complete abandonment of the morbidity and mortality data collection process; (2) supporting 15 or 20 major centers to provide their data, but with SRS paying a stipend to assist in this process; (3) collecting data on a single topic that would be repeated on a five to ten year basis, thereby, limiting the amount of information to be submitted; (4) the use of affidavits to document accurate submissions; and (5) a stronger enforcement policy that could include loss of membership. These and other issues regarding this matter will be discussed at the retreat. Again, if you have thoughts, concerns, or possible solutions, please contact me or Dr. Chris Shaffrey.

• Evidence-Based Medicine

This will be one of the interesting aspects of the Retreat. The SRS wishes to become an evidence-based medicine society, but there are many different ways in which this can be incorporated into our daily activities. Marc Swiontkowski, M.D., Professor and Chairman, Department of Orthopaedic Surgery, at the University of Minnesota will be our facilitator. Dr. Swiontkowski is an expert in evidence-based medicine. We feel that we should incorporate evidence-based medicine in our educational and research programs, but how it is integrated into the entire Society has yet to be determined. It is more than just how research is performed. It is also philosophical in nature and reflects how we deal with industry, conflicts of interest, and other issues.

FUTURE MEETINGS

The Executive Committee, in conjunction with the Long-Range Planning Committee, has recently made decisions regarding several future meeting sites. The 2009 annual meeting will be in San Antonio, Texas. Robert M. Campbell, Jr., M.D. and Earl A. Stanley, Jr., M.D. will be our local hosts. The 2015 annual meeting will be in Minneapolis, Minnesota to mark the 50th Anniversary of the Scoliosis Research Society. Our first annual meeting was held in that city in 1965. Finally, the 2008 IMAST meeting will be held in Hong Kong.

OTHER ISSUES

I would like for all the members to review the list of upcoming meetings for 2007. We have a very strong international presence this year, and hopefully, you will be able to attend one of our regional courses or the SICOT meeting. Also, the annual meeting will be in Edinburgh, Scotland. I feel that it is important that all SRS members try to support our international meetings, as this fosters relationships with other international surgeons.

Respectfully submitted,

George H. Thompson, M.D.
President, Scoliosis Research Society

Regional Meetings
Beijing, China
April 4 – 5, 2007
Inter Continental Hotel, Budapest, Hungary
June 14 – 16, 2007

14th IMAST
SRS International Meeting on Advanced Spine Techniques
Atlantis Paradise Island Hotel, Paradise Island, Bahamas
July 11 – 14, 2007

SRS 42nd Annual Meeting and Course
In conjunction with the British Scoliosis Research Society
Edinburgh International Conference Centre
Edinburgh, Scotland
September 5 – 8, 2007

Advocacy Committee

The Advocacy committee serves to provide effective and timely responses to professional and public issues for the SRS. Its task is to provide advocacy for our patients, the members of the SRS, and the specialty of spinal deformity treatment. The committee acts as the monitor of media issues involving spinal care for the SRS, and brings pertinent spinal deformity issues to the attention of the Executive Committee, Board of Directors and SRS members. In August, 2006, a SRS written policy for the Advocacy committee to address media issues was completed by Dave Polly and Jeff Kanel. In addition to providing balanced, scientific statements to counter public misperceptions about spinal care, the committee also believes it is important for the SRS to be proactive in getting involved early into initiatives that would impact spinal care and increasing the public visibility of the SRS. Steve Richards had a very challenging year as chair of the committee for 2005-2006, but effective responses were made to several controversial issues affecting spinal care and new initiatives have begun.

Reimbursement Issues

Centers for Medicare and Medicaid Services FY 2007 reimbursement proposal represents decreases for several spinal procedures (circumferential spinal fusion, spinal fusion with complications, spinal fusion without complications). Advocacy committee members (Drs. Lorenz, van Dam, and Ondra) researched this information to provide a response. David Polly and Bruce Van Dam, sponsored by SRS, attended the Medical Coverage Advisory Committee meeting in Baltimore on November 30th, 2006. The Coverage and Analysis Group of MCAC, chaired by Dr. Steve Phurrough, reviewed ICD 722.6, degenerative disk disease and critiqued the scientific basis for surgical treatment. A negative recommendation by this group may have resulted in support for decreased reimbursement for spinal surgery for degenerative disease. The evidence given was adequate to delay any final decisions by Medicare, but it was clear that additional high quality evidence specific to this population is needed in the future to show that surgery makes a difference in degenerative conditions of the spine. That was the final meeting recommendation of the MCAC, and Medicare will expect it to be done. Ultimately, spine societies need to be proactive by producing scientific data to prove the efficacy of their surgery. In the interim, spine surgeons need to remain vigilant and respond with vigor to any challenge to the needs of our patients who have spinal disease.

Government policy makers do not have a ready source of information to consult to understand the economic burden of musculoskeletal disease, and recognizing this puts orthopaedics at a disadvantage, the AAOS under the Bone and Joint Decade has initiated the BMUS project. This will summarize the relevant literature regarding all the economic analysis of the cost of orthopaedic disease. The SRS board is strongly supporting this initiative and has formed a SRS BMUS Task Force, chaired by John Dormans, with Bob Campbell, Steve Richards, Mike Yaszemski, and George Thompson as members. The AAOS has already agreed to emphasize "scoliosis and related conditions" in the chapter on spinal issues.

Public Advocacy Issues

School Screening has been endorsed by SRS and the AAOS as a means for early detection of progressive idiopathic scoliosis and

states in the past have required mandatory screening, but the political climate is changing. In 2004 the U.S. Preventive Service Task Force issued a recommendation against the routine screening of asymptomatic adolescents for idiopathic scoliosis. (Short reason as to why? Lack of evidence based studies? Cost?) This recommendation will not be re-visited until approximately 2008. In an effort to have greater orthopaedic input into future USPSTF recommendations, POSNA member Michael Vitale MD (who has a strong background in evidence-based medicine) was nominated in July 2006 for a seat on the task force.

Twenty states currently require school screening, but likely that number will drop with time. In 2006, Maryland repealed its program for scoliosis screening in schools. This decision was based, in large part, on the USPSTF report. In response to Maryland's decision, the SRS Advocacy committee wrote a letter to their AAP Chapter Committee on School Health expressing concern about their decision. (What was their response?) This letter was also circulated to the representative committees in the remaining states. The letter generated a response from one of California's committees on school health, but they were noncommittal toward the continuation of scoliosis screening. A pro-active response to this trend is for SRS to provide these committees with an updated position statement on school screening for scoliosis, since the current SRS - AAOS joint position statement was last revised in 1992. During this past summer, members of SRS, AAOS, and POSNA have begun working together to update this statement by review of evidence-based literature and the final revision will be circulated to the states (just those currently screening, or all?) California implied that the upcoming revised position statement would have some impact on their recommendations. The AAOS has provided air time during the 2007 meeting in San Diego for a radio announcement by Steve Richards to discuss the value of school screening.

Professional Advocacy Issues

In June 2006, National Committee for Quality Assurance (NCQA) proposal for "Spine Care Recognition Program" was reviewed and an in-depth response from SRS was formulated/returned by Drs. Polly and Ondra (included Dr Akbarnia, as president of SRS).

In response to a call for support for a foreign colleague, Dr Ufuk Aydinli, Turkish Spine Society, the advocacy committee through Dr. Ondra wrote a letter to the Turkish neurological and orthopaedic societies. This was the sent over the signatures of Drs. Akbarnia and Ondra to the involved parties.

SRS affiliation status for organizations that work with the SRS.

SRS board of directors established "honorary fellowship" status for the Scoliosis Association (Stan/Janice Sacks) and National Scoliosis Foundation (Joe O'Brien). The committee will continue to work with both of the groups to provide SRS endorsement for events such as "Bicycle Across America" fund raising events, continue to waive registration charges to annual meeting and provide endorsement for both groups solicitation of scoliosis research and education funds, and publications.

Advocacy Committee, continued on page 4

National SRS Advocacy Issues

Pediatric Device Development remains an important issue. A conference call took place May 23, 2006, with Bob Jasak (AAOS lobbyist), Jeanie Kennedy (AAOS who manages regulatory affairs with FDA technology issues), John Dormans (SRS), Steve Richards (SRS), and Ellen Raney (POSNA). The FDA has expressed a willingness to be more communicative. The SRS (along with POSNA) will identify pediatric devices that already are being utilized off-label due to FDA regulations and will try to arrange a meeting with FDA officials to discuss possible remedies. The AAOS is working on several legislative initiatives regarding orthopaedics and is forming a pediatric orthopaedic panel to help advise it on issues.

Since 2004, Bob Campbell has represented both the SRS and the AAOS for the American Academy of Pediatrics federal task force meetings in Washington regarding pediatric device development legislative reform. The results of the 2005 AAOS sponsored survey regarding pediatric devices innovation, sent to both SRS and POSNA members, was the first known national physician survey for the needs of devices for pediatric patients and now represents the “gold standard”. The results of this survey are the only physician driven data that was made available to Congress and the FDA during this initiative. Surveys by other pediatric subspecialty societies are now being planned, based on the approach of the 2005 SRS/POSNA/AAOS survey. The staff of the Senate committee on Health, Education, Labor, and Pensions was briefed on pediatric device needs in November, 2005, by Bob Campbell and Dr. Ann Hornblower, a pediatric pulmonologist from Johns Hopkins University. A coalition of organizations, headed by the American Academy of Pediatrics, continued to strongly lobby the Senate for a legislative approach for pediatric device development reform, and the “ Pediatric Device Improvement and Safety Act of 2006” bill was just introduced into the U.S. Senate by Senators Dodd and DeWine on December 6th, 2006. Passage is doubtful for the current lame-duck Senate session, but the bill will probably be re-introduced in next year’s session with an improved chance of passage. Both the AAOS and SRS will continue to try to influence this legislation to provide maximum benefit for orthopaedic device development for children.

SRS position statements represent an increasingly important source of authoritative information regarding spinal deformity issues for patients, media, and other professional and governmental organizations. With the emphasis on evidence-based medicine data to justify choices of spine deformity treatment and their cost, it has become a priority for SRS to update and revise all position statements as needed. The 1992 SRS position statement on spinal cord monitoring is being reviewed for update by Dr. Dormans and Jim Malcolm of the SRS Spinal Cord monitoring committee to provide updated position statement. The position statement for school screening is also undergoing revision. The SRS board recently approved a new position statement on the need for reform in pediatric spinal device development and this can be reviewed on the SRS website. (Any others?)

Other national advocacy issues include media exposure of the SRS at the upcoming 2007 AAOS meeting in San Diego. The

Academy has agreed to provide a media interview for SRS participants in both the POSNA Specialty Day Symposium on the fusionless surgery as well as the Instructional Course Lecture on the growing spine. The discussions continue about the Academy providing additional media updates on the progress of the role of genetics in idiopathic adolescent scoliosis, but final decisions are still pending.

Several new initiatives for the SRS were discussed at the recent SRS Cabinet meeting in Dallas. Dr. Dick Kyle, president of AAOS, attended our meeting and emphasized the importance of advocacy in promoting orthopaedics. The possibility of a public service announcement through AAOS for SRS was discussed and this project is being explored.

Another topic discussed at the Cabinet meeting was the absence of a list of orthopaedic surgeons willing to treat adult patients with congenital disease. The Academy has expressed a strong interest in surveying the membership of AAOS to determine if there are members willing to place themselves on such a list and the list could be provided to organizations such as the National Organization for Rare Disorders to provide their membership with this important information. Discussions continue about this initiative. Although all orthopedists would be surveyed, this would be identified as an SRS initiated project.

Call for PARTICIPATION!

The Advocacy committee would like to identify the members of SRS who are already politically active in their local political issues and who would be willing to work with them on issues that affect the SRS members. We are serious!! Please contact the SRS office if you would like to make a contribution to these efforts.

Robert M. Campbell, Jr. MD
Chair, SRS Advocacy Committee

ADVOCACY & PUBLIC POLICY COMMITTEE

Standing Committee - 2 per year with 4 year terms

Robert M. Campbell, Chair	2007
B. Stephens Richards, Past Chair	2007
Vicki Kalen	2007
Stephen L. Ondra (C)	2007
Edward D. Simmons	2008
Bruce E. van Dam, Chair Elect	2008
David W. Polly, BOS/COSS Liaison	2008
Jeffrey S. Kanel	2009
Mark A. Lorenz	2009
Daniel W. Green	2010
Marco Brayda-Bruno (I)	2010

Council: Governance

Board Liaison: David W. Polly

Staff Liaison: Tiffany Jackson

Endowment Committee

—Presented By Chair Jeffery L. Stambough, M.D., M.B.A.

On behalf of the SRS Endowment Committee, I want to update you on the efforts of this committee as well as continue to recognize and thank those who have generously donated to support the SRS's mission and research projects. The SRS Endowment campaign for the upcoming year will continue to be the "Ten By Ten" program (\$10 million dollars in assets and cash in the endowment by the year 2010), which can be met by continued support through all of our members. Since the successful Annual Meeting in Monterey, we have added several more members to the Shands Circle and now exceed 75 members, including our first international member Dr. Nobumasa Suzuki. Ed Hoover continues to work directly with our committee as the OREF representative and our focus to increase our cash contributions in the endowment by three to four million dollars over the next several years. With Gene Wurth, they are active in our fundraising planning, execution and follow up.

There continues to be some confusion about the manner in which donations can be given to the Scoliosis Research Society. These basically come down to two options. The first is annual giving. This is a cash donation that goes directly to the SRS and is used for immediate funding of research, education and related matters. The first \$500.00 dollars of that donation is taken by the OREF, as a standard. The OREF has funded up to \$8 million dollars in spinal research so this money does function to the benefit of the SRS although not under SRS's direct control. The remainder of the money goes directly to the Scoliosis Research Society to fund research and education.

The other option for donation is the SRS Endowment Fund. One of Dr. Thompson's goals is to increase the cash donations to the SRS Endowment so that long-term funding can be on firmer ground in terms of real dollars rather than just bequests or estate donations. The planning sessions in Dallas were very productive and there was a unanimous agreement to focus our fundraising on the cash component of the SRS Endowment. The board of directors and sub committees were all pleased with the increase in interest and donations through the Shands Circle and we would like to achieve a total of 100 Shands Circle members by the end of the 2007 Annual Meeting.

For the senior members, you may also donate to the SRS Endowment, tax-free, due to the "Pension Protection Action 2006". If you are over 70-1/2 years of age you can donate up to \$100,000 per year to a qualified charity, like SRS, directly from your IRA account at a tax-free status for the years of 2006 and 2007. This window of opportunity can benefit those members in their estate planning and directly benefit the SRS, if that money is directed toward the SRS Endowment. If you are in this age group and would like more information, please contact Ed Hoover at the OREF (hoover@oref.org).

Our next meeting will be in conjunction with the British Scoliosis Society in Edinburgh, Scotland. At that meeting we hope

to emphasize our 100 Shands Circle members and also focus on increasing our endowment cash contributions through senior member's estate planning, wills and bequests. Keep in mind that there will be a dinner to celebrate this event and will be held at very historic locale in Edinburgh, which will be unique in and of itself. We will certainly have further announcements and comments during the breakfast business meetings in Edinburgh.

There are several other points of interest that are of note. Since inception, the OREF has always been a private foundation and tax exempt under the IRS rulings. Recently, OREF has received information that it is also a public charity, which has implications for tax-exempt donations internationally. For example, since Mexico and the United States have the US Mexican free trade agreement, donations by Mexican citizens can be tax exempt to them if donated to the SRS Endowment in its public charity format.

For those of you who know Gene Wurth, CEO of OREF, he has recently come through an urgent cardiac procedure with a good bill of health. We are very pleased that Gene is back with us and coordinating the SRS's fundraising endeavors. I would also like to especially thank the SRS staff who has been working diligently to improve our fundraising efforts. The staff has been asked to exceed its usual functions in identifying opportunities for fundraising among the members of the SRS, the committee structure, as well as those members who are approaching retirement age.

I would also like to recognize the enthusiasm and efforts of Behrooz Akbarnia during his presidency. He was very instrumental and inspiring members to join the Shands Circle and it is in large part due to his efforts that we currently have over 75 Shands Circle members, which is more than any orthopaedic society that works through the OREF. Dr. Thompson is committed to improving our cash flow through cash donations with an emphasis towards the SRS Endowment and is also working diligently to see that the financial well-being of the society is on firm ground for the future. Many of you will be hearing from this committee regarding opportunities for donating, especially estate planning with the SRS Endowment and the Pension Protection Act 2006, a very unique opportunity for those members who fall into that age category.

Notwithstanding, the Endowment Committee wishes each of the SRS membership a very happy holiday season and a prosperous new year. We look forward to seeing all of you at the 2007 meeting in Edinburgh. Please keep your "eyes open" for opportunities to attend the SRS Endowment functions and breakfast business meetings.

Respectfully submitted,

Jeffery L. Stambough, M.D., M.B.A.
Endowment Committee Chair

Obituaries

Guillaume du Toit, MD

5 August, 1944 – 26 October, 2006

Guillaume du Toit, a prominent international member of the Scoliosis Research Society, passed away on 26 October, 2006, after a year-long struggle with a brain tumor.

Guillaume was born in South Africa, the son of one of the founding members of the South African Orthopedic Association. After receiving his medical education at the University of Witwatersrand in Johannesburg, he went to Toronto in 1974, where he completed his entire orthopedic residency in the Toronto program. During that period, many North American orthopedic surgeons who had either residency or fellowship training in Toronto got to know this brilliant young surgeon. While in Toronto, his exposure to Dr. George Pennal, Robert Salter, Ian MacNab, Robert Gillespie and others helped to develop his advanced understanding of orthopedics and his eventual specialization in spine surgery. Also, during his residency in Toronto, Guillaume received the R.I Harris Award as the outstanding orthopedic resident in the Toronto training program (1976).

Guillaume returned to South Africa to work at the University of Cape Town teaching hospital group, and eventually moved into a private practice in spine surgery, which was one of the best in the African continent. He developed a large surgical consulting practice, yet maintained his ties with teaching hospitals and continued a strong academic record with meticulous record keeping and appropriate research follow-up of his patients. This resulted in many academic publications and presentations.

Guillaume had a special interest in and understanding of in the treatment of children with spinal deformities, including those who developed paralysis secondary to trauma or infection. Dr. du Toit created a spinal training fellowship in Cape Town and trained many young orthopedic spine surgeons who now practice throughout Europe and South Africa. He was an active member of multiple medical organizations, and was widely recognized as a clear, logical speaker (highly articulate in both English and Afrikaans). He was one of the founding members of the South African Spine Society, in which he served as president.

All who knew Guillaume du Toit remember him for his incisive intellect and well-rounded life (orthopedist, teacher, speaker, sportsman, car enthusiast, mountain climber). The scoliosis community has suffered a great loss with his early passing. We extend our condolences to his wife Marelise, his two daughters, his son and two grandchildren.

Dennis R. Wenger, M.D.

Alf Nachemson, MD, PhD

1 June, 1931 – 4 December, 2006

Alf Nachemson was born June 1, 1931 and died December 4, 2006. He is survived by his wife Ann and his children, Louise, Mikael, Sophie and Lotta and their families.

Alf Nachemson was graduated at the Medical School of the Karolinska Institute in Stockholm, Sweden. He earned his PhD degree at the University of Uppsala in 1960. He moved to Gothenburg and the Sahlgrenska Hospital in 1961, where he became a specialist in orthopaedic surgery and Associate Professor working together with Professor Carl Hirsh. Alf was appointed Professor and Chairman of Orthopaedic Surgery at Göteborg University and Sahlgrenska Hospital in 1971 and served in this capacity until his retirement in 1996. He officially retired at the age of 65, but continued to be active literally until his last day.

For many years and long before evidence-based medicine was generally accepted, Alf continuously worked for the improvement of the scientific quality in back studies. Many colleagues all over the world will remember him for his persistent support for high quality research and his contributions to the Cochrane Collaboration and to HTA (Health Technology Assessment) stemmed from his genuine interest in scientific evidence. Three weeks before he passed away, he founded the “Alf Nachemson Foundation for Evidence Based Spine Research”, which reflects his genuine interest in this field.

Alf was a well known and skilful physician. He paid meticulous attention in patient management to guarantee the highest quality. As a researcher he was constantly involved in new ideas and projects. He was often been called “Dr Spine of the World”. Alf was the most charismatic leader for his co-workers and he had an enormous working capacity. His enthusiasm, humour and liveliness stimulated and inspired all of us. This also is true about his numerous patients. It is rare, in a lifetime, to have had such a profound impact on so many people.

We represent many colleagues, co-workers and friends in Sweden and all around the world, who deeply miss Alf Nachemson.

Anders Nordwall, MD, PhD

Acke Ohlin, MD, PhD

SRS-members of Sweden

Worldwide Regional Courses

The Worldwide Regional Course committee is looking for proposals for future regional courses.

The objectives for these courses are to: a) further the global exchange of spine deformity and knowledge; b) offer continuing education to surgeons who may find it difficult or impossible to attend the SRS annual meeting or IMAST due to cost, travel restraints, or Visa issues; c) strengthen the international community of spine deformity surgeons; d) and, generate interest in the SRS, its programs, mission and membership. The typical length for these courses is 2 to 2.5 days for a stand-alone course or, if the meeting is held in conjunction with another meeting, 1 to 1.5 days.

Course content and topics should be spinal deformity, with consideration given to the expected audience, i.e., the level of training in that area, type of problems most commonly seen, etc. A combination of invited lectures, case discussions, free papers and workshops works well for longer courses. Traditional and e-posters may also be presented, depending on space availability, number of abstract submissions and budget.

The committee would like these courses to rotate between the following seven regions: China, Europe, India, Latin America, Middle East, South Pacific Rim, and Sub-Saharan Africa.

If you are interested in submitting a proposal for a future worldwide regional course, please contact the SRS office for a complete list of guidelines and an application.

Future Worldwide Regional Courses

SRS Regional Course - Beijing

Empark Grand Hotel, Beijing, China
April 4-6, 2007

This meeting will be held in conjunction with the 4th Chinese Scoliosis International Symposium (CSIS). Registration will be through the Chinese scoliosis society and will include both the SRS course and the CSIS meeting.

Invited faculty for this course include: Randal Betz, George Thompson, Christopher Shaffrey, Paul Wussmain, Lawrence Lenke, Yan Wang, Hongyong Huang, Xuesong Huang, Giuxing Qiu, Keith Luk, John Leung, and James Weinstein. The meeting is designed to provide education and information exchange on a wide range of spine topics through presentations and workshops.

Please visit the SRS Web site for more information on this meeting.

SRS Eastern European Meeting

InterContinental Hotel, Budapest, Hungary
June 14 – 16, 2007

Abstracts for e-posters are currently being accepted for this meeting through the SRS Web site. The submission site closes March 1, 2007. Registration will open on March 1.

Invited faculty for this course include: Randal Betz, Daniel Chopin, David Clements, Jean Dubousset, Tamás Dóczi, Vilmos Halmai, Tamás Illés, Dezsoe Jeszensky, Jean-Paul Steib, George Thompson, Alexander Vaccaro, and Peter-Paul Varga. The meeting will address many of the latest topics and controversies in spinal deformity.

Please visit the SRS Web site for more information, to submit an abstract, to make housing reservations, or to register for the meeting.



If you would like to submit an article to the SRS Newsletter, please e-mail the article to kszpara@execinc.com or vkalen@email.arizona.com

Report of the Secretary

Evidence Based Medicine

One of the personal goals of our President, George Thompson, MD for the SRS in 2007 is the implantation of evidence based medicine policies. Evidence based medicine, whose philosophical origins extend back to mid-19th century Paris and earlier, is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. (*BMJ* 1996;312:71-72 13 January)

Evidence based medicine is not restricted to randomized trials and meta-analyses. It may require cross sectional studies of patient populations or rely on the basic sciences such as genetics, biochemistry or immunology. Evidence-based medicine (EBM) involves caring for patients by explicitly integrating clinical research evidence with pathophysiologic reasoning, caregiver experience, and patient preferences. (Cook, DJ and Levy MM. *Crit Care Clin* 1998 Jul;14(3):353-8.)

Good doctors' use both individual clinical expertise and the best available external evidence, and neither alone is enough.

The SRS will focus on methodologies of EBM to develop clinical practice guidelines, and as a society ways to apply EBM to improve research, patient care and the dissemination of information.

42nd Annual Meeting Update

Housing reservations for the annual meeting in Edinburgh, September 5-8, 2007, are now available. To make a reservation please follow the "42nd Annual Meeting Housing" link on the SRS web site www.srs.org. The meeting will take place at the Edinburgh International Conference Centre. There are a number of hotels within walking distance of the EICC, but please book your reservation early as hotels are filling up quickly.

Easily accessible from all major airports, Edinburgh is a marvelous combination of historical sites, cultural activities, stunning views, friendly people and modern technology. We hope that you will join us for what promises to be a most memorable Annual meeting. Registration for the Pre-Course and Annual Meeting will open starting in May.

SRS Edinburgh Post-Meeting Tour - Royal Scotsman Train Trip

The SRS is pleased to offer a post-meeting train tour through Scotland. The Royal Scotsman, an Orient-Express luxury train, will depart from Edinburgh on Monday, September 10, for a five day/four night tour. The trip will travel north through Scotland making many interesting stops through the Scottish Highlands and return to Edinburgh on Friday, September 14.

The normal retail price for this tour is \$5720.00, but SRS meeting attendees will receive a special tour rate of \$4862.00 per person. Tour rates are fully inclusive of accommodations, meals, wine, alcoholic and other beverages, day tours and entertainment (taxes, fees & gratuities are extra). For more details about the route, please see the Royal Scotsman web site: www.royalscotsman.com.

If you are interested in reserving space on this tour, please contact Tiffany Jackson (tjackson@execinc.com) in the SRS office right away as spaces are limited.

43rd Annual Meeting & Course

Salt Lake City, UT
September 9 – 13, 2008

44th Annual Meeting & Course

San Antonio, TX
September 22-26, 2009

Future
Meetings



IMAST 2006 Highlights

Once again, lumbar motion preservation and biologics highlighted the opening session of the IMAST 2006 meeting. The program starting off with what ultimately was crowned the best clinical paper of the meeting presented by Fabien Bitan, MD entitled, “A long-term multi-center retrospective study of 226 patients with a CHARITÉ artificial disc: Minimum 10-year follow-up”. This paper reviewed 226 patients (10 lost to follow-up) treated with the third generation Charité artificial disc in three spine units in France between 1989 and 1995. 154 one-level, 172 2-level, and one 3-level procedures were included, and all patients were examined at a minimum 10-year follow-up. 87.4% of the prostheses remained mobile on dynamic radiographs with a mean 10.2° of flexion-extension motion at L4-5 and 7.4° at L5-S1 noted. 78.8% of the patients had good-to-excellent clinical outcomes and 93.3% returned to work and were still working at follow-up. Only six patients (2.7%) had adjacent level disease requiring re-operation. Although the moderators and audience were skeptical, many questions asked of Dr. Bitan were answered with authority and objectivity that provided reassurance of the outstanding results of this Whitecloud award winning paper.

Two additional papers also reported favorable results for disc arthroplasty. Paper #3: “Maverick™ total disc replacement: Initial report of 24-month clinical outcomes from six investigational centers” was presented by Matt Gornet, MD. He reported one and 2-year clinical results of 160 patients with single-level disease treated either with the Maverick™ disc arthroplasty or anterior interbody cage with INFUSE™ bone graft in a 2:1 randomization ratio. Both 12-month and 2-year follow-up disc replacement patients showed statistically significantly improved Oswestry and SF-36 (PCS) scores. Immediately following, Jeff Goldstein, MD presented: “Lumbar total disc replacement with the ProDisc-L artificial disc versus fusion: A prospective randomized multi center Food and Drug Administration IDE trial.” They presented a total of 236 patients with 161 receiving the ProDisc and 75 patients treated with a circumferential fusion with a 2:1 randomization ratio. The ProDisc patients had significantly higher overall success defined as a composite of primary measures compared to fusion with a similar complication rate. They reported a 4% re-operation rate in the arthroplasty patients versus a 5% rate in the fusion patients. Both of these reports concluded that disc replacement was a safe and effective alternative to fusion for one-level symptomatic lumbar disc disease in properly selected patients. There were several questions raised for Dr. Goldstein regarding the comparison of a circumferentially treated control group versus an anterior-only disc arthroplasty group. The moderators concluded that this was a bit of an unfair comparison but the results of the disc replacement group were still extremely encouraging.

Another section that was well-attended was a Lightning Round Session highlighting pediatric spinal deformity treatment. Peter Newton, MD began the session with his paper entitled, “Factors that influence two-year pulmonary func-

tion testing after surgical treatment of adolescent idiopathic scoliosis. A prospective study of 269 patients.” Using a large retrospective database of AIS patients, he found that the pre-operative pulmonary function was by far the most important predictor of postoperative pulmonary function. All surgical variables contributed small but statistically significant effects including an open anterior approach and thoracoplasty which tended to cause a small decline in PFTs at a minimum 2 years postoperative.

Next, Lynn Letko, MD presented the German results of “Partial or complete apical vertebral resection in the treatment of cases of moderate and severe rigid adolescent idiopathic scoliosis.” She reviewed 16 AIS patients with curves between 70 and 110° undergoing partial or a complete apical vertebral body resection, half undergoing an anterior release and half undergoing posterior-only surgery. They reported a 90% postoperative coronal correction rate without any neurologic complications, however, the mean blood loss was over 7000 mL. They concluded that this technically demanding technique showed excellent correction but with a potentially high blood loss. These points were highlighted in the discussion from the moderators as well as attendees in the audience.

Next, Mir Sadat, MD from Iran presented, “Evaluation of the results of concave rib osteotomy in the correction of the adolescent idiopathic scoliosis curves.” They prospectively evaluated 24 consecutive thoracic AIS curves of which 12 were treated with PSF with instrumentation with a concave rib osteotomy (CRO), while 12 were treated identically without a CRO. Though the groups were well-matched, they found a major curve correction of 69.5% in the patients treated without a CRO versus 78.7% treated with a CRO ($p < 0.007$). They did have two patients in the CRO group who had pneumothorax detected postoperatively in which one needed a chest tube inserted. They concluded that adding a CRO provides significantly better correction without much additional OR time or blood loss.

Next, Brandon Kambach, MD reported, “Comparison of anterior/posterior fusions versus posterior-only fusions in Scheuermann’s kyphosis.” Twenty-four patients divided between the two techniques were evaluated at a minimum 1-year postop. They found that the posterior-only group had slightly better correction of kyphosis, with SRS outcome scores revealing better self-image and satisfaction than the circumferentially treated group. They stressed that the distal instrumented fusion level should include the first lordotic disc to prevent distal junctional kyphosis (DJK).

The last paper in the session presented by Ufuk Talu, MD from Istanbul, Turkey reported, “Intraoperative halo-femoral traction in the treatment of severe scoliosis $>100^\circ$.” They reviewed 13 patients with $>100^\circ$ of thoracic idiopathic scoliosis treated with intraoperative halo-femoral traction along

IMAST 2006 Highlights, continued on page 10

with wide posterior facet and ligament releases and posterior pedicle screw instrumentation. Halo-femoral traction started with 12 kg (6 kg on the head, 3 kg on each leg) and gradually increased not to exceed 30-50% of total body weight. At a mean follow-up of 37 months, they found an average 51% thoracic correction and markedly improved shoulder balance. They reported no correction loss or other complications related to the halo-femoral traction. They concluded that this is a helpful technique for treating severe curves without anterior releases or prolonged preoperative halo traction. Questions on this paper focused on neuromonitoring and potential for distractive neurologic injury in the patients which was not found in this series.

Two other papers focusing on adult deformity topics received much attention as well at the meeting. Lynn Letko, MD presented a paper entitled, “6th updated review of 45 patients surgically treated for adult degenerative de novo lumbar scoliosis (ADDLS).” In this review of Juergen Harms’ experience now presented for the 6th time at the IMAST meeting, 27 patients were treated with a circumferential approach versus 18 posterior-only approaches with a mean seven fusion levels. They now have a total of 22 late complications in 16 patients including 14 with pseudarthroses and 4 with adding-on syndrome, all of which have required additional surgical intervention. Despite the somewhat high, cumulative complication rate over time, they stated that most patients were improved but not necessarily pain-free postoperatively. They did recommend restoration of >50° of lumbar lordosis and a normal sacro-femoral tilt to reduce the incidence of pseudarthrosis, decompensation, and adding-on syndrome.

Lastly, Sig Berven, MD presented the UCSF experience of, “Transpedicular wedge resection osteotomy for the management of fixed spinal deformity: Clinical and radiographic outcomes.” Forty-three consecutive patients with an average age of 50 years were treated with a pedicle subtraction osteotomy with a minimum 2-year follow-up. They had an average increase of lumbar lordosis of approximately 28°, with high patient satisfaction. Nearly 90% of the patients definitely or probably would repeat the surgery. Five patients had additional surgery, three for pseudarthroses and two for adjacent level kyphosis. They concluded that the lumbar PSO is a reliable procedure for correction of both sagittal and coronal plane fixed deformity. Clinical outcomes demonstrated high levels of patient satisfaction including the domains of pain, function, and self-image. Comments from the moderators and audience for this paper confirmed the efficacy of this very popular technique that seems to be replacing a circumferential approach in older patients with fixed deformity of the lumbar spine.

SRS Endowment Fund Drive

The Board of Directors is asking for 100% participation from all members of the SRS. We need every member’s support in order to provide continued funding for spinal deformity research projects. If you haven’t already donated or pledged to the SRS Endowment Drive, please do so now. Donations should be sent to:

SRS Endowment Fund
C/O OREF
6300 N. River Rd, Ste 700
Rosemount, IL 60018

You may contact Gene Wurth or Megan Wilson at OREF (1-847-698-9980) if you have questions or want more information on donation options.

Morbidity and Mortality data collection for 2006 will continue until March 31, 2007 on the SRS website. If you have not yet completed your data submission for 2006, now is the time to enter this. M&M data is required per SRS by-laws annually for Candidate Fellows. Active, Associate and International Fellows who are orthopaedic surgeons are encouraged to submit reports yearly. Failure to report for three consecutive years may result in termination of membership. The 2007 reporting area is also now open. Please contact the SRS office if you need your username and password or reporting instructions.

Traveling Fellows

Congratulations to Yongjung Kim, Praveen Mummaneni, and Jean Ouellet, the 2007 Traveling Fellows. They will travel with Senior Fellow Jim Ogilvie to Edinburgh, Athens, Karlsbad, Berck sur Mer, and Barcelona between April 28 – May 18, 2007.

The Awards and Scholarship committee will be looking for hosts for the 2008 DePuy Traveling Fellows. An application will be sent out soon.

The committee will also be sending out Traveling Fellowship applications to International and Candidate SRS Fellows who reside outside of North America and be 50 years old or younger. The winners will be announced at the 2007 Annual Meeting in Edinburgh.

2006 Corporate Partners

We are pleased to acknowledge and thank those companies that provided financial support to SRS in 2006. Support levels are based on total contributions throughout the year and include the Annual Meeting, IMAST, Global Outreach Scholarships, Edgar Dawson Memorial Scholarships, SRS Traveling Fellowships, and the Research Endowment Fund.

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Vision Statement The SRS will increase its recognition domestically and internationally as the leading source of information and knowledge on spinal disorders affecting all patients, regardless of age.

Strategic Plan

- Goal 1. Funding:** The Scoliosis Research Society will have a funding base large and diversified enough to ensure financial independence in funding research and sound fiscal operating policies.
- Goal 2. Research:** The Scoliosis Research Society will be the global source of research on spinal deformities
- Goal 3. Education:** The Scoliosis Research Society will be the global source of education on spinal deformities
- Goal 4. Globalism:** Through its members and programs, the Scoliosis Research Society will improve spinal deformity care globally
- Goal 5. Advocacy:** The Scoliosis Research Society will be recognized as the leading resource for information and public policy on spinal deformities.
- Goal 6. Society Leadership:** The Scoliosis Research Society will operate in a manner consistent with its stature as the pre-eminent spinal deformity society.

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