

SRS NEWS



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SCOLIOSIS RESEARCH SOCIETY Mission Statement

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



March 2010

President's Message

Richard M. McCarthy, MD
SRS President

Greetings from the SRS Presidential line as we move through the midyear activities and prepare for the upcoming Board meeting! We have linked this years Board meeting to the AAOS gathering in New Orleans in order to minimize travel expenses and time away from practice activities for our voluntary Board members. I have asked those devoted individuals to come into town early in order to discuss and analyze two important topics at a one day retreat: Industry sponsored study groups and participating in Directed Research efforts. For a number of reasons, a critical decision regarding the continuation of study groups sponsored by industry is looming on the horizon. At the same time, the NASS organization has asked the SRS to participate in a planning study to determine the practicality of developing a large patient registry. These organization-wide opportunities are presenting themselves at a time when the future funding by regulatory bodies is looking to Evidence Based large studies to justify the cost of medicine. As members of SRS, we need to be proactive as a society and support our treatment methods by participating in and producing these studies. In line with this thinking, the second question for our retreat will be whether the SRS should participate in Directed Research efforts. Certain questions basic to our specialty and treatment methods remain unproven in need of evidence. One example of this is bracing for scoliosis which is presently under study by Dr. Stu Weinstein with help from the NIH. Our goal with this retreat is to begin a serious discussion on these important topics. I am in awe of the dedicated SRS leaders who are willing to devote their precious time to studying these pivotal questions that are critical to the future of this great organization.

Our fundraising efforts have been highlighted by a second OREF dinner this past January in Chicago (the first meeting was in New York City.) We assembled the Presidential line and some members of the Board along with honored guests Ron DeWald, Steve Ondra and Praveen Mummaneni to speak to an audience of approximately seventy members and non-member spine surgeons from the Chicago area. This meeting proved to be both enjoyable and successful in producing goodwill and a few new Shands members for the SRS. Thank you to Steve Mardjetko for his great efforts in organizing and hosting this event. SRS plans on hold more of these sessions; please let us know if your community might be able to support this effort.

Our World Wide Courses have been very well received this year in Brazil with approximately 250 attendees and in Egypt with 200 attendees. These WWC courses have become an avenue for the SRS to reach out to interested members and potential members in parts of the world in need of education regarding spinal deformities that may not have a venue to support an Annual or IMAST Meeting. Through the incredible efforts of Kamal Ibrahim, the WWC has grown in its capacity to spread the influence of the SRS while remaining budget neutral! A lot of time and planning goes into these and all the SRS meetings on the part of member planners, but most especially through the seemingly endless energies of Tressa Gouling, our CEO, and the wonderful staff she has assembled. I want to take this opportunity to recognize and acknowledge their incredible efforts on behalf of the SRS. Thank you to each of these fine individuals:

continued on page 2

Megan Kelley, Director of Meetings (primary responsibility for organizing IMAST); Nadine Couto, Senior Meetings Manager (primary responsibility for organizing the Annual Meeting); Nilda Toro, Membership Manager (also staff liaison for M&M and Endowment); Courtney Kissinger, Program Manager (staff liaison for Education, Research and Website); Kathryn Agard, Administrative Assistant (staff liaison for E-Text, Historical, Newsletter, Global Outreach and Patient Education).

Also, please join me in congratulating our Candidate Member Brian Kwon for his wonderful achievement in being awarded the esteemed Kappa Delta Award, continuing the SRS tradition. Accolades go out to our many members involved in the Haiti Relief Effort. Many thanks to them for representing the SRS so selflessly in time of need.

In closing, please continue to send in your Compelling Stories, keep up your M and M reports, and remember to give back financially to your capability. Thank you for allowing me to be your President. Call me with comments or suggestions.



Registration and Housing Now Open for IMAST 2010

Registration & Housing Deadline:
June 15, 2010



Visit www.srs.org/imast/2010/
for complete information.

Compelling Patient Stories Needed

The SRS has launched a new initiative this year to record and publicize the stories of patients helped by spine deformity care. These stories can be written or videotaped testimonials after surgery, photographs, audio interviews, patient artwork, etc---any form of media that captures the benefits of the patient's spine deformity care.

The SRS Leadership has formed a Compelling Stories Task Force to assemble these patient stories, videos, and pictures illustrating how patients have been helped through the work of SRS members. The stories and media collected will be used for a number of projects: advocacy, the SRS Website, outreach to scoliosis patients and parents, research fundraising, and others. We welcome stories from around the world, and stories of care for our most challenged patients, such as those with neuromuscular disorders, thoracic insufficiency, etc.

All submitted material must include a completed Patient Story Submission form and a Consent and Release form. Please click on the following link to access both forms.

<http://www.srs.org/admincms/render/index.php?contentid=154&type=preview>

Please send your stories, videos, and pictures to Katie Agard at kagard@srs.org or by mail to:
Katie Agard
555 E. Wells Street
Suite 1100
Milwaukee, WI 53202

Thank you,
Compelling Stories Task Force

Developing the Tools to Measure Clinical Outcomes

Steven Glassman, MD

In 2006 the SRS collaborated with other major spine care organizations including the AAOS, AANS, CNS, and NASS to promote evidence development for lumbar fusion surgery. These organizations jointly sponsored a multi-society task force which has testified at Medicare Coverage Advisory Committee hearings and met with Center for Medicare and Medicaid Services (CMS) leadership. As part of this effort, the task force submitted and received an Agency for Healthcare Research and Quality (AHRQ) grant for a multi-stakeholder conference on measuring outcomes for lumbar spine disorders. This conference will be held in July in Madison, Wisconsin with SRS representation including Dr. Larry Lenke, Dr. Sig Berven, and Dr. David Polly.

The goal of the conference is to establish agreement on metrics, methods, and mechanisms for the collection and measurement of clinical outcomes for both surgical and nonsurgical lumbar spine treatments. Conference participants will include AHRQ and CMS, as well as representatives of the insurance industry and major employers. In addition to the surgical societies which serve as the parent organizations for the task force, major nonsurgical stakeholder's societies representing family practice, physical medicine and rehabilitation, and pain management will be participating. Conference highlights will include a keynote address by AHRQ Center for Outcomes and Evidence director, Jean Slutsky and a keynote address by SRS member and Obama senior healthcare advisor, Dr. Steve Ondra.

The importance of SRS participation in this multi-society effort should not be underestimated. Although the conference focuses primarily on lumbar degenerative disorders, many SRS surgeons see and treat lumbar degenerative disease as a significant component of their practice. Further, lumbar degenerative deformity seems likely to be included within this disease spectrum, resulting in a direct interest for primary deformity surgeons. Finally, and perhaps most importantly this effort is likely to set the stage for the development of evaluation standards in the areas of adult and adolescent deformity treatment. Through its active participating in the multi-stakeholder process, the SRS will be well positioned for proactive participation as standards for the evaluation of spinal deformity interventions are established. Please look for updates in future SRS newsletters, following the conference in July, and as the development of standards for comparative effectiveness research progresses.

If you would like to submit an article to the SRS Newsletter, please e-mail the article to kagard@srs.org or vickikalen@comcast.net

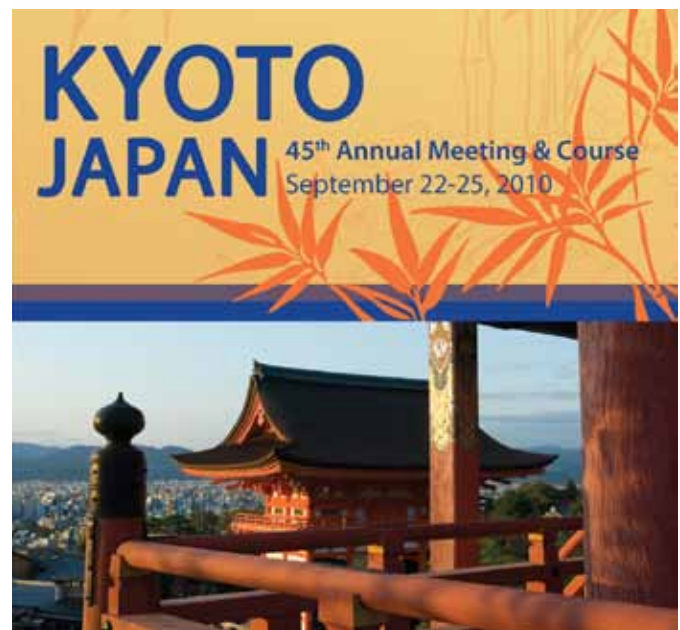
SRS Future Meetings & Courses



July 21-24, 2010
Toronto, Canada

IMAST

17th International Meeting on Advanced Spine Techniques



KYOTO JAPAN

45th Annual Meeting & Course
September 22-25, 2010

Worldwide Conferences

- May 19-20, Cape Town, South Africa, *in conjunction with the South Africa Spine Society annual meeting*
- June 4-6, Nanjing, China, *in conjunction with the Chinese Scoliosis Research Society annual meeting*
- September 12-13, Acapulco, Mexico, *in conjunction with AMCICO*
- May 25, AAOS/SRS Webinar

Endorsed Courses

- June 23-26, Beirut, Lebanon, *3rd Annual Society for Progress and Innovation in the Near East (S.P.I.N.E.) Meeting*

Ethics and Professionalism: a Mock Case Report

Denis Drummond, MD

This case is based on conflict and potential for conflict of interest (COI). What defines it and is there a difference?

A surgeon investigator reported the results of their surgical correction of patients with neglected and stiff scoliosis deformity. This clinical study focused on a novel surgical technique to better correct the rotation deformity seen in patients. The technique involved a recently developed implant and the technique for inserting it. The implant was developed by the principal investigator and colleagues at his/her spine center and also with the help of engineers at the company that produces the implants. The data was collected and analyzed for all patients with a two year follow up, written as a preliminary report (two years), and submitted. At the time of submission, the Principal Investigator and colleagues did not have a financial agreement of any kind with the company and had not received gifts, meals or any other thing of financial value. Thus they did not report a conflict to either the journal nor to their academic center. Was there conflict of interest that should have been reported?

Following submission, the study was well received but returned for some revision. Time elapsed, and the study was resubmitted and subsequently accepted for publication. The elapsed time was 14 months. Six months prior to the publication, the investigators had signed a financial agreement with the company. Because this agreement was formalized eight months after the original submission and 12 months following collection and analysis of data that had not been altered and also because the investigators had not received any money from the company at the time of publication, they assumed that they did not need to change their COI statement. Were they correct or was there conflict an absence of transparency?

Answers:

What is a conflict of interest? Is it different from a potential COI? Conflict can occur whenever there is real or potential gain from an association with those that can reward you for developing, researching reporting or simply using their product(s). The gain may be financial or another type of reward such as recognition of the investigator by the company, in the public domain. Such an open recommendation might be considered as marketing the surgeon/investigator to the public. What the academic medical center and the journal need to know is that the declaration is transparent not only for received gain by the investigators but also whether there is any known potential for COI. To most ethics committees, professionalism codes and CME guidelines, the difference between real and potential conflict does not really exist. Both need transparent reporting.

In the first part of this narration seen in the first paragraph, the investigators did not have a financial agreement. But, they did have an association with the company engineers and presumably others. This is an association with potential conflict. It mandates reporting.

Later on (second paragraph), the financial agreement was signed a long time after the data was processed but prior to publication. Even though at that time the investigator/authors had not received money, a financial agreement was in place and there is no doubt that COI exists and this was not declared. When the situation changes from no COI to real or potential conflict, then it is up to the authors to volunteer to declare the change. Those seeking transparency, including the journal, academic centers, CME accredited courses and the patients, need to know what the COI potential is at the time of their engagement with the surgeon/investigator. That's called transparency and it needs to be up to date.

Both of these situations were COI problems that needed declaration. All of us need to keep abreast with the ethics of what we do, the standards of professionalism (SOPs) that the SRS is developing and the need for transparency.

2010 SRS Fellowship Report

Mark Weidenbaum, MD

The 2009-2010 Fellowship Committee consists of Mark Weidenbaum, MD, Chair, Serena Hu, MD, Carlos Tello, MD, Laurel Blakemore, MD and J. Abbott Byrd III, MD, Past Chair.

So far this year we have accepted 31 new Candidate Fellows: 14 from outside the US, 1 Associate Fellow, 3 Active Fellows, 5 Fast Track to Active Fellows, and 9 Emeritus Fellows. We are pleased to announce our new 2010 Fellows!

Informational Sessions:

After the success of last year's session, SRS has decided to present non-member information sessions at the 17th IMAST and the 45th Annual Meeting & Combined Course. Please encourage your colleagues to attend. Times, dates, and locations are to be determined.

Attention Candidate Fellows:

One of the criteria for the Active Fellowship application is a case list submission which includes data on non-operative cases. As of September 2009 Active applicants must include non-operative patients/cases in their case list. Failure to do so will prevent a Candidate fellow from becoming an Active Fellow.

Reminders:

Morbidity and Mortality reports are due April 1, 2010. The site is also open for 2010 submission. This is an annual requirement for both Candidate and Active Fellow surgeons.

As of September 2008 dues must be paid before registering for SRS meetings. If dues are more than six months in arrears and not paid by the annual meeting a 20% penalty will be assessed and the member will not be allowed to register for the meeting. No penalty will be added if dues are paid at IMAST or Annual Meeting.

Kwon Receives Kappa Delta Award

Scoliosis Research Society Member Brian K. Kwon, MD, PhD, FRCSC has been awarded the 2010 Kappa Delta Young Investigator Award for his work on spinal fluid pressure and biomarkers as described in "Cerebrospinal Fluid Pressure Monitoring and Biochemical Analysis in Acute Spinal Cord Injury—A Translation Approach."

On Tuesday March 9th, Dr. Kwon presented his award winning paper as part of the Orthopaedic Research Society Annual Meeting. He received the Kappa Delta Young Investigator Award at the Opening Ceremonies of the AAOS Annual Meeting on Wednesday, March 10th.

Dr. Kwon became a Candidate member of SRS in 2009 and is currently an Assistant Professor in the Department of Orthopaedics at the University of British Columbia (UBC). Dr. Kwon specializes in adult spinal disorders and practices at UBC's Combined Neurosurgical and Orthopaedics Spine Program.

Kappa Delta Orthopaedic Research Awards have gone to researchers who have made key discoveries pertaining to bone grafting, treatment of polio, surgical correction of scoliosis, knee replacement, prevention and treatment of osteoporosis, arthroscopic surgery—in short, most of the leading orthopaedic advancements of the past 60 years. (<http://www.kappadelta.org/orthopaedicresearchguests>)

Candidates

Alaa El-din Azmi I. Ahmad, MD
Neel Anand, MD
D. Greg Anderson, MD
Abdel Mohsen Arafa, MD
Jahangir K. Asghar, MD
Joshua D. Auerbach, MD
Ravinder S. Bains, MD
Jonathan J. Carmouche, MD
Rene M. Castelein, MD, PhD
Michael Su Chang, MD
Ettiene Coetzee, MMED
Charles H. Crawford III, MD
Walaa Elassuity, MD
Sherif Mohamed El Ghamry, MSc
Ida Alejandra Francheri Wilson, MD
John Frino, MD
Adrian C. Gardner, MD
Manubu Ito, MD, PhD
William F. Lavelle, MD
Mark C. Lee, MD
Thomas A. McNally, MD
Firoz Miyanji, MD, FRCSC
Mariano Augusto Noel, MD
Joseph R. O'Brien, MD, MPH
Alpesh A. Patel, MD
Carl B. Paulino, MD
Alejandro A. Reyes Sanchez, MD
Vishal Sarwahi, MD
Edward W. Song, MD
Stewart Tucker, FRCSC
Hans R. Tuten, MD

Associates:

Virginie C. Lafage, PhD

Actives:

Amit O. Agarwala, MD
Paul M. Huddleston, MD
Stefan Parent, MD, PhD

Fast Track to Active Fellows:

Yong Qiu, MD
Yan Wang, MD
Jianxiang Shen, MD
Yipeng Wang, MD
Dewei Zou, MD

Honorary Fellow:

Guixing Qiu, MD

Emeritus:

Charles C. Edwards, Sr., MD
Robert Fernand, MD
Charles WGM Geukers, MD
William T. Hardaker, MD
Robert R. Madigan, MD
David C. Mann, MD
James E. Ricciardi, MD
Irvin A.S. Spira, MD
Charles H. Wingo, MD

Industry Relations Committee Report

Obeneba Boachie-Adjei MD- chair

One of the main charges of the Industry Relations Committee is to formulate the Corporate Partners Program (CPP) which outlines various SRS educational and research grant support opportunities available for our industry partners.

Global expansion of our membership and a growing variety of educational offerings combined with increasing regulatory guidelines and media scrutiny add to the challenge of this process. It is important to offer support opportunities that align with both SRS and the companies' goals and with AdvaMed and ACCME guidelines.

Among the new support opportunities stemming from this effort were the Hands On Demonstrations (HODS) introduced at the 16th IMAST meeting in Vienna. These sessions were well attended and met the expectations of the society and our industry partners.

The society currently receives about 25% of total yearly revenue from industry grants, including grants, advertising and exhibit fees. We have greatly enjoyed the association with our industry partners over the years who share in our common mission to provide optimal care for all patients with spinal deformity. With their support we have been able cover the increasing cost of the educational and research activities of the society.

As in past years, members of the presidential line plan to meet with a number of companies at the upcoming AAOS meeting in New Orleans and will follow up with visits to the corporate offices of the double diamond sponsors in the course of the year. SRS currently has three Double Diamond sponsors (contributions of \$250,000 or more in 2009), namely DePuy Spine, K2M, and Medtronic and we are very grateful for their continual support.

In addition a Corporate Advisory Board meeting is planned during the IMAST meeting in Toronto this summer. These meetings are all designed to provide a forum for meaningful discussions on SRS activities and how best we can work together for the benefit of all parties, and especially how to best serve our members and patients.

We look forward to continuing this partnership and to another year of successful educational and research activities.

Research Grant Committee Report

Nancy Hadley Miller, MD

SRS research grants are reviewed in two funding cycles, approximately October and April of each year. Grant application cycles prior to 2010 for the two large grant applications (Evidenced Based Medicine and the Standard Grant) were divided by cycle. The committee has agreed that they would like to have all types of grant applications be available for both cycles to encourage more submissions and resubmissions of the larger grants. This also enables principle investigators who want to resubmit a grant to do so without waiting an entire year to resubmit.

The grant committee has moved to a scoring mechanism more in line with NIH. When the grant requests are received they are reviewed independently by three members of the committee with expertise in the subject area or by expert reviewers as needed for content expertise. Two of the reviewers are required to give comments and a score for the grant. One reviewer, known as the reader, does not have to give comments but is required to give a score. It is the hope by having three scores, this will help in instances where there is a wide variation between two of the scores. The research grant committee for the fall cycle received and reviewed twenty-nine grants. Of these grants eight were discussed by the full committee on a conference call. Within this cycle four grants were funded while the others were returned with suggestions for changes and possible reconsideration in the future. Congratulations to grant recipients Eric Varley, DO; Michelle Marks, PT, MA; Delphine Perie-Curier, PhD; and Lisbet Haglund, PhD.

The SRS Board of Directors and membership have responded extremely well in securing funds for research particularly in relationship to the financial downturn of the last one to two years. We thank all of you who have participated in giving monies to enhance our research environment. Please consider sending in your applications for the next grant cycle beginning April 1st. The committee welcomes any questions and any suggestions that you may have as we move forward.

Finance Council Newsletter Report

Steven Mardjetko, MD, FAAP

The SRS Finance committee presented the first quarter report to the SRS BOD meeting on March 7, 2010. The SRS 2009 audited financial reports were reviewed in preparation for submission of federal and state income tax returns. 2009 was a good year financially for the SRS thanks to a strong effort to control expenses at the Annual meeting and IMAST. These revenues will be held in the general account to replenish cash reserves expended in 2008 to the appropriate level. I want to personally thank Dan Nemecek, EDI CFO and SRS accountant, for his superlative attention to all of SRS financial issues through 2008 and 2009.

Ritz Holman CPAs were commissioned to perform an independent audit of SRS finances. In a summary letter they conclude that the SRS financial statements fairly represent the SRS financial condition. A follow-up conference call discussion with Ritz Holman CPAs and the SRS Finance committee will be conducted to facilitate open communication about SRS finance practices.

The SRS 2010 budget was drafted and discussed at the January 22, 2010 Finance Council meeting in Chicago. The 2010 draft budget was presented to the SRS BOD and approved. The 2010 budget, like the 2009 budget, is essentially neutral or "balanced." I want to thank our executive director, Tressa Goulding, and the Annual Meeting and IMAST meeting planners for their financial prudence. It is a thrill to work with such multi-talented staff. Additionally, it was decided that the first past president should be added as a member of the finance committee. This makes great sense, as it provides a "seasoned" voice to the budget discussions.

The SRS Endowment fund accumulated interest (2000 to 2008) was moved through OREF Designated Giving Fund, to the SRS Research account. These funds will be used for Board Directed educational activities and research funding. All of these funds are in an interest bearing account and fully FDIC insured. The SRS BOD is in discussions about funding a Directed Research project that will support the SRS mission, its goals, and its members. The finance committee is exploring options for investing these funds to maximize interest while assuring FDIC asset protection. The SRS BOD is also exploring the possibility of creating an SRS International Endowment foundation to allow international members easier participation in the philanthropy efforts.

In closing, I would just like to thank the SRS leadership, and the SRS membership for their support through a very rough and turbulent 2 year period. While no one can predict the future, it's clear that the SRS membership remains committed to the SRS mission of education through attendance at the meetings; to research/education initiatives, based on the membership's strong philanthropic efforts to the society and the endowment; and to the concept of globalization through membership volunteerism in support of the GOP and worldwide courses. If we stay the course, I am confident of a bright future for the SRS. I'm so proud to be a member of the society.

Respectfully Submitted,

Steven Mardjetko
SRS Treasurer (2006-2011)

2010 Corporate Partners

We are pleased to acknowledge and thank those companies that provided financial support to SRS in 2008. Support levels are based on total contributions throughout the year and include the Annual Meeting, IMAST, Worldwide conferences, Global Outreach Scholarships, Edgar Dawson Memorial Scholarships, SRS Traveling Fellowships and the Research Endowment Fund. Their support has helped SRS to offer high quality medical meetings and courses throughout the world, fund spinal deformity research, develop new patient materials, and provide educational opportunities for young surgeons and those from developing nations.

Double Diamond Level Support



Diamond Level Support



Spine

Platinum Level Support



Gold Level Support

NuVasive

Silver Level Support

Globus Medical, Inc. • MizuhoOSI • Trans1 • Zimmer Spine

Bronze Level Support

Ackerman Medical GmbH & Co. KG • Alphatec Spine, Inc. • AOSpine • Apatech
Biocomposites, Ltd. • Biomet Spine • Biospace Med • BrainLAB • Cervitech
Christus Santa Rosa Children's Hospital • DifUSION Technologies • Doctor's Research Group
Future Spine Technologies • Gore & Associates • joimax GmbH • Medicea International
NuTech Medical • Orthofix, Inc. • Orthovita • Paradigm Spine • Sawbones Europe • Showa Ika
Spinal Technology, Inc • Spine Frontier • SpineART • Spineguard • Vertiflex, Inc. • Vexim SAS

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.

2009-2010 Board of Directors & Committee Chairs

BOARD OF DIRECTORS

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President Elect

Lawrence G. Lenke, MD

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B. Stephens Richards, MD

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David W. Polly, Jr., MD

Secretary Elect

Hubert Labelle, MD

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Steven M. Mardjetko, MD, FAAP

Past Presidents

Oheneba Boachie-Adjei, MD

George H. Thompson, MD

Behrooz A. Akbarnia, MD

Directors at Large

Kamal N. Ibrahim, MD, FRCS(C), MA

Kenneth MC Cheung, MD

J. Abbott Byrd, MD

Serena S. Hu, MD

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.

SOCIETY OFFICE STAFF

Tressa Goulding, CAE, CMP

Executive Director

Kathryn Agard

Administrative Assistant

Nadine Couto

Senior Meetings Manager

Megan Kelley

Director of Meetings

Courtney Kissinger

Program Manager

Nilda Toro

Membership Manager

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Education Council

Steven D. Glassman, MD

Research Council

Peter O. Newton, MD

COMMITTEE CHAIRS

Adult Deformity

Frank J. Schwab, MD

Advocacy and Public Policy

Daniel W. Green, MS, MD, FACS

Awards & Scholarship

Jeffrey L. Stambough MD, MBA

Bylaws & Policies

Robert J. Huler, MD

CME

Lawrence G. Lenke, MD

Coding

Barton L. Sachs MD, MBA, CPE

Education

Joseph H. Perra, MD

Endowment

Frances A. Farley, MD

E-Text

James W. Ogilvie, MD

Ethics

Dennis S. Drummond, MD

Evidence Based Outcomes

James O. Sanders, MD

Fellowship

Mark Weidenbaum, MD

Finance

Steven M. Mardjetko, MD, FAAP

Global Outreach

Peter F. Sturm, MD

Growing Spine

Laurel C. Blakemore, MD

Historical

Nathan H. Lebowhl, MD

Finance Council

Steven M. Mardjetko, MD, FAAP

Governance Council

David W. Polly, MD

IMAST

Todd J. Albert, MD

Industry Relations

Oheneba Boachie-Adjei, MD

Long Range Planning

Oheneba Boachie-Adjei, MD

M & M

D. Raymond Knapp, MD

Newsletter

Vicki Kalen, MD

Nominating

Oheneba Boachie-Adjei, MD

Non-Operative Management

Brian G. Smith, MD

Patient Education

Ram Mudiyan, MD, MBA

Program

Noriaka Kawakami, MD &

Michael J. Yaszemski, MD, PhD

Public Relations

Alan Moskowitz, MD

Research Grant

Nancy Hadley Miller, MD

SRS/Spine Liaison

Allen W. Carl, MD

3D

Hubert Labelle, MD &

Carl Eric Aubin, PhD, P.Eng

Website

Andrew A. Merola, MD

Worldwide Conference

Kamal N. Ibrahim, MD, FRCS(C), MA

Global Affairs Advisory Board

Kenneth MC Cheung, MD