



SRS NEWS

October 2008

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October 2008



President's Report

One Society, One World, One Vision-The AGE of our Society

*Oheneba Boachie-Adjei, MD
President, Scoliosis Research Society*

It is a great honor and privilege to assume the office of President of the Scoliosis Research Society. I am humbled by this recognition, and I will do my best to serve the fellowship and the patients we treat. This is the highest honor of my academic medical career, and I accept this responsibility with the highest regard for the ideals and principles set forth by our founding leaders and upheld in our strategic plan goals. We have just completed another very successful Annual Meeting in Salt Lake City with near record attendance and worldwide participation of the membership. Many thanks also go to the Program and Education Committees and the respective chairs, Paul Sponseller, MD; Jay Cummings, MD and Steve Glassman, MD, for the superb organization of the Pre-Meeting Course on osteobiologics and the Annual Meeting academic program.

I would like to thank Dr. and Mrs. James Ogilvie, our local hosts, for an outstanding annual meeting, and orchestrating the sports and other social events.

The past year has been one of major accomplishments by the society in areas of our strategic plan goals under the leadership of George H. Thompson, MD, who has been our president for the past two years following the sudden passing of Tom Lowe, MD. George carried the torch of the SRS to the finish, and demonstrated superb leadership to unite the membership, committees and councils to carry on the work ahead. In my capacity as president, I am indebted to George for his coaching and guidance to assume this presidential role. Our special thanks go to the exiting board and council members, John Dormans, MD; Steve Richards, MD; and our past president, James Ogilvie, MD.

The SRS fabric is held together by our staff under Tressa Goulding's leadership and is very much appreciated. I personally extend a congratulatory note and welcome to our vice-president Larry Lenke, MD, new board members Kamal Ibrahim, MD and Kenneth Cheung, MD and new Fellowship Committee member, Carlos Tello, MD. The composition of our board and the Fellowship Committee reflect our global initiatives to be a true global society. I am looking forward to working with this energized board in the coming year.

We continue to reach new heights each year with new programs, services and products. We are a global spine deformity society, which sets us apart from the others. We embrace ideas from all walks of life. We champion the interests of our spine deformity patients around the globe, engage in unparalleled educational activities worldwide, send medical missions to remote parts of the world, and train and teach those near and far to bring them to the cutting edge of spine deformity surgery and technology. We are very unique.

Each New Year brings new challenges and opportunities. We are involved in a lot of activities and I will emphasize that we continue to be an achievement oriented-society with accountability and measurable outcomes.

As I write this message, we are all aware of the turbulent events in our economy, the increasing scrutiny of our members' practices, the decreasing industry support of our programs and the continued need to reach out to the world of spine deformity care and education

Presidential Report, continued on page 2



SCOLIOSIS RESEARCH SOCIETY Mission Statement

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

I coined the slogan “Operation AGE” to depict the three areas of concentration in my presidential year.

Advocacy: Whilst we are under the watchful eye of government regulators, we should see beyond the barriers to advocate for our profession and the patients. We shall collaborate with our Corporate Partners to make the best, and right, decisions for our society and members as regards their support of our educational programs worldwide, programs that will be mutually beneficial to all parties and which meet the commercial conflict of interest guidelines (see article by Bruce Van Dam, MD in this issue). We must grapple with the turbulence we are experiencing and own up to our vision to carry the lion’s share of the responsibilities to maintain the growth of the society and the complex issues we face.

Laurel Blakemore, MD; Eric Wall, MD; Bob Campbell, MD; Eric Gordon, MD; and Dave Polly, MD, collectively representing SRS and POSNA, along with NIH and AAOS representatives, participated in the most recent pediatric medical device stakeholders’ workshop held in Washington in July (see article by Robert Campbell, MD in this issue). Our Advocacy Committee will work closely with our counterparts from the participating societies on pediatric device development. This is an area of significant interest to our members and our young patients, for whom current approved devices are unavailable to manage their complex spine and chest deformities.

Globalization: We are now one society with the same vision and mission and have enjoyed tremendous growth in the past few years. We have embarked upon an aggressive global agenda which should be cost-effective and manageable. In order to enhance our communication, inter-professional and inter-society collaboration, and professional development, we need a unified, cooperative effort to have a representative in every nation in which we have members. This is essential to promote the SRS global agenda, and to partake of the ownership responsibility for our society’s financial solvency by supporting the Endowment Fund.

Every member can appreciate the value of being an SRS member just by reviewing our educational programs, many member services, and the research and scholarship awards given annually. By the end of the year we will have completed educational programs in Hong Kong (IMAST and SICOT), Geneva (Spine Week), Argentina, China and India. All of this is in line with our strategic plan goals.

Each one can find a comfort zone in our Endowment Fund program to contribute within their means. The future of our society rests with us.

I congratulate Howard King, MD; Jim Ogilvie, MD; George Thompson, MD and the Endowment Committee, working with OREF staff, for getting us to the milestone “10 by 10” this year. Thanks to the members who put us on top.

But, the society’s road to success is always under construction, and we must press on. I propose a new campaign to double our Shands membership and to raise the bar to “20 by 20” (\$20 million by 2020) or earlier. I know we can do it.

Education: This is our forte and we do it well, with the goal to improve competence, knowledge and patient outcomes. Our CME Committee has cleared two hurdles toward achieving ACCME accreditation, which will allow us to provide our own CME credits for our educational programs and create new ones. Again, we will need your help to expand our endowment to cover these educational activities. We recognize the importance of spine fellowship training, as these young, spine deformity-trained surgeons are the future surgeons of our profession. To improve the fellowship application and selection processes, the SRS has teamed up with NASS and CSRS to form an oversight committee to insure accountability and compliance among the participating fellowship programs (see article by Serena Hu, MD in this issue).

We certainly have a lot on our plate. I am looking forward to working with the board, the fellowship and the SRS staff this year to achieve our goals with positive action for Operation A.G.E. It is exciting and challenging. Please don’t hesitate to contact me if you have questions and concerns.

Thank you. Let’s get to work!



Oheneba Boachie-Adjei, MD
President, Scoliosis Research Society

March 25-26, 2009

Research Capital Hill Days

David W. Polly, MD

Research Capital Hill Days is an opportunity for SRS members to bring patients to Capital Hill. This is done in conjunction with AAOS. We will be targeting patients and SRS fellows whose congressional representatives are on the Health, Education, Labor, & Pension Committee. For a complete listing of those members please go to: <http://help.senate.gov/About.html>

Perhaps you have a patient, or you yourself, have a connection with one of these committee members, and can aid the effort to increase research dollars for spine research. If so, please let us know.

Patients arrive the morning of the first day and are lead on a tour or activity organized by AAOS.

Physicians arrive that evening and there is a dinner function talking about visits to Capital Hill. The next morning there is a briefing/practice and then you do the visits, have lunch, more visits, meet together, then debrief and go home.

If you are interested in participating, please contact David Polly and or Megan Kelley at info@srs.org.

SRS

Calendar

Future Meetings

AAOS

February 21-March 5, 2009 - Las Vegas, Nevada USA

16th IMAST

July 15-18, 2009 - Vienna, Austria

44th Annual Meeting & Course

September 24-26, 2009 - San Antonio, Texas

17th IMAST

July 21-24, 2010 - Toronto, Canada

45th Annual Meeting & Course

September 22-25, 2010 - Kyoto, Japan

Scoliosis Research Society Conflict of Interest Statement Concerning Surgeon-Industry Relationships

Bruce E. van Dam, MD

Advocacy and Public Policy Committee, Past Chair

During IMAST in July 2008, the SRS leadership adopted a conflict of interest statement (COI) regarding surgeon-industry relations. The COI was first considered during the fall 2007 Board of Directors meeting and underwent revision reflecting the input of the Ethics and the Advocacy Committees. The Standards of Professionalism on this issue adopted by the American Academy of Orthopaedic Surgeons (AAOS) in April 2007 served as a guide.

The SRS COI will be included on the society Web site and is as follows:

The fellows of the Scoliosis Research Society acknowledge that the primary purpose of the surgical profession is care of the patient. Fellows associate as members of the society to promote optimal care of the patient with spinal deformity. Further, fellows of the Scoliosis Research Society hold the surgeon-patient relationship central to all ethical concerns.

Advancing the care of the patient with spinal deformity requires understanding the disease process and knowing the spectrum of treatment options from observation and education to non-operative care, such as brace treatment, and finally operative care. Fellows of the Scoliosis Research

Society are world leaders in spinal deformity care. As such, their insights can advance the understanding of disease processes and the development of more effective treatments.

The fellows of the Scoliosis Research Society believe that surgeon-industry collaboration can advance technology that enhances patient care. In the past, the creation and manufacture of spinal implants was a cottage industry. That day has long passed. The advancement of surgical techniques and surgical implants now requires collaboration between surgeons and industry. This collaboration can be as simple as developing a better hand tool or as complex as developing genetically-derived biologics.

The Fellows of the Scoliosis Research Society believe that it is appropriate for surgeons to be compensated for their time, effort and intellectual property when collaborating with industry to advance patient care. However, fellows acknowledge that, when a surgeon receives anything of significant value from industry, a potential conflict exists, which shall be disclosed to the patient. Further, the fellows of the Scoliosis Research Society hold that it is unethical for a surgeon to receive compensation of any kind from industry for using a particular spinal implant, device or medication.

WE DID IT!

SRS
OREF



Research Endowment Fund
\$10 Million by ~~2010~~
2008!

Thanks to all of you who have donated to the SRS Endowment Fund, we have achieved our \$10 million by 2010 fundraising goal two years early!

*Thank you,
Board of Directors, Endowment Committee and OREF*

Spine Fellowship Match

Serena S. Hu, MD

This year, SRS is joining with CSRS and NASS to implement a Spine Fellowship Match program. We strongly encourage all our members who are affiliated with a spine fellowship to participate. This will affect the Spine Fellow applicants and programs for the 2010 academic year. The SF Match program will run the matching process. No programs are allowed to interview until Jan 2, 2009 for that application cycle. Further information can be found at www.sfmatch.org/fellowship/f_spn/index.htm.

Sanctions will affect all surgeons associated with the programs found to be in violation, and include not being permitted to present papers, or receive grants for two years from these societies. The oversight committee includes members of the three participating Boards.

It is hoped that moving the interview process to a more appropriate time in the residency training program will benefit the residents who will have time to explore different career options and avoid the ever-earlier offers of positions. It will also help the fellowship programs to select fellows further on in their training programs so that their skills can have been better assessed.

SRS 44th Annual Meeting/16th IMAST Call for Abstracts

The abstract submission will open on November 1, 2008 and close February 2, 2009 for both IMAST and the SRS Meeting. The Call for Abstracts can be found on our Web site www.srs.org.

16th IMAST
VIENNA, AUSTRIA
July 15-18, 2009



Scoliosis Research Society:

A Code of Ethics and Standards of Professionalism

Michael A. Edgar, MD Chair

Donald P. K. Chan, MD Past Chair

The top priority of fellows of the Scoliosis Research Society (SRS) is to provide optimal and compassionate care for their patients. Each patient's health, safety, welfare and human dignity are paramount. Patient confidentiality and autonomy must be respected.

For SRS fellows, any priorities or issues conflicting with optimal patient care must be avoided. Any financial agreement with industry or other third parties shall be considered a real, potential or perceived conflict of interest. All financial arrangements, such as ownership of shares, stock options, royalties or paid consulting agreements, must be fully disclosed to patients prior to treating them. If that is not satisfactory for the patient, the SRS fellow must excuse himself/herself from the case.

Principles for professionalism and ethical practice exist for academic societies such as SRS throughout the world. In North America, the SRS follows the Mandatory Standards of Professionalism adopted by the American Academy of Orthopaedic Surgeons (AAOS). These include 17 standards dealing with real or perceived conflicts of interest with industry having the potential to influence decisions that could impact patient care. It is in the best interest of SRS fellows to be familiar with all these standards.

Ethical research requires similar protections. Fellows of SRS are expected to treat human research subjects with compassion, confidentiality and freedom from real or perceived conflicts of interest. The best protection against such conflicts is full disclosure. Animal research subjects must also receive fair and humane treatment. Honest reporting of research data must be adhered to and ensured by adequate peer review. Details about the responsible conduct of research can be found at the Office of Research Integrity, Department of Health and Human Services <http://ori.dhhs.gov> or the National Institutes of Health www1.od.nih.gov/OMA/manualchapters/ethics/2400%2D01/.

Further Reading

1. AAOS *Guide to Ethical Practice of Orthopedic Surgery*, 7th edition, 2007. www.aaos.org
2. World Medical Association *Medical Ethics Manual*—WMA Ethics Unit email 2008. wma@wma.net
3. *Medical Professionalism Project*. ABIM Foundation, ACP-ASIM Foundation, European Federation of Internal Medicine. (18 international authors) "Medical Professionalism in the New Millennium - A Physician's Charter," *Annals Int Med* 2002;136:243-6 and *Lancet* 2002;359:520-22.
4. Gross RH, Greene J, Haynes R, Schafer MF. *Orthopedic Residents Training: Are We Meeting Expectations?* *J Bone Joint Surg Am* 2008;90:429-37.
5. Jones JW, McCullough LB, Richman BW. *Ethics and Professionalism: Do We Need Another Surgeons' Charter?* *J Vas Surg* 2006;44:903-6.
6. Levenson R, Dewar S, Shepherd S. *Understanding Doctors, Harnessing Professionalism*. Kings Fund Publications, 2008: p 1-68. www.kingsfund.org.uk

SRS Ethics Committee
September 25, 2008

Pediatric Device Development: Washington Update

Robert M. Campbell, Jr., MD

On July 23, 2008, a Pediatric Medical Device Stakeholder's Workshop was held at the NIH in order to assist the NIH in preparing a report to Congress, due September 2008, mandated by the Pediatric Medical Device Safety Improvement Act of 2007 on gaps in research in pediatric device development and ways to improve development. The meeting had been preceded by a request for information (RFI) from the NIH on needs for and impediments to development of pediatric medical devices. AAOS, along with SRS and POSNA, responded to this RFI with a joint statement.

The meeting was chaired by Dr. Stephen Hirschfeld, the Associate Director for Clinical Research at Eunice Kennedy Shriver National Institute of Child Health and Human Development, with the meeting jointly organized by the Agency for Healthcare Research and Quality (AHRQ), the FDA and the NIH. Dr. Hirschfeld has been designated the contact point for the NIH for pediatric device development, as mandated by the Device bill. Approximately 160 "stakeholders" attended the meeting, representing NIH, FDA, AHRQ, clinicians, industry representatives, candidates for the nonprofit pediatric device consortium grants, and concerned parents. SRS was represented by Drs. Laurel Blakemore, Dave Polly, Eric Wall, Eric Gordon, and Bob Campbell.

The meeting first provided an overview of the Pediatric Medical Device Act, followed by a panel discussion on the history, current status, barriers, and issues on pediatric device development. Laurel Blakemore presented an excellent summary of barriers to pediatric orthopedic device development with illustrations of future needs for pediatric devices. Dave Polly contributed to the question session. Several speakers noted the widespread practice of off label use of devices for children, and liability issues were also mentioned. Bob Campbell pointed out that current off label use of devices for children served as a "safety valve" for the care of children, at least until approved devices were available for children for all needs. However, this "safety valve" may be in danger because the new generation of surgeons appear to be less tolerant of exposing themselves to liability." In the AAOS pediatric device survey, over half of the respondents who had used devices off label in children had concerns about their liability. Dr. Richard Gorman, Associate Director for Clinical Research DMID/NIAD/NIHI, suggested that one approach to ease the fear of liability of off label use of devices for children would be to formulate a American Academy of Pediatrics (AAP) position statement for off label uses of devices for children, either combined with the current AAP statement on off label uses of drugs for children, or a stand-alone separate statement.

FDA personnel next summarized the pre-market perspective of pediatric devices, covering grant opportunities from the FDA office of Orphan Product Development, and reviewing Humanitarian Device Exemptions for pediatric devices as well as the post-market issues for pediatric devices. A panel review next covered current pediatric device problematic efforts and funding opportunities, centering on federal grant opportunities. Members of foundations and investment capital firms also

summarized means of obtaining the financial resources to drive pediatric device development. This includes not only grants, but venture capital funding, "angel" investors, and business grants. The speakers were quite candid about the specific qualities of pediatric device projects which would merit funding from their particular perspective.

The afternoon sessions involved breakout groups with specific topics. Laurel Blakemore participated in the "Needs Identification and Analysis" group, presenting the results of the 2005 AAOS pediatric device users' survey. Also in this group was Dr. Susan Alpert of Medtronic, a pediatrician, Ross Trimby of the Institute for Pediatric Innovation in Boston, a contender for one of the nonprofit pediatric device consortium grants, and other individuals representing foundations and other organizations. Another group summarized "Safety Monitoring for Diagnostic Devices" and "Strategies and Mechanics to Adapt Devices for Pediatric Use" was covered by a third group.

Bob Campbell moderated the session on "Challenges to Device Development." The directors of the Virginia Pediatric Medical Device Institute, Dr. Andre Muelenaer, a pediatric pulmonologist, and Dr. Al Wicks, an engineer, presented how their institute could function as a nonprofit consortium for pediatric device mentoring. Next the management team from the company "OrthoPediatrics," set up to exclusively to market pediatric orthopedic products, pointed out how they had secured state funding for product development of 510(k) pediatric products, had applied for federal grants to support more ambitious product development, and illustrated how they were working with the FDA by having extensive discussion with FDA reviewers prior to submission of protocols. This could be considered a potential template for other companies in development of pediatric devices. The company also was making use of the Hamann-Todd osteological bone collection in Cleveland and the Bolton Brush radiological growth study in order to accurately size pediatric devices for different age groups. Bob Campbell presented a short summary of the VEPTR experience to point out the barriers to device development that were encountered and how they were surmounted. A pediatric cardiac stent manufacturer told his story and concluded that regulatory uncertainty prolonged his device trial by at least seven years. Another inventor of a miniaturized pediatric apnea monitor told of similar difficulties. Eric Wall also contributed to this session with comments.

The next session was a presentation of the draft NIH and FDA plans for submission to Congress followed by discussion and critique. Bob Campbell was one of the six panelists chosen to discuss the plans in full session. NIH proposed adding depth to their traditional grant process for pediatric device development, taking into account not only scientific merit, but looking at business plans, costs of development, feasibility of manufacture, specific regulatory pathways such 510(k), PMA, or HDE, along with other helpful parameters of device development. In general, the plans were promising.

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43rd Annual Meeting Summary-Salt Lake City

Paul D. Sponseller, MD
Chair, Program Committee

The Annual Meeting provided thought-provoking updates on a large number of topics. The following is a summary of a few that stood out. Please check the SRS Web site for complete abstracts of all papers on the program (under the Meetings tab).

Five papers were candidates for the Clinical Hibbs Award. The winning paper was presented by Michael Daubs of the University of Utah, “Clinical Instinct versus Standardized Questionnaire: The Spinal Surgeon’s Ability to Detect Psychological Distress.” He stated that psychological distress is a predictor for poor surgical outcomes. He assessed the psychological distress of patients being assessed for a spinal disorder using the Distress Risk Assessment Method (DRAM) questionnaire. He compared this with the surgeons’ clinical judgment of risk of distress. The surgeons correctly assessed patients only 40% of the time. The suggestion was that spinal surgeons need to be more aware of psychological distress and rely on more than clinical instincts when screening for them. They suggest using a validated instrument such as the DRAM. Keith Bridwell presented a paper first-authored by Lukas Zabala, “Does Treatment (Nonoperative and Operative) Help Patients with Adult Symptomatic Lumbar Scoliosis: A Prospective Multicenter Evidence-Based Medicine Study.” They used data from five centers to show, using standardized HRQOL measures and propensity matching, that operative treatment helped symptomatic adult lumbar scoliosis patients in comparison with nonoperative treatment. Jacob Buchowski presented “A Matched Cohort Study of Long Adult Spinal Deformity Surgery to the Sacrum using rhBMP-2 versus Autogenous Iliac Crest Bone Graft.” They showed that the BMP had a 100% fusion rate, compared to 70% for the iliac crest graft. Mark Pichelmann presented “Revision Rates Following Primary Adult Spinal Deformity Surgery: 887 Consecutive Patients Followed up 21 Years Postoperatively.” They showed a revision rate of 8.7%, most commonly for pseudarthrosis and junctional progression. Lawhorne and Green, in the paper, “Accelerated Disc Degeneration Below Posterior Spinal Fusion for Idiopathic Scoliosis,” performed a ten-year follow up repeat MRI and compared it to an MRI which had been done preoperatively. They found that at follow up, discs had greater degrees of degeneration, not only compared to their earlier status but also to literature controls (there were no contemporary controls). Surprisingly, most of the degeneration came not at the junctional segment but at the L5-S1 discs.

The Basic Science Hibbs Award was won by Hemal Mehta, Brian Snyder and coauthors, for “VEPTR Improves Pulmonary Hypoplasia in a Postnatal Rabbit Model of

Thoracic Insufficiency Syndrome.” After producing scoliosis with a tether, they found that the VEPTR produced a relative but small increase in ipsilateral lung volume but probably increased pulmonary function more by increasing alveolar capillaries.

Genetics was a theme which moved into more practical utilization. Ken Ward presented a paper, “Genetic Profile Predicts Curve Progression in Adolescent Idiopathic Scoliosis,” in which he identified a panel of 30 genetic markers from a pool of 202 candidates, which predict progression to the potential surgical range. Jim Ogilvie presented “Predicting Brace-Resistant Adolescent Idiopathic Scoliosis” which analyzed 57 brace patients who went on to surgery and compared them to 500 patients who did not progress. This work showed that a panel of 30 genetic markers had an ability to differentiate most of these patients. Hiu Yang, in a paper titled “Genetic Association Study of Collagen 1-alpha2 Gene in Adolescent Idiopathic Scoliosis,” showed that this gene might play a role in the development of scoliosis, possibly as a modifier gene. Moreau et al presented “Elevated Plasma Factor P is Involved in AIS Onset and Curve Progression,” Substance P is a cytokine which is regulated by melatonin and it was found to be a marker for both diagnosis of AIS and the risk of curve progression.

In other clinical work, Eric Parent showed that the SRS-22 score is relatively stable across a wide range of curves but changes at a clinically relevant threshold of about 45 degrees. Charles Mehlman gave an account of “Hospital Costs Associated with Surgical Treatment of Adolescent Idiopathic Scoliosis,” using the HCUP KID database to show that scoliosis has become over 80% more costly over the 10 year period using adjusted-dollar figures. Several papers showed that the method of selective thoracic fusion for multiple curves is still being worked out. The indications for neuromonitoring during lengthening of growing rods is at the surgeon’s discretion. David Skaggs showed that there were no adverse events during lengthening of rods in patients who had uncomplicated initial insertions and did not need implant changes. However, he cautioned that several cases of changes had been reported world-wide. Jack Flynn, in “Analysis of 39 VEPTR Graduates,” concluded that the indications for VEPTR removal or fusion at the end of a treatment program are still being debated.

Congratulations to all presenters for a very relevant, educational meeting. All authors are invited to submit manuscripts to *SPINE* for the Deformity Issue. Please contact me if there are any questions about this process.

43rd Annual Meeting Award Winners

RUSSELL A. HIBBS AWARD FOR BEST CLINICAL SCIENCE PRESENTATION

Paper # 63

Clinical Instinct versus Standardized Questionnaire: The
Spinal Surgeons Ability to Detect Psychological Distress.

*Michael D. Daubs, MD; Alpesh Patel, MD; Darrel S.
Brodke, MD*

RUSSELL A. HIBBS AWARD FOR BEST BASIC SCIENCE PRESENTATION

Paper #67

VEPTR Improves Pulmonary Hypoplasia in a Postnatal
Rabbit Model of Thoracic Insufficiency Syndrome

*Hemal Mehta, MSc; Brian D. Snyder, MD, PhD; Stephen
R. Baldassarri, BA; Melissa J. Hayward, MD; Michael J.
Giuffrida, MD; Supriya P. Bansal, BS; Valid Entezari, MD;
Nipun D. Patel, MS; Andrew C. Jackson, PhD*

JOHN H. MOE AWARD FOR BEST BASIC SCIENCE POSTER PRESENTATION

E-Poster #32

A Study on the Effect of Melatonin Toward the
Proliferation and Differentiation of Osteoblasts in
Adolescent Idiopathic Scoliosis.

*Chi Wai Gene Man, Hiu Yan Yeung, Wei Jun Wang,
Kwong Man Lee, Bobby KW Ng, Vivian W. Hung, Yong
Qiu, Jack Chun Yiu Cheng*

LOUIS A. GOLDSTEIN AWARD FOR BEST CLINICAL POSTER PRESENTATION

E-Poster #5

Risk Factors for Critical Intraoperative Neuromonitoring
Changes During AIS Surgery.

*Daniel J. Sucato, Timothy Kuklo, Mohammad Diab, B
Stephens Richards, Charles E. Johnston, Lawrence G. Lenke,
Spinal Deformity Study Group*

Tennis Tournament Results:

Brian Kwon, Men's champion

Dheera Ananathakrishnan, Women's champion

Golf Tournament Results:

Men

Low Gross – Wally Krengel

Low Net - Courtney Brown (Harrington Trophy)

Women

Low Gross – Meghan von Reuden

Low Net – Becky King

The Scoliosis Research Society presents:

IMAST

16th International Meeting on
Advanced Spine Techniques

July 15-18, 2009

Hofburg Congress Center
Vienna, Austria



<http://www.imastonline.com/>

SRS Endowment Fund Drive

The Board of Directors is asking for 100% participation from all members of 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 Committee Update

Joseph H. Perra, MD - Chair

William F Donaldson, III, MD - Past Chair

The Scoliosis Research Society is unique with member M&M case collection. The manner and type of collection has generated yearly debates on whether information collected was valuable, accurate or punitive to the membership and a waste of time.

The prior collection process was felt to be too onerous and difficult to complete. Furthermore, there was evidence that some members were only submitting a few cases rendering the data of uncertain quality. Therefore, data collection was suspended for 2008 until the site is completed. No Web site entry from your 2008 surgical cases is required.

In an effort to make the M&M database of value to the members, the Morbidity and Mortality Committee was charged to develop a new data collection algorithm and Web site focusing on certain sentinel events in the perioperative period.

The specific charge to the committee from the board was to develop a collection tool that would focus on specific deformity diagnoses with complete information only on certain major complications. For 2009, SRS M&M reporting will require total case numbers for all Scoliosis cases (idiopathic, neuromuscular, congenital, adult degenerative), kyphosis cases (congenital, Scheuermann's, other), and Spondylolisthesis cases (>50% slip). Cases treated for stenosis, fracture, disc herniation and other non-deformity diagnoses will not be collected at this period. The new format would include a Case Log with attestation of truth in reporting.

If a complication occurred that was being studied, the complication case data entry would open. The only complications being studied at this time are deaths, paralysis, and visual loss. All other complications will not be entered at this time, although the committee may in the future decide to look at other diagnoses and complications.

The entry of a complication into the Web site database is similar to the old format with the addition of an expanded medical history and specific information on the three sentinel events (death, paralysis and visual loss).

It is expected that the detailed reporting on the complications studied will generally involve only 1-3 cases a year per person, far fewer than previous years. The case log will only involve total number of cases and not detailed information.

Members are given the option to: 1) submit data on a yearly basis or 2) pay a \$300 research assessment and not to submit

data (calculated on a sliding scale for international members). Failure to participate in either choice could result in membership forfeiture. Candidate members are required to submit M & M data.

The goal of the new data collection should be to generate interest to be involved, make the process relevant and worthwhile, and make the entry easy and future study options flexible with the ability to change study focus

The timeline is/was as follows:

- Form completed by April 2008 to begin testing of the new prototype form in July 2008.
- Introduce to SRS membership at September 2008 Annual Meeting.
- Provide written description of process and participation information to members in fall of 2008.
- Provide reminders/updates to members about changes in collection process.
- Use in 2009 with data due April 2010.
- May 2010 - research assessment invoices sent to members who did not provide M & M data.
- Plan to reassess the new program after 3 years and reevaluate collection topics.

The goal is to encourage 100% participation in data collection and not research assessments (forced donations). The committee also wants to encourage feedback/suggestions to the committee on the collection algorithm, and encourage research projects based on the new M & M focused data collection and the use of existing information in database for study. There are 80,000 to 100,000 cases/patients already in the old database. If individuals have a research proposal for this database contact the chair for further information - Joseph Perra – jhperra@tcspine.com.

In the future, the committee strives to better define the M&M mission statement- making the process valuable to the membership. A review process of the M & M Committee's focus and collection will continue.

We encourage all members to visit the Web site at www.srs.org (members only section) and look at the 2009 entry site. The site can be navigated with a "test" patient. Feedback is welcome as we are always looking for improvement and ease in collecting cases.



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

Historian's Corner

Nathan H. Lebowhl, MD

SRS Archives – Now is the time to visit!

The Historical Committee and the archive staff at KUMC have made tremendous progress in organizing the documents, photographs and videos that have been accumulated over the years since the founding of the Scoliosis Research Society. Many of these materials can be viewed online via a link on the SRS member's Web site. We encourage you to take some time to visit us on the web and browse. Whether it is a video of a brace clinic being held by Wally Blount, or a history of scoliosis treatment at Berck sur Mer narrated by Yves Cotrel, there is sure to be something of interest to each of you in the archives.



If you would like to visit the archives in person, a perfect opportunity would be during the upcoming visit and lecture by noted medical historian, Dr. Thomas Schlich, Canada Research Chair in the History of Medicine at McGill University. Dr. Schlich will give the 2008 Don Carlos Guffey Lecture at the Kansas University Medical Center's Department of History and Philosophy of Medicine on Thursday, November 13, 2008. His topic will be: "Establishing a Network of Control Technologies: A New Perspective on the Rise of Surgery in the 19th and 20th Centuries."

Dr. Marc Asher has prepared a special program to coincide with Dr. Schlich's visit which will include a tour of both the SRS Archives and the Harrington Archives, as well as a roundtable discussion of the medical industrial interface. Dr. Schlich has unique insight into this topic, as he has chronicled the academic and research activities of the AO - ASIF in his book *Surgery, Science and Industry: A Revolution in Fracture Care*. The day promises to be thought provoking, and the Historical Committee is excited about the opportunity to showcase the archives in conjunction with this prominent historian's visit to KUMC. If you would like to attend, please RSVP with GGOCHENOUR@kumc.edu before November 5th.

In the archives:

Drs. Walter Blount and Albert Schmidt evaluate a patient in a Milwaukee brace in this photo generously provided to the SRS Archives by Dr. John Lonstein.

Pediatric Device Development: Washington Update — *continued from page 5*

The meeting was a good first step, but many challenges remain in achieving the goals of the 2007 Device Act. Orthopedics has established a leadership role in pediatric device development, primarily because of the AAOS-sponsored 2005 pediatric device user's survey, which, to our knowledge, is the only such data available to the NIH in their analysis of the gaps in unmet needs for pediatric devices for children. It was also clear from the large turnout of orthopedists at this NIH meeting that our specialty also has a huge interest in obtaining better devices for the care of children.

Both SRS and POSNA need to continue to maintain a very active role in all phases of implementation of the Device Act, both through NIH and the FDA, either through their respective advocacy committees, or a combined POSNA/

SRS ad hoc committee on pediatric device development. With the potential formation of nonprofit pediatric device consortiums for mentorship of innovators, there may be ways for orthopedists to contribute to these organizations. When the current Device Act sunsets in 2012, a report to Congress is required to analyze how well the provisions of the Act performed in nurturing pediatric device innovation in the United States. If the Act is judged successful, the statute will probably be renewed to the benefit of children. We have clearly recognized that we have to be involved in the political process in order to advocate for our patients' welfare, and now there's an opportunity to be involved and to help lead this effort to provide more and better pediatric devices for our patients.

PROMOTE THE SRS WITH PRIDE

The Scoliosis Research Society is a professional organization, made up of physicians and allied health personnel. Our primary focus is on providing continuing medical education for health care professionals and on funding/supporting research in spinal deformities. Founded in 1966, the SRS has gained recognition as one of the world's premier spine societies. As a society we stand United as a Professional Organization and are proud to wear the SRS Logo.

The SRS Board of Directors is Proud to Introduce



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WOMEN'S

PLEASE GO TO WWW.SRS.ORG FOR DETAILS.

2008 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.

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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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