AOSPINE

Newsletter

"To me, being a member of this unique leading international spine organization means to have the opportunity to learn, teach or research in an amazing environment."

***Luiz Vialle**, past Chairperson AOSpine*

Editorial

I am delighted to introduce the new AOSpine Chairperson-elect to you, Shanmuganathan Rajasekaran, with a personal interview in this newsletter. Raja will take over the AOSpine Chairperson role as of July 2018.

Also in this issue of the AOSpine newsletter Alexander Vaccaro shares insights about the development of the thoracolumbar, subaxial and sacral AOSpine Classification Systems and what the AOSpine Knowledge Forum Trauma is currently working on.

The AOSpine Knowledge Forum Deformity shares how they are harvesting the results of the first six years of research. This truly international spine deformity study group expects to set the standard of care for deformity patients.

Last month, AOSpine Knowledge Forum SCI, under the lead of Michael Fehlings, has published the Clinical Practice Guidelines for the Management of Degenerative Cervical Myelopathy and Traumatic Spinal Cord Injury in a special focus issue of the Global Spine Journal. Find the latest news in this issue of the newsletter.

We are pleased to report that the Davos Courses 2017 are almost sold out! There are only a few places left. Make sure you register as soon as possible.

Furthermore, we are very proud to announce that the number of abstracts submitted for Global Spine Congress 2018 has once again exceeded our expectations. With 1100 abstracts submitted, more abstracts have been submitted to the Global Spine Congress 2018 than to any other spine event world-wide.

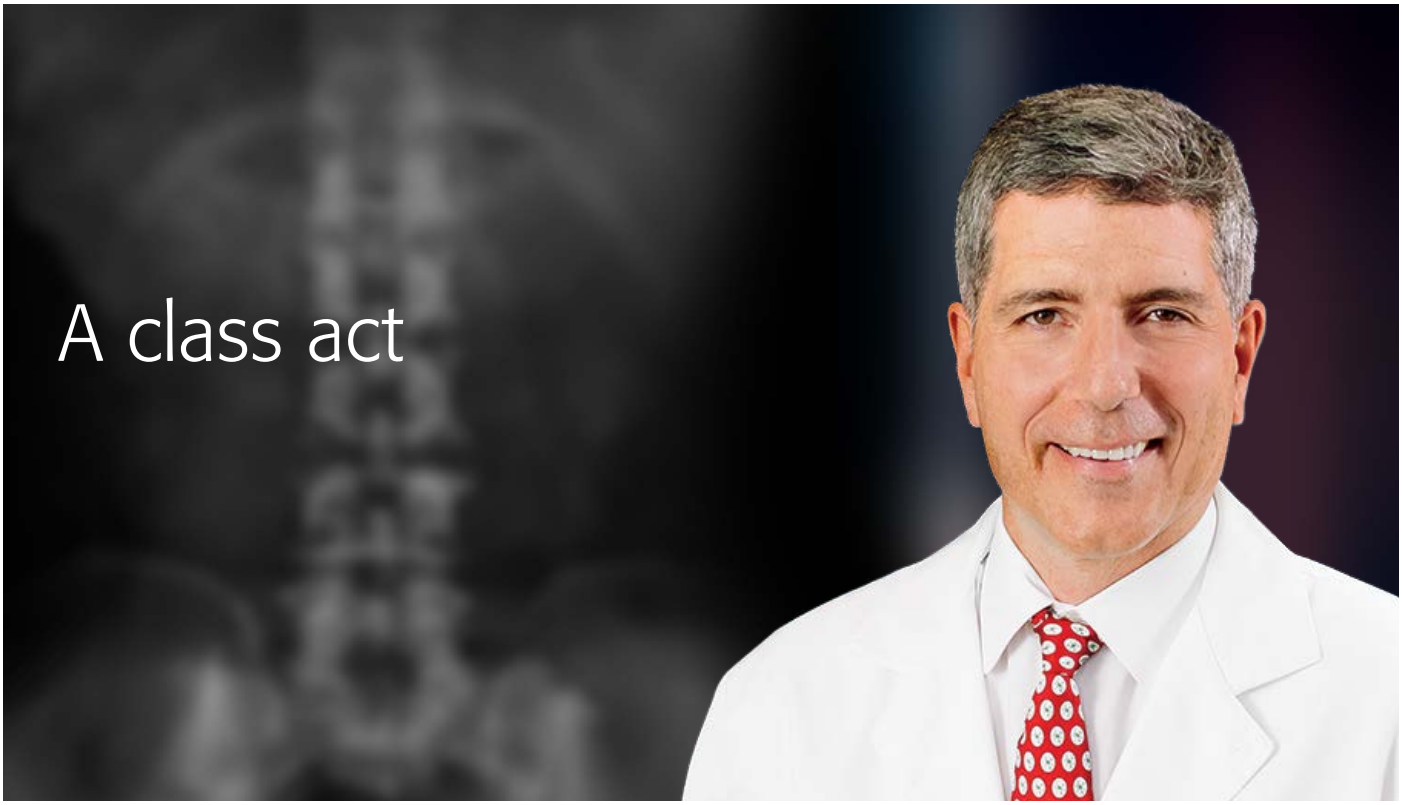
Also, we'd like to share ten tips and tricks for cross-cultural teaching and lecturing, and show in a short video how you can make the best out of your online reputation on social media.

Last but not least, AOSpine Latin America has hosted a very successful regional course this summer in Mexico City. Read the success story and watch exclusive video content from the plenary session.
I hope that you find this issue interesting and informative. I look forward to bringing you the next newsletter edition later this fall.

Yours Sincerely,

Dan Riew
Chairperson,
AOSpine International

A class act



Alexander Vaccaro explains the development of the AOSpine Classification Systems, shares some tips on OR productivity, and why he decided to get an MBA.

What is the background of the development of the AOSpine Classification Systems and how did you get involved in the project?
For many years AO had the most popular classification system in the world for thoracolumbar fractures: the Magerl system, while the Americans favored their own, descriptive classification, called the Denis classification. I always used the Denis system but I became interested in the AO classification because it is very logical in the way it uses the alphabet to place fractures in silos: A compression, B distraction C translation injuries.

In the early 2000s, a group of famous surgeons from around the world synthesized the world's literature and came up with the TLICS system. Although both Magerl and TLICS are well-known schemes to describe thoracolumbar fractures, no injury classification system has really achieved universal adoption.

The AO then decided to look at it again and to develop a more widely accepted, comprehensive yet simple classification system.

I was invited to the group by my former mentor, Dr. Cumhur Öner (current Chairperson of the AOSpine Knowledge Forum Trauma Steering Committee). We all put our minds together and came up with the present-day AOSpine Classification System.

We started with the thoracolumbar classification in 2013, then we adapted the new system also to the cervical spine and took it even further into a sacral pelvic fracture classification. We are currently working on the classification for the upper cervical spine.

What is the difference between the AOSpine Classification System and the Magerl/TLICS method?
The system takes the principles of the AO ABC system and allows for simple grouping into various morphologic categories for ease of description. We can now utilize this for registry creation. The classification system for the thoracolumbar spine has reduced the subdivisions of the Magerl system from 53 down to only 5 As, 3 Bs and 1 C. The new classification also has a special focus on the patient's neurology along with modifiers.

„The AOSpine Thoracolumbar Classification System combines the best of the Magerl ABC method and the TLICS method, which is phenomenal. This is now potentially the most user-friendly and reliable classification system around the world."

What was the most difficult classification system to come up with so far, and which one was the easiest?
The upper cervical spine classification is proving the most challenging because every part is so different and it's hard to find a logical use of A, B, and C. The Atlas or C1 is so different than the C2 body or the interbody spaces and the ligaments are so different compared to other parts of the spine.

The easiest system to develop was the thoracolumbar classification, followed by the sacral classification and then cervical classification.

How does an international AOSpine Knowledge Forum collaboration of this scale work in practice? Is it easy to find consensus?
If you want to get a task like this done, you have to spend a few hours on it every week, then you have to get away from it and give it to someone else to kick around and get their feedback. Currently, we have someone on our team assigned to the classification full time. We discuss everything with the Knowledge Forum Committee, we argue, agree, disagree, argue some more… It's a bit like trying to get something past Congress.

There are people of different nationalities and cultural backgrounds working in the Knowledge Forum group. How does this reflect in the work of the Knowledge Forum and what were your biggest learnings?

„My biggest lesson learned is that you have to check your ego at the door. You're not right, you're not wrong, it doesn't matter how many papers you've published, you have to get people to see your vision and then get consensus and buy in by everyone."

It's great to have different perspectives, but it's also challenging. Evidence-based medicine is predicated on the values and cultures of the population, so what's desired for someone in one country may not be acceptable somewhere else. For example, certain cultures are more aggressive in the sense that they feel surgery in certain fractures is optimum, while another culture may be more wary of the risk of surgical complications and favor a nonoperative approach. It can be hard to get everyone on the same page and it takes a lot of discussion and debate to get to the final solution.

What achievement in your career are you most proud of?
I recently received the position of Cavalier or the order of the Italian star from the Italian Government, which is given to someone who has worked to promote international co-operation between Italy and their country.

I'm proud of that achievement but what I'm most excited about is the opportunity to develop classifications in spine with some of the brightest medical minds. It's great to see external research papers which show that our work is validated and applicable.

You once said in an interview that the most difficult achievement in your career so far was your MBA, why is that?
As the president of the Rothman Institute, I have to ensure that our business model makes sense from a financial perspective. We're quite big now with a geographic territory ranging from New York, North and South Jersey to Southeastern Pennsylvania. In August, the U.S. News and World report ranked us 4th in the nation for Orthopaedic care. I enrolled in the MBA because I wanted to understand the business of medicine, and how business people think, so the Rothman Institute could help deliver valued care to a greater population of patients.

„Looking back, when you're a student taking organic chemistry, advanced physics, and calculus and staying up all night studying you mistakenly believe the humanities and business students have it easy. I thought this until I got my MBA."

You have a very distinguished career as a surgeon, and you've served as the president of the Rothman Institute and the Chairman of Orthopaedics at Thomas Jefferson University since 2014. How does your typical work day look?

I usually get up at 4.30am and after exercising have my first conference call at 5.30am. I do 4-5 hours office work a day, and I operate three days a week, usually 5-6 spine cases per day. I start my ORs at 6 am, and do a staggered room, so when I finish one surgery the next is ready go, without a break.

„Before I became President, I wasn't finished in operating theatre until between 4-6pm, but through a team based approach studying productivity and efficiency in the OR, we discovered that if you cut skin at 6 am instead of 8 am the surgery is often quicker and more efficient with the same degree of safety."

That's because everyone is focused and there are no interruptions. I usually finish my meetings around 8:30 pm at night after coming home for dinner with the family from 6-7pm. I take the weekends off, except for writing papers, but I can do that early in the morning before my kids wake up. I then have the weekend to dedicate to my family.

BIOGRAPHY

Alexander R. Vaccaro, M.D., Ph.D., M.B.A., President of the Rothman Institute

He is the Project Leader of the AOSpine Classification System, and past Chairperson of the AOSpine Knowledge Forum Trauma Steering Committee.

Alexander Vaccaro graduated Summa Cum Laude from Boston College in 1983 with a B.S. in Biology. He received his medical degree from Georgetown University School of Medicine where he was promoted with „Distinction." He earned membership in the Alpha Omega Alpha (AOA) Honor Society and graduated with honors in 1987.

He completed a year of Surgical Internship at Cedars-Sinai Medical Center in Los Angeles, CA and completed his Orthopaedic Surgery Residency at Thomas Jefferson University where he graduated in 1992. Alexander Vaccaro completed a Spine Fellowship at the University of San Diego, CA. In 2007, he earned a Ph.D. in the field of Spinal Trauma.

In 2015, he received his MBA (Master of Business Administration) from Temple University's Fox School of Business in Philadelphia, PA and graduated with honors.

Alexander Vaccaro has served as the president of the Rothman Institute since 2014, and is the Richard H. Rothman Professor and Chairman in the Department of Orthopaedic Surgery, and Professor of Neurosurgery at Thomas Jefferson University in Philadelphia, Pennsylvania. He was the recipient of the Leon Wiltse award given for excellence in leadership and clinical research for spine care by the North American Spine Society (NASS) and is the past President of the American Spinal Injury Association and the Association for Collaborative Spine Research.

He has over 650 peer reviewed and 195 non-peer reviewed publications. He has published over 300 book chapters and is the editor of over 54 textbooks and co-editor of OKU-Spine I and editor of OKU-8. Alexander Vaccaro also serves as Co-Director of the Regional Spinal Cord Injury Center of the Delaware Valley and Co-Director of Spine Surgery and the Spine Fellowship program at Thomas Jefferson University Hospital, where he instructs current fellows and residents in the diagnosis and treatment of various spinal problems and disorders.

In 2015, the SmartCEO magazine honored Alexander Vaccaro as their Philadelphia CEO of the Year.

The AOSpine Classification System
The AOSpine Knowledge Forum Trauma, under the lead of Alexander Vaccaro, was given the task to develop and validate a new classification system. The AOSpine Thoracolumbar and Subaxial Classification systems are the result of a systematic assessment and revision of the Magerl classification. The AOSpine Classification Group reached a consensus on a classification that incorporates both fracture morphology and clinical factors relevant for clinical decision making. After the endorsement of the classification by the International Board, the Knowledge Forum Trauma finalized the validation studies.

Links to:
Classification Videos:
www.aospine.org/classification

Validation studies:

Thoracolumbar Classification:
AOSpine thoracolumbar spine injury classification system: fracture description, neurological status, and key modifiers
Vaccaro AR, Oner C, Kepler CK, Dvorak M, Schnake K, Bellabarba C, Reinhold M, Aarabi B, Kandziora F, Chapman J, Shanmuganathan R, Fehlings M, Vialle L;
AOSpine Spinal Cord Injury & Trauma Knowledge Forum.
Spine (Phila Pa 1976).
1;38(23):2028-37, Nov 2013.

Reliability analysis of the AOSpine thoracolumbar spine injury classification system by a worldwide group of naïve spinal surgeons
Kepler CK, Vaccaro AR, Koerner JD, Dvorak MF, Kandziora F, Rajasekaran S, Aarabi B, Vialle LR, Fehlings MG, Schroeder GD, Reinhold M, Schnake KJ, Bellabarba C, Cumhur Öner F.
Eur Spine J 25(4): 1082-1086, 2016.

Subaxial Classification:
AOSpine subaxial cervical spine injury classification system
Vaccaro AR, Koerner JD, Radcliff KE, Oner FC, Reinhold M, Schnake KJ, Kandziora F, Fehlings MG, Dvorak MF, Aarabi B, Rajasekaran S, Schroeder GD, Kepler CK, Vialle LR.
Eur Spine J 25(7): 2173-2184, 2016.

Meet the AOSpine Chairperson-elect

Shanmuganathan Rajasekaran

How long have you been involved with the AO Foundation and in what roles?
I am a long-standing AOSpine member and have been a faculty in numerous national and international events since the 1990s. The big involvement came with the invitation to join the Knowledge Forum Trauma in 2012. I was always interested in research, and it provided the opportunity to participate in multi-center trials and work shoulder to shoulder with many peers who are very much respected and admired worldwide. It was an enjoyable experience to be a part of the study group which came out with the classification of spinal fractures. This was followed by the election to the Chair of the International Research Commission in 2015 and to the Chairperson-Elect of AOSpine in 2017.

What were your most important AO Foundation/AOSpine milestones?
In 2015, I was elected as Chairperson of the AOSpine International Research Commission. This was a tremendous opportunity to interact with the regional research commissions and all knowledge forums. I am happy that during this tenure, the commission had major progress with the globalization of research, the introduction of metrics to evaluate each division and improve performance, and also start an international unit based mentor-mentee program. Of course, to cap it all, will be the experience of being the AOSpine Chairperson for three years from 2018. Great opportunities carry with them great responsibilities also. But it is a privilege and challenge that I am looking forward to.

„I will be stepping into the big shoes of illustrious past Chairpersons who all have contributed tremendously to AOSpine and left a legacy. It will be a challenge to match their performance but I am looking forward to this role and responsibility."

What have been your proudest academic, research or professional achievements so far, and why?
The year 2017 marks 25 years since I started the practice of spine surgery. Looking back, there have been many proud moments to remember. On the professional side, establishing a large orthopedic and spine unit and creating a 'low cost-high quality' health care system is highly satisfying. The department caters to more than 150,000 outpatients and performs more than 25,000 surgeries every year, of which 3000 are spine surgeries. 40% of these surgeries are highly subsidized. We have performed more than 10,000 highly subsidized or free surgeries where a microdiscectomy is performed for less than USD 200, a single level fusion for USD 450 and scoliosis surgery for USD 1600. We were honored to receive the Walter Blount Humanitarian Award of the Scoliosis Research Society in 2015 for the same.

„The ISSLS Prize for Spine Research is considered to be a proud moment of

one's career, and we are really proud to have received it four times in 2004, 2010, 2013 and 2017 along with the Eurospine Award in 2008."

In the department, we have managed to create the right blend of clinical expertise, academics, research and social service. Being appointed as the Hunterian Professor by the Royal College of Surgeons of England in 2012 for our work on growth modulation in childhood spinal deformities was also a proud moment.

On the professional leadership aspect, being the President of SICOT, Chair-Elect of AOSpine and President of CSRS-AP are also proud moments.

What do you think are young spine surgeon's biggest challenges today? What advice would you give someone who's starting their career in spinal surgery?
With so many new developments, techniques and instrumentation, the young spine surgeons are going to have an exciting career. However, there will be many challenges also.

First, knowledge about any disease and treatment will be available freely to everyone, including the patient, at the click of a button. The surgeon will no longer be privy to the knowledge of the disease or treatment options and the patient may be loaded with information and misinformation about his condition. Patient's expectations will be more and may become demanding not only on the type of treatment but also on the total treatment experience. Patients will ask for proof of evidence that the best possible interventions available to his near and dear ones. They will demand for shared decision-making and detailed informed consents will play a big role. It will be important for the future surgeons to have good communication skills and a great level of emotional quotient rather than just technical skills alone. In the future scenario, success will be in being a part of 'great teams'. They must learn to form a part of and contribute effectively to a team initially and then lead the team in later years.

„I would advise that the future surgeons must look at a global development rather than just academic or technical development."

ver the years, the surgeon will also be subjected to increasing institutional and governmental supervision and controls. There will be pressure to reduce complications and to justify the cost-effectiveness of all interventions. There is a risk that the role of a surgeon as the dominant player in treatment may slowly undergo attrition and he just becomes a part of a large team.

The pressure on the surgeon at home and the domestic front is also going to be different. They must be adept in developing a good work/life balance. The emotional support of a family is immense, and it is important that the budding surgeon looks at a stable and happy family, right from the start.

How has AOSpine influenced your career as a surgeon?
AOSpine has made a tremendous influence on me in more ways than one. This has been both at the personal and professional level.

„It has been a privilege to share thoughts and work shoulder to shoulder with some of the giants in the field of spine surgery, persons whom you have held in high esteem and as role models. The experience of working closely with the international board, international research commission members and the Knowledge Forum steering committee is truly exhilarating. There is so much to learn from each of them in the way one sets high goals, plans and achieve the target."

At the professional level, AOSpine offers the ability to interact with a wide range of surgeons from all over the world. Case-based discussions impress you with how differently each disease is treated in different parts of the world with equal success. This broadens your ideas and concepts.

One realizes that spine surgery is almost a different specialty in different parts of the world. For the same disease, the attitude and preferences of the surgeon, patient's expectations, affordability and social culture are very diverse in different regions. Textbook solutions and published literature from one region of the world may be totally unacceptable or inappropriate for a patient from another region due to differences in social background and affordability. Rather than the policy of 'one hat fits all', we should strive to establish 'appropriate solutions' for our patients. Being an AOSpine member allows one to learn a lot from each other as we are truly international and have the largest membership in the spine community.

The cream of the cake is, however, the opportunity for international friendship and fellowship. Over the years, you develop deep and long-lasting family-like relationships with so many members across the continents. AOSpine opens the world to you and one should not miss the opportunity of being an active member.

BIOGRAPHY

Prof Shanmuganathan Rajasekaran, Ph.D.

- Chairman, Dept of Orthopaedic & Spine Surgery, Ganga Hospital
- President, SICOT
- President, CSRS AP
- Adjunct Professor, Tamilnadu Dr MGR Medical University.
- Hunterian Professor, Royal College of Surgeons of England, 2011-12
- Chairperson, AOSpine International Research Commission
- Past President, Indian Orthopaedic Association
- Past President, Association of Spine Surgeons of India
- Past President, ISSLS, Canada

KF Deformity Steering Committee in Kuala Lumpur, Malaysia, 2015. From left to right: Young Qiu, Manabu Ito, Sigurd Berven, Kenneth Cheung, Ahmet Alanay, Marinus de Kleuver, Niccole Germscheid, Christopher Shaffrey, Lawrence Lenke, David Polly, Stephen Lewis.

The AOSpine KF Deformity: A truly international spine deformity study group

The AOSpine Knowledge Forum (KF) Deformity is entering exciting times, harvesting the results of its first six years of research. The group expects to generate several landmark papers and set the standard of care for deformity patients.

„It was like a huge breath of fresh air", chairperson Marinus de Kleuver describes the creation of KF Deformity. Global thought leaders were brought together from inside and outside AOSpine. Lawrence Lenke had been attracted by the opportunity to set up the first truly international group and became the first co-chair. „I was a bit shocked actually, let's face it!" he says remembering the call from the AO from Luiz Vialle. „Someone calls you with an idea to develop a global study group with guaranteed research funding. It was like a dream come true!" The interaction of diverse opinion leaders from all around the world generated exciting new ideas. „They had to talk the talk, and walk the walk. Besides academic credibility, the members had to be clinically productive", Lenke reminds. The new KFs also helped dispel concerns about AO being guided by the industrial partner, as the first AOSpine Research Commission chair and KF Deformity co-chair Kenneth Cheung adds.

„It was like a huge breath of fresh air. Global thought leaders were brought together from inside and outside AOSpine."

At the time, AO already had a big name in trauma, but was not as well-positioned within the spine deformity community. „And while, for example, the new KF Tumor group was filling a need in oncology, we already had some strong players in the world market in deformity", de Kleuver reminds. The KF helped bridge AOSpine with other renowned academic communities in the field, the most important being the Scoliosis Research Society (SRS). „There are a lot of synergies, some natural overlap, but no real duplication, because the profiles are different. Our collaborations are very important also for getting global acceptance for our outcomes."

„The KF helps bridge AOSpine with other renowned academic communities in the field."

Creating a common language

KF Deformity research covers both adult and pediatric deformities. The studies fall under two categories: large multi-center cohort studies, generating new knowledge, and the development of classification systems and outcome sets.

Our biggest study has been Scoli-RISK-1, a highly successful collaboration with SRS, initiated shortly before the KF was set up. „This is, by far, the best existing international multicenter prospective data on the rate of neurologic complications associated with adult spinal deformity operations. The word is getting out and the results are being widely reported", Cheung describes. Another major study is PEEDS, a prospective evaluation of elderly deformity surgery. „We made a real

effort to design landmark studies that were knowledge generating. For this reason, some of our publications may take a bit longer, the patient outcomes alone taking years", de Kleuver adds.

The second category of studies has so far looked at defining an international consensus on optimal treatment for spinal deformity patients – both in adolescent idiopathic scoliosis and adult spinal deformity patients. Following this global effort, the group is embarking on an intraoperative spinal cord monitoring study which will look at the role of monitoring in both pediatric and adult deformity surgeries. „Our aim is to come up with a standard of care, to find the state of the art. This study will be revolutionary for surgical teams working with complex cases", Lenke predicts. Another ground-breaking study will categorize complications in all of spine surgery, and the sorely needed results are expected by early 2018. „There is no accepted classification scheme when talking about complications. Concepts like ‚major' or ‚minor' are all heterogeneous. With no standards, it is difficult to compare studies or complication rates." Lenke expects huge impact from this study. „AOSpine classifications will become a standard to be proud of and a legacy for our group."

„AOSpine classifications will become a standard to be proud of and a legacy for our group."

„All these initiatives are aimed at creating a common language and framework to communicate across different parties", de Kleuver explains. „There is a myriad of outcome studies and instruments out there, everybody uses different instruments to measure their quality of care. We help bring more rationale to the options that are available."

A will to improve clinical practices
All KF Deformity studies have been led by a Steering Committee member, and the focus is on carrying out research. „One of our strengths has been that we spend so much time in clinical work, in hospitals, and doing the actual research", de Kleuver says. With the recently added eight new associate members, the group is making sure they have the right global representation. Injections of new blood broaden the talent pool and help with succession planning. „But you only invite people, who you know will deliver", de Kleuver says.

„Research is very special, and high-quality research will always be done by a small group of people. The key is to identify this group, and find other ways to involve others", Cheung continues. „All our members have great ideas. So much so, that we may have to look beyond AO funding to carry them out."

The group welcomes expectations for increased transparency and accountability, which they see leading to better quality and wider acceptance. Globalization will help spread the word, involve more surgeons, and reach more stakeholders. Cheung frames the critical measure of success he hopes to witness with KF Deformity: „Publishing in high quality journals is important and easy to measure. But to show that practice or understanding has improved because of our research? I hope that in time we can show we have achieved this."

Marinus de Kleuver had a long career in AOSpine education before the start of KF Deformity.

Quick facts:

- Quick facts:
- KF Deformity launched in 2011, co-chaired by Lawrence Lenke and Kenneth Cheung
- Chairperson Marinus de Kleuver currently leads a Steering Committee of 9 members; and serves as a member of the AOSpine International Research Commission
- A group of 8 new associate members represent all five AOSpine regions
- Received several awards for the Scoli-RISK-1 study, including the Hibbs Clinical Research Award at the SRS Annual Meeting 2013 (nominated in 2017, 2016, 2014); Whitecloud Award at IMAST (the International Meeting on Advanced Spine Techniques) 2016 and 2015; Best Paper Award at the Global Spine Congress 2015 (nominated 2016).
- Published 6 peer-reviewed journal articles and 70 presentations. 5 accepted manuscripts coming out shortly (September 2017)
- AOSpine Master Series, Volume 4, Adult Spinal Deformities, 2015
- AOSpine Master Series, Volume 9, Pediatric Spinal Deformities coming soon

Study highlights:

- Prospectively evaluated neurologic complications associated with surgical correction in over 270 adult spine deformity patients (Scoli-RISK-1)
- Identified optimal operative care for adolescent idiopathic scoliosis patients (AIS Consensus) with the opinions from a panel of 48 spine deformity surgeons from 29 countries worldwide
- Enrolled 233 patients in the prospective evaluation of elderly deformity surgery: a prospective observational multicenter study (PEEDS)
- Formed an international consensus on the surgical management for adult spinal deformity patients (ASD Consensus) with the opinions from a panel of 53 spine deformity surgeons from 24 countries worldwide
- Defined a core outcome set for adolescent patients with a spinal deformity (COSSCO)
- For more information about the KF Deformity: www.aospine.org/kf-deformity

This article is part of a series on the AOSpine Knowledge Forums. The story of the Knowledge Forums was published in the AOSpine Newsletter Issue 11. Upcoming issues will showcase more KFs and their most important study projects.

Davos Courses 2017 —only a small number of places left!

We are pleased to announce that the Davos Courses 2017 are almost sold out!

This year, participants can choose one out of three educational courses in the morning: spinal trauma, degenerative diseases, and spinal deformity.*

In the afternoon, we are offering two MISS training courses – Minimally invasive surgery (MIS) Under Simulated Conditions chaired by Roger Härtl (USA), and Minimally invasive surgery (MIS) course on Vertebroplasty chaired by Paul Heini (CH).

*subject to availability. Please note, that it's possible to register for the waiting list.

Check out the preliminary program on our website,
via this link: http://www.aodavos-courses.org/files/davos-courses-a5-2017-15-september---online.pdf

Register now: http://aodavoscourses.org/Registration/AOSpine.html

It is possible to register for MISS courses only (without registration for the morning program/other courses). Please be informed, that the courses are half-day trainings offered on Monday, Tuesday and Wednesday afternoon taking place in parallel to each other.

All of these competencies are transferable to one's daily practice in a wide range of clinical pathologies. More information on these sessions can be found in the preliminary program and on our website.

As always, our carefully trained and highly skilled, international group of faculty members will not only share their extensive knowledge and experiences with you but also make sure that you achieve the best learning experience possible for success in your daily practice.

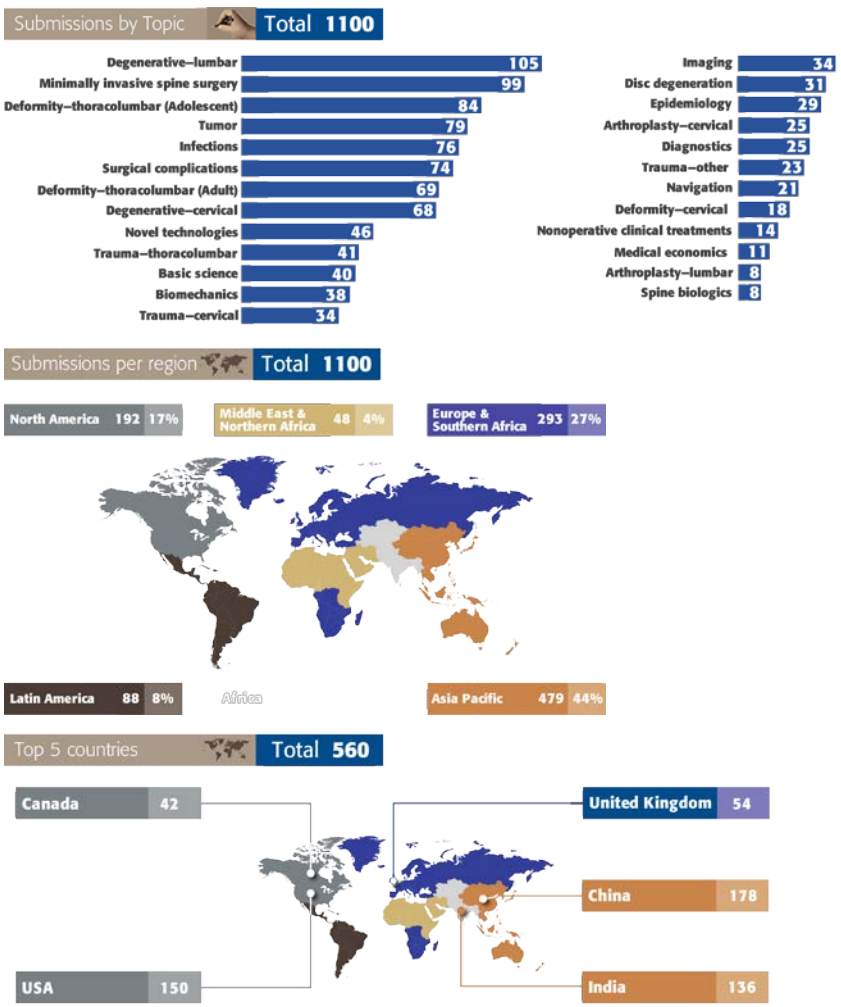
For more information on the registration process, please contact mschatz@aospine.org.

Global Spine Congress Singapore—record number of abstracts submitted and early bird discount for AOSpine Members

Join us at the 7th Annual Global Spine Congress (GSC), which will take place in Singapore from 2–5 May, 2018.

We are delighted to announce that the number of abstracts submitted for Global Spine Congress 2018 has once again exceeded our expectations. With 1100 abstracts submitted, more abstracts have been submitted to the Global Spine Congress 2018 than to any other spine event world-wide.
All accepted abstracts will be published in the special online issue of the Global Spine Journal, which will be published just before the Global Spine Congress.
The GSC will feature an exciting and unique scientific program with parallel sessions for three full days, covering a wide range of spine related topics.
AOSpine members receive a USD 150 discount on the registration fee.

We look forward to welcoming you in Singapore!
www.gsc2018.org



Global Spine Journal—Special Focus Issue published and more exciting news to come

The Editors-in-Chief of GSJ are pleased to announce the release of their newest special issue, "Clinical Practice Guidelines for the Management of Degenerative Cervical Myelopathy and Traumatic Spinal Cord Injury". This special issue was spearheaded by GSJ Deputy Editor and Chairperson of the AOSpine Knowledge Forum for Spinal Cord Injury, Michael Fehlings, MD. AOSpine North America and AOSpine International, in collaboration with the Cervical Spine Research Society and the American Association/Congress of Neurologic Surgeons, sought to develop clinical practice guidelines to outline how to best manage patients with tSCI and DCM and address existing areas of controversy.

Dr. Fehlings said: "Both traumatic and nontrauamtic spinal cord injury result in devastating functional impairments and reduced quality of life. The last 10 years have witnessed significant improvements in the management of these conditions due to improved knowledge surrounding injury mechanisms, disease pathophysiology and the impact of surgery. These guidelines distill, for the first time, existing evidence on these topics and aim to develop recommendations to outline how to manage patients with degenerative cervical myelopathy and traumatic spinal cord injury. We hope these guidelines will promote shared decision making among physicians, patients and their families, standardize care worldwide and encourage future research to address existing knowledge gaps."

This issue is available online here: journals.sagepub.com

GSJ had a very busy year which is now wrapping up. Seven issues have already been released, with the final issue coming out at the end of November. The first issue of 2018 will be released in late January. This has been the most successful year so far for GSJ, with a record number of submissions, citations and downloads and that is thanks to all of our amazing authors, reviewers, and readers. It is all of you who keep the journal thriving.

Due to a switch in publishers, this was also a year of transition and change, and we also want to thank everyone for their patience and understanding during the transitional period. We have had a great first year with SAGE Publishers so far, and they have worked tirelessly to copy-edit our articles and make sure everything ran as smoothly as possible during the transition period. GSJ and AOSpine are excited to continue this partnership with SAGE over the next 2 years. Now that the transition period has ended, we are confident that 2018 will run as smoothly as ever.

GSJ has also resumed our regular podcast series, with new podcasts coming out with each new issue.

You can listen to all of the podcasts here: journals.sagepub.com

We want to remind all AOSpine members that they can opt-in on their member profile to receive a free paper copy of every issue of GSJ. The Open Access fee of $1,500 for accepted articles is also waived for all accepted GSJ papers where at least one author is an AOSpine member!

All issues are available online to read here: journals.sagepub.com/home/gsj

A new virtual library for AOSpine Members (Spanish/Portuguese)

AOSpine Latin America is pleased to launch a virtual library as a Member Privilege.

The AOSpine Latin America virtual library (AOSpine Latin America Biblioteca Digital) is now available. The library was developed to facilitate the access to the digital content through an intuitive and mobile-friendly platform. AOSpine members will be able to exclusively access the most diverse materials in pdf or video format, divided by pathology.

The material already available corresponds to the content developed for the Continuing Education Program, which are articles written by the best spine experts. The content is available in Portuguese and Spanish. Moreover, the content is available for download and can be accessed by mobile phone or tablet. The library also has a Discussion Area, as an open tool for considerations.

According to Nestor Fiore, virtual library coordinator, the idea was to provide the materials used in the online activities for permanent consultation. The library has already more than 60 articles (topics) published and several videos, such as the recorded AOSpine Advanced Symposium Online—Trauma thoracolumbar, which took place on May 12, 2017, and 6 Webinars:

- Webinar AOSpine Latin America—Critical analysis of the medical literature, on Oct 18, 2016
- Webinar AOSpine Latin America—Thoracolumbar spine fractures, on Nov 22, 2016
- Advanced Webinar AOSpine—Minimally invasive lumbar spine surgery, on Mar 28, 2017
- Advanced Webinar AOSpine—Degenerative scoliosis (de novo), on May 9, 2017
- Advanced Webinar AOSpine—Tips and tricks for selecting information from literature relating to spinal problems, on Jul 11, 2017
- Advanced Webinar AOSpine—High cervical spine fractures, on Aug 29, 2017

More material will be available soon: until the end of the year, there will be more than 40 clinical cases on offer, which corresponds to the Advanced Online Courses and presents the discussion of a clinical case with AOSpine Faculty.

AOSpine Members can access the content online 24 hours a day simply by logging in to their membership profile on the AOSpine website and then choose the link „Virtual Learning Space.“ The content available was generated by AOSpine Faculty experts according to the AOSpine Curriculum.

Fiore highlights that the advantage of having a virtual library is the opportunity to have permanent access to material, which can be used as pre-event reading materials for different educational activities.

The library was launched on September 15 and has already more than 100 members subscribed.

Access now:
bibliotecaospine_2017.aospine.org

Educating globally—a quick guide for cross-cultural communication

Recognizing cultural peculiarities and acting accordingly is key to a successful international career. When teaching audiences from different parts of the world, getting to grips with cultural diversity can be very challenging, and much can go awry. While people of different cultures may share basic concepts, they might view them from different perspectives and angles, leading them to behave in a manner which we may consider irritating or even contradicting with what we hold dear.

But how can we get things done with colleagues who have different worldviews? Part of your success will depend on your ability to recognize barriers to effective intercultural communication, which include overcoming of language differences, the level of context, eye contact, and facial expressions.

If you're presenting to a homogenous foreign audience—meaning everyone is from the same cultural background—consider studying the local culture before your presentation to get to cultural norms and relevant local information.

Tips and tricks for teaching and lecturing across cultures:

1. Pace yourself appropriately - tailor your pace and progression to your audience's.
2. Be aware that different cultures have different preferences for receiving information. Local terminology and references will most likely not translate into another culture. Things you are very familiar with may not have any meaning to your audience.
3. Don't assume your audience can understand you. Be mindful of language barriers. If you're speaking in your native language, but your audience is listening to a foreign language, speak slower, use easy-to-understand language and avoid slang to increase comprehension. Always give your audience time to process information that may be new to them.
4. Be aware that words don't always translate perfectly from one language to the other. The same word in one language may have different meanings when translated into different languages.
5. Low-context cultures such as Germany, Switzerland and the United States expect verbal communication to be direct and explicit.
6. High-context cultures such as Japan and Brazil place more importance on nonverbal elements of communication, such as tone of voice and facial expressions, and expect less emphasis on words themselves. A "maybe" or even a "yes" may mean no. Especially in Japan, an outright „no" can seem rude and too blunt.
7. Modify your nonverbal communication. Be conscious of your hand gestures. Gesticulating doesn't always translate across cultures.
8. Be careful when selecting visuals. Also, colors can carry different symbolic meanings.
9. Be cautious in your use of humor
10. Maintain etiquette

Crossing borders
International Educator of the Year 2016
Juan Emmerich

Juan Emmerich gives about 100 lectures per year, many of them to an international audience. In this short interview, he shares insights about the challenges of teaching internationally, and why he believes that every young surgeon should become a member of AOSpine.

What do you most enjoy about educating people?
I believe in setting an example. Every time I teach I put a lot of time and passion into it and I try to encourage the students to be the best of their possibilities.

I am professing the first-year medical students. I most enjoy teaching young medical students because they truly believe that they can change the world, and you can see the passion in their eyes. All of this is a huge motivation for me.

With young surgeons, it's also essential what happens after the lecture, when they come and ask you for advice, such as where they can go for a fellowship, or for a meeting recommendation.

What do you teach mostly and how much of your time do you spend educating others?
I teach mostly spinal surgery and anatomy. I probably give around 100 lectures per year and spend one-third of my time on teaching activities. I spend around 70 days per year traveling outside of my work, and I go to 20–25 meetings a year for education and task forces.

You delivered a fascinating seminar about cross-cultural education at the Global Spine Congress. What is your recommendation for international educators?
Teaching in different cultural environments is always challenging. I recommend being humble, not only because it's polite but because the first day you believe that you are better than the others you make a huge mistake.

How is spine education changing in Latin America? Can you share your experiences?
We are traveling the world less to attend a lecture, but we do have to be in contact with people worldwide to learn from their skills.

Thus, to acquire new skills, the traditional lecture-based meetings are going to disappear, and we are moving to a more fluid, digital classroom where you receive all the necessary information in advance.

You celebrate ten years of AOSpine membership this year. What does being part of the organization mean to you?
I joined AOSpine in 2007 as a young faculty assistant at Universidad Nacional de La Plata in Argentina. It was an incredible experience for me because it was all brand new; I didn't have the background of AO Trauma that other people had so that was my first contact with the organization. After that, I was more involved year after year.

Why would you recommend young surgeons to become a member of AOSpine?
Especially for people from Latin America, the Middle East, and the Asia Pacific region, it is a unique opportunity to be part of a real worldwide organization and to change things by becoming the international champion of a task force or joining a regional or national board. I am 41 years old, and the average age of people on these programs is very young. Young people always look to make an impact, and this is a unique opportunity to do so at a national, regional and international level.

Success story: regional courses in Mexico

The courses brought together spinal surgeons from different countries of Latin America who shared their experiences and skills with a selected group of international and local Faculty through clinical cases, lectures, and discussions.

This year, our Regional Courses took place at the Hotel Hyatt Regency Polanco in Mexico City on June 22–24. With 224 participants enrolled and the hosting of renowned and outstanding Faculty members, it exceeded all educational and organizational expectations. According to Rui Nei Santana (BR), participant of the Advanced Module, "the AOSpine Latin America Regional Courses is an excellent event to attend. The main reason in my opinion is because it does not matter if you are a new or an experienced surgeon, you will change your behavior. There is always something to learn. You cannot go away without at least one new thing to learn to take better care of your patients".

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Rui Nei Santana (BR), participant of the Advanced Module

Chairpersons and Educational Advisors carefully planned the scientific program. Its innovative teaching methodology enabled a strong interaction among the participants. The courses available were a Research Seminar, a Principles Course designed for residents and young spine surgeons, as well as two Advanced Modules on Trauma and Degenerative/Deformities pathologies.

According to Pedro Bazán (AR), Educational Advisor of the Advanced Module on Trauma, "the excellent Regional Course balances very well all the academic, educational, also social activities. That is why it is good to come to these courses and I suggest you schedule the date of June 2018 to go to the Regional Course in Sao Paulo".

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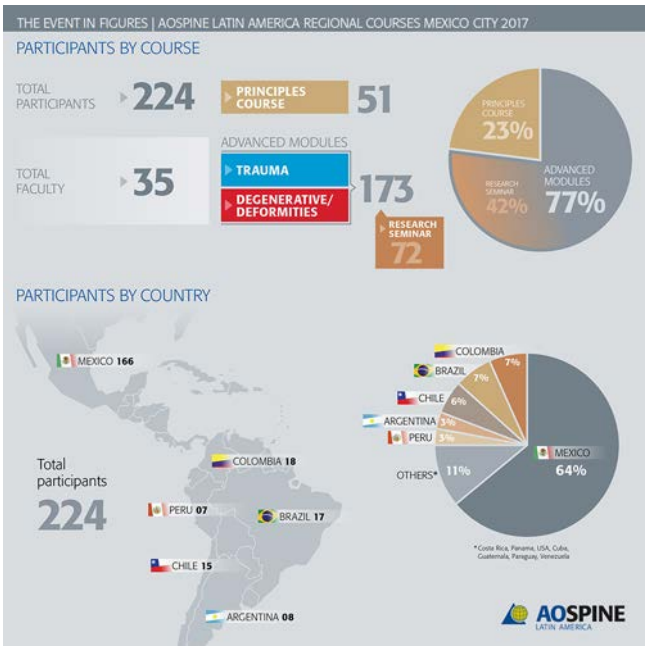
Pedro Bazán (AR), Educational Advisor of the Advanced Module on Trauma

The course brought together spinal surgeons from different countries of Latin America who shared their experiences and skills with a selected group of international and local Faculty through clinical cases, lectures, and discussions. The event was a great opportunity to update knowledge while sharing experiences and interact with world-class opinion leaders on spine surgery

such as Alexander Vaccaro (USA); Christopher Shaffrey (USA); Jean Ouellet (Canada); Jeffrey Wang (USA); Luiz Vialle (Brazil); Michael Fehlings (Canada); Richard Bransford (USA); Roger Härtl (USA), among others.

The course had 224 participants and 35 speakers. Among the participants, 23% participated in the principles course and 77% were in the advanced modules:

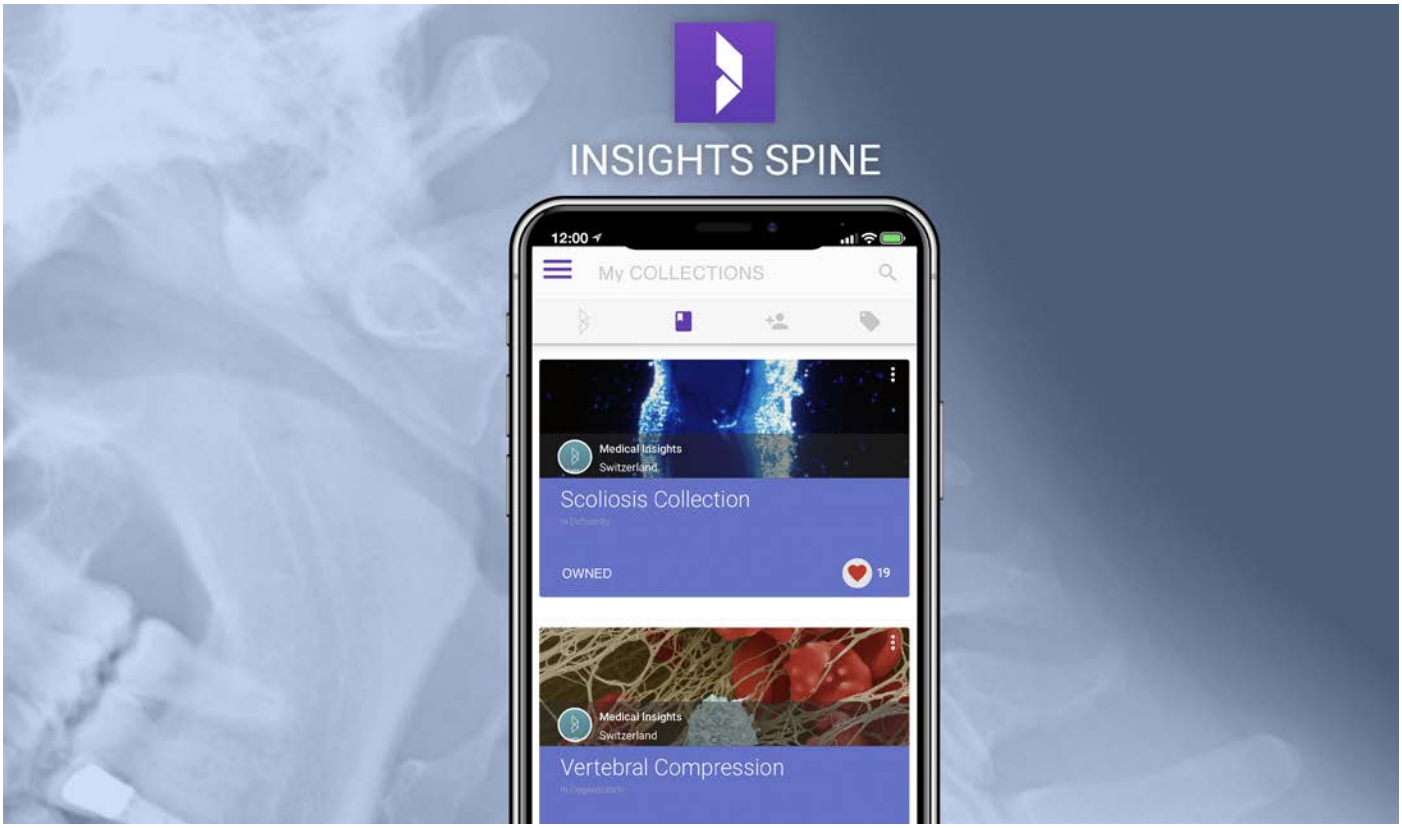


Livestream
On the last day of the event, we had the Plenary Session on the latest developments of each of the topics discussed during the regional courses, which was also livestreamed to several AOSpine members worldwide who were able to have live interaction. Both the local and remote audience participated in the discussion.

The local audience had more than 200 participants and the remote audience had 106 participants from 32 different countries:

Ex-fellows AOSpine Latin America meeting
The Regional Course Mexico City 2017 held a fraternal meeting of ex-fellows with the enthusiastic participation of approximately 30 participants. During the meeting, some presentations were made by Michael Fehlings, Luiz Vialle, and Barón Zárate who gave a presentation on the Fellowship Program of the Instituto Rehabilitación Ortopédica from Mexico City. Closing the meeting was an emotional tribute to Luiz Vialle who has led the Hospital Cajuru Fellowship Program since 2002.

CHECK OUT THE COMPLETE REPORT:
http://www.aosla.com.br/AO/AOSpine/Reports/Courses/RCMX2017.pdf



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Please note that all AOSpine Plus Members have full-text access

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AOSpine members opinion matter!

Alaa Ahmad, the AOSpine Member Representative, representing the voice of all AOSpine Members globally, wants your opinion.

Which of these classifications in management of thoracolumbar fracture do you use most often:

– 1 –
AOSpine Classification

– 2 –
Thoracolumbar injury classification and severity (TLICS) score

– 3 –
Long sharing classification

– 4 –
Denis classification

https://www.surveymonkey.com/r/X3M5JVV

The results will be published in the upcoming AOSpine newsletter.