

## *It Was... A Time For Brilliance*

### ***A look back at the SAS09 Global Symposium on Motion Preservation***



Preservation hosted in London was a great success. With rave reviews of the academic program, increase in number of papers presented (including oral posters and for the first time electronic posters), this conference keeps exceeding expectations. In a tough economic year, hosting this meeting in one of the world's most expensive cities was a challenge but when you look at these statistics you can see—our program must have been outstanding to attract such numbers:

- 1561 participants representing 56 countries
  - SAS09 -highest attended SAS Global Symposium held outside the US
  - 263 onsite registrations
  - 1 surgeon to 1.2 industry representative
  - Impressive agenda of diverse and dynamic topics and presenters
  - Addition of the World Café and Oral Poster Sessions
- (continued on page 2)

### **And The Winners Are....**

***Recipient of the 2009 Best Overall Paper:***

***TITLE:*** SF-36, Quality of Life Results: ProDisc-L versus Circumferential Fusion-Results from a Prospective, Multi-Center Randomized Clinical Study

***AUTHOR:*** J. Goldstein

***Recipient of the 2009 Best Clinical Paper:***

***TITLE:*** Results from the Prospective, Randomized Multi-Center IDE Trial of ProDisc-C vs. ACDF with 4-year Follow-Up and Continued Access Patients

***AUTHOR GROUP:*** R.B. Delamarter, D. Murrey, M. Janssen, J. Goldstein, J. Zigler, B. Tay, B. Darden

***Recipient of the 2009 Best Basic Science Paper:***

***TITLE:*** Coculture of adult mesenchymal stem cells and nucleus pulposus cells in bilaminar pellets for intervertebral disc regeneration

***AUTHOR GROUP:*** A. Allon, R. Schneider, J. Lotz

***Recipient of the 2009 Best Poster Award:***

***TITLE:*** Motion Track Variations in Alternative Wear Testing Protocols for Total Disc Replacements

***AUTHOR GROUP:*** C.M. Goreham-Voss, O. Dounie, R. Vicars, R.M. Hall, J. Fisher, T.D. Brown

**Congratulations to all!**

Click here to see SAS9 highlights  
[Click here for Members Only video presentations](#)

**SAS10 Website Opens September 1, 2009!**

## A Time for Brilliance *(Continued from p. 1)*



We would like to thank the Scientific Program Chairs:

- Frank Phillips, MD, Overall Program Chair
- Todd Albert, MD, Clinical Program Chair
- Avinash Patwardhan, PhD, Basic Science Program Chair
- Choll Kim, MD, PhD, MIS Program Chair

Under the direction of current SAS President Chun-Kun Park, MD, PhD their hard work and determination in developing a full program –which offered more abstracts and symposia than in the past—was extraordinary. With the addition of the highly reviewed World Café and the well attended Oral Poster sessions we added more CME earning opportunities and learning experiences. CME survey and SAS9 Oral presentation links can be found on our website. We would also like to acknowledge and thank our local host Manoj Krishna, FRCS, MCh(Ortho) for his insights into the best of London.

We would also like to congratulate our top award winners (see page 1 for details). Our goal is to continue to exceed expectations—the SAS10 will be outstanding!



### **SAS10**

April 27 – 30, 2010  
Morial Convention Center  
New Orleans, LA

Overall Program Chairs Todd Albert, MD, Rothman Institute and Jeff Goldstein, MD, NYU Hospital for Joint Diseases; Clinical Program Chair, Jeff Fischgrund, MD, Michigan Orthopaedic Institute; Basic Science: Biomechanics Program Chair, Antonio Valdevit, MSc, The Stevens Institute of Technology; Basic Science: Biologics Program Chair, Jeff C. Wang, MD, UCLA School of Medicine, UCLA Spine Center; MIS Chair: James Schwender, MD, Twin Cities Spine Center and Poster Chair, Avinash Patwardhan, PhD, Loyola University Medical Center will continue to meet and exceed expectations.

### **Important Dates:**

**Housing and Registration as well as Abstract Submission Site opening  
September 1, 2009**

[www.spinearthroplasty.org](http://www.spinearthroplasty.org)

**Call for Papers  
September 1 – October 22, 2009**

## SAS President Chun-Kun Park, M.D.



Chun-Kun Park, M.D. has become the new President of the Association. Dr. Chun-Kun Park is the Head of the Department of Neurosurgery and the Director of The Spine Center at Seoul St. Mary's Hospital, Seoul, Korea. Dr. Park is also a professor and Chairman of the Department of Neurosurgery for The Catholic University of Korea. "Professor Dr. Park brings such a wealth of knowledge and expertise to SAS," said Kristy Radcliffe, Executive Director of SAS. "We are honored to have his leadership as our organization continues to grow in size, identity and global scope."

In addition to being President of SAS, Dr. Park is a member of several professional and academic societies including the Korean Medical Association, the Korean Neurosurgical Society, the International Society of Cerebral Blood Flow and Metabolism and the Neurotrauma Society of U.S.A. and is also a Board Member in Korean Society of Spinal Neurosurgery and the Korean Society of Minimal Invasive Spinal Surgery. He is a member of the Editorial Boards of World Spine Journal and the SAS Journal and a member of the Council of AOSpine Korea and the Spine Committee of World Federation of Neurological Surgery. He has been honored with numerous awards including the 2008 Academic Award of the Korean Neurosurgical Society.

## New SAS Logo



As the SAS moves to encompass all spine care professionals you have seen the name morphing into SAS-*The International Society for the Advancement of Spine Surgery (including motion preservation, innovative technologies and biologics and MIS procedures)* for surgeons,

scientists, developers and practitioners. The SAS Board of Directors has reviewed the goals and mission statement of the society and feel it is the appropriate time to expand our focus. The result-- an expanded view and new logo. You have seen us gradually morphing from the Spine Arthroplasty Society to the SAS -The International Society for the Advancement of Spine Surgery. Motion Preservation will always be the founding principal of our society, however it has become apparent it is time for a change. The new logo and expanded name of the society will open new doors for membership, academic offerings which will benefit our members and ultimately your patients.

The SAS is the international leader in spine care education and innovation. Our society unites spine surgeons, scientists, inventors and others from around the world to work toward the common goal of advancing spine care—and retaining motion preservation. To achieve this, we focus on the international exchange of scientific knowledge, particularly in the areas of design, discovery, regulatory expertise, clinical research and manufacturing. We facilitate this exchange of knowledge and establish our Society as the voice of spine care throughout our forward- thinking SASJournal and world-class international conferences.

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## A Message from SAS President- Chun-Kun Park, MD, PhD : The Change of SAS Logo and Title

As you have read in past correspondence from the SAS, the Board determined that a change was needed, although Spine Arthroplasty will always remain the foundation that the SAS was built on, it was time to expand our membership focus. Please, let me explain.

### **'International':**

The SAS has always been an international organization, but now the reality does agree with the name for all to see and understand.

### **'Advancement':**

It must be hard to define 'advancement' without consideration of 'innovation'.

'Innovation' seems to be like a high-wire acrobat activity, in which the wire is connected between the science and the industries from a practical point of view, because scientists' creative and innovative activities and efforts cannot be rewarded without concern and investment of the industry. However, SAS needs to keep the balance on the high-wire not to fall down.

When the balance gets broken, some situations viewed with apprehension can occur as listed as follows:

- 1) Too much intimacy with the industry
- 2) Less weighing on the evidence based medicine
- 3) Estrangement between innovative and conservative spine surgeries; becoming an extremism of innovation
- 4) Spine arthroplasty is not the principal subject anymore
- 5) The need for growth and learning from all our members around the world for the betterment of our patients

To continue in our goals and to achieve what the vision of the Board of Directors the SAS must get rid of potential misunderstandings through any possible measures.

1) The Industry Relations Committee may play a key role in keeping safe and proper distance from the industry. We will look to them for insights and to share information, however they cannot be the determining force.

2) Rigid scientifically derived evidence is still strongly demanded in SAS, but the platform will remain open to innovative technology with potential as long as it has sound scientific basis and credible clinical background. The Program Committee will continue to play a role in inviting relevant papers according to SAS' policy. And SASJournal will provide the scientists of innovative and advanced technology with a platform to present their preliminary results. **(continued on page 5)**

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## A Message from SAS President- Chun-Kun Park, MD, PhD : The Change of SAS Logo and Title

(continued from page 5)

3) SAS has never failed to recognize conservative spine surgery and its technology as a gold standard; however SAS does not want to stay where it is. SAS is trying to keep with rapidly developing aspects of spine surgical care. SAS stands on the basis of conservative spine surgical technology, though it keeps seeking for and gazing at innovative technology and is always about to move to the other side as soon as the innovative technology wins scientific recognition; neither conservatism nor extremism.

4) Spine arthroplasty is not the main subject of SAS anymore, but motion preservation technology of spine surgery including artificial discs is still the mainstay of SAS; perhaps because most of the advancements in spine surgery are fairly related with motion preservation concept.

5) And of the most importance the SAS will always support the surgeon—that is our main focus and consideration in all we do. We will educate and work for the advancement of spine care—for the surgeon to care for patients.

### **'Surgical Society':**

SAS has been a surgical society since it was founded 9 years ago, and will be a surgical society as long as it is in existence. A surgical spine society, which dealt with the subject only related to surgical techniques and its technology, had been sincerely claimed by spine surgeons' community, and founding of SAS as a surgical society might be a sort of accomplishment of its will. However, SAS has never deserted to emphasize the importance of multidisciplinary approach to spine care. In fact SAS consists of not only spine surgeons but also other scientists involved in spine care and spine surgery technology, and in SAS there are a lot of these scientists presenting their works and participating in the decision of the society's policy as an active member and as members of the committees.

In conclusion, on the occasion of introduction of new SAS logo and title and the 10th Anniversary coming soon, the new identity of SAS should be determinedly settled and the misunderstanding of SAS should be wiped out.

### **APSAS2010 Call for Papers**

#### **APSAS2010**

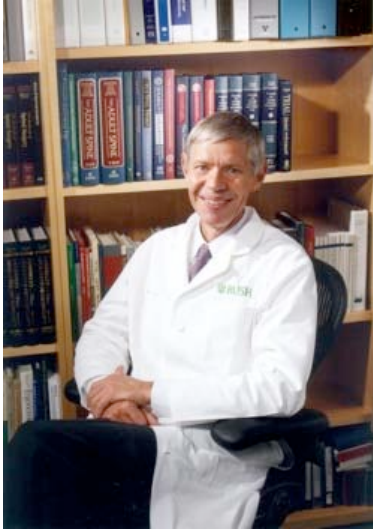
January 15-17, 2010  
Sheraton Resort  
Sanya, Hainan Island, China

#### **Call for Papers**

July 1-September 15, 2009

### **AMA Update**

The SAS has been advised that we have cleared the first hurdle into admission to the AMA (American Medical Association) Specialty and Service Society (a precursor to the House of Delegates.) We would like to thank the US based surgeons for providing us with the necessary information required to fulfill this objective. With your support we will continue to grow and expand our influence in the spine care community.



## New SAS Board Member Dr. Gunnar B. J. Andersson, M.D., Ph.D

Dr. Gunnar B. J. Andersson is the The Ronald L. DeWald, M.D. Professor and Chairman Emeritus of the Department of Orthopedic Surgery at Rush University Medical Center, Chicago, Illinois. Dr. Andersson was Chairman of the Department of Orthopedic Surgery from 1994 to 2008. During his tenure as Chairman he has also been the President of the Medical Staff, the Vice Dean for Surgical Sciences and Services and the Senior Vice President of Medical Affairs each for two year periods. Dr. Andersson received his M.D. from the University of Göteborg, Sweden, did his residency at Sahlgren University Hospital and also obtained a Ph.D. in medical science at the University of Göteborg in 1974. After a fellowship at the London Hospital he joined the faculty at the University of Göteborg for ten years. In 1985 he moved to the

United States and Rush University Medical Center. His clinical area of interest is spine while his research interests are disc degeneration, epidemiology and occupational biomechanics. He is currently funded by the National Institutes of Health for a Program Project on Disc Degeneration. Dr. Andersson is a past President of the Orthopaedic Research Society, the International Society for the Study of the Lumbar Spine and the American Academy of Disability Evaluating Physicians. He has been a council member of the National Institutes of Arthritis and Musculoskeletal and Skin Diseases at NIH, Chairman of the Research Committee at the American Academy of Orthopaedic Surgeons and a member of three Institute of Medicine committees. He is a member of 15 Editorial Boards, a Deputy Editor for Spine, Editor-in-Chief of Contemporary Spine Surgery and an Associate Editor of Clinical Biomechanics. He is the author of over 260 original publications, over 160 books and book chapters and over 440 abstracts.

## ACCME Accreditation Update



We have just completed the initial step of becoming accredited with the ACCME and finalized development of a timeline for ensuring all-important deadlines are met. We are now waiting to hear back from ACCME as to whether our initial application was accepted and if we can move to the next step.

Meanwhile, the Education Department is working with Chairman of the CME Committee Rolando Garcia, M.D. and Committee member Fred H.

Geisler, MD, PhD and is in the process of developing protocols, policies and documents as well as gathering past program records, evaluations, and other necessary conference materials. These will then be reviewed and approved by the ACCME committee before continuing onto the next stage of becoming accredited. The entire process takes an estimated 8-10 months as ACCME staff needs to review, and process all submitted materials from SAS. If approved, we hope to schedule the ACCME survey team to travel and analyze the SAS10 meeting in New Orleans, LA. Following this approval stage, they will then conduct onsite interviews in our office. Our hope is for full ACCME accreditation to be in place for the spring 2011 conference.

## Comprehensive US Health Care Reform—Deliberations Ongoing

Things are heating up in Washington, DC, USA – literally and figuratively – as the US Congress and President Obama 's Administration rush to complete their work on comprehensive health system reform. The general consensus is that Congress must approve a reform package in calendar year 2009, lest it become overwhelmed by US Congressional electoral politics and lost in a sea of other pressing issues.

As the SAS goes to print, many competing reform proposals and amendments continue to be debated in Congress, and the greatest point of contention is the massive cost of a reform package – estimated to be north of \$1 trillion over ten years – and the realization that no consensus exists on how to pay for such reform. The following is a summary of those provisions that are likely to be included in any reform package, based on the priorities of the White House and Members of Congress leading the reform effort:

Expansion of coverage through increasing Medicaid eligibility, as well as insurance buying cooperatives, and employer and individual mandates

Payment reform – shifting of provider reimbursement from specialty care to primary care, E&M codes, etc., and greater emphasis on the patient-centered medical home model

A government-sanctioned public health plan to compete with private, commercial payer plans

New revenues through tax surcharges on wealthy Americans on fines on businesses that do not provide coverage to employees

Cost containment through comparative effectiveness research, gain-sharing, and greater utilization management of high-volume and/or high-cost diagnostic tools, therapies and procedures

CMS' bundling of payments to hospitals and surgeons for in-patient procedures (which might affect the relationship between hospitals and surgeons)

CMS' and AMA's efforts to bundle commonly billed codes, which will likely effect fusion and arthroplasty reimbursements

Prohibition on any new physician-owned hospitals and on new physician referral of patients to any hospital in which the physician has an ownership stake

Expanding the authority of the Medicare Payment Advisory Commission (MedPAC) to provide coverage and reimbursement guidance to CMS for drugs, devices, procedures and therapies.

Items that do not appear to be priorities in this year's comprehensive reform efforts include drug importation, medical liability reform, or a repeal of Medicare's noninterference clause (which would allow CMS to negotiate directly with the drug and device industry for best-price purchasing).

A deal struck recently between the hospital industry and the Obama administration proposes to cut \$155 billion in hospital expenditures over ten years, which, some experts warn, will threaten utilization of newer and innovative orthopaedic medical device procedures. The concern is that hospitals reimbursed by government-run health plans (for the total cost of the procedure and the device) would likely put undue pressures on providers to minimize usage of the latest technologies.

A similar accord between the pharmaceutical industry and the Obama Administration proposes to save the government up to \$80 billion over ten years, through the industry's provision of up to 50 percent of the cost of branded drugs for those patients in the so-called Medicare donut hole. At press time, it is unclear if a similar deal is in the works between the President and the device industry. It is also unclear whether either of these handshake agreements will make their way into the final versions of health care reform, or if Congressional leaders will enact savings through other methods.

Please stay tuned to the SAS website for updates on the status of the US health system reform as well as an interesting SAS10 Presidential Speaker line up that will add insight into this topic.

## SAS History Project

In honor of the 10th anniversary of the SAS, Patti Minglin, a writer who has helped us with other projects and her team are working with Kristy Radcliffe to put the history of the SAS in writing. Patti is currently conducting email and phone interviews with Past Presidents, Board Members and other SAS members and staff with the intent of having the history completed by the end of 2009. Should you have any questions or information to share, please do not hesitate to contact Patti ([pminglin@comcast.net](mailto:pminglin@comcast.net)) or Kristy (<mailto:kristy@spinearthroplasty.org>)

## SAS Journal

SAS and Elsevier have teamed up to begin a new chapter in the history of the *SAS Journal*. Thanks to the hard work of RRY Publishing, the Journal is now ready to partner with the group that brings you such household names in medical literature as *Gray's Anatomy* and *The Lancet*. This represents an enormous vote of confidence in the Journal by arguably the greatest name in scholarly publishing. We at SAS look forward to working with Elsevier on this project for many years to come.

Among the changes you'll soon see as a reader of the Journal are a new website at <http://sasjournal.com> and a new design for the Journal's online and print versions. As an author submitting articles, you'll find a new, more intuitive manuscript submission system.

Elsevier is also working with the Journal in regard to Medline indexing. The application process has been started, and once the Journal is included in the index, each manuscript in every issue will be retroactively included as well. This encouraging news should be of particular interest to potential authors.

The *SAS Journal* is growing into a new phase in its development into a world-class journal partnered with a world-class publisher. To learn more about submitting to the *SAS Journal*, you can go to <http://sasjournal.com/content/submissions> or contact Managing Editor Jonny Dover at [jonny@sasjournal.com](mailto:jonny@sasjournal.com). We're looking forward to the new Journal, and we hope you'll be part of it.



### Publications Committee:

Chair: Jeffrey Goldstein, MD  
Members: Chris Bono, MD  
Federico Girardi, MD  
James Yue, MD  
Choll Kim, MD, PhD  
Jean-Charles LeHuec, MD, PhD  
Staff: Kristy Radcliffe  
Patti Minglin

# Thank you to our SAS9 Partners!

## SAS9 PARTNERS

# SAS09



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## PARTNERSHIP CONTRIBUTIONS

The SAS would like to thank the following partners for their generous contributions:

Orthofix Spine/Blackstone - Meeting Bags  
 Globus Medical - Lanyards  
 Elliquence - Coffee Breaks

Stryker - LDR walkway Banners, Eatery panels and tabletops  
 Nuvasive - LDR walkway Banner  
 Medtronic - West Entry Podium Pennants

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