

### Issue No. 104



SICOT NEWS

SICOT By region SICOT CONGRESS NEWS

SICOT EDUCATION SICOT EVENTS

SICOT RESEARCH COMMITTEE NEWS

SICOT PUBLICATIONS



# TABLE OF CONTENTS

Editorial	5
SICOT Board of Sub-Specialties (BOSS)	
SICOT News	6
SICOT Roundabout	
SICOT Congress News	8
SICOT Orthopaedic World Congress 2022: Welcome to Kuala Lumpur, Malaysia!	
SICOT Events	10
Limited Resources do not Mean Under-Perfection	
News from the Head Office	13
New Appointments	
Committee News	14
Paediatric Subspecialty Committee	
SICOT by Region	17
South African SICOT Activities	
SICOT Education	19
The Next Chapter	
Virtual Education is Here to Stay!	
SICOT Research	23
The Research Series 2021/22	
SICOT Publications	24
Writing for SICOT-J	
Call for Applications	
Knowledge Hub	28
Knowledge Exercises – Multiple Choice Questions: Giant Cell Tumours of Bones	
Editorial Team	32



# **EDITORIAL**



# **ASHOK JOHARI (INDIA)**SICOT President

### **SICOT Board of Sub-Specialties (BOSS)**

The future of orthopaedics lies with the subspecialties. A Board of Sub-Specialties (BOSS) for SICOT was proposed by me on taking over as the President of SICOT in October 2020. This was a part of the Presidential Vision for SICOT. Subspecialties should be a thrust area for SICOT and one in which SICOT should excel. SICOT subspecialties should be represented by the best international specialty experts. That would be the SICOT of the future! The Board of Sub-Specialties will represent all subspecialties and the best of SICOT specialty education and training. It will influence the minds of young orthopaedic surgeons who need a direction into the subspecialties whilst still catering to the needs of a well-grounded general orthopaedic surgeon. SICOT subspecialties will be global and not regional.

Finally, after a deliberation which extended over one year, BOSS was passed by the Executive Committee in its meeting on 15 November 2021. All subspecialty committees would fall under BOSS and report to the President Elect as the designated head of BOSS. BOSS would liaise with all academies and councils of SICOT.

### Why BOSS?

Advantages of having the specialties together include:

- 1. Coordinated efforts of having a specialty curriculum
- 2. Educational efforts of a similar nature and direction
- 3. Development of training programmes, fellowships, courses and discussion groups
- 4. Hosting of specialty meetings and conferences in different parts of the world
- 5. Empower higher training and certification in the subspecialties

BOSS, through its head, Philippe Hernigou, the SICOT President Elect, would be responsible for:

- 1. Coordinating all the subspecialties
- 2. Development of subspecialty curriculum
- 3. Subspecialty educational programmes, courses, cadaveric courses and discussion groups
- 4. Subspecialty meetings and conferences
- 5. Training programmes and fellowships
- 6. Certification
- 7. Subspecialty content of SICOT Diploma Exams or higher specialised exams
- 8. Higher subspecialty exam to recognise training and knowledge assessment and certification in each subspecialty

I am sure that we have initiated something which will have far reaching consequences in the years to come, not only for SICOT but for the great numbers of SICOT members who are interested in gaining knowledge and expertise in the subspecialities that SICOT caters to.

# SICOT NEWS



# **ASHOK JOHARI (INDIA)**SICOT President

### **SICOT Roundabout**

### **SICOT International Fund**

SICOT has a new fund called the SICOT International Fund. This fund will work independently for SICOT and has been established under the King Baudouin Foundation (KBF), a huge foundation based in Brussels, Belgium. The SICOT International Fund will be able to receive donations from any part of the world and use it for the benefit of SICOT. A taskforce comprising of René Verdonk, Maurice Hinsenkamp and Frederic Schuind was charged with the creation of this fund. An agreement was signed by me with the KBF officials to get this started on 10 September 2021.

### ESCEO / IOF / SICOT Memorandum of Understanding

The International Osteoporosis Foundation coupled with the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases signed a Memorandum of Understanding (MoU) with SICOT for collaboration and exchange of speakers for their respective congresses and for educational activities with SICOT PIONEER. This MoU will now extend up to 2025.

### **SICOT Limb Reconstruction Specialty Committee**

A SICOT subspecialty committee was established for limb reconstruction. This was an important priority for SICOT. The specialty was a much needed specialty especially in the developing countries as patients present late with sequelae. Hemant Sharma holds charge of this committee with committee members from different parts of the world. The Limb Reconstruction Specialty Committee organised a webinar on Limb Reconstruction in a Resource Limited Environment. Proceedings of this webinar have been accepted for publication in a future issue of SICOT-J. At the SICOT Budapest Orthopaedic World Congress (OWC), a plenary lecture was delivered by Prof Kevin Tetsworth from Australia, a limb reconstruction specialist.

### **SICOT Orthopaedic Rehabilitation Specialty Committee**

The Executive Committee of SICOT approved the creation of an Orthopaedic Rehabilitation Specialty Committee considering the huge demand for rehabilitation services all over the world. The positions on this committee will be advertised via a RFA shortly. The Orthopaedic Rehabilitation Specialty Committee will open up new avenues of collaboration between orthopaedic surgeons, allied specialists, researchers and international organisations like ISPO, WFNR and WHO.

### **International Congresses**

At the invitation of the Japanese Orthopaedic Association extended to SICOT, I participated in its Congress in virtual mode with a guest lecture. SICOT was invited to organise a session for the DKOU (German Orthopaedic Congress). A case discussion session on Challenges of Musculoskeletal Infections was organised and much appreciated. The Australian Orthopaedic Association had an APOA symposium on Virtual Orthopaedic Education, Training and Examinations and I spoke on Virtual Education Experiences in SICOT. The article on the same topic in this newsletter is based on that talk, supplemented by more inputs from different sources. SICOT was also invited to the APOA Annual Meeting, the British Indian Orthopaedic Society Annual Meeting and to the recently concluded Indian Orthopaedic Association Annual Conference. SICOT was represented at all these meetings by me with multiple lectures.

### The Prof Khaled Emara Travel Award

Khaled Emara has offered a travel award for young surgeons to travel to the SICOT OWC. This will be an annual award to two young members of SICOT, less than 40 years of age, for a decade. The award carries a financial commitment of USD 10,000. The SICOT Executive Committee has accepted this award which will be advertised from the Kuala Lumpur OWC onwards.

### Thami Benzakour - Distinguished Member of SICOT

In view of his dedicated service to SICOT, Thami Benzakour was elected as a Distinguished Member of SICOT by the Board of Directors and this was subsequently passed by the International Council and the General Assembly. Dr Benzakour has been a SICOT member since 1985 and has served on the SICOT Executive Committee in various roles. He has made huge contributions to furthering SICOT presence all over the world. The Distinguished Member recognition will be presented to Dr Benzakour at the Opening Ceremony in Kuala Lumpur during the 2022 Orthopaedic World Congress.





# SICOT CONGRESS NEWS



**SURESHAN SIVANANTHAN (MALAYSIA)** SICOT Congress President 2022

# SICOT Orthopaedic World Congress 2022: Welcome to Kuala Lumpur, Malaysia!

On behalf of SICOT it is my great pleasure and honour to invite your participation at the 42nd SICOT Orthopaedic World Congress (OWC) which will be held in Kuala Lumpur, Malaysia, from 28 to 30 September 2022. The journey to Malaysia started in Rome, continued in Montreal and was finally agreed upon in Muscat. Kuala Lumpur or "KL" is a dynamic city which has events and entertainment to suit all tastes from nightlife to culture to white sandy beaches only a short drive or flight away. Also, the Malaysian population is 80% vaccinated at the time of this writing.

With the pandemic behind us and surgeons eager to travel, learn and participate in workshops we expect no less than 2,000 delegates at this Congress. The Scientific Committee has prepared a range of exciting and educational topics which will cater to both junior and senior surgeons as well as allied health professionals. We will work closely with industry to organise workshops, instructional course lectures and surgical training which will attract the hands-on participation of many surgeons from around the globe. SICOT has always attracted orthopaedic surgeons and allied health professionals from all over the world and 2022 promises to be an even better year as travel opens up and people get back to in-person conferences and meetings. You will be able to share your latest experiences and exchange ideas. At the same time, you can meet old friends and make new ones. You will have an exceptional opportunity to learn from world renowned experts, strengthen your skills with our Instructional Course Lectures, find new and innovative evidence-based treatments for your patients and engage with industry at the highest levels. In addition, KL is a relaxed and multicultural city, which is an ideal environment to think, learn and enjoy. The location of the OWC will be at the KL Convention Centre which is right next to the iconic "Twin Towers" and walking distance to the Grand Hyatt, Traders, Mandarin Oriental and Four Seasons KL. Take your pick of these and other wonderful and classic hotels nearby.

Our local organising committee will be working hand in hand with SICOT and Malaysian orthopaedic surgeons to bring together a fantastic scientific programme, an amazing social programme and wonderful industry events which will ensure that your participation is well worth your time and effort. See you in Kuala Lumpur in September 2022!















# **SICOT EVENTS**



MOHAMED ABDELAAL HUSSEIN (EGYPT) SICOT Education Academy Member

### Limited Resources... do not Mean Under-Perfection

Over many years, SICOT and the Egyptian Orthopaedic Association have maintained good relations and continuous cooperation. This collaboration always aimed to promote the exchange of experiences and improve the practice of orthopaedic surgeons. In continuation of that cooperation, a symposium under the title of "Limited resources do not mean under-perfection" was organised during the 73rd annual conference held by the Egyptian Orthopaedic Association which is attended by almost 2,000 participants yearly.

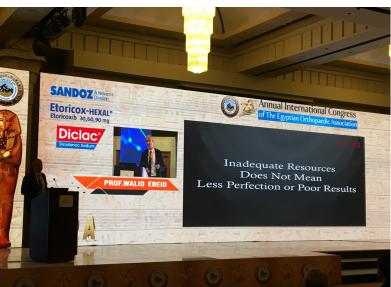
This was done with the approval and support of the President of the EOA, Prof Gamal Hosny, the SICOT Vice-President of Africa, Near and Middle East (from Egypt), Prof Essam El Sherif, and with the cooperation of Dr Gowreeson Thevendran, SICOT Education Academy Chair, who made every effort for the event to come to light.

"The limited resources environment actually refers to developing countries. According to The International Monetary Fund (IMF), there are 152 developing countries out of 193 countries. These 152 countries are have more than 6.6 billion inhabitants; representing 85% of the world's population, so when talking about the limited resources environment, now we talk about the majority not the exception. In this sense, it should be given more importance and space for discussion than it currently does." These were the opening words of our symposium and the reason behind choosing this topic followed by the implementation of that philosophy in different orthopaedic subspecialties.



Limited resources environment













It began with Prof Essam El Sherif who illustrated through a number of cases how to use inexpensive/affordable implants and get excellent results in the treatment of different injuries and fractures by following the basics of proper internal fixation.

Prof Hesham El Kady then presented different methods of anterior cruciate ligament reconstruction at no high cost. He reviewed different modalities of fixation with different costs and with almost similar results.

With regards to limited resources in limb reconstruction, Prof Gamal Hosny who has a broad experience in that field reviewed how to get excellent results using a circular external fixator (Ilizarov) without the need for expensive computerised external fixators and illustrated the complications of limb lengthening by circular external fixator and the newly high-cost intramedullary nail.

In the era of arthroplasty, Prof Timour El-Husseini showed the results of different types and generations of hip arthroplasty considering the cost and its relation to the quality.

Prof Walid Ebeid spoke about how equally and crucially important the investment in the human element is with the investment in development in implants as well. Prof Ebeid reviewed many different cases on how to treat different tumour cases from the perspective of serving the patient's needs without using expensive implants, stressing again that investing in the human component in terms of education and training is what makes the difference.

The last lecture was by Dr Ahmed Ekram who presented many foot and ankle procedures including ankle arthrodesis with screws and lateral column lengthening without the interposition plating or titanium wedge.

At the end of our symposium it became obvious that limited resources are no longer the exception or even related to developing countries only, but also to every corner of Earth and we should move to the concept of cost effectiveness which is important day after day in economies of the great countries and small states as well, especially after what the world economy has been through lately. Therefore, working more on the cost effectiveness analysis of all subspecialties of orthopaedic surgery should be considered.



# NEWS FROM THE HEAD OFFICE

### **New Appointments**

### National Representatives

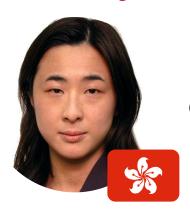


Kilian Rueckl (Germany)



Karin Schara (Slovenia)

### **Scientific Programme Committee Chair**



Margaret Fok (Hong Kong)



# Goodbye

Rebecca White from the Head Office will sadly be leaving SICOT at the end of January 2022 to pursue new opportunities. Rebecca has been instrumental in helping create the scientific programmes for the SICOT Congresses since 2018 and has played an important part in making SICOT PIONEER the success that it is today. We wish her all the best for the future and we will miss her greatly!

# **COMMITTEE NEWS**



MIHIR THACKER (UNITED STATES)
SICOT Paediatric Subspecialty Committee Chair

### **Paediatric Subspecialty Committee**

The Paediatric Subspecialty Committee at SICOT is coming up to its 10th anniversary in 2022. The Committee was founded under the leadership of the dynamic Brazilian, Dr Patricia Fucs. She was one of the founding members of the Brazilian Paediatric Orthopaedic Society and also the Latin American Paediatric Orthopaedic Society (SLAOTI). She then became a member of the International Federation of Paediatric Orthopaedic Societies (IFPOS), which became the paediatric arm of SICOT. In 2012, the Paediatric Subspecialty Committee was formed under her able leadership. She continued in the role of Chair of the Committee until last year and ran this Committee with dedication for 8 years (2012-2020). Dr William Mackenzie originally from Canada and then the United States became the Vice-Chair in 2015 and continued in this position for 4 years (2015-2019). The role of Vice-Chair was transitioned to me from the Nemours-Alfred I duPont Hospital for Children, United States, in 2019 and I then succeeded Dr Fucs as Chair in late 2020.

Since 2020, the Paediatric Subspecialty Committee has continued to evolve and its structure became consistent with the other subspecialty committees with 2 members each from North America, South America, Europe, Africa, Near & Middle East, and Asia-Pacific. Dr Gamal Hosny from Egypt accepted the position of Vice-Chair this year and will be transitioning to being the Chair at the end of next year. We now have a good mix of experience and young blood bringing new energy to the committee activities. Some of our members will be transitioning off after finishing their terms and I thank them for all their help and efforts for SICOT. We will be introducing our new committee members in early 2022. The current members are pictured on page 15.

The Committee has been instrumental in creating and running the paediatric programme for the annual meetings. We, in collaboration with Dr Matthew Dobbs, run a Clubfoot Congress every other year. Also, since 2019 we have been coordinating with the International Hip Dysplasia Institute (and Dr Charles Price) to run a DDH symposium every other year. These two pathologies, clubfoot and DDH, are some of the most common congenital/developmental orthopaedic challenges that affect a large portion of children worldwide and are a major source of disability. The focus on these therefore is aimed at increased awareness, knowledge and collaboration across the globe to minimise the deleterious long-term consequences and sequelae of these common paediatric orthopaedic conditions. The Ponseti technique has improved the treatment of congenital clubfoot deformity and we therefore ran our first hands-on Ponseti course at the 2019 Annual Congress under the able leadership of Dr Matthew Dobbs.





**Paediatric Subspecialty Committee Vice-Chair:**Gamal Hosny

























Paediatric Subspecialty Committee Members: Darko Anticevic, Matthew Dobbs, Khaled El Adwar, Patricia Fucs, Rick Gardner, Tatiana Guerschman, James Hoi Po Hui, Joshua Hyman, Ashok Johari, Indranil Kushare, William G. Mackenzie, Marek Synder

In collaboration with the Awards Committee, as the Committee Chair, I have the distinct honour of selecting two presenters each year for the Henri Bensahel Prize and the Shanmuga Jayakumar Award. This year's winners were Dr G. Rotem from Israel and Dr Alaric Aroojis from India, respectively. The Committee also conducts two Paediatric Orthopaedic Symposia at the annual meeting each year. The topics for the 2021 hybrid meeting in Budapest were Developmental Dysplasia of the Hip - a Case-Based Discussion and Challenges in Paediatric Orthopaedics. These were extremely well received and created excellent discussion. We also were able to collaborate with our local hosts in Budapest, Dr Sandor Kiss and Dr Tamas Terebessy, and conduct an additional symposium on Paediatric Novelties in Deformity and Trauma Care.

As they say "Child is the father of man" and therefore reducing the burden of childhood disability worldwide will have far ranging improvements in the quality of life and productivity of the population in general and this remains the central goal for the Committee. We will continue to advance the knowledge of Paediatric Orthopaedics and improve the care of children worldwide via the webinar series organised by the Education Academy and SICOT PIONEER. We will also be working on collaborating with the Education Academy to create a knowledge base that would be available as a resource to members of SICOT. The Committee also plans to have a subspecialty day on 28 September 2022 in Kuala Lumpur, Malaysia. This will be an exciting, informative and interactive programme. Look forward to seeing you all there.

Wish you all a very happy and safe Holiday Season and New Year!



Alaric Aroojis receiving the Shanmuga S. Jayakumar Award from James Waddell, Secretary General, at the Closing Ceremony in Budapest

# SICOT BY REGION



# **THOMAS HILTON (SOUTH AFRICA)**SICOT National Representative of South Africa

### **South African SICOT Activities**



The year 2021 has been a tumultuous year for South Africa indeed. Political instability, the COVID pandemic, and an unsuccessful vaccination campaign have affected our health system considerably, much like the rest of the world. The post-COVID period has been challenging to orthopaedic surgeons due to long waiting lists of elective surgeries, trauma lists bending under the weight of too many emergencies and staff fatigue. Re-escalation has been challenging and just as this was gaining traction our 4th wave seems to have hit.

Despite this we have signed up a number of new members and continue to encourage new orthopods to join SICOT. Membership was advertised and encouraged at the South African Orthopaedic Annual Congress in September 2021. Our major contribution has been in the research realm with participation in the development of the SICOT Research Education curriculum. This is a promising programme starting in December 2021 and extending into February next year and is aimed at assisting young researchers develop tools to improve their research and publication success.

In between waves we were able to travel to Namibia on state sector outreach and ran a successful clinic and theatre list processing many sarcoma patients. We saw 20 patients in an afternoon and processed 10 theatre cases. I am thankful to my wonderful team (Figure 1). We are lucky enough to have Prof Henrik Bauer with us for two years. He is from the Karolinska Institute in Sweden and was integral in setting up the Scandinavian Sarcoma Registry. He is working in the Orthopaedic Sarcoma unit at Groote Schuur Hospital in Cape Town and assisting with the setup of the South African Sarcoma Registry which is a first for us.

Figure 1: The team that conducted the Sarcoma outreach programme in Namibia



As the National Representative I have attended a Zoom meeting with the other national representatives from the Africa region and the Middle East to choose our regional representative and to put in action a better communication strategy and to commit to building the Africa, Near & Middle East presence in SICOT.

I have also been involved in setting up a funded Sarcoma fellowship which is registered with the South African Orthopaedic Association. I have approached the SICOT Fellowship Committee for their decision. Dr Walid Mugla is the first fellow of this programme and has completed a 2-year fellowship at Groote Schuur and Red Cross Children's Hospital in Cape Town, South Africa. He plans to return to Libya in January 2022 and develop the Sarcoma service in Tripoli. We have been very lucky to have him with us.



Figure 2: Dr Walid Mugla, the first fellow of the Sarcoma Fellowship programme at Groote Schuur Hospital, Cape Town, South Africa



Figure 3: The sarcoma team - from left to right: Dr Walid Mugla, Sr Portia Julies, Dr Thomas Hilton

Our sarcoma units at Groote Schuur and Red Cross Children's Hospitals process many of the sarcoma patients in South Africa. We are a small but growing team and process bone and soft tissue sarcomas as well as complex primary arthroplasty and revision arthroplasty. We process approximately 150 cases per year, a number which is growing with improved access to theatre time and a firmer presence in the department.



Figure 5: Groote Schuur Hospital



Figure 4: Red Cross Children's Hospital

# SICOT EDUCATION



# **GOWREESON THEVENDRAN (SINGAPORE)**SICOT Education Academy Chair

### The Next Chapter

It has been an exhilarating experience serving as the SICOT Scientific Programme Chair for the last two years; despite the challenges that the COVID-19 pandemic has brought to running the scientific programme. With these challenges have come lessons which I hope I can carry forward into my new role as SICOT Education Academy Chair.

The <u>SICOT Programme of Innovative Orthopaedic Networking, e-Learning, Education & Research (PIONEER)</u> became the backbone to the Education Academy's educational offering to the membership in 2020. Even in 2021, when the Orthopaedic World Congress was able to take place in-person in Budapest, this offering has remained consistent. SICOT's mission is to provide global orthopaedic education to improve patient care around the world; online and on-demand teaching gives us the chance to reach this goal more so than ever before. This will be my focus as Education Academy Chair.

Integral to this objective is the learning management system (LMS) which we have been developing since early in 2021. The LMS will allow us to offer a much more sophisticated set of online learning and teaching tools, including accredited activities, for SICOT members. It will put us up there with the movers and shakers, with the most cutting-edge medical societies and education providers. As Education Academy Chair, I will continue to lead this effort along with a hand-picked taskforce and software developers Stratagile, making sure that the platform is the best it can be. We are done with evolving and have started revolting with disruptive thinking in orthopaedic education!

My secondary goal in my term as Chair will be to further develop and integrate the different arms of the PIONEER project into the Society. By cementing these components of virtual education into the fabric of the organisation I believe we will not only be future-proofing the society but will be building a 21st century orthopaedic community that will have the strength and resilience to remain a cornerstone in the field of orthopaedics and traumatology, as it has always been.

If you would like to be involved in PIONEER, have ideas for the LMS or have any questions, please do get in touch with me via the Head Office. In the meantime, I wish my successor as Programme Chair, Margaret Fok, good luck and best wishes in her new role!





# **ASHOK JOHARI (INDIA)**SICOT President

### **Virtual Education is Here to Stay!**

SICOT's efforts for 'Virtual Education' started much before the pandemic hit everyone unawares. The pandemic so to say brought digital education to the fore because of a paucity of alternatives! I have tried to capture the history of virtual education programmes within SICOT.

### **SICOT Telediagnostic**

The need for education via Case Discussions and expert opinion was felt long ago. Thus started the SICOT Telediagnostic Project in 1999. It was conceived by Prof Maurice Hinsenkamp two years before this and work started at the Orthopaedic Research Laboratory at the University of Brussels. An e-network allowed files from a distant location to be transmitted via the internet to the centre in Brussels. After reviewing the files, they were sent to experts in the field who responded and their replies could be seen on the Telediagnostic web page. The programme utilised a free software customised to SICOT's need.

21 countries around the world were a part of this network and the centres ranged from Canada to Morocco and Kenya to India and China! Indeed, impressive for those times. The first Telediagnostic centre in 1999 was started in Casablanca, Morocco. The Telediagnostic project merged with the existing Education Centres starting with the Lahore Education Centre in June 2004 and the last merger with Assiut in February 2010.

### Internet2, California Orthopedic Research Network (CORN)

The theme of the 2002 XXII SICOT/SIROT World Congress in San Diego was 'Soaring with Science and Technology'. Prof Chadwick Smith was the Congress President and he asked Wayne H. Akeson and W. Edward Johansen to organise the session on Science and Technology. They organised a symposium on Internet application to Orthopaedic Surgery. Thus, was born the California Orthopaedic Research Network (CORN). Many orthopaedic centres from California joined in. In

Internet2

Ir W. Edward Johansen | Organiser of the California Orthopaedic Research Network

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Information technologists and oducators at research universities in the Wistern Heiningshore. The Global Forum on Road Traffic Trauma begain on 5 December 2005 and on the following day Dr Louis U. Bighari moderated a live telescate of two arthroscopic shoulder surgeries from the operating rooms at Columbia University to 16 cities on flour continents, including a conference room to Gano, as part of the Annual Meeting of the Egyptian Orthopander Annual Meeting of Dr Hattern Galla Side moderated

De Hatem Gald lade † ...] Hes immbroness surgires were being prefirmed, one an orthosopic institut off repior and the other on arthrosopic throatier loss holly repic. The session instet does have and the comecas interchanged between the operating rooms. [...] The quality of the video on duode transmission was very good, on so operative details were missed. This livid of the interaction brought smay benefit as very lifet cent to a large group of desctors. We look forward to many more sessions using the same technology to othere orthoposede education of around the world." Also on 6 December Prof Charles Sorbte, Chuir-

Additional information can be found at: http://health.internet2.edu/WorkingGroups/ OrthopaedicSurgeryhtml and http://www.firstmile.uelevents/conf/cor06/acced-

With the completion of the ten programmer, tenural CLAPA. COLIN Wheel Bank and SCOT healthcare programmes throughout List America to the CLAPA. The CLAPA October that year it was possible to have live surgery transmission from UCLA to other regions including Stanford. This was followed by videoconferencing, lectures and live surgery transmission to different parts of the world including India, China, Pakistan, Hong Kong, Brazil, Mexico, Chile, Egypt, Jordan and many African countries. Videoconferencing was done to SICOT Education Centres in Assiut, Dar es Salaam, Moscow, San Paulo and Lahore. Multiple regional networks were formed and educational activities continue to this day especially in the African network. CORN allies with SICOT for educational activities.

### **International Orthopaedics Journal**

The e-version of International Orthopaedics was accessible on Springer Link as early as 2003.

### **SIGNEL (SICOT Global Network for Electronic Learning)**

The proposal of having a digital learning platform was presented by Fatih Kucukdurmaz during the SICOT 2010 congress in Gothenburg, Sweden. He was asked to make a presentation about an e-learning platform in one of the Executive Committee meetings. In those times, the idea was to record selected congress sessions. Fatih proposed to invite experts to record their own videos and compose an archive of audiovisual presentations. Several recordings were done along with experts' video presentations until 2011. In 2011, as the Educational Day was launched at the SICOT Triennial World Congress in Prague, another source for archive emerged. Additionally, Fatih was assigned to the Young Surgeons Committee (YSC) Chair in 2011, and a 'SIGNEL Taskforce' was created within the YSC. That move triggered many young people to produce and collect video-presentations for SIGNEL. Therefore, in addition to SIGNEL's educational value, it was also good for SICOT as it attracted many young surgeons to the YSC. The popularity of the YSC was successfully increased.

Although the recordings were not very regularly and consistently done, an e-library was established within years. However, the recordings and their post-production works needed financial investment. Possibly, the perception for such an educational tool in those times was far different than now and SIGNEL did not receive enough investment, though it deserved more attention.

When SIGNEL was created, the idea of an e-learning tool was very new not only amongst orthopaedic surgeons but for the entire medical community. Fatih says "I am very proud of being a part or, to some extent, an initiator of SIGNEL. I appreciate the support of mainly Prof Jochen Eulert and all other Executive Committee members in building SIGNEL".

### The SICOT Ortho Excellence Programme (SICOT OEP)

The SICOT OEP was conceived by me as the Chair of the SICOT Education Committee. It was a programme of webinars initiated in 2012 and the programme ran until 2017. 33 international webinars with world leaders were held which became vastly popular. The OEP had its own web portal where those interested could register. An annual programme was made and webinars held as per the plan. Over 8,000 orthopaedic surgeons registered on the OEP website to watch live programmes or the archived webinars at their convenience. The programme brought tremendous popularity for SICOT as well as royalties from the sponsors. MCQ's on the webinars and slide booklets for all the webinars kept surgeons interested in the programme. Incentives such as free SICOT membership or free registration for the SICOT OWC were given to the top scorers of the programme. The surgical video webinars garnered huge viewership and based on the feedback obtained, the SICOT OEP had good reviews from over 90% of the viewers.

Technology at that time was not as advanced as it is today and the speakers and moderators had to be present in video conferencing studios for a live interaction and this required studios to be booked in multiple regions of the world depending on the location of the speakers. The SICOT OEP, however, gave a huge fillip to virtual education and interaction with speakers thousands of miles away from each other and from the audience!



### **SICOT PIONEER**

SICOT's most recent foray into virtual education has been the advent of SICOT PIONEER – Programme of Innovative Orthopaedic Networking, e-learning, Education and Research. This was born in 2020 amidst the disruption caused by COVID-19 and a complete shutdown of face-to-face meetings. Conceived as a comprehensive programme for Education, Training and Research, it has started with webinars and, as of 21 October 2021, 36 webinars have been done so far with 35,545 live views and 21,035 on-demand views covering 98 countries. Case discussions, paper presentations, polls and Tête-à-Têtes have been added to make the programme multifaceted. Many new partnerships with different orthopaedic organisations have been made to create joint programmes.

This first phase of SICOT PIONEER worked through the repository provided on Panopto and dissemination via Zoom. Since we have entered a digital era, rapid advances in digital technology have been made and a Learning Management System (LMS) will further cater to the objectives of training, research applications, competency assessment and examinations and also serve as the repository for all offerings of SICOT PIONEER and SIGNEL.

Vikas Khanduja, Gowreeson Thevendran and their team deserve the credit for SICOT PIONEER. It has now to move to the second phase of expansion to virtual courses and workshops, other training methodologies, assessment and examinations.



### What is the future?

Virtual technology has enriched education in SICOT. It is complementary to traditional methods of learning and supplements these. It is here to stay as blended learning and we now have the possibility of tapping into the best of both worlds.

The COVID era has brought virtual technology to the fore. This was exemplified by the successful first hybrid world congress of SICOT in Budapest under the Presidency of Prof Laszlo Bucsi and the Programme Chairship of Gowreeson Thevendran. It combined face to face and virtual presentation sessions and was well received by the participants. For the future, one anticipates virtual modes of presentation to stay as well as virtual transmission of face-to-face sessions for the benefit of wider audiences.

Virtual Education is here to stay!

Many thanks to Maurice Hinsenkamp, Thami Benzakour, Jochen Eulert, Fatih Kucukdurmaz, Vikas Khanduja and Rebecca White for their inputs

# SICOT RESEARCH

### The Research Series 2021/22



The SICOT Research Academy is planning a series of webinars on various aspects of research over the next three months. If you are interested in setting up your own research, please join us on the dates below:

### **How to Set Up and Manage Projects**

Friday 14 January 2022

### Collaboration in Research and Ethical Considerations

Friday 11 February 2022

### **How to Present Your Research**

Friday 18 March 2022





# SICOT PUBLICATIONS



**ANDREAS F. MAVROGENIS (GREECE)** SICOT-J Editor-in-Chief

**Writing for SICOT-J** 

### A career in orthopaedics

With emphasis on training and caring for patients, orthopaedic residents willingly sacrifice a lot of personal hobbies and interests. They are often faced with pessimism for the future, and less often with cynicism and disregard. During the orthopaedic residency programme, most residents are initially enthusiastic by the knowledge, expertise and judgment of their senior residents, professors and heads of departments. Little time exists outside the hospital; most of the time is spent in hospital duties, auditoriums and seminars, or studying the bibliography, surgical approaches and techniques. Some residents form strong bonds with colleagues, consultants and professors, and generate a dynamic synergy; some are blessed to be trained by experts, mentors and leaders. At fellowships, they build dynamic friendships, and study hard. Then, they meet important people and prestigious editors from the international medical community; they introduce them to journals and international memberships, they invite them to reviewers' panels and editorial boards, and start reviewing and writing [1]; "...standing on the shoulders of giants, they may see more and farther than predecessors, not because of keener vision or greater height, but because they are lifted up and borne aloft on their gigantic stature" (Figure).

### Why I write a paper

Orthopaedic discipline is challenging, demanding, and consuming, as any medical discipline is. Balancing personal and professional life is another challenge for surgeons; family is often overlooked. Financial success, international fame and recognition and personal interests are competing interests [2,3]. A giant anode has occurred in European propaedeutics and academics in orthopaedics and traumatology within the last 3–4 decades. Pragmatically, in the past 40 years, the amalgamation of these practices has led to significant evolution of orthopaedic education and practice with high standards. A plethora of residency programmes, competitive fellowships and clinical rotations, academic symposia, prolific research and educational activity on basic and didactic themes in the sphere of orthopaedics and traumatology are currently available.

However, having the medical knowledge, skills and training to care for patients does not preclude writing a scientific paper. In contrast, it is the responsibility of medical doctors to write papers to transfer knowledge, to report research or a case the writer has conducted, to answer a question or express an opinion, to discuss a subject of common interest and give the writer's view, to assert ownership or patent of a topic, as well as to advance discipline, attain promotion, and enhance personal/university reputation. The above are obligations of medical doctors and contradict excuses such as lack of time, motivation or secretarial support, and nothing to write about. Reading goes with writing and vice versa. All physicians need to read the medical literature, therefore they should also write to make the literature; this is part of being a doctor.

### Writing for SICOT-J: a guide for authors

At SICOT-J, we feel responsible to our readers and authors for publishing honest research and useful papers in general orthopaedics as well as on specialised topics [4]. We encourage our authors to write and submit their papers for publication to the journal; our aim and concern is to help the submitting authors to improve and accept their papers. We also feel responsible for publishing quality research that will increase the visibility of the journal and the published papers themselves. In this context, we opt for a constructive, transparent, and informative peer-review; we are in debt to our reviewers for their pro bono work and whistleblowing in instances of inappropriate practices and scientific misconduct.

Unavoidably, some papers will be rejected. Please understand that rejection of a paper has not to do with the quality of the report, but, because we receive far more papers than we can publish, we must reserve our pages for those with greatest educational and didactive value. Publishing honest research is capital for readers, authors, editors and publishers. Our intention at SICOT-J is to publish meaningful research to help build the bridges to readers, authors, editors, and publishers.



Figure: In Greek mythology, the blind giant Orion (the godfather of hunting, placed among the stars as the constellation of Orion) was carrying on his shoulders Cedalion (a servant and tutor of god Hephaestus in Lemnos island) to act as the giant's eyes. As depicted by Nicolas Poussin in 1658 (Metropolitan Museum of Art, NY, USA).

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# AHMED ABDELAZEEM (EGYPT) SICOT Editorial Secretary

### **Call for Applications**





### 1. What is the SICOT Newsletter?

The SICOT Newsletter is "the tongue" by which the Society decision-makers talk, and "the face" the society components show to the outside world. Currently, It comes out four times a year in an electronic format.

### 2. What are its corners?

<b>Corner</b> <i>Editorial</i>	Goal/Description Introductory article.
SICOT Congress News	Updates and advertising of the annual Congress.
SICOT Committee News	Updates on the past and current activities as well as the future of different committees.
News from the Head Office	Updates from the SICOT Head Office, for example new appointments and structural changes.
SICOT Events	Advertise and update the worldwide events organised and endorsed by SICOT.
SICOT by Region	SICOT is a global organisation having several regional representatives and national delegates
	for over 100 countries. This section advertises and talks about their activities and future.
SICOT Expert Corner	Scientific corner for the SICOT experts to share their experience and knowledge. All experts
	are invited to write and publish here. Subspecialties are invited to share their expert opinion.
SICOT History	Shares the history of our organisation using part of the book by Charles Sorbie or inviting one
	of the previous presidents of SICOT congresses to share congress memories and photos.
SICOT Publications	News from the chief editors of the International Orthopaedics journal and SICOT-J.
SICOT Education	Covers news/updates about the SICOT Education Academy.
SICOT Research	Covers news/updates about the SICOT Research Academy.
SICOT Review	Reviews various SICOT activities that could benefit members, for example books, fellowships,
	apps, centres, papers, and so on.
SI-QUOTE	Collects inspiring quotes.



### 3. What is the job description for corner editors?

"No one can do everything, but everyone can do something, and together we can change the world." ~ Ronald J. Sider

- Full responsibility for his/her section for one year.
- Formulation of a yearly plan for the corner sequence and articles with the help of the Editorial Secretary who is the main coordinator between different corners, avoiding repetition.
- Collection of the articles required by contacting the targeted authors and inviting them.
- Dividing the articles according to his/her requested plan.
- Revising the articles.
- Reporting directly to the Editorial Secretary.
- Protecting the corner theme and goal.
- Putting forward future plans for upgrading and expansion.
- Prepared to cover other corners when needed.

### 4. How to apply?

Please send your CV and an application letter (one page) to hq@sicot.org.



# KNOWLEDGE HUB



MOHAMED SUKEIK (SAUDI ARABIA)
SICOT Newsletter Editorial Board Member

# **Knowledge Exercises – Multiple Choice Questions: Giant Cell Tumours of Bones**

### **Questions**

Giant cell tumours of bones (GCTBs) are locally aggressive and rarely metastasising bone tumours. A recent study investigated the association between computerised tomography features of GCTBs of the knee and local recurrence after extended curettage. If you believe you are up to date or need to further explore the subject, challenge yourself with the following questions!

### 1) GCTBs usually occur in which age group?

- a) <20 years
- b) 20-45 years
- c) 45-60 years
- d) 60-75 years
- e) >75 years

### 2) GCTBs are typically found in what region of long bones, and what percentage localise around the knee?

- a) epi-metaphyseal, 50-65%
- b) epi-metaphyseal, 20-35%
- c) diaphyseal, 5-20%
- d) diaphyseal, 20-35%
- e) diaphyseal, 50-65%

## 3) What is the average local recurrence rate for primary GCTBs occurring around the knee after treatment with extended curettage?

- a) 5-10%
- b) 20-40%
- c) 45-60%
- d) 65-80%
- e) 85-95%

4) What is the distance between the tumour edge and articular surface (DTA) identified on a CT scan which correlates with a higher recurrence rate of GCTBs around the knee after extended curettage?

- a) <2mm
- b) <4mm
- c) <6mm
- d) <8mm
- e) <10mm

# 5) CT features of GCTBs around the knee associated with local recurrence after extended curettage include which of the following?

- a) DTA of <2mm, destruction of posterior cortical bone (DPC), younger age group
- b) DTA of <2mm, DPC, older age group
- c) DTA of <4mm, no DPC, older age group
- d) DTA of <6mm, DPC, younger age group
- e) DTA of <8mm, no DPC, older age group

### Answers can be found on page 31.



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# KNOWLEDGE HUB (CONTINUED)

# **Knowledge Exercises – Multiple Choice Questions: Giant Cell Tumours of Bones**

### **Answers**

### 1. b)

GCTBs are locally aggressive and intermediate (rarely metastasising) bone tumours that usually occur in young individuals aged 20 to 45 years.

### 2. a)

GCTBs are typically found in the epi-metaphyseal region of long bones, with 50–65% of them localising around the knee.

### 3. b)

The average local recurrence rate for primary GCTBs occurring around the knee treated after extended curettage in a number of studies is 20-40%. The overall local recurrence rate in this study was 21.0% (26/124), with an average surgery-recurrence interval of  $20.7 \pm 13.9$  months (range, 3-63 months).

### 4. a)

In the present study, multivariate logistic regression analysis identified a distance between the tumour edge and articular surface (DTA) of <2mm as a factor significantly related to recurrence.

### 5. a)

In the present study, multivariate logistic regression analyses identified the DTA of <2mm, destruction of posterior cortical bone (DPC), in addition to patient age, as factors significantly related to recurrence. The average age in the recurrence group was significantly younger compared to that in the non-recurrence group (28.50 versus 38.50 years, p<0.001).

### Reference:

Zhou, L., Zhu, H., Lin, S. et al. Computerised tomography features of giant cell tumour of the knee are associated with local recurrence after extended curettage. International Orthopaedics (SICOT) (2021). https://doi.org/10.1007/s00264-021-05260-6.

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Leaving a digital footprint in SICOT's educational journey.



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