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SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

Newsletter

COMMITTEE LIFE: Report of the Publications and Communications Committee

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August 2004

Evidence based medicine

The "Level of Evidence"

• The incorporation of evidence into practice may increase use of effective interventions and enable faster uptake of new, research-proven treatments

• EBM does not replace clinical expertise; judgement and experience are needed to integrate evidence into day-to-day practice appropriately

• Methodologies to help identify the best evidence have been developed to systematically summarise and evaluate the research literature

• Good quality, ready-made summaries and evaluations are available from several sources:

Table 1

Evidence Ranking	Type of Study	Description
Strongest evidence	Systematic reviews	Secondary research that uses explicit methods to locate primary studies or clinical trials and explicit criteria to assess their quality.
	Meta-analyses	Statistical analyses that integrate the results of several comparable trials, usually to the level of re-analysing the original data; sometimes called pooling or quantitative synthesis.
	Randomised controlled trials (RCTs): often sub-divided according to quality	Participants are randomly allocated to groups that receive either a specific intervention or a control or placebo. Groups are otherwise identical for all relevant variables, and are followed up for specific end points.
	Cohort studies	Groups are selected on the basis of their exposure to a particular agent and followed up for specific outcomes.
	Case-control studies	"Cases" with the condition are matched with "controls" without, and a retrospective analysis used to look for differences between groups.
	Cross sectional surveys	Surveys or interviews of a sample of the population of interest at one point in time.
	Case reports	Reports based on a single patient or subject; sometimes collected together into short case series.
Weakest evidence	Expert opinion	A consensus from experts in the field, based on relevant experience.

EBM sources: ACC Newsletter, New Zealand, 2003

A few words from the Editorial Secretary…

Dear colleagues,

The EBM section of this issue focuses on ranking of evidence according to the design of research that yielded it, a concept sometimes referred as the "level of evidence". Critical appraisal of good quality research literature lies at the heart of EBM. Randomised clinical trials, the most important source of evidence, are evaluated to determine their validity, reliability and relevance to the clinical question. Unfortunately, this source represents only a small proportion of the Orthopaedic and Trauma literature published in peer-reviewed journals, although an increasing number of well-designed randomised clinical trials with appropriate sample size have been performed in recent years. As a result, many unanswered questions on our clinical practice will probably be clarified in the future with use of EBM. However, EBM is not about replacing clinical expertise with findings from the literature; clinical judgment and expertise are necessary to know when and how to apply evidence to patient care.

On another note, I have been honoured to host the International Orthopaedics Editorial Board Spring Meeting 2004 in Arezzo, my Italian home in Tuscany. We are proud of our Journal, founded in 1977 by Robert Merle d'Aubigné, Calogero Casuccio, Maurice Müller and other distinguished surgeons with the objective of publishing papers from all over the world, also giving an opportunity to colleagues of developing countries to contribute with their clinical research experience. The International Orthopaedics Editorial Board has been working intensely to improve the peer-reviewing process, early publication of the electronic version on the web, and impact of the Journal. For instance, as a result of these efforts the current time for publication of accepted papers has been reduced to an average of only six months, and the Impact Factor surpassed the 0.5 scoring limit.

Finally, I am pleased to report that the organisation of the Annual Conference in Havana is progressing satisfactorily, with 425 abstract submissions and more than 1,000 expected participants. I am looking forward to meeting friends and colleagues from all countries next September in Cuba.

Best wishes from Down-Under,
Rocco P. Pitto

Mexico and orthopaedic surgery

The Mexican health care system is both public and privately owned. More than 55 million Mexicans are living under the social security system which is insufficient in relation to the demographic growth and current economic situation. This situation is known for its lack of material and human resources, especially in remote regions and small cities.

At present, there are many graduate medical doctors but few who finish their speciality. Nevertheless, you can find a number of orthopaedic surgeons, prepared very well, all over the country and, very often by their own means, they are achieving great results.

Many hospitals can be found both in the public and private sectors, with a great deal of ongoing research, such as the National Centre for Rehabilitation (CNR), the Mexican Institute of Social Security (IMSS) and the military hospitals and private hospitals, not only in Mexico City but also in most large cities.

In general, we can say that the major health problems the country has to deal with, in terms of orthopaedics and traumatology, are traffic accidents, congenital, degenerative and infectious diseases.

The Hospital Español in Mexico City

A long time ago, bone surgery in Mexico was treated by general surgeons. Among the initiators of the orthopaedics discipline were Drs Juan Farill, Pablo Mendizabal, Alejandro Velasco Z., Alfonso Ortiz T. and José Castro D.

At the beginning of the 20th century, they began to do a lot of work in orthopaedic surgery, motivating other cities to follow their example.

In 1945, the Mexican Society of Orthopaedics (SMO) was founded. Many years later, the Mexican Association of Orthopaedics was founded. Both societies bring together all orthopaedic surgeons of the country, and both are certified by the Mexican Board of Orthopaedics and Traumatology (CMOT). The SMO´s Journal has been published regularly since 1982 thanks to the enthusiasm of Dr Antonio Redón T. We also find that many books have been published by Mexican orthopaedic surgeons.

At present, I am Chief of Service at the Hospital Español, one of the largest private hospitals in Mexico. Until 10 years ago, the Chief of Service was Prof Leonardo Zamudio, the first Mexican and Latino-American President of SICOT.

Dr Zamudio, together with Dr Jorge Chamlatti M., Mexican Delegate of SICOT for many years who died a few months ago, have been great promoters of SICOT,

Dr Felix Gil-Orbezo | National Delegate of Mexico

recruiting the first members from our country and giving scholarships for young orthopaedic surgeons to attend SICOT conferences and to participate in educational exchanges with other countries. Examples of these are the "Pilar Palacios" and "Marcela Uribe" scholarships. Dr Gonzalo Vasquez Vela has been a very important member and continues to be an enthusiastic promoter of the Society. In turn, I hope to do as well.

One of the things we, as Delegate and other members, are trying to do is to enrich the vision of many of our colleagues, to insist on the importance of being part of a truly international Society. Comparing experiences with specialists from all over the world, sharing similar problems and conditions in our countries, and comparing ourselves with those who, in a way, are one step ahead in some issues can enlighten us. I must say that, as Mexico is so close to the American Academy of Orthopaedics, in some ways it has always been a problem for Mexican surgeons to attend international meetings, but we are working hard to recruit more members and to share with them all the knowledge and philosophy SICOT encloses.

As a country, Mexico can contribute to SICOT in many ways. Our colleagues are eager to learn, and the chance to learn from other parts of the world and to meet well-known professors motivates them highly. They are willing to improve by studying abroad and to bring back to their country what they have learned. It is not always possible for all those interested to attend the meetings, but we would gladly receive visits from many lecturers.

SICOT could also contribute a lot to our country, bringing well-known specialists to give a series of conferences. Remember that, geographically speaking, we are a great spot and a link to all Latin-American countries which share similar conditions to those in Mexico, and organising a meeting here could be a favorable recruiting station.

Nowadays, Mexico has a very strong relationship with the most recognised orthopaedic surgeons and societies of the world. Thanks to this, Mexican orthopaedic surgery is being well accepted at the international level and we hope to continue the work of the great men who started all this.

- **Country name:** Mexico
- **Location:** belongs to the north part of the American continent and is situated just south of USA, with a 3,000 km long frontier with this country. South of Mexico are Guatemala and Belize, with 956 and 193 km border respectively.
- **Population:** more than 97,000,000
- **Capital:** Mexico City
- **Size of country:** 196,435 km^2
- **Language:** Spanish
- **Type of government:** Democracy
- **No. of doctors:** in Mexico City alone more than 5,000
- **No. of orthopaedic surgeons:** in whole country more than 3,500
- **No. of medical schools:** 59
- **No. of SICOT active members:** 36

Getting ready for SICOT/SIROT 2005 XXIII Triennial World Congress Istanbul

Submit an abstract on-line

Abstract details

Figure 1 – Step 1 of 5

First author's details

Figure 2 – Step 2 of 5

Co-authors'

Figure 3a – Step 3 of 5
Recap of the First author's details and possibility to add co-author(s)

Step 1 of 5: Abstract details

The first screen you encounter asks for abstract details:

- contact e-mail (to be re-entered to avoid typing mistakes)
- abstract title
- body of the abstract (maximum 250 words)
- presentation (oral or poster)
- fellowship (are you applying for one? Yes/No)
- topic of the conference.

The fields marked with * are mandatory. Remember to click "Continue". You will not be allowed to continue until all fields have been properly filled in.

Step 2 of 5: Fill in First author's details

The next screen asks for the details of the First author. Once again fill in all mandatory fields marked with * and feel free to complete the other fields: title of the First author, first name, phone, mobile and fax.

Then click "Continue" and enter the next screen.

Step 3 of 5: Manage co-authors

This screen offers a recap of the details of the First author and invites you to fill in the details of the co-authors, if any. The button "Edit" allows you to modify the details of the First author. Please note that the First author can never be deleted.

The button "Add Author" allows you to enter co-authors if any. If there are no co-authors click "Continue".

details

Figure 3b – Step 3 of 5
Addition of co-author details and recap of all authors

You may add up to four co-authors. Co-authors, unlike First author, may be deleted. When five names have been entered the button "Add Author" disappears. If you wish to modify the details of a co-author click "Edit Author". If you wish to remove a co-author's name click "Delete Author".

Validate

Figure 4 – Step 4 of 5

Step 4 of 5: Check submission

In this step you can visualise your abstract summary and modify it if necessary.

Click "Back to Text" or "Back to Authors" depending on the part you want to edit. Click "Finish" when you are satisfied with your abstract summary.

Confirmation

Figure 5 – Step 5 of 5

Step 5 of 5: Your abstract has been successfully submitted

Congratulations! Your abstract has been successfully submitted and you will receive a confirmation e-mail.

If you wish to submit another abstract now click "Submit another Abstract". If you wish to consult the SICOT web pages click "Go to Homepage". If you wish to end this session just close this window.

Report of the Publications and Communications Committee

Prim. Univ. Prof Dr Karl Knahr |
Chairman, Publications and Communications Committee

The Publications and Communications Committee was established to act as a supervisor of all SICOT publications and to make recommendations to the Board of Directors and the International Council concerning both traditional and electronic media of SICOT. This includes the Journal of our Society, International Orthopaedics, the SICOT newsletter, the SICOT website and the SICOT World portal.

International Orthopaedics

In 2003 the Journal received 418 manuscripts, a similar number to the previous years. About one third were case reports and therefore a special page was opened on the SICOT website (www.sicot.org) for "on-line reports". The average time for a manuscript submitter to receive a final decision for publication is 29 days. This is fast in comparison with many other journals and is partly due to the electronic handling of the manuscripts. The time for a manuscript to be published in the paper Journal is six months on average. The SICOT on-line reports have now been assigned an ISSN. This registration will be the first step in having the reports cited by Medline.

SICOT newsletter

The responsibility for the content of the newsletter was moved to Rocco Pitto, the Editorial Secretary. Assistant in Brussels is Nathalie Pondeville, who is responsible for SICOT external affairs. Layout and content of the newsletter have been improved: the cover page of the newsletter was made more attractive with our logo at the top of the page, less text and more pictures and a homogeneous font in titles and texts. Furthermore there is a fixed allocation of the pages. This mainly includes the evidence based medicine, the country to country series and the committee page. Furthermore SICOT affiliated societies have been invited to present a report in the newsletter.

SICOT World portal

SICOT World has witnessed a steady growth in membership over the past 12 months. Worldwide there are now over 26,000 registered members in the combined MSeC portal.

It was recognised by the societies that there is a need to add good content to the portal on a regular basis, particularly after the sound technological basis of the portal had been established. In order to better achieve that, the marketing and content committees were merged to form a communication committee in which Cyril Toma has been named Co-chair.

Future plans for SICOT World are to establish an IT-Committee responsible for the maintenance and management of content flow. It was decided to approach all SICOT members having Hotmail or Yahoo e-mail accounts and to urge them as well as the other SICOT members to switch to the portal's e-mail system.

Starting with Prof Lars Lidgren, an e-lecture series was also initiated. These e-lectures cover interesting aspects of orthopaedic care and are presented by key opinion leaders on a regular basis. The last one was presented by our President, John C.Y. Leong, on "Tuberculosis of the Spine and its Sequelae".

Acknowledgement

My gratitude goes to Dr Andersen for his tremendous effort to keep "International Orthopaedics" on the way to become a highly scientific journal. Furthermore I want to thank Dr Toma for his activities to optimise the SICOT World portal as well as Prof Pitto and Ms Pondeville for their contributions to improve the content of the newsletter.

Selection and Training of Orthopaedic Residents in India

Dr Harshad G. Argekar

MBBS; MS (Orthopaedics);
D-Ortho; FCPS (Ortho)

Senior Lecturer

Department of Orthopaedics

Lokmanya Tilak Municipal Medical College &

Municipal General Hospital

In India a majority of specialists are from the public hospital system. The basic degree (MBBS) is obtained after four and a half years of academic and clinical training and one year as intern qualifies the doctor for general practice in the community. To access the residency system, the candidate has to take an entrance examination. This exam is at two levels: the State Exam which enables a candidate to choose a speciality and a hospital in a particular state and the National Entrance Exam which offers a similar choice at a national level. At this point the candidate must choose the speciality he is interested in, and cannot change midway. The number of speciality posts is limited, and if by the time you choose your speciality the posts are filled by other candidates before you, the exam has to be taken again in the hope of a better ranking result or you can take a seat in another speciality.

The residency system in India

The duration of residency is three years for all specialities. The first two years are spent as a house officer (HO), the final year as a registrar. As a HO you are responsible for the ward patients and their daily care, including dressings, blood collections, obtaining necessary investigations and references as well as the daily paper work. The HO is the first person to see the patient in the emergency and out-patient department and he/she also assists in major surgeries and performs minor surgeries under supervision of the registrar or the consultant. At the end of each six-month rotation the candidate is evaluated and his work assessed. A HO, who completes two years, becomes competent and trained in basic surgical skills. It is not common for candidates to drop out, usually within the first month.

As a registrar (the last year of training), the responsibility changes. A registrar is responsible for direct patient care, making decisions as to the diagnosis and management of the patient. The registrar is the link between the consultant and the patient. Whereas the consultant supervises, the registrar manages to have the work done. In major and semi major cases he operates under supervision and in minor cases he acts independently. The performance of the registrar is evaluated on a regular basis by the consultants. A dissertation must be completed on a topic chosen by the consultant who then acts as a guide for the registrar's research. Satisfactory completion of the dissertation and an evaluation by three independent consultants are essential before he can take the final exam.

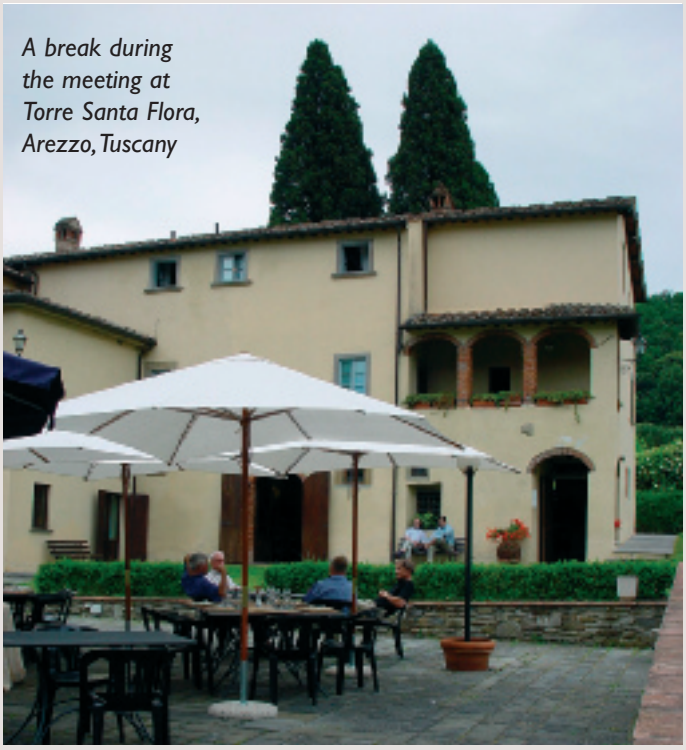
The final exam is held at the end of three years, conducted in a different institute by a university panel of four consultants. The theory and practical exam marks decide the result and successful completion gives access to the MS orthopaedics degree, allowing the registrar to practise the speciality in the community. At present doctors wishing to specialise do so on an individual basis under senior consultants. ■

Under the Tuscan sun

Dr Kjeld Skou Andersen | Editor of International Orthopaedics

This is not a story about Diane Lane in her new movie, which has touched many souls throughout the world. Though the scenery is similar – namely Italian Tuscany, which just now is green and blooming. No wonder that this ancient landscape has always had the attention of many people.

This spring the Editorial Board of International Orthopaedics had its short meeting in Arezzo. The main discussion was on the upcoming use of an on-line reviewing system called Manuscript®Central. This system will allow authors to upload their manuscripts directly to the Journal, it will also facilitate the manuscript handling between editors and reviewers, it will allow for an on-screen correction of manuscripts and galley-proofs and it will allow the authors to follow the progress of their manuscript from uploading to the final decision. International Orthopaedics has already a short publication time and the Board does not expect this to be further reduced. The expenses for postage and stationery will however be minimised and thus further reduce the cost for the single SICOT member. Today the expenses for a single issue of the Journal – like the one you have recently received – is less than 1 EUR per member.



A break during the meeting at Torre Santa Flora, Arezzo, Tuscany

From left, first row: Dr Rafael Iñigo Pavlovich, Prof Rocco P. Pitto, Ms Christiane Mariotte, Prof Dr Karl Knahr.
Second row: Mr Anthony J. Hall, Prof Dietrich Hohmann, Prof Albert van Kampen, Dr Thami Benzakour, Dr Kjeld Skou Andersen, Prof Lamberto Perugia, Prof Maurice Hinsenkamp.

The Journal receives an increasing number of manuscripts. As you may have noticed we no longer publish case reports in the Journal, but still accept such reports for publication as on-line reports on SICOT home page at http://www.sicot.org (see Library, then on-line Reports). By doing this we are able to publish more case reports than in the preceding years. Like so many other journals we receive a huge number of submitted case reports, so many in fact, that there is not sufficient space in the Journal – even if we only published case reports. Currently on-line reports are not cited by Medline, but we hope that this can be accomplished in the future. We have however learnt from scrutinising details of the last three years' citations of the journal articles that 99% of the case reports are not being cited within a period of three years after their publication. As for manuscripts other than case

La Pieve, Arezzo

reports we last year received twice the number we received five years ago.

As previously, the Journal offers you an easy access to the most recent articles on http://link.springer.de/link/service/journals/00264/. As a member of SICOT you have free access to full text journals – both in the ONLINE-FIRST section and in the recently published issues back to 1996.

The Journal receives contributions from all over the world. The Editorial Board is working hard to make the Journal contemporary and modern – but we would also like to receive your scientific contribution. After all, the Journal is the members' journal. ■

SIROT Report 2004

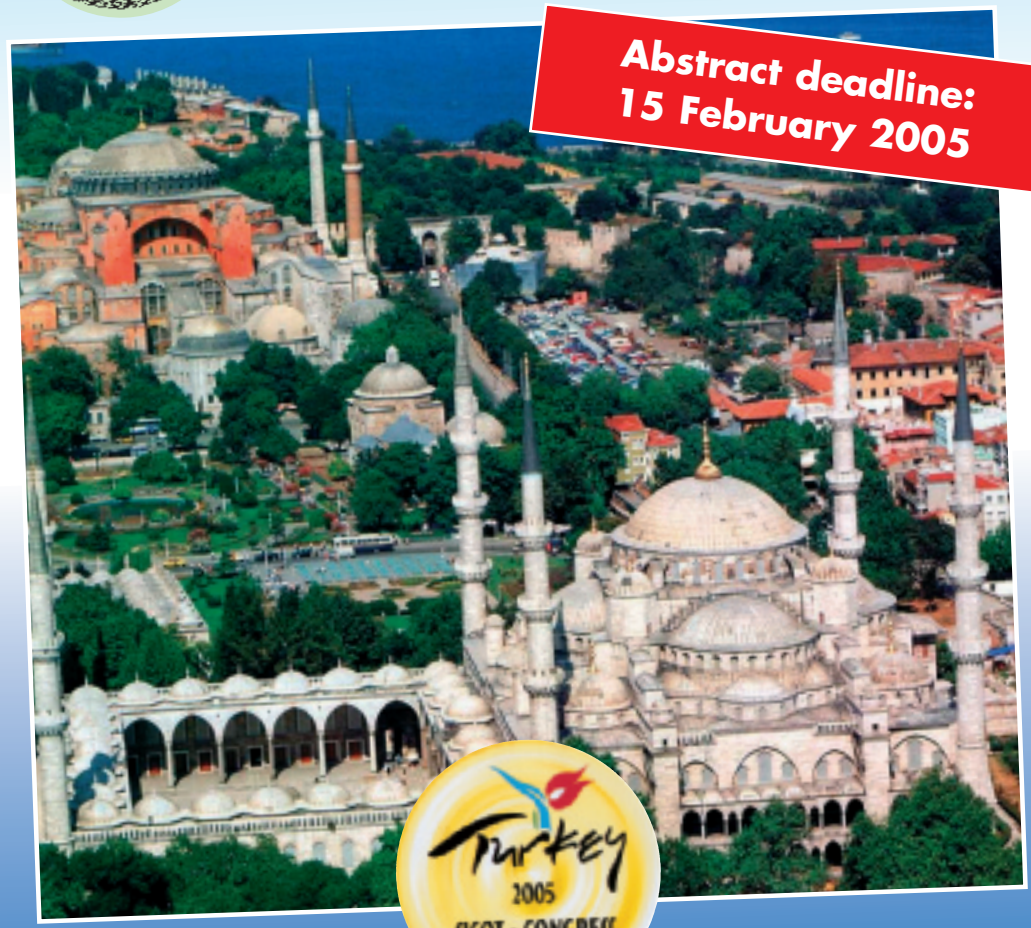
Prof Wayne Akeson | Immediate Past President of SIROT

SIROT, the research society sister of SICOT, is pleased to report on its activities during the past year. A fortunate and enlightened development has been the vastly improved cooperation between SIROT and SICOT under the leadership of the respective presidents, Prof Se-Il Suk and Prof John Leong. Under their guidance, the Inter-Meeting held in Cairo last fall was closely coordinated and held jointly by the two societies rather than independently. The meeting was well attended and highly successful. It will serve as a model for the forthcoming meeting in Havana. Plans for the programme for the Havana Inter-Meeting are complete and the content of the programme as well as the venue offer an exciting opportunity for members and guests to enjoy an educational and cultural event of special appeal. The SIROT guest lecturer, Dr Stephan Trippel, Professor of Orthopaedics at the University of Indiana in the USA, is a renowned research leader in cartilage studies. The title of his presentation at the SIROT meeting will be "Novel Approaches to Articular Cartilage Repair". The Research Commission, chaired by Prof Charles Rivard, will present a programme on "Biomaterials for trauma, hip, knee and spine applications". The programme will also include two symposia: "Problems in fracture fixation" and "Tissue banking in orthopaedic surgery". Submitted research papers span the range between basic scientific presentations and clinical research presentations over a broad list of subjects relevant to current orthopaedic practice. If you have not yet registered you are urged to do so because of the incentives the societies offer early registrants. Thank you for your past support. We look forward to seeing you in Havana. ■

The Forum 2004 « Health of Nations » of the OECD was held on 12-13 May in Paris. Read a full account in our web pages: http://www.sicot.org/?page=newsletter

SICOT / SIROT 2005
XXIII World Congress

September 2-9, 2005
Istanbul, Turkey



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Turkey 2005 SICOT - CONGRESS İSTANBUL

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SICOT announces with sadness the passing away of former President, Dr K.T. Dholakia, and conveys deep condolences to his family. We will publish a full obituary written by the National Delegate of India in the next newsletter issue.