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SICOT

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

Newsletter



Hong Kong TWC 2008 Mainland tours

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Background

Knee osteoarthritis (OA) is a progressive disease that initially affects the articular cartilage. Observational studies have shown benefits for arthroscopic debridement (AD) on the osteoarthritic knee, but other recent studies have yielded conflicting results that suggest AD may not be effective.

Objectives

To identify the effectiveness of AD in knee OA on pain and function.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 2, 2006); MEDLINE (1966 to August, 2006); CINAHL (1982 to 2006); EMBASE (1988 to 2006) and Web of Science (1900 to 2006).

Selection criteria

We included randomised controlled trials (RCT) or controlled clinical trials (CCT) assessing effectiveness of AD compared to another surgical procedure, including sham or placebo surgery and other non-surgical interventions, in patients with a diagnosis of primary or secondary OA of the knees, who did not have other joint involvement or conditions requiring long term use of non-steroidal anti-inflammatory drugs (NSAIDs). The main outcomes were pain relief and improved function of the knee.

Data collection and analysis

Two review authors independently selected trials for inclusion, assessed trial quality and extracted the data. Results are presented using weighted mean difference

(WMD) for continuous data and relative risk (RR) for dichotomous data, and the number needed to treat to benefit (NNTB) or harm (NNTH).

Main results

Three RCTs were included with a total of 271 patients. They had different comparison groups and a moderate risk of bias. One study compared AD with lavage and with sham surgery. Compared to lavage the study found no significant difference. Compared to sham surgery placebo, the study found worse outcomes for AD at two weeks (WMD for pain 8.7, 95% CI 1.7 to 15.8, and function 7.7, 95% CI 1.1 to 14.3; NNTH=5) and no significant difference at two years. The second trial, at higher risk of bias, compared AD and arthroscopic washout, and found that AD significantly reduced knee pain compared to washout at five years (RR 5.5, 95% CI 1.7 to 15.5; NNTB=3). The third trial, also at higher risk of bias, compared AD to closed-needle lavage, and found no significant difference.

Authors' conclusions

There is 'gold' level evidence that AD has no benefit for OA . ■

Reference:

Laupattarakasem W, Laopaiboon M,
Laupattarakasem P, Sumananont C.
The Cochrane Database of
Systematic Reviews 2008 Issue 1,
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Where is SICOT going? Do we need a strategy plan?



Background: Our global organisation is undergoing constant change, our challenges are multifold: subspecialisation and concurrent demands from our membership to be aware of what they need; recruitment of members; new rules for SICOT in relation to other international societies and the need for a smooth, effective and transparent policy in the future. While the demands of daily life do not normally allow time and energy for visions, SICOT is nevertheless obliged not only to have visions but also to translate its visions into missions.

SICOT's mission: Our mission is clear and is described in our bylaws. However, it is increasingly imperative that SICOT maintains its position in relevant scientific, political and public forums (WHO, DWB etc.). Apart from adhering to the bylaws, we need to protect the professional interests of our membership and to encourage and support developments within orthopaedics in order to provide better orthopaedic treatment worldwide.

- We must ensure the availability of existing treatment modalities to orthopaedic surgeons and their patients and guarantee that orthopaedic surgeons are available all over the globe.
- We must work towards improving education and treatment in developing countries with special focus on natural disaster areas.
- We must ensure SICOT's role as the cutting-edge platform of local orthopaedics as well as related international societies, political and public forums that complement and strengthen SICOT.

Strategy areas:

- Membership recruitment.
- Smoother, more effective business structure in order to ensure that everybody is acquainted with the direction in which we are heading and that all members are aware of the challenges we must resolve.
- Improvement of SICOT's global image, in particular in relation to industry and international health organisations.
- Press releases with breaking SICOT news.
- Expansion of cooperative ventures with national and subspecialised societies.
- Financial tools to ensure that we do not overspend and are able to react to financial challenges in a timely manner - this can be achieved by means of stringent budgeting.
- Constitutional changes in order to modernise SICOT's general assembly, membership provisions and enhance the attractiveness of new company memberships, and differentiation of membership fees in order to give doctors from poor countries easier access to SICOT membership.

SICOT's strategy plan should look 5 to 10 years ahead. There is no doubt that we must act on multiple fronts with input from the International Council and Executive Committee to define a plan of action. ■

Cody Bünger (Denmark)
SICOT President Elect

Orthopaedics in Nigeria

Dr Wahab Yinusa | SICOT National Delegate of Nigeria



Nigeria was a British colony from 1914 to 1960 when it became independent. Between 1960 and to date, Nigerians have enjoyed four democratic governments for a total of 18 years; the remaining years being dominated by military rule. With a population of about 140 million people, the country accounts for a quarter of the population of Africa and 47% of the population of West Africa. The country's landmass of 923,768m² accounts for 3% of the African continental mass and, therefore, has one of the highest population densities on the continent. Nigeria is a federation with three tiers of government: Federal, State and Local. There are 36 states, a Federal Capital Territory and 774 local government areas. Abuja became the capital in 1991 while Lagos, the former capital, remains the commercial nerve centre of the country.

In a similar form, the health care delivery system is based on three tiers. The primary healthcare system consisting of health centres, dispensaries and health posts are supervised by local governments. The secondary care facilities which include general hospitals are under the supervision of State Governments while the Federal Government oversees the tertiary

health facilities which include specialists and teaching hospitals. Each state has at least one tertiary institution. Primary and secondary level of care is also provided by private for profit providers, private for non-profit providers, non-governmental organisations, religious and traditional care givers. Even though diarrhoea, tuberculosis, malaria, HIV/AIDS are common causes of ill health and deaths among Nigerians, the increasing number of victims of Road Traffic Accidents is a source of concern to the authorities. In our specialty, post-trauma osteomyelitis following acute fractures mismanaged by traditional bonesetters, osteoarthritis, septic arthritis, rachitic genu varum and valgum and Blount's disease are common pathologies seen in Nigeria. Their management is by standard methods. The country is yet to begin a meaningful subspecialty programme. This is a situation in which SICOT could be of assistance to us. Our young consultants could be assisted to get into short fellowship programmes in Arthroplasty, Arthroscopy, Spine, Oncology and Deformity Correction. Short visits to our hospitals by experienced orthopaedic surgeons could be arranged by SICOT and WOC.

The oldest establishment for organised orthopaedic practice in Nigeria is the Igbobi Orthopaedic Hospital, Lagos. This institution started as a mil-



The National Orthopaedic Hospital in Lagos

itary rehabilitation camp for the treatment and rehabilitation of soldiers wounded in the Second World War. It later became a government hospital, renamed Royal Orthopaedic Hospital by Queen Elizabeth II in 1956 and is now one of the three National Orthopaedic Hospitals in the country. The hospital enjoyed the services of Mr Lambert Lawson (1946-1954) whose dissertation for the MCh Orth (Liverpool) was based on the cases seen in Igbobi and Mr B.S. Jones whose article on 'Potts Paraplegia in the Nigerian (1949-1955)' is still relevant today. While this hospital was providing service and experience for doctors from all over Nigeria, Cameroon and West Africa, another Orthopaedic Hospital in the Northern part of the country (Dala Orthopaedic Hospital, Kano) was being used as a training ground for the trainees of the University of London. The latter relationship lasted from 1960 to 1969 during which period the country enjoyed the services of great orthopaedic surgeons like Mr A.F. Bryson

and Mr Geoffrey Walker. The establishment of the medical schools in Ibadan (1957), Lagos, Zaria and Enugu (1960s) and the takeover of the three National Orthopaedic Hospitals in Lagos, Enugu and Kano in 1977 set the stage for the coordination of orthopaedics and trauma services in the country.

Before 1976, all the Orthopaedic Surgeons in Nigeria were trained in Europe and America. With the establishment of the Postgraduate Medical Colleges (i.e. West African College of Surgeons & National Postgraduate Medical College of Nigeria) in the early 1970s, the need to go outside the country for postgraduate medical education was whittled down. Orthopaedic surgery, though not a separate faculty in any of the two colleges, has its specific curriculum and the final examinations were conducted solely on the specialty. We must acknowledge the contribution of the Canadian group to the development of this curriculum. The period of training for the two colleges is the same and it consists of two years for basic surgery and three years for Orthopaedics and Traumatology. The candidate is expected to have passed the primary fellowship examinations in Basic Medical Sciences before admission to the Residency Programme. A dissertation on a clinical condition is mandatory for the exit examination of the National

Postgraduate Medical College. To date, the two colleges have produced about two hundred Orthopaedic Surgeons, the majority of whom are currently in charge of training in various parts of the country.

We shall ever be grateful to the Danish Orthopaedic Association for their inspiration and motivation for the formation of the Nigerian Orthopaedic Association in 1975 and for presenting our Dr F.A.O. Owosina as "Hors contingent" Denmark in 1973. The later support led to the attainment of the Nigerian section of SICOT in 1978 in Kyoto, Japan. The Nigerian Orthopaedic Association (NOA) has three zonal chapters in the northern south-eastern and south-western parts of the country that

meet quarterly to discuss interesting clinical conditions while the national chapter holds an annual scientific and business meeting. The last but one Annual General Meeting had Prof Galal Said of Egypt as a guest lecturer.

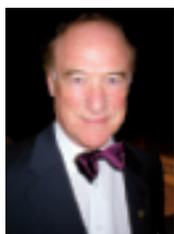
Orthopaedic Surgeons in Nigeria belong to many international organisations such as SICOT, WOC, ISPO, Rehab International, BOA and AAOS. One of the earliest formative meetings of WOC was held in Lagos, Nigeria, in 1977 with Prof Jaja playing an active role. Dr F.A.O. Owosina was formerly Vice President of ISPO and Rehab International. As of today, Nigeria has the highest number of active SICOT members in the West African sub-region. ■

- ▶ **Country name:** Nigeria
- ▶ **Capital:** Abuja
- ▶ **Location:** West African Sub-Region
- ▶ **Population:** 140 million
- ▶ **Size:** 923,768 m²
- ▶ **Type of government:** Presidential, Federal Republic
- ▶ **Official language:** English
- ▶ **Infant mortality rate:** 125/1,000 births
- ▶ **Maternal mortality rate:** 948/100,000
- ▶ **Life expectancy at birth:** 48 years
- ▶ **No. of doctors (ratio doctors/population):** 0.28/1,000 population (WHO 2003)
- ▶ **No. of Orthopaedic Surgeons**
Members of NOA: 236
- ▶ **No. of tertiary hospitals:** 52
- ▶ **No. of medical schools:** 22
- ▶ **SICOT active members:** 27



Education Committee Report

Prof Charles Sorbie | Education Committee Chairman



The Education Committee met in Marrakech, Morocco, on 28 August 2007. The Committee was well represented by delegates from several countries with a variety of systems for education in orthopaedic surgery and traumatology. They included Prof Dr Syed Awais (Pakistan), Prof Morris Duhaime (Canada), Prof Dr Jochen Eulert (Germany), Prof Maurice Hinsen-kamp (Belgium), Prof Robertus Nelissen (Netherlands), Prof Miklos Szendroi (Hungary) and Prof Charles Sorbie (Canada).

The agenda included discussions on the plan to expand SICOT Education Centres in several countries, the SICOT Diploma Examination and, in addition, the purpose and function of the Education Committee was reviewed.

Establishing Education Centres is one of the most valuable activities that SICOT has undertaken. The protocols for establishing and governing them were created many years ago, but only in January 2004 was the first Centre in Lahore, Pakistan, opened. It has been a very successful launch for the concept, mainly because of the lead-

ership and energy of Prof Dr Awais. The Centre consists of a large library with comfortable chairs for reading and an extensive collection of books and journals. There are ten desktop computers which access the internet and provide openings into educational systems such as the HYPERGUIDE. It also allows easy communication with the SICOT website and all the



Prof Charles Sorbie, Prof Dr Syed Awais and Prof Maurice Hinsen-kamp with WHO representatives and the Mayo Hospital Orthopaedic Surgery Department team during the inauguration of the SICOT Education Centre in Lahore in January 2004

links that are associated with it. The Centre has telediagnostic and it is actively used to seek advice from experts around the world on difficult orthopaedic and trauma problems.

The International Council agreed to create the second SICOT Education Centre in Assiut, Egypt.

Another site recommended by the Education Committee includes Havana, Cuba, following Egypt. Plans are being made to get it underway in 2008. It will be under the direction of Prof Dr Rodigo Alvarez Cambras. Prof Hinsen-kamp has had preliminary discussions with Prof Dr Cambras and the Centre will move ahead in the early months of 2008. Dar es Salaam and Lagos have also been recommended and preliminary contacts made by Prof Chadwick Smith, SICOT President, with leaders in these cities. Prof Galal Zaki Said, Vice-President of Africa, Near and Middle East, has already visited these centres. Prof Hinsen-kamp has been in touch with the World Health Organization (WHO or OMS) which is showing strong interest in their development.

The principles for establishing an Education Centre must be respected and applied wherever the location. SICOT must receive a report from the National Delegate on the activities of the Centre each year.

Dr Geoffrey Walker, an important contributor to the Education Committee, and Prof Hinsen-kamp spoke of the efforts in East Africa to form a College of Surgery and provide exit exams for trainees. The WHO has



Prof Dr Jochen Eulert

been active in attempts to improve the quality of care in district hospitals. Prof Smith had already communicated with the Education Committee on his visit to Dar es Salaam, which was later on visited by Prof Zaki Said and Prof Hinsenkamp.

An important feature of the Centres must be, on a regular basis, to have knowledgeable surgeons act as Visiting Lecturers at the Centres.

The Diploma Examination is now in its sixth year. The fifth year exam, which took place in Morocco, had 24 applicants, 15 of whom paid the fee of EUR 300 and attended to sit the exam. There was a pass rate of 80%. The two candidates with the highest marks, and in this year's exam they were really high, are having an all expenses paid tour of German orthopaedic centres for four weeks.

This is a wonderful opportunity for these very successful candidates and is due to the thoughtfulness and generosity of the German SICOT members and the German Orthopaedic Association. The tour is organised by Prof Dr Eulert.

The 2008 Diploma Examination will be held in Hong Kong. Dr Tony Hall, the Chief Examiner, is already setting up the organisation for the exam. The Executive Committee of SICOT feels that the exam is of such importance that the fee for the exam should be raised to EUR 600 for candidates residing in "well-off" countries and that it should remain at EUR 300 for others. Prof Keith Luk, the President of the Congress in Hong Kong, is keen that the SICOT Diploma Examination should be held annually in the Far East as well as at the location of the Annual International Conferences or Triennial World Congresses. This possibility is under discussion as there are a number of logistics that will have to be solved. Not the least of these is assembling examiners for the oral segment of the exam.

It has been decided to add more members to the Education Committee by invitation and invitations will be sent to Prof James Waddell of Canada and Dr Hatem Said who is Chairman of the Young Surgeons Committee.

Institutions and Boards

The Committee continues to be willing to advise on the creation of institutions, colleges and boards of examination in any country that would like to establish them. They can be designed in a similar way to those already existing in many countries. There has to be a central organisation that oversees the quality of education and training of medical graduates who are planning to be orthopaedic surgeons. Many varia-



The 2006 SICOT Diploma Examination which took place during the Fourth SICOT/SIROT Annual International Conference in Buenos Aires

tions of structure exist but they all have a common, basic form that ensures an even, high-quality training which, in the long term, ensures the best care for orthopaedic and trauma patients.

The Committee would be pleased to receive ideas from the members of SICOT for new initiatives or subject areas that the Committee should address. ■

International Orthopaedics

Editorial change

Mr Anthony J. Hall | Associate Editor



One aspect of our Society for which we should be justly proud is our Journal, which quietly goes about its business of producing quality articles from our members around the world. By a quirk of circumstance I have been associated with the Journal since 1987 when the Editor was Paul Masse and Frank Horan did the English copy-editing, having stepped in after the untimely death of Lester Lowe. In those days our main concern was the cost of the Journal, which was causing a serious drain on the resources of SICOT; then as now, our society was short of funds.

Replacement of Paul Masse, when he stepped down, proved difficult because the board was equally divided between Toni Trias and Frank Horan to become editor. Eventually the contestants resolved the matter themselves, returning to the room to announce that Toni Trias would be the Editor and Frank Horan the Chairman of the Board! Between them, they set about the problem of the cost of the Journal and invited several publishers to tender for our journal. Eventually the Board agreed that they would recommend a new publisher, who was able to offer far more favourable terms, to the International Committee in 1993. This recommendation by

the Editorial Board caused quite a stir at the International Committee (not yet a Council in 1993) and after much recrimination we finally secured the best of all terms; namely the retention of our original publisher under the same contract as that proposed by the prospective publisher!



Prof Jean-Pierre Courpied

Sadly, in 1998, Toni Trias died very suddenly and unexpectedly but, by chance, the Editorial Board had already elected his successor Kjeld Skou Andersen who was able to take up the Editorial reins. Kjeld's knowledge of electronic communication brought about a major change in the speed of publishing accepted articles and International Orthopaedics became one of the fastest means of pub-

lishing scientific papers in Orthopaedics. Our Impact Factor started to increase to a level acceptable to European Academic institutions. Kjeld Skou Andersen stepped down three years ago and was replaced by Jean-Pierre Courpied who has maintained the steady improvement to the point where the impact factor for International Orthopaedics has reached 0.977 and our Journal is ranked 27th in the tables of Orthopaedic Journals. Jean-Pierre has introduced the concept of Guest Editors for special issues of the Journal once a year. The first of these dealt with bone tumours and was edited by Miklos Szendroi. The next special issue will deal with biological regeneration of bone, cartilage and tendon guest edited by Marko Pecina and in the future, we will have a Paediatric special issue.

Jean-Pierre Courpied (Editor from 2005 to 2008) was well known to the Editorial Board because a board meeting is held each year in Paris after the SOFCOT meeting. Jean-Pierre was Secretary General of SOFCOT from 1998 to 2001 and was able to provide the stylish offices of SOFCOT for our board meetings or, when he loses the keys, his own splendid office in Hôpital Cochin, where he has been Head of Department since 1999. Jean-Pierre has had the difficult task of sifting through between 660 to 733 manuscripts each year - a case of success

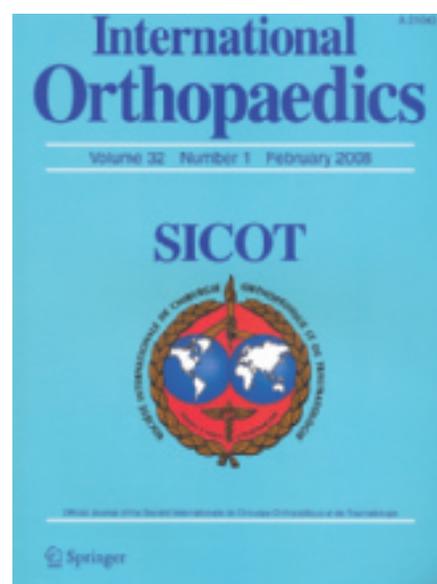


Prof Marko Pecina

In 2008 Jean-Pierre intends to step down and will be replaced by Marko Pecina. Marko is a familiar figure not only on the Board of International Orthopaedics but also on the International Council where he represented Yugoslavia from 1984 until 1991 when he became the National Delegate of Croatia! Is he unique in the history of SICOT representing two countries in succession?

Marko became an Associate Professor in the Zagreb University Orthopaedic Department in 1980, Professor in 1984 and Professor Emeritus in 2006. He is totally familiar with the world of publishing having written over 500 scientific papers and over 20 books, 5 of which were published in the USA. He is on the editorial boards of several ortho-

paedic journals. Currently he supervises postgraduate studies for Master, Doctoral and Graduate theses for the University and is engaged in research in gene therapy in Orthopaedics. International Orthopaedics remains in good hands! ■



breeds success - the better we become known the more articles are submitted. His Editorship has been marked by expansion and innovation. We thank him for his hard work.

Hong Kong TWC 2008 - Pre-Congress Meeting in Xian



Scientific Programme

21 August 2008

Time	Issue
08:30-08:35	Welcome speech
08:40-10:00	Section I, Spinal degenerative disorder
10:00-10:20	Coffee break
10:20-11:50	Section II, Joint surgery
11:50-12:00	End of symposium

The pre-congress meeting is focused on the spine and joint degenerative disease. Please submit the abstracts of scientific papers to wangzhe@fmmu.edu.cn or spine@fmmu.edu.cn with the registration form.

The information pamphlet and registration form are available on the SICOT website

Hong Kong TWC 2008

Mainland tours

> Beijing Tour (4 Days / 3 Nights)

Date: 29 August - 1 September 2008

Price: Twin Sharing - HKD 7,000 per person
Single - HKD 9,000 per person

Accommodation:

The Peninsula Beijing or similar hotel

> DAY 1: HONG KONG - BEIJING

- Fly from Hong Kong to Beijing.
- Upon arrival to Beijing, enjoy a short tour to get a taste of the capital.
- Check in to your hotel.
- Free time and an opportunity to soak up the atmospheric night market.

> DAY 2: BEIJING

(Breakfast + Lunch + Dinner)

- The entire day is given over to a trip to the Great Wall and the breathtaking Summer Palace.
- Enjoy a demonstration of the art of brewing and drinking fragrant Chinese tea, while taking in a performance by folk artists from the region at the Lao She Tea House.

> DAY 3: BEIJING

(Breakfast + Lunch + Dinner)

- In the morning, explore the capital's famous Hutong district on board a pedicab.
- Explore the treasures of the Imperial Palace in the entrancing Forbidden City and visit dramatic Tian An Men Square.
- For dinner, tuck into a famous Peking duck banquet.



Photo by Bruce Mackimmie

> DAY 4: BEIJING - HONG KONG

(Breakfast + Lunch)

- In the morning, visit the beautiful Temple of Heaven.
- In the late afternoon, transfer to the airport for your flight back.

> Shanghai Tour (4 Days / 3 Nights)

Date: 29 August - 1 September 2008

Price: Twin Sharing - HKD 7,500 per person
Single - HKD 9,500 per person

Accommodation:

Shanghai Sofitel Jinjiang Oriental Pudong or similar hotel

> DAY 1: HONG KONG - SHANGHAI

(Dinner)

- Fly from Hong Kong to Shanghai.
- Enjoy a brief city tour before sampling some Shanghaiese cuisine at a local restaurant.
- Stay overnight at a first class hotel in Shanghai.

> DAY 2: SHANGHAI

(Breakfast + Lunch + Dinner)

- Explore the beautiful Bund embankment and meet some locals practising their Tai Chi.
- Visit Yu Yuan Garden and the quaint Old Town Bazaar.
- Travel to Pudong District and visit the Oriental Broadcast Tower to have a bird view of the city.
- Spend some time in the Historical Museum within the Oriental Tower to learn about the history of Shanghai.
- Enjoy a renowned acrobatics show in the evening.



> DAY 3: SHANGHAI - WUZHEN - SHANGHAI

(Breakfast + Lunch + Dinner)

- In the morning, travel by coach to Wuzhen Town - a ravishingly ancient "Water Village".
- Return to Shanghai in the afternoon and indulge in some shopping in local antique shops.
- Make the most of your free time by exploring the Xintiandi Entertainment Area, with its blend of traditional Chinese and modern restaurants and dazzling shops.

> **DAY 4: SHANGHAI - HONG KONG**

(Breakfast)

- In the morning, visit the Shanghai City Planning Hall.
- In the afternoon, transfer to the airport for your flight back to Hong Kong.

> **Beijing & Xian Tour** (6 Days / 5 Nights)

Date: 29 August - 3 September 2008

Price: Twin Sharing - HKD 12,000 per person
Single - HKD 15,300 per person

Accommodation:

Beijing - The Peninsula Palace Beijing or The Beijing Hotel or other 5-star hotel

Xian - Shangri-La Golden Flower or similar hotel

> **DAY 1: HONG KONG - BEIJING**

- Depart Hong Kong for Beijing in the morning.
- Have a brief city tour and transfer to hotel upon arrival.
- Free time in the evening to explore the night market and have dinner at your own arrangement.

> **DAY 2: BEIJING**

(Breakfast + Lunch + Dinner)

- This day will be spent visiting the extraordinary Great Wall and the stately Summer Palace.
- Enjoy a taste of the art of brewing and drinking fragrant Chinese tea, accompanied by a performance by local folk artists at the famous Lao She Tea House.

> **DAY 3: BEIJING**

(Breakfast + Lunch + Dinner)

- In the morning, take a classic trip around Beijing's old-fashioned Hutong district by pedicab.
- Afterwards, travel to the Forbidden City and the priceless treasures of the Imperial Palace, followed by a trip to dramatic Tian An Men Square.
- In the evening, tuck into a Peking duck banquet.

> **DAY 4: BEIJING - XIAN**

(Breakfast + Lunch+ Dinner)

- In the morning, visit the famous Temple of Heaven.
- In the afternoon, fly to Xian.
- On arrival, transfer to your hotel.



- If time permits, enjoy a fascinating city tour.
- In the evening, soak up the sights in the night market.

> **DAY 5: XIAN**

(Breakfast + Lunch + Dinner)

- In the morning, discover the unique, world-famous Terracotta Warriors and Horses Museum before visiting the impressive Big Wild Goose Pagoda in the afternoon.
- For dinner, tuck into an opulent dumpling banquet, followed by the Tang Dynasty show.

> **DAY 6: XIAN - HONG KONG**

(Breakfast + Lunch)

- In the morning, visit the Ming Dynasty City Wall and then travel to the stunning Great Mosque in Xian's Muslim Quarter.
- In the afternoon, transfer to airport for the flight back to Hong Kong.

Please contact International Conference Consultants Ltd. for tour bookings:

**SICOT/SIROT 2008
XXIV Triennial World Congress**

Official Local Agent

International Conference Consultants Ltd.

Unit 301, The Centre Mark
287-299 Queen's Road Central
Hong Kong

Tel.: +852 2559 9973

Fax: +852 2547 9528

E-mail: sicot@icc.com.hk

More detailed information at <http://www.sicot.org>

SICOT/SIROT 2008 XXIV Triennial World Congress

24 - 28 August 2008

Hong Kong



Faculty (at 26 February 2008)

- Dr Ahmet Alanay (Turkey)
- Prof Wahid Al-Kharusi (Oman)
- Dr Theerachai Apivatthakakul (Thailand)
- Prof Henri Bensahel (France)
- Prof Cody Bünger (Denmark)
- Prof K.M. Chan (Hong Kong)
- Prof Jae Yung Chung (Korea)
- Dr Piet de Boer (Switzerland)
- Prof Clive P. Duncan (Canada)
- Dr David Fang (Hong Kong)
- Prof Toshio Fujii (Japan)
- Dr Joerg Goldhahn (Switzerland)
- Prof Stuart Goodman (USA)
- Dr Seth Greenwald (USA)
- Prof Norbert Haas (Germany)
- Prof Peter Herberts (Sweden)
- Prof Maurice Hinsenkamp (Belgium)
- Dr Manabu Ito (Japan)
- Prof André Kaelin (Switzerland)
- Dr James Kellam (USA)
- Prof Young-hoo Kim (South Korea)
- Prof Seung Ho Kim (South Korea)
- Dr Ngai Wai Kit (Hong Kong)
- Dr Tsukasa Kumai (Japan)
- Prof Annie Kung (Hong Kong)
- Prof John C.Y. Leong (Hong Kong)
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- Dr Kevin W.K. Yeung (Hong Kong)
- Dr Lee Pei Yuan (Taiwan)

More information about the Hong Kong TWC 2008 can be found at <http://www.sicot.org>

Editorial Department

Editorial Secretary: Prof Rocco P. Pitto

External Affairs: Linda Ridefjord

Special thanks to Prof Charles Sorbie

Rue Washington 40-b.9, 1050 Brussels, Belgium

Tel.: +32 2 648 68 23 - Fax: +32 2 649 86 01

E-mail: edsecr@sicot.org - Website: <http://www.sicot.org>

