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# SICOT

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

## . Newsletter

### Country to country: United Arab Emirates

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No. III  
June 2008

## Objectives

To determine the effectiveness and safety of surgery for rotator cuff disease.

## Search strategy

We searched the Cochrane Controlled Trials Register, MEDLINE, EMBASE, CINAHL, Science Citation Index (Web of Science) in March 2006 unrestricted by date or language.

## Selection criteria

Only studies described as randomised or quasi-randomised clinical trials (RCTs) studying participants with rotator cuff disease and surgical interventions compared to placebo, no treatment, or any other treatment were included.

## Data collection and analysis

Two independent review authors assessed methodological quality of each included trial and extracted data.

## Main results

We included 14 RCTs involving 829 participants. Eleven trials included participants with impingement, two trials included participants with rotator cuff tear and one trial included participants with calcific tendinitis. No study met all methodological quality criteria and minimal pooling could be performed. Three trials compared either open or arthroscopic subacromial decompression with active non operative treatment (exercise programme, physiotherapy regimen of exercise and education, or graded physiotherapy strengthening program). No differences in outcome between these treatment groups were reported in any of these trials. One trial which al-

so included a placebo arm reported that the Neer score of participants in both active treatment arms improved significantly more than those who received placebo at six months. Six trials that compared arthroscopic with open subacromial decompression reported no significant differences in outcome between groups at any time point although four trials reported a quicker recovery and/or return to work with arthroscopic decompression. Adverse events, which occurred in three trials and included infection, capsulitis, pain, deltoid atrophy, and re-operation, did not differ between surgical groups.

## Authors' conclusions

Based upon our review of 14 trials examining heterogeneous interventions and all susceptible to bias, we cannot draw firm conclusions about the effectiveness or safety of surgery for rotator cuff disease. There is "Silver" level evidence from three trials that there are no significant differences in outcome between open or arthroscopic subacromial decompression and active non-operative treatment for impingement. There is also "Silver" level evidence from six trials that there are no significant differences in outcome between arthroscopic and open subacromial decompression although four trials reported earlier recovery with arthroscopic decompression. ■

## Reference:

*This record should be cited as: Coghlan JA et al.  
Surgery for rotator cuff disease.  
Cochrane Database of  
Systematic Reviews 2008,  
Issue 1. Art. No.: CD005619*

**T**he Newsletter remains the most direct and effective tool of communication for our Society. The look of the Newsletter has changed over time following to some extent the same trends of contemporary periodicals. This year, as already announced at the last Assembly of the International Council, we decided to give the layout of the Newsletter a “facelift”. So far, there are no changes to the content structure.

The Editorial Board of *International Orthopaedics* continues the challenging task of improving the peer-reviewing process, early publication of the electronic version on the Web, and impact of the Journal. The time for publication of accepted papers has been further reduced, and the Impact Factor continues to grow, almost reaching in 2007 the crucial 1.0 scoring limit. The imminent Spring Meeting of the Editorial Board of *International Orthopaedics* will take place in Rome, Italy. An updated report of this meeting will be published in the Newsletter before the Triennial World Congress in Hong Kong. I extend my compliments to the Editor, his elected successor, and the Editorial Board for their passionate work and great achievement.

Best wishes from India,

■  
Rocco P. Pitto  
Editorial Secretary



# United Arab Emirates

Dr Hashem Alkhatib | SICOT National Representative of the United Arab Emirates



The United Arab Emirates (UAE) was formed in 1971 as a federation of seven emirates, Abu Dhabi (the capital),

Ajman, Fujairah, Ras al-Khaimah, Sharjah, Umm al-Quwain and Dubai (the commercial capital).

It is situated on the Arabian Gulf between Qatar on the west and Oman on the east. It is bordered by Saudi Arabia in the south on the fringes of the Empty Quarter.

The size of the country is 82,880 km<sup>2</sup>. The population is 4.4 million (2007) and the UAE has one of the most diverse populations in the Middle East (more than 150 nationalities living in UAE). The UAE population is predicted to increase by 18% by 2010. The most populous city is Dubai, with approximately 1.3 million people. Other major cities include Abu Dhabi, Al Ain and Sharjah.

The UAE has a sub-tropical, arid climate with temperatures ranging from a low of 10 degree Celsius in January to a high of 48 degrees Celsius in August. Whatever the month, it is always pleasant as all the venues, shops and restaurants are air-conditioned year round.

The UAE's national language is Arabic, however, English is widely spoken throughout.

The country has a highly industrialised economy which makes it one

of the most developed countries in the world. This is based on various socioeconomic indicators such as GDP per capita, energy consumption per capita, and the Human Development Index.

The UAE has achieved its success in a relatively short period of time due largely to the following factors: a visionary leadership, a high quality infrastructure, an expatriate-friendly environment, low import duties and zero tax on personal and corporate income.

Dubai and Abu Dhabi offers everything you would expect of modern international cities. Citizens, expatriates and visitors alike, enjoy a relaxed and pleasant lifestyle. There is virtually no crime, the cities are clean and there is a wide choice of modern accommodation in all categories.

Against the backdrop of a carefully preserved heritage, Dubai is also building a visionary future.

In the next few years, several mega-projects that will continue to transform the face of Dubai will be completed. These include the Dubai World Central, a 140 square kilometre urban aviation community centred around the world's largest international airport; the Palm Jumeirah one of the three man-made, palm shaped islands off the coast of Dubai offering 40 hotels, villas, apartments and other amenities; Burj Dubai, the world's tallest building, set amidst an open green

landscape and flowing water alongside one of the world's largest shopping malls; Dubai Sports City which will enhance Dubai's ability to attract world-class sporting events; and Maritime City, a specialised environment that will promote the networking and integration of leading maritime companies in one destination.

Dubai's infrastructure and location has also meant that it is an ideal destination for business tourism and it is a popular destination for regional and international congresses and conferences.

The phenomenal growth of the UAE is reflected in every area of development and the field of orthopaedics is no exception.

In the barren scenario of the 1950's, with no hospitals, the only specialists available were the bone setters or general practitioners. Consequently, patients sought advanced orthopaedic treatment in countries abroad. However, today the modern UAE cities of Dubai, Abu Dhabi and Sharjah, boast numerous government and private hospitals with state-of-the-art facilities, as well as many clinics and medical centres providing excellent orthopaedic services in all fields.

There are close to 600 orthopaedic surgeons currently practicing in the UAE (200 in Dubai, 150 in Abu Dhabi and approximately 250 in the Northern Emirates).



Dubai

All kinds of orthopaedic sub-specialties from spine surgery to paediatric orthopaedics, to joint arthroplasty, as well as sports medicine, are practiced and available in the UAE. In addition, there are advanced international trauma centres in Dubai and Abu Dhabi.

There are five fully fledged medical schools in the UAE, one belonging to the government, one semi-government and three others operating privately.

The UAE - particularly Dubai with its world renowned cosmopolitan status - is inhabited by individuals from over 150 different countries, thus there is a rich and unique cultural melting pot. It is therefore no surprise that there is a wealth of expertise in the orthopaedic facilities in the UAE, with practicing surgeons of diverse background, who hail from between 40 and 50 countries. They draw their expertise from different schools of thought, backed by a wide pool of experience.

The dynamic medical/orthopaedic practices in the UAE interact closely with orthopaedic associations in the GCC countries (Saudi Arabia, Qatar,

Bahrain, Kuwait and Oman) including the GCC Orthopaedic Association, as well as the Pan Arab Orthopaedic Organisation, which meets once every two years.

A major landmark in the medical field has been the development of Dubai Healthcare City which is the world's first medical free zone. By 2010, Healthcare City aims to become a globally acknowledged location of choice for healthcare and a centre for specialist medical services, medical education, life science research and technology leveraged healthcare services.

Leading academic medical institutions and pre-eminent healthcare organisations have become strategic partners in Dubai Healthcare City, including Harvard Medical School, and

the Mayo Clinic. Most of the major pharmaceutical companies have set up regional headquarters in the free zone.

Recently Dubai Healthcare City unveiled phase II which will have 6 zones amongst which will be the Clinical Zone with a division dedicated to physiotherapy and a Long-Term Care Sector with modern post-trauma rehabilitation centres.

The UAE, although a young country, has made tremendous advances over the past three decades in the provision of medical services at the highest international standards. Healthcare is high on the government agenda and it will continue to invest to make sure Dubai is recognised internationally as the 'location of choice' for healthcare. ■



▶ **Country name:**

United Arab Emirates (UAE)  
Federation of Seven (7) Emirates (Abu Dhabi, Dubai, Sharjah, Ajman, Umm Al Quain, Ras Al Khaimah, Fujairah)

▶ **Location:** along the south-eastern tip of the Arabian Peninsula

▶ **Population:** 4.4 million (2007)

▶ **Capital:** Abu Dhabi with population of 930,000 people

▶ **Commercial capital:** Dubai with population of 1,321,453 people

▶ **Surface area:** 82,880 km<sup>2</sup>

▶ **Language:** Arabic (official), English (widely spoken)

▶ **Religion:** Islam

▶ **Type of government:** Federal government

▶ **No. of orthopaedic surgeons:** 600

▶ **No. of hospitals:** 48

▶ **No. of medical schools:** 5

▶ **No. of SICOT active members:** 4



# The SICOT Website

The SICOT website is constantly being updated. New features and services are being added to it, especially the Members' Area. The website offers many exciting benefits to SICOT members and we invite you to log in regularly to make the most of these benefits and to ensure that you are not missing out.

## Members' Area

To enter the Members' Area, please insert your username (member ID) and password in the top left-hand corner of the homepage. If you do not have your username and/or password, please request them from the SICOT Head Office via e-mail: [hq@sicot.org](mailto:hq@sicot.org).

All members have access to their own **personal data**, making it possi-

ble for changes to be made where necessary. It is important that members' contact details are up-to-date to ensure that all correspondence, including the International Orthopaedics journal, reaches members correctly.

The **SICOT membership roster** is open to all members. This allows you to obtain the names and coordinates of other SICOT members, thus making it possible to contact old colleagues or friends and to meet fellow members.

**Abstracts** from the Second SICOT/SIROT Annual International Conference in Cairo, Egypt, in 2003 to the Fifth SICOT/SIROT Annual International Conference in Marrakech, Morocco, in 2007 are available for consultation on the SICOT web-

site. There is also a discussion forum where abstract authors can answer questions about their abstracts.

It is also possible for members to **pay membership fees online**. Those members who wish to pay their fees in USD are kindly requested to use the EUR to USD exchange rate available on the website, as this is the official rate provided by the National Bank of Belgium. **National Delegates** can check the payment status of membership dues of their own section using the 'Member Search' page.

## SICOT Forum

All members are invited to visit the SICOT Forum in the Members' Area of the SICOT website. The Forum provides a means for discussion among members. It also enables Committee members to prepare in advance the administrative meetings held during every SICOT Conference or Congress and to discuss and prepare topics of importance. Each Committee has its own forum.

To enter the Forum, simply click on "Forum access" at the end of the menu on the left-hand side of the Members' Area page. A complete user's guide can be found by clicking on the "help" button at the top of the Forum page.





message missing either a subject or a body will not be accepted for posting until it has both. If you are happy with your plain text message, you can then post it by clicking on the “Post” button and/or preview it first by clicking on the “Preview” button. However, there are many further options available to make things that little bit more interesting. ■

If you have any ideas or suggestions for improving the SICOT website, please send an e-mail to:  
[edsecr@sicot.org](mailto:edsecr@sicot.org)

The “Members List” in the Forum allows users to find the coordinates of those with whom they would like to discuss a particular topic. The names of all members are available on this list, along with other information like their username, e-mail address, website (if any), MSN Messenger address, position, date of registration, and number of messages posted.

To start a new topic in the Forum, browse to the board where you wish to post and click on the “new topic” button, which should take you to the “Start new topic” screen. While this presents a number of options, the two most important are the “Subject” field and main “Message” field. Enter your subject and start to type (or paste) your message into the main text area. Please note that a

## New Education Facilities for SICOT Members

SICOT’s education role has always been in the front line of its priorities. SICOT has recently increased access to two great websites for orthopaedic education:

- Orthopedics Hyperguide (<http://www.ortho.hyperguides.com>);
- Orthoteers (<http://www.orthoteers.com>).

The **Orthopedics Hyperguide** is available for free to all SICOT members, through the Members’ Area. This is a great website for online lectures, MCQs and up-to-date current concept articles.



**Orthoteers**, one of the largest online orthopaedic e-textbooks, is very useful for looking up a topic you wanted to catch up on, seeing the latest treatment techniques, or preparing for exams. Orthoteers is now offering SICOT members a 45% discount on the yearly subscription rate. SICOT members only pay GBP 35.25 to gain access to all content on the website. This is also available through the Members’ Area.

We invite you to utilise the full capabilities of these two great education websites.

Dr Hatem Said  
Young Surgeons Committee Chairman

Prof John C.Y. Leong | Congress Site Committee Chairman



There is an increasing interest for member nations to host the scientific meetings of SICOT, particularly the Triennial World Congress.

For the Triennial World Congress to be held in the year 2014, there are five contenders who have officially put in a bid, and myself or another representative (present or past EC Member) will do a Con-

gress Site Visit before the vote for the venue to be decided by Members of the SICOT International Council at its Meeting in August 2008 in Hong Kong. The five contenders included Dubai, Madrid, São Paulo, Toronto, and Vienna.

It may be useful to remind SICOT Members that the venues for the most recent five Triennial World Congresses were in Europe (Amsterdam) in 1996, Australia (Sydney) in 1999, U.S.A. (San Diego)

in 2002, Middle East (Istanbul) in 2005, and will be in Asia (Hong Kong) in 2008. The 2011 Triennial World Congress will be held in Europe (Prague).

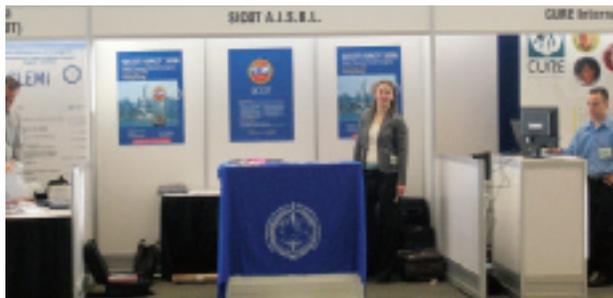
In addition, the Annual International Conference in 2009 will be in Asia (Pattaya), and in 2010 in Europe (Gothenburg). This information may be relevant when the SICOT National Delegates vote on the venue for the 2014 Triennial World Congress. ■

## Worldwide news

### The Society's international presence

SICOT was present at the American Academy of Orthopaedic Surgeons (AAOS) 75th Annual Meeting which took place in San Francisco, California, from 5 to 9 March 2008. SICOT will also have a booth at the 9th EFORT Congress (European Federation of National Associations of Orthopaedics and Traumatology) to be held in Nice, France, from 29 May to 1 June 2008.

We invite you to visit our booth to find out more about the Society and what we have to offer.



## New SICOT National Delegates

### Hungary



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## SICOT Administrative Meetings

All meetings will be held at the Hong Kong Academy of Medicine.



### > Thursday, 21 August 2008

09:00-16:00 - Executive Committee

### > Friday, 22 August 2008

08:30-13:00 - Committee meetings

14:30-16:00 - Geographical Sections

16:00-18:00 - Board of Directors

*The National Delegates' Banquet will be held at the Langham Place Hotel and will start at 20:30.*

### > Saturday, 23 August 2008

09:00-18:00 - International Council

## General Assembly

### > Tuesday, 26 August 2008

17:30-18:30

Venue: Hong Kong Convention and Exhibition Centre.

All SICOT members are invited to attend.

## Opening Ceremony

The Opening Ceremony will take place on 24 August 2008 at 17:30 in the Grand Hall of the Hong Kong Convention and Exhibition Centre. It will be followed by a Welcome Cocktail in the Grand Foyer at 19:00.

## Closing Ceremony

The Closing Ceremony will be held in Theatres 1 and 2 of the Hong Kong Convention and Exhibition Centre on 28 August 2008 at 15:30.



Photo by Keith Dumble

## 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](mailto:wangzhe@fmmu.edu.cn) or [spine@fmmu.edu.cn](mailto:spine@fmmu.edu.cn) with the registration form.

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

## Wednesday 27 August 2008

**Time:** the cocktail reception starts at 19:00 and the dinner will be served at 20:00.

**Fee (until 31 May 2008):** EUR 115/person

**Venue:** Conrad Hong Kong

Pacific Place, 88 Queensway, Hong Kong, China

Tel.: +852 2521 3838

The Presidents' Dinner is hosted by the SICOT President, Prof Chadwick Smith, and the Hong Kong Congress President, Prof Keith Dip-Kei Luk.

It will be held in the magnificent Grand Ballroom of the Conrad Hong Kong luxury hotel and will include an exquisite menu of authentic Cantonese dishes.



Chinese Artisans will be on site to demonstrate their art and to create beautiful personalised souvenirs to take home, such as: Chinese Calligraphy, Chinese Rainbow Calligraphy, Chinese Brush Writing on Fan, Caricature Silhouette Cutting, Flour Doll Making, Grasshopper Weaving, Paper Cutting.



An international band will be performing during the Dinner and also afterwards for dancing.



It promises to be a fun, memorable and unforgettable evening for everyone. To register for the Congress and the Presidents' Dinner, please visit the SICOT website: <http://www.sicot.org>

## ■ Macau Excursion (1 day)

An hour's hydrofoil ferry ride brings you to the previous Portuguese enclave - Macau, which was reverted to Chinese sovereignty in December 1999. Inscribed "The Historic Centre of Macau" on UNESCO's World Heritage List, Macau is rich in culture and heritage. You will enjoy visiting the 16th-century Kun lam Temple and travelling up Penha Hill and Chapel for a magnificent view of the city. The tour will also lead you to the Ruins of St. Paul's



Cathedral, Monte Fort, Senado Square and Avenida da Praia Residences.

If you are interested in visiting Macau during or after the Hong Kong TWC 2008, please contact International Conference Consultants Ltd.:

**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

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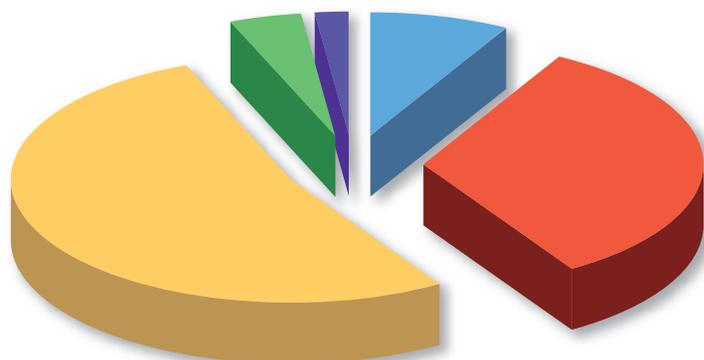
E-mail: [sicot@icc.com.hk](mailto:sicot@icc.com.hk)

# Abstract Submission - Statistics

The number of abstracts submitted for presentation (free paper and poster presentations) at the SICOT/SIROT 2008 XXIV Triennial World Congress by topic is shown in the table below. Compared to the statistics for the Triennial World Congress in Istanbul in 2005, the numbers for Hong Kong represent an increase of 30%.

Topic	Oral	Either	Poster	Total
SICOT - Foot and Ankle	21	22	16	59
SICOT - General Orthopaedics	21	26	11	58
SICOT - Hand and Wrist	24	21	21	66
SICOT - Basic Science	20	30	7	57
SICOT - Joint	126	75	70	271
SICOT - Paediatrics (IFPOS)	67	38	10	115
SICOT - Shoulder and Elbow	34	35	16	85
SICOT - Spine	49	76	25	150
SICOT - Sports	21	30	14	65
SICOT - Trauma	73	54	20	147
SICOT - Tumours	18	18	25	61
SIROT - Biomechanics	11	9	4	24
SIROT - Fracture Healing	4	4	2	10
SIROT - Infections	9	15	9	33
SIROT - Joint Replacement	10	9	4	23
SIROT - Osteoporosis	5	7	6	18
SIROT - Tissue Engineering	5	5	4	14
SIROT - Tumours	2	6	7	15
ISMISS - Endoscopic Spinal Surgery and Complementary Techniques	7	2	2	11
ISMISS - Minimally Invasive Spinal Surgery	9	3	1	13
<b>TOTAL</b>				<b>1,295</b>

## Number of abstracts submitted by continent:



- Europe: 696 (53 %)
- North America: 48 (4 %)
- South & Central America: 22 (2 %)
- Africa, Near and Middle East: 98 (8 %)
- Asia & Pacific: 431 (33 %)

# SICOT/SIROT 2008 XXIV Triennial World Congress

24 - 28 August 2008

Hong Kong



## Peer-reviewers

SICOT would like to thank the following members of the Scientific Board who kindly gave their time to review the abstracts submitted for the SICOT/SIROT 2008 XXIV Triennial World Congress to be held in Hong Kong:

- Stephen P. Abelow, *USA*
- Per K. Andersen, *Denmark*
- David Aronsson, *USA*
- Syed Muhammad Awais, *Pakistan*
- Henri Bensahel, *France*
- Thami Benzakour, *Morocco*
- Andrzej Bohatyrewicz, *Poland*
- Cody Bünger, *Denmark*
- Franz Burny, *Belgium*
- Ivan Butkovic, *Serbia*
- Miguel E. Cabanela, *USA*
- Jacques Caton, *France*
- Heng Cheong Cheng, *Hong Kong*
- Ho Man Cheung, *Hong Kong*
- Kenneth M.C. Cheung, *Hong Kong*
- K.K. Cheung, *Hong Kong*
- Wai Yuen Cheung, *Hong Kong*
- Peter K.Y. Chiu, *Hong Kong*
- Wang Chow, *Hong Kong*
- Yuk Yin Chow, *Hong Kong*
- Juan Couto, *Argentina*
- Nando de Sanctis, *Italy*
- El Hadj Ibrahima Diop, *Senegal*
- John P. Dormans, *USA*
- Morris Duhaime, *Canada*
- Sabri El Banna, *Belgium*
- Jochen Eulert, *Germany*
- Federico Fernandez-Palazzi, *Venezuela*
- Piero Vittorio Frediani, *Italy*
- Patricia M. Moraes Barros Fucs, *Brazil*
- Toshia Fujii, *Japan*
- Boris Fung, *Hong Kong*
- Anthony J. Hall, *UK*
- Moussa Hamadouche, *France*
- Peter Herberts, *Sweden*
- Maurice Hinsenkamp, *Belgium*
- W.Y. Ho, *Hong Kong*
- Pierre Hoffmeyer, *Sweden*
- Frank Horan, *UK*
- Gamal Ahmed Hosny, *Egypt*
- Hak Hon Hung, *Hong Kong*
- Karl Knahr, *Austria*
- Peter Put Shui Ko, *Hong Kong*
- Shoichi Kokubun, *Japan*
- Rainer I.P. Kotz, *Austria*
- Shekhar M. Kumta, *Hong Kong*
- Ken Kuo, *Hong Kong*
- Cho Yee Lam, *Hong Kong*
- Joseph M. Lane, *USA*
- Tak Wing Lau, *Hong Kong*
- Pei Yuan Lee, *Hong Kong*
- Seok Hyun Lee, *Korea*
- John C.Y. Leong, *Hong Kong*
- Ian J. Leslie, *UK*
- Frankie Ka Li Leung, *Hong Kong*
- Ping-Chung Leung, *Hong Kong*
- Haisheng Li, *Denmark*
- Wilson Li, *Hong Kong*
- Y.H. Li, *Hong Kong*
- Marc Libotte, *Belgium*
- Chii-Jeng Lin, *Taiwan*
- Hwa Chang Liu, *Taiwan*
- Joachim F. Loehr, *Switzerland*
- William Lu, *Hong Kong*
- Kan Hing Mak, *Hong Kong*
- Yin Shun Miu, *Hong Kong*
- Fu Yuen Ng, *Hong Kong*
- K.H. Ng, *Hong Kong*
- Lawrence Tze Pui Ng, *Hong Kong*
- Wai-Kit Ngai, *Hong Kong*
- Chang-Wug Oh, *Korea*
- Jong-Keon Oh, *Korea*
- Marko Pecina, *Croatia*
- Rocco Pitto, *New Zealand*
- Charles Turner Price, *USA*
- S. Rajasekaran, *India*
- Galal Zaki Said, *Egypt*
- Hatem Galal Said, *Egypt*
- Adam Schreiber, *Switzerland*
- Frédéric A. Schuind, *Belgium*
- Laurent Sedel, *France*
- Chadwick F. Smith, *USA*
- Charles Sorbie, *Canada*
- Gary Speck, *Australia*
- Miklós Attila Szendrői, *Hungary*
- Wai Man Tang, *Hong Kong*
- Tomas Trc, *Czech Republic*
- Garnet Donald Tregonning, *New Zealand*
- Albert Van Kampen, *Netherlands*
- Michel Vancabeke, *Belgium*
- Vilmos Vécsei, *Austria*
- René Verdonk, *Belgium*
- Gershon Volpin, *Israel*
- Hok Leung Wong, *Hong Kong*
- Kam Yiu Wong, *Hong Kong*
- Jimmy Wai Kwok Wong, *Hong Kong*
- Margaret Wan Nar Wong, *Hong Kong*
- Wing Cheung Wong, *Hong Kong*
- Y.W. Wong, *Hong Kong*
- Lau Pui Yau, *Hong Kong*
- Wai Pang Yau, *Hong Kong*
- Kelvin Yeung, *Hong Kong*
- Henry Siu Fai Yip, *Hong Kong*
- Xuenong Zou, *Denmark*

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

## Editorial Department

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