

NASS Thanks 2006 Research Fund Contributors

NASS would like to thank and acknowledge the leadership and generosity of those who have contributed to the advancement of spine care through the NASS research funds:

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July 29, 2005 to July 27, 2006

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Spine Research Foundation

July 29, 2005 to July 27, 2006

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July 29, 2005 to July 27, 2006

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Grant & Fellowship Winners

NASS awarded over \$200,000 in grant funding and fellowships in 2006 to support the following:

Cell Senescence and the Human Intervertebral Disc

Helen E. Gruber, PhD; Edward N. Hanley, Jr., MD; H. James Norton, PhD — \$50,000

Local Delivery of Small Inhibitory RNA (siRNA) and Radiation Therapy to Treat Metastatic Spine Tumors

Daniel M. Sciubba, MD; Ziya Gokaslan, MD, FACS; Theodore L. DeWeese, MD — \$44,449

The Regulation of Gene Expression by Compressive Stress in the Nucleus Pulposus

Gwendolyn Sowa, MD, PhD; James Kang, MD; Patrick Smolinski, PhD — \$50,000

The Minimal Clinically Important Difference (MCID) for Spinal Disorders: Finding the Threshold of Clinically Significant Change

Vedat Deviren, MD; Sigurd Berven, MD — \$49,773

Clinical Traveling Fellowships

Richard C. Rooney, MD — \$10,050
Stephen Pirris, MD — \$5,000

2006 OPA Winners

Every year, NASS and *The Spine Journal* offer up to three awards of \$10,000 for an outstanding paper in each of the following categories: Basic Science, Surgical Science and Medical & Interventional Science. The following papers were honored and presented at the NASS 21st Annual Meeting:

Surgical Science

Surgical treatment for unstable low-grade isthmic spondylolisthesis in adults: a prospective controlled study of posterior instrumented fusion compared to combined anterior-posterior fusion. Justin Swan, MD; Eugene Carragee; Farbod Malek, MD; Erica van den Haak, BS; Ivan Cheng, MD; Todd Alamin, MD; Eric Hurwitz, PhD

Basic Science

Osteogenic differentiation of adipose-derived stromal cells treated with GDF-5 cultured on a novel three-dimensional sintered microsphere matrix. Francis H. Shen, MD; Qing Zeng, MD; Qing Lv, MS; Luke Choi, MD; Gary Balian, PhD; Xudong Li, MD, PhD; and Cato T. Laurencin, MD, PhD

Medical & Interventional Science

Are first-time episodes of serious LBP associated with new MRI findings? Eugene Carragee, MD; Todd Alamin, MD; Ivan Cheng, MD; Thomas Franklin, MD; Eric Hurwitz, DC, PhD; Erica van den Haak, BS

Spring Break 2007: Back to the Future – Straight Spines, Straight Talk

Join your colleagues in Phoenix, March 14-17, 2007, for a meeting unlike anything you have ever attended!

Lively Meeting Format

This high-energy meeting will focus on controversial and nontraditional topics with a unique format. You can anticipate sessions with interactive debate structured fundamentally the same as “The McLaughlin Group” on PBS, combined with elements from *American Idol*.

Two “judges” who are considered experts in the topic area will preside in each session. Each session will include four panelists, at least one of whom will be medical/interventional (two in nonsurgical sessions).

Each session will focus on a particular hot topic. During the session, each panelist will be given a specified time frame to show slides and present his/her perspective to the judges and audience using sound data, literature and logic. After the panelists’ presentations, each



judge will provide feedback and decide who he/she thinks makes the most convincing presentation and why. During this time, the audience will vote on who

is most convincing. The winner will be decided by the largest number of votes received from the audience and judges.

During the last session, two audience members will be randomly selected to come to the microphone

and ask one question each. These audience participants also will act as a judge and give an opinion. At the conclusion of each day’s sessions, an overall winner will be chosen to advance to the final round on Saturday morning, featuring three impromptu questions in a similar format for a champion round.

Stunning Resort Location

In addition to offering an interactive and truly unique session format, Spring Break 2007 will be held at one of Phoenix’s finest resorts, the Pointe Hilton Tapatio Cliffs Resort. This architectural wonder terraces the slopes of the Phoenix North Mountain Preserve with the finest panoramic views in the Valley. This mountainside resort has championship golf, an incredible spa and tennis courts with lush surroundings. The resort also includes Falls Water Village, a three-and-a-half-acre oasis featuring waterfalls, swimming pools, spas, cabanas and a 138-foot enclosed water slide. This resort truly has something for everyone!

Register Now, Space is Limited

Participation is limited to the first 300 registrants. To download a registration form, please visit www.spine.org. Or you may call NASS toll-free at 877 SpineDr ([877] 774-6337).

Young Clinical Investigators Workshops

The United States Bone and Joint Decade (USBJD) Research Committee has developed a series of workshops to provide early-career clinical investigators an opportunity to work with experienced researchers. This workshop series is open to promising junior faculty, senior fellows or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents that are doing research and have a faculty appointment in place or confirmed. Investigators selected to take part in

the program attend two workshops, 12 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place April 27-29, 2007 in Rosemont (Chicago), Illinois. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded.

Further information about this workshop and how to apply are available on the Young Investigators Initiative pages of USBJD Web site at: www.usbdj.org. Deadline for applications is January 15, 2007.

FDA Panel Opportunities

The FDA is currently looking for spine surgeons to serve on its Orthopedic & Rehabilitation Devices Panel and the Neurological Devices Panel. For further information about either of these positions, please contact:

Ronald P. Jean, PhD
ronald.jean@fda.hhs.gov
 Scientific Reviewer, Orthopedic Joint Devices Branch
 U.S. Food & Drug Administration
 Tel: (301) 594-2036 x181 Fax: (301) 827-4349

Renew Your Membership in the Leading Multidisciplinary Spine Society!

Why? Following are just a few of the reasons:

SpineLine – This bimonthly clinical and news magazine provides invited reviews, debates on controversial topics with reader feedback, ethics discussions, abstract reviews, regulatory policy and advocacy updates. It also assists members in providing quality, cost-effective patient care with practice management articles, coding Q&A, safety alerts and other valuable socioeconomic content.

Patient Member Search

The Spine Care Finder at www.spine.org enables the public to locate spine care professionals who are NASS members. And it is extremely useful for members in building a network of peers for consultation and collaboration purposes.

Peer-reviewed Spine Journal

The Spine Journal (TSJ) provides insight into the latest spine care research and the results of clinical studies. Additionally, *TSJ* publishes detailed reviews of specific topics by acknowledged experts, technical notes, teaching editorials and other special features.

Education/Publication Discounts

We've expanded our programming to meet all your CME needs, including hands-on injection courses and the interactive Spring Break program, as well as our acclaimed Annual Meeting. And there are new publications, including the *2007 Common Coding Scenarios*, the newly revised second edition of *Compendium of Outcome Instruments for Assessment and Research of Spinal Disorders* and

Navigating Nonherbal Dietary Supplements! All these offerings are available to you as a member at a discount.

Research Funding

Each year, NASS offers Research Grants and Awards to support outstanding spine-related research. As public and private funding for medical research dwindles, NASS continues to offer support for the best basic and applied clinical research in the field of spine. Since 1989, NASS has funded more than \$1.5 million in spine-related research.

Advanced Web Site Features

NASS' newly redesigned Web site, www.spine.org, to be launched in early 2007, will offer members expanded resources such as *SpineLine* online; cutting edge clinical, research, regulatory and practice content; CME calendar (with online registration); Legislative Action Center; and much more. It will also offer interactive surveys; immediate registration for NASS meetings and educational courses; online ordering for NASS publications and products; and real-time dues renewal. In addition, the site includes enhanced spine provider search capabilities for patients as well as reliable, credible spine care information geared to the general public.

Spine Care Alerts

We keep you up-to-date about the latest in the spine care field, including alerts on instrument recalls, safety messages and the latest in research.

Connecting Job Seekers and Employers

Job Connection is an efficient, easy to use service that links spine care professionals with companies seeking qualified candidates. Employers can post job openings and job seekers can apply for these jobs online 24/7.

Volunteers

More than 150 NASS members volunteer for committees and task forces that address the needs of the society. As an Active member, you may vote and hold office. Associate and Corresponding members may be assigned by the Board of Directors to a council or committee.

Spine Advocates

The National Association of Spine Specialists (NASS6) promotes public policies that protect members' ability to practice medicine and give patients access to specialists and technologies they require for the evidence-based treatment of spine disorders.

Renew Your NASS Membership Online

Go to www.spine.org and log in to the Members Only section using your username and password. If you have questions or need assistance retrieving your username and password, please contact Susan Balluff at (708) 588-8070 or e-mail her at: balluff@spine.org.

You also may complete and fax your renewal form to (708) 588-8090 or return the form by mail.

Please remit payment by December 31, 2006.

Spine Safety Notice Updates

The North American Spine Society is committed to quality patient care through promotion of patient safety and prevention of medical errors. NASS monitors a variety of government and other resources for patient safety related notices that may be useful to our members. Information from these notices is also archived on the NASS Web site at http://www.spine.org/spine_safety_notices.cfm. This information is provided as a service for information and education only.

Cymbalta® and Effexor XR®

Updated Prescribing Information for Cymbalta (duloxetine hydrochloride) Delayed-Release Capsules, Effexor (venlafaxine hydrochloride) Tablets and Effexor XR (venlafaxine hydrochloride) Extended-Release Capsules:

According to MedWatch, FDA notified health care professionals of revisions to the WARNINGS and PRECAUTIONS sections of the prescribing information for Cymbalta (duloxetine hydrochloride) Delayed-Release Capsules, Effexor (venlafaxine hydrochloride) Tablets and Effexor XR (venlafaxine hydrochloride) Extended-Release Capsules. The revised WARNINGS labeling indicates that the development of a potentially life-threatening serotonin syndrome may occur with Cymbalta, Effexor or Effexor XR treatment, particularly with concomitant use of serotonergic drugs (including SSRIs, SNRIs and triptans for Effexor and Effexor XR, and triptans for Cymbalta) and with drugs that impair metabolism of serotonin (including MAOIs). Serotonin syndrome symptoms may include mental status changes (eg, agitation, hallucinations, coma), autonomic instability (eg, tachycardia, labile blood pressure, hyperthermia), neuromuscular aberrations (eg, hyperreflexia, incoordination) and/or gastrointestinal symptoms (eg, nausea, vomiting, diarrhea). The concomitant use of Cymbalta, Effexor or Effexor XR with MAOIs intended to treat depression is contraindicated. If concomitant treatment of Cymbalta with a 5-hydroxytryptamine receptor agonist (triptan) is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. If concomitant treatment of Effexor or Effexor XR with an SSRI, an SNRI or a

5-hydroxytryptamine receptor agonist (triptan) is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. The concomitant use of Cymbalta with serotonin precursors (such as tryptophan) or Effexor or Effexor XR with serotonin precursors (such as tryptophan supplements) is not recommended.

The revised PRECAUTIONS section for Cymbalta indicates that patients should be cautioned about the risk of serotonin syndrome with the concomitant use of Cymbalta and triptans, tramadol or other serotonergic agents. The revised PRECAUTIONS section for Effexor and Effexor XR indicates that patients should be cautioned about the risk of serotonin syndrome with concomitant use of Effexor or Effexor XR and triptans, tramadol, tryptophan supplements or other serotonergic agents.

Donor Referral Services (DRS)

Human Tissues Recovered by Donor Referral Services (DRS) and Potential Risks of Infectious Disease Transmission:

FDA notified health care professionals that human tissues recovered by Donor Referral Services (DRS), including human bone and soft tissues, may not have met FDA requirements for donor eligibility. While no adverse reactions associated with these tissues have yet been reported, and subsequent processing should reduce the potential risks of infectious disease transmission, health care providers who were supplied with these tissues are being notified of the potentially increased risk for infectious disease transmission.

The following firms distributed tissue initially recovered by DRS and have

conducted recalls:

- Alamo Tissue Services of San Antonio, TX
- Lost Mountain Tissue Bank of Kennesaw, GA
- TissueNet of Orlando, FL
- US Tissue and Cell (USTC) of Cincinnati, OH (Allosource of Centennial, CO is performing all recall and physician notification activities for USTC)

According to FDA, these firms have already voluntarily recalled all unused tissue remaining in inventory. With regard to patient safety, where FDA had previously identified specific cases of concern, the firms cooperated fully in efforts to inform patients and offer testing in those cases. The firms noted above continue to work cooperatively with FDA to notify the health care facilities that received these tissues so that the health care providers of all patients who received the products can, in turn, inform their patients and offer testing.

FDA and the Centers for Disease Control and Prevention (CDC) are strongly recommending that health care providers inform their patients who received tissues initially recovered by DRS that they may have received tissue from donors for whom adequate donor eligibility determinations were not performed, and offer patients access to appropriate infectious disease testing. The relevant communicable diseases for which a tissue donor is required to be tested are HIV-1 and 2, hepatitis B virus, hepatitis C virus and syphilis. Further recommendations for testing are posted on the CDC website at: <http://www.cdc.gov/ncidod/dhqp/tissueTransplantsFAQ.html>.

FDA will continue its investigation into this matter and will issue further public health updates, as needed.

NASS Calendar

For further details about these NASS meetings and/or to download a registration form, please visit www.spine.org or call NASS toll-free at: (877) SpineDr ([877] 774-6337).

January 2007

26-27 Coding Update 2007
Snowbird, UT

February 2007

11 Abstracts Submission
Deadline for NASS
22nd Annual Meeting

11 Deadline
NASS/TSJ Outstanding
Paper Submissions

March 2007

14-17 NASS Spring Break
Phoenix, AZ

Future Annual Meetings:

■ **October 23-27, 2007**
Austin, TX

■ **October 14-18, 2008**
Toronto, ON, Canada

■ **October 13-17, 2009**
San Francisco, CA

■ Dates TBD, 2010

Orlando, FL

■ **October 11-15, 2011**

Chicago, IL

■ **November 14-18, 2012**

San Francisco, CA

NASS Financial Conflict of Interest Disclosure Policy

To maintain the integrity of professional judgment of our members, volunteers and leaders, and to maintain public confidence, NASS has adopted a policy of uniform disclosure of financial conflicts of interest.

NASS recognizes that professional relationships with industry are essential for development of new spinal technologies and medical advancement. These relationships do not in any way reflect negatively on the character of an individual.

The intent of this policy is to encourage disclosure of situations in which there is even the potential for bias, without any implications regarding actual bias. The establishment of uniform disclosure requirements frees individuals from having to decide which relationships might influence his or her decision-making and which are irrelevant; transparent disclosure allows the audience to participate in the interpretation of significance.

Financial Conflict of Interest Disclosure Key

SpineLine has started to transition to the new uniform disclosure policy adopted by the NASS Board for all content not yet in the publishing pipeline. Each *SpineLine* author will be asked to disclose all financial conflicts of interest. An indicator code (see key at right) reflecting that disclosure (including the supporting company or institution) will appear at the end of each article under the heading, **Author Disclosures**.

Direct or indirect remuneration

- a. Royalties
- b. Stock ownership (options, warrants)
- c. Consulting fees
- d. Loans from the sponsor
- e. Speaking arrangements

Position held in a company

- f. Board of Directors
- g. Scientific Advisory Board
- h. Other office in a company

Support received from sponsors

- i. Endowments
- j. Research support for investigator salary
- k. Research support for staff and materials

- l. Discretionary funds
- m. Support of clinical staff or training
- n. Trips/travel
- o. Other sponsorship

Degree of Support

1. Less than \$250 per year
2. \$250 up to \$10,000 total support (from all sources combined) per year, or less than or equal to 5% company ownership if value of ownership is less than or equal to \$10,000
3. More than \$10,000 total support (from all sources combined) per year or more than 5% company ownership

NASS Committee Fiduciary Duties

Members of NASS' committees, Councils and Board are held as fiduciaries of the Society, meaning that their relationship to the Society is based on an understanding of confidence and trust. There are three fiduciary duties that volunteers have at NASS. These legal duties primarily apply to directors and officers, but can easily be extrapolated to any volunteer position. Broadly speaking, these fiduciary duties can be grouped into three categories:

Duty of Loyalty

A fiduciary must act in accordance with the interests of the organization, and not his own interests.

Duty of Candor

A fiduciary must not withhold information from the organization, particularly with respect to the fiduciary's dealings with the organization.

Duty of Care

A fiduciary must act with some degree of care with respect to the organization. This is usually formulated as a duty to take the care that an ordinarily prudent person would in similar circumstances.

A variety of other duties, and legal doctrines, are subsumed in these three duties. For example, the duty of care includes a duty of confidentiality, ie, that the fiduciary will not disclose the organization's information. The duty of loyalty includes the corporate opportunity doctrine. Also related is the Business Judgment Rule which provides that the decisions of a corporation's board of directors will not be second-guessed unless a decision is self-interested (a violation of the duty of loyalty) or (more rarely) if the board acted in an imprudent manner (a violation of the duty of care).