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EFORT Congress Format
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- **Morning Sessions**
9:00-10:30
- **Industry Expert Lunch Symposium**
13:00-14:30

EFORT welcomes attendees to Prague for 16th EFORT Congress

Building on the success of last year's meeting, the 16th EFORT Congress in Prague will feature a robust scientific programme that includes symposia and instructional lectures from distinguished speakers, as well as Free Paper submissions from all over the world.



Stephen R. Cannon

With the help of attendee feedback, the Congress programme has been carefully developed to appeal to both new and experienced physicians. EFORT, in collaboration with European Specialty Societies in hip, knee, shoulder and elbow, and foot and ankle orthopaedics, has organised highly rated sessions from previous years, as well as the one-day Comprehensive Review Course aimed at younger colleagues and residents, and the Michael Freeman and Erwin Morscher Honorary Lectures.

"We know junior physicians appreciate the opportunity to present their early research work, so Free Paper submissions are always very popular, as well as the instructional lectures, (like Free Paper)," said Stephen R. Cannon, MA, MChOrth, FRCS, MB, BChir, 2014/2015 EFORT president and consultant orthopaedic surgeon in the department of orthopaedic surgery at the Royal National Orthopaedic Hospital, Stanmore, U.K. "Added to which, we have the Advanced Course in Hip and Knee ... and symposia of high clinical standards to foster the interchange of ideas amongst physicians with quite significant knowledge.

"So [EFORT] gives physicians the opportunity not only to do some interchange with colleagues at a very high level, but also to help the ongoing education of more junior and less specialist orthopaedic surgeons in Europe," he continued. "Everyone will also have the opportunity to meet fellow enthusiasts in all areas of orthopaedic surgery."

One of the educational highlights from EFORT will be the congress' main theme of orthopaedic infection.

"Infection is one of the main complications of
(Cannon continued on page 5)



Prague is the host city of the 16th EFORT Congress. A sightseeing guide can be found on page 4-5.

Orthopaedic infections to take centre stage at 16th EFORT Congress

With its main theme, the 16th EFORT Congress in Prague will shine a spotlight on the infrequent, but potentially problematic, phenomenon of orthopaedic infection.

Currently, the average incidence of infection caused by total joint arthroplasty is between 3% and 4%, although this rate is generally higher after fracture fixation. In addition, the rate of deep infection after primary hip replacement varies in literature from 0.28% to 4%.

"Orthopaedic infections are increasing and are increasingly complex to treat due to biofilms and increased antimicrobial resistance of causing microorganisms," said Andrej Trampuz, MD, infectious diseases consultant at Charité - University Medicine in Berlin.

(Infection continued on page 7)

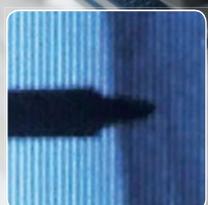


Andrej Trampuz



Jan A.N. Verhaar

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16th EFORT Congress to feature format shaped by past attendee feedback

The format for the 16th EFORT Congress in Prague will highlight a broad range of issues and topics derived from surveys of previous congresses to more closely address the scientific needs of delegates.

In addition, EFORT has created a specific group of experts from national societies and subspecialties called Scientific Group Coordinators. "The main job of this group was to build an attractive and interesting programme for future discussion at our annual head office meetings and interact online to exchange information," said **Enric Cáceres, MD, PhD, FRC**, EFORT vice-president and scientific committee chairman and head of the orthopaedics and traumatology department at the Hospital Vall d'Hebron, Barcelona.

What resulted was a meeting format for this year's congress that includes four key features: Interactive Expert Exchanges, Complex Case Discussions, Debate Forums and Evidence-Based Medicine.

Cáceres shared with *EFORT Congress Daily News* what attendees can expect from each of these four format features.

In Interactive Expert Exchanges, which will be led by four expert faculty members, the sessions will be broken into three parts. First, moderators will introduce topics and audience members will answer 10 questions during an initial voting session; each speaker will present evidence linked to the questions. Second, the attendees will be divided into discussion groups and speakers will bring cases addressing what to do. And third, speakers will present their conclusions, which will be followed by a second voting session.

According to Cáceres, Complex Case Discussions will involve four to six complex cases of 10-minute duration that will be followed by 10 to 12 minutes of discussion from panel members, with audience input. "Presentation of clinical cases [will] stimulate interaction with the audience," he said. "All speakers must, nonetheless, have an equal opportunity to present their cases."

In the Debate Forums, controversial topics will take centre stage, with the first 5 minutes devoted to an introduction and general comments; the next 20 minutes to two presentations; and an additional 5 to 10 minutes given to each presenter for a rebuttal. Moderators will lead the debates with prepared questions, allowing for questions from the audience as well, and will ensure that a clear take-home message is delivered.



Enric Cáceres

Last, Evidence-Based Medicine format will feature 2-hour long sessions, including 30 minutes of discussion, led by three expert faculty members. The strength of the treatment will be graded as strong or weak and the scientific evidence as high, moderate, low or very low, according to guidelines.

In addition to these four features, EFORT Congress will also place particular emphasis on orthopaedic infection, the congress'

main theme.

"Infection is the main complication in orthopaedic and traumatic surgical procedures," Cáceres said. "Patients who suffer a bone or articular infection normally have a worse outcome, and need more attention, thus increasing the financial burden of National Health Systems."

Other topics of the 2015 EFORT Congress Cáceres highlighted were lower limb

reconstruction; meniscal knee ligament injuries; evidence for prophylaxis in osteoporosis; the controversy of clavicle treatment (whether or not to operate); modern spine fracture approaches; and what's new in complex elbow injuries.

Cáceres added that the congress received roughly 3,900 abstracts, from which 740 were accepted as Free Papers, and 6,500 delegates are expected to be in attendance.

Disclosure:

Cáceres reports no relevant financial disclosures.

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Prague city guide

Known as the City of a Thousand Spires for its skyline dotted by medieval church spires, Prague was visited only occasionally by Mozart but pays continual homage to him in city concerts and performances. While walking the winding cobblestoned streets of Old Town or riding a river cruise on the Vltava River, it becomes clear that this jewel of a city is an historical and cultural centre filled with architectural treasures and romantic gems.

Prague Castle



The Prague Castle is the largest medieval castle in Europe and sits within a complex of buildings on more than 18 acres. The complex consists of historic edifices including the famous St. Vitus Cathedral, which dominates the Prague skyline and is the largest and most significant house of worship in the city. St. Vitus Cathedral administers Czech royal coronations and holds the tombs of Czech kings and queens and city patron saints. In addition, the Prague Castle compound also includes St. George's Basilica, a medley of museums, art galleries, and Golden Lane, a row of quaint historic homes decorated with period scenes harkening back to the 15th century.

Old Town Square

Birthered in the 12th century as a centrally located marketplace, Old Town Square is one of two major squares in Prague (the other is Wenceslas Square). Over time buildings have been erected in Romanesque, Baroque and Gothic styles with newer cafés lining the square. Notable sites in Old Town Square are St. Nicholas Church, a statue of the 14th century reformer Jan Hus, the Old Town Hall Tower and the Prague Astronomical Clock, which is considered a medieval masterpiece complete with tolling bells and moving statues.

Wenceslas Square



Teeming with lodging, entertainment, and shopping, Wenceslas Square is the epicentre of New Town and is home to the National Museum and the Prague State Opera. With easy access to all points in the city, Wenceslas Square is a favourite meeting point for visitors who often use the focal statue of St. Wenceslas in front of the National Museum as a starting point for sightseeing.

Charles Bridge

The Charles Bridge connects Old Town and Lesser Town by crossing the Vltava River and provides an excellent vantage point for panoramic views of the city. A bustling walkway, the Charles Bridge floods with tourists, artists and souvenir merchants. Statues of notable people have been added to the bridge over the years with legend asserting that touching the statue of St. John of Nepomuk will ensure a return visit to Prague.



Museums and Galleries

From classical to contemporary and from ordinary to offbeat, Prague's museums and galleries exhibit a vast collection of artifacts, paintings, sculptures, textiles, photography and even instruments of torture. The National Museum, Lobkowitz Palace at Prague Castle, Czech Museum of Music, DOX Centre for Contemporary Art and the Municipal House contain masterpieces and historical monuments for all interest levels.

Dancing House

An anomaly amidst historical architecture, the Dancing House is a completely glass edifice with bold and contemporary design. Its daring curves prompted its designers to nickname it the "Fred and Ginger" building after the iconic dance partners. Aptly named, the Ginger & Fred Restaurant is on the top floor of the Dancing House, where visitors can not only dine on delicious cuisine but also enjoy a delightful view of the city.



National Theatre

Dating back to the late 18th century, the National Theatre is the premier performance venue in the Czech Republic and hosts top-rated performances in ballet, stage and opera, including Mozart's beloved Don Giovanni. In addition to its wonderful repertoire of programming in the creative arts, the National Theatre is a visual wonder of neo-renaissance architecture. It is easily accessible by public transport and most performances include English subtitles.



Parks and Gardens

Prague is home to several lush gardens and serene parks, providing solace and respite. Around the Northern, Western and Southern walls of the Prague Castle is a collection of six gardens in styles ranging from English to Japanese. Also near the city centre are Franciscan Garden, Petřín Hill and Vrtba Garden; while outside the city centre and popular with local residents are Havlíčkovy Sady, Letná Hill and Riegrový Sady.

Restaurants and Bakeries

Aromi

A popular favourite for its weekday lunch specials, Aromi classically prepares Italian pasta dishes and seafood in a simple yet sophisticated setting.

George Prime Steak

This highly rated Old Town restaurant specialises in American-style steaks excellently paired with an extensive collection of wines.

(Canon continued from page 1)

elective orthopaedic surgery," Cannon said. "Interestingly, the rate of infection varies from country to country across Europe. In some countries, it's as little as 0.2% ... but in others, it can be as high as 4% to 5%. And in major surgery complicated by open wounds, the rate is often between 10% and 15%."

Cannon added that although infection is conquerable, it often requires prolonged treatment.

"The morbidity of treatment is huge," Cannon said, noting that infection can result in multiple operations and lengthy doses of IV antibiotics, often taking 2 to 3 months for patients' symptoms to resolve. "So prophylaxis is the aim, as well as treatment if you're concerned it may be happening."

To combat this dilemma, EFORT has devoted discussion groups and instructional lectures on the management of infection associated with orthopaedic surgery, which will be held throughout the 3-day conference.

"These [sessions] will address infections that occur naturally, like tuberculosis of bone and joint, which is still endemic in certain areas of Europe, as well as infection related to orthopaedic surgery, both elective and traumatic," Cannon said.

In addition to orthopaedic infection, other features of the educational programme are complex injuries around the elbow, musculoskeletal tumours, knee injuries in children, developmental dysplasia of the hip and other congenital deformities.

Although high-quality education will have the centre stage at EFORT, another highlight will be the host city of Prague.

"Prague's centre is well preserved from the Middle Ages, so it has very beautiful and historic architecture," Cannon said. "It is a city filled with culture, as well as great food, wine and beer."

Between the education, research, networking, food and culture, one thing is clear, Cannon said: "There is something at EFORT for everyone."

Disclosure:

Cannon reports no relevant financial disclosures.

Terasa U Zlaté Studně

Featuring fine European and Czech cuisine, this rooftop restaurant is tucked away in Lesser Town atop the Golden Well Hotel. It provides landscape views of the Vltava River and Prague's famous spires.

Bakeshop Little Bakery

Located in the Little Quarter neighbourhood on King's Route—the road taken by future Czech monarchs on the way to coronation at St. Vitus Cathedral—this bakery has royally rich baked treats like cookies and cakes but also tasty quiches and salads.

Shopping

Palladium

Across from the Municipal House and a short walk from Old Town Square is Palladium, a 180-shop centre with an external façade that is old world and internal design that is definitively modern. Five floors are home to international brands like Calvin Klein, Estée Lauder, Guess, Euronics and LUSH Cosmetics. With a vast range of options for all tastes and interests, Palladium also houses a parking deck, supermarket and eateries.

Centrum Chodov

Centrum Chodov provides some of the most couture shopping in the Czech Republic. Centrum Chodov will deliver an experience that will delight the senses with over 200 shops, a sports centre, a vast selection of restaurants and a children's area.

Palac Flora

Palac Flora shopping centre features Cinema City which contains an IMAX auditorium along with 130 brand-name shops, cafés and restaurants. Palac Flora is perfect for a quick shopping visit or meal that is nearby and accessible.



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Lunch Symposium, May 28:

"THA Bearings with Ceramics – More than Wear Reduction"

Chairmen: Thorsten Gehrke, MD, A. Seth Greenwald, D.Phil. (Oxon)
Room Barcelona, 13:15–14:45

1	Ceramics – present and future <i>A. Seth Greenwald, D.Phil. (Oxon) (USA)</i>
2	PJI: Could the bearing surface play a role? <i>Th. Gehrke, MD (DEU)</i>
3	Registers and implant performance <i>R. Tikhilov, MD, PhD (RUS)</i>
4	Ceramics in case of hip revisions <i>F. Thorey, MD, PhD (DEU)</i>
5	Ceramics for dysplastic young patients <i>R. Binazzi, MD (IT)</i>
6	The role of ceramics in reducing taper corrosion <i>S. Kurtz, PhD (USA)</i>
7	Clinical experience with more than 4'000 CoC <i>P. Dufek, MD (DEU)</i>

Lunch boxes will be served at the door entrance.



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Intramuscular lipomas, atypical lipomatous tumours rarely recurred after resection

Intramuscular lipomas and atypical lipomatous tumours may be known to recur after surgical resection, but researchers found they can be successfully excised with a very low recurrence rate and no distant metastasis.

Sune Frederik Jauffred, MD, and colleagues, retrospectively assessed intramuscular lipomas (IML) and atypical lipomatous tumours (ALT) which were surgically excised from the trunk or extremities of a patient using marginal resection.



Sune Frederik Jauffred

"We had a low recurrence rate for the IMLs. It is what we expected because it is a more benign kind of tumour than the ALT. Normally we would expect that to recur less, which it did. Furthermore, we saw no metastasis or any deaths related to the tumour itself. We

also expected that because that is known from other studies. Primarily when they appear in non-orthopaedic places, such as the retroperitoneum, they tend to get dangerous in a patient. But when they appear in the extremities or trunk wall, they are less dangerous," Jauffred told EFORT Congress Daily News.

The retrospective study Jauffred and colleagues conducted is among the top papers scheduled to be presented at the EFORT Congress in Prague. Investigators analysed 135 patients with IML and 35 patients with ALT who had the tumours surgically excised between 1997 and 2007 at Rigshospitalet in Copenhagen. Only the tumours were excised and the surrounding tissue was left intact, according to Jauffred.

In the IML group, eight patients of 144 patients had tumours recur (6%) and 4 tumours recurred unchanged as IML. The remaining four tumours recurred as ALT. In the ALT group, six patients of the 35 patients had tumours recur (17%). Two tumours recurred as ALT and one tumour as an ILM.



An atypical lipomatous tumour was located in this patient's gluteus maximus muscle.

The three other patients had tumours recur as de-differentiated liposarcoma.

The 5-year local recurrence-free survival was 97%. It was 85% for the IML and ALT patient groups.

"One of the most important things in the study is we know the method we are using is adequate. It is the right way to remove them based on the relatively low recurrence

rates. We are doing the right thing. We are not there yet at 0%," Jauffred said.

Although it was a retrospective study, every patient included is registered in Denmark and can be found in any medical registries in the country. It is an advantage over similar studies in the literature, he said, because researchers can track patients in the future to see if additional incidents occurred.

"We can make good follow-up for our patients not just within 1 year, but we can follow them up for a long time. We can follow them in different registers, even if they move to another area in Denmark," Jauffred said.

Reference:

Jauffred SF. Poster #1813. Scheduled to be presented 29 May at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Sune Frederik Jauffred, MD, can be reached at Bispebjerg Hospital, Bispebjerg Bakke 23, 2400 København NV, Denmark; email: sune.jauffred@gmail.com.

Disclosure:

Jauffred reports no relevant financial disclosures.

Study: Revision THA within 5 years often due to dislocation, mechanical failure

Nearly 2.7% of total hip arthroplasties were revised, many for dislocation and mechanical failure, among 20,374 total hip arthroplasty procedures performed May 2007 to December 2012 in one of the top studies scheduled to be presented at the 16th EFORT Congress in Prague.

Lazaros Poultsides, MD, and colleagues evaluated overall survival and failure rates, trends of early failure and predictors of total hip arthroplasty (THA) revision through 5 years of follow-up utilising a prospective THA database. They found dislocation was the leading cause of revision within 2 years

following index surgery. Within the 2-year to 5-year follow-up, mechanical failure was the leading reason for THA revision.

"We found when post-traumatic arthritis develops or when total hip replacement is performed because of a fracture, this patient is more likely to fail within 5 years. In addition, anaemic patients and patients with depression and other neurological disorders were more likely to be revised early. Patients who experienced syncope and collapse during hospitalisation after index surgery or had a longer length of stay for any reason were associated with



Lazaros Poultsides

increased odds for early revision. One interesting point: patients who had same-day bilateral hip replacement were less likely to fail early than those who underwent

unilateral or two separate unilateral hip replacements," Poultsides told EFORT Congress Daily News.

The leading causes of failure and time to revision for the first group were dislocation (47.6%, 6.2 months), periprosthetic fracture (15.2%, 3.4 months) and mechanical failure (13.9%, 14.6 months).

In the second group, the main causes of failure and time to revision were mechanical failure (64.7%, 38.4 months), dislocation (17.9%, 38.1 months) and mechanical loosening (9.8%, 40.0 months).

A Kaplan-Meier survival analysis showed 97% 5-year survival.

Clinical characteristics of patients who underwent revision within 2 years of the primary surgery (372 hips; 1.8%) were compared with those who were revised during the 2-year to 5-year follow-up period (177 hips; 0.9%). Patients who were

older, with a primary diagnosis of fracture, post-traumatic arthritis or congenital disorder were more likely to undergo revision within 2 years compared to the 2-year to 5-year period, as well as patients who were depressed, obese or received blood transfusions during primary THA.

Based on that information, the investigators concluded preoperative patient factors, such as anaemia, depression and other neurological disorders can increase the early risk of THA revision and surgeons should address these issues with patients prior to THA to reduce risk of revision.

"The revision risk is much higher the first 2 years. In addition, we found some implant designs were less likely to survive and probably some of these new advancements in THA do not all work well, so maybe we have to evaluate them earlier and justify the risk of their use," Poultsides said.

Reference:

Poultsides L. Paper #3895. Scheduled to be presented 27 May at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Lazaros Poultsides, MD, can be reached at Hospital for Special Surgery, 535 East 70th St., New York, NY 10021 USA; email: poultsidesl@hss.edu.

Disclosure:

Poultsides reports no relevant financial disclosures.

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Anterolateral deltoid-splitting ORIF may avoid avascular necrosis in proximal humerus fractures

A minimally-invasive anterolateral deltoid-splitting approach for open reduction and internal fixation with locking plate osteosynthesis may offer better outcomes for patients with intra-articular proximal humeral fractures compared with a standard deltopectoral approach, according to findings that were sched-

uled to be presented at the EFORT Congress in Prague.

Volodymyr Kovalchuk, MD, and colleagues, from Ukraine, observed advantages in terms of functional outcome, speed of recovery and health-related quality of life (HRQoL) for patients who underwent open reduction and internal

fixation (ORIF) with locking plate osteosynthesis via a minimally-invasive anterolateral (AL) deltoid-splitting approach compared to patients in whom ORIF was done with a deltopectoral (DP) approach.

"We think that we have proved the minimally-invasive anterolateral approach is a safe and reproducible tool that will help to obtain results that are not inferior to a standard deltopectoral approach or can be even better with less chance of avascular necrosis (AVN) due to the higher probability of preserving the vascularity," Kovalchuk told EFORT Congress Daily News.

Minimally invasive vs traditional ORIF

The multicentre, controlled trial by Kovalchuk and colleagues was among the top papers scheduled to be presented at the Congress. It included 175 patients randomised into an AL deltoid-splitting approach group (83 patients) or a DP group (92) patients.

The investigators used Constant scores, DASH scores and HRQoL based on the patients' EuroQoL-5D scores as the primary outcomes.

They found the Constant scores were consistently higher in the AL group than the DP group at all follow-up visits; 72.1 points and 65.4 points, respectively ($P < 0.05$). The final scores were reached faster in the AL group than the DP group, which meant the AL approach provided patients with a more rapid return to function, Kovalchuk said.

Better function

Investigators found the AL group had 43° mean shoulder external rotation and 39° mean internal rotation, both were both significantly better

than in the DP group, which had 31° mean external rotation and 28° mean internal rotation ($P < 0.05$ for both).

"We think that higher functional outcomes with the AL approach is because it is minimally invasive and more anatomical. With it we have an excellent exposure of the greater tuberosity and rotator cuff, which is essential for shoulder function. The plane of approach and the plane of reduction are in line (parallel), which is very handy and not like the DP approach, where they are perpendicular," Kovalchuk said.

"To reduce tuberosities, we need to pull laterally and down with sutures (like a rein when we drive a horse) and it is very handy with this approach. Also, we do not need to cut the subscapularis or osteotomise the lesser tuberosity when it is not fractured to see the anatomical neck, which is a big plus for us."

The minimally-invasive AL deltoid-splitting approach results in excellent primary outcomes and allows for significantly lower AVN rates compared to the conventional DP approach, according to the investigators.

Reference:

Ankin M. Paper #3586. Scheduled to be presented 29 May at: The 16th EFORT Congress; 27-29 May 2015; Prague.

Source info:

Volodymyr Kovalchuk, MD, can be reached at the P.L. Shupyk National Medical Academy of Postgraduate Education, 9, Dorogozhytska St., Kiev, 04112, Ukraine; email: volodymyr.kovalchuk@gmail.com.

Disclosure:

Kovalchuk reports no relevant financial disclosures.

(Infection continued from page 1)

Jan A.N. Verhaar, MD, PhD, second vice president of EFORT and professor of orthopaedic surgery and chair of the department of orthopaedics at Erasmus MC, Rotterdam, the Netherlands, added that orthopaedic infections can be devastating and are feared by many orthopaedic surgeons and traumatologists and their patients. "Early diagnosis, appropriate antibiotic therapy and timely surgical intervention can cure most infections and prevent persisting problems," he said.

However, treatment is becoming increasingly more complex because of antibiotic resistance and the increase in immunocompromised and elderly patients. As a result, orthopaedic surgeons from around the world are performing more joint implants every year, Verhaar said.

"For all these reasons, treatment of orthopaedic infections takes teamwork involving not only orthopaedic surgeons or traumatologists, but also specialists in infectious diseases or clinical microbiology," he said.

To help in this effort, the 16th EFORT Congress will address orthopaedic infection and its many inherent challenges head on. Topics on the agenda include musculoskeletal infections and infected total knee replacement, as well as prevention, diagnosis and treatment of infection.

"Because of the importance of infection for orthopaedics and traumatology, it is the common thread running through many of the EFORT sessions," Verhaar said.

One such session is the Main Theme Symposium titled "The Ongoing Challenge of Infection in Orthopaedics and Trauma," moderated by **Stephen R. Cannon, MA, MChOrth, FRCS, MB, BChir**, 2014/2015 EFORT president and consultant orthopaedic surgeon in the department of orthopaedic surgery at the Royal

National Orthopaedic Hospital, Stanmore, U.K., which will include three presentations. The first is a talk on the key components in the prevention of health care-associated infections by **Walter Zingg, MD**, senior research physician, infection control and prevention, infection control programme, University Hospitals of Geneva, Geneva, Switzerland. Next, **Gordon Blunn, MD**, professor at the Institute of Orthopaedics and Musculoskeletal Science, University College London, will address the development of antibacterial alloy implant surfaces. And third, **Heinz Winkler, MD**, orthopaedic surgeon, Osteitis Centre, Privatklinik Döbling, Vienna, will focus on the changing paradigms in diagnosis and treatment of orthopaedic infections.

"We are facing new treatment concepts, which have the potential to improve diagnosis (e.g., sonication of explanted prostheses) and treatment outcome by shortening of the prosthesis-free interval and optimised antibiotic treatment directed against biofilms," said Trampuz, who himself will be giving a separate presentation on whether antibiotics are important in decision-making.

For Verhaar, the key to overcoming the problem of infections is prevention, which has been shown to be both effective and lead to reduced costs.

"Orthopaedic surgeons have a long tradition in taking preventive measures for infection," he said. "I hope that at the EFORT Congress many attendees will share their experiences, and that we will be willing to learn from experts and best practices."

The Main Theme Symposium will take place Wednesday, 27 May, from 17:30 to 18:30 in the Prague Auditorium.

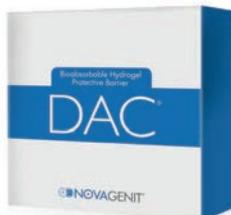
Disclosure:

Trampuz and Verhaar report no relevant financial disclosures.

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