It is my sincere wish to send you my best greetings for you and your families for the first year of the new century and the new millennium. As I write these lines and as the last days of the “ancient” times go by, a number of questions arise which I had not allowed to surface before. But now I guess I cannot avoid them – here they are.

What will the new century bring for us? How shall the world look 50 years from now? What shall medicine, orthopaedics and sports medicine look like? What will genetic medicine have done for (or to) human beings? How about resources and energy? And finally, what shall ISAKOS look like?

Time is limited for such thoughts, and time may be too short since we are all absorbed in our jobs – as doctors for our patients, always ready to give a few words of consolation and hope; as doctors for our athletes and trainers, chasing from one game to the other; as partners in a group of physicians, keen on proving our ability to bring in numerous patients; as researchers and scientists, running from one meeting to the other, and as chairmen of orthopaedic departments or research institutes, constantly annoyed by administration, insurance lawyers and beleaguering patients. We are also caught in the “output” of papers that are published in so many journals, now lying on our desks, so many that we cannot read them all anymore. And as shareholders, we open the newspaper to the only two relevant pages of the stock market. (2,400 years ago, Hippocrates said doctors should never become “economists,” and he meant it in the truest sense of the word.)

There is a recent study from the British National Health Service, telling us that orthopaedic surgeons working to the age of 65 drop dead at an average of 18 months later, while they will survive another 15 years if they had only worked until age 60. (My friends from France tell me it is worse there, since they work until they die.)

Well, what sort of a message is this? Are we ready to take off for a monastery? (There are many beautiful ones in Switzerland, Scotland, China and India.) On the other hand, our job is probably one the most fascinating and rewarding ones, making it even more difficult to step back and make some distance. This message, therefore, is not meant as a memento mori, but as encouragement, especially for the younger ones, to use their energy to reduce these potentially overwhelming and hazardous circumstances of a clinical and scientific career.

It is therefore important to sometimes put those working tools away and to polish some visions.

For Christmas I was given a pair of boxer shorts with hundreds of phrases printed on them, all stating, “Less is more.” Regardless of what it referred to, it made me lean back a bit. I assume it might be unusually appropriate to share some of my thoughts with you in our first newsletter of the millennium.

My wish to is to manage...

- Not to burn out but instead, slow down the pace;
- To find the time to solve your own problems and not only those of others;
- To devote more time to your individual patients and find time for your residents and colleagues at the hospital;
- To bring more honesty to your research so that reading journals makes you feel surrounded by friends and not outlawed because your results might be much lousier;
- To find time for sports once or twice a week;
- To spend more time with your closest friend(s); and
- To be close to your family and your spouse every day.

“Less is more.” With these words I wish you to achieve “more.”

P.S. Your most important jobs for the year 2000:
1. First, pay your dues, if they are overdue;
2. Second, bring a new ISAKOS member to Montreux – work on it, actively, constantly, during the entire day;
3. Third, be healthy and happy.
ISAKOS Office Relocates to California

Effective October 1, 1999, ISAKOS has operated under the new management services of MCJ Consulting in Danville, California.

Michele C. Johnson, President of MCJ Consulting, replaces Kathryn Grady as the new ISAKOS Executive Director. Kathryn Grady continues to work for ISAKOS as a coordinator for special projects.

Initiatives undertaken at previous ISAKOS committee meetings and at past ISAKOS Congresses are intended to continue without interruption. All membership questions and congress correspondence should be directed to the new ISAKOS Office address:

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145 Town and Country Drive, Suite 106
Danville, CA 94526-3963 USA
Telephone: +1 (925) 314-7920
Fax: +1 (925) 314-7922
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Executive Director:
Ms. Michele Johnson
E-mail: mjohnson@isakos.com

Meetings Coordinator:
Ms. Gigi Agius
E-mail: gagius@isakos.com

Project Coordinator:
Ms. Kathryn Grady
E-mail: grady@isakos.com

ISAKOS Committees to Meet at AAOS Annual Meeting in March

The schedule for the ISAKOS committee meetings at the 2000 AAOS Annual Meeting appears below. All meetings will take place at the Omni Rosen Hotel in Orlando, Florida.

Wednesday, March 15, 2000
8:00 - 9:15 a.m. Communications Salon 15
9:30 - 10:45 a.m. Upper Limb Salon 15
11:00 a.m. - 12:15 p.m. Arthroscopy Salon 15
12:00 - 2:30 p.m. Sports Medicine Salon 14
12:30 - 1:45 p.m. Knee Salon 15
2:00 - 3:15 p.m. Membership Salon 15
3:00 - 4:15 p.m. Education Salon 14
3:30 - 4:45 p.m. Bylaws Salon 15
5:00 - 6:15 p.m. Site Selection Salon 15

Thursday, March 16, 2000
8:00 a.m. - 12:00 p.m. Program Salon 13
12:00 - 2:00 p.m. Strategic Planning Salon 13
2:00 - 3:00 p.m. Finance Salon 13
2:00 - 4:00 p.m. Scientific Salon 16
3:00 - 4:00 p.m. Executive Board Salon 13
4:00 - 6:00 p.m. Board of Directors Salon 13

Knee Symposium Planned in Italy

The Knee Committee is working under 1999-2001 Committee Chairman Paolo Aglietti, M.D., to organize a closed interim meeting in Florence, Italy, later this year. At this meeting, specific features of the arthritic knee in young, active patients will be discussed. Alternative treatments in current use, such as high tibial osteotomies and unicompartmental protheses, will be highlighted.

The committee hopes to assimilate a written text based on this symposium and to present the results at the 2001 ISAKOS Congress in Montreux.

Upcoming ISAKOS-Approved Meetings

WORLD CONGRESS ON ORTHOPAEDIC SPORTS TRAUMA
April 9-13, 2000
Conrad Jupiters Hilton Hotel
The Gold Coast, Queensland, AUSTRALIA

The meeting is presented by the Asia Pacific Orthopaedic Society for Orthopaedic Sports Medicine in conjunction with the Knee and Orthopaedic Sports Medicine Section of the Western Pacific Orthopaedic Association. For information brochure and Call for Abstracts, please fax (+61) 3 985 92211, or e-mail wickham@medeserv.com.au.

III MILLENNIUM, VII ARGENTINE ARTHROSCOPY ASSOCIATION, IV LATIN AMERICAN MEETING
May 22-25, 2000
Buenos Aires Sheraton Hotel and Convention Center
Buenos Aires, ARGENTINA

For more information, please contact:
Argentine Arthroscopy Association
Tel: +54 11 4811-2089
Fax: +54 11 4802-8860
E-mail: artroscopia_arg@ciudad.com.ar

THE FIRST LATIN AMERICAN MEETING IN ORTHOPAEDIC SPORTS MEDICINE 2000 AND THE XIV CHILEAN CONGRESS ON SPORTS MEDICINE
Hosted by the Chilean Society of Sports Medicine and SLARD
July 26-29, 2000
Sheraton Santiago Hotel & Convention Center
Santiago, CHILE

For further information, please contact Fernando Radice: fnradice@bellsouth.cl.
The 1999 ISAKOS Congress in Washington, D.C., was a great success with a wide variety of scientific activities of the highest quality. We are inspired, therefore, to make the 2001 ISAKOS Congress in Montreux, Switzerland, of comparable merit, a conference that everyone will remember as outstanding. This meeting will present the latest information on all different aspects of arthroscopy, knee surgery and orthopaedic sports medicine.

The program-at-large will be such that on Monday, May 14, 2001, there will be an opening ceremony and a welcome reception. From Tuesday to Friday, May 15-18, there will be a variety of activities and presentations. On Thursday, May 17, there will be farewell banquet, and on Friday, May 18, at noon the congress will close.

As always, scientific presentations by the delegates will fill a majority of the program. We would therefore urge you to present your latest research findings so that we all can discuss the frontlines in our exciting fields. A Call for Abstracts booklet, including guidelines for preparation of the abstract form and the abstract form itself, is now available from the ISAKOS Office and on the ISAKOS Web site at www.isakos.com. The deadline for receipt of all abstracts by the ISAKOS Office is July 1, 2000. Acceptable modes of presentation include podium, poster or video. Presenting a poster is a valuable opportunity, and a couple of poster awards will be organized. Video presentations will take place in the multimedia center, which will also offer a wide variety of video and CD-ROM selections from the AAOS library designed to improve your clinical decision-making skills.

A large number of symposia will be presented. The Program Committee will discuss these at a committee meeting at the upcoming AAOS Annual Meeting in Orlando, Florida, in March. If you have any suggestions for symposia, please contact the ISAKOS Office. There will also be several high-quality instructional courses offered each morning.

Technical exhibits and mini hands-on labs will be presented, allowing participants to experiment with a variety of instrumentation and models. Participants will independently practice their choice of surgical skills pertaining to knot-tying, meniscus repair, ACL and PCL reconstruction, shoulder stabilization and rotator cuff repair. A variety of companies will provide specific technique instrumentation devices for these sessions.

Computer boot camps are also planned, where experienced instructors will teach computer basics. These courses were very popular at the last meeting.

Three awards will be given out during the congress. The prestigious Albert Trillat Young Investigator’s Award was established in memory of Professor Albert Trillat, past president and founder of the International Society of the Knee. This award is given to a scientist under the age of 40 who has performed outstanding clinical or laboratory research contributing to the understanding, care or prevention of injuries to the knee.

The Achilles Orthopaedic Sports Medicine Research Award is sponsored by Aircast Inc. and is presented to researchers who have done outstanding clinical or laboratory research in the field of orthopaedic sports medicine, such as care and prevention of injuries.

The John J. Joyce Award was established in memory of one of the founding members of the International Arthroscopy Association and is given to the best arthroscopy paper read during the scientific program. Five finalists will be selected for this prize and will present their papers in a special session. The winning paper will then be announced at a special awards ceremony at the middle of the congress.

We encourage all members and participants to send in applications for these awards. There is nothing to lose.

We are truly looking forward to an exciting program and an exciting 2001 ISAKOS Congress in Montreux. See you there!
On behalf of everyone in ISAKOS, this message is published shortly after the untimely death of Dr. Richard Caspari.


“Aaah, high school. Whaddya think? A few sports, girls, maybe some time in the books – but only if you have to. College is coming, you know.

“How about the University of Florida? Better there than Alabama, where you were born. Better social life, too, you say? Go ahead; maybe ride your motorcycle up the stairs in the fraternity house. Can’t really get into big trouble here. Hey, you could finish this place early, you know – maybe three years instead of four. Pretty good grades will help you get into medical school, too. And notice Judy. Keep on noticing Judy. She’s crazy about you, you know. Good looking, too. Marriage? Nice choice!

“Now this medical school is a drag, but you’ll be OK if you study just a little. Have to challenge you a bit, finally. You’re so mechanically inclined, though. How about orthopaedics? Move to St. Louis. Learn the skills there you will use throughout your career. Fred Reynolds will train you superbly, although I know you will soon become impatient with orthopaedic techniques after you begin practice in Richmond.

“Never mind that. You can always revise or devise new techniques. You are quite imaginative and clever about doing things. Besides, impatience has characterized you a long time now. And your hands are very dextrous; you’ll be a marvelous surgeon. Help people, Richard. Help hundreds of people.Thousands. Help patients you find in Virginia, and those more famous souls from around the country and throughout the world who will eventually seek you out.

“Think, Dick. Don’t ever stop thinking. You do that so well, so clearly. Think how medicine and orthopaedics can be practiced faster, more efficiently, more effectively, for more people. How can medicine be practiced better?

“Think. You can even teach other surgeons. You have a gift for teaching, you know. You’re actually rather inspirational. You’ll have to do some research, though, I mean so you can figure out new approaches, innovative solutions to old orthopaedic problems.

“How about arthroscopy? That’s a new concept in orthopaedics. Develop those skills. No one else has tried arthroscopy in Virginia yet. I bet you could get pretty good at that. Facile. Maybe even develop a reputation for arthroscopic surgery. Maybe an international reputation. Maybe you would even treat famous people with your arthroscopic skills – like professional athletes, television commentators, Olympic gold athletes.

“And the research? You could help establish a research and education foundation as an extension of your practice. You could even establish a post-residency fellowship training program to teach young surgeons the newest and latest. You so love to teach.

“Now those two beautiful girls, Kelley and Robin. They may confuse you at times but they have many things to teach you. Aren’t you proud of them?

“As capable, as insightful and as persuasive as you are, you must also join these professional organizations. Work hard for their betterment in society at all times. Become an officer, their president if need be. Lead them by your example. Encourage your medical peers to embrace ideas they have never imagined possible.

“You know you’ll pick up some credible business skills with all this – how to organize, how to recruit valuable team members, how to look into the future with confidence. Work with and within the business industry – manufacturing, distribution, catalogue sales, life-enriching tissue transplants. The business skills are all the same. You can even start a new business yourself. Start several. But be attentive. Think every move through thoroughly. Be successful, but be wise.

“Now you must also play. Play hard. ‘All work and no play…’ ‘Man cannot live by bread alone….’ All that stuff. Improve your sailing skills. Learn to navigate by the stars. Buy a boat! Maybe some day you can even sail round the world. Take Judy. Visit some exotic, some exciting, some beautiful places. How can you afford that? Make it a business. When you’re not sailing the boat, charter it. You have no idea how many people you’ll get to know.

“So sail, ski, rock climb, bike, fly! Hey, there’s an idea – fly! Excitement, adventure, challenge, precision, mechanics. And it all fits – you know that helicopter your friend showed you? Get from place to place on your own schedule. Beat the highway speed limits. Fly helicopters! Hey, now there’s another business. Charter the helicopter when you aren’t flying it yourself. Help other people get from place to place on their schedule, fast. Great idea. Want more? Get a fixed-wing license. Join some flying friends and buy a jet! OK, you get the point.

“Now enjoy all that. You deserve it, of course. Work, play, family, friends, medicine, business … but odds, look, time’s up. I guess they say nothing lasts forever. But you’ve done quite a lot in just 57 years. And you’ve been an incredible steward. Generous with time and talents and resources. That’s good, Dick. But now, regrettably, it’s time to go. Take this last opportunity, though, to teach once again – with your final act, teach the most important lesson. Demonstrate to everyone that life on this planet is fragile, and that it is held sometimes with a very slippery grip.

“C’mon now, son. Come with Me.”
Arthroscopy Committee Works for Societal Growth

Andre Frank, M.D., Arthroscopy Committee Chairman

The Arthroscopy Committee has identified several areas of potential development and improvement that will further ISAKOS’ work as a whole. The committee will be meeting this March at the AAOS Annual Meeting and will continue to communicate throughout the year to accomplish the following goals:

1. **Standardized data sheets**
   It is not the role of our committee to discuss standardized data sheets for clinical or imaging assessment. Rather, the committee will seek to establish standard definitions and parameters for arthroscopic and anatomical assessments. Anatomic and arthroscopic classifications of the lesions should become international to facilitate our scientific exchanges. For example:
   - A degenerative lesion of the medial meniscus is not measured the same in Europe as in the U.S.
   - What is a total meniscectomy? What is a partial meniscectomy?
   - Cartilage lesions of the knee are assessed differently, with as many classifications as authors.
   - What does “cartilage debridement” mean in the U.S., France or any other country?
   - Rotator cuff tear: The designations of “small,” “medium” and “large” are too vague to have great significance.
   - Osteochondral lesions of the talar dome: Should a recent fracture with a small loose body be at the same level of evaluation as a chronic bone necrosis?

   **Our Goals:**
   - Not to enforce a “universal” data sheet for every pathology, but to provide and/or clarify a few standard anatomical and arthroscopic definitions of lesions or, in some cases, of arthroscopic procedures.
   - To develop a few standard arthroscopic data sheets according to the different joints.
   - To develop standard data sheets that are practical, simple and deliverable.

2. **Educational programs in the field of arthroscopy**
   The committee sees opportunities for arthroscopic education in several different areas:
   - Development of arthroscopic instructional courses during or between biennial meetings.
   - The promotion and support of “packages” that can be delivered to young surgeons on video or CD-ROM with anatomy, exploration and descriptions of the different arthroscopic procedures for treatment of varying pathologies.
   - Utilization of the ISAKOS Web site. All materials should be downloadable with free access. Since the Internet is inexpensive and easily accessible, it can be a true educational resource for economically disadvantaged regions. Possible projects include:
     - Creation of a “Free Bank” of photos that can be used by others as needed. This “bank” would include photos of arthroscopic anatomy, techniques, etc.
     - Uploading of podium presentations.
     - Uploading of poster presentations.

3. **Studies and clinical trials in the field of arthroscopy**
   The committee would like to initiate and control prospective multi-center studies concerning new procedures. To accomplish this, the committee would need to:
   - Establish a common database and criteria;
   - Select centers and oversee coordination and control of the studies;
   - Nominate one or two directors; and
   - Oversee study coordination with other committees or even other societies.

   These studies could be the basis of large symposium that would be held during biennial meetings.

4. **Scientific program (in the field of arthroscopy)**
   The committee will continue to make contributions and provide proposals for the Third ISAKOS Biennial Congress in 2001. This will include:
   - Lectures;
   - Symposia;
   - Mini debates;
   - Participation in abstracts selection; and
   - Selection for the John J. Joyce Award

Upper Limb Committee Begins New Challenges

Stephen S. Burkhart, M.D., Upper Limb Committee Chairman

The Upper Limb Committee is a new committee that was formed this past year. As such, we look forward to initiating worthwhile projects that will provide the groundwork for our successors. The committee’s mission is to provide educational information, instruction and advice on arthroscopic and arthroscopic-related surgery of the upper extremity.

We will propose a symposium presentation on arthroscopic treatment of shoulder instability at the 2001 ISAKOS Congress in Montreux.

The committee also hopes to establish the ISAKOS Web site as a source of information on upper extremity arthroscopy by providing surgical photos, techniques and abstracts that will be available for download by members.

We also intend to develop standardized data sheets that will be useful to the membership in evaluating the upper extremity.

As a new committee, we have a unique challenge to establish our role within ISAKOS; we welcome that challenge.
The educational goals of our society are to increase knowledge and experience among orthopaedic surgeons at any stage of their career. The first and most important way to achieve this goal is through our journal, *Arthroscopy*. The increasing number of subscriptions to the journal attests to its significance as an educational tool.

The second way to broaden our experience occurs through the attendance the ISAKOS Congress and the numerous ISAKOS-approved courses throughout the world. A third way of keeping knowledge up-to-date is by visiting one of our 140 ISAKOS-approved teaching centers. In most countries, ample opportunities are available to visit congresses or courses. For those living in countries where fewer education options exist, we are looking for ways to provide trained at any of the approved centers. At the moment, the Education Committee is working on a system to evaluate these training centers, partly to determine to what extent the training centers are visited, as well as to increase the quality of these centers.

Although the Education Committee still has a lot to do, we are open to any suggestions from the membership for new educational activities!

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**Case Report: Patella Baja**

D.SD. is a 39-year-old male with longstanding patellofemoral malalignment. He underwent a distal tibial tubercle osteotomy. A non-union at the osteotomy site developed and was treated by revising the fixation six months postoperatively. Over the next year, he gradually lost range of motion of his knee and had increasing pain. The flexion is only 60 degrees. The bone scan shows only mild uptake and no evidence of infection or reflex sympathetic dystrophy. The X-ray at this point showed patella baja.

There are several treatment options being considered:
- patellectomy
- proximalization of the tibial tubercle
- Z plasty lengthening of the patella tendon

Does anyone have any ideas why this patient developed such a severe patella baja?

Please visit the ISAKOS Web site at [www.isakos.com](http://www.isakos.com) to post your comments on the site message board, or fax your responses directly to the ISAKOS Office at +1 (925) 314-7922. All comments are subject to publication on the ISAKOS Web site or in future ISAKOS newsletters.

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**New Web Message Board Forthcoming for Case Discussions**

*Don Johnson, M.D., Communications Committee Chairman*

Communicate, communicate, and communicate. Please send your current e-mail address to the ISAKOS Office at isakos@isakos.com. Since the ISAKOS Office has moved, the e-mail address has changed. Please make a note of it in your records.

ISAKOS President Roland Jakob, M.D., would like to start the “E-SAKOS Message Board.” Look for this message board in the coming months on the ISAKOS Web site, where cases will be posted periodically for the membership’s comments. We will try to duplicate some of the cases in the newsletter, as with this first example:

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**A Question From Israel**

*Gideon Mann, M.D.*

I would like your views on a subject now being debated within the Israel Society of Knee Surgery and Arthroscopy. Also, I would like your feedback concerning the current situation in your own countries:

1. Should the addition of “and Orthopaedic Sports Trauma” be added to the official name of the Israel Society of Knee Surgery and Arthroscopy? Some of the Israel society’s members fear impingement on the local society of sports medicine.

2. Should the Israel society request a separate position under the Israel Medical Association? In that way, it may break off, at least partially, from the orthopaedic society but may find it easier to proceed with a fellowship program under the Israel Medical Association.

3. Should the Israel society aim at a full 12-month fellowship approved by the Israel Medical Association in the field of knee surgery, arthroscopy and sports trauma? This would provide a foundation for a future full super specialty.

4. Should we aim to achieve a super specialty (specifically in orthopaedic surgery and two years more in our field) in the field of knee surgery, arthroscopy and sports trauma?

I look forward to your comments and feedback in the ISAKOS newsletter.
New Teaching Centers Welcomed

The following institutions have been added to the roster of ISAKOS-Approved Teaching Centers. The ISAKOS Education Committee has identified more than 100 qualified centers to host fellows who request further training and/or exposure to arthroscopy, knee surgery and orthopaedic sports medicine.

The newly approved centers are:

District Hospital of Traumatology, Regional Center of Knee Surgery, Arthroscopy and Sports Traumatology
Piekary Slaskie, Poland
Contact: Jerzy Widuchowski; Fax: +48 32 2871350

C.O.E. – Hospital do Coracao
Sao Paulo, Brazil
Contact: Rene Abdalla, M.D., Ph.D.; Fax: +55 11 884 9106

University of Kentucky School of Medicine
Lexington, Kentucky, USA
Contact: Darren L. Johnson, M.D.; Fax: +1 (606) 257-8696

ISAKOS members who wish to have their institution approved as an ISAKOS-Approved Teaching Center should fax the ISAKOS Office at +1 (925) 314-7922 for an application, or download an application from the ISAKOS Web site at http://www.isakos.com/meetings/teaching.html.

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