

Annual Meeting Evaluation

Results Exported on October 20, 2017

EVENT SURVEY

EVENT SRS 52nd Annual Meeting & Course

EVENT DATE September 06, 2017

Report Summary

| | | |
|----------------------|------------------|-------------------|
| Identified Attendees | Survey Responses | Completed Surveys |
| 64 | 144 | 3 |



100.00%
Response Rate

144 of 64 identified attendees responded to the survey

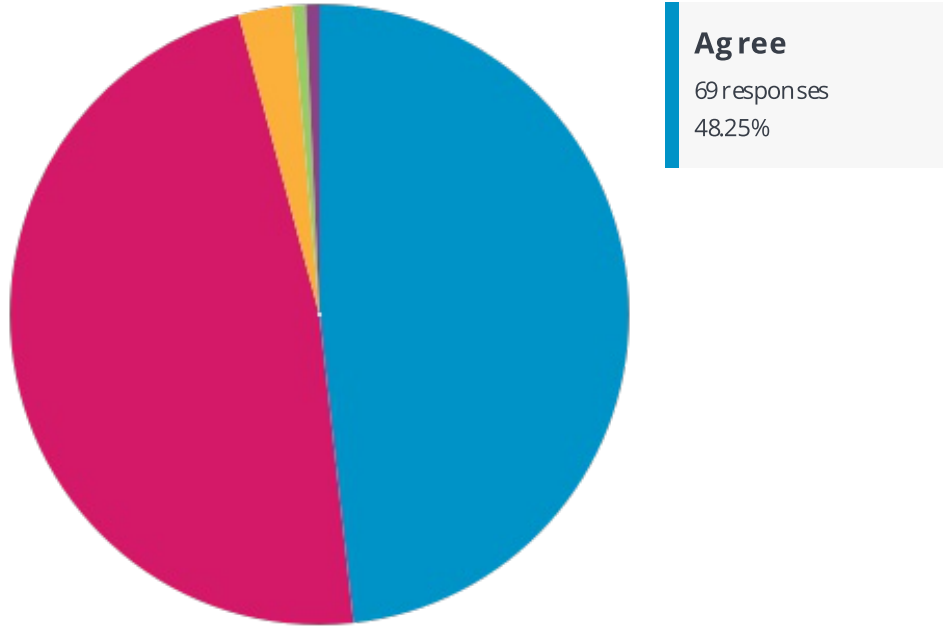


2.08%
Completion Rate

3 of 144 respondents completed the survey

Q. This meeting addressed my most pressing, practice- based questions

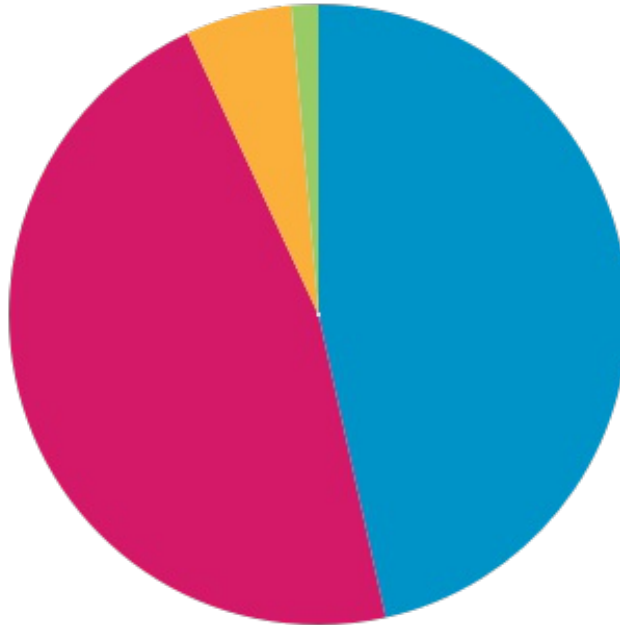
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|------------|----------------|
| Agree | 69 | 48.25% |
| Strongly Agree | 68 | 47.55% |
| Neutral | 4 | 2.80% |
| Disagree | 1 | 0.70% |
| Strongly Disagree | 1 | 0.70% |
| Total | 143 | 100.00% |

Q. This meeting provided new ideas or information I expect to use and will influence my practice of medicine

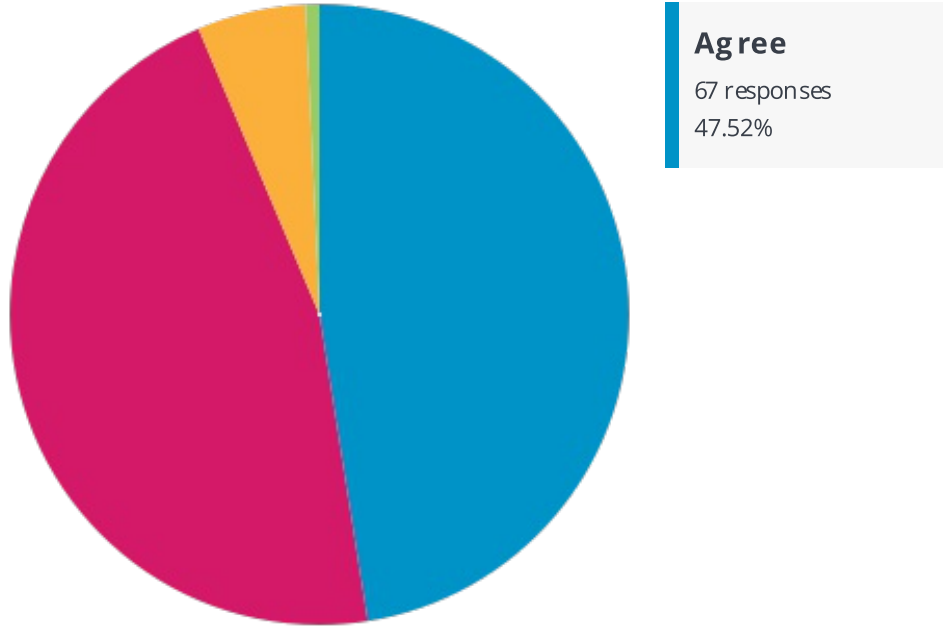
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|------------|----------------|
| Agree | 67 | 46.53% |
| Strongly Agree | 67 | 46.53% |
| Neutral | 8 | 5.56% |
| Disagree | 2 | 1.39% |
| Strongly Disagree | 0 | 0.00% |
| Total | 144 | 100.00% |

Q. This meeting will help me improve the care I provide to my patients

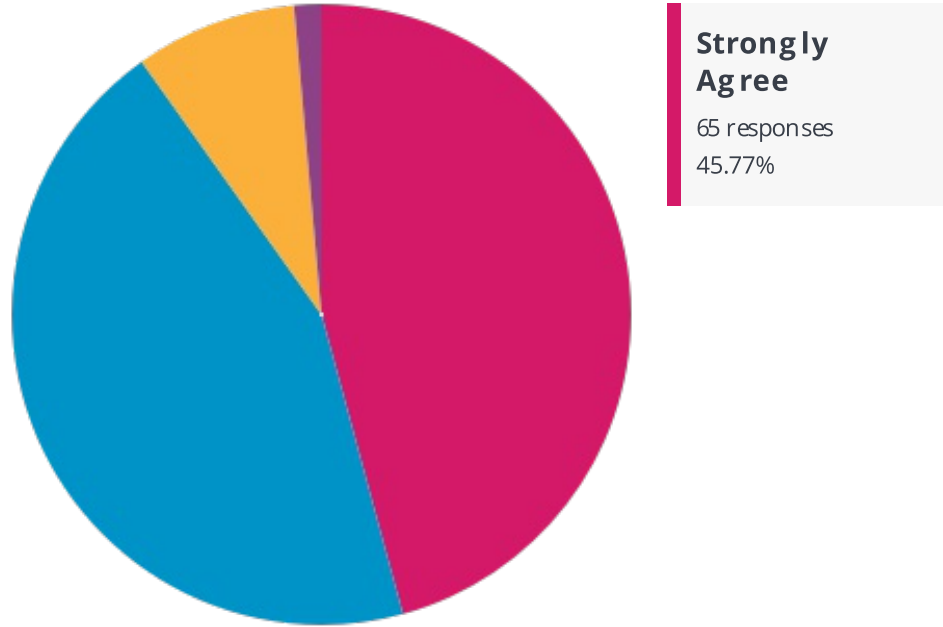
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|------------|----------------|
| Agree | 67 | 47.52% |
| Strongly Agree | 65 | 46.10% |
| Neutral | 8 | 5.67% |
| Disagree | 1 | 0.71% |
| Strongly Disagree | 0 | 0.00% |
| Total | 141 | 100.00% |

Q. This meeting was free from Commercial Bias in all CME Educational sessions

Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|------------|----------------|
| Strongly Agree | 65 | 45.77% |
| Agree | 63 | 44.37% |
| Neutral | 12 | 8.45% |
| Strongly Disagree | 2 | 1.41% |
| Disagree | 0 | 0.00% |
| Total | 142 | 100.00% |

Q. If you believe the CME content was NOT free from Commercial Bias, please explain why

| Email | Responses |
|-----------|---|
| Anonymous | NA |
| Anonymous | Na |
| Anonymous | Dr Albert's presentation during the pre meeting course was a blatantly commercial presentation and is an embarrassment for the incoming SRS president |
| Anonymous | Yes |
| Anonymous | na |
| Anonymous | BMP DATA SUBMITTED IS NOT FREE FROM BIAS |
| Anonymous | Many presenters had disclosures that indicated commercial involvement thus their presentations may have some bias. |
| Anonymous | Brand names still appeared like VEPTR, MAGEC, SHILLA |
| Anonymous | More presence from sponsors that what I perceived in years past. |
| Anonymous | commercial free |
| Anonymous | Free |
| Anonymous | xxx |

Q. What are new diagnostic or therapeutic strategies you will try to apply in your practice setting as a result of what you learned in this meeting?

| Email | Responses |
|-----------|--|
| Anonymous | Medical care of patients pre-op and post op |
| Anonymous | Neurological monitoring |
| Anonymous | Check lists |
| Anonymous | Complication |
| Anonymous | More attention to Sagittarius profiles. Will use check sheets |
| Anonymous | MIS |
| Anonymous | TXA- dosing Selective fusion |
| Anonymous | Better understanding and concesus of neuromonitoring |
| Anonymous | Absolutely not one thing - I guess I must be keeping up without SRS meeting Should save my time and money and just keep reading! |
| Anonymous | Improve pre op nutrition evaluation, improve counseling for obese patients. |
| Anonymous | Use of transexemix acid |
| Anonymous | TXA 3 D spinal deformity evaluation |
| Anonymous | Calcium and vitamin D supplementation |
| Anonymous | Txa high dose |
| Anonymous | VitD and calcium in Scoliosis treatment |
| Anonymous | Overall care of EOS patients who require surgical treatment. |
| Anonymous | Of course |
| Anonymous | non fusion techniques |
| Anonymous | I will change txa dosage for ais patients, supplement select patients with vitamin D and Ca, consider |

| | |
|-----------|--|
| | MAGEC for temporary correction of severe scoliosis prior to definitive fusion. I will also continue the work on accelerated recovery pathway we are doing at our hospital and continue the regular multidisciplinary meetings that I started for scoli patients at our center |
| Anonymous | Team building, infection control, EOS management |
| Anonymous | Calculating Gap scores in my patients |
| Anonymous | More education |
| Anonymous | More recommendations for Vit D and Calcium |
| Anonymous | MAST |
| Anonymous | - |
| Anonymous | EOS bracing and growing preserving techniques |
| Anonymous | refined approach to use of growth friendly implants |
| Anonymous | Great meeting. Several things i learned with respect to collecting data on my patients and techniques for correcting deformity. Great discussions on PJK and PJF which is the biggest problem facing deformity surgery. |
| Anonymous | The use of growing rods for spinal fusion in early scoliosis |
| Anonymous | More intensive respiratory f/u of EOS patients. Vit D and calcium use pre- fusion. Use of a neuromonitoring crisis check list in the OR. Approach to decrease radiation exposure to EOS patients. Potential use of lidocaine infusions. Faster mobilization of pts post-op... Etc. |
| Anonymous | Plan better pre operatively cases, and try to use new tools such as 3D printing for high curves |
| Anonymous | Not an MD |
| Anonymous | Tips for infection and PJK |
| Anonymous | BRACING MAGIC RODS FAILURE IS A TECHNICAL |

| | |
|-----------|---|
| | ISSUE RATHER AND IS THE FUTURE |
| Anonymous | I'd like to try some of the measurements in cervical spine to complement my preop planning |
| Anonymous | Surgical treatments of scoliosis (VCRS) and non surgical treatment of syrinx. |
| Anonymous | Early onset spine |
| Anonymous | Will consider adding gram negative coverage to antibiotic powders at end of case |
| Anonymous | Still battling how to interpret and treat adolescent spondylolysis pts. There was good research and anecdotes presented at this year's meeting regarding this. Will tend to treat symptoms clinically as well as based on signal intensity on MRI |
| Anonymous | Checklists Proper preop planning Anticipating complications |
| Anonymous | Role of rib resection in control of spine and chest deformities |
| Anonymous | Radiation reduction, neuromonitor |
| Anonymous | minimally invasive decompression/fusion |
| Anonymous | Optimization of Patients pre-op for surgery |
| Anonymous | Selective fusion for Lenke II and III scoliosis? |
| Anonymous | None |
| Anonymous | I will still use lateral bending films to confirm curve flexibility |
| Anonymous | I am going to avoid instrumentation as far distal as the L4 vertebrae whenever possible in adolescent idiopathic scoliosis patients |
| Anonymous | strategies to decrease PJK/PJF |
| Anonymous | MIS |
| Anonymous | Evaluation of sagittal spinal disorders |
| Anonymous | SSI reduction strategies |

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|-----------|--|
| Anonymous | better dosing of TXA due to award winning paper from Boston- Hresko et al |
| Anonymous | more mis surgery |
| Anonymous | xx |
| Anonymous | Guidance for the intraop usage of tranexamic acid |
| Anonymous | Vit D supplementation |
| Anonymous | EOS |
| Anonymous | Slightly different evaluation and treatment options for sagittal plane deformities. |
| Anonymous | vitamin D influence on patients |
| Anonymous | Surgimap Spine navigator |
| Anonymous | The EOS session by Dr Redding? (the pediatric general surgeon?) regarding pulmonary function was especially sobering and an excellent wake-up call |
| Anonymous | It's always interesting to hear different view points but generally we tend to re-prove the standards set 1966 |

Q. What barriers did you encounter, if any, to learning or being able to apply what you learned in your practice setting?

| Email | Responses |
|-----------|--|
| Anonymous | None |
| Anonymous | None |
| Anonymous | None really |
| Anonymous | It is all about the economy |
| Anonymous | Internet unstable |
| Anonymous | None |
| Anonymous | None |
| Anonymous | I like the Tranexamic acid and ca and vit d to avoid the scoliosis progression The new position of the hand for bone age |
| Anonymous | health organization |
| Anonymous | We do not have eos |
| Anonymous | Limited time and resources |
| Anonymous | None |
| Anonymous | none |
| Anonymous | - |
| Anonymous | not enough patients come through with this condition |
| Anonymous | insurance approval |
| Anonymous | none |
| Anonymous | None |
| Anonymous | It would be nice to be able to see slides of talks after the meeting. I will look forward to the video content in 4-6 weeks. |
| Anonymous | Smaller patient volumes. |

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| Anonymous | Cost of new technology and newer tools |
| Anonymous | Not an MD |
| Anonymous | DUE LACK OF EXPERIENCE IN DEFORMITY CASES I HAVE DONE ,I DO MAY NOT BE INA POSITION TO COMMENT ABOUT THE SURGICAL OUTCOME BUT AS SPINE SURGEON WITH ESS EXPERIENCE , I HAVE VERY STRONG BASICS AD FEEL THAT NOT NECESSARILY ONE HAS TO DO MANY CASES TO LEARN DEFORMITY RATHER PROPER REASONING AND HAVING A VISION REGARDING STRONG HYPOTHESIS BASED ON DATA SO FAR ONE COULD UNDERSTAND THE PITFALLS |
| Anonymous | I did not a understand very well the genetics papers. I guess that's something we need to reinforce a bit as part of the future jeans on that direction |
| Anonymous | it has only been two days so no barriers at this time. |
| Anonymous | None |
| Anonymous | My institution restricts use of BMP |
| Anonymous | None |
| Anonymous | Not a big barrier, Q&A was sometimes cut short due to the schedule. |
| Anonymous | wanted to be at more than one symposium at same time |
| Anonymous | Sometimes not enough time for questions and discussion. EOS is important but should be alternated every other year |
| Anonymous | Dificulty do apply the early discharge protocol |
| Anonymous | None |
| Anonymous | Some of the techniques are only able to be performed at a university setting, not a small community hospital like the one where I do surgery. |

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|-----------|---|
| Anonymous | None |
| Anonymous | none |
| Anonymous | None |
| Anonymous | none |
| Anonymous | My department leadership |
| Anonymous | Information overload. Too many papers, not all "new" or impactful. The job of Program Committee should be to more carefully screen papers and keep the number small |
| Anonymous | cost |
| Anonymous | xx |
| Anonymous | cost concerns in my home country |
| Anonymous | None |
| Anonymous | none |
| Anonymous | Third world country |
| Anonymous | None |

Q. Please give examples of what went well during this meeting

| Email | Responses |
|-----------|--|
| Anonymous | Dr Glassman's case discussion was brilliant |
| Anonymous | The group discussions were helpful |
| Anonymous | All talks excellent. Everybody spoke clear English. |
| Anonymous | Discussions |
| Anonymous | Enjoyed Philadelphia |
| Anonymous | All sessions were well organized. |
| Anonymous | Presentations went well |
| Anonymous | Presentation |
| Anonymous | All |
| Anonymous | Open lunchtime sessions |
| Anonymous | The organization and the facilities |
| Anonymous | podium presentation |
| Anonymous | Excellent clinical papers |
| Anonymous | everything on time |
| Anonymous | Program committee did a great job |
| Anonymous | Excellent course |
| Anonymous | Well thought out topics |
| Anonymous | The meeting was well balanced and not dominated by one center. |
| Anonymous | remote access |
| Anonymous | - |
| Anonymous | good lay out of meeting regarding content of lectures |
| Anonymous | Sessions were well organized |

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|-----------|---|
| Anonymous | This is one of the best meetings I attend. Some of the sessions on specific topics move too quickly and more time could be spent on group discussion. |
| Anonymous | Great speakers and presentations |
| Anonymous | Excellent presentations, followed by very good discussion. |
| Anonymous | I really liked the Lunch Symposium as well as the Half-Day course. In terms of the facility, the food was amazing! |
| Anonymous | Nice venue |
| Anonymous | COMPLICATIONS SHOWN WERE SIMILAR IN OUR COUNTRY |
| Anonymous | the case discussions where very interesting |
| Anonymous | Timely presentations, good coffee all day long, interesting topics and two good lunches. |
| Anonymous | Lunch time symposium and case discussions were good. |
| Anonymous | Discussions and presentations |
| Anonymous | Events remained on time |
| Anonymous | Meeting ran on time. Had a good mix of scientific papers for everyone and the option for breakout sessions that I could tailor to my practice. |
| Anonymous | Good speakers Excellent use of time Panels Case presentations Good moderation |
| Anonymous | Pace of the meeting was great. Lots of areas of investigation. |
| Anonymous | The pre conference meeting. Case based discussions with panel |
| Anonymous | question/answer sessions |
| Anonymous | Precourse. |
| Anonymous | The courses |

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|-----------|--|
| Anonymous | Timing and discussions went well |
| Anonymous | Pre-meeting course was well-run, and had excellent content. Thank you to Dr. Dilmar and Mummaneni for co-chairing. |
| Anonymous | Venue and location |
| Anonymous | Wow, I think everything was done well. |
| Anonymous | Moderators did a nice job |
| Anonymous | AV went well, speakers on time |
| Anonymous | Hibbs Society Lectures Half Day Courses |
| Anonymous | Variety of topics Good content |
| Anonymous | Excellent general sessions but concurrent sessions made it difficult to hear some things you really wanted without splitting yourself in half. |
| Anonymous | Speakers were on time. Symposiums were well run. |
| Anonymous | x |
| Anonymous | Very well run meeting |
| Anonymous | all sessions |
| Anonymous | Very well moderated |
| Anonymous | Good talks, pretty well stayed on time |
| Anonymous | enjoyed the breadth of topics |
| Anonymous | Everything |
| Anonymous | Great facilities |

Q. Please give examples of what could be improved and/or topics you would suggest for future meetings

| Email | Responses |
|-----------|---|
| Anonymous | Continue having non orthopedic specialist talk about the medical work up necessary |
| Anonymous | More focus on paediatric spinal Deformity |
| Anonymous | Less topics covered in pre meeting course to be able to give more time to questions and discussion |
| Anonymous | Include miss surgery |
| Anonymous | It may be good to have had separate pedi and adult sessions |
| Anonymous | Meeting room needs tables |
| Anonymous | Less registry type research that has a limited amount of data points that always stimulates passive aggressive comments during the discussion |
| Anonymous | Variation of brace |
| Anonymous | The meeting app would be exponentially better if one could read the abstracts |
| Anonymous | None |
| Anonymous | The sounds in the ballroom, more interactive discussion The infections what is new The actualización in tumors like ABC |
| Anonymous | panel discussion |
| Anonymous | some common sense in spine deformity surgery, some natural history, too much fixing xrays |
| Anonymous | The direction of multicenter studies |
| Anonymous | Nice in the program book to include the hospital or city of the authors so we know where they are from |
| Anonymous | - |

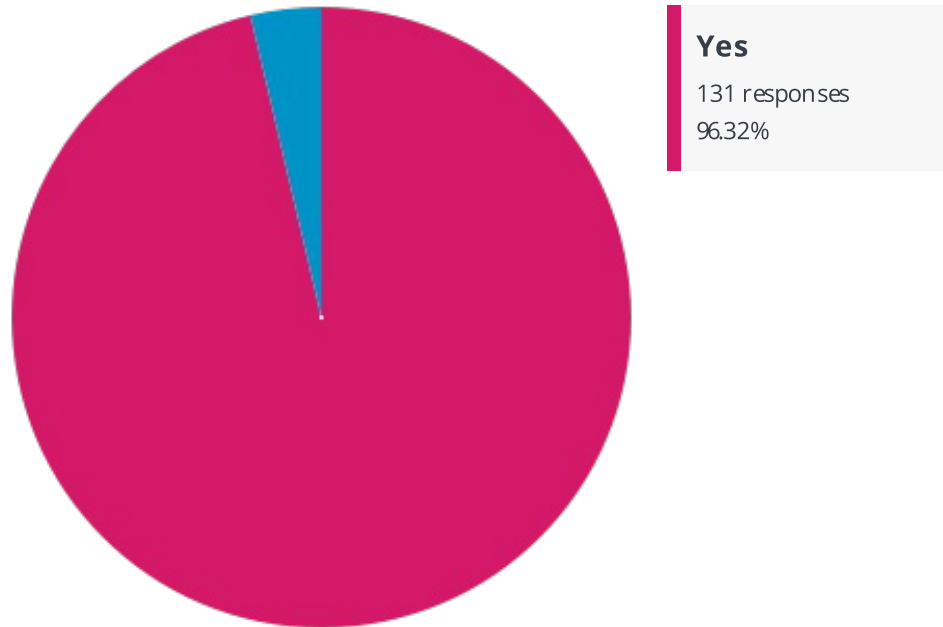
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|-----------|--|
| Anonymous | hands on learning for casting or instrumentation techniques with cadaver labs or even models |
| Anonymous | i feel there should still be Thursday afternoon off to do other things, i.e. golf, tennis, sight see. |
| Anonymous | none |
| Anonymous | Group discussions on Infection, PJK/PJF and pseudoarthrosis. These are cost generators that we need to improve in order to make what we do more cost effective. |
| Anonymous | Written program was poorly written |
| Anonymous | I am excited to hear Dr. Weinstein's newest information on bracing, particularly on who does not benefit from it. I would also appreciate more information on the Cheneau brace. |
| Anonymous | Maintain those topics and the format of paper discussions |
| Anonymous | I think that the anonymity of the patients in the clinical photos should be maintained. It was shocking to see that some presentations made no effort to ensure anonymity. |
| Anonymous | Reduction and derotation strategies. More on selection of fusion levels. |
| Anonymous | PAEDIATRIC SPINAL DEFORMITY INFECTION CONTROL OBESITY AND FUTURE IMPACT ON SPINE DIABETES AND IMPACT ON FURURE OF SPINE |
| Anonymous | I always feel a lack regarding neuromuscular scoliosis |
| Anonymous | The reception was very disappointing; 3 items to select for such a varied audience seems cheap. The printed program was extremely confusing; difficult to figure out where to go; rooms should have been spelled out; the lunch symposia difficult to find; in summary the printed program lacked an organized |

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| | educational component. |
| Anonymous | More techniques |
| Anonymous | Could not see much of slide projections |
| Anonymous | EOS - casting vs bracing; when to pull the trigger on surgery; when to remove implants and ok to keep implants |
| Anonymous | Make surgeons better Leadership Handling complications / relationships with patients |
| Anonymous | Really not looking at alternatives to surgery. Lot of surgical series and complications. The meeting is in a surgical rut. |
| Anonymous | Would continue to focus on the range of outcomes that can/should be measured as a result of surgical and non-surgical interventions. |
| Anonymous | more cervical and lumbar deformity correction |
| Anonymous | First, archive all of the telecasts to access at a later time, and for possibly more CME. Second, the SRS meeting app was a little confusing to make sure I was evaluating the right class/presentation. |
| Anonymous | More spine trauma papers would be interesting |
| Anonymous | too many similar papers from the ISSG using the same data base. these papers could be combined into one. I am also skeptical about large data bases which on the surface seem like a good idea but when i questioned the authors it was clear that they had little knowledge about who did what surgery, the skill of the various surgeons contributing cases, post op protocols, etc. |
| Anonymous | I would introduce more information related new devices that could help to manage the deformity or the advances about biological treatments |
| Anonymous | Peds MIS |
| Anonymous | I thought topics were well chosen and timely |

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| Anonymous | x |
| Anonymous | no down time to see the city Really no reason to go to various locations if all you ever see is the ballroom of the Mariott Saw the Great Barrier reef in Australia. Went to Loch Ness in Scotland Saw the airport in Philly. Maybe we should do this online now |
| Anonymous | a little more seats for participants |
| Anonymous | web access |
| Anonymous | New ideas in early onset scoliosis |
| Anonymous | poor acoustics and difficult time hearing and understanding MANY SPEakers |

Q. Was the meeting a good value in relation to your time and expense?

Top Response Options



| Answer Options | Responses | Percentage |
|----------------|------------|----------------|
| Yes | 131 | 96.32% |
| No | 5 | 3.68% |
| Total | 136 | 100.00% |

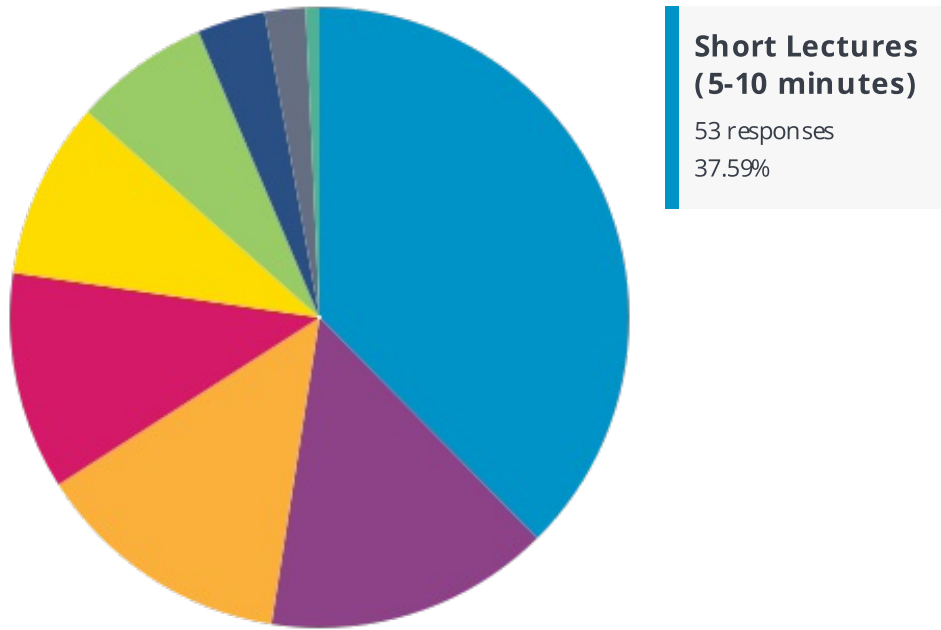
Q. Comments

| Email | Responses |
|-----------|--|
| Anonymous | Wonderful experience |
| Anonymous | Well organized |
| Anonymous | Go back to old school paper evaluation. The app-based Evals were impossibly time consuming and confusing. Back arrow often didn't work. I gave up many times |
| Anonymous | Best spine meeting of the year |
| Anonymous | - |
| Anonymous | great meeting |
| Anonymous | Too long |
| Anonymous | Thank you! |
| Anonymous | I particularly valued the event for its ability to foster partnerships, discussion, and improvement towards a better future. |
| Anonymous | THIS MEETING IS THE BEST MEETING IN SPINE WHERE ACTUALLY WE DISCUSS PITFALLS IN EXISTING LITERATURE,RATHER THAN BLINDLY ACCEPTING WHAT HAS BEEN TOLD SO FAR. |
| Anonymous | Good value but it could have been improved by having a better set up with tables; the overflow rooms were noisy-people chatted instead of listening and no one was monitoring these settings. There was no one to direct entry to sessions who could have helped with finding a session. |
| Anonymous | Position screens high enough to be see by those in back of auditorium. |
| Anonymous | Only for the connection with colleagues around the country. |
| Anonymous | I love the variety of topics covered. Am pediatric |

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| | and found plenty to discuss and ponder. |
| Anonymous | Philly was very nice and the hotel was pleasantly low priced for the center of town. |
| Anonymous | Very good meeting, very good location. |
| Anonymous | Overall very good meeting |
| Anonymous | good meeting though not as valuable as the pre-meeting course which was excellent |
| Anonymous | x |
| Anonymous | philadelphia is not a good meeting city... |

Q. What is your preferred learning format (Please choose one)

Top Response Options



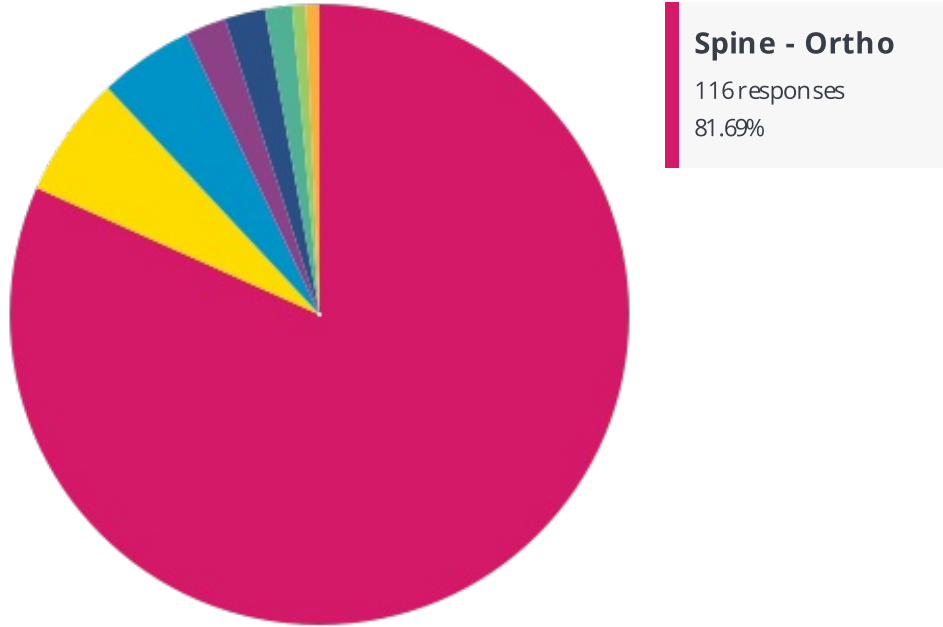
| Answer Options | Responses | Percentage |
|-------------------------------|------------|----------------|
| Short Lectures (5-10 minutes) | 53 | 37.59% |
| Case Studies | 21 | 14.89% |
| Long Lectures (10+ minutes) | 19 | 13.48% |
| Abstracts | 16 | 11.35% |
| Panel Discussions | 13 | 9.22% |
| Debates | 10 | 7.09% |
| Small Group Discussions | 5 | 3.55% |
| Other | 3 | 2.13% |
| Online Education Formats | 1 | 0.71% |
| Total | 141 | 100.00% |

Q. If you selected Other, please specify

| Email | Responses |
|-----------|--|
| Anonymous | - |
| Anonymous | CASE STUDIES AND PANEL DISCUSSIONS.SMALL GROUP DISCUSSION |
| Anonymous | n/a |
| Anonymous | Debates |
| Anonymous | x |
| Anonymous | I enjoy the abstracts and short lectures |
| Anonymous | The abstracts are good but the discussion is often much better. Short lectures are great as are a case discussion with a panel. I don't think there is one single best format for learning |

Q. What is your specialty

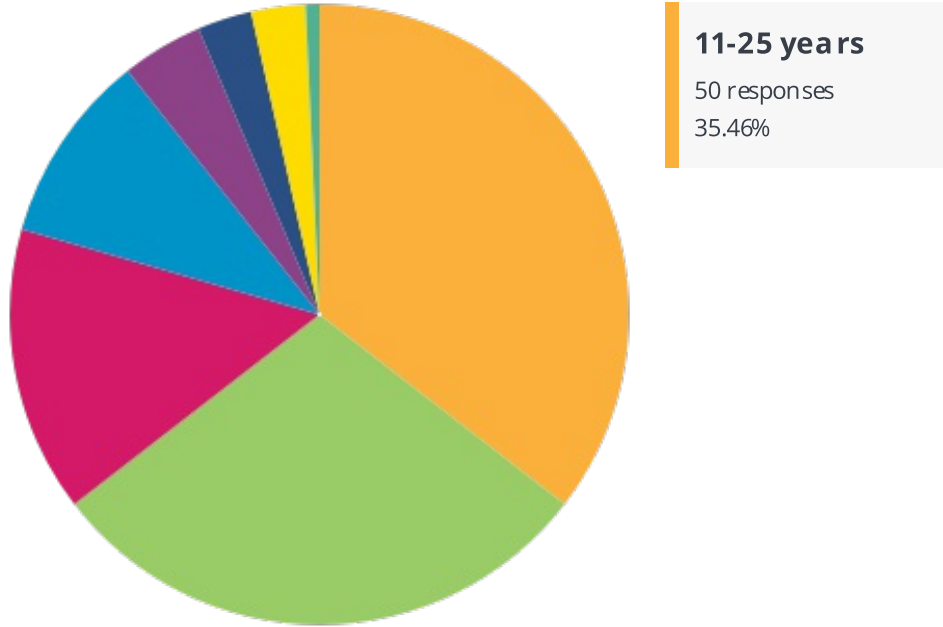
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------------------------|------------|----------------|
| Spine - Ortho | 116 | 81.69% |
| Allied Health (RN, NP, PA, PT, etc) | 9 | 6.34% |
| Spine - Neuro | 7 | 4.93% |
| Researcher | 3 | 2.11% |
| Student/Resident/Fellow | 3 | 2.11% |
| Other | 2 | 1.41% |
| MD - other | 1 | 0.70% |
| Ortho - non-spine | 1 | 0.70% |
| Total | 142 | 100.00% |

Q. How long have you been in practice?

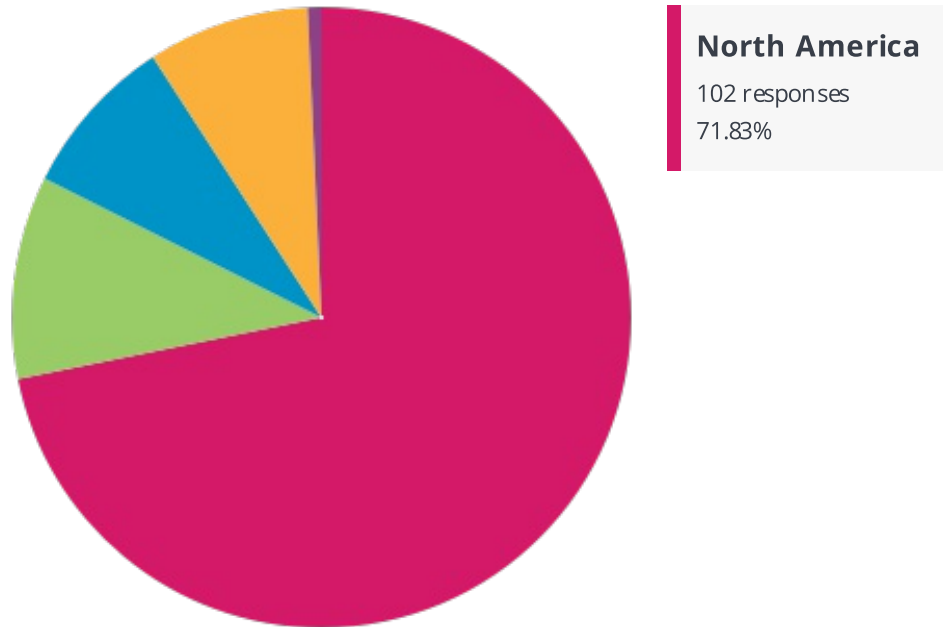
Top Response Options



| Answer Options | Responses | Percentage |
|---------------------------------|------------|----------------|
| 11-25 years | 50 | 35.46% |
| 26-40 years | 41 | 29.08% |
| 5 years or less | 21 | 14.89% |
| 6-10 years | 14 | 9.93% |
| Over 40 years | 6 | 4.26% |
| Allied Health Professional | 4 | 2.84% |
| Medical student/resident/fellow | 4 | 2.84% |
| Other/NA | 1 | 0.71% |
| Total | 141 | 100.00% |

Q. What is your Region?

Top Response Options



| Answer Options | Responses | Percentage |
|-----------------------|------------|----------------|
| North America | 102 | 71.83% |
| Asia - Pacific | 15 | 10.56% |
| Central/South America | 12 | 8.45% |
| Europe | 12 | 8.45% |
| Middle East - Africa | 1 | 0.70% |
| Total | 142 | 100.00% |