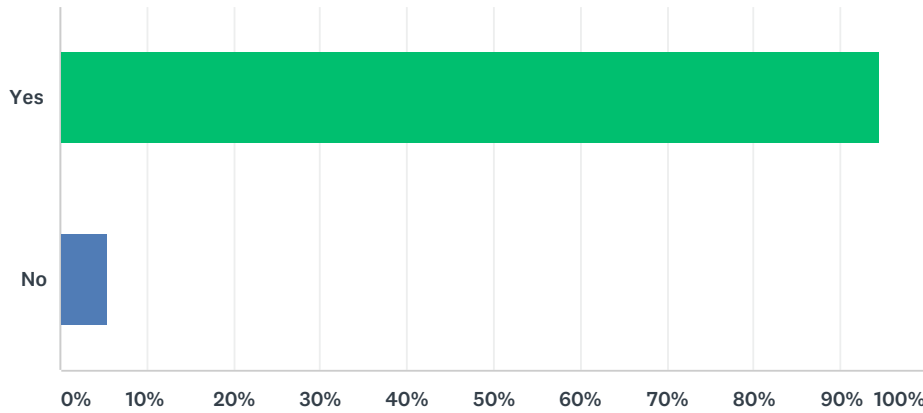


Q1 Since this meeting, have you shared what you learned with colleagues?

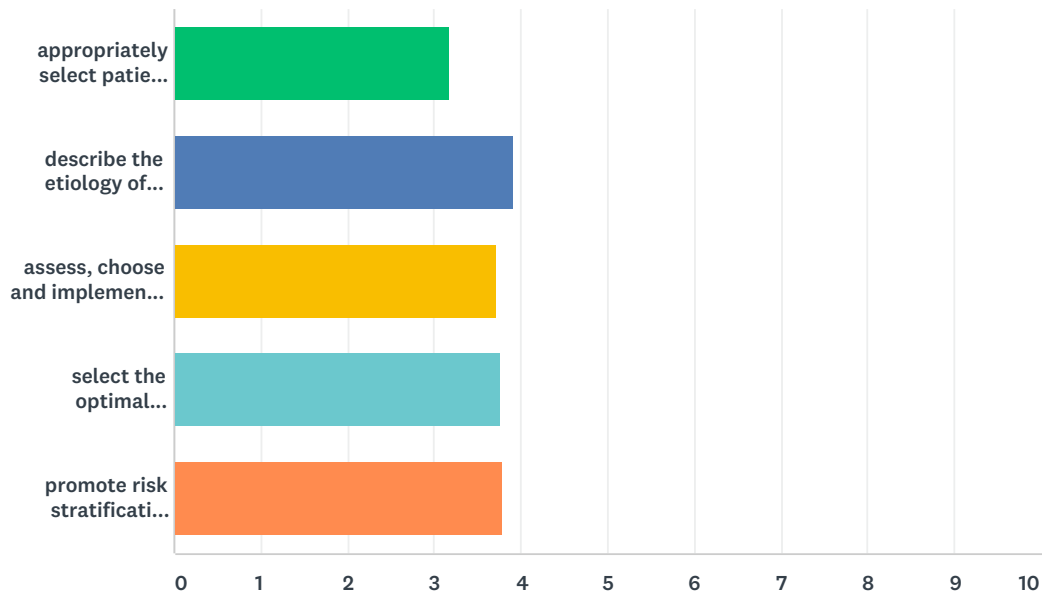
Answered: 74 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	94.59%	70
No	5.41%	4
TOTAL		74

Q2 As a result of attending the 2018 International Meeting on Advanced Spine Techniques (IMAST), do you feel you have improved your ability to:

Answered: 74 Skipped: 0



	1 - NOT AT ALL	2	3 - TO SOME EXTENT	4	5 - ABSOLUTELY	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
appropriately select patients for growth guidance constructs.	5.41% 4	5.41% 4	22.97% 17	29.73% 22	22.97% 17	13.51% 10	74	3.19
describe the etiology of adult deformity, the age adjusted alignment of the spine and the natural history of long fusion.	1.35% 1	1.35% 1	28.38% 21	35.14% 26	32.43% 24	1.35% 1	74	3.92
assess, choose and implement appropriate value-added new technology for the specific learner's practice.	1.37% 1	1.37% 1	24.66% 18	41.10% 30	26.03% 19	5.48% 4	73	3.73
select the optimal approach for surgery and match it to the patient's individual pathology.	1.35% 1	4.05% 3	20.27% 15	31.08% 23	36.49% 27	6.76% 5	74	3.77
promote risk stratification to develop universal standards of excellence in spine surgery.	1.39% 1	4.17% 3	31.94% 23	25.00% 18	34.72% 25	2.78% 2	72	3.79

Q3 What changes did you make to your approach to treatment of spine deformity?

Answered: 74 Skipped: 0

#	RESPONSES	DATE
1	consider tethering for surgical treatment in EOS	10/8/2018 7:22 PM
2	nil	10/5/2018 3:50 PM
3	infection control	10/4/2018 5:48 PM
4	I started to be more corageous in making decisions about surgery or not	10/4/2018 11:20 AM
5	Introduce check boards. Made neuromonitoring mandatory	10/4/2018 5:32 AM
6	more reliance on evidence based approaches	10/4/2018 5:07 AM
7	Little	10/4/2018 1:24 AM
8	Patient's comorbidity	10/4/2018 12:51 AM
9	Implementation of new techniques	10/3/2018 8:01 PM
10	Bei g realistic about expectations and knowing when to say no.	10/3/2018 7:23 PM
11	Not Applicable (research only)	10/3/2018 6:24 PM
12	None specifically	10/3/2018 6:15 PM
13	For the adult deformity I will try to use the GAP score for my patients	10/3/2018 6:10 PM
14	I measure hounsfield units in the preop CT	10/3/2018 2:29 AM
15	general changes	9/30/2018 4:27 PM
16	lecture	9/30/2018 3:45 AM
17	Nothing significant, because I am senior surgeon with wast experience	9/28/2018 3:55 PM
18	Upgrade knowledge	9/28/2018 6:03 AM
19	TWO SURGEONS IN A DEFORMITY CASE, STAGE SOME CASES,	9/27/2018 4:22 PM
20	.	9/27/2018 12:54 PM
21	Better preop evaluation	9/27/2018 12:30 PM
22	N/A	9/27/2018 10:00 AM
23	Selection of patients	9/27/2018 3:45 AM
24	none	9/27/2018 3:20 AM
25	I am taking into account the potential for changes in PI after reconstructive spine surgery as a real possibility.	9/27/2018 1:30 AM
26	N/a	9/27/2018 12:43 AM
27	Préopérative évaluation	9/27/2018 12:25 AM
28	none at this time	9/26/2018 11:48 PM
29	nothing	9/26/2018 11:45 PM
30	NA	9/26/2018 10:52 PM
31	Can't answer	9/26/2018 9:41 PM
32	tehreing	9/26/2018 9:40 PM
33	Take note of saggital balance	9/26/2018 9:27 PM

IMAST 2018 Post-Meeting Survey

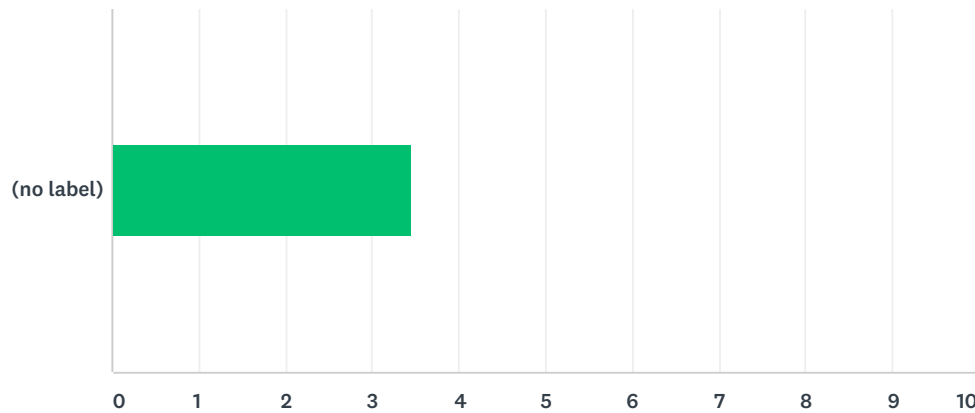
34	IONM	9/26/2018 9:12 PM
35	Started using TXA at higher doses. Modified TLIF rather than PSO.	9/26/2018 9:10 PM
36	None	9/26/2018 9:04 PM
37	Reinforced principles and practices	9/26/2018 7:59 PM
38	better planning	9/26/2018 7:41 PM
39	Better understanding of alignment	9/26/2018 7:35 PM
40	More thoughtful.	9/26/2018 7:17 PM
41	I have divided spine surgeries into distinct sections and have tried to retain the same steps each time to avoid time delays and better OR communication	9/26/2018 7:01 PM
42	Selecting an optimal approach towards surgery	9/26/2018 6:57 PM
43	So far, none.	9/26/2018 6:43 PM
44	Obtaining full length films	9/26/2018 6:36 PM
45	None	9/26/2018 6:32 PM
46	Improved treatments for PJK.	9/26/2018 6:15 PM
47	Pay more attention to Sagittarius alignment	9/26/2018 6:13 PM
48	Patient selection	9/26/2018 6:13 PM
49	More attention to alignment in coronal and sagittal planes in short segment fusion	9/25/2018 1:03 AM
50	I prefer using S2Al screws to do long fusion and also using multiple rods across 3 PCOs.	9/24/2018 5:01 PM
51	longer conservative treatment for EOS, less surgery less risk o complications	9/24/2018 2:37 PM
52	Considered use of mold/targeting technology for revision spine instrumentation	9/24/2018 6:30 AM
53	Choose the correct technic and approach.	9/23/2018 11:04 PM
54	Nothing in particular	9/23/2018 10:31 PM
55	GAP score	9/23/2018 4:37 AM
56	Team approach to deformities, team approach in the OR	9/22/2018 9:11 PM
57	pjk awareness	9/21/2018 7:13 PM
58	Risk stratification for adult spine deformity surgery	9/21/2018 3:52 PM
59	Ok	9/21/2018 3:35 PM
60	proper diagnosis and evidence based practice	9/21/2018 9:33 AM
61	No	9/21/2018 7:49 AM
62	Planning	9/21/2018 5:02 AM
63	Better preop planning	9/21/2018 4:30 AM
64	MCGR Technology	9/21/2018 2:01 AM
65	More select and planning carefully before surgery.	9/20/2018 11:40 PM
66	n/a	9/20/2018 10:04 PM
67	More mis	9/20/2018 9:49 PM
68	Considering using titanium coated cages. Considering selective thoracic fusions l'm more patients with AIS	9/20/2018 9:40 PM
69	Evidence based practice	9/20/2018 7:19 PM
70	Improved assessment and implementation of classification	9/20/2018 6:38 PM
71	Better risk assessment	9/20/2018 6:22 PM
72	MIS techniques	9/20/2018 6:21 PM

IMAST 2018 Post-Meeting Survey

73	Better implant selection	9/20/2018 6:16 PM
74	Selection of fusion level Some Surgical tricks	9/20/2018 6:09 PM

Q4 As a result of attending this course, do you feel you have created more varied treatment strategies?

Answered: 74 Skipped: 0

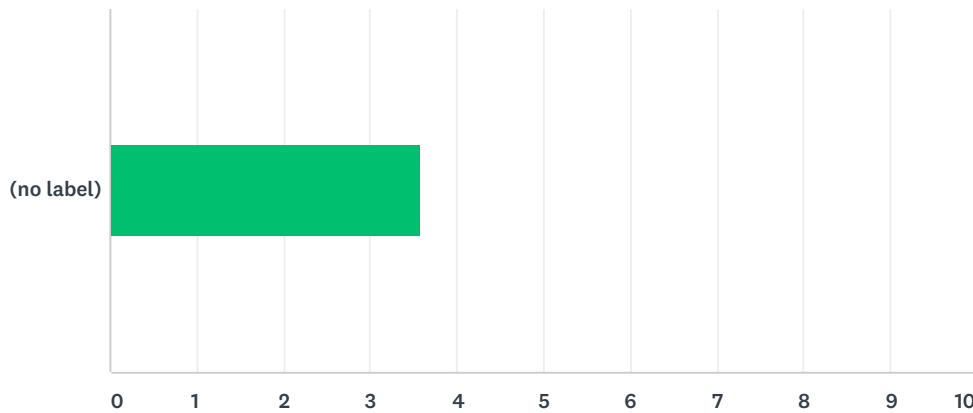


	1 - NOT AT ALL	2	3 - TO SOME EXTENT	4	5 - ABSOLUTELY	TOTAL	WEIGHTED AVERAGE
(no label)	1.35%	8.11%	50.00%	24.32%	16.22%	74	3.46
	1	6	37	18	12		

#	COMMENTS	DATE
1	Not Applicable (research only)	10/3/2018 6:24 PM
2	Impruve my practice	9/27/2018 12:30 PM
3	Limited resources is a hindering factor in my practice	9/26/2018 6:57 PM
4	Clarification more than variation.	9/26/2018 6:13 PM
5	Yes definitely	9/20/2018 11:40 PM

Q5 As a result of attending this course, do you feel you have made more appropriate recommendations for spinal surgery?

Answered: 74 Skipped: 0

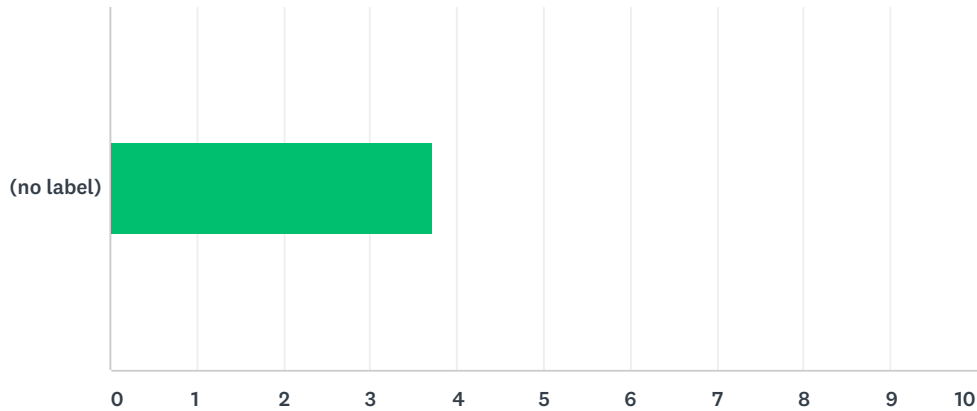


	1 - NOT AT ALL	2	3 - TO SOME EXTENT	4	5 - ABSOLUTELY	TOTAL	WEIGHTED AVERAGE
(no label)	1.35%	10.81%	37.84%	29.73%	20.27%	74	3.57
	1	8	28	22	15		

#	COMMENTS	DATE
1	Not Applicable (research only)	10/3/2018 6:24 PM
2	Better outcomes	9/27/2018 12:30 PM
3	N/A	9/27/2018 10:00 AM
4	More confident to plan and doing surgery	9/20/2018 11:40 PM
5	It's clear that too much is being done in adults because the reported results don't much match most clinicians clinical outcomes.	9/20/2018 6:22 PM

Q6 As a result of attending this meeting, have you provided better care for your patients?

Answered: 74 Skipped: 0

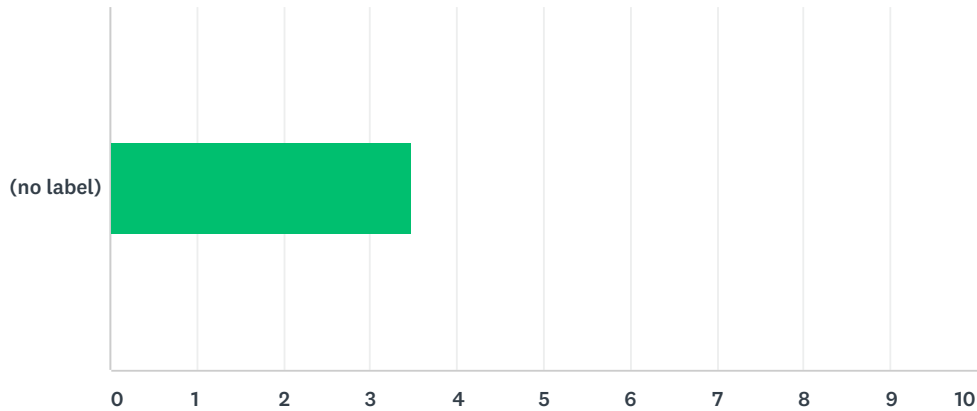


	1 - NOT AT ALL	2	3 - TO SOME EXTENT	4	5 - ABSOLUTELY	TOTAL	WEIGHTED AVERAGE
(no label)	2.70%	8.11%	32.43%	28.38%	28.38%	74	3.72
	2	6	24	21	21		

#	IF YES, PLEASE PROVIDE AN EXAMPLE.	DATE
1	infection control protocols	10/4/2018 5:48 PM
2	Not Applicable (research only)	10/3/2018 6:24 PM
3	Take care whit the best opson for every pacient	9/27/2018 12:30 PM
4	N/A	9/27/2018 10:00 AM
5	new technologies	9/26/2018 11:45 PM
6	I use multiple rods across 3 PCOs.	9/24/2018 5:01 PM
7	For early onset Scoliosis	9/20/2018 7:19 PM
8	Revision in Fail back surgery patient	9/20/2018 6:09 PM

Q7 As a result of attending this course, have you managed complications better?

Answered: 74 Skipped: 0



	1 - NOT AT ALL	2	3 - TO SOME EXTENT	4	5 - ABSOLUTELY	TOTAL	WEIGHTED AVERAGE
(no label)	6.76%	10.81%	31.08%	31.08%	20.27%	74	3.47
	5	8	23	23	15		

#	IF YES, PLEASE INDICATE WHICH COMPLICATION(S):	DATE
1	Not Applicable (research only)	10/3/2018 6:24 PM
2	better bleeding management	9/27/2018 12:30 PM
3	N/A	9/27/2018 10:00 AM
4	Infection prevention. Medical complications.	9/27/2018 1:30 AM
5	tumors	9/26/2018 11:45 PM
6	N/A	9/26/2018 6:13 PM
7	I am better able to discuss the effect and risk of of prox Junction failure	9/25/2018 1:03 AM
8	rod failure	9/24/2018 5:01 PM
9	Infection, Dural tear,	9/20/2018 11:40 PM
10	Pre-emptively	9/20/2018 6:22 PM

Q8 If you did not make any changes to your practice, why not? What problems have you encountered trying to implement what you learned at the meeting?

Answered: 18 Skipped: 56

#	RESPONSES	DATE
1	Similar practice as suggested	10/4/2018 1:24 AM
2	Don't have the appropriate means	10/3/2018 6:15 PM
3	No	9/28/2018 3:55 PM
4	More complications	9/27/2018 12:30 PM
5	N/A	9/27/2018 10:00 AM
6	no relevant suggestions	9/27/2018 3:20 AM
7	Really nothing neww	9/26/2018 11:48 PM
8	Because i don't think i must change something	9/26/2018 11:45 PM
9	Limited resources, lack of proper equipment	9/26/2018 6:57 PM
10	N/a	9/26/2018 6:36 PM
11	There wasnt New technologies	9/26/2018 6:32 PM
12	NA	9/26/2018 6:15 PM
13	Not much is new	9/23/2018 10:31 PM
14	Money	9/21/2018 3:35 PM
15	Being in developing country, differences in implant availaibility and monetary factors	9/21/2018 9:33 AM
16	no problems	9/21/2018 7:49 AM
17	Cost	9/20/2018 9:49 PM
18	Generally cost and hospitals reluctance to support many of the potential improvement measures and techniques	9/20/2018 6:22 PM

Q9 What can SRS education programs provide to assist in improving your practice?

Answered: 74 Skipped: 0

#	RESPONSES	DATE
1	more none surgical options discussions; more case based discussions	10/8/2018 7:22 PM
2	Frequent webinars and more study materials and guidelines on its website so that it can be accessed easily	10/5/2018 3:50 PM
3	more hands on courses	10/4/2018 5:48 PM
4	I would be glad if SRS could help me with any research grant and with fellowship to Hong Kong hospital	10/4/2018 11:20 AM
5	Share online the latest guidelines	10/4/2018 5:32 AM
6	more courses on how to do it	10/4/2018 5:07 AM
7	Cheaper course, can attend more	10/4/2018 1:24 AM
8	Cadaver course	10/4/2018 12:51 AM
9	Information on nutrition in surgical patients	10/3/2018 8:01 PM
10	Spend more time discussing shared decision making, complications such as infections, wrong level surgery, vertebral artery injury, cervico thoracic junctional challenges, role of anterior surgery in deformity correction, sacro-pelvic fixation.	10/3/2018 7:23 PM
11	Not Applicable (research only)	10/3/2018 6:24 PM
12	Continuing to provide a platform to exchange with other colleagues	10/3/2018 6:15 PM
13	Hands on practices	10/3/2018 6:10 PM
14	I would like more talks about complication management in spinal deformity surgery. That was one of the most useful sessions and I felt it could've been twice as long	10/3/2018 2:29 AM
15	NA	9/30/2018 4:27 PM
16	hand work shop	9/30/2018 3:45 AM
17	Continue as it is	9/28/2018 3:55 PM
18	Deformitu correction	9/28/2018 6:03 AM
19	WEBINARS, CASE PRESENTATIONS, EXPERT OPINIONS	9/27/2018 4:22 PM
20	.	9/27/2018 12:54 PM
21	Better desitions of tratments	9/27/2018 12:30 PM
22	N/A	9/27/2018 10:00 AM
23	A more global approach to education and ensure that treatment strategies address varied needs around the world, and not just US based.	9/27/2018 3:45 AM
24	more practice-changing content	9/27/2018 3:20 AM
25	The availability of video review of sessions should be more widely publicized to the membership.	9/27/2018 1:30 AM
26	N/a	9/27/2018 12:43 AM
27	Case discussion	9/27/2018 12:25 AM
28	n/a	9/26/2018 11:48 PM
29	the new tech	9/26/2018 11:45 PM
30	NA	9/26/2018 10:52 PM

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31	Good question	9/26/2018 9:41 PM
32	more webinars	9/26/2018 9:40 PM
33	Online video on procedures	9/26/2018 9:27 PM
34	AM, IMAST, CC	9/26/2018 9:12 PM
35	Free papers are most important	9/26/2018 9:10 PM
36	More focused message	9/26/2018 9:04 PM
37	More opportunities to see abstracts and relevant research.	9/26/2018 7:59 PM
38	better critical assessment of new technology	9/26/2018 7:41 PM
39	Better understanding of pathology and advanced techniques	9/26/2018 7:35 PM
40	Not sure.	9/26/2018 7:17 PM
41	Send important webinar links	9/26/2018 7:01 PM
42	Conducting workshop & making them accessible to Surgeons from developing countries.	9/26/2018 6:57 PM
43	Case based lectures and discussion	9/26/2018 6:43 PM
44	More hands on cadaveric courses	9/26/2018 6:36 PM
45	Some times yes	9/26/2018 6:32 PM
46	Collaboration in mutlicenter studies	9/26/2018 6:15 PM
47	Complication management	9/26/2018 6:13 PM
48	Surgical techniques	9/26/2018 6:13 PM
49	complication management should continue to be a focus as we are performing more complex surgery.	9/25/2018 1:03 AM
50	More video courses.	9/24/2018 5:01 PM
51	appropriate strategies for different cases, adequate patient selection for each treatment and how to avoid and deal with complications	9/24/2018 2:37 PM
52	guidance on ease of implementation of PROM capture within the context of EHR/EMR systems	9/24/2018 6:30 AM
53	In my opinion the SRS meetings are the best to learn and improve the treatment of spine conditions.	9/23/2018 11:04 PM
54	Reduce the number of meetings and possibly merge IMAST with Cadaver course and/or Hands on Course, etc.	9/23/2018 10:31 PM
55	1.VDO session 2. Want the previous IMAST program speaker comeback 3. No more paper session	9/23/2018 4:37 AM
56	case-based scenarios	9/22/2018 9:11 PM
57	cadaveric workshop and case discussion	9/21/2018 7:13 PM
58	Get more member involved	9/21/2018 3:52 PM
59	Ok	9/21/2018 3:35 PM
60	Some presentations and courses even for developing country, and how can we manage things with people having less monetary sources and grants for developing researches	9/21/2018 9:33 AM
61	nothing more for me	9/21/2018 7:49 AM
62	Absolutely	9/21/2018 5:02 AM
63	Arrange for one on one tutorials	9/21/2018 4:30 AM
64	When compare to another IMAST past meeting, My feeling show some change of Spekaer in IMAST 2019 are less experienced to give and sharing them to delegate, So this make some less interesting. And I hope next IMAST meeting will be improved in the future.	9/21/2018 2:01 AM
65	More discuss about difficult and complex cases.	9/20/2018 11:40 PM
66	more outcomes research	9/20/2018 10:04 PM

IMAST 2018 Post-Meeting Survey

67	Nee techniques	9/20/2018 9:49 PM
68	It was a great meeting	9/20/2018 9:40 PM
69	By SRS Fellowship	9/20/2018 7:19 PM
70	More hands on workshops	9/20/2018 6:38 PM
71	Real life case presentations and complications. A complete ICL or Course dedicated to complications and how to deal with them in a case based format with short didactic lectures reviewing the literature recommendations on the case report complication, stressing corrective methods on how to get out of trouble. The last several years there has been so much focus on risk management and prevention of complications (which will still occur at a reduced rate) that dealing with perioperative complicationd has been somewhat ignored and glossed over. I suspect that many of the presentations that promote major surgeries are significantly under reporting their real complication risks and rare present how they treat and resolve the one they do have.	9/20/2018 6:22 PM
72	More good speakers.	9/20/2018 6:21 PM
73	Provide traveling fellowship program to young individuals to go to some centre of excellence.	9/20/2018 6:16 PM
74	Surgical techniques and tricks	9/20/2018 6:09 PM