**MARK YOUR CALENDAR FOR THE 2014 ISS MEETING**

**2014 | Edinburgh, Scotland**
Update Course: 16th – 18th October
Members’ Meeting: 13th – 15th October

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**Leadership of the ISS 2013 – 2014**

- President: A. Mark Davies, MD
- President-Elect: Lynne S. Steinbach, MD
- Secretary: Lawrence M. White, MD
- Treasurer: William E. Palmer, MD
- Immediate Past President: Javier Beltran, MD
- Members at Large:
  - Jenny T. Bencardino, MD
  - Donna G. Blankenbaker, MD
  - Adrienne M. Flanagan, MD
  - Andrew J. Grainger, BM, BS, MRCP, FRCR
  - Tetsuo Imamura, MD
  - Carrie Y. Inwards, MD

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President’s Message
A. Mark Davies, MD

Happy New Year to all the ISS’ upstanding members and welcome to another riveting edition of Bare Bones, compiled for your delight and delection. It is that time when I conduct an exercise in omphaloskepsis* looking back at 2013 as well as forward to the year ahead. Air brushing over the decision not to go to Istanbul, I would like to thank Murray K. Dalinka and his colleagues for the warm welcome we received in Philadelphia and compliment Andrew J. Grainger and William B. Morrison respectively, amongst others, for the quality of the Refresher Course program and the amount of sponsorship raised. It goes without saying (so I am tempted not to bother) that I should thank the hard work undertaken by all the officers that ensures that I, as president, have remarkably little to do! This has been a year of transition for our management company, WJ Weiser & Associates, but I am pleased to report that a sense of continuity has been re-established in its dealings with the ISS that bodes well for the future of our relationship. I should also like to acknowledge the hard work undertaken by the various committee chairs that guarantees us new members (Michael P. Recht – Membership), stimulating cases (Michael J. Klein – Members’ Meeting) and high quality science (Jenny T. Bencardino – Special Scientific Session) to mention just a few.

It is hard to believe that it is over 25 years since the ISS last went to the UK. Ian Beggs and his colleagues are already hard at work to make sure of a warm welcome to Edinburgh. Don’t forget this is the country that brought to the world such culinary delights as the haggis and deep fried Mars bars! Dr. Beggs will shortly be announcing the Ad Hoc Whisky Tasting and the Kilt committees and Ted Miller is busy preparing the Refresher Course program and Jon A. Jacobson the Ultrasound Course. When making your travel arrangements, please note the minor changes to the meeting format. The Members’ Meeting will now be held on the Tuesday and Wednesday with the Members’ Dinner on the Wednesday evening. The Refresher Course, reduced in length by a half day, will commence on the Thursday and run through to late on the Saturday afternoon to be followed by the Gala Dinner on Saturday night.

Several years ago the Executive Committee, in order to simplify the society’s records, did away with any other category of member apart from active (i.e. paying dues) and honorary (rarely awarded to non-members). There is no longer a category of emeritus/retired member. In recognition that some past members might wish to attend one of our meetings to catch up with old friends, Article III, Section 2, of the bylaws was amended to state the following:

Former members who have retired from active practice of medicine may attend a Closed Meeting on payment of a fee to be set annually by the Executive Committee. Former members who wish to avail themselves of the special fee must apply in writing (or email) to the Secretary at least 30 days prior to the annual meeting that they wish to attend.

If any of you know any coffin-dodgers who might wish to attend, please encourage them to get in contact with the secretary. It only remains for me to wish you all that you deserve for the new year ahead and hope to see you in Edinburgh. I remain, for another 10 months, your humble and obedient president.

*contemplation of one’s navel as an aid to contemplation

Ian Beggs, FRCPE FRCR

Autumn 2014 promises to be a momentous period in Scotland. A referendum on Scottish independence will be held September 18, the Ryder Cup will be played at Gleneagles September 26 – 28 and the International Skeletal Society will hold its meeting October 13 – 18 in Edinburgh!

Edinburgh is a beautiful city. The castle dominates the skyline. The original medieval town runs down the Royal Mile from the castle to the Palace of Holyroodhouse. The New Town, which dates from the eighteenth and early nineteenth centuries, lies to the north of the Old Town. Both Old and New Towns are Unesco World Heritage Sites. The Edinburgh International Conference Centre, the venue for our meeting, is at the edge of the city centre and the Old and New Towns.
Edinburgh is a compact city. All the major attractions are within walking distance, but there is an excellent transport system. By next autumn a new tram system will whisk you from the airport to the city centre within a few minutes.

Edinburgh is easily accessible, with frequent connections between Edinburgh and all the major European hub airports including London, Amsterdam, Paris and Frankfurt.

If you are a golfer, you may like to know that the open courses at Muirfield, Gleneagles, St. Andrews, Carnoustie, Troon and Turnberry are open to visitors and are within a half to two hours drive from Edinburgh – for more information, visit [http://golf.visitscotland.com/courses.aspx](http://golf.visitscotland.com/courses.aspx). There are hundreds of whisky distilleries in Scotland, with many open to visitors – for more information, visit [www.scotchwhisky.net/distilleries/](http://www.scotchwhisky.net/distilleries/).

The Highlands and Loch Lomond are little more than an hour away by car and Skye is three to four hours.

Overall, there is plenty to do before or after the meeting if you can tear yourself away from the meeting for a few hours.

I look forward to seeing you next October in Edinburgh.

**Future Meetings Report**

Theodore T. Miller, MD, FACR

Dear Colleagues,

It is my pleasure to invite you to attend the 41st Annual Refresher Course, to be held October 16 – 18, 2014 in Edinburgh, Scotland. The Refresher Course Committee has put together a comprehensive program, maintaining the style of two parallel sessions on “Sports Injuries” and “Musculoskeletal Diseases.” Highlights of the Refresher Course will include an opening session on “Bone: Normal and Radiologic-Pathologic Correlations of Disease,” four “Rapid-Fire” sessions, a “Hot Topic” session on injectables, a closing session film quiz panel hosted by Dr. Don Resnick and the Gala Dinner at the conclusion of the course on Saturday night.

The shortening of the Refresher Course to three days from three and a half meant the committee had to look critically at potential topics and lectures. We took into account the needs assessments and feedback from attendees of previous meetings, and I believe we have produced a well-balanced, broadly-appealing program that includes lectures on pathology and clinical perspectives, in addition to imaging. I am proud to have a Refresher Course Committee with the widest international representation to date, including ISS members from North America, South America, Europe and Asia, and I thank them for their input and hard work.

I hope you will join us in Edinburgh, and I look forward to seeing you. Best wishes.

**Committee Updates**

**Membership Committee**

Michael P. Recht, MD

Based on a change endorsed at the 2012 meeting, the Membership Committee implemented a rolling admissions policy. As a result, the committee reviewed applications in January, April and September 2013. Applicants who were approved by the Membership Committee during the course of the year then had their information distributed, first to the wider membership for comment, and then to the Executive Committee for final approval of their application. In 2013, the committee accepted a total of 30 new members. As a result of the our newly-implemented rolling admissions policy, 12 out of the 23 people who applied and were accepted into the society in advance of the 2013 annual meeting were able to attend this year’s meeting in Philadelphia as ISS members. The Membership Committee has been seeking to increase membership among orthopedists and pathologists. In 2013, there was one new orthopedist from North America, six new pathologists from North America and one pathologist from Europe (Italy) who were inducted into the ISS. Those of you who know any qualified colleagues from among these specialties should encourage them to apply.

**Scientific Session Committee**

Jenny T. Bencardino, MD

The Scientific Session Committee has great news for the ISS membership! The Breakout Scientific Session introduced in Rome 2012 has grown in popularity and, as a result, will be held inside a meeting room with comfortable seating for its attendees on Wednesday, October 15, 2014 in Edinburgh. This session will continue to have an informal style with ten papers included in the program to be presented during the lunch break. In addition, the digital presentation files will be uploaded in the Meeting Educational Exhibit computers and made available for review by all attendees throughout the length of the Annual Meeting.
The Special Scientific Session will take place on Tuesday, October 14, 2014 in the afternoon. The abstracts submitted for potential inclusion in the session will be made available for blinded review by the Scientific Session Committee panel during the month of March 2014 using Skeletal Radiology’s editorial manager. Presenters are encouraged to make plans to be in the meeting room throughout the length of the session as the announcement of the Excellence Award will be made public at the end of the program. Thanks to the new Members’ Meeting program format to be introduced in Edinburgh, there will be no schedule conflict between the Special Scientific Session and the Ultrasound Course next year.

Ad Hoc Electronic Poster Committee
Robert Campbell, MD

This year two new members were invited to the committee: Miriam A. Bredella, MD (radiologist) and David C. Mangham, MD (pathologist). A pathologist was asked to join the committee as it was felt this would better reflect the overall membership of the society, and benefit scoring e-posters with significant pathology content.

The e-poster exhibition in Philadelphia 2013 was a great success, with 105 posters displayed. The committee has made a special effort to divide the e-posters into separate categories and award prizes for the best posters in specific categories. The names of the winning e-posters have been sent to Daniel I. Rosenthal, MD, and will hopefully be published in a future edition of Skeletal Radiology.

Thanks to all the team at WJ Weiser & Associates, especially Pam Murphy who did a brilliant job of running the e-poster exhibition which was well attended. (I even saw someone reading the e-posters during the gala dinner!) It is notable that the e-posters do not currently attract CME points, and the committee will be exploring the possibility of registering the e-posters for CME at future meetings.

We look forward to another successful e-poster exhibition in Edinburgh 2014.

Travel Grant Committee
Zehava S. Rosenberg, MD

The Travel Grant Committee of the ISS provides monetary aid to members and non-members of the society who participate in the scientific portion of the yearly meeting and who have limited financial means. Aside from the excellent educational benefits, the ISS meeting provides an opportunity to meet and interact with musculoskeletal physicians, including radiologists, pathologists and orthopedic surgeons, from all over the world. In the last few years the main beneficiaries were physicians in training, such as residents and fellows, although a few society members were also provided with travel and hotel reimbursements.

A few recent changes to the travel grant committee bylaws and guidelines, approved by the society’s board and in the business meetings, have been implemented. Until recently, eligible non-members had to be under 35 years of age. This requirement was eliminated two years ago to allow equal opportunity to all applicants, regardless of their age. Furthermore, unlike previous years, eligible applicants now must be potential society members, thus limiting the recipients to physicians. The application forms have also undergone changes to allow for a clearer understanding of the guidelines for receiving the financial aid.

Participating in the scientific program of the ISS meeting is an exciting accomplishment for many physicians. It is the society’s intentions and hope that providing financial aid to those who may otherwise be unable to attend the meeting will promote good-will among the society’s members as well as further interest in the interdisciplinary field of musculoskeletal medicine and in the activities of the ISS society.

Members’ Meeting Report
Michael J. Klein, MD & Mark D. Murphey, MD

We thought it might be a good idea to share some thoughts about the Members’ Meeting selection process that would be interesting and helpful to the ISS members; however, some of this information will be a bit dated because you will have received the new submission guidelines (we think) long before you read this in Bare Bones. No need to summarize the Philadelphia Members’ Meeting except to say that we hope those of you who were at the pathology/radiology review sessions took time out to see the Independence Mall when I (Dr. Klein) advised you that the US Government was going to shut down on Monday and all National Park facilities would be closed.

The success of the Members’ Meeting depends mainly upon your participation in the case and minipaper portions. Last year, no minipaper received a high enough aggregate score to be included in the Members’ Meeting, but we hope this will change this year. The odds of getting a case acceptance are still better than 50%; there were 86 cases submitted and 51 were accepted. Although this is about average or slightly above, we would really like to increase the number of submitted cases; this depends upon your participation. The members that send cases tend to send more than one case, and some institutions send three to seven cases. This makes a great showing for one institution but the vast majority of members’ institutions are not represented because most of you are not submitting cases. In addition, many of you that do submit cases—you know who you are—like to wait until the submission deadline date or afterward. This imposes major extra inconveniences on our schedules.
We have heard that part of the reason that more cases are not submitted is that the case submission process is onerous at best and confusing at worst. This year, we have tried to streamline the process so that you can send cases without essentially writing publication type case reports and figuring out how to submit them for the meeting instead of for the journal. In short, you will no longer send your submissions to the *Skeletal Radiology* online submission site but directly to an email account that we have opened expressly for this purpose: iss2014members@gmail.com.

If you wish to submit a minipaper, all you need do is send the title, authors’ names and a 200 word or less abstract in PDF form to this email address. Please include the email address of the first author on the abstract.

To submit a case presentation for the 2014 meeting, prepare a PowerPoint presentation of your case, including a title page with authors’ names and email of the first author, slides containing a brief clinical history and clinical and pathology images. The first author should send this as an email attachment to the same email address as above – iss2014members@gmail.com. Your presentation should be an abbreviated version of the clinical/pathological studies you would actually present at the meeting and should be no greater than 20 MB in total size (or it will not be accepted by the gmail server). The individual slides of the presentation can be jpegs or tiffs but should be about 1 MB so that they can be extracted and retain high enough resolution to be individually selected for the members’ booklet. Make sure that pulse sequences, whether they are before or after contrast, what sort of immunohistochemistry study is represented—appear as labels visible on the individual slides.

As always, you must still send the glass slides along with the paper application form. The file for printing will be in one of two email blasts and will also appear on the ISS website for your convenience.

The cases are selected for presentation on the basis of a numerical score assigned independently and in closed scoring by each member. They are assigned priority from highest to lowest aggregate score. The committee does not see any information identifying the submitting authors (blinded evaluation). The lowest score accepted is a matter of how many cases can fit in the program, which in turn is dictated by scheduling and the number of minipapers included.

Here are a few tips on how to increase your chances of case selection:

1. It is not enough simply to submit a rare case; interesting cases go beyond mere rarity. A good explanation on the paper submission form of why the case is meritorious often goes a long way toward increasing its score. A rare case without an adequate history is less likely to be accepted than a more common case that has a good explanation and a cogent reason for presentation.

2. Cases that illustrate the importance and value of radiologic-pathologic correlation—or sometimes the lack thereof—are often considered very valuable. For this reason, it is usually easier to get bone lesions accepted than soft tissue cases. Cases in which there has been extensive collaboration between radiologist and pathologist to emphasize this correlation are usually obvious to the committee and markedly increase the likelihood of acceptance.

3. A good non-neoplastic case with documented pathology is nearly twice as likely to be accepted as a good tumor case.

4. Cases without glass pathology slides are seldom accepted—perhaps once per meeting—and even these cases usually have microscopic photographs that document the pathology.

Hope to see you all in Edinburgh!

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**Journal Update**

Daniel I. Rosenthal, MD

2013 was a good year for *Skeletal Radiology*. The steady growth in the number of submissions continued. The page count of the journal was increased to 130 per issue, and this in turn led to a decrease in the backlog of accepted articles, which means that the time between acceptance and publication is much shorter.

After a brief pause in 2012, the impact factor has continued its upward trend and the journal is more international than ever, with an increasing number of submissions coming from outside the typical sources in North America and Europe.

The world of medical publishing continues to change rapidly. One of the most recent changes is that of “open access,” which allows unrestricted access and reuse of published material (1). Open access stands in stark contrast to the traditional practice in which the publisher retains the rights to published material and reuse of this material requires a release (and typically a fee). With open access articles, authors are typically required to pay an upfront fee for permission for unrestricted access (1). Open access publishing is required for many government-supported research reports. The full implications of this are yet to be felt.

In addition, there is increasing attention to medical-legal issues having to do with intellectual property, copyright and duplicate publication. Journal submissions are now under much greater scrutiny, and one must insure previous work is appropriately acknowledged. Authors will need to become accustomed to the
idea that they may not repeat their own words, re-use their own images or re-publish the same patients without committing the offense of “self-plagiarism” (2). The use of electronic databases containing more than thirty million articles from more than 365 publishers makes identification of duplication between submitted and published manuscripts relatively easy (2). While some journals will routinely check all submitted material for possible duplication, *Skeletal Radiology* has not adopted this policy. These ideas are evolving rapidly, and in view of the rapidly changing landscape, it is likely that there are substantial regional variations in how they are understood. This is particularly difficult given the international nature of the journal.

2014 promises to be another excellent year for the journal. A newly completed agreement with the Society of Skeletal Radiology will make *Skeletal Radiology* the official journal of that society, leading to a larger readership and we hope more high-quality submissions. We hope that if this agreement is successful, that other regional societies may do the same.

1. http://www.plos.org/about/open-access/

The new cover for *Skeletal Radiology* will appear in early 2014, reflecting the agreement with the Society of Skeletal Radiology.

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### Regional Outreach Program Update: The Success Story 2012 – 2013

Klaus Bohndorf, MD

Nowosibirsk, Guatemala City, Doha, Cairo, Kingali, Cancun, Buenos Aires and Colombo – an impressive list of eight sites which were part of our Regional Outreach Program (ROP) over the past 14 months. These programs were made possible by the participation of 25 ISS members and the devoted work of the regional coordinators for 2012 – 2013 (Jenny T. Bencardino, MD; Ali Guermazi, MD, PhD; Johnny U.V. Monu, MD; and Wilfred C.G. Peh, MD). For 2014, several sites are already envisaged, including: Lima, Santiago, Uganda, Manado and Algeria. Interested to join? See below.

Our goal: the ROP strives to provide high quality education in the diagnosis of MSK disorders in countries where exposure of physicians to such teaching may be limited by financial or geographic constraints. Additional aims are to foster the development of groups and societies in these countries, which are related to the diagnosis of MSK diseases. Finally, the program is designed to increase the awareness of the ISS as the leading international society in this field.

To achieve these goals, the ROPs have ideally been focused around small participant groups, mostly young trainees, small interactive learning group opportunities and limited didactic educational lectures. This structure has been variably applied in prior programs; however, it will be a strong goal of the outreach initiatives for 2014.

A prior outreach program in Rwanda, Africa, additionally highlighted the limited educational resources and background available to technologists and radiologists performing routine MSK imaging in the radiology departments they visited. Based on these experiences, the Outreach Program Committee has proposed a new trial initiative for applicable destinations, which will involve sending one to two ISS members for onsite teaching, based on daily caseload, imaging resources available and routine MSK imaging performed onsite.
According to our records, 86 members of the ISS have participated in the ROP since its inception in 2003. I would encourage all members, especially those who have not yet participated, to contact me if they might be interested in participating in future programs*. Be assured it is a physical effort, the journey sometimes is extremely long, the organizational standards onsite are not what we are used to, we only provide economy class as airfare and we do not meet in five-star hotels. However, those who have participated, generally returned with a positive experience and high praise for the program. They enjoyed their work, felt the enthusiasm and the thankfulness of the participants and the camaraderie with their fellow colleagues.

Vienna,
December 2013

*Write to klaus@bohndorf-radiologie.de. Tell me about the topics you want to teach about (have in mind: no sophisticated topics for specialists – resident level). Do you have experience with the use of sonography? Not only radiologists are welcome although the audience mainly are radiologists in training. Please include your preferred email address and phone number.

Discussion in Colombo

Farewell in Kingali

In Memoriam

Walter T. Bessler, MD, Zurich, Switzerland; Member of the International Skeletal Society and Society President 1990 – 1992.