Dear APSS Members,

Prior to the escalating Covid-19 situation in the region in early 2020, we held the first Operative Course of the year at The Leela, Mumbai in collaboration with the Lilavati and Nanavati Hospitals in February. This course, collaboratively hosted by the APSS and the Bombay Spine Society, received overwhelming responses with over 600 participants. Although some international faculties were unable to join because of the developing epidemic, the programme was filled with rich and fruitful debates and interactions. Participants had the chance to enrich their knowledge and hone their skills through the live surgeries telecasted, as well as the hands-on workshops in multiple scientific halls.

Since then, the Covid-19 has become a pandemic and impacted the lives of billions of people in different ways. Keeping the safety of our APSS members in mind and in the light of the continuing restriction of international travels, the Executive Committee, together with the Education Committee, has made a number of important decisions. We withdrew from SpineWeek 2020 before the meeting was eventually cancelled by the organiser due to the outbreak in Australia. The APSS Annual Meeting originally scheduled for June in Shanghai has been postponed to October 9th and 10th of this year; the APSS Dhaka Basic Spine Course in April 2020, the Operative Course in Kota Kinabalu in October 2020 and the 2020 clinical fellowships and traveling fellowships, have all been postponed to 2021. Please keep track of the latest updates of these events on our website.

I would like to extend my gratitude to the faculties of the congress and courses, the hosts of the fellowships, and our members for their understanding and tolerance. A special thanks to our sponsors for agreeing to carry forward their sponsorships of these education programmes to next year. Their continuing support in this difficult time is deeply appreciated.

As spine surgeons, we are usually not directly treating Covid-19 patients. However, our practices are surely affected in different ways. As we navigate through these uncertain, challenging times together, the APSS is committed to our role in both mitigating the spread of this disease and continuing to support our members across the region. There are numerous guidelines and suggestions from different countries on the web. Please make sure you read them critically and avoid spreading wrong information.

In the recent month, many countries and cities are beginning to partially lift the various gathering and travel restrictions. But at the same time, there are some signs of resurgence of the infection although in smaller scales. It is not yet time for complacency. We must continue to be vigilant. Take good care of our patients, ourselves and our families. Stay safe and healthy.

Together we shall emerge stronger.

Yours sincerely,
KEITH DK LUK
I'm Dr Guixing Qiu, Professor in Orthopaedic Department of Peking Union Medical College Hospital (PUMCH), Academician of the Chinese Academy of Engineering, and the National Delegate of the Asia Pacific Spine Society (APSS) in China. Over the past decade, I have been extremely glad to witness the rapid development of APSS China division, the ever growing group of Chinese members and the increasing number of Chinese doctors presenting themselves on the APSS stages, sharing Chinese experiences and exporting Chinese solutions.

As a training centre of APSS Fellowship, PUMCH has accepted many fellows from different regions of the Asia Pacific area. We shared our experiences of treating early onset scoliosis, congenital scoliosis and severe rigid spinal deformity and received excellent feedback from our fellows. Moreover, I sent our young doctors to apply for the APSS Fellowship. The experiences of visiting top spine centres in the Asia Pacific region have gifted them with broader vision, critical thinking, and versatile techniques. Finally, we strongly encourage all the Chinese doctors to actively participate in the APSS operative courses and annual meetings. In October this year, APSS annual conference 2020 will be held in Shanghai, China, with many podium presentations delivered by Chinese experts. In addition, the 2021 APSS Operative Spine Course will be held in Shenzhen, China. I believe that these high-level academic exchanges will draw more attention from Chinese spine surgeons to APSS, thus expanding further the influence of APSS in China.

Yours sincerely,

GUIXING QIU

Dr Guixing Qiu also shared with us his personal experiences on the management of spine patients in his hospital during the COVID-19 outbreak in China.

The outbreak and wide spread of COVID-19 pandemic has exerted profound impacts on not only the Asia Pacific region, but also on the entire world. To fight against the pandemic, the PUMCH Orthopaedics Department has taken active anti-epidemic measures in many ways.

Firstly, five medical staffs were sent from our department to join the National medical team in supporting Wuhan. With strict protection, our staff in Beijing undertook the emergent and selective spinal surgeries including spinal trauma, spinal tumour, etc. Secondly, we provided timely online medical consultations for numerous patients with chronic diseases. Thirdly, we actively coordinated donations of protective masks, orthotics, personal protection equipment for Wuhan. Besides, we made a series of educational videos of spine rehabilitation for our colleagues in Wuhan, who suffered neck and back pains due to the long-time bearing weight of the heavy protective clothes. Fourthly, we carried out many online CME courses for Chinese Orthopaedic surgeons, which have stimulated growing academic enthusiasm and received positive feedbacks.

Last but not least, we communicated with the experts from the United States and Europe through online forum, sharing our experiences in fighting against the COVID-19 pandemic at the forefront. The opinions from China received favourable comments from our international colleagues.

Dear colleagues, let’s hold our hands, pool our wisdom, and hold the firm belief that we will definitely win this battle against the virus!
Create more MAGEC moments

The MAGEC system features magnetically controlled growing rods designed to eliminate planned distraction surgeries from the treatment for early onset scoliosis (EOS). This technology gives surgeons noninvasive control of the implant, making tailored growth strategies possible for individual patients.
The Asia Pacific Spine Society (APSS) and Bombay Spine Society (BSS) organised the Mumbai Operative Spine Course last February 13 to 15 at The Hotel Leela, Sahar, Mumbai, India.

The preparations and planning of the course started in July 2019 with two of the largest tertiary care hospitals and four medical colleges joining hands to make this course a mega-event. This course, by far the largest APSS Operative Course, was attended by 623 delegates and faculties from Asia and Africa. The Lilavati Hospital & Research Centre and Nanavati Super Specialty Hospital, Mumbai hosted the APSS + BSS Mumbai Operative Spine Course 2020 under the aegis of the APSS and BSS.

The APSS faculties consisted of eight spine experts including Dr Keith Luk (Hong Kong), Dr Kuniyoshi Abumi (Japan), Dr Seung-Woo Suh (Korea), Dr Mun Keong Kwan, Dr Chung Chek Wong and Dr Chris Yin Wei Chan (Malaysia), Dr Jose Manuel F Ignacio (Philippines) and Dr Gabriel Liu (Singapore). The Local Organising Team represented by Dr Ram Chaddha as the Organising Chairman and Dr Vishal Kundnani as the Vice Chairman were under the patronage of Dr Arvind Jayaswal and Dr S Rajasekaran. They organised a course which stands out to be a truly comprehensive spine surgery course. Due to the travel restrictions following the outbreak of COVID-19, the active presence of Dr Keith Luk, Dr Chung Chek Wong and Dr Gabriel Liu were sorely missed by the organising team and delegates.

A total of 27 spine surgeries were performed over three days at Lilavati Hospital (20 cases) and Nanavati Hospital (7 cases) utilising five operating theatres simultaneously. These surgeries were demonstrated by various international and national faculties from APSS, BSS and ASSI (Association of Spine Surgeons of India). These surgeries were seamlessly relayed to three halls running parallel at the conference venue. The live relay was flawless with “surgeons’ eye view” to all delegates with excellent connectivity using the fibreoptic network. With the two-way uninterrupted communication from the operation rooms at Lilavati and Nanavati Hospitals, the state-of-art, ultra-high definition telecast on the three LED walls at the conference venue made this event pathbreaking.
The cases demonstrated catered to the varied interests of delegates including Degenerative Lumbar Spine (8 cases), Developmental Lumbar Spine (2 cases), Degenerative Cervical Spine (4 cases), Craniovertebral Junction (2 cases), Traumatic Spine (2 cases), Infections (2 cases), Scoliosis (6 cases), and Kyphosis (1 case). Surgeries demonstrated included various surgical techniques - Basic Lumbar Spine Surgery (Decompression, TLIF, PLF), Basic Cervical Spine Surgery (ACDF, Laminectomy), Minimal Invasive Spine Surgery (MED, ENDOSCOPY, MIS-TLIF, Hybrid mini-TLIF, OLIF, PPF), Advanced Cervical Spine Surgery (CVJ, C1-C2 / OCF), Deformity Correction Surgery (Scoliosis, Kyphosis, PSO, VCR) utilising and demonstrating recent advances with modern surgical technologies (Peizosurgery, Navigation and Image Guided surgery, and Neuromonitoring). The aims and objectives were to display blended learning options, from basic to advanced spine surgeries to all delegates.

The comprehensive academic programme was designed in collaboration with the Organising Committees of the APSS and BSS including participation of international faculties from APSS and senior regional faculties from the BSS and ASSI. Besides the live operative surgeries, the wide-ranging programme comprised case discussions, panel discussions, “Meet the Masters” symposia, debates, key note guest lectures, hands-on workshop modules, lunch hour workshops and evening workshops including Lumbar Pedicle Screw, Cervical Lateral Mass fixation, C1-C2 fixation, MIS fixation, Tubular Surgery, Microscope hands-on, Endoscope hands-on, Virtual Simulator, Deformity Workshop - Classification and Reduction Manoeuvres, Robotic Spine Surgery, Navigation, Neuromonitoring and Peizosurgery. The scientific extravaganza allowed the delegates to reflect and review all the learning options under one roof. Instructional courses on saw bones, real time virtual simulators and technology gadgets were great attractions for the inquisitive learning minds.

The course provided a fantastic platform for exchange of knowledge and suggestions, nurturing future developments and relations between the industry and the spine community.
Dr Rommel Tan is a spine surgery consultant in Davao Doctors Hospital, Philippines. At the time of receiving the following testimonial from Dr Tan, he was serving his 14-day quarantine in Davao after having returned from Coimbatore, India. Dr Tan is pleased to share with us his fellowship experience at Ganga Hospital.

Q: How did you get to know about APSS and the fellowship programme? What was the reason you chose to apply for the fellowship with APSS?

My first exposure to APSS was in 2005, I went together with Dr Ronald Tangente as he presented our paper during its scientific meeting in Taiwan, where I also got to learn about the APSS Fellowship. After several years of trying to secure a spine fellowship, I was offered a fellowship at the University Malaya. Thereafter, I went back to Davao and joined a spine team. Despite all these experiences, I still consider myself a student, who is still hungry for knowledge when it comes to spine surgery.

After my spine fellowship in Malaysia, I applied for APSS Fellowship not just to have more clinical exposure, but also to observe how other experts of spine surgeries do their cases and plan their approach. I am also curious to learn their ways, philosophy and practices that make them remarkable individuals. It is also a great way to establish friendships and a good network with people whom you share the same interest. This will be a big help in my practice, and I would also be able to teach and inspire the young, aspiring spine surgeons to develop their craft.

Q: Please describe your fellowship experience in details, and the significant procedures / teaching that you learned?

My fellowship experience was beyond words - very rewarding, enjoyable and fascinating. The first question that was asked of me was, “What did you come here to learn?”. It made me realise that a fellow must come with a clear objective in mind. Ganga Hospital is an extremely busy centre of excellence for spine surgery, but the spine consultants always have the time to address any doubts that I had after each procedure. They made every surgery a teaching session, as if I were attending a live spine operative course for 4 months.

Prof S. Rajasekaran showed me how rewarding it is to do an ACDF procedure in terms of patient’s relief, as well as the hallmark of adequate decompression. I always look forward to his procedures, done under computer navigation. He had shown that it is not enough for a surgeon to know the patient and the techniques, he must also know the capabilities and limitations of the instruments and the technology that he is using. I was also able to see how he managed the omega spine of a patient with kyphoscoliosis, using a dual rod reduction, and described the indication just as how it was in their publication.

In one of Prof Rajasekaran’s talks, he reminded us on what it means when a patient’s loved ones tell the surgeon, “Doctor, we place everything in your hands.” It simply means that no matter how busy we are or how many patients we see, we must never forget to give them the best possible work or care that we can offer, and should a complication happen after surgery, one must have a “minimum human response”, which is to stop whatever it is that you are doing and see the patient.
I learned from Dr Ajoy Shetty the advantages of the Wiltse approach, on how it can help to medialise the direction of the screw with minimal damage to the soft tissues / paraspinal muscles and lessen blood loss. His tips and tricks on how to make the anterior cervical corpectomy less complicated were discussed in detail. He also showed a much simpler way of doing a selective nerve root block. I appreciated Dr Rishi Kanna’s sharing on his techniques on en bloc removal of the ligamentum flavum during discectomy, percutaneous endoscopic discectomy and percutaneous odontoid screw fixation.

Finally, before my departure, a very important advice from Prof Rajasekaran which he also applies in his life was about setting long-term goals and breaking them into achievable mini goals in shorter timeframe. These plans can be applied in career, family and community. He advised me to do it as a self-reflection during my quarantine period when I return home, emphasising that I may never have this opportunity again when the practice starts to grow.

Q: What was the highlight of your fellowship? Any moment or place that you will never forget?

The entire experience, in all honesty, is memorable for me. I had the chance to learn not only about spine surgery but also about India, its geography and its people. I met spine fellows from different places including India, Bangladesh and Portugal. In Ganga Hospital, they taught me one on one, and step by step, the different spine surgery techniques. Prof Rajasekaran also arranged for me to participate in the Ganga spine microsurgery course, and I also had the chance to attend the APSS + BSS Operative Course in Mumbai, which was also an excellent learning experience.

I was still in Coimbatore when the lockdown due to COVID-19 started. When the hotel where I stayed was about to close due to the lockdown, Prof Rajasekaran accommodated me at the Ganga Hostel. Even during the lockdown, the sharing of knowledge never stopped; hence, it was worthy of each extended stay. During these times, all my mentors from Ganga Hospital and University Malaya Medical Centre, my colleagues from the Philippines and the APSS Secretariat, all kept in touch. I felt that the APSS is like one big family. I was once asked by Prof Rajasekaran, “Was it worth your while coming to Ganga for a 3-month APSS fellowship?” and my answer would be a DEFINITE YES!
Dr Tanay R Prabhoo is an Honorary Spine Consultant at V N Desai Municipal Hospital, Mumbai, India. Having completed his fellowship at the Hamamatsu University School of Medicine, Japan in December 2019, he is pleased to share with us his experience.

Q: How did you get to know about APSS and the fellowship programme? What was the reason you chose to apply for the fellowship with APSS?

I always believe there is no end to learning and as I had completed spine fellowships and observerships in India, I wanted to broaden my horizons and visit centres abroad. I was introduced to this dynamic organisation by Dr Jamal Ashraf, Secretary General of APOA. As a member, I knew that fellowships associated with Asia Pacific Spine Society are very highly rated and would be a great experience for a junior spine surgeon like me.

Q: Please describe your fellowship experience in details, and the significant procedures / teaching that you learned?

The entire spine team took utmost care to look after me during my fellowship period. The spine surgeons in Hamamatsu University School of Medicine operate a wide variety of spinal pathologies including trauma, adult deformities, scoliosis, spine degenerative conditions, spine tumours. The operation theatre complex consisted of 10 fully equipped modern operating rooms. I observed and assisted in many surgeries during my fellowship. Among the most significant ones, on my first day, I was happy to assist in a severe deformity in an Adolescent Idiopathic Scoliosis case. It was a challenging case and O-Arm as well as neuromonitoring were used. There was a gradual loss in the neuromonitoring signals, and I saw the quick response of the entire team with Prof Matsuyama leading the way. I realised the importance of a team leader that day as well as team effort. With the corrective maneuvers, the neuromonitoring signals improved and the neurology regained normality. The O-Arm and the navigation helped tremendously in ensuring accuracy and safety in the surgeries especially complex ones. Among other interesting cases, was an Osteoid Osteoma tumour excision. This tumour was at C4 pedicle and with the help of O-Arm, it was accurately located and completely excised when the pedicle and lateral mass screw fixations were performed. I also saw for the first time a filum terminale release surgery beautifully executed by Dr Hasegawa and Dr Yasuda for a tethered cord syndrome patient. It was done under microscope which gave me a very good visualisation of the cord and its structures. A new technique which I observed in my training was that post decompression procedure or even post filum terminale which the surgeons used ultrasonic probe to demonstrate the adequate decompression and to check the spinal cord pulsations.

Q: What was the highlight of your fellowship? Any moment or place that you will never forget?

There were so many highlights and fond memories of my fellowship that it is very difficult to point to only one. However, the one that stands out was the opportunity provided by Prof Matsuyama and the spine department to share my experience from back home. I was very excited and happy to share the surgical cases and techniques used in Mumbai. The entire orthopaedic department heard me out in pin drop silence. At the end of my presentation during Q&A, they showed a genuine interest in what my team back home had been engaging with. This taught me that however senior one may become and however much one is qualified, even a junior member of a team can contribute to one’s knowledge. This fellowship has contributed to my growth not only in the field of spine but has molded me into a better human being.
Do you know that APSS offers multiple fellowship programmes to its members annually? Please keep track of the next call for applications on the APSS website. Below are the fellowship recipients of 4 out of 6 APSS Fellowship Programmes 2020.

Congratulations

2020 Fellowship Recipients!

APSS DePuy Synthes Clinical Fellowship

Dr Aashish Babanrao Ghodke (INDIA)
Dr O.Z.M Dastagir (BANGLADESH)
Dr Rudra Prasad Marasini (NEPAL)

APSS DePuy Synthes Travelling Fellowship

Dr Anne Kathleen Ganal-Antonio (PHILIPPINES)
Dr Kaustubh Ahuja (INDIA)
Dr Rajesh Kumar Chaudhary (NEPAL)
Dr Muhammad Siddique Hamid (PAKISTAN)
Dr Kazuki Takeda (JAPAN)
Dr Naveen Agarwal (INDIA)

APSS - SICOT DePuy Synthes Spine Exchange Fellowship

Dr Shumayou Dutta (INDIA)
Dr Tomohiro Miyashita (JAPAN)

APSS - Ganga Hospital Fellowship

Dr Weng Hong Chung (MALAYSIA)
Dr Mohammad Sarwar Jahan (BANGLADESH)
Lessons learnt from the study: There was an excellent accuracy for the classification of deformity types 1A, 1B and 3C, which are at the ends of spectrum. Greater variation was observed among surgeons while distinguishing one-column defects (as in types 2A and 2B) from double-column defects (i.e. types 3A and 3B). This variation was primarily due to the failure of recognising radiological signs of associated posterior column failure in patients with anterior column deficiencies. In terms of the osteotomy choices, there was an excellent consensus for the recommendation of Ponte's osteotomy; however, with regard to the recommendations for other types of three-column osteotomies, there was some variation in the choices among surgeons.

Background: The kyphosis classification system, developed by Rajasekaran et al. in 2018, incorporates multiple factors related to the sagittal plane deformities like disc mobility, column deficiency, deformity size and osteotomy requirements. This classification provides a holistic approach to the surgical decision-making and prognostication of patients with kyphosis. However, it has not been subjected to multi-centre validation till date. The current study was thus planned as an APSS Multi-centre Collaborative Research Project in 2018 to evaluate the inter-rater reliability of "Rajasekaran's kyphosis classification".

Study methodology: A total of thirty sets of images [including plain radiographs, computerised tomography (CT) and magnetic resonance imaging (MRI)] of patients, who have undergone surgical correction of kyphosis at Ganga Medical Centre and Hospital, were selected randomly from the patient database. These images were forwarded to twelve spine surgeons from Asia-Pacific region (belonging to six countries) in three different phases (ten images for each phase) between March 2019 and August 2019. The participant surgeons independently classified the deformities on the basis of “Rajasekaran’s kyphosis classification” and proposed their surgical recommendations. These recommendations were then compared with the standard deformity classification and standard operative recommendations.

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Study outcome: The overall kappa coefficient for the classification was 0.68. The individual kappa coefficients for the different deformity types were: 0.88 for type 1A, 0.78 for 1B, 0.50 for 2B, 0.40 for 3A, 0.63 for 3B and 0.86 for 3C. With regard to the osteotomy recommendations, kappa values were highest for Ponte’s osteotomy (kappa 0.8). The kappa values for the other osteotomies were 0.52, 0.42 and 0.30 for pedicle subtraction/ disc-bone osteotomy (PSO/DBO), vertebral column resection (VCR), and multi-level VCRs, respectively.

Visit https://doi.org/10.31616/ajl.2020.0014 to read the full article.
APSS-APPOS 2021

In collaboration with the Japanese Society for Spine Surgery and Related Research

Combined with the 60th Meeting of Japanese Paediatric Hip Research Society

Abstract Submission Period
October 19 Mon., 2020
February 22 Mon., 2021

Congress Chairman of APSS
Prof. Morio Matsumoto
Department of Orthopaedic Surgery,
Keio University School of Medicine

Congress Co-Chairman of APSS
Prof. Yukihiro Matsuyama
Division of Orthopedic Surgery,
Hamamatsu University School of Medicine

Congress Chairman of APPOS
Prof. Yasuharu Nakashima
Department of Orthopaedic Surgery,
Graduate School of Medical Sciences,
Kyushu University

June 9 Wed. - 12 Sat., 2021
Kobe International Conference Center,
Kobe City, Japan

Congress Secretariat of APSS-APPOS 2021
13th Combined Meeting of Asia Pacific Spine Society & Asia Pacific Paediatric Orthopaedic Society
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URL: http://www.congres.co.jp/apss-appos2021/
# 2020 - 2021 Diary of Events

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<td>APSS 2020 Annual Meeting in China</td>
<td>9 Oct – 10 Oct 2020</td>
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<td>APSS Spine Cadaver Course 2020</td>
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<td>APSS Kota Kinabalu Operative Spine Course 2021</td>
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<td>APSS DePuy Synthes Clinical Fellowship 2021</td>
<td>19 May – 8 Jun 2021</td>
<td>Sapporo Orthopaedic Hospital - Centre for Spinal Disorders, Japan&lt;br&gt;Hamamatsu University School of Medicine, Shizuoka, Japan&lt;br&gt;Dr Orso L Osti’s Practice, Adelaide, Australia</td>
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<td>APSS DePuy Synthes Travelling Fellowship 2021</td>
<td>19 May – 8 Jun 2021</td>
<td>University of Malaya, Malaysia&lt;br&gt;National University of Singapore (NUS), Singapore&lt;br&gt;Seoul St Mary’s Hospital, Korea&lt;br&gt;Kyung Hee University Hospital, Korea&lt;br&gt;Keio University, Tokyo, Japan&lt;br&gt;The University of Hong Kong, Hong Kong</td>
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<td>13th Combined Meeting of APSS and APPOS 2021</td>
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<td>21st Asia Pacific Orthopaedic Association Congress</td>
<td>29 Jul – 1 Aug 2021</td>
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<td>8 Oct – 10 Oct 2021</td>
<td>Shenzhen People's Hospital Longhua, Shenzhen, China</td>
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</tbody>
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**Asia Pacific Spine Society**

The APSS started with the Western Pacific Orthopaedic Association - Spine Section in 1979 as an educational and scientific forum for the advancement of knowledge in the field of spine surgery. Our mission is to advance knowledge in the field of spine surgery and promulgate the maintenance of professional standards in order to provide the best professional care to patients with spinal problems.

**APSS News**

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