



From the President of the ISFR

Dear ISFR colleagues,
As the healing of fractured bones continues to be a challenging burden for people all over the world, the International Society of Fracture Repair remains at the forefront of addressing these problems in its various activities. During our last biennial conference, held in July 2008 in South Lake Tahoe, Nevada, USA, we shared the results of our activities with all of the members participating in this conference. Besides the individual research projects and clinical studies presented in the scientific lectures during the meeting, I would like to emphasize on three different concerted actions which occurred during the recent months.

(1) Firstly the activities of the Osteoporotic Fracture Campaign. Led by David Marsh and Antonio Moroni, a large series of workshops was held addressing the challenging problems of fractures in elderly people. The workshops focused particularly on fractures of the distal radius and fractures of the hip. As a result of the intensive discussion we had on these workshops, we were able to publish a special issue in our society's journal the Journal of Orthopaedic Trauma. I would like to invite everybody to study the special JOT supplement issue on "Wrist Fractures in Osteoporotic Patients"



Journal of Orthopaedic Trauma, September 2008, Vol. 22 Supplement 8

Wrist Fractures in Osteoporotic Patients

- Wrist Fractures in Osteoporotic Patients.** Amy Hoang-Kim, Jörg Goldhahn and Antonio Moroni
- Whole Bone Geometry and Bone Quality in Distal Forearm Fracture.** Ian H Parkinson and Nicola L Fazzalari
- Quantification of Bone Structural Parameters and Mechanical Competence at the Distal Radius.** G Harry van Lenthe, Thomas L Mueller et al.
- The Osteoporosis Needs of Patients With Wrist Fracture.** Earl R Bogoch, Victoria Elliot-Gibson et al.
- Do We Need to Include Osteoporosis in Today's Classification of Distal Radius Fractures?** Mark Kettler, Volker Kuhn et al.
- Qualitative and Quantitative Assessment of Bone Fragility and Fracture Healing Using Conventional Radiography and Advanced Imaging Technologies-Focus on Wrist Fracture.** Reza Firoozabadi, Saam Morshed et al.
- Biology Versus Mechanics in the Treatment of Distal Radial Fractures.** Oliver Keast-Butler and Emil H Schemitsch
- Assessment of Inducible Fracture Micromotion in Distal Radial Fractures Using Radiostereometry.** Martin R Downing, P Blair Ashcroft et al.
- Plate Fixation of Osteoporotic Fractures of the Distal Radius.** Chaitanya S Mudgal and Jesse B Jupiter
- A Representative Case of Osteoporotic Distal Radius Fracture.** Rohit Arora, Tobias Roth et al.
- Injectable Bone Cement Augmentation for the Treatment of Distal Radius Fractures: A Review.** Norbert Suhm and Armando Gisep
- What Counts: Outcome Assessment After Distal Radius Fractures in Aged Patients.** Jörg Goldhahn, Felix Angst and Beat R Simmen



Participants of the 2007 ISFR WORKSHOP on Osteoporosis drugs and their interaction with fracture healing, held at Byron Bay, New South Wales, AUSTRALIA, November 18 - 20, 2007

(2) Also, as a result of the activities of the Osteoporotic Fracture Campaign, a workshop was held addressing the issue of secondary prevention of fractures and its interaction with fracture healing. The workshop was undertaken in order to reach consensus about the current evidence for the interaction of currently available osteoporosis drugs and fracture healing and subsequent recommendations for secondary prevention after fracture. The faculty comprised leading experts in the field of orthopaedic surgery, endocrinology, bone biology, biomechanics, pharmaceuticals, health care systems and radiology.

The specific goals of the workshop were:

- To review the preclinical and clinical evidence for the interaction of osteoporosis drugs and fracture healing / fixation.
- To review the issues around secondary prevention of fragility fractures, including long-term management

- To identify research questions that need to be addressed to facilitate more effective secondary prevention

The conclusions of the workshops are currently summarized in a manuscript, which will hopefully be published in the near future.

(3) Finally over the course of the last 15 months the ISFR in a joint venture with the Group for the Respect of Ethics and Excellence in Science” (GREES) and the “European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis” (ESCEO) produced a series of recommendation of how to conduct a clinical evaluation of the fracture healing process. So far these recommendations were made available in 3 different publications:

Clinical evaluation of medicinal products for acceleration of fracture healing in patients with osteoporosis.

Bone. 2008 Aug;43(2):343-7

Goldhahn J, Scheele WH, Mitlak BH, Abadie E, Aspenberg P, Augat P, Brandi ML, Burlet N, Chines A, Delmas PD, Dupin-Roger I, Ethgen D, Hanson B, Hartl F, Kanis JA, Kewalramani R, Laslop A, Marsh D, Ormarsdottir S, Rizzoli R, Santora A, Schmidmaier G, Wagener M, Reginster JY.

Critical issues in translational and clinical research for the study of new technologies to enhance bone repair.

J Bone Joint Surg Am. 2008;90 Suppl 1:43-7.

Goldhahn J, Mitlak B, Aspenberg P, Kanis JA, Rizzoli R, Reginster JY; GREES (Group for Respect of Ethics and Excellence in Science) Working Group on Bone Fracture-Healing.

These successful endeavors provide evidence that the ISFR is a lively and very active society. However we would like to encourage particularly younger clinicians and researchers to become more actively involved in our society. The ISFR is a small society of about 200 members. This makes it quite easy and attractive to get into personal contact. During our meetings, students and professors share the same tables and interact during the sessions and in front of the posters. And there is lively interaction during the whole meeting. This atmosphere is thought to foster exchange among different research groups and opens the possibility to make new friends. Today's research heavily relies on interaction between researchers and this interaction can only be fruitful if there is collaborative and friendly interaction between individuals who get along with each other. The exchange between groups can be stimulated by providing possibilities for exchange between laboratories and also between clinical centers. This can be supported by provid-

ing fellowship opportunities or fellowship funding. So please check our website in the near future for announcements of these opportunities for exchange.

The reason for the attractiveness of the ISFR as a society is that it is very interdisciplinary. The ISFR is one of the rare societies in which clinicians and basic researchers have an almost equal share. This was impressively represented in this year's biannual conference in which we had 22 clinical presentations and 23 basic research presentations. The multi disciplinary nature of the ISFR provides the great opportunity for researchers and clinicians to interact and mingle with each other. Although you will sometimes struggle to understand what the different disciplines are talking about, the challenge really is to find a common ground for understanding each other and to discuss with each other the problems we face with fracture healing.

Peter Augat, Murnau, October 2008