

Spine Atlas Community

How to take part in the 2027 data call

Open Discussion

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What we will go through

Please interrupt at any point — this session is meant to be practical

1

The Spine Atlas Initiative

What it is, and what we are trying to achieve

2

Data Call 2027

One study, two cohorts: Focus and Atlas — and which one fits you

3

How to take part

The road map, registering, ethics, and data entry in Spine Tango

4

Still open: the 2026 cervical call

Late cervical cases are still welcome

5

Discussion

Your questions, and what we need from you

The Spine Atlas Initiative

Founded 2024 · supported by EUROSPINE, EANS, EuSSAB, the International Spine Registries working group and national spine registries

The gap

There is no cross-border picture of how spinal conditions are actually treated. Registries hold the answer but are not available everywhere and not yet harmonised.

The method

One pathology per year. A small harmonised core dataset. All treated patients within a defined observation window.

Who takes part

National registries, hospitals, departments and individual surgeons — from one surgeon with ten cases to a national registry.

So far

2025: lumbar degenerative spondylolisthesis. 2026: degenerative cervical myelopathy. 2027: thoracolumbar A3 fractures.

Framework protocol: Brain and Spine 2025;5:105622 — open access. Every call follows this protocol and publishes only its changes.

What we want to achieve

1 Make variation visible

Show how the same condition is treated differently across countries — and how much of that is explained by the patients.

2 Give centres a mirror

Every contributor receives a benchmarking report showing their own practice against the pooled data.

3 Build a shared dataset

A pooled, reusable resource that contributors can query for their own research questions.

4 Move towards outcomes

From mapping practice to measuring what happens to patients. The 2027 call is the first step.

What you get for taking part



Benchmarking report

Your own data against the pooled international data, for your department and your country.



Group co-authorship

Two authors per contributor on the main publications, with a rotation system for further papers.



Access to the pooled data

Study requests are open to contributors. The steering committee coordinates them to avoid duplication.



Visibility and network

Your service is visible internationally, alongside leading spine units and national registries.



Spine Tango trial

Six months of full trial access to the registry platform, if you are not already a user.



A voice in what comes next

Contributors propose and vote on future data call topics.

What the first two calls have given back

Things no single centre can see from inside its own data

2025 · LUMBAR DEGENERATIVE SPONDYLOLISTHESIS

1,608

operations

96

contributors

26

countries

A benchmarking report to every contributor. First Results manuscript submitted. Two more in preparation

2026 · DEGENERATIVE CERVICAL MYELOPATHY

1,601

eligible cases

63

contributors

21

countries

Preliminary: the call is still open for late submissions.

0% to 92%

fusion rate between regions in patients like those the three LDS trials studied

3 in 10

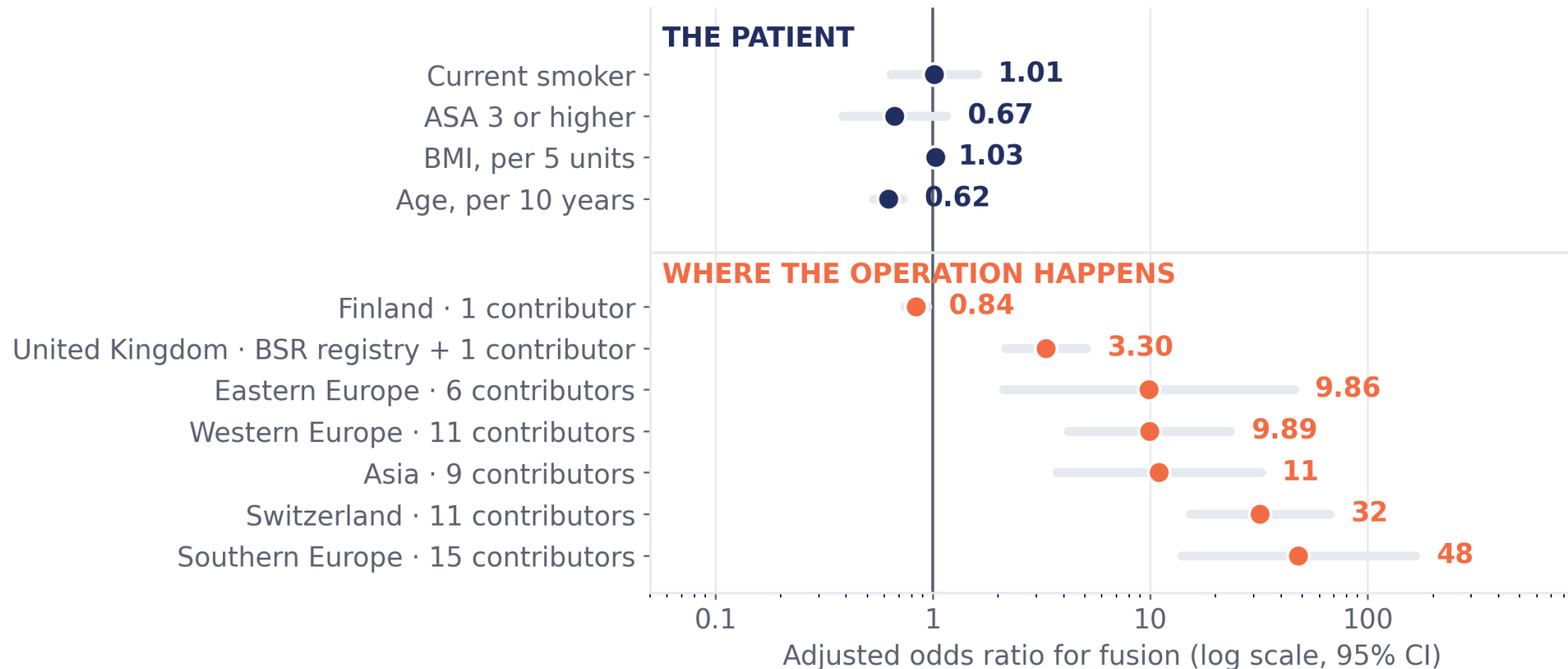
of our LDS operations were on patients the defining trial would have excluded

2 ×

as many patients with ASA 3 or higher as in the trials, at the same age, BMI and smoking rate

Every figure here is at region level or above. Each contributor's benchmarking report sets its own practice against its country and the pooled data.

Patient or postcode in adding fusion to LDS surgery?



Age aside, the patient barely moves the decision. Where the operation happens moves it enormously.

Adjusted odds of fusion. Patient factors from 884 operations in 48 contributors that recorded smoking, ASA and BMI; regional estimates from the imputed model on 1402 operations. Contributor-clustered confidence intervals.

Norway is the reference region. SIRIS Spine excluded (records only fusions).

Thank you to all our contributors!

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COORDINATOR AND SPONSOR EUROSPINE, the Spine Society of Europe, and their Spine Atlas team

PARTNERS AND SUPPORTERS EANS · AO Spine · NEC · International Spine Registries (ISR) working group · EuSSAB

REGISTRIES AND THEIR CONTRIBUTING HOSPITALS Spine Tango · SIRIS Spine · British Spine Registry · NorSpine · RECOSAN

Acibadem Altunizade Hospital · AIIMS New Delhi · Almana General Hospital · Andreasklinik Zug · Ankara Etlik City Hospital · Aristotle Univ. Thessaloniki · ASST G. Pini – CTO, Milan · AZ Rivierenland, Bornem · Bahçeşehir Univ. · The Beacon Hospital · Beaumont Hospital, Dublin · Bethesda Spital Basel · BG Klinikum Bergmannstrost Halle · Blackrock Health Galway Clinic · Braga Univ. Hospital · Bufalini Hospital · Bürgerspital Solothurn · Capio Spine Center Stockholm · Cardinale G. Panico Hospital, Tricase · Carl Thiem Medical Univ. Lausitz, Cottbus · Christian Doppler Klinik Salzburg · CHUV Lausanne · Clínica Alemana de Santiago · Clinica Ars Medica · Clinique Générale Ste-Anne · EHC Hôpital de Morges · Elisabethen-Krankenhaus Frankfurt · European Interbalkan Medical Center, Thessaloniki · Fatih Sultan Mehmet Training & Research Hospital · HAMS Hospital · Hirslanden Klinik St. Anna, Lucerne · Hirslanden Klinik Stephanshorn · Hirslanden Salem-Spital · Hôpital de la Providence · Hôpital Riviera-Chablais · Hospital de la Santa Creu i Sant Pau, Barcelona · Humanitas Research Hospital, Milan · Hygeia Hospital · Institute of Emergency Medicine, Chişinău · Int. Univ. of Health and Welfare, Narita · Ippokratio General Hospital, Thessaloniki · IRCCS Galeazzi-Sant'Ambrogio, Milan · IRCCS San Martino, Genoa · Jagiellonian Univ. Medical College · Kantonsspital Aarau · Kantonsspital Baden · Kantonsspital Frauenfeld · Kantonsspital Olten · Kantonsspital St. Gallen · KAT Hospital · Klinikum Magdeburg · Krankenhaus der Barmherzigen Brüder Trier · Kuopio Univ. Hospital · Loretto-Krankenhaus Freiburg · Maria Cecilia Hospital (GVM) · Medical Center Saarbrücken · Medical Park Ankara / Yüksek İhtisas Univ. · Medical Park Göztepe, Istanbul · Medical Univ. of Vienna · MedLife Medicis Hospital · Nat. Inst. of Traumatology and Orthopedics (NAMS Ukraine) · Orthopaedic Clinic Markgröningen · Policlinico Gemelli IRCCS, Rome · Pomeranian Medical Univ. · Priorov National Medical Research Center, Moscow · Regional Hospital Liberec · Regionalspital Surselva · RHNe Pourtalès · Rostock Univ. Medical Center · Sarawak General Hospital · Security Forces Hospital, Dammam · Sonnenhofspital Bern · Spitäler Schaffhausen · Tabea Hospital Hamburg · Taipei Medical Univ. Hospital · ULS Cova da Beira · ULS São João, Porto · Univ. Clinic for Surgical Diseases St. Naum Ohridski, Skopje · Univ. Clinic Orthopedics Ljubljana · Univ. Clinical Center Niš · Univ. Clinical Center of Serbia · Univ. General Hospital of Alexandroupolis · Univ. Hospital Dubrava, Zagreb · Univ. Hospital Motol, Prague · Univ. Hospital St. Pölten · Univ. of Ilorin Teaching Hospital · The Walton Centre



Thoracolumbar A3 incomplete burst fractures

The Spine Atlas Data Call 2027

Two cohorts, one international study

FOCUS COHORT

Primary study cohort

Who?	All consecutive eligible A3 patients
Data	Extended baseline, injury, imaging and treatment dataset
Follow-up	Clinical + radiological outcomes, up to 2 years
Capture	Spine Tango web platform or mobile app
Purpose	Treatment and outcome analyses

ATLAS COHORT

Broader epidemiological cohort

Who?	Centres unable to meet Focus cohort requirements
Data	Baseline dataset only; same case definition
Follow-up	No outcome follow-up
Capture	Structured Excel template or Spine Tango
Purpose	Describe wider treated population + assess Focus cohort representativeness

How the 2027 call is designed

Population

Adults ≥ 18 years · acute fracture ≤ 4 weeks · AO Spine A3 · main level T10–L2 · ASIA E

Recruitment

Consecutive inclusion of all eligible patients, 1 March – 31 August 2027

Imaging & outcomes

Focus cohort adds detailed imaging and clinical and radiological follow-up at 1 to 2 years

Treatment

Any modality — operative and non-operative

Clinical focus

Patient characteristics · injury pattern · treatment choice · geographic variation

Analysis

Treatment variation, patient/system factors and representativeness across countries

Participation

What participation requires

- Consecutive inclusion — not selected cases
- Focus cohort:
 - Agreement between EUROSPINE and the participating hospital
 - National ethics approval by at least one representative
 - Extended dataset + longitudinal follow-up

Current status & timeline

Where we stand

- Provisional protocol drafted – final version on the website by end of October 2026
- Study design and feasibility being refined with the community
- Country leads, centres and investigators being identified
- Ethics and participation templates in preparation / adaptation

RECRUITMENT: 1 March – 31 August 2027, both cohorts

FOCUS COHORT FOLLOW-UP: 1 to 2 years after treatment, to August 2029

SAI COMMUNITY MEETING: 15 December 2026, the call in detail

Which cohort is right for you?

1

Do you see these patients again at one and two years?

Yes → Focus cohort is realistic

No → Atlas cohort

2

Can your team record the dataset in the Spine Tango platform or app? (free for EUROSPINE members)

Yes → Focus cohort

No → Atlas cohort

3

Can your hospital sign a research contract in time and include every eligible patient from 1 March to 31 August 2027?

Yes → Focus cohort

No → Atlas cohort

For focus cohort: if no other contributor or country lead investigator is getting nationwide ethical approval, you need to be willing to submit one yourself. Templates are available.

Recognition in 2027 depends on the cohort

What the draft protocol offers for each route

FOCUS COHORT:

same benefits as ATLAS COHORT, plus:

Outcome papers Group authorship

The Spine Atlas Working Group on every publication, including the outcome papers = twice the citable authorship opportunities. Ca. 6-8 papers.

Named authorship, if:

At least 10 Focus cohort patients and a substantial contribution to discussing and interpreting the results, in line with ICMJE.

Outcomes Benchmarking

A centre-level report comparing your practice and results with national and European patterns.

ATLAS COHORT

Group authorship

The Spine Atlas Working Group on the papers on current practice and the representativeness of the study population. Ca. 3-4 papers

Collaborator listing

Named as collaborators on the outcome publications, which are based on the Focus cohort only.

Benchmarking

A centre-level report comparing your practice with national and European patterns.

Contributing data alone does not confer named authorship. Up to two people per institution are named within the working group on a rotational basis; for registries more may be accepted.

HOW IT WORKS IN PRACTICE

From registration to publication

Registration, protocol, ethics and Spine Tango: what happens when

HOW IT WORKS IN PRACTICE

The road to your first patient

What happens when, from today to the end of follow-up



Orange: the two new dates for your diary.

Registration is open now, it's free and everyone is welcome



Start your ethics submission and, for the Focus cohort, the hospital agreement.

The call in detail, a poll on the 2028–2029 topic, LDS paper news, partner projects.

Every variable, with worked examples, before recruitment opens.

Cohort chosen, agreement and ethics in place, data entry set up.

Every eligible patient, consecutively.

At 1–3 months, 1 year and 2 years.

HOW IT WORKS IN PRACTICE

Register on the SAI platform

Registration for the 2027 call is open now: hosted by EUROSPINE, free of charge

ALREADY HAVE A EUROSPINE ID?

Members, congress attendees, education users

- 1 Log in to the EUROSPINE member area
- 2 Open the Spine Atlas Initiative and register for the 2027 call

NO EUROSPINE ID YET?

Membership is not required

- 1 Go to www.eurospine.org/spineatlas
- 2 Create an account, then register for the 2027 call



www.eurospine.org/spineatlas

ON THE PLATFORM

- Keep your registration details up to date
- Add or remove colleagues from your department
- Take the short contributor survey
- Upload ethics documents once you have them

Register when you can realistically deliver: it lets us plan support, country by country.

The part that takes longest: ethics and agreements

The final protocol will be on the website by the end of October 2026: start your submission then

Who is responsible

Each contributor follows their own local legislation, including patient consent and ethical clearance where required.

What already exists

The overall SAI protocol was reviewed by the ethics committee of Eastern Switzerland, confirming that no additional approval is required for anonymised data (BASEC AO_2024-00111). The 2027 Focus cohort is pseudonymised, so it needs a national approval.

Index approval per country

One strong investigator per country submits a national approval that other centres in that country can refer to. This saves everyone else weeks.

Country lead investigators

They disseminate the call, support local approvals, and help interpret their country's results. We are still missing leads in several countries.

If you are willing to act as country lead investigator, please speak to us today.

HOW IT WORKS IN PRACTICE

Setting up data entry

Ready before the first patient on 1 March 2027

FOCUS COHORT: SPINE TANGO

- A dedicated A3 form on the web platform or mobile app, with e-PROMs
- Free for EUROSPINE members
- Not yet a user: six months of free trial access and onboarding

ATLAS COHORT

- Excel template with the codebook
- Or Spine Tango, if you already use or want to join it
- Same case definition as the Focus cohort

BEFORE YOU START

- Recorded session on how to code every variable in Spine Tango, planned for February 2027
- Watch it once before recruitment; go back to it any time
- Codebook with worked examples to download

Help along the way: your country lead investigator, ethics templates, and the SAI team.

www.eurospine.org/spineatlas

spineatlas@eurospine.org

Still open: send us your cervical cases

We are holding the 2026 dataset open while we clean it.

1,601 cases are eligible so far. Every additional centre makes the country comparisons stronger, and several registries are still in conversation with us.

Who

Adults treated for degenerative cervical myelopathy, surgically or non-surgically, between 1 February and 31 May 2026.

What

The 2026 core dataset: 9 mandatory variables and 6 optional ones. The codebook is on the website.

How

Excel template, direct entry in Spine Tango, or an export from your own registry — whichever suits you.

If you need more time

Tell us. We would rather hold a place for you than close the dataset without you.

www.eurospine.org/spineatlas

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Discussion

- What would have made it easier for you to contribute?



Questions?



Thank you

Contributing registries

Spine Tango · SIRIS Spine · British Spine Registry · NorSpine · RECOSAN

Contributing hospitals, departments and individual surgeons

2025: 96 contributors in 26 countries · 2026: 63 contributors in 21 countries

Societies and partners

EANS · EuSSAB · International Spine Registries working group · NEC Software Solutions · the EUROSPINE and Spine Atlas teams

Join us

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