

NASS 23RD ANNUAL MEETING

Embargoed until: Wed. 15-Oct-2008 8:00 a.m. CST

MEDIA CONTACT:

Frank Kocich
NASS Director of Marketing
(630) 230-3648
fkocich@spine.org

Lumbar fusion offers substantial benefit for Medicare-age patients

TORONTO — Interest in how surgical procedures, particularly lumbar fusion, affect the Medicare population has been increasing. In 2006, after evaluating the limited spine fusion data in Medicare-age patients, the Centers for Medicare and Medicaid Services (CMS) called for evidence of improved outcomes in these patients.

Now, investigators have found that single-level lumbar decompression and instrumented fusion yielded a significant benefit in a Medicare-age population, according to results presented at the North American Spine Society 23rd Annual Meeting.

“This is randomized, controlled trial data — level 2 evidence — which is much higher than most of the evidence that we have,” said Steven Glassman, MD, associate professor of orthopedic surgery, University of Louisville Medical School, Louisville, KY. “It shows that older patients do very well with this intervention. This is just the kind of data that CMS has challenged the spine community to produce.”

Glassman and colleagues at the University of Minnesota and the Hughston Clinic performed a subgroup analysis on 224 patients who were part of a randomized, nonblinded trial testing a recombinant human bone morphogenetic protein-2 matrix for posterolateral lumbar spine fusion. The researchers included only those patients randomized to the control arm of the investigational device exemption trial. “We just wanted to look at the standard technology, [iliac crest] bone graft,” Glassman said.

Investigators compared outcomes of 50 patients older than 65 years and 174 patients younger than 65 years. They used the Oswestry Disability Index (ODI), the numeric rating scales (NRS) for Back Pain and Leg Pain and radiographic evidence of fusion to measure outcomes.

The results show statistically significant improvements from baseline in all health-related quality of life measures at six months, one year and two years postoperatively. At two years, the mean ODI improvements were 28.5 in older patients and 24.5 in the younger group. In the older group, the mean improvement in the SF-26 PCS score was 14.2 compared with 11.7 in the younger group.

--more--

Older patients improved more in the back pain NRS at all time intervals. The difference at six months was statistically significant; the difference at two years trended toward significance (8.8 vs. 7.7; $P=.077$). The older patients also had better leg pain NRS scores at all time intervals. At two years, the score was 10.4 for the older patients vs. 6.4 for the younger patients ($P=.002$).

Two years postoperatively, 85% of older patients and 72.7% of younger patients had a decrease in ODI of 10 or more points. The SF-26 scores improved 5.42 points or more in 75% of older patients and 63.6% of the younger patients.

The results showed that 94.7% of older patients fused compared with 87.7% of younger patients.

There was one surprise for the researchers. According to conventional wisdom, after this surgery, patients older than 65 will improve in some areas and deteriorate in others. Essentially, “[the results are] going to be a trade off,” Glassman said. “You do better in terms of the spine problems, but because you’re an older patient undergoing a substantial operation, you pay for it in a cost in terms of your medical condition.” That was not the case in this trial, Glassman said.

“In fact, not only did the disease-specific measures improve but the general health measures, such as the SF-26, improved too,” Glassman said. The older group had more complications, which is widely reported in this patient population, but the complications did not worsen outcomes, he said.

This study drives home the need for more quality evidence across the specialty. “The message that we need to get out to our members in general is that more and more, CMS and other payors are going to demand reasonable, quality evidence for the things that we assume are good,” Glassman said. “Even if you have an intervention that everyone agrees works well, the payors are going to demand a decent level of evidence to support that. And it’s incumbent upon us to try to generate that evidence so we can provide appropriate care for our patients.”

About NASS

The North American Spine Society (NASS) is a multidisciplinary organization that advances quality spine care through education, research and advocacy. NASS members are MDs, DOs and PhDs in 24 spine-related specialties including orthopedics, neurosurgery, physiatry, pain management and other disciplines. Nurse practitioners, physician’s assistants, chiropractors, physical therapists, practice administrators and other allied health care professionals involved in spine care are also represented in NASS as affiliate members. For more information on spine care or to find a spine specialist in your area, please contact 1-877-SPINE-DR or visit www.spine.org.