## Influence of Preoperative Physical Function Scores on Outcomes after Single-Level Cervical Disc Replacement (CDR)

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INTRODUCTION: Several studies have examined the relationship between preoperative Patient Reported Outcome Measurement Information System Physical Function (PROMIS PF) as a prognostic factor for postoperative outcomes. Few studies have examined this relationship as it applies to cervical disc replacement (CDR). We aim to determine the influence of preoperative PROMIS PF scores on perioperative and postoperative outcomes, the latter determined via patient-reported outcome measures (PROMs) and the degree of achievement rates of minimum clinically important difference (MCID) following single-level CDR.

## METHODS:

A prospectively maintained database from a single-surgeon at an academic center was retrospectively reviewed for patients who had undergone single-level CDR with recorded preoperative PROMIS PF scores. Exclusion criteria included patients with surgical indications including infection, fracture, or malignancy. Patients were divided by the mean preoperative PROMIS PF score (40) into two groups: Lower-functioning (preoperative PROMIS PF <40) and higher-functioning (preoperative PROMIS PF ≥40). Each population's demographics and perioperative data were retrieved and analyzed. PROMs evaluated included: Patient-Reported Outcomes Measurement Information System (PROMIS PF), 12-item Short Form Physical Composite Score (SF-12 PCS), visual acuity scale scores (VAS) for neck and arm, and Neck Disability Index scores (NDI), collected at preoperative, 6-week, 12-week, 6-month, and 1-year time points. RESULTS:

In total, 57 patients were included and divided into the lower-functioning group (n=24) and the higher-functioning group (n=33) with mean preoperative PROMS PF scores of 34.8 and 44.4, respectively. There were no significant differences found between groups regarding their demographic or perioperative data apart from operative times which were found to be significantly increased in the higher-functioning group (p=0.003). The lower-functioning cohort saw significant improvement in mean scores of all PROMs at the 6-week, 12-week, and 6-month time points. The higher-functioning cohort saw significant improvement in mean scores at multiple time points throughout each PROM, except for SF-12 PCS scores. The higher-functioning group had significantly greater mean postoperative PROMIS PF scores than their counterparts at multiple time points (p<0.028, all). Mean SF-12 PCS scores were significantly higher in the higher-functioning group preoperatively (p<0.001). VAS neck scores were significantly lower at the preoperative and 12-week postoperative time points for the higher-functioning cohort, but at no postoperative time point (p=0.019). NDI scores were significantly greater in the lower-functioning group at both the preoperative and 6-week postoperative time points (p<0.027, all). MCID achievement significantly differed between groups in favor of the lower-functioning group regarding the mean SF-12 PCS scores at the 6-month time point and VAS arm scores at the 12-week time point (p<0.026, all).

DISCUSSION AND CONCLUSION: Each cohort demonstrated significant improvement in all PROMs at multiple time points, except SF-12 PCS in the higher-functioning cohort. The higher-functioning cohort showed significantly better scores in physical function, pain reporting, and disability at one or more time points compared to the lower-functioning cohort; however, this significance was not seen past 12 weeks for any PROM. Further, MCID achievement rates were significantly greater in the lower-functioning group at 6 months for SF-12 PCS and 12 weeks for VAS arm. While both groups found significant improvement in PROM scores throughout the postoperative period, patients with lower preoperative PROMIS PF scores may experience greater rates of clinically noticeable improvements in function and arm pain in the short-mid postoperative time.

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Table 1. Patient Demographics	Table 2. Perioperative Cha	Table 2. Perioperative Characteristics					Table 3. Mean Patient Reported Outcomes					Table 4. Minimum Clinically Important Difference				
PROMIS PF PRO Total <40	eoperative tOMIS PF ≥40	Characteristic	Total (n=57)	Preoperative PROMIS PF <40 (n=24)	Preoperative PROMIS PF ≥40 (n=33)	*p-value		Preoperative PROMIS PF <40	*p-value	Preoperative PROMIS PF ≥40	*p-value	†p-value		Preoperative PROMIS PF <40	Preoperative PROMIS PF ≥40	*p-value
Characteristic (n=57) (n=24) ( Mean Precognitive	(a=33) *p-valu	Spinal Pathology Herriated Nacleus					PROM	Mean ± SD		Mean ± SD	,		PROM	% (n)	≥40 ‰ (n)	
PROMIS PF Score 40.3a5.9 34.8a3.7 4	44.443.3 -	Pulposas	98,3% (56)	100.0% (24)	97.0% (32)	0.350	PROMIS PF							76, (II)	76, (II)	
	6.6±10.0 0.243	Depenerative Scoliosis	1.8% (1)	4.2%(1)	0.0% (0)	0.237	Prooperative	34.8±3.7 40.9±7.8	0.011	44.4±3.3 48.6±9.6	0.095	0.027	PROMIS PF			
Gender	0.157	Degenerative Disc					6-week	40.9±7.8 42.6±7.6	0.011	48.6±9.6	0.095	0.027 0.028	6-week	69.2% (9)	43.8% (7)	0.170
Female 47.4% (27) 58.3% (14) 39.	9.4% (13)	Disease	14.0% (8)	8.3% (2)	18.2% (6)	0.291	12-week 6-month	42.6=7.6 48.0±8.4	<0.007	56.0±15.0	0.016	0.112	12-week	75.0% (9)	57.9% (11)	0.332
	0.6% (20)	Central Stenosis	50.9% (29)	50.0% (12)	51.5% (17)	0.910	0-monin 1-war	48.028.4	0.132	52.5+10.4	0.045	0.059	6-month	92.3% (12)	63.6% (7)	0.085
Ethnicity	0.705	Foraminal Stenosis Fusion Level	28.1% (16)	29.2%(7)	27.3% (9)	0.688	SF-12 PCS	42.04574	0.132	52.5910.9	0/043	0.039	1-year	60.0% (3)	55.6% (5)	0.872
Caucasian 82.5% (47) 87.5% (21) 78.	8.8% (26)	C3-C4	1.8%(1)	0.0%(0)	3.0%(1)	0.265	Prooperative	29.946.7		38.4±9.0		<0.001	Overall	50.0% (19)	50.0% (19)	0.182
African American 7.0% (4) 4.2% (1) 9. Hispanic 7.0% (4) 8.3% (2) 6.	9.1% (3) 6.1% (2)	C4-C5	7.0% (4)	4.2%(1)	9.1% (3)		6-week	34.5+5.9	0.015	40.3+11.8	0.518	0.107	SF-12 PCS			
	3.0%(1)	C5-C6	64.9% (37)	79,2% (19)	54,6% (18)		12-week	37.5±8.2	0.012	43.8±9.8	0.097	0.094	6-week	42.9% (6)	20.0% (3)	0.184
	3.0%(1)	C6-C7	26.3% (15)	16.7% (4)	33.3%(11)		6-month	43.3+11.2	0.004	44.9±10.9	0.151	0.762	12-week		33.3% (5)	0.405
Diabetic Status	0.237	Operative Time					1-year	33.6±4.4	0.163	41.3±11.4	0.263	0.227		50.0% (5)		
Non-Diabetic 98.3% (56) 95.8% (23) 100	0.0% (33)	(Mean + SD; min)	46.9+10.1	42,4+8,1	50.4+10.2	0.003	VAS neck						6-month	88.9% (8)	33.3% (3)	0.016
	0.0% (0)	Estimated Blood Loss					Prooperative	7.4±2.1	-	6.0±2.2	-	0.030	1-year	25.0% (1)	33.3% (3)	0.764
BMI (mean ± SD, kg/m <sup>2</sup> ) 28.0±5.0 28.3±5.7 2'	27.8±4.6 0.746	(Mean + SD; mL)	26.045.0	26.4+5.9	25.8+4.6	9.716	6-week	4.4+3.0	0.004	2.742.3	0.004	0.057	Overall	56.5% (13)	43.4% (10)	0.184
Smoking Status	0.207	(Mean & SD; hears)	9.7±8.8	10.6±9.6	8.7±7.9	0.552	12-week	3.1±2.5	<0.001	$1.6 \pm 1.7$	< 0.001	0.036	VAS neck			
	7.9% (29)	Postoperative Vas nain	9.728.8	10.019/0	KIEJ S	0.332	6-month	2.4±2.1	<0.001	1.8±1.9	0.003	0.456	6-week	53.3% (8)	44.4% (8)	0.611
	2.1% (4)	POD 0	0	0	a		1-year	4.2±3.4	0.219	3.1±3.4	0.130	0.615	12-week	81.3%(13)	61.9% (13)	0.202
Hypertension Status	0.776	Postoperative Narcotic	0		0		VAS arm									0.055
	4.9% (28) 5.1% (5)	Consumption					Prooperative	6.5±2.3	-	4.8±2.9	-	0.019	6-month	86.7% (13)	53.9% (7)	
ASA Classification 14.075 (8) 12.576 (3) 15	0.061	POD 0	19.1±17.6	22.1±3.7	16.9±17.0	0.278	6-week	3.5±3.0	0.002	2.1±2.7	0.030	0.172	1-year	25.0% (1)	37.5% (3)	0.665
	2.3% (10)	POD - postaporativa day; mL -	millitors; SD+ standar	nd deviation			12-week	2.4±2.8	<0.001	$1.8 \pm 2.7$	< 0.001	0.532	Overall	54.6% (18)	45.5% (15)	0.326
	7.7% (21)	*p-values calculated using Stud Buildface indicates significance	ent's t-lest for continues	as variables and chi-square (	inolysis for colegorical vari	ables	6-month	2.2±2.8	0.002	2.3±2.0	0.010	0.932	VAS arm			
CCI Score 09.174 (38) 70.876 (11) 07.	0.198	0 - insufficient data					1-year	3.8±2.9	0.342	2.7±2.7	0.292	0.533	6-week	50.0% (7)	23.5% (4)	0.125
<2 90.5% (19) 100.0% (9) 83.	3.3% (10)						NDI					<0.001	12-week	57.1% (8)	20.0% (4)	0.026
	6.7% (2)						Preoperative	52.1±17.6	0.003	35.4±12.5 23.6±16.5	0.064	<0.001 0.027	6-month	58.3% (7)	20.0% (2)	0.069
Insurance Type	0.151	_					6-week 12-week	38.3±19.7 25.0±15.1	<0.001	23.6±16.5 17.7±17.0	<0.001	0.188				1.000
Medicare/Medicaid 3.5% (2) 8.3% (2) 0.	0.0% (0)						6-month	25.0±15.1 21.7±13.1	<0.001	21.4±18.7	<0.001 0.009	0.188	1-year	25.0% (1)	25.0% (2)	
Workers' Comp 28.1% (16) 33.3% (8) 24	94.2% (8)						b-monin	22.5±17.7	0.105	15.0±16.5	0.007	0.334	Overall	64.7% (11)	35.3% (6)	0.116
	5.8% (25)	_					*e-values calculated u						NDI			
BMI = body mass index; CCI = Charlson Comorbidity Index; ASA = American Society	ty of Anesthesiologists; SD= sta	ed.					tp-values calculated u	ing Student's 1-test to	o compare moat	PROMs between bot	h cohorts		6-week	57.1% (8)	47.1% (8)	0.576
deviation; Workers' Comp - workers' compensation *to-values calculated using Student's +test for continuous variables and chi-square analy-							<b>Boldface</b> indicates sig	ificance					12-week	87.5% (14)	65.0% (13)	0.121
*p-values calculated using Stadent's t-test for continuous variables and chi-square analy Boldface indicates significance	eyese tor categorical variables												6-month	86.7% (13)	53.9%(7)	0.055
builde and an apartmet															62.5% (5)	0.665
													1-year	75.0% (3)		
													Overall	57.6% (19)	42.4% (14)	0.082
												*p-values calculate Boldface indicates	d using chi-square analy: simificance	sis		