

## **Studies with Minimum 2-Year Follow Up in Shoulder and Elbow Surgery are Typically Reporting on Treatment Performed 4-10 Years Prior**

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### **INTRODUCTION:**

Following patients from 1- to 2-years postoperatively requires significantly increased research spending and personnel-hours, and delays dissemination of information. In addition, there is emerging evidence that many functional outcomes change minimally from 1- to 2-years after surgery. However, minimum 2-year follow up is still the standard of reporting in many orthopaedic journals. Our purpose was to evaluate the average time from patient treatment to the time of publication.

### **METHODS:**

This is a review of full-length manuscripts on shoulder and elbow subjects published in 2021 in one of three high impact journals: Journal of Shoulder and Elbow Surgery, Arthroscopy, and American Journal of Sports Medicine. We included studies that reported on patient outcomes at minimum 1- or 2-year follow up. We excluded studies that set the minimum follow up as more or less than 2 years. All issues of all three journals in 2021, excluding special issues, were screened for inclusion by one of two reviewers and verified by one of the senior reviewers. Descriptive statistics were used.

### **RESULTS:**

We included 75 studies that met inclusion criteria. Mean time from first patient enrollment to publication was 125 months ( $\pm 57$ ), and mean time from last patient enrollment to publication was 46 months ( $\pm 15$ ). Time from first and last patient enrollment to submission were 112 months ( $\pm 51$ ) and 34 ( $\pm 10$ ), respectively. If enrollment was completed based on 1-year follow up rather than 2-year, this would have decreased time from last patient enrollment to submission by 35%.

### **DISCUSSION AND CONCLUSION:**

Readers should be aware that studies reporting on minimum 2-year follow up are typically reporting on treatment that occurred 4-10 years ago. In some cases, this may result in reporting on techniques that are no longer in favor or in practice. Decreasing minimum necessary follow up from 1 to 2 years would have led to 35% faster time from completion of enrollment to submission of the manuscript, which possibly leads to faster dissemination of information and faster long-term progress. Given that 2-year outcomes are increasingly being shown to be minimally different from 1-year outcomes, consideration may be given to changing minimum necessary follow up to 1 year after surgery.