Collecting Long-Term (5 to 10 Years) Patient-Reported Outcome Measures May Be Unnecessary for Total Knee Arthroplasties

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INTRODUCTION:

The clinical relevance ratio (CRR) was developed to account for the loss of follow up in clinical studies reporting patient-reported outcomes measures (PROMs). However, no study has tested its use with original outcome data for total knee arthroplasties (TKA). Therefore, this study aimed to 1) determine the proportion of patients that had a clinically significant improvement in PROMs at each follow-up visit following TKA; and 2) calculate the CRR over time for PROMs following TKA.

METHODS:

Four independent studies reporting PROMs at baseline to 10 years for 1,416 patients who underwent primary TKA in Europe or the United States were aggregated. A total of 1,587 TKAs performed from 2005 to 2017 were included (**Table 1**). A distribution-based minimal clinically important difference (MCID) threshold was used to determine which patients had a clinically significant improvement in PROMs. The CRR was calculated by dividing the number of cases that met the MCID threshold by the number of cases at the beginning of the study. The maximum follow-up time was ten years. RESULTS:

The proportion of TKA patients that had a clinically significant improvement in PROMs at each follow-up visit is summarized separately for US and EU studies (**Tables 2-3**). For US studies, MCID attainment was higher for KSS-KS, KSS-SAT, OKS, compared to other PROMs (**Table 2**). Similarly, for EU studies, MCID attainment was greatest for KOOS-Pain, KOOS-ADL, KOOS-QOL, and KSS-KS (**Table 3**). General health PROMs, such as the EQ5D-VAS, MCS, and LEAS score had the lowest percentages of score improvements. Improvements in PROM scores were relatively similar between 1- and 5-year follow-up visits, with few PROMs decreasing in trend between 5- and 10-years of follow up (**Figure 1**). However, the CRR decreased over time for all PROMs reported in the TKA studies (**Figure 2**). The tipping point where the CRR began decreasing for TKA studies was at the 1-year follow-up timepoint.

DISCUSSION AND CONCLUSION: The clinical relevance ratio for PROMs decreases significantly after short-term follow-up periods for TKA patients. Long-term PROM collection at 5 to 10 years and analysis may be unnecessary following TKA. Arthroplasty surgeons should focus on 1-year PROMs to assess clinically significant improvements after TKA.







