## Time to Minimum Clinically Important Difference Achievement for Lumbar Decompression

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Few spine studies have examined factors associated with delayed time for minimum clinically important difference (MCID) achievement in patients undergoing lumbar decompression (LD). The purpose of the study is to examine factors associated with delayed time to achieve MCID in patients undergoing lumbar decompression for the Patient-Reported Outcomes (PROs) of Oswestry Disability Index (ODI), Visual Analog Scale (VAS) back, and VAS leg pain.

METHODS: Patients undergoing LD with preoperative and postoperative ODI, VAS back, and VAS leg scores were retrospectively reviewed from April 2016 to January 2021. MCID values from previously established studies were utilized to determine MCID achievement. Kaplan-Meier survival analysis determined the time to achieve MCID. Hazard ratios from multivariable Cox regression were utilized to determine the preoperative factors predictive of MCID achievement.

RESULTS: Three-hundred-forty-three patients were identified undergoing LD. Overall MCID achievement rates were 67.4% for ODI, 67.1% for VAS back, and 65.0% for VAS leg. The mean time in weeks for MCID achievement was 22.52±30.48 for ODI, 18.90±27.43 for VAS back, and 20.96±29.81 for VAS leg. Multivariable Cox regression revealed active smoker status, preoperative higher Patient-Reported Outcomes Measurement Information System Physical Function (PROMIS-PF), ODI, VAS Back, and VAS Leg (HR 1.03-2.14) as predictors of early MCID achievement, whereas an American Society of Anesthesiologist (ASA) classification of 2, Black ethnicity, workers' compensation, private insurance, and diagnosis of foraminal stenosis were predictors of late MCID achievement (HR 0.34-0.58).

DISCUSSION AND CONCLUSION: Most patients undergoing LD achieved MCID within 6 months of surgery. Significant factors for early MCID achievement were active smoking status and baseline PROs. Significant factors for late MCID achievement were ASA=2, Black ethnicity, type of insurance, and foraminal stenosis diagnosis. These factors may be considered by surgeons in setting patient expectations.

Total Total Tree Name

Fig. 1. Keplan Moles ravial curve of (A) ODI, (B) VAS Back, and (C) VAS Leg for time to MCD adherment. Overall, MCD adherment was (A) 6.7 ft, (B) (D) 7.1%, and (C) 5.6 ft/s, and of the 2-year prosperative impossible. To (B), (T2-3% (6) of plasma scheed MCD 12.2% (6) of plasma scheed MCD and the 4-year possible value in the plasma for the 1-year and 7.9% (7) at the 2-year possiposperity time point. For VAS back, 12.2% (6) of plasma scheed MCD and the 4-year possiposperity time point. For VAS back, 12.2% (6) of plasma scheed MCD and the 4-year possiposperity time point, (For C5) of the possiposperity time point. For VAS leg. 2 (20 ft) of plasma scheed MCD at the 4-year possiposperity time point. For VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. For VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. For VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. For VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. For VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. The VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. The VAS leg. 2 (20 ft) (7) of plasma scheed MCD at the 4-year possiposperity time point. The VAS leg. 2 (20 ft) (

Characteristic	Mean±SD or Percentage (N	
Age (years)	47.68±14.46	
Female	28.3% (97)	
BMI (kg/m²)	29.45±6.19	
Ethnicity		
Black	7.9% (27)	
Asian	5.5% (19)	
Hispanic	7.0% (24)	
White	77.3% (265)	
Other	2.3% (8)	
Comorbidities		
Smoker	9.0% (31)	
Hypertension	24.8% (85)	
Diabetes	7.0% (24)	
ASA Classification		
One	36.9% (127)	
Two	50.6% (174)	
Three	12.2% (42)	
CCI Score	1.38±1.67	
Insurance Type		
Medicare/Medicaid	5.0% (17)	
Workers' Comp	15.2% (52)	
Private	79.9% (274)	

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Table 2. Perioperative Characteristics		
Characteristic	Mean±SD or Percentage (N)	
Spinal Pathology		
Herniated disc	74.9% (257)	
Central stenosis	87.8% (301)	
Foraminal stenosis	62.4% (214)	
Type of surgery		
Index surgery	81.9% (281)	
Revision surgery	18.1% (62)	
Number of decompressed levels		
One	78.4% (269)	
Two	17.8% (61)	
Three	3.2% (11)	
Four	0.6% (2)	
Preoperative PROMs		
VAS Back	5.89±2.67	
VAS Leg	6.03±2.69	
PROMIS-PF	36.42±6.95	
SF-12 PCS	31.96±7.99	
ODI	40.89±18.15	
SF-12 MCS	49.89±11.26	
PHQ-9	5.53±5.49	
Operative Time (min)	45.34±17.06	
Estimated Blood Loss (mL)	26.72±9.62	
Length of Stay (hours)	6.48±7.96	
POD 0 VAS Pain	3.80±1.99	
POD 0 Narcotic Consumption (OME)	20.12±17.40	

	ODI [HR (95% CI)]	VAS Back [HR (95% CI)]	VAS Leg [HR (95% CI)]
ASA-2		0.70 (0.50-0.99)	
Active Smoker	2.14 (1.29-3.57)*		
Black ethnicity	0.48 (0.25-0.93)		
Insurance Type			
Workers' Compensation	0.40 (0.18-0.88)	0.34 (0.16-0.70)*	
Private Insurance		0.44 (0.24-0.80)*	
Preoperative PROMs			
VAS Back		1.31 (1.22-1.40)*	
VAS Leg			1.21 (1.14-1.30)*
PROMIS-PF	1.03 (1.00-1.06)		
ODI	1.03 (1.02-1.04)*		
Diagnosis of foraminal stenosis	0.58 (0.35-0.97)		
ageless CCI, gender, hyp Medicare/Medicaid insur PHQ-9, diagnosis of cent ODI = Oswestry Disabili PROMIS-PF = Patient-R *Indicates p-value<0.01.	ertension status, diabetic s ance, 1-4 decompressed le ral stenosis, diagnosis of h ty Index; VAS = Visual Ar eported Outcomes Measur	and excluded from the table: a table, efinicities of Hispanic, web, peoperative PROMs of Sormaned disc(s), and revision dealog Scale; ASA = American Sement Information System Physiological pro-significant values.	hite, Asian, and Other, F-12 PCS, SF-12 MCS, and ecompression. lociety of Anesthesiologists; sical Function