## Establishing Diagnosis-Specific Measures of Clinical Significance for KOOS Scores in Aseptic Revision TKA: A Prospective Cohort of 1,223 Patients

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INTRODUCTION: As the number of TKA procedures continues to grow, the incidence of revision surgeries is also expected to increase. The minimal clinically important difference (MCID), patient acceptable symptom state (PASS), and substantial clinical benefit (SCB) are valuable metrics for assessing the success of these procedures, but their thresholds can differ significantly based on patient characteristics and methodology. While these thresholds have been established for primary TKA, they remain unclear in the revision setting, particularly when considering the influence of the revision diagnosis. Furthermore, there is limited evidence on the impact of the diagnosis on revision TKA thresholds. This study aimed to establish MCID, PASS, and SCB thresholds for the Knee Injury and Osteoarthritis Outcome Score (KOOS) Pain, KOOS PS, and KOOS JR, stratified by aseptic revision TKA (rTKA) diagnosis, including implant failure, aseptic loosening, instability, and periprosthetic bone fracture.

METHODS: A prospective institutional cohort of 1,223 patients who underwent revision TKA between January 2016 and December 2022 was included. Of these, 1,039 (85%) completed baseline patient-reported outcome measures (PROMs), and 752 (62%) completed one-year follow-up. Demographics, comorbidities, baseline, and one-year KOOS Pain, PS, and JR scores were recorded. Patients were stratified by aseptic rTKA diagnosis: implant failure (n=93), aseptic loosening (n=313), instability (n=320), and periprosthetic bone fracture (n=26). (Table 1) MCID values were determined using a distribution-based approach (half standard deviation of change scores), while PASS values were established using an anchor-based method based on patient satisfaction at one year. SCB was evaluated using an anchor question comparing current physical health to the previous year.

RESULTS: MCID thresholds for KOOS Pain ranged from 8.50 (aseptic loosening) to 10.99 (periprosthetic fracture), with 76-92% of patients achieving MCID. For KOOS PS, MCID thresholds ranged from 8.83 (instability) to 12.03 (periprosthetic fracture), with 64-75% of patients achieving MCID. (Table 2) KOOS JR MCID thresholds ranged from 7.70 (aseptic loosening) to 9.79 (periprosthetic fracture), with 71-86% of patients achieving MCID. SCB thresholds for KOOS Pain ranged from 30.55 (instability) to 44.45 (periprosthetic fracture), with 41-62% of patients achieving SCB. (Table 3)For KOOS PS, SCB thresholds ranged from 13.3 (implant failure) to 26.2 (aseptic loosening), with 33-52% of patients achieving SCB. KOOS JR SCB thresholds for KOOS Pain ranged from 62.50 (implant failure) to 80.56 (periprosthetic fracture). The percentage of patients achieving PASS for KOOS Pain ranged from 53% (instability) to 77% (periprosthetic fracture). KOOS JR PASS thresholds ranged from 58.0 (periprosthetic fracture) to 63.0 (aseptic loosening). The percentage of patients achieving PASS for KOOS PS ranged from 53% (instability) to 73% (periprosthetic fracture). KOOS JR PASS thresholds ranged from 59.38 (aseptic loosening) to 76.33 (periprosthetic fracture). The percentage of patients achieving PASS for KOOS PS ranged from 59% (implant failure). (Table 4)

DISCUSSION AND CONCLUSION: There is substantial variability in clinically important PROMs thresholds (KOOS - MCID, PASS, and SCB) depending on the indication for rTKA, highlighting the necessity of taking these factors into account when assessing patient outcomes and satisfaction following rTKA. Notably, periprosthetic fracture consistently showed the highest MCID and PASS thresholds across all PROMs, while instability had the lowest proportion of patients reaching PASS for KOOS Pain and KOOS JR. These results provide valuable insights for clinicians to manage patient expectations more effectively and to develop tailored rehabilitation strategies based on the unique challenges associated with each revision

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H			Table 3. PASS KOOS pain, PS, and JR thresholds stratified by tTKA diagnosis	Table 4. SCB KOOS pain, PS, and JR thresholds stratified by <u>(TKA</u> diagnosis
	line and 1-year PROMs eve All Aceptic Implant Instabilit Peripreselteti P- (u=752) (u=752) (u=753) (u=753) (u=750) value	Table 2. MCID KOOS pain, PS, and JR thresholds stratified by (TKA diagnosis	PASS KOOS Pain	SCB KOOS pain optimal_cutpoi sensitivit specificit prevalene Percentag <u>subgroep nt yooden y AUC e e</u> Asertic 3133 049481 (75847) 0496490 0734171 0440678 0.52
Baseline KOOS- Pain	$\begin{smallmatrix} 38.9 \\ [27,8;60.0 \\ ] \\ [27,8;47.2] \\ ] \\ \begin{smallmatrix} 30.6;55.6 \\ ] \\ 1 \\ \end{smallmatrix} \begin{smallmatrix} 41.7 \\ 38.9 \\ 27,8;47.2 \\ ] \\ 1 \\ \end{bmatrix} \begin{smallmatrix} 37.5 \\ [28,5;55.6] \\ [28,5;55.6] \\ 1 \\ 1 \\ \end{smallmatrix} \begin{smallmatrix} 10.75 \\ 2 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$	Variable         MCID         Pat_MCID           Pain Asspris Lossening         8.50         83           Pain Implant Failure         10.41         87	optimal_cutpoi sensitivit specificit prevalenc Percentag subgroup nt youden y y AUC e e Asserio 655.01 (0.0942) 0.032216 (0.094025 0.013246) 0.05220	instanting         instant
Baseline KOOS- PS	$\begin{smallmatrix} 448.8 & 48.8 & 53.9 & 51.5 & 48.8 \\ [38,0,58,0 & [314,256,0] & 1 & [34,256,0] & 1 & 1 \\ 1 & 1 & 1 & [42,1,63,0] \\ 1 & 1 & 1 & 1 \\ \end{smallmatrix}$	Pain Instability 9.24 76 Pain Periprositicit Practure 10.59 92	Lostening 3 7 5 8 7 Implant 62.50 0.603992 0.930819 0.653172 0.8035822 0.577777 0.74 Fullure 1 7 4 5	100000000 30000000 0.0221/2 0.44400 0.42100 0.41 6 7 8 3 Periprosebat 44,45 0.366666 0.390000 0.666666 0.533333 0.369220 0.62 b Pacture 44,45 0.366666 0.390000 0.666666 0.533333 0.369220 0.62
Baseline KOOS- JK	$ \begin{smallmatrix} 44.9 & 42.3 & 47.5 & 44.9 & 44.9 \\ [34,2;52.5 & 1] & [34,2;52.5 & [38,3;57.1 & [34,2;52.5 & (38,6;37.1] & 0.097 & 8 \\ 1 & 1 & 1 \end{smallmatrix} $	PS Aseptie Loosening 9.25 68 PS Implant Failure 9.41 70 PS Instability 8.83 64	Instability 66.67 0.603705 0.779761 0.823943 0.879778 0.541935 0.50 6 9 7 7 7 5 Periprosities 80.56 0.309323 0.899523 0.500000 0.977	SCEKOOS PS
Baseline MCS	$\begin{smallmatrix} 48.0 & 47.3 & 51.5 & 47.6 & 46.5 \\ [37,6;58.0 & [37,3;58.6] & [41,8;58.3 & [37,4;57.5 & [30,6;55.3] & 0.258 & 2 \\ 1 & 1 & 1 & 1 \end{smallmatrix}$	PS Periprosthetic Fracture 12.03 75 JR Aseptic Loosening 7.70 78	ic Fincture 8 8 0 4 0 PASS KOOS PS	optimal_subjet sensitivit specificit prevalenc Percentag subgroup nt yvuden y y AUC e e Assertic 76.2 0.380.41 00.00554 0.777777 0.283.15 0.440678 0.35
1-Year KOOS- Pain	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	JR. Implant Failure 8.27 77 JR. Instability 7.38 71 JR. Perinorothetic Fracture 9.79 86	optimal_cutpoi sensitivit specificit prevulenc Percentag subgroup nt youden y y AUC e e	Leosening 9 1 8 5 0 Implant 13.3 0.432900 0.557142 0.57577 0.695526 0.388888 0.52 Fulare 9 6 7 9
1-Year KOOS- PS	$ \begin{smallmatrix} 64.7 & 66.4 & 71.4 & 62.2 & 75.1 & 40.00 & 70 \\ [53.9,78.0] & [56.0,78.0] & 1 & 1 & [51.8,85.2] & 1 & 7 \\ & & & 1 & 1 & 1 \end{smallmatrix} $	эк гециозакис гасале 7.17 оо	Aseptic         63.0         0.709968         0.841836         0.881313         0.912928         0.6562926         0.57           Loosening         6         9         9         8         0.912928         0.562026         0.57           Implant         62.2         0.500060         0.870370         0.629629         0.805212         0.666666         0.62	Insubility 22.6 0.370066 0.566975 0.899990 0.718680 0.427083 0.33 9 7 9 7 9 19.1 0.706000 0.706000 1.00000 0.76666 0.769230 0.50
1-Year KOOS- JR	$\stackrel{660}{[52,5;79,9]}$ $\stackrel{663}{[52,5;79,9]}$ $\stackrel{733}{[50,0;71,3]}$ $\stackrel{616}{[50,0;73,3]}$ $\stackrel{79,9}{[683;79,9]}$ $\stackrel{40,00}{[63,3;79,9]}$ $\stackrel{62}{[4]}$		Failure 0 4 6 6 7 Instability 61,4 0.551254 0.0304878 0.746376 0.8366625 0.543046 0.53 9 0 8 1 4	ic Fineture 0 0 0 7 8
1-Year MCS	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		Periprosthet 58.0 0.644736 0.894736 0.750600 0.861842 0.826087 0.73 ic Practure 8 8 0 1 0	SCB KOOS JR optimal catasei sensitivit savalificit provalene Percentage
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Pain Differenc c	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		subgroup         tf:         youden         y         y         AUC         c         c           Assptic         59:381         0.670363         0.890239         0.79123         0.914652         0.673387         0.54           Lossering         0         5         5         2         1	Implant 18.633 0.500000 0.863636 0.636363 0.756198 0.460000 0.46 Fulture 0 4 6 3 0
PS Differenc c	$\begin{smallmatrix} 17.2 \\ [5.6529-9] \\ 1 \\ i \\ i$		Implant 61.583 0.553846 0.900600 0.653846 0.902692 0.657894 0.59 Failure 2 0 2 3 7 Instability 61.583 0.626666 0.790333 0.83333 0.872472 0.555555 0.44	Instability 11.759 0.3960905 0.8530658 0.557087 0.755600 0.431578 0.54 6 0 9 Proprosidert 42.035 0.460000 0.460000 1.000000 0.560000 0.766220 0.15 6 Posture 0 0 0 0 8
JR Differenc c	$\begin{smallmatrix} 20.5 & 23.1 & 21.8 & 17.9 & 31.1 \\ [7.95;34.1 & [10:00]37.1 & [11:2;34.3 & [6:68]28.7 & [23:8;40.3] & 0.064 & 4 \\ 1 & 1 & 1 & 1 & 1 \\ \end{smallmatrix}$		7 3 3 2 6 Periprendulet 76.332 0.6470458 0.6470858 1.000060 0.794117 0.850006 0.446 ic Proxture 8 8 0 6 0	a constant o o 0 0 0