

# PATIENTS WHO DO AND DO NOT FOLLOW UP 2 YEARS AFTER ROTATOR CUFF REPAIR ACHIEVE CLINICALLY SIGNIFICANT OUTCOMES AT EARLIER TIME POINTS AT A SIMILAR RATE

Midhat Patel<sup>1</sup>, Lea McDaniel<sup>1</sup>, Clayton Hui<sup>1</sup>, Joshua Sykes<sup>3</sup>, Michael H. Amini<sup>2</sup>

<sup>1</sup>Department of Orthopaedic Surgery, University of Arizona College of Medicine, Phoenix, AZ

<sup>2</sup>The Core Institute, Phoenix Arizona

<sup>3</sup> United Hospital Center, West Virginia University, Bridgeport, WV





# CONFLICT OF INTEREST

- Disclosures for Dr. Amini and Dr. Sykes are available on the AAOS website.
- Remainder of authors have no conflicts of interest





#### INTRODUCTION

- Many journals require 2 years of follow-up data for clinical studies
- This results in high administrative burden, delay of information, high loss to follow up





## **OBJECTIVE**

 To determine if follow-up at 2 years is influenced by early achievement of clinically significant outcomes (CSOs) after rotator cuff repair





# **METHODS**

- A prospective, multicenter registry was queried for all patients that underwent RCR.
- Patients with preoperative and 6-month postoperative American Shoulder and Elbow Society (ASES) scores were included.
- CSOs for the ASES score included the minimal clinically important difference (MCID), substantial clinical benefit (SCB), and patientacceptable symptom state (PASS)
- Patients were stratified based on whether they followed up at 1 or 2 years and their achievement of CSOs at earlier time points (6 months and 1 year, respectively).
- Fisher's exact tests were used to compare the proportion of patients who did and did not follow up based on achievement of earlier CSOs, with p<0.05 as significant.





# RESULTS

- 1825 patients identified
- 1589 (87.1%) had follow up at 1 year
- 1436 (78.7%) had follow up at 2 years





#### **RESULTS - MCID**

- 5.9% difference in patients who followed up at 2 years based on achievement of MCID at 1 year (86.4% vs 80.5%, p=0.022)
- No difference in follow up at 1 year in those who achieved or did not achieve MCID at 6 months (87.2% vs 86.5%, p=0.72)
- No difference in follow up at 2 years in those who achieved or did not achieve MCID at 6 months (79.3% vs 76.2%, p=0.211)





## **RESULTS - SCB**

- 5.8% difference in patients who followed up at **2 years** based on achievement of SCB at **1 year** (86.8% vs 81.0%, p=0.009, OR: 0.65)
- No difference in follow up at 1 year in those who achieved or did not achieve SCB at 6 months (87.8% vs 85.2%, p=0.138)
- No difference in follow up at 2 years in those who achieved or did not achieve SCB at 6 months (79.3% vs 77.2%, p=0.327)





#### **RESULTS - PASS**

- 8.6% difference in patients who followed up at 2 years based on achievement of SCB at 1 year (88.8% vs 80.2%, p<0.001, OR: 0.51)</li>
- 4.0% difference in patients at 6 months (81.0% vs 77.0%, p=0.036)
- 5.6% of patients in follow up at 1 year based on achievement of PASS at 6 months (90.3% vs 84.7%, p<0.001)</li>





#### **RESULTS - OVERALL**

 Across all groups at any time, any significant significant difference noted in follow-up rates was less than 8% of that group





CSO	Follow Up Time in Question	CSO Achieveme nt at Earlier Time Point	Proportion of Patients Who Followed	Difference	p- value
	4	I Cro MOID	Up (%)	0.0	0.740
MCID	1 year	+ 6m MCID	87.2	0.8	0.716
		- 6m MCID	86.4		
	2 year	+ 6m MCID	79.3	3.1	0.211
		- 6m MCID	76.2		
	2 year	+ 1y MCID	86.4	5.9	0.022
		+ 1y MCID	80.5		
SCB	1 year	+ 6m SCB	87.8	2.6	0.138
		- 6m SCB	85.2		
	2 year	+ 6m SCB	79.3	2.1	0.327
		- 6m SCB	77.2		
	2 year	+ 1y SCB	86.8	5.8	0.009
		+ 1y SCB	81.0		
PASS	1 year	+ 6m PASS	90.3	5.6	<0.001
		- 6m PASS	84.7		
	2 year	+ 6m PASS	81.0	4.0	0.036
		- 6m PASS	77.0		
	2 year	+ 1y PASS	88.8	8.6	<0.001
	_	- 1y PASS	80.2		





#### DISCUSSION

- In patients who undergo RCR, the likelihood of follow-up at 1 or 2 years is similar whether or not they achieved CSOs at prior time points
- This suggests that patients who do and do not follow up have similar patient reported outcomes
- Further research is needed to understand biases that may impact loss to follow up at 1 and 2 years