

November 9, 2018

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Via e-mail: shtap@hca.wa.gov

Subject: Washington State Health Care Authority Draft Technology Report on Sacroiliac Joint Fusion

Dear Mr. Morse:

On behalf of the American Academy of Orthopaedic Surgeons (AAOS), American Association of Neurological Surgeons (AANS), Congress of Neurological Surgeons (CNS), AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), North American Spine Society (NASS) and Washington State Association of Neurological Surgeons (WSANS), we appreciate the opportunity to submit comments regarding the Washington State Health Care Authority (HCA) Draft Evidence Report on Sacroiliac (SI) Joint Fusion Surgery, which was prepared by RTI International–University of North Carolina Evidence-based Practice Center.

We agree with the authors of the Washington State HCA Draft Evidence Report who conclude that minimally invasive SI joint fusion procedures provide significant benefit to carefully selected patients. We recognize that there is a relative paucity of high quality randomized controlled studies at the current time and the best available studies focus on one particular product from one manufacturer. These studies show clear evidence of benefit for the procedure in terms of pain control and functional improvement compared to conservative management. In addition, we also agree with the finding that comparative studies between minimally invasive SI joint fusion and open joint fusion procedures show a preference for the minimally invasive option regarding improved postoperative pain and shorter length of hospital stay. Equally important is the fact that current evidence supports minimally invasive SI joint fusion procedures as safe and cost-effective for pain management and improved quality of life for patients with chronic SI joint dysfunction. Furthermore, we found the literature search and data extraction in the report to be up to date and comprehensive.

We recognize the limitations of the currently existing evidence, which makes it difficult to generalize the findings to all minimally invasive SI joint fusion products and procedures. However, the concept of creating an arthrodesis across the SI joint has been demonstrated to be clinically efficacious, and it would be difficult to dismiss other products that accomplish that same task. The summary of evidence clearly shows a need for continued development of well-designed controlled studies to explore several

aspects of SI joint fusion. The draft evidence report justifies continued research into SI joint fusion products and procedures based on the promising results from one manufacturer to evaluate whether other products can provide equal benefit to patients when compared to either conservative management or the currently tested system itself. Additional and continuing studies will be important to examine the long-term effects of these procedures to determine both the durability of pain relief and functional improvement compared to long-term conservative management. We also recognize that further evaluation of the diagnostic criteria used for patient selection will both validate these criteria and hopefully provide additional guidance for appropriate patient selection for SI joint fusion procedures.

Overall, we support the findings of this evidence report and welcome it as justification for continued research and study of minimally invasive SI joint fusion procedures.

Sincerely,



Robert H. Quinn, MD, Chairman
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