



December 14, 2015

Scientific Resource Center
Portland VA Research Foundation
3170 SW U.S. Veterans Hospital Road
Mail code: R&D 71
Portland, Oregon 97239

RE: Comment on Key Questions: Osteoarthritis of the Knee

To Whom It May Concern:

The Coalition of State Rheumatology Organizations, or CSRO, is a group of state or regional professional rheumatology societies formed in order to advocate for excellence in rheumatologic disease care and to ensure access to the highest quality care for the management of rheumatologic and musculoskeletal diseases. Our coalition serves the practicing rheumatologist.

We are writing in response to the Agency for Healthcare Research and Quality (AHRQ) planned review to update and augment a 2007 systematic review that assessed the efficacy and safety of various treatment options for osteoarthritis of the knee (OAK), which included intra-articular injections of Hyaluronic Acid (HA), as well as to determine the need to update both the 2011 and 2012 reviews and assess the body of evidence for the efficacy and safety of newer treatments, including those that have not been approved by the Food and Drug Administration (FDA) for OAK and other experimental treatments.

Specific Concerns

CSRO is concerned with AHRQ's planned approach for studying the effectiveness and harms associated with various treatment options for osteoarthritis of the knee (OAK) as described in the draft document. Specifically, **we are concerned that the proposed list of interventions under the Proposed Population, Intervention, Comparator, Outcomes, Timing, and Setting (PICOTs) does not include intra-articular injections of hyaluronic acid.** Current evidence associated with treatment for OA describes the use of hyaluronic acid injections as an effective modality for treating knee pain in patients who have already been treated with pain relievers and other treatments that did not work well.

As described under treatment strategies in the background section of the document, *"Numerous recent evidence-based treatment guidelines have been issued, including the 2012 American College of Rheumatology Guidelines and the 2013 American Academy of Orthopedic Surgeons guidelines for the treatment of osteoarthritis of the knee. These guidelines are not in total agreement about the recommended treatments: For example the 2012 ACR Guidelines conditionally recommend HA, while the AAOS guidelines recommend against its use to treat patients with symptomatic conditions."* It goes on to state that *"[u]ncertainty continues to surround the use of all treatments intended as disease-modifying agents (including HA and glucosamine and chondroitin), acupuncture, physical therapy, braces and orthotics, and arthroscopic lavage, as well as the comparative efficacy and safety of oral, topical, and intraarticular analgesics and anti-inflammatories."*

Given AHRQ aims to study the effectiveness and harms associated with various treatment options for osteoarthritis of the knee (OAK), we are perplexed as to why AHRQ has specifically excluded intra-articular injections of HA, which is a recognized treatment intervention, albeit with varying degrees of support. This is even more concerning in light of the other experimental treatment interventions, such as acupuncture and other drug and biologic injections, which were included in the proposed PICOTs. **We urge AHRQ to reconsider its proposed PICOTs and include intra-articular injections of HA as an intervention for study.**

We appreciate your efforts in preparing the report and urge you to consider our recommendations and look forward to reviewing a revised protocol in line with our aforementioned recommendations. Should you have any questions about our comments or concerns, or require additional clarification, please contact Emily L. Graham at egramam@hhs.com or 703-975-6395.

Sincerely,



Michael Schweitz, MD
Chair, Federal Advocacy
Coalition of State Rheumatology Organizations