

## Femoroacetabular Impingement Syndrome – Re-review

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Topic nomination and draft key questions:  
Public comment and response

*June 25, 2019*

**Health Technology Assessment Program (HTA)**

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# **Femoroacetabular Impingement Syndrome: Re-review**

**Provided by:**



**Aggregate Analytics, Inc.**

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## **Topic Nomination and Draft Key Questions Public Comment and Response**

*June 25, 2019*

**Response to clinical and peer reviewers**

*Aggregate Analytics is an independent vendor, contracted to produce evidence assessment reports for the Washington Health Technology Assessment (HTA) program. For transparency, all comments received during public comment periods are included in this document and attachments. Comments related to program decisions, process or other matters not pertaining to the evidence report, are acknowledged through inclusion only.*

Response to public comment made during topic nomination: No comments were received.

Response to public comment to the draft Key Questions are found in **Table 1**.

Comments from:

- Morgan Young, DC, Associate Medical Director for Chiropractic, State of Washington  
Department of Labor & Industries, Olympia, WA

Full text of public comments on the draft key questions follow the table.

**Table 1. Response to comment on draft key questions**

Comment		Response
<p><b>Commenter:</b> Morgan Young, DC, Associate Medical Director for Chiropractic, State of Washington Department of Labor &amp; Industries, Olympia, WA</p>		
<p><b>Specific comments</b></p>		
General comments	I have a couple of concerns regarding the comparator group for the FAI surgery questions, specifically Key Question 1 and 3.	Thank you for your comments.
Key Questions 1 and 3 – regarding comparators	Most of the questions are framed against “no surgery” but that does not delineate whether they have had conservative care or not. Please consider giving comparative effectiveness trials of active exercise and engagement more weight than purely “no surgery”. Time, attention, etc all are likely to produce biased outcomes in a non-treatment group that might meet the definition of “no surgery”. Framing it as “non-operative treatment” instead of “no surgery” is preferred, but is not consistent across all the Key Questions, currently.	We have changed to “non-operative treatment” vs. “no surgery” and we will note specific treatments provided for the comparator group(s); Studies comparing surgery with usual care, attention control, etc. would still be included.
Key Questions 1 and 3 – regarding comparators	On the same note, in the “non-operative care” portion of the table for Inclusion/Comparator – there are no rehabilitative exercise-based criteria here. Activity modification could be as simple as prescribing avoidance of activity and can be very limiting for the patient, but potentially have good outcomes on paper. Nor are NSAIDs or injections designed to fundamentally change the way the joint works, which is the point of surgery. Please consider specifically calling out exercise, rehabilitation and manual therapies that are designed to change the way the joint is being used as a better comparator group to surgery than passive, chemical anti-inflammatory interventions.	The intention is to capture literature that may include any comparator that does not involve surgery as these may be used in clinical practice. Thus, the category of non-operative care is intentionally broad and not restricted to treatments that may change joint morphology or function. We have clarified that non-operative care may include (but is not limited to) exercise, rehabilitation and manual therapies that are designed to change the way the joint is being used in the PICOTS table. We will of course report the findings of any studies using these treatments as comparators and methods will be described.

**From:** Young, Morgan (LNI)  
**Sent:** Wednesday, June 5, 2019 11:58 AM  
**To:** HCA ST Health Tech Assessment Prog  
**Subject:** FAI draft questions

Hello,

I have a couple of concerns regarding the comparator group for the FAI surgery questions, specifically Key Question 1 and 3.

Most of the questions are framed against “no surgery” but that does not delineate whether they have had conservative care or not. Please consider giving comparative effectiveness trials of active exercise and engagement more weight than purely “no surgery”. Time, attention, etc all are likely to produce biased outcomes in a non-treatment group that might meet the definition of “no surgery”. Framing it as “non-operative treatment” instead of “no surgery” is preferred, but is not consistent across all the Key Questions, currently.

On the same note, in the “non-operative care” portion of the table for Inclusion/Comparator – there are no rehabilitative exercise-based criteria here. Activity modification could be as simple as prescribing avoidance of activity and can be very limiting for the patient, but potentially have good outcomes on paper. Nor are NSAIDs or injections designed to fundamentally change the way the joint works, which is the point of surgery. Please consider specifically calling out exercise, rehabilitation and manual therapies that are designed to change the way the joint is being used as a better comparator group to surgery than passive, chemical anti-inflammatory interventions.

Thank you for your consideration,

**Morgan Young, DC**  
Associate Medical Director for Chiropractic  
State of Washington Department of Labor & Industries  
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