

# Osteoarthritis of the Knee and Hip: Uptake of the Updated Core Outcome Set



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## OBJECTIVES

Our study analyzed clinical trial registrations on knee and/or hip osteoarthritis (OA) to assess core outcome set (COS) adoption and gaps in adherence.

## INTRODUCTION

As a significantly common, costly, and debilitating disease, OA of knee and hip relies on quality clinical trials to employ best care practices. One way to improve the quality of research is by using a COS, an agreed upon standardized group of outcomes for a disease. Thus, a study into the rate of uptake of the updated 2019 OA COS should be done.

## METHODS

- A cross-sectional analysis was performed on knee and hip OA randomized clinical trials (RCTs) registered on Clinicaltrials.gov.
- Trials registered between 8/2014 and 6/2023 were screened for inclusion.
- Characteristics of the trials along with adoption of COS were extracted.
- The frequencies of adoption of COS were assessed over time prior to and after COS publication.

## RESULTS

Figure 1. Flow diagram

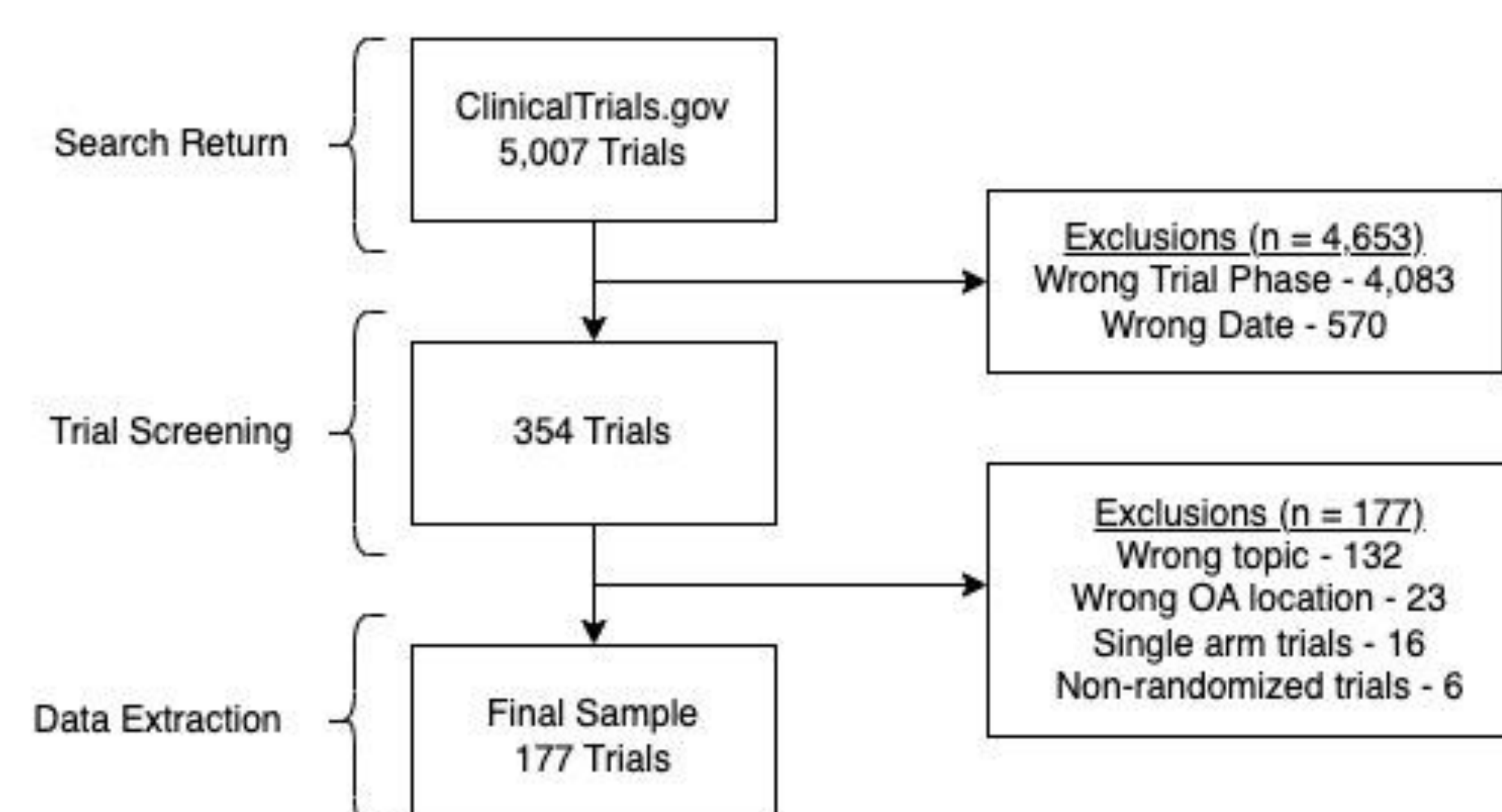


Figure 1. Flow diagram showing the inclusions and exclusions with exclusion reasons

Table 1. Frequency of Outcome Set Uptake

Group	Outcome Set Domain and Item	N = 177
Outcome	Pain, n (%)	
	Yes	169 (95.5)
	No	8 (4.5)
Physical Function, n (%)	Yes	155 (87.6)
	No	22 (12.4)
Quality of Life, n (%)	Yes	80 (45.2)
	No	97 (54.8)
Patient's Global Assessment of Target Joint, n (%)	Yes	87 (49.2)
	No	90 (50.8)
Adverse Effects (Including Death), n (%)	Yes	49 (27.7)
	No	128 (72.3)

Figure 2. Interrupted Time Series Analysis

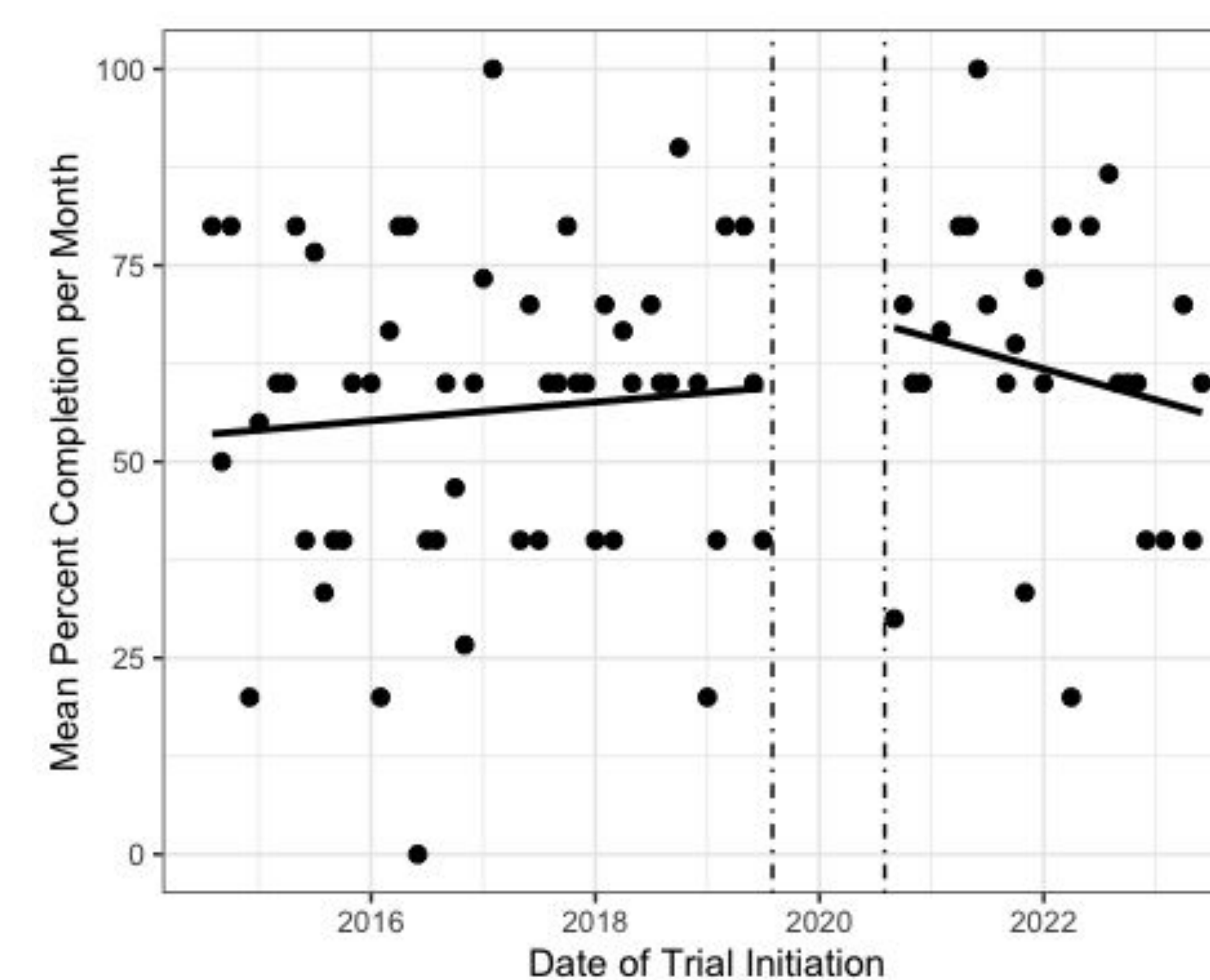


Figure 2. Interrupted time series analysis with regression lines for both five years prior to 2019 COS publication and one year after to July 2023. Percentage of COS outcomes that were reported per month of trial initiation.

Figure 3. Rate of Outcomes over Time

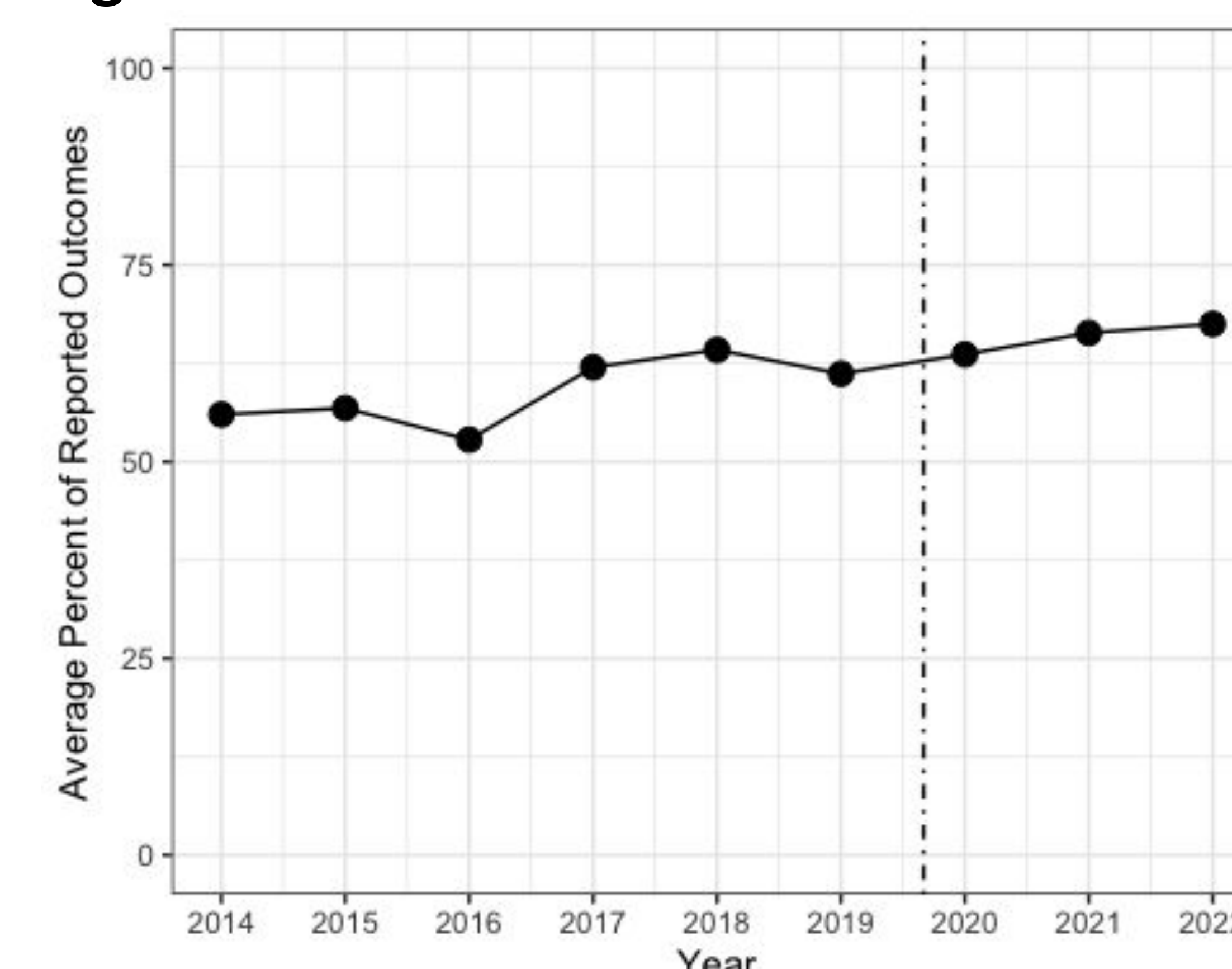
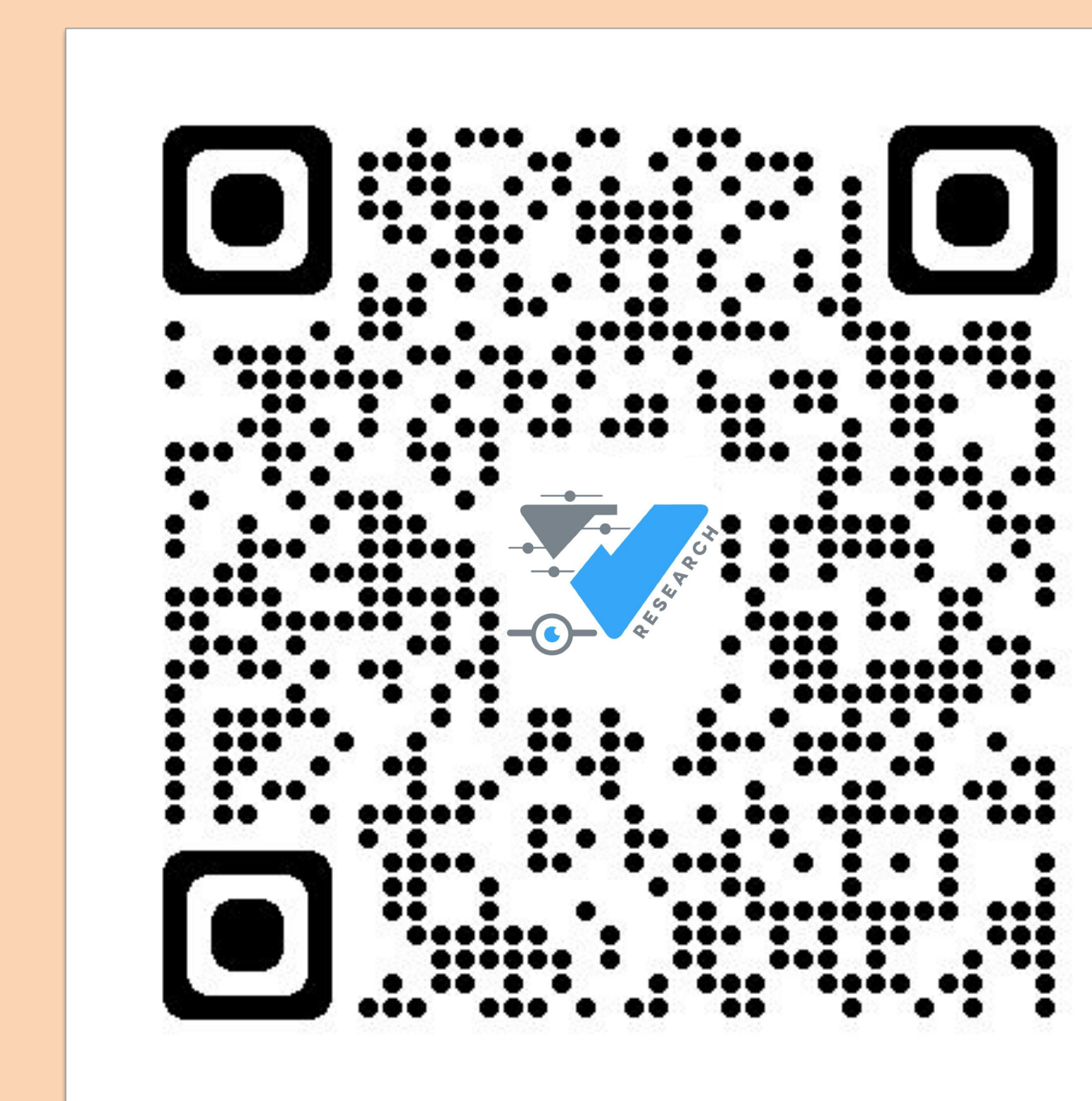


Figure 3. The rate of measured outcomes per year with the date of COS publication as a dotted line.

## CONCLUSION

We found that despite the known benefits of using COS in RCTs and an update to the COS, the adherence to these outcomes remains significantly low. Great lengths need to be made to enact greater adoption of these measures in future studies on OA of knee and hip to improve the overall quality of research and patient care.

## REFERENCES



## ACKNOWLEDGEMENTS

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