

# Letters to the Editor

Send letters to [afplet@aafp.org](mailto:afplet@aafp.org), or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680. Include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

Letters submitted for publication in *AFP* must not be submitted to any other publication. Possible conflicts of interest must be disclosed at time of submission. Submission of a letter will be construed as granting the AAFP permission to publish the letter in any of its publications in any form. The editors may edit letters to meet style and space requirements.

This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

## Selecting POEMs Studies from the Larger Body of Evidence

**Original Article:** Top POEMs of 2015 Consistent with the Principles of the Choosing Wisely Campaign

**Issue Date:** October 1, 2016

**Available online at:** <http://www.aafp.org/afp/2016/1001/p566.html>

TO THE EDITOR: I applaud the main intent of this article: using current evidence to critically assess testing and treatments for common conditions in family medicine. I am a fan of the daily POEMs (patient-oriented evidence that matters) series, and I regularly distribute them to my residents.

I have a question about the process of selecting articles to be POEMs. Are the articles themselves “chosen wisely”? This is most important when a single article is selected from a larger body of evidence and used to support a recommendation for practice.

For example, the article cited a randomized controlled trial (RCT) with 192 patients<sup>1</sup> and advised readers “...do not prescribe platelet-rich plasma injections over hyaluronic acid.” However, this is only one among numerous RCTs addressing the subject of platelet-rich plasma injections for osteoarthritis of the knee.

There are two meta-analyses of several RCTs (seven RCTs, N = 722 patients<sup>2</sup> and six RCTs, N = 739 patients<sup>3</sup>) and a systematic review<sup>4</sup> with multiple meta-analyses (each with six to 16 RCTs and totals of 577 to 1,543 patients) all evaluating the same question. Although the meta-analyses overlap to some extent (some of the same RCTs are included in each meta-analysis), in general, they found that platelet-rich plasma injections reduced knee pain scores by approximately 25% more than hyaluronic acid for several months. This is a different conclusion than that of the single RCT discussed in this article.

Would it be possible to alter the methodology of the POEMs selection process and describe single studies in the context of the larger body of evidence?

GARY KELSBERG, MD, FAAFP

Renton, Wash.

E-mail: [Gary\\_Kelsberg@Valleymed.org](mailto:Gary_Kelsberg@Valleymed.org)

Author disclosure: No relevant financial affiliations.

## REFERENCES

1. Filardo G, Di Matteo B, Di Martino A, et al. Platelet-rich plasma intra-articular knee injections show no superiority versus viscosupplementation: a randomized controlled trial. *Am J Sports Med*. 2015;43(7):1575-1582.
2. Sadabad HN, Behzadifar M, Arasteh F, Behzadifar M, Dehghan HR. Efficacy of platelet-rich plasma versus hyaluronic acid for treatment of knee osteoarthritis: a systematic review and meta-analysis. *Electron Physician*. 2016;8(3):2115-2122.
3. Meheux CJ, McCulloch PC, Lintner DM, Varner KE, Harris JD. Efficacy of intra-articular platelet rich plasma injections in knee osteoarthritis: a systematic review. *Arthroscopy*. 2016;32(3):495-505.
4. Campbell KA, Saltzman BM, Mascarenhas R, et al. Does intra-articular platelet-rich plasma injection provide clinically superior outcomes compared with other therapies in the treatment of knee osteoarthritis? A systematic review of overlapping meta-analyses. *Arthroscopy*. 2015;31(11):2213-2221.

IN REPLY: Thank you for asking about the process of selecting articles to become POEMs. This is related to your concern about how to know when the evidence is ripe enough to support a change of practice.

Whereas some POEMs are based on single research studies within a larger body of evidence, knowing when POEM evidence is strong enough to spark a change of practice can be challenging. Of note, in Tables 1 through 4, we did specify that these are “clinical actions to consider for Choosing Wisely.” This is in line with the accompanying editorial, which stated that the Choosing Wisely campaign “identifies wasteful and unnecessary medical tests, treatments, and procedures—not to prohibit them but to get physicians and other health care professionals thinking more critically...”<sup>1</sup>

Concerning your main question, in the methods section of a previous article, we provided information describing how

## Letters

POEMs are selected. Briefly, this process begins with a search of the tables of contents of 102 journals for original research or systematic reviews. In the discussion section of this same paper, we wrote: “A second limitation of this work is related to the process of selecting research articles for the creation of POEMs. A primary research study or systematic review that never became a POEM would not be rated in the ongoing CME program. ... The extent of any selection bias in the identification of ‘POEM-worthy’ articles is unknown and therefore is a subject for research.”<sup>2</sup>

We currently do not include *Arthroscopy* as one of the journals reviewed each month, but we will certainly consider adding it. Systematic reviews are often covered in POEMs, and we place high value on them as a way to synthesize the literature and help family physicians and their patients make more informed decisions. On the other hand, not all systematic reviews are of high quality; some have weak methodology or authors with conflicts of interest.<sup>3</sup>

You also ask about describing single studies in the context of the larger body of evidence. POEMs often provide some context or mention other studies. However, making them much longer (i.e., essentially writing a mini review article) would defeat the purpose by making them too long to read quickly. The POEMs provide overviews of common medical topics by the authors and editors who contribute and sustain knowledge resources, such as Essential Evidence Plus.

ROLAND GRAD, MD, MSc  
Montreal, Quebec, Canada  
E-mail: roland.grad@mcgill.ca

MARK H. EBELL, MD, MS  
Athens, Ga.

Author disclosure: Dr. Grad has no relevant financial affiliations. Dr. Ebell is cofounder and editor-in-chief of Essential Evidence Plus, published by Wiley-Blackwell, Inc.

## REFERENCES

1. Shaughnessy AF. Of wise choices, evidence that matters, and leaving old friends behind. *Am Fam Physician*. 2016;94(7):540.
2. Grad R, Pluye P, Tang D, Shulha M, Slawson DC, Shaughnessy AF. Patient-oriented evidence that matters (POEMs) suggest potential clinical topics for the Choosing Wisely campaign. *J Am Board Fam Med*. 2015;28(2):184-189.
3. Ioannidis JP. The mass production of redundant, misleading, and conflicted systematic reviews and meta-analyses. *Milbank Q*. 2016;94(3):485-514.

## Corrections

**Incorrect anatomy.** The article “Cervical Radiculopathy: Nonoperative Management of Neck Pain and Radicular Symptoms” (January 1, 2010, p. 33) incorrectly labeled the disk interspaces for nerve roots C8 and T1 in *Table 1* (p. 35). Because there is not a C8 vertebral body, the Interspace column of *Table 1* should have listed C7-T1 rather than C7-C8 for nerve root C8, and T1-T2 rather than C8-T1 for nerve root T1. This table was adapted with permission in *Table 2* (p. 748) of the article “Nonoperative Management of Cervical Radiculopathy” (May 1, 2016, p. 746), and the errors from *Table 1* in the 2010 article were repeated. The online versions of these articles have been corrected.

**Incorrect dosing requirements.** The article “Treating Painful Diabetic Peripheral Neuropathy: An Update” (August 1, 2016, p. 227) incorrectly identified “no dosing adjustment requirement in patients with renal impairment” as a reason to prefer pregabalin to gabapentin as a first-line treatment option for painful diabetic peripheral neuropathy. However, according to the prescribing information for pregabalin, dosing changes are necessary relative to the creatinine clearance. The first full sentence of the right column on page 229 of the article should have read: “Pregabalin is preferred to gabapentin as a first-line medication because of the availability of higher-quality studies on its effects, more predictable pharmacokinetics, shorter titration periods, and the option for twice-daily dosing.” The online version of the article has been corrected.

**Incorrect placement of arrows in figure.** The article “Evaluation of Patients with Leukocytosis” (December 1, 2015, p. 1004) contained misplaced black and white arrows in *Figure 3* (p. 1008). During the production process, the black and white arrows were inadvertently offset slightly to the left, which resulted in them not pointing to the items indicated in the figure legend. *Figure 3* has been corrected in the online version of the article. ■