

## Comments from the British Pain Society

1. This is a well considered document, which seems to cover all facets of using Vertebroplasty (PVP) & Kyphoplasty (BKP) (although this is a technique which I do not currently perform).
2. It is a very large document and is sometimes difficult to keep track of.
3. It appears that NICE will come down in favour of PVP & BKP with the caveat that 2 RCTs where patients were blinded did not show an improvement compared to sham procedures (see below).
4. The 2 RCTs mentioned above have both been criticised in this document and elsewhere, mainly for the fact that the sham procedure was potentially not sham at all.
5. One of the references cited in the document suggests the use of facet joint injections as a potential treatment prior to PVP & BKP. However, I have serious reservations about this, not least because the implication is that these are minor procedures with little in the way of complications. As we know this is not the case. Although I would be happy to see Facet joint injections put forward as a treatment, I think that the final assessment should emphasise that these are procedures with potentially serious consequences albeit not on the scale of PVP & BKP.
6. There is only 1 clinician (a radiologist) on the working group and I feel it would have been better to have more.
7. This is a very comprehensive review running to 417 pages.
8. The assessment report seems to have reviewed most important studies in the field & explained why they have not included others.
9. The report provides a good overview of osteoporosis and vertebral compression fractures and the short-term and long-term problems associated with them.
10. The report provides a summary of techniques of vertebroplasty (PVP) & balloon kyphoplasty (BKP).
11. There is detailed discussion of the evidence limited to RCTs 9 studies were considered in total: 6 considered PVP against optimum pain management, 1 considered PVP against BKP and 2 considered PVP against a sham (placebo) procedure (Buchbinder et al, NEJM 2009 & INVEST, NEJM 2009). Both of these latter 2 studies were double blinded and appeared in the same edition of the New England Journal of Medicine. First 7 studies favour PVP. The last two showed no significant benefit when compared to sham. However, criticism of these 2 studies have been made. Specifically that the PVP groups had generally lower volumes of cement than is usually the case and that sham was local anaesthetic technique, which may not have been a true placebo.
12. One of the references cited in the document (Wilson et al, European Radiology) suggests the use of facet joint injections as a potential treatment prior to PVP & BKP. Although in principle I would have no objection to this, I feel that that the implication is made in the report that these are minor procedures with little in the way of complications. As we know this is not the case. Although I would be happy to see Facet joint injections put forward as a

potential treatment, I think that the final assessment report should emphasise that these are procedures with potentially serious consequences albeit not on the scale of PVP & BKP.