

Could the *New England Journal of Medicine* Be Biased Against Arthroscopic Knee Surgery?

Arrthroscopy prides itself on soliciting controversial topics. Why? Because they are important, they garner interest, they need answers, and they have impact on our practices and, most importantly, our patients. We, as editors, not only recognize the benefit of controversy, but we have asked you to “Bring it On!”¹ You, as readers, have a keen common sense in deciphering the wheat from the chaff,² and your opinions matter. Over and over, we have requested letters to the editor³ to promote this dialogue.

Thus, we are shocked when the debate is stifled.

In response to the recent *New England Journal of Medicine* article entitled, “Arthroscopic Partial Meniscectomy Versus Sham Surgery for a Degenerative Meniscal Tear,” the senior one of us (J.H.L.) along with Neal ElAttrache, M.D., submitted the following letter to the editor:

“Knee arthroscopy including partial meniscectomy, the most common orthopaedic procedure, results in evidence-based improvement in quality-of-life and is cost-effective.⁴ Arthroscopic lavage is also effective in “degenerative” knees,⁵ and is not a “sham” surgery, undermining the conclusion of Sihvonen et al.⁵

Arthroscopic meniscal surgery should be selected for properly indicated patients. Arthroscopic surgery is not an effective treatment for knee osteoarthritis,⁶⁻⁸ yet Sihvonen et al.,⁵ while attempting to exclude osteoarthritis using radiographs, report arthroscopic evidence of chondral degeneration or osteoarthritis in greater than two thirds of included knees. Selection bias additionally undermines this article. Furthermore, Sihvonen et al. introduce procedures “performed annually in the United States,” while including only Finns,⁵ thus undermining comparison to the American population. The results are not generalizable.

Disturbingly, in the 21st century, the *NEJM* has published only 4 original scientific articles on knee arthroscopy,⁵⁻⁸ all with “negative” results, while refusing to even consider for review submitted Level I evidence demonstrating good results.⁴ Could the *New England Journal of Medicine* be biased against arthroscopic knee surgery?

This letter was rejected due to “lack of space” (for a letter of less than 175 words); no dialogue, no debate.

In this issue of *Arthroscopy*, the *NEJM* controversy continues with in-depth analyses by Krych et al.⁹ and ElAttrache et al.¹⁰ highlighting methodological flaws with inclusion and exclusion criteria, low numbers, and conclusions that are not supported by the data or design. In addition, our own statistician Dr. D’Agostino, points to possible problems with statistical power; it appears that the study was designed to detect differences between preoperative and postoperative functional scores but not powered to detect differences between the 2 study groups.⁵ Thus, we believe type II, or beta error, has been committed, negating their conclusions. We direct these criticisms not to the authors, who we commend for a Level I study, but to the editorial process.

Also, recall our affirmation that *NEJM* “got it wrong”¹¹ with regard to treatment of ACL tears. Concerning “A Randomized Trial of Treatment for Acute Anterior Cruciate Ligament Tears,”¹² we believed that its “conclusion should be rejected.”

Most concerning is *not* the potential selection bias, design flaws, or beta error from the recent studies, but the editorial bias exhibited by the *NEJM*. As ElAttrache states, “In the current socioeconomic climate, policy makers and insurers may erroneously conclude that partial meniscectomy is not beneficial. Nothing could be further from the truth.”¹⁰ The *NEJM* controversy has far-reaching ramifications.

We are certainly familiar, and may even be guilty of, the more common “positive” editorial bias: selecting articles for publication based on positive results supporting surgical techniques. This, on the other hand, seems to be a “negative” bias: selecting articles against a surgical technique. The *NEJM* proclaims, “we welcome your feedback, whether criticism or praise, as we continue to provide the very best information so that you can provide the best care to your patients.”¹³ Evidently, this proclamation is hollow.

Controversy demands debate, not bias. Shame on the editors of *NEJM* for their bias against arthroscopic knee surgery, and for their stifling of academic debate in the name of no better argument than a “lack of space.”

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