A rthroscopy 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!” You, as readers, have a keen common sense in deciphering the wheat from the chaff, and your opinions matter. Over and over, we have requested letters to the editor to promote this dialogue.

On this page of controversy, but we have asked you to bring it on! Not to the authors, who we commend for a Level I study, but to the editorial team. The editorial bias exhibited by the New England Journal of Medicine 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.

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.”12 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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