Authors' Response to Public Comments on the Project Plan for the ACR-AAHKS Perioperative Management Guideline

April 2016

The American College of Rheumatology (ACR) and the American Association of Hip and Knee Surgeons (AAHKS) are developing a guideline for the perioperative management of anti-rheumatic therapy for patients with inflammatory arthritis and SLE, using the GRADE methodology. In this methodology, the literature search is based on PICO (Population, Intervention, Comparator, Outcomes) questions in which the populations of interest are defined and the outcomes (benefits and harms) of two interventions are compared. The PICO questions that will inform the literature search were developed by the ACR/AAHKS group charged with formulating the guideline and were posted for public comment on the ACR website February 24, 2016. The project's leadership team reviewed the comments and edited and expanded the PICO questions to address them.

Some of the public comments sought to limit the scope of the project to patients with inflammatory arthritis, excluding patients with SLE. However, the guideline development group determined that there is a significant need for guidance regarding the perioperative medication management of patients with SLE, and while there is little available published data on this topic, use of the GRADE methodology provides transparency where data is sparse. The intention is to separate the discussion and eventual recommendations for patients with SLE because, although some medications are used in both conditions, the anticipated effect of holding or continuing anti-rheumatic therapy for inflammatory arthritis versus SLE may be very different.

Some of the public comments sought to expand the scope of the project and addressed issues pertaining to medications that are not primarily used to treat systemic rheumatic diseases. Some of these issues, such as the prevention of venous thromboembolism and the assessment of perioperative cardiac risk, clearly have relevance to patients with systemic rheumatic diseases but have been addressed in detail by other groups (1,2,3). Similarly, treatment of gout and NSAID management in the perioperative period were not included as it was felt to be beyond the scope of the project. Although gout is a prevalent form of inflammatory arthritis, there is little to suggest gout or its therapy affects arthroplasty outcomes. In addition, the primary outcome of interest is periprosthetic joint infection, and there is little evidence that perioperative use of NSAID's increase the risk of periprosthetic joint infection.

1. Fleisher LA, Beckman JA, Brown KA, Calkins H, Chaikof EL, Fleischmann KE, et al. 2009 ACCF/AHA focused update on perioperative beta blockade incorporated into the ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation 2009; Nov 24;120(21):e169-276.

2. Falck-Ytter Y, Francis CW, Johanson NA, Curley C, Dahl OE, Schulman S, et al. Prevention of VTE in orthopedic surgery patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest 2012;Feb;141(2 Suppl):e278S-325S.

3. Jacobs JJ, Mont MA, Bozic KJ, Della Valle CJ, Goodman SB, Lewis CG, et al. American Academy of Orthopaedic Surgeons clinical practice guideline on: preventing venous thromboembolic disease in patients undergoing elective hip and knee arthroplasty. J Bone Joint Surg Am 2012; Apr 18;94(8):746-7.