

How Do We Measure Outcomes In NM EOS?

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Disclosures

None related to this talk

Speaker: Depuy/Synthes, Zimmer/Biomet, Nuvasive, Medtronic

Member : PSSG, HSG

Consultant: Nuvasive, Orthobullets

Equity: Orthobullets



Outline

Challenges unique to NM EOS

What are Goals?

Outcomes:

- Pulmonary
- Radiographic
- Quality of life
- Surrogates for above?



Why Is It So Challenging?



University Hospitals



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& Children's Hospital

What Are The Challenges of EOS?

Lung development/pulmonary function

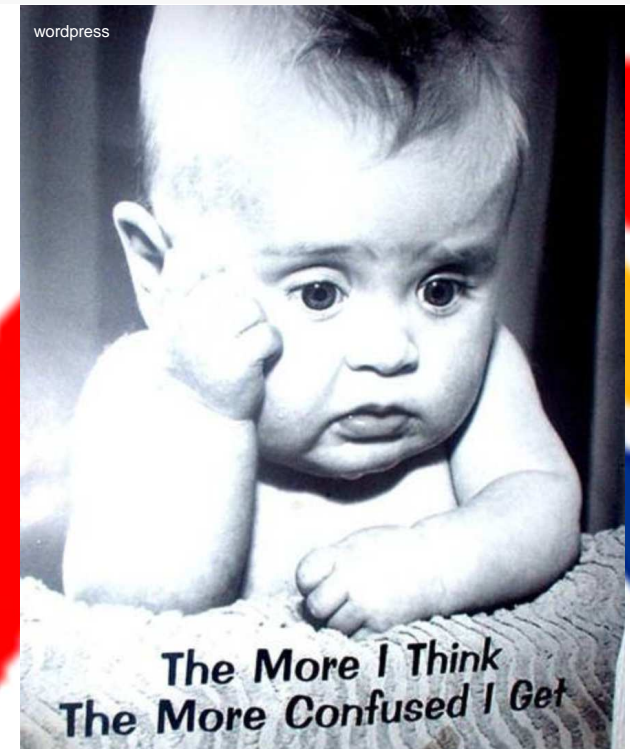
Nutritional status

Bone quality/fixation

Kyphosis/PJK

Medical co-morbidities

Others.....



What Are The Challenges of NM Scoliosis?

Lung development/pulmonary function

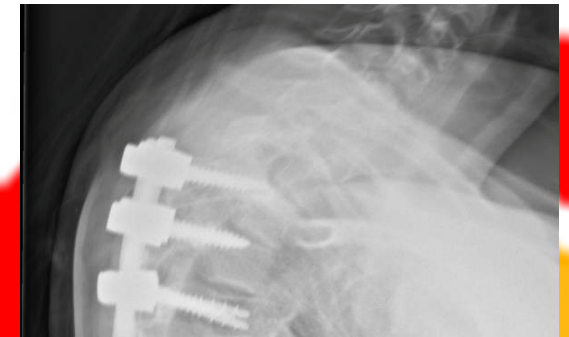
Nutritional status

Bone quality/fixation

Kyphosis/PJK

Medical co-morbidities

Others....



AAP Gateway



UT Southwestern



What Challenges Are There With NM EOS?

Lung development/pulmonary function

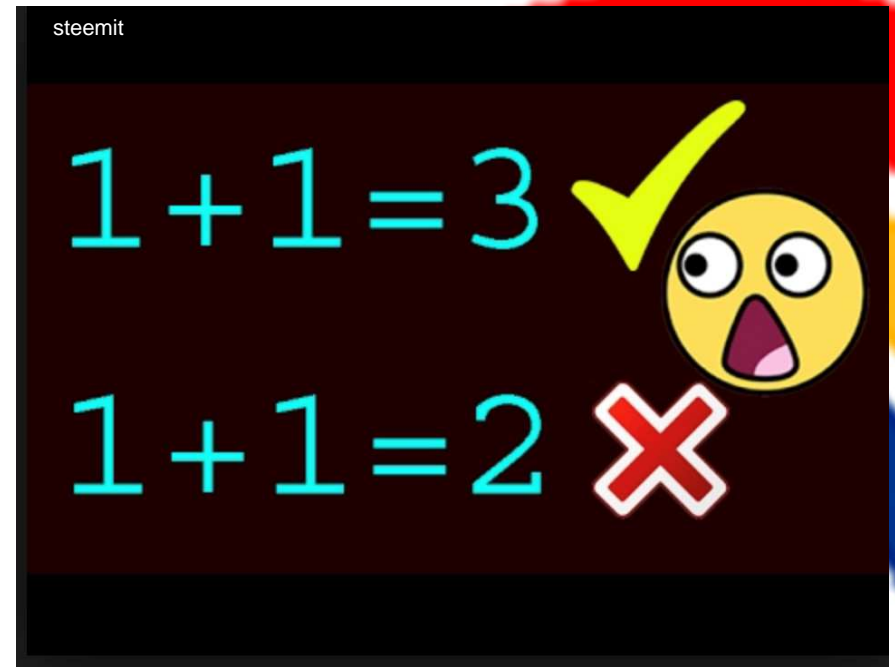
Nutritional status

Bone quality/fixation

Kyphosis/PJK

Medical co-morbidities

Others.....



Complications Will Happen

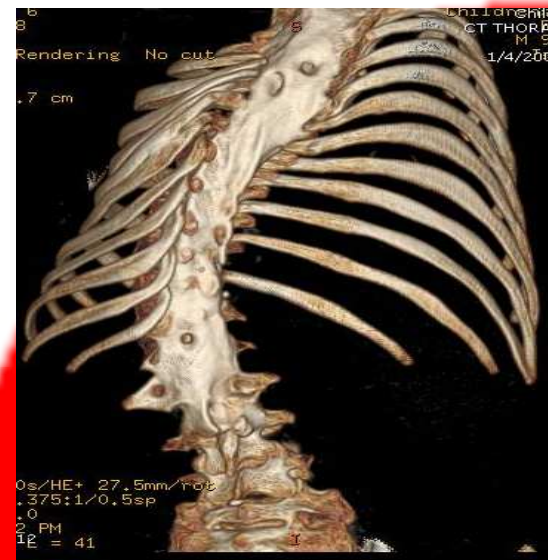
Failure to prepare is
preparing to fail.

Benjamin Franklin



Growth Friendly=Complications =Outcome?

Rod breakage
Loss of fixation
Implant prominence
Infection
PJK/DJK
Curve progression
Autofusion



Complications of Growing-Rod Treatment for Early-Onset Scoliosis: Analysis of One Hundred and Forty Patients

Bess, Shay, MD¹; Akbarnia, Behrooz A., MD²; Thompson, George H., MD³; Sponseller, Paul D., MD⁴; Shah, Suken A., MD⁵; El Sebare, Hazem, FRCS, MD⁶; Boachie-Adjei, Oheneba, MD⁷; Karin, Lawrence J., MD⁸; Canale, Sarah, BS⁹; Poe-Kochert, Connie, RN, CNP⁹; Skaggs, David L., MD⁹

JOS. November 9, 2010 - Volume 92 - Issue 15 - p 2533-2543

Spine
DEFORMITY

Lengthening of Dual Growing Rods and the Law of Diminishing Returns

Muthukrishnan, N., Sarkis, MD, David J., Skaggs, MD, Muhammed Yousef, MD, Charles E., Johnston II, MD, Suken A., Shah, MD, Pirooz Javidan, MD, Kish V., Kadakia, BS, Thomas F. Day, MD, and Behrooz A. Akbarnia, MD

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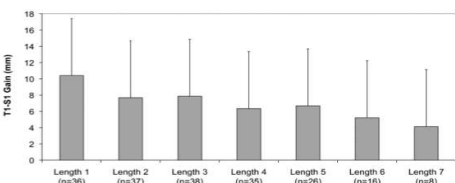


Figure 2. T1-S1 gain versus number of lengthenings.

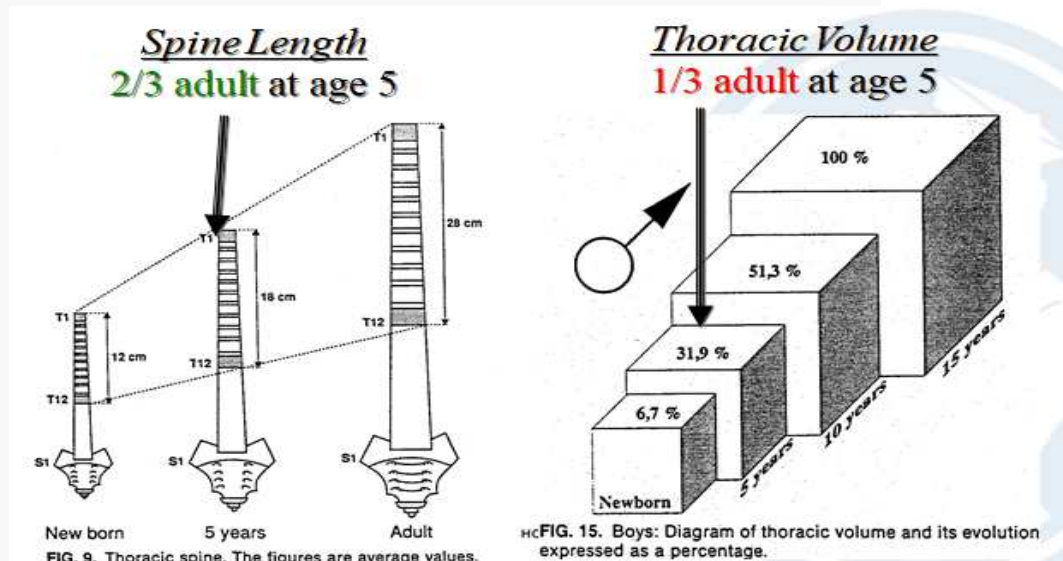
Children's Hospital

Obstacles To Measuring Outcomes In EOS

Why Is It So Hard?

Treatment occurs during growth

- Especially rapid spine growth



EOS/NM EOS Diversity

Diverse population

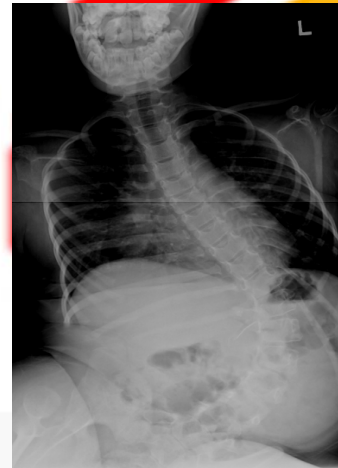
Various etiologies

Etiology	Cobb Angle (Major Curve)	Maximum Total Kyphosis	Progression Modifier (optional)
Congenital/Structural	1: $<20^{\circ}$	(-) $<20^{\circ}$	P0: $<10^{\circ}/\text{yr}$
Neuromuscular	2: $21-50^{\circ}$	N: $21-50^{\circ}$	P1: $10-20^{\circ}/\text{yr}$
Syndromic	3: $51-90^{\circ}$	(+) $>50^{\circ}$	P2: $>20^{\circ}/\text{yr}$
Idiopathic	4: $>90^{\circ}$		

NewYork-Presbyterian
Morgan Stanley Children's Hospital

Columbia Orthopaedics

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MEDICAL CENTER

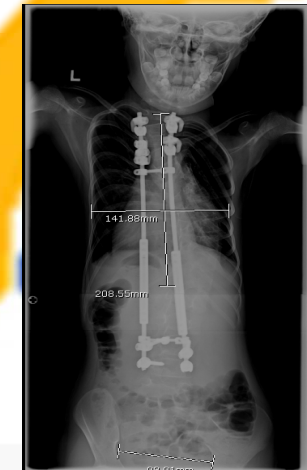
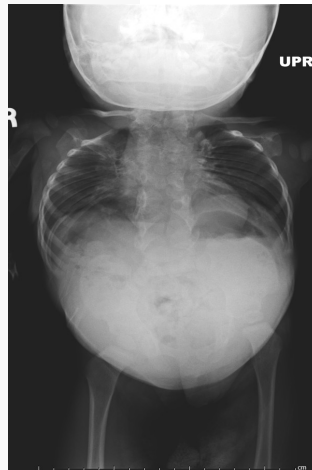
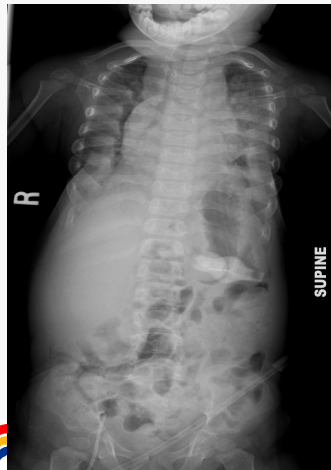
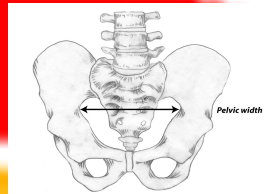
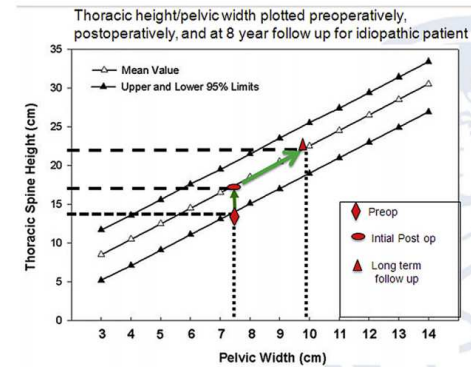


Obstacles To Measuring Outcomes In EOS

Why Is It So Hard?

Variable diagnoses

- Different skeletal structures
- Abnormal growth rates



Spine Deformity

Distraction-Based Treatment Maintains Predicted Thoracic Dimensions in Early-Onset Scoliosis

Michael P. Glickstein, MD¹, Mary Glick BA², Patricia Miller, MD³, Robert A. Albani, MD⁴, Charles Johnson, MD⁵, Francisco Sanchez-Perez Gruesz, MD⁶, Salim A. Shah, MD⁷, John Emans, MD⁸

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Prediction of Thoracic Dimensions and Spine Length Based on Individual Pelvic Dimensions in Children and Adolescents

An Age-Independent, Individualized Standard for Evaluation of Outcome in Early Onset Spinal Deformity

John B. Emans, MD,* Michelle Carlo, BS,* Michael Callahan, MD,† and David Zurakowski, PhD*

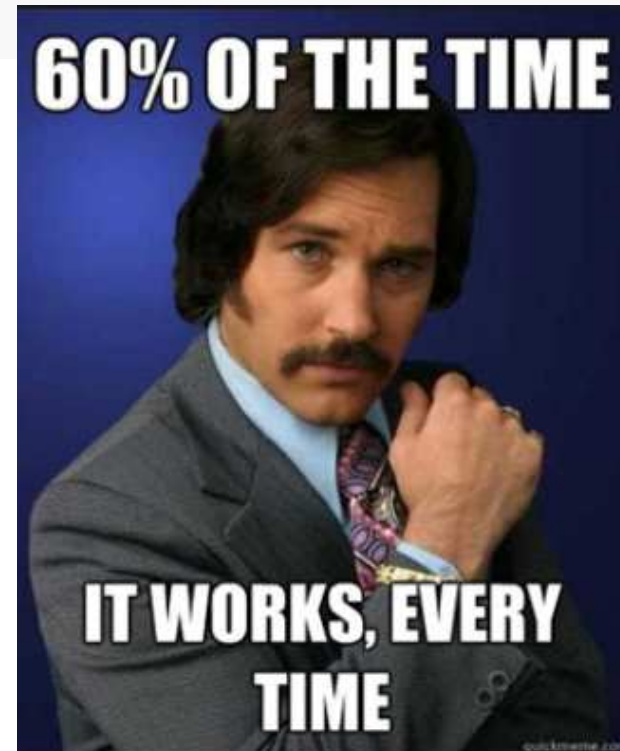
bow Babies
dren's Hospital

Obstacles To Measuring Outcomes In EOS

Why Is It So Hard?

Surgeon variability

- Indications
- Timing
- Technique
- Execution



What Are Goals?



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Achieving Goals=Outcome, Right?

What do we think is important?

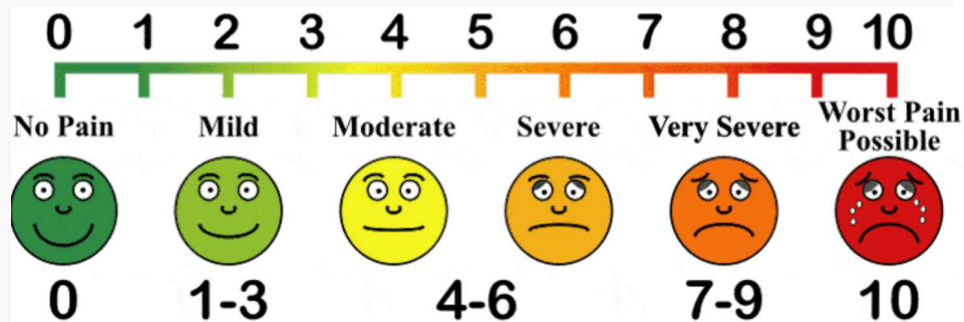
- Maximum spine length, residual mobility
- Maximum chest size/function
- Minimum surgeries, hospitalizations
- Minimum complications
- Sitting balance
- Functional outcomes?
- Quality of Life



Recovery Goals Vary By Diagnosis



Assessing Pain Varies By Age/Diagnosis



Faces Legs Activity Cry Consolability Revised Scale (FLACC-R)

Categories	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested, sad, appears worried	Frequent to constant quivering chin, clenched jaw, distressed looking face, expression of fright/panic
Legs	Normal position or relaxed, usual tone & motion to limbs	Uneasy, restless, tense, occasional tremors	Kicking, or legs drawn up, marked increase in spasticity, constant tremors, jerking
Activity	Lying quietly, normal position, moves easily, regular, rhythmic respirations	Squirming, shifting back and forth, tense, tense/guarded movements, mildly agitated, shallow/splinting respirations, intermittent sighs	Arched, rigid or jerking, severe agitation, head banging, shivering, breath holding, gasping, severe splinting
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint, occasional verbal outbursts, constant grunting	Crying steadily, screams or sobs, frequent complaints, repeated outbursts, constant grunting
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort, pushing caregiver away, resisting care or comfort measures

Pediatric Spine Surgery: Common Concerns

Pain management

Infection/complication prevention

Nutrition

Activity restrictions

etc...



How Can We Measure Outcomes?



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Pulmonary Function

Gold standard?

PFTs difficult in NM and EOS

- Cooperation
- Effort
- Techniques



Curr Allergy Asthma Rep (2011) 11:473–481

DOI 10.1007/s11825-011-9280-9

PEDIATRIC ALLERGY AND IMMUNOLOGY (JAY M. PORTNOY AND CHRISTINA E. CIACCIO, SECTION EDITORS)

Pulmonary Function Testing in Young Children

Hugo Escobar · Terrence W. Carver Jr.

Radiographic-Traditional Measurements

Traditional study group measurements

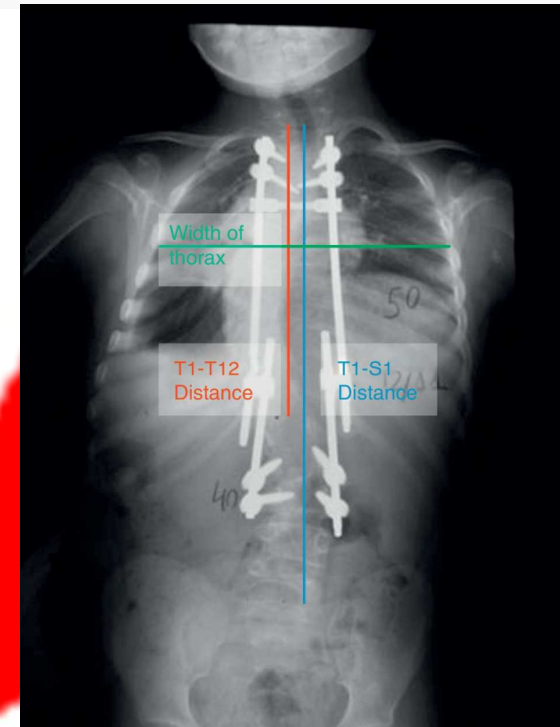
- 2D measurements
- T1-T12, T1-S1 length, Cobb, etc.

Advantages

- Easily available

Disadvantages

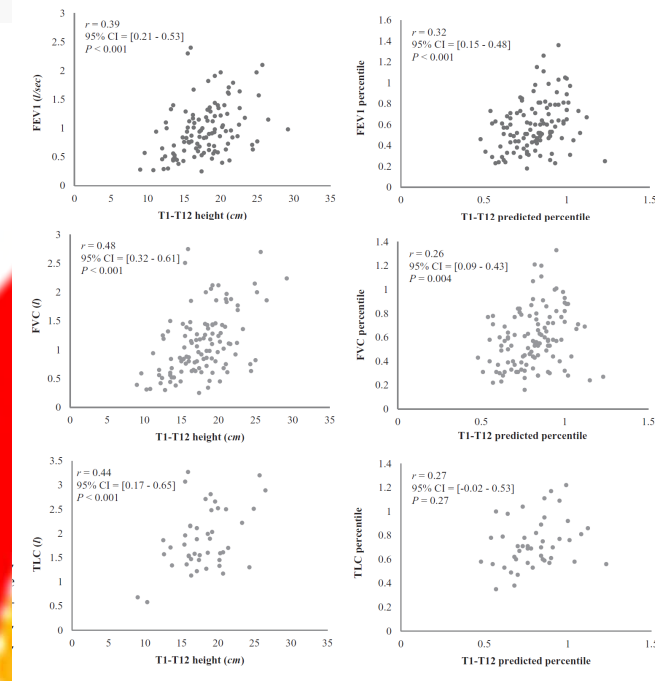
- 2D, static, not normalized to growth



Do 2D Measurements Correlate With Pulmonary Function?

2D measurements correlate poorly w/ PFTs

- Not surprising!
- Chest is a dynamic 3D structure



Spine
DEFORMITY

SPINE Volume 39, Number 19, pp 1590-1595
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Is There a Relationship Between Thoracic Dimensions and Pulmonary Function in Early-Onset Scoliosis?

Michael Grotzbecker, MD,* Charles Johnston, MD,* Patricia Miller, MS,* John Smith, MD,* Francisco Sanchez-Perez-Grisio, MD,* Regina Woon, MPH,* John Flynn, MD,|| Meryl Gold, BA,* Sumeet Garg, MD,** Gregory Redding, MD,†† Patrick Cahill, MD,†† and John Emans, MD*

Radiographic-Better Measurements?

True spine length?

- Growth friendly constructs pro-kyphotic
- Growth out of coronal plane
- 3D techniques/EOS

More accurate...but better?

- Still a static measure

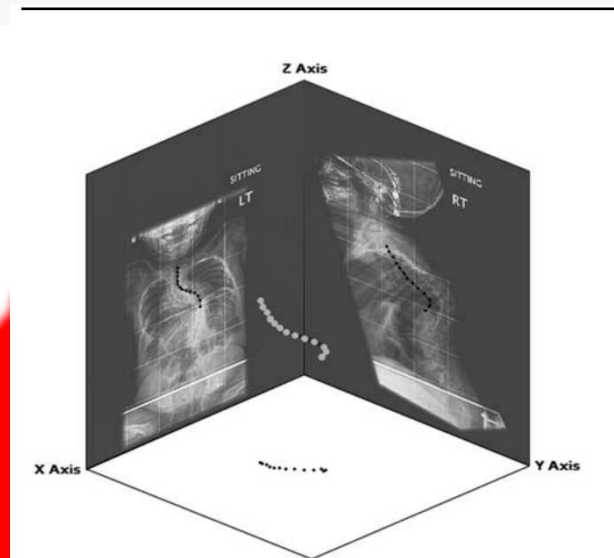


FIGURE 3. Graphical representation of how the 3-dimensional true spine length measurement is generated from the 2 curved measurements from the orthogonal coronal and sagittal radiographs.

Three-dimensional True Spine Length: A Novel Technique for Assessing the Outcomes of Scoliosis Surgery

Alan J. Sparrow, P.Eng., M.A.Sc.* Jennifer K. Hurry, P.Eng., M.A.Sc.* Luke Gauthier, MD, FRCS(C),* Ben Orlik, MD, FRCS(C),*† Chukwudi K. Chukwanyeremwa, MD, MCh, FRCS(C),* Waleed E. Kishia, MD, PhD, FRCS(C),* and Ron El-Havary, MD, MSc, FRCS(C),*†‡

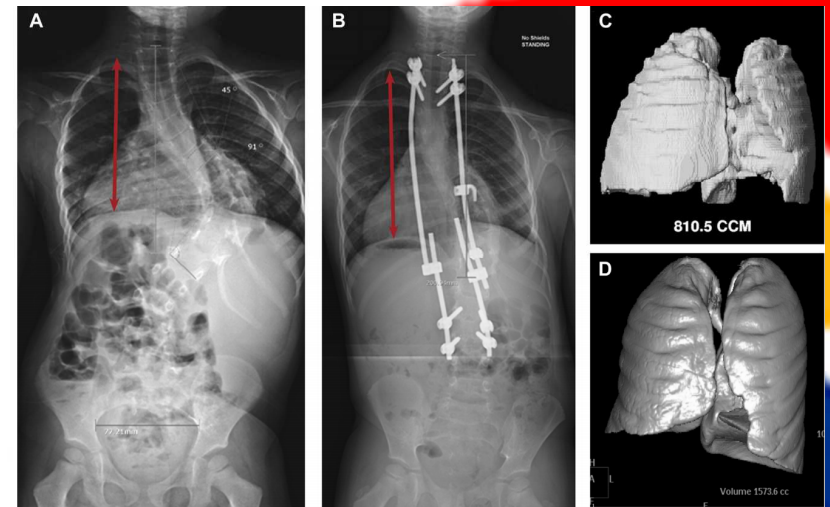
Is 3D Better?

Advantages

- 3D volumes quantifies
 - Chest volume
 - Effect of treatment

Disadvantages

- Relationship to PFTs?
 - You can make the box bigger...
 - Still a static measure



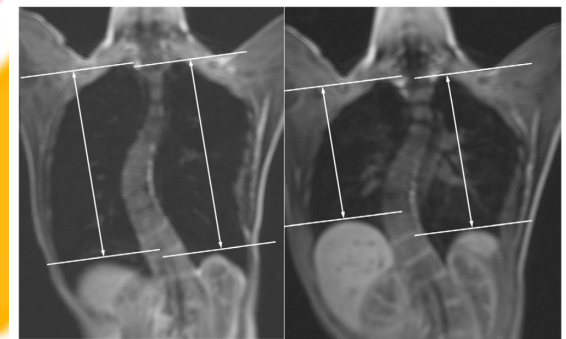
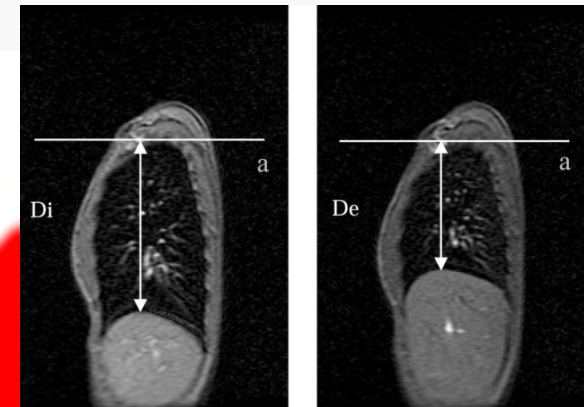
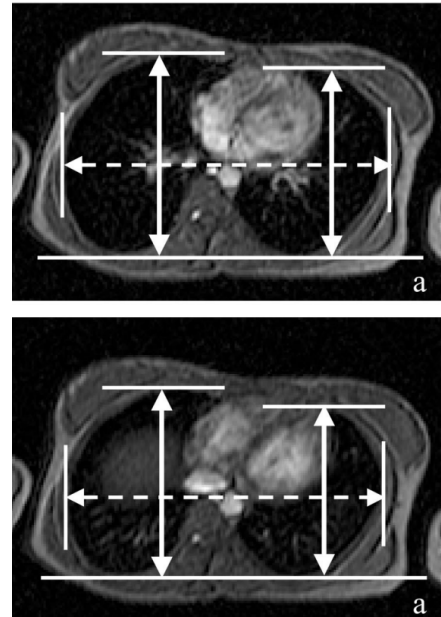
Dynamic 3D MRI

Advantages

- Dynamic
 - Chest wall
 - Diaphragm

Disadvantages

- Early experience
- Sedation concerns



J Pediatr Orthop. 2018 Sep 20. doi: 10.1097/BPO.0000000000001258. [Epub ahead of print]

Understanding Respiratory Restrictions as a Function of the Scoliotic Spinal Curve in Thoracic Insufficiency Syndrome: A 4D Dynamic MR Imaging Study.

Udupa JK¹, Tong Y¹, Capraro A², McDonough JM², Mayer OH², Ho S², Wileyto P³, Torjman DA¹, Campbell RM Jr².

[Author information](#)

Dynamic Magnetic Resonance Imaging in Assessing Lung Volumes, Chest Wall, and Diaphragm Motions in Adolescent Idiopathic Scoliosis Versus Normal Controls

Winnie C. W. Chu, FRCS,* Albert M. Li, MRCP,† Bobby K. W. Ng, FRCS Ed (Orth),† Dorothy F. Y. Chan, MRCP,† Tsz-ping Lam, FRCS Ed (Orth),† Wynne W. M. Lam, FRCS,* and Jack C. Y. Cheng, FRCS Ed (Orth)

An Analysis of Chest Wall and Diaphragm Motions in Patients With Idiopathic Scoliosis Using Dynamic Breathing MRI

Toshiki Kotani, MD,* Shota Mizuno, MD,* Kanishka Takahashi, MD,* Keiichi Ito, MD,* Yoshinori Nakano, MD,* Masashi Takano, MD,* Masahito Inoue, MD,* Tetsuro Maruta, MD,* Tsutomu Akasawa, MD,* Takaya Ueda, MD,† and Hideshige Moriya, MD*

Journal of Orthopaedic Surgery and Research

Research article
Dynamic magnetic resonance imaging in assessing lung function in adolescent idiopathic scoliosis: a pilot study of comparison before and after posterior spinal fusion
Winnie CW Chu¹, Bobby KW Ng², Albert M Li¹, Tsz-ping Lam², Wynne WM Lam¹ and Jack CY Cheng¹

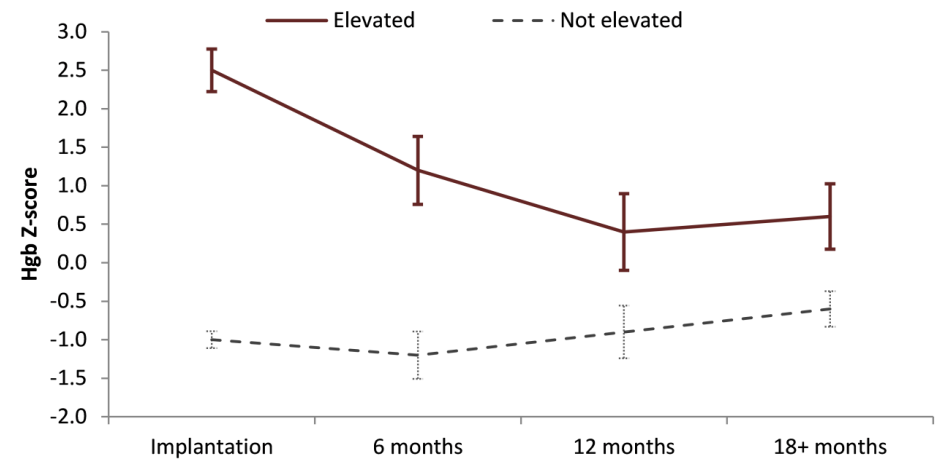
Hemoglobin

Elevated Hgb preop (15-23%):

-Hgb decreases w/ treatment

Normal Hgb preop:

-No change in Hgb



Emans et al, Skaggs et al, Glotzbecker et al

Other Surrogates...Hemoglobin

Elevated Hgb in small percentage (18%) of EOS

Respond to treatment when elevated

Useful in subset of younger, sicker patients?

Are there better surrogates?



QOL (EOSQ-24)

Early Onset Scoliosis Questionnaire

Advantages:

- Good to excellent agreement
- Correlated with PFTs

Disadvantages:

- Early experience
- Parent vs patient reported outcomes
- Others: SRS, PODCI, CHQ

Domains Tested

General health

Pain/Fatigue

Pulmonary function

Transfer

Physical function

Daily living

Fatigue/Energy level

Emotion

Parental Burden

Financial Burden

SRS Volume 22, Number 18, pp 173-180
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Developing Outcome Measures for Pediatric Deformity Surgery

B. Stephens Richards, MD* and James O. Sanders, MD†

SPINE: An International Journal for the study of the spine Publish Ahead of Print
DOI: 10.1097/BRS.0b0000000000002274

Health-Related Quality of Life in Early-Onset Scoliosis Patients Treated Surgically: EOSQ scores in Traditional Growing Rod vs. Magnetically-Controlled Growing Rods

Michael E. Dwyer, BS^{1,2}, J. Denis Ogle, MD², Goren Inan Kizil, PT¹, Samir Belkhet, MD¹, Aykut Keçeci, MD¹, Gökhan Demirkaz, MD¹, A. Ergun Karagöz, PhD¹, Muharem Yazici, MD¹

10336
Correspondence © 2017 by The American Orthopaedic Association

Functional and Radiographic Outcomes Following Growth-Sparing Management of Early-Onset Scoliosis

Charles E. Haines, MD, David Phuong Tran, MD, and Anna Mei Liang, MD, PhD
Investigator performed at the State Hospital, Hsinchu, Taiwan

Background: In this study, we sought to evaluate radiographic, functional, and quality-of-life outcomes of patients who have undergone growth-sparing management of early-onset scoliosis.
Methods: This prospective study involved patients with early-onset scoliosis who underwent growth-sparing treatment and either "rod" or "rodless" management for 22 years during the last 10-year period. Demographic, radiographic parameters, pulmonary function test (PFT) values, and scores of patient-reported measures (Early Onset Scoliosis Questionnaire (EOSQ) and Scoliosis Research Society (SRS) 22) were obtained. In the first cohort, 10-year patients performed a 10-minute functional outcome score, sleep quality, and overall health status.

ORIGINAL ARTICLE

The Final 24-Item Early Onset Scoliosis Questionnaire (EOSQ-24): Validity, Reliability and Responsiveness

Hiroko Matsumoto, MA*†, Brendan Williams, MD,‡, Howard Y. Park, MD,§, Julie Y. Yoshimachi, BA*, Benjamin D. Roy, MD, MPH*, David P. Roy, Jr, MD*, Behrooz A. Akhbari, MD,§, John Emans, MD,§, David Skaggs, MD,§, John T. Smith, MD,** and Michael G. Vitale, MD, MPH*

ORIGINAL ARTICLE

Measuring Quality of Life in Children With Early Onset Scoliosis: Development and Initial Validation of the Early Onset Scoliosis Questionnaire

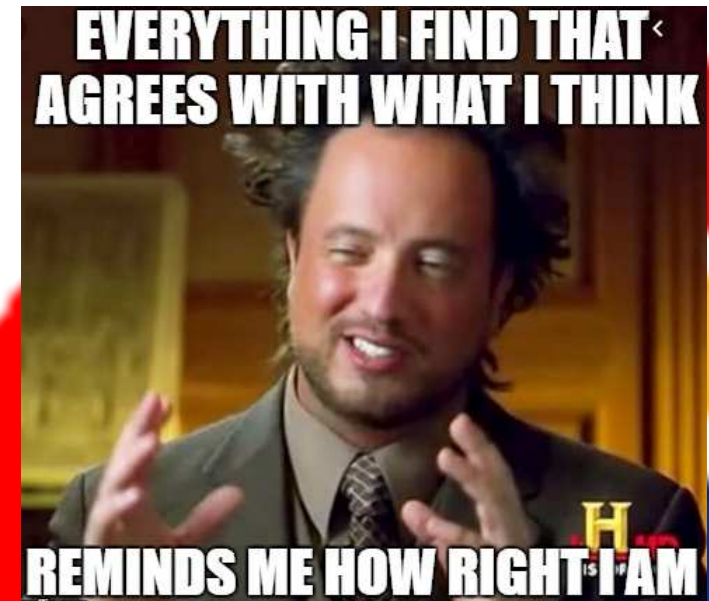
Jacqueline Corona, MD*†, Hiroko Matsumoto, MA*†, David P. Roy, Jr, MD*† and Michael G. Vitale, MD, MPH*†

Quality of Life

No studies assessing QOL in NM EOS

Parent reporting bias

- Guilt of putting patient through procedure
- Clouds outcomes in NM scoliosis



What About Function?



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What About Function?

Oxygen consumption testing

6 minute walk test

EOSQ functional domains

ASKp (Activities Scale for Kids performance)

Challenges in:

- Young kids
- Neuromuscular

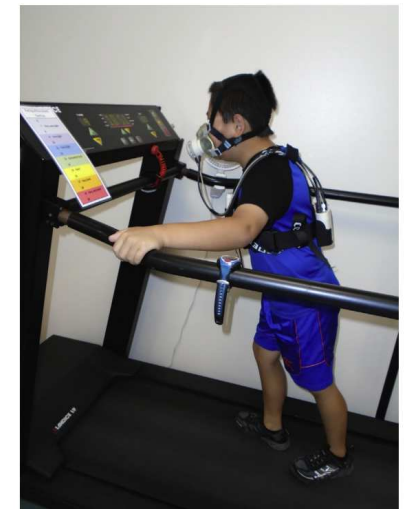


Fig. 1. A patient with EOS completing the graded exercise testing protocol.

Pre-operative Six Minute Walk Performance in Children with Congenital Scoliosis

Summary
The 6 minute walk (6MW) correlates with age and inversely with the Cobb angle for patients with congenital scoliosis prior to spine surgical intervention. All had low 6MW values compared to age-matched norms. 6MW is useful as a serial measure of functional status for each patient over time.

THE JOURNAL OF PEDIATRICS • www.jpeds.com



Do Growing Rods for Idiopathic Early Onset Scoliosis Improve Activity and Participation for Children?

Matthew David Sewall, FRCS¹, Johnson Platinum, MPhil², Geoffrey Noel Astin, FRACS³, Robert Laborn, FRACS⁴, Mike Hutton, FRCS⁵, Daniel Chan, FRCS⁶, Andrew Clarke, FRCS⁷, Oliver M. Stokes, FRCS⁸, Sean Molloy, FRCS⁹, Stewart Tucker, FRCS¹⁰, and Jan Lehtovsky, FRCS¹¹

ORIGINAL
ARTICLES

Spine
Deformity



Spine Deformity • 0 (000): 000-000

Exercise Tolerance in Children With Early Onset Scoliosis: Growing Rod Treatment "Graduates"

Kelly A. Jeans, MS¹, Charles E. Johnston, MD, William R. Stevens, Jr, BS, Dong-Phung Tran, MS

From Jackson Memorial Hospital, Jackson, MS

Received 1 March 2016; revised 27 June 2016; accepted 29 June 2016

Conclusions



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Conclusions

How do we define outcome?

- At best we have a bunch of surrogates
- Probably involves some combination
- May be different for different populations

We make children different (taller, straighter)
.....but better?

We are still searching!

