

Correspondence

Preparation for the next COVID-19 wave: The European Hip Society and European Knee Associates recommendations

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Sir,—We are writing regarding the publication of “*Preparation for the next COVID-19 wave: The European Hip Society and European Knee Associates recommendations*” by Simon T Donell et al. (2020). Hospitals throughout the world are making tough choices regarding the care that can be provided during the COVID-19 pandemic, therefore we have read this article with interest. However, we have encountered some issues of concern.

COVID-19 has impacted the orthopedic practice by the measurements undertaken to control the virus and its disease. Today with a second phase of COVID-19 with almost no elective orthopedic surgery, evidence-based information is important and much sought after. During a search for literature to support guidelines for the Dutch Orthopaedic Society to restart elective orthopedic surgery in the presence of SARS-CoV-2, we came across the article of Donell et al. (2020).

The article describes a systematic review and can be found as such in PubMed (PMID: 32803277). However, the article does not follow PRISMA guidance. Even though 61 articles were said to be found, essential items such as study selection, data collection process or a flow-chart, study characteristics and risk of bias assessments weren't described. At the end of the Materials and methods section it is concluded that: “...any recommendations would be based on expert opinion without any robust independent evidence to support them.” A Result section follows even though it is unclear how the authors came to the content, as it is not at all described in the Materials and methods section.

Of the 19 references reported in the Results section, 6 references endorsed the information the authors were referring to (refs 4, 7, 9, 10, 14, 26). The other references did not contain the information as stated in the article. Furthermore, the article contains several sentences that are written as statements which are not corroborated with references. For example: “*The possibility of a new slowdown of elective surgery needs to be discussed with the patients, in particular in the most severe ones where delay will lead to a worse outcome*” and “*Postponing total joint arthroplasty leads to an increase in the use of medication and more unsatisfactory overall outcome. The prolonged time of pain and social isolation, because of immobilisation, risks their mental health.*” First of all, to our

knowledge it has never been convincingly shown that a delay in arthroplasty leads to an impaired outcome. Secondly, these statements should be corroborated with evidence or should not be stated as factual.

From our standpoint, the conflict of interest statement should contain the fact that several authors of this article occupy an active function within the European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) or its affiliated or partner societies (i.e. board member, chair), of which the Journal of Knee Surgery, Sports Traumatology, Arthroscopy (KSSTA) is the official scientific journal.

Conflict of interest: The authors certify that they have no affiliations with or involvement in any organisation or entity with any financial interest, or nonfinancial interest in the subject matter or materials discussed in this manuscript.

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Sir,—Thank you for the opportunity to respond to this letter which was originally sent to the KSSTA journal but rejected.

In essence the complaint is that we have undertaken a systematic review without reporting to the PRISMA guidance. This is correct. However, we would make the following points:

1. The article does not use the term “Systematic review” (SR) in the Title nor the Key words.
2. The SR performed was part of an iterative process to suggest Recommendations to the readers.
3. The SR showed that there was no supportive literature to inform on the recommendations. This can be read in the

Abstract. It therefore demonstrated that there was no scientific evidence to support the Recommendations, and that therefore these were based solely on expert opinion.

4. There are space constraints in publishing the Recommendations. To report details of the SR when it concludes that there is no literature to report is pointless.
5. The fact that it is available on PubMed (PMID: 32803277) is nothing to do with the authors but suggests someone feels that listing it is worthwhile.

As for mistaking the SR as informing the Recommendations, the key to the Results is the section immediately before headed Consensus. We agree that we did not report the actual process of reaching agreement on the Recommendations, but experts suggesting recommendations and then passing round to the rest for agreement, and then the process of collecting these into a coherent document, is neither interesting nor important. There was not time to undertake a more formal process such as the Delphi method. It should be noted that the time from the first wave to the second was short, and yet the whole process from conception to publication was achieved before the second wave started.

The section on the effect of delays on the outcome of arthroplasty presumes that the SR was used to support the views. We

leave it to the readers to decide whether there has never been any evidence to show “*that a delay in arthroplasty leads to an impaired outcome.*”

KSSTA is the official journal of ESSKA of which the European Knee Associates is a section. It is perfectly reasonable to publish recommendations; conflict of interest is irrelevant.

We look forward to the correspondents reporting their recommendations for the Dutch Orthopaedic Society on guidelines on restarting elective surgery in the presence of SARS-CoV-2.

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Donell S T, Thaler M, Budhiparama N C, et al. Preparation for the next COVID-19 wave: The European Hip Society and European Knee Associates recommendations. *Knee Surgery, Sport Traumatol Arthrosc* 2020; 28(9): 2747–55. doi: 10.1007/s00167-020-06213-z