Letters to the Editor

Comment on "BMJ Publications on Interventional Techniques Do Not Meet Appropriateness Criteria of Conducting a Rapid Review: A Comprehensive Review"

To the Editor:

We read Manchikanti and colleagues Comprehensive Review (1) with interest.

The authors note concern that we conducted a "rapid literature review" which "lack the methodological depth of full evidence synthesis", and that our network meta-analysis did not meet any of the current criteria for when a rapid review should be conducted (their Table 1).

We did not conduct a rapid review. Our network meta-analysis was a full systematic review, (2) which informed a separate deliverable (3) – a "BMJ Rapid Recommendation" – a series of international clinical practice guidelines developed with rigorous methods and standards (4). Manchikanti et al. seem to have based their assessment on the misguided view that the criteria for a rapid review apply to our evidence synthesis – they don't.

The authors further state that "While no overt financial conflicts are reported in these works, there is clear evidence of a significant confluence of interest." They justify their statement with three concerns:

1. "the senior author of the guidelines and systematic review, and the first author of the guidelines, Busse, has been involved in developing opioid guidelines that provoked widespread criticism internationally (13,130-132). These guidelines were controversial enough that the U.S. Department of Health and Human Services (HHS) appointed a special committee and issued coverage policies for interventional techniques, including opioid prescribing"

None of the references support the statement made by Manchikanti and colleagues.

Reference #13 is a consensus-based guideline on opioids for chronic non-cancer pain led by Manchikanti (5). They refer to both our guideline and our main systematic review positively and make no mention of any conflicts of interest affecting our work. For example: "Busse et al (481) also described a trial of opioids, dosing, tapering, and implementation of the guidelines. In fact, a survey of perceptions and impact of Canadian guidelines for opioid therapy of Canadian physicians showed that there was high awareness of the opioid guideline among respondents, and preliminary evidence that recommendations have changed practice to better align with the evidence. This contrasts with CDC guidelines which faced substantial criticism including from ASIPP even though they are widely promulgated."

Reference #130 is our guideline on opioids for chronic non-cancer pain (6).

Reference #131 is the 2022 CDC guideline for opioids and pain, which does not mention our opioid guideline (7).

Reference #132 is the final report of a U.S. Department of Health and Human Services Task Force on pain management that does not mention our opioid guideline. Rather, they cite a Commentary that we wrote highlighting limitations of the 2016 CDC opioid guideline: "A commentary by Busse et al. (473) identified several limitations related to expert selection, evidence inclusion criteria, method of evidence quality grading, selective support of some recommendations with low-quality evidence, and instances of vague recommendations" (8).

We are struck by the cognitive dissonance required by Manchikanti and colleagues to suggest – without providing evidence – that our work was affected by conflicts of interest, while their own conflicts of interest section fails to note they have published several guidelines recommending in favor of interventional procedures for chronic spine pain (e.g., refs. 9,10), Manchikanti is Chairman of the Board and Chief Executive Officer of the American Society of Interventional Pain Physicians (ASIPP), Sanapati is the President of the ASIPP, Soin is a Lifetime Director of the ASIPP and CEO

of the Ohio Society of Interventional Pain Physicians, Abd-Elsayed is a Director-At-Large for the ASIPP, Gharibo is the Immediate Past-President of the ASIPP, and Hirsch serves on the Executive Committee for the ASIPP. (https://asipp.org/board-of-directors/)

2. "the primary source of funding for the study was the Canadian Veteran Health Administration. As such health administration organizations highly prioritize cost containment of provided services, they cannot be completely devoid of bias toward limitation of provided services."

This statement is also incorrect. As we reported, our study was funded by the Chronic Pain Centre of Excellence for Canadian Veterans (CPCoE), which is a separate organization from what we presume they meant to refer to – Veterans Affairs Canada (there is no such organization called "the Canadian Veteran Health Administration"). The CPCoE is a not-for-profit research organization (https://www.veteranschronicpain.ca/) with no involvement in reimbursing treatment services for Canadian Veterans.

3. "multiple authors are epidemiologists and physicians for whom interventional pain management constitutes only a minor component of their practice."

Our 22-member voting panel was comprised of 10 clinical experts, 8 methodologists, and 4 patient partners. Six of our clinical experts had experience administering interventional procedures for chronic spine pain.

We hope these clarifications will prove helpful.

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