Lumbar Nerve Root Injections Help Delay Surgery

BY ALICIA AULT
Contributing Writer

WASHINGTON — Local anesthetic injected into the lumbar spine, either alone or with a steroid, may help patients avoid surgery for as long as 5 years, according to a study presented by K. Daniel Riew, M.D., and colleagues at the annual meeting of the American Academy of Orthopaedic Surgeons.

The study was a follow-up of a trial they published in the Journal of Bone and Joint Surgery in 2000, in which 55 patients who were surgical candidates were randomly assigned instead to a selective nerve root injection of either bupivacaine alone or bupivacaine and betamethasone. Neither the physician nor the patient knew which was being injected. The injections were administered under fluoroscopic guidance.

At that time, 29 of the 55 patients avoided surgery. Dr. Riew and his colleagues contacted these patients 5 years post injection, and 21 responded. Of those, 9 patients had been injected with only the local anesthetic; and of those patients, 8 had avoided surgery during the intervening years. Twelve of the 21 had been injected with the anesthetic plus steroid, and 9 of those 12 had avoided surgery in the intervening years.

There was no significant difference in surgery avoidance between the patients who had the local anesthetic alone and those receiving the bupivacaine with betamethasone. Dr. Riew said the bupivacaine alone may have had a placebo effect. But, he added, the original nerve root irritation could have healed on its own.

Among the 21 responding patients, 14 had spinal stenosis and 7 had a herniated disc as the initial diagnosis. There was no difference in outcomes between these two groups. All the patients had significant decreases in neurologic symptoms and back pain at 5-year follow-up, said Dr. Riew of Washington University, St Louis. ■

Disease (CKD) Patients*...

Think Early When Assessing for Anemia

- Anemia develops during the earliest stages of CKD[1]
- Anemia is often underrecognized[2]

Think PROCRIT to Act With the Strength of Efficacy

- Intervene and maintain hemoglobin (Hb) levels
- Results demonstrated a >1.0 g/dL increase in Hb in 4 weeks and a >2.0 g/dL increase in 8 weeks[3,4]

Think #1 Prescribed Growth Factor for Anemia in CKD*†

PROCRIT is indicated for the treatment of anemia in chronic kidney disease patients not on dialysis. PROCRIT is indicated to elevate or maintain the red blood cell level and to decrease the need for transfusions.

Important Safety Information

PROCRIT is contraindicated in patients with uncontrolled hypertension. PROCRIT and other erythropoietic therapies may increase the risk of seizures, thrombotic events, and other serious events. The target hemoglobin (Hb) should not exceed 12 g/dL. The dose of PROCRIT should be reduced by 25% as the Hb approaches 12 g/dL or increases by more than 1 g/dL in any 2-week period. During treatment, the Hb should be monitored twice a week until it becomes stable. In a study in hemodialysis patients with clinically evident cardiac disease, patients who were treated with Epoetin alfa to a target hematocrit (HCT) of 42% (Hb=14 g/dL) had an increased incidence of mortality and thrombotic events, including nonfatal myocardial infarction, compared to patients randomized to a target HCT of 30% (Hb=10 g/dL). The reason for increased mortality observed in this study is unknown.

Pure red cell aplasia (PRCA) has been reported in a limited number of patients exposed to PROCRIT. PROCRIT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of antibodies to erythropoietin products. Prior to and during PROCRIT therapy, the patient's iron status should be evaluated. Rapid increases in Hb may be associated with hypertension and should be avoided; blood pressure should be carefully monitored. The most commonly reported side effects (>10%) in clinical trials were hypertension, headache, arthralgias, and nausea.

Please see Brief Summary of Prescribing Information on adjacent page.

* For anemic patients with CKD not on dialysis.
† Based on IMS DDD and Xponent sales into Nephrology Clinics and Long-Term Care facilities; and IMS dollarized prescriptions for Primary Care and Nephrology specialists (January to October 2004).

References: 1. McClellan W and the PAERI Study Group. Poster presented at: 35th Annual Meeting & Scientific Exposition of the American Society of Nephrology; November 1-4, 2002; Philadelphia, Pa. **2.** National Kidney Foundation. *Am J Kidney Dis.* 2002;39(suppl 1):S1-S266. **3.** The US Recombinant Human Erythropoietin Predialysis Study Group. *Am J Kidney Dis.* 1991;18:50-59. **4.** Data on file, Ortho Biotech Clinical Affairs, LLC.

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