

said he has used the MILD device in three cases. Montefiore is 1 of 10 sites participating in the Vertos-sponsored MILD Preliminary Patient Evaluation Study, a multicenter, prospective clinical study to assess the clinical application and outcomes of minimally invasive lumbar decompression with the devices in patients who have symptomatic spinal stenosis.



“These patients have had dramatic pain relief. The majority of these patients have exhausted standard medical therapies, as well as numerous other less invasive injections. I believe many patients could benefit from this minimally invasive posterior lumbar decompression,” said Dr. Brook. He noted that there are no other percutaneous procedures that attempt to remove the

soft tissue that impinges from behind the nerves; most aim to remove the disk or rely upon open surgical techniques, with their known risks.

Dr. Brooks reported that he has no financial relationship with Vertos Medical.

“Lumbar spinal stenosis is a huge problem which really impacts people’s quality of life. Approximately 1.5 million people in the U.S. are diagnosed with it every year—about twice the number of those who have vertebral compression fractures,” said Dr. Hirsch. “The MILD device allows us to provide a minimally invasive alternative to traditional laminectomy/laminotomy.” ■

**At 6 weeks post treatment, the mean disability score improved by 84% compared with baseline.**

**DR. HIRSH**

## COX-2s Work By Week 2 Or Not at All

BY BRUCE JANCIN  
Denver Bureau

PARIS — The overwhelming majority of osteoarthritis patients who will respond favorably to a given cyclooxygenase-2 selective NSAID will do so within the first 2 weeks, a pooled analysis of two placebo-controlled clinical trials has shown.

Thus, the 2-week mark is a reasonable time in which to consider whether to switch a patient to a different NSAID, Dr. Steven S. Smugar said at the annual European Congress of Rheumatology.

However, a case also can be made for using a more conservative decision point at 4 weeks. That’s because 28% of non-

**Overall, 84% of responders at week 2 were responders at week 12. Of 360 nonresponders at week 2, 60% remained nonresponders at week 12.**

responders after 2 weeks became responders by week 4 in this post hoc pooled analysis. But the absolute number of patients who fell into this delayed-responder subgroup was small, added Dr. Smugar of Merck & Co., West Point, Pa.

He reported on 1,207 patients with knee or hip osteoarthritis who were randomized to 12 weeks of once-daily etoricoxib (Arcoxia, not available in United States) at 30 mg, celecoxib (Celebrex) at 200 mg, or placebo in two identical double-blind clinical trials sponsored by Merck.

After 12 weeks, 66% of patients in the etoricoxib group, 64% in the celecoxib group, and 43% on placebo had a favorable response as defined primarily by at least a 50% improvement in pain or function and an absolute change of 20 mm or more on a 100-mm visual analog scale.

Eighty-four percent of responders at week 2 remained responders at week 12. The durability of response was good, demonstrated by the fact that, among responders, 74% were consistent responders at all four of the study assessment points at 2, 4, 8, and 12 weeks, according to Dr. Smugar.

Of 360 nonresponders at week 2, 60% remained nonresponders at week 12. ■

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