



The art and evidence of medical practice

Randomized controlled trials are generally viewed as the highest form of evidence, and as such they should appropriately influence our practice. Although any single trial may not define the ideal treatment for the particular patient in front of us in the exam room, detailed reading of the trial's methods and results may provide insight into both the disease process and patient behavior.

The *Journal* regularly discusses key clinical trials, asking specialists to provide their insight as to if and how the trial will influence their own practice. In this issue, Drs. Daniel Mazanec and Linda Okereke (page 577) discuss the Spine Patient Outcomes Research Trial (SPORT) of medical vs surgical management of lumbar disk herniation. Also, Dr. Gordon Bell, a highly experienced spine surgeon, provides his opinion (page 575).

To replicate trial results in our practice, trial inclusion and exclusion criteria should approximate our typical patient's profile. However, there is more to it than just the demographics of the study population. The care of trial patients is different—they are monitored more closely. Moreover, patients who participate in trials are generally considered to be more compliant with follow-up and self-motivated activities, such as physical therapy, than our usual patients. But the SPORT patients seemingly defied some of these expectations. Nearly 50% of the surgery group did not have surgery by 3 months, and many patients randomized to the medical therapy group opted for surgery (often apparently after not having completed their physical therapy).

Interestingly, this study included an observational cohort. These patients discussed the options with their physicians, decided on surgery or conservative therapy, and had outcomes similar to those of patients in the randomized part of the trial when the latter were analyzed “as treated” as opposed to by “intention to treat.” About 90% of “observed” patients choosing surgery actually had surgery within a short period of time, with a very good outcome.

A message from this study could be that the artful judgment of a seasoned clinician, with patient input, may actually be a valid way to make decisions. Sometimes the evidence is in the outcome. It's just tough to inculcate that into the fabric of evidence-based medicine.

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