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Author Reply to “Can’t See the Right Forest Plot for the Wrong Trees!”



We thank Ishoi et al. for bringing to our attention the reporting error in the article by Palmer et al.¹—one of the studies included in our meta-analysis of operative versus nonoperative outcomes for femoroacetabular impingement syndrome (FAIS).

As Ishoi et al. state, and Palmer et al. acknowledge in their BMJ Rapid Response publication,¹ the adjusted between-group treatment effect for the International Hip Outcome Tool-33 (iHOT-33) score in the original Palmer et al.¹ publication ought to read 20.4 (95% confidence interval [CI] 13.2 to 27.6) rather than 2.0 (95% CI 1.3 to 2.8) as initially reported. We included the originally reported incorrect value in our meta-analysis to calculate the standardized mean difference in iHOT-33 scores across studies. This resulted in a falsely diminished difference in our primary outcome comparing operative and nonoperative treatments for patients with FAIS. Given that this error was discovered after the publication of our

meta-analysis, we take this opportunity to submit our revised results and conclusions based on the insight by Ishoi et al. and the subsequent correction by Palmer et al.

When assessing for heterogeneity between the 3 included studies with the corrected results, the I^2 value exceeds 50%, indicating significant heterogeneity. Accordingly, as per our previously published methodology,² we have used a random-effects model for meta-analysis (Fig 1).

In comparison to our initial reported treatment effect, this updated meta-analysis more substantially favors operative management over nonoperative management for FAIS. The mean difference of 11.7 exceeds the minimally clinically important difference for the iHOT-33,³ indicating a clinically significant difference in operatively treated patients over the nonoperative group at a mean follow-up of 10 months.

We thank Ishoi et al. for pointing out this change.

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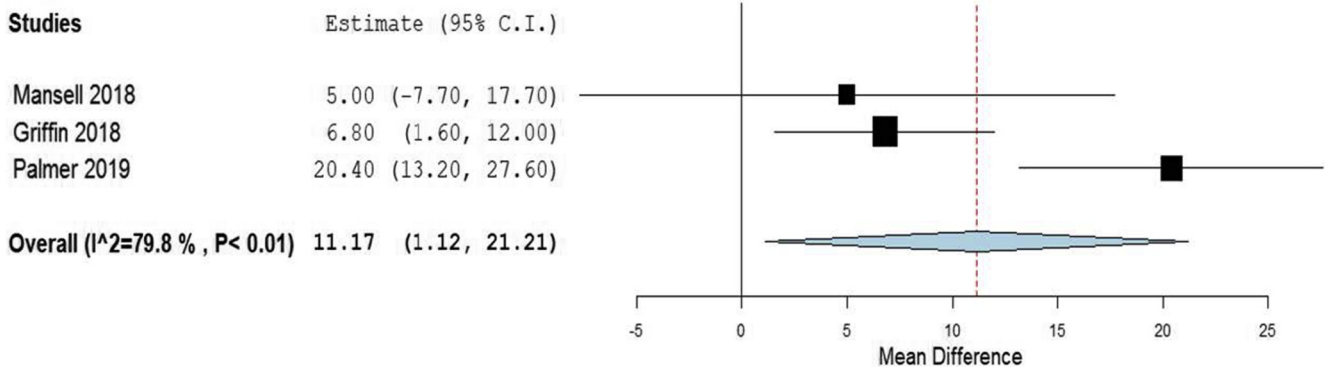


Figure 1. Revised random-effects meta-analysis of postoperative iHOT-33 scores comparing operative versus nonoperative treatment of femoroacetabular impingement syndrome.

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Note: The authors report no conflicts of interest in the authorship and publication of this article. Full ICMJE author disclosure forms are available for this article online, as [supplementary material](#).

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<https://doi.org/10.1016/j.arthro.2020.07.045>

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Regarding “Operative Versus Nonoperative Treatment of Femoroacetabular Impingement Syndrome: A Meta-analysis”



Regarding the article, “Operative Versus Nonoperative Treatment of Femoroacetabular Impingement Syndrome: A Meta-analysis” by Dwyer et al.¹ and the more recent, related letters and replies²⁻⁵ resulting in

changes in one of the primary references,⁶ I must add a concise update to my “Editorial Commentary: A Commentary on a Meta-analysis of Short-Term Outcomes.”⁷ Fortunately, the message and conclusion of the commentary have not changed.

The meta-analysis by Dwyer et al.¹ found a statistically and clinically significant benefit that favored the hip arthroscopy groups compared with the physiotherapist-led treatment groups (11.7 points out of 100 (95% confidence interval 1.12 to 21.21).

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Note: The author reports no conflicts of interest in the authorship and publication of this article. Full ICMJE author disclosure forms are available for this article online, as [supplementary material](#).

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<https://doi.org/10.1016/j.arthro.2020.09.032>

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