

Few studies assess value of cervical degenerative disc Sx

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(HealthDay)—Few studies examine the cost-effectiveness of surgery for patients with cervical degenerative disc disease (DDD), according to a review published in a supplement to the Oct. 15 issue of *Spine*, focusing on value-based spine care.

Matthew D. Alvin, M.B.A., from the Cleveland Clinic, and colleagues conducted a systematic review to examine the cost-effectiveness of [surgery](#) for patients with symptomatic cervical DDD. Data were reviewed from five studies, each specific to one or more of four key questions relating to the evaluation and synthesis of the costs and consequences of surgical procedures or intervention with nonsurgical management.

The researchers found that cervical disc replacement was suggested to be

more cost-effective than anterior cervical discectomy and fusion, based on two studies. Comparison of anterior and posterior surgical procedures for cervical spondylotic myelopathy indicated that anterior surgery was more cost-effective in two studies. In one study in a military population with unilateral cervical radiculopathy, posterior cervical foraminotomy was found to have a greater net economic benefit than anterior cervical discectomy and fusion. The cost-effectiveness of surgical intervention versus nonoperative treatment was not assessed for cervical myelopathy or radiculopathy, although existing studies demonstrated the cost-effectiveness of [surgical intervention](#).

"Future research is necessary to validate the findings of the few studies that do exist to guide decisions for surgery by the physician and patient with respect to cost-effectiveness," the authors write.

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