

DISC DEGENERATION FOCUS GROUP

Creating a common language to advance knowledge

Background & Rationale. Currently, definitions of *degenerative disc disease* vary from observations of loss of disc signal, irrespective of back symptoms, to a diagnosis of degenerative disc disease for chronic LBP for which spine surgery is planned. The interchangeable use of the term degenerative disc *disease* with disc degeneration and back pain further clouds the interpretation of available research. Clearer concepts and definitions and more uniform use of terms are needed to facilitate accurate communication in medicine and research, avoid unnecessary confusion and allow clearer comparisons and syntheses of related study results to move the field forward.

Progress to Date. Last year, at the first meeting of the Focus Group, we engaged in a fruitful, structured discussion of the importance of underlying concepts and case definitions in the context of *degenerative disc disease*. The discussion then expanded to similar needs for a common language and core definitions for other degenerative phenomena. Finally, we outlined the next steps toward this goal to serve as a foundation for our next meeting, which included:

1. Conduct a systematic review of the use and definitions of “degenerative disc disease.”
2. Identify degenerative phenomena of interest related to the disc and adjacent structures for which core definitions and measures should be sought (began at the first meeting).
3. Review possible core measures for the phenomena of interest, including reliability and validity evidence and pragmatic considerations (realizing that core measures for clinical and research purposes may vary).

The Focus Group expressed interest in identifying core measures for the following:

- A global measure of disc degeneration (e.g. Pfirrmann grade)
- Disc signal/fluid content
- Nucleus vs annulus (heterogeneity)
- Disc narrowing
- Disc contour variations or abnormalities (bulging, herniation)
- Longitudinal ligaments
- Osteophytes
- Endplate lesions/irregularities (cartilage/bony)
- Vertebral bone marrow variations/Modic changes
- Facet joints (e.g. arthropathy)
- Paraspinal muscles (e.g. fatty infiltration)

Since that time, input has been sought to prioritize 2-3 phenomena from the list above, to be the focus of the next meeting, in addition to “degenerative disc disease.” Volunteers to provide a brief 5-10-minute summary of possible core measures and related evidence (reliability & validity) were also sought. If you would like to ‘cast your vote’ or volunteer to contribute to the brief summary of available measures, send an email to mc.battie@ualberta.ca .

Focus Group format and outcomes. The next focus group session will continue where we left off, including a brief review of the outcomes and action items from the last meeting and the results of subsequent preparatory, background work. We will then advance our discussion toward the goal of developing a common language and core set of measures of degenerative phenomena for consideration for broad acceptance.