**REPORT**

###### Tuesday, May 16, 2017

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**“Corticosteroid Injections for Knee Osteoarthritis”**

**TEASE RUNS: 6 seconds**

**CAN CORTICOSTEROID INJECTIONS HELP IMPROVE THE PAIN OF KNEE OSTEOARTHRITIS? … THAT’S NEXT.**

**JAMA 4059**

**TRT: 2:06**

**Tuesday, May 16, 2017, 11 AM ET**

**INTRO: Knee osteoarthritis affects millions of people in the United States and there are no known treatments that stop progression of the condition. A new study in JAMA investigates whether corticosteroid injections could slow the progression of cartilage loss and alleviate the pain of knee osteoarthritis. Laura Berger has more in this week’s JAMA report.**

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| **B-ROLL:**  **Doctor examining patient’s knees** | KNEE OSTEOARTHRITIS IS A LEADING CAUSE OF DISABILITY AND A DRIVER OF RISING MEDICAL COSTS BECAUSE THE PAINFUL CONDITION CAN OFTEN LEAD TO KNEE REPLACEMENT SURGERY. |
| **SOT/FULL**  **Timothy McAlindon, DM, MPH, Tufts Medical Center**  **Super@:10**  **Runs: 22** | **“It’s expensive because of out of pocket costs for medical treatments, work loss, and also being the main reason for needing a joint replacement. Furthermore, there is currently no treatment accepted to benefit osteoarthritis in the long term and especially to reduce its rate of progression.”** |
| **B-ROLL:**  **Dr. examining patient, knee exercises, steroid close up, knee exam**  **B-ROLL:**  **Various MRI scans** | **DR. TIMOTHY MCALINDON OF TUFTS MEDICAL CENTER IN BOSTON AND HIS COLLEAGUES STUDIED 140 ADULTS WITH KNEE OSTEOARTHRITIS IN A RANDOMIZED CLINICAL TRIAL.**  **HALF OF THE PATIENTS RECEIVED A KNEE INJECTION OF THE CORTICOSTEROID TRIAMCINOLONE EVERY THREE MONTHS FOR TWO YEARS, WHILE THE OTHER HALF GOT SALT WATER INJECTIONS.**  **THE RESEARCHERS MEASURED THE LEVEL OF KNEE PAIN AT EACH VISIT AND PERFORMED MRI SCANS ANNUALLY TO MEASURE CHANGES IN CARTILAGE AND OTHER STRUCTURES WITHIN THE JOINT.**  **THE STUDY APPEARS IN JAMA, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.** |
| **SOT/FULL**  **Timothy McAlindon, DM, MPH, Tufts Medical Center**  **Super@: 1:04**  **Runs: 39 seconds**    **(broll comes in at 1:11—1:37 of doctor examining patient, MRI scans, and the steroid)** | **“Both groups experienced some improvement in pain but there was no difference between the groups at any time point. Physical function remained about the same, and when we looked at the MRI scans, while there were no major differences between the groups, the precise measures of cartilage and volume showed more loss in the group that had been assigned to the corticosteroid. // The results of the studies do not support the use of long term repeated corticosteroid injections for the management of pain, or structural progression in osteoarthritis and in fact indicate that there may be more cartilage loss in people who receive steroids.”** |
| **B-ROLL:**  **Doctor and patient knee exam** | **DR. MCALINDON SAYS MORE WORK NEEDS TO BE DONE TO FIND A LONG-TERM SOLUTION FOR PEOPLE WITH KNEE OSTEOARTHRTIS.** |
| **SOT/FULL**  **Timothy McAlindon, DM, MPH, Tufts Medical Center**  **Super@: 1:49**  **Runs:15** | **“Osteoarthritis is a very common disorder for which there is currently no effective long-term treatment so we need to find interventions to reduce the incidence and progression of this disabling disorder.”** |
| **B-ROLL:**  **Dr. talking to patient** | **LAURA BERGER, THE JAMA REPORT** |

**TAG: THE STUDY WAS PERFORMED AT TUFTS MEDICAL CENTER FROM 2011 TO 2015.**

**Please see the complete study for additional information, including other authors, author contributions and affiliations, financial disclosures, funding and support, etc.**

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**ADDITIONAL SOUNDBITES:**

**QUOTE 1 Runs: 40 seconds**

**“Osteoarthritis is a very common disabling disorder for which we currently have no effective long-term treatments or treatments that reduce its rate of structural progression. And I think this is important because it’s a major public health problem and it’s very expensive. These sorts of studies illuminate many aspects of the nature of osteoarthritis and reveal avenues for research, one of which is determining whether different types of anti-inflammatory agents might be of benefit here.”**

**QUOTE 2 Runs: 34 seconds**

**“Well steroid injections are used widely in clinical practice, for treating acute flares of pain in people with osteoarthritis, but this study indicated that used repeatedly over a longer time frame, there’s no durable benefit for pain, and also an increased rate of cartilage loss. And we know that people who have higher rates of cartilage loss over the long-term are at increased risk for joint replacement so obviously that’s a concern.”**