

Letters to the Editor



Comment on “Predicting Responses to Interventional Pain Management Techniques for Chronic Low Back Pain: A Single-Center Observational Study (PReTi-Back Study)”

TO THE EDITOR:

We appreciate the opportunity to respond to the comments regarding our study, “Predicting Responses to Interventional Pain Management Techniques for Chronic Low Back Pain: A Single-Center Observational Study (PReTi-Back Study)” (1). We thank the authors of the letter for their thoughtful remarks and for highlighting an important methodological consideration regarding the interpretation of findings in observational cohort studies.

We fully acknowledge that our study design—a prospective single-group observational cohort—does not allow for the identification of true treatment effect modifiers. As correctly pointed out, only studies with a control group, such as randomized controlled trials (RCTs), can determine whether specific baseline characteristics modify the effect of a treatment. Instead, our study aimed to identify patient-related factors associated with a positive clinical response following interventional pain management techniques (IPMTs), which may serve as prognostic indicators in routine clinical practice.

We appreciate the concern regarding the language used to describe our findings. Our intention was to report associations rather than to imply causality or modification of the treatment effect. While our conclusions state that patients with certain characteristics have an increased likelihood of experiencing a positive response, we recognize that this could be misinterpreted as evidence of a treatment effect modifier. However, we believe that the language used in the manuscript was largely appropriate for an observational study, as it clearly described statistical associations rather than causal effects. Nonetheless, we acknowledge that in future studies, a more explicit distinction between prognostic factors and treatment effect modifiers could help prevent potential misinterpretations.

Despite these limitations, we emphasize the clinical relevance of our study. As only a few RCTs directly ad-

dress this question (2,3), observational studies remain valuable for guiding clinical decision-making. Identifying patient characteristics associated with a positive response to IPMTs can help optimize patient selection, refine shared decision-making, and improve resource allocation in interventional pain management.

We appreciate the opportunity to clarify these points and hope that this discussion contributes to a more nuanced interpretation of findings in observational research. We thank the authors of the letter for their constructive critique and their commitment to advancing methodological rigor in pain medicine research.

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