

Chondrocyte Implants Give Lasting Benefits

BY NEIL OSTERWEIL

FROM OSTEOARTHRITIS AND CARTILAGE

More than a decade after receiving autologous chondrocyte implants for treatment of full-thickness chondral lesions of the knee, nearly 75% of patients reported continued improvement or stability at their last follow-up, and 90% said they would have the procedure again.

Patients had significant improvement over baseline by objective clinical measures, although there was a slight but significant decline in function from the first to second follow-up period, according to Dr. Haris S. Vasiliadis and colleagues from the University of Gothenburg (Sweden) and the University of Ioannina (Greece).

Neither concomitant injuries to the knee nor prior bone marrow-stimulating

surgeries appeared to decrease the overall benefit of chondrocyte implantation at long-term follow-up, the investigators wrote (*Osteoarthritis Cartilage* 2010 May 5 [doi:10.1016/j.joca.2010.04.003]).

They assessed responses from 224 patients who were treated with ACI in 1988-1998. At intermediate follow-up, the Lysholm scores (on a 0- to 95-point scale, with higher scores equating with better function) had improved by a mean of

14.8 points, compared with baseline ($P = .0003$). The mean change over baseline at 10 years was a 10-point improvement ($P = .0016$). Brittberg-Peterson scores (on a 0- to 130-point scale, with 0 being no pain and best function) were significantly lower at final follow-up than at baseline (mean decrease, 14 points; $P = .004$).

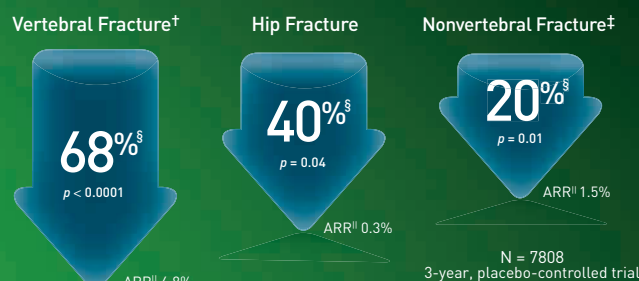
The investigators said no financial support was provided for the study, and they had no conflicts of interest. ■

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* Key sites: vertebral, hip, and nonvertebral.^{1,2}

† Includes 7393 patients with a baseline and at least one post-baseline radiograph.^{1,2}

‡ Composite measurement excluding pathological fractures and those associated with severe trauma, fractures of the vertebrae, skull, face, mandible, metacarpals, fingers, and toes.^{1,2}

§ RRR = relative risk reduction.

|| ARR = absolute risk reduction.

References: 1. Prolia™ (denosumab) prescribing information, Amgen. 2. Cummings SR, San Martin J, McClung MR, et al. Denosumab for prevention of fractures in postmenopausal women with osteoporosis. *N Engl J Med*. 2009;361:756-765.

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MC48223-C 10-10