Novel Procedure using Viable Allograft for Focal Cartilage Defects

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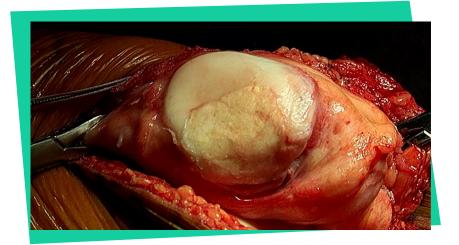
> Ochsner Sports Medicine Institute Ochsner Health

> > ISAKOS Congress 2023 Boston, MA

Considerations for Chondral Lesions



Viable Cartilage Allograft





 Hyaline cartilage fibers are cryopreserved

Aseptically processed

Thawed at room temperature

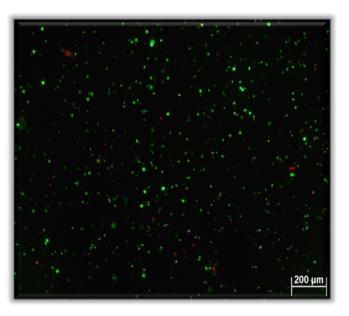
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- Cartilage fibers are rinsed with normal saline

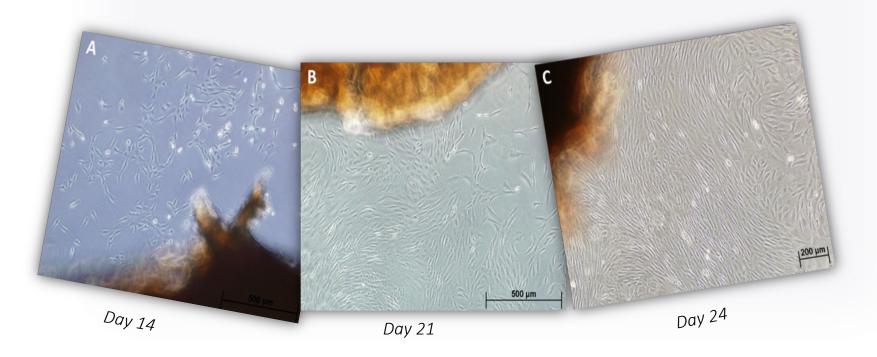
Mixed with cartilage allograft matrix to form a putty-like material

Molded to fill cartilaginous defects up to 5cm² while matching the articular surface contour

In-vitro Viability Assessment

- Cryopreserved chondrocytes within cartilage fibers demonstrated
 87% cell viability after thawing
- Further demonstration of survival at 12 months with proliferation and confluency on tissue medium





Viable Cartilage Allograft

VIABILITY CHARACTERIZATION

 Viable cartilage fibers stored 6-12 months -79°C
 Post-thaw viable chondrocytes

 Migrating & proliferating
 Functional viable cells

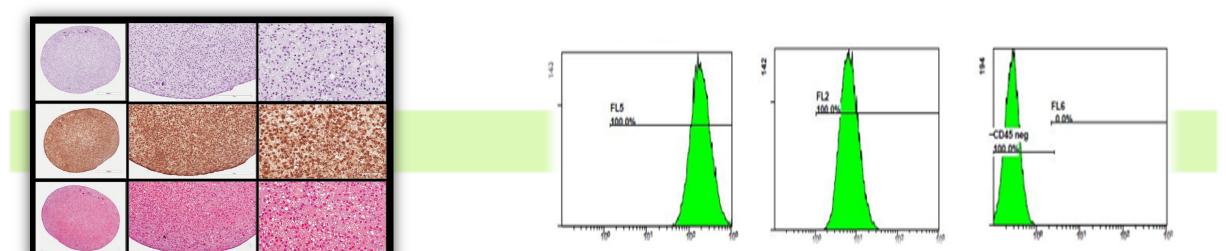
 Viable cartilage fibers produced:

 Collagen II
 Proteoglycans

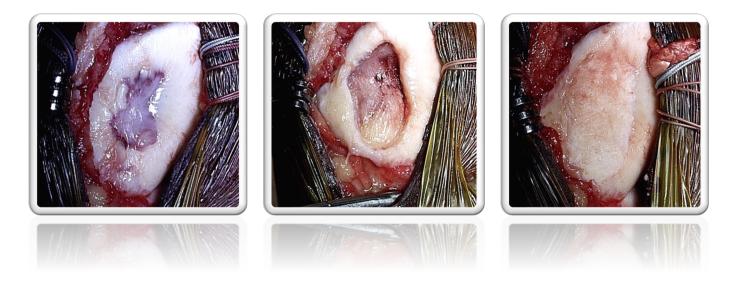
CELLULAR CHARACTERIZATION

o Normal chondrocytes express: o CD44 + CD49e (CD45 unviable)

 Cells from cryopreserved viable cartilage fibers expressed:
 CD44 + CD49e
 No CD45
 Homogenous population of chondrocytes



Methods



STUDY PURPOSE

- o To evaluate the safety and performance of VCA through preclinical and clinical studies.
- To evaluate patient outcome scores after hyaline cartilage restoration through a single-stage procedure

o Prospective case series

- o ICRS grade 3 or 4 focal unipolar chondral defects of the patella, MFC, or LFC (Aug 2018 – Jan 2020)
- VCA treatment performed by senior sports medicine trained surgeon
- o Outcome measures: IKDC, Tegner, Lysholm, KOOS, SF-12

o Radiographic + MR monitoring

Methods

POST-OPERATIVE PROTOCOL

- o ROM restricted post op x 6d in HKB
- locked at 10 degrees hyperextension \rightarrow
- CPM initiated POD7 x 4 wks
- Patellofemoral lesions remained locked in extension x 6 wks
- o Open chain activity limited x 3 months post op
- o TTWB (25%) post op 50% WB wks 2-4 → 100% WB at 6 wks
- o Full flexion initiated at 6 wks
- o Running initiated 3 months
- o Sport-specific training at 4-6 months

OUTCOME MEASURES

- o Pre-op and Post-op 6wk, 3mo, 6mo, 12mo, 18mo, 24mo+
- o Paired samples t-test using SAS v9.4 with alpha set at 0.05
- Primary outcome measure: clinically significant improvement >12 points on KOOS subscales

Results

o20 knees (11 F, 9M)

oMean clinical follow-up 24.1 months (12–36 months)

oMean age 28.1 yrs; Mean BMI 27.9

oMean defect size 4.58cm²

o60% patella, 15% MFC, 10% LFC, 10% multiple, 5% Trochlea

o70% Grade 4A, 20% Grade 3, 10% grade 4B



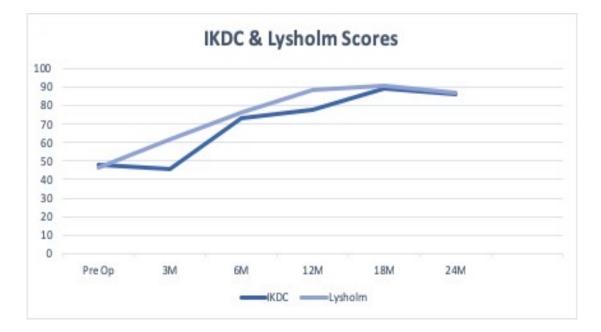


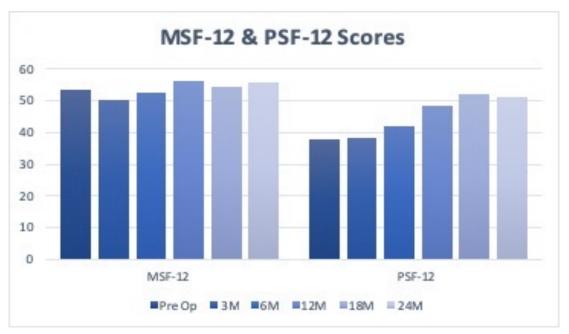


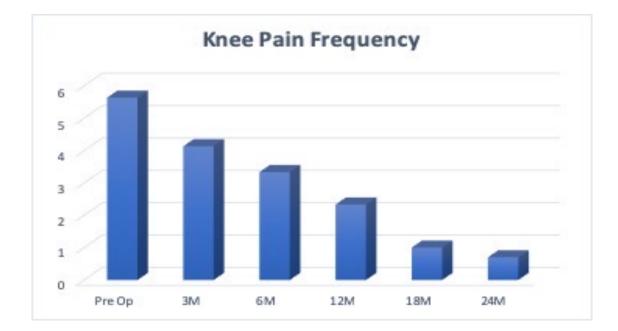
Patient-Reported Outcome Scores

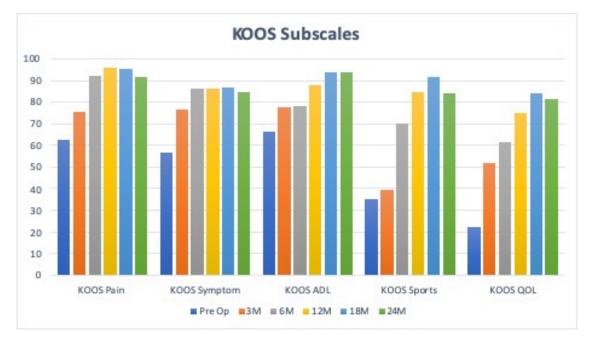
Mean functional score difference between pre-operative and at final follow-up

	Mean Pre-op score	Mean Final score	p-value
MSF-12	48.77 ± 14.0	55.64 ± 11.7	0.0588
PSF-12	37.30 ± 9.0	51.28 ± 8.8	0.0002
KOOS	49.51 ± 15.2	72.51 ± 24.4	0.0013
KOOS Symptom	56.43 ± 17.5	84.92 ± 16.1	<0.0001
KOOS Pain	62.59 ± 16.3	91.72 ± 17.3	<0.0001
KOOS ADL	66.27 ± 18.6	93.80 ± 16.1	<0.0001
KOOS Sports	30.33 ± 28.7	84.45 ± 27.7	<0.0001
KOOS QOL	31.70 ± 24.8	81.30 ± 20.8	<0.0001
Lysholm	50.47 ± 21.5	87.23 ± 15.0	<0.0001
IKDC	42.14 ± 14.9	86.24 ± 17.2	<.00001



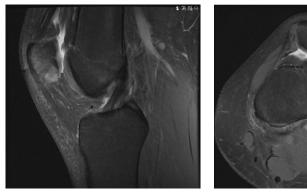


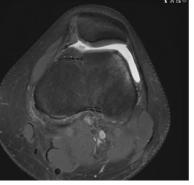




Radiographic Follow-Up

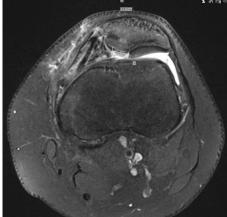
PRE-OPERATIVE





3 MONTHS

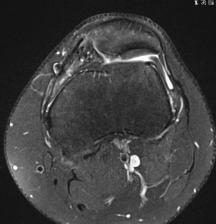


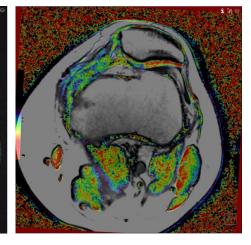


- 100% had evidence of allograft incorporation
- o Average MOCART 2.0 score 63.3
- Improved degree of intrasubstance signal heterogeneity + minimal underlying subchondral edema

6 MONTHS







Key Findings

o The first cohort to date with mean 2-year post-operative outcome scores and radiographic follow up of VCA allograft solution for cartilage repair

o Viability

In-vitro VCA characterization
 Animal study safety characterization
 Clinical study demonstrated improvement in functional outcomes

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