

Severance



Particulated Costal Allocartilage with Microfracture Versus Microfracture Alone: a Multicenter, Prospective, Randomized, Participant- and Rater-blinded Study

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Disclosures

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Introduction

• Decellularized hyaline cartilage

- Potentially an **ideal scaffold** for cartilage regeneration
- Resembles mechanical, biochemical, and structural properties of the native hyaline cartilage.
- Costal hyaline cartilage could be another emerging source of hyaline cartilage scaffold

• Necessity of the study

- Only a few recent observational studies reported favorable outcomes after microfracture with decellularized hyaline cartilage
- Paucity of high-quality randomized controlled clinical study
- No previously published work presenting the result of the microfracture augmented with costal cartilage
- The purpose of the study
 - Compare the clinical efficacy and safety between particulated costal allocartilage with microfracture and microfracture alone in treating knee cartilage defects.





Hypothesis & Study design

• We hypothesized that

- Combination of particulated costal allocartilage with microfracture would result in superior cartilage repair quality and better clinical outcomes compared to microfracture alone at 48 weeks post-operation for knee cartilage defects.
- Multi-center, prospective, randomized, and participant- and rater-blinded trial
- Conducted in four hospitals

Inclusion/Exclusion

Inclusion criteria

- 19 65 year of age
- Focal cartilage defects of less than 10cm² in size
- ICRS grade III or IV

Exclusion criteria

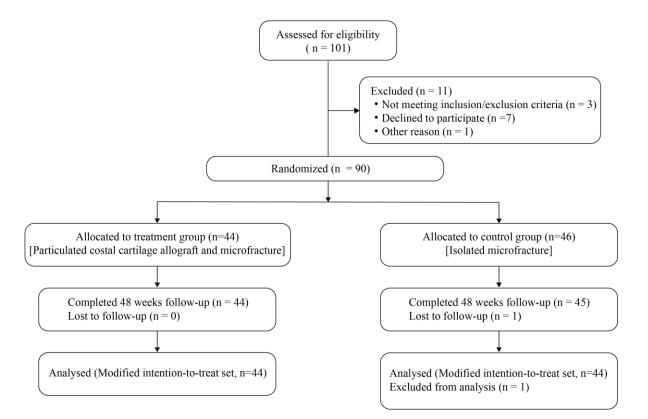
- Cartilage surgery in the past 1 year
- BMI of 30 kg/m² or more
- Inflammatory arthritis
- Arthritis associated with autoimmune diseases
- Intra-articular injection in the past 3 months
- Systemic steroid medication in the past 1 month
- Pregnancy
- Systemic or localized infection.





Study design

Consort flow diagram



Outcome Measures

- MOCART score (MRI)
- Patient-reported clinical outcomes:

VAS pain score IKDC subjective score KOOS

Safety





Operative procedures

• Microfracture

• In either treatment and control group



- Augmented with Particulated costal allocartilage (Megacarti[®]) in treatment group
 - A size of 200 to 1000 μ m and a weight of 1.5 g was prepared in a 3 cc prefilled syringe
 - Viscous paste type by adding a sodium hyaluronate cross-linked with sodium carboxymethyl cellulose
- In case of varus malalignment of the affected lower extremity,
 - High tibial open wedge osteotomy (HTO) was additionally performed in either treatment and control group.



Result – Baseline characteristics

Variable	Treatment group (n = 44)	Control group (n = 44)	P Value	Variable	Treatment group (n = 44)	Control group (n = 44)	P Value
Age, years	55.2 ± 9.2	53.2 ± 7.7	.109	Affected Side			.831
50 or less	43.8 ± 9.0	43.6 ± 5.4	.475	Right	23 (52.3)	22 (50.0)	
More than 50	59.4 ± 4.4	57.3 ± 4.2	<mark>.031</mark>	Left	21 (47.7)	22 (50.0)	
50 or less	12 (27.3)	13 (295.5)	.813	Size of the defect, cm ²	4.3 ± 2.6	4.0 ± 2.2	.688
More than 50	32 (72.7)	31 (70.5)		4 or less	2.2 ± 1.1	2.1 ± 1.1	.947
Sex			.496	More than 4	5.3 ± 1.3	5.9 ± 1.6	.355
Male	13 (29.6)	16 (36.4)		4 or less	31 (70.5)	29 (65.9)	.647
Female	31 (70.5)	28 (63.6)		More than 4	13 (29.5)	15 (34.1)	
Height, cm	160.4 ± 7.9	164.1 ± 9.4	.063	ICRS grade			.830
Weight, kg	65.2 ± 9.6	69.0 ± 10.9	.081	Grade III	24 (54.5)	25 (56.8)	
Body mass index, kg/m ²	25.3 ± 2.7	25.6 ± 2.8	.623	Grade IV	20 (45.5)	19 (43.2)	
Current smoker			.110	Previous HTO	2 (4.6)	0	.494
Yes	1 (2.3)	6 (13.6)		Concurrent HTO			.669
No	43 (97.7)	38 (86.4)		Yes	19 (43.2)	21 (47.7)	
Previous surgical history			.787	No	25 (56.8)	23 (52.3)	
Yes	9 (20.5)	8 (18.2)		Approach			.269
No	35 (79.5)	36 (81.8)		Mini-arthrotomy	11 (25.0)	6 (13.6)	
				Arthroscopy	33 (75.0)	38 (86.4)	



Result – MRI outcomes at 48 weeks

Variables	Treatment group (n = 44)	Control group (n = 44)	p-value
Total score	56.0 ± 10.5	43.0 ± 17.4	<mark>< .001</mark>
1. Degree of defect repair and filling of the defect score	13.5 ± 2.8	10.3 ± 5.0	<mark>.004</mark>
20: Complete (on a level with adjacent cartilage)	6 (6.8)	3 (3.4)	<mark>< .001</mark>
15: Hypertrophy (over the level of the adjacent cartilage)	57 (64.8)	37 (42.1)	
10: >50% of the adjacent cartilage	18 (20.5)	16 (18.2)	
5: <50% of the adjacent cartilage	7 (8.0)	27 (30.7)	
0: Subchondral bone exposed (Complete delamination of dislocation and/or loose body)	0 (0)	5 (5.7)	
2. Integration to border zone score	11.5 ± 3.7	8.4 ± 4.8	<mark>.001</mark>
15: Complete (Complete integration with adjacent cartilage	52 (59.1)	27 (30.7)	<mark>< .001</mark>
10: Demarcating border visible (split-like)	13 (14.8)	22 (25.0)	
5: <50% of the length of the repair tissue	21 (23.9)	22 (25.0)	
0: >50% of the length of the repair tissue	2 (2.3)	17 (19.3)	
3. <mark>Surface</mark> of the repair tissue	5.3±2.4	3.8±2.4	<mark>.005</mark>
10: Surface intact (lamina splendens intact)	20 (22.7)	8 (9.1)	.006
5: <50% of repair tissue depth	53 (60.2)	50 (56.8)	
0: >50% of repair tissue depth of total degeneration	15 (17.1)	30 (34.1)	
4. Structure of the repair tissue	2.2 ± 1.5	1.3 ± 1.7	<mark>.004</mark>
5: Homogeneous	38 (43.2)	22 (25.02)	<mark>.011</mark>
0: Inhomogeneous or cleft formation	50 (56.8)	66 (75.0)	
5. Signal intensity of the repair tissue	4.8 ± 1.1	3.9 ± 2.1	.011
15: Normal (identical to adjacent cartilage)	1 (1.1)	1 (1.1)	<mark>< .001</mark>
5: Nearly normal (slightly area or signal alteration)	82 (93.2)	65 (73.9)	
0: Abnormal (large area of signal alteration)	5 (5.7)	22 (25.0)	
6. Subchondral lamina	4.0 ± 1.6	3.0 ± 2.0	<mark>.017</mark>
5: Intact	70 (80.0)	53 (60.2)	<mark>.005</mark>
0: Not intact	18 (20.5)	35 (40.0)	
7. Subchondral bone	2.2 ± 1.8	1.6 ± 1.8	.095
5: Intact	39 (44.3)	28 (31.8)	.088
0: Edema, granulation tissue, cysts, sclerosis	49 (55.7)	60 (68.2)	
8. Adhesions	5.0±0.0	4.8±0.7	<mark>.043</mark>
5: No	88 (100.0)	84 (95.5)	.121
0: Yes	0 (0)	4 (4.6)	
9. Effusion	2.6 ± 2.3	2.2 ± 2.1	.346
5: No effusion	46 (52.3)	38 (43.2)	.227
0: Effusion	42 (47.7)	50 (56.8)	

Costal cartilage augmentation showed significantly greater total MOCART scores at 48 weeks (P < .001).

Among 9 variables, 7 variables were significantly different between the groups at 48 weeks.





Result – MRI outcomes of subgroup at 48 weeks

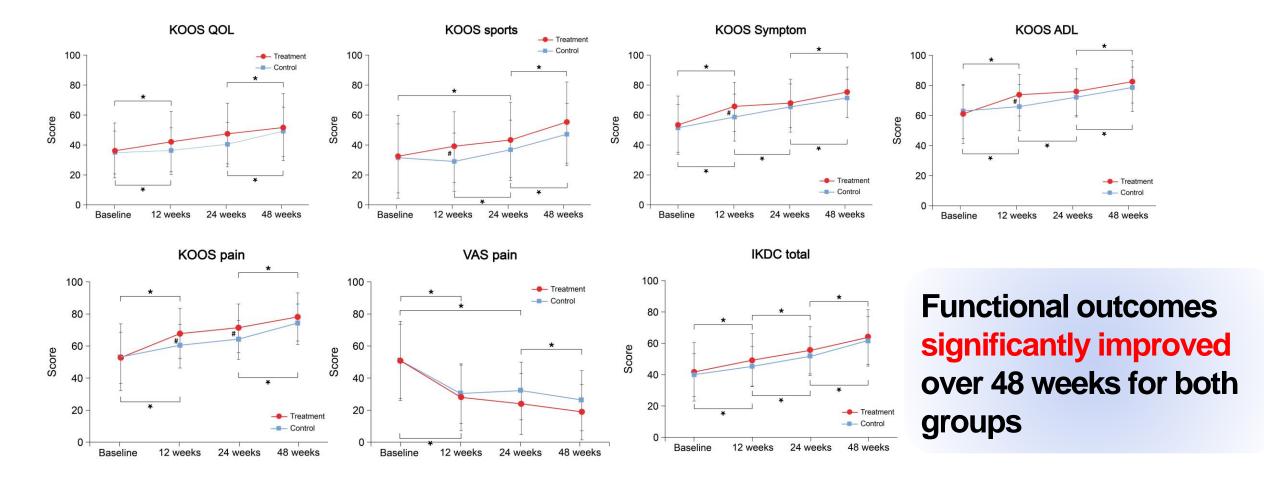
Variable	Treatment group	Control group	P Value				
Age, years							
50 or less	61.7 ± 8.8	53.7 ± 9.7	.076				
More than 50	53.8 ± 10.4	38.5 ± 18.0	<mark>< .001</mark>				
Size of the defect, cm ²							
4 or less	58.5 ± 9.8	48.4 ± 16.1	<mark>.015</mark>				
More than 4	50.0 ± 9.8	32.5 ± 15.3	<mark>.002</mark>				
ICRS grade							
Grade III	58.0 ± 9.7	47.5 ± 17.3	<mark>.038</mark>				
Grade IV	53.5 ± 11.0	37.0 ± 16.0	<mark>< .001</mark>				
Concurrent HTO							
Yes	52.9 ± 9.5	35.7 ± 16.3	<mark>< .001</mark>				
No	58.3 ± 10.8	49.6 ± 15.9	.075				

Costal cartilage augmentation showed significantly superior quality regardless of stratification according to size $(\leq 4 \text{cm}^2, \text{P} = .015; > 4 \text{cm}^2, \text{P} = .002)$ and ICRS grade (grade III, P = .038; grade IV, P < .001) of the cartilage defects.





Result – Patient-reported functional outcomes







Result – Patient-reported functional outcomes and safety outomes

	At preop			At 12 weeks			At 24 weeks			At 48 weeks		
Variable	Treatment group (n = 44)	Control group (n = 44)	P Value	Treatment group (n = 44)	Control group (n = 44)	P Value	Treatment group (n = 44)	Control group (n = 44)	P Value	Treatment group (n = 44)	Control group (n = 44)	P Value
IKDC	41.8±18.6	39.7±13.6	0.532	49.4±16.9	45.1±12.6	.181	55.6±15.0	51.7±12.5	.192	64.0±17.5	61.1±15.7	.356
VAS pain	51.0±24.7	50.9±23.2	0.812	28.3±20.9	30.4±18.2	.516	24.1±19.1	32.3±18.2	<mark>.012</mark>	19.1±17.2	26.2±18.9	.056
KOOS												
Sports	32.3±27.6	31.4±23.0	0.831	38.9±23.5	28.6±19.5	<mark>.029</mark>	43.4±24.8	36.6±20.1	.156	55.1±27.0	46.8±20.7	.052
Symptom	53.1±19.5	51.0±15.9	0.577	65.5±16.5	58.3±15.9	<mark>.039</mark>	67.7±16.3	64.7±16.0	.386	75.1±16.9	71.0±13.0	.202
Pain	54.4±21.5	54.2±16.5	0.964	69.6±16.1	61.6±13.9	<mark>.014</mark>	72.9±15.5	65.5±12.5	<mark>.005</mark>	80.1±15.4	75.6±13.0	.072
ADL	61.4±19.9	62.4±17.8	0.803	73.7±13.9	65.5±15.4	<mark>.010</mark>	75.9±15.7	71.9±12.6	.077	82.6±14.1	78.3±14.3	.085
QOL	36.1±18.3	35.0±14.2	0.913	42.2±20.0	36.0±15.6	.256	47.6±20.3	40.2±14.9	.055	51.9±22.4	48.9±16.4	.543

Better some of the outcomes at 12 and 24 weeks.

Comparable outcomes at 48 weeks.

No operation-related adverse event.





Conclusion

• Particulated costal allocartilage with microfracture

- Is a safe and efficacious surgical procedure for treating a cartilage defect of the knee joint.
- Resulted in superior cartilage repair quality in terms of MRI evaluation than microfracture alone at 48 weeks follow-up
- The **functional outcomes were favorable** for both treatments and **comparable** between the treatments at 48 weeks follow-up





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