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# MACI Case Series With Multiple Osteochondral Defects

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## Disclosures:

### Deryk Jones, MD

- Active Implants: Paid presenter or speaker
- Arthrex, Inc: Paid presenter or speaker
- Biorez: Stock or stock Options
- CONMED Linvatec: Paid presenter or speaker
- DePuy, A Johnson & Johnson Company: Paid presenter or speaker
- Genzyme: Paid presenter or speaker; Research support
- Linvatec: Paid presenter or speaker
- Mitek: Paid consultant; Paid presenter or speaker
- Musculoskeletal Transplant Foundation: Board or committee member;  
Paid presenter or speaker





# Purpose

- Matrix-induced autologous chondrocyte implantation (MACI) is a regenerative procedure aimed to recreate a hyaline-like repair tissue, restoring a biologically and biomechanically valid articular surface with durable clinical results.
- The purpose of this study is to assess patient reported outcome measures (PROMS) to characterize results using the MACI graft in place of the previous ACI or CACI “sandwich” procedures.





# Methods & Materials

- Cohort study of prospectively collected data
- Inclusion criteria:
  - Previous MACI procedures with bony involvement, bone grafting, or sandwich technique with
  - Minimum 6-month follow-up
- Primary endpoint defined improvement of pain scores as measured at a min. 6M post-operative compared to preop
- Secondary endpoints included IKDC, KOOS, Lysholm, and SF-12 scores.
- Stats: generalized linear mixed model with a Poisson distribution and a random patient effect to account for correlations over time.
- All P-values adjusted for multiple comparisons using the Tukey-Kramer method with  $\alpha < 0.05$  considered statistically significant





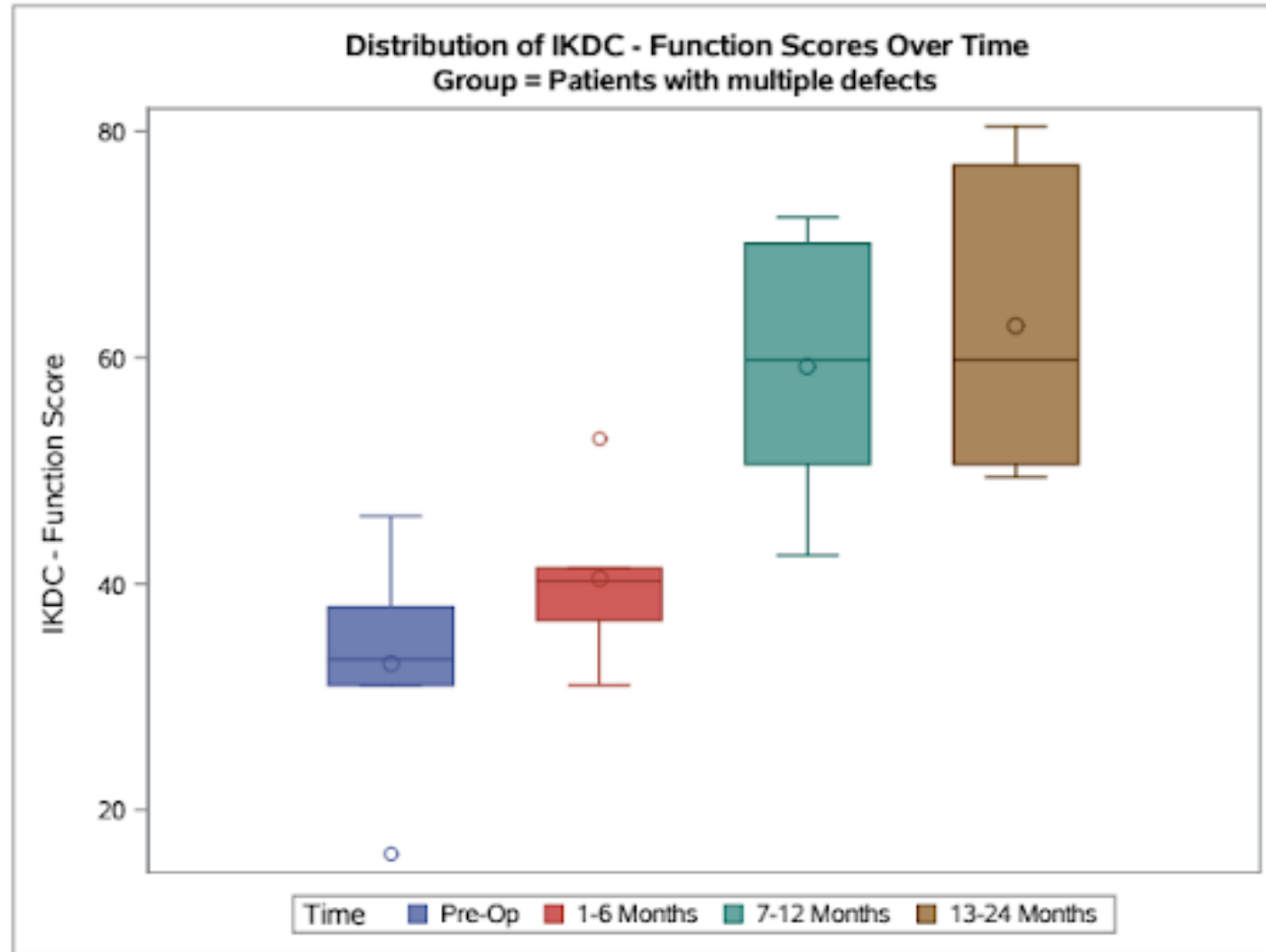
# Results

## Pre-operative and post-operative outcomes among MACI patients with multiple defects

Outcome	Pre-op (N=6)	Months Post-Op		
		1-6 (N=6)	7-12 (N=6)	13-24 (N=6)
Pain Severity, mean (SD)	3.7 (2.3)	3.8 (2.1)	2.3 (1.2)	2.8 (2.6)
IKDC Function, mean (SD)	32.9 (9.8)	40.4 (7.2)	59.2 (11.5) <sup>c</sup>	62.8 (13.1) <sup>c</sup>
Lysholm, mean (SD)	54.7 (18.1)	56.3 (18.1)	76 (15)	80.5 (14.6) <sup>a</sup>
KOOS-Pain, mean (SD)	64.4 (15.6)	66.2 (20.4)	87 (9.2)	89.4 (7.7) <sup>a</sup>
KOOS-Symptom, mean (SD)	62.5 (22.8)	58.3 (25.1)	78.6 (17.9)	77.4 (7.7)
KOOS-ADL, mean (SD)	67.4 (27.6)	79.2 (11.6)	89.2 (14.2)	92.9 (6.7)
KOOS-Sports, mean (SD)	32.5 (30.9)	14.2 (12.4)	62.5 (23)	48.3 (26)
KOOS-QOL, mean (SD)	21.9 (21.2)	29.2 (12.3)	44.8 (24.8)	52.1 (25.8)
PSF-12, mean (SD)	35.2 (7.7)	38.3 (5.6)	40.3 (7)	45.3 (7.9)
MSF-12, mean (SD)	48.5 (7.9)	44.8 (8.5)	56.6 (10.4)	57.7 (8.3)
<sup>a</sup> P value < 0.05				
<sup>b</sup> P value < 0.01				
<sup>c</sup> P value < 0.001				



# Results



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# Key Conclusions

- 6 patients mean age 41.8 years underwent MACI for symptomatic osteochondral lesions with mean follow up 27.2 months (14-51 months)
- Statistically significant improvements were noted at most recent follow up in 3 of 10 outcome measures
- MACI has shown some clinically relevant benefit at 2-year post-operative follow up in improving patient reported outcome measures in patients with multiple osteochondral defects







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## References:

1. Kon E, Filardo G, Di Martino A, Marcacci M. ACI and MACI. *J Knee Surg.* 2012 Mar;25(1):17-22. doi: 10.1055/s-0031-1299651. PMID: 22624243.
2. Zeifang F, Oberle D, Nierhoff C, Richter W, Moradi B, Schmitt H. Autologous chondrocyte implantation using the original periosteum-cover technique versus matrix-associated autologous chondrocyte implantation: a randomized clinical trial. *Am J Sports Med.* 2010 May;38(5):924-33. doi: 10.1177/0363546509351499. Epub 2009 Dec 4. PMID: 19966102.
3. Pascual-Garrido C, Slabaugh MA, L'Heureux DR, Friel NA, Cole BJ. Recommendations and treatment outcomes for patellofemoral articular cartilage defects with autologous chondrocyte implantation: prospective evaluation at average 4-year follow-up. *Am J Sports Med* 2009; 37 (1, Suppl 1) 33S-41S.
4. Peterson L, Minas T, Brittberg M, Nilsson A, Sjögren-Jansson E, Lindahl A. Two- to 9-year outcome after autologous chondrocyte transplantation of the knee. *Clin Orthop Relat Res* 2000; (374) 212-234.
5. Gooding CR, Bartlett W, Bentley G, Skinner JA, Carrington R, Flanagan A. A prospective, randomised study comparing two techniques of autologous chondrocyte implantation for osteochondral defects in the knee: Periosteum covered versus type I/III collagen covered. *Knee* 2006; 13 (3) 203-210.
6. Kon E, Delcogliano M, Filardo G, Busacca M, Di Martino A, Marcacci M. Novel nano-composite multilayered biomaterial for osteochondral regeneration: a pilot clinical trial. *Am J Sports Med* 2011; 39 (6) 1180-1190.

