MaioRegen vs Microfracture

Clear Indications proving Clinical Superiority



Results from LEVEL OF EVIDENCE 1

Multicenter Randomized Controlled Trial

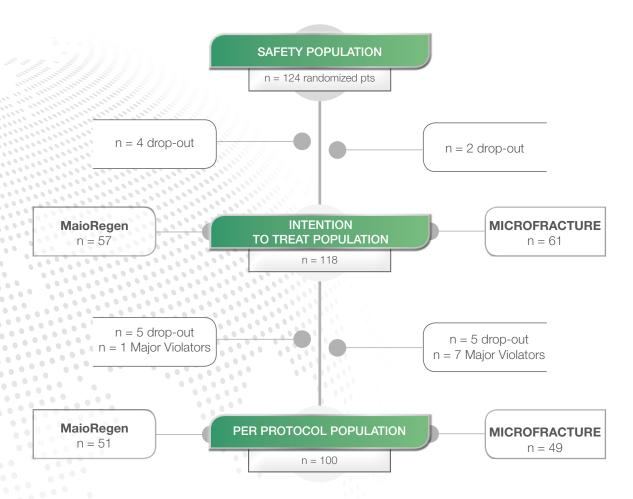


STUDY PROFILE

RCT STUDY

- Level of Evidence 1
- CRO trial management
- International, multicenter, randomized, controlled
- Central blinded MRI evaluation
- Carried out according to ethical and regulatory guidelines
- Primary Endpoints: IKDC Subjective, incidence and gravity of Adverse Events

PATIENTS FLOW CHART



STUDY GROUPS

- MaioRegen: implantation of MaioRegen 3-layer scaffold Open Surgery
- MICROFRACTURE: marrow stimulation technique (microfracture, drilling) Arthroscopy

CLINICAL SITES AND POPULATION

CLINICAL SITES

- Istituto Ortopedico Rizzoli Bologna, Italy
- Ospedale Sacro Cuore Don Calabria Verona, Italy
- Kungsbacka Hospital Gothenburg, Sweden
- Universitair Ziekenhuis Gent Ghent, Belgium
- Schulthess Klinik Zürich, Switzerland
- Universitätsklinik Wien Vienna, Austria
- Albert Ludwigs Universität Freiburg Freiburg, Germany
- Ullevål University Hospital Oslo, Norway
- Samodzielny Publiczny Wojewódzki Katowice, Poland
- Sport Science Orthopaedic Clinic Cape Town, South Africa

PATIENTS - BASELINE CHARACTERISTICS

Demographics (Per Protocol Population - n = 100)		MaioRegen (n = 51)	Microfracture (n = 49)
AGE (years)	mean ± SD	34.0 ±10.9	35.2 ±10.2
GENDER n (%)	male female	36 (70.6%) 15 (29.4%)	31 (63.3%) 18 (36.7%)

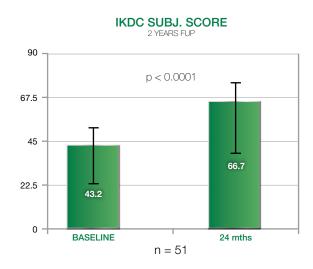
LESIONS - BASELINE CHARACTERISTICS

Demographics (Per Protocol Population - n = 100)		MaioRegen (n = 51)	Microfracture (n = 49)
LESION SIZE (cm²)	mean	3.4±1.5	3.5±1.6
DEFECT LOCALIZATION n (%)	condyle throclea patella	37 (72.6%) 2 (3.9%) 12 (23.5%)	23 (47.0%) 6 (12.2%) 20 (40.8%)
ETIOLOGY n (%)	microtraumatic/degenerative OCD traumatic other	20 (39.2%) 15 (29.4%) 13 (25.5%) 3 (5.9%)	24 (49%) 12 (24.5%) 12 (24.5%) 1 (2%)
PRE-SURGERY ACTIVITY LEVEL n (%)	non-active sport active	35 (68.6%) 16 (31.4%)	38 (77.5%) 11 (22.5%)

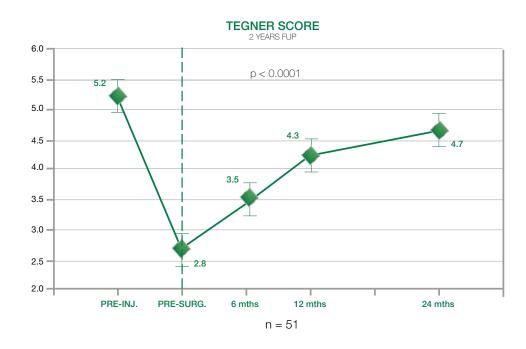
Baseline demographic data and lesions characteristics were similar in both treatment groups.

EVIDENCE OF MaioRegen EFFICACY

Statistical significant improvement in IKDC Subjective Score for patients treated with MaioRegen from baseline to 2 years follow-up.



A statistical significant improvement from baseline to 2 years follow-up in Tegner Score was achieved in MaioRegen Group.

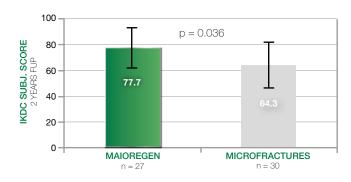


A statistical significant improvement from baseline to 2 years follow-up was achieved in both treatment groups for IKDC Subj, Tegner, KOOS and VAS pain scores.

EVIDENCE OF MaioRegen SUPERIORITY

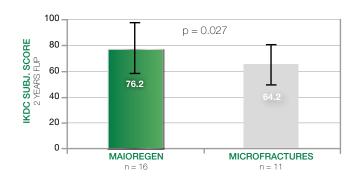
vs MICROFRACTURE

Deep Osteochondral Lesions



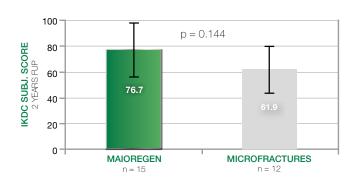
Statistically significant MaioRegen superiority: +12.4 points vs Microfracture in change from baseline of IKDC Subjective score.

Sport Active Patients



Statistically significant MaioRegen superiority: +16.0 points vs Microfracture in change from baseline of IKDC Subjective score.

Osteochondritis Dissecans



Clinically relevant improvement of MaioRegen: +12.0 points vs Microfracture in change from baseline of IKDC Subjective score.

Clear Clinical Indications: RCT analysis in above sub-populations confirms the superiority of MaioRegen compared to microfracture.

TISSUE REGENERATION AND SAFETY

MRI Images

A decrease in edema and effusion was observed in the subchondral bone, even if some bone tissue remodelling was observed at 2 years follow up. The analysis of structural outcomes, evaluated through MOCART score, showed similar results between treatment groups for defect filling and integration.







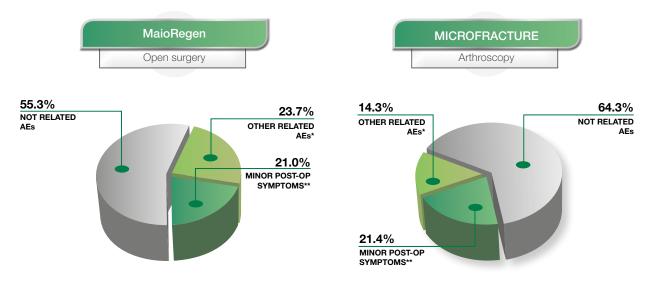
6 mths

12 mths

24 mths

Safety Analysis

Most of related Adverse Events in MaioRegen group are minor post-operation symptoms that resolved within few weeks. Although MaioRegen group presents a higher rate of total AEs (open surgery vs arthroscopy), the percentage of re-operation in patients with related AEs is lower. Failure rate is comparable to other open joint surface surgeries.



STUDY HIGHLIGHTS

CLINICAL SUPERIORITY

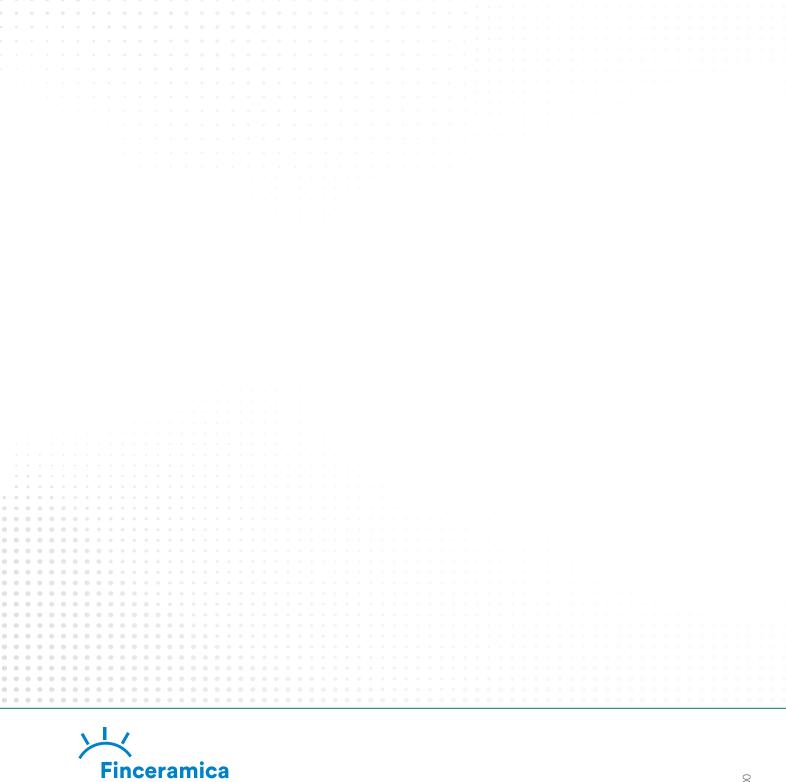
About two-thirds of patients treated with MaioRegen show a statistically significant superiority in IKDC Subjective compared to Microfracture.

CLEAR INDICATIONS

Statistically and clinically significant subgroups for IKDC Subjective in favour of MaioRegen: Deep Osteochondral Lesions, OCD and Sport-Active Patients.

TREATMENT SAFETY

AEs in MaioRegen subgroups are mainly minor post-op symptoms and failure rate is comparable to other open-joint implantations, according to state-of-the-art scientific literature.



regenerative surgery

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