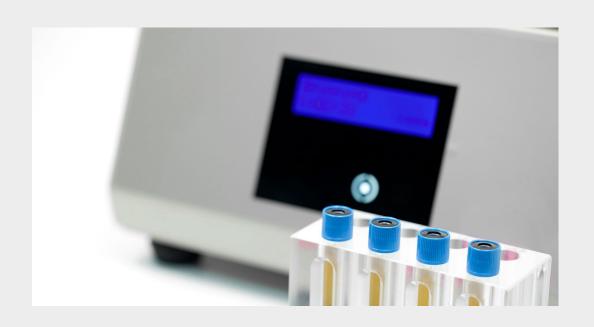
Orthobiologics 2.0: 4 Keys to success





Steven Sampson DO

The Orthohealing Center
The Orthobiologic Institute (TOBI)
Asst Clinical Prof. of Medicine, David Geffen
School of Medicine at UCLA

Disclosures

• No relevant disclosures for this presentation



Objectives:

Challenges and variations with PRP

Understand not all PRP is the same

Data Collection and Future Trends

Treatment as a Functional Unit



Biologics: A paradigm shift in modern medicine

Lanny L. Johnson M.D. (MI, USA): Arthroscopy 1970's

Lucio Buratto (Italy) M.D.: Lasik 1989

"Ignore, Criticize, and Imitate"

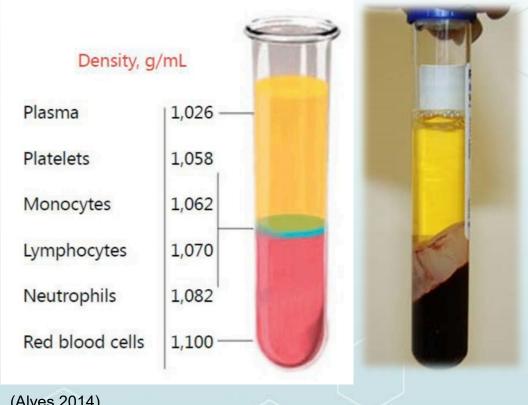
PRPs Generalized Mechanism of Action:

Delivery of Supra-physiologic GF's to stimulate the body's inherent ability to self heal.



What is Platelet Rich Plasma?

- Concentrated cellular milieu of GF from a patient's venous blood following centrifugation
- The autologous platelet concentration must be above baseline
 - Gen varies between 1.5-15x



(Alves 2014)



PRP >1500 Cellular Components! Variation in cell prep

Platelets contain:

- Alpha granules
 - GF, cytokines, antibacterial proteins, protease inhibitors, adhesion molecules, coagulation factors, and fibrinolytic factors
- Dense granules
 - adenosine diphosphate (ADP) and adenosine
- Lysosomal granules
 - contain glycohydrolases
- Mitochondria
 - serotonin, histamine, dopamine and catecholamine, ATP, and calcium ions





Yes! But No?? Concentration & study design matters.



AJSM: A single autologous PRP injection combined with rehabilitation was significantly more effective in treating hamstring injuries vs rehabilitation alone.

Am J Sports Med. 2014 Oct;42(10):2410-8. doi: 10.1177/0363546514541540. Epub Jul 29 2014



NEJM: no benefit for intramuscular PRP injections, compared with placebo injections, with acute hamstring injuries. N Engl J Med 2014; 370:2546-2547 DOI: 10.1056/NEJMc1402340 June 26 2014



Supplement to:

PN&R

The journal of injury, function and rehabilitation

PHYSIATRIC APPLICATIONS OF STEM CELL THERAPIES IN REGENERATIVE TREATMENTS OF MUSCULOSKELETAL CONDITIONS

The Official Journal of the American Academy of Physical Medicine and Rehabilitation

www.pmrjournal.org

PRP classifications:

There is significant variability in PRP preparation and cellular composition. PRP classifications have attempted to standardize reporting.

Main PRP Classification Systems:

PLRA

Kenneth Mautner ¹, Gerard A Malanga ², Jay Smith ³, Brian Shiple ⁴, Victor Ibrahim ⁵, Steven Sampson ⁶, Jay E Bowen ⁷

MARSPILL (Lana et al 2017)





This product is approved for part II for the ABMS Maintenance of Certification* program offered by the American Board of Physical Medicine & Rehabilitation.





EXPERT OPINION

ON BIOLOGICAL THERAPY

Platelet-rich plasma for the treatment of knee osteoarthritis: an expert opinion and proposal for a novel classification and coding system

Elizaveta Kon ¹², Berardo Di Matteo ¹²³, Diego Delgado ⁴, Brian J Cole ⁵, Andrea Dorotei ¹², Jason L Dragoo ⁶, Giuseppe Filardo ⁷, Lisa A Fortier ⁸, Alberto Giuffrida ¹², Chris H Jo ⁹, Jeremy Magalon ¹⁰ ¹¹, Gerard A Malanga ¹², Allan Mishra ¹³, Norimasa Nakamura ¹⁴, Scott A Rodeo ¹⁵, Steven Sampson ¹⁶, Mikel Sánchez ⁴ ¹⁷

Expert Opin Biol Ther Dec 2020.





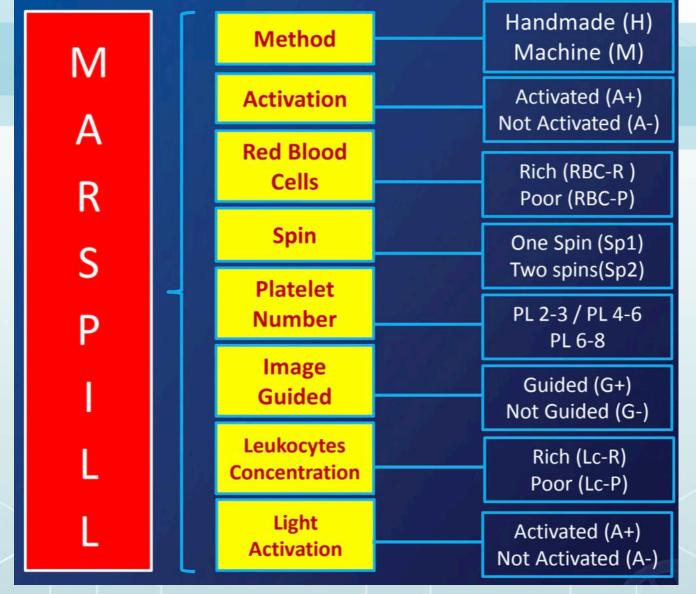
PLRA Mautner et al. 2015

		Criteria	
Р	Platelet count	 Volume	M Concentration/ uL
L	Leukocyte Concentration	>1%	+
		<1%	-
R	Red Blood Cell Concentration	> 1%	+
		< 1%	-
A	Activation	Yes	+
		No	<u>-</u>



MARSPILL

Lana et al 2017



As presented at TOBI 2018



Does PRP Formula Matter?



The effect of platelet-rich plasma formulations and blood products on human synoviocytes: implications for intra-articular injury and therapy

- Dragoo et al. AJSM 2014

Results:

- Treatment of synovial cells with LR-PRP and RBCs resulted in significant cell death and proinflammatory mediator production
- Recommendations based on the paper:
 - Clinicians should consider using leukocyte-poor, RBC-free formulations of PRP when administering intra-articularly



Haemophilic Arthropathy Inflammation & Joint Destruction

Hemaglobin releases Iron (hemosiderin) that deposits in synovium causing catabolic state

Damaged RBC's increase free radicals via monocyte/macrophage IL-1

Causes chondrocyte apoptosis

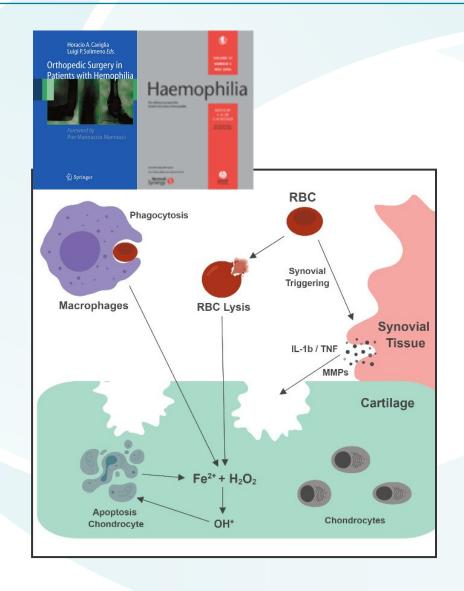
4 day exposure of human cartilage to haemarthrosis: decreases proteoglycan content (cartilage matrix)

Beagle dogs injected with autologous blood 2x/wk for 4 wks. 10 wks later.. joint damage was seen in those that were allowed to weight bear.

Hooiveld et al. Haemoglobin-derived iron-dependent hydroxyl radical formation in blood-induced joint damage: An in vitro study. Rheumatology 42(6):784-90 · June 2003

Hooiveld et al. Joint Damage as a Result of Hemarthrosis. Springer. 2008. G. Roosendaal et al. Pathogenesis of Haemophilic Arthropathy. 27 April 2006

https://doi.org/10.1111/j.1365-2516.2006.01268.x





Recently Published RTCs With Methods Concerns

Hyaluronic Acid Versus Platelet-Rich Plasma

A Prospective, Double-Blind Randomized Controlled Trial Comparing Clinical Outcomes and Effects on Intraarticular Biology for the Treatment of Knee Osteoarthritis

Brian J. Cole,*†‡\$||¶ MD, MBA, Vasili Karas,# MD, MS, Kristen Hussey,† MS, David B. Merkow,† BA, Kyle Pilz,†¶ MMS, PA-C, and Lisa A. Fortier,** DVM, PhD, DACVS Investigation performed at the Rush University Medical Center, Chicago, Illinois, USA

The American Journal of Sports Medicine, Vol. 45, No. 2 DOI: 10.1177/0363546516665809 © 2016 The Author(s)

Efficacy of Platelet-Rich Plasma for the Treatment of Interstitial Supraspinatus Tears

A Double-Blinded, Randomized Controlled Trial

Original Research

Bone Marrow Aspirate Concentrate Is Equivalent to Platelet-Rich Plasma for the Treatment of Knee Osteoarthritis at 1 Year

A Prospective, Randomized Trial

Gulf Breeze, Florida, USA

The Orthopaedic Journal of Sports Medicine, 8(2), 2325967119900958
DDI: 10.1177/2325967119900958
Adam W. Anz,*† MD, Ryan Hubbard,† MD, Nicole K. © The Author(s) 2020
James R. Andrews,† MD, and Joshua G. Hackel,† MD
Investigation performed at the Andrews Research & Education Foundation,

What About the Methods Used?

Need for Proper Classification of PRP: Letter to the Editor

DOI: 10.1177/0363546517693989

Efficacy of Platelet-Rich Plasma for the Treatment of Interstitial Supraspinatus Tears: Letter to the Editor

DOI: 10.1177/0363546519879424

The Orthopsedic Journal of Sports Medicine, 8(10), 2325967120960706 DOI: 10.1177/2325967120960706 © The Author(s) 2020

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The American Journal of Sports Medicine, Vol. 45, No. 6 © 2017 The Author(s)

Gerard Malanga, MD Newark, New Jersey, USA Prathap Jayaram, MD Stanford, California, USA

Bone Marrow Aspirate Concentrate Is Equivalent to PRP for the Treatment of Knee OA at 1 Year: Letter to the Editor

The American Journal of Sports Medicine 2020;48(1):NP8-NP10 © 2019 The Author(s)

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Effect of Intra-articular Platelet-Rich Plasma vs Placebo Injection on Pain and Medial Tibial Cartilage Volume in Patients With Knee Osteoarthritis. RESTORE Randomized Clinical Trial. (Nov 2021)

- 288 patients w/ Mild to Moderate OA
- PRP vs Saline
- 3 injections
- 12 mo f/u
- IA PRP compared Vs saline placebo, did not result in a significant difference in symptoms or joint structure at 12 months. These findings do not support use of PRP for the management of knee OA.
- Baria et al response to editor: Plt conc 1.2x baseline and some may be below baseline w/ standard deviation.
- Possible dose too low for clinical response; dose response curve has been established.
- Title should have been plasma vs placebo for knee OA.
- JAMA. 2021;326(20):2021-2030. doi:10.1001/jama.2021.19415
- JAMA March 22/29, 2022 Volume 327, Number 12

Regenerative Medicine Landscape: Bad Actors & Liability. Why Data is EVEN MORE Important Now!









FDA's Framework for Regulating Regenerative **Medicine Will Improve Oversight**

urther action needed to facilitate development of safe, effective treatments

Letters

RESEARCH LETTER

Characteristics and Scope of Training of Clinicians Participating in the US Direct-to-Consumer Marketplace for Unproven Stem Cell Interventions

STEM CELLS TRANSLATIONAL AND CLINICAL RESEARCH

Medicine on the Fringe: Stem Cell-Based Interventions

in Advance of Evidence

ALAN C. REGENBERG, a LAUREN A. HUTCHINSON, b RENIAMIN SCHANKER, C DEBRA J. H. MATHEWS "Johns Hopkins Berman Institute of Bioethics, Johns Hopkins University, Baltimore, Maryland, USA; "The London School of Hygiene and Tropical Medicine, University of London, London, United Kingdom; "Bostor University, Boston, Massachusetts, USA

REPORT OF THE FSMB WORKGROUP TO STUDY REGENERATIVE AND STEM CELL THERAPY PRACTICES

Levels of Evidence

Randomized Controlled Trials (RCTs) "the gold standard"

Level I:
Evidence
rom one or more RCTs

Level II-1: Evidence from controlled trials without randomization

Level II-2: Evidence from cohort or case-control analytic studies

Level II-3: Evidence from multiple time series (observational studies)

Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees (ideally using formal consensus methods)

Level IV: "Evidence" based on personal anecdote ("In my experience...")

Level 1 data on PRP

Lateral epicondylitis: Common extensor tendinosis / tennis elbow (AJSM)

Mild to moderate knee OA (mult journals)

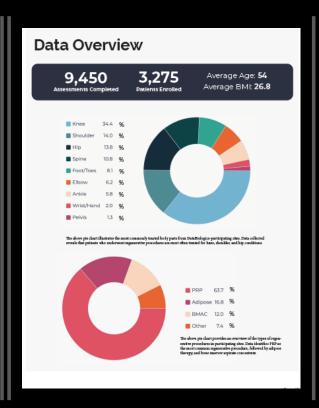
Plantar Fasciitis (AJSM)

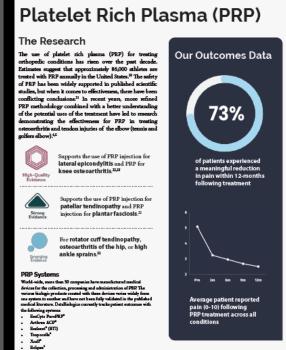
Gluteal Tendinosis (AJSM)

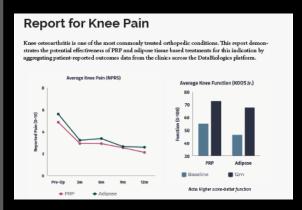


Our Analysis

The above outcomes data seems to show that good outcomes can be obtained from both FRP and adipose tissue based treatments for the treatment of lane conditions such as knee osteoarthritis. This information should be used with caution as there are several differences among the treatment groups. For example, the use of FRP or adipose tissue based treatments depends upon the unique characteristics of a patient's condition. Therefore, while this data is useful for demonstrating the general efficacy of a given treatment option, meaningful inferences will require the collection of specific data for unique patient populations.







Registry Data: DataBiologics 107 providers 56 clinics 24 states 7584 cases

What we track

Patient Reported Outcomes

Adverse Events

FAAM

HOOS Jr.

KOOS Jr.

Neck Disability Index

Oswestry Disability Index

Pain Scale (NPRS)

PHQ-4

QuickDASH

VISA-A

Body Parts

Ankle

Cervical Spine

Elbow

Foot/Toes

Hip

Knee

Lumbar Spine

Pelvis

Shoulder

Thoracic Spine

Wrist/Hand

Treatments

Adipose (MFAT)

Bone Marrow

Hyaluronic Acid

Perinatal Tissue

Platelet Lysate

Platelet Poor Plasma (A2M, PPC)

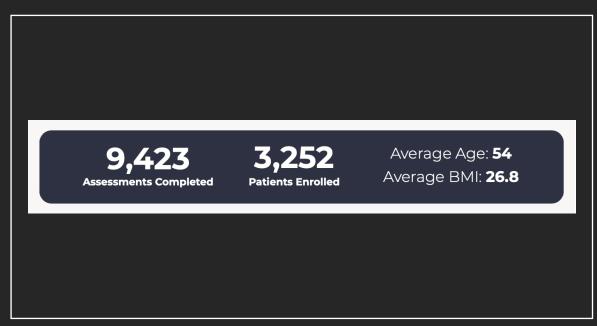
Platelet Rich Plasma (PRP)

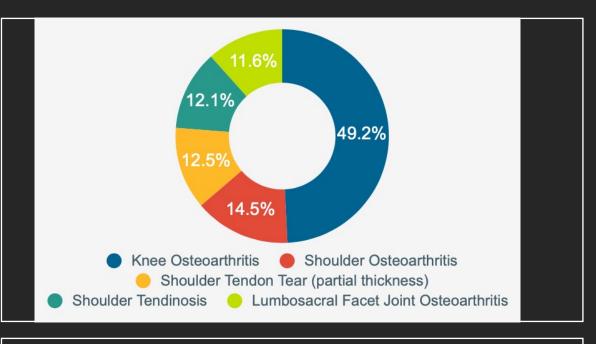
Prolotherapy

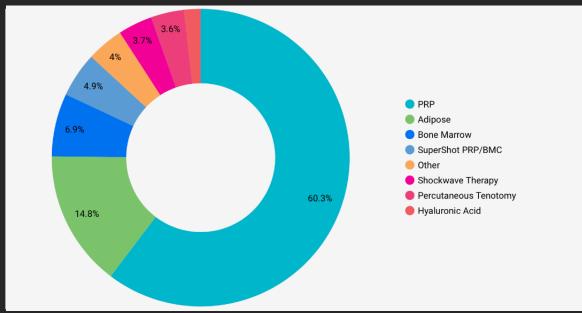
Shock Wave Therapy (ESWT/EPAT)

Sonex

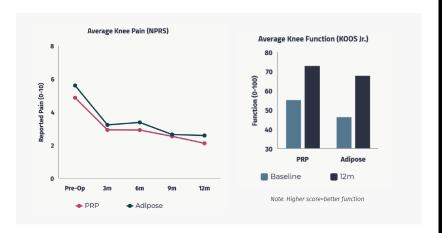
Tenex











Report for Knee Pain



The above outcomes data seems to show that good outcomes can be obtained from both PRP and adipose tissue based treatments for the treatment of knee conditions such as knee osteoarthritis. This information should be used with caution as there are several differences among the treatment groups. For example, the use of PRP or adipose tissue based treatments depends upon the unique characteristics of a patient's condition. Therefore, while this data is useful for demonstrating the general efficacy of a given treatment option, meaningful inferences will require the collection of specific data for unique patient populations.

New Trends: Wearables, Remote Monitoring, PROMS (Patient Reported Outcome Measures)

Growth fueled by:

- Increased Patient Involvement in Their Treatment Choices
- Mounting Evidence Wearables Lead to Improved Patient Care
- Provides cost effective access and reporting

Novel assessment of leukocyte-rich platelet-rich plasma on functional and patient-reported outcomes in knee osteoarthritis: a pilot study

- 12 patients
- US guided 10ml LR-PRP as assessed by functional and patient-reported outcomes at early time points (6 weeks)
- First study integrating wearable technology and patient-reported outcomes.
- PRP demonstrated significant improvement in timed up and go (TUG), pain and quality of life scales and balance parameters

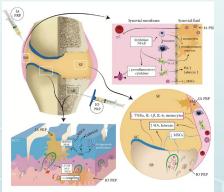


Functional Unit Approach w/ image guidance!

Extraarticular

Intraarticular

Subchondral Bone



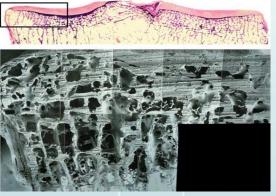


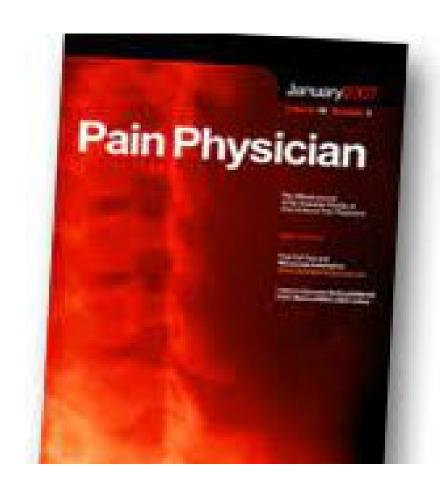




Image courtesy of Henning Madry, Homburg Germany

Evaluation of the Effectiveness of Autologous Bone Marrow Mesenchymal Stem Cells in the Treatment of Chronic Low Back Pain Due to Severe Lumbar Spinal Degeneration: A 12-Month, Open-Label, Prospective Controlled Trial. (Mar 2022)

- Zaynab Syed, ., Divit Jain, ., Meghana Ganjam, ., Zaid Syed, ., Pavan Yerramsetty, MD, Navneet Boddu, MD, Vivek Manocha, MD, Sachi Bhati, ., Kwadwo Boachie-Adjei, BS, CPH, Jessica Herrera, BS, Ryan Dragella, PhD, Sairam Atluri, MD, Matthew B. Murphy, PhD, Nikhil Grandhi, ., and Laxmaiah Manchikanti, MD
- BMC injection into discs, facets, spinal nerves, and SIJ with conventional tx, Vs control of NSAIDs, OTC drugs, exercise /PT, spinal injections and opioids.
- TNC, CFUs, CD34-+ markers and platelets were recorded + post-procedure MRI changes
- 1st controlled study BM-MSCs in severe degenerative spine disease targeting multiple structures.
- Improved function & Reduced Opioids in tx group at 12 mo



Conclusion: 4 keys to success

01

Cell prep matters! Choose wisely and critically review PRP studies 02

Integrate quality control with PRP analysis

03

Track your outcomes data

04

Treat the structure as a functional unit

ASIPP @ TOBI 2022 Partnership: Spine Session + Hands on Spine Cadaver Lab w/ Cert and practice accelerator workshop

Role of ASIPP in the Growth of Regenerative Medicine: What Can ASIPP Do For You | Laxmaiah Manchikanti, MD

Certification in Regenerative Medicine: Do You Need It? Pathway for Certification | Annu Navani, MD

PRP in Low Back Pain: What's the Current Evidence? | Shelly Jordan, MD

BMAC in Low Back Pain: What Does The Evidence Say? | Sheri Albers, DO

Recent Advances and Future Directions of Intradiscal Biologic Therapies | Annu Navani, MD

Ask Anything: ASIPP @ TOBI – Interventional Spine Panel Discussion and Q&A | Laxmaiah Manchikanti, MD; Annu Navani, MD; Shelly Jordan, MD; Sheri Albers, DO









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Questions?

