

# endoret® (prgf®)

Endogenous Regenerative Technology

## ENDORET® (PRGF®)

## DELAYS KNEE JOINT REPLACEMENT SURGERY IN PATIENTS CANDIDATES FOR PROSTHESIS

### RETROSPECTIVE STUDY

186 patients CANDIDATES for prostheses accepted the treatment with Endoret® (PRGF®) before undergoing knee joint replacement surgery.

138 patients (74.2%) were considered "Responders" because they delayed the prosthesis more than 1.5 years, of which:

**PRGF DELAYED**

**SURGERY MORE THAN**

**4 YEARS AVERAGE**

1,5 - 5 years

**52,9%**

5 - 10 years

**30,4%**

> 10 years

**16,7%**

A patient delayed prosthetic surgery 14 YEARS.

### SURVIVAL ANALYSIS

481 patients in total received infiltrations of Endoret® (PRGF®) in 2014 to treat knee osteoarthritis.

85.7% did not require joint replacement surgery in the 5 years that the study lasted.

### MESSAGES TO TAKE HOME

**BETTER** if treatment with PRGF starts as soon as possible

**BETTER** if the patient is under 65

**BETTER** if osteoarthritis is not severe

**BETTER** the more cycles of PRGF

**BETTER** to do intraosseous with PRGF in severe cases of osteoarthritis

# ABSTRACT

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**Mikel Sánchez & Cristina Jorquera & Pello Sánchez & Mainer Beitia & Beatriz García-Cano & Jorge Guadilla & Diego Delgado**

Platelet-rich Plasma Injections Delay the Need for Knee Arthroplasty: A Retrospective Study and Survival Analysis. *International Orthopaedics*, 2020 Jul 3, 10.1007/s00264-020-04669-9

## PURPOSE

**The biological action of Endoret PRGF could slow down the osteoarthritis progression, resulting in a delay of joint replacement. This work aims to evaluate the ability of PRGF to postpone and even avoid knee replacement in patients with knee osteoarthritis (KOA) analyzing, on the one hand, the time of delay and on the other hand the percentage of patients without undergoing total knee arthroplasty (TKA).**

## METHODS

A retrospective analysis and a survival analysis were conducted. KOA patients who underwent knee replacement between 2014 and 2019 and previously received PRGF infiltrations were included in the retrospective analysis. Regarding survival analysis, KOA patients who received PRGF treatment during 2014 and with follow-up until 2019 were included. The dates of PRGF treatment and TKA, KOA severity, age of the patients, number of PRGF cycles, and administration route were analyzed.

## RESULTS

This work included 1084 patients of which 667 met the inclusion criteria. 74.1% of the patients in the retrospective study achieved a delay in the TKA of more than 1.5 years, with a median delay of 5.3 years. The survival analysis showed that 85.7% of the patients did not undergo TKA during the five year follow-up. The severity degree, age, PRGF cycles, and administration route had a statistically significant influence on the efficacy of PRGF in delaying surgery.

## CONCLUSIONS

These data suggest that the application of PRGF in KOA patients is a treatment that could delay TKA, although further studies are needed to understand and improve this therapy.