## MAIL360



We'd like your views - write to: The Editor, Bone & Joint 360,

22 Buckingham Street, London WC2N 6ET or email editor360@boneandjoint.org.uk

## **February 2013 Knee Roundup**Dear Sir,

With reference to the 'Knee Roundup' in February 2013 360, I regret this piece falls short of what readers would expect of this journal in evidence, presentation, content and balance. This is an opinion piece and therefore journalism, and should be identified as such. The name of the author should be clearly identified.

The anonymous author reviewed an article about OATs treatment for symptomatic osteochondral lesions of the knee. Instead of summarising the findings of the paper concisely and giving it relevant context, the writer took the opportunity to display a spectacular lack of reading on the subject of cell-based cartilage repair and its scientific basis, despite this being unrelated to the article being reviewed.

The author of this Roundup states: 'there is little evidence to support the practice of autologous chondrocyte implantation' and the ACI has a 'murky evidence base'. ACI actually has a good evidence base of mid-1-4 and long-term5-7 cohort studies, randomised trials against other cartilage repair treatments, 6.8.9 histology10,11 and radiology studies2 and has been the subject of a systematic review.12

The unnamed author continues: 'little attention is paid to other options such as OATS'. There is actually a wealth of literature on OATS'3 and a quick search of this term yields over 500 peer-reviewed papers on this subject.

The author continues: 'we are all agreed at 360 HQ that implanting autologous bone plugs ought to work' and 'it was heartening to see some high quality research to back up our (and others') prejudices'. Prejudice is belief without basis, and readers of 360 don't want to read baseless prejudices of anonymous authors who claim it to also be the considered opinion of all at 360. The chatty style may be viewed as 'accessible', however, readers who wish for dumbed down content would be reaching for a celebrity gossip magazine. It would be regrettable if 360 became the platform for anonymous prejudiced rants of the uninformed.

**Leela C. Biant, FRCSEd(Tr & Orth), MS,** Consultant Trauma and Orthopaedic Surgeon, The Royal Infirmary of Edinburgh, Executive Committee Member, BASK.

## **Editor-in-Chief's comment:**

We are always keen to hear from our readership, even if that is to politely tell us we have got it wrong. The Roundup section of 360 aims to give an overview of the paper recently published and put it into the context of current understanding on the topic from our editorial board. It is not a complete literature review, nor can it be given the scope of coverage and rapid turnaround, and if, as in this case, we haven't quite hit the nail on the head or there is more out there to read, we welcome the thoughts of our readership.

## DEEEDENCES

- Behrens P, Bitter T, Kurz B, Russlies M. Matrix-associated autologous chondrocyte transplantation/implantation (MACT/MACI): 5-year follow-up. Knee 2006;13:194-202.
- 2. **Ebert JR, Robertson WB, Woodhouse J, et al.** Clinical and magnetic resonance imaging-based outcomes to 5 years after matrix-induced autologous chondrocyte implantation to address articular cartilage defects in the knee. *Am J Sports Med* 2011;39:753-763.
- **3. Marlovits S, Aldrian S, Wondrasch B, et al.** Clinical and radiological outcomes 5 years after matrix-induced autologous chondrocyte implantation in patients with symptomatic, traumatic chondral defects. *Am J Sports Med* 2012:40:2273-2278.
- 4. Ventura A, Memeo A, Borgo E, et al. Repair of osteochondral lesions in the knee by chondrocyte implantation using the MACI® technique. Knee Surg Sports Traumatol Arthrosc 2012;20:121-126.
- Corpus KT, Bajaj S, Daley EL, et al. Long term evaluation of Autologous Chondrocyte Implantation: minimum 7-year follow-up. Cartilage 2012;3:342-350.
- **6. Bentley G, Biant LC, Vijayan S, et al.** Minimum ten-year results of a prospective randomised study of autologous chondrocyte implantation versus mosaicplasty for symptomatic articular cartilage lesions of the knee. *J Bone Joint Surg [Br]* 2012;94-8:504-509.
- **7. Peterson L, Vasiliadis HS, Brittberg M, Lindahl A.** Autologous chondrocyte implantation: a long-term follow-up. *Am J Sports Med* 2010;38:1117-1124.
- **8. Basad E, Ishaque B, Bachmann G, Stürz H, Steinmeyer J.** Matrix-induced autologous chondrocyte implantation versus microfracture in the treatment of cartilage defects of the knee: a 2-year randomised study. *Knee Surg Sports Traumatol Arthrosc* 2010;18:519-527.
- **9. Saris DB, Vanlauwe J, Victor J, et al.** Treatment of symptomatic cartilage defects of the knee: characterized chondrocyte implantation results in better clinical outcome at 36 months in a randomized trial compared to microfracture. *Am J Sports Med* 2009;37(Suppl):10-19.
- **10.** Enea D, Cecconi S, Busilacchi A, et al. Matrix-induced autologous chondrocyte implantation (MACI) in the knee. *Knee Surg Sports Traumatol Arthrosc* 2012;20:862-869.
- Briggs TW, Mahroof S, David LA, et al. Histological evaluation of chondral defects after autologous chondrocyte implantation of the knee. J Bone Joint Surg [Br 2003;85-B:1077-1083.
- Brittberg M. Cell carriers as the next generation of cell therapy for cartilage repair: a review of the matrix-induced autologous chondrocyte implantation procedure. Am J Sports Med 2010;38:1259-1271.
- 13. Solheim E, Hegna J, Oyen J, et al. Osteochondral autografting (mosaicplasty) in articular cartilage defects in the knee: results at 5 to 9 years. *Knee* 2010;17:84-87.