

## **Supplementary Material**

Table i. Summary of studies included.

Author, yr	Study design	Follow-	Sample	Inclusion criteria	Mean age,	Sex of	Mean BMI,	Outcome	Implants used	Risk of
		up, yrs	size		yrs (SD or	participants	kg/m² (SD)	measures		bias
					range)	at final				
						follow-up				
						(M:F)				
RCT studies										
Fredborg et	RCT	1	100	Radiologically bone-	PFA:	PFA:	PFA:	PROMS:	PFA:	Low
al 2020 <sup>39</sup>				on-bone contact on	64 (8.6)	11:39	28 (4.7)	EQ-5D	Avon (Stryker	
				tangential view of				SF-6D	Orthopaedics, USA)	
				patellofemoral joint	TKA:	TKA:	TKA:			
				and preserved joint	64.4 (9.3)	12:38	27.8 (4.1)	Complications:	TKA:	
				lines on a				Duration of	PFC Sigma fixed-bearing	
				posteroanterior (PA)				surgical	CR implant (DePuy	
				weightbearing view				procedure.	Synthes, USA).	
				of the knee.				Length of stay.		
								Use of primary		
								care resources.		

Joseph et al	RCT	5	64	Pragmatic approach.	PFA:	12:48	PFA:	PROMS: WOMAC,	PFA:	Some
202038				Skeletally mature	64.7 (10.5)		28.9 (6.7)	OKS, AKSS, UCLA,	Avon(Stryker	concerns
				with severe isolated				EQ-5D-3L, EQ-VAS	Orthopaedics, USA)	
				patellofemoral	TKA:		TKA:			
				arthritis deemed	64.4 (12.8)		29.2 (4.2)		FPV (Wright Medical	
				suitable for a PFA by					Technology, USA)	
				surgeons.						
									Zimmer (Zimmer Biomet,	
									USA)	
									TKA:	
									NexGen (Zimmer	
									Biomet)	
									Vanguard (Zimmer	
									Biomet)	
									Triathlon (Stryker)	
									Medial Pivo (MicroPort	
									Orthopaedics, USA).	
Odgaard et al	RCT	2	100	Debilitating	64 (8.9)	23:77	Not	PROMS:	PFA:	Some
2018 <sup>40</sup>				symptoms of PFJ OA	·		published	SF-36, OKS,	Avon (Stryker	concerns
				where conservative				KOOS, Physical	Orthopaedics, USA)	
								examination		

				management had				(ROM, swelling),	TKA:	
				failed				reoperations and	PFC Sigma fixed-bearing	
				Clinical examination				serious adverse	CR implant (DePuy	
				indicating isolated				events – death,	Synthes, USA).	
				PFJ OA.				revision, deep		
								infection, revision.		
				Radiological						
				examination						
				including tangential						
				radiographs showing						
				bony contact in the						
				patellofemoral joint						
				and preserved						
				tibiofemoral joint						
				lines.						
Odgaard et al	RCT	6	100	Debilitating	64 (8.9)	42:47	Not	PROMS:	PFA:	Some
2022 <sup>1</sup>				symptoms of PFJ OA			published	SF-36, OKS, KOOS	Avon (Stryker	concerns
				where conservative					Orthopaedics, USA)	
				management had						
				failed.					TKA:	
				Clinical examination					PFC Sigma fixed-bearing	
				indicating isolated					CR implant (DePuy	
				PFJ OA.					Synthes, USA).	
				Radiological						
				examination						
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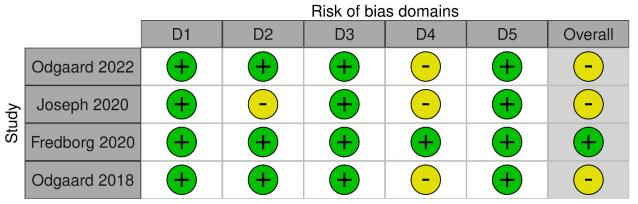
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				including tangential						
				radiographs showing						
				bony contact in the						
				patellofemoral joint						
				and preserved						
				tibiofemoral joint						
				lines.						
Cohort studies	<u> </u> 									
Kamikovski	Retrospective	5.3	42	Propensity matched	50.4 (2.9)	PFA:	PFA:	PROMS:	PFA:	Serious
et al 2019 <sup>34</sup>	cohort study			based on age, sex,		20:3	28.5 (5.6)	KOOS, WOMAC,	Avon (Stryker	
				BMI, and side.				UCLA, Tegner	Orthopaedics, USA)	
						TKA:	TKA:	activity scale		
				Younger than 55		19:4	28.2 (5.8)		Gender Solutions PFJ	
				years.					(Zimmer Biomet, USA)	
Perrone et al	Retrospective	2.7	50	Consecutive PFA	PFA:	PFA:	PFA:	PROMS:	Gender Solutions PFJ	1
2018 <sup>35</sup>	cohort study	2.,		patients randomly	52.4(10.6)	5:13	27.9 (4.4)	OKS, KOOS-PS,	(Zimmer Biomet, USA)	
2016	conort study				52.4(10.6)	5:13	27.9 (4.4)		(Zimmer Biomet, OSA)	
				selected 60 patients				Kujala score		
				undergoing TKA	TKA:	TKA:	TKA:		TKA:	
					72.9 (10.2)	12:19	30.2 (3.7)		NexGen LPS (Zimmer	
									Biomet).	
Dahm et al	Retrospective	2.4	45 knees	Isolated	PFA:	Not	PFA:	PROMS:	PFA	Serious
201011	cohort study			Patellofemoral	60 (39 to 81)	published	30	KSS, Tegner	Avon (Stryker	
				arthritis Kellgren-				activity, UCLA	Orthopaedics, USA)	
				Lawrence score < 2	TKA:		TKA:			
					69 (44 to 83)	1	30			

				at the tibiofemoral				Trochlear	TKA (Zimmer Biomet,	
				joint				dysplasia	USA), or SIGMA (DePuy	
				lwano score > 2 at				assessed using	Orthopaedics, USA)	
				patellofemoral joint.				Dejour		
								Classification		
								method Patella		
								position assed		
								using the Insall-		
								Slavati Index.		
								Complications:		
								Blood loss		
								Hospital stay		
								Functional		
								outcomes (ROM).		
Clement et al	Retrospective	9.2	108	Severe symptomatic	PFA:	PFA:	Not	PROMS:	PFA:	Moderate
2019 <sup>37</sup>	cohort study			OA of the	62.4 (11.3)	5:49	recorded	OKS, SF-12	Avon (Stryker	
				patellofemoral joint					Orthopaedics, USA)	
				with complete loss of	TKA:	TKA:				
				joint space,	64 (10.8)	8:46			TKA:	
				refractory to					Triathlon, Kinematic	
				conservative					(Stryker, USA)	
				management						
				Propensity score						
				matching based on						

				age at time of surgery, sex, comorbidities, severity of radiological						
				involvement, and						
				preoperative						
				functional scores.						
Foote et al	Retrospective	36	109	Patients included	PFA:	28:50	Not	PROMS:	PFA:	Serious
2010 <sup>36</sup>	consecutive	months		from hospital	52.2 (40 to		recorded	OKS, WOMAC	Avon (Stryker	
	cohort study			records.	59)			Return to work	Orthopaedics, USA)	
								(time from		
					TKA:			operation to return	TKA:	
					54.1 (44 to			to fork, performing	Rotaglide Plus (Boston	
					59)			normal duties).	Scientific, USA)	
								Patients'		
								subjective opinion		
								on their ability to		
								return to work.		

EQ-5D, EuroQol five-dimension questionnaire; EQ-5D-3L, EuroQol five-dimension three-level questionnaire; EQ-VAS, EuroQol visual analogue scale; KOOS, Knee injury and Osteoarthritis Outcome Score; KSS, Knee Society Score; OA, osteoarthritis; OKS, Oxford Knee Score; PFA, patellofemoral arthroplasty; PFJ OA, patellofemoral joint osteoarthritis; PROMs, patient-reported outcome measures; RCT, randomized controlled trial; ROM, range of motion; SF-6D, Six-Dimension Short-Form Health Survey; SF-12, 12-Item Short-Form Health Survey questionnaire; TKA, total knee arthroplasty; UCLA, University of California-Los Angeles; WOMAC, Western Ontario and McMaster Universities osteoarthritis index.

Table ii. Cochrane risk-of-bias tool for randomized controlled trials (ROB-2).



Domains:

D1: Bias arising from the randomization process.

D2: Bias due to deviations from intended intervention.

D3: Bias due to missing outcome data.

D4: Bias in measurement of the outcome.

D5: Bias in selection of the reported result.

Judgement

Some concerns

Low

Table iii. Cochrane risk-of-bias in non-randomized studies of interventions (ROBINS-I) tool.

## Risk of bias domains D4 D<sub>1</sub> D2 D3 D<sub>5</sub> D6 D7 Overall Kamikovski 2019 Dahm 2010 Clement 2019 Foote 2010 Perrone 2018

Domains:

D1: Bias due to confounding.

D2: Bias due to selection of participants.

D3: Bias in classification of interventions.

D4: Bias due to deviations from intended interventions.

D5: Bias due to missing data.

D6: Bias in measurement of outcomes.

D7: Bias in selection of the reported result.

Judgement

Serious

Moderate

Low

No information

## Search strategy.

- 1. exp patellofemoral joint/
- 2. exp patellofemoral joint/ or patellofemoral osteoarthritis.mp.
- 3. Joint replacement.mp. or exp replacement arthroplasty/
- 4. 2 and 3

No restrictions on the publication date.

Restricted to published studies and studies written in the English language only.