variation and the significant financial burden on patients, we aim to: 1) report the availability and pricing of PRP at top-ranked orthopedic institutions, 2) characterize the availability of pricing information over the phone, and 3) determine which hospital characteristics are associated with PRP pricing. Methods: In this prospective study (Institutional Review Board approval 21-01820), telephone calls were used to obtain price estimates from a sample of 100 hospitals (top 25 from each U.S. Census region) selected from the U.S. News & World Report ranking of Best Hospitals for Orthopedics. A standardized script was used to determine the availability and price of a PRP injection for knee OA. Hospital characteristics were extracted from American Hospital Association data. Analyses were stratified by region. Spearman’s rank correlations assessed the association between (continuous) hospital characteristics and PRP pricing. Analyses were performed using SAS statistical software, version 9.4. Results: Overall, 87% of respondents at top-ranked orthopedic institutions stated that they offered PRP injections; of these, 68% (59/87) were willing to disclose PRP pricing information over the phone. PRP pricing ranged from $350.00 to $2,815.00 (median $800) per injection with the highest prices observed in the Northeast. The largest pricing range was observed in the Midwest while over two thirds of hospitals that disclosed pricing were in the $500-$1,000 price range. No significant correlations were observed between PRP price and continuous hospital characteristics. Discussion: Our results demonstrate there is substantial PRP price variability between providers, and pricing is not correlated with various continuous hospital characteristics. These data provide important insights given the increasing research and clinical interest in the use of PRP for knee OA and its cost-effectiveness. Indeed, recent cost-effectiveness research comparing PRP injections to hyaluronic acid or immediate total knee arthroplasty show that the high cost of PRP continues to be an issue relative to its purported effectiveness. While a 2017-2018 study of providers advertising PRP injections online identified significant variation in claims of effectiveness, incremental evidence has come supporting the efficacy of PRP, and an increasing number of providers are offering PRP. By improving transparency in PRP pricing within the mainstream orthopedic community, this investigation provides a useful resource for pricing comparisons and future investigations of the financial burden and cost-effectiveness of PRP injections. Study limitations include those related to generalizability; not all hospitals wished to disclose their prices, and PRP for other indications may have different price variations. Moreover, we cannot rule out that hospitals with higher prices could have been more likely to withhold pricing disclosure. In conclusion, our study provides important insights into geographic differences in pricing for PRP injections for knee OA.

Category: Knee - Osteoarthritis

Injectable Cell-Based Therapy For Knee Osteoarthritis Improved Joint Function at Long Term Follow-Up

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Summary: INJECTABLE CELL-BASED THERAPY FOR KNEE OSTEOARTHRITIS IMPROVED JOINT FUNCTION AT LONG TERM FOLLOW-UP

Data: Aim: Cell-based Therapies are currently part of first-line treatment for knee osteoarthritis. Intra-articular injection of Adipose-derived Mesenchymal Stem Cells (AD-MSCs) is one of the options. This study aims to present 6-year results and the safety profile of this treatment option. Materials & Methods: Twenty patients with knee osteoarthritis (Kellgren-Lawrence I-II) were treated with a single intra-articular injection of autologous culture-expanded adipose-derived MSCs. The patients were evaluated before the injection and in 3rd, 6th, 12th month and every year after the 1st post-treatment year. The final follow-up time point was 6th year. Four subscales (Pain, Symptoms, Activity in Daily Living and Quality of Life) of the KOOS questionnaire were used to quantify the results. Treatment-related complications were also recorded. Results: The data analysis recorded a significant improvement (p < 0.001) in all the values at the final follow-up compared to the baseline. In particular, the KOOS subscales for Pain and Symptoms constantly increased between all the evaluation points. However, no statistical improvement was recorded in the 2nd and 3rd years after injection. Again, a statistically significant difference was found in the KOOS subscale of ADL from the 1st year after injection to the last evaluation. Finally, the subscale of QOL was found to be significantly higher at each evaluation point. No complications or adverse events were reported. Conclusion: Cell-Based Therapy using adipose-derived MSCs is a safe injectable treatment option for knee osteoarthritis, reduces pain levels, and improves joint function. Keywords: Injectable Cell-Based Therapy, knee osteoarthritis, adipose-derived MSCs