

# The single injection hyaluronic acid treatment for OA of both the knee and hip



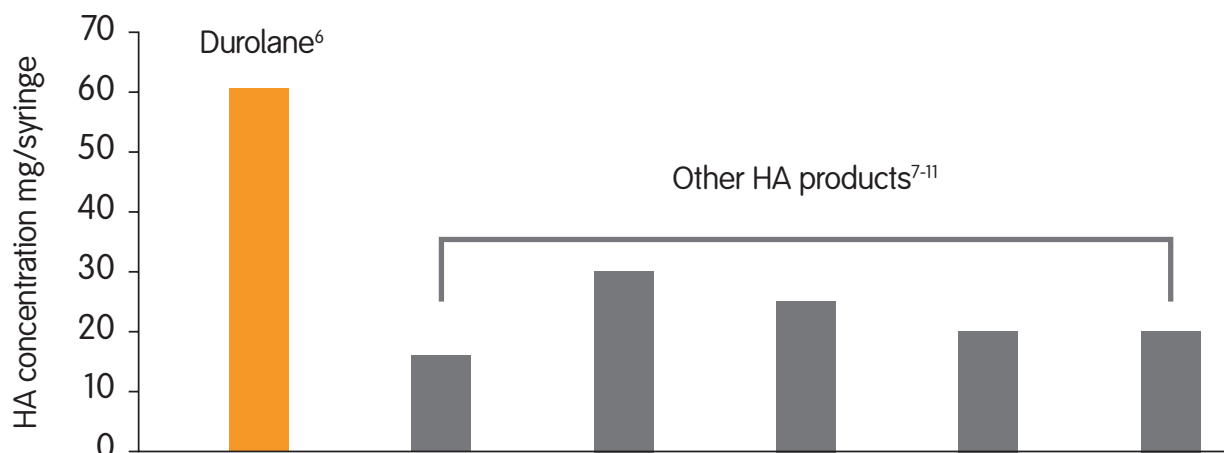
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References:

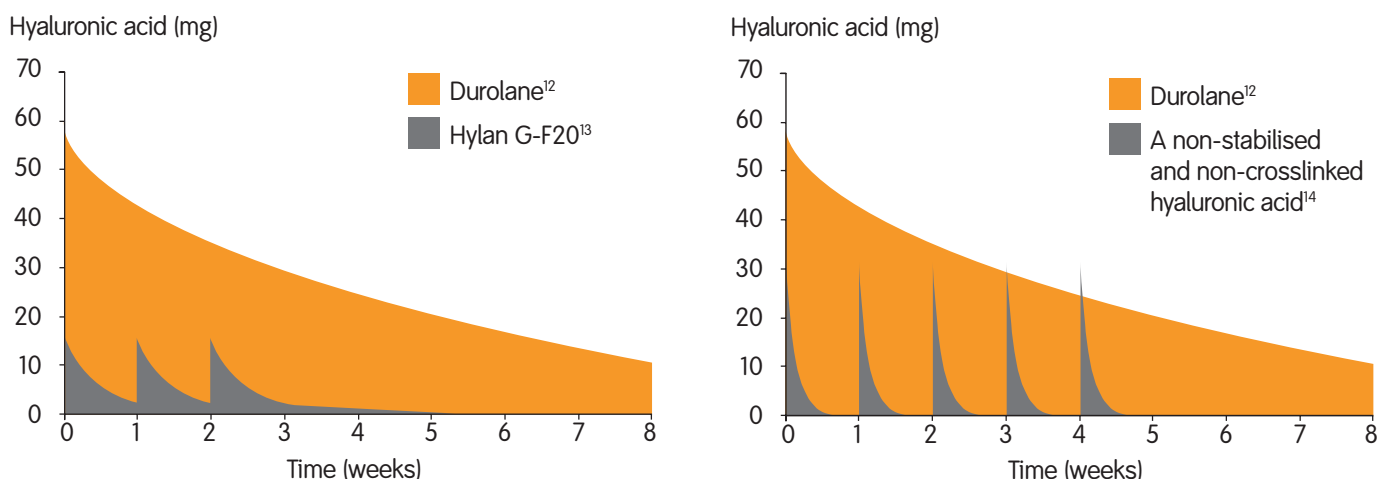
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- 5 Carruthers A et al. Dermatol Surg 2005; 31: 1591-1598.
- 6 Durolane® Instructions For Use.
- 7 Synvisc® Prescribing Information.
- 8 Orthovisc® Prescribing Information.
- 9 Supartz® Prescribing Information.
- 10 Hyalgan® Prescribing Information.
- 11 Ostenil® Prescribing Information.
- 12 Durolane® Data on File.
- 13 Synvisc® <http://www.fda.gov/cdrh/pdf/p940015.pdf> P940015. Synvisc® Hylan G-F 20 Filed: May 31, 1994 Conditions of Approval Issued: 5-2-95.
- 14 Brown TJ et al. Exp Physiol 1991; 76: 125-134.
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# Advantages of DUROLANE® single injection therapy

Delivers a high concentration of hyaluronic acid to the joint



Stabilised for prolonged joint residence time<sup>12</sup>



The elimination of hyaluronic acid from the joint space as a function of time for the DUROLANE® product and for products containing non-stabilised hyaluronic acid

## Single injection

Relieves pain and improves joint mobility for at least three months<sup>15,17</sup>

May mean less injection-related discomfort and fewer hospital visits, encouraging patients to continue long-term treatment

May be more efficient use of healthcare resources

## Non-animal source

Non-animal source has minimal risk of contamination with animal allergens or pathogens (eg viruses)

No reported reactions of painful and severe acute inflammatory reactions (pseudosepsis)<sup>19</sup> which have been known to occur with animal-based HA.

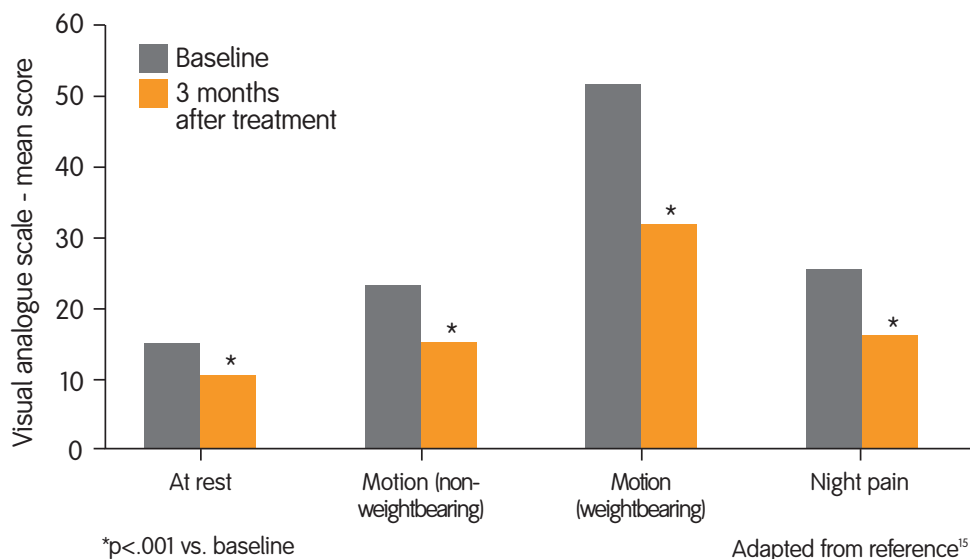
# Proven efficacy in knees

## Significant reductions in pain at 3 months vs. baseline<sup>15</sup>

Highly significant ( $p < 0.001$ ) reductions in pain at 3 months versus baseline as measured by the visual analogue scale (VAS) for 103 patients who received DUROLANE® single injection therapy<sup>15</sup>

80% of these patients reported satisfaction with the treatment (very good/good/fair)<sup>15</sup>

Adverse events (5%) were generally transient and did not require medical interventions<sup>15</sup>

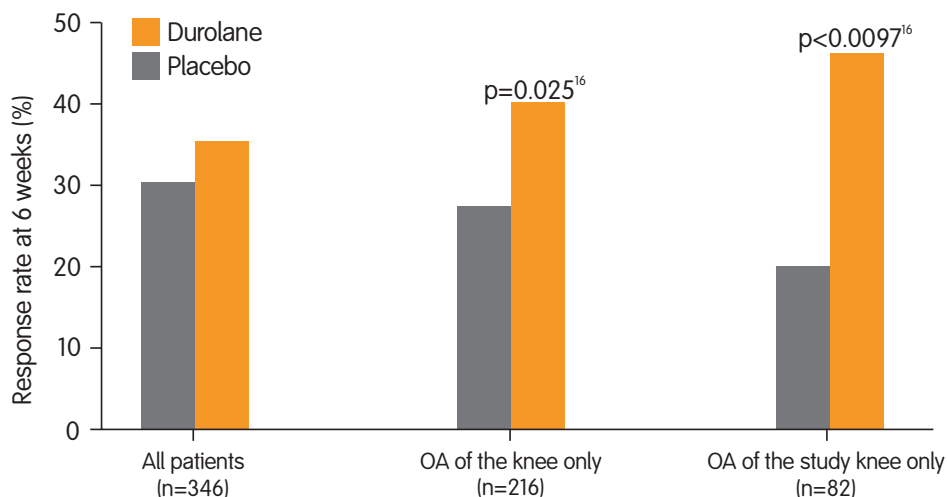


## Significantly superior than placebo<sup>16</sup>

DUROLANE therapy was significantly superior to placebo at week 6 ( $n=216$ )<sup>16</sup>

The benefit was greater in patients ( $n=82$ ) with OA restricted to the study knee<sup>16</sup>

Treatment-related adverse events affected similar numbers of patients in both arms of the



26-week double-blind, multicentre study, 346 patients were randomly allocated to receive DUROLANE® therapy ( $n=172$ ) or placebo ( $n=174$ ). A positive response to treatment was defined as a reduction in WOMAC pain score from baseline of at least 40% together with an absolute decrease of at least five points.

Adapted from reference<sup>15</sup>

# Proven efficacy in hips

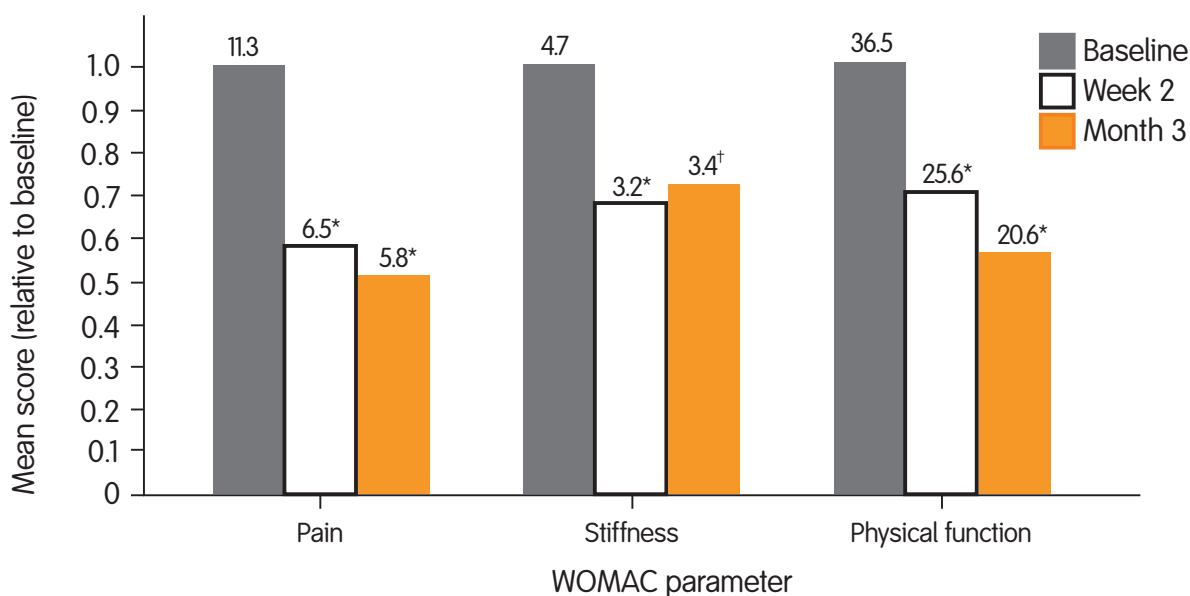
## Reduction in pain and stiffness with improvement in physical function vs. baseline<sup>17</sup>

At three months post-treatment, the overall response rate was 55%<sup>17</sup>

The proportion of patients rating their global status as 'good or very good' increased from 0% at baseline to 46% at month three<sup>17</sup>

DUROLANE<sup>®</sup> was well tolerated with no serious adverse events reported over the three months of follow-up<sup>17</sup>

## Mean WOMAC scores for pain, stiffness and physical function before and after a single DUROLANE<sup>®</sup> intra-articular injection



\* p<.0001 vs. baseline  
† p=0.0007

Adapted from reference<sup>17</sup>

31 patients with OA of the hip (according to ACR criteria, WOMAC pain score of at least 7 in one hip and significant hip pain for the majority of days prior to the study) received a single DUROLANE<sup>®</sup> injection. A positive response to treatment was defined as a reduction in WOMAC pain score from baseline of at least 40%, together with an absolute decrease of at least five points.<sup>17</sup>

# When to use DUROLANE® injection therapy

ACR and EULAR recommendations for OA knee management<sup>2,3</sup>



Derived from references 2 and 3

## Long -term use of NSAIDs, including COX-2 inhibitors not supported<sup>4</sup>

Bjordal JM et al reported their conclusions from a systematic review and meta -analysis of 23 randomised, placebo-controlled trials in a 2004 BMJ article<sup>4</sup>

"NSAIDs can reduce short term pain in osteoarthritis of the knee slightly better than placebo, but the current analysis does not support long term use of NSAIDs for this condition."<sup>4</sup>

"As use of oral NSAIDs may incur serious adverse effects, they can only be recommended for limited use in osteoarthritis of the knee"<sup>4</sup>

# How to use DUROLANE® injection therapy

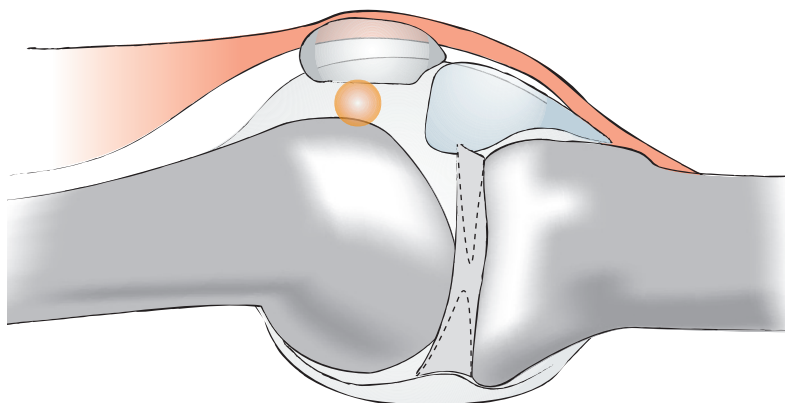
Clinicians using a lateral midpatellar extended-leg injection technique reported the most accurate (93%) approach for intra-articular needle placement in a knee with no effusion<sup>3</sup>

## Rates of accuracy of intra-articular injections

Portal	Total no. of injections	Placement of needle (no. of injections)		Accuracy Rate
		Extra-articular	Intra-articular	
Anterolateral	80	23	57	71%
Anteromedial	80	20	60	75%
Lateral midpatellar	80	6	74	93%

From: Jackson DW et al. J Bone Joint Surg 2002; 84-A: 1522-1527

## Injection into the lateral midpatellar portal



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