Long-lasting, proven pain relief for knee osteoarthritis —without surgery.[1,2]

ARTHROSAMID®

by contura ORTHOPAEDICS

What is knee osteoarthritis?

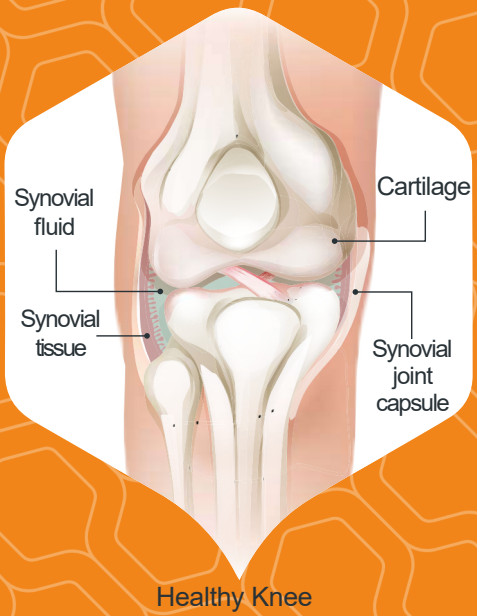
Knee osteoarthritis (OA) is a long-term condition where the shock-absorbing cartilage is worn away causing bones to rub together and the joint to become stiff, swollen and painful. The knee joint worsens over time resulting in synovial pain and disability.

Despite OA being the most common type of arthritis and the fastest growing cause of disability worldwide[3], the treatment area has seen minimal progression in the last 20 years. With so little known about exactly what causes knee OA, a permanent cure has yet to be discovered.

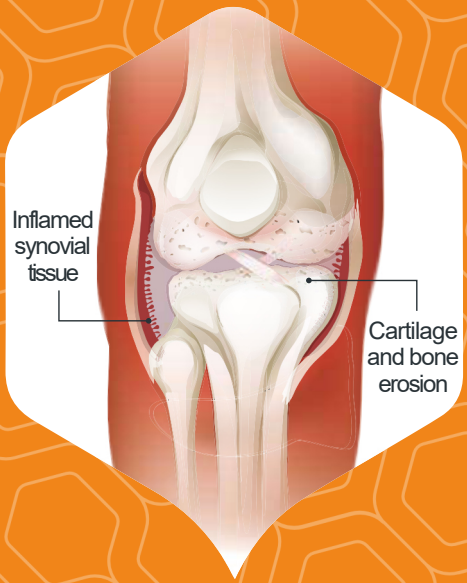
As a result, the options available to the one third of over 65s currently living with OA worldwide have been limited[4], with treatments to date having focused on pain relief and managing the symptoms of the condition.

Synovial pain (synovitis)

Synovial pain is a common symptom experienced by patients with knee OA.[5] This is caused by the inflammation of synovial tissue (the lining) located inside the knee joint[5], and is strongly linked with the level of pain experienced by knee OA patients.[6]



Healthy Knee



Knee with OA/ Synovitis

Of 1,504 respondents surveyed in the UK in March 2024:[7]

- 43% would pay for non-surgical procedures for chronic joint pain,
- 58% are concerned about side effects of surgery e.g. pain and discomfort, and
- 61% are anxious about surgery.

The link between knee OA and synovial pain

Synovial pain is known to play an important role in the development of knee OA. In addition to its relationship with knee pain, there is also strong evidence that synovial pain is associated with further worsening of OA.[5]

Pain is the most common symptom experienced by patients with knee OA.[8]

Synovial pain cycle[5]

1. The synovial tissue or fluid is damaged or irritated.
2. Too many inflammatory cells can result in a buildup of enzymes responsible for cartilage breakdown, which means the knee joint cannot heal, cartilage continues to breakdown and the pain cycle continues.
3. Inflammatory cells are released into the synovial joint capsule in an attempt to heal the damaged tissue.
4. Inflammatory cells are produced in response to the inflammation.
5. The affected area of tissue thickens and becomes inflamed, causing pain.

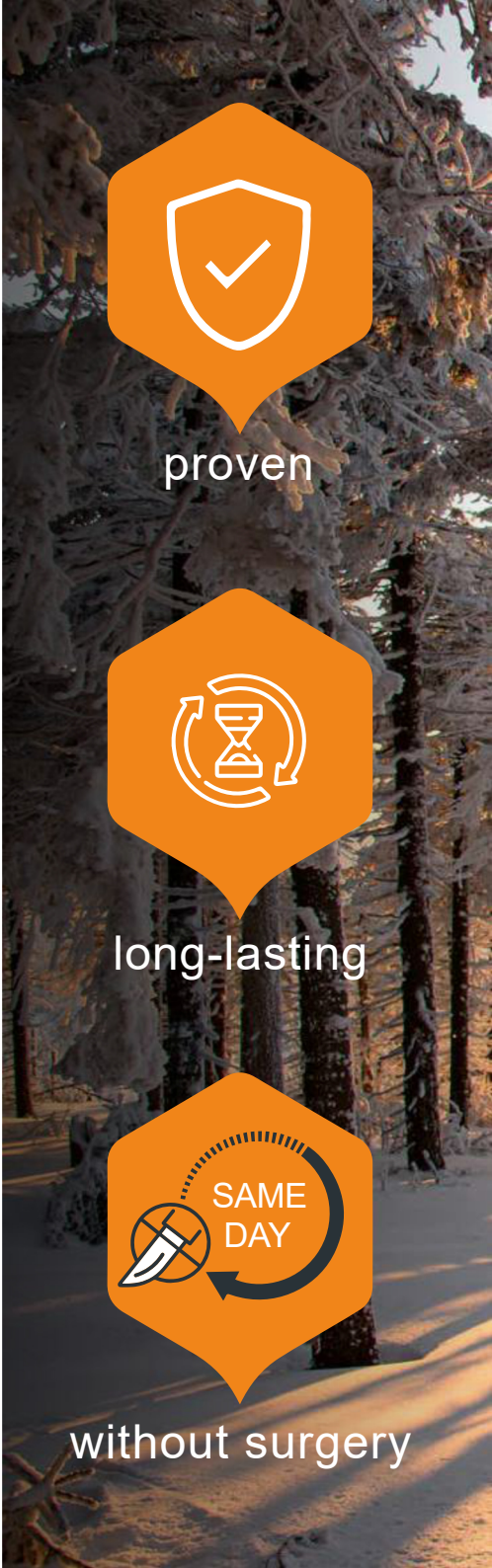
Introducing Arthrosamid®

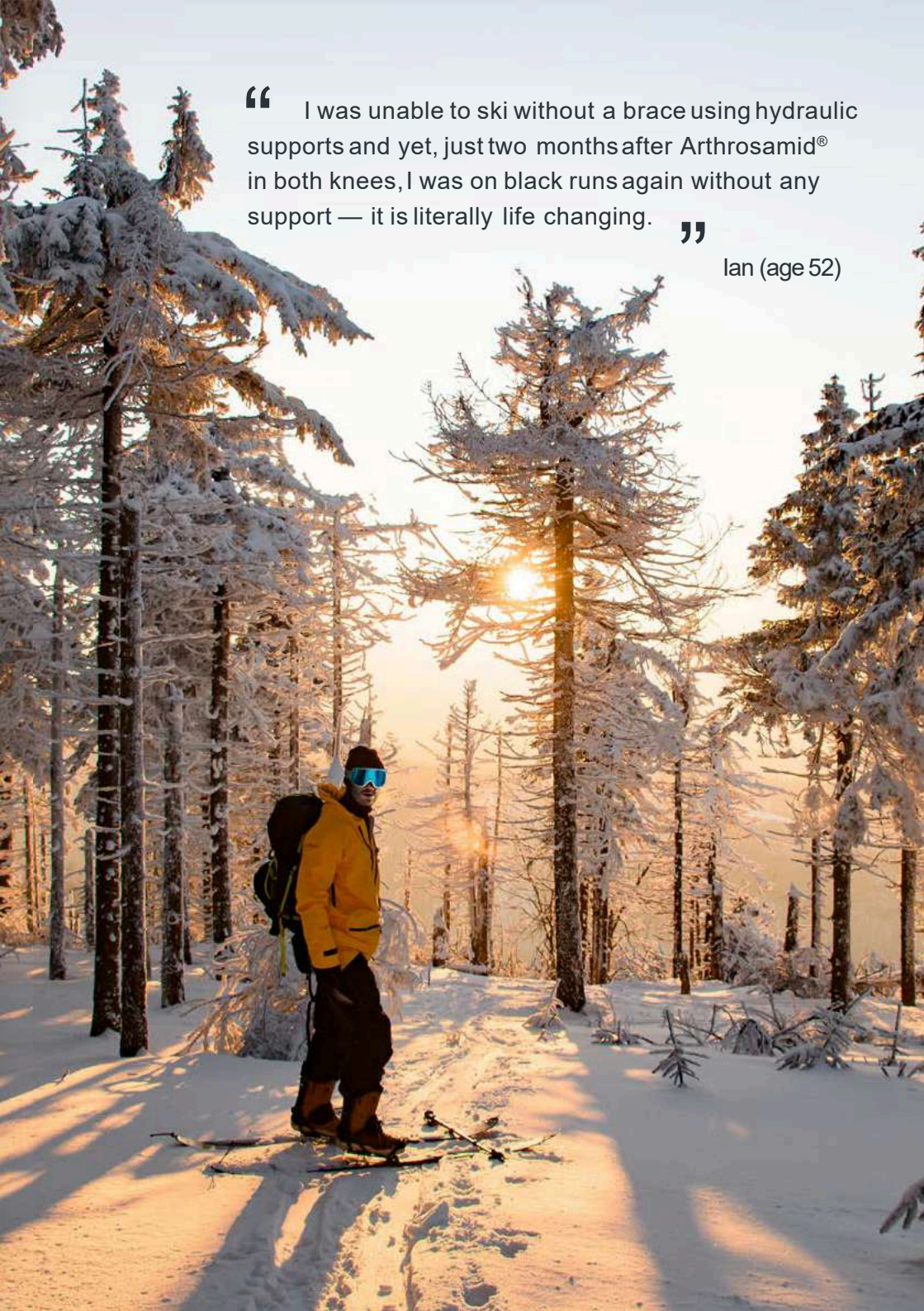
Arthrosamid® is a injectable hydrogel implant that delivers long-lasting, proven pain relief without surgery[1,2] —redefining treatment for knee OA.

The first and only approved injectable implant treatment, Arthrosamid® decreases joint stiffness, diminishes pain, improves the function of the knee, and enhances your quality of life.[2,9,10]

Arthrosamid® is administered via a simple, one-step procedure performed under local anaesthesia by a qualified physician familiar with joint injections[11] —ensuring you're in and out of the clinic the same day.

Supported by more than two decades of research[7], Arthrosamid® is suitable, safe and effective[10,12] for most patients with knee OA —and is proven to maintain a significant, long-lasting[1,2] reduction in knee OA pain even five years post-treatment.[2]





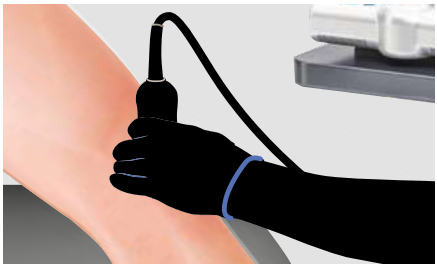
“I was unable to ski without a brace using hydraulic supports and yet, just two months after Arthrosamid® in both knees, I was on black runs again without any support — it is literally life changing.”

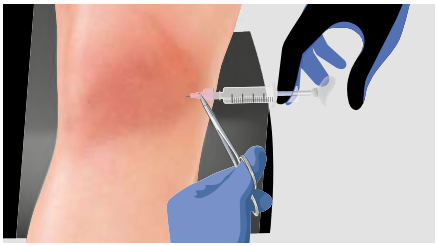
Ian (age 52)

How is Arthrosamid® administered?

Before treatment with Arthrosamid®, you will have a local anaesthetic to numb the area around your knee. You should also be given antibiotics ahead of this to protect you from any potential risk of infection.

Your knee is cleaned prior to treatment. Arthrosamid® is then singularly injected into your knee's synovial cavity. This is sometimes performed with the help of ultrasound. The needle is then removed and a plaster is placed over the injection site.

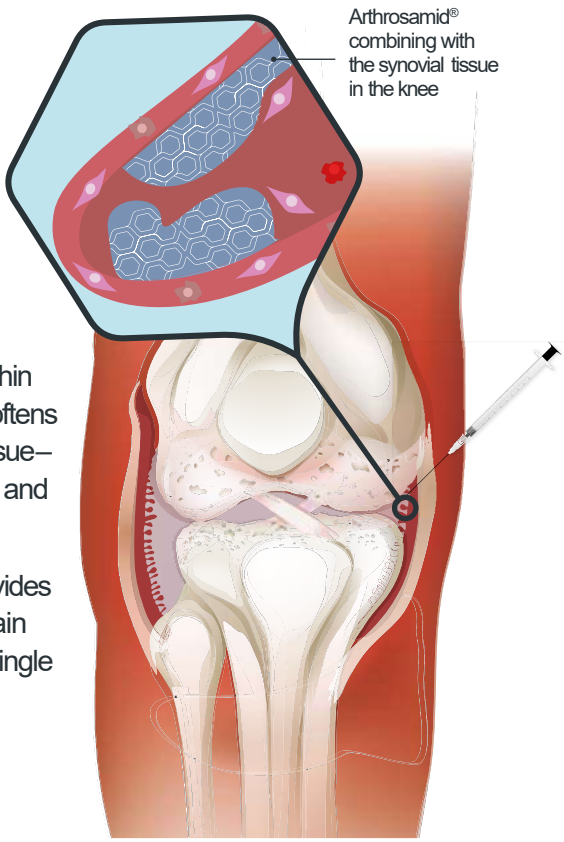




How does Arthrosamid® work?

When Arthrosamid® is positioned within the tissue lining of the knee joint, it softens and increases the elasticity of this tissue – thereby improving knee functionality and reducing pain.[9,10,13]

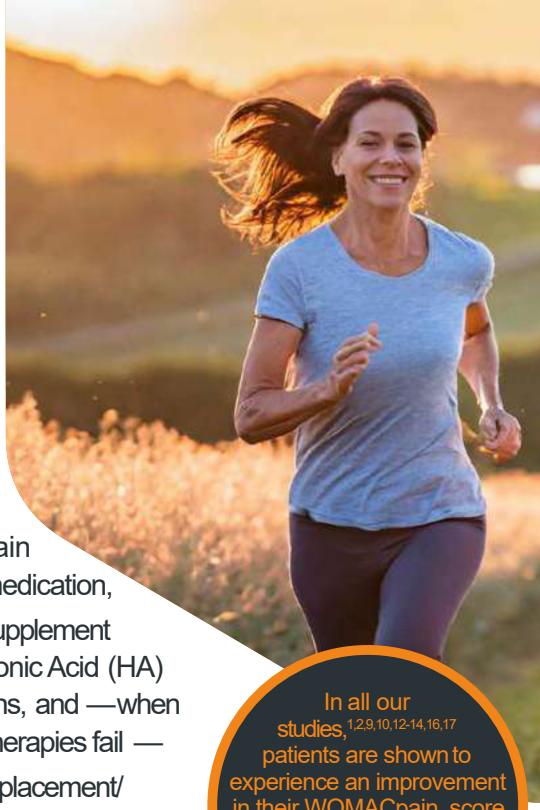
It's this unique characteristic that provides a significant reduction in your OA pain over a longer period[1,2] —with one single treatment.



“My knees were in constant pain, I was not eligible for surgery so was undergoing physiotherapy, in addition to taking over-the-counter pain medication, both on a regular basis. Nothing worked, and my walking and general mobility was deteriorating —I felt my general outlook was bleak, with no other options on the horizon. However, Arthrosamid® injections were almost immediately different and after just one week I was able to walk more normally again, pain was reduced by about 90% and I am confident my knee will continue to improve. I have my life back again and that is all due to this amazing new treatment.”

Lorraine (age 60)

Why choose Arthrosamid®?



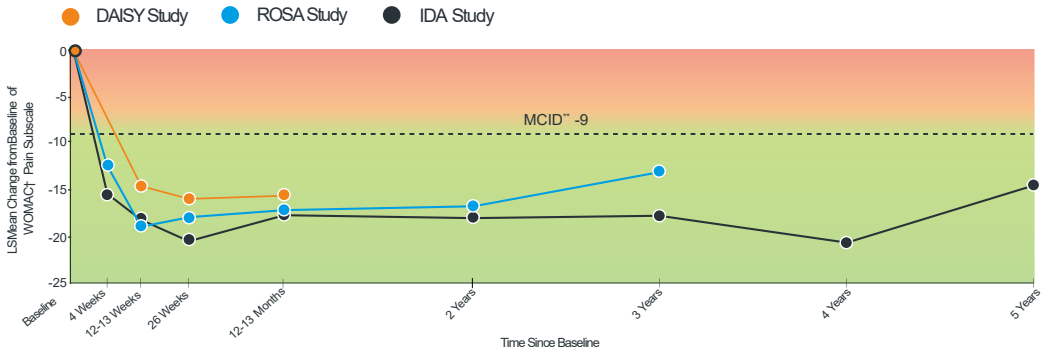
No therapies have been able to satisfactorily halt or delay OA progression or provide effective, long-lasting symptomatic relief for patients with knee OA.[15] So, until now, treatments have tended to focus on pain relief and the management of symptoms through:

- Weight loss,
- Exercise and physiotherapy,
- Walking aids,
- Footwear and insoles,
- Knee braces,
- Oral pain relief medication,
- Viscosupplement Hyaluronic Acid (HA) injections, and —when these therapies fail —
- Joint replacement/ knee surgery.[15]

In all our studies,[1,2,9,10,12-14,16,17] patients are shown to experience an improvement in their WOMAC pain score of 9 or more[13] —and this is maintained up to 5 years after single injection.[2]

Reproducible pain reduction results[1,2,9,10,12-14,16,17]

WOMAC pain subscale change from baseline across studies[1,2,9,10,12-14,16,17]



† WOMAC or The Western Ontario and McMaster Universities Osteoarthritis Index is a measure of symptoms and physical disability. LSMeans are modelled/estimated means. The estimated means are using data from the other visits and also the covariates.

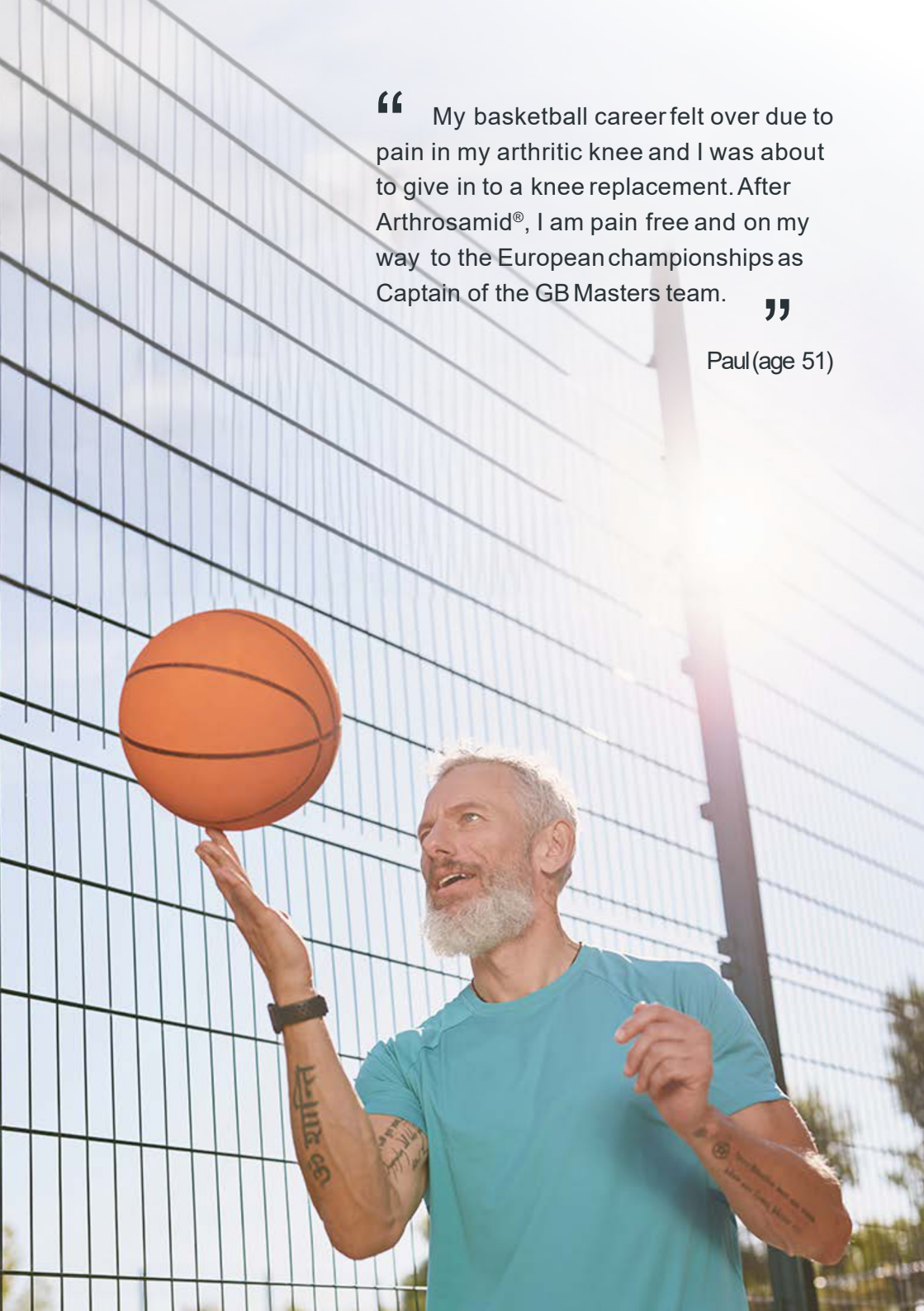
**The minimum clinically important difference (MCID) represents the smallest improvement considered worthwhile by a patient.

Treatment with Arthrosamid® remains safe and effective[10,12] for its intended use five years after injection.[2]

What are the benefits?

Unlike with HA injectables —where there is very little evidence to show that the effect is still noticeable at six months[18]—Arthrosamid® provides a significant reduction in your knee OA pain over a longer period with one single treatment.[1,2]

Treatment with Arthrosamid® is a simple, one-step out-patient procedure —which doesn't involve the disruptive recovery period usually associated with surgery.

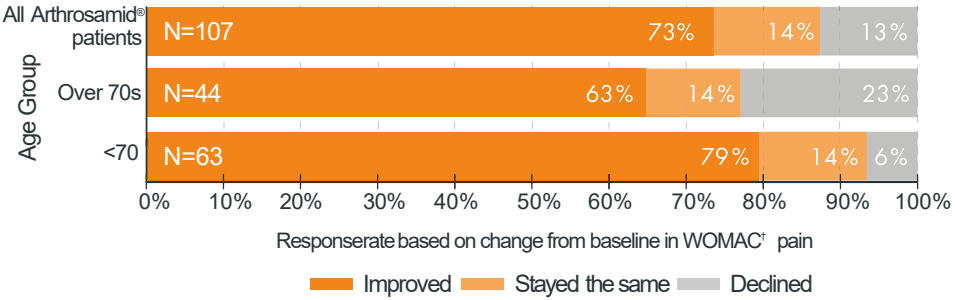


“My basketball career felt over due to pain in my arthritic knee and I was about to give in to a knee replacement. After Arthrosamid®, I am pain free and on my way to the European championships as Captain of the GB Masters team.”

Paul (age 51)

What is the response rate of Arthrosamid®?

Patients in the under 70 years group reported close to 80% positive response rate following treatment with Arthrosamid®.[7]



What are the side effects?

Clinical trials report there were no serious side effects following treatment with Arthrosamid®. The most commonly reported side effects were joint pain and a sensation of joint swelling, which were mostly mild in severity and lasting days to weeks.[9,19]

The overall safety profile of the injectable hydrogel has been established over the last 20 years with its use for various indications in the body.[7]

It is important to bear in mind that there is no cure for osteoarthritis but successful treatment with Arthrosamid® may reduce or relieve your knee pain. You should also bear in mind that your knee osteoarthritis may not improve and, in some cases, may get worse.

What do clinicians say about Arthrosamid®?

Scan this QR code to hear from expert clinicians about their experiences of treating knee OA patients with Arthrosamid®.

INDICATIONS, PATIENT GROUP AND USAGE

Arthrosamid® is intended to be used for symptomatic treatment of adult patients with knee osteoarthritis.[11]

CONTRAINDICATIONS[11]

Arthrosamid® should not be injected:

- If an active skin disease or infection is present at or near the injection site.
- If the joint is infected or severely inflamed.
- If the patient has previously received treatment with a different non-absorbable injectable/implant.
- If the patient has received a knee alloplasty or has any foreign material in the knee.
- If the patient has undergone knee arthroscopy within the last six months.
- In haemophilia patients or in patients in uncontrolled anti-coagulant treatment.

Treatment with Arthrosamid® may not be suitable for everyone. Your doctor is the best person to advise you.

References: 1. Bliddal, H., *et al.* (2024). *Osteoarthritis and Cartilage*. Vol 32 (6): 770-771; 2. Bliddal, H., *et al.* (2025). Results from 5 Years. Presented at WCO-IOF-ESCEO 2025; 3. Neogi, T. (2013). *Osteoarthritis and Cartilage*. Vol 21 (9): 1145-53; 4. Thomson, A., *et al.* (2021). *Immunol.* Vol 12 :678757; 5. Mathiessen, A., *et al.* (2017). *Arthritis research & therapy.* Vol 19(1):18; 6. Baker, K., *et al.* (2010). *Annals of rheumatic diseases*. Vol 69(10):1779-83; 7. Data on file; 8. Torres, L., *et al.* (2006). *Osteoarthritis and Cartilage*. Vol 14(10): 1033-40; 9. Bliddal, H., *et al.* (2021). *JOrthop Res Ther.* Vol 6 (2). 1188. ISSN 2575-8241; 10. Bliddal, H., *et al.* (2024). *Clin Exp Rheumatol.* Vol 42(9):1729-1735; 11. Arthrosamid®, Instructions For Use. Release Date March 2022. 10082-003; 12. Bliddal, H., *et al.* (2024). *JOrthop Surg Res.* Vol 19: 274; 13. Henriksen, M., *et al.* (2018). *Clin Exp Rheumatol.* Vol 36(6):1082-85. Epub 2018 Jul 18. PMID: 30148430; 14. Bliddal, H., *et al.* (2024). *Orthop Procs.* 2024;106-B(SUPP_18):106; 15. Grässel, S., *et al.* (2020). F1000Res. Vol 9:F1000 Faculty Rev-325; 16. Bliddal, H., *et al.* (2022). *Osteoarthritis and Cartilage*. Vol 30(1): S371-S372; 17. Bliddal, H., *et al.* (2023). *Osteoarthritis and Cartilage*. Vol 31(5): 682-683; 18. Trigkilidas, D., *et al.* (2013). *Ann R Coll Surg Engl.* Vol 95: 545–551; 19. Overgaard, A., *et al.* (2019). *Clin Ortho Adv Res. Osteoarthritis and Cartilage*. Vol 30(1): S370-71.

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