



CaReS[®]-1S

Product Information



CaReS[®]-1S – PRODUCT INFORMATION

03SOP-01-020



Cartilage Regeneration

- The CaReS[®]-1S implant is THE cartilage regeneration technology which taps the advantages of an Autologous Chondrocyte Implantation with only one intervention.



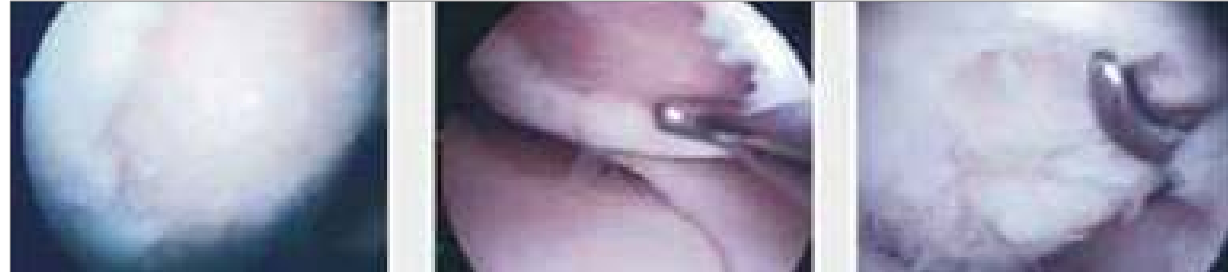
Properties of CaReS[®]-1S

- Effective reduction of pain and improvement of mobility; improvement of quality of the life of your patients
- Proven migration of cells into the CaReS[®]-1S matrix and formation for hyaline-like cartilage
- One-time gentle intervention
- Easy to apply and fix; simple and fast OR-procedure
- CE Mark
- CaReS[®]-1S is a round implant to treat focal cartilage defects up to 8cm²
- The implant is a sterile ready-to-use primary cellfree implant based on a dense patented matrix of Collagen type 1
- CaReS[®]-1S fills the defect completely
- CaReS[®]-1S is an “off-the-shelf” product, and can be stored by any temperatures between 2° C – 25° C.





INDICATIONS



- Focal, full-layer cartilage defects (knee and ankle) with preserved cartilage shoulder
- ICRS-classification 3 and 4
- Defects without and with involvement of the subchondral bone lamella (at osteochondral defects the bone has to be rebuilt to form a stable foundation)
- Defect size: up to 8 cm²
- Age: 18 – 60 (taking into account the biological age of the joint)
- BMI < 35
- Osteochondrosis dissecans



FIRST RESULTS

CaReS[®]-1S

- CaReS[®]-1S remains in the defect and is stable
- CaReS[®]-1S is colonized by precursor cells migration from the surrounding tissue (6-12 weeks)
- These cells differentiate into chondrocytes, express Collagen Type II and transform CaReS[®]-1S into a stable hyaline-like tissue (52 weeks)
- CaReS[®]-1S integrates very well into the defect and the surrounding tissue.
Its regenerative potential can be compared to that of cell-colonized transplants

First results of a clinical study on 27 patients with focal femoral condyle and retropatellar joint defects indicate:

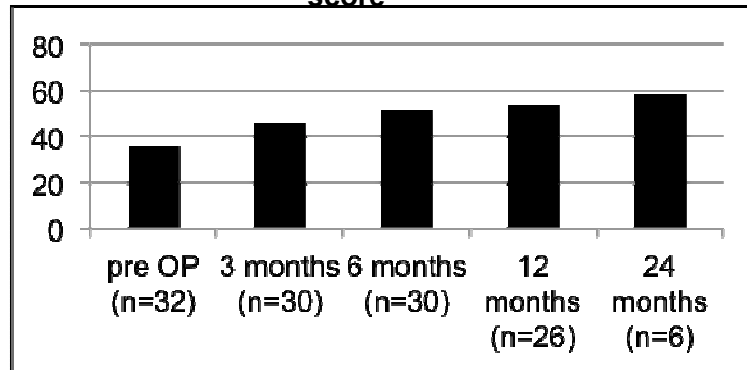
- Evident pain relief
- Successful defect filling
- Formation of hyaline-like cartilage
- Very good compatability
- Clear tendency towards functional improvement



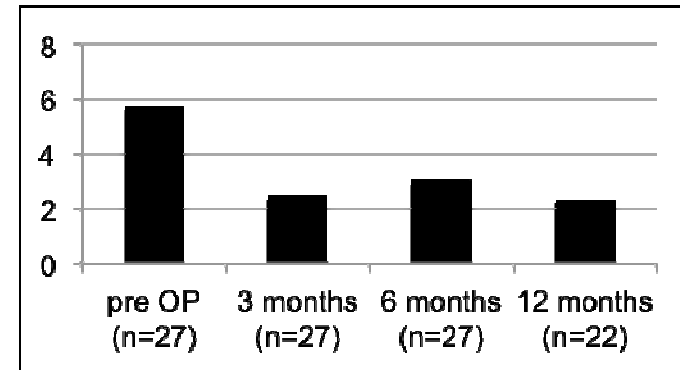
First results of a clinical study on 27 patients with focal femoral condyle and retropatellar joint defects (IKDC and VAS score compared to CaReS® the basic technology of the CaReS®-1S hydrogel)

CaReS®-1S
Cell free

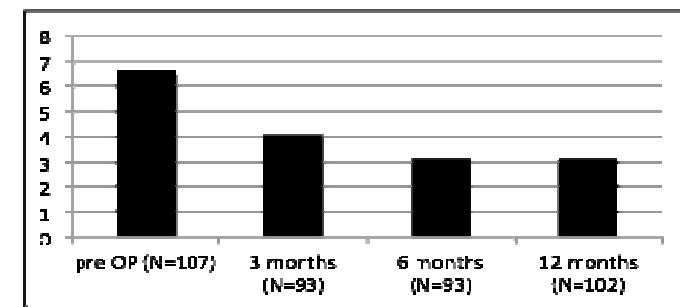
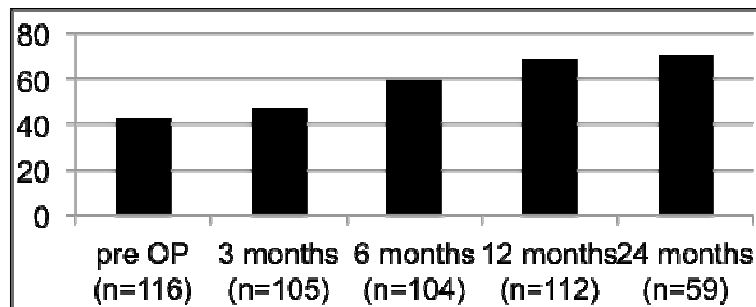
IKDC score



VAS score



CaReS® MACI
(Basic technology; hydrogel with breded cells)



Data CaReS®: A Prospective Multicenter Study on the Outcome of Type I Collagen Hydrogel-Based Autologous Chondrocyte Implantation (CaReS) for the Repair of Articular Cartilage Defects in the Knee
Schneider et al, Am J Sports Med 2011 39: 2558 originally published online October 7, 2011





CaReS[®]-1S – PRODUCT INFORMATION

Rehabilitation



Femur condyles /
talus role

At least 2 x daily for
1h continuous
passive motion (CPM)

- 2nd post-operative day:
Mobilisation after removal
of the drainage
- 20 kg partial
weight bearing of the operated
extremity for 6 weeks, free
mobility

After achievement of
full weight bearing
cycling and
swimming allowed,
careful muscle-
strength training

From the 7th post-
operative week load
progression 30kg/2
weeks

Jump-, run- and
contact sports
allowed after 1 year

(Surgery/Impl
antation)

Time

Day 2
after
surgery

Week 6
after
surgery

Week 7
after
surgery

Week 12
after
surgery

Week 52
after
surgery

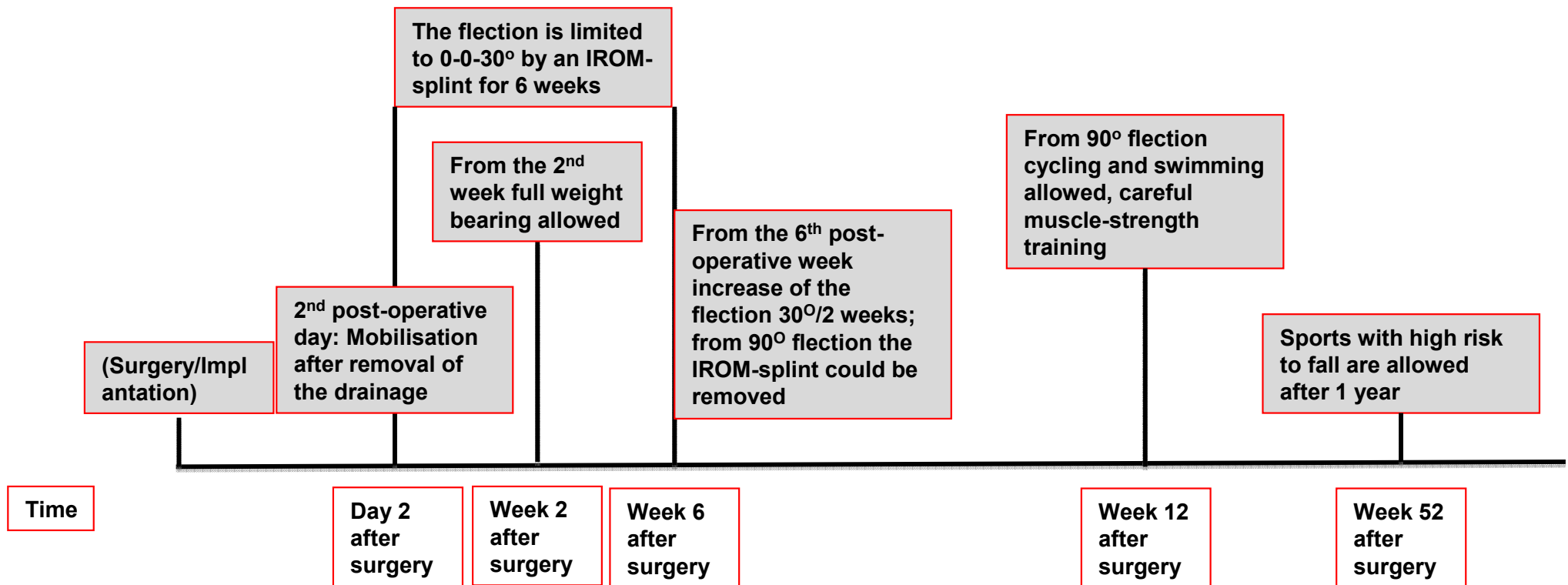


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Rehabilitation



Patella and glide bearing





www.arthro-kinetics.com