

Orthobiologic injectables; Yes-No-Don't know

Mark Bowditch



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Mark's specialist interests are in surgery of the knee and all levels of surgical education and he is currently the Head of School of Surgery in the East of England. Mark is BOA Honorary Treasurer, Research Committee Executive Vice Chair, Elective Care Review Lead and Executive Lead on the Orthobiologic Injectables SLWG.

Can a simple 'jab' be the answer for all evils? Well so it seems with COVID. Given this success, who would blame the public for looking for 'magic injectable' solutions in other areas of healthcare.

C OVID disruption has led to horrifyingly long orthopaedic waiting lists, particularly arthroplasty for end stage arthritis. We all know that increased capacity and access is needed but this requires much more than a simple point-of-care 'jab'.

Patients, patient groups and perhaps even BOA members rightly ask is there a quick alternative – such as a 'magic jab' that could reduce the symptoms whilst they wait or even reverse the condition and stave off invasive surgery. Whilst this might be an ask too far for end stage bone on bone arthritis, what about those much earlier in the disease process, the so called 'treatment gap stage' or with slow healing tendon problems.

Ever since medical school (light years ago...) the future was always said to be 'an injection of stem cells'. Science, as we have seen with the COVID vaccine does find the answers and whilst stem cell treatments have advanced significantly in many areas, it is perhaps unclear to many of us in 'routine clinical orthopaedic practice', just how far they have come in MSK. The term 'stem cell' is banded around somewhat glibly for a number of, what we have termed, orthobiologic injectables, sometimes without a clear understanding of whether they include or have any relationship to true stem cells. It is a fast changing and advancing area. Versus Arthritis and BOA

members have asked for help in clarifying where we are with respect to potential treatments so that we can advise knowledgeably and signpost appropriately when our patients ask questions.

It is important that we do so with as much evidence as possible and support those conducting high quality trials to give us those answers. Promoting such treatments without this scientific rigour leads potentially to stifling regulation and the 'baby is thrown out with the bath water'. New regulation of such point-of-care injectable treatments is on the horizon from the MHRA and these orthobiologics are definitely in scope.

The BOA held a well-attended session at Congress 2021 and we are grateful to Ansar Mahmood, Andrew McCaskie, Iain Murray and co-authors for sharing their extensive knowledge and experience in the following articles. Thanks too, to Phil Turner's (BOA

member and Past President) description of his very own personal treatment dilemma illustrating the 'hope' patients might have in choosing 'an MSK jab'.

Our duty as doctors is to help patients in shared decision making with guidance from high quality evidence however 'magic' a new treatment may sound. The BOA has produced an information document on Injectable Orthobiologic Treatments for Osteoarthritis which we hope will inform patients and clinicians, available at www.boa.ac.uk/orthobiologics. ■

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