Mastelli
At the origin of regeneration

CONDROTIDE AND CONDROTIDEHA Q&A HANDLER

1) **Polynucleotides and Polynucleotides+HA treatment schedule: as for the product leaflet indication, an infiltration every 1-3 weeks is recommended – when do we choose 1/week administration rather than every 3 weeks administration? - do we have data from clinical trials on how this different posology may impact on clinical results?**

At the time being we have no data from clinical trials on different clinical results coming from different administration rhythm. Cadence of administration/schedule of infiltration depends on the specific clinical situation of the patient [such as age, severity of osteoarthritis (OA), intensity of pain, body mass index, comorbidities and concomitant therapies, specific daily life needs, work/job requirements, etc]. The treating physician should evaluate the effective patient's needs and his/her clinical condition and share with the patient the therapeutic schedule and posology of infiltration, in order to better cover clinical requirements and satisfy actual patient's needs.
The most frequent treatment schedule used by Italian doctors is the weekly administration (1 infiltration/week) for 3 weeks.

2) **When is it appropriate to have a "recall administration" after the 3 recommended infiltrations?**

The moment of the "recall administration" after the 3 recommended infiltrations is decided upon clinician's judgement and depends on the severity of the OA and the specific clinical situation and patient's needs. Generally, at least 1 maintenance cycle/year is recommended, but more cycles can be considered if the clinical evaluation requires this.

3) **Is it possible the concomitant use of Polynucletodides and Polynucleotides+HA and steroids (cortisone)?**

Concomitant administration of PN or PNHA and steroids in the same infiltration is not recommended. In patients with acute inflammation of the joint(s), an initial intra-articular administration of steroids could be considered and a following separate infiltration of PNHA is recommended. Moreover, polynucleotides will provide further contrasting action against atrophic effects of steroids.

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4) Can Polynucleotides and Polynucleotides+HA be used in meniscus injury?

Polynucleotides administration in meniscus injuries could result very promissing; a clinical trial is now ongoing and its results could provide evidence on polynucleotides benefits in this pathology.

5) Which is the clinical profile of the patient for Polynucleotides and Polynucleotides+HA and how do we choose when to administer PNHA rather than PN?

Polynucleotides (Condrotide®) can be administered in initial stages of OA and/or chondromalacia (stages I-II KL), aimed to provide cartilage support.
PolynucleotidesHA (CondrotideHA) is recommended for more severe OA cases (stages II-III KL), which actually need an additional viscosupplementation, provided by hyaluronic acid.

6) Are there "preferential" joints which benefits from Polynucleotides and Polynucleotides+HA administration?

All synovial articulations can be treated with PN or PNHA; clinical experience demonstrated particular benefits in gonarthrosis treatment.

7) Are Polynucleotides and Polynucleotides+HA recommended for articular injury treatment in athletes (sportsmen, sportswomen)?

CondrotideHA contains mannitol, which has been added to reduce hyaluronic acid degradation and consequently increases CondrotideHA persistence in joint cavity. Mannitol can induce positive results of antidoping tests in athletes; for osteo-articular injuries in sportsmen and sportswomen is recommended the use of Condrotide® **(**polynucleotide) which is doping-free certified.