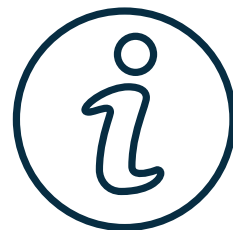


## Patient resources

Supporting your joint pain journey



## Cingal What the research shows

The key findings about Cingal - to help you understand your treatment better

**IMPORTANT** - The study data below is classed as a level 1 study, the most trusted level of study possible. This is because the patients did not know the type of treatment they were receiving, and there were three different options within this main study, not just one versus another.

**368 participants:** Cingal 149 | HA alone (Monovisc) 150 | Saline 69.

Treatment was **randomly** assigned. Patients and assessors **did not know** which was given.

Follow-up lasted 26 weeks. Cingal anecdotally can last beyond 26 weeks but the study only continued to this point.<sup>1</sup>

### How many people improved?

Ref 1

# 89%

Showed meaningful improvement in relation to the study's 'response' criteria at **1 week**.

# 92%

Showed meaningful improvement in relation to the study's 'response' criteria at **26 weeks**.

### How much did pain improve?

# 59%

An average pain-score reduction at **1 week** with 'WOMAC' scores.

# 72%

An average pain-score reduction at **26 weeks** with 'WOMAC' scores

## The numbers further explained

**"Response"** - Meaningful improvement using a recognised research measure of pain, daily function and overall symptoms (OMERACT-OARSI). It does not mean pain-free. It means this amount patient felt their pain and movement improved to a meaningful level.

**"WOMAC"** is an arthritis questionnaire. WOMAC scores are used the world over, even to evaluate knee replacement surgery. The pain reductions quoted above are average of the pain improvement from before the injection to the time they next reported (1 week and 26 weeks) 72% at 26 weeks is a very good score for an injection treatment. If you could describe pain relief as 7 out of 10 would you be happy?

Anecdotally pain does not all of sudden return after 26 weeks, and some patients continue to improve further passed this point.



# Beyond the numbers Why combine HA and a steroid?

**Cingal is a unique combination.** A simple mix of HA and steroid does not have chemical stability, with no significant study data to look at the long term effect of this mix when carried out within a clinic.

However, Cingal has been created by a global leading medical device specialist company - 'Anika'. As a product it has over a decade of use and over 1 million patients have now had a Cingal injections.

It combines 88mg hyaluronic acid (HA) which is a high dose, with 18mg triamcinolone hexacetonide (a high performing steroid type) in one singular 4 ml injection.

**HA supports joint lubrication; the steroid reduces inflammation. The trial tested this ready-combined formulation, not a mixture made in the clinic.**

## How did it compare?

Cingal improved pain more than saline through 26 weeks. It performed better than HA alone on most measures at weeks 1 and 3; outcomes were similar from weeks 6 to 26.<sup>1</sup>

## What did the safety data show?

Three treatment-related events were reported among 149 Cingal recipients: two joint-pain events and one swelling event. All resolved.<sup>1</sup>

No serious event was judged treatment-related. This does not mean treatment has no risks, like any joint injection. But Cingal in comparison has the lowest level of minor adverse events for this class of injection (2%)

## What about cartilage protection?

Bauer and colleagues found that adding HA to a steroid reduced some harmful effects of steroid alone on cartilage cells, supporting a protective effect in the laboratory.

**This was a cell study, not a trial showing that Cingal regrows cartilage or prevents joint damage in patients. But Cingal was the product used in the testing.**<sup>2</sup>

**Study findings help guide a discussion; they cannot predict your own result.**

Read the evidence

1) Hangody L et al. Cingal for symptomatic knee osteoarthritis: randomised, double-blind, placebo-controlled multicentre trial. *Cartilage*. 2018;9(3):276-283.  
doi.org/10.1177/1947603517703732

2) Bauer C et al. Increased chondroprotective effect of combining HA with a glucocorticoid: osteoarthritic cells in 2D culture. *Biomedicines*. 2022;10(7):1733.  
doi.org/10.3390/biomedicines10071733

