# Demineralised bone matrix (DBM) as an alternative for autogenous bone graft in high tibial valgus opening wedge osteotomy (HTO) for symptomatic medial compartmental knee osteoarthritis

| Submission date   | Recruitment status       | <ul><li>Prospectively registered</li></ul> |
|-------------------|--------------------------|--|
| 27/01/2006        | No longer recruiting     | ☐ Protocol                                 |
| Registration date | Overall study status     | Statistical analysis plan                  |
| 27/01/2006        | Completed                | Results                                    |
| Last Edited       | Condition category       | Individual participant data                |
| 03/11/2008        | Musculoskeletal Diseases | Record updated in last year                |

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

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# Additional identifiers

EudraCT/CTIS number

IRAS number

#### ClinicalTrials.gov number

## Secondary identifying numbers

1; NTR478

# Study information

#### Scientific Title

## **Study objectives**

Opening wedge HTO treated with DBM will better match one year post-operative mechanical axis alignment with pre-operative planned correction than opening wedge HTO filled with autogenous iliac crest bone.

#### Ethics approval required

Old ethics approval format

## Ethics approval(s)

Received from the local medical ethics committee

#### Study design

Multicentre, randomised active controlled factorial trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

## Health condition(s) or problem(s) studied

Arthritis, osteoarthritis

#### **Interventions**

A valgus high tibia opening wedge osteotomy will be performed and the osseous defect will be filled with DBM or autogenous bone graft.

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome measure

Conservation of corrected angular limb deformity one year after surgery (success rate [%]), (surgery is successful when the femoral-tibial axis one year after osteotomy is corrected accurately two degrees or less compared to the preoperative planned mechanical axis correction).

#### Secondary outcome measures

- 1. Knee range of motion (ROM)
- 2. Pain score (Visual Analogue Scale)
- 3. Hospital for Special Surgery (HHS) Knee Service Rating System
- 4. Western Ontario and McMaster University Osteoarthritis Index (WOMAC)
- 5. Health related quality-of-life score (EuroQol)
- 6. Donor site complication (only autogenous bone graft group)

#### Overall study start date

01/10/2005

#### Completion date

31/12/2007

# **Eligibility**

#### Key inclusion criteria

- 1. Male and female
- 2. Symptomatic medial osteoarthritis of the knee
- 3. Not indicated for a knee arthroplasty
- 4. Informed consent given
- 5. Baseline measurements are made

#### Participant type(s)

Patient

#### Age group

Adult

#### Sex

Both

#### Target number of participants

80

#### Key exclusion criteria

- 1. Below 18 years of age
- 2. Symptoms not related to medial osteoarthritis of the knee
- 3. Not able to speak or understand Dutch

#### Date of first enrolment

01/10/2005

#### Date of final enrolment

# Locations

#### Countries of recruitment

Netherlands

Study participating centre
Erasmus University Medical Centre
Rotterdam
Netherlands
3000 CB

# Sponsor information

#### Organisation

Erasmus Medical Centre (The Netherlands)

#### Sponsor details

Dr. Molewaterplein 40/50 Rotterdam Netherlands 3000 CA

#### Sponsor type

Hospital/treatment centre

#### Website

http://www.erasmusmc.nl/content/englishindex.htm

#### **ROR**

https://ror.org/018906e22

# Funder(s)

# Funder type

Not defined

#### **Funder Name**

Not provided at time of registration

# **Results and Publications**

**Publication and dissemination plan**Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**Not provided at time of registration