



MeTeOR2: The Meniscal Transplant surgery or Optimised Rehabilitation full randomised trial – October 2024



FACTS:

- In Australia approximately 37,000 meniscectomies were performed between 2020-21, of which 10% were in adults under 30 years old.
- Pre-operative pain scores for patients having MAT are comparable to those with severe osteoarthritis.
- Symptoms improve following MAT surgery, however there is no data on non-surgical management for people who experience pain after meniscectomy. It is not known if MAT or PKT is the most clinically, cost effective or safest option for these people.

PROJECT CYCLE:

2023-2027

PARTNERS:

The George Institute for Global Health, Australia

The University of Warwick, UK
University Hospitals Coventry and
Warwickshire NHS, UK
University of Oxford, UK
The University of East Anglia, UK
Lawson Health Research Institute,
Canada

More Institute, Belgium

SUPPORTERS:

National Institute for Health Research, (NIHR), UK NHMRC (National Health and Medical Research Council), Australia

PRINCIPAL INVESTIGATOR:

Professor Manuela Ferreira

BACKGROUND:

- The meniscus is a c-shaped knee cartilage structure which distributes force between joint surfaces. Meniscal tears occur, and often the torn parts are removed with keyhole surgery called arthroscopic partial meniscectomy.
- Some people have considerable and persistent pain and impaired function after meniscectomy, and how to best treat this is currently unknown.
- Meniscal Allograft Transplant (MAT) is a treatment option where a donor meniscus is implanted into the knee. However, there is a lack of evidence whether this procedure is superior to physiotherapy.

AIM:

 To determine whether MAT surgery or Personalised Knee Therapy (PKT) is the most clinically and/or cost-effective treatment for people with knee pain and/ or functional loss after a meniscectomy.

METHODS:

- MeTeOR2 is a study being conducted in multiple centres around the world to compare the cost-effectiveness of MAT treatment with a specialised physiotherapy package called PKT. Participants will be randomly assigned to one of the two treatments to see which works better.
- We will collect data through questionnaires at the start of the study and then again at 3, 6, 12, 18, and 24 months.
- Questionnaires will assess symptom severity, impact on daily life, quality of life, healthcare usage and any health changes.

IMPACT

- The study will help identify which treatment, MAT or PKT, is more effective in improving knee pain and/or function.
- If MAT is the better treatment option, MeTeOR2 may help secure funding to train more surgeons in Australia to deliver this treatment. Otherwise, PKT may reduce the financial burden on patients and the healthcare system.

CONTACT:

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