RegenKit® A-PRP®

One Step Closed System !

The safe and effective leukocyte-reduced A-PRP for musculoskeletal applications

RegenKit A-PRP has been shown to be efficent in the treatment of chondropathies & tendinopathies. [6,11,13,14]

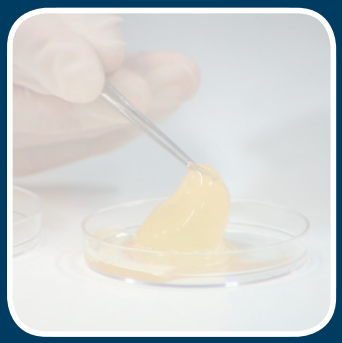
regenlab®
PRP & CELL THERAPY SPECIALISTS

WHAT IS A-PRP®?

The patient's platelet concentrate prepared with RegenKit®

Platelets are key factors in hard and soft tissue repair mechanisms [1]. They provide essential growth factors, such as FGF, PDGF, TGF-ß, EGF, VEGF, IGF, which are involved in stem cell migration, differentiation and proliferation. Additionally, platelets also stimulate fibroblasts and endothelial cells to induce new extracellular matrix deposition and neo-vascularisation respectively. The platelets are concentrated from the patient's own blood.

Plasma contains many factors essential for cell survival including nutrients, vitamins, hormones, electrolytes, growth factors (such as IGF and HGF), and proteins. Among the plasma proteins, the molecules vital for the coagulation process and for the fibrin polymer formation will serve as a scaffold for cell migration and new tissue generation.



- **The A-PRP prepared with the Regen BCT device has a very low level of contaminants.**

- **Red blood cells are removed at 99.7 %.**

- **The white blood cell level is drastically reduced, with a preferential depletion (96.7 %) of the pro- inflammatory granulocytes. The remaining white blood cells are mostly lymphocytes and monocytes.**

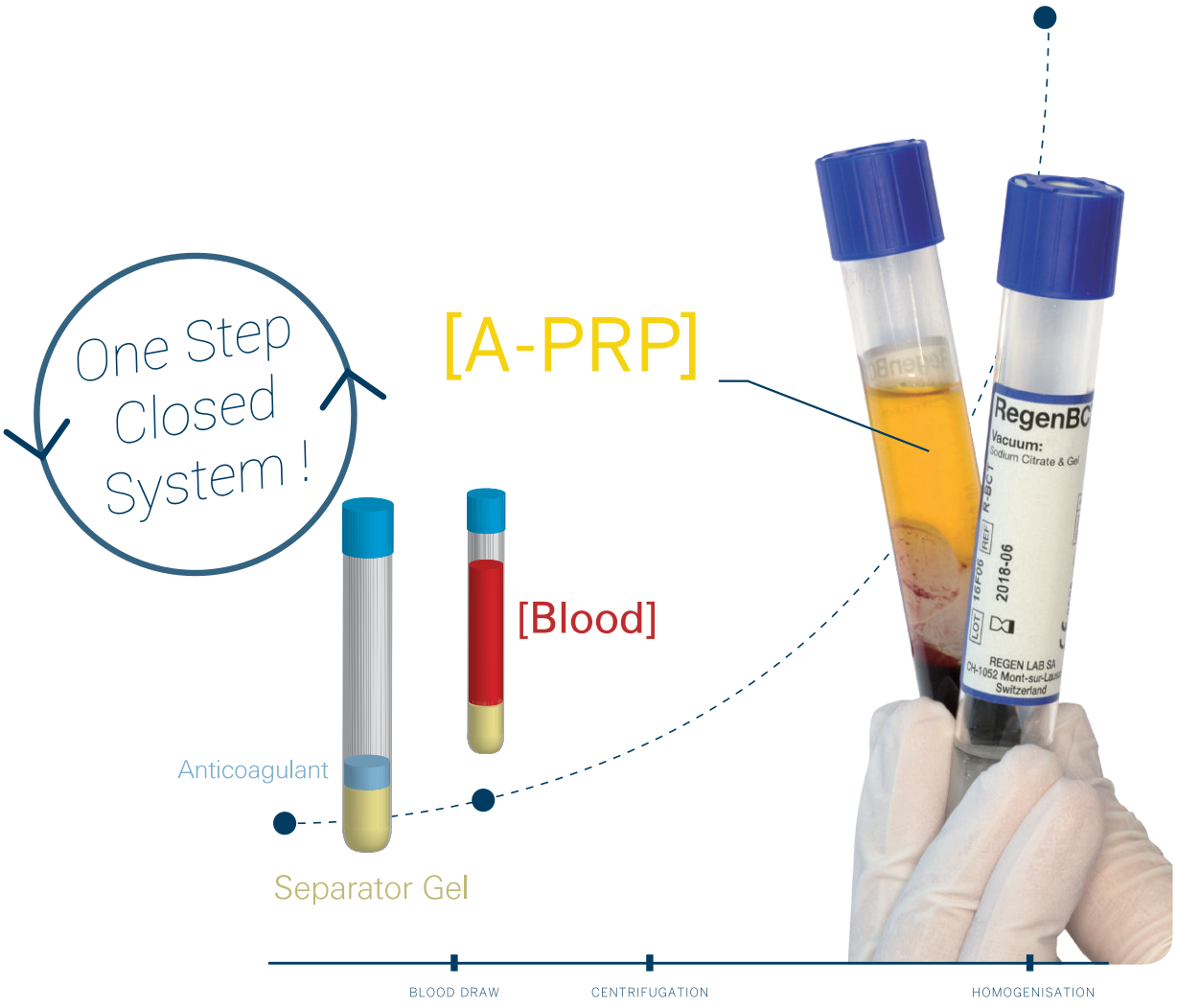
	BLOOD SAMPLE VOL PER TUBE	PRP VOL PER TUBE	PLATELET RECOVERY	RED BLOOD CELL DEPLETION	PLATELET CONCENTRATION FACTOR (NATIVE)
RegenBCT® Tube Properties	10 ml	5 to 6 ml	> 80 %	> 99.7 %	1.6 X

*BCT stands for Blood Cell Therapy.

RegenKit® A-PRP®

RegenKit A-PRP is composed of sterile disposable tubes, butterfly needle, tranfert devices and syringes, packaged in a single-use double blister.

RegenKit cell separator gel allows for the easy, rapid and consistent preparation, from a small volume of blood, of A-PRP with an optimal platelet concentration and viability.

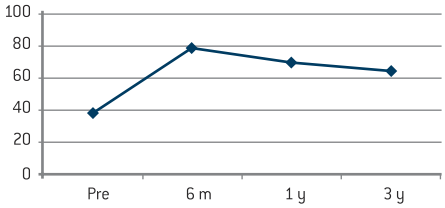


RegenKit BCT produces A-PRP with an optimal cellular profile and platelet viability.

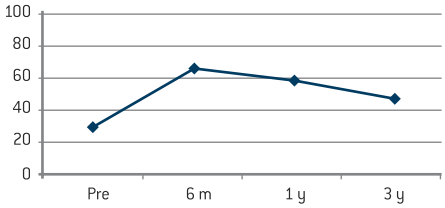
Osteoathritis

In osteoarthritis of the knee, hip and shoulder, A-PRP treatment resulted in improved functional outcomes and reduced pain in patients with early stage disease and has been shown to be markedly more effective than both hyaluronic acid and A-PRP prepared using a laboratory method. [2-6]

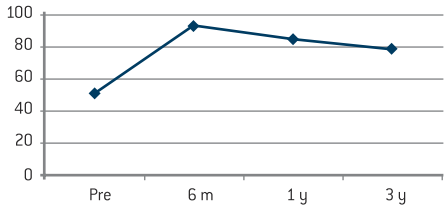
Ankle (FADI) n=40



Knee (IKDC) n=433



Hip (Harris hip score) n=81

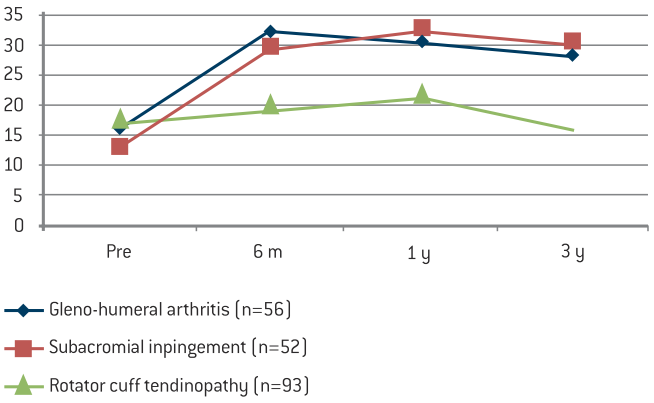


Chondropathies

A-PRP injection in chondropathy of the knee, hip, ankle and shoulder significantly improved the clinical outcomes over time. [2]

In all treated sites, a trend of improvement compared to the pre-treatment period was observed, with p-values still significant compared to baseline at the final available follow-up at 3 years. [5]

Shoulder (UCLA) n=299



REFERENCES

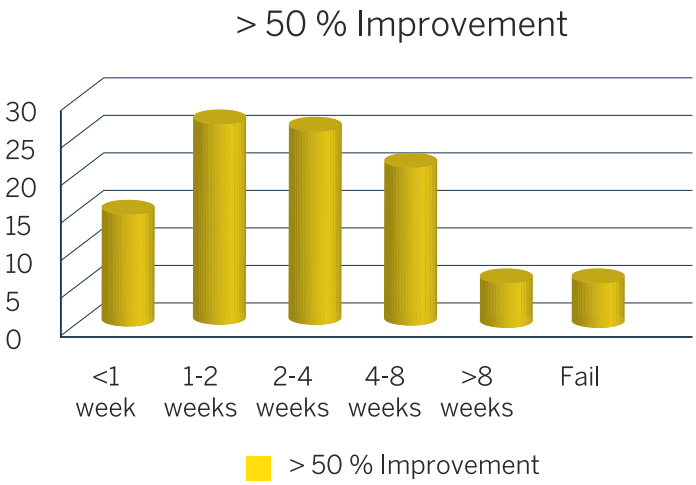
1. Marx RE. Platelet-rich plasma: evidence to support its use. J Oral Maxillofac Surg 2004;62:489-96.
2. Napolitano M, Matera S, Bossio M, et al. Autologous platelet gel for tissue regeneration in degenerative disorders of the knee. Blood Transfus 2012;10:72-7.
3. Gobbi A, Karnatzikos G, Mahajan V, Malchira S. Platelet-Rich Plasma Treatment in Symptomatic Patients With Knee Osteoarthritis: Preliminary Results in a Group of Active Patients. Sports Health: A Multidisciplinary Approach 2012;March:162-72.
4. Gobbi A, Lad D, Karnatzikos G. The effects of repeated intra-articular PRP injections on clinical outcomes of early osteoarthritis of the knee. Knee Surg Sports Traumatol Arthrosc
5. Tirindelli M C, Vadalà G. Clinical efficacy of platelet-rich plasma to treat chronic articular pathologies. Proceedings Biobridge Generation Regeneration Congress, 2014.
6. Jen-Li P. Platelet Rich Plasma (PRP) injection for the painful hips: a comprehensive approach. Proceedings BioBridge Generation Regeneration Congress, 2016.
7. Le Coz J. Traitement de 22 cas de tendinites du coude, rebelles aux traitements classiques, par injection de plasma riche en plaquettes (PRP). Journal de Traumatologie du Sport 2011;28:83-9.
8. Goh P. Optimizing PRP treatment and recovery of injured sportsmen – a five-year medical experience. Proceedings Biobridge Generation Regeneration Congress, 2013.
9. Peetrons P, Grison J-M. Treatment of tendinopathies using PRP under ultrasonic guidance. Proceedings Biobridge Generation Regeneration Congress, 2013.
10. Grison J-M. Study of reathletisation of sportsmen affected by tendinopathy after a treatment with PRP. Proceedings Biobridge Generation Regeneration Congress, 2014.
11. Strakhov M. Using of PRP-therapy for athletes with extra-articular pain localization. Proceedings Biobridge Generation Regeneration Congress, 2014.
12. Chen W C-C. Ultrasound guided PRP injections for cervical degenerative conditions improve safety and efficacy. Proceedings BioBridge Generation Regeneration Congress, 2016.
13. Adam P. A novel treatment for lumbar facet joint pathology: the PRP CT-guided injection. Proceedings BioBridge Generation Regeneration Congress, 2016.
14. Saunders J. A comparison of the use of PRP vs Hypertonic Glucose Injections in the treatment of SIJ mechanical incompetence. A pilot study. Proceedings BioBridge Generation Regeneration Congress, 2016.

These claims and indications of use have been reported in a number of cases during the Biobridge Conferences of 2013, 2014 and 2016.
For more information please contact our scientific team.

Tendinopathies

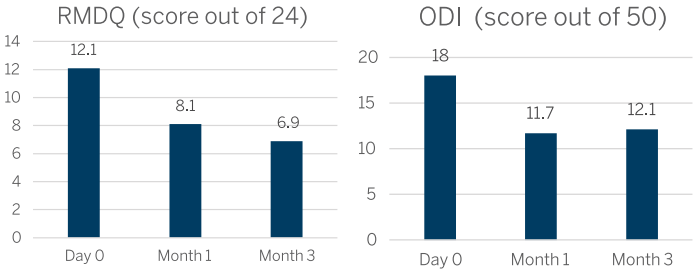
In tendinopathies, A-PRP treatment provided significant clinical benefits in up to 90% of patients with continuous improvement over time with low levels of relapse and was found to be particularly effective in insertional tendinopathies. [7-11]

Injection of A-PRP is a promising treatment option for sports injuries. This study showed a significant analgesic effect, even though the patients received only a single A-PRP injection. [8]



Back Pain

Facet joints physiopathology can be caused by mechanical diseases, inflammatory issues or neuropathic diseases. [12-14]



This clinical experience showed that at the end of follow-up period, A-PRP provided 38% decrease of Lower Back Pain, 81% decrease of LBP associated to Leg Pain, 43% decrease in RMQD score and 33% decrease in ODI score.[13]

A-PRP acts as an autologous antalgic and anti-inflammatory agent and is a valid alternative treatment to corticosteroids (especially for diabetic patients), since it is not harmful in the long term.[13]

BIOBRIDGE KNOWLEDGE

The Biobridge Foundation is Regen Lab's Educational Partner.
Register and Login to access Scientific Content, Workshops and Conferences.

RegenKit® A-PRP®

ORDERING INFORMATION

Preparation of Autologous Platelet Rich Plasma
& other plasma-derived products

CE 0086

Intellectual Property Rights
(IPRs) as Core Assets
www.regenlab.com/patents

RegenKit®-BCT-1-2
(Double blister)
Ref: RK-BCT-1 // RK-BCT-2

1 Safety–Lok™ Butterfly needle
1 Collection holder
1 to 2 Regen BCT* tubes
1 Transfer device
1 to 2 transfer needles
1 to 2 x 5 ml Luer-Lok™ syringe

RegenKit®-BCT-3
(Single blister)
Ref: RK-BCT-3

3 Regen BCT* tubes

RegenKit® BCT-T
(Single blister)
RK-BCT-T

1 Regen BCT* tube

One Step Closed System !

PRODUCT
Quality

ISO 13485 Certified
Patented Innovations
+1 Million Patients treated
CE certified

PATIENT
Safety

GMP Manufacturing
Class IIb Medical Devices
Non Pyrogenic - Sterile

A-PRP®
Efficacy

Dedicaded Kits for specific preparations
+ 100 published studies

Patented by Regen Lab SA - Platelet Rich Plasma
U.S. patent US8529957,
European patent EP2073862B,
Swiss patent CH696752

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