test (-0.34 [-1.45, -0.22], p=0.042) in favor of PRP-HA. At M6, there was a non-significant difference in terms of OMERACT-OARSI responders in favor of the PRP-HA combination (58% vs. 48%, p=0.261) but significant in terms of MCI responders (78% vs. 61.3%, p=0.036) and PASS responders (50.8% vs. 33.3%, p=0.035). PASS response was associated in univariate analysis with pain and total WOMAC at inclusion (p<0.001) as well as with allocated treatment (p=0.03). In multivariate analysis, only allocated treatment was associated with a good response at M6 for both PASS (PRP-HA, OR=2.05 [1.02-3.92], p=0.03) and MCI (PRP-HA, OR=2.21 [1.09-4.44], p=0.02). There was no difference in patient satisfaction at M1, M3 and M6, nor in the occurrence of adverse events.

**Conclusion:** This non-inferiority RCT in symptomatic knee osteoarthritis, the combination of PRP-non-crosslinked HA in mono-injection was at least equivalent to Hyflex G-F 20 for symptomatic benefit (WOMAC) at 6 months, with a good safety profile. The proportion of patients achieving PASS and MCI of WOMAC pain was higher in the PRP-HA group.

**REFERENCES:**


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### POST116

**DIETARY INFLAMMATORY INDEX AND KNEE STRUCTURES ON MRI AND PAIN: A PROSPECTIVE COHORT STUDY**

F. Pan1, J. Tian1, M. Cervo2, D. Scott3, F. Cicuttini4, G. Jones1.

1University of Tasmania, Menzies Institute for Medical Research, Hobart, Australia; 2Monash University, School of Clinical Sciences at Monash Health, Melbourne, Australia; 3Deakin University, School of Exer & Nut Sciences, Melbourne, Australia; 4Monash University, Department of Epidemiology and Preventive Medicine, Melbourne, Australia.

**Background:** While some individual dietary nutrients/components have been shown to be associated with knee osteoarthritis (OA) progression, the associations of the dietary inflammatory index (DII), which reflects the overall inflammatory potential of a diet, with MRI-detected structural changes and pain have not been investigated.

**Objectives:** This longitudinal study aimed to determine whether DII scores are associated with knee structural changes and pain over a 10.7-year follow-up in community-dwelling older adults.

**Methods:** This study utilised the data from a prospective population-based cohort study (mean age 63 years, 51% women) in which 1,099, 875, 768 and 563 participants completed assessments at baseline, 2.6, 5.1 and 10.7 years, respectively. T1-weighted or T2-weighted MRI of the right knee was performed at baseline to measure cartilage volume (CV) and bone marrow lesions (BMLs) at baseline respectively. T1-weighted or T2-weighted MRI of the right knee was performed to assess radiographic progression over a 10.7-year follow-up in community-dwelling older adults.

**Results:** The mean E-DII at baseline was -0.48±1.39. In multivariable analysis, E-DII scores were calculated using a validated Food Frequency Questionnaire. X-ray was performed to assess radiographic progression over a 10.7-year follow-up in community-dwelling older adults.

**Conclusion:** Although ADMSCs were associated with significant reductions in pain scores, improvements in QOL score and knee functions, and achieving disease modification in patients with OA, they did not significantly differ from the control. Therefore, implementing ADMSCs in routine clinical practice needs more studies with large sample sizes, longer follow-up periods.

**REFERENCES:**


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