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Autologous cells derived from different sources and administered using different regimens for 'no-option' critical lower limb ischaemia patients (Review)

Abdul Wahid SF, Ismail NA, Wan Jamaludin WF, Muhamad NA, Abdul Hamid MKA, Harunarashid H, Lai NM

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TABLE OF CONTENTS

HEADER	1
ABSTRACT	1
PLAIN LANGUAGE SUMMARY	3
SUMMARY OF FINDINGS FOR THE MAIN COMPARISON	4
BACKGROUND	7
OBJECTIVES	8
METHODS	8
RESULTS	11
Figure 1.	12
Figure 2.	15
Figure 3.	16
ADDITIONAL SUMMARY OF FINDINGS	21
DISCUSSION	30
AUTHORS' CONCLUSIONS	32
ACKNOWLEDGEMENTS	33
REFERENCES	33
CHARACTERISTICS OF STUDIES	44
DATA AND ANALYSES	79
Analysis 1.1. Comparison 1 BM-MNCs vs mPBSCs, Outcome 1 Amputation rate.	81
Analysis 1.2. Comparison 1 BM-MNCs vs mPBSCs, Outcome 2 Wound/ulcer healing: number of participants with healing ulcers.	81
Analysis 1.3. Comparison 1 BM-MNCs vs mPBSCs, Outcome 3 Wound/ulcer healing: change in ulcer size.	82
Analysis 1.4. Comparison 1 BM-MNCs vs mPBSCs, Outcome 4 Reduction in rest pain: number of participants with any reduction in rest pain score.	82
Analysis 1.5. Comparison 1 BM-MNCs vs mPBSCs, Outcome 5 Reduction in rest pain: rest pain score.	83
Analysis 1.6. Comparison 1 BM-MNCs vs mPBSCs, Outcome 6 Improvement in lower limb perfusion: number of participants with increased ABI.	83
Analysis 1.7. Comparison 1 BM-MNCs vs mPBSCs, Outcome 7 Improvement in lower limb perfusion: ABI score.	84
Analysis 1.8. Comparison 1 BM-MNCs vs mPBSCs, Outcome 8 Improvement in lower limb perfusion: TcO reading in mmHg.	84
Analysis 1.9. Comparison 1 BM-MNCs vs mPBSCs, Outcome 9 Improvement in ischaemic symptoms: PFWD in metres at 12 weeks.	85
Analysis 2.1. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 1 Amputation rate.	85
Analysis 2.2. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 2 Wound/ulcer healing: number of participants with healing ulcers.	86
Analysis 2.3. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 3 Reduction in rest pain: rest pain score.	86
Analysis 2.4. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 4 Improvement in lower limb perfusion: ABI score.	87
Analysis 2.5. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 5 Improvement in lower limb perfusion: TcO reading in mmHg.	87
Analysis 2.6. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 6 Improvement in ischaemic symptoms: PFWT in minutes at 24 weeks.	88
Analysis 2.7. Comparison 2 BM-MNCs vs BM-MSCs, Outcome 7 Improvement in vascularity and blood supply: number of participants with increase in numbers of collateral vessels.	88
Analysis 3.1. Comparison 3 Low cell dose vs high cell dose, Outcome 1 Amputation rate.	89
Analysis 4.1. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 1 Amputation rate.	89
Analysis 4.2. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 2 Wound/ulcer healing: number of participants with healing ulcer.	90
Analysis 4.3. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 3 Reduction in rest pain: number of participants with reduction in rest pain score.	90
Analysis 4.4. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 4 Improvement in lower limb perfusion: number of participants with increased ABI.	91

Analysis 4.5. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 5 Improvement in lower limb perfusion: ABI score.	91
Analysis 4.6. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 6 Improvement in lower limb perfusion: number of participants with improved TcO reading.	92
Analysis 4.7. Comparison 4 Route of injection: IM injection vs IA injection, Outcome 7 Improvement in vascularity and blood supply: number of participants with increase in numbers of collateral vessels.	92
APPENDICES	93
CONTRIBUTIONS OF AUTHORS	106
DECLARATIONS OF INTEREST	106
SOURCES OF SUPPORT	107
DIFFERENCES BETWEEN PROTOCOL AND REVIEW	107

[Intervention Review]

Autologous cells derived from different sources and administered using different regimens for 'no-option' critical lower limb ischaemia patients

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ABSTRACT

Background

Revascularisation is the gold standard therapy for patients with critical limb ischaemia (CLI). In over 30% of patients who are not suitable for or have failed previous revascularisation therapy (the 'no-option' CLI patients), limb amputation is eventually unavoidable. Preliminary studies have reported encouraging outcomes with autologous cell-based therapy for the treatment of CLI in these 'no-option' patients. However, studies comparing the angiogenic potency and clinical effects of autologous cells derived from different sources have yielded limited data. Data regarding cell doses and routes of administration are also limited.

Objectives

To compare the efficacy and safety of autologous cells derived from different sources, prepared using different protocols, administered at different doses, and delivered via different routes for the treatment of 'no-option' CLI patients.

Search methods

The Cochrane Vascular Information Specialist (CIS) searched the Cochrane Vascular Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE Ovid, Embase Ovid, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Allied and Complementary Medicine Database (AMED), and trials registries (16 May 2018). Review authors searched PubMed until February 2017.

Selection criteria

We included randomised controlled trials (RCTs) involving 'no-option' CLI patients comparing a particular source or regimen of autologous cell-based therapy against another source or regimen of autologous cell-based therapy.

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