A LOOK AT HOW KNEE PAIN IS KEEPING US ON THE SIDELINES



autologous cultured chondrocytes on porcine collagen membrane



INTRO AND METHODOLOGY

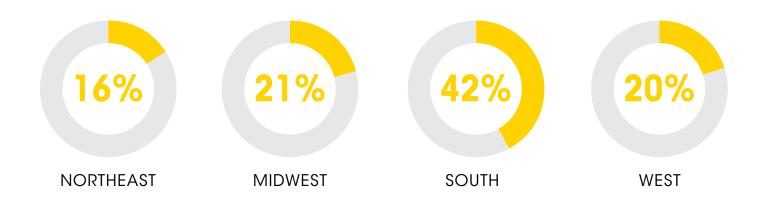
Chronic knee pain is an issue affecting many people across the U.S., causing restricted mobility and even forcing people to give up the activities they love. While knee pain is common, it is often something that goes untreated for long periods of time generally due to wishing it would resolve itself or because people think they can just live with the pain. However, for specific injuries like damage to articular cartilage in the knee, treatment is necessary, as it does not heal on its own. Not treating this damage can also lead to further issues down the line.

To better understand perceptions around knee pain, Vericel, the manufacturer of MACI for the repair of symptomatic knee cartilage damage in adults, commissioned a survey with The Harris Poll, which gathered insights on how those with chronic* knee pain in the U.S. approach treatment, how quickly they take action, their activity level, and what they know about their treatment options. With this survey data, Vericel aims to start a conversation about the importance of knowledge around treatment options and pursuing treatment earlier to address chronic knee pain related to cartilage damage.

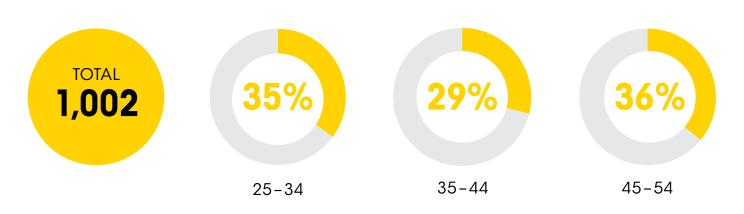
PLEASE SEE IMPORTANT SAFETY INFORMATION ON PAGE 9 AND FULL PRESCRIBING INFORMATION. FOR MORE INFORMATION — MACI.COM

DEMOGRAPHICS

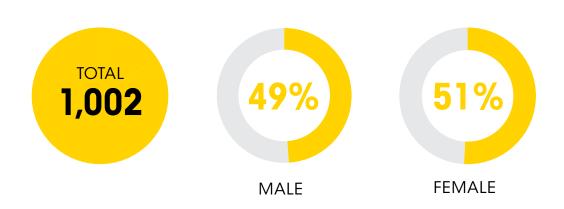
1,002 respondents representing 4 regions of the United States



Age

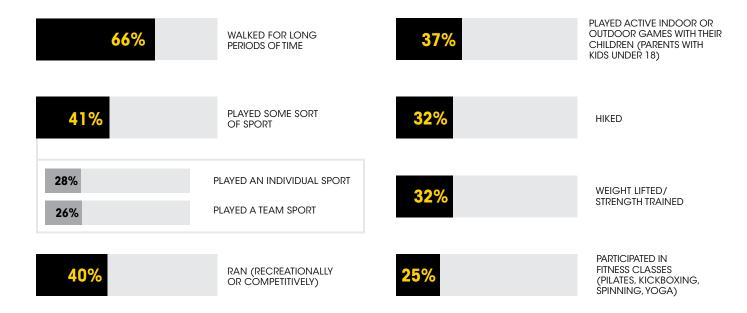


Gender

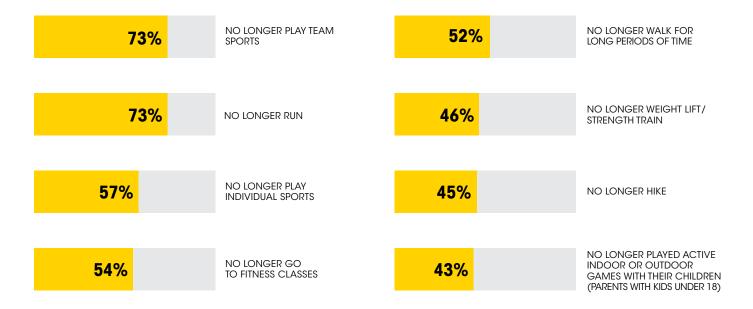


BEFORE & AFTER KNEE PAIN

Prior to experiencing knee pain, these adults were very active, with 92% saying they participated in various solitary or team sports/physical activities.



After experiencing chronic knee pain, activity severely decreased. Of knee pain sufferers that said they used to participate in these activities, 77% say they can no longer participate in at least one activity they previously enjoyed because of their pain.



55% of chronic knee pain sufferers say their mobility is currently worse than it was prior to experiencing knee pain.

KNEE PAIN'S IMPACT ON PHYSICAL WELLNESS

Knee pain has negatively impacted sufferers with the most common impacts felt on:

(% SAY THEY HAVE BEEN NEGATIVELY IMPACTED A LOT/A LITTLE)

85%

ABILITY TO PARTICIPATE IN SPORTS OR PHYSICAL ACTIVITY

80%

ABILITY TO PARTICIPATE IN EVERYDAY ACTIVITIES

80%

ABILITY TO ENGAGE IN RECREATIONAL HOBBIES PREVIOUSLY ENJOYED

74%

ABILITY TO TAKE CARE OF HOUSEHOLD ACTIVITIES



77%
FORGET WHAT IT IS LIKE TO BE PAIN FREE.



70%

HAVE MISSED OUT ON DOING THINGS THEY LOVE BECAUSE OF THEIR KNEE PAIN.

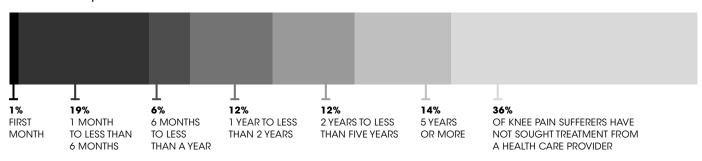
WE'RE PLAYING A WAITING GAME INSTEAD OF TREATING THE PAIN

81% of knee pain sufferers said they are somewhat or very concerned about their knee pain, with **90%** who have considered surgery saying the same. However, many are waiting to treat their pain – or not treating it at all.

74%

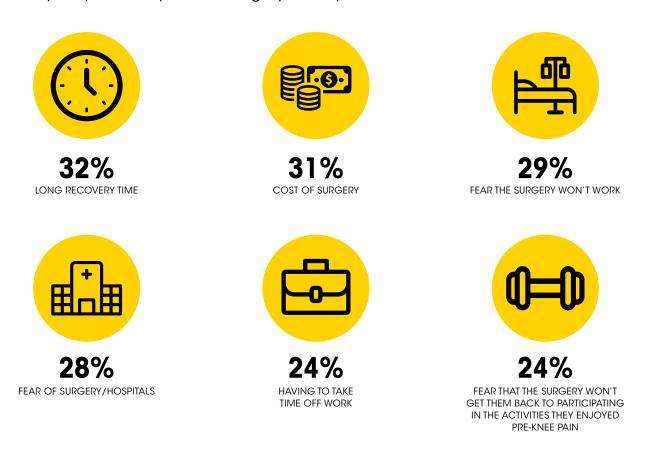
OF KNEE PAIN SUFFERERS KEEP HOPING THEIR KNEE PAIN WILL RESOLVE ITSELF.

However, **64%** say they have ever sought treatment from a healthcare provider about their knee pain.



Despite being aware of various treatments/remedies, chronic knee pain sufferers:		
1	HAVE HEARD OF BUT <u>NOT</u> TRIED PARTIAL KNEE REPLACEMENT SURGERY (REPLACEMENTS OF ONLY THE MOST DAMAGED PORTION OF YOUR KNEE WITH METAL AND PLASTIC PARTS)	(71%)
<u> </u>	HAVE HEARD OF BUT <u>NOT</u> TRIED TOTAL KNEE REPLACEMENT (CUTS AWAY DAMAGED BONE AND CARTILAGE FROM THIGHBONE, SHINBONE, KNEECAP, AND REPLACES IT WITH AN ARTIFICIAL JOINT MADE OF METAL ALLOYS, PLASTICS, POLYMERS)	(69%)
S.	HAVE HEARD OF BUT NOT TRIED CHIROPRACTIC CARE	(58%)
	HAVE HEARD OF BUT <u>NOT</u> TRIED ARTHROSCOPIC SURGERY (REPAIR JOINT DAMAGE USING A FIBER-OPTIC CAMERA AND LONG, NARROW TOOLS INSERTED THROUGH SMALL INCISIONS AROUND YOUR KNEE)	(57%)
* N	HAVE HEARD OF BUT <u>NOT</u> TRIED INJECTIONS (CORTICOSTEROIDS, HYALURONIC ACID, PLATELET-RICH PLASMA (PRP))	(53%)
	HAVE HEARD OF BUT <u>NOT</u> TRIED KNEE CARTILAGE REPAIR USING YOUR OWN CELLS	(50%)

Of those that have considered surgery – either an additional one or their first one – and asked why they haven't pursued surgery, the top reasons cited include:



Of those that have <u>not</u> considered surgery (either an additional one or their first one), the top reasons cited include:





INSIGHTS ON TREATMENT OPTIONS

By not treating your knee pain — especially if it is related to cartilage damage — you can end up with more serious concerns down the line, ultimately limiting the types of treatment options available. If you've been diagnosed with articular cartilage damage in the knee, visit www.maci.com to see if MACI may be an option for you.

89% of knee pain sufferers wish they could find a long-term solution to their knee pain. Don't wait — talk to your doctor today about your options.

ABOUT THE SURVEY

The custom survey was conducted online within the United States by The Harris Poll on behalf of Vericel between April 25 – May 8, 2019 among 1,002 adults ages 25-54 who experience pain in their knee 3 or more days a week and have been experiencing knee pain for at least 2 months.

Survey respondents were recruited from a panel of people who have agreed to participate in survey research. Potential respondents were targeted by age (25-54) and country (US) and asked to complete a qualification screener. Only those who qualified completed the survey.

For complete survey methodology, including weighting variables, please contact FleishmanHillard Boston at fh.maci@fleishman.com.

ABOUT THE HARRIS POLL

The Harris Poll is one of the longest running surveys in the U.S. tracking public opinion, motivations and social sentiment since 1963 that is now part of Harris Insights & Analytics, a global consulting and market research firm that strives to reveal the authentic values of modern society to inspire leaders to create a better tomorrow. We work with clients in three primary areas: building twenty-firstcentury corporate reputation, crafting brand strategy and performance tracking, and earning organic media through public relations research. Our mission is to provide insights and advisory to help leaders make the best decisions possible.

INDICATION

MACI® (autologous cultured chondrocytes on porcine collagen membrane) is made up of your own (autologous) cells that are expanded and placed onto a film that is implanted into the area of the cartilage damage and absorbed back into your own tissue.

MACI is used for the repair of symptomatic cartilage damage of the adult knee.

The amount of MACI applied depends on the size of the cartilage damage. The MACI film is trimmed by your surgeon to match the size and shape of the damage, to ensure the damaged area is completely covered.

Limitations of Use

The safety and long-term clinical benefit of MACI has only been studied in the knee joint.

The safety and effectiveness of MACI have not been proven for patients 55 years old and older.

IMPORTANT SAFETY INFORMATION

MACI should not be used if you:

- are allergic to antibiotics such as gentamicin, or materials that come from cow, pig, or ox;
- have severe osteoarthritis of the knee, other severe inflammatory conditions, infections in the bone
 joint and other surrounding tissue, or blood clotting conditions;
- have had knee surgery in the past 6 months, not including surgery for obtaining a cartilage biopsy
 or a surgical procedure to prepare your knee for a MACI implant;
- or cannot follow a doctor-prescribed rehabilitation program after your surgery

Consult your doctor if you have cancer in the area of the cartilage biopsy or implant as the safety of MACI is not known in those cases.

Conditions that existed before your surgery, including meniscus tears, joint instability or alignment problems should be evaluated and treated before or at the same time as the MACI implant.

MACI is not recommended if you are pregnant or breast feeding.

MACI has not been studied in patients younger than 18 or over 55 years of age.

Common side effects include joint pain, cold-like symptoms, and headaches.

More serious side effects include joint pain, cartilage or meniscus injury, treatment failure, and osteoarthritis.

PLEASE SEE FULL PRESCRIBING INFORMATION FOR MORE INFORMATION.