

Seize life
Enjoy every moment
Embrace competition
Sustain an active lifestyle

Fitter, faster, stronger.

THE
STONE
CLINIC



The Future of Joint Surgery AND REHABILITATION

Growing and replacing damaged parts of the knee with biologic natural tissues will replace artificial (bionic) joints for many patients. At The Stone Clinic, the future is now. We paste graft and grow new surfaces on arthritic bone, transplant new allograft meniscus cartilage to act as shock absorbers in the knee joint, and concentrate stem cells and growth factors to speed healing of ligaments, cartilage, and meniscus. We call this combination of tissue regeneration and replacement techniques Biologic Joint Replacement.

This year we published our work representing the last decade of our advances, demonstrating we can replace degenerative tissues in arthritic knees, and provide people with lasting pain relief and improved function. You will read about the findings in this newsletter. The full articles can be found at www.stoneclinic.com.

We are making significant improvements in the areas of cellular signaling by growth factors and stem cells, tissue

preparation, tissue sterilization, tissue adhesion, and by expanding the sources of tissues from people to animals. The list is long and very exciting.

We can solve these problems with enough time and resources. We have the energy. We have dedicated scientists and clinicians. Most importantly, we have dedicated patients, who need these advances to continue their athletic active lives. I hope you are as thrilled by this work as we are. We look forward to your continued support.

– Kevin R. Stone, M.D.
Orthopaedic Surgeon
The Stone Clinic

GROWTH FACTORS HELP YOU HEAL: *We Put Them to Work*

Growth factors attract cells, stimulate growth, remodel tissue, and accelerate healing. It is no wonder they are a major area of interest in the medical world lately. The primary factors of interest are released by platelets commonly at the site of an injury. A simple cut in the skin leads to bleeding. The blood cells include platelets and the platelets release these factors to organize the wound healing process.

Growth factors have been nursing wounds since the day we were born. We have just learned how to harness their good will. We have figured out how and when they act, and we are now training them, if you will, to function how and when we need them. We are focusing on the factors found in the marrow and the peripheral blood, concentrating them, and applying them to the tissues we seek to repair. Coordinating their actions, their concentrations, and their release to the site of injury has been the major hurdle.

We are testing new methods of concentrating platelet-derived growth factors at the site of injury in joints. One method involves withdrawing a patient's blood, spinning it in a centrifuge, isolating the platelets, adding an activating factor, and then injecting the released growth factors at the site of injury. Another method utilizes genetically engineered growth factors. Both methods are being improved daily. We are planning collaborative work to prospectively compare methodologies in cartilage, tendon, ligament, and meniscus healing. Translating these efforts from basic research to clinical practice is a long-term challenge and the focus of our programs.

We expect that over the next few years the advances will focus on delivery vehicles that permit a soup of factors to be delivered to a site of injury and released in a sequential fashion. We are in the middle of these efforts and will keep you informed.

The 2006 Report

Christine Vardaros and her team took a podium finish at the Antwerp Provincial Championship (July 2006) held in Oostmalle, Belgium.

THE GREAT DEBATE: Early Return, Early Arthritis?

The great debate focuses on the question: Does early return to sports after a ligament injury lead to a higher incidence of arthritis? When is it safe to return? Is there really any data? There are some surgeons who strongly advocate that patients wait years to return to impact sports after serious ligament injuries because they believe the mechanics of the joint are forever altered; therefore, the force on the cartilage surface leads to early arthritis. Others believe failure to return to sports leads to both physical and mental deficiencies that result in abnormal joint mechanics and unhealthy lifestyles.

We believe there is tremendous patient variability; however, most patients seek our care because of our belief in active lifestyles and our focus on the science of tissue repair and rapid regeneration. It is our obligation as scientists and doctors to push science forward to prevent the disability of injury. If we fail to achieve this, we have failed in science, in communication with our patients, and with our skills as surgeons, nurses, and physical therapists. Our mission is to permit people to return to an active lifestyle fitter, faster, and stronger than they were before they were injured.

NEW IN THIS ISSUE:

- *Mesenchymal Stem Cells Help Regenerate Cartilage and Bone.*
- *New Digital X-Ray Delivers Crisper Images, Faster.*
- *The Doctor is In: Dr. Stone Available for Phone or Email Consultations.*
- *Innovations in Patient Care: Stone Research Foundation Examines Minimally Invasive, Biologic Joint Reconstruction Techniques.*
- *Stone Research Foundation Offers Hope for Arthritis Patients.*
- *Reduce Arthritis Pain with a Meniscus Replacement.*
- *Beyond Knee Repair: New Treatments for Ankle and Shoulder Injuries.*
- *Joint Juice: Glucosamine Goes Nationwide.*

MESENCHYMAL STEM CELLS HELP REGENERATE CARTILAGE AND BONE

We are fortunate to collaborate with one of the world's most acclaimed mesenchymal stem cell scientists, Dr. Arnold Caplan, who originally recognized the potential of utilizing mesenchymal stem cells to direct tissue growth and orthopaedic tissue engineering.

In the late 1980's, Arnold I. Caplan, Ph.D., and his colleagues at Case Western Reserve University in Cleveland, developed the technology for isolating a rare cell from adult bone marrow. The cells resembled the middle layer cells of embryos, so they called them Mesenchymal Stem Cells

(MSCs). Caplan and his team discovered that MSCs could differentiate into many tissues. MSCs could form into bone, cartilage, muscle, marrow stroma (where all of your blood cells are managed), tendon/ligament, fat, and other connective tissues.

Over the next 15 years, Dr. Caplan developed tissue engineering technologies using culture-expanded MSCs



Dr. Arnold I. Caplan, Ph.D.

to rebuild these various skeletal tissues. For each tissue, he had to engineer a special delivery vehicle to house the MSCs so that they would differentiate into the proper tissue when placed into the proper location. MSCs could be manipulated into rebuilding bone and tendons.

In simplistic terms, the MSC has become a full-service drug store for regenerating tissues. MSCs are a one-stop shop. They secrete powerful mol-

ecules that decrease scar formation, enhance blood vessel entrance (angiogenesis), inhibit injury stimulated cell death (apoptosis), and create a regenerative microenvironment.

Consequently, not only can MSCs regenerate the meniscus of the knee joint and spinal cord, MSCs rejuvenate organs such as in the case of an infarcted heart, a stroke (brain), and an acute kidney failure. Additionally, MSCs synthesize molecules which mutes your immune system so that MSCs from a genetically different allogeneic donor can be used. These unusual and

powerful activities of adult bone marrow-derived, cell culture expanded MSCs offers the "tomorrow" technology of regenerative medicine.

The key to this new science of tissue engineering is that every skeletal site for repair/regeneration requires a different mechanically sensitive delivery device to instruct the MSCs to differentiate into the site-appropriate tissue. Experiments are now underway in Dr. Caplan's laboratory and others to use this technology for human clinical problems.



JOINT JUICE: Glucosamine Goes Nationwide

Consumers reach for Joint Juice in its palm-size can. You can now find Joint Juice in every Costco, Sam's Club, and Wal-Mart in America. Numerous orthopaedic surgeons have joined Joint Juice founder Dr. Kevin Stone in encouraging patients to quench themselves daily with this glucosamine on-the-go to retard, and even reverse, the progression of symptomatic osteoarthritis. Joint Juice makes it easy to maintain an active and healthy lifestyle. Help yourself to a Joint Juice next time you are in the Clinic, or check out www.jointjuice.com to find a retailer near you.

FDA Approves ACL Replacement Trial in 326 Patients Nationwide

It has been a banner year for CrossCart, Inc., a biotechnology company based at The Stone Clinic which has developed a replacement for the anterior cruciate ligament (ACL). Over the past year, CrossCart made presentations at eight industry professional meetings. This outreach (along with the publication of two manuscripts) has had impact on industry-wide development of xenograft tissues as a safe and effective alternative to human-derived tissue. It has resulted in the FDA's approval of a nationwide multi-center clinical trial of the Z-Lig™, a strong ACL replacement device.

CrossCart's proprietary technology "humanizes" animal tissues, thus allowing their use in humans in lieu of compromising the patient by harvesting their own tissue. The Z-Lig™ consists of specially treated and sterilized pig tissue. Once implanted in the knee, it serves as a scaffold on which human cells grow.

The FDA has approved testing the Z-Lig™ on a double-blind basis and on over 300 patients in ten clinical sites around the country. Successful completion of this study will be a significant step toward bringing the ACL replacement device to market.

The core technology has wide spread application in other areas such as wound healing, soft tissue, bone, tendon, and cartilage replacements.

A major area of continued research involves combining CrossCart's xenograft technology with stem cells harvested from adult bone marrow. The stem cells will speed healing and remodeling of these grafted tissues. In the future, the CrossCart team hopes to provide the medical community with a wide range of tissue replacement products.

THE DOCTOR IS IN:

Dr. Stone Available for Phone or Email Consultations

Prior to an in-person visit, out-of-state patients may want to do an "outside consultation." Although there is no replacement for an in-person clinical evaluation, Dr. Stone can contact out-of-area patients via phone or email to help determine which, if any, surgical or rehabilitation procedures would work best. There is no fee for outside consultations; however, you are encouraged to include a tax-deductible donation to the Stone Research Foundation, a separate, non-profit dedicated to sports medicine and arthritis research, education, and training. Donations are used to advance surgical and rehabilitation techniques.

New Digital X-Ray Delivers Crisper Images, Faster.

In a continuing effort to keep ahead of the technology curve, The Stone Clinic has recently installed a Swissray digital x-ray machine. This direct digital radiology machine delivers crisper images and less radiation than others. Patients receive high quality radiographic images fast, in just 8 seconds. They can leave the office armed with a CD of their x-rays.

For more specific information on how to obtain an outside consultation with Dr. Stone, please visit our website at www.stoneclinic.com/forms/outside_consultation.html

PATIENT HIGHLIGHT: KEN STEPHENS

While in San Francisco for a follow-up visit, Stone Clinic patient Ken Stephens watched the Reds beat the Giants at AT&T Park. The many flights of stairs in BART and the ballpark had previously prevented this avid baseball fan from enjoying America's favorite pastime, live. This year, the stairs were not an impediment, thanks to the improvement in his knees ever since Dr. Stone performed a lateral meniscal allograft transplantation.



"When the bone finally wore out in the mid 1990s, my knee started hurting too much. I wasn't able to do squats or leg presses," lamented Stephens, an active 64-year-old teacher. That is when he discovered The Stone Clinic and underwent a lateral meniscus allograft transplant and articular cartilage paste grafting.

"After visiting The Stone Clinic, other doctors' offices seem like Little League," Stephens commented. "From the time you come in, to the end of the process, everyone is really friendly and professional. I've been to a lot of different offices over the years and no one else really compares."

Prior to visiting The Stone Clinic, Stephens underwent a surgical clean up called a debridement and microfracture (perforation) of his articular cartilage in 1991.

STAFF SPOTLIGHT

THOMAS TUREK, SENIOR SCIENTIST

Thomas Turek is a senior scientist specializing in orthopaedic research, product development, and biomedical engineering. He develops research protocols and contributes critical scientific review to manuscripts and presentations. Tom joined The Stone Clinic in 1999 from Genetics Institute, Inc. where he spent the 90's working on bone biology, clinical applications of growth factor delivery, and bone graft substitutes. This translational work culminated in FDA product approvals of the



bone morphogenetic protein (BMP) InFuse™ device for spinal and orthopaedic trauma applications. Prior to Genetics Institute, he conducted growth factor delivery research at Massachusetts Institute of Technology, Department of Chemical Engineering and Neuro-Metabolism Research at Michigan State University, Department of Biochemistry. With over 16 years experience in applied research and orthopaedic product development, Tom has co-authored over 40 scientific articles and abstracts and has been awarded several U.S. and international patents. Thomas has a B.S. degree in biochemistry from Michigan State University. Tom serves as a senior scientist for The Stone Clinic and vice president of research and development for CrossCart, Inc.

MEDIA UPDATE

There's new hope for the hobbled. Articular cartilage paste grafting, a one-step arthroscopic procedure [at The Stone Clinic], has been helping world-class athletes regrow articular cartilage.... You can [now] expect to see weekend warriors and active retirees alike enjoy the benefits of the procedure. --Men's Journal Magazine

The future of arthritis surgery doesn't involve plastic or metal.... 'The wave of the future is biologic knee replacement,' says San Francisco orthopaedic surgeon Kevin Stone, M.D., 'using the bodies own tissues to restore healthy joints.'... Think of it as the equivalent of a tire retread. --AARP Magazine

Biologic knee replacement... There's nothing to come loose, there's no artificial material. Jodi Lom, who had four previous knee surgeries [before visiting The Stone Clinic], had this new procedure three years ago and said it changed her life. "After rehab and getting strong again, I've been able to go back to the gym, play with the kids, and I just did a triathlon." --ABC News, Good Morning America

INNOVATIONS IN PATIENT CARE:

Stone Research Foundation Examines Minimally Invasive, Biologic Joint Reconstruction Techniques

The Stone Research Foundation is an independent, non-profit 501(c)(3) organization. Since 1995, we have studied minimally invasive biologic joint reconstruction therapies to combat injury and arthritis. Solutions developed here, using natural, biologic materials, are less invasive and less expensive than joint replacement with metals, the present standard of care. Moreover, natural materials perform better than manufactured materials. For example, articular cartilage and meniscus cartilage, when work-

ing together, are four times more slippery than ice on ice. No metal or plastic can recreate these properties.

In large part because of work done here, physicians are now able to more effectively repair tendons and ligaments, successfully transplant meniscus into even severely arthritic knees, and repair lesions in articular cartilage. The latter two are major advances in the treat-



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ment of osteoarthritis. They offer patients increased hope for pain relief, greater activity, independence, productivity, and longevity. We published our findings and now teach these procedures to medical professionals worldwide.

Today, the Foundation is preparing to launch a study aimed at replacing the entire articular

cartilage surface through transplantation of cartilage shells combined with a patient's own growth factors and stem cells. This procedure (combined with a meniscus transplant) is part of our biologic knee replacement program and marks a new era in arthritis treatments.

To find out how you can support this ground-breaking work, please visit our website www.stonefoundation.org or email info@stoneresearch.org. You may also telephone us at (415)921-1220.

CARTILAGE SHELL REPLACEMENT:

Stone Research Foundation Studies the Ultimate Resurfacer

Articular cartilage, the white shiny surface on the ends of bones in joints, used to be thought of as a permanent tissue that, once damaged, could never be repaired, or once diseased with arthritis, could never be cured. Articular cartilage has now been successfully grown in patients' own knees and in tissue cultures (see Stone Research Foundation Offers Hope for Arthritis Patients on this page). These repair techniques, when applied to injured areas of the knee, lead to pain relief and improved function; however, they still have significant shortcomings. Extremely large lesions and advanced global arthritis still resist treatment.

What is needed is a completely new, all-natural, cartilage cover called a shell graft. Efforts to do this with donor tissues have met with limited success over the years. New methods of tissue preparation combined with stem cells and growth factors have the potential to change this outcome. We believe this is the future of cartilage replacement and are committed to solving the technical and biological hurdles. We have designed a promising study and are raising the resources to launch this effort.

This major study represents a potentially huge step forward in the treatment of arthritis. We have undertaken two similar efforts successfully in the past: collagen scaffolds for meniscus replacement and xenograft ligaments for ACL reconstruction. The shell cartilage program is likely to follow the same timeline and will bring tremendous relief to an enormous number of people who believe in our efforts to biologically reconstruct, rather than artificially reconstruct, people's joints.

Stone Research Foundation Offers Hope for Arthritis Patients

The March 2006 issue of *Arthroscopy: The Journal of Arthroscopic Surgery and Related Research* published our results of the first 125 patients who underwent articular cartilage paste grafting to repair arthritic areas in the knee joint. Here is a summary of that report:

Articular cartilage paste grafting is an arthroscopic, out-patient, single-step procedure in which a small amount of the patient's own bone, stem cells, and cartilage is taken out of the knee, smashed into a paste, and impacted back into an arthritic defect in the joint. From there, the knee grows replacement tissue, right inside the joint, leveraging the healing ability of the patient's own stem cells.

Paste grafting is used to treat both acute cartilage injuries from sports like soccer or basketball as well as arthritic areas in the joint, providing a cartilage repair surface that permits people to re-

turn to activities such as skiing, cycling, and hiking. Paste grafting has been used predominantly in knees but also has applications in the shoulder, ankle, and other joints.

Our study published in *Arthroscopy* shows significant evidence that the procedure provides pain relief for up to 12 years in arthritic patients with severely degenerated cartilage in the knee. Paste grafting delays knee replacement while restoring functionality and alleviating pain.

Professional athletes from world champion downhill mountain biker Marla Streb to freestyle skier Matt Reardon have benefited from this procedure, which will now be expanded by us to those suffering from more extensive knee arthritis.

"It is satisfying to demonstrate how effective the natural regenerative healing capacity of people

longitudinal study revealing the results of the treatment of 125 patients to determine if articular

Significant Findings:

- Re-grown cartilage is high-quality repair tissue—over 25% of biopsies were indistinguishable from normal articular cartilage.
- Range of lesion size successfully treated was 24-1400mm sq. (largest lesion treated approximately five times larger than the maximal size indicated for microfracture, a common marrow-stimulating procedure that can be effective in non-arthritic knees).
- Paste grafting provides durable tissue and pain relief for up to 12 years.



cartilage paste grafting can alleviate pain, restore function, and generate durable repair tissue in severely arthritic patients.

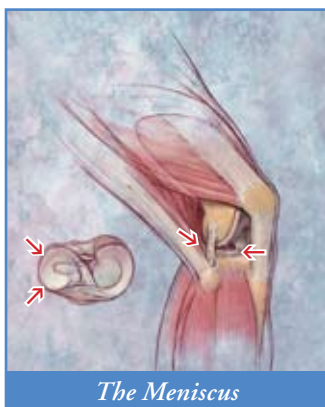
can be if the dead arthritic areas are stimulated in the right manner," Kevin R. Stone, M.D., the study's lead surgeon stated.

The *Arthroscopy* report describes an Institutional Review Board (IRB) approved, prospective,

Among the 125 patients (82 males, 43 females), average age 46 (range of ages was 17 to 73): Seventy-six medial femoral condyles, 23 lateral femoral condyles, 24 trochleas, and 11 tibial plateaus were treated. Average area grafted was 2.86 cm sq.

REDUCE ARTHRITIS PAIN WITH A MENISCUS REPLACEMENT

The May 2006 issue of *Arthroscopy: The Journal of Arthroscopic Surgery and Related Research* published our meniscus replacement survival data. Here is a synopsis of our published report:



The Meniscus

People with arthritis can benefit by having new shock absorbers in their knees. Our meniscus replacement survival data reveals that 89% of the first 47 menisci we implanted in

severely arthritic knees lasted two to seven years and provided increased pain relief and improved activity scores.

The new meniscus is implanted as an outpatient arthroscopic procedure and adequately heals in just one month, enough to permit full weight bearing after that time. We believe a greater number of surgeons will choose to help their patients by using this partial biologic joint replacement which delays the time when an artificial joint might be required. For many of our patients, our research on full articular cartilage replacement may lead to complete avoidance of artificial joint replacement as well.

FELLOWSHIP ROTATIONS IN MUSCULOSKELETAL RADIOLOGY

The Stone Clinic and Stone Research Foundation teamed up with RadNet Radiology. Together they organize visiting fellowships in radiology, which permits doctors who are in advanced musculoskeletal radiology programs to spend time at the Foundation to see how data is collected and learn about the clinical setting. The interchange between fellows in radiology and the orthopaedic team has improved our knowledge of imaging in patient care.

TEACHING, EDUCATION & OUTREACH *at The Stone Clinic*

Off the Slopes Training

One professional skier golfs and surfs (and not much else) after the ski-season is over. Another collegiate skier and her teammates claim they don't think much about training until the dry-land camps start. The general attitude seems to be that when training camps begin at the end of summer, the athlete can catch up and get ready in time for the season. This is adequate enough to get by, but not for those who want to excel.

To keep in ski-season shape as temperatures rise, athletes should increase (not decrease) their level of fitness. Summer training is a perfect way for the athlete to cross-train, which means introducing multiple sports and activities into a training program. Cross-training is essential for skiers; it allows the body to avoid repetitive stress injuries brought on by subjecting the body's joints and muscles to intense forces without any variety. "Most successful world-class

skiers avoid and recover from injuries the fastest when they are accomplished at cross-training," says Dr. Kevin Stone. In fact, he adds, "the best ones have improved their results by building on their in-season flexibility with off-season power and cross training."

Good cross-training for off-season skiing would include mixing cardio activities such as biking, rollerblading, and running with balance training, strength training, plyometrics, and stretching. Exercises on a gymball for core strengthening combines upper and lower extremity movements with the abdominals, hips, and gluteals, all of which are the body's center for balance and strength. The use of plyometrics in a training program involves jumping, hopping, cutting, and twisting activities designed to increase the skier's skill in quick changes of direction, explosion, and lateral movements.

A solid training program includes four one-hour cardio sessions a week, incorporating some balance and proprioceptive training, and three strength training sessions with a 20-minute warm up followed by good arm and leg strength training. It is preferable to incorporate free weights or plyoballs as well as some advanced core strengthening drills. Focus on flexibility every day since tight or inflexible muscles affect mechanics enough to actually throw off explosive power and agility on the slope, thereby affecting reaction time. The typical inflexibility that many skiers exhibit is primarily due to the posture of skiing. The tucked position tends to cause tight hip flexors (psoas muscle) and hamstrings. The fixed position in the boot can cause tight calf muscles. It is best to hold stretches statically for 45 seconds each. Cross training during the off season enhances performance and helps prevent injuries of downhill skiers who take their winter play seriously.

SHADOW A SURGEON?

What do you want to be when you grow up? Most students have no idea. We have had the pleasure of hosting quite a few trainees of all ages. They shadow the surgeon, nurse, physical therapist, and radiologist. Most leave inspired. A few intimidated. Some never want to leave.

REHAB TEAM EXPANDS COACHING EDUCATIONS

The rehabilitation team at The Stone Clinic organizes coaches' clinics to help coaches keep up to date with the latest knowledge about injury prevention, stretching, core strengthening, and nutrition.

ORTHOPAEDIC ANSWERS ON PODCAST

Many of Dr. Kevin Stone's lectures can now be heard over podcasts. Follow this link to enlightening (and educational) listening, www.stoneclinic.com/rss/index.htm.

- *The Knee Joint: Meniscus*
- *Top Questions About the Knee, Pt. I*
- *Top Questions About the Knee, Pt. II*
- *Tissue Transplantation: Safety*
- *The Ankle*
- *The Clavicle*

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RECENT PRESENTATIONS

"Xenograft Ligament Transplantation: Development of a Porcine Xenograft for ACL Reconstruction." Stone KR, Turek TJ. XXIV Congreso de la Asociacion Espanola de Artroscopia, Leon, Spain, May 12, 2006.

"Meniscus Repair." Stone KR, Walgenbach AW, Freyer A, Turek TJ. XXIV Congreso de la Asociacion Espanola de Artroscopia, Leon, Spain, May 11, 2006.

"Meniscus Allograft: State of the

Art." Stone KR, Walgenbach AW, Turek T, Freyer A. XXIV Congreso de la Asociacion Espanola de Artroscopia, Leon, Spain, May 10, 2006.

"Knee Instability Live Surgery: Meniscal Transplant." Stone KR, Walgenbach AW, Adriani E. Surgical Winter Games, Cortina D'Ampezzo, Italy, April 4, 2006.

"ACL Reconstruction with a Porcine Xenograft." Stone KR, Walgenbach AW, Turek TJ, Galili U. ACL Study Group Meeting, Kona, Hawaii, March 28, 2006.

"Comparison of Patients Receiving Autografts, Allografts, and Xenografts: Preliminary MRI Findings." Crues JV, Nguyen G, Winkler B, Stone KR, Turek TJ. ACL Study Group, Kona, Hawaii, March 28, 2006.

"Xenograft Ligament Transplantation." Stone KR, Walgenbach AW, Turek TJ, Galili U. American Association of Tissue Banks Spring Meeting, Tucson, Arizona, March 26, 2006.

"Immunological Considerations in Orthopaedic Xenografting: The

Path to the Xeno Meniscus." Stone KR, Walgenbach AW, Turek TJ, Galili U. Basic Biology of the Meniscus Discussion Group, Orthopaedic Research Society, Chicago, Illinois, March 22, 2006.

"Can a Meniscus Allograft Survive in the Arthritic Knee?" Stone KR, Walgenbach AW, Turek TJ, Freyer A. Orthopaedic Research Society, Chicago, Illinois, March 19, 2006.

"IM Fixation of Mid 1/3rd Clavicle Fractures." Stone KR. California Pacific Medical Center Orthopaedic Education Day: Advances in Upper

Extremity Surgery, San Francisco, California, September 9, 2005.

POSTER SESSIONS

"Porcine Xenografts as Functional Scaffolds for ACL Reconstruction." Stone KR, Walgenbach AW, Turek TJ, Galili U. International Symposium on Tendon and Ligaments - VI, Chicago, Illinois, March 18, 2006.

"Immunological Considerations in Orthopaedic Xenografting." Stone KR, Walgenbach AW, Turek TJ. Orthopaedic Research Society, Chicago, Illinois, March 2006.

E-NEWSLETTERS

February: The Stone Clinic Fitness Program (www.stoneclinic.com/e-newsletter/200602.htm)

May: How can stem cells benefit you? (www.stoneclinic.com/e-newsletter/200605.htm)

August: Meniscus Transplantation Works (www.stoneclinic.com/ae-newsletter/200609.htm)

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