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Response to Comment by Andriolo *et al.*

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Dear Editor,

We would like to thank the authors for their response to our article.¹ Our main objective was to report the risk for major revision surgery after a long-term follow-up of perichondrium transplantation and to evaluate the influence of patient characteristics. As such, major revision surgery was defined as failure. The authors agree that, depending on the objective, multiple outcomes can be used for the definition of failure.

To be able to compare our results to other publications that report mid- to long-term outcome, we chose to use the IKDC (International Knee Documentation Committee) score. This score is currently one of the best validated questionnaires and is often used because of its simplicity.² Another advantage of the IKDC score is the possibility to adjust for age, an important factor in our long-term follow-up, as we elaborated on in our discussion.³

The described MCID (minimal clinically important difference) and PASS (patient acceptable symptomatic state) values for microfracture are calculated for a follow-up of maximum 24 months.⁴ It is unclear what values would be expected after a longer-term follow-up like our 22-year follow-up and therefore difficult to apply to our results.

However, we support the need for critical evaluation of cartilage repair in general through broader failure definitions, such as psychometric measures like MCID and PASS.

It would be interesting if these definitions can not only unravel the potential of cartilage treatments, as suggested in the comment, but also further unravel the influence of patient characteristics leading to improved treatment algorithms for better outcome of cartilage repair strategies on the short- and mid-term and as such preventing major prosthetic revision surgery.

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Authors' Note

The authors' declarations of personal and financial interests are unchanged from those in the original article.¹

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