Duke Spine Study: Cost Savings & Durability Data

Duke University spine research reinforces what Regenexx data have historically demonstrated when compared to surgery[1]:

Regenexx Approach Compared to Spinal Fusion*

	Time Horizon	1 year	2 years	3 years	4 years
COST SAVINGS	Cost Savings (Commercial Payer Avg. Costs)	~$45,326 less	~$46,747 less	~$49,122 less	~$49,634 less
		Spinal fusion cost ~3–4× more than the Regenexx approach across all time horizons (1-4 years).			
DURABILITY	Surgical Conversion Rate	Below reporting threshold →			
	Spinal Fusion Reoperation Rate	~10.7%	~14.1%	~18.7%	~21.4%
		1 in 5 spinal fusion patients needed reoperation by Year 4			

~77% cost savings at Year 1

Regenexx Approach Compared to LFDF†

	Time Horizon	1 year	2 years	3 years	4 years
COST SAVINGS	Cost Savings (Commercial Payer Avg. Costs)	~$17,944 less	~$17,931 less	~$19,727 less	~$20,385 less
		LFDF cost ~2× more than the Regenexx approach across all time horizons (1-4 years).			
DURABILITY	Surgical Conversion Rate	Below reporting threshold →			
	LFDF Reoperation Rate	~24.9%	~29.0%	~32.0%	~34.1%
		1 in 3 LFDF patients needed reoperation by Year 4			

Note: Cost savings accumulate year over year. Indirect costs were not included in the cost savings analyses in this study. Duke researchers stated that if indirect costs were included, however, cost savings would "likely favor" the Regenexx approach (due to factors such as decreased downtime and travel time to appointments).

"Below reporting threshold" indicates fewer than 11 reoperation events were observed among Regenexx provider patients at every follow-up. "Surgical conversion rate" refers to Regenexx provider patients who went on to surgery. "Reoperation rate" refers to surgery patients who needed additional surgery.

To learn more, contact the Regenexx Corporate Sales Representative who shared this data with you.

**Spinal fusion=procedure that fuses certain vertebrae together. It is often performed together with a laminectomy.[2] †LFDF=a term used to group four related spine decompression procedures: laminectomy (surgery that removes part of the vertebra)[2], foraminotomy (surgery that treats nerve compression by widening the opening of the spine for the nerve roots)[3], discectomy (surgery to remove all or part of the disc, or cartilage cushion that helps support part of the spine)[4], or facetectomy (procedure that removes part of facet joint in the spine).[5]*

References
1. Duke University data on file. 2. Lown Institute. Unnecessary back surgery, 2025. Lown Institute Hospitals Index. Published October 7, 2025. Accessed July 17, 2026. https://lownhospitalsindex.org/unnecessary-back-surgery-2025/. 3. Cleveland Clinic. Foraminotomy. Cleveland Clinic website. Accessed February 17, 2026. https://my.clevelandclinic.org/health/procedures/foraminotomy. 4. MedlinePlus. Diskectomy. MedlinePlus website. Reviewed November 2, 2022. Accessed February 17, 2026. https://medlineplus.gov/ency/article/007250.htm. 5. American Association of Neurological Surgeons. Minimally invasive spine surgery. American Association of Neurological Surgeons website. Accessed February 17, 2026. https://www.aans.org/patients/conditions-treatments/minimally-invasive-spine-surgery/.

Note: The Duke HEOR study data have not yet been finalized by authors. It may contain errors and report information that is not yet accepted or endorsed by the scientific or medical community. The Duke knee and spine studies were sponsored by Regenexx. Per the knee and spine study papers, the sponsor had no role in the conduct of the analyses, interpretation of the data, or manuscript preparation. Duke University investigators had full access to all study data and retained final responsibility for the content of the manuscripts and the decision to submit for publication. Both studies were retrospective, observational analyses using propensity-matched cohorts representing patients who elected orthobiologic treatment among those eligible for surgery; as with any non-randomized comparison, the potential for selection bias cannot be fully excluded. Patients often characterize Regenexx's non-surgical treatment options as "stem cell" or "regenerative medicine" procedures using Regenexx lab processes. For more information about these terms and how Regenexx defines them, please visit https://regenexx.com/our-approach/stem-cells/. Like all medical interventions, procedures using Regenexx lab processes have a success and failure rate. Regenexx provider patient reviews and testimonials in this document should not be interpreted as a statement on the effectiveness of regenerative therapy for anyone else. Industry professional reviews and testimonials reflect the experience of that entity with the Regenexx Corporate Program. To discuss what a partnership with Regenexx could look like for your company or client, contact our team. The information provided by Regenexx is for informational purposes only and is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. Regenexx is not a teaching institution or medical practice, and does not engage in the training of physicians or the practice of medicine. Physicians listed on the Regenexx websites are independent contractors who have licensed certain Regenexx intellectual property. Nothing on the Regenexx webpages, the Regenexx blog, any informational videos, or other marketing materials should be interpreted as endorsing a particular physician or establishing an employer-employee, partnership, or agency relationship between Regenexx and any physician.

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