



**OSTEOARTHRITIS:
CHOOSING THE
RIGHT
PRECLINICAL
MODEL STARTS
WITH ASKING THE
RIGHT QUESTION**

1.

In our recent exchange with **Pr. Francis Berenbaum**, a leading clinician and researcher in rheumatology, one thing became clear:

“Osteoarthritis isn’t just cartilage wear and tear. It’s a complex disease involving synovium, subchondral bone, inflammation - and pain.”

At Dev4All, we believe this complexity calls for more than one model.

That’s why our validated OA models are designed to match your scientific question:

- **Looking at pain and inflammation?**

We use chemically-induced model monoiodoacetate to evaluate mechanical allodynia and acute synovitis.

- **Studying structural progression?**

Our surgical models (meniscectomy, ligament instability) mimic chronic degeneration and allow deep histological analysis.

Pr. Francis Berenbaum MD, PhD



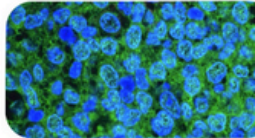
2.

Across all our studies, we combine **the 3 criteria** that matter most when selecting a preclinical model:

- ✓ **Translational relevance** - our models reproduce key pathophysiological features observed in patients.
- ✓ **Standard-of-care comparison** - when relevant, we include reference treatments for benchmarking like corticosteroids.
- ✓ **Flexibility** - we select the model, adapted endpoints, and analysis timeline based on your target, formulation, and mechanism of action.

Whether you're developing a new drug or a nutraceutical ingredient, we adapt our platforms to meet your strategy.

Thank you, **Pr. Francis Berenbaum**, for helping us bridge clinical insight, preclinical evidence, and therapeutic innovation.



Let's connect!

Daniel Sanchez Lopez, PhD
Solution Finder



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Let's discover our models
Dev4all.bio



**Your R&D Booster Passionate
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