in this study using these parameters. In contrast the structural benefit was highest with monthly injection scheme (Figures 3, 4, 5). The bi-weekly injection scheme is also promising and provide interesting structural benefits.

Overall, results of this study indicate that treatment with FGF-18, regardless of regimen, significantly increased swelling in the treated knee after the first injection. Histopathology evaluation indicated that treatment generally increased the extent of injury over the tibial surface, particularly in terms of collagen damage, while reducing its severity. This effect was most evident in the treatment groups that received three doses rather than two, and in groups that received their final dose at the latest time point (day 77). Several other side effects of treatment were seen, including cartilage hypertrophy, synovitis, and synovial fibrosis. These changes were most evident and severe in animals that received three doses in rapid succession (Groups 3 and 4), while animals that received only two doses (Groups 6 and 7) or received their doses over a greater timeframe (Group 5) had slightly less severe changes. The treatment regimen that resulted in the best overall morphology was the three injections, once monthly (Group 5; injections at days 21 , 49, and 77), indicating that some recovery time between doses was beneficial. Alternatively, the treatment regimen three injections, once every 2 weeks (Group 4; injections at days 21 , 35 and 49), resulted in good overall morphology.

Example 3

Methods:

60 adult male, naive, New Zealand White rabbits were used for this study. Animals were approximately 3-4 months of age Rabbits underwent for creation of the cartilage defect right knee. A 2 mm by 6 mm full thickness defect was made in the articular cartilage of the trochlear groove. The microfracture was created using 18 gauge needles, two 3 mm deep micro fractures were made through the subchondral bone at the base of the defect, one proximally and one distally. Each micro fracture hole was approximately 1 .5 mm in diameter and the holes separated by 2 mm.

The experiment consisted of the following six treatment groups, with 10 animals in each group for a total of 60 rabbits (Table 2). Rabbits in Groups 3, 4, 5 and 6 were treated with intra-articular rhFGF18 in either one cycle of three weekly injections of 100µg of rhFGF18 (Group 3 and 5) or one cycle of three monthly injections 100µg of rhFGF18 (Group 4 and 6). All animals were euthanized and necropsied 6 months after surgery.

Table 2: treatment groups

Group # (n=10)	Cartilage defect	Micro-fracture	Test article & treatment schedule	Dose µg/injection (trFGF-18)	trFGF-18 concentration (µg/ml)	Volume (ml/joint)	Day of dose
1	Yes	No	None	0	NA	NA	NA
2	Yes	Yes	None	0	NA	NA	NA
3	Yes	No	rhFGF18 (1x/week for 3 weeks	100	500	0.2	Day 7,14,21

CLAIMS

1. Use of an FGF-18 compound for the manufacture of a medicament for the treatment of a cartilage disorder wherein the FGF-18 compound is to be administered at least three times per treatment cycle, said administrations being separated by 2 weeks, wherein said cartilage disorder is osteoarthritis.

2. The FGF-18 compound for use according to claim 1, wherein said administrations are separated by 2 weeks.

3. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is to be administered at least 3 times or at least 4 times per treatment cycle.

4. The FGF-18 compound for use according to any of the preceding claims, wherein treatment cycles are repeated after 2, 3, 4, 5 or 6 months.

5. The FGF-18 compound for use according to any of the preceding claims, which comprises 1, 2, or 3 treatment cycles per year.

6. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is to be administered intra-articularly.

7. The FGF-18 compound for use according to any one of the preceding claims, wherein the FGF-18 compound is to be administered at a dose of 3-300 mcg, or preferably 10-200 mcg, or more preferably 30-150 mcg, or even more preferably 30-120 mcg per single intra-articular administration.

8. The FGF-18 compound for use according to claim 8, wherein the FGF-18 compound is to be administered at a dose of about 3, 10, 20, 30, 40, 50, 60, 90, 100, 120, 150, 180, 200, 240 or 300 mcg per single intra-articular administration of the FGF-18 compound.

9. The FGF-18 compound for use according to any of the preceding claims, wherein the cartilage is articular cartilage.

.

10. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is selected from the group consisting of:

a) a polypeptide comprising or consisting of the human FGF-18 mature form comprising residues 28-207 of SEQ ID NO:1, or

b) a polypeptide comprising or consisting of SEQ ID NO:2.

11. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is to be administered together with an anti-inflammatory drug.

12. The FGF-18 compound for use according to claim 11, wherein the anti-inflammatory drug is anakinra or diclofenac.

13. The FGF-18 compound for use according to claim 11 or claim 12, wherein the anti-inflammatory drug is to be administered at a dose of 0.001-500 mg, or preferably 0.1-250 mg, or more preferably 0.5-150 mg per single administration.

14. The FGF-18 compound for use according to claim 13, wherein the anti-inflammatory drug is to be administered at a dose of 0.03, 0.1, 0.25, 0.3, 0.5, 1, 1.5, 2, 5, 10, 15, 20, 30, 40, 50, 60, 70, 80, 90, 100, 150, 200, 250 or 300 mg per single administration

15. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is to be administered 3 times per treatment cycle, said administrations being separated by about 2 weeks.

16. The FGF-18 compound for use according to any of the preceding claims, wherein the FGF-18 compound is to be administered bi-weekly for 3 consecutive times.