**Results** 118 patients having meniscal resection (mean age 32 [SD 7], 66% men, mean baseline KOOS4 score 48.3 [SD 17]), and 24 patients having meniscal repair (mean age 26 [SD 6], 67% men, baseline KOOS4 score 47.1 [SD 16]) were included. At 52 weeks both groups had improved, but patients having repair experienced less improvement in KOOS4 scores than patients having resection (adjusted mean difference in change −13.0, 95% CI: −21.1; −4.9, p = 0.002). Sensitivity analysis excluding patients having additional surgery in the index knee within the 52 weeks follow-up (repair: 32%; resection 9%) yielded similar results. Additional subgroup analysis including only patients with non-degenerative longitudinal-vertical tears, displayed even less improvement in the repair group compared with the resection group (adjusted mean difference in change −22.9, 95% CI: −32.5; −13.2, p < 0.001).

**Conclusion** In this prospective cohort, patients having meniscal repair experienced less improvement after 1 year than patients having meniscal resection.

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**Materials and methods** We conducted a Delphi study of patients and health care professionals (HCP) in two parts: an online survey and consensus meeting. Online survey items were extracted from clinical trial reports. Agree, disagree, or unsure were options in response to: ‘The ‘item’ is important enough to be included in a core domain set of tendinopathy’. A-priori criterion of ≥70% participant agreement was deemed for selection of a core domain.

**Results** 32 patients and 28 HCP (92% had >10 years of tendinopathy experience, 71% consulted >10 cases per month) completed the online survey. 2 patients and 15 HCP attended the consensus meeting. Of the original 24 items (from trial reports); 9 were core: Patient overall rating, participation, pain on activity/loading, disability, function, physical function capacity, quality of life, psychology, and pain over a specified timeframe. Eight items were not core domains: range of motion, palpation, clinical examination, structure, pain on examination or without other specification, drop out, and sensory modality pain. Remaining seven items did not meet criterion.

**Conclusion** The core domain set serves as a guide for reporting of outcomes in clinical trials. Further research should determine these outcomes for each specific tendon.

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**Introduction** Tendinopathy (local tendon pain associated with physical activity) is a challenge to treat despite recent advances. One factor contributing to this challenge is our limited ability to synthesise/meta-analysis research findings, which is further compounded by a lack of valid outcome measures. We determined the core outcome domains against which outcome measures should be recommended.