



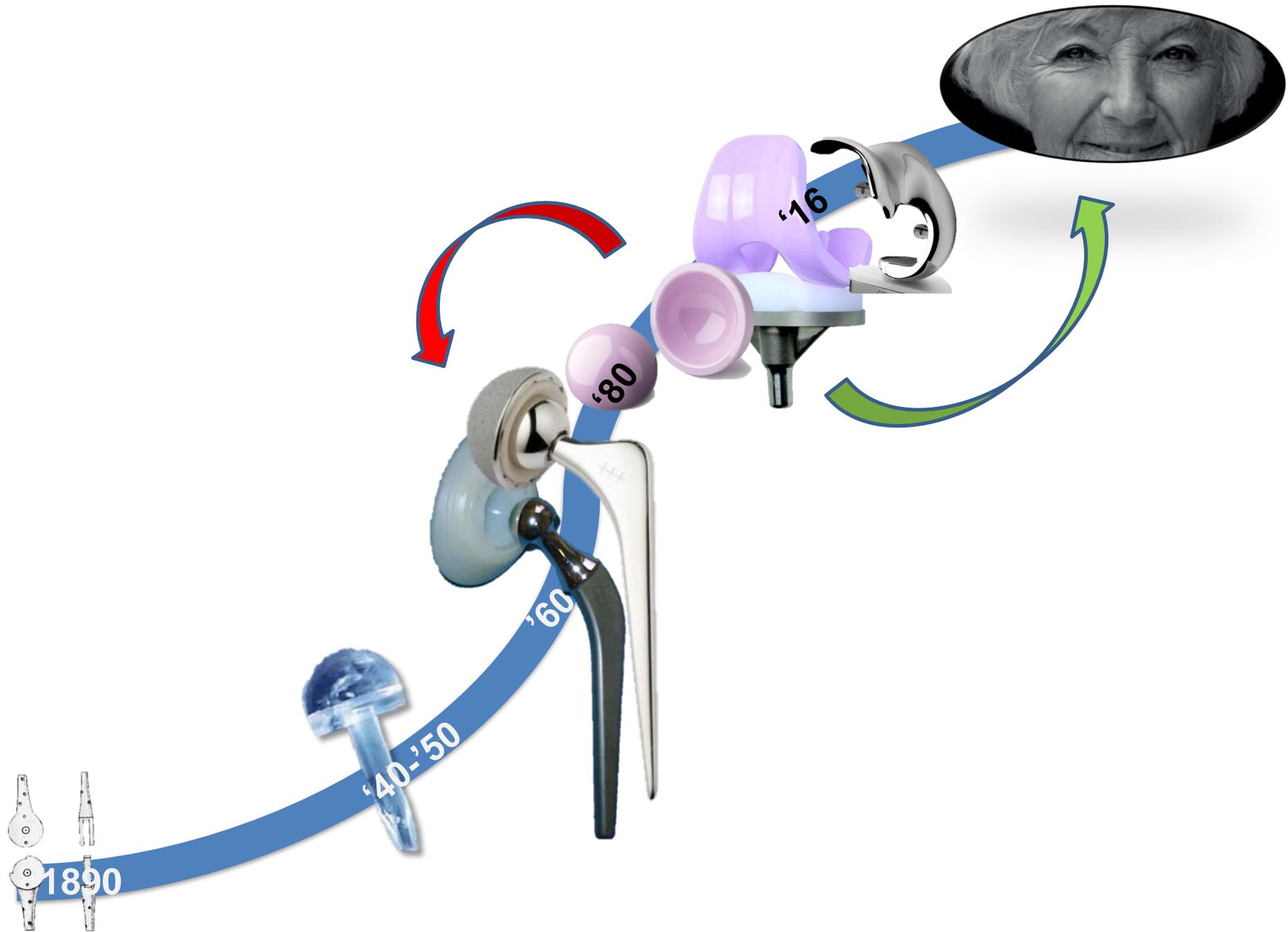
# Surveillance & Vigilance

*What Surgeons can contribute*

**Rob Nelissen, MD, PhD**

*Professor & Chairman Orthopaedics, Leiden University Medical Center*

Chairman NORE, an EFORT committee



## Sufficient Clinical Evidence ?

**Clinical benefit:** *the positive impact of a device on the health of an individual, expressed in terms of meaningful, measurable, patient relevant clinical outcome, including outcome(s) related to diagnosis, or a positive impact on patient management or public health. (MDR art 2 (53))*

**Risk:** *the combination of the probability of occurrence of harm and the severity of that harm (MDR art 2 (23))*

$$\frac{\text{Benefit}}{\text{Risk}} > 1$$

$$\frac{\text{Risk}}{\text{Benefit}} > 1$$

# Complications Primary Total Hip

Registry studies > 300.000 patients NJR

- Mortality
- Walking difficulty
- Moderate - severe pain

# Complications Primary Total Hip

Registry studies > 300.000 patients NJR

- Mortality 0.7%
- Walking difficulty 22%
- Moderate - severe pain 11%

# What Is the Benefit of Introducing New Hip and Knee Prostheses?

## Which Implant Should We Use for Primary Total Hip Replacement?

Prim  
base

**ONLY 20-40 % of total hips/knees good clinical evidence**

### RESEARCH

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## Appraisal of evidence base for introduction of new implants in hip and knee replacement: a systematic review of five widely used device technologies

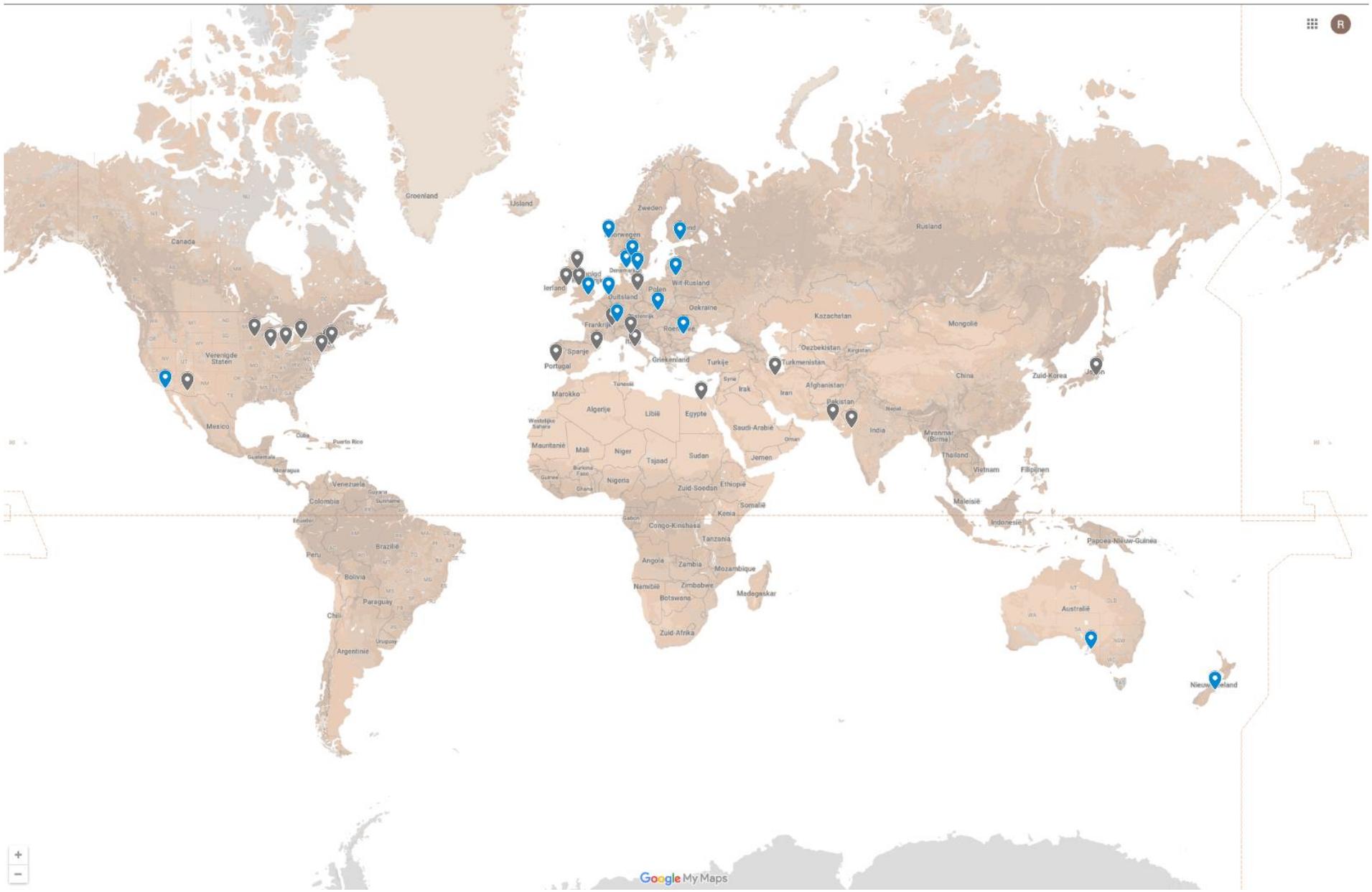
OPEN ACCESS

Marc J Nieuwenhuijse research fellow ICOR and FDA<sup>1,2,3</sup>, R G H H Nelissen professor<sup>2</sup>, J W  
... specialist<sup>4</sup>, A Sedrakyan associate professor<sup>1,3</sup>

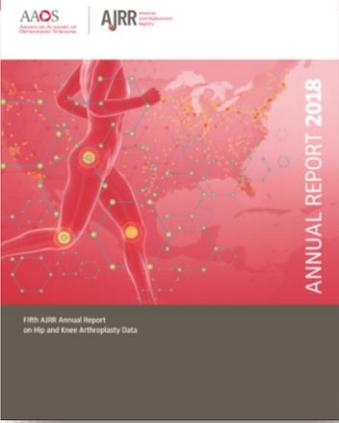
# Selection of implants performance in real world



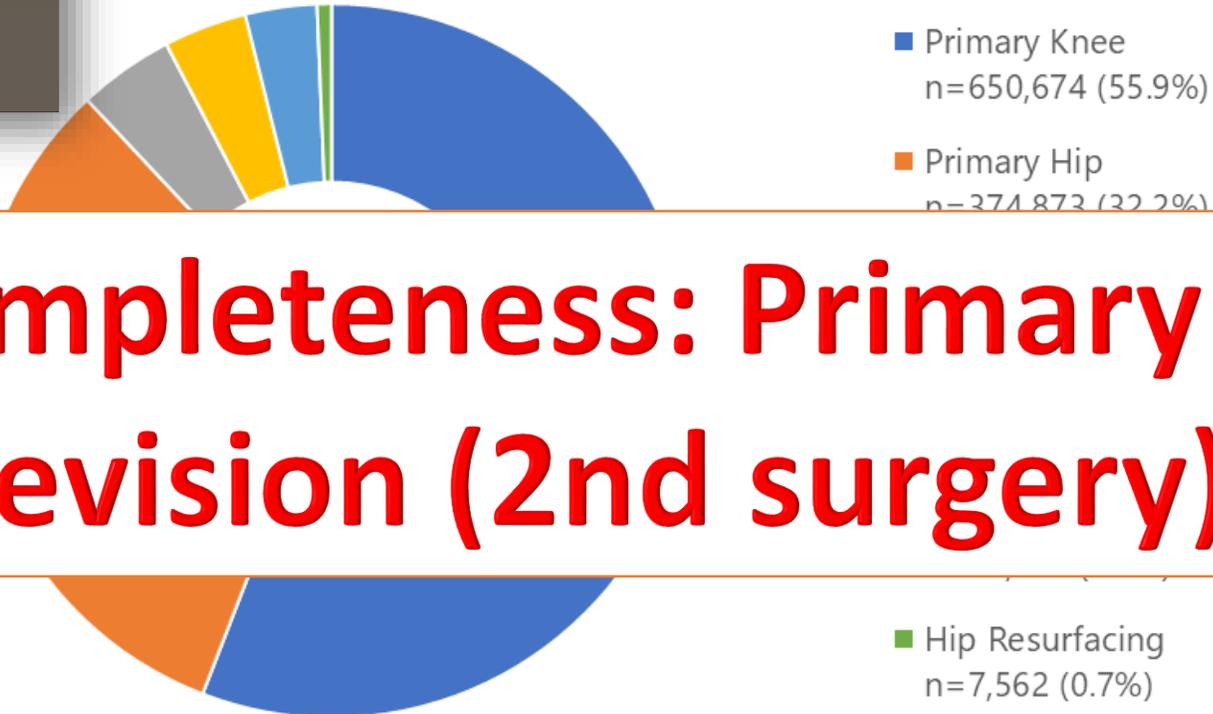
©Swedish Hip Arthroplasty Register



**blue:** full members >80% data: national registries + KaiserPermanente Inc. (USA)  
**black:** associate members < 80% data completeness



## Distribution of Procedures (N=1,164,814)



**Completeness: Primary 29%  
Revision (2nd surgery) ??**

© 2018 AAOS American Joint Replacement Registry



# Primary 99% completeness Revision 97% completeness

like Sweden, Norway, Denmark, Finland, UK&Wales, Germany

**LROI**  
NL Register  
Orthopaedic  
Implants

www.LROI.nl

runner-up;

LROI

Schouder 16.950	Heup 415.066	Knie 323.941	Enkel 827
Elleboog 1.045	Pols 259	Vinger/duim 549	



VR 10 JAN 00:00-23:59

LEES MEER →

**10 JAN**

**Deadline indienen abstract  
NOF-congres 2020 (13-15 mei  
2020, Trondheim)**

***Outcome in Registries:***

***Survival analysis: end-point : Loosening of Implant in bone***



# Revision of cemented Total Knee in OA patient

## 2007-2018 (n=204.702)



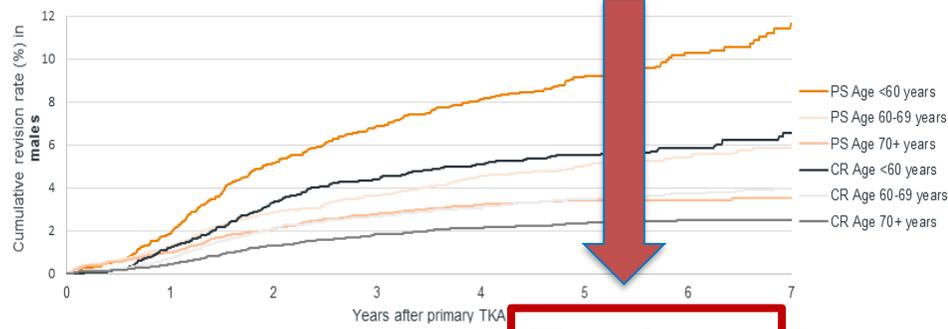
Femur component	Tibia component	Total primary TKAs (n)	Median (IQR) age (yr)	Major revision <sup>1</sup> arthroplasties (n)	Cumulative revision percentage (95% CI)				
					1yr	3yr	5yr	7yr	10yr
<b>All cemented TKAs for osteoarthritis</b>		<b>204,702</b>	<b>69 (62-75)</b>	<b>3,762</b>	<b>0.4 (0.4-0.5)</b>	<b>1.6 (1.6-1.7)</b>	<b>2.2 (2.1-2.3)</b>	<b>2.6 (2.6-2.7)</b>	<b>3.2 (3.0-3.3)</b>
Genesis II	Genesis II	45,521	69 (62-75)	794	0.5 (0.4-0.6)	1.8 (1.6-1.9)	2.3 (2.1-2.4)	2.5 (2.3-2.7)	2.8 (2.5-3.0)
NexGen	NexGen	43,788	69 (62-75)	864	0.4 (0.4-0.5)	1.6 (1.4-1.7)	2.4 (2.2-2.5)	3.1 (2.9-3.3)	3.9 (3.6-4.2)
Vanguard Complete Knee	Vanguard Complete Knee	33,637	69 (62-75)	499	0.4 (0.3-0.5)	1.5 (1.3-1.6)	1.9 (1.8-2.1)	2.2 (2.0-2.4)	2.7 (2.3-3.0)
PFC / Sigma	PFC / Sigma	25,06	70 (63-76)	340	0.4 (0.3-0.5)	1.3 (1.1-1.4)	1.6 (1.4-1.8)	1.9 (1.7-2.1)	2.1 (1.8-2.3)
LCS	LCS	14,353	70 (63-76)	412	0.5 (0.4-0.6)	2.6 (2.3-2.8)	3.5 (3.1-3.9)	4.1 (3.7-4.5)	4.6 (4.1-5.0)
Triathlon	Triathlon	4,675	70 (64-76)	58	0.5 (0.3-0.7)	1.6 (1.2-2.0)	1.8 (1.3-2.3)	2.3 (1.6-3.0)	n.a.
AGC V2	AGC V2	4,419*	71 (65-77)	76	0.2 (0.1-0.3)	1.1 (0.8-1.4)	1.4 (1.2-1.8)	1.8 (1.4-2.2)	2.2 (1.7-2.7)
Optetrak	Optetrak	3,059	70 (62-76)	158	0.7 (0.4-1.0)	3.1 (2.5-3.7)	4.2 (3.5-4.9)	5.3 (4.5-6.2)	7.1 (5.9-8.4)
TC Plus	TC Plus	2,827	70 (63-76)	46	0.5 (0.2-0.8)	1.3 (0.9-1.8)	1.9 (1.4-2.5)	2.2 (1.5-2.8)	2.4 (1.6-3.1)
ACS	ACS	2,645	67 (60-73)	47	0.4 (0.1-0.6)	1.6 (1.1-2.1)	2.1 (1.5-2.7)	2.2 (1.6-2.8)	n.a.

<sup>1</sup> Revision of at least the femur or tibia component.

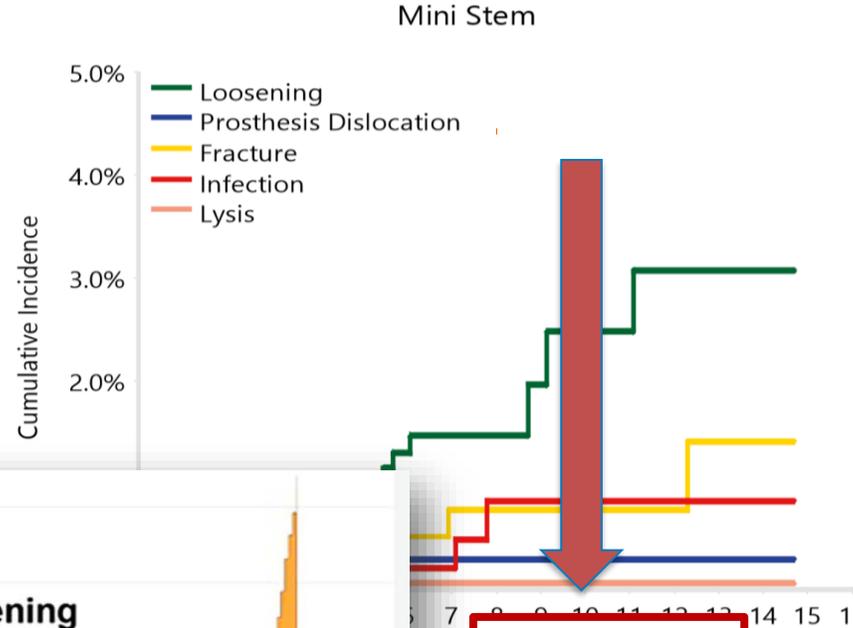
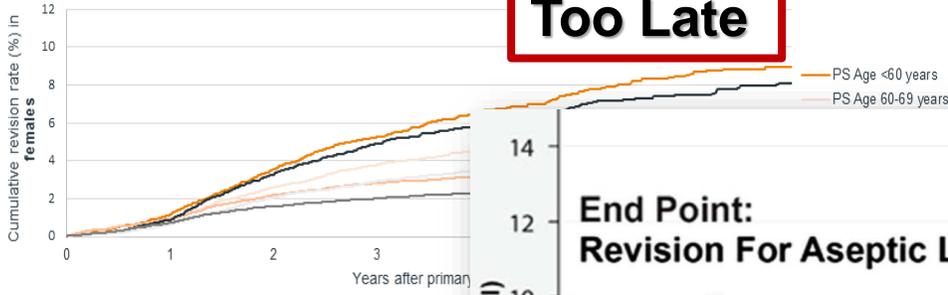
\* Denotes prosthesis combinations with no reported use in primary TKAs in 2018.

Please note: n.a. if <50 cases were at risk; TKA: total knee arthroplasty; CI: confidence interval; IQR: interquartile range.

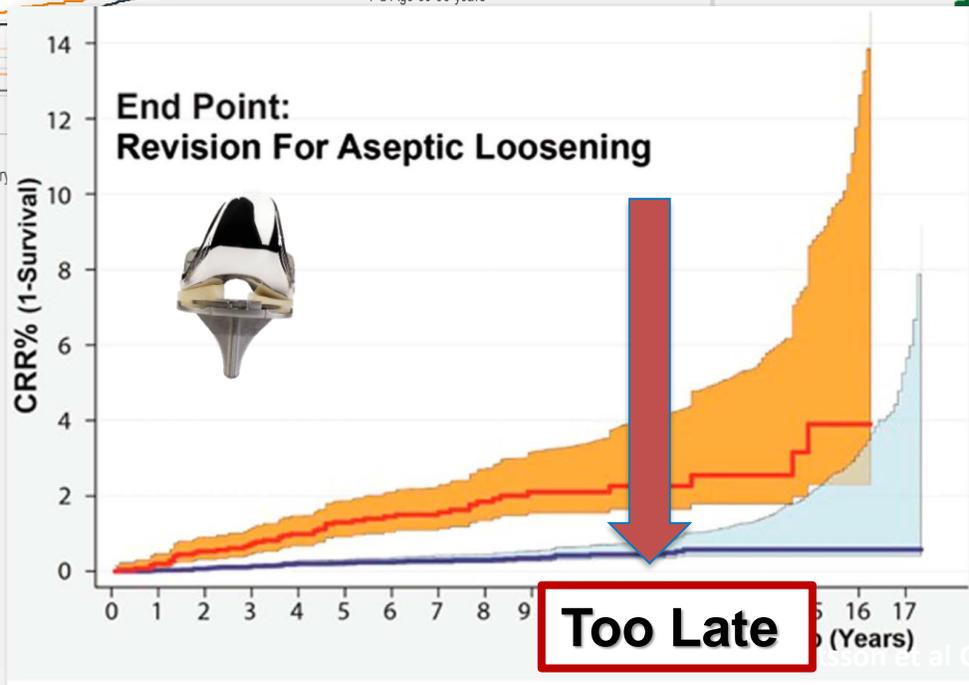
# Evidence from Registries: *the Holy Grail?*



**Too Late**



**Too Late**



**Too Late**

# Detection implant failure

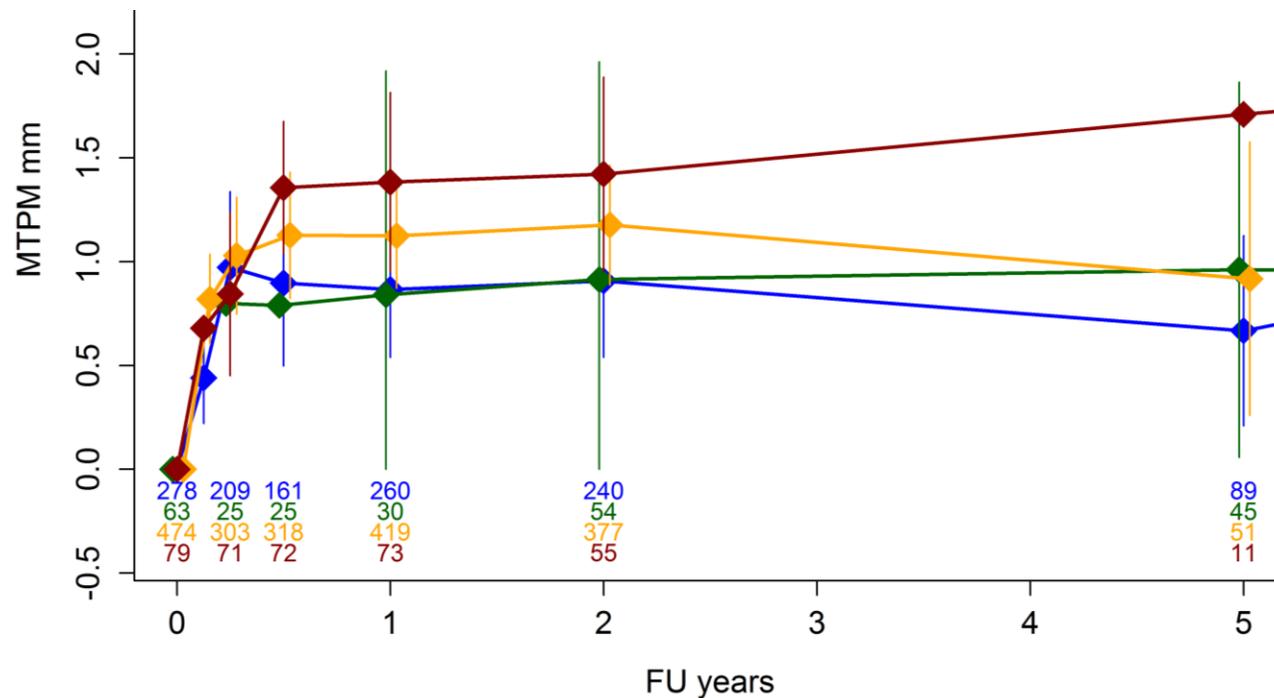
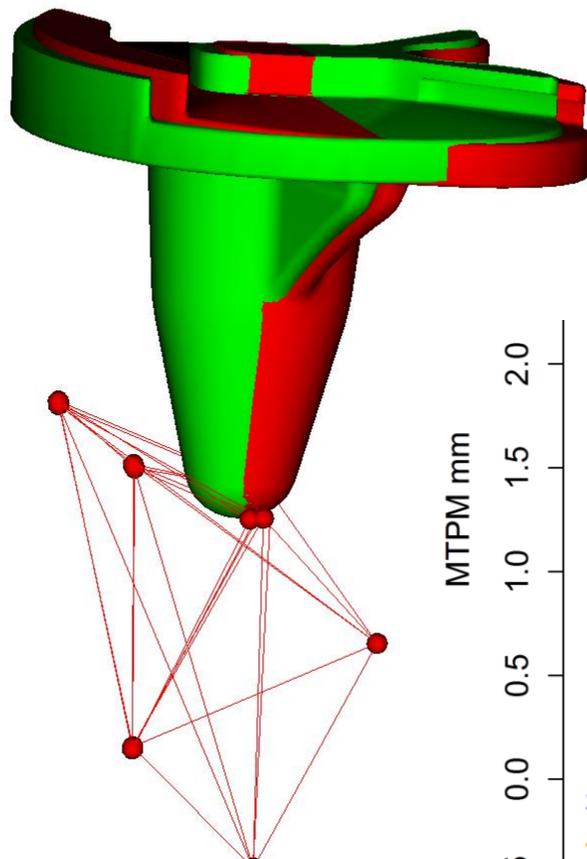
## Registries slow



# Tibia component Migration (mm)

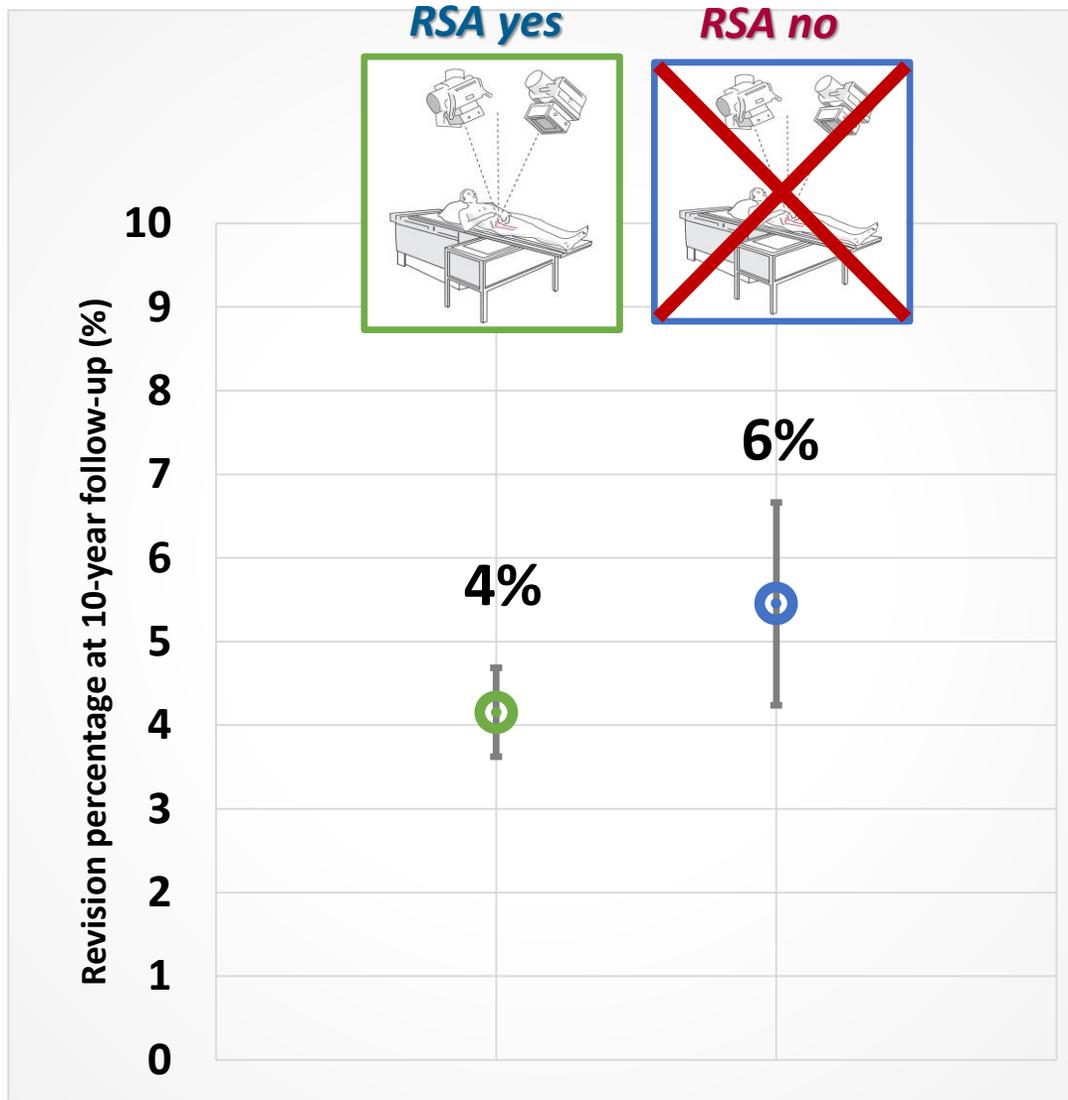
Accuracy RSA: Translation 0.1 mm    Rotation 0.1°    x.y.z-axis

2 Years



# Prediction Revision 10-years at 2 years RSA migration

RSA yes TKA <-> RSA no TKA



451 different TKA types from 9 Registries

113 RSA TKA

259 Non-RSA TKA

Overall: 1.990.439 TKA

Costs 1 revision: 30.000 €  
+ Patient

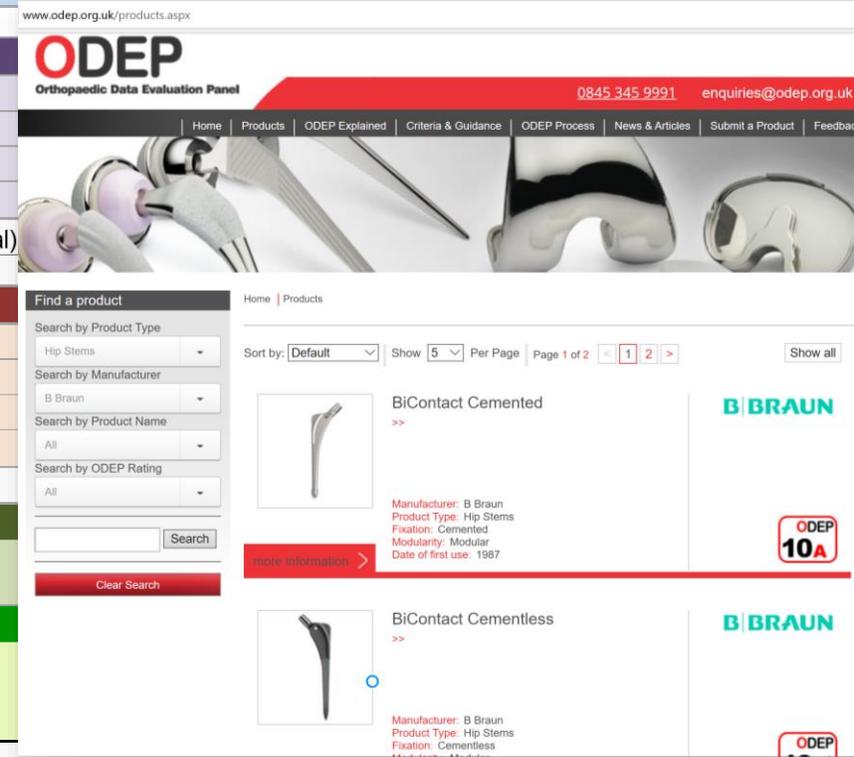
# Surveillance & Vigilance of Surgeons



# International Benchmark implant performance

(based on clinical studies, registries, survival analysis)

Criteria - Total Hip Replacement					
Criteria - A* Ratings	3A*	5A*	7A*	10A*	13A*
Minimum number of centres outside development centre(s)	3	3	3	3	3
Minimum number of surgeons outside of development centre(s)	3	3	3	3	3
Minimum total cohort	150	250	350	500	500
Minimum at risk at benchmark time	150	225	300	400	400
Maximum revision rate ‡	3.0%	3.5%	4.0%	5.0%	6.5%
Criteria - A Ratings	10A	13A			
Minimum number of centres and surgeons	3	3			
Minimum total cohort	500	500			
Minimum at risk at benchmark time	51	42			
Maximum revision rate ‡	7.0%	8.5%			
‡ The upper 95% confidence interval for KM revision rate (1 - Survival)					
Criteria - B Ratings	10B	13B			
Minimum number of centres and surgeons	1	1			
Minimum total cohort	100	100			
Minimum at risk at benchmark time	40	40			
Maximum value of 95% lower confidence limit for revision rate	5.0%	6.5%			
Criteria - Pre-Entry A*					
Product launched under Beyond Compliance					
Pre-Entry					
Products registered with NJR.					
All primaries and revisions monitored via supplier feedback.					

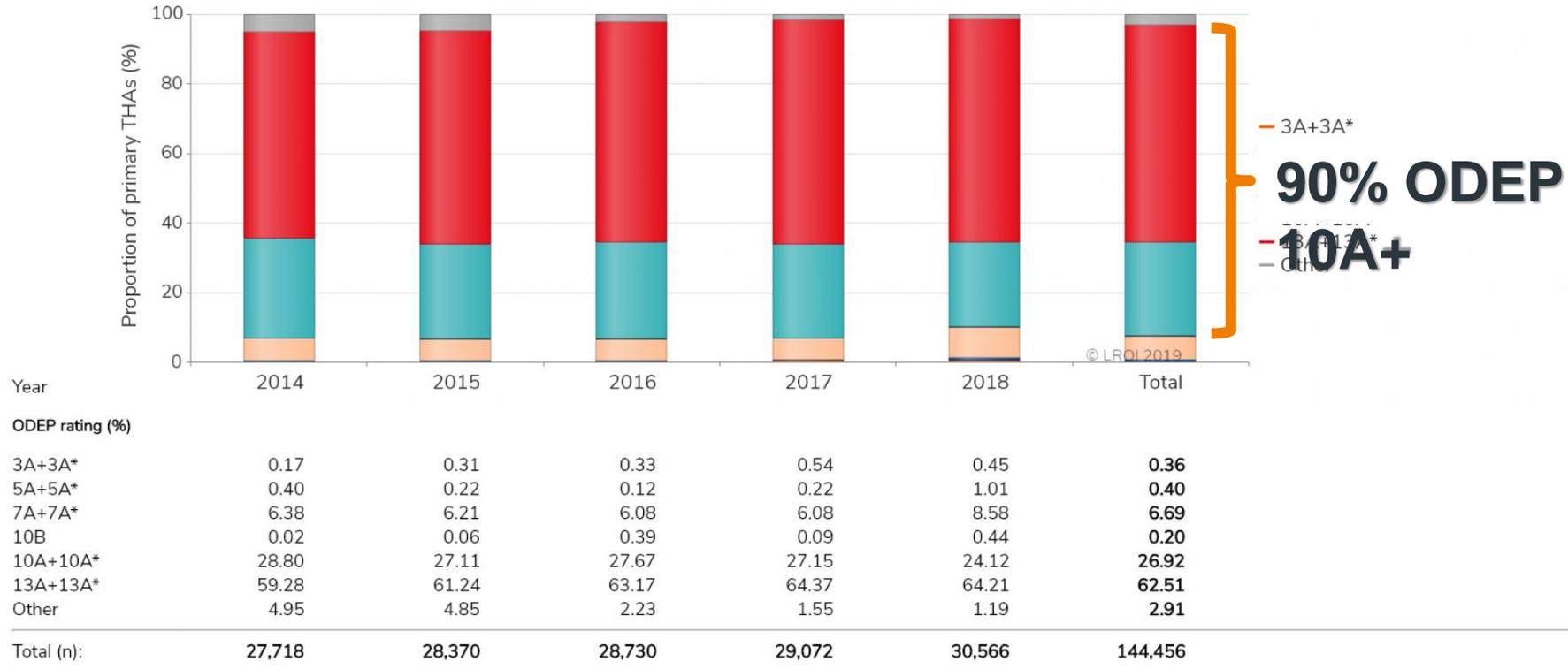




# Benchmark: Hipstem Netherlands



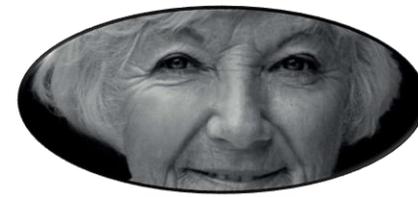
**FIGURE** TREND (PROPORTION [%] PER YEAR) IN ODEP RATING FEMUR COMPONENT IN PRIMARY TOTAL HIP ARTHROPLASTIES IN THE NETHERLANDS IN 2014-2018.



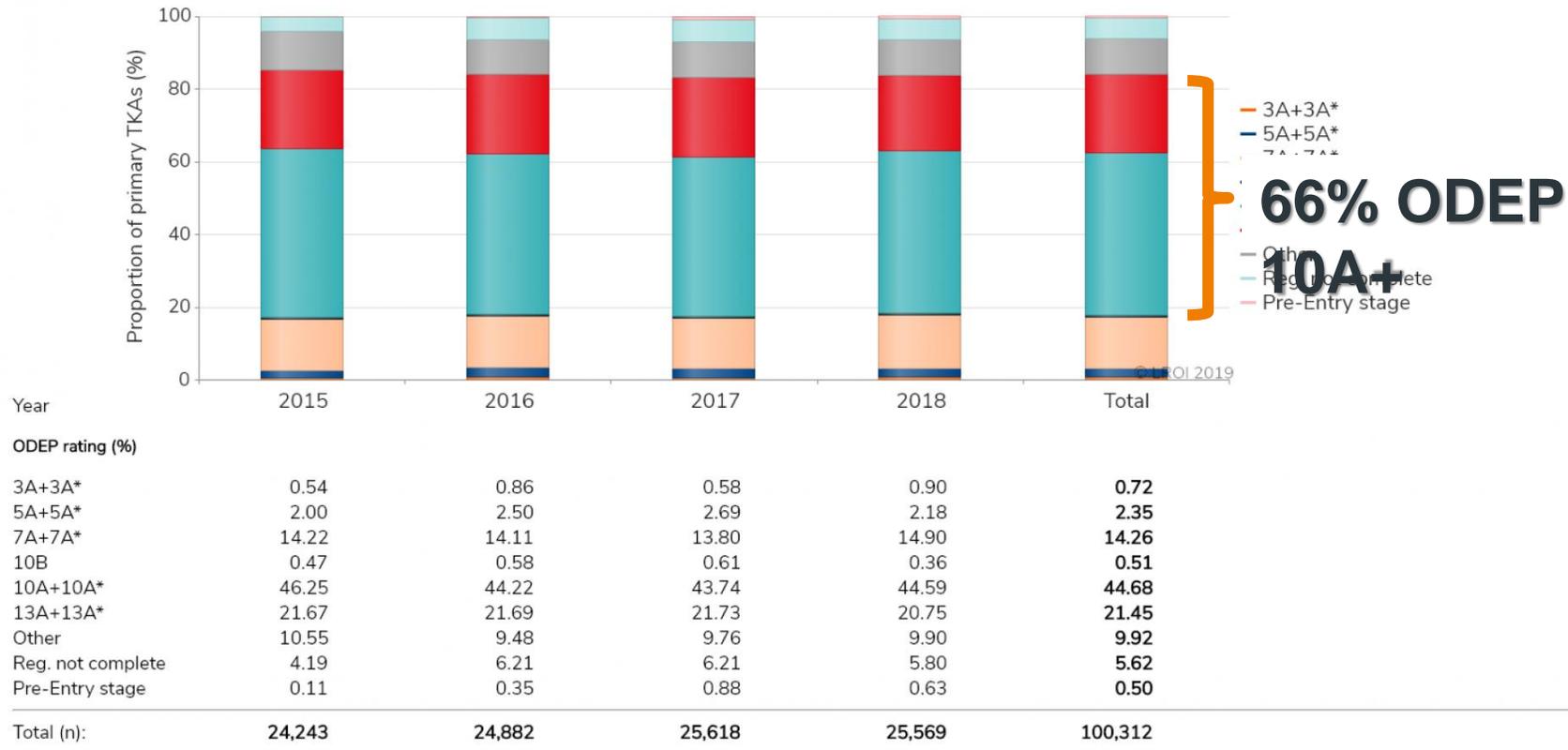
Please note: More information on ODEP rating can be found on [www.odep.org.uk](http://www.odep.org.uk).  
 Other: All total hip femoral stems of which no ODEP rating is available.  
 THA: total hip arthroplasty.



# Benchmark Total Knees Netherlands



**FIGURE TREND (PROPORTION [%] PER YEAR) IN ODEP RATING IN PRIMARY TOTAL KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2015-2018.**



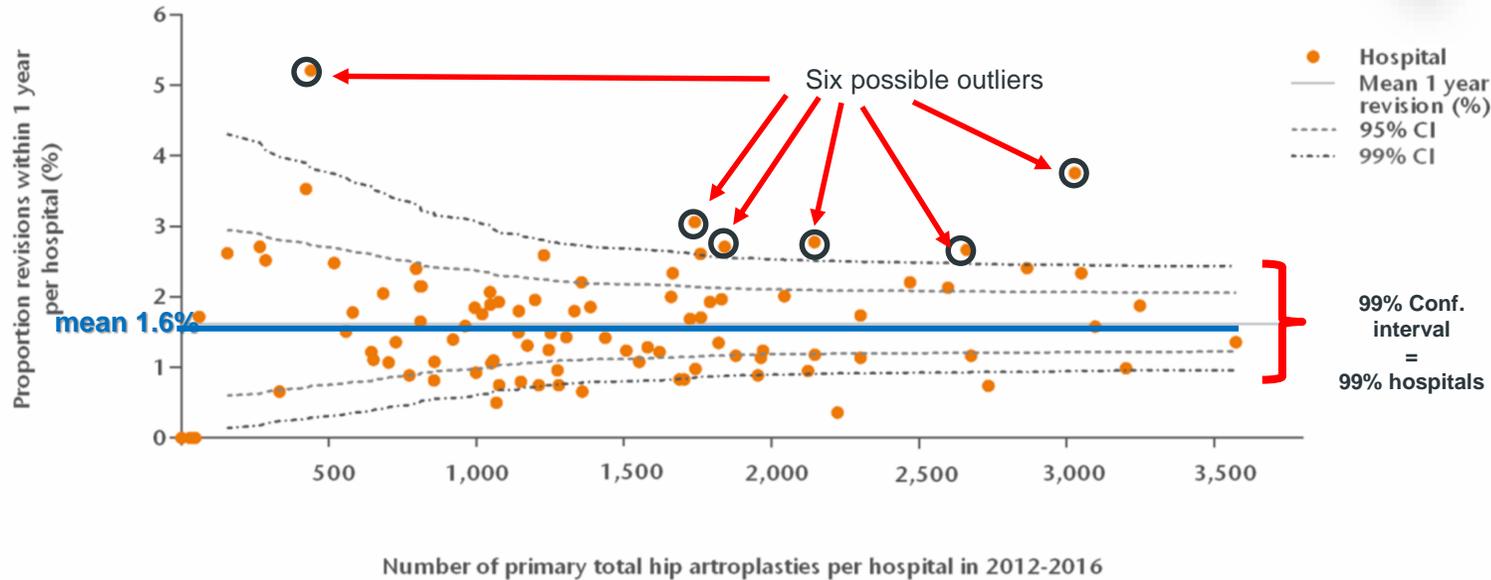
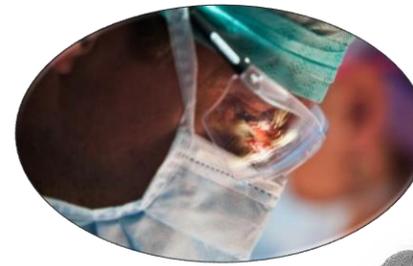
Please note: More information on ODEP rating can be found on [www.odep.org.uk](http://www.odep.org.uk).  
Other: All TKAs of which no ODEP rating is available.



## Outliers: Benchmark performance

mean **1-year revision primary Total Hip** per hospital:  
**1.6%**

THA 2012-2016  $n=137.725$





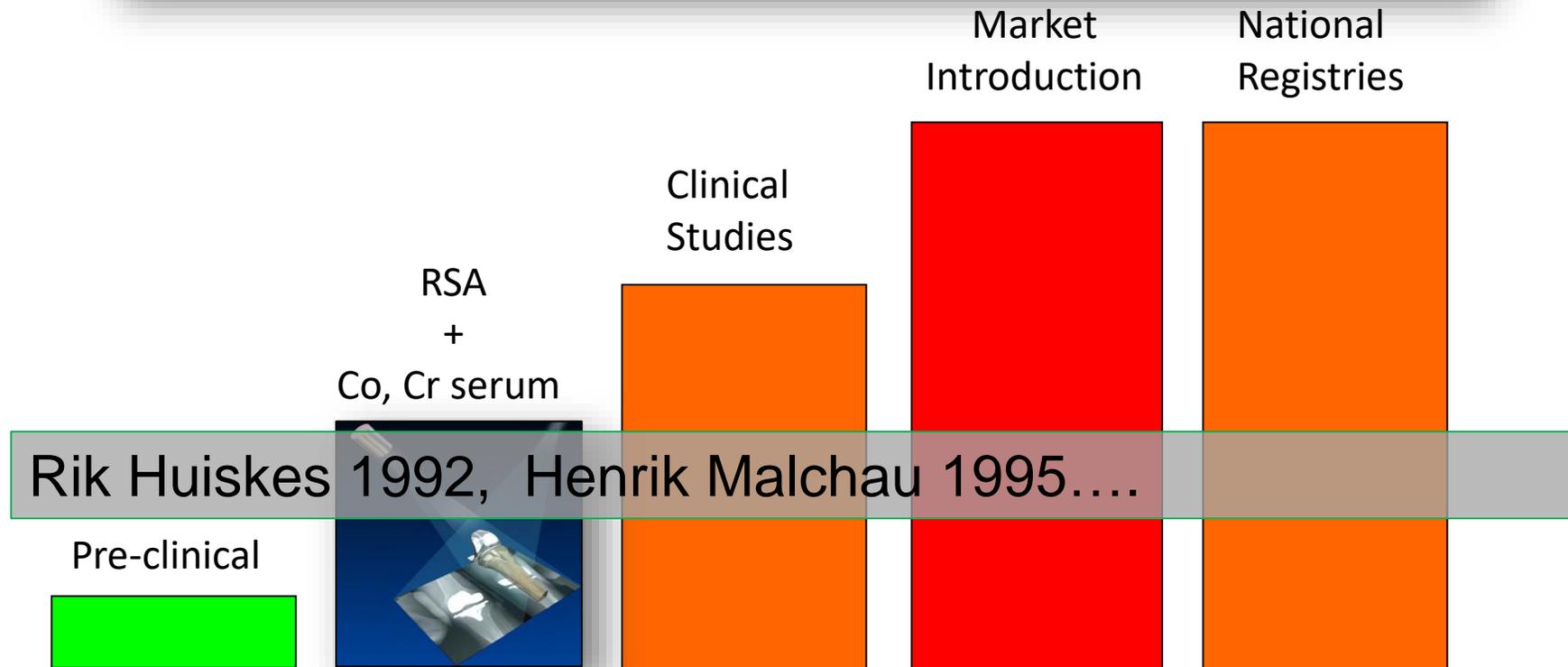


- *non-designer* Surgeons discuss the new implant (instrumentation, implant handling..)
- Collecting data within NJR (Implant Registry UK&Wales)
- Data on complications
- Pre-entry ODEP rating

# RSA and Registries: The Quest for Phased Introduction of New Implants

Rob G.H.H. Nelissen, MD, PhD, Bart G. Pijls, MD, Johan Kärrholm, MD, PhD, Henrik Malchau, MD, PhD, Marc J. Nieuwenhuijse, MD, and Edward R. Valstar, MSc, PhD

*Investigation performed at Leiden University Medical Center, Leiden, The Netherlands*





## EQI:

EFORT Quality assessment Implants:

**95% survival Total Hip @ 10 yrs** in 2 national /regional registries

*Innovation*



*Approved by*



Decision  
based on  
evidence

A Venn diagram consisting of two overlapping circles. The left circle is a dark olive green and contains the text 'Decision based on evidence'. The right circle is a medium blue and contains the text 'Skills'. The overlapping area in the center is a lighter, muted blue color.

Skills

**Am I the right Surgeon with**

**the right instruments & Implant and**

**staff, to do this surgery**

**for this Patient?**



“Do not let your patient become  
a fashion victim”

*Bulstrode BMJ 1993*