

Postmarket surveillance & (Quality) Registries

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Chairman NORE, a standing committee of EFORT

Dilemma: RCT patients ⇔ Your Practice

REAL World Data = Registry data



Largest registries (consortium) number TH + TK

> 95% completeness



>1.5 million



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

>720.000



Dutch Arthroplasty Register

>630.000



Nordic Arthroplasty Register Association

>730.000

DATA about 4 million
TH TK procedures

Dutch Arthroplasty Register



Aantal registraties op dit moment



Totaal **600.305**



Heup **332.394**



Knie **256.488**



Enkel **495**



Schouder **10.131**



Elleboog **636**



Pols **50**



Vinger/duim **111**



<https://www.lroi.nl/kalender/2018/01#cal20>

15
JAN



MA 15 JAN 00:00-23:59

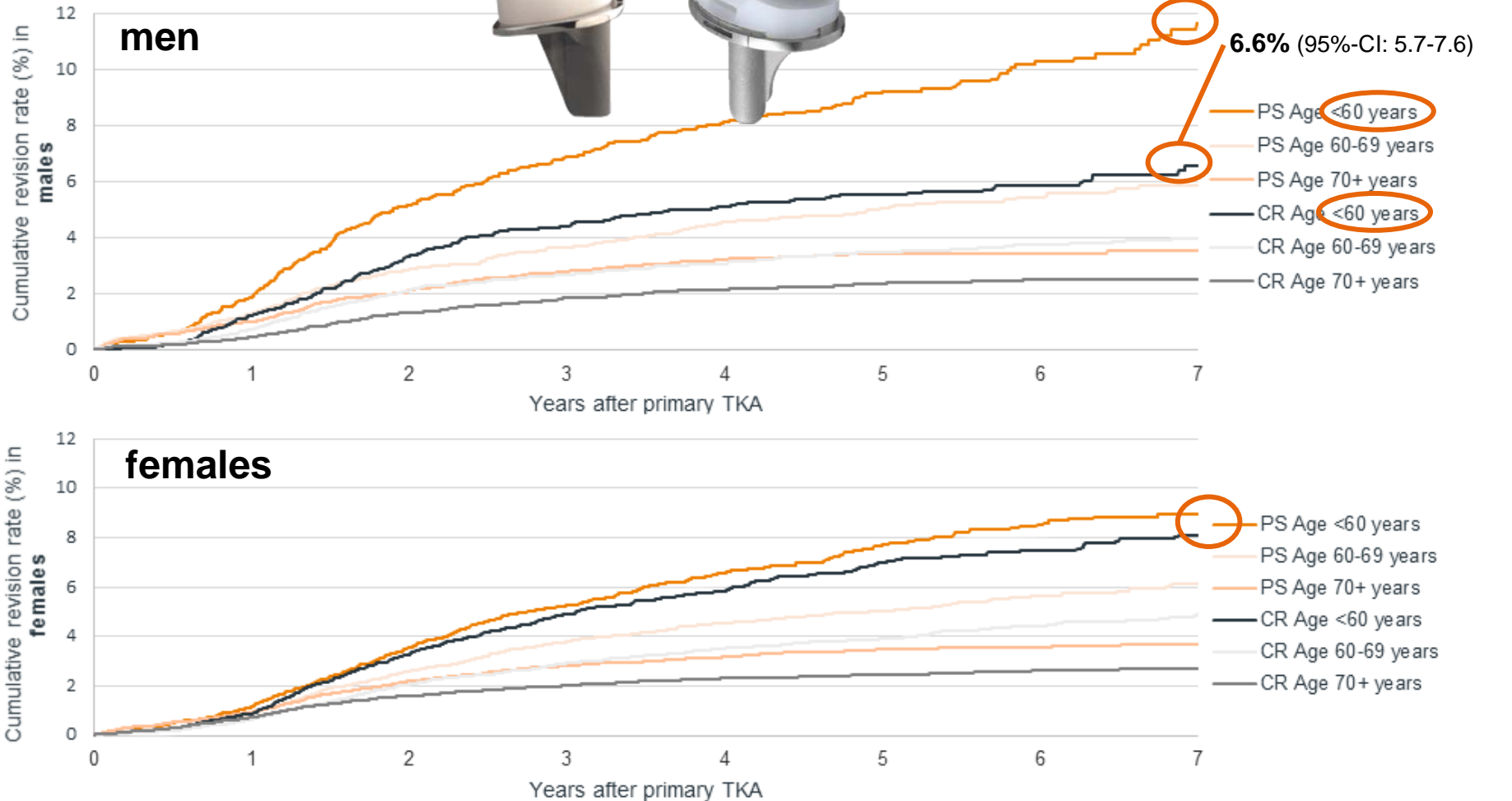
LEES MEER →

**Deadline indienen abstracts
ISAR congres (IJsland)**



LROI

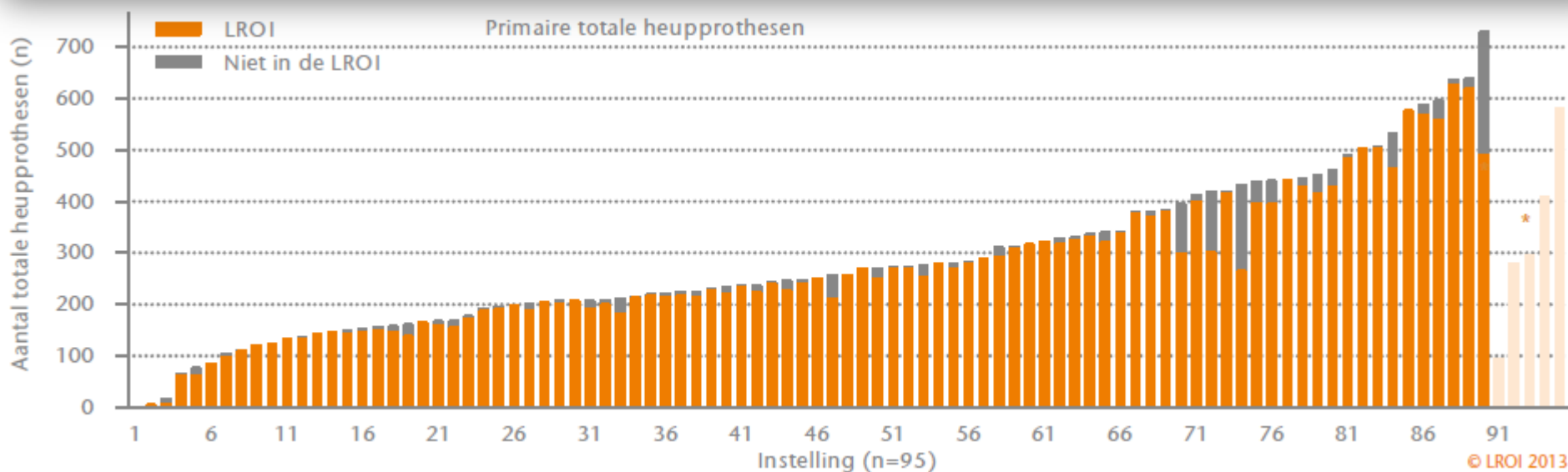
Revision TKA PS + CR

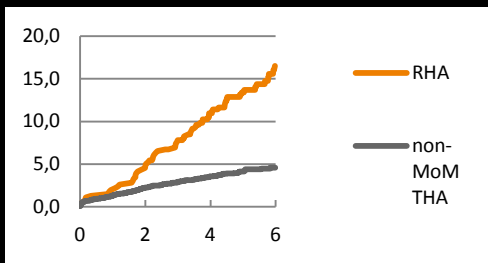


More than 95% completeness of reported procedures in the population-based Dutch Arthroplasty Register

External validation of 311,890 procedures

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Which Implant ?



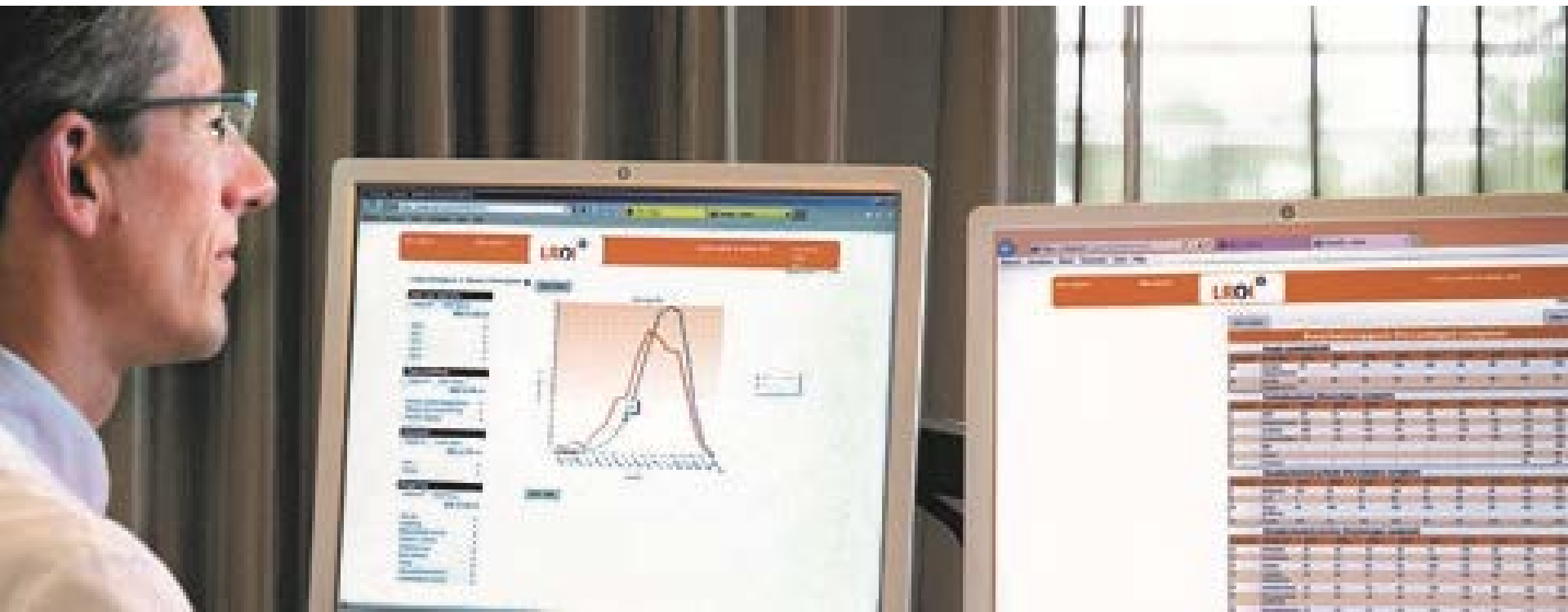
1



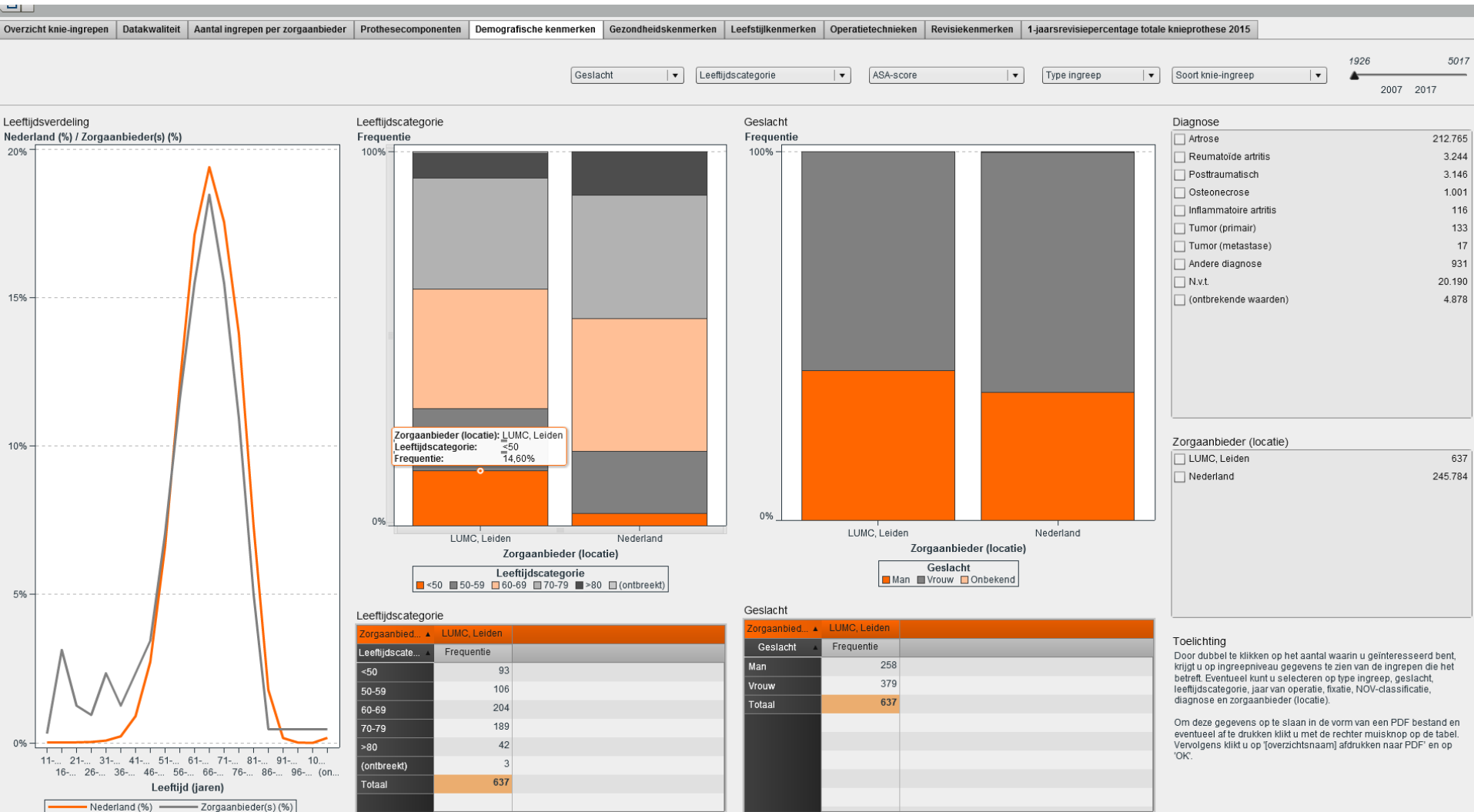


Implant register + **Quality register**

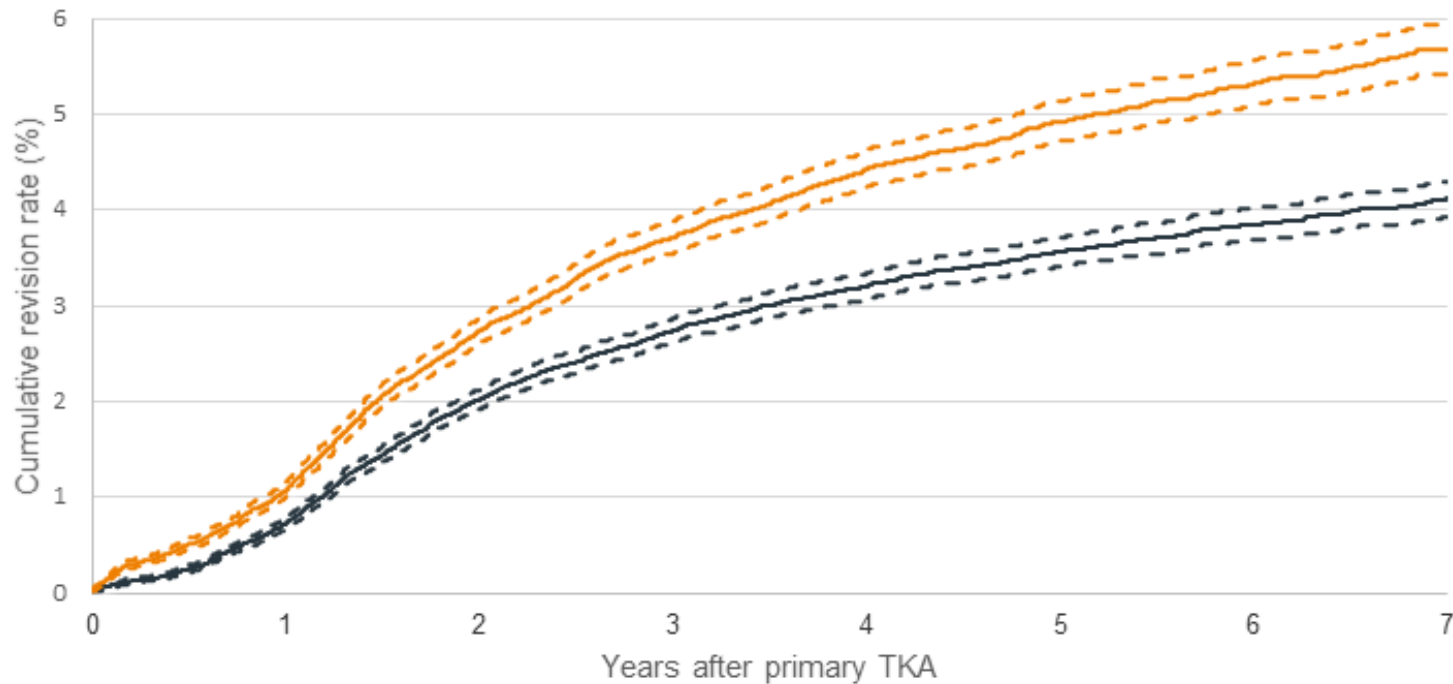
Real-time *Patient specific Reflection*



preop Casemix LUMC <-> NL



Bechmarking Own Practice vs Netherlands



5.7% **LU**
MC

4.1% **LROI**
Dutch Arthroplasty Register | LROI

2



NOV 1 A

- > 90% survival @ 10 yrs in at least 500 cases

NOV 1 B

- > 95% survival @ 5 yrs in at least 500 cases

NOV 2

- no data available: informed consent + prospective study



NOV classes based on data validated Registries (> 90% completeness)

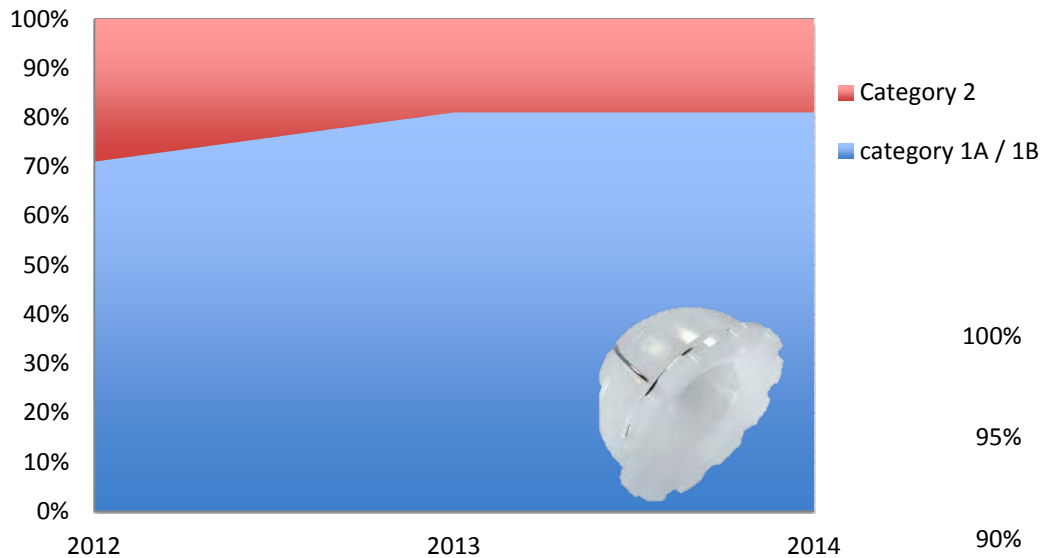
Smith & Nephew	SL Plus
Smith & Nephew	Synergy
Stryker	ABG II HA
Stryker	Accolade
Stryker	Omnifit HA
Stryker	Secur-Fit / Secur-Fit Plus
ZimmerBiomet	Bimetric
ZimmerBiomet	CLS Spotorno



LROI
Dutch Arthroplasty Register

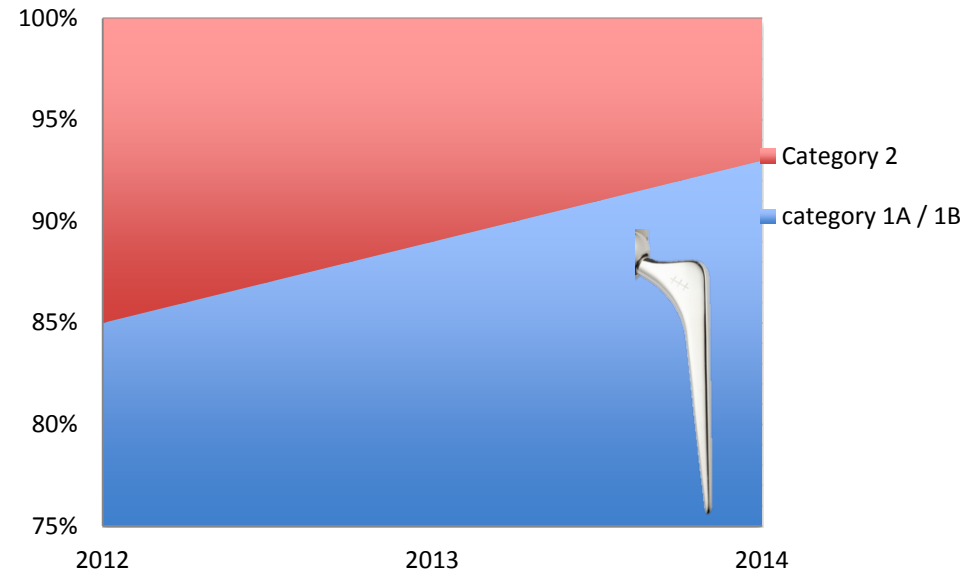
Quality Acetabular component

1A: 90% survival at 10yr; 1B 95% survival at 5yrs; 2: no data



Quality Femoral component

1A: 90% survival at 10yr; 1B 95% survival at 5yrs; 2: no data



3



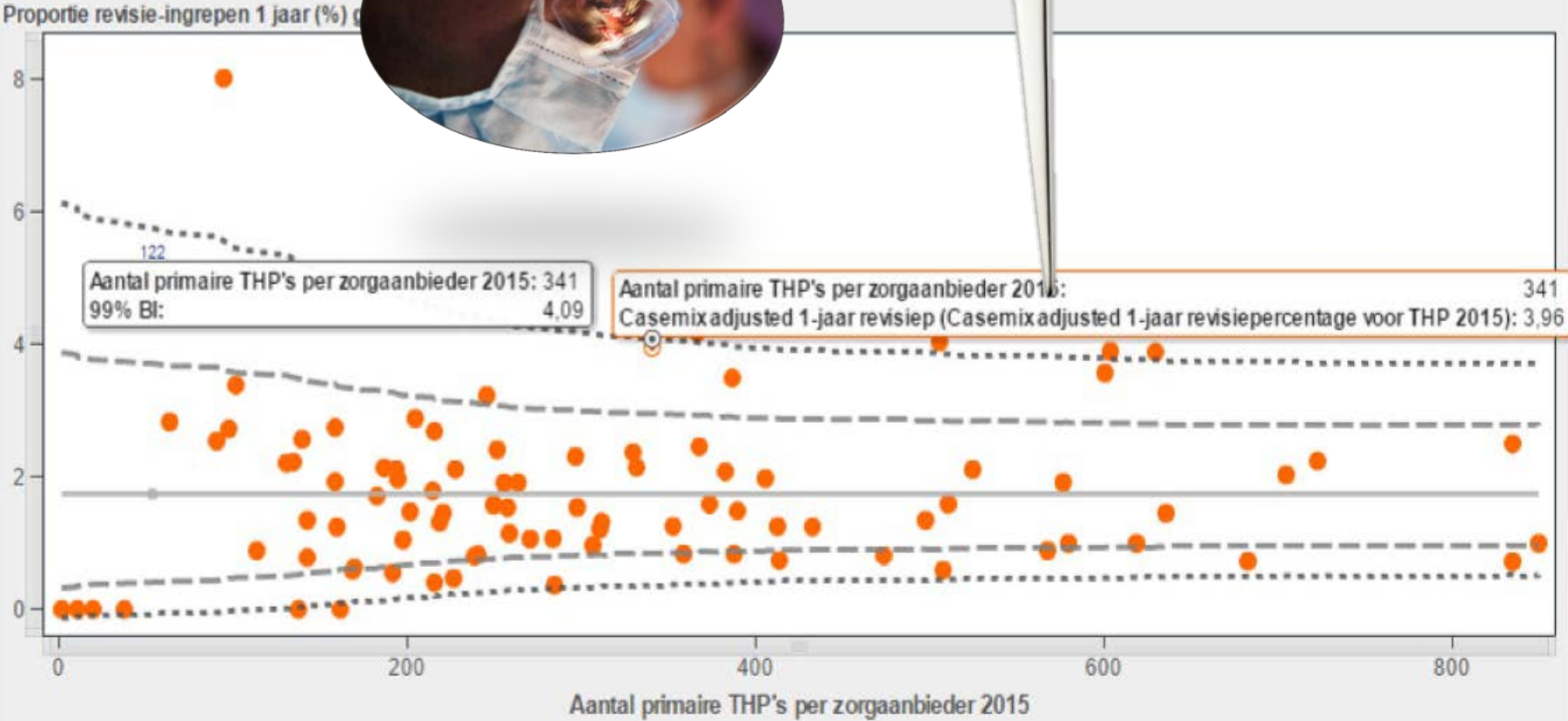
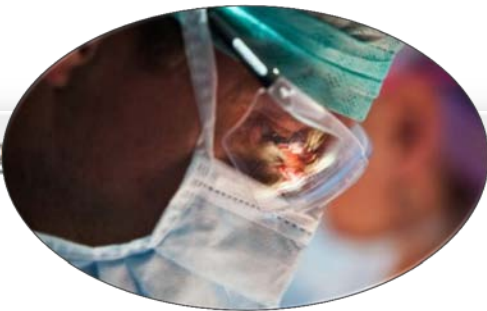
stepwise escalation: “**Healthy Confidence, *but* Accountable**”



NOV

Netherlands Orthopaedic Association

Phase I: Detection Outliers



1-'Gecorrigeerd voor geslacht, leeftijd, ASA score, diagnose, BMI, Chamley score en roken.'



NOV

Netherlands Orthopaedic Association

Phase II.1 Implants: Analysis + Actionplan

Phase I: Outlier detection

Anomisation disclosed of type of Implant by LROI + analysis
International Registries

Industry feedback on Findings + Request why Implant is outlier and
Why Safe to use

Scientific Committee LROI recommends escalation Phase III based on

- Evidence Outlier
- Report Industry

Phase III Outliers



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Phase II.2 Surgeon Group: Analysis Outliers + Actionplan

Phase I: Outlier detection

(anominised) Outliers discussed by Quality committee NOV

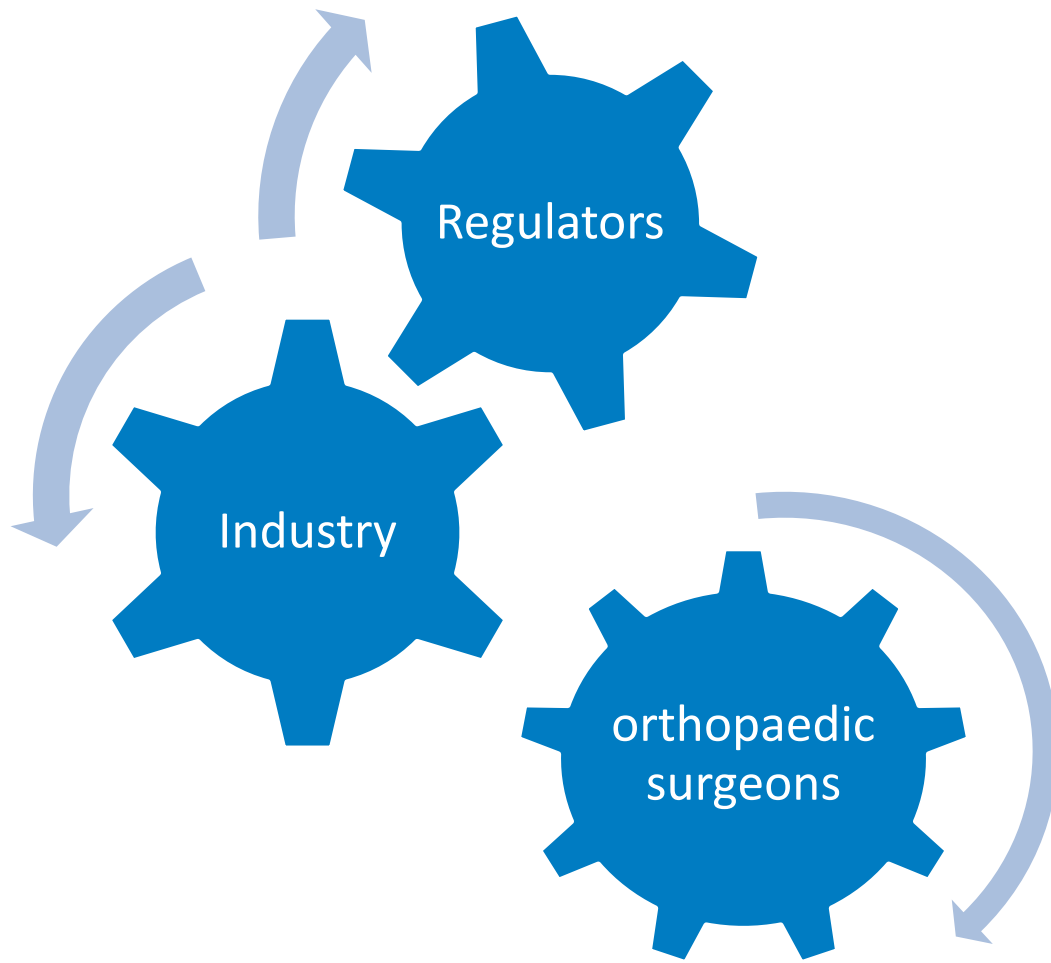
Anominisation disclosed by Quality subcommittee NOV

Quality subcommittee reports to **Surgeon's Group** *and* Requests:
- reasons Outliers
- which actions

If

- Surgeon Group is Outlier 2nd time *and*
- Outlier cannot be explained *and*
- Outlier = high clinical impact

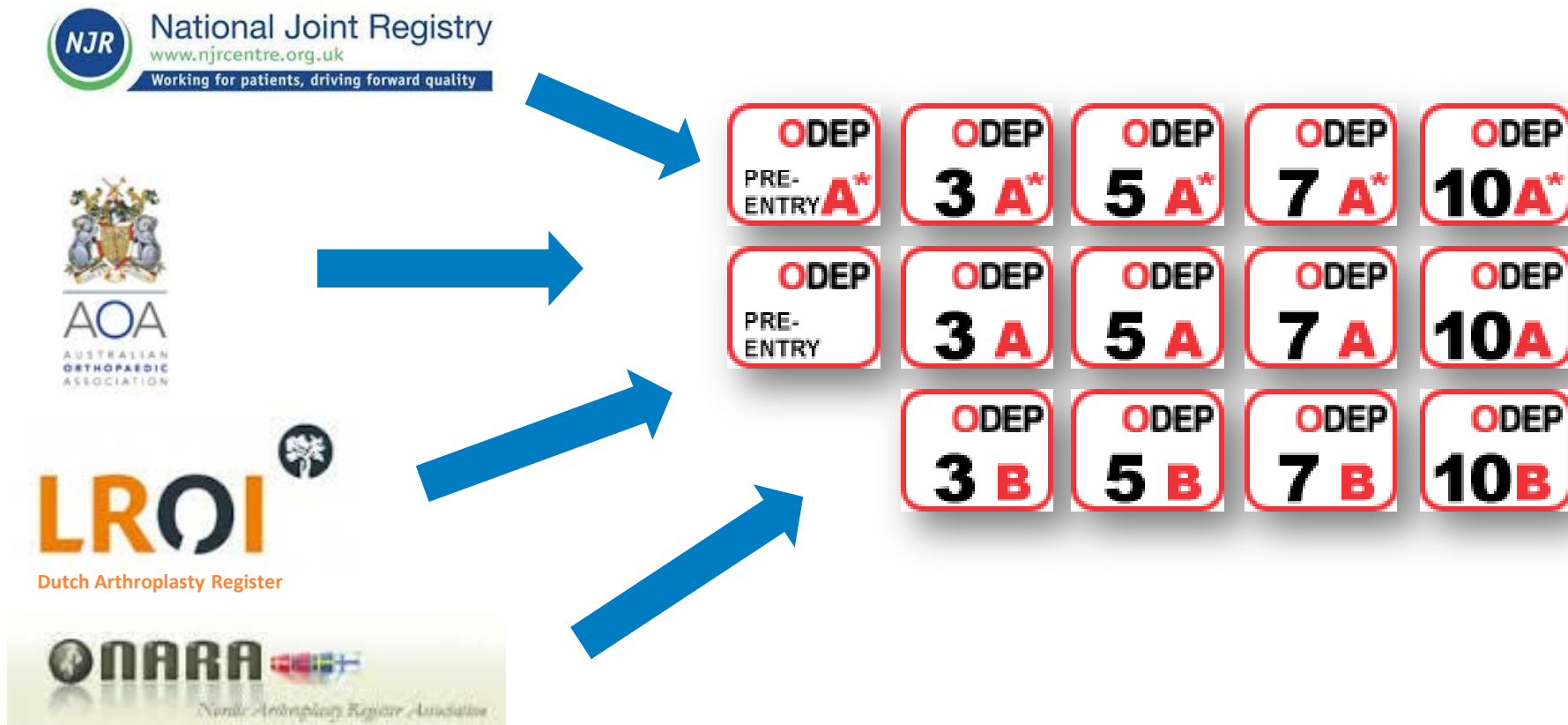
=> Phase III





validated (= complete) Registries (> 95% completeness)

Feedback into Classification



*It is not the strongest of the species that survives, nor the most
intelligent.*

It is the one that is most adaptable to change.

Charles Darwin

