

Bad Bearings:

THE DEVOLUTION OF HIP REPLACEMENT IN AMERICA 1970-2014

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Industry



Legal Work

No

Alaska Arthroplasty Initiative
\$50,000 Grant
Providence Alaska Medical Center

DBEC CREW MoM
AAOS 2012

Explant Analysis \$1000

Marketing trumps science and value **NICE Report**

Cemented MoP \$6000
Cemented CoP \$8000
Hybrid MoP \$10000
Un-cemented MoP \$12000
Un-cemented CoC \$16000
MoM Resurfacing \$10000
MoM THA \$14000

**Safety
And
Value**

Hip Replacement Costs USA 12K - 120K JAMA 2/2013

**Retrospective Study \$ 0.01
per implant**
**Implant Registration \$50 per
implant**
Explant Analysis 1K
Generic Parts 5K

**Efficacy
Safety
And
Value**

Revision surgery 50-100K

Un-Proven parts 15K
"Space Suits" and Laminar flow
1K (increase infections 3X)

**Cost,
Complexity,
and
Complications**

2,012 Total Hip Arthroplasties: A Study of Postoperative Course and Early Complications

BY MARK B. COVENTRY, M.D.*, ROBERT D. BECKENBAUGH, M.D.*,
DECLAN R. NOLAN, M.B., B. CH.*, AND DUANE M. ILSTRUP, M.S.*,
ROCHESTER, MINNESOTA

From the Mayo Clinic and Mayo Foundation, Rochester

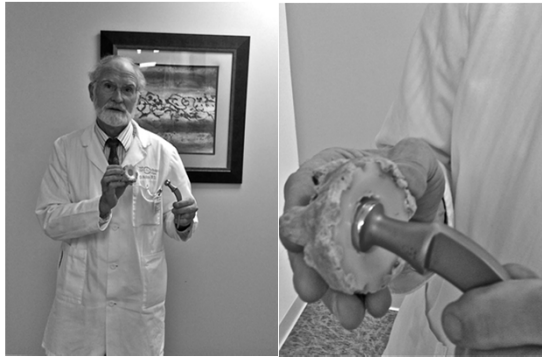
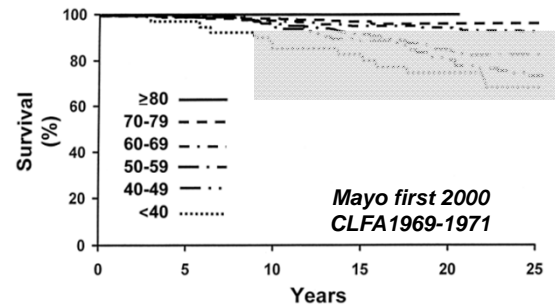
**Mayo Clinic
first 2000
Charnley
Hips 1969-
1971**

Dr. Declan Nolan 1970



**Failure rate
1% per year
patients < 50

0% per year
patients > 70
years**

Dr. Declan Nolan 2011**Fig. 3: Survivorship free of revision for aseptic loosening of either the acetabular or the femoral component by patient age at the time of the arthroplasty.**

Berry D. J. et al. J Bone Joint Surg 2002;84-A:171-177

Twenty-Year Survivorship of One Thousand Consecutive Primary Charnley Total Hip Replacements. Barker J. Berry MD, W. Scott Harrison, MD, Miguel E. Cabanillas, MD and Bernard F. Morrey, MD. The Journal of Bone and Joint Surgery (American) 84(1):171-177 (2002)

JBJS

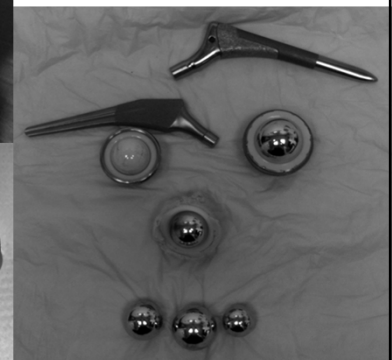
The Holy Grail of Hip Replacement

Lasts Forever
Instant recovery
Pain free
Stable
No activity limits
Not poison the patient

**501 K Devices**

Antecedent Device

Pre-Market Approved Devices



1970
Predicate
Simplicity



2 Parts
3 Materials
Plastic
Stainless Steel
Cement

2010 – 510 K Evolution
Modularity, Complexity,
Unproven Bearing Couples



7 parts
5 junctions
Metal-on-Metal Bearing
Multiple Alloys
Multiple Surface Treatments

5 Year Revision Rates**Predicate Charnley THA 1970s 2-3%****510K Metal-on-Metal THA****(ASR) 44% (22X)****510K Modular Neck THA****MoP or CoP Rejuvenate 44% (22X)****PMA Metal-on-Metal Resurfacing****Conserve Plus 10% (5X)****BHR 4% (2X)**

4 million Americans at Risk: Unexpected Failure Mechanisms

Periprosthetic Metallosis
Hypercobaltemia
Pseudotumors
Cobaltism

from Hip Replacements with
Chrome-Cobalt Components

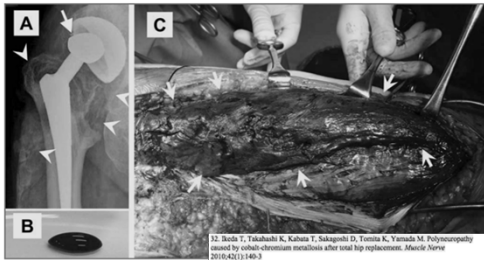
At-risk populations USA

Ceramic-on-Metal Wear (1000s)
Metal-on-Metal Wear (1,000,000)
Taper Corrosion (3,000,000)

Metallosis: Pseudotumors
Hypercobaltemia: Cobaltism

Ceramic-on-Metal wear (1000s)

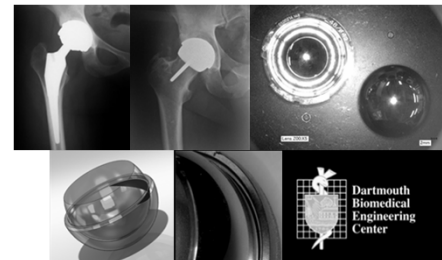
Systematic
Literature
Review of
2318
publications
we found 9
cases of
cobaltism
from CoM
wear



Periprosthetic Metallosis: Extreme
Pseudotumors: Asymptomatic in several cases **Hypercobaltemia: Extreme 400-1000 ppb**
Cobaltism: Deafness, Blindness, Dementia, Peripheral Neuropathy, Hypothyroidism, Cardiomyopathy

Metal-on-Metal wear (1,000,000)

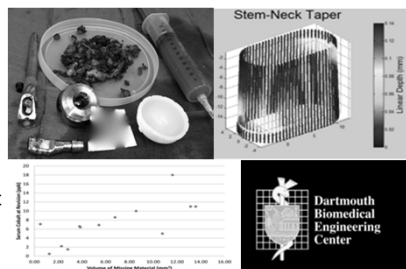
Systematic
Literature
Review of
2318
publications
we found
25 cases of
cobaltism
from MoM
wear



Periprosthetic Metallosis: Moderate
Pseudotumors: Common but sometimes asymptomatic **Hypercobaltemia: Moderate to Severe 16-398 ppb**
Cobaltism: Tinnitus, Disordered Mood and Sleep, Cognitive Dysfunction, Anorexia, Patchy Retinopathy, Cardiomyopathy

Taper Corrosion (3,000,000)

Recently
recognized cause
of APRMD and
Hypercobaltemia.
Most hips done
past 20 years at
risk. Cobaltism yet
to be reported.



Periprosthetic Metallosis: Minimal
Pseudotumors: Common but sometimes asymptomatic **Hypercobaltemia: Minimal to Moderate < 1-20 ppb**
Cobaltism: Tinnitus, Disordered Mood and Sleep, Cognitive Dysfunction, Anorexia, Diastolic Dysfunction, common (Alaska)

Pseudotumor

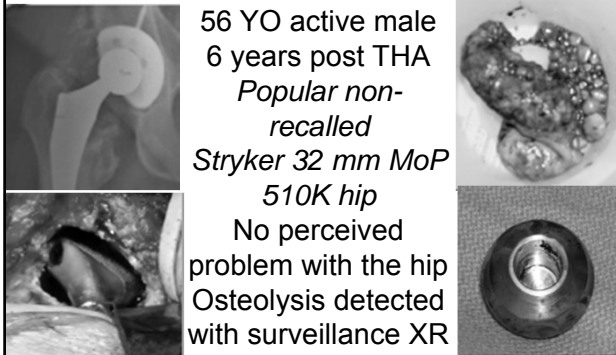
AKA APRMD

Adverse Periprosthetic Reaction to Metallic Debris



Osteolysis, Pseudotumor, Sciatica

Minimal Metallosis and Hypercobaltemia (0.9)



56 YO active male
6 years post THA
*Popular non-
recalled*
Stryker 32 mm MoP
510K hip
No perceived
problem with the hip
Osteolysis detected
with surveillance XR

**Monitoring Hip Patients at Risk
Blood Cobalt Level (PBB)**

- 0.2 normal, > 1.0 excess exposure (Industry)
- 1 small ball Metal-on-Metal THA
- 2-3 large ball Metal-on-Metal HR or THA
- 2-10 APRMD, subclinical and mild cobaltism
- 11-100 subclinical, mild, and moderate cobaltism
- 101-300 moderate to severe cobaltism
- 301-1000 extreme manifestations, DEATH (1 case)

Cobalt debris from corrosion more toxic at the hip and systemically than that from wear ?

Cobaltism Awareness - December 2010**Arthroprosthetic Cobaltism: Neurological and Cardiac Manifestations in Two Patients with Metal-on-Metal Arthroplasty: A Case Report**

Stephen S. Tower

J Bone Joint Surg Am. published online Oct 29, 2010
Access the most recent version at doi:10.2106/JBJS.J.00125

COMMENTARY AND PERSPECTIVE ON

"Arthroprosthetic Cobaltism: Neurological and Cardiac Manifestations in Two Patients with Metal-on-Metal Arthroplasty. A Case Report"

by Stephen S. Tower, MD
Joshua J. Jacobs, MD*

Rush University Medical Center, Chicago, Illinois

The report is unusual because of the rarity of the occurrence of metal-induced systemic complications in patients with total hip replacement and the fact that the author was one of the patients. As millions of patients worldwide have undergone total hip replacement, these cases represent rare events indeed.

Cobaltism Awareness January 2014 JBJS

TABLE IV MoM 'High' Risk Group

"High" Risk Group Stratification	
Patient factors	Female with dysplasia (for hip resurfacing) Patient with high activity level
Symptoms	Symptomatic Severe local hip and/or mechanical symptoms Systemic symptoms
Clinical examination	Change in gait (i.e., limp) Abductor weakness Swelling
Implant type	Large-diameter femoral head (≥ 36 mm) modular or nonmodular MoM THA Recalled MoM implant
Radiographs (2 views \pm serial for comparison when available)	Suboptimal acetabular cup orientation Implant osteolysis/loosening
Infection workup (ESR, CRP, \pm hip aspiration)	Within normal limits
Metal ion level test	High (>10 ppb)
Cross-sectional imaging (MARS MRI; ultrasound or CT when MRI contraindicated or MARS protocol not available)	Presence of abnormal tissue reactions with involvement of surrounding muscles and/or bone Solid lesions Cystic lesions with thickened wall Mixed solid and cystic lesions
Treatment recommendation	Consider revision surgery

Alaskan MoM Hip Series

35 revised of < 100 at risk Median

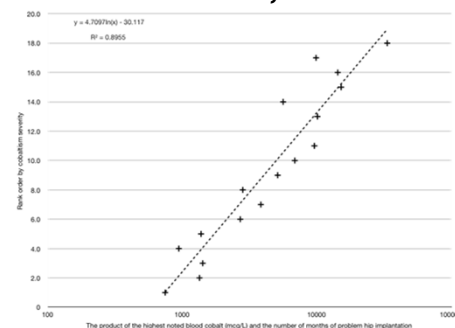
[BCo] = 40 PPB

10 with reversible

**Cobaltism? Mean latency to
illness 2 years**

Mean latency to revision 3 years

**Population at risk NOT
systematically screened**

**Cobaltism: Severity relates to the
degree and duration of cobaltemia
literature review, wear cases.**

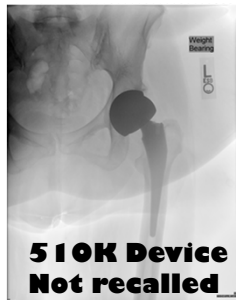
Alaskan Rejuvenate Series Recalled Implant

30 revised of about 70 at risk
Median [BCo] = 4 PPB
10 with reversible Cobaltism?
Mean latency to illness 2 years
Mean latency to revision 3 years
Population at risk systematically
screened

Alaskan Non-Rejuvenate Series Taper Corrosion Hips

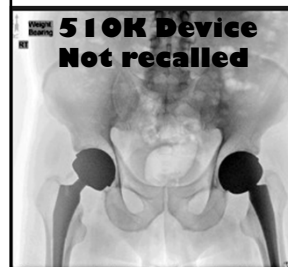
6 revised of about 20,000 at risk
Median [BCo] = 4 PPB
5 with reversible Cobaltism?
Mean latency to illness 5 years
Mean latency to revision 7 years
Population at risk NOT
systematically screened

Cobaltism Awareness: Systematic Monitoring of Patients with MoM Hips Indicated



*Young patient, missed 2
annual follow-ups but
saw surgeon socially
1-2 times a week
[BCo] = 63 ppb
Reversible
Neurocobaltism with 48
months of surplus
morbidity*

Cobaltism Awareness: Severe Cobaltism may precede Hip Symptoms



*46 y.o. Pilot F/H PD
2009 Biomet "Magnum" MoM Hips
42 months max DBS & Drugs
Onset of hip pain B[Co] = 116 PPB
Hips Revised to Ceramic-on-Plastic
2 months post revision B[Co] = 0.7
12 months post-op off DBS & Drugs
2 years post-op off Drugs, min DBA*

Cobaltism Awareness: Systematic Monitoring of Patients at Risk for Taper Corrosion Indicated



Rejuvenate Implanted 8/2010

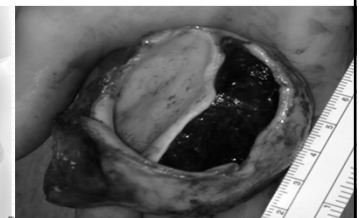
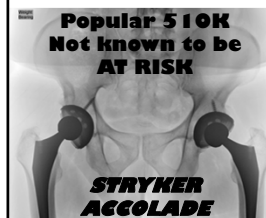
20 months later:
 progressive fatigue, poor sleep,
 nausea, weight loss from 140 to 120
 pounds, deafness, myalgia, cognitive
 decline, arrhythmia and diastolic
 dysfunction
 B[Co] = 11 PPB

RECALLED 7/2012 (at 23 months)

Explanted after 33 months

4 Million at Risk?!

56 yo male: 6 and 3 years s/p
 32 mm CoCr-on-Plastic non-Revuhenate Stryker Hips
 Several months left groin pain: [BCo] = 4 PPB
 Admitted to CCU post screening ECHO for acute
 asymptomatic proximal aortic dissection



CoCr-on-Plastic MOST POPULAR HIP USA Past 20 years



510K Device
Zimmer MLT Stem
32 mm CoCr Head
Longevity Socket Liner

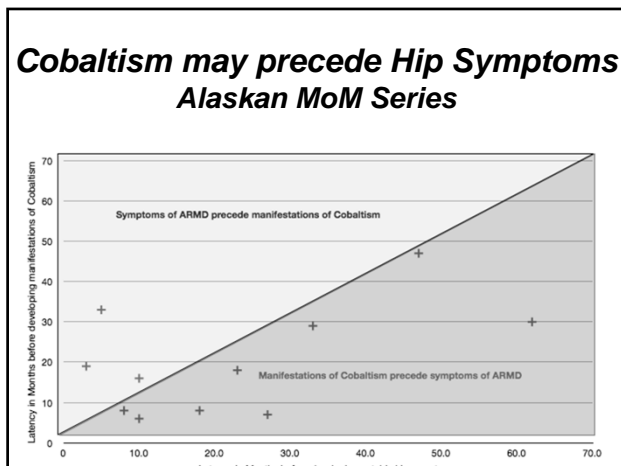


66 year-old med-mal attorney
 4 months of left groin pain
 8 years post implant
 [BCo] of 4 PPB


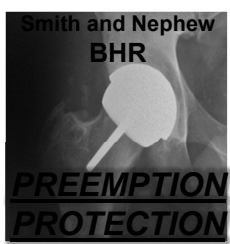
Altered Stem-Head Tapers



510K



Extreme Hypercobaltemia and Cobaltism
Not Rare in Patients Implanted with PMA
HIP RESURFACING DEVICES

Smith and Nephew
 BHR

PREEMPTION PROTECTION


Implanted for 36 Months
 Blood Cobalt Level 322 PPB
 Same as NEJM case that needed heart transplant

Patients with modular Chrome-Cobalt Components may require systematic monitoring of cobalt levels!

- Annual [BCo]: > 1 ppb is significant hypercobaltemia
- Cross-sectional imaging indicated any at risk patient with hip symptoms and for asymptomatic patients with B[Co] > 2.9 ppb
- Consider Revision
 - [BCo] > 10 ppb
 - Any systemic manifestations c/w cobaltism and B[Co] > 3 ppb
 - Hip symptoms and pseudo-tumor

New Hips: 1980-2010 Evolution

More Stable
Less Wear (mm)³
Lasts longer – no
Saves bone - no
Easier Revision-no



Marketing or Science ?

Unexpected Toxicity

Proving Non-inferiority Of New Hips

THE HOLY HAND



GRENADE

Prospective

10 year Study of a thousand hips blinded with controls by un-invested Investigators
Joint Registries

Retrospective

Comprehensive practice review with explant analysis

Tribology & Corrosion



Unexpected
Long Latency
Significant

Summer 2010 Regulatory Response

•CDC Atlanta

•“Let's Circulate this Nationwide”

•FDA Washington DC

•“No, medical devices our our turf”

•Dr. Tower is not an expert

FDA's Criteria for Expertise

Industry Consultant or
Furthered by Orthopedic Professional Organization

Primary Hips USA

- 270,000 per year
- \$30,000 Basic
- \$60,000 (Bells Whistles)
- 10 Billion \$ a year



95% 510K unproven implants

Revision Hip Replacement USA

50,000 per year
\$50-100k each
\$2.5 Billion
yearly



Metal-Metal hip surplus ten year costs: 10.6 Billion Dollars

- One Million MoM Implanted
- \$5K increased primary implant costs
- Excess ten year revision rate 10-50%
- \$60K revision cost
- 10% 5 year revision rate of revisions
- \$1000 + yearly serum monitoring costs

What went Wrong?

• **Conflict of Interest?**

- Premarket
- Market
- Regulation
- Professional spheres
- Post Market

Cost of Metal-Metal Debacle USA

A Billion Dollars per year

Design Surgeons of the ASR paid about \$20 Million

Cost of 510K Debacle USA?

Ten Billion Dollars per year

Solutions

- An NTSB approach to premature total joint failures
- Regional registries that employ explant analysis to determine the “probable cause” of failures
- Identification of “Canary in the Cage” early sentinel implant failures
- Non-conflicted analysis of new technologies
- Regulatory reform mandating use of proven, less expensive implants for most all



Hip Replacement Costs USA **12K – 120K JAMA 2/2013**

Retrospective Study \$ 0.01 per implant

Implant Registration \$50 per implant

Explant Analysis 1K per Explant

Generic Parts 5K

Revision surgery 50-100K

Un-Proven parts 15K

“Space Suits” 1K (increase infections 3X)

**Efficacy
Safety
And
Value**

**Cost,
Complexity, and
Complications**

