Bionik Resurfacing Femoral Head when used in conjunction with the Bionik Acetabular Component

Sponsor: ESKA Australia

Manufacturer: ESKA

NJRR Data:

# Implanted	# Revised	Revision Rate (%)
175	9	5.1
13307	548	4.1
Observed Compt Yrs	Revns/100 Comp Yrs	CL on revs/100 c.yrs
327	2.8	1.26 - 5.23
55420	1.0	0.90 - 1.06

The numbers in shaded italics are the comparison figures for the same type of implant. In most cases this is the numbers for all implants of the same type received by the NJRR

Number of implanting hospitals: 25 Number of hospitals where revisions occurred: 5

Reason for Revision	N	%
Loosening/Lysis	5	55.6
Fracture (Bone)	3	33.3
Pain	11	11.1
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Total	9	100%

Type of Revision	N	%
Femoral and Acetabular	6	66.7
Acetabular Only	3	33.3
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Total	9	100%

TGA Observations on NJRR Data

Losening/lysis and fracture are the main reasons for revision of the Bionik Implant, Losening/lysis and pain are over-represented. That is the proportion of Bionik implants that are revised for these reasons is greater than the proportion of implants revised for this reasons in all other implants of the same type. Femoral neck fracture is a common cause for revision with this type of implant. Femoral neck fracture is considered to be related to the implant because preservation of the femoral neck is part of the design phylosophy of this type of implant (The cummulative revision rate of the implant appears to be increasing and diverging from the revision rate curve for all oter implants, but once again the certainty of this trend is difficult to establish due to the relatively low number of observed years.

TGA Observations on Manufacturers Reply

There are 9 revisions reported by the NJRR in this series. The sponsor states that 1 was a ceramic on ceramic implant and the remaining 8 were metal on metal. The Sponsor dismisses them all as not being implant related:

The revision of the ceramic on ceramic implant was due to a femur fracture due to AVM.

Of the implants that the sponsor claims were metal on metal hips, 3 revisions were due to neck of femur fractures (2 of which are claimed to be due to trauma), 3 revisions are due to malposition of the acetabulr cup and in two cases the femoral heads were not in the varus position.

Note that this does not completely account for all revisions and is not consistent with the NJRR data, which cites 3 fractures, not 4.

ESKA have also supplied some published papers and abstracts about the performace of the ESKA implant. The following are some observations about this literature.

In a general article about hip joint surface replacement Rudert et al report a case series of 20 Bionik surface replacement prostheses inserted between 2003 and 2005. At an average follow up period of 18 months there were no infections of aseptic loosening, but there was one femoral neck fracture and one dislocation, placing the revision rate at approximately 10% (or $(100 \times 2 \text{ revisions} / 1.5 \text{ years} \times 20 \text{ implants} = 6.6 \text{ revisions} / 100 \text{ component years}).$

ESKA has provided a "Data Summary" on a series involving 248 patients (number of implants not stated). Enrolments began in February 2003 and patients were followed until February 2006 (estimated average follow up of 1.5 years). During that time ESKA reports that there were 7 revisions for various reasons - mostly femoral neck fracture. The revision rate is not calculted, but based on the information provided above, an estimate would be 100×7 revisions / 1.5 years $\times 248$ implants = 1.88 revisions/100 component years.

Beaulé et al report a retrospective review of 94 cases for which the mean follow up was 4.2 years. 13 patients are reported to have had a bad outcome. A bad outcome is defined as conversion to THR, radiolucency of greater than 1mm or narrowing of the femoral neck by greater than 10%. It is not clear whether all 13 required revision, but if they did then the revision rate was 3.29 revisions/100 component years. To achieve the same revision rate as the average revision rate of similar implants in Australia, the number of implants that were revised should can be no greater than 4. However, Beaulé et al made an important observation: The number of failures is related to a neck shaft angle < 130°. The relative risk of problems with Bionik hips where the neck shaft angle is < 130° is 6 times that wwhere the neck shaft angle is > 130°. It is not clear whether this piece of information is conveyed to surgeons through product literature or training.

The paper by Gerdesmeyer et al on minimally invasive surgery reports that in a series of 31 patients using a minimally invasive approach, no instances of loosening or dislocation or other sequelae were observed after 12 months of follow up.

Two abstracts to papers are submitted with no accompanying citation... and are not discussed further here.

In summary the Sponsor asserts that none of the revisions reported in the NJRR against the Bionik implant are related to the design of the implant. ESKA has also provided papers and citations as evidence of implant performance elsewhere in the world, but the revision rates reported in the literature provided appears to be higher – sometimes much higher than the revision rate reported by the NJRR for this implant.

One author noted the importance of neck shaft angle - The TGA seeks the advice of the OEWG as to whether this affects all similar resufacing implants and whether this is a commonly known in the orthopaedics field.

Adaptor (cementless) Total Conventional Hip Femoral Prosthesis

This analysis compares the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis with all Other Total Conventional Hip prostheses. This Prosthesis has been identified as having a significantly higher revision rate.

For a detailed explanation of the process used by the Registry that results in identification of prostheses that have a higher than anticipated rate of revision please refer to the 'Prostheses with Higher than Anticipated Rates of Revision' chapter of the most recent AOANJRR Annual Report, http://www.dmac.adelaide.edu.au/aoanirr/publications.jsp.

TABLE 1

Revision Rate of Primary Total Conventional Hip Replacement

The **Revision Rate** of the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis is compared to all Other Total Conventional Hip prostheses.

Table 1: Revision Rates of Primary Total Conventional Hip Replacement

Component	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
Adapter (cementless)	23	567	1092	2.11 (1.34, 3.16)
Other Total Conventional Hip	5054	170537	651226	0.78 (0.75, 0.80)
TOTAL	5077	171104	652317	0.78 (0.76, 0.80)

TABLE 2

Yearly Cumulative Percent Revision of Primary Total Conventional Hip Replacement

The **Yearly Cumulative Percent Revision** of the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis is compared to all Other Total Conventional Hip prostheses.

Table 2: Yearly Cumulative Percent Revision of Primary Total Conventional Hip Replacement

CPR	1 Yr	3 Yrs	5 Yrs	7 Yrs	9 Yrs
Adapter (cementless)	2.7 (1.6, 4.5)	5.4 (3.5, 8.3)	and the second s		
Other Total Conventional Hip	1.5 (1.5, 1.6)	2.7 (2.6, 2.8)	3.5 (3.4, 3.6)	4.4 (4.3, 4.5)	5.4 (5.1, 5.7)

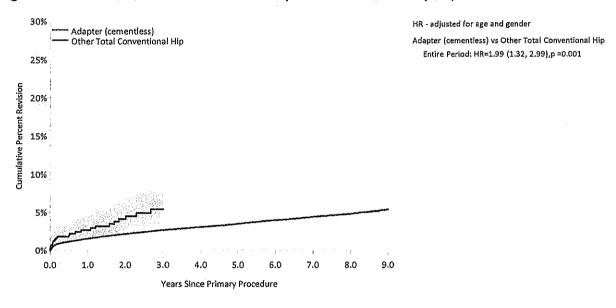
FIGURE 1

Yearly Cumulative Percent Revision of Primary Total Conventional Hip Replacement

The **Yearly Cumulative Percent Revision** of the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis is compared to all Other Total Conventional Hip prostheses. In addition, Hazard Ratios are also reported.

Hazard Ratios are reported for specific time periods during which the Hazard Ratio is constant. This is done to enable more specific and valid comparisons of the risk of revision over time. The pattern of variation in risk has important implications with respect to the underlying reasons for any difference.

Figure 1: Cumulative Percent Revision of Primary Total Conventional Hip Replacement



Number at Risk	O Yr	1 Yrs	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs	8 Yrs 9	Yrs
Adapter (cementless)	567	396	265	137	16	0	0	0	0	0
Other Total Conventional Hip	170537	142264	. 1 1 7 8 7 1	96114	75956	57166	40037	24821	11582	2968



Primary Diagnosis for Revised Primary Total Conventional Hip Replacement

This table identifies the diagnosis of the primary procedure which was subsequently revised. This information is provided as there is a variation on outcome depending on the primary diagnosis. It is therefore important when considering the reasons for a higher than anticipated rate of revision that there is identification of the primary diagnosis. This information should be compared to the primary diagnosis for the revisions of all Other Total Conventional Hip prostheses.

Table 3: Primary Diagnosis for Revised Primary Total Conventional Hip Replacement

	Adapter (c	ementless)	Other Total Co	nventional Hip
Primary Diagnosis	Number	Percen i	Number	Percent
Osteoarthritis	22	95.7	4262	84.3
Avascular Necrosis			253	5.0
Fractured Neck Of Femur	1	4.3	249	4.9
Rheumatoid Arthritis			96	1.9
Developmental Dysplasia			87	1.7
Failed Internal Fixation			32	6.0
Tumour			32	0.6
Other Inflammatory Arthritis			29	0.0
Fracture/Dislocation			7	0.1
Arthrodesis Takedown		•	5	0.1
Other			2	0.0
TOTAL	23	100.0	5054	100.0

TABLE 4

Revision Rates of Adaptor (cementless) Primary Total Conventional Hip Replacement by Fixation.

This analysis is provided as some prostheses have more than one fixation option. Additionally there are prostheses where an alternative to the recommended approach to fixation was used e.g. a cementless prosthesis that has been cemented or vice-versa.

Table 4: Revision Rates of Adapter (cementless) Primary Total Conventional Hip Replacement by Fixation

Fixation	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
Cemented	0	1	3	0.00 (0.00, 115.0)
Cementless	23	550	1071	2.15 (1.36, 3.22)
Hybrid	0	16	18	0.00 (0.00, 21.04)
TOTAL	23	567	1092	2.11 (1.34, 3.16)

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TABLE 5

Revision Rates of Adaptor (cementless) Primary Total Conventional Hip Replacement by Bearing Surface.

This analysis is provided as some prostheses are combined with a variety of different bearing surfaces. All bearing surfaces used with this Prosthesis are listed.

Table 5: Revision Rates of Adapter (cementless) Primary Total Conventional Hip Replacement by Bearing Surface

Bearing Surface	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
Ceramic/Ceramic	2	38	78	2.56 (0.31, 9.26)
Ceramic/Polyethylene	1	53	99	1.01 (0.03, 5.65)
Ceramic/Modified Polyethylene	0	11	2	0.00 (0.00, 219.1)
Metal/Metal	17	356	759	2,24 (1,30, 3,59)
Metal/Polyethylene	3	105	150	2.00 (0.41, 5.84)
Metal/Modified Polyethylene	0	4	4	0.00 (0.00, 83.74)
TOTAL	23	567	1092	2.11 (1.34, 3.16)

Type of Revision Performed for Primary Total Conventional Hip Replacement

This analysis identifies the components used in the revision of the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis and compares it to the components used in the revision of all Other Total Conventional Hip prostheses.

The reason this analysis is undertaken is to identify whether there is one or more components which are being replaced that differ from the components replaced for revisions of all Other Total Conventional Hip prostheses i.e. is there a difference in the type of revision undertaken for the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis compared to all Other Total Conventional Hip prostheses.

Table 6: Primary Total Conventional Hip Replacement - Type of Revision

****	Adapter (c	emeniless)	Other Total Co	nventional Hip
Revision Type	Number	Percent	Number	Percent
Femoral Only	6	26.1	1482	29.3
Acetabular Only	5	21.7	1260	24,9
THR (Femoral/Acetabular)	2	8.7	625	12,4
Cement Spacer	1	4.3	244	4.8
Removal of Prostheses			41	8.0
Reinsertion of Components			6	0.1
Bipolar Head and Femoral			2	0.0
Saddle			2	0.0
N Major	14	60.9	3662	72.5
Head/Insert	5	21.7	922	18.2
Head Only	1	4.3	285	5.6
Minor Components			82	1.6
Insert Only	1	4.3	70	1.4
Head/Neck	2	8.7	30	0.6
Neck Only			2	0.0
Neck/Insert			1	0.0
N Minor	9	39.1	1392	27.5
TOTAL	23	100,0	5054	100.0



Reason for Revision of Primary Total Conventional Hip Replacement

This is reported in two ways; a percentage of all revisions and also as a percentage of all primary procedures.

This analysis includes a comparison of reasons for revision to all Other Total Conventional Hip prostheses.

This analysis is undertaken to identify if there are differences in the reasons for revision and the number of revisions performed for those reasons between the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis and all Other Total Conventional Hip prostheses.

Table 7: Primary Total Conventional Hip Replacement - Reason for Revision

The state of the s	Add	pter (cement	ess)	Other 1	otal Conventio	nal Hip
Revision Diagnosis	Number	% Revision	% Primary	Number	% Revision	% Prlmary
Loosening/Lysis	5	21.7	0.9	1514	0,08	0.9
Prosthesis Dislocation	5	21.7	0.9	1395	27.6	0.8
Infection	3	13.0	0.5	843	16.7	0.5
Fracture	2	8.7	0.4	742	14.7	0.4
Pain	4	17.4	0.7	100	2.0	0.1
Other				67	1.3	0.0
Leg Length Discrepancy	1	4.3	0.2	63	1.2	0.0
Metal Sensitivity	1	4.3	0.2	61	1.2	0.0
Malposition				54	1.1	0.0
Wear Acetabulum	1	4.3	0.2	51	1.0	0.0
Implant Breakage Stem				35	0.7	0.0
Implant Breakage Acetabular	1	4.3	0.2	32	0.6	0.0
Incorrect Sizing				29	0.6	0.0
Instability				28	0.6	0.0
Implant Breakage Head				20	0.4	0.0
Heterotopic Bone				8	0.2	0.0
Tumour				8	0.2	0.0
Avascular Necrosis				2	0.0	0.0
Synovifis		2		2	0.0	0.0
N Revision	23	100.0	4.1	5054	100.0	3.0
N Primary	567			170537		

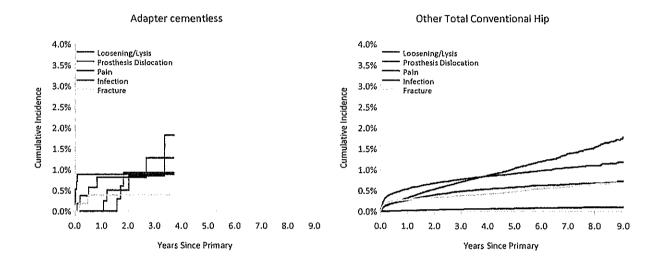
FIGURE 2

Revision Diagnosis Cumulative Incidence by Time to Revision for Primary Total Conventional Hip Replacement

This figure details the cumulative incidence of the most common reasons for revision.

The five most common reasons for revision are included as long as each of these reasons account for more than 10 procedures or at least 5% of all revisions for the Adaptor (cementless) Total Conventional Hip Prosthesis. A comparative graph is provided of the cumulative incidence for the same reasons for revisions for all Other Total Conventional Hip prostheses.

Figure 2: Cumulative Incidence Revision Diagnosis for Primary Total Conventional Hip Replacement



Revision Rates of Primary Total Conventional Hip Replacement by State

This enables a state by state variation to be identified for the Adaptor (cementless) Total Conventional Hip Femoral Prosthesis and provides the comparative data for each of the states for all Other Total Conventional Hip prostheses.

This analysis is undertaken for similar reasons as those outlined above for Table 8.

Table 8: Revision Rates of Primary Total Conventional Hip Replacement by State

Component	State	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
Adapter (cementless)	NSW	14	308	575	2.44 (1.33, 4.09)
Adapter (cementless)	VIC	3	74	141	2.13 (0.44, 6.22)
Adapter (cementless)	QLD	1	19	55	1.83 (0.05, 10.17)
Adapter (cementless)	WA	0	32	20	0.00 (0.00, 18.44)
Adapter (cementless)	SA	0	5	5	0.00 (0.00, 69.02)
Adapter (cementless)	TAS	5	128	296	1.69 (0.55, 3.95)
Adapter (cementless)	ACT/NT	0	1	0	0.00 (0.00, 1773)
Other Total Conventional Hip	N\$W	1405	50347	180311	0.78 (0.74, 0.82)
Other Total Conventional Hip	VIC	1378	46239	176185	0.78 (0.74, 0.82)
Other Total Conventional Hip	QLD	867	27407	105373	0.82 (0.77, 0.88)
Other Total Conventional Hip		647	18985	76117	0.85 (0.79, 0.92)
Other Total Conventional Hip	SA	462	17571	74846	0.62 (0.56, 0.68)
Other Total Conventional Hip	TAS	163	6120	24233	0.67 (0.57, 0.78)
Other Total Conventional Hip	ACT/NT	132	3868	14161	0.93 (0.78, 1.11)
TOTAL		5077	171104	652317	0.78 (0.76, 0.80)

TABLE 9

Number of Revisions of Adaptor (cementless) Primary Total Conventional Hip Replacement by Year of Implant

This analysis details the number of prostheses reported each year to the Registry for the Adaptor (cementless) Total Conventional Hip Prosthesis. It also provides the subsequent number of revisions of the primaries reported in that year.

Primary procedures performed in later years have had less follow up time therefore the number revised is expected to be less than the number revised in earlier years. For example, a primary procedure performed in 2009 has a maximum of one year to be revised, whereas a primary performed in 2007 has a maximum of three years to be revised.

Table 9: Number of Revisions of Adapter (cementless) Primary Total Conventional Hip Replacement by Year of Implant

Year of Implant	Number Revised	Total Number
2005	1	19
2006	9	140
2007	6	131
2008	4	121
2009	3	156
TOTAL	23	567

Revision rates of Adaptor (cementless) Primary Total Conventional Hip Replacement by Catalogue Number Range

Many prostheses have a number of catalogue ranges. The catalogue range is specific to particular design features; more than one catalogue range usually indicates a minor difference in design in a particular Adaptor (cementless) femoral prosthesis.

This analysis has been undertaken to determine if the revision rate varies according to the catalogue number range.

Table 10: Revision Rates of Adapter (cementless) Primary Total Conventional Hip Replacement by Catalogue Number Range

	Catalogue Range	
Femoral Stem	- Services, p. 4 molting to view and tradecore is course a commission 4 miles and the con-	POT a serie v. v. d. Pot series and a series designation of the series o
Adapter (cementless)	11090302-11090373	ADAPTER CEMENTLESS COLLARLESS
Adapter (cementless)	11099012-11099044	HIP STEM CEMENTLESS TINB-C COLLARLESS

Femoral Stem Range	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
11090302-11090373	22	522	1061	2.07 (1.30, 3.14)
11099012-11099044	1	45	31	3.27 (0.08, 18.23)
TOTAL	23	567	1092	2.11 (1.34, 3.16)

TABLE 11

Revision rates of Adaptor (cementless) Primary Total Conventional Hip Replacement by Component

A prosthesis may be combined with multiple components.

This analysis has been undertaken to determine if the revision rate varies according to the component with which it is combined.

Table 11: Revision Rates of Adapter (cementless) Primary Total Conventional Hip Replacement by Acetabular Component

Acetabular Component	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
2000	0	2	6	0.00 (0.00, 61.89)
2000 Plus	2	55	121	1.65 (0.20, 5.97)
Allofit	0	13	2	0.00 (0.00, 184.6)
Bionik	21	489	948	2.22 (1.37, 3.39)
Eska Cup	0	1	3	0.00 (0.00, 121.1)
R3	0	1	1	0.00 (0.00, 561.4)
Trabecular Metal Shell	0	5	10	0.00 (0.00, 37.95)
Trìlogy	0	1	2	0.00 (0.00, 201.1)
TOTAL	23	567	1092	2.11 (1.34, 3.16)

Bionik/Bionik Total Resurfacing Hip Investigation

This analysis compares the Bionik/Bionik Total Resurfacing Hip Combination with all Other Total Resurfacing Hip prostheses. This Combination has been identified as having a significantly higher revision rate.

For a detailed explanation of the process used by the Registry that results in identification of prostheses that have a higher than anticipated rate of revision please refer to the 'Prostheses with Higher than Anticipated Rates of Revision 'chapter of the most recent AOANJRR Annual Report, http://www.dmac.adelaide.edu.au/aoanirr/publications.isp.

TABLE 1

Revision Rate of Primary Total Resurfacing Hip Replacement

The *Revision Rate* of the Bionik/Bionik Total Resurfacing Hip Combination is compared to all Other Total Resurfacing Hip prostheses.

Table 1: Revision Rates of Primary Total Resurfacing Hip Replacement

Component	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
Bionik/Bionik	9	1 <i>75</i>	327	2.75 (1.26, 5.23)
Total Resurfacing Hip	539	13132	55093	0.98 (0.90, 1.06)
TOTAL	548	13307	55420	0.99 (0.91, 1.08)

TABLE 2

Yearly Cumulative Percent Revision of Primary Total Resurfacing Hip Replacement

The **Yearly Cumulative Percent Revision** of the Bionik/Bionik Total Resurfacing Hip Combination is compared to all Other Total Resurfacing Hip prostheses.

Table 2: Yearly Cumulative Percent Revision of Primary Total Resurfacing Hip Replacement

CPR	1 Yr	3 Yrs	5 Yrs	7 Yrs	9 Yrs
Bionik/Bionik	3.8 (1.7, 8.4)	6.6 (3.2, 13.6)	7 TIPC (1814)		
Total Resurfacing Hip	1.8 (1.6, 2.1)	3.2 (2.9, 3.5)	4.5 (4.1, 4.9)	6.1 (5.5, 6.7)	7.4 (6.4, 8.6)

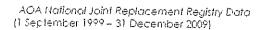


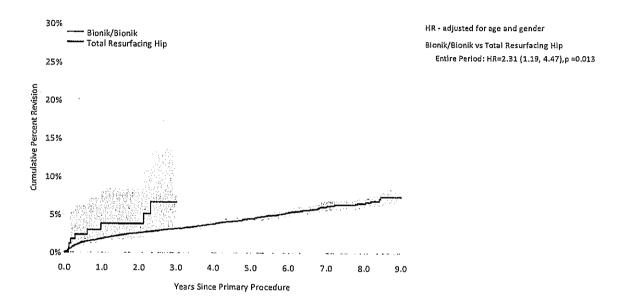
FIGURE 1

Yearly Cumulative Percent Revision of Primary Total Resurfacing Hip Replacement

The **Yearly Cumulative Percent Revision** of the Bionik/Bionik Total Resurfacing Hip Combination is compared to all Other Total Resurfacing Hip prostheses. In addition, Hazard Ratios are also reported.

Hazard Ratios are reported for specific time periods during which the Hazard Ratio is constant. This is done to enable more specific and valid comparisons of the risk of revision over time. The pattern of variation in risk has important implications with respect to the underlying reasons for any difference.

Figure 1: Cumulative Percent Revision of Primary Total Resurfacing Hip Replacement



Number at Risk	0 Yr	1 Yrs	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs	8 Yrs	9 Yrs
Bionik/Bionik	1 <i>75</i>	117	73	43	12	0	0	0	0	0
Total Resurfacing Hip	13132	11736	10239	8597	6883	5090	3457	2000	703	88

Primary Diagnosis for Revised Primary Total Resurfacing Hip Replacement

This table identifies the diagnosis of the primary procedure which was subsequently revised. This information is provided as there is a variation on outcome depending on the primary diagnosis. It is therefore important when considering the reasons for a higher than anticipated rate of revision that there is identification of the primary diagnosis. This information should be compared to the primary diagnosis for the revisions of all Other Total Resurfacing Hip prostheses.

Table 3: Primary Diagnosis for Revised Primary Total Resurfacing Hip Replacement

Primary Diagnosis	Bionik/ Number	Bionik Percent	Other Total Re Number	surfacing Hip Percent
Osteoarthritis	9	100.0	481	89.2
Developmental Dysplasia			35	6.5
Avascular Necrosis			13	2,4
Other Inflammatory Arthritis			6	1.1
Rheumatoid Arthritis			4	0.7
TOTAL	9	100.0	539	100.0

TABLE 4

Revision Rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Fixation.

This analysis is provided as some prostheses have more than one fixation option. Additionally there are prostheses where an alternative to the recommended approach to fixation was used e.g. a cementless prosthesis that has been cemented or vice-versa.

Table 4: Revision Rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Fixation

Fixation	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% Cl)
Cemented	0	1	J	0.00 (0.00, 349.1)
Cementless	1	15	44	2.27 (0.06, 12.67)
Hybrid	8	159	282	2.84 (1.23, 5.59)
TOTAL	9	175	327	2.75 (1.26, 5.23)

Type of Revision Performed for Primary Total Resurfacing Hip Replacement

This analysis identifies the components used in the revision of the Bionik/Bionik Total Resurfacing Hip Combination and compares it to the components used in the revision of all Other Total Resurfacing Hip prostheses.

The reason this analysis is undertaken is to identify whether there is one or more components which are being replaced that differ from the components replaced for revisions of all Other Total Resurfacing Hip prostheses i.e. is there a difference in the type of revision undertaken for the Bionik/Bionik Total Resurfacing Hip Combination compared to all Other Total Resurfacing Hip prostheses.

Table 5: Type of Revision for Primary Total Resurfacing Hip Replacement

e Principal	Bionik,	/Blonik	Other Total Resurfacing Hip		
Revision Type	Number	Percent	Number	Percent	
Femoral Only	3	33.3	284	52.7	
THR (Femoral/Acetabular)	6	66.7	195	36.2	
Acetabular Only			41	7.6	
Cement Spacer			15	2.8	
Removal of Prostheses			4	0.7	
N Major	9	100.0	539	100.0	
TOTAL	9	100.0	539	100.0	

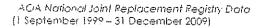


TABLE 6

Reason for Revision of Primary Total Resurfacing Hip Replacement

This is reported in two ways; a percentage of all revisions and also as a percentage of all primary procedures.

This analysis includes a comparison of reasons for revision to all Other Total Resurfacing Hip prostheses.

This analysis is undertaken to identify if there are differences in the reasons for revision and the number of revisions performed for those reasons between the Bionik/Bionik Total Resurfacing Hip Combination and all Other Total Resurfacing Hip prostheses.

Table 6: Reason for Revision of Primary Total Resurfacing Hip Replacement

	Bionik/Bionik			Other Total Resurfacing Hip			
Revision Diagnosis	Number	% Revision	% Primary	Number	% Revision	% Primary	
Fracture	3	33.3	1.7	192	35.6	1.5	
Loosening/Lysis	5	55.6	2.9	1 <i>7</i> 8	33.0	1.4	
Infection				45	8.3	0.3	
Metal Sensitivity				39	7.2	0.3	
Pain	1	11,1	0.6	28	5.2	0,2	
Avascular Necrosis				17	3.2	0.1	
Prosthesis Dislocation				15	2.8	0.1	
Malposition				12	2.2	0.1	
Other				6	1.1	0.0	
Implant Breakage Head				3	0.6	0.0	
Instability				1	0.2	0.0	
Leg Length Discrepancy				1	0.2	0.0	
Synovitis				1	0.2	0.0	
Tumour				1	0.2	0.0	
N Revision	9	100.0	5.1	539	100.0	4.1	
N Primary	175			13132			

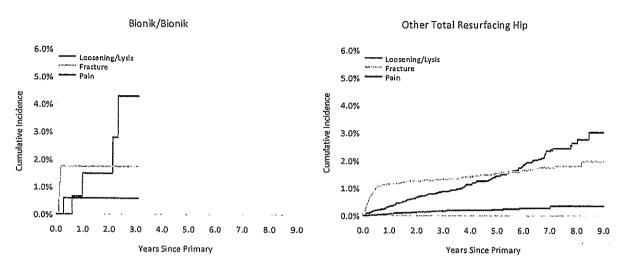
FIGURE 2

Revision Diagnosis Cumulative Incidence by Time to Revision for Primary Total Resurfacing Hip Replacement

This figure details the cumulative incidence of the most common reasons for revision.

The five most common reasons for revision are included as long as each of these reasons account for more than 10 procedures or at least 5% of all revisions for the Bionik/Bionik Total Resurfacing Hip Combination. A comparative graph is provided of the cumulative incidence for the same reasons for revisions for all Other Total Resurfacing Hip prostheses.

Figure 2: Revision Diagnosis Cumulative Incidence by Time to Revision for Primary Total Resurfacing Hip Replacement



Revision Rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Hospital

This table details the rates of revision in each of the individual hospitals in which the Bionik/Bionik Total Resurfacing Hip Combination was used. The hospitals are identified by number only.

The purpose of this analysis is to determine if the higher than anticipated rate of revision has widespread distribution between hospitals. If there is widespread distribution then the reason for the higher than anticipated rate of revision is unlikely to be surgeon specific. If the prosthesis has been used in only a small number of hospitals it is not possible to distinguish if the higher than anticipated rate of revision is related to the prosthesis, surgeon, technique or patient.

Table 7: Revision Rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Hospital

Hospital Number	N Revised	N Totál	Obs. Years	Revisions/100 Obs. Yrs (95% CI)
1	0	2	7	0.00 (0.00, 52.96)
2 .	0	21	16	0.00 (0.00, 23.13)
3	0	4	11	0.00 (0.00, 34.82)
4	2	6	15	12.92 (1.56, 46.66)
5	0	3	4	0.00 (0.00, 85.44)
6	0	1	1	0.00 (0.00, 528.4)
7	0	12	35	0.00 (0.00, 10.60)
8	0	2 .	3	0.00 (0.00, 141.5)
9	0	3	3	0.00 (0.00, 112.6)
10	2	10	11	17.83 (2.16, 64.41)
11	0	4	5	0.00 (0.00, 67.30)
12	0	` 4	6	0.00 (0.00, 60.88)
13	0	1	2	0.00 (0.00, 168.2)
14	0	22	51	0.00 (0.00, 7.17)
15	0	1	0	0.00 (0.00, 8982)
16	0	3	3	0.00 (0.00, 108.9)
17	0	2	4	0.00 (0.00, 98.93)
18	0	2	5	0.00 (0.00, 75.40)
19	1	25	53	1.90 (0.05, 10.61)
20 ·	.0	1	0	0.00 (0.00, 2750)
21	1	15	11	9.04 (0.23, 50.36)
22	3	23	68	4.39 (0.91, 12.83)
23	0	1	1	0.00 (0.00, 344.6)
24	0	5	6	0.00 (0.00, 63.17)
25	0	2	5	0.00 (0.00, 05.17)
TOTAL	9	175	327	2.75 (1.26, 5.23)

TABLE 8 Revision Rates of Primary Total Resurfacing Hip Replacement by State

This enables a state by state variation to be identified for the Bionik/Bionik Total Resurfacing Hip Combination and provides the comparative data for each of the states for all Other Total Resurfacing Hip prostheses.

This analysis is undertaken for similar reasons as those outlined above for Table 7.

Table 8: Revision Rates of Primary Total Resurfacing Hip Replacement by State

Component	State	N Revised	N Total	Obs. Years	Revisions/100 Obs. Yrs (95% Cl)
Bionik/Bionik	WZM	7	118	225	3.12 (1.25, 6.42)
Bionik/Bionik	VIC	٠, ٥	24	53	0.00 (0.00, 6.91)
Bionik/Bionik	QLD	0	2	7	0.00 (0.00, 52.96)
Bionik/Bionik	WA	0	21	16	0.00 (0.00, 23.13)
Bionik/Bionik	TAS	2	10	26	7.67 (0.93, 27.70)
Total Resurfacing Hip	NSW	180	3899	15823	1.14 (0.98, 1.32)
Total Resurfacing Hip	VIC	189	4747	21507	0.88 (0.76, 1.01)
Total Resurfacing Hip	QLD	80	2212	8156	0.98 (0.78, 1.22)
Total Resurfacing Hip	WA	16	370	1845	0.87 (0.50, 1.41)
Total Resurfacing Hip	SA	49	1268	5560	0.88 (0.65, 1.17)
Total Resurfacing Hip	TAS	9	83	279	3.22 (1.47, 6.12)
Total Resurfacing Hip	ACT/NT	16	553	1923	0.83 (0.48, 1.35)
TOTAL	•	548	13307	55420	0.99 (0.91, 1.08)

Number of Revisions of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Year of Implant

This analysis details the number of prostheses reported each year to the Registry for the Bionik/Bionik Total Resurfacing Hip Combination. It also provides the subsequent number of revisions of the primaries reported in that year.

Primary procedures performed in later years have had less follow up time therefore the number revised is expected to be less than the number revised in earlier years. For example, a primary procedure performed in 2009 has a maximum of one year to be revised, whereas a primary performed in 2007 has a maximum of three years to be revised.

Table 9: Number of Revisions of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Year of Implant

Year of Implant	Number Revised	Total Number
2005	0	12
2006	. 3	33
2007	4	33
2008	0	43
2009	2	54
TOTAL	9	175

Revision rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Catalogue Number Range

Many prostheses have a number of catalogue ranges. The catalogue range is specific to particular design features; more than one catalogue range usually indicates a minor difference in design in a particular Bionik/Bionik prosthesis.

This analysis has been undertaken to determine if the revision rate varies according to the catalogue number range.

Table 10: Revision Rates of Bionik/Bionik Primary Total Resurfacing Hip Replacement by Catalogue Number Range

	Catalogue Range	Catalogue Description
Head		The second secon
Bionik	10260050-10260050	HIP RESURFACING CEMENTLESS SILVER
Bionik	10270042-10270058	HIP RESURFING CEMENTED SILVER
Bionik	10270238-10270258	CERAMIC HEAD HIP SURF. REPLACEMENT
Bionik	10280046-10280050	HIP RESURFACING CEMENTLESS SILVER
Bionik	10280142-10280156	HIP SURFACE REPLACEMENT CEMENTED BIOSURF SILVER
Bionik	10280642-10280654	HIP RESURFACING CEMENTLESS SILVER CAP-COAT
Bionik	10282038-10282058	FEMORAL HEAD SHELL BIOSURF CEMENTED
Acetabular		
Bionik	10201050-10201064	METAL SHELL BS TINB COAT
Bionik	10201150-10201164	METAL SHELL BS TINB COAT SCREW FIX
Bionik	10201248-10201264	METAL SHELL CEMENTLESS TINB COAT SCREW FIX
Bionik	10201346-10201366	METAL SHELL TINB CAP SCREW FIX

Head Range	Acetab Range	N Revised	N Total	Obs. Yea	Revisions/100 Obs. Yrs (95% CI)
10260050-10260050	10201150-10201164	0	1	4	0.00 (0.00, 85.01)
10270042-10270058	10201150-10201164	0	6	23	0.00 (0.00, 15.72)
10270042-10270058	10201248-10201264	0	4	16	0.00 (0.00, 23.28)
10270042-10270058	10201346-10201366	2	11	36	5.51 (0.67, 19.90)
10270238-10270258	10201150-10201164	0	1	1	0.00 (0.00, 343.7)
10270238-10270258	10201248-10201264	0	1	1	0.00 (0.00, 471.1)
10270238-10270258	10201346-10201366	1	9	7	14.32 (0.36, 79.77)
10280046-10280050	10201050-10201064	0	1	4	0.00 (0.00, 83.69)
10280046-10280050	10201150-10201164	0	1	4	0.00 (0.00, 83.90)
10280142-10280156	10201050-10201064	0	1	3	0.00 (0.00, 107.4)
10280142-10280156	10201150-10201164	0	3	10	0.00 (0.00, 38.45)
10280142-10280156	10201248-10201264	0	10	22	0.00 (0.00, 16.80)
10280142-10280156	10201346-10201366	2	46	87	2.30 (0.28, 8.31)
10280642-10280654	10201050-10201064	0	2	.7	0.00 (0.00, 50.24)
10280642-10280654	10201150-10201164	}	2	7	15.23 (0.39, 84.83)
10280642-10280654	10201248-10201264	0	3	8	0.00 (0.00, 46.30)
10280642-10280654	10201346-10201366	0	7	18	0.00 (0.00, 20.84)
10282038-10282058	10201150-10201164	1	3	6	15.58 (0.39, 86.82)
10282038-10282058	10201248-10201264	1	36	31	3.18 (0.08, 17.73)
10282038-10282058	10201346-10201366	1	. 27	30	3.34 (0.08, 18.58)
TOTAL		9	175	327	2.75 (1.26, 5,23)