

Novel 3-D printed Ti cage design and methods to boost spinal fusion

M2i conference 2019, Noordwijkerhout 10-12-2019

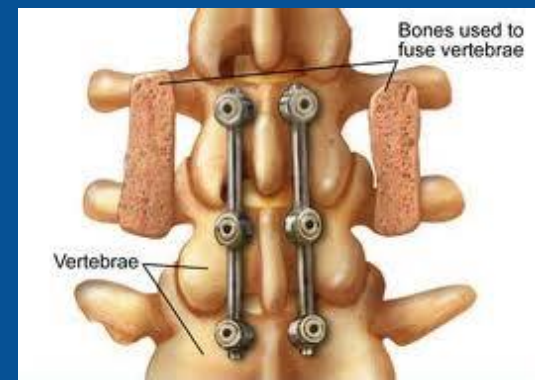
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Eindhoven University of Technology TU/e

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- PI EU Interreg Vlaanderen-Nederland Prosperos project
- Consultancy biomaterials
 - * BonAlive, Cambioceramics, Cerapedics, Depuy J&J, DSM biomedical, Biomet,
 - * Heraeus, Medtronic, Stryker
- Board memberships biomaterials
 - * Dutch Orthopaedic Association workgroup biotechnology
 - * Dutch Society for Biomaterials and Tissue Engineering (NBTE)
- Scientific funding biomaterials to department
 - * BonAlive, Cambioceramics, Cerapedics, Depuy J&J, DSM biomedical, Biomet,
 - * Medtronic, Stryker,
- Other
 - * Chair European Orthopaedic Research Society, 2019, Maastricht
 - * Founder TOBIG (Translational Orthopaedic Biomaterials Interest Group)

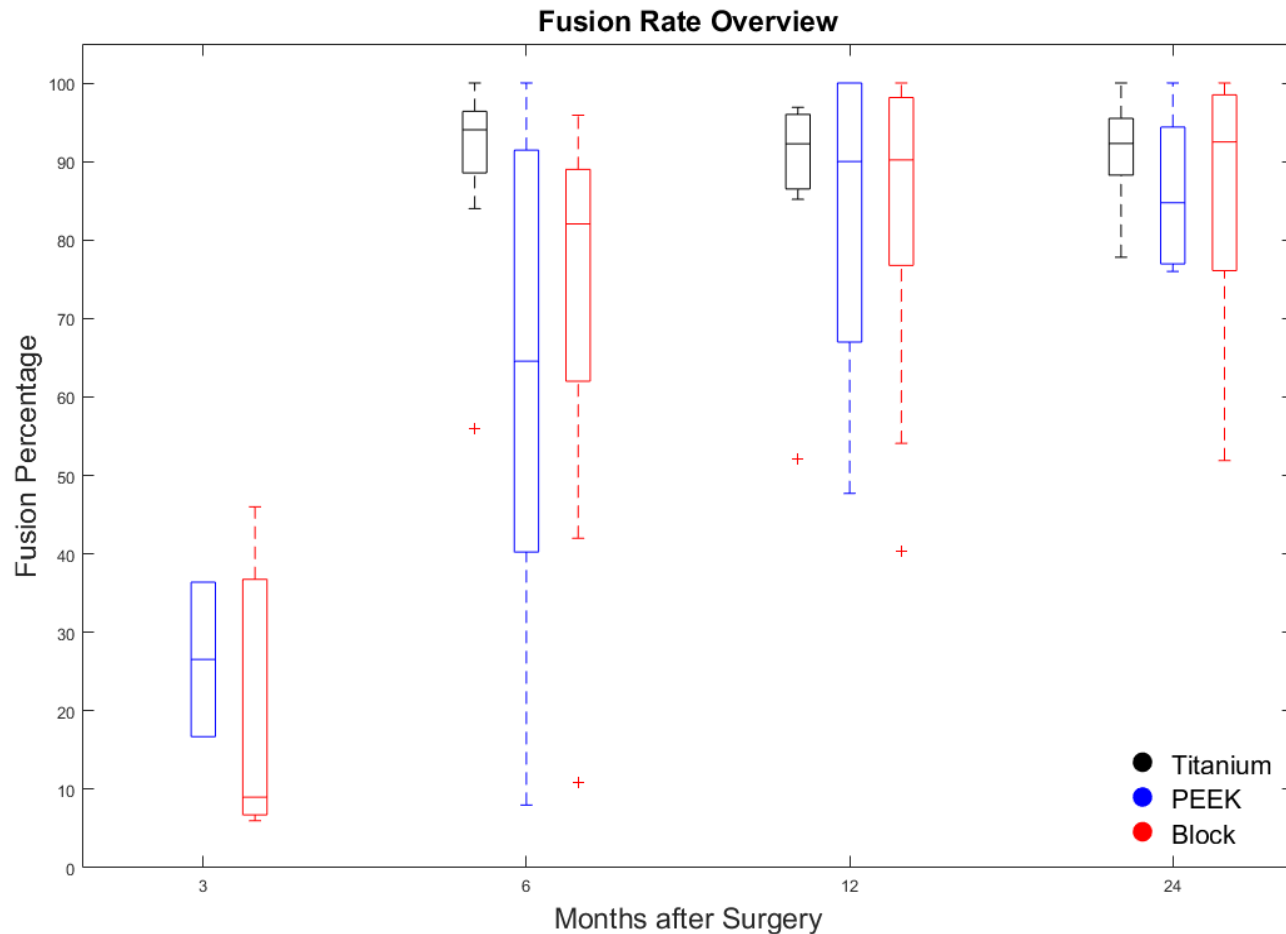
- A surgical technique used to join two or more vertebrae
- Aim
 - Eliminate pain
 - Provide stability
 - Correct spinal column malalignment
- Multitude of surgical approaches available
 1. Interbody fusion (ALIF / PLIF / TLIF)
 - Fusion vertebral endplates
 - Placement intervertebral device
 2. Posterolateral fusion
 - Fusion transverse processus
 - Fixation with metal screws



No standardization about ...

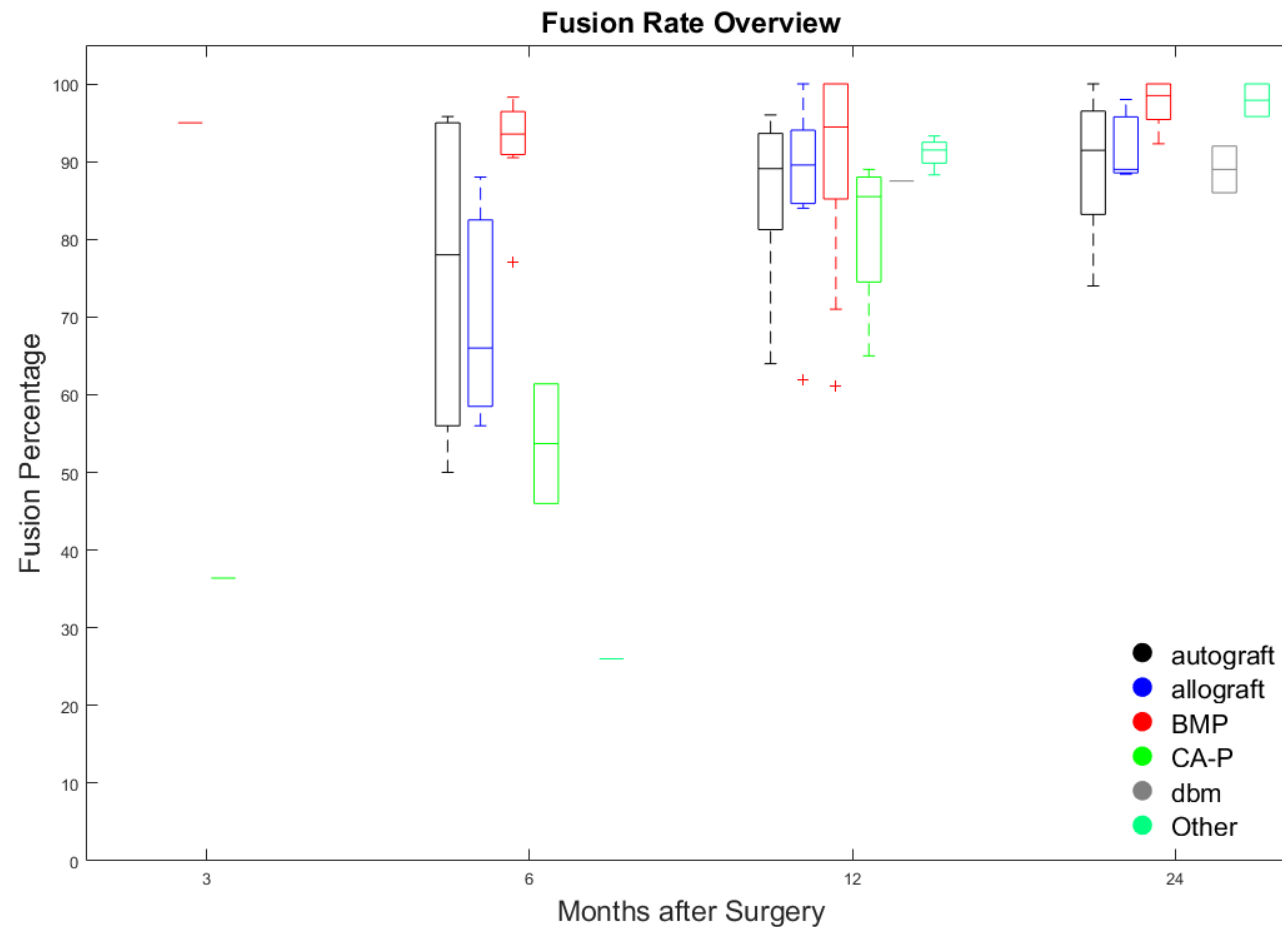
- **Definition and localisation**
 - * consensus spinal fusion
 - * consensus about topographical zones
- **Quantification**
 - * bridging bone between vertebrae +
 - * restricted range of motion +
 - * absence of radiolucencies
- **Assessment methodologies**
 - * specific for imaging techniques (early fusion difficult)
 - * X-ray, CT, PET-CT
- **Follow-up time points**
 - * 3-6-12-24 months (limited data early fusion results)

Systematic review (preliminary results !)



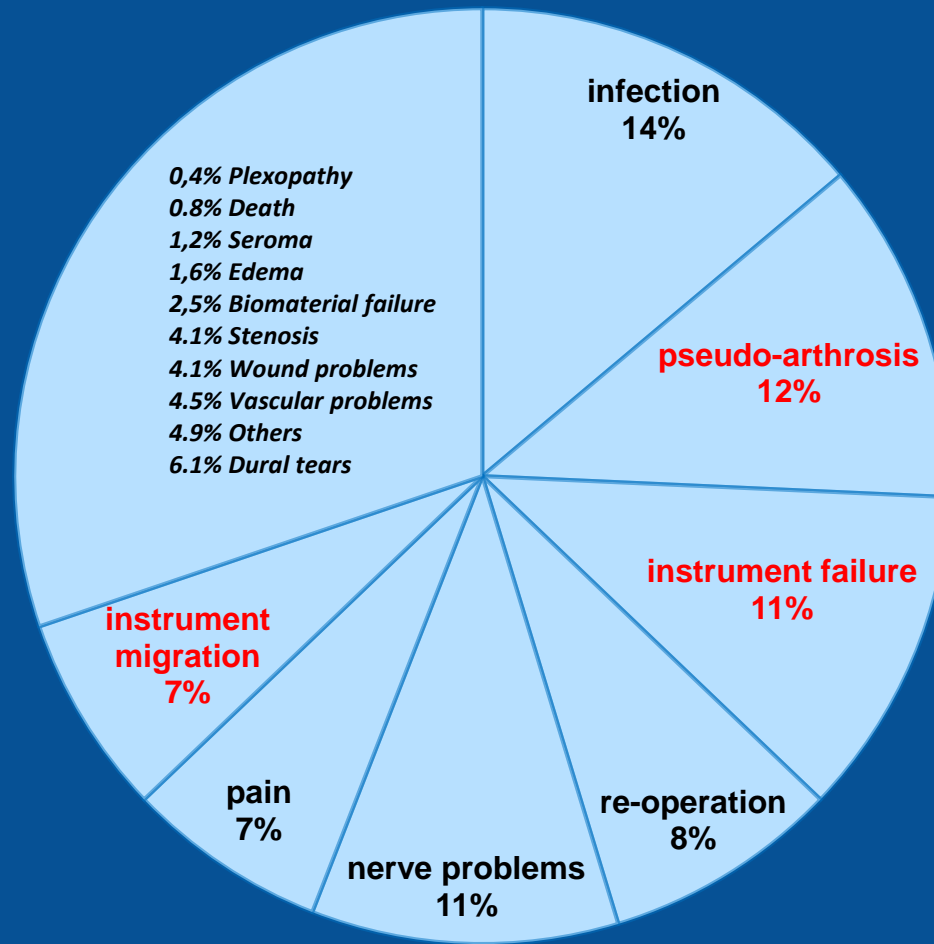
- Fusion rates vary a lot between PEEK and Ti cages
- 95% CI PEEK far larger as compared to Ti

Systematic review (preliminary results !)



- Fusion rates vary a lot between graft materials,
- Early 6-12 weeks fusion data underreported in literature

Systematic review (preliminary results !)



- Most complications occur early < 3-6 months
- 30-35% complications due to inadequate early osseointegration
- Note also infection %

3D printed spine cages

- Shift from ongrowth towards ingrowth → improved mechanical interlock
- NOTE → CE classification and MDR regulations have changed dramatically !!
→ More clinical evidence is required





- **PR**inting **PER**sonalized **orthopaedic** implants
- **Mission statement:**

prosperos develops personalised bioactive implants for functional recovery

in order to


significantly improve Quality of Life (QoL) in an aging population by enabling patients to maintain active mobility at an elderly age






Major step towards the bone implant of the future

Prosperos (Printing Personalized Orthopedic Implants) is a joint research program between 12 partners, headed by the Maastricht UMC+, focusing on 'smart' 3D-printed implants for the repair of large bone defects. The partners aim to develop biologically active implants that can be tailor-made to fit the needs of the individual patient. Upon successful implementation the implants offer faster patient recovery and a reduction in revision surgeries.



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European funds work together to improve your life

- Partners



clinical problem	Fundamental research	Preclinical research	Clinical application	Evaluation
idea	in vitro	In vivo	human	trials

Stepwise introduction of 3D printed spinal cages

- **Translational curves**
 - clinical implementation 1st generation
 - animal trials 2nd generation
 - mechanical testing 3rd generation
- **Technology readiness levels TRL**





Technology Readiness Levels

TRL 0: Idea. Unproven concept, no testing has been performed.

TRL 1: Basic research. Principles postulated and observed but no experimental proof available.

TRL 2: Technology formulation. Concept and application have been formulated.

TRL 3: Applied research. First laboratory tests completed; proof of concept.

TRL 4: Small scale prototype built in a laboratory environment ("ugly" prototype).

TRL 5: Large scale prototype tested in intended environment.

TRL 6: Prototype system tested in intended environment close to expected performance.

TRL 7: Demonstration system operating in operational environment at pre-commercial scale.

TRL 8: First of a kind commercial system. Manufacturing issues solved.

TRL 9: Full commercial application, technology available for consumers.

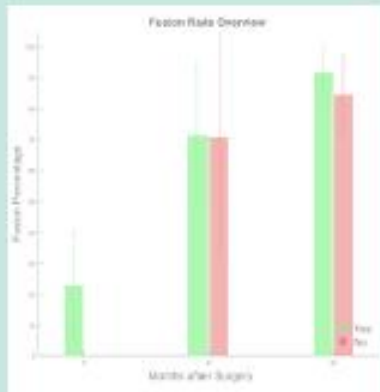
- WP 1: Project management; MUMC
- WP 2: Communication and dissemination; MUMC

clinical problem	Fundamental research	Preclinical research	Clinical application	Evaluation
idea	in vitro	In vivo	human	trials

- WP 3: Material Technology; RWTH Aachen
- WP 4: Implant geometry; KU Leuven
- WP 5: Implant surface chemistry and porosity; TU Delft
- WP 6: In vivo studies; UMC Utrecht
- WP 7: Clinical studies; Maastricht UMC

Develop and assess a new generation of interbody cages

Introduction Literature review



In Silico FE model



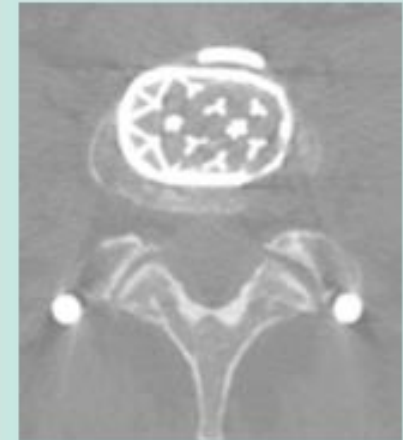
Assess + Develop

In Vivo Animal model

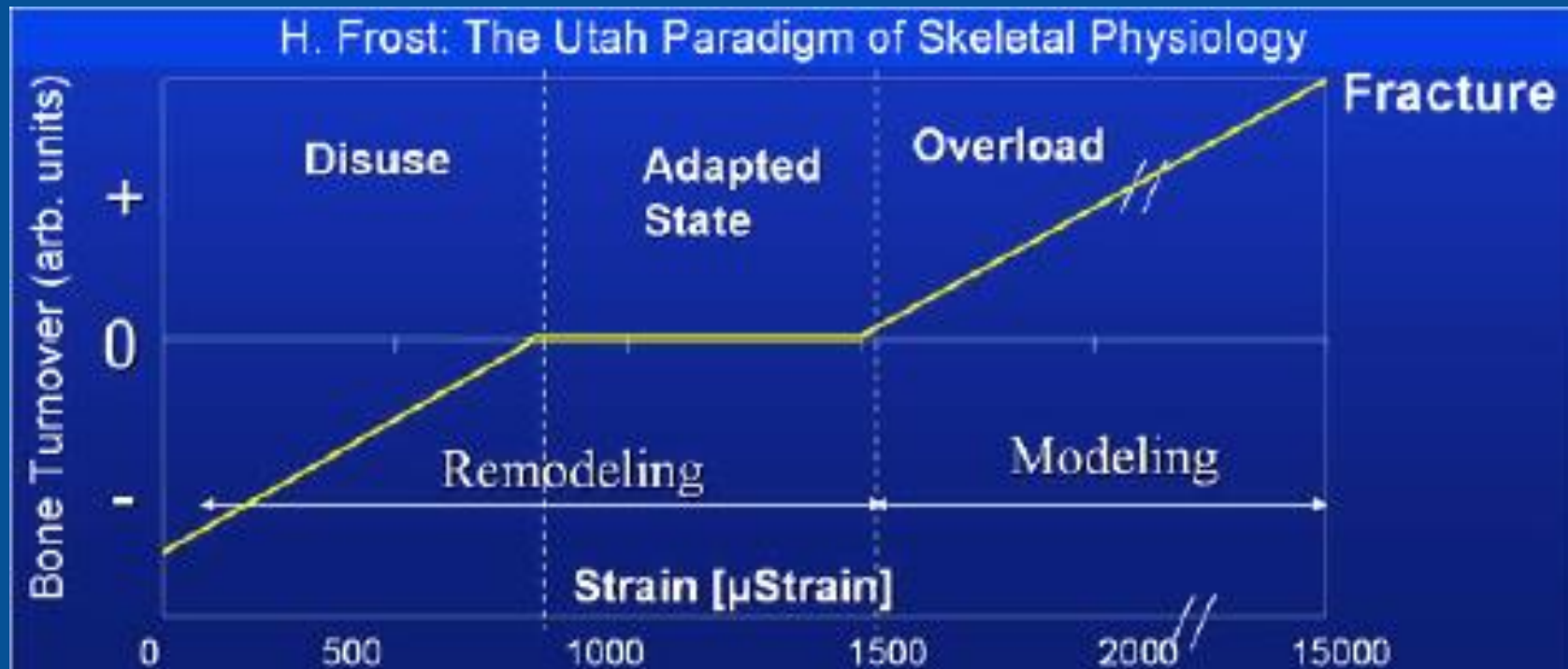


Assess

Clinical study



- **Mechanobiology: surface strain regimes – bone homeostasis**
- **$>1500 \mu\epsilon$ induces bone formation**
- [Frost; Angle Orthod 2004, 74: 3-15 and Pfirrmann et al., Spine 2001, 26: 1873-1878]
- **➔ Which surface strains are typically found in the design under physiological loading**



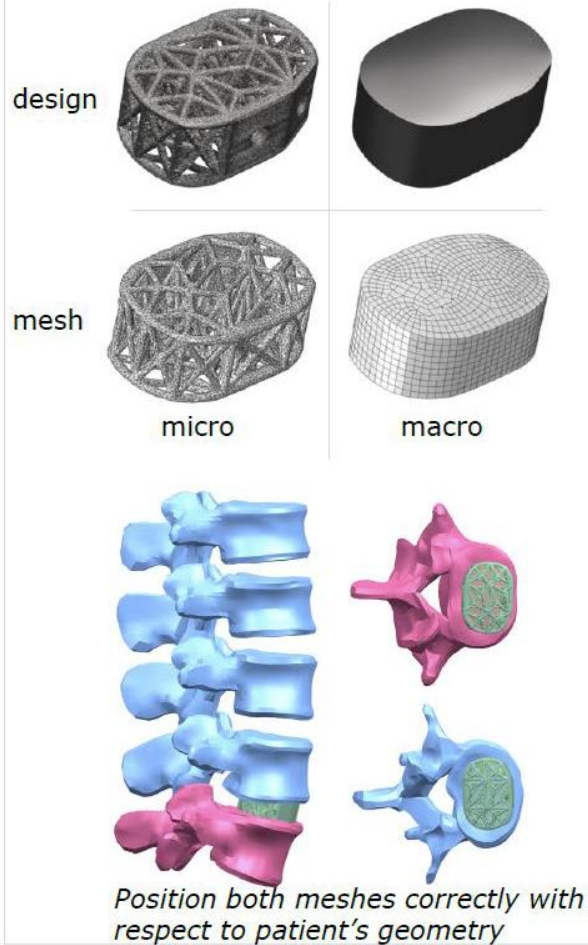
- **$1000 \mu\epsilon = 0.1\%$ stretch/shortening**

- Develop and assess a new generation of interbody spinal fusion cages

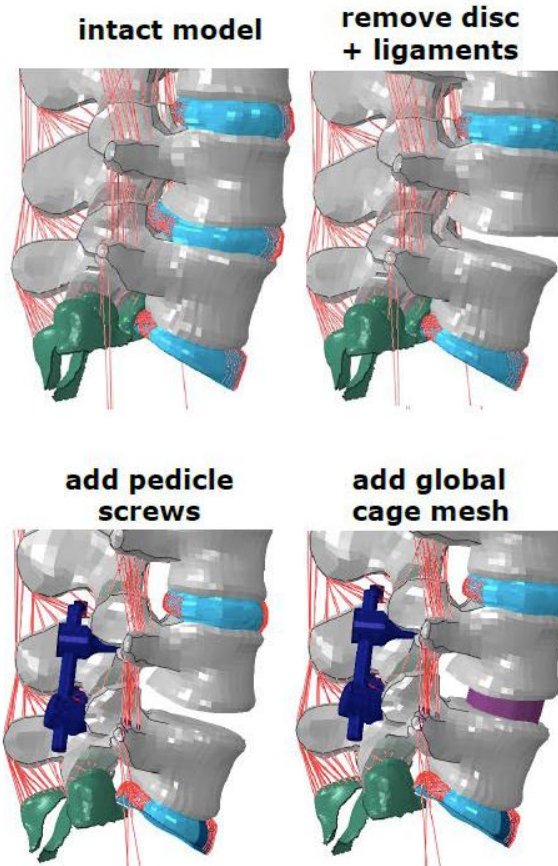


METHODOLOGY

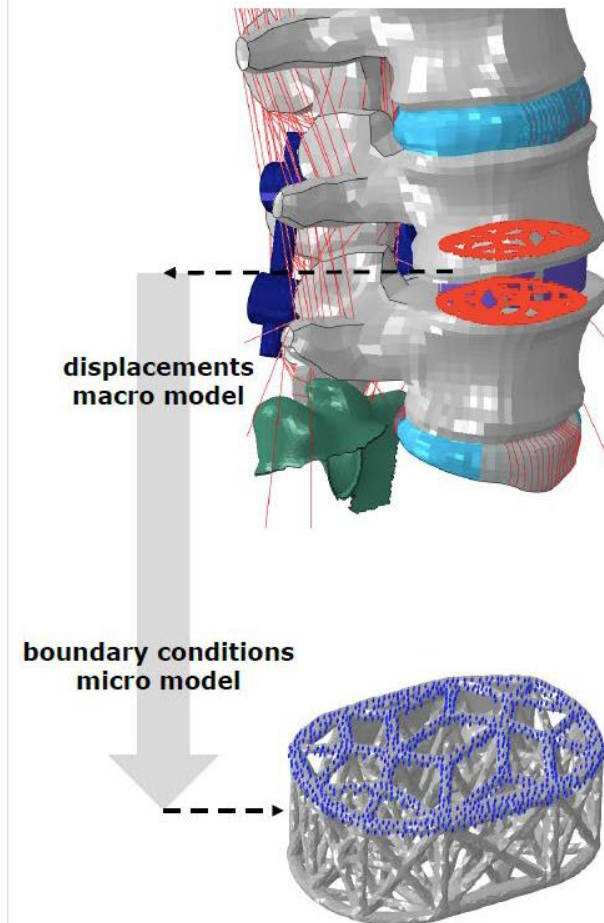
cage design and positioning



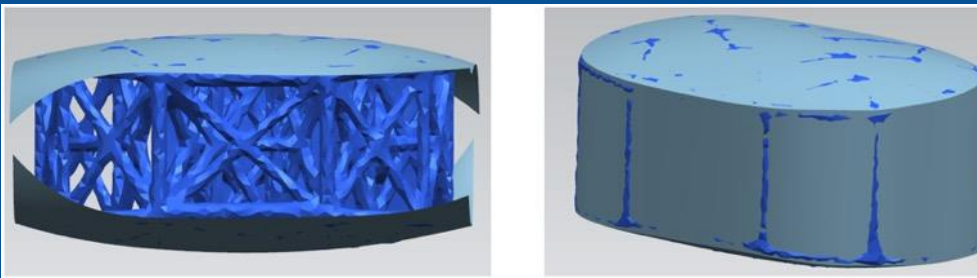
update macro model



macro to micro model



1. Model cage design and general shape

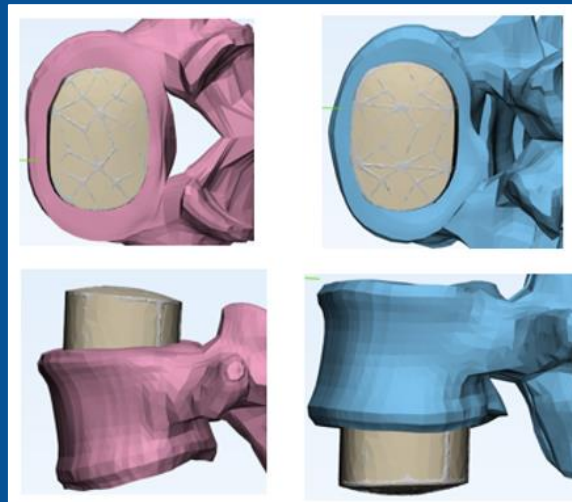
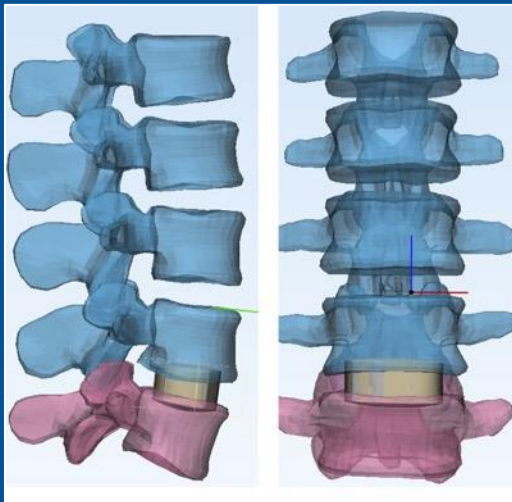


Design



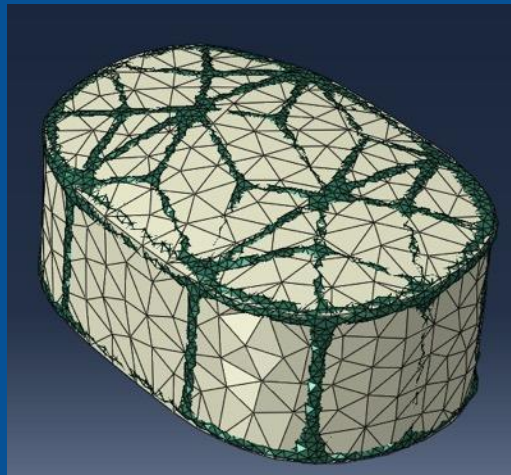
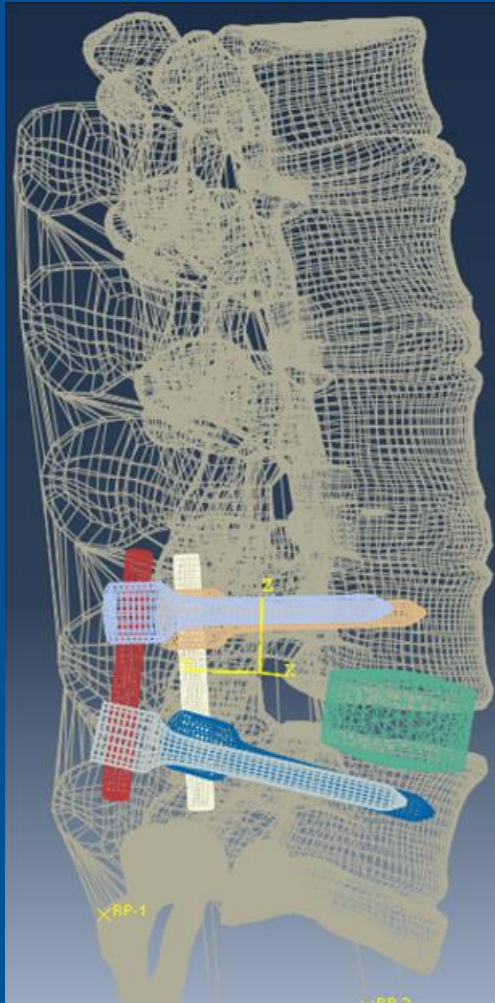
Mesh

2. Position design and mesh w.r.t. lumbar spine

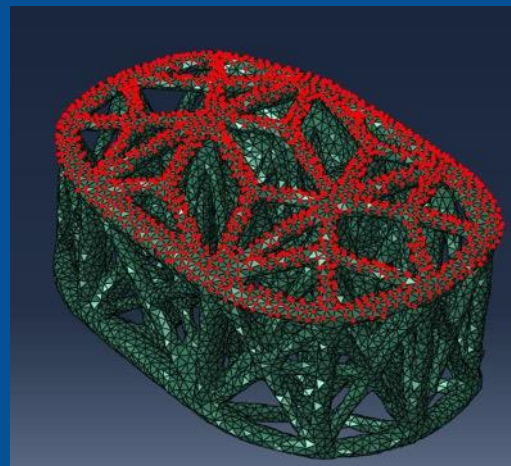


Get Registration matrix to move the mesh to correct position as well

- Cage implementation
- Submodelling – global \leftrightarrow micro

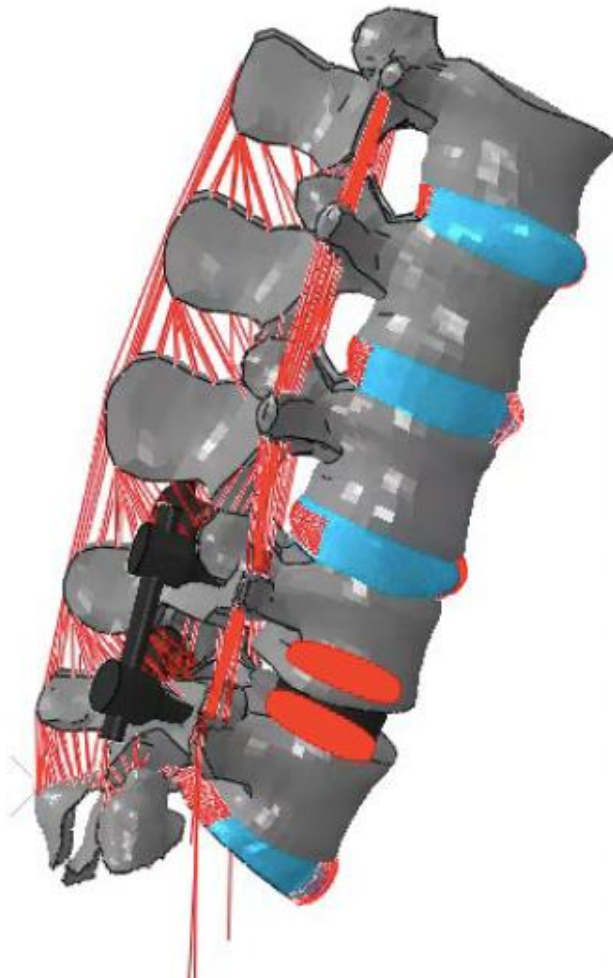


- ✓ Micromodel is located at same coordinates as global model

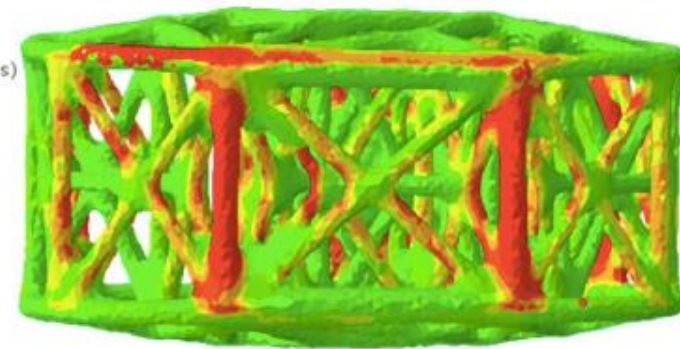
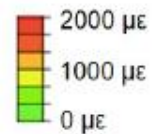


- ✓ Get boundary conditions at contact interface

- Preliminary results



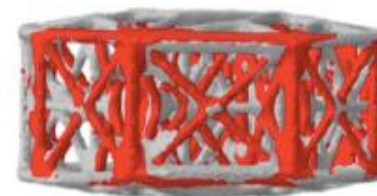
LE, Max. Principal (Abs)
(Avg: 75%)



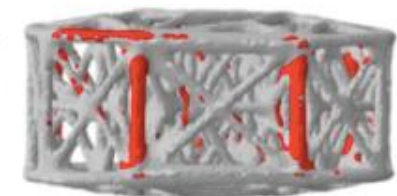
>1500 $\mu\epsilon$ induces bone formation [4]



>100 $\mu\epsilon$



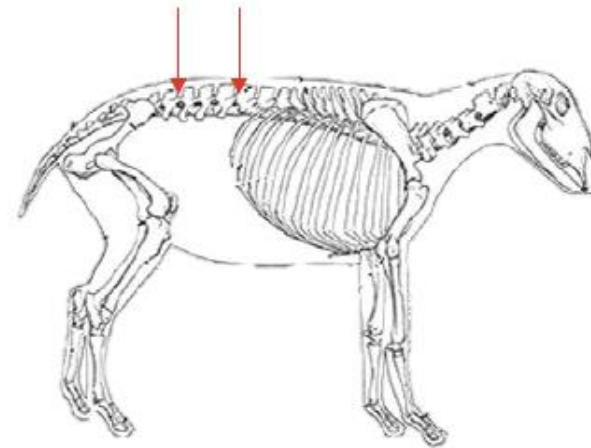
>500 $\mu\epsilon$



>1500 $\mu\epsilon$

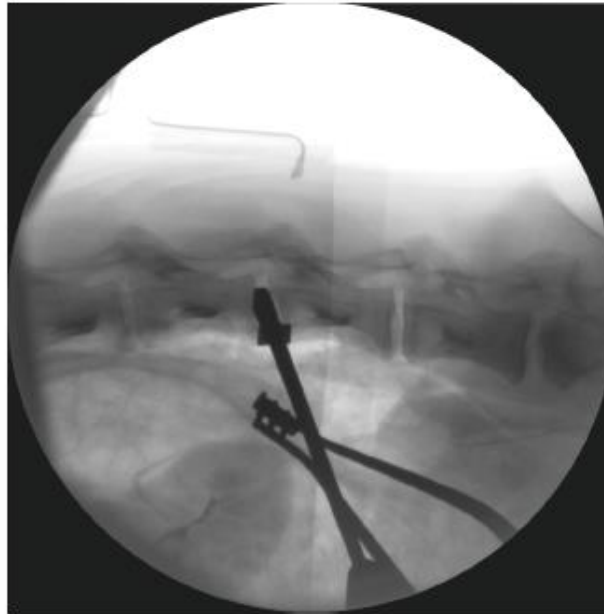
In Vivo Model

- Skeletally mature Zwartbles ewes
 - Bi-segmental fusion: L2-3 and L4-5
 - 13 à 14 weeks in experiment
- Breed allows implementation of human implant



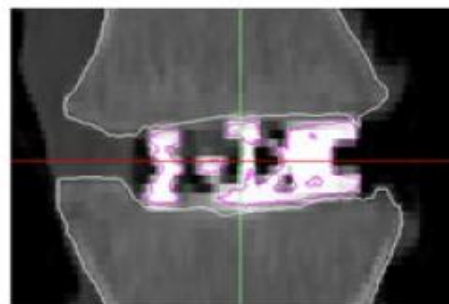
In Vivo Model

Practice surgeries

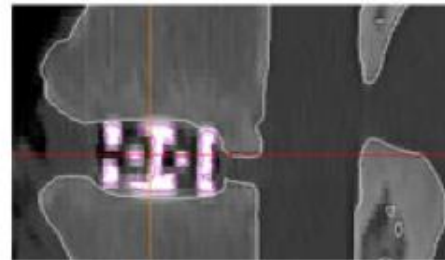


In Vivo Model

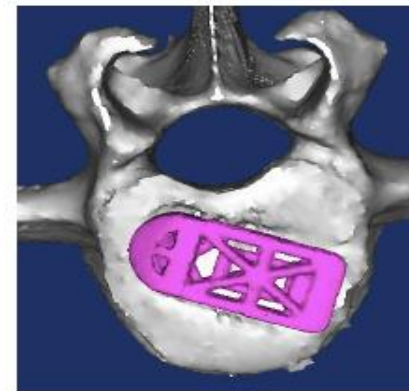
Explant analysis – *verify cages' position on endplate*



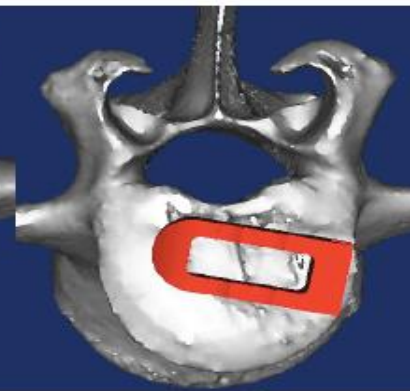
Coronal



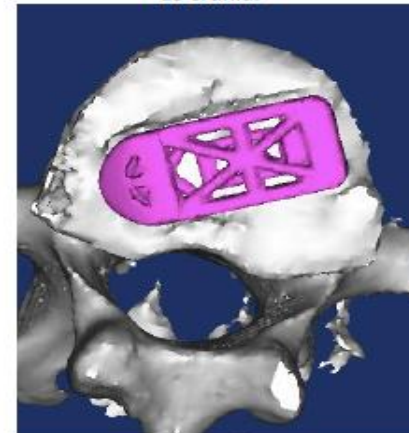
Sagittal



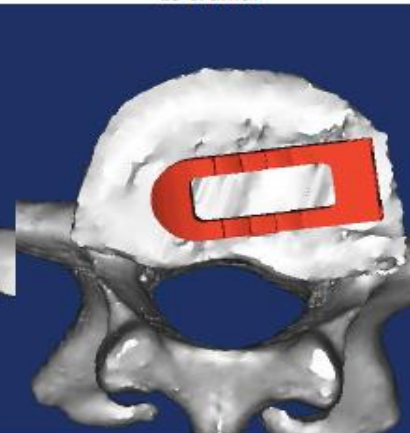
L3 cranial



L5 cranial

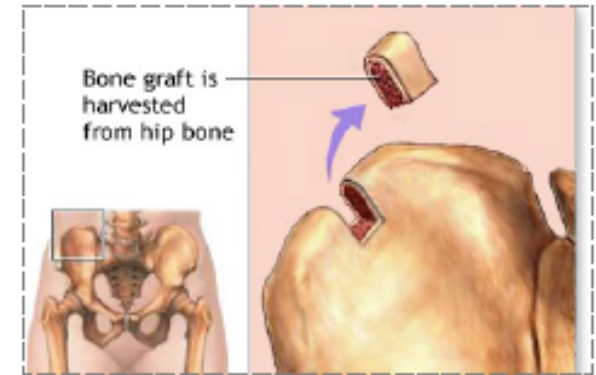


L2 caudal



L4 caudal

Experimental set-up

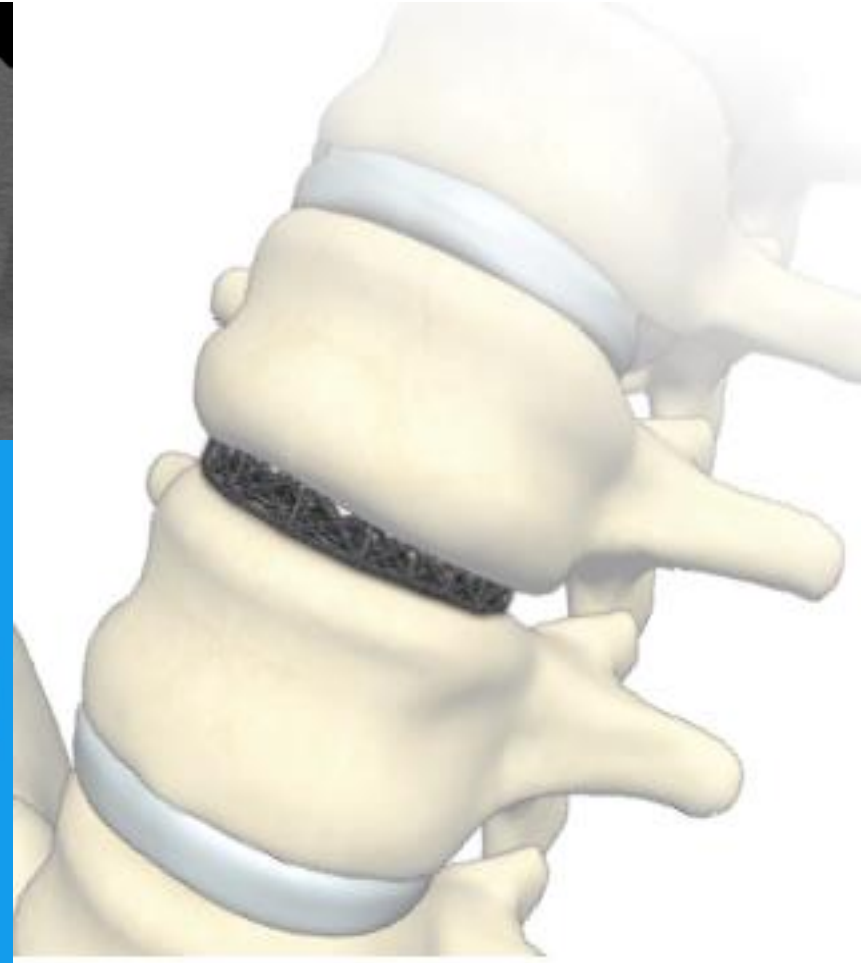
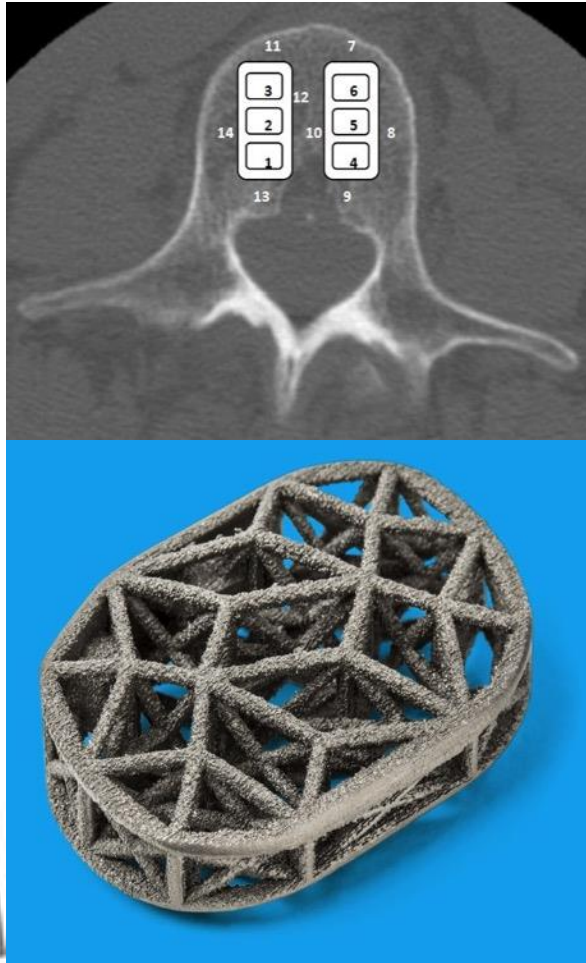


PHASE I	Autografted PEEK - Autografted commercial3D
PHASE II	Nongrafted commercial3D - Nongrafted optimized3D

Longitudinal follow up: Na-¹⁸F PET-CT @ 3,6,9,12 weeks

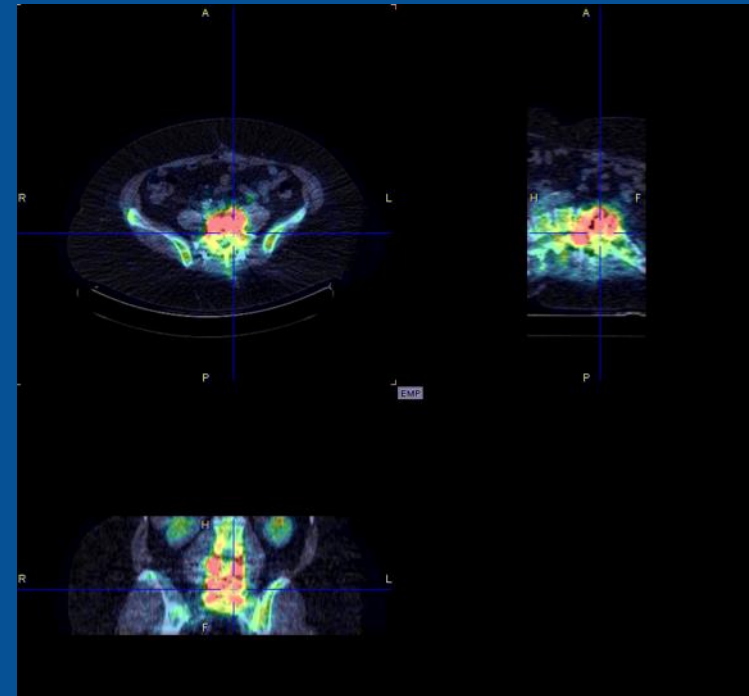
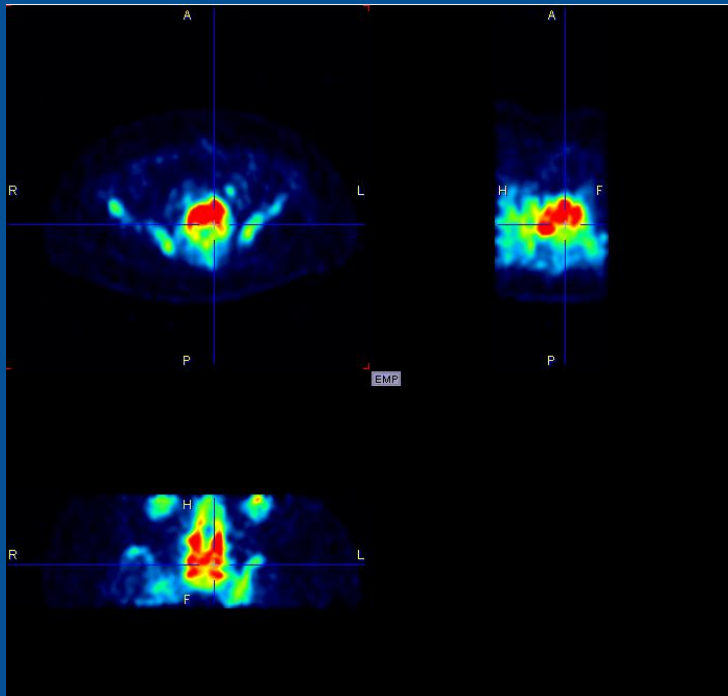
Post-mortem follow up: histology, biomechanical tests, microCT

- Spinal fusion



^{18}F -fluoride PET-CT scan

- PET-CT
 - Visualisation and quantification of fluoride deposition in bone matrix



- ^{18}F -fluoride PET scan
 - Quantification bone blood flow
 - Quantification bone turnover
 - → Bone remodeling metabolism

^{18}F -fluoride PET/CT scan
And bone morphology assessment

→ Correlation morphology/metabolism

- **Translational curves 2016-2020**

1st generation 3D printed implants	Current 3D printed Ti implants <ul style="list-style-type: none">* Clinical pilot trial spinal fusion MUMC* Clinical pilot trial acetabular defects UMCU / UZ Leuven
2nd generation 3D printed implants	Functionalised implant osseointegrative / antimicrobial coating <ul style="list-style-type: none">* Animal trials: osseointegration , infection , spinal fusion
3rd generation 3D printed implants	Resorbable implants <ul style="list-style-type: none">* Prototype and limited mechanical assessment

- **TRL spinal fusion cage from TRL 3 towards TRL 6**
- **FEA models ready to calculate effect structural properties and/or optimise design**



“Healthcare should not be seen as a cost that needs to be minimized, but an investment that needs to be optimized.”

Frans van Houten

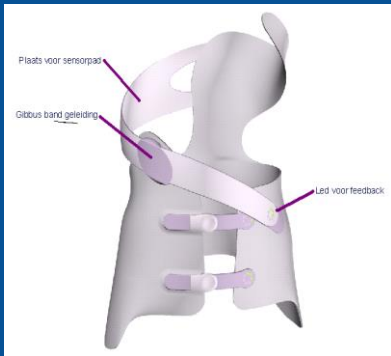
CEO and Chairman Royal Philips





The most apparent solution might not be optimal...





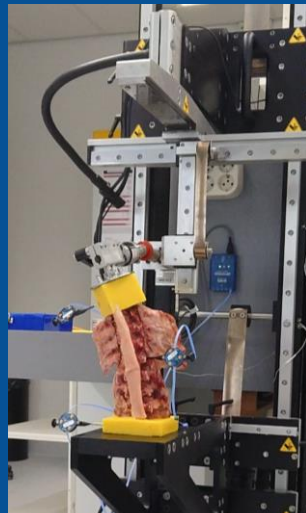
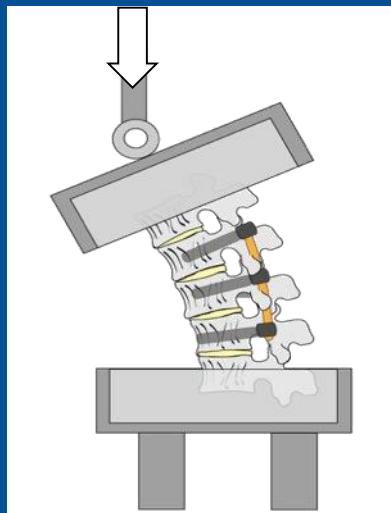
BRACES and 3D printed braces (Fited)

- Development M-Brace + sensor technology
- 3D printed braces + design algorithm
- Treatment EOS and AIS



UHMWPE sublaminar wires (DSM biomedical)

- Treatment for EOS, AIS and degenerative scoliosis
- First in man trial 12-2019
- Use as reinforcement pedicle screw fixation



Polycarbonate urethane rods (DSM Biomedical)

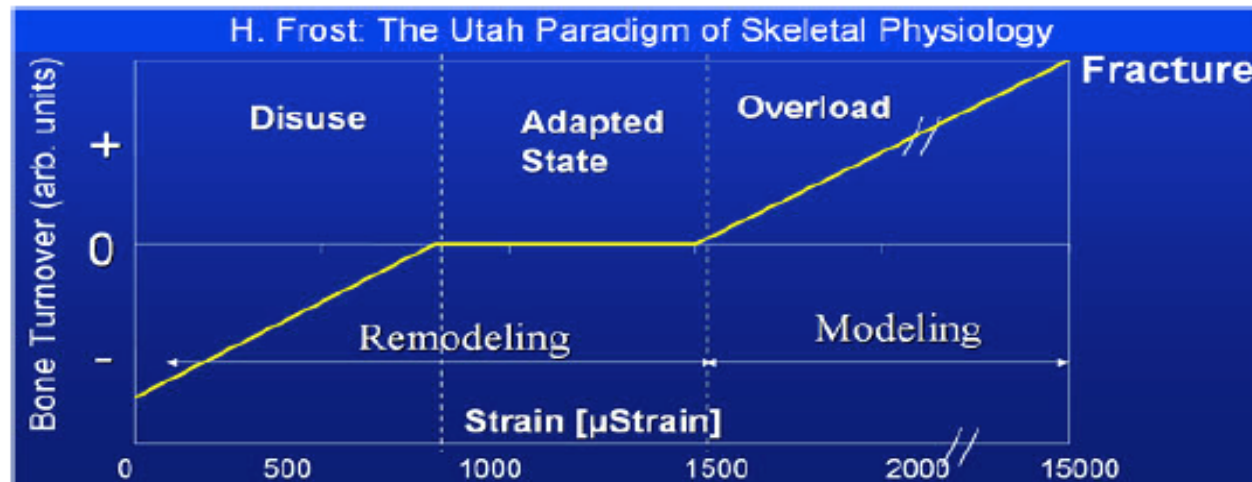
- Treatment for spine fusion, degenerative scoliosis
- Use especially in osteoporotic bone
- Alleviate stress pedicle screw and bone interface

In Silico Analysis

Mechanobiology: surface strain regimes – bone homeostasis

>1500 $\mu\epsilon$ induces bone formation [4]

→ Which surface strains are typically found in the design under physiological loading



1000 $\mu\epsilon$ =
0.1% stretch/shortening

