

Advancements in Implant Surface Technologies to Enhance Fusion:
What Really Matters?

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Disclosures



- Other scientists data
 - Data is published in the scientific literature
 - No conflict
- Porous PEEK data
 - Collaborative research from Duke, Emory, and Georgia Tech
 - Data published or to be published under peer review
- Spinal cages
 - On Vertera Spine Scientific Advisory Board

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What Really Matters?



- What's more important: implant material or topography?
- Is porosity needed or is surface roughness enough?
- What about nanotopography?
- Can we make PEEK porous and osseointegrate without any additive material flaking off?
- What would be the clinical impact?

Review of the independent peer-reviewed literature and preliminary data provides insight.


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Implant Material or Topography? 


Beginning of the Ti vs. PEEK debate was an apples to orange comparison.

Osteoblasts exhibit a more differentiated phenotype and increased bone morphogenetic protein production on titanium alloy substrates than on poly-ether-ether-ketone


Smooth PEEK



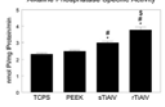
Smooth Ti Alloy



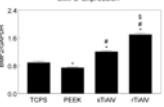
RoughTi Alloy



Alkaline Phosphatase Specific Activity




BMP2 Expression




this study, because the contact angles were similar, this suggests that the surface texture was the main reason for the difference in osteoblast behavior between the materials

-Boyan et al, The Spine Journal (2012)

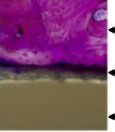
Implant Material or Topography? 

All negative clinical and preclinical data is on smooth PEEK!



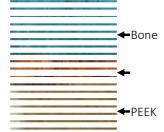
← Bone
← Fibrous Tissue
← PEEK

Toth et al. Biomaterials (2006)



← Bone
← Fibrous Tissue
← PEEK


Walsh et al. Spine (2014)



← Bone
← Fibrous Tissue
← PEEK

Evans et al. Acta Biomater (2015)

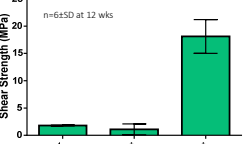
Prior studies show fibrous tissue integration on smooth PEEK

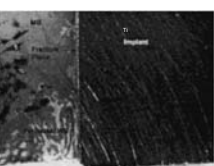
Implant Material or Topography? 

Any smooth surface is bad, even titanium.

Shear Strength (MPa)

n=6±SD at 12 wks





Histologic examination of the smooth specimens (S) revealed limited bone contact and a fibrous interface

- Implants placed line-to-line in cortical bone of adult sheep, "pushed out" after 12 weeks.
- Both smooth Ti and PEEK form fibrous tissue.

Walsh et al. J Biomed Mater Res (2000); Walsh et al. Spine (2015)

Is Porosity Needed? Duke UNIVERSITY

Porosity facilitates a stronger osteogenic response at the cell level and stronger integration at the implant level than roughness alone.

Cellular Level
 "...we propose that the 3D constructs provide a distinct structural advantage over 2D surfaces that increases osteoblast response."
 ~Cheng, Boyan et al. 3D Printing and Additive Manufacturing (2016)

Implant Level
 "...three-dimensional material for bone integration achieve high shear strength values... because of mechanical interlocking between bone on the geometry of the material."
 ~Walsh et al. The Spine Journal, 2015.

Walsh et al. JBMR (2000); Walsh et al. The Spine J. (2015) 7

What About Nanotopography? Duke UNIVERSITY

Porosity overwhelms any effect nanotopography may have at the cellular level.

"...submicron scale roughness, while contributing to the overall response of the cells, is not a major determinant of cell behavior in the absence of the larger craters."
 -Boyan et al. Biomaterials (2007)

Boyan et al. JBMR (2015) 8

Porous PEEK Scoria™ Duke UNIVERSITY

Porosity is grown directly from the base PEEK device.

Porous PEEK Scoria

New Wettable Surface

Physical Characteristics	
Porosity	63 ± 1%
Pore Size	220 ± 5 μm
In-Growth Depth	690 ± 150 μm
Interconnectivity	99.8 ± 0.2 %

Solid PEEK


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Porous PEEK Will Not Flake Off

Duke
UNIVERSITY

Porous PEEK structure is more durable than coatings and will not flake off under clinical loading.

- Scoria exhibits superior wear and abrasion properties compared with smooth PEEK.
- Compared with titanium coatings that delaminate, porous PEEK Scoria will not shear or "flake" off under *in vivo* fatigue loading.

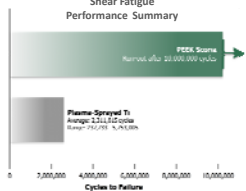


Wear Abrasion Performance Summary

Sample	Mass Loss (mg)	Particle Size (µm)
Scoria	27.6 ± 12.3	0.28-20.09**
Smooth PEEK	39.0 ± 18	

**Comparable to reported values for biomedical-grade PEEK

Shear Fatigue Performance Summary



Cycles to Failure

White Paper 1: Shear Mechanical Performance, 2016. 10



Porous PEEK is More Osteoconductive

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
Porous PEEK Scoria's osteoconductive porosity stimulates osteogenic cell differentiation resulting in improved osseointegration.

In Vitro:
Increased Osteogenic Differentiation


→

In Vivo:
Improved Osseointegration

Smooth PEEK





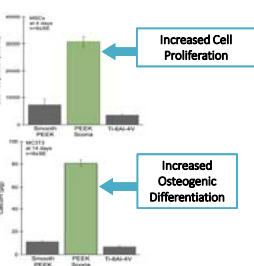
Cell Attachment



Mineralization at 4wks

Porous PEEK Scoria™



← **Increased Cell Proliferation**

← **Increased Osteogenic Differentiation**

Torstrick, Guldberg et al. CORR 2016. 11



Porous PEEK is More Osteoconductive

Duke
UNIVERSITY

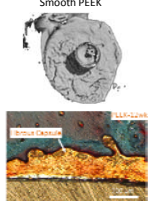
PEEK Scoria's osteoconductive porosity stimulates osteogenic cell differentiation resulting in improved osseointegration.

In Vitro:
Increased Osteogenic Differentiation

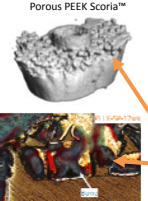
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In Vivo:
Improved Osseointegration

Smooth PEEK

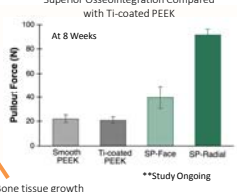


Porous PEEK Scoria™



Bone tissue growth inside pores with **NO** fibrous capsule

Superior Osseointegration Compared with Ti-coated PEEK

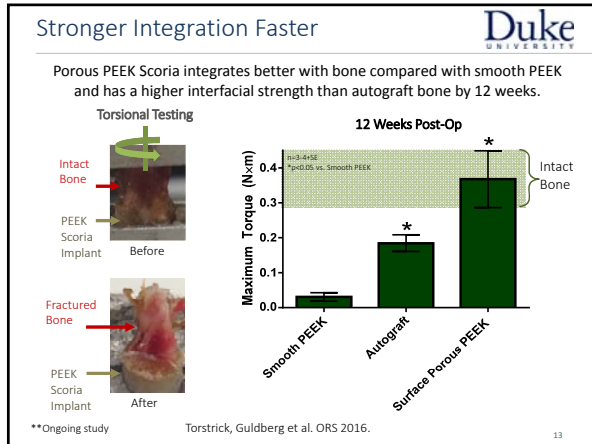


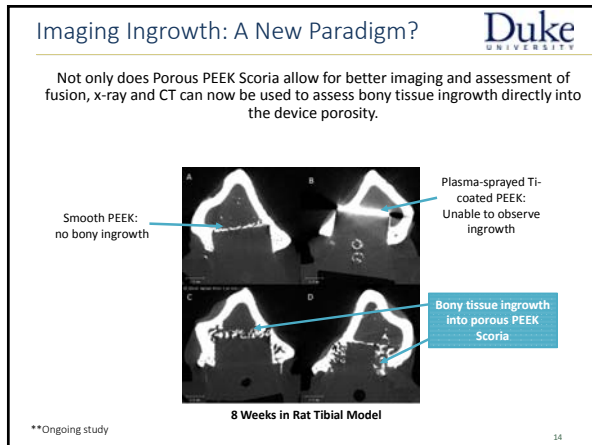
At 8 Weeks

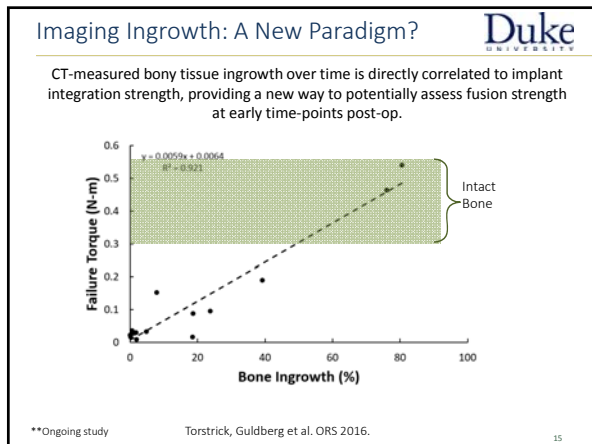
**Study Ongoing


Evans, Gall et al. Acta Biomater (2015) 12









Conclusions 

- **Implant material or surface topography?**
Topography is the dominant factor in osseointegration at the cell and implant levels regardless of the base material.
- **Porosity or surface roughness?**
Porosity induces significantly stronger osteogenic response and integration compared to roughness alone at the cell and implant levels.
- **What about nanotopography?**
Nanotopography alone does not elicit a significant osteogenic response and requires larger topography such as porosity.
- **Porous PEEK and clinical impact?**
 - Porous PEEK is osteoconductive, facilitating bony tissue ingrowth and stronger implant integration faster.
 - Imaging bony tissue ingrowth into porosity over time may provide a direct way to assess implant-mediated fusion at early time points.

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