What are the requirements and expectations (from regulators, medtech and notified bodies) and how they can be met

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Requirements of the regulators, medtech and notified bodies

- «sufficient clinical evidence» on each medical device
- devise level data (not assembly-/construct- and not brand-level)
- good quality / valid data (complete, reliable, robust, sufficient follow-up rate etc.)

The primary goal is to increase **patient safety!**

(sample) Implant report

Sample Implant

Reason for Reoperation

Number of Reoperations at Any Level	768
Number of Reoperations at the Same Level	215

	A	ny Level		Same Level			
Reason for Reoperation	Percent (Count)	Mean (Years)	Range (Years)	Percent (Count)	Mean (Years)	Range (Years)	
Adjacent Segment Pathology	21.9% (168)	1.0	0.0-6.4	17.7% (38)	0.9	0.0-4.0	
Failure To Reach Therapeutic Goals	10.9% (84)	0.9	0.0-6.6	19.1% (41)	0.7	0.0-6.6	
Hardware Removal	15.2% (117)	1.0	0.0-6.3	22.3% (48)	0.9	0.0-3.3	
Implant Failure	13.3% (102)	0.6	0.0-6.3	16.3% (35)	0.5	0.0-1.9	
Implant Malposition	3.9% (30)	0.6	0.0-3.1	5.6% (12)	0.3	0.0-1.4	
Instability	15.1% (116)	0.6	0.0-4.0	17.7% (38)	0.5	0.0-4.0	
Neurocompression	15.1% (116)	0.8	0.0-5.8	20.9% (45)	0.5	0.0-4.0	
Non-Union	13.7% (105)	1.1	0.0-6.6	23.7% (51)	1.3	0.0-6.6	
Other	12.8% (98)	0.5	0.0-4.5	22.8% (49)	0.3	0.0-2.8	
Postoperative Infection Deep	7.0% (54)	0.3	0.0-3.2	9.3% (20)	0.2	0.0-1.3	
Postoperative Infection Superficial	2.0% (15)	0.2	0.0-2.0	4.2% (9)	0.1	0.0-0.6	
Sagittal Imbalance	6.5% (50)	0.9	0.0-5.4	6.0% (13)	0.8	0.0-2.8	
Unknown	45.1% (346)	1.1	0.0-6.7	27.0% (58)	0.8	0.0-6.	

Any operation occurring after the first primary surgery is classified as a reoperation. Reason for reoperation is only available where the operation has been classified as a repeat surgery, and hence the number of reoperations may differ from the total number of available reoperation reasons. Please also note that multiple reoperation reasons may be listed for one procedure.



Implant database

- EUROSPINE, in partnership with medtech has developed an implant classification architecture which specifies the attributes which are collected for implantable devices.
- The implant catalogue is feed by medtech.
- Missing implants in the database can be requested by participating hospitals.
- The article number is the unique article identifier. All other attributes and classifications are linked to it.

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Implant Joint Type	Component Group	Component Type	Metal Composition	Other Composition	Revision Specific	Surgical Approach	Fusion System	Brand Name		
		Artificial Disc								
		Cable	Titanium	Ultra High Molecular						
Cervical (Yes/No) Lumbar (Yes/No) Thoracic (Yes/No) Spine	Cage	Titanium Alloy Cobalt Chrome	Polyethylene (UHWMPE)							
		Connector	Stainless Steel Tantalum Titanium/Cobalt Chrome Titanium/Titanium Alloy Other N/A	Carbon Polyurethane Silicone PEEK Ceramic Peek/Titanium	Yes / No	Anterior Posterior Lateral All N/A	Yes No N/A	From Existing Non static List Based Upon Compone nt Type		
		Plate								
		Rod								
		Screw								
		Vertebral Body Replacement (VBR)		Other N/A						
		Custom								
	Accessories	Other								

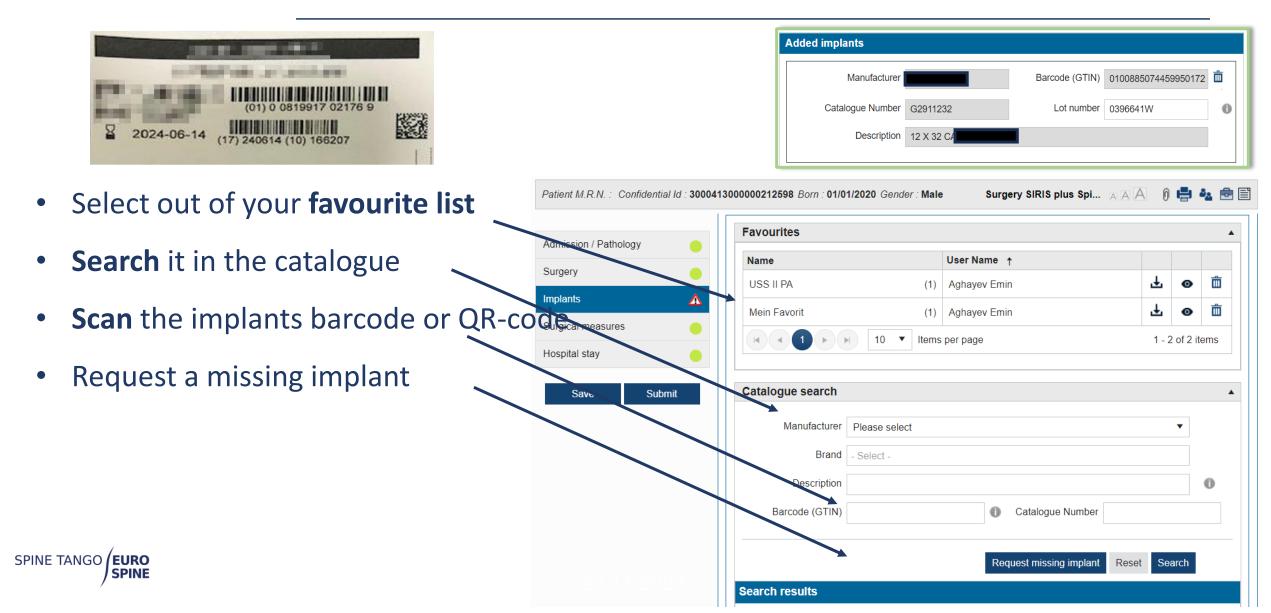
Spine Prosthesis Architecture

75 manufacturers ~200k devices

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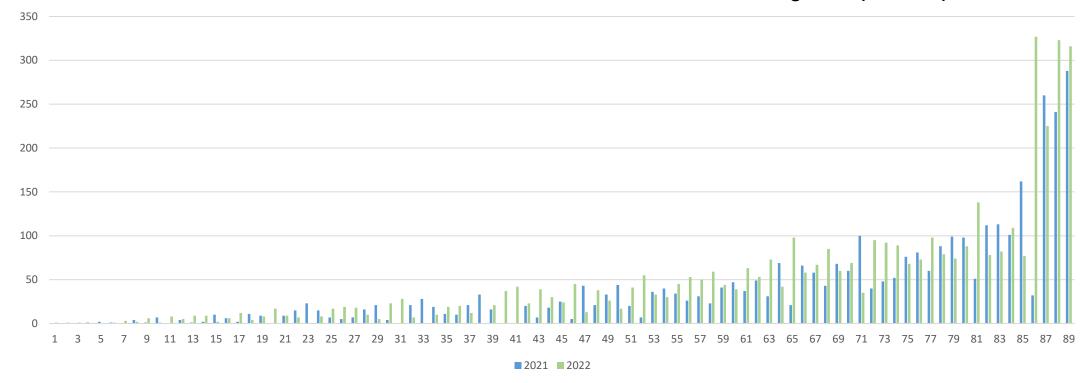
How does the implant registration work?



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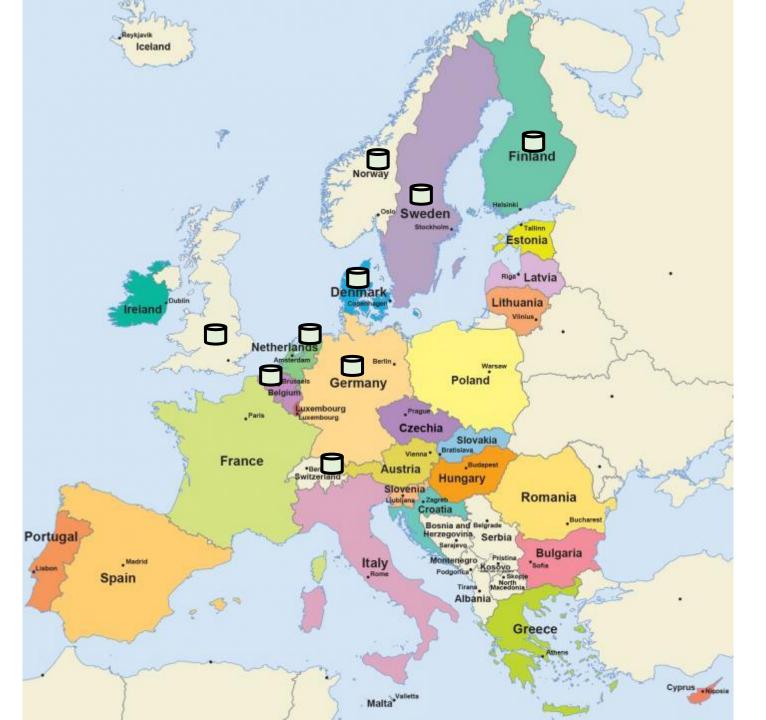
Swiss Spine Implant Registry since 2021

Number of surgeries per hospital



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National Spine Registries



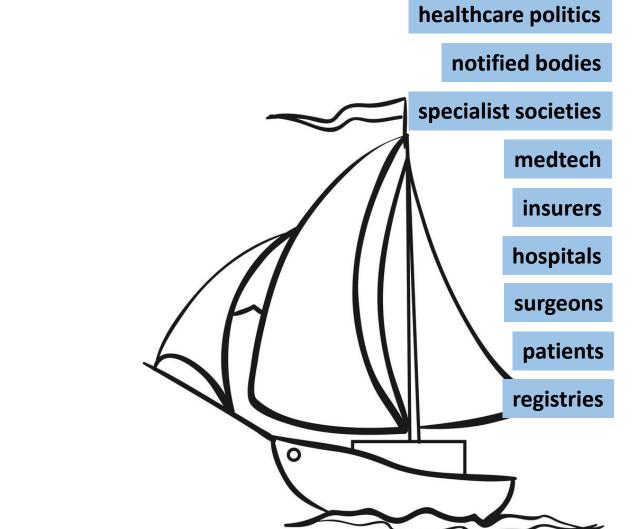
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Changing world



image source



Treatment efficacy Treatment efficiency

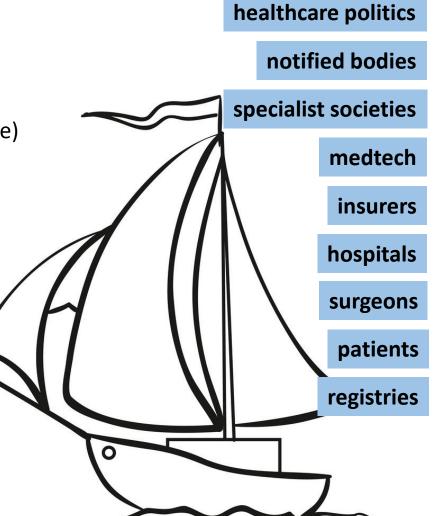
Patient safety

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Benefits of common standards

- ability to (efficiently) merge data from different regions
 - big picture incl. epidemiological figures (incidence, prevalence)
 - robust analyses
 - reach earlier the level of significance
- compare treatment outcomes regardless of national borders
- learning from each other and avoid repeating mistakes



Joining forces

- The implant catalogue is used in the international Spine Tango and in the Swiss Implant registry
- EUROSPINE offer its use to other spine registries





Thank you

