Innovations In Osteobiologics

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Disclosures

- Consultant
 - Innovasis
 - Titan Spine
 - K2M
- Royalties
 - Choice Spine



Introduction

Fusion Is Important:

- Axial pain
- Recurrence of radicular pain
- Instrumentation failure
- Complicated revisions



BIOLOGIC OPTIONS

- Autograft
- Allograft
- Demineralized Bone Matrix (DBM)
- Ceramics (TCP, HA,CaSO4)
- Bone Morphogenetic Protein 2 (rhBMP-2)
- Stem Cell Allografts
- Peptide enhanced allografts



Key Ingredients for Bone Formation





Autograft

Potential advantages

- Gold standard for performance
- No disease transmission
- Histocompatible
 Potential disadvantages
- Limited supply
- Second site morbidity (up to 20%)
- Increased OR time
- **Biological benefit**
- Scaffold
- Cells
- Signal





Spine Surgery

TABLE 2. Demographic Information						
Demographic Information						
	Grafton	ICBG	Р	r Fusi		
Patients (n)	28	13		an Hilibran		
Age (yr)	64.3	65.3	0.3920*			
Sex (M/F)	10/18	5/8	1.0000+			
Education ($n > HS$)	26/28	13/13	1.0000+			
Previous tobacco use (n)	8/28	7/13	0.1677†			
Previous spine surgery	1/28	0/13	1.0000 1			
Diabetes	0/28	2/13	0.0951+			
Alcohol use (any amount)	8/28	5/13	0.7197 1			

one Have Comparable

2-year fusion rates for grafton DBM and iliac crest groups

SPINE Volume 37, Number 12, pp 1083-1091

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Figure 2. Overall radiographical fusion rates at 2 years. DBM indicates demineralized bone matrix.



*Wilcoxon rank sum test.

+Fisher exact test.

DBM variability

ELISA measurements of **BMP-2** in **DBM**

picogr/mg	Lot 1	Lot 2	Lot 3	CV%
Allomatrix	97.5	30.1	28.2	76
DBX	51.4	40.9	36.6	18
Dynagraft II gel	49.2	38.8	25.4	32
Dynagraft II putty	39.5	30.8	29.5	16
Grafton crunch	40.8	30.5	29.0	19
Grafton gel	85.6	33.6	20.2	74
Grafton putty	61.3	51.9	29.0	35
Intergro putty	89.7	50.5	33.0	50
Osteofil paste	120.6	48.4	28.4	74



Bae et al, Spine 2006



DBM Summary

- Standards and Guidelines don't exist for the use of DBM in spine surgery
- Clinical evidence for Accell and Grafton:



- Equivalence to autograft as <u>extender</u>
- More clinical research is needed
- Limited by amount of products on offer



Bone Morphogenetic Protein

- Works Great!!
- But...





InFuse: Published/Presented Clinical Concerns

- Swelling/Dysphagia in ACDF
 - 23.2% complications (Shield et al NASS 2005)
 - 29% Infuse complications vs. 13% control (Riew et al NASS 2005)
- Post-op late radiculitis
 - Vaccaro, et. al. 2007 NASS, 8.4X increased incidence secondary to InFuse
- Ectopic bone formation
 - Approx 40% of Infuse leaks from the sponge after soaking 15 minutes (Pradhan et all NASS 2005)
 - Bone formation in the neuroforamen in 5 of 42 levels (McClellan et al NASS 2005)
 - PLIF with Infuse (Alexander et al NASS 2002)
- Osteoclastic Hyperactivity
 - Aggressive endplate remodeling in ACDF (Pradhan et all NASS 2005)
 - Osteolytic defects in 31 of 42 TLIF levels (McClellan et al NASS 2005)
 - 56% non-union Stand Alone ALIF FRA, Implant failures (Pradhan et al 51st ORS)
- Poor results in Posterior Lumbar Fusion
 - 45% of patients were fused at 2 yr instrumented PLF (Dimar et al NASS 2005)

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Texas Back Institute

PLF fusion rates Infuse = ICBG (only at <u>40 mg/level</u>)

Graft Materials: Synthetics

Advantages

- No chance of disease transmission
- Can be engineered for better scaffolding properties
- Reduce 2nd site surgery
- Reduces OR time

Disadvantages

- Some versions difficult to use
- Resorption patterns variable
- Many versions not stand alone products

Graft properties

Osteoconductive







Synthetic Bone Graft

- Calcium phosphate based
 - Osteoconduction
 - Very slow biodegradation
 - May be prepared as ceramics
 - Tricalcium phosphate
 - Hydroxyapatite
 - No osteogenic or osteoinductive properties; framework only



TABLE 3. Fusion Rates—Subgroup Analysis of BGE Materials							
BGE Material	Studies (n)	Patients (n)	Pooled Fusion Rate (95% Cl)	Pooled RR: Experiment vs. Control (95% CI)			
ТСР	3	130	95.1% (89.7%–100%)	0.98 (0.91–1.06)			
CaSO4	2	96	75.0% (66.3%–83.7%)	0.68* (0.02–2.85)			
HA and TCP	2	83	98.2% (94.7%–100%)	1.02 (0.95–1.09)			
HA	2	58	76.9% (63.7%–90.1%)	0.82* (0.45–1.51)			
Bioactive glass	1	40	85.0% (69.4%–100.6%)	0.94 (0.75–1.19)			
Mineralized collagen with HA coating	1	25	80.0% (64.3%–95.7%)	0.95 (0.73–1.24)			
BGE + LAG	7	316	86.9% (82.1%–91.7%)	0.97 (0.91–1.04)			
BGE + BMA	3	77	76.6% (67.1%–86.1%)	0.80* (0.47–1.35)			
BGE + LAG + BMA	1	39	95.0% (85.5%–100%)	1.00 (0.87–1.16)			

*Higgins I² >50% suggesting substantial heterogeneity.

Pooled data the most successful fusion rates in comparison with ICBG
-β -TCP plus LAG or
-β -TCP and HA plus LAG

alcium sulfate; HA, hydroxyapatite; BGE, bone graft extender; LAG, local



Peptide Enhanced Allograft



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i-FACTOR Peptide Enhanced Bone Graft Technology Platform

i-FACTOR Bone Graft is an advanced biologic that is supported with level I evidence, satisfies the highest regulatory imperatives, and provides a better cost/benefit ratio than engineered growth factors and cellular allografts. Animation -FACTOR Putty Supplemental Information



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I-Factor

- synthetic collagen fragment (P-15) bound to calcium phosphate particles
- P-15: synthetically derived 15-amino acid peptide found naturally in Type I human collagen
- "i-FACTOR Bone Graft facilitates and expedites the ingrowth of bone by promoting the migration of mesenchymal stem cells and other progenitor cells from surrounding tissue."



i-Factor Data

Spine (Phila Pa 1976). 2016 Jul 1;41(13):1075-83. doi: 10.1097/BRS.000000000001466.

Efficacy of i-Factor Bone Graft versus Autograft in Anterior Cervical Discectomy and Fusion: Results of the Prospective, Randomized, Single-blinded Food and Drug Administration Investigational Device Exemption Study.

Arnold PM1, Sasso RC, Janssen ME, Fehlings MG, Smucker JD, Vaccaro AR, Heary RF, Patel AI, Goulet B, Kalfas IH, Kopjar B.

- Single Level ACDF Study
- Cortical Ring Allograft + LAG 85.92% fusion at 1 year
- Cortical Ring Allograft + i-Factor Putty 88.97% fusion at 1 year



Bioactive Glass Putty



ABOUT US BIOACTIVE GLASS PRODUCTS NEWS AND EVENTS

FIBERGRAFT[®] BG Putty

FIBERGRAFT® BG Putty is FIBERGRAFT® BG Morsels delivered through Prosidyan's proprietary bioactive carrier, OSSIGLIDE®.

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Fibergraft

- Microspheres with internal structure promote osteoblast attachment/HA deposition
- Preclinical data impressive
- No published clinical articles





SHAM



FIBERGRAFT® BG MORSELS

COMPETITOR PRODUCT



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Stem Cells for Fusion

- Osteocel-Nuvasive
- Vivigen Depuy/Synthes
- Bio-4 Stryker
- Many, Many more



Stem Cells

- MSC numbers and health are unpredictable
- Varies with:
 - Age Sethe et al, Ageing Res Rev 2006; Caplan, Clin Plastic Surg 1992
 - Gender Seebach et al, Calcif Tissue Int 2007
 - Aspiration/harvest technique and location Muschler et al, J Orthop Res 2001
 - Health of patient Seebach et al, Calcif Tissue Int 2007
 - Local vascularity Caplan, Cell Stem Cell 2008







The Spine Journal 16 (2016) 163-167



Clinical Study

Mesenchymal stem cell allograft as a fusion adjunct in one- and two-level anterior cervical discectomy and fusion: a matched cohort analysis

Steven J. McAnany, MD^a, Junyoung Ahn, BS^b, Islam M. Elboghdady, BS^b, Alejandro Marquez-Lara, MD^b, Nomaan Ashraf, MD,MBA^a, Branko Svovrlj, MD^a, Samuel C. Overley, MD^a, Kern Singh, MD^b, Sheeraz A. Qureshi, MD, MBA^{a,*}

- 57 pts 1 or 2-level ACDF with PEEK cage, plate, and MSC (Osteocel, NuVasive)
- Compared with matched control group not receiving Osteocel (structural allograft, plate)
 - Groups similar on demographics and operative factors



MSC for ACDF

- Fusion rates:
 - MSC graft material: 87.7%
 - Control group: 94.7%
- Difference not statistically significant



McAnany et al, Spine J, 2016

Vivigen

Asian Spine J. 2017 Jun;11(3):454-462. doi: 10.4184/asj.2017.11.3.454. Epub 2017 Jun 15.

Use of Allogenic Mesenchymal Cellular Bone Matrix in Anterior and Posterior Cervical Spinal Fusion: A Case Series of 21 Patients.

Divi SN¹, Mikhael MM^{1,2,3}.

- Case series
- Claimed 100% fusion for complex cervical cases...





Stem Cell Allograft for Fusion: Concerns

- Is this better than allograft chips??
- Human tissue/allograft product
- Lack of compelling human clinical evidence
- Inferior handling properties
- Cost

