SMISS 2022: E-Poster #11

Radiographic and Patient-Reported Outcomes in a Large Cohort of Patients Undergoing Anterior Cervical Discectomy and Fusion using Hydroxyapatite-coated PEEK Interbody Spacers: Two-Year Results

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Introduction

- Interbody spacers are today's mainstay of facilitating fusion with ACDF
- PEEK spacers offer a modulus of elasticity most similar to the vertebral bodies (1)
- Growing body of evidence supports incorporating hydroxyapatite (HA) into these spacers to provide an even more favorable environment for bone ongrowth, further facilitating fusion (2)

Objectives

- Present two-year radiographic and patientreported outcomes in a large, growing cohort of patients undergoing ACDF with HA-PEEK interbody spacers
- Secondly, to update our presentation at SMISS '21, in which one-year data was presented

Methods

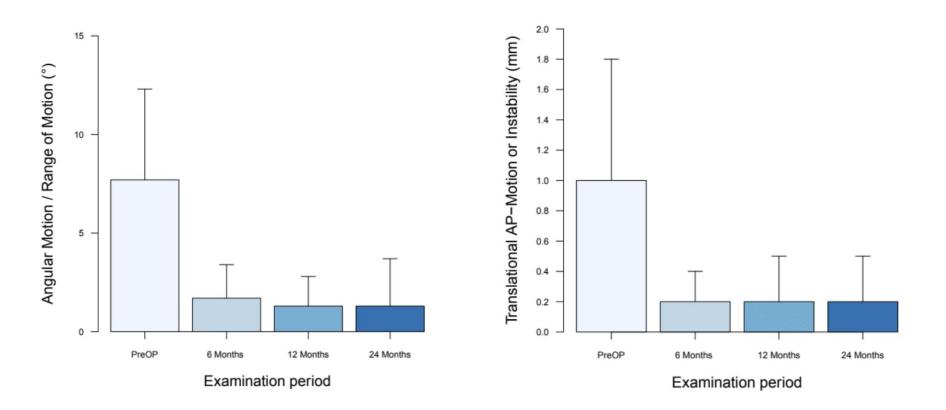
- Patient enrollment began in 2018 and continues through present day
 - 1109 patients across 27 centers
 - To date, 214 and 39 patients have completed 12 and 24-month follow up respectively
- Levels fused range from C3-T1
- Interbody fusion was assessed by individual level with dynamic flexionextension radiographs by an independent researcher (3)

• Fusion criteria is </= 4 degrees range of motion (4) (5)

• Secondary outcomes included NDI, VAS neck, VAS arm, patient satisfaction, medication usage, and adverse events

Results

- 2255 levels have been fused in total
 - 33.7% of patients had 1 level fused, 36.1% had 2 levels fused, and
 30.2% had 3+ levels fused
- Fusion was confirmed in 95% and 94% of all levels at 12 and 24 months respectively
 - Median segmental range of motion at 24 months = 0.5°
- **NDI** declined from 46.2 preoperatively to 20.4 at 24 months (p< 0.01)
- <u>VAS Neck</u> (62.6 to 17.0) and <u>Arm</u> (40.5 to 10.4) both decreased significantly at 24 months (p< 0.01)
- At 24 months, 95% of patients were at least somewhat satisfied
- **Opioid use** decreased to 12.8% from 37.9% preoperatively
- 3 patients have undergone interbody revision



Conclusion

- In this multicenter ACDF cohort, fusion rate at 24 months was 94%
- Employing the osteoconductive properties of HA with PEEK interbody cages seems to be a safe and viable option in facilitating anterior cervical fusion, a benefit described in other areas of orthopaedics (6)

References

(1) Li ZJ, et al. Is PEEK cage better than titanium cage in anterior cervical discectomy and fusion surgery? A meta-analysis. BMC Musculoskelet Disord. 2016 Sep 1;17(1):379.

(1) Walsh WR, et al. Does PEEK/HA Enhance Bone Formation Compared With PEEK in a Sheep Cervical Fusion Model? Clin Orthop Relat Res. 2016 Nov;474(11):2364-2372.

(1) Schulze M, et al. A method to perform spinal motion analysis from functional X-ray images. J Biomech. 2011 Jun 3;44(9):1740-6.

(1) Mayer F, et al. Radiological and Clinical Outcomes after Anterior Cervical Discectomy and Fusion (ACDF) with an Innovative 3D Printed Cellular Titanium Cage Filled with Vertebral Bone Marrow. Biomed Res Int. 2022 Apr 26;2022.

(1) Arts M, et al. Porous titanium cervical interbody fusion device in the treatment of degenerative cervical radiculopathy; 1year results of a prospective controlled trial. Spine J. 2020 Jul;20(7):1065-1072.

(1) Clauss M, et al. Prospective five-year subsidence analysis of a cementless fully hydroxyapatite-coated femoral hip arthroplasty component. Hip Int. 2014 Jan-Feb;24(1):91-7.