

A look into biomaterials - present and future

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Medical Device Industry Consultant, Divonne les Bains, FRANCE

-
- What made me look at biomaterials
 - Case study 1 CaP cements
 - Hydroset
 - iN3
 - Case study 2 Adhesives that bond bone

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The clinical issues

Whilst biology tolerates hardware well, when it fails there are 3 main issues

Hardware failure <1 %

Infection ~ 2%

Bony failure >3-10+%
(Usually a screw)



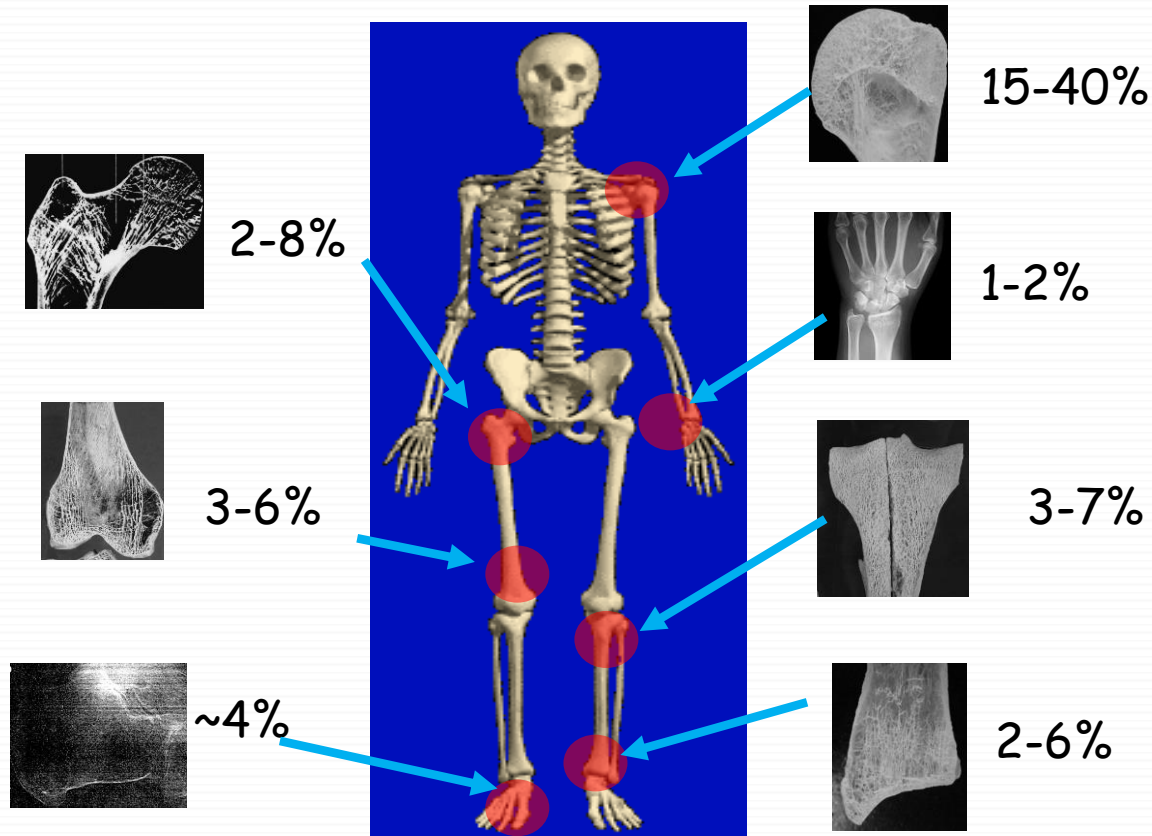
Associated medical devices for fracture repair.....



Note: most connect to bone with screws

Wherever metallic screws are used in poor bone there are failures.....

Typical screw migration/cut -out /loosening rates



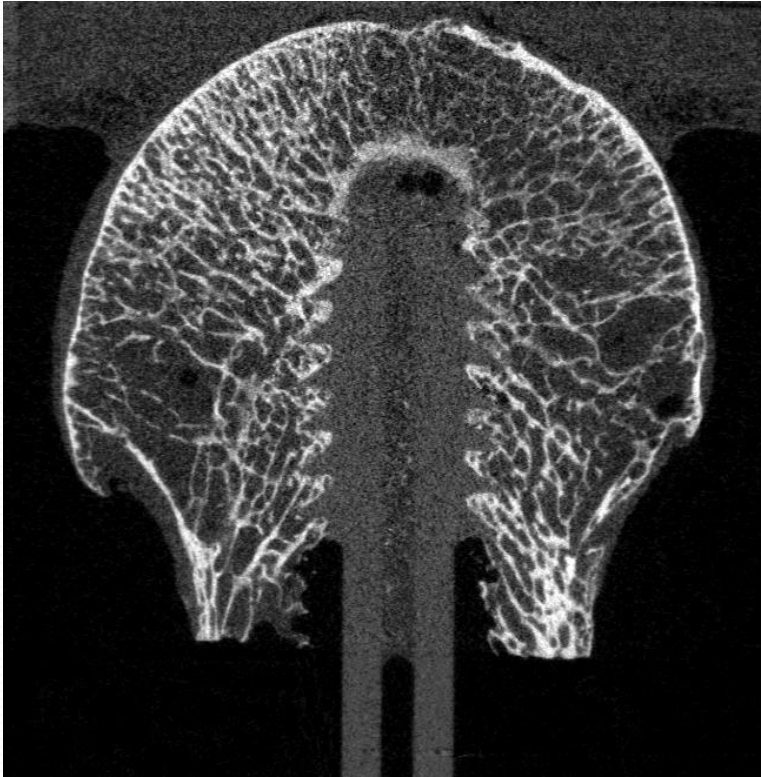
Of 100 000 000
Screws implanted
per year US/EU

> 1%

=

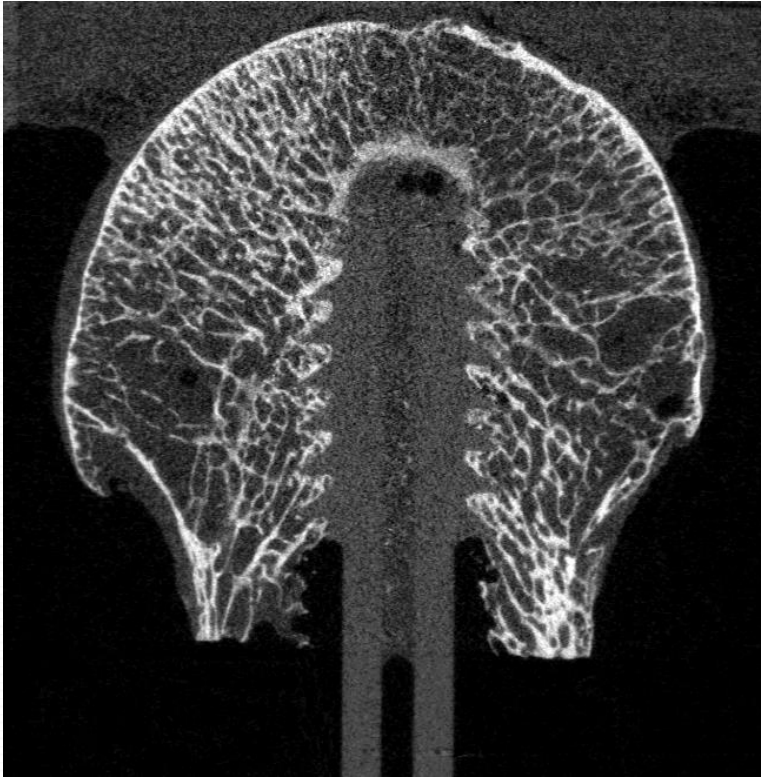
1 000 000
failed screws

Bone mass close to the fixation device an unresolved mechanobiological challenge

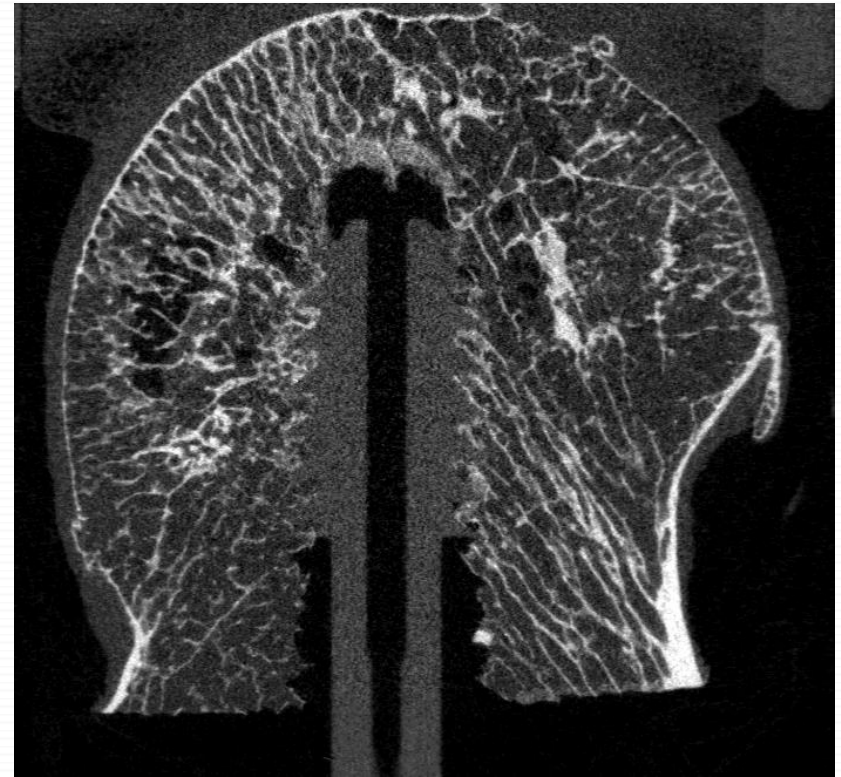


high bone mass:
support of peri-implant bone

Bone mass close to the fixation device an unresolved mechanobiological challenge

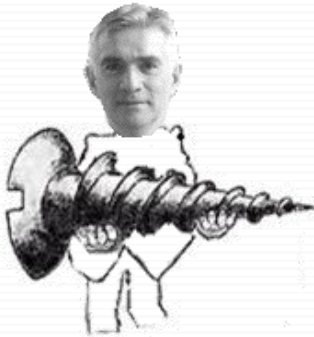


high bone mass:
support of peri-implant bone



low bone mass:
direct failure at the interface

This lead me to look at augmenting fixation of screws using biomaterial technologies



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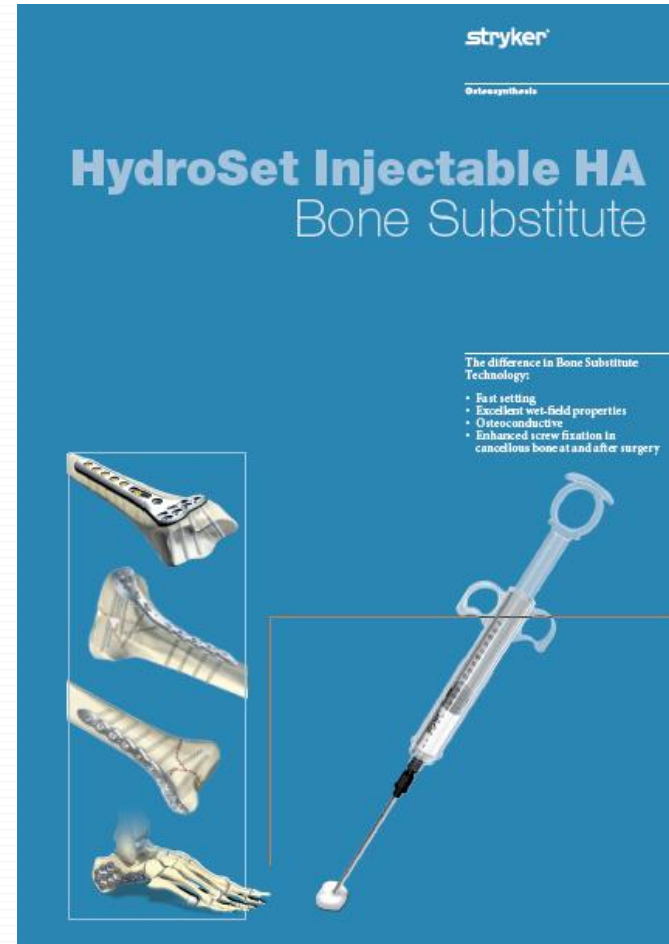
Injectable cements: Meeting a clinical need

Many years ago surgeons recognised that



- Many fractures result in bone voids....
- Holding power of screws in poor cancellous bone was a concern...
- A synthetic bone substitute with potential for remodelling/osteoconduction! was a potential solution

We developed a CaP for void filling and screw augmentation



HydroSet: What is it?



Powder

Di + Tetra Calcium Phosphate

+

TriSodium Citrate

Liquid



Sodium Phosphate

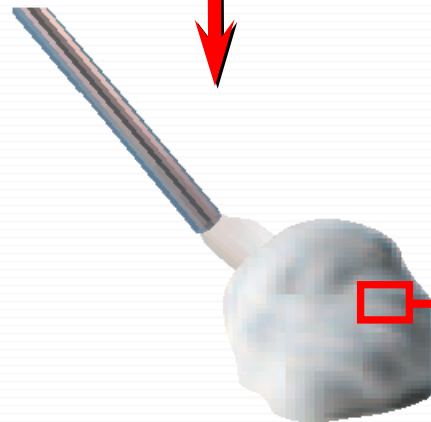
+

PolyVinylPyrrolidone

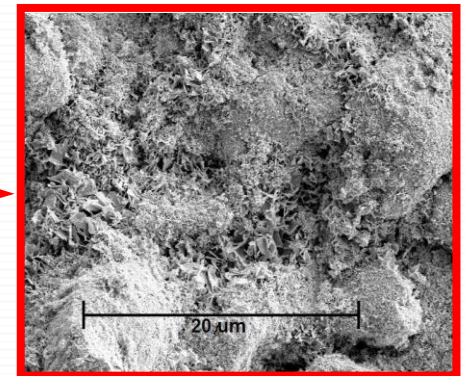
Mix,

Inject,

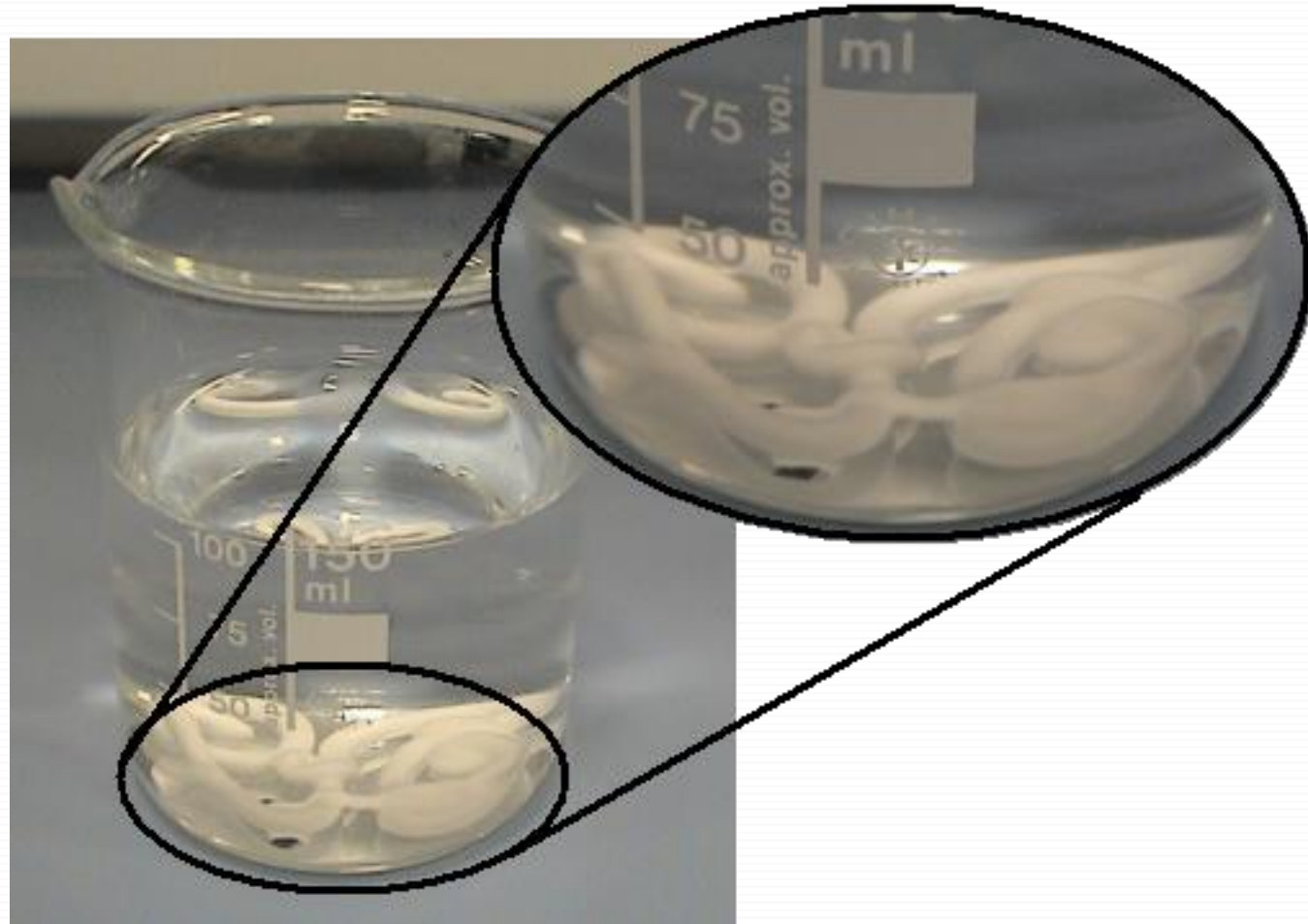
Set



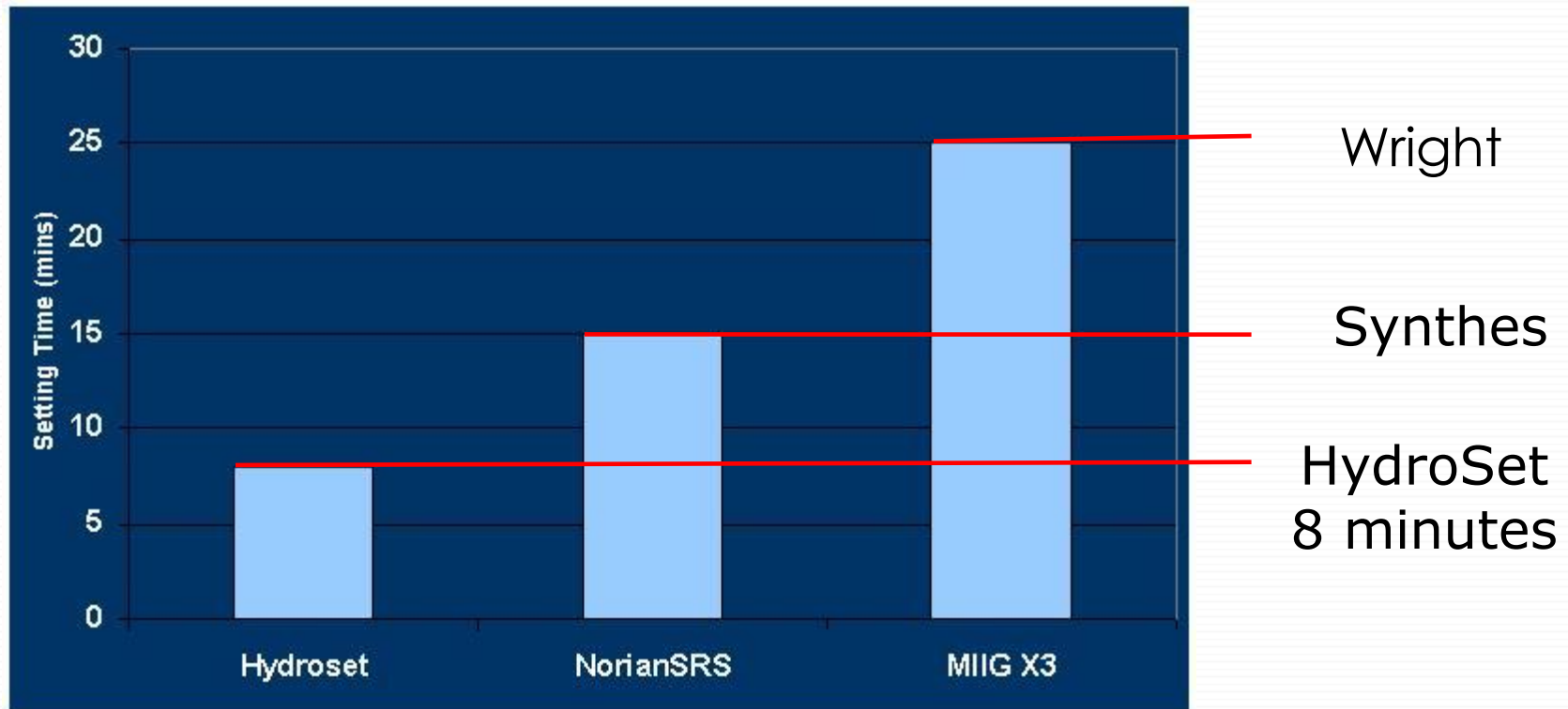
Hydroxyapatite (HA)



We were good (lucky 😊) as it had excellent wet field & setting properties



We were good (lucky 😊) as it had excellent wet field & setting properties



Typical Trauma Void Filling Application.....

Augmentation of Tibial Plateau Fractures with Calcium Phosphate Cement: A Randomized Study Using Radiostereometry
Sune Larsson, MD (n); Per Berg, MD (n); Marcus Sagerfors, MD (n);
Department of Orthopedics, Uppsala University Hospital,
Uppsala, Sweden

Average depression at 12 months
1.4 mm with CaP Cement
3.9 mm with Bone Graft

■ Depressed tibial plateau HydroSet

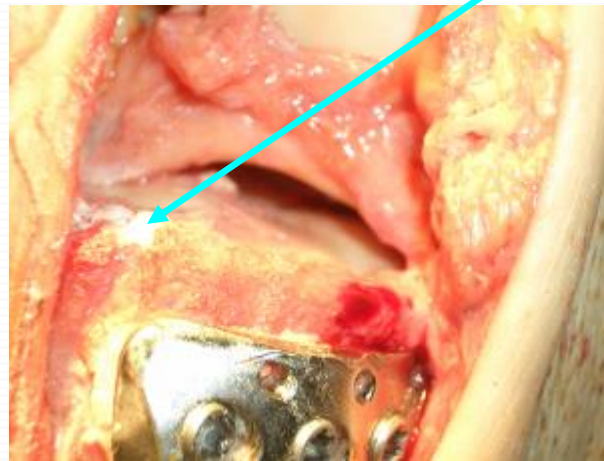


Plate and screws



Screws alone

HydroSet™ Bone Augmentation Rabbit Study



4mm cancellous screws

Overdrilled to weaken bone

Hoshikawa A, Fukui N, Fukuda A, Sawamura T, Hattori M, Nakamura K, Oda H, 2003:
Quantitative analysis of the resorption and osteoconduction process of a calcium phosphate
cement and its mechanical effect for screw fixation.

Biomaterials Vol. 24, 4967-4975

Gardner MJ, Griffith MH, Demetrakopoulos D, Brophy RH, Grose A, Helfet DL, Lorch DG, 2006.

Hybrid locked plating of osteoporotic fractures of the humerus.

J B J S Vol 88 A, No 9, 1962-7

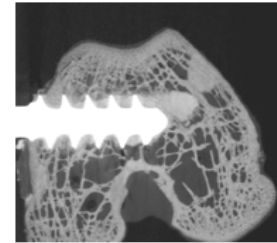
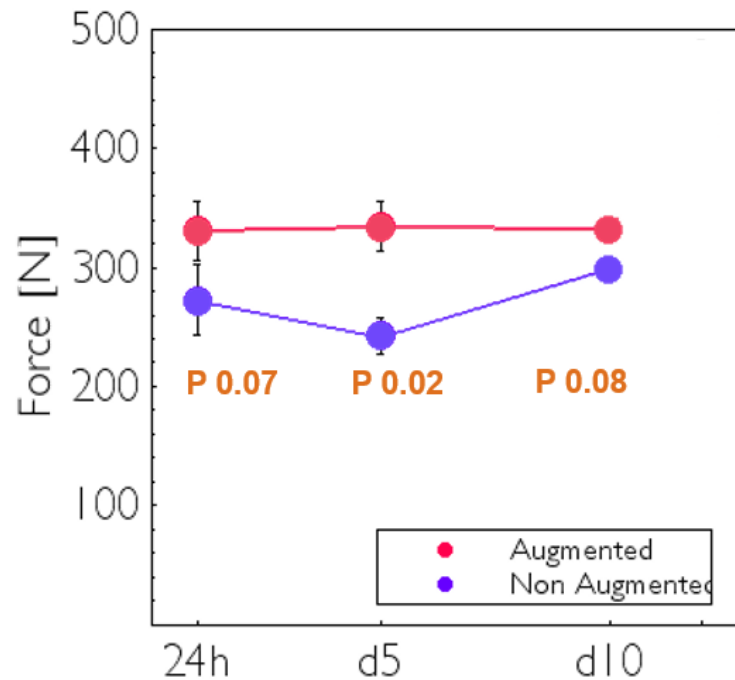
Goals to demonstrate:

Safety: Addition of HydroSet™ did not diminish holding power

Efficacy: Hydroset™ enhances screw fixation at and after surgery

HydroSet™ Bone Augmentation Rabbit Study

Pullout test data



We get regulatory approval September 2008

The difference in Bone Substitute Technology:

- Fast setting
- Excellent wet-field properties
- Osteoconductive
- Enhanced screw fixation in cancellous bone at and after surgery

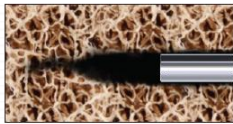


Fig. 1a



Fig. 1b



Fig. 1c



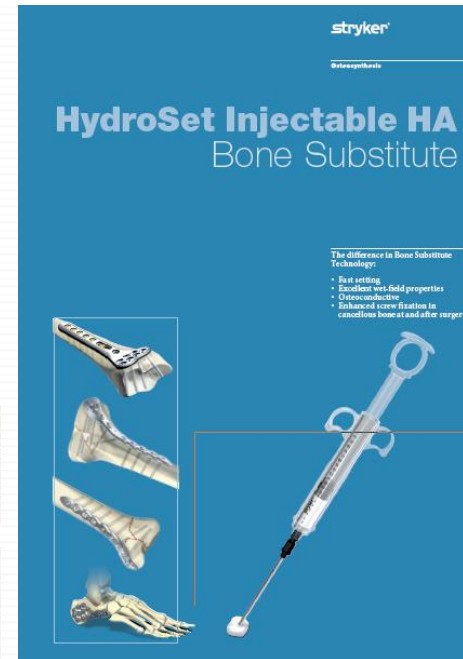
Fig. 2a



Fig. 2b



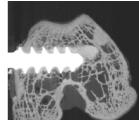
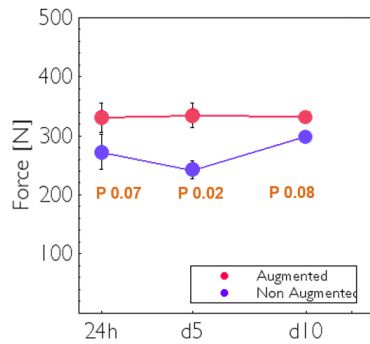
Fig. 2c



NB No US approval for this claim

Translating from lab data to sales

Pullout test data



Seeing is
believing



Does it really work?



Clinical translation is much harder to prove

Arch Orthop Trauma Surg (2013) 133:487–494
DOI 10.1007/s00402-012-1677-2

TRAUMA SURGERY

Absorbable and non-absorbable cement augmentation in fixation of intertrochanteric femur fractures: systematic review of the literature

Surena Namdari · Remy Rabinovich ·
John Scolaro · Keith Baldwin · Mohit Bhandari ·
Samir Mehta

Received: 1 July 2012 / Published online: 13 January 2013
© Springer-Verlag Berlin Heidelberg 2013

5 used PMMA

2 use CaP

«**Augmentation** of intertrochanteric femur fractures with polymethyl methacrylate or calcium–phosphate **may provide benefits** in terms of radiographic parameters and complication rates; however, **more stringent research methodology is necessary to determine the extent of the benefit**”

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iN3 - A better Calcium Phosphate Cement

- Innovision
 - 1st US approved cement delivery implants
- Innotere
 - Unique cement proposition
- Medmix
 - Biomaterial mixing/delivery technology
- Celgentek
 - Sales and distribution in 3 key EU markets



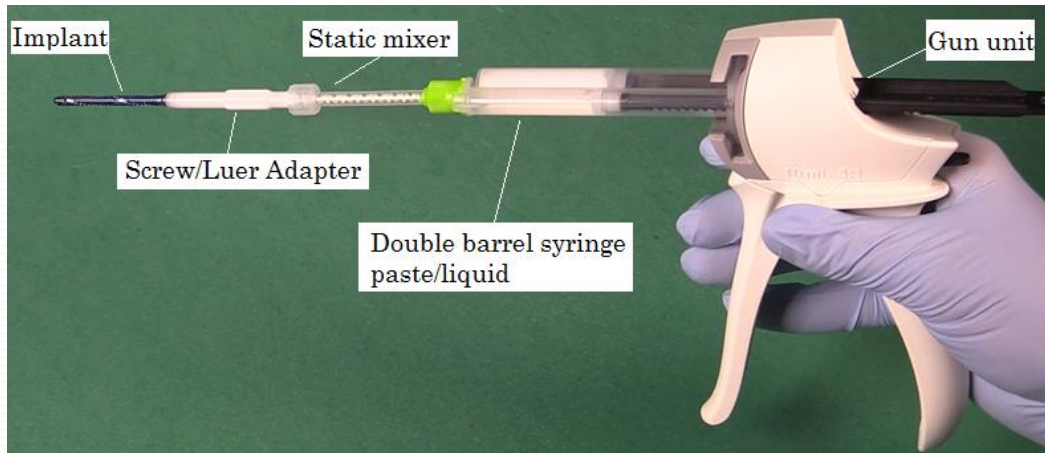
Enabled members to be part of a larger project
«Punch above their individual weight»

One path through the investment/risk paradox: SME's combine forces..

2014 We set up a company syndicate model

2015 Completed CE registration/EU sales proven

2016 Project wholly acquired by ZBT for 20 mil USD

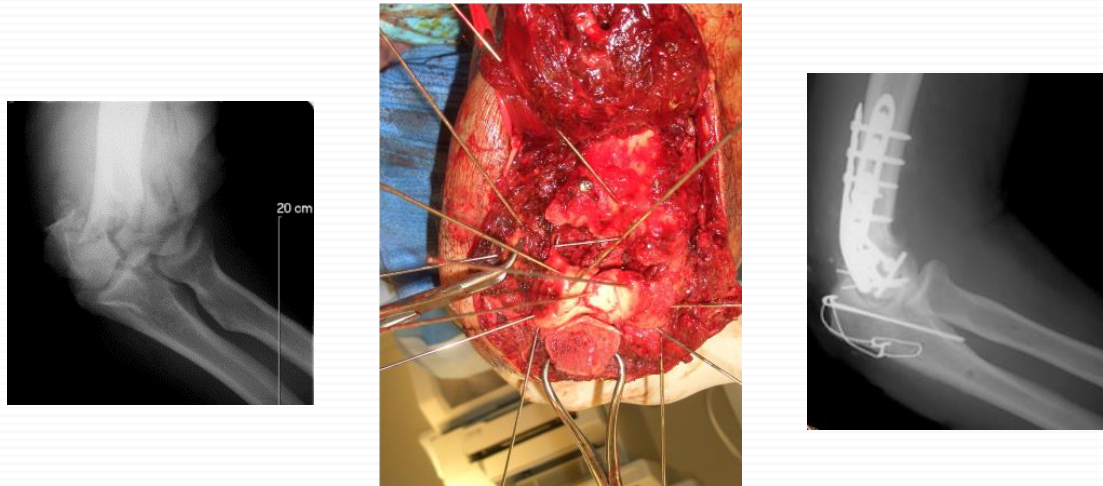


3 of 4 SME's now acquired



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Why an adhesive biomaterial?



Powerful unmet clinical needs

Clinicians dream of bone adhesives



materials



Review

Current State of Bone Adhesives—Necessities and Hurdles

Kai O. Böker et al

Department of Trauma Surgery, Orthopaedics and Plastic Surgery, University Medical Center Goettingen,
Robert Koch Straße 40, 37075 Göttingen, Germany

Materials 2019, 12, 3975; doi:10.3390/ma12233975

www.mdpi.com/journal/materials

“The vision of gluing two bone fragments with biodegradable and biocompatible adhesives remains highly fascinating and attractive to orthopedic surgeons”

Adhesive biomaterials - many requirements

Must work reliably in
bloody, fatty fields

Sufficient strength at & after
surgery

Be biologically friendly

Allow healing through itself &
then disappears!

Adds clinical value where there
are needs, cost effectively.

Product meets the medical
device requirements

Few candidates can do all these

We looked into many possible natural sources of an adhesive

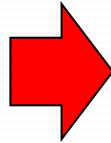


Pre-commercial MAP Mefp1 extraction
process already in place...
Lots of data... appeared feasible

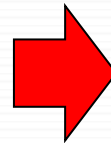
Extraction of Mefp1 from mussel feet ~ 97% purity



The mussel foot

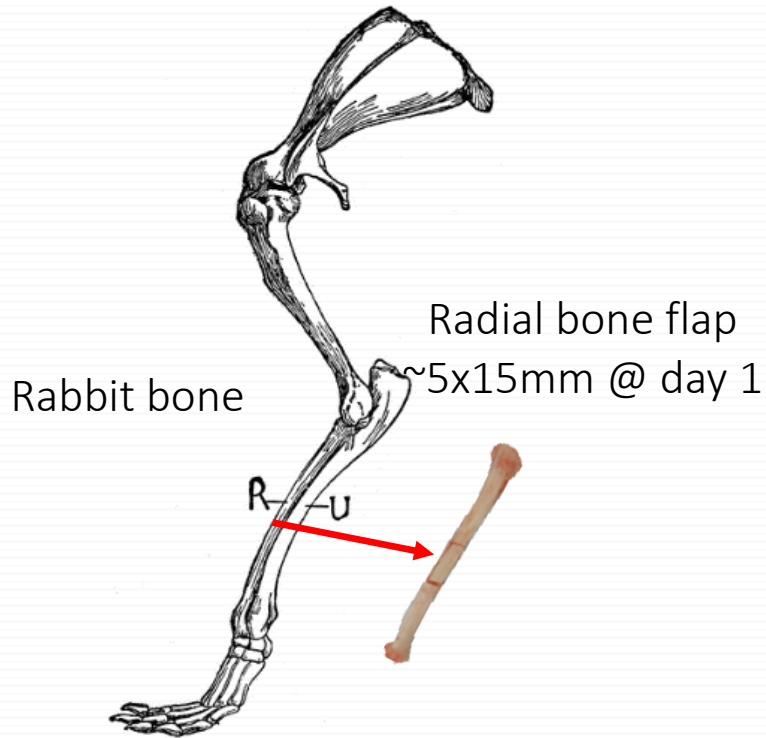


Shucked many 1000's
mussel
Removing the foot for
processing



Initial lab testing promising

In-vivo there are biocompatibility problems longer term

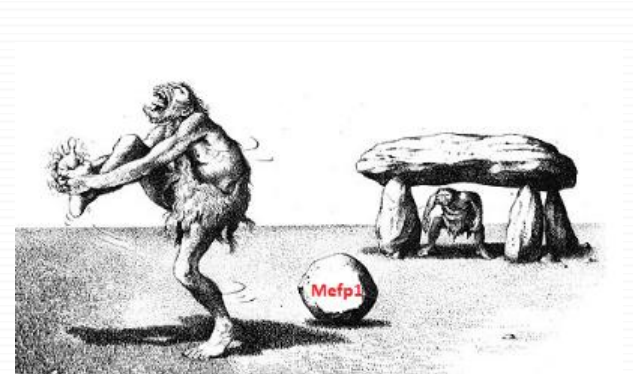


6/8 detach

~3 weeks

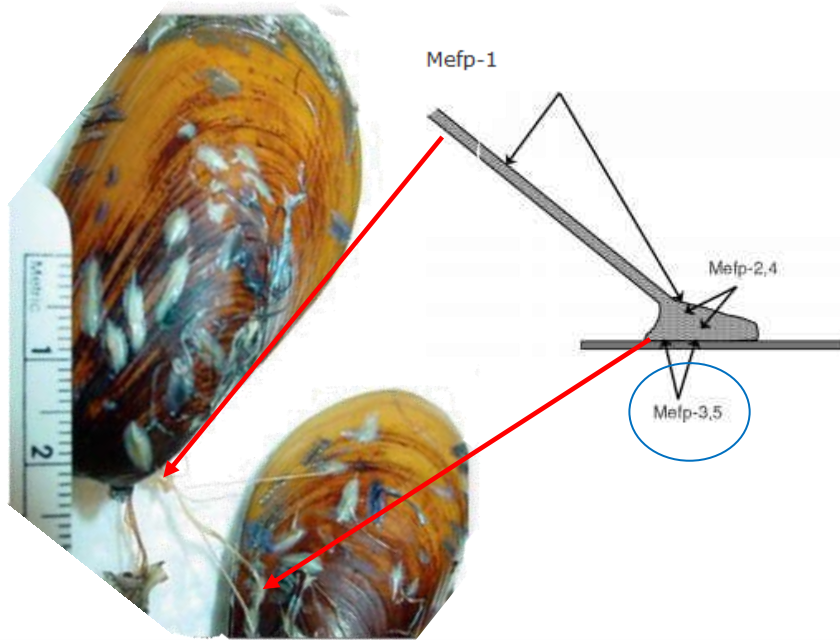


biocompatibility
Issues?

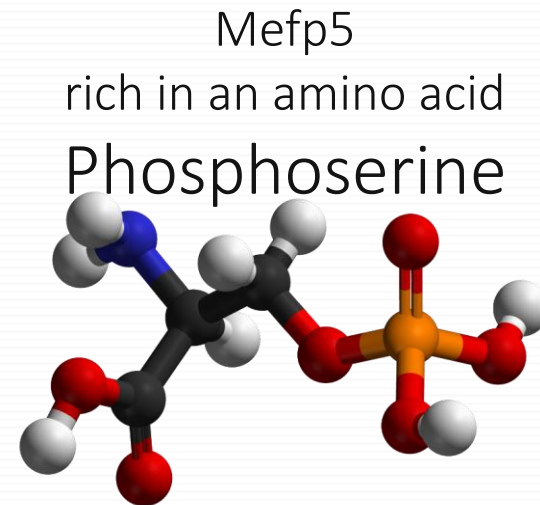


There is a silver lining to the cloud!

Clues to another path!



M. edulis attaches to seaweed, other mussels, stainless steel and even Teflon via mefp 3-5!

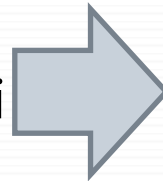


“Phosphoserine is in proteins that bind calcareous materials e.g., osteopontin”

The story behind OsStic bone adhesive

2012 PP - Consultancy in France.

2013 Demo to Håkan @ Uppsala Uni



2014 PP/GI form GPBio Ltd focus adhesives



36kg@24h

2014 start applied research at UU

Novel formulations based on PSer, aTCP, CSi & water



3 patents and 10+ publications

OsStic^R Adhesive Safety/Efficacy profile

- Safety (soft tissue in-vivo) 6/12 week data excellent biocompatibility



- Efficacy (hard tissue in-vivo) 42 day murine study

Gluings Living Bone Using a Biomimetic Bioadhesive: From Initial Cut to Final Healing

Philip Procter^{1,2*}, Gry Hulsart-Billström³, Antoine Alves⁴, Michael Pujari-Palmer¹, David Wenner¹, Gerard Insley^{1,2}, Håkan Engqvist¹ and Sune Larsson³

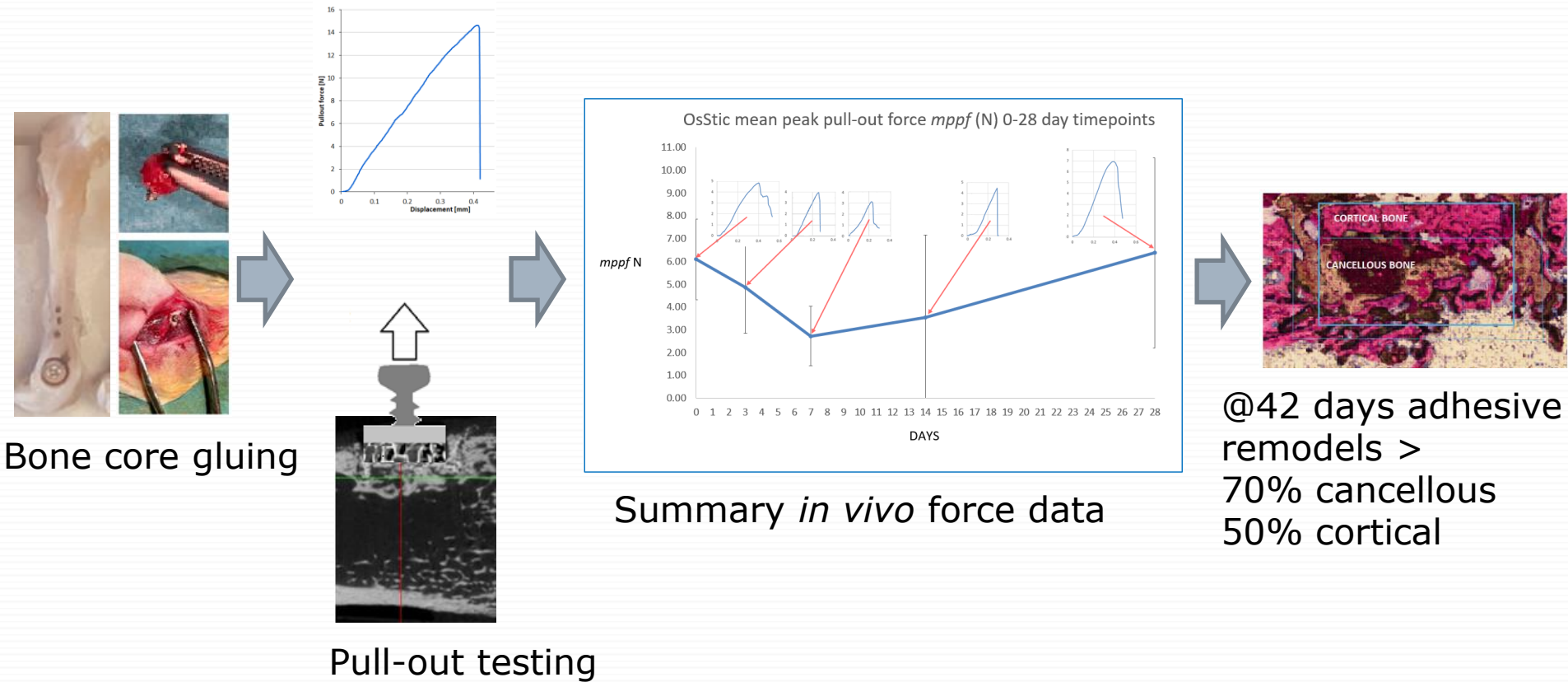
¹Department of Engineering Sciences, Division of Applied Material Science, Uppsala University, Uppsala, Sweden

²Biomimetic Innovations Ltd, Shannon, Ireland

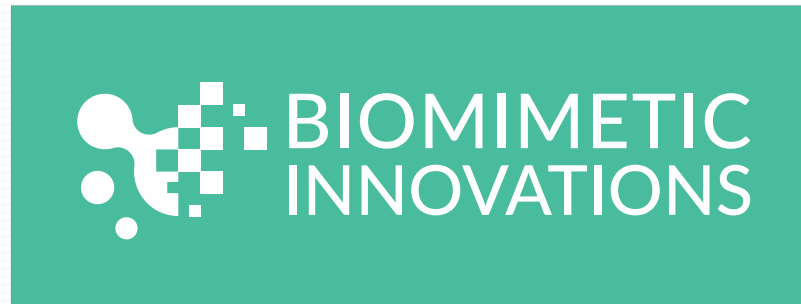
³Department of Surgical Sciences, Division of Orthopaedics, Uppsala University, Uppsala, Sweden

⁴NAMSA, Chasse-sur-Rhône, France

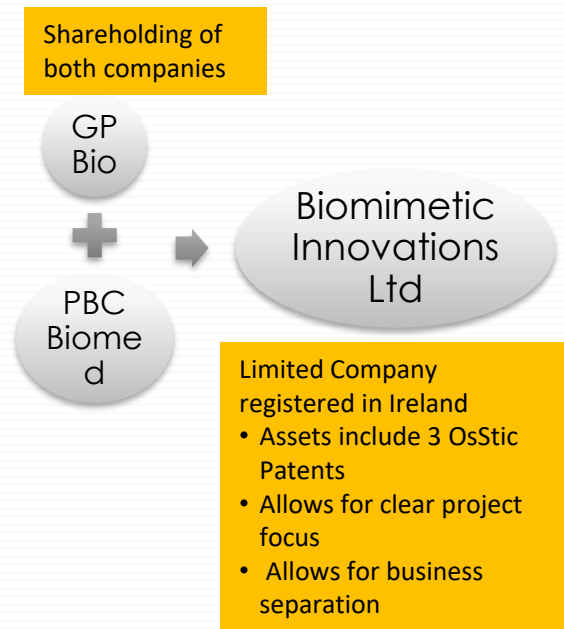
OsStic in-vivo murine bone model



In 2020 GPBio and PBC Biomed create



Biomimetic Innovations Ltd



February 20th 2020

PBC Biomed Ltd



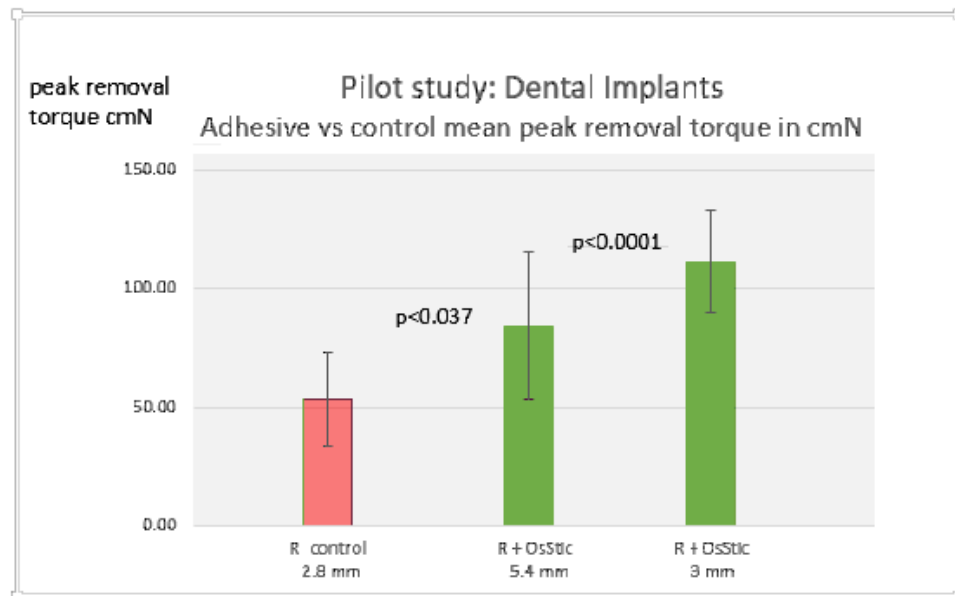
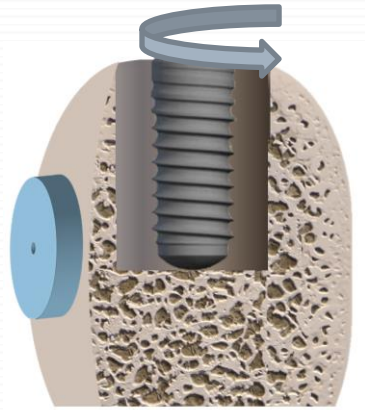
Located in close proximity to
Shannon International Airport

Class 8 Clean room and laboratories.

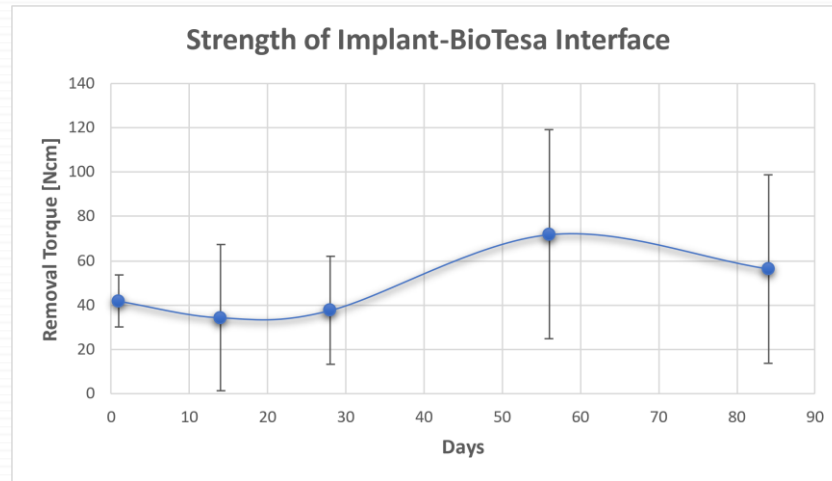
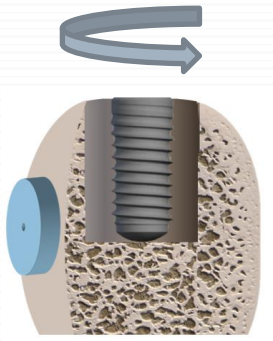
BSI approved for manufacturing and
services



OsStic Dental – POC ex-vivo porcine bone removal torque

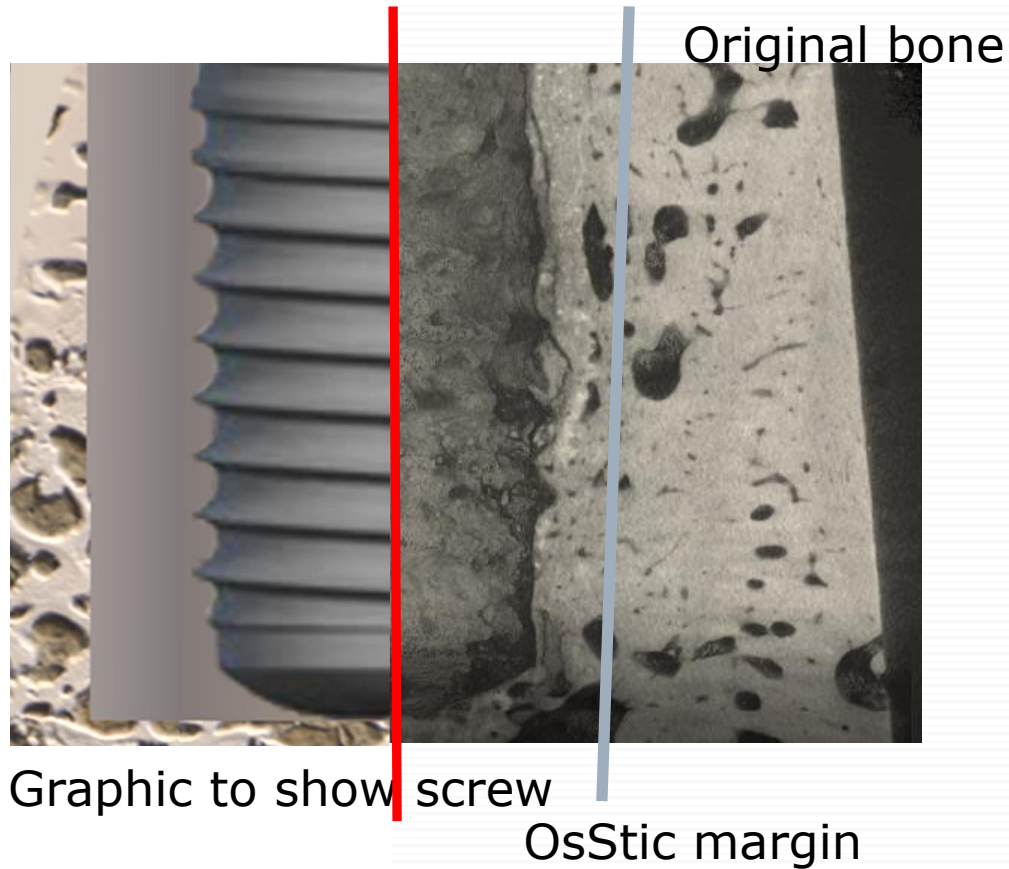


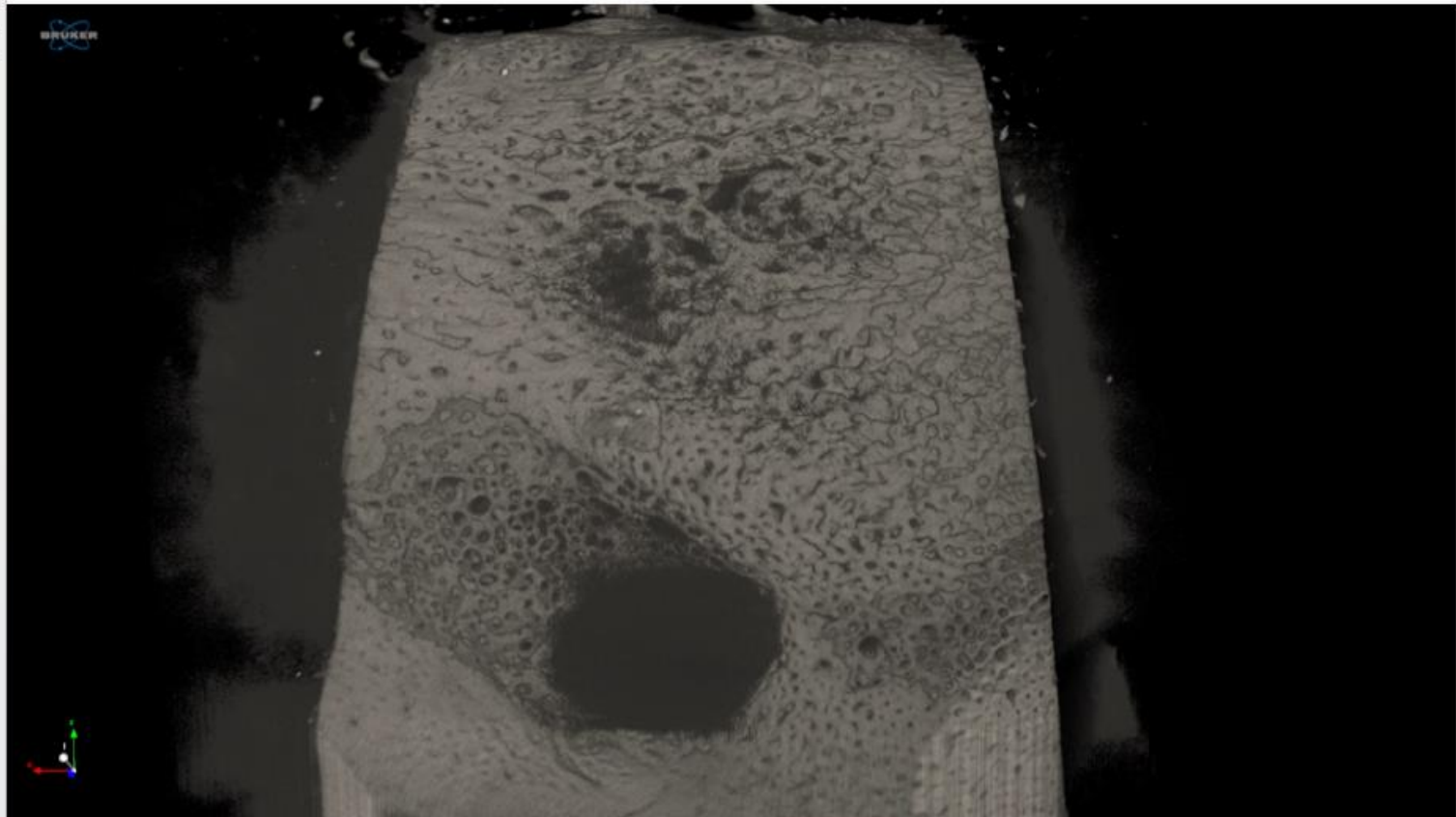
OsStic Dental POC in-vivo porcine removal torque @ 12 weeks



Failure occurred at the Implant/BioTesa interface

OsStic Dental in-vivo μ CT at 8 weeks





00:00.00

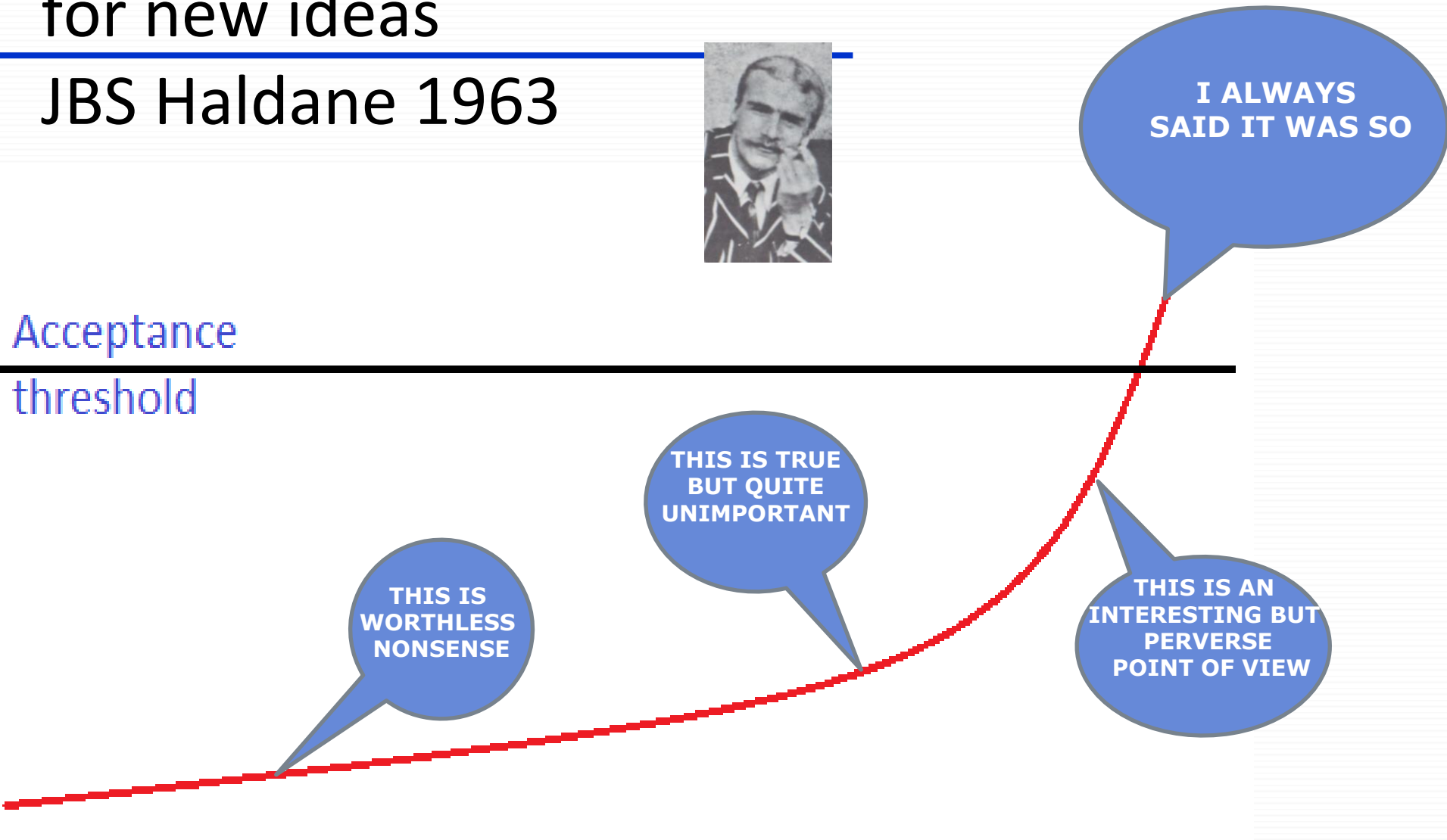


The 4 stages of acceptance for new ideas

JBS Haldane 1963



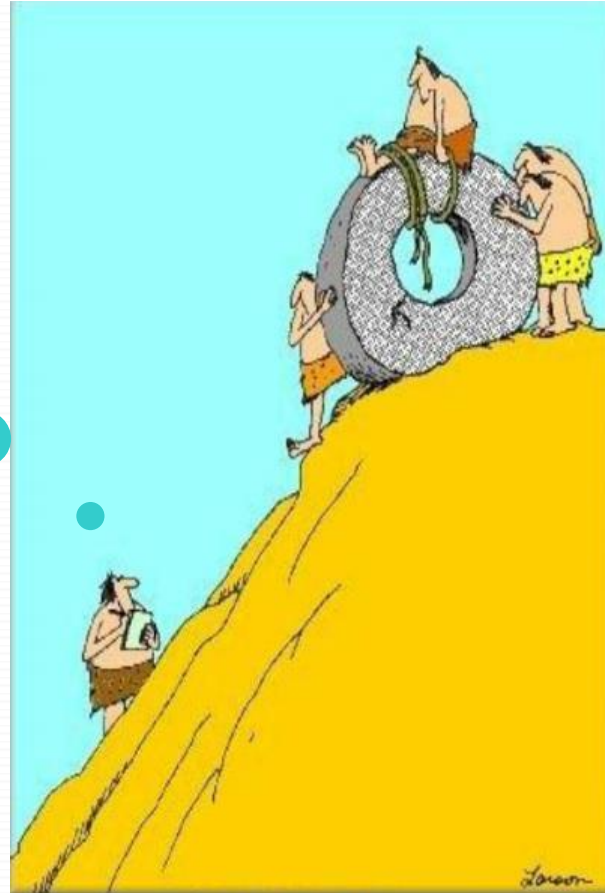
Acceptance
threshold



Just a few more
trials
then it will be
perfect



A Revolutionary technology takes
longer and more trials to perfect
than anyone realises



Future technology

Future Technology

Great to aim high



Reasonable balance
between evidence of
clinical benefit
and cost.....



Thank you for your kind attention

