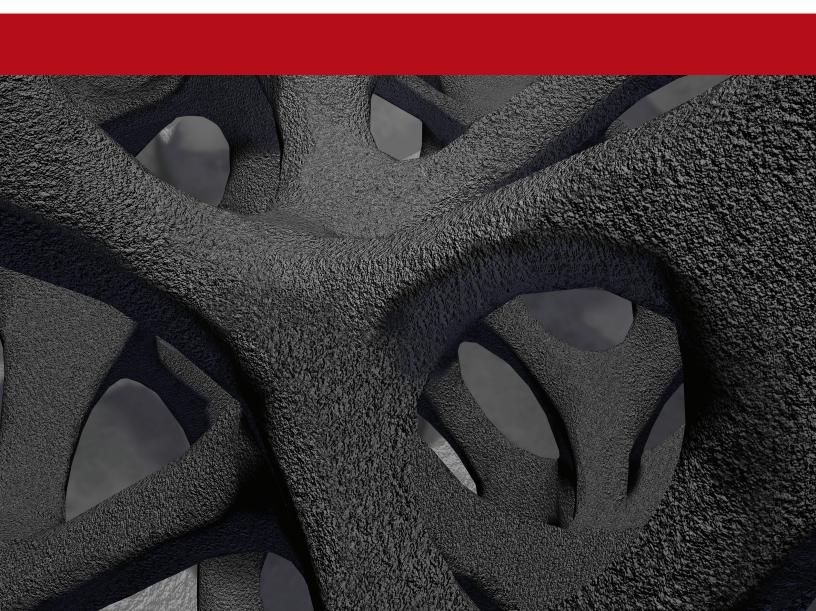
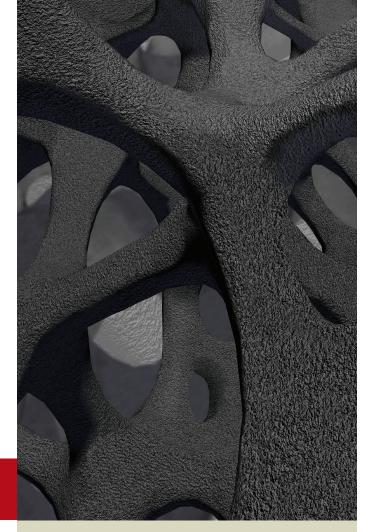


Tesera Trabecular Technology $^{\circ}$ (T 3) Porous Structure Designed and built to promote biologic fixation and long-term stability





Tesera Trabecular Technology® (T³) Porous Structure

Biocompatible

Produced from "gold standard" titanium-alloy

Designed for biologic fixation

Highly porous, with large interconnected pores

Proven in animal study

In-growth by 12 weeks with continuing bone formation at 24 weeks

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The rough surface grips into the bone providing mechanical interlock.

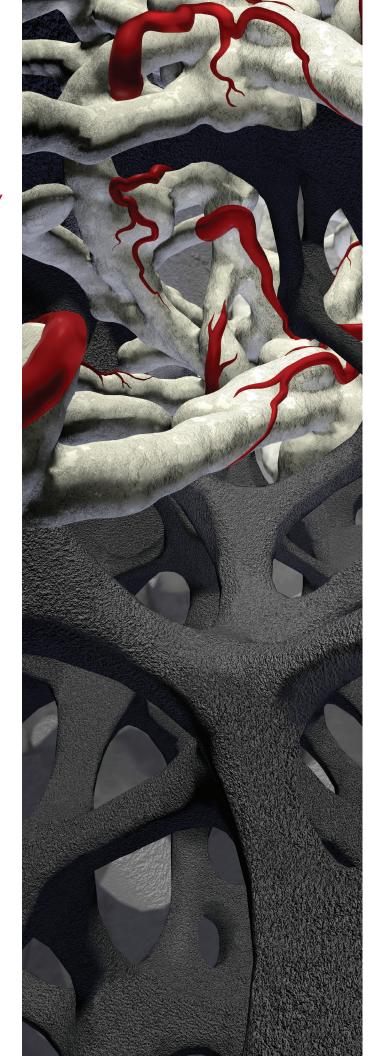
... designed and built to promote biologic fixation and long-term stability

Each parameter of the Tesera
Trabecular Technology porous
structure—from pore size and
shape to surface roughness—was
designed based on decades of
published research on bone ingrowth surfaces.

This highly porous structure provides initial mechanical stability as the rough surface grips into the bone upon implantation; the mechanical interlock of bone growing into the structure provides long-term mechanical stability.

The production of the Tesera porous structure is enabled by electron beam manufacturing (EBM) or direct metal laser sintering (DMLS). With these processes, devices are built up layer-by-layer, allowing the repeatable production of complex geometries not possible with other manufacturing methods.

Tesera Trabecular Technology porous structure is highly porous, with an average pore diameter of about 500 µm. Pores of this size can accommodate bone in-growth and the vascularization required to sustain living bone. (Artist rendering)



Pore Geometry and Surface Morphology

Ideal Porous Structure: Summary of the Literature

Designing a porous structure for successful bone in-growth is a multi-factorial problem that depends on variables such as pore shape and size and surface roughness. Researchers have not reached consensus on the precise values required for these variables. However, clinical experience and animal studies have demonstrated that bony fixation can be achieved reliably within certain ranges of values.

The following are some guiding principles for bone in-growth, as established in the literature.

Guiding Principles for Surface Characteristics

Microscopic factors related to bone growth onto the porous structure's surface.

Material Composition

Titanium alloy has been used clinically for more than 35 years and remains the gold standard for bone on-growth. The titanium oxide layer that forms on the surface is well-recognized to have excellent biocompatibility. Importantly, this oxide layer is stable but is not bioinert; studies have demonstrated that the biologic response elicited adjacent to the surface facilitates osteoblast attachment and proliferation along the surface.^{1,2}

Surface Roughness

Surface roughness has been shown to positively affect the physiologic processes of bone growth (e.g. proliferation, matrix synthesis, and local factor production). The roughened surface also provides physical anchorage for osteoblasts and increased surface area for cell adhesion. In particular, osteoblasts have proven most responsive to surfaces with roughness in the range produced by grit blasting $(0.45 \text{ to } 7 \mu\text{m})$.

Guiding Principles for Pore Morphology

Macroscopic factors related to growth of viable bone within the structure.

Pore Interconnectivity

To allow migration and proliferation of cells and vascularization (the key to sustaining live bone within the porous structure) the pores must be connected to one another.^{4,5}

Pore Diameter

Pore sizes in the range of 100-500 μm have been observed to result in bone in-growth, with pore sizes at the upper range recommended to allow vascularization.⁸⁻¹¹

<u>Percent-Volume Porosity</u>

Generally, studies show that higher porosity results in more bone in-growth.^{12,13} Researchers have suggested a minimum porosity of 55-60%.⁵

<u>Shape</u>

Increased bone in-growth has been noted with angular (as opposed to round) pores; that is, a rugged, irregular pore cross-section is preferred.⁵

Designed based on the science of bone in-growth

The Tesera Trabecular Technology porous structure meets or exceeds the published guiding principles for promoting and supporting bone in-growth. (Table 1)

Table 1: Guidelines for successful bone in-growth structure

Parameter	Published Guideline	Tesera Trabeular Technology	Meets / Exceeds Requirements
Material Composition	Ti-alloy "gold standard" 1,2	Ti-alloy	\checkmark
Pore Volume	55-60%; higher is better ^{5,12,13}	64±6.2 ¹⁵	\checkmark
Interconnected Pores	Yes	Yes	\checkmark
Surface Micro-Roughness	Approximate grit-blasted (0.45-7.0 μm) ^{6,7}	Yes (Figure 2)	\checkmark
Average Pore Diameter	100-500 μm; in upper range for vascularization ⁸⁻¹¹	50415	\checkmark
Pore Shape	Rugged, irregular	Yes (Figure 1)	\checkmark

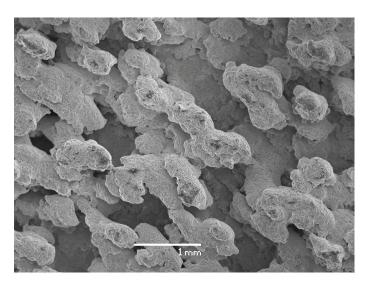


Figure 1: SEM image of the outer surface of the Tesera porous structure. 14

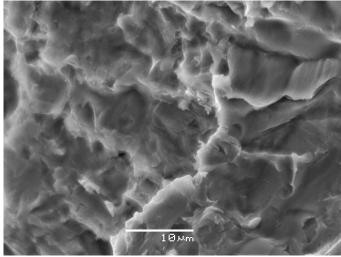


Figure 2: SEM showing the microroughness of the surface of the Tesera porous structure. Original magnification = 2500X.¹⁴

Proven biocompatibility and biologic fixation

Bone In-growth into Tesera Trabecular Technology® Porous Structure A Weight-Bearing Ovine Study

Abstract

A study of bone in-growth into Tesera Trabecular Technology bone plugs was conducted in a sheep femur model.¹⁶ The results revealed no implant-associated adverse effects on the host bone and demonstrated excellent new bone formation and remodeling within and adjacent to the porous structure.

Materials and Methods

As a clinically relevant model of early bone growth into the Tesera structure, a study involving weight-bearing bone plugs in sheep was designed based on the work of Willie, et al.²⁶ Analyses including percent bone area, mineral apposition rate, and histological examination were completed for time 0, 12-week, and 24-week specimens.

Results

Bone area analysis

SEM images with BSE detection were taken at three levels along the length of the plug: within the porous structure, in the periprosthetic region immediately adjacent to the implant, and in host bone (3-5 mm from the implant). The amount of bone was measured quantitatively in each image and reported as percent area. The bone area in the periprosthetic and host bone regions did not change significantly from time zero to 12 weeks and showed a slight increase at the 24-week endpoint. However, the amount of bone within the porous structure increased significantly at both the 12-and 24-week end points. (Table 2)

Mineral apposition rate

All of the 12- and 24-week samples exhibited doublelabeled trabeculae at the porous structure interface, indicating viable and actively remodeling bone. (Figure 3)

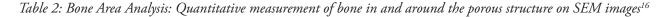
<u>Light microscope</u>

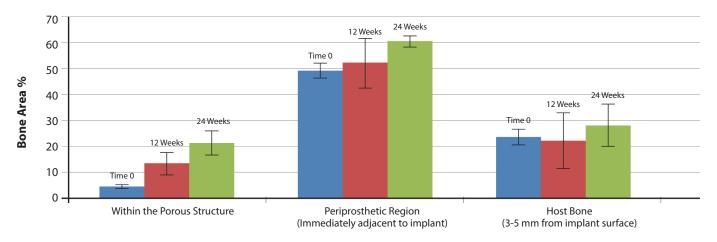
The histological evaluation found no adverse cellular reaction in response to the porous structure. Excellent bone attachment and osteoblast activates were observed within the porous structure of 12- and 24-weeks specimens. (Figure 4 and 5)

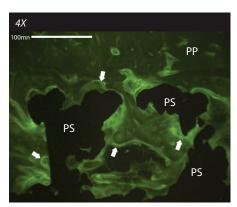
Conclusion

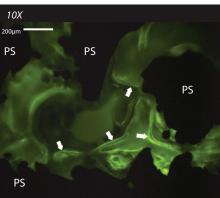
Histological and histomorphomic examination of explanted Tesera bone plugs revealed no implant-associated inflammation or other adverse effects on the host bone. Bone area analysis of SEM images found significant bone in-growth within the 12-week specimens, which doubled for the 24-week specimens. Mineral apposition rate imaging revealed the formation of viable bone trabeculae within the porous structure. Light microscopy also showed continuing bone formation with osteoblast activity at the 12- and 24-week time points.

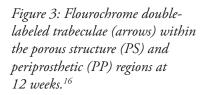
The experimental results of this animal model demonstrated excellent early new bone formation and remodeling within and adjacent to the porous structure, suggesting that the Tesera Trabeucaler Technoloby porous structure provides excellent skeletal attachment.

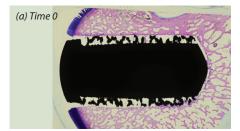


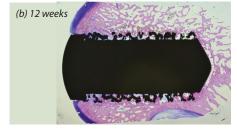












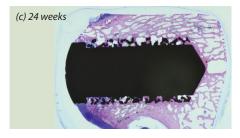


Figure 4: Light microscope images of full specimens, showing excellent bone in-growth by the 12 week time point and continued bone growth at 24 weeks.¹⁶



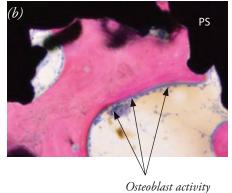


Figure 5: Light microscope image of a 12-week specimen. (a) 10X magnification demonstrating bone attachment to porous structure (b) Detail image showing osteoblast activity (arrows) within the porous structure. 16

Additive Manufacturing

Revolutionary process for revolutionary results

Enabling Technology

Components with the Tesera structure are created using electron beam manufacturing (EBM) or direct metal laser sintering (DMLS). With these additive manufacturing processes, components are built up layer by layer from titanium-alloy powder. Additive manufacturing—and the mass customization it enables—is sparking an industrial revolution by allowing the repeatable production of complex geometries not possible with traditional manufacturing methods.

Additive Manufacturing Process

1. Model

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A 3D computer model of the component, including the porous structure, is created and uploaded to the machine.

2. Build

Titanium-alloy powder is selectively melted by electron beam or laser exposure to the precise geometry defined by the model. The component is built up layer-by-layer, essentially directly printing the component from the

computer model.



3. Finish

To enhance microroughness, the Tesera structure is HA-blasted. The final shape and smooth surfaces are then machined, and the components are passivated and cleaned.

Mechanical Properties and Test Results

Initial stability for bony fixation. Strength and bone-like modulus for long-term success.

Tesera Trabecular Technology implants provide the initial stability required for early fixation, the strength required for weight-bearing, and a scaffold for bone in-growth and long-term fixation.

Initial Stability

The large pore size of the Tesera structure results in surface prominences that grip into the bone upon implantation. In laboratory testing of the Tesera structure on cancellous bone, the coefficient of friction was substantially improved over plasmastrayed coating and better than a contemporary highly porous tantalum structure. (Table 3)

A higher frictional coefficient enhances initial stability and promotes in-growth by limiting micromotion at the bone-to-implant interface.

Strength

The EBM and DMLS processes produce solid titanium-alloy that has properties similar to those of wrought materials.²³

Bone-like Modulus

The Tesera porous structure has a modulus of elasticity that matches that of cancellous bone; this has been shown to avoid the fibrous tissue growth associated with stress shielding.^{24,25} (Table 4)

Not a coating

The EBM and DMLS processes allow for the production of both the solid and porous portions of the component in one manufacturing step. Thus, the Tesera structure is integral to the component, eliminating problems associated with coatings, like delamination. (Figure 6)

Table 3: Coefficient of Friction on Cancellous Bone

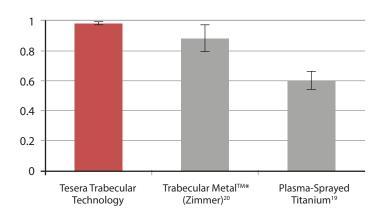


Table 4: Modulus of Elasticity (GPa): The modulus of the Tesera structure falls within the range of values reported for cancellous bone. (Compressive modulus shown.)

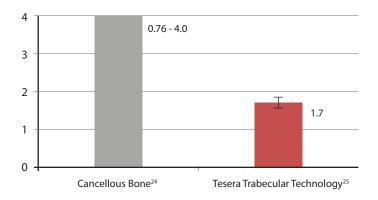




Figure 6: The Tesera structure is not a coating; the solid and porous portions of the device are built up in one continuous process. (Artist rendering)

Summary

Optimal Characteristics for Porous Structure

Each parameter of the Tesera Trabecular Technology porous structure—from pore size and shape to surface roughness—was designed based on decades of published research on bone in-growth surfaces.

Biocompatibilty and bone in-growth were proven in an animal study that found viable bone within the porous structure and excellent skeletal attachment.



Key Characteristics of Optimal/Successful Porous Structures		Tesera Trabecular Technology Meets or Exceeds Requirement
Process	Not a coating	\checkmark
Material	Biocompatible; Ti- alloy "gold standard"	\checkmark
Micro-Roughness	Approximate grit-blasted (0.45-7.0 μm)	\checkmark
Interconnected Pores	Yes	\checkmark
Average Pore Diameter	100-500 μm; in upper range for vascularization	\checkmark
Pore Volume	55-60%; higher is better	\checkmark
Pore shape	Rugged, irregular, not rounded	\checkmark
Coefficient of Friction (Cancellous)	>0.66; maximize	\checkmark
Modulus of Elasticity	0.76 – 4.0 GPa; lower is better	\checkmark

References

- 1. Oshida Y. Bioscience and bioengineering of titanium materials. Oxford: Elsevier. 2012.
- Kieswetter K, et al. The role of implant surface characteristics in the healing of bone. Crit Rev Oral Biol Med. 1996; 7(4):329-345.
- Arcelli D, Palmieri A, Pezzetti F, Brunelli G, Zollino I, Carinci F. Genetic effects of titanium surface on osteoblasts: A meta-analysis. J Oral Sci. 2007 Dec;49(4):299-309.
- Mour M, et al. Advances in Porous Biomaterials for Dental and Orthopaedic Applications. Materials. 2010;3:2947-2974.
- Nouri A, Hodgson PD, Wen C. Biomimetic Porous Titanium Scaffolds for Orthopedic and Dental Applications. In Mukerjee A, ed. Biomimetics Learning from Nature. InTech 2010;21:415–450.
- Hacking SA, Bobyn JD, Tanzer M, Krygier JJ. The osseous response to corundum blasted implant surfaces in a canine hip model. Clin Orthop Relat Res. 1999 Jul;(364):240-53.
- Feighan JE, Goldberg VM, Davy D, Stevenson S. The influence of surface-blasting on the incorporation of titanium-alloy implants in a rabbit intramedullary model. JBJS Am. 1995; 77:1380-1395.
- 8. Simske SJ, Ayers RA, Bateman TA. Porous materials for bone engineering. Mater Sci Forum. 1997;250:151–182.
- Bobyn JD, Pilliar RM, Cameron HU, Weatherly GC. The optimum pore size for the fixation of porous-surfaced metal implants by the ingrowth of bone. Clin Orthop Relat Res. 1980 Jul-Aug;(150):263-70
- 10. Miao X, Sun D. Graded/Gradient Porous Biomaterials. Materials. 2010;3:1-22.
- 11. Bansiddhi A, Sargeant TD, Stupp SI, Dunand DC. Porous NiTi for bone implants: A review. Acta Biomater. 2008 Jul;4(4):773–782.
- 12. Bragdon CR, Jasty M, Greene M, Rubash HE, Harris WH. Biologic Fixation of Total Hip Implants. Insights gained from a series of canine studies. JBJS Am. 2004;86-A Suppl 2:105-117.
- 13. Karageorgiou V, Kaplan D. Porosity of 3D biomaterial scaffolds and osteogenesis. Biomaterials. 2005 Sep;26(27):5474-91.
- 14. Data on file with KYOCERA Medical technologies, Inc. SEM Evaluation. Test Report K13047307-1.

- Data on file with KYOCERA Medical technologies, Inc. Coating Evaluation per ASTM F1854-09. Test Report K12076592-4.
- 16. Surgeries were performed at IMDS Discovery Research (Logan, Utah); processing and analysis of the specimens was conducted by the Bone and Joint Research Laboratory (Salt Lake City, Utah). Data on file with KYOCERA Medical technologies, Inc.
- 17. Willie BM, Bloebaum RD, Bireley WR, Bachus KN, Hofmann AA. Determining relevance of a weight-bearing ovine model for bone ingrowth assessment. J Biomed Mater Res A. 2004 Jun;69(3):567-76.
- Data on file with KYOCERA Medical technologies, Inc. Coefficient of Friction ASTM G115-10. Test Report K13047307-4.
- 19. Shirazi-Adl A, Dammak M, Paiement G. Experimental determination of friction characteristics at the trabecular bone/porous–coated metal interface in cementless implants. J Biomed Mater Res. 1993;27(2):167–75.
- 20. Zhang Y, Ahn PB, Fitzpatrick DC, Heiner AD, Poggie RA, Brown TD. Interfacial frictional behavior: cancellous bone, cortical bone, and a novel porous tantalum biomaterial. Journal of Musculoskeletal Research. 1999;3(4):245-251.
- Dammak M, Shirazi-Adl A, Schwartz M Jr, Gustavson L. Friction properties at the bone–metal interface: comparison of four different porous metal surfaces. J Biomed Mater Res. 1997 Jun; 35(3):329–336.
- Biemond JE, Aquarius R, Verdonschot N, Buma P. Frictional and bone ingrowth properties of engineered surface topographies produced by electron beam technology. Arch Orthop Trauma Surg. 2011 May;131(5):711-8.
- 23. Hiemenz J. EBM offers a new alternative for producing titanium parts and prototypes. Time-Compression Technologies. 2006 May/June: 16-20.
- 24. Jasty M, Bragdon C, Burke D, O'Connor D, Lowenstein J, Harris W. In vivo skeletal responses to porous-surfaced implants subjected to small induced motions. JBJS Am. 1997 May;79(5):707-14.
- 25. Data on file with KYOCERA Medical technologies, Inc. Tensile/Compression Tests. Test report K13047307-5.
- 26 Willie BM, Bloebaum RD, Bireley WR, Bachus KN, Hofmann AA. Determining relevance of a weight-bearing ovine model for bone ingrowth assessment. J Biomed Mater Res A. 2004 Jun 1;69(3):567-76.



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