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THE SOLUTION FOR PATIENTS AT RISK OF HIP FRACTURE



PROXIMAL FEMUR SYSTEM



A STRUTPLASTY® TECHNIQUE FOR BONE CONSOLIDATION



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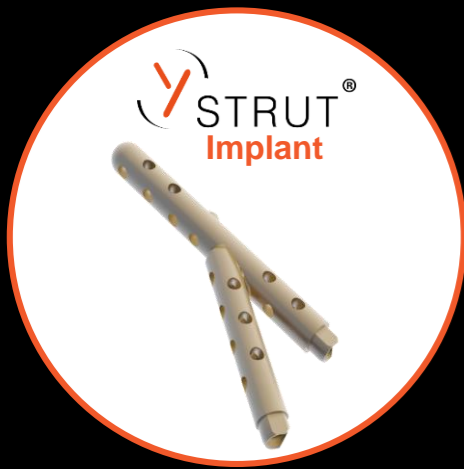
Medical device – Class IIb
 For more information, see the instructions for use
 PLA-HYP01-EN v05

PATENTED
 NOT FDA CLEARED



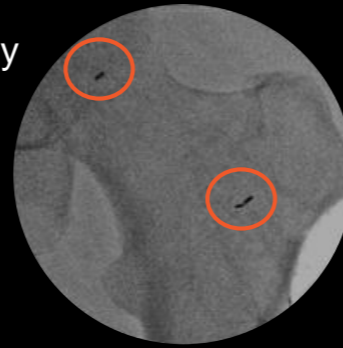
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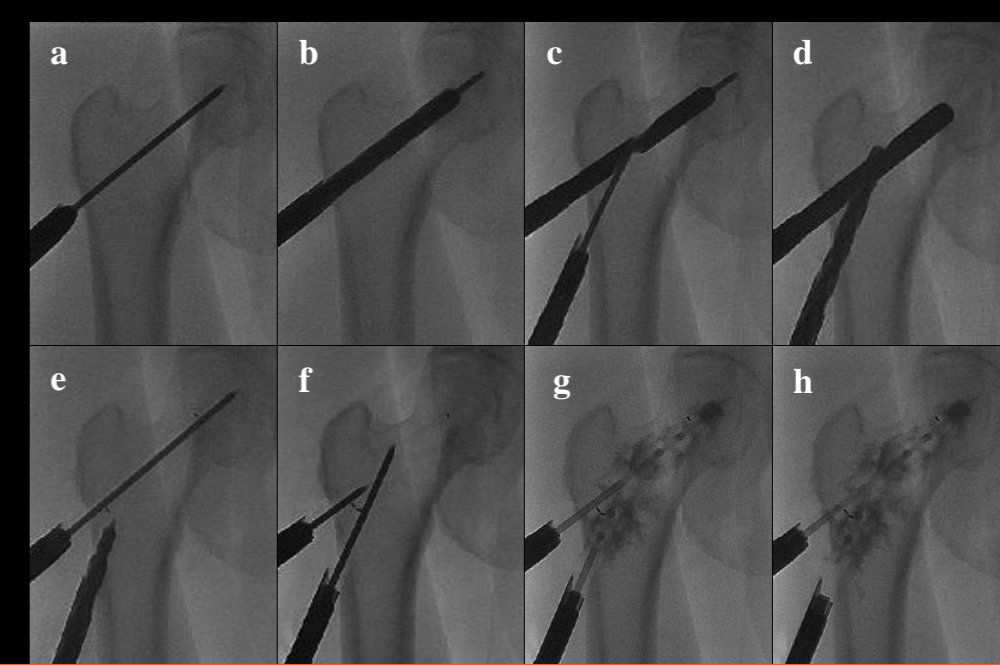
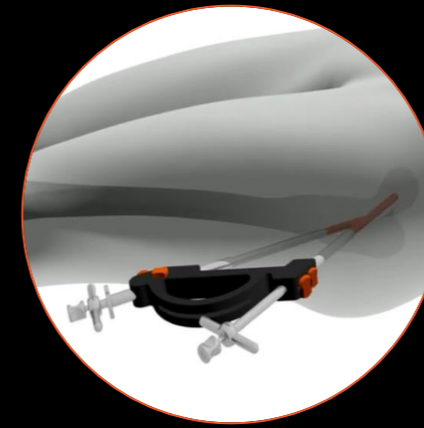


PRODUCT DESCRIPTION

- Implantable medical device composed of 2 implants connected in situ, made of radio-transparent PEEK polymer
- Range of sizes to fit patient's anatomy
- Combined with PMMA bone cement
- Bone reinforcement¹⁴



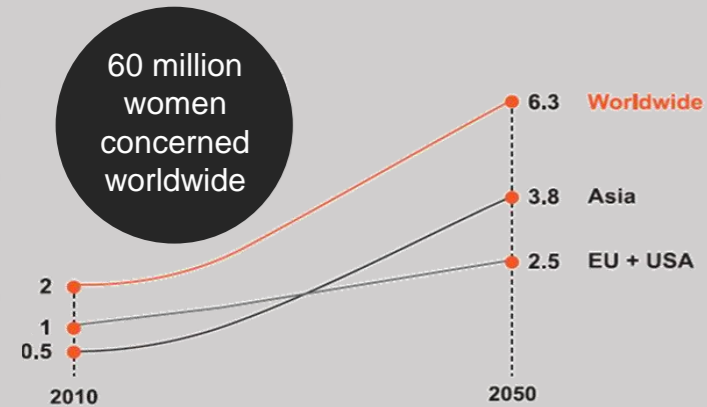
MINIMALLY INVASIVE PROCEDURE



HIP FRACTURE : A GLOBAL HEALTH ISSUE

More than 2 million hip fractures annually worldwide, over 6 million in 2050^{1,2} with growing and aging population

TRAUMATOLOGY



60 million women concerned worldwide

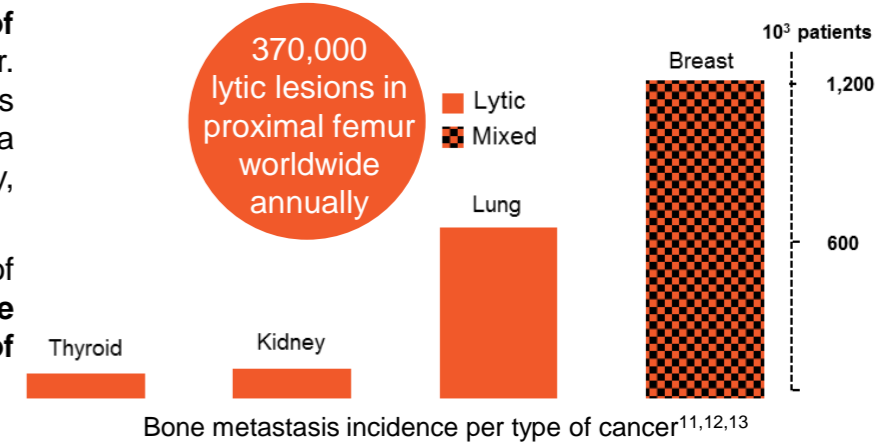
- High risk of **contralateral hip fracture**
 - 9% at 1 year
 - Up to 20% at 5 years³
- Serious **loss in quality of life** : chronic pain, reduced mobility and increasing of **dependence**⁴
- **Patients' mortality** 2-fold³
- High incremental **costs** for hip fracture treatment⁵

⇒ Surgical prevention : a potential solution to avoid contralateral hip fracture with associated morbidity and costs^{6,7}

25% of metastatic bone lesions occurs in the proximal femur, patients at high risk of pathological fractures⁸

ONCOLOGY

- **Bone is the third location of metastases** after the lungs and liver. The origin of lytic bone metastases varies and is often linked to a primary tumour of the thyroid, kidney, lung or breast⁸
- Severe consequences of pathological fractures : **patients' life expectancy affected** and **loss of quality of life**⁹



⇒ Various surgical techniques, like standard osteosynthesis fixation, are being performed to treat lytic bone lesions, prevent these fractures and improve patients' quality of life¹⁰

TRAUMATOLOGY INDICATION



STRUT[®] is indicated for **contralateral** percutaneous internal fixation of proximal femur, in osteoporotic patients with a low energy pertrochanteric fracture on the first side

- **Same surgical time** for the fracture treatment and the contralateral procedure **or prophylactic surgery in a second time** (within 120 days after the fracture treatment)
- Clinical experience^{15,16} :
1st patient in February 2013
Clinical follow-up ongoing on all the patients

ONCOLOGY INDICATION

STRUT[®] is indicated for percutaneous internal fixation for **impending pathological fracture** of proximal femur - act of last resort (ultima ratio)

- Minimally invasive procedure allows to continue the **chemotherapy treatment**
- **Short hospitalization duration** (mean 2.3 days)
- PEEK polymer material allows **local radiotherapy**
- Clinical experience^{15,17} :
1st study completed in 2016 on 10 patients followed during 1 year
Post-market surveillance ongoing

