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THE SOLUTION FOR PATIENTS AT RISK OF HIP FRACTURE



PROXIMAL FEMUR SYSTEM



A STRUTPLASTY® TECHNIQUE FOR BONE CONSOLIDATION

hyprevention°

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Medical device – Class IIb For more information, see the instructions for use PLA-HYP01-EN v06

PATENTED NOT FDA CLEARED







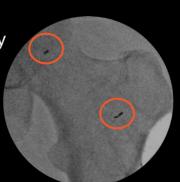
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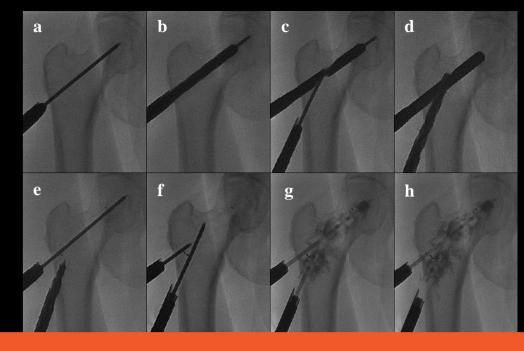
PRODUCT DESCRIPTION

- 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

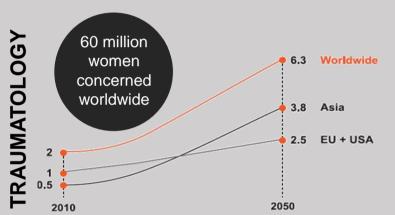




HIP FRACTURE: A GLOBAL HEALTH ISSUE

ONCOLOGY

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

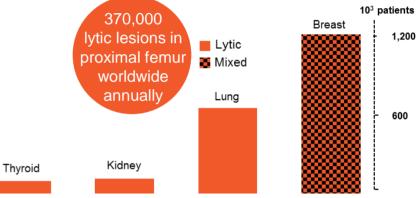


- High risk of contralateral hip fracture
 - 9% at 1 vear
 - Up to 20 % at 5 years³
- Serious loss in quality of life : chronic pain, reduced mobility and increasing of dependence⁴
- Patients' mortality 2-fold³
- High incremental costs for hip fracture treatment⁵

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

- 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 life⁹



Bone metastasis incidence per type of cancer^{11,12,13}

⇒ 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**

