

# All-polyethylene tibia components compared to metal-backed tibia components in total knee replacement.

<b>Submission date</b> 27/08/2014	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 22/09/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 05/12/2023	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Metal-backed total knee replacements are the most commonly used total knee replacements worldwide. However, knee replacements with all-polyethylene tibial components remain an attractive alternative as they are cheaper and avoid problems such as the knee joint mechanism locking and some wear and tear issues. Here, we want to compare two types of total knee replacements the Triathlon CS Knee System with all-polyethylene tibial components and the Triathlon CS Knee System with metal-backed modular tibial components.

### Who can participate?

Adults aged 40 to 75 who need a total knee replacement.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in group 1 receive the all-polyethylene tibial components for their total knee replacement. Those in group 2 receive the metal-backed modular tibial components for their total knee replacement. The two types of knee replacements are then compared using RSA (radiostereometric analysis) X rays. This is a special technique that takes two X-rays of the joint from different angles at the same time. This creates a 3D image that can be viewed. During surgery, tiny beads are placed in the bone that will surround the knee replacement. These beads are then used to check the positioning of the knee replacement and whether that changes over time. Each patient taking part in the study is invited to a number of follow up visits one before being discharged from hospital, one 3 months after surgery, and then at 1, 2, 5, 7 and 10 years after surgery. During these visits, they are asked to complete questionnaires about their health, their activities and their knee. RSA X-rays are also taken.

### What are the possible benefits and risks of participating?

The study will help increase knowledge of the two knee replacement systems used in the study.

### Where is the study run?

Hässleholms sjukhus, Hässleholm (Sweden)

When is the study starting and how long is it expected to run for?  
March 2014 to December 2024

Who is funding the study?  
Stryker European Operations BV (Netherlands)

Who is the main contact?  
Christina Silver  
christina.silver@stryker.com

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Sören Toksvig-Larsen

**Contact details**  
Department of Orthopaedics Hässleholm-Kristianstad-Ystad, Hässleholm Hospital  
Hässleholm  
Sweden  
281 38

## Additional identifiers

**Protocol serial number**  
K-S-047

## Study information

**Scientific Title**  
Migration and survival of all-polyethylene tibial components compared to the metal-backed modular components of the Triathlon CS Total Knee System. A RSA study

**Study objectives**  
The primary objective is the assessment of prosthetic migration results after two years of the Triathlon CS Knee System with all-polyethylene tibial components compared to the Triathlon CS Knee System with metal-backed modular components by means of Roentgen Stereophotogrammetry.  
The secondary objective will be the prediction of the long-term survival based on the two-year migration patterns combined with clinical factors and radiographic aspects. In order to identify other clinical parameters besides the fixation of the prosthesis components, clinical scores and radiographic aspects will be correlated with the RSA outcome.

**Ethics approval required**  
Ethics approval required

**Ethics approval(s)**

approved 07/08/2013, Regional Ethical Review Board in Lund (Hämtställe 12, Lund, 223 61, Sweden; +46 (0)46-222 00 00; forskningsetik@lu.se), ref: 2013/434

## **Study design**

Single-center randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Osteoarthritis

## **Interventions**

Patients are informed and screened pre-operative. After signing informed consent, the patients will be randomized in one of the two groups, the day before surgery. The patient will receive either the all-polyethylene tibial component or the metal-backed modular tibial component for their Triathlon CS total knee. The principal investigator and the participating surgeons may dissent from the randomization scheme based on intra-operative findings. This patient will be excluded from the study. Follow-up visits are performed at the following time points: prior to discharge, 3 months, 1, 2, 5, 7 and 10 years after surgery. During these visits clinical evaluation and x rays are done, any adverse events are monitored (if applicable) and the KOOS, EQ-5D and FJS questionnaires are completed by the patient.

## **Intervention Type**

Device

## **Phase**

Phase III/IV

## **Drug/device/biological/vaccine name(s)**

All-polyethylene cruciate-retaining Triathlon total knee prostheses, Metal-backed cruciate-retaining Triathlon total knee prostheses

## **Primary outcome(s)**

The primary outcome measure will be prosthetic migration after two years of the Triathlon CS Knee System with all-polyethylene tibial components and the Triathlon CS Knee System with metal backed modular components by means of Roentgen Stereophotogrammetry. It is hypothesized that there will be no difference between groups. The difference in migration between components must not exceed 0.3 mm for translations and 0.25° for the rotations to determine equivalence.

## **Key secondary outcome(s)**

The secondary outcome measure will be long-term survival based on the two-year migration patterns combined with clinical factors and radiographic aspects. In order to identify other clinical parameters besides the fixation of the prosthesis components, clinical scores and radiographic aspects will be correlated with the RSA outcome. The 10 years results will be used to verify the predicted long-term survival results.

**Completion date**

31/12/2024

## Eligibility

**Key inclusion criteria**

1. Patient is able to understand the meaning of the study and is willing to sign the EC approved, study specific Informed Patient Consent Form
2. Patients eligible and scheduled to undergo primary total knee replacement with any of the following indication
  - 2.1. Painful and disabled knee joint resulting from osteoarthritis (Ahlbäck stage II to V)
  - 2.2. One or more compartments are involved
3. Ability and willingness to follow instructions, including control of weight and activity level, and to return for follow-up evaluations
4. A good nutritional state of the patient
5. The subject is a male or non-pregnant female between 40 and 75 years of age

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. The subject is morbidly obese, defined as Body Mass Index (BMI) of  $> 37$
2. Previous major knee surgery
3. Patients who had a Total Knee Arthroplasty (TKA) on contralateral side within the last 6 months that is considered to have an unsatisfactory outcome. (Patients with contralateral TKA  $> 3$  months ago with good outcome can be included in the study)
4. Patients with other severe concurrent joint involvements that can affect their outcome
5. Patient has a flexion contracture of  $15^\circ$  and more
6. Patient has a varus/valgus contracture of  $15^\circ$  and more
7. The subject will be operated bilaterally
8. The subject has an active or suspected latent infection in or about the knee joint
9. Osteomyelitis
10. The subject has a neuromuscular or neurosensory deficiency, which would limit the ability to assess the performance of the device
11. The subject has a systemic or metabolic disorder leading to progressive bone deterioration
12. The subject is immunologically suppressed or receiving steroids in excess of normal physiological requirements
13. Female patients planning a pregnancy during the course of the study
14. The patient is unable or unwilling to sign the Informed Consent specific to this study

**Date of first enrolment**

13/03/2014

**Date of final enrolment**

11/09/2014

## **Locations**

**Countries of recruitment**

Sweden

**Study participating centre**

Department of Orthopaedics Hässeholm-Kristianstad-Ystad

Hässeholm Hospital

Hässeholm

Sweden

281 38

## **Sponsor information**

**Organisation**

Stryker European Operations BV (Netherlands)

**ROR**

<https://ror.org/02nwyam20>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

Stryker European Operations BV (Netherlands)

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		24/01/2022	05/12/2023	Yes	No
<a href="#">Results article</a>	2-year results	01/05/2018	05/12/2023	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes