

# Prospective clinical study to evaluate the performance and safety of the TRYPTIK® Ti cage after cervical spinal fusion surgery

<b>Submission date</b> 04/10/2021	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 04/10/2021	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 09/12/2024	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The aim of this study is to confirm the performance and safety of the Tryptik Ti cage in anterior cervical discectomy and fusion (ACDF) surgery for cervical degenerative disc disease (DDD) or spondylosis. An ACDF is a surgery to remove a painful herniated or degenerative disc in the neck. A small cut is made in the front (anterior) of the neck to reach and remove the damaged disc and the disc is replaced with a cage. The cage is inserted to restore the height between the bones and to fuse together the bones above and below the disc. ACDF surgery may be an option if physical therapy or medications fail to relieve neck or arm pain caused by pinched nerves. Patients typically go home the same day.

### Who can participate?

Patients aged 18 years and over requiring ACDF with a cage

### What does the study involve?

Data will be collected before the surgery and during the surgery for device and instrument assessment from the surgeon's point of view. The visits after surgery are mainly standard, with assessments performed immediately after the surgery, between 6 and 12 weeks and after 6, 12 and 24 months. X-rays and CT scans will be performed. Patient questionnaires will assess pain, disability and quality of life.

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

There are no direct benefits to participating in the study. The potential benefits of the cage and ACDF are achieving fusion of the treated level, achieving cervical spine stability, and reducing pain. The information from this study may benefit other patients with cervical DDD or spondylosis in the future. The risks linked to the device or the surgery are the same whether the patient participates in the study or not. The risks of participating in the study are the risks linked to the exposure to the x-rays and CT scans as some of them are extra to the standard of care of the patient.

Where is the study run from?  
Spineart (Switzerland)

When is the study starting and how long is it expected to run for?  
March 2021 to December 2025

Who is funding the study?  
Spineart (Switzerland)

Who is the main contact?  
clinic@spineart.com

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Dervilla Bermingham

**Contact details**  
3, chemin du Pré Fleuri  
Plan-les-Ouates, Suisse  
Switzerland  
1228  
+41 (0)225701261  
dbermingham@spineart.com

## Additional identifiers

**EudraCT/CTIS number**  
Nil known

**IRAS number**  
301656

**ClinicalTrials.gov number**  
Nil known

**Secondary identifying numbers**  
P83\_CLD001, IRAS 301656

## Study information

**Scientific Title**  
Prospective evaluation of clinical and radiographic outcomes after anterior cervical interbody fusion surgery using a TRYPTIK® Ti-Life cage

**Acronym**

Tryptik Ti

### **Study objectives**

The sample size of 60 study participants allows for detection of the primary endpoint of 95% in the target population with 80% power at two-sided 5% significance.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

1. France: Approved 25/01/2022, Comité De Protection Des Personnes Nord Ouest Iii (CPP Nord Ouest III - CHU Caen, 14033 Caen cedex 9, France; +33 (0)9 64 08 19 44; cppnordouest3@orange.fr), ref: SI RIPH 2G : 21.04209.000054
2. Spain: Approved 18/01/2022, Comité De Ética De La Investigación De La Fundación Jiménez Díaz (CEImFJD) (Fundación Instituto Investigación Sanitaria FJD, Comité de Ética de la Investigación FJD, C/Isaac Peral nº 42 (Oficinas), 2ª planta, 28015 Madrid, Spain; +34 (0)91 550 48 00 – ext 4492; ceic@fjd.es), ref: EO177-21\_HGV
3. UK: Approved 14/03/2022, HRA and Health and Care Research Wales (HCRW) (Ground Floor, Skipton House, 80 London Road, London, SE1 6LH, UK; Tel: not provided; approvals@hra.nhs.uk, HCRW.approvals@wales.nhs.uk), ref: 21/WA/0155

### **Study design**

Prospective interventional single-arm multicentric study

### **Primary study design**

Interventional

### **Secondary study design**

Non randomised study

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

Not available in web format

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

Radiculopathy and/or myelopathy, secondary to cervical degenerative disc disease and/or spondylosis, and for patients who are resistant to conservative management

### **Interventions**

TRYPTIK Ti is intended for use during Anterior Cervical Discectomy and Fusion (ACDF), between C3 and C7, and up to four consecutive levels. It is indicated for the surgical treatment of radiculopathy and/or myelopathy, secondary to cervical DDD and/or spondylosis, and for patients that are resistant to conservative management.

The TRYPTIK® Ti cervical Interbody Devices are to be used with autogenous and/or allogeneic bone graft comprised of cancellous and/or corticocancellous bone graft to facilitate fusion.

The TRYPTIK® Ti implants must be used with a supplemental internal spinal fixation system that has been cleared for use in the cervical spine.

Enrollment period is estimated to be 12 months with up to 24 months postoperative follow-up.

## **Intervention Type**

Device

## **Phase**

Phase IV

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

TRYPTIK® Ti cervical Interbody Device

## **Primary outcome measure**

Fusion rates assessed by the use of reconstructed axial and coronal fine-cut computed tomography scans (CT scan) at 6-month postoperative visits. Assessment will be repeated at 12 and 24 months only if solid fusion is not reached on the previous assessment. Fusion will be assessed as solid fusion, fibrous union, or non-union by an independent orthopedic or neurosurgeon and a radiologist consultant who will interpret the CT scans. A third independent orthopedic or neurosurgeon consultant will adjudicate differences in fusion findings.

## **Secondary outcome measures**

1. Intervertebral foraminal height measured on radiographs, defined as the distance between the lower margin of the upper pedicle to the upper margin of the lower pedicle, assessed immediately postoperatively and at 6-12 weeks, 6, 12 and 24 months post-operatively compared to the preoperative measures
2. Cervical and segmental lordosis assessed immediately postoperatively and at 6-12 weeks, 6, 12 and 24 months post-operatively compared to the preoperative measures. Lateral radiographs of the cervical spine will be used to measure cervical and segmental lordosis by means of the Cobb angle. Segmental sagittal alignment is defined as the angle between the cranial and caudal endplates of the vertebrae located above and below the affected segment, and cervical sagittal alignment from C1 to C7. Both measures provide positive and negative values indicating lordotic or kyphotic angulation, respectively.
3. Subsidence rate balance assessed at 6-12 weeks, 6, 12 and 24 months post-operatively compared to the immediate postoperative measure.  
Implant subsidence will be evaluated by means of lateral radiographs of the cranial and caudal endplates of the segments located above and below the operated segments, respectively. Measurement of the distance between the superior endplate of the superior vertebral body and the inferior endplate of the inferior vertebral body are based on the anterior (AntEH) and posterior endplate height (PostEH). Based on location, implant subsidence will be classified according to four directions of implant sinkage: anterior, posterior, cranial, and caudal. Subsidence will be considered mild if the loss of height is under 3 mm, and severe if the loss is over 3 mm
4. Patient-reported outcomes:
  - 4.1. Functional capacity assessed by the Neck Disability Index (NDI) at baseline (preoperative status) to 6-12 weeks, 6-, 12- and 24-months postoperative
  - 4.2. Health-related quality of life assessed by the SF-12 at baseline (preoperative status) to 6-12 weeks, 6-, 12- and 24-months postoperative
  - 4.3. Pain and change in pain (arm and neck) assessed using VAS arm and neck pain scores at

baseline (preoperative status) to 6-12 weeks, 6-, 12- and 24-month postoperative

4.4. Patient satisfaction evaluated using a satisfaction questionnaire at 12 and 24 months

5. Safety: incidence of adverse events (AEs) related to the device and/or procedure recorded from the surgery through the 24 months postoperative follow-up. All perioperative and postoperative ADEs and SAEs will be assessed for the relationship to device and procedure, seriousness, incidence, and time to resolution or re-operation. Incidence of re-intervention at the index level will be assessed.

**Overall study start date**

01/03/2021

**Completion date**

01/12/2025

## Eligibility

**Key inclusion criteria**

1. Patients who will receive at least one and up to four TRYPTIK® Ti-Life cages between C3 and C7 levels
2. Patient willing and able to comply with follow-up schedule and filling out questionnaires
3. Written voluntary informed consent signed

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

At least 80

**Total final enrolment**

96

**Key exclusion criteria**

1. Patients under 18 years of age
2. Patients in whom cervical/radicular pain could be attributable to a diagnosis other than degenerative disease (i.e., tumors, congenital, rheumatoid disease, or infection)
3. Patients who have a contraindication listed in the IFU

**Date of first enrolment**

01/11/2021

**Date of final enrolment**

19/12/2023

## Locations

## **Countries of recruitment**

England

Spain

United Kingdom

## **Study participating centre**

### **Hospital Universitario General de Villalba**

Carretera de Alpedrete a Moralarzal M-608 Km 41

Collado Villalba Madrid

Spain

28400

## **Study participating centre**

### **NHS North Tyneside CCG**

12 Headly Court

Orion Business Park

North Shields

United Kingdom

NE29 7ST

## **Study participating centre**

### **Hospital Clínico Universitario De Valencia**

Av. de Blasco Ibañez, 17

Valencia

Spain

46010

## **Sponsor information**

### **Organisation**

Spineart (Switzerland)

### **Sponsor details**

Chemin du Pré-Fleuri 3

Plan-les-Ouates

Switzerland

1228

+41 (0)22 570 12 00

clinic@spineart.com

**Sponsor type**

Industry

**Website**

<https://www.spineart.com/>

**ROR**

<https://ror.org/05sz2c652>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

Spineart SA

## **Results and Publications**

**Publication and dissemination plan**

Interim and final results publications are planned. The researchers are not planning to publish the study protocol nor the statistical analysis plan.

**Intention to publish date**

01/06/2027

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

The raw patient data is not expected to be made available and will be held at the sponsor level.

**IPD sharing plan summary**

Not expected to be made available