



Letter to the editor regarding “Global mapping of institutional and hospital-based (level II–IV) arthroplasty registries: a scoping review”. Eur J Orthop Surg Traumatol. 2024 Feb; 34(2):1219–1251. doi: 10.1007/s00590-023-03691-y. Epub 2023 Sep 28. PMID: 37768398; PMCID: PMC10858160

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Dear Editor,

We read with great interest the scoping review by Zgoridou et al. [1], in which the authors attempted to map all institutional and hospital-based (Level II–IV) arthroplasty registries worldwide. This is undoubtedly a commendable effort given the number of studies and the high heterogeneity of sources and study types, and we appreciate the attempt to clarify a potentially valuable source of data. Authors state that the aim of the study was to map the existing institutional and hospital-based registries, so we assume that national and regional are excluded. However, we could not help but notice the confusion with which the data concerning Italy were reported, where experiences of individual institutions, regional registries, and even the national registry were misinterpreted in both substance and nomenclature.

The purpose of this letter is, first, to clarify the portion of data originating from Italy and, second, to politely question the research strategy and data analysis, with the assumption that similar inaccuracies might affect data from other countries as well.

In Italy there is one National registry (RIAP), coordinated by the Italian National Institute of Health with the support of the General Directorate of Medical Devices and Pharmaceutical Service of the Italian Ministry of Health, and organized as a federation of regional registries [2]. Among these, some registries only send data to RIAP, other also make

personal analyses with the data. Due to bureaucratic difficulties, the national coverage and completeness of RIAP are still low, despite some regions exceed 90% singularly. The only institutional registry that can be classified as such in Italy is the one from the Rizzoli Institute in Bologna, which has been collecting data since 1990 [3]. The data from this institutional registry converged since 2000 into the regional registry of Emilia-Romagna (RIPO), which is the oldest and most complete regional registry in Italy and has numerous publications in peer-reviewed journals. RIPO contributed to RIAP in the past, although for the abovementioned reasons, the data flow into the national registry is presently suspended. The experiences reported in Table 2 of the paper (references 87, 378, 395, 451, 570 in the original paper) and erroneously classified as *Milan Italian Arthroplasty RG-RIAP* are, in fact:

- A study on a hip implant using (also) data from the Lombardia regional registry (ROLP)
- Two large case series from high-volume centers that do not have official institutional registries (one in Genova-Liguria, and one in Milano-Lombardia)
- A feasibility and cost study of a potential hospital-based registry
- A validation study of an outcome measure conducted by the RIAP research group.

Also, the experience from Toscana is related to a single institutional recall project of a single hip device series (reference 442). For the same reasons, RIAP and RIPO should not be part of Table 4, being, respectively, a national and regional registry. Only the Rizzoli Institute registry could be part of this table, though we do not know how many

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papers were produced from this dataset before converging into RIPO.

Based on the inaccuracies found in the analysis of the registry landscape regarding Italy, we presume that similar issues might be present in the entire mapping effort. Therefore, we suggest that the authors' commendable initiative could benefit from a review conducted through a more in-depth analysis of the references and, even more importantly, by contacting national representatives to check the findings to achieve a more accurate assessment.

Declarations

Conflict of interest The authors have no conflicts of interest to declare.

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