



Come
il registro nazionale italiano
potrebbe cambiare
la (nostra) pratica clinica ?

Gustavo Zanoli
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How could the Italian National Registry change (our) clinical practice ?

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Disclosure

Private general orthopaedic surgeon

- Patients approx. 40%
- NHS approx. 40%
- Insurances approx. 20%

Teaching (0,5%)

Voluntary research activity

- (Cochrane work is actually at my own costs...)

(many invitations, travel expenses)

- Depuy, Stryker, Braun, Thornier etc. ...

travel grant from J&J for this trip

...in part
it has
already
changed
but...

- Italian clinical practice is not the same as in UK or nordic countries (Australia?)
- Regional registries have not only geographical but also methodological limitations

Let's not talk about science...

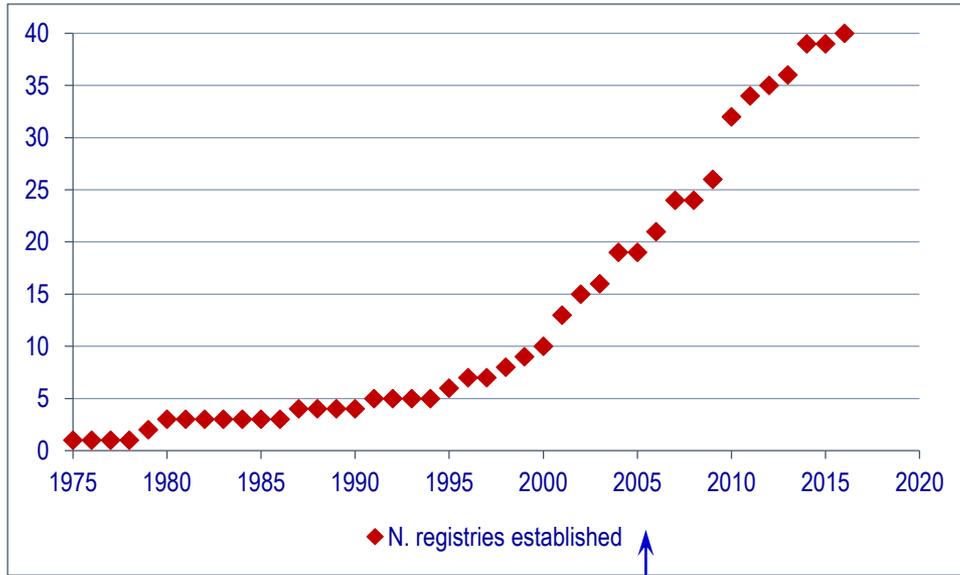
- Some politicians and regulators object that if orthopaedic surgeons want data for scientific purposes they should collect them by themselves
- of course Italian data would be quantitatively and qualitatively very interesting for the scientific community...

Tabella 5.4. Distribuzione degli interventi RIAP 2015 validi. Confronto con i dati SDO 2014

	SDO 2014		RIAP 2015 (validi)	
	N	%	N	%
TOTALE INTERVENTI	166.862		48.135	
Anca	99.497	60,0	28.415	59,0
Sostituzione totale dell'anca e Rivestimento	66.115	66,4	19.911	70,1
<i>Sostituzione totale dell'anca in elezione</i>	56.561	85,5	17.854	89,7
<i>Sostituzione totale dell'anca in urgenza</i>	9.484	14,3	2.057	10,3
Sostituzione parziale dell'anca	25.313	25,4	6.831	24,0
Revisione di sostituzione dell'anca	8.069	8,1	1.673	5,9

	Sostituzione totale in elezione		Sostituzione totale in urgenza		Sostituzione parziale		Revisione (*)		TOTALE	
Fissazione protesi	17.854		2.057		6.831		1.673		28.415	
Cementata (cotile + stelo)	758	4,2	149	7,2	302	4,4	75	4,5	1.284	4,5
Non cementata (cotile + stelo)	15.941	89,3	1.552	75,4	2.321	34,0	1.051	62,8	20.865	73,4
Ibrida (cotile non cementato e stelo cementato)	387	2,2	205	10,0	2.008	29,4	46	2,7	2.646	9,3
Ibrida inversa (cotile cementato e stelo non cementato)	125	0,7	66	3,2	85	1,2	85	5,1	361	1,3

Registri di interventi di protesi attivi nel mondo e anno di avvio



2006
Avvio del Riap

- | | |
|--------------------------------------|-------------------------------|
| 1975 Sweden (knee) | 2006 Scotland |
| 1979 Sweden (hip) | 2006 Italia (progetto) |
| 1980 Finland | 2006 India |
| 1987 Norway | 2007 The Netherland |
| 1991 USA (HealthEast) | 2007 Croatia |
| 1995 Denmark | 2007 Hungary |
| 1996 Geneva (CH) | 2009 Portugal |
| 1998 New Zealand | 2009 Malawi |
| 1999 Australia | 2010 Romania |
| 2000 Emilia-Romagna | 2010 Puglia (legge) |
| 2001 Canada | 2010 AJJR |
| 2001 Puglia (base volontaria) | 2010 Lithuania |
| 2001 USA (KP) | 2011 Switzerland |
| 2002 Valdotra (SL) | 2011 PA Bolzano |
| 2002 England and Wales | 2012 Japan |
| 2003 Lombardia | 2013 Calabria |
| 2004 Catalonia (ES) | 2014 Iran |
| 2004 Czech Republic | 2014 Ireland |
| 2004 Slovakia | 2014 Pakistan |
| | 2016 Campania |

Why is a registry Important for our clinical practice?

Inferior implants & patients' recall

1. Own outcomes assessment, starting with diagnostic case mix...

1.... and in due time, own revision rate

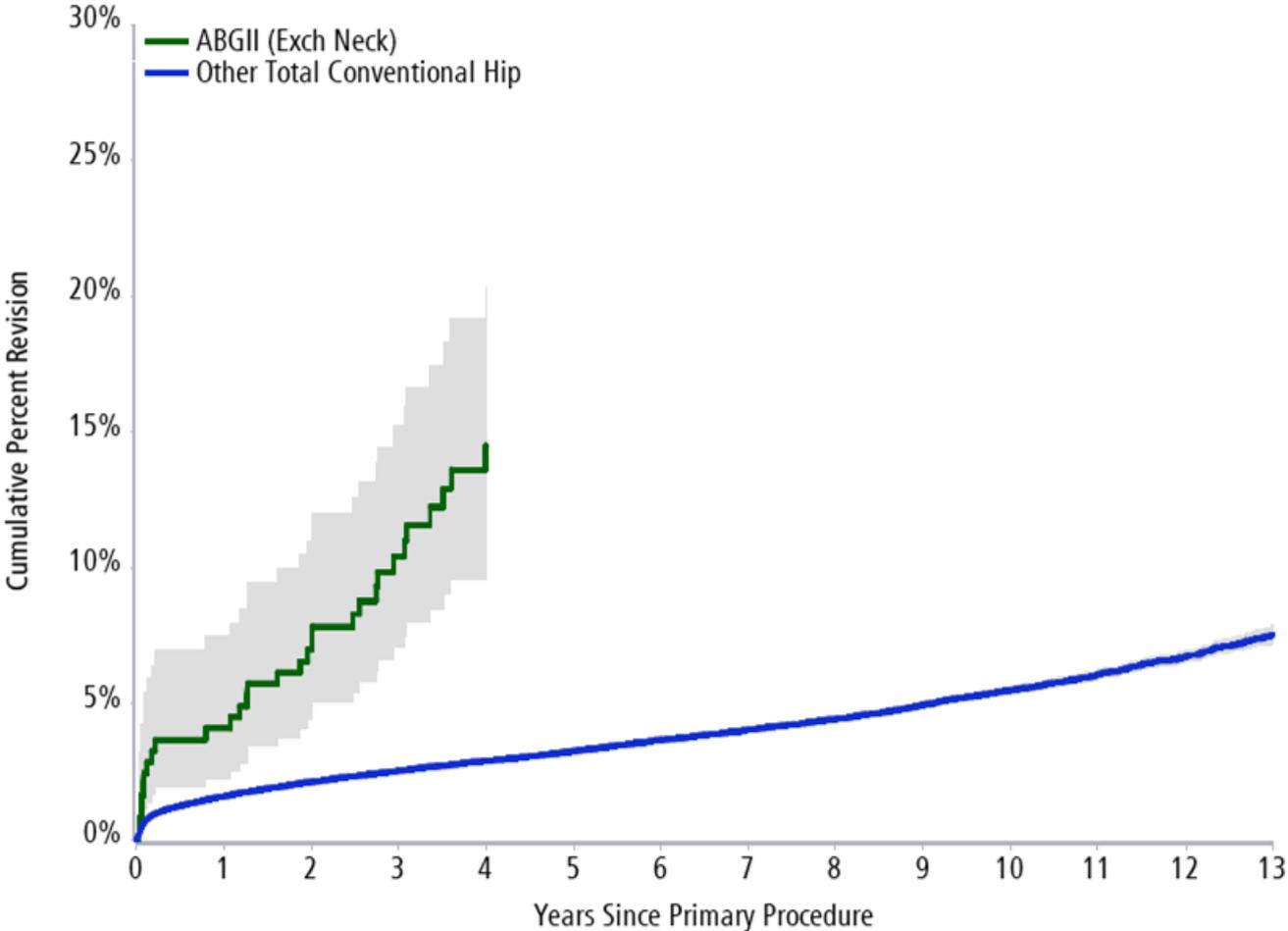
1. Data to use for patient communication

1. Audit and self-improvement

1. ODEP with Italian data, for future evidence based choices

1. Transparency and legal issues

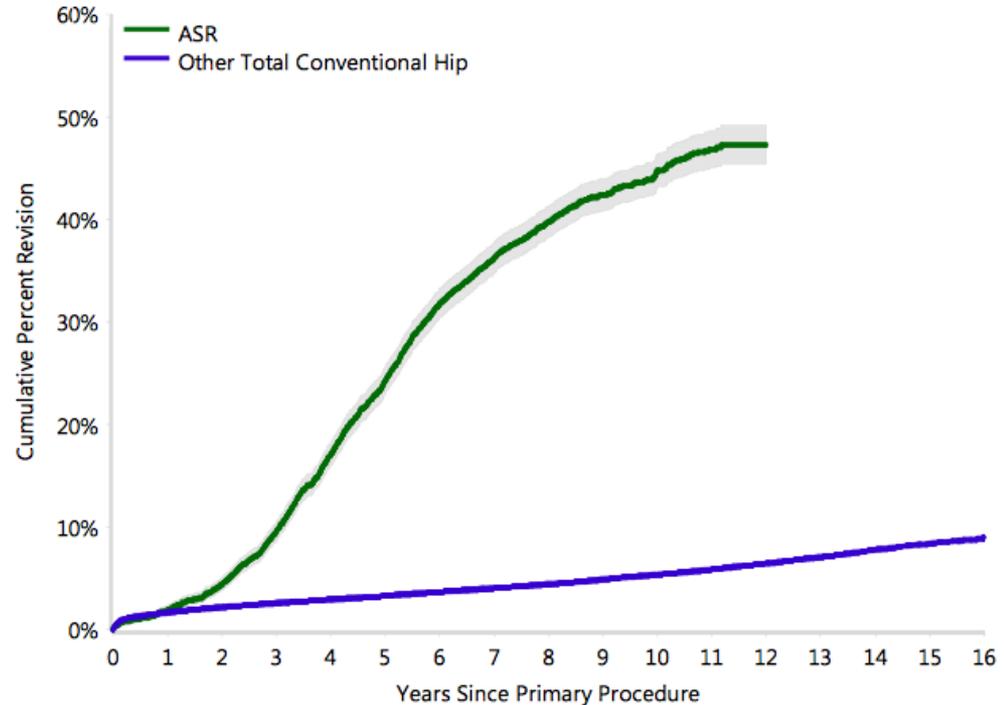
Identified and no longer used



ASR/XL



- 2003 Introduzione sul mercato (FDA 2005)
- 2005 prime segnalazioni di fallimenti precoci
- 2007 AJRR: RR a 2 anni 5.2% vs 2%**
- 2008 FDA: 400 segnalazioni
- 2010 NJR: RR a 7 anni 12% vs 3%
- 2010 Richiamo volontario (93.000 pz, sic)
- 2011 Segnalazione del Ministero alle ASL
- 2012 *Striscia la notizia*



Spaghetti a Detroit

Spaghetti, pollo, insalatina
e una tazzina di caffè
a malapena riesco a mandar giù,
invece ti ricordi
che appetito insieme a te
a Detroit... Spaghetti, pollo, insalatina
e una tazzina di caffè
a malapena riesco a mandar giù,
la gente guarda e ride
non è stata insieme a noi
a Detroit.
(Fred Bongusto)

I GRANDI SUCCESSI ORIGINALI

Starblack



**FRED
BONGUSTO**

Improved results of primary total hip replacement

Results from the Norwegian Arthroplasty Register, 1987–2007

Bjørg-Tilde S Fevang^{1,2}, Stein A Lie^{2,4}, Leif I Havelin^{2,3}, Lars B Engesæter^{2,3}, and Ove Furnes^{2,3}

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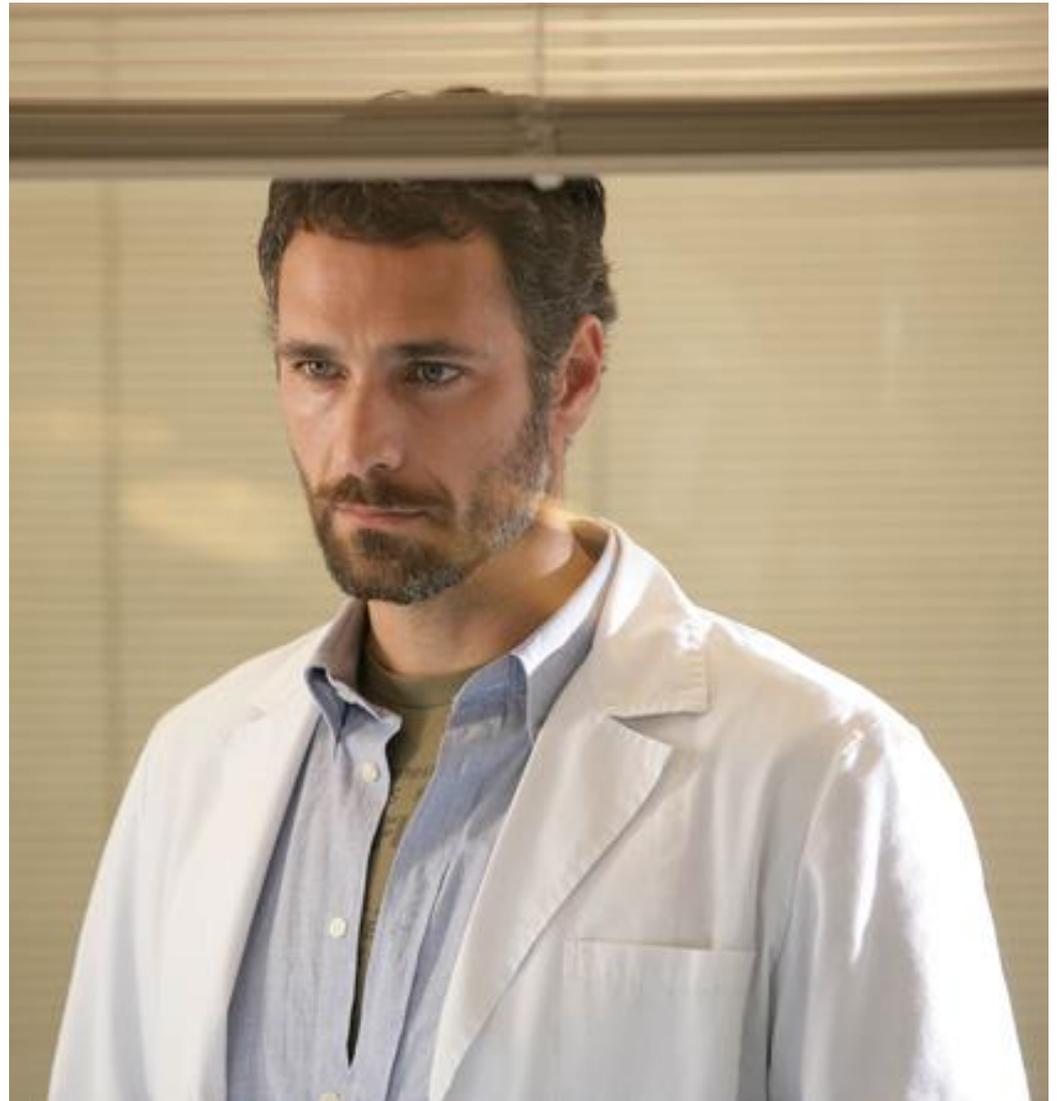
Correspondence: bjorg.tilde.svanes.fevang@helse-bergen.no

Submitted 10-02-03. Accepted 10-06-08

Number of primary THRs per hospital and year

Unit	2000–2011	2012	2013	2014	2015	2016	Total ¹	Proportion ²⁾
Aleris Specialistvård Bollnäs	0	241	268	312	306	279	1 406	1.7%
Aleris Specialistvård Elisabethsjukhuset	1 098	65	46	2	0	0	113	0.1%
Aleris Specialistvård Motala	866	438	491	520	580	586	2 615	3.2%
Aleris Specialistvård Nacka	474	134	112	119	218	244	827	1%
Aleris Specialistvård Sabbatsberg	1 710	160	175	141	24	0	500	0.6%

Patient
communication
with nearly real
time data





Find a product

Search by Product Type

All

Search by Manufacturer

LimaCorporate

Search by Product Name

All

Search by ODEP Rating

All

Search

Clear Search

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SMR Reverse

SMR Reverse, Cementless Metal Back glenoid, Metal Glensphere, poly Reverse liner >>

Manufacturer: LimaCorporate
Product Type: Shoulder Reverse
Fixation: Cementless
Modularity: Modular
Date of first use: 2002

more information >



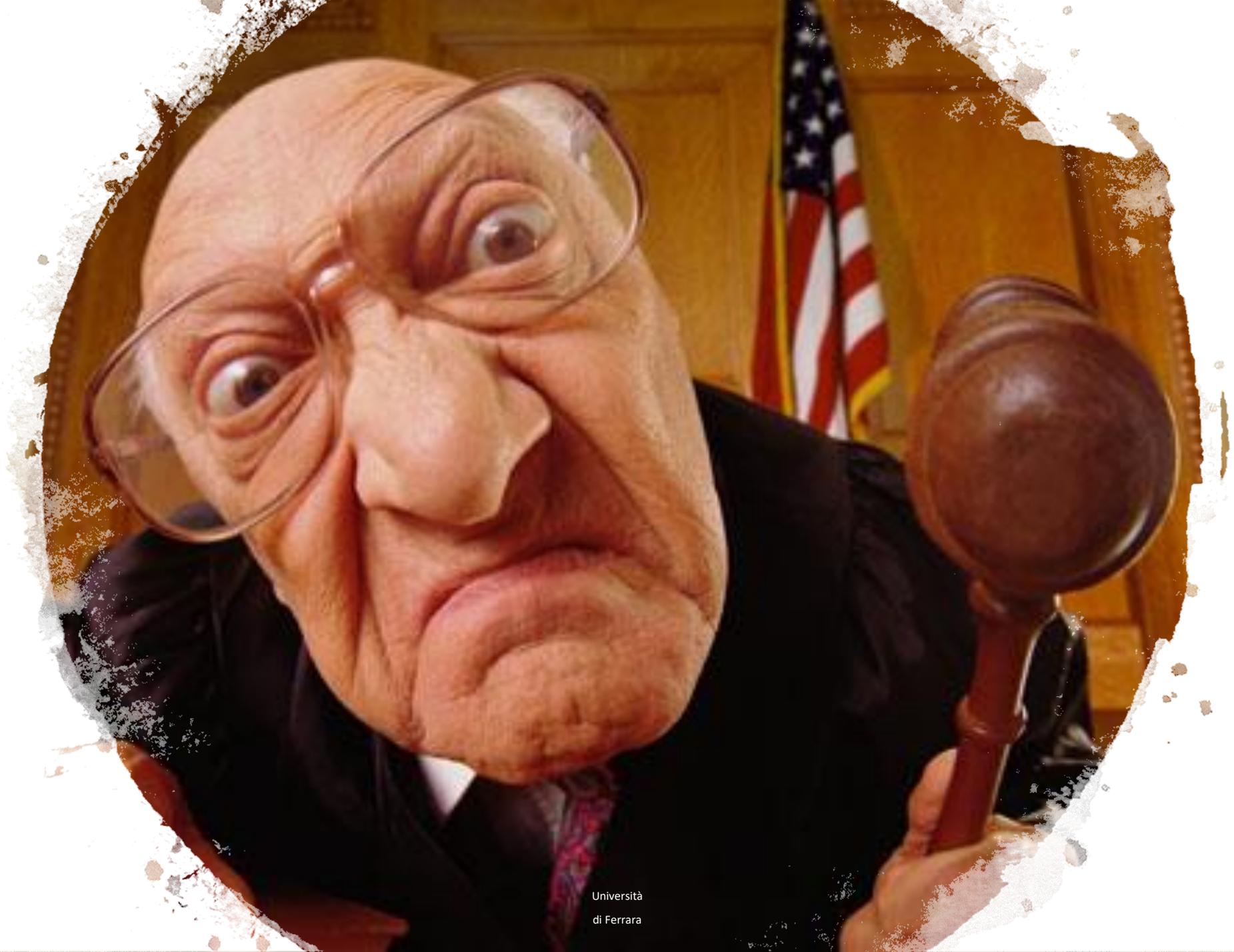
Physica ZUK, metal back tibial baseplate

Physica ZUK, cemented, metal backed tibial component, fixed bearing, CoCr, standard poly >>

Manufacturer: LimaCorporate
Product Type: Knees
Fixation: Cemented
Modularity: Modular
Date of first use: 2005

more information >





What does the countryside Ortopaedic Surgeon need?

*“Politics rather than promising paradise
should avoid hell” (Mario Giro)*



AFS – Intercultura centennial meeting
Trento e Rovereto May 1-3 2015

What does the countryside Ortopaedic Surgeon need?

- A (short) list of implants that are:
 - widely used
 - with average good results
 - by average surgeons
- to choose from according to personal experience

“Surgeons rather than promising (or being promised) paradise should avoid hell” (GZ)

Final remark



Ask not what a Registry can do for you

Ask what you can do for a Registry

*Future orthopaedic surgeons will not thank us
for establishing a Registry,
they will rather wonder why it took us so long*



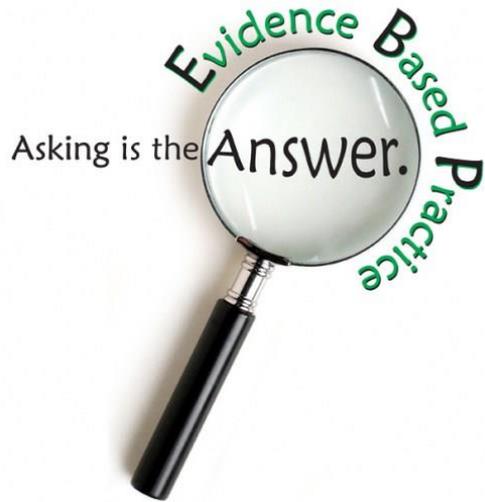
GRAZIE

EBVASIE

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5 A's of Evidence Based Practice Process



- Ask
- Acquire
- Appraise
- Apply
- Analyze

Asking answerable clinical questions

*Patient
Intervention
Comparison
Outcome*



Finding the best evidence

*Secondary sources
Primary sources*



Appraising the evidence

*Is it valid?
Is it important?
Can it help?*



Making a decision

*How much will it help your particular patient?
Does it meet their values and goals?
Is it cost-effective?*



Evaluating your performance

How could you do it better next time?



3 (4) parts clinical question



P

I

C

O

S

Problem

Intervention

Comparison

Outcome

Study design

Safety
Audit
Legal
Transparency
Communication
Self-assessment
ODEP
Benchmarking
...
...

Having a
Registry

NOT having a
registry

Decide which is
the desired
outcome and
how to measure
it.

(Establish the
rules of the
“game”, where
the “target” is,
how to “win”).

Country
comparison

Before and After

...

Random
Reflections...