



**Patient-specific solutions**  
**Chest wall reconstruction**

**Francesco La Palombara**

# Who we are

**osteobionix** is a company, focused on **patient-specific solutions for bone and joint reconstruction and regeneration**, founded in 2018 as a spin-off of the Canary Islands Institute of Technology (**ITC** – Instituto Tecnológico de Canarias).

The **ITC Department of Biomedical Engineering** has worked on innovative solutions for bone and cartilage deficiencies since 2006. The first custom porous metal implant designed and manufactured by ITC was implanted in 2011.



# Our mission

**osteobionix** is a company dedicated to advancing the standards of care for people suffering from cartilage or bone loss. Cartilage and bone loss may result from a variety of causes including osteoarthritis, trauma and tumor and can severely affect a person's lifestyle.

**osteobionix** wants to provide people suffering from cartilage or bone loss with innovative, high-quality, proven, customized solutions, which can help them regain the lifestyle they deserve.

**osteobionix** collaborates with surgeons in designing and manufacturing reliable, cost-effective solutions, which take into account the uniqueness and complexity of each single surgical case.

**osteobionix** strives to be an industry leader in the progressive paradigm shift from replacement to regeneration in cartilage and bone surgery.



# What we do

osteobionix – **patient-specific** solutions for bone and joint reconstruction and regeneration in **human** surgery



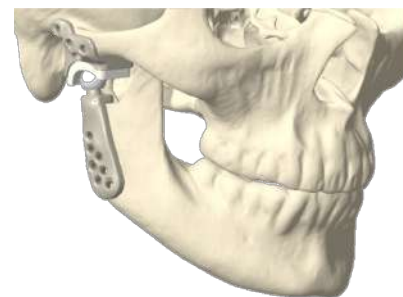
thoracic surgery  
85+ implants to date



orthopedic & trauma surgery  
140+ implants to date



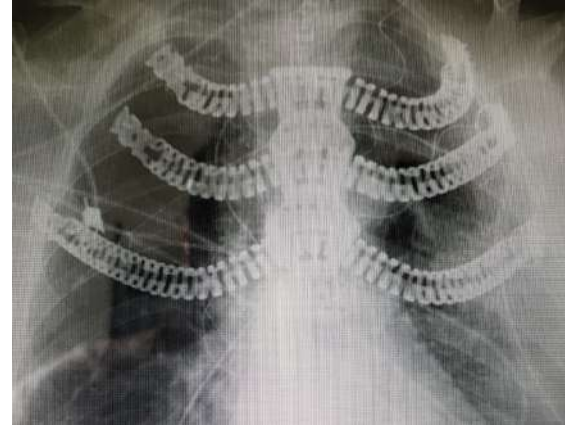
spine surgery  
30+ implants to date



CMF surgery  
200+ implants to date

(data June 2023)

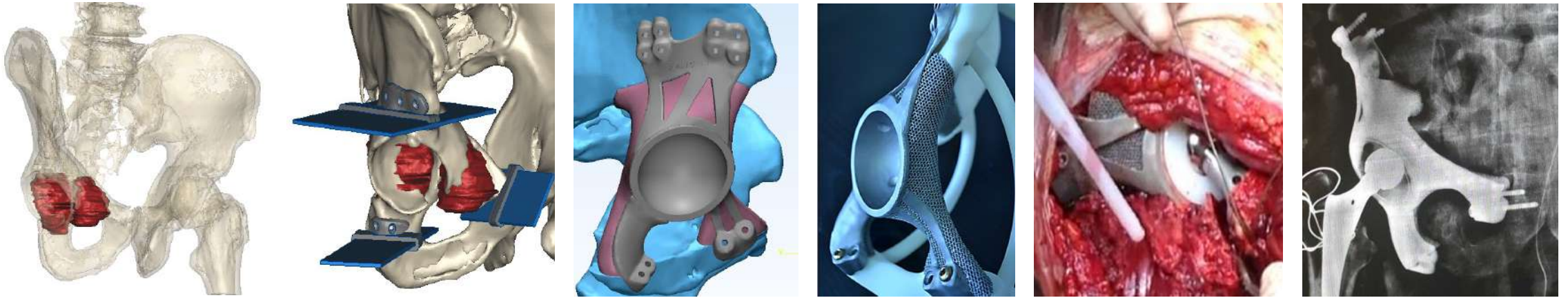
# Thoracic



large rib cage reconstruction (ribs and part of the sternum)

85+ thoracic cases (Spain, Italy, Germany, Austria, UK, The Netherlands, USA)

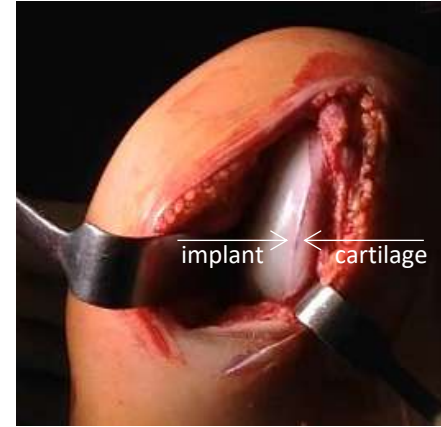
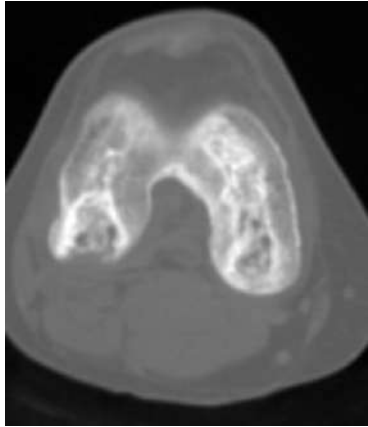
# Orthopedic – Hip



large hip reconstruction

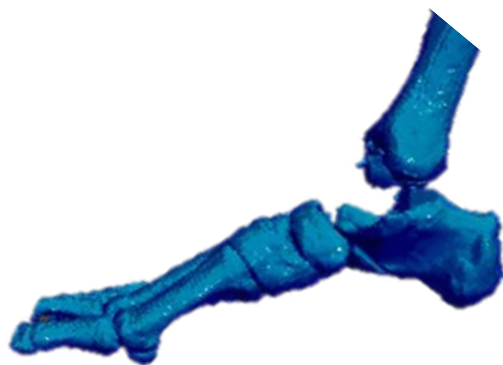
40+ hip cases (Argentina -with Raomed-, Italy, Spain, UK)

# Orthopedic – Knee



focal defect repair (milling guide + porous titanium & polycaprolactone  
6 knee focal defect cases (Italy)

# Orthopedic – Ankle



talus reconstruction (positioning & reaming/cutting guides + porous/smooth implant)  
30+ ankle cases (Italy)



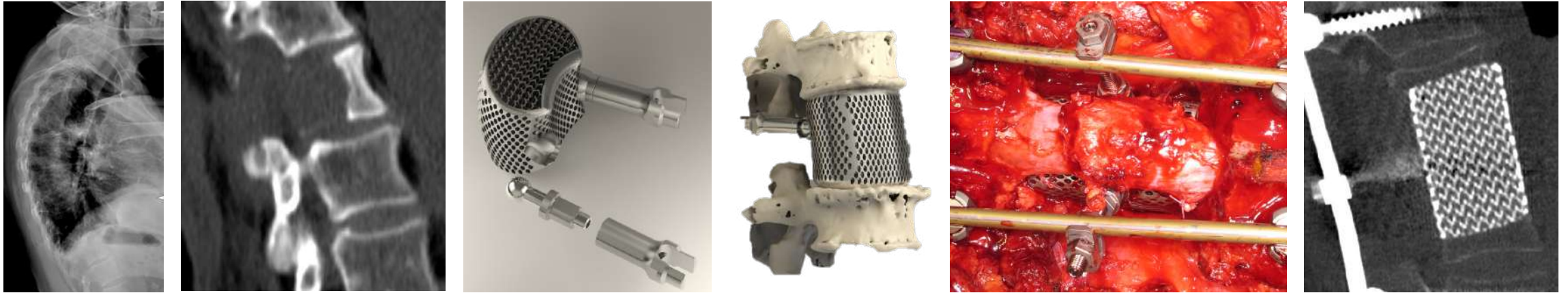
# Orthopedic – Segmental



humerus segmental reconstruction (porous segment + plate)

35+ segmental cases (different bones, Italy, Spain, Syria and Argentina -with Raomed-)

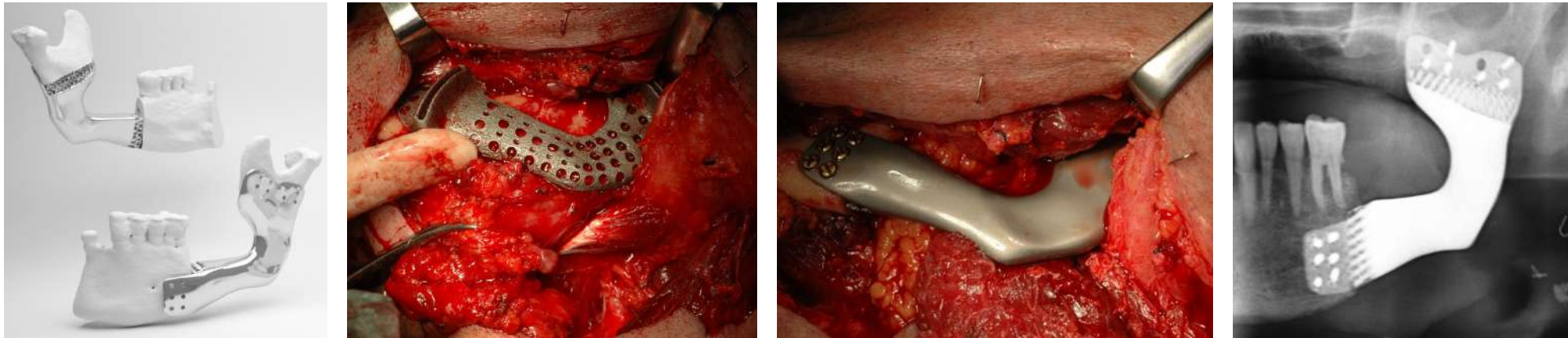
# Spine



T12 reconstruction case (porous titanium implant – 90% air)

30+ vertebral reconstruction cases (Italy)

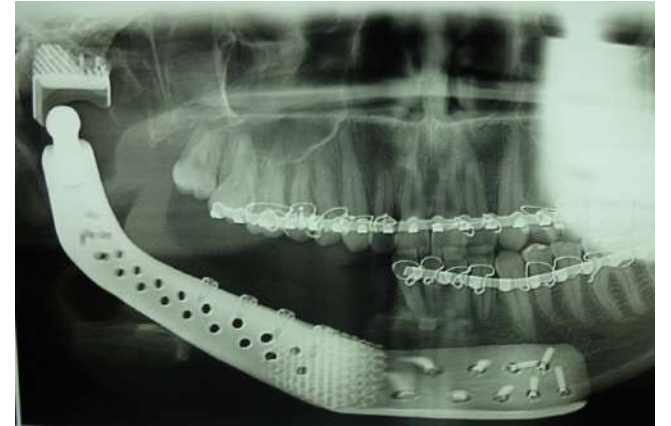
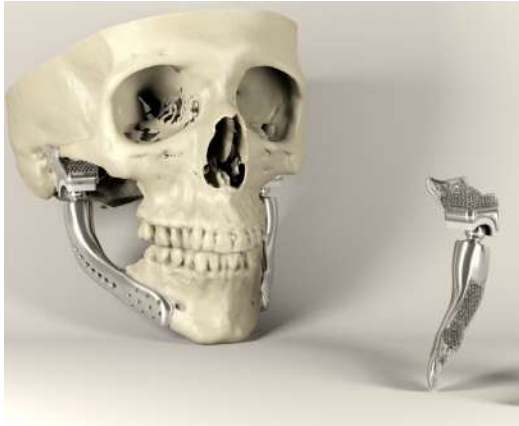
# CMF - Jaw



mandible reconstruction (cutting guide + porous/smooth implant)

25+ mandible/maxilla reconstruction cases (Spain and Italy)

# CMF - TMJ

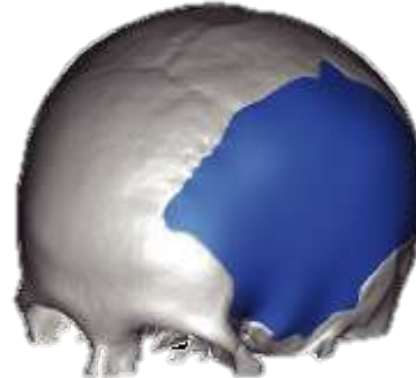
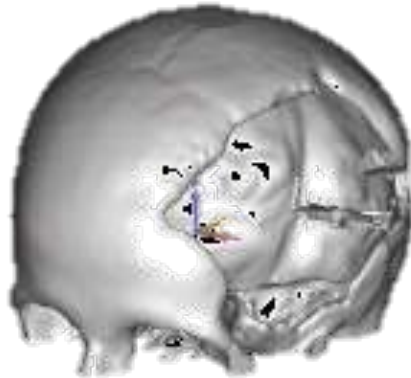
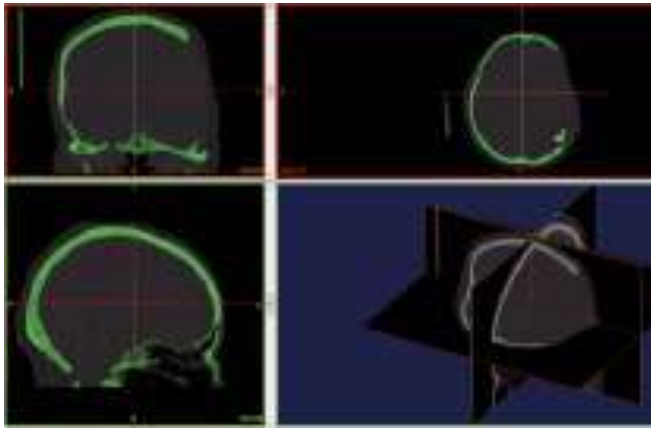


TMJ and mandible reconstruction

Unique, patented, minimally invasive TMJ design to be launched in 2023

100+ TMJ cases (Spain, Italy and Argentina -with Raomed-)

# CMF - Skull



cranial plates in PMMA or titanium  
60+ cranial cases (Spain and Italy)

# Other reconstructive surgery

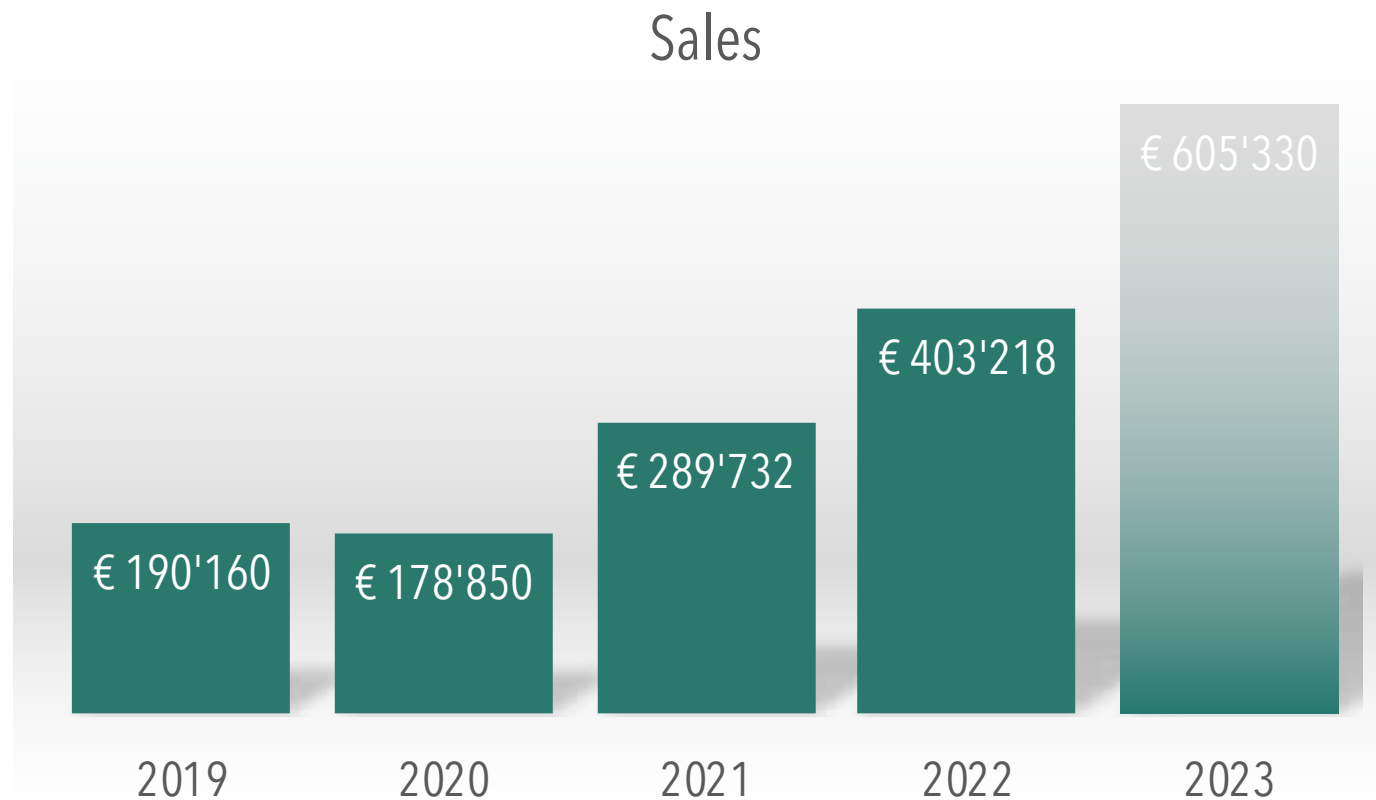
**osteobionix** has also designed and manufactured solutions for:

- elbow
- maxillary bone and sinuses
- orbital wall

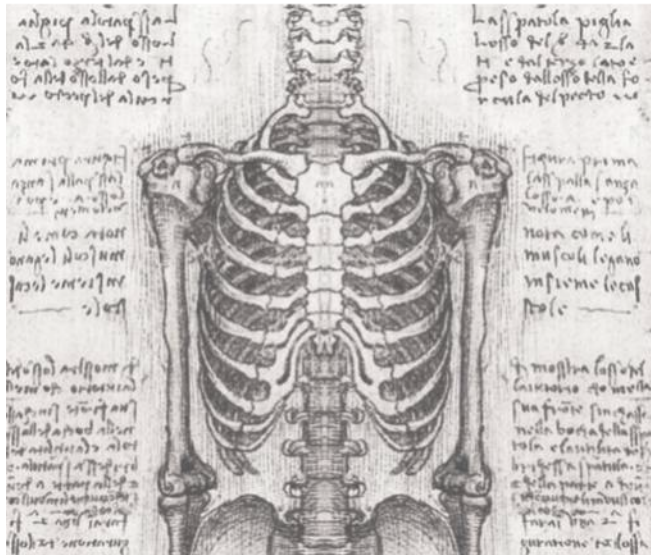
To date 450 **osteobionix** custom solutions have been implanted.



# Growth



# Chest wall reconstruction



Demolition, reconstruction and stabilization of the thoracic cage can become necessary due to a variety of medical conditions including

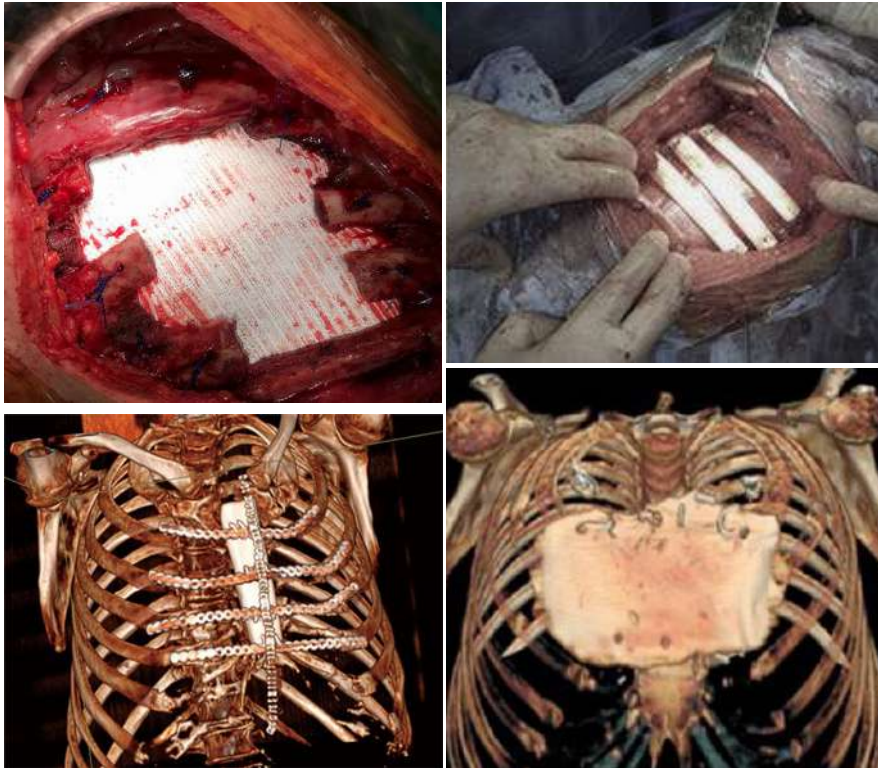
- ✓ neoplasms
- ✓ trauma
- ✓ malformations

In all cases targets of a successful reconstruction are

- ✓ **structural stability** – protect internal organs
- ✓ **elasticity** – preserve respiratory mechanics
- ✓ **deformity minimization** – function and cosmetics



# Conventional implant options



The procedural complexity of thorax reconstruction has led to a variety of solutions, none of which has, however, proven to be optimal

- ✓ synthetic (PTFE and other polymers), biomaterial and titanium meshes
- ✓ mesh + PMMA sandwich
- ✓ mesh + other material (carbon fiber, silicone...)  
composites
- ✓ (allografts +) titanium plates

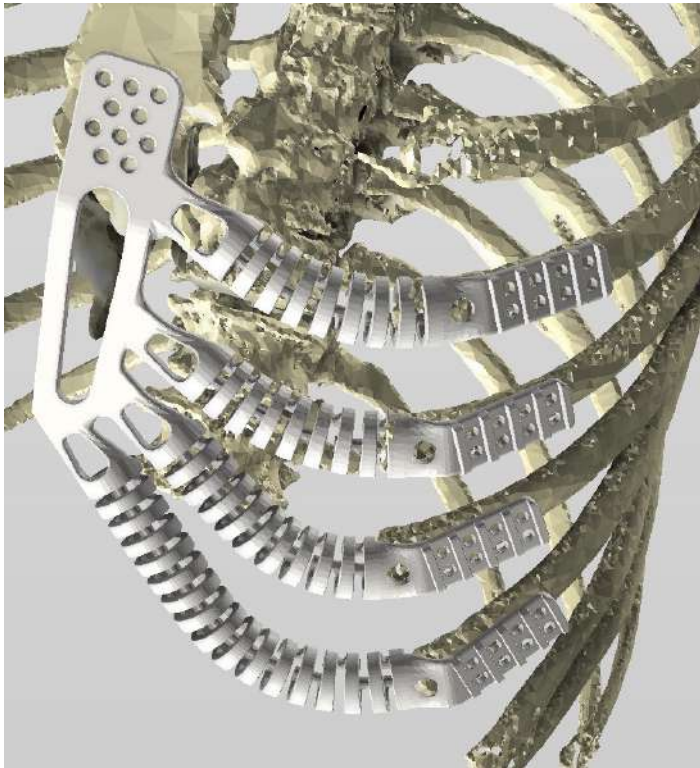
# Conventional implant drawbacks



All conventional solutions have weaknesses, which, to different extents, make their advantages less attractive. Common implant drawbacks include

- ✓ **incomplete protection** (lack of rigidity/stability)
- ✓ **paradoxical breathing** (lack of rigidity/stability)
- ✓ **respiratory distress** (excessive rigidity)
- ✓ **post-operative pain** (rigidity, insufficient permeability)
- ✓ **implant breakage** (inadequate mechanical resistance)
- ✓ **infection** (impermeability, no tissue ingrowth, no vascularization)

# Our solution



Our solution is an industry-first **customized implant**, designed with the surgeon, based on a patient's CT scan.

- ✓ implant is made of 3D printed titanium alloy
- ✓ size can range from a single rib to sternum with multiple ribs
- ✓ structure is **solid and stable** to avoid paradoxical chest motion and protect internal organs
- ✓ **ribs are flexible and extensible** to allow for normal respiratory mechanics
- ✓ shape mimics sound rib cage to **minimize deformity**
- ✓ implant options can include **detachable sternum-rib connections**
- ✓ implant can be fixed to resected ribs with screws, claw-type fixation or cerclage

# Publications



- ✓ Aragón J, Pérez Méndez I (2016) **Dynamic 3D printed titanium copy prosthesis: a novel design for large chest wall resection and reconstruction.** J Thorac Dis 8(6):e385-389
- ✓ Simal I, García-Casillas MA, Cerdá JA, Riquelme O, Lorca-García C, Pérez-Egido L, Fernández-Bautista B, de la Torre M, de Agustín JC (2016) **Three-dimensional custom-made titanium ribs for reconstruction of a large chest wall defect.** Eur J Pediatr Surg Rep 4:26-30
- ✓ Moradiellos J, Amor S, Córdoba M, Rocco G, Vidal M, Varela A (2017) **Functional chest wall reconstruction with a biomechanical three-dimensionally printed implant.** Ann Thorac Surg 103:e389-91
- ✓ Cano JR, Hernández Escobar F, Pérez Alonso D, López Rivero L (2018) **Reconstruction of the anterior chest wall with a 3-dimensionally printed biodynamic prosthesis.** J Thorac Cardiovasc Surg 155:e59-60
- ✓ Vannucci J, Scarnecchia E, Potenza R, Ceccarelli S, Monopoli D, Puma F (2020) **Dynamic titanium prosthesis based on 3D-printed replica for chest wall resection and reconstruction.** Transl Lung Cancer Res

# Intellectual property

**Osteobionix S.L.** is currently pursuing intellectual property protection for two inventions.

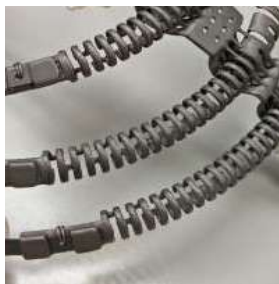


Polyaxial screw mechanism for osteosynthesis

Ownership: Osteobionix S.L.

Authority: German Patent Office – territorial extension planned

Status: Submitted, waiting for feedback



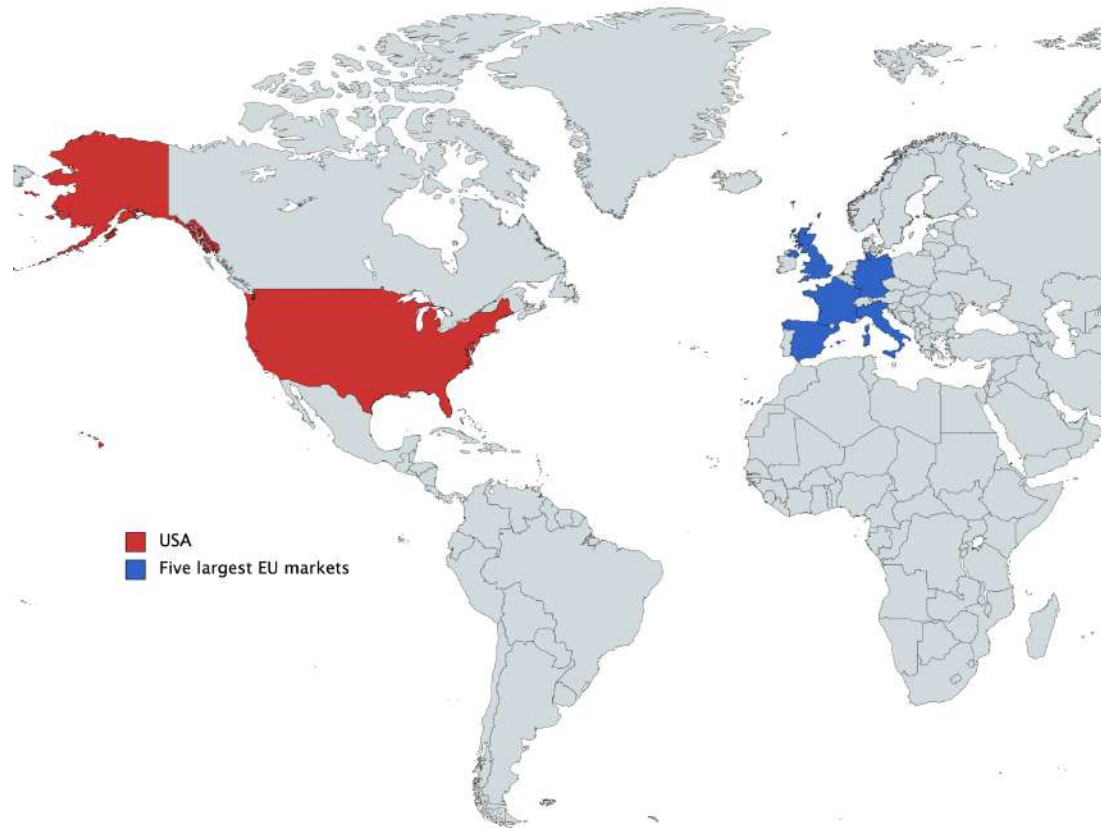
Flexible geometry for surgical implants (chest wall and potentially other applications)

Ownership: ITC. Osteobionix S.L. would be exclusive licensee

Authority: German Patent Office – territorial extension planned

Status: Submitted, waiting for feedback

# Market opportunity



Market opportunity, calculated by adding the *high-complexity* and 50% of the *medium-complexity* tumoral chest wall reconstructions and the *high-complexity* non-tumoral chest wall reconstructions, is 1.63 cases per million people per year.

First commercial targets: **five largest European markets** and **USA**

Five largest European markets (DE, UK, FR, IT, ES)

322 million people

525 cases/year (potential sales volume)

**6.3 million €/year** (6.8 million US\$/year, potential sales revenue)

USA

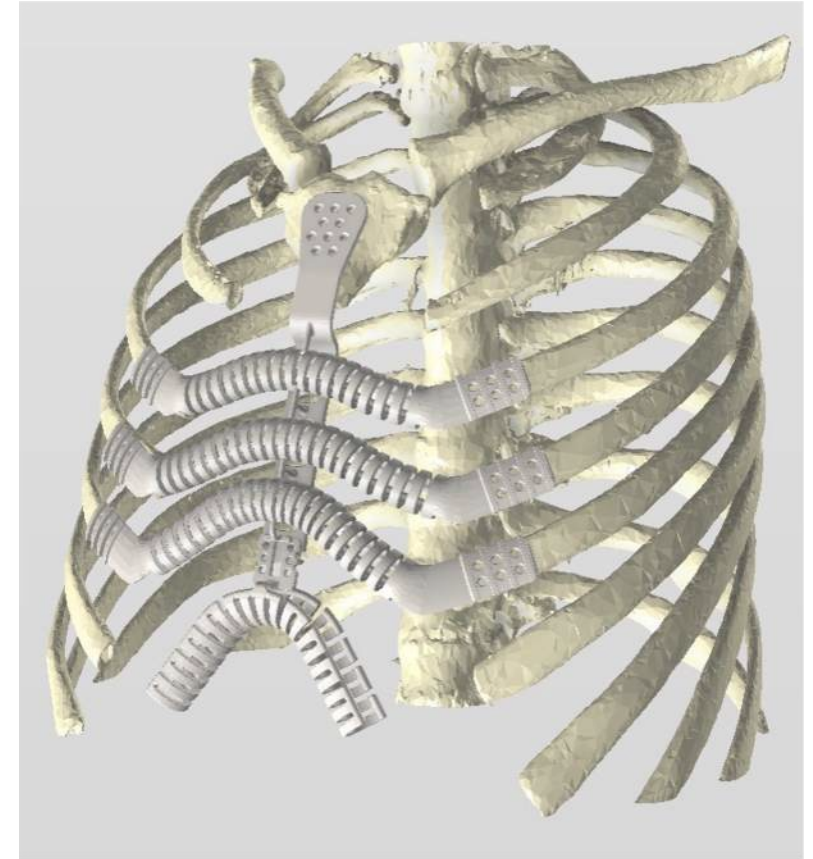
328 million people

535 cases/year (potential sales volume)

**8.6 million US\$/year** (potential sales revenue)

# Reference centers and surgeons

- James D. Geiger – C.S. Mott Children's Hospital, University of Michigan, Ann Arbor, MI, USA
- José Ramón Cano – University Hospital Las Palmas, Spain
- Javier Aragón – Central University Hospital of Asturias, Oviedo, Spain
- Nicolás Moreno – Ramón y Cajal University Hospital, Madrid, Spain
- Francisco Javier Moradiellos – Quirónsalud University Hospital, Madrid, Spain
- Unai Jiménez – Cruces University Hospital, Bilbao, Spain
- Juan Carlos Trujillo-Reyes – University Hospital de la Santa Creu i Sant Pau, Barcelona, Spain
- Ana Blanco – Virgen del Rocío University Hospital, Seville, Spain
- José Ramón Matilla – AKH University Hospital, Vienna, Austria
- Pieter Jan van Huijstee – HagaZiekenhuis, The Hague, The Netherlands
- Enrico Ruffini – Molinette University Hospital, Turin, Italy
- Michele Rocca – Rizzoli Orthopedic Institute, Bologna, Italy
- Michele Torre – Gaslini Children's Hospital, Genoa, Italy
- Jacopo Vannucci – Umberto I University Hospital, Rome, Italy



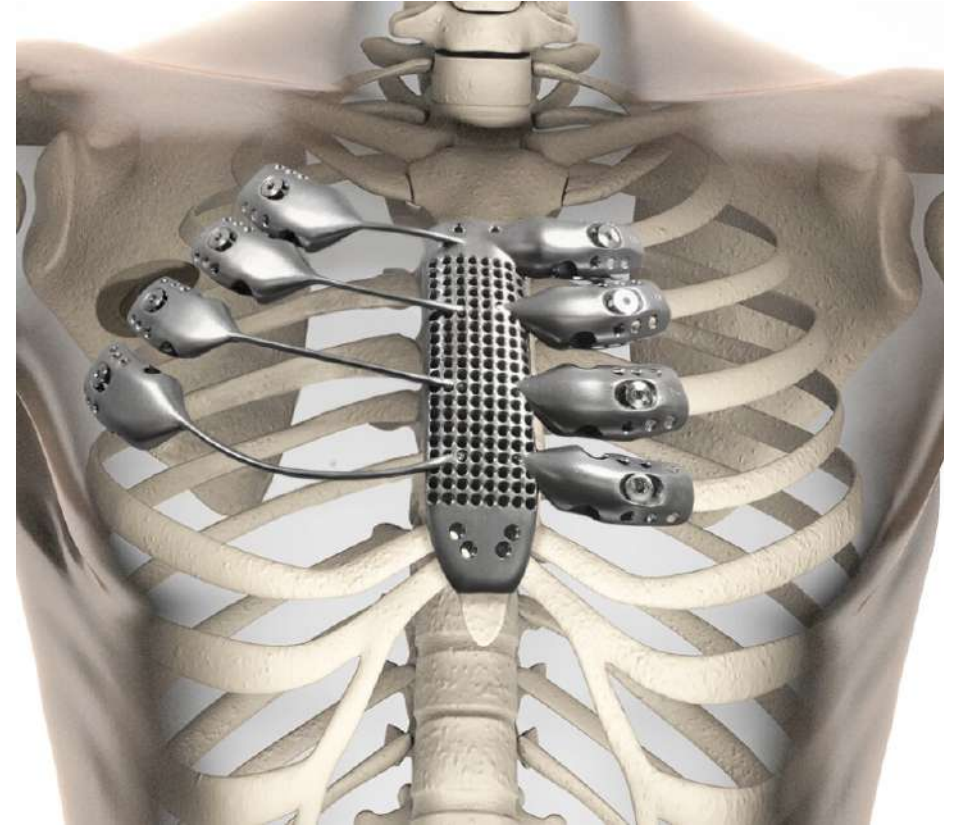
# Competitive landscape

**Anatomics**, Australian company, implanted world first 3D-printed custom thoracic prosthesis – Salamanca, Spain, **2014**

- Aranda JL et al., (2015) Tridimensional titanium-printed custom-made prosthesis for sternocostal reconstruction. Eur J Cardio-Thor Surg 48(4):e92-94

**ITC** (osteobionix' parent institution) implanted their first custom thoracic prosthesis –developed through **independent research**– in Oviedo, Spain in **2015**

- Aragón J et al., (2016) Dynamic 3D printed titanium copy prosthesis: a novel design for large chest wall resection and reconstruction. J Thorac Dis 8(6):e385-389





# Competitive landscape

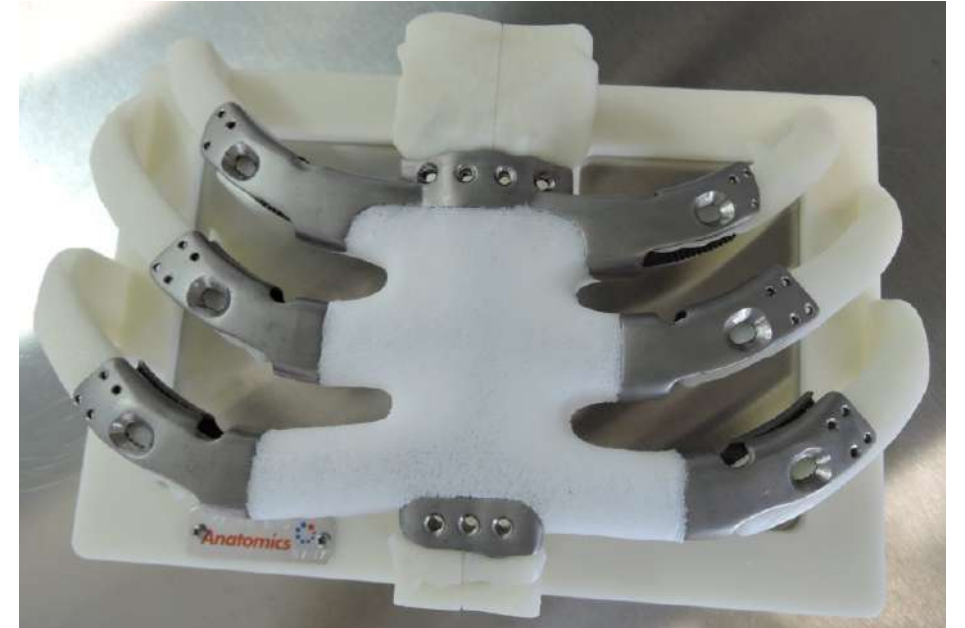
Anatomics' first chest wall reconstruction surgery in the US in **2017**

- Dr Jeffrey L. Port, New York-Presbyterian/Weill Cornell Medical Center
- 20 yo patient suffering from Chondrosarcoma
- Combined titanium and **porous polyethylene (StarPore)** implant
- **FDA** clearance through **Expanded Access (Compassionate Use)**

Anatomics is now producing custom chest wall implants made of StarPore only (no metal).

Anatomics implants

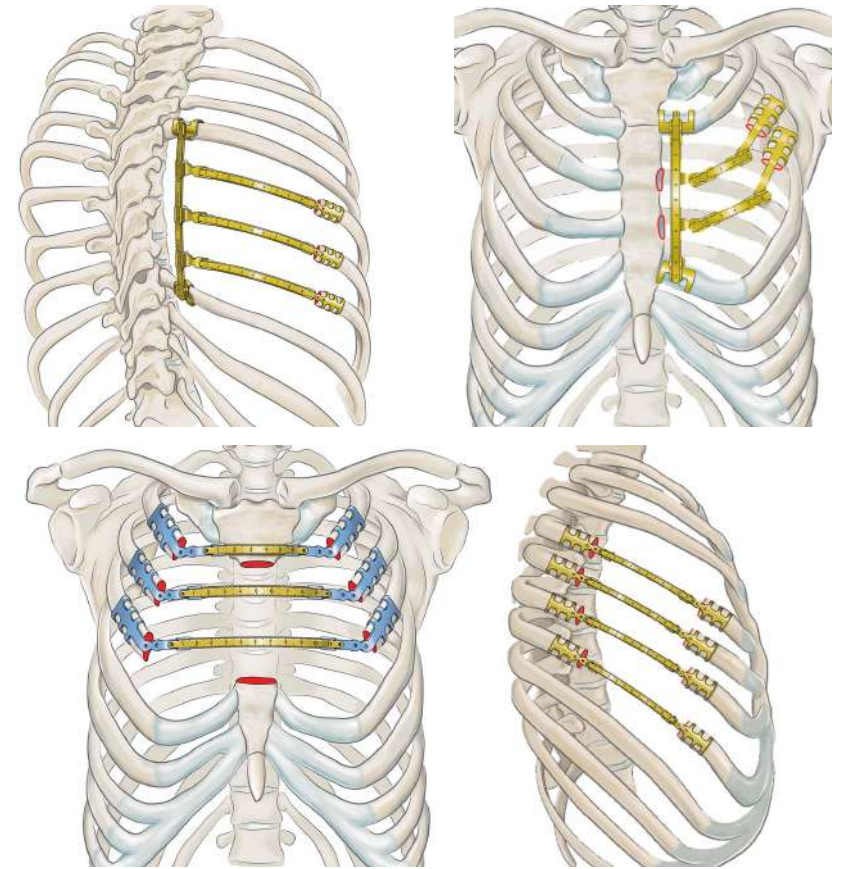
- **lack extensibility** (extensible structure patented by ITC/osteobionix)
- no info available on implants including sternoclavicular joint, fixed to spine, accommodating patient's growth etc. (**lack versatility**)



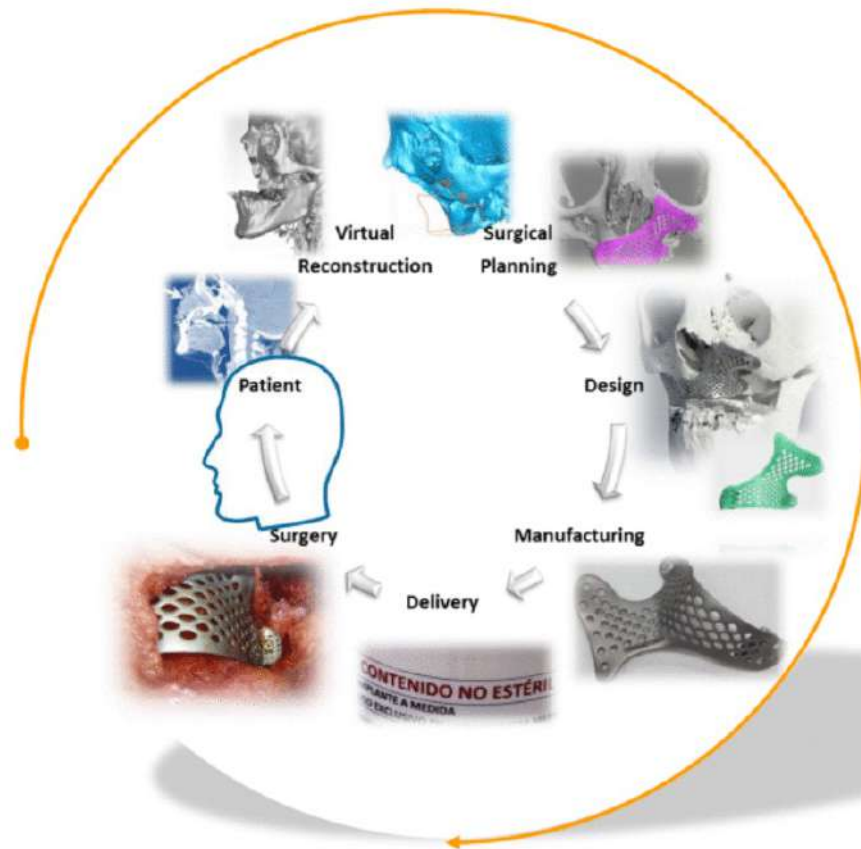
# Competitive landscape

The closest off-the-shelf implant is possibly **Stratos** by **MedXpert**

- Received 510(k) – Class II – Regulation number 21CFR888.3030: Single/multiple component metallic bone fixation appliances and accessories
- Non-anatomic – requires longer pre-op and intra-op time for planning, bar bending and assembly
- Rigid
- Multiple failure reported
  - Sharma PK et al. (2017) Implant Failure: STRATOS System for Pectus Repair. Ann Thor Surg 103(5):1536-43
  - Muthialu N. et al. (2019) Disturbingly high fracture rate of STRATOS bars in pectus corrections. Eur J Cardio-Thor Surg 55:300-3



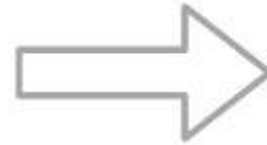
# How we work



**osteobionix** offers

- ✓ long-term experience in complex cases
- ✓ close collaboration with the surgeon
- ✓ fast and easy information exchange
- ✓ accurate planning, design and manufacturing
- ✓ implant delivery in three weeks from design freeze

# How we work



surgical simulation on plastic model

**osteobionix** receives the patient's CT scan and a signed request for a patient-specific implant. Images are segmented and a virtual 3D model of the patient's anatomy is created and shared with the surgeon. The 3D model is used for pre-op planning.

Starting from an initial proposal from **osteobionix** and through a frequent and fast information exchange between surgeon and engineers, patient-specific implant and instruments are designed.

Once the design phase is completed, a design report is submitted to the surgeon for final approval.

Implant and instruments are then manufactured and shipped non-sterile, along with a polymer anatomical model, to the hospital. The surgeon also receive a user manual. Prior to surgery surgeons can receive remote pre-op surgical training if they wish.

Surgeon evaluates implant and instruments by simulating the surgical procedure on the anatomical model.

# How we sell

- ✓ product not ideal for standard distribution:
  - ✓ no inventory
  - ✓ no stock
  - ✓ no warehousing
  - ✓ parent company very involved throughout the sales process
- ✓ distributor's main requirements:
  - ✓ extensive network of relevant surgeons
  - ✓ familiarity with complex bone and joint reconstruction procedures
  - ✓ competence to act as surgeons' advisor



# How we sell

- ✓ distributor's main tasks:
  - ✓ prospect identification (mainly centers/surgeons specialized in oncology and/or complex reconstructions)
  - ✓ initial presentation of company and products/services
  - ✓ hospital administration process management
  - ✓ follow-up visits
- ✓ price to hospital depends on implant complexity.
- ✓ distributor's compensation: discount on final selling price (e.g. price to customer € 15,000, price to distributor € 12,000)

