

# Spine Tango Industry Update Meeting. June-2025

## Agenda:

1. Actions and updates from previous meeting
  - a) Assessing Fusion
  - b) Implant Related Reoperations
  - c) Implant catalogue completeness update
  - d) Implant report: comparator groups update
  - e) Implant Report changes
2. Registry update
3. Update on the Spine Atlas Initiative
4. International Spine Registries (ISR) updates
5. Expanding the use and utility of Spine Tango
6. Q & A Session



# 1A. Action from previous meeting: Assessing Fusion

## Capturing Fusion Assessment outcomes within the registry

Today (based on the principle of minimum efforts)

- The surgeon can select "non-union" as a complication on the follow-up form (= failure of bone consolidation at least 6 months after surgery). Otherwise, bony consolidation is assumed. Thus, the rates of (assumed) fusion are assessed by identifying cases with non-union.
- Question 1: Is this measure sufficient?
- If not --> Question 2: How should fusion/non-fusion shall be documented (with minimum effort)?
- Depending on how focused/granular the documentation of fusion rates should be, it may be reasonable to do this only for a selected, limited patient population as a nested study.

### Proposed approach:

1. **Timing of evaluation:** 6M, 12M, 24M post-op, other / please specify
2. **Was fusion intended:** yes, no
3. **Imaging-based fusion:** yes/taking place, no, not assessable, no adequate imaging
4. *(Optional)* **Imaging modality used:** CT, x-ray, dynamic X-ray

# 1B. Implant Related Reoperations – new request

The coding matrix for the implant-related revisions (based on the 2025 form version)

Cause for the revision	Other surgical measures=hardware removal	Implant-related revision
another originally planned surgery	no	no
	yes	yes
neurocompression, non-union, instability, superficial or deep infection, wound healing problem, spinal imbalance, CSF-leak, failure to reach therapeutic goals, adjacent segment pathology	no	no
	yes	yes
implant malposition, implant migration or loosening, implant breakage, implant assembly failure, hardware removal	yes/no	yes
other /to specify	no	will depend on the specification; used words like implant, hardware, osteosynthesis in the specification are hints for an implant-related revision
	yes	yes

## 1C. Implant database update

- **71** Manufacturers
- Overall database completeness: **75.5%**
- Vital data to support enhanced comparative analysis for SOTA purposes
- Aiming to continue liaising with partners to populate missing attribute data
- Thank you for your continued support

# 1D. Comparator group enhancement proposals (SOTA)

## Spinal Devices - Excluding Fusion Devices

Spinal Components	Highest-Level			Lowest-Level
Field Name (overall completion)	Implant Joint Type	Level	*Surgical Approach	Component Type
Answer Option/s	Spine	Thoracic, Cervical, Lumbar	Anterior, Lateral, Posterior	Artificial Disc, Cable, Cage, Connector, Plate, Rod, Screw, Vertebral Body Replacement (VBR), Other
Completion Rate	100%	100%	61.6%	75.27%
Location of Data	Device Database	Device Database	Device Database / *Surgery Form (CRF)	Device Database

Consider how to; group answer options in larger categories; handle multiselect answer options; and identify not required answer options.

\*Surgical Approach can be taken from the form answers rather than the component database, making it c.90% complete.

# 1D. Comparator group enhancement proposals (SOTA)

## Spinal Fusion Devices

Fusion Systems	Highest-Level				Lowest-Level
Field Name (overall completion)	Fusion	Implant Joint Type	Level	Surgical Approach*	Component Type
Answer Option/s	A-IF, OLIF, PLIF, TLIF, XLIF, Other Interbody fusion, Posterolateral fusion, Posterior fusion	Spine	Thoracic, Cervical, Lumbar	Anterior, Lateral, Posterior	Artificial Disc, Cable, Cage, Connector, Plate, Rod, Screw, Vertebral Body Replacement (VBR), Other
Completion Rate	c.90%	100%	100%	61.6%	75.27%
Location of Data	*Surgery Form (CRF)	Device Database	Device Database	Device Database	Device Database

Consider how to; group answer options in larger categories; handle multiselect answer options; and identify not required answer options.

\*Fusion can be taken from the device database rather than the Surgery Form (CRF), which is c.63% complete.

# 1E. Implant Report change Requests Under Review

## PROMs analysis changes

- Provide mean scores by post operative intervals, e.g. 6M, 1 year, 2 year, etc. **Due in November-25**

## Surgery 2025 Form (CRF) inclusion

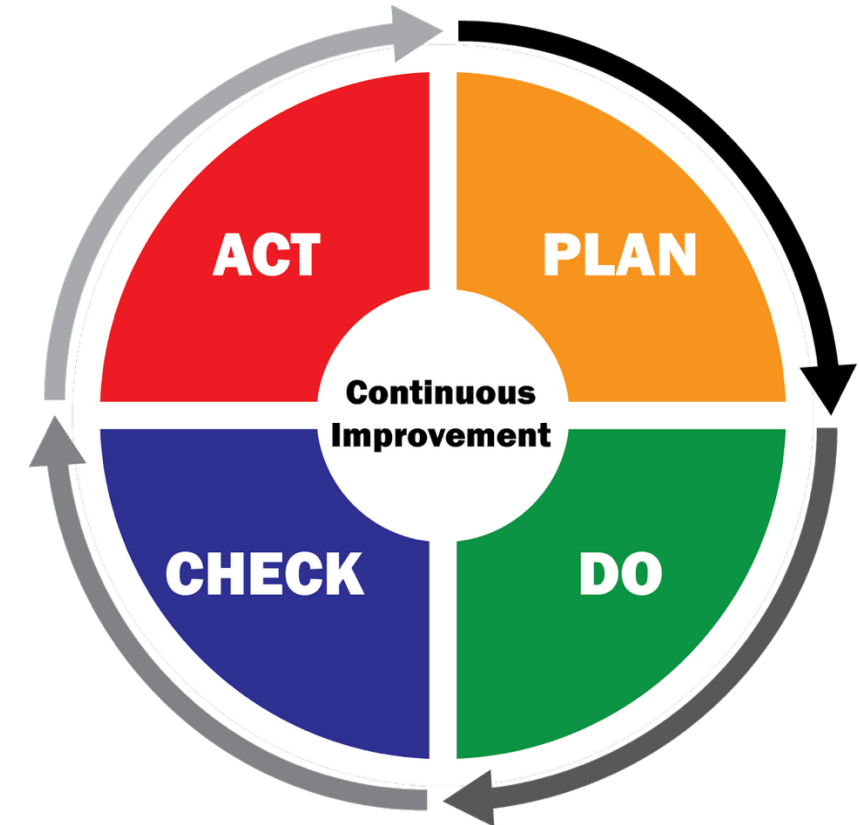
- Surgery 2025 (CRF) form now included in reports from June-25. Some minor changes requested on data mappings which are going through approvals.

## Implant related reoperations

- Drafting proposal which would include an additional set of reoperation tables to include those which are subject implant related. Release date TBC

## Comparator group enhancements (SOTA)

- Subject to on-going consultation, data availability and volume feasibility for defined groups. Consultation paper to be produced. Release date TBC



## 2. Registry update

- 12.5% more surgeries in Q1 2025 vs. Q1 2024
- Spine Atlas Initiatives (SAI) as a catalysator for further participants
- Why hospital participates – key benefits
  - Quality assurance:
    - Performance record
    - Reports
    - Certification
  - Research
    - Automatised electronic collection of PROMs
    - Own research through access to international data and statistical service at no cost
    - Co-authorship of external publications (incl. SAI)
    - Visibility (incl. SAI)
    - EUROSPINE is assessing the idea of a research grant for a Spine Tango based study

Can MedTech create additional incentives for its customers (through info/education, financial benefits, human resources, sponsoring research grants, funding specific research, and the like)?



### 3. Update on the Spine Atlas Initiative (SAI)

- Standardised framework for cross-border data exchange incl. existing registry integration
- Population-based insights into distribution and treatments of spinal pathologies
- Generation of real-world evidence on implant/device use as part of optional data set
- Inaugural Data call 2025 (LDS) nearing close: 50 + hospitals/ registries across all regions submitted data already
- Expansion of the low-barrier annual data calls for 2026 and beyond planned - broader user base and new clinical topics

## 4. International Spine Registries (ISR) updates

- The International Spine Registries (ISR) have shared the policy papers with all Spine Registries.
  - Collating responses to the implementation process at registries.
- Update to the PROMs policy paper.
  - ODI is a 'paid' for PROM for registries.
- The Agenda Setting Group to meet next month to discuss agenda for next meeting in October.
- Data definition on MDS data items has commenced.
- Ability to provide a centralised implant library is ongoing.
- The next ISR meeting is being held as a pre-day course on 21<sup>st</sup> October, in Copenhagen, at the EUROSPINE conference.



## 5. Increasing the utility of Spine Tango

- Idea of a call for research questions among MedTech
- Engaging MedTech customers
  - Minimal dataset
  - Nested studies

## Industry Feedback – Q&A