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Clinical Outcomes of Patients Treated with Carbon-Fiber Nails for Oncologic Indications in Long-Bones: An International Multi-Institutional Study

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Corresponding author:

Santiago A. Lozano-Calderon MD PhD Department of Orthopaedic Surgery Massachusetts General Hospital – Harvard Medical School 55 Fruit Street, Boston, MA 02114 Tel: +1 (617) 643-4947 Email: <u>slozanocalderon@mgh.harvard.edu</u>

Authors:

Santiago A. Lozano-Calderon, MD PhD Orthopaedic surgeon Massachusetts General Hospital – Harvard Medical School Boston, MA, USA <u>slozanocalderon@mgh.harvard.edu</u>

Zeger Rijs, MD PhD student Leiden University Medical Center Leiden, The Netherlands Z.Rijs@lumc.nl

Olivier Q. Groot, MD PhD student Massachusetts General Hospital – Harvard Medical School Boston, MA, USA ogroot@mgh.harvard.edu; oqgroot@gmail.com Nelson Merchan, MD Research Assistant Massachusetts General Hospital – Harvard Medical School Boston, MA, USA <u>NMERCHAN@mgh.harvard.edu</u>

Caleb M. Yeung, MD Orthopaedic Surgery Resident Massachusetts General Hospital – Harvard Medical School Boston, MA, USA cmyeung@partners.org

Emily Berner, BS Clinical Research Coordinator Massachusetts General Hospital – Harvard Medical School Boston, MA, USA eaberner@mgh.harvard.edu

Vania Oliveira, MD, PhD Orthopaedic Surgeon Centro Hospitalar Universitário do Porto, Portugal / Oporto University Hospital Center, Portugal Porto, Portugal vaniacoliveira@gmail.com

Giuseppe Bianchi, MD Orthopaedic Surgeon IRCCS Istituto Ortopedico Rizzoli Bologna, Italy <u>giuseppe.bianchi@ior.it</u>

Eric Staals, MD Orthopaedic Surgeon IRCCS Istituto Ortopedico Rizzoli Bologna, Italy eric.staals@ior.it

Debora Lana, MD Orthopaedic Surgeon Ospedale Maggiore Trauma Center Bologna, Italy <u>debora.lana88@gmail.com</u>

Davide Donati, MD Orthopaedic Surgeon IRCCS Istituto Ortopedico Rizzoli Bologna, Italy

davide.donati@ior.it

Ortal Segal, MD Attending Orthopaedic Surgeon Tel Aviv Sourasky Medical Center Tel Aviv, Israel <u>ortalse@tlvmc.gov.il</u>

Stefano Marone, MD Oncological Orthopaedic Surgeon Centro Traumatologico Ortopedico Turin, Italy <u>carabaldo75@gmail.com</u>

Raimondo Piana, MD Oncological Orthopaedic Surgeon, Chief of "Orthopaedic Oncology Unit" Centro Traumatologico Ortopedico Turin, Italy raipiana@gmail.com

Simone De Meo, PhD Clinical Research Coordinator Centro Traumatologico Ortopedico Turin, Italy <u>sdemeo@cittadellasalute.to.it</u>

Pietro Pellegrino, MD Oncological Orthopaedic Surgeon Centro Traumatologico Ortopedico Turin, Italy pelle.pelle@gmail.com

Nicola Ratto, MD Oncological Orthopaedic Surgeon Centro Traumatologico Ortopedico Turin, Italy <u>nicolaratto@hotmail.com</u>

Carmine Zoccali, MD, PhD
Orthopaedic Surgeon
1) Orthopaedic and Traumatology Unit, Department of General Surgery, Plastic Surgery,
Orthopedics, Policlinico Umberto I Hospital-Sapienza, University of Rome, Piazzale A. Moro 3, 00185 Rome, Italy.
2) Oncological Orthopaedics Unit, Regina Elena National Cancer Institute. Via Elio Chianesi 53, 0014 Rome, Italy
carminezoccali@libero.it

Maurizio Scorianz, MD, PhD Orthopaedic Surgeon, Orthopaedic Oncology Unit Careggi University Hospital Florence, Italy scorianzm@aou-careggi.toscana.it

Cecilia Tomai, MD Research Fellow, Orthopaedic Oncology Unit Careggi University Hospital Florence, Italy tomaic@aou-careggi.toscana.it

Guido Scoccianti, MD Orthopaedic Surgeon, Orthopaedic Oncology Unit Careggi University Hospital Florence, Italy scocciantig@aou-careggi.toscana.it

Domenico Andrea Campanacci, Prof, MD Orthopedic Surgeon, Chief Orthopaedic Oncology Unit Careggi University Hospital Florence, Italy domenicoandrea.campanacci@unifi.it.

Lorenzo Andreani, MD University Hospital of Pisa Pisa, Italy lorenzo.andreani.unipi@gmail.com

Silvia de Franco, MD Resident Surgeon University Hospital of Pisa Pisa, Italy defranco.silvia@gmail.com

Michele Boffano Dr/ MD-MSc / Consultant Orthoapedic Oncology Regina Margherita Children's Hospital Torino, TO, Italy boffano@inwind.it

Thomas Cosker, FRCS Consultant Orthopaedic Oncology Surgeon & Lead Clinician for Sarcoma Nuffield Orthopaedic Centre Oxford, England

thomas.cosker@ouh.nhs.uk

Varunprasanth Sethurajah, MD, MBBS Sarcoma Fellow Nuffield Orthopaedic Centre Oxford, England Varunprasanth.sethurajah@ouh.nhs.uk

Manuel Peleteiro Pensado, MD, PhD Orthopaedic Surgeon Musculoskeletal Tumor Unit Hospital Universitario La Paz Madrid, Spain <u>m_peleteiro@yahoo.com</u>

Irene Barrientos Ruiz, MD Orthopaedic Surgeon Musculoskeletal Tumor Unit Hospital Universitario La Paz Madrid, Spain <u>irenebarrientosruiz@gmail.com</u>

Esperanza Holgado Moreno, MD Orthopaedic Surgeon Musculoskeletal Tumor Unit Hospital Universitario La Paz Madrid, Spain <u>cholgadomoreno@gmail.com</u>

Eduardo Jose Ortiz-Cruz, MD, PhD Orthopaedic Surgeon - Chief Musculoskeletal Tumor Unit Hospital Universitario La Paz Madrid, Spain <u>ortizcruzej@gmail.com</u>

Michiel van de Sande, MD, PhD Orthopaedic Surgeon, Professor Leiden University Medical Center Leiden, The Netherlands <u>Majvandesande@lumc.nl</u>

ABSTRACT

Background: Intramedullary nail fixation is commonly used for the prophylactic stabilization of impending pathologic fractures and for fixation of complete pathological fractures of the long bones. However, metallic artifact complicates subsequent imaging for bone healing or tumor progression while also affecting post-operative radiation planning. Carbon-fiber implants have gained popularity as an alternative given their radiolucency and superior biomechanical properties in terms of axial bending. We evaluate the incidence of mechanical and non-mechanical complications and their predictors related to carbon-fiber nail use. We also compare these data to existing data on titanium femoral, tibial and humeral nails in the clinical setting of metastatic bone disease.

Methods: Between 2013 and 2020, 18-year-old and older patients with impending/actual pathologic long-bone fractures secondary to metastases and fixated with carbon-fiber nails at 13 centers were included. Incidence and risk factors for mechanical and non-mechanical complications were analyzed. Mechanical complications included: (1)screw aseptic loosening, (2)structural failures of the host bone, and (3)structural failures of the carbon fiber implant. Non-mechanical complications included: (4)deep infection and (5)tumor progression. Other complications such as superficial wound dehiscence and/or infection, and perioperative medical adverse events including deaths are also reported.

Results: 239 patients were included. The median-age was 68 years (IQR,59-75) with 47% males and 53% females. Most common tumors included breast cancer(19%), lung cancer(19%), multiple myeloma(18%), and sarcoma(13%). In total, 33(14%) patients had complications. Mechanical failures occurred in 4(1.7%) patients that were structural host-bone failures, 7(2.9%) had implant-structural failures, and 1(0.4%) patient had distal locking screws' aseptic loosening. Non-

mechanical failures included 8(3.3%) peri-implant infections and 15(6.3%) tumor progressions with contamination of the implant. The 90-day mortality was 28% (61/239) and 1-year mortality was 53% (53/102). Failure and mortality rates were comparable to patients treated with conventional titanium nails in the literature.

Conclusions: Carbon fiber implants are a promising alternative for the treatment of impending and sustained pathologic fractures secondary to metastatic bone disease. Their advantages and favorable complication profile warrant further comparative studies.

Level of evidence: Level III prognostic