

In this article, “The Scandinavian Total Ankle Replacement. Long-Term, Eleven to Fifteen-Year, Survivorship Analysis of the Prosthesis in Seventy-two Consecutive Patients,” Brunner et al. report on a detailed study of the STAR procedures performed at their institution between February 1996 and March 2000. They state that the STAR prosthesis that they chose to implant was manufactured with a single coating of hydroxyapatite. They neglected to point out that Link, Inc., the manufacturer of this particular product (a chromium-cobalt prosthesis with a grit-blasted surface coated with a single layer of hydroxyapatite) stopped manufacturing this particular prosthesis in January 1998 and stopped shipping it for implantation in February 1999. Of particular importance is that this specific version of the STAR was never released for general use or study in the United States, yet the product name remains the same, potentially confusing the reader. In the article, the authors reported that 25 (86%) of 29 ankles requiring revision developed problems at the bone-prosthesis interface; this was indeed the reason why Link, Inc., discontinued the use of this particular implant in favor of the titanium-spray implant design. While the article is indeed factual regarding the authors’ results, it is mainly of historic value as manufacture of the prosthesis was discontinued in 1998 and it was never released to our knowledge in the U.S. market. Although the authors stated that they had no conflict of interest, we wish to point out the senior author, Dr. Hintermann, who performed all of these operations, has designed and is involved in the marketing of a total ankle prosthesis that directly competes in Europe with the current 3-part STAR prosthesis.

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Principal Investigators for the STAR PMA Study for the United States

Dr. Hintermann and Dr. Barg respond:

All total ankle arthroplasties reviewed in this article were performed between February 1996 and March 2000, which we clearly stated in the Materials and Methods section. At that time, the single hydroxyapatite-coated STAR prosthesis was the only one available. Indeed, this prosthesis was never made available in the United States, or anywhere else after 2000. It remains unclear whether changing the coating will make a significant difference in the results at long-term follow-up. Mann et al. published their results on use of the STAR prosthesis in 2011 (see reference 2 of our article). However, the mean follow-up in that study was <10 years. Furthermore, in their study, conflict of interest was stated incorrectly, as Dr. Mann is the Principal Investigator for the STAR PMA Study for the United States. We agree that Dr. Hintermann, who performed all of these operations, was mainly involved in the design of the HINTEGRA prosthesis (see ref. 14 of the article). However, we did not use that prosthesis in our study. We also did not directly compare the observed results with results following HINTEGRA implantation. Therefore, we strongly believe that our statement regarding conflict of

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interest was correct and appropriate. In our study addressing the HINTEGRA prosthesis,
we openly communicated similar problems related to the single hydroxyapatite coating (*J
Bone Joint Surg Am.* 2013 Jul 3;95[13]:1175-83).

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