

Straumann® SLActive®

Performance beyond imagination.  
A new magnitude of healing power.





10 YEARS OF CLINICAL SUCCESS AND PROVEN PREDICTABILITY

### **IMMEDIATE LOADING**

High predictability  
in immediate  
loading

### **COMPROMISED PATIENTS**

Outstanding success  
rates in compromised  
patient groups

### **ENHANCED BONE GRAFTING**

Significantly higher  
formation of new  
bone aggregate

# Setting the standard for success. Performance beyond imagination.

For over six decades, Straumann® has made significant contributions to progress in the field of dental implants. Through pioneering innovation, we have redefined the boundaries of possibility for dental professionals and patients. We have made faster treatment, shorter healing time, and better outcomes a reality.<sup>1</sup> Now, the extensive healing potential of SLActive® can be seen even in challenging patients and treatment protocols.

As dental implants are now becoming a mainstream treatment option, clinicians face ever-increasing patient expectations. Patients expect successful treatment results irrespective of their bone quality, age, lifestyle, or medical history.

Achieving predictable treatment outcomes has been the main focus of the SLActive® clinical development strategy. Together with leading clinicians worldwide, Straumann has studied the clinical performance of SLActive® implants under the most challenging medical conditions and treatment protocols to demonstrate the outstanding healing capacity of the SLActive® surface. As new insights emerge and new data becomes available, discover how you can benefit from the high performance SLActive® surface to support your patients' healing capabilities.

## IMPLANT SURVIVAL RATE IN IMMEDIATE LOADING AFTER 10 YEARS<sup>2</sup>



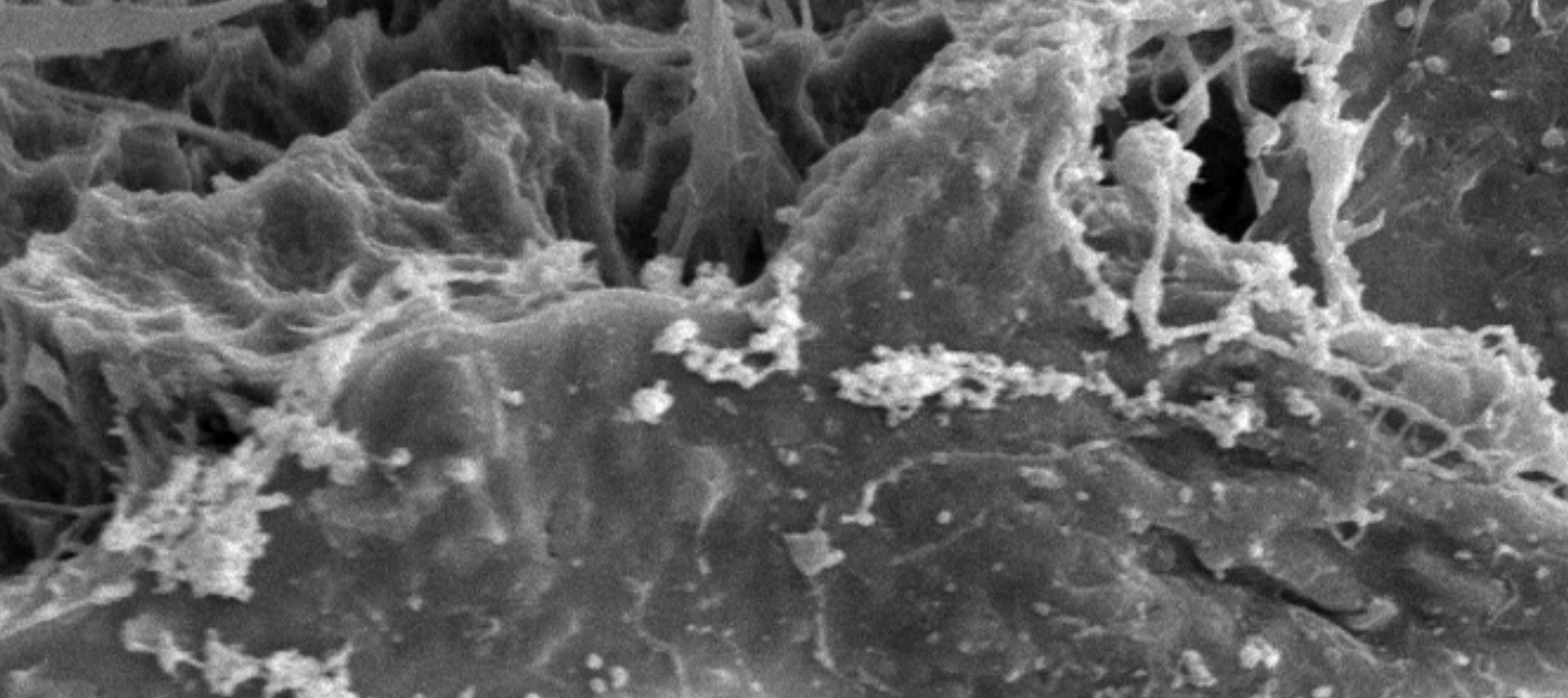
Randomised controlled multicenter study  
(30 patients, 39 implants)

## IMPLANT SUCCESS RATE IN IRRADIATED PATIENTS WITH COMPROMISED BONE, AFTER 1 YEAR.<sup>3</sup>



Randomised clinical trial  
(19 patients, 97 implants)

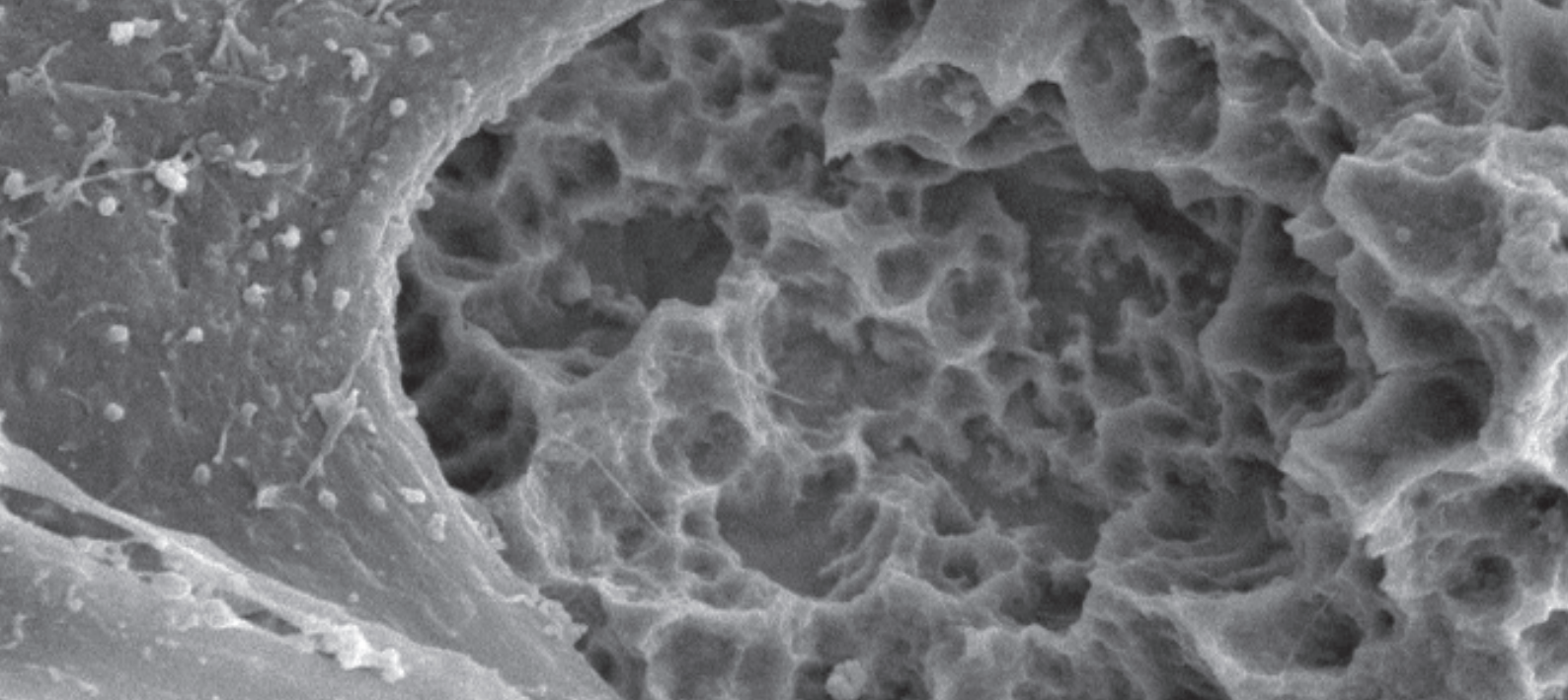




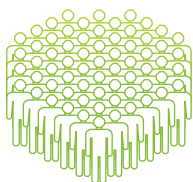
## Immediate loading with long-lasting results.

New long-term data from a randomized, controlled, multicenter study demonstrate the impressive performance of SLActive® with immediate loading. In fact, the SLActive® Implants delivered a 10-year survival rate of 98.2 % in this challenging protocol.<sup>2</sup>

Ever increasing patient expectations continue to drive demand for faster, safer and more efficient treatment protocols. Immediate loading allows the clinician to place a prosthetic restoration on the same day as the implant. This approach allows a patient to benefit from the restoration straightaway. However, this demanding protocol carries a higher risk of failure due to premature loading of a healing implant.



## Study design



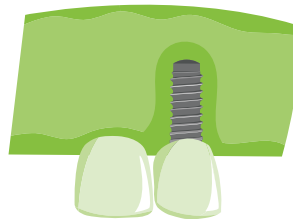
64 Patients



10 years  
Study follow-up

### Indication

maxilla or mandible of partially edentulous patients;  
temporary restoration (single crown or 2–4 unit fixed partial denture)  
was replaced by permanent restoration 20 to 23 weeks post surgery



**Immediate loading**  
39 implants  
(restored the same day)



**Early loading**  
50 implants  
(restored after 28–34 days)

### Randomized controlled multicenter study



IMPLANT SURVIVAL RATE IN  
IMMEDIATE LOADING AFTER  
10 YEARS<sup>2</sup>



Randomized controlled  
multicenter study

### STUDY CONCLUSION

- SLActive® implants provide a long-term highly predictable treatment option

Discover the healing power of  
the high-performance surface.



# SLActive® in irradiated patients. Predictability beyond expectations.

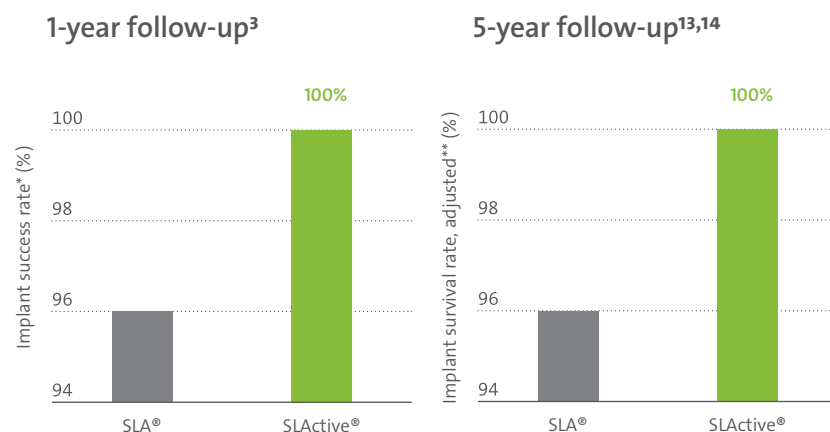
One of the most challenging patient groups for implant treatment includes patients who have undergone a combination of tumor surgery, chemotherapy and radiotherapy. Irradiation leads to decreased bone vascularity<sup>4,5</sup>, impaired osteoblastic activity<sup>6</sup> and reduced bone vitality<sup>7,8</sup>, which severely compromise bone quality in these patients. The fragile mucosa and the risk of osteoradionecrosis present further challenges. However, from a quality-of-life perspective, this patient group stands to benefit the most from implant supported prosthetic rehabilitation.

SLActive® showed a 100% success rate in irradiated patients in a recent randomized clinical trial (RCT).<sup>3</sup> Based on published reviews<sup>9,10,11,12</sup>, no other implant surface has demonstrated such a success rate in this patient group within an RCT setting. Remarkably, the 5-year follow-up of the trial showed that none of the surviving patients had an SLActive® implant failure. The effective implant survival rate was an outstanding 100%.<sup>13</sup>

## SLActive® PERFORMANCE IN IRRADIATED PATIENTS

### Randomized Clinical Trial<sup>3</sup>:

- 102 implants, 20 patients
- Post-surgery, radiotherapy and chemotherapy for oral carcinoma



1 patient was excluded from the study due to tumour recurrence. The graph is thus based on 19 patients with 97 implants.

Excluding 4 further patients deceased due to cancer. The graph is thus based on 15 patients with 79 implants.

\* Success criteria as per Buser D. et al. Long-term stability of osseointegrated implants in augmented bone: A 5-year prospective study in partially edentulous patients. Int J Periodont Restor Dent. 2002; 22: 108–17.

\*\* Adjusted, excluding the patients deceased due to cancer mortality.





## Uncompromised performance. Even in diabetic patients.

Patients with diabetes have reduced wound healing capacity,<sup>15,16</sup> putting dental implants at risk, particularly if the patient is unaware of the condition. Worldwide, 1 in 11 adults has diabetes, while among adults 60 years of age and older, the prevalence is twice as high.<sup>17</sup>

Over the past 30 years, the number of people with diabetes in the US has quadrupled and, according to the US Center for Disease Control (CDC), the figure could increase to as many as one in every three adults by 2050.<sup>18</sup> In an estimated 50 % of people with type 2 diabetes, the disease remains undiagnosed.<sup>17</sup>





Given the ever rising prevalence of type 2 diabetes, how can clinicians address this risk, particularly in older patients?

#### GROWING CLINICAL EVIDENCE OF HIGHLY PREDICTABLE PERFORMANCE OF SLActive® IN DIABETIC PATIENTS:

A new clinical study<sup>19</sup> that compared SLActive® performance in patients with and without diabetes showed uncompromised performance of SLActive® implants:

- 100 % implant success rate in the diabetic group
- Bone changes similar to those in healthy individuals
- Despite the observed lower levels of bone quality all implants in this study showed good primary stability

#### PERFORMANCE IN DIABETIC PATIENT GROUP<sup>19</sup>



Case-control clinical study  
(15 diabetic and 14 healthy individuals)

#### NEW RESEARCH SHOWS THAT SLActive® DEMONSTRATES HIGH ANTI-INFLAMMATORY POTENTIAL:

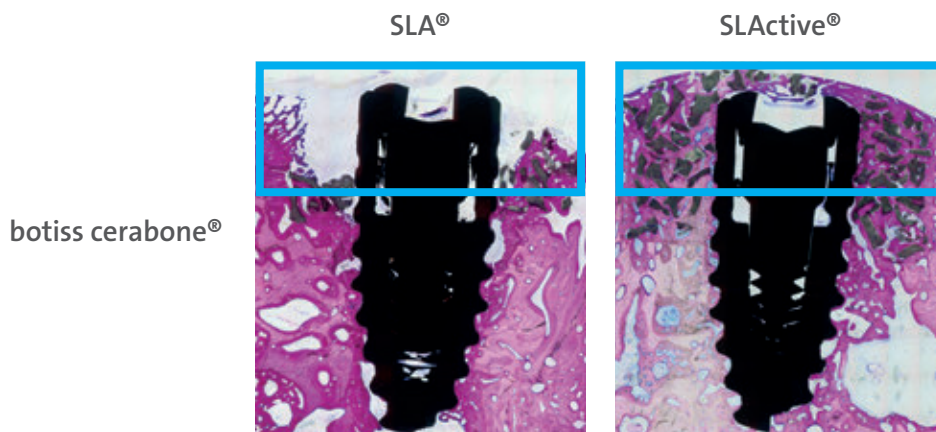
- Roxolid® SLActive® surface stimulates an early anti-inflammatory cell response<sup>20</sup>
- SLActive® modulates the excessive inflammatory response in diabetic animals, leading to improved osseous healing<sup>21</sup>

# Enhanced bone regeneration. Even at compromised sites.

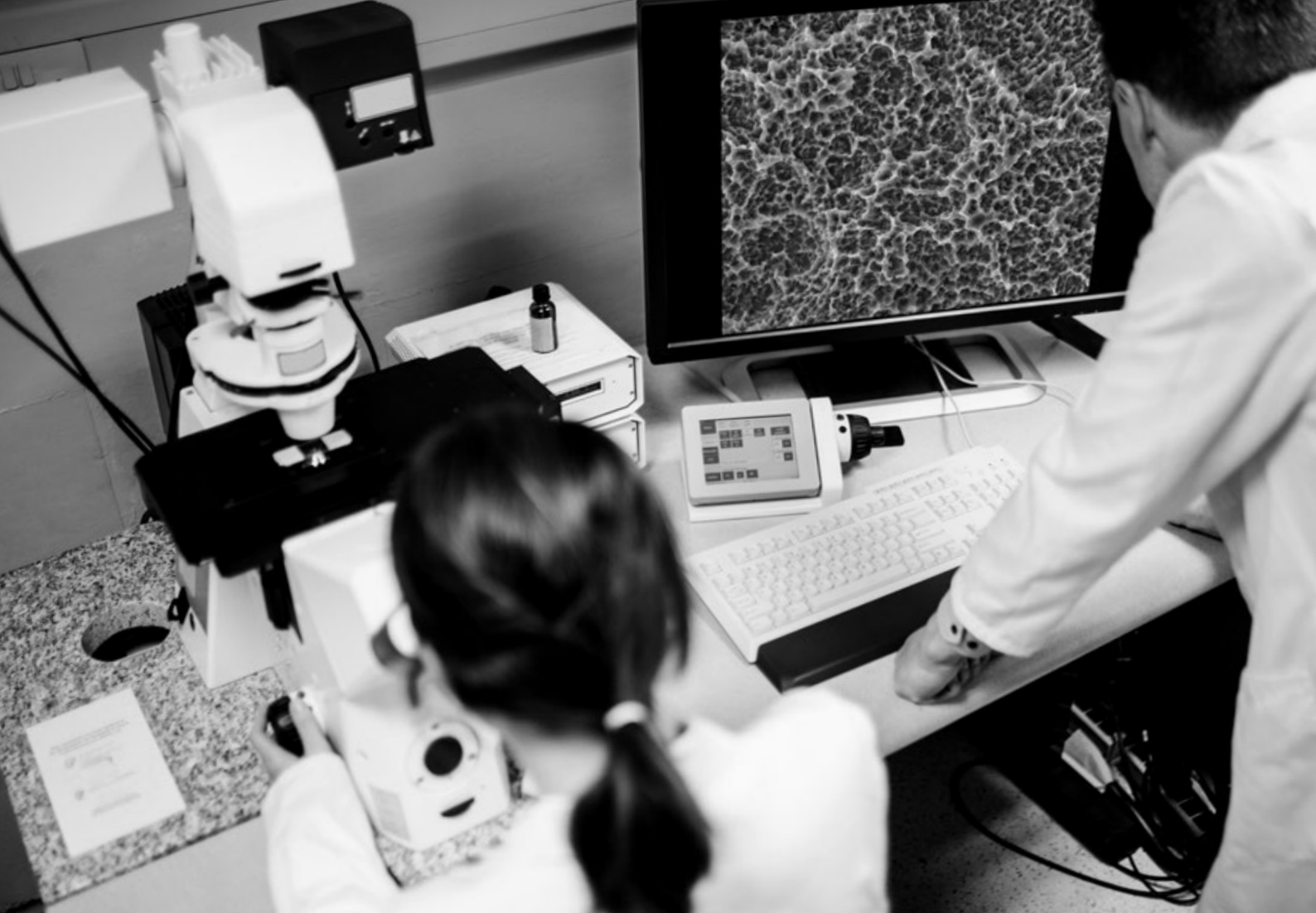
Bone defects can greatly compromise the predictability of osseointegration. In a recent preclinical study<sup>22</sup>, SLActive® showed significantly higher formation of new bone aggregate within eight weeks compared to the standard Straumann® SLA® hydrophobic surface.

Buccal bone to implant contact was significantly higher in SLActive® groups as compared to standard SLA®, highlighting the benefit of SLActive® to support faster bone integration, in coronal circumferential defects

## BONE AGGREGATE FORMATION AT 8 WEEKS.



Histological views of bone aggregate (new bone and grafting material) 8 weeks post-grafting.



- REDUCE TREATMENT TIME.<sup>1</sup>
- REDUCE HEALING TIME.<sup>1</sup>
- REDUCE RISK.<sup>1</sup>



Please contact your local sales representative to get more information about the advantage of the SLActive® surface now or visit [slactive.straumann.com](http://slactive.straumann.com)

## REFERENCES

- 1 Straumann SLActive implants compared to Straumann SLA implants. Lang NP, Salvi GE, Huynh-Ba G, Ivanovski S, Donos N, Bosshardt DD. Early osseointegration to hydrophilic and hydrophobic implant surfaces in humans. Clin Oral Implants Res. 2011 Apr;22(4):349-56. doi: 10.1111/j.1600-0501.2011.02172.x; Rupp F, Scheideler L, Olshanska N, de Wild M, Wieland M, Geis-Gerstorfer J. Enhancing surface free energy and hydrophilicity through chemical modification of microstructured titanium implant surfaces. Journal of Biomedical Materials Research A, 76(2):323-334, 2006. ; De Wild M. Superhydrophilic SLActive® implants. Straumann document 151.52, 2005 ; Katharina Maniura. Laboratory for Materials – Biology Interactions Empa, St. Gallen, Switzerland Protein and blood adsorption on Ti and TiZr implants as a model for osseointegration. EAO 22nd Annual Scientific Meeting, October 17 – 19 2013, Dublin ; Schwarz F, et al., Bone regeneration in dehiscence-type defects at non-submerged and submerged chemically modified (SLActive®) and conventional SLA® titanium implants: an immunohistochemical study in dogs. J Clin.Periodontol. 35.1 (2008): 64–75. ; Rausch-fan X, Qu Z, Wieland M, Matejka M, Schedle A. Differentiation and cytokine synthesis of human alveolar osteoblasts compared to osteoblast-like cells (MG63) in response to titanium surfaces. Dental Materials 2008 Jan;24(1):102-10. Epub 2007 Apr 27. ; Schwarz F, Hertel M, Sager M, Wieland M, Dard M, Becker J. Histological and immunohistochemical analysis of initial and early osseous integration at chemically modified and conventional SLA® titanium implants: Preliminary results of a pilot study in dogs. Clinical Oral Implants Research, 11(4): 481-488, 2007. Raghavendra S, Wood MC, Taylor TD. Int. J. Oral Maxillofac. Implants. 2005 May–Jun;20(3):425–31. 9 Oates TW, Valderrama P, Bischof M, Nedir R, Jones A, Simpson J, Toutenburg H, Cochran DL. Enhanced implant stability with a chemically modified SLA® surface: a randomized pilot study. Int. J. Oral Maxillofac. Implants. 2007;22(5):755–760. 2 Nicolau P, Guerra F, Reis R, Krafft T, Benz K, Jackowski J 10-year results from a randomized controlled multicenter study with immediately and early loaded SLActive implants in posterior jaws. Accepted for oral presentation at 25th Annual Scientific Meeting of the European Association of Osseointegration – 29 Sep – 1 Oct 2016, Paris. 3 Patients treated with dental implants after surgery and radio-chemotherapy of oral cancer. Heberer S, Kilic S, Hossamo J, Raguse J-D, Nelson K. Rehabilitation of irradiated patients with modified and conventional sandblasted, acid-etched implants: preliminary results of a split-mouth study. Clin. Oral Impl. Res. 22, 2011; 546–551. 4 Yorit, K., Posch, M., Seemann, M., Hainich, S., Dortbudak, O., Turhani, D., Ozyuvaci, H., Watzinger, R. and Ewers, R. (2006) Implant Survival in Mandibles of Irradiated Oral Cancer Patients. Clinical Oral Implants Research, 17, 337-344. <http://dx.doi.org/10.1111/j.1600-0501.2005.01160.x>. 5 Verdonck, H.W.D., Meijer, G.J., Laurin, T., Nieman, F.H.M., Stoll, C., Riediger, D., Stoelinga, P.J.W. and de Baat, C. (2007) Assessment of Vascularity in Irradiated and Non-Irradiated Maxillary and Mandibular Alveolar Minipig Bone Using Laser Doppler Flowmetry. International Journal of Oral Maxillofacial Implants, 22, 774-778. 6 Hu, W.W., Ward, B.B., Wang, Z. and Krebsbach, P.H. (2010) Bone Regeneration in Defects Compromised by Radiotherapy. Journal of Dental Research, 89, 77-81. <http://dx.doi.org/10.1177/0022034509352151>. 7 Wang, R., Pillai, K. and Jones, P.K. (1998) Dosimetric Measurements of Scatter Radiation from Dental Implants in Stimulated Head and Neck Radiotherapy. International Journal of Oral Maxillofacial Implants, 13, 197-203. 8 Grotz, K.A., Al-Nawas, B., Piepkorn, B., Reichert, T.E., Duschner, H. and Wagner, W.(1999) Micromorphological Findings in Jaw Bone after Radiotherapy. Mund-, Kiefer- und Gesichtschirurgie, 3, 140-145. 9 Chambrone L, Mandia J, Shibli JA, Romito GA, Abrahao M. Dental Implants Installed in Irradiated Jaws: A Systematic Review. Journal of Dental Research. 2013;92(12 Suppl):119S-130S. doi:10.1177/0022034513504947. 10 Shugaa-Addin B, Al-Shamiri H-M, Al-Maweri S, Tarakji B. The effect of radiotherapy on survival of dental implants in head and neck cancer patients. Journal of Clinical and Experimental Dentistry. 2016;8(2):e194-e200. doi:10.4317/jced.52346. 11 Nooh N. Dental implant survival in irradiated oral cancer patients: a systematic review of the literature. Int J Oral Maxillofac Implants. 2013 Sep-Oct;28(5):1233-42. doi: 10.11607/jomi.3045. 12 Dholam KP, Gurav SV. Dental implants in irradiated jaws: A literature review. J Can Res Ther [serial online] 2012 [cited 2016 Aug 17];8:85-93. Available from: <http://www.cancerjournal.net/text.asp?2012/8/6/85/92220>. 13 Nelson, K., Stricker, A., Raguse, J.-D. and Nahles, S. (2016), Rehabilitation of irradiated patients with chemically modified and conventional SLA implants: a clinical clarification. J Oral Rehabil, 43: 871–872. doi:10.1111/joor.12434. 14 C. NACK, J.-D. RAGUSE, A. STRICKER, K. NELSON & S. NAHLES. Rehabilitation of irradiated patients with chemically modified and conventional SLA implants: five-year follow-up. Journal of Oral Rehabilitation 2015 42; 57–64. 15 Devlin H, Garland H, Sloan P. Healing of tooth extraction sockets in experimental diabetes mellitus. J. of Oral Maxillofac. Surg. 1996; 54:1087-1091 16 Wang F1, Song YL, Li DH, Li CX, Wang Y, Zhang N, Wang BG. Type 2 diabetes mellitus impairs bone healing of dental implants in GK rats. Diabetes Res Clin Pract. 2010; 88:e7-9. 17 IDF Diabetes Atlas, 7th Edition, 2015 <http://www.diabetesatlas.org/>. 18 US Centers for Disease Control and Prevention. Diabetes 2014 report card. Available from: [www.cdc.gov/diabetes/library/reports/congress.html](http://www.cdc.gov/diabetes/library/reports/congress.html). Accessed September 2015. 19 Machuca G., Cabrera J.J. "A prospective, case-control clinical study of titanium-zirconium alloy implants with hydrophilic surface in patients with Type 2 diabetes mellitus" Manuscript accepted. 20 Hotchkiss KM, Ayad NB, Hyzy SL, Boyan BD, Olivares-Navarrete R. Dental implant surface chemistry and energy alter macrophage activation in vitro. Clin. Oral Impl. Res. 00, 2016, 1–10. doi: 10.1111/clr.12814. 21 Lee R, Hamlet SM, Ivanovski S. The influence of titanium surface characteristics on macrophage phenotype polarization during osseous healing in type I diabetic rats: A pilot study. Clin Oral Impl Res (accepted 4/8/2016). 22 Straumann (2016). SLActive supports enhanced bone formation in a minipig surgical GBR model with coronal circumferential defects. Unpublished data.

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