EARLY RESULTS CONFIRM

Clinical and Economic Value of the ATTUNE® Knee System

Comprehensive Evidence Generation

The ATTUNE® Knee System represents the **largest research and development project in the history of DePuy Synthes**, backed by a comprehensive evidence generation program that encompasses clinical and patient reported outcomes as well as health economics studies.

Positive Early Registry Results

The Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) and National Joint Registry for England, Wales, Northern Ireland and the Isle of Man (NJR) both publish annual reports with outcomes data at set intervals of one, three, five-year and beyond. However, additional implant survivorship data is now available more frequently to manufacturers who subscribe to the AOANJRR Automated Industry Report System (AIRS) and NJR Implant Summary Report services. The below data are from the most recent reports obtained by DePuy Synthes.[1-3]

AOANJRR

97.9% ATTUNE CR Knee implant survivorship at four years.[1]

98.5% ATTUNE PS Knee implant survivorship at four years.[2]

This report indicates that the cemented CR ATTUNE Knee cumulative percent revision of 2.1% (95% CI: 1.7, 2.5%) at four years is **performing significantly better** than all other TKA in the AOANJRR (HR 0.69 (0.58, 0.82), p<0.001).[1]

The cemented PS ATTUNE Knee with a cumulative percent revision of 1.5% at four years (95% CI: 1.1, 2.1%) is **performing significantly better** than all other TKA in the AOANJRR (HR 0.54 (0.40, 0.72), p<0.001).[2]

All other TKA in this report had a four year estimated cumulative percent revision of 3.1% (3.1, 3.2). [1]

NJR

98.1% Implant survivorship at four years.[3]

The **independent analysis** of 19,818 ATTUNE Knee implantations in the NJR Implant Summary Report, showed that the cumulative revision rate (CRR) for the ATTUNE Knee is 1.9% at four years (98.1% implant survivorship at four years), which is in line with the overall class of total knee replacement of 1.9% CRR at four years.[3] The 5 year and 6 year estimated cumulative rate of revision for the ATTUNE Knee is currently based on a sample size of 193 and 42 patients, respectively.[3]

Value-Based Healthcare: From Hospital to Home

39% lower odds of patient discharge to a skilled nursing facility for those patients implanted with an ATTUNE Knee, compared to those patients who received a TKA with a Triathlon® Knee, according to the results of a large U.S. hospital administrative database review.[4]

Going home following TKA vs. being discharged to a skilled nursing facility may potentially impact patient satisfaction and reduce health care costs.[4]

Improvements in Patient Reported Outcomes

One year results from two worldwide studies showed improved patient reported outcomes with the ATTUNE Knee compared to certain other leading knee systems examined in those studies.[5] Four independent studies demonstrated improved patello-femoral outcomes, including reduced incidence of symptomatic crepitus when compared to the well performing SIGMA® Knee.[6-9]

Confidence in knee performance[5]

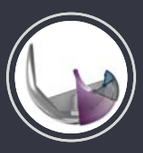
Activities of daily living[5]

Quality of life[5]

Improved patellofemoral outcomes[6-9]

Innovative ATTUNE Knee Features Help Address Unmet Needs

60+ patents
in the U.S. granted for key inventions related to the ATTUNE Knee Implants and Instruments.



ATTUNE GRADIUS™ Curve
Geometry of the curve is designed to address the unnatural sliding of the femur on the tibia, to provide smooth motion and stability during everyday activities.[10]

GLIDERIGHT™ Articulation
Four independent studies demonstrated improved patello-femoral outcomes, including reduced incidence of symptomatic crepitus while maintaining optimal patella motion.[6-9]

Attune® Knee System

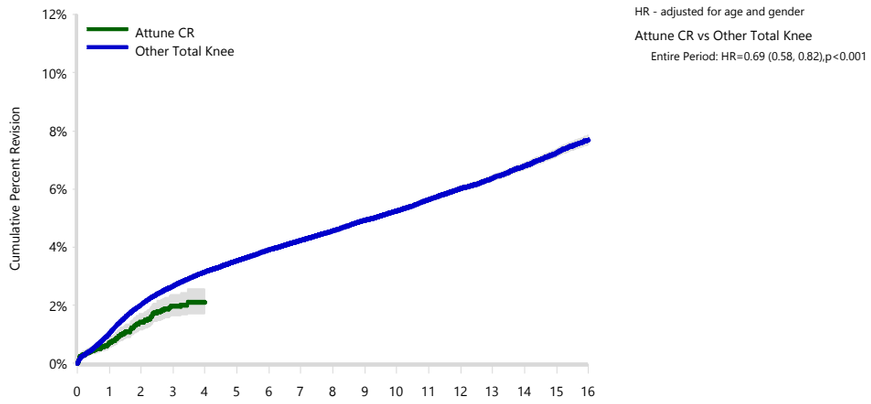
www.ATTUNEevidence.com
www.provingthepromise.com

DePuy Synthes
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

References

1 Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Automated Industry Report System (AIRS), ID No.334 for DePuy Synthes, ATTUNE CR/ATTUNE Total Knee, (Procedures from 1 September 1999 – 17 August 2018), Accessed 20 August 2018, AOA, Adelaide: 1-13.

Figure 1: Cumulative Percent Revision of Primary Total Knee Replacement by Model (All Diagnoses)



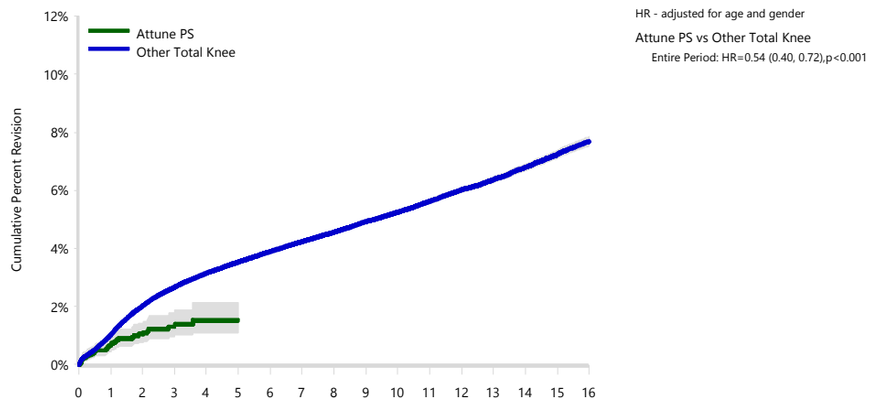
Number at Risk	0 Yr	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs
Attune CR	10453	7664	4604	2258	333	24	0	0
Other Total Knee	620648	564608	503234	445420	391133	339272	290891	245575

Table 11: Yearly Cumulative Percent Revision of Primary Total Knee Replacement by Model (All Diagnoses)

CPR	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Attune CR	0.7 (0.6, 0.9)	1.4 (1.2, 1.7)	2.0 (1.6, 2.4)	2.1 (1.7, 2.5)	
Other Total Knee	1.0 (1.0, 1.1)	2.0 (2.0, 2.1)	2.7 (2.6, 2.7)	3.1 (3.1, 3.2)	3.5 (3.5, 3.6)

2 Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR), Automated Industry Report System (AIRS), ID No.335 for DePuy Synthes, ATTUNE PS/ATTUNE Total Knee, (Procedures from 1 September 1999 – 17 August 2018), Accessed 20 August 2018, AOA, Adelaide: 1-13.

Figure 1: Cumulative Percent Revision of Primary Total Knee Replacement by Model (All Diagnoses)



Number at Risk	0 Yr	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs
Attune PS	4687	3501	2195	1238	347	62	0	0
Other Total Knee	626414	568771	505643	446440	391119	339234	290891	245575

Table 11: Yearly Cumulative Percent Revision of Primary Total Knee Replacement by Model (All Diagnoses)

CPR	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Attune PS	0.7 (0.5, 0.9)	1.0 (0.8, 1.4)	1.3 (1.0, 1.8)	1.5 (1.1, 2.1)	1.5 (1.1, 2.1)
Other Total Knee	1.0 (1.0, 1.0)	2.0 (2.0, 2.1)	2.7 (2.6, 2.7)	3.1 (3.1, 3.2)	3.5 (3.5, 3.6)

3 National Joint Registry for England, Wales, Northern Ireland and the Isle of Man. Implant Summary Report for DePuy ATTUNE CR and ATTUNE PS. NJR Database extract 30 July, 2018, pages 1-15. Licensed for use until December 11, 2018. Available at www.ATTUNEevidence.com (US) and www.provingthepromise.com (EMEA).

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Disclaimer -AOANJRR is confident in the accuracy of the data included in this report, at the time it was provided.
However, it was generated using an automated reporting system and has not been reviewed by the AOANJRR personnel.