Synovasure[®] Diagnostics

2018 ICM Proposed Criteria for Diagnosing PJI



Role of Alpha Defensin in Supporting PJI Diagnosis

What is the International Consensus Meeting on Periprosthetic Joint Infection?

The International Consensus Meeting (ICM) on Periprosthetic Joint Infection (PJI) addresses the wide variation globally for prevention, diagnosis and treatment of PJI. Currently, a single test that serves as the "gold standard" to aid in the diagnosis of PJI does not exist. As a result, a wide spectrum of tests to diagnose the condition are utilized.

In August 2013, the 1st International Consensus Meeting (ICM) convened to address the global variations in prevention, diagnosis and treatment of PJI. The 400 global experts in attendance voted, with strong consensus, on criteria proposed in the summer of 2011 by a MSIS workgroup to define infection and allow for a more standardized approach to supporting the diagnosis of PJI. The criteria included:

2013 ICM Definition of PJI²

Мајог	Decision		
Two positive periprosthetic cultures	Infected		
A sinus tract communicating with th			
Minor Criteria	Three	Decision	
	Acute	Chronic	
Elevated Serum ESR (mm/hr) and	N/A	30	
Serum CRP (mg/L)	100	10	
Elevated Synovial WBC (cells/µL) or	10,000	3,000	
Leukocyte Esterase	+ or ++	+ or ++	PJI is present if at least 3 out of 5
Elevated Synovial PMN (%)	90	80	minor criteria exist
Positive Histological Analysis of Periprosthetic Tissue	> 5 neutrophils per high power field in 5 high power fields (x400)	> 5 neutrophils per high power field in 5 high power fields (x400)	
Single Positive Culture			

Newly proposed criteria for PJI by the 2nd ICM

Voting at the 2018 ICM Meeting showed that in the absence of any major criteria, not only was alpha defensin a valuable complement to existing diagnostic minor criteria for PJI but was also given significant individual test weight in the newly proposed scoring system for diagnosing PJI, as seen in the table below:

2018 ICM Definition of PJI¹:

Major Crite	Decision			
Two positive periprosthetic cultures with	Infected			
A sinus tract communicating with the joi				
Institution	Threshold			Decision
	Acute*	Chronic	Score	
Serum CRP (mg/L)	100	10		
or			2	
D-Dimer (µg/L)	Unknown	860		
Elevated Serum ESR (mm/hr)	No role	30	1	Combined preoperative
Elevated Synovial WBC (cells/µL)	10,000	3,000	3	and postoperative score:
or				≥6 = Infected
Leukocyte Esterase	++	++		3-5 = Inconclusive**
or				<3 = Not Infected
Positive Alpha Defensin (signal/cutoff)	1.0	1.0		
Elevated Synovial PMN (%)	90	70	2	
Single Positive Culture			2	
Positive Histology			3	
Positive Intraoperative Purulence***			3	

Proceed with caution in: Adverse local tissue reaction, crystal deposition disease and slow growing organisms.

*Further studies needed to validate a specific threshold.

**Consider further molecular diagnostics such as next-generation sequencing.

***Has no role in patients with suspected adverse local tissue reaction.

Key Takeaways

- Alpha defensin is recommended as a valuable diagnostic marker for PJI
- Alpha defensin lateral flow/rapid test device is intended to be used in PJI diagnostics
- Alpha defensin is part of the newly proposed ICM PJI algorithm with a high score of 3 points

The 2nd International Consensus Meeting on Musculoskeletal Infection (2018)

In July 2018, the 2nd ICM convened, comprising of 546 global delegates in attendance to evaluate and vote, in real-time, on modifications to the 2013 criteria. Among the 652 questions considered for the meeting, three (3) were related to the role of alpha defensin and, specifically, Synovasure Diagnostics:

Question (as posed to delegates):

What is the role of alpha defensin in the diagnosis of PJI?

Recommendation by ICM³: Measurement of alpha defensin in synovial fluid is a valuable complement to existing diagnostic criteria for PJI.

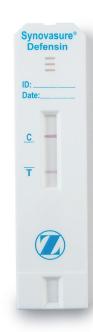
Delegates were provided with the following clinical study data on the topic³:

Institution	Ν	Gold Standard	Sensitivity	Specificity
Rothman Institute	156	MSIS Criteria	97% (36/37)	96% (107/112)
Mayo Arizona	61	MSIS Criteria	100% (33/33)	95% (83/87)
Cleveland Clinic	111	MSIS Criteria	100% (24/24)	98% (53/54)
ENDO Klinik	156	MSIS Criteria	97% (28/29)	97% (123/127)
Cleveland Florida	70	MSIS Criteria	97% (34/35)	97% (34/35)
Combined	547		98.1% (95%CI: 95-100%)	96.4% (95%CI: 94-98%)



Are point-of-care/rapid tests for diagnosing periprosthetic joint infections (PJIs) validated and useful?

Recommendation by ICM⁴: Yes, there are several useful pointof-care tests which can be added to the diagnostic workup of PJIs. A number of studies support the usefulness and reliability of the leukocyte esterase (LE) test strip and the alpha defensin lateral flow test kit. Diagnostic criteria for PJIs should be updated and consider inclusion of these tests.



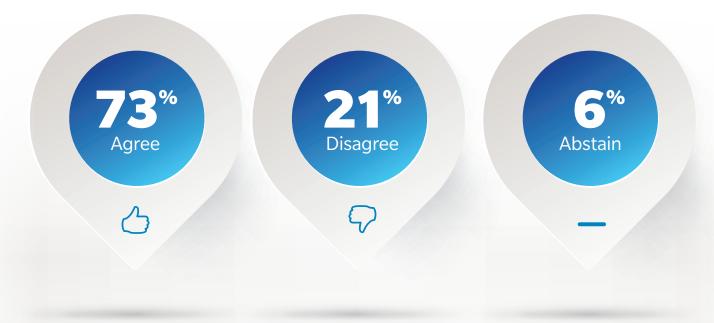
Synovasure Lateral Flow is the only rapid test available on the market that utilizes Alpha Defensin biomarker to aid in the diagnosis of PJI equating to more reliable results.

Delegates were provided with the following clinical study data on the topic:

Author	Ν	PJIs	Gold Standard	Sensitivity (95%Cl)	Specificity (95%Cl)	
Berger et al. ⁵	121	34	MSIS	97% (85-100)	97% (90-99)	
Gehrke et al.6	223	76	MSIS	92% (84-97)	100% (97-100)	
Renz et al. ⁷ 21	212	212 45	MSIS	84% (71-94)		
	212			94% (excluding sinuses)	96% (92-99)	

Note: Smaller studies were deemed difficult to draw conclusions from due to very small numbers (N) and very large confidence intervals.³

Delegate Voting: Super Majority | Strong Consensus



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