

Efficacy of i-FACTOR Bone Graft versus Autograft in Anterior Cervical Discectomy and Fusion
Results of the Prospective, Randomized, Single-blinded Food and Drug Administration Investigational Device Exemption Study

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Background: The objective of this study was to investigate efficacy and safety of i-FACTOR Bone Graft (i-FACTOR) compared with local autograft in single-level anterior cervical discectomy and fusion (ACDF) for cervical radiculopathy.

Methods: Patients randomly received either autograft (N=154) or i-FACTOR (N=165) in a cortical ring allograft. Study success was defined by non-inferiority in fusion, Neck Disability Index (NDI), and Neurological Success endpoints, and similar adverse events profile at 12 months.

Results:

Responder Analysis: Overall Success (1-Year)						
Primary Endpoint	Value	i-FACTOR Putty		Autograft		p-value*
		Number	Percentage	Number	Percentage	
Fusion Success	Radiographic Fusion	129	88.97%	121	85.82%	0.4220
NDI Success	>15 point improvement from baseline	112	79.43%	103	74.10%	0.2907
Neurological Success	Improvement of neurological status	134	93.71%	133	93.01%	0.8123
Safety Success	Absence of: 1) re-operation 2) device removal 3) device-related SAE	157	97.52%	145	95.39%	0.3085
Overall Success	Success in all primary endpoints	99	68.75%	82	56.94%	0.0382

*Note: p-value for superiority test

Conclusions: i-FACTOR has met all four FDA mandated non-inferiority success criteria and has demonstrated safety and efficacy in single-level ACDF for cervical radiculopathy. i-FACTOR and autograft groups demonstrated significant post-surgical improvement and high fusion rates.