Metal on Metal Hip Implant Registry
Data Collection

Email questions related to data entry to Principal Investigator Jeffrey Brent, M.D., Ph.D.

Prosthesis Information

Enter prosthesis information
Prosthesis on left?
Yes  No
Metal-on-metal?
Yes  No
Large femoral head > 31 mm
== choose one ==
Yes
No
Unknown
Was this a DePuy ASR implant?
== choose one ==
Yes
No
Unknown
If not metal-on-metal, please specify
Metal-on-ceramic  Ceramic-on-ceramic  Metal-on-polyethylene  Other:
Years since implantation of current implant
Is this the first prosthesis on the left?
Yes  No
Years since implantation of first left hip prosthesis
If no Years since implantation of first implant
Was prior prosthesis on left metal-on-metal?
Yes  No
If no If not metal-on-metal, please specify
Metal-on-ceramic  Ceramic-on-ceramic  Metal-on-polyethylene  Other:
Prosthesis on right?
Yes  No
Metal-on-metal?
Yes  No
Large femoral head > 31 mm
== choose one ==
Yes
Was this a DePuy ASR implant?  
== choose one ==  
Yes  
No  
Unknown  

Years since implantation of current implant  

Is this the first hip prosthesis on the right?  
Yes  
No  
Unknown  

Medical Status  
Enter medical status information  

Does pt currently have hypothyroidism (by prior diagnosis or TSH>ULN)?  
== choose one ==  
Yes  
No  
Unknown  

Present before current prosthesis or prostheses?  
== choose one ==  
Yes  
No  

Present before first prosthesis?  
== choose one ==  
Yes  
No  

Does pt have polycythemia (Hct > 50%)  
== choose one ==  
Yes  
No  
Unknown  

Has pt had clinically significant sludging?  
== choose one ==  
Yes  
No  

Is pt obese (BMI >30)?  
== choose one ==  
Yes  
No  

Does pt have sleep apnea?  
== choose one ==  
Yes  
No  
Unknown  

Was polycythemia present before current prosthesis or prostheses?  
== choose one ==  
Yes  
No  

Was polycythemia present before first prosthesis?  
== choose one ==  
Yes  
No
Does the pt have a rash?
  Yes  No  Unknown
Present before current prosthesis or prostheses?
  == choose one ==
  Yes
  No
Present before first prosthesis?
  == choose one ==
  Yes
  No
Does pt have an eGFR < 60 mls/min?
  Yes  No  Unknown
Present before current prosthesis or prostheses?
  == choose one ==
  Yes
  No
Present before first prosthesis?
  == choose one ==
  Yes
  No
Does pt have a known malignancy?
  Yes  No  Unknown
Specify type of malignancy
Present before current prosthesis or prostheses?
  == choose one ==
  Yes
  No
Present before first prosthesis?
  == choose one ==
  Yes
  No
Does pt have a neurologist diagnosed peripheral demyelinating neuropathy?
  Yes  No  Unknown
Present before current prosthesis or prostheses?
  == choose one ==
  Yes
  No
Present before first prosthesis?
  == choose one ==
  Yes
  No
Does pt have a neurologist diagnosed peripheral axonal neuropathy?
  Yes  No  Unknown
Present before current prosthesis or prostheses?
  == choose one ==
  Yes
Present before first prosthesis?
== choose one ==
Yes
No

Does pt have an ophthalmologist or neurologist diagnosed optic neuropathy?
Yes
No
Unknown

Present before current prosthesis or prostheses?
== choose one ==
Yes
No

Present before first prosthesis?
== choose one ==
Yes
No

Does pt have subjective hearing loss?
Yes
No
Unknown

Present before current prosthesis or prostheses?
== choose one ==
Yes
No

Present before first prosthesis?
== choose one ==
Yes
No

Does pt have tinnitus?
Yes
No
Unknown

Present before current prosthesis or prostheses?
== choose one ==
Yes
No

Present before first prosthesis?
== choose one ==
Yes
No

Does pt have echocardiographically diagnosed diastolic dysfunction?
Yes
No
Unknown

Present before current prosthesis or prostheses?
== choose one ==
Yes
No

Present before first prosthesis?
== choose one ==
Yes
No
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Does pt have echocardiographically diagnosed ejection fraction < 40%?
Yes  No  Unknown

Present before current prosthesis or prostheses?
== choose one ==
Yes
No

Present before first prosthesis?
== choose one ==
Yes
No

Ion Concentrations

Enter Ion concentration information
Most recent whole blood Cobalt concentration: ____ ug/L
Months since obtained____
Most recent serum cobalt concentration: ____ ug/L
Months since obtained____
Most recent plasma cobalt concentration: ____ ug/L
Months since obtained____

Since current or last implantation:
Peak whole blood cobalt concentration: ____ ug/L
Peak serum cobalt concentration: ____ ug/L
Peak plasma cobalt concentration: ____ ug/L

Was current or last implantation a revision?
Yes  No
If yes Peak whole blood cobalt concentration prior to current implant or revision: ____ ug/L
If yes Peak serum cobalt concentration prior to current implant or revision: ____ ug/L
If yes Peak plasma cobalt concentration prior to current implant or revision: ____ ug/L

Most recent whole blood chromium concentration: ____ ug/L
Months since obtained____
Most recent serum chromium concentration: ____ ug/L
Months since obtained____
Most recent plasma chromium concentration: ____ ug/L
Months since obtained____
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**Since current or last implantation:**
Peek whole blood chromium concentration: _____ug/L
Peek serum chromium concentration: _____ug/L
Peek plasma chromium concentration: _____ug/L

Was current or last implantation a revision?
Yes  No
  If yes Peak whole blood chromium concentration prior to current implant or revision: _____ug/L
  If yes Peak serum chromium concentration prior to current implant or revision: _____ug/L
  If yes Peak plasma chromium concentration prior to current implant or revision: _____ug/L

**Imaging**
Enter imaging information

**Ultrasound**
Pseudotumor present since last implantation on either side
  == choose one ==
  Yes
  No
  Unknown

**MARS-MRI**
Pseudotumor present since last implantation on either side
  == choose one ==
  Yes
  No
  Unknown

**Surgical Site Integrity**
Enter surgical site integrity information

**Right**
Well healed Draining Erythematous Gapping No implant on right
Use ctrl-click or shift-click to select multiple items.

**Left**
Well healed Draining Erythematous Gapping No implant on left
Use ctrl-click or shift-click to select multiple items.

**Hypersensitivity Testing**
Enter hypersensitivity testing information
Was any hypersensitivity testing done?
Yes  No
For cobalt
   Yes   No

Type of testing
Positive
Negative
Equivocal

When was the testing done?
Before implantation of metal implant While metal implant was in After removal of metal implant
Use ctrl-click or shift-click to select multiple items.

For chromium
   Yes   No

Type of testing
Positive
Negative
Equivocal

When was the testing done?
Before implantation of metal implant While metal implant was in After removal of metal implant
Use ctrl-click or shift-click to select multiple items.

Please specify the name(s) of the treating toxicologist(s)