
From: Berman, Paul [DPYUS]
To: Hirsch, Jeremiah [DPYUS]
Sent: 5/2/2008 8:39:09 PM
Subject: Re: ASR Clinical Data

Not sure it says but the assumption will be our internal lock ring. We will ultimately need a cup redesign but the short term action is manage perceptions.

Sent from my BlackBerry Wireless Handheld

----- Original Message -----

From: Hirsch, Jeremiah [DPYUS]
To: Berman, Paul [DPYUS]; Rhee, Michael [DPYUS]
Sent: Fri May 02 16:36:49 2008
Subject: Re: ASR Clinical Data

Does the file explain why? I can't open it on phone
Jeremiah Hirsch

----- Original Message -----

From: Berman, Paul [DPYUS]
To: Hirsch, Jeremiah [DPYUS]; Rhee, Michael [DPYUS]
Sent: Fri May 02 16:22:25 2008
Subject: Fw: ASR Clinical Data

Fyi guys.

Sent from my BlackBerry Wireless Handheld

----- Original Message -----

From: Flett, Magnus [DPYGB]
To: Berman, Paul [DPYUS]
Sent: Fri May 02 16:15:34 2008
Subject: Fw: ASR Clinical Data

PB, As we discussed today
Magnus Flett
Group Product Manager - Hips

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----- Original Message -----

From: Isaac, Graham [DPYGB]
To: Ekdahl, Andrew [DPYUS]; Camino, Tom [DPYUS]
Cc: Farrar, Richard [DPYGB]; Flett, Magnus [DPYGB]
Sent: Wed Apr 30 14:11:45 2008
Subject: ASR Clinical Data

Guys,

Yesterday we were given some clinical data which compares metal ion levels between BHR and ASR. In essence this shows that under certain conditions ASR is susceptible to extreme metal ion levels, whereas in the hands of the same surgeon BHR does not have the same problems. The difference is most pronounced in females and seems to be related to the use of small cups. I think this data has a bearing on the urgency of updating ASR. I believe that this data will appear in the journals in 2 parts in 6 month and 12 months and has the potential to seriously affect our business. We need to discuss this at the earliest possible opportunity as I believe it means that we need to start any ASR upgrade sooner than our previous plans had suggested. Is there any opportunity to discuss this tomorrow?

Regards

Graham

Graham Isaac PhD
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