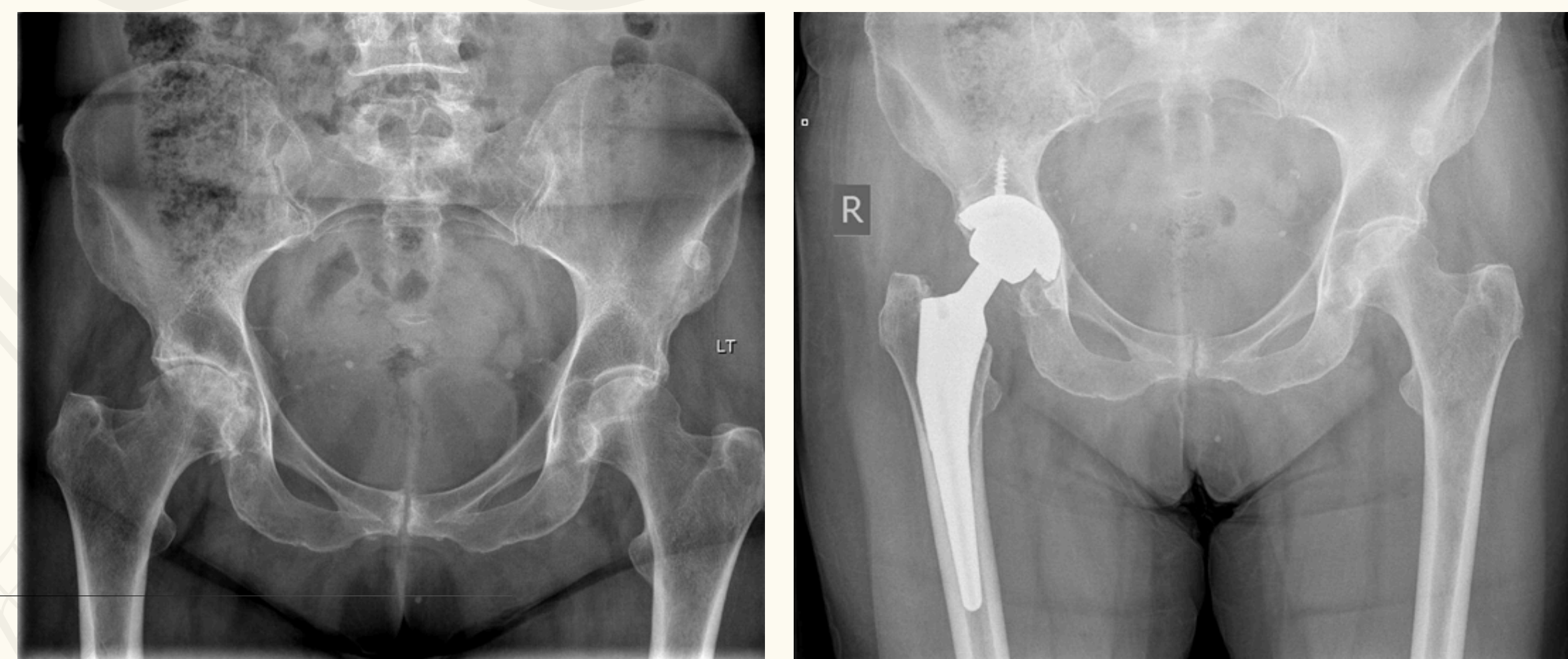


Cancer Beyond Bone: Uncemented THA in Patients With Systemic Malignancy Without Skeletal Involvement

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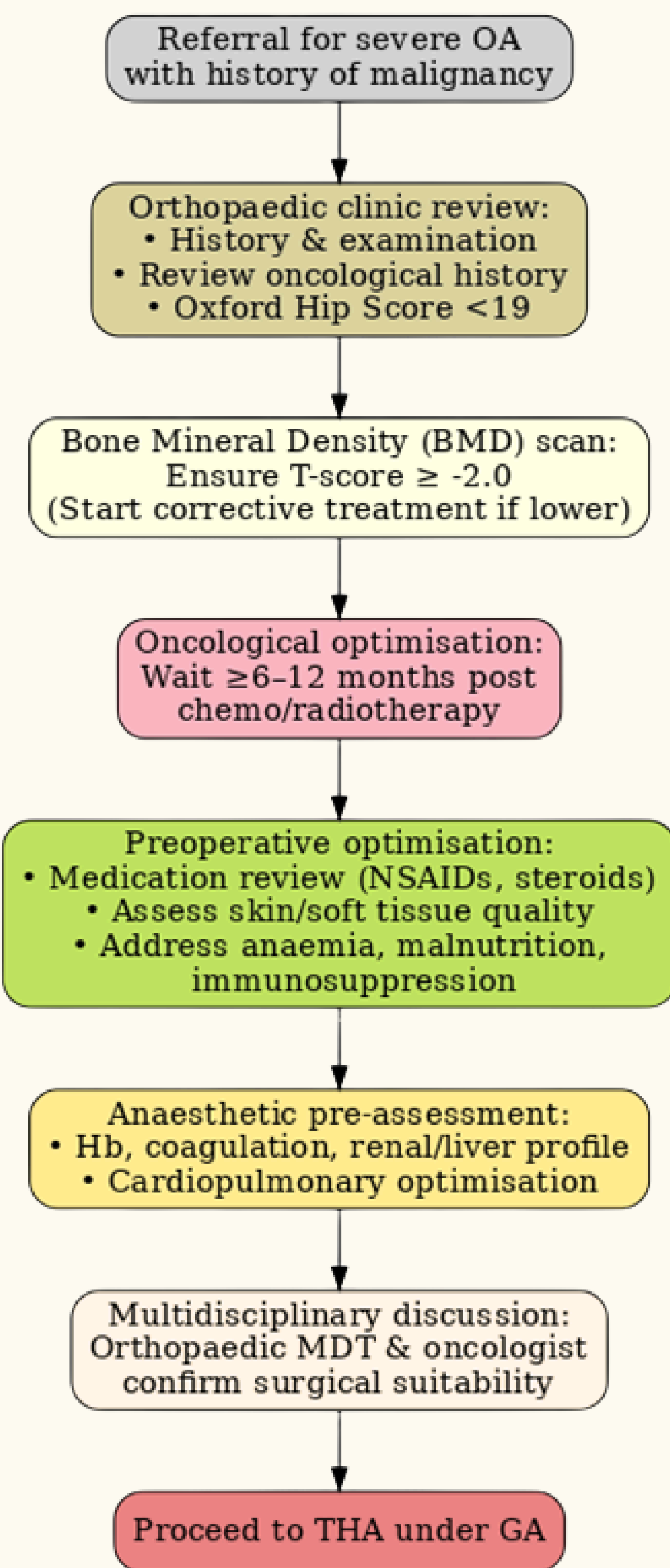
Introduction

With **40,000 new cases of cancer** diagnosed each year, and **median survival over 10 years**, patients in remission from systemic malignancies without skeletal metastases represent a growing subset of patients seeking total hip arthroplasty (THA). However, these cases often fall outside conventional orthopaedic oncology pathways such as Mirels criteria and transfer to Tertiary centre, and data on their outcomes remain limited.



Methods

We retrospectively reviewed 33 uncemented THAs performed in 28 onco-geriatric patients (aged 66–89) between 2020 and 2024 at a district general hospital in England. All patients had a **history of solid tumours** or haematologic malignancies, **were in remission** without any bone involvement at the time of surgery, and underwent uncemented THA using **DePuy Corail collared femoral stems with Pinnacle acetabular cups**. Outcomes assessed included implant stability, perioperative and postoperative complications, and functional recovery measured by the Oxford Hip Score, with a median follow-up of one year.



Results

Our cohort included **33 THA** in 28 patients, 22 Female and 11 Male, with a mean **age of 77**. Indication for surgery was **severe OA** in all patients. Pre-operative OHS was 19 and below in all patients. The most common malignancies were breast (6) and Prostate (4). Early outcomes were good, despite concerns about bone quality in this cohort. There were **no revisions** or **periprosthetic fractures**, and **no cases of prosthetic dislocation, deep infection, or radiographic loosening at one-year follow-up**. All implants achieved stable fixation, and **functional scores were high**, comparable to those reported for THA patients without cancer. **1 patient had died**, and 2 were awaiting 1 year follow up.

Conclusions

Our findings suggest that a **cancer diagnosis alone should not preclude the use of uncemented fixation in THA**. In well-selected older patients with prior malignancy but no local skeletal disease, uncemented THA proved to be a viable, safe reconstructive option. We recommend a minimum wait time of 6–12 months post chemo/radiotherapy, local oncology + MDT discussion pre operatively, BMD scan pre operatively to assess bone stock, and uncemented systems to avoid BCIS on their already frail circulatory systems.

