



Review

A Study on knee implants

Dr. Y. Ratna Sindhu¹, B. Suresh², K. Madhu Sree², G. Manikanta², A. Manikanta²

¹Professor, and HOD of pharmaceutical Regulatory Affairs, Chennupati indo american school of pharmacy, Jonnalagadda, narasaraopet, pin: 522601.

²B.Pharmacy, Chennupati indo american school of pharmacy, Jonnalagadda, narasaraopet, pin: 522601.

*Author correspondence: Dr. Y. Ratna Sindhu

Email: sindhuyalavarthy66@gmail.com

	Abstract
Published on: 20 Feb 2025	<p>Knee implants are essential medical devices used in orthopedic surgeries to replace or support damaged knee joints. Regulatory frameworks are crucial to ensuring that these devices meet high safety, quality, and efficacy standards before they reach the market. This article compares the regulatory affairs in India and Japan, focusing on the approval processes, classification systems, post-market surveillance, and alignment with international standards. Through a thorough review of literature, a comparative analysis, and discussion of challenges and opportunities, this article aims to shed light on the strengths and weaknesses of the regulatory frameworks in both countries.</p>
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	<p>Keywords: Regulatory affairs, Medical device, Knee implants, India (CDSCO), Japan (PMDA), Approval process, Post-market Surveillance.</p>

INTRODUCTION

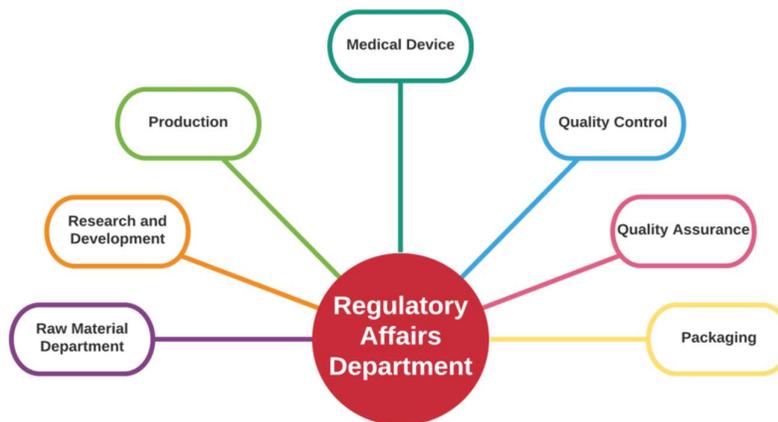
Knee implants have become integral in the treatment of knee-related disorders, especially for aging populations globally. The proper regulatory control of medical devices is essential for maintaining patient safety and ensuring that only safe and effective devices are available for use. Countries like India and Japan, with distinct regulatory frameworks, play significant roles in the development, approval, and distribution of knee implants. India's regulatory framework is governed by the Central Drugs Standard Control Organization (CDSCO), whereas Japan's medical devices are regulated by the Pharmaceuticals and Medical Devices Agency (PMDA)

Regulatory affairs

- It is a profession, intermediate between industrial pharmacy and regulatory agents.

- Regulatory Affairs is a profession which has developed from the desire of governments to protect public health, by controlling
- The safety and efficacy of products in areas including pharmaceuticals, veterinary medicines, medical devices, pesticides, agrochemicals, cosmetics and complementary medicines

Some regulatory agencies



Country	Regulatory authority
India	Central Drugs Standard Control Organization (CDSCO),
Japan	Pharmaceuticals and Medical Devices Agency (PMDA) Ministry of Health, Labour and Welfare (MHLW)
USA	Food and Drug Administration (FDA)
European	European Medicines Agency (EMA)
China	National Medical Products Administration (NMPA)
UK	Medicines And Healthcare Products Regulatory Agency (MHRA)
Italy	Italian Medicines Agency (AIFA)
Australia	Therapeutic Goods Administration (TGA)
Canada	Health Canada

Literature Review

- The regulation of medical devices, including knee implants, is a crucial element in ensuring public safety. Various international bodies like the World Health Organization (WHO) and the International Medical Device Regulators Forum (IMDRF) set guidelines for medical device regulation.
- India and Japan have distinct regulatory frameworks for knee implants. India’s CDSCO regulates devices under the Medical Device Rules, 2017, focusing on accessibility, expedited approvals, and ISO 13485 compliance. Japan’s PMDA, under the Pharmaceutical and Medical Device Act (PMD Act), emphasizes rigorous pre-market evaluations, including clinical data and adherence to a Japan-specific Quality Management System (QMS). Post-market surveillance is stricter in Japan, with mandatory adverse event reporting, while India’s system is evolving. Both frameworks aim to ensure safety and efficacy but differ in regulatory maturity and complexity.

Research Methodology

This study adopts a qualitative research methodology, conducting a comparative analysis of India’s CDSCO and Japan’s PMDA regulatory frameworks. The research uses secondary data, including official regulatory guidelines, peer-reviewed articles, industry reports, and government publications. The data is analyzed to compare device classification, approval procedures, post-market surveillance, and harmonization with international standards.

Medical device

An article, instrument, apparatus or machine that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose.

Types of medical device

- Single use devices (i.e. syringes, catheters)
- Implantable (i.e. Knee implant, pacemakers)
- Imaging (i.e. ultrasound and CT scanners)
- Medical equipment (i.e. anesthesia machines, patient monitors, hemodialysis machines)
- Software (i.e. computer aided diagnostics)

Classification of medical device

India:(CDSCO)

Class	Risk	Examples
Class A	Low Risk	Absorbent cotton wools, Alcohol swabs
Class B	Low Moderate Risk	Thermometer, BP Monitoring Device
Class C	Moderate High Risk	Implants, Hemodialysis Catheter
Class D	High Risk	Angiographic Guide Wire, Heart Valve

Japan:(PMDA)

Class	Risk	Examples
Class I	Extremely low risk	In vitro diagnostic medical devices, scalpels, X-ray films
Class II	Low risk	MRI, electronic endoscopes, ultrasound diagnostic equipment
Class III	Medium risk	Dialyzers, ventilators, artificial bones
Class IV	High risk	Pacemakers, heart valves, stent graft

Knee implants

- Knee implants are artificial components that replace damaged parts of the knee to improve mobility and relieve pain
- Knee replacement, also called knee arthroplasty or total knee replacement, is a surgical procedure to resurface a knee damaged by arthritis. Metal and plastic parts are used to cap the ends of the bones that form the knee joint, along with the kneecap.

Knee implants materials

Knee joint implants are made from a variety of materials, including metal, plastic, and ceramic:

Metal

The metal parts of knee implants are usually made from titanium or cobalt-chromium alloys. Cobalt-chromium is a common choice because it's relatively scratch-resistant.

Plastic

The plastic parts of knee implants are made from medical grade polyethylene.

Ceramic

Some implants are made from ceramics or ceramic/metal mixtures such as oxidized zirconium. Ceramic is a very hard surface that's resistant to scratching and other damage.



Other materials

Some surgeons use different materials, including metal on metal, ceramic on ceramic, or ceramic on plastic.

The metals commonly used in knee implants are **cobalt-chromium, titanium, zirconium, and nickel:**

- Cobalt-chromium: The most common metal used in knee implants because it's durable and biocompatible.
- Titanium: Softer and more flexible than cobalt-chromium, with properties similar to bone.
- Zirconium: Used in some implants, along with ceramics or ceramic/metal mixtures.
- Nickel: One of the metals used in knee implants.
- Knee implants also contain plastic parts made of medical grade **polyethylene**. The plastic fills the space between the two metal pieces and acts as the new cartilage.
- The most common type of knee implant is metal-on-plastic, which is the least expensive and has the longest track record for safety. However, the plastic can wear away over time, triggering an immune reaction that can lead to implant failure.



Study and Discussion

Comparison of India and Japan regulatory agencies

Feature	India(CDSCO)	Japan(PMDA)
Regulatory Authority	CDSCO (Central Drugs Standard Control Organization)	PMDA (Pharmaceuticals and Medical Devices Agency)
Regulatory Framework	Medical Device Rules, 2017	Pharmaceutical and Medical Device Act (PMD Act)
Risk Classification	Risk-based classification (Class A to D)	Risk-based classification (Class I to IV)
Approval Timelines	6-12 months	12-24 months
Clinical Trials	Required for higher-risk devices	Required for higher-risk devices, with special expedited approval for innovative devices
Cost Regulation	Price control by NPPA	Cost evaluated for reimbursement under insurance
Post-market Surveillance	Under development, but improving	Robust post-market surveillance system
Market Access	Requires import license for devices	Requires marketing authorization and post-market commitments

India: CDSCO (Central Drugs Standard Control Organization)

The CDSCO, under the Ministry of Health and Family Welfare, is responsible for regulating medical devices, including knee implants, in India. The Medical Device Rules, 2017 laid down the foundation for the regulatory process in India, introducing a classification system and procedures for device approval. Under the Medical Device Rules, 2017, knee implants are classified as Class C or Class D medical devices, depending on

their risk level. Class C represents moderate-high risk devices, while Class D includes high-risk devices such as those with critical functionalities or implantable components.

Approval Process

The approval process for knee implants in India requires submission of clinical trial data, product testing, and risk assessments. The process can take up to several months, especially for Class D devices.

Post-Market Surveillance

The Medical Device Rules, 2017 mandate post-market surveillance. However, the enforcement is less stringent compared to developed nations, and there are challenges in tracking adverse events effectively.

Japan: PMDA (Pharmaceuticals and Medical Devices Agency)

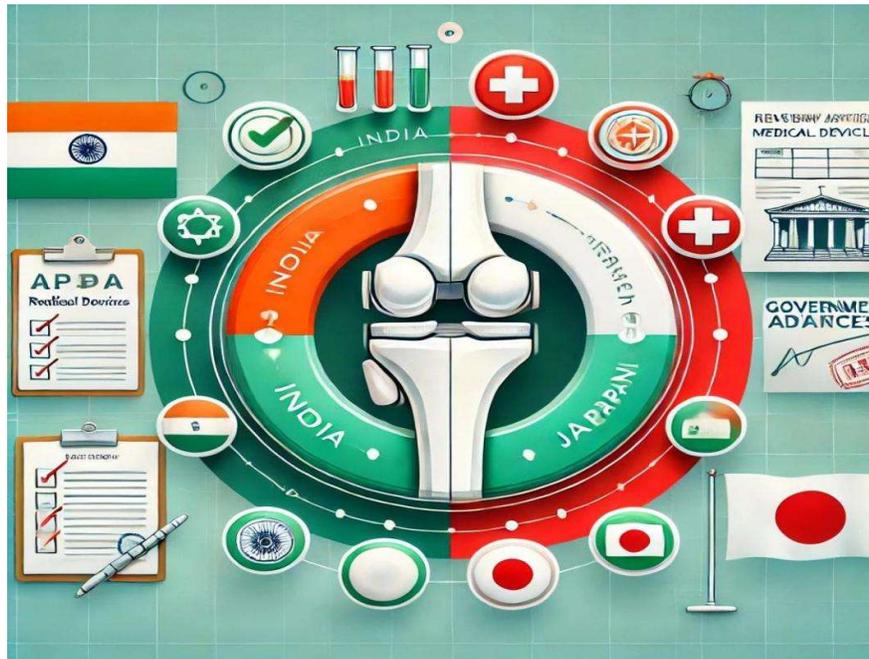
Japan's regulatory framework is governed by the Pharmaceutical and Medical Device Act (PMD Act). The Pharmaceuticals and Medical Devices Agency (PMDA), under the Ministry of Health, Labour, and Welfare (MHLW), oversees the regulation of medical devices, including knee implants. In Japan, knee implants are classified as **Class IV**, the highest-risk category under the Pharmaceutical and Medical Device Act (PMD Act). This classification requires stringent safety and efficacy evaluations, including pre-market approval and post-market surveillance.

Approval Process

Japan follows a rigorous approval process, which includes Pre-Market Approval (PMA) or Pre-Market Certification (PMC) for high-risk devices. Clinical trial data must be comprehensive, and manufacturers must provide substantial evidence of safety and effectiveness.

Post-Market Surveillance

Japan has a well-established post-market surveillance system. The PMDA enforces strict monitoring, including mandatory reporting of adverse events, periodic inspections of manufacturers, and corrective actions if necessary.



CONCLUSION

This comparative analysis reveals that while both India and Japan have established regulatory frameworks for knee implants, there are significant differences in the approval processes, device classifications, and post-market surveillance systems. Japan's system is more stringent and well-established, while India's framework is evolving and facing challenges such as regulatory delays and inadequate post-market monitoring. Aligning India's system with international best practices and improving the efficiency of regulatory procedures in both countries would ensure better access to safe, effective knee implants for patients.

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