

## Media release

### **One million SLActive implants and one million individualized Straumann CAD/CAM elements sold**

- *Commercial success built on clinically proven benefits*
- *SLActive sets benchmark as the platinum standard, third-generation implant surface*
- *New SLActive production unit at Villeret facility goes into operation to meet future demand*
- *Dentists and laboratories move to Straumann CAD/CAM for high precision dental crowns and bridges in a broad range of materials, including super-esthetic ceramics*

**Basel, 10 September 2009:** Straumann, a global leader in replacement, restorative and regenerative dentistry, announced today that it has sold more than one million dental implants with its proprietary SLActive surface technology, which cuts healing times by half and provides higher security, compared with the conventional SLA surface<sup>1,2</sup>.

At the same time, Straumann's CAD/CAM unit, etkon, also reported that it has now sold over a million individualized CAD/CAM crown and bridge elements. This is a significant milestone in view of the fact that the company is comparatively new in this field and has only recently expanded outside its local market.

#### **The key to SLActive's success**

Dental implants act like natural tooth roots in that they provide a stable, durable foundation for replacement teeth. The great majority of implants are manufactured from titanium, which is biocompatible and integrates with bone. Conventional titanium surfaces are hydrophobic and thus repel fluids, whereas the chemical purity and retained surface energy of SLActive shows remarkable hydrophilic (fluid attracting) properties. As a consequence, it quickly attracts blood and proteins and thus integrates with bone considerably faster than conventional surface technology. The implications of this are: higher security, shorter treatment protocols, higher predictability and reduced risk with earlier loading, resulting in better patient care.

#### **The medical need for enhanced surface technology**

According to latest estimates, 80% of patients requiring an implant have one or more risk factors for compromised treatment outcome, such as: age, poor bone quality, diabetes, alcohol consumption, smoking etc. Furthermore, as treatment with dental implants becomes more common, the criteria for patient selection are expected to slacken and the frequency of difficult cases being treated will increase. The number of less specialized practitioners placing implants is also expected to rise. In addition, patients increasingly want faster solutions. These trends underline the need for proven, time-saving systems that are easier to use and achieve predictable optimal results in challenging indications/situations. SLActive is a major step towards meeting that need.



Launched in 2005, SLActive is now available on Straumann implants in more than 70 countries around the world, including China, where marketing approval has just been obtained. SLActive also features on Straumann's new Roxolid™ implants.

### **Proven activity**

Backed by impressive clinical and preclinical studies and publications, SLActive is one of the best investigated implant surfaces on the market; more than 20 studies have provided evidence endorsing its remarkable properties.

In head-to-head preclinical studies, SLActive compared strongly with two leading competitors with regard to surface osseointegration: it demonstrated a positive influence on the interfacial shear strength by comparison with TiUnite<sup>3,4</sup>, and achieved significantly higher bone-to-implant contact compared with NanoTite<sup>5,6</sup>. These results, which are indicative of osseointegration, were presented at recent scientific conferences<sup>7</sup>. Besides its excellent osseointegration, SLActive has also demonstrated improved bone formation<sup>8,9,10,11</sup> and defect filling<sup>12,13</sup> in preclinical studies.

SLActive has advantages in all indications, particularly in the growing field of critical treatment protocols and whenever esthetics play a role. Published 12-month clinical data from an ongoing multicenter study with 380 implants confirm that excellent results can be achieved with SLActive even in challenging conditions. The results show exceptional survival rates, despite the fact that more than 40% of the implants were placed in poor quality bone and 'aggressive' protocols were used. Furthermore, a survival rate of 100% was observed in class IV bone (28 patients) and bone gain was reported in approximately 16% of cases<sup>2</sup>.

Straumann believes that this technology still has more potential to be explored and will be the platinum standard for all implant indications. This is mirrored in the uptake of SLActive, which is now sold on more than one in every three Straumann implants.

### **New production unit goes into operation**

In order to meet future demand, Straumann has extended its Swiss manufacturing site in Villeret by 1000 m<sup>2</sup> to house a dedicated SLActive production unit. The project, which was initiated in spring 2008, became operational in August this year.

### **1 million Straumann CAD/CAM crown and bridge elements**

Modern dental prosthetic inlays, crowns, and bridges are designed by computer (CAD) and then milled on computerized machines (CAM) from polymer, metal or ceramics. This procedure is considerably more efficient and replaces traditional labor-intensive processes, such as casting, layering and firing, performed by dental technicians. CAD/CAM prosthetics are also used in combination with dental implants, making the two businesses complementary. CAD/CAM is a fast growing technology that is very profitable for dental laboratories and offers precise, reliable, esthetic, individual solutions.

Straumann entered the tooth restoration market in 2007 through the acquisition of etkon, an emerging CAD/CAM company focused primarily on its domestic market in Germany. Supported by Straumann's global brand and presence, the business has expanded rapidly and has now sold over a million individualized elements.



Today, Straumann provides a comprehensive CAD/CAM service for dental laboratories and dentists, including a full range of CAD/CAM dental prosthetics and related technology. The success of its system is built on innovative CAD software, powerful laser scanning technology, high precision milling and high performance materials. Straumann® CAD/CAM restorations include copings, full-anatomical crowns, bridges up to 14 units, and customized abutments. The company offers a broad range of modern biocompatible, durable and esthetic materials, including state-of-the-art super-esthetic, high-performance glass ceramic.

In contrast to some systems, Straumann CAD/CAM is fully integrated and meets FDA, and ISO standards, reflecting the high quality, esthetics and precision for which Straumann is renowned.

#### **About Straumann**

Headquartered in Basel, Switzerland, the Straumann Group (SIX: STMN) is a global leader in implant and restorative dentistry and oral tissue regeneration. In collaboration with leading clinics, research institutes and universities, Straumann researches, develops and manufactures dental implants, instruments, prosthetics and tissue regeneration products for use in tooth replacement and restoration solutions or to prevent tooth loss. Straumann currently employs approximately 2200 people worldwide and its products and services are available in more than 70 countries through its broad network of distribution subsidiaries and partners.

---

**Straumann Holding AG**, Peter Merian-Weg 12, 4002 Basel, Switzerland.

Phone: +41 (0)61 965 11 11 / Fax: +41 (0)61 965 11 01

E-mail: [investor\\_relations@straumann.com](mailto:investor_relations@straumann.com) or [corporate\\_communication@straumann.com](mailto:corporate_communication@straumann.com)

Homepage: [www.straumann.com](http://www.straumann.com)

#### **Contact:**

Mark Hill, Corporate Communication  
+41 (0)61 965 13 21

Fabian Hildbrand, Investor Relations  
+41 (0)61 965 13 27

#### **Disclaimer**

This release contains certain “forward-looking statements”, which can be identified by the use of terminology such as “will”, “potential”, “would”, “prevailing”, “still be able to”, “should”, “confidence in achieving”, “future”, “anticipated”, “continue”, “mid and long term”, “believes”, “outlook”, or similar wording. Such forward-looking statements reflect the current views of management and are subject to known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements of the Group to differ materially from those expressed or implied. These include risks related to the success of and demand for the Group’s products, the potential for the Group’s products to become obsolete, the Group’s ability to defend its intellectual property, the Group’s ability to develop and commercialize new products in a timely manner, the dynamic and competitive environment in which the Group operates, the regulatory environment, changes in currency exchange rates, the Group’s ability to generate revenues and profitability, and the Group’s ability to realize its expansion projects in a timely manner. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in this release. Straumann is providing the information in this release as of this date and does not undertake any obligation to update any forward-looking statements contained in it as a result of new information, future events or otherwise.

---

<sup>1</sup> Oates TW et al. Enhanced implant stability with a chemically modified SLA surface: a randomized pilot study. *Int J Oral Maxillofac Implants* 2009;22:755-760.

<sup>2</sup> Ganeles J, Zöllner A, Jackowski J, ten Bruggenkate C, Beagle J, Guerra F. Immediate and early loading of Straumann implants with a chemically modified surface (SLActive) in the posterior mandible and maxilla: 1-year results from a prospective multicenter study. *Clin Oral Implants Res* 2008;19:1119-1128.

<sup>3</sup> Gottlow J, Barkarmo S, Sennerby L. Influences of surface properties on osseointegration. Results presented at the Toronto Osseointegration Conference, May 2008.

---

<sup>4</sup> TiUnite is a registered trademark of the Nobel Biocare Group.

<sup>5</sup> F. Schwarz, D. Ferrari, M. Wieland, M. Sager, J. Becker. Comparative study on bone regeneration in dehiscence-type defects at chemically modified hydrophilic (SLActive®) or nanostructured (NanoTite®) titanium implants. Presented at the EAO 2008, Warsaw.

<sup>6</sup> NanoTite is a registered trademark of Biomet 3i, Inc.

<sup>7</sup> Toronto Osseointegration Conference, May 2008; EAO, Warsaw, September 2008.

<sup>8</sup> Schwarz F et al. Histological and immunohistochemical analysis of initial and early subepithelial connective tissue attachment at chemically modified and conventional SLA titanium implants. A pilot study in dogs. Clin Oral Investig 2007;11(3):245-255.

<sup>9</sup> Schwarz F et al. Histological and immunohistochemical analysis of initial and early osseous integration at chemically modified and conventional SLA titanium implants: preliminary results of a pilot study in dogs. Clin Oral Implants Res 2007;18(4):481-488.

<sup>10</sup> Schwarz F et al. Effects of surface hydrophilicity and microtopography on early stages of soft and hard tissue integration at non-submerged titanium implants: an immunohistochemical study in dogs. J Periodontol 2007;78(11):2171-2184.

<sup>11</sup> Bornstein M et al. Bone apposition around two different sandblasted and acid-etched titanium implant surfaces: a histomorphometric study in canine mandibles. Clin Oral Implants Res 2008;19(3):233-241.

<sup>12</sup> Schwarz F et al. Bone regeneration in dehiscence-type defects at non-submerged and submerged chemically modified (SLActive) and conventional SLA titanium implants: an immunohistochemical study in dogs. J Clin Periodontol 2008; 35:64-75.

<sup>13</sup> Schwarz F et al. Bone regeneration in dehiscence-type defects at chemically modified (SLActive) and conventional SLA titanium implants: a pilot study in dogs. J Clin Periodontol 2007;34:78-86.