





More than an implant. A sense of trust.

Patients today are more aware of their options when it comes to tooth replacement. Partner with an implant company that aligns with your philosophy and give your patients peace of mind.

The Straumann® Dental Implant System is designed to support you by providing more treatment options for your patients, building on a history of pioneering innovations in implant dentistry supported by reliable scientific evidence.

Trust based on 60 years of quality and innovations

1954

Founding of the research institute Institut Dr. Ing. R. Straumann® AG

1998

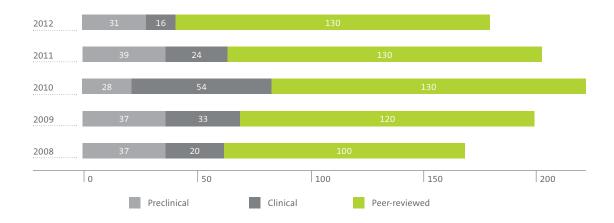
SLA® – Pioneering surface technology cuts healing time in half¹

1970 - 1980

First dental implants including the world's first one-stage implant are developed at Straumann



NUMBER OF STUDY PUBLICATIONS AND PEER-REVIEWED PUBLICATIONS ON STRAUMANN PRODUCTS



2009

Roxolid® – The new "DNA" of implant materials. Exclusively designed for the use in dental implantology

2006

SLActive® surface technology reduced reported implant loss rate to 0.6 %²

2013

Introducing the full **Roxolid** portfolio – setting new standards by reducing invasiveness



More than surface technology. An increased level of confidence.

SLActive® – simply better.

- Faster osseointegration³
- Reduced healing times from 6 8 weeks to 3 4 weeks³
- Increased predictability in stability-critical protocols^{4,5}

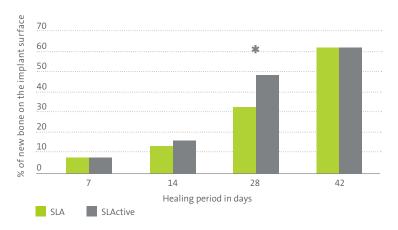
Promoting faster osseointegration³ and providing higher predictability in stability-critical treatment protocols, the hydrophilic SLActive surface has become an advantage provided by the Straumann[®] Dental Implant System.

INCREASED PREDICTABILITY

Most implant failures occur in the critical early period between weeks 2 and 4.6 A clinical study showed that SLActive Implants promote significantly greater osseointegration at 28 days than SLA® Implants.⁷ SLActive is designed to deliver high stability and has shown to be predictable in early treatment, giving you confidence in the treatment outcome.

PROMOTES BONE REGENERATION IN DEHISCENCE-TYPE DEFECTS

Critical situations such as dehiscence defects are always a challenge and put success at risk. With SLActive, new bone volume and BIC are significantly higher (p<0.001) than SLA.8



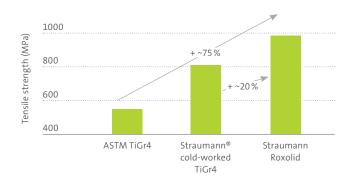
Clinical study showed that SLActive Implants promote significantly greater (p=0.033) osseointegration at 28 days* than SLA Implants.⁹

More than solid.

Reducing invasiveness.

Roxolid® – simply stronger.

- Higher tensile strength¹⁰
- Improved osseointegration over Straumann's Titanium SLActive[®] implants¹¹
- The SLActive surface featured on the Roxolid implant is scientifically supported in 14 preclinical and 8 clinical studies¹²



Roxolid is the first Titanium-Zirconium (TiZr) alloy material designed specifically for dental implants. It is **stronger** than pure titanium¹⁰ and has **excellent osseointegration** properties.^{11,13,14} This combination of properties is unique in the market – there is no other metallic alloy which unifies high mechanical strength and osteoconductivity.

MORE TREATMENT OPTIONS WITH SMALLER IMPLANTS

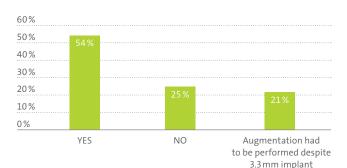
With outstanding mechanical and biological properties, Roxolid Implants may allow you to use smaller-diameter implants with the same clinical performance as regular-diameter titanium implants.¹⁵

REDUCED INVASIVENESS

Roxolid may allow you to choose smaller implants, which have the potential to preserve peri-implant structures and minimize the need for invasive bone grafting procedures.

COULD A BONE AUGMENTATION PROCEDURE BE AVOIDED BY USING ROXOLID Ø 3.3 MM IMPLANTS?

54 % of participants in a clinical non-interventional study stated that a bone augmentation procedure could be avoided due to the use of Roxolid \emptyset 3.3 mm Implants.¹⁶



INCREASE PATIENT ACCEPTANCE BY PROVIDING LESS INVASIVE SOLUTIONS

With Straumann Roxolid Implants you have the ability to offer less invasive solutions¹⁷ to your patients that deliver faster treatment at a lower cost. These advantages have the potential to make dental implant treatments appealing to more patients.

More than an implant.

Freedom of choice.

For a natural look and feel. The Straumann® Bone Level Implants are designed with predictability in mind. Proven crestal bone preservation to give you confidence for the long-term.

Pleasing esthetic results with Consistent Emergence Profiles™

 Optimize and simplify, from the healing abutment through the final restoration

Simplified handling with the Crossfit® Connection

- Provides simple component positioning from impression taking to seating of the final restorative abutments
- Precision fit of the Crossfit
 Connection provides long-term mechanical stability for the final restoration



Optimized crestal bone preservation with Bone Control Design™

- Respects the biological distance/ width
- Optimal position of smooth and rough surface interface
- Microgap control for both Bone and Soft Tissue Level
- · Biomechanical implant design
- Implant surface osteoconductivity

Time-tested materials

- Titanium Grade 4
- Roxolid®: A titanium-zirconium alloy stronger than titanium¹0 and specifically designed for the use in dental implantology

More than efficient. A simple restorative procedure.

The Straumann® Soft Tissue Level Implants are designed with nature in mind. They mimic the emergence of a natural tooth, with restorative components that are designed to provide familiarity in the final restoration.

Innovative surfaces

- SLA®, the reliable and scientifically well-documented surface, with predictable long-term clinical data^{18,19}
- SLActive[®], the next generation in implant surface technology, reduces the critical healing times from 6 – 8 weeks to 3 – 4 weeks³ and minimizes the potential for early implant failure



Engineered to allow careful soft tissue maintenance

• Designed with nature in mind, built-in emergence profile at the soft tissue level

Simple impression taking and abutment placement

 With the implant to abutment connection accessible at the soft tissue level, it's easier to take impressions and place abutments when compared to bone level implants

Flexible and reliable solutions, mimicking common restorative procedures

- The Straumann Solid Abutment is designed to mimic a prepped tooth and features a morse taper connection for a reliable restoration
- The synOcta® connection provides flexibility in your restoration, uniform load distribution and reliable, and stable implant-to-abutment joints that prevent rotation

More than just a transfer piece. Easy handling.

All Straumann® Roxolid® Implants are delivered with the Loxim™ Transfer Piece, which is connected to the implant with a snap-in mounting. Its design offers various features and benefits.

FEATURES BENEFITS

Snap-in mounting...

Blue color...

Compact dimensions...

Height markings...

Pre-determined breaking point...



...for easy handling without counter-maneuvering

...for high visibility

...for easy access

...for correct implant placement

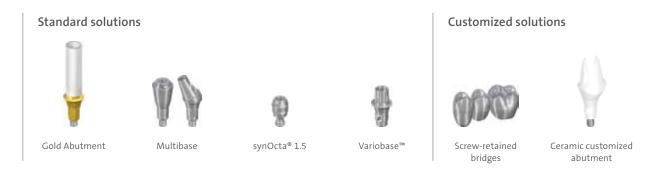
...for protecting the inner implant configuration



More than convenience. A simple workflow.

For both Tissue Level and Bone Level Implants, Straumann® offers a broad range of standard and CAD/CAM abutments in leading materials and a full application range — designed to create the optimal restorative result for virtually any case.

SCREW-RETAINED RESTORATIONS*/**



CEMENT-RETAINED*/**



^{*} Certain solutions can also be used for screw-retained or cement-retained restorations

^{**} Only a selection of solution examples is displayed

^{***} Pending FDA 510(k) clearance

The Straumann® Surgical Kit and Prosthetic Kit can be used for all implant lines of the Straumann Dental Implant System.

For ease of use, you need only one restorative kit for both Soft Tissue Level and Bone Level Implants. This single kit is easy to master, simple to handle and allows for convenient component management.

SURGICAL KIT*





^{*} Only a selection of examples is displayed

More than many possibilities. Freedom of choice.

MORE FACTS. MORE EXPERIENCE. TITANIUM SLA®

Long-term reliability supported by scientific evidence

- Various studies show a high success rate with SLA after 10-year follow up^{18,19}
- · Over 100 peer-reviewed papers published

Access to two implant approaches

- Esthetic cases can be treated with Bone Level Implants
- Efficient straight forward procedure with Soft Tissue Level Implants
- · One surgical kit for all implant lines

Straumann® quality and services

- Precise abutment to implant fit with genuine Straumann components. Non-original components cannot replicate Straumann's manufacturing tolerances
- Extensive education program offering CE credits and exposure to a vast professional network
- All Straumann implants are backed by a limited lifetime warranty*

MORE OPTIONS. INCREASED PERFORMANCE. ROXOLID® SLActive®

Higher predictability in all indications

- Straumann's best material-surface combination
- Improved treatment predictability
- Minimize the risk of early implant failures
- Confidence thanks to the excellent mechanical and biological performance of Roxolid

Preserve bone and minimize invasive grafting procedures

- Small implants are designed to protect vital structures
- Designed to allow you to choose smaller-diameter implants and to help avoid grafting procedures^{15,16}

Predictable treatment success even in challenging cases

- SLActive may have a high potential to support osseointegration in dehiscence-type defects⁹
- Preclinical study indicating increased bone quality in an osteoporotic model¹³
- High success rates with immediate loading protocols with the SLActive surface²⁵

More treatment options with smaller implants

- Small implants with high material strength offer more treatment options¹⁰
- Reduced invasiveness with less discomfort, cost and time
- Increase patient acceptance with less invasive procedures¹⁷

Practice differentiator offering new treatment possibilities

- Treat patients who before may not have been candidates for implant therapy
- Vertical space is no longer a limitation with the Standard Plus Short Implant**
- Increased predictability in stability critical treatment protocols reduces treatment time with the SLActive surface²⁵

^{*} See LIT152.360 for terms and conditions

^{**} Pending FDA 510(k) clearance





REFERENCES

- ¹ Scacchi M. et al., The development of the ITI DENTAL IMPLANT SYSTEM. Part 2: 1998-2000: Steps into the next millennium. Clin Oral Implants Res 2000; 11: 22–32.
- ² Based upon global Straumann® SLActive® complaint statistics 2005–2006.
- 3 Compared to SLA®
- ⁴ Oates TW. et al. 'Enhanced implant stability with a chemically modified SLA surface: a randomized pilot study.' Int. J. Oral Maxillofac. Implants. 2007;22(5):755–760.
- ⁵ Bornstein mm et al. 'Early loading at 21 days of non-submerged titanium implants with a chemically modified sandblasted and acid-etched surface: 3-year results of a prospective study in the posterior mandible'. J. Periodontol. 2010 Jun;81 (6):809–18.
- ⁶ Raghavendra S, Wood MC, Taylor TD. 'Early wound healing around endosseous implants: a review of the literature.' Int J Oral Maxillofac Implants. 2005 May–Jun;20(3):425–31.
- ⁷ Lang NP, et al. Early osseointegration to hydrophilic and hydrophobic implant surfaces in humans. Clin. Oral Impl Res. 2011;22:349–356.

 8 Schwarz, F., et al., 'Bone regeneration in dehiscence-type defects at chemically modified (SLActive) and conventional SLA
- 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. 34.1 (2007): 78–86.
- ⁹ 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. 35.1 (2008): 64–75.
- ¹⁰ Norm ASTM F67 (states min. tensile strength of annealed titanium); data on file for Straumann cold-worked titanium and Roxolid implants.
- ¹¹ Gottlow J, Dard M, Kjellson F, Obrecht M, Sennerby L. Evaluation of a new titanium-zirconium dental implant: a biomechanical and histological comparative study in the mini pig. Journal of Clinical Implant Dentistry and Related Research 2012; 14: 538–545 ¹² Straumann SLActive Scientific Summaries, USLIT196. Data on file.
- ¹³ Wen B et al. 'The osseointegration behavior of titanium-zirconium implants in ovariectomized rabbits.' Clin Oral Implants Res. 2013 Feb 21. [Epub ahead of print]
- ¹⁴ Barter S et al. 'A pilot study to evaluate the success and survival rate of titanium-zirconium implants in partially edentulous patients: results after 24 months of follow-up.' Clin Oral Implants Res. 2012 Jul;23(7):873–81.
- ¹⁵ Benic GI, Gallucci GO, Mokti M, Hämmerle CH, Weber HP, Jung RE. Titanium-zirconium narrow-diameter versus titanium regular-diameter implants for anterior and premolar single crowns: 1-year results of a randomized controlled clinical study. Journal of Clinical Periodontology 2013 Nov;40(11):1052–61. doi: 10.1111/jcpe.12156. Epub 2013 Sep 8.
- ¹⁶ Freiberger P, Al-Nawas B. 'Non-interventional Study on Success and Survival of TiZr Implants.' EAO 2012 Copenhagen; 305 Posters Implant Therapy Outcomes, Surgical Aspects.
- ¹⁷ If a Guided Bone Regeneration (GBR) procedure can be avoided.
- ¹⁸ Fischer K., Stenberg T. al 'Prospective 10-year Cohort Study Based on a Randomized Controlled Trial (RCT) on Implant-Supported Full-Arch Maxillary Prostheses. Part 1: Sandblasted and Acid-Etched Implants and Mucosal Tissue.' Clin Implant Dent Relat Research. 2012 Dec;14(6):808–15.
- ¹⁹ Buser D, Janner SF, Wittneben JG, Brägger U, Ramseier CA, Salvi GE. 10-year survival and success rates of 511 titanium implants with a sandblasted and acid-etched surface: a retrospective study in 303 partially edentulous patients. Clin Implant Dent Relat Res. 2012 Dec:14(6):839–51.
- ²⁰ Buser D. et al. 'Enhanced bone apposition to a chemically modified SLA titanium surface.' J. Dent. Res. 2004 Jul;83(7):529–33.
- ²¹ 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 Impl. Res. 2007;11(4):481–488.
- ²² 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 Impl. Res. 2007;11(3):245–455.
- ²³ 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.
- ²⁴ Zöllner et al. 'Immediate and early non-occlusal loading of Straumann implants with a chemically modified surface (SLActive) in the posterior mandible and maxilla: interim results from a prospective multicentre randomized-controlled study.' Clinical Oral Implants Research, 19(5), 442–450,2008.
- ²⁵ Nicolau P. et al. 'Immediate and early loading of chronically modified implants in posterior jaws: 3-year results from a prospective randomized study' Clin Implant Dent Relat Res. 2013 Aug;15(4):600–612.

International Headquarters

Institut Straumann AG Peter Merian-Weg 12 CH-4002 Basel, Switzerland

Phone +41 (0)61 965 11 11

Fax +41 (0)61 965 11 01 Straumann North American Headquarters

Straumann USA, LLC 60 Minuteman Road Andover, MA 01810

Phone 800/448 8168 (US) • 800/363 4024 (CA)

978/747 2490

www.straumann.us • www.straumann.ca