Erratum number	Page in AG report	Text	Commentator comment (MHRA)	Text change in AG report
	2.1. Background – page 18	*However, in June 2012 advice about follow-up of patients receiving a MoM articulation changed as a result of research on complications. The Medicines and Healthcare products Regulatory Agency (MHRA) issued a medical device alert and recommended that clinicians should perform appropriate follow-up.*	Suggested changes to improve accuracy as follows: The Medicines and Healthcare products Regulatory Agency (MHRA) issued a medical device alert **in June 2012, updating its original patient follow –up advice of April 2010**.	Suggested change made on page 18. Text now reads as follows The Medicines and Healthcare products Regulatory Agency (MHRA) issued a medical device alert in June 2012, updating its original patient follow –up advice of April 2010.
	3.1.4.2. Summary of NICE TA44…- page 34	*However, in June 2012 advice about follow-up of patients receiving a MoM articulation changed*	Perhaps it needs to reference original MHRA advice. Therefore : However, in June 2012 advice about follow-up of patients receiving a MoM articulation **updated from the original advice of April 2010**.	Suggested change made on page 34. Text now reads as follows However, in June 2012 advice about follow-up of patients receiving a MoM articulation updated from the original advice of April 2010.
	3.1.4.2. Summary of NICE TA44… - page 34	*Follow-up, if indicated, should consist of both imaging (MRI or ultrasound) and blood metal ion tests (ion level >7 parts per billion (PPB) indicates potential for soft tissue reaction). Then revision should be considered if imaging was abnormal and/or blood metal ion*	The correct units are as follows: ….tests (ion level >7 parts per billion (**ppb**)…	Suggested change made on page 34. Text now reads as follows Follow-up, if indicated, should consist of both imaging (MRI or ultrasound) and blood metal ion tests (ion level >7 parts per billion

		levels were rising.		(ppb) indicates potential for soft tissue reaction). Then revision should be considered if imaging was abnormal and/or blood metal ion levels were rising.
	3.1.4.3. Summary of MHRA alert advice – pages 34 and 35	*Asymptomatic: follow-up according to local protocols - no need for investigations unless cause* *for concern about implant*	It would be more accurate if modify as follows: Asymptomatic: follow-up according to local protocols - no need for investigations unless cause for concern about **cohort or patient becomes symptomatic**	Suggested change made on page 34 and 35. Text now reads as follows Asymptomatic: follow-up according to local protocols - no need for investigations unless cause for concern about cohort or patient becomes symptomatic
	3.2.1.3 Hip replacement – page 41	*Cemented prostheses are held in place with bone cement and generally consist* *of three components, a femoral stem, a femoral head (modular) and an acetabular cup.*	Some cemented acetabular cups have a metal backing/shell. Suggested change: Cemented prostheses are held in place with bone cement and generally consist of three components, a femoral stem, a femoral head (modular) and an acetabular cup, **which may consist of two parts, an external metal shell and a liner**.	Suggested change made on page 41. Text now reads as follows Cemented prostheses are held in place with bone cement and generally consist of three components, a femoral stem, a femoral head (modular) and an acetabular cup, which may consist of two parts, an external metal shell and a liner.

	3.2.1.4. Hip replacement with components made of different materials – page 43	*Table 1. THR and RS articulation and fixation type combinations*	Table 1 needs to have consistent terminology for both THR and RS. The materials for head, cup and shell liner are shown. For instance, for THR, the first four boxes under "Acetabular cup shell" may say "metal" for all four cases and under "Accetabular liner"may say "Polyethylene", "Ceramic" or "Metal". For the RS, material for heads, acetabular cup shell and liner need to be shown.	Suggested change made – please see updated Table 1.
	3.2.1.4 as above – page 48	*MoM articulations provide a hard bearing surface, however due to their reportedly high revision rate they are no longer recommended by the MHRA for use in the UK (reference MDA/2012/036) (see Figure 7).*	This statement is incorrect. MHRA has not made any recommendations about the use of these devices, it has only provided advice on patient follow up. We would suggest: MoM articulations provide a hard bearing surface, however due to their reportedly high revision rate, **the MHRA has made recommendations for following up patients implanted with such devices** (reference MDA/2012/036) (see Figure 7).	Suggested change made on page 48. Text now reads as follows MoM articulations provide a hard bearing surface, however due to their reportedly high revision rate, the MHRA has made recommendations for following up patients implanted with such devices (reference MDA/2012/036) (see Figure 7).
	As above- page 50	*The MHRA recommendation states that patients with MoM bearings and a*	It is the metal ion levels that need to be measured. Suggested	Suggested change made on page 50.

		painful hip joint should have yearly measurements of serum ion concentrations and radiographic assessment to exclude adverse local tissue reactions as the source of pain.	change: The MHRA recommendation states that patients with MoM bearings and a painful hip joint should have yearly measurements of **whole blood metal** ion concentrations and radiographic assessment to exclude adverse local tissue reactions as the source of pain.	Text now reads as follows The MHRA recommendation states that patients with MoM bearings and a painful hip joint should have yearly measurements of whole blood metal ion concentrations and radiographic assessment to exclude adverse local tissue reactions as the source of pain.
	5.2. Summary of national registries – page 65	*The three national registries report long term data with compliance proportions of 83.2% (NJR), 98.5% (SHAR) and 93.9% (AOANJRR). Revision rates are reported as 88.6%, 95% and 95% at nine, 10 and 10 years respectively.*	Clarity is needed on the annual report year for compliance and if revision rates are for THR, RS or overall and annual report year.	Suggested change made on page 65. Text now reads as follows The three national registries report long term data with compliance proportions of 83.2% (NJR 2011-2012), 98.5% (SHAR 2009-2010) and 93.9% (AOANJRR 2011/2012). Revision rates are reported as 88.6%, 95% and 95% at nine, 10 and 10 years respectively.