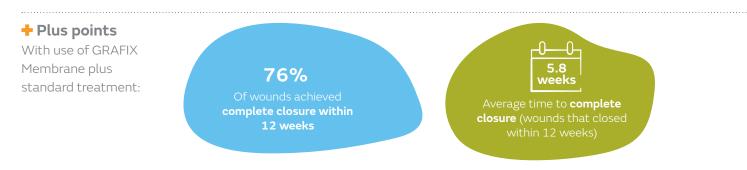
# **Smith**Nephew

Addition of GRAFIX° Cryopreserved Placental Membrane to standard treatment helped the majority of chronic wounds to achieve complete closure within 12 weeks



### **Overview**

- Retrospective study conducted at a single outpatient wound care center in the USA in 66 patients with chronic wounds (N=67; average duration, 38 weeks; average size, 6.65cm<sup>2</sup>)
  - The majority of wounds were diabetic foot ulcers (DFUs; n=27) and venous leg ulcers (VLUs; n=34)
  - Of 66 patients, 74.6% had received prior advanced therapies (eg, skin grafts, cellular skin substitutes, collagen dressings)
- standard care for up to 12 weeks or until complete wound closure, whichever was first Standard care was regular sharp debridement, with offloading for DFUs and compression for VLUs

Patients received GRAFIX Membrane weekly in addition to

- Complete closure was defined as 100% re-epithelialization with no evidence of drainage

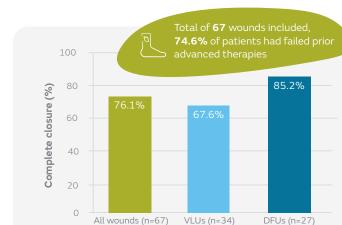


Figure. Percentage of wounds achieving complete closure at 12 weeks following application of GRAFIX Membrane plus standard care (all wounds, VLUs and DFUs)

### Results

With use of GRAFIX Membrane plus standard treatment:

- 76.1% of wounds achieved complete closure within 12 weeks irrespective of baseline wound size (Figure)
  - Similar results were observed for VLUs and DFUs when analyzed separately (Figure)
- Average time to complete closure was 5.8 weeks using 3.2 . **GRAFIX Membrane applications**
- 80.6% of wounds closed within 26 weeks without additional therapy beyond 12 weeks
- Of those with a duration >4 weeks to <6 months, 6 months to . <2 years and ≥2 years, 77.8, 92.9 and 37.5% achieved complete closure, respectively
- The probability of complete closure of all wounds at 12 weeks was 82.6% with time to closure of 49 days (71.5% for VLUs; 89.7% for DFUs)

# Conclusions

# Citation

\*Regulski M, Jacobstein DA, Petranto RD, Migliori VJ, Nair G, Pfeiffer D. A retrospective analysis of a human cellular repair matrix for the treatment of chronic wounds. OWM. 2013;59(12):38-43.

Available from: Ostomy Wound Management

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

Study sponsored by Osiris Therapeutics Inc, which is now a wholly owned direct subsidiary of Smith & Nephew Consolidated, Inc. Advanced Wound Management, Smith+Nephew, Inc. Fort Worth, TX 76109 USA | GRAFIX Customer Care Center: T 888-674-9551 F 443-283-4419 | OOsiris, GRAFIX, GRAFIXPL, GRAFIX PRIME, GRAFIX CORE, GRAFIX XC, and GRAFIXPLP PRIME are trademarks of Osiris Therapeutics, Inc., a wholly owned direct subsidiary of Smith+Nephew Consolidated, Inc. | ©2022 Smith+Nephew, Inc. | GRCE49-34990-1022 www.smith-nephew.com wwwosiris.com www.smith-nephew.com/education