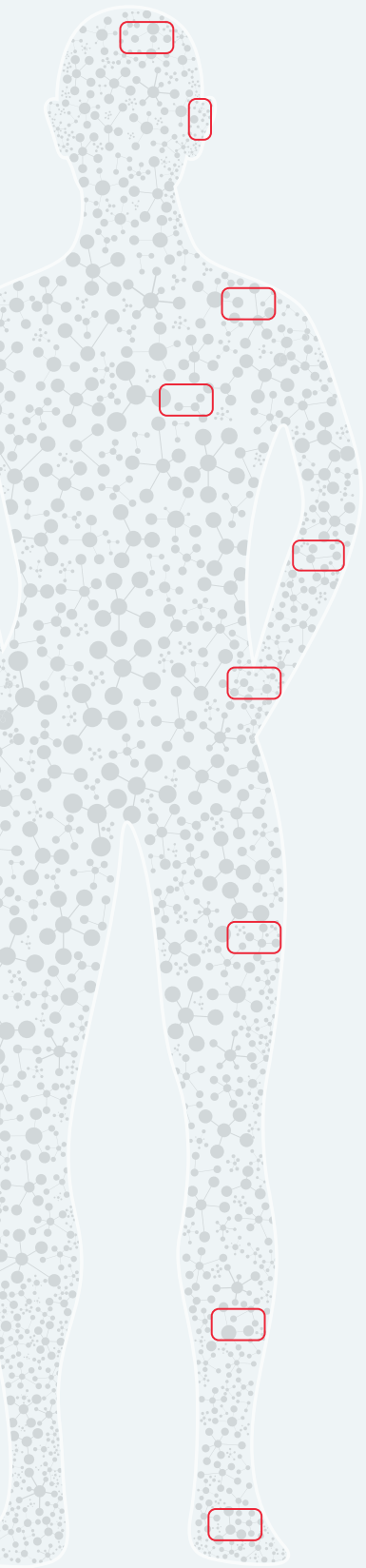
Support excisional wound healing with **fresh** placental membranes

Cover, protect, and support an optimal environment for second intention healing with Affinity® and Novachor™, the only fresh placental allograft coverings.[1–7]

ORGANOGENESIS

Affinity® | Novachor™

Second intention healing is a **viable** option for excisional surgeries, including Mohs procedures



Appropriate for defects from head-to-toe in a variety of clinical scenarios:

1. Defects with exposed bone or cartilage[8,9]

2. Patients who are not good candidates for flaps or grafts[10]

3. Poor quality and quantity of donor tissue[10]

4. Desire to avoid a second surgical site[11–13]

Disadvantages of second intention healing[14]

- Prolonged healing and post-operative care
- Dyspigmented scars

Advantages of second intention healing[14,15]

- Rapid and effective detection of tumor recurrence
- No donor site scarring
- Efficient and cost-effective (no additional surgical procedures)
- Very low risk of postoperative complications

Use placental allografts to cover, protect, and support a healing environment[1–3,7,16]

Placental allografts have been trusted for over a century and are commonly used in chronic wounds[7,16]

Fresh, unprocessed placental tissues contain:

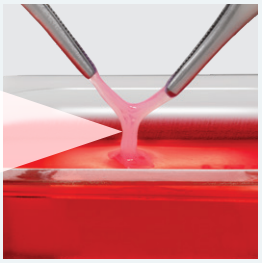
- ✓ Cells[7,17,18]
- ✓ Growth factors and cytokines[4,7]
- ✓ Collagen-rich matrix[7,17,18]

The Organogenesis Fresh Family

The only fresh placental allograft coverings that retain **viable** cells

AlloFresh™ hypothermically preserves Affinity® and Novachor™ to be the closest to native tissue[4,5,17–25]

Affinity®



Novachor™

Viable cells[4,17,19,20]
Epithelial cells and fibroblasts

Native ECM structure[4,17,18,21,24]
Multiple ECM proteins, including collagen types I, III, V, VI, and hyaluronic acid

Growth factors/cytokines[4,22,23]
Analytical testing (for Affinity) has shown that the level of these factors is similar to unprocessed amniotic membrane[22]

Spongy layer (Affinity)[4]
Native spongy layer contains proteoglycans and glycoproteins[17]

Note: Affinity and Novachor are intended for use as barriers and coverings for wounds.
ECM=extracelluar matrix.

Supporting an optimal healing environment

In a randomized controlled trial in diabetic foot ulcers (DFUs; N=76), Affinity, as a covering for wounds, resulted in:[3]

60% **of DFUs closed at 12 weeks with Affinity compared to 38% with SOC* (*P*=0.04)**

Median time to DFU closure with Affinity was 11 weeks

SOC failed to attain this endpoint at 16 weeks

*SOC=standard of care; included debridement, infection elimination, dressings, and offloading by total contact casting.

CASE STUDY: Mohs surgery for a basal cell carcinoma in a 73-year-old female | Courtesy of Anthony Benedetto, DO, FACP

Post-Mohs baseline defect
Affinity Application #1

1 week following Affinity #1

1 week following Affinity #4

Wound closure at 12 weeks

12-month follow up

Patient received a total of 6 Affinity applications

Support excisional wound healing with **fresh** solutions

Second intention healing remains a viable option

Appropriate for defects from head-to-toe, including the scalp and shin, and in a variety of clinical scenarios[8–13]

Placental allografts support a healing environment

Fresh, unprocessed placental allograft tissues contain cells, growth factors/cytokines, and collagen-rich matrix[4,7,17,18]

Affinity® and Novachor™ are the only fresh placental allograft coverings

With AlloFresh™, Affinity and Novachor retain viable cells, growth factors/cytokines, and the native ECM structure and are the closest choice to native tissue[1–7,17–25]

Cover, protect, and support an optimal healing environment with Affinity and Novachor.

To order Affinity and Novachor, talk to your Organogenesis Tissue Regeneration Specialist or call 1-888-432-5232.

Product Information

Product	Code	Size	Total area	Thickness	Application	Storage
Affinity	AF-1150	1.5 x 1.5 cm	2.25 cm^2	~60 µm	Stromal side on wound	Maintain at refrigerated temperature between 1 °C and 10 °C
Affinity	AF-1250	2.5 x 2.5 cm	6.25 cm^2	~60 µm	Stromal side on wound	
Novachor	VC-1527	1.5 x 2.75 cm	4.125 cm^2	~160 µm	Either side on wound	

See complete prescribing information at freshfamily.com

References: 1. Allograft Tissue Information and Affinity Instructions for Use. Canton, MA: Organogenesis Inc; 2021. **2.** Allograft Tissue Information and Novachor Instructions for Use. Canton, MA: Organogenesis Inc; 2021. **3.** Serena TE, et al. *J Comp Eff Res*. 2020;9(1):23–34. **4.** McQuilling JP, et al. *Int Wound J*. 2017;14(6):993–1005. **5.** Data on file. Nov_DR-0002. Organogenesis Inc. **6.** Abshier S. *Podiatry Today*. 2015;28(11):20–26. **7.** Brantley JN, et al. *Adv Wound Care*. 2015;4(9):545–559. **8.** Becker GD, et al. *Otolaryngol Head Neck Surg*. 1999;121:751–754. **9.** Cordoro KM, Russell MA. *Facial Plast Surg Clin North Am*. 2005;13(2):215–230. **10.** Toman J, et al. *Facial Plast Surg Aesthet Med*. 2022;24(1):48–53. **11.** Ramesh BA, et al. *J Cutan Aesthet Surg*. 2017;10(1):18–21. **12.** Akhoondinasab MR, et al. *Ann Burns Fire Disasters*. 2019;32(3):210–215. **13.** Humrich M, et al. *Int Wound J*. 2018;15(2):266–273. **14.** Schwartzman G, et al. *Arch Dermatol Res*. 2022;314(1):17–23. **15.** Liu KY, et al. *Ann Plast Surg*. 2020;85(S1 Suppl 1):S28-S32. **16.** Rizzuti A et al. *Chronic Wound Care Manage Res*. 2014;1:67–72. **17.** Niknejad H, et al. *Eur Cells Mater*. 2008;15:88–99. **18.** Mamede AC, et al. *Cell Tiss Res*. 2012;349:447–458. **19.** Data on file. DR-0008. Organogenesis Inc. **20.** Data on file. Novachor product verification report. Novachor-020. Organogenesis Inc. **21.** Data on file. Nov_DR-0001 rev 1. Organogenesis Inc. **22.** Data on file. DR-0007. Organogenesis Inc. **23.** Data on file. Nov_DR-0003. Organogenesis Inc. **24.** Data on file. AF_DR-0011 rev 1. Organogenesis Inc. **25.** Data on file. DR-0005. Organogenesis Inc.

Affinity® | Novachor™