

# THE POWER OF PLUS WITH PURAPLY® AM & PURAPLY® XT

Native, cross-linked extracellular matrix scaffold + sustained antimicrobial effectiveness within the product to support wound healing and aid in granulation tissue formation<sup>1-5</sup>

## CONTROL

I PuraPly®AM

I PuraPly®XT

plus sharp debridement

Note: PuraPly AM and PuraPly XT resist microbial colonization within the product and reduce microbes penetrating through it<sup>1,2</sup>

## ANTIMICROBIAL EFFECTIVENESS<sup>3,\*</sup>

**>99%** MRSA reduction from post-debridement baseline

## PROVEN REAL-WORLD EFFECTIVENESS<sup>5,†</sup>

**86%** of wounds demonstrated improvement in wound bed conditions



Increased granulation tissue



Reduced exudate



Readiness for other advanced skin substitutes

\* In a study evaluating the antimicrobial effectiveness of a variety of wound products; data shown compared MRSA (methicillin-resistant *Staphylococcus aureus*) colonies in each wound, using a porcine deep reticular dermal wound model

† In a large, cohort study (N=307) in partial- and full-thickness wounds

## TRANSITION

# SUPPORT HEALING WITH A FRESH SOLUTION

Never dehydrated or frozen, Affinity retains the amniotic tissue's native, three-dimensional ECM scaffold, growth factors, and endogenous living cells<sup>6-10</sup>

I Affinity®

## SUPPORT AN OPTIMAL HEALING ENVIRONMENT<sup>11,‡</sup>

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

- Median time to DFU closure with Affinity was 11 weeks
- SOC failed to attain this endpoint at 16 weeks

ECM=extracellular matrix; DFU=diabetic foot ulcer; SOC=standard of care

‡ In a randomized controlled trial using Affinity in DFUs (N=76)

§ Debridement, infection elimination, dressings, and offloading by total contact casting

**References:** **1.** PuraPly Antimicrobial [package insert]. Canton, MA: Organogenesis Inc; 2023. **2.** PuraPly XT [package insert]. Canton, MA: Organogenesis Inc; 2023. **3.** Davis SC, et al. *Int Wound J.* 2022;19(1):86-99. **4.** Brantley J, et al. *Wounds Int.* 2016;7(3):1-5. **5.** Bain MA, et al. *J Comp Eff Res.* 2020;9(10):691-703. **6.** Allograft Tissue Information and Affinity Instructions for Use. Canton, MA: Organogenesis Inc; 2023. **7.** McQuilling JP, et al. *Int Wound J.* 2017;14(6):993-1005. **8.** Data on file. DR-0010. Organogenesis Inc. **9.** Data on file. AF\_DR-0011 rev 1. Organogenesis Inc. **10.** Niknejad H, et al. *Eur Cells Mater.* 2008;15:88-99. **11.** Serena TE, et al. *J Comp Eff Res.* 2020;9(1):23-34.

# PURAPLY® XT: CONTROL BIOBURDEN & SUPPORT HEALING

## AFFINITY®: SUPPORT HEALING

### CASE STUDY 1

PuraPly XT, native ECM scaffold + broad-spectrum PHMB antimicrobial, transitioning to Affinity, a fresh amniotic membrane, supported healing of a post-Mohs surgical wound at 7 weeks

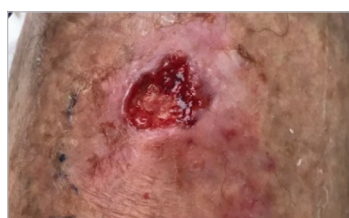
Daniel L. Kapp, MD

#### PATIENT DETAILS AND HISTORY

- 95-year-old female with a surgical wound on the left leg, which was present for 4 weeks
- Medical history: heart murmur, total hip replacement, and venous insufficiency
- Surgical history: Mohs surgery to remove a basal cell carcinoma on the left leg while simultaneously being treated for a surgical wound on the right leg (see case below)
- Previous treatments: Xeroform and oral antibiotic prior to PuraPly XT application

#### APPLICATION PROTOCOL

- Applications 1,2: PuraPly XT
- Applications 3-5: Affinity
- Patient assessed at return visits and product reapplied if no longer present or resorbed



**1<sup>st</sup> PuraPly XT application**

Post-debridement  
Wound Area: 3.8 cm<sup>2</sup>



**2<sup>nd</sup> PuraPly XT application**

Post-debridement  
Wound Area: 2.4 cm<sup>2</sup>



**Transition to Affinity\***

Post-debridement  
Wound Area: 1.2 cm<sup>2</sup>

\*Reduction in wound size with healthy granulation tissue and less slough; clinician transitioned to Affinity



**Complete wound closure**

Patient received 2 applications of PuraPly XT to control bioburden and support healing  
Clinician transitioned to Affinity and patient received 3 applications prior to wound closure

### CASE STUDY 2

PuraPly XT, native ECM scaffold + broad-spectrum PHMB antimicrobial, transitioning to Affinity, a fresh amniotic membrane, supported healing of a post-Mohs surgical wound at 8 weeks

Daniel L. Kapp, MD

#### PATIENT DETAILS AND HISTORY

- 95-year-old female with a surgical wound on the right leg, which was present for 1 week
- See medical history above
- Surgical history: Mohs surgery to remove a squamous cell carcinoma on the right leg
- Previous treatments: Xeroform and 2-layer compression

#### APPLICATION PROTOCOL

- Applications 1-6: PuraPly XT
- Application 7: Affinity
- Patient assessed at return visits and product reapplied if no longer present or resorbed



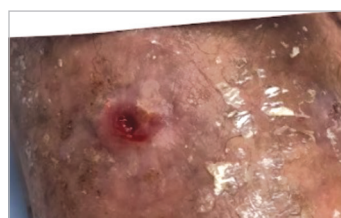
**1<sup>st</sup> PuraPly XT application**

Post-debridement  
Wound Area: 10.5 cm<sup>2</sup>



**6<sup>th</sup> PuraPly XT application**

Post-debridement  
Wound Area: 1.7 cm<sup>2</sup>



**Transition to Affinity†**

Post-debridement  
Wound Area: 0.08 cm<sup>2</sup>

†Reduction in wound size with healthy granulation tissue and less slough; clinician transitioned to Affinity



**Complete wound closure**

Patient received 6 applications of PuraPly XT to control bioburden and support healing  
Clinician transitioned to Affinity and patient received 1 application prior to wound closure

ECM=extracellular matrix; PHMB=polyhexamethylene biguanide