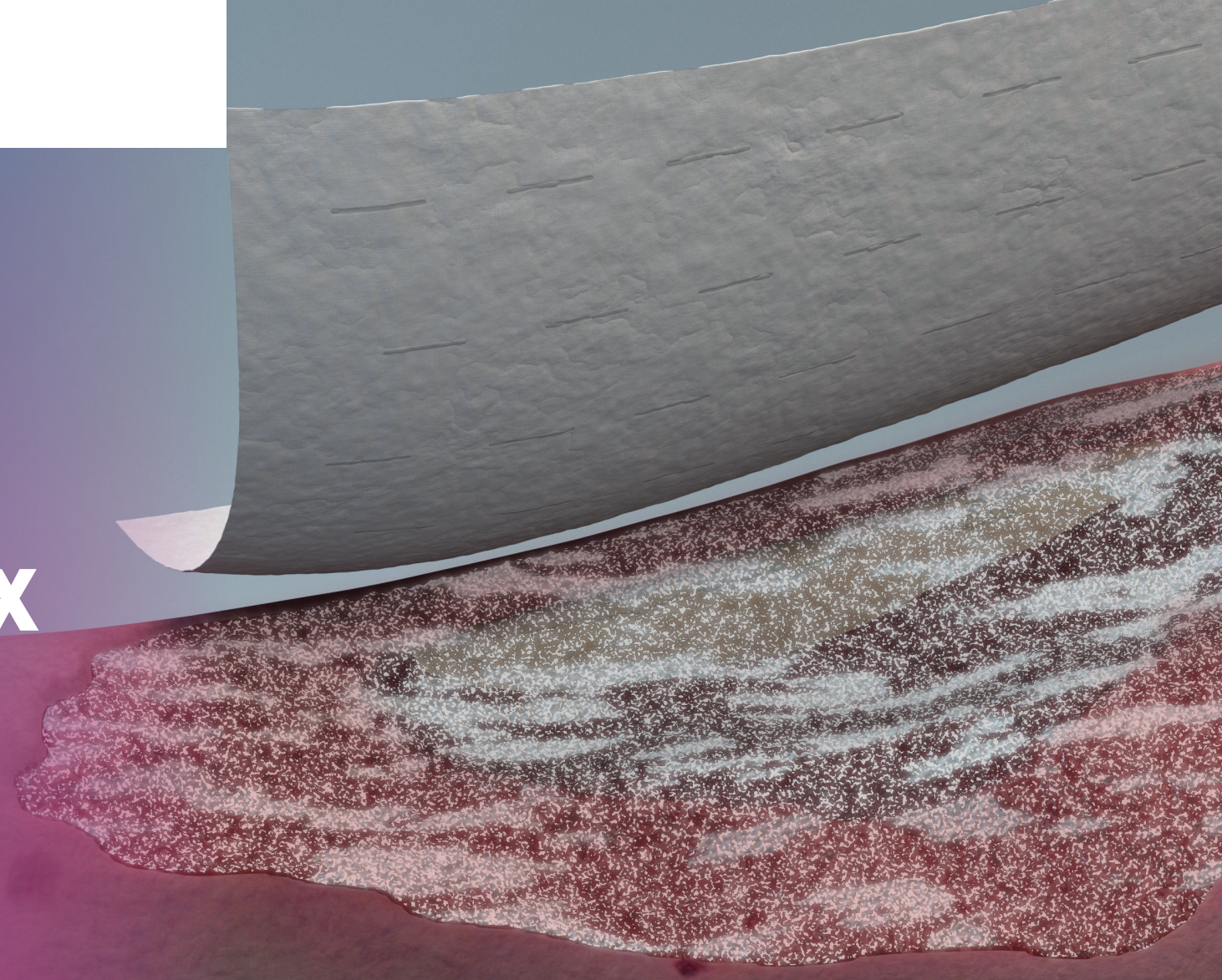
Introducing the

PURAPLY® PORTFOLIO

NEXT-LEVEL CONTROL FOR COMPLEX WOUNDS*[1-3]

Supporting an optimal environment for healing in complex surgical wounds



PuraPly® AM
Antimicrobial Wound Matrix

PuraPly® XT
Extra Fenestrated
Five-layer Antimicrobial Wound Matrix

PuraPly® MZ
Micronized Wound Matrix

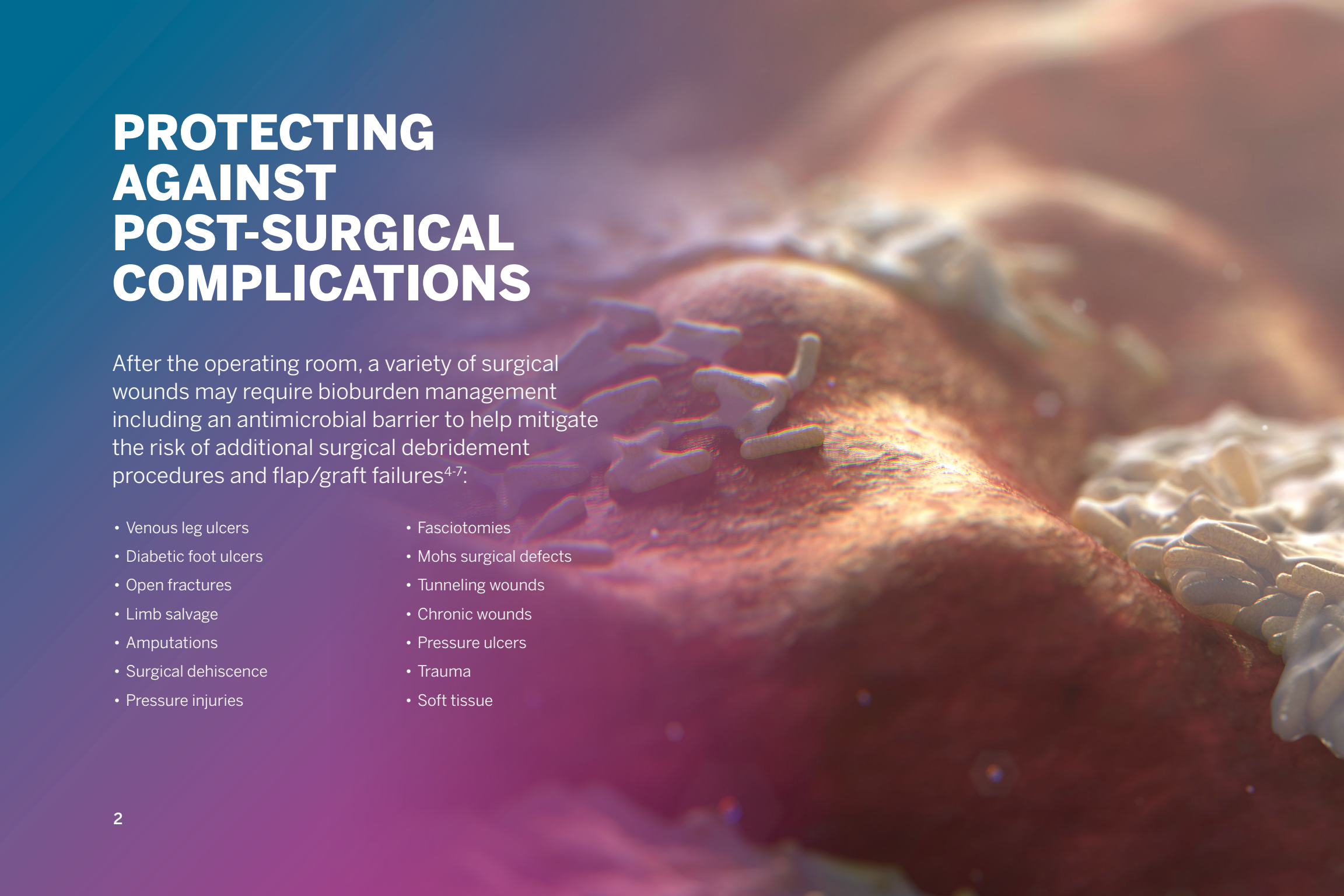
Wound with application of PuraPly® MZ and PuraPly® AM

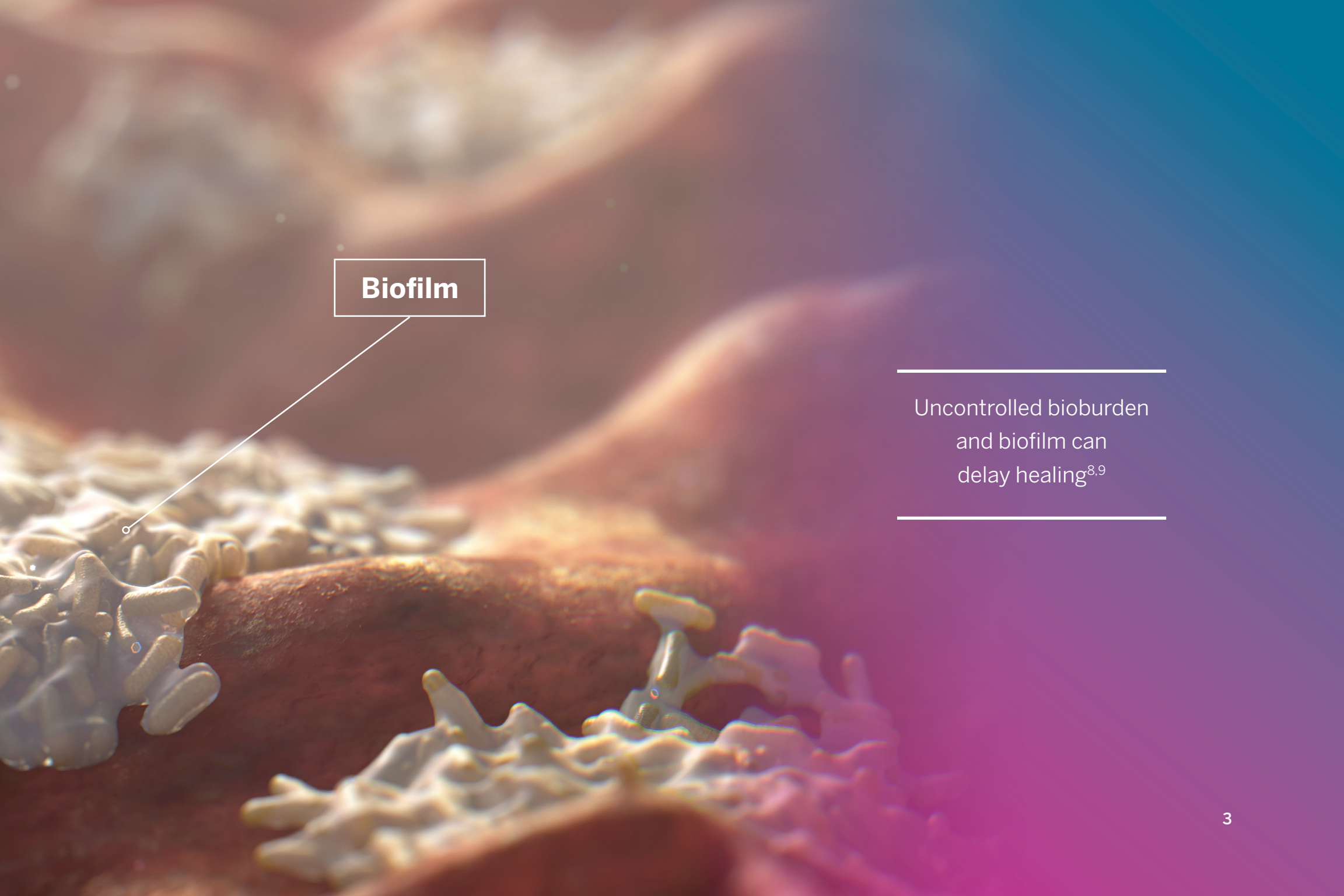
*Please refer to the package inserts for complete prescribing information.

PROTECTING AGAINST POST-SURGICAL COMPLICATIONS

After the operating room, a variety of surgical wounds may require bioburden management including an antimicrobial barrier to help mitigate the risk of additional surgical debridement procedures and flap/graft failures[4-7]:

- Venous leg ulcers
- Diabetic foot ulcers
- Open fractures
- Limb salvage
- Amputations
- Surgical dehiscence
- Pressure injuries
- Fasciotomies
- Mohs surgical defects
- Tunneling wounds
- Chronic wounds
- Pressure ulcers
- Trauma
- Soft tissue





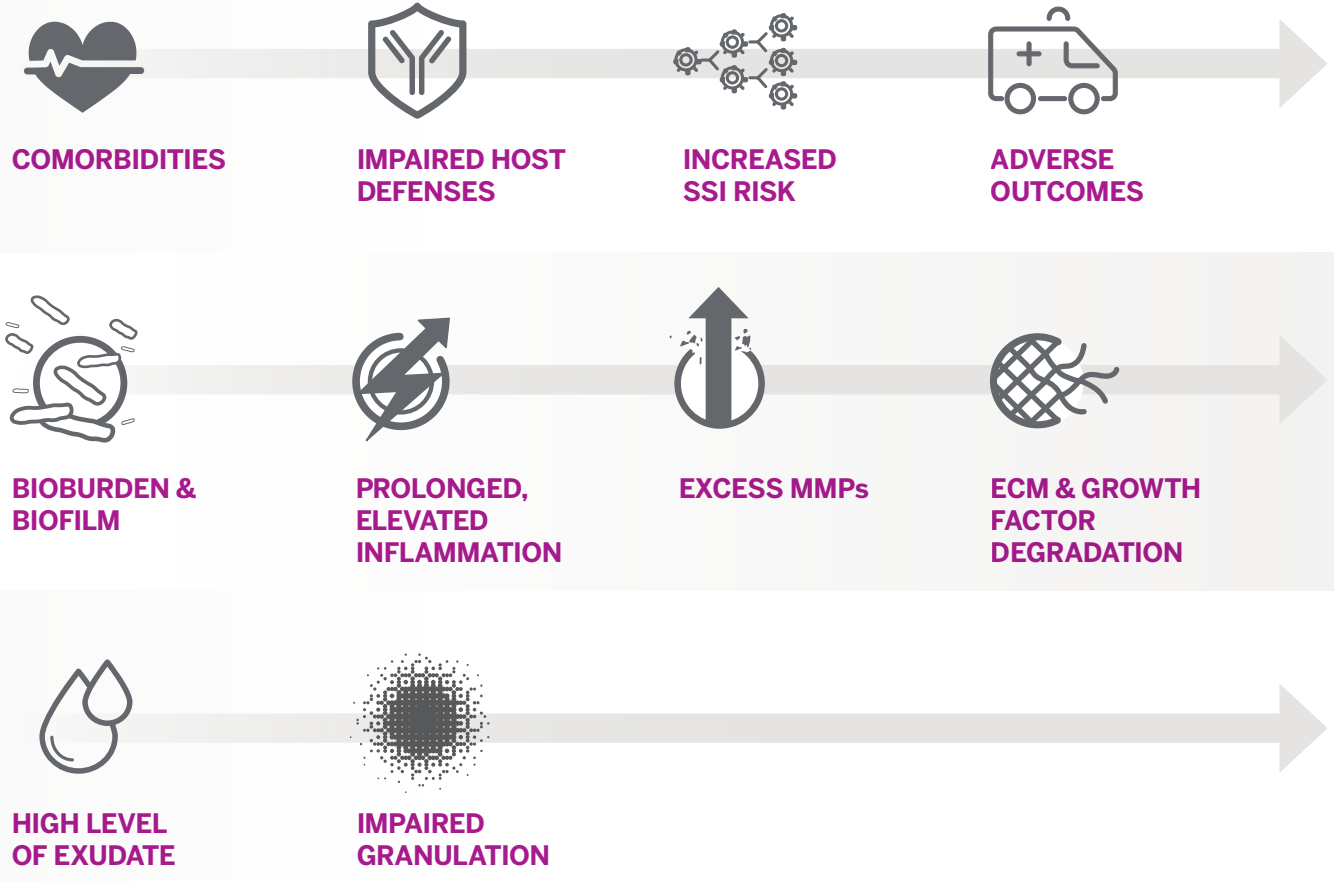
Uncontrolled bioburden and biofilm can delay healing[8,9]

KEY BARRIERS TO HEALING COMPLEX WOUNDS

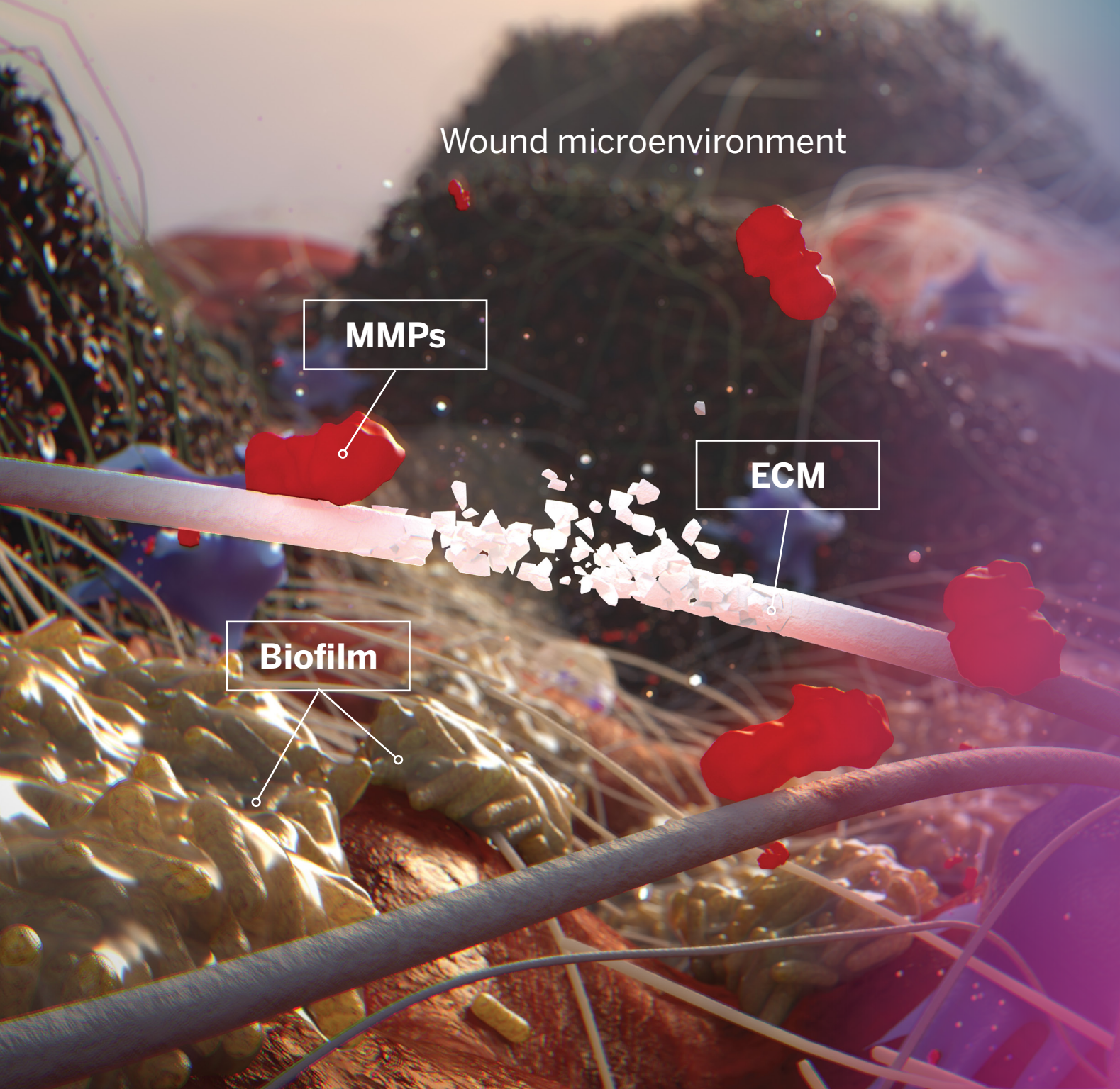
Comorbidities may impair host defenses and increase risk of surgical site infection (SSI), leading to increased length of stay (LOS), complications, readmissions, and costs[6, 10, 11]

Elevated bioburden can lead to biofilm, which may trigger uncontrolled inflammation that delays healing[9,12-14]

Highly exudative wounds can also pose a challenge for properly promoting granulation tissue[15]



ECM=extracellular matrix; MMPs=matrix metalloproteinases



Debridement alone does not control microbial growth or prevent biofilm re-formation[9]

Combine debridement with an optimal barrier that contains a broad-spectrum antimicrobial and provides a sustained effect against bioburden and biofilm regrowth in the barrier from day 1.

PROTECTING POST-SURGICAL WOUNDS AND SUPPORTING HEALING

The PuraPly® portfolio offers innovative solutions for a variety of wounds:

Options with broad-spectrum PHMB antimicrobial[8]

- Provides a persistent antimicrobial barrier effect[16]
- Features high tissue compatibility and low cytotoxicity[8,16,17]
- Has no known instances of bacteria acquiring resistance to date[8,17,18]

Native, cross-linked collagen matrix to control excess proteases[18-20]

- Quenches excess protease activity[18-20]
- Resists protease degradation[18,19]

Various sizes and forms

- Maximizes wound contact and coverage
- Multiple configurations and sizes for a variety of wounds

PHMB=polyhexamethylene biguanide

Introducing the

PURAPLY PORTFOLIO

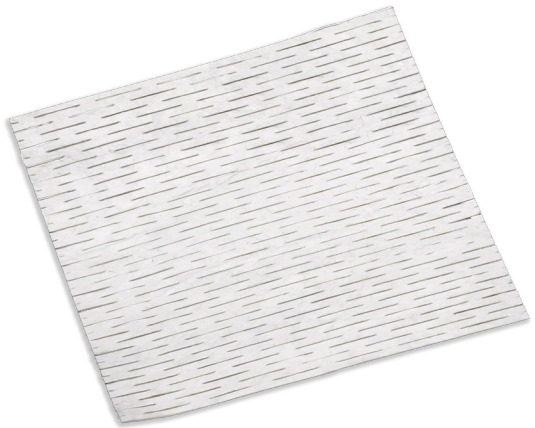
Antimicrobial barrier devices featuring native, cross-linked ECM + broad-spectrum PHMB[1,2,8,18]

PuraPly® AM

Antimicrobial Wound Matrix

PuraPly® XT

Extra Fenestrated



Micronized native collagen matrix[3]

PuraPly® MZ

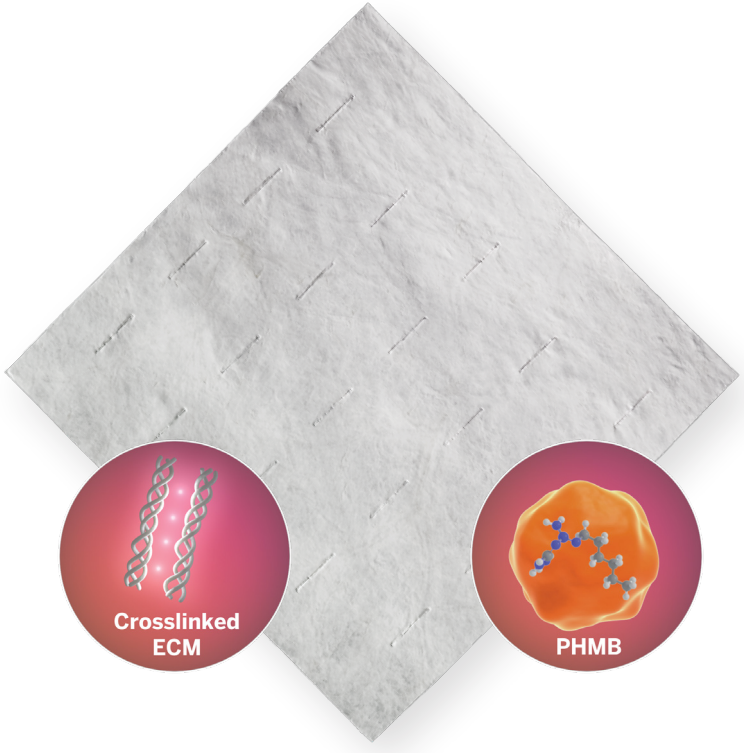
Micronized Wound Matrix

THE POWER OF PLUS + GIVES YOU CONFIDENT CONTROL OF BIOBURDEN

Antimicrobial barrier devices featuring native, cross-linked ECM + broad-spectrum PHMB[1,2,8,18]

PuraPly® AM

Antimicrobial Wound Matrix



- Provides a sustained antimicrobial barrier effect to manage bioburden[8,16]
- Native, cross-linked dual layers of ECM quench excess protease activity[18-20]
- Resists protease degradation[18,19]
- Reduces microbes penetrating through the device[1]
- Convenient to use and stored at ambient temperature[1]
- FDA-cleared for wound management

Also available: PuraPly XT

- Thicker, 5-layer ECM for deep, complex wounds
- Available with extra fenestrations for highly exudative wounds

BACKED BY REAL-WORLD & SCIENTIFIC EVIDENCE

Real-world evidence

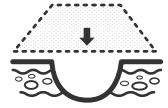
Supported healing in large,* difficult-to-heal wounds

The Real-World Effectiveness Study of PuraPly AM on Wounds (RESPOND) was the first prospective, large (N=307), multicenter (28 sites) cohort study to assess the effectiveness of PuraPly AM in various difficult-to-heal wounds.[21]

86% of all PuraPly AM–treated wounds demonstrated improvement in the wound bed condition[21]:

INCREASED HEALTHY GRANULATION TISSUE

REDUCED EXUDATE



READINESS FOR OTHER ADVANCED SKIN SUBSTITUTES

RESPOND post-surgical wounds (N=54)†

96% (52/54) of post-surgical wounds achieved closure at end of study[21]

12 WEEKS median time to closure for post-surgical wounds[21]

*12.9 cm^2 mean wound area at baseline

†Post-surgical wounds (eg, donor site/grafts, post-Mohs surgery, postlaser surgery, podiatric surgery wound, and wound dehiscence) were categorized as surgical incisions sutured together by a margin approximation dressing or device after an operative procedure that fail to heal. Post-surgical wounds that failed to heal primarily due to dehiscence were defined by the separation of the incision line prior to complete healing resulting in an open wound. Partial dehiscence of a surgical wounds presented as superficial layers of tissue being reopened. Complete dehiscence presented as all tissue layers being separated with underlying tissue and organs being exposed and sometimes protruding through the wound opening. Other symptoms that characterized post-surgical wound dehiscence included broken sutures before the wound had healed, renewed pain, bleeding, and drainage from the surgical wound site.

Scientific data

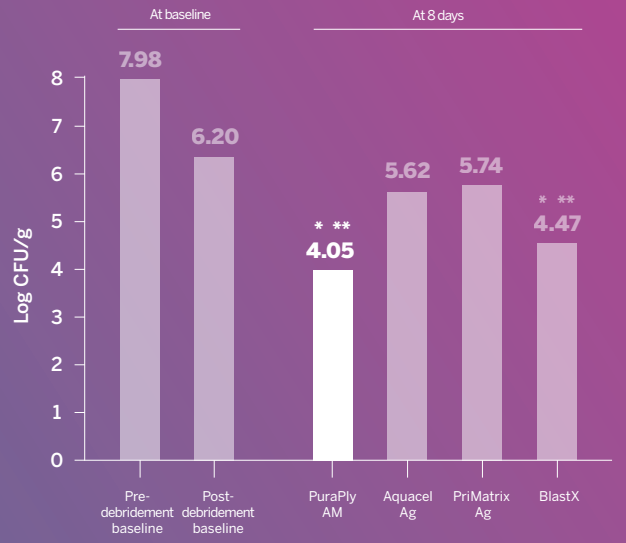
Antimicrobial barrier effectiveness + low cytotoxicity[16]

In an *in vitro* and *in vivo* nonclinical study to evaluate the antimicrobial capabilities of PuraPly AM and several other antimicrobial and collagen products against MRSA USA300:

- PuraPly AM was able to substantially reduce MRSA *in vivo* without impairing the wound healing process[16]
- PuraPly AM was noncytotoxic, with no detrimental effects *in vitro* on fibroblast proliferation and viability[16]

In vivo: Superior MRSA reduction with PuraPly AM

MRSA counts *(in vivo)*



*$P<0.05$ vs Aquacel Ag and vs PriMatrix Ag.

**$P<0.05$ vs pre- and post-debridement baselines.

99.28%

PuraPly AM MRSA reduction from post-debridement baseline[16]

In vitro: Minimal cytotoxicity

94.41% **fibroblast viability** at 48 hours for PuraPly AM[16]

Help maintain optimal contact

with the wound

Purified, micronized native porcine collagen[3]

PuraPly® MZ

Micronized Wound Matrix

- Native collagen structure
- Optimizes contact, conformity, and coverage in deep/tunneling complex wounds
- Supports a wound healing environment[22]
- Supplied as a highly absorptive dry powder (particle size ≤1000 µm)[3]
- Sterile device in a vial, sealed in a single pouch[3]
- Can be applied dry, or mixed with sterile solution to form a paste, enabling desired handling characteristics to access difficult wound locations[3]

PuraPly MZ can be used adjunctly with PuraPly AM

As an antimicrobial barrier, PuraPly AM helps control bioburden, while PuraPly MZ, made of the same original native collagen structure, continues to support a healing environment in complex surgical wounds.

APPLICATION OVERVIEW FOR PURAPLY® PRODUCTS

Refer to this summary of instructions for applying PuraPly products on a wound.

How to apply PuraPly® AM or PuraPly® XT[1,2]

1. Prepare wound to ensure it is free of debris and necrotic tissue
2. Cut the dry sheet to the appropriate size and place in contact with wound bed
3. Hydrate with sterile saline
4. Use appropriate fixation and apply non-adherent dressing and secondary dressings
5. Assess weekly for reapplication

How to apply PuraPly® MZ[3]

1. Prepare wound to ensure it is free of debris and necrotic tissue
2. Using aseptic technique, open device and container and lightly apply product over the desired wound area; product can be:
   - poured directly from the container as a powder form, or
   - hydrated in a separate sterile container with sterile solution to form a paste (where wound location or geometry makes dry application difficult)
3. Use appropriate non-adherent dressing and secondary dressings
4. Assess weekly for reapplication

Please refer to the package inserts for complete prescribing information.
Manufactured and distributed by: Organogenesis Inc. Canton, MA 02021

References: 1. PuraPly Antimicrobial [package insert]. Canton, MA: Organogenesis Inc; 2020. **2.** PuraPly Antimicrobial XT [package insert]. Canton, MA: Organogenesis Inc; 2020. **3.** PuraPly Micronized [package insert]. Canton, MA: Organogenesis Inc; 2022. **4.** Bowler PG, et al. *Clin Microbiol Rev.* 2001;14(2):244-269. **5.** Hu QL, et al. Prevention of perioperative surgical site infection. In: Newman MF, Fleisher LA, Ko C, Mythen M. *Perioperative Medicine: Managing for Outcome.* 2nd ed. Elsevier; 2021:444-457. **6.** Harris CL, et al. *Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada;* 2017. **7.** Zabaglo M, et al. Postoperative Wound Infection. StatPearls. December 12, 2021. Accessed July 8, 2022. https://www.statpearls.com/ArticleLibrary/viewarticle/31404 **8.** Hübner NO, et al. *Skin Pharmacol Physiol.* 2010;23(1 suppl):17-27. **9.** Schultz G, et al. *Wound Repair Regen.* 2017;25(5):744-757. **10.** National Healthcare Safety Network. Surgical Site Infection event (SSI). January 2022. Accessed July 8, 2022. https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf **11.** Agency for Health Research Quality. Surgical site infections. PSNet. September 7, 2019. Accessed April 29, 2022. https://psnet.ahrq.gov/primer/surgical-site-infections **12.** Frykberg RG, et al. *Adv Wound Care.* 2015;4(9):560-582. **13.** Schultz GS, et al. *Wound Rep Regen.* 2003;11:1-28. **14.** Gibson D, et al. *Wounds Int.* 2009;1(1):1-6. **15.** Falanga V. *Wound Rep Regen.* 2000;8:347-352. **16.** Davis SC, et al. *Int Wound J.* 2022;19(1):86-99. **17.** Gilbert P, et al. *J Appl Microbiol.* 2005;99(4):703-715. **18.** Brantley J, et al. *Wounds Int.* 2016;7(3):1-5. **19.** Carpenter S, et al. *Wounds*. 2016;28(6 suppl):S1-S20. **20.** Data on file. PDR-0005. Organogenesis Inc. **21.** Bain MA, et al. *J Comp Eff Res.* 2020;9(10):691-703. **22.** Data on file. PMZ_DR-0001. Organogenesis Inc.

For additional product or ordering information, talk with an Organogenesis Tissue Regeneration Specialist

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Empowering Healing