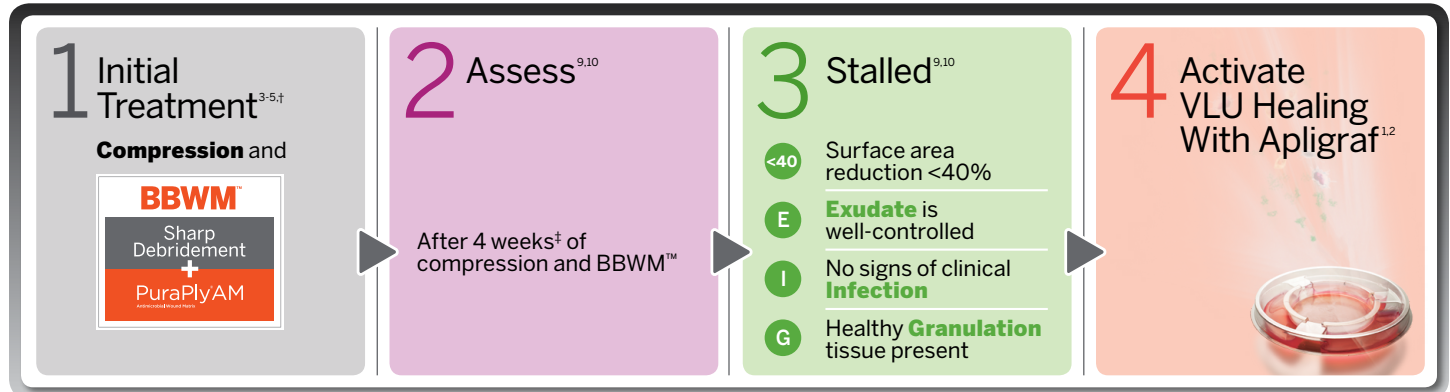


ACTIVATE VLU Healing with Apligraf® and TRANSFORM the Wound Environment^{1,2}

A GUIDE to Application, Reassessment, and Reapplication*

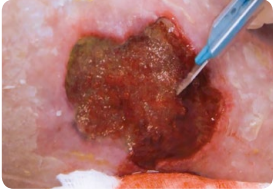
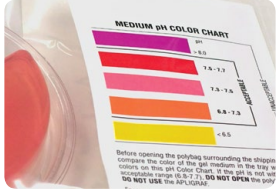



Treatment of VLUs Starts with Good Wound Care, Including Compression and BBWM™



† VLUs are known to contain biofilm^{6,7,8}

‡ Literature indicates that surface area reduction at 4 weeks is a good prognostic indicator to determine if an intervention is working.

Easy Application for VLUs

Wound Preparation	Product Preparation
 <ul style="list-style-type: none"> Apligraf should be applied to a clean, noninfected, and debrided wound The wound should be thoroughly irrigated with a noncytotoxic solution VLUs bleed easily, so it is important to achieve hemostasis following debridement 	 <ul style="list-style-type: none"> Before opening the Apligraf package, check the expiration date and pH to ensure it is within range Apligraf is packaged with the epidermal (matte) side facing up and the dermal (glossy) side facing down <ul style="list-style-type: none"> The dermal side rests on a polycarbonate membrane; be sure not to inadvertently remove it with Apligraf
 <ul style="list-style-type: none"> Place Apligraf over the wound with the dermal (glossy) side directly in contact with the wound surface Using a saline-moistened cotton tip applicator, smooth Apligraf onto the wound bed so there are no pockets or wrinkled edges 	 <ul style="list-style-type: none"> Cover Apligraf using a nonadhesive primary dressing Anchor Apligraf using clinician's choice of fixation Apply a secondary nonocclusive dressing to create a bolster
 <ul style="list-style-type: none"> Apply appropriate compression Apligraf should always be used in conjunction with compression therapy and good wound care practices 	

* For complete directions for use, please refer to the Apligraf package insert.

† Photo courtesy of Antonio J. Carrasco, PhD, MD

THE BIOTECH HEALER

Empowering you to optimize VLU outcomes

VLU = Venous Leg Ulcer

Organogenesis
Apligraf
 Living Cellular Skin Substitute

ACTIVATE VLU Healing with Apligraf

Weekly Follow Up Helps Optimize VLU Healing^{11,12}



Reassess

the wound weekly



Reapply

Apligraf as often as weekly and as long as the wound continues to respond^a



Continue

good wound care practices and apply appropriate dressings and compression

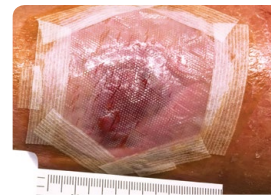
Reassessment and Reapplication

Reassess the Wound Weekly¹¹



- After the initial Apligraf application, the wound should be inspected weekly
- Good wound care practices, including debridement, dressing changes, and compression should be continued

Reapply Apligraf as Often as Weekly and as Long as the Wound Continues to Respond¹¹



- Debridement should be performed as to not disrupt healing tissue. Clean the wound with a noncytotoxic solution.
- Apligraf may be reapplied weekly until the VLU has healed^a
- Apply dressings and appropriate compression therapy, as shown previously

^a The safety and effectiveness of Apligraf have not been established for patients receiving greater than 5 device applications. In the pivotal trial, patients received up to 5 applications over 3 weeks. The average number of applications per VLU patient was 3.3.^{11,12}

- ✓ Apligraf transmits potent healing signals and **CONVERTS** the wound from a chronic to an acute state^{1,2, 13-15}
- ✓ Apligraf is the **ONLY** product FDA-approved to heal VLUs¹¹
- ✓ Apligraf **CLOSES** more VLUs, faster—as proven in a randomized controlled clinical trial and in real-world comparative effectiveness analyses^{11,12,16,17}

To order Apligraf or for more information, call **1.888.HEAL.2.DAY (1.888.432.5232)**

Please refer to the Apligraf full prescribing information.

References: 1. Stone RC, Stojadinovic O, Rosa AM, et al. A bioengineered living cell construct activates an acute wound healing response in venous leg ulcers. *Sci Transl Med*. 2017;9(371): eaa8611. doi:10.1126/scitranslmed.aaf8611. 2. Stone RC, Stojadinovic O, Sawaya AP, Rosa AM, Badiavas E, Blumenberg M, Tomic-Canic M. Treatment of chronic venous leg ulcers with bioengineered living cell construct induces Metallothioneins and MMP8 to resolve matrix fibrosis and reactivates healthy remodeling response. Abstract presented at SAWC SPRING/WH5 (2016). 3. Carpenter S, David S, Fitzgerald R, et al. Expert recommendations for optimizing outcomes in the management of biofilm to promote healing of chronic wounds. *Wounds*. 2016;28 (6 Suppl):S1-S20. 4. Schultz GS, Sibbald RG, Falanga V, et al. Wound bed preparation: a systematic approach to wound management. *Wound Repair Regen*. 2003;11 (Suppl 1):1-28. 5. Robson MC, Cooper DM, Aslam R, et al. Guidelines for the treatment of venous ulcers. *Wound Repair Regen*. 2006; 14(6):649-662. 6. Malone M, Bjarnsholt T, McBain M, et al. The prevalence of biofilms in chronic wounds: a systematic review and meta-analysis of published data. *J Wound Care*. 2017;26(1):20-25. 7. Fazli M, Bjarnsholt T, Kirketerp-Møller K et al. Quantitative analysis of the cellular inflammatory response against biofilm bacteria in chronic wounds. *Wound Repair Regen*. 2011; 19: 3, 387-391. 8. Honorato-Sampaio K, Guedes AC, Lima VL, Borges EL. Bacterial biofilm in chronic venous ulcer. *Braz J Infect Dis*. 2014; 18: 3, 350-351. 9. Gelfand JM, Hoffstad O, Margolis DJ. Surrogate endpoints for the treatment of venous leg ulcers. *J Invest Dermatol*. 2002; 119(6):1420-1425. 10. Phillips TJ, Machado F, Trout R, Porter J, Olin J, Falanga V. Prognostic indicators in venous ulcers. *J Am Acad Dermatol*. 2000;43(4):627-630. 11. Apligraf® [package insert]. Canton, MA: Organogenesis Inc; 2017. 12. Data on file, Organogenesis Inc. 13. Milstone LM, Asgari MM, Schwartz PM, Hardin-Young J. Growth factor expression, healing, and structural characteristics of Graftskin (Apligraf®). *Wounds*. 2000;12(5 Suppl A):12A-19A. 14. Falanga V, Isaacs C, Paquette D, et al. Wounding of bioengineered skin: cellular and molecular aspects after injury. *J Invest Dermatol*. 2002;119(3):653-660. 15. Brem H, Young J, Tomic-Canic M, Isaacs C, Ehrlich HP. Clinical efficacy and mechanism of bilayered living human skin equivalent (HSE) in treatment of diabetic foot ulcers. *Surg Technol Int*. 2003;11:23-3. 16. Marston WA, Sabolinski ML, Parsons NB, Kirsner RS. Comparative effectiveness of a bilayered living cellular construct and a porcine collagen wound dressing in the treatment of venous leg ulcers. *Wound Repair Reg*. 2014;22(3):334-340. 17. Treadwell T, Sabolinski ML, Skornicki M, Parsons NB. Comparative effectiveness of a bioengineered living cellular construct and cryopreserved cadaveric skin allograft for the treatment of venous leg ulcers in a real-world setting. *Adv Wound Care*. 2017;7(3):1-8.