

+ Evidence in focus

Publication summary: Ananian CE, et al. *Adv Wound Care (New Rochelle)* (2019)*

Smith+Nephew

Addition of GRAFIX PL PRIME[◊] Lyopreserved Placental Membrane to standard of care (SoC) increased the number of chronic wounds achieving complete closure compared with SoC alone

+ Plus points

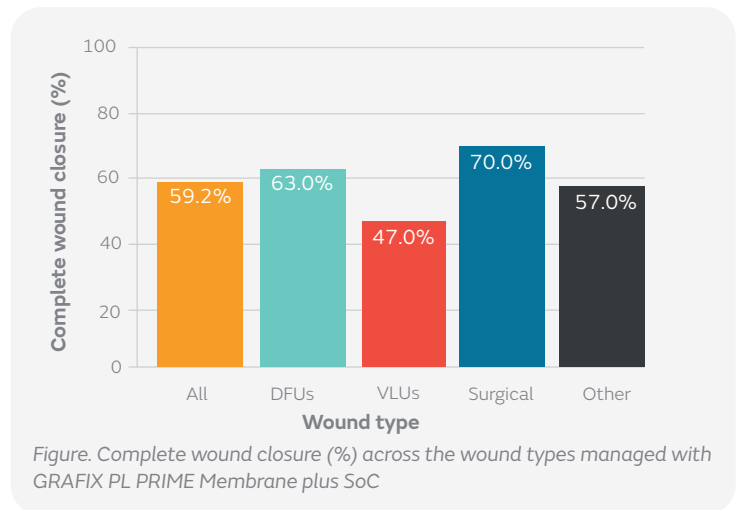


Overview

- Open-label, retrospective case series across five centers in the USA
- Patients (N=78) had 98 non-healing wounds (mean duration, 8.7 months; mean size, 13.3cm²), defined as wounds with no progression towards closure with 4 weeks of SoC or in patients with significant comorbidities that increase risk of nonclosure
 - Of these, there were 41 diabetic foot ulcers (DFUs), 19 venous leg ulcers (VLUs), 10 surgical wounds and 28 others (eg, pressure ulcers and arterial wounds)
- Patients received GRAFIX PL PRIME Membrane, with up to 12 weekly applications, plus SoC including wound cleaning and debriding as appropriate, and non-adherent dressings

Results

- With GRAFIX PL PRIME Membrane plus SoC, 59.2% of wounds achieved complete closure in a median of 63 days (6 applications)
 - Rates were similar for the various wound types (Figure)
- Of wounds that did not achieve complete closure, the mean percentage area reduction was 42.3%
- More wounds of ≤12 months in duration closed than those of >1 year in duration (65.8 vs 30.0%; p=0.004)
 - Median time to closure was shorter for wounds of ≤12 months duration than those >1 year (62.5 vs 119.5 days; p=0.01)



Conclusions

Adding GRAFIX PL PRIME Membrane to SoC increased the number of chronic wounds achieving complete closure compared with prior SoC alone. The authors noted that the results were similar to those of previous studies with cryopreserved placental membrane.

Citation

*Ananian CE, Davis DR, Johnson EL, et al. Wound closure outcomes suggest clinical equivalency between lyopreserved and cryopreserved placental membranes containing viable cells. *Adv Wound Care (New Rochelle)*. 2019;8(11):546–554.

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