





Organogenesis:
Advanced Technologies Across
Wound Care, Surgical and
Sports Medicine

Kelly Kimmerling, Ph.D.
Research and Development Manager

Document No.: P-1114 | Revision: 1 | Effective Date: 2/14/2022

1

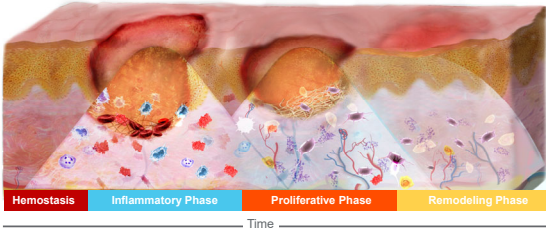


- History**
 - Organogenesis was founded as a spin out of MIT in 1985
 - Proven leader in regenerative medicine space
- Experience**
 - In 1998, Organogenesis received the 1st FDA approval for a living, manufactured cell-based product
 - In 2012, Organogenesis received one of the few BLA approvals that have been granted by CBER for an allogeneic living cell product
 - Product portfolio consisting of PMA, BLA, 510K and 361 HCT/P products
- Market Leader**
 - Organogenesis is a recognized innovator and a well-established leader in the Wound Care space
 - In 2017, Organogenesis entered the surgical and sports medicine markets, acquiring 4 existing amniotic products, with a strong focus on osteoarthritis (OA).
- Science**
 - Deep body of scientific, clinical and real-world outcomes data consisting of over 200 publications that review both the technical and clinical attributes of our products
 - Organogenesis is grounded in research and scientific development and has a proven track record of supporting robust clinical research programs and advanced product development

2

The acute wound healing process consists of four overlapping phases^{1,2}

Normal wound healing is an orderly, sequential process^{1,2}

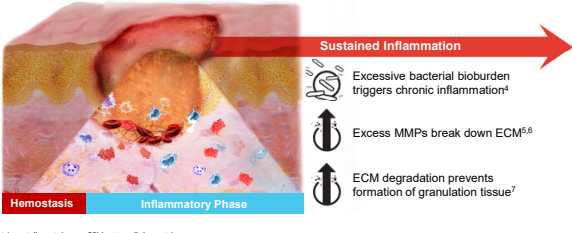


1. Kame D, Krasner D, eds. *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals*. 2nd ed. Wayne, PA: Health Management Publications Inc.; 1997:1-4. 2. Broughton G, et al. *Plast Reconstr Surg*. 2006;117:325-345.

3

Chronic wounds occur when the normal wound healing process becomes disrupted

Chronic wounds are characterized by a prolonged period of inflammation¹⁻³



MMPs=matrix metalloproteinases; ECM=extracellular matrix.


1. Kame D, Krasner D, eds. *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals*. 2nd ed. Wayne, PA: Health Management Publications Inc.; 1997:1-4. 2. Broughton G, Janis JE, Attinger CE. *Plast Reconstr Surg*. 2006;117:325-345. 3. Eming SA, et al. *J Invest Dermatol*. 2007;127:514-525. 4. Frykberg RG, et al. *Adv Wound Care*. 2015;4(9):560-582. 5. Carpenter S, et al. *Wounds*. 2016;28(6 suppl):S1-S20. 6. Gibson D, et al. *Wounds Int*. 2009;1(1):1-6. 7. Brett D. *Wounds*. 2008;20(12):347-356.

4

Using the Organogenesis solutions guided by the predictive indicators


INTERVIEW DAY†	ASSESS SURFACE AREA REDUCTION AT WEEK 4	DECIDE*	ADJUST
Diabetic Foot Ulcer (DFU) Venous Leg Ulcer (VLU)	PuraPlyAM PuraPlyXT plus sharp debridement	≥ 50% DFU ¹ ≥ 40% VLU ^{1,2} → CONTINUE → PuraPlyAM PuraPlyXT	*Please refer to your local coverage determination (LCD) guidelines for specific coverage. †E-swabbed well-controlled; †No signs of clinical infection. GI-Healthy Granulation tissue present. 1. Sheehan P, et al. <i>Diabetes Care</i> . 2003;26(6):1879-1882. 2. Phillips TJ, et al. <i>J Am Acad Dermatol</i> . 2000;43(4):627-630. 3. Gelfand JM, et al. <i>J Invest Dermatol</i> . 2002;119(6):1420-1425. 4. Attinger CE, et al. <i>Plast Reconstr Surg</i> . 2006;117(Suppl):725-1095.
		< 50% DFU ¹ < 40% VLU ^{1,2} → SWITCH → Apligraf	
Other Wounds (Diabetic, Trauma, Burns, etc.)	PuraPlyAM PuraPlyXT plus sharp debridement	≥ 30-35% (per week)* → CONTINUE → PuraPlyAM PuraPlyXT	*Please refer to your local coverage determination (LCD) guidelines for specific coverage. †No signs of clinical infection. GI-Healthy Granulation tissue present.
		< 30-35% (per week)* → SWITCH → NuShield Affinity	

5



PuraPlyAM Manages Bioburden/Biofilm to Support Healing

Antimicrobial Wound Matrix



PHMB binds and disrupts negatively charged cell membranes¹

Intact native collagen inhibits a wide range of proteases²

Benefits

- BBWM™**: sharp debridement with PuraPly AM to prevent biofilm reformation³
- PHMB is a broad spectrum antimicrobial that inhibits biofilm reformation¹
- Native collagen matrix allows for a sustained antimicrobial barrier effect^{4,5}

Uses

- Indicated for a wide variety of acute and chronic wounds²

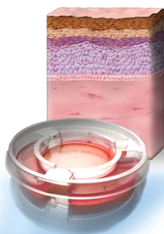
PHMB, polyhexamethylene biguanide; PMA, PuraPly Antimicrobial.

1. Hübnner NO, Kramer A. *Skin Pharmacol Physiol*. 2010;23(suppl):17-27. 2. Negron L, et al. *Int Wound J*. 2014;11:392-397. 3. Wolcott RD, et al. *J Wound Care*. 2010;19(8):320-328. 4. Brantley J, et al. *Wounds Int*. 2016;7(3):1-5. 5. PuraPly antimicrobial [package insert]. Canton, MA: Organogenesis, Inc; 2015.

6

Organogenesis
Apligraf[®]
Living Cellular Skin Substitute

Designed With Living Keratinocytes and Fibroblasts to Heal VLU^{1,2}



Living keratinocytes and stem cells that provide potent healing signals (growth factors/cytokines)^{1,4}

Living fibroblasts that proliferate and produce human collagen and other ECM proteins as well as growth factors/cytokines^{1,3}

Benefits: Only product that transforms the wound environment from a chronic to acute state⁵

Proven to heal more VLUs, faster in a RCT and in the real-world setting, with a favorable safety profile^{1,2,6-8}

Uses: Only product FDA-approved to heal VLUs²

VLU = Venous Leg Ulcer
Apligraf is also FDA-approved to heal diabetic foot ulcers.

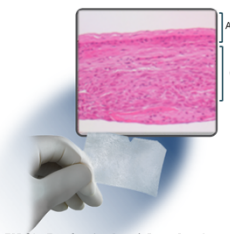
1. Data on File, Organogenesis Inc. 2. Apligraf Prescribing Information, Canton, MA; Organogenesis Inc; 2015. 3. Schmid P et al. Wounds 2000;12(5 Suppl A):4A-11A. 4. Carlson M et al. Tissue Eng Part A. 2011;17(3-4):487-493. 5. Stone RC et al. So Transl Med. 2017;9(71). Pii: eea18611. 6. Falanga V et al. Arch Dermatol. 1998;134:293-300. 7. Marston WA et al. Wound Repair Regen. 2014;22(3):334-340. 8. Treadwell T et al. Adv Wound Care. 2017;7(3):1-8.

7

7

Organogenesis
NuShield[®]
Sterilized, Dehydrated Placental Allograft

The Most Complete and Versatile Dehydrated Placental Allograft Solution



Amnion
Chorion

Benefits: The proprietary process yields a sterilized, more complete dehydrated placental allograft with all native layers, including spongy/intermediate layer¹⁻³

Spongy/intermediate layer: high levels of specific growth factors, hydrated proteoglycans, Type III collagen, TGF-β1, HGF, and hyaluronic acid^{4,7}

Analytical testing has shown NuShield retains 640 components (growth factors, cytokines, and chemokines)¹

Uses: As a wound covering for a wide range of acute and chronic wounds, including exposed bone and tendon⁸

TGF-β1 = Transforming Growth Factor Beta 1
HGF = Hepatocyte Growth Factor

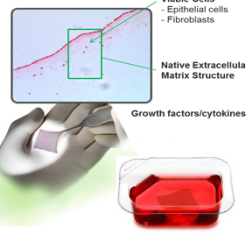
1. Data on file, Organogenesis Inc. 2. Mowry KC et al. Poster presented at SAWC, Fall 2015. 3. Koob TJ et al. J Biomed Mater Res. 2014;102(6):1353-1362. 4. Hopkinson A et al. Invest Ophthalmol Vis Sci. 2006;47(10):4316-4322. 5. Koizumi NI et al. Curr Eye Res. 2000;20(3):173-177. 6. Niknejad H et al. Eur Cells Mater. 2008;15:88-99. 7. Parolini O et al. Stem Cells. 2008;26(2):300-311. 8. NuShield Instructions for Use, 2017.

8

8

Organogenesis
Affinity[®]
Fresh Amniotic Membrane

The Only Fresh, Amniotic Membrane Wound Covering



Viable Cells
- Epithelial cells
- Fibroblasts

Native Extracellular Matrix Structure

Growth factors/cytokines

Benefits: Undergoes proprietary Allofresh[™] process¹

Affinity is not dehydrated or frozen and is closest to native unprocessed amniotic tissue^{1,4}

Retains native tissue characteristics, including viable cells, growth factors/cytokines, and native extracellular matrix structure^{1,2}

Uses: As a wound covering for a wide range of acute and chronic wounds, including exposed bone and tendon⁵

1. Data on File, Organogenesis Inc. 2. McQuilling JP et al. Int Wound J. 2017;14(6):993-1005. 3. Niknejad H et al. Eur Cells Materials 2008;15:88-99. 4. Ghatak S et al. Int J Cell Biol. 2015;8:44893. 5. Affinity Instructions for Use, 2017.

9

9