



# Time to Wound Closure After Autograft or Placental-Derived Allograft in Venous Leg Ulcers: Post Hoc Analysis of ChronEx

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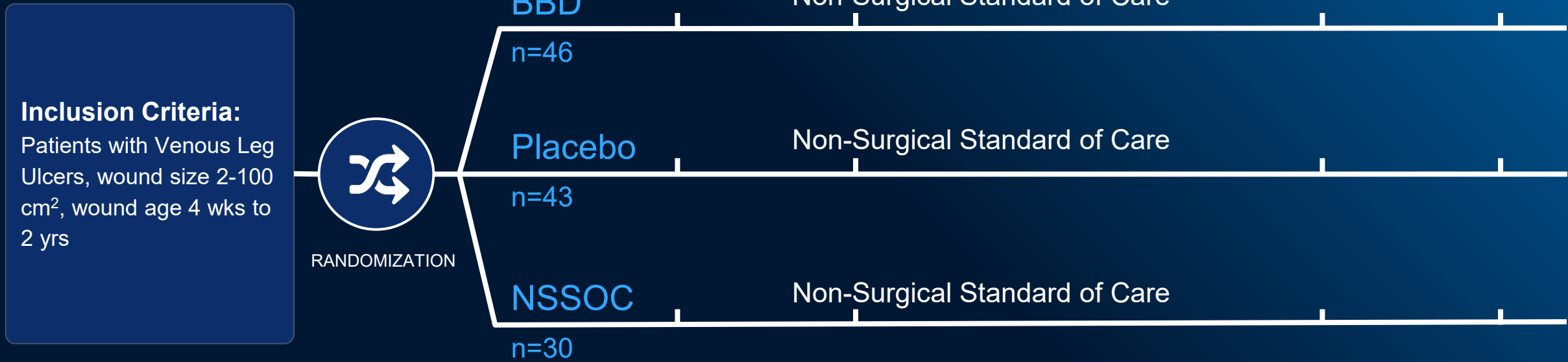
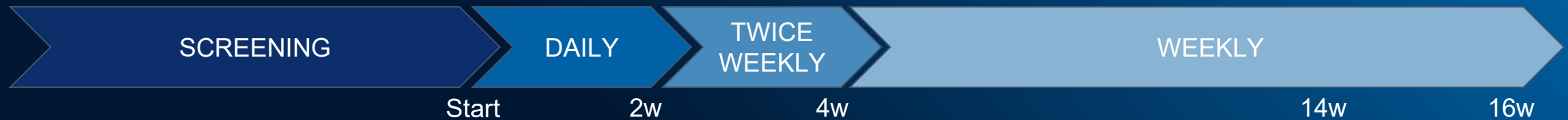
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# Objectives

- Effective wound bed preparation and timely wound closure are essential in managing chronic lower-extremity ulcers
- Evidence describing healing trajectories after autograft or allograft use in Venous Leg Ulcers (VLU) is limited
- This post hoc analysis assessed closure incidence and timing following grafting procedures in the ChronEx randomized controlled trial

# ChronEx<sup>1</sup> – Multicenter, Randomized, Controlled Phase II Study

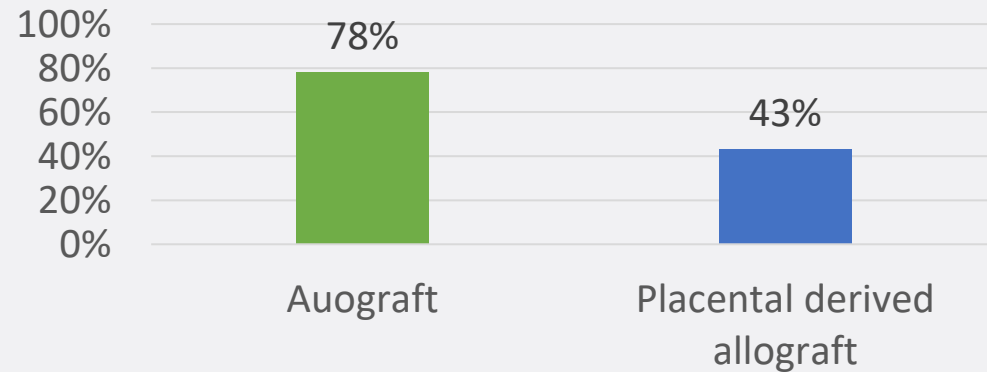


# Results

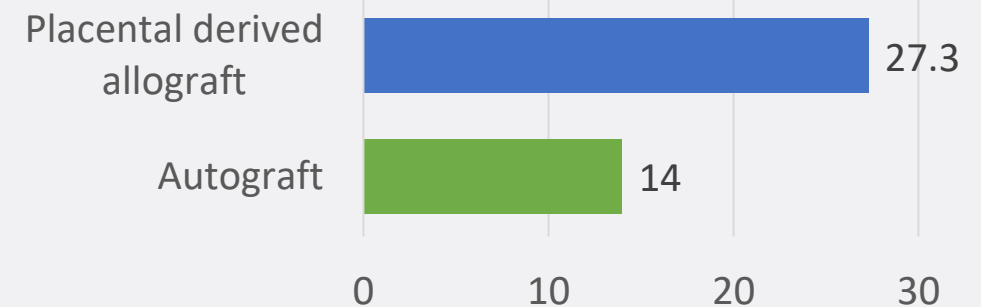
## BASELINE CHARACTERISTICS

Parameter	Autograft (n=9) BBD-5, PLC-3, NSSOC-1	Allograft (n=7) BBD-2, PLC-3, NSSOC-2
Mean Age	68.2	71.4
Median Wound Size	5.0 cm <sup>2</sup>	5.4 cm <sup>2</sup>
Median Wound Age	36 weeks	19 weeks

### HIGHER WOUND CLOSURE RATE IN AUTOGRAFTED WOUNDS



### SHORTER TIME TO WOUND CLOSURE IN AUTOGRAFTED WOUNDS



# Conclusions

- Autografting yielded better outcomes in VLU following wound bed preparation
  - **Autografts** – 78% closure rate and 2 weeks healing
  - **Placental derived allografts** – 43% closure rate and 4 weeks healing
- Data confirm the statistical assumptions of the ongoing global Phase III VALUE study in VLU
- The VALUE trial (BBD in VLU) mandates active wound closure with either autograft or placental-derived allograft following adequate wound bed preparation, with preference to autografting

## Case study

- 30 years old male
- 81 cm<sup>2</sup> VLU
- Treated with BBD and autografting



Baseline



Post 3rd Tx



Week 1



Week 8