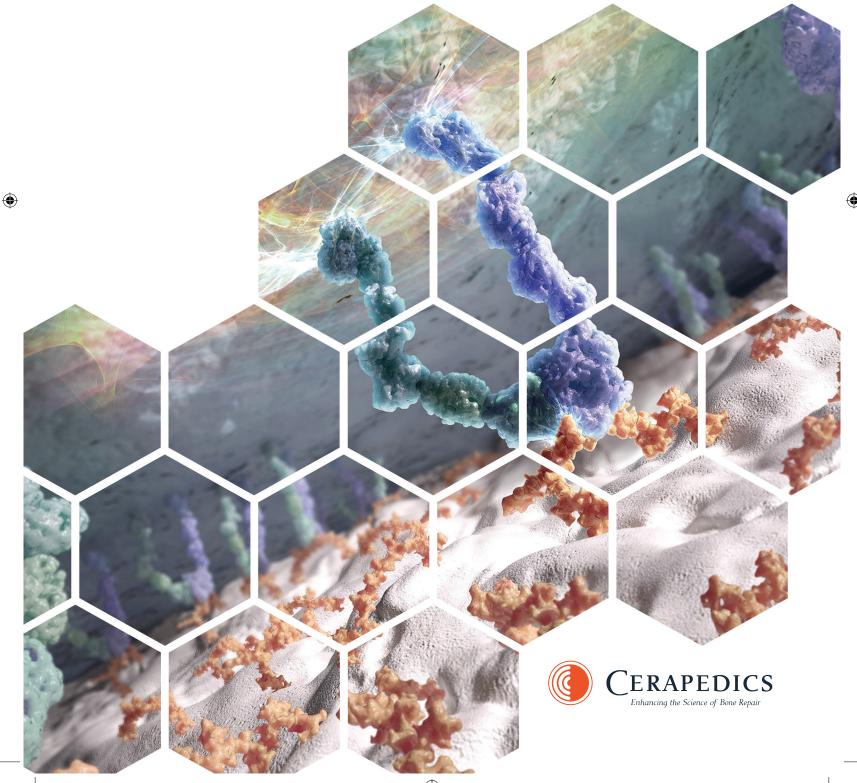


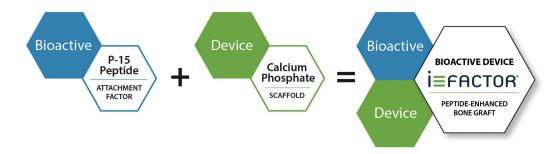


# Discover the Bone Healing Power of P-15 Osteogenic Cell Binding Peptide A Powerful Cell Attachment Factor Backed by Level 1 Human Clinical Evidence





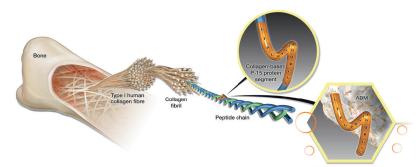
## An Active Biologic which Utilizes P-15 Osteogenic Cell Binding Peptide



## i-FACTOR's Powerful Cell Attachment Capability: the P-15 Peptide

i-FACTOR technology is based on the biological activity of a 15 amino acid peptide naturally found in Type I human collagen.

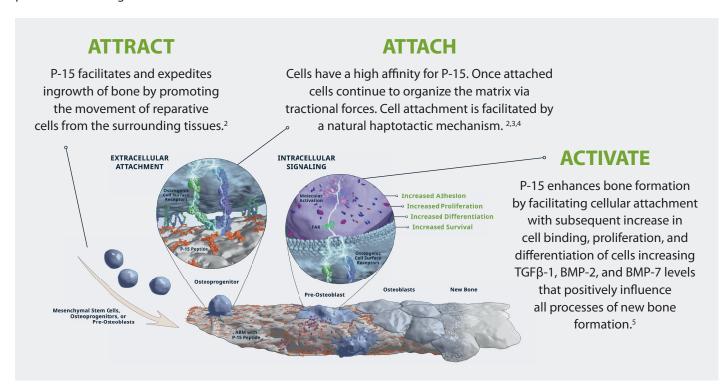
This protein segment (P-15) is responsible for the attachment and proliferation of osteogenic cells. These cells bind to the synthetic P-15 found in i-FACTOR.



#### i-FACTOR P-15™

## i-FACTOR has a unique Mechanism of Action

i-FACTOR increases the opportunity for cell binding in the fusion site by making an abundance of P-15 available to osteogenic cells. The ability of P-15 to enhance cell binding hastens the process of new bone formation and closely resembles the natural process of bone regeneration. 1,2,3,4







## ✓ i-FACTOR has Level 1 Human Clinical Evidence



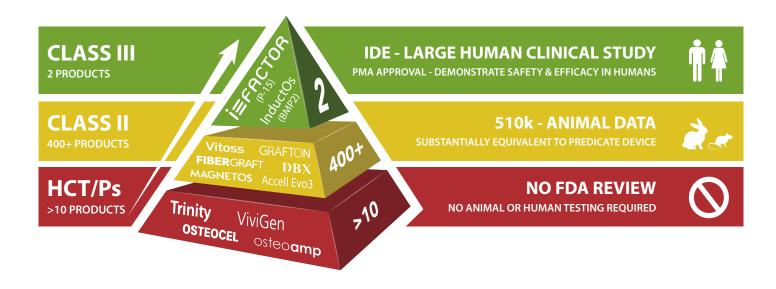
Physicians are encouraged to find the highest level of evidence to support the safe and effective use of a product in a clinical setting. i-FACTOR, which contains P-15, has published Level 1 human clinical evidence whereas the majority of bone grafts on the market have lower levels of evidence.

| Level 1 | Randomized controlled<br>human clinical trial | Fewer High Level Studies<br>(Increased Cost and Quality) |  |  |
|---------|---|--|--|--|
| Level 2 | Prospective cohort study                      | <b>A</b>   |  |  |
| Level 3 | Retrospective cohort study                    | Number of Studies  |  |  |
| Level 4 | Case studies                                  |  |  |  |
| Level 5 | Mechanism-based reasoning                     | <b>*</b>   |  |  |
| Level 6 | Animal studies, in vitro studies              | Many Low Level Studies<br>(Lower Cost and Quality)       |  |  |

## ✓ Only 2 FDA Class III PMA Approved Spinal Bone Grafts

FDA guidance is globally recognised by physicians due to its clear classification systems and stringent demand for quality data to support product claims. There are three FDA regulatory pathways for orthobiologics: Class III, Class II 510k, and HCT/P (tissue based products). Class III devices have the most rigorous pathway requiring a PMA Approved Level 1 Investigational Device Exemption (IDE) human clinical trial to bring the products to market.

i-FACTOR has met the most robust FDA study requirements and is one of only two Class III bone grafts approved for the US spine market. The only other spinal bone graft in this category is Medtronic's InductOs<sup>TM</sup> (BMP-2). The majority of bone grafts on the market are cleared via the 510k pathway.







# ✓ i-FACTOR has a PMA Approval based on an IDE Human Clinical Study<sup>6,7</sup>

Prospective, randomized, controlled, statistically powered, multicenter trial

Level 1 human clinical data from 319 patients

FDA approval based on IDE study (Investigational Device Exemption)

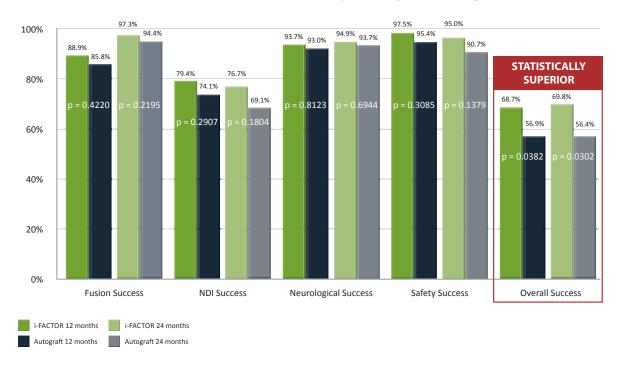
One year data published 2016 in Spine demonstrating a fusion rate of 89.0%

Two year data published 2018 in *Neurosurgery* demonstrating a fusion rate of 97.3%

Statistical superiority vs. autograft in overall clinical success at one and two years



### i-FACTOR has Proven Clinical Superiority vs. Autograft<sup>6,7</sup>



i-FACTOR which contains P-15 was demonstrated to be **statistically superior to autograft** in overall clinical success at one year and two years.<sup>6,7</sup>

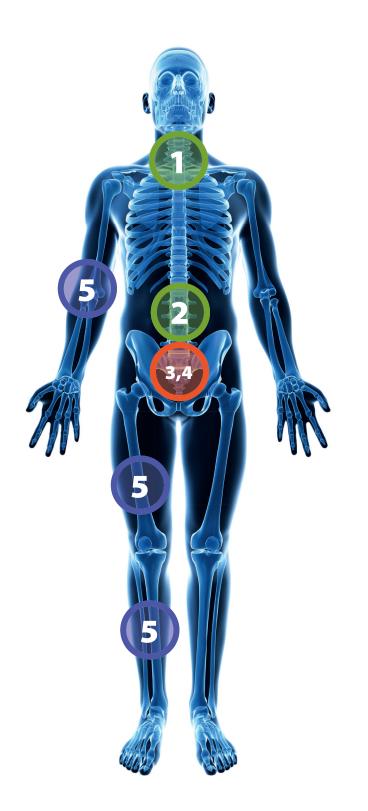








# The Clinically Proven power of P-15: Osteogenic Cell Binding Peptide



## Spine

**1** ACDF  $(n = 319)^{6,7}$ 

#### **ACDF**

- 319 patients
- "i-FACTOR subjects demonstrated higher overall success rate than control (autograft) subjects (68.75% and 56.94% respectively, p = 0.0382)"

#### **2** PLF $(n = 98)^8$

#### PLF

 "This RCT indicates i-FACTOR being significantly superior to allografted bone in enhancing intertransverse fusion (p = 0.000)"

#### **3** ALIF $(n = 110)^9$

#### **ALIF**

- 110 patients
- "...high fusion rate and clinical improvements comparable to the published results for ALIF using autograft or BMP"

#### 4 PLIF $(n = 40)^{10}$

#### **PLIF**

- 40 patients
- "i-FACTOR is associated with faster formation of bridging bone when compared to autologous bone in patients undergoing PLIF"

# Orthopedics

#### NON-UNION<sup>11</sup>

- **5** Treatment of non-union and delayed union (n = 22)
  - "P-15 appears to offer a safe, economical, and clinically useful alternative to autograft in the repair of ununited fractures"



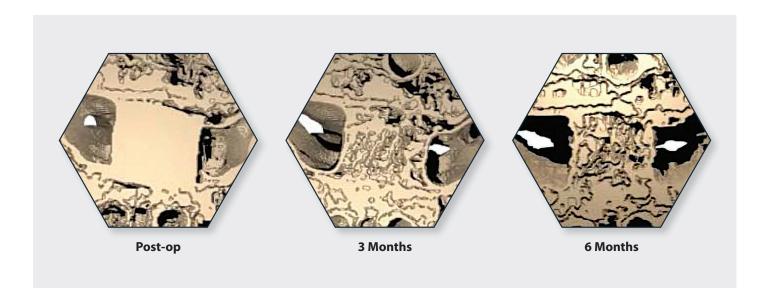




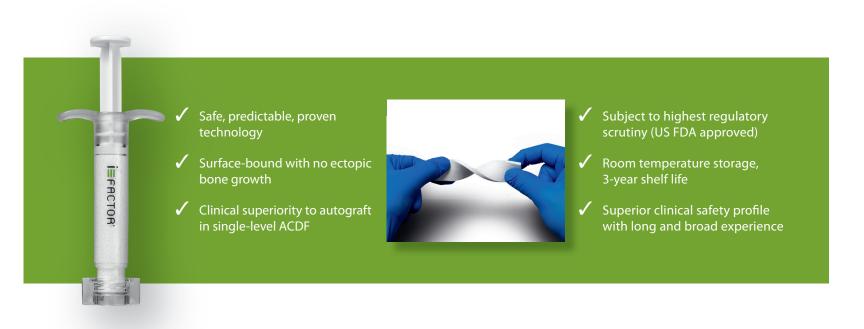


## Fusion Characteristics Similar to Mature and Healthy Bone

To evaluate the quality of bone within the interbody space, 3D CT imaging technology was taken from a patient following a single level ACDF. Detailed analysis determined that the porosity, trabecular orientation, and structure of new bone that P-15 developed was characteristic of mature and healthy normal bone within six months.<sup>12</sup>



## Why choose i-FACTOR?







## Indication

#### **Indication for Putty**

i-FACTOR Bone Graft is a bone graft substitute material for use in the repair of bony voids or defects in orthopaedic applications throughout the skeletal system (i.e. the spine and extremities). The bony voids may be surgically created defects or may result from traumatic injury to the bone.

#### Indication for Flex FR

i-FACTOR Flex FR is a bone graft substitute material for use in the repair of bony voids or defects in orthopedic applications throughout the skeletal system (i.e. the spine and extremities). The bony voids may be surgically created defects or may result from traumatic injury to the bone.



#### **Available Sizes**



| 900-010 | i-FACTOR Putty | 1.0cc  |
|---------|----------------|--------|
| 900-025 | i-FACTOR Putty | 2.5cc  |
| 900-050 | i-FACTOR Putty | 5.0cc  |
| 900-100 | i-FACTOR Putty | 10.0cc |



| Available Sizes |                  | LENGTH |   | WIDTH |   | THICKNESS |
|-----------------|------------------|--------|---|-------|---|-----------|
| 950-012         | i-FACTOR Flex FR | 12mm   | Х | 25mm  | Х | 4mm       |
| 950-025         | i-FACTOR Flex FR | 25mm   | Х | 25mm  | Х | 4mm       |
| 950-050         | i-FACTOR Flex FR | 50mm   | х | 25mm  | Х | 4mm       |
| 950-100         | i-FACTOR Flex FR | 100mm  | х | 25mm  | х | 4mm       |

Cerapedics is an advanced orthobiologics company focused on developing and commercializing its proprietary small peptide (P-15) technology platform. i-FACTOR® Peptide Enhanced Bone Graft is the only biologic bone graft in orthopaedics that incorporates P-15 osteogenic cell binding peptide to stimulate the natural bone healing process. This novel mechanism of action is designed to support safer and more predictable bone formation compared to commercially available bone growth factors.











## References

- 1. Bhatnagar RS, Qian JJ, Wedrychowska A, Sadeghi M, Wu YM, Smith N. Design of biomimetic habitats for tissue engineering with P-15, a synthetic peptide analogue of collagen. Tissue Eng. 1999 Feb; 5(1)53-65
- 2. Qian JJ, Bhatnagar RS. Enhanced cell attachment to anorganic bone mineral in the presence of a synthetic peptide related to collagen. J Biomed Mater Res. 1996 Aug; 31(4):545-54
- Guido S, Tranquillo RT. A Methodology for the Systematic and Quantitative Study of Cell Contact Guidance in Oriented Collagen Gels. Correlation of Fibroblast Orientation and Gel Birefringence. J Cell Sci. 1993: 105:317-331
- 4. Tranquillo RT, Durrani MA, Moon AG. Tissue Engineering Science: Consequences of Cell Traction Force. Cytotechnology. 1992; 10(3): 225-250
- 5. Guerra FA, Krauser JT, Cabrita AM. Small Peptide (P-15) Bone Substitute Efficacy in a Rabbit Cancellous Bone Model. ORS 2005 Annual Meeting, Poster #0212
- 6. Arnold PM, Sasso RC, Janssen ME, Fehlings MG, Smucker JD, Vaccaro AR, Heary RF, Patel AL, Goulet B, Kalfas IH, Kopjar B. Efficacy of i-FACTOR™ Bone Graft versus Autograft in Anterior Cervical Disectomy and Fusion. Results of the Prospective Randomized Single-blinded Food and Drug Administration Investigational Device Exemption Study. Spine. 2016; 41(13): 1075-1083
- 7. Arnold PM, Sasso RC, Janssen ME, Fehlings MG, Heary RF, Vaccaro AR, Kopjar B. i-FACTOR™ Bone Graft vs Autograft in Anterior Cervical Discectomy and Fusion: 2-Year Follow-up of the Randomized Single-Blinded Food and Drug Administration Investigational Device Exemption Study. Neurosurgery. 2018 Sep 1; 83(3):377-384. doi: 10.1093/neuros/nyx432. PubMed PMID: 28945914
- 8. Jacobsen MK, Andresen AK, Jespersen AB, Støttrup C, Carreon LY, Overgaard S, Andersen MØ. Spine J. 2020 Jan 28. pii: S1529-9430(20)30021-8. doi: 10.1016/j.spinee.2020.01.009
- 9. Mobbs RJ, Maharaj M, Rao PJ. Clinical outcomes and fusion rates following anterior lumbar interbody fusion with bone graft substitute i-FACTOR, an anorganic bone matrix/P-15 composite. J Neurosurg Spine, 2014 Dec; 21(6):867-76
- 10. Lauweryns P, Raskin Y. Prospective analysis of a new bone graft in lumbar interbody fusion: results of a 2-year prospective clinical and radiological study. Int J Spine Surg. 2015 Feb 3; 9
- 11. Gomar F, Orozco R, Villar JL, Arrizabalaga F. P-15 small peptide bone graft substitute in the treatment of non-unions and delayed union. A pilot clinical trial. Int Orthop. 2007 Feb; 31(1):939. Epub 2006 Jun 8
- 12. Kesteloot G, Parish AJB, Johnson S, McNally DS. Three-dimensional remodelling of i-FACTOR Peptide Enhanced Bone Graft substitute in cervical fusions. Accepted as poster, Annual Scientific Meeting of







11025 Dover Street, Suite 1600 Westminster, CO 80021 USA P: (303) 974-6275 E: customerservice@cerapedics.com

www.cerapedics.com

**C** € 2797 Internationally available

Europe, Middle East, Africa, Asia Pacific and Canada London, England E: emea@cerapedics.com



© 2022 Cerapedics, Inc. All rights reserved. ML-0695E 03/22

