



### UrgoStart Contact

**FLEXIBLE CONTACT LAYER WITH TLC-NOSF**  
Can be used in cavity wounds

- No absorption
- Can be cut
- Can be meshed



**TLC-NOSF healing matrix**

- Reduces healing time
- Moist environment
- Pain-free and atraumatic removal

**Highly flexible and conformable non-occlusive mesh**

- No risk of occlusion and maceration (open mesh pores)
- No trapping of newly formed granulation tissue(closely woven)

**Available presentations**

5 x 7 cm\* | 10 x 10 cm\* | 13 x 12 cm | 15 x 20 cm\*



### UrgoStart

**SOFT ADHERENT FOAM DRESSING WITH TLC-NOSF**  
Can be cut to fit the wound size

- Moderate absorption
- Can be cut



**TLC-NOSF healing matrix**

- Reduces healing time
- Moist environment
- Pain-free and atraumatic removal

**Absorbent polyurethane foam pad**

- Absorbs and retains exudates

**Available presentations**

6 x 6 cm\* | 10 x 10 cm\* | 13 x 12 cm | 15 x 20 cm\* | Heel shape 12 x 19 cm



### UrgoStart Contact

**ADHERENT FOAM DRESSING WITH TLC-NOSF**  
Practical, ready to use

- High absorption
- Waterproof



**Waterproof backing and silicone adhesive**

- Pain-free atraumatic removal for patient
- Very convenient use: allows showering

**Absorbent polyurethane foam pad and highly absorbent layer**

- Absorbs and retains exudates, preventing maceration

**TLC-NOSF healing matrix**

- Reduces healing time
- Moist environment
- Pain-free and atraumatic removal

**Available presentations**

8 x 8 cm | 10 x 10 cm | 12 x 12 cm | 15 x 15 cm | 15 x 20cm\* | Sacrum 20 x 20cm

## UrgoStart Contact

## UrgoStart Border

## UrgoStart Border

### REDUCE HEALING TIME. IMPROVE QUALITY OF LIFE. SAVE COSTS

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# UrgoStart

## A Local Treatment Proven To Reduce Healing Time<sup>7,8,9,20</sup>

Chronic ulcers take over **200-240** days on average to heal despite standard treatment



  
DIABETIC FOOT ULCER

  
LEG ULCER

  
PRESSURE ULCER

  
Healing people®

  
"UrgoStart dressings are proven to **reduce healing time** for patients, improving patients' **quality of life**, **easy to implement**, and are associated with **significant cost-saving** compared to non-interactive dressings,"  
**National Institute for Health and Care Excellence (UK)**

  
"Consider the use of the sucrose-octasulfate impregnated dressing in non-infected, neuro-ischaemic diabetic foot ulcers, that are difficult to heal despite best standard of care,"  
**International Working Group on the Diabetic Foot**

\* common stock

URG-L1-2405E3



Our Mission at Urgo Medical: Healing People

At Urgo Medical, we believe 200 days healing time for leg ulcers, diabetic foot ulcers and pressure ulcers is too long. It represents a burden for patients, clinicians and healthcare systems. Indeed, leg ulcers, diabetic foot ulcers and pressure ulcers are known to be chronic wounds from the beginning due to their etiology, and therefore require a specific approach.

In addition to the etiological treatment (off-loading, compression...), **a local wound treatment is needed to act on this factor**. By addressing this, the TLC-NOSF Healing Matrix<sup>®</sup>, the UrgoStart treatment range is clinically proven to reduce healing time<sup>7,8,9,20</sup> of leg ulcers, diabetic foot ulcers, and pressure ulcers.

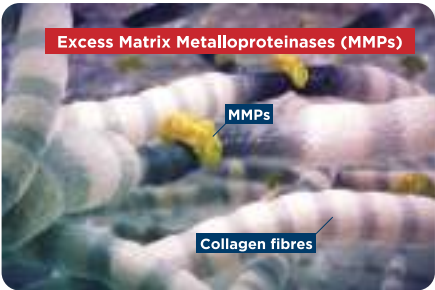
Composition of TLC-NOSF Healing Matrix

**TLC** (Technology Lipido-Colloid) consists of discrete hydrocolloid particles (CMC) dispersed in a jellified lipophilic layer, constituting a healing matrix, the composition of which has been patented. It is a unique innovative technology from Urgo Medical. TLC is the core technology of all the Urgo Medical products.

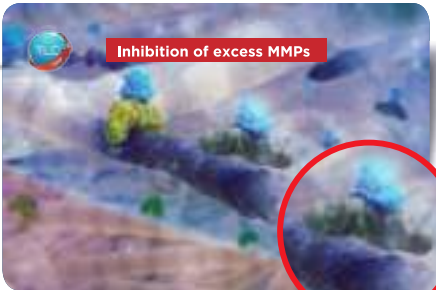
**NOSF** (Nano OligoSaccharide Factor)\*is a compound that, combined with the TLC, has been shown to inhibit excess Matrix Metalloproteinases (MMPs) and promote angiogenesis<sup>9,45</sup>, hence reducing healing time<sup>7,8,9,20</sup>.

Mode of Action: TLC-NOSF Healing Matrix

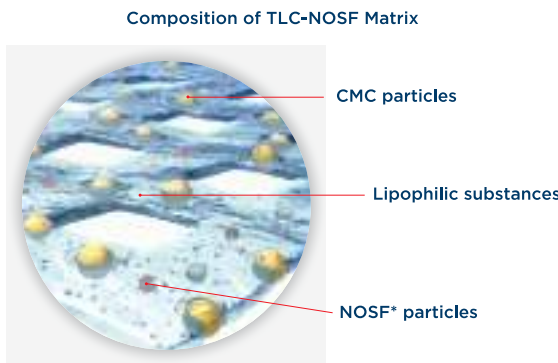
Beyond the underlying etiology of Leg Ulcers, Diabetic Foot Ulcers and Pressure Ulcers, two key local factors significantly impair wound healing from the beginning:



1a



1b

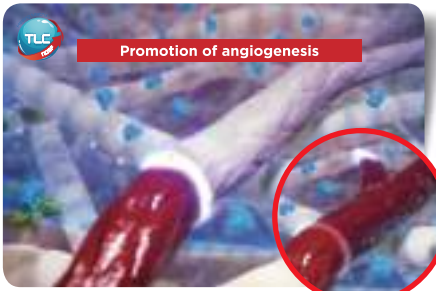


**1a. A prolonged inflammatory phase with increased levels of Matrix Metalloproteinases (MMPs)<sup>43</sup>** which are present from the beginning of the wound and destroy essential extracellular matrix (ECM) components.

**1b. Inhibition of excess matrix metalloproteinases (MMPs): NOSF has been shown to inhibit MMPs<sup>45</sup>.** Since MMPs are the main enzymes implicated in the extracellular matrix (ECM) degradation, their inhibition results in a reduction of proteolytic destruction of essential ECM components.



2a



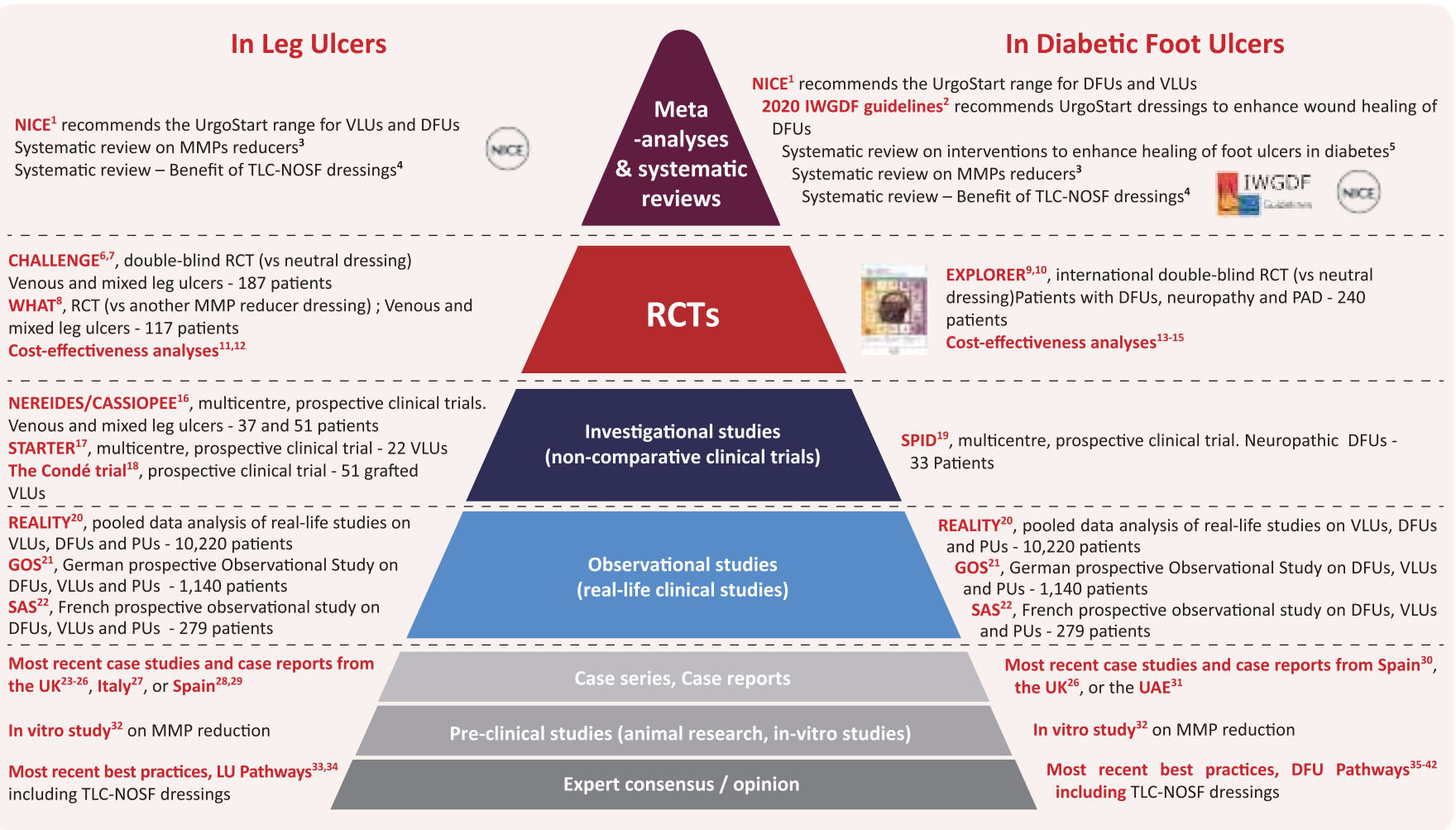
2b

**2a. An impaired blood vessels network<sup>44</sup>** leading to hypoxia and defective micronutrient delivery.

**2b. Promotion of angiogenesis through proliferation and migration of endothelial cells<sup>9,45</sup>** NOSF has a unique structure that interacts with growth factors, particularly those acting on endothelial cells. Thus, it promotes proliferation and migration of endothelial cells, leading to angiogenesis.

TLC-NOSF: the highest level of Evidence in Wound Care

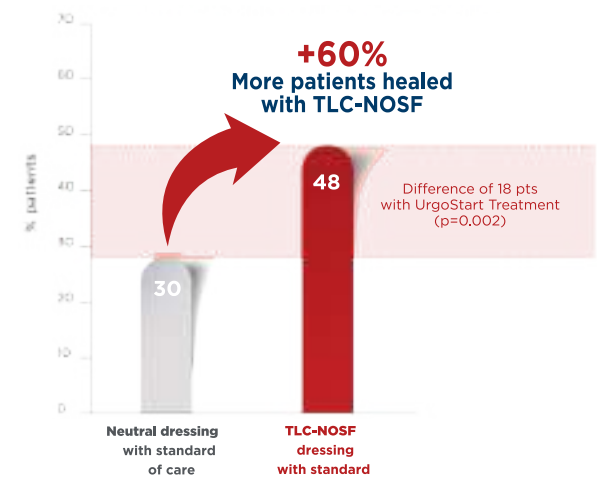
UrgoStart has proven its unique efficacy to reduce healing time with the highest level of evidence<sup>7,9,20</sup>



Clinical Study: EXPLORER

Primary Endpoint: Wound Closure\* by Week 20

% patients with complete wound closure\* at 20 weeks



\*Wound closure: Defined as 100% epithelialization with no drainage and confirmed two weeks later by the investigators.

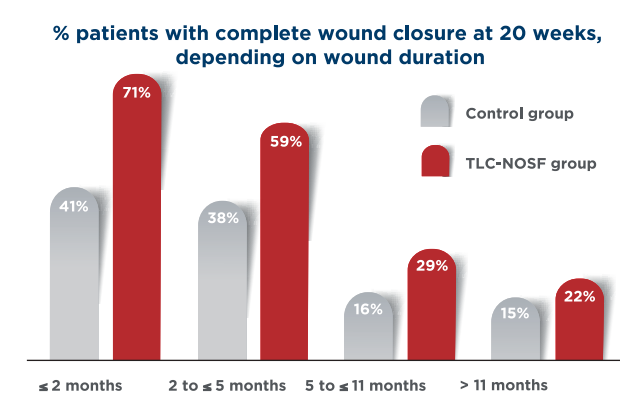
URGOSTART SIGNIFICANTLY INCREASED THE RATE OF COMPLETE DIABETIC FOOT ULCER WOUND CLOSURE VERSUS STANDARD OF CARE ALONE.

Secondary Endpoint: Estimated Time to Complete Closure (Kaplan Meier Analysis)

	Control group (n=114)	TLC-NOSF group (n=126)	Time to Closure Difference	Log rank (Mantel-Cox)
ITT analysis	180 3 9 (163-198)	120 3 5 (110-129)	60 days	p=0.029

URGOSTART ALLOWED PATIENTS TO REACH COMPLETE CLOSURE 60 DAYS SOONER VERSUS NEUTRAL DRESSING WITH THE SAME STANDARD OFCARE.

Subgroup Analysis: Impact of Wound Duration on Wound Closure in Both Treatment Arms<sup>10</sup>



- The percentage of wounds healed is always greater with Urgostart, regardless of the wound duration.
- The sooner Urgostart is initiated, the better the results in comparison to a neutral dressing.
- The difference in % of healed wounds is higher for wounds present for less than 2 months, which advocates for the implementation of Urgostart as soon as possible for a maximum efficacy & impact on patient outcomes.

DFU Patients Treated with TLC-NOSF in the EXPLORER Study



**Medical History:** Type 1 DM for 22 years, HbA1c was 7.7; diabetic neuropathy and mild ischemia confirmed.  
**Sex / Age:** M / 54  
**Wound Description:**

- Wound size of 2.5 cm<sup>2</sup> over the amputation site of the 2nd toe
- Wound presented for 2.5 months, treated with neutral foam (Mepilex) before inclusion of the trial
- Wound treated with UrgoStart contact layer (average dressing change 2 times per week), surgical debridement and offloading devices

**Result:**

- Complete healing in 36 days
- Surrounding skin was considered healthy during the full treatment period

**Medical History:** Type 2 DM for 15 years, HbA1c was 7; diabetic neuropathy and mild ischemia confirmed.  
**Sex / Age:** M / 57  
**Wound Description:**

- Wound size of 4.4 cm<sup>2</sup> at the sole of left foot
- Wound presented for 3.5 months, treated with neutral foam (Actisorb) before inclusion of the trial
- Wound treated with UrgoStart contact layer (average dressing change 2 times per week), surgical debridement, removal of hyperkeratosis and offloading devices

**Result:**

- Complete healing in 43 days

Conclusion

UrgoStart is the only treatment proven in a double blind RCT to have a significantly higher wound closure rate and a shorter healing time for diabetic foot ulcers, compared to a neutral dressing with the same standard of care.

- UrgoStart has a superior efficacy compared to neutral dressing, whatever the wound duration;
- The sooner UrgoStart is initiated, the better the healing outcomes for the patient;
- The superior efficacy of UrgoStart demonstrated in this trial supports the use of UrgoStart as a new local treatment in DFUs in addition to good standard of care.

TLC-NOSF Evidences: Scan to Read More

