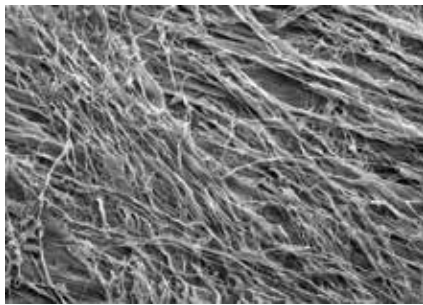


COLLAFLEX™

Pericardium Collagen Membrane

Resorbable CollaFlex™ membranes are derived from porcine pericardium through careful purification and sterilization processes to avoid antigenic reactions. The non-cross-linked membranes retain the natural microfibril structure of the pericardium, providing excellent biocompatibility and extended barrier function for guided bone regeneration applications. CollaFlex™ membranes are easily drapable and can be fixated with sutures and bone tacks.



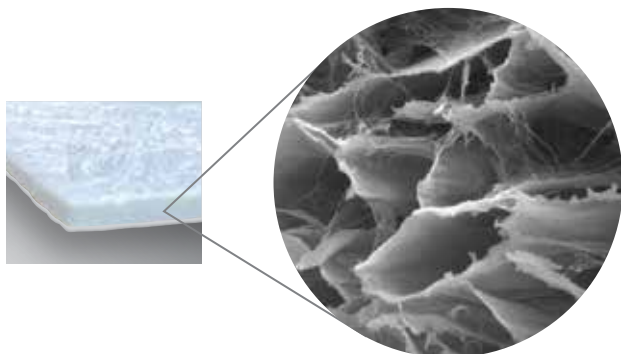
Excellent Biocompatibility

Natural collagen fibrils facilitate

- Cellular attachment
- Fast wound healing

Outstanding Handling Properties

- Does not stick to instruments or graft site
- Easy to reposition and unfold
- Conforms well to the defect shape



Extended Barrier Function

Dense honeycomb matrix provides

- Strong mechanical properties
- 6 months resorption

COLLAFLEX™

Pericardium Collagen Membrane

High Regeneration Performance

The performance of CollaFlex™ membrane was evaluated in a beagle dog model. Bilateral mandibular premolar teeth (#2, #3 and #4) were surgically extracted from 12 beagle dogs. 12 weeks after extraction, a critical size defect (5x5x5mm) was created in each site. Each defect was filled with Bio-Oss® bone graft and randomly covered with or without a CollaFlex™ membrane in accordance with guided bone regeneration procedures. Post-operation, wound healing was calm and uneventful. Progressions of bone regeneration and membrane resorption were determined by histological analysis on harvested tissues at 4, 8, 12 and 24 weeks post-operation. At each time point, the membrane group exhibited significantly more bone formation than the negative control group. CollaFlex™ membranes largely resorbed within 24 weeks after implantation.

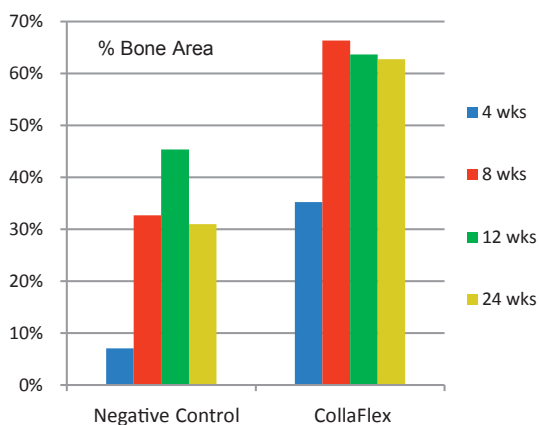


Figure 1. Percent bone area per histology analysis

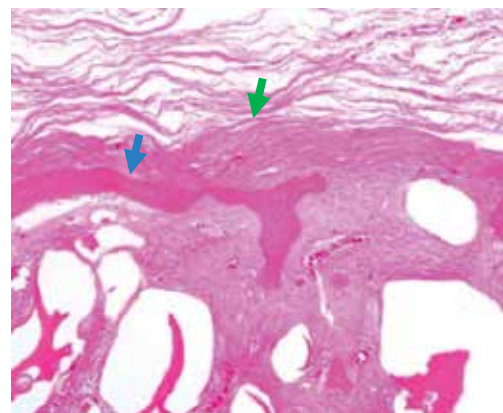


Figure 2. Histological appearance of a grafted area at 8 wks. Blue arrow: new bone tissue, Green arrow: barrier membrane. The membrane exhibited superficial resorption, but retained structural integrity.

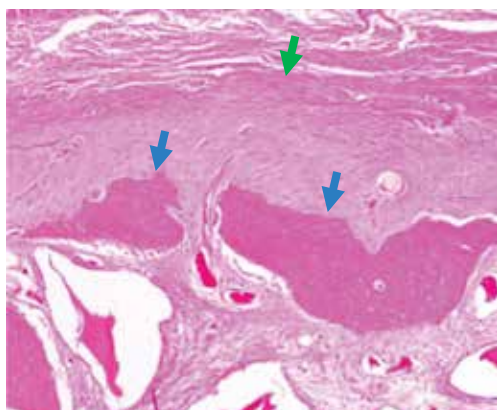


Figure 3. Histological appearance of a grafted area at 12 wks. More new bone regenerated and remodeled. The image revealed a thinner membrane with intact frame.

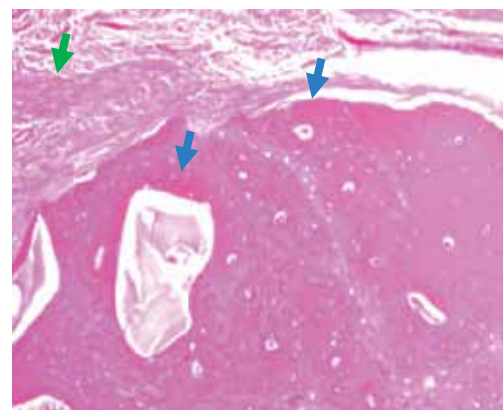


Figure 4. Histological appearance of a grafted area at 24 wks. Regenerated bone with matured and organized Harversian structure. The membrane was largely resorbed.