Aroa Biosurgery (ARX) | Half Year Report

UNLOCKING REGENERATIVE HEALING FOR EVERY*BODY*

AROA™

Important Notice and Disclaimer

This presentation (**Presentation**) is dated 26 November 2024 and has been prepared by Aroa Biosurgery Ltd, New Zealand company number 1980577, ARBN 638 867 473 (**AROA** or the **Company**).

Information in this Presentation

The information in this Presentation is of a general background nature, is in summary form and does not purport to be complete. This Presentation has been prepared in conjunction with commentary released to the market and an oral presentation, so should not be taken out of context. It does not contain all information relevant or necessary for an investment decision or that would be required to be included in a prospectus or other disclosure document under the Corporations Act for an offer of securities in Australia or in any other jurisdiction. This Presentation is intended for investor education purposes only and is not intended as a medical device advertisement. Products shown may not be available in your region. Results may vary. The content of this Presentation is provided as at the date of this Presentation (unless otherwise stated). Except as required by applicable law, AROA does not plan to publicly update or revise any information contained in, or provided with, this Presentation whether as a result of any new information, future events, changed circumstances or otherwise.

Not a prospectus or an offer of securities

This Presentation is not a prospectus or any other offering document under Australian law (or under the law of any other jurisdiction in which an offer of securities may be received). Nothing in this Presentation should be construed as an invitation, offer or recommendation of securities in AROA (or any of its subsidiaries) for subscription, purchase or sale in any jurisdiction. Potential investors should read this presentation in conjunction with AROA's other periodic and continuous disclosure announcements lodged with ASX and should rely solely on their own judgement, review and analysis when making an investment decision about AROA.

Future performance

Past performance information in this Presentation is given for illustrative purposes only and should not be relied upon (and is not) an indication of future performance. The Presentation contains certain "forward-looking statements". The words "forecast", "outlook", "expect", "anticipate", "estimate", "intend", "believe", "guidance", "should", "could", "may", "will", "predict", "plan" and other similar expressions are intended to identify forward-looking statements. Indications of, and guidance on, future earnings and financial position and performance are also forward-looking statements. These statements are based on current expectations and assumptions regarding AROA's business and performance, the economy and other circumstances. As with any projection or forecast, forward-looking statements in this Presentation are inherently uncertain and susceptible to changes in circumstances. Opinions involve significant elements of subjective judgement and assumptions as to future events which may or may not be correct. Actual results, performance or achievements may differ materially from those expressed or implied in forward looking statements and statements of opinion. In particular, market data reflects estimates only and investors are cautioned against placing undue reliance on it.

IP notice

AROA, Aroa Biosurgery, AROA ECM, Endoform, Myriad, Myriad Matrix, Morcells, Myriad Morcells, Myriad Ultra, Myriad Flow, Symphony and Enivo are trademarks of Aroa Biosurgery Limited. All other trademarks are properties of their respective owners. ©2024 Aroa Biosurgery Limited

AROA™

Unlocking Regenerative healing for every*body*.

- World-leading outcomes
- Unmatched value
- Widespread impact

AROA™

AROA at a Glance

Well established high-growth soft tissue regeneration company

Four product families
predominantly sold to US hospitals

AROA ECM™ platform
for new products, line extensions & enables AROA's tissue apposition platform

>US$3B[1] TAM
for existing products

US Direct (AROA) & Commercial partner (TELA Bio™) sales

6 million+
AROA products applied in treating patients

>83
Peer Reviewed Publications

Regulatory Approvals
in 50 countries

Enivo™ Tissue Apposition Platform

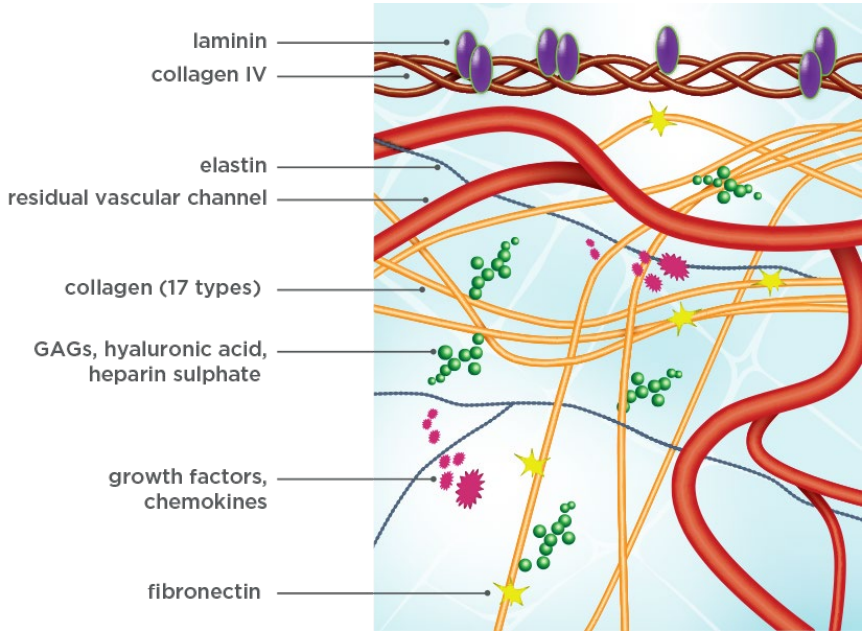
~ 270
personnel[2]

1. Estimate based on Idata, Soft Tissue Repair Market 2022; DRG Millennium Research data; Hernia Repair Devices, 2020; AROA management estimates; DRG Millennium Research, Breast Implants & Reconstructive devices, 2018.
2. AROA NZ & North American employees.

AROA™

AROA ECM – Structure & Biology for Regenerative Healing

Unique Extracellular Matrix (ECM) derived from ovine forestomach with proven tissue regeneration properties across multiple products[1-6]

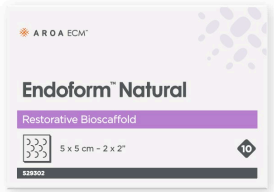


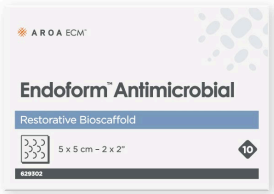
Optimal Source Tissue

Ideal Structure

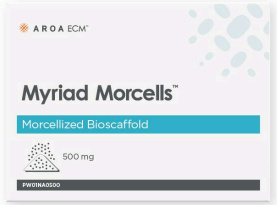
Complex Biology

Endoform™



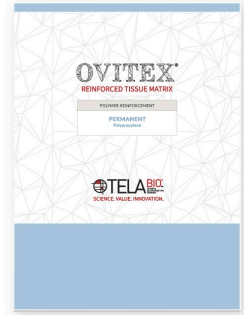


Myriad™



Symphony™

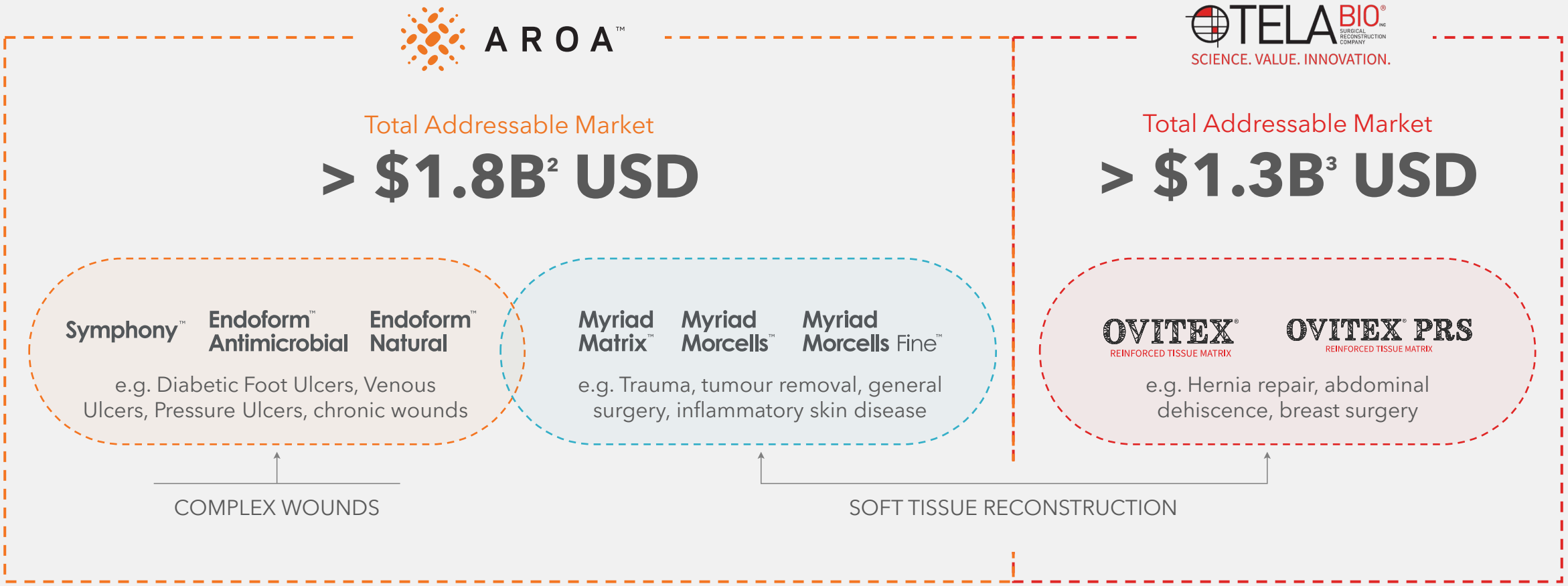
REINFORCED BIOSCAFFOLD OVITEX®



1. Irvine, S. M., et al. (2011). "Quantification of in vitro and in vivo angiogenesis stimulated by ovine forestomach matrix biomaterial." Biomaterials 32(27): 6351-6361. 2. Bohn, G. A. and A. E. Chaffin (2020). "Extracellular matrix graft for reconstruction over exposed structures: a pilot case series." J Wound Care 29(12): 742-749. https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2020.29.12.74217. 3. Parker, M. J., R. C. Kim, M. Barrio, J. Socas, L. R. Reed, A. Nakeeb, M. G. House and E. P. Ceppa (2020). "A novel biosynthetic scaffold mesh reinforcement affords the lowest hernia recurrence in the highest-risk patients." Surg Endosc 35(9): 5173-5178. 4. Chaffin A et al. Surgical reconstruction of pilonidal sinus disease with concomitant extracellular matrix graft placement: a case series. Journal of Wound Care; Vol 30, No. 7, July 2021. https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2021.30.Sup7.S28. 5. Chaffin, A. E. and M. C. Buckley (2020). "Extracellular matrix graft for the surgical management of Hurley stage III hidradenitis suppurativa: a pilot case series." J Wound Care 29(11): 624-630. https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2020.29.11.624. 6. Desvigne, M. N., K. Bauer, K. Holifield, K. Day, D. Gilmore and A. L. Wardman (2020). "Case Report: Surgical Closure of Chronic Soft Tissue Defects Using Extracellular Matrix Graft Augmented Tissue Flaps." Frontiers in Surgery 7(173). https://www.frontiersin.org/articles/10.3389/fsurg.2020.559450/full

AROA™

Substantial Growth Opportunities > $3B[1] TAM



1. Estimate of potential market size only. Idata, Soft Tissue Repair Market 2022; DRG Millennium Research data; Hernia Repair Devices, 2020; AROA management estimates; DRG Millennium Research, Breast Implants & Reconstructive devices, 2018.
2. Idata, Soft Tissue Repair Market 2022. AROA management estimates.
3. DRG Millennium Research data; Hernia Repair Devices, 2020. DRG Millennium Research, Breast Implants & Reconstructive devices, 2018. OviTex and TELA Bio are trademarks of TELA Bio, Inc.

AROA™

Myriad

Clinical need

VOLUMETRIC FILL

Rapidly fill large defects

Forms robust functional tissue. [1-4]

VITAL PROTECTION

Cover and protect vital structures[1-3, 5]

PERSISTENCE

Despite contamination and inflammation.[1-5, 7]

1. Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." ePlasty 23: e66 2. Bosque, B. A., S. G. Dowling, B. C. H. May, R. Kaufman, I. Zilberman, N. Zolfaghari, H. Que, J. Longobardi, J. Skurka, J. E. Geiger and M. M. Melin (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Lower-Extremity Soft-Tissue Defects: A Retrospective Multi-Center Case Series." J Am Podiatr Med Assoc 113(3): 22-081. 3. Taarea, R., A. Florence, B. Bendixen and C. A. Castater (2014). "Early Experience with Ovine Forestomach Matrix for the Reconstruction of Abdominal Defects Following Emergency Open Abdomen Surgery at a Level 2 Trauma Center." Trauma Cases Rev 10(1): 102. 4. Chaffin, A. E., S. G. Dowling, M. S. Kosyk and B. A. Bosque (2021). "Surgical reconstruction of pilonidal sinus disease with concomitant extracellular matrix graft placement: a case series." J Wound Care 30(Sup7): S28-S34. 5. Bohn, G. A. and A. E. Chaffin (2020). "Extracellular matrix graft for reconstruction over exposed structures: a pilot case series." J Wound Care 29(12): 742-749. 7. Overbeck, N., G. M. Nagvajara, S. Ferzoco, B. C. H. May, A. Beierschmitt and S. Qi (2020). "In-vivo evaluation of a reinforced ovine biologic: a comparative study to available hernia mesh repair materials." Hernia.

AROA™

Volumetric Fill

Rapidly fill large defects with functional tissue

Reference	Type of Defects	Exposed structures	Defect Size	Sample Size	Time to tissue coverage/fill (weeks)
Cormican et al.[1]	Traumatic	Yes	**217.3** ± 77.9 cm^2	13	**3.3** ±1.3
Taarea et al.[2]	Open abdomen	Yes	**147** ± 62.7 cm^2	3	**3.5** ±1.3
Bosque et al.[3]	Lower extremity	Yes	**84.2** ± 106 cm^2	50	**3.7**±3.2
Bohn et al.[4]	Various	Yes	**6** – 108 cm^2	6	**1–6**

AROA™

1. Cormican, M.T., et al., ePlasty, 2023. 23: p. e66. 2. Taarea, R., et al., Trauma Cases Rev 2024. 10(1): p. 102. 3. Bosque, B.A., et al., J Am Podiatr Med Assoc, 2023. 113(3). 4. Bohn, G.A. and A.E. Chaffin, J Wound Care, 2020. 29(12): p. 742-749

Vital Protection

Cover and protect vital structures

Reference	Type of Defects	Exposed structures	Sample Size	Time to tissue coverage/fill (weeks)
Cormican et al.[1]	Traumatic	• **Tendon** • **Bone**	13	**3.3** ±1.3
Taarea et al.[2]	Open abdomen	• **Viscera** • **Fascia**	3	**3.5** ±1.3
Bosque et al.[3]	Lower extremity	• **Tendon** • **Bone** • **Capsule**	50	**3.7** ±3.2 w
Bohn et al.[4]	Various	• **Tendon** • **Bone** • **Vasculature**	6	**1–6**

1. Cormican, M.T., et al., ePlasty, 2023. 23: p. e66. 2. Taarea, R., et al., Trauma Cases Rev 2024. 10(1): p. 102. 3. Bosque, B.A., et al., J Am Podiatr Med Assoc, 2023. 113(3). 4. Bohn, G.A. and A.E. Chaffin, J Wound Care, 2020. 29(12): p. 742-749

AROA™

Persistence

Despite contamination and inflammation

Reference	Type of Defects	CDC Contamination Score	Sample Size	Infection Rate
Cormican et al.[1]	Traumatic	**Grade II & III**	13	**0%**
Taarea et al.[2]	Open abdomen	**Grade II**	3	**0%**
Bosque et al.[3]	Lower extremity	**Grade IV**	50	**0%**
Chaffin et al.[4]	Pilonidal	**Grade III**	6	**0%**
Chaffin et al.[5]	Hidradenitis	**Grade III**	8	**0%**
Desvigne et al.[6]	Non-healing wounds	**Grade II & III**	9	**11%**
Hsu et al.[7]	Anal fistula	**Grade III**	14	**0%**
Bohn et al.[8]	Exposed structures	**Grade II & III**	6	**0%**

1. Cormican, M.T., et al., ePlasty, 2023. 23: p. e66. 2. Taarea, R., et al., Trauma Cases Rev 2024. 10(1): p. 102. 3. Bosque, B.A., et al., J Am Podiatr Med Assoc, 2023. 113(3). 4. Chaffin, A.E., et al., J Wound Care, 2021. 30(Sup7): p. S28-S34. 5. Chaffin, A.E. and M.C. Buckley, J Wound Care, 2020. 29(11): p. 624-630. 6. Desvigne, M.N., et al., Frontiers in Surgery, 2020. 7(173). 7. Hsu, A., et al., Tech Coloproctol, 2023. 27(9): p. 769-774. 8. Bohn, G.A. and A.E. Chaffin, J Wound Care, 2020. 29(12): p. 742-749.

AROA™

How does Myriad Compare?

Reference	Product class	Number of Publications	Published Patients	Publications Reporting Infection	Reported Infection Range	Number of Reported Infections	Publications Reporting Graft Loss	Reported Graft Loss Range
Myriad™	**Biologic –** extracellular matrix	11	159	1 (9%)	0% to 11%	**1/159 (0.6%)**	0 (0%)	**0%**
NovoSorb™ BTM	**Synthetic –** polyurethane foam	41	292	18 (44%)	0% to 100%	**45/292 (15%)**	14 (34%)	**0-100%**
Integra Bi-Layer™	**Synthetic –** chemically crosslinked reconstituted collagen and chondroitin sulphate	85	1483	12 (14%)	0% to 100%	**90/1483 (6%)**	11 (13%)	**0-100%**

Aroa management analysis. Data on file. Myriad is the trademark of Aroa Biosurgery Limited. All other trademarks are property of their respective owners.

AROA™

Myriad

Simplifies surgical soft tissue reconstruction

COMPLETE TISSUE COVERAGE WITHIN 4 WEEKS

100% coverage and fill in 23-30 days.[1-3]

**Real world evidence*

FEWER COMPLICATIONS

No graft loss and low infection incidence even in highly contaminated defects.[1-11]

SINGLE APPLICATION

A median of one application to achieve closure.[1-3]

1. Data on file 2. Bosque, B.A., et al., J Am Podiatr Med Assoc, 2023. 113(3). 3. Cormican, M.T., et al., ePlasty, 2023. 23: p. e66. 4. Taarea, R., et al., Trauma Cases Rev 2024. 10(1): p. 102. 5. Chaffin, A.E., et al., J Wound Care, 2021. 30(Sup7): p. S28-S34. 6. Chaffin, A.E. and M.C. Buckley, J Wound Care, 2020. 29(11): p. 624-630. 7. Desvigne, M.N., et al., Frontiers in Surgery, 2020. 7(173). 8. Hsu, A., et al., Tech Coloproctol, 2023. 27(9): p. 769-774. 9. Bohn, G.A. and A.E. Chaffin, J Wound Care, 2020. 29(12): p. 742-749. 10. Ban, KA, Minei JP, Laronga C, et al. J Am Coll Surg, 224(1): (2017): 59-74. 11. Zimlichman, E, Henderson D, Tamir O, et al. JAMA Intern Med, 173(22): (2013): 2039-46.

AROA™

FY25 H1 Financial Results[1]

NZ$39.2m

Total Revenue

CC[2] Total Revenue - $37.4m

87%

Product Gross Margin

CC[2] Product Gross Margin – 86%

(NZ$1.5m)

Normalised EBITDA[3]

CC[2] Normalised EBITDA - $2.0m

~NZ$21.6m

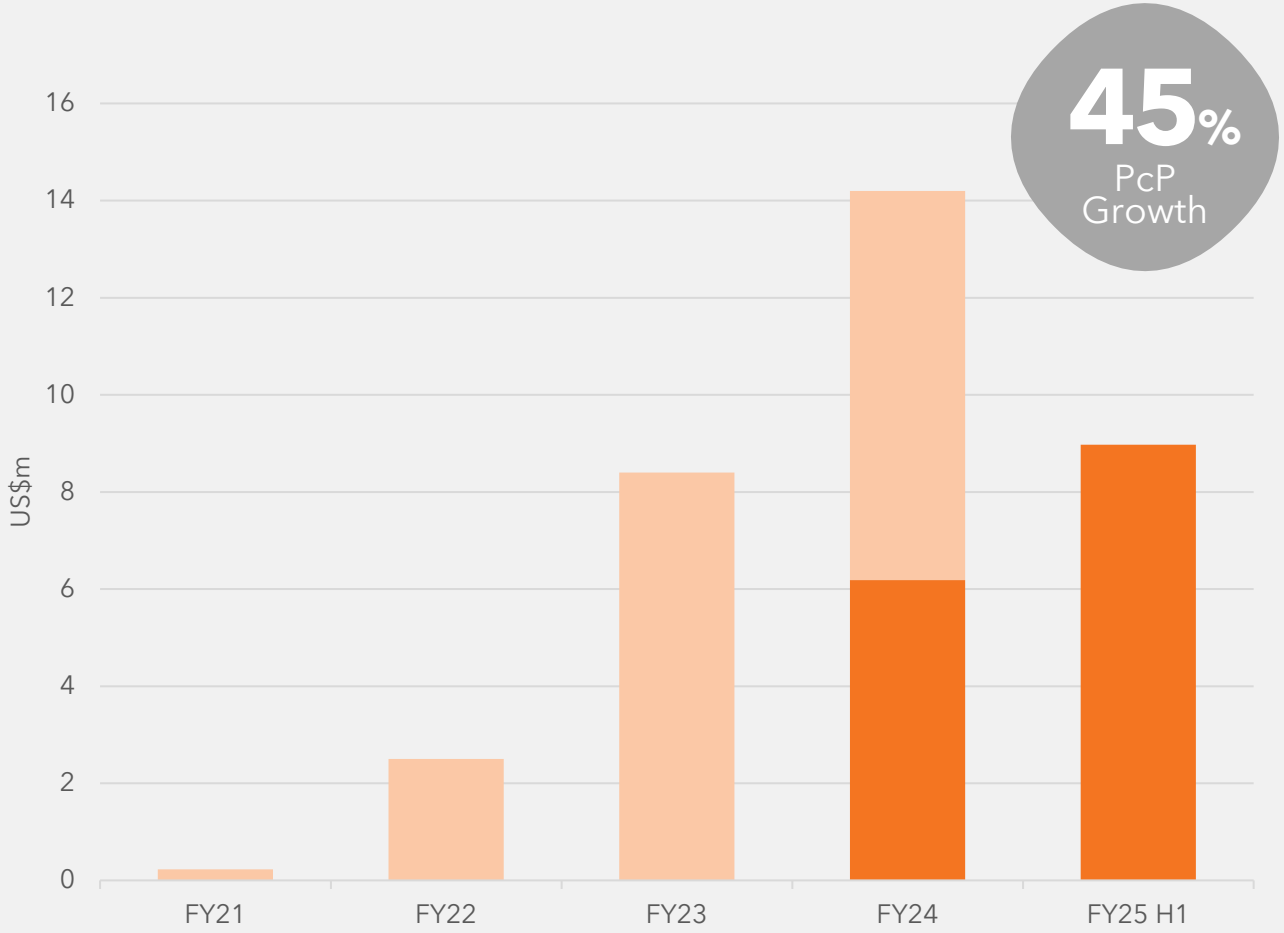
Cash Balance

1. Results are presented on a reported basis unless otherwise specified.
2. Constant Currency removes the impact of exchange rate movements. The NZ$/US$ exchange rate of 0.64 has been used, representing AROA's internal budget rate and the rate to set financial guidance for FY25.
3. Normalised EBITDA is non-conforming financial information, as defined by the NZ Financial Markets Authority, and has been provided to assist users of financial information to better understand and assess the AROA group's ('Group') comparative financial performance without any distortion from one-off transactions. The impact of non-cash share-based payments expense and unrealized foreign currency gains or losses has also been removed from the Profit or Loss. This approach is used by Management and the Board to assess the Group's comparative financial performance. All references in this presentation to normalised EBITDA is as set out in this footnote.

AROA™

Myriad Sales

Myriad™
AROA ECM™



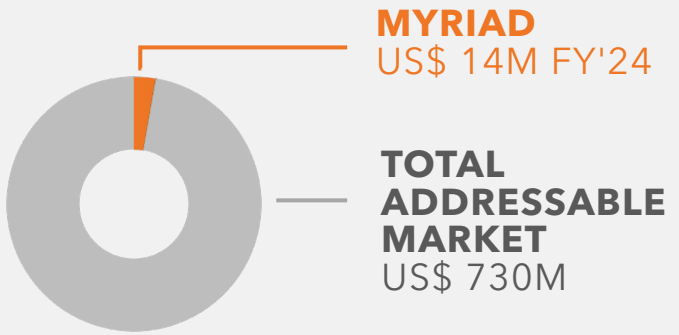
01 **Top priority**

02 **Momentum**

03 **Large volumetric defects**

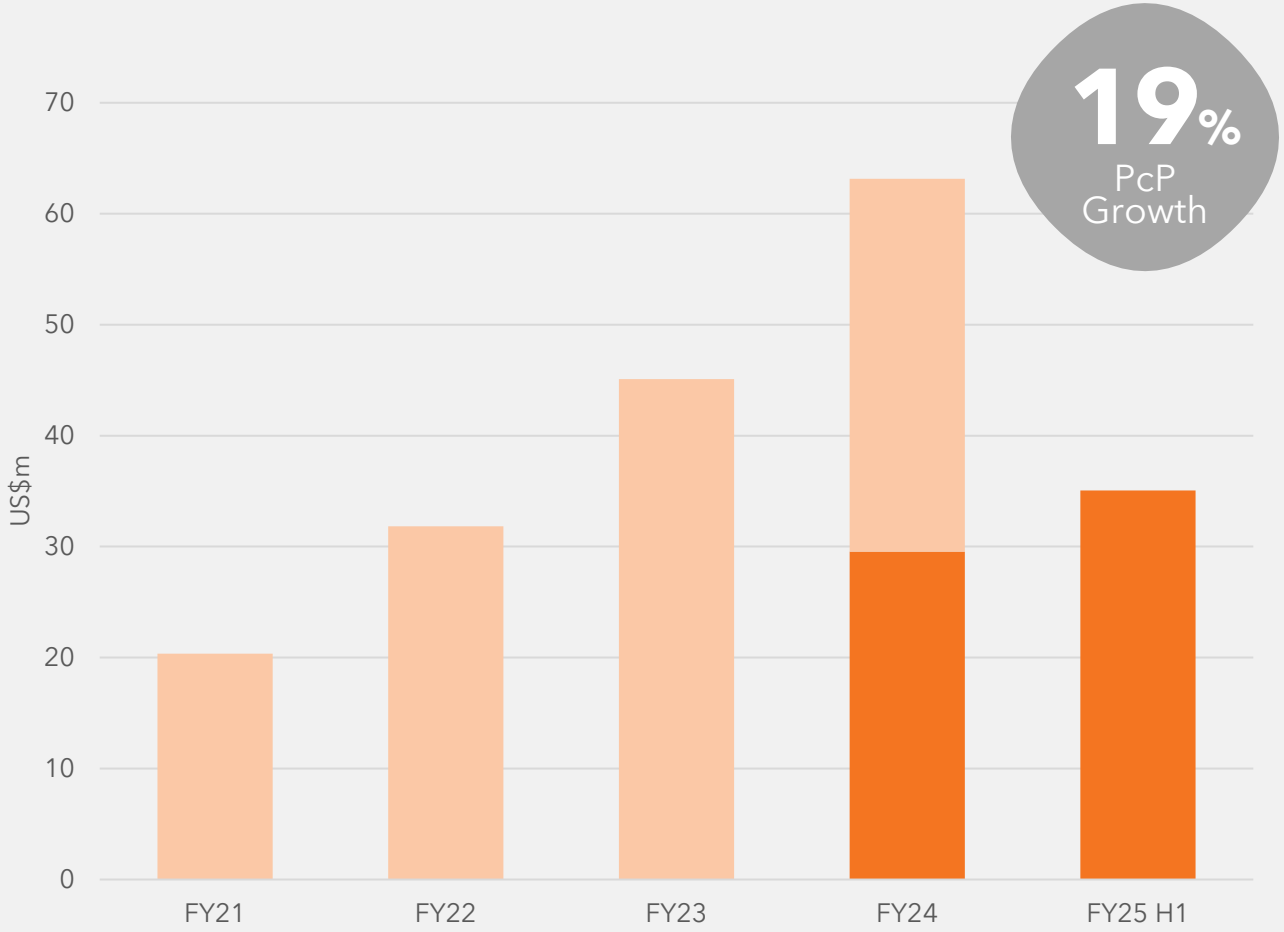
04 **Compelling clinical data**

05 **Disruptive Value**



AROA™

TELA Bio Sales



01 **Key partnership**

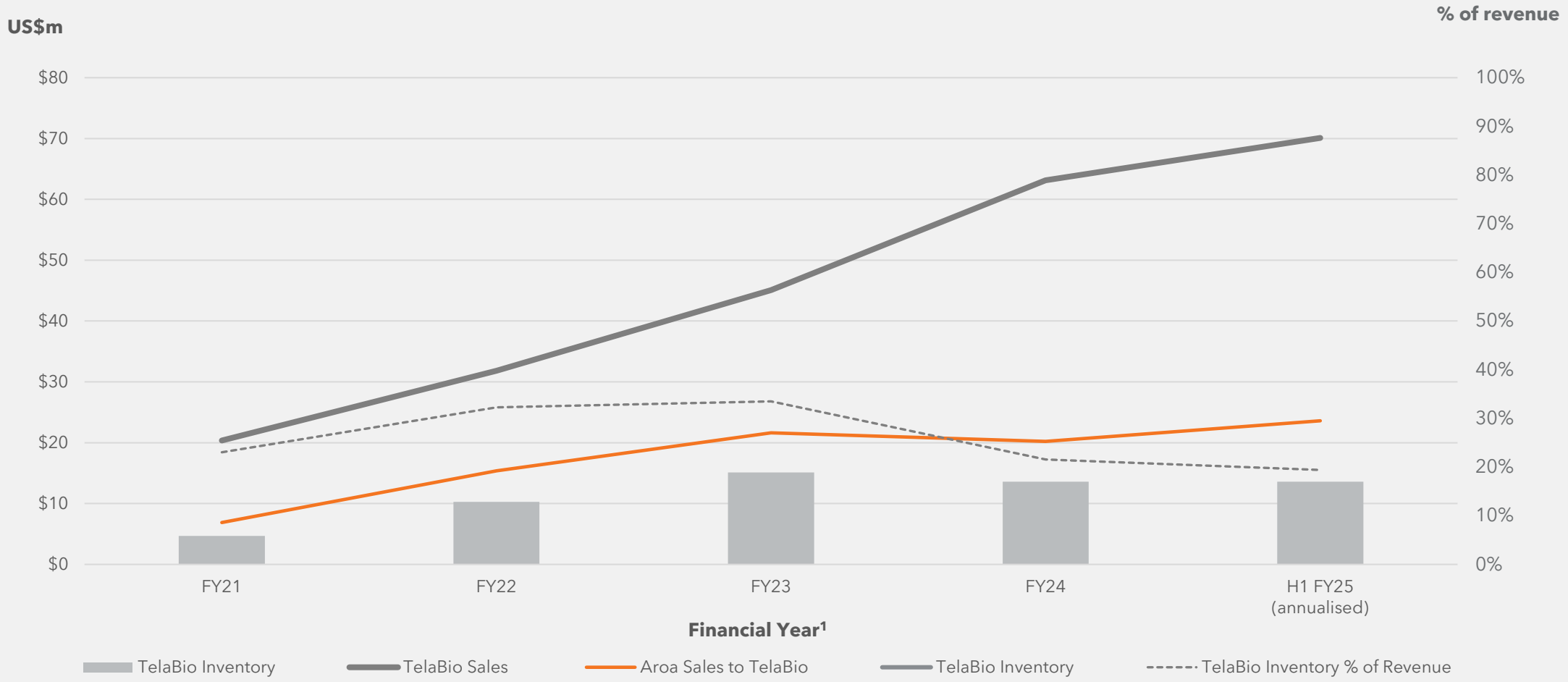
02 **Hernia & breast reconstruction portfolio**

03 **Momentum**

04 **Compelling clinical data**

05 **Disruptive value**

TELA Bio Sales & Inventory



1. Reference to Financial Year represents AROA's Financial Year 1 April to 31 March.

FY25 Guidance[1]

NZ$80-87m

Total Revenue

(YoY CC growth 21 – 32%)

NZ$2-6m

Normalised EBITDA

1. All guidance is presented on a constant currency basis using a NZ$/US$ exchange rate of 0.64. Constant currency removes the impact of exchange rate movements. Guidance is subject to TELA Bio delivering on its CY24 revenue guidance of US$74.5-76.5 million.

AROA™

H2 FY25[1] – Revenue growth & profitability

H1 FY25 Actual (CC)		H2 FY25 Forecast (CC)		FY25 Guidance
NZ$37m Total Revenue	+	**NZ$43-50m** Total Revenue	=	**NZ$80-87m** Total Revenue
86% Product Gross Margin		**86%** Product Gross Margin		**86%** Product Gross Margin
(NZ$2m) Normalised EBITDA		**NZ$4-8m** Normalised EBITDA		**NZ$2-6m** Normalised EBITDA

Outlook for H2 FY25

- Myriad to continue momentum
- Ovitex and Ovitex PRS continue to align with TELA Bio's sales trajectory
- Operating expenses to remain relatively constant, post lumpy H1 clinical development costs
- Positive Normalised EBITDA
- Positive operating cash flow

1. Both the H1 and H2 FY25 financial information is presented on a constant currency basis using a NZ$/US$ exchange rate of 0.64. Constant currency removes the impact of exchange rate movements. H2 FY25 forecasts and FY25 guidance is subject to TELA Bio delivering on its CY24 revenue guidance of US$74.5-76.5 million.

AROA™

FY25 Catalysts & Milestones

AROA sales momentum

Myriad is the major growth driver.

Myriad trauma & limb salvage evidence

Supports Myriad efficacy and cost savings

TELA Bio sales momentum

Sales team expansion, clinical evidence, increasing adoption

Symphony

Completion of RCT and reimbursement re-alignment

Enivo FDA clearance

Parallel initiatives being progressed to expedite commercialisation

AROA™

AROA BIOSURGERY

Questions & Answers

AROA™

WARNING

The following slides include sensitive medical images.
Viewer discretion is advised.

AROA™

Myriad™

Myriad Morcells™ and Myriad Matrix™ Application in Chronic Venous Leg Ulcer

Anthony J. LaLama, DPM

Podiatric Surgeon – Premier Foot & Ankle

Ascension Providence Hospital – Southfield, MI

AROA™

For educational purposes only

Initial Assessment

- 47-Year-old, male
- **Medical History:** Venous insufficiency, hypertension
- **Description:** Full thickness, painful venous leg ulcer of the right lateral leg
- **Wound Age:** 2 years
- Prior failed treatments included amnion grafts, skin substitutes/CTPs, compression, and multiple debridements
- **Approximate Size**: 10.4 cm x 13.7 cm x 0.6 cm

Initial Assessment

For educational purposes only

Procedure

Week 0

- Sharp, excisional debridement
- Applied Myriad Morcells™ (500 mg) to wound bed, then applied Myriad Matrix™ (10 x 10 cm, 3-layer), rehydrated in sterile saline
- **Secondary dressing**: Non-adherent contact layer, hydrofiber dressing, and Unna boot

Intra-Operative

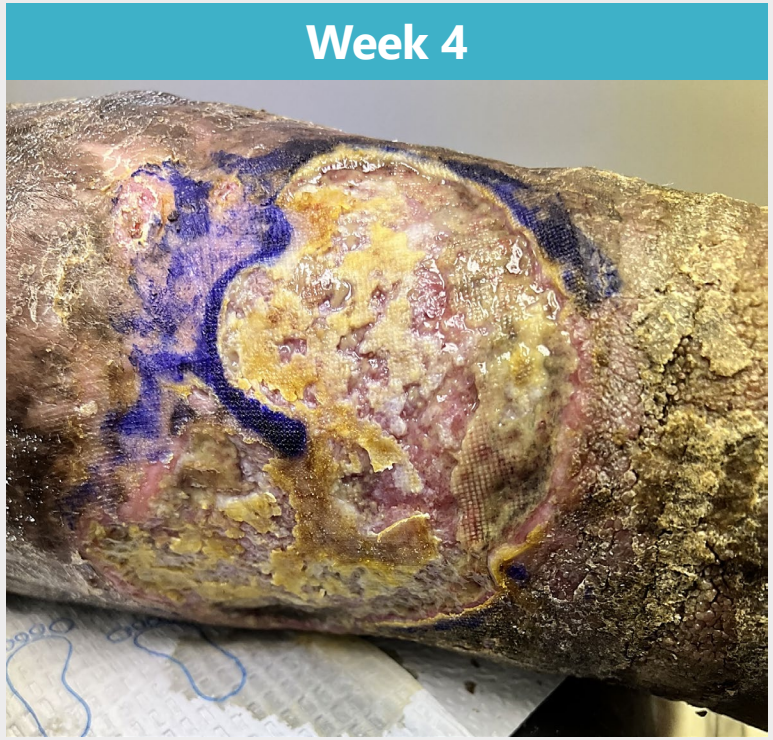
For educational purposes only

Follow-up

Week 4

- Pain significantly improved
- Noted budding of granulation tissue
- Residual Myriad™ noted in wound bed
- No complications

Continue with compression and absorbent secondary dressing changed daily or when saturated



AROA™

Follow-up

Week 5

- Pain continued to improve
- Continued budding of viable granulation tissue
- No complications

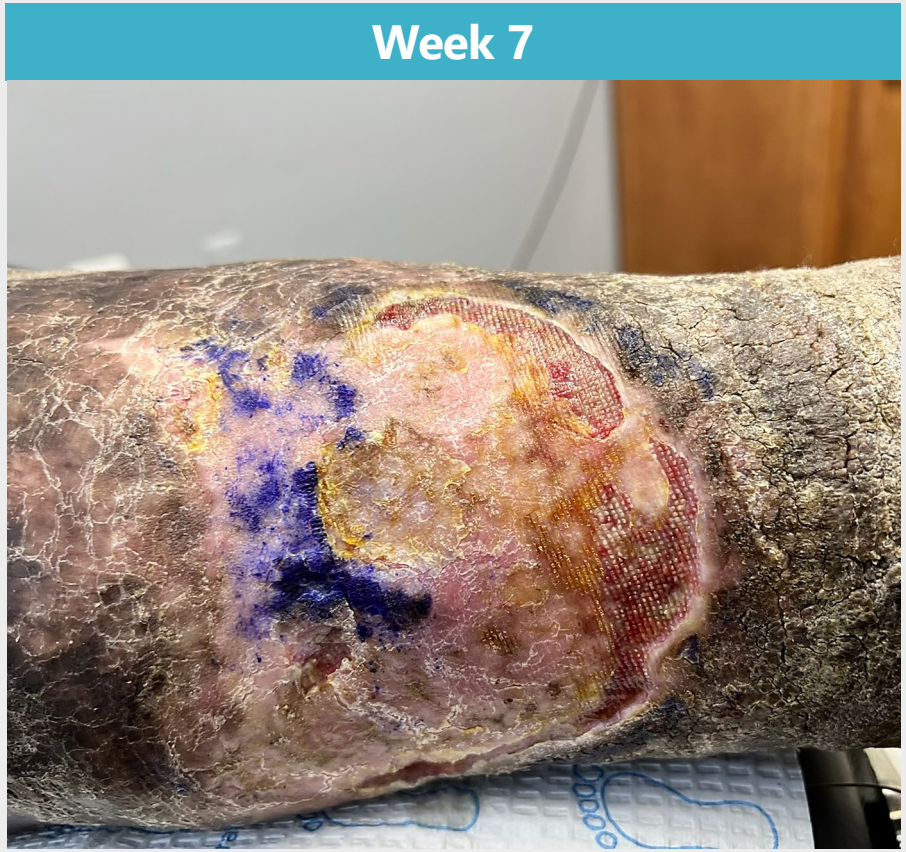
Plan to epithelialize via secondary intention. Continue with compression and absorbent secondary dressing changed daily or when saturated

AROA™

Follow-up

Week 7

- Minimal discomfort reported
- Approximately 80% epithelialized
- Significant decrease in drainage
- No complications

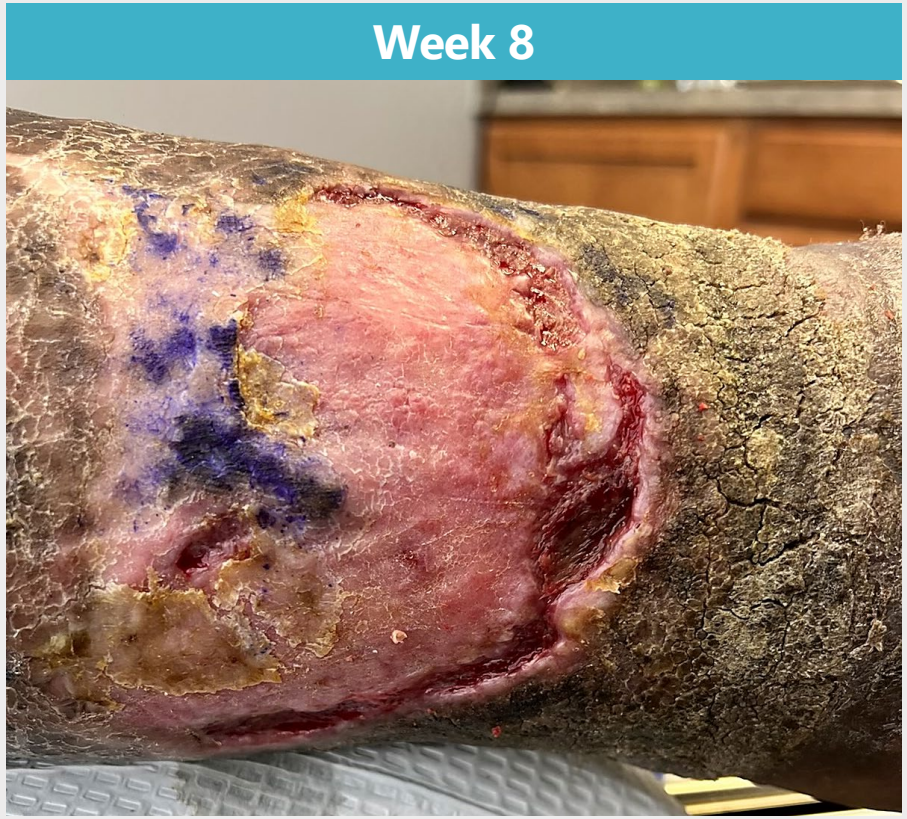


AROA™

Follow-up

Week 8

- Pain resolved
- Approximately 85% epithelialized
- Minimal drainage and no complications

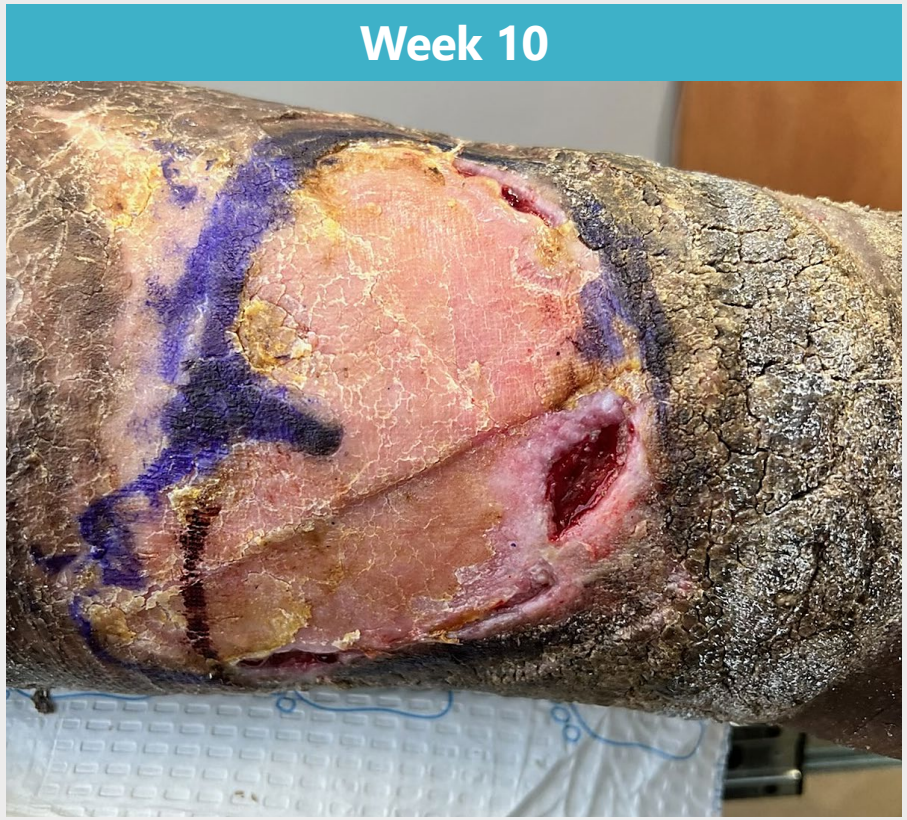


AROA™

Follow-up

Week 10

- Approximately 90% epithelialized
- Minimal drainage
- No complications
- Continue with compression and absorbent secondary dressing changed daily



For educational purposes only

Follow-up

Week 11

- Approximately 95% epithelialized with one small area unhealed (arrow)
- Minimal drainage and no complications

AROA™

Follow-up

Week 16

- Pliable tissue with good pigmentation
- No complications
- No recurrence

Single application of Myriad™

AROA™

Myriad™ Application in a Chronic Venous Leg Ulcer

Anthony J. LaLama. Podiatric Surgery, Ascension Providence Hospital – Southfield, MI

Week 0

Week 5

Week 11

4 Months

Results may vary. Dr. LaLama has a consultancy agreement with Aroa Biosurgery. AROA, Aroa Biosurgery, Aroa ECM, Myriad, Myriad Matrix, Myriad Morcells, Endoform Natural, Endoform Antimicrobial and Symphony are trademarks of Aroa Biosurgery Limited. All other trademarks are property of their respective owners.

AROA™

Myriad™

Myriad Morcells™ and Myriad Matrix™ Application in a Chronic Lower Extremity Wound

Anthony J. LaLama, DPM

Podiatric Surgeon – Premier Foot & Ankle

Ascension Providence Hospital – Southfield, MI

AROA™

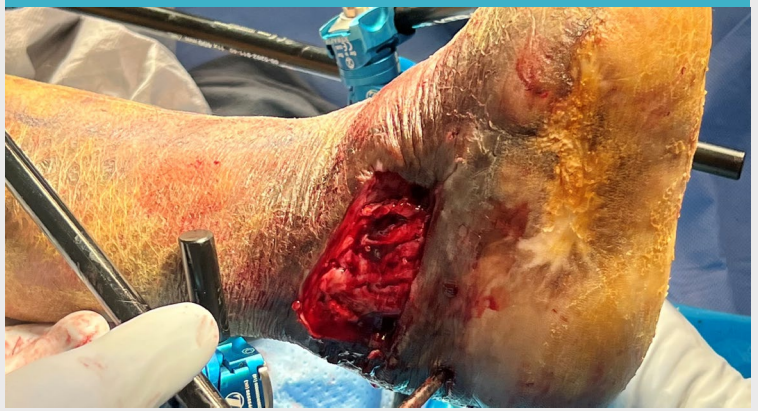
For educational purposes only

Initial Assessment

- 40-Year-old, male
- **Medical History:** Uncontrolled diabetes, peripheral vascular disease, history of prior amputation
- **Description:** Full thickness ulcer of the right lateral foot, with exposed tendon and bone due to spontaneous varus deformity
- **Wound Age:** 9 years with chronic osteomyelitis and multiple prior abscesses
- **Approximate Size**: 4 cm x 2 cm x 0.3 cm
- **Initial Procedure (~5 months prior):** Talectomy, and application of external fixation to address angular deformity and stabilize ankle

Initial Defect

Post- Debridement



For educational purposes only

Procedure

Week 0

- Applied Myriad Morcells™ (500 mg) to wound bed hydrated with saline, then applied Myriad Matrix™ (10x10 cm, 5-layer), hydrated in saline, secured with staples
- **Secondary dressing**: contact layer, antibacterial foam, gauze wrap

Myriad Morcells™ Application

Myriad Matrix™ Application

For educational purposes only

Follow-up

Week 3

- Noted budding of granulation tissue
- Myriad™ integrating well into wound bed
- No complications

For educational purposes only

Follow-up

Week 10

- Vascular, granular neodermis formed and Myriad™ fully integrated into the wound bed
- Evidence of epithelialization
- No complications

Continue to close via secondary intention

AROA™

Follow-up

Week 14

- Near full epithelialization
- No complications

For educational purposes only

AROA™

Myriad™ Application in Chronic Lower Extremity Wound

Anthony J. LaLama. Podiatric Surgery, Ascension Providence Hospital – Southfield, MI

Week 0	Week 3	Week 10	Week 14
			

Results may vary. Dr. LaLama has a consultancy agreement with Aroa Biosurgery. AROA, Aroa Biosurgery, Aroa ECM, Myriad, Myriad Matrix, Myriad Morcells, Endoform Natural, Endoform Antimicrobial and Symphony are trademarks of Aroa Biosurgery Limited. All other trademarks are property of their respective owners.

AROA™

Symphony™

Wagner 2 DFU of the Heel

Anthony J. LaLama, DPM

Medical Director, Amputation Prevention Center Ascension Providence Hospital

Residency Director, Ascension Providence Hospital, Southfield, MI, USA

AROA™

For educational purposes only

Initial Examination

- 56-Year-old, female
- **Medical History**: Uncontrolled diabetes mellitus, history of Charcot arthropathy, and hypertension
- **Wound**: Wagner 2 DFU of the plantar heel persisting for 6 months of conservative care prior to presentation
- **Measurement**: ~3 cm x 3 cm

For educational purposes only

Symphony™ Application

Day 0

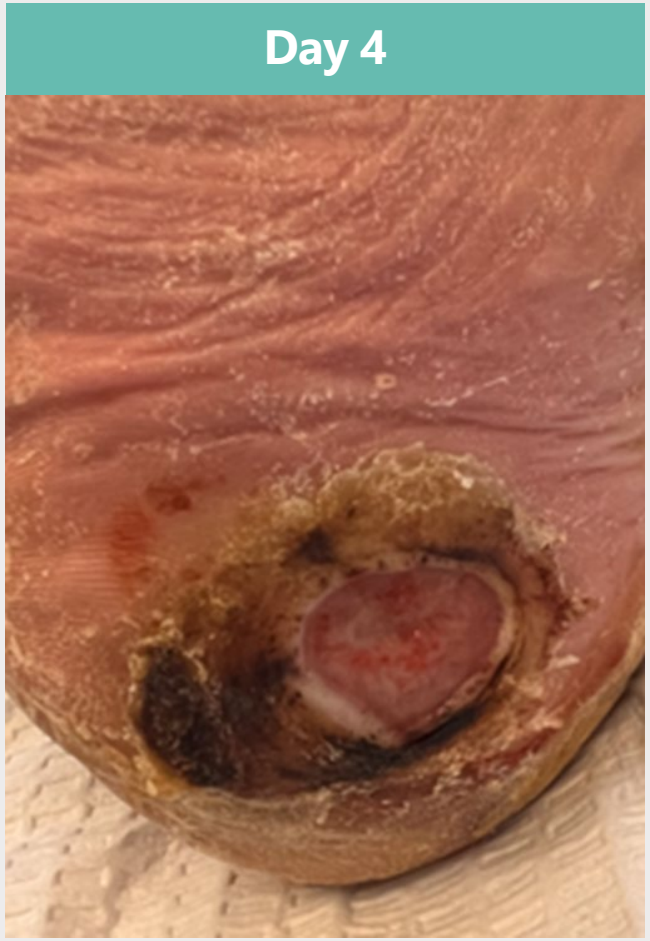
- **Plan:** Sharp debridement with bedside application of Symphony™ (5 x 5 cm), hydrated with saline, trimmed to size, and secured with Steri-Strips®
- Dressed with gentian violet/methylene blue foam dressing and hypochlorous acid solution
- Heel offloaded

For educational purposes only

Follow-up

Day 4

- Symphony™ well-adhered and integrating
- Continue to offload



AROA™

Follow-up

Week 2

- Symphony™ integrated completely
- Notable reduction in area (1.0 x 1.0 cm)
- Continue to offload

For educational purposes only

Follow-up

Week 3

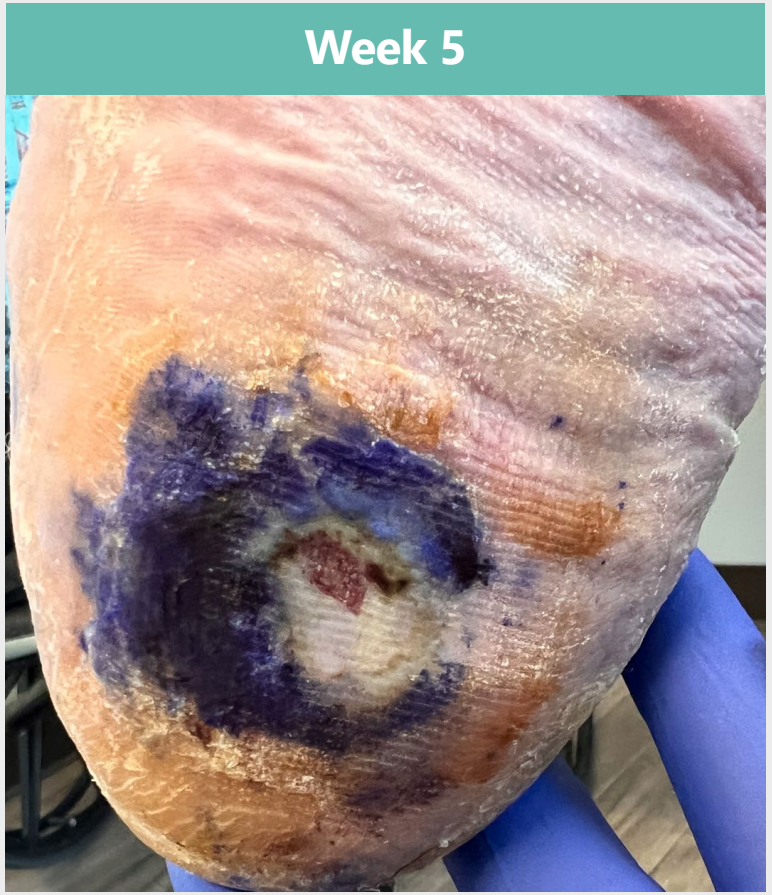
- Further reduction in area noted (0.8 x 0.5 cm)
- Sharp debridement performed
- Continue to offload

For educational purposes only

Follow-up

Week 5

- Wound area reduced significantly (0.2 x 0.2 cm)
- Sharp debridement performed
- Continue to offload



AROA™

Follow-up

Week 6

- Near full epithelialization (0.1 x 0.1 cm)
- Sharp debridement performed
- Continue to offload

AROA™

Long-term Follow-up

- Epithelialized by week 7 (not pictured)
- Site remains epithelialized after 5 months
- Patient able to ambulate with offloaded shoe
- No complications

One application of Symphony™ in HOPD setting

Long-term Follow-up (5 Months)

AROA™

Symphony™ in DFU of the Heel

Anthony J. LaLama, DPM. Podiatric Surgery, Ascension Providence Hospital – Southfield, MI, USA

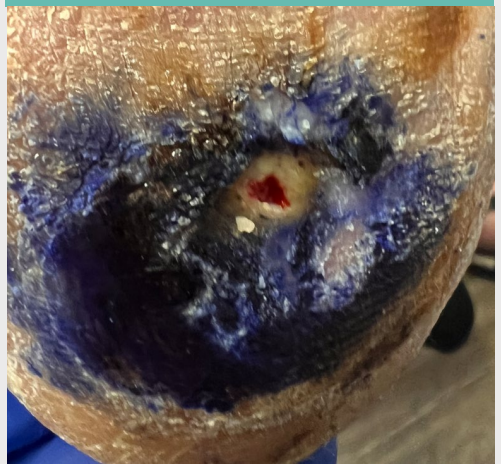
Initial Defect

Symphony™ Applied

Week 2

Week 3

Week 6



Long-Term (5 Months)

Results may vary. Dr. LaLama has a consultancy agreement with Aroa Biosurgery Limited. AROA, Aroa Biosurgery, Aroa ECM, Myriad, Myriad Matrix, Myriad Morcells, Endoform Natural, Endoform Antimicrobial and Symphony are trademarks of Aroa Biosurgery Limited. All other trademarks are property of their respective owners.

For educational purposes only

AROA™

Myriad

Clinical need

VOLUMETRIC FILL

Rapidly fill large defects

Forms robust functional tissue. [1-4]

VITAL PROTECTION

Cover and protect vital structures[1-3, 5]

PERSISTENCE

Despite contamination and inflammation.[1-5, 7]

1. Cormican, M. T., N. J. Creel, B. A. Bosque, S. G. Dowling, P. P. Rideout and W. M. Vassy (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Volumetric Soft Tissue Defects: A Retrospective Pilot Case Series." ePlasty 23: e66 2. Bosque, B. A., S. G. Dowling, B. C. H. May, R. Kaufman, I. Zilberman, N. Zolfaghari, H. Que, J. Longobardi, J. Skurka, J. E. Geiger and M. M. Melin (2023). "Ovine Forestomach Matrix in the Surgical Management of Complex Lower-Extremity Soft-Tissue Defects: A Retrospective Multi-Center Case Series." J Am Podiatr Med Assoc 113(3): 22-081. 3. Taarea, R., A. Florence, B. Bendixen and C. A. Castater (2014). "Early Experience with Ovine Forestomach Matrix for the Reconstruction of Abdominal Defects Following Emergency Open Abdomen Surgery at a Level 2 Trauma Center." Trauma Cases Rev 10(1): 102. 4. Chaffin, A. E., S. G. Dowling, M. S. Kosyk and B. A. Bosque (2021). "Surgical reconstruction of pilonidal sinus disease with concomitant extracellular matrix graft placement: a case series." J Wound Care 30(Sup7): S28-S34. 5. Bohn, G. A. and A. E. Chaffin (2020). "Extracellular matrix graft for reconstruction over exposed structures: a pilot case series." J Wound Care 29(12): 742-749. 7. Overbeck, N., G. M. Nagvajara, S. Ferzoco, B. C. H. May, A. Beierschmitt and S. Qi (2020). "In-vivo evaluation of a reinforced ovine biologic: a comparative study to available hernia mesh repair materials." Hernia.

AROA™

Questions & Answers

AROA™

Thank you for attending

JAMES AGNEW

investor@aroa.com

VISIT

www.aroa.com

www.linkedin.com/company/aroa-biosurgery-limited/

64 Richard Pearse Drive,
Auckland 2022, New Zealand

PO Box 107111, Auckland Airport,
Auckland 2150, New Zealand

AROA™