# AVITA Medical

Dr. Mike Perry, CEO

February 2020

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AVITA's products are Rx only. Please reference the Instructions for Use (www.avitamedical.com) for more information on indications, contraindications, warnings, precautions and adverse events.

In the United States, RECELL is approved for use in patients 18 years and older suffering acute thermal burns. Use of RECELL in other patient populations is either prohibited by United States law or may be made available pursuant to a relevant investigational device exemption granted by the FDA (and likewise limited by United States law to investigational use only).

# AVITA Medical: Transformation Through Regeneration

## Spray-On Skin™ Enables Skin Regeneration

**RECELL harnesses the skin's own regeneration capabilities**

- Standard of care enabling technology
  - **Donor skin-sparing + activated mechanism + point-of-care**
- Deep scientific and clinical pedigree
  - **2 RCTs and 1st PMA in burns in > 20 years**
  - 8,000+ patients, 50+ publications
  - U.S. FDA approved for acute burns*
- **Published health economic model demonstrating hospital cost savings**
- **$2Bn + market** opportunity
  - Platform technology with numerous adjacent applications

## INJURIES

- **In-patient Burns**
- Out-patient Burns
- Pediatric Scalds
- Soft Tissue Reconstruction
- Traumatic Wounds

## DEFECTS

- Vitiligo
- Chronic Wounds (DFU + VLU)
- Dermatological Diseases

## GENETIC ERRORS

- University of Colorado Anschutz Medical Campus
  - Epidermolysis Bullosa
- New Sponsored Research
  - Rejuvenation

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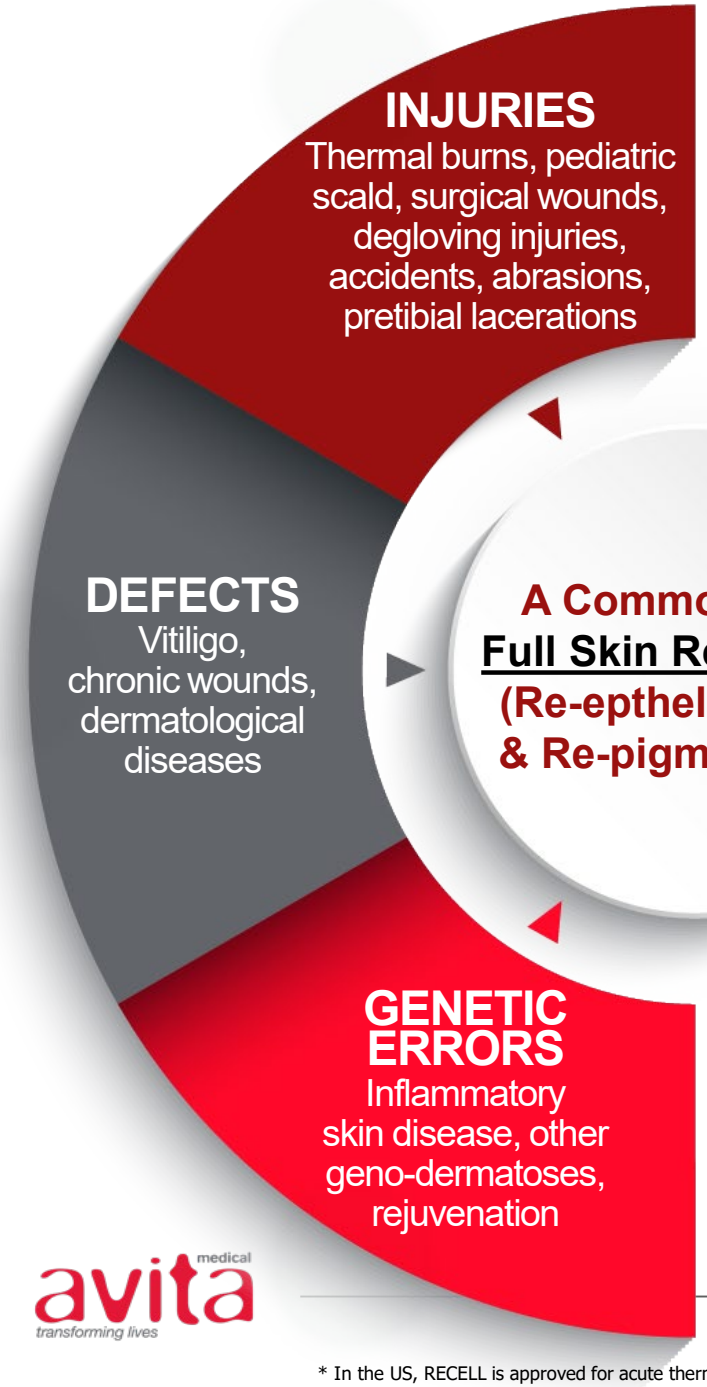
# A Common Goal & Deep Clinical Experience




**A Common Goal:**
**Full Skin Restoration**
**(Re-epthelialization & Re-pigmentation)**

RECELL®
Autologous Cell Harvesting Device

**De-risked**

| Patients (In studies) | | Peer Reviewed Publications |
|---|---|---|
| 858 | Burns | 75 |
| | 1st PMA approved burn product in >20 years* | |
| 77 | Non-Healing Wounds (DFU, VLU) | 6 |
| 120 | Defects / Vitiligo | 14 |
| 68 | Acute Wounds (Non-Thermal) | 9 |

**>8,000 Patients Treated Globally**

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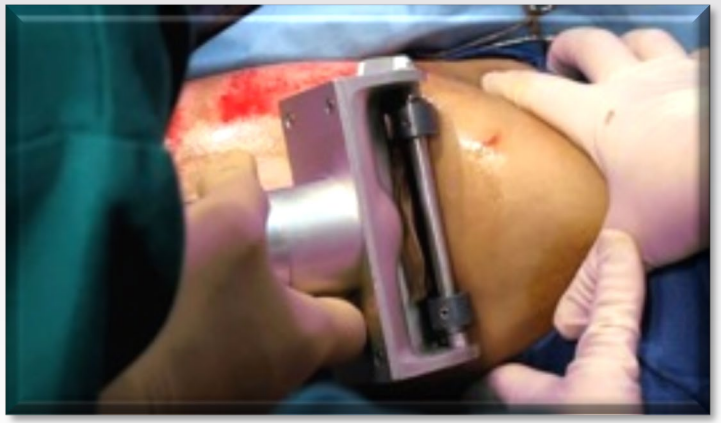
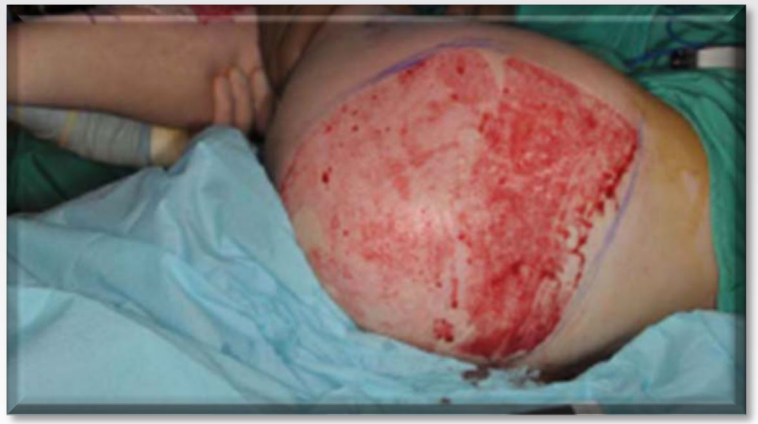
# Skin Grafting is Unchanged for More Than 50 Years

## Split-Thickness Skin Grafts (STSG) are "Medieval"



*Dermatome skin harvesting from new donor site*



*New (second) donor wound created via skin harvesting*

## KEY SHORTCOMINGS OF STSG

- **Large donor area** required
- **Pain** associated with donor site
- **Prolonged hospitalization + high costs**
- Multiple **complex, costly, surgical procedures**
- Risk of **infection**
- **Scarring**

**STSG requires HCPs to create or "duplicate" the wound**

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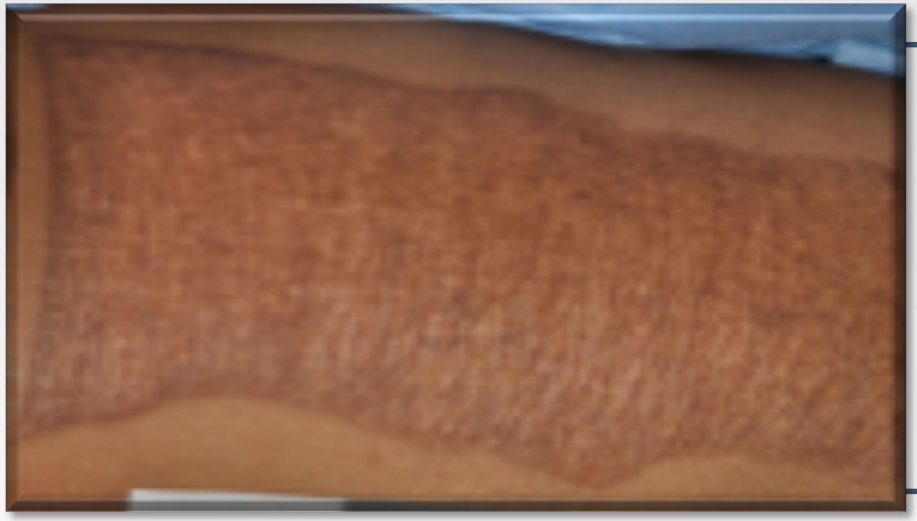
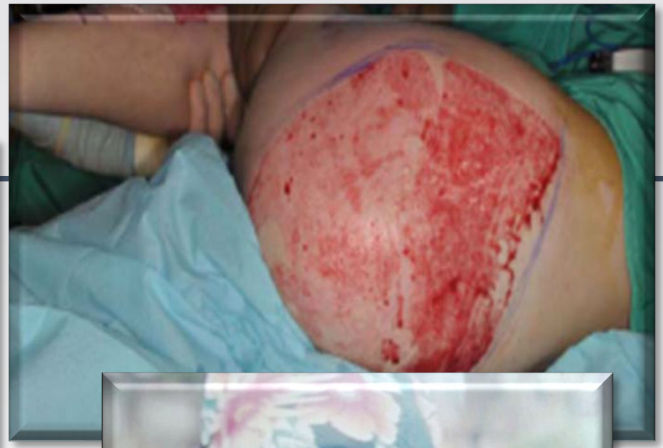
# Challenges with Split-Thickness Skin Graft Outcomes

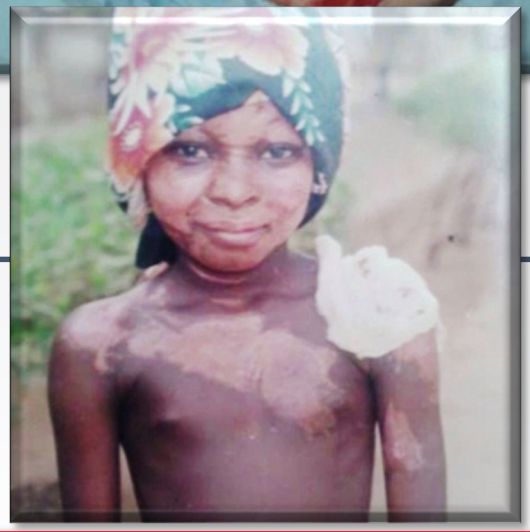
**Scarring, functional impairment, pigmentation, infection …**

*Donor Site Scarring / Failure to Heal*

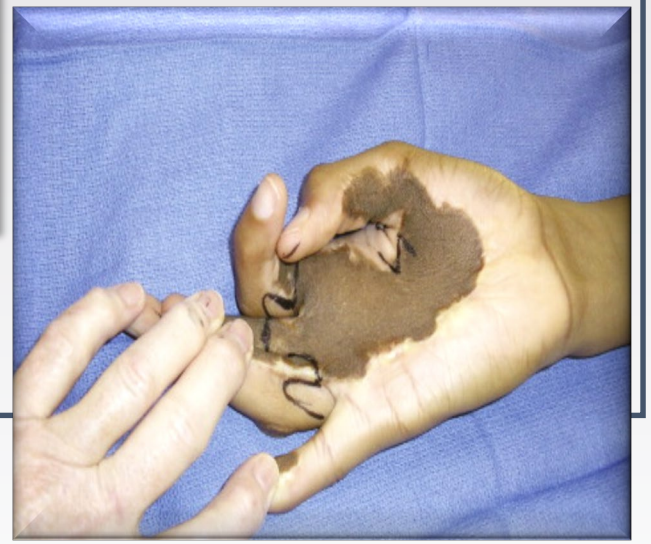




*Donor Site Infection Risk*



*Pigmentation and Discoloration*



*Scarring, Atrophy, Contracture*

**Normal skin restoration (re-epithelialize and re-pigmentation) is the ultimate goal**

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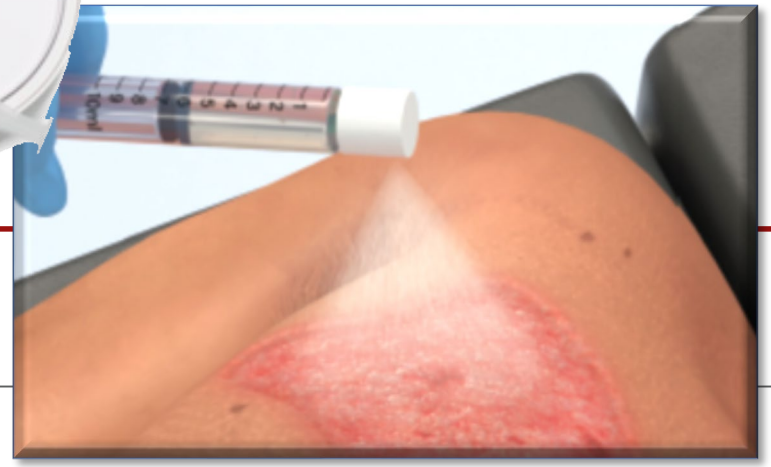
# The RECELL Solution ... Spray-On Skin™

RECELL®
Autologous Cell Harvesting Device

**AUTOLOGOUS** ❯ **Cell Harvesting Device that delivers Spray-On Skin™ Cells within 30 minutes at the point of care**

**ACTIVATED** ❯ **Fresh (non-cultured cells) with the "free edge healing cascade"**

**DONOR SPARING** ❯ **Treatment area = 80x donor area**
(credit card size skin sample can treat an entire adult back)



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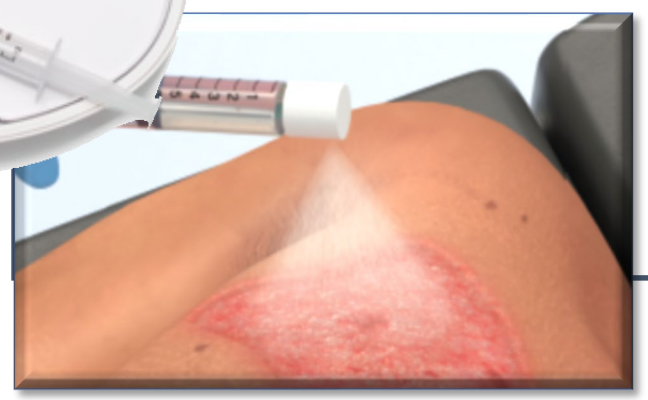
# The RECELL Solution ... Spray-On Skin™ (Continued)

RECELL®
Autologous Cell Harvesting Device

**COMPLETE** → Full range of skin cell types with re-pigmentation

**ESTABLISHED SAFETY & EFFECTIVENESS** →
- 2x PMA randomized controlled trials
- 1st PMA burn product approval in> 20 yrs
- 8K+ clinical uses & 50+ Publications

**ROBUST HEALTH ECONOMIC DATA**
Validated, published health economic data

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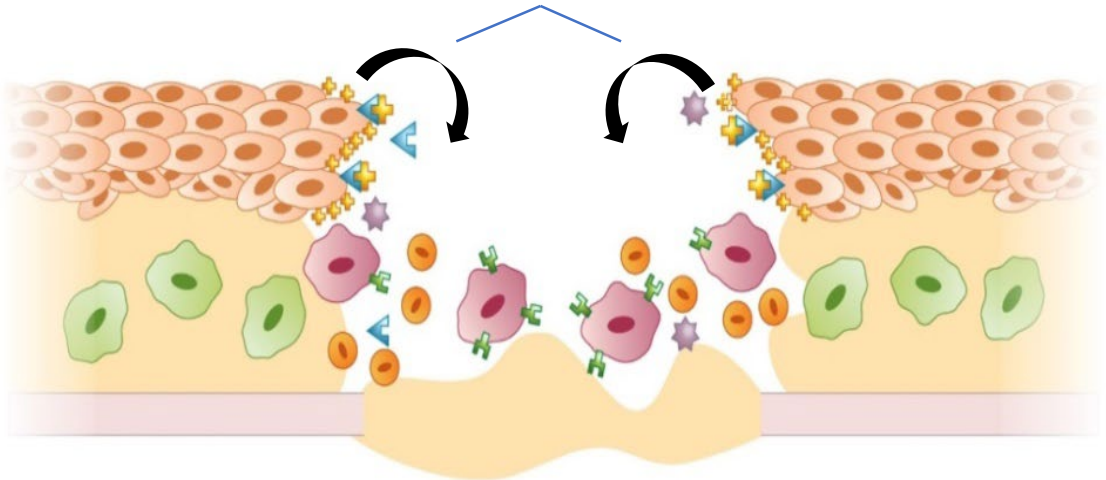
# RECELL's "Free Edge" Advantage

## Healing Process without RECELL

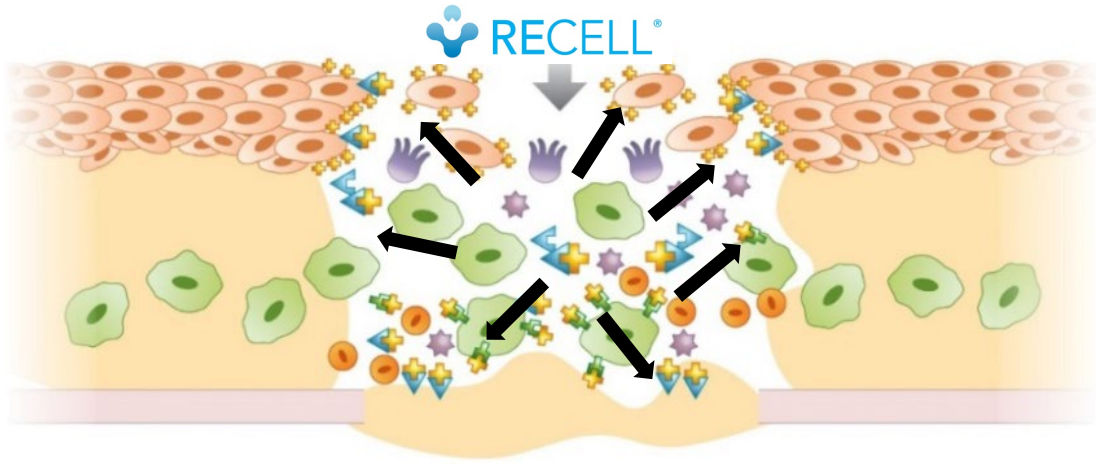
**Free edge limits signaling to wound boundary (i.e. outside → in)**



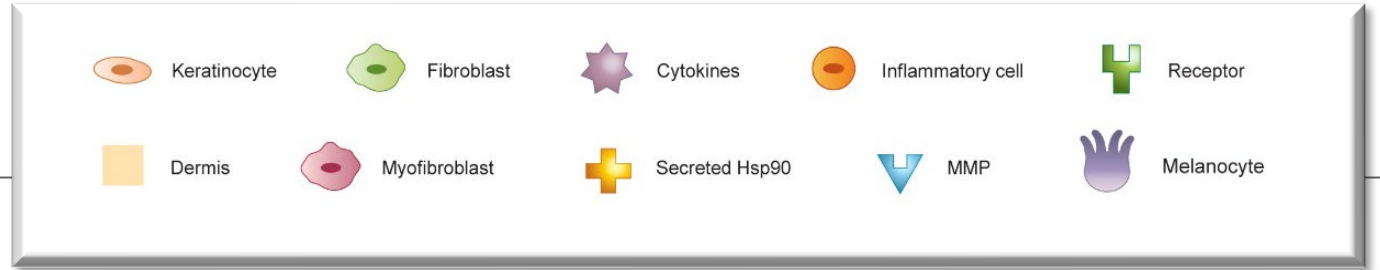
- The wound boundary acts as a "free edge" between injured and uninjured cells
- The absence of neighbor cells at the free edge triggers a healing signal which promotes cell proliferation and migration (myofibroblasts)
- New tissue growth is localized to the wound boundary (free edge)

## Healing Process with RECELL

**Spray-On Skin™ signals from within the wound (i.e. inside → out)**




- RECELL uses the patient's skin to create a cell suspension of disaggregated (autologous) cells that are sprayed across the entire wound
- RECELL creates a broader free edge effect with more numerous signaling cells thus unleashing the free edge effect across the wound surface area
- New tissue proliferates across the entire surface area of the wound bed, now unrestricted to the free edges of the wound

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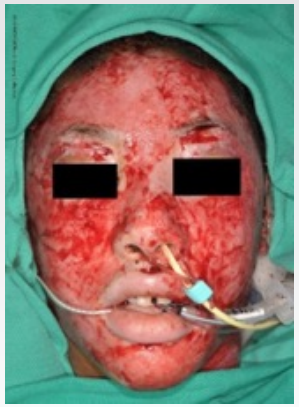
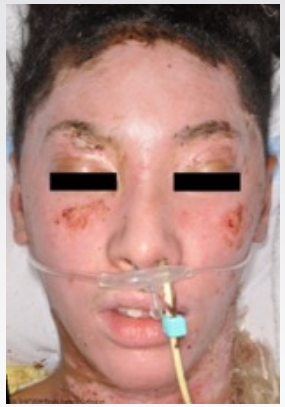
# RECELL Delivers Life-Changing Outcomes

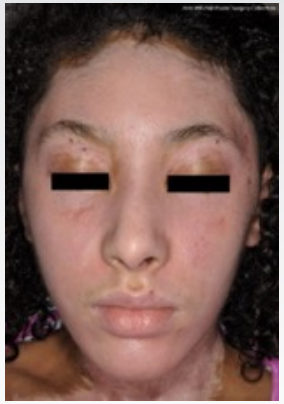
## Case Series Presented at 50th Annual ABA Meeting (2018)



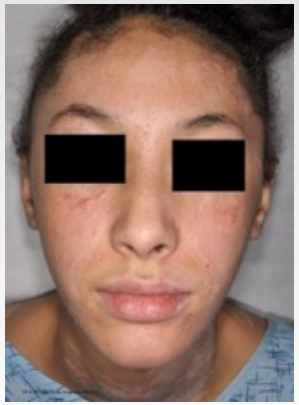
*Treatment Day*



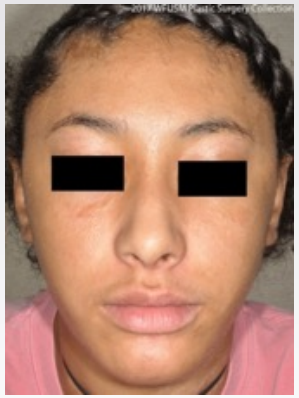
*Day 7*



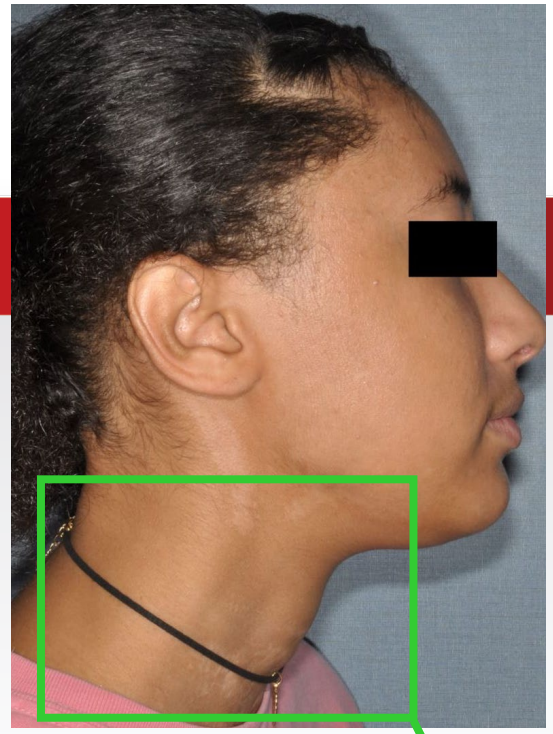
*Day 21*



*3 Months*



*1 Year*



*1 Year*

Skin + **Color** Restoration

- Compassionate Use case
- 12-year-old girl with 2nd-degree facial burn and widespread 3rd-degree burns
- 62% Total Body Surface Area (TBSA) burn injury
- Insufficient donor skin available for SoC (STSG)
- Reintroduction of melanocytes resulted in an excellent cosmetic outcome
- No facial contracture release surgery required
- Discharged in 24 days

**RECELL's treatment area is 80 times larger than the donor site**

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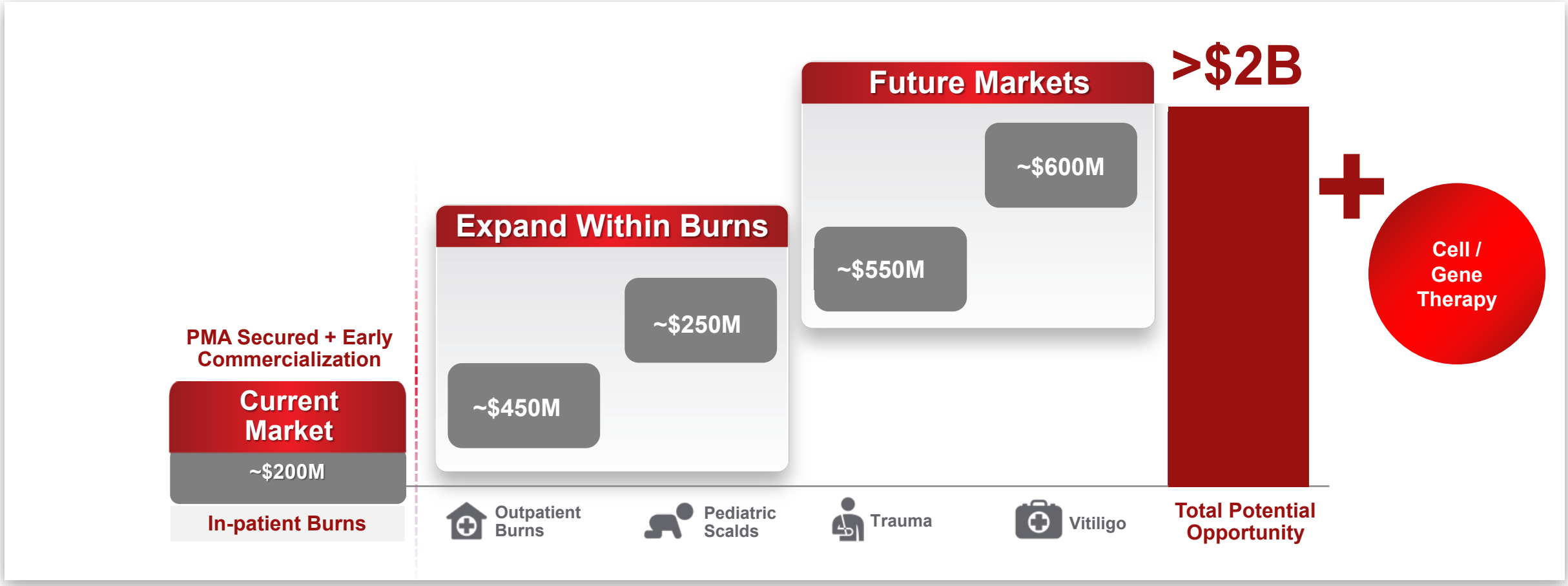
# $2 Billion Opportunity* and Existing U.S. Premarket Approval




* Estimates based on data on file at Avita Medical Limited



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# Burns Franchise

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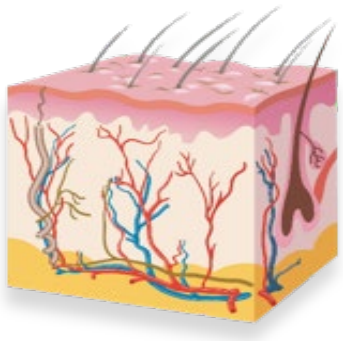
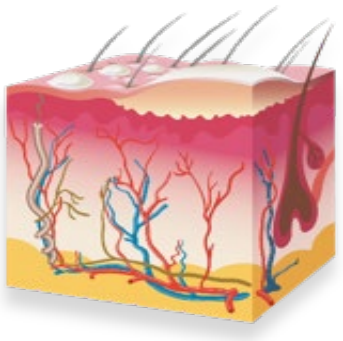
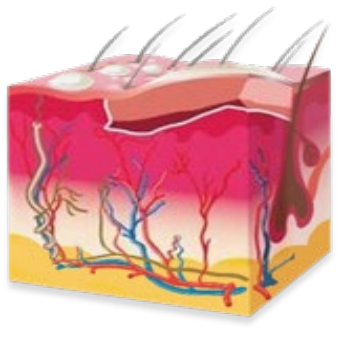
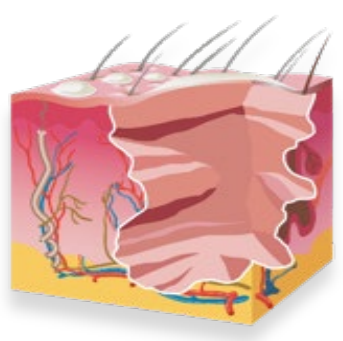
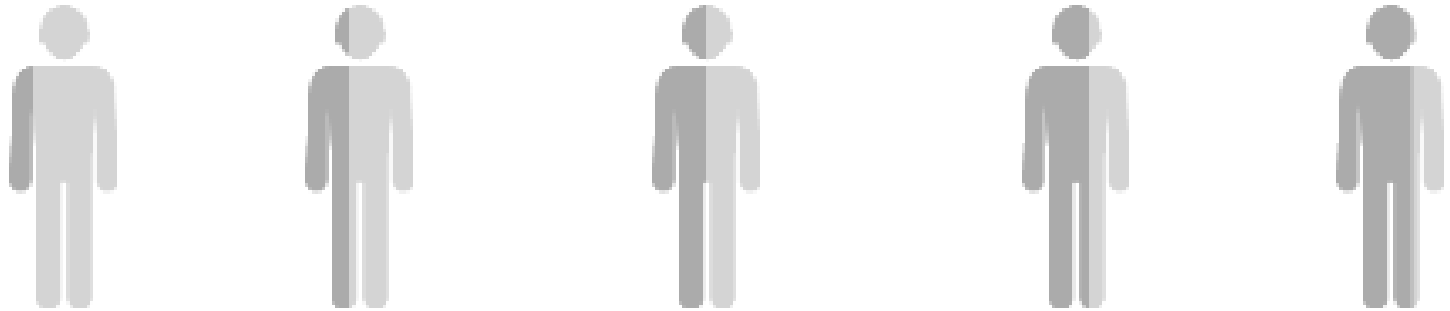
# Burn Injury Framework

RECELL® TARGET
Autologous Cell Harvesting Device

**Wound Depth**

| Superficial Wound | Superficial Partial Thickness Wound | Deep Partial Thickness Wound | Full Thickness Wound |
|---|---|---|---|
|  |  |  |  |
| 1st degree | 2nd degree | 2nd degree | 3rd degree |

**Wound Size**



| 0-9.9%* | 10-19.9% | 20-29.9% | 30-39.9% | 40%+ |
|---|---|---|---|---|

Total Body Surface Area (TBSA) Affected

* Out-patient setting only

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**Adoption Trajectory**

**Small / Partial Thickness ← Results / Experience ← Large / Full Thickness**

# Burn Market Segmentation

**~14,000**
RECELL Eligible Patients

**Current Burn Market**
**$200M**

**In-patient Burns:**
FDA PMA secured / Commercializing

**~110,000**
2nd/3rd Degree Adult Burn Injuries

**Future Burn Markets**
**$450M**

**Outpatient Burns:**
Enhance Reimbursement & Launch

**~65,000**
Pediatric Scalds Injuries

**$250M**

**Pediatric Scalds:**
PMA Studies (2) start in 2020

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*Market sizing and other data on this page is based on information and estimates on file at Avita Medical Limited – see also References at the end of this deck for patient incidence and related data

# 1st Premarket Approval Treatment in Burns in 20 Years

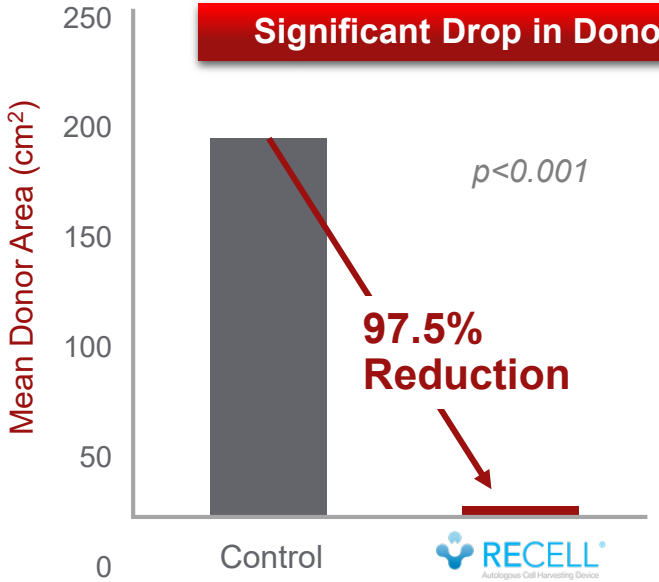
## Dual multi-center, randomized, controlled premarket approval studies

### Pivotal Trial #1 (101 Patients)

**RECELL (alone) versus SoC (STSG) in Second-Degree Burns**


Published in JBCR and Presented at ABA

**Significant Drop in Donor Skin Requirement**

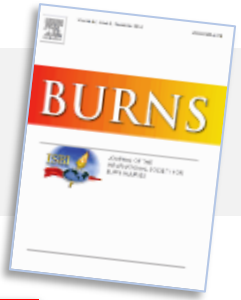



**Decrease in donor site pain and scarring**

- Significantly less donor site pain (p≤0.0025)
- Significantly better donor site appearance (p≤0.0025)
- Significantly reduced donor site scarring (p≤0.0025)
- Significantly greater incidence of donor-site healing at two weeks (p<0.001)

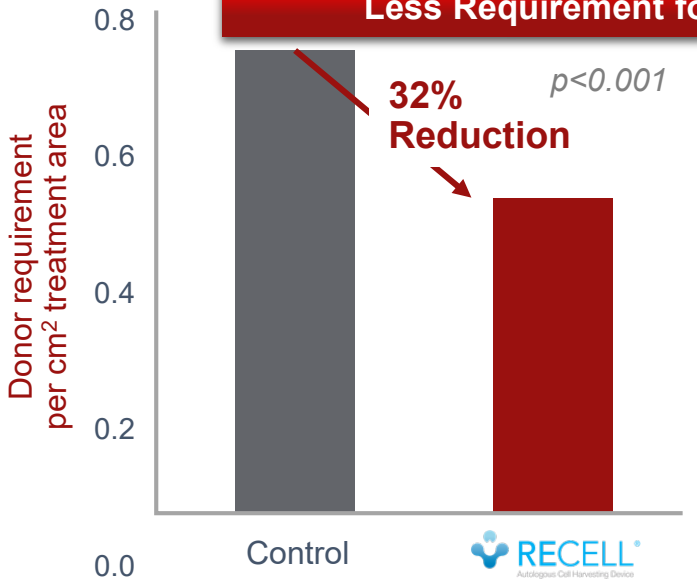
### Pivotal Trial #2 (31 Patients)

**RECELL (with widely expanded graft) versus STSG in Third-Degree Burns**




Published in Burns and Presented at ABA

**Less Requirement for Donor Skin**




**Robust outcomes despite less donor skin**

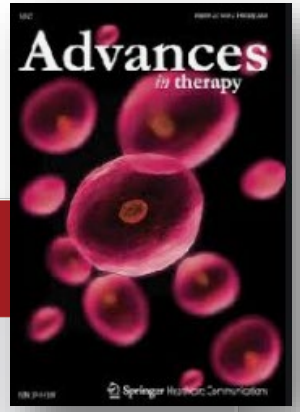
- RECELL System achieved definitive closure comparable to Standard of Care with significantly less donor skin
- At eight weeks post treatment, 92% of the burn sites treated with the RECELL System achieved complete healing versus 85% for the sites treated with the standard of care

*Comparable healing and long-term outcomes for burn sites with significantly less donor skin required*

**FDA Compassionate Use Investigational Device Exemption (IDE) Program (100 Patients)**

**FDA Continued Access Investigational Device Exemption (IDE) Program (88 Patients)**

# Published Health Economic Savings – Patient & Hospital Benefits

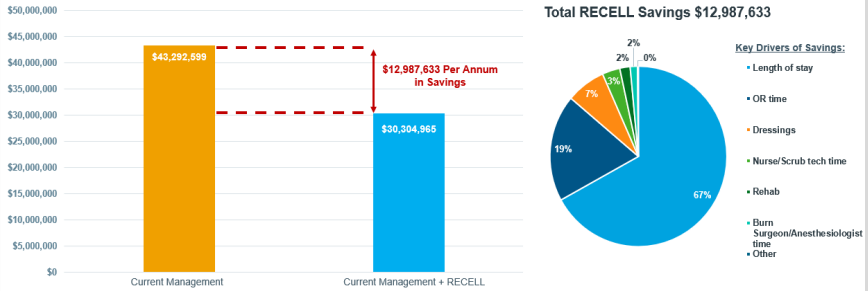



## RECELL Reduces Overall Hospital Costs

### Transforming Care

Reduces costs and accelerates recovery by decreasing the number of painful procedures and length of stay in hospital

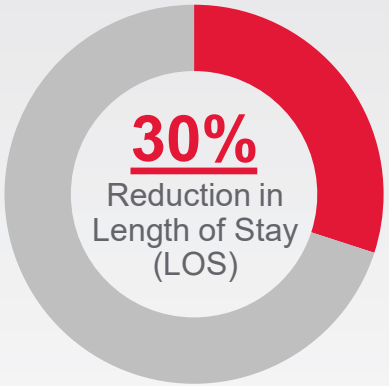
**Annual budget impact of current management versus RECELL for a burn center with 200 patients**



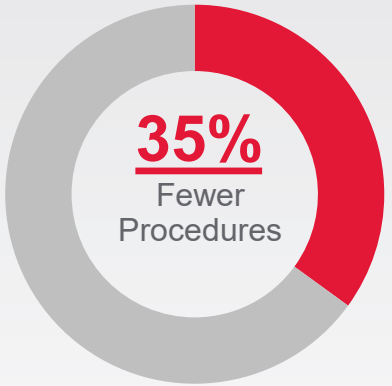




***Conclusion:*** *Considering the expected mix of patients entering a typical burn center each year (as informed by NBR data), use of RECELL is expected to reduce costs per treated patient and overall.*




Fewer procedures and faster healing times get patients home more quickly




Reduced donor site size and greater meshing ratio enables permanent closure with fewer invasive autograft procedures


Shorter and fewer procedures, decreased length of stay, and reduced resource use translates into burn center savings

**RECELL saves money in all in-patient scenarios where TBSA burn is > 10%**

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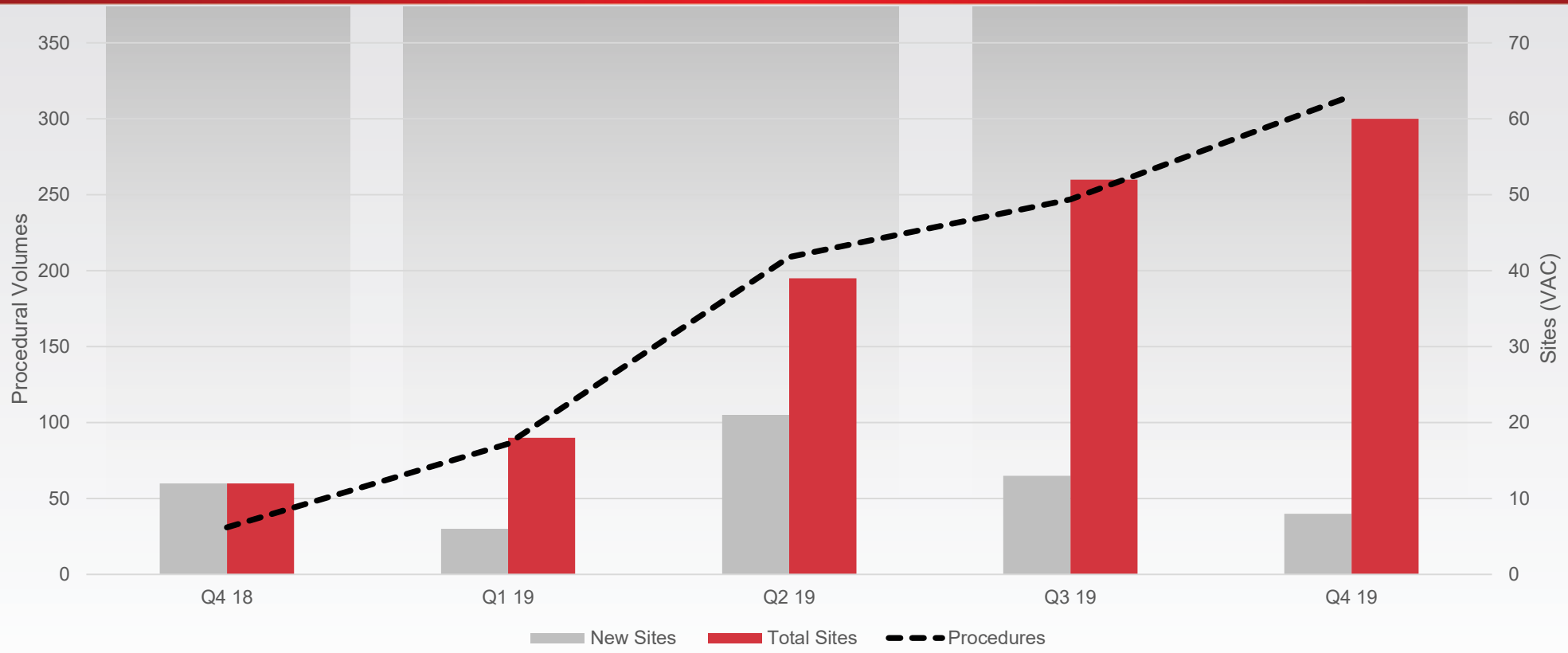
# Strong Adoption of the RECELL System

**PMA** | **Early Commercialization Underway**




**RECELL System procedural growth increasing quarter-on-quarter since PMA**

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Current Platform
~$450M TAM

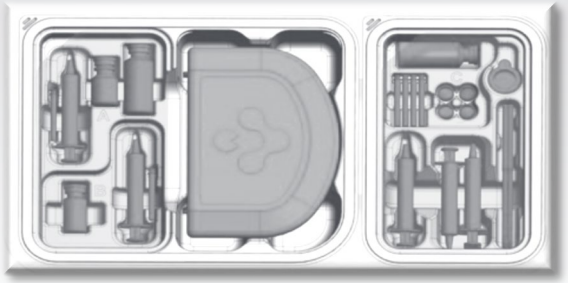
# Second Target (Burn) Market

## Out-patient burns

**~430,000**
outpatient burns

**~37%**
are 2nd and 3rd degree


**Next Generation Device**
focused on improved efficiencies and ease of use



**Step 1:** Pursue more favorable reimbursement

**Step 2:** RECELL "2.0" approval for market access

**Targeting RECELL System launch in late H1 2021**

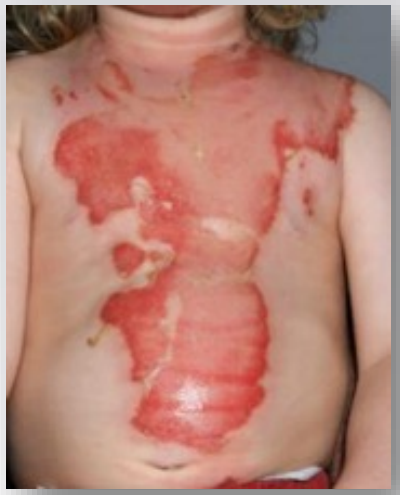
Current Platform
~$250M TAM

# Third Target (Burn) Market: Pediatric Patients

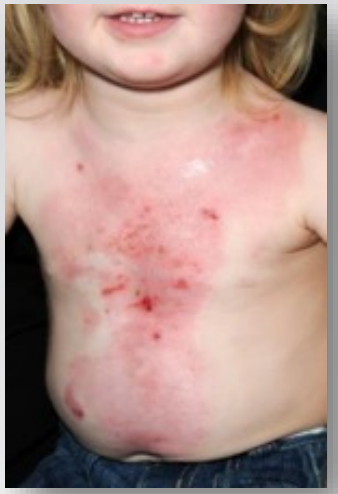
## A unique subset

- **30%** of burns occur between 1 and 15 years of age **~45%** Estimated to be associated with scalds
- Scalds frequently present as “indeterminate depth” burns
- Skin defects healing > 3 weeks have a much higher rate of hypertrophic scarring
- Both painful donor sites and autografted areas can be disfiguring as the child grows

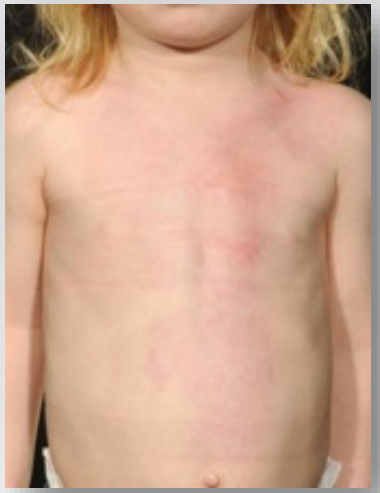
**Case Study: 2-year old with scald treated with RECELL**



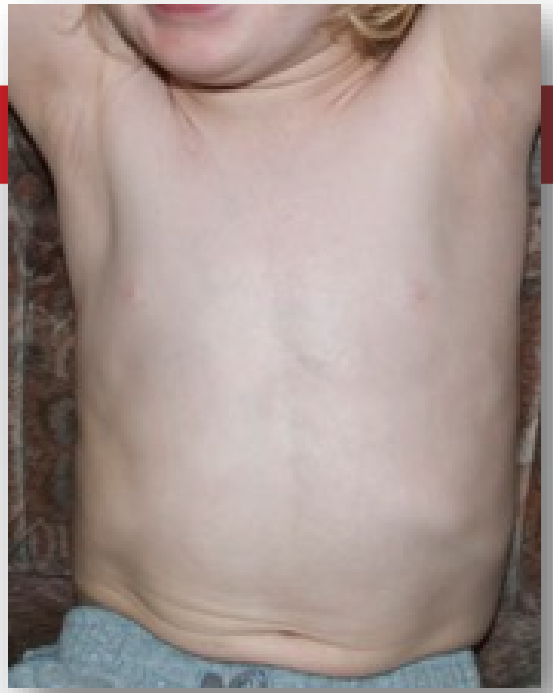
*Before Treatment*



*3 Weeks post RECELL treatment*



*10 Weeks post RECELL treatment*



*10 Months post RECELL treatment*

**Enrollment of U.S. pivotal studies to commence in mid-2020**

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* In the United States, RECELL is not approved for pediatric use and is an investigational device, limited by United States law to investigational use for those patients

# Soft Tissue Reconstruction

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# Soft Tissue Grafting is 5 Times Larger Than Burns

**Current Platform**
**~$550M TAM**

- Road rash
- Traumatic Wounds
- Iatrogenic (Surgically generated)
- Skin cancer
- Abrasions

## Significant Unmet Need

**Reduction of donor site morbidity** and donor site requirements are top unmet needs

## Strong Interest In RECELL

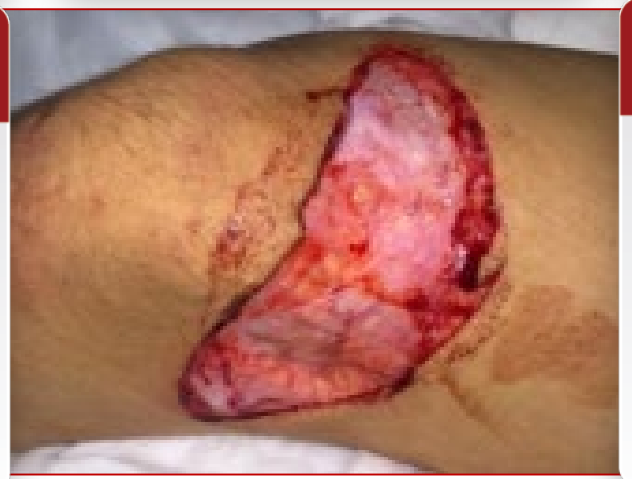
**89%** of respondents in surgeon research perceived the RECELL product profile as compelling

## Synergistic with Current Commercial Efforts

**70%** of accounts currently purchasing RECELL also have trauma centers

## Same Treatment Protocol to Burns

**Consistent treatment protocol** across acute injuries



## Strong Success Indicators

RECELL used by multiple international surgeons in Traumatic Wounds with **positive outcomes**

**Enrolling for U.S. pivotal study (N=65)**

* In the US, RECELL is approved for acute thermal burns in patients > 18 years (see www.avitamedical.com). RECELL is an investigational device for soft tissue reconstruction ("STR") and is limited by United States law to investigational use in STC.

# Soft Tissue Reconstruction Closely Aligned to Burns

**Current Platform**
**~$550M TAM**

## Target Expands to ~250 Total Centers*

**Current**
**AVITA Burn Target:**
**~132**
**High Volume Burn Dedicated Centers***


**Future**
**AVITA Trauma Target:**
**~200**
**Level 1 Trauma Centers***

**> ½ of all U.S. burn centers are also Level 1 trauma centers**

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* See References at the end of this deck, together with data on file at Avita Medical Limited

# Defects

# More Than 1,000 Vitiligo Patients Treated Internationally

**Current Platform**
**~$600M TAM**

## SIGNIFICANT UNMET NEED

**Up to 2% of the population affected (~6.5M in the US)***

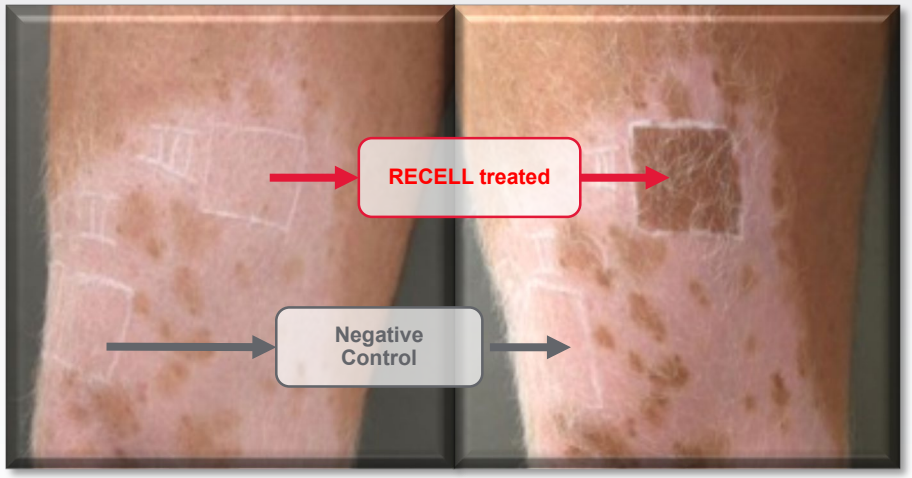
**No FDA-approved medical treatments; extremely low patient & physician satisfaction with existing products**

**Vitiligo impacts quality of life (QoL) - 25% had severe QoL reductions, comparable to psoriasis**

**Growing reimbursement ($24,000 – $42,000 / year for phototherapy)***

## RECELL VALUE PROPOSITION

- Over **1,000 vitiligo patients** treated internationally with RECELL
- **8 publications** of RECELL in vitiligo with positive outcomes
- **Potentially indicated for stable vitiligo of all types** (segmental & non-segmental vitiligo)
  - JAK inhibitors could significantly increase the number of patients with stable disease




**At 6 Months, RECELL-treated area was 100% re-pigmented**

**US feasibility study enrollment underway but exploring options for earlier pivotal study**

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* Estimates and data based on information on file at Avita Medical Limited



* In the United States, RECELL is not approved for use with patients suffering vitiligo and is an investigational device, limited by United States law to investigational use for those patients

# Deep Experience in Chronic (Non-healing) Wounds

## THE OPPORTUNITY

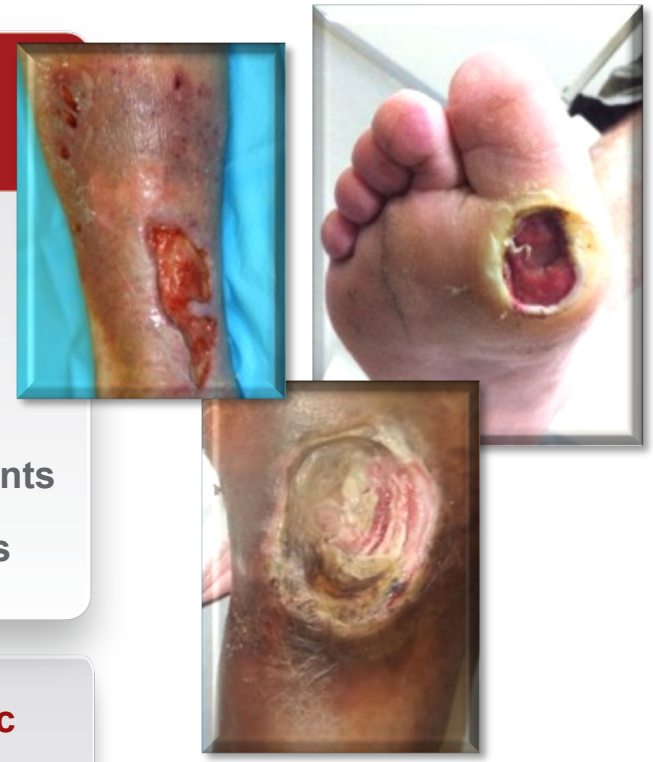
**Chronic wounds fail to heal 50% of the time**

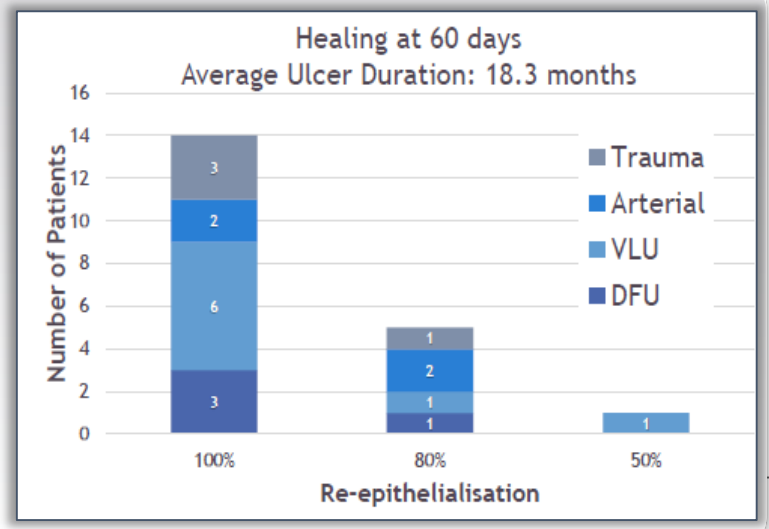
**Failure to heal leads to pain, exudate (VLU), odor and infections**

**Dramatic Quality of Life impact**
**(e.g. activity restrictions, mobility, hygiene, sleep disorder)**

## RECELL VALUE PROPOSITION

- RECELL kick starts healing by providing healthy multi-phenotype single skin cells directly to the wound bed
- RECELL may provide faster & durable wound closure, reduced pain and positive QoL outcomes
- **Diabetic Foot Ulcer: 4 studies (2 RCTs) with 70 patients**
- **Venous Leg Ulcer: 4 studies (1 RCT) with 96 patients**






**16 patients treated at three UK hospitals with chronic DFUs from 5-33 cm$^2$ were followed for 26 weeks.**

**After RECELL:**

- **100%** of patients experiencing a reduction in DFU wound size
- Average wound size **reduction - 83%** at week 26
- **50% of patients had DFU wounds heal completely**, with a median time to healing of 14 weeks

49% of all U.S. skin grafts are chronic wounds



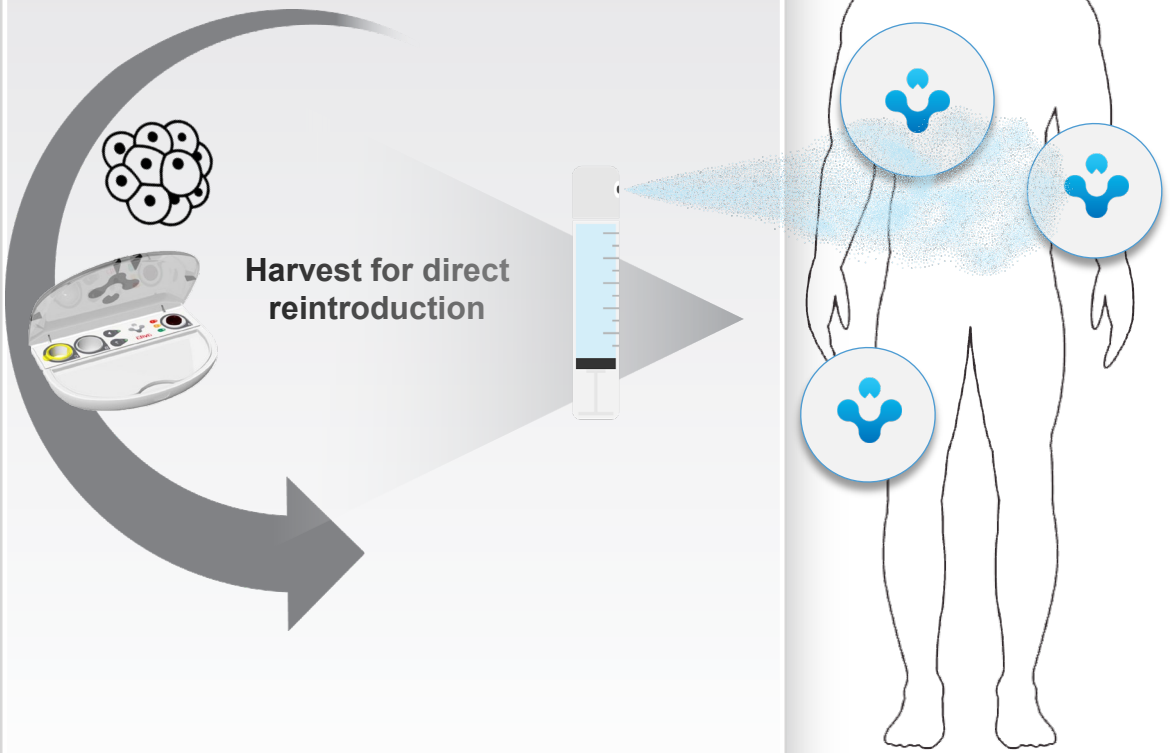
* In the US, RECELL is approved for acute thermal burns in patients > 18 years ("ATB") only (see www.avitamedical.com)). Use of RECELL in other indications is either (1) limited by United States law to investigational use; or (2) otherwise prohibited.

# Genetic Errors

# RECELL in Genetic Skin Defects

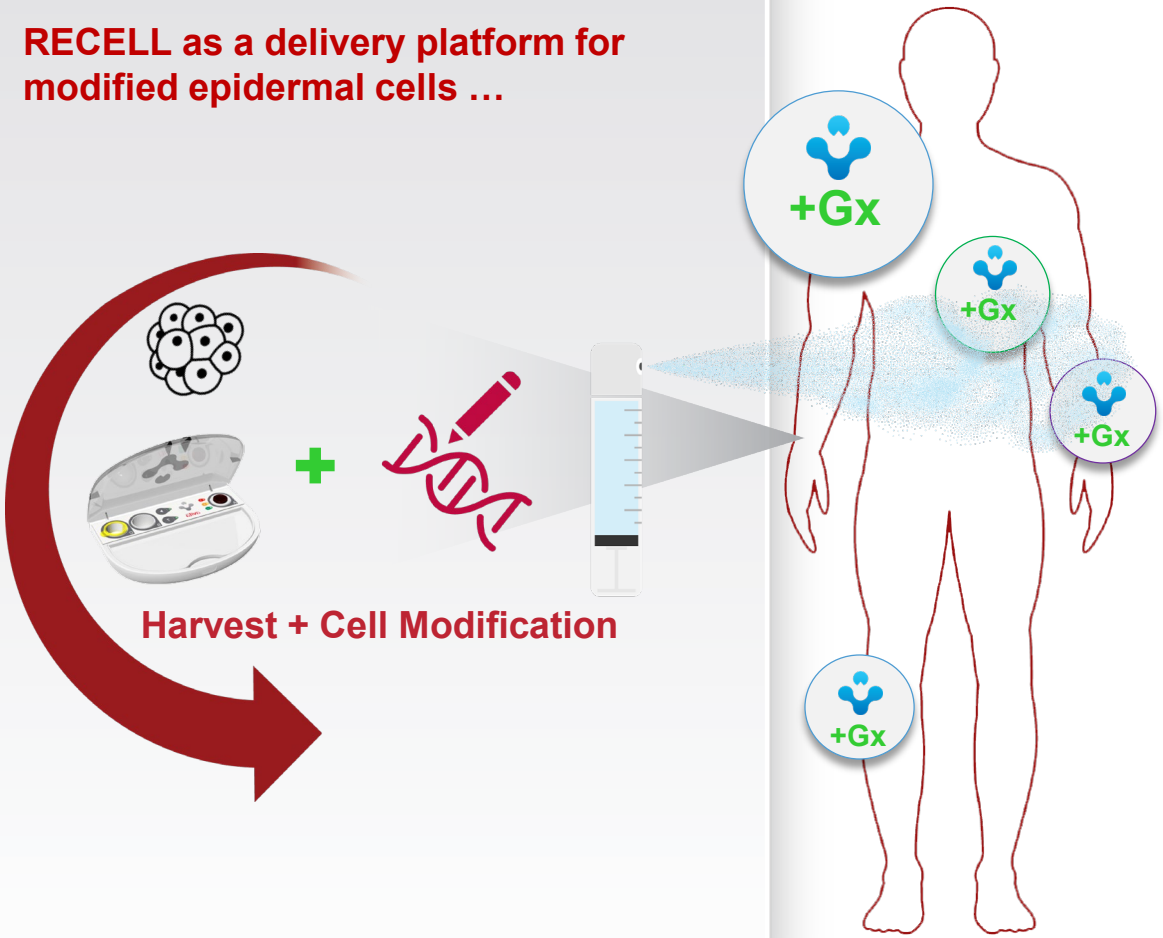
## CURRENT PLATFORM

**RECELL delivers healthy epidermal cells from one part to another…**




## FUTURE PLATFORM

**RECELL as a delivery platform for modified epidermal cells …**

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# Exploring Cell-Based Gene Therapy for Epidermolysis Bullosa (EB)

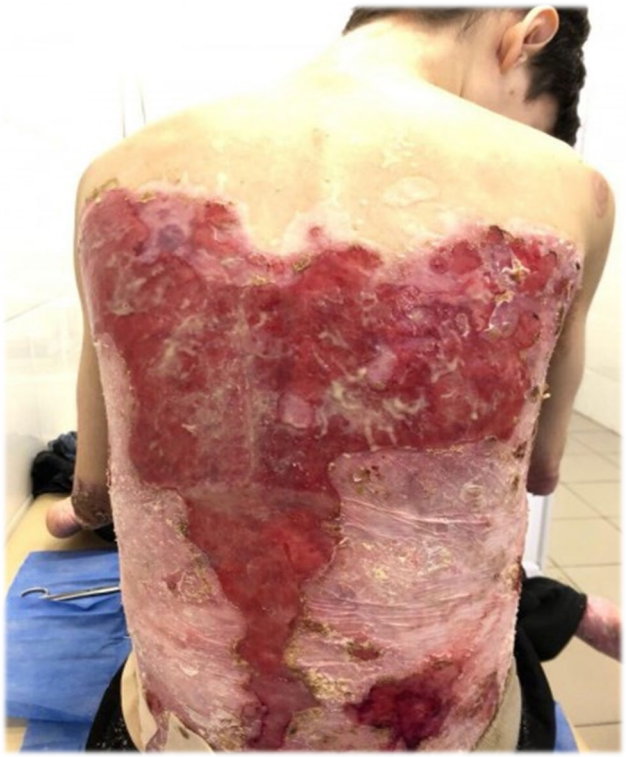
## The Challenge

**Debilitating**
Skin fragility, disability, cancer

**High unmet need**
No FDA-approved treatment

**Rare**
~3-8 per million in the US

**Cost burden**
Care of $200k-$500k/yr/patient*



## The Opportunity

**Curative**
Correct underlying genetic defect

**Efficient**
Simplify manufacturing,
shorten time to treatment

**Aesthetic**
Scarless healing

**Durable**
Long-term wound closure

* Estimates and data based on information on file at Avita Medical Limited

**Proof-of-concept in EB could open doors to other genetically correctable skin disorders**

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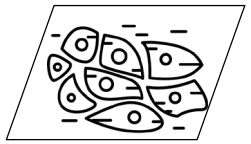
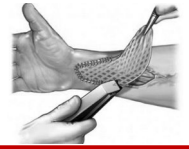
# Sponsored Research ... Combining RECELL + Gates Center Technologies





| | Tissue sampling | Cell separation, isolation | Gene transfer / editing[1] | Cell selection, expansion | Maturation into skin sheets | Transplan-tation |
|---|---|---|---|---|---|---|
| **Current Process** *(Other products in development)* | | | | | | |

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+
Gates Center for Regenerative Medicine
UNIVERSITY OF COLORADO / ANSCHUTZ MEDICAL CAMPUS

***Potential Benefit***
Rapid, point of care process

***Potential Benefit***
Corrects underlying genetic defect

***Potential Benefit***
Eliminates growth & transport of skin sheets

***Potential Benefit***
Spray-on delivery obviates skin grafting

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Note: Schematic illustrates process for skin-related gene therapy products in development. Step duration and methodology varies across technologies currently in development, given different targeted cell types and gene transfer / editing methods. 1. Can be preceded by induction of pluripotency (CU Gates method)

# RECELL Well-Suited to Rejuvenation

## Skin Rejuvenation*

- Americans spend **>$16.5B** in aesthetic procedures annually
- **>3M** aesthetic procedures per year (US) aimed to improve skin tightness, texture & evenness in skin tone
- Consumers desire **superior results** over current offerings with a single treatment

* Estimates and data based on information on file at Avita Medical Limited

**Avita is in late-stage discussions for a rejuvenation sponsored research agreement**

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# Corporate

# Intellectual Property

## ROBUST PROTECTION…

### Cell Suspension Preparation Technique / Device

- Commercial RECELL device, composition of matter, and associated methods of use

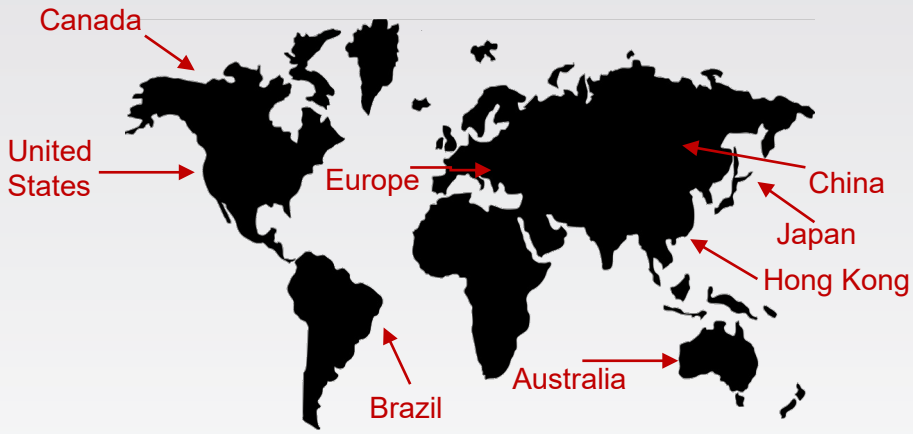
### Cell Suspension And Use Thereof

- Method of preparing cell suspension with exogenous agent to promote wound healing

### Method And Composition for Epithelial Regeneration

- Automated apparatus, next generation sprayer and method of production (pending)

## …ACROSS GEOGRAPHIES




A global total of 26 issued patents,
10 pending patent applications

**Patent and patent applications expiration from 2022 to 2034**

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Note: Patents in Canada and China are pending. Other geographies have at least one granted patent. European countries covered by at least one patent include – Austria, Belgium, France, Germany, Italy, Netherlands, Portugal, Spain, Sweden, Turkey, United Kingdom.

# Experienced Leadership Team

**Dr. Michael S. Perry**
**CEO**

*>30 years experience*

Affiliations:

NOVARTIS
Schering-Plough
BAY CITY CAPITAL
Baxter
GENETIC THERAPY, INC.

**David McIntyre**
**CFO**

*25 years experience*

Affiliations:

HeartWare®
A T P
Baker McKenzie.
KPMG

**Tim Rooney**
**CAO**

*25 years experience*

Affiliations:

pli
EcoStrip

**Erin Liberto**
**CCO**

*17 years experience*

Affiliations:

Johnson & Johnson
Allergan

**Andrew Quick**
**CTO**

*25 years experience*

Affiliations:

Boston Scientific
AB
sonova
SonaMed Corp

**Donna Shiroma**
**General Counsel**

*20 years experience*

Affiliations:

ASCEND THERAPEUTICS
A BESINS HEALTHCARE Company
Innovators in Women's Health
PDL BioPharma
Johnson & Johnson

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# AVITA Medical: Transformation Through Regeneration

## Spray-On Skin™ Enables Skin Regeneration

**RECELL harnesses the skin's own regeneration capabilities**

- Standard of care enabling technology
  - **Donor skin-sparing + activated mechanism + point-of-care**
- Deep scientific and clinical pedigree
  - **2 RCTs and 1st PMA in burns in > 20 years**
  - 8,000+ patients, 50+ publications
  - U.S. FDA approved for acute burns*
- **Published health economic model demonstrating hospital cost savings**
- **$2Bn + market** opportunity
  - Platform technology with numerous adjacent applications

## INJURIES

- **In-patient Burns**
- Out-patient Burns
- Pediatric Scalds
- Soft Tissue Reconstruction
- Traumatic Wounds

## DEFECTS

- Vitiligo
- Chronic Wounds (DFU + VLU)
- Dermatological Diseases

## GENETIC ERRORS

- University of Colorado Anschutz Medical Campus
  - Epidermolysis Bullosa
- New Sponsored Research
  - Rejuvenation

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# Thank you

# References


**Sources of certain information included in this presentation are set out below for convenience.**

**Page 4: Kowal, S et al. Cost-effectiveness of the Use of Autologous Cell Harvesting Device Compared to Standard of Care for Treatment of Severe Burns in the United States. Adv Ther. 2019; 36(7): 1715–1729.**

**Page 5: Images from https://www.dailymail.co.uk/femail/article-3581558/Burns-survivor-bravely-bares-facial-scars-tells-emotional-story-driven-attempt-suicide-cruel-bullies-heart-wrenching-video.html; https://www.sciencedirect.com/topics/medicine-and-dentistry/burn-scar;**

**Page 9: Kowal, S et al. Cost-effectiveness of the Use of Autologous Cell Harvesting Device Compared to Standard of Care for Treatment of Severe Burns in the United States Adv Ther. 2019; 36(7): 1715–1729.**

**Page 10: Out-patient: 486,000 burns per year less 53,000 in-patient burns multiplied by adult factor of 70% multiplied by 37% factor to represent 2nd and 3rd degree burns (http://ameriburn.org/who-we-are/media/burn-incidence-fact-sheet/; Burn-Related Hospital Inpatient Stays and Emergency Department Visits, 2013 HCUP/AHRQ, American Burn Association. National Burn Repository Report. 2016; Version 12.0 and internal market research). Scalds: 486,000 burns per year x 30% pediatrics factor x 45.2% scalds factor (American Burn Association. National Burn Repository Report. 2016); Version 12.0 also http://ameriburn.org/who-we-are/media/burn-incidence-fact-sheet/). Trauma: © 2017 Millennium Research Group, Inc. All rights reserved. Reproduction, distribution, transmission or publication is prohibited. Reprinted with permission.; Vitiligo: American Academy of Dermatology- Vitiligo By the Numbers, 2017**

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**Page 14: Holmes JH, Molnar JA, Carter JE, et al. A comparative study of the RECELL® device and autologous split-thickness meshed skin graft in the treatment of acute burn injuries. J Burn Care Res. September/October 2018 issue (Volume 39, Issue 5); Holmes JH, Molnar JA, Shupp, JW, et al. Demonstration of the safety and effectiveness of the RECELL® System combined with split-thickness meshed autografts for the reduction of donor skin to treat mixed-depth burn injuries. Burns. December 2018.**

**Page 15: Park JH, Heggie KM, Edgar DW, Bulsara MK, Wood FM. Does the type of skin replacement surgery influence the rate of infection in acute burn injured patients? Burns 2013;39:1386-90. https://doi.org/10.1016/j.burns.2013.03.015; Kowal, S., Kruger, E., Bilir, P. et al. Adv Ther (2019). https://doi.org/10.1007/s12325-019-00961-2 ; Foster, K., et al. Cost-effectiveness of RECELL® Autologous Cell Harvesting Device (ACHD) Versus STSG for Treatment of Severe Burns in the United States. Presented at ABA, April 2018, Chicago, IL.**

**Page 18: American Burn Association NBR Advisory Committee, National Burn Repository 2016 Report, www.ameriburn.org/2016ABAFull.pdf; Chipp E, Charles L, Thomas C, Whiting K, Moiemen N, Wilson Y. A prospective study of time of healing to healing of hypertrophic scarring in pediatric burns: everyday counts. Burns & Trauma 2017; 5:3.Published online 2017 Jan 19.**

**Page 21: 1. American Burn Association sources. In addition, see © 2017 Millennium Research Group, Inc. All rights reserved. Reproduction, distribution, transmission or publication is prohibited. Reprinted with permission -number of sites performing skin grafts for burn injuries.**

**Page 23: Advances in Vitiligo: An Update on Medical and Surgical Treatments. A. Dillon, et al. J Clin Aesth Derm. 2017; KOL input; internal market research 2018; Willingness-to-pay and quality of life in patients with vitiligo. Radtke, et al. BJD. 2009. Dermatology life Quality Index (DLQI) is a ten-question questionnaire used to measure the impact of skin disease on the quality of life of an affected person; KOL input; internal market research 2018-2019; Autologous cell suspension transplantation using a cell extraction device in segmental vitiligo and piebaldism patients: A randomized controlled pilot study. Koman, et al. JAAD 2015.**

**Page 27: Prevalence estimate for DEB from 'Epidemiology of Inherited Epidermolysis Bullosa Based on Incidence and Prevalence Estimates From the National Epidermolysis Bullosa Registry'; Fine J, JAMA Dermatol. 2016;152(11):1231-1238; Estimates based on dressing & other costs for adults and 10 year olds – 'Management of chronic wounds in patients with dystrophic epidermolysis bullosa: challenges and solutions', Rashidghamat and Mellerio, Chronic Wound Care Mgmt and Res, 2017, Vol :4 Pages 45—54; Genodermatoses & Rare Skin Disorders Network. Source of image: "A case of a patient with severe epidermolysis bullosa surviving to adulthood", Hubail et al, International Journal of General Medicine, 2018, Volume 2018:11, Page 413**

**Page 29: 2017 Plastic Surgery Statistics Report**