A Blinded, Randomized Controlled Clinical Trial Evaluating the Effect of Hybrid-Scale Fiber Matrix* in the Treatment of Chronic Diabetic Foot Ulcers

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Introduction

Chronic diabetic foot ulcers (DFUs) often experience inadequate healing rates, and alternatives to existing therapies are needed to improve the success of wound healing. Synthetic hybrid-scale fiber matrices promote wound closure with increased neovascularization and reduced inflammation compared to commercially available xenografts [1]. Pilot human clinical trials further demonstrated promising outcomes with 75-85% of DFUs treated with hybrid-scale fiber matrix achieving complete re-epithelialization by 12 weeks [1,2]. The goal of this randomized, controlled, single-blind clinical trial (NCT04918784) was to compare the clinical efficacy of hybrid-scale fiber matrix with standard of care (SOC) in the treatment of chronic DFUs

Methods

Patients with DFUs >4 weeks in duration up to 30cm² were observed during a 2-week run-in period before being randomized to receive either hybrid-scale fiber matrix or SOC applied weekly for up to 12 weeks. Post-application, ulcers were examined weekly for progression, percent area reduction, and quality of tissue healing. The primary outcome measure was the percentage of ulcers achieving complete re-epithelialization at 12 weeks

Results

Forty-eight subjects were enrolled and randomized to treatment with either hybrid-scale fiber matrix or SOC. After the 12-week treatment period, 14 of 19 ulcers (74%) in the hybrid-scale fiber matrix arm demonstrated complete re-epithelialization, compared with 6 of 18 ulcers (33%) in the SOC arm (p=0.014, p< 0.05). Ulcers that healed in the hybrid-scale fiber matrix arm had a mean time to complete closure of 6.6 \pm 3 weeks with a mean of 6.9 \pm 3.5 applications. The incidence of complete healing in the hybrid-scale fiber matrix arm is statistically superior to that in the SOC arm.

Synthetic Hybrid- Scale Fiber Matrix	Standard of Care	
14 (74%)	6 (33%)	
14* (100%)	3* (75%)	
6.6 ± 3	7 ± 2.7	
6.9 ± 3.5	-	
	Scale Fiber Matrix 14 (74%) 14* (100%) 6.6 ± 3	

	ard of care patient did not complete the 2 week follow up visit
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	Subjects Enrolled (n=48)
Number of patients who completed 12 weeks of treatment	37
Gender	75% Male 25% Female
Patient age (Mean ± SD)	67 ± 11.5
Ulcer surface area, cm ²	5.6 ± 7.8
Comorbidities	Neuropathy (96%) Hypertension (92%) Dyslipidemia (72%) Previous Ulcers (55%) Cardiovascular Disease (40%) *Other (62%)

^{*}Other comorbidities include peripheral artery disease, renal impairment, chronic obstructive pulmonary disease, and retinopathy







Progressive healing of a diabetic foot ulcer treated with the synthetic hybrid-scale fiber matrix. The wound measured 1.32cm² at week 0, .49cm² at week 3, and was closed by week 11 after 9 applications of the matrix.







Progressive healing of a diabetic foot ulcer treated with the synthetic hybrid-scale fiber matrix. The wound measured 2.24cm² at week 0, 1.8cm² at week 3, and was reepithelialized by week 6.

Discussion

The present study represents the first randomized controlled trial to evaluate the clinical efficacy of a synthetic skin substitute in the treatment of chronic DFUs and demonstrates the clinical superiority of hybrid-scale fiber matrix to SOC in achieving complete re-epithelization in refractory ulcers. The rate of complete healing as observed in this study is comparable to other advanced therapies.

*Restrata® Acera Surgical, Inc., St. Louis, Missouri

References: 1. Regulski MJ, MacEwan MR. Implantable nanomedical scaffold facilitates healing of chronic lower extremity wounds. Wounds. 2018 Aug;30(8):E77-E80.

2. Abicht BP, Deitrick GA, MacEwan MR, Jeng L. Evaluation of wound healing of diabetic foot ulcers in a prospective clinical trial using a synthetic hybrid-scale fiber matrix. FASTRAC. 2022 2(1):100135.