

DISCOVER A BETTER BONE GRAFT

BIOLOGICS
BIOSYNTHETIC
SYNTHETICS

InQu Bone Graft Extender & Substitute combines a biologic molecule with the consistency and cost-effectiveness of a synthetic to create a new category of bone graft: **Biosynthetic.**

IN A **CLASS** OF ITS OWN

Discover the benefits of a biosynthetic and achieve better patient outcomes with InQu.

Proven Efficacy

Clinically proven fusion rates of 94%, outperforming fusion rates for ICBG at 12 months¹.

Cell-Friendly

Integrated hyaluronic acid creates a cell-friendly microenvironment, binding MSCs and growth factors^{2, 3}.

Faster Fusion

Shorter time to fusion vs. traditional synthetic bone grafts AND superior overall fusion rates at 12 months: 93% vs. 68%⁴.

Success in Complex Cases

Demonstrated robust fusion, even in challenging high-risk patients.

Use with Confidence

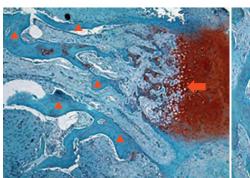
InQu offers a cost-effective, on-label solution for fusion throughout the spine.

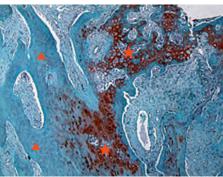
Exceptional Handling

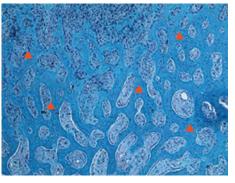
A cohesive, moldable putty providing ease-of-use for a variety of applications.

CELL-FRIENDLY GRAFT DELIVERS BETT

INQU FORMS NEW BONE AT 11 WEEKS-CONFIRMED BY CLINICAL HISTOLOGY







Clinical histology demonstrates lamellar bone at 11 weeks after treatment with InQu + local bone for posterolateral lumbar fusion. Evidence of chondrogenesis, angiogenesis, and endochondral ossification confirms InQu's mechanism of bone formation (cartilage is stained red with Safranin-O). This rare clinical AMATURE WOVEN BONE biopsy was taken from a 67-year-old female following revision of spinal instrumentation.

ENDOCHONDRAL OSSIFICATION

- ★ BONE REMODELING

Dr. Robert Allen, Raleigh Neurosurgical, NC

INQU MIMICS THE BONE MARROW ENVIRONMENT

Unique Formulation

InQu's composition of a resorbable polymer, PLGA, integrated with a biologic molecule, hyaluronic acid, creates a biosynthetic scaffold ideal for bone regeneration.

Tailored Resorption Time

PLGA provides a biopolymer scaffold with a resorption profile tailored to match the rate of new bone formation.

Rapid Cell Binding

Hyaluronic acid creates a cell-friendly microenvironment with a favorable pH, allowing InQu to bind up to 78% of MSCs within 20 minutes⁵. In contrast, ceramic-based bone grafts can take >2 hours for measurable cell binding⁶.

INQU DELIVERS **PROVEN** CLINICAL RESULTS

Faster Fusion than β-TCP

A comparative study of InQu vs. β-TCP in PLF shows InQu promoted a higher rate of fusion at 12 months (92.9% InQu vs. 67.9% β-TCP) and was almost 4 months faster to fuse than β-TCP (206 vs. 318 days)⁴.

Outperforms ICBG

In a study of 109 single and multilevel PLIF spinal procedures, InQu demonstrated solid fusion in 94% of levels treated at 12 months. Mean time to fusion was 10 months¹.

50,000+ patients

Efficacy in Broad Application

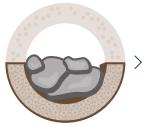
Demonstrated clinically effective with excellent safety profile for broad applications, including nonunion, fracture fixation, Charcot reconstruction, and spinal fusion^{1, 4, 9, 10}.

ER PATIENT OUTCOMES

A FASTER PATH TO HEALING

InQu partners with the body's natural processes to form bone in a shorter period of time without inciting an immune response. In contrast, traditional synthetics rely on inflammation and recruitment of specialized cells to digest the mineral scaffold before new bone formation can begin.

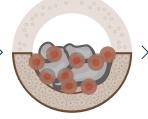
CREEPING SUBSTITUTION-TRADITIONAL SYNTHETICS7



Traditional synthetic graft (mineral component)



Graft breakdown triggers inflammation & may damage healthy tissue



Specialized cells respond & begin to digest minerals

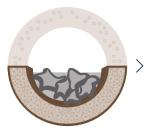


Mineral deposits persist as new bone begins to form



Newly woven bone forms over a long period of time

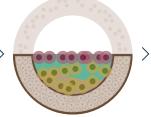
ENDOCHONDRAL BONE FORMATION-INQU



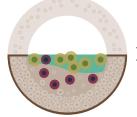
InQu + Autograft (no mineral component)



Hyaluronic acid promotes MSC binding to InQu



MSCs differentiate ϑ cartilage intermediate forms



Cartilage ossifies $\boldsymbol{\vartheta}$ is remodeled to form bone



Mature woven bone after **9 months**

INQU DEMONSTRATES ROBUST FUSION IN CHALLENGING PATIENT





- Patient: 59-year-old female, BMI 39.3
- Co-Morbidities: 23-year diabetic, previous smoker, hypertension & asthma
- Treatment: L4/5 & L5/S1 TLIF with InQu
- Outcome: solid fusion at 9 months, ODI score reduction from 84 to 50

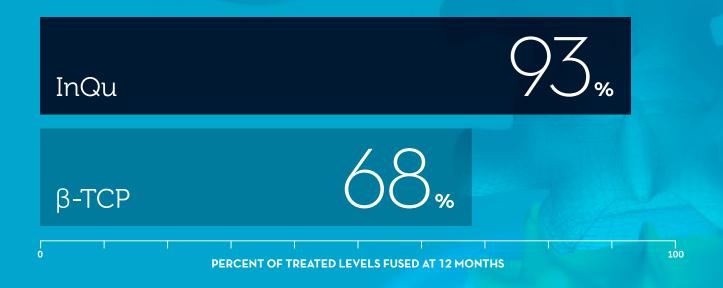
Dr. Michael Steinmetz, Cleveland Clinic, OH

"InQu Bone Graft
Extender is a great
choice for my fusions
because it's a cellfriendly scaffold that
binds growth factors
and accelerates robust
bone formation"

Christopher P. Silveri, M.D.Orthopedic Surgeon

SUPERIOR FUSION vs. β-TCP⁴

InQu demonstrated superior overall fusion rates by 12 months vs. β-TCP.



INQU SUPPORTS RAPID BONE CONSOLIDATION AND IMPROVED RESORPTION COMPARED TO β -TCP





ACHIEVE SUPERIOR FUSION WITH INQU

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EXCELLENT HANDLING IN THREE CONFIGURATIONS



Schedule a case with your Isto sales representative or customer service at 888.705.ISTO.

References

1. Chedid MK, Tundo KM, Block JM, Muir JM. Hybrid biosynthetic autograft extender for use in posterior lumbar interbody fusion: safety and clinical effectiveness. Open Orthop J. 2015;9:218-225. doi: 10.2174/1874325001509010194. • 2. Solchaga LA, Dennis JE, Goldberg VM, Kaplan AI. Hyaluronic acid-based polymers as cell carriers for tissue-engineered repair of bone and cartilage. J Orthop Res. 1999;17:205-213. doi: 10.1002/jbm.10011. • 3. Kim HD, Valentini RF. Retention and activity of BMP-2 in hyaluronic acid-based scaffolds in vitro. J Biomed Mater Res. 2002;59(3): 573-84. doi: 10.1002/jbm.10011. • 4. Stewart G, Gage GB, Neidert G, Adkisson HD IV. Within patient radiological comparative analysis of the performance of two bone graft extenders utilized in posterolateral lumbar fusion: a retrospective case series. Front Surg. 2016;2(69). doi: 10.3389/fsurg.2015.00069. • 5. Grande D; North Shore Hospital. In vitro cell binding assay results; unpublished, independent data. • 6. Hsu EL, Ghodasra JH, Ashtekar A, et al. A comparative evaluation of factors influencing osteoinductivity among scaffolds designed for bone regeneration. Tissue Eng Part A. 2013;19(15-16):1764-1771. doi: 10.1089/ten. TEA.2012.0711. • 7. Bohner M. Siliconsubstituted calcium phosphates - a critical review. Biomaterials. 2009;30(32):6403-6406. doi: 10.1016/j.biomaterials.2009.08.007.

8. Walsh WR, Oliver RA, Gage G, et al. Application of resorbable poly(lactide-co-glycolide) with entangled hyaluronic acid as an autograft extender for posterolateral intertransverse lumbar fusions in rabbits. Tissue Eng Part A. 2011;17(1-2):213-220. doi: 10.1089/ten.TEA.2010.0008. • 9. Harris TE. Treatment of long bone fractures and nonunion using InQu Bone Graft Extender & Substitute. • 10. Kerzner, MS. A radiographic and clinical retrospective case series of high risk foot & ankle procedures (Charcot reconstruction) using InQu Bone Graft Substitute.

