



Lori Paserchia M.D.
National Coverage Analysis

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Dr. Paserchia,

I am writing in response to a call for clinical information on the use of autologous platelet gel/ autologous platelet grafting (APG). I am an anesthesiologist at St. Vincent Hospital in Indianapolis, where I am Medical Director of the Blood Conservation Program and Executive Director of the Autotransfusion Service. My experience with platelet rich plasma (PRP) and APG extends 10 years, and I have been personally involved in hundreds of cases across the spectrum of surgical specialties- cardiac surgery, vascular surgery, orthopaedic surgery, podiatric surgery, spine surgery, neurosurgery, otolaryngology, oral surgery, plastic surgery and wound care. I have also done technical evaluations of medical devices that produce PRP, and I participated in several clinical trials using APG. As a physician, I have been consistently impressed by the improvements in clinical outcomes with the use of APG, particularly in those patients with multiple risk factors for impaired wound healing.

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APG derives its ability to enhance wound healing by the delivery of a high concentration of platelets at the wound site. These platelets release a variety of growth factors that work synergistically and are contained in an adherent medium (a fibrin clot), which acts as a slow release mechanism at the wound site for a period of 5- 7 days. Controlled trials have shown benefits of APG include decreased blood loss, decreased need for surgical drains, decreased swelling, bruising and postoperative pain, increased skin graft take, and doubling of bone graft integration and fusion. The use of APG in the treatment of non healing wounds is a logical extension of its ability to improve local wound healing. As you know, extensive work with platelet derived wound healing factor (PDWHF) lead to the development of Procuren® for non healing wounds. While both Procuren® and APG utilize the patient as the source for autologous platelet derived growth factors, there are several notable differences:

- 1) Procuren® utilized only a fraction of the healing potential of platelets. The washing process in the preparation of Procuren® diluted the final concentration of growth factors that were initially present in the platelets, and a number of key elements to wound healing were lost, including fibrinogen, fibronectin, factor XIII, activated white cells and the platelet membranes. These key elements are fully utilized in APG.
- 2) Procuren® treatment protocols required daily application and daily dressing changes. Preliminary results with APG in non healing wounds show that treatments can be done as infrequently as once a week, greatly reducing labor and material costs.
- 3) Procuren® was limited to the treatment of relatively superficial soft tissue wounds. APG is an operative sealant that has been used extensively in large and complicated surgical procedures, including burns and fracture non unions. The versatility of APG allows a comprehensive wound care team to have a single therapeutic agent to assist in the treatment of a broad variety of wound problems.



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Reverence
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Integrity
Inspiring trust through personal leadership.

Wisdom
grating excellence
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Creativity
Courageous innovation.

Dedication
Affirming the hope and joy of our ministry.

In summary, APG therapy for non healing wounds is an extremely useful adjunct to comprehensive wound management programs. Wound care patients have the potential to heal faster with less inconvenience and greater comfort, while the health care system benefits from greater cost effectiveness and less expenditure of resources. I would be happy to discuss further any questions you might have concerning this very interesting and beneficial therapy.

Respectfully,

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