



5 Versatile Formats



Unique handling properties for a variety of surgical needs

OSTEOAMP and OSTEOAMP Select are uniquely designed to retain a wide array of growth factors involved in the bone healing cascade.*¹ Differentiated allografts appropriate for homologous use, they are offered in multiple formats with distinct properties to meet specific surgical needs. They have demonstrated fusion success in a variety of procedural applications, including:

- Cervical fusions²
- Lumbar spine fusions^{3,4}
- Foot and ankle fusions⁵

AVAILABLE OSTEOAMP SELECT FORMATS



FIBERS — Structurally entangled fibers provide versatile handling while maintaining integrity and position. Designed to retain essential growth factors supporting bone formation, nanotextured fibers provide a conduit for cell migration.*¹



FLOWABLE — 100% allograft that is easy to use in challenging situations. A great option for minimally invasive procedures, thorough filling of the disc space, and grafting expandable and 3D-printed cages.

Flowable is a ready-to-use option and requires no prep time or additional hydration. All other formats may be rehydrated with bone marrow aspirate, blood, saline, or lactated ringers.



SPONGES — A malleable, compressible implant that conforms to various interbody devices and bony defects.

AVAILABLE OSTEOAMP FORMATS



GRANULES — Mineralized corticocancellous allograft chips that exhibit osteoconductive and osteoinductive properties.



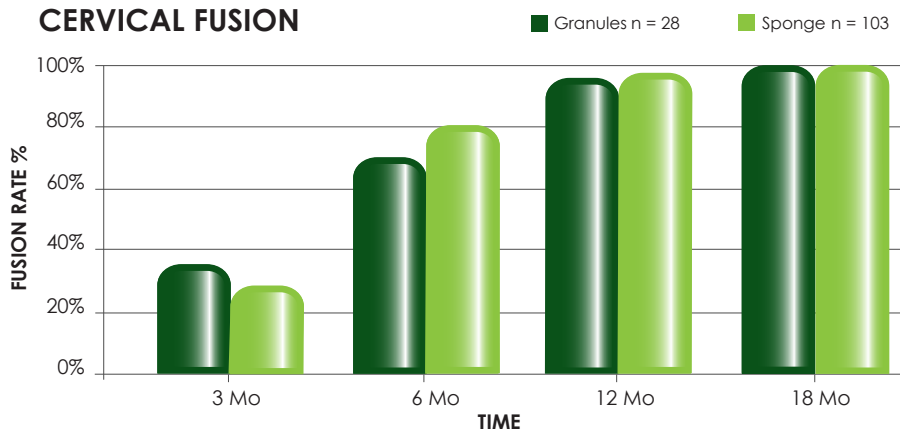
PUTTY — Comes in a pre-loaded, open-barrel syringe for easy hydration and application. For optimal handling, hydration with bone marrow aspirate (BMA) or blood is recommended.

*In vitro performance may not be predictive of performance in humans.

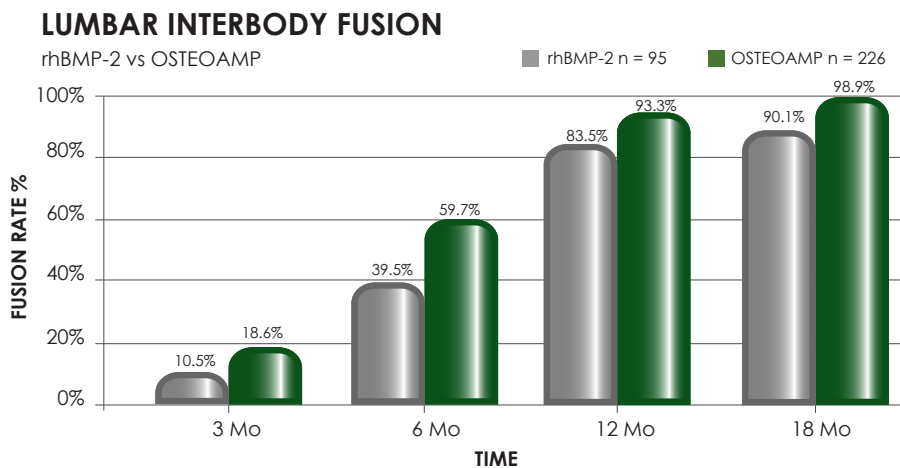
OSTEOAMP is versatile and easy to use:⁶

- Shelf stable, no refrigeration required
- Long shelf life (3 years for Flowable, 5 years for other formats)
- Little to no preparation
- Can be used with antibiotics

Published retrospective literature supports the use of OSTEOAMP in both cervical and lumbar spine fusion procedures.²



Fusion rates of 97.6% at 12 months and 100% at 18 months when OSTEOAMP was used, exceed fusion rates reported in the literature.²



As part of a retrospective chart review, a higher percentage of patients achieved fusion in the OSTEOAMP group than in the rhBMP-2 group. Time to fusion for OSTEOAMP was shorter than that of rhBMP-2 (208 and 334 days, respectively).³

References: 1. Bioventus Surgical. Tidwell JL, Seaman SA, Vanderploeg EJ, Tom S. In vitro and in vivo characterization of OSTEOAMP allogeneic morphogenetic proteins. Bioventus white paper. Data on file; 2017. 2. Field J, Yeung C, Roh J. Clinical evaluation of allogeneic growth factor in cervical spine fusion. *J Spine*. 2014;3(2):1000158 doi:10.4172/2165-7939.1000158 3. Roh JS, Yeung CA, Field JS, McClellan RT. Allogeneic morphogenetic protein vs. recombinant human bone morphogenetic protein-2 in lumbar interbody fusion procedures: a radiographic and economic analysis. *J Orthop Surg Res*. 2013;8:49. doi:10.1186/1749-799X-8-49 4. Daffner SD, Bunch JT, Burton DC, et al. Better functional recovery after single-level compared with two-level posterolateral lumbar fusion. *Cureus*. 2022;14(3):e23010. doi:10.7759/cureus.23010 5. Yeung C, Field J, Roh J. Clinical validation of allogeneic morphogenetic protein: donor intervariability, terminal irradiation and age of product is not clinically relevant. *J Spine*. 2014;3(3):1000173. doi:10.4172/2165-7939.1000173 6. OSTEOAMP [package insert]. Mississauga, ON: Bioventus, ULC; 2021

The potential limitations of the retrospective spine fusion studies include the following. Retrospective analysis limited by availability of radiographs and medical record data. Endpoint of interest limited to radiographic assessment of fusion and radiographic evidence of complications, with no corresponding clinical outcomes or general adverse events. Data from a subset of the patients may have been included in other retrospective analyses. Use of adequate sample sizes to detect differences in variables explored, including comparisons between OSTEOAMP and rhBMP-2, is unknown. Treating surgeons were unpaid consultants and held shares for Advanced Biologics. However, none of the authors have financial ties to Bioventus, and radiographic fusion was assessed by an independent, blinded radiologist. In the Lumbar Spine Study reported by Roh et al., radiographic assessments for a majority of patients (>70%) in the OSTEOAMP group were based on standard x-ray images while assessment for majority of patients (60%) in the rhBMP-2 group were based on CT images.

Indications for Use:

OSTEOAMP & OSTEOAMP SELECT may be used in situations where an autograft is appropriate. It should be restricted to homologous use for the repair, replacement or reconstruction of musculoskeletal defects.

Full prescribing information can be found in product labeling, at bioventussurgical.com or Customer Service at 1-800-637-4391.

Warnings and Precautions:

As with all allogeneic materials, it is not possible to provide an absolute guarantee that no infectious disease will be transmitted. However, this risk is greatly reduced by using processing treatments shown to be capable of reducing this risk as well as the use of strict donor screening criteria and terminal sterilization by gamma irradiation.

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