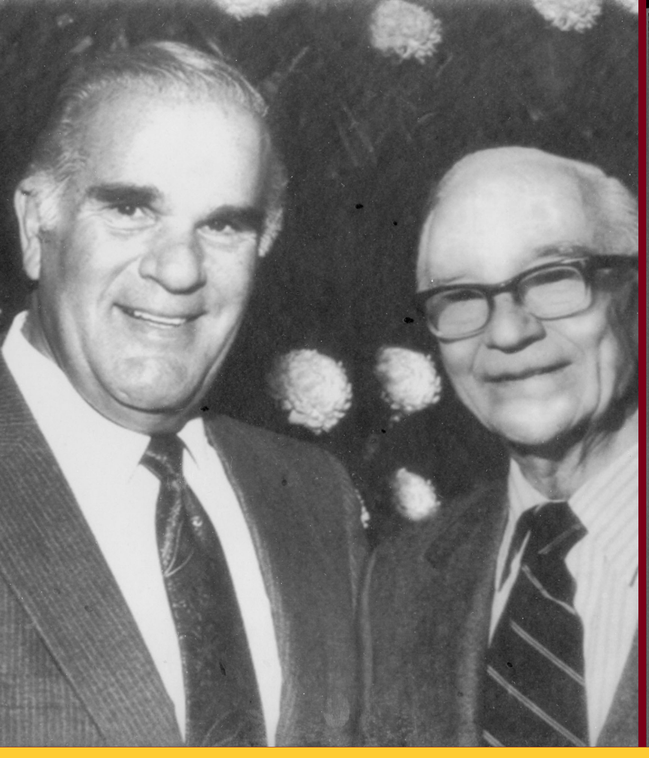
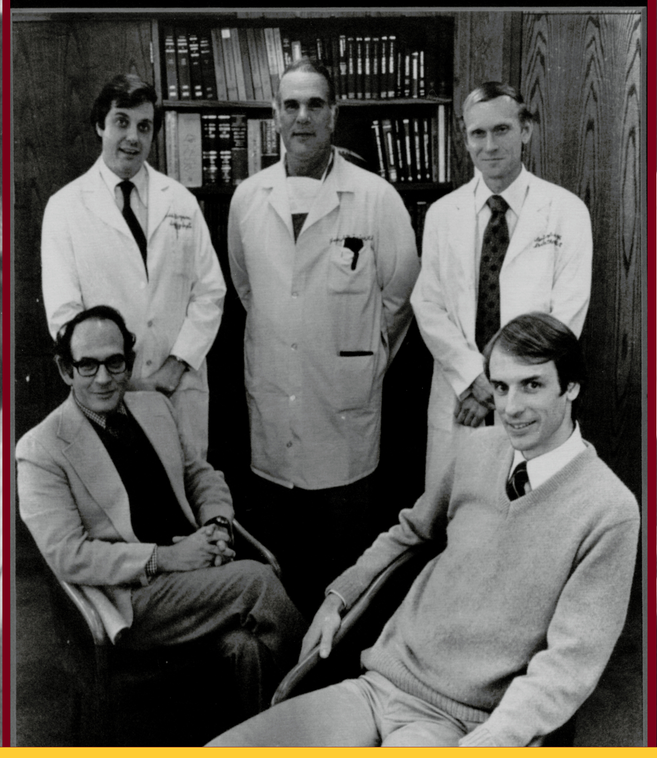
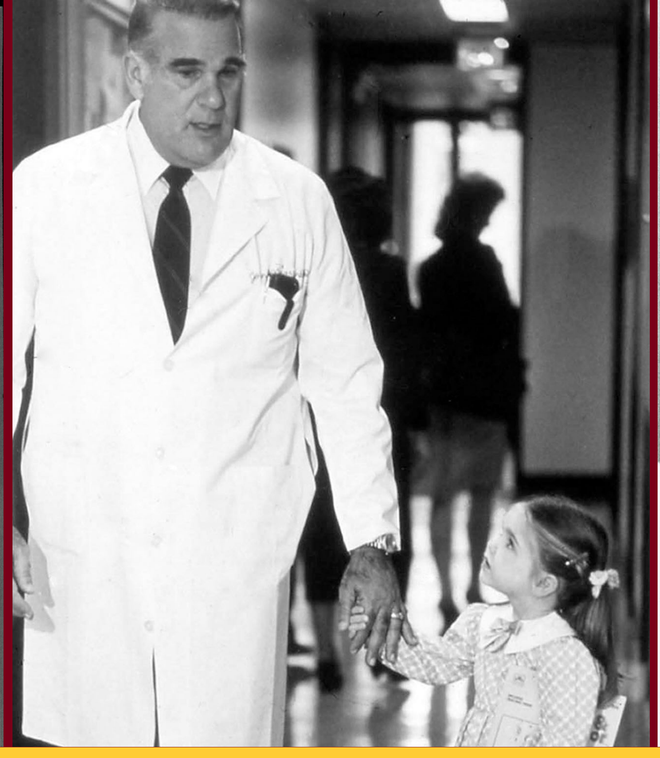
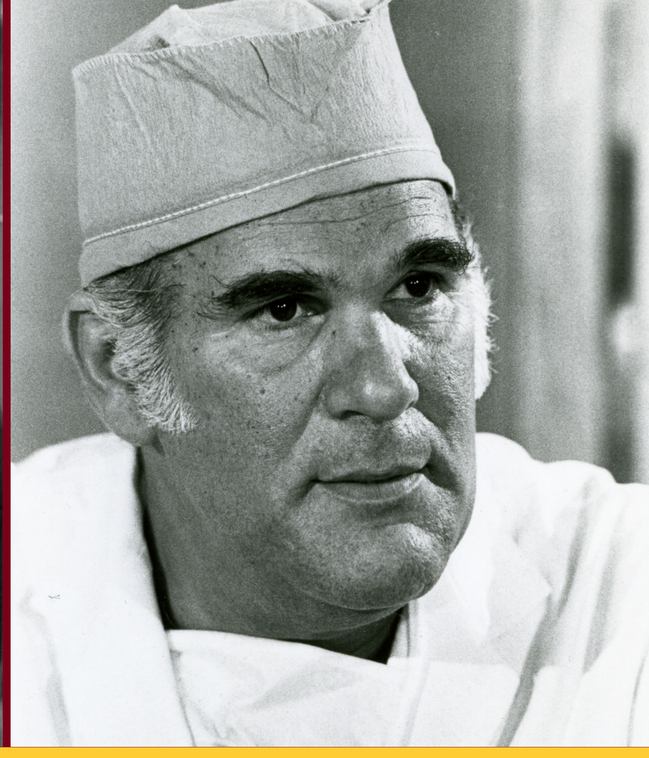

Exhibitor/Supporter Portfolio

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For complex hernia repair

ARM YOURSELF WITH THE MESH THAT LASTS

STRATTICE™ RTM is designed to be **positively recognized**, allowing for **regeneration** and a **repair that holds**.[1,2,*]

*Correlation of these results, based on animal studies, to results in humans has not been established.

In a recent retrospective evaluation of biologic meshes, including STRATTICE™,

91.7% **OF PATIENTS WERE RECURRENCE-FREE AT 7 YEARS** **POST-OP**[3,†]

†Includes porcine and bovine acellular dermal matrices (ADMs) (n = 157). Bridged repair and human ADM were excluded from the study group.

For more information, contact your Allergan Aesthetics representative or visit hcp.StratticeTissueMatrix.com

INDICATIONS

STRATTICE™ Reconstructive Tissue Matrix (RTM), STRATTICE™ RTM Perforated, STRATTICE™ RTM Extra Thick, and STRATTICE™ RTM Laparoscopic are intended for use as soft tissue patches to reinforce soft tissue where weakness exists and for the surgical repair of damaged or ruptured soft tissue membranes. Indications for use of these products include the repair of hernias and/or body wall defects which require the use of reinforcing or bridging material to obtain the desired surgical outcome. STRATTICE™ RTM Laparoscopic is indicated for such uses in open or laparoscopic procedures. These products are supplied sterile and are intended for single patient one-time use only.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

These products should not be used in patients with a known sensitivity to porcine material and/or Polysorbate 20.

WARNINGS

Do not resterilize. Discard all open and unused portions of these devices. **Do not use** if the package is opened or damaged. **Do not use** if seal is broken or compromised. After use, handle and dispose of all unused product and packaging in accordance with accepted medical practice and applicable local, state, and federal laws and regulations.

Do not reuse once the surgical mesh has been removed from the packaging and/or is in contact with a patient.This increases risk of patient-to-patient contamination and subsequent infection.

For STRATTICE™ RTM Extra Thick, **do not use** if the temperature monitoring device does not display "OK."

PRECAUTIONS

Discard these products if mishandling has caused possible damage or contamination, or the products are past their expiration date. Ensure these products are placed in a sterile basin and covered with room temperature sterile saline or room temperature sterile lactated Ringer's solution for a minimum of 2 minutes prior to implantation in the body. Place these products in maximum possible contact with healthy, well-vascularized tissue to promote cell ingrowth and tissue remodeling. These products should be hydrated and moist when the package is opened. If the surgical mesh is dry, do not use.

Certain considerations should be used when performing surgical procedures using a surgical mesh product. Consider the risk/benefit balance of use in patients with significant co-morbidities; including but not limited to, obesity, smoking, diabetes, immunosuppression, malnourishment, poor tissue oxygenation (such as COPD), and pre- or post-operative radiation.

Bioburden-reducing techniques should be utilized in significantly contaminated or infected cases to minimize contamination levels at the surgical site, including, but not limited to, appropriate drainage, debridement, negative pressure therapy, and/or antimicrobial therapy prior and in addition to implantation of the surgical mesh. In large abdominal wall defect cases where midline fascial closure cannot be obtained, with or without separation of components techniques, utilization of the surgical mesh in a bridged fashion is associated with a higher risk of hernia recurrence than when used to reinforce fascial closure.

For STRATTICE™ RTM Perforated, if a tissue punch-out piece is visible, remove using aseptic technique before implantation.

For STRATTICE™ RTM Laparoscopic, refrain from using excessive force if inserting the mesh through the trocar.

STRATTICE™ RTM, STRATTICE™ RTM Perforated, STRATTICE™ RTM Extra Thick, and STRATTICE™ RTM Laparoscopic are available by prescription only.

For more information, please see the Instructions for Use (IFU) for all STRATTICE™ RTM products available at www.allergan.com/StratticeIFU or call 1.800.678.1605.

To report an adverse reaction, please call Allergan at 1.800.367.5737.

For more information, please call Allergan Aesthetics Customer Service at 1.800.367.5737 or visit hcp.StratticeTissueMatrix.com.

References: 1. Connor J, McQuillan D, Sandor M, et al. Retention of structural and biochemical integrity in a biological mesh supports tissue remodeling in a primate abdominal wall model. *Regen Med*. 2009;4(2):185-195. **2.** Sun WQ, Xu H, Sandor M, Lombardi J. Process-induced extracellular matrix alterations affect the mechanisms of soft tissue repair and integration. *J Tissue Eng*. 2013;4:2041731413505305. doi: 10.1177/2041731413505305. **3.** Garvey PB, Giordano SA, Baumann DP, Liu J, Butler CE. Long-term outcomes after abdominal wall reconstruction with acellular dermal matrix. *J Am Coll Surg*. 2017;224(3):341-350.

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Thymoglobulin®
Anti-thymocyte Globulin (Rabbit)

Thymoglobulin® (anti-thymocyte globulin (rabbit)) is indicated for the prophylaxis and treatment of acute rejection in patients receiving a kidney transplant. Thymoglobulin is to be used in conjunction with concomitant immunosuppression.

IMPORTANT SAFETY INFORMATION

WARNING: IMMUNOSUPPRESSION.
Thymoglobulin should only be used by physicians experienced in immunosuppressive therapy in transplantation.

- **Contraindications.** Thymoglobulin is contraindicated in patients with a history of allergy or anaphylaxis to rabbit proteins or to any product excipients, or who have active acute or chronic infections which contraindicate any additional immunosuppression.
- **Management of Immunosuppression.** To prevent over-immunosuppression, physicians may wish to decrease the dose of the maintenance immunosuppression regimen during the period of Thymoglobulin use. Dosing for Thymoglobulin is different from dosing for other ATG products, because protein composition and concentrations vary depending on the source of ATG. Thymoglobulin should be used under strict medical supervision in a hospital setting, and patients should be carefully monitored during the infusion.
- **Immune Mediated Reactions.** Serious immune-mediated reactions, including anaphylaxis or severe cytokine release syndrome (CRS), have been reported with the use of Thymoglobulin. Fatal anaphylaxis has been reported. If an anaphylactic reaction occurs, the infusion should be terminated immediately.
- **Infusion-Associated Reactions.** Cases consistent with cytokine release syndrome (CRS) have been reported with rapid infusion rates. CRS is attributed to the release of cytokines by activated monocytes and lymphocytes. Severe acute CRS can cause serious cardiorespiratory events and/or death. Close compliance with the recommended dosage and infusion time may reduce the incidence and severity of infusion-associated reactions (IARs). Slowing the infusion rate may minimize many of these IARs. Reactions at the infusion site may include pain, swelling, and redness of the skin.
- **Hematologic Effects.** Low counts of platelets and white blood cells (including low counts of lymphocytes and neutrophils) have been identified and are reversible following dose adjustments. Total white blood cell and platelet counts should be monitored.
- **Infection and Malignancy.** Infections, reactivation of infection, febrile neutropenia, sepsis, malignancies including lymphoproliferative disorders (LPD) and other lymphomas as well as solid tumors have been reported after Thymoglobulin administration in combination with multiple immunosuppressive agents. These events can be fatal.
- **Immunization.** The safety of immunization with attenuated live vaccines following Thymoglobulin therapy has not been studied; therefore, immunization with attenuated live vaccines is not recommended for patients who have recently received Thymoglobulin.
- **Overdosage.** Thymoglobulin overdosage may result in leukopenia (including lymphopenia and neutropenia) and/ or thrombocytopenia, which can be managed with dose reduction.
- **Adverse Reactions.** The most common adverse reactions and laboratory abnormalities (incidence >5% higher than comparator) are urinary tract infection, abdominal pain, hypertension, nausea, shortness of breath, fever, headache, anxiety, chills, increased potassium levels in the blood, and low counts of platelets and white blood cells.
- During post-marketing surveillance, arthralgia/myalgia, lymphadenopathy, proteinuria, and decreased oxygen saturation tend to occur 5 to 15 days after Thymoglobulin infusion and are consistent with serum sickness. Symptoms are manageable with corticosteroid treatment.

Click here for full Prescribing Information, including Boxed WARNING.

MAT-US-2107295-v2.0-03/2022

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Biomarkers for Kidney Transplant Recipients

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	Combination Panel	Gene Expression	Donor-Derived Cell-Free DNA		
	OmniGraf™	TruGraf®	Viracor TRAC®	AlloSure® Kidney	Prospera™
Type of Biomarker	Blood gene expression (120 genes) & dd-cdDNA (~100,000 SNPs)	Blood gene expression (120 genes)	dd-cfDNA (~100,000 SNPs)	dd-cfDNA (405 SNPs)	dd-cfDNA (13,392 SNPs)
Context of Use	Earliest[1] and most accurate[2] detection of subclinical and clinical rejection in transplant patients with stable kidney function	Rules out silent subclinical rejection in kidney transplant patients with stable kidney function	Rules out acute rejection in patients with suspicion of clinical acute rejection	Rules out acute rejection in patients with suspicion of clinical acute rejection	Rules out acute rejection in patients with suspicion of clinical acute rejection
Validation	Surveillance	Surveillance	For-cause biopsy	For-cause biopsy	For-cause biopsy
When to Start Testing	90 days post-transplant	90 days post-transplant	Suspicion of clinical rejection	Suspicion of clinical rejection	Suspicion of clinical rejection
Blood Draw Required	6ml / 1 tube	5ml / 2 tubes	10ml / 1 tube	10ml / 1 tube	10ml / 1 tube
Result Measurements	Gene Expression (TruGraf): TX or Not-TX dd-cfDNA (Viracor TRAC): % of dd-cfDNA	TX or Not-TX	% of dd-cfDNA	% of dd-cfDNA	% of dd-cfDNA
Interpretation of Results	TX + <0.7 = low risk for rejection Not-TX + ≥0.7 = high risk for rejection	TX: low risk for rejection Not-TX: at risk for rejection	< 0.7% clinical rejection unlikely ≥ 0.7% clinical rejection should be considered	≤ 1% reflect absence of active rejection > 1% probability of active rejection	≤ 1% wait and watch, no action > 1% use clinical findings to determine if biopsy is indicated
Sensitivity	77%	77%	58%	59%	89%
Specificity	94%	79%	85%	85%	73%
Negative Predictive Value (NPV)	94%	92%	92%	84%	95%
Positive Predictive Value (PPV)	89%	65%	40%	61%	52%
Suggested Testing Frequency	Quarterly monitoring	Quarterly monitoring	Clinical suspicion of rejection	Monthly 1-4 months; quarterly 6 months and beyond	Clinical suspicion of rejection
Rejection Type Targeted	TCMR & ABMR	TCMR	ABMR	ABMR	ABMR

[1]OmniGraf and TruGraf are the only tests that detect subclinical acute rejection, before the onset of clinical acute rejection.
[2] OmniGraf has the highest Positive Predictive Value of currently-available biomarker-based rejection tests.

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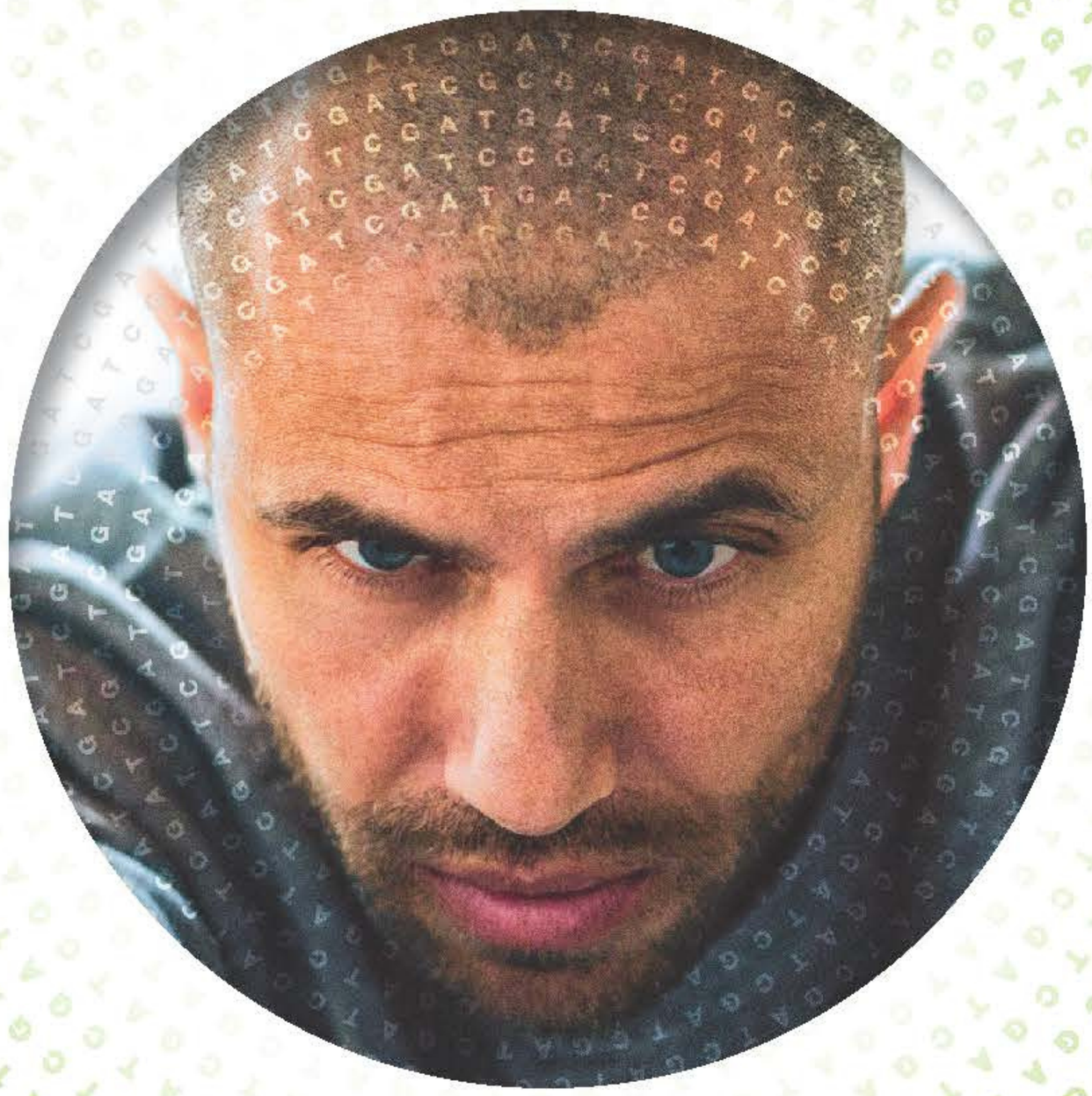

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