



THE NEXT GENERATION OF REGENERATION[™]

Why SynthoGraft?

SynthoGraft offers a unique structure which provides stability, while its micro-porosity allows for rapid vascularization and subsequent resorption. Although several varieties of betatricalcium phosphate are now commercially available, their bone regenerating capabilities are not equal. The differences can affect not only the rate and quality of bone regeneration, but also the rate of resorption and replacement with autogenous bone during the healing process.

SynthoGraft Pure Phase Beta-Tricalcium Phosphate

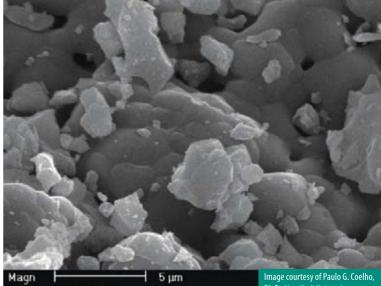


SynthoGraft offers:

- Increased patient acceptance
- Elimination of the inherent risks associated with biologically-derived bone graft materials
- Greater surface area compared to other synthetic bone grafting materials
- Rapid vascularization and subsequent resorption when mixed with the patient's own blood
- Nanometer-scale porosity
- Available in two particle sizes: 50–500μm and 500–1000μm

The Dentist and Patient

SynthoGraft offers clinicians and patients the confidence of knowing that they have a completely synthetic bone graft material. SynthoGraft eliminates the inherent uncertainties and risks associated with bone graft materials that are derived from humans or animals. Patients have benefited from pure phase Beta-Tricalcium Phosphate, SynthoGraft, since 1981.



5000 Synthograf Ph.D., New York University

"Mr. Driskell (inventor of BTCP bone graft materials) has improved the stoichiometric chemistry, the characteristics of this particular tricalcium phosphate compared to the material that we have investigated previously and, by all indications, is a significant improvement for applications in dentistry."

Jack E. Lemons, Ph.D., University of Alabama at Birmingham

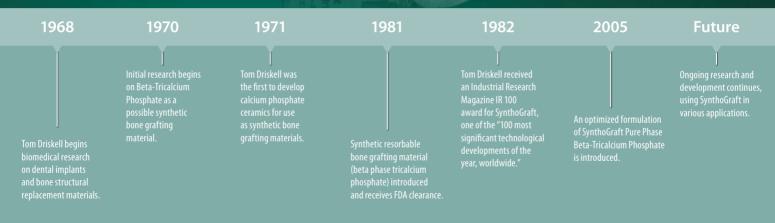
"What happens at six to nine months is that the fibrous materials, as well as the grafting materials, are no longer present and the cortical bone is much thicker and much more stabilized. In my opinion, any time after three months it is a very stable site."

Ziedonis Skobe, Ph.D., Forsyth Institute and Harvard University



HISTORY OF SYNTHOGRAFT





CLINICAL APPLICATIONS

INTERNAL SINUS LIFT



Pre-Operative

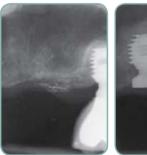




Placement

One Year

INTERNAL SINUS LIFT



INTERNAL SINUS LIFT

Pre-Operative



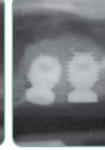
Placement



Two Years

INTERNAL SINUS LIFT







Pre-Operative

Placement



Placement



Three Years

Four Years

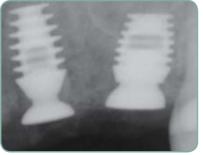
CREST AUGMENTATION





Graft In Place

PERIODONTAL DEFECT



Post Graft



Failed Root Canal

LATERAL SINUS LIFT



Extraction

Post Graft



Site Of Defect



Graft In Place



Graft In Place



Post Graft

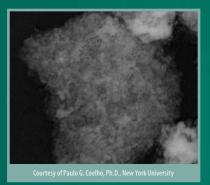
EXTRACTION SITE



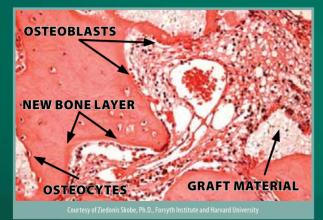
CLINICAL STUDIES

Extensive human and animal studies have shown the osseoconductive properties of SynthoGraft:

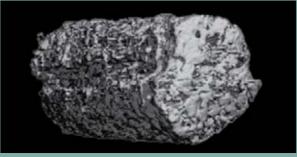
- Rapid bone regeneration in critical size defects at early implantation times has been observed.
- Micro-computed tomographic analysis of retrieved human cores at 3, 6, and 12 months following sinus lift procedures have shown bone-to-grafting material volume ratios ranging from 78 to 98% as early as 3 months.
- No foreign body responses were detected.



A transmission electron micrograph (TEM) showing the structurally interconnected nanometer size porosity of SynthoGraft.



3 month histology



Courtesy of Jack E. Lemons, Ph.D., University of Alabama at Birminghan

Histologic 3D core reconstruction analysis showed significant new bone formation in sinus grafted regions.



6 month histology

Retrieval of sinus elevations after 3 and 6 months showed progressive resorption of SynthoGraft particles and increasing bone regeneration.

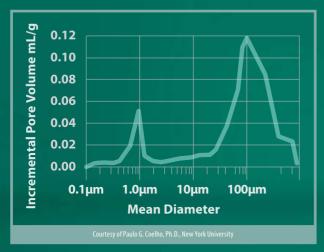
Selected Research:

- Coelho, P.G., Coimbra, M.E., Ribeiro, C., Francio, E., Higa, O., Suzuki, M., Marincola, M., Physico/Chemical Characterization and Preliminary Human Histology Assessment of a B-TCP Particulate Material for Bone Augmentation, Materials Science and Engineering C. 2009 29:2085-2091.
- Coimbra, M., Salles, M., Yoshimoto, M., Allegrini, S. Jr., Fancio, E., Higa, O., Suzuki, M., Coelho P., Physico/Chemical Characterization, In Vitro, and In Vivo Evaluation of Hydroxyapatite/PLGA Composite and Tricalcium Phosphate Particulate Grafting Materials, TITANIUM: The International Journal of Dental Implants & Biomaterials, 2009 1(1): 16-28.
- Chopra P.M., Johnson M., Nagy T., and Lemons J.E., Micro-Computed Tomographic Analysis of Bone Healing Subsequent to Graft Placement, Journal of Biomedical Materials Research. Part B, Applied Biomaterials, October 2008.
- Schulze-Späte1 U., Dietrich T., Dobeck J., Kayal R., Time A., Skobe Z., Dibart S., Sinus Augmentation Procedure Using Beta-Tricalcium-Phosphate: Histological Analysis of Grafted Bone at Time of Implant Placement, AAP 94th Annual Meeting, Seattle, Washington, September 2008.
- Chopra P.M., Johnson M., Beck P., Nagy T., Marincola M., and Lemons J.E., Investigation of Maxillary Sinus Bone Graft Healing by MicroCT, IADR General Session, New Orleans, Louisiana, March 2007.
- Coelho P.G., Dobeck J., Skobe Z., and Bottino M.C., Characterization of a Beta Tricalcium Phosphate Powder for Bone Grafting, AADR General Session, Orlando, Florida, March 2006.

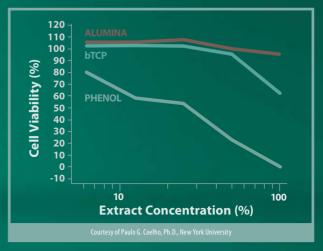
SCIENTIFIC STUDIES

Extensive laboratory studies have demonstrated the unique physical properties of SynthoGraft:

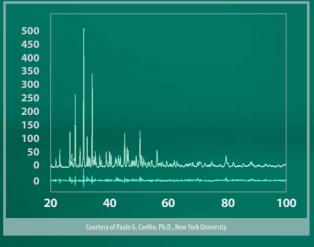
- Nanometer-scale porosity
- Pure, synthetic material
- Cellular-level biocompatibility



Micrometer and nanometer pore size for optimized material dissolution and bone regeneration rates.



In vitro cytotoxycity assays confirmed the cellularlevel biocompatibility of SynthoGraft.



A series of physico/chemical analysis showed that SynthoGraft is 99% pure β-TCP.



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