

PROMOGRAN PRISMA[®] Evidence

Study Reference	Therapy	Design	Selection criteria	Clinical outcomes
Lanzara S, et al. EWMA 2008	PROMOGRAN PRISMA [®] + compression vs best standard treatment (moist wound healing + compression) for 12 weeks	Randomised prospective controlled pilot study n=30	Venous leg ulcers	<p>Patients were 4 times more likely to heal when treated with PROMOGRAN PRISMA[®] (OR=4.3; p<0.04).</p> <p>A significant reduction in wound size was achieved with PROMOGRAN PRISMA[®] (p=0.00005).</p>
Gottrup F, et al. EWMA 2010	PROMOGRAN PRISMA [®] vs best standard of care for 14 weeks	Randomised prospective controlled clinical study n=25 vs n=15	Diabetic foot ulcers	<p>PROMOGRAN PRISMA[®] stimulated healing while protecting the wound from infection.</p> <p>Significantly more wounds showed >50% reduction in wound area (Margolis Index) at week 4 (70% vs 43%, p=0.035), a trend which coined throughout the 14 weeks of treatment.</p> <p>Significantly more wounds infected in control group (33%) vs no wounds infected when PRISMA was used (p=0.012).</p>
Cullen B, et al. SAWC 2009	PROMOGRAN PRISMA [®] therapy examining effect on healing and wound biochemistry	Clinical research (RCT) measuring healing & wound biochemistry n=30	Venous leg ulcers	Inflammatory cytokines and protease levels were reduced post treatment and as the wound progressed to healing.