

NANOVA

Better Life Through Innovation

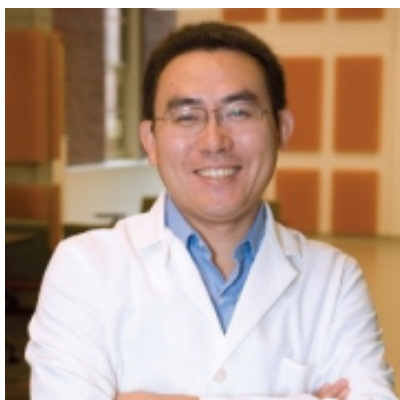
FiberFIX™ Bioresorbable Implants

HA Nanofiber Reinforced Biocomposite

Richard Joseph Lebens PhD

NANOVA

Nanova Biomaterials Inc. and FiberFIX™



Hao Li, President & CEO

- A scientific and technological innovation enterprise that applies advanced biomaterial technology for medical devices.
- Focus on minimally invasive surgery (sports medicine/arthroscopy, laparoscopy) and medical cosmetology (oral, skin/wound), etc.
- Innovative and leading core technologies, including “polymer composites” and “low temperature plasma”.



MARKET SPOTLIGHT

broad range of tendon applications including, but not limited to, foot/ankle, knee and shoulder procedures.

The device received FDA 510(k) clearance in in 2020 for tendon and ligament repair.

Hyalex Orthopaedics' HYALEX Cartilage System was granted Breakthrough Device Designation from FDA. The system is intended to repair cartilage defects and restore function for patients with loss of knee articular cartilage and bone requiring surgery.

Unlike other cartilage solutions requiring multiple surgeries and regeneration, HYALEX Cartilage is a biomimetic materials platform designed to provide a single-step, off-the-shelf, high strength, low friction, low wear solution. Hyalex Orthopaedics has published evidence of preservation of the cartilage counter-face with its HYALEX Cartilage and is protected by more than 17 patents and trademarks worldwide.

Nanova Biomaterials introduced FiberFIX suture anchors and interference screws, developed using patented nanocomposite technology. FiberFIX anchors and screws have demonstrated enhanced resistance to breakage/stripping during insertion and increased pull-out strength after-insertion, which reduces the failure rates during orthopedic operations. Real-time degradation tests on FiberFIX devices have also indicated adequate mechanical stability for three months and no sign of self-catalytic degradation over two years of observation, which brings significant benefits in soft tissue fixation.

FiberFIX bioresorbable materials were developed using breakthrough nanotechnology: biocomposites enhanced by specially modified single crystalline hydroxyapatite nanofibers. Nanofibers are about 100 nanometers in diameter and tens of micrometers in length with a strength close to its theoretical strength, several times stronger than stainless steel. Just like rebar in concrete, the specially modified nanofiber can effectively strengthen the mechanical properties of the composites. Furthermore, with over-100 times greater surface area than traditional calcium phosphate particles, FiberFIX devices reduce acidic degradation of the composites, and minimize the body's inflammatory response.

Smith+Nephew launched its FAST-FIX FLEX Meniscal Repair System, reportedly the only device to offer a surgeon-guided, bendable needle and shaft providing access to all zones of the meniscus. Improving access leads to a greater opportunity to repair the meniscus rather than remove it, resulting in long-term benefits to the patient.



Nanova Biomaterials FiberFIX

Building on the 15-year clinical legacy of its FAST-FIX platform, Smith+Nephew's FAST-FIX FLEX system uses an all-inside approach which may eliminate the need for further incisions, reduce the risk of neurovascular injury, and provide procedural efficiency to support faster operating times. The added ability to bend both the needle and shaft enables surgeons access to the mid-body and anterior zones, inaccessible by previous FAST-FIX devices. These meniscal zones account for more than 40% of tears in stable adult knees or roughly 400,000 procedures, (meniscal repairs and menisectomies) per year in the U.S. alone.

FAST-FIX FLEX offers a 25% reduction in needle insertion area as well as a repair that is more than 20% stronger than the previous generation FAST-FIX 360 System.

Stryker received FDA clearance of InSpace, the first balloon implant for arthroscopic treatment of massive irreparable rotator cuff tears. The technology was acquired from OrthoSpace in 2019 and is the first of its kind in the U.S. market. The InSpace balloon implant has a long successful clinical history of over 10 years and 29,000 balloons implanted outside of the U.S., as well as the Level I study conducted across North America.

The InSpace balloon implant is designed to restore the subacromial space without requiring sutures or fixation devices and has been demonstrated to improve shoulder motion and function.

Julie A. Vetalice is BONEZONE's Editorial Assistant.



Current Orthopedic Materials In Surgeons tool Bag for Soft Tissue Fixation

Why metal Implants?

- Advantages: excellent mechanical properties and easy to be sterilized;
- Drawbacks: secondary surgery, MRI imaging artifact , and stress shielding.

Why Bioresorbable implants?

- Advantages: no secondary surgery, no load shielding for better tissue healing, and compatibility with MRI imaging;
- Drawbacks: reduced strength, and late term inflammatory response.

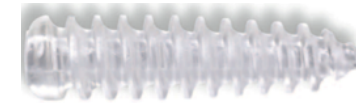
Why most use Biocomposite currently?

- Hydroxyapatite($\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_2$) as main component of bone minerals
- Increased stiffness to match the stiffness of bone
- Buffer acidic byproducts from degradation¹
- Incorporation of HA slows adverse degradation²
- Improved osteoconductivity³

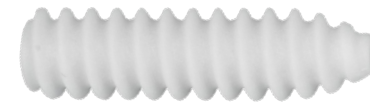
1. *Hunt et al. 2008*
2. *Hasegawa et al.2006*
3. *Hile et al. 2004, Tecklenberg et al. 2006*



Generation 1 (Metal)



Generation 2 (Bioabsorbable polymer)



Generation 3 (Biocomposite)

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Current state of the Art:

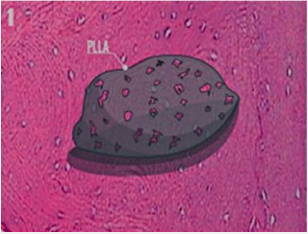
Hybrid HA Nanofiber Biocomposite



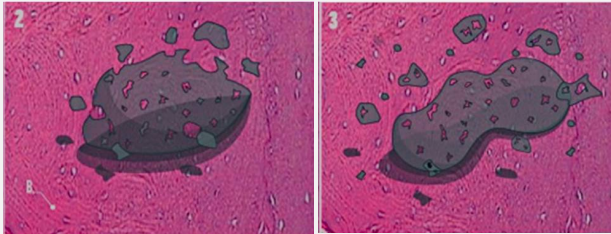
Interference Screw

HA Nanofibers's High Surface Area Enhances Inflammatory Buffer

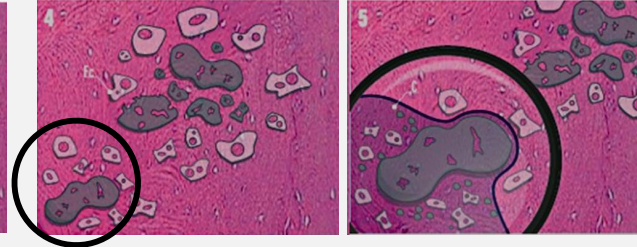
1 PLLA device implanted in bone tissue



2 Superficial erosion occurs, and fragmentation is caused by the hydrolytic degradation process



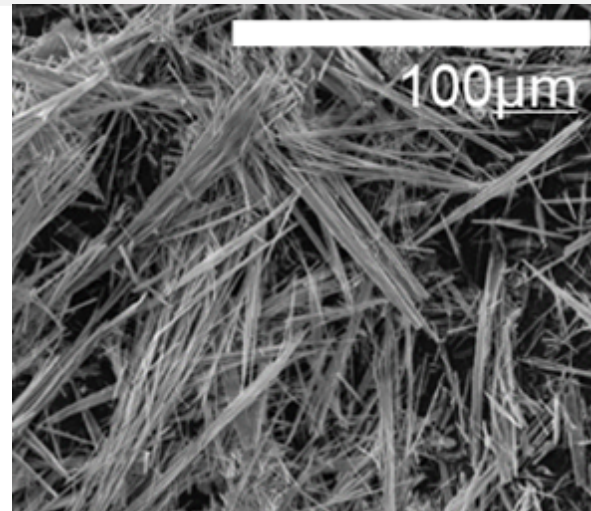
4 Inflammatory response production of lactic acid and decrease in pH



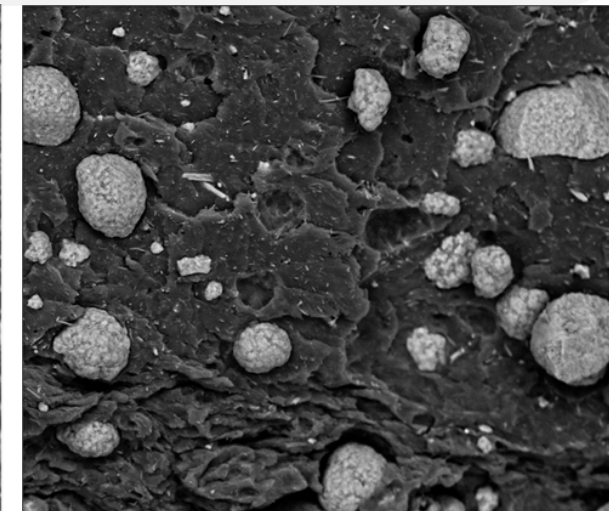
6 Material has been degraded and phagocytosed by inflammatory cells



- The hydrolytic degradation process induces a decrease in pH, which changes the inflammatory response from acute to chronic;
- Presence of calcium phosphate buffers inflammatory response;
- Buffer effect strongly correlated to surface area, HA fiber significantly increase surface area.
- The FiberFix™ composite has **37-45** times greater calcium phosphate surface area compared to commercial HA or TCP particle devices



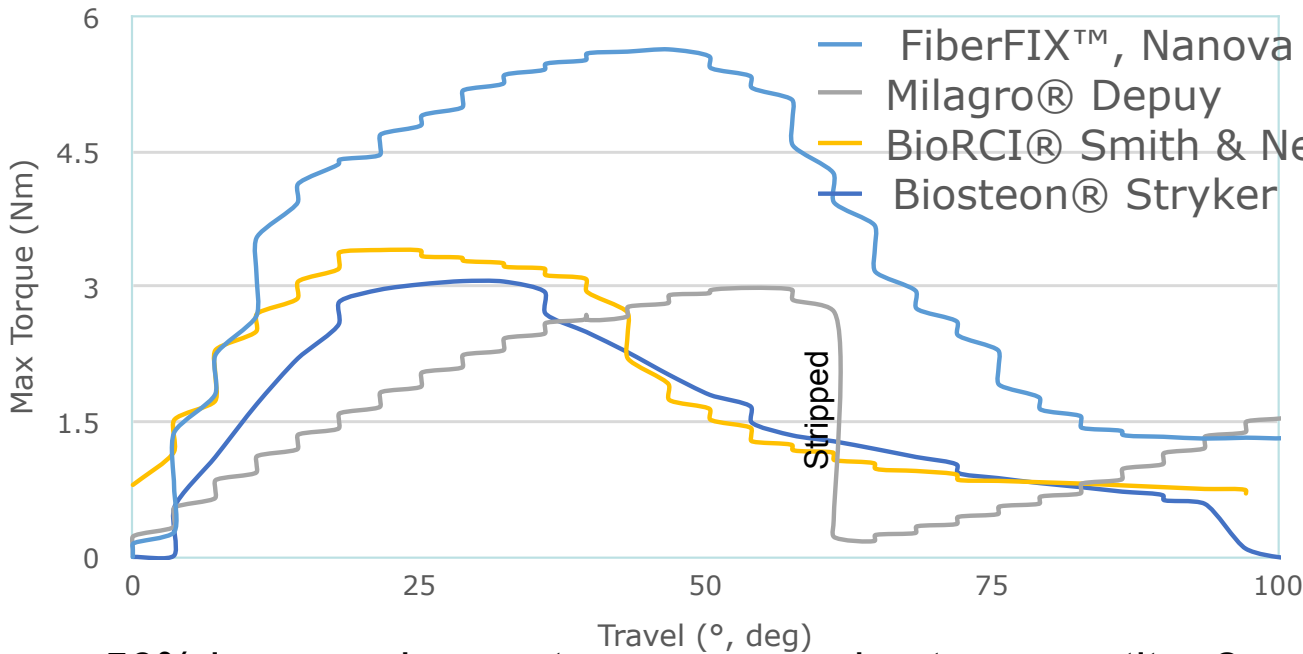
HA **nanofibers** have 222 times greater surface area compared to HA particle (~20µm) per gram



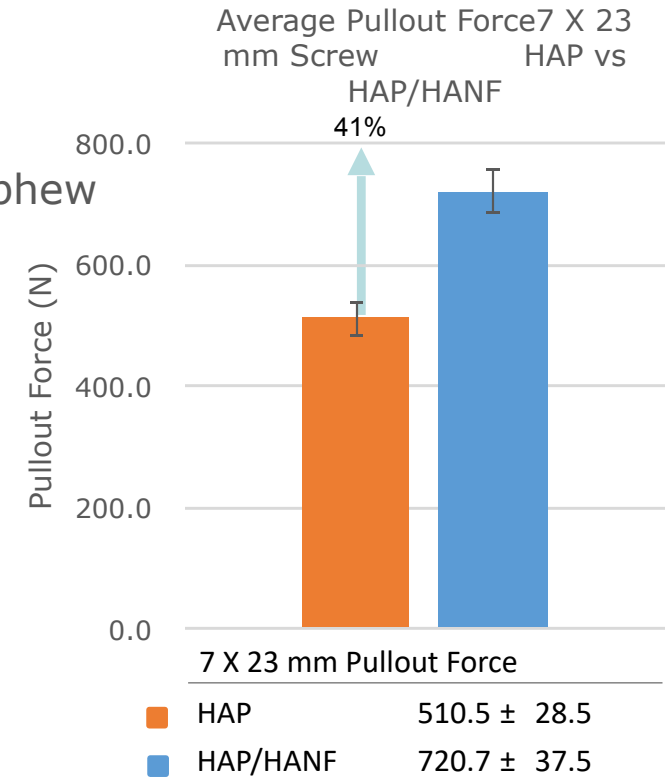
FiberFix™ Fracture surface SEM showing homogeneous distribution of HA

Nanova™ Hybrid HA Composite Devices Mechanical Enhancement: “Bend Before They Fracture”

Max Torque 7 X 23 mm

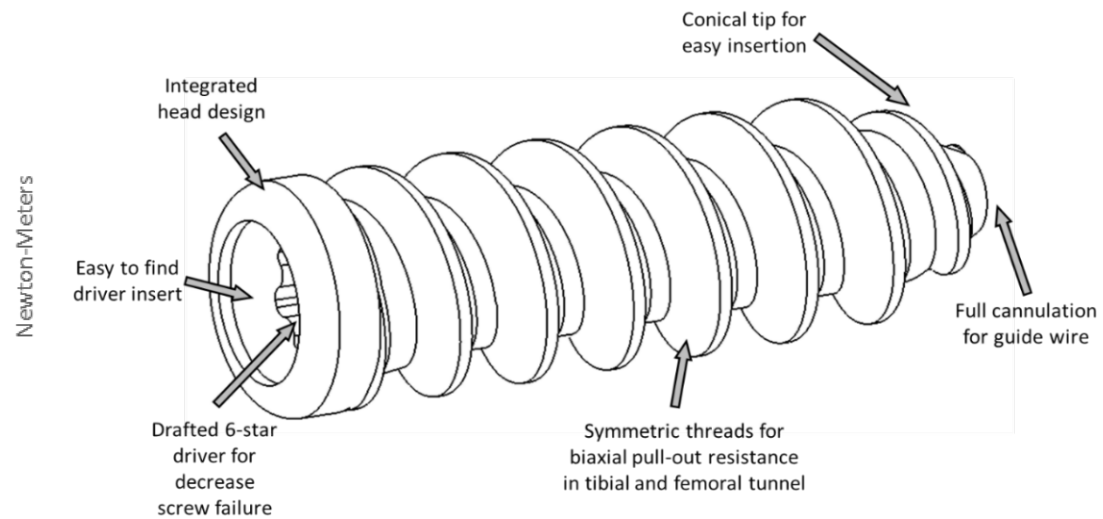
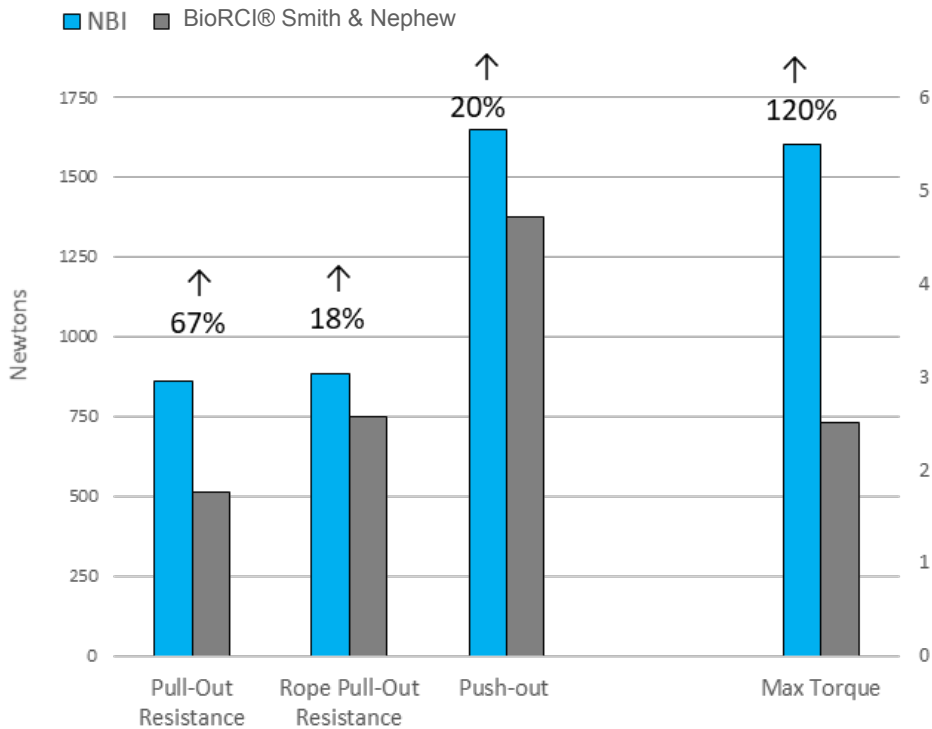


- 56% increase in max torque comparing to competitor 2
- Significant increase in toughness (area under the curve)
- 41% increase in strength compared to HA particles alone



FiberFix™ Interference Screw Design & Bench Testing

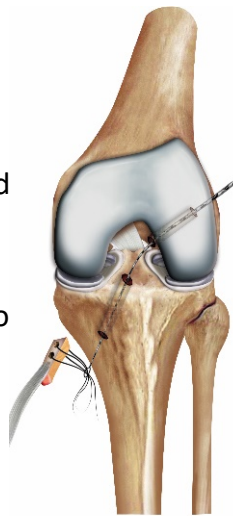
FiberFix™ Competitive Advantage



Data on file Nanova Biomaterials Inc, 7 X 23 mm interference screw submitted to FDA under FDA 510(k) K161174

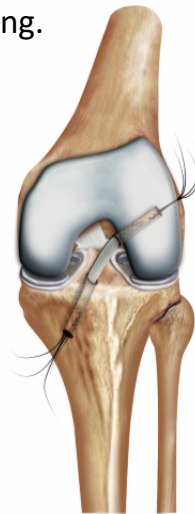
Interference Screw Procedure

The knee is prepared for arthroscopic surgery using standard methods to place portals.

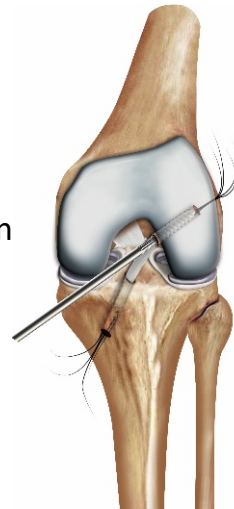


A graft is obtained and prepared for reconstruction through standard procedures.

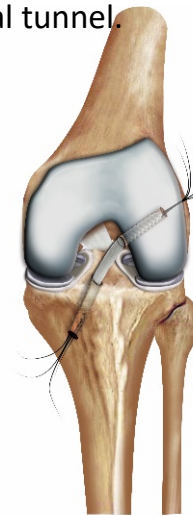
Once the tunnels have been created, use a passing suture to pass the graft into the joint through the tibial tunnel and then femoral tunnel. Maintain tension on the graft, and ensure correct placement of graft before continuing.



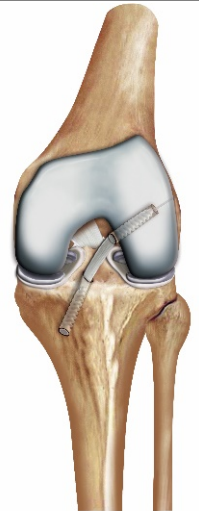
Place a guide wire in the femoral tunnel. If desired, the surgeon may tap over the guide wire to create a pre-threaded hole for the interference screw. Remove the tap and place the screw securely on the screw driver. Insert the interference screw over the guide wire and into the knee joint.



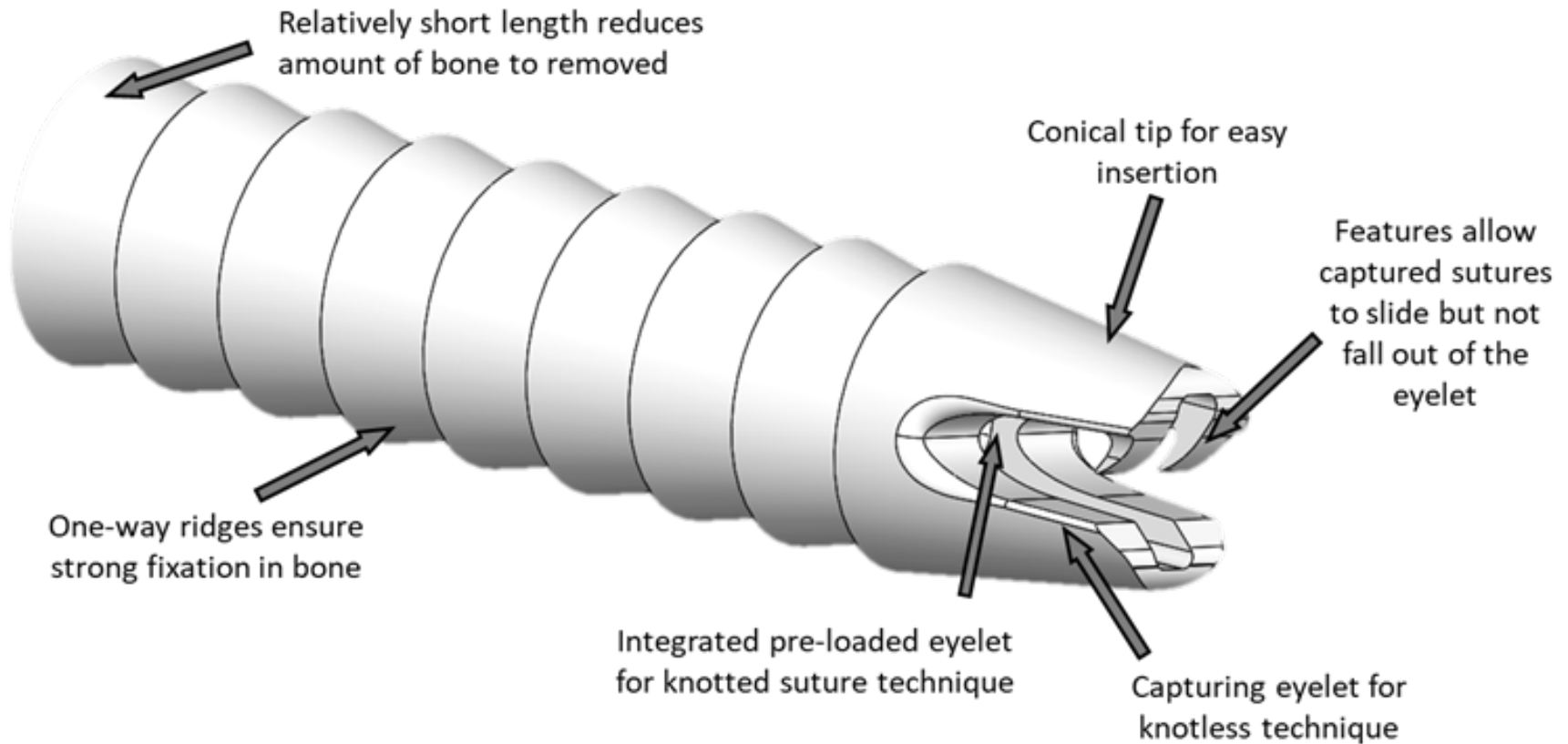
Maintaining tension on the graft, fix the femoral side of the graft with the interference screw in standard fashion (Figure 5). The screw should be advanced until the head is counter sunk slightly in the femoral tunnel.



Ensure that graft tension is maintained during placement of the screw. Check that full extension of the knee is possible.

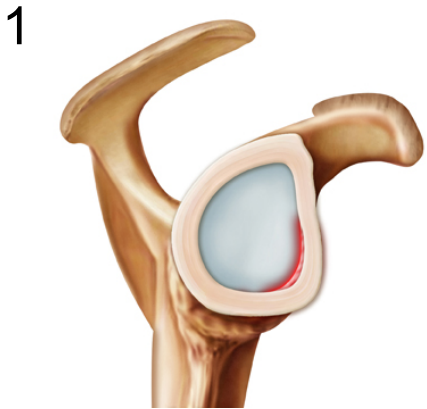


FiberFix™ Push-In Anchor Design

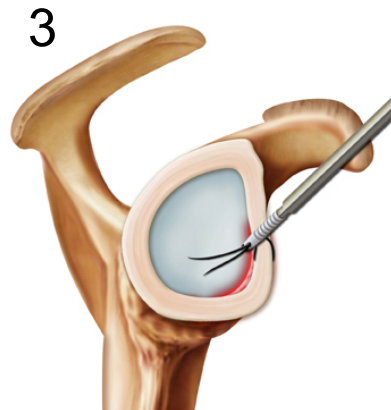


Knotless approach

Push-in Technique for Glenoid Labral Repair

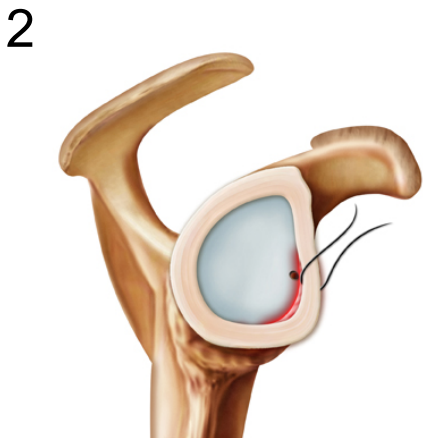


The shoulder is prepared for arthroscopic surgery using standard methods to place portals in typical locations.



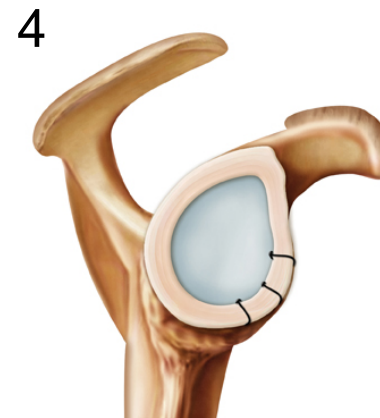
Clip the suture flush with the surface using a suture cutter. If additional fixation is needed, the pre-threaded suture may be passed through the soft tissue.

Repeat steps as deemed appropriate by the surgeon and the size of the injury in order to complete the repair



Place a suture through the labrum or capsule according to the surgeon's preference. Pull the two ends of the suture back out through the cannula to prevent loss of the suture.

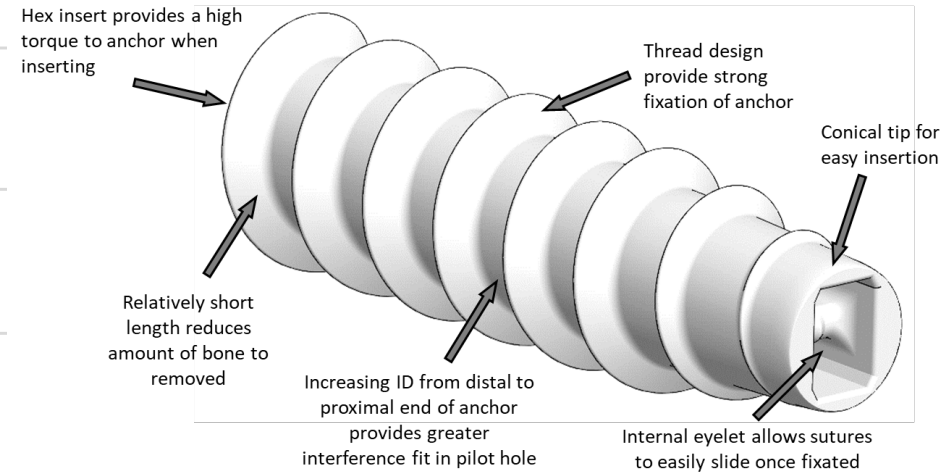
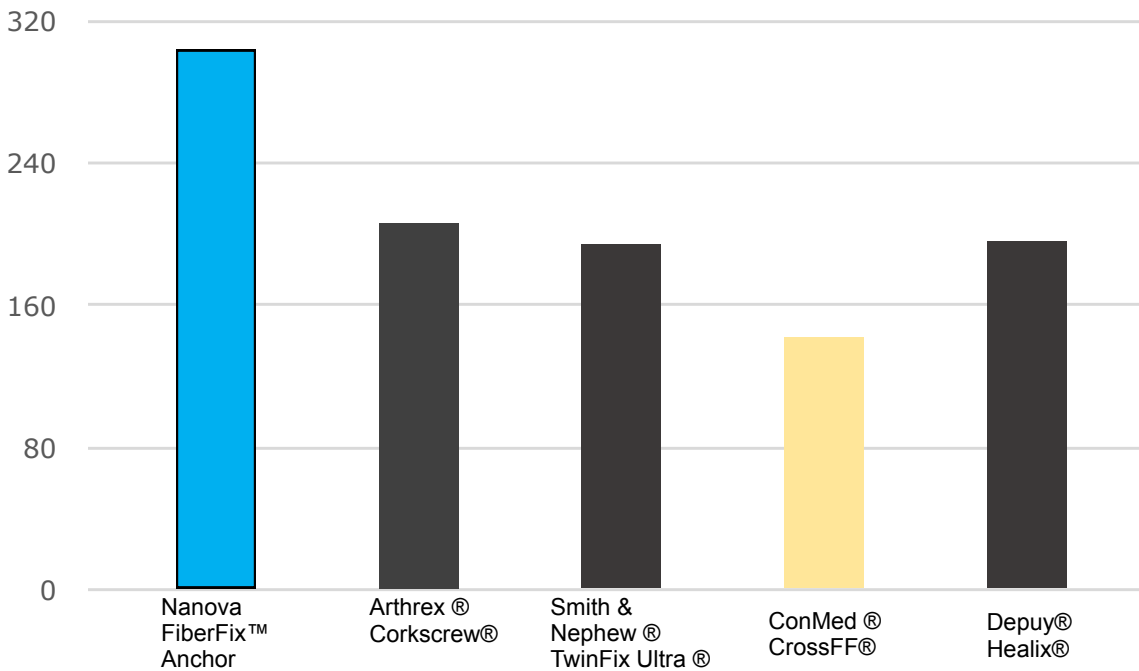
Drill a pilot hole for the suture anchor to the proper depth, ensuring firm pressure on the guide to prevent slippage or rotation.



Capture the ends of the suture that was threaded around or through the labrum with the prongs of the suture anchor. Place the suture anchor and driver through the guide, taking care that the suture remains between the prongs.

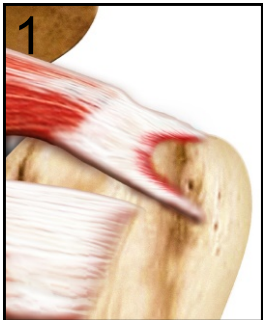
FiberFIX™ Screw-in Anchor Design & Bench Testing

Pullout Strength Commercial Screw-in Anchors
4.5mm

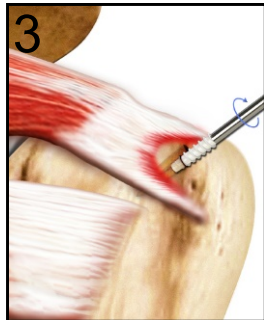


Data on file Nanova Biomaterials Inc, 4.5mm screw-in anchor submitted to FDA under FDA 510(k) K163672

Screw-in Anchor Procedure for Rotator Cuff Repair



The shoulder is prepared for arthroscopic surgery. Place portals in standard locations. The joint is examined, and the injury is prepared using an arthroscopic shaver and/or rasp



Place a suture anchor and driver through the cannula and align with one of the pilot holes. Screw the anchor into the bone to the appropriate depth, ensuring that the anchor is flush or subflush with the bone.



Retrieve two corresponding ends of suture from the accessory portal and out of the cannula. Tie the sutures and shuttle the knot back into the shoulder. The tied suture should pull the tendon over the suture anchor, and the knot should sit as closely to the suture anchor as possible.

Prepare a pilot hole in the humerus by tapping the instrument with a mallet, ensuring that the punch is inserted to the laser line



Pass each strand of suture through the rotator cuff tendon according to the surgeon's preference (Figure 4).



Declining Confidence in Absorbable Materials

Material Composition

Manufacturer	Product Name	Polymer (matrix)	%	Composite (fill)	%
Arthrex®	Biocomposite Interference Screw	PLDLA (70/30)	70%	BCP (60HA/40β-TCP)	30%
Smith & Nephew®	BioRCI-HA®	PLLA	75%	HA	25%
Smith & Nephew®	Biosure®	PLGA (85/15)	65%	(57 CaSO ₄ /43 β-TCP)	35%
Stryker®	Biosteon®	PLLA	75%	HA	25%
DePuy Mitek®	Milagro®	PLGA (85/15)	70%	β-TCP	30%
DePuy Mitek®	BioCryl®	PLLA	70%	β-TCP	30%
ConMed Linvatec®	Matryx®	SR-PLDLA (96/4)	75%	β-TCP	25%
ArthroCare®	BiLok®	PLLA	75%	β-TCP	25%
Nanova™	FiberFix™	PLDLA (70/30)	75%	HA	25%

Negative studies have reduced the appeal of traditional absorbables

Bioabsorbable interference screw failure in anterior cruciate ligament reconstruction: A case series and review of the literature

Jonathan N. Watson¹, Peter McCQueen², Walter Kim³, Mark R. Hutchings⁴
 Affiliations expand
 PMID: 25795545 DOI: 10.1016/j.knee.2015.02.015

Abstract
Background: To report a case series of failures of bioabsorbable interference screws with possible identification of a novel failure mechanism.
Methods: A retrospective review of ACL reconstructions by the senior author utilizing BioComposite™ Interference Screws (Arthrex, Inc., Naples, FL) was performed. Complications related to screw placement, including fracture, breakage or bending were examined. Our rate and methods of failure were compared to those quoted in the current literature.
Results: Eighty-seven inclusion criteria. There were 10 cases of screw failure with femoral failure in 1 screw fractured halfway the head of the screw another, in the case of occurred halfway betw

2021 Jun 21;81(4). doi: 10.1186/s40634-021-00104-0
A comprehensive scoping review of tibial cysts after anterior cruciate ligament reconstruction
 Nuno Carneiro Barbosa¹, João Pedro C. Gomes², Viram Kandhari⁴, Thais Dutra Valim³
 Affiliations expand
 PMID: 34151381 PMID: 34151381
Abstract
Purpose: The purpose of this study was to perform a comprehensive scoping review of tibial cysts which developed after ACL reconstruction.
Methods: A scoping review

Foreign body reaction to a bioabsorbable interference screw after anterior cruciate ligament reconstruction

Nadeem Baqai, Christopher Peck
 doi: 10.1186/s13075-017-11007-0
 PMID: 29169995 DOI: 10.1007/s00167-018-5037-9

interference screws have been effective for graft or cruciate ligament (ACL) reconstruction. The failure rate associated with the use of these screws is low. However, there have been reports of the development of a foreign body reaction to a bioabsorbable interference screw following ACL reconstruction. A patient presented with a pretibial swelling at the operation. Exploration revealed chalky white bioabsorbable screw with no evidence of infection. Histological studies confirmed a foreign body reaction with the presence of multinucleated giant cells. The patient had a full recovery with no compromise to ACL reconstruction. Bioabsorbable interference screws are usually inert and well tolerated. The present case highlights that bioabsorbable screws can be a source of foreign body reaction.

Perianchor Cyst Formation Around Biodegradable Composite Rotator Cuff Repair Anchors After Rotator Cuff Repair

See Hoon Kim¹, Do Yeon Kim², Ji Eun Kwon³, Ji Soon Park⁴, Joo Han Oh⁵
 Affiliations expand
 PMID: 26482545 DOI: 10.1177/0885066616689484

Abstract
Background: Biodegradable anchors may lead to perianchor cyst formation or osteolysis. A new generation of anchors containing osteoconductive material was recently presented, but there is currently no solid evidence that this concept decreases cyst formation around anchors.
Hypothesis: The null hypothesis was that the prevalence and severity of cyst formation around anchors would be similar for all anchor types.
Study design: Cohort study; Level of evidence, 2.

Complications of Bioabsorbable Interference Screws in Anterior Cruciate Ligament Reconstruction in Pediatric Patients

Dennis E. Kramer¹, Leslie A. Mengi², Yuhui Li³, Michael J. Griffin⁴
 Affiliations expand
 PMID: 29354523 DOI: 10.1177/0959518716689484

Abstract
Purpose: The purpose of this study was to evaluate the complications of bioabsorbable interference screws in pediatric patients undergoing ACL reconstruction.
Methods: A retrospective review of ACL reconstructions in pediatric patients using bioabsorbable interference screws was performed. Complications related to screw placement, including fracture, breakage or bending were examined. Our rate and methods of failure were compared to those quoted in the current literature.

Bioabsorbable screws, whatever the composition, can result in symptomatic intra-osseous tibial tunnel cysts after ACL reconstruction

Romain Chevallier¹, Shabnaz Khouché², Antoine Gerometta¹, Yoann Bohni¹, Serge Herman¹, Nicolas Lefevre¹
 Affiliations expand
 PMID: 2981095 DOI: 10.1007/s00167-018-5037-9

Abstract
Purpose: To describe the clinical results of patients who underwent surgical treatment for a intra-osseous tibial tunnel cyst on a bioabsorbable interference screw following anterior cruciate ligament reconstruction (ACL).
Methods: This retrospective study included all patients who underwent surgery between 2004 and 2016 for an intra-osseous tibial tunnel cyst on bioabsorbable interference screw following ACL reconstruction. The diagnosis was suggested clinically by pretil pain at the incision site, sometimes associated with a palpable subcutaneous nodule and then confirmed on MRI. The first stage of surgery included exploratory arthroscopy followed by open excision/curettage of the cyst and then the tunnel was fixed. The main criterion for outcome was a clinically normal knee (no pain, 0-120 range of motion, stable, with no effusion) at 6 months of follow-up.
Results: This series included 53 patients, mean age 35.3 ± 9.9 years old with a mean 4.6 ± 3.1 years (between 3.1 months and 19 years) of follow-up after ligament reconstruction. The tibial screw was completely absorbed in 9/53 (17%) of patients, and fragmented in 22/53 (41.5%). At the 6-month follow-up, 42/53 (79.2%) patients had a normal knee, 11/53 (20.8%) persistent pain in the cyst area, 52/53 (98.1%) normal range of motion and 53 (100%) a stable knee. A recurrent cyst developed at 2 years of follow-up in one patient.
Conclusion: Complete absorption of a bioabsorbable interference screw is long, increasing the risk of developing intra-osseous tibial cysts during this period. The development of new materials with improved absorption properties is needed.



Hydroxyapatite Nanofiber
30 µm

Slower degradation

Milagro® Screw (PLGA)

FIBERFIX™ (PLDLA)

BioRCI-HA® Screw (PLLA)

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Nanova Confidential

Nanova HA/PLA Composite Bone Implantation Histopathology and Inherent Viscosity Study

Conclusions:

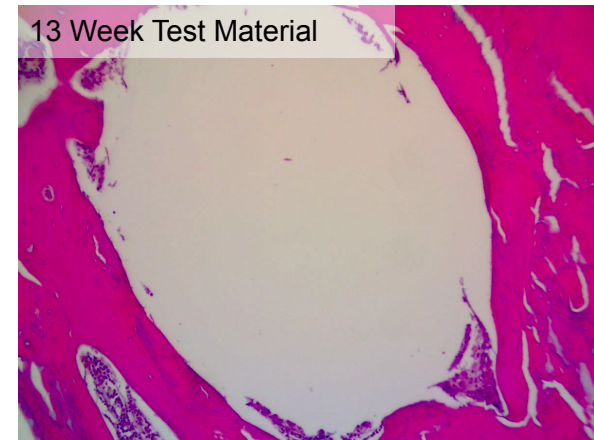
Histology

- Similar new bone formation and resorption/remodeling between test and control sites
- No inflammation at test and control sites
- Test article exhibited no potential to induce local toxic effects in the skeletal tissues

Inherent Viscosity

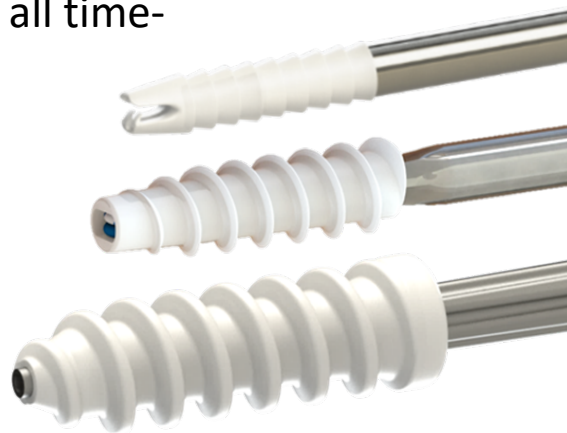
- FiberFx™ with PLDLA matrix demonstrates faster degradation compared to BioRCI® (PLLA), but slower compared to Milagro® (PLGA)

	T0	T4	T8	T12	T16
MILAGRO (PLGA)	2.15	1.44	1.27	1.10	1.03
FIBERFIX (PLDLA)	2.7	1.72	1.71	1.57	1.34
BIORCI (PLLA)	2.65	2.38	2.75	2.57	2.22
Inherent Viscosity					

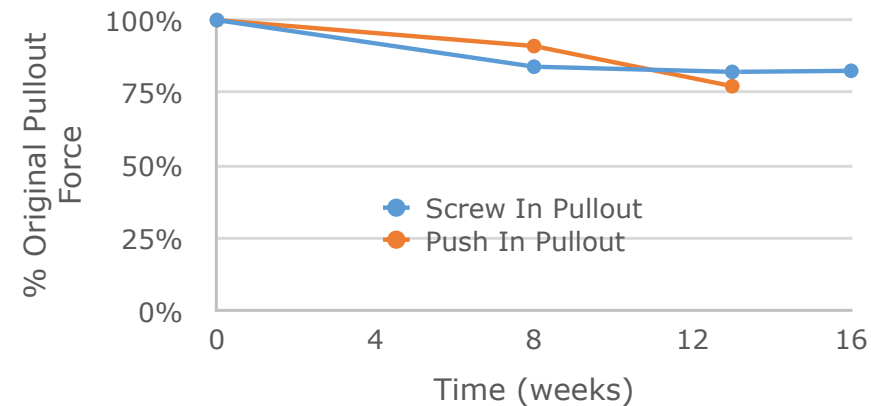


Strength Retention with HA Hybrid Nanocomposite

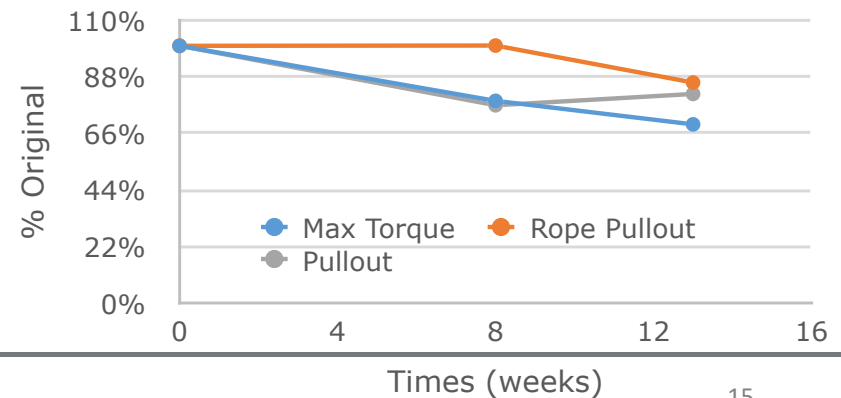
- With the HA Hybrid composite strength is retained through the healing process
- Both FiberFix™ Anchors & Interference screws demonstrated strength greater than FDA guidance and predicate device benchmark testing in all time-points



Pullout In Vitro Degradation

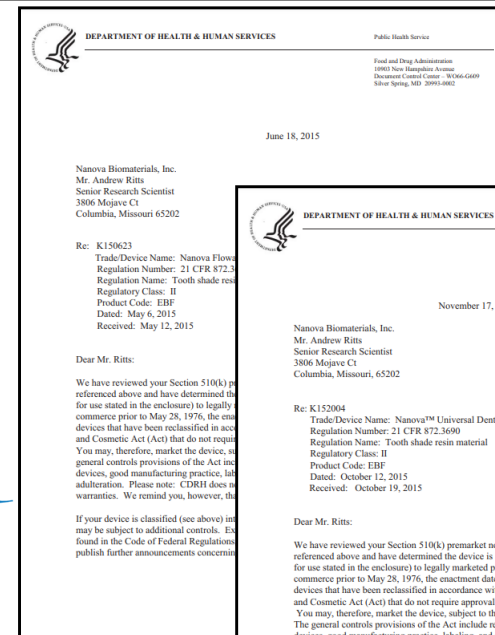
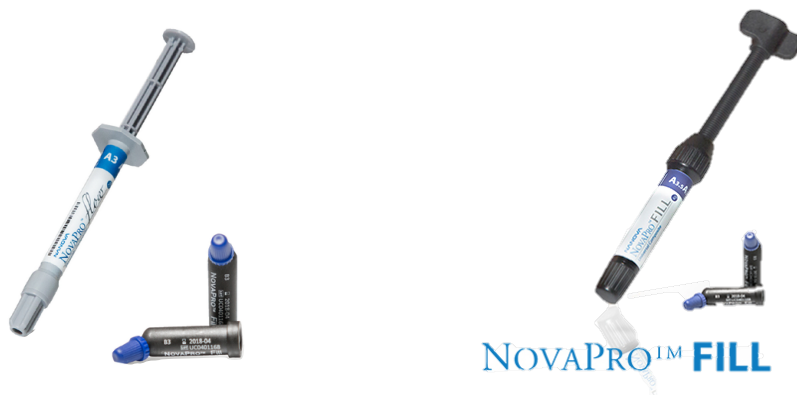


Mechanical In-Vitro Degradation Bench Testing



HA Nanofiber Dental Composite: Utilizing HA Nanofiber to improve Mechanical Strength

- Two Class two Implant medical devices
 - ✓ K150623: 6-18-2015
 - Flowable Composite
 - ✓ K152004: 11-17-2015
 - Universal Composite
- Contains the same HA nanofiber as the FliberFix™ interference Screw & Suture Anchor



Take Home Message

- Superior performance through Patented HA fiber composite technology:
 - ✓ A stronger and tougher composite, bend before they break
 - ✓ Preferred degradation profile
 - ✓ Improved biological properties
- Intellectual properties
 - ✓ Patented: Composition
 - ✓ Patent Pending Push-in anchor design
 - ✓ Trade secret: Materials synthesis and Processing
- Further improved performance from design
 - ✓ Composition may be utilized in other design
- All Manufacturing done at Columbia, MO, USA Facility