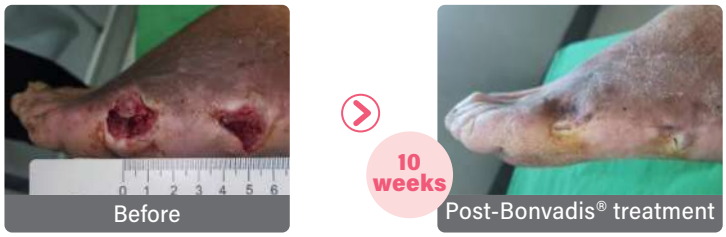
Bonvadis®

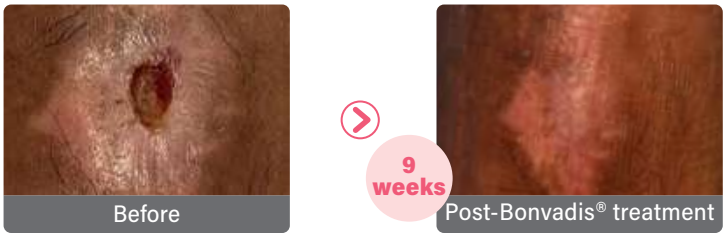
Botanical Topical Cream clinically proven to ***accelerate wound healing*** including ***hard-to-heal wounds, complex surgical wounds*** and ***burns.*** It modulates the wound environment to promote healing, optimizing the wound bed for faster recovery, enhancing granulation tissue formation, and supporting epithelialization.

Key Benefits

- **Wound Bed Optimization**[1] - Promotes faster tissue healing by modulating the wound micro-environment, facilitating wound closure or preparing the wound for advanced interventions.
- **Accelerated Healing** - Clinically proven to improve wound closure rates compared to standard and current best care.
- **Supported Early Intervention** - Can be used alongside systemic infection control in infected diabetic foot ulcers (DFUs) to support the recovery of hard-to-heal ulcers.
- **Adjunctive Therapy** - Compatible with standard and advanced therapies, such as negative pressure wound therapy (NPWT), skin grafts, and oxygen therapy.
- **Reduced Overall Cost**[2] - Leads to faster recovery and fewer visits, which lowers DFU care costs and helps *reduce the risk of amputation.*



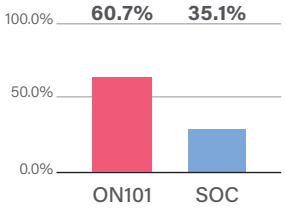
Male 65 y/o with a long-standing DFU (duration 48 weeks) and 16-years history of diabetes (HbA1c 12%). Managed with clinician-directed standard care, NPWT, and Bonvadis® topical cream (total use ~1.5 tubes). **Images show the ulcer before first Bonvadis® application and the healed wound at Week 10.**



Male, 60 y/o patient. Infected DFU (IDSA Grade 2) on the dorwal mid-foot; diabetes≥10 years, ulcer duration 5.5 months; HbA1c 7.4%. Baseline wound 0.8 cm^2 → 0 cm^2 (complete closure) with clinician-directed standard care plus Bonvadis® topical therapy (cleansing/debridement and systemic infection control as indicated). **Images show before first treatment and the healed wound at Week 9.**

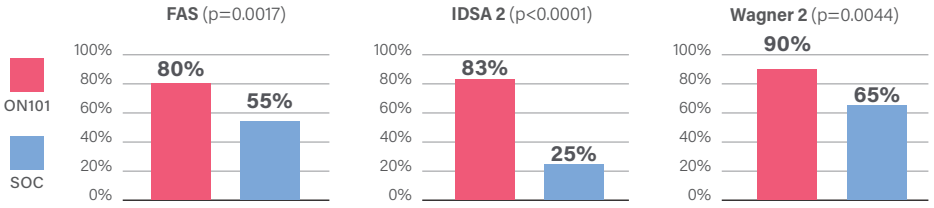
Significantly Greater Wound Closure Compared with SOC in Randomized Controlled Trial:

Complete Wound Healing of DFU in 16 Weeks (N=236, p=0.0001)[3]

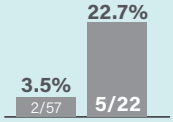


High Healing Rates in Routine Care + Lower Amputation Risk

120 days of Treatment: Complete Wound Healing of DFU Compare with Current Best Care (DRT, NPWT, Skin Graft or Flap Surgery, Silver Foam Dressing) as SOC (N=178)[4]



Amputation Rates within One Year of Follow-up
for infection and PAD cases (p=0.01603)[5]



Faster complete wound healing

Early intervention for infected wounds

90% achieved complete wound healing

83% reduction in amputation risk

Bonvadis® was cleared by the FDA through the 510(k) medical device pathway.

Scan to learn more: www.Bonvadis.com

[1] Li T, Wei D, Wang J, Gao L. Revealing the Multi-Target Mechanisms of Fespixon Cream in Diabetic Foot Ulcer Healing: Integrated Network Pharmacology, Molecular Docking, and Clinical RT-qPCR Validation. Curr Issues Mol Biol. 2025 Jun. [2] Su HY, Chew KY, Graves N, Ou HT. Cost-effectiveness of ON101 with general wound care for diabetic foot ulcers among patients with type 2 diabetes in Singapore: Analysis of a multi-ethnic country in Asia. Diabetes Obes Metab. 2025 Aug;27(8):4344-4353. doi: 10.1111/dom.16473. Epub 2025 May 21. PMID: 40396474; PMCID: PMC12232343. [3] Huang YY, Lin CW, Cheng NC, Cazzell SM, Chen HH, Huang KF, Tung KY, Huang HL, Lin PY, Peng CK, Shi B, Liu C, Ma Y, Cao Y, Li Y, Xue Y, Yan L, Li Q, Ning G, Chang SC. Effect of a Novel Macrophage-Regulating Drug on Wound Healing in Patients With Diabetic Foot Ulcers: A Randomized Clinical Trial. JAMA Netw Open. 2021 Sep [4] Chang SC, Yang CY, Huang CU, Wu YC, Tsai FC, Chang HC, Chang JH, Lin XY, Chiu YF, Cheng NC, Ou HT. Real-World Effectiveness and Dose-Response of ON101 Therapy for Healing of Diabetic Foot Ulcers. Mayo Clin Proc. 2025 Aug [5] Chang, S.-C. (2025, April 30–May 3). ON101 significantly enhances healing and reduces amputation rates in infected diabetic foot ulcers (DFUs) [Poster presentation]. The Symposium on Advanced Wound Care (SAWC) Spring/Wound Healing Society (WHS), Grapevine, TX.

Bonvadis® Single Solution Across the Healing Continuum

Inflammation / Infection Stage

- **Start immediately post-debridement:** suitable for infected DFU *with antibiotics*.
- **Optimizes the wound bed** by modulating immune response for accelerated healing.
- **Comfort to patients:** helps *alleviate pain*.

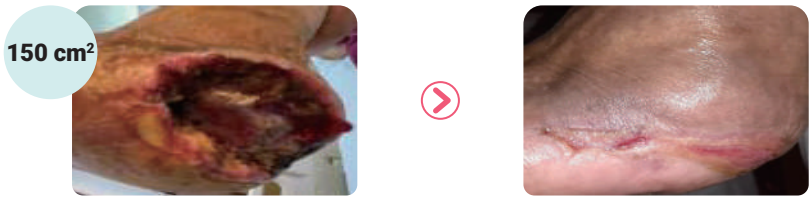
Proliferation to Remodeling Stage

- **Drives granulation and epithelialization** to support timely closure.
- Easy to combine with standard and advanced therapies, including:
  - **Negative Pressure Wound Therapy (NPWT)**
  - **Skin grafts / skin substitutes**
  - **Oxygen therapy**
  - **Compression therapy**

After revascularization	Start Bonvadis	After 2 weeks	After 8 weeks	Artificaial dermis	After 12 weeks	After 20 weeks

Male, 58 y/o patient. Dorsal foot ulcer x 4 months in an acute ischemic limb (s/p PTA) with abscess. Managed with fasciotomy → serial debridements → reconstruction (ABI 0.5; HbA1c 7.0%). After infection control, therapy included PRP + Bonvadis®, then artificial dermis + NPWT, followed by Bonvadis® with foam, resulting in wound closure.
Images show baseline before first Bonvadis® application and the healed wound at Week 20.

Before	After



Male, 65 y/o patient. DFU 48 weeks; diabetes 16 years (HbA1c 12%). Managed with SOC + NPWT; adjunct Bonvadis® (~1.5 tubes). Complete closure in 7 weeks.
Images show baseline before first Bonvadis® application and the healed wound at Week 7.

Bonvadis® is easy to apply:

The application of Bonvadis® can be adjusted to the frequency of changing the corresponding wound dressing.

Debride and cleanse the wound.

Apply a thin, even layer of Bonvadis® to the wound, as directed by a healthcare professional following clinical assessment.

Cover the wound with an appropriate dressing (e.g., foam, gauze, or other advanced wound dressings).

Bonvadis® may be used alongside other wound care treatments, as directed by physician and/or healthcare professional, based on clinical assessment. (e.g., negative pressure wound therapy (NPWT), oxygen therapy and compression therapy).

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