References

S-33

1. Zelen CM, Orgill DP, Serena T, et al. A prospective, randomised, controlled, multicentre clinical trial examining healing rates, safety and cost to closure of an acellular reticular allogenic human dermis versus standard of care in the treatment of chronic diabetic foot ulcers. Int Wound J. 2017;14:307-315.
2. Chang E, Liu J. Prospective unbiased experience with three acellular dermal matrices in breast reconstruction. J Surg Oncol. 2017;9999:1–6.
3. Brown-Etris M, Milne CT, Hodde JP. An extracellular matrix graft (Oasis wound matrix) for treating full-thickness pressure ulcers: A randomized clinical trial. J Tissue Viability. 201928:21-29.
4. Chang E, Liu J. Prospective unbiased experience with three acellular dermal matrices in breast reconstruction. J Surg Oncol. 2017;9999:1–6.
5. Yeh D, Nazarian R, Demetri L, Mesar T et al. Histopathological assessment of OASIS Ultra on critical-sized wound healing: A pilot study. J Cutan Pathol. 2017;44:523–529.
6. Hayes, Inc. Hayes Comparative Effectiveness Review. Cellular skin substitutes for chronic foot ulcers in adults with diabetes mellitus. Landsdale, Pa: Hayes, Inc. 03/26/2020.
7. Hayes, Inc. Hayes Comparative Effectiveness Review. Accellular skin substitutes for chronic foot ulcers in adults with diabetes mellitus. Landsdale, PA: Hayes, Inc. 05/06/ 2020.
8. Hayes, Inc. Hayes Evidence Analysis Research Brief. Puraply antimicrobial (AM) wound matrix (Organogenesis Inc.) for the treatment of wounds. Landsdale, PA: Hayes, Inc. 05/27/2020.
9. Hayes, Inc. Hayes Comparative Effectiveness Review. Skin substitutes for venous leg ulcers in adults. Landsdale, PA: Hayes Inc. 07/23/2020.
10. Holl J, Kowalewski C, Zimek Z, Fiefor P, Kaminski A et al.Chronic diabetic wounds and their treatment with skin substitutes. Cells. 2021;10:655.
11. National Institute for Health Care Excellence (NICE). Diabetic Foot problems: Prenention and Management [NG19]. 2019; https://www.nice.org.uk/guidance/ng19/evidence
12. Mendenhall SD, Anderson LA, Ying J, et al. The BREASTrial Stage II: ADM breast reconstruction outcomes from definitive reconstruction to 3 months postoperative. Plast Reconstr Surg Glob Open. 2017;5(1):e1209
13. Snyder DL, Sullivan N, Margolis DJ, Schoelles K. Skin substitutes for treating chronic wounds. Technology Assessment Program Project. WNDT0818. (Prepared by the ECRI Institute-Penn Medicine Evidence-based Practice Center

under Contract No. HHSA 290-2015-00005-I) Rockville, MD: Agency for Healthcare Research and Quality. 2020.
14. Gurtner GC, Garcia AD, Bakewell K, et al. A retrospective matched-cohort study of 3994 lower extremity wounds of multiple etiologies across 644 institutions comparing a bioactive human skin allograft, TheraSkin, plus standard of care, to standard of care alone. *Int Wound J*. 2020;17(1):55-64.
15. Dikmans RE, Negenborn VL, Bouman MB, et al. Two-stage implant-based breast reconstruction compared with immediate one-stage implant-based breast reconstruction augmented with an acellular dermal matrix: An open-label, phase 4, multicentre, randomised, controlled trial. *Lancet Oncol.* 2017;18(2):251-258.
16. Dowsett C, Bain K, Hoffmann C, et al. The Wound Care Pathway: An evidence-based and step-by-step approach towards wound healing. *Wounds Int.* 2021;12(3):78-85
17. Tavakili S, Klar A. Bioengineered skin substitutes: Advances and future trends. *Sci.* 2021;11:1493.
18. Chen T, Ayala-Haedo, Blessing N, et al. Bioengineered dermal substitutes for the management of traumatic periocular tissue loss. 2018;37(2):115-120.