

Introduction + Objectives

Diabetic foot ulcers (DFUs) and venous leg ulcers (VLUs) are often noted to be complex chronic wounds that are demonstrated with delayed closure rates that can gravely impact patient quality of life. This leads to a rise in indisposition, mortality, and health care expenditures. The limited effectiveness of current standard of care (SOC) approaches for wound management underscores the need for additional, innovative, patient-tailored and cost-effective care modalities.

OBJECTIVE

Demonstrate outcomes following weekly adjunctive use of a full-thickness (FT) or amnion-chorion-amnion (ACA) placental membrane allografts alongside SOC (sharp debridement, offloading, and moisture balance) to decrease wound size.

Methods

- ✓ Patients with chronic DFU and VLUs were evaluated across 3 sites between March 2025 and September 2025.
- ✓ Eligible subjects had target ulcers between >1.0 cm² and 20.0 cm² at enrollment that had not closed after 4 weeks of SOC.
- ✓ Subjects received weekly applications of either a FT or ACA placental membrane allograft combined with standard care (sharp debridement, offloading, and moisture balance).
- ✓ Wounds measured by digital imaging at baseline and at weekly visits.
- ✓ Safety and tolerability monitored throughout.

Conclusion

Findings indicate the use of FT and ACA allografts alongside SOC to improve wound closure rates in DFUs and VLUs in older populations diagnosed with hard-to-heal, recalcitrant and newly diagnosed chronic wounds. Results support continued evaluation in controlled studies to confirm efficacy and cost-effectiveness.

Notes / Acknowledgements

The TigerCAMP trial is Sponsored by Tiger Wound Care Medical, LLC.

References

Dawi J, Tumanyan K, Tomas K, Misakyan Y, Gargaloyan A, Gonzalez E, Hammi M, Tomas S, Venketaraman V. Diabetic Foot Ulcers: Pathophysiology, Immune Dysregulation, and Emerging Therapeutic Strategies. Biomedicines. 2025 Apr 29;13(5):1076. doi: 10.3390/biomedicines13051076. PMID: 40426903; PMCID: PMC12109115.

Case Presentations / Results (N=4)

Age ranged from 55 to 72 years with complete closure confirmed at subsequent closure confirmation visits. Progressive granulation and epithelialization were observed in all cases. No application-related adverse events were reported.

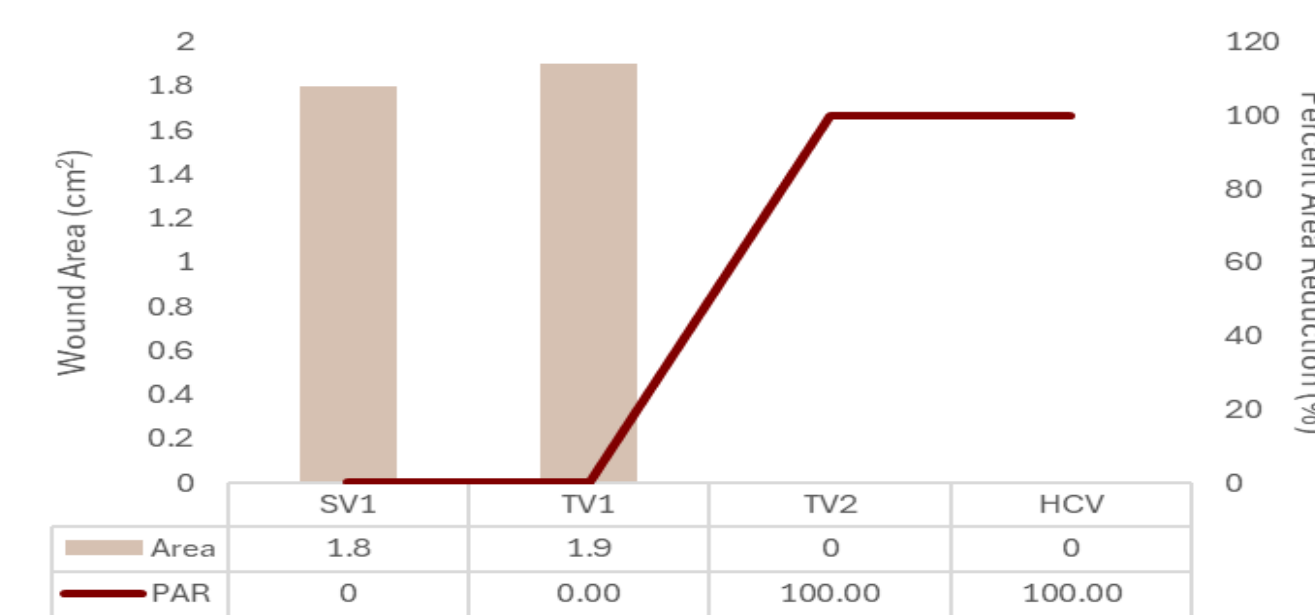
Patient Case 1 – DFU

Toe-3 (FT)

Male, 60yo, BMI 24.71, Nonsmoking Status

- Diabetes Type II
- Chronic Kidney Anemia
- Chronic Renal Insufficiency
- Atherosclerosis
- Right 5th Toe and Revision
- Right foot abscess
- Necrotizing soft tissue
- Prior Care: conventional Methods
- 80% Granulation, 0% non-viable, 20% Epithelialized
- Minimal Clear Serous Exudate

Case 1 - Area & PAR Trends



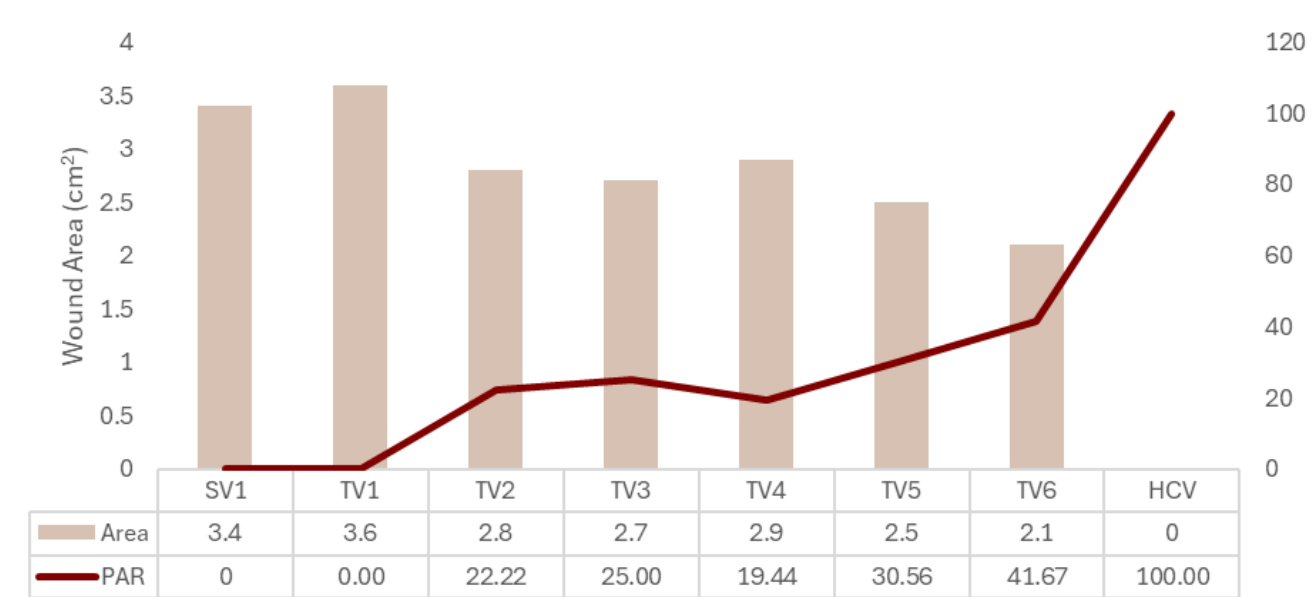
Patient Case 2 – VLU

Left Lateral Malleolus (FT)

Male, 71yo, BMI 26.83, Nonsmoking status

- Diabetes Type II
- Prior Care: Conventional Methods
- Hyperpigmentation
- 7% granulation tissue, 1% non-viable tissue, 92% epithelialized
- Light clear serous exudate

Case 2 - Area & PAR Trends



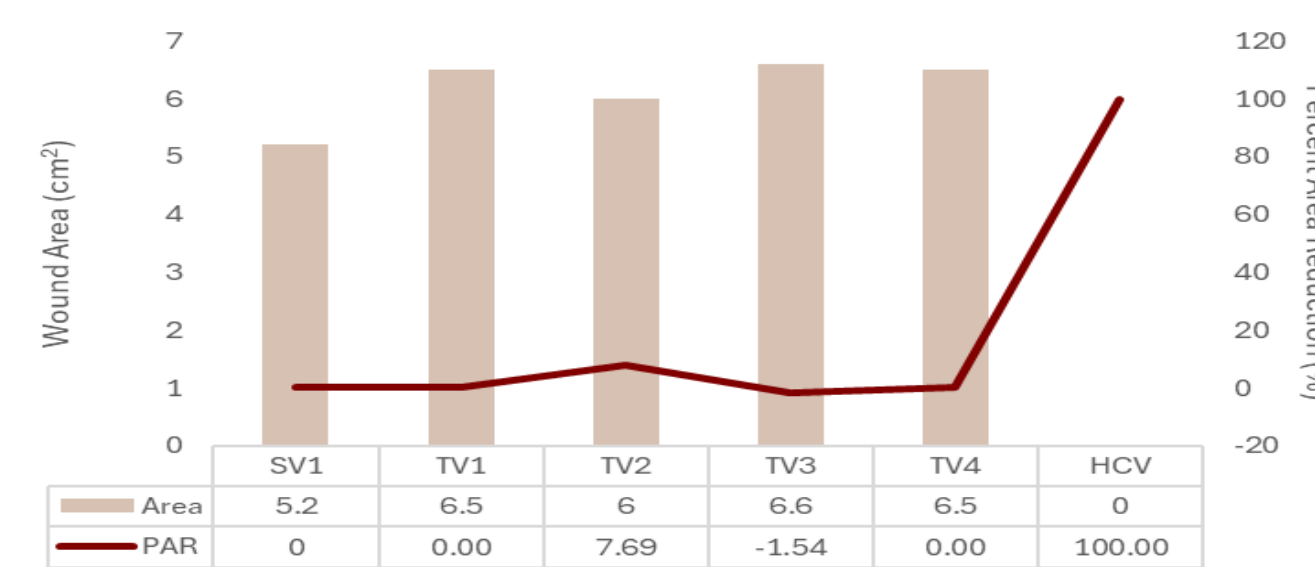
Patient Case 3 – VLU

Right Lateral Low Gaiter (ACA)

Female, 72yo, BMI 35.77, Nonsmoking status

- Diabetes Type II
- Hypertension
- Hypothyroidism
- Hypercholesterolemia
- Prior Care: Conventional Methods
- Hyperpigmentation
- 87% Granulation tissue, 5% non-viable tissue, 8% epithelialized
- Moderate pink/light red serosanguineous exudate

Case 3 - Area & PAR Trends



Patient Case 4 - VLU

Right Medial Low Gaiter (ACA)

Male, 55yo, BMI 31.24, Nonsmoking status

- No medical history
- Prior Care: Conventional Methods
- Hyperpigmentation
- 54% Granulation Tissue, 44% Non-Viable Tissue, 2% Epithelialized
- Minimal clear serous exudate

Case 4 - Area & PAR Trends

