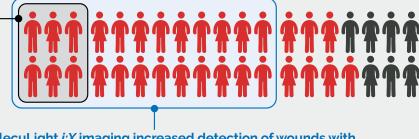
Publication Summary



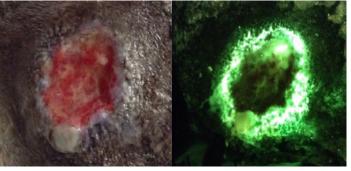
Clinical signs and symptoms detected **15%** of wounds with >10⁴ CFU/g



MolecuLight *i:X* imaging increased detection of wounds with >10⁴ CFU/g by <u>4-fold</u> compared to clinical signs and symptoms

Example Images

MolecuLight i:X images of a VLU with cyan fluorescence (right). A biopsy confirmed load of 10⁵ CFU/g



Standard Image

Fluorescence Image

MolecuLight images of a DFU with red fluorescence (right). A biopsy confirmed load of 10⁵ CFU/g



Standard Image

Fluorescence Image

In >80% of wounds positive for red or cyan fluorescence indicative of high bacterial loads, fluorescence was detected outside of the wound bed, a region typically overlooked during assessment.

Clinical Impact

Using the MolecuLight i:X resulted in changes to treatment plan in

of wounds

% of Study Wounds for Which Information Provided by Fluorescence Imaging (FL) for Detection of High Bacterial Loads Impacted:

Wound 79%

Antimicrobial 53%



Debridement 48%

Clinical Insights

Assessment of clinical signs and symptoms failed to detect 85% of wounds with high bacterial burden (>10⁴ CFU/g).

Using the MolecuLight *i*:X at point-of-care during routine wound assessment:

- Improved detection of high bacterial burden across all wound types and informed of bacterial location
- · Influenced multiple aspects of wound care from assessment to treatment planning

The immediate, actionable information on presence of high bacterial loads provided by the MolecuLight *i*:X helped clinicians to detect and address bacterial burden at point-of-care.

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