



新型巨噬細胞調節新藥用於治療糖尿病足潰瘍：

- 國際多中心三期臨床試驗及真實世界數據

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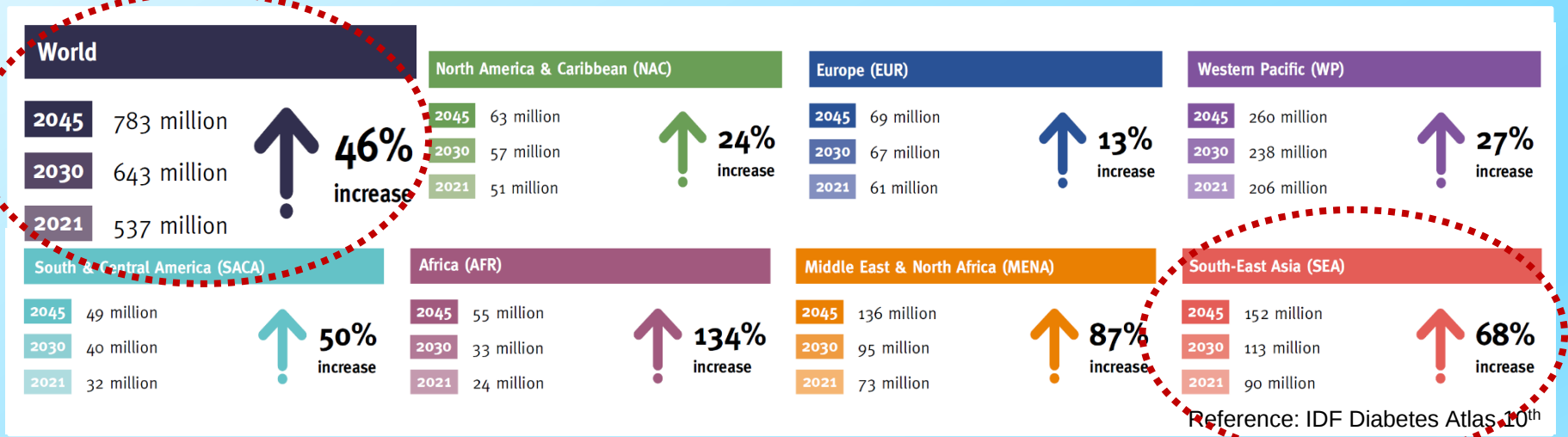
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全球糖尿病盛行率

- 病患數大幅成長：2021年，全球估計有5.37億成年人患有糖尿病
- 預測：到 2045 年將增至 7.83 億人



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糖尿病足部傷口潰瘍 (DFU) 介紹

- DFU 是糖尿病患者治療花費最高的併發症
- 糖尿病患者終生DFU發病率為19-34%
- 糖尿病足部傷口潰瘍多為長期存在且不易癒合，是導致感染或截肢的主要原因
- 二十多年來DFU缺乏有效治療，醫療負擔巨大
- 臨床急需DFU有效新藥滿足醫療需求





DFU作用機轉

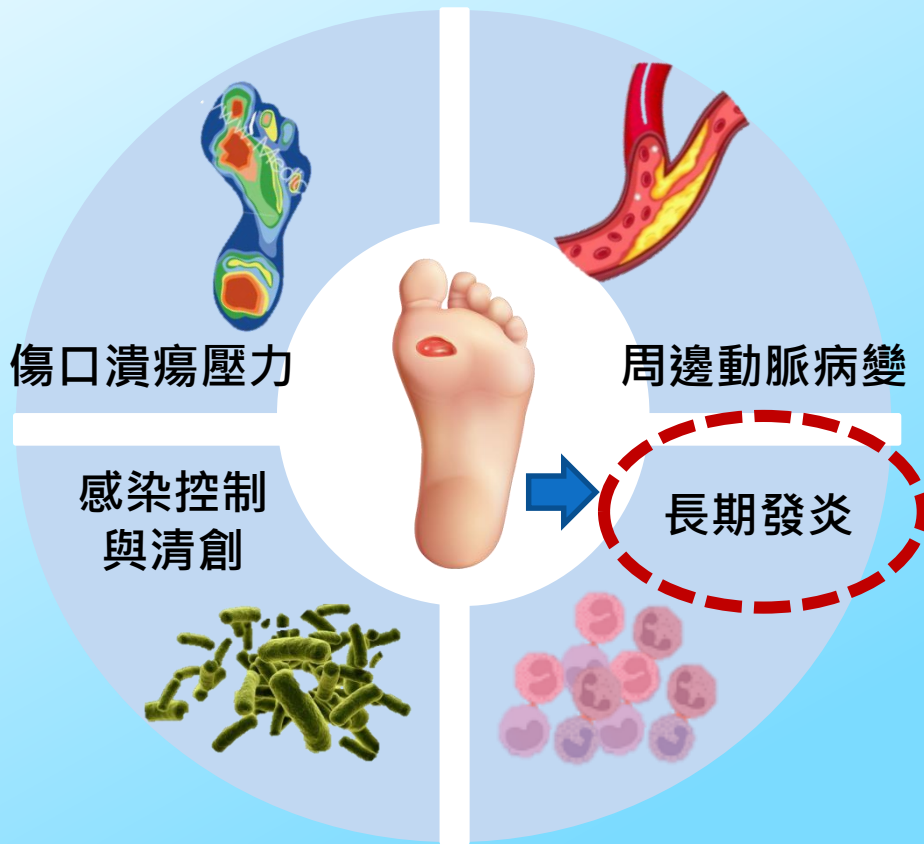
減壓措施是多種治療糖尿病足潰瘍的干預方式中最重要的一種

IWGDF/Offloading guideline (2023 update)

糖尿病足感染(DFI)仍為最常需要住院治療的糖尿病併發症，也是導致下肢截肢最常見的原因之一。

根據一項大型前瞻性研究，患有感染性潰瘍的DFU患者治療成效不佳，只有46%的患者潰瘍癒合，15%的患者死亡，而17%的患者需接受下肢截肢

IWGDF/IDSA Infection guideline (2023 update)



糖尿病足已成為最主要併發症，且造成全球大、小截肢。約有 50% 的糖尿病足潰瘍患者患有周邊動脈疾病 (PAD)

IWGDF/Intersocietal PAD guideline (2023 update)

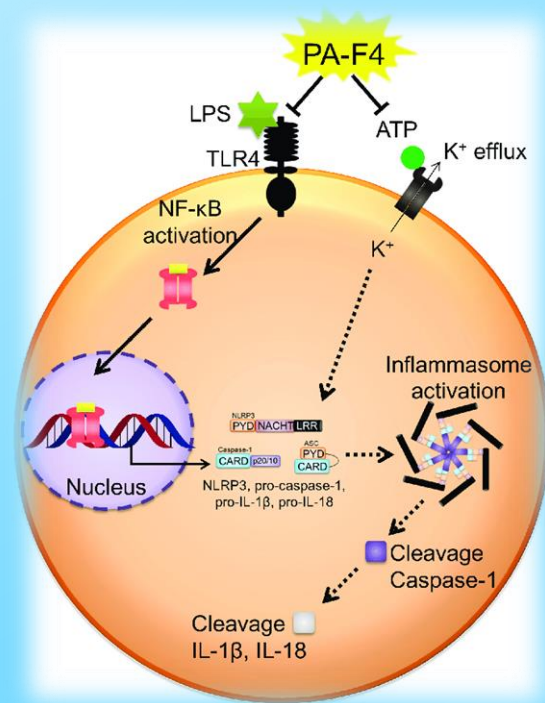
糖尿病傷口常伴隨慢性發炎，導致傷口組織增生或重塑延遲，這些現象主要與發炎型巨噬細胞過度表現、無法轉換為促癒合/促重塑的巨噬細胞有關。

Lin, Ching-Wen, et al. "Restoring prohealing/ remodeling-associated M2a/c macrophages using ON101 accelerates diabetic wound healing." JID Innovations 2.5 (2022): 100138.



ON101：巨噬細胞調節新藥

- ON101由兩個活性成分組成
 - 1.25% ON101包含 0.25% 到手香萃取物 (PA-F4) 與 1% 積雪草萃取物 (S1)
- 依據文獻報導，兩種藥用植物具有顯著的促進傷口癒合藥理作用



Front Pharmacol. 2019 May 28;10:573.



ON101: 重塑傷口微環境M1/M2巨噬細胞平衡

JID INNOVATIONS
Skin Science from Molecules
to Population Health

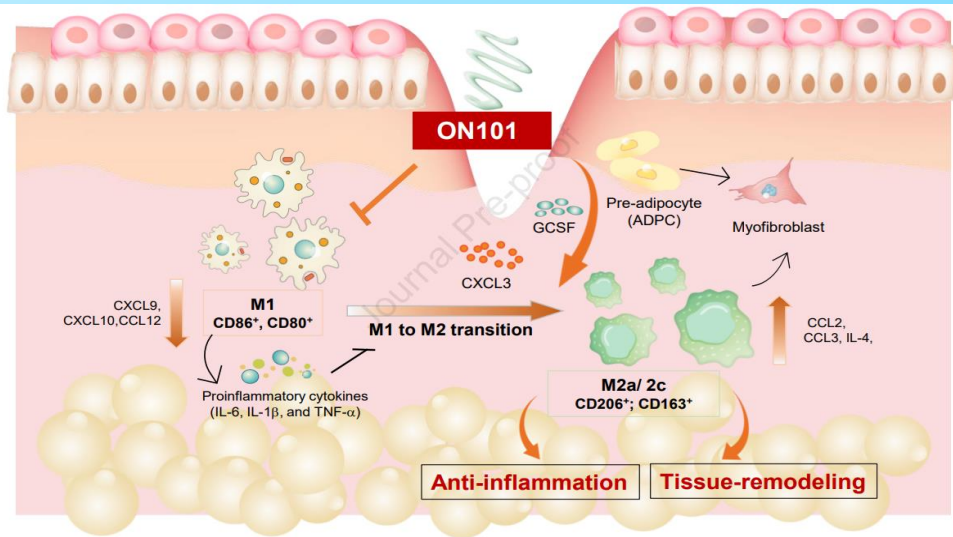
ORIGINAL ARTICLE | ARTICLES IN PRESS, 100138

Restoring Pro-healing/remodeling- associated M2a/c Macrophages using ON101 Accelerates Diabetic Wound Healing

Ching-Wen Lin • Chih-Chiang Chen • Wen-Yen Huang • ... Li-Ying Liu • Ming-Liang Kuo •

Shun-Cheng Chang • [Show all authors](#)

Open Access • Published: June 01, 2022 • DOI: <https://doi.org/10.1016/j.xjidi.2022.100138>



JID Innov. 2022 Sep; 2(5): 100138.



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ON101 三期國際多中心臨床試驗

ON101CLCT02 (NCT01898923)

臨床第三期、隨機分派、對照組試驗，評估ON101乳膏
針對慢性糖尿病足潰瘍之療效性及安全性

依據「燒傷創面和慢性皮膚潰瘍治療藥物臨床研究指導原則」進行臨床試驗設計

經美國FDA、大陸NMPA與台灣FDA IND核准

- 潰瘍完全癒合率
- 達成潰瘍完全癒合所需時間



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三期國際多中心臨床試驗-研究設計

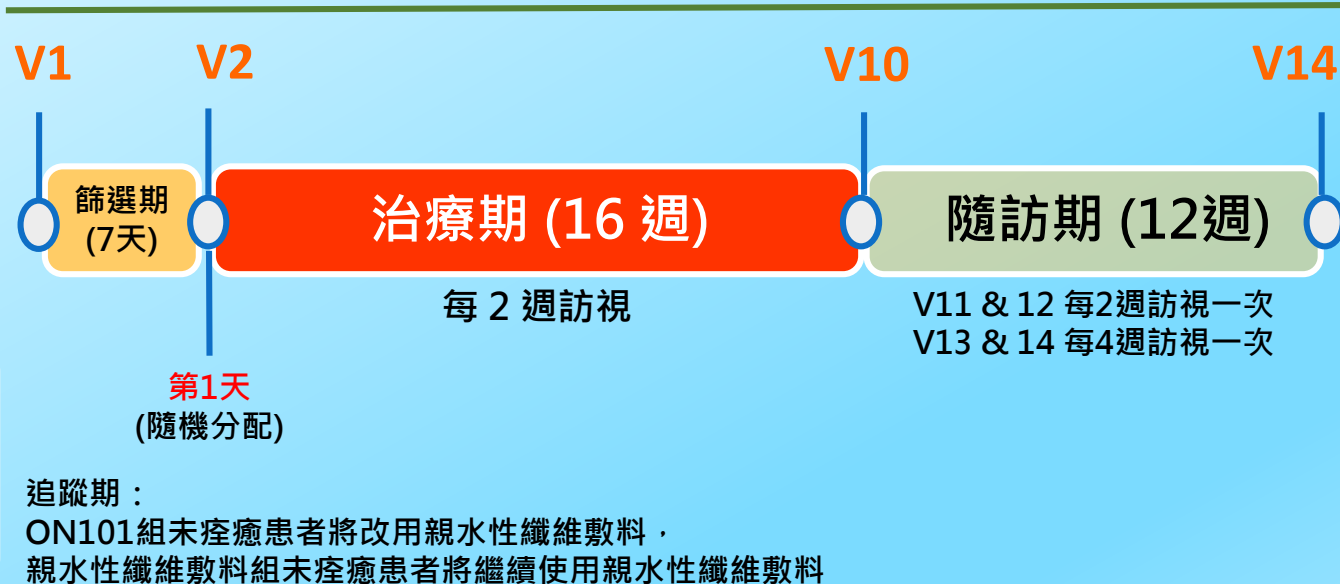
主要納入標準

- 一、二型糖尿病
- $ABI \geq 0.8$
- $HbA_{1c} < 12\%$
- **Wagner 1 級 或 2 級**
- 潰瘍面積 $1-25 \text{ cm}^2$
- 潰瘍至少存在 4 週
- 無活動性感染

次族群分析

- 足底/非足底潰瘍
- Wagner 1 級 或 2 級
- 潰瘍面積
- HbA_{1c}
- 潰瘍持續時間

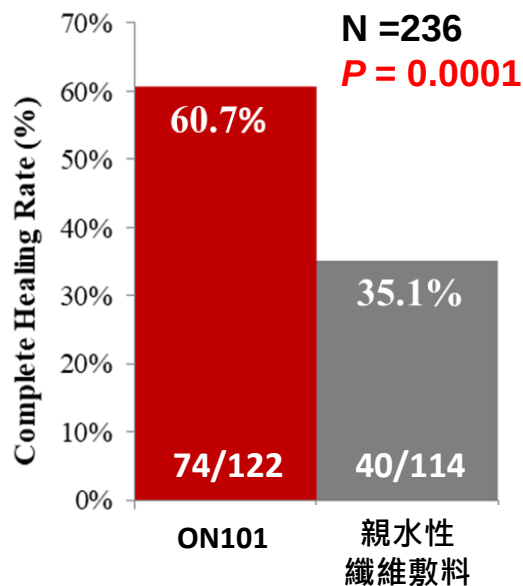
ON101 vs. 親水性纖維敷料





ON101 三期國際中多心臨床試驗 顯示卓越療效與安全性

傷口完全癒合率



已通過台灣、新加坡、馬來西亞新藥上市許可

JAMA Network | **Open**™

影響因子：13.8

Original Investigation | Diabetes and Endocrinology

Effect of a Novel Macrophage-Regulating Drug on Wound Healing in Patients With Diabetic Foot Ulcers A Randomized Clinical Trial

Yu-Yao Huang, MD, PhD; Ching-Wen Lin, PhD; Nai-Chen Cheng, MD, PhD; Shawn M. Cazzell, DPM; Hsin-Han Chen, MD; Kuo-Feng Huang, MD; Kwang-Yi Tung, MD; Hsuan-Li Huang, MD; Pao-Yuan Lin, MD; Cherng-Kang Perng, MD, PhD; Bimin Shi, MD; Chang Liu, MD; Yujin Ma, MD; Yemin Cao, MD; Yanbing Li, MD; Yaoming Xue, MD; Li Yan, MD; Qiu Li, MD; Guang Ning, MD, PhD; Shun-Cheng Chang, MD

JAMA Netw Open. 2021 Sep; 4(9): e2122607.



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SPECIAL REPORT

影響因子 : 6.498



Experimental treatments in clinical trials for diabetic foot ulcers: wound healers in the pipeline

Brandon J Sumpio, Ikram Mezghani, Enya Wang, Zhuqing Li, Eleftheria-Angeliki Valsami, Georgios Theocharidis and Aristidis Veves

Joslin-Beth Israel Deaconess Foot Center and the Rongxiang Xu, MD, Center for Regenerative Therapeutics, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA

ABSTRACT

Introduction: Diabetes affects 400 million people globally and patients and causes nephropathy, neuropathy, and vascular disease. Amongst these complications, diabetic foot ulcers remain a substantial problem for patients and clinicians. Aggressive wound care and antibiotics remain important for the healing of these chronic wounds, but even when treated these chronic ulcers can lead to infection and amputations

Areas covered: This paper reviews the pathophysiology of diabetic foot ulcers and the current management strategies. Then, it discusses novel therapeutics such as topical oxygen therapy as well as autologous patches and macrophage creams.

Expert opinion: Diabetic foot ulcers are a substantial problem for patients and clinicians. Early identification, aggressive wound care, and normoglycemia remain the standard of care, however when these fail it is important to adapt. Since each patient and wound vary drastically we believe they should be treated as such. For patient with intact perfusion, topical ON101 and sucrose octasulfate creams can help. While patient with peripheral arterial disease should consider topical oxygen therapy as an adjunct. However, as scientists gain a better understanding of the pathophysiology behind DFUs, the hope is that this new wave of therapeutics will emerge.

ARTICLE HISTORY

Received 8 November 2022

Accepted 6 February 2023

KEYWORDS

Diabetic foot ulcers; wound care; topical oxygen therapy; macrophage therapy; LeucoPatch





ON101具有突破性DFU治療成效與成本效益

JAMA
Network | **Open**™

Impact factor : 13.8

Original Investigation | Diabetes and Endocrinology

Cost-effectiveness of Novel Macrophage-Regulating Treatment for Wound Healing in Patients With Diabetic Foot Ulcers From the Taiwan Health Care Sector Perspective

Hsuan-Yu Su, MS; Chen-Yi Yang, MS; Huang-Tz Ou, PhD; Shyi-Gen Chen, MD, MPH; Jui-Ching Chen, PhD; Hui-Ju Ho, MSc; Shihchen Kuo, RPh, PhD

IMPORTANCE Diabetic foot ulcers (DFUs) and subsequent amputation incur enormous health and economic burdens to patients, health care systems, and societies. As a novel macrophage-regulating drug, ON101 is a breakthrough treatment for DFUs, which demonstrated significant complete wound healing effects in a phase 3 randomized clinical trial, but its economic value remains unknown.

CONCLUSIONS AND RELEVANCE In this economic evaluation study using a simulated patient cohort, the ON101 with GWC strategy represented good value compared with GWC alone for patients with DFUs from the Taiwan health care sector perspective and may be prioritized for those with high risks for disease progression of DFUs.

JAMA Netw Open. 2023;6(1):e2250639



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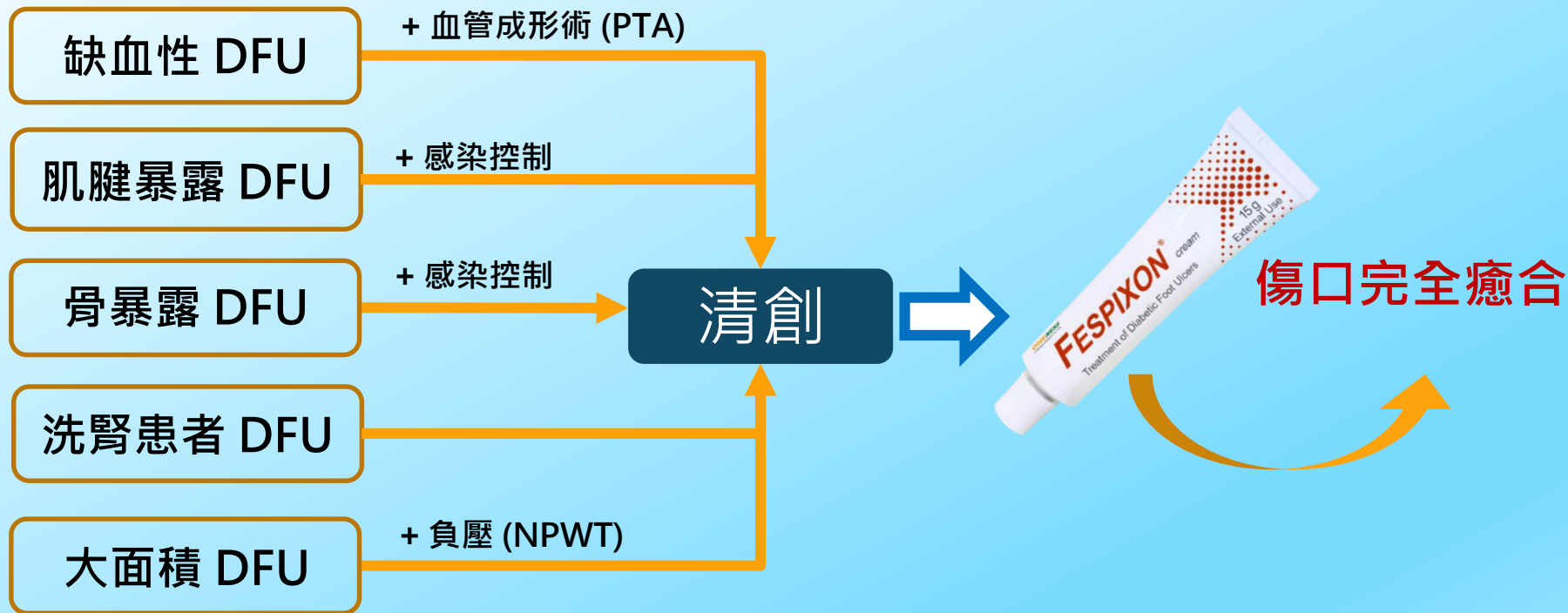


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ON101 臨床治療流程





真實世界案例報告

材料與方法

- 2021年 3月至 2023年 6月
- 10位患有慢性傷口的二型糖尿病患者，Wagner 2-4級潰瘍，潰瘍持續時間超過六個月，位於下肢、腳趾與足底壓力區
- 潰瘍面積介於 $2 \times 3 \text{ cm}^2$ 至 $10 \times 6 \text{ cm}^2$
- 經感染控制、傷口清創與血管成形術介入治療
- ON101每天給藥 1-2次，治療 18-264天



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結 果

- 十位患者中，有九位患者傷口完全癒合，一位患者傷口用藥期間雖未全部癒合，但仍明顯改善。所有患者均無明顯副作用
- 所有患者均進行清創和/或死骨切除術，修剪壞死焦痂組織，以控制治療期間的感染風險
- 兩位患者經使用ON101治療後明顯促進肉芽組織生長，後續合併植皮治療



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結果

- 經使用ON101治療，無任何一位患者後續須接受截肢、或產生併發症問題
- 經至少六個月追蹤期，患者對於治療結果均感到滿意，癒合良好且併發症很少



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臨床案例

一名60 歲女性糖尿病足潰瘍(DFU)患者，伴隨下肢雙側嚴重周邊動脈疾病





血管成形術 (影片) 與 抗凝血劑

執行血管成形術前，血管狹窄



術中血管成形術 (影片)





清創並先使用PRP (富血小板血漿)





經PRP治療後傷口改善緩慢

→ 清創並開始使用ON101



開始使用 ON101



使用 ON101 (速必一) 二週後





使用 ON101 (速必一) 三週後



ON101



使用 ON101 (速必一) 四週後



ON101



DFU傷口癒合 (使用ON101 三個月)





臨床案例

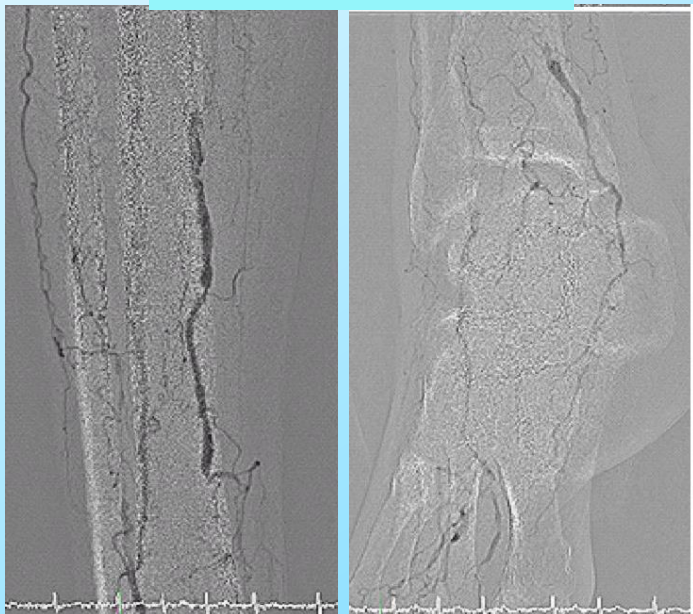
- 一名77歲男性
- 周邊動脈疾病合併右腳第1-3趾缺血
- 潛在疾病
 - 正常收縮分率心臟衰竭 (HFpEF)
 - 慢性心房顫動 (atrial fibrillation)
 - 二型糖尿病
 - 高尿酸血症
 - 中風
 - 高血壓
 - 末期腎病合併洗腎
 - 失智症、癲癇



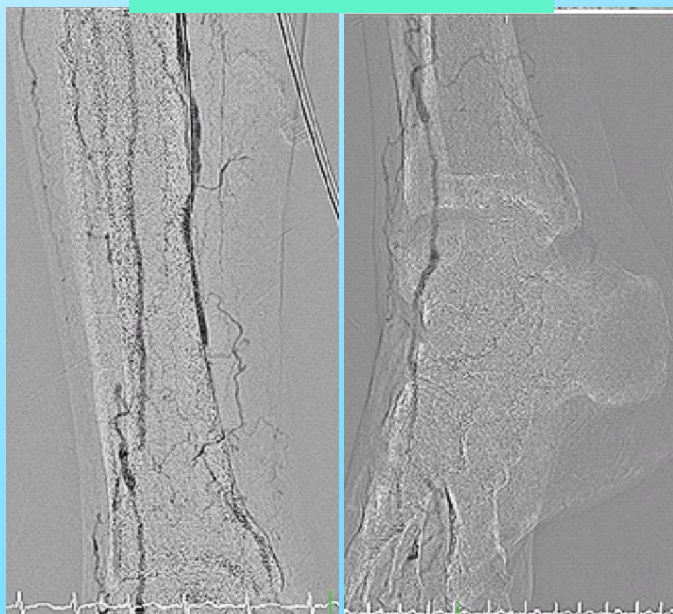


血管成形術 (PTA)

PTA前



PTA後



PTA (percutaneous transluminal angiography)

經執行PTA後，右腳ABI=1.28



傷口經清創/死骨切除術和 腳趾遠端指骨截肢術後，局部注射 PRP



注射PRP與部分截趾



使用ON101治療二週後逐漸癒合



傷口仍未癒合

→ 開始使用ON101 (速必一)



1 週



2 週



臨床案例

- 一名65歲女性
- 困難癒合DFU
- 糖尿病
- 周邊動脈疾病
- 高血壓
- 高血脂
- 胃潰瘍

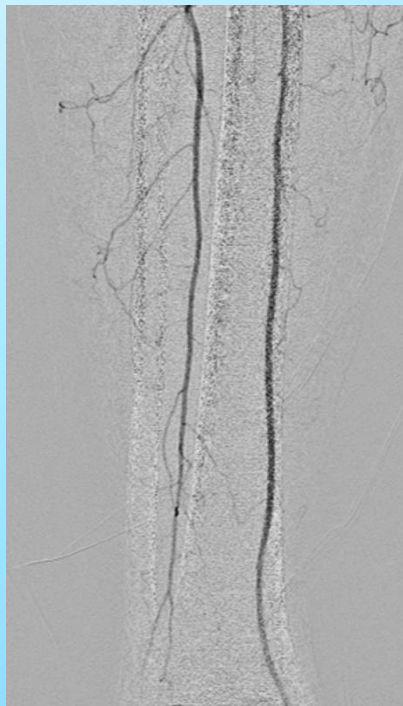




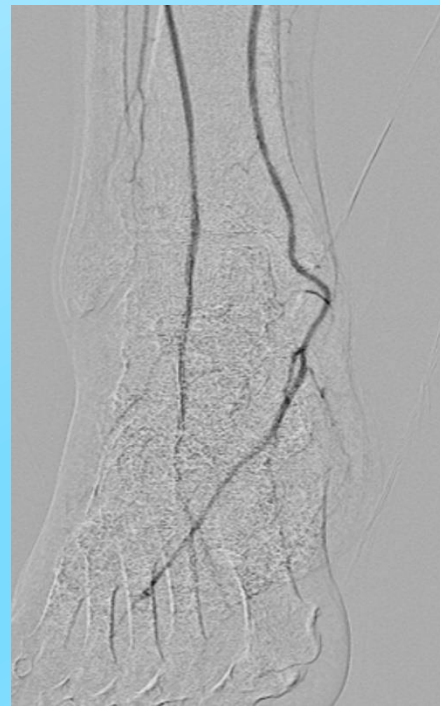
血管成形術

血管造影結果顯示，脛前動脈100%閉塞，脛腓幹狹窄80~90%，
脛後動脈狹窄80%。血管成形術順利完成

PTA前



PTA後





傷口清創合併人工真皮植皮治療失敗

儘管使用多種DFU治療方式，傷口潰瘍仍未癒合





- 傷口開始局部使用ON101
- 脛前肌腱暴露的壞死部分進行清創



經ON101治療傷口癒合後
兩個月後追蹤 (影片)



Annals of Case Reports

Lin Y-N, et al. Ann Case Rep: 7: 1102
[www.doi.org/10.29011/2574-7754.101102](https://doi.org/10.29011/2574-7754.101102)
www.gavinpublishers.com

OPEN ACCESS



Case Report

Macrophage-Regulating Drug Treatment Promotes Tissue Proliferation in a Diabetic Foot Ulcer Patient with Exposed Anterior Tibialis Tendon - A Case Report



臨床案例

一名55歲男性，車禍後六週發生左腳腳跟DFU
合併阿基里斯腱與骨壞死

糖尿病控制不佳，重度抽菸患者，ABI值正常





執行腓腸動脈穿通枝旋轉皮瓣重建後，仍有 部分組織壞死 → 清創合併使用含銀泡棉敷料





跟骨合併阿基里斯腱壞死

→ 清創後開始使用ON101



ON101



使用 ON101 (速必一) 四週後





使用 ON101 (速必一) 八週後

治療三個月後





結 論

- ON101是經傳統治療未癒合之慢性糖尿病足潰瘍的有效治療方式
- ON101是慢性糖尿病足潰瘍的一種嶄新局部用藥治療策略



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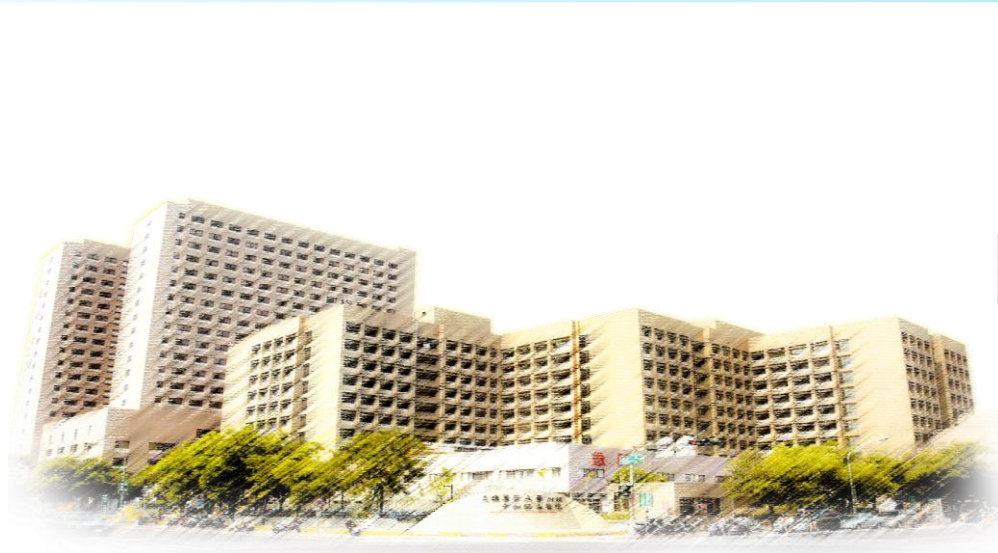


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