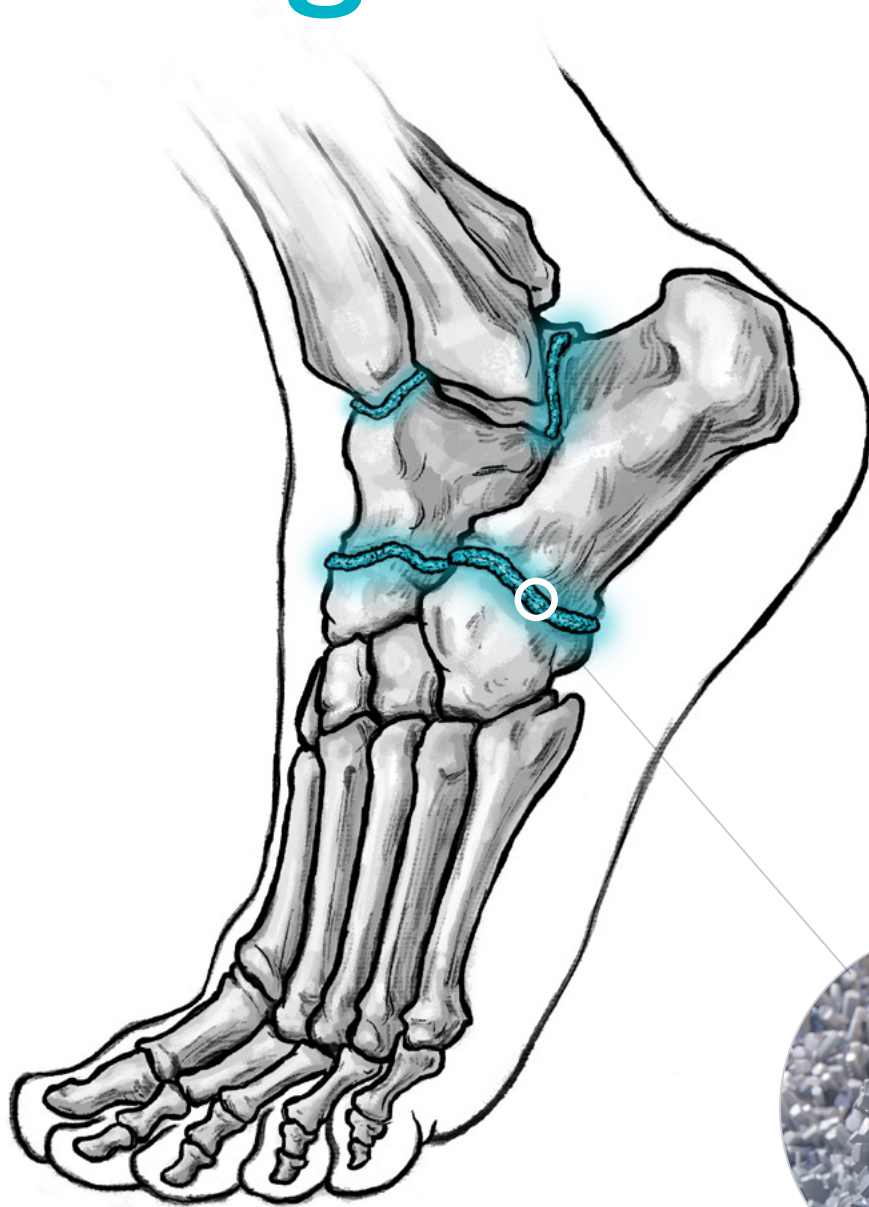


Looking to grow bone in the **foot & ankle?** Meet **MagnetOs™**



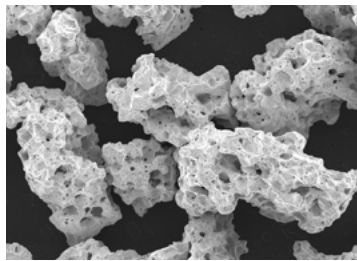
Powered by **NeedleGrip™** surface technology to harness
the immune system and stimulate bone growth

MagnetOs: a bone graft like no other

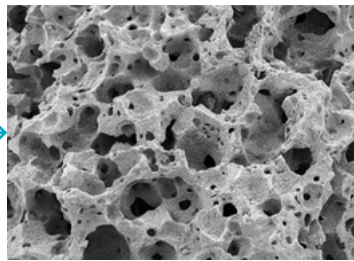
MagnetOs is ideally suited to foot and ankle surgery. **MagnetOs is osteoinductive, it grows bone on its own** thanks to NeedleGrip – a proprietary submicron surface technology that harnesses the immune system to stimulate bone growth, without added cells or growth factors.^{†1-5}

MagnetOs also delivers predictable handling and performance for hindfoot, midfoot and forefoot.⁴⁻⁶ And it's brought to you by Kuros Biosciences.

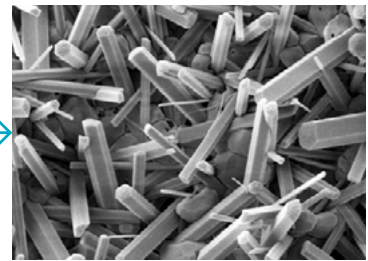
Explore how NeedleGrip makes a difference – watch the magnification video at 25x, 50x, and 20,000x.



1mm; 25x magnification



500µm; 50x magnification



2µm; 20,000x magnification

Show me the 20,000x magnification



Why MagnetOs for the foot and ankle?

MagnetOs is a novel advanced synthetic bone graft, distinguished by its **supporting evidence, surgical handling, and bone growth mechanism.**^{†1-16} But why is this beneficial for foot and ankle fusions?

Proven Level I clinical evidence^{*7}

Predictable handling and designed to stay put⁴⁻⁶

Powered by NeedleGrip submicron surface technology^{†1-5}



The problem



The solution



The outcome

Proven Level I clinical evidence⁷

At Kuros Biosciences we go beyond what's required, as we believe surgeons and patients deserve more. That's why we continue to make significant investments in robust human clinical studies to provide the highest level of evidence and confidence in MagnetOs.

To put that into perspective, MagnetOs is the subject of seven completed or initiated Level I human clinical studies, including one demonstrating nearly double the fusion rate of autograft.⁷

79%
MagnetOs



47%
Autograft

One-year fusion rates from a Level I investigator-initiated, randomized, controlled, inpatient, multi-center human clinical trial for posterolateral fusions (PLF) in spine.⁷

Where there's smoke, there's fusion

Among active smokers, MagnetOs achieved more than twice the fusion rate of autograft in a Level I human clinical study.^{*‡7,8}

High fusion rates in a challenging patient population¹⁷



1 in 5 active smokers
(19% of patients)

One-year fusion results in active smokers^{*7,8}

MagnetOs (levels fused)

Autograft (levels fused)

Smokers	74% (20/27)	30% (8/27)
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Based on 27 fused segments from 19 active smokers with one-year CT follow-up



Predictable handling from hindfoot to forefoot⁴⁻⁶

MagnetOs is ideally suited to the unique challenges of foot and ankle surgeons. Available in two formulations, it is ready-to-use and provides exceptional versatility in handling.⁴⁻⁶

Designed to stay put

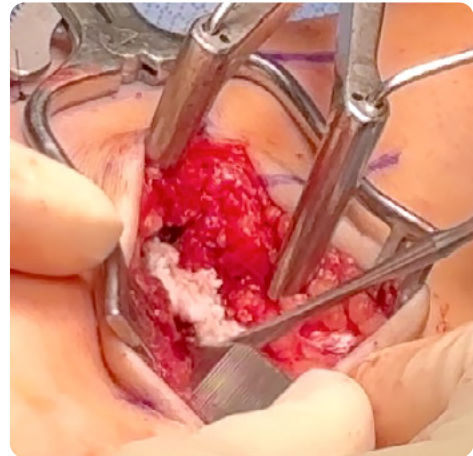
The robust formulation is designed to withstand some of the common challenges faced by foot and ankle surgeons – including joint compression, irrigation, and leaking.⁵

Ready when you are

MagnetOs is ready-to-use with no mixing, thawing, or specialized storage requirements (max 45 °C) – saving valuable time in the operating room (OR).⁵

Versatile handling

Use MagnetOs your way in the hindfoot. Twist it, tear it, fold it, and mold it to fill even the most difficult-to-access joint spaces.⁵



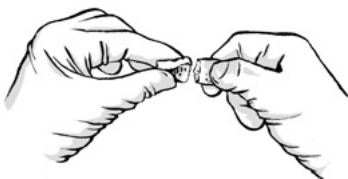
Example image of MagnetOs placement in a subtalar joint



Open outer and inner packaging using standard aseptic technique



Warm MagnetOs Putty in the palm of your hand for two minutes. Do not place it in warm water or saline



If needed, tear into smaller pieces before warming in your hands



Shape and mold MagnetOs Putty before implantation

Show me a real subtalar fusion featuring MagnetOs

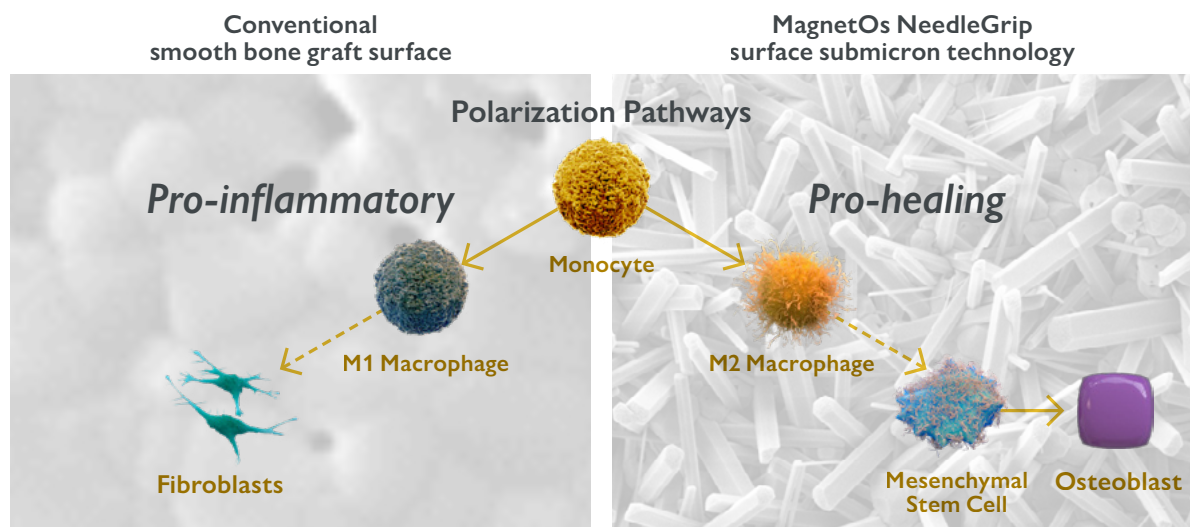


Powered by NeedleGrip submicron surface technology^{†1-4}

MagnetOs is osteoinductive and grows bone on its own thanks to NeedleGrip – a proprietary submicron surface technology that harnesses the immune system to stimulate bone growth without the need for added cells or growth factors.^{†§1-5}

As the immune system's 'first responders', macrophages react to their environment by polarizing into different cell types.¹⁸ This in turn unlocks previously untapped potential to stimulate stem cells - and form new bone throughout the graft.^{†¶1-3}

Harnessing the immune system via macrophage polarization



Vitoss® bone graft

M1 pro-inflammatory pathway: Monocytes differentiate into macrophages which then polarize to M1 phenotype, which are pro-inflammatory and promote fibroblast proliferation, often leading to scar tissue.¹⁸

M2 pro-healing pathway: Monocytes differentiate into macrophages which then polarize to M2 phenotype, which are pro-healing and upregulate stem cells to create bone.^{18,19} MagnetOs NeedleGrip surface technology has been shown in pre-clinical studies to enhance the pathway to M2 macrophages.^{†§¶1-3}

Four reasons to believe in the safety of MagnetOs:

1. **Free of human tissue:** Avoids concerns during surgical consent^{4,5}
2. **Carries no intrinsic risk of human tissue-related disease transmission**
Thanks to the cell-free formulation^{4,5,20}
3. **No growth factors:** Eliminates the potential for adverse events associated with BMPs^{21,22}
4. **Proven composition:** Calcium phosphate based, trusted for decades²⁰



Show me how
MagnetOs works

Why wait to grow your fusion rate?

Contact us today to learn more about the MagnetOs bone graft and how we can help take your fusion rates to the next level.



Learn more about getting predictable fusions here:

Double the handling options for your triple arthrodesis

MagnetOs is most commonly used in hindfoot fusions: specifically, triple arthrodesis, subtalar fusions, and standalone talonavicular fusions. However, it can also be an effective choice for charcot, midfoot fusions and forefoot fusions. We offer two formulations indicated for use in foot and ankle surgery:^{4,5}

Indication	MagnetOs Putty	MagnetOs Granules
Extremities fusions and trauma ^{4,5}		
Standalone ^{4,5}	or in combination with autograft ⁵	or in combination with autograft or bone marrow ⁴
Product characteristics	<ul style="list-style-type: none">• Ready-to-use⁵• Easy-to-mold⁵	<ul style="list-style-type: none">• Strong, proven foundation¹⁻⁷

* Even though the primary aim of the current study was to demonstrate noninferiority, the findings indicate superiority of the BCPμm (MagnetOs) in terms of CT determined PLF at one year. The McNamar test, with a noninferiority margin of 15%, confirmed the noninferiority of MagnetOs with an absolute difference in paired proportions of 39.6% (95% CI = 26.8-51.2, $p<0.001$).

† Results from in vitro or in vivo laboratory testing may not be predictive of clinical experience in humans. For important safety and intended use information please visit kurosbio.com/eifu.

‡ 19 of initial 100 subjects were active smokers. Radiographic fusion data of the smoker subgroup were not statistically analyzed as a subgroup and were not included in the peer-reviewed publication of the study.

§ MagnetOs has been proven to generate more predictable fusions than two commercially available alternatives in an ovine model of posterolateral fusion.

¶ In large animal models.

References: **1.** Van Dijk, et al. *eCM*. 2021;41:756-73. **2.** Van Dijk, et al. *J Immunol Regen Med*. 2023;19:100070. **3.** Duan, et al. *eCM*. 2019;37:60-73. **4.** Instructions for Use (IFU) MagnetOs Granules (CE). **5.** Instructions for Use (IFU) MagnetOs Putty (CE). **6.** Data on file. MagnetOs Putty irrigation report evaluation. **7.** Stempels, et al. *Spine*. 2024;49(19):1323-1331. **8.** Van Dijk, LA. 24th SGS Annual Meeting (Swiss Society of Spinal Surgery). Basel, Switzerland. Aug 2024. **9.** P. Nunley. *Cureus*. 2024;16(4): e58218. **10.** C. Elia. *JOJ Case Stud*. 2024;14(4). **11.** Goodmanson R, Butrico, C, Sage K. *JOJ Case Stud*. 2023;14(3):555886. **12.** A. Jones. *JOJ Case Stud*. 2021;12(2). **13.** F. Sandhu. *JOJ Case Stud*. 2021;12(2). **14.** T. Fusco. *JOJ Case Stud*. 2022;13(2). **15.** Van Dijk et al. *JOR Spine*. 2018;e1039. **16.** Van Dijk et al. *J Biomed Mater Res. Part B: Appl Biomater*. 2019; 107(6):2080-2090. **17.** Berman, et al. *Int J Spine Surg*. 2017;11(4):29. **18.** Italiani, et al. *Front Immunol*. 2014;5:514. **19.** Loi, et al. *Stem Cell Res Ther*. 2016;7:15. **20.** Morris. *Eur Spine J*. 2018;27:1856–1867. **21.** Wvang, et al. *Clin Transl Oncol*. 2020;22(8):1263-1271. **22.** Fukuda, et al. *Int J Mol Sci*. 2021;23;22(15):7882.

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Grow bone
with **MagnetOs™**

