The 500 Line to restore mobility and strength

Powered by SIGMOLECS® Technology



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Scan the QR code to watch a webinar in which Dr JO Serrentino discusses the 500 Line

SIGMOLECS® Technology

- Engineered by Dr JO Serrentino for Contrad Swiss, consists of three hydrogel monodoses with peptides, hyaluronic acid and one of the most advanced technologies available for optimum joint and soft tissue wellness.
- Self-penetrating gel imbued with SIGMOLECS® Technology to reach deep tissue, working *in situ*, by simple topical administration of a sticky patch for maximum effectiveness.





AI500[®] helps to relieve pain caused by the inflammatory response. It plays a role on the pain mechanisms directly at the source of pain in all tissue types, contributing to quick soothing on all body zones. CR500[®] supports cartilage scaffolds by restoring the extracellular matrix and providing lubrication of the joint capsule, thereby improving mechanical function of the joint and soothing associated discomfort. ST500[®] supports the connective tissue matrix and is especially useful for the relief and intervention of injuries or physical stresses on tendons and ligaments, and other soft-tissue conditions. SIGMOLECS® technology synthesizes functional peptides sequenced from biological proteins through an advanced technology that uses a composite of fragments from the source protein, to engineer functional polypeptides able to act directly on tissue through transdermal application. Combined with a highly penetrating hyaluronic acid-enriched hydrogel, the 500 line delivers optimal care to support clinical treatment plans.



SIGMOLECS® molecules are engineered from starting proteins chosen for their regenerative capacity.

Synthesized peptides are fragments of their original source protein, although they carry some of the signals from their source protein, they also incorporate new functions. By using a composite of fragments from the source protein, we can synthesize polypeptides with specific functions. These polypeptides carry more matricellular characteristics to interact within the intracellular spaces, thus contributing active function to the product. *In situ* application of a SIGMOLECS[®] 500 monodose then transfers these active properties directly to the tissue without the need for further breakdown as would occur in the starting protein.



A pain management line of products for optimum joint and soft tissue wellness.

The 500 line of monodoses is designed to deliver care to the connective tissue matrix through non-invasive, *in situ* application at the target. Transdermal delivery is fast in reaching the hypodermis where the peptides stimulate physiological mechanism to soothe and regulate joints and soft tissue without needling, and to deliver lubricating and hydrating hyaluronic acid that supports joints and connective tissue scaffolds.







AI500[®] Monodose Gel

AI500[®] is a hydrogel to be applied to intact skin, intended to provide relief in cases of pain due to tension in muscles and adjacent tissues, to improve movement and function.



AI500[®] contains SH-Polypeptide-6 derived from the Interleukin-10 (IL-10) starting protein.

SH-Polypeptide-6 carries IL-10's anti-inflammatory activity by engaging signals that modulate NF-kB pathways, downregulating pro-inflammatory cytokines TNF, IL-6, IL-1 and IL-8¹⁻³.

Like its parent protein IL-10, SH-Polypeptide-6 inhibits protein tyrosine phosphatase 1B expression⁴ that can cause disregulation of the energy metabolism of skeletal muscles causing pain and muscular spasms. Unlike its parent protein that requires breakdown to achieve this function, SH-Polypeptide-6 floods the *in situ* area immediately upon application of AI500[®]. This achieves a better circulating bioavailability within tissue right at the site of pain, thereby quickly regulating the pain mechanisms.

In general, AI500[®] can be used in conjunction with the other monodose gels to help attenuate pain, especially during the initial stages of healing.





CR500[®] Monodose Gel

CR500[®] is a hydrogel containing peptides and hyaluronic acid with a soothing action that helps prevent and attenuate the physiological degeneration of cartilage in osteoarthritis, thereby protecting against and slowing the progression of joint damage.



CR500[®] contains two polypeptides: SH-Polypeptide-85, a composite fragment derived from Fibroblast Growth Factor-9 (FGF-9) protein and SH-Polypeptide-93, sourced from the CCN family of proteins.

SH-Polypeptide-85 is source from the FGF-9 starting protein, known for regulating skeletogenesis especially expressed in areas surrounding the cartilaginous condensations⁵⁻⁷. Its polypeptide fragments carry this protective and regenerative feature on articular cartilage by acting on the matrix environment and regulating chondrogenesis, attenuating cartilage degradation and stimulating chondrocyte development and homeostasis⁸⁻⁹.

SH-Polypeptide-93 is sourced from the CCN family of proteins that encompass several members including CTGF and IGFBP¹⁰. The CCN family of proteins are dynamically matricellular known for their role in skeletal development, injury repair and angiogenesis¹¹⁻¹². SH-Polypeptide-93 carries the matricellular properties of its source proteins as a potent regulator of the extracellular matrix, stimulating cell response for the regeneration and regulation of ECM components and synovium¹³⁻¹⁴. These two polypeptides compounded in the CR500[®]'s hyaluronic acid- enriched hydrogel, act on the joint and synovium to restore and improve joint mechanics¹⁵⁻¹⁶.

CR500[®] applied *in situ* to joints relieves conditions associated with cartilage loss and degradation such as OA, helping to restore articular function and relieve pain.





ST500[®] contains two peptides: SH-Polypeptide-29, synthesized from an Interleukin-3 starting protein and, SH-Tripeptide-1 synthesized from Fibroblast Growth Factor-1 protein.

Like its parent protein IL-3, SH-Polypeptide-29 delivers hematopoietic factors that enhance cellular differentiation, especially tenogenic differentiation¹⁷⁻¹⁸. Since SH-Polypeptide-29 can circulate freely within the tissue upon its *in situ* application without requiring breakdown like its parent protein, it stimulates the hematopoietic niche¹⁹ within the connective tissue inducing better cell differentiation especially towards tendons and soft tissue.

In tandem with SH-Tripeptide-1, ST500[®] is a potent mediator of the extracellular matrix, stimulating its components to initiate regenerative pathways within extracellular spaces and contributing structural integrity and elasticity²⁰⁻²¹ to ligaments and tendons and to the connective tissue matrix²²⁻²⁵ overall.



ST500[®] Monodose Gel

ST500[®] is a hydrogel containing peptides and hyaluronic acid with a soothing action that helps to limit the physiological degeneration of tendons and muscles, thereby aiding joint movement.









IMPORTANT TIPS:

It is important to cover the gel with an adhesive patch, DO NOT USE IT AS A TOPICAL RUB. Please scan the QR code below to watch a short instructional video on how to use the 500 Line"



Scan the QR code to learn how to correctly apply the 500 Line monodoses in just 1 minute

Use of the 500 line monodoses

The monodoses can be applied in several areas, as needed, on the patient

- Apply the AI500[®] to the painful area or above the point of pain.
- Apply the ST500[®] on the area in need of repair.

You can apply an AI500[®] patch above the ST500[®] and/or CR500[®] patch if you need pain relief.

- ST500[®] and/or CR500[®] are particularly good to apply after a stem cell treatment. This can be done one time post treatment after each stem cell or PRP treatment.
- ST500[®] can be used for pre and post regenerative treatments. Apply the patch to the affected area 2 x week for 2-4 weeks, then 1 x week for 2-4weeks then 1 x month for 2-4 months.
- AI500[®] can be applied to any area in need of pain relief. Multiple patches can be applied at several spots for the patient to remove the next day. For acute cases, the patient can return twice a week for 2-4 weeks for application. It is important to know the source of the pain and position the patch above, on or along the channel of pain or inflammation or along the channel of pain or inflammation.
- For chronic osteoarthritis, an *in situ* application of two to four patches of CR500[®] surrounding the joint in question can be applied 1-2 x week for 1 month, then twice a month for 2-4 months. Several joints can be done at the same time. There is no limit to the amount of monodoses that can be used in one session.

GENERAL TIPS

- 10x5 or 10x6 cm adhesive patches are preferred. Make sure the gel does not contact the adhesive sides.
- The patch should remain in situ for a minimum of 2.5 hours and optimally for 6-8 hours.
- **There is no limit, the patients can even remove the patch the next day.**
- **It is important to tell patients not to get the patch wet once in place.**
- It is important to apply the patch to clean dry skin. Wipe the area with alcohol before applying the patch on the area to be treated to ensure clean and dry skin.

1) Santangelo KS, Nuovo GJ, Bertone AL. In vivo reduction or blockade of interleukin-1ßin primary osteoarthritis influences expression of mediators implicated in pathogenesis. Osteoarthritis Cartilage. 2012 Dec;20(12):1610-8. doi: 10.1016/j.joca.2012.08.011. Epub 2012 Aug 27. PMID: 22935786; PMCID: PMC3478416.

2) Raza A, Crothers JW, McGill MM, Mawe GM, Teuscher C, Krementsov DN. Anti-inflammatory roles of p38α MAPK in macrophages are context dependent and require IL-10. J Leukoc Biol. 2017 Nov;102(5):1219-1227. doi: 10.1189/ jlb.2AB0116-009RR. Epub 2017 Sep 6. PMID: 28877953; PMCID: PMC6608039.

3) Ortved KF, Begum L, Stefanovski D, Nixon AJ. AAV-mediated Overexpression of IL-10 Mitigates the Inflammatory Cascade in Stimulated Equine Chondrocyte Pellets. Curr Gene Ther. 2018;18(3):171-179. doi: 10.2174/15665232186661805101651 23. PMID: 29749312.

4) Través PG, Pardo V, Pimentel-Santillana M, González-Rodríguez Á, Mojena M, Rico D, Montenegro Y, Calés C, Martín-Sanz P, Valverde AM, Boscá L. Pivotal role of protein tyrosine phosphatase 1B (PTP1B) in the macrophage response to proinflammatory and anti-inflammatory challenge. Cell Death Dis. 2014 Mar 13;5(3):e1125. doi: 10.1038/cddis.2014.90. PMID: 24625984; PMCID: PMC3973223.

5) Hung IH, Yu K, Lavine KJ, Ornitz DM. FGF9 regulates early hypertrophic chondrocyte differentiation and skeletal vascularization in the developing stylopod. Dev Biol. 2007 Jul 15;307(2):300-13. doi: 10.1016/j.ydbio.2007.04.048. Epub 2007 May 6. PMID: 17544391; PMCID: PMC2267922

6) He Y, Siebuhr AS, Brandt-Hansen NU, Wang J, Su D, Zheng Q, Simonsen O, Petersen KK, Arendt-Nielsen L, Eskehave T, Hoeck HC, Karsdal MA, Bay-Jensen AC. Type X collagen levels are elevated in serum from human osteoarthritis patients and associated with biomarkers of cartilage degradation and inflammation. BMC Musculoskelet Disord. 2014 Sep 22;15:309. doi: 10.1186/1471-2474-15-309. PMID: 25245039; PMCID: PMC4179849.

7) Re: Zhou S, Wang Z, Tang J, Li W, Huang J, Xu W, Luo F, Xu M, Wang J, Wen X, Chen L, Chen H, Su N, Shen Y, Du X, Xie Y, Chen L. Exogenous fibroblast growth factor 9 attenuates cartilage degradation and aggravates osteophyte formation in post-traumatic osteoarthritis. Osteoarthritis Cartilage. 2016 Dec;24(12):2181-2192. doi: 10.1016/j.joca.2016.07.005. Epub 2016 Jul 27. PMID: 27473558

8) Zhang X, Weng M, Chen Z. Fibroblast Growth Factor 9 (FGF9) negatively regulates the early stage of chondrogenic differentiation. PLoS One. 2021 Feb 2;16(2):e0241281. doi: 10.1371/journal.pone.0241281. PMID: 33529250; PMCID: PMC7853451.

9) From: Kwon H, Paschos NK, Hu JC, Athanasiou K. Articular cartilage tissue engineering: the role of signaling molecules. Cell Mol Life Sci. 2016 Mar;73(6):1173-94. doi: 10.1007/ s00018-015-2115-8. Epub 2016 Jan 25. PMID: 26811234; PMCID: PMC5435375

10) Bornstein P, Sage EH. Matricellular proteins: extracellular modulators of cell function. Curr Opin Cell Biol. 2002 Oct;14(5):608-16. doi: 10.1016/s0955-0674(02)00361-7. PMID: 12231357.

11) Babic AM, Chen CC, Lau LF. Fisp12/mouse connective tissue growth factor mediates endothelial cell adhesion and migration through integrin alphavbeta3, promotes endothelial cell survival, and induces angiogenesis in vivo. Mol Cell Biol. 1999 Apr;19(4):2958-66. doi: 10.1128/MCB.19.4.2958. PMID: 10082563; PMCID: PMC84090.

12) Ponticos M. Connective tissue growth factor (CCN2) in blood vessels. Vascul Pharmacol. 2013 Mar;58(3):189-93. doi: 10.1016/j.vph.2013.01.004. Epub 2013 Feb 4. PMID: 23380714.

13) Alford AI, Hankenson KD. Matricellular proteins: Extracellular modulators of bone development, remodeling, and regeneration. Bone. 2006 Jun;38(6):749-57. doi:10.1016/j. bone.2005.11.017. Epub 2006 Jan 18. PMID: 16412713.

14) Bedore J, Leask A, Séguin CA. Targeting the extracellular matrix: matricellular proteins regulate cell-extracellular matrix communication within distinct niches of the intervertebral disc. Matrix Biol. 2014 Jul;37:124-30. doi: 10.1016/j.matbio.2014.05.005. Epub 2014 May 27. PMID: 24874179

15) Altman RD, Manjoo A, Fierlinger A, Niazi F, Nicholls M. The mechanism of action for hyaluronic acid treatment in the osteoarthritic knee: a systematic review. BMC Musculoskelet Disord. 2015 Oct 26;16:321. doi: 10.1186/s12891-015-0775-z. PMID: 26503103; PMCID: PMC4621876.

16) Maheu E, Bannuru RR, Herrero-Beaumont G, Allali F, Bard H, Migliore A. Why we should definitely include intra-articular hyaluronic acid as a therapeutic option in the management of knee osteoarthritis: Results of an extensive critical literature review. Semin Arthritis Rheum. 2019 Feb;48(4):563-572. doi: 10.1016/j.semarthrit.2018.06.002. Epub 2018 Jun 19. PMID: 30072113.

17) Hoffmann A, Gross G. Tendon and ligament engineering: from cell biology to in vivo application. Regen Med. 2006 Jul;1(4):563-74. doi: 10.2217/17460751.1.4.563. PMID: 17465850

18) Leong NL, Kator JL, Clemens TL, James A, Enamoto-Iwamoto M, Jiang J. Tendon and Ligament Healing and Current Approaches to Tendon and Ligament Regeneration. J Orthop Res. 2020 Jan;38(1):7-12. doi: 10.1002/jor.24475. Epub 2019 Sep 30. PMID: 31529731; PMCID: PMC7307866.

19) Ihle JN. Interleukin-3 and hematopoiesis. Chem Immunol. 1992;51:65-106. doi: 10.1159/000420755. PMID: 1567546.

20) Lu J, Jiang L, Chen Y, Lyu K, Zhu B, Li Y, Liu X, Liu X, Long L, Wang X, Xu H, Wang D, Li S. The Functions and Mechanisms of Basic Fibroblast Growth Factor in Tendon Repair. Front Physiol. 2022

21) Thomopoulos S, Kim HM, Das R, Silva MJ, Sakiyama-Elbert S, Amiel D, Gelberman RH. The effects of exogenous basic fibroblast growth factor on intrasynovial flexor tendon healing in a canine model. J Bone Joint Surg Am. 2010 Oct 6;92(13):2285-93. doi: 10.2106/JBJS.I.01601. PMID: 20926722; PMCID: PMC2945931.

22) Dahlgren LA, Mohammed HO, Nixon AJ. Temporal expression of growth factors and matrix molecules in healing tendon lesions. J Orthop Res. 2005 Jan;23(1):84-92. doi: 10.1016/j.orthres.2004.05.007. PMID: 15607879.

23) Goodship AE, Birch HL, Wilson AM. The pathobiology and repair of tendon and ligament injury. Vet Clin North Am Equine Pract. 1994 Aug;10(2):323-49. doi: 10.1016/s0749-0739(17)30359-0. PMID: 7987721.

24) Halper J. Advances in the use of growth factors for treatment of disorders of soft tissues. Adv Exp Med Biol. 2014;802:59-76. doi: 10.1007/978-94-007-7893-1_5. PMID: 24443021. *****

25) Me Leong NL, Kator JL, Clemens TL, James A, Enamoto-Iwamoto M, Jiang J. Tendon and Ligament Healing and Current Approaches to Tendon and Ligament Regeneration. J Orthop Res. 2020 Jan;38(1):7-12. doi: 10.1002/jor.24475. Epub 2019 Sep 30.



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