Product brochure

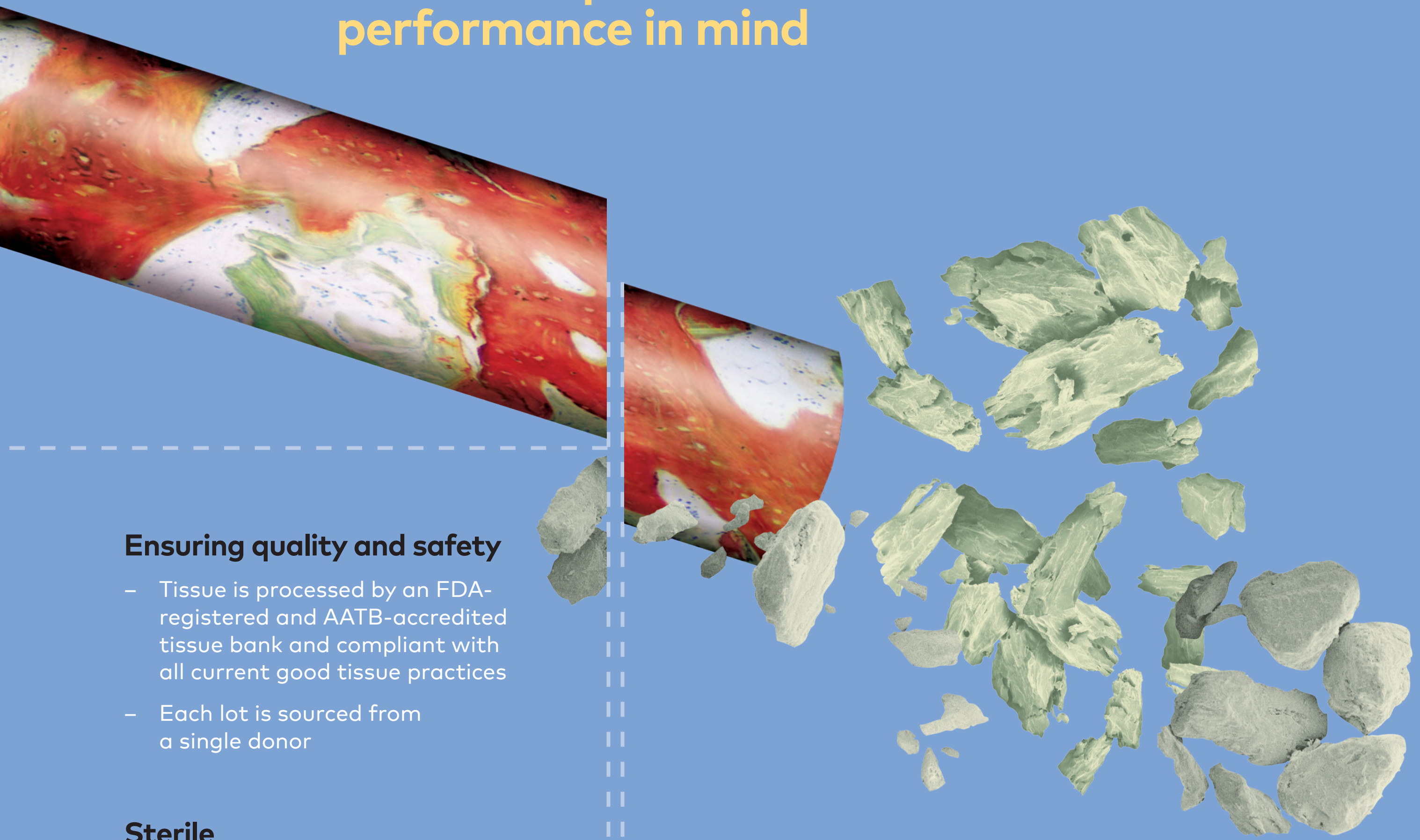
Nobel Biocare™

enCore® allografts

nobelbiocare.com

enCore® allografts

enCore® is processed with performance in mind



Ensuring quality and safety

- Tissue is processed by an FDA-registered and AATB-accredited tissue bank and compliant with all current good tissue practices
- Each lot is sourced from a single donor

Sterile

- All lots are terminally sterilized by low-dose e-beam irradiation
- Double-sterile packaged for aseptic presentation in the surgical field

Chairside efficiency

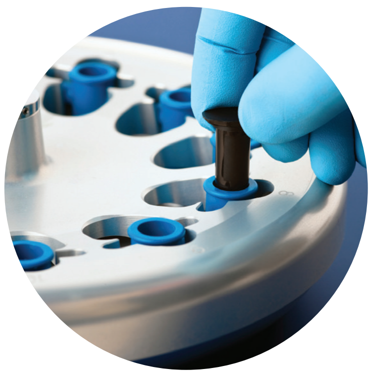
- 70/30, 30/70 and 50/50 combination graft is pre-mixed to reduce inventory and reduce chairside preparation
- Most blends available in the following volumes: 0.25 cc, 0.5 cc, 1.0 cc, 1.5 cc, and 2.5 cc bowls to treat a wide range of bony defects

Tissue donation process initiated by a certified organ procurement organization (OPO)

Allograft

Optimized environment

enCore® 70/30 Combination Allograft is osteoinductive and safe for your patient



Optimized bone regeneration

enCore® 70/30 leverages the complementary benefits of space-maintaining mineralized cortical bone with osteoinductive demineralized matrix to optimize the environment for the regeneration of vital bone.

Pre-sterilization in vitro BMP-2 assay*

Prior to packaging and terminal sterilization, every lot of enCore® 70/30 mineralized/demineralized allograft will include testing for the demineralized portion of the graft for a minimum threshold of BMP-2. All lots that fail to meet this threshold are rejected.

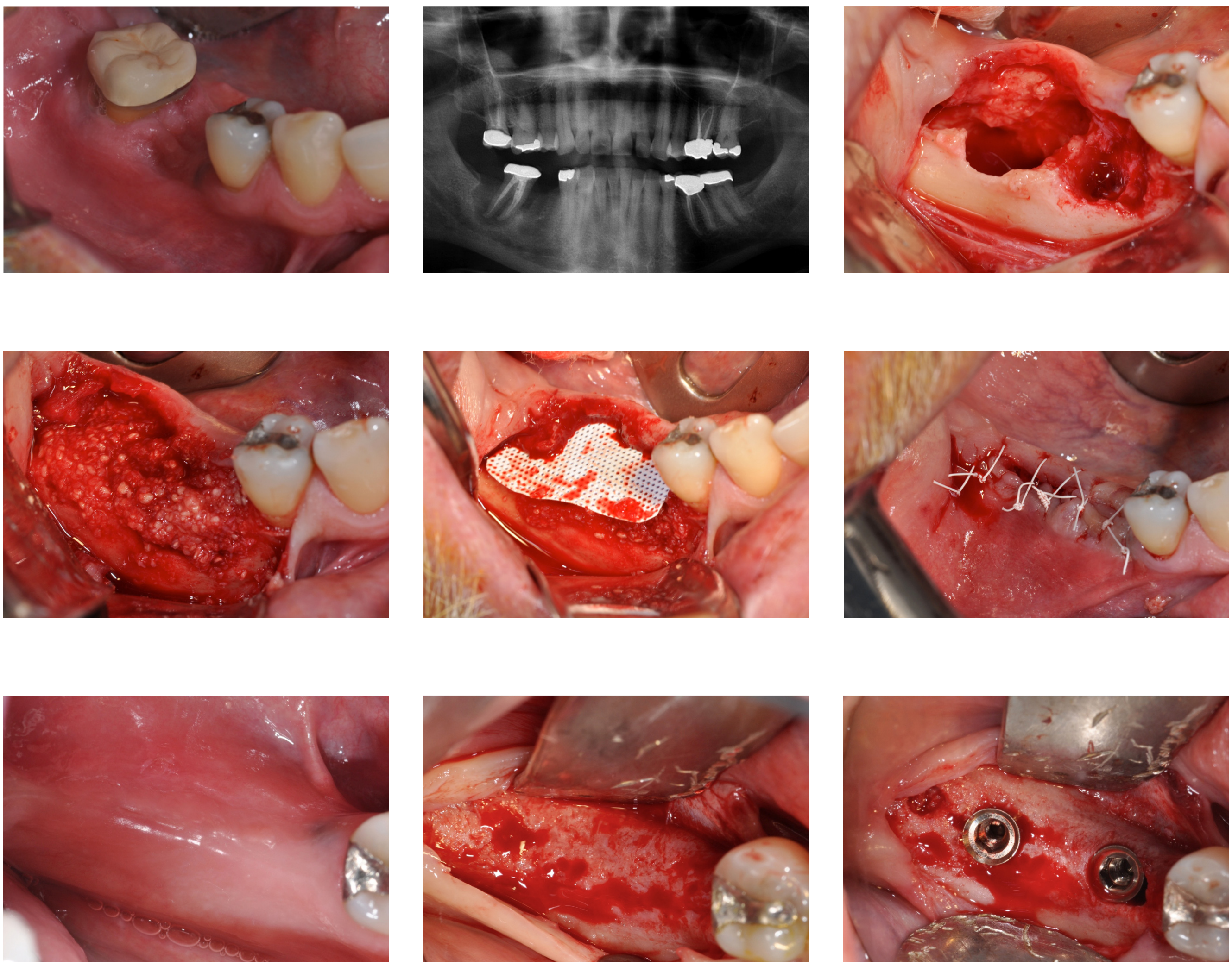
Terminal e-beam sterilization

In choosing a sterilization method and dose, there is a delicate balance between assuring sterility and mitigating impact on product performance. Because of aseptic processing steps, enCore® requires only a low-dose of e-beam irradiation to provide a sterility assurance level (SAL) of 10-6.

* Only demineralized portion of enCore® 70/30 Combination Allograft undergoes testing

Guided bone regeneration

Using a combination allograft and high-density PTFE membrane



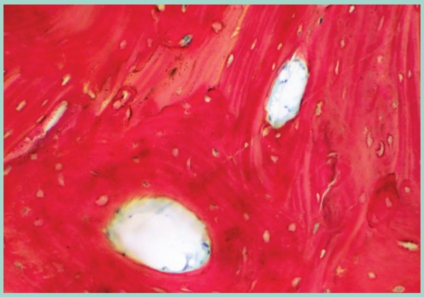
Photos by Barry K. Bartee, DDS, MD

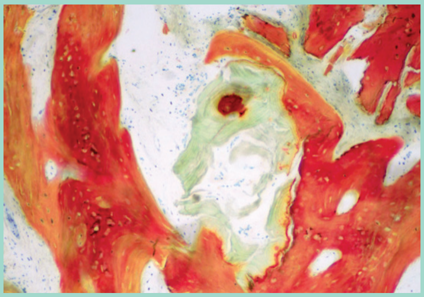
Backed by randomized controlled human clinical trials[1,2,3,4,5,6]

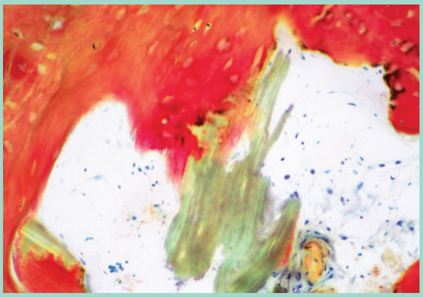
Histologic healing following tooth extraction with ridge preservation using mineralized versus combined mineralized-demineralized freeze-dried bone allograft: a randomized controlled clinical trial. Borg TD, Mealey BL. J Periodontol. 2015 Mar;86(3):348-55.

Representative histology taken at 6 months from a case using 70/30 combination allograft

86% vital bone, 14% residual graft, 51% bone, 49% marrow

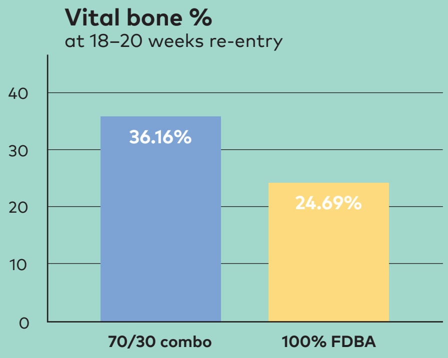


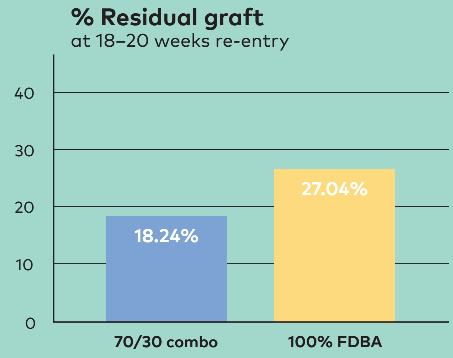




Histology by Michael Rohrer, DDS, MS, University of Minnesota

Increase vital bone at a faster rate[2]





No statistical difference in dimensional changes

1. Zellner JW, Allen HT, Kotsakis GA, Mealey BL. Wound healing after ridge preservation: A randomized controlled trial on short-term (4 months) versus long-term (12 months) histologic outcomes. J Periodontol. 2023 May;94(5):622-629.

2. Nelson AC, Mealey BL. A randomized controlled trial on the impact of healing time on wound healing following ridge preservation using a 70%/30% combination of mineralized and demineralized freeze-dried bone allograft. J Periodontol. 2020 Oct;91(10):1256-1263.

3. Borg TD, Mealey BL. Histologic healing following tooth extraction with ridge preservation using mineralized versus combined mineralized-demineralized freeze-dried bone allograft: a randomized controlled clinical trial. J Periodontol. 2015 Mar;86(3):348-55.

4. Belleggia F. The Pros Of The Staged Approach In Vertical Guided Bone And Soft Tissue Reconstruction Of The Mandibular Atrophy. Presented at the European Academy for Osseointegration (EAO) in Rome Italy, September 25-27, 2014.

5. Demetter RS, Calahan BG, Mealey BL. Histologic evaluation of wound healing after ridge preservation with cortical, cancellous, and combined cortico-cancellous freeze-dried bone allograft: a randomized controlled clinical trial. J Periodontol. 2017 Sep;88(9):860-868.

6. Walker CJ, Prihoda TJ, Mealey BL, Lasho DJ, Noujeim M, Huynh-ba G. Evaluation of healing at molar extraction sites with and without ridge preservation: a randomized controlled clinical trial. J Periodontol. 2017 Mar;88(3):241-249.

Products

enCore® 70/30 Combination Allograft (FDBA & DFDBA)

70% mineralized cortical allograft and 30% demineralized allograft

0.25 mm – 1.0 mm particle size

Size	Article no.
0.5 cc	C73050
1.0 cc	C73100
1.5 cc	C73150
2.5 cc	C73250

Allograft

enCore® OD 30/70 Cortical & Cancellous Allograft

30% mineralized cortical allograft and 70% mineralized cancellous allograft

0.25 mm – 1.0 mm particle size

Size	Article no.
0.5 cc	OD37050
1.0 cc	OD37100
2.5 cc	OD37250

Allograft

enCore® 50/50 Cortical & Cancellous Allograft

50% mineralized cortical allograft and 50% mineralized cancellous allograft

0.5 mm – 1.25 mm particle size

Size	Article no.
0.5 cc	CM55050
1.0 cc	CM55100
1.5 cc	CM55150
2.5 cc	CM55250

Allograft

enCore® Mineralized Cortical Allograft

100% mineralized cortical allograft

0.25 mm – 1.0 mm particle size

Size	Article no.
0.25 cc	SMIN025
0.5 cc	SMIN050
1.0 cc	SMIN100
1.5 cc	SMIN150
2.5 cc	SMIN250

Allograft

enCore® Natural Blend Allograft

Cortical and cancellous allograft

0.25 mm – 1.0 mm particle size

Size	Article no.
0.25 cc	NAT025
0.5 cc	NAT050
1.0 cc	NAT100
1.5 cc	NAT150
2.5 cc	NAT250

Allograft

enCore® Cancellous Allograft

100% cancellous allograft

0.25 mm – 1.0 mm particle size

Size	Article no.
0.25 cc	MCAN025
0.5 cc	MCAN050
1.0 cc	MCAN100
1.5 cc	MCAN150
2.5 cc	MCAN250

Allograft

Rigorous focus on safety

enCore® allografts are processed with multiple safeguards in place to assure allograft safety. enCore® is processed by an FDA-registered and AATB-accredited tissue bank.

Quality Assurance Process

1. **Tissue donation process***
   All lots of enCore® Combination Allograft are sourced from a single donor
2. **Rigorous donor screening****
   Including verification of donor medical records and social history
3. **Rigid recovery procedures**
   Carried out by highly trained and qualified tissue recovery teams
4. **Extensive donor testing**
   Including serological and micro-biological testing, during recovery, processing and packaging
5. **Aseptic processing**
   Reduces or eliminates bioburden on the final product and packaging, thereby allowing the use of low-dose of e-beam irradiation
6. **Comprehensive post-processing review**
   Including visual inspection of final allografts
7. **Terminal sterilization**
   Using e-beam sterilization
8. **Allograft distribution**
   After verification of labeling, sizing, and expiration date

* Initiated by a certified organ procurement organization (OPO)
** In accordance with FDA regulations and standards published by the American Association of Tissue Banks (AATB)

Order online

Order our complete range of implants, prefabricated prosthetics and regenerative solutions 24 hours a day through the Nobel Biocare online store.

store.nobelbiocare.com

Order by phone

Contact your sales representative, or call our customer service team.

800 322 5001 – US

800 939 9394 – Canada

nobelbiocare.com

Nobel Biocare™

89668 A NA 2501 (Rev 00, 01/25) Printed in USA