A chronic wound with EPA (elevated protease activity) has only a 10% chance it will heal, without appropriate protease modulating intervention\(^1\). Once treated with an effective protease modulating therapy, 77% of chronic wounds with EPA have been shown to respond to treatment\(^2\). It is now possible to test chronic wounds for EPA, one of the underlying causes of non-healing, at the point of care. A pilot was carried out at a group of wound care clinics in Germany to assess the impact of testing for EPA in a ‘real world’ clinical setting. The GVW group of wound care clinics follows a consistent care pathway and manages all patient data in an electronic patient record system.

### Introduction

Experts agree that specific diagnostic tests for use in wounds have the potential to revolutionise their treatment and will help to improve standards of wound care and add the cost-effective use of limited resources\(^4\). This pilot demonstrated that in a ‘real world’ clinical setting, targeted treatment with protease modulating therapies, guided by a test for EPA carried out upon initial referral into the clinic, can have a significant impact on clinical outcomes at no additional cost.

### Methods

Upon initiation of the pilot the group’s prescribed care pathway was modified to include the testing of newly referred chronic wounds for EPA and the option to treat chronic wounds with EPA with protease modulating dressings. All clinicians employed by the group were trained on how to carry out the test*.

\*WOUNDCHEK™ Protease Status (Woundchek Laboratories) - Not for Sale in the US.

### Results

#### Economic Results

The difference in material costs between the test group and the comparator group amounts to €219/wound at a cost of only €35 for the test itself, which amounts to €2,044 material savings per EPA wound identified.

### Discussion / Conclusions

Experts agree that specific diagnostic tests for use in wounds have the potential to revolutionise their treatment and will help to improve standards of wound care and add the cost-effective use of limited resources\(^\). This pilot demonstrated that in a ‘real world’ clinical setting, targeted treatment with protease modulating therapies, guided by a test for EPA carried out upon initial referral into the clinic, can have a significant impact on clinical outcomes at 12 weeks, at no additional material cost to the clinic. It has been estimated that dressing costs only account for 16% of the total cost of care for leg ulcers in Germany\(^5\), indicating that the true economic impact of a ‘test and treat’ care pathway could include significant cost savings over time.

### References