

Title: A RCT Evaluating Efficacy of Type-I Collagen Skin Substitute vs. Human Amnion Membrane in Treatment of Venous Leg Ulcers

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Study Aims

This randomized, controlled clinical trial aimed to compare clinical efficacy, healing outcomes, of High Purity Type-I Collagen Skin Substitute (HPTC) vs. Dehydrated Human Amnion / Chorion Membrane (dHACM) in the treatment of venous leg ulcers.

Sample Size Calculation

Standard Two-Sample Comparison of Proportions (e.g., wound closure rate)

Assuming:

- $\alpha = 0.05$ (5%)
- **Power** = 0.80 (80%)
- **Proportion of success in control (p_1)** = 0.60 (typical healing rate for dHACM)
- **Proportion of success in treatment (p_2)** = 0.90 (expected improvement with Type-I collagen)

We use the formula for comparing two proportions:

$$n = \frac{(Z_{\alpha/2} + Z_{\beta})^2 \cdot [p_1(1-p_1) + p_2(1-p_2)]}{(p_1 - p_2)^2}$$

Where:

- $Z_{\alpha/2} = 1.96$ for $\alpha = 0.05$
- $Z_{\beta} = 0.84$ for 80% power

$$n = \frac{(1.96 + 0.84)^2 \cdot [0.6(0.4) + 0.9(0.1)]}{(0.9 - 0.6)^2} = \frac{7.84 \cdot [0.24 + 0.09]}{0.09} = \frac{7.84 \cdot 0.33}{0.09} = \frac{2.59}{0.09} \approx 28.8$$

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~29 participants per group - 30 per group is statistically adequate to detect a difference from 60% to 90% healing rate with 80% power.

Randomization and Blinding: Patients were randomized 1:1 to the HPTC or dHCAM group using a computer-generated randomization sequence. Open-label design (patients and clinicians were aware of treatment allocation). Outcome assessors and statisticians were blinded.

Data Collection and Monitoring

- a. Baseline data: Demographics, medical history, ulcer characteristics.
- b. Weekly follow-ups: Wound measurements (photographic documentation), assess healing progress, pain scores, record adverse events and patient-reported outcomes.
- c. Histopathological specimens were obtained at baseline and day 5 for vascularity assessment.
- d. End-of-Study Visit (Week 6): final wound assessment, collect patient feedback on treatment experience, quality of life and scar assessment.
- e. Data entry and monitoring was managed using an electronic data capture system.

Data Analysis: Data was analysed using SPSS v26.0. Continuous variables were expressed as mean \pm standard deviation, and categorical variables as frequencies and percentages. Student's t-test was used for comparing continuous variables between groups, and chi-square test for categorical variables. A p-value <0.05 was considered statistically significant. Kaplan-Meier survival analysis was used to assess time to complete healing and Cohen's d values for primary histopathological parameters.