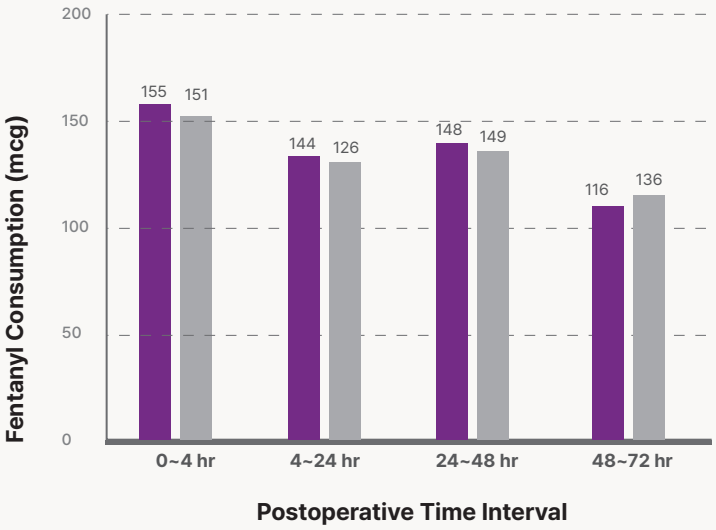
Voferon WI demonstrated non-inferior postoperative pain control versus continuous wound infiltration through 72 hours after laparoscopic colorectal cancer surgery

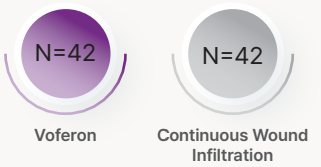
In a prospective, randomized, active-controlled confirmatory study, Voferon WI mixed with 0.75% ropivacaine and applied to the incision site demonstrated comparable opioid consumption, pain-related outcomes, and safety versus continuous wound infiltration (CWI).

Fentanyl Consumption



The data shows that Voferon WI demonstrated non-inferior postoperative analgesic performance

Voferon WI demonstrated non-inferiority versus CWI for fentanyl consumption upto 72 ± 6 hours after surgery, with no statistically significant differences between groups.



Study design: Open-label, prospective, single-center, randomized, parallel-design, active-controlled confirmatory clinical trial. A total of 98 patients were randomized equally to the test and control groups.

Provided comparable postoperative pain-related outcomes

No statistically significant differences were observed between groups for fentanyl consumption, rescue medication use, or NRS pain scores at the prespecified postoperative assessments.

Supported a comparable safety profile

No device-related adverse events, serious adverse events, or unexpected adverse device reactions were reported, and no clinically meaningful safety differences were observed between groups.

Voferon WI demonstrated non-inferior postoperative analgesia through 72 hours after surgery, while pain-related outcomes were similar between groups and no clinically meaningful safety differences were observed versus CWI.

1) Hong SH, et al. (2025). "A Prospective, Randomized, Single-center, Active-controlled Clinical Trial to Evaluate the Efficacy and Safety of Voferon Combined with 0.75% Ropivacaine Hydrochloride for Pain Management in Laparoscopic Colorectal Cancer Surgery." Clinical Study Report (Protocol No. PCT-MDE-MDRA-004), Version 1.0. Catholic University of Korea Seoul St. Mary's Hospital.