Humacyte Announces Hospital Charge Data Showing High Expense of Preventable Extremity Arterial Injury Complications

- Data is from comprehensive review of hospital charges and all-payer claims over five years -

- Preventable complications such as amputation and conduit infection increased initial hospital charges by approximately $493,000 and $590,000 per patient respectively –

- Humacyte's Symvess® has consistently demonstrated low rates of infection and high rates of limb salvage –

DURHAM, N.C., Jan. 08, 2026 (GLOBE NEWSWIRE) -- Humacyte, Inc. (Nasdaq: HUMA), a commercial-stage biotechnology platform company developing universally implantable, bioengineered human tissues at commercial scale, today announced the results of a five-year retrospective analysis of hospital charges, payer costs, and healthcare resource utilization in patients with extremity arterial injury. The average hospital charge for extremity arterial injury repair during initial hospitalization was $316,600 per patient, and amputations and infections increased the average hospital charge per patient by $492,986 and $589,921, respectively. Humacyte's Symvess (acellular tissue engineered vessel) has consistently demonstrated low rates of conduit infection and high rates of limb salvage in the treatment of extremity arterial injury.

Data from two linked databases (Premier Inc. Healthcare Database and Inovalon all-payer claims database) included hospital charges and reimbursed costs in 964 adult patients with extremity arterial injuries that required surgical repair. Patients undergoing extremity arterial injury repairs using autologous vein, synthetic grafts, and other biological conduits were included, from 2018-2023. All data were collected prior to Food and Drug Administration approval of Symvess for extremity arterial injury repair and so reflect healthcare economics prior to Symvess commercialization. Healthcare costs were analyzed using logit and generalized linear models.

The extremity arterial injury patient cohort had an average age of 36.5 years, and 26% were treated with conduits other than autologous vein. The average hospital charge for extremity arterial injury repair during initial hospitalization was $316,600, and the average reimbursed cost was $75,947. Preventable complications had enormous impacts on hospital charges, in particular graft infection, amputation, and rhabdomyolysis (severe ischemic damage to muscles). However, incremental reimbursement for these complications was substantially less than the increased hospital charges. Vascular graft infection resulted in an average of $589,921 in additional hospital charges, and the average reimbursed cost was $84,598. Amputation resulted in an average of $492,986 additional hospital charges, and the average reimbursement was $116,611.

Symvess offers an alternative to the high costs of complications from extremity arterial injury that occur when vein is not feasible for repair. As previously reported in *JAMA Surgery*, in clinical study Symvess's rate of infection was one-ninth that of synthetic graft historical controls, and Symvess's amputation rate was one-fifth that of historical controls.

"This analysis of a real-world population of patients with vascular trauma showed that the high costs often stem not from the initial injury, but rather from preventable complications such as conduit infection, amputation, and rhabdomyolysis. In addition, post-discharge health care resource use was the lowest among the different graft types and remained stable over time for autologous vein-treated patients; for patients treated with other graft types, rates of outpatient, ER visits, and hospital stays were higher at 6 months and further increased through 18 months post-injury," said Fulton Velez, MD, MS, MBA, Humacyte's Head of Field Value & Market Access. "For the sizeable number of patients who cannot be repaired using their own vein, Symvess can help reduce these expensive complications and save healthcare dollars while improving patient outcomes."

Recently published positive three-year results from the V005 Phase 2/3 study of Symvess in extremity arterial injury repair represent the first-ever prospective long-term data in traumatic arterial repair using an off-the-shelf biologic conduit. Extremity arterial injury wounds are challenging for surgeons to treat, and autologous vein grafts have traditionally served as the standard of care due to their durability and low infection rates. However, autologous grafts are not always feasible in trauma settings where veins are damaged or there is little time to harvest - as evidenced by the fact that 26% of reported repairs of such injuries are not performed with vein. Symvess is designed to be immediately available off-the-shelf — saving critical surgical time in emergency situations — and has also consistently demonstrated low rates of infection and high rates of limb salvage.

INDICATION

Symvess is an acellular tissue engineered vessel indicated for use in adults as a vascular conduit for extremity arterial injury when urgent revascularization is needed to avoid imminent limb loss, and autologous vein graft is not feasible.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: GRAFT FAILURE

Loss of Symvess integrity due to mid-graft rupture or anastomotic failure can result in life threatening hemorrhage.

CONTRAINDICATIONS

DO NOT use Symvess in patients who have a medical condition that would preclude long-term antiplatelet therapy (such as aspirin or clopidogrel) after resolution of acute injuries.

WARNINGS AND PRECAUTIONS

- **Graft Rupture**

Vascular graft rupture has occurred in patients treated with Symvess. Advise patients that arterial bleeding can be life-threatening and to seek emergent medical evaluation for any signs or symptoms of graft rupture such as bleeding, pain and swelling in the extremity, or signs of extremity

ischemia.

- **Anastomotic Failure**

Anastomotic failure has occurred in patients treated with Symvess. In clinical studies of Symvess, anastomotic failure occurred within the first 36 days post-implantation. Monitor patients for signs of anastomotic failure such as pain and swelling at the surgical site, decreasing hemoglobin or other signs and symptoms of bleeding. Advise patients to seek urgent medical evaluation if they have any signs or symptoms that may be indicative of anastomotic failure such as bleeding, swelling or worsening pain at the surgical site or changes in color of overlying skin.

- **Thrombosis**

Thrombosis has occurred in patients treated with Symvess. In clinical trials of Symvess, patients received antiplatelet therapy following implantation of Symvess to reduce the risk of thrombosis. The risk of thrombosis may increase in patients who discontinue antiplatelet therapy. Anti-platelet therapy is recommended following treatment with Symvess.

- **Transmission of Infectious Diseases**

Symvess is manufactured using cells and reagents that may transmit infectious diseases or infectious agents. The cells used in the manufacture of Symvess are derived from a donor who met the donor eligibility requirements for transmissible infectious diseases which includes screening and testing of risks associated with human immunodeficiency virus 1 (HIV-1), human immunodeficiency virus 2 (HIV-2), hepatitis B virus (HBV), hepatitis C virus (HCV), and syphilis (Treponema pallidum). The cell banks are tested negative for human and animal viruses, retroviruses, bacteria, fungi, yeast, and mycoplasma. While all animal-derived reagents are tested for animal viruses, bacteria, fungi, and mycoplasma before use, these measures do not eliminate the risk of transmitting these or other transmissible infectious diseases and disease agents. Fetal bovine serum is sourced to minimize the risk of transmitting a prion protein that causes bovine spongiform encephalopathy and the cause of a rare fatal condition in humans called variant Creutzfeldt-Jakob disease. No transmissible agent infections have been reported during clinical testing.

ADVERSE REACTIONS

The most common adverse reactions (occurring at ≥ 10%), were vascular graft thrombosis, pyrexia (fever) and pain.

Please see full Prescribing Information at www.symvess.com, including Boxed Warning, for Symvess.

About Humacyte

Humacyte, Inc. (Nasdaq: HUMA) is developing a disruptive biotechnology platform to deliver universally implantable bioengineered human tissues, advanced tissue constructs, and organ systems designed to improve the lives of patients and transform the practice of medicine. The Company develops and manufactures acellular tissues to treat a wide range of diseases, injuries, and chronic conditions. Humacyte's Biologics License Application for the acellular tissue engineered vessel (ATEV) in the vascular trauma indication was approved by the FDA in December 2024. ATEVs are also currently in late-stage clinical trials targeting other vascular applications, including arteriovenous (AV) access for hemodialysis and peripheral artery disease (PAD). Preclinical development is also underway in coronary artery bypass grafts, pediatric heart surgery, treatment of type 1 diabetes, and multiple novel cell and tissue applications. Humacyte's 6mm ATEV for AV access in hemodialysis was the first product candidate to receive the FDA's Regenerative Medicine Advanced Therapy (RMAT) designation and has also received FDA Fast Track designation. Humacyte's 6mm ATEV for urgent arterial repair following extremity vascular trauma and for advanced PAD also have received RMAT designations. The ATEV received priority designation for the treatment of vascular trauma by the U.S. Secretary of Defense. For more information, visit www.Humacyte.com.

For uses other than the FDA approval in the extremity vascular trauma indication, the ATEV is an investigational product and has not been approved for sale by the FDA or any other regulatory agency.

Forward-Looking Statements

This press release contains forward-looking statements that are based on beliefs and assumptions and on information currently available. In some cases, you can identify forward-looking statements by the following words: "may," "will," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "continue," "ongoing" or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. These statements involve risks, uncertainties, and other factors that may cause actual results, levels of activity, performance, or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this press release, we caution you that these statements are based on a combination of facts and factors currently known by us and our projections of the future, about which we cannot be certain. Forward-looking statements in this press release include, but are not limited to, our plans and ability to commercialize Symvess and, if approved by regulatory authorities, our product candidates, successfully and on our anticipated timelines; the degree of market acceptance of and the availability of third-party coverage and reimbursement for Symvess and, if approved by regulatory authorities, our product candidates; our ability to manufacture Symvess and, if approved by regulatory authorities, our product candidates in sufficient quantities to satisfy our clinical trial and commercial needs; the anticipated benefits of our ATEVs relative to existing alternatives; our plans and ability to execute product development, process development and preclinical development efforts successfully and on our anticipated timelines; our ability to design, initiate and successfully complete clinical trials and other studies for our product candidates and our plans and expectations regarding our ongoing or planned clinical trials; the anticipated characteristics and performance of our ATEVs; the implementation of our business model and strategic plans for our business; our ability to execute and achieve the expected benefits of our cost-saving measures and whether our efforts will result in further actions or additional asset impairment charges that adversely affect our business; and the timing or likelihood of regulatory filings, acceptances and approvals. We cannot assure you that the forward-looking statements in this press release will prove to be accurate. These forward-looking statements are subject to a number of significant risks and uncertainties that could cause actual results to differ materially from expected results, including, among others, changes in applicable laws or regulations, the possibility that Humacyte may be adversely affected by other economic, business, competitive and/or reputational factors, and other risks and uncertainties, including those described under the header "Risk Factors" in our Annual Report on Form 10-K for the year ended December 31, 2024 and Form 10-Q for the quarter ended September 30, 2025, each filed by Humacyte with the SEC, and in future SEC filings. Most of these factors are outside of Humacyte's control and are difficult to predict. Furthermore, if the forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at

all. Except as required by law, we have no current intention of updating any of the forward-looking statements in this press release. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this press release.

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