



## MedTech Innovation Webinar - IART | Wells Fargo | March 16, 2026

Speaker 1:

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Vik Chopra:

Okay. Thank you, operator, and good morning everyone. My name is Vik Chopra, part of the medical device equity research team at Wells Fargo, and I'm very pleased to have Integra LifeSciences on with us today as we kick off our 2026 MedTech Innovation Spotlight webinar series. Joining us from the company are Dr. Raymond Turner, Corporate Vice President and Chief Medical Officer, as well as Chris Ward, Director of Investor Relations. In terms of format, I'll ask a series of questions, and if anyone has a question they want me to ask on their behalf, please email it to me at [vik.chopra@wellsfargo.com](mailto:vik.chopra@wellsfargo.com). Hi, everyone. Welcome, and thank you for joining us today. Thank you, Dr. Turner. Thank you, Chris. Maybe let's start off with some big picture questions. Dr. Turner, you joined Integra in the fall of 2025 as the company's chief medical officer after holding leadership roles at companies like Siemens Healthineers and Cerenovus, which is part of J&J. You're also a practicing neurosurgeon. Can you walk us through your background and what ultimately led you to join Integra?

Dr. Raymond Turner:

Yeah, absolutely. Thanks, Vik, for having me on. Appreciate the time. So as you stated, I'm a board certified neurosurgeon. I did my neurosurgery training at the Cleveland Clinic, and it was really during that time that I learned how to evaluate and test medical devices. This was back in the day before flow models and simulators. And so learning how to create surgical models to test medical devices was really key to bringing things to market. And so I kind of honed those skills then. When I left in 2008, I took my first clinical job as an academic neurosurgeon at MUSC in Charleston, South Carolina, and eventually grew through the ranks there of being residency program director and chief of neurosciences where I oversaw the businesses of neurology, neurosurgery, and ENT.

But during that entire time, I always wore that med tech hat. I was able to leverage the experience I had in residency and testing metal devices and the relationships I built with different parts of the industry between engineers and marketing people and commercial people. And I was fortunate enough to actually be part of seven startups that exited successfully. And that eventually led to me taking on more professional roles and leadership positions at J&J and Siemens, as you mentioned, where I was able to start gaining more formal large company experience in medical affairs, clinical affairs, biz dev, strategy.

And then in 2020, about a year after we sold Corindus to Siemens for a billion dollars, Siemens asked me to come on and become CMO for the Advanced Therapies Division. And it was really to help with the

integration of the Corindus acquisition and then the transformation of that business line into what it is today. And one of the things that was actually really cool was I was the first practicing physician as an employee of Siemens in the 100+ year history of the company, which I thought was kind of neat, a little feather in the cap there.

In summer of '24, I scaled back my clinical practice to allow more time to focus on my med tech career, but I still love practicing, I love operating on patients, taking care of patients and driving them to better outcomes. And so I still operate about a week a month, and I remain active in organized neurosurgery, particularly as being an examiner for the American Board of Neurosurgery. But the days of me running clinical trials, publishing 10, 15 papers a year are a little bit behind me now is I really want to focus more on what's going on in corporate America and med tech. And so in the fall when the opportunity to join Integra came up, for me, it was like a natural evolution of my career. I could take all the things I learned in both the startup world and in large corporate America and now apply to really a quintessential neurosurgery company.

They've got a really strong portfolio I've used in my entire career. So I was super familiar with three quarters of the company's portfolio. And it also is going to allow me to challenge myself into new areas such as women's health, wound health, complex wound management, those sorts of things. And so plastic surgery stuff, which is about a quarter of our business. And so for me, Integra's a little bit personal. It's critically important to my patients and my clinical practice, and it's going to allow me to really, I think, continue to expand my role and my career as I develop as a chief medical officer in corporate America.

Vik Chopra:

Got it. That's a super helpful background. So Integra has two key segments, Codman Specialty Surgical and tissue technologies. Maybe just talk about what Integra's overall approach to innovation is within these two segments.

Dr. Raymond Turner:

Yeah. As you probably are aware, we're going through a little bit of a transformation and the recent addition of our chief technology officer, I think is going to be key to really how we prioritize and develop our innovation program to make smarter decisions. With the transformation, we're no longer going to be siloed in that aspect. So we're going to be looking at things at a more corporate level and we're going to be able to now leverage the expertise on both sides of the house, so to speak, to get us to where we need to be in the future. So for us, innovation comes in a couple different flavors. There's the clinical data development, which is near and dear to my heart, and that's the clinical trials, real-world evidence generation that allows us to either expand into new markets or further support and differentiate us in our current markets.

And then of course, we got the new product innovation that we're going to be bringing into the market, whether it's organically brought in or if it's stuff that we acquire externally and bolt on to our current portfolio. And that's really more, I think, an interesting aspect of how our role with chief technology officer and partnering with our businesses is going to really help us understand where do we make those investments? Can we do it faster, smarter internally? Is it better to do it externally? And that's really going to drive success in the future. Now, I think fundamentally what's important with Integra, and at least in my experience as a neurosurgeon is they've always been very close to the physicians and the patients. And so we really understand, I think, the needs of our patients, the solutions that our surgeons need to drive better care. And so that's really going to help us with making smart decisions on where we need to leverage our expertise to drive better outcomes.

I think the other thing that we're starting to face, and we certainly have this expertise a lot on our tissue technology side of the business is the changing landscape of payers and reimbursement and CMS. And that's moved a lot more aggressively in that space. And so we've got a lot of experience dealing with commercial payers and CMS for reimbursement of those products. And I think as that starts to move into the neurosurgery side of the business, we'll be well-positioned to tackle those challenges as they come up. So I think there's a lot of opportunities for innovation from both how we bring products to market, how we support current products, and lastly, how we differentiate ourselves with the payers. And for us, innovation is kind of all those different flavors.

Vik Chopra:

Got it. Let's talk about how resources are allocated between the two divisions. They both have different growth and profitability profiles. And second part to that question is, how do you think about investing for growth internally versus looking externally?

Dr. Raymond Turner:

Yeah, absolutely. So we're now looking at things a lot more corporate-wide with this transformation that we've gone through. We've had a lot of new leadership come on board, and I think that's good because we got a healthy balance of successful legacy leaders that understand the history of Integra, and then we've got some new voices and perspectives coming in. It's all going to be about making the right trade-offs, just like with any other company. Fast, short-term growth isn't necessarily the best way to allocate your capital dollars. And so for us, it's really understanding our portfolio well, where we're differentiated, where we have the right to play, and then expanding into those areas that are going to continue to see not just short-term growth, but long-term growth, and allow us to compete. We've got a really highly collaborative process right now. It's exciting to get together with the leadership team, whether it's with R&D, our clinical, our commercial teams, our marketing teams.

And so one of the things I've noticed, and I've only been at the company now about six months, is even in six months with our transformation, we're really starting to make, I think, more accurate decisions in a more rapid manner. And so I've been really impressed with how collaborative things have been and how things have gotten even more and more collaborative as we've gone through this transformation. So everybody's really rowing in the right direction and together on this. And so for us, we've got neurosurgery, we've got tissue technologies, we've got ENT. And so looking at those portfolios, we're going to be making targeted investments both in clinical evidence generation as well as our new product launches, international expansion, and then obviously determining if there's some sort of acquisition that needs to be made to further support us. We've got eyes on all those things going on and we're going to make the right decisions for both internal and external allocations of resources. If we can build it faster internally, we will, but if it's better to partner and go outside, we're certainly going to do that.

Vik Chopra:

Great. Let's dive into your neurosurgery portfolio. Integra has a long history of providing physicians with category leading products across CSS and tissue technologies. But just focusing on the neurosurgery portion of the business first, as a practicing neurosurgeon, you have a unique

Vik Chopra:

Perspective on the company's offerings. Maybe just touch on why Integra has been able to build and maintain such a leadership position in neurosurgery.

Dr. Raymond Turner:

I mean, as you know, this is personal for me. It is hard for me, and it's hard for my colleagues around the country and around the world to do neurosurgery without Integra products. They're a little bit like the Kleenex brand. You don't ask for facial tissue. You ask for a Kleenex. Integra's got some of those in the portfolio. And some of them have been around for a while, and they've got that staying power because Integra understood the need when they developed it. These needs and these problems have persisted, and Integra solutions are just solid. They're just that much better.

I really think it really comes to, with neurosurgery, we got some challenging problems, whether it's hydrocephalus, stroke, bleeding in the brain. Every case is a little bit different. And we really got to be thinking on our feet. And one of the things that I think is important for us is the solutions we use to help our patients are going to have huge impacts on them, whether it's an implant, such as a shunt, or if it's a tool that we use to take out a clot that doesn't actually get implanted. You look at some of our portfolio. DuraGen. That thing is gold to us. When it comes to dural regeneration and closing of the cranial access or in the spine, it's used in so many cases. It's almost hard to imagine doing surgery without having that available.

You have the Codman line, whether it's taking care of patients that are dying, and we need life-saving therapies in the ICU, or if it's placing a shunt in a child who's got hydrocephalus that's going to die without it. Those technologies are just things that are really hard to live without.

I think, for us, it's important that we maintain this leadership position. It's important that we continue to bring lifesaving therapies to these patients, and it's important that we stay close to our surgeons and close to the patients so that we're bringing them solutions that hit the bullseye, that aren't just on the board but are hitting the bullseye. And when you do that, you get staying power. And you build that brand loyalty. You build that trust with the customer. And you just flourish from there.

Vik Chopra:

Got it. Pivoting to the tissue technology side of the business, Integra provides products across complex wound and surgical reconstruction. Talk about what sets Integra's portfolio apart from the numerous competitors in this space.

Dr. Raymond Turner:

This has been a new one for me. Being a neurosurgeon, I didn't play in this space too much at all. I didn't really understand it, and so I've been diving into it pretty deep. Super exciting to learn about this. I've spent a fair bit of time with burn surgeons, reconstructive plastic surgeons, that do a lot to improve women's health as well as some complex wound surgeons. General surgeons.

Here, obviously the core technology is key, whether they want something that's resorbable or non-resorbable. Tissue handling properties. Is it suturable? Is it going to maintain the suture? Is it going to prevent scarring and things of that nature? All those things are what's important to these surgeons, as well as particularly when it comes to complex wounds and burns is the integration that occurs with the tissue technology. And as the skin continues to grow, and we're filling in these large defects and these large burn areas, the quality of those products is key.

And also having a full portfolio. Because one of the things I learned, particularly with burn surgery and complex wounds, is it's not one surgery, and you're done. It might be 10 surgeries. And you're slowly building up these layers of tissue. And every surgery's got little different nuances of what needs to happen, whether it's building up and getting blood vessels to grow into it, or if you're near the end, and

you're trying to get the skin to grow and integrate into it and close over it. Having that full portfolio is super key.

One of the things I found similar in neurosurgery is, with this group of surgeons, is they're very much, I think, in love with a lot of our product portfolio and the breadth of it. And I was talking to a surgeon when I was up in Montana at a big quality conference, and he's asking what I'm doing.

I'm like, "I'm working Integra Chief Medical Officer." And he goes, "Integra." He's like, "Integra Skin?" which is one of our products. And I'm like, "Yeah." And he goes, "Man," he goes, "that stuff's amazing." He's like, "I can't operate without it." And I hear that kind of sentiment. I heard it at the plastic surgery meeting at ASPS down in New Orleans.

I think there's a passion for the products, and I think there's a passion for the portfolio, and there's certainly a passion for solving some of these really critical problems. For us, again, magic sauce in our tissue technology is no different neurosurgery. It's understanding the physician's needs. Understand the problem. Solve that problem. Alleviate their pain points. Leverage our science and our technology to continue to deliver better and better products. And we've got a good track record of doing this and making smart decisions. Understanding that core problem is critical. And I think Tissue Technologies has been doing it amazingly well. And I'm almost ashamed to say I didn't know more about it before I joined Integra.

Vik Chopra:

Right. Well, I mean, you're a neurosurgeon, so I guess that would make sense.

Look, I think that's a great overview of the portfolio across both segments. But let's talk about how we should think about the company's strategy to leverage the existing portfolio of technologies in combination with the clinical evidence generation to expand the applicability of these products.

Dr. Raymond Turner:

A foundation to that is driving clinical evidence and continuously striving for better and better patient outcomes. And anytime you're doing a study, you learn a lot about your product, whether it's a formal randomized clinical trial or whether you're looking at real-world evidence generation. You understand, I think, how your product's used, how well it's working, where are the things that have opportunities to improve, and how you can leverage that for next-generation development of technologies. Our expansion strategy really starts with understanding that core principle. What is the problem? What do we need to solve? When is good good enough? And when do we need to pivot and make things better to get better patient outcomes?

Neurosurgery's interesting. Neurosurgery and tissue technology are really two different beats. Neurosurgery, very well-reimbursed field. A lot of DRG-based payments. Most of it's been large tertiary coordinated care-center-based surgeries or life-saving surgeries, life-sustaining surgeries. We haven't seen some of that financial pressures come down like we see from CMS and from payers as much in tissue technology space. It's a little bit of a simpler framework.

We're able to, I think, leverage, I think, our experience and our technologies to expand into the newer areas such as what we did with Aurora Surgiscope and stroke and treating ICH because of our experience in the critical care field and initially saving those patients' lives and keeping them alive. Now, we're making them clinically better with those therapies. For us, that's a pretty simple framework to work within.

Tissue technology is a little bit different. Surgeries are done in hospitals. Surgeries are done in ASCs. Surgeries are done in clinical office space. There's a lot of CMS and payer pressures on these things. Our

health economics research is a lot more important in that area and trying to drive not just better clinical outcomes, but it's that whole value equation of outcomes over cost and making sure that we're driving better outcomes at a sustained or lower cost to our industry and into the health system. That's kind of been an interesting nuance to things that we don't have to deal with in neurosurgery that's very important to us.

I think we're going to continue to see these pressures. I think it's going to eventually grow in neurosurgery, but we're also going to see neurosurgery move into the ASC spaces and into office-based procedures. We're already starting to see that. I think we're really well positioned to manage those different areas because of the experience we have on both sides of the house. And it's great that, with the transformation, we're going to be bringing all those expertise together and sharing the experiences and learning so that we're not making the same mistakes we've done in the past. Super excited about this.

Vik Chopra:

Great. The company has also recently leaned into innovation as a driver of long-term growth. I'd love to spend some more time walking through the overarching innovation strategy and how that plays out more practically.

As a practicing surgeon, you're obviously in touch with what moves the needle in the way you operate and ultimately treat patients better. Talk about how you and the company are approaching the new product development process to ensure that what you bring to market is truly a gold standard product or solution which is in line with how customers view your existing portfolio.

Dr. Raymond Turner:

Neurosurgery is simple. We've got great connections with all our neurosurgeons. And me being a neurosurgeon, I'm able to expand that, I think, further.

I've talked a lot about understanding the problem, finding the pain points, whether it's making things better or making things easier to use. One of the things that we hear from my colleagues around the country a lot is obstruction and shunt failures. Many shunts are going to fail within the first two years. If you're a pediatric kid, the likelihood of your shunt failing in the first two years is astronomically high. These kids go through not a couple revisions. Literally dozens and dozens of revisions over their lifetime. And it's just everyone makes it harder and harder. That's a pain point. Developing technology

Dr. Raymond Turner:

... That can minimize shunt obstructions, can keep the fluid moving through the shunt so it doesn't get gummed up and clogged up like a drain. That's critical. That's an incredible innovation that we're bringing to market that we expect is going to help decrease the need for revision surgeries, keep kids healthy, keep them at home, keep them in school, keep adults at work, things of that nature. I think it's just going to drive better outcomes. Mayfield Ghost is another good example. More and more surgery is being leveraged with imaging, whether it's X-rays, CT scans, things of that nature. Creating a head holder that holds a head still but is radio loose and so you don't have the artifact, huge. Huge for us clinically as a surgeon. That's been a home run for us. That's a great example of an internally developed product that's driving better outcomes. Aurora Surgiscope, which was an incredible innovation I got to be a part of when we founded it, that's a great example of leveraging M&A to meet the needs.

Stroke's a horrible disease. Being able to get patients out of the hospital faster, get them to a better outcome sooner. That's what Surgiscope does for intercerebral hemorrhage. Now we're going to start expanding it into tumor work and other areas. And so these technologies, they help patients. And for us,

it's looking at what's inside our... What's on our shelves and what are we using today? Maybe what were some ideas we had 10 years ago, but technology wasn't ready to be able to bring it to market in a large enough fashion. And then really making that critical decision of, can I do it internally faster and cheaper and better? Or do I need to acquire it? Do I need to acquire it? Is it ready to go? Do we need to acquire it and then further develop it? And that's where I think having a chief technology officer, having clinicians close to the company, myself, and we have other physicians in the company, and then obviously our KOLs, critical to understanding is this thing going to hit the target or not?

It's not good enough anymore to be on the board. We have to hit the bullseye. And that's something that I think we do really, really well. We do it similarly on the tissue technology side, but obviously from a passion standpoint, I think you hear it from me from the neurosurgery side. We're ready to rock and roll and we're excited about this.

Vik Chopra:

Got it. So I'd say in the past, Integra hasn't necessarily been known for its organic innovation engine. Now with you coming on board and the company's shift in focus, how should we think about the evolution of your ability to organically bring new products and new technologies to market?

Dr. Raymond Turner:

Yeah, I think historically you're right. It's been a lot of acquisitions and then some innovative improvements. Until you go all the way back to some of the original tissue technology stuff with IntegraSkin and DuraGen and stuff like that. I think one of the things that we have solved with our transformation is the unifying of the R&D group under a chief technology officer. That's going to no longer be a fragmented group. We're going to be working together and being able to make the smart bets and make the smart decisions of where we're going to allocate our resources. And I think that's going to start to lead to more and more internal innovation and true novel technology development. Whereas before, I think when we were fragmented, I think it was hard. I think the easier lever to pull was just go buy something. Now that we're unified, I think that's going to allow us a better opportunity to really drive some innovations internally and get things going.

And I think also having physicians that are really close to the space, it's easier for us to understand what information we're getting about our innovation that's noise, and what is really important in terms of solving the clinical problem. This is a huge problem I saw in my corporate life in the past, and even, not just large corporates, even startups is all the different opinions. Sometimes it's hard to understand where's the source of truth and where's the direction you need to go in. I think we're better aligned to do that now with our transformation and being able to bring some really novel ideas to market. And so for me, we're never going to go away from the idea of doing an acquisition. I think there's too many great opportunities out there, some really smart things going on that we just don't have the resources to investigate and experiment in, to see if it's really a market we should be moving into.

But man, we've got some incredible technologies and opportunities with our tissue technology as a core thing. Surgiscope is a foundational thing that can expand in other areas of surgery. I look at all our DuraGen stuff. We've got some really great opportunities to take some products and really innovate and drive it to drive us better outcomes. And so we're certainly going to be aggressive in doing that.

Vik Chopra:

Got it. You've talked about the CTO role. I believe this is the new leadership role for the chief technology officer who is charged with accelerating the impact and speed of product development, and as well as to

strengthen the company's innovation pipeline. Can you talk about how the addition of this function collaborate with the work you're doing to help drive innovation going forward?

Dr. Raymond Turner:

Yeah, I'll tell you, Testar and I are getting close. He's been on the job for four or five weeks now. He's been a breath of fresh air. Really smart. He's got background in neurosurgery. He's got background with our tissue experience. Really, really looking forward to working with him over the course of this year and into the future. I find we're fairly like-minded and aggressive in what we want to go after. I think the core things that we're going to be doing is really diving deep together into the current portfolio, see what we got, see where the gold nuggets hiding that we can really expand upon. And then obviously we're going to be working very closely with our strategy and biz dev team to understand the landscape externally. And for six months, I've been working on that with them as well. And so bringing Testar up to speed on that's going to be important so we can start making those smart decisions of where are we going to put our money?

Are we going to do it internal or we're going to do external? What's got the best growth opportunity? What's going to have the most impact? How are we going to be best differentiated? How are we going to make our surgeon's lives easier, our patients' lives better? And so I'm excited about that because we're going to be able to now leverage that at a more corporate level. And I think we're going to be able to have more resources available. It's one of those things where now the sum of the parts is greater than the whole. So super excited about that. And we've got our game board. We understand what's out there. We're excited about it. We're excited about where neurosurgery's going. We're excited about where plastic surgery and wound healing is going. And we can't wait to play in that space. And it's going to be a combination of internal and external.

And now we've got the right people at the table to make those smart decisions so we're not reliant solely on external M&A to move us forward.

Vik Chopra:

Got it. Patient needs and the way care is delivered is obviously a constantly evolving landscape. Talk about how does your innovation roadmap factor into this dynamic environment? How does it inform your approach to product development and how do you identify and pursue opportunities in the future?

Dr. Raymond Turner:

Yeah. And I touched a little bit on this. Because we live in different spaces. We've got the big bricks and mortar hospital that I kind of practice in. We've got the ASCs, we've got office-based procedures, we've got specialized wound care clinics and things of that nature. And so we've got a lot of experience from a business standpoint of being able to deliver into those spaces, navigate some of the challenges with payers and VAT committees and things of that nature. So I think those are really, from a business standpoint, we understand it foundationally. I think what we're seeing change is the surgical techniques have changed that have allowed things to move into more and more outpatient center spaces. And care paradigms and care pathways have evolved to the point where things are a lot more structured. I think they're driving better outcomes, but it's also pushing them into different places, like specialized wound care clinics and things of that nature.

And because we're close to the surgeons, we're understanding that space really, really well. I think probably the newest thing we're starting to see is neurosurgeon moving into office-based procedures and ASC stuff. Things that traditionally have always been hospital-based. But because surgical techniques have improved, it's safe for patients to go home same day. And it might have been like that

for a while, but now DRG and some of the payment stuff with CMS has changed that allowed us to do these procedures and not force the patients to stay in the hospital overnight. So we're seeing this landscape change. It's evolving rapidly and it has to because healthcare in America is expensive, and patients not returning to work is expensive. Disability is expensive. And just getting people back to their previous state of health, restoring their life, obviously it's core to us as part of our mission and our values, but we have to as a society, we need to figure this stuff out.

And so for us, I feel good about where we're positioned, because we got the business expertise to manage those areas, and we've got the clinical expertise now to see where things are moving. And so in this space, this is a little bit of skating to the puck. We got to see where things are moving and we got to be ready for that and not be reactionary. And I think we're in a good position to make sure that we're not on our heels on this. We're on our toes and we're going after it aggressively and we're pushing the envelope and meet the needs of our customers and our patients.

Vik Chopra:

Got it. We've talked about this, we've touched on it a couple of times, but you've talked about your intention to continue to leverage inorganic opportunities to bring innovation into the company. Talk about how you evaluate those assets or companies as part

Vik Chopra:

... part of your overall roadmap strategy.

Dr. Raymond Turner:

Yeah, so super important. At the core, we are a neurosurgery company. We're a plastic surgery company. We are a women's health company. We specialize in burn care, critical care, things of that nature. So I think from our standpoint, we're going to get team to leverage those areas of expertise. We've got our game board, so to speak, of what's going on out there. There's some really exciting things happening, but there's some exciting things that are happening, and some really successful small startups that I worry about what's going to happen in five years. As we know and see where things are changing from a payer standpoint or CMS standpoint, or because of the other technologies out there where things are really going to get leapfrogged very quickly. And so we are not going to necessarily invest in things that are going to be great for us short-term. We're going to be a little bit more of a long-term play on this stuff.

Obviously, it's got to win short-term, but we're looking at technologies and opportunities that are going to drive us for the future, not just meet a need in a short term. And I think we need to, and it's going to be foundational to what we are and who we are as a company. And yeah, I mean, we know where they are, and I think when the time is right, you're going to start seeing us make some moves in these spaces that are in our current areas of our portfolio or adjacent enough that it just makes sense. And I'm sure we'll probably get more into that on Investor Day at the end of the summer.

Vik Chopra:

Got it. And can I just ask these inorganic opportunities at M&A, is it sort of focused more in CSS or Tissue-Tek, or is it across the board?

Dr. Raymond Turner:

I would say it's across the board with ENT, neurosurgery, tissue technology, critical care. I think are some of these areas that we're really looking at, but we're also looking at the immediate adjacencies that may not be in our current portfolio, but our customers and our patients on our call points, our surgeons, our active in. And so we might be moving into new areas that are maybe novel to Integra. We're going to evaluate, and we're going to make the smart decisions, right? So absolutely.

Vik Chopra:

Got it. Super helpful. So the majority of what we've been talking about has been focused on the US. How should we think about your efforts in international markets, which Integra obviously plays in several?

Dr. Raymond Turner:

Yeah, so I actually just came from two of our international meetings. Our Latin America meeting was about three weeks ago, and then last week we had our European meeting. And so there's a couple things going on there. One is the balance of our direct-to-customer versus leveraging our distributors and how we're managing that strategy. And our commercial guys are doing a great job of that. Looking at the markets and where we should be moving some of our products into, that makes sense. We think that there's good opportunity with tissue technologies in the European market and some of our international markets that we just haven't focused on as much. They've been very strong in neurosurgery, and we think there's great opportunities there. I think expanding and leveraging global prof ed now that we've realigned in my organization in global medical affairs, it's going to give us the bandwidth and the power to really get out there and drive evidence generation, share our science and our outcomes with our surgeons and help them understand the value that we bring to them and bring to the patients for sure.

So expanding and leveraging internationally is important to us. And we've got to focus on that with Harvinder and his team, really understanding where are the markets that makes sense. And internationals, man, it's a zebra out there, man. It's all over the place. And so it's definitely something where you can't just take your portfolio and just launch it into a country because half of it may make sense and half of it won't. And we've got a great understanding of that. And you're going to start seeing us continue to build off our current relationships, bring more and more of our portfolio to the international markets where it makes sense and where those investments are important, and obviously support it with our clinical evidence generation and our prof ed events.

Vik Chopra:

Got it. So, wrapping up, you've been with a company for approximately two quarters now. What are you most excited about as you consider the evolution of Integra's portfolio moving forward?

Dr. Raymond Turner:

Yeah, so for me, I'm a big process guy. I geek out over things like Lean and Six Sigma and process, and I truly believe that if you have the right process, you may not always win, but you're going to win a lot more than you're going to lose. And I've been excited in my first two quarters here of seeing us really dive into our processes and then really make some fundamental changes to how we're working that are making us a lot more efficient and effective as an organization and I've seen it in two quarters. We're coming to the table now with more complete information, and we're making faster decisions.

And I think that's going to lead to our success, is being effective and efficient in that manner. I think that we've got a great medley of new leadership and proven winners at Integra. And I think that's great

because we're seeing a lot of just incredible just discussions now around ways of working, ways of interacting, and frankly, changing the bar of what good looks like and bringing the best parts of our prior experiences to Integra. And so there's a core culture at Integra of innovation, of being close to the customer and understanding the patients and the problems that I don't think is going to change. But I think what you are going to see change is how we do business and how we interact. And if you ever come to any of our leadership stuff or things like that, you see it is palpable, and it's exciting to be around.

And I think that stuff will be more externally visible over the next coming quarters as you see that these behind the scenes changes taking place. Man, it's exciting. It's super exciting. And I'm glad to be on part of the team and for the opportunity. And I think we're going to do a lot that's going to not just help Integra as a company, but man, we're going to change the lives and patients for the better. And at the end of the day, that's what's going to make us win.

Vik Chopra:

Got it. Listen, this was super helpful, super insightful into your innovation pipeline. We look forward to hearing from you more. I think this is probably a good place to call it, so thank you, everyone, for joining us. Thank you, Chris. Thank you, Dr. Turner.

Dr. Raymond Turner:

Thank you, Vik. Appreciate the time.

Vik Chopra:

All right. Thank you. Bye-bye. Have a nice day.

Chris Ward:

Bye.