Vantive Theranova

DIALYZER

ONE EFFORTLESS DIALYZER SWITCH

CAN MAKE A WORLD OF DIFFERENCE

ī

HDF Hemodalitration

400

l

VANTIVE KIDNEY CARE

PD | HD | HDx | CRRT | EDUCATION | SUPPORT

HDx THERAPY ENABLED BY THERANOVA DIALYZERS MAY LEAD TO:

LESS HOSPITALIZATIONS^{1,2}

LESS MEDICATION USAGE³⁻⁶

LESS PATIENT-REPORTED RECOVERY TIME⁷

LESS PATIENT-REPORTED SYMPTOM BURDEN^{8,9} **E PROBLEM**

ACCUMULATION OF LARGE MIDDLE MOLECULAR UREMIC TOXINS

CONTRIBUTES TO DISEASE BURDEN IN KIDNEY FAILURE PATIENTS^{9,10}

In a National Kidney Foundation (NKF) online survey, **87% of patients** (n=359) receiving in-center hemodialysis reported experiencing **interdialytic symptoms**:¹¹



Large middle-molecules are linked to chronic inflammation, cardiovascular disease (CVD), secondary immunodeficiency, erythropoietin resistance, symptom burden and other dialysis-related comorbidities.^{9,10,12,13}



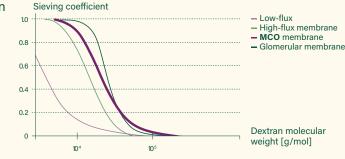
Traditional high-flux membranes have **limited ability** to remove large middle molecular uremic toxins (up to 45 kDa).^{13,15,16}

THE SOLUTION HDx THERAPY ENABLED BY THERANOVA DIALYZERS:

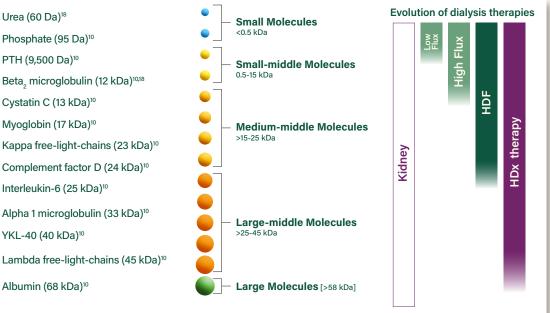
ONE STEP CLOSER TO THE NATURAL KIDNEY

With **HDx** therapy, diffusion and convection are conveniently combined along a hollow fiber **Theranova** dialyzer equipped with **MCO** membrane.^{13,29} The patented **MCO** membrane's molecular weight retention onset (MWRO) and molecular weight cut-off (MWCO) range delivers superior removal of large-middle molecules (up to 45 kDa)^{12,15-17,34}, while selectively retaining endotoxins⁴³ and essential proteins and maintaining stable serum albumin levels^{30,31}, resulting in a sieving curve closer to that of the natural kidney.^{13,16}

Classification of uremic solutes by molecular weight (Daltons) $^{\prime\prime}$



Adapted after Boschetti-de-Fierro: MCO Membranes: Enhanced Selectivity in High-Flux ${\rm Class.}^{\rm 16}$



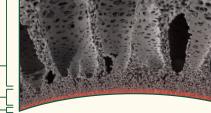
Adapted after Rosner M, et al. Classification of Uremic Toxins and Their Role in Kidney Failure. *Clin J Am Soc Nephrol.* 2021;16(12):1918-1928¹⁷ and EUTOX Uremic Solutes Database. June 2022. Uremic-toxins.org.¹⁹

THIS EXPANDED CLEARANCE PROFILE IS MADE POSSIBLE BY FOUR PRINCIPLES OF THE **THERANOVA** DIALYZER:

- > High permeability to large-middle molecules^{13,16,19}
- > Effective selectivity by size exclusion¹⁶
- > Enhanced internal filtration^{13,16,19}
- > Retention of endotoxins^{16,19}

The membrane structure is asymmetric and can be seen in cross section as **three distinct layers.**⁴⁴

A finger-like macroporous outer layer A sponge-like intermediate layer A very thin inner layer (skin)



Adapted from Ronco and Clark, et al.44

The **Theranova** dialyzer is the only device falling in the classification of hemodialyzers with an expanded solute removal profile, as approved by the US FDA through De Novo pathway, enabling **HDx** therapy - **the next evolution in dialysis**.

HDx therapy is an effective alternative and has increased clearance of large-middle molecules compared to online HDF⁶ with no special requirement of particular hardware, preparation of replacement fluid, or additional nursing skill compared to that required for conventional HD.²⁹ This is important where online HDF is not available.

ONE EFFORTLESS DIALYZER SWITCH

ΓΗΕ ΟυτςοΜΙ

CAN MAKE A WORLD OF DIFFERENCE

FOR YOUR FACILITY

	\frown	
	¢	L١
([F)
$\overline{}$		フ

品

LESS HOSPITALIZATIONS

Up to 45% reduction in all-cause hospitalizations.¹ Randomized controlled trial of US hemodialysis patients

LESS MEDICATION USAGE

Decreased Erythropoietin Resistance Index (ERI), lower ESA dose over time (without a concomitant reduction in hemoglobin level), and decreased use of supportive medications such as iron, insulin and antihypertensive medications.³⁻⁶

Multicenter, observational study; retrospective analysis; and prospective, randomized, controlled, open-label studies

LESS COST OF CARE

Up to \$4,772 lower cost per-patient, with savings demonstrated in 96% of the 10,000 simulations.¹

Randomized controlled trial of US hemodialysis patients

Lower cost of care with use of the **Theranova** dialyzer was driven by potential reduction of cardiovascular events¹⁹, infections²⁴, medication usage^{4,5}, and all-cause hospitalizations.¹

AND FOR YOUR PATIENTS



Prospective cohort study (n=6,040)





Single center, observational study (n=137); Observational, cross-sectional study (n=326)

LESS PATIENT-REPORTED RECOVERY TIME

Up to 2.5 hours reduction in patient-reported recovery time.⁶

Single center, retrospective analysis

LESS PATIENT-REPORTED PRURITIS

Reduction in patient-reported pruritis.9

Randomized, prospective, controlled, open-label study

LESS PATIENT-REPORTED RESTLESS LEG SYNDROME

Up to 55% reduction in patients meeting diagnostic criteria for RLS.⁸

Prospective, multicenter, observational study

GO BEYOND UREA

TRY HDx THERAPY ENABLED BY THERANOVA DIALYZERS TODAY

Contact your local Vantive sales representative at 1-888-736-2543 and visit renalcareus.baxter.com/hdx for more information.

REFERENCES:

- Blackowicz MJ, Falzon L, Beck W, Tran H, Weiner DE. Economic evaluation of expanded hemodialysis with the Theranova 400 dialyzer: A post hoc evaluation of a randomized clinical trial in the United States. Hemodial Int. 2022 Jul;26(3):449-455. doi: 10.1111/hdi.13015. Epub 2022 Apr 19. PMID: 35441486; PMCID: PMC9544662
- Molano AP et al. Medium Cutoff Versus High-Flux Hemodialysis Membranes and Clinical Outcomes: A Cohort Study Using Inverse Probability Treatment Weighting, Kidney Med. 2022 Feb 7;4(4):100431. doi: 10.1016/j.xkme.2022.100431.
- Sanabria RM, Hutchison CA, Vesga, JI, Ariza JG, Sanchez R, Suarez AM. Expanded Hemodialysis and Its Effects on Hospitalizations and Medication Usage: A Cohort Study. Nephron. 2021;145(2):179-187.
- Lim JH, Jeon Y, Yook JM, et al. Medium cut-off dialyzer improves erythropoiesis stimulating agent resistance in a hepcidin-independent manner in maintenance hemodialysis patients: results from a randomized controlled trial. Sci Rep. 2020;10(1):1-10.
- 5. Ariza JG, Walton SM, Suarez AM, Sanabria M, Vesga JI. An initial evaluation of expanded hemodialysis on hospitalizations, drug utilization, costs, and patient utility in Colombia. Ther Apher Dial. 2021;25(5):621-627.
- Hadad-Arrascue F, Nilsson LG, Rivera AS, Bernardo AA, Cabezuelo Romero JB. Expanded hemodialysis as effective alternative to on-line hemodiafiltration: A randomized mid-term clinical trial. Ther Apher Dial. 2022;26(1):37-44.
- Bolton S, Gair R, Nilsson LG, Matthews M, Stewart L, McCullagh N. Clinical Assessment of Dialysis Recovery Time and Symptom Burden: Impact of Switching Hemodialysis Therapy Mode. Patient Relat Outcome Meas. 2021;12:315-321.
- Alarcon J.C, Bunch A, Ardila F, et al. Impact of Medium Cut-Off Dialyzers on Patient-Reported Outcomes: COREXH Registry. Blood Purif. 2021;50:110-118.
- Lim JH, Park Y, Yook JM, et al. Randomized controlled trial of medium cut-off versus high-flux dialyzers on quality of life outcomes in maintenance hemodialysis patients. Sci Rep. 2020;10(1):1-11.
- Wolley M, Jardin M, Hutchison CA, Exploring the Clinical Relevance of Providing Increased Removal of Large Middle Molecules. Clin J Am Soc Nephrol. 2018;13:805-814.
- 11. Alvarez L, et al. Intradialytic Symptoms and Recovery Time in Patients on Thrice-Weekly In-Center Hemodialysis: A Cross-sectional Online Survey, Kidney Med. 2020;2(2)125-130.
- Hutchison CA, Wolley M. The Rationale for Expanded Hemodialysis Therapy (HDx). Contrib Nephrol. 2017;191:142 -152. Doi:10.1159/000479262.
- Zweigart C, Boschetti-de-Fierro A, Hulko M, et al. Medium cut-off membranes closer to the natural kidney removal function. Int J Artif Organs. 2017; 40(7):328 - 334. doi:10.5301/ijao.500060.
- Aoki J, et al. Cardiovascular Disease in Patients with End-Stage Renal Disease on Hemodialysis, Ann Vasc Dis Vol 10, No 4; 2017; 327-337.
- Kirsch AH, et al. Performance of hemodialysis with novel medium cut-off dialyzers. Nephrol Dial Transpl. 2017; 32(1):165-72.
- Boschetti-de-Fierro A, Voigt M, Storr M, et al. MCO Membranes: Enhanced Selectivity in High-Flux Class. Sci Rep 5, 18448 (2015). https://doi.org/10.1038/srep18448.
- Rosner MH, et al. Classification of Uremic Toxins and Their Role in Kidney Failure. Clin J Am Soc Nephrol. 2021;16(12):1918-1928.
- Vanholder R. et al. Biochemical and Clinical Impact of Organic Uremic Retention Solutes: A Comprehensive Update. Toxins (Basel). 2018;10(1):33.
- 19. EUTOX Uremic Solutes Database. June 2022. Uremic-toxins.org
- 20. Ronco C, La Manna G. Expanded Hemodialysis: A New Therapy for a New Class of Membranes. Contrib Nephrol. 2017;190:124-133.
- 21. Ronco C, et al. Expanded Haemodialysis: from operational mechanism to clinical results. Nephrol Dial Transplant. 2018;33(suppl_3):iii41-iii47.

- Ronco C. Editor. Expanded Hemodialysis: Innovative Clinical Approach in Dialysis. Karger Medical and Scientific Publishers. 2017.
- KDIGO 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease - Mineral and Bone Disorder (CKD-MBD). Kidney Int Suppl. (2011). 2017;7(1):1-59.
- Desjardins L, et al. Association between Free Light Chain Levels, and Disease Progression and Mortality in Chronic Kidney Disease. Toxins (Basel). 2013;5(11):2058-2073.
- Kimmel M, et al. The role of micro-inflammation in the pathogenesis of uraemic pruritus in haemodialysis patients. Nephrol Dial Transplant. 2006;21(3): 749-755.
- Bossola M, et al. Recovery Time after Hemodialysis Is Inversely Associated with the Ultrafiltration Rate. Blood Purif. 2019;47:45-51.
- 27. Sakurai K. Biomarkers for Evaluation of Clinical Outcomes of Hemodiafiltration. Blood Purif. 2013;35(Suppl 1):64-68.
- Lorenz G, et al. Mortality prediction in stable hemodialysis patients is refined by YKL-40, a 40-kDa glycoprotein associated with inflammation. Kidney Int. 2018;93(1):221-230.
- 29. Ronco C. The Rise of Expanded Hemodialysis. Blood Purif. 2017;44(2):I-VIII.
- Weiner DE, et al. Efficacy and safety of expanded hemodialysis with the Theranova 400 dialyzer: a randomized controlled trial. Clin J Am Soc Nephrol. 2020;15:1310-1319.
- Molano-Trivino A, et al. Effectiveness of medium cut-off vs high flux dialyzers: a propensity score matching cohort study. In Nephrol Dial Transport. 2021;36:486-U948; i486-i487.
- 32. Lee Y, Jang MJ, Jeon J, et al. Cardiovascular Risk Comparison between Expanded Hemodialysis Using Theranova and Online Hemodiafiltration (CARTOON): A Multicenter Randomized Controlled Trial. Sci Rep. 2021;11(1):10807.
- 33. Vega-Vega O, Caballero-Islas AE, Del Toro-Cisneros N, Hernandez-Ordoñez SÓ, Arvizu-Hernández M, Martínez-Rueda A, Camacho-Colin D, Gómez-Correa LL, Correa-Rotter R. Improved ß2-Microglobulin and Phosphorous Removal with Expanded Hemodialysis and Online Hemodiafiltration versus High-Flux Hemodialysis: A Cross-Over Randomized Clinical Trial. Blood Purif. 2023;52(7-8):712-720. doi: 10.1159/000531355. Epub 2023 Jul 20. PMID: 37473747.
- 34. Theranova Instructions for Use, 2021
- 35. Cozzolino M, Clin. Kidney J. 2021;14(1):382-389.
- 36. Rayner HC, et al. Recovery time, quality of life, and mortality in hemodialysis patients: the Dialysis Outcomes and Practice Patterns Study (DOPPS). Am J Kidney Dis. 2014 Jul;64(1):86-94.
- 37. Boschetti-de-Fierro A, Beck W, Krause B, Hildwein H. Membrane Innovation in Dialysis. Contrib Nephrol. 2017;191:100-114.
- Pisoni RL, Wikström B, Elder SJ, et al. Pruritus in haemodialysis patients: International results from the Dialysis Outcomes and Practice Patterns Study (DOPPS). Nephrol Dial Transplant. 2006;21(12):3495-3505.
- Lin XW, Zhang JF, Qiu MY, et al. Restless legs syndrome in end stage renal disease patients undergoing hemodialysis. BMC Neurol. 2019.19:47.
- de Menezes AF, et al. Restless Legs Syndrome in Dialysis Patients: Does the Dialysis Modality Influence Its Occurrence and Severity? Int J Nephrol. 2018;25;2018:1414568.
- Giannaki CD, et al. Epidemiology, impact and treatment options of restless legs syndrome in end-stage renal disease patients; an evidence based review. Kidney Int. 2014;85(6):1275-1282.
- 42. La Manna G, Pizza F, Persici E et al. Restless legs syndrome enhances cardiovascular risk and mortality in patients with end-stage kidney disease undergoing long- term haemodialysis treatment. Nephrol Dial Transplant. 2011;26:1976–1983.
- 43. Schepers, E, et al. Assessment of the association between increasing membrane pore size and endotoxin permeability using a novel experimental dialysis simulation set-up. BMC Nephrol. 2018;19:1-10.
- 44. Ronco C and Clark WR. Hemodialysis Membranes. Nat Rev Nephrol. 2018;14:394-410.

Indications: The Theranova Dialyzer is indicated for patients with chronic kidney failure who are prescribed intermittent hemodialysis. It provides an expanded solute removal profile with increased removal of various middle and large molecules (up to 45 kDa) that may play a pathologic role in the uremic clinical syndrome. The **Theranova** Dialyzer is not intended for hemofiltration or hemodialiltration therapy. The total extracorporeal blood volume for the **Theranova** Dialyzer and the set should represent less than 10% of the patient's blood volume. For single use only.

Rx only. For safe and proper use of this device refer to the Instructions for Use.

Vantive, HDx, MCO, and Theranova are trademarks of Vantive Health LLC or its affiliates.

