

Baxter

Theranova

DIALYZER

Theranova

DESIGNED FOR:
HDx

MEMBRANE:
MCO (PAES/PVP, BPA-free)

HDx THERAPY ENABLED BY MCO THERANOVA DIALYZER

HDx therapy (expanded HD) is the next evolution in hemodialysis, as it targets the efficient removal of large-middle molecules (LMM)¹, many of which have been linked to the development of inflammation, cardiovascular disease, and other comorbidities in dialysis patients.^{2,3} With **HDx** therapy, **Theranova** dialyzer provides superior removal of large-middle molecules compared with standard HD and HDF modalities and it does so using regular HD workflow and infrastructure.⁴

HDx therapy is enabled by the **Theranova** dialyzer series, which combines diffusion and convection along the hollow fiber.² It features an innovative Medium Cut-Off (**MCO**) membrane that has a higher permeability for large-middle molecules than that of high-flux dialyzers (used in conventional HD or HDF therapies), while maintaining stable albumin levels.^{5,6}

PROVIDE EXPANDED HD, RETAIN HD SIMPLICITY

- Markedly greater clearances and intradialytic reduction ratios for middle molecules than regular HD – at conventional blood flow rates⁴
- Superior removal of large-middle molecules compared to both HD with high flux membranes and online HDF with > 23 L target convective volume⁴
- Limited albumin removal of between 1 and 4 grams per session⁴, with demonstrated stable albumin levels over 6 months.^{5,6} Same result in albumin removal was observed in vitro in simulated treatments up to 8 hours¹⁹
- Compatible with existing hemodialysis (HD) monitors, workflow and infrastructure⁸

WITH BAXTER'S LATEST DIALYZER INNOVATION, COMING CLOSER TO THE NATURAL KIDNEY^{9, 10}

- High permeability to large-middle molecules
- Effective selectivity by size exclusion
- Enhanced convective transport through augmented internal filtration
- Effective retention of endotoxins equivalent to other dialysis membranes¹¹

CLINICAL AND PATIENT-REPORTED OUTCOMES

- While **HDx** therapy may offer the potential to improve access to care and to help improve the effectiveness and quality of care, it may simultaneously offer dialysis service providers and healthcare systems alike the opportunity to reduce the total cost of care, primarily driven by potential reduction of cardiovascular events, infections, medication usage, all-cause hospitalizations, hospitalization rate and length of stay^{6, 12, 13, 14, 15}
- **HDx** therapy may improve patient-reported outcomes including symptom burden, restless leg syndrome (CRLS) criteria, pruritus, and dialysis recovery time^{14, 16, 17, 18}

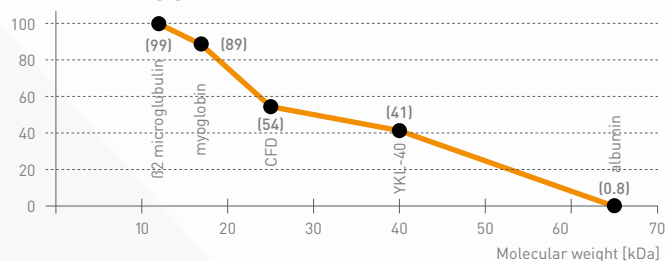


THERANOVA DIALYZER SPECIFICATIONS

MATERIALS	THERANOVA 400	THERANOVA 500
Membrane	Medium Cut Off Polyarylethersulfone and Polyvinylpyrrolidone blend BPA-free	
Potting	Polyurethane (PUR)	
Housing	Polycarbonate (PC)	
Gaskets	Silicone rubber (SIR)	
Protection caps	Polypropylene (PP)	
Sterile barrier	Tyvek	
SPECIFICATIONS		
UF-Coefficient (mL/h*mmHg)*	48	59
KoA urea*	1482	1630
Blood Compartment volume (mL)	91	105
Minimum recommended priming volume (mL)	300	
Maximum TMP (mmHg)	600	
Q _B (mL/min)	200-600	200-600
Sterilization	Steam	
Storage conditions	≤ 30 °C / ≤ 86 °F	
Units per box	24	
Gross/net weight (g)	229/170	246/190
MEMBRANE		
Effective Membrane Area (m ²)	1.7	2.0
Fiber inner diameter (µm)	180	
Fiber wall thickness (µm)	35	
Sieving profile – before blood exposure⁹		
MWCO [cut-off] [kDa]	56 ±3	
MWRO [retention onset] [kDa]	9.4 ±0.2	

* According to ISO 8637-1:
 – UF-Coefficient: measured with bovine blood, Hct 32%, Pct 60g/L, 37°C
 – KoA urea: calculated at Q_B=300 mL/min, Q_D=500mL/min, UF=0 mL/min
 – Sieving coefficients: measured with human plasma, Q_B=300 mL/min, UF=60 mL/min
 – Clearances Aqueous: measured at UF=0 mL/min, ±10% (±20% Cyt. C, ±30% Myo.)

SIEVING COEFFICIENT [%]²⁰



* CFD = Complement Factor D. YKL-40 = Chitinase-3-Like Protein 1

INTENDED PURPOSE⁸

Theranova hemodialyzers are intended to purify blood in hemodialysis.

HDF CAUTION! Do not use Theranova devices for HDF (hemodiafiltration) or HF (hemofiltration) due to higher permeability of larger molecular weight proteins such as albumin.

INDICATION⁸

Theranova devices are indicated for the treatment of chronic or acute renal failure.

For the safe and proper use of the devices referenced within, refer to the complete Instructions for Use.

1. Rosner, Mitchell H et al. "Classification of Uremic Toxins and Their Role in Kidney Failure." *Clin J Am Soc Nephrol*, vol. 16, 12 [2021]: 1918-1928. 2. Ronco, Claudio. "The Rise of Expanded Hemodialysis." *Blood Purif*, vol. 44, 2 [2017]: I-VIII. 3. Hutchison, Colin A, and Martin Wolley. "The Rationale for Expanded Hemodialysis Therapy (HDx)." *Contrib Nephrol*, vol. 191 [2017]: 142-152. 4. Kirsch, Alexander H et al. "Performance of hemodialysis with novel medium cut-off dialyzers." *Nephrol Dial Transplant*, vol. 32, 1 [2017]: 165-172. 5. Weiner, Daniel E et al. "Efficacy and Safety of Expanded Hemodialysis with the Theranova 400 Dialyzer: A Randomized Controlled Trial." *Clin J Am Soc Nephrol*, vol. 15, 9 [2020]: 1310-1319. 6. Molano, Alejandra P et al. "Medium Cutoff Versus High-Flux Hemodialysis Membranes and Clinical Outcomes: A Cohort Study Using Inverse Probability Treatment Weighting." *Kidney Med*, vol. 4, 4 [2022]. 7. Baxter Data on File. Theranova Limited Controlled Distribution Report. 2016. 8. Theranova 400/500 Instructions for use. 2023; N51031 rev 001. 9. Boschetti-de-Fierro, Adriana et al. "MCO Membranes: Enhanced Selectivity in High-Flux Class." *Sci Rep*, vol. 5 18448. 16 Dec. 2015. 10. Zweigart, Carina et al. "Medium cut-off membranes - closer to the natural kidney removal function." *Int J Artif Organs*, vol. 40, 7 [2017]: 328-334. 11. Schepers, Eva et al. "Assessment of the association between increasing membrane pore size and endotoxin permeability using a novel experimental dialysis simulation set-up." *BMC Nephrol*, vol. 19, 1 [2018]. 12. Cozzolino, Mario et al. "Effects of a medium cut-off (Theranova®) dialyzer on haemodialysis patients: a prospective, cross-over study." *Clin Kidney J*, vol. 14, 1 [2021]: 382-389. 13. Ariza, Juan G et al. "An initial evaluation of expanded hemodialysis on hospitalizations, drug utilization, costs, and patient utility in Colombia." *Ther Apher Dial*, vol. 25, 5 [2021]: 621-627. 14. Lim, Jeong-Hoon et al. "Randomized controlled trial of medium cut-off versus high-flux dialyzers on quality of life outcomes in maintenance hemodialysis patients." *Sci Rep*, vol. 10, 1 [2020]. 15. Blackowicz, Michael J et al. "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*, vol. 26, 3 [2022]: 449-455. 16. Penny, Jarrin D et al. "Impact of Expanded Hemodialysis Using Medium Cut-off Dialyzer on Quality of Life: Application of Dynamic Patient-Reported Outcome Measurement Tool." *Kidney Med*, vol. 3, 6 [2021] 992-1002. 17. Alarcon, Juan Carlos et al. "Impact of Medium Cut-Off Dialyzers on Patient-Reported Outcomes: COREXH Registry." *Blood Purif*, vol. 50, 1 [2021]: 110-118. 18. Bolton, Stephanie et al. "Clinical Assessment of Dialysis Recovery Time and Symptom Burden: Impact of Switching Hemodialysis Therapy Mode." *Patient Relat Outcome Meas*, vol. 12 [2021]: 315-321. 19. Baxter Data on File. Theranova Performance Evaluation: Clearance (Human Plasma). 2022. BXUH24018F/01. 20. Baxter Data on File. Theranova Performance Evaluation: Sieving coefficients: measured with human plasma. 2021.

The products comply with relevant General Safety and Performance Requirements (GSPRs) of ANNEX I of Regulation [EU] 2017/745 of the European Parliament and of the Council of 5 April 2017 (Medical Device Regulation, MDR).

CE 0123

Notified body: TÜV SÜD Product Service GmbH, Germany. Medical device of class IIb.

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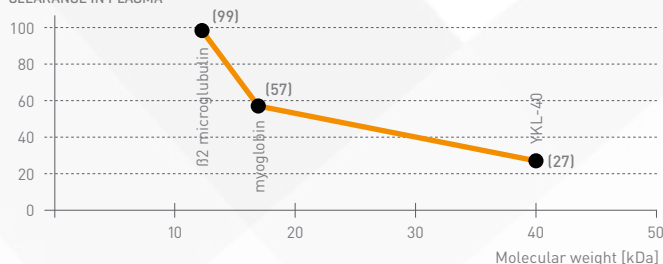
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CLEARANCES IN VITRO

CLEARANCE IN PLASMA*¹⁹



*In Vitro Theranova 400** analysis performed at: Q_B = 300 mL/min, Q_D = 500, UF = 10mL/min
 ** YKL-40 is referenced for both Theranova 400 and 500

CLEARANCES IN AQUEOUS SOLUTION (mL/min)*

	THERANOVA 400	THERANOVA 500
Urea (60 Da) [Q_B/Q_D, mL/min]		
200/500	198	199
300/500	282	285
400/500	344	351
400/800	376	381
500/800	445	454
Phosphate (95 Da)		
200/500	192	194
300/500	261	267
400/500	311	320
400/800	345	354
500/800	400	413
Creatinine (113 Da)		
200/500	194	196
300/500	269	274
400/500	323	331
400/800	357	365
500/800	416	428
Vitamin B12 (1.4 kDa)		
200/500	164	169
300/500	207	215
400/500	239	249
400/800	267	280
500/800	301	317
Inulin (5.2 kDa)		
200/500	133	139
300/500	161	170
400/500	183	193
400/800	204	216
500/800	225	241
Cytochrome C (12 kDa)		
200/500	122	128
300/500	146	155
400/500	165	175
400/800	183	196
500/800	202	217
Myoglobin (17 kDa)		
200/500	104	110
300/500	123	130
400/500	137	147
400/800	152	163
500/800	166	180