

Theranova 400

DESIGNED FOR:

MEMBRANE:

HDx

MCO (PAES/PVP, BPA-free)

HDx THERAPY ENABLED BY THERANOVA*

HDx therapy (expanded HD) is the next evolution in hemodialysis, as it targets the efficient removal of large middle molecules (25 kDa to < 60 kDa)! Indeed, many of them are linked to the development of inflammation, cardiovascular disease, and other co-morbidities in dialysis patients? With HDx therapy, **Theranova** provides superior removal of large middle molecules compared with HD and HDF modalities and it does so using regular HD workflow and infrastructure?

HDx therapy is enabled by the **Theranova** dialyzer series, which features an innovative membrane design that combines a permeability higher than that of regular high-flux dialyzers with effective selectivity for large proteins.^{4,5}

PROVIDE EXPANDED HD. RETAIN HD SIMPLICITY

- Markedly greater clearances and intradialytic reduction ratios for middle molecules than regular HD – at ordinary blood flow rates.³
- Superior removal of large middle molecules compared to HD and HDF modalities³
- Limited albumin removal of between 1 and 4 grams per session³
- Compatible with any HD monitor^{6,7} and with standard dialysis

WITH BAXTER'S LATEST DIALYZER INNOVATION, COMING CLOSER TO THE NATURAL KIDNEY^{4,5}

- High permeability to large middle molecules
- Effective selectivity by size exclusion
- Augmented internal filtration
- Similar retention of endotoxins to other dialysis membranes of the same material⁸

CLINICAL EFFICIENCY AND PATIENT-REPORTED OUTCOMES

- Pre-dialysis levels of beta 2 microglobulin and kappa and lambda free light chains were reduced after 3 and 6 months with HDx therapy using the Theranova dialyzer in a multi-centric observational study of 41 HD patients?[‡]
- Restless Leg Syndrome criteria are reduced approximately 50% after 6 months for prevalent HD patients in a large observational study by Baxter.^{11,‡} A smaller before-after study found no difference in patient-reported symptom burden.^{10,‡‡}





THERANOVA 400 SPECIFICATIONS

MATERIALS	THERANOVA 400
Membrane	Medium Cut Off
	Polyarylethersulfone and Polyvinylpyrrolidone blend BPA-free
Potting	Polyurethane (PUR)
Housing	Polycarbonate (PC)
Gaskets	Silicone rubber (SIR)
Protection caps	Polypropylene (PP)
Sterilization	Steam (inside-out)
Sterile barrier	Tyvek
SPECIFICATIONS	
UF-Coefficient (mL/(h*mmHg))*	48
KoA urea*	1482
Blood Compartment volume (mL)	91
Minimum recommended priming volume (mL)	300
Maximum TMP (mmHg)	600
Recommended Q _B (mL/min)	200-600
Storage conditions	<30°C (or <86°F)
Units per box	24
Gross/net weight (g)	229/170
MEMBRANE	
Effective Membrane Area (m²)	1.7
Fiber inner diameter (µm)	180
Fiber wall thickness (µm)	35
Sieving profile – before blood exposure ⁴	
MWCO (cut-off) [kDa]	56 +/-3
MWRO (rentation onset) [kDa]	9.4 +/- 0.2
SIEVING COEFFICIENTS*	
Vitamin B12 (1,4 kDa)	1.0
Inulin (5,2 kDa)	1.0
β ₂ -microglobulin (11,8 kDa)	1.0
Myoglobin (17 kDa)	0.9
Albumin (66,4 kDa)	0.008
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CLEARANCES IN VITRO (mL/min)*	THERANOVA 400
Urea (60 Da) (Q _B -Q _D , mL/min)	
200/500	198
300/500	282
400/500	344
400/800	376
500/800	445
Phosphate (95 Da)	
200/500	192
300/500	261
400/500	311
400/800	345
500/800	400
Creatinine (113 Da)	
200/500	194
300/500	269
400/500	323
400/800	357
500/800	416
Vitamin B12 (1.4 kDa)	
200/500	164
300/500	207
400/500	239
400/800	267
500/800	301
Inulin (5.2 kDa)	
200/500	133
300/500	161
400/500	183
400/800	204
500/800	225
Cytochrome C (12 kDa)	
200/500	122
300/500	146
400/500	165
400/800	183
500/800	202
Myoglobin (17 kDa)	
200/500	104
300/500	123
400/500	137
400/800	152
500/800	166

THEDANOVA /IOO

CLEADANCES IN VITOO (ml /min)*

- 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 In-Vitro: measured at UF=0 mL/min, ±10% (±20% Cyt. C, ±30% Myo.)

For safe and proper use of the device, please refer to the Instructions for Use

- 1. Ronco C, et al. The rise of Expanded Hemodialysis. Blood Purif 2017; 44:I-VIII.
- 2. Hutchison CA, et al. The Rationale for Expanded Hemodialysis Therapy (HDx). Contrib Nephrol 2017; 191:142-52.
- 3. Kirsch AH, et al. *Performance of hemodialysis with novel medium cut-off dialyzers*. Nephrol Dial Transpl 2017; 32(1):165-72.

 4. Boschetti-de-Fierro A, et al. *MCO membranes: Enhanced Selectivity in High-Flux Class*. Scientific Reports 2015; 5:18448.
- 5. Zweigart C, et al. Medium cut-off membranes closer to the natural kidney removal function. Int J Artif Organs 2017; 40(7):328-334.
- 6. Baxter. Data on file. Theranova Limited Controlled Distribution Report. 2016.
- Baxter. Theranova 400/500 Instructions For Use. N50 648 rev 003, 2017-05-29.
- Schepers E, Glorieux G, Eloot S, et al. Assessment of the association between increasing membrane pore size and endotoxin permeability using a novel experimental dialysis simulation set-up. BMC Nephrology. 2018; 19:1. 9. Cantaluppi V, et al. Removal of large-middle molecules on expanded hemodialysis (HDx): a multicentric observational study of 6 months follow-up. ASN 2018 Kidney Week Abstract TH-P0357.
- 10.Krishnasamy R, et al. Trial evaluating mid cut-off value membrane clearance of albumin and light chains in hemodialysis patients (REMOVAL-HD): a safety and efficacy study.
- ASN 2018 Kidney Week Abstract TH-P0353.
- 11. Sanabria M, et al. Quality of life reported by patients with expanded hemodialysis by the Theranova dialyzer in RTS Colombia. ASN 2018 Kidney Week Abstract TH-P0296.

The products meet the applicable provisions of Annex I (Essential Requirements) and Annex II (Full quality assurance system of the Council Directive 93/42/EEC of 14 June 1993, amended by Directive 2007/47/EC)

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^{*} According to EN 1283/ISO 8637: