Outpatient Ultrafiltration for Acute Decompensated Heart Failure



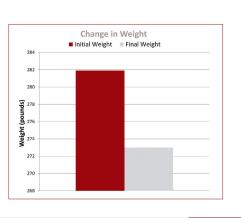
AT THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER IN COLUMBUS, OH¹

A retrospective, single center analysis of 14 patients treated with the Aquadex FlexFlow® System to manage heart failure (HF) patients in an **outpatient setting in order** to avoid hospital admissions

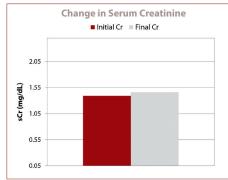
RESULTS:

Average days per treatment	2.35
Treatment goal	8 hours/day
Average fluid removed per day	2.06 L
Average total fluid removed per treatment	4.83 L
Access via dual-lumen UF catheter	60%
Freedom from unplanned 30 day presentation	79%
Adverse events	0

Significant Change in Average Weight Loss (8.9 pounds) (281.9±54.2 vs. 273±53.3, p<0.05)



No Significant Change in Serum Creatinine with Therapy 1.39±0.48 vs 1.46±0.57, p NS)



PATIENT SELECTION:

- Clinical signs of mild to moderate acutely decompensated HF (ADHF)
- Stable hemodynamics
- No evidence of shock or significant end-organ dysfunction Cr< 3</p>
- Escalating diuretic doses without response
- Proximity to the medical center with reliable transportation
- Willingness to undergo therapy, including multiple days if needed
 - All done within 1 week of first therapy

PATIENT CHARACTERISTICS:

- Average age of 55 yrs (86% male)
- 93% Systolic HF; 36% Ischemic Cardiomyopathy
- Average daily furosemide dose of 136mg

CONCLUSIONS:

- Outpatient UF can be performed successfully with a favorable safety profile in appropriately selected patients while providing adequate treatment for mild to moderate ADHF
- "Furthermore, we believe the use of outpatient UF may <u>reduce the</u> <u>number of unplanned admissions</u> for this high-risk population"

RX ONLY

Source: 1. Emani S, et al. Poster from The 16th Annual Scientific Meeting of HFSA. 2012.

INDICATION: The Aquadex FlexFlow System is indicated for temporary (up to 8 hours) ultrafiltration treatment of patients with fluid overload who have failed diuretic therapy; and extended (longer than 8 hours) ultrafiltration treatment of patients with fluid overload who have failed diuretic therapy and require hospitalization. All treatments must be administered by a healthcare provider, under physician prescription, both of whom having received training in extracorporeal therapies.

