

How Can Membrane Innovation Improve Outcomes?

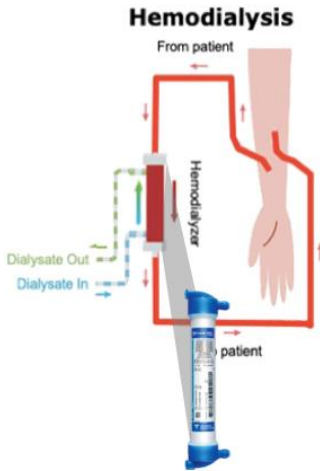
Prof. Bernard Canaud

Montpellier University, School of Medicine, Montpellier-F
& Senior Medical Scientist, Global Medical Office FMC, Bad Homburg-G



**Scientific Industry
Symposium**

Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

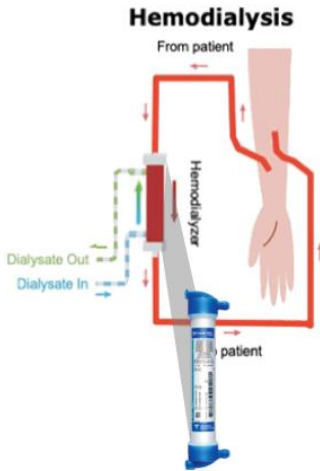
4

What Are the Clinical Facts and Evidences?

5

What is the Take Home Message?

Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

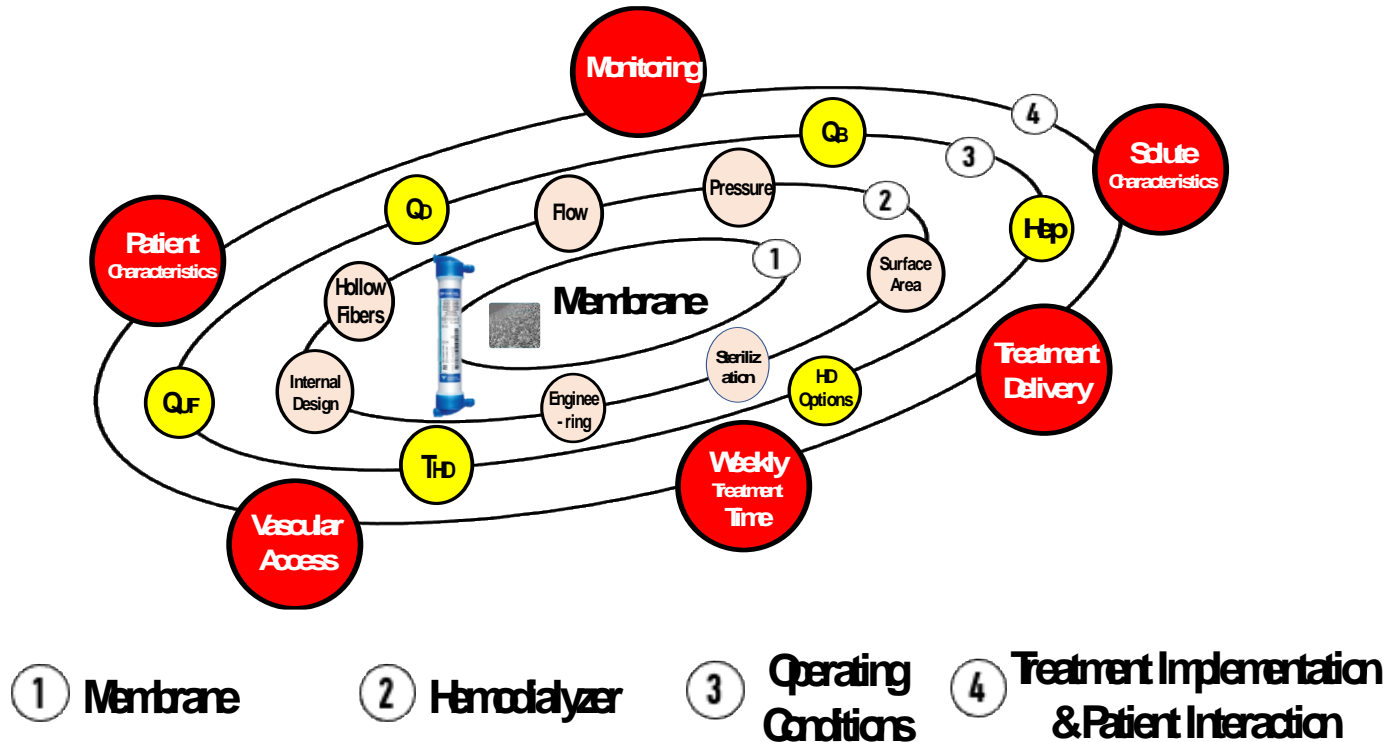
4

What Are the Clinical Facts and Evidences?

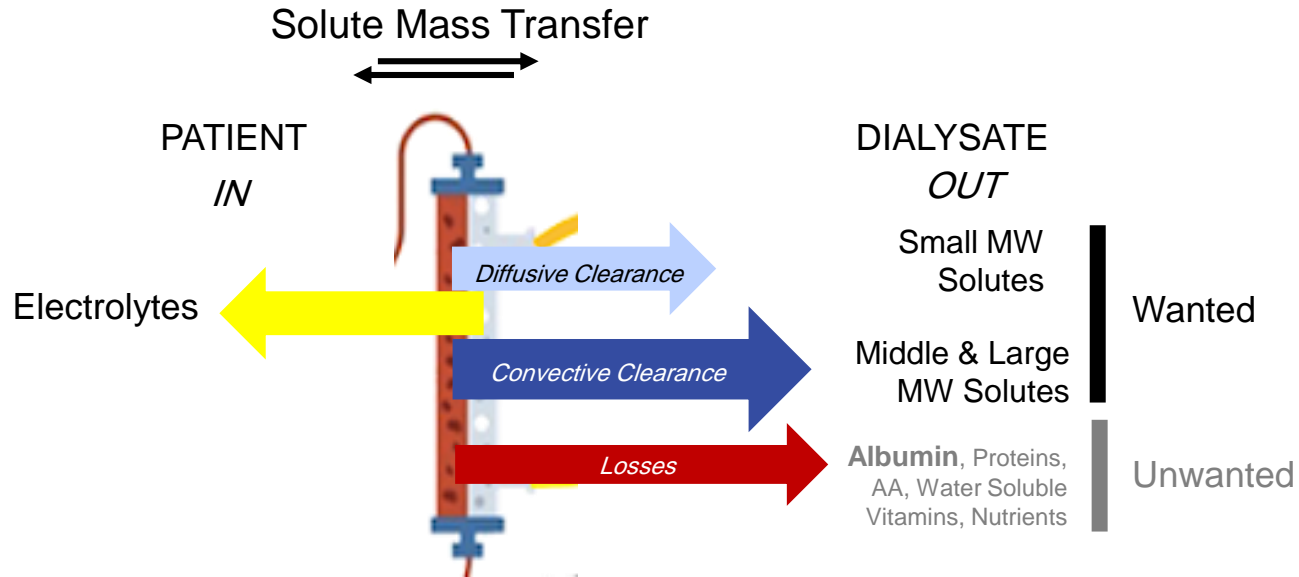
5

What is the Take Home Message?

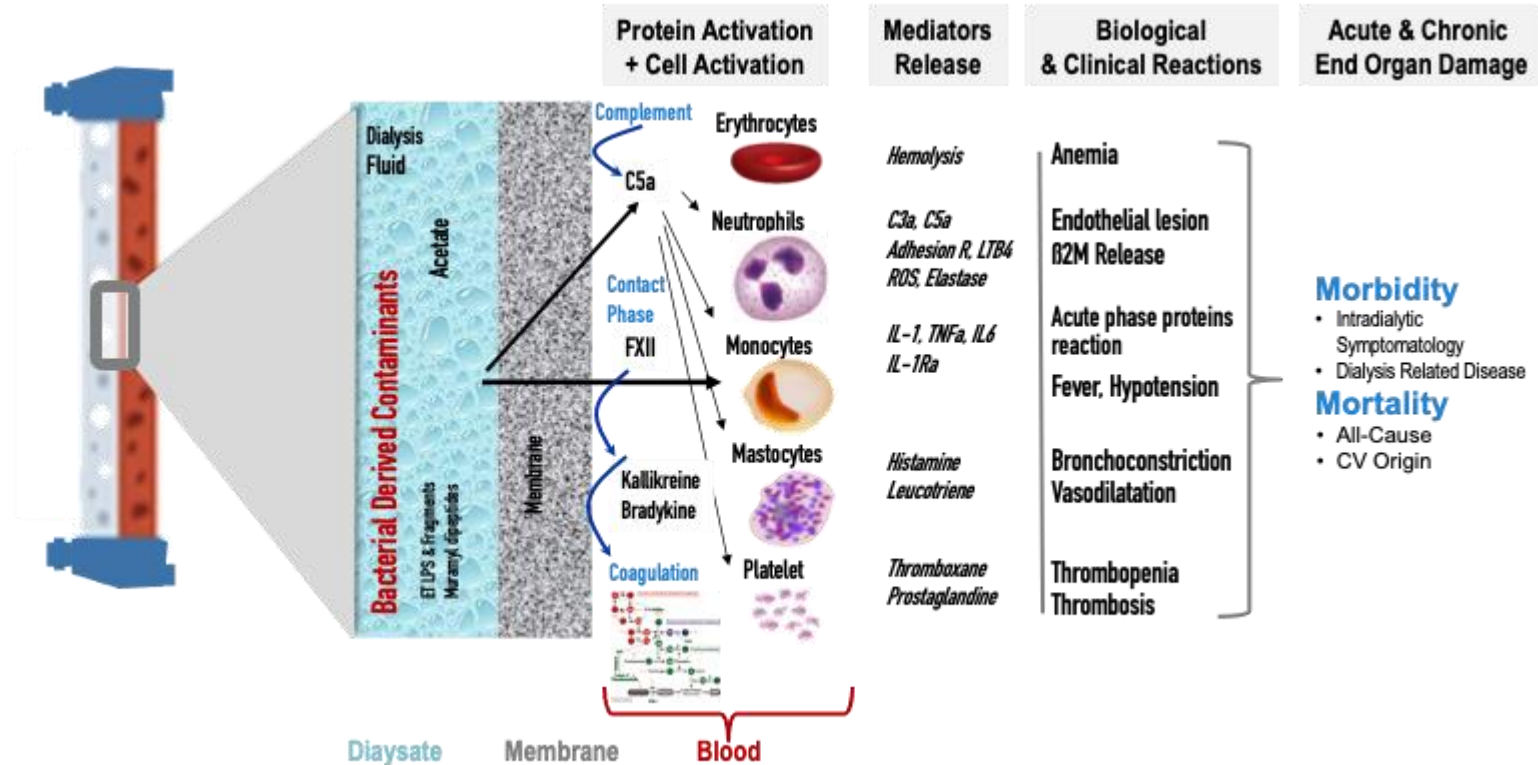
Membrane and Hemodialyzer are Stars in a Constellation System – Dialyzer Performances Result from Multiple Factors



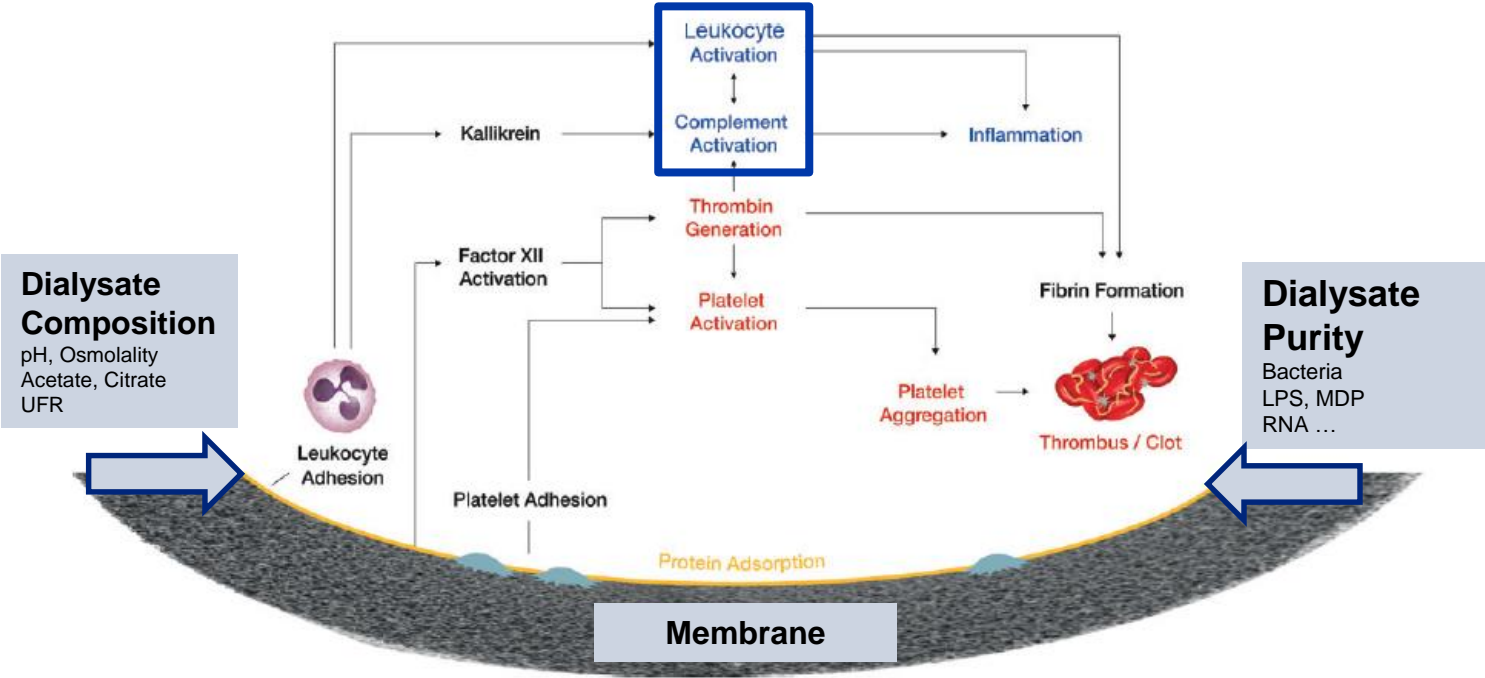
Hemodialyzer is a BIOEXCHANGER with Limited Sieving Selectivity (Molecular Size/MW)



Hemodialyzer is also a BIOREACTOR

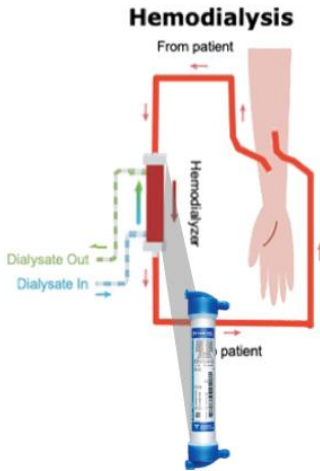


Biological Pathways Involved in Biocompatibility



Interaction between protein adsorption, coagulation cascade, complement pathways and leukocyte activation

Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

4

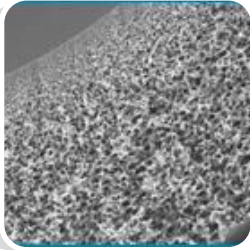
What Are the Clinical Facts and Evidences?

5

What is the Take Home Message?

Challenges in Hemodialysis Therapy and Dialyzer Technology

Patient Dialysis Interaction



- ↑ Solute mass transfer

Wanted
Compounds

Unwanted
Compounds

- ↓ Hemoreactivity

- ↓ Thrombogenicity

EFFICACY

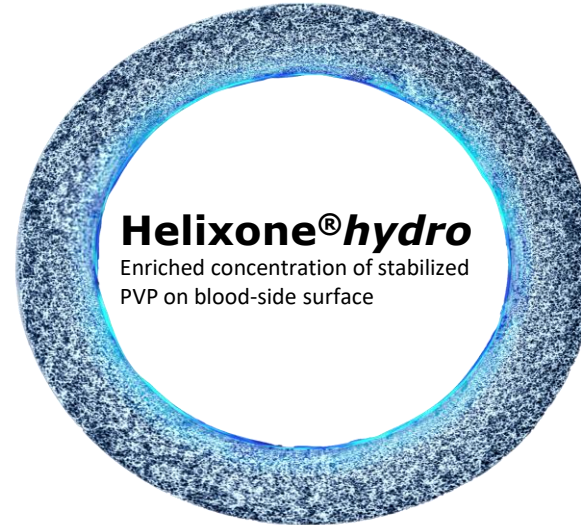
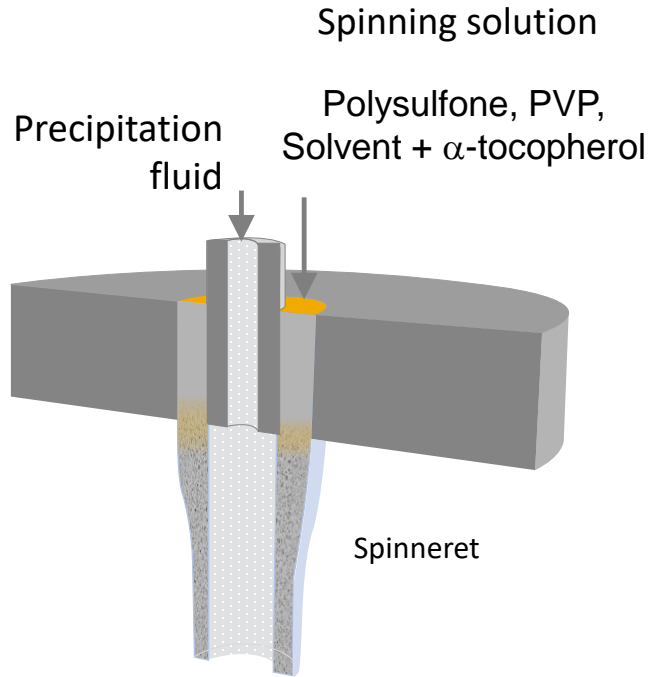
↑ REMOVAL
UREMIC
TOXINS

↓ ALBUMIN
& ESSENTIAL
NUTRIENTS

SAFETY

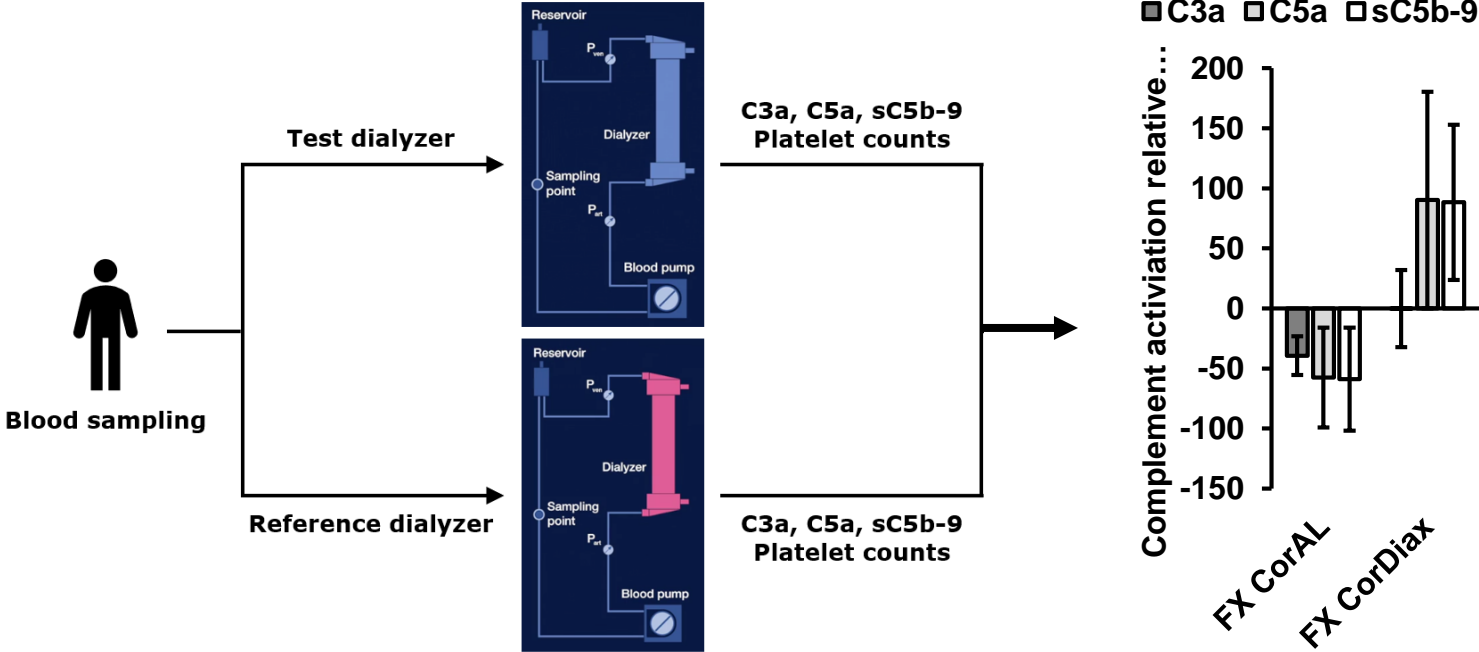
↓
BIOLOGICAL
REACTIONS

An Example: New Helixone Hydro Membrane FX CorAL Dialyzer (FMC)



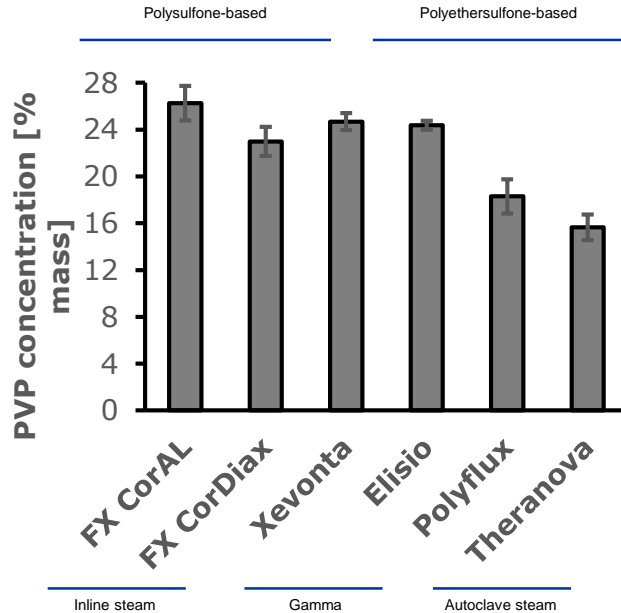
FX CorAL Dialyzer (FMC)

Setup for hemocompatibility measurements

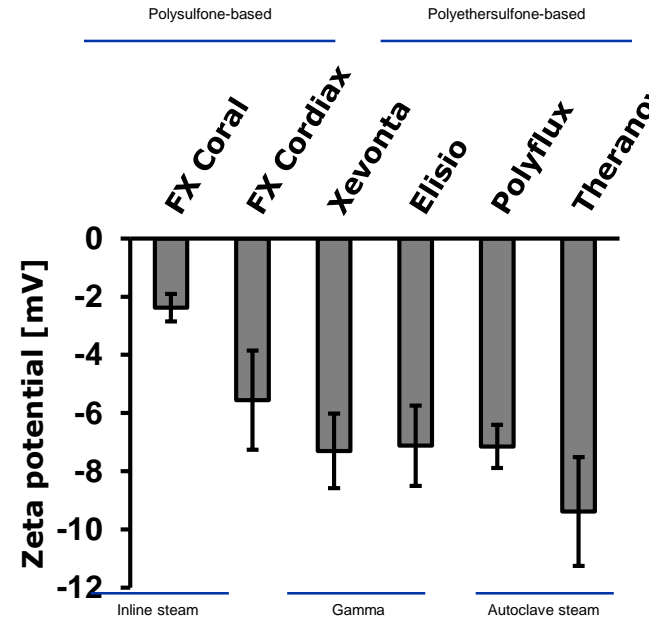


PVP Surface Coverage

SURFACE CONCENTRATION

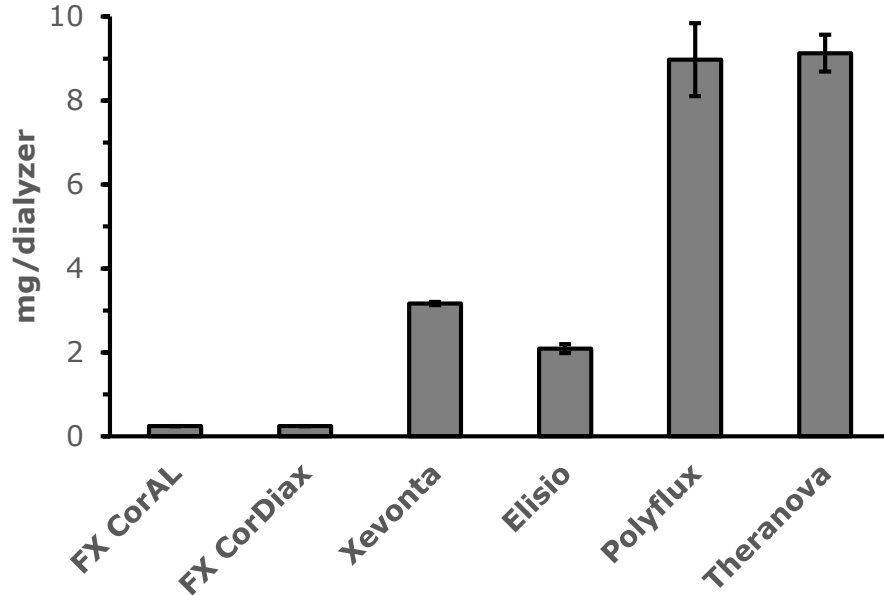


SURFACE CHARGE

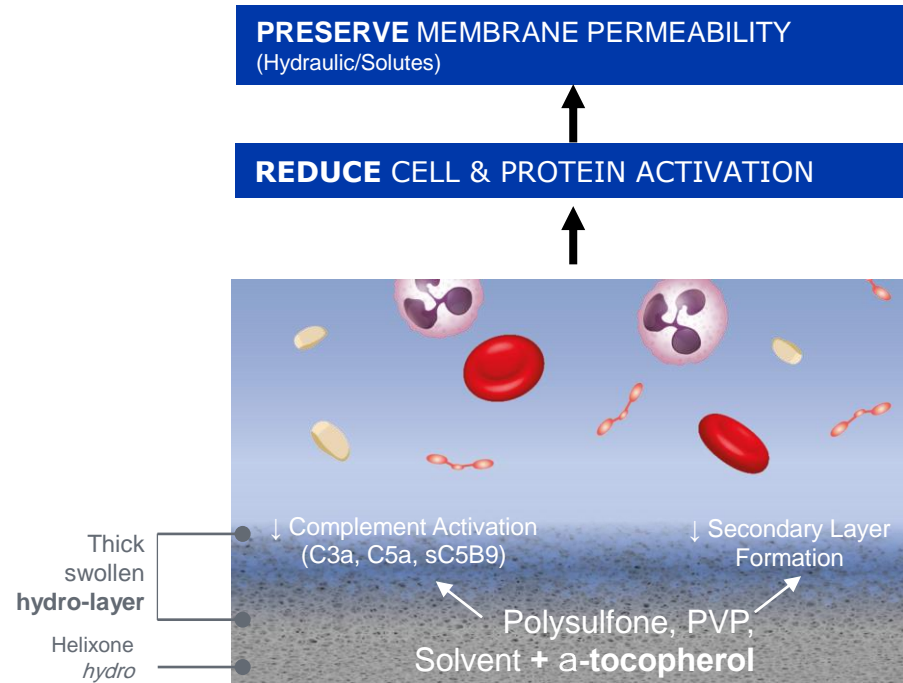


FX CoRal Has Lowest Elutable PVP

- FX CorAL has **high PVP surface coverage**
- FX CorAL has **low levels of elutable PVP**

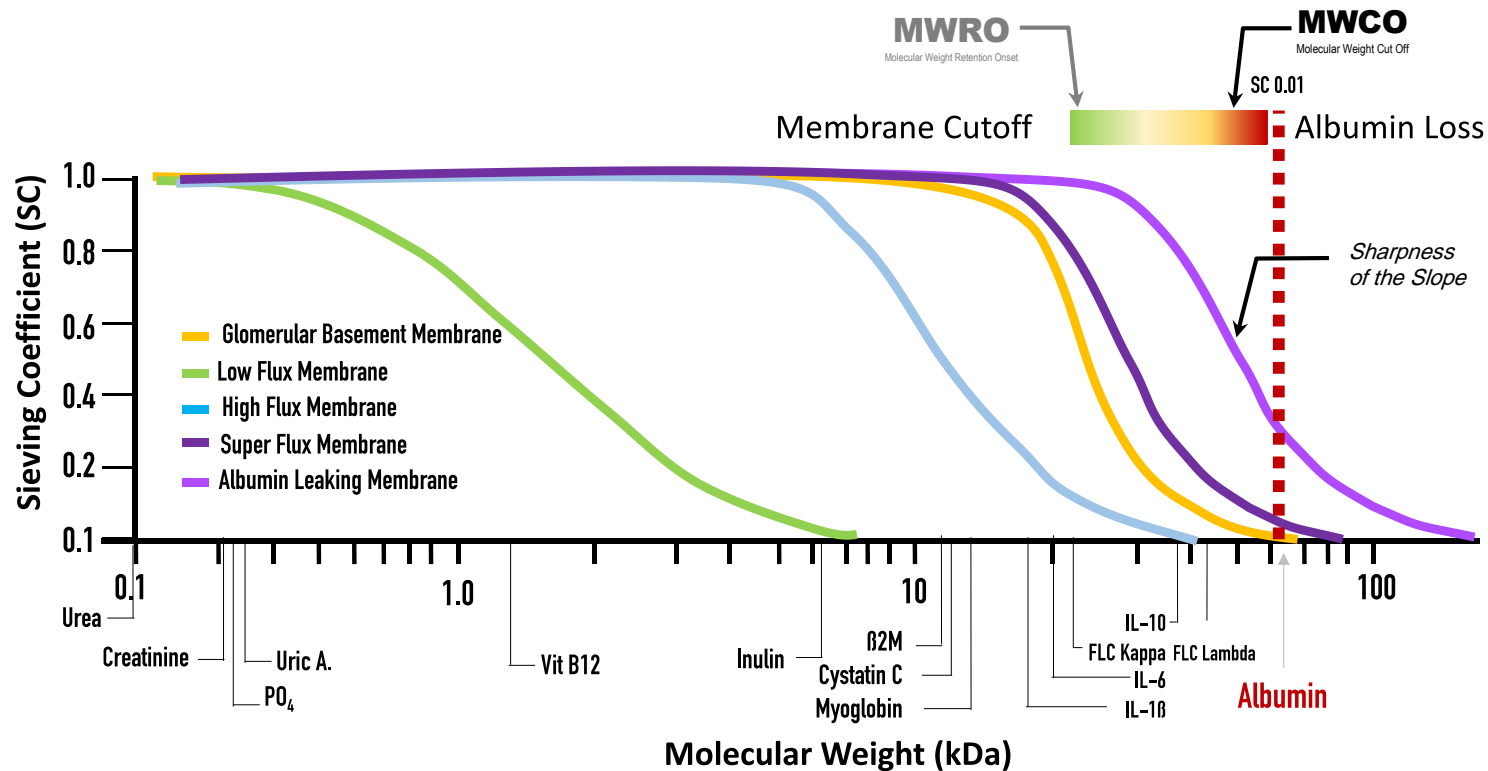


Newly Designed PS (FX Coral) Membrane Ensured Reduced Complement Activation and Better Permeability Preservation

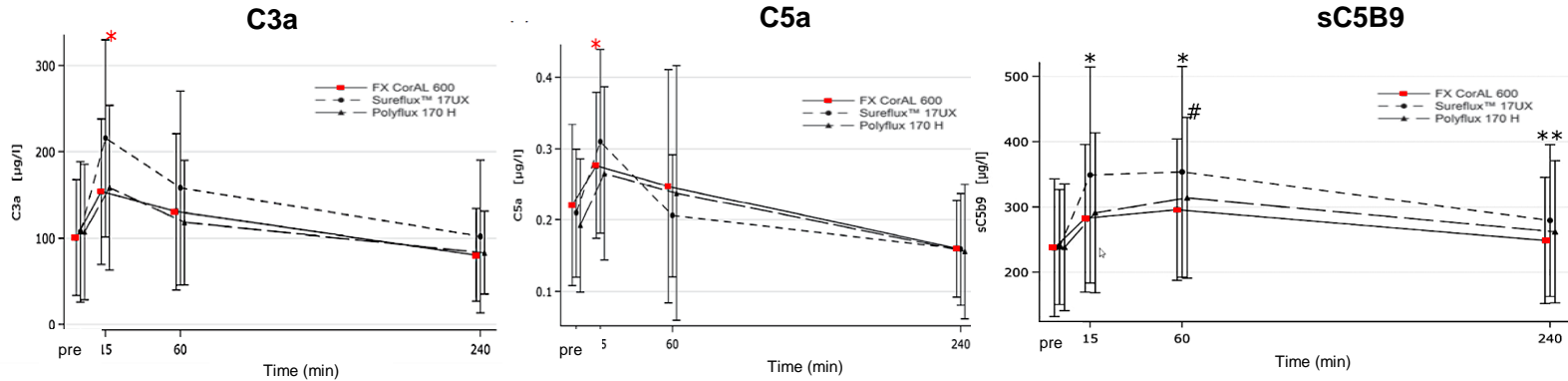


Sieving Capacity or Permeability of a Dialysis Membrane

Discrete Balance Between Retention and Cutoff



Reduced Complement Activation Confirmed an In-Vivo Study



EMPORA II Study - RCT

70 Maintenance HD pts
 FX CorAL

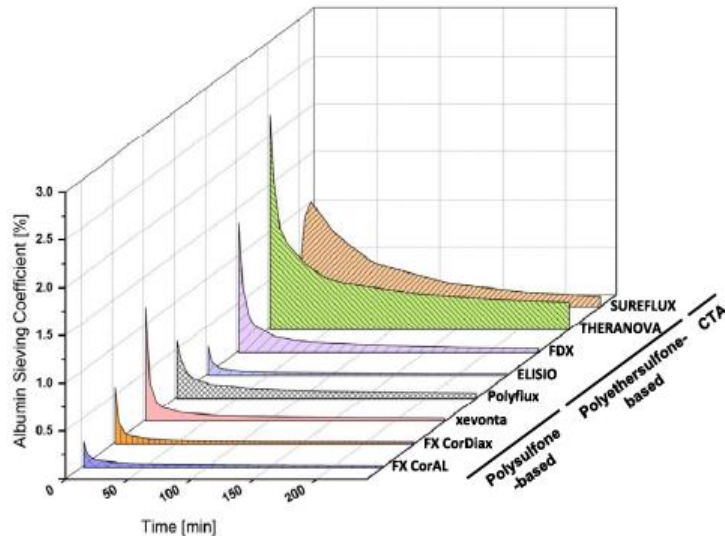
- vs. Sureflux 17UX
- vs. Polyflux 170H

Primary Outcomes

- Complement Activation
- Biocompatibility Markers
- Clinical Performances

Better Preservation of Membrane Permeability and Reduction of Albumin Loss

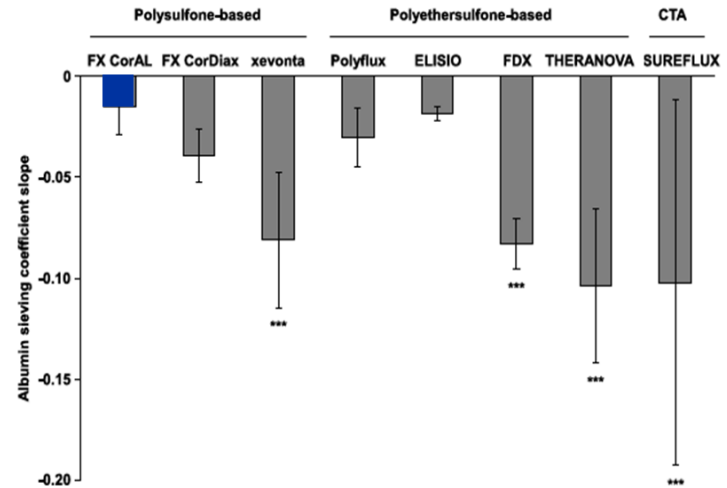
Time Behavior Changes of Albumin Sieving Coefficient



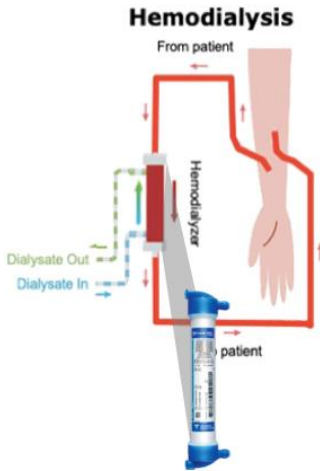
Ex vivo Study

Recirculation model
Human blood – 3 hours

Albumin Sieving Coefficient Slope Over HD Session



Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

4

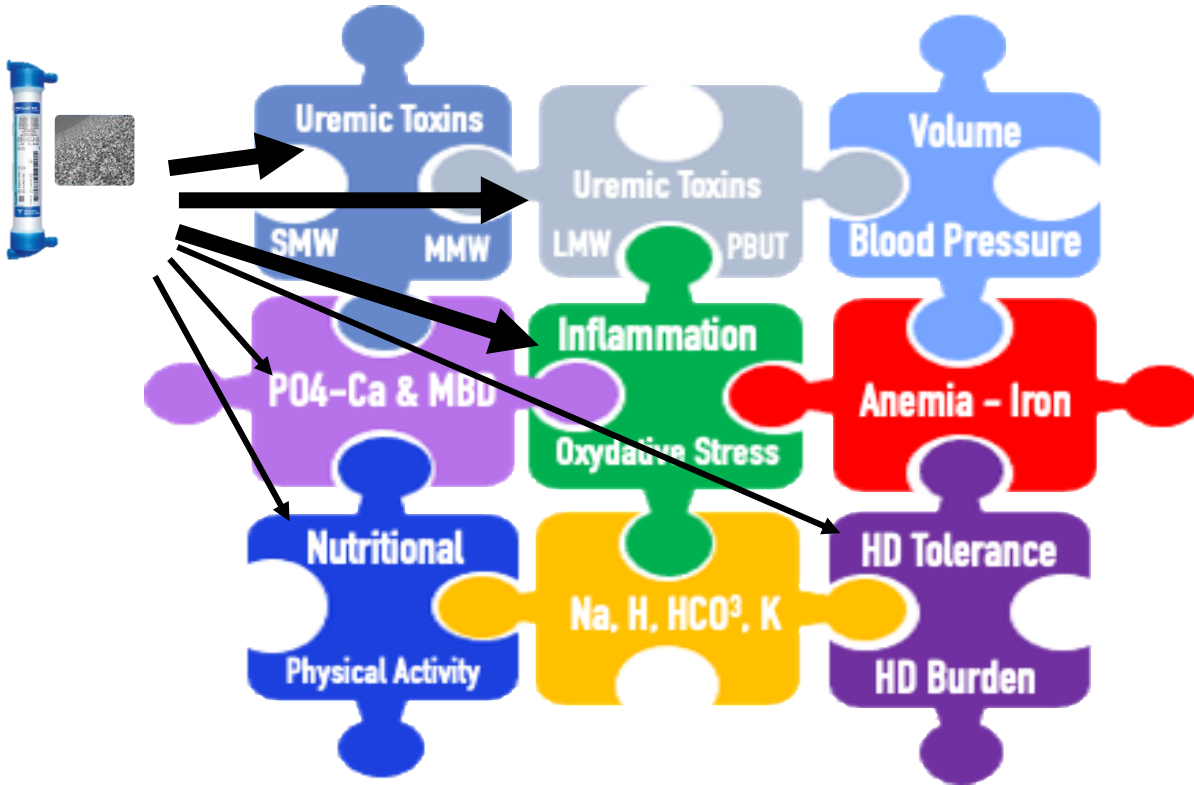
What Are the Clinical Facts and Evidences?

5

What is the Take Home Message?

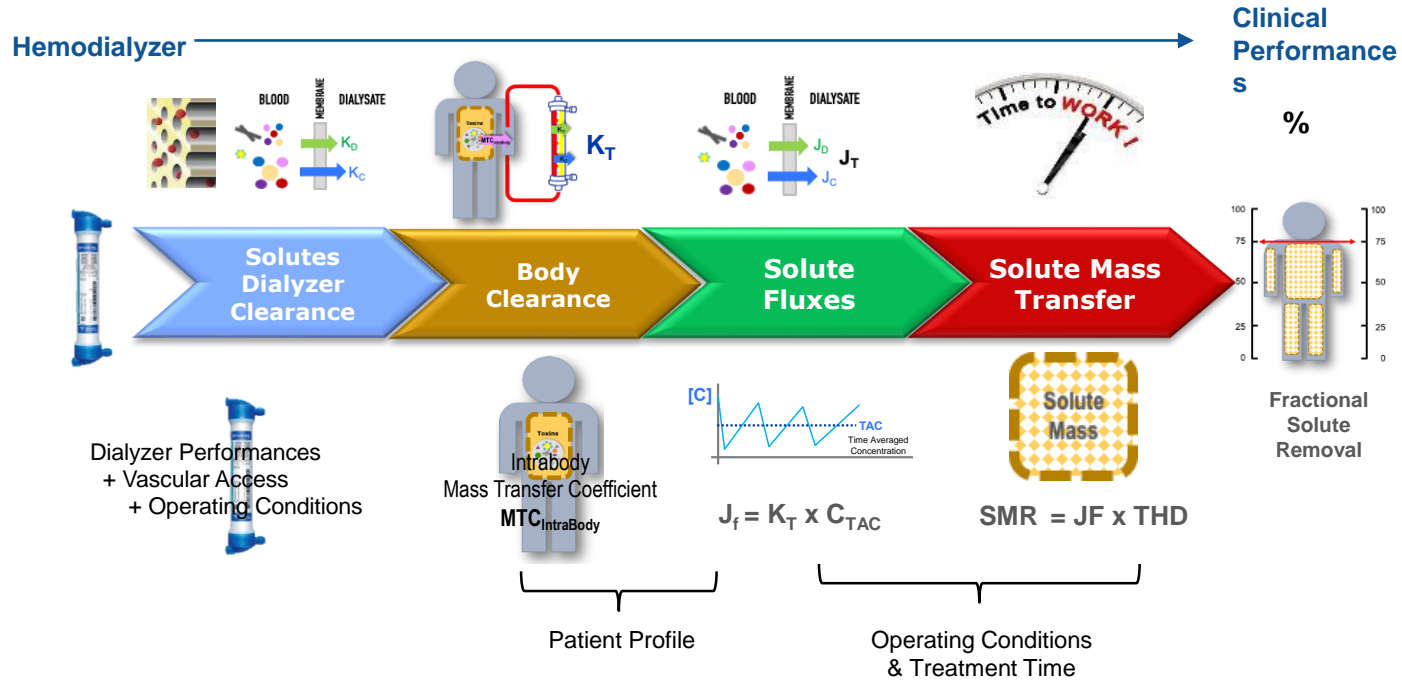
Hemodialysis Adequacy

Multitarget Approach to Cover CKD Patient Needs

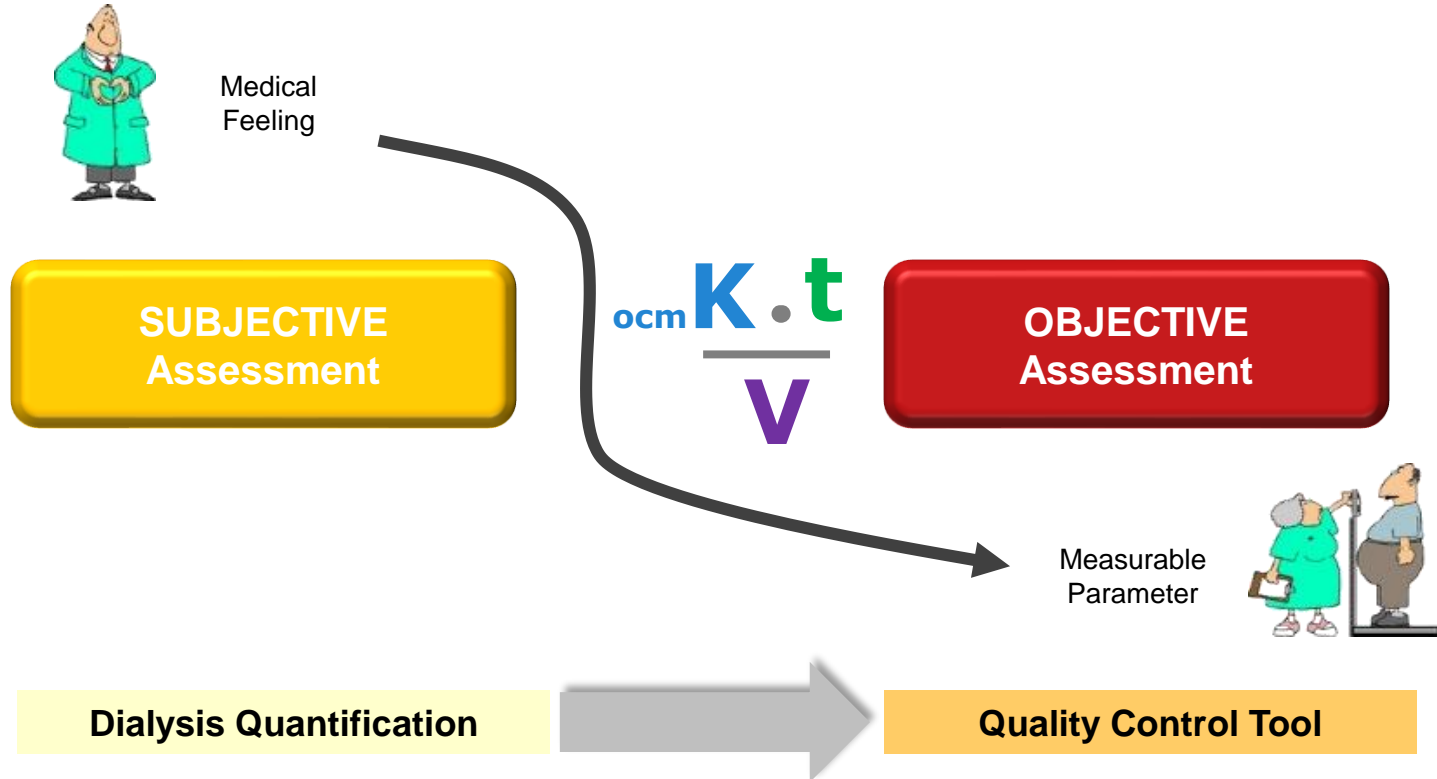


From Hemodialyzer Clearance to Clinical Performances

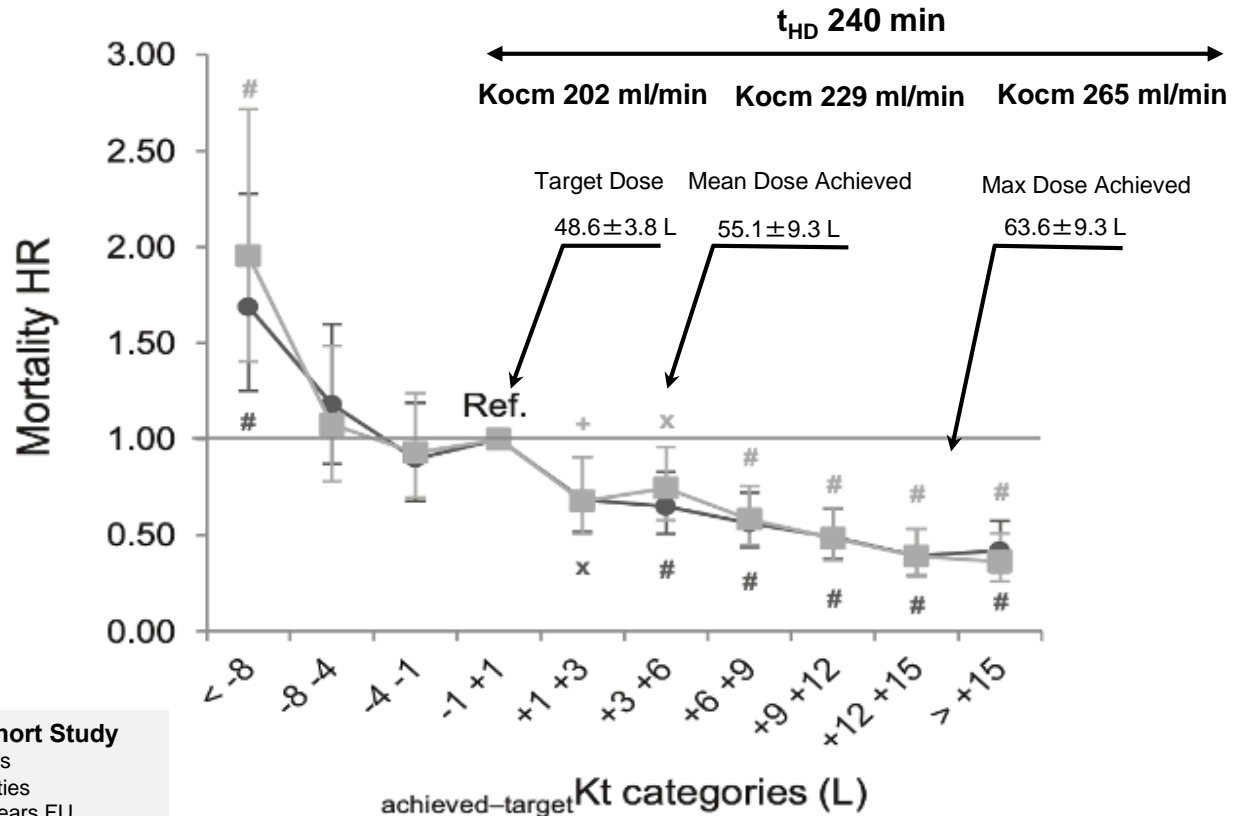
Several Factors are Implicated that May Impaired Results



Dialysis Dose (Urea Equivalent) Assessed on Regular Basis ($_{ocm}Kt$) is a Reliable Tool for Quality Control



Dialysis Dose (ocmKt) and Mortality

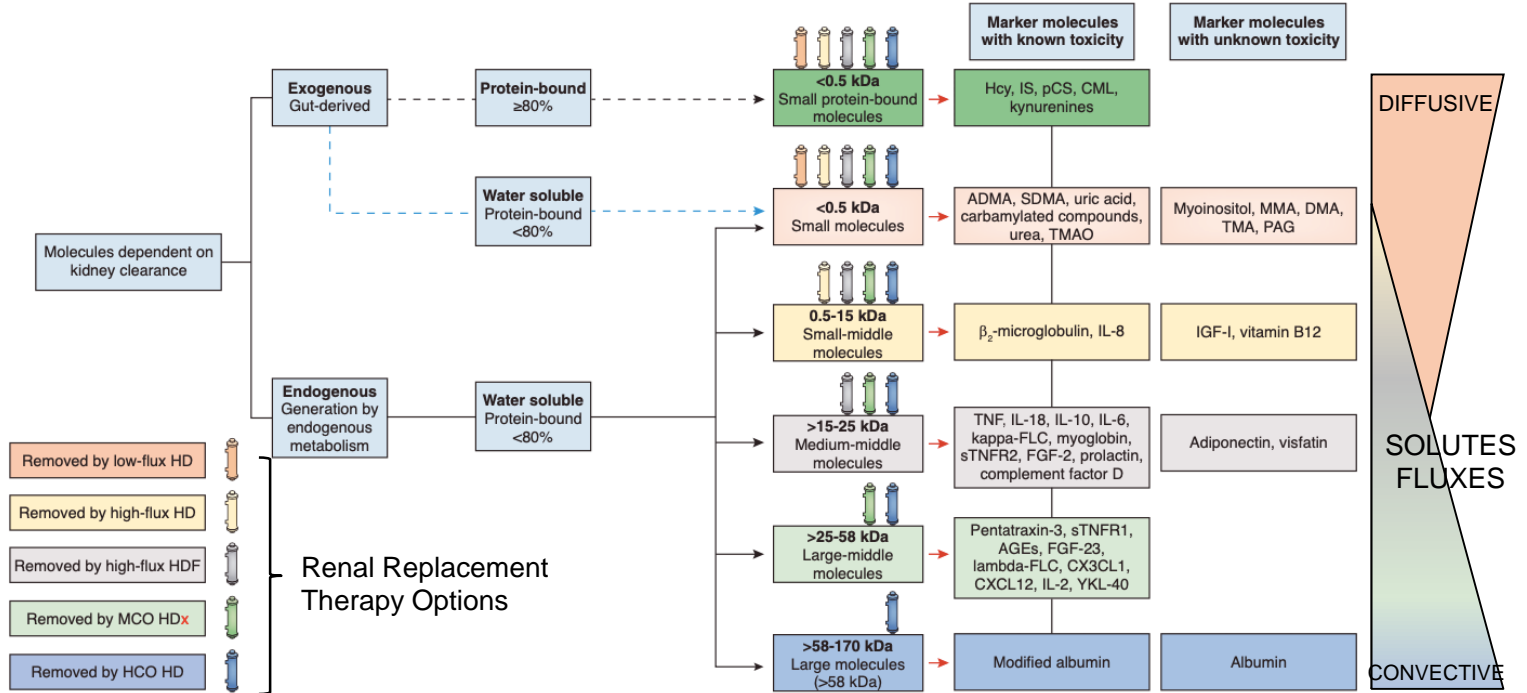


Retrospective Cohort Study

6129 prevalent patients
 65 FMC Spanish facilities
 45% online HDF – 2 years FU
 Primary Outcome: Mortality/Hospitalization

Uremic Toxins Classification

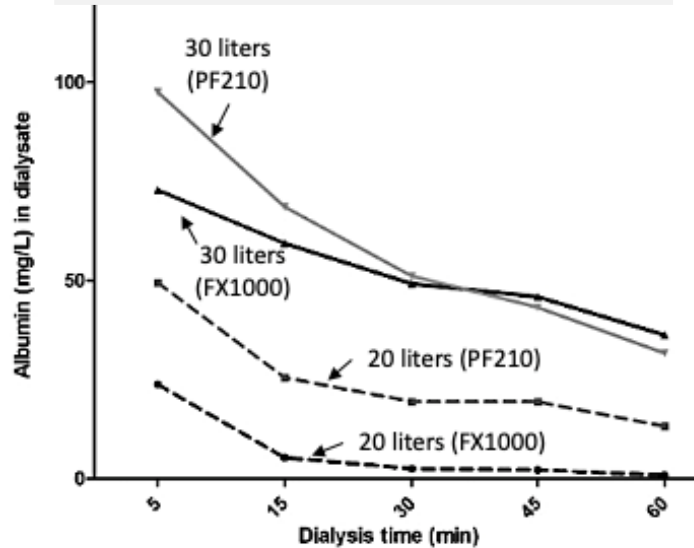
Link with Renal Replacement Therapy Options and Fluxes Applied



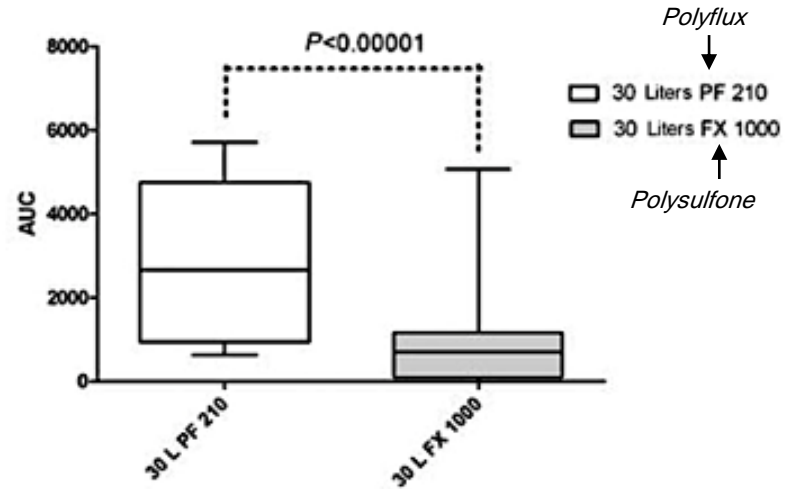
Maximal Membrane Stress is Provided by HDF

Albumin Loss according to Membrane Type and Convective Flux

Kinetic of Albumin Leakage



Amount of Albumin Loss



Prospective Cross-Over RCT

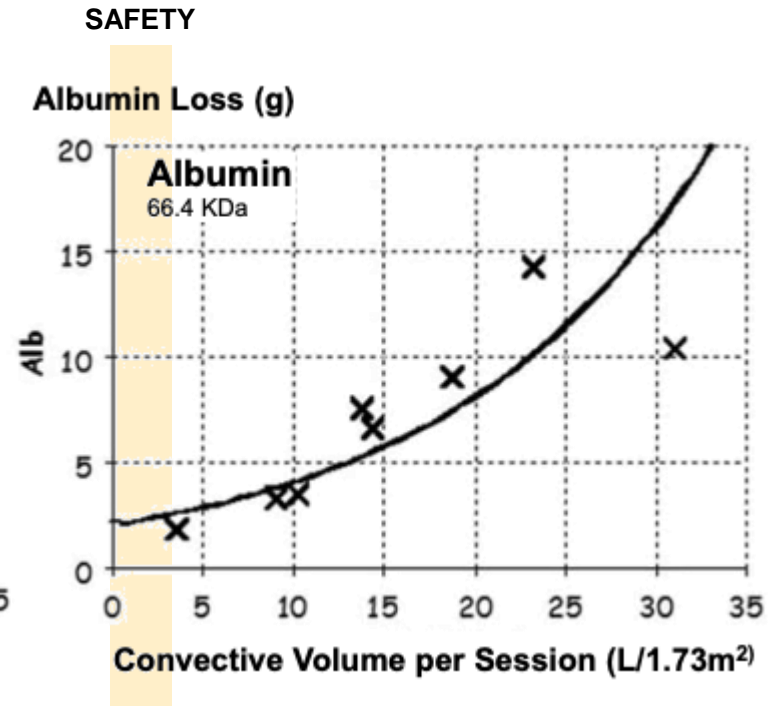
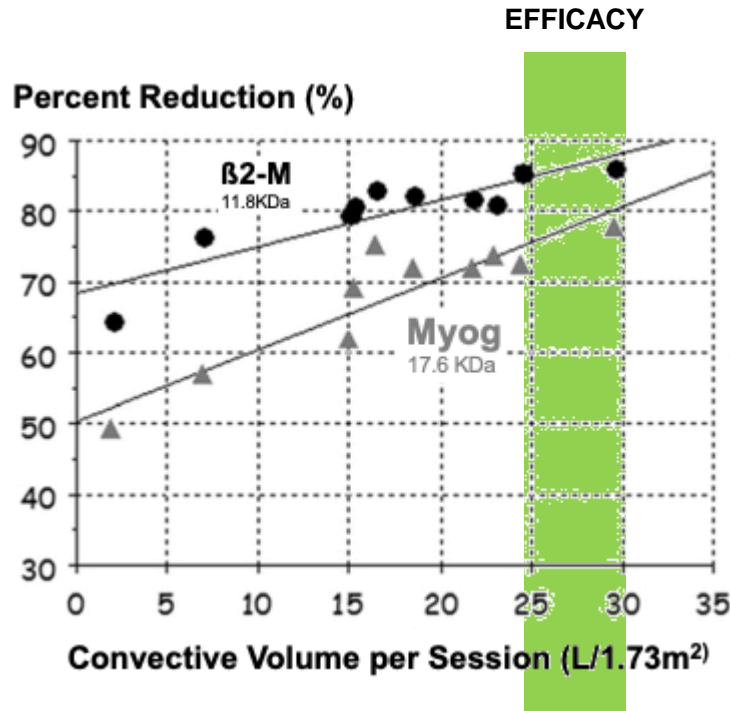
20 prevalent HD pts – Post-HDF

2x2 Factorial Design:

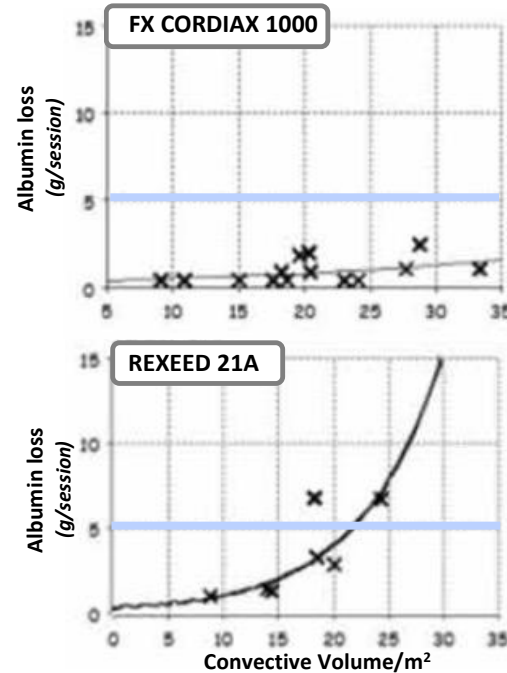
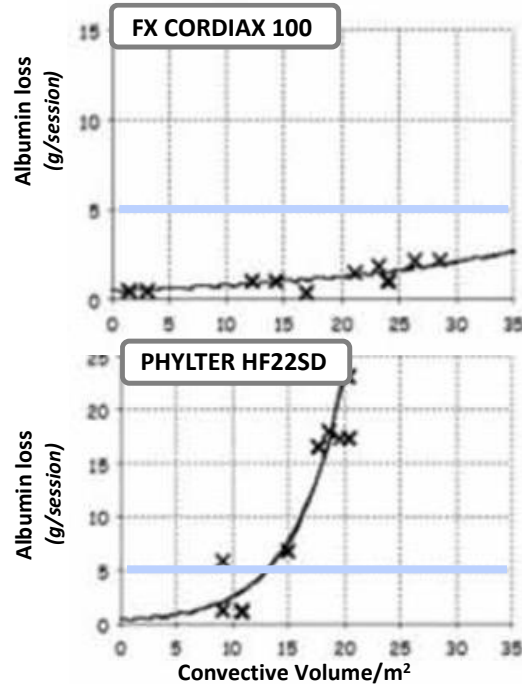
- Membrane 2.2m²
- Conv. Volume (20/30)
- UF Controlled

post-HDF	PF210	FX1000
	20 L	X 30 L

Efficacy (Solute Removal Rate) versus Safety (Albumin Loss) is a Delicate Balance When Membrane Stress is High



Effects of Membrane Type on Albumin Loss in HDF



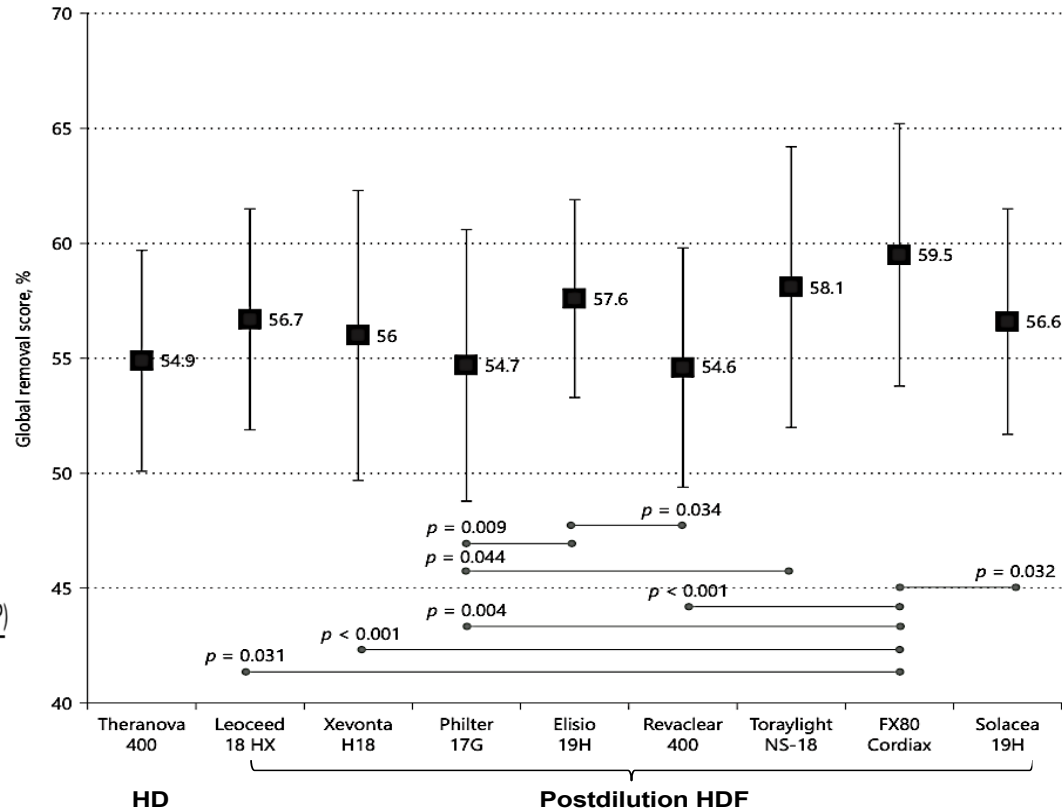
Comparative Efficacy of Various Dialysis Modalities

Overall score for reduction of circulating solutes (60Da-43KDa)

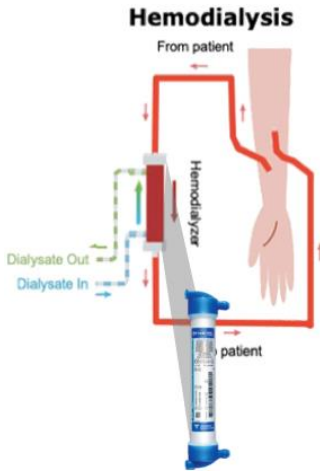
**Global
Removal
Score**

$$\text{Global Removal Score} = \frac{\sum \text{RR (Urea} + \beta 2\text{M} + \text{Myog} + \text{Prol} + \text{A1M} + \text{A1AGP})}{(6 - \text{RR.A1b})}$$

Urea (60Da)
 β 2M, Beta 2 Microglobulin (11.8 KDa)
 Myog, Myoglobin (17.6 KDa)
 Prol, Prolactine (22 KDa)
 A1M, Alpha 1 Microglobulin (26KDa)
 A1AGP, α 1-acid glycoprotein (41-43 Kda)



Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

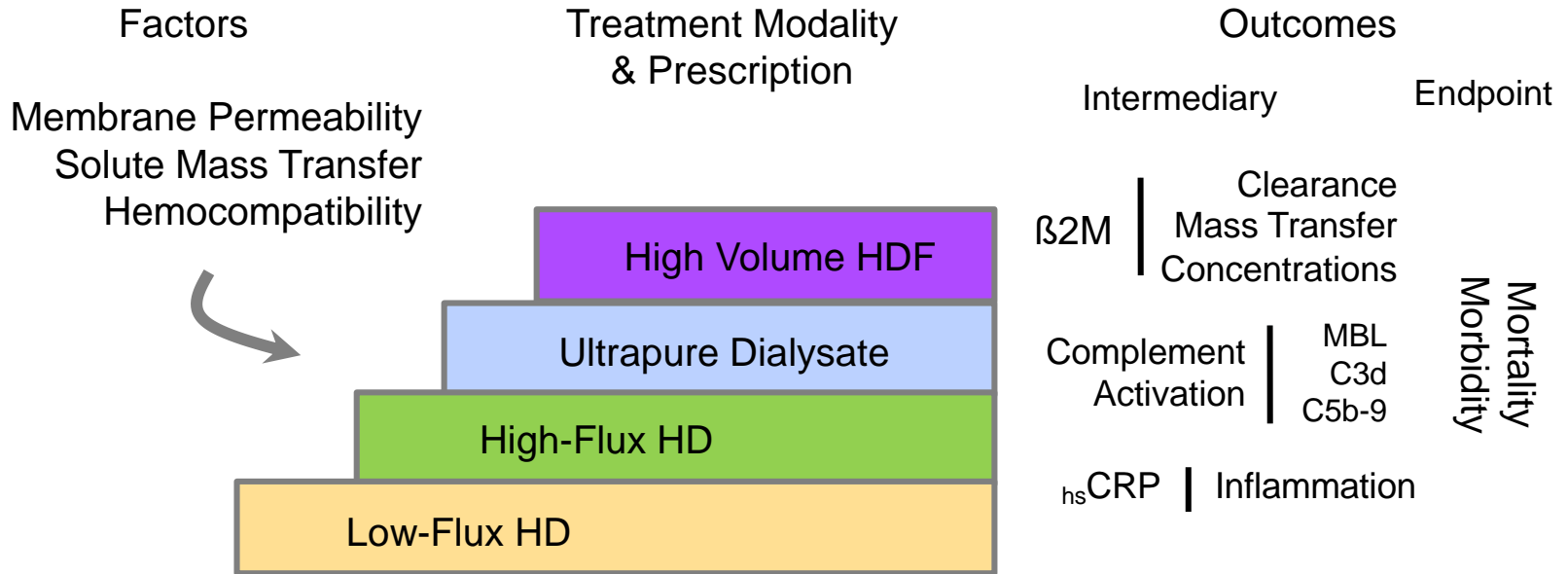
4

What Are the Clinical Facts and Evidences?

5

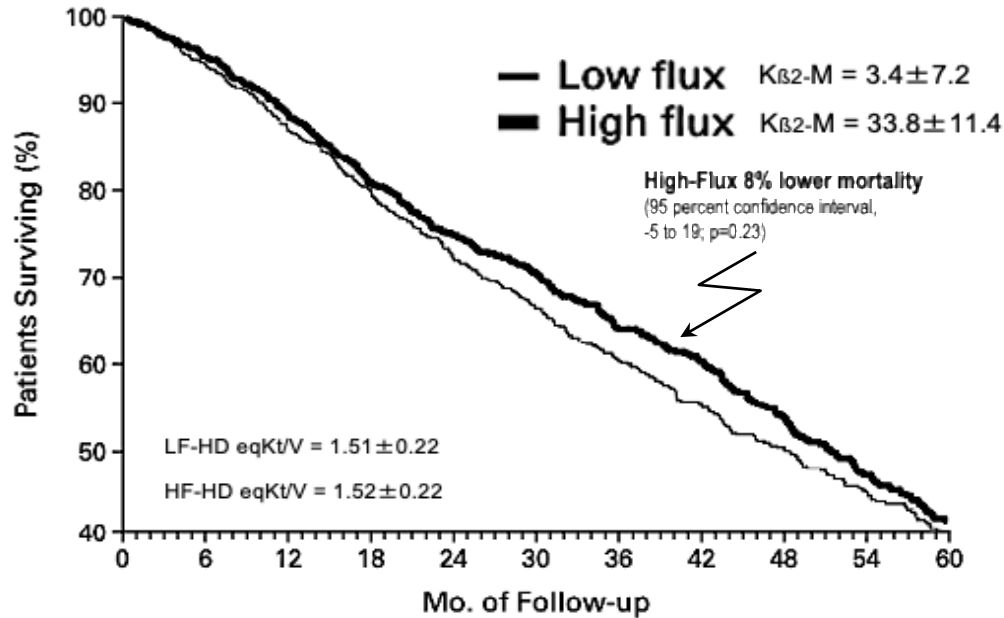
What is the Take Home Message?

Linking Membrane to Outcomes: Evidence Based Facts



High-Flux HD is Associated with a Non-Significant Increase in Survival (8% NS) in the HEMO Study

Interventional RCT in USA : no significant impact on patient outcomes



No. AT RISK

Low flux	851	750	632	525	446	383	307	250	203	149
High flux	860	761	635	537	473	399	335	269	212	160



Hemodialyzers were reused up to 12 times

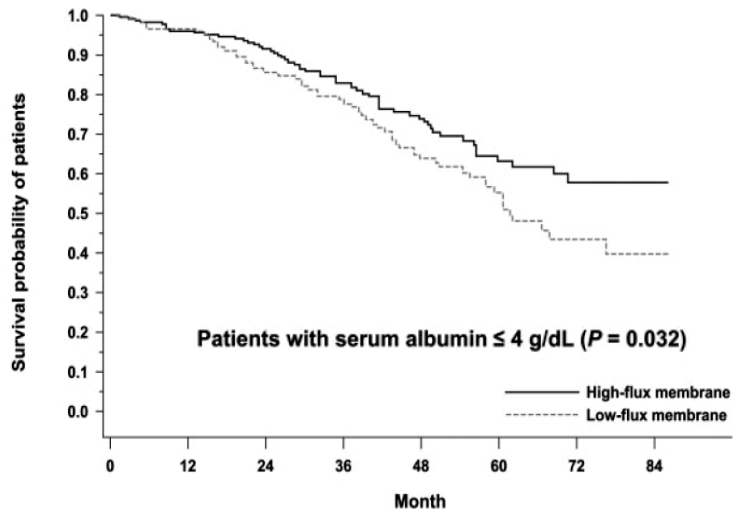
HEMO Study

Prospective RCT
 2 x factorial design: Dose/Flux
 1846 prevalent HD pts - 5 yrs. FU

Stand-Dose $n=926$
 High-Dose $n=920$
 Low-Flux $n=925$
 High-Flux $n=921$

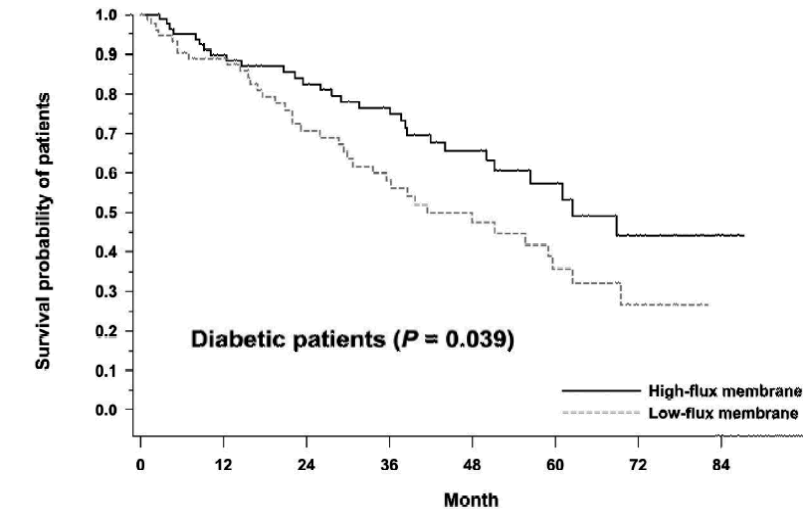
High-Flux HD Reduces Mortality in Hypoalbuminemic and Diabetic Patients in the MPO Study

Interventional RCT in Europe : positive impact on patient outcomes



No. at risk
High-flux
Low-flux

250	212	173	134	85	44	26	7
243	202	152	117	67	41	15	3



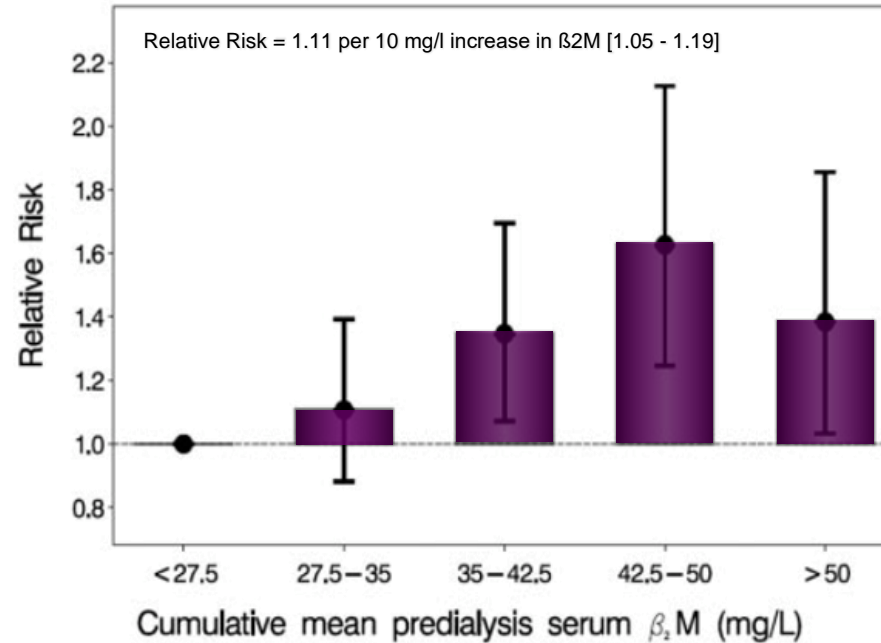
No. at risk
High-flux
Low-flux

83	67	55	46	27	14	7	3
74	59	40	29	19	11	3	0



β_2 -Microglobulin Concentrations Are Associated with Relative Risk of Death in HD Patients

All-Cause Mortality

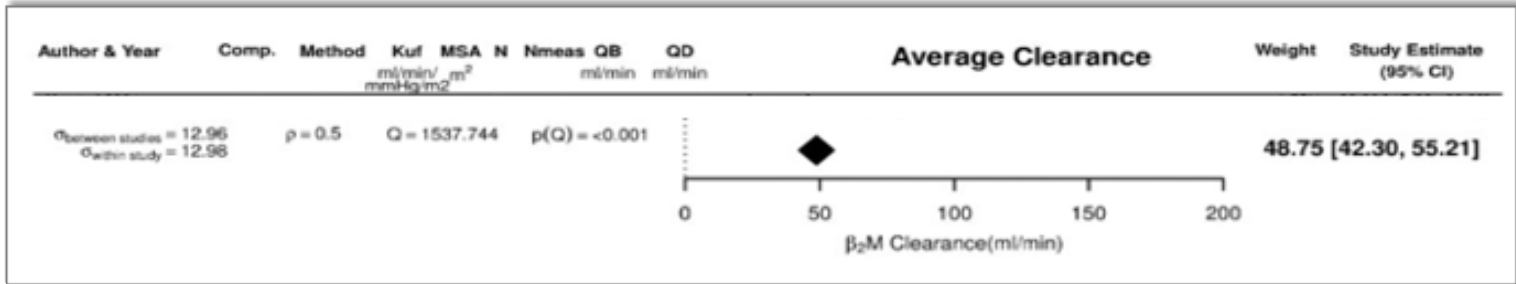


HEMO Study

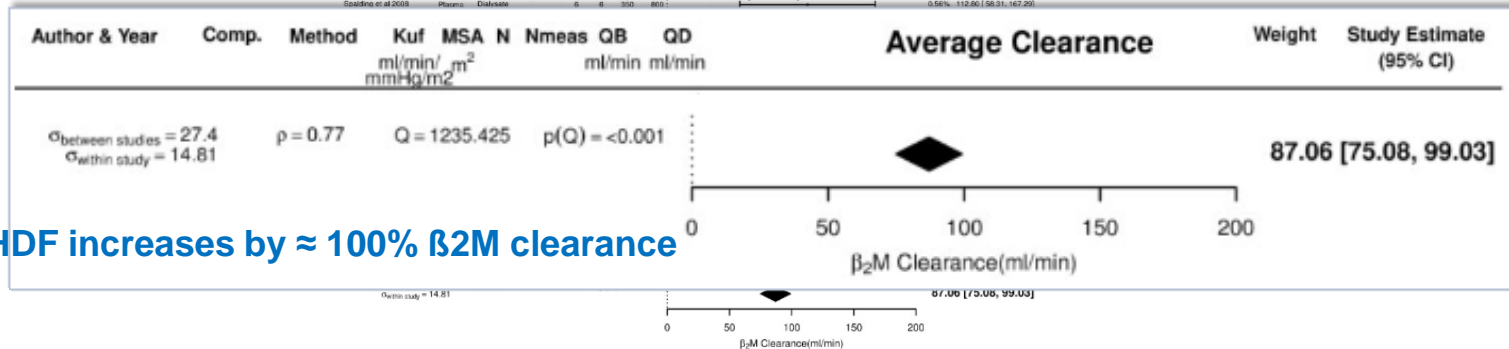
Prospective RCT
2 x factorial design: Dose/Flux
1844 prevalent HD pts - 5 yrs. FU

Stand-Dose	n=926
High-Dose	n=920
Low-Flux	n=925
High-Flux	n=921

High-Flux HD is Associated with Higher β_2 M Clearances

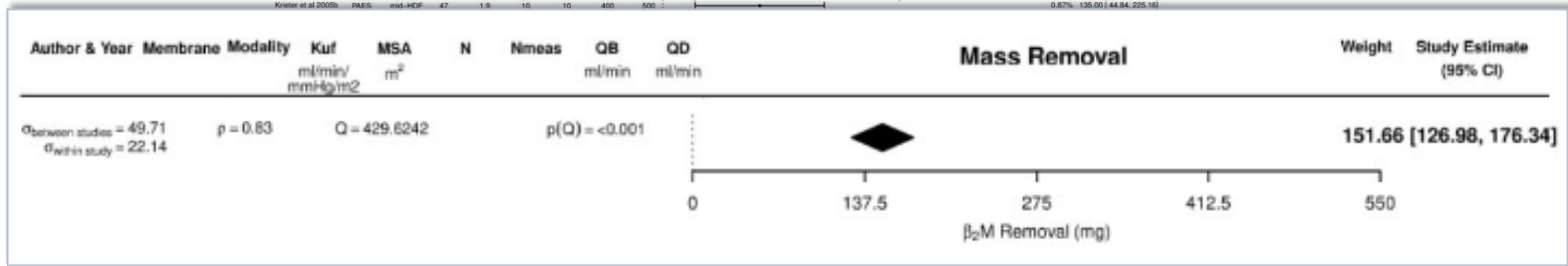
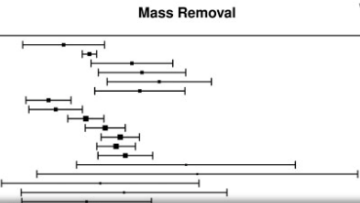


HDF increases by $\approx 100\%$ β_2 M clearance

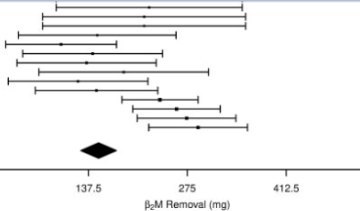


HDF is Associated With Significant Higher β_2 M Mass Removal than High-Flux HD

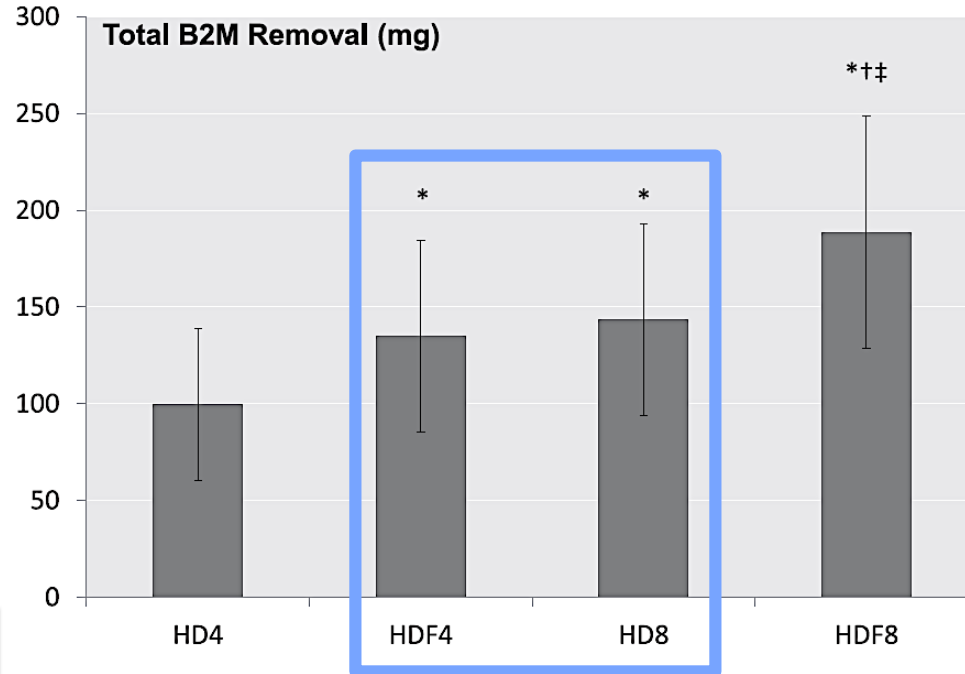
Author & Year	Membrane Modality	Kuf ml/min/ mmHg/m ²	MSA m ²	N	Nmeas	QB ml/min	QD ml/min	Weight	Study Estimate (95% CI)
Leto et al 2001	CA	High Flux	10	14	15	250	600	1.75%	103.00 [46.16, 159.84]
Leto et al 2001	PS	High Flux	33	1.2	15	15	250	2.22%	138.00 [29.00, 149.00]
Padrini et al 2003	PS	post-HDF	29	2.1	20	20	403	1.74%	186.00 [41.16, 256.84]
Padrini et al 2003	PS	mid-HDF	29	2.1	20	20	403	1.64%	212.00 [51.24, 272.76]
Padrini et al 2003	PS	mid-HDF	29	2.1	20	20	403	1.36%	236.00 [43.48, 308.52]
Padrini et al 2003	PS	mid-HDF	29	2.1	20	20	403	1.59%	209.00 [46.26, 271.72]
Ward et al 2003	PS	High Flux	29	1.8	12	12	410	2.23%	82.00 [50.64, 113.36]
Ward et al 2003	PS	High Flux	29	1.8	12	12	410	2.15%	92.00 [54.76, 129.24]
Bammens et al 2004	PS	High Flux	31	1.8	14	14	326	3.74%	133.90 [108.81, 158.99]
Bammens et al 2004	PS	High Flux	33	1.8	14	14	324	3.08%	160.00 [123.07, 196.73]
Bammens et al 2004	PS	pre-HDF	33	1.8	14	14	329	3.65%	181.00 [126.14, 235.46]
Bammens et al 2004	PS	pre-HDF	33	1.8	14	14	323	3.64%	176.00 [148.15, 202.85]
Bammens et al 2004	PS	post-HDF	33	1.8	14	14	318	3.05%	186.00 [155.76, 226.82]
Padrini et al 2005	PAES	post-HF	40	2.1	11	11	338	0.36%	273.20 [21.11, 425.29]
Padrini et al 2005	PAES	pre-HF	40	2.1	11	11	317	0.20%	268.90 [65.86, 511.94]
Santoro et al 2005	PAES	High Flux	42	1.9	20	20	359	0.43%	154.00 [16.80, 291.20]
Santoro et al 2005	PAES	mid-HDF	47	1.9	20	20	367	0.41%	187.00 [43.92, 330.08]
Kroener et al 2005b	PAES	mid-HDF	47	1.8	16	16	400	0.87%	195.00 [44.84, 225.16]



Padrini et al 2011	PS	post-HDF	40	2.3	15	15	372	0.52%	222.00 [92.64, 351.36]
Padrini et al 2011	PAES	mid-HDF	47	2.2	15	15	376	0.46%	215.00 [73.88, 356.12]
Heal et al 2013	PAES	High Flux	41	1.98	12	12	276	0.50%	149.74 [40.12, 259.37]
Correia et al 2014	PS	High Flux	33	1.8	13	13	283	1.10%	99.50 [47.176, 151.824]
Correia et al 2014	PS	High Flux	33	1.8	13	13	287	0.85%	143.30 [46.08, 240.51]
Correia et al 2014	PS	post-HDF	35	1.8	13	13	286	0.85%	130.00 [36.18, 223.82]
Correia et al 2014	PS	post-HDF	35	1.8	13	13	288	0.65%	186.00 [68.61, 304.99]
Melo et al 2014	PS	High Flux	29	2	14	14	375	0.74%	123.10 [26.08, 220.12]
Melo et al 2014	PS	post-HDF	29	2	14	14	375	0.85%	148.80 [57.74, 223.86]
Gayraud et al 2017	PS	High Flux	55	1.8	12	12	365	1.85%	237.00 [164.08, 289.92]
Gayraud et al 2017	PS	post-HDF	55	1.8	12	12	368	1.64%	260.00 [189.24, 320.76]
Gayraud et al 2017	PS	post-HDF	55	1.8	12	12	364	1.45%	274.00 [205.40, 342.60]
Gayraud et al 2017	PS	post-HDF	55	1.8	12	12	368	1.45%	290.00 [221.40, 358.60]



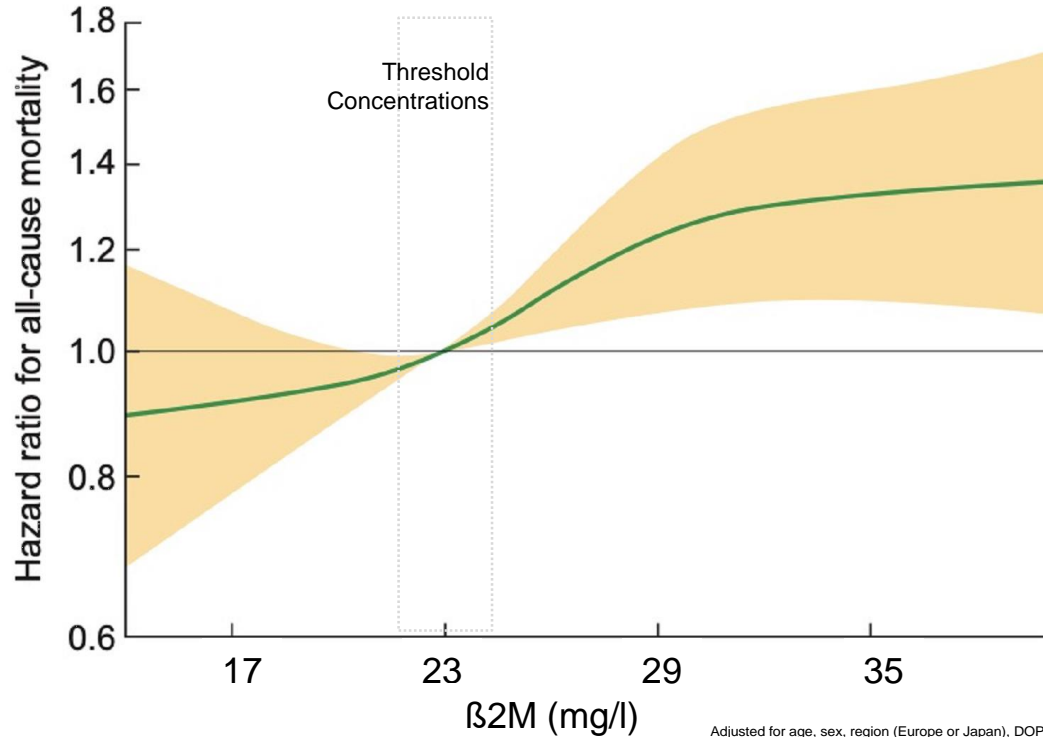
β 2-M Mass Removed is Significantly Increased by HDF as Function of Treatment Time



High-Flux HD 4 hours X Postdilution HDF 8 hours

Randomized Cross-Over Study
13 prevalent ESKD pts
2X2 : HF-HD vs post-HDF & T4h vs T8h
2 wk. interval between phases
Hemodynamic tolerance
Efficacy, solute removal (IDQ & DDQ)

Adjusted HR for All-Cause Mortality by β 2M Levels

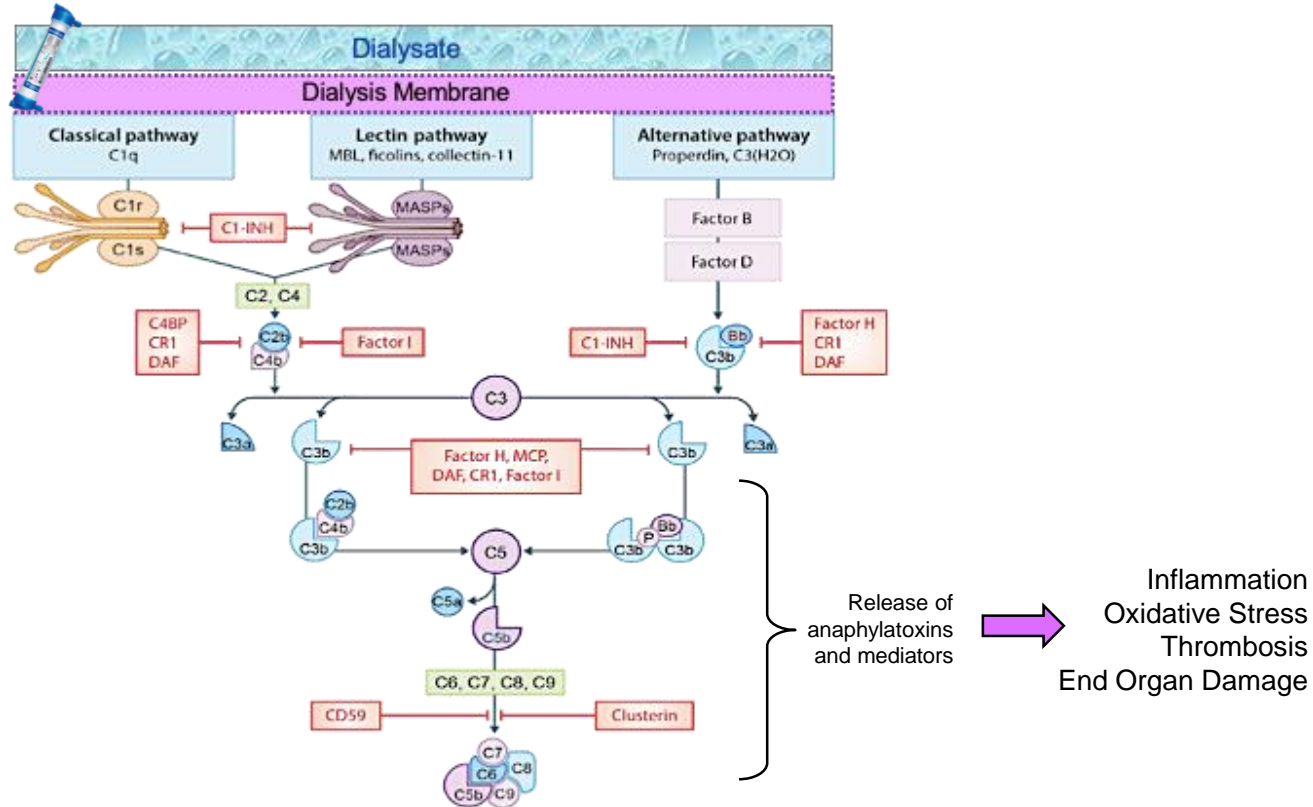


DOPPS
DIALYSIS OUTCOMES AND
PRACTICE PATTERNS STUDY

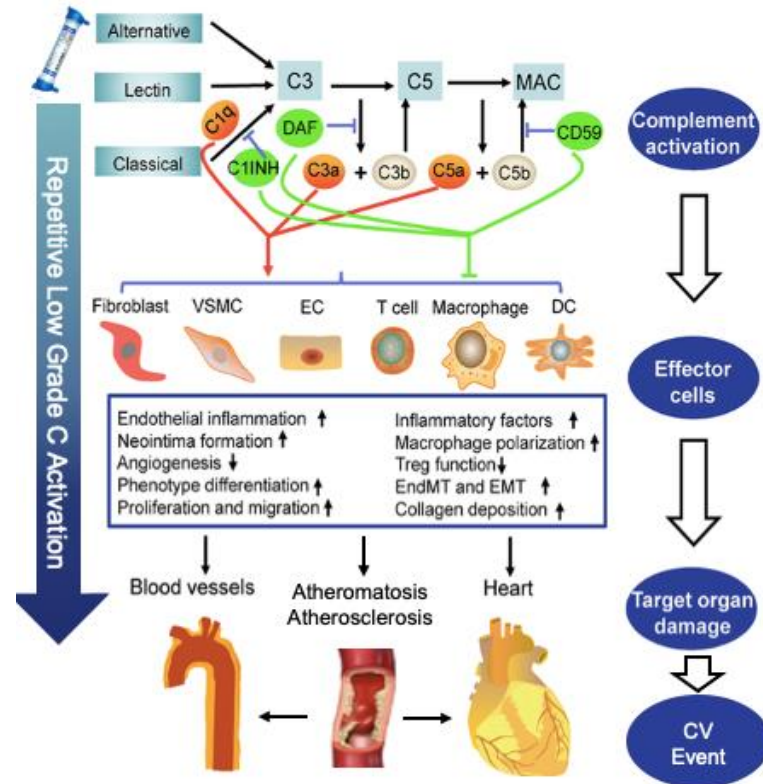
Analysis sample:
• 4 countries
• 5332 participations:
Japan = 3839
France = 356
Italy = 364
Spain = 773
• 3533 unique patients

Adjusted for age, sex, region (Europe or Japan), DOPPS Phase, dialysis vintage, residual urine volume, serum albumin and five comorbidities (diabetes, coronary heart disease, congestive heart failure, cerebrovascular disease and other cardiovascular diseases).

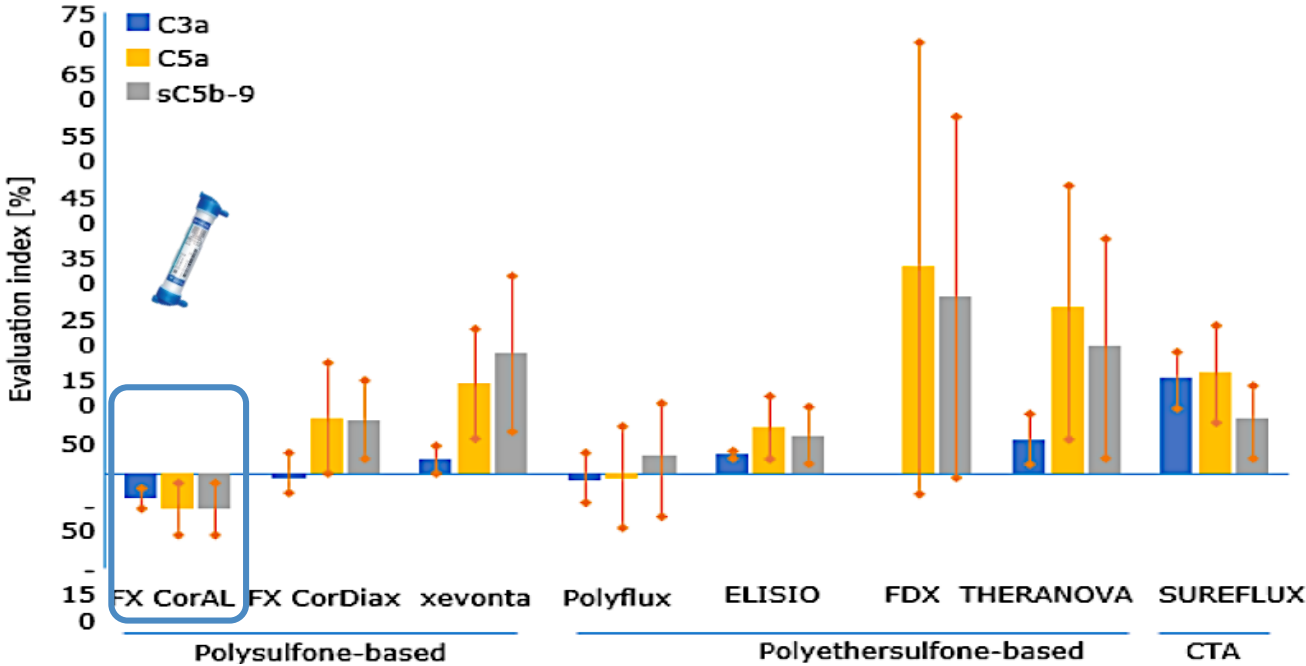
Low-Grade Complement Activation May Occur During HD and Contribute to Adverse Reactions and Side Effects



Low Grade Complement Activation is Recognized as Contributing and Enhancing CV Events

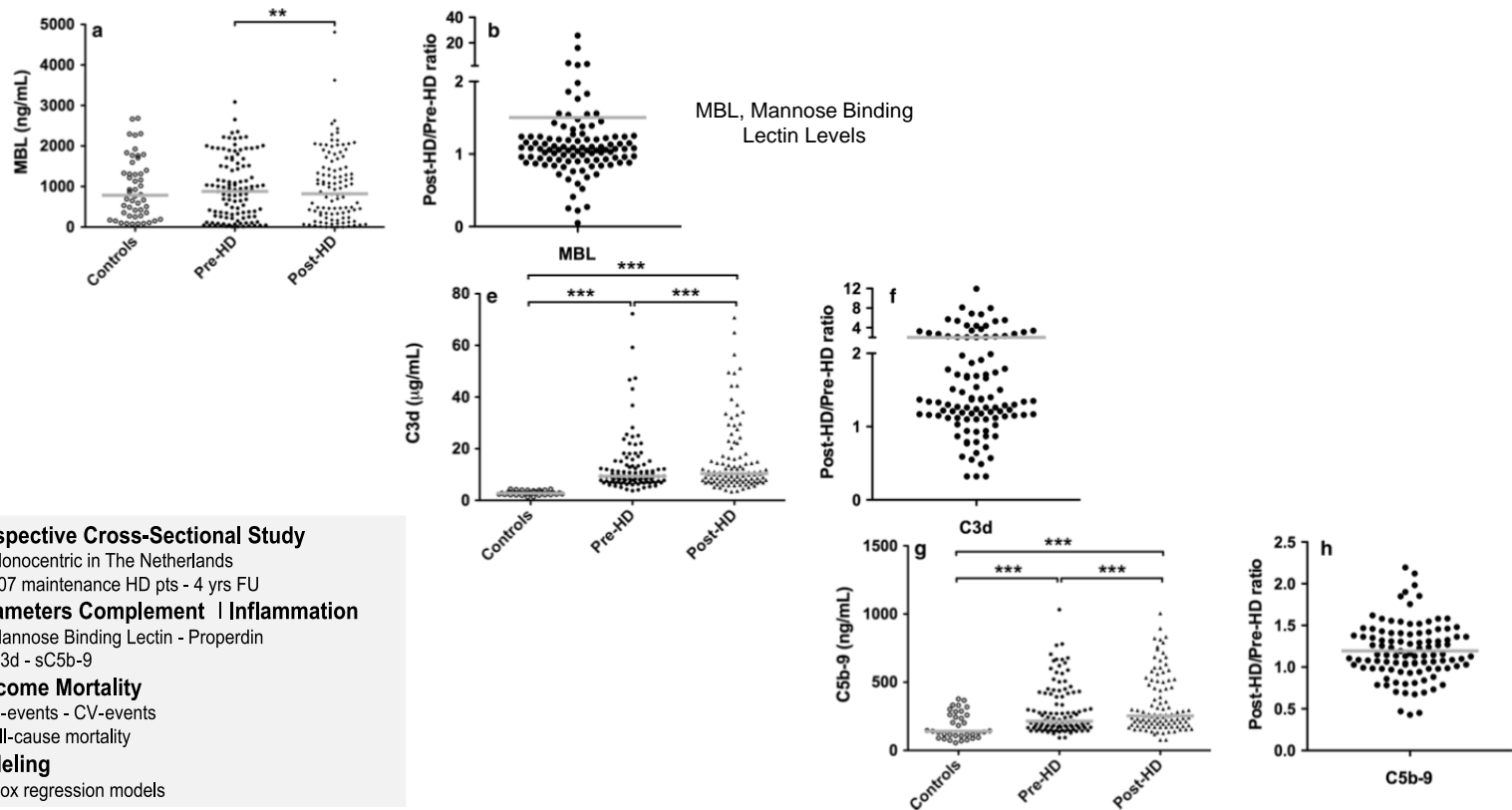


New Membrane Engineering Has Been Shown to Reduce Significantly Complement Activation



Ex vivo Study
 Recirculation model
 Human blood – 3 hours

Low Grade Complement Activation Occurs in Regular Maintenance High-Flux Hemodialysis (Polysulfone Dialyzer)



Prospective Cross-Sectional Study

- Monocentric in The Netherlands
- 107 maintenance HD pts - 4 yrs FU

Parameters Complement | Inflammation

- Mannose Binding Lectin - Properdin
- C3d - sC5b-9

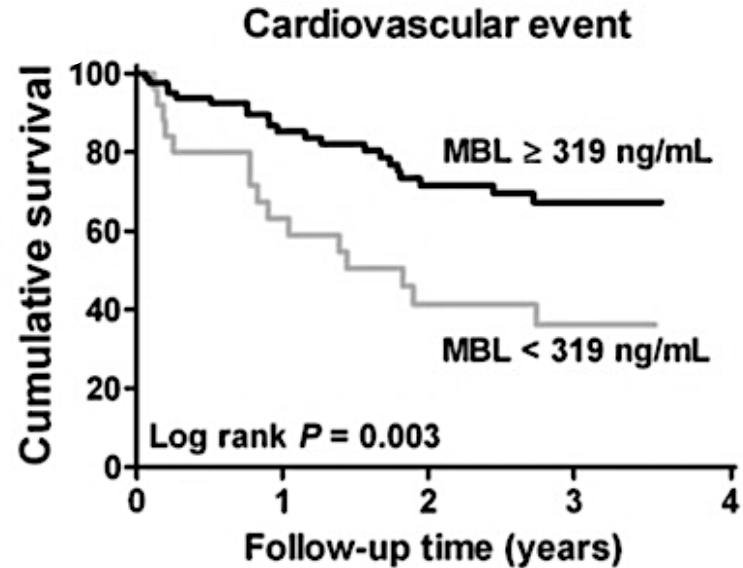
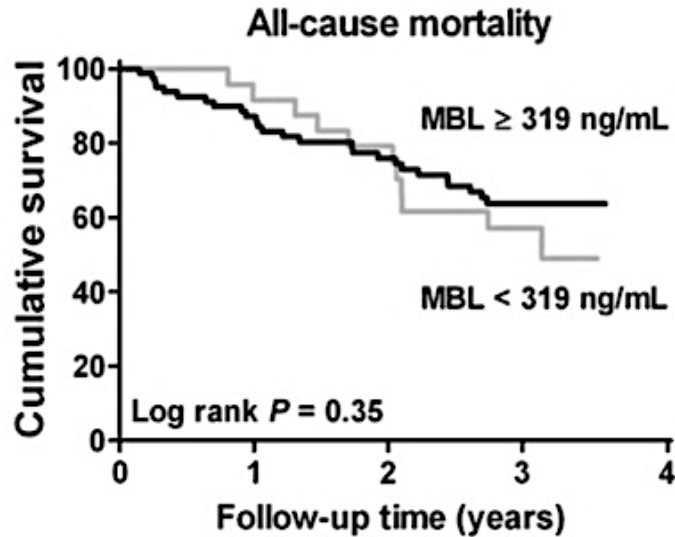
Outcome Mortality

- C-events - CV-events
- All-cause mortality

Modeling

- Cox regression models

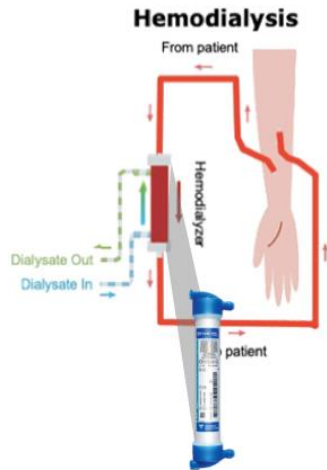
Chronic Complement Activation is Associated with Poor CV Outcome in HD Patients



- Prospective Cross-Sectional Study**
- Monocentric in The Netherlands
 - 107 maintenance HD pts - 4 yrs FU
- Parameters Complement | Inflammation**
- Mannose Binding Lectin - Properdin
 - C3d - sC5b-9
- Outcome Mortality**
- C-events - CV-events
 - All-cause mortality
- Modelling**
- Cox regression models

MBL, Mannose Binding Lectin Levels

Outline



1

What's Role of the Membrane and the Dialyzer in Outcomes?

2

What Does Innovation Mean in Membrane and Dialyzer Technology?

3

What are the Objectives of an Innovative Membrane and Dialyzer?

4

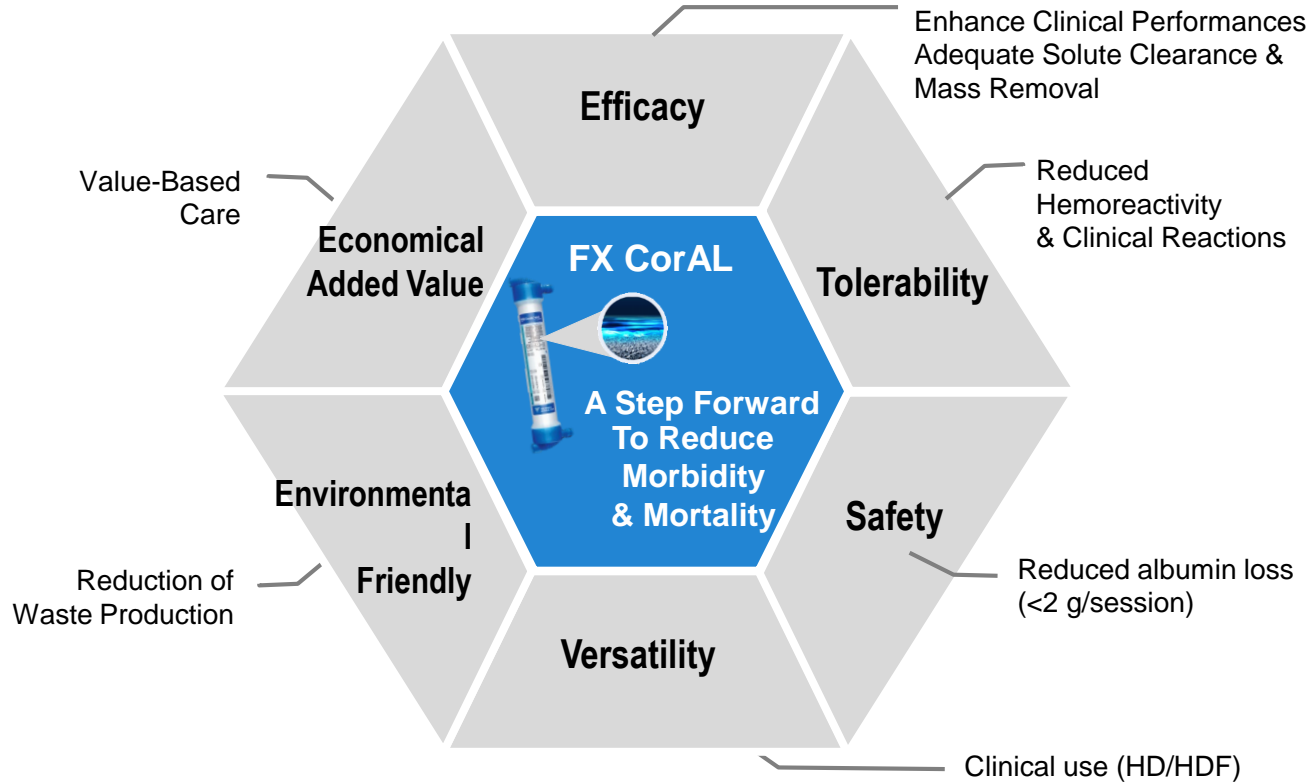
What Are the Clinical Facts and Evidences?

5

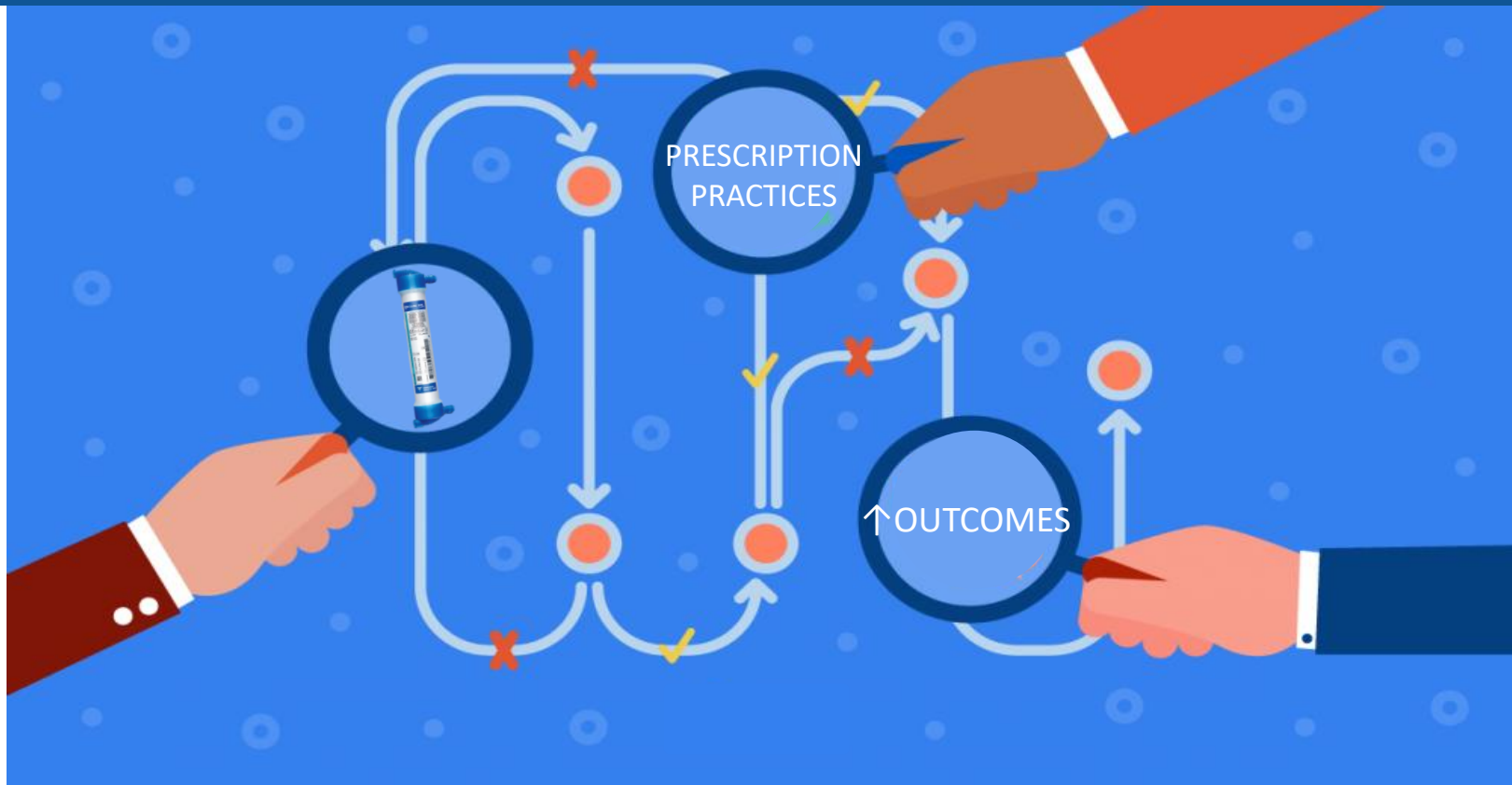
What is the Take Home Message?

An Innovative Membrane/Dialyzer is on the Way

It Fulfills All Major Criteria To Reduce Morbidity and Mortality



Integrate this Innovative Dialyzer in your Daily Workflow to Improve Patient Outcomes





**THANK
YOU!**