



Why NxStage?

4th self-care dialysis symposium
6th & 7th June 2018
Brussels

Are you prepared?

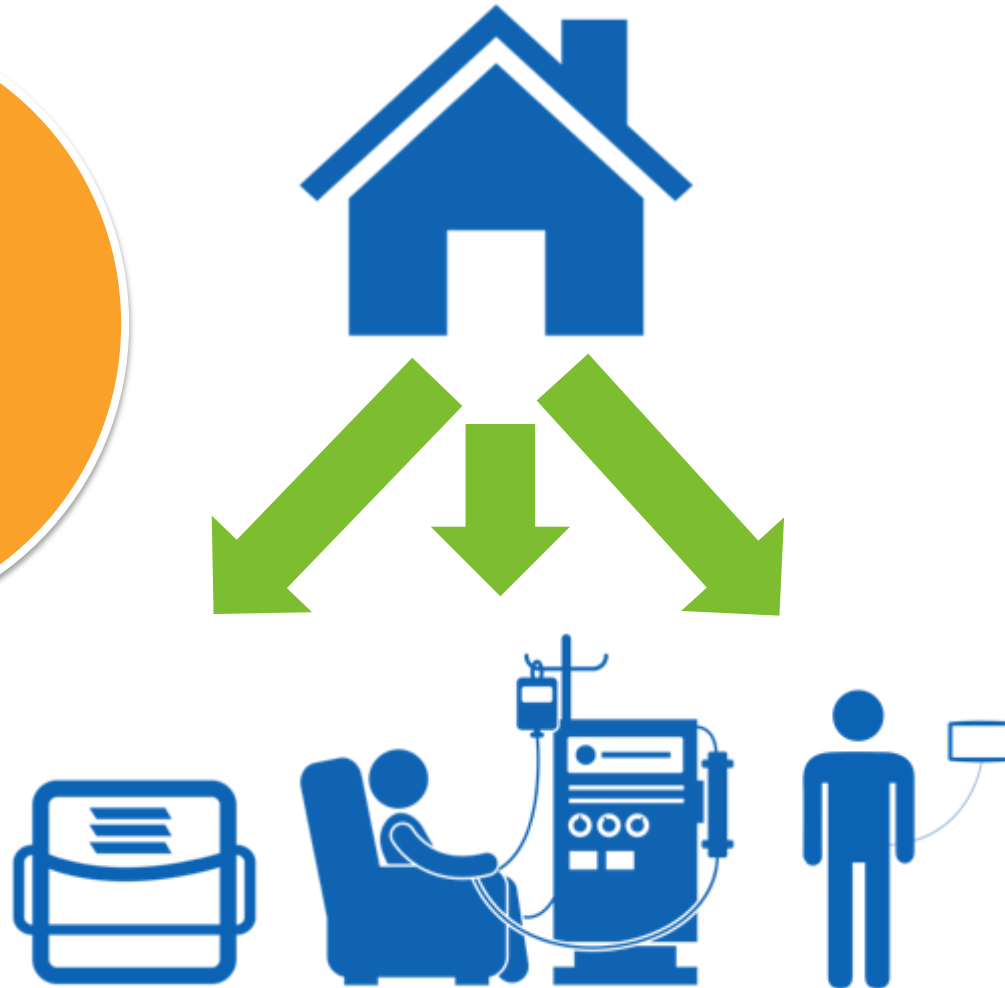


**4.1% Annual
increase¹**
in European
dialysis patients

Reference: 1. 2017 USRDS Annual Data Report Reference Tables –
International Comparisons

How will you meet the rising demand?

Home as
the rule
not the
exception



Are your patients choosing home?

55%

of patients who are
educated on their options
select self-care modality
options including home
hemodialysis¹

Reference: 1. Goovaerts T, et Al. Influence of a Pre-Dialysis Education Programme (PDEP) on the mode of renal replacement therapy. Nephrol Dial Transplant 2005.

Are your patients choosing home?

“As long as patients are physically and mentally able as well as motivated to perform treatments and related activities, most patients may be candidates for home haemodialysis.”

NHS, National Institute for Health and Clinical Excellence, UK

System One's unique features are critical to this difference...



Simple to
learn



Designed
for home



Efficient
dialysate
supply

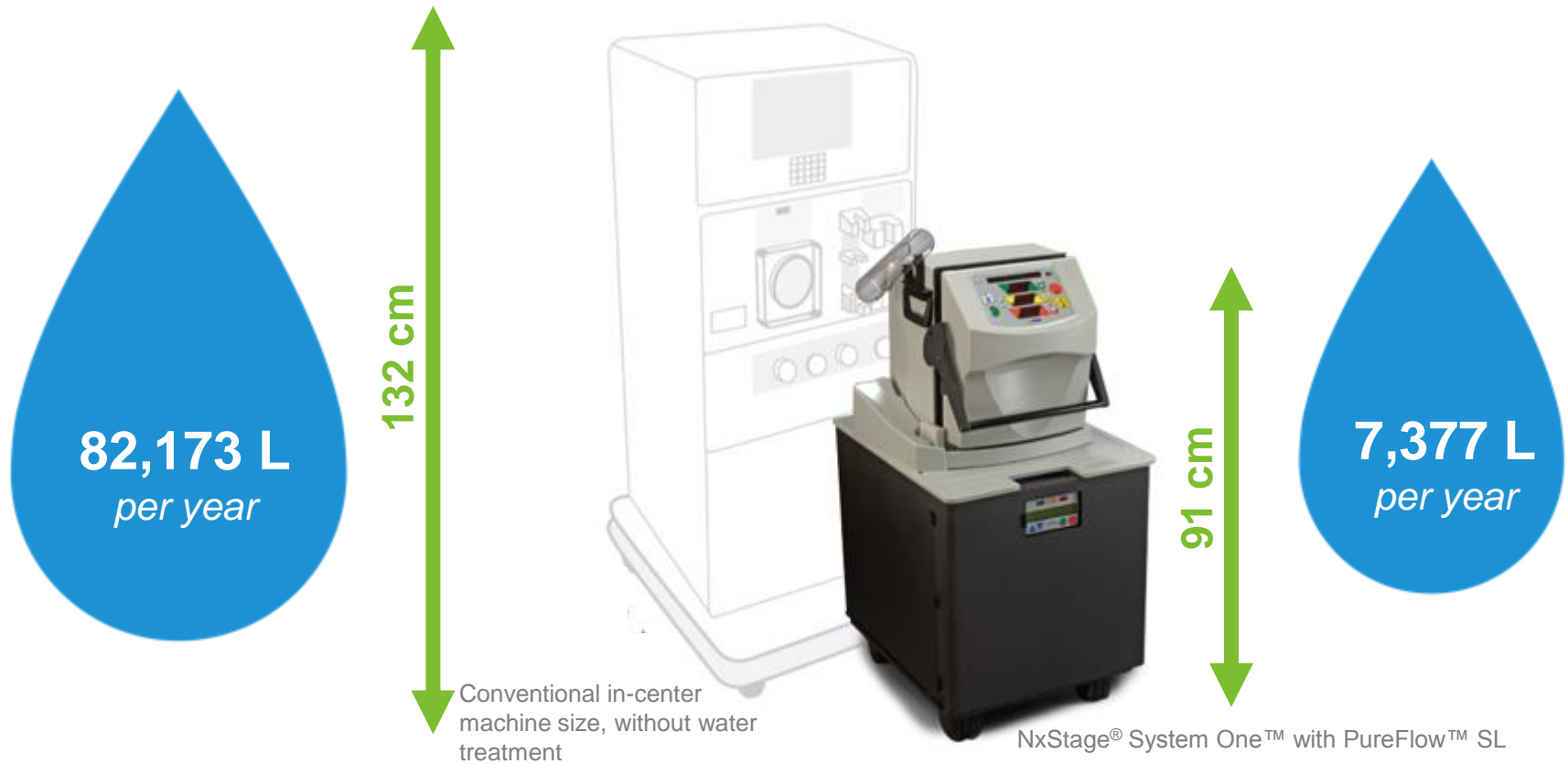


Patient
freedom



Clinical
flexibility

Consider your options



Calculations for both machines based on more frequent therapy.

Consider all-cost

Home haemodialysis is

20%

less expensive than
in-center haemodialysis¹⁻¹³



Staffing

Equipment

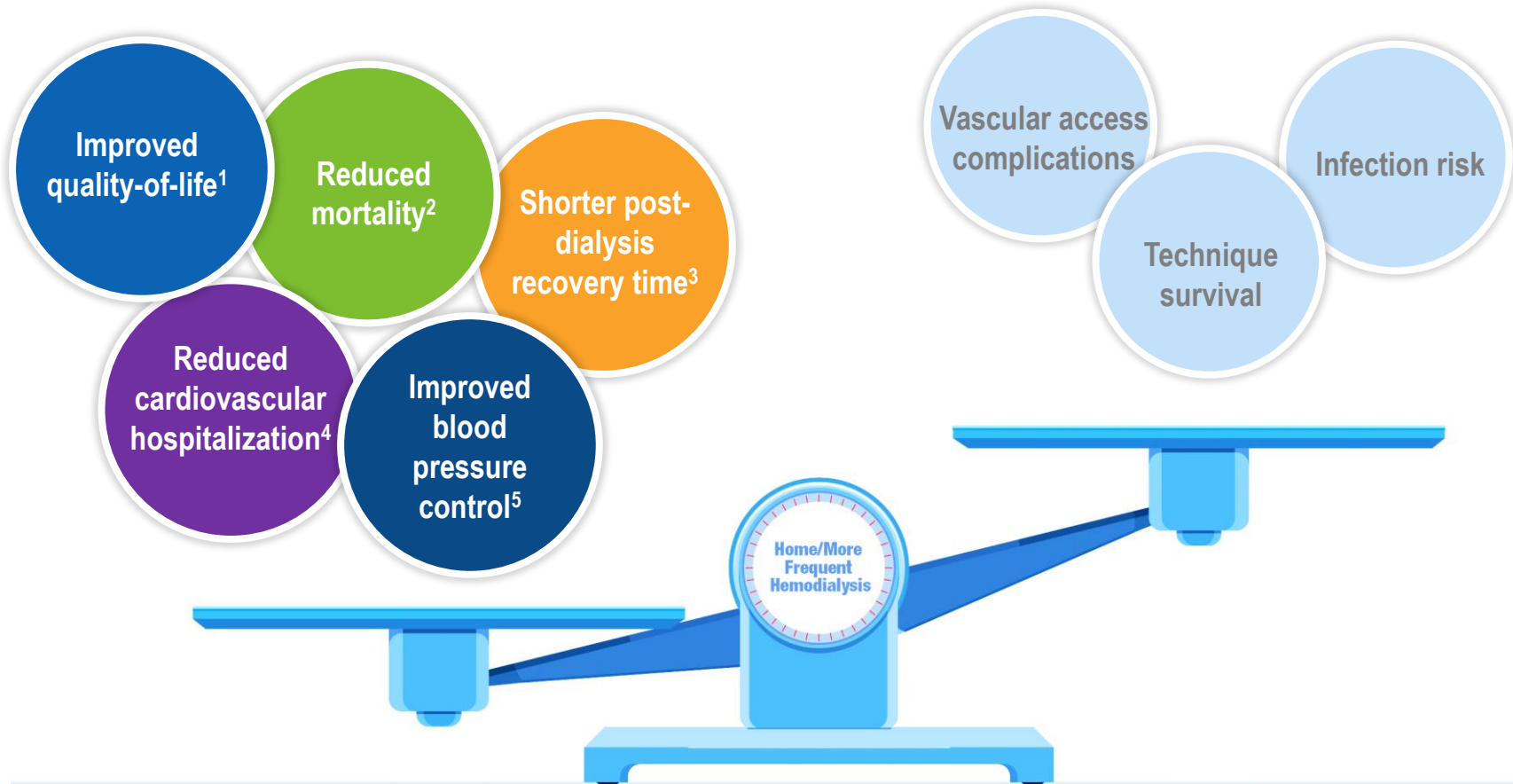
Infrastructure

Medicine

Services

Other costs

Why not offer more?



References: 1. Finkelstein FO, Schiller B, Daoui R, et al. At-home short daily hemodialysis improves the long-term health-related quality of life. *Kidney Int.* 2012;82(5):561-569. 2. Weinhandl ED, Lie J, Gilbertson DT, Arneson TJ, Collins AJ. Survival in daily home hemodialysis and matched thrice-weekly in-center hemodialysis patients. *J Am Soc Nephrol.* 2012;23(5):895-904. 3. Jaber BL, Lee Y, Collins AJ, et al. Effect of daily hemodialysis on depressive symptoms and postdialysis recovery time: interim report from the FREEDOM (Following Rehabilitation, Economics and Everyday-Dialysis Outcome Measurements) Study. *Am J Kidney Dis.* 2010;56(3):531-539. 4. Weinhandl E, Nieman KM, Gilbertson DT, Collins AJ. Hospitalizations in daily home hemodialysis and matched thrice-weekly in-center hemodialysis patients. *Am J Kidney Dis.* 2015;65(1):98-108.5. FHN Trial Group. In-center hemodialysis six times per week versus three times per week. *N Engl J Med.* 2010;363(24): 2287-2300.

Will you be able to meet the dialysis demand with traditional machines?



Conventional in-center machine size, without water treatment

28
Training Sessions^{1*}

*Sessions based on training for nocturnal home haemodialysis



17
Training Sessions²

NxStage® System One™ with PureFlow™ SL

Reference: 1. Pipkin M, Eggers PW, Larive B, et al. Recruitment and Training for Home Hemodialysis: Experience and Lessons From the Nocturnal Dialysis Trial. Clin J Am Soc Hepnrol. 2010;5:1614-1620. 2. Borman N, Ficheux M, Slon M, et al. Patients Require Short Training Time for Hemodialysis at Home in the European Experience Using NxStage System One. Poster presented at European Renal Association - European Dialysis and Transplant Association, 2016.



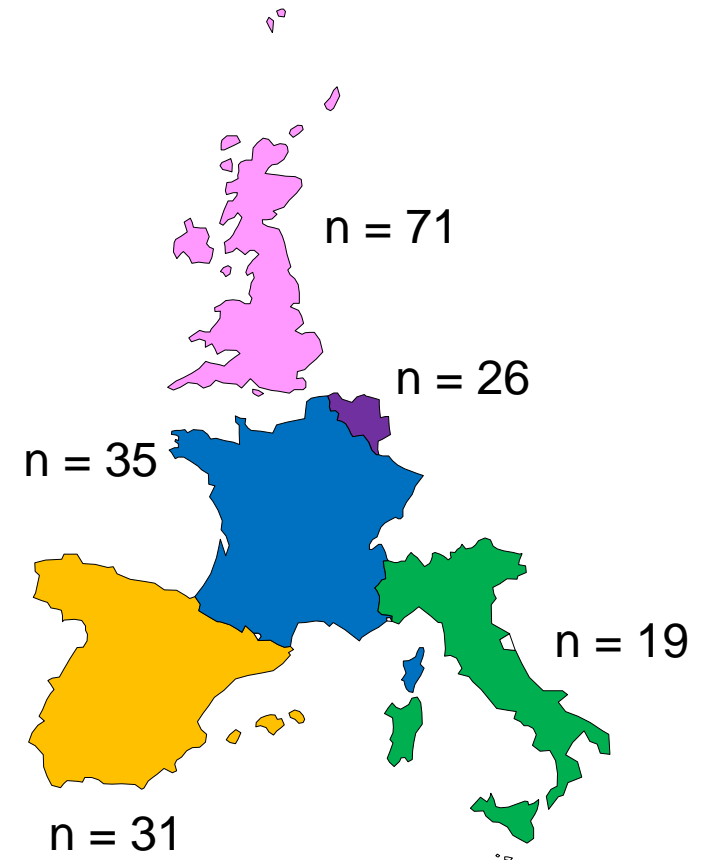
Retrospective study of frequent
home hemodialysis (fHHD) patients
using NxStage® System One™

182 patients

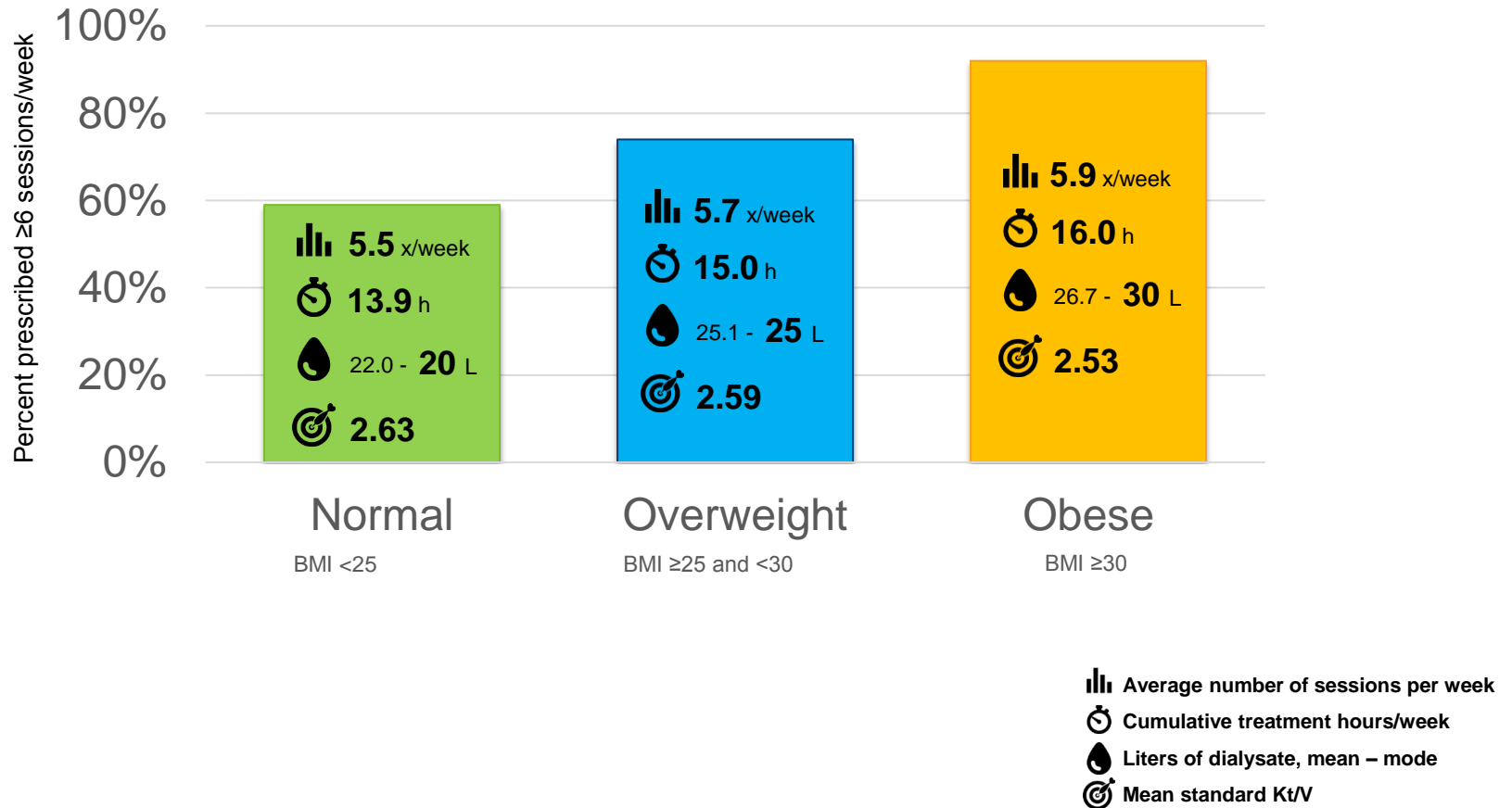
9 home hemodialysis programs

5 European countries

1 year follow-up

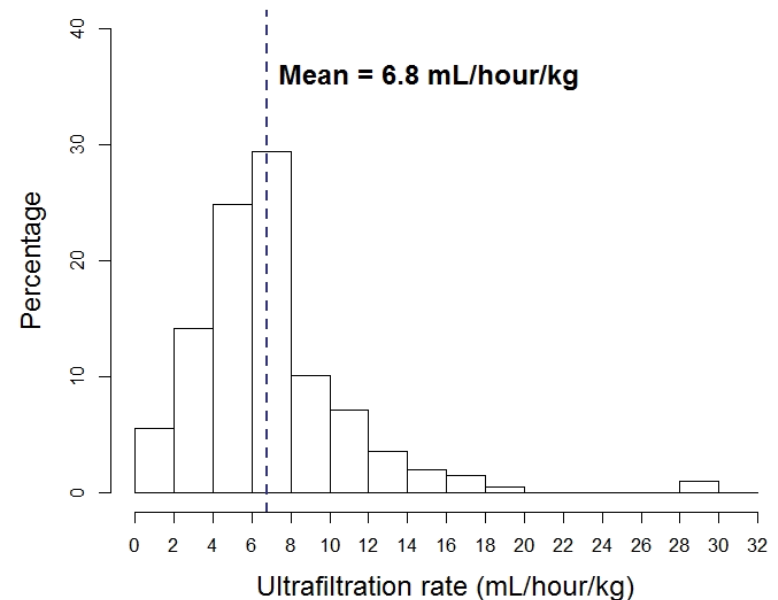


All Patients Receive Adequate Dialysis



Low Ultrafiltration Rate

- Mean UFR at months 6 and 12 (pooled), **6.8 mL/hour/kg**
- **84%** of patients with UFR <10 mL/hr/kg (73% at baseline) (low cardiovascular risk)
- **Frequent HD reduces UFR**



Reduction in Anticoagulation Need

	Mean Hb (g/dL)	Mean ESA dose (EPO IU/week)	Heparin Use (%)
Baseline	11.2	8400	73%
Month 6	11.1	7800	61%
Month 12	11.4	8200	60%
<i>p</i> for trend	0.12	0.85	0.002

- Stable hemoglobin
- Concurrent **decline in use of anticoagulation**

Preservation of Residual Renal Function

Patients (n=54) with RRF at Baseline

	Mean Urine Volume (mL/day)	% Anuric
Baseline	1100	0%
Month 6	960	5%
Month 12	800	18%

- Slower decline than in FHN¹ (~50% and 67% were anuric after 12 months of intensive HD in Daily and Nocturnal trials)
- Slower decline than in NECOSAD² (~50% were anuric after 12 months of either CAPD or APD)

¹Daugirdas JT et al. FHN Trial Group: Effect of frequent hemodialysis on residual kidney function. *Kidney Int.* 2013 May;83(5):949-58

²Michels Wm et al. Decline in residual renal function in automated compared with continuous ambulatory peritoneal dialysis. *Clin J Am Soc Nephrol.* 2011;6(3):537-42.

NxStage has a proven track record meeting health care providers' needs



9K
PATIENTS

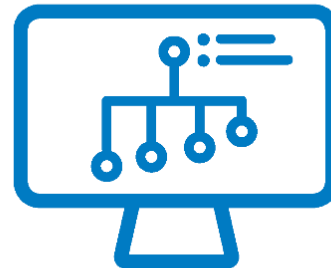


16M
TREATMENTS

CLINICAL
FLEXIBILITY



MOUNTAINS OF
CLINICAL EVIDENCE



PROVEN
QUALITY



PROVEN
SAFETY



Risks and Responsibilities

Despite the health benefits that more frequent home hemodialysis may provide to those with chronic kidney disease, this form of therapy is not for everyone. Home hemodialysis with the NxStage System One requires a patient and partner who are committed to being trained on and following the guidelines for proper system operation.

The reported benefits of home hemodialysis may not be experienced by all patients.

The NxStage System One is a prescription device and, like all medical devices, involves some risks. When vascular access is exposed to more frequent use, infection of the site, and other access related complications may be potential risks. The risks associated with hemodialysis treatments in any environment include, but are not limited to, high blood pressure, fluid overload, low blood pressure, heart-related issues, and vascular access complications. The medical devices used in hemodialysis therapies may add additional risks including air entering the bloodstream, and blood loss due to clotting or accidental disconnection of the blood tubing set. When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks. Patients should consult with their doctor to understand the risks and responsibilities of home and/or more frequent hemodialysis using the NxStage System One.

Certain risks are unique to the home. Treatments at home are done without the presence of medical personnel and on-site technical support. Patients and their partners must be trained on what to do and how to get medical or technical help if needed.

Certain risks associated with hemodialysis treatment are increased when performing nocturnal therapy due to the length of treatment time and because therapy is performed while the patient and care partner are sleeping. These risks include, but are not limited to, blood access disconnects and blood loss during sleep, blood clotting due to slower blood flow or increased treatment time or both, and delayed response to alarms when waking from sleep. Patients should consult with their physician to understand the risks and responsibilities associated with home nocturnal hemodialysis using the NxStage System One.



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Appendix: Slide 11

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