



RenalGuard Therapy[®]

Protecting the kidneys during life-saving PCI procedures



How does contrast-associated AKI affect hospitals?

12% Of patients undergoing in-patient cath-lab procedures develop CA-AKI¹

3.7 days Longer average hospital stay²

2.5x Higher risk of 30-day in-hospital mortality¹

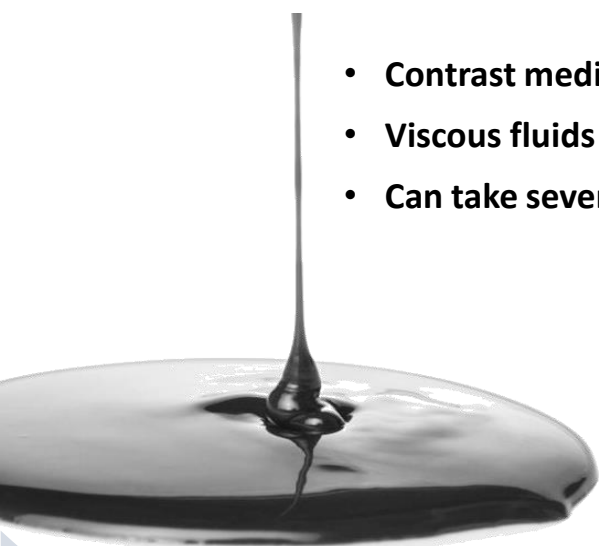
50% Higher risk of readmission¹

Download the AKI Risk Calculator App to see what patients are at risk



What are the underlying causes of contrast-associated AKI?

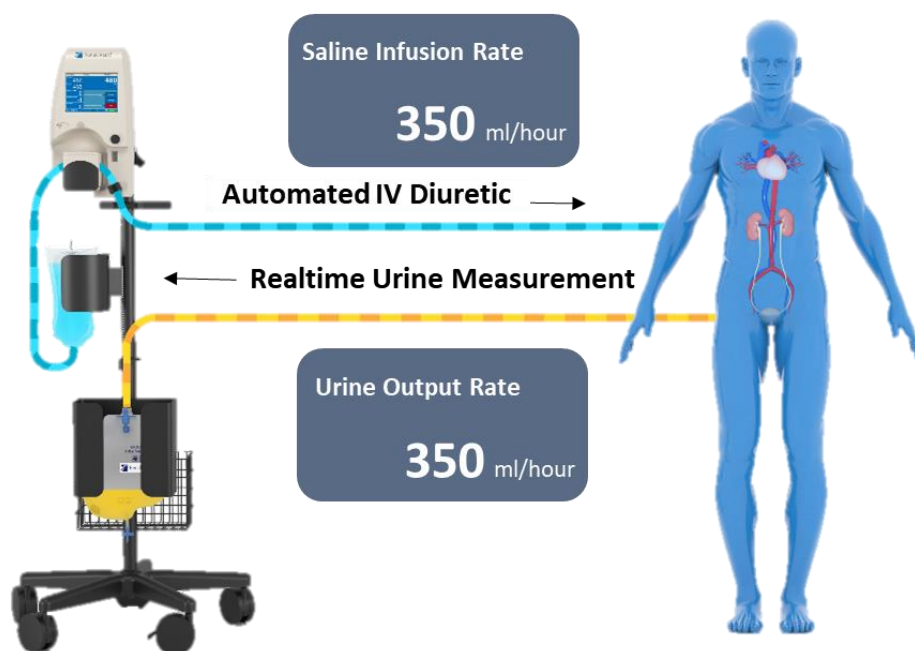
- Contrast media is toxic to nephrons³
- Viscous fluids can block filtration and oxygen delivery³
- Can take several days to eliminate contrast media from the body⁴



1. A. Prasad et. Al. Contemporary Trend of acute kidney injury incidence and incremental cost among us patient undergoing percutaneous coronary procedures Catheter Cardiovasc Interv. Feb. 20, 2020;96:1184-1197. 2. Subramanian S et al. Economic burden of contrast-induced nephropathy: implications for prevention strategies. Journal of Medical Economics. 2007;10(2):119–134. 3. Rear R, et al. Heart 2016;102:638–648. doi:10.1136/heartjnl-2014-306962 4. G. Deray, Dialysis and iodinated contrast media, International Society of Nephrology, 2006, 69:(S25-29)

Automated matched hydration therapy as per the ESC Guidelines⁵

- Flushes harmful nephrotoxins⁶
- Manages intravascular volume¹²
- Increases renal perfusion⁸
- May reduce oxidative stress



Start therapy 1 hour pre-procedure, continue throughout, and finish 4 hours after the procedure

Easy to set up and operate

- Integrates into current clinical workflow
- Reduces the need for perioperative or overnight hydration
- Simple, nurse-operated system, allows physicians to focus on the procedure





RenalGuard Therapy® has clinically demonstrated:

72-87%

Reduction of AKI

when compared to patients receiving the **standard of care** ¹⁻⁵

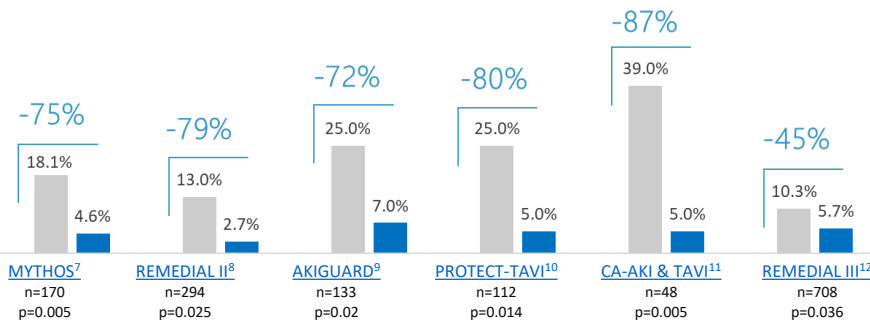
45%

Reduction of AKI

when compared to patients receiving the **Poseidon Protocol**,
an aggressive hydration protocol base upon LVDP⁶

RenalGuard Therapy® is the first clinically validated solution to prevent CA-AKI

Result of 6 published, randomized controlled clinical trials demonstrating a reduction of CA-AKI



Demonstrated long-term value of RenalGuard in 12-month follow-up (AKI-GUARD Study)⁹

72% lower incidence of AKI
(from 25% to 7%)

~80% fewer hospitalization days
(from 4.9 to 1 day on average)

80% lower incidence of MACCE
(from 32% to 7%)



Scan to access the clinical studies

7. Marenzi et. al. JACC: Cardiovascular Interventions Volume 5, Issue 1, Jan. 2012, Pages 90-97 (MYTHOS) 8. C. Briguori et. al. Circulation, 2011 Sep 13;124(11):1260-9. (REMEDIAL II) 9. Usmiani, Tullio et. al. Journal of Cardiovascular Medicine 17(7):p 530-537, July 2016. | DOI: 10.2459 (AKIGUARD) 10. M. Barbanti et. al. JACC Cardiovasc Interv. Oct. 2015, 8(12):1595-604. doi: 10.1016 (PROTECT-TAVI) 11. G. Visconti, et. al. EuroIntervention, 2016 Apr 8;11(14):e1658-61. doi: 10.4244.(CA-AKI & TAVI) 12. C. Briguori et. al. CCI, Volume 95, Issue 5, July 2019 April 1, 2020, 895-903 (REMEDIAL III)



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