

The Quantra[®] System and QPlus[®] Cartridge provide FAST, EASY, and RELIABLE results to optimize patient care.





Transfusions may be necessary to treat blood loss, but optimized bleeding management can reduce associated risks.¹

- Transfusion of 1 RBC unit is associated with higher morbidity and mortality*
- Increased 30-day morbidity and mortality with each blood product unit transfused[†]

*In a query of over 2 million patients²
†In an analysis of >23,000 adult cardiac surgery patients³

However, technologies designed to identify coagulopathies have been complex and difficult to interpret.^{4,5}

 Traditional viscoelastic tests like thromboelastography or thromboelastometry are most often operated in the laboratory, meaning that turnaround times can be lengthy and highly variable⁶

In an observational study of thromboelastography users, after a two-month trial:



Only 29% of staff felt confident interpreting results⁵



Just over half felt whole blood hemostasis analyzer results would guide blood component management⁵



In 2021, the STS, SCA, and AmSECT published joint Clinical Guidelines on Patient Blood Management which list **whole blood viscoelastic testing** as a Class I (Level B-R) recommendation⁷



The Quantra® System with QPlus® Cartridge Addresses the Challenges of Testing in Cardiovascular Surgical Procedures





Point of Care Use

 At your fingertips in the operating room to decrease unnecessary transport time and provide "real-time" results





Fast

 QPlus results are the fastest on the market with first results in 2.5 minutes and full results in approximately 12.5 minutes^{8,9}





Intuitive

 After a short 30-minute training, new users were able to read and interpret the results of QPlus dials displays with >95% proficiency¹⁰

These advantages have led to excellent clinical results:



20% reduction in major bleeding within 24 hours of surgery¹¹



Statistically significant reduction in transfusions^{11,12}



Less bleeding and transfusions can lead to **reduced length of stay**^{13,14}



Ordering Information

System Component	Ref. #	System Component	Ref.#
Quantra® Hemostasis Analyzer	HS-001	Cleaning Cartridge, Kit of 10	KT-0012
QPlus® Cartridge, Kit of 10	KT-0010	Quantra Printer	KT-0015
QStat® Cartridge, Kit of 10	KT-0022	Quantra Desktop Remote Viewer Software	KT-0016
QPlus Control Level 1 Kit of 4 (Lyophilized 2-8 C)	KT-0024	Qualiris External Quality Assessment Proficiency for QPlus	KT-0048
QPlus Control Level 2 Kit of 4 (Lyophilized 2-8 C)	KT-0026		
QStat Control Level 1 Kit of 4 (Lyophilized 2-8 C)	KT-0028		
QStat Control Level 2 Kit of 4 (Lyophilized 2-8 C)	KT-0038		

Indications: The Quantra Hemostasis System is comprised of the Quantra Hemostasis Analyzer, QPlus Cartridge, QStat Cartridge, Quantra Quality Controls (Level 1 and Level 2), Quantra Cleaning Cartridge, and Quantra Desktop Remote Viewer (QDRV) Software. The QPlus Cartridge is indicated for the evaluation of blood coagulation in perioperative patients age 18 years and older to assess possible hypocoagulable and hypercoagulable conditions in cardiovascular or major orthopedic surgeries before, during, and following the procedure. The QStat Cartridge is indicated for the evaluation of blood coagulation and clot lysis in patients age 18 years and older to assess possible hypocoagulable and hypercoagulable conditions in trauma and liver transplantation procedures. Results obtained with the Quantra System should not be the sole basis for patient diagnosis.

References: 1. Pavenski K. et al. ONTraC: A 20-year history of a successfully coordinated provincewide patient blood management program: Lessons learned and goals achieved. Anesth Analg. 2022;135:448-458. 2. Girardi NI, et al. Incidence and impact of a single-unit red blood cell transfusion: Analysis of The Society of Thoracic Surgeons Database 2010-2019. Ann Thorac Surg. 2023;115:1035-1041. 3. Ad N, Massimiano PS, Rongione AJ, et al. Number and type of blood products are negatively associated with outcomes after cardiac surgery. Ann Thorac Surg. 2022;113(3):748-756. 4. Gasciauskaite G. et al. User Perceptions of ROTEM-guided haemostatic resuscitation: A mixed qualitative-quantitative study. Bioengineering. 2023;10:386. 5. Morton S, Galea J, Uprichard J, Hudson A. The practicalities and barriers of using TEG® 6s in code red traumas: an observational study in one London major trauma centre. CJEM. 2019;21:361-364. 6. Cohen T, Haas T, Cushing MM. The strengths and weaknesses of viscoelastic testing compared to traditional coagulation testing. Transfusion. 2020;60:S21-S28. 7. Tibi P, McClure RS, Huang J, et al. STS/SCA/AmSECT/SABM Update to the Clinical Practice Guidelines on Patient Blood Management. J Extra Corpor Technol. 2021;53:97-124. 8. Baulig W, Akbas S, Schutt PK, et al. Comparison of the resonance sonorheometry based Quantra system with rotational thromboelastometry ROTEM sigma in cardiac surgery - a prospective observational study. BMC Anesthesiol. 2021;21:260. 9. DeAnda A, Levy G, Kinsky M, et al. Comparison of the Quantra QPlus system to thromboelastography in cardiac surgery. J Cardiothorac Vasc Anesth. 2021;35:1030-1036. 10. Winegar DA, Viola F. Is the Quantra QPlus system easy to interpret? American Association of Clinical Chemistry (AACC) Annual Scientific Meeting, Virtual Congress; December 13-17, 2020. 11. Zlotnik D, Abdallah GA, Lang E, et al. Assessment of a Quantra-guided hemostatic algorithm in high-bleedingrisk cardiac surgery. J Cardiothorac Vasc Anesth. 2023; 2023;37:724-731. 12. Tibi P, Thompson J, Attaran S, Black E. Retrospective study assessing outcomes in cardiac surgery after implementation of Quantra. J Cardiothorac Surg. 2023;18:149. 13. Kuiper GJAJM, van Egmond LT, Henskens YMC, Roekaerts PM, Maessen JG, Ten Cate H, Buhre WF, Lancé MD. Shifts of transfusion demand in cardiac surgery after ilmplementation of rotational thromboelastometryguided transfusion protocols: Analysis of the HEROES-CS (HEmostasis Registry of patiEntS in Cardiac Surgery) observational, prospective open cohort database. J Cardiothorac Vasc Anesth. 2019;33:307-317. 14. Mohamed M, Majeske K, Sachwani GR, Kennedy K, Salib M, McCann M. The impact of early thromboelastography directed therapy in trauma resuscitation. Scand J Trauma Resusc Emerg Med. 2017;25:99.



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