

Theralite

DESIGNED FOR:
HCO-HD (High Cut-Off)

MEMBRANE:
HCO (PAES/PVP, BPA-free)

The **Theralite** dialyzer is only intended to be used for blood purification in hemodialysis mode, in diseases where removal of plasma components with molecular weights up to 45 kDa is indicated.

SPECIALIZED FOR MULTIPLE MYELOMA PATIENTS

The **Theralite*** dialyzer, featuring the proprietary High Cut-Off (**HCO**) membrane, targets the removal of free light chain (FLC) proteins. In patients with multiple myeloma, these light chains can be overproduced and lead to acute renal failure.^{1,2}

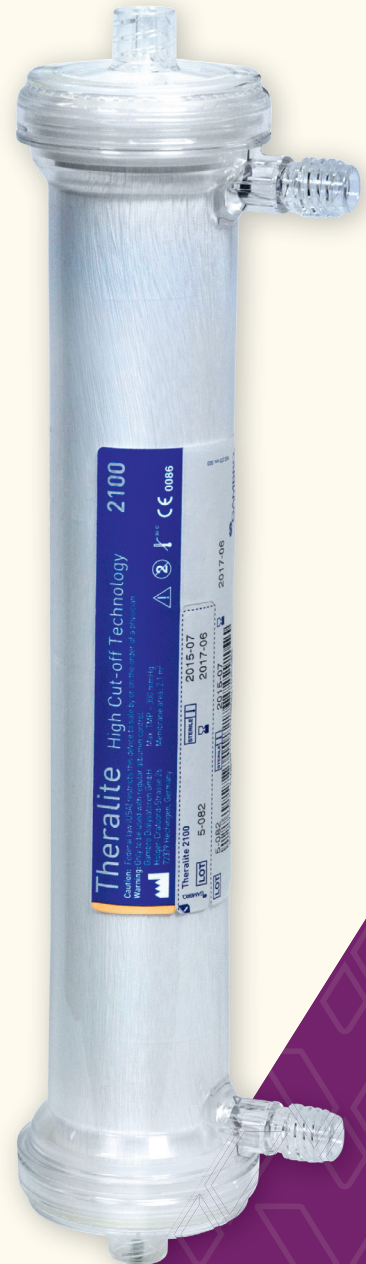
FOCUSED ON HIGHER PERMEABILITY

The **Theralite** dialyzer is able to effectively remove large toxins including FLCs, which can help provide positive treatment outcomes for patients with Multiple Myeloma disease.^{1,3-10}

- > Features the unique **HCO** membrane, which is characterized by its large pore size^{1,11}
- > Providing still an effective retention of large proteins⁷

WITH BIOCOMPATIBILITY IN MIND

- > The 3-layer-membrane structure has been designed to optimize the removal of large proteins, while acting as a safety barrier to endotoxins¹²
- > The **Theralite** dialyzers are steam sterilized inside-out to promote biocompatibility, avoiding exposure to chemicals such as ethylene oxide and manufacturing residues^{13,14}



***Do not use THERALITE dialyzers in HDF or HF mode.**

***Theralite** dialyzers must not be used for pediatric dialysis and for regular treatment of chronic renal failure.

***Theralite** dialyzers must only be used on the direction of a physician who has evaluated all the pertinent features of this device in relation to the individual patient.

Theralite Specifications

MATERIALS	THERALITE
Membrane	High Cut-Off Polyarylethersulfone and Polyvinylpyrrolidone blend BPA-free
Potting	Polyurethane (PUR)
Housing	Polycarbonate (PC)
Gaskets	Silicone rubber (SIR)
Protection caps	Polyethylene (PE)
Sterilization	Steam (inside-out)
Sterile barrier	Medical Grade Paper

SPECIFICATIONS

UF-Coefficient (mL/(h*mmHg))*	52
KoA urea*	TBD
Blood Compartment volume (mL)	140
Minimum recommended priming volume (mL)	1000
Maximum TMP (mmHg)	300
Recommended Q _B (mL/min)	200–500
Storage conditions	< 30°C (or < 86°F)
Units per box	24
Gross/net weight (g)	630/270

MEMBRANE

Effective Membrane Area (m ²)	2.1
Fiber inner diameter (µm)	215
Fiber wall thickness (µm)	50

SIEVING COEFFICIENTS*

Vitamin B12 (1.4 kDa)	1.0
Inulin (5.2 kDa)	1.0
β ₂ -microglobulin (11.8 kDa)	1.0
Myoglobin (17 kDa)	0.95
Albumin (66.4 kDa)	0.2

*According to EN 1283/ISO 8637:

- > UF-Coefficient: measured with bovine blood, Hct 32%, Pct 60 g/L, at 37°C
- > KoA urea: calculated at Q_B = 300 mL/min, Q_D = 500 mL/min, UF = 0 mL/min
- > Sieving coefficients: measured with bovine plasma, Q_B = 300 mL/min, UF = 60 mL/min
- > Clearances In-Vitro: measured at UF = 0 mL/min, ± 10% (excepted for vit. B12 ± 20%)
- > Albumin loss in-vitro (HD): measured with bovine plasma (Pct 60g/L, at 37°C – Albumin level 20–30 g/L), Q_B = 200 mL/min, Q_D = 500 mL/min, UF = 0mL/min

CLEARANCES IN VITRO (mL/min)*	THERALITE
Urea (60 Da) (Q _B –Q _D , mL/min)	
200/500	199
300/500	286
400/500	349
500/500	390
Phosphate (95 Da)	
200/500	195
300/500	269
400/500	320
500/500	345
Myoglobin (17 Da)	
200/500	126
300/500	146
400/500	160
500/500	170

ALBUMIN LOSS IN VITRO

Average loss per hour of treatment (g/h)	≤ 7.0
--	-------

1. Boschetti-de-Fierro A, et al. Extended characterization of a new class of membranes for blood purification: the high cut-off membranes. *Int J Artif Organs*. 2013;36:455–463.

2. Hutchison CA, et al. The pathogenesis and diagnosis of acute kidney injury in multiple myeloma. *Nat Rev Nephrol*. 2012;8:43–51.

3. Hutchison CA, et al. Efficient Removal of Immunoglobulin Free Light Chains by Hemodialysis for Multiple Myeloma: In Vitro and In Vivo Studies. *J Am Soc Nephrol*. 2007;18:886–895.

4. Hutchison CA, et al. Treatment of Acute Renal Failure Secondary to Multiple Myeloma with Chemotherapy and Extended High Cut-Off Hemodialysis. *Clin J Am Soc Nephrol*. 2009;4:745–754.

5. Bachmann U, et al. Combination of bortezomib-based chemotherapy and extracorporeal free light chain removal for treating cast nephropathy in multiple myeloma. *NDT plus*. 2008;1:106–108.

6. Zannetti BA, et al. Bortezomib-based therapy combined with high cut-off hemodialysis is highly effective in newly diagnosed multiple myeloma patients with severe renal impairment. *Am J Hematol*. 2015;90:647–652.

7. Villa G, et al. Cytokine removal with high cut-off membrane: review of literature. *Blood Purif*. 2014;38:167–173.

8. Cantaluppi V, et al. HCO Hemodialyzers Efficiently Removed Immunoglobulin Free Light Chains And Reduce Tubular Injury Induced By Plasma Of Patients With Multiple Myeloma. *Nephrol Dial Transplant*. 2013;28:i415–i427.

9. Dahal K, et al. Recovery of kidney function following delayed use of Theralite™ dialyzer in a patient with myeloma cast nephropathy. *Clin Nephrol*. 2013;79:318–322.

10. Li Cavoli G, et al. High cut-off dialyzer haemodialysis in cast nephropathy. *Clin Kidney J*. 2012;5:80.

11. Wańkowicz Z. The role of technological progress vs. accidental discoveries and clinical experience. *Med Sci Monit*. 2013;19:984–992.

12. Schepers E, et al. Assessment of the association between increasing membrane pore size and endotoxin permeability using a novel experimental dialysis simulation set-up. *BMC Nephrology*. 2018;19:1.

13. Golli-Bennour EE, et al. Cytotoxic effects exerted by polyarylsulfone dialyser membranes depend on different sterilization processes. *Int Urol Nephrol*. 2011;43:483–490.

14. D'Ambrosio FP, et al. Ethylene oxide allergy in dialysis patients. *Nephrol Dial Transplant*. 1997;12:1461–1463.

For safe and proper use of the device,
please refer to the Instructions for Use.

Vantive, HCO and Theralite are trademarks
of Vantive Health LLC or its affiliates.

EN-CA-RC45-240001 (V1.0) 12/2024

Vantive ULC
6675 Millcreek Drive, Unit 2
Mississauga ON L5N 5M4
Canada
www.vantive.com