



FOR IMMEDIATE RELEASE

Media Contact

Jill Carey-Hargrave, (224) 948-5353
media@baxter.com

Investor Contact

Clare Trachtman, (224) 948-3020

BAXTER HOME DIALYSIS STUDY ASSOCIATES SHARESOURCE WITH 39% REDUCTION IN HOSPITALIZATION RATES FOR COLOMBIAN PATIENTS

- **Sharesource** remote patient management platform associated with patients' improved success on home peritoneal dialysis
- **Sharesource** offers healthcare providers increased visibility to patients' home dialysis sessions, and enhanced communications with patients

DEERFIELD, III., OCT. 1, 2019 – Baxter International Inc. (NYSE:BAX), a global innovator in renal care, announced today new data associating the use of its automated peritoneal dialysis (APD) cyclers and the **Sharesource** remote patient management platform with a 39% reduction in hospitalizations for home PD patients receiving care at Baxter Renal Care Services clinics in Colombia. The data also show the use of **Sharesource** is associated with a 54% reduction in length of hospital stay for home dialysis patients requiring inpatient care.

The study, "Remote Patient Monitoring Program in Automated Peritoneal Dialysis: Impact on Hospitalizations," recently published in *Peritoneal Dialysis International*. It compared PD patients managed with **Sharesource** to those not using the remote patient management platform at home.

"We firmly believe patients should have access to the therapy options that best meet their clinical and lifestyle needs. We also believe significantly more patients can benefit from home therapy than do today," said Laura Angelini, general manager, Baxter's Renal Care business. "This study illustrates how innovation, like **Sharesource**, can assist more patients in successfully performing therapy at home."

Sharesource is the most widely adopted telehealth platform globally for home dialysis and has helped manage approximately 10 million PD treatments in more than 40 countries. The remote patient management platform allows healthcare providers to securely view their patients' recently completed home dialysis-related treatment data that is automatically collected after each PD session.

Healthcare providers can then act on this information by remotely adjusting their patients' home device settings without requiring them to make additional trips to the clinic.

The retrospective cohort study included 126 propensity matched patients using APD therapy with or without remote patient management through 28 different Baxter Renal Care Services clinics in Colombia. Propensity matching was used to help control for potential confounding variables. Hospitalization rates and hospitalization days were recorded over one year.

While the observational study limits decisive causality for the reduced hospitalizations, it supports the idea that increased visibility to accurate adherence and therapy data can help clinicians respond swiftly to potential problems and reduce the need for extra visits to the clinic or hospital stays for patients. Additional recent data supports **Sharesource's** ability to assist healthcare providers with early detection and intervention of catheter issues,^{1,2,3,4} peritonitis,⁵ and adherence-related complications.^{6,7,8}

Sharesource is available on Baxter's **Amia** APD system in Canada and the United States; **HomeChoice Claria** APD systems across select Asia Pacific, European, and Latin American countries; and the **Kaguya** APD system in Japan.

About Peritoneal Dialysis

People living with end-stage renal disease require dialysis treatment or a kidney transplant to stay alive. PD therapy is typically managed by patients in their home, at a time of day that is convenient for them. It works by cleaning the blood of toxins and removing extra fluid through the body's peritoneal cavity. As many as 85% of patients are medically eligible for home PD, yet only about 9% of the patients in the United States are on PD today.⁹ PD patients often experience improved early survival, and higher satisfaction rates and quality-of-life measures.¹⁰

About Baxter

Every day, millions of patients and caregivers rely on Baxter's leading portfolio of critical care, nutrition, renal, hospital and surgical products. For more than 85 years, we've been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that make it happen. With products, technologies and therapies available in more than 100 countries, Baxter's employees worldwide are now building upon the company's rich heritage of medical breakthroughs to advance the next generation of transformative healthcare innovations. To learn more, visit www.baxter.com and follow us on [Twitter](#), [LinkedIn](#) and [Facebook](#).

Rx Only. For safe and proper use of the devices mentioned herein, refer to the complete instructions in the Operator's Manual.

*This release includes forward-looking statements concerning **Amia, HomeChoice Claria, Kaguya** and **Sharesource**, including anticipated availability and potential benefits associated with their use. The statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those in the forward-looking statements: satisfaction of regulatory and other requirements; actions of regulatory bodies and other governmental authorities; product quality, manufacturing or supply, or patient safety issues; changes in law and regulations; and other risks identified in Baxter's most recent filing on Form 10-K and other SEC filings, all of which are available on Baxter's website. Baxter does not undertake to update its forward-looking statements.*

Baxter, **Amia, HomeChoice Claria, Kaguya** and **Sharesource** are registered trademarks of Baxter International Inc.

#

- ¹ Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-337]
- ² Garcia I, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-63]
- ³ Jotterand Drepper V, et al. Abstract presented at ASN Kidney Week congress. Chicago (US). 2016. [SA-P0023]
- ⁴ Rojas-Diaz M, et al. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [PUB344]
- ⁵ Gomez R, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-222]
- ⁶ Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-229]
- ⁷ Firanek C, et al. Abstract presented at 54th ERA-EDTA congress. Madrid (Spain). 2017. [MP557]
- ⁸ Jotterand Drepper V, et al. Perit Dial Int. 2018; 38:76-78; 10. Rojas-Diaz M & Ramos A. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [TH-P0859]
- ⁹ Mendelssohn DC, Mujais SK, Soroka SD, et al. A prospective evaluation of renal replacement therapy modality eligibility. Nephrol Dial Transplant. 2009;24(2):555-561.
- ¹⁰ Rubin HR et al. Patient ratings of dialysis care with peritoneal dialysis vs hemodialysis. JAMA. 2004 Feb 11;291(6):697-703. Juergensen, et al. Hemodialysis and peritoneal dialysis: patients' assessment of their satisfaction with therapy and the impact of the therapy on their lives. Clin J Am Soc Nephrol. 2006; 1(6): 1191-1196. Zazzeroni L HR et al. Comparison of quality of life in patients undergoing hemodialysis and peritoneal dialysis: a systematic review and meta-analysis. Kidney Blood Press Res. 2017;42(4):717-727. USRDS ADR 2018: Vol 2 ESRD, Chap 5; Fig 5.1.