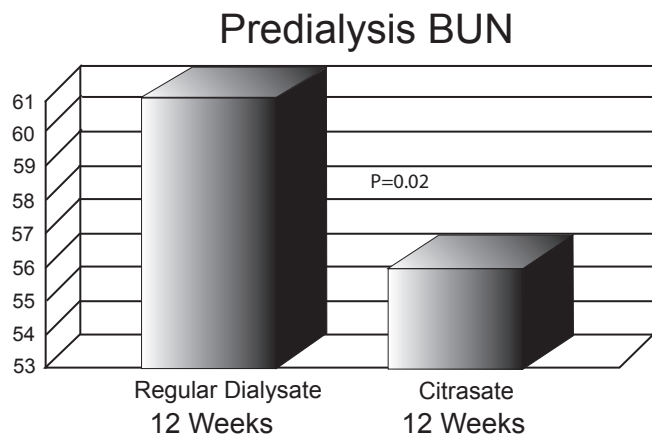
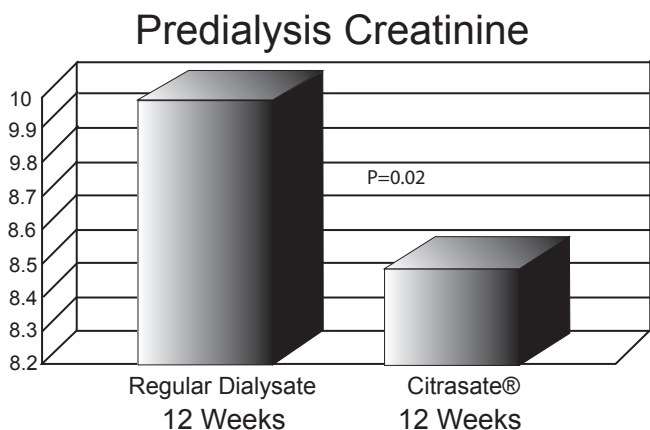
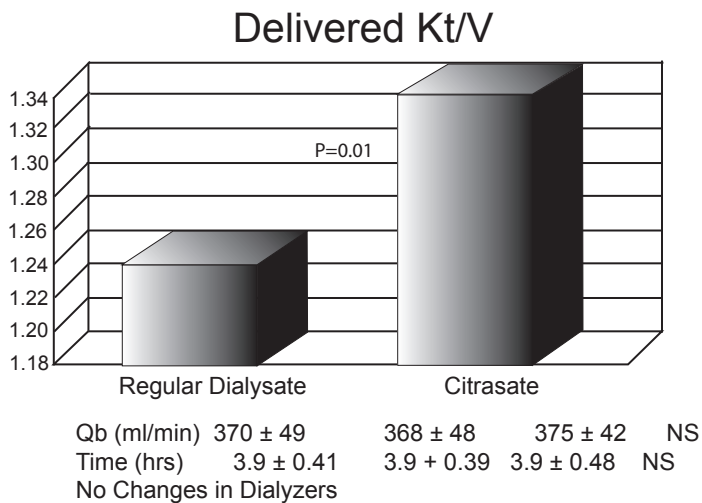


Twenty-three patients were switched from regular dialysate to CITRASATE® and were followed for twelve weeks.

Average Kt/V on regular dialysate was just under 1.24. During the twelve weeks on CITRASATE® the Kt/V increased to 1.34. This increase was statistically significant, with a P value of 0.01. The other treatment parameters did not change during the two phases of regular dialysate versus CITRASATE®. The blood flow remained almost the same. Time in hours remained the same and there was no change in dialyzers. The only treatment change associated with the increase in Kt/V was the switch to the use of CITRASATE®.



Average Predialysis Values of BUN & Creatinine For 12 Weeks Immediately Before Study Compared with Those During 12 weeks of Study .

This illustration is an overview of the first studies conducted at the University of Washington Medical Center (UWMC) where CITRASATE® was first used over five years ago.

Eleven acutely ill intensive care patients were followed; three of them had heparin antibodies and eight of them had either a risk of bleeding or were actively bleeding so heparin could not be used. Thirty-nine hemodialysis treatments were done on these eleven patients. Seven of these were done with regular dialysate and 32 treatments were done with CITRASATE®. Ten of these patients had central catheters. Five catheters were femoral, three subclavian, and two internal jugular. One had a fistula.

On regular dialysate about 24 percent of the treatments were completed. Treatments not completed were stopped because of clotting in the extracorporeal circuit. On CITRASATE® almost 78 percent of the treatments were completed and this difference is statistically significant. Hence, CITRASATE® treatment dramatically improves and simplifies clinical treatment in this high-risk patient group.

