



JOIN THE MOVEMENT.

The majority of the US platelet supply, over 1.4 million units each year, are treated with the INTERCEPT® Blood System.¹

INTERCEPT® Blood System for Platelets
Pathogen Reduction System

INTERCEPT® Blood System for Platelets Pathogen Reduction System



Protects Patients*

- Proactive, broad-spectrum inactivation of pathogens (bacteria, viruses, protozoans, leukocytes)²
- Reduced transfusion-transmitted infections (TTIs) and no fatalities attributed to INTERCEPT treated platelets (INTERCEPT Platelets)³⁻⁹



Improves Availability

- Allows for release of product on day 1; early release helps hospitals get platelets sooner
- Pathogen Reduction (PR) has sustained local platelet availability during outbreaks by inactivating certain emerging pathogens¹⁰⁻¹¹
- Avoids false positive results and associated recalls, saving valuable platelets for transfusion



Delivers Value and Operational Efficiencies

- PR offers cost offsets with the ability to replace some tests/procedures (cytomegalovirus [CMV], babesia tests, malarial deferrals, irradiation)¹²⁻¹⁵
- One transfusion-ready inventory for all patients
- Substantial hospital outpatient reimbursement¹⁶

“Having pathogen reduced platelets not only minimizes TTI [transfusion-transmitted infection], but you get the platelet products sooner. You don’t need to wait for bacterial testing and there’s no need to irradiate. It can be used immediately, which is particularly important for our chronically transfused patients.”

— *Dr. Maria De Los Angeles Muñiz,*
Pathologist, Transfusion Medicine Dept.,
Robert Wood Johnson University Hospital

LEARN MORE



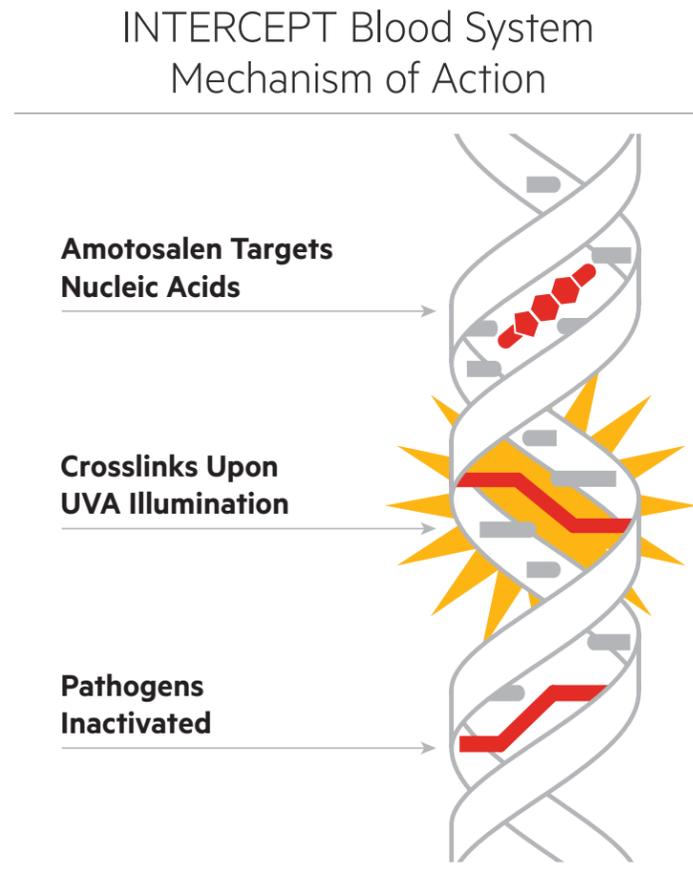
* There is no pathogen reduction process that has been shown to eliminate all pathogens. Certain non-enveloped viruses (e.g., HAV, HEV, B19, and poliovirus) and *Bacillus cereus* spores have demonstrated resistance to the INTERCEPT process. For a full list of pathogens, see [Package Insert](#).²

INTERCEPT® Blood System for Platelets Pathogen Reduction System

Protects Patients

A Proactive Approach to Blood Safety

The INTERCEPT Blood System for Platelets uses amotosalen, a well-characterized photoactive compound that specifically targets DNA and RNA, followed by UVA illumination which irreversibly cross-links nucleic acids. In doing so, the INTERCEPT treatment blocks replication of bacteria, viruses, and parasites, rendering them inactive.²

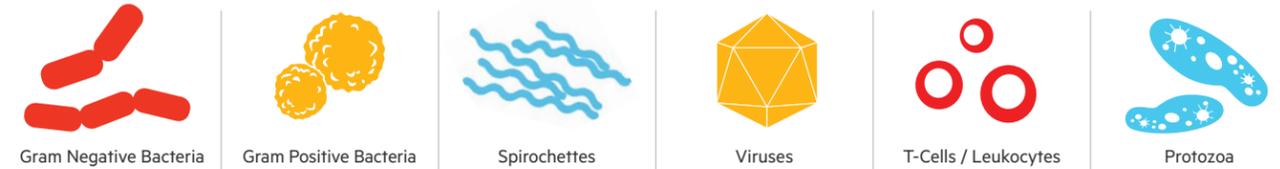


INTERCEPT Platelets have been proven to improve blood safety. Learn more about the hemovigilance programs and numerous clinical trials that demonstrate the safety and efficacy of INTERCEPT Platelets.



Broad Spectrum Pathogen Reduction*

INTERCEPT® Platelets go beyond bacteria to protect patients by reducing TTI and transfusion-associated graft-versus-host disease (TA-GVHD) risk through the inactivation of viruses, parasites, and leukocytes.²



Bacteria

Gram-negative, Gram-positive, spirochetes

- *Klebsiella pneumoniae*⁺⁺
- *Escherichia coli*⁺⁺
- *Serratia marcescens*⁺⁺
- *Yersenia enterocolitica*⁺⁺
- *Staphylococcus epidermidis*⁺⁺
- *Staphylococcus aureus*⁺⁺
- *Streptococcus pyogenes*⁺⁺
- *Bacillus cereus (vegetative)*⁺⁺
- *Clostridium perfringens*⁺⁺ (vegetative)
- *Propionibacterium acnes*⁺⁺
- *Treponema pallidum* (Syphilis)⁺
- *Borrelia burgdorferi* (Lyme disease)⁺

Viruses

Enveloped, Non-enveloped

- HIV-1, cell associated⁺⁺
- DHBV (model virus for HBV)⁺⁺
- BVDV (model virus for HCV)⁺⁺
- HTLV-I⁺
- HTLV-II⁺
- West Nile virus (WNV)⁺⁺
- Chikungunya virus (CHIKV)⁺⁺
- Dengue virus (DENV)⁺⁺
- Cytomeglovirus (CMV)⁺
- Pseudorabies virus (model for CMV)⁺
- Influenza A virus⁺
- Bluetongue virus (model for non-enveloped virus)⁺

Protozoan Parasites

- *Plasmodium falciparum*⁺
- *Babesia microti*⁺
- *Trypanosoma cruzi*⁺⁺

Leukocytes

- Human T-Cells⁺⁺

⁺ Pathogen reduced Amicus apheresis platelets in PAS-3. ⁺⁺ Pathogen reduced Trima apheresis platelets in 100% plasma.

^{*} There is no pathogen reduction process that has been shown to eliminate all pathogens. Certain non-enveloped viruses (e.g., HAV, HEV, B19, and poliovirus) and *Bacillus cereus* spores have demonstrated resistance to the INTERCEPT process. For a full list of pathogens, see Package Insert.²

INTERCEPT® Blood System for Platelets Pathogen Reduction System

Improves Availability

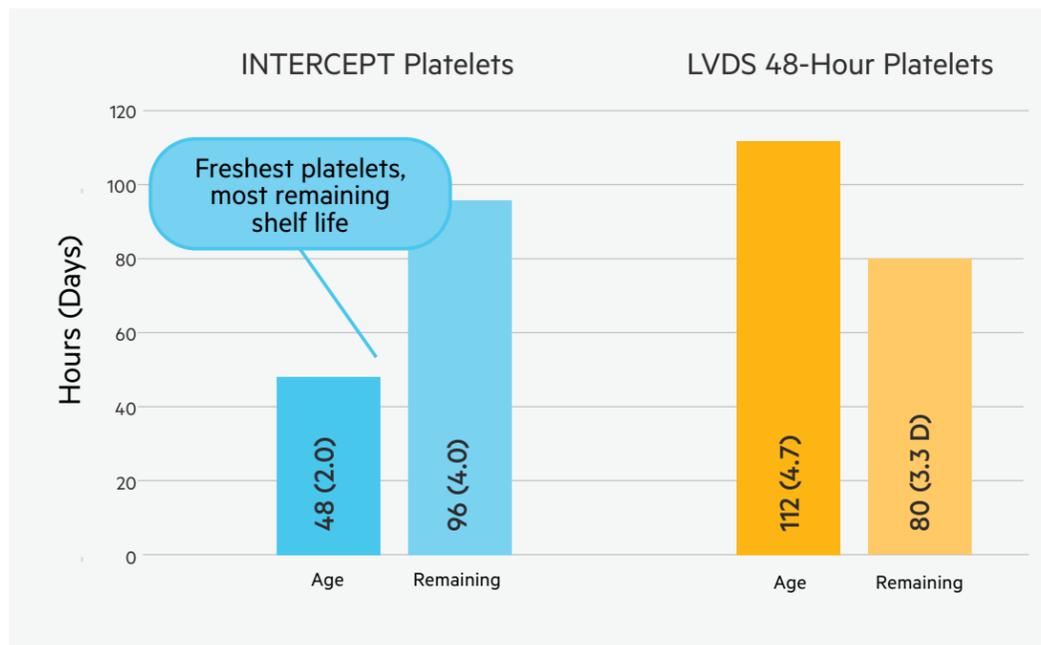
Fresher, Faster Availability with INTERCEPT Platelets

Hospitals receive platelets sooner and ready for transfusion, meaning added flexibility for managing inventory.^{17,18}

A medium sized independent blood center that uses both INTERCEPT Blood System for Platelets and large volume delayed sampling (LVDS) found INTERCEPT Platelets were released 64 hours earlier with greater remaining usable shelf-life when compared to LVDS 48-hr platelets.¹⁷



Read the full case study



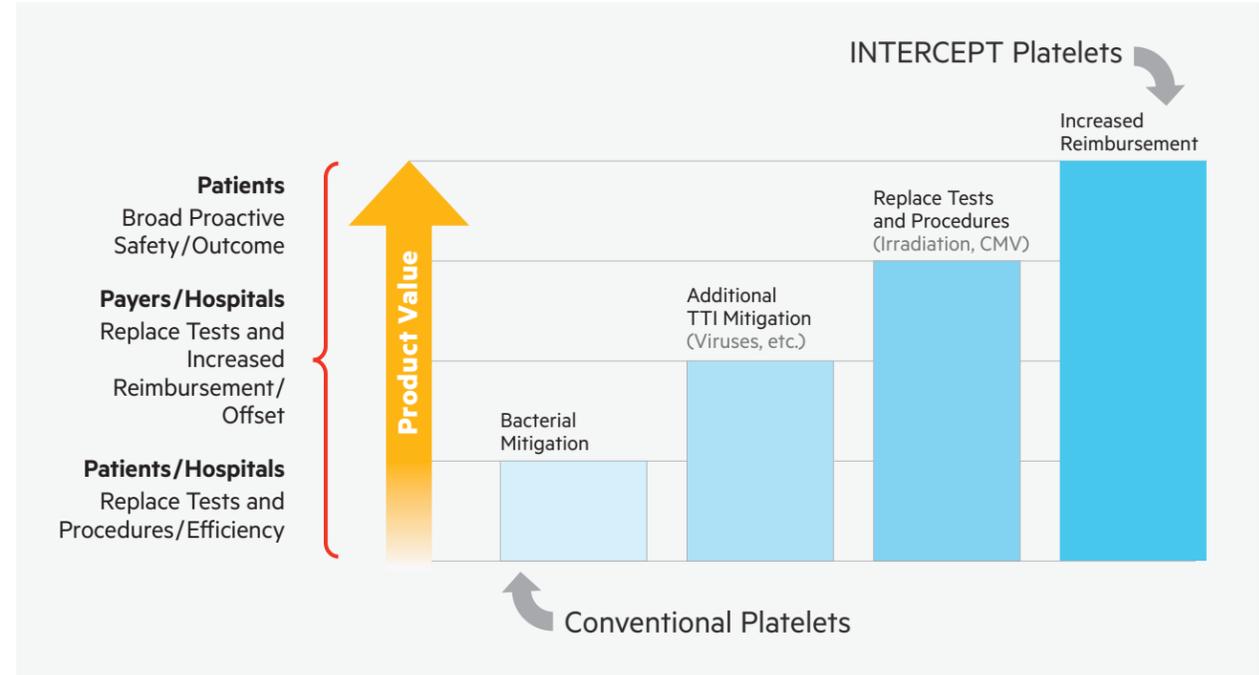
Pandemic Preparedness and Blood Supply Continuity

The INTERCEPT Blood System for Platelets inactivates certain emerging pathogens,² helping to sustain local platelet availability during outbreaks by maintaining an effective donor pool.^{10,11} Pandemic preparedness remains a focus in guidelines and literature, where pathogen reduction is considered a risk mitigation strategy.¹⁹⁻²²

Delivers Value and Operational Efficiencies

INTERCEPT Platelets Provide Value to Patients and Hospitals

PR grants hospitals simplicity with a single, ready-to-transfuse solution that complies with FDA guidance on bacterial contamination²³, malaria¹², and Babesia¹³ without the need for testing. Replacement of such tests and deferrals, as well as for irradiation, provides significant cost savings.



A Commitment to Exceptional Customer Service and Support

Cerus is proud to have gained a comprehensive understanding and broad perspective on all aspects of the blood supply chain, from operational processes to transfusion practices. With our experience, we ensure seamless implementation of our PR technology to help blood centers and hospitals become more proficient in achieving our shared goal of improved patient care.

References

1. Estimate for platelet units treated with the INTERCEPT Blood System is based on the number of kits sold per year. Total apheresis collections in 2021 was ~2.4M (Free RJ et al. Transfusion. 2023;1-11).
2. **The INTERCEPT Blood System for Platelets Package Insert, Cerus Corporation; December 19, 2023.**
3. Cazenave, JP, et al. Pathogen Inactivation of Platelets. AABB Press: Bethesda, MD 2013; 19-176.
4. French National Agency for Medicine and Health Product Safety/ANSM, Hemovigilance Activity Reports, 2009–2020.
5. SwissMedic Haemovigilance Annual Reports, 2005–2021.
6. Jutzi M. et al. Transfus Med Hemother 2018; 45:151-6.
7. Benjamin et al. Transfusion 2017; 57:2946-57.
8. AFMPS Hémovigilance Rapport annuel: Belgium. 2016-2018.
9. Gammon RR, et al. Transfusion. 2022 Mar; 62(3):641-650.
10. Allain, J.P., et al., Transfus Med Rev, 2005. 19(2): p. 110-26.
11. Rasongles P, et al. Transfusion 2009; 49: 1083-91.
12. "Recommendations for Reducing the Risk of Transfusion-Transmitted Malaria", FDA Guidance for Industry. December 2022.
13. "Recommendations for Reducing the Risk of Transfusion-Transmitted Babesiosis", FDA Guidance for Industry. May 2019.
14. Harm SK, et al. Transfusion. 2018 Apr; 58(4):938-942.
15. Ruby KN, et al. Transfusion. 2018 Jul; 58(7):1665-1669.
16. Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html>.
17. Collier, T. and Chrebtow, V. "Impact of Pathogen Reduction (PR) vs. LVDS Testing on Platelet Availability: A Study Based on Real-World Experience". AABB 2022. Poster P-IV-8.
18. Prichard, A.B., et al. "Comparing Usable Shelf-Life of Pathogen Reduced Platelets vs. LVDS Screened Platelets." AABB 2022. Poster P-IV-2.
19. Gammon R, et al. Transfus Med. 2023 Feb;33(1):6-15.
20. Blood Supply Contingency and Emergency Plan (B-SCEP). The European Directorate for the Quality of Medicines (EDQM). 2022.
21. World Health Organization. (2023). Guidance on ensuring a sufficient supply of safe blood and blood components during emergencies. World Health Organization.
22. Strengers, et al. Vox Sang. 2023; 118: 8– 15.
23. Bacterial Risk Control Strategies for Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion: Guidance for Industry. US FDA; December 2020.

Contraindications

Contraindicated for preparation of platelet components intended for patients with a history of hypersensitivity reaction to amotosalen or other psoralens. Contraindicated for preparation of platelet components intended for neonatal patients treated with phototherapy devices that emit a peak energy wavelength less than 425 nm, or have a lower bound of the emission bandwidth <375 nm, due to the potential for erythema resulting from interaction between ultraviolet light and amotosalen.

Warnings and Precautions

Only INTERCEPT Processing Sets for platelets are approved for use with the INTERCEPT Blood System. Use only the INTERCEPT INT100 Illuminator for UVA illumination of amotosalen-treated platelet components. No other source of UVA light may be used. Please refer to the Operator's Manual for the INT100 Illuminator. Discard any platelet components not exposed to the complete INT100 illumination process. Tubing components and container ports of the INTERCEPT Blood System contain polyvinyl chloride (PVC). Di(2-ethylhexyl)phthalate (DEHP) is known to be released from PVC medical devices, and increased leaching can occur with extended storage or increased surface area contact. Blood components will be in contact with PVC for a brief period of time (approx. 15 minutes) during processing. The risks associated with DEHP released into the blood components must be weighed against the benefits of therapeutic transfusion.



Global Headquarters | 1220 Concord Avenue | Concord, CA US 94520 | 855.835.3523

www.cerus.com | intercept-usa.com