



**100% of Leading Hospitals¹
Have Implemented
INTERCEPT® Platelets**

**INTERCEPT® Blood System for Platelets
Pathogen Reduction System**



Explore how INTERCEPT® goes beyond for your patients

INTERCEPT® Blood System for Platelets Pathogen Reduction System



Protects Patients*

- Proactive, broad-spectrum inactivation of pathogens (bacteria, viruses, protozoans, leukocytes)²
- Reduced TTBLs and no fatalities attributed to INTERCEPT Platelets³⁻⁹



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 (emerging pathogens)¹⁰⁻¹²
- Avoid false positive results and associated recalls, saving valuable platelets for transfusion



Delivers Economic Value and Operational Efficiencies

- PR offers cost offsets with the ability to replace some tests/procedures (CMV, babesia tests, malarial deferrals, irradiation)¹³⁻¹⁶
- One transfusion-ready inventory for all patients
- Substantial hospital outpatient reimbursement¹⁷

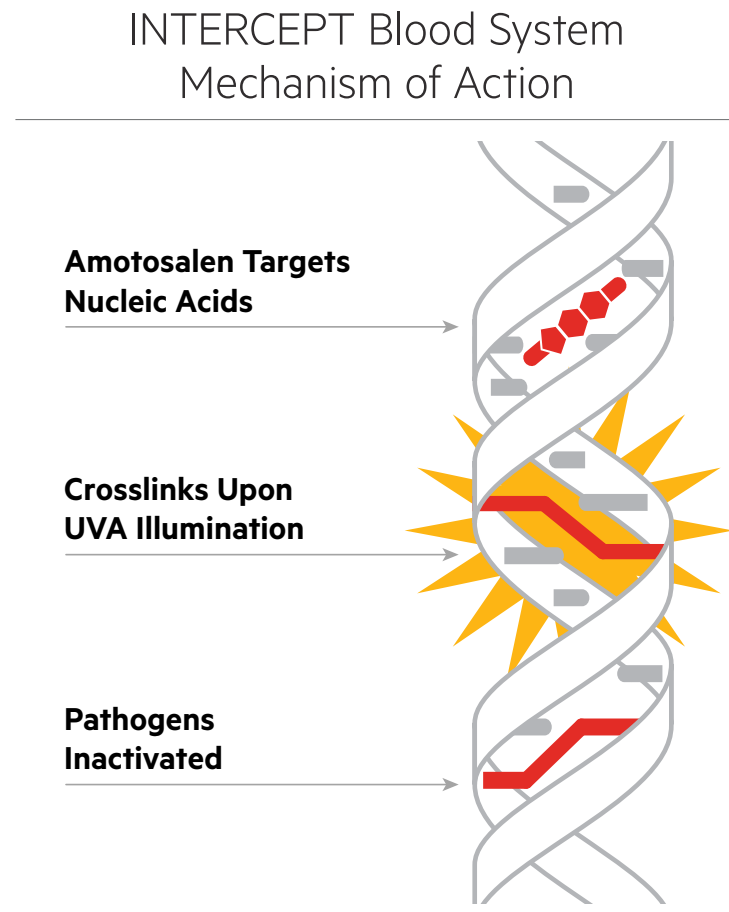
* There is no pathogen reduction process that has been shown to eliminate all pathogens. Certain non-enveloped viruses (e.g., HAV, HEV, B19, and poliovirus) and *Bacillus cereus* spores have demonstrated resistance to the INTERCEPT process. For a full list of pathogens, see Package Insert.²

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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

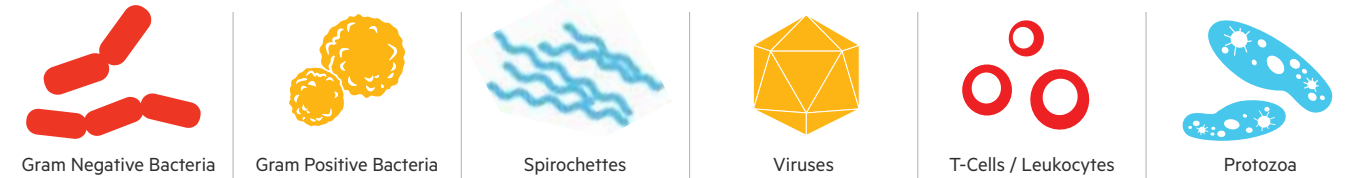


INTERCEPT Platelets have been proven to improve blood safety. Learn more about the hemovigilance programs and numerous clinical trials that demonstrate the safety and efficacy of INTERCEPT Platelets.



Broad Spectrum Pathogen Reduction*

INTERCEPT® Platelets are not only compliant with FDA's guidance on minimizing bacterial contamination¹⁸, they go beyond bacteria to protect patients by inactivating viruses, protozoans, leukocytes, including certain emerging pathogens.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.

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INTERCEPT® Blood System for Platelets Pathogen Reduction System

Improves Availability

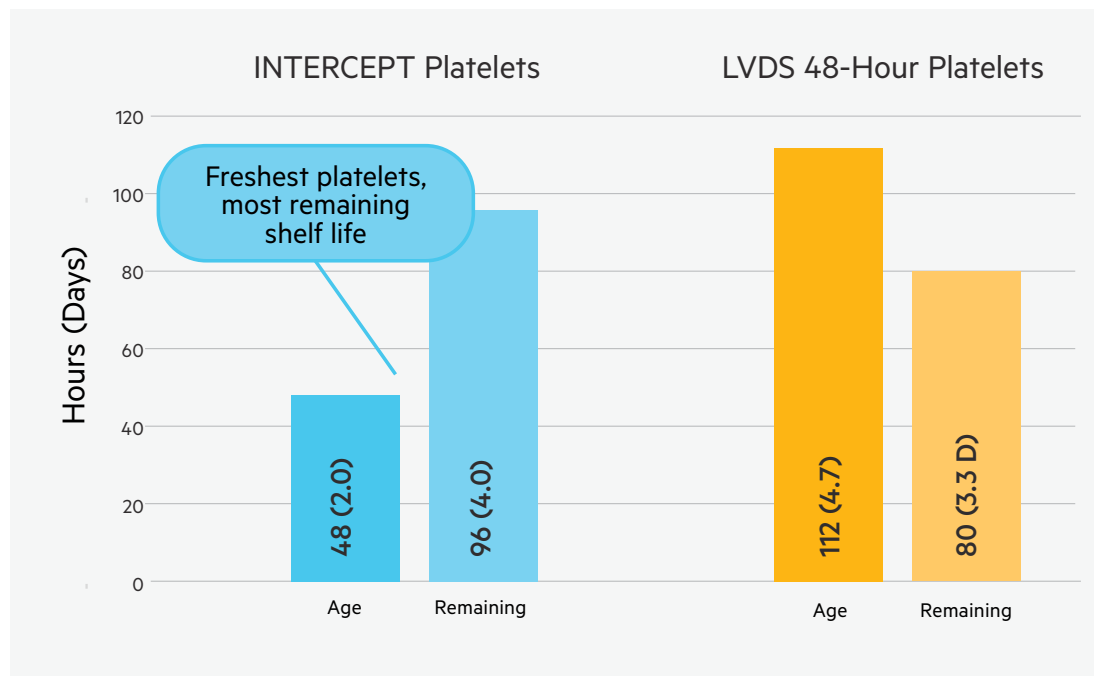
Day 1 Availability and Early Release

Hospitals receive platelets sooner and ready for transfusion, meaning added flexibility for managing inventory.

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.¹⁹



Read the full case study



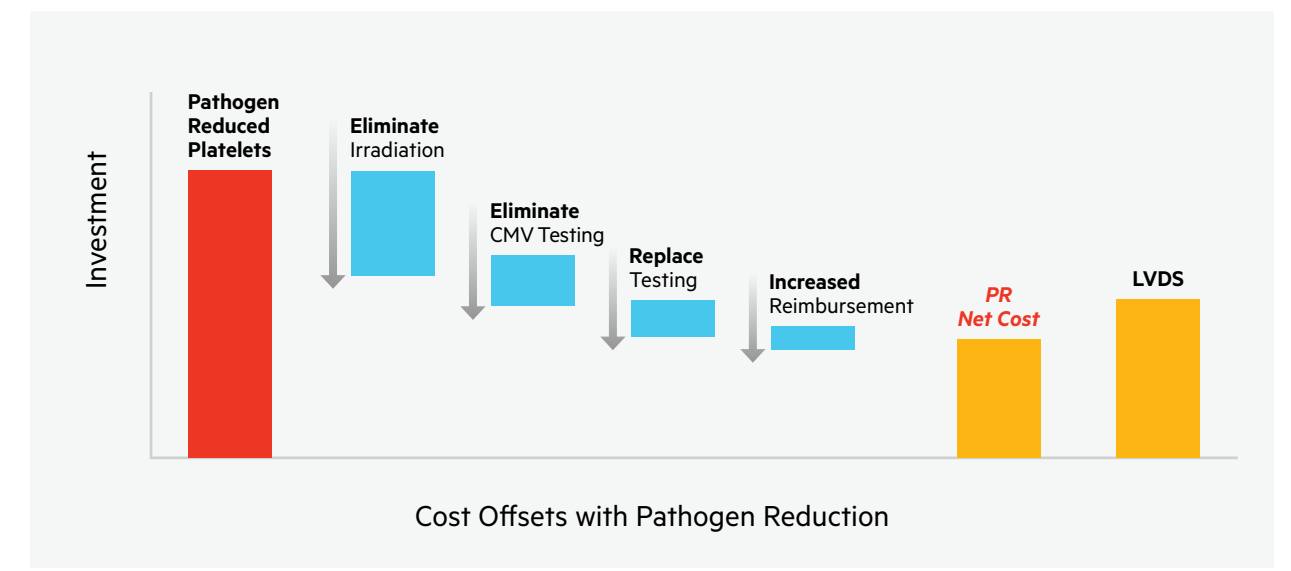
Pandemic Preparedness and Blood Supply Continuity

INTERCEPT Blood System for Platelets offers a proactive approach to pandemic preparedness through inactivation of certain emerging pathogens. In fact, PR has sustained local platelet availability during outbreaks by maintaining an effective donor pool.¹⁰⁻¹²

Delivers Economic Value and Operational Efficiencies

Total Economic Value vs. Perceived Cost

PR grants hospitals simplicity with a single, ready-to-transfuse solution that complies with FDA guidance on bacterial contamination¹⁸, malaria¹³, and Babesia¹⁴ without the need for testing. Replacement of such tests and deferrals, as well as for irradiation, provides significant cost savings.



A Commitment to Enhancing Operational Success

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

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Contraindications

Contraindicated for preparation of platelet components intended for patients with a history of hypersensitivity 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 for 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 | hcp.intercept-usa.com