

## Cooler Method: <2°C Risks Cold Injury and Preservation Solution Crystallization in Donor Hearts

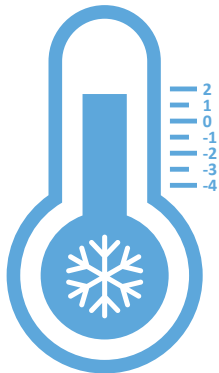
### Perception: The Colder the Better

### Reality:

- Donor hearts when transported in preservation solutions inside the conventional cooler method risk cold injury at <2°C in less than 30 minutes due to the cooler method having an uncontrolled temperature range.<sup>1-5</sup>
  - When a preservation solution reaches <2°C, “histidine may flocculate and crystallize...[which] may cause serious damage to the organs.”<sup>6</sup>
  - At subzero temperatures, “macroscopically visible and indissoluble particles have been observed” (Fig. 1).<sup>7</sup>
- The temperature range of three commercially available preservation solutions indicate they should be at 2-8°C or 2-6°C, according to their approved labeling.<sup>8-10</sup>
  - The labeling of two preservation solutions also states “do not freeze”<sup>9,10</sup> and one states “do not use if frozen.”<sup>10</sup>

### Solution: Paragonix SherpaPak™ CTS

- The only FDA cleared and CE marked transport device for heart transplantation provides a controlled temperature outside the range of cold injury (<2°C) for 40+ hours.<sup>5,\*</sup>
- The device maintains the optimal temperature range for the preservation solution and organ for transplant.<sup>5</sup>
- The device provides real-time temperature monitoring for temperature verification and reporting via Bluetooth® to mobile devices for data analysis.



### <2°C Risks Cold Injury

*“Adequate storage temperatures of both grafts and perfusion solutions [...] seem of major importance in avoiding potential graft injuries.”<sup>7</sup>*

- Dr. Tullius et al.

Department of Surgery, Charite' Virchow Clinic  
Department of Clinical Chemistry, Charite'  
(Berlin, Germany)

**Fig. 1: Indissoluble crystal particles in organ stored in preservation solution at subzero °C**

Indissoluble crystal particles (white specs below) were observed in an organ stored in preservation solution at subzero temperatures (d/polarization microscopy at 125x)<sup>7</sup>



1. Michel et al., Heart, Lung, and Vessels 2015; 7(3):246-255. 2. Ingemansson et al., Ann Thorac Surg. 1996; 61; 1413-7. 3. Mankad et al., J Thorac Cardiovasc Surg 1992; 104: 1618-1624. 4. Keon et al. Ann Thorac Surg 1988; 46:337-341. 5. Paragonix, Data on file. 6. Letter on file from manufacturer of Custodial HTK, Essential Pharmaceuticals, from Deputy Head of Quality Assurance, April 17, 2019. 7. Tullius et al., Am J Transpl 2002; 2: 627-630. Note: The organ in this study is a kidney. 8. Custodial HTK Solution Prescribing Information. Downloaded on 03/19/2019 at <https://www.custodiol.com/prescribing-info/> 9. Celsior Package Leaflet. DCP4 REV03, 8/31/2018. 10. Belzer UW® Cold Storage Solution Instructions for Use. RM/N 4107 Rev. 060816. Downloaded on 03/19/2019 at <https://bridgetolife.com/wp-content/uploads/2015/11/belzer-uw-cold-storage-solution-multi-size-instructions-2.pdf>

\*Indications for Use: The Paragonix SherpaPak™ Cardiac Transport System is intended to be used for the static hypothermic preservation of hearts during transportation and eventual transplantation into a recipient using cold storage solutions indicated for use with the heart. The intended organ storage time for the Paragonix SherpaPak™ Cardiac Transport System is up to 4 hours. Donor hearts exceeding clinically accepted static hypothermic preservation times should be evaluated by the transplant surgeon to determine transplantability in accordance with accepted clinical guidelines and in the best medical interest of the intended recipient.



US Orders: +1 781.428.4153  
orders@paragonixtechnologies.com  
EU Orders: eu-orders@paragonixtechnologies.com  
www.ParagonixTechnologies.com

Paragonix Technologies, Inc.  
639 Granite Street  
Suite 408  
Braintree, MA 02184  
USA

Paragonix Technologies, Inc.  
Lilienthalstrasse 8  
85399 Hallbergmoos  
Germany

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