



THERAFLEX MB-PLASMA

LEAD THE WAY IN BLOOD SAFETY ●



WHAT ARE THE DRIVERS OF BLOOD SAFETY?

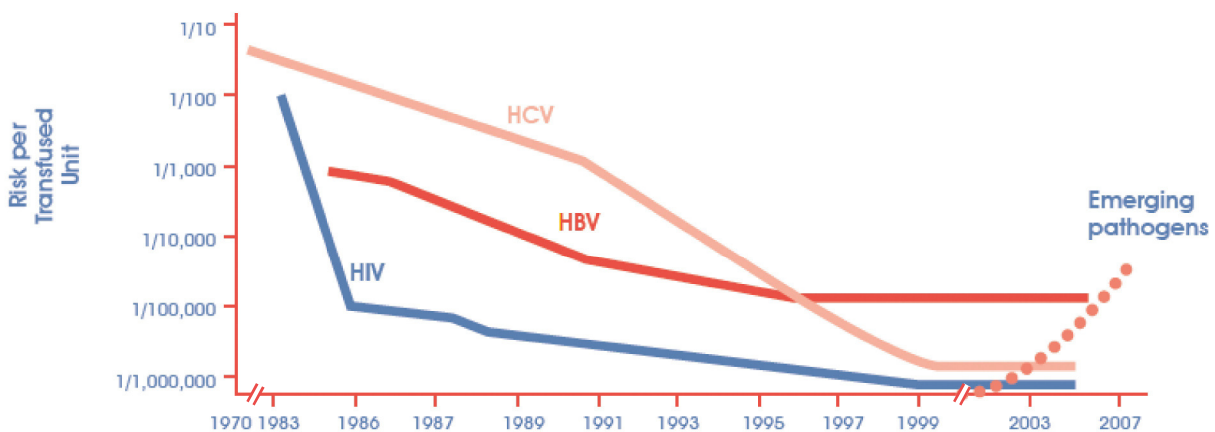
The safety of fresh frozen plasma (FFP) in developed countries has improved significantly over the past two decades due to stringent donor selection criteria and improved screening tests.

In certain countries, safety is further enhanced by leucodepletion and pathogen inactivation. The greatest concern driving the development of pathogen reduction technologies is the prevention of blood supply contamination by new pathogens or new strains of known pathogens for which no tests currently exist. Additionally the accumulation of separate measures such as bacterial screening + viral testing + NAT + gamma

irradiation increases the overall cost of blood components.

Pathogen inactivation raises the safety margin by inactivating pathogens that have gone undetected during screening due to seroconversion window periods or false results (negative or positive test). Ultimately, pathogen inactivation provides a proactive approach, inactivating emerging pathogens before they enter the blood supply chain and before screening tests have been developed and implemented¹.

Transfusion-transmitted infections: risk per unit transfused.



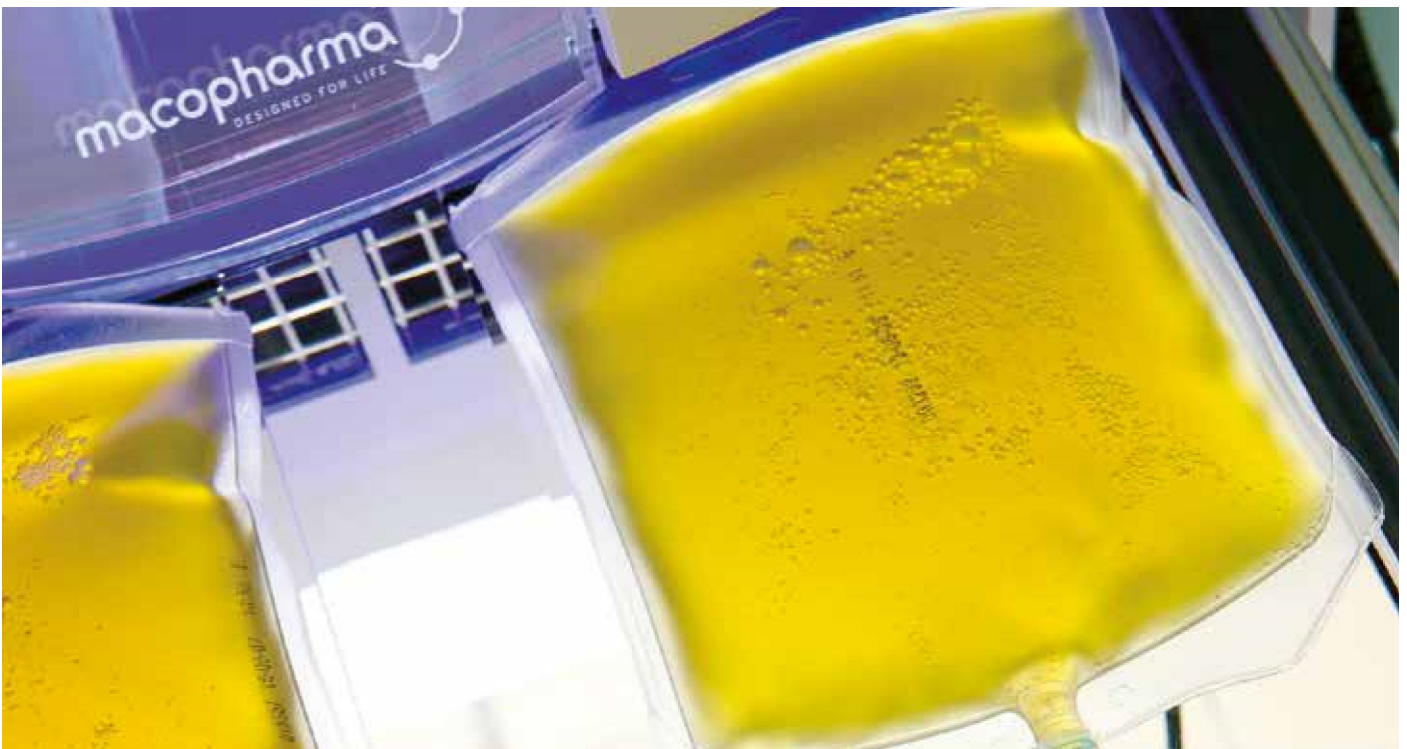
Modified from Klein et al.²

The SAFEST & USER-FRIENDLY technology for effective pathogen inactivation in SINGLE UNITS OF PLASMA

THE THERAFLEX MB-Plasma

PROCESS: ULTIMATE SAFETY FOR

FFP TRANSFUSION



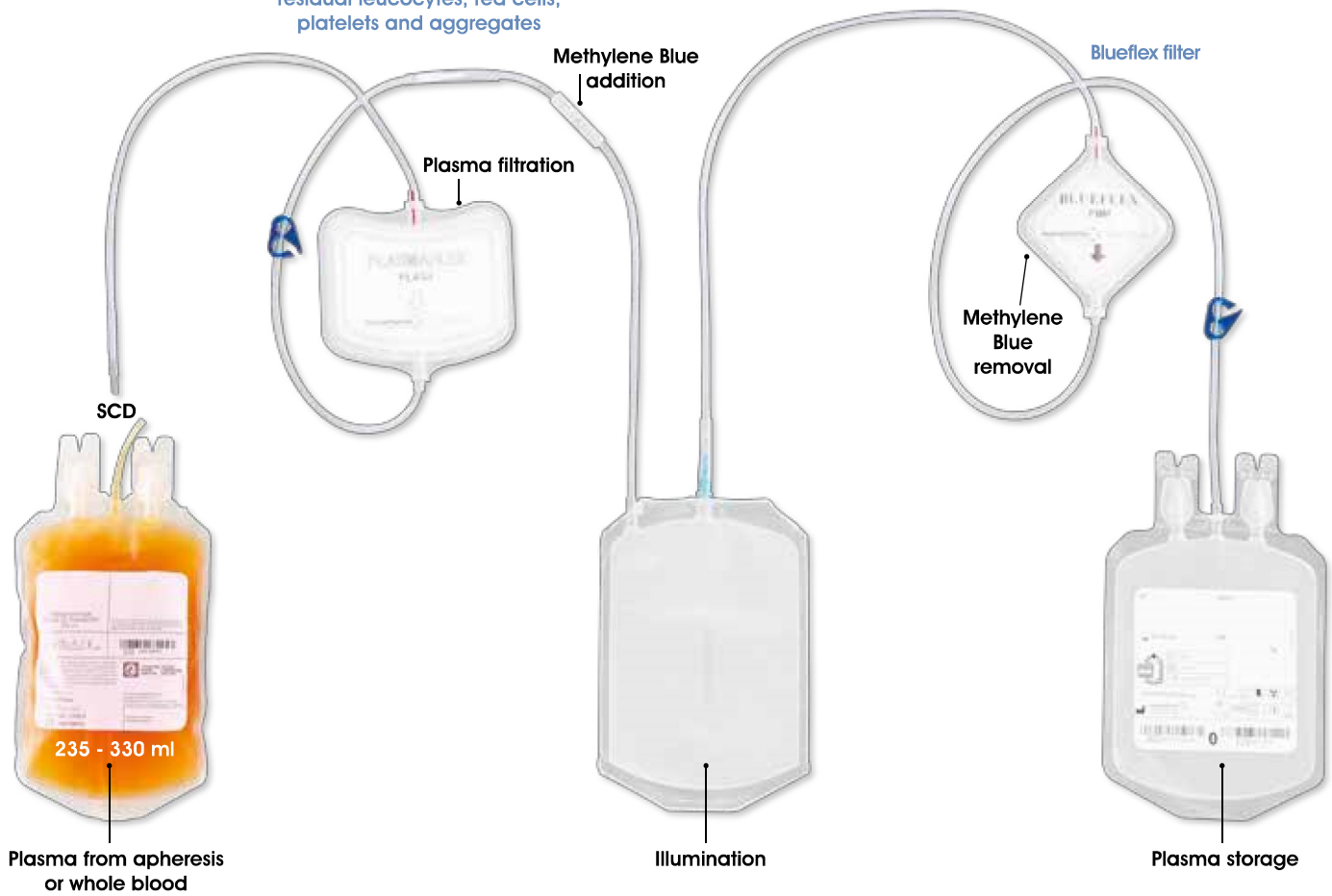
The THERAFLEX MB-Plasma kit incorporates a dockable set suitable for both whole blood and aphaeresis plasma. The process requires a simple dry set consisting of:

- a Plasmaflex filter for leucodepletion, removal of residual red cells, platelets and aggregates,
- a Methylene Blue pill (85µg anhydrous MB chloride),
- an illumination bag,
- a Blueflex filter for MB and photoproduct retention,
- and a storage bag.

The initial plasma volume range to be connected to the THERAFLEX MB-Plasma system is 235ml-330ml.

**THE THERAFLEX
MB-Plasma SYSTEM:**
A user-friendly and effective
pathogen inactivation technique
against enveloped
and non-enveloped viruses
for single units of plasma.

CELL-REDUCED PLASMA :
the Plasmaflex filter removes residual leucocytes, red cells, platelets and aggregates



The MacoTronic B2: the newest generation of illumination device for THERAFLEX MB-Plasma

FAST

- Short illumination cycle (~ 15 min.) due to optimal wavelength (630nm) of LED sources (light-emitting diodes)

SMALL

- Optimal dimensions for bench usage
- 2 bags / cycle
- Operated by touchscreen

SAFE

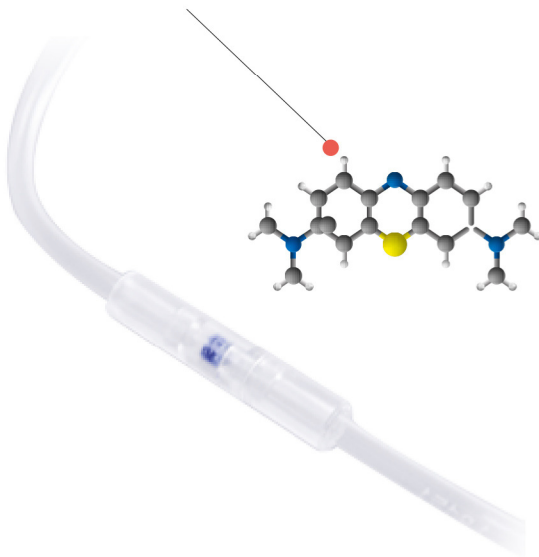
- Import/export with Local Information System (LIS) through the MacoTrace Data Management System
- Full GMP-Procedure
- Full IT reporting of illumination cycle



MECHANISM OF ACTION

Methylene blue is a phenothiazine-based photosensitizer with particular affinity for guanosine-cytosine pairs.

Methylene Blue molecule



FOCUS ON METHYLENE BLUE

- Methylene Blue has a monograph in the European Pharmacopeia (9th edition, 2017) and the US Pharmacopeia (USP 39-NF 34, 2016)
- Methylene Blue is in clinical use for organ staining, as disinfectant drug and for reversal of methemoglobinemia in very high concentrations (1,000 to 10,000 times higher than used in the THERAFLEX MB-Plasma)

It intercalates into viral nucleic acid and subsequent illumination generates singlet oxygen leading to guanosine oxidation and destruction of the viral nucleic acid preventing viral replication.^{3,4}

1 Intercalation of Methylene Blue into nucleic acid



Methylene Blue pill MacoPharma (85µg / unit of plasma)

2 Visible light



3 Formation of singlet oxygen



4 Destruction of the viral nucleic acid

THERAFLEX MB-Plasma THROUGHPUT WITH THE MACOTRONIC B2



This is an example of a potential process design. Tailor made solutions corresponding to individual customer requirements are offered by Macopharma.

PROCESS SPECIFICATIONS

Preparation before illumination (sterile connection, plasma filtration, MB dilution, purge, seal off)	
Total time	15 min 30 sec
Hands-on time	4 min

Illumination process (loading, cycle, labeling, unloading)	
Total occupation time of the illuminator	16 min 45 sec
Hands-on time	1 min 45 sec

Preparation after illumination (transfer, purge, seal off)	
Total time	12 min 40 sec
Hands-on time	40 sec

TOTAL PROCESSING TIME	44 min 55 sec
TOTAL HANDS-ON TIME	6 min 25 sec

Simple and fast procedure (3 steps)
With a total processing time
(1 MacoTronic B2)
= 44'55"

Flexibility

- Time between collection & freezing ≤ 24h
- Immediate availability of the treated plasma

PROCESS THROUGHPUT

Design: 1 FTE* / 3 MacoTronic B2	
Hourly throughput	18.25 bags/hour
Daily throughput	146 bags/day**
Annual throughput	37,960 bags/year**

* FTE = Full Time Equivalent

** 8 hours a day, 260 worked days per year

PLASMA QUALITY AFTER THERAFLEX MB-Plasma TREATMENT

Plasma quality is maintained after treatment:

- No influence on complement system, inhibitors of coagulation, fibrinolysis markers or ADAMTS13
- Coagulation factors and activation are only moderately affected (Fibrinogen, Factor V, VIII, XI) and remain within the specifications set by the Council of Europe Guidelines
- Moderate enhanced thrombin time and aPTT
- Very little effect on the strength of clot formation as assessed by thrombelastometry (Cardigan et al., Transfusion 2009)¹⁶



PLASMA QUALITY MAINTAINED

The clinical indications
for THERAFLEX MB-Plasma
are in most cases the same
as for standard FFP .

PLASMA PARAMETERS OF WHOLE BLOOD-DERIVED PLASMA AFTER MB TREATMENT:

PARAMETER	NORMAL VALUES	THERAFLEX MB-PLASMA (MACOPHARMA)
Fibrinogen (Ff) (Clauss) g/l	1.5 - 3.5	1.91 ⁵ , 2.11 ⁶ , 1.97 ⁷ , 2.00 ⁸ , 1.95 ⁹ , 2.4 ¹⁰ , 2.3 ¹¹ , 2.14 ²¹ , 2.23 ²² , 2.35 ²³ , 2.31 ²³ , 2.29 ²³
Prothrombin (FII) U/ml	0.7 -1.3	0.96 ⁵ , 0.98 ⁹ , 0.99 ¹⁰
Factor V U/ml	0.7 -1.3	0.86 ⁵ , 0.79 ¹² , 0.84 ⁶ , 0.76 ⁷ , 0.79 ⁹ , 1.01 ¹⁰ , 1.02 ¹¹
Factor VII U/ml	0.7 -1.3	0.98 ⁵ , 1.02 ⁹ , 1.01 ⁹ , 1.03 ¹⁰
Factor VIII U/ml	0,5 -1.5	0.74 ⁵ , 0.88 ⁶ , 0.83 ⁷ , 0.66 ⁸ , 0.62 ⁹ , 0.81 ¹⁰ , 0.90 ¹¹ , 0.74 ²¹ , 0.80 ²² , 1.08 ²³ , 0.70 ²³ , 0.67 ²³
Factor IX U/ml	0.5 -1.5	1.15 ⁵ , 0.88 ⁷ , 0.96 ⁹ , 1.00 ¹⁰
Factor X U/ml	0.7 -1.3	1.02 ⁵ , 1.01 ⁹ , 1.06 ¹⁰
Factor XI U/ml	0.7 -1.3	0.76 ⁵ , 0.84 ⁷ , 0.52 ⁸ , 0.75 ⁹ , 0.82 ¹⁰ , 0.82 ¹¹
Antithrombin U/ml	0.7 -1.3	0.94 ⁵ , 0.96 ⁷ , 1.12 ¹⁰ , 0.87 ¹¹
Protein C U/ml	0.7 -1.3	0.96 ⁵ , 0.89 ⁷ , 1.10 ¹⁰ , 0.95 ¹¹
Protein S U/ml	0.7 -1.3	1.12 ⁵ , 0.991 ⁹ , 0.75 ¹⁰ , 0.94 ¹¹
vWF cleaving protease U/ml	0.8-1.2	1.11 ¹⁰ , 1.311 ⁹ , 0.74 ⁹ , 0.50 ¹¹
PT (sec)	11 -15	13.1 ⁵
INR	0.9 -1.3	1.08 ⁵ , 1.0 ¹⁰
APTT (sec)	23 -35	34.1 ⁵ , 40 ⁸ , 34 ¹⁰
Prothrombin Fragments F1 +2 (nM/L)	0.4 -1.4	1.220 ⁵ , 0.85 ⁹ , 1.03 ¹¹
Total protein (g/l)		59 ⁵
Albumin (g/l)		36 ⁵
K ⁺ (mMol/l)		3.2 ⁵

SAFETY PROFILE OF THERAFLEX MB-Plasma

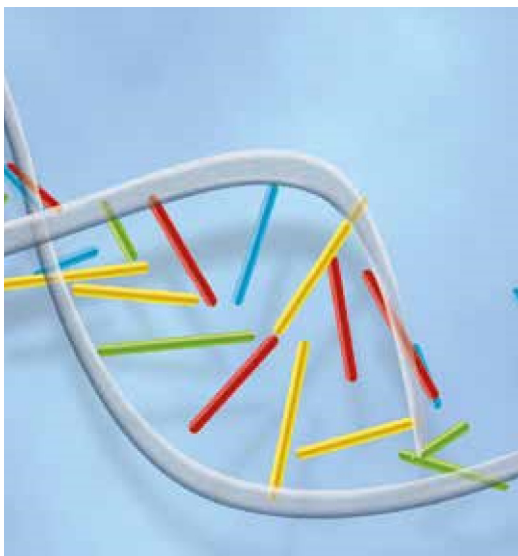
When exposed to visible light, MB is highly effective in inactivating lipid-enveloped viruses such as HIV, HBV, HCV and the newly emergent West Nile Virus, non-enveloped viruses such as Parvovirus B19 and bacteria.



INACTIVATION OF NON-ENVELOPED VIRUSES

VIRUS	FAMILY	REDUCTION RATE (log 10)
Human adenovirus 5 (HAdV-5)	Adenoviridae	≥ 5.3
Parvovirus B19	Parvoviridae	≥ 5.0
Simian virus 40 (SV40)	Polyomaviridae	≥ 4.0
Feline calicivirus (FCV)	Caliciviridae	≥ 3.9

Efficiency on HAV and Polio: less than 1 log



INACTIVATION OF ENVELOPED VIRUSES

VIRUS	FAMILY	REDUCTION RATE (log 10)
Sindbis (SINV)	Togaviridae	≥ 9.7
Bovine herpes (BoHV-1)	Herpesviridae	≥ 8.1
Semliki Forest (SFV)	Togaviridae	≥ 7.0
Chikungunya (CHIKV)	Togaviridae	≥ 6.6
Duck Hepatitis B (DHBV)	Hepadnaviridae	≥ 6.0
Classical Swine Fever, Hog Cholera (CSFV)	Flaviviridae	≥ 5.9
West Nile (WNV)	Flaviviridae	≥ 5.8
Zika (ZIKV)	Flaviviridae	≥ 5.7
Human immunodeficiency virus 1 (HIV-1)	Retroviridae	≥ 5.5
Pseudorabies, Suid Herpes Virus (PRV)	Herpesviridae	≥ 5.5
Herpes Simplex (HHV-1)	Herpesviridae	≥ 5.5
Bovine Viral Diarrhea (BVDV)	Flaviviridae	≥ 5.4
Influenza A (H1N1)	Orthomyxoviridae	≥ 5.1
Avian infectious bronchitis (IBV)	Coronaviridae	≥ 4.9
Vesicular Stomatitis (VSV)	Rhabdoviridae	≥ 4.9
Dengue 1-4 (DENV)	Flaviviridae	≥ 4.5 - ≥ 5.8
Influenza A (H3N2)	Orthomyxoviridae	≥ 4.4
Cytomegalovirus (CMV)	Herpesviridae	≥ 4.1
Hepatitis C (HCV)	Flaviviridae	≥ 3.8

*BVDV: Model for HCV, MERS CO et ZIKA.
**PRV: Model for CMV, HBV.

A final virus content below the detection limit implies a depletion at least as equivalent as the initial virus content.

REDUCTION OF PARASITES

PARASITE	LOG10 REDUCTION	DISEASE
<i>Trypanosoma cruzi</i>	≥ 4.9 to ≥ 5.8	Chagas

REDUCTION OF CELLS (INCLUDING INTRACELLULAR VIRUSES)

MEAN OF N= 12	TEST SYSTEM	LIMIT OF DETECTION	STARTING PLASMA	AFTER PLASMAFLEX FILTRATION	END PRODUCT
Leucocytes/μl	Plasmatest FACS	< 1.3 rWBC/μl	20.4	< LD	< LD
Red cells/μl	Plasmatest FACS	< 3.0 rRBC/μl	261.0	< LD	< LD
Platelets/μl	Sysmex SF3000	< 10,000 rPLT/μl	14,250*	< LD	< LD

*4 out of 12 above 10,000 rPLT/μl
No value above the limit of detection after filtration

Plasma filtration not only decreases transfusion reactions and HLA alloimmunisation but also provides the benefit of removing cell-associated pathogens such as cytomegalovirus (CMV) and human T-cell lymphotropic viruses (HTLV) I and II.

REDUCTION OF TRANSFUSION-RELEVANT BACTERIA OR BACTERIAL SPORES DUE TO THE THERAFLEX MB-Plasma PROCEDURE FILTRATION STEPS

BACTERIA SPECIES	CUMULATIVE LOG10 REDUCTION FACTOR
<i>Escherichia coli</i> (PEI-B-19)	≥ 4.8
<i>Staphylococcus epidermidis</i> (PEI-B-06)	≥ 4.9
<i>Staphylococcus aureus</i> (PEI-B-23)	≥ 4.8 and ≥ 5.9
<i>Bacillus cereus</i> (PEI-B-07)	≥ 4.9
<i>Klebsiella pneumoniae</i> (PEI-B-24)	≥ 4.8
<i>Bacillus subtilis</i> spore preparation (DSM 618)	≥ 5.0
<i>Brevundimonas diminuta</i> (DSM 1635)	≥ 3.7 and 5.2



THERAFLEX MB-Plasma presents a HIGH SAFETY PROFILE EFFICACY ON:

- Enveloped and non-enveloped viruses
- Parasites such as *Trypanosoma cruzi*
- Unknown or untested pathogens
 - Cells (intracellular viruses), leucocytes, red cells and platelets
 - Bacteria

Bacterial reduction is achieved after both filtration steps (Plasma filtration with the **PLAS4 filter** and MB-treated plasma filtration with the **Blueflex filter**) in the treated plasma.

The overall reduction capacity of the THERAFLEX MB-Plasma system is sufficient to prevent transfusion-transmitted bacterial infections, taking into account the concentration of bacteria normally present in contaminated therapeutic plasma²⁵.

CLINICAL EXPERIENCE AND WORLDWIDE PRESENCE

Since 1992, over 7 million units of MB-FFP have been transfused in various clinical settings. Currently there is clinical experience with MB-treated plasma, produced with the THERAFLEX MB-Plasma system, for more than 20 years in more than 19 countries, with an excellent safety profile²⁶⁻³².

 **Clinical experience of THERAFLEX MB-Plasma:**
Routine use in Europe, South America
and Asia Pacific.



 **Countries:**

Germany
Spain
Greece
Italy
United Kingdom
Belgium
Malaysia

Argentina
Russia
Belarus
Austria
Brazil
Singapore
Armenia

Kazakhstan
Turkmenistan
Hong Kong
Saudi Arabia
Poland
Ukraine

Lead the way in blood SAFETY •

THERAFLEX MB-Plasma



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BIBLIOGRAPHY

1. Allain J.P., Bianco C., Blajchman M.A., Brecher M.E., Busch M., Leiby D., Lin L., Stramer S. 2005. Protecting the blood supply from emerging pathogens: the role of pathogen inactivation. *Transfus Med Rev* 19: 110-126.
2. Klein H.G., Anderson D., Bernardi M.J., Cable R., Carey W., Hoch J.S., Robitaille N., Sivilotti M.L., Smaill F. 2007. Pathogen inactivation: making decisions about new technologies. Report of a consensus conference. *Transfusion* 47: 2338-2347.
3. Wagner S.J. 2002. Virus inactivation in blood components by photoactive phenothiazine dyes. *Transfus Med Rev* 16: 61-66.
4. Wainwright M., Mohr H., Walker W.H. 2007. Phenothiazinium derivatives for pathogen inactivation in blood products. *J Photochem Photobiol B* 86: 45-58.
5. Sondag-Thull D. 2004. Plasma unitaire viro-inactivé bleu de méthylène. Croix-Rouge de Belgique Service du Sang. Brussels.
6. Castrillo A., Eiras A., Castro A., Adelantado M., Areal C., Cid J., Flores J., Solla E., and Garcia-Villaescusa R. 2001. A new evaluation of methylene blue treated plasma. *Transfus. Clin. Biol.* 8:103s (Abstr.)
7. Hornsey V.S., Drummond O., Young D., Docherty A., and Prowse C.V. 2001. A potentially improved approach to methylene blue virus inactivation of plasma: the Maco Pharma Maco-Tronic system. *Transfus. Med.* 11:31-36.
8. Verpoort T., Chollet S., Lebrun F., Goudaliez F., Mohr H., and Walker W.H. 2001. Elimination of Methylene Blue from photodynamically treated virus inactivated fresh frozen plasma: the Blueflex filter. *Transfus. Clin. Biol.* 8:103s (Abstr.)
9. Garwood M., Cardigan R.A., Drummond O., Hornsey V.S., Turner C.P., Young D., Williamson L.M., and Prowse C.V. 2003. The effect of methylene blue photoinactivation and methylene blue removal on the quality of fresh-frozen plasma. *Transfusion* 43:1238-1247.
10. Reichenberg S., Walker W.H., Hoburg A., and Müller N. 2006. Theraflex MB-Plasma procedure: Plasma quality after 15 month storage and reduction of Methylene Blue and photoproducts. *Vox Sang.* 91:P-386 (Abstr.)
11. Gravemann U., Pohler P., Reichenberg S., Budde U., Walker W.H., Mohr H., and Müller T.H. 2005. Quality and stability of methylene blue-treated plasma prepared under worst case conditions. *Vox Sang.* 89:8-27 (Abstr.)
12. Aznar J.A., Bonanad S., Montoro J.M., Hurtado C., Cid A.R., Soler M.A., and De Miguel A. 2000. Influence of methylene blue photoinactivation treatment on coagulation factors from fresh frozen plasma, cryoprecipitates and cryosupernatants. *Vox Sang.* 79:156-160.
13. Lambrecht B., Mohr H., Knuver-Hopf J., and Schmitt H. 1991. Photoinactivation of Viruses in Human Fresh Plasma by Phenothiazine Dyes in Combination with Visible Light. *Vox Sang.* 60:207-213.
14. Mohr H., Knuver-Hopf J., Lambrecht B., Scheidecker H., and Schmitt H. 1992. No evidence for neoantigens in human plasma after photochemical virus inactivation. *Ann. Hematol.* 65:224-228.
15. Zeiler T., Riess H., Wittmann G., Hintz G., Zimmermann R., Müller C., Heuff H.G., and Huhn D. 1994. The effect of methylene blue phototreatment on plasma proteins and in vitro coagulation capability of single-donor fresh-frozen plasma. *Transfusion* 34:685-689.
16. Cardigan R., Philpot K., Cookson P., Luddington R. Thrombin generation and clot formation in Methylene blue-treated plasma and cryoprecipitate. *Transfusion* 2009;49(4):696-703
17. Riggert J., Humpe A., Legler T.J., Wolf C., Simson G., and Köhler M. 2001. Filtration of methylene blue-photooxidized plasma: influence on coagulation and cellular contamination. *Transfusion* 41:82-86.
18. Seghatchian J., and Krailadsiri P. 2001. What's happening? The quality of methylene blue treated FFP and cryo. *Transfus. Apher. Sci.* 25:227-231.
19. Yarranton H., Lawrie A.S., Purdy G., Mackie I.J., and Machin S.J. 2004. Comparison of von Willebrand factor antigen, von Willebrand factor-cleaving protease and protein S in blood components used for treatment of thrombotic thrombocytopenic purpura. *Transfus. Med.* 14:39-44.
20. Cardigan R., Allford S., and Williamson L. 2002. Levels of von Willebrand factor-cleaving protease are normal in methylene blue-treated fresh-frozen plasma. *Br. J. Haematol.* 117:253-254.
21. Balaguer A., Moret A., Solves P., Bonanad S., Carpio N. and Sanz M. A. 2015. «Quality of thawed plasma inactivated with methylene blue after 48-hour storage.» *Transfus Apher Sci* 52(1): 141-142.
22. Coene J., Devreese K., Sabot B., Feys H. B., Vandekerckhove P., Compernelle V. 2014. Paired analysis of plasma proteins and coagulant capacity after treatment with three methods of pathogen reduction. *Transfusion* 54(5): 1321-1331.
23. Rapaille A., Reichenberg S., Najdovski T., Cellier N., de Valensart N., Deneys V. 2014. Factor VIII and fibrinogen recovery in plasma after Theraflex methylene blue-treatment: effect of plasma source and treatment time. *Blood Transfus* 12(2): 226-231.
24. Gironés N., Bueno J. L., Carrión J., Fresno M., Castro E. 2006. The efficacy of photochemical treatment with methylene blue and light for the reduction of *Trypanosoma cruzi* in infected plasma. *Vox Sanguinis* 91, 285-291
25. Reichenberg S., Gravemann U., Sumian C., Seltsam A. 2015. Challenge study of the pathogen reduction capacity of the THERAFLEX MB-Plasma technology. *Vox Sang* 109(2):129-37.
26. Muñoz-Díaz E., Puig L. 2014. Allergic and anaphylactic reactions to methylene-blue-treated plasma in Catalonia in the period 2008-2013. *Blood Transfus* 12(4):628-630.
27. Politis C., L. Kavallierou, S. Hantziara, M. Parara, E. Zervou, O. Katsarou, M. Hatzitaki, P. Fountouli, A. Gioka, K. Tzioura, S. Koumarianos, M. Asariotou and Richardson C. 2014. Haemovigilance data on the use of methylene blue virally inactivated fresh frozen plasma with the Theraflex MB-Plasma System in comparison to quarantine plasma: 11 years' experience. *Transfus Med* 24(5):316-320.
28. Larrea L, Castrillo A, Politis C, Nussbaumer W. 2014. The incidence of allergic reactions with methylene blue treated plasma. A five-year European retrospective study. *Blood Transfus* 12:s482.
29. Bost V, Odent-Malaure H., Chavarin P, Benamara H., Fabrigli P, Garraud O. 2013. A regional haemovigilance retrospective study of four types of therapeutic plasma in a ten-year survey period in France. *Vox Sang* 104(4):337-341.
30. Nussbaumer W., Mayersbach P., Schennach H. 2013. Lower rate of adverse events with methylene-blue-treated plasma compared with quarantine stored plasma. *Vox Sang* 105(2):1-132.
31. Seghatchian J., Walker W.H., Reichenberg S. 2008. Updates on pathogen inactivation of plasma using Theraflex methylene blue system. *Transfus Apher Sci*; 38:271-280.
32. Politis C., Kavallierou L., Hantziara S., Katsea P., Triantaphylou V., Richardson C., Tsoutsos D., Anagnostopoulos N., Gorgolidis G., Ziroyannis P. 2007. Quality and safety of fresh frozen plasma inactivated and leucoreduced with the Theraflex methylene blue system including the Blueflex filter: 5 years' experience. *Vox Sang* 92(4):319-326.

Lead the way in blood SAFETY

THERAFLEX MB-Plasma

The THERAFLEX MB-Plasma is a CE marked medical device.
It is not available for sale in the United States.

Worldwide regulatory approvals:

- Argentina:** The National Administration of Drugs, Foodstuffs and Medical Technology (ANMAT)
- Armenia:** Ministry of Health of the Republic of Armenia
- Austria:** Austrian Medicines and Medical Devices Agency (AGES MEA)
- Belarus:** Ministry of Health
- Belgium:** Federal Agency for Medicines and Health Product (FAMHP)
- Brazil:** ANVISA
- Canada:** Health Canada
- Croatia:** Agency for Medicinal Products and Medical Devices
- Czech Republic:** Ministry of Health of Czech Republic
- Germany:** Paul-Ehrlich Institute (PEI)
- Greece:** National Organization for Medicines (EOF)
- Hong-Kong:** Medical Device Control Office (MDCO)
- Italy:** Ministry of Health
- Kazakhstan:** Ministry of Health
- Malaysia:** Medical Device Authority (MDA), Ministry of Health Malaysia
- Mexico:** Ministry of Health
- Poland:** Office for Registration of Medicinal Products, Medical Devices and Biocidal Products
- Russia:** Ministry of Health
- Saudi Arabia:** Saudi Food & Drug Authority (SFDA)
- Singapore:** Health Science Authority (HSA)
- Spain:** Agencia Española de Medicamentos y Productos Sanitarios (AEMPS)
- Switzerland:** Swissmedic
- Turkmenistan:** Ministry of Health and Medical Industry of Turkmenistan
- Ukraine:** Ministry of Health
- United Kingdom:** National Health Service (NHS)

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