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BAXTER HIGHLIGHTS NEW DATA INDICATING SHARESOURCE DIGITAL HEALTH PLATFORM FOR HOME DIALYSIS MAY IMPROVE SURVIVAL AND REDUCE HOSPITALIZATIONS

- *Large, randomized study presented during American Society of Nephrology’s Kidney Week shows survival rates nearly two times higher in patients using remote patient management*
- *These data suggest digital health helps support healthcare professionals’ ability to reduce patients unplanned trips to hospitals, which is especially important during COVID-19*

DEERFIELD, ILL., NOV. 8, 2021– Baxter International Inc. (NYSE:BAX), a global innovator in renal care, announced today new data showing kidney patients may experience a survival rate nearly two-times higher and a prolonged time to an adverse event (AE) and hospitalization when the **Sharesource** remote patient management digital health platform is used to help manage home automated peritoneal dialysis (APD).¹

The new data was presented during the American Society of Nephrology’s annual Kidney Week, Nov. 4-7, in abstract session, “*Remote Monitoring of Patients with APD May Improve Clinical Outcomes: Analysis by Competing-Risk Regression Models*,” [P00965]. The randomized controlled trial of 815 kidney patients spanning 22 hospitals in Mexico evaluated mortality and first AE or first hospitalization for kidney patients on home APD with and without the aid of remote patient management digital health.

“The study indicates **Sharesource’s** role in supporting clinically meaningful outcomes that help kidney patients gain access to home dialysis and remain on therapy for as long as possible,” said Peter Rutherford, MB BS, PhD., vice president Medical Affairs, Baxter Renal Care. “As we move through the COVID-19 pandemic, digital health is demonstrating how it may support healthcare

professionals to improve clinical outcomes and allow patients to remain at home with reduced unplanned hospital visits.”

Sharesource remote patient management allows healthcare professionals to monitor their patients’ home dialysis treatments, and then remotely adjust therapy without the need for patients to make unplanned visits to the clinic. **Sharesource** is the most widely implemented home dialysis digital health platform. It is used to care for nearly 50% of all patients on Baxter’s APD systems globally. The digital health platform is available in more than 70 countries, and it has managed more than 32 million treatments to date.

Supporting the broad global adoption of **Sharesource** is evidence that remote patient management can assist healthcare providers with early detection and intervention of catheter issues,^{2,3,4,5} peritonitis,⁶ and adherence-related complications,^{7,8,9} which can lead to reduced hospitalizations.¹⁰

The new study was conducted with hospitals that served >100 prevalent and >50 new patients per year and had >5 years APD experience. Twenty-two hospitals were randomly assigned to perform either remote patient management with APD or conventional APD with equivalent APD equipment. The study followed a total of 815 patients—417 using remote patient management and 398 on conventional APD—over at least one year.

Patients using only conventional APD in the study had a significantly higher all-cause mortality (sHR 1.79, 95%CI (1.15-2.81); p=0.01), CVD-related mortality (sHR2.21, 95%CI (1.07-4.58); p=0.03) and AE (sHR 1.74, 95% (1.34-2.25); p=0.001) in comparison to patients using APD with remote patient management. The data indicate the use of remote patient management may improve survival and prolong the time to a first AE and hospitalization in comparison to those using APD alone, suggesting digital health may improve clinical outcomes of APD patients.

About Peritoneal Dialysis

People living with end-stage renal disease require dialysis treatment or a kidney transplant to stay alive. PD therapy is typically managed by patients in their home, at a time of day that is convenient for them. It works by cleaning the blood of toxins and removing extra fluid through the body’s peritoneal cavity. Studies show patients and physicians often prefer home dialysis.¹¹ PD patients experience improved early survival, and higher satisfaction rates and quality-of-life measures.^{12,13,14}

About Baxter

Every day, millions of patients and caregivers rely on Baxter's leading portfolio of critical care, nutrition, renal, hospital and surgical products. For 90 years, we've been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that make it happen. With products, technologies and therapies available in more than 100 countries, Baxter's employees worldwide are now building upon the company's rich heritage of medical breakthroughs to advance the next generation of transformative healthcare innovations. To learn more, visit www.baxter.com and follow us on [Twitter](#), [LinkedIn](#) and [Facebook](#).

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*This release includes forward-looking statements concerning the **Sharesource** remote patient management platform, including potential benefits associated with its use. The statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those in the forward-looking statements: demand for and market acceptance for new and existing products; product development risks; inability to create additional production capacity in a timely manner or the occurrence of other manufacturing or supply difficulties (including as a result of natural disasters, public health crises and epidemics/pandemics, regulatory actions or otherwise); satisfaction of regulatory and other requirements; actions of regulatory bodies and other governmental authorities; product quality, manufacturing or supply, or patient safety issues; changes in law and regulations; and other risks identified in Baxter's most recent filing on Form 10-K and other SEC filings, all of which are available on Baxter's website. Baxter does not undertake to update its forward-looking statements.*

Baxter and **Sharesource** are registered trademarks of Baxter International Inc.

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¹ Paniagua R, et al. Abstract presented at ASN Kidney Week 2021. Virtual. 2021. [P00965]

² Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-337]

³ Garcia I, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-63]

⁴ Jotterand Drepper V, et al. Abstract presented at ASN Kidney Week congress. Chicago (US). 2016. [SA-P0023]

⁵ Rojas-Diaz M, et al. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [PUB344]

⁶ Gomez R, et al. Abstract presented at 13th Euro-PD congress. Dublin (Ireland). 2017. [P-222]

⁷ Jiménez S & Condia J. Abstract presented at 17th ISPD congress. Vancouver (Canada). 2018. [P-229]

⁸ Firanek C, et al. Abstract presented at 54th ERA-EDTA congress. Madrid (Spain). 2017. [MP557]

⁹ Jotterand Drepper V, et al. Perit Dial Int. 2018; 38:76-78; 10. Rojas-Diaz M & Ramos A. Abstract presented at ASN Kidney Week congress. New Orleans (US). 2017. [TH-P0859]

¹⁰ Rivera A, et al. Abstract presented at ASN Kidney Week congress. San Diego (US). 2018. [FR-P0683]

¹¹ Rivara MB, Mehrotra R. The Changing Landscape of Home Dialysis in the United States. Current Opinion in Nephrology and Hypertension. 2014; 23(6):586-591. doi:10.1097/MNH000000000000066; Mehrotra R, Chiu YW, Kalantar-Zadeh K, Bargman J, Vonesh E. Similar Outcomes with Hemodialysis and Peritoneal Dialysis in Patients with End-Stage Renal Disease. Archives of Internal Medicine. 2011; 171(2): 110-118. Doi:10.1001/archinternmed.2010.352; Ledebro I, Ronco C. The best dialysis therapy? Results from an international survey among nephrology professionals. Nephrology Dialysis Transplantation. 2008;6:403-408. doi:10.1093/ndtplus/sfn148; Schiller B, Neitzer A, Doss S. Perceptions about renal

replacement therapy among nephrology professionals. *Nephrology News & Issues*. September 2010; 36-44; Ghaffarri A, Kalantar-Zadeh K, Lee J, Maddux F, Moran J, Nissenson A. PD First: Peritoneal Dialysis as the Default Transition to Dialysis Therapy. *Seminars in Dialysis*. 2013; 26(6): 706-713. doi: 10.1111/sdi.12125.

¹² Rubin HR et al. Patient ratings of dialysis care with peritoneal dialysis vs hemodialysis. *JAMA*. 2004 Feb 11;291(6):697-703.

¹³ Juergensen, et al. Hemodialysis and peritoneal dialysis: patients' assessment of their satisfaction with therapy and the impact of the therapy on their lives. *Clin J Am Soc Nephrol*. 2006; 1(6): 1191-1196.

¹⁴ Zazzeroni L HR et al. Comparison of quality of life in patients undergoing hemodialysis and peritoneal dialysis: a systematic review and meta-analysis. *Kidney Blood Press Res*. 2017;42(4):717-727. *USRDS ADR 2018: Vol 2 ESRD, Chap 5; Fig 5.1.*