


Field-Deployable 'Dry Component' Approach to Resuscitation for Hemorrhagic Shock

Jennifer Richards, PhD
Product Development Lead



Disclosures

- Company Interest
I am an employee of KaloCyte, Inc. with stock options. (ErythroMer®)
- Funding
 - Department of Defense: CDMRP; W81XWH-17-1-0668
 - NIH/NHLBI STTR: R42HL135965



The Problem: High Mortality from Blood Loss after Traumatic Injury

In **civilian trauma**, hemorrhage is responsible for ~ 35% of pre-hospital deaths.
Kaivor, et al. J Trauma. 2006; 60, 83-11.

25,000 preventable deaths due to hemorrhage after injury occur per year in the U.S.
Yazer, et al. Vox Sang. 2018; 112(7):701-706.

Hemorrhage accounts for ~ 90% of potentially survivable **battlefield deaths**.
Estroff, et al. J Trauma Acute Care Surg. 2012; 73(6 Suppl 5):S431-76.

1,000 combat fatalities (24%) would have been survivable if in-field transfusion had been available (2001-10).
Estroff, et al. J Trauma Acute Care Surg. 2012; 73(6 Suppl 5):S431-76.

MINUTES MATTER: Every minute of delay in replacing lost blood increases mortality by 5%
Meyer, et al. J Trauma Acute Care Surg. 2017; 83, 19-24.

Unmet Needs

Blood loss is the **LEADING CAUSE** of preventable death after trauma, but stored blood is not always an immediate option.

A WHOLE BLOOD SUBSTITUTE IS NEEDED when stored blood and blood components are:

<p>unavailable</p> <ul style="list-style-type: none"> Pre-hospital (ambulances, scene rescue) Austere settings (battlefield, ships, remote missions) Developing world (inadequate donor pool & blood banking resources) 	<p>undesirable</p> <ul style="list-style-type: none"> Emergency use of un-cross matched blood Priming cardiopulmonary bypass circuits Avoidance of immune responses 	<p>in short supply</p> <ul style="list-style-type: none"> Mass casualty events Acute Radiation Syndrome
---	---	--

ALL PRIOR HBOC & PFC ATTEMPTS HAVE FAILED TO OBTAIN FDA LICENSURE

Poor O₂ delivery (capture oxygen (O₂) in lung, but do not release O₂ to tissue)

Vasospasm (sequester nitric oxide (NO), an endogenous vasodilator)

3

ErythroMer: Dried, Bio-inspired Artificial RBC

ErythroMer provides a bridge to hospital-based blood transfusions

Nano-encapsulated human hemoglobin

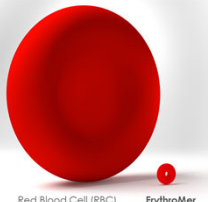
- Bioengineered to **mimic RBC physiology**
- Toroidal "donut" shape maximizes surface area
- Context-sensitive oxygen affinity

Synthetic nanoparticle structure

- Does not require blood typing: **universal option**
- Benign interaction with vasculature
- Clears rapidly from bloodstream (~3-7h)

Freeze dried or lyophilized

- Amenable to **long-term dry storage** at ambient conditions
- Lightweight; no cold chain** required
- Easily reconstituted and administered

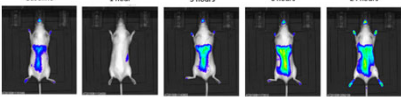


Red Blood Cell (RBC) (7 microns) ErythroMer (0.12 - 0.15 microns)

KaloCyte

4

ErythroMer In Vivo Efficacy (hemodilution, HIF-bioluminescence, mice)



	anemia	Hb restored	post EM clearance*		
	Baseline	1 hour	3 hours	6 hours	24 hours
Manipulation:	70% vol X (HES)	30% vol X (EM)	-	-	-
Murine RBC [Hb]:	5	4	4	4	5
EM [Hb]:	0	10	2	0	0

* latest version has extended half-life

Hemodilution model in HIF-bioluminescence reporter mice demonstrates ErythroMer's efficacy as an oxygen carrier

KaloCyte

5
