

Hemorrhage Control by Delivering Tranexamic Acid and Thrombin into Wounds with CounterFlow

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Important Required Disclosures

I am a co-founder, director and shareholder in:

NanoVation Therapeutics, Inc.

- Provides lipids and LNP for partner companies

SeraGene Therapeutics, Inc.

- RNA therapies for blood disorders

CoMotion Drug Delivery Systems, Inc.

- Device engineering for controlling traumatic hemorrhage

Consulting and/or Contract research :

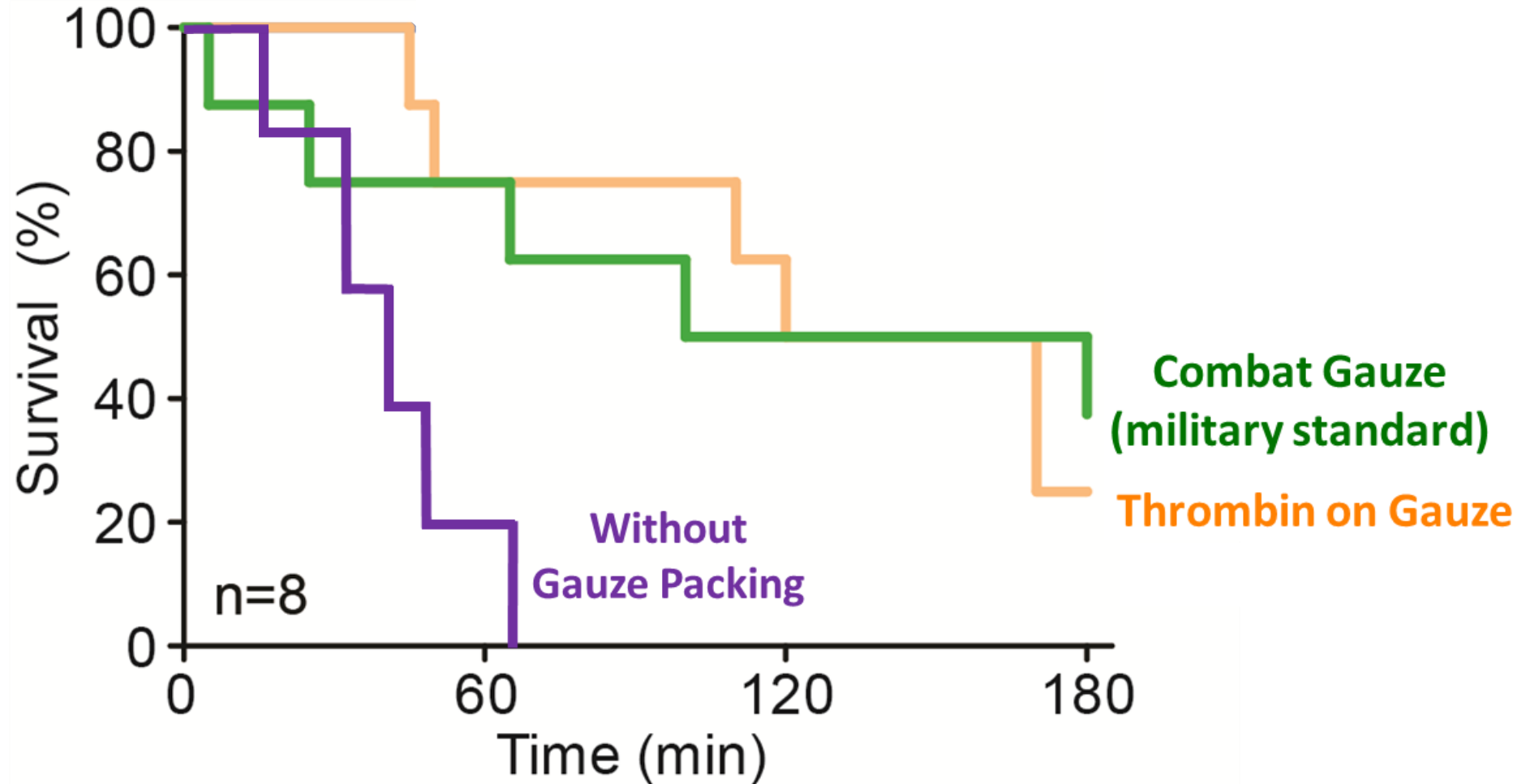
- Moderna
- CSL Behring
- Alnylam
- Bayer
- Acuitas
- Novo Nordisk

Bleeding... It's a problem.



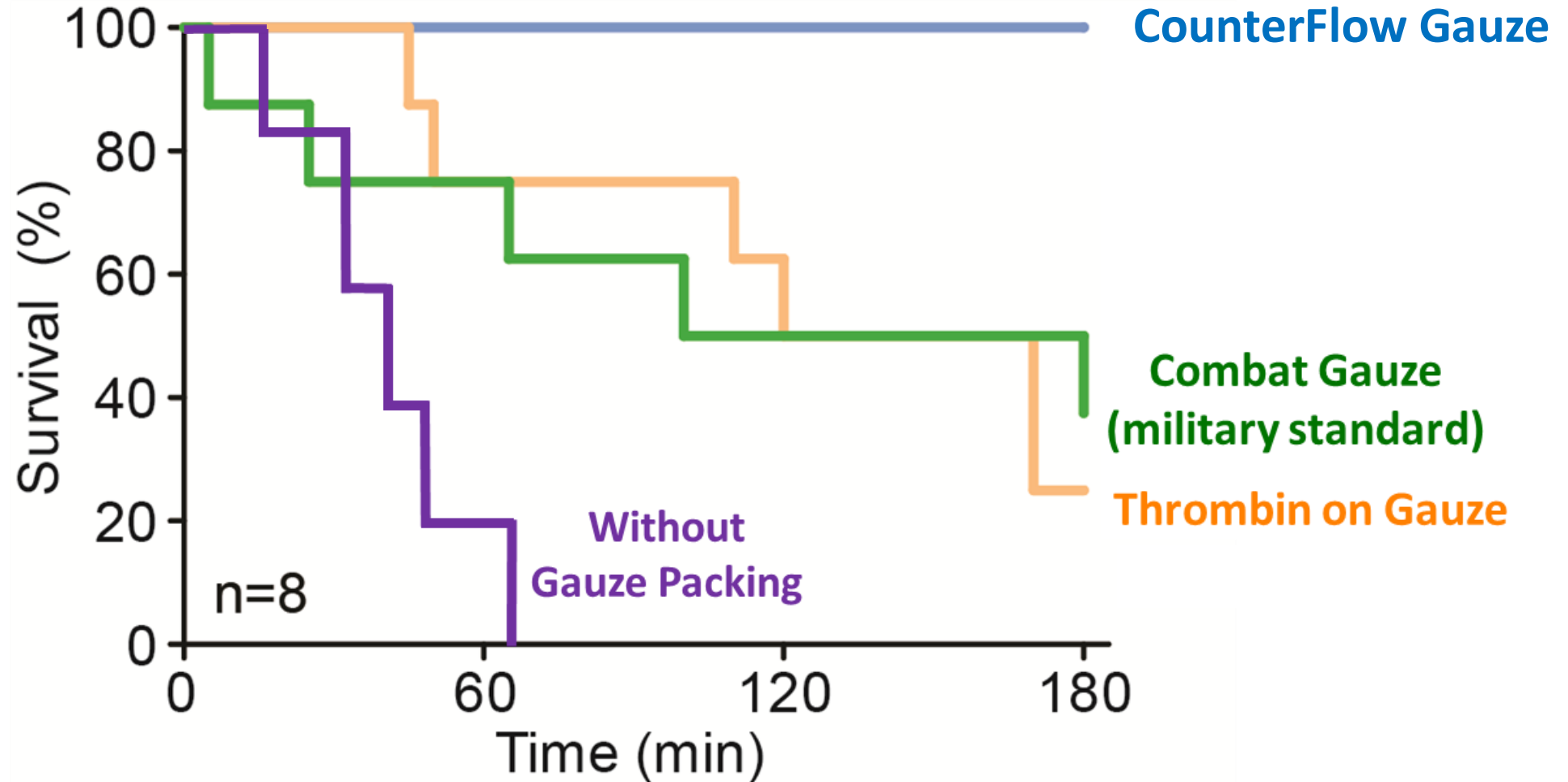
Problem Hemorrhage without compression = hemorrhage

Without manual compression, current topical hemostatics can fail.



A Gauze Coated with “CounterFlow” Powder can Stop External Hemorrhage, Even Without Compression

Survival rate reached 100% at 3-hour with CounterFlow coated Gauze.



CounterFlow Safely Delivers Tranexamic Acid and Thrombin

Gauze Delivers:

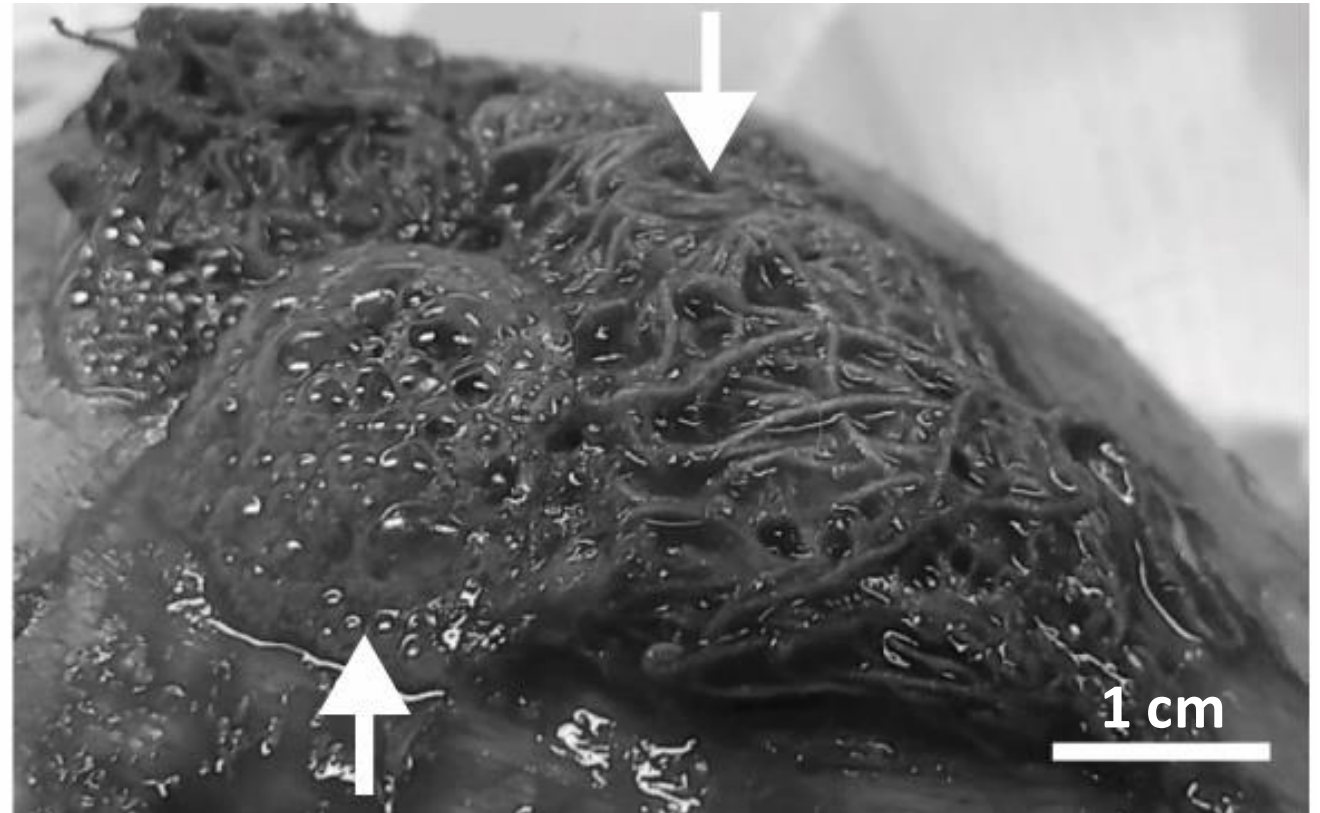
- Systemic TXA
- Ca^{2+}
- Pressure from CO_2
- Thrombin

CounterFlow Components are Safe:

CaCO_3 and CO_2

- Bioabsorbable and soluble in blood, wounds and vessels

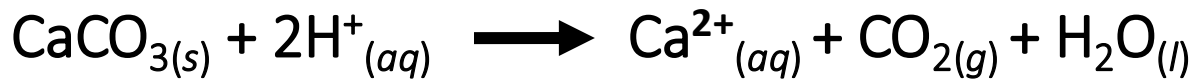
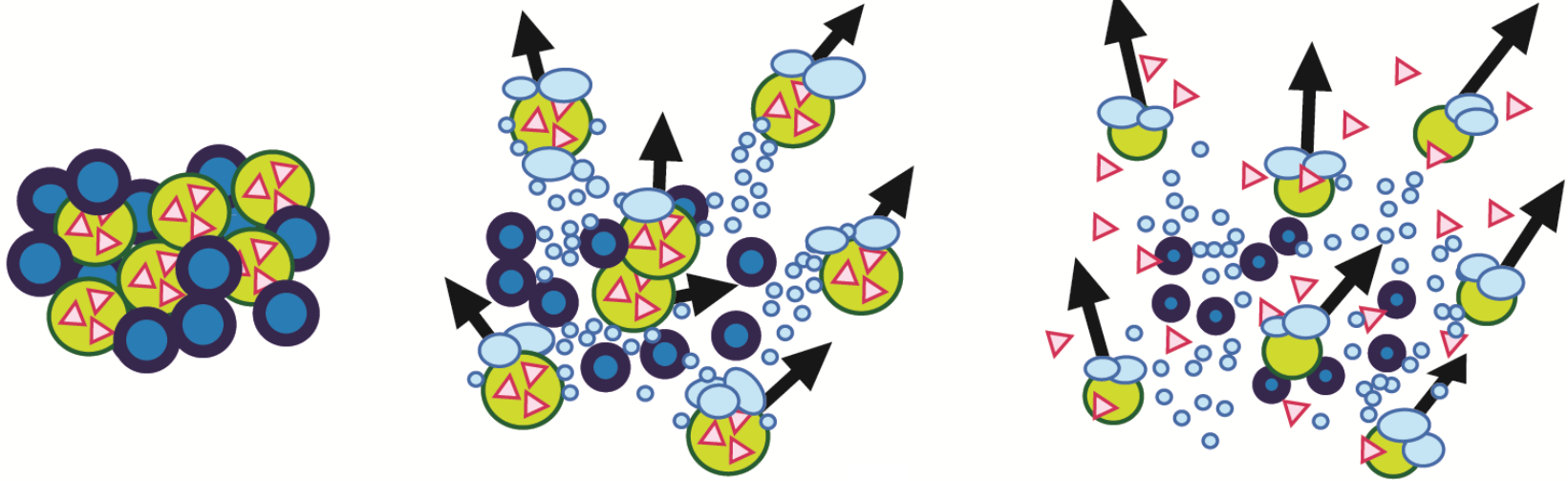
CounterFlow Gauze



Bubbles escaping wound

CounterFlow Uses Self-Propelling Carbonate Particles To Deliver Thrombin and TXA

- CaCO_3
- Organic acid
- △ Cargo
- CO_2 bubble



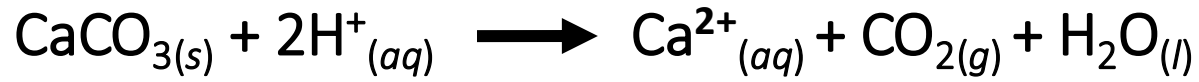
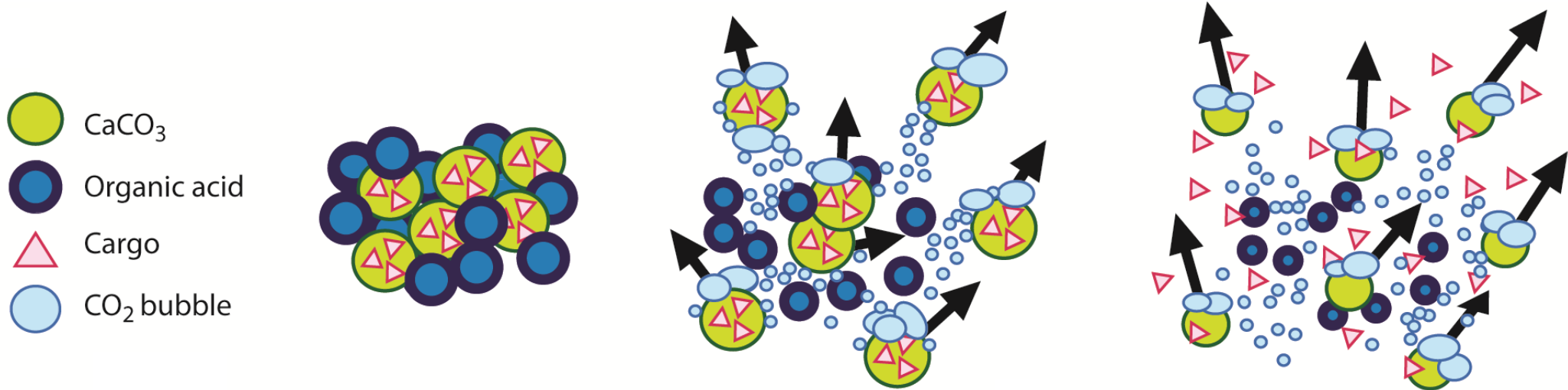
Tranexamic acid (TXA)

TXA is an antifibrinolytic drug, a “clot stabilizer”

CounterFlow™ TNT-G Bleeding

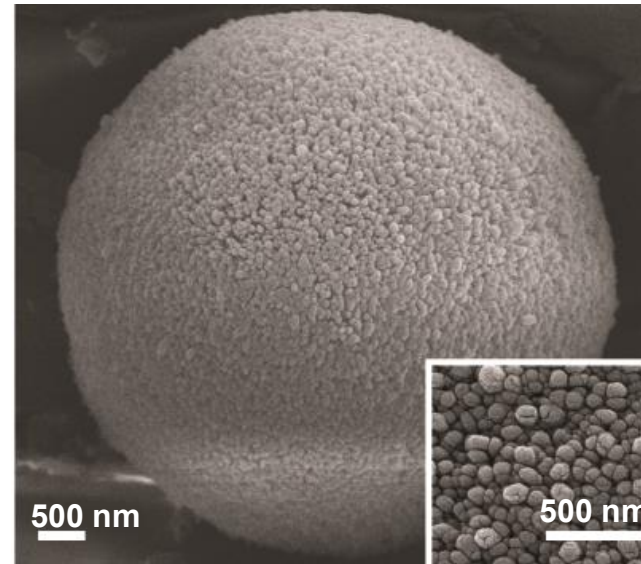


CounterFlow Uses Self-Propelling Carbonate Particles To Deliver Thrombin and TXA



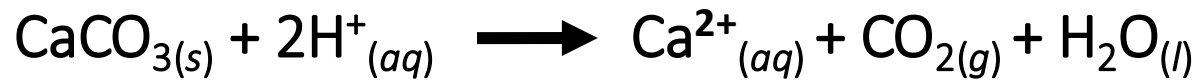
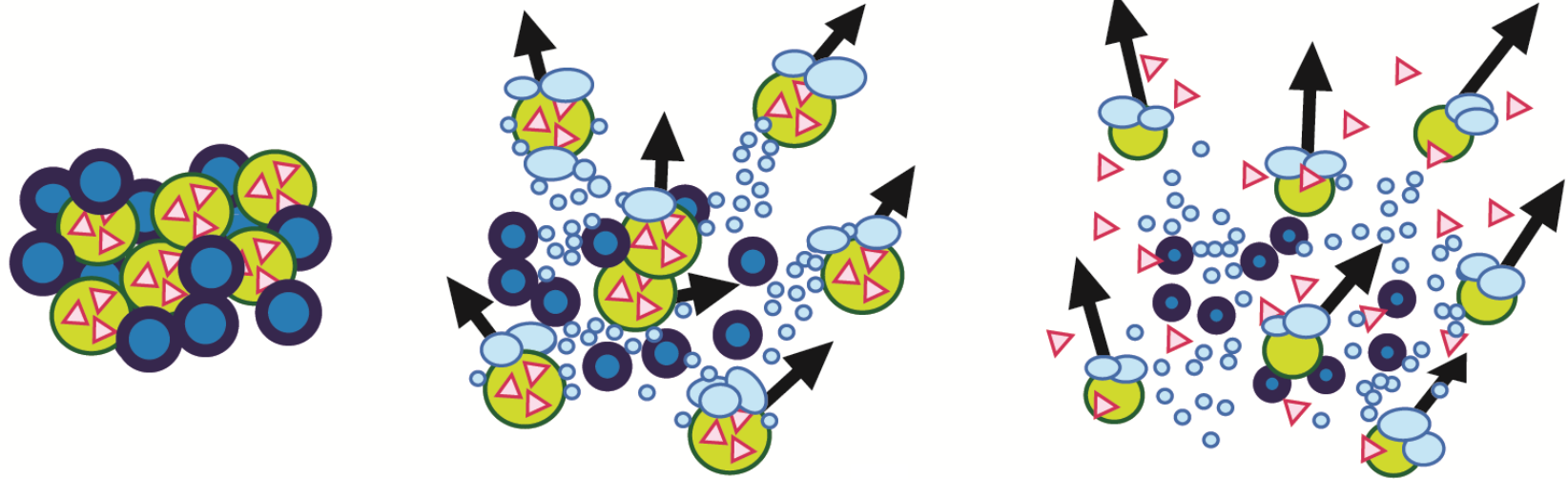
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TXA is an antifibrinolytic drug, a “clot stabilizer”



A Wound-Penetrating Technology: Self-Propelling Particles (**CounterFlow**)

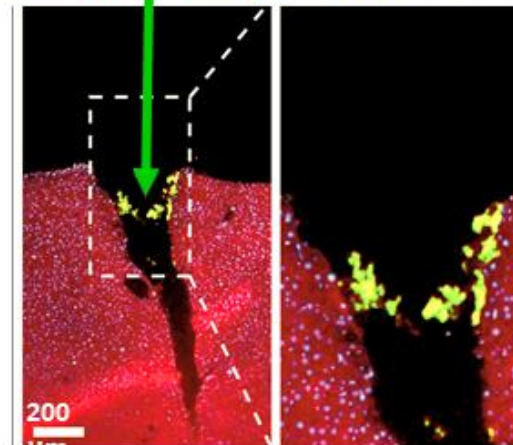
- CaCO_3
- Organic acid
- △ Cargo
- CO_2 bubble



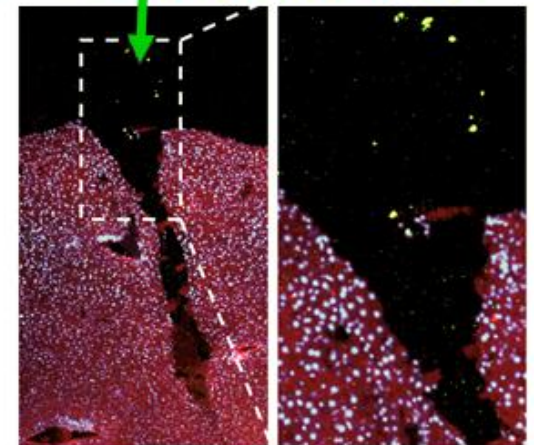
⋮
Tranexamic acid (TXA)

TXA is an antifibrinolytic drug, a “clot stabilizer”

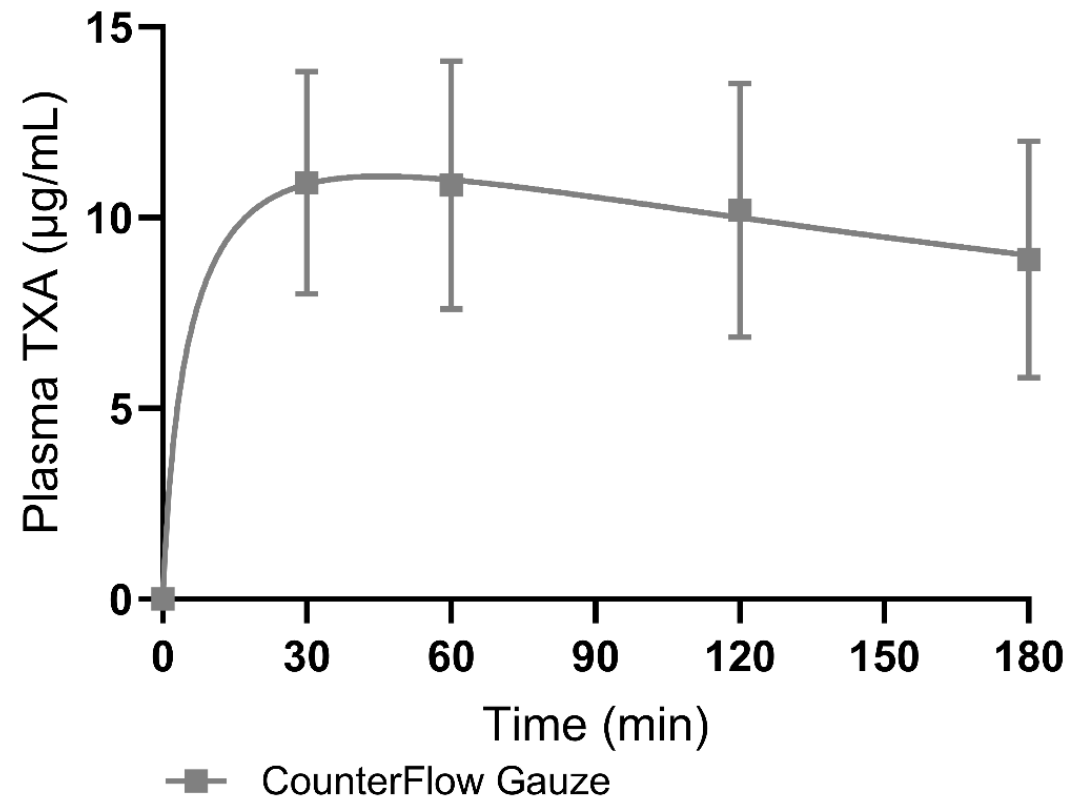
Propulsion
Drug delivered into tissue



Without Propulsion
Drug outside tissue

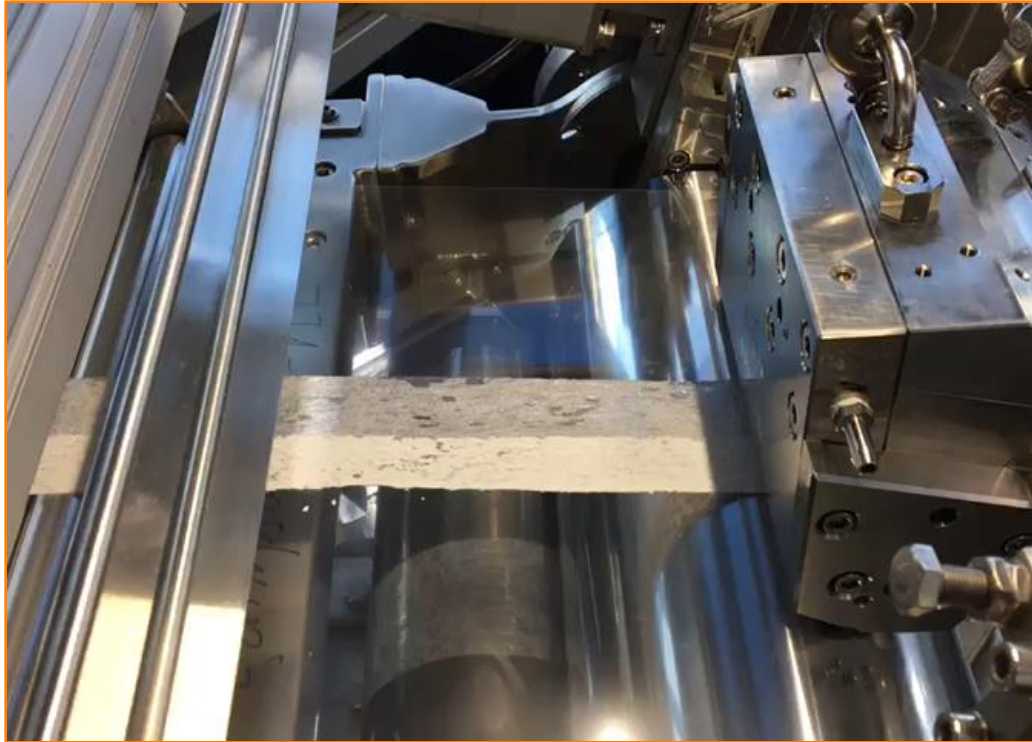


TXA from gauze is absorbed systemically following medic packing in junctional wounds, reaching inhibitory levels



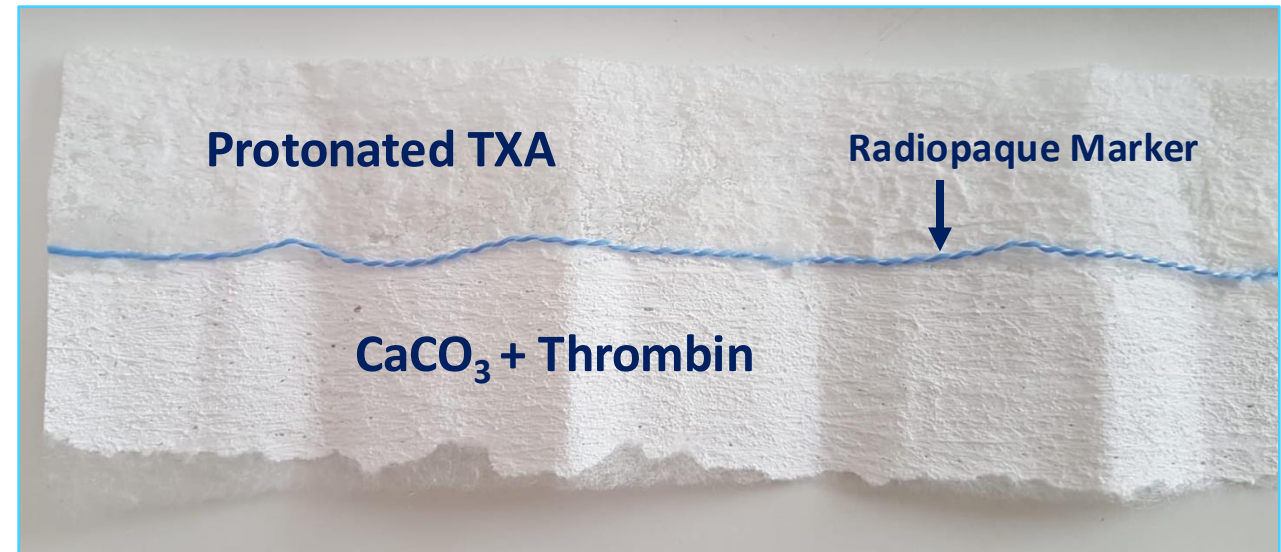
- Sustained TXA plasma concentration of ~10 µg/mL after CounterFlow-Gauze, which is in the therapeutic window.
- This delivery mechanism is well-suited to use in cold environments and/or without vascular access.

CounterFlow Gauze is Being Scaled Up



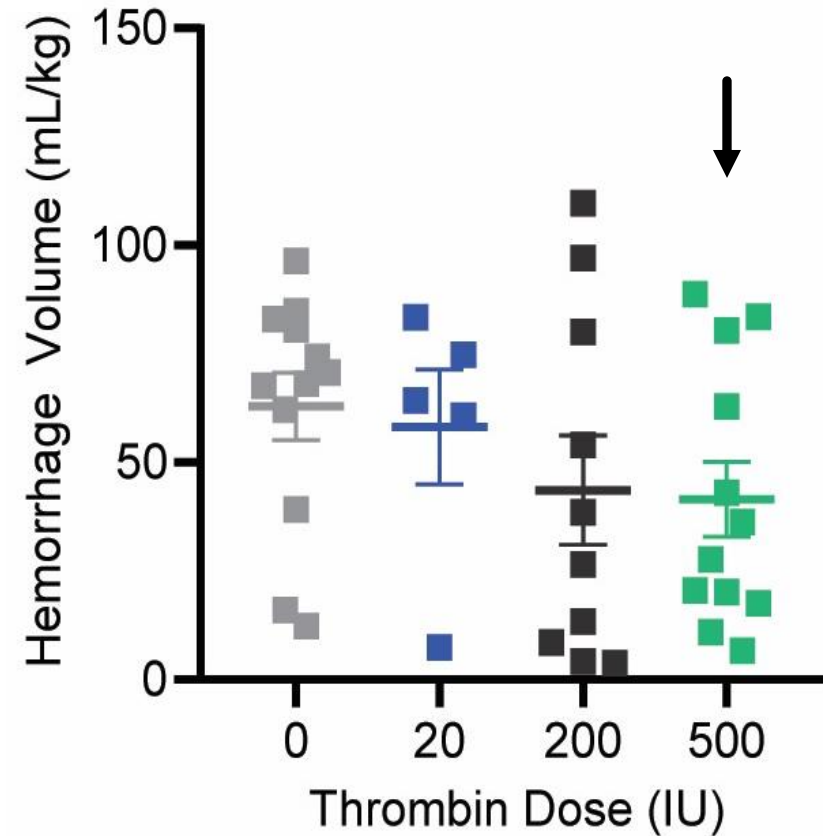
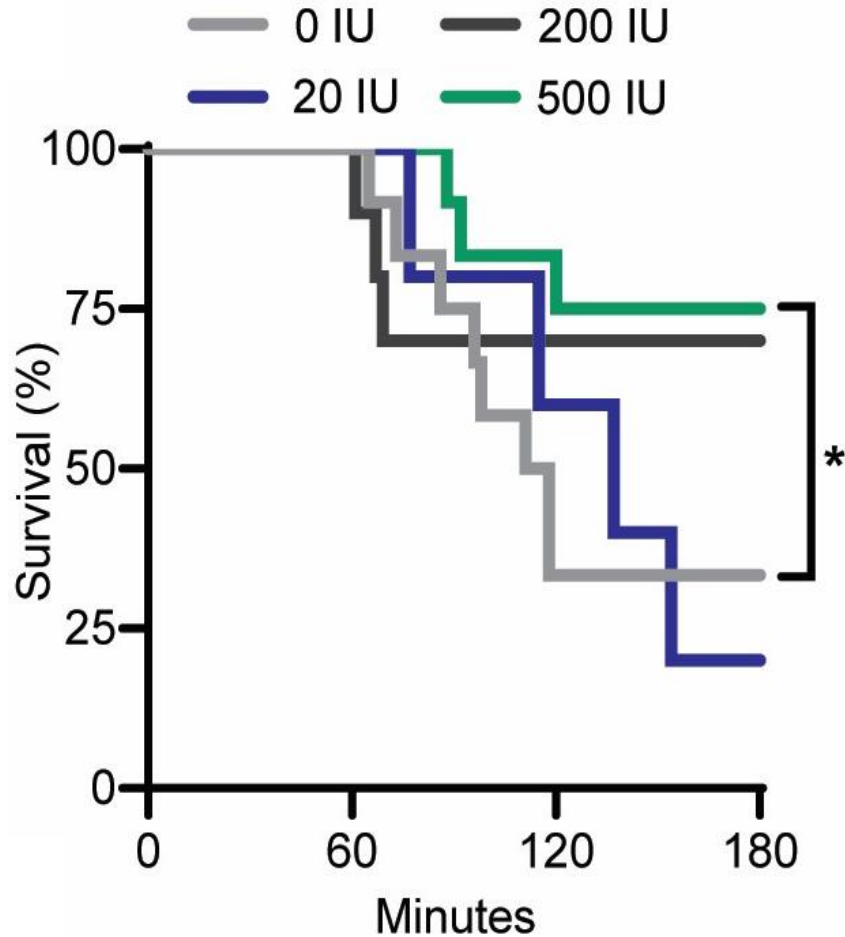
← Roll to roll production of CounterFlow Gauze

CounterFlow Gauze Design →



Thrombin dose on CounterFlow Gauze is optimized

Swine model of femoral artery hemorrhage W/O manual compression (n= 6-12)

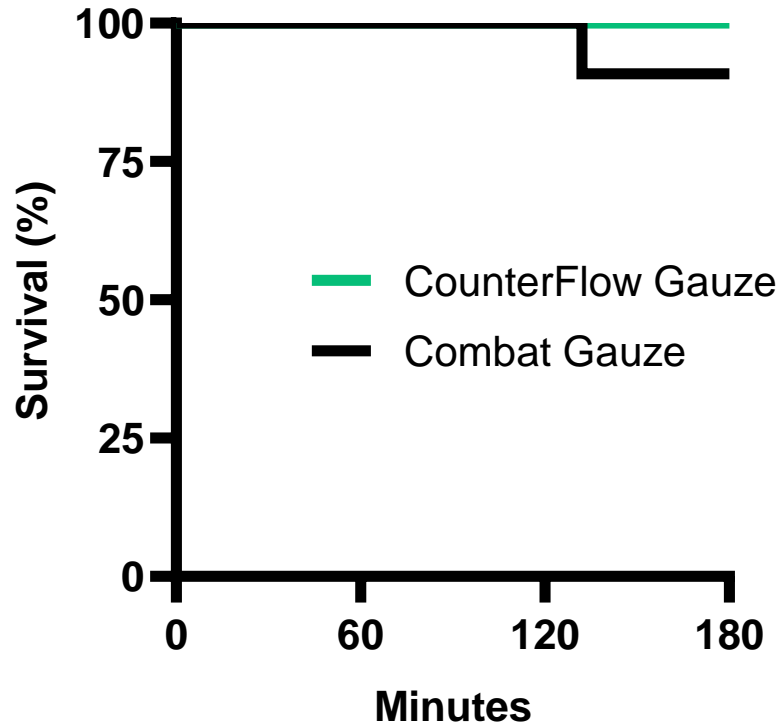


Refined CounterFlow-Gauze prevents death from junctional hemorrhage, and can be used similarly to Combat Gauze

Two separate experiments using a swine model of 4.0 mm femoral arteriotomy

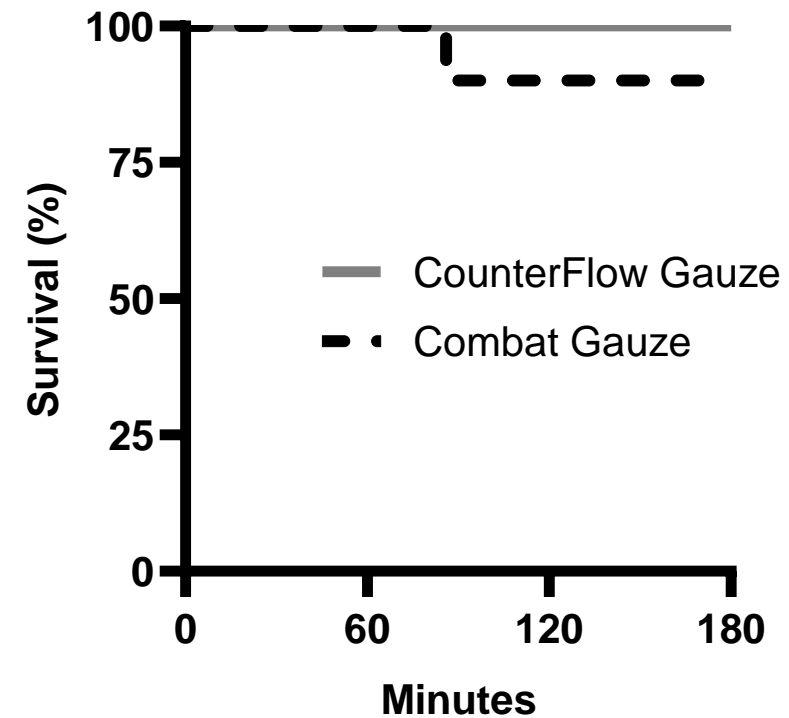
NO manual compression (n = 12)

CAF surgeon packed wounds



WITH manual compression (n = 10)

CAF medics packed wounds



Canadian Armed Forces (CAF) Medics like CounterFlow-Gauze

End User Product Comparison Survey – ranking 1-5

	CounterFlow-Gauze (mean ± SEM)	Combat Gauze (mean ± SEM)	P value
The product was easy to handle.	4.8 ± 0.1	4.4 ± 0.2	0.522
The product was easy to pack.	4.9 ± 0.1	4.4 ± 0.3	0.522
The product was effective in controlling bleeds.	4.3 ± 0.3	3.0 ± 0.4	0.088
I am comfortable using this product to treat a casualty.	4.6 ± 0.2	3.6 ± 0.3	0.039
My overall sentiment towards this product.	4.7 ± 0.2	3.8 ± 0.3	0.088

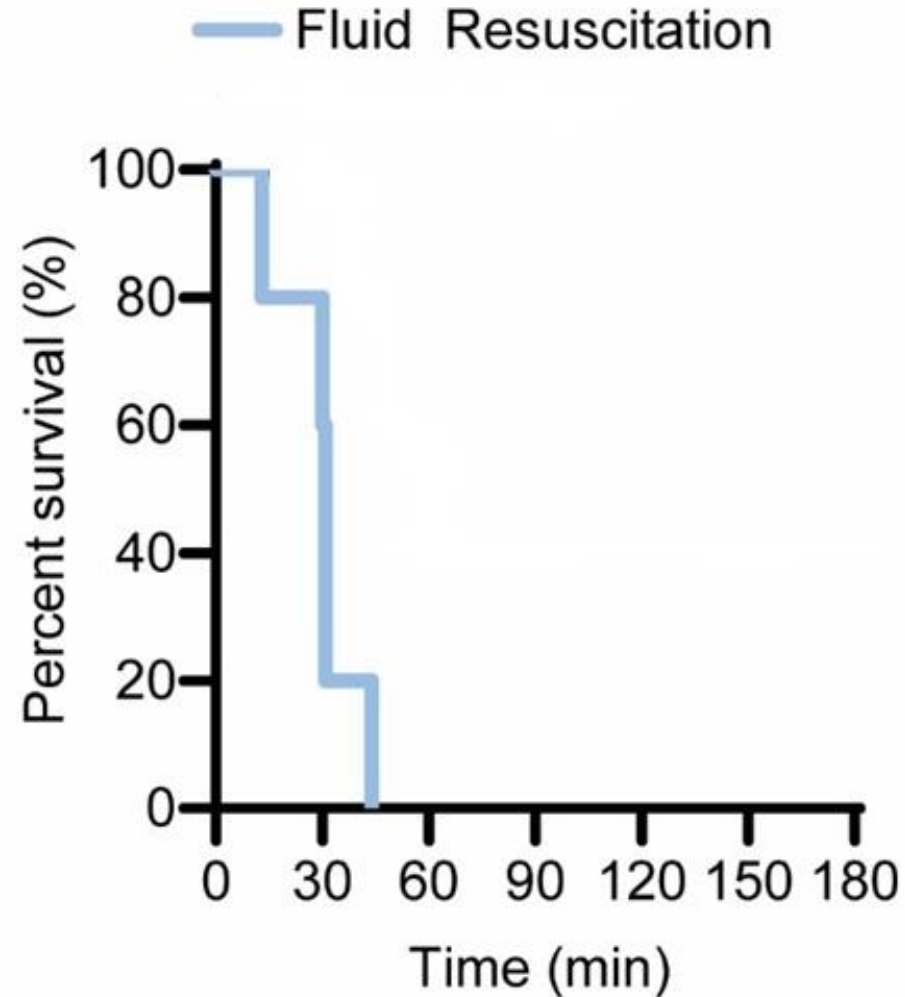
Common narrative themes:

- CounterFlow-Gauze feels very effective and stops bleeds promptly
- Less effort was needed to control bleeds when using CounterFlow
- Bubbling and discolouration of blood was reassuring that the gauze was effective.
- “I would choose [CounterFlow] in an operational setting every time”

Common suggestions for improvement:

- Packaging improvements (visual indicators or multiple small tears for opening)
- Increased length/material of gauze
(tested prototype was only 1.2 m long)

Can CounterFlow Powder be used in Non-Compressible Truncal Hemorrhage?



Cau, Ali-Mohamad, Yeh, Baylis, others, Rezende-Neto, Semple, Beckett, Kastrup.
Journal of Trauma and Acute Care Surgery (2022)

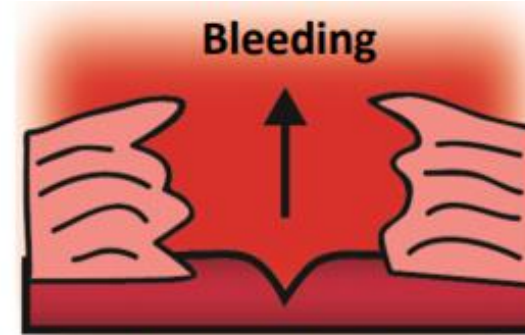
Intra-Abdominal Hemorrhage is a Major Cause of Death

New Technology is Needed to Decrease Mortality

Applied hemostatics cannot reach the bleeding site within the torso at high enough local concentrations¹⁻⁴

Delivery systems do not exist for transporting hemostatics:

- against high flow rates and through pooled blood – agents flushed out
- into difficult to reach anatomical areas



Internal injury

Agents not delivered



Baylis, Chan, Kastrup, *Thrombosis Research* (2016)

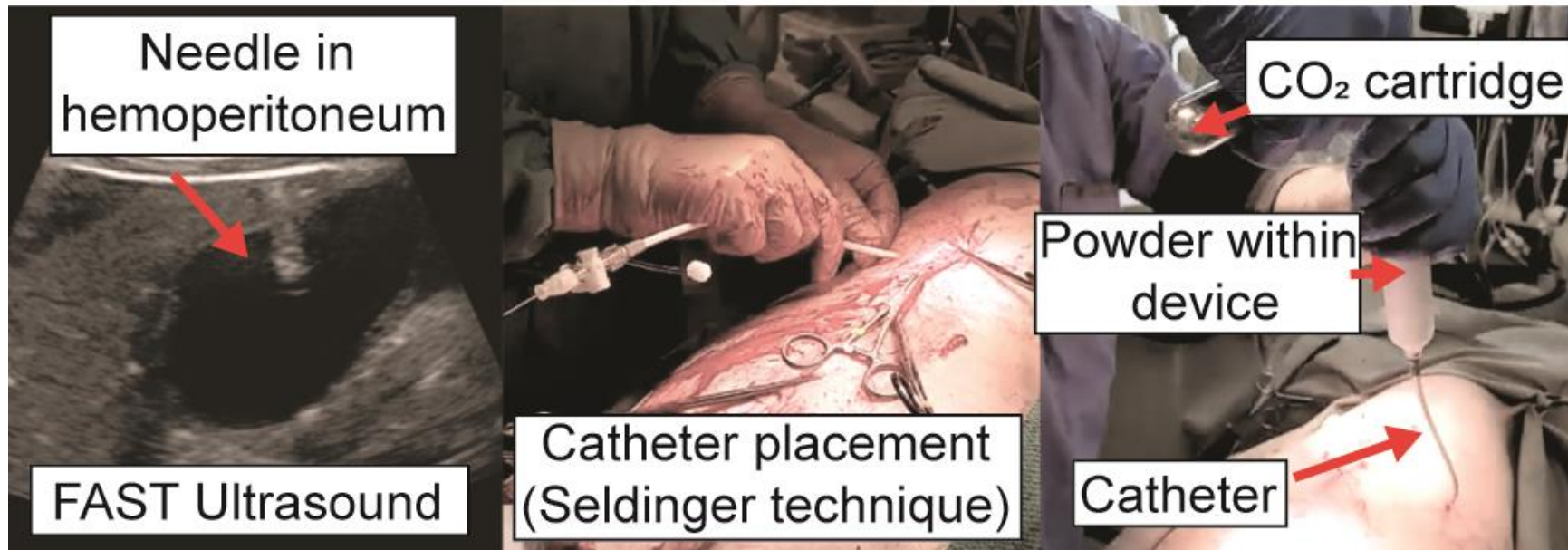
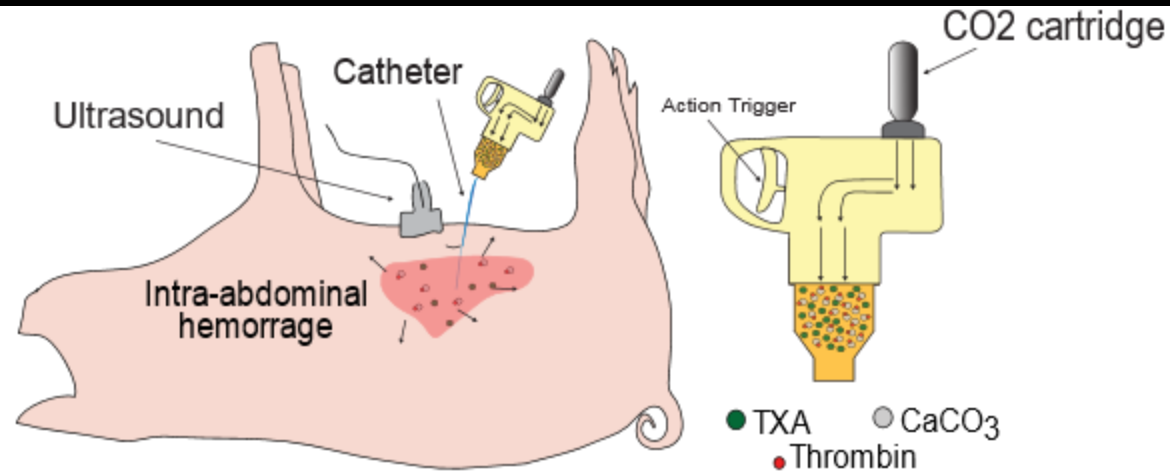
1 Kheirabadi B and Klemcke HS "Combat Casualty Care in Ground Based Tactical Situations: Trauma Technology and Emergency Medical Procedures" (2004)

2 DARPA Wound Stasis Research Program (2010)

3 Mueller et al. *J Trauma Acute Care Surg* (2012)

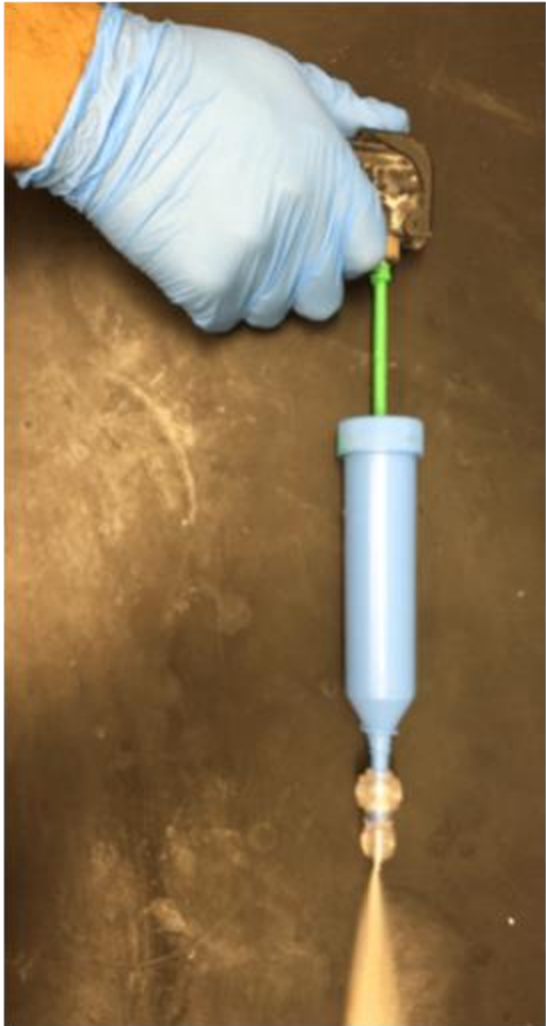
4 Gordy SD and Rhee P, *Expert Review of Medical Devices* (2011)

CounterFlow Powder can be Delivered with Percutaneous Access For Non-Compressible Truncal Hemorrhage (NCTH)

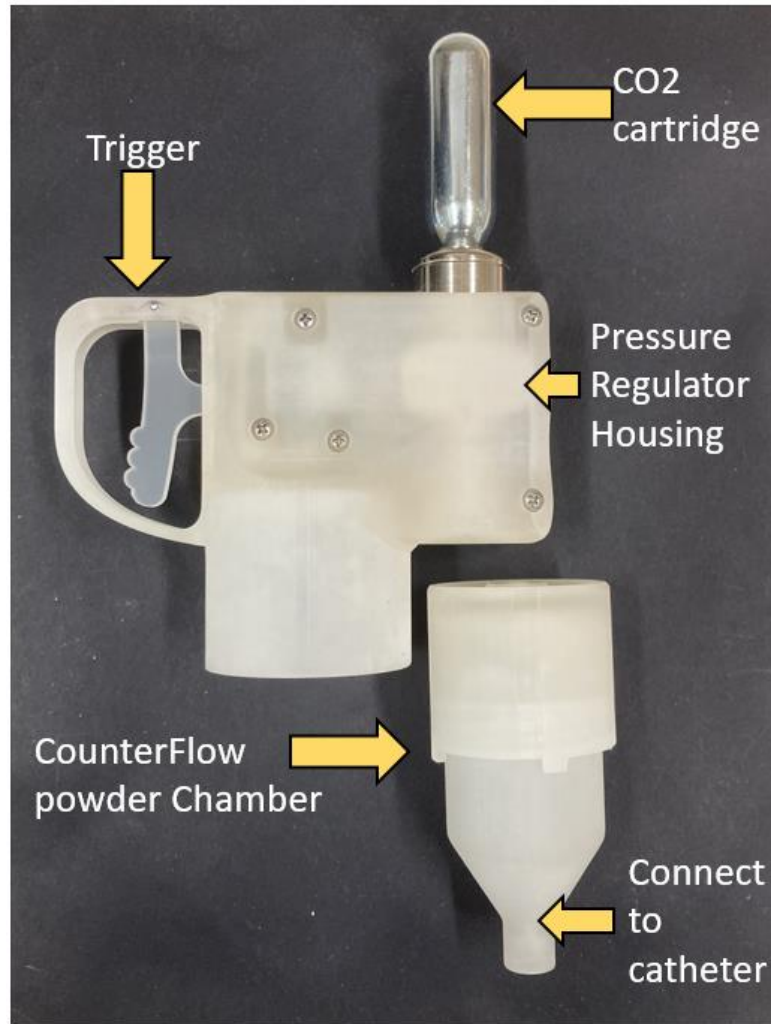


A Modular Device was Engineered to Deliver CounterFlow Powder Within Minutes

Device Prototype 1



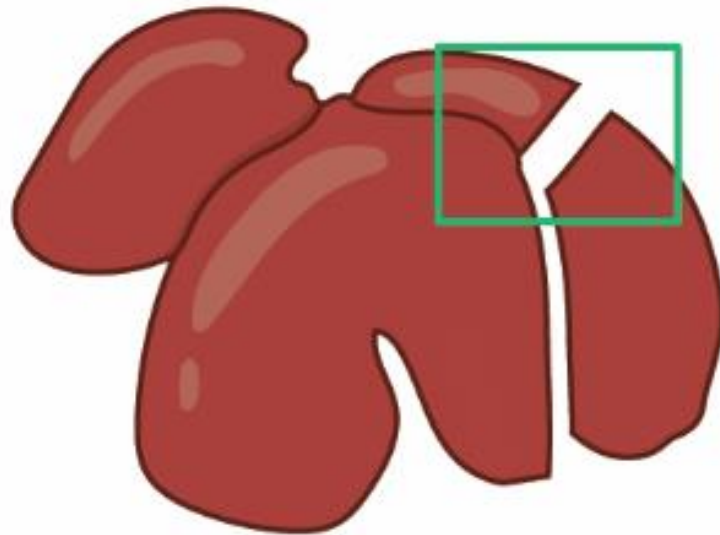
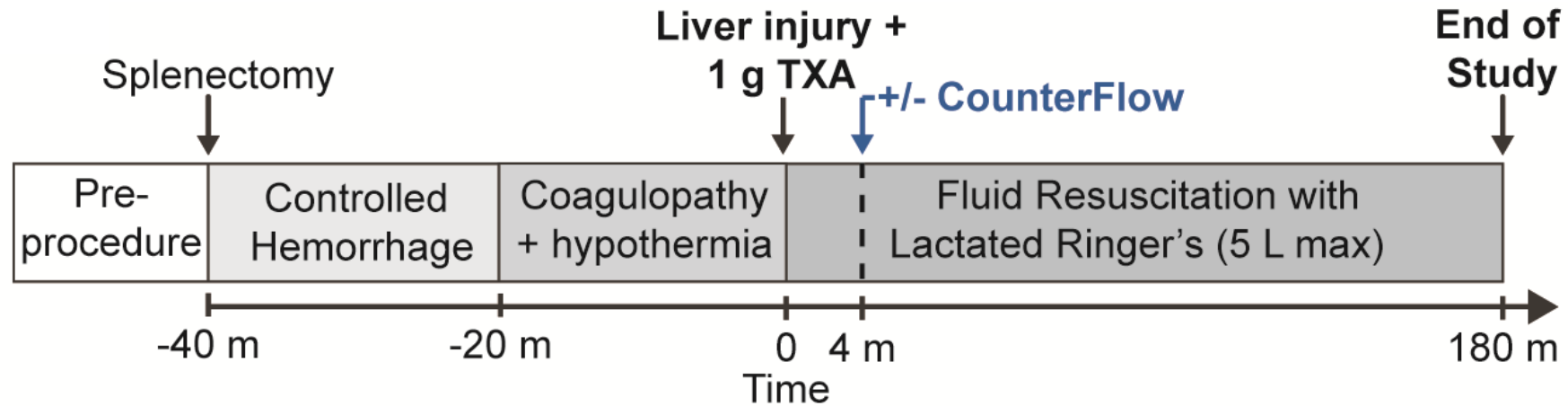
Device Prototype 2



Device Features

- **Modular design for easier parts replacement and troubleshooting.**
- **Safer to use with updated pressure regulator.**
- **Easier to use with detachable powder chamber.**
- **Uses Veress needle for quicker and easier access into intra-abdominal cavity.**

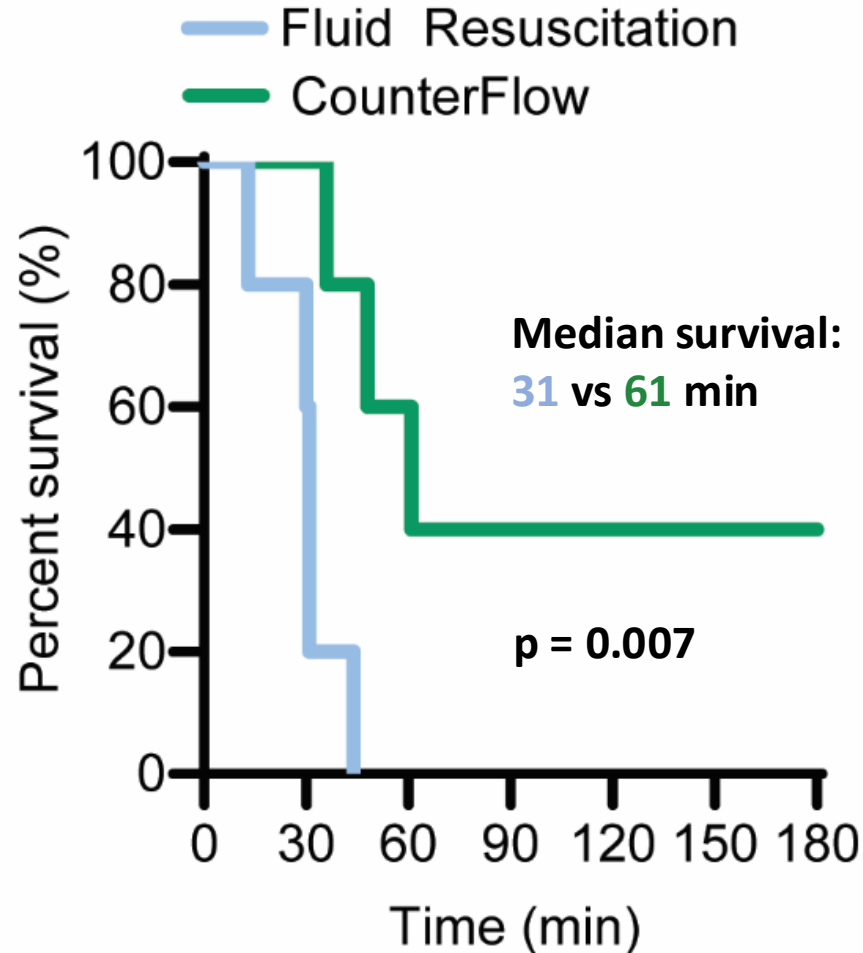
Efficacy and safety of CounterFlow tested in multiple swine models of severe NCTH



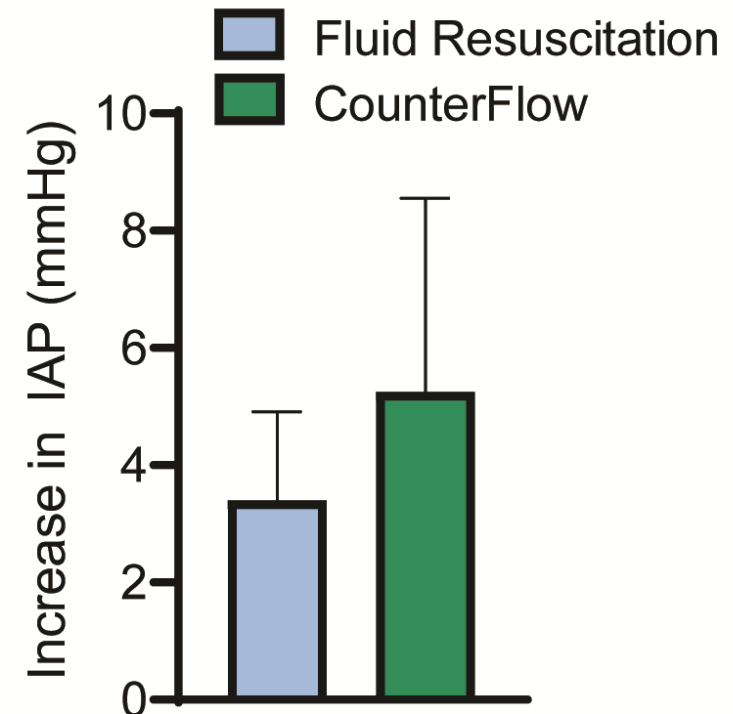
**Left lateral lobe transection
(~70 % of total lobe)**

Cau, Ali-Mohamad, Yeh, Baylis, others, Rezende-Neto, Semple, Beckett, Kastrup.
Journal of Trauma and Acute Care Surgery (2022)

CounterFlow Powder for Noncompressible Abdominal Hemorrhage



Safe increase in Intra-abdominal pressure (IAP)

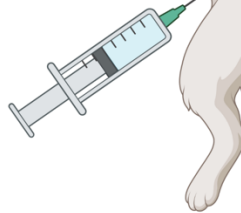


Cau, Ali-Mohamad, Yeh, Baylis, others, Rezende-Neto, Semple, Beckett, Kastrup.
Journal of Trauma and Acute Care Surgery (2022)

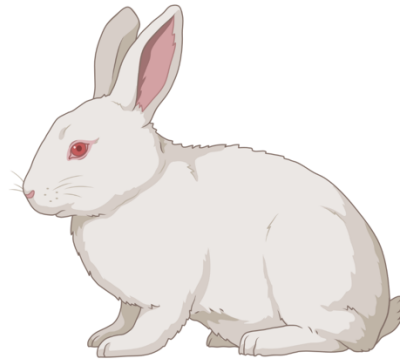
CounterFlow with Thrombin and TXA Does Not Show Major Adverse Effect with High Doses in Rabbit

CounterFlow-AP dissolved with normal saline.

Intraperitoneal (IP) Injection



Recover for 7 days.



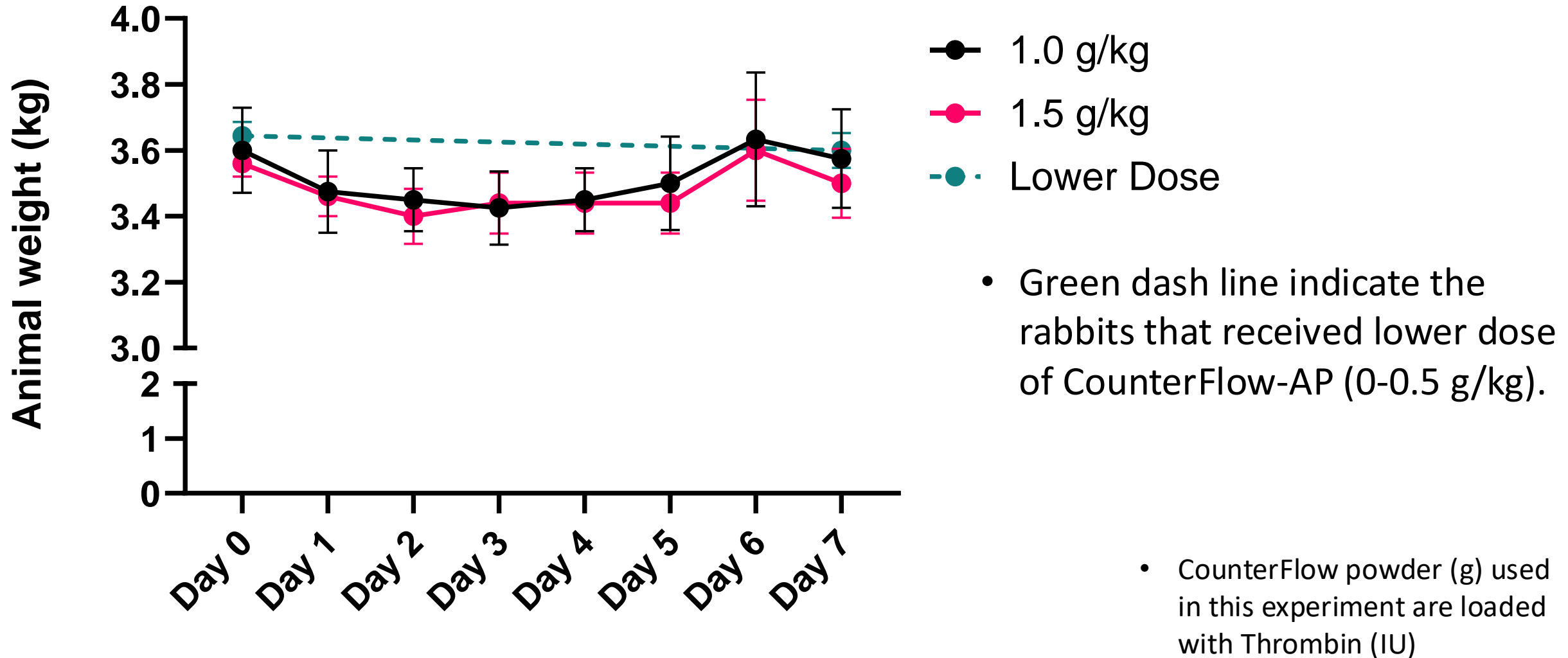
Blood collection throughout the week.

Take down and necropsy on day 7.

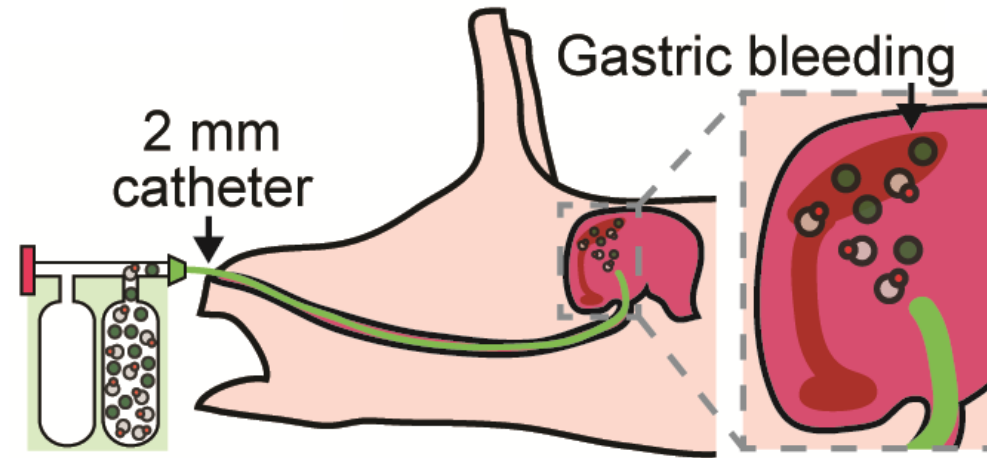


- Five different doses of CounterFlow-AP were tested in rabbit with IP injection:
 - 0, 0.25, 0.5, 1, 1.5 g/kg
 - Highest dose (1.5 g/kg) is human equivalent dose of using 40 g in human.
- CounterFlow powder (g) used in this experiment was loaded with Thrombin (IU)

High Doses of CounterFlow-AP with Thrombin Does Not Adversely Affect Rabbit Weight



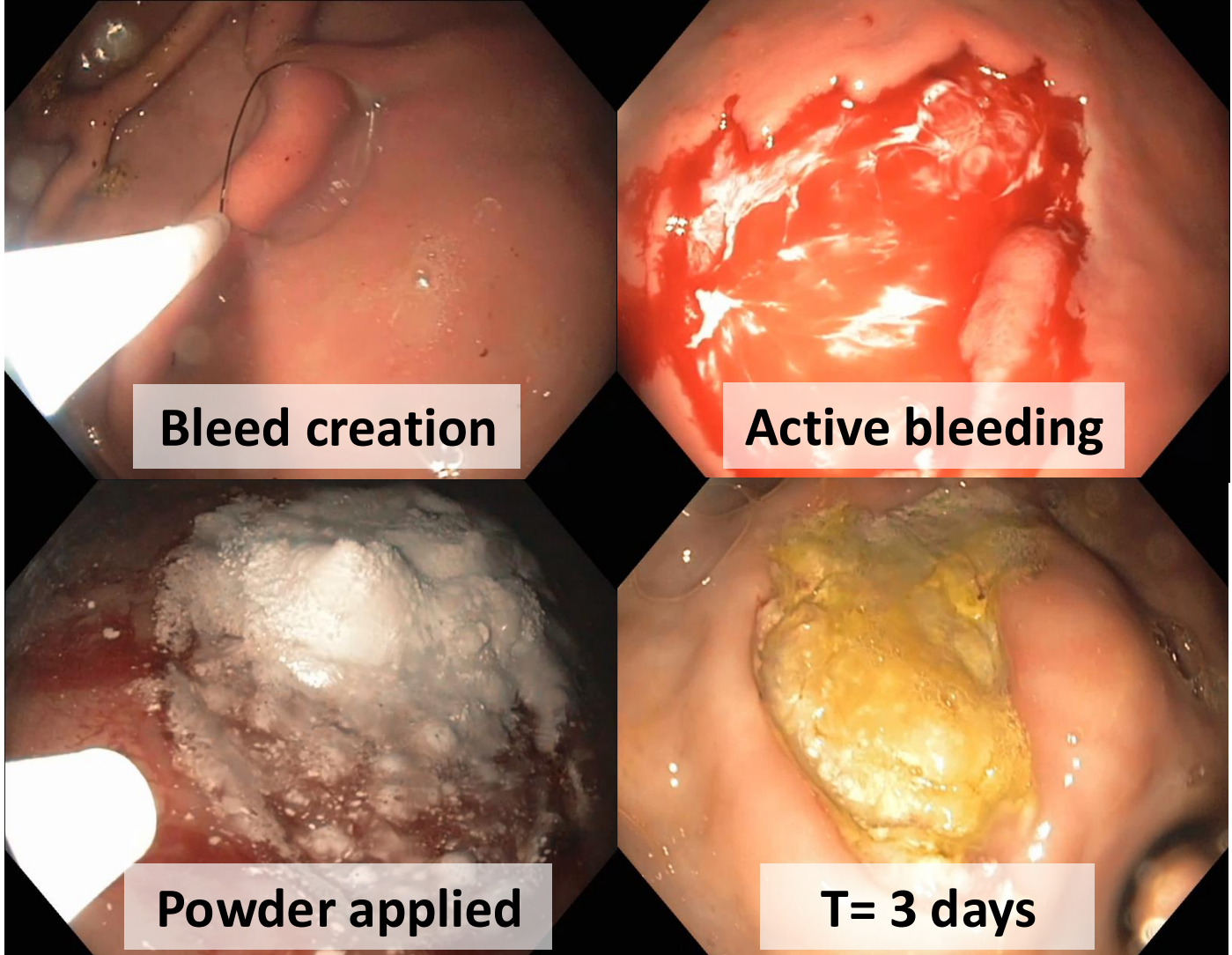
CounterFlow Powder Halts Severe Upper Gastrointestinal Bleeding



12 vessels injured in total of 5 pigs

Time to hemostasis (min)	Mass Particles delivered (g)
4.3 +/- 0.9	2.4 +/- 0.6

CounterFlow Powder Halts Severe Upper Gastrointestinal Bleeding



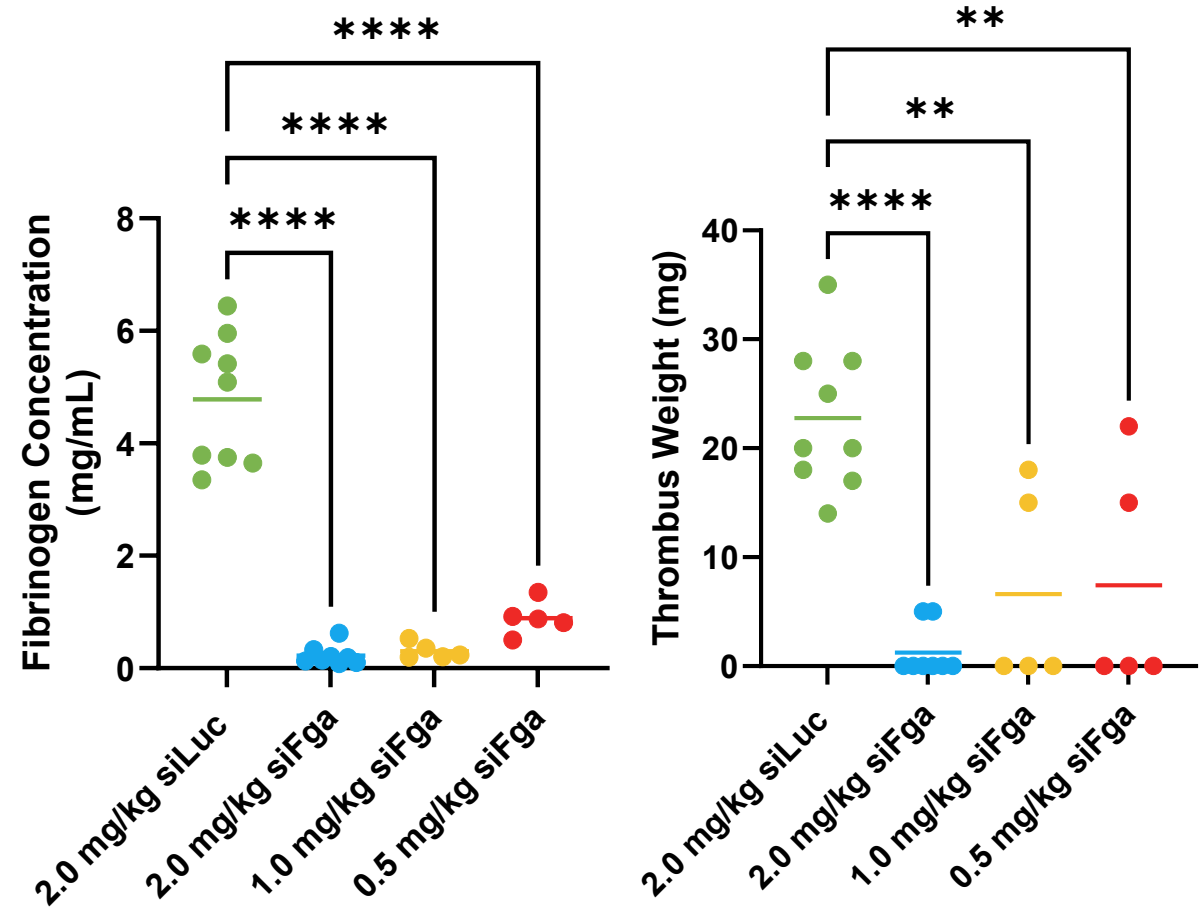
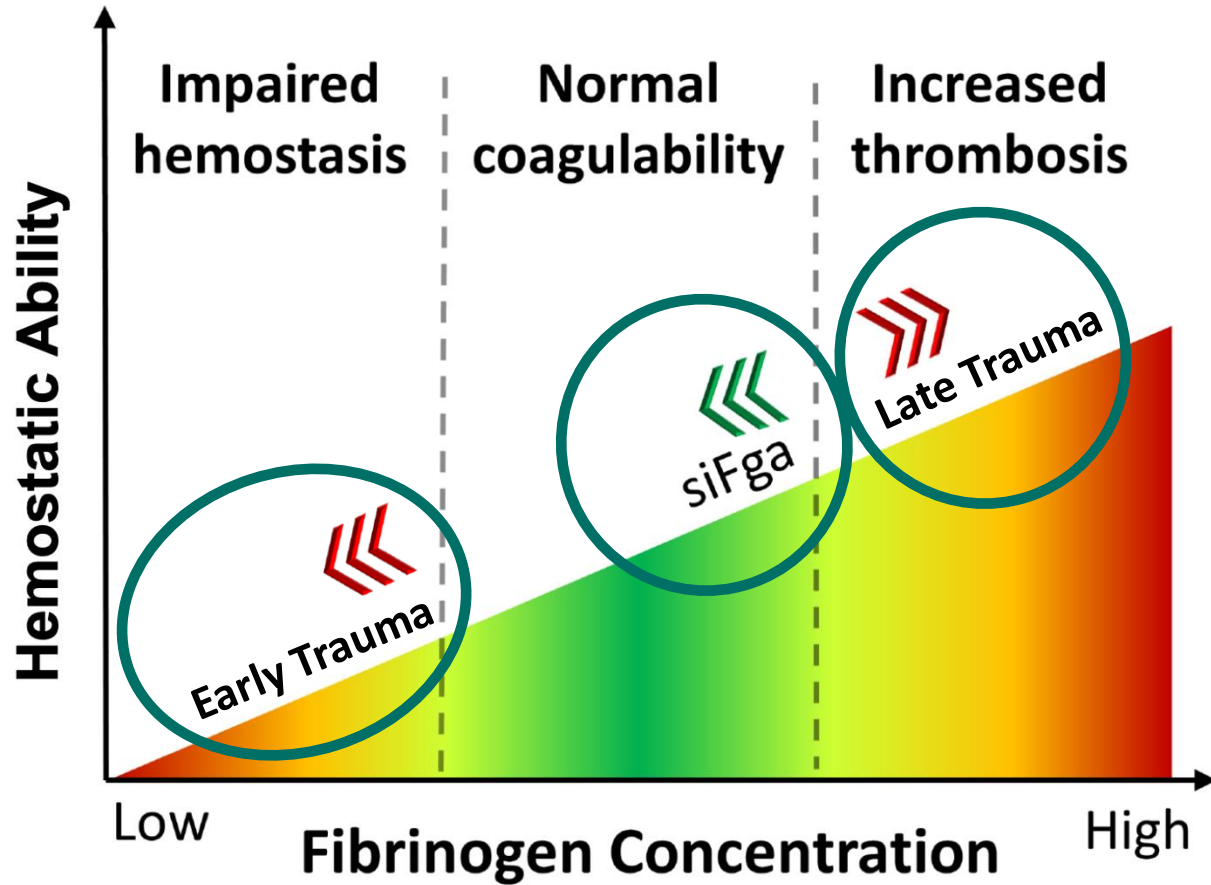
Conclusions

- **CounterFlow enhances the delivery of hemostatics in wounds, even without added manual compression**
 - **Administered as a gauze for non-compressible junctional hemorrhage:
*Able to deliver TXA without IV or autoinjector***
- **Ruggedized design with defined packaging which can be manufactured roll-to-roll using automated methods with sterilization**
- **Administered as a powder percutaneously without surgical techniques for NCTH and upper GI bleeds**

BONUS SLIDE! A “vaccine” to safely prevent thromboinflammation

siRNA knockdown of excess fibrinogen (siFga)

Mice and Pigs: Prevents post-trauma thrombosis without bleeding



Collaborators (this work):

- **Andrew Beckett** (U. Toronto/Canadian Armed Forces)
- **Hugh Semple, Catherine Tenn** (Defence Research and Development Canada)
 - **Joao Rezende-Neto** (U. Toronto)
 - **Nathan White** (U. Washington)
- **Fergal Donnellan** (Vancouver. Gen. Hosp.)
 - **Dana Grecov** (UBC)
- **Lindsay Machan** (Vancouver Gen. Hosp.)
- **Andrew Cap, Adam Meledeo, Zachary Booms** (USAISR)



**American Society of
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