



# TAUROPACE™ TECHNOLOGY OVERVIEW

CLINICAL INFECTION CONTROL

**TauroPace™**  
CE 0344

# CLINICAL IMPACT & COST OF CARDIAC DEVICE INFECTION

## TAUROPACE™ IRRIGATION

### THE PROBLEM.

- Infections occur in **1-4%**<sup>1,2</sup> of all Cardiac Implantable Electronic Device (CIED) implants
- **22 – 56%**<sup>3,4</sup> of patients are considered to be at increased risk for CIED infection

### THE IMPACT.

- **50%**<sup>5</sup> Mortality at 3 years
- **59,477€**<sup>6</sup> incremental cost to treat a major CIED infection
- **10,000€**<sup>7</sup> Average hospital margin loss per CIED infection

### THE SOLUTION.

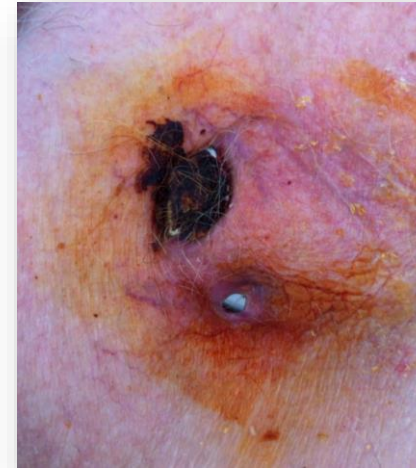
- TAUROPACE™ reduces infection<sup>8</sup>
- TAUROPACE™ enhances wound healing<sup>9</sup>
- **No** antibiotic **No** resistance<sup>10</sup>
- **67 – 100%**<sup>8</sup> reduction of CIED infection risk in all patients

1. Polyzos KA et al. *Europace*. 2015;17:767-77. 2. Elissa Rennert-May DC, et al. *Heart Rhythm*. 2020. 3. Mittal S et al. *Heart Rhythm*. 2014;11(4):595-601. 4. Eby E et al. *EP Europace*. 2018;20(s1):i106. 5. Sohail MR et al. *PACE*. 2015;38(2):231-239. 6. Ludwig S, et al. *J Comp Eff Res*. 2018;7:483-492. 7. WIDO data on file at CAU medical Faculty 8. Henke J, et al. *European Journal of Arrhythmia & Electrophysiology*. 2022;8. 9. Wu L et al. *Ann Transl Med*. 2021;9:1010. 10. Radakovic S, et al. *Antibiotics*. 2020;9:166.

## TAUROPACE™ IRRIGATION

### Risk Factors

- older patients
- more comorbidities
- more generator substitutions
- more complex devices (heavier, bulkier)
- more leads
- longer duration of procedure
- catheter laboratory vs. operational theatre
- antibiotic resistance



# CURRENT PROPHYLAXIS FOR CARDIAC DEVICE INFECTION

## TAUROPACE™ IRRIGATION

### PRE-OPERATIVELY<sup>1,2</sup>

- preoperative antibiotic administration in **90%** of all Cardiac Implantable Electronic Device (CIED) implants with cephalosporins or vancomycin

ROUTINELY

### PERI-OPERATIVELY<sup>1,2</sup>

- approximately **75-90%** conduct perioperative antibiotic or antimicrobial pocket (surgical site) irrigation

TYPICALLY

### POST-OPERATIVELY<sup>1,2</sup>

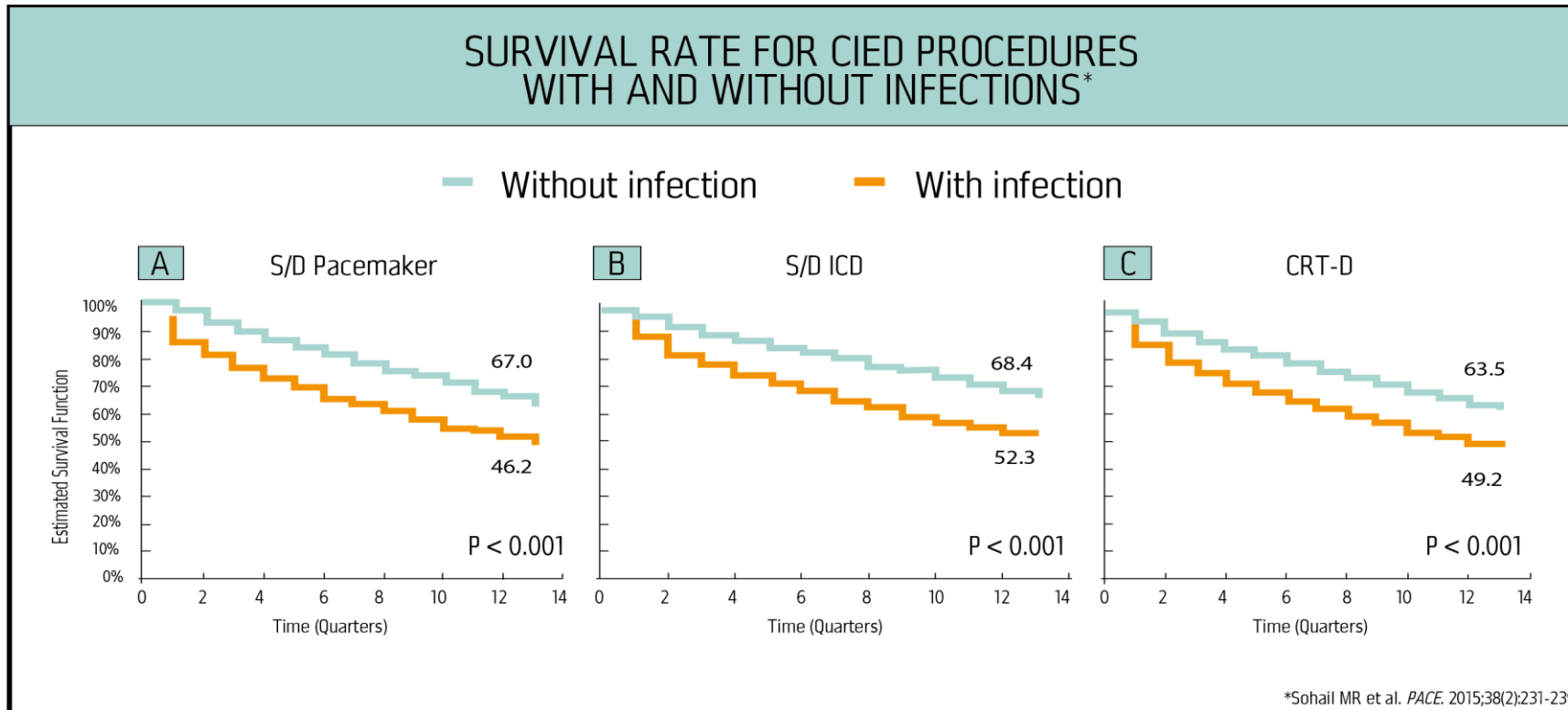
- prolonged antibiotic therapy postoperatively
- Postoperative IV antibiotic administration

OCCASIONALLY

1. Blomstrom-Lundqvist C. et al *Eur Heart J.* 2020. 2. Blomstrom-Lundqvist C and Ostrowska B. *Europace.* 2021;23:iv11-9.

# CARDIAC DEVICE INFECTION: MORTALITY RATES

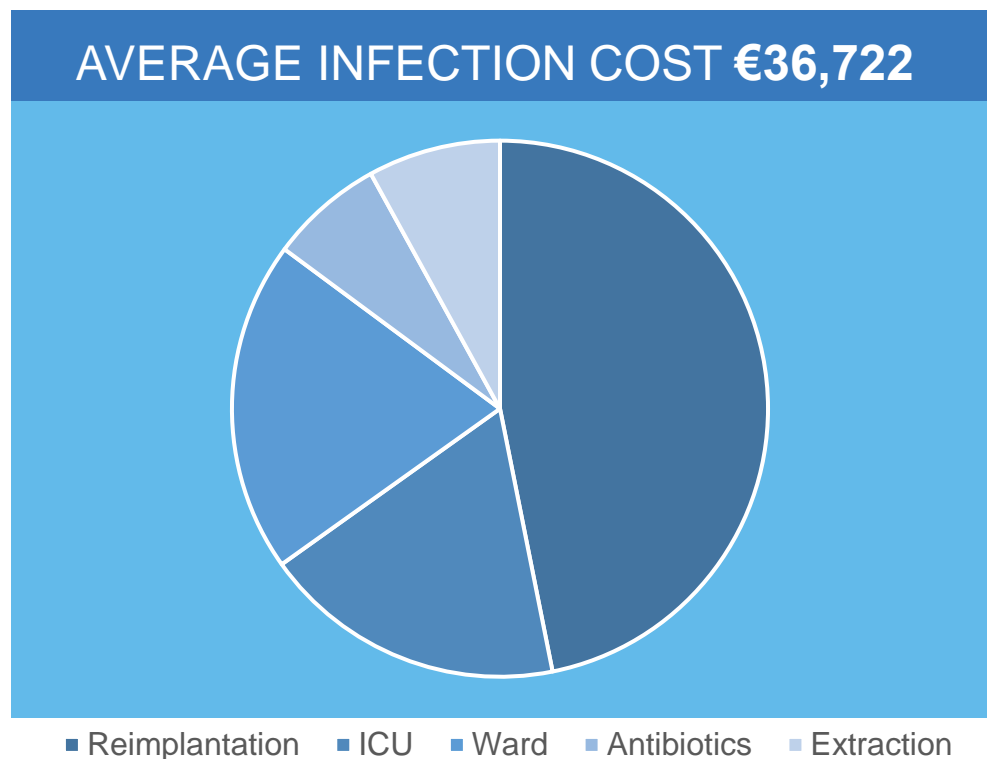
- Retrospective cohort study of 200,219 Medicare fee-for-service patients admitted for CIED generator implantation, replacement, or revision surgery
- ~50% mortality at 3 years in patients with CIED Infections



# DEVICE RELATED INFECTION COSTS IN EUROPE<sup>1</sup>

**€36,722** COST OF INFECTION (PROVIDER PERSPECTIVE)

**~26-29 days** AVERAGE LENGTH OF HOSPITAL STAY



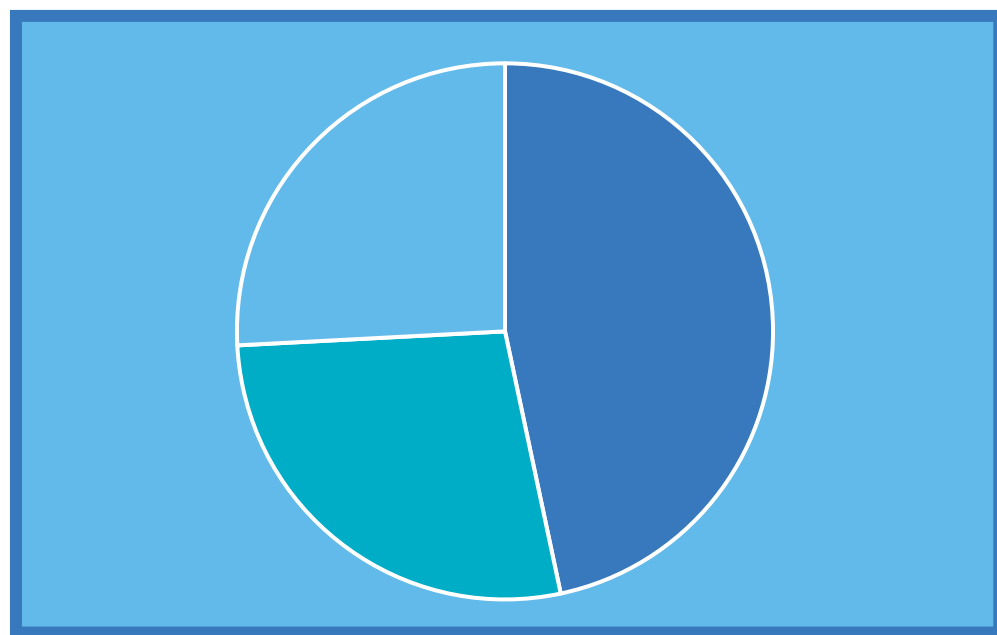
Re-implantation makes up **≈50%** of device infection cost, so treatment of infections with High Power devices has a higher cost than Low Power devices, due to the more expensive reimplantation

1. Ahsan et al. *Europace*. 2014;16(10):1482-1489.

# DEVICE RELATED INFECTION COSTS IN EUROPE<sup>1</sup>

**€59,419** INCREMENTAL COST OF MAJOR CIED INFECTION (PAYER PERSPECTIVE)

**€31,493 – 33,777** COST FOR CIED POCKET INFECTION (PRIMARY IMPLANT – REVISION)



■ MAJOR ■ REVISION ■ PRIMARY



Re-hospitalization makes up **≈50%** of major infection cost. Treatment of major infections has a higher cost than pocket infections, due to the prolonged course of infective endocarditis treatment

1. Ludwig S, et al. *J Comp Eff Res.* 2018;7:483-492.

# TAUROPACE™ CARDIAC DEVICE IRRIGATION

- Locally delivered, adjunctive antimicrobial protection **prevents CIED infections**
- Polyvinylpyrrolidone locally elutes taurolidine to reach MIC tissue concentrations **within 2 hours of use**
- Does **not** contain **antibiotics**  
**No resistance** patterns observed
- Liquid solution – **no** foreign body nidus for potential **infection**
- After delivering all **antimicrobial actions**, Taurine is the only leftover – **Taurine enhances wound healing**

Henke J, et al. *European Journal of Arrhythmia & Electrophysiology*. 2022;8.  
Wu L et al. *Ann Transl Med*. 2021;9:1010.  
Radakovic S, et al. *Antibiotics*. 2020;9:166

