Media Contact
Jill Carey-Hargrave, (224) 948-5353
media@baxter.com

Investor Contact
Clare Trachtman, (224) 948-3085

BAXTER PRESENTS DATA ON THE ROLE OF SHARESOURCE TELEHEALTH PLATFORM IN HELPING THE CLINICAL MANAGEMENT OF PERITONEAL DIALYSIS PATIENTS

- *New data identify a potential role for SHARESOURCE remote patient management in earlier identification of peritonitis*
- *Additional data show how the remote patient management platform may help detect potential catheter dysfunction*
- *SHARESOURCE platform has helped healthcare providers remotely manage more than 1 million PD treatments globally*

NEW ORLEANS, NOV. 7, 2017 – Baxter International Inc. (NYSE:BAX), a global innovator in renal care, presented new data on SHARESOURCE, the company's remote patient management platform, indicating the potential value of this telehealth platform to improve clinical management of peritoneal dialysis (PD) patients. Presented at the American Society of Nephrology's annual Kidney Week Congress, Oct. 31- Nov. 5, the exploratory studies show how SHARESOURCE data may provide an early indicator of impending peritonitis, or evidence of PD catheter dysfunction. If these factors are diagnosed and proactively managed earlier, it may help prevent costly complications or PD technique failure.

SHARESOURCE, which has helped remotely manage more than 1 million PD therapy treatments globally, is a two-way, cloud-based technology platform that is featured in Baxter's AMIA automated PD (APD) system and HOMECHOICE CLARIA APD system. SHARESOURCE allows healthcare providers to securely view their patients' recently completed home dialysis-related treatment data that is automatically collected after each PD session. Healthcare providers can then act on this information by remotely adjusting their patients' home device settings without requiring them to travel to the clinic.

"We are seeing growing evidence that reinforces the value remote patient management provides dialysis providers and their PD patients," said James Sloand, M.D., senior medical director, Baxter. "The ability to have earlier visibility to a patient's daily therapy sessions allows clinicians the ability to provide earlier intervention in response to patient clinical issues that may lead to missing or inadequate therapy, or even cause early PD dropout."

Using SHARESOURCE for Early Suspicion of Peritonitis Episodes

Peritonitis is a condition usually brought on by infection and causes inflammation of the tissue that lines the inner wall of the abdomen. It is a well-known complication for PD patients and a leading cause of technique failure that can lead to therapy dropout.

Ultrafiltration (UF), a key target of dialysis treatment, is the amount of fluid volume removed from a patient. While patient ultrafiltration varies somewhat on a daily basis, there is usually some consistency in the UF seen from day to day for an individual patient.

In a retrospective study, "Help of Remote Patient Monitoring in the Assessment of Changes in Ultrafiltration Before, During and After a Peritonitis Episode in Patients on APD" (Abstract #TH-PO870), clinicians at the Hospital Belisario Domínguez, Mexico City, looked at data obtained from the SHARESOURCE remote patient management platform. The exploratory review looked at changes in ultrafiltration before, during and after a peritonitis episode of 10 patients diagnosed with peritonitis.

Analysis of the data showed significant differences in ultrafiltration depending on temporal proximity to the episode of peritonitis as follows:

	7 Days Before Onset of Peritonitis	1 Day Before Onset of Peritonitis	During the Peritonitis Event	3-7 Days After Onset of Peritonitis
Ultrafiltration	+194 mL	-302 mL	-1,062 mL	-319 mL

"This is the first study to show how remote patient management data can be used to detect changes in ultrafiltration, information which might be used by physicians in the future as an early clue to trigger investigation for peritonitis," said Mario Rojas, M.D., Director, Hospital Belisario Domínguez Hospital, Mexico City.

Using SHARESOURCE to Detect Late Catheter Dysfunction

Despite significant advancements in the management of PD, catheter dysfunction remains a major cause of therapy dropout, with some studies estimating that it accounts for 20 percent to 25 percent of permanent transition to hemodialysis. "Late" catheter dysfunction, defined here as occurring at least one month after therapy begins, can be caused by leaks, perforation, obstruction or infection.

In a study, "Pattern of Late Catheter Dysfunction in APD Patients Detected through Remote Patient Monitoring and its Impact in Therapy Total Time" (Abstract #PUB347), clinicians at Hospital Belisario Domínguez in Mexico City reported recently implementing Baxter's SHARESOURCE technology for 216 patients who were already on PD. At initial assessment, four patients were found to have an abnormal pattern of PD catheter drainage time, a factor that reduces the total effective dialysis time, reducing waste and fluid removal.

The clinicians, along with Baxter researchers, used SHARESOURCE data to compare these four patients with 10 randomly selected patients who did not show abnormal drainage. The team looked at total therapy time (median time in minutes per therapy session), median catheter drainage time, median catheter infusion time, and ultrafiltration. The results are included in the table below; no differences were found in blood pressure levels or occurrence of edema between the groups.

Patient Group	Median Total Therapy Time	Median Drainage Time	Median Ultrafiltration
1 – abnormal drainage	335 minutes	179 minutes	594 mL
2 – normal drainage	409 minutes	92 minutes	1,187 mL

The assessment demonstrated patients with catheter dysfunction had increased drainage time and lost effective therapy time. Clinicians also found a correlation between lost therapy time and lower ultrafiltration.

Early identification of abnormal PD catheter flow patterns using SHARESOURCE can inform clinicians about the need to mitigate problems that can lead to suboptimal dialysis outcomes.

AMIA with SHARESOURCE is available in the United States and Canada. The SHARESOURCE remote patient management platform is also available in Europe and select Asian and Latin American countries on Baxter's HOMECHOICE CLARIA system.

About Baxter

Baxter provides a broad portfolio of essential renal and hospital products, including home, acute and in-center dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; surgery products and anesthetics; and pharmacy automation, software and services. The company's global footprint and the critical nature of its products and services play a key role in expanding access to healthcare in emerging and developed countries. Baxter's employees worldwide are building upon the company's rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.

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Rx Only. For safe and proper use of the devices mentioned herein, refer to the complete instructions in the Operator's Manual.

This release includes forward-looking statements concerning AMIA, HOMECHOICE CLARIA and SHARESOURCE remote patient management platform, including potential benefits associated with their use (including the potential earlier detection of peritonitis). 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: 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.

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