

# You have the power to stop GI bleeding in its tracts.

Hemospray<sup>®</sup>, clinically proven  
performance across the globe

50+

clinical studies

8+

years on the market

90+

global markets served

Proven to deliver high rates of hemostasis for a  
range of GI bleeds, with lower rebleeding than  
the predicted rate<sup>4</sup>



**Peptic ulcer-related bleeding:**

**88%<sup>1</sup>**

Hemostasis rate

**17%<sup>1</sup>**

low rebleed rate

	Monotherapy (n=50)	Combination (n=101)	Rescue (n=50)
Hemostasis rate <sup>1</sup>	88%	89%	86%
30-day mortality <sup>1</sup>	32%	16%	25%
Rebleed rate <sup>1</sup>	16%	15%	22%

Median Rockall Score (RS) <sup>4</sup>	7
RS 7 predicted rebleed rate <sup>4</sup>	25-40%
RS 7 predicted mortality rate <sup>4</sup>	20-30%
Median Blatchford Score <sup>4</sup>	13

**“Hemospray provides a promising alternative bridging option towards definitive treatment with surgery/radiotherapy in [peptic ulcer-related bleeding] patients.”<sup>3</sup>**  
**“Patients can be stabilized and planned for the appropriate definitive intervention.”<sup>3</sup>**

**Malignancy-related bleeding:**

**97%<sup>3</sup>**

Hemostasis rate

**15%<sup>3</sup>**

low rebleed rate

	Monotherapy (n=70)	Combination (n=26)	Rescue (n=9)
Hemostasis rate <sup>3</sup>	100%	88%	100%
30-day mortality <sup>3</sup>	23%	0%	0%
Rebleed rate <sup>3</sup>	15%	18%	13%

Median Rockall Score (RS) <sup>4</sup>	9
RS 9 predicted rebleed rate <sup>4</sup>	>40%
RS 9 predicted mortality rate <sup>4</sup>	>40%
Median Blatchford Score <sup>4</sup>	10

**“Treatment with Hemospray significantly reduced transfusion requirements (P < 0.001). The significant improvement in transfusion requirements remained when Hemospray was used as a monotherapy.”<sup>3</sup>**

Transfusion requirements after Hemospray	N	Blood units, mean + standard deviation		Change in blood units, mean (95% confidence interval)	P value
		Pre-Hemospray	Post-Hemospray		
All patients treated with Hemospray (monotherapy, combination therapy, rescue therapy) <sup>3</sup>	73*	2.5 ± 2.0	1.5 ± 2.5	-1.0 (-1.6, -0.4)	< 0.001
Patients treated with Hemospray monotherapy <sup>3</sup>	45	2.3 ± 2.0	1.4 ± 2.5	-0.9 (-1.6, -0.1)	< 0.05

\* Transfusion data were missing for the other 32 patients.

**Post-endoscopic therapy bleeding:**

**100%<sup>3</sup>**

Hemostasis rate

	Monotherapy (n=21)	Combination (n=37)	Rescue (n=15)
Hemostasis rate <sup>2</sup>	100%	100%	100%
30-day mortality <sup>2</sup>	6%	0%	0%
Rebleed rate <sup>2</sup>	6%	4%	0%

Median Rockall Score (RS)<sup>2</sup> **6**

RS 6 predicted rebleed rate<sup>5</sup> **15-33%**

Median Blatchford Score<sup>2</sup> **5**

*Note: Refer to published study (source 2) for full details on procedural descriptions as well as location and cause of intraprocedural bleeding.*

**“Hemospray is safe and effective in achieving immediate haemostasis following uncontrolled and progressive intraprocedural blood loss post-endoscopic therapy, with a low re-bleed rate.”<sup>4</sup>**

**Patients on antithrombotic therapy:**

**89%<sup>4</sup>**

Hemostasis rate

**11%<sup>4</sup>**

low rebleed rate

	Monotherapy (n=31)	Combination (n=54)	Rescue (n=22)
Hemostasis rate <sup>4</sup>	90%	89%	86%

Median Rockall Score (RS)<sup>4</sup> **8**

RS predicted rebleed rate<sup>4</sup> **25-40%**

RS predicted mortality rate<sup>4</sup> **40-45%**

Median Blatchford Score<sup>4</sup> **12**

**Bleeding from severe inflammation:**

**91%<sup>4</sup>**

Hemostasis rate

**9.4%<sup>4</sup>**

low rebleed rate

	Monotherapy (n=22)	Combination (n=10)	Rescue (n=3)
Hemostasis rate <sup>4</sup>	86%	100%	100%

Median Rockall Score (RS)<sup>4</sup> **7**

RS predicted rebleed rate<sup>4</sup> **25-40%**

RS predicted mortality rate<sup>4</sup> **20-30%**

Median Blatchford Score<sup>4</sup> **10**

## Definitions

**Monotherapy:** use of Hemospray on its own

**Combination:** use of Hemospray alongside one or more conventional modalities, such as adrenaline injection, thermocoagulation, or mechanical clips

**Rescue therapy:** use of Hemospray after conventional modalities failed to achieve hemostasis

**Please refer to the product's Instructions for Use (IFU) for full prescribing information, warnings, precautions, contraindications, and potential adverse events.**

**Not available in all markets. Consult with your local Cook representative or customer service center for details.**

1. Hussein M, Alzoubaidi D, Lopez M-F, et al. Hemostatic spray powder TC-325 in the primary endoscopic treatment of peptic ulcer-related bleeding: multicenter international registry. *Endoscopy*. 2021;53(1):36-43.
2. Hussein M, Alzoubaidi D, de la Serna A, et al. Outcomes of Hemospray therapy in the treatment of intraprocedural upper gastrointestinal bleeding post-endoscopic therapy. *United European Gastroenterol J*. 2020;8(10):1155-1162.
3. Hussein M, Alzoubaidi D, O'Donnell M, et al. Hemostatic powder TC-325 treatment of malignancy-related upper gastrointestinal bleeds: international registry outcomes. *J Gastroenterol Hepatol*. 2021. doi: 10.1111/jgh.15579. Epub ahead of print. PMID: 34132412.
4. Alzoubaidi D, Hussein M, Rusu R, et al. Outcomes from an international multicenter registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray. *Dig Endosc*. 2020;32(1):96-105.
5. Adapted from Rockall TA, Logan RF, Devlin HB, et al. Risk assessment after acute upper gastrointestinal haemorrhage. *Gut*. 1996;38(3):316-321.

For more information on Hemospray, visit:  
[hemospray.cookmedical.com](https://hemospray.cookmedical.com)

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