



Steady concentration peritoneal dialysis using the Carry Life UF system increased ultrafiltration volume nearly threefold and sodium removal nearly tenfold versus a standard 2.5% dextrose CAPD exchange, while improving glucose efficiency, supporting its potential to enhance fluid management in PD patients

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A prospective, multicenter, randomized, crossover study showed that steady concentration peritoneal dialysis (SCPD) using the Carry Life UF system improves ultrafiltration and peritoneal sodium removal versus a standard 2.5% dextrose continuous ambulatory peritoneal dialysis (CAPD) exchange, with a lower metabolic cost and a favorable safety profile in the home setting over four weeks, with consistent effect across all participants and key clinical subgroups.

The investigational Carry Life UF system is designed to maintain stable glucose concentration throughout the PD exchange, thereby enabling greater ultrafiltration and peritoneal sodium removal, potentially providing a means to reduce uncontrolled fluid overload episodes, associated with increased morbidity and mortality, and the rate of transfer to hemodialysis.

Triomed is using these findings to support ongoing regulatory applications in Europe for the Carry Life UF system, while planning a registry study as part of post-market clinical follow-up to further evaluate steady concentration peritoneal dialysis in real-world clinical practice.

LUND, Sweden, June 4, 2026 — Triomed AB today announced positive results from a prospective, multicenter, randomized, crossover study evaluating steady concentration peritoneal dialysis using the Carry Life UF system in adult patients undergoing CAPD. The study demonstrated significant improvements in ultrafiltration, peritoneal sodium removal and glucose ultrafiltration efficiency (ultrafiltration volume in relation to glucose absorption) compared with standard 2.5% dextrose CAPD in the home setting over four weeks. The study results were presented as a Focussed Oral presentation based on a late-breaking clinical trial abstract at the European Renal Association (ERA) Congress in Glasgow, United Kingdom, and simultaneously published in the Journal of the American Society of Nephrology (JASN).

In this study, participants received their standard CAPD treatment during the control arm, whereas in the Carry Life UF arm, one daily 2.5% dextrose exchange was replaced by a Carry Life UF treatment three days per week, and by a 1.5% dextrose CAPD exchange on the remaining four days. A total of 19 participants completed the study (mean age 56 years, six women, seven participants had diabetes).

The ultrafiltration volume primary endpoint was met, with Carry Life UF demonstrating superiority over control by exceeding the prespecified superiority margin of 250 mL. The mean increase in ultrafiltration volume was 381 mL (95% CI, 285 to 477), with a mean ultrafiltration volume of 513 mL for the Carry Life UF total group compared with 132 mL for the control. Carry Life UF also resulted in greater peritoneal sodium removal compared with control, with a mean increase of 43 mmol per exchange (95% CI, 32 to 54), reflecting a mean of 48 mmol per exchange with Carry Life UF versus



5.5 mmol with control. Glucose ultrafiltration efficiency was more than twice that of control, indicating that increased peritoneal fluid removal can be achieved with lower glucose absorption. The adverse event profile observed in the study was reassuring, with no unexpected safety signals and similar frequency in two study arms.

“Steady concentration peritoneal dialysis delivered with the Carry Life UF system has the potential to enable a step change in the prescription of peritoneal dialysis, reducing the need for hypertonic dextrose solutions while delivering effective ultrafiltration and peritoneal sodium removal,” said Associated Professor Olof Heimbürger, Senior Nephrologist at Karolinska Institutet, Stockholm, Sweden. “Fluid overload remains one of the most important challenges in peritoneal dialysis, affecting a large proportion of patients and contributing to increased morbidity and mortality. The Carry Life UF system may offer a new approach to reduce uncontrolled fluid overload and the risk of transition to hemodialysis.”

“Triomed is using these findings to support ongoing regulatory applications in Europe for the Carry Life UF system, while planning a registry study as part of post-market clinical follow-up to further evaluate steady concentration peritoneal dialysis in real-world clinical practice, and further a pediatric investigation as required by the European Medicines Agency,” said Mats Wahlström, Chairman of the Board of Triomed. “We are extremely grateful to the Triomed team for their tireless efforts in advancing this technology, and to the investigators for their rigorous work in conducting the study, as well as to all our dedicated investors for their continued long-term support in enabling the development of this breakthrough innovation.”

About Carry Life UF System

The Carry Life UF 200 system consists of two medical devices, the Carry Life UF 200 cyclor and a compatible single use Carry Life UF 200 line set, together with a medicinal product, a 50% glucose solution, designed for performing peritoneal dialysis using the steady concentration peritoneal dialysis (SCPD) approach. SCPD maintains a stable glucose concentration in the peritoneal fluid throughout treatment. During therapy, dialysis fluid is circulated from the patient, with small amounts of glucose added before being returned to the peritoneal cavity, thereby sustaining the osmotic gradient.

The line set connects the system to the patient’s peritoneal dialysis catheter, while the cyclor controls fluid transfer and glucose dosing. The system is portable and powered by a rechargeable lithium-ion battery.

About Clinical Trial Tmed-010 – NCT058774804

This was a prospective, multicenter, randomized, crossover study evaluating steady concentration peritoneal dialysis using the Carry Life UF system in adult patients undergoing continuous ambulatory peritoneal dialysis (CAPD) across multiple centers in Italy, Sweden and the United Kingdom.

Following an in-clinic phase to determine the appropriate Carry Life UF glucose dose, participants were randomized to start with either standard CAPD treatment or Carry Life UF therapy in the home setting, with each treatment period lasting four weeks. The primary endpoint was ultrafiltration volume, comparing a standard 2.5% dextrose CAPD exchange with Carry Life UF treatment. Secondary endpoints included adverse event rates, peritoneal sodium removal, glucose ultrafiltration efficiency, and peak dialysate glucose concentration.



References:

1. Ates K, Nergizoglu G, Keven K, et al. Effect of fluid and sodium removal on mortality in peritoneal dialysis patients. *Kidney Int.* 2001;60(2):767–776. doi:10.1046/j.1523-1755.2001.060002767.x.
2. Heimbürger O, Hegbrant J, Martus G, et al. Effects of steady glucose concentration peritoneal dialysis on ultrafiltration volume and sodium removal: a pilot crossover trial. *Clin J Am Soc Nephrol.* 2024;19(2):224–232. doi:10.2215/CJN.0000000000000342.
3. Wilkie M, de Leon C, Carlsson O, Hegbrant J, Heimbürger O. A clinical study of efficacy and safety of the Carry Life UF system in continuous ambulatory peritoneal dialysis patients: protocol for a prospective, multicenter, randomized, crossover study. *BMC Nephrol.* 2025;26(1):174. doi:10.1186/s12882-025-04095-2.
4. Wilkie M, Heimbürger O, de Leon C et Al. Ultrafiltration and Sodium Removal in Steady Concentration Peritoneal Dialysis. A Prospective, Multicenter, Randomized, Crossover Study. *J Am Soc Nephrol.* Published online June 4, 2026.

About Triomed AB

Triomed is a Swedish-based medical technology company focused on advancing innovation in peritoneal dialysis to improve outcomes and quality of life for patients with kidney failure. Founded in Lund, Sweden, Triomed brings together expertise in medicine, engineering and business to address the limitations of current peritoneal dialysis therapies.

Supported by committed long-term shareholders and guided by an experienced board and multidisciplinary team, Triomed has focused on developing solutions that enable more effective and patient-centered dialysis. Peritoneal dialysis is widely recognized as a preferred therapy due to its ability to support home-based treatment and preserve patient independence; however, current limitations may restrict the time patients remain on this therapy.

Triomed has developed the Carry Life UF system to enable steady concentration peritoneal dialysis, a novel approach designed to improve fluid and sodium management while reducing glucose exposure. The company's mission is to extend access to the benefits of peritoneal dialysis and to support improved clinical outcomes and quality of life for patients worldwide.

Triomed AB is a majority-owned company of Frankenius Equity AB.

To learn more: [triomed.se](https://www.triomed.se) or [triomed.se/news-and-events/](https://www.triomed.se/news-and-events/) or follow us on [LinkedIn](#).

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Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements regarding the Carry Life UF system and steady concentration peritoneal dialysis (SCPD), including statements related to regulatory applications in Europe, post-market clinical follow-up activities, planned registry studies, and potential future clinical investigations, including



pediatric evaluation. These statements reflect Triomed's current beliefs and expectations.

However, as with any medical technology and therapeutic approach, there are substantial risks and uncertainties related to research, clinical development, regulatory approval and commercialization. Among other things, there can be no guarantee that ongoing regulatory applications will be approved as expected, that planned or ongoing studies will be completed as planned, that future clinical results will be consistent with results observed to date, or that the Carry Life UF system will achieve widespread adoption in clinical practice.

Except as required by applicable law, Triomed undertakes no obligation to update forward-looking statements to reflect events or circumstances after the date of this release.

Refer to:

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