Lung Report Interpretation

1 Summary

StratX provides a non-invasive radiological assessment to determine a patient's candidacy for Zephyr Valves.

StratX lung reports contain tabulated lobar data on:

- Fissure completeness
- Destruction score
- Volume

2 Fissure Completeness

Fissure completeness is a demonstrated predictor of Zephyr Valve success.[4]

Fissure completeness key:

- For fissure completeness scores of >80%, fissure integrity should be confirmed using Pulmonx's Chartis® Pulmonary Assessment System to ensure that the target lobe is negative for collateral ventilation
- A fissure completeness score of <80% indicates the presence of collateral ventilation in that lobe and the lobe should not be considered for treatment with Zephyr Valves

3 Destruction Scores[1–3]

- Lobar Destruction Score values of >50% at -910 HU were inclusion criteria for various Zephyr Valve clinical trials
- Lobar Destruction Score values of <50% at -910 HU are generally not considered as potential targets

4 Inspiration Volume

- Inspiration Volume represents the volume of each lobe in milliliters
- Inspiration volume helps identify the most hyperinflated lobe targets

While the summary section provides a good quick reference, the actual values in the results table should be reviewed before making a decision on which lobe(s) to target.

Complications of the Zephyr Endobronchial Valve treatment can include but are not limited to pneumothorax, worsening of COPD symptoms, hemoptysis, pneumonia, dyspnea and, in rare cases, death.

1. Criner, GJ, Sue, R, Wright, S, Dransfield, M, Rivas-Perez H, Wiese, T, Sciurba, FC, Shah, PL, Wahidi, MM, de Oliveira, HG, & Morrissey, B. A multicenter randomized controlled trial of Zephyr endobronchial valve treatment in heterogeneous emphysema (LIBERATE). Am J Respir Crit Care Med, 2018; 198(9), 1151–1164 and data on file for Zephyr Valve.
2. Valipour, A, Slebos, DJ, Herth, F, Darwiche, K, Wagner, M, Ficker, JH, & Eberhardt, R. Endobronchial valve therapy in patients with homogeneous emphysema. Results from the IMPACT study. Am J Respir Crit Care Med, 2016; 194(9), 1073–1082 and data on file.
3. Kemp, SV, Slebos, DJ, Kirk, A, Kornaszewska, M, Carron, K, Ek, L, & Briault, A. A multicenter randomized controlled trial of Zephyr endobronchial valve treatment in heterogeneous emphysema (TRANSFORM). Am J Respir Crit Care Med, 2017; 196(12), 1535–1543.
4. Herth, FJ, Noppen, M, Valipour, A, Leroy, S, Vergnon, JM, Ficker, JH & Ernst, A. Efficacy predictors of lung volume reduction with Zephyr valves in a European cohort. Eur Respir J, 2012; 39(6), 1334–1342.
5. Slebos, DJ, Shah, PL, Herth, FJ & Valipour, A. Endobronchial valves for endoscopic lung volume reduction: best practice recommendations from expert panel on endoscopic lung volume reduction. Respir, 2017;93(2), 138-150.

Brief Statement: The Pulmonx Zephyr® Endobronchial Valves are implantable bronchial valves indicated for the bronchoscopic treatment of adult patients with hyperinflation associated with severe emphysema in regions of the lung that have little to no collateral ventilation. The Zephyr Valve is contraindicated for: Patients for whom bronchoscopic procedures are contraindicated; those with evidence of active pulmonary infection; known allergies to Nitinol (nickel-titanium) or its constituent metals (nickel or titanium); known allergies to silicone, or with large bullae encompassing greater than 30% of either lung; Patients who have not quit smoking. The Zephyr Valve should be used with caution and only after careful consideration in treating patients with: Prior lung transplant, LVRS, median sternotomy, or lobectomy; Congestive heart failure or recent myocardial infarction; FEV_1 <15% of predicted value. Use is restricted to a trained physician. Prior to use, please reference the Zephyr Endobronchial Valve System Instructions for more information on indications, contraindications, warnings, all precautions, and adverse events.

Brief Statement: The Chartis® System is indicated for use by bronchoscopists during a bronchoscopy in adult patients with emphysema, a form of Chronic Obstructive Pulmonary Disease (COPD), in a bronchoscopy suite. The system, composed of the Chartis Catheter and Chartis Console, is designed to measure pressure and flow in order to calculate resistance to airflow and quantify collateral ventilation in isolated lung compartments. The Chartis Catheter is used through the working channel of a bronchoscope and connects to the Chartis Console. The Chartis Console is capital equipment that is reusable and displays the patient information. The Chartis System is contraindicated in the presence of active infection or major bleeding diathesis. There are no known interfering substances. Use is restricted to a trained physician. Prior to use, please reference the Chartis System Instructions for Use/User Manual for more information on indications, contraindications, warnings, all precautions, and adverse events.

Caution: Federal law restricts this device to sale by or on the order of a physician.

pulmonX®

zephyr® valve

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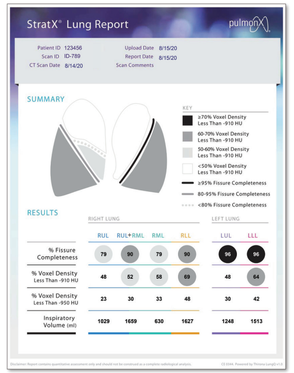
Redwood City, CA 94063

US-EN-235-v4 August 2021 StratX Brochure

pulmonX®

StratX® Lung Analysis Platform
Treat with Confidence



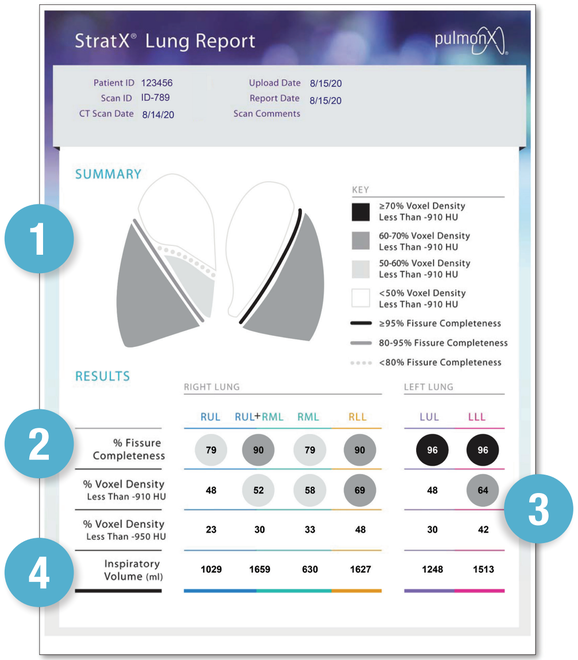
A cloud-based quantitative CT analysis service that supports Zephyr Valve patient selection and clinical outcome optimization

Zephyr Valve treatment is the most rigorously studied **MINIMALLY-INVASIVE** treatment for severe emphysema and is proven to improve patients' **BREATHING FUNCTION**, **EXERCISE CAPACITY,** and **QUALITY OF LIFE**.[1–3]

zephyr® valve

Target Lobe Selection

StratX provides fissure completeness, emphysema density, and inspiratory volumes to allow identification of target lobes that are good candidates for treatment with Zephyr Valves.



Features a **USER-FRIENDLY DESIGN** for clear interpretation and ease of use

StratX Features

Lung analysis platform enables you to:

- Screen treatment candidates non-invasively
- Choose between multiple potential treatment targets if applicable
- Enhance case planning and optimize procedure time
- Post-treatment analysis of Zephyr Valve procedure to ensure optimal valve placement
- Educate referrers about the optimal candidate for Zephyr Valve therapy
- Educate patients using user-friendly reports

StratX Workflow

Capture CT Scan — Capture a high resolution chest CT scan according to the StratX CT parameters.

De-identify CT Scan — The CT should be de-identified to your institution's standards prior to upload.

Upload CT Scan — Use web browser to upload CT scan to the secure, cloud-based (www.pulmonxstratxusa.com) StratX platform.

- Use a Java-enabled browser or Google Chrome or Firefox
- Standard PHI DICOM fields are anonymized during the upload process as a secondary PHI removal step
- Secure 256 bit SSL socket level encryption

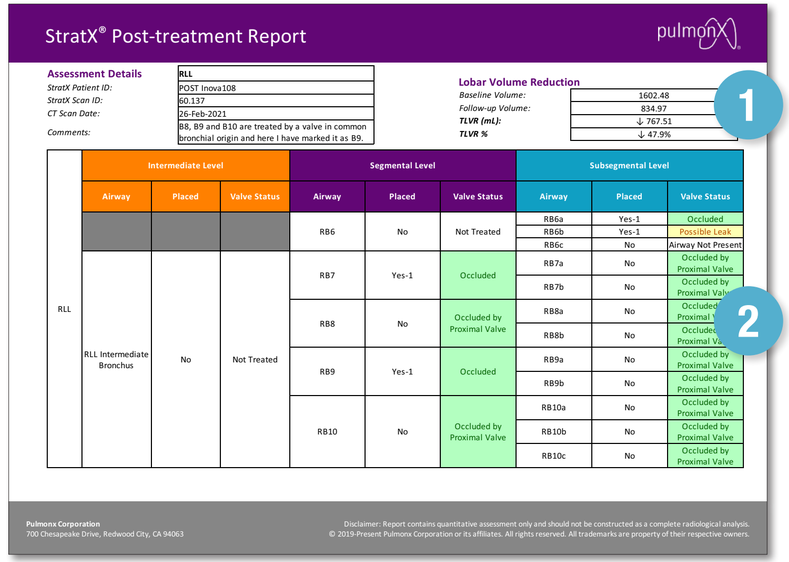
Analyze Data + Generate Report — Data is analyzed by validated algorithms and the StratX report is uploaded to the StratX platform within 2-3 working days.

Review Report + Confidently Determine Treatment Options — Access www.pulmonxstratxusa.com to review the report to determine the most suitable treatment option for your patient.

StratX Post-Treatment Report Benefits

Some patients report loss of benefit or no improvement after treatment. When loss of benefit or no benefit is reported, valve adjustment via re-bronchoscopy is recommended and has demonstrated to improve patient outcomes.[5]

StratX Post Treatment Reports provide non-invasive radiological assessment of Zephyr Valves



1 **Quantitative Assessment of Pre- & Post-volumes of Treated Lobes**

2 **Radiological Assessment of Valve Presence & Valve Seal Quality**