

LungTraX™ Detect CT in Action



Success Story: StatCare Pulmonary Associates, Knoxville, TN

Accelerating Patient Identification

Since implementing LungTraX Detect CT on November 11, 2024, StatCare Pulmonary Associates has experienced firsthand how automated CT analysis¹ can accelerate the path to treatment for emphysema patients.

In just a few months, 1,610 CT scans were sent through LungTraX Detect CT, helping identify 128 patients with destruction patterns consistent with Zephyr® Valve eligibility - patients who may have otherwise not received further evaluation for Zephyr Valve eligibility.

Driving Actionable Insights

LungTraX Detect CT seamlessly integrates into StatCare's workflow by automatically processing lung cancer screening and non-contrast chest CTs from StatCare's PACS¹. Based on user-configurable -910 HU and -950 HU thresholds, patients are identified for further investigation. These insights enable Varun Shah, MD to confidently identify and evaluate new candidates for Zephyr Valve treatment.

Over a 6-month period, LungTraX Detect CT has helped Dr. Shah identify over ten patients who meet criteria for Zephyr Valves, four of whom have already been treated.



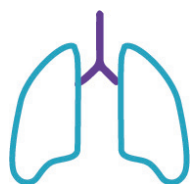
"LungTraX Detect CT has enabled us to identify patients we otherwise would have missed, even within our own practice. It's now an essential part of our patient identification process." – **Varun Shah, MD***

Patient Spotlight: A Life Changed in Just Over a Month

The first Detect CT-identified patient treated by Dr. Shah originally came to him for lung cancer screening. During the screening, a nodule was found and biopsy-confirmed negative for cancer. The patient's follow-up CT scan was obtained on December 3, 2024 and automatically processed by LungTraX Detect CT, which identified a lobe with destruction score values of 79% (-910 HU) and 61% (-950 HU). A full StratX® Report was obtained within the LungTraX Platform using the same CT scan, confirming the LUL as the primary target. The Chartis® System was used to confirm the patient's CV- status and four Zephyr Valves were placed, just 38 days after the patient was identified by the system.

* Dr. Shah is a paid consultant of Pulmonx Corporation.

¹ Pulmonx's LungTraX and StratX Reports helps present information from CT scans analyzed by FDA-cleared software (Thirona's LungQ, K232412) for quantitative assessment of lung structure and function to support clinical decision making, diagnosis and follow-up. LungTraX assists healthcare providers with visualizing this LungQ data, which may suggest the presence of emphysema. Refer to Thirona's indications for use here: https://www.accessdata.fda.gov/cdrh_docs/pdf23/K232412.pdf



TLVR:
100%
ACHIEVED



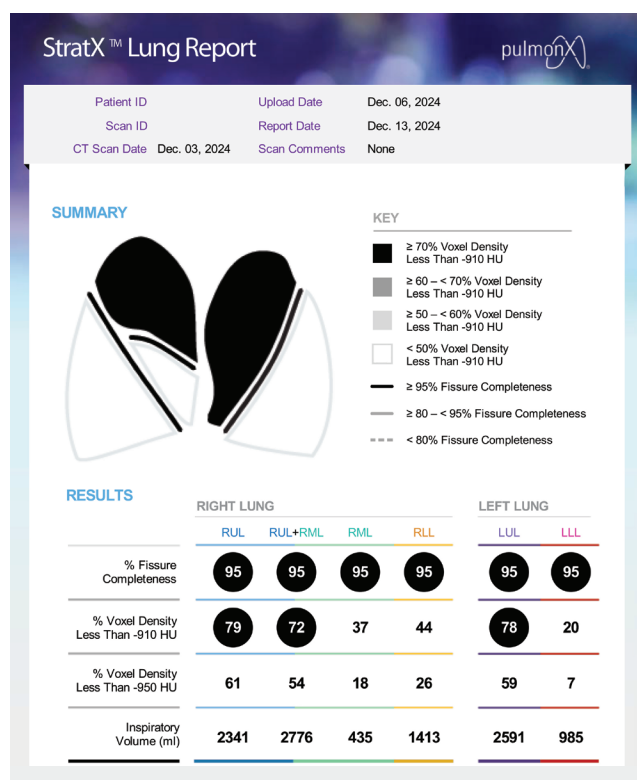
6MWD:
75 Meter
IMPROVEMENT



OXYGEN USAGE:
4-6 L/min →
ROOM AIR



TIME TO TREAT:
38 Days
DURATION



“LungTraX Detect CT enables us to automatically analyze chest CTs we already acquire for reasons like lung cancer screening or post-procedure follow up, for the presence of potential emphysema. This new tool provides a clinical advantage by opening a new treatment path for patients who may otherwise not be evaluated for treatment with Zephyr Valves.”

– Varun Shah, MD

Learn more about LungTraX Detect CT by contacting your local Pulmonx representative.

Important Safety Information: 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, lobectomy, or pleurodesis on the target lung side; Congestive heart failure or recent myocardial infarction; FEV1 <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.

Important Safety Information: 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.