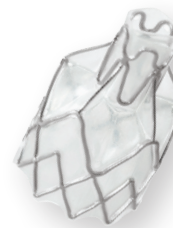


Clarifying Treatment Pathways for COPD



Even on optimal medical management, patients with severe COPD and emphysema may continue to experience breathlessness. It's important to treat the source of their symptoms, as well as any conditions that elevate their risk of exacerbations.

Zephyr® Endobronchial Valves treat hyperinflation, the primary source of symptoms in patients with severe emphysema. For patients with a history of exacerbations, biologics may reduce inflammation and decrease future flare-ups.^{1,2}

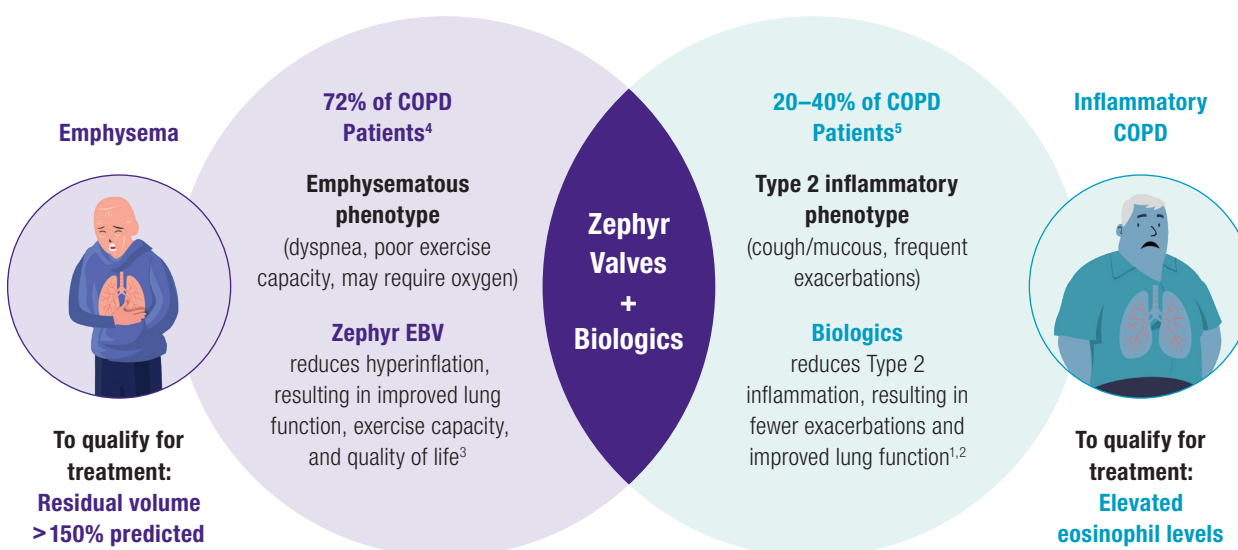
Zephyr Endobronchial Valve Therapy

A patient with dyspnea may be suffering from hyperinflation, where trapped air makes it harder to breathe. In these patients, Zephyr Valves are used to reduce hyperinflation, improving breathing mechanics and allowing patients to breathe easier.³ Simple tests, like pulmonary function testing and CT scans, can help determine if they are a potential candidate and should be evaluated further.

Biologics

Patients who experience frequent exacerbations leading to hospitalization may have symptoms driven by underlying inflammation. These individuals could benefit from biologic therapies, which are specifically designed to target type 2 inflammation in eosinophilic COPD. A simple blood test to measure eosinophil levels can help determine whether a patient is a suitable candidate for this treatment.

Zephyr Endobronchial Valve Therapy + Biologics



For some patients, both treatments may be appropriate. For example, a patient who is frequently hospitalized due to exacerbations and also feels breathless due to hyperinflation could first be stabilized with biologics, then evaluated for Zephyr Valves to improve their breathing.



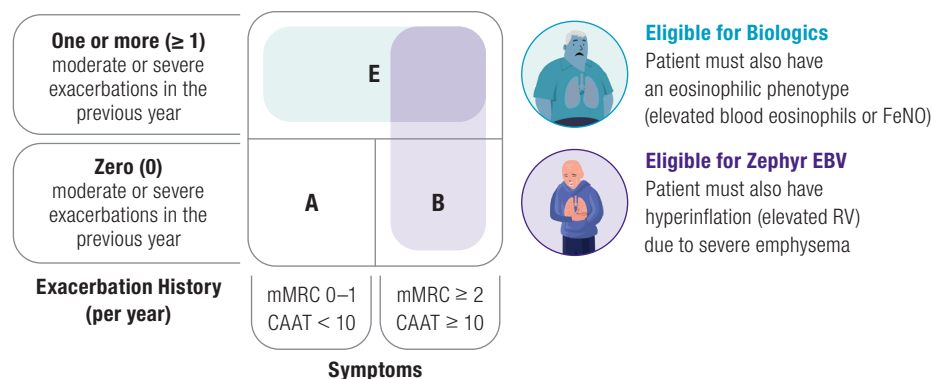
A complementary approach.

Zephyr[®] Endobronchial Valves and biologics address distinct pathophysiological aspects of severe COPD/emphysema, making them complementary rather than competing treatment options.

Both therapies target different patient phenotypes and accomplish different goals. Biologics reduce inflammation over time, leading to reduced exacerbation rates and a modest benefit in lung function,^{1,2} whereas valves reduce hyperinflation by reducing gas trapping and improving breathing mechanics resulting in global improvement (lung function, exercise capacity and quality of life).³

This approach aligns well with the recommendations from GOLD regarding risk mitigation and symptom management.

GOLD* COPD A, B, E Assessment Tool



Zephyr Valves physically improve lung function by reducing hyperinflation, while biologics reduce inflammation and exacerbations. With both tools available, you can personalize treatment to best fit each patient's needs.

Learn more at pulmonx.com.



Zephyr Valves Are Globally Recognized

- 40,000+ patients treated globally
- "Evidence A" rating in GOLD Report since 2020
- Part of the standard of care for treating severe COPD/emphysema and hyperinflation
- Clinically proven to significantly improve lung function, quality of life, and exercise capacity³

*Global Initiative for Chronic Obstructive Lung Disease (GOLD), 2026 Report.

1. Bhatt SP, Rabe KF, Hanania NA, et al. Dupilumab for COPD with blood eosinophil evidence of type 2 inflammation. *N Engl J Med*. Jun 27 2024;390(24):2274-2283. doi:10.1056/NEJMoa2401304.
2. Bhatt SP, Rabe KF, Hanania NA, et al. Dupilumab for COPD with type 2 inflammation indicated by eosinophil counts. *N Engl J Med*. Jul 20 2023;389(3):205-214. doi:10.1056/NEJMoa2303951.
3. Criner, GJ et al. *Am J Resp Crit Care Med*. 2018; 198(9): 1151-1164.
4. Chen, C., Jian, W., Gao, Y., Xie, Y., Song, Y., & Zheng, J. (2016). Early COPD patients with lung hyperinflation associated with poorer lung function but better bronchodilator responsiveness. *International Journal of Chronic Obstructive Pulmonary Disease*, 11, 2519–2526. <https://doi.org/10.2147/COPD.S110021>.
5. Rabe, K. F., Rennard, S., Martinez, F. J., Celli, B. R., Singh, D., Papi, A., Bafadhel, M., Heble, J., Radwan, A., Soler, X., Jacob Nara, J. A., Deniz, Y., & Rowe, P. J. (2023). Targeting type 2 inflammation and epithelial alarmins in chronic obstructive pulmonary disease: A biologics outlook. *American Journal of Respiratory and Critical Care Medicine*, 208(4), 395–405. <https://doi.org/10.1164/rccm.202303-0455CI>.

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.

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.

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