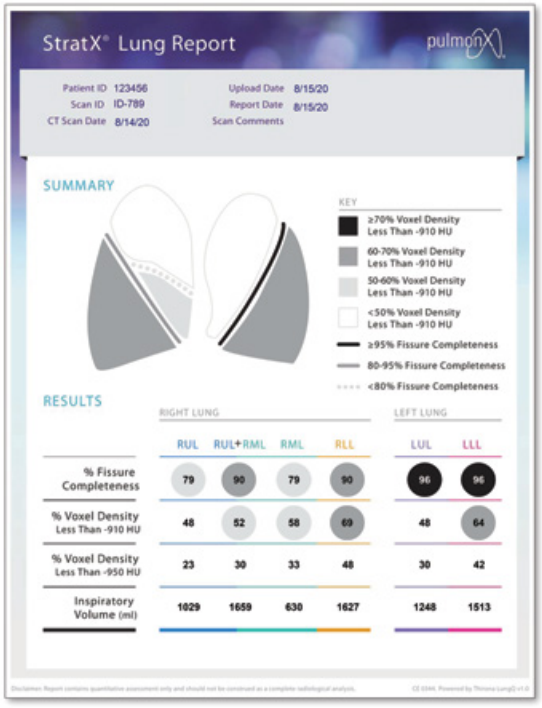
LungTraX™ Platform & StratX® Lung Analysis Reports

Treat with Confidence



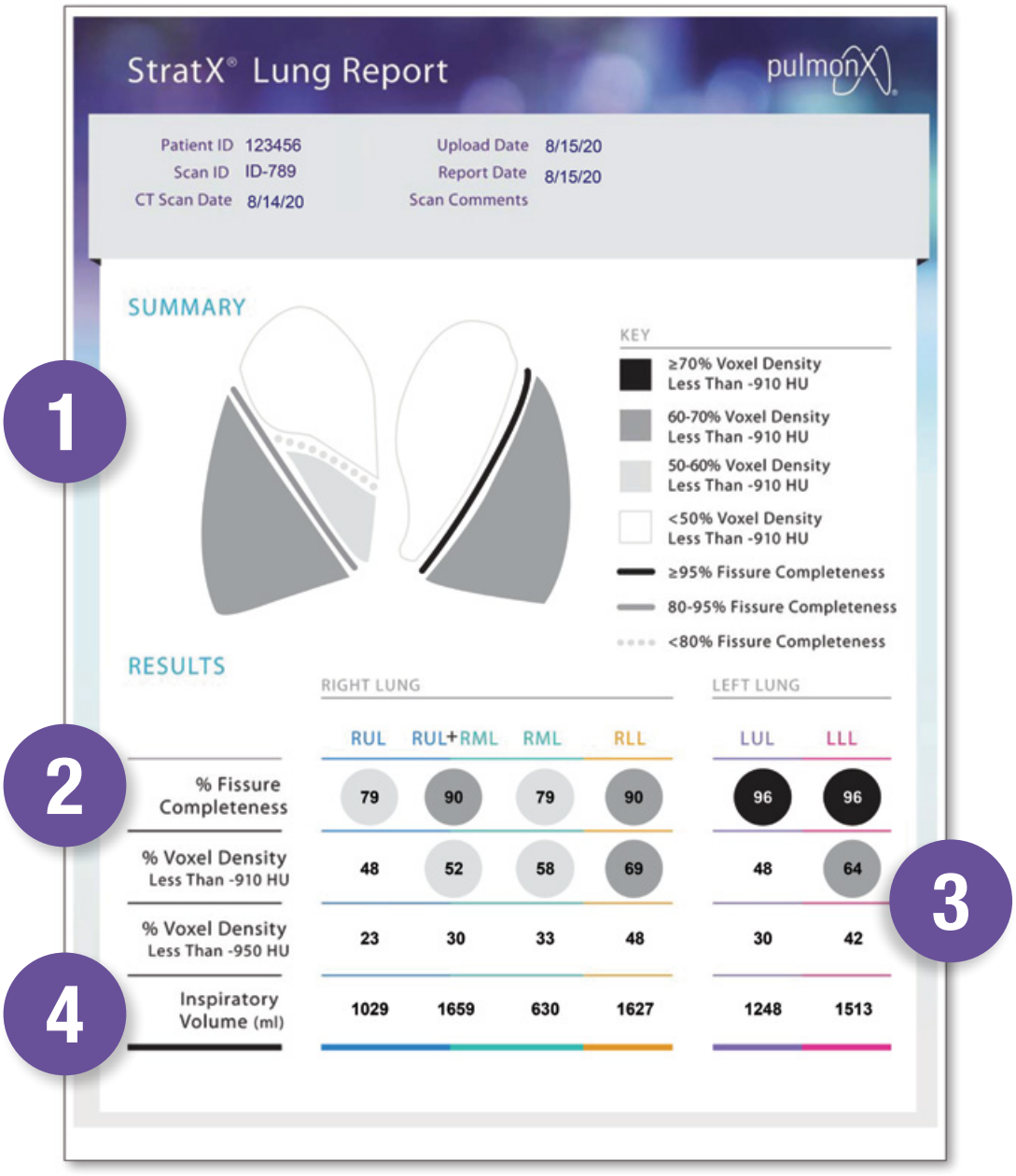
A cloud-based quantitative CT analysis service that supports Zephyr® Valve patient selection and clinical outcome optimization*

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®
by pulmonx

Target Lobe Selection

StratX® Report presents fissure completeness, destruction score, 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® Report Features

LungTraX™ 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 Report & Parameters Workflow

Capture CT Scan – Capture a high resolution chest CT scan according to the StratX Report 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.pulmonxstratx.com) LungTraX Platform.

- JAVA environment or Google Chrome are required for upload and analysis
- Ensure all files are in standard .DICOM format

Analyze Data + Generate Report – Data is analyzed by validated algorithms and the StratX Report is uploaded to the LungTraX Platform within 2-3 working days.*

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

"This information is helpful in selecting the valve to be changed/replaced" – Dr. A. Marceau, France

"The report helped plan further therapy" – Dr. F. Stanzel, Germany

"The report helped identify and visualize the difficult airway anatomy, this is complementary to viewing the CT scan" – Dr. K. Carron, Belgium

StratX® Post-Treatment Report Benefits

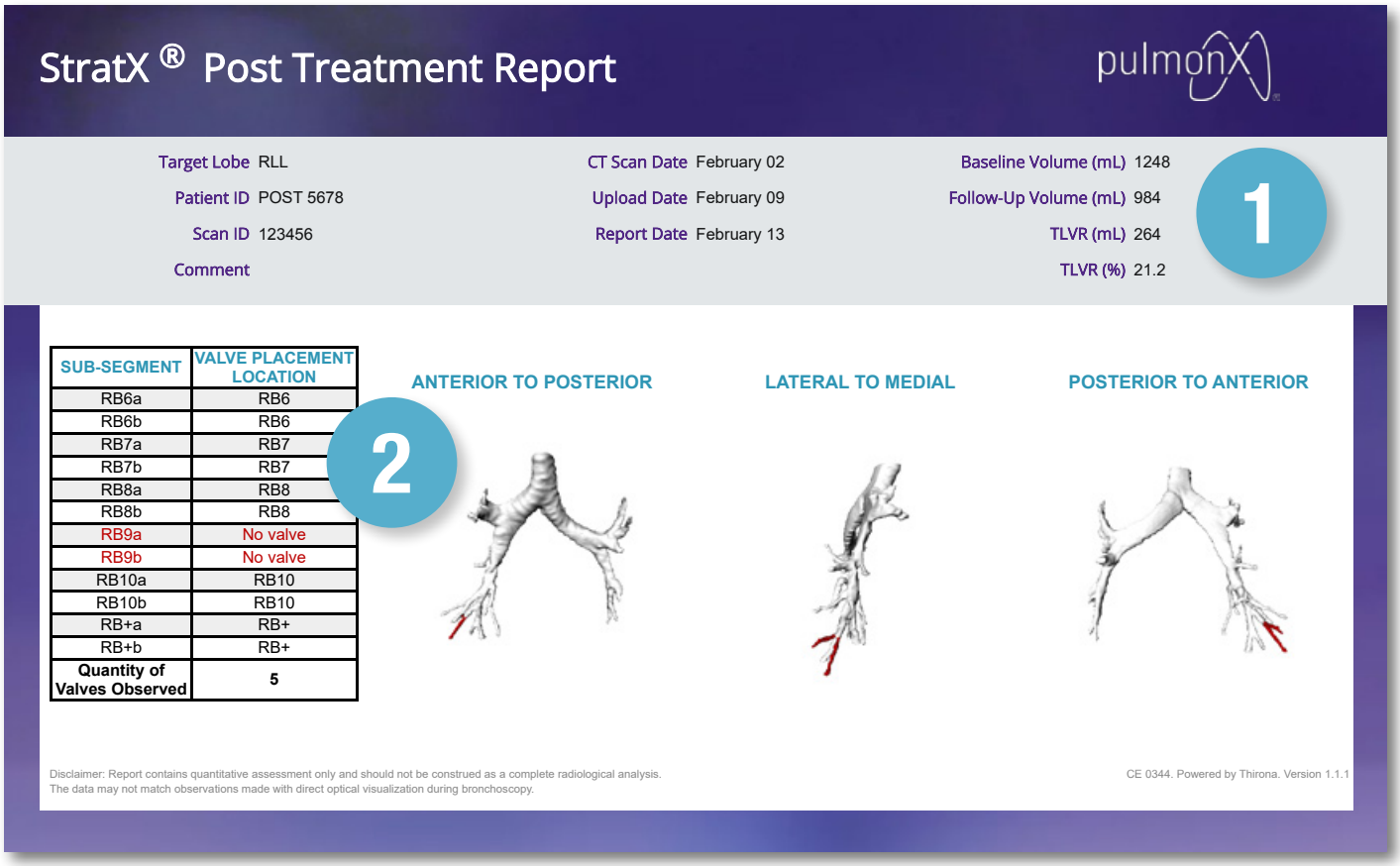
If patients report loss of benefit or no improvement after treatment, valve adjustment via re-bronchoscopy is recommended and has demonstrated to improve patient outcomes.[5]

The StratX Post-Treatment Report supports re-bronchoscopy planning and decision-making by indicating:

- The target lobe volume reduction achieved.
- Possible leaking valves or airways not covered by a valve.
- The location of any Zephyr valves.
- Potential anatomical abnormalities of the treated lobe.

All information provided by the report should be viewed in the context of the individual patient findings. Consider the expert recommendations of the "Algorithm for Managing Inadequate Zephyr® Valve Treatment Response" for patient outcome improvement.

StratX Post-Treatment Report provides non-invasive radiological assessment of Zephyr® Valves*



StratX ® Post Treatment Report

pulmonX

Target Lobe	RLL	CT Scan Date	February 02	Baseline Volume (mL)	1248
Patient ID	POST 5678	Upload Date	February 09	Follow-Up Volume (mL)	984
Scan ID	123456	Report Date	February 13	TLVR (mL)	264
Comment				TLVR (%)	21.2

1

SUB-SEGMENT	VALVE PLACEMENT LOCATION
RB6a	RB6
RB6b	RB6
RB7a	RB7
RB7b	RB7
RB8a	RB8
RB8b	RB8
RB9a	No valve
RB9b	No valve
RB10a	RB10
RB10b	RB10
RB+a	RB+
RB+b	RB+
Quantity of Valves Observed	5

2

ANTERIOR TO POSTERIOR

LATERAL TO MEDIAL

POSTERIOR TO ANTERIOR

Disclaimer: Report contains quantitative assessment only and should not be construed as a complete radiological analysis. The data may not match observations made with direct optical visualization during bronchoscopy.

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

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

StratX® Report Interpretation

1 Summary

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

StratX Report contains 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 Score[1–3]

- Lobar Destruction Score values of >50% at -910 HU were inclusion criteria for various Zephyr Valves 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 et données internes sur la valve Zephyr®.
2. Valipour, A, Slebos, DJ, Herth, F, Darwiche, K, Wagner, M, Ficker, JH, & Eberhardt, R. Endobronchial valve therapy in patients with homogeneous emphysema. Résultats de l'étude IMPACT. Am J Respir Crit Care Med, 2016; 194(9), 1073–1082 et données internes.
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.

* StratX and LungTraX are visualization tools that aid in the display of CT analysis results from Thirona's LungQ® software, which is a CE-marked Class IIb device under EU MDR (EU) 2017/745 (DEKRA Certification B.V., Notified Body 0344). StratX and LungTraX do not perform CT analysis, diagnosis, or clinical assessment. Refer to Thirona's LungQ Instructions for Use for safety information and indications.

Important Safety Information: The Zephyr® Endobronchial Valve is an implantable bronchial valve intended to control airflow in order to improve lung functions in patients with hyperinflation associated with severe emphysema with little to no collateral ventilation, and/or to reduce air leaks. The Zephyr Valve is contraindicated for: Patients for whom bronchoscopic procedures are contraindicated; Evidence of active pulmonary infection; Patients with known allergies to Nitinol (nickel-titanium) or its constituent metals (nickel or titanium); Patients with known allergies to silicone; Patients who have not quit smoking. Use is restricted to a trained physician. Prior to use, please reference the Zephyr Endobronchial 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 diagnostic bronchoscopy in adult patients with Chronic Obstructive Pulmonary Disease (COPD) and emphysema 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.

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