## TherOx<sup>®</sup> | Clinical and Economic Summary

## ZOLL.

### **Epicardial Patency Is Not Enough**

# 90%

#### of myocardial blood flow is supplied by the microvasculature.<sup>1</sup>

Despite successful percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI), microvascular perfusion is often suboptimal, resulting in large infarctions and higher rates of heart failure hospitalization and death at one year.<sup>2</sup>

Patient outcomes for anterior STEMI have been stagnant since the introduction of PCI, with a two-year mortality rate of approximately 15%.<sup>3</sup> Additional treatment that goes beyond PCI is needed to improve STEMI care.

## TherOx SSO<sub>2</sub> Therapy: Designed to Restore Microvascular Flow and Reduce Myocardial Damage<sup>4</sup>

- The first FDA-approved, catheter-based treatment delivering localized oxygen targeting regions of the left anterior descending (LAD) coronary artery and its microvasculature, immediately following PCI
- Compared to PCI alone, SSO<sub>2</sub> Therapy reduced median infarct size by 26% (relative) in patients with LAD STEMI.<sup>5,6</sup>
- View the TherOx SSO $_2$  clinical compendium <u>here</u>.

## Simple Setup and Use

The TherOx SSO<sub>2</sub> closed-loop system includes three device components: console, cartridge, and SSO<sub>2</sub> catheter.

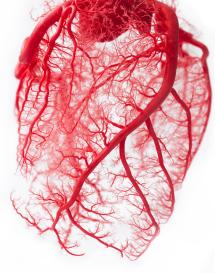
- < 5-minute device setup and 60-minute infusion via catheter to left main ostium post-PCI
- No impact on door-to-balloon time
- FDA-approved for use in LAD STEMI undergoing primary PCI within 6 hours of symptom onset

"Even with successful PCI, we still see patients go on to develop heart failure, which significantly impacts quality of life. SSO<sub>2</sub> allows us to do more to reduce infarct size and improve outcomes."

26% relative infarct size reduction

Ramon Quesada, MD
Baptist Hospital of Miami, Fla.

View the setup guide <u>here</u>.



#### SSO<sub>2</sub> Therapy Mechanism of Action



Capillary constriction continues despite successful PCI.



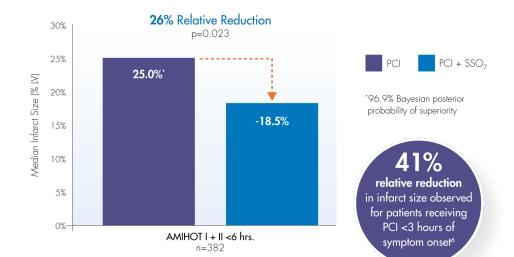
Highly concentrated O<sub>2</sub> diffuses into endothelial and myocardial tissue.



Microvascular flow is restored and ischemic myocardium reperfused.<sup>4</sup>

View the IFU here

## Advancing STEMI Care with TherOx SSO<sub>2</sub> Therapy



Clinically Significant Infarct Size Reduction with  $\mathsf{SSO}_2\,\textbf{vs.}$  Standard of Care<sup>5</sup>

## - ကိုဂိုဂိုဂိုဂို – ONE IN FIVE

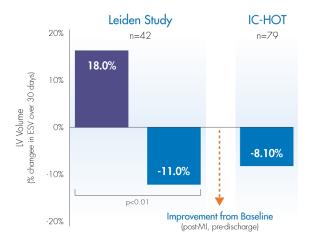
acute myocardial infarction (AMI) patients will develop heart failure within one year<sup>7</sup> and of those, 50% will die within five years.<sup>8</sup>

### Infarct Size Reduction Improves Clinical Outcomes

A large meta-analysis shows that a 26% relative reduction in infarct size is correlated with relative reductions in both death and heart failure hospitalization of approximately 25% at 1 year.<sup>9</sup>

### Left Ventricular Recovery Post SSO<sub>2</sub> Treatment

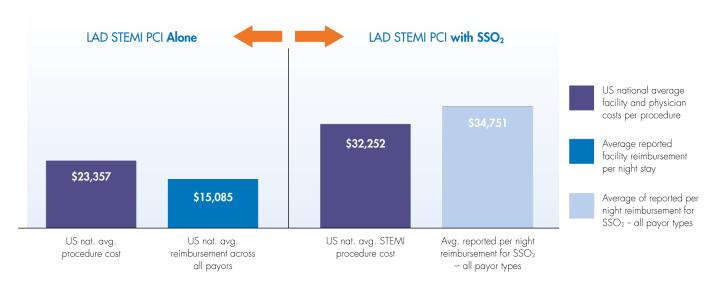
- LV enlargement is associated with a risk of progressive heart failure.<sup>10</sup>
- Significant and consistent reductions in LV volume were observed at 30 days.<sup>11</sup>



## **Health Economics**

#### US Average Costs and Reported Facility Reimbursements for LAD STEMI PCI Procedures, with and without SSO<sub>2</sub>

On average, US facilities report losses on LAD STEMI PCI procedures.<sup>12</sup> However, early adopting facilities of SSO<sub>2</sub> Therapy report claim payment<sup>13</sup> above national average procedure costs.



Notes: LAD STEMI-PCI alone assumes procedures without MCC/CC. LAD STEMI-PCI with SSO<sub>2</sub> reimbursement costs reported are inclusive of MCC/CC and no MCC/CC. Procedure Costs based on ICD-10: I21.01, I21.02 and I21.09. Reimbursement claim payments for PCI with SSO<sub>2</sub> as reported by existing TherOx customers. PCI with SSO<sub>2</sub> procedure costs includes SSO<sub>2</sub> plus an estimate of \$1,900 for incremental lab and physician time, added supplies, and amortized capital, maintenance, and service costs.

### Average Cost Avoidance for Every Patient Who Doesn't Develop Progressive Heart Failure

Heart failure after myocardial infarction hospitalization is diagnosed in approximately 13% of patients at 30 days and 20 to 30% at one year after discharge for MI.<sup>7</sup>

	Per Patient Cost	\$
Average US total cost for heart failure hospital admission <sup>13</sup>	\$11,742	
Average ongoing costs over two years in high-risk patients experiencing three heart failure events <sup>15</sup>	\$108,319	<b>\$11,742</b> Avg US cost for heart
Avg. Cost Avoidance per Heart Failure Patient	\$120,061	failure admission <sup>13</sup>



For more information on SSO<sub>2</sub> reimbursement, contact <u>SSO2reimbursement@zoll.com</u>

### **TherOx SSO<sub>2</sub> Therapy** The Next Frontier in STEMI Care

"With  $SSO_2$  we see bad ventricles in the 30% to 40% range recovering completely to an ejection fraction of 60% — and that's strikingly rare."

-Richard Schatz, MD

- <sup>1</sup> Trifunovic, et al. J Hypertens Res. 2019;5(1):8–20.
- <sup>2</sup> de Waha S, et al. *Euro Heart J.* 2017;38:3502–10.
- <sup>3</sup> Martin, et al. Analysis of 2005-2008, 2016-2019 Q2 Medicare inpatient claims data. Presented at HFSA; 2021; Denver, Colorado.
- <sup>4</sup> Kloner RA, et al. J Am Coll Cardiol Basic Trans Science. 2021;6:12:1021–1033.
- <sup>5</sup> Stone GW, et al. Circ Cardiovasc Interv. 2;366–375. Sep 2009.
- <sup>o</sup> Subset data of Stone GW, et al. Circ Cardiovasc Interv. 2009 Sep;2:366–375. Data on file at TherOx, Inc. and CRF.
- <sup>7</sup> Jenca D, et al. ESC Heart Failure. 2021;8:222–237.
- <sup>8</sup> Taylor C J, et al. BMJ. 2019; 364:1223.
- <sup>9</sup> Stone GW, et al. J Am Coll Cardiol. 2016;67(14):1674–83.

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

Indications For Use: The TherOx DownStream System is indicated for the preparation and delivery of SuperSaturated Oxygen Therapy (SSO<sub>2</sub> Therapy) to targeted ischemic regions perfused by the patient's left anterior descending coronary artery immediately following revascularization by means of percutaneous coronary intervention (PCI) with stenting that has been completed within 6 hours after the onset of anterior acute myocardial infarction (AMI) symptoms caused by a left anterior descending artery infarct lesion.

### ZOLL MEDICAL CORPORATION 269 Mill Road | Chelmsford, MA 01824 | 978-421-9655 | 800-804-4356 | zoll.com

Copyright © 2022 ZOLL Medical Corporation. All rights reserved. TherOx and ZOLL are trademarks or registered trademarks of ZOLL Medical Corporation in the United States and/or other countries. All other trademarks are the property of their respective owners.

For subsidiary addresses and fax numbers, as well as other global locations, please go to zoll.com/contacts.



Printed in U.S.A. MCN HP 2110 0543 30350A

- <sup>10</sup> Pazos-Lopez P, et al. Vasc Health Risk Manag. 2011;7:237–254.
- <sup>11</sup> Warda HM, et al. Am J Cardiol. 2005;96(1):22–24.
- <sup>12</sup> Based on US national averages of CMS 2019 claim data from Definitive Healthcare.
- <sup>13</sup> Data on file collected from SSO<sub>2</sub> users.
- <sup>14</sup> Kim L, et. al. J Am Heart Assoc. 2018;7:18:e009863.
- <sup>15</sup> Urbich M, et al. *Pharmacoeconomics*. 2020;38:1219–1236.