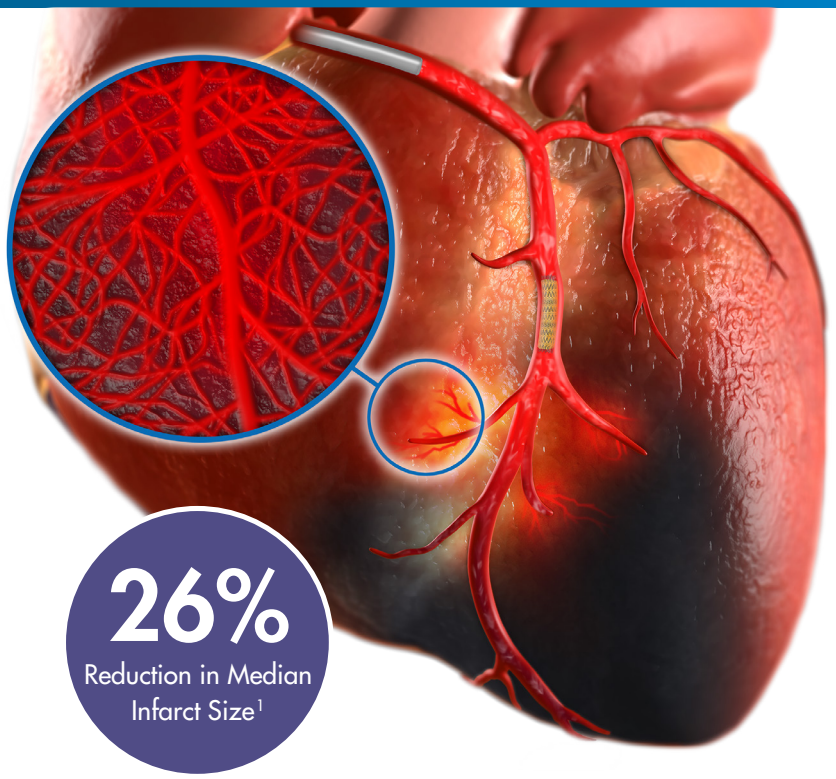
TherOx |

The Next Step in STEMI Treatment Post-PCI

SuperSaturated Oxygen (SSO_2) Therapy

TherOx has developed a novel therapy designed to minimize myocardial damage in anterior LAD STEMI patients. SSO_2 Therapy involves a one-time 60-minute infusion of the patient's blood, superoxygenated to hyperbaric levels, administered to the LMCA immediately following PCI <6 hours of symptom onset.

- Restores microvascular flow[2,3] and improves left ventricular function[4]
- Significantly reduces infarct size post-PCI[1]
- Three FDA-sanctioned clinical trials demonstrate repeated safety and effectiveness[5]



26%
Reduction in Median Infarct Size[1]

"We've tried dozens of treatments to minimize infarct size. This one is the first to have a real effect."

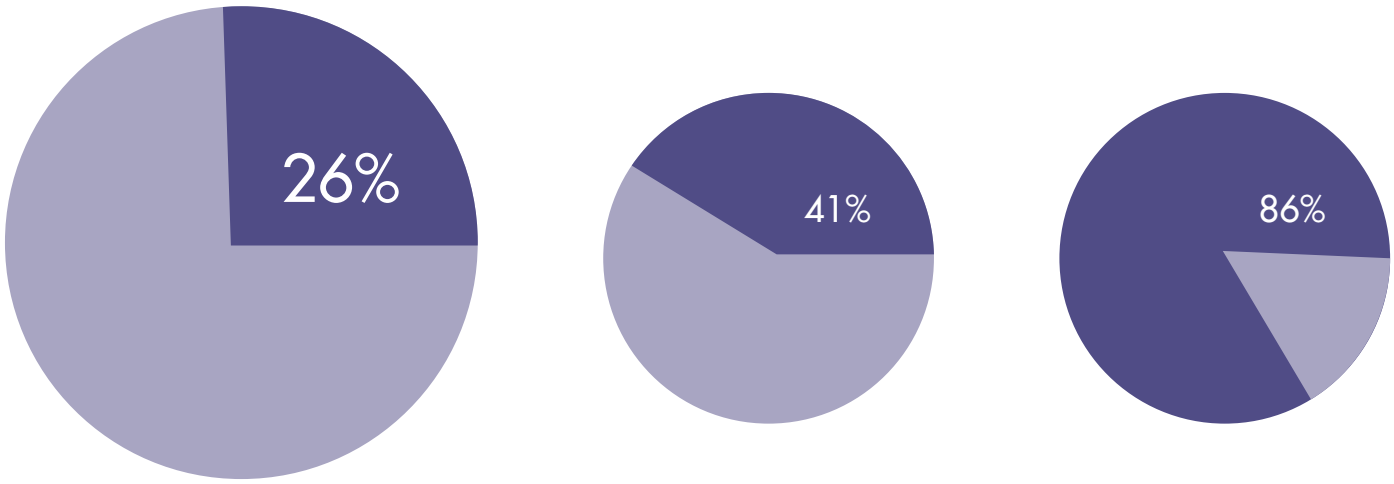
— James Blankenship, MD, FACC Geisinger Medical Center, Danville, PA

ZOLL®

Infarct Size Reduction with SSO_2 [1,6]

AMIHOT I + II median infarct size reduction versus controls*

■ Infarct size reduction beyond PCI



Anterior ≤ 6 hr
n= 382

Anterior ≤ 3 hr
n= 169

Pre-PCI TIMI II/III
n = 78

"Infarct size…is strongly associated with all-cause mortality and hospitalization of HF within 1 year."[7]

The TherOx SSO_2 System includes a console unit and two disposable components: a single-use cartridge and 5F SSO_2 catheter.

Please contact Customer Service for ordering information:

U.S. Customer Service: 800-358-9011 | Email: esales@zoll.com

Caution: Federal law (United States) 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_2 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.

*Posterior probability of superiority for smaller infarct size = 96.9%; posterior probability of non-inferiority in 30-day major adverse cardiac events (within a 6% safety margin) = 99.5%.

[1] Stone, et al. *Circ Cardiovasc Interv.* 2009 Oct; 2:366-375.
[2] Spears, et al. *ASAIO Jour.* 2003 Nov-Dec;49(6):716-20.
[3] Bartorelli, et al. *Am Jour of Cardio Drugs.* 2003. 3(4); 253-263.
[4] Warda, et al. *Am J Cardiol.* 2005;96(1): 22-24.
[5] AMIHOT I, AMIHOT II and IC-HOT trials conducted by TherOx.
[6] AMIHOT II subset data on file at TherOx, Inc.
[7] Stone, et al. JACC. Vol. 67, No. 14, 1674-84. 2016.

ZOLL Medical Corporation • Chelmsford, MA, USA • 800-348-9011 • www.zoll.com

MCN HP 2001 0373 30324A