

Successful BLVR procedure for a patient with chronic unilateral cavitory lesion

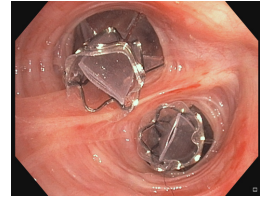
Physician: Jonathan Kurman, MD — Medical College of Wisconsin

Medical History

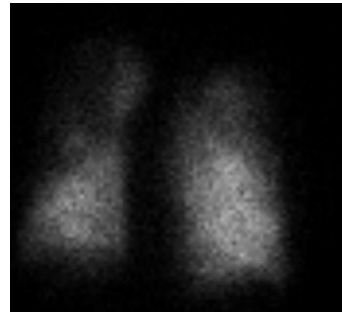
Gender	Male
Age(years)	73
BMI(kg/m²)	32
Smoking History	40 (pack-years)
Impact of Emphysema on Patient Quality of Life	Severely limiting
Medical History	History of COPD (GOLD group D); MAC infection, chronic RUL cavitory lesion

Treatment Details

Lobe Treated	LUL
Valve Placement	LB1-3: 5.5EBV LB4-5: 5.5EBV

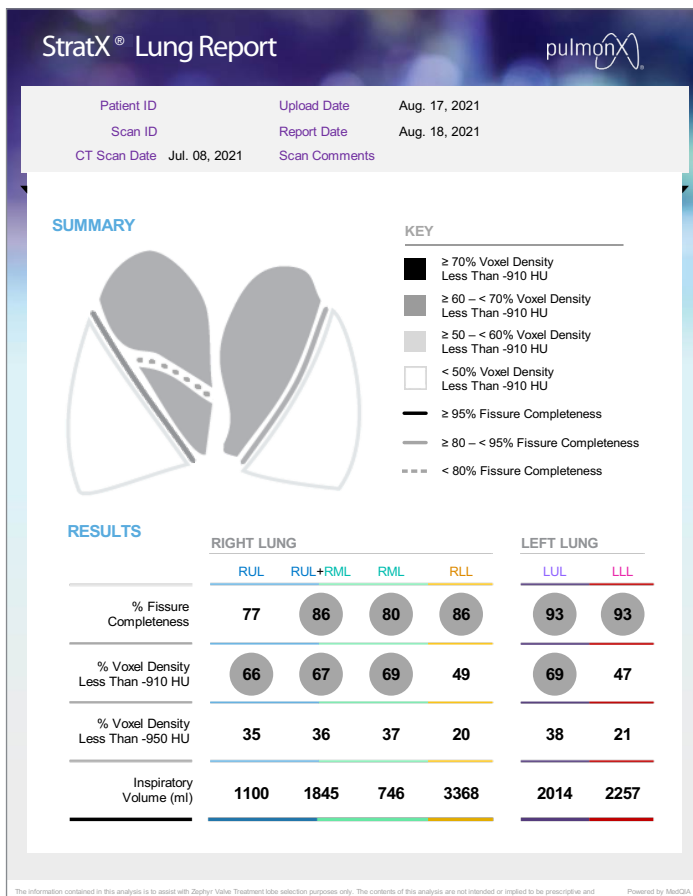


Perfusion Scan and Values



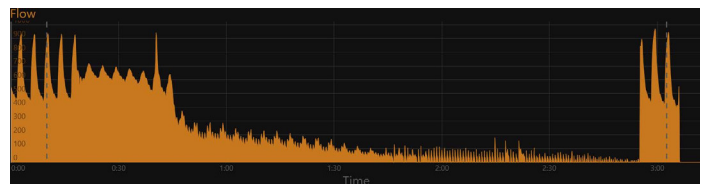
	Left	Right
Upper	8%	6%
Middle		6%
Lower	28%	51%
Total	36%	64%

StratX[®] Report



StratX Report indicates that left upper lobe may be a good target based on fissure integrity, destruction score, and lobar volume.

Chartis[®] Image



Chartis Assessment confirms there is no collateral ventilation in the left main fissure.

Chest X-ray: Pre- and Post-treatment



PRE-TREATMENT



POST-TREATMENT

Marked reduction in left lung volume and rising of the hemi-diaphragm.

Key Takeaways

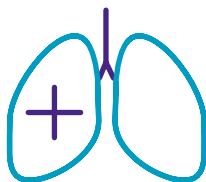
BLVR with Zephyr Valves was successfully performed in a patient with:

- Treated MAC infection
- Unilateral cavitary lung disease

Variable	Pre-procedure	Post-procedure (6 months)
FEV ₁ (% pred)	26	33
RV (% pred)	239	201
TLC (% pred)	137	124
DLCO (% pred)	47	51
6MWD (m)	200	320
Oxygen (L)	none	
Quality of Life Improvements	“Phenomenal! I feel like a new man!”	



6MWD:
60% INCREASE



RV:
15.9% DECREASE

FEV₁:
27% INCREASE

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.

This is a single case study, individual results may vary.

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.

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, or lobectomy; 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.

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

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