

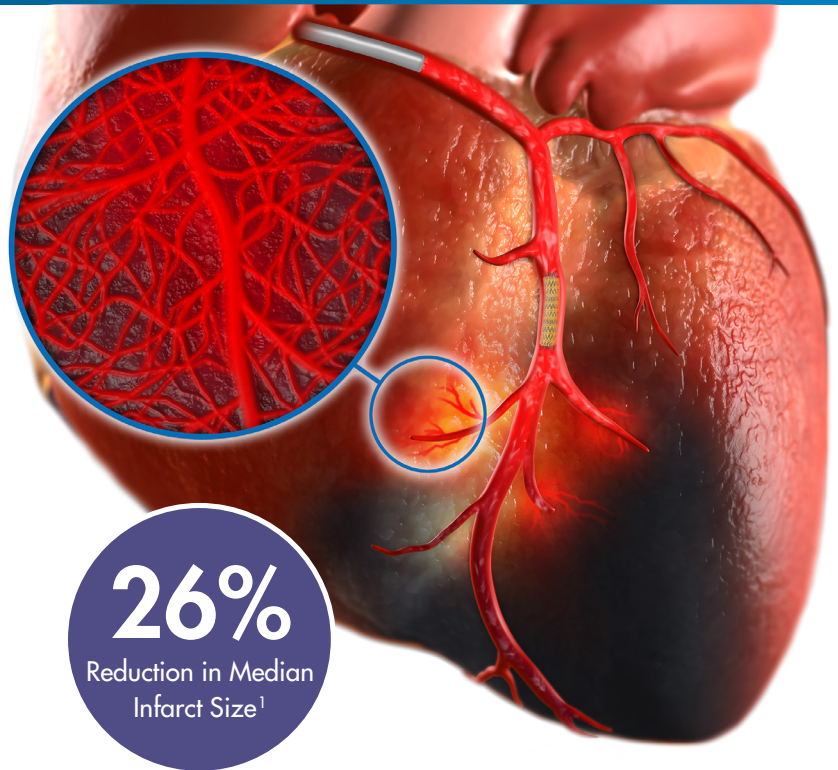
TherOx |

The Next Step in STEMI Treatment Post-PCI

SuperSaturated Oxygen (SSO₂) Therapy

TherOx has developed a novel therapy designed to minimize myocardial damage in anterior LAD STEMI patients. SSO₂ 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 function⁴
- Significantly reduces infarct size post-PCI¹
- Three FDA-sanctioned clinical trials demonstrate repeated safety and effectiveness⁵



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

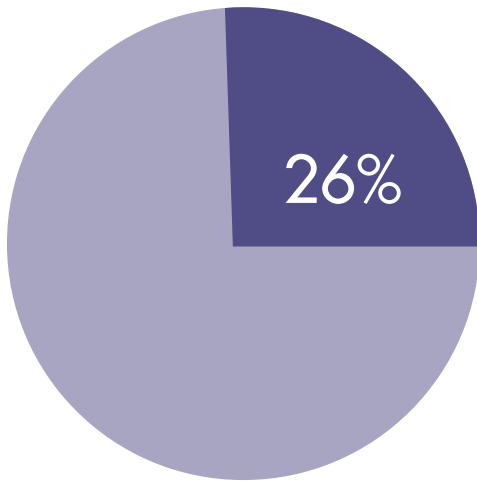
— James Blankenship, MD, FACC Geisinger Medical Center, Danville, PA

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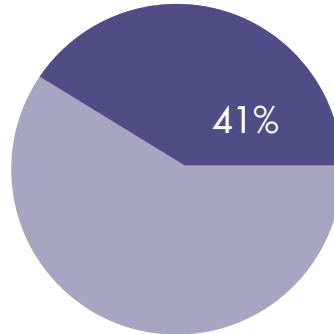
Infarct Size Reduction with SSO₂^{1,6}

AMIHOT I + II median infarct size reduction versus controls*

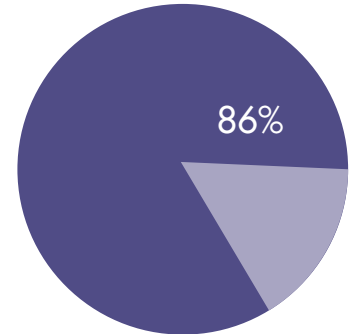
■ Infarct size reduction beyond PCI



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 SSO₂ System includes a console unit and two disposable components: a single-use cartridge and 5F SSO₂ 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 (SSO₂ 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 ICHOT 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.

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