IS IT MORE THAN COPD?

PATIENT SYMPTOMS OVERVIEW AND BIBLIOGRAPHY

Daily productive (mucus) cough for at least 6 continuous months*

OR

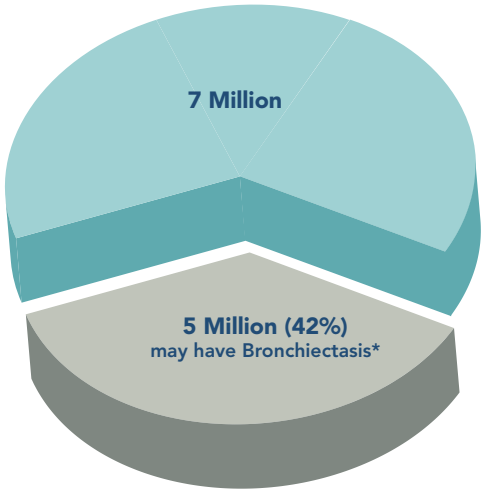
Frequent (i.e. more than 2/year) exacerbations/ chest infections requiring antibiotic therapy*

AND

Failure of other treatments to adequately mobilize retained secretions/airway clearance*

AND

Diagnosis of Bronchiectasis confirmed via CT scan*

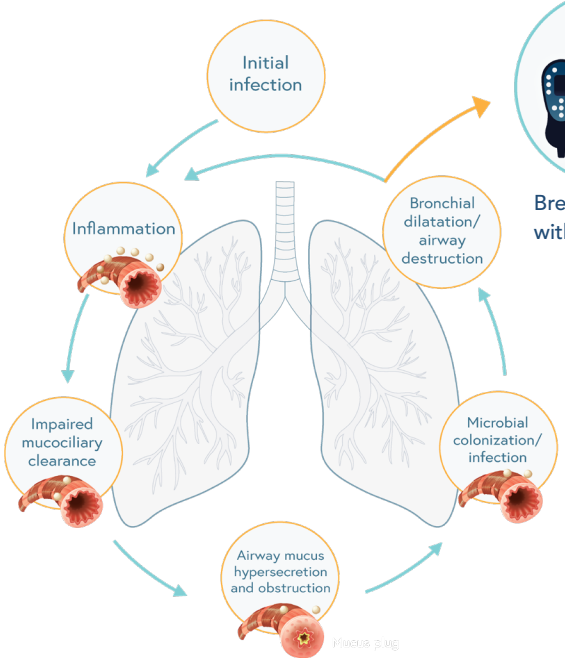


*Demonstrated by recent clinical studies and industry papers

Patients that have these symptoms should be screened via HRCT scan for Bronchiectasis

*These symptoms, well-documented in the patient's medical record, are the requirements for consideration of reimbursement by Medicare, Medicaid, and Private insurance for HFCWO airway clearance.

The Critical Role of Airway Clearance in Bronchiectasis



Break the vicious cycle with AffloVest HFCWO

AffloVest® Mobile HFCWO Airway Clearance Therapy with Direct Dynamic Oscillation™

- Anatomically targeted therapy
- Engineered to mimic Hand CPT
- Designed to increase patient compliance
- Fully mobile during use – Mobile CPT

*AffloVest requires a doctor's prescription for treatment by High Frequency Chest Wall Oscillation (HFCWO). The AffloVest has received the FDA's 510k clearance for U.S. market availability, and is approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System(HCPCS) code E0483 – High Frequency Chest Wall Oscillation. The AffloVest is also available through the U.S Department of Veterans Affairs/Tricare. Patients must qualify to meet insurance eligibility requirements.

IS IT MORE THAN COPD?
PATIENT SYMPTOMS OVERVIEW AND BIBLIOGRAPHY

RELEVANT RESEARCH

Evaluation of COPD Longitudinally to Identify Predictive Surrogate Endpoints revealed a prevalence of bronchiectasis in 4% of COPD patients with all GOLD stages,[1] but much higher prevalence of bronchiectasis in COPD patients was reported, ranging from 20% to 58% in both primary and secondary care.[2,3]

If a patient has a history of respiratory infections or hospitalizations for respiratory chest infections (exacerbations), the probability of this patient having bronchiectasis is significantly higher. In a recent study, 92% (162 out of 177) of COPD patients with frequent exacerbations were shown to have bronchiectasis. Out of 678 patients with non frequent exacerbations 29.2% (198) had bronchiectasis.[6]

A recent study from the UK showed that 69% of COPD patients with acute exacerbation had some evidence of bronchiectasis, mostly minor or mild in severity; minor 40%, mild 29%, moderate 22%, and severe 8%.[4]

A nationwide diagnosis-related groups hospital statistics for the years 2005–2011 in Germany indicated that COPD was found in up to 39.2% of hospitalizations with bronchiectasis as the primary diagnosis.[5]

In a review of 855 patients who had been diagnosed with COPD, it was shown that 362 of these individual had radiologically proven bronchiectasis—42.3% of the total.[6]

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