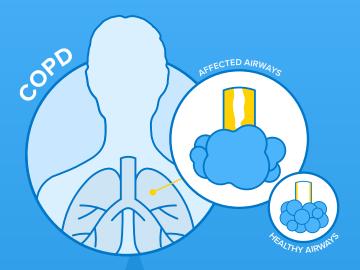
# Aerogen



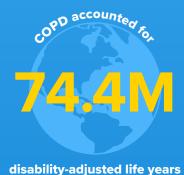
Aerosol drug delivery for the treatment of chronic obstructive pulmonary disease (COPD)<sup>1-5</sup>

COPD affects millions of people worldwide and is associated with considerable morbidity and mortality<sup>6</sup>

~212M

people live with COPD (2019 data)<sup>6</sup>

\*\*\*\*\*\*\*\*\*



(DALYs) globally in 2019<sup>6</sup>

3.3 M

deaths were attributed to COPD in 2019<sup>6</sup>

Aerosol therapy is the cornerstone of COPD treatment,<sup>7</sup> but challenges exist:



## Difficulties with device use

Correct technique is required to administer medication via inhaler, which can be affected by age, manual dexterity, cognitive ability and coordination skills<sup>7</sup>



#### Concerns about fugitive emissions

The need to open a pressurised ventilator circuit to administer aerosolised medication is considered a potential risk factor for the release of fugitive aerosol<sup>8-10+</sup>



## Support during escalation of care

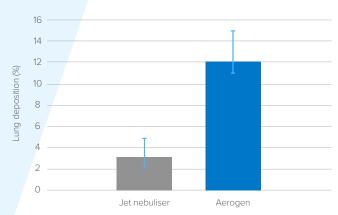
Patients admitted to hospital during exacerbations may receive respiratory support (e.g., high-flow therapy [HF]) or ventilatory support (e.g., non-invasive ventilation [NIV], invasive mechanical ventilation [IMV])<sup>7</sup> and require concomitant aerosol therapy

How might Aerogen address these challenges?

#### In COPD:

### **Aerogen supports effective** drug delivery<sup>3</sup>

In a study of patients with stable moderate-to-severe COPD receiving NIV:

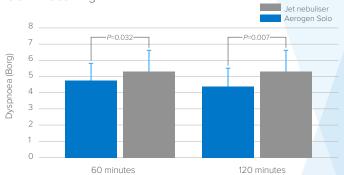


~4x more medication was delivered to the lungs using Aerogen during NIV vs a jet nebuliser<sup>3</sup>

Mean (±SD) lung deposition: 12.05 ± 2.96% vs 3.14 ± 1.71%; P<0.001

### Aerogen supports response to bronchodilator therapy<sup>4,5</sup>

In a study of patients with an acute exacerbation of COPD receiving NIV:



Significant improvements in lung function (FEV<sub>1</sub>, FVC, breathlessness score [Borg], respiratory rate [RR] and PaCO<sub>a</sub>) were observed with bronchodilator therapy delivered via Aerogen vs a jet nebuliser4

Between-group difference in change from baseline to 60 minutes and to 120 minu FEV<sub>1</sub>, P=0.001; FVC, P<0.001; dyspnoea (Borg) score: P=0.007; PaCO<sub>2</sub>: P=0.004

#### Aerogen helps to address some of the challenges of aerosol drug delivery in the treatment of respiratory disease:



**Difficulties with** device use

- Aerogen is quick and easy to set up¹
- No added flow required<sup>1</sup>



**Concern over** fugitive emissions Aerogen Solo is a closed-circuit aerosol drug delivery system, which eliminates the need to open the circuit when administering medication during IMV or NIV



**Support during** escalation of care

• One system used throughout a patient's respiratory journey (IMV, NIV, HF, SV),1 supporting continuity of care

#### **Aerogen Solo**

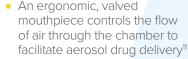




- Single patient use<sup>1</sup>
- 28 days intermittent or 7 days continuous use1
- No added flow<sup>1</sup>
- Refill medication cup without opening the circuit<sup>1</sup>

## **Aerogen Ultra**







Extended mouthpiece<sup>§</sup> to easily add bacterial or viral filter<sup>11</sup>

§The Aerogen Ultra with an extended mouthpiece is only available in selected regions. Refer to the relevant instruction manual for your region to determine availability.







FEV, forced expiratory volume in 1 second; FVC, forced vital capacity; PaCO 2, partial pressure of carbon dioxide; SV, self-ventilating.