

NASDAQ: LUNG May 2022

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Investment Highlights

Large Market

\$12B opportunity for severe emphysema

Precision Treatment

Proprietary patient selection technology & minimally invasive treatment

Consistent Clinical Results

Clinical benefits demonstrated across 4 RCTs 100+ scientific publications



Broadly Reimbursed

In global guidelines & reimbursed in US, Europe and Australia

Global Footprint

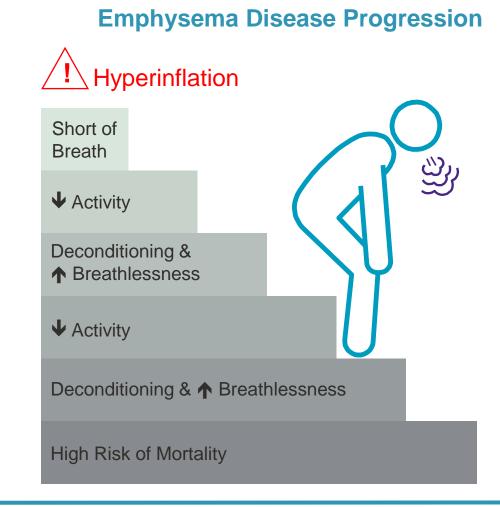
>25,000 patients treated in >25 countries

Strong Pipeline & Team

Additional technology to expand market, experience to deliver

COPD and Emphysema: A Prevalent Disease with High Unmet Medical Needs

- Emphysema: a form of Chronic Obstructive Pulmonary Disease (COPD) resulting in the progressive destruction of lung tissue
- Accounts for ~25% of all COPD patients¹
- Air-trapping increases lung volume and persistent breathlessness
- COPD among the leading causes of death worldwide



Spectrum of Treatment Options

Medical Management



Non-invasive

Limited effect in severe patients

Pulmonary Rehabilitation



Non-invasive

Difficult to sustain benefits

Zephyr[®] Valves



Designed to Provide Benefits Similar to Surgery with Broader Eligibility

Minimally Invasive

Fully Removable

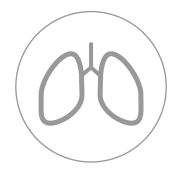
Lung Volume Reduction Surgery



Invasive Effective >5% risk of death

Not an option for most patients

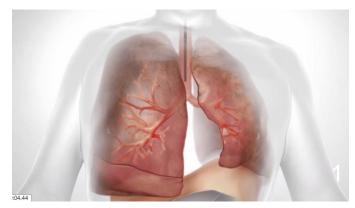
Lung Transplant



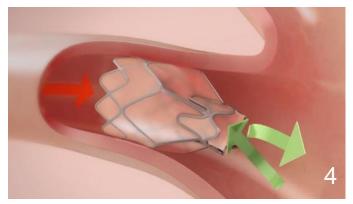
Invasive Effective 5-15% risk of death

Not an option for most patients

How Zephyr[®] Valves Work



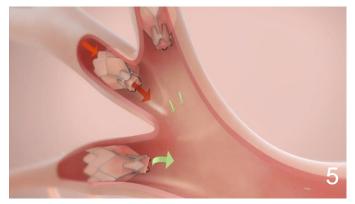
Bronchoscope introduced into lungs of patient with diseased, hyperinflated lobe



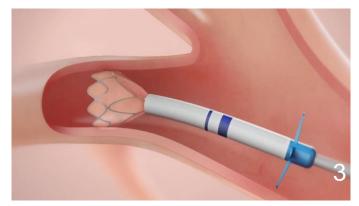
Zephyr[®] Valve allows trapped air to escape but not to re-enter



Delivery catheter advanced into target lobe through bronchoscope



An average of 4 **Zephyr[®] Valves** delivered to fully occlude diseased lobe

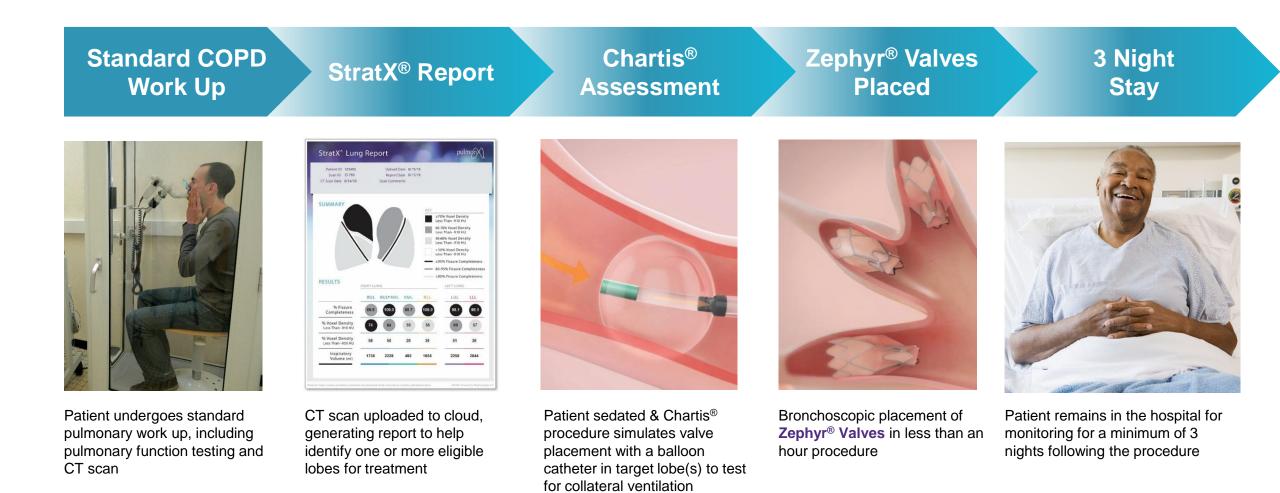


Valve size chosen in one step procedure and delivered to seal target airway



Hyperinflation in target lobe is reduced, improving lung function and breathlessness

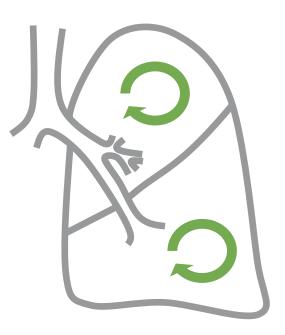
The Zephyr Valve Patient Journey



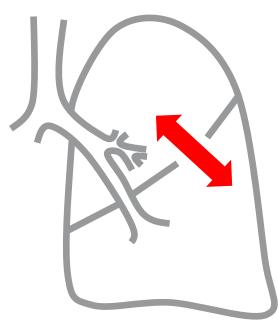
Collateral Ventilation: A Key Exclusion Criteria

No Collateral Ventilation (CV-)

- Complete lobar fissures
- ✓ Normal air passage
- ✓ Eligible for procedure



Collateral Ventilation (CV+)



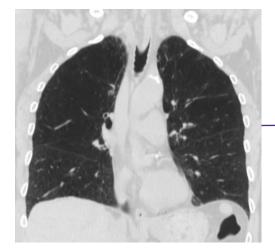
- Incomplete lobar fissures
- Bypassing of normal airways
- ~50% of severe emphysema patients

Patient Screening is Critical for Optimal Patient Selection

StratX[®] Analysis Helps Determine Eligible Lobes

Cloud Upload

CT Scan



 StratX*
 Lung Report
 pulmox

 Patient ID
 12456
 Updad Date 8/15/16

 Scali ID
 D270
 Report Date 8/15/16

 CTS can Date 8/14/18
 Scan Comments

RESULTS

StratX Report

- Cloud-based quantitative analysis of CT Scan
- First line evaluation for:
 - Volume
 - Tissue Destruction
 - Fissure completeness an indicator for collateral ventilation
- Identifies potential lobe(s) for Chartis[®] Evaluation and Zephyr[®] Valve treatment

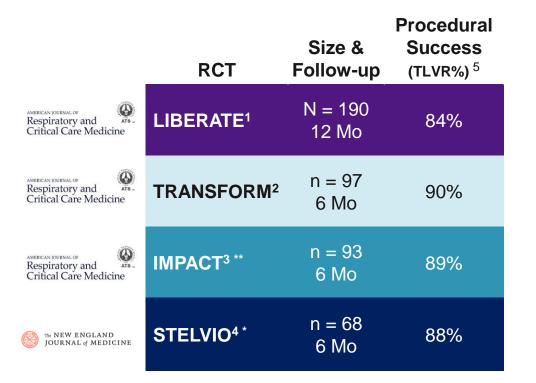
Chartis® System: Proprietary CV Testing for Patient Eligibility

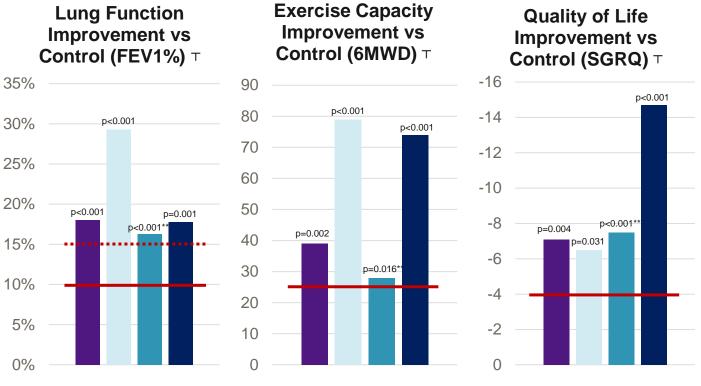
Physiological Measure of Collateral Ventilation

- Evaluates the presence or absence of collateral ventilation
- Measures changes in pressure and airflow
- Unique, patent protected technology



Consistent Outcomes Across Four Randomized Trials





..... Minimal Clinically Important Difference

100+ scientific articles published on the clinical benefits of Zephyr Valves

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¹ Criner G. et. al. AJRCCM, 2018.
 ² Kemp, S, et. al, AJRCCM, 2017.
 ³ Valipour, A, et. al, AJRCCM, 2016, and Zephyr Instructions for Use.

⁴ Klooster K. et al. N Engl J Med. 2015.
⁵ Total Lung Volume Reduction of > 350mL

*SGRQ Per protocol, all other values listed are ITT ** Data included in FDA-approved instructions for use T Difference between valve and control groups

Data Suggesting Long-Term Benefits

Retrospective Analysis of Long-Term Survival Following Successful Lung Volume Reduction (Atelectasis) ^{1,2}

100%

80%

60%

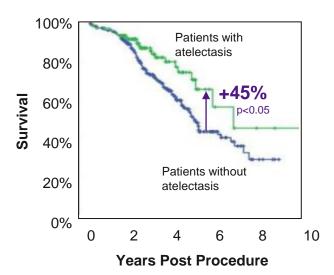
40%

20%

0%

0

Survival

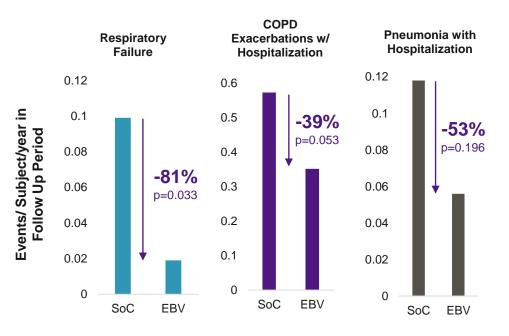




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Indications of Lower Long-Term Respiratory SAEs vs. Control³



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¹ Gompelmann et. al (2019): Survival after Endoscopic Valve Therapy in Patients with Severe Emphysema. Respiration; 97; 145-152. ² Garner et al (2016): Survival after Endobronchial Valve Placement for Emphysema: A 10-Year Follow-up Study. Amer J Respir Crit Care Med.194 (4): pp 519-521 ³ Criner G et al, AJRCCM, 2018, Published on 22-May-2018 as 10.1164/rccm.201803-0590OC; (p. 1158, 1161)

Patients with

10 12 14

atelectasis

+166%

p = 0.017

8

Patients without

Years Post Procedure

At 10 years after treatment with endobronchial valves,

patients with atelectasis were ~166% more likely to

survive than patients without (n=19)

atelectasis

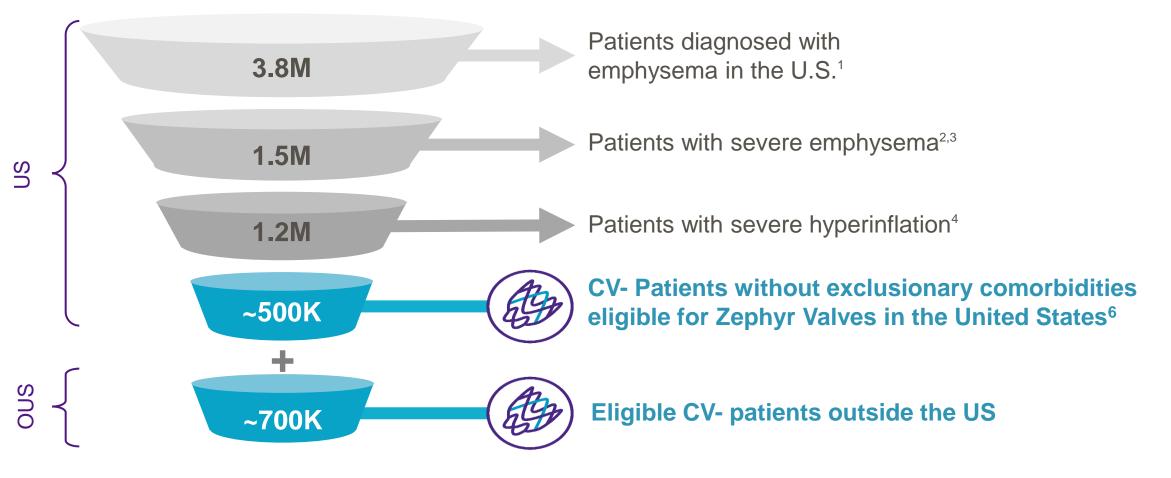
Acceptance Driven by Strength of Clinical Data





- Expedited approval with breakthrough designation
- Established reimbursement

\$12B Global Opportunity for Zephyr® Valves



Estimated 10% incidence per year⁵

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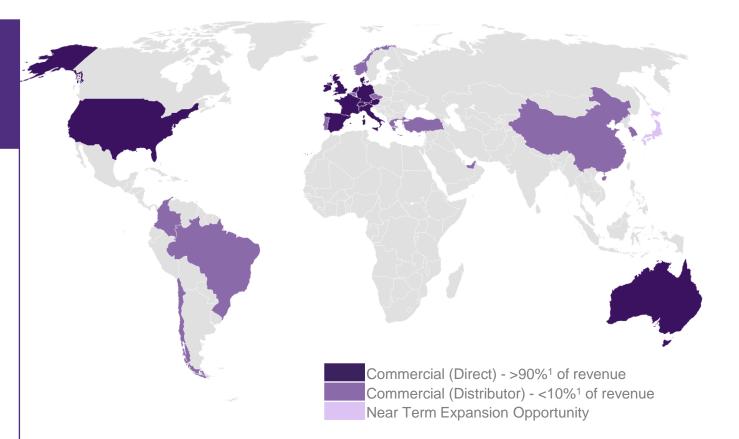
¹ CDC 2018 http://www.cdc.gov/nchs/fastats/copd.htm.
 ² Soriano et al Lancet Respir Med 2015; 3: 443-50.
 ³ Wilson et al Association of Radiographic Emphysema and Airflow Obstruction with Lung Cancer Am J Respir Crit Care Med Vol 178. pp 738–744, 2008

 ⁴ Deemsomchok Journal of Chronic Obstructive Pulmonary Disease. 7:428-437, Pulmonx analysis.
 ⁵ Decision Resources Group; Wilson et al. Am J Respir Crit Care Med Vol 178. pp 738 -744, 2008.
 ⁶ Pulmonx LIBERATE TRANSFORM and IMPACT trial data.

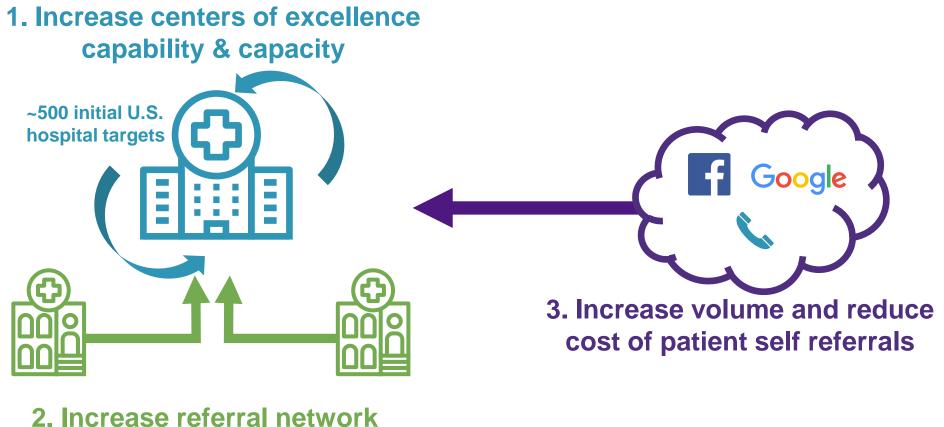
Established Global Footprint

Zephyr[®] Valves Available in >25 Countries¹

- Predominantly direct sales model with > 90% of sales direct¹
- 88 global sales territories¹
 - \circ 54 in US
 - o 34 OUS
- Significant market expansion opportunities



Comprehensive Market Development Strategy



2. Increase referral network activity

U.S. Reimbursement in Place

Coding

- Category I CPT[®] codes physician billing
- ICD-10 procedure codes for hospital payment

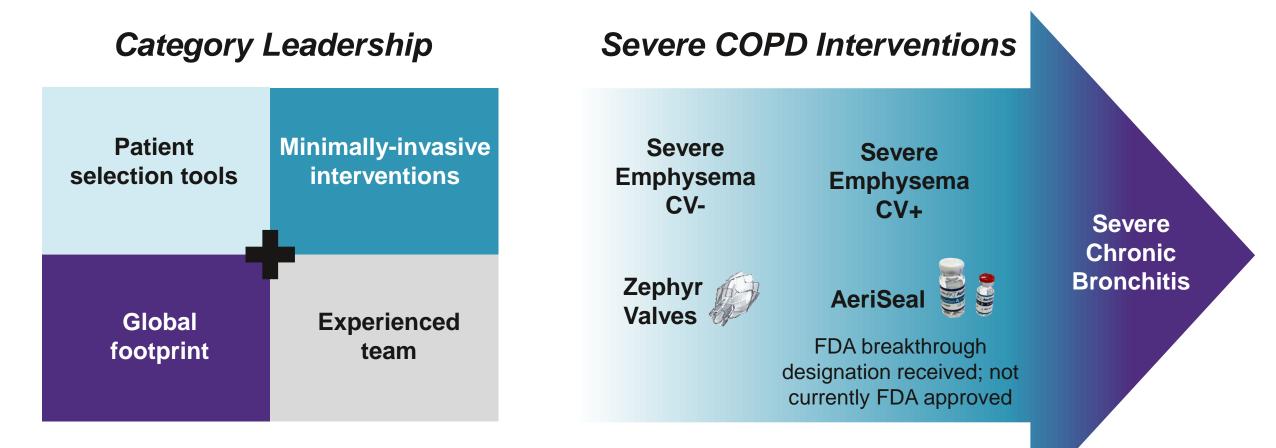
Coverage / Payer Mix

- ~50% Traditional Medicare / Medicaid
- ~25% Managed Medicare / Medicaid
- ~25% Commercial
 - Expanding Commercial coverage
 - Preauthorization approvals from major payors (>95%)

Payment

- Established physician payment
- Appropriate hospital payments
 - MS-DRGs 163, 164, 165 (Major Chest Procedures) pay facilities \$12K-32K¹
 - APC 5155 for Chartis[®] procedure when valves not placed, pays facilities >\$5K²

Vision: Build a Leading Interventional COPD Company



Financial Summary

\$16.0

Revenue

- \$10.8 million in 1Q22
 - US: \$6.0 million
 - OUS: \$4.8 million

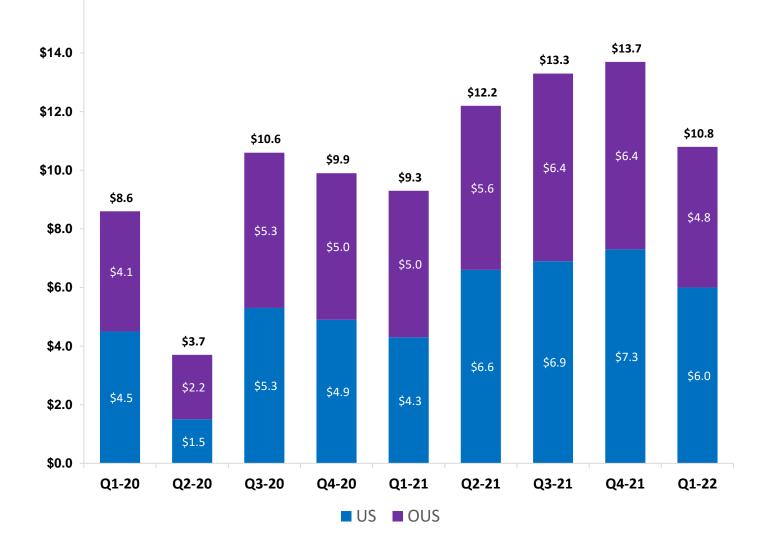
Gross Margin

• 75% in 1Q22

Cash Position

• \$176.5 million in cash, cash equivalents, and marketable securities as of 03/31/2022

Sales in \$ Millions





Thank you