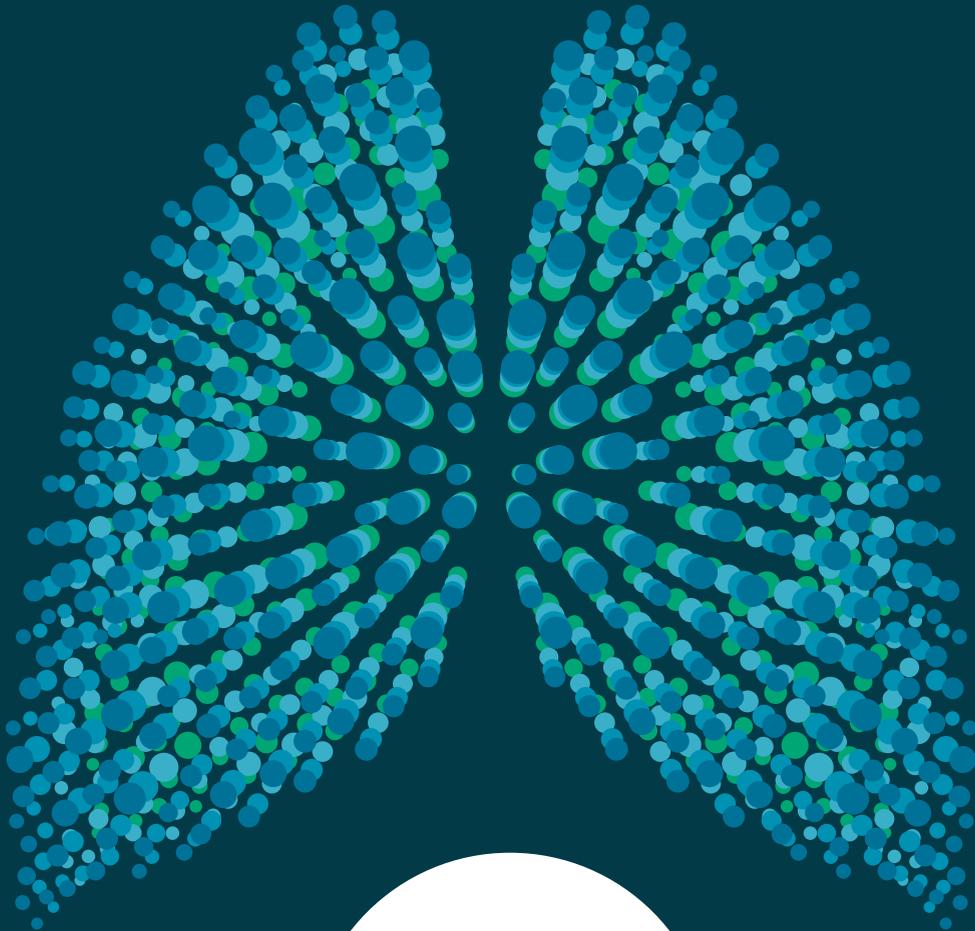


PHYSICIAN GUIDE

BREATHE EASIER™



LUNG HEALTH
INSTITUTE

Who we are

THE LUNG HEALTH INSTITUTE (LHI) IS A WORLD-CLASS AND WORLD-RECOGNIZED LEADER.

The Lung Health Institute is an innovative leader of regenerative medicine dedicated to providing cellular therapies to treat inflammatory lung disease. We offer a comprehensive wellness approach to your patient's health and provide your patients adjunctive treatments to address chronic inflammatory lung conditions. We are improving quality of life and helping people Breathe Easier™.

Our evidence-based, medical treatments and wellness approach provide patients with an integrated way to address chronic inflammatory lung diseases and may be considered beneficial adjuncts at any stage of their disease.

The Joint Commission's Gold Seal of Approval

In December 2017, the Lung Health Institute received The Joint Commission's accreditation, which is a nationally recognized Gold Seal of Approval™ in health care. The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care. Voluntarily seeking out and obtaining The Joint Commission's accreditation exemplifies the Lung Health Institute's commitment to continuous improvement and to delivering safe, high-quality care to our patients.

To earn this accreditation, the Lung Health Institute clinics chose to undergo thorough, on-site reviews of the quality and safety of care being delivered to our patients and validate that our clinics are continuously meeting national standards.

This accreditation shows the Lung Health Institute's compliance with the National Patient Safety Goals, which are specific actions that accredited organizations are required to take to prevent medical errors.



Common lung diseases we treat

OBSTRUCTIVE

Chronic obstructive pulmonary disease (COPD)

- › Chronic bronchitis
- › Emphysema
- › Bronchiectasis

RESTRICTIVE

Interstitial lung disease (ILD) (some forms)

- › Pulmonary fibrosis
- › Idiopathic pulmonary fibrosis
- › Sarcoidosis

Pneumoconiosis and other chronic inflammatory diseases

Referring your patient

Is your patient a candidate?

- › Your patient has been diagnosed with a chronic inflammatory lung disease
- › Your patient does not have a history of smoking, or has been smoke-free for at least 30 days
- › Your patient has never had hematological cancer
- › Your patient has not had cancer in the last year

When should your patient receive treatment?

Treatment may be given at any stage of lung disease progression. However, we recommend treatment as early as possible following diagnosis in order to:

- › Help slow the progression of the disease
- › Prevent further damage
- › Improve quality of life (measured by Clinical COPD Questionnaire (CCQ) score)

How we use an integrated approach to treat lung disease

Your patients are unique and deserve treatments unique to them. We offer adjunctive treatments depending on your patient's medical history, current condition, and most importantly, the desires and wishes of your patient.

At the Lung Health Institute, we require recent testing to be obtained by a primary care physician or pulmonologist before visiting us to determine suitability and treatment pathway. This medical information includes:

- › CBC
- › Chest X-ray
- › CMP
- › Medication list
- › Most recent office notes from primary care physician or pulmonologist

Our treatments revolve around the inherent healing capabilities of the body and promoting healthy lifestyles.



Help your patients Breathe Easier today.
Call **(866) 688-2572** for a complimentary consultation.

"My blood oxygen level doesn't fall below 95% since treatment. Before my treatment I would get down to 88%. I can tell a real difference."



Beverly F., 74

PASCO, WA

"When I go to family gatherings, I don't panic for air anymore. I'm able to get out with my family and my wife more without worrying."



Richard K., 64

YOUNGSTOWN, OH

Why LHI?



95% PATIENT SATISFACTION¹



CALMS LUNG INFLAMMATION



FDA-CLEARED MEDICAL DEVICE²



BOARD-CERTIFIED DOCTORS



TWO-DAY TREATMENTS



NO DOWNTIME



ADJUNCTIVE TREATMENT PLANS



85% FIND IMPROVEMENT³

¹ Every patient is given a Patient Satisfaction Survey shortly after treatment. Responses to the 11-question survey are aggregated to determine patient satisfaction with the delivery of treatment.

² FDA cleared medical-device <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K103340>

³ Quality of Life Survey data measured the patient's self-assessed quality of life and measurable quality of improvement at three months for COPD and ILD patients.



Our treatment plans

Our procedures

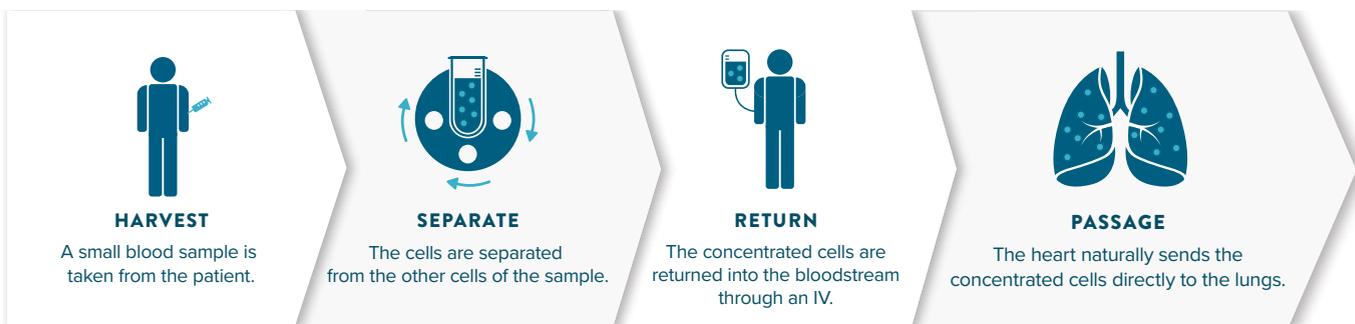
The use of minimally manipulated, autologous cells in our treatments lowers the risk of rejection and allows the treatment process to be safe and effective. Our cellular therapy (platelet-rich plasma platelet-concentrate (PRP-PC)), which focuses on using a patient's cells to help target and reduce inflammation in the lungs.

■ CELLULAR THERAPY (PRP-PC)

The cellular therapy (PRP-PC) is performed in a clinical outpatient setting over two days. This procedure is an evidence-based, viable adjunctive treatment when used with standard of care treatments for many patients with chronic obstructive pulmonary disease (COPD) and inflammatory lung disease.

Once a patient is determined to be a candidate for treatment, the patient is invited to one of our five regional clinics where:

- › Patients complete necessary paperwork
- › A practitioner reviews the patient's suitability in-person
- › A pulmonary function test is performed
- › Treatment begins



This process is repeated on day two. After the second day, the patient will be instructed on follow-up care and recommendations and provided additional information to take home. In addition to the initial treatment, patients have the option to return to the clinic three months later or any time thereafter to receive a subsequent treatment. The patient should follow up with their physician six months after treatment for a pulmonary function test (PFT).

The majority of patients experience long-term results, with more than 77% of patients reporting lasting improvement at one year following treatment.

■ ONGOING PULMONARY REHAB SUPPORT

The Lung Health Institute is committed to offering our patients resources and exercises to improve their long-term lung health. After treatment patients are given access to an online portal with exercises, pulmonary therapist support and more.

■ ANTI-INFLAMMATORY INITIATIVE™ (AI²™)

General inflammation has many harmful effects on the body, especially the lungs, possibly worsening existing breathing difficulties. The intent of the Anti-Inflammatory Initiative™ (AI²)™ is to reduce inflammation in the body through enhanced nutrition. This ketogenic-influenced plan helps patients take charge of their health by improving gut health and using healthy fats as fuel to fight inflammation. We offer three levels of Anti-Inflammatory Initiative (AI²)™ plans for patients, led by our registered dietitian.

We also address a variety of lifestyle factors like activity, sleep and stress management as part of our well-rounded approach to help your patient Breathe Easier™.

How would using this plan to reduce inflammation benefit your patient?

- › Improved symptoms
- › Better overall health
- › Boosted mood and mental clarity
- › More natural energy all day long

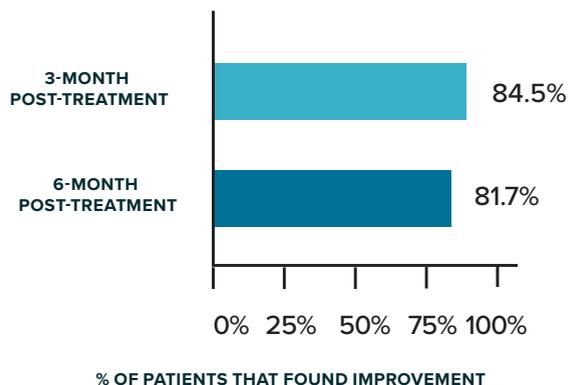
Autologous Cellular Therapy (PRP-PC) & Its Effects on COPD: An update to our original pilot study, by Jack Coleman Jr., M.D.

The purpose of this study was to test the impact of cellular therapy (PCP-PC) from the Lung Health Institute on the quality of life and the pulmonary function of patients diagnosed with COPD. The study was comprised of two parts: a quality of life survey (QLS), measured by CCQ¹ score, and a pulmonary function test (PFT).

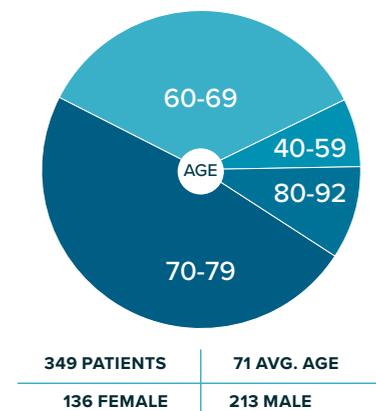
This study tested a sample of 349 COPD patients. The results of the study are as follows:

- › 84.5% of patients reported an improvement in quality of life within three months after treatment.
- › Of patients who reported an improvement in quality of life six months after treatment, the average improvement score was 33%, meaning people thought their quality of life had increased by 33% compared to where it was prior to treatment.
- › The average improvement in pulmonary function was 12% after treatment.

QUALITY IMPROVEMENT SCORE



PATIENT DEMOGRAPHICS



*Within this metric, the QIS denotes general improvement within the CCQ score, while statistically significant improvement is marked by a 0.4 or greater improvement within this score.

COPD PATIENTS' QUALITY OF LIFE SURVEY (QLS)			
	Avg. Score*	Data Size	% Improvement
Pre-Treatment	3.5	349	-
3-Month Post-Treatment	2.3	349	33.5%
6-Month Post-Treatment	2.4	349	33.0%

*The survey measured the patient's self-assessed quality of life on a 0-6 scale, with adverse Quality of Life correlated in ascending numerical order.

¹ The survey measured the patient's self-assessed quality of life on a 0-6 scale, with adverse quality of life correlated in ascending numerical order.



Autologous Cellular Therapy & Its Effects on Interstitial Lung Disease: A pilot study by Jack Coleman Jr., M.D., & Sreedevi Marakatham, M.D.

The purpose of this study was to test the possibility that cellular therapy (PCP-PC) from the Lung Health Institute could benefit patients with interstitial lung diseases (ILD) such as pulmonary fibrosis. Data was gathered from the patients taking part in the study using a quality of life survey (QLS), measured by CCQ¹ score, that was given before treatment, three months after treatment and six months after treatment.

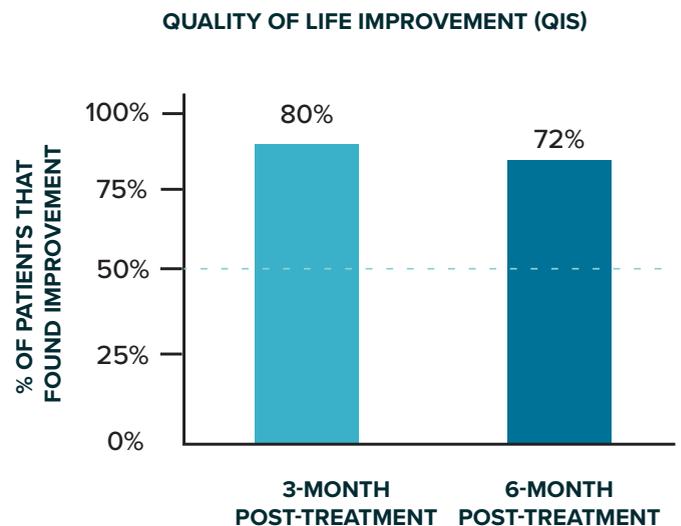
This study tested a sample of 50 patients with various interstitial lung diseases. Of these patients, 35 had pulmonary fibrosis. The results of this study are as follows:

- › 80% of the patients in the study reported an improvement in quality of life within three months after receiving cellular therapy (PRP-PC).
- › 72% of the patients in the study reported an improvement in quality of life within six months after receiving cellular therapy (PRP-PC).
- › Among those whose quality of life increased, the average improvement was 27.8% within three months of treatment (table below)*.

*Within this metric, the QIS denotes general improvement within the CCQ score, while statistically significant improvement is marked by a 0.4 or greater improvement within this score.

INTERSTITIAL LUNG DISEASE (ILD) PATIENTS			
Quality of Life (QOL)	Avg. Score*	Data Size	% Improvement
Pre-Treatment	3.2	50	-
3-Month Post-Treatment	2.3	50	27.8%
6-Month Post-Treatment	2.5	50	22.7%

During the three to six-month period after treatment, patients saw a natural decline in their progress. QLS scores dropping from 27.8% to 22.7%, the QIS from 80% to 72%, while statistically significant improvement within the QIS dropped from 70% to 58% after six months.



¹ The survey measured the patient's self-assessed quality of life on a 0-6 scale, with adverse quality of life correlated in ascending numerical order.

The Journal of Stem Cell Research Shows Evidence of the Effectiveness of our Cellular Treatment

A recent article published in the *Journal of Stem Cell Research* shows evidence that cellular therapy for chronic obstructive pulmonary disease (COPD) can be an effective way to increase quality of life in patients with chronic bronchitis or emphysema.

Our cellular therapy (PRP-PC) targets the core cause of COPD

While traditional COPD treatments, such as medication or surgery, focus on the symptoms of the condition, our cellular therapy (PRP-PC) focuses on the cause of the condition -- inflammation in the lungs. Our autologous cellular therapy (PRP-PC) helps to reduce the inflammation in the lungs and restore portions of damaged lung tissue by using the body's own cells and natural healing abilities.

After harvesting cells from a patient's blood sample, the Lung Health Institute isolates platelets and creates a platelet-rich plasma platelet-concentrate. This concentrate is then returned to the patient the same day, where it circulates through the heart and into the lungs. There, it can promote healing and reduce inflammation in patients with a wide variety of chronic lung diseases.

Effective results for reducing lung inflammation

The *Journal of Stem Cell Research* article outlines the Lung Health Institute's retrospective study of 568 COPD patients who underwent cellular therapy (PRP-PC) in 2015*. Using a CCQ, 73 percent of patients reported significant improvements in quality of life six months after cellular therapy. There were no therapy-related complications reported, and those who did not respond had no decrease in their lung function or quality of life as a result of treatment.

QOL CHANGE BY CCQ DOMAINS							
SD=Standard Deviation N=Sample Size CCQ=Clinical COPD Questionnaire		SYMPTOMS DOMAIN		FUNCTIONAL STATE DOMAIN		MENTAL STATE DOMAIN	
		Avg. (SD)	% Improved	Avg. (SD)	% Improved	Avg. (SD)	% Improved
Venous, N=265	CCQ Pre-TX	3.5 (1.1)	-	3.7 (1.3)	-	3.8 (1.6)	-
	CCQ 3-Month	2.2 (1.3)*	78.9	2.7 (1.5)*	70.2	2.1 (1.6)*	76.6
	CCQ 6-Month	2.2 (1.4)*	75.8	2.8 (1.5)*	66.8	2.3 (1.8)*	70.6
Bone Marrow, N=22	CCQ Pre-TX	3.0 (1.0)	-	3.7 (1.3)	-	3.6 (1.8)	-
	CCQ 3-Month	1.9 (1.2)*	72.7	2.5 (1.4)*	59.1	2.4 (1.9)*	68.2
	CCQ 6-Month	1.9 (1.2)*	77.3	2.7 (1.6)*	63.6	2.0 (2.0)*	68.2
Double Venous, N=5	CCQ Pre-TX	2.9 (0.8)	-	2.7 (1.6)	-	4.2 (1.6)	-
	CCQ 3-Month	2.1 (0.9)*	80.0	2.9 (1.0)	40.0	1.9 (1.7)*	100.0
	CCQ 6-Month	1.4 (1.2)*	100.0	1.9 (1.2)*	60.0	1.9 (1.6)*	100.0
Booster, N=16	CCQ Pre-TX	2.9 (0.9)	-	3.2 (0.9)	-	3.3 (1.6)	-
	CCQ 3-Month	2.2 (1.7)*	62.5	2.4 (1.3)*	75.0	1.8 (1.9)*	81.3
	CCQ 6-Month	2.4 (1.3)*	62.5	2.5 (1.1)*	50.0	1.8 (1.7)*	68.8



Help your patients Breathe Easier today.
Call (866) 688-2572 for a complimentary consultation.





LUNG HEALTH
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Call your Physician Liaison today at (866) 688-2572 to learn more about how
our treatments can help your patients Breathe Easier™.



Join our family.



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