**Airsonett**

*breathe for a change*

Airsonett AB
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www.airsonett.eu

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**Meet Air4**

For allergic asthma patients uncontrolled on optimal inhaler therapy

**Airsonett Air4 provides**

- Reduced Airway Inflammation
- Improved Sleep
- Reduced exacerbation frequencies
- Improved Asthma Control
- Improved Health-Related Quality of Life

- *without the risk of pharmacological side-effects*

Warner JD. Ther Adv Respir Dis 2017;11:181-188

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**Brief facts about Airsonett Air4**

- Height: 119-139 cm (can be adjusted depending on type of bed)
- Base unit: Length: 54 cm, Width: 34 cm
- Weight: 23 kg
- Energy consumption: Equivalent to a 60 W bulb
- Sound level: ≤ 38 dB(A)

**Intended use (EU):** Alliation of symptoms of allergy induced diseases such as allergic asthma. Airsonett provides a reduction of airborne allergen exposure by means of Temperature controlled Laminar Airflow (TLA). The device is intended for home use.

**Precaution:** Airsonett is an additional treatment to regular pharmaceutical treatments. Airsonett is used for regular treatment, not fast relief or emergency treatment.

**Safety:** As a non-invasive, non-pharmaceutical treatment Airsonett has an inherent beneficial safety profile.
NOCTURNAL ALLERGEN EXPOSURE

While at rest in bed, your mouth and nose are in close contact with pillows, mattresses and duvets that can contain large amounts of irritating particles and allergens such as house dust mites and pet dander.

During sleep your body causes an upward air flow, concentrating these airborne particles and allergens to the breathing zone.

HOW THE AIR4 WORKS

AIR-4 by Airsonett delivers cooled and filtered air that descends towards the breathing zone in a laminar manner. The clean laminar air counteracts the allergen-rich body convection flow.

In this way at least 99.5% of particles ≥0.05μm are blocked from your breathing zone all through your sleep.

This allows your airways and the immune system to rest and recuperate over night.

COST-EFFECTIVE

An economic analysis based on the 12-month observational study and UK costs showed that:

- Airsonett AIR4 is a cost-effective addition to standard therapy in patients with severe allergic asthma.
- For high-risk individuals with more severe and less well controlled asthma the use of Airsonett AIR4 to reduce incidence of hospitalisation would be cost saving to the NHS.

Air4 Clinically proven

Patients with allergic asthma uncontrolled on optimal inhaler therapy benefits the most.

REDUCES AIRWAY INFLAMMATION

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>Δ vs. Plac.</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRWAY INFLAMMATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENO all patients</td>
<td>-7.1 ppb</td>
<td>0.03</td>
</tr>
<tr>
<td>FENO &gt;45 ppb (N: TLA=96, PBO=23)</td>
<td>-29.7 ppb</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Source: 12 month double-blind randomised parallel-group multi-center trial (N=312); Age 7-70 years

IMPROVES ASTHMA CONTROL

| AVERAGE NUMBER OF EXACERBATIONS/YEAR | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| 0 | 1 | 2 | 3 | 4 |
| 0 | 1 | 2 | 3 | 4 |

Baseline
12 months TLA

EXACERBATION RELATED MEDICAL RESOURCE NEED (% PATIENTS REPORTING)

<table>
<thead>
<tr>
<th></th>
<th>Placebo TLA 12 months</th>
<th>Airsonett TLA 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER visits</td>
<td>23.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Hospitalisations</td>
<td>44.8%</td>
<td>20%</td>
</tr>
<tr>
<td>Intensive care</td>
<td>3.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: 12 months pre/post observational study in poorly controlled severe allergic asthma; N=30, 8-70 years.

IMPROVES HEALTH-RELATED QUALITY OF LIFE, SYMPTOMS AND SLEEP

CHANGE FROM BASELINE IN AQOL® SCORE

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Symptom Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.79 (p&lt;0.002)</td>
<td>0.79 (p&lt;0.002)</td>
</tr>
</tbody>
</table>

Sleep score (item 8)

Source: 12 month double-blind randomised parallel-group multi-center trial (N=312); Age 7-70 years
Subgroup analysis: Severe uncontrolled asthma (N=87)
Warner JO. Ther Adv Respir Dis 2017;11:181-88

% PATIENTS REPORTING

<table>
<thead>
<tr>
<th>Baseline TLA 12 months</th>
<th>Airsonett TLA 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalisations</td>
<td>72.4%</td>
</tr>
<tr>
<td>Intensive care</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source: 12 month double-blind randomised parallel-group multi-center trial (N=312); Age 7-70 years

RESEARCH END