INTRODUCTION TO EECP® THERAPY

The treatment is administered to patients on an outpatient basis, usually in daily one-hour sessions, five days per week over seven weeks for a total of 35 treatments. EECP® is equally effective if given twice daily, each with one-hour session separated by a minimum of 30-minutes break for a total of three and a half weeks. The procedure is well tolerated and under this suggested protocol, approximately 75% of patients experience relief of symptoms caused by their coronary artery disease following the course of treatment.

SUGGESTED TREATMENT PROTOCOL

Currently, the Centers for Medicare and Medicaid Services (CMS) and many commercial third-party insurance payers have provided coverage of EECP® treatment for patients who have been diagnosed with disabling angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as PTCA or cardiac bypass because:

1. Their condition is inoperable, or at high risk of operative complications or post-operative failure,
2. Their coronary anatomy is not readily amenable to such procedures; or
3. They have co-morbid states, which create excessive risk.

Patients with a primary diagnosis of heart failure, diabetes, peripheral vascular disease, etc. are also eligible for reimbursement under the current coverage policy, provided the primary indication for treatment with EECP® Therapy is angina or angina equivalent symptoms and the patient satisfies other listed criteria.

INTERNATIONAL EECP® PATIENT REGISTRIES

There are two International EECP® Patient Registries, (IEPR I with 5,000 patients and IEPR II with 2,500 patients) which were maintained at the Epidemiology Data Center of the University of Pittsburgh and completed in July 2001 and Oct 2004 respectively. This determined the patterns of use, safety and efficacy of EECP® for a period up to 3 years post treatment. Data collected were patients’ demographics, medical history, CAD status, quality of life, CCS Classification, medication, angina frequency and adverse clinical events before EECP®, post EECP®, and during follow-up periods.

REIMBURSEMENT

Since 1992, there have been more than 190 papers published in peer reviewed medical journals demonstrating EECP® Therapy as a non-invasive, safe, low-cost and highly effective treatment for patients with coronary artery disease. There are 8 randomized controlled trials (RCT) documenting the clinical outcomes and mechanisms of action of EECP® Therapy. The most well known RCTs were the Multicenter Study of EECP® (MUST-EECP) in the treatment of patients with angina pectoris and Prospective Evaluation of EECP® in Congestive Heart Failure (PEECH™) study. There is also a subgroup study analyzing data from the PEECH™ trial for heart failure patients age 65 or older. For a complete Bibliography or Synopsis of the Clinical Studies for EECP® Therapy, please visit: www.eecp.com.

CLINICAL EVIDENCE

Since 1992, there have been more than 190 papers published in peer reviewed medical journals demonstrating EECP® Therapy as a non-invasive, safe, low-cost and highly effective treatment for patients with coronary artery disease. There are 8 randomized controlled trials (RCT) documenting the clinical outcomes and mechanisms of action of EECP® Therapy. The most well known RCTs were the Multicenter Study of EECP® (MUST-EECP) in the treatment of patients with angina pectoris and Prospective Evaluation of EECP® in Congestive Heart Failure (PEECH™) study. There is also a subgroup study analyzing data from the PEECH™ trial for heart failure patients age 65 or older. For a complete Bibliography or Synopsis of the Clinical Studies for EECP® Therapy, please visit: www.eecp.com.

IMPROVEMENT MAINTAINED AT 3-YEAR FOLLOW UP

<table>
<thead>
<tr>
<th>CCS Class</th>
<th>No Angina</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>24.9</td>
<td>3.5</td>
<td>19.3</td>
<td>14.7</td>
<td>16</td>
</tr>
<tr>
<td>1</td>
<td>14.7</td>
<td>23.5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-EECP® 3-Year Follow Up

www.EECP.com
EECP® Therapy clinical information for patients and medical professionals

www.EECPForum.com
Discuss EECP® Therapy with patients, therapists and physicians on the message board

Free iPhone App for EECP® Therapy
Conveniently provides patients, physicians and EECP® therapists with the information necessary for optimal EECP® therapeutic care
Scan the QR Code with your iPhone to download your FREE application now!

www.Vasomedical.com
Corporate information about Vasomedical, Inc., a global leader in the non-invasive treatment of cardiovascular disease

www.VasoSolutions.com
Information about EECP® Therapy systems and other medical products that are offered by Vasomedical.

shop.Vasomedical.com
Easy online ordering of EECP® accessories and supplies, patient management products and promotional items

SEARCHING FOR TREATMENT?

Find a local EECP® Treatment center using our Treatment Locator function at www.eecp.com or on the EECP® Therapy App for iPhone.

180 Linden Avenue • Westbury, NY 11590
Phone: 800-455-EECP (3327)
Fax: 516-997-2299
customerservice@vasomedical.com

VISA01968.4
**CONTRAINDICATIONS**

EECP® Therapy should not be used for the treatment of patients with:

- Arrhythmias that interfere with machine triggering,
- Bleeding diathesis,
- Active thrombophlebitis,
- Severe lower extremity vaso-occlusive disease,
- Presence of a documented aortic aneurysm requiring surgical repair,
- Pregnancy.

<table>
<thead>
<tr>
<th>Mechanisms</th>
<th>Pathophysiological</th>
<th>Clinical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shear Stress On Arterial Wall</td>
<td>Endothelial Function ↑, Vasodilation: NO ↑</td>
<td>Vascular Resistance ↓, Hypertension ↑</td>
</tr>
<tr>
<td>Endothelial Progenitor Cells ↑</td>
<td>ET-1 ↑</td>
<td>Ischemic Region Perfusion ↑</td>
</tr>
<tr>
<td>Vascular Growth Factors ↑</td>
<td>Vascular Resistance ↑</td>
<td>Atherosclerotic Process ↓</td>
</tr>
<tr>
<td>Neurohormonal AngII ↑, BNP ↑, ANP ↑</td>
<td>Angiogenesis ↑, Collateral Circulation ↑, Microvascular Density ↑</td>
<td>Hospitalization ↓</td>
</tr>
<tr>
<td>Inflammatory Cytokines ↑, TNF-α ↑, MCP-1 ↑</td>
<td>Quality Of Life ↑</td>
<td></td>
</tr>
</tbody>
</table>

There is evidence demonstrating improved endothelial function via the hemodynamic effects by the increased shear stress acting on the arterial wall, reducing arterial stiffness and providing protective effects against inflammation, inhibiting intimal hyperplasia and the atherosclerotic process.

**PATIENT SELECTION**

EECP® Therapy is primarily used as a non-pharmacologic outpatient treatment for patients with chronic stable angina (chest pain, atypical pain, shortness of breath, fatigue, and cough). Patients with severe, diffuse coronary atherosclerosis and persistent angina, or significant silent ischemia burden, such as elderly patients and those with diabetes, challenging coronary ananomies, or debilitating heart failure, renal failure, or pulmonary disease, have also been shown to derive benefit from EECP® Therapy.

EECP® Therapy has also been demonstrated to be effective in providing symptomatic benefits in angina patients with either systolic or diastolic heart failure. For angina patients with left ventricular dysfunction, EECP® Therapy has been shown to sustain the initial benefits for up to 3 years.