FSGS Patient's Journey:
Exploring Treatment Options

1 FAMILY HEALTH ASSESSMENT

Some people with FSGS have no symptoms. When symptoms do appear, the patient may be experiencing the following:[2]

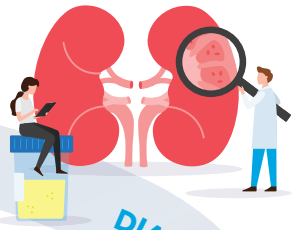
- **Swelling** in legs, ankles and/or around the eyes (edema)
- **Weight gain** due to extra fluid building in body
- **Foamy urine** (proteinuria) caused by high protein levels in the urine
- **High fat levels** in the blood (high cholesterol)
- **High blood pressure**
- **Low levels of protein** in the blood

2 TACKLING SYMPTOMS

The patient goes to their physician. If FSGS is suspected, the doctor will review patient's medical history and order a series of tests:[2]

- **Blood test:** to measure levels of protein and fat.
- **Glomerular filtration rate (GFR):** blood sample to measure how well the kidneys work.
- **Urine test:** to measure blood and protein levels in urine.
- **Kidney biopsy:** a small tissue sample is taken from the kidney, sent to lab and studied for signs of FSGS. A definitive diagnosis can only be made with a kidney biopsy.
- **Genetic testing:** may be done to see if patient was born with genes that caused the kidney disease. This information may help the doctor decide what treatment option is best.

3 DIAGNOSIS



The test comes back and confirms that the patient has Focal Segmental Glomerulosclerosis (FSGS).

4 DRUG THERAPY & LIFESTYLE CHANGES

The physician talks to the patient about lifestyle changes to help support kidney functioning:

- Follow a low sodium / low protein diet
- Be active and maintain a healthy weight
- Avoid medications that can harm kidneys (i.e., NSAIDs)
- Take daily vitamins (i.e., vitamin D)

The physician then talks about treatment options:

- Corticosteroids (steroids)
- Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin II Receptor Blockers (ARB)
- Cholesterol medication
- Anticoagulants
- Diuretics

5

Unfortunately, 50% of patients diagnosed with FSGS may not respond to the recommended drug therapies.[7] Depending on the patient's health status, the physician may recommend dialysis, kidney transplant, plasma apheresis or **lipoprotein-apheresis** (LA).

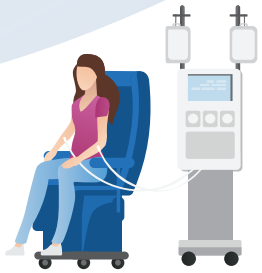
6 TREATMENT RECOMMENDATION

In cases where the patient has primary FSGS and drug therapies are unsuccessful, or the patient is post transplant, the physician may recommended lipoprotein-apheresis and connect you with the nearest treatment center.

7 ONBOARDING

The patient will meet with the LA team to see what they need to do before the first treatment (such as a switch or addition of medication, vascular access discussion, etc.).

8 ADHERENCE: MANAGING LEVELS



The patient starts treatment and should expect to be there for **2-4 hours**, per session. The physician will check the patient's kidney function (filtration rate, proteinuria, etc.) and compare with future sessions to make sure treatment goals are being met. The patient can bring items to help pass the time and relax (book, tablet, headphones, etc.).

*While individual results vary, clinical studies demonstrate benefits to FSGS patients, measured at 2, 4 and 5 years following treatment.

9 FOLLOW UP

Patients typically receive LA treatments **2x a week for 3 weeks** followed by **1x a week for 6 weeks**, for a total of 12 sessions. Patients should talk with their doctor about recommended treatment frequency, medications, and follow up care.*

PATIENT CAN ENJOY A FULL LIFE