LIPOSORBER®

Provides Hope When Drug Therapy Fails™

Getting Your PAD & FH Patients with Elevated LDL-C or Lp(a) to Their Recommended Therapeutic Targets

Peripheral Arterial Disease (PAD) in Familial Hypercholesterolemia (FH) Patients with Elevated LDL-C or Lipoprotein(a) [Lp(a)]

MAIN CAUSE OF PAD

Atherosclerosis (build-up of cholesterol in artery walls) is a predominant cause of PAD, even among young patients (70% of cases).[1]

Lp(a) HIDDEN RISK

About **1 in 5 individuals** are affected by elevated Lp(a) in the US and many experience no symptoms.[2]

REDUCED QUALITY OF LIFE

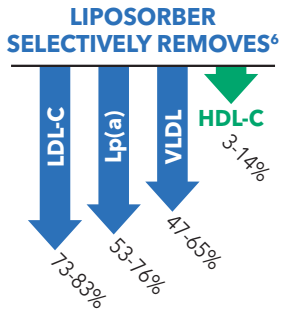
Over 1/3 of patients with PAD are symptomatic and have a reduced quality of life due to pain, functional impairment, and mobility loss.[3,4]

WHO IS AT RISK FOR PAD?

PAD is **2x more common in women** and is more frequently diagnosed in patients aged ≥60 years.[5]

Hope with LIPOSORBER®

LIPOSORBER is an extracorporeal therapy, developed to treat certain cardiovascular diseases by selectively removing Low Density Lipoprotein Cholesterol (LDL-C), Lp(a), and Very Low Density Lipoprotein (VLDL) from the blood, significantly decreasing the progression of atherosclerotic cardiovascular disease (ASCVD).



Indications For Use

LIPOSORBER is indicated for use in clinically diagnosed FH patients with either documented Coronary Artery Disease (CAD)* or Peripheral Artery Disease (PAD)†, if:

- **LDL-C ≥70 mg/dL** -or-
- **Lp(a) ≥60 mg/dL (130 nmol/L)**

And if diet and maximum tolerable combination lipid-lowering drug therapies have failed to achieve the established therapeutic targets per professional guidelines.[6]

TREATMENT FREQUENCY	
Patient Levels	**Regimen**
LDL-C ≥ 300 mg/dL	1 Session, Every Week
LDL-C 70-200 mg/dL	1 Session, Every 2 Weeks
Lp(a) ≥ 60 mg/dL (130 nmol/L)	1 Session, Every 2 Weeks

Each treatment lasts 2-4 hours, on average.

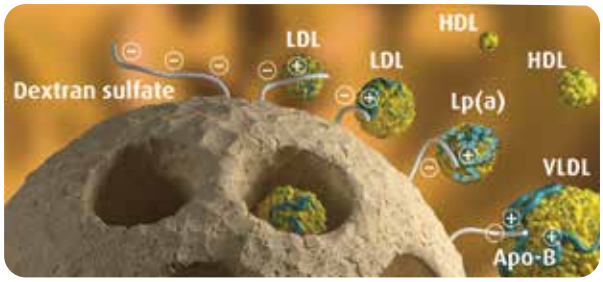
*Documented CAD: Diagnosed by: - Invasive OR CT Coronary Angiography; Electron Beam CT (EBCT); History of: Myocardial Infarction, Percutaneous Coronary Intervention, Coronary Artery Bypass Grafting † Documented PAD: Diagnosed by: - Symptoms and/or Physician exam; Ankle-Brachial Index (ABI); Ultrasound Exam; Pulse Volume Recording (PVR); Peripheral Vascular Angiography; History of: Peripheral Vascular Intervention/Peripheral Vascular bypass surgery/minor or major amputation. (Reference: FDA Approval/IFU 4.21.2020)

Kaneka

800-526-3522
liposorber.com

623 Fifth Ave, 27th FL
New York, NY 10022

LIPOSORBER® Selectivity Feature



The system's adsorbent columns are made up of **dextran sulfate cellulose beads**, which provide specific binding to certain Apo-B lipoproteins (such as LDL-C, Lp(a), and VLDL) associated with serious cardiovascular disease and vascular complications in FH patients.

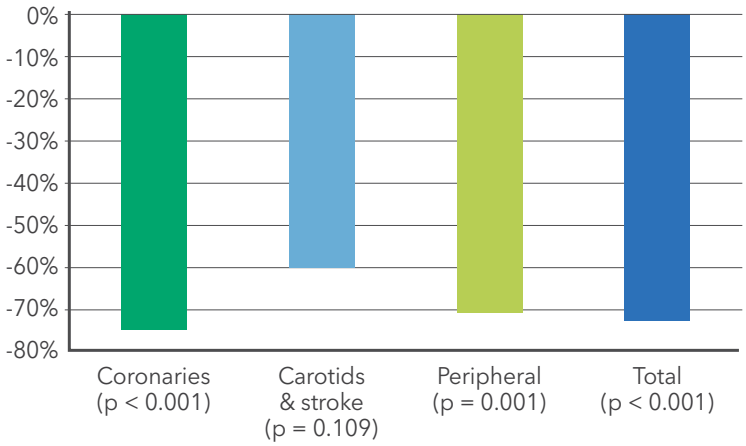
These harmful lipoproteins are **selectively removed** by the electro-static interaction between the negatively charged dextran sulfate and positively charged moiety of Apo-B.

LIPOSORBER Clinical Outcomes

A recent study investigated lipoprotein apheresis (LA) efficacy in reducing cardiovascular (CV) events in patients with elevated Lp(a), a significant risk factor for cardiovascular disease (CVD). A total of **113 patients were analyzed**, revealing a reduction in CV events across all vessel beds over a two-year LA treatment period.

Particularly striking was the **reduction in coronary artery events by 75%**, **peripheral artery events by 71%, and cerebrovascular events by 60%**, emphasizing LA's effectiveness in mitigating CVD risks associated with elevated Lp(a).[7]

REDUCTION IN CARDIOVASCULAR EVENTS IN PATIENTS UNDERGOING LIPOPROTEIN APHERESIS[7]



71%
Reduction in Peripheral Artery Events[7]

Consider LIPOSORBER for your PAD & FH patients with elevated LDL-C or Lp(a) levels when drug therapies (statins, PCSK9Is) fail to achieve the recommended therapeutic targets per established clinical guidelines.

ADVERSE EVENTS: The most common adverse events are hypotension (0.8%), nausea/vomiting (0.5%), and flushing/blotching (0.4%). Other adverse reactions include angina/chest pain, shortness of breath, fainting, lightheadedness and anemia.[6]
*Please see **bit.ly/liposorbersafety** for a full list of contraindications and complete safety information.

CONTRAINDICATION: Angiotensin converting enzyme [ACEI(s)] inhibitors are contraindicated with LIPOSORBER due to possible bradykinin reaction. ACEI(s) should be replaced with angiotensin II receptor blockers (ARBs) or any other antihypertensive agent as determined by the prescribing physician.[6]

References:

1. Maillet, A., I. Desormais, A. B. Rivière, et al. "Peripheral Atheromatous Arterial Disease in the Young: Risk Factors, Clinical Features, and Prognosis from the COPART Cohort." Angiology, vol. 68, no. 10, 2017, pp. 893-898, doi:10.1177/0003319717699501.
2. "Do You Have Elevated Lipoprotein(a)?" Familyheart.Org, 28 Feb. 2022, familyheart.org/do-you-have-elevated-lipoproteina. Accessed 15 Feb. 2023.
3. Norgren, L., W. R. Hiatt, J. A. Dormandy, et al.; TASC II Working Group. "Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II)." J Vasc Surg, vol. 45, Suppl S, 2007, pp. S5-67, doi:10.1016/j.jvs.2006.12.037.
4. Mehta, A., D. S. Dhindsa, A. Hooda, et al. "Premature Atherosclerotic Peripheral Artery Disease: An Underrecognized and Undertreated Disorder with a Rising Global Prevalence." Trends Cardiovasc Med, vol. 31, no. 6, 2021, pp. 351-358, doi:10.1016/j.tcm.2020.06.005.
5. Kim, M. S., J. Hwang, D. K. Yon, et al. "Global Burden of Peripheral Artery Disease and Its Risk Factors, 1990-2019: A Systematic Analysis for the Global Burden of Disease Study 2019." Lancet Glob Health, vol. 11, no. 10, 2023, pp. e1553-e1565, doi:10.1016/s2214-109x(23)00355-8.
6. Kaneka Medical America LLC., 2025, LIPOSORBER® LA-15 SYSTEM Operator's Manual.
7. Schatz, U., S. Tselmin, G. Müller, et al. "Most Significant Reduction of Cardiovascular Events in Patients Undergoing Lipoprotein Apheresis Due to Raised Lp(a) Levels - A Multicenter Observational Study." Atheroscler Suppl, vol. 30, 2017, pp. 246-252, doi:10.1016/j.atherosclerosissup.2017.05.047.