## **Reflux**Band Clinical Study Overview

Proprietary			
Title	Summary	References	Page
Prevention of	Objective demonstration that externally applied pressure of	Clinical Study Overview	1
Esophagopharyngeal Reflux	20-30 mmHg prevents reflux above the UES.	Prevention of Eso. Reflux	3
by Augmenting the Upper		Published Laryngoscope 2014	5
Esophageal Sphincter		Poster	12
Pressure Barrier			
Correlation of Externally	Objectively demonstrates externally applied pressure of 20-	Clinical Study Overview	1
Applied Cricoid Pressure to	30 mmHg correlates to internally applied pressure.	Poster	13
Intraluminal Pressure			
Prospective Study of Upper	Patient-centric, multi-center study demonstrating successful	Clinical Study Overview	1
Esophageal Sphincter Assist	outcomes with significant symptom reduction and high	Prospective Study of RB	14
Device for Treating	physician satisfaction. Utilized RSI scoring-nationally	Published Otolaryngology 2016	16
Extraesophageal Reflux	recognized symptom index tool.	Poster	24
Objective Evidence	Objectively demonstrated significant reduction of induced	Objective Evidence Demon	25
Demonstrating the Significant	reflux events measured through direct trans-nasal	Poster	27
Reduction of Extraesophageal	pharyngoscopic visualization, pharyngeal pH and pharyngeal		
Reflux Events	impedance.		
Efficacy of novel UES assist	Patient-centric study demonstrating symptom improvement	Clinical Study Overview	1
device in management of	with alternative symptom index scoring method, N-GSSIQ		
supra esophageal	which includes nocturnal symptom monitoring.		
complications of reflux			
disease			
Safety of an Intentionally	Demonstration that the device is safe if displaced over the	Poster	28
Displaced UES Assist Device	carotid and jugular arteries. Heart rate, blood pressure and		
	intraocular pressure were measured and shown to be		
	unchanged.		
Healthcare-Market	Based		
Upper Esophageal Sphincter	Conducted by Northwestern University.	Published Clinical	29
Assist Device Associated with	Demonstrated patient scoring symptom improvement via RSI	Gastroenterology and	
Symptom Response	First study to also measure reduction in pepsin.	Hepatology 2018.	
Upper Esophageal Sphincter	Conducted by Medical University of South Carolina.	Poster	38
Assist Device Effectiveness in	Demonstrated considerable resolution of aspiration due to		
Treating Aspiration Due to	radiation and surgically induced patulous UES		
Radiation and Surgically			
Induced Patulous Upper			
Esophageal Sphincters			
Prospective 3-Month	Conducted by Indiana University.	Poster	39
Evaluation of the Upper	Pilot to consider strengthening ability of Reflux Band on UES.		
Esophageal Sphincter Assist	Demonstrated significant increases in baseline UES pressures		
Device on Both Reflux	at 1 and 3 months post-therapy compared to pre-therapy.		
Symptoms and Intraluminal	All RSI symptoms had significant improvement at 1 and 3		
UES Pressure	months compared to pre-therapy values.		
High Economic Burden of	Conducted by Vanderbilt University.	Published in American Journal	40
Caring for Patients with	Comprehensive review of the significant costs of treating LPR	of Gastroenterology 2013	
Suspected Extraesophageal	(A.K.A. EER), particularly Rx.		
Reflux	Co-author Michael Vaezi investigator in other RB studies.		