

AirCurve™ 11



## A next-level therapy experience

For patients who benefit from pressure support

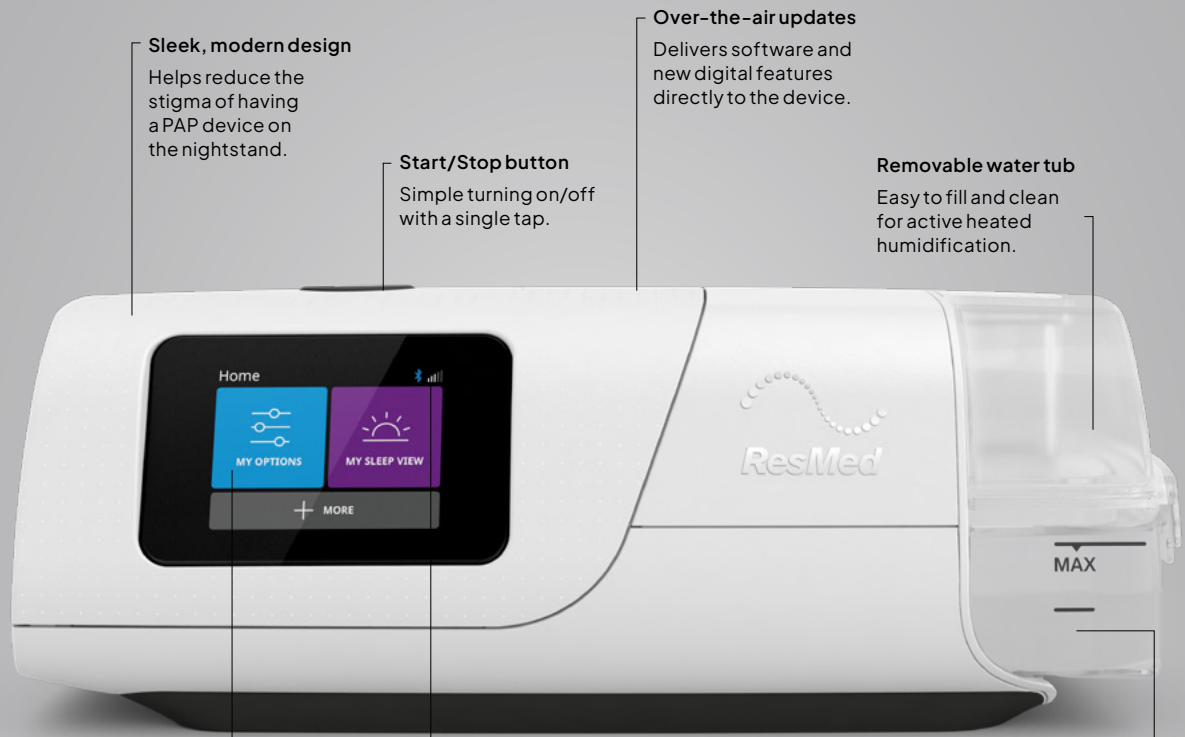
The smart way to sleep

[Resmed.com/HCP/AirCurve11](https://resmed.com/HCP/AirCurve11)



# AirCurve 11 highlights

AirCurve™ 11 helps deliver improved therapy outcomes through proven algorithms and the personalised features of the Air11™ platform, underpinned by bilevel therapy providing higher pressure on inhalation (IPAP) and lower pressure on exhalation (EPAP).



**Sleek, modern design**

Helps reduce the stigma of having a PAP device on the nightstand.

**Over-the-air updates**

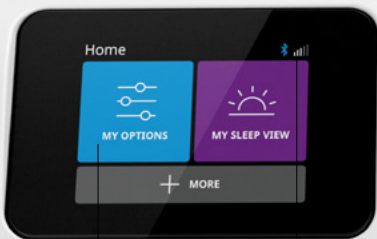
Delivers software and new digital features directly to the device.

**Start/Stop button**

Simple turning on/off with a single tap.

**Removable water tub**

Easy to fill and clean for active heated humidification.



**Touchscreen**

Makes navigating settings simple and intuitive.

**Integrated cellular and Bluetooth® communication**

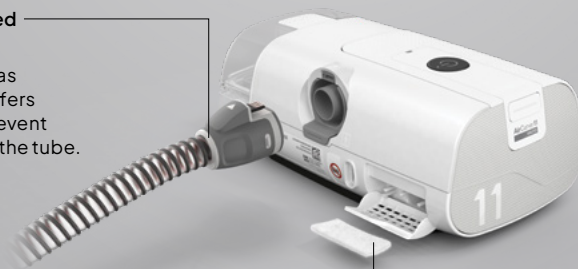
Cellular connectivity\* enables secure and automated data transmission to the cloud for access in AirView and myAir. Bluetooth connectivity to myAir assists with device setup for a more interactive therapy experience.

**Integrated heated humidifier**

Can be automatically controlled through the Climate Control feature or manually set by the user.

**Heated or non-heated tubing option**

Heated tubing, such as ClimateLineAir™ 11, offers integrated heat to prevent condensation inside the tube.



Studies show that PAP patients with heated humidification systems spend significantly more time in REM sleep and use therapy for longer.<sup>1,2</sup>

)))

## AirCurve 11 SKUs

Product name	Product code
AirCurve 11 ASV	39109

**Disposable air filters**

Made of fine mesh to filter out environmental particulates and provide cleaner air to patients.

\*Cellular connectivity depends on network availability.

# AirSolutions ecosystem highlights

AirCurve 11 devices combine the trusted algorithms of AirCurve 10 with proven Resmed Air11 features.

## AirView

A secure,™ cloud-based system that helps healthcare professionals manage patients, enabling an informed pathway to optimal care.

## AirView Support

Remote setup capability in AirView™ for AirCurve 11 and additional settings are available for remote patient management.

## Masks

Resmed masks are designed to provide an optimised therapy experience with Air11 devices and myAir™.

## AirCurve 11 devices

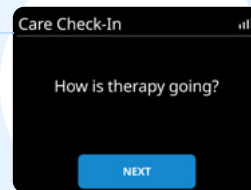
ASV bilevel devices feature the trusted algorithms used in AirCurve 10 devices.

## Test Drive

An interactive way for patients to get used to the sensation of PAP therapy at their own pace and obtain better mask fit with live leak detection.

## myAir

The myAir provides coaching and support, acting as the patient's own sleep coach† and companion, enhanced with tailored content for bilevel patients.



## Care Check-In

Care Check-In questions specific bilevel therapy goals and acclimation obstacles providing support to patients and insights to healthcare professionals.‡

## Personal Therapy Assistant

One of the many features in myAir that offers interactive, voice-guided instructions and videos to help guide patients through equipment setup and get comfortable with therapy.

# 91%

of CPAP patients who completed all Care Check-In checks achieved compliance for AirSense™ 11.<sup>3</sup>

# 87%

AirView and myAir — when used together, have been shown to increase 90-day therapy compliance to 87% compared to 70% of customers monitored in AirView alone.<sup>4††</sup>

# +1 HOUR

myAir users also consistently slept one hour longer on average each night.<sup>4</sup>

# Most suitable for treating central sleep apnea

Standard therapies are often unable to fully normalise breathing for patients with pauses in breathing due to the absence of respiratory efforts. These patients may present with central sleep apnea, obstructive sleep apnea, mixed apneas or periodic breathing, leading to discomfort and arousals.



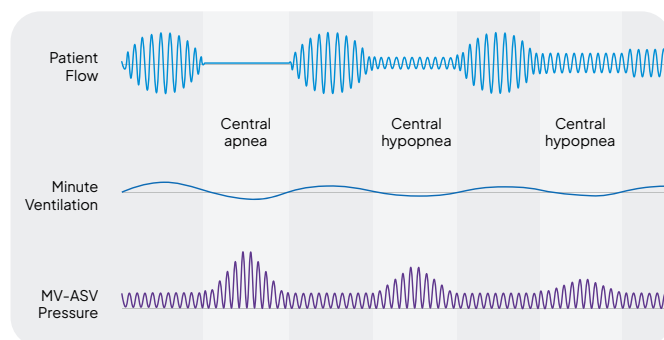
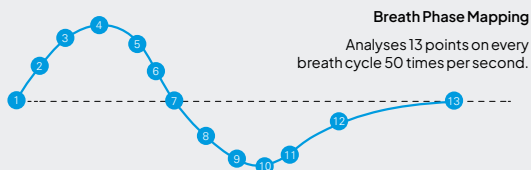
## AirCurve™ 11 ASV

Delivers bilevel therapy with **adaptive pressure support** designed to stabilise breathing and personalise therapy for patients with CSA, OSA, mixed apneas, or periodic breathing.

### How the ASV algorithm works

Leveraging Breath Phase Mapping technology, the algorithm rapidly increases pressure support in response to minute ventilation decrease to maintain it at the target.

The algorithm gradually reduces pressure support to a comfortable minimum once breathing is stabilised<sup>5</sup> to prevent over-ventilation or hypocapnia.



### Key elements of the algorithm

## ASV and ASVAuto

#### 1. Adaptive pressure support

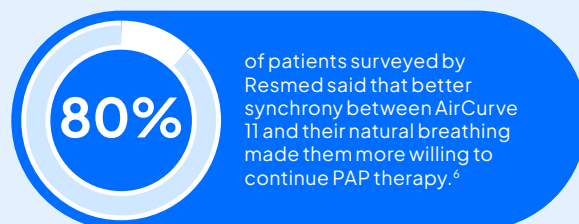
Designed to counterbalance ventilatory instability, pressure support (PS) auto-adjusts between the Min PS and the Max PS to maintain each patient's unique minute ventilation target (tidal volume and respiratory rate) while maintaining patient-device synchrony and comfort.

#### 2. AutoEPAP (ASVAuto only)

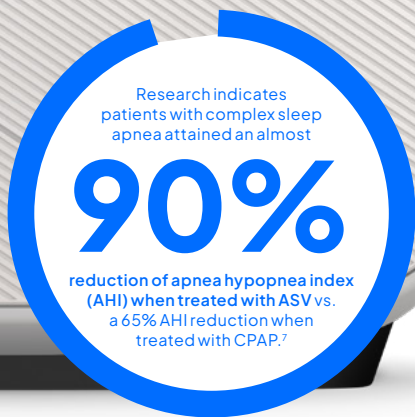
Auto-adjusts expiratory positive airway pressure (EPAP) within the allowed range (Min EPAP and Max EPAP) to maintain upper airway patency.

#### 3. Auto backup rate

Uses breath phase mapping to provide a timed backup rate synchronised with the patient's own breathing to maintain the target minute ventilation in the case of apneas.

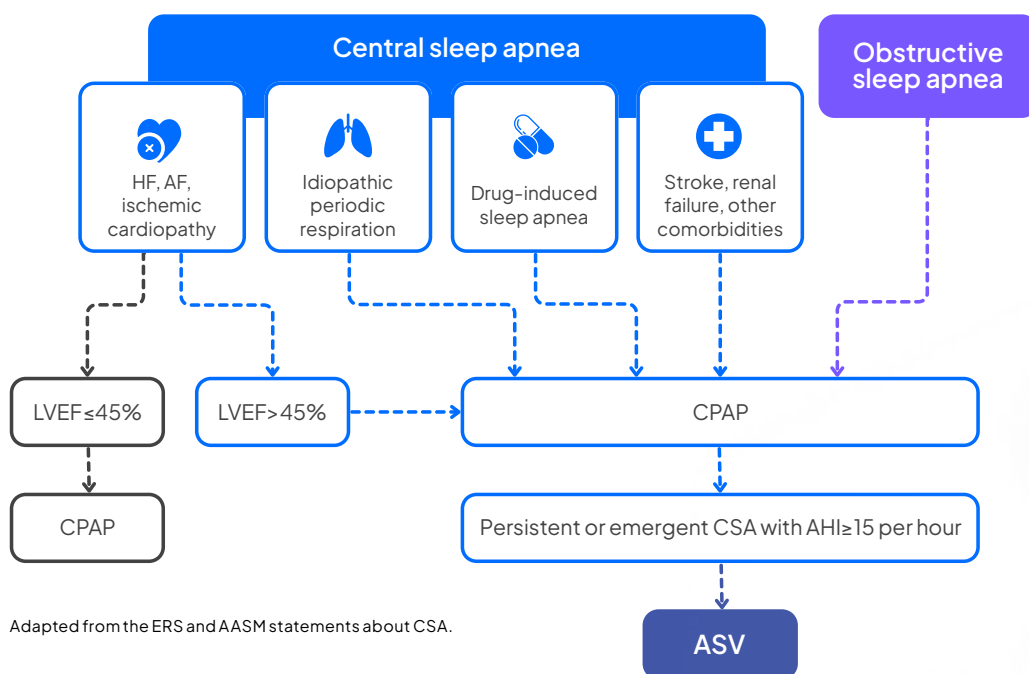


# When can ASV therapy be prescribed?



Guidelines state that ASV therapy can be prescribed in several clinical situations. The ERS statement on central sleep apnea,<sup>8</sup> the AASM guidelines,<sup>9</sup> and various statements<sup>10,11</sup> confirm that **ASV is eligible and may be useful, effective and safe in these clinical situations:**

- Central sleep apnea in heart failure with preserved ejection fraction (LVEF > 45%)
- Central sleep apnea associated with long-term drug therapy without alveolar hypoventilation
- Idiopathic central sleep apnea or Cheyne-Stokes respiration
- Treatment-emergent/persistent central sleep apnea
- Central sleep apnea after ischemic stroke



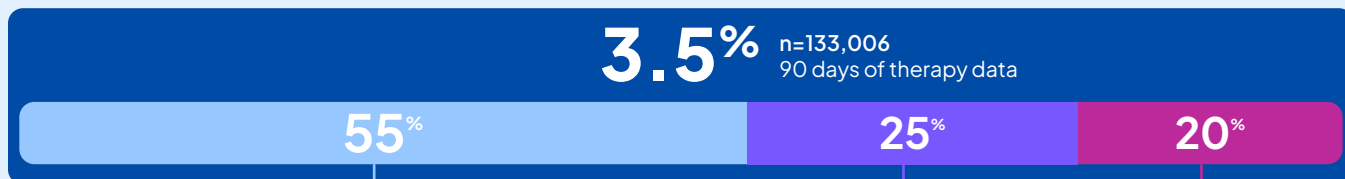
Adapted from the ERS and AASM statements about CSA.



## Big data analysis

### How prevalent is central sleep apnea?

According to a very large observational analysis of Resmed's American AirView database, which includes 133,000 patients receiving CPAP therapy,<sup>12</sup> **3.5% of patients receiving CPAP therapy have emergent, transient or persistent central sleep apnea with central apnea index (CAI) >5.**



**Transient CSA**  
(CAI ≥ 5/h in week 1, < 5/h in week 13)  
Resolves with CPAP use

**Persistent CSA**  
(CAI ≥ 5/h in week 1, ≥ 5/h in week 13)  
Persists over time even if patients receive CPAP

**Emergent CSA**  
(CAI < 5/h in week 1, ≥ 5/h in week 13)  
Appears with CPAP treatment

# Discover AirCurve 11 ASV

To find out more, contact your Resmed account manager or visit [Resmed.com/HCP/AirCurve11](https://Resmed.com/HCP/AirCurve11)

Scan the code to learn more about ASV



## Features and specifications<sup>^</sup>

AirCurve 11 ASV*	
IFU	Central sleep apnea (CSA), obstructive sleep apnea (OSA), mixed apneas or periodic breathing
Operating pressure range (cm H <sub>2</sub> O)	4–25
Therapy modes	CPAP, ASV, ASVAuto
Adaptive pressure support	✓ (ASV and ASVAuto only)
Auto-adjusting EPAP	✓ (ASVAuto only)
Auto back-up rate	✓
Ramp	✓ Manually selectable between 5 ~ 45 min
Leak management with VSync	✓

## Accessories

Product name	Product code	Product name	Product code	Product name	Product code
HumidAir 11 Standard	39100	Air11 Filter, STD 1 Pack	39300	Air11 Filter, Hypo, 50 Pack	39307
HumidAir 11 Cleanable	39112	Air11 Filter, STD 2 Pack	39301	Air11 PSU 90W ANZ	39208
ClimateLine Air 11	39104	Air11 Filter, STD 12 Pack	39302	Air11 SD Card Pack ENV 1PK	39228
SlimLine™ Tube	36810	Air11 Filter, STD 50 Pack	39303	AirCurve 11 SD Card Door	39233
SlimLine Tube Wrap	36811	Air11 Filter, Hypo, 1 Pack	39304	Air11 Side Cover	39226
Air11 Air Outlet	39220	Air11 Filter, Hypo, 2 Pack	39305	Air11 Travel Bag	39221
Air11 DC-DC Converter	39231	Air11 Filter, Hypo, 12 Pack	39306	Air11 Filter Door	29108

<sup>^</sup> Not all features available on all therapy modes. For full details of technical specifications, please refer to our clinical guide.

\* You can see only your patients' Care Check-In answers in AirView if they answer on the Air11 interface, or if they answer on the myAir app and consent to share that data with their care provider.

† Coaching entails personalised feedback to encourage continuation of therapy. This is not a healthcare service and is not performed by licensed healthcare providers. Patients are encouraged to speak with their treating clinicians for any clinical symptoms or medical conditions.

†† As defined by CMS criteria within the first 3 months of initial PAP therapy use: > 4 h/n, at least 70% of nights, during a consecutive 30-day period.

\*ASV therapy is contraindicated in patients with chronic, symptomatic heart failure (NYHA 2–4) with reduced left ventricular ejection fraction (LVEF ≤ 45%) and moderate to severe predominant central sleep apnea.

\*\* AirView was built to be secure and compliant with (EU) 2016/679 (General Data Protection Regulation) and national privacy laws. It uses data encryption technologies to secure patient data. Resmed obtained dual HDS/ISO 27001 certification for AirView and myAir to demonstrate our commitment to secure data processing and hosting and to ensure our teams and systems were operating at the highest standards, as verified by independent auditors.

<sup>1</sup> Kline LR et al. Compared with cold passover humidification. NCPAP Acceptance and Compliance is altered by humidification. Sleep 1999 (Abstract).

<sup>2</sup> Niluis et al. Impact of a controlled heated tube humidifier on sleep quality during CPAP therapy in a cool sleeping environment. Eur Respir J 2008; 31: 830–836.

<sup>3</sup> Resmed analysis of Care Check-In data of patients using a Resmed AirSense device and who have at least 90 days of therapy data. Data collected April 16, 2021 – May 12, 2022. n=12,409. Actual results may vary.

<sup>4</sup> Malhotra et al. Patient engagement using new technology to improve adherence to positive airway pressure therapy: A retrospective analysis. CHEST, 2018; 153(4):843–850.

<sup>5</sup> Aurora RN, Bista SR, Casey KR, et al. The Treatment of Central Sleep Apnea Syndromes in Adults: Practice Parameters with an Evidence-Based Literature Review and Meta-Analyses. JCSM 2016;12(5):757–761

<sup>6</sup> Resmed online survey of U.S. patients registered with myAir, conducted July–August 2022 (total N=97; question-level N=38–95). Data on file: eLB1708–37.

<sup>7</sup> Morgenthaler et al. Randomized controlled trial: The Complex Sleep Apnea Resolution Study: CPAP vs. ASV. Sleep 1999 (Abstract).

<sup>8</sup> Randerath W et al. Definition, discrimination, diagnosis and treatment of central breathing disturbances during sleep. ERJ Express. Published on December 5, 2016 as doi: 10.1183/13993003.00959–2016.

<sup>9</sup> Aurora et al. Updated Adaptive Servo-Ventilation Recommendations for the 2012 AASM Guideline: The Treatment of Central Sleep Apnoea Syndromes in Adults: Practice Parameters with an Evidence-Based Literature Review and Meta-Analyses. Journal of Clinical Sleep Medicine, Vol. 12, No. 5, 2016

<sup>10</sup> Priou P et al. Adaptive servo-ventilation: How does it fit into the treatment of central sleep apnea syndrome. Expert opinions. Revue des Maladies Respiratoires, 2015 Dec, 32(10):1072–81.

<sup>11</sup> D'Ortho et al. European Respiratory & Pulmonary Diseases, 2016; 2(1): <http://doi.org/10.17925/ERPD.2016.02.01.1>.

<sup>12</sup> Liu et al. Trajectories of emergent central sleep apnoea during continuous positive airway pressure therapy. Chest. 2017; 152(4):751–60

ALWAYS READ THE LABEL AND FOLLOW THE INSTRUCTIONS FOR USE. You or your customers should speak to their doctor about symptoms and whether a CPAP device is suitable.



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