

Redefining Oxygen Therapy: A Novel, Fixed-Concentration Delivery Method

COMPANY "VITAL STATS"

Location: Boston, Massachusetts

Year Founded: 2021

OXFO Corporation is redefining oxygen therapy. Through patented concentration-based technology, we eliminate exertional hypoxia and oxygen waste. Our portfolio of supplemental oxygen devices designed for ambulatory and hospital patients provides stable FiO_2 , greater mobility, and cost savings.

Significant Milestones

- Key patents granted
- 4 completed/2 ongoing clinical studies
- Regulatory Clearance and Commercialization in LATAM
- Scalable supply chain
- \$4.5M in funding to date

PARTNER WITH US

- Seeking strategic partners and investors
- Currently raising \$2M for FDA, CE, and other major commercial markets

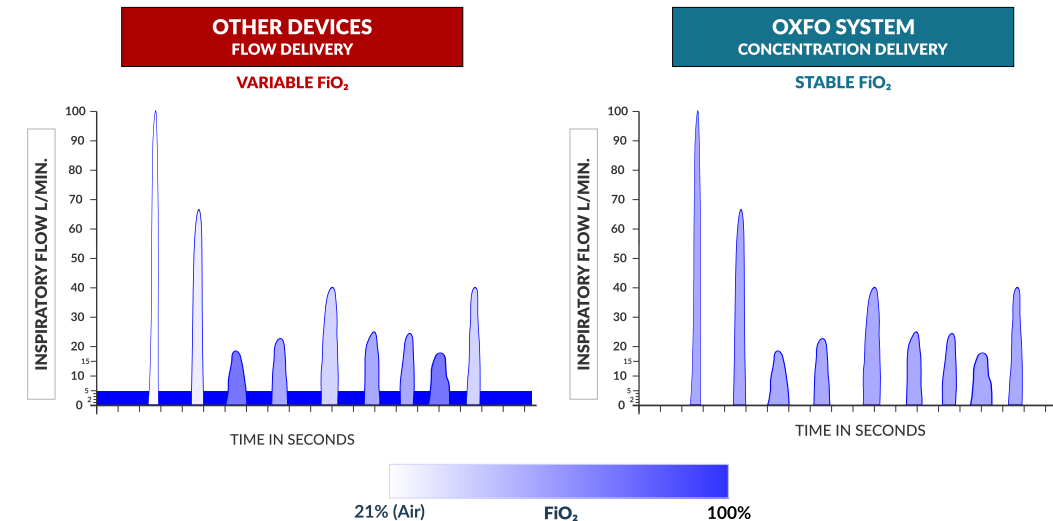
PROBLEM: THE FLOW-DELIVERY PARADIGM

The mismatch between patient flow demand and device flow delivery creates variable FiO_2 , causing exertional hypoxia.

SOLUTION: THE CONCENTRATION-DELIVERY PARADIGM

A passive reservoir allows patient demand to withdraw a consistent FiO_2 despite fluctuations in tidal volume, peak inspiratory flow, and respiratory frequency.

Feature	Current Therapies (Forced Flow)	OXFO System (Patient-Created Flow)
Prescription Parameter	Flow Rate (LPM) indirect and imprecise	Concentration (FiO_2) direct and precise
Exertional Hypoxia	Common fixed flow does not match increased flow demand	Eliminated reservoir matches flow demand
FiO_2 with Activity	Drops entrained air dilutes delivered oxygen	Consistent stable FiO_2 across ALL activity levels
Delivery Principle	Device Flow Delivery device settings control flow	Patient Flow Demand patient inhalation modulates all flow
Oxygen Waste	Often continuous flow during exhalation	Eliminated precise match to patient demand



Brent H. Young, MD.



WEBSITE OXFO





When Oxygen Concentrators Fall Short During Ambulation:

A Feasibility Study of OXFO-RBS in Augmenting 5L/min Concentrator Performance to Restore Adequate Saturation

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BACKGROUND

PROBLEM: Many patients using a 5L/min home oxygen concentrator experience exertional hypoxia, resulting in escalation to more costly equipment.

STUDY QUESTION: Can OXFO-RBS, coupled with a 5L/min concentrator, restore adequate saturation during ambulation?

METHODS

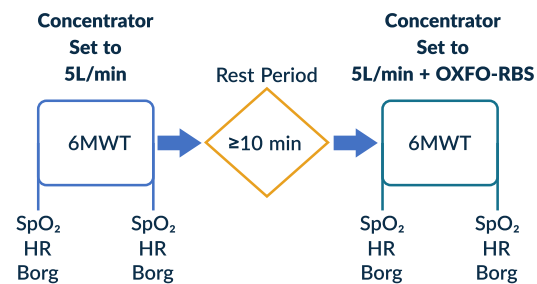
INTERVENTION: The OXFO-RBS uses a passive reservoir allowing the patient to withdraw a consistent FiO₂ despite fluctuations in breathing patterns. This changes the delivery paradigm from flow-based to concentration-based.

SAMPLE:

Eight patients prescribed 3L/min at rest with a 5L/min home concentrator underwent standard-of-care evaluation with OXFO-RBS.

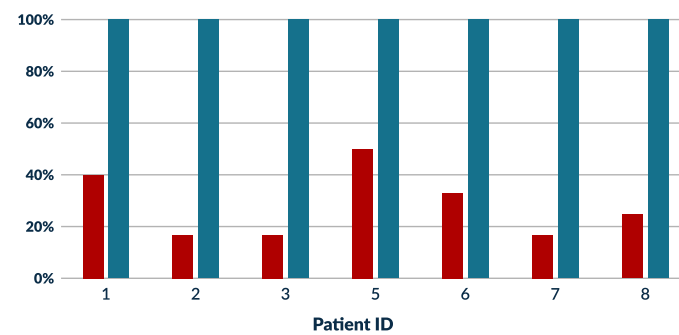
Patient 4's data were excluded: they stopped the 6-minute walk test due to leg fatigue, but did not desaturate <88%.

DESIGN:

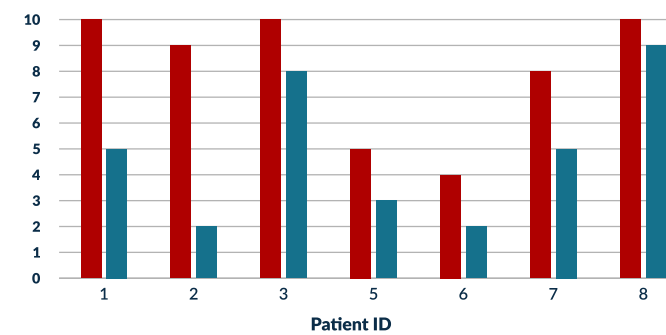


Key:
6MWT= 6-minute walk test
HR= heart rate
Borg= Borg Dyspnea Scale

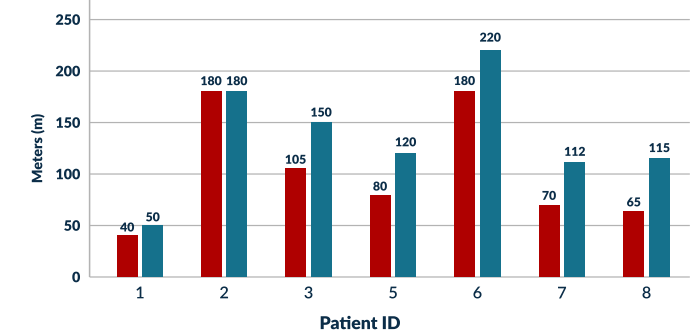
Proportion of Time with SpO₂ ≥ 88% During the 6MWT



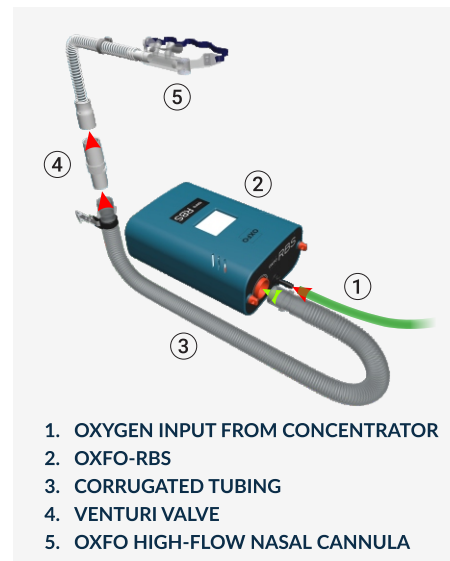
Borg Dyspnea Scale at the End of the 6MWT



Total Distance Walked During the 6MWT



■ Concentrator 5L/min ■ Concentrator 5L/min + OXFO-RBS



	Concentrator 5L/min Mean (SD)	Concentrator 5L/min + OXFO-RBS Mean (SD)	Paired t-test
Proportion of Time with SpO ₂ ≥ 88%	0.28 (0.13)	1.00 (0.0)	p < 0.001
Borg Dyspnea Scale Pre-6MWT	0.7 (1.0)	0.6 (0.8)	p = 0.36
Borg Dyspnea Scale Post-6MWT	8.0 (2.5)	4.9 (2.8)	p < 0.01
Total Distance (m)	102.9 (56.1)	135.4 (54.4)	p < 0.01

DISCUSSION

The OXFO-RBS coupled with a concentrator eliminated hypoxia and significantly improved exercise tolerance and dyspnea. This concentration-based delivery method maintained adequate saturation during increased inspiratory demand. These data suggest potential clinical and financial benefits through fewer exacerbations, hospitalizations, and escalations to more costly equipment.