



SeaStar Medical Announces Chief Medical Officer, Kevin Chung, M.D., to Present at the Pediatric Paracorporeal and Extracorporeal Therapy Symposium (PPETS) 2026

September 29, 2026

Dr. Chung to deliver an oral presentation highlighting QUELIMMUNE®, an advanced extracorporeal therapy for critically ill pediatric patients with acute kidney injury (AKI)

DENVER, Sept. 29, 2026 (GLOBE NEWSWIRE) -- SeaStar Medical Holding Corporation (Nasdaq: ICU), a commercial-stage healthcare company focused on transformational treatments for critically ill patients facing organ failure and potential loss of life announced today that its Chief Medical Officer, Kevin Chung, M.D., will deliver an invited talk at the 2026 PPETS conference, hosted by Texas Children's Hospital in Houston, Texas, October 6 - 8, 2026.

The annual PPETS conference gathers leading international pediatric nephrologists, intensivists, neonatologists, and extracorporeal therapy specialists to share innovations in pediatric continuous renal replacement therapy (CRRT), extracorporeal membrane oxygenation (ECMO), and related therapies. It addresses practice variation, emerging technologies, and evidence gaps through expert-led sessions, case discussions, and simulation-based training.

"I'm grateful to the PPETS organizers for the opportunity to participate in this important meeting," said Dr. Chung. "I look forward to sharing lessons from our experience with QUELIMMUNE and discussing what we've learned about translating medical innovation into delivering improved outcomes to the most vulnerable patients."

Dr. Chung's presentation will highlight lessons learned in medical device innovation, using QUELIMMUNE as an example of the journey, from identifying an unmet clinical need to bringing a new therapy to the bedside. He is one of four presenters at the following session that also includes a session by James Odum, M.D., Pediatric Critical Care Medicine, Children's Hospital of Alabama, regarding the use of SeaStar Medical's Selective Cytopheretic Device (SCD) therapy:

The Future of Pediatric Extracorporeal Therapies Innovation, Emerging Technologies, and the Next Generation of Support

Date & Time: Tuesday, October 6, 2026, 8:30 am to 10:00 am CDT

Presentations Include:

Dynamic renal monitoring: Are Daily Serum Creatinine a Thing of The Past?

Stuart Goldstein, M.D., Director, Center for Acute Care Nephrology, Cincinnati Children's Hospital Medical Center

Endotoxin Removal: Reversing Triggers of Immune Dysregulation

John Kellum, M.D., Distinguished Professor of Critical Care Medicine, University of Pittsburgh School of Medicine

Taming Monocytes and Neutrophils: Reversing Severe AKI by Leveraging Selective Cytopheretic Devices

James Odum, M.D., Pediatric Critical Care Medicine, Children's Hospital of Alabama at University of Alabama

Pipeline for Device Development: How to Support The Next Generation of Thinkers

Kevin Chung, M.D., Chief Medical Officer, SeaStar Medical

About QUELIMMUNE

The [QUELIMMUNE® \(SCD-PED\) therapy](#) is being commercialized for children with AKI and sepsis or septic condition weighing 10 kilograms or more who are on antibiotics and being treated in the ICU with RRT. It was approved in February 2024 under a Humanitarian Device Exemption application.

Data from two clinical trials of the QUELIMMUNE therapy, published in [Kidney Medicine](#), showed a 77% survival rate in patient treated with QUELIMMUNE versus standard of care, representing an approximate 50% reduction in loss of life compared to historical data in this patient population. No dialysis was required for survivors, and 87.5% of survivors had normal kidney function at Day 60 after ICU discharge. In February 2026, data published in the prestigious, peer-reviewed journal, [Pediatric Nephrology](#), highlighted the early experience from the QUELIMMUNE [SAVE Registry](#), a post-approval surveillance registry, evaluating the role

of the QUELIMMUNE therapy in the treatment of critically ill pediatric patients with life-threatening Acute Kidney Injury (AKI) and sepsis requiring renal replacement therapy. Observations from the first 21 pediatric patients with AKI and sepsis requiring renal replacement therapy showed no device-related adverse events or infections and no reports of immunosuppressive effects by the device. In addition, preliminary outcomes analyses show a 76% survival rate at Day 28 and Day 60, and a 71% survival rate at Day 90. These new data are on track to validate a 50% reduction in patient mortality at 60 days compared to historical data, similar to what was observed in the registration study reported in [Kidney Medicine](#).

The patented technology behind QUELIMMUNE is known as the Selective Cytopheretic Device (SCD) therapy and has broad applications for treating the destructive hyperinflammation that shuts down organ function and causes loss of life.

About the SeaStar Medical Selective Cytopheretic Device (SCD) Therapy

The SCD therapy is designed as a disease-modifying device that neutralizes over-active immune cells and stops the cytokine storm that yields destructive hyperinflammation and creates a cascade of events that wreak havoc in the patient's body. The SCD therapy is designed for broad applications in multiple acute and chronic kidney and cardiovascular diseases, representing patients who today have no FDA-approved options for treating their disease. Unlike pathogen removal and other blood-purification tools, the SCD therapy is integrated with an existing continuous RRT hemofiltration system to selectively target and transition proinflammatory monocytes to a reparative state and promote activated neutrophils to be less inflammatory. This unique immunomodulation approach may promote long-term organ recovery, eliminate the need for future continuous RRT, including dialysis, and prevent loss of life.

About NEUTRALIZE-AKI Pivotal Trial

The [NEUTRALIZE-AKI](#) (NEUTrophil and monocyte deActivation via SeLective Cytopheretic Device – a randomIZEd clinical trial in Acute Kidney Injury) pivotal trial is evaluating the safety and efficacy of the SCD therapy in 339 adults with AKI in the ICU receiving continuous RRT. The trial's primary endpoint is a composite of 90-day mortality or dialysis dependency of patients treated with the SCD therapy in addition to continuous RRT as the standard of care, compared with the control group receiving only continuous RRT standard of care. Secondary endpoints include mortality at 28 days, ICU-free days in the first 28 days, major adverse kidney events at Day 90 and dialysis dependency at one year. The study will also include subgroup analyses to explore the effectiveness of the SCD therapy in AKI patients with sepsis and acute respiratory distress syndrome.

About Acute Kidney Injury (AKI) and Hyperinflammation

AKI is characterized by a sudden and temporary loss of kidney function and can be caused by a variety of conditions such as severe infections or other septic conditions, severe trauma, surgery, and organ failures. AKI can cause destructive hyperinflammation, which is the overproduction or overactivity of inflammatory effector cells and other molecules that can be toxic. Damage resulting from this destructive hyperinflammation in AKI can progress to other organs, such as the heart or liver, and potentially to multi-organ dysfunction or even failure that could result in worse outcomes, including increased risk of death. Even after resolution, these patients may face complications including chronic kidney disease or end-stage renal disease (ESRD) requiring dialysis. Extreme hyperinflammation may also contribute to added healthcare costs, such as prolonged ICU stays and increased reliance on dialysis and mechanical ventilation.

About SeaStar Medical

SeaStar Medical is a commercial-stage healthcare company focused on transformational treatments for critically ill patients facing organ failure and potential loss of life. SeaStar Medical's first commercial product, [QUELIMMUNE \(SCD-PED\)](#), was approved in 2024 by the U.S. Food and Drug Administration (FDA). It is the only FDA approved product for the ultra-rare condition of life-threatening Acute Kidney Injury (AKI) due to sepsis or a septic condition requiring renal replacement therapy (RRT) in critically ill pediatric patients. SeaStar Medical's Selective Cytopheretic Device (SCD) therapy has been awarded Breakthrough Device Designation for six therapeutic indications by the FDA, enabling the potential for a speedier pathway to approval and preferable reimbursement dynamics at commercial launch.

For more information visit www.seastarmedical.com or visit us on [LinkedIn](#) or [X](#).

Forward-Looking Statements

This press release contains certain forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. These forward-looking statements include, without limitation, SeaStar Medical's expectations with respect to commercial acceptance of QUELIMMUNE; the ability of SCD to treat patients with AKI and other diseases; the expected regulatory approval process and timeline for commercialization; and the ability of SeaStar Medical to meet the expected timeline. Words such as "believe," "project," "expect," "anticipate," "estimate," "intend," "strategy," "future," "opportunity," "plan," "may," "should," "will," "would," "will be," "will continue," "will likely result," and similar expressions are intended to identify such forward-looking statements. Forward-looking statements are predictions, projections and other statements about future events that are based on current expectations and assumptions and, as a result, are subject to significant risks and uncertainties that could cause the actual results to differ materially from the expected results. Most of these factors are outside SeaStar Medical's control and are difficult to predict. Factors that may cause actual future events to differ materially from the expected results include, but are not limited to: (i) the risk that SeaStar Medical may not be able to obtain regulatory approval of its SCD product candidates; (ii) the risk that SeaStar Medical may not be able to raise sufficient capital to fund its operations,

including current or future clinical trials; (iii) the risk that SeaStar Medical and its current and future collaborators are unable to successfully develop and commercialize its products or services, or experience significant delays in doing so, including failure to achieve approval of its products by applicable federal and state regulators, (iv) the risk that SeaStar Medical may never achieve or sustain profitability; (v) the risk that SeaStar Medical may not be able to secure additional financing on acceptable terms; (vi) the risk that third-party suppliers and manufacturers are not able to fully and timely meet their obligations, (vii) the risk of product liability or regulatory lawsuits or proceedings relating to SeaStar Medical's products and services, (viii) the risk that SeaStar Medical is unable to secure or protect its intellectual property, and (ix) other risks and uncertainties indicated from time to time in SeaStar Medical's Annual Report on Form 10-K, including those under the "Risk Factors" section therein and in SeaStar Medical's other filings with the SEC. The foregoing list of factors is not exhaustive. Forward-looking statements speak only as of the date they are made. Readers are cautioned not to put undue reliance on forward-looking statements, and SeaStar Medical assumes no obligation and do not intend to update or revise these forward-looking statements, whether as a result of new information, future events, or otherwise.

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QUELIMMUNE is a registered trademark of SeaStar Medical Holding Corporation.