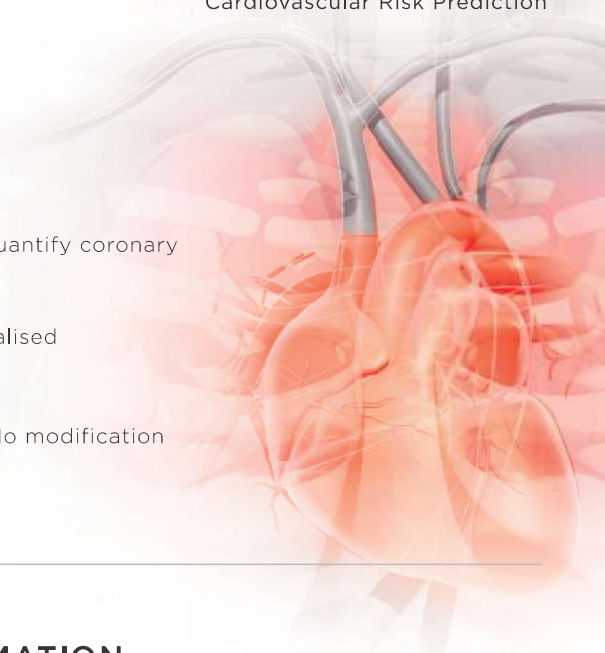


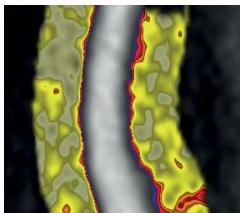
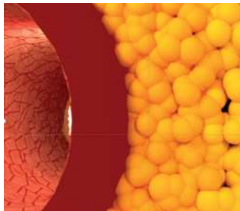
CaRi-Heart® ANALYSIS

Uncover Inflammation. Predict Heart Attacks.

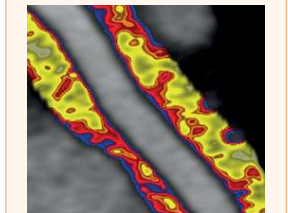
- Combines novel scientific insights with Artificial Intelligence (AI) to quantify coronary inflammation¹
- Provides prognostic information on future CV risk to facilitate personalised prevention^{2,3}
- Can be performed on any standard CCTA, including historical scans. No modification of CT hardware or image acquisition protocols is needed



HEALTHY



INFLAMED



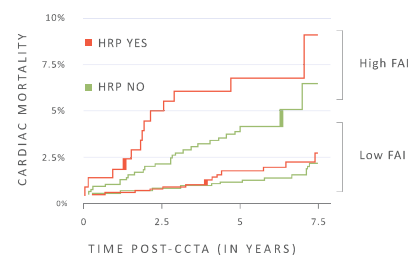
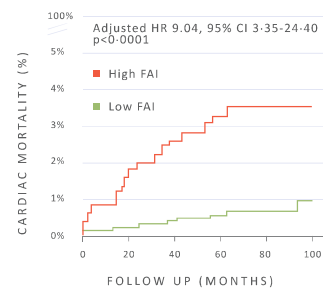
INFLAMMATION

The Missing Piece of the Puzzle

- Most heart attacks occur in people who have a coronary lesion with <50% diameter stenosis^{4,5}
- Coronary inflammation is the principal driver of atherosclerosis and plaque rupture, but is missed by current diagnostic tests
- Treating inflammation reduces events, even in unselected populations^{6,7,8,9}
- Identification of coronary inflammation would facilitate personalised prevention, allowing tailoring of treatments to reduce future cardiovascular risk

THE SCIENCE BEHIND CaRi-Heart®

- Coronary inflammation causes changes in the size and composition of perivascular adipose tissue surrounding the coronary arteries, even before plaques are visible on CCTA
- These changes are quantified as the Fat Attenuation Index (FAI), a precision imaging biomarker of coronary inflammation and shown as a 3D colour map co-registered with the CCTA
- FAI was validated against 1400 fat biopsies, and the landmark CRISP-CT study established its prognostic value^{1,2}

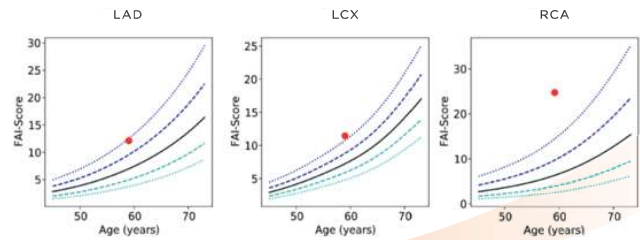
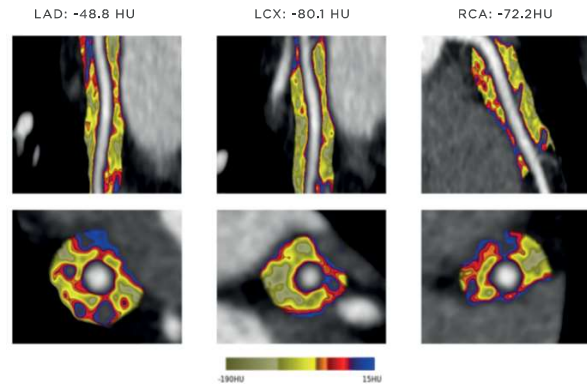


CRISP-CT: In 4239 consecutive patients undergoing CCTA, abnormal FAI was associated with a 6-9-fold increased risk of cardiac death and a 5-fold increased risk of MI. This was after adjustment for risk factors (e.g. age, sex, hypertension, hypercholesterolemia, diabetes and smoking)². FAI was more important prognostically than High-Risk Plaque features (HRP)³.

CaRi-Heart® IN CLINICAL USE

CaRi-Heart® provides physicians with information to help personalise patient management decisions:

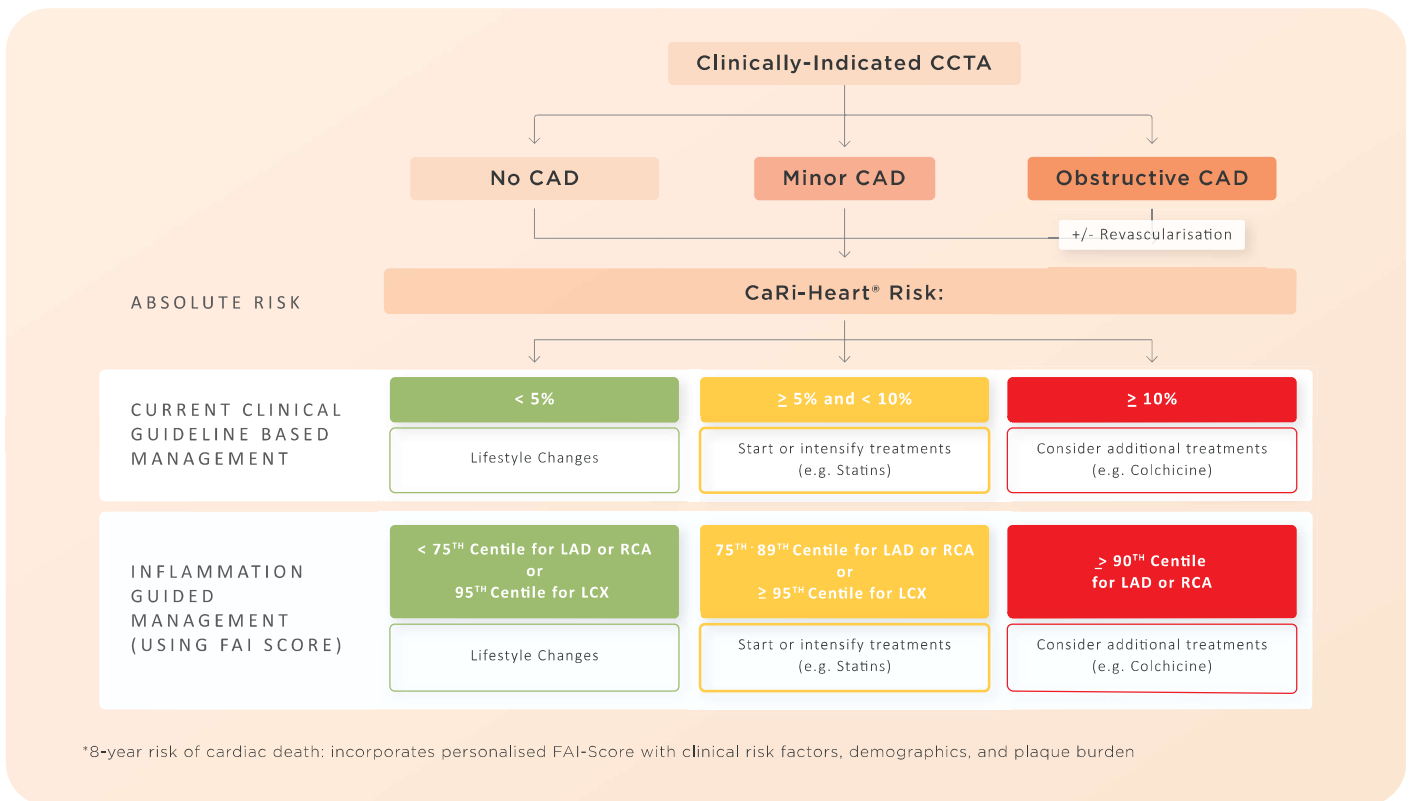
- 1 **Fat Attenuation Index (FAI):** An unadjusted, visual representation of coronary inflammation
- 2 **FAI Score:** An individualised quantification of coronary inflammation adjusted for age and gender. It represents the relative risk of a patient, and is expressed in percentile value for comparisons
- 3 **CaRi-Heart® Risk:** The absolute risk of a fatal cardiac event within the next 8 years, based on the personalised FAI-Score values, coronary atherosclerotic plaque burden and clinical risk factors



— 90th percentile — 75th percentile — 50th percentile — 25th percentile — 10th percentile • Patient

CaRi-Heart® significantly improves risk prediction compared to clinical risk factor-based models providing actionable results to facilitate tailored patient management.¹⁰

Vision for incorporating FAI-Score into current clinical workflows¹⁰



*8-year risk of cardiac death: incorporates personalised FAI-Score with clinical risk factors, demographics, and plaque burden

To find out more about Caristo and our technology, please visit us at www.caristo.com
In the United States CaRi-Heart® is limited to investigational use only

1. Antonopoulos et al. Sci Transl Med 2017
2. Oikonomou et al. Lancet 2018
3. Oikonomou et al. J Am Coll Cardiol 2020
4. Hoffman et al. J Am Coll Cardiol 2009
5. Chang et al. J Am Coll Cardiol 2018
6. Ridker et al. N Eng J Med 2008
7. Ridker et al. N Eng J Med 2017
8. Tardif et al. N Eng J Med 2019
9. Nidorf et al. N Eng J Med 2020
10. Oikonomou et al. Cardiovasc Res 2021



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