# INVESTOR PRESENTATION

**OCTOBER 2021**


# SOZO® Digital Health Platform

Technology

Transformation

Adoption

Affirmation

Growth

impedimed®

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# Our Transformation

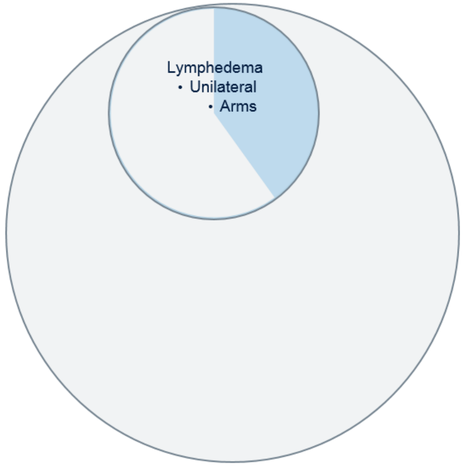
## Medical Device

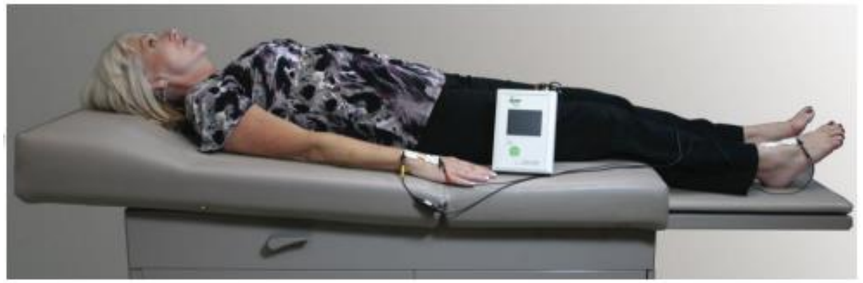
### U400 BIS Device

U400

- ~20 **Minute** Test
- Trained Nurse/Therapist
- Standalone Device
- Gel Backed Electrodes
- Manual Data Download
- **Single** Application

Cancer Population^



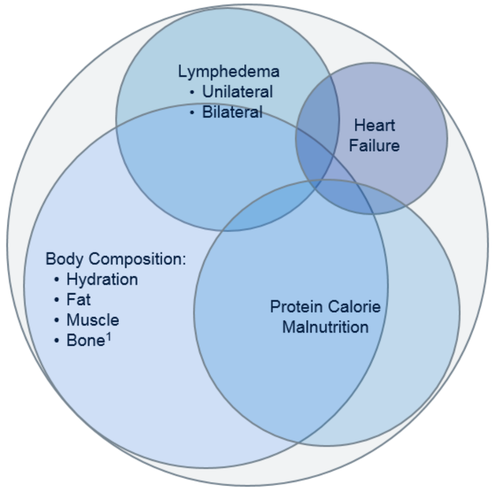
## Connected Digital Health Platform

### SOZO Platform

SOZO®

- Less than 30 **Second** Test
- Medical Assistant
- Connected Device
- Cloud-based SaaS* Pricing Model
- On Device, Online or via EHR**
- **Multiple** Applications


Cancer Population^



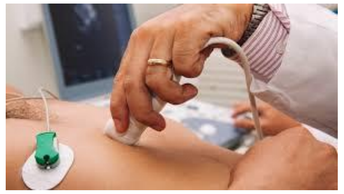

* SaaS = Software-as-a-Service
** EHR = Electronic Health Records
^ The bubbles depicting Cancer Population sizes is for illustrative purposes only and not reflective of actual market sizes.
1. Bone analysis and FDA clearance is in development.

# ImpediMed's Technology

Using Bioimpedance Spectroscopy (BIS), SOZO non-invasively measures, monitors and manages fluid status and tissue composition

## Inferred Measures of Fluid

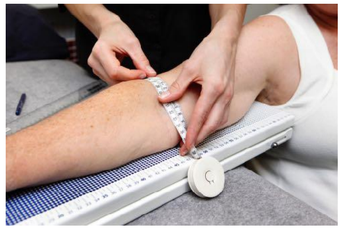
Imaging



Implantables

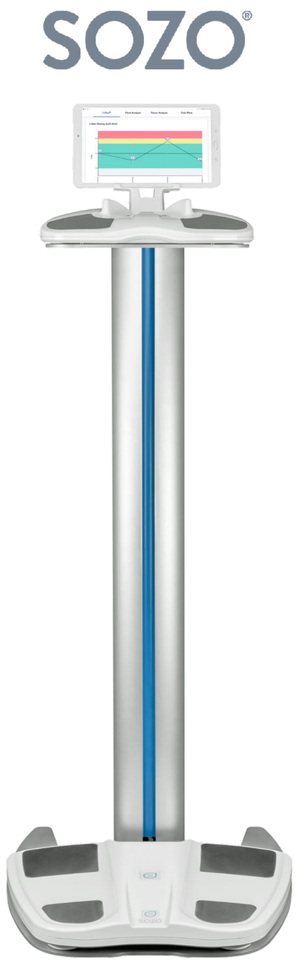
Weight

Volume

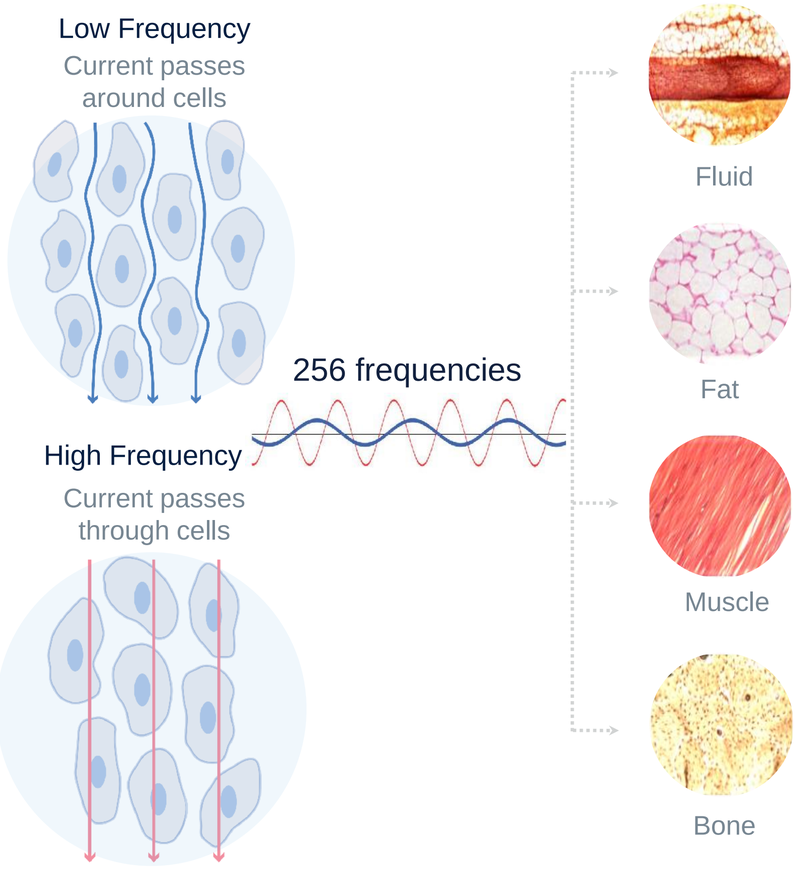


Observation

## SOZO Directly Measures Fluid




Bioimpedance Spectroscopy (BIS)



# Comprehensive Data

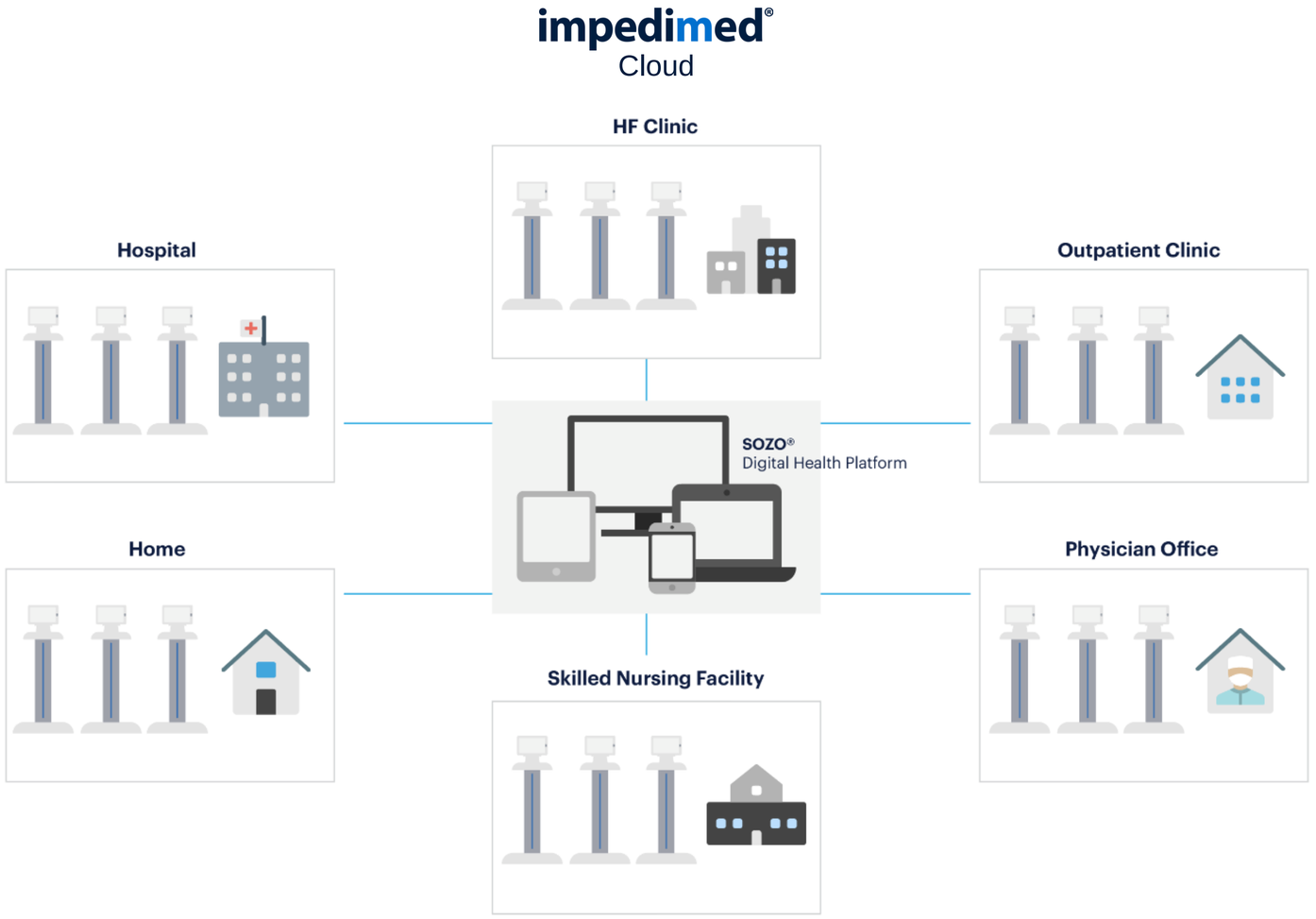
## SOZO® measures and tracks critical patient data

- L-Dex® lymphoedema index
- Total body water
- Extracellular fluid
- Intracellular fluid
- Skeletal muscle mass
- Fat mass
- Fat-free mass
- HF-Dex™ heart failure index
- Protein and minerals
- Basal metabolic rate
- Phase angle
- Body mass index
- Segmental analysis
- Hy-Dex® hydration analysis[1]


1. Hy-Dex® hydration analysis is only intended for use with healthy individuals.

# Connected Digital Health Platform

Test patients at any location and allows data access and sharing across the entire healthcare system




## Access

Test patients at any location and immediately review results online

## Trends

Track trends in patient data for actionable results

## Scalable

Add and move test locations without any additional software setup

## Secure

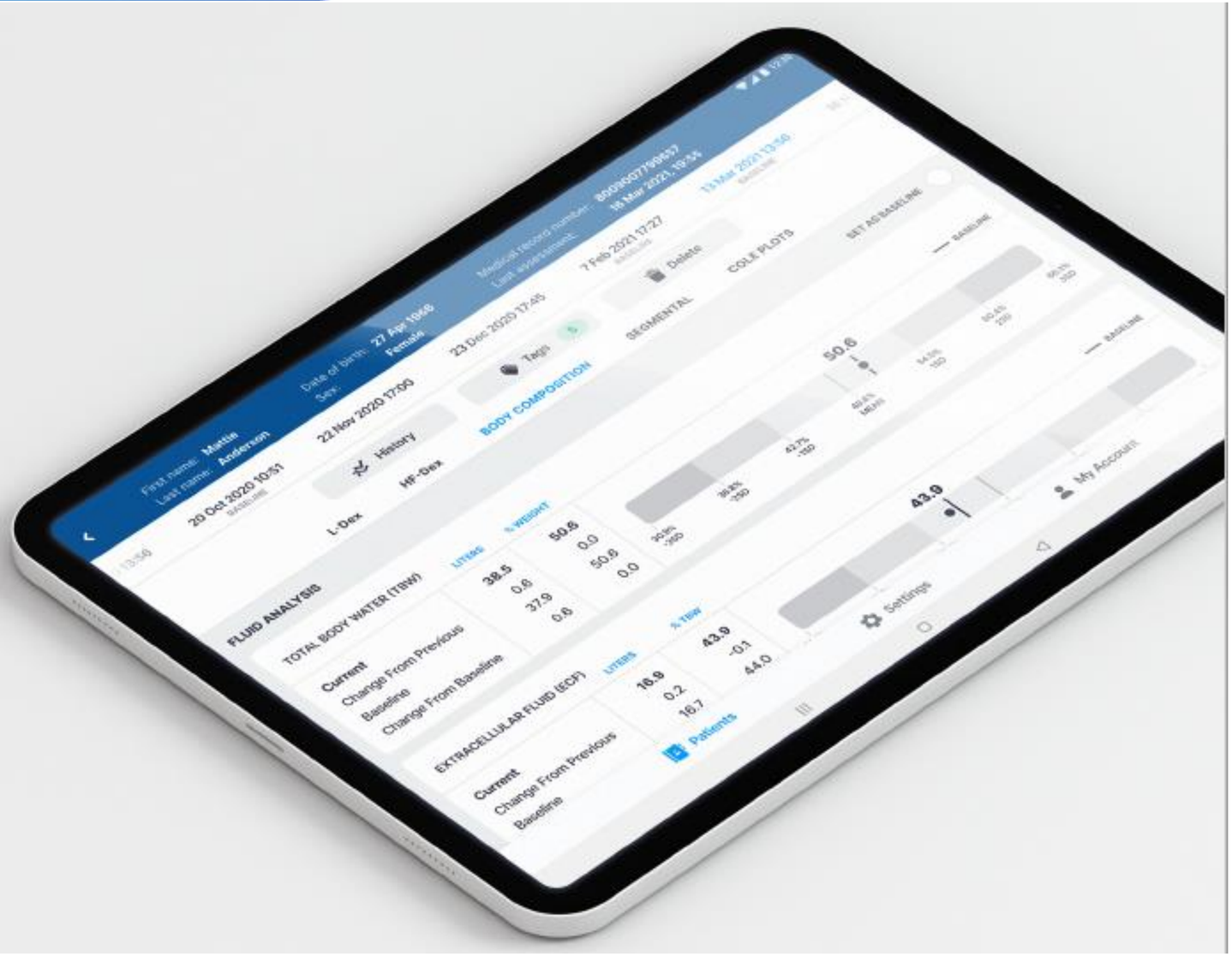
Control who accesses the SOZO network and establish unique security settings

aws

HITRUST CSF Certified

Atlas Security Score A

# SOZO® Digital Health Platform




## 1 Device, Multiple Applications

- Lymphoedema
  FDA Clearance, CE Mark
- Heart Failure
  FDA Clearance, CE Mark
- End Stage Renal Disease**
  CE Mark
- Protein Calorie Malnutrition
  FDA Clearance, CE Mark
- Body Composition
  FDA Clearance, CE Mark
- Bone Density^
- Venus Insufficiency^^

* Refer to Appendix for a Glossary of terms used

** kidneyfund.org: Kidney failure is the last and most severe stage of chronic kidney disease and is also referred to as End-Stage Renal Disease (ESRD)

^ Algorithm has been developed and preliminary discussions have been held with FDA

^^ Proof of concept studies undertaken; no regulatory applications submitted to date

# Platform Technology, Transforming Care: Initial Focus on Three Large Addressable Markets

## Oncology

Lymphoedema
Protein Calorie Malnutrition^
Dehydration

A$1+ billion

## Heart Failure

Fluid Overload
Protein Calorie Malnutrition^

A$700+ million

## Renal Failure

Fluid Overload
Protein Energy Wasting^

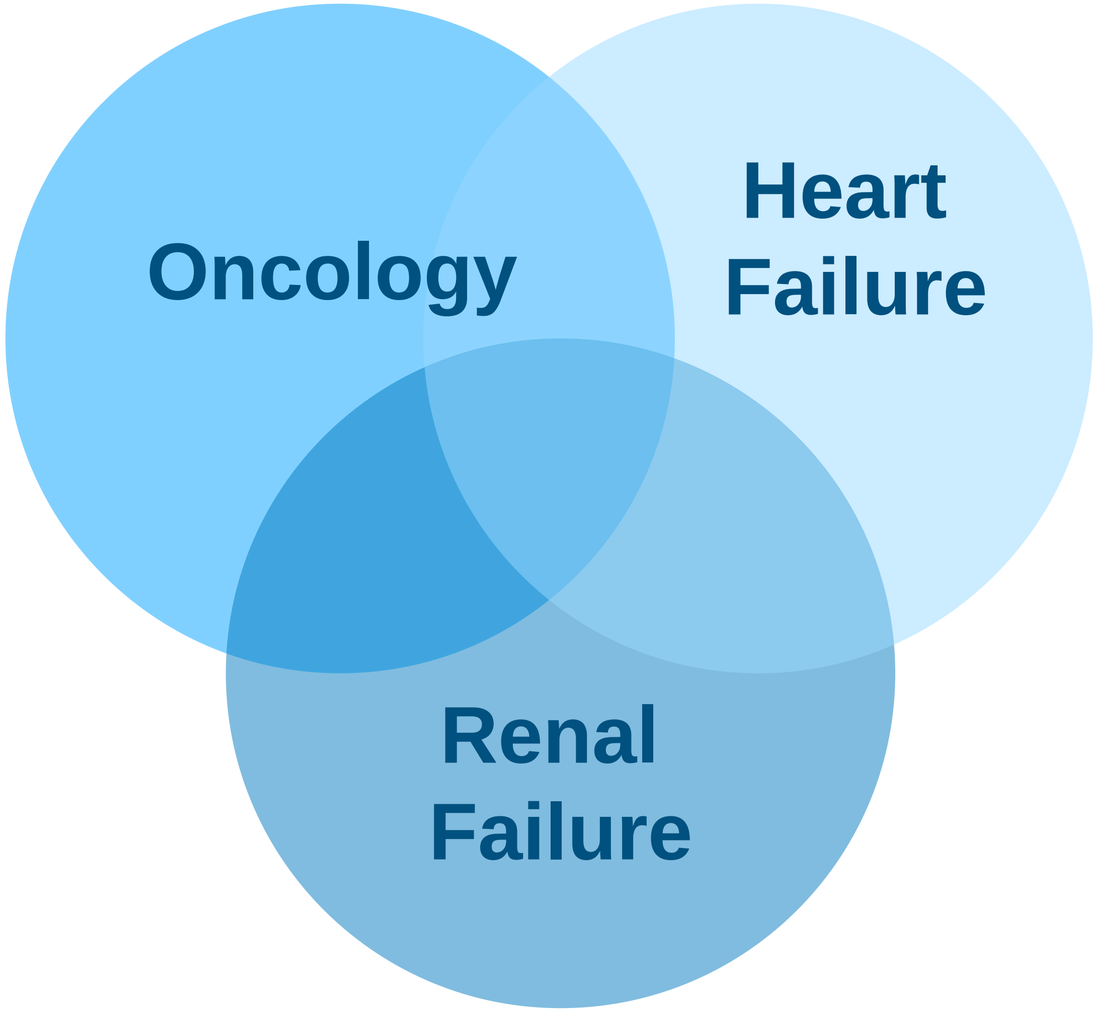
A$300+ million

**$2.0+ Billion**
Annual Addressable Market

^In Renal Failure, the terms Protein Calorie Malnutrition (PCM) and Protein Energy Wasting are often used interchangeably. ImpediMed most commonly refers to this disease state as PCM

# Markets Significantly Overlap

- Cardiovascular disease is the leading cause of death among people on dialysis with kidney disease
- Dialysis patients experience high rates of mortality, driven largely by an exceptionally high rate of cardiovascular related mortality
- Common for people with chronic kidney disease or end stage renal failure to develop heart disease
- Heart failure leads to a 11.4x greater risk for end stage renal failure
- Protein calorie malnutrition or protein energy wasting is common in patients with chronic kidney disease and is one of the strongest predictors of patient mortality
- Cardiovascular disease is the predominant cause of death in breast cancer patients aged over 50
- The risk of death from heart disease in cancer patients is 2.24x that of the general population
- Protein calorie malnutrition is the most common secondary diagnosis in cancer patients affecting more than 50% of patients with certain cancers



# Strong Adoption, Validated Technology

**770+**
SOZO Devices in Core Business

**375+**
SOZO Devices in Clinical Business


National Comprehensive Cancer Network®

NATIONAL CANCER INSTITUTE
Center for Cancer Research

**34**

**AstraZeneca**
**2 international drug studies involving 375+ sites in 28 countries evaluating fluid volumes (heart failure & renal failure patients)**

MAYO CLINIC Cancer Center
THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Cleveland Clinic
KU MEDICAL CENTER The University of Kansas
VANDERBILT UNIVERSITY MEDICAL CENTER
SHARP San Diego's Health Care Leader
City of Hope
UPMC University of Pittsburgh Medical Center
Montefiore HEALTH SYSTEM
University Hospitals
NSW GOVERNMENT Health
MACQUARIE University

# Q4 FY 2021 SOZO® Revenue and Patient Tests

**$10m+**

Annual Revenue Run Rate

**$2.3m**

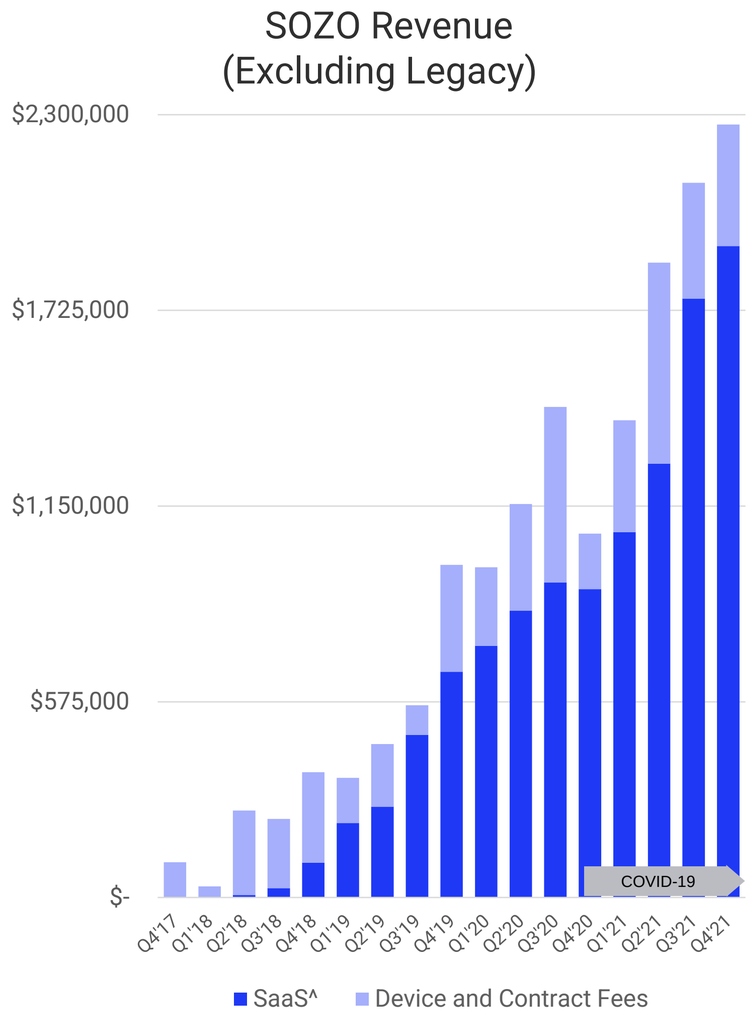
SOZO Revenue
+109% YOY

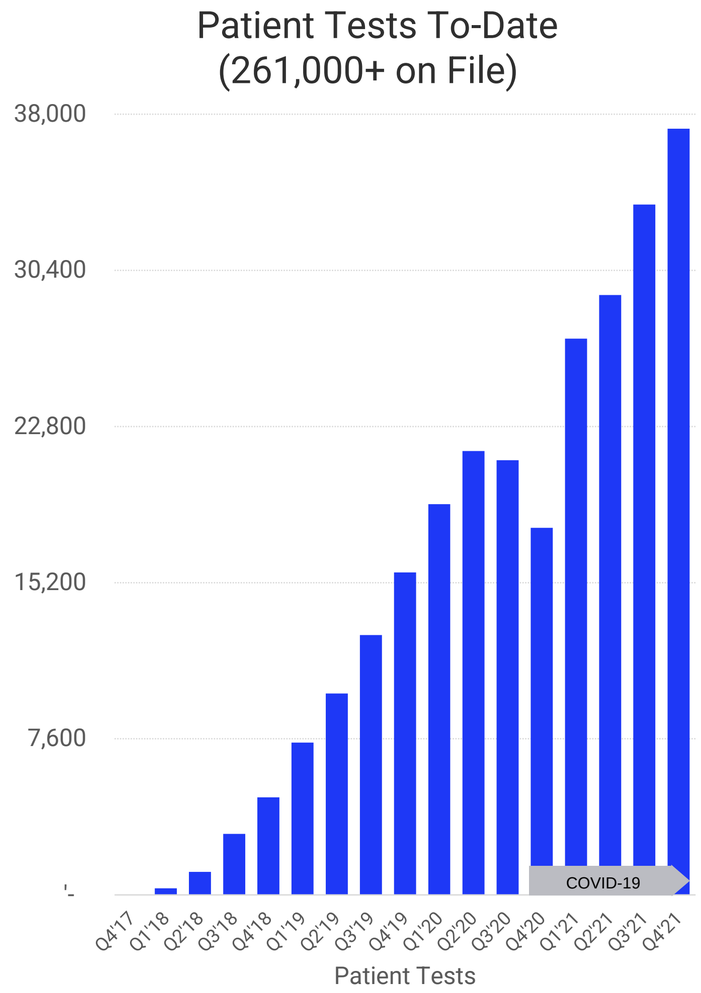
✓ **RECORD QUARTER**

**37,000+**

Patient Tests
+109% YOY

✓ **RECORD QUARTER**

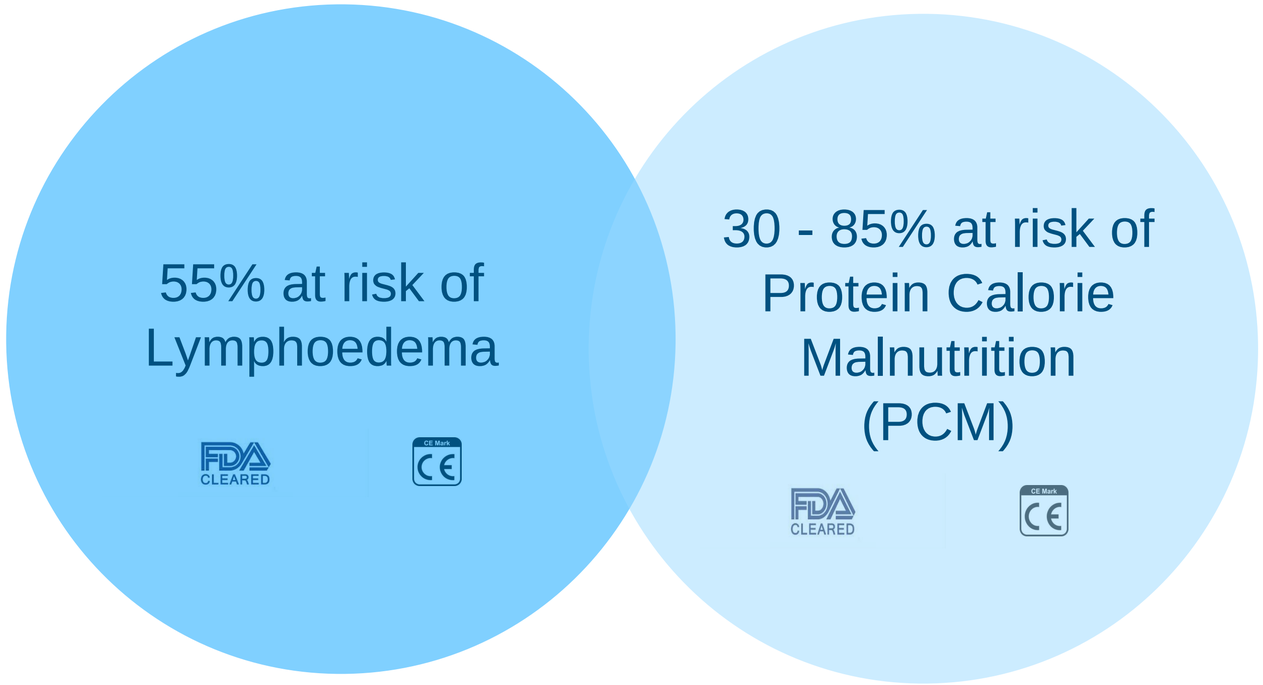



^The values shown are for SaaS Revenue are across all lines of business, including the Core Business and Clinical Business.

All figures are stated in Australian dollars (AUD) unless otherwise notated.

# Oncology



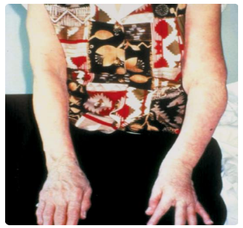

## $1.4 Billion

Annual Addressable Market[1]

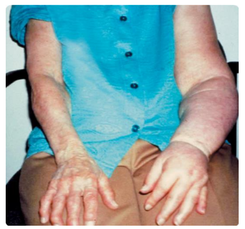
1 Assumes: 17 lymphoedema tests as per Lymphoedema Prevention Program protocol and 7 PCM checks at $50

- 1.8m newly diagnosed cancer cases per year in the US
- 1 in 3 at risk cancer survivors will develop secondary lymphoedema
- Lymphoedema costs the US healthcare system ~$7 bn p.a.

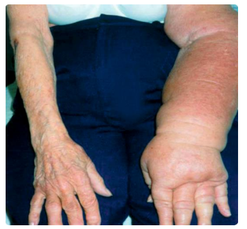
Stage 1 – Pitting Edema



Stage 2 - Irreversible



Stage 3 - Elephantiasis



- ImpediMed's PREVENT trial showed 92% of patients with early detection of cancer-related lymphoedema using L-Dex and intervention did not progress to chronic lymphoedema
- Protein Calorie Malnutrition is the most common secondary diagnosis in cancer patients, affecting more than 50% of patients with certain cancers
- ImpediMed is the first and only company with an FDA Clearance for Protein Calorie Malnutrition

# PREVENT Trial Successful, Statistically Significant

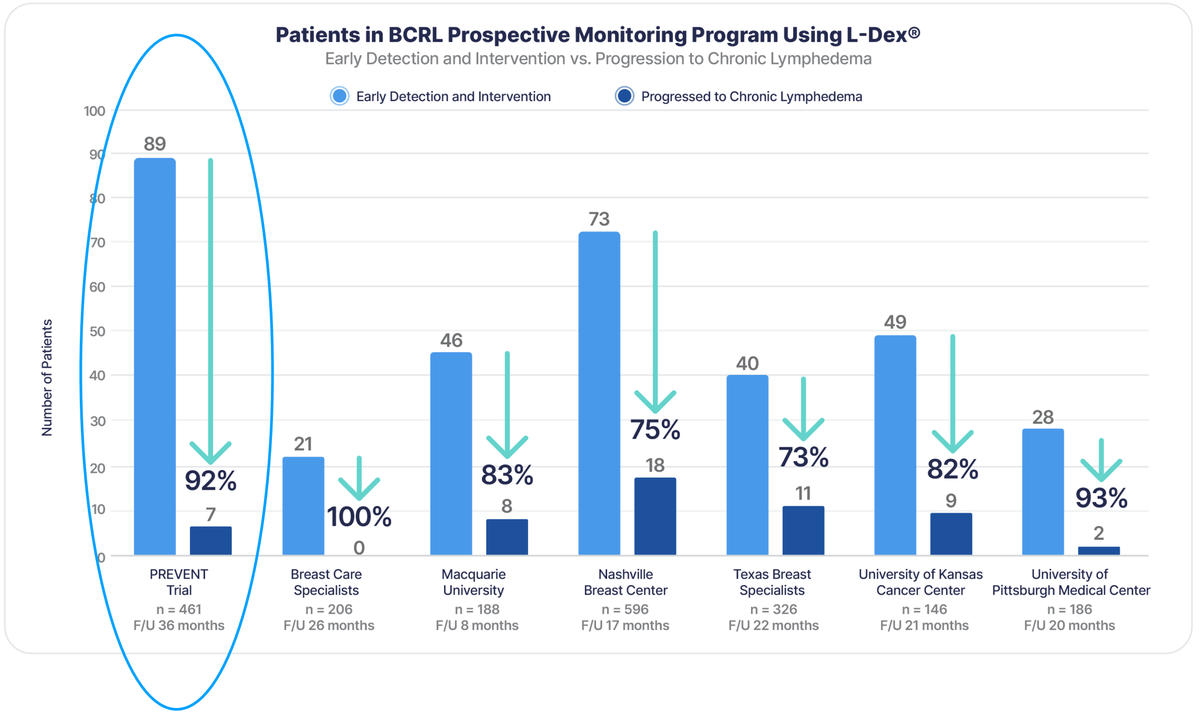
## Key to a significant acceleration of near-term results

- PREVENT Trial met primary end point and reached statistical significance
- Results demonstrate that BIS screening should be a standard approach for prospective breast cancer-related lymphoedema (BCRL) surveillance
- In patients with early detection using L-Dex, intervention resulted in a 7.9% rate of chronic lymphoedema compared to a 19.2% rate of chronic lymphoedema in patients with early detection using tape measure (p=0.016)
- This level I evidence is key to reimbursement and establishing L-Dex as standard of care

About PREVENT:

- PREVENT results published on medRxiv.org in October 2021
- Peer-review publication expected in coming months
- Largest randomised trial for detection of subclinical lymphoedema
    - 1,200 patients followed for up to 3 Years
    - 10 US and International centres across 13 sites, including Vanderbilt University, Mayo Clinic and MD Anderson

## Consistent Reduction in Lymphoedema Progression Study after Study




PREVENT Trial: Ridner SH, et al. A Randomized Clinical Trial of Bioimpedance Spectroscopy or Tape Measurement Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. medRxiv.org 2021; https://www.medrxiv.org/content/10.1101/2021.10.12.21264773v1. Breast Care Specialists: Kaufman DI, et al. Utilization of bioimpedance spectroscopy in the prevention of chronic breast cancer-related lymphedema. Breast Can Res Treat. 2017;DOI 10.1007/s10549-017-4451-x. Macquarie University: Koelmeyer LA, et al. Early surveillance is associated with less incidence and severity of breast cancer-related lymphedema compared with a traditional referral model of care. Cancer 2018;DOI: 10.1002/cncr.31873. Nashville Breast Center: Whitworth PW and Cooper A. Reducing chronic breast cancer-related lymphedema utilizing a program of prospective surveillance with bioimpedance spectroscopy. Breast J. 2017;1-4. Texas Breast Specialists: Laidley A and Anglin B. The impact of L-Dex measurements in assessing breast cancer-related lymphedema as part of routine clinical practice. Frontiers in Oncology 2016;6(192). University of Kansas: Kilgore L, at al. Reducing breast cancer-related lymphedema (BCRL) through prospective surveillance monitoring using bioimpedance spectroscopy (BIS) and patient direction self-interventions. Ann Surg Oncol 2018;http://doi.org/10.1245/s10434-018-6601-8. UPMC: Soran A, et al. The importance of detection of subclinical lymphedema for the prevention of breast cancer-related clinical lymphedema after axillary lymph node dissection; a prospective observational study. Lymph Res Bio. 2014;12(4):289-94.

# Growth Drivers:
## Reimbursement & NCCN Guidelines®

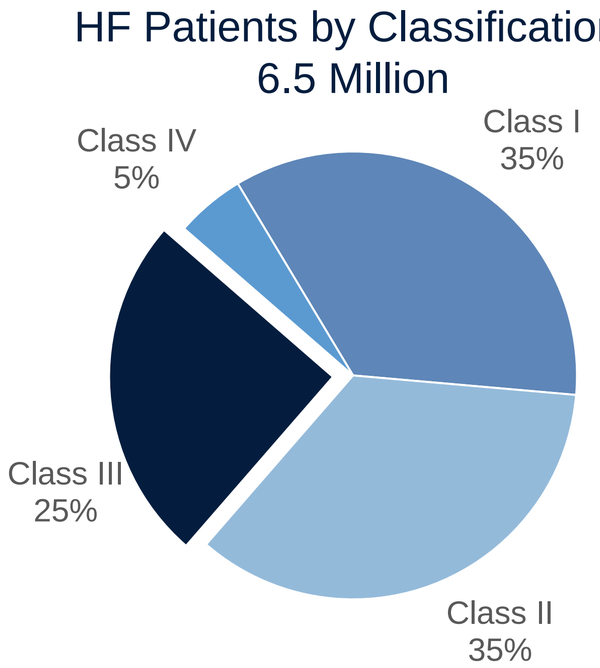
### Reimbursement

- PREVENT randomised control trial the key to reimbursement and accelerating growth
- PREVENT delivers clear path to reimbursement
- IPD Case Assistance Program:
  - Won 298 cases of 307 with commercial payors
  - Equates to 97% of all cases won to date with target payors
  - 1,300+ active cases
- Standard Medicare rate:
  - $146 per SOZO® test
- Facilities are receiving increased payments through recently obtained Medicare Advantage:
  - $174 - $222 per SOZO® test
- Payor advisory board to convene in the coming weeks to chart path forward

### NCCN®

- NCCN Submission upon PREVENT publication
- Current NCCN submission covering the Meta-Analysis and Radiation Paper data is being evaluated
- Current Guidelines
  - Lymphoedema is a potential side effect after surgery
  - Early detection is key for optimal management
  - Consider pre-treatment baseline measurements
- Majority of clinicians still using tape measure to comply
- Meta-Analysis and the Radiation Paper data show volumetric measurements, such as tape measure, aren't as effective as ImpediMed's BIS L-Dex® measurements
- PREVENT removes any sense of ambiguity regarding the comparison of BIS to a tape measure. Statistically and clinically significant evidence that BIS makes an important contribution in preventing lymphoedema
- BIS L-Dex being specified in NCCN Guidelines would significantly accelerate adoption

# Heart Failure




- Affecting at least 26 million people worldwide
- Costs US healthcare system estimated $31 billion annually
- Estimated 6.5 million Americans live with heart failure
- 1 in 5 people over the age of 40 will develop heart failure
- Most common cause of hospitalisation of people 65 years and older
- About half of people who develop heart failure die within five years
- After a single heart failure hospitalisation:
  - Above 20% of patients are readmitted within 30 days
  - Nearly 50% are readmitted in six months

**$700+ Million**

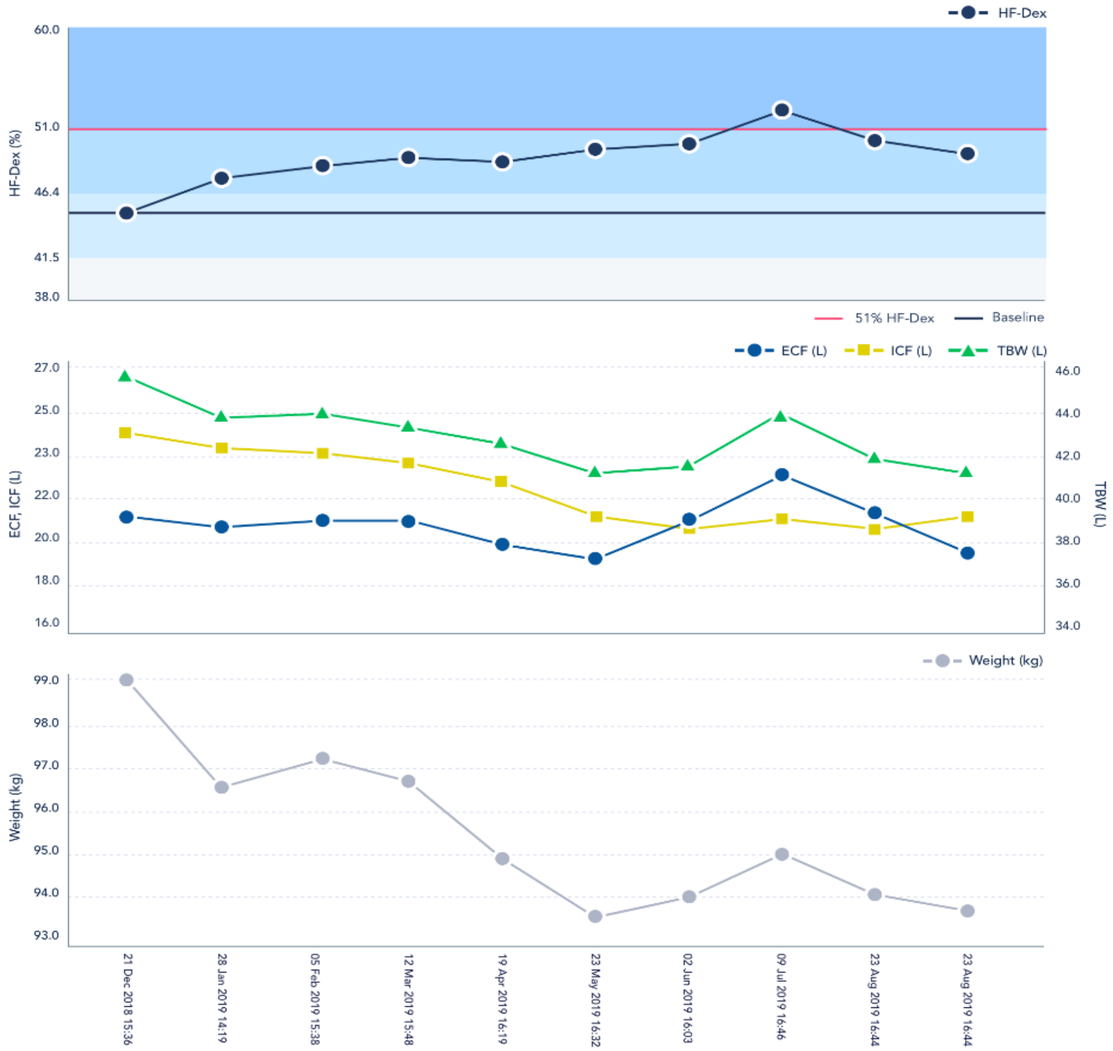
Annual Addressable Market[1]

1 Assumes: Hospital and follow-up testing at $30 per test with home testing for class III and IV patients for 30 days at $15 per day

# HF-Dex™ Fluid Analysis for Heart Failure

- Assessment of fluid burden is critical to the management of Heart Failure patients
- Current methods of determining fluid levels are either inaccurate or invasive and expensive
- SOZO gives clinicians an objective measure of fluid volume
- Ongoing detection of fluid build up is critical to reducing hospital readmissions
- HF Patients with HF-Dex over 51% at time of discharge are 4.25x more likely to be readmitted[1]
- SOZO technology adopted by AstraZeneca to measure fluid outcomes in heart failure patients with chronic kidney disease
- Recent Advocate Aurora Health contract sets the stage for demonstrating reimbursement and establishing the commercial model

SOZO® Heart Failure Patient Output

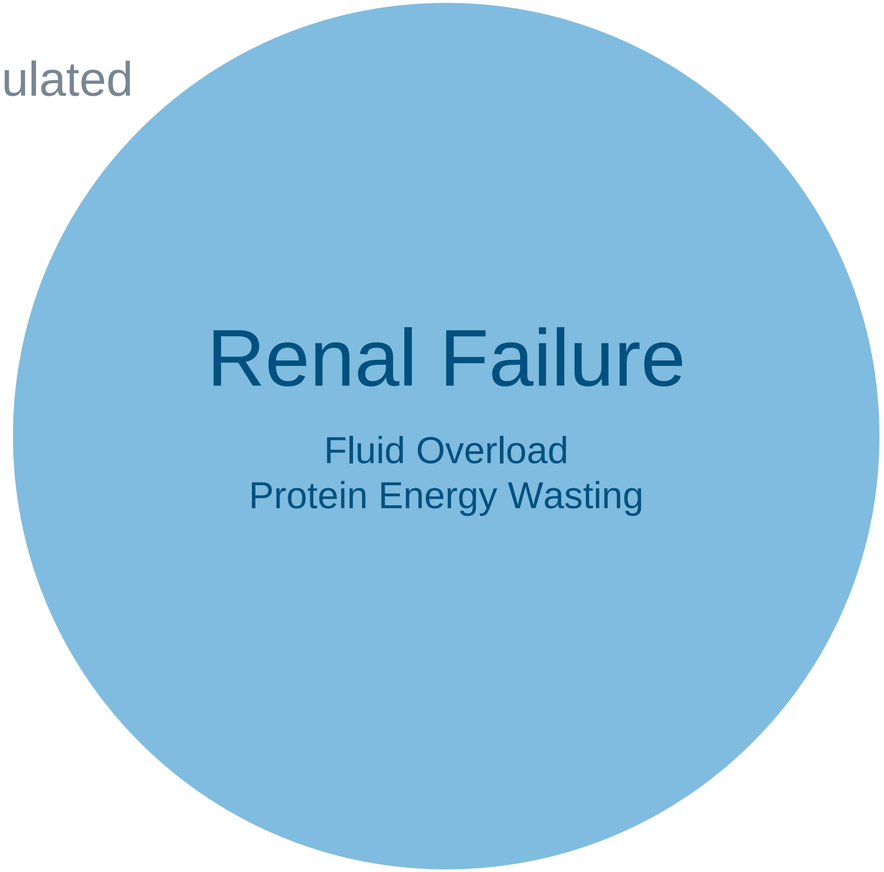



1 Daleiden-Burns A, Accardi AJ, and Heywood JT, Bioimpedance spectroscopy measurement of ongoing fluid overload post-discharge from hospitalization for decompensated heart failure. Journal of the American College of Cardiology 2021. 77(18_Supplement_1):798.

# Renal Failure

CE Mark obtained, US Regulatory strategy currently being formulated

- There are in excess of 450,000 US dialysis patients receiving treatment three times a week for about four hours
- Unhealthy kidneys are no longer properly removing wastes and extra fluid from the body
- Centers for Medicaid and Medicare Services expects >44 million dialysis treatments in 2021 accounting for 1% of the Medicare population but 7% of the Medicare budget
- More than 85% of these treatments will be performed in dialysis centres
- Protein calorie malnutrition or protein energy wasting, is common in patients with chronic kidney disease and is one of the strongest predictors of patient mortality
- SOZO® technology adopted by AstraZeneca to measure fluid outcomes in heart failure patients with chronic kidney disease



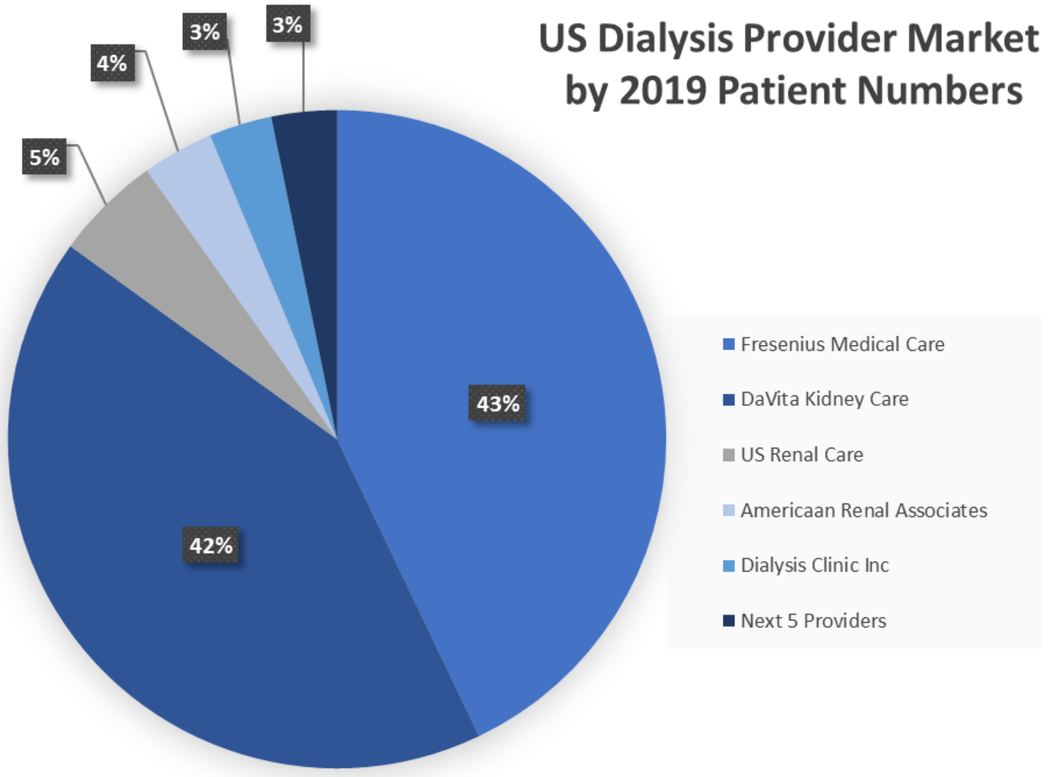

**$300+ Million**

Annual Addressable Market[1]

1 ESRD and PCM testing at $2.50 per test

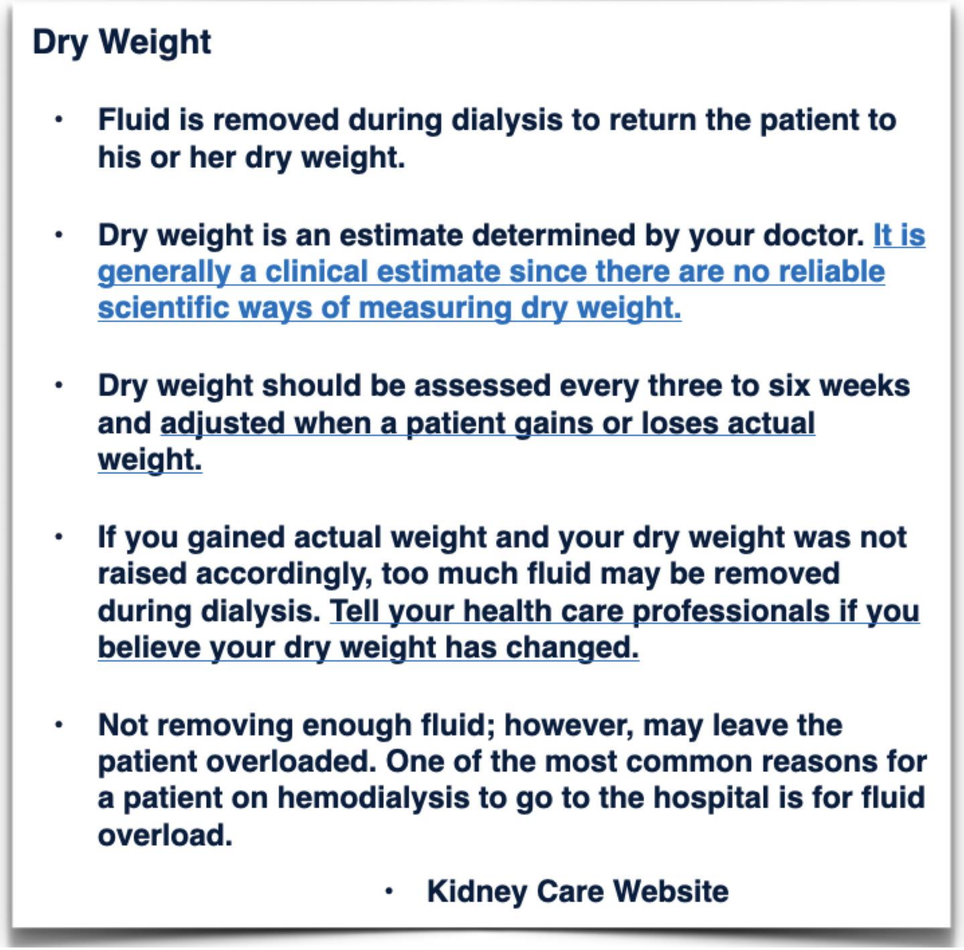
# Renal Failure Market: Attractive Market Dynamics

- Very attractive concentrated market
- Two companies caring for 85% of ESRD patients
- Both operate more than 2,500 dialysis clinics each and together treat in excess of 400,000 ESRD patients
- ImpediMed received FDA Breakthrough Designation for SOZO® for a proposed indication in a renal patient population
- Currently finalising clinical and regulatory strategies



# SOZO® and Dry Weight for Renal Failure

ImpediMed believes SOZO can provide a reliable scientific way of calculating dry weight



**Dry Weight**

- **Fluid is removed during dialysis to return the patient to his or her dry weight.**
- **Dry weight is an estimate determined by your doctor. It is generally a clinical estimate since there are no reliable scientific ways of measuring dry weight.**
- **Dry weight should be assessed every three to six weeks and adjusted when a patient gains or loses actual weight.**
- **If you gained actual weight and your dry weight was not raised accordingly, too much fluid may be removed during dialysis. Tell your health care professionals if you believe your dry weight has changed.**
- **Not removing enough fluid; however, may leave the patient overloaded. One of the most common reasons for a patient on hemodialysis to go to the hospital is for fluid overload.**

• **Kidney Care Website**

Breakthrough Designation

- ImpediMed received FDA Breakthrough Device Designation for Renal Application
- To be granted breakthrough designation, you must demonstrate the following:
  - The device provides a more effective treatment or diagnosis of a life-threatening disease or condition
- In addition, you must also demonstrate one or more of the following criteria:
  - Represent breakthrough technology
  - No approved or cleared alternative exists
  - Offer significant advantages over existing approved or cleared alternatives
  - Device availability is in the best interest of patients
- ImpediMed demonstrated that SOZO meets all 5 of the criteria

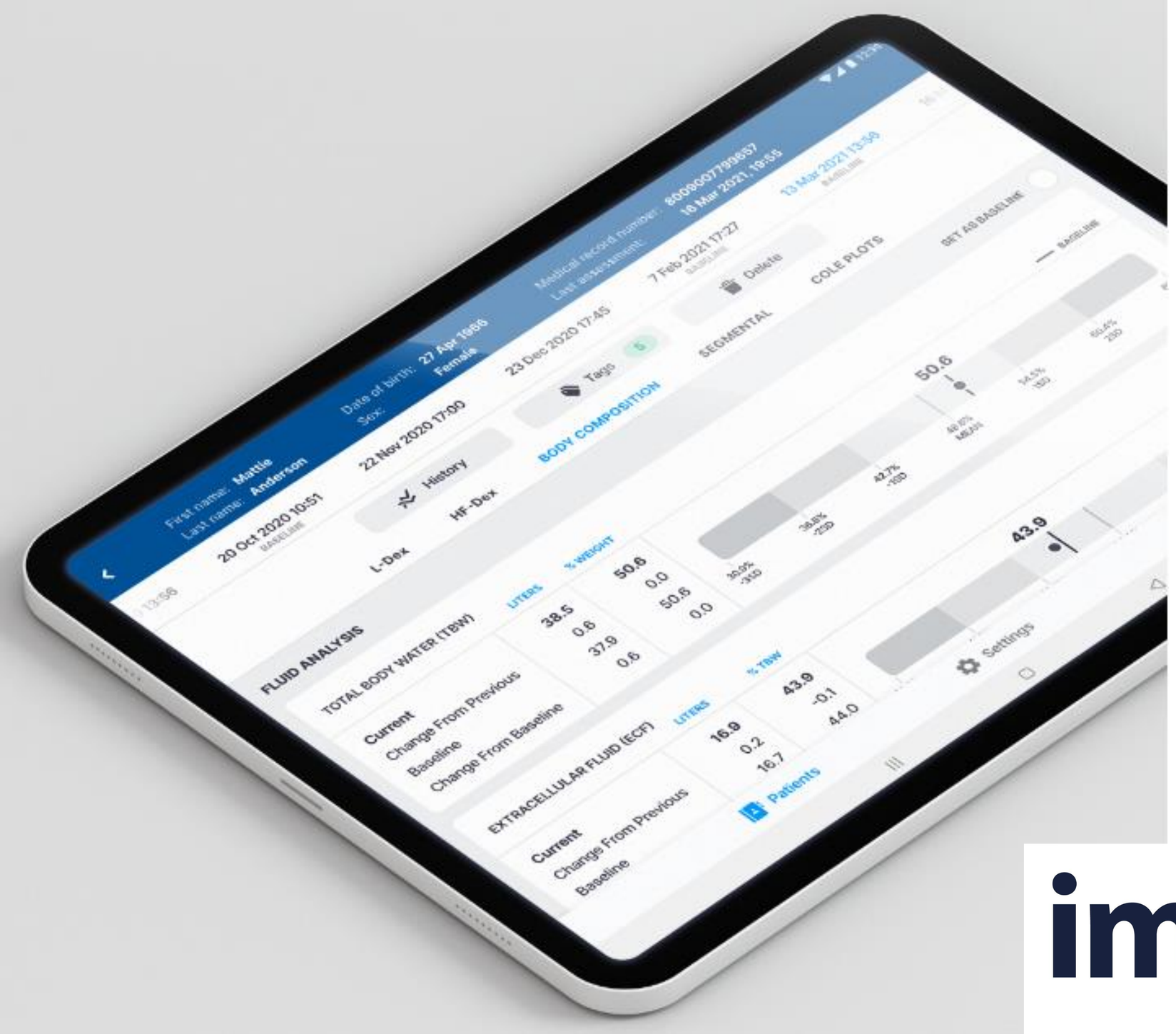
Current Practice

- Current practice in dialysis clinics rely on scales to determine the amount of fluid to remove
- Scales cannot account for changes in body composition, with muscle loss being prevalent in end-stage renal disease patients
- The potential for SOZO to address this deficiency was paramount in meeting the criteria for Breakthrough Designation

# Key Highlights and Takeaways

- Transformation to Connected Digital Health Platform complete
- $10m annual revenue run rate with strong growth despite COVID-19 headwinds
- Multiple applications addressing significant health care needs
- Inflection point, with 3 focus areas set to accelerate adoption:

    1. PREVENT driving Lymphoedema and Oncology adoption
    2. Heart Failure commercialisation underway
    3. Renal Failure accelerated with breakthrough designation

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