

ASX RELEASE

Investor Presentation: US Screening Market Reopens Amid COVID-19

Wellington, NZ, 15 June 2020: [Volpara Health Technologies](#) ("Volpara," ASX: VHT), a medical technology company whose cancer screening software platform assists in the delivery of personalized patient care in the areas of breast and lung cancer, has released an updated investor presentation.

The presentation includes an update on the recovery in the US market, as restrictions put in place due to COVID-19 are eased.

Seventy-eight percent of Volpara®Enterprise™ software customers have resumed screening, as of the end of May 2020; this figure has continued to increase throughout June. Volumes have returned to within 10 percent of previous levels. As imaging facilities open their doors and deal with a customer backlog, 5 percent of customers are even recording image volumes greater than pre-pandemic levels.

ENDS.

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About Volpara Health Technologies Limited (ASX: VHT)

VHT is a MedTech SaaS company founded in 2009 on research originally conducted at Oxford University. VHT's clinical functions for screening clinics provide feedback on breast density, compression, dose, and quality, while its enterprise-wide practice software management helps with productivity, compliance, reimbursement, and patient tracking.

VHT's technology and services have been used by customers and/or research projects in 38 countries and are supported by numerous patents, trademarks, and regulatory clearances, including FDA clearance and CE marking. Since its listing on the ASX in April 2016, VHT has raised A\$32 million, including A\$37 million in April/May 2020. VHT is based in Wellington, New Zealand.

At the end of June 2019, VHT acquired MRS Systems, Inc., a company based in Seattle, WA. MRS provides mammography reporting systems to over 1,600 breast clinics and hospitals, and to VHT a much stronger US presence, experienced local headquarters, and accelerated sales through cross-selling opportunities.

For more information, visit www.volparasolutions.com



CELEBRATING

10

YEARS

of helping save families
from breast cancer.



Investor Update June 2020



Ralph Highnam,
PhD (Oxford),
CEO



Craig Hadfield,
CFO

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Executive Overview – Volpara Health Technologies (“Volpara”)

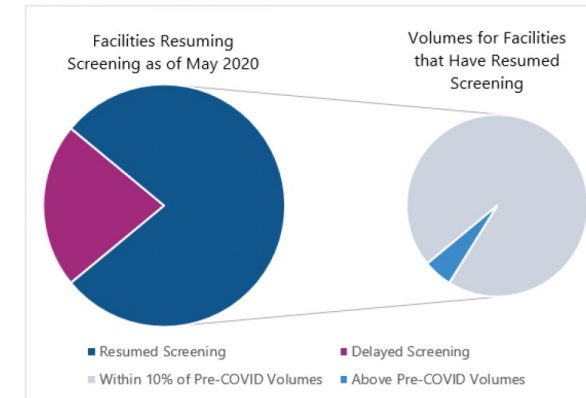
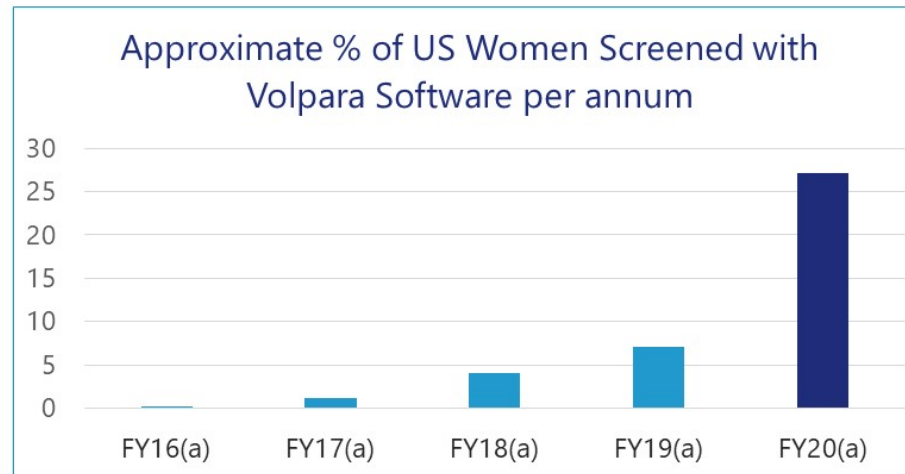
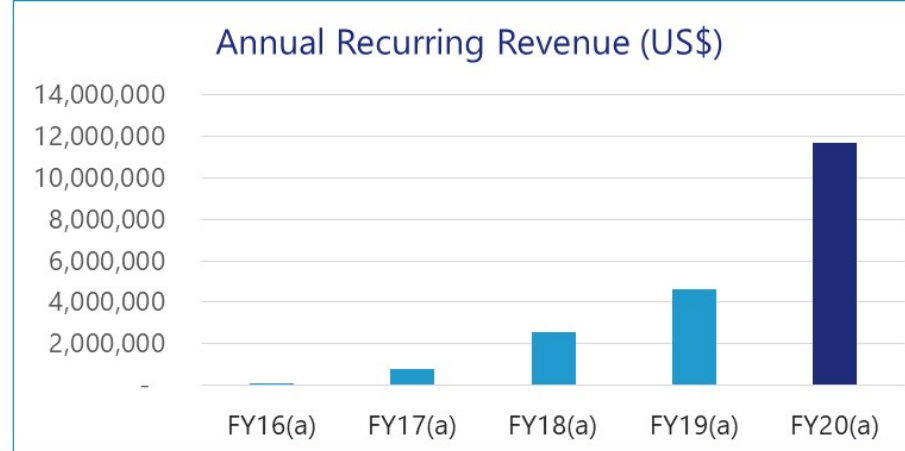
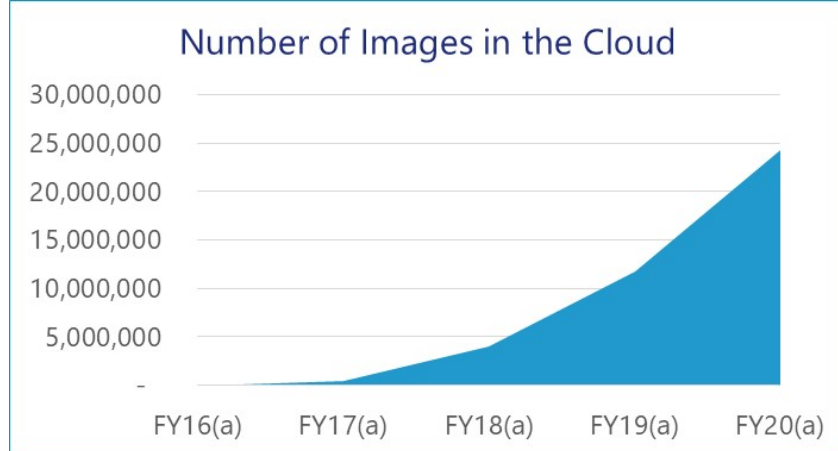
***Volpara exceeded
already upgraded
FY20 forecasts with***

~NZ\$18,000,000ARR

**~27.1% footprint in US
breast imaging clinics**

- **Volpara is a Software-As-A-Service (“SaaS”) company that utilizes AI to improve the early detection of breast cancer by analysing breast images (“mammograms”) and associated patient data to provide:**
 - Clinical Decision Support and Practice Management tools
 - Cost effective reduction of breast cancer deaths (500,000 deaths globally each year)
- **Breast cancer screening is a ~US\$750M Annual Recurring Revenue (ARR) opportunity for Volpara:**
 - ~92m women are screened per annum globally
 - Volpara’s product suite will sell for up to US\$10 per screen (potential ARPU)
 - Genuine first mover advantage and established users in 38 countries
 - Competitive moat – intellectual property, papers, product suite, regulatory, scale
 - Data and images from sites go to the Cloud for use in future product development
- **Volpara’s software is experiencing rapid uptake in the US market (39M screenings p.a.):**
 - 27.1% of US screenings (end March) are using at least one of our products
 - NZ\$18.0M ARR at end of FY20, growth of 172% (from strong organic & inorganic)
 - Negligible churn & increasing ARPU
 - Gross margins of above 86% and rising
- **Positive outlook for FY21 despite COVID-19 uncertainty due to industry, company & business resilience:**
 - Whilst screening did stop, it is a critical service which has now mostly restarted
 - Volpara team very used to working remotely and working from home & on Cloud
 - Business model is resilient with recurring revenue & annual payments up-front
 - Experienced SaaS direct sales team in the US and ANZ with networks and leads well-established
- **Volpara raised A\$38M in April/May 2020, the funds are being used to:**
 - Strengthen the balance sheet, ~NZ\$69M post-raise
 - Pursue several identified M&A opportunities that have the potential to increase US market share and/or ARPU

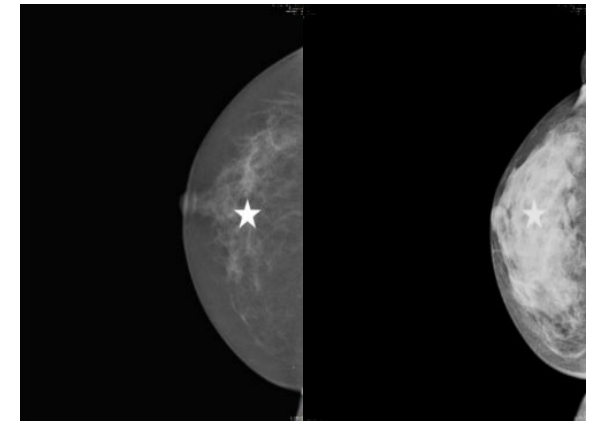
Delivering Strong Growth in All Key Metrics Year-on-Year



- ~80% of US sites were screening again June 2nd
- Most are close to pre-COVID levels, 10% are doing more.

Saving Families from Breast Cancer

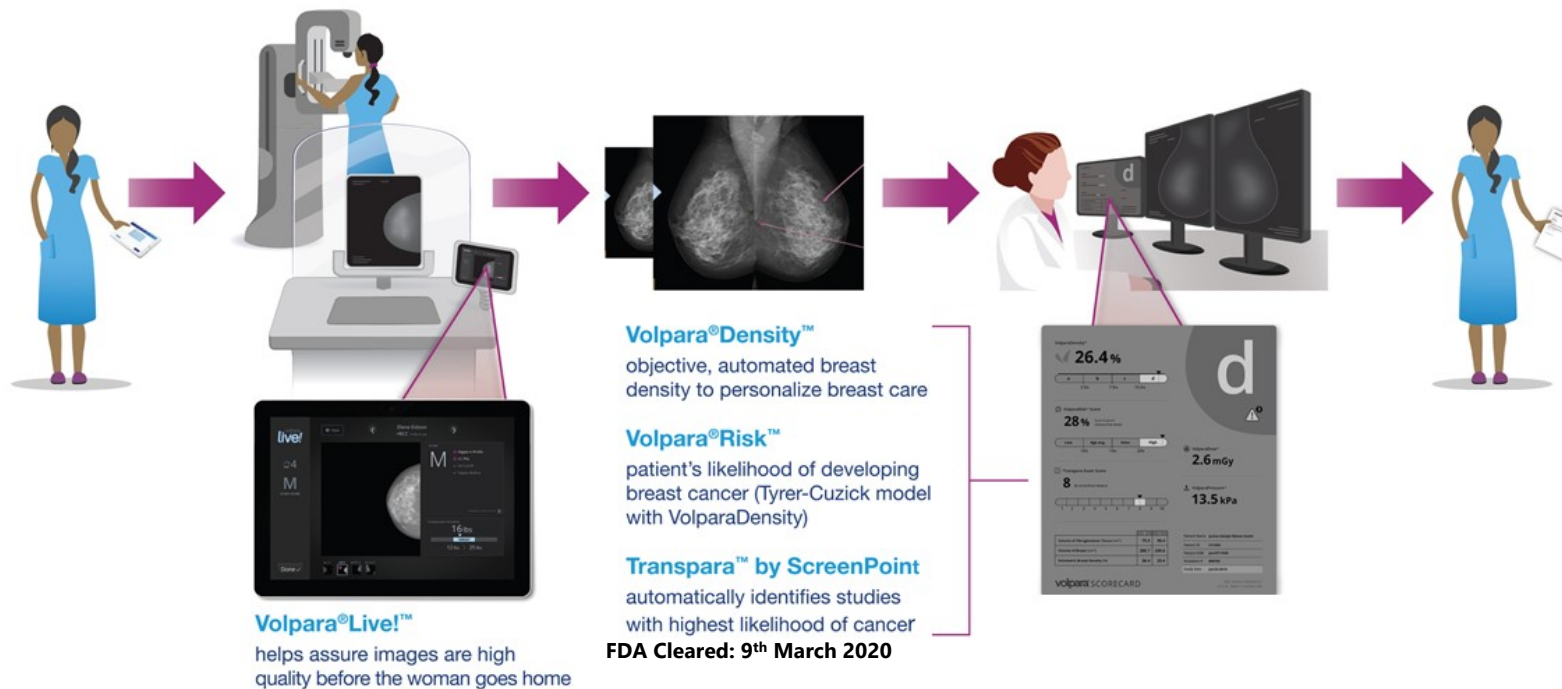
- Earlier detection improves survival & reduces treatment costs, and ~92M women are screened globally each year
- “One size fits all” breast cancer screening using breast x-rays (mammograms) is proven to save lives, but room to improve:
 - 25-40% of cancers are missed by the radiologist
 - 2- 3% of women get recalled due to bad imaging
- US payers reimburse ~US\$150 or so per woman per year for screening, giving a total spend of ~US\$4.5Bn
- Volpara uses AI algorithms to provide objective measures of the breast from the data & mammograms from any mammography machine to help with clinical decision support and practice management
- With over 300+ publications and granted patents and trademarks our technology is world-leading



The whiter breast is “denser” – more likely to develop cancer and more likely to have cancer missed – can you see the star?

Launched - RSNA 2019 (Chicago), 1st December 2019, Integrated Breast Platform

Clinical Decision Support
Powered by AI



Ambry Genetics®
A Konica Minolta Company

Collaboration signed April 2020 for electronic referrals to genetics testing, if the risk score is high

Practice and Enterprise Management



Aspen Breast
patient analytics, tracking and reporting, acquired June 2019

Data + Images



Volpara®Enterprise™
imaging analytics, quality and productivity issues, and easier FDA audits

Attractive Recurring Revenue Model

- Volpara provides Software-as-a-Service (SaaS), with pricing based on the product used and number of women screened at each site
- Most Volpara contracts signed are 5-year annual rolling contracts with effectively fixed amounts paid annually upfront
- Average Revenue Per User (ARPU) is the average revenue achieved per woman screened per year at a site – currently, our ARPU over the entire installed base is US\$1.04, it's at that level because most users have only the Aspen product currently which was historically sold as capital with a small service & maintenance contract, not as SaaS
- **Since 1st November 2019, all new quotes/proposals are SaaS contracts, and most new deals are significantly above US\$1.04 ARPU comprising multiple products – in Q4, ARPU on new deals was US\$1.45 – US\$3.10**

VOLPARA'S AIM IS TO GET TO

**~US\$10 ARPU
per screen**

VolparaEnterprise

VolparaDensity

VolparaLive!

Risk Assessment¹

Computer-Aided Detection²

VolparaAspen³

Genetics Testing⁴

¹&³ – these were MRS products prior to acquisition

² – Transpara, licensed from ScreenPoint Medical BV

⁴ – Fee we receive from Ambry Genetics as part of April 2020 deal

US Market – ~39M Women a Year, Volpara has ~27.1% Footprint



- ~8,700 sites all regulated by the FDA, who are pushing quality & likely to mandate breast density reporting
- Volpara sells direct with (now) 17 experienced SaaS sales people, and a collaborative working relationship with GE
- The acquisition of MRS has created major cross-selling opportunities, especially around personalized healthcare, 27.1% of US sites now have at least one Volpara product
- Volpara's unique products have created a first mover advantage, built competitive defences, and provide outcomes being requested of sites by the FDA and other groups

Expected before Oct 2020

FDA NEWS RELEASE

FDA advances landmark policy changes to modernize mammography services and improve their quality

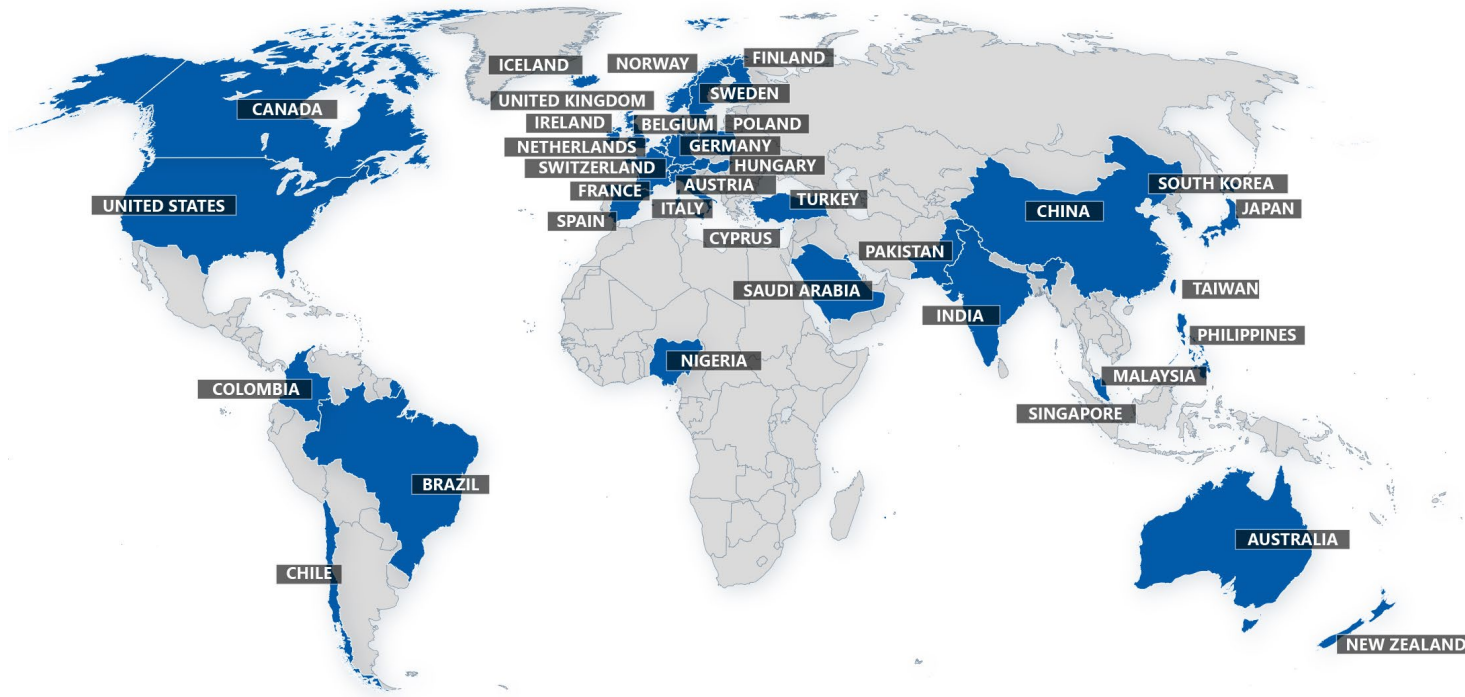
Proposed rule would require breast density reporting, enhance the FDA's ability to enforce mammography facilities' compliance with standards

THE AMERICAN SOCIETY OF Breast Surgeons - Official Statement -
Position Statement on Screening Mammography
ASBrS Breast Cancer Screening Guidelines Recommendations



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Outside the US – 38 Countries Using Volpara Software



- Major trials underway with public sector run programs, **DENSE announced in Dec 2019 from Netherlands showing major drop in interval cancers:**

MR Imaging as an Additional Screening Modality for the Detection of Breast Cancer in Women Aged 50–75 Years with Extremely Dense Breasts: The DENSE Trial Study Design¹

- Key luminaries signed-up across Asia and Europe
- Mix of direct and distributor sales
- Australia & NZ have seen strong private uptake over last year
- First major public screening program signed up to Enterprise in Dec 2019 – going live in CY2020**



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FY2021 Outlook and Strategy

1. Recognize world has changed with COVID-19 but breast screening remains a critical service

- No governments/regulators want to restrict screening long-term and risk more late stage cancers, increased costs and avoidable deaths
- We will continue to have a US (private-led, Govt paid) & Australia/NZ (Coronavirus under control) focus
- We recognize Europe/Asia will take longer to recover due to porous borders and Govt led screening programs

2. We continue to innovate

- The data we have is valuable, and we need to continue extracting value for women from it
- World class engineering team with a strong R&D pipeline

3. Focus on long-term SaaS contracts which appear resilient even with COVID-19

- Majority of our Volpara contracts are 5-year annual rolling contracts, paid annually in advance
- Contracts are priced on products chosen, seat-licenses and volumes of screens
- Sites have restarted screening and most expect to catch-up on volumes
- Cash collection continues to be strong & currently no obvious signs of any significant churn risks

4. We can change how we operate and reduce customer acquisition costs

- We have a strong US team that are actively working on closing a large outstanding sales pipeline
- Focus of Q1/Q2 is on closing outstanding deals & increasing the ARPU from the existing customer base
- We are transforming to digital & remote sales & marketing with increased sales productivity
- We are also partnering to scale – Ambry Genetics is the first example

5. We want to be ready for opportunities that will emerge in FY2021 from COVID-19

- We are positioned strongly vs other companies due to balance sheet capacity and access to capital
- We have been tracking M&A opportunities for many years that would add to US market share or increase ARPU
- We have identified several M&A opportunities that are at various stages



CELEBRATING

10

YEARS

of helping save families
from breast cancer.



Appendix

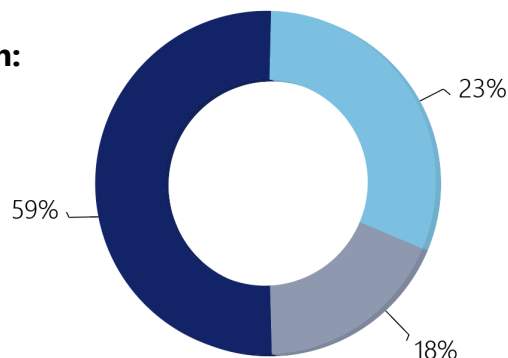
Strong Investor Base – 12,000+ Retail Shareholders & International Institutions

Key Corporate Data 30th April 2020

Share price	A\$1.33
52 week low / high	A\$0.79-A\$2.17
Shares on issue	218,479,977
Market Cap.	A\$319.2m
Cash (Post Raise)	~NZ\$67.0m / ~A\$64.0m
Debt	No debt
Enterprise value	A\$255.2m

Share Register Breakdown:

- Institutions / Brokers
- Retail & Other
- Founders / Management / Board



Top Investors	Balance as at 30 April 2020	%
J P MORGAN NOMINEES AUSTRALIA	21,470,149	8.95%
PATAGORANG PTY LTD	18,467,848	7.69%
RALPH HIGHNAM	16,190,485	6.75%
CITICORP NOMINEES PTY LIMITED	12,841,164	5.35%
CUSTODIAL SERVICES LIMITED <BENEFICIARIES HOLDING A/C>	8,693,152	3.62%
NATIONAL NOMINEES LIMITED	7,340,000	3.06%
PROF SIR MICHAEL BRADY	6,619,075	2.76%
MR MARCUS SARNER	5,980,404	2.49%
HSBC CUSTODY NOMINEES (AUSTRALIA) LIMITED	5,246,524	2.19%
BNP PARIBAS NOMS (NZ) LTD <DRP>	3,360,002	1.40%
SIR MARTIN FRANCIS WOOD	3,004,655	1.25%
LADY KATHLEEN AUDREY WOOD	3,004,654	1.25%
PROF MARTIN YAFFE	2,785,850	1.16%
PROF NICO KARSSEMEIJER	2,556,806	1.07%
CS THIRD NOMINEES PTY LIMITED <HSBC CUST NOM AU LTD 13 A/C>	2,246,664	0.94%
MR JEREMY PALMER	1,966,317	0.82%
HSBC CUSTODY NOMINEES (AUSTRALIA) LIMITED-GSI EDA	1,485,001	0.62%
WHITFIELD INVESTMENTS PTY LTD	1,430,767	0.60%
SIR MARTIN GREGORY SMITH	1,366,977	0.57%
BNP PARIBAS NOMINEES PTY LTD <IB AU NOMS RETAILCLIENT DRP>	1,201,712	0.50%
Total Securities of Top 20 Holdings	127,258,206	53.02%
Total of Securities	240,018,439	

Research coverage by:

BELL POTTER

morgans

ORD MINNETT

Strong & Experienced Board



Paul Reid

Chair

- Joined the Board in 2018, based in Wellington.
- Former CEO of MetService, Figured, and Executive at AirNZ, Carter Holt Harvey.
- Chairman of Figured, Pukeko Pictures and Director for NZ listed Comvita and Christchurch Airport.



Dr Monica Saini

Executive Director

- Joined the Board in 2017, based in Wellington
- Former Chief of Breast Imaging, Santa Fe, USA
- Former Chief of Breast Imaging, Christus St. Vincent, USA
- Former Medical Director of Breast Ultrasound, GE Medical
- Breast Radiologist, New Zealand Breast Screening



Karin Lindgren

Non-Executive Director

- Joined the Board in January 2020, based in USA
- Experience Board member
- Healthcare technology lawyer
- Expert in data governance and privacy
- Extensive US healthcare & IT networks



John Diddams

Non-Executive Director

- Joined the Board in 2015, based in Australia
- Principal of Australia CPA firm, focusing on ASX
- Currently non-executive director of Aroa Biosurgery
- 25 years raising capital, performing due diligence



Ralph Highnam, PhD

Managing Director

- PhD, AI and Breast Imaging, University of Oxford
- Former CEO of successful Mirada Solutions
- Co-founded Volpara (VHT) 2009 to exploit concepts from PhD work



John Pavlidis

Non-Executive Director

- Joined the Board in 2015, based in USA
- Over 25 years' medical device experience
- CEO of VytronUS, former president and CEO of R2 Technology (AI for Breast Imaging)



Roger Allen, AM

Non-Executive Director

- Joined the Board in 2010, Chairman from Oct 2015-Feb 2019, based in Australia
- Successful tech entrepreneur, and established VC
- Served on 2 Australian PMs' Science & Tech Councils Advisories

Strong & Experienced Executive Team



Mark Koeniguer *Chief Commercial Officer*

- Joined 1st January 2016, based in Nashville
- Highly experienced in medical imaging software sales
- 25 years of leading sales teams
- Worked across radiology



Craig Hadfield *Chief Financial Officer*

- Appointed full-time CFO, 1st March 2017
- Over 8 years' experience in senior and managerial auditing roles around the world, ex Deloitte and EY



Simon Francis *Chief Operating Officer*

- Joined 1st August 2019, based in Wellington
- Director in Technology Consulting at PwC for 8 years
- Highly experienced with regulatory & compliance
- Run large international delivery teams
- Extensive background in process and optimization



Dr Monica Saini *Chief Medical Officer*

- Joined 1st November 2017
- Former Chief of Breast Imaging, Santa Fe, USA
- Former Chief of Breast Imaging, Christus St. Vincent, USA
- Former Medical Director of Breast Ultrasound, GE Medical
- Breast Radiologist, New Zealand Breast Screening



Mark Morris *Executive VP, Customer Success*

- Joined June 2019, based in Seattle
- Former CEO of MRS Systems, Inc, 2007-2019

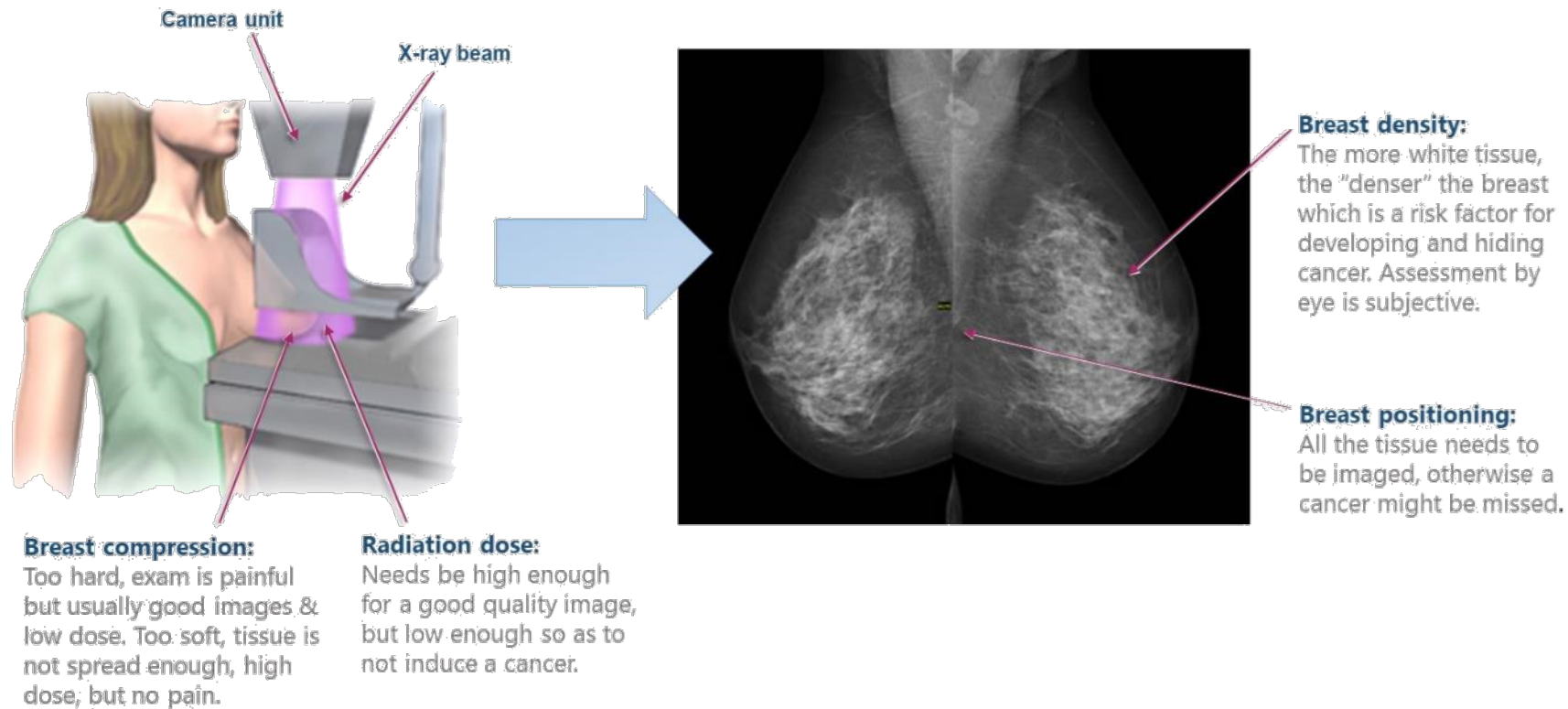


Kathryn Greene *Chief People Officer*

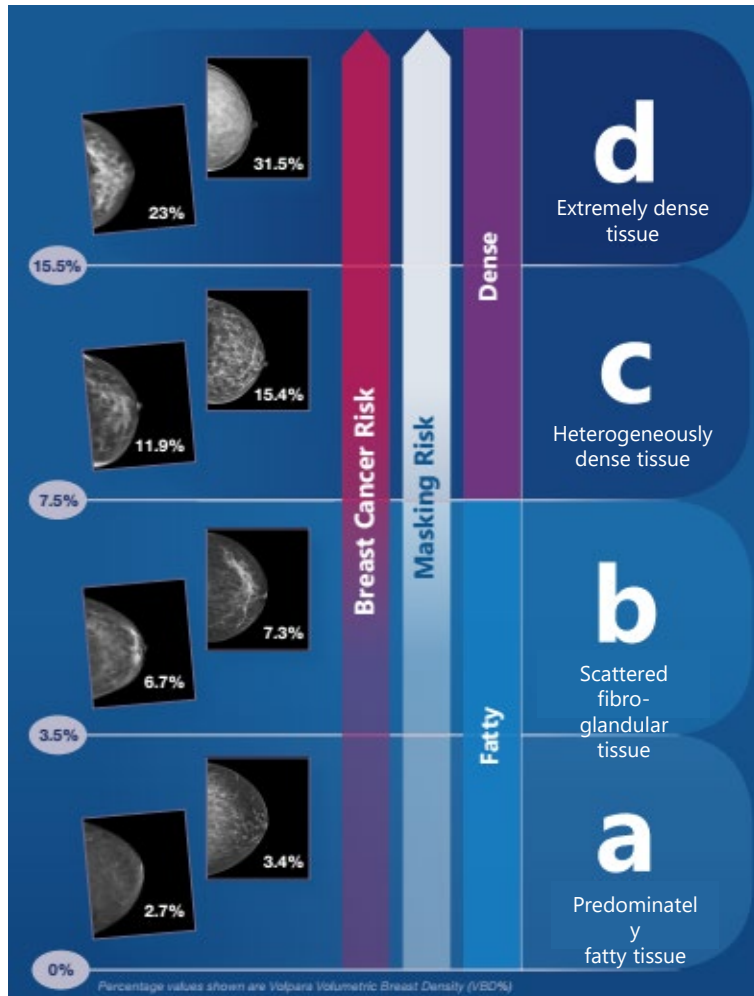
- Joined 1st August 2019
- BCom, Management & Employment Relations
- Previously at Orion Healthcare with global responsibility

Volpara's Unique Technology

Volpara is unique in measuring and reporting on the four key metrics at the point of screening: volumetric breast density, positioning, radiation dose & breast compression



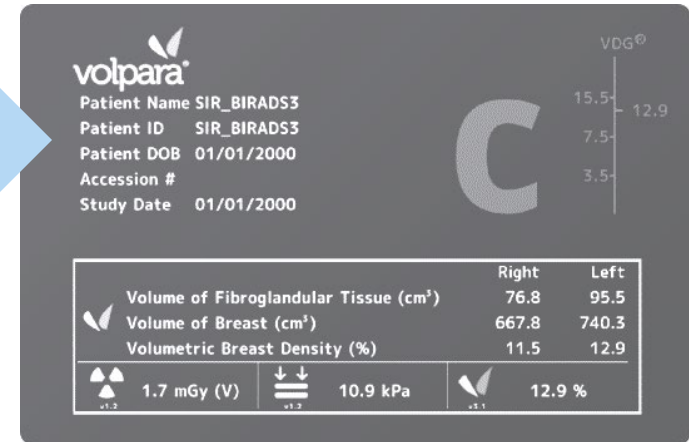
Overview of VolparaDensity



FDA 510(k) cleared

VolparaDensity

- Automated, objective, density scoring for each patient
- VolparaDensity is the only commercial density tool included in leading risk model Tyrer-Cuzick

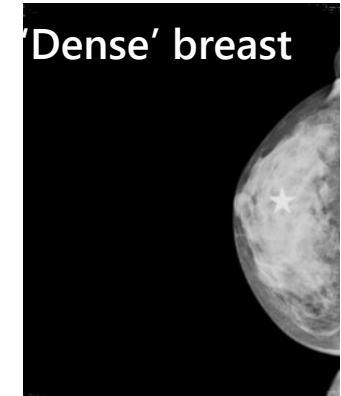


> 300 publications

Annals of Internal Medicine ORIGINAL RESEARCH
Automated and Clinical Breast Imaging Reporting and Data System Density Measures Predict Risk of Screen-Detected and Interval Cancers
 Karla Korlikowski, MD; Christopher G. Scott, MS; Amir P. Mahmoudzadeh, MSc; Lin Ma, MS; Stacey Winham, PhD; Matthew R. Jensen, BS; Fang Fang Wu, BS; Sergei Malkov, PhD; V. Shane Pankraz, PhD; Steven R. Cummings, MD; John A. Shepherd, PhD; Kathleen R. Brandt, MD; Diana L. Miglioretti, PhD; and Celine M. Vachon, PhD



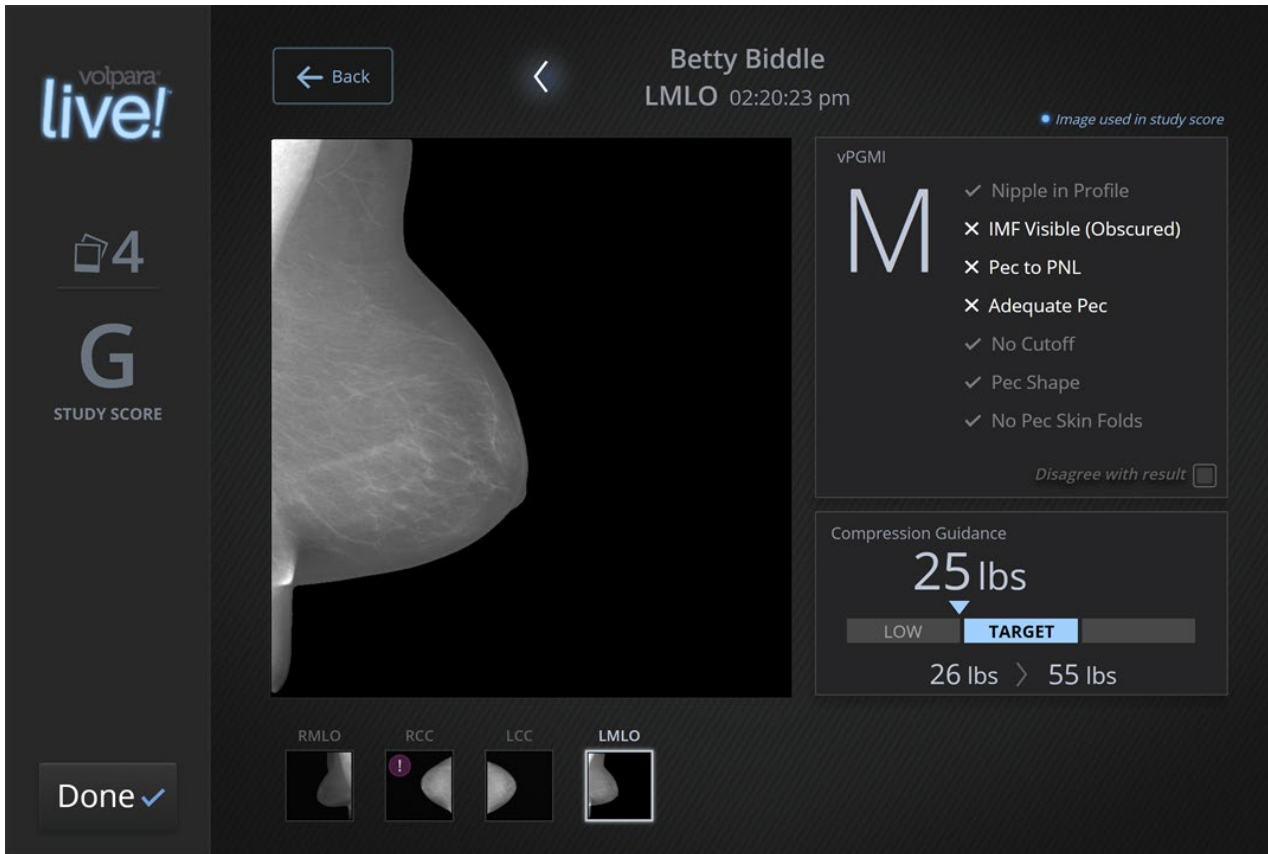
- Most US women are routinely told their breast density
- FDA is planning to ensure all are told



The white star mimics a cancer – easy to see in a fatty breast, much harder on a dense breast.

Nancy Cappello drove the idea of density notification. Sadly, she succumbed to complications of breast cancer, 15th Nov 2018.

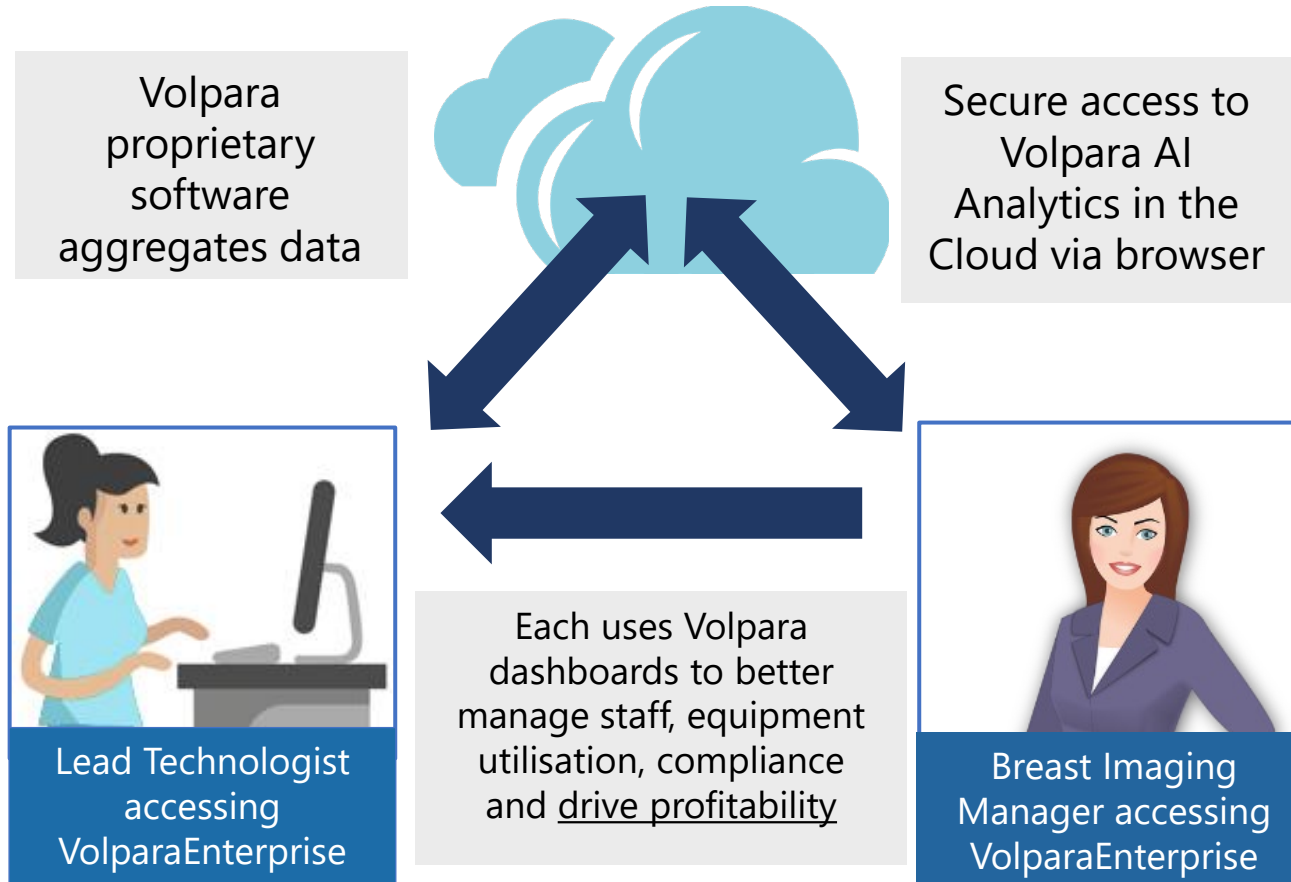
Overview of VolparaLive!



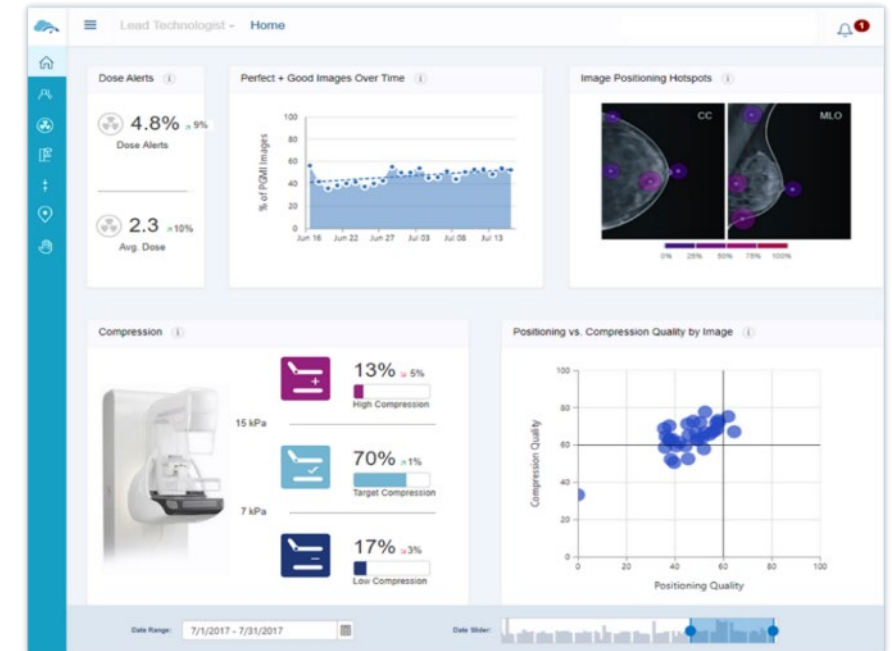
- VolparaLive! makes patients happier and clinics more profitable
 - By ensuring that high quality images are taken the first time, fewer women are recalled for a repeat image
 - When patients are recalled for repeat images, the clinic is not reimbursed

Overview of VolparaEnterprise

Volpara Cloud on Microsoft Azure Powered by Volpara Artificial Intelligence



VolparaEnterprise Dashboard



Overview of Aspen Breast – Patient Management Software

Aspen® Breast by MRS Systems Inc.

File Records Printing Customizations Reports Administration

Clipboard Patient Data Templates History Utilities Sticky Note Default

Final On Hold Waiting for Priors Waiting for Findings Save as Template Benign-Bil Almost Fat Ex. Dense Het. Dense Scattered

Navigation

Sc Mammo Details Staff History Risk Indications For Examination Image Views Prior Studies Tissue Composition Findings Assessments Management

Worklists

Save As Cancel

Screening Mammogram

Procedure Details 11/13/2018 Bilateral Lynnwood Breast Clinic

Clinical Staff Radiologist Technologist

History Menarche at age 15. Postmenopausal Hormonal Contraceptives for 15 years from age 20 until age 35. First Full-Term Pregnancy at age 34. Patient has history of breast feeding. Late child-bearing (after 30). Previous Atypical Lobular Hyperplasia at age 55. Mother (Janet p) had breast cancer, left, age 48. Patient's last screening mammogram was 1 year(s) and 2 month(s) ago.

Risk Include all risk models on correspondence

Myriad Flag MRS Risk Manager

Based upon one or more risk conditions, genetic testing for BRCA is recommended. No High Risk calculations found at this time.

Indications For Examination Screening (asymptomatic)

Image Views Digital Routine Views Special Views

Laterality View Spot Comp Mag Compression Thickness Views Taken

Bilateral MLO Bilateral CC

Prior Study Comparison 9/12/2017 Bilateral Screening Mammogram, LBC 9/12/2016 Bilateral Screening Mammogram, LBC

Breast Composition BI-RADS® ATLAS Density Extremely dense Symmetric Visual Assessment Scale Density Notes

Findings Physical Exam Performed Before Images After Images

Patient Record 11/13/2018 - Sc Mammo - Bilateral

Date	Event	Site	Read by	Outcome

- Tracking and reporting breast procedures
- Enables structured reporting, and easy compliance with regulations.
- Fully integrated into clinical IT networks.

Overview of Aspen Lung – Patient Management Software

The screenshot displays the Aspen Lung software interface, which is used for patient management and reporting. The interface includes a top menu bar with options like File, Records, Printing, Customizations, Reports, and Administration. Below this is a toolbar with icons for various functions. The main workspace is divided into several sections:

- Prior Study Comparison:** Includes a button for "Add Historical Procedure" and a "Notes" field.
- Radiation Exposure:** Contains fields for CT Scanner Manufacturer, CT Scanner Model, CTDIvol (mGy), DLP (mGy*cm), Tube current-time (mAs), Tube voltage (kV), Scanning time (s), Scanning volume (cm), Pitch, and Reconstructed image width (nominal width of reconstructed image along z-axis) (mm).
- Imaging Findings:** Features a section for "Right Lung" and "Left Lung" with a button for "Add incidental finding". Below this is an "Overall Findings" field and checkboxes for "Analyzed by CAD", "No Nodules Identified by CAD", and "No Significant Changes When Compared with Prior Studies". There are also fields for "Ascending Aorta Width (mm)" and "Descending Aorta Width (mm)".
- Assessments:** A table at the bottom showing patient records.

Date	Event	Site	Read by	Outcome
11/11/2018	LDCT w/o contrast	ALC		Waiting for Priors
11/09/2017	LDCT w/o contrast	ALC		On Hold
11/09/2017	Shared Decision	ALC		Final

- Tracking and reporting lung procedures
- Enables structured reporting, and easy compliance with regulations.
- Fully integrated into clinical IT networks.
- Lung cancer kills 2M a year, 144K in the US. Screening significant reduces mortality.

Volpara acquired this from MRS Systems Inc, June 2019

Proven to Improve Patient Care & Profitability

Clinical Decision Support

Using **VolparaDensity** to help judge who should have additional imaging:

- ProMedica reported 7.7 more cancers per 1,000 women using molecular breast imaging¹
- EWBC reported 3.3 more cancers per 1,000 women using ultrasound²

1 – Shermis et al, AJR, 2017

2 – Destounis et al, J Ultrasound in Medicine, 2017

Practice Management

*"I can't see how a large and busy practice in breast imaging can meaningfully meet quality assurance without **VolparaEnterprise**" [ProMedica, Ohio]*

"[VolparaEnterprise is...] A tremendous tool in both our quality improvement and operational efficiency efforts." [Swedish, Seattle]

Major Tailwinds in the US – Regulatory, Legal & Society Guidelines

The Washington Post
Democracy Dies in Darkness

Health

FDA wants women to get breast-density information along with their mammograms

Agency proposal would update mammography regulations for the first time in two decades.

- Breast density advocates have forced 38 US states to legislate that radiologists notify women screened about breast density (when mammography is less effective)
- FDA has announced (March 2019) new draft regulations:
 - All women must be informed of their breast density
 - This is additional to their push for higher quality, EQUIP

THE AMERICAN SOCIETY OF
Breast Surgeons

- Official Statement -

Position Statement on Screening Mammography

ASBrS Breast Cancer Screening Guidelines Recommendations

May 3, 2019 ASBrS recommends risk-based screening, where risk is assessed using a model such as Tyrer-Cuzick including breast density

VolparaDensity is the only commercial density product approved for use in Tyrer-Cuzick.

MRS has a full risk product already built.

Significant Barriers to Entry

Unlike some SaaS businesses there are significant barriers to entry for anyone trying to replicate our software:

- Years of lead time developing the software (we have invested 10+ years)
- Embedded and sticky nature of the software
- FDA clearance under 510(k) as a medical device, and global regulatory clearances
- Hundreds of clinical publications including global, multi-year clinical trials
- Only commercial density tool in the leading risk model, Tyrer-Cuzick
- 101 granted national patents, 9 international applications, 4 in progress
- Registered trademarks in 39 countries
- Copyright works (software, graphics and text)
- Trade Secrets (which protect the key part of the code)
- High level of data security – ISO27001 certified



In addition our first mover advantage and installations at Marquee Customers in the US leaves us better positioned to win new business than a new entrant

Landmark for Women – Tyrer-Cuzick Version 8 Risk Model

Mammographic density (age 40+)

Unknown
a. Almost entirely fatty
b. Scattered fibroglandular density
c. Heterogeneously dense
d. Extremely dense
Unknown

☐ % Volpara® Volumetric Density*
☐ % VAS Percentage Density*
☒ BI-RADS® ATLAS Density*

Ovarian: ☐ ☐

VolparaDensity is the only commercial density measure in Tyrer-Cuzick, one of the most used breast cancer risk models globally

Untitled - IBIS Risk Evaluator

File Edit View Tools Help

File Add Del Risk Sort Find

Personal factors

Woman's age: 40 Menarche: ? Height (m): ? Weight (kg): ?

Measurements
Metric: ☒ Imperial: ☐

Nulliparous: ☐ No prior biopsy / no proliferative disease: ☒ Premenopausal: ☐
Parous: ☐ Prior biopsy, result unknown: ☐ Perimenopausal: ☐
Unknown: ☒ Hyperplasia (not atypia): ☐ Postmenopausal: ☐ Age at Menopause: ?
Age First Child: ? Atypical hyperplasia: ☐ No information: ☒
Lobular Carcinoma in Situ (LCIS): ☐

Ovarian cancer: ☐

Mammographic density (age 40+)

?

☒ % Volpara® Volumetric Density*
☐ % VAS Percentage Density*
☐ BI-RADS® ATLAS Density*

Ashkenazi inheritance: ☐

Genetic Testing
Male relatives
Half Sisters
Affected cousins
Affected Nieces

View Family History

IBIS Risk Evaluator v8.0b

Competing mortality: ☒

Risk Options

HRT use
Length of use (years):
Never: ☒
5 or more years ago: ☐
Less than 5 years ago: ☐
Current user: ☐

Family History Diagram

IBIS Risk Evaluator v8.0b

Subscription-Based Business Model

The customer pays Volpara for a service provided by the software, rather than buys a perpetual license with a once off, up-front fee (a capital sales model).

Although the customer might pay for the service a year in advance, under accounting standards the majority of revenue can only be recognised once the service has been provided (i.e. over time).

The model is attractive to companies & investors as it is a recurring revenue model (less lumpy), but there are different metrics people use to judge progress, the definitions VHT currently focuses on are:

- **Total Contract Value (TCV)** - this is the value of contracts signed in the current financial year, the revenue from these deals might be recognised over one or many years and the customer might, or might not have a cancellation clause of some kind
- **Annual Recurring Revenue (ARR)** - this is the normalized amount of cash reasonably expected to be booked for the next 12 months on the basis of the contracts signed previously, and assuming installation upon order
- **Churn** - is the percentage of revenue from customers that either discontinue or reduce their subscription in a given 12-month period
- **Average Revenue Per User (ARPU)** – this is the expected revenue each year from each woman screened using Volpara software