



ASX RELEASE

Volpara Morgans and Microcap Investment Conference Presentation

Wellington, NZ, 12 October 2022: Volpara Health Technologies ("Volpara," "the Group," or "the Company"; ASX:VHT), a global leader in software for the early detection and prevention of breast cancer, is pleased to provide an updated investor presentation.

The attached investor presentation is for the Morgans Conference 2022 and the Microcap Investment Conference taking place on Thursday, October 13th and Wednesday, October 19th respectively. Volpara's CEO, Teri Thomas, will be presenting, in person, at both.

Authorisation & Additional Information

This announcement was authorised by the CEO of Volpara Health Technologies Limited.

ENDS

For further information, please contact:

Teri Thomas, CEO
Volpara Health Technologies
teri.thomas@volparahealth.com
t: +64 4 499 6029

Hannah Howlett
WE Communications
WE-AUVolpara@we-worldwide.com
t: +61 407 933 437

About Volpara Health Technologies Limited (ASX:VHT)

Volpara Health Technologies makes software to save families from cancer. Healthcare providers use Volpara to better understand cancer risk, empower patients in personal care decisions, and guide recommendations about additional imaging, genetic testing, and other interventions. Our AI-powered image analysis enables radiologists to quantify breast tissue with precision and helps technologists produce mammograms with optimal image quality, positioning, compression, and dose. In an industry facing increasing staffing shortages, our software streamlines operations and provides key performance insights that support continuous quality improvement.

Volpara is the preferred partner of leading healthcare institutions around the world. Our software is used in over 2,000 facilities by more than 5,000 technologists, impacting nearly 16 million patients globally. It helps providers conduct more than three million cancer risk assessments each year and can be deployed stand-alone or fully integrated with electronic health record systems, mammography reporting systems, imaging hardware, and genetic laboratories. Volpara holds the most rigorous security certifications and numerous patents and regulatory registrations, including FDA clearance and CE marking. Since listing on the ASX in

April 2016, the Company has raised A\$132 million. With an office in Seattle, Volpara is based in Wellington, New Zealand.

For more information, visit www.volparahealth.com



Volpara Morgans and Microcap
Investment Conferences, October 2022

Investor Presentation

BE BOLD.

Grand but never grandiose, our ambition is simple: nothing less than a revolution in cancer care.

BE RELENTLESS.

Resolving global health problems doesn't happen overnight. We are persistent and rigorous in our search for innovative solutions.

BE EXTRA ORDINARY.

We strive constantly to do exceptional work, advance our expertise, and honour the differences that make us strong.

BE WHĀNAU.

We are an extended family of colleagues, customers, patients, and communities. By looking after each other, we make our best contribution every day.



Important Notice & Disclaimer

This presentation, dated 12th October 2022, has been prepared solely for the purpose of providing potential investors with information about Volpara Health Technologies Limited ("Volpara," "VHT," or the "Company"). The information contained in this presentation is of a general background nature, is in summary form, and does not purport to contain all the information that a potential investor may need or desire. Potential investors should conduct their own investigation and analysis of Volpara and of the information contained in this presentation and should rely solely on their own judgement, review, and analysis in deciding whether to invest in Volpara. The information in this presentation has been prepared in conjunction with an oral presentation and should not be taken out of context. The content of this presentation is provided as at the date of this presentation (unless otherwise stated) and the information in this presentation is subject to change without notice.

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Preparation of information

All financial information has been prepared and reviewed in accordance with Generally Accepted Accounting Practice in New Zealand, New Zealand Equivalents to International Financial Reporting Standards, and International Financial Reporting Standards. Certain financial data included in this presentation is "non-IFRS financial information". The Company believes that this non-IFRS financial information provides useful insight in measuring the financial performance and condition of Volpara. Readers are cautioned not to place undue reliance on any non-IFRS financial information, including ratios, included in this presentation.

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This presentation should be read in conjunction with Volpara's other periodic and continuous disclosure announcements lodged with ASX.

OUR PURPOSE:

Saving families
from cancer.



By 2040, cancer cases are projected to rise 47% to **28.4 million**.¹

Each year, **2.3 million people** are told they have breast cancer.²

Despite huge advancements in technology, nearly **700,000 people** will lose their lives to breast cancer each year.²

1. GLOBOCAN.

2. International Agency for Research on Cancer.



At Volpara we strive to **do better.**

OUR VISION:

To be the global leader in
software for the early detection
and *prevention* of cancer.

How will we realise our vision?

①

Proactively identify people at higher risk of developing cancer and personalise their care pathway.

25% of cancers are detected outside of screening age

②

Increase physician and patient understanding of breast composition, cancer risk, and appropriate additional imaging.

Additional 2–10 per 1000 cancers detected with supplemental imaging

③

Improve the quality of every mammogram produced for more accurate detection.

25–40% of cancers missed at screening

④

Enable additional cancer risk modelling and genetic testing in streamlined workflows.

90% of mutation carriers have yet to be identified

Volpara's journey

2009

Oxford
researchers
incorporate
company

2010

Volpara
Density gains
FDA
clearance

2012

100th
installation of
Volpara
Density

2014

Major study connects
density and breast
cancer risk (using
Volpara Density)

2015

Volpara
introduces
Volpara
Analytics

Volpara's journey

2016

Listed on
ASX, first
SaaS
customer

2017

Volpara
analyses
first million
studies

2019

Volpara
acquires
MRS
Systems,
Inc.

2021

- Volpara acquires
CRA Health, LLC
- 200th peer-
reviewed paper

2022

- Launch of
Volpara
Thumbnail
- 72M de-identified
images in the
cloud

Volpara provides an integrated breast screening workflow



We've "crossed the chasm"

Certifications and clearances

- FDA
- CE marking
- ISO 27001:2013 certification*
- HIPAA compliance
- MDSAP

*for applicable products



2,000+

facilities have installed Volpara software, including top US cancer centres



5,600+

technologists use Volpara to monitor performance



2.5m+

annual risk assessments

16.5m women impacted by a Volpara product



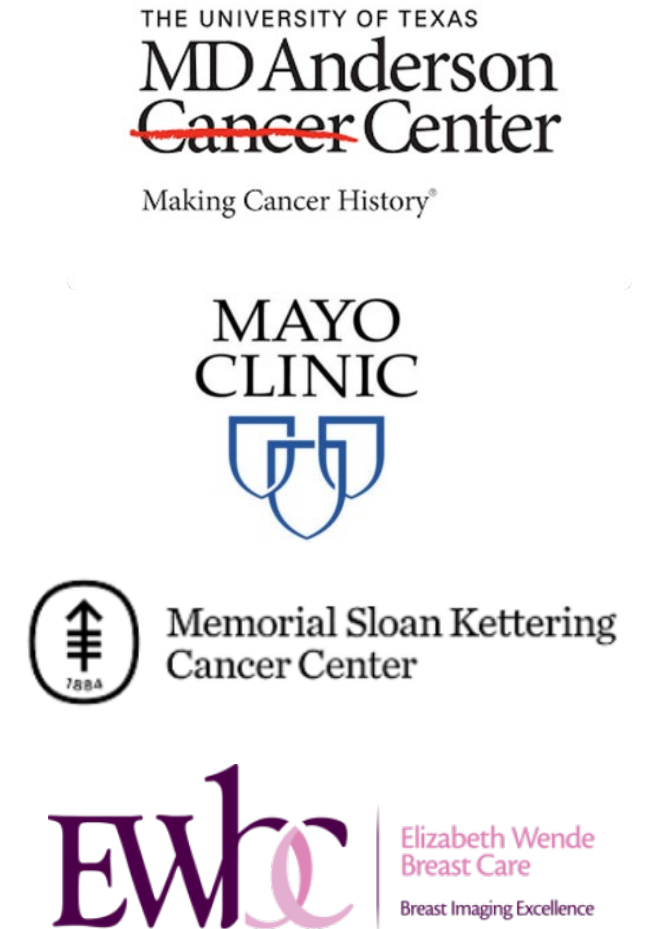
Major networks



Major universities



Famous leaders



Volpara's growing presence in Australia

New South Wales

Sydney Breast Clinic live with Volpara Analytics & Scorecard

Spectrum Medical Imaging
Volpara's first Patient Hub customer adding to Scorecard

I-MED live at their main breast centres in NSW with plans for expansion

Sonic expanded Analytics & Scorecard to Hunter Imaging Group

Victoria

I-MED live at their main Vic breast centres with plans for expansion

Integral Diagnostics IDX live at Lake Imaging, **expanding Analytics & Scorecard to whole state**

Royal Melbourne Hospital a long-standing Analytics/Scorecard user

Imaging Associates live with Transpara, adding to Analytics & Scorecard



Queensland

BreastScreen Qld uses Volpara for remote accreditation via interstate auditors for first time—good test case for BreastScreen Australia

Lumus Imaging Group live with Volpara at St Vincent's in Brisbane, four more sites to follow

Integral Diagnostics IDX live at Imaging Qld and **Diagnostic Imaging for Women**

I-MED expanded Analytics & Scorecard across the whole of Qld

Sonic uses Volpara Analytics & Scorecard across the whole Queensland X-Ray network

Volpara's growing presence in Australia

Western Australia

Women's & Breast Imaging in Perth Volpara's first density customer, continue to invest in our products

Royal Perth Hospital a long-term Density user

South Australia

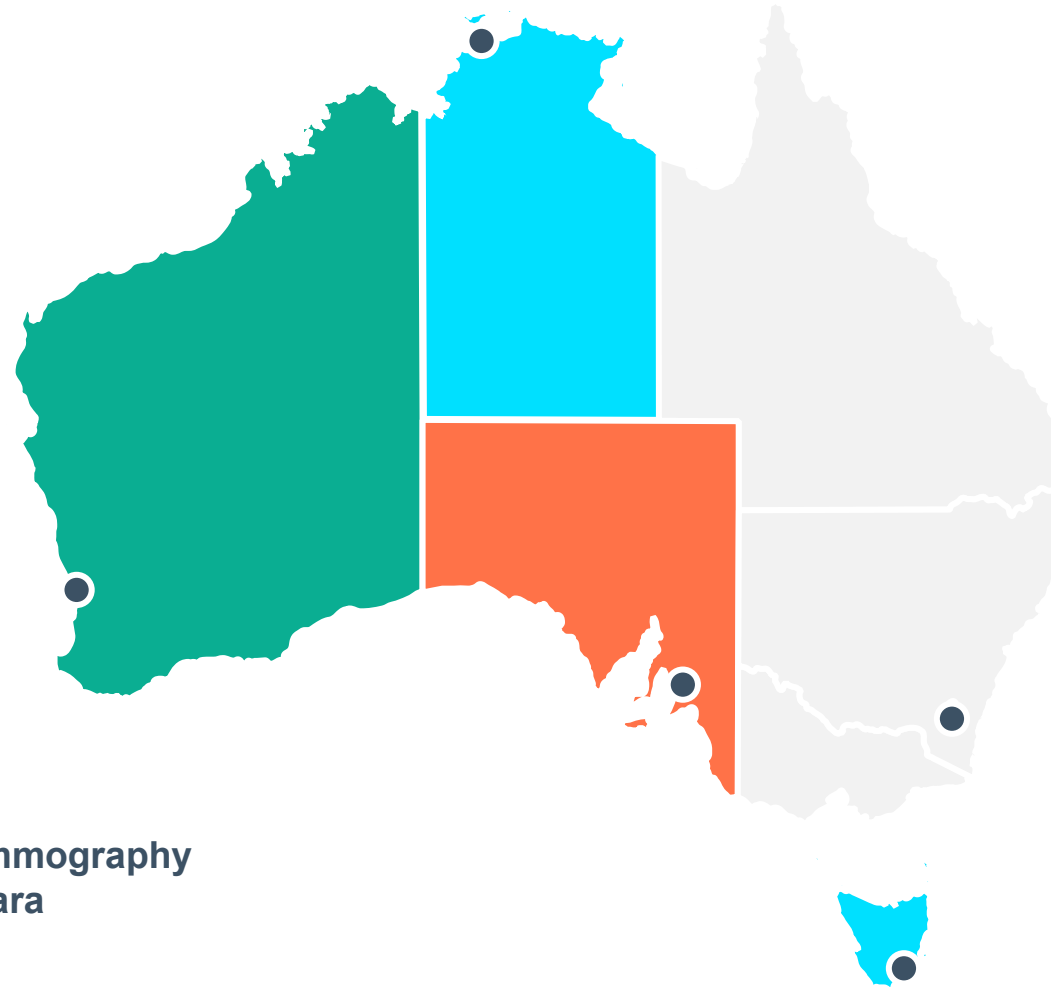
Radiology SA the final private mammography provider in SA to go live with Volpara

All public mammography providers in Adelaide use Volpara

Tasmania, Northern Territory, Australian Capital Territory

I-MED using Volpara at

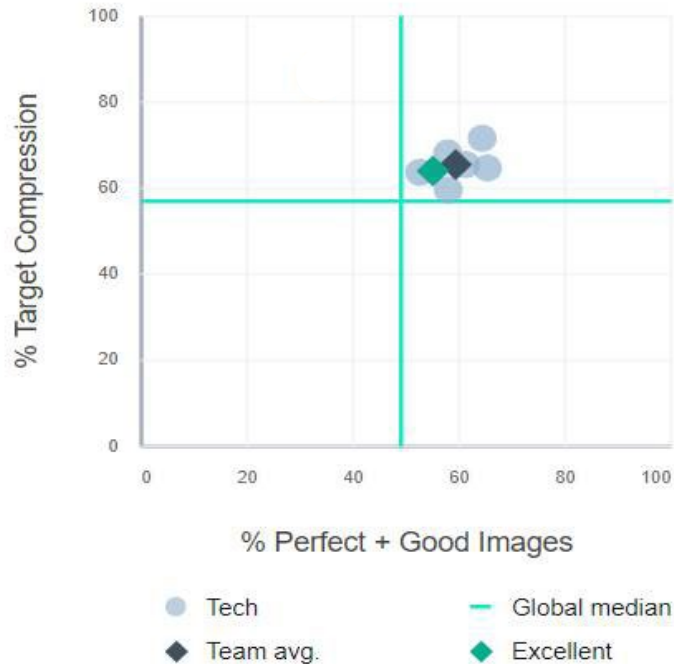
- Calvary Hospital in Hobart
- **Darwin Private Hospital**
- Woden, ACT





sydney breast clinic

Team quality ⓘ



#1 quality score
in AUS/NZ

10% improvement
in breast positioning

6% increase
in overall quality score

Top 10% globally
all techs in excellent benchmark range

*since launching Analytics in May


Focus on the leaders and the large

- Response to market consolidation trends
- Enhanced program expertise
- Appreciates our differentiators, security

Case study: RadNet, the largest provider of outpatient imaging services in the United States—a model “elephant” well respected by the industry.

350+ sites, 7 US states, 1.8M+ mammograms annually

- *Volpara Analytics to improve mammography quality*
- *Volpara Risk Pathways to provide risk-based assessment and care coordination*
- *Collaborative relationship with a goal to improve the breast health industry*

A photograph of two elephants walking across a grassy savanna landscape under a cloudy sky. The elephants are in the foreground, with one slightly ahead of the other. The background shows rolling hills and a clear horizon.

Our focus:
opportunities over
\$250K & enterprise wide

Why do they choose us?



Trends and strategic differentiators

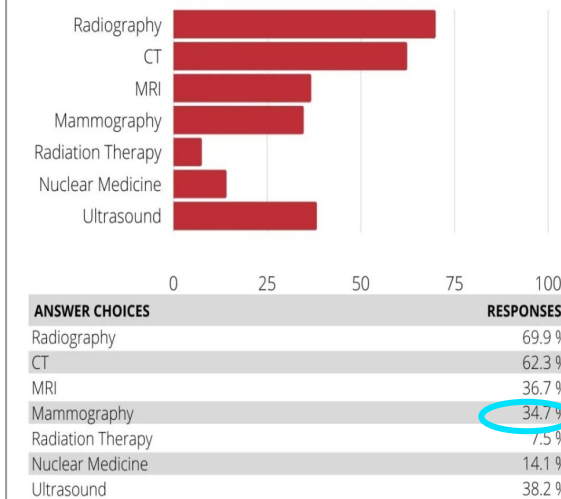
Trend: healthcare staff shortage

- Turnover requires training to maintain quality
- Staff pressure to keep up with capacity impacts quality
- Delayed inspections resume, placing stress on team

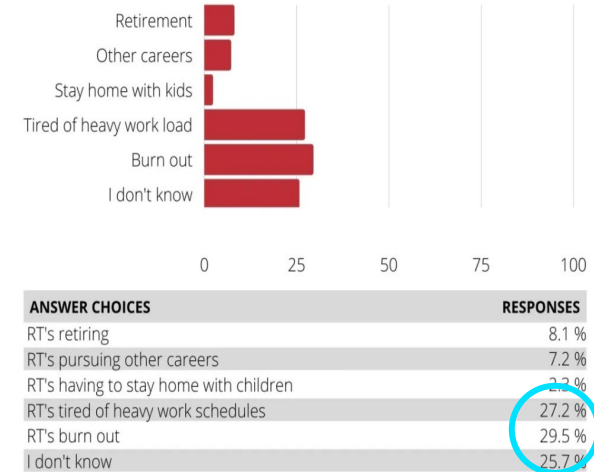
Workforce Shortages In Mammography Could Threaten Early Detection Rates For Breast Cancer

Mammographer shortage fails to subside

**Q2 What Modalities/Positions are not filled?
(Please mark all that apply)**



Q8 What factors do you think contributed to the staffing shortage?



Mentorship and performance data from day one

From new technologist to one of the best in the world. Volpara Analytics builds confidence in mammography training.

"I wasn't going to let bad habits happen. We dove right into training and used the objective insight from Volpara Analytics as our guide. It was so helpful to receive so much feedback."

—Stacy, new technologist, Krohn Clinic

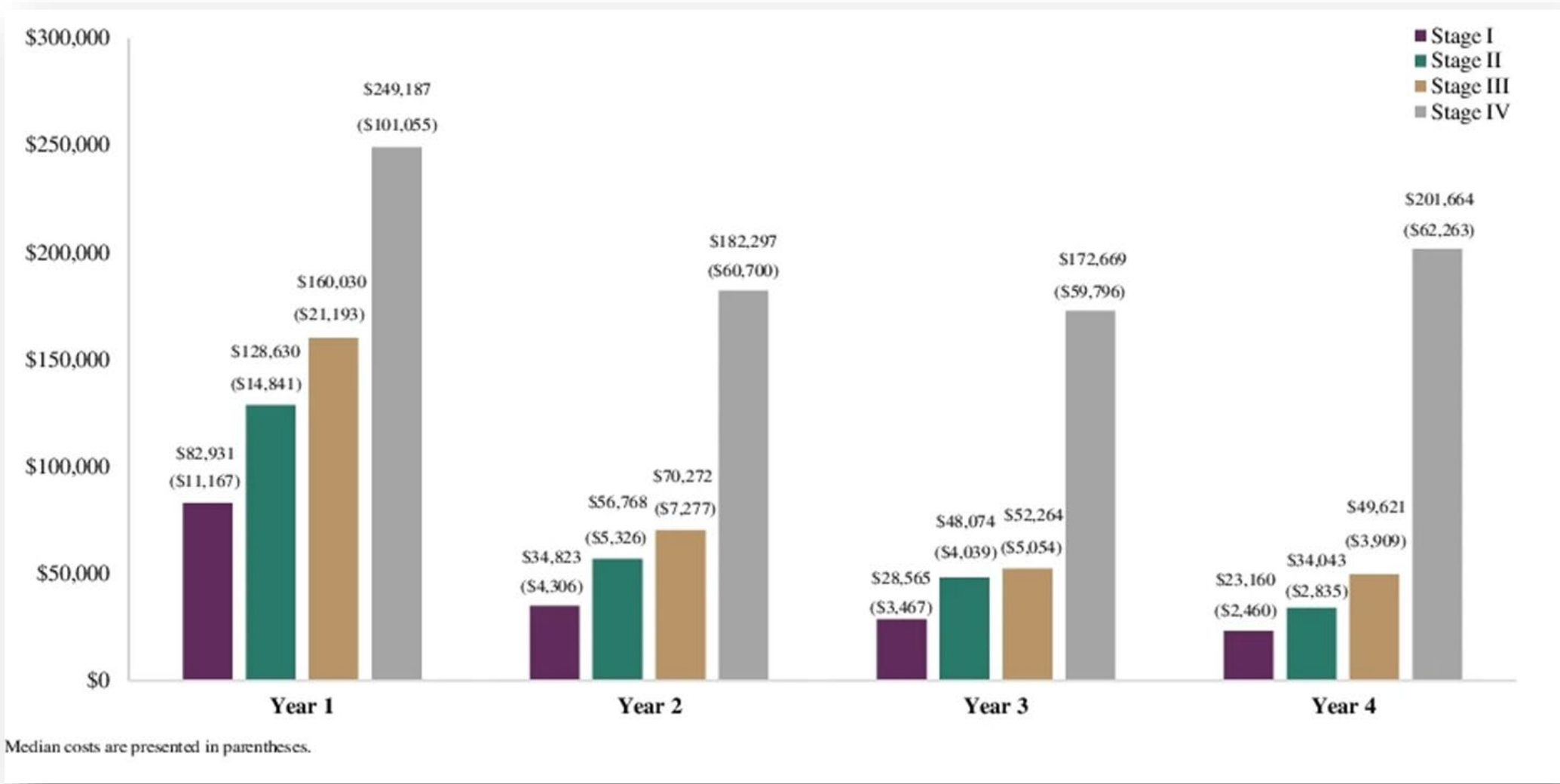
Stacy



TOP 100

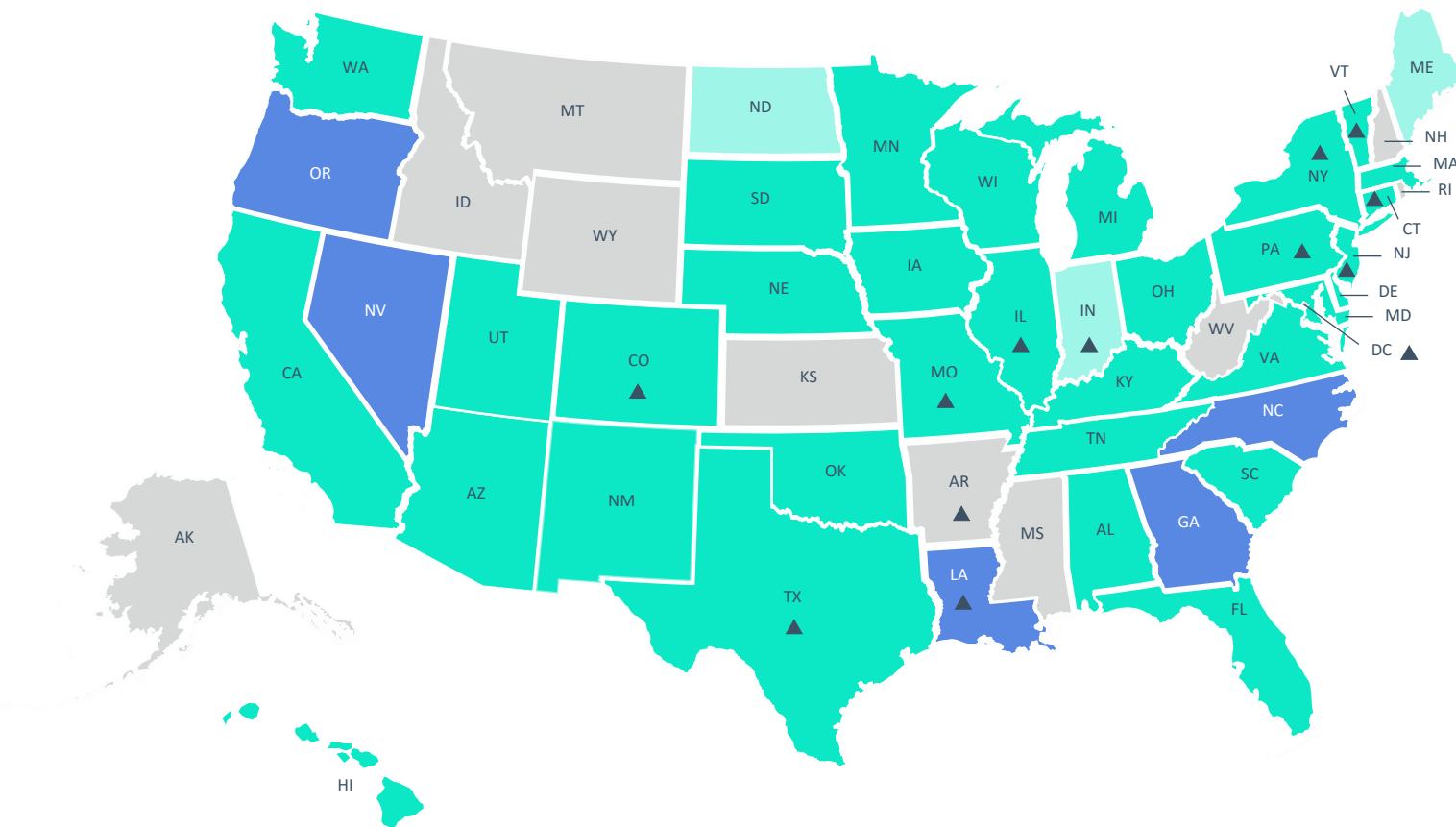
technologist
worldwide ranking

Makes financial sense: most recent data on cost by breast cancer stage at diagnosis



1. McGarvey, N., Gitlin, M., Fadli, E. et al. Increased healthcare costs by later stage cancer diagnosis. BMC Health Serv Res 22, 1155 (2022). <https://doi.org/10.1186/s12913-022-08457-6>

Trend: personalised screening programs evolve



- ▲ State with insurance coverage
- Enacted law
- Effort for inform/education; no notification
- No active bill/ no notification
- State-wide genetic testing program

38 states + DC

Enacted “density inform” laws or have efforts underway

11 states + DC

Mandate supplemental imaging/testing coverage and cap costs

5 states

Offer genetic testing as major population health initiatives

Trend: pre-mammogram age risk assessment



“...undergo breast cancer risk assessment **by age 25** and counseled regarding potential benefits, risks, and limitations of breast screening in the context of their risk.”

“Higher-risk women should start mammographic screening earlier and may benefit from supplemental screening modalities. All women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk **no later than age 30.**”

Age 25
“Breast cancer risk assessment is important for identifying women who may benefit from more intensive surveillance. There is no standardized approach which can result in applying average-risk screening recommendations to high-risk women.”

“... recommends that women **age 25 and older** undergo formal risk assessment for breast cancer including evaluation of indications for genetic testing and personal history of radiation, adding calculated lifetime risk using a validated model such as a Tyrer-Cuzick at age 30 and beyond.”



Most women are unaware of their risk status¹



90% women with hereditary risk are not yet identified²



Less than **2%** of women at high risk are offered an MRI and undergo exam³



15% increase in screening compliance when women know their risk⁴

1. <https://ascopubs.org/doi/full/10.1200/CCI.18.00072>
2. Drohan B, Roche CA, Cusack JC Jr, Hughes KS. "Hereditary breast and ovarian cancer and other hereditary syndromes: using technology to identify carriers." *Ann Surg Oncol.* 2012 Jun;19(6):1732-7
3. Wernli KJ, DeMartini WB, Ichkawa L, et al. "Patterns of breast magnetic resonance imaging use in community practice" [published online November 18, 2013]. *JAMA Intern Med*
4. Change in Mammography Use Following Breast Cancer Risk Assessment. *JAMA Netw Open.* 2021;4(9):e2123751. doi:10.1001/jamanetworkopen.2021.23751

Early identification can change everything

Age 30

- Jane's mother was diagnosed with breast cancer at 40
- Based on risk assessment and family history, Jane begins annual mammograms

Age 38

- Jane's personalised care pathway suggests MRI due to her breast density
- Risk assessment (including factoring in her dense breasts) shows she meets criteria for genetic testing
- Testing reveals a genetic mutation for colon cancer
- Jane's father is diagnosed with colon cancer

Age 40

- Jane's first colonoscopy: lesions found and removed
- Genetic results shared with family, including her 20-year-old son

Today Jane never misses an annual colonoscopy, and gets an ultrasound or MRI of her breasts every year



Differentiator: making the subjective *objective*

By quantifying repetitive tasks—such as breast density assessment, radiation measurement, positioning and breast compression—Volpara AI drives accuracy and confidence.

A review of 100 CE-marked AI products from 54 vendors found Volpara had the most scientific papers of all breast radiology AI software reviewed.¹

1. <https://link.springer.com/article/10.1007/s00330-021-07892-z>



100+

patents that assist in the delivery of personalised care



450+

publications



200+

peer-reviewed articles that include Volpara technology



Differentiator: vendor neutrality

AI must address variables including unique breast size and tissue composition, technologist performance, and different x-ray machines.

Volpara's software is **vendor neutral and independent**

This makes us ideal for:

- tight integration with Epic & other EHR systems
- use with multiple types of x-ray machines
- contracts with multiple genetic labs

36+

manufacturer/model types



Differentiator: image-enhanced patient letters

Most women have not seen what their mammogram images look like...until now

Breast Imaging Center

1242 NE 123rd St • Bothell, WA • Phone: (425) 777-3922

September 10, 2021

KELLY BROWN
1234 PLEASANT ST
ANYWHERE, USA

Patient ID: NZ000006213_0003
Phone: ()

Dear Ms. Brown,

We are pleased to inform you that the results of your screening mammogram performed on Thursday, April 14, 2022, are normal. We would like you to have a bilateral screening mammogram in 1 year.

Your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report.

Early detection of cancer is very important. Treatment can be started earlier, and has greater rates of success. The best method for early detection of breast cancer has been proven to be screening mammography. The American College of Radiology currently recommends screening mammograms for women from ages 40 through 74 (of average risk), and especially for those women over age 50. However, not all cancers are found through mammography, and radiologists can use other methods of detection, including ultrasound, MRI, and other breast imaging procedures. If you ever feel a lump in your breast or have other reasons for concern, you need to tell your health care provider. If you may be at high risk for breast cancer based on your personal or family history, consult with your doctor about other screenings tests available to you.

The results of this procedure have been sent to Mathews Day, M.D.. Those results and the images will become part of your medical record here at Breast Imaging Center. It is your responsibility to inform any new health care provider of the date and location of this examination.

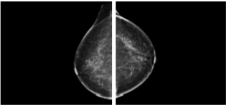
Please contact your health care provider if you notice any changes to your breasts or have any further questions.

Sincerely,

Breast Imaging Center

Volpara Thumbnail™

Your mammography images



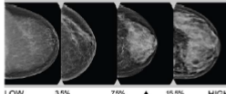
Right breast Left breast

Your breast tissue composition

Your breast tissue composition is c (12% volumetric breast density). This means that you have high breast density.


This is how your density score compares to reference images:

a b **c** d




LOW 5.0% 7.0% 15.0% HIGH

To learn more about your breast composition and how to discuss it with your doctor, visit www.volparadensity.com/c

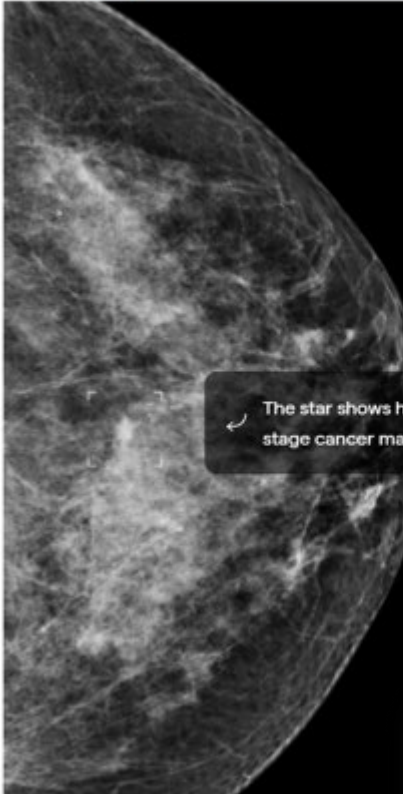


www.volparadensity.com/c

Your breast density profile information is provided by Volpara Health as a tool to help us educate you on your breast health. Images are not intended for diagnostic use.



Your Mammogram Experience Breast Density Explained More to Know



The star shows how an early stage cancer may look.

C

Mid-high tissue density

MIXED DENSE & FATTY TISSUE

Your mammogram displays mostly dense, fibroglandular tissue, which appears white and light gray, combined with lesser areas of dark gray fatty tissue. Your breasts are considered dense.

About 40% of female breasts fit category "c". They are referred to as "heterogeneously dense breasts".¹

Your dense tissue could hide masses on your mammogram.³ Consider asking your doctor if additional ultrasound or MRI imaging should become part of your screening schedule. Also consider asking about a risk assessment to help both of you better understand your lifetime risk for breast cancer.


BREAST DENSITY SCALE

a

b


c

d



Scan this QR code with the camera app on your cell phone for more about breast density.

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 Volpara
HEALTH

Patients appreciate seeing their images

RADIOLOGY BUSINESS
FOR LEADERS NAVIGATING VALUE-BASED CARE

Most patients want access to medical imaging records, but majority aren't getting it: Small survey



Video Radiology Reports Improve Patient Understanding of Imaging Results



ScienceDirect

A letter is not enough: Women's preferences for and experiences of receiving breast density information

Radiology Today
MAGAZINE

Engaging Women With Enhanced Mammography Letters

PLOS MEDICINE

Visualising health risks with medical imaging for changing recipients' health behaviours and risk factors: Systematic review with meta-analysis

- https://radiologybusiness.com/topics/patient-care/most-patients-want-access-medical-imaging-records-majority-arent-getting-it?utm_source=newsletter&utm_medium=rb_news
- <https://www.medimaging.net/radiography/articles/294792538/video-radiology-reports-improve-patient-understanding-of-imaging-results.html>
- [Visualising health risks with medical imaging for changing recipients' health behaviours and risk factors: Systematic review with meta-analysis | PLOS Medicine](#)
- [A letter is not enough: Women's preferences for and experiences of receiving breast density information | ScienceDirect](#)
- [Engaging Women With Enhanced Mammography Letters - Radiology Today Magazine](#)

"Know before you go" materials

If I Have Dense Breasts...

Not to worry.

Many women have dense breasts. We have sent a letter to your doctor including our suggestions for next steps. Together, you and your doctor can decide which recommendations may be right for you. Ask your doctor to review your medical and family history and any other factors that might increase your risk of developing breast cancer.

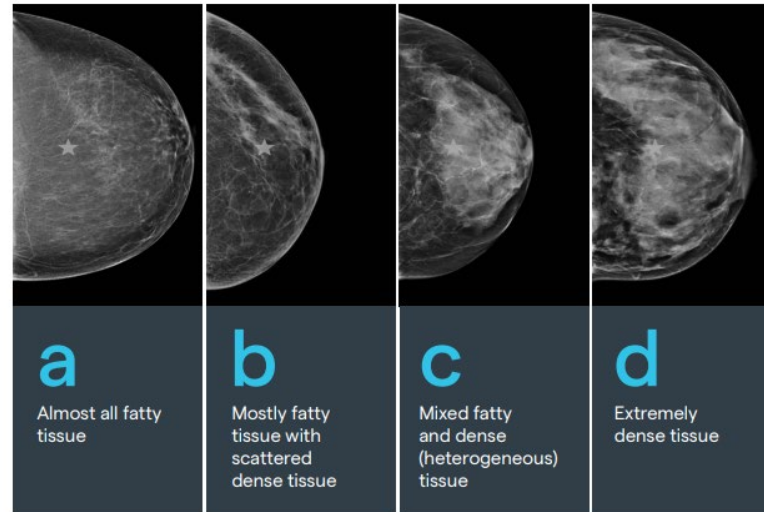
My Breast Care Reminder

My Breast Density



Based on your breast density, we recommend that your next exam be:

Exam Type	Date	Notes
<input type="checkbox"/> Mammogram	_____	_____
<input type="checkbox"/> Ultrasound	_____	_____
<input type="checkbox"/> Breast MRI	_____	_____
<input type="checkbox"/> Contrast-Enhanced Spectral Mammography	_____	_____



★ The star in the images represents how cancer may be hidden on a mammogram.

Know your breast composition

Breast composition is classified into four different categories: a, b, c, or d.

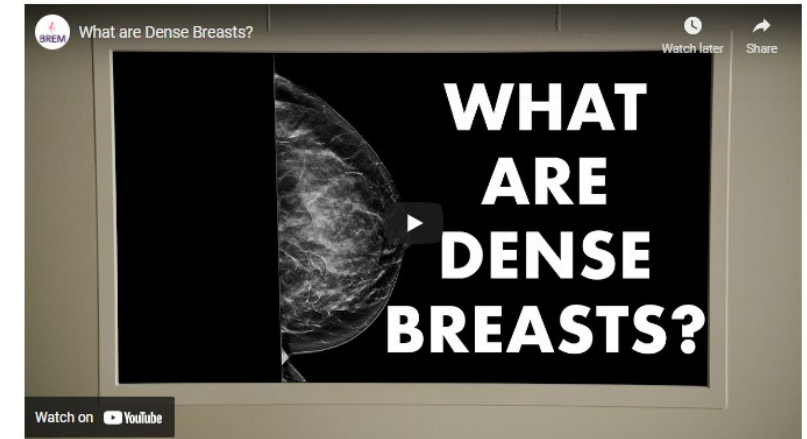
- Breasts are composed of fatty (adipose) tissue and dense (fibroglandular) tissue.
- Breast composition is determined by a mammogram or MRI, not by how the breasts look or feel.
- Breast composition can change over time due to age, genetics, and other factors.
- Having dense breast tissue is common. Nearly half of US women over the age of 40 have dense breasts.
- Dense tissue can hide cancer as both appear white on a mammogram.
- Dense tissue may increase your risk for developing breast cancer.
- Women with breast composition c or d, or specific risk factors, may require additional screening after a mammogram.
- Women should monitor their breast health over time and participate in regular screenings.

Scan this QR code with the camera app on your cell phone for more about breast density.

mtk6558-2



What are dense breasts? (Video from the Brem Foundation)



Scan this QR code with the camera app on your cell phone for more about breast density.

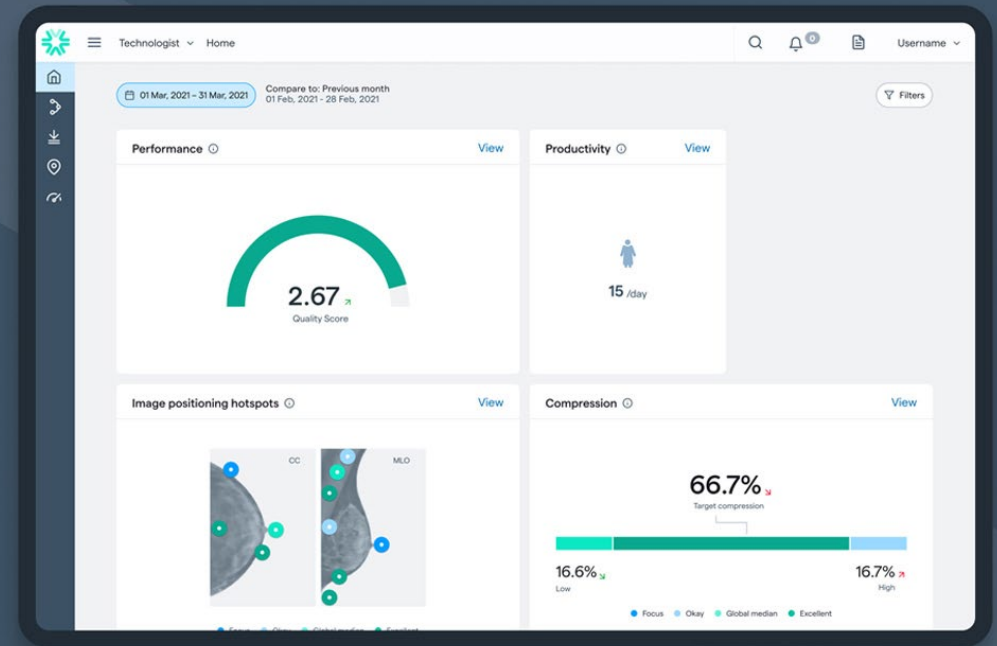
Volpara Analytics™

Objective quality evaluation for each mammogram

Poor quality leads to **cancers being missed**

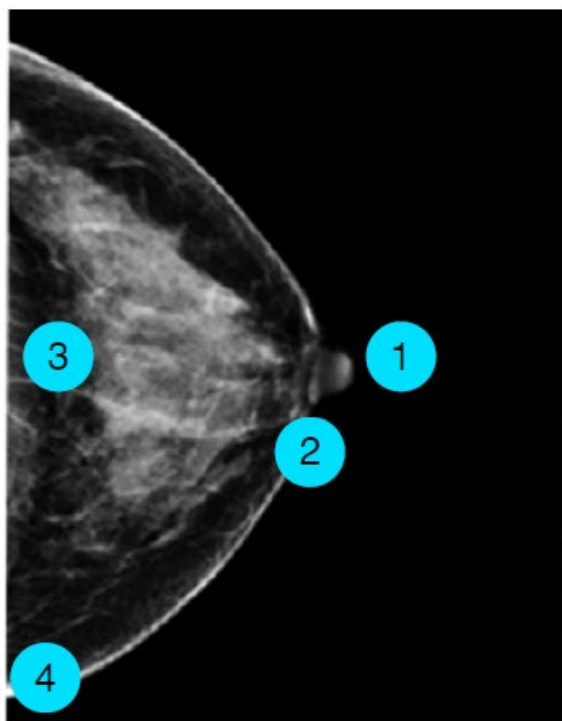
Poor positioning and compression causes:

- **92%** of all clinically deficient images at first attempt
- **79%** of all American College of Radiology (ACR) accreditation failures
- **800,000** women being recalled for additional imaging
(and associated stress!)

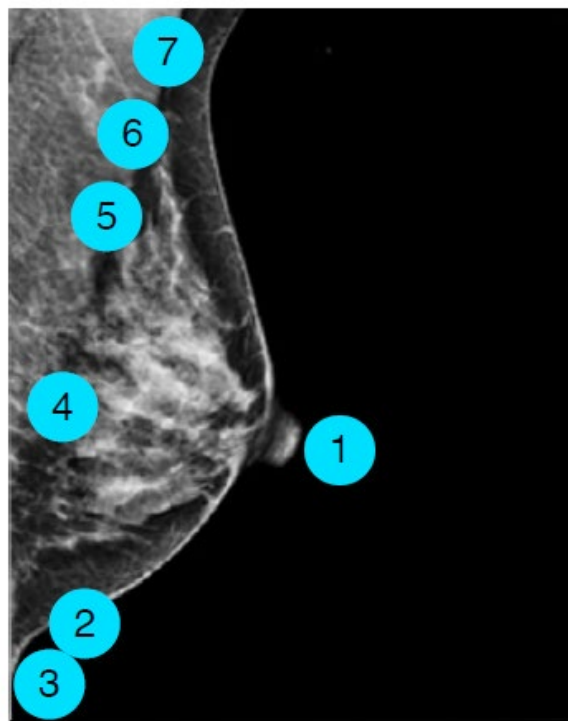


AI for image quality assessment

Volpara's TruPGMI algorithm **automatically and objectively** evaluates dozens of quality metrics on every mammogram.



CC view



MLO view

Volpara TruPGMI™

Perfect

High Diagnostic Quality
excellent work by the technologist

Good

high quality

Moderate

acceptable quality; technologist
would be unlikely to repeat images

Inadequate

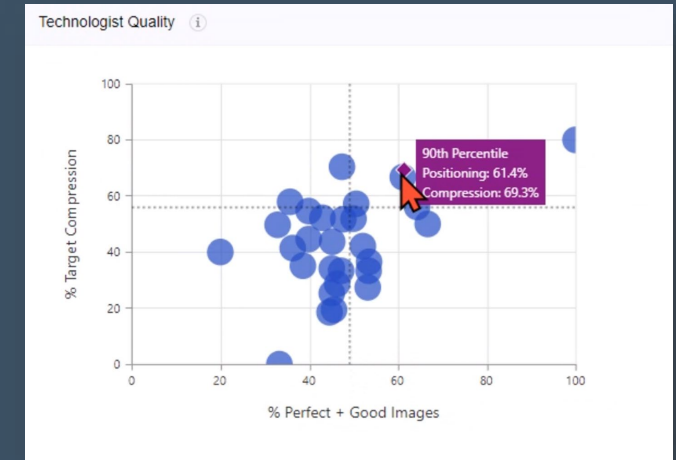
Low Diagnostic Quality
poor quality; technologist may
repeat images



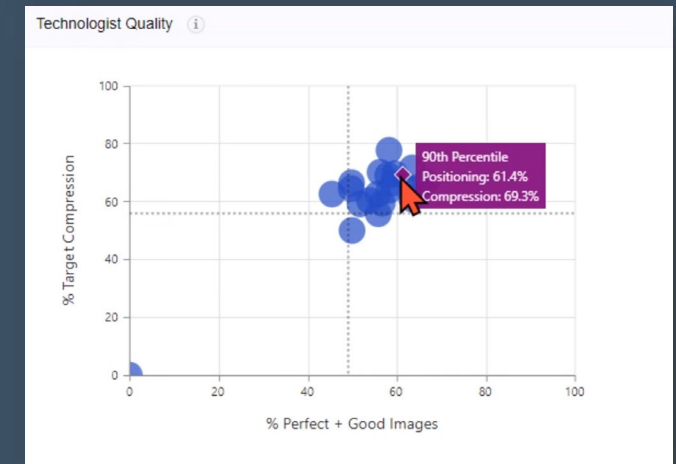
Christine E.
**Lynn Women's Health &
Wellness Institute**
BAPTIST HEALTH SOUTH FLORIDA

The power of objective metrics in technologist training

Before



After



MAYFAIR DIAGNOSTICS

MAYFAIR
DIAGNOSTICS

Ultrasound
Bone Density
Mammography
X-ray

MEDICAL
IMAGING
REIMAGINED
radiology.ca

Centralised quality control with Volpara Analytics

60% improvement

in time spent searching for cases

37% reduction

in inadequate images

20% improvement

in target compression

14% reduction

in technical recalls

10

Breast imaging locations in
Calgary, Alberta, Canada

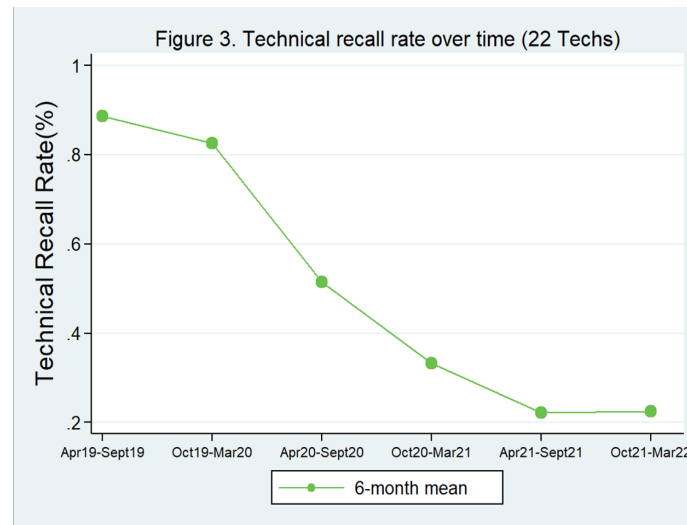
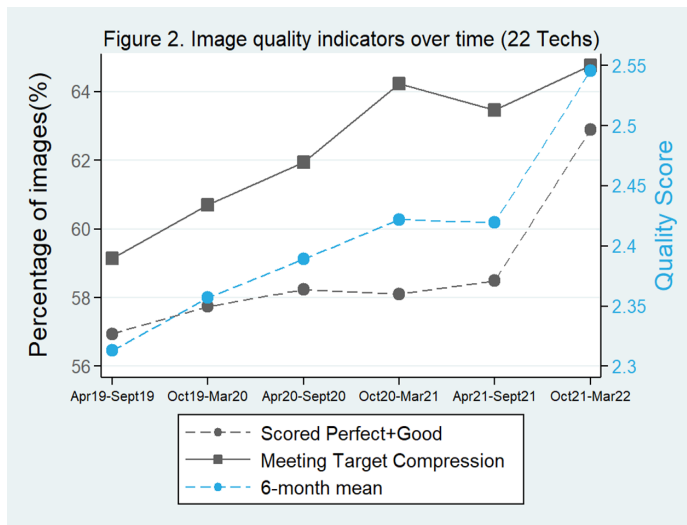
54,000

Mammograms
annually

44

Technologists

Reduction of repeat and recall rate after AI quality software



7% improvement

in both breast positioning and compression

74% reduction

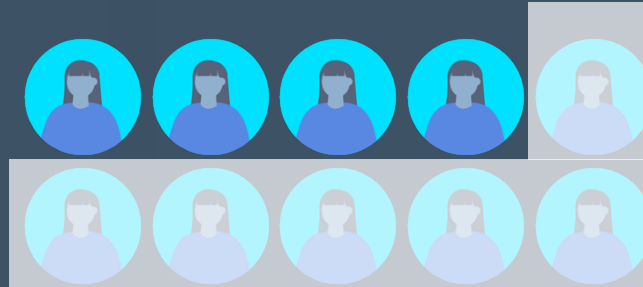
in technical recalls

↓ significant decrease

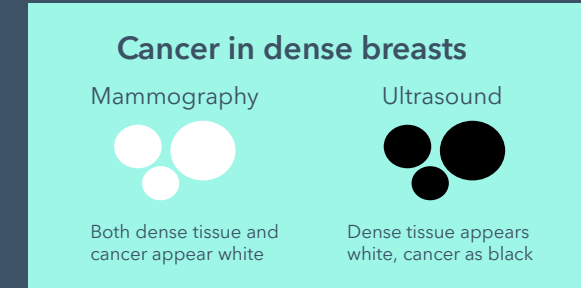
in screenings with more than 4 images

Largest North American study of mammographic quality

Risk associated with dense breasts



40-50% of US women
have dense breast tissue¹



Up to **50%** of breast cancers may be
missed in extremely dense breasts²



Breast density is the
most common risk factor
for breast cancer³



May be **4–6x** more
likely to get breast
cancer⁴



Recurrence is **4x**
more likely in women
with dense breasts⁶



Average cancer size is
larger with greater
nodal involvement⁷

1. CDC.gov - https://www.cdc.gov/cancer/breast/basic_info/dense-breasts.htm#:~:text=The%20breasts%20are%20almost%20entirely,about%2010%25%20of%20women.

2. Kolb et al, Radiology, Oct 2002;225(1):165-75.

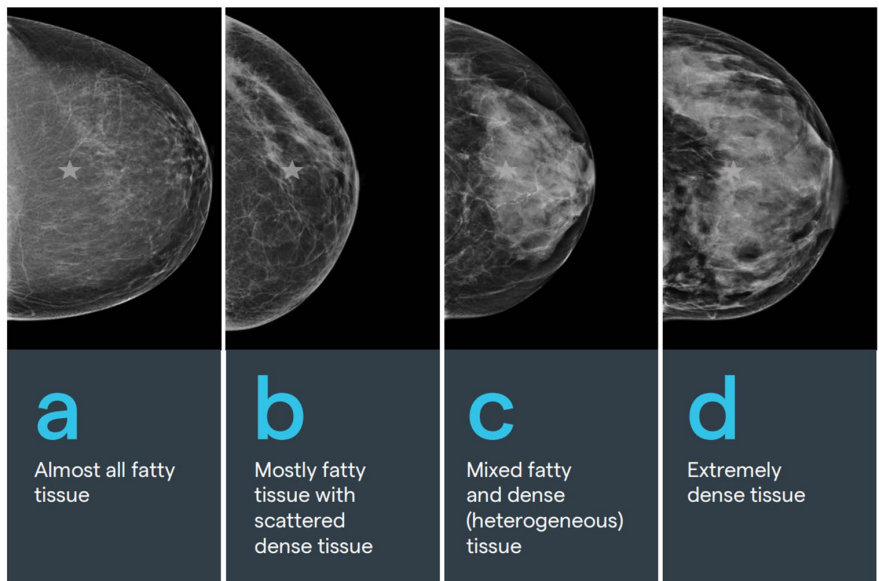
3. Engmann NJ, et al, AMA Oncol. 2017;3(9):1228-1236.

4. Boyd NF et al. NEJM 2007; 356: 227-36.

5. Arora N, King TA, Jacks LM., Ann Surg Onc, 2010; 17:S211-18.

6. Raghavendra A, et al, Cancer, January 2017.

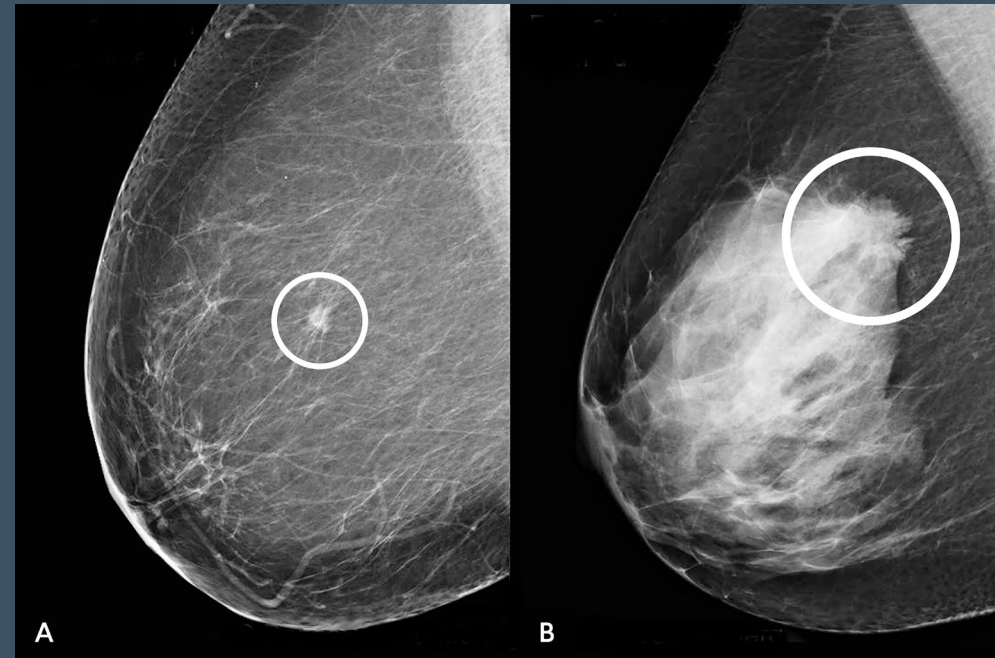
7. Boyd, et al. Mammographic Density and the Risk and Detection of Breast Cancer. NEJM. January 2017.



★ The star in the images represents how cancer may be hidden on a mammogram.

Can you spot the cancer?

<https://densebreast-info.org/>



How a cancer would show in breast density categories on a mammogram



Breasts that are (C) heterogeneously dense, or (D) extremely dense, are considered “dense breasts.”



Strong foundation for growth



A single risk engine

Risk Pathways reduces duplicate data entry and offers one IT solution for assessing cancer risk **at any age, in any clinical setting** from imaging and oncology to OB-GYN and GPs/primary care.

Breast Endometrial Colorectal Prostate

	Gail	Tyrer-Cuzick 8	NCCN	Claus	BRCARPRO
PERSONAL INFORMATION					
Age	✓	✓	—	✓	✓
Body mass index	—	✓	—	—	—
Ashkenazi heritage	—	✓	—	—	✓
HORMONAL/REPRODUCTIVE FACTORS					
Age at menarche	✓	✓	—	—	—
Age at first live birth	—	✓	—	—	—
Age at menopause	✓	✓	—	—	—
Hormone replacement therapy	—	✓	—	—	—
DENSITY					
Volpara, BI-RADS®, VAS	—	✓	—	—	—
PERSONAL HISTORY OF BREAST DISEASE					
Number of breast biopsies	✓	—	—	—	—
Atypical ductal hyperplasia	✓	✓	—	—	—
Usual ductal hyperplasia	—	✓	—	—	—
Lobular carcinoma in situ	—	✓	—	—	—
PERSONAL AND FAMILY HISTORY					
First-degree relatives	✓	✓	✓	✓	✓
Second-degree relatives	—	✓	✓	✓	✓
Third-degree relatives	—	—	✓	—	—
Age of onset of breast cancer	—	✓	✓	✓	✓
Bilateral breast cancer	—	✓	✓	—	✓
Ovarian cancer	—	✓	✓	—	✓
Male breast cancer	—	✓	✓	—	✓
Breast cancer tumor markers	—	—	✓	—	✓
Oophorectomy/mastectomy	—	—	—	—	✓
BRCA testing result	—	✓	✓	—	✓
OUTPUT OF RISK MODELS					
5 year risk breast cancer	✓	✓	—	✓	✓
Risk of a BRCA mutation	—	✓	✓	—	✓
Lifetime risk of breast cancer	✓	✓	—	✓	✓
5 year risk of ovarian cancer	—	—	—	—	✓
Lifetime risk of ovarian cancer	—	—	—	—	✓

Secret sauce, science & innovation

Curated data for prevention

Images + patient history + pathology + genetics to enable a new wave of innovation.

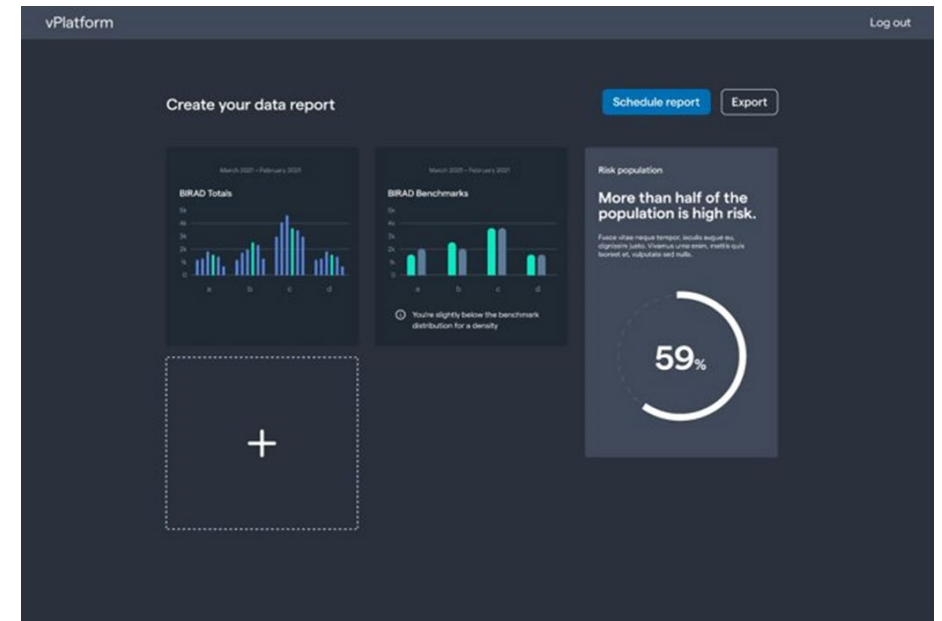
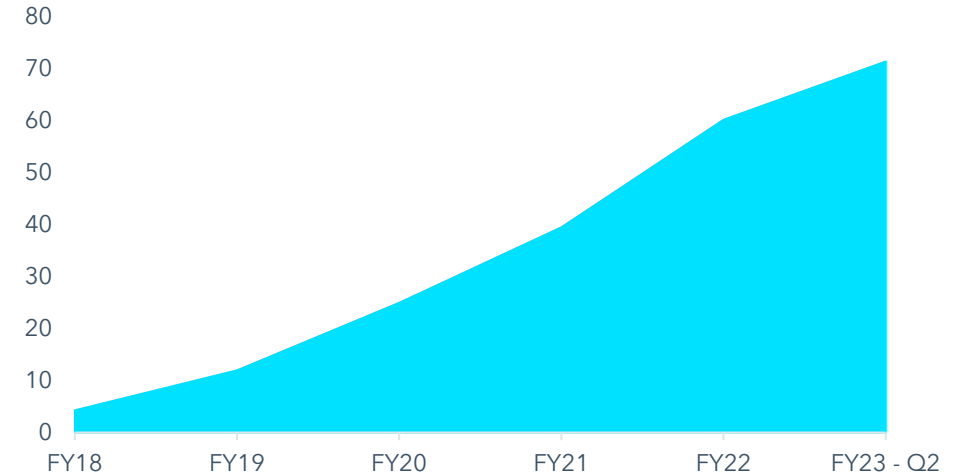
New research platform

Analytics, Patient Hub & Risk Pathways data to analyse and optimise screening and population health.

Opportunities

Changes over time. Fusion of images and patient history for comprehensive risk modelling. Breast arterial calcifications for cardiac health.

Number of images (Millions)

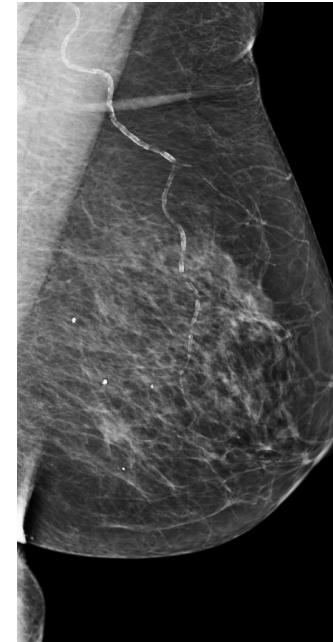


AI for heart disease

Collaboration to expand breast cancer screening programs' ability to make cardiovascular assessments from routine mammograms

"With one in three deaths in New Zealand caused by cardiovascular disease, together, we can detect and identify earlier symptoms of heart disease in women.
This is true AI for good."

—Matt Bostwick, Microsoft Partner Lead



Breast arterial calcifications are associated with cardiovascular disease outcomes.

Volpara, refined. **A new era.**

As the world changes, we evolve—while remaining true to our purpose and vision.

Volpara continues to advance in breast density, data, and artificial intelligence as part of its commitment to ending the prevalence and cost of breast cancer.

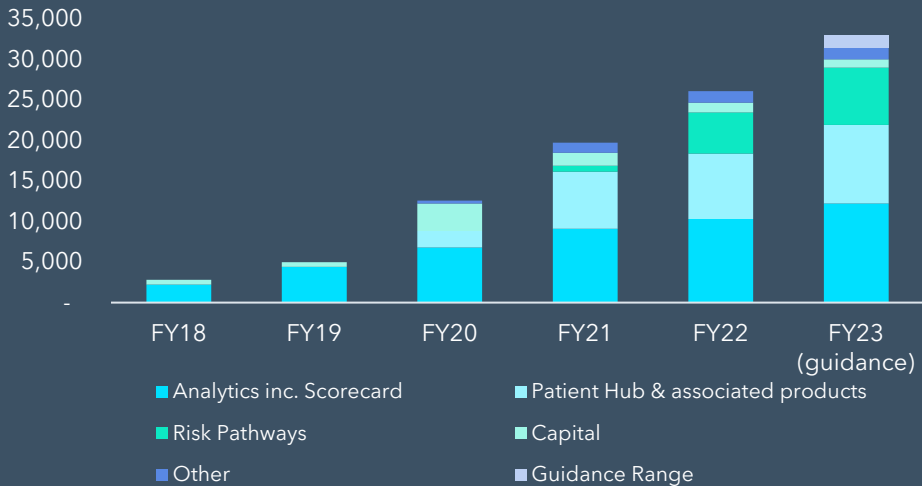
We complement innovation with a renewed emphasis on shareholder value. We have reduced costs and focused on our best-performing products and markets.

Our company is aligned behind a strategy of profitability.

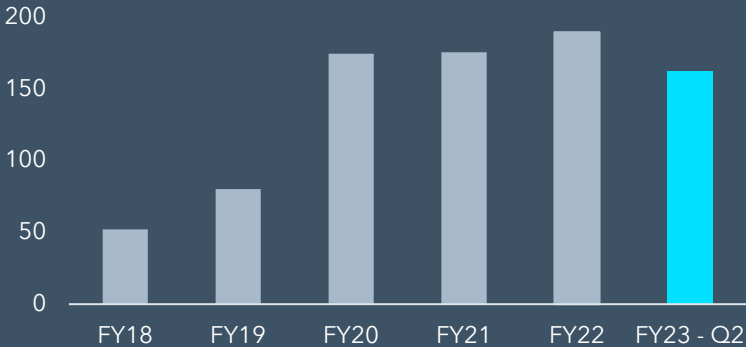


Financials and operations

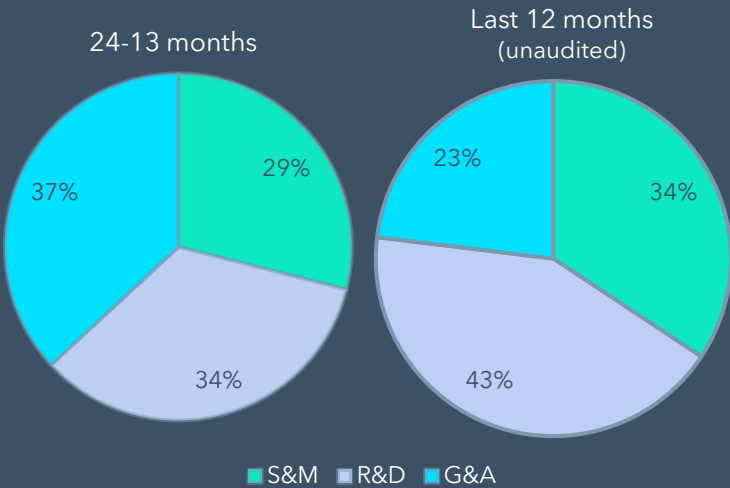
Revenue (NZ\$'000's)



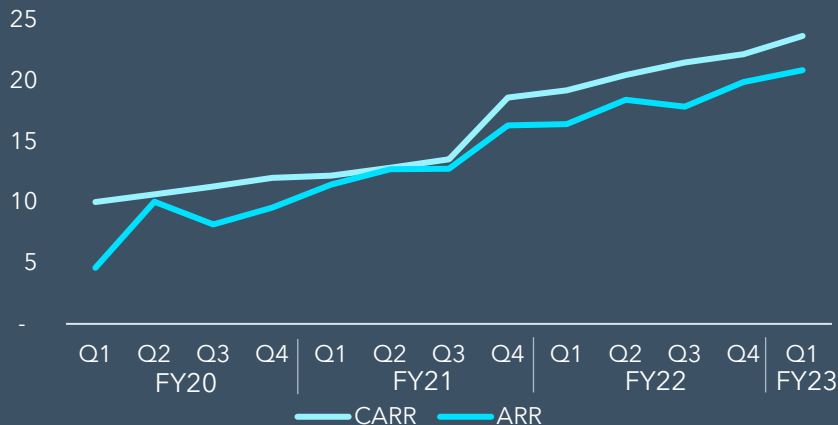
Headcount



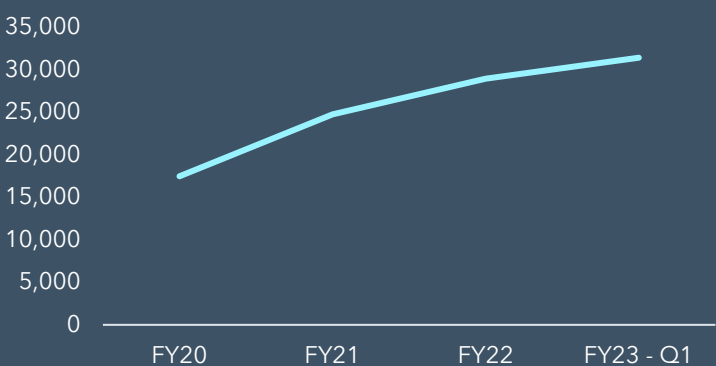
Operating expenses % split



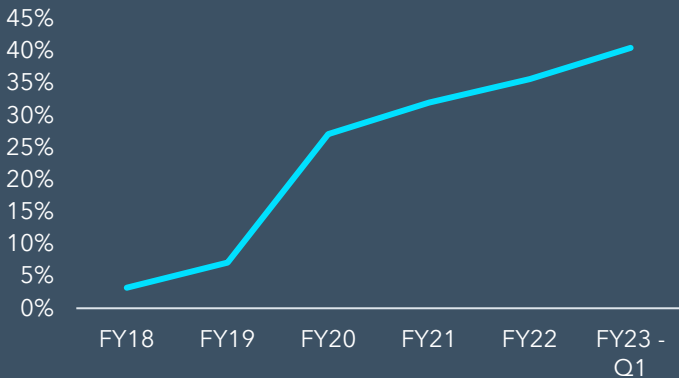
CARR vs ARR (US\$M)



Group ARPA (US\$)



% of N American mammograms touched by at least 1 Volpara product



Financial impact of our strategy

- > **We have runway.** NZ\$15.2M cash on hand at end Q1FY23, plus a NZ\$10M undrawn bank facility available.
- > The **cost savings from the strategy are significant**—FTE costs will drop from almost NZ\$8.7M in Q1FY23 to ~NZ\$7.1M in Q3FY23 and even lower in Q4—total cost savings will be approximately NZ\$6M when annualised.
- > Salary costs are forecast to increase only marginally from Q1FY24 onwards.
- > Revenue from customers is projected to steadily increase driven by strong growth in Analytics, Patient Hub, and Risk Pathways.
- > We are investing in customer success to keep SaaS churn low.
- > This sets the foundation for growth and expansion of our offerings.



FY23 Outlook

Revenue guidance of NZ\$31.5–33.0M³, deliver 20–25% growth on FY22



* Assumes an average exchange rate of US\$0.665:NZ\$1 for FY23.

Environmental, social & governance

- **Saving families from cancer**
- **A principled, resilient business**
- **Responsible climate stewardship**
- **A thriving workforce**



- Advancing cancer screening science and protocols
- Detection and increasing prevention
- Empowerment of women to demand personalised care



- Ethical governance to create sustained stakeholder value
- Preservation of health privacy with the highest security measures
- Strategic partnerships with leading risk and genetic companies



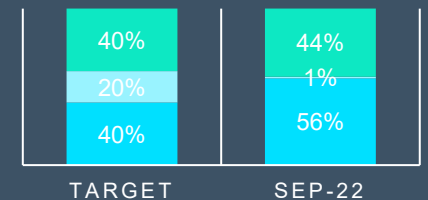
- A culture of waste reduction
- Reduced carbon footprint via a digital-first engagement model



- Empowered, diverse & inclusive workforce

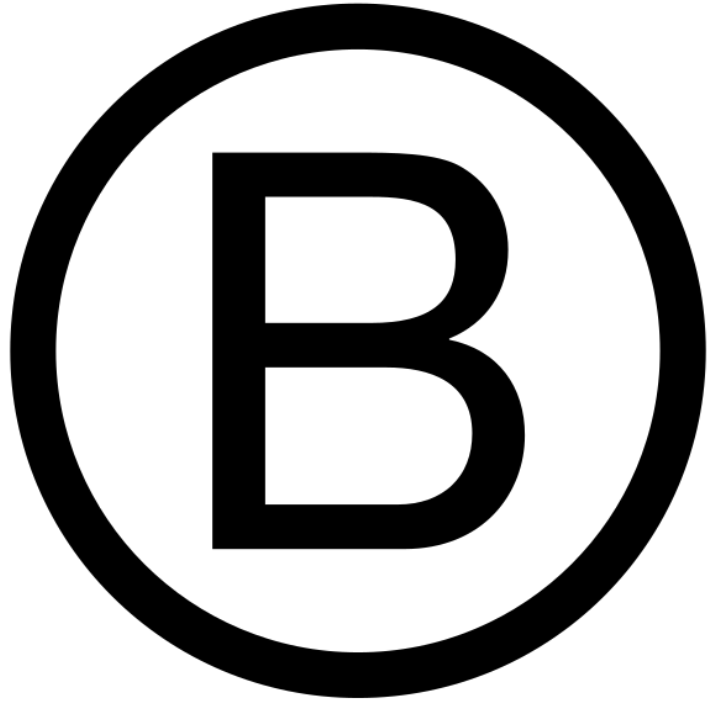
GENDER

■ Male ■ Other ■ Female



- Engaged staff having fun while changing women's health

Certified



®

Corporation

A commitment to use business as a force for good

Achieve a score of 80 or higher on the B Impact Assessment

Incorporate stakeholder governance in our legal structure

Commit to review and recertification every three years



Thank you
for attending

For further information, please contact:

Teri Thomas, CEO
Volpara Health Technologies Ltd
teri.thomas@volparahealth.com

Trevor Chappell
WE Communications
WE-AUVolpara@we-worldwide.com