

ImpediMed Limited 1/50 Parker Court Pinkenba, QLD, 4008 Australia

E: <a href="mailto:investorrelations@impedimed.com">investorrelations@impedimed.com</a>

W: impedimed.com

27 February 2024

Companies Announcements Office Australian Securities Exchange

#### **Investor Presentation**

Further to the ImpediMed Limited's (ASX:IPD) announcement to the market today on its results for the half-year ended 31 December 2023, please find attached the presentation to be delivered to investors and analysts this morning.

Approved for release by the Board of ImpediMed Limited.

For more information, contact Leanne Ralph, Company Secretary, at leanne.ralph@bellev.com.au

#### **impedimed**°

# **FY24 Investor Presentation**

For the Half-Year ended 31 December 2023



# Forward Looking Statements

This presentation contains or may contain forward-looking statements that are based on ImpediMed Limited (ImpediMed) management's beliefs, assumptions and expectations and on information currently available to management.

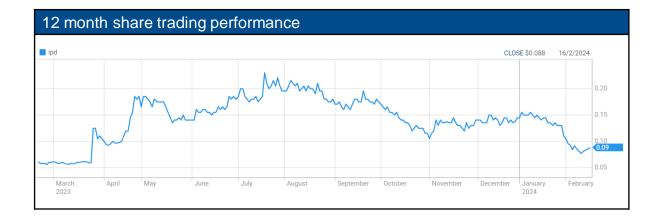
All statements that address operating performance, events or developments that we expect or anticipate will occur in the future are forward-looking statements, including without limitation our expectations with respect to our ability to expand sales and market acceptance in the US and Australia including our estimates of potential revenues, costs, profitability and financial performance; our ability to develop and commercialise new products including our ability to obtain reimbursement for our products; our expectations with respect to our clinical trials, including enrolment in or completion of our clinical trials and our associated regulatory submissions and approvals; our expectations with respect to the integrity or capabilities of our intellectual property position. Any forward-looking statements, including projections, guidance on future revenues, earnings and estimates, are provided as a general guide only and should not be relied upon as an indication or guarantee of future performance.

While management has prepared this information based on its current knowledge and understanding and in good faith, there are risks and uncertainties involved which could cause actual results to differ from projections. You should not place undue reliance on forward-looking statements which speak only as of the date when made. Except as required by law, ImpediMed does not assume any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. ImpediMed may not actually achieve the plans, projections or expectations disclosed in forward-looking statements. Actual results, developments or events could differ materially from those disclosed in the forward-looking statements and no representation, warranty or assurance (express or implied) is given or made in relation to any forward-looking statement by any person (including ImpediMed Limited).

# Company Snapshot

Issued capital	
Ordinary shares	2,023.3m
Options / Performance Rights	75.0m
Market capitalization*	
Share price	\$0.09
Market value	A\$212.4m
Share register composition^	
Institutional	38%
Private/HNW	60%
Board / Employees	2%
Key financials	
Revenue	FY23: A\$11.3m
	FY24 H1: A\$4.8m
Cash^	A\$36.9m

<sup>\*</sup> At 16 February 2024 ^ At 31 December 2023



Substantial shareholders	
Paradice Investment Management Pty Ltd	7.3%
Australian Ethical Investment Ltd	6.1%

### **Board of Directors**



Christine Emmanuel-Donnelly
Non-Executive Chair

- IP expertise through commercialisation and strategic in-house intellectual property roles.
- Board / healthcare governance experience.
- US commercialization.



**Dr Parmjot Bains**Managing Director / CEO

- Extensive global healthcare experience
- Strategy, clinical, business development, sales and marketing.
- Strategy, healthcare, clinical,
- Board governance.
- Currently interim with process underway for permanent appointment.



McGregor Grant CFO / Executive Director

- Commercial and financial experience in growing successful global medical device business.
- Extensive global experience in the life sciences sector.
- Board administration, governance and investor relations experience.
- Currently interim with process underway for permanent appointment.



Janelle Delaney
Non-Executive Director

- Three decades of project management and execution at IBM, with responsibility for the quality of delivery across Asia Pacific's portfolio of several thousand projects.
- Extensive knowledge and expertise in the delivery management of IT solutions.



Andrew Grant
Non-Executive Director

- Extensive global healthcare / medical device experience.
- Deep understanding and experience working with key US customers and across global healthcare markets.
- Strategic planning experience and delivery in healthcare working with leading healthcare organisations globally as a consultant.

# Investment Highlights

- Platform technology, unique clinical trial evidence demonstrating significant benefits to patients, definitive clinical guidelines supporting BIS.
- Increasing payor coverage across 14 states enables acceleration of the cancer—related lymphoedema device penetration, both within existing early adopting sites and into new sites of care.
- Cancer-related lymphoedema total addressable market (TAM), refocused on patient volumes and reimbursement, estimated at up to \$2bn; of which, breast cancer-related lymphoedema (BCRL) estimated at 35% of total. Ability to capture all cancer-related limb lymphoedema TAM being accelerated.
- Future growth opportunities to be delivered through deepening oncology customer penetration and accelerating partnerships in other platform applications (e.g. heart failure).
- Activities focused on achieving breakeven underpinned by BCRL and expansion into all cancer related limb lymphoedema:
  - 1. Recruited new CEO and CFO with laser focus on sales, marketing, medical and operations teams.
  - 2. Focus on high priority states and IDNs.
  - 3. Implement productivity metrics for field force to improve lead generation and accelerate sales.
  - Enhance customer utilization to increase renewals.
  - 5. Pilot new pricing models to capture greater share of TAM and support multiple clinical settings across accounts.
  - Reduce costs to achieve breakeven.

## CEO Plan on a Page

#### **Vision**

#### Revolutionize patient care through clinically validated fluid and body mass composition BIS digital solutions

#### Goals

#### Goal 1:

Ensure every new US
breast cancer patient
accesses early
lymphedema prevention
through focused sales
execution

#### Goal 2:

Deliver world-class customer experience and rapid implementation

#### Goal 3:

Expand reach for all cancer patients (pelvic, melanoma) at risk of leg lymphoedema

#### Goal 4:

Reach break even through acceleration of revenues and management of expenses and maximize shareholder value

#### Goal 5:

Develop innovative partnerships to accelerate patient impact into existing and new patient populations

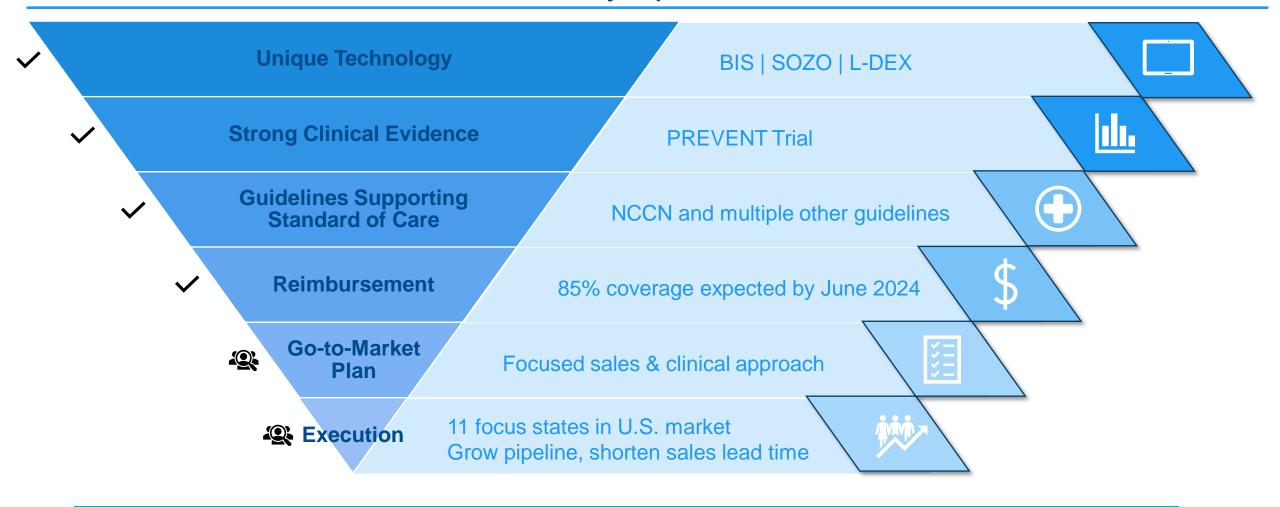
#### 12-month priorities

- Reset team and laser focus on marketing, medical, operations and sales on Top 11 States and 26 Top IDNs to capture large multi-system contracts
- Align KAM territories to 11 top priority states
- All Hands-on-Deck to drive lead generation; field force productivity and customer reach metrics; HCP awareness through CPS clinical education
- Validate bilateral arm algorithm

- Increase patient utilization to maintain low (current 3%) churn rates and grow existing base.
- Simplify and accelerate our sales and implementation process.
- SOZO Pro commercialization.
- Extend oncology customer retention and growth through product offer (body comp/segmental) and data.
- Accelerate leg lymphedema plan to build on NCCN
   Guidelines<sup>®</sup>, reimbursement and increasing use - 14% of current total global measurements, US 80% of sites measuring legs.
- Test and roll out patientvolume based SAAS pricing models in large high reimbursement accounts.
- In other accounts, increase per device ARR for existing contracts from current average pre-reimbursement US\$1,200/mth to US \$2,500/mth.
- Target 10-15% reduction in annualised operating costs.

- Develop rest of world commercialization and pricing strategy.
- Develop commercialization plans and pathways for new indications. leveraging innovative partnership models.
- Publish SOZO data to support use cases and future reimbursement.

## Foundation in Place for Success in Lymphoedema; Focus on Execution



#### Underpins cashflow required to reach breakeven

# SOZO® Digital Health Platform: One device, multiple applications

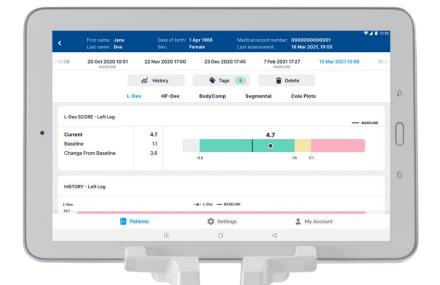
#### A single SOZO measurement provides:

- L-Dex<sup>®</sup> lymphoedema analysis
- HF-Dex<sup>™</sup> heart failure analysis
- Hy-Dex<sup>®</sup> hydration analysis
- Total body water
- Extracellular fluid
- Intracellular fluid
- Body mass index

- Fat-free mass
- Fat mass
- Skeletal muscle mass
- Protein and minerals
- Basal metabolic rate
- Phase angle
- Segmental analysis

#### One device, multiple applications:

- Lymphoedema FDA clearance, CE Mark
- Body Composition FDA clearance, CE Mark
- Heart Failure FDA clearance, CE Mark
- Protein Calorie Malnutrition FDA clearance, CE Mark
- End State Renal Disease CE Mark





# ImpediMed's Technology

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

#### Subjective and Time Consuming

**Imaging** 



**Implantables** 

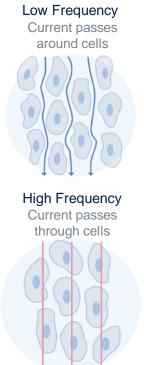


Volume

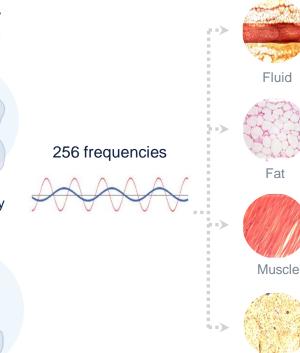
Observation







BIS is Objective and Fast



# L-Dex® Analysis for Lymphoedema

#### Designed for Lymphedema

The L-Dex® score is designed to detect lymphedema-related fluid changes in the arms.

#### **Accurate Detection**

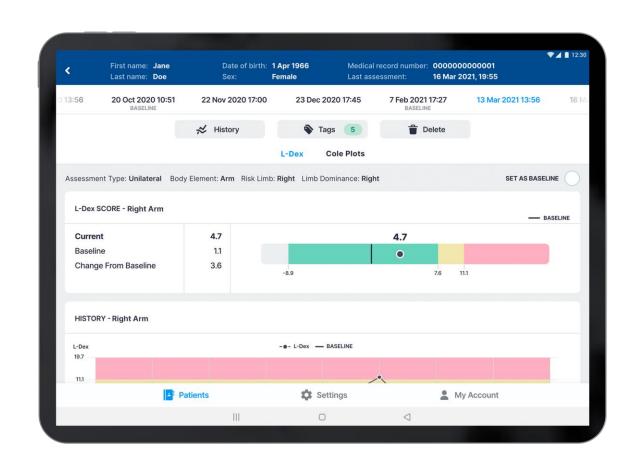
L-Dex® score is clinically validated to help detect lymphedema at its earliest, subclinical stage.

#### **Demonstrated Outcomes**

L-Dex® score monitoring for early detection and intervention is shown to reduce progression to chronic lymphedema in cancer patients.

#### Referenced in Guidelines

L-Dex® score referenced in selected guidelines

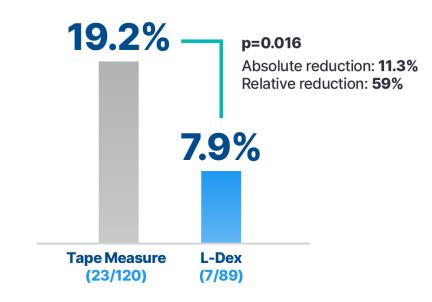


# Supported by Level 1 Clinical Evidence taken into Guidelines

Significantly lower progression to chronic lymphedema with early detection using L-Dex® and intervention versus using Standard of Care (tape measure)

- PREVENT Trial: multi-center, international RCT
  - n = 1,200
  - 10 US and international centres across 13 sites, including Vanderbilt University, Mayo Clinic and MD Anderson
- Newly diagnosed breast cancer patients
- Follow up through 3 years
- Statistically significant lower rates with BIS L-Dex: p=0.016
- Published in Lymphatic Research & Biology
  - Link: https://www.liebertpub.com/doi/10.1089/lrb.2021.0084

#### Progression to Chronic Lymphedema L-Dex vs. Tape Measure



1. Source: Ridner SH, et al. A Randomized Clinical Trial of Bioimpedance Spectroscopy or Tape Measure Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. Lymphatic Research & Biology 2022.

# Guidelines Support Subclinical Detection, Intervention and BIS



#### National Comprehensive Cancer Network (NCCN®)

For patients and survivors at risk for lymphedema:

 Recommends regular lymphedema screening for lymphedema by symptom assessment, clinical exam, and, if available, bioimpedance spectroscopy



#### Multinational Association of Supportive Care in Cancer

For breast cancer patients and survivors:

- Recommends prospective surveillance for early detection and intervention of lymphedema
- Recommends bioimpedance spectroscopy (BIS) as an option for early detection



#### American Society of Breast Surgeons

For breast cancer patients:

- Recommends prospective surveillance
- Recommends baseline and follow-up measurements



## Lymphatic Education & Research Network Center of Excellence Program

Requires risk assessment using perometry or bioimpedance spectroscopy



#### American Physical Therapy Association

For breast cancer patients:

- Recommends prospective surveillance
- · Recommends monitoring with BIS

For diagnosis of upper quadrant lymphedema:

 Recommends L-Dex to detect subclinical lymphedema



#### **Oncology Nursing Society**

For patients who have had cancer-related surgery:

- · Recommends prospective surveillance
- · Recommends lymphedema education



#### eviCore Healthcare

 Bioimpedance is a validated clinical tool to detect edema and monitor the outcome of treatment



#### National Lymphedema Network

 BIS provides reliable data and can detect early changes associated with lymphedema

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Survivorship V.1.2023. ® National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed March 24, 2023. To view the most recent and complete version of the guidelines for the prevention of breast cancer-related arm lymphedema (BCRAL): international Delphi consensus-based recommendations. As, et al. Considerations for Clinical Practice Guidelines for the prevention of breast cancer-related arm lymphedema (BCRAL): international Delphi consensus-based recommendations for Clinical Medicine 2024;68:102441. McLaughlin SA, et al. Considerations, Prevention, and Treatine, and Treatine, and Treatine State (Breat Cancer Program Description\_and\_Link\_to\_Clinical Practice Guideline State (Breat Cancer Program Description\_and\_Link\_to\_Clinical Practice Guideline From the Academy of Oncologic Physical Therapy of APTA. Physical Therapy 202;100(7):1-17. April 202;100(7):1-17. Physical Therapy 202;100(7):1-17.

# BIS Outperforms Other Lymphoedema Detection Methods

	Tape Measure Arm Volume	Perometry	Tissue Dielectric Constant MoistureMeter D, Lymphscanner	Multi-Frequency Bioimpedance Analysis (MF-BIA) InBody	Bioimpedance Spectroscopy (BIS L-Dex) 8020, U400
Specified for screening in NCCN Guidelines® for Survivorship <sup>1</sup>	No	No	No	No	Yes
Detects subclinical lymphoedema as per ASBrS Working Group Publication <sup>2</sup>	No	No	No	No	Yes
Level I Randomized Data with Early Intervention in Breast Cancer Patients <sup>3</sup>	Yes	No	No	No	Yes
FDA clearance for lymphoedema assessment <sup>4</sup>	No	No	Yes	No	Yes
Category 1 CPT Code for lymphoedema assessment	No	No	No	No	Yes

<sup>1.</sup> NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Survivorship V.1.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed March 24, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org.

<sup>2.</sup> McEvoy MP, et al. The prevention and treatment of breast cancer- related lymphedema: A review. Frontiers in Oncology 2022.

<sup>3.</sup> Ridner SH, et al. A Randomized Clinical Trial of Bioimpedance Spectroscopy or Tape Measure Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. Lymphatic Research & Biology 2022.

<sup>4.</sup> BIS FDA 510(k) Clearance K180126, April 2018

# 14 States at Critical Mass<sup>2</sup> - 7 high priority states at critical mass, additional 4 expected by April 2024

#### % Covered Lives<sup>1</sup>

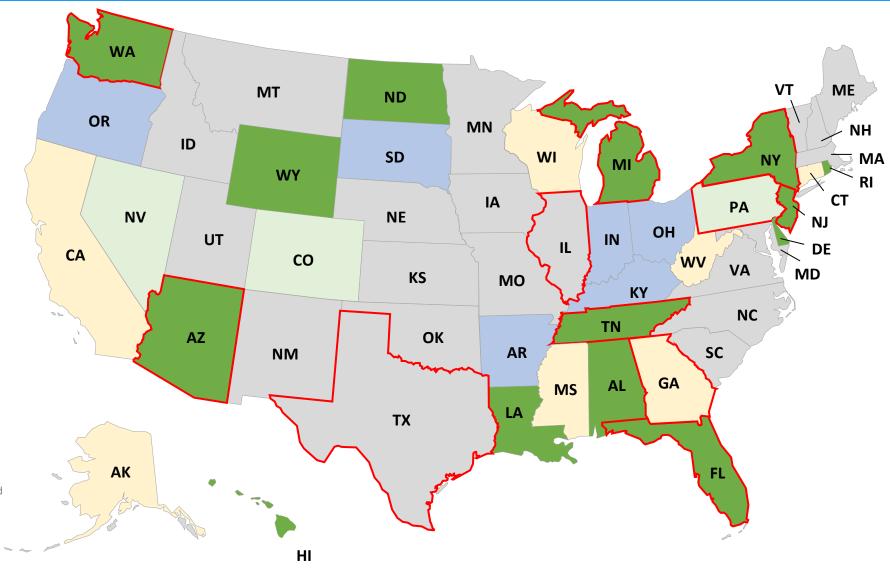
- 80% or greater (Critical Mass)
- 70% or greater
- 60% or greater
- 50% or greater
- High Priority States

#### Private Payor Coverage

- 39 Payors providing silent coverage
- 14 Payors covering with positive medical policies published

1 Covered Lives is the total number of individuals enrolled in and entitled to benefits under Medicare and Private Payor health insurance plans. % Covered Lives represents the percentage of total Covered Lives within a given state enrolled in plans offering positive or silent coverage of BIS.

2 Critical Mass is 80%+ Covered Lives within a given state enrolled in plans offering positive or silent coverage of BIS.



# CEO Insights from the Field

#### Institutes and healthcare providers visited in first 6 weeks

- Across 8 states
- 18 providers, major IDNs to single sites of care









CommonSp



**UCsF** Health











#### Key insights

- SOZO used primarily in BCRL (arms).
- Potential to expand in other cancer-related lymphoedema (plastics, pelvic cancers, melanoma). Globally 14% of measurements are now in legs; In US, 9% of measurements and 80% of customers are measuring fluid levels in legs.
- Very high interest among sites to implement and extend strong buy-in from doctors but reimbursement and matching clinical flow remain critical factors for sites to implement.
- Lead sites and providers now extending device numbers from 1-2 per site and into other specialties as LPP systems are established. 21% of sites have > 3 devices.
- Opportunity to broaden product offering through provision of body composition data to support broader care and customer retention/growth
- Long SaaS sales lead times—up to 6 months from lead identification to execution driven by pricing/budgeting approvals, contracting, IT assessments.
- Urgent need to build the lead pipeline through marketing and medical education.









# Execute in BCRL with a World Class Customer Experience

**CURRENT U.S. SOZO FOOTFRINT** 



NCCN INSTITUTIONS<sup>^</sup>

22 of 33 NCCN Customers



TOP 25 INTEGRATED DELIVERY NETWORKS<sup>\(\)</sup>

19 of 25 IDN Customers



PRIORITIZED 11 STATES

**Execution Plan** 

#### Focus customer engagement strategy

511 installed devices across 234 accounts

- Re-aligned KAM territories to prioritized states.
- Segmented customer accounts, updated contact lists and focused marketing, medical and sales activities on targeted accounts.
- Implementing SaaS volume-based pricing and product strategy to increase customer retention and new customer acquisition
- Sales team into Regional Pods with cross-functional customer sales, reimbursement and clinical implementation teams - Q4 kick off
- "All Hands-on-Deck" to increase lymphoedema PREVENT and SOZO awareness through sales, CPS-lead, marketing and medical affairs targeted account education- Q4 kick off
- Add productivity metrics into Sales and Clinical Support team KPIs (CPS) (productivity per day and increase in customer reach) - Q4 kick off

#### **Accelerate Patient and Provider Awareness**

- ✓ New sponsorships to drive patient awareness on lymphoedema (Susan G Komen, Live Today, Look, Learn and Locate).
- ✓ Target Provider decision makers at reimbursement summits (e.g. ACCC).

#### Accelerating Patient and Provider Awareness



Partnership page & Real Pink podcast





LE&RN (Lymphatic Education & Resource Network) Foster collaboration & thought leadership amongs



#### **Provider Awareness**

ASBS/IRC (American Society of Breast Surgeons/Industry Resource Council) Leadership meetings Membership surveys

Conference April 2024

Monthly meetings

Newsletter showcase article

NCoBC (National Consortium of Breast Centers) Bi-weekly newsletter dedicated space Two e-blasts to membership Conference March 15-20

ACCC (Association of Community Cancer Centers) 2x/year leadership meetings

6x/year reimbursement summit Annual conference Two e-blasts to membership



LANA (Lymphology Association of North America) Email outreach to membership

Based on data from the NCCN website: https://www.nccn.org/home/member-institutions. ^ Based on data compiled from IQVIA Market Insights Reports and Definitive Healthcare.

Accessible Sites of Service indicate a signed Master Agreement, Business Associate Agreement, Legal clearance and/or IT clearance at a Corporate level.

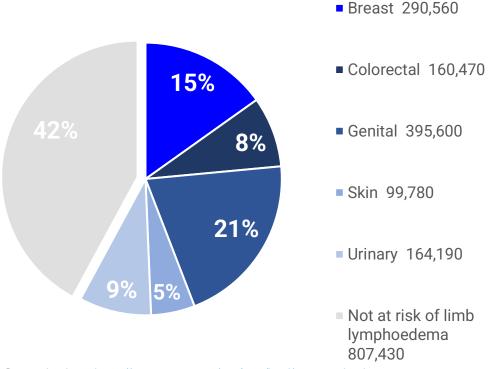
impedimed<sup>®</sup>

# Market Opportunity



# Updated TAM Driven by Diagnoses, Tests Per Patient and Reimbursement Rates Now Being Achieved

#### Annual cancer diagnoses in the US by cancer type<sup>1</sup>



- 1. National Cancer Institute: <a href="https://seer.cancer.gov/statfacts/html/common.html">https://seer.cancer.gov/statfacts/html/common.html</a>
- 2. Based on data from American Cancer Society Cancer Treatment & Survivorship Facts & Figures 2019-2021
- 3.Prevent Protocol 11 tests over 3 years; L-Dex Clinical Practice Guidelines Shah et al 17 tests over 5 years; ASBRS Working Group 13 Tests over 5 years. Uses Prevent Protocol as baseline number for other cancers; Tests cumulate over 3 years, with new patient cohort each year
- 4. Reimbursement ranges \$145 Medicare and can go as high as \$400 per test
- 5.Breast, Melanoma, Colorectal, GU

# Economics of market driven by diagnoses, tests per patient and reimbursement rates

	Breast Cancer	All at-risk Cancers⁵		
Annual diagnoses <sup>1</sup>	290k	820k	1.1M	
Patients at risk of limb lymphoedema <sup>2</sup>	~80%	45%-55%	55%-60%	
Tests per patient (3 - 5 years) <sup>3</sup>	11-17 tests			
Reimbursement to Provider per test (\$US) <sup>4</sup>	\$145 - \$400			
ImpediMed's target share of reimbursement <sup>#</sup>	30% - 50%			

Market opportunity for all at-risk cancers is significant and estimated at up to A\$2bn of which, breast cancer-related lymphoedema estimated at 35% of total.

# ImpediMed is introducing pricing contracts such that the Company is able to capture 30%-50% of the economics that customers benefit from using SOZO and being able to claim reimbursement (target share of economic benefit).

# BCRL is Most Advanced Indication for Commercialization, Leg Commercial Strategy Being Accelerated

#### Focus had been only on BCRL for last 12 months

# **Breast Cancer Related Lymphedema and Arm Melanoma**

- Extensive clinical evidence demonstrating clinical efficacy/outcomes
- ✓ NCCN® Guidelines for Survivorship
- Published clinical practice guidelines
- ✓ Category 1 CPT code 93702
- Established and growing reimbursement coverage
- Strong commercial foothold
- ✓ Proprietary L-Dex® algorithm
- Evidence-based Test, Trigger, Treat workflow

#### Validate revised bilateral arm algorithm

#### Now accelerating uptake for legs

# Cancer Related Lymphedema of the legs resulting from Pelvic cancers and Melanoma

- ✓ NCCN Guidelines® for Survivorship
- ✓ Category 1 CPT code 93702
- Established and growing reimbursement coverage
- Proprietary L-Dex® algorithm
- Sites using SOZO for legs (14% of tests globally, 9% of tests in US; 80% US sites in measuring legs)

Accelerate and execute leg lymphoedema clinical, marketing and sales strategy

# Create Additional Value and Customer Retention



# SOZO Digital Health Platform Opportunity to Change Cancer Patient's Lives

Opportunity to improve health outcomes for broader cancer populations building on our device reach in cancer centers

Many chronic diseases cause fluid shifts in the human body. SOZO® is FDA-cleared to aid clinicians in the assessment of:

#### Lymphoedema

 1 in 3 at-risk cancer survivors will develop lymphoedema<sup>1</sup>

#### **Protein Calorie Malnutrition**

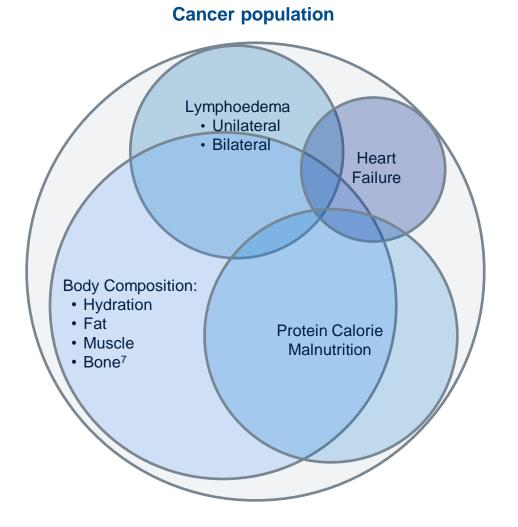
- Malnutrition affects 30-80% of cancer survivors<sup>2</sup>
- 30–60% of cancer patients diagnosed with protein-calorie malnutrition<sup>3</sup>
- Drug trials to manage cachexia in oncology patients<sup>8</sup>

#### **Heart Failure**

 2 times higher risk in cancer patients<sup>4</sup>

#### **Body Composition**

- Dehydration is a common and lifethreatening side effect of cancer treatment<sup>5</sup>
- 68% higher risk of bone loss in breast cancer survivors than healthy women<sup>6,7</sup>



. 8. https://www.pfizer.com/news/articles/new\_pathways\_to\_cachexia\_treatment\_focusing\_on\_patient\_quality\_of\_life



<sup>1.</sup> Ugur S, et al. Risk factors for breast cancer-related lymphedema. Lymphat Res Biol 2013;11(2):72-5.

<sup>2.</sup> https://www.cancer.gov/about-cancer/treatment/side-effects/appetite-loss/nutrition-hp-pdq#\_12\_toc Accessed March 12, 2020

<sup>3.</sup> NB Kumar, Nutritional Management of Cancer Treatment Effects. Chapter 2. DOI 10.1007/978-3-642-27233-2\_2, © Springer-Verlag Berlin Heidelberg 2012.

<sup>4.</sup> https://www.cancer.gov/news-events/cancer-currents-blog/2018/increased-heart-failure-risk Accessed March 12, 2020.

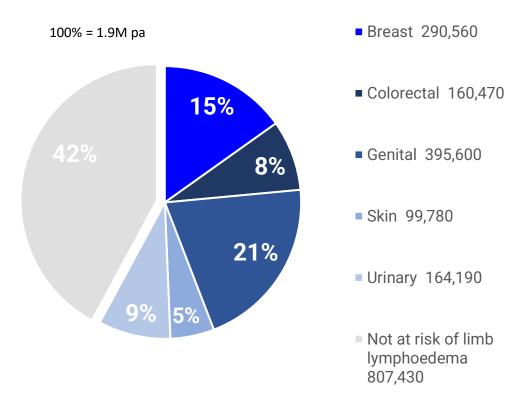
<sup>5.</sup> Bhave G, et al. Volume depletion versus dehydration: how understanding the difference can guide therapy.

<sup>6.</sup> Ramin C, et al. Evaluation of osteopenia and osteopenosis in younger breast cancer survivors compared with cancer-free women: a prospective cohort study. Breast Cancer Research. 2018;20:https://doi.org/10.1186/s13058-018-1061-4.

<sup>7.</sup> Bone analysis and FDA clearance is in development

# Significant Opportunities to Access New Patient Populations

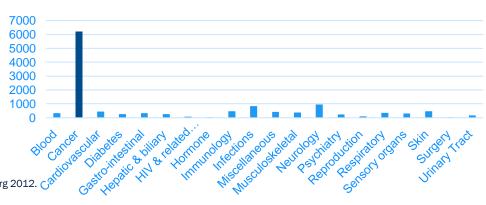
#### 1.9M annual cancer diagnoses in the US1



#### Addressable market in Oncology is significant

- There are 1.9 million new cancer diagnoses in the US each year<sup>1</sup>
- ImpediMed's current technology is capable of addressing over 1.1 million new cancer diagnoses, or 55-60%¹ of total
- SOZO® footprint expanding in world-leading cancer institutes
- SOZO<sup>®</sup> data in relevant indications body composition/sarcopenia/bone density
- In immediate term, data could support customer retention and expansion in lymphoedema pending reimbursement
- Potential for new partnerships early in pharma development pipelines where oncology dominates the new drug development pipeline

#### **Total Clinical Phase Projects**



NB Kumar, Nutritional Management of Cancer Treatment Effects. Chapter 2. DOI 10.1007/978-3-642-27233-2\_2, © Springer-Verlag Berlin Heidelberg 2012.

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<sup>1.</sup> Source: National Cancer Institute: <a href="https://seer.cancer.gov/statfacts/html/common.html">https://seer.cancer.gov/statfacts/html/common.html</a>
Pharma Report: Innovation in the Biopharmaceutical Pipeline Source: Author's calculations, using Evaluate Pharma data

# Commercial Business Cases and Partnering Models are Being Developed for New Indications, Adjacent to Oncology and Heart Failure

#### **Protein Calorie Malnutrition/Sarcopenia/Bone Mineral Content**

- ✓ FDA Cleared for Protein Calorie Malnutrition
- Published clinical practice guidelines
- Category CPT Code- in patient
- ✓ Increasing area of focus for pharma development (Pfizer Cachexia study)
- Multiple abstracts published
- ✓ SOZO<sup>®</sup> Data on Cachexia, to be analyzed, published, reviewed for FDA clearance
- ✓ Could support customer retention and growth in lymphoedema

#### Commercial business case and partnering model to be developed

#### **Example: ImpediMed Cleveland Clinic Sarcopenia Abstract**

#### impedimed

#### **CCF Sarcopenia Abstract**

Presented at San Antonio Breast Cancer Symposium, December 2021

- 34% of patients experience sarcopenia at time of diagnosis
- Sarcopenia disrupts chemotherapy treatment in 21% of patients
- Sarcopenia results in higher rate of chemo-related hospitalization in 17% of nations.
- Sarcopenia results in grade 3-4 neuropathy in 33% of patients
- Summary: worse outcomes for patients with sarcopenia

#### Impact of Sarcopenia on Breast Cancer Patients Undergoing Neoadjuvant Chemotherapy

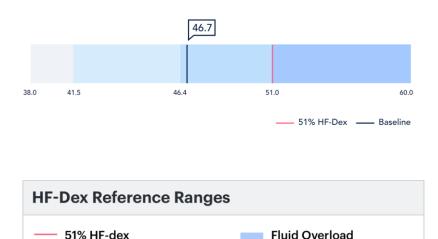
n=361	No Sarcopenia	Moderate Sarcopenia	Severe Sarcopenia	Total Sarcopenia	
Presence	238 (66%)	101 (28%)	22 (6%)	123 (34%)	
Early chemotherapy termination	29 (8%)	17 (17%)	8 (38%)	25 (21%)	
Hospitalization related to chemotherapy	29 (8%)	17 (17%)	3 (15%)	20 (17%)	
Grade 3-4 neuropathy	32 (9%)	38 (38%)	3 (12%)	41 (33%)	

#### **Heart Failure**

- FDA Cleared
- Category 1 CPT code 93701
- Proprietary HF-Dex algorithm indicative of patient fluid overload
- Preliminary outcomes data, indicating >51% HF-Dex correlated with higher readmission rate but need for further validation in cardiology environment
- Multiple abstracts published

**Elevated Fluid Volumes** 

#### Commercial business case and partnering model to be developed



Normal Fluid Volumes

# Rest of world strategy to be developed, building on existing base

1,000+ SOZO Systems deployed globally in Core Business<sup>1</sup>



#### **Installed Base**

• US: 547

• EMEA: 75

APAC: 419

1. The Core Business relates primarily to the Group's Oncology business.

# **Financials**



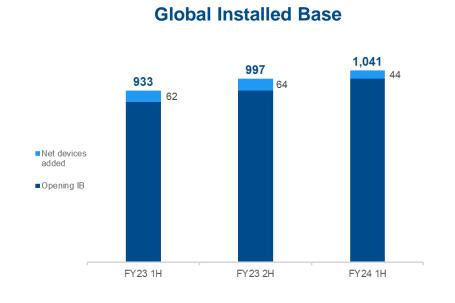
## FY24 Half-Year Financial Summary

	FY24	FY23	FY23	Change	vs PH	Change	vs PY
\$A millions	1H	2H	1H	\$	%	\$	%
Revenue	4.8	5.7	5.7	(0.9)	-16%	(0.9)	-15%
Gross profit	4.2	5.0	4.8	(8.0)	-16%	(0.7)	-14%
%	86.8%	87.1%	85.7%				
Operating expenses							
Salaries and benefits	(11.0)	(9.2)	(11.0)	(1.7)		0.0	
Share-based payments	0.2	(8.0)	0.1	1.0		0.1	
Consultants and professional fees	(1.8)	(1.1)	(1.6)	(0.7)		(0.3)	
Administrative and governance	(1.5)	(1.4)	(1.3)	(0.2)		(0.2)	
Depreciation and amortization	(1.2)	(1.3)	(1.2)	0.1		(0.0)	
Travel expenses	(8.0)	(0.6)	(0.5)	(0.2)		(0.3)	
Research and development	(0.1)	(0.1)	(0.5)	(0.0)		0.4	
Other expense	(8.0)	(1.1)	(1.1)	0.2		0.3	
Operating expenses	(17.1)	(15.6)	(17.1)	(1.5)	-9%	(0.0)	0%
Other income	2.4	0.5	1.1	1.9		1.3	
Loss from operations	(10.5)	(10.1)	(11.1)	(0.4)	-4%	0.6	5%
Finance income, net	0.8	0.4	0.3	0.4		0.5	
Net loss before tax	(9.7)	(9.7)	(10.8)	(0.0)	0%	1.1	10%
Income tax	(0.0)	(0.0)	(0.0)	(0.0)		0.0	
Net loss after tax	(9.7)	(9.7)	(10.8)	(0.0)	0%	1.1	10%
Cash and cash equivalents	36.9	45.7	26.2	(8.8)		10.7	

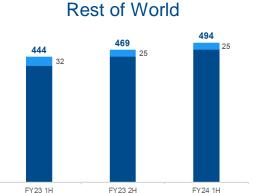
#### Highlights

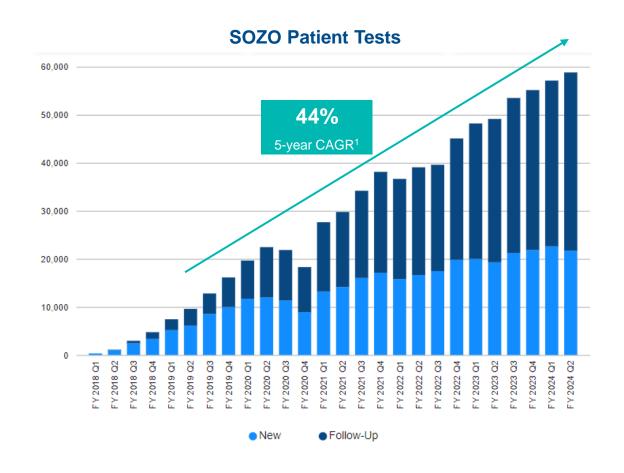
- Revenue for the half-year was \$4.8 million compared with \$5.7 million in the previous corresponding period (pcp) with most of this reduction being due to lower revenue from clinical trial services during the period. As foreshadowed, the clinical trial program conducted by AstraZeneca, generated revenue of A\$0.1 million in the current half-year period compared with \$0.8 million in the preceding half, and \$1.2 million in the pcp.
- Operating expenses for the half-year were \$17.1 million for the half year compared with \$15.6 million in the preceding half and \$17.1 million in the pcp. The increase in operating expenses compared with the preceding half was driven by costs associated with the former CEO and CFO stepping down from their roles.
- Targeting 10%-15% reduction in annualised operating costs.
- Other income of \$2.4 million, up from prior half and prior year, includes R&D and employee retention credits received in the period.
- Net operating cash outflows of \$6.8 million compared with \$5.9 million in the preceding half and \$12.2 million in the pcp. The increase in operating cash outflows compared with the preceding half was primarily driven by increased costs associated with staff, including recruitment fees and short-term incentives that are paid in the first half. These increases were offset by cash receipts associated with the R&D and employee retention credits.

# Growing Installed Base and Increased Utilisation Base Driving Increased Patient Testing





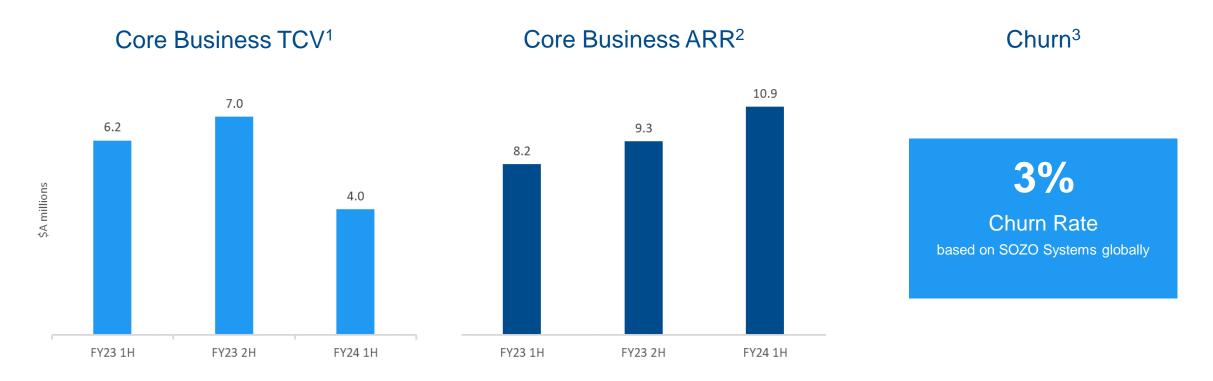




1.Compound Annual Growth Rate

# SaaS Metrics Shows Continuing Growth in ARR and Low Churn

#### **SaaS Metrics**



<sup>1.</sup> Total Contracted Value (TCV) includes any consideration for the sale of SOZO Systems as well as the total Software-as-a Service (SaaS) fees for the duration of the signed contracts. Typically, these contracts are for a period of three years with the monthly SaaS fees increasing each year as the contract progresses.

<sup>3. [</sup>Number of devices cancelled or not renewed in the period] / [Average cumulative device placements in the period].



<sup>2.</sup> Annual Recurring Revenue (ARR) represents the amount of revenue reasonably expected to be recognized for the next 12-month period based on existing contracts, assuming installation upon sale and no churn. As the Company is now recognising revenue in equal monthly amounts across the term of each contract starting from FY24 1H, rather than adjusting for any increased pricing during the contract, it will no longer separately provide an ARR number for the subsequent year (i.e. from months 13-24) as it is expected this will be similar, with the only change arising from contracts that expire and are not renewed during the subsequent year. Currently \$1200/month, targeting increase to \$2500/month through new contracts and renewals in a reimbursed environment

## Summary

- Best in class, innovative platform technology with early adopting world leading academic institutes in our customer base.
- Up to A\$2bn TAM to test and treat all cancer-related limb lymphoedema.
- Reimbursement remains critical for customer uptake and at >80% across 14 states.
- Focusing on rapidly increasing customer reach to accelerate revenues to break even through customer segmentation and back to basics lead generation leveraging All Hands-on-Deck sales approach with marketing and medical teams.
- Accelerating leg lymphoedema execution plan to treat all cancer-related limb lymphoedema.
- Ensuring customer retention through world class implementation and broadening customer offerings and data to support oncology patient care.
- Focus on cost efficiencies as we prioritise reaching break even.
- CEO and CFO positions in process for permanent appointments.