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29 July 2024

Companies Announcements Office
Australian Securities Exchange

Investor Presentation

ImpediMed Limited (ASX:IPD) releases the attached presentation to be delivered to investors and analysts today.

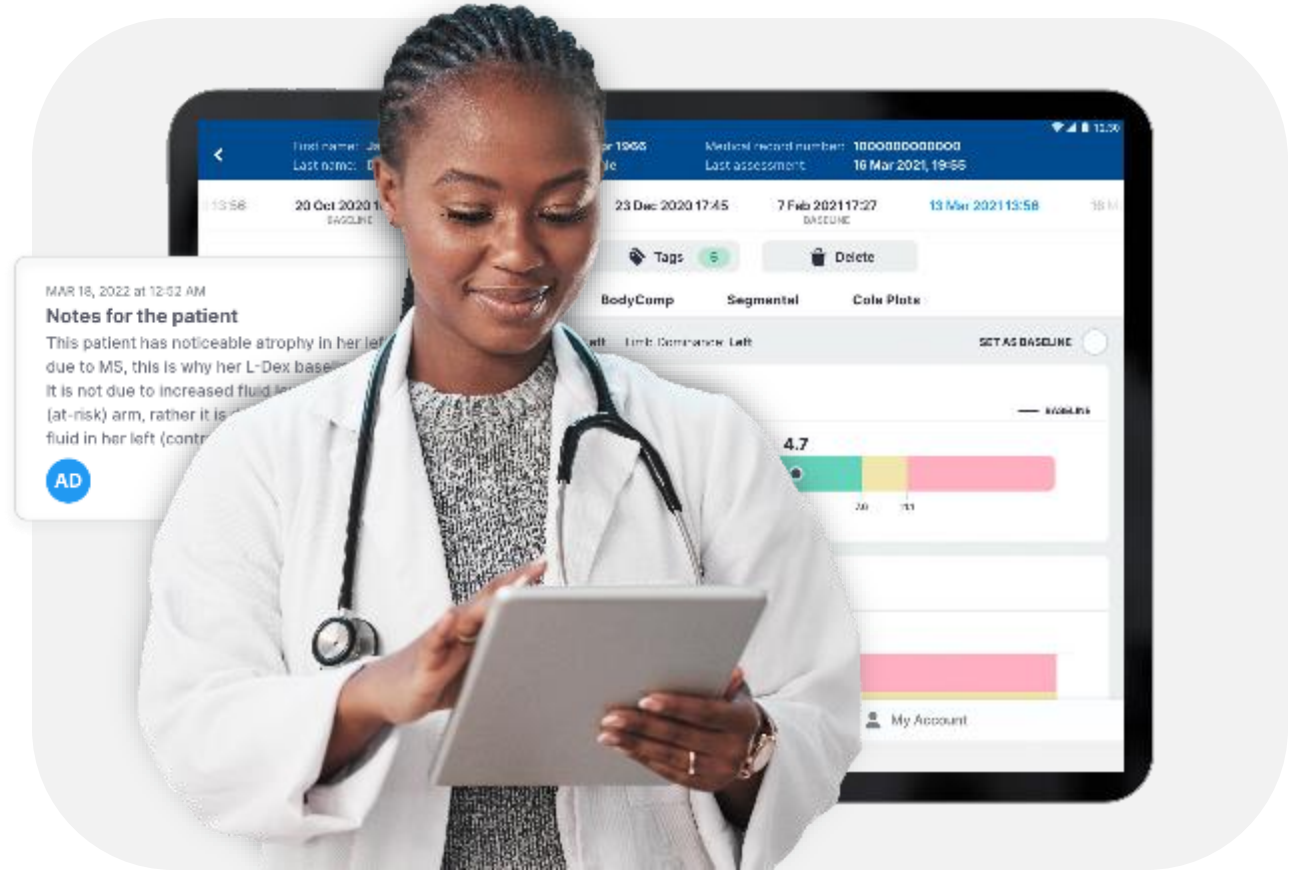
Approved for release by the Board of ImpediMed Limited.

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

Investor Presentation

Q4 FY24 results and strategy update

July 2024



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).

We are gaining momentum on our new strategy

Executive Summary

- 1 We retain leadership in the valuable BIS market
- 2 New Board and Executive Team set on new strategy and driving growth
- 3 Financials (revenues and costs) heading in right direction

We are gaining momentum on our new strategy

FY24 Q4 highlights

1 Leads are growing and converting into sales



In Q4 FY24:

- **38 SOZO units sold** (23 in the US)
- **3 major networks contracted with multiple devices**
- **Lead pipeline up 168%** (380% since Q1 FY24)
- **Patient test growth 6%**
- **Revenue up 10%** (A\$2.9 million)
- **Price of renewed contracts increased 38% on average**
- **140 million Covered Lives**
- **Publication:** Timing of Breast Cancer Related Lymphedema, Ann Surg Onc

2 Actions have been taken to manage cash burn



FY25 operating cash expenditure forecast to be **10%** lower vs FY24 and refocused on sales growth

3 Our new Board and team are driving meaningful change



New Independent Board member

4 We are continuing to invest in our market leading technology



Product Development Plan initiated and to be completed by end Q1

1

ImpediMed's leadership in the BIS market



ImpediMed: market leader in BIS

- **ImpediMed offers bioimpedance spectroscopy (BIS)** to assess and monitor the fluid status and tissue composition in patients.
- **Our primary focus is breast cancer-related lymphoedema (BCRL)**, to reduce its devastating quality-of-life burden and avoidable healthcare costs.
- **Our SOZO® Digital Health Platform using L-Dex® is the only BIS technology that is FDA-cleared** and sets the market standards in the detection and management of BCRL.



SOZO[®]: one non-invasive device, potential applications

A single SOZO measurement provides:

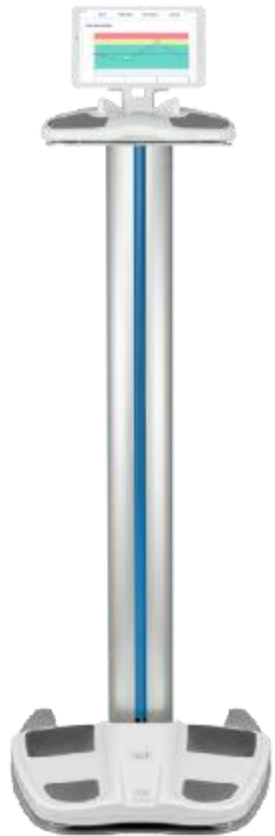
- L-Dex[®] lymphoedema analysis
- HF-Dex[®] heart failure analysis
- Body Comp[™]
- Hy-Dex[®] hydration analysis



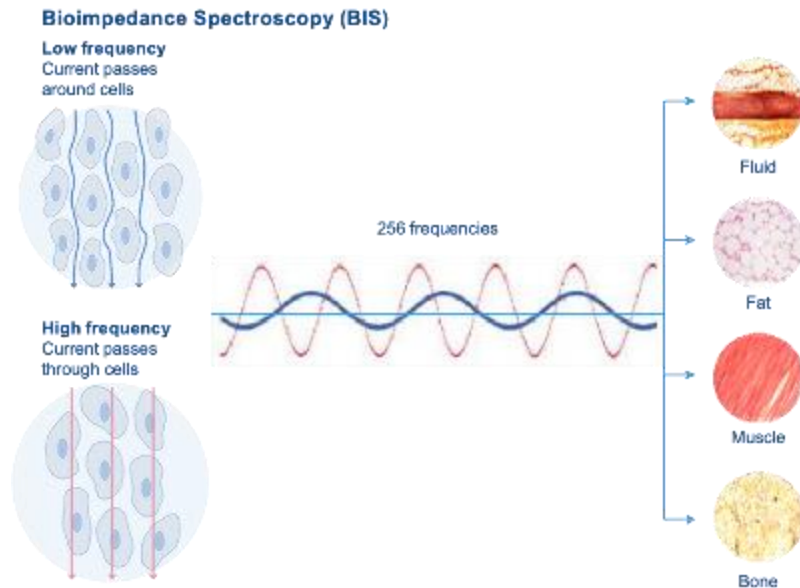
One device,
multiple FDA cleared applications

- **Lymphoedema – FDA clearance, CE Mark**
- **Body composition – FDA clearance, CE Mark**
- **Heart failure – FDA clearance, CE Mark**
- **Protein calorie malnutrition – FDA clearance, CE Mark**

BIS has strong advantages over traditional measures



SOZO non-invasively measures, monitors and manages fluid status and tissue composition



Advantages of BIS technology

- Level I Randomised Data with Early Intervention in Breast Cancer Patients¹
- FDA clearance for lymphoedema assessment²
- Specified for screening in patient survivorship guidelines³
- Prevention and early intervention shown to deliver significant benefits to multiple healthcare system stakeholders^{4,5}
- Category 1 CPT Code for lymphoedema assessment
- Rapid assessment that fits into clinical treatment flows

1. 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

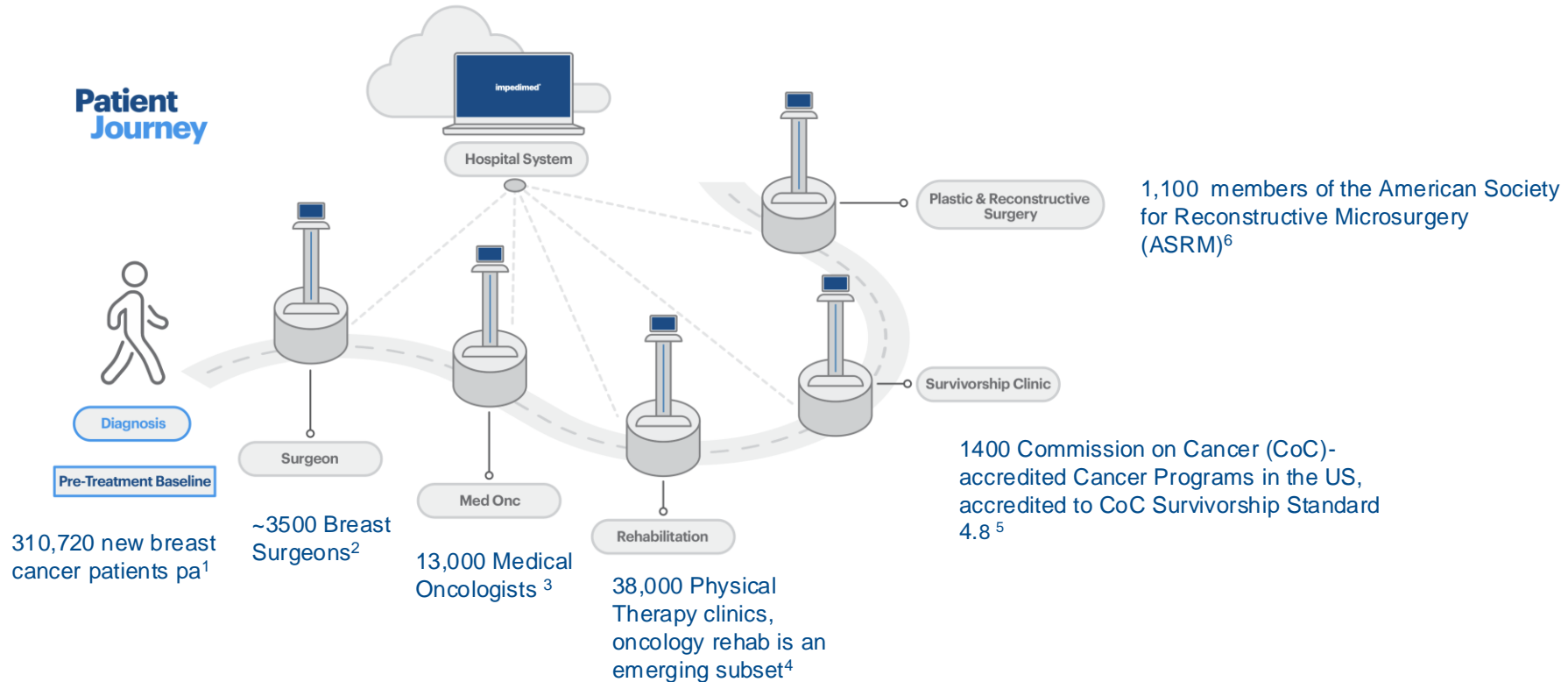
2. BIS FDA 510(k) Clearance K180126, April 2018.

3. 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.

4. New South Wales Health Economic Appraisal for Early Detection, released July 2024

5. Bhimani et al. Comprehensive Strategies in Breast Cancer-Related Lymphedema Prevention: Insights from a Multifaceted Program : *Front Oncol Sec Breast Cancer*, Volume 14, 2024, 10.3380/fonc. 2024. 1418610

BIS is used by multiple healthcare providers to manage lymphoedema at each stage of the Patient Journey towards Survivorship



1. Cancer.org

2. Internal Estimate

3. 2022 Snapshot: State of the Oncology Workforce in America; <https://ascopubs.org/doi/10.1200/OP.22.00168>

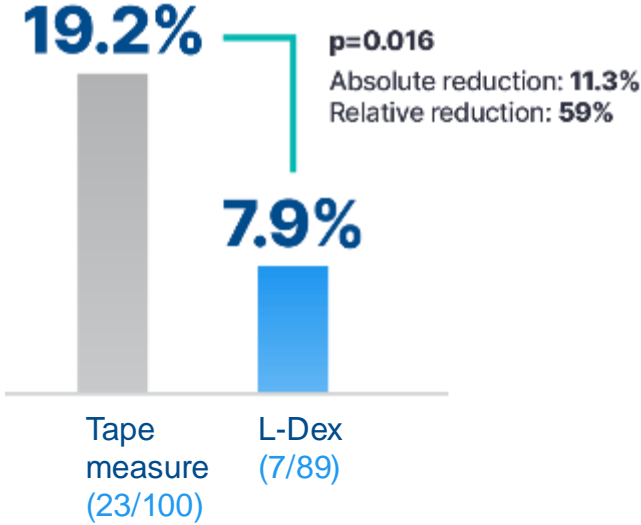
4. <https://www.apta.org/contentassets/5997bfa5c8504df789fe4f1c01a717eb/apta-workforce-analysis-2020.pdf>; <https://www.crossrivertherapy.com/research/physical-therapy-statistics>

5. Stal et al. Cancer Survivorship Care in the United States at Facilities Accredited by the Commission on Cancer. JAMANetw Open. 2024;7(7):e2418736. doi:10.1001/jamanetworkopen.2024.18736

6. <https://www.microsurg.org/>- global membership across 16 countries

Early detection has been shown to reduce lymphoedema rates and costs in PREVENT trial and in recent Real-World Evidence (RWE)

Global Prevent Trial: 1200 patient trial: Lower progression to chronic lymphoedema¹



PREVENT trial: n=1,200 10 US and international centers including Vanderbilt University, Mayo Clinic and MD Anderson

Published in *Lymphatic Research & Biology*
<https://www.liebertpub.com/doi/10.1089/lrb.2021.0084>

Australia NSW Statewide Lymphoedema Prevention: Economic impact of lower progression to chronic lymphoedema²

Early management is expected to avoid progression to chronic lymphoedema for **400 patients** per year, with:

- reduction in the number of patients developing chronic lymphoedema from **480 to 75** per year
- resolution of lymphoedema for **270 patients** per year
- 135 patients** per year maintained at Stage 0 (subclinical) lymphoedema level

The economic model compares the probability of a patient progressing to chronic lymphoedema under the prevention program (75/1800 patients - 4% progression) to usual care (480/1800 patients per year - 26% progression) and maps this to expected outcomes, resulting in a 712% ROI²

NSW Health Lymphoedema Prevention Program Economic Appraisal, 2023 , release July 2024

US RWE: Lower progression to chronic lymphoedema³

frontiers | Frontiers in Oncology

TYPE Perspective
 PUBLISHED 16 July 2024
 doi:10.3389/fonc.2024.1418610

Check for updates

OPEN ACCESS

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 PUBLISHED 16 July 2024

Comprehensive strategies in breast cancer-related lymphedema prevention: insights from a multifaceted program

Fardeen Bhimani¹, Maureen McEvoy¹, Yu Chen¹, Anjali Gupta¹, Jessica Pastoriza¹, Arianna Cavalli¹, Liane Obaid¹, Carolyn Rachofsky¹, Shani Fruchter¹ and Sheldon Feldman^{1*}

¹Breast Surgery Division, Department of Surgery, Montefiore Medical Center, Montefiore Einstein Comprehensive Cancer Center, Bronx, NY, United States, ²Albert Einstein College of Medicine, Bronx, NY, United States

In 212 patients undergoing reverse axillary mapping, a lymphoedema rate of 1.4% based on comprehensive interventions including “smarter axillary surgery, early detection with SOZO® and fostering lymphoedema education” and advocates for their adoption to enhance the holistic care of breast cancer survivors.


Bhimani et al³, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, United States

Australian economic evaluation shows a health system ROI of 712% and significant patient benefits from a Lymphoedema Prevention Program

New South Wales Health, Australia Lymphoedema Prevention Program Economic Appraisal (Feb 2021 – June 2024¹)

Program Highlight

Surveillance of **1,800** patients per year at **32** sites across **13** LHDs



Early management is expected to avoid progression to chronic lymphoedema for **400** patients per year, with:


- ✓ reduction in the number of patients developing chronic lymphoedema from **480 to 75** per year
- ✓ resolution of lymphoedema for **270** patients per year
- ✓ **135** patients per year maintained at Stage 0 (subclinical) lymphoedema level

Using a health system perspective, the lymphoedema prevention program is expected to provide a return-on-investment position with a:

Net Present Value (NPV) of \$51.8m

Benefit Cost Ratio (BCR) of 8

Return on Investment (ROI) of 712%



Every **\$1** invested in the Lymphoedema prevention program is expected to lead to **\$8** in avoided costs for the health system

Direct program set-up and operating costs of **\$7.3m** are offset by **\$59.1m** in avoided health system costs

Note: present value \$, 2020-21 to 2023-34, forecasted to 2033-34



Patient and Clinician Experience

“Overall, the patient and clinician experience of the program was very positive. This included:

- 100% of patients (n=274) reported that the service was very good (94%) or good (6%)
- 98% of patients would speak highly of the service to friends and family.“



Program Case Study

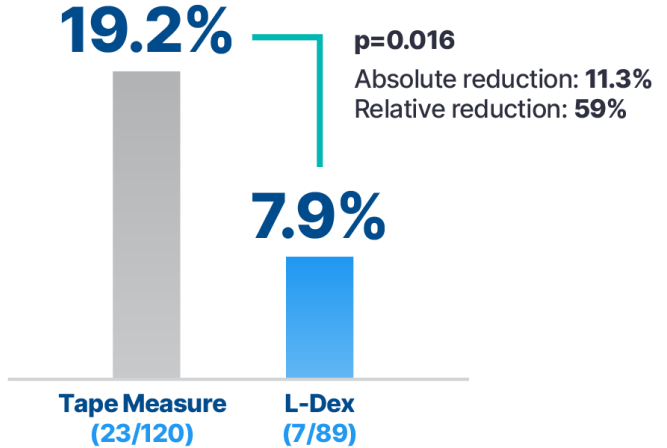
Anna, a 38-year-old nurse and mother, was diagnosed with breast cancer requiring treatment with chemotherapy, lumpectomy, and lymph node dissection. Anna was referred to a Lymphoedema Practitioner (LP) for baseline assessments and education before her treatment commenced.

- ▶ Anna saw her LP regularly after her surgery for management of shoulder dysfunction which was impacting her ability to care for her young children, undertake her nursing duties, and to be able to position her upper body appropriately for radiotherapy.
- ▶ Post cancer treatment, Anna was able to resume part-time work, attending lymphoedema surveillance every three months.
- ▶ Nine months post-surgery, despite having no signs or symptoms of swelling in her arm, Anna’s surveillance L- Dex reading indicated the presence of Stage 0 (subclinical) Lymphoedema. Her LP recommended early intervention with use of a compression sleeve, to be worn each day.
- ▶ Due to hand hygiene policies at her workplace, Anna found it quite difficult balancing use of her compression sleeve with her nursing shifts. Anna was anxious that if her Lymphoedema became a chronic condition, she would need to wear the compression garment daily for the rest of her life, with a significant impact on her work duties.
- ▶ After 4 weeks of wearing the compression sleeve, Anna’s L-Dex reading reduced back to baseline. In conjunction with regular surveillance with her LP, Anna successfully reduced how many hours per week she was wearing her compression sleeve.
- ▶ Three months after initially being diagnosed with subclinical (Stage 0) Lymphoedema, Anna no longer needed to wear a compression sleeve, and her L-Dex was stable, indicating that her arm Lymphoedema had resolved. Anna resumed her 3-monthly surveillance appointments, with no signs of her arm Lymphoedema returning.

In the US, addressing the Cost Burden of Breast Cancer Related Lymphedema can generate significant health system and patient savings

| The research shows: | For every 100 patients monitored with BIS instead of tape measure: |
|---|--|
| ~20% of patients will develop lymphedema ¹ | 11 fewer get chronic lymphedema ² |
| US\$2,306 annual out of pocket costs per patient ³ | US\$25,000 annual patient out-of-pocket cost savings ³ |
| US\$14,600 excess 2-year health care cost per patient ⁴ | US\$160,600 2-year health care cost savings ⁴ |
| Complex Lymphedema (2.3% patients) ⁶ US\$120,000 In higher healthcare cost for breast cancer survivors with complex lymphedema versus those without lymphedema over 2 years following cancer treatment. (Basta et al) 2.3% | |

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



"That extra \$2,000 or so may not break the bank in one year, but it can take away discretionary spending or whittle away retirement savings," says study leader **Lorraine T. Dean**, assistant professor in the **Department of Epidemiology** at the Bloomberg School. "If it's a recurring burden each year, how can you ever rebuild? That extra \$2,000 in spending can cripple people over the long term."

1. Gillespie TC, et al. Breast cancer-related lymphedema: risk factors, precautionary measures, and treatments. *Gland Surg.* 2018 Aug; doi: 10.21037/gs.2017.11.04.
 2. Ridner SH, et al. A Comparison of Bioimpedance Spectroscopy or Tape Measure Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. *Lymphatic Research and Biology* 2022.
 3. Dean, L et al. Blt still affects our economic situationⁿ: long-term economic burden of breast cancer and lymphedema. *Supportive Care in Cancer* (2019) 27:1697–1708.
 4. Shih, Y.C., et al., Incidence, Treatment Costs, and Complications of lymphedema After Breast Cancer Among Women of Working Age: A 2-Year Follow-Up Study. *J Clin Oncol*, 2009
 5. <http://drdeanlab.com>
 6. Basta MN, et al. Complicated breast cancer-related lymphedema: evaluating health care resource utilization and associated costs of management. *Am J Surg.* 2016;211:133-41.

A number of guidelines support early detection with BIS

NCCN

National Comprehensive Cancer Network (NCCN®)

For patients and survivors at risk for lymphedema:

- Recommends regular lymphedema screening for lymphedema by bioimpedance spectroscopy if available



International Society of Lymphology (ISL)

For cancer patients at risk for lymphedema:

- Recommends prospective surveillance
- Recommends bioimpedance spectroscopy (BIS) as an option for early detection



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

Lymphatic Education & Research Network

Center of Excellence Program

- Requires risk assessment using perometry or bioimpedance spectroscopy



American Society of Breast Surgeons

For breast cancer patients:

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



Multinational Association of Supportive Care in Cancer

For breast cancer patients and survivors:

- Recommends prospective surveillance
- Recommends bioimpedance spectroscopy (BIS) as an option for early detection



Oncology Nursing Society

For patients who have had cancer-related surgery:

- Recommends prospective surveillance
- Recommends lymphedema education



National Lymphedema Network

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

Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Survivorship V.1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed April 15, 2024. To view the most recent and complete version of the guideline, go online to NCCN.org. McLaughlin SA, et al. Considerations for Clinicians in the Diagnosis, Prevention, and Treatment of Breast Cancer-Related Lymphedema: Recommendations from a Multidisciplinary Expert ASBrS Panel. ASO 2017;DOI 10.1245/s10434-017-5982-4. The diagnosis and treatment of peripheral lymphedema: 2020 Consensus Document of the International Society of Lymphology. *Lymphology*. 2020;53:3-19. Wong HC, et al., Multinational Association of Supportive Care in Cancer (MASCC) clinical practice guidelines for the prevention of breast cancer-related arm lymphedema (BCRAL): international Delphi consensus-based recommendations. *eClinicalMedicine* 2024;68:102441. Davies C, et al. Interventions for Breast Cancer-Related Lymphedema: Clinical Practice Guideline From the Academy of Oncologic Physical Therapy of APTA. *Physical Therapy* 2020;100(7):1-17. Levenhagen K, et al. Diagnosis of Upper Quadrant Lymphedema Secondary to Cancer: Clinical Practice Guideline From the Oncology Section of the American Physical Therapy Association. *Physical Therapy* 2017;97(7):729-45. Armer J, et al. ONS Guidelines™ for Cancer Treatment-Related Lymphedema. *Oncology Nursing Forum* 2020;47(5):518-38. LE&RN Centers of Excellence Program Description and Link to Online Application. https://lymphaticnetwork.org/documents/CoE_Program_Description_and_Link_to_Online_Application.pdf. Accessed August 6, 2021. National Lymphedema Network Position Statement: The Diagnosis and Treatment of Lymphedema. February 2011.

2

New team and strategy
is now well set



Our new team has breadth of experience and proven track records

✓ US healthcare market ✓ Medtech commercialisation ✓ Sales execution ✓ Creating long-term value

Executive Directors



Dr Parmjot Bains
CEO / Managing Director

- Appointed Interim CEO/MD 8 January 2024.
- Medical doctor with 30+ years' diverse healthcare experience including Pfizer and McKinsey across the United States, Asia, Middle East and Australia.
- 6 years Board / governance experience.



McGregor Grant
CFO / Executive Director

- Appointed Director 28 September 2023 and Interim CFO in November 2023.
- Broad commercial and financial experience in growing successful global medical device businesses, most recently Nanosonics Limited.
- Board administration, governance and investor relations experience.



Andrew Grant
VP, Product Development & Customer Solutions

- Appointed Director 28 September 2023 and to Interim Executive role in April 2024
- 20+ years gaining 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, including McKinsey and ResMed.

Executives



Steven Chen, MD
Chief Medical Officer

- Appointed in September 2023.
- Nationally recognised surgical oncologist/ breast surgeon.
- 10+ years' industry experience in oncology drug and device product development.
- Most recently Chief Medical Officer of Avelas Biosciences.
- Over 70 peer reviewed publications.



Tim Benkovic
SVP, Sales & Customer Success

- Appointed in April 2024.
- 30+ years' experience in the medical device, SaaS, and distribution industries with a proven history of building top performing sales teams, streamlining sales operations, and utilising data-driven analytics, at leading organisations such as Nanosonics, Hillrom and Fresenius Medical Care.



Dennis Schlaht
SVP, R&D and Technology

- Appointed in October 2007.
- 40+ years' experience leading world-class global product development, including 20+ years in medical device development.
- Broad experience in R&D leadership and global technology implementations including Lockheed Martin, Insight Electronics, and XiTRON Technologies.



Julie Kuhlken
Senior Director, Downstream Marketing

- Appointed in October 2023.
- 25+ years' experience in marketing and leadership in the medical technology industry with strong background in developing and commercialising healthcare solutions to improve patient care at Becton Dickinson.

Our Board added Non-executive Director Fiona Bones, who Chairs our Audit and Risk Management Committee

✓ Governance ✓ Project delivery ✓ Culture ✓ Performance



Christine Emmanuel-Donnelly
Non-Executive Chair

- Appointed Director 28 September 2023.
- 30 years in IP expertise through commercialisation and strategic in-house intellectual property roles.
- 4+ years in Board / healthcare governance experience.



Janelle Delaney
Non-Executive Director

- Appointed Director 28 September 2023.
- 30 years of project management and execution at IBM, with responsibility for the quality of delivery across Asia Pacific's portfolio of several thousand projects.



Fiona Bones
Non-Executive Director

- Appointed Director 7 June 2024.
- 20+ years global experience in finance, corporate governance and systems transformation.
- Extensive global governance gained as Vice President of Finance, International Controller of Google for 20 years.
- Board experience in multiple jurisdictions across Asia and Europe

Immediate priority is focused sales, marketing and clinical execution

ImpediMed 12-Month Priorities

Next 12 months: Execute towards break even

July 2025

GOAL 1

BCRL sales execution

- Continued focus on sales execution with urgency
- Support LPP implementation and patient utilisation
- Execute on discussions with large IDNs on system-wide implementation
- Continued progress to towards payor coverage target 85% through support of Academic Societies and KOLs
- Deliver actionable insights at the point of care

GOAL 2

World-class customer experience

GOAL 3

Break even

- Manage cash burn
- Progress towards break even

Next 1-2 years: Innovate and expand

GOAL 4

Expand reach in oncology

- Leg lymphoedema plan

GOAL 5

Develop new markets

- Complete new product roadmap and implement
- Define R&D Strategy
- ROW Strategy

Ensure everything we do is underpinned by quality and integrity

We are raising the awareness of Lymphoedema to support clinical adoption and patient impact

Medical Webinars

impedimed
WEBINAR SERIES

PRESENTERS

- Dr. Steven Chen**
Chief Medical Officer
ImpediMed
- Dr. Allison DiPasquale**
Breast Surgeon &
Breast Oncology Director,
Medical City Dallas
- Dr. Manpreet Kohli**
Breast Surgeon &
Breast Program Director,
Monmouth Medical Center

**Preventing Chronic Breast Cancer-Related Lymphedema:
Practical Insights for Operationalizing
a Lymphedema Surveillance Program**

Thursday, May 30th
4-5pm EDT

[Register Now!](#)

Patient Education Podcasts

REAL PINK susan g. komen

What to Know About Breast Cancer-Related Lymphedema
with Kathy Lahr and Dr. Steven Chen

Early detection of breast cancer is one of the

METRICS

- 392 downloads to date
- 10,521,022 impressions through a paid native ad campaign targeting BioTech, Medical Research, Oncology/Imaging audiences
- 9,476 impressions on promotional social posts
- 2.7% average engagement rate

ENGAGEMENT

andreahansoc Education is so important when it comes to prevention. thank you for this! 🍷🍷🍷

14w 1 like Reply



ImpediMed in the News: Q4

| | | |
|--|--|---|
| <p>July 8, 2024 Nurse Navigators Aid in Timely and Comprehensive Lymphedema Care</p> <p>Learn More →</p> | <p>July 3, 2024 HealthCentral: Why Do Doctors Know So Little About Lymphedema?</p> <p>Learn More →</p> | <p>June 17, 2024 Kevin MD: Navigating the challenges of breast cancer-related lymphedema</p> <p>Learn More →</p> |
| <p>June 13, 2024 ImpediMed Appoints Google Financial Executive Fiona Bones to Board of Directors</p> <p>Learn More →</p> | <p>May 29, 2024 Healio: 5 questions with oncology nurse, co-founder of Lymphedema Prevention Program</p> <p>Learn More →</p> | <p>May 14, 2024 Infection Control Today: Comprehensive Guide to Lymphedema: Causes, Prevention, and Management Strategies</p> <p>Learn More →</p> |

Key Publications: Q4

Ann Surg Oncol
<https://doi.org/10.1245/s10434-024-15706-x>

Annals of **SURGICAL ONCOLOGY**
Official Journal of the Society of Surgical Oncology

ORIGINAL ARTICLE – BREAST ONCOLOGY

Timing of Breast Cancer Related Lymphedema Development Over 3 Years: Observations from a Large, Prospective Randomized Screening Trial Comparing Bioimpedance Spectroscopy (BIS) Versus Tape Measure

Chirag Shah, MD¹, John Boyages, MD, PhD², Louise Koelmeyer, PhD, BAppSc(OT)², Steven L. Chen, MD, MBA³, and Frank Vicini, MD⁴

¹Department of Radiation Oncology, Taussig Cancer Institute, Cleveland Clinic, Cleveland; ²Australian Lymphoedema Education, Research and Treatment Program, Macquarie University, Sydney, Australia; ³OasisMD, San Diego; ⁴Michigan Healthcare Professionals, Farmington Hills

Our 2-year strategy eyes adjacent markets

ImpediMed 2-Year Priorities

Next 12 months: Execute to break even

July 2025

GOAL 1

BCRL sales execution

Ensure all new US breast cancer patients access early lymphoedema prevention programs through focused sales execution

- Focus IDN and top 11 states
- Accelerate pipeline growth
- Target 85% payor coverage
- Roll out bilateral arm algorithm
- Shorten sales lead cycle
- Support clinical adoption with publications and data

GOAL 2

World-class customer Experience

Support Lymphoedema Prevention Programs to deliver patient impact

- Enhance Lymphoedema Prevention Program implementation
- Grow overall patient utilisation
- Maintain 3% churn
- SOZO Pro commercialisation

GOAL 3

Break even

Reach break-even by acceleration of revenues and cost reduction through management of expenses to maximise shareholder value

- Increase ARR – renewals and new contracts
- Ongoing cost discipline
- Refine pricing models

Next 1-2 years: Innovate and expand

GOAL 4

Expand reach in oncology

Expand reach for all cancer patients (e.g., ROW breast, pelvic, melanoma, gynae) at risk of lymphoedema

- Leg lymphoedema implementation

GOAL 5

Develop new markets

Develop innovative partnerships to accelerate patient impact into new indications and markets

- Define and implement product road map
- Develop new market opportunities, i.e. oncology body comp and acute fluid management
- ROW strategy

Ensure everything we do is underpinned by quality and integrity

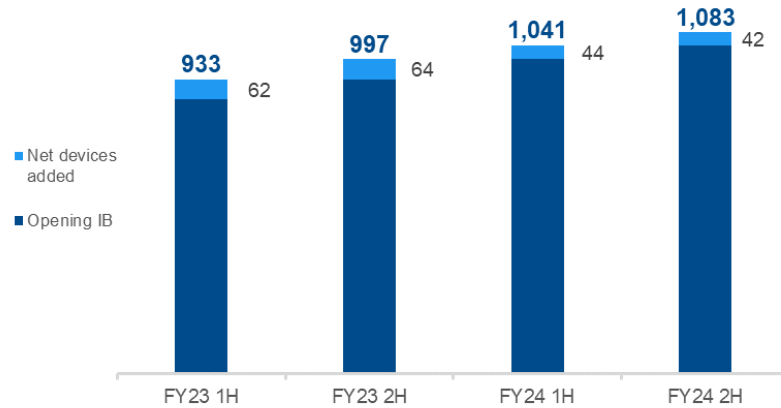
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Financials are heading
in the right direction

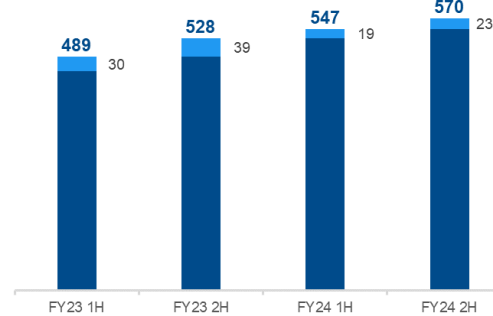


Growing Installed Base with Key US Accounts with multi-system expansions

Global Installed Base



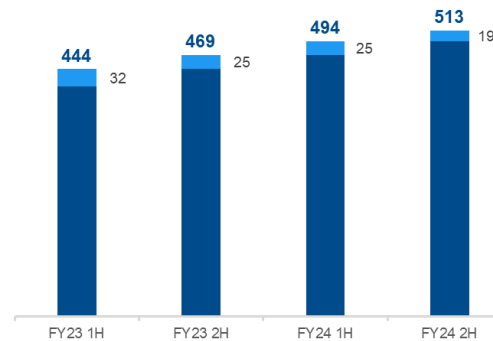
U.S.



US Q4 Key IDN Expansions

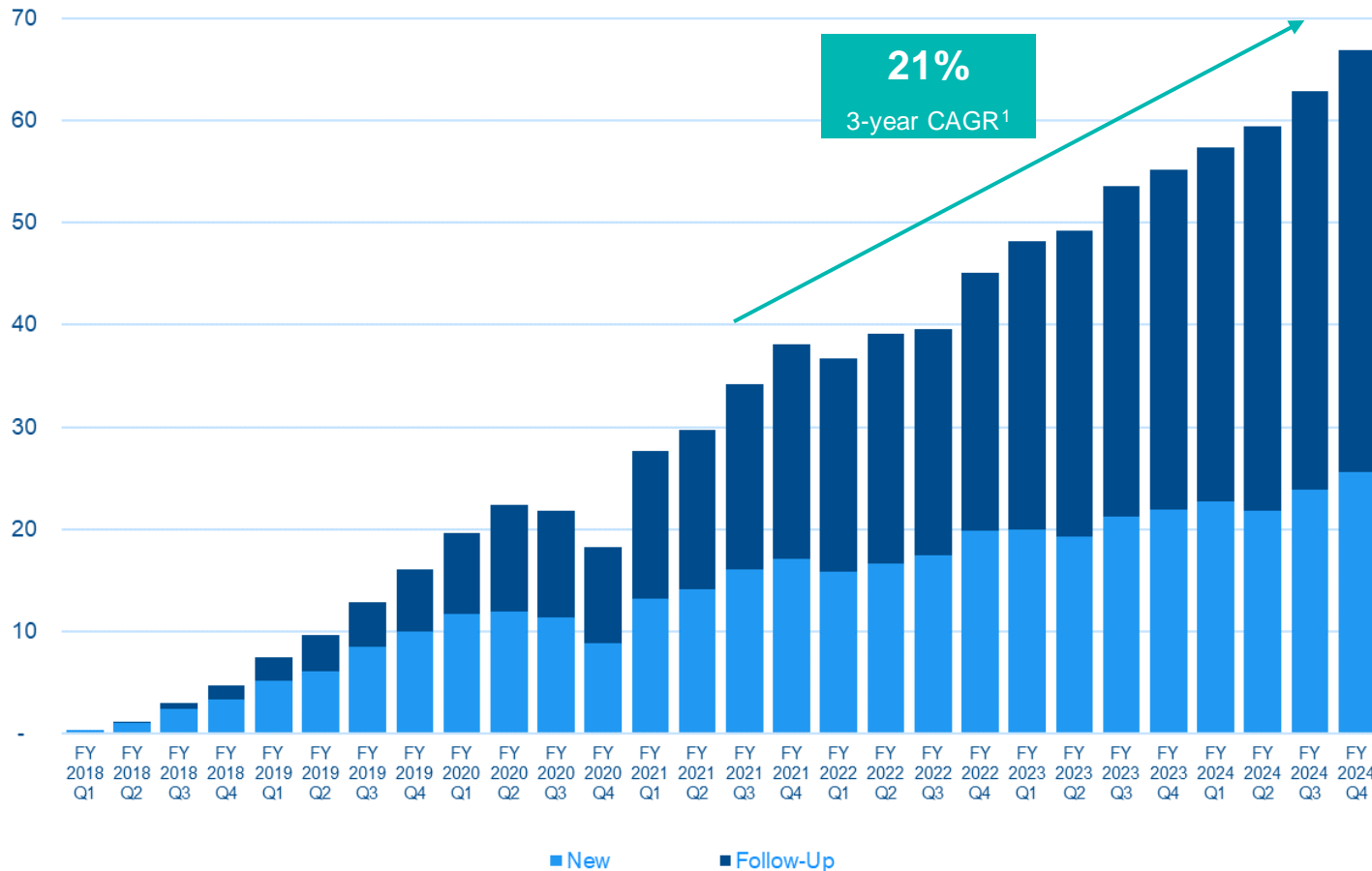
- Texas oncology group expansion with 6 devices to 8 in total.
- National plastics and breast surgical group 3 initial pilot SOZO's Dec 23' expanded with additional 5-units in Q4
- Connecticut oncology group continued site expansion to 9 units in total

Rest of World



Both increased Installed Base and utilisation driving increased Patient Testing

SOZO Patient Tests (000s)



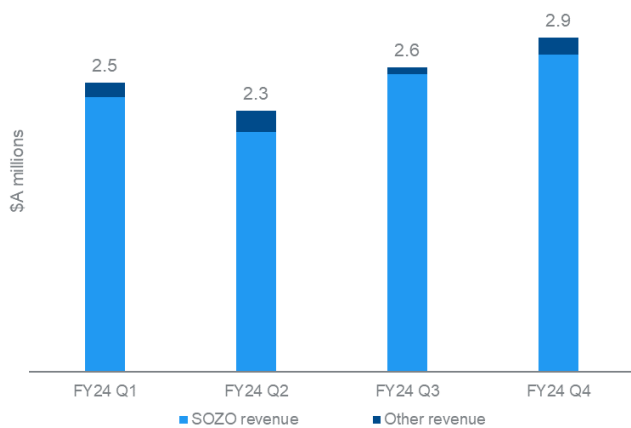
21% 3-year CAGR¹

Q4 FY24 patient tests up 6% versus Q3 FY24

1. Compound Annual Growth Rate

Revenue Metrics: Continuing growth in ARR and low Churn

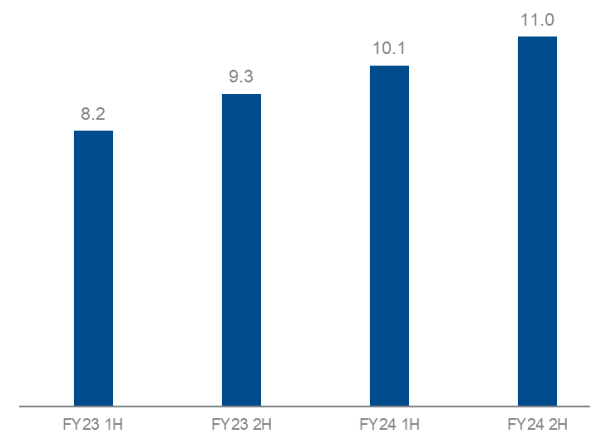
Revenue



Core Business TCV¹



Core Business ARR²



Churn³

<3%
Churn Rate
based on SOZO Systems globally

1. 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.
2. Annual Recurring Revenue (ARR) represents the amount of revenue reasonably expected to be recognised 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 H1 FY24, 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.
3. [Number of devices cancelled or not renewed in the period] / [Average cumulative device placements in the period].

Cash at end of Q4 is \$24.6 million, with FY25 cash costs forecast to be 10% lower vs FY24¹

| Summarized cash flow | FY24 | | | | |
|---|----------------|----------------|----------------|----------------|-----------------|
| In thousands AUD | Q1 | Q2 | Q3 | Q4 | FY |
| Cash at beginning of period | 45,710 | 42,398 | 36,905 | 30,682 | 45,710 |
| Net cash flow from operating activities | (3,138) | (3,636) | (6,278) | (4,737) | (17,789) |
| Net cash flow from investing activities | (834) | (838) | (640) | (793) | (3,105) |
| Net cash flow from financing activities | (176) | (65) | (130) | (110) | (481) |
| Net foreign exchange differences | 836 | (954) | 825 | (410) | 297 |
| Net increase / (decrease) in cash held | (3,312) | (5,493) | (6,223) | (6,051) | (21,079) |
| Cash at close of period | 42,398 | 36,905 | 30,682 | 24,632 | 24,632 |

- Q4 FY24 net cash outflows from operating activities of A\$4.7 million:
 - Net of cash receipts from customers of A\$3.0 million.
 - The majority of cash outflows for the quarter related to staff costs which totaled A\$5.6 million and included A\$0.6 million in severance payments.
- At 30 June 2024, ImpediMed had total cash balance of A\$24.6 million comprising A\$6.2 million cash in the bank and A\$18.4 million in term deposits.
- FY25 operating cash expenditure forecast to be 10% lower vs FY24¹ mainly as the net result of adjustments to headcount and salaries, net of investment in customer facing roles.

1. After allowing for one-off costs and other normalisation adjustments

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