MyFiziq / BCT Data Study Published in Obesity Research & Clinical Practice Journal

Highlights:

- BCT's second peer reviewed study to be published.

- First ever published DXA visceral fat mass reference values for an Indonesian population.

- Highlights an "unseen epidemic" of rising obesity levels in Indonesia especially in the younger generation where increased visceral fat levels are seen at younger ages.

- Implications for significant future health risks from chronic disease for Indonesia and other developing countries.

MyFiziq Limited (ASX: MYQ) ("**MyFiziq**" or the "**Company**") would like to inform shareholders that Body Composition Technologies Pte Ltd ("**BCT**"), MyFiziq's 54% owned joint venture partner, has had a second peer-reviewed study published in the Obesity Research & Clinical Practice journal. The study is titled: Obesity and visceral fat in Indonesia: An unseen epidemic? A study using iDXA and surrogate anthropometric measures.

The study highlights an "unseen epidemic" of obesity in Indonesia with much higher levels of body fat and internal visceral fat when compared with Caucasian populations. This trend was even more pronounced in younger age groups. The data presented in this study was collected in partnership with doctors and clinicians at Eka Hospital, Pekanbaru and the paper shows BCT's rigorous and scientific approach to the analysis of this data.

BCT in conjunction with Eka Hospital collected over 2,600 participant's body composition using a medical gold-standard iDXA machine. Where the iDXA machine classified a participant as normal, overweight, or obese using the clinical standard of body fat percentage[1]. This was then compared with classifications using the outdated method of Body Mass Index (BMI). iDXA body composition and anthropometric data of an Indonesian cohort this diverse has never been published before; this has been verified through an extensive literature review of peer-reviewed journals and collaboration with Eka Hospital.

BMI misclassified 45% of Indonesian's collected in the study when compared with the iDXA body fat percentage classifications. The study highlights the importance of using body fat percentage, rather than BMI, to classify obesity and the use of waist circumference to screen and identify people with high levels of visceral fat and at higher risk of chronic disease.

In BCT's opinion, the findings demonstrate a clear need for governments to intervene with appropriate public health initiatives to screen populations especially those in developing countries. The platform developed by MyFiziq and BCT will provide a unique tool to be able to do this.

Direct quotes from the paper:

"The health risks facing Indonesia are likely underestimated when using BMI in isolation, which underestimates obesity prevalence by over 40 % when compared with body fat percentage."

"Accessible and reliable measurements of WC [waist circumference] and BF% [body fat] within large-scale population screening can highlight individuals who should be referred for additional health assessments and provided with appropriate advice to reduce long-term disease risk."

Specific findings of the paper:

- Indonesian Males and Females have 1.5 – 2 times more visceral fat compared with Caucasian Populations, and a body fat percentage of 5 – 7 percentage points higher.

- Visceral and body fat percentage measures are also higher in Indonesians at younger ages.

- BMI misclassified 45% of Indonesians when compared with appropriate body fat percentage classification. (as detailed earlier in this release)

- Using body fat percentage, 72.3% of Males, and 63.0% of Females were classified as overweight and obese.

- Waist circumference and waist to hip ratio identified 91-99% of Indonesians with high levels of visceral fat mass.

- Highlights the importance of using body fat percentage to classify obesity and the use of waist circumference to screen and identify people with high levels of visceral fat.

Vlado Bosanac Group CEO said:

"This is the second publication we have achieved in as many months and a tick in the right box for both our data and approach to assisting governments and healthcare organizations better understand the risks that exist in their populations. Our intention is to show these organisations how to use the data to create treatments and prevention regimes. This data not only identifies a very high level of risk of chronic disease in the population, but more importantly has identified a previously invisible potential obesity epidemic that could have a long-term negative impact on Indonesia's health care system. The team has not only identified these issues but will now look to distribute the findings and our in-device capabilities to identify, monitor and treat these health risks."

About Elsevier and Obesity Research & Clinical Practice:
Obesity Research & Clinical Practice is an Elsevier Research journal with the aim to publish high quality research relating to the epidemiology, mechanism, complications and treatment of obesity and the complication of obesity. Obesity Research & Clinical Practice have affiliations in the Asia Pacific region given the area's increasing burden of obesity, compounded by specific regional population-based and genetic issues, and the devastating personal and economic consequences.

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About BCT

Body Composition Technologies (BCT), a 50% owned joint venture company with MyFiziq, is focused on developing a cost effective, easily accessible, and reliable smartphone-based body composition and anthropometric measurement tool for governments, insurers, medical organisations and the medical research markets.

We strive to deliver a private, cost effective and accurate method for our users to identify, classify and monitor some of the primary markers of chronic diseases such as type 2 diabetes, coronary heart disease and stroke. This early screening, assessment, and long-term monitoring of the primary markers of chronic disease, is essential for reducing the spiralling healthcare costs and improving the quality of life for billions of people worldwide.

We work with our partners to give them better engagement and understanding of their consumer / populations whilst empowering them through our technology to make better health decisions which in turn will deliver better health outcomes and lower mortality rates.

About MyFiziq:

MyFiziq has developed and patented a proprietary dimensioning technology that enables its users to check, track, and assess their dimension using only a smartphone privately and accurately.

Our goal is to assist our partners by empowering their consumers with this capability. This in return gives our partners the ability to assess, assist, and communicate outcomes with their consumers when navigating day to day life. Whether this is a personal journey to better health, understanding the risk associated with their physical condition, tracking the changes they are experiencing through training, dieting, or under medical regimes. or simply wanting to be correctly sized for a garment when shopping online. The MyFiziq technology delivers this seamlessly, privately, and cost-effectively in under one minute.

Our partner benefits from our (SAAS) Software as a service pricing solution, that reduces with scale. Integration is made easy with the MyFiziq modular system, based on multiple (SDK's) software development kits, allowing a partner to select the functions, measurements, and displays to suit their individual needs.

MyFiziq has developed this capability by leveraging the power of Computer Vision, Machine Learning, and patented algorithms, to process these images on secure, enterprise-level infrastructure, delivering an end-to-end experience that is unrivaled in the industry. MyFiziq simplifies the collection of measurements and removes the human error present in traditional methods.

For more information please visit: www.myfiziq.com

*References
1. Heo, M., Faith, M. S., Pietrobelli, A., & Heymsfield, S. B. (2012). Percentage of body fat cutoffs by sex, age, and race-ethnicity in the US adult population from NHANES 1999–2004. The American journal of clinical nutrition, 95(3), 594-602.