

ARTRYA™

Investor Presentation

4 April 2023



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Executive Summary

Save lives
through faster
and more
accurate
detection of
coronary artery
disease

- **Coronary Artery Disease – a leading cause of death globally - kills 9m people every year**
- **The leading cause of death, Vulnerable Plaque, is rarely reported**
- **Current approaches of assessing coronary artery disease have failed to reduce heart attacks or death**
- **Artrya has developed a cloud-based AI and machine learning solution to display vulnerable plaque in a comprehensive 3D model within minutes**
- **Benefits: Save lives, better patient outcomes, reduced costs, increased efficiencies, improved revenue and margins**
- **Salix Coronary Anatomy (SCA) TGA, UKCA, CE Mark and NZ approved**
- **SCA appointed to UK NHS AI Framework Agreement 2+2yrs, 1,250 hospitals**
- **SCA pathway for FDA approval**
- **Three patent applications to date, one in process and further applications planned**
- **Comprehensive product roadmap**
- **Company funded beyond estimated FDA approval**

Global Problem

Coronary Artery Disease is a leading cause of death globally

**126
million**

people with
significant
heart disease¹

**\$400
billion**

heart disease costs
the United States
each year⁴

**Every 13
minutes**

Someone in
Australia dies of a
heart attack³

**One
third**

of deaths globally
are from heart
disease²

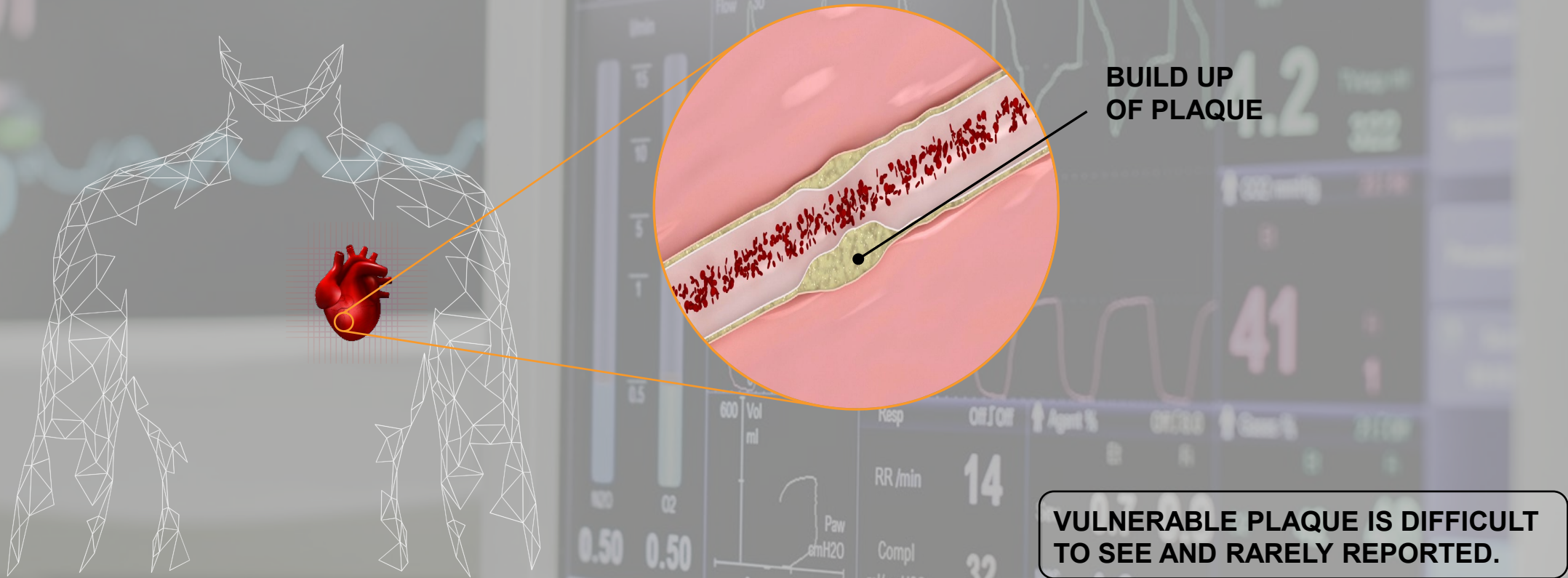
**Nine
million**

CAD deaths
per year²

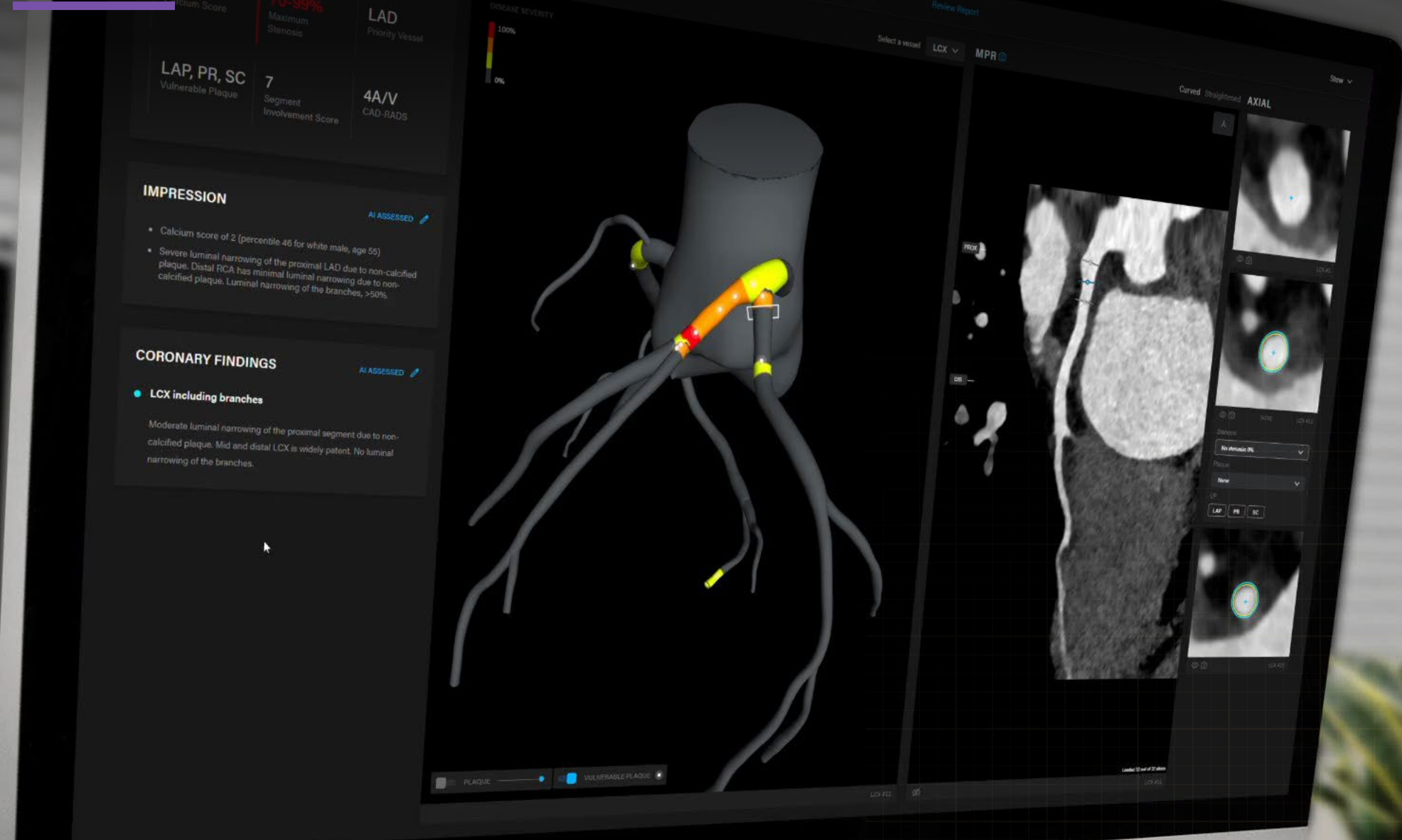
1. Global Epidemiology of Ischemic Heart Disease: Results from the Global Burden of Disease Study, Khan et al., Jul 2020
2. [www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](http://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))
3. Australian Bureau of Statistics 2019, Causes of Death 2018, cat. no. 3303.0, September
4. www.cdc.gov/policy/polaris/healthtopics/heartdisease/index.html

The culprit: **Vulnerable Plaque**

Unstable soft plaque that ruptures -> causing clots to block arteries
4% plaque burden = **5 x increased risk of heart attack**¹

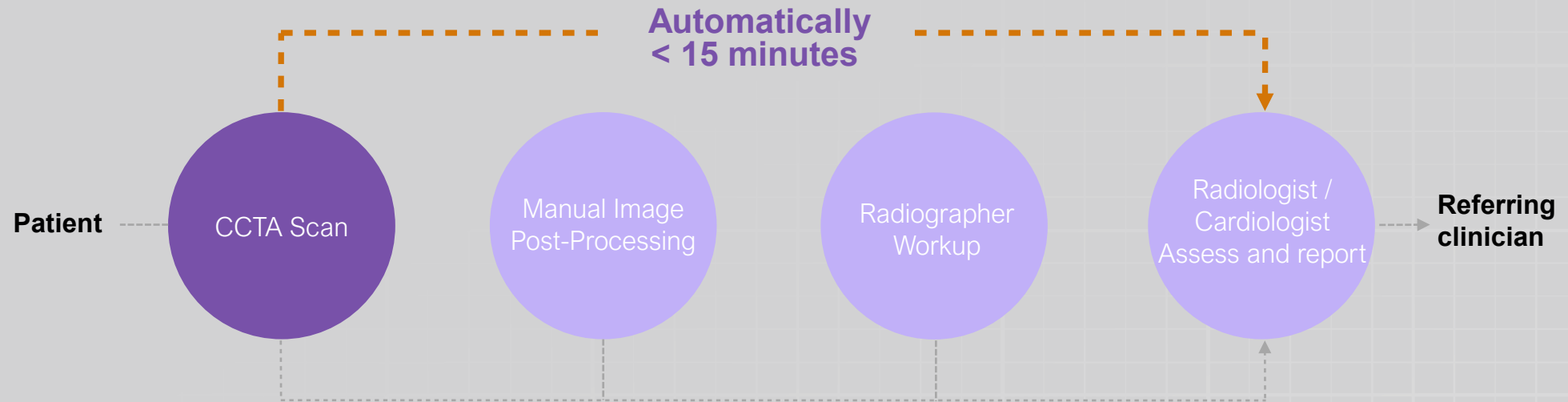


Artrya Salix reports Vulnerable Plaque biomarker from a CCTA within minutes – a risk measure for a heart attack



Salix cuts overall scan-to-report time, reducing cost & with high accuracy at the point-of-care

Salix Coronary Anatomy (SCA)



Current Workflow

Up to 45 minutes per scan

Inconsistency between readers in recognising vulnerable plaque

Salix 1.6 (TGA release)

Stenosis > 50%
[Accuracy]

93%

Calcium score
[Correlation – Spearman's]

0.96

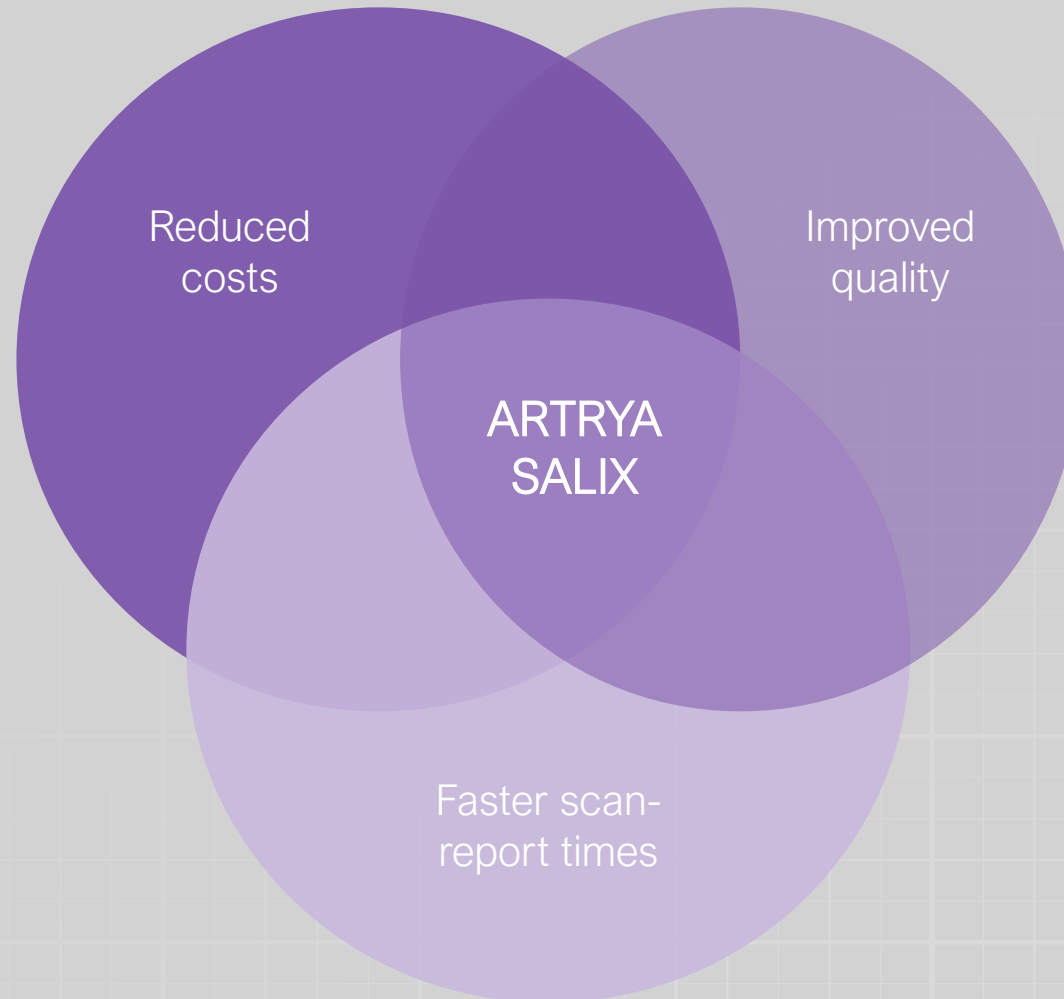
Low attenuation vulnerable plaque
[AUC]

0.75

Salix cuts overall scan-to-report time, reducing cost & with high accuracy at the point-of-care

Reduced costs

- Salix is a cloud-based solution meaning no IT infrastructure and hardware costs



Improved quality

- Standardised reports to international guidelines
- Improved consistency in findings and reporting

Faster scan-report times

- Salix result is ready for review and reporting in 15 minutes
- Salix can be accessed from anywhere allowing easy remote reporting

Salix delivers benefits to clinicians and patients from a single point-of-care solution



Radiographer

Imaging Automation

- Artery tracking
- Artery annotations
- Detection/calculation of calcium
- Reduced workup time allows increased focus on higher value tasks



Radiologist

Workflow Optimisation

- Result automatically within 15 minutes
- Detection of Vulnerable Plaque biomarker
- Highly accurate plaque detection
- Editable reporting to international standards
- Non-invasive whole heart blood flow assessment*



Cardiologist

Patient Insight

- Rapid assessment
- True understanding of patient risk
- Better engagement with 3D model
- Elimination of unnecessary invasive test



Patient

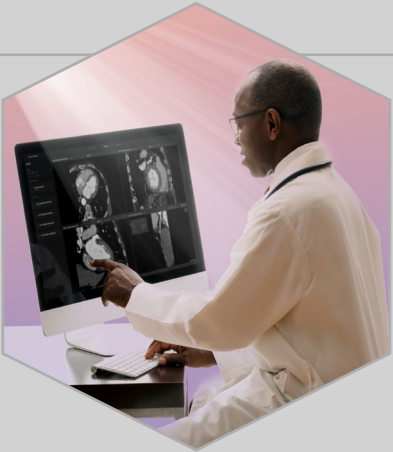
Improved Outcomes

- Point of care result means faster diagnosis
- Vulnerable Plaque biomarkers to optimise treatment
- Aiding improved health outcomes
- Less time, cost, risk

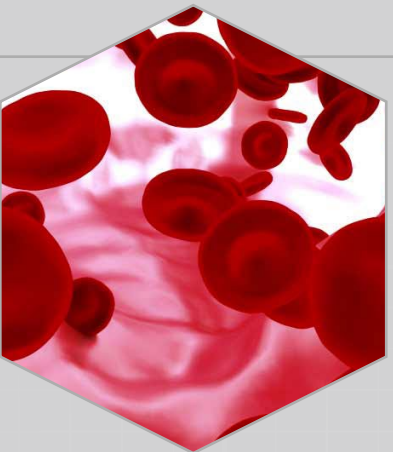
* In development

The product and its development

Artrya's product pipeline goes further & moves us towards predicting the patient at risk.




WHOLE HEART CHARACTERISATION FOR CAD
Vulnerable Plaque burden
SCA
Salix Coronary Anatomy



SEVERITY
Blood flow assessment (artery and heart)
SCF
Salix Coronary Flow*



OPTIMISED PROCEDURE
Procedure & treatment
SPP
Salix Procedure Planning*



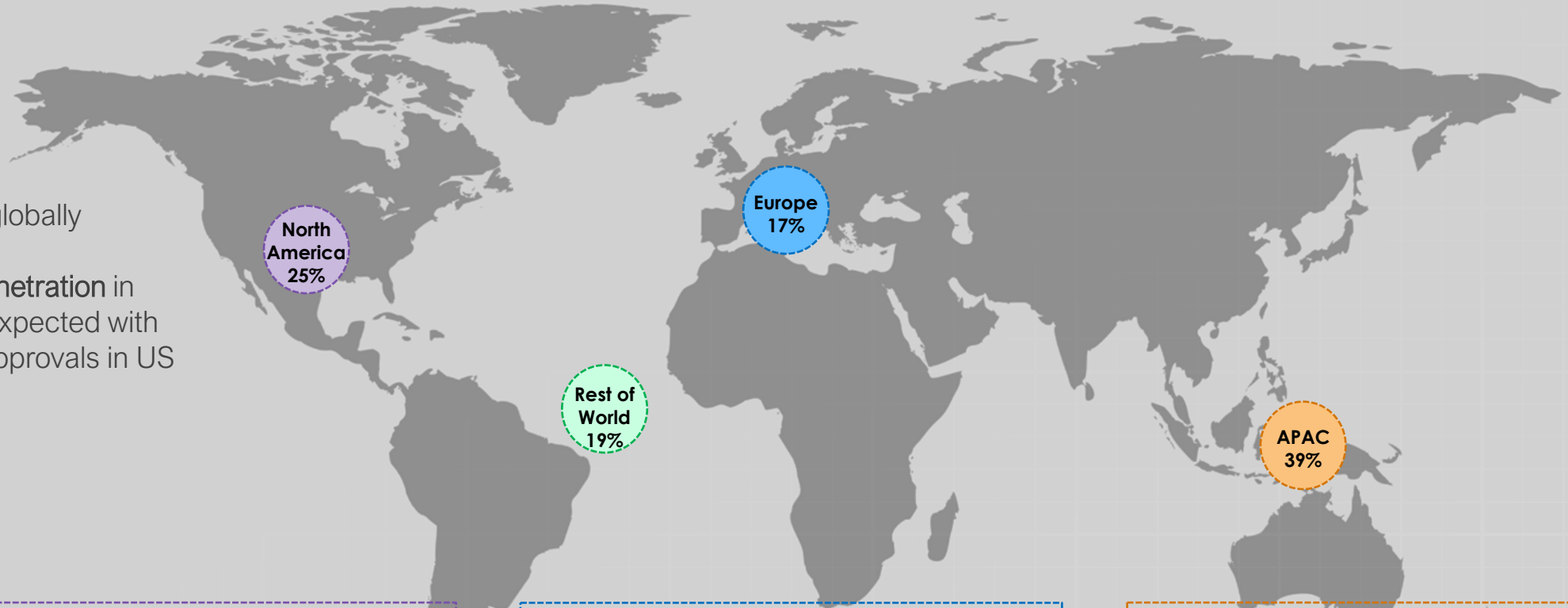
VULNERABLE PATIENT
Vulnerable Patient
Phenomic and Metabolomic risk signatures
SVP
Salix Vulnerable Patient*

*in development

There are a number of factors that fuel a growth outlook for Artrya

- 375m CT scans globally each year
- Increasing CT penetration in cardiac centers expected with reimbursement approvals in US

Source: Frost & Sullivan



USA

- \$400b spent annually on heart disease
- CCTA defined gold standard in assessing coronary artery disease (ACC, AHA)
- US\$900 – \$1,000 reimbursement code introduced for automated CCTA reporting

UK

- Artrya 4-year service contract with NHS
- Only 1/3 of patients requiring CCTA assessment are currently scanned⁴
- Access to Europe

Australia

- 900 CCTA radiology sites
- Artrya pilots
- >120,000 CCTAs performed in 2021/2022⁵

1. <https://heart.bmj.com/content/108/19/1510#ref-9>
2. <https://www.dicardiology.com/article/trends-cardiac-imaging-over-past-decade-shows-rapid-rise-ct> (2010–2019 Physician/Supplier Procedure Summary (PSPS))
3. <https://www.tctmd.com/news/ct-angiography-increasing-england-downstream-tests-are-not>
4. Breisbach, J.G. et al, (2018), "Challenges in delivering computed tomography coronary angiography as the first line test for stable chest pain," Heart, 104, pp 921-927
5. MBS Statistics for item number 57360, http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp

Artrya revenue generation

SaaS business model

GLOBAL AVAILABILITY
24/7

HIGH GROSS MARGIN
(TYPICAL SaaS MODEL)

**NO CAPITAL EXPENDITURE
REQUIRED BY CUSTOMERS**
(SOFTWARE OR HARDWARE)



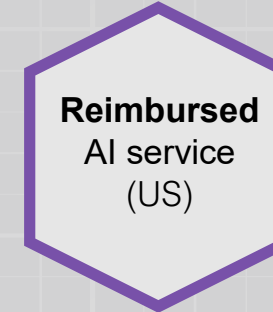
Access a free version for a limited period



Annuity stream for access to services and features.



Charge a single flat fee per patient CCTA analysed.



Significant uplift in revenue to providers and decrease in cost to payers.

Customer revenue generation (primarily USA)



Imaging provider

- New reimbursement of US\$900 for automated reporting of plaque characterisation (US only)
- CT-FFR (\$1,000 US only)
- Clinicians retain a significant portion of the reimbursement when they use Salix
- Reduced workup time allows staff to focus on higher value tasks and increase CT utilisation



Referring Cardiologist & Hospitals

- Reimbursement incentivises reduce unnecessary angiograms without loss of revenue to the practice (US only)
- Reduce emergency department burden and cost using CCTA scans to decrease length of stay



Payers/Insurance Companies

- Reduce costs through elimination of unnecessary invasive tests and treatments
- Increases access and decreases delay in care at centers without advanced cardiology services

Product refinement & regulatory approval

PILOT STUDIES

Learnings from Australian pilot studies

Stability

Performance

Accuracy

Prestigious 2022 SCCT award

REGULATORY APPROVALS

Australia



New Zealand



European CE Mark



UK Conformity Assessment



FDA strategy implementation

Ongoing

(Indicative timeframe)

- Q-sub submission April 2023
- Q-sub meeting June 2023
- 510k application October 2023
- Estimated approval within 3 - 6 months of application

Salix delivers additional benefits to that currently available on the market

Feature	Artrya Salix	Cleerly Coronary	ElucidVivo	Heartflow	TeraRecon
Automated Calcium Scoring	✓	✗	✗	✗	✓
Automated Stenosis assessment	✓	Semi automated (human in the loop)	✓	Semi automated (human in the loop)	Semi automated (human in the loop)
Automated Plaque Analysis	✓	Semi automated (human in the loop)	✓	Semi automated (human in the loop)	✓
Coronary Flow	In development	✗	In development	Semi automated (human in the loop)	✗
Written report to international guidelines	✓	✗	✗	✗	✗
Point of care	✓ Result within 15 minutes	✗ Results within 24-48hrs	✗ Results within 24-48hrs	✗ Results within 24-48hrs	✓ Onsite solution

Summary

- Australian pilot site learnings incorporated into product
- United Kingdom UKCA regulatory approval received
- 4-year contract with UK National Health Service
- European CE Mark regulatory approval received
- FDA strategy being implemented
- US\$900 - \$1,000 reimbursement code strengthens Artrya business case in the US
- Prestigious Society of Cardiovascular Computed Tomography award 2022
- Cash preservation initiatives implemented
- \$24.8m cash position (end February 2023)



Appendix

Our people – CEO and Board of Directors



Chief Executive Officer
Mathew Regan



Chair
Bernie Ridgeway



Non-Executive Director
Kate Hill



Non-Executive Director
Dr Jacque Sokolov

Our people – Clinical Advisory Board



Jacqué Sokolov, MD



Jacob Agris MD, PhD



Jack Lewin, MD



Professor Girish Dwivedi, MD



Michael Ridner, MD



Thomas Cheek, MD



James C. Bonnette, MD



Nicolas Chronos, MD



Professor Benjamin Chow, MD

Artrya – Financial & Trading Information

- Cash balance \$24.8m (end February)
- Average monthly net cash burn of \$1.2m maintained

ASX: AYA Trading Information

Share Price (31 March 2023) **\$0.33**

12 month low/high \$0.215/\$1.20

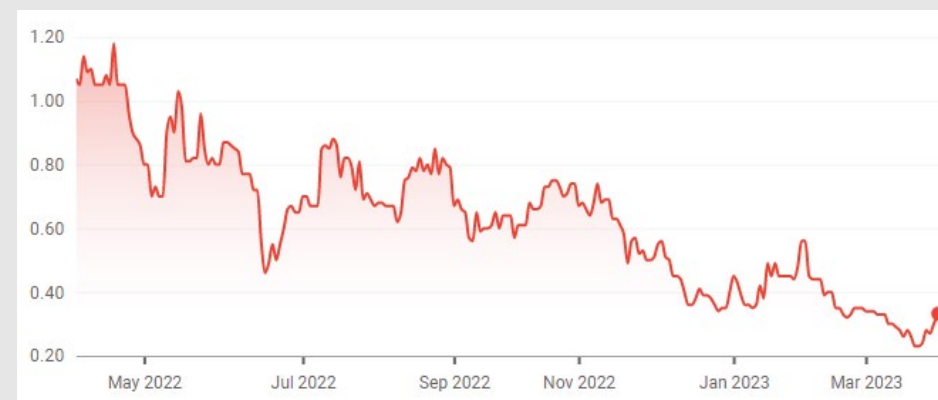
Shares outstanding 78,403,993

Market Capitalisation **\$25.9M**

Cash (28 February 2023) \$24.8M

Debt (28 February 2023) Nil

ASX: AYA Trading Chart



Top 5 Holders

Rank	Name	Units	% Units
1	JOHN BARRINGTON <BHT FAMILY A/C>	7,117,945	9.08
2	MS ERIKA HENRIETTE KONSTANTOPOULOS <IEMK FAMILY A/C>	7,000,000	8.93
3	SANDHURST TRUSTEES LTD <ENDEAVOR ASSET MGMT MDA A/C>	2,653,418	3.38
4	RUBI HOLDINGS PTY LTD <JOHN RUBINO S/F A/C>	2,423,485	3.09
5	RICH CAB PTY LTD <DALE MCKENZIE SUPER FUND A/C>	1,835,228	2.34
Totals: Top 5 holders of ORDINARY FULLY PAID SHARES (Total)		21,030,076	26.82
Total Remaining Holders Balance		57,373,917	73.18