

ARTRYA

Coronary Heart Disease We See You

October 2024 ARTRYA Presentation Deck



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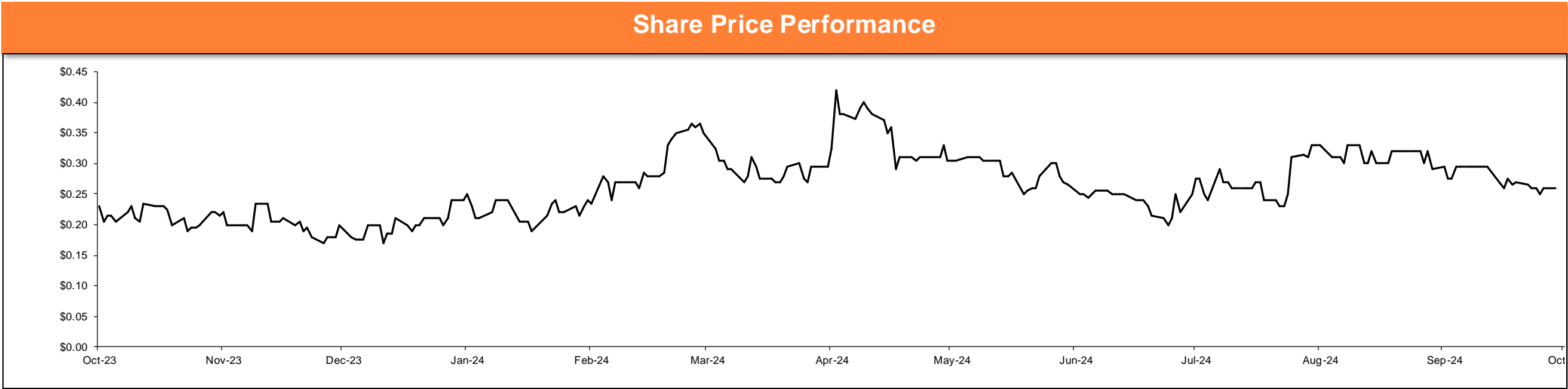
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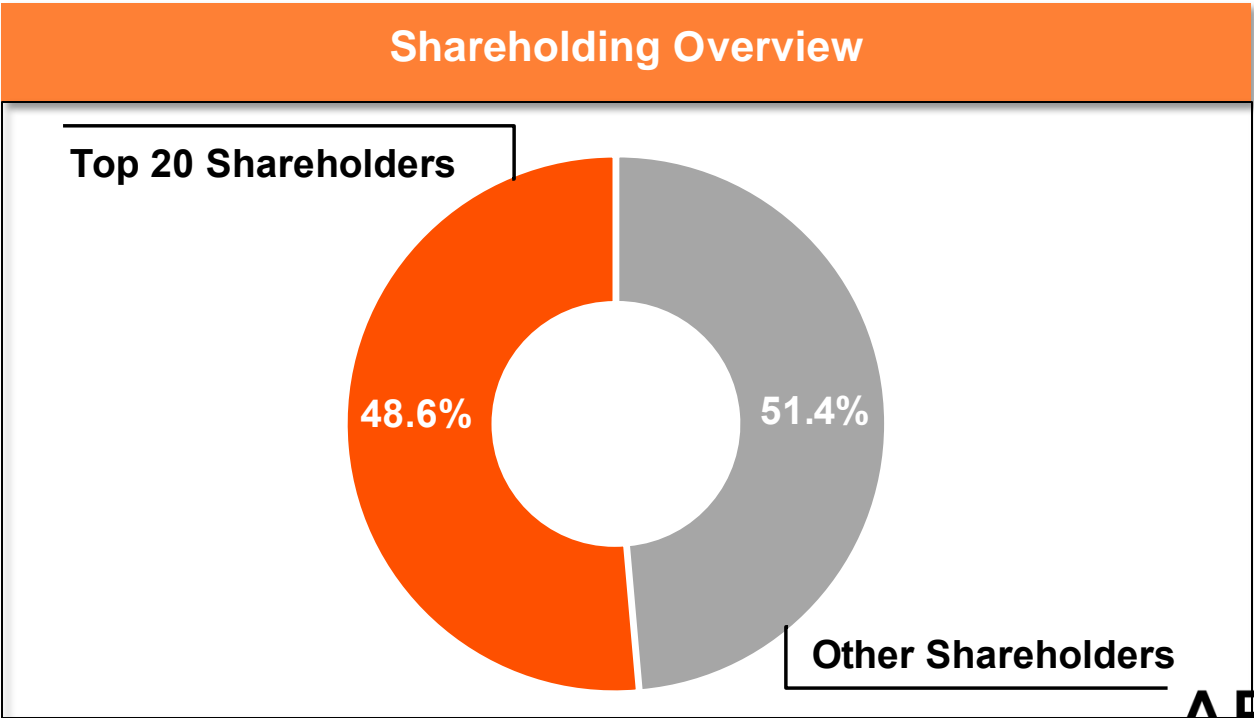
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Company Snapshot



Key Statistics

Shares on issue:	78.8m
Options:	29.1m
Market cap:	\$30.7m
\$7.1m cash and debt free (June 2024)	



Board of Directors, CEO, and Co-Founder



Chair
Bernie Ridgeway

Bernie brings a wealth of corporate experience to Artrya, including 37 years in private and ASX listed companies, spending most of that time in the role of Managing Director.



Non-Executive Director
Kate Hill

Ms Hill is an experienced non-executive director of ASX listed companies and has particular expertise at board level in both technology companies and also the biotech and medical devices sectors.



Non-Executive Director
Jacque Sokolov, MD

Jacque J. Sokolov, MD, is Chairman and Chief Executive Officer of the SSB, a diversified US based, healthcare management, development and investment company.



Chief Executive Officer
Mathew Regan

Mat is an experienced executive who has worked in a variety of Industries including ASX listed companies, Private Equity and Cooperatives.



Co-founder
John Konstantopoulos

As the company's Co-Founder, John leads the commercial and clinical development of Artrya's ground-breaking, non-invasive technology that will transform heart disease diagnosis



Executive Summary

- Medical technology company founded in 2019.
- Artrya has developed unique, cloud-based AI solutions targeting cardiac CT imaging that assist in real-time heart disease diagnosis.
- The point-of-care platform, Salix[®], helps to improve patient outcomes, lowers the cost to serve for payers, and increases workflow efficiency and control for providers.
- Targeting a 4.4m¹ scan TAM in the US
- TAM and industry tailwinds fuel a high revenue growth outlook.
- Regulatory approval in 34 countries, with FDA clearance expected in early 2025.
- Shortening the US sales cycle with three executed strategic agreements with large hospital systems ahead of FDA approval



**A large, growing, and
inadequately served market**



Heart disease kills more people than all cancers combined

Outdated methods lead to suboptimal patient outcomes, unnecessary cost, and reduce system efficiency

Old methods are ineffective

In detecting high high-risk plaques that causes heart attack.¹

Most procedures are unnecessary

55% of invasive procedures are found to be unnecessary post analysis^{2,3,4}

High delivery costs

Outdated methods are time consuming and relatively higher cost to deliver vs. Salix®

Lack of clinician control

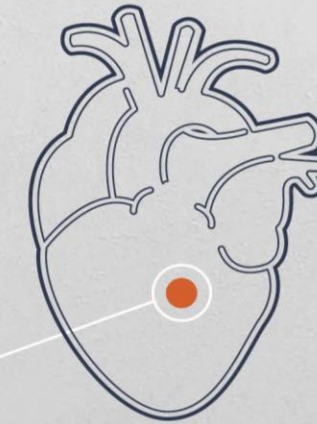
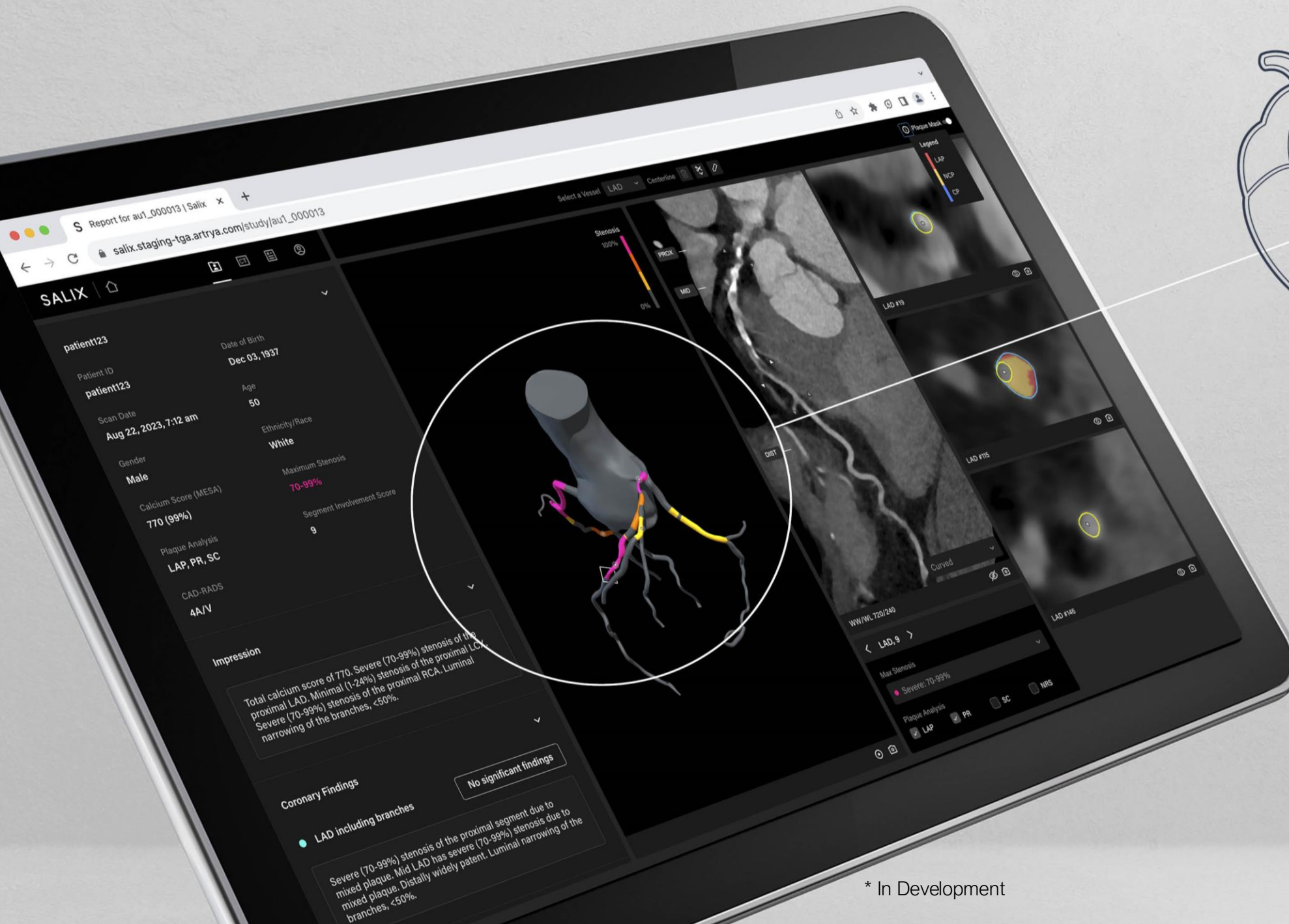
Current solutions do not allow for **real- time** triage and point-of-care patient management.



Cardiovascular Disease Costs will Exceed \$1 Trillion by 2035, Warns the American Heart Association⁵

1. Comprehensive plaque assessment by coronary CT angiography. Nat Rev Cardiol 11, 390–402 (2014)
2. Low Diagnostic Yield of Elective Coronary Angiography. New England Journal of Medicine. March 11, 2010.
3. Temporal Trends in the Frequency of Inducible Myocardial Ischemia During Cardiac Stress Testing. Journal of the American College of Cardiology (JACC). March 12, 2013.
4. Trends in U.S. Cardiovascular Care: 2016 Report from 4 ACC National Cardiovascular Data Registries. JACC. March 2017
5. Cardiovascular Disease: A Costly Burden for America – Projections Through 2035. American Heart Association.

Salix[®] is unique in providing real-time patient diagnosis and triage



Point of care enabling real-time plaque analysis

Provides real-time analysis of CCTA scans. This includes quantitative plaque assessment, stenosis, calcium score, and FFR assessment*

Single Reporting Platform

Consolidates all CCTA reporting into a single platform. Flexibility to edit results eliminating the need for separate solutions.

Enhanced profitability for health systems

Point of care assessment transforms CCTA imaging into profitable modality versus a cost centre by competing solutions

Scalability and Enhanced efficiency

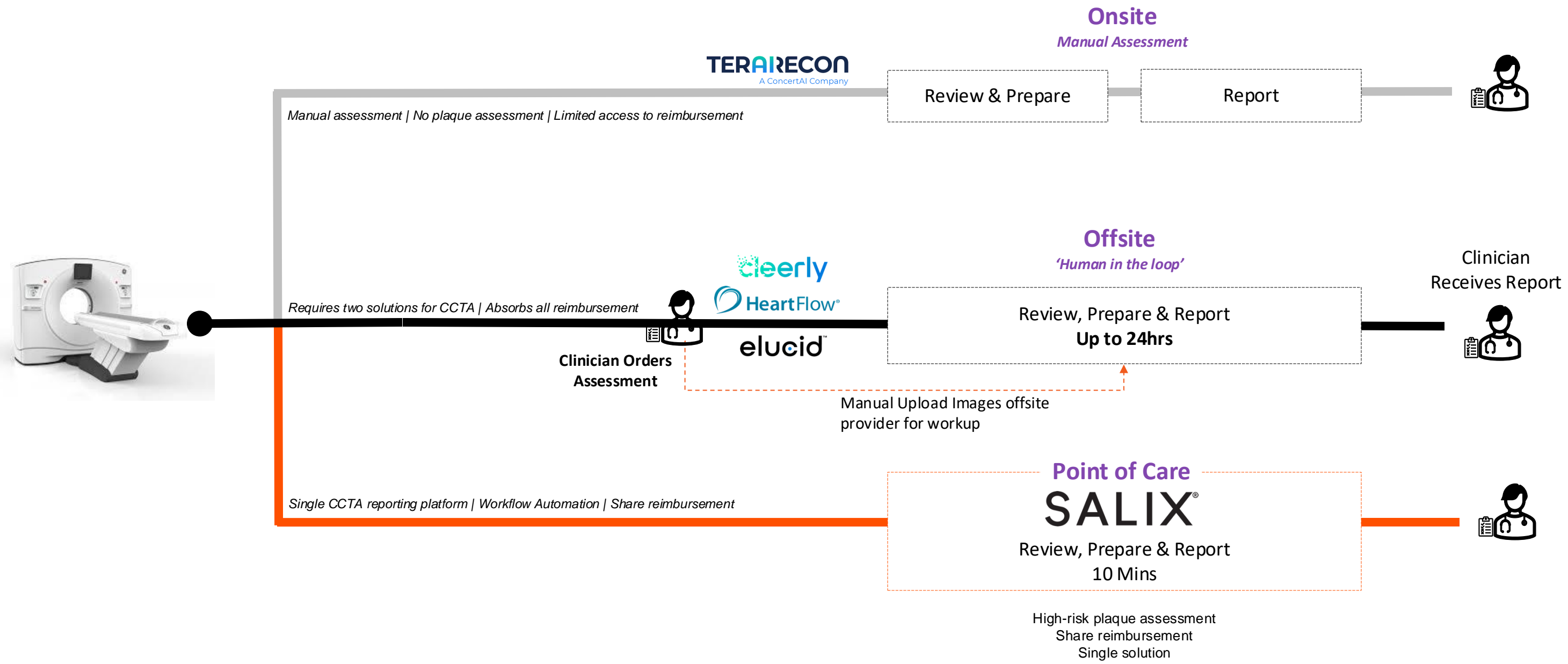
Cloud-based SaaS model allows Salix to scale rapidly. Accelerates the patient triage and enhances overall workflow efficiency

* In Development

ARTRYA[®]

Seamlessly fits into workflow

Salix® is system agnostic and simple to deploy, use, and update



Salix® delivers benefits across the entire value chain

Patients



Better patient outcomes

- Earlier identification and treatment of CAD
- Reduction in treatment time
- Focused and precise treatment
- Improved access
- Lower cost & patient risk

Providers



Increased Efficiency and Revenue Growth

- Improved quality of care
- Improved clinical workflow
- Increased clinician productivity
- Reduce time to intervention
- Improved CCTA scanner utilization
- Plug and play

Payers



Reduction in overall cost of care

- Reduction in total cost of care
- Positive impact on coronary care claims
- Reduction in unnecessary procedures and ER visits
- Better actionable data

Salix[®] is built to target all pillars across the care continuum

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

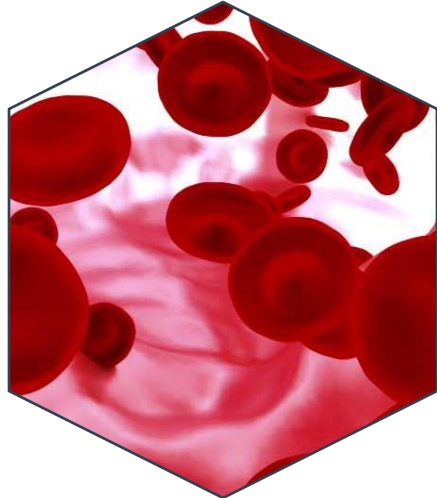


Whole Heart Characterisation

Detailed Plaque and Dispersion

SCP
Salix Coronary Plaque

Clinicians, Hospital Groups



Disease Severity

Non-invasive Blood Flow Assessment

SCF
Salix Coronary Flow*

Clinicians, Hospital Groups



Structural Assessment

Structural & Aorta

SSA
Salix Structural Assessment

Interventional
Cardiologists



Optimised Procedure

Procedure & treatment

SPP
Salix Procedure Planning

Interventional Cardiologists

Salix Coronary Anatomy

Plaque Visualisation, Workflow Optimisation, Physician Productivity, CCTA reporting

SCA

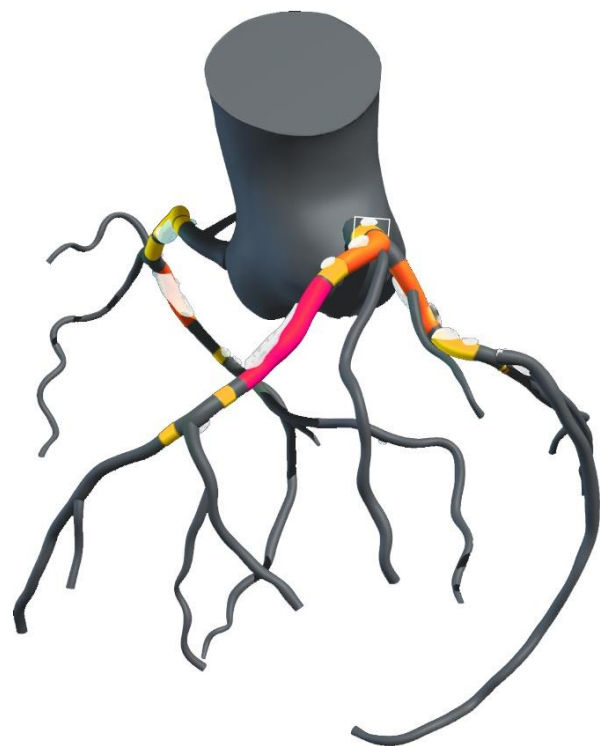
Clinicians, Hospital Groups, Interventional Cardiologists

Salix® Demonstration

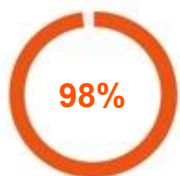


Backed by robust evidence and patents

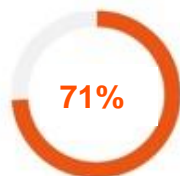
Developed and trained on more than 5 million CT images



Stenosis (AUC)



Calcium score
(linear kappa)



Low-density Vulnerable
Plaque (AUC)

Key Clinical Studies and Publications



Coronary Artery Stenosis and High-Risk Plaque Assessed with Unsupervised Fully Automated Deep Learning Technique



Evaluation of an artificial intelligence coronary artery calcium scoring model from computed tomography



Evaluation for artificial intelligence-based coronary artery calcification scoring model efficiency and accuracy



Deep learning-based computed tomography quantification of left ventricular mass

Patents

The novel point of care approach is protected by **25 patents filed and 10 trademarks** registered

Awards



Best Clinical Abstract and Study Award for 2022

Runner up Best Clinical Abstract and Study Award for 2021

* Salix Review Accuracy – Australian TGA reviewed data
* Additional accuracy results as per peer reviewed publication – JACC Advances: Coronary Artery Stenosis and High-Risk Plaque Assessed with Unsupervised Fully Automated Deep Learning Technique

Market Adoption



ARTRYA®

Heart disease is a large and growing health challenge

US\$4.18 billion*

Serviceable Addressable Market (US)

U.S. patients undergoing CCTA

Targeted Approach in US

Greenfield

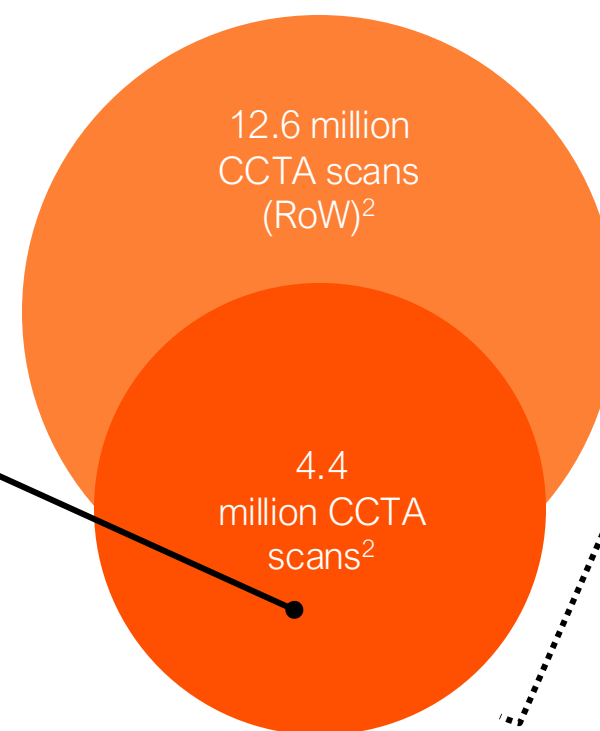
- Focus on large/medium regions and multi-facility health systems.
- Groups with simple pre-authorization and value-based care focus.

Replace Existing Market Share

- Target dissatisfied customers looking for point-of-care, cost-effective CCTA solutions.

Limited Focus

- Small, regional markets and physician practices.



6.2% YOY

Projected growth in Cardiac CCTA scans to 2028¹

* Assumptions

- National Average Medicare Rate
 - Reimbursement for Automated Plaque – US\$950 (CPT 0625T³)
 - Reimbursement for FFRCT – US\$997 (CPT 75580³)
- TAM estimated as total of all scans receiving Plaque reimbursement only
- FFRCT procedures have not been included in TAM

1 <https://www.dicardiology.com/article/rising-demand-cardiac-ct-positions-market-major-growth>
2 Frost & Sullivan Analysis – Artrya Prospectus – <https://wcsecure.weblink.com.au/pdf/AYA/02456983.pdf>
3 <https://cleerlyhealth.com/hubfs/downloads/cleerly-analysis-billing-code-guide.pdf>

Attractive SaaS pricing model

Hybrid approach subscription and fee-per-analysis pricing model based on volume with a highly attractive revenue-sharing pricing structure

Revenue Model



Tiered subscription

Single platform for reporting CCTA scans



Fee-per-analysis

Access to specific modules or advanced product features

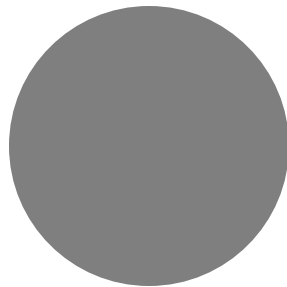
Benefits

- Positions Artrya as a single CCTA reporting platform
- Eliminates the need for separate solutions, saving costs
- Flexibility on which patients should receive plaque or FFR assessment eliminates cost duplication and reduces total cost of care
- Enhances clinician efficiency and productivity

Competitive Positioning

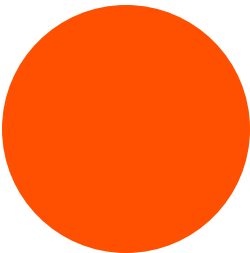
Salix® is fasted and places the specialist at the centre of care which is important for reimbursement

Point of care
(Highly scalable)



OEM's and Third Party
(Siemens, GE, Philips, Canon, Terarecon)

- No Vulnerable Plaque assessment
- Slow and manual assessment
- Scale limited by business model
- Access to reimbursement is time consuming



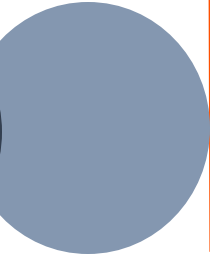
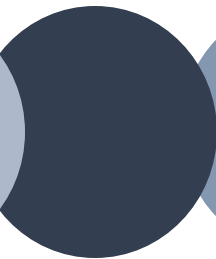
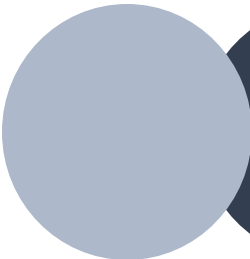
ARTRYA™

- Point of Care assessment
- Single CCTA reporting solution
- Reimbursement sharing enables profit centre for health systems
- Scale rapidly

Slower Review Time

Real time assessment

- Human-in-the-loop assessment
- Requires multiple reporting solutions to report CCTA
- Slow turn-around time
- Absorb all the reimbursement and are a cost centre for health systems
- Scale limited by business model



elucid™

**Offsite intervention
(Limited scalability)**

ARTRYA®

Regulatory approval and pathway to revenue

REGULATORY APPROVALS

- ✓ Australia
 - ✓ New Zealand
 - ✓ European CE Mark
 - ✓ UK Conformity Assessment
- Submitted* FDA strategy
- (Indicative timeframe)
- Estimated **approval 1Q calendar 2025**

SHORTENING THE PATHWAY TO REVENUE

US agreements pre-FDA clearance
Customers in Australia

Strategic Agreements and Partnerships

Strategic Agreements Research Partnerships



Research Partnerships

- Three Strategic 5-year agreements to deploy Salix® upon FDA approval.
- Artrya is in various stages of discussions with leading US healthcare systems and expect to have robust, committed pipeline in CY25.



Thank You

