

Invenia ABUS 2.0 Key Considerations



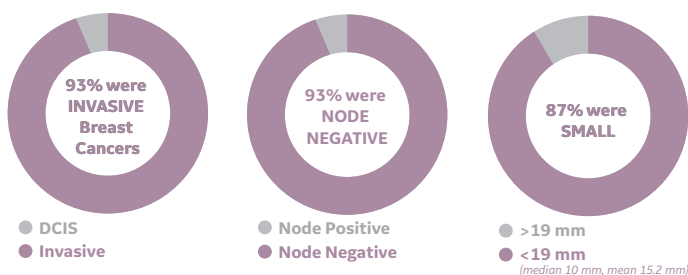
Thank you for considering GE Healthcare for your ABUS screening program. GE Healthcare is a leader in medical imaging worldwide. One of our key corporate initiatives is to help transform the diagnosis and treatment of breast cancer from reactive to proactive.

It is from this perspective, that we propose our technology for your consideration, and to help you assess the impact of launching an ABUS program for your patient population and institution.

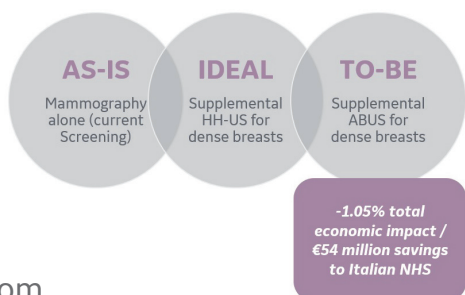
1. Clinical impact: The Invenia™ ABUS 2.0 system has demonstrated a 57% relative increase in invasive cancer detection over mammography alone for women with dense breast tissue.¹ Finding more cancers, at an earlier stage, has the potential to lead to lower mortality rates, increased revenue, and better patient care.

The Invenia ABUS 2.0 has both a screening and a diagnostic indication for use, as well as being the only FDA-approved system for screening women with dense breast tissue based on a multi-center, prospective clinical study with over 15,000 subjects.²

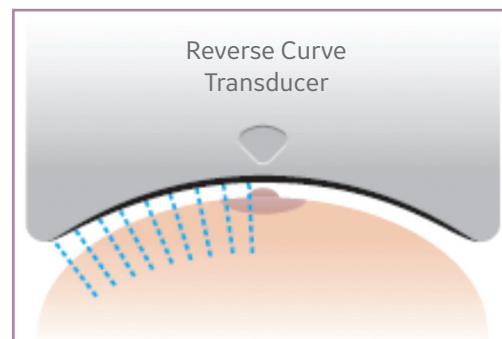
In the study, the majority of mammographically occult cancers detected were invasive, small, and node negative.



2. Economic Impact: Supplemental ABUS screening finds early, small and treatable cancers. Measuring the total healthcare expenditure over a 3 years period, taking into consideration the screening and treatment costs, will lead into overall economic savings.³



3. Enhanced comfort and image quality: The Invenia ABUS 2.0 based on cSound Imageformer, uses Reverse Curve™ transducer technology, which is designed to conform to a woman's anatomy. The Compression Assist feature provides 3 levels of compression. These features offer patient comfort, help maintain edge to edge contact with the breast and deliver outstanding image quality and reproducibility.

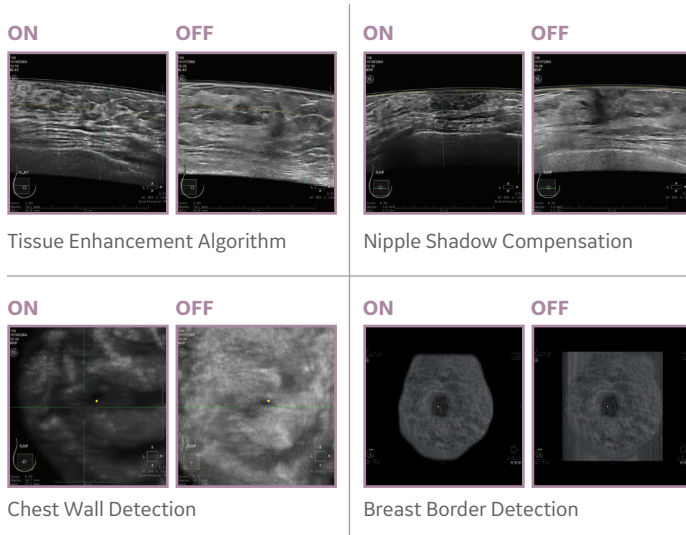


4. Multi-planar review: The Invenia ABUS Viewer software allows the radiologist to review up to three breast volumes simultaneously, in both the coronal and transverse planes. Assessing structures in multiple perspectives may improve reading productivity and clinical confidence.



5. cSound™ ImageFormer: This advancement transforms processing from hardware based to software based, and produces exquisite image quality performance far beyond prior GE Healthcare ABUS platforms. The massive processing power of the cSound ImageFormer provides many benefits. The acquisition automatically creates focus at every pixel resulting in consistent high resolution image quality, faster acquisitions and reproducibility from user to user.

6. Imaging algorithms: Tissue Enhancement, Nipple Shadow Compensation, Chest Wall Detection and Breast Border Detection algorithms are all designed to eliminate distractions, and focus the radiologist’s attention on the most important data – the anatomy.



7. ABUS Mastery Program for physicians: This FDA-approved curriculum is a blended learning course of study, designed to teach physicians how to confidently interpret Invenia ABUS 2.0 exams.

Online self-study: 3 hours of self-paced tutorials completed prior to the live virtual class

Mastery Virtual Class: 5 hour Peer Educator led live virtual class of extensive hands-on clinical case review

Physicians learn techniques to quickly navigate 3D breast volumes using the coronal plane and understand quality assessment approaches.

8. User repeatability and patient access: GE Healthcare offers accredited training for scan station operators. This prepares them to perform ABUS exams proficiently. Typically, either ultrasound or mammography technologists perform the ABUS exam to provide seamless patient management from the mammogram to screening ultrasound.

9. Stand out in your market: With the claim for breast cancer screening, you can market your breast screening proven to help clinicians find more cancers in the dense breast population. A marketing kit is available with templates, examples and design files to help you develop materials to inform referring physicians, educate patients and reach out to your community.



10. ABUS Club: ABUS users are invited to join our online community that offers resources to help educate and implement, refine and grow your ABUS service line. www.abusclub.net

1. Wilczek B, European Journal of Radiology (DOI: 10.1016/j.ejrad.2016.06.004).
2. Brem et al, Radiology, March 2015.
3. Foglia, Scaperrotta et.al. Health Services Management Research DOI: 0.1177/0951484819870963

