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Company Update

18 March 2025

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James McBrayer CEO & Managing Director
Jason Smith Chief Financial Officer

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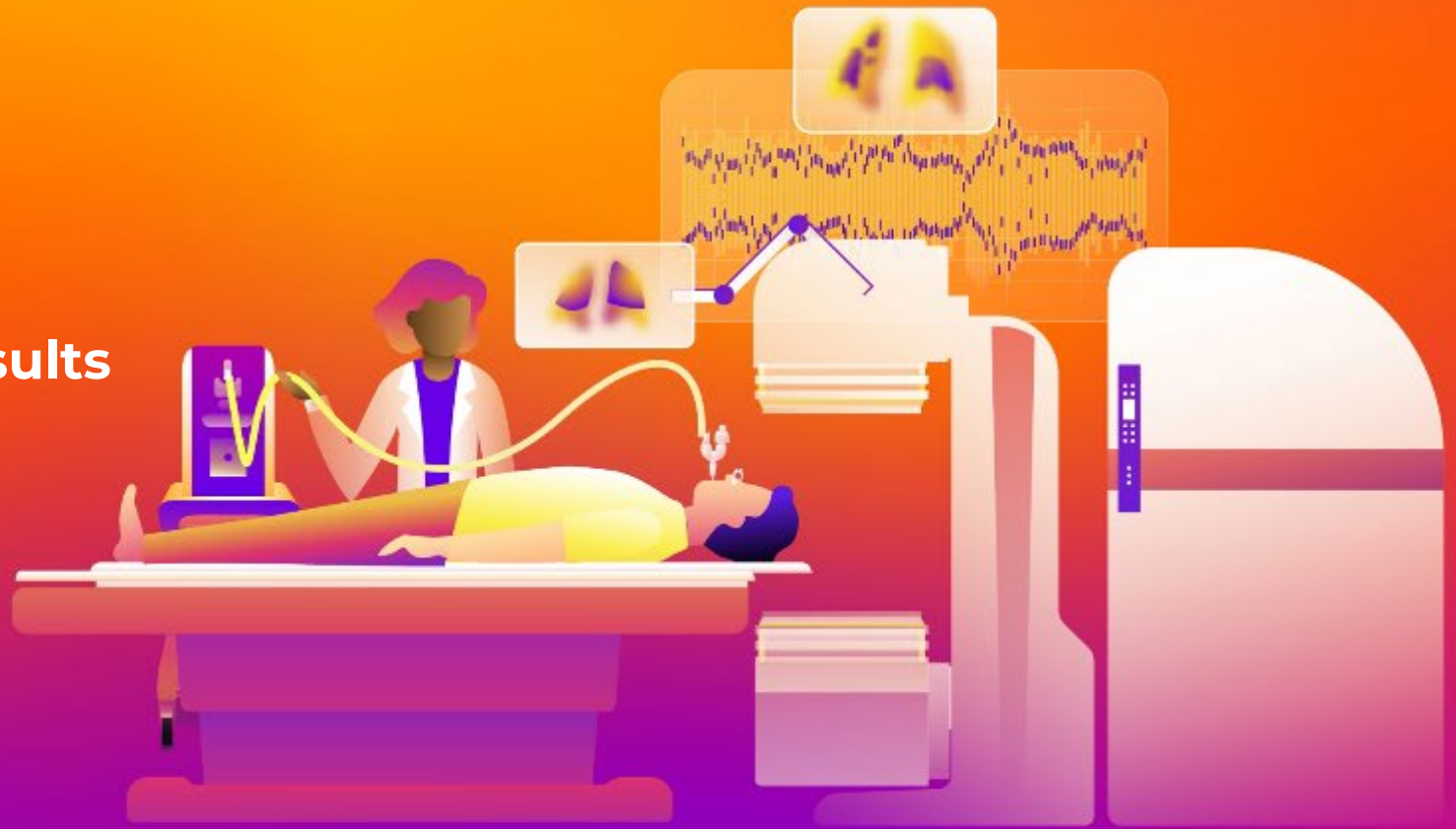
Agenda

- 2024 Overview & Financial Results
- Third Party Distribution
- Technegas Technology
- USA Update
- Beyond PE
- Q&A



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This presentation was approved and authorised for release by James McBrayer, Managing Director, CEO and Company Secretary.

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2024 Overview

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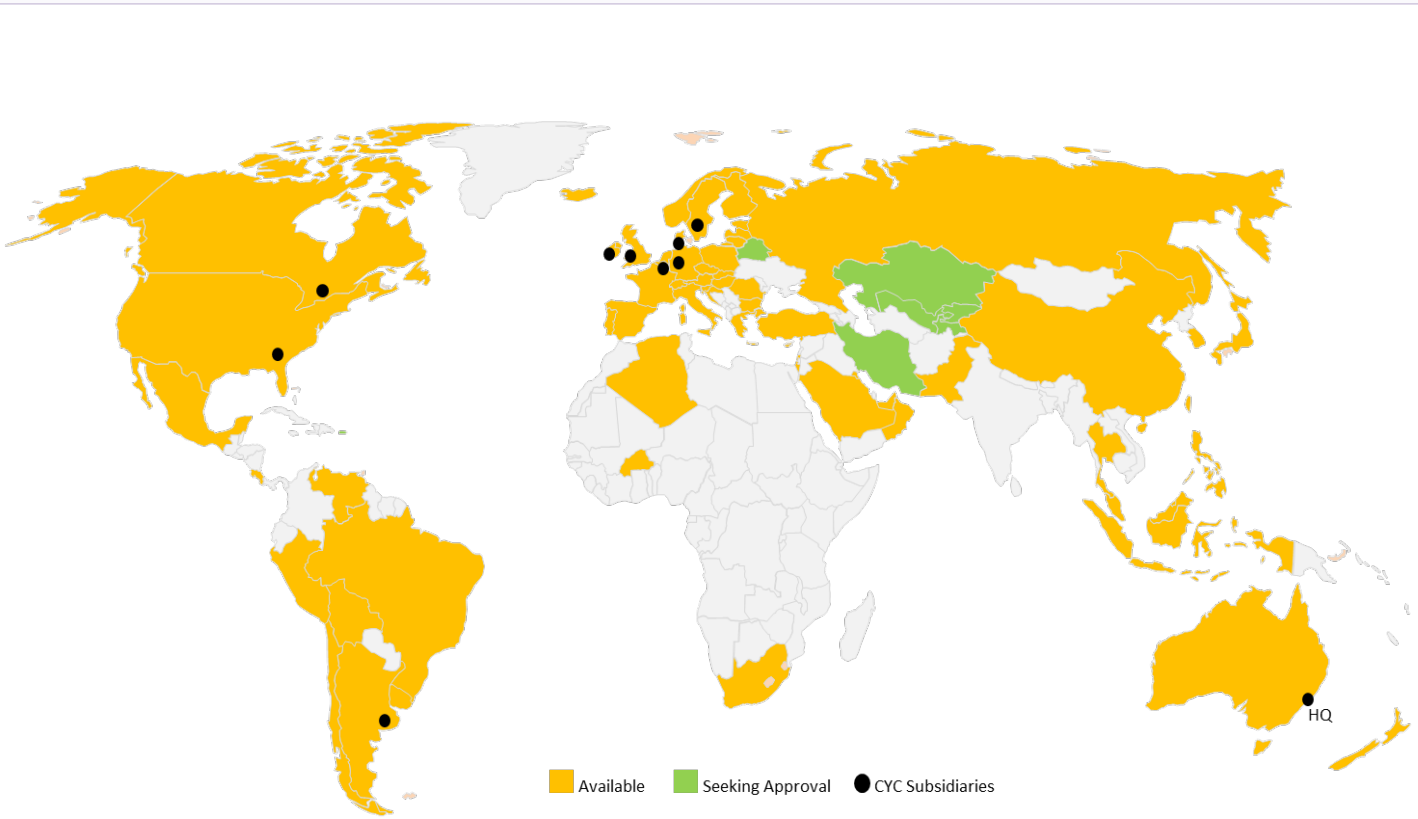
Technegas around the world

Technegas was introduced clinically **in 1986.** New era of Technegas imaging developing driven by **AI**

Technegas generators are available now in **66* countries.** Direct distribution in **17 countries**

Over **5.0 million** patient procedures to date

Leveraging global infrastructure with **Business Partner Product** distribution



*Czech Republic grants marketing approval for Technegas on 6 August 2024

A World Leading Diagnostic Imaging Company

1. Ramp up of **US sales of Technegas accelerating**, with key opinion leaders emerging as early adopters and **revenue up 131% in the second half** of 2024 compared to the first half.
2. Technegas installed at **17 US sites in 2024** with a further building upon a **strong and growing opportunity pipeline**.
3. Technegas US growth underpinned by **Pass Through reimbursement** through in the Center for Medicare and Medicaid Services (CMS) for clinical use.
4. Technegas now in 66 countries and a **strong second half** of 2024 supported **record global sales up 5%** on the prior corresponding period (pcp).
5. Continued **growth in Third-Party distribution sales,** including an **increase of 57%** in the second half, to deliver a 4% increase in revenues on the pcp.
6. Cyclopharm's **Beyond PE strategy** to expand the use of Technegas™ validated by ongoing clinical trials, including a **new French trial** into residual pulmonary vascular obstruction.
7. Successful **$20 million Capital Raising** followed by over-subscribed **$4 million Share Purchase Plan** in 2024 underscores shareholder support for Cyclopharm's growth strategy.
8. **Strong balance sheet** with $20.6 million of net cash at 2024-year end to support **US growth.**
9. **2025** commenced with **significant US sales and supply contracts secured** to allow the ease of adoption of Technegas across public and private hospitals.

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2024 Full Year Financial Results

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2024 Financial Overview

Record Sales Revenue	$27.6m up 5% from $26.3m in the pcp
Technegas	Global sales revenue up 5% from the pcp to $15.2 million, with a strong second half up 14%, driven by initial US sales.
3rd Party Distribution	Global revenue up 4% from the pcp to $12.4 million
Technegas US	1. Initial US Technegas sales drive 5% increase in group revenue 2. Total US sales of $827k includes 131% growth in 2nd half sales 3. 2nd half driven by early adoption by Key Opinion Leaders
Net Loss After Tax	$13.2m loss up 181% on $4.7m loss in the PCP, which benefited from $4.5 million of positive adjustments
Balance Sheet	$20.6 m of cash reserves as @ 31 December 2024 to drive our growth strategies

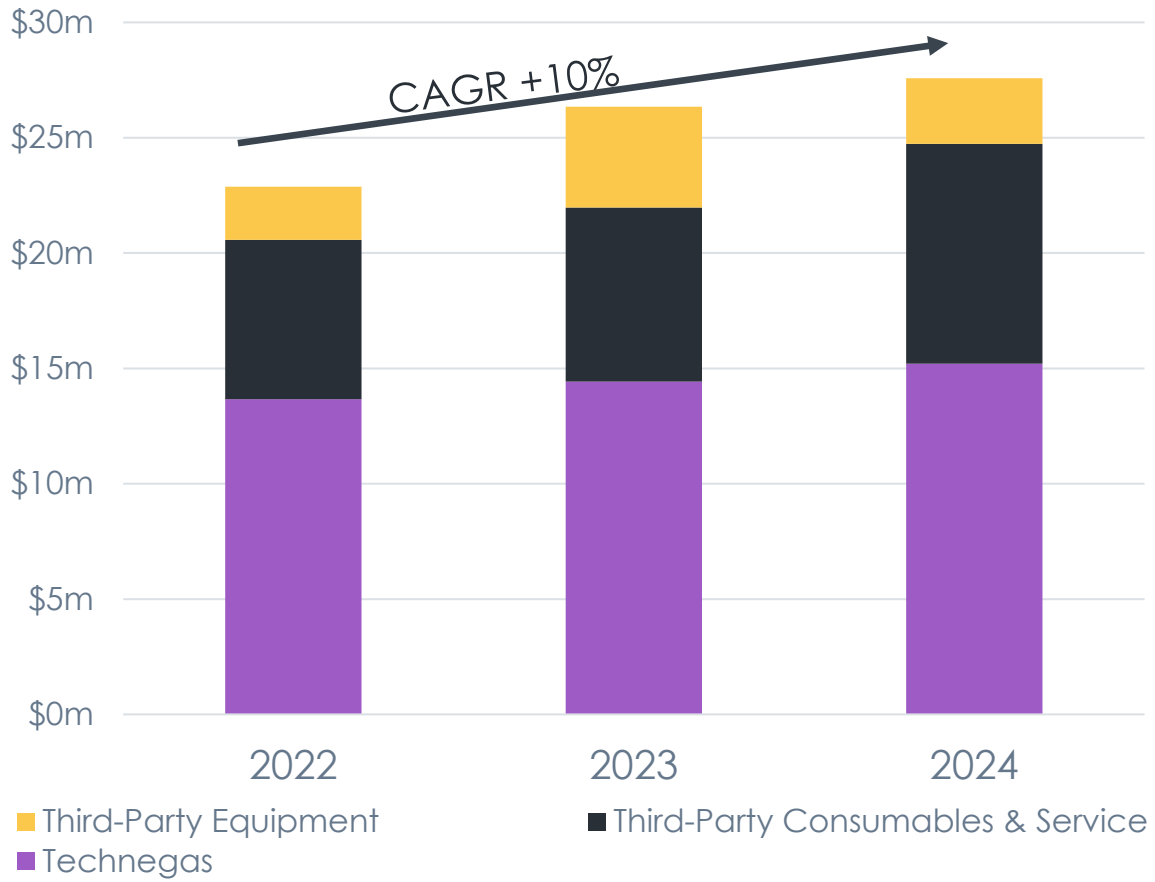
2024 Trading Overview and Underlying Business

2024 Trading Highlights

Technegas	• Underpinned by PAS[1] sales delivering 72.6% of revenue compared to 70.7% in the pcp • 55 system sales compared to 58 in the pcp (excluding USA)
Third Party Distribution	• Capital projects revenue up 83% in the 2nd half but overall was down 35% on the pcp • Consumables and service revenue was up 26% overall, including a strong 2nd half, up 54% on the pcp
Regulatory Renewals	All regulatory renewals in existing 66 country markets maintained
Indication Expansion	Existing 'Beyond PE' clinical trials progressing. French trial use of Technegas™ to improve detection of residual pulmonary vascular obstruction initiated

[1] Patient Administration Set (PAS) box equals 50 patient Technegas™ procedures.

Group Revenue Trend by Category (last 3 years)



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Third-Party Products Overview

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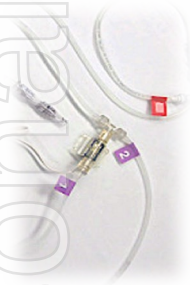
Overview of Third-Party Products

Leveraging our Sales, Service & Regulatory Footprint in our Direct Markets

Third-Party Products comprise the following components

Consumables and Radiopharmaceuticals



Equipment Sales

Hotcells for Radiopharmaceutical Manufacturing

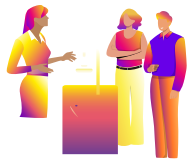
Pharmaceutical Delivery systems

Patient Injectors

Radiation Monitors

SUPPORT

Training



Engineering Support & Service

Regulatory Registration

- Direct sales and Service in 17 out of 66 approved markets
- Equipment sales – tender / project driven (non-linear)
- Razor - Razorblade Model business model with consumables linked to equipment sales
- Pharmaceutical wholesale licenses required

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Technegas Overview

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Technegas – Proven Technology

1. Technegas is **the** nuclear medicine functional ventilation imaging **agent of choice** - Technegas shows **true functional ventilation** with operational and clinical advantages over competitive agents[4].

2. Technegas **unlocking the clinical potential** of lung imaging by leveraging **state of the art techniques** (SPECT, SPECT/CT & analytical software with AI) [1,2].

3. Nuclear Medicine delivers **superior clinical outcomes** in diagnosing PE at **exponentially lower radiation dose** than CTPA[3].

4. Nuclear medicine with Technegas paired with **AI** and analytical software, is unlocking **a new era in lung imaging**.

1. Hess S, et al. Semin Thromb Hemost 2016; 42(8): 833-845
2. Reinartz P, et al. J Nucl Med 2004; 45: 1501-1508
3. Leblanc M, et al. CANM guidelines; Nov 2018: www.canm-acmn.ca/guidelines
4. Le Pennec, et. al. Clinical Nuclear Medicine 49(11):p 997-1003, November 2024. | DOI: 10.1097/RLU.0000000000005396

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Technegas Aerosol for Inhalation

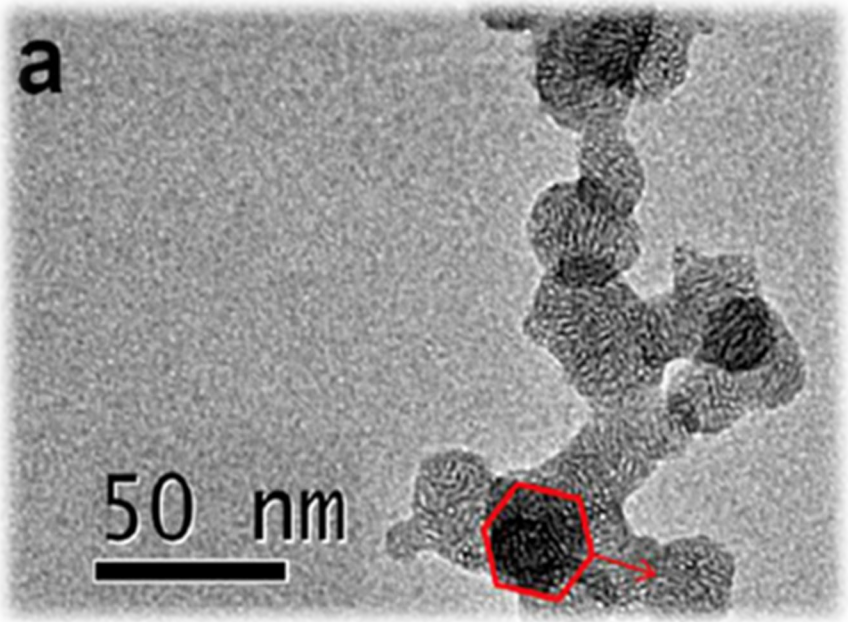
Functional Imaging showing where Oxygen is distributed within the lung

Image source:
Blanc-Béguin et al, 2020

Technegas is composed of 99mTc cores encapsulated within layers of graphite to form individual hexagonal plate-like particles.[1-2]

Technegas is manufactured by heating Technetium-99m in a carbon crucible within an argon environment for a few seconds at 2,750 degrees Celsius.[3]

Its very small particle size (>80 less than 1 micron or 1,000 nm[4]) allows distribution into the lungs like a gas and deposited in alveoli by diffusion, providing for Planar, SPECT and SPECT/CT ventilation imaging.



How big is a nanometre?

- 100,000 nm = Sheet of paper thickness
- 75,000 nm = Human hair thickness
- 7,000 nm = Red Blood Cell diameter
- 2.5 nm = DNA strand diameter

1. Wiebe LI, et al. Current Radiopharmaceuticals 2010; 3(1): 49-59
2. Blanc-Béguin F, et al. Mol Imaging Biol 2020;
3. Lemb M, et al. Eur J Nucl Med 1993; 20(576-579)
4. *Pharmaceutics* **2023**, *15*(4), 1108; https://doi.org/10.3390/pharmaceutics15041108

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Technegas – Proven Technology

Unique Drug + Device + Service combination = regulatory barrier to entry

Technegas comprises the following components

SYSTEM

TECHNEGAS PLUS SYSTEM

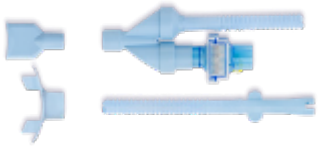
PER PATIENT CONSUMABLES

TECHNEGAS® SYSTEM PACK

Technegas (Crucible)

Technegas® Contacts

Technegas Patient Administration Set (PAS)



IN ADDITION TO THE SYSTEM PACK

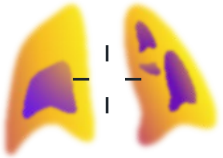
Nose Clips

SUPPORT

Training

Engineering Support & Service

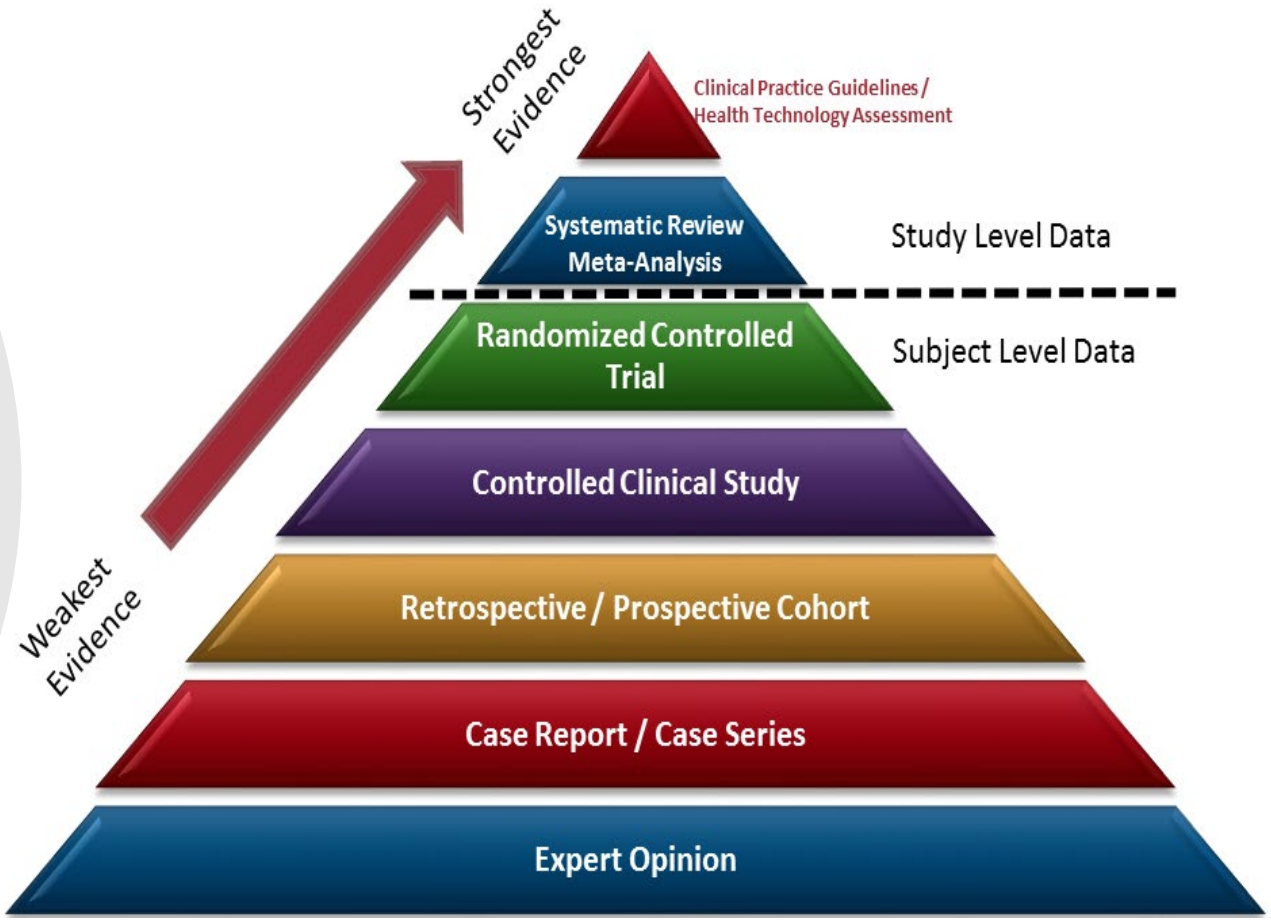
Image Analysis



- **USFDA Drug-Device Combination product**
- **Razor - Razorblade Model business model**
- **Per-patient consumables drive an annuity-like revenue stream**
- **All Technegas components are manufactured / assembled by Cyclopharm**

Technegas has A **High Standard** of Clinical Evidence to **Drive Adoption** in Traditional & Beyond PE Applications

Hierarchy of Evidence



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Nuclear medicine published Survey

Technegas - the ventilation imaging agent of choice in established markets

ORIGINAL ARTICLE

Performance and Interpretation of Lung Scintigraphy

An Evaluation of Current Practices in Australia, Canada, France, Germany, and United States

Romain Le Pennec, MD, Wolfgang Schaefer, MD, PhD,† Mark Tulchinsky, MD,‡ François Lamoureux, MD,§ Paul Roach, MD, PhD,|| Christoph Rischpler, MD,¶ Katherine Zukotynski, MD, PhD,** Christopher O'Brien, MD PhD,†† Declan Murphy, MD,|| Pierre Pascal, MD,‡‡ Grégoire Le Gal, MD, PhD,§§ Pierre-Yves Salaun, MD, PhD,* and Pierre-Yves Le Roux, MD, PhD**

- *"The most striking result of this survey is the discrepancy in practices in the United States compared with other countries……*
- *"The different physical physiological properties of ventilation agents may explain the differences in the choice of acquisition protocols (in the USA)……*
- *"The recent FDA approval of ^{99m}Tc-Technegas may change practices….."*

Survey conducted before Technegas USA launch highlights that:

- **85%** of nuclear medicine ventilation studies ex-USA are performed using Technegas
- **Xenon-133 has been displaced** in all markets where Technegas is available
- SPECT imaging used in **>95%** outside the USA **vs 32%** in the USA
- Some USA nuclear medicine departments have not resumed ventilation imaging since **COVID**
- **Beyond PE applications gaining traction** in CTEPH, Interventional Respiratory medicine, radiation therapy planning, lung transplant & PE follow-up

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Technegas USA Expansion

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Broad Indication for use approved by USFDA

Potential applications across the entire field of respiratory medicine

Technegas (kit for the preparation of technetium Tc99m labeled carbon inhalation aerosol) for oral inhalation use – NDA 022335

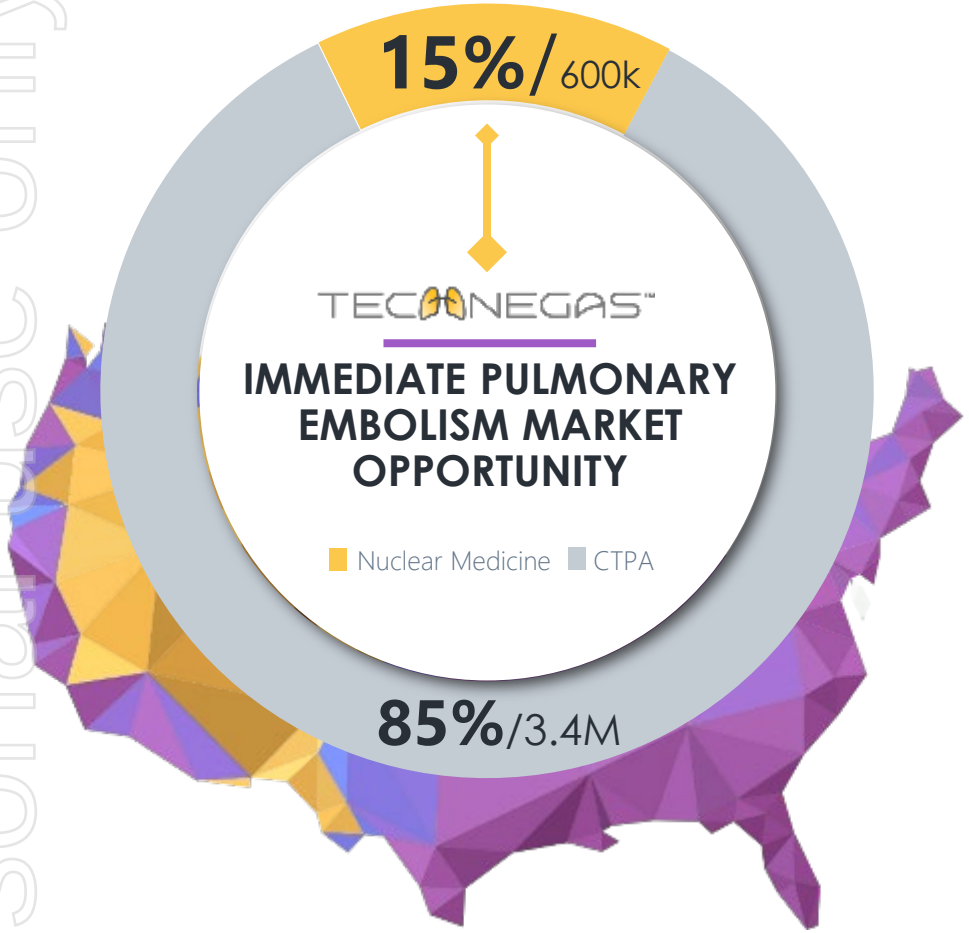
----------USFDA APPROVED INDICATIONS AND USAGE----------

TECHNEGAS, when used with sodium pertechnetate Tc 99m in the Technegas Plus System, provides technetium Tc 99m-labeled carbon inhalation aerosol (Technegas Aerosol), a radioactive diagnostic agent for use in adults and pediatric patients aged 6 years and older for:

- visualization of pulmonary ventilation
- evaluation of pulmonary embolism when paired with perfusion imaging

Overview of the US market opportunity

600K Nuclear Medicine Ventilation Procedures p.a. in the USA* for PE



1. **Estimated 4,000,000 pulmonary embolism procedures** in the USA p/a (15% Nuclear Medicine / 85% CTPA)
2. ~600,000 (15%) Nuclear Medicine procedures represents an initial **US$90m** addressable market
3. Initial target for Technegas® **~480,000 patient** procedures
4. Technegas expected to **displace Xe133 followed by DTPA** as the standard of care nuclear medicine diagnostic product in the US
5. 3D SPECT imaging using Technegas is proven to be **clinically superior and safer than CTPA****
6. Cyclopharm's target is to **double the existing nuclear medicine PE market** in the US, which is dominated by CTPA, from **15% to 30%** increasing the addressable market for PE **to US$180m**
7. US entry expected to drive our **Beyond PE** strategy leveraging **AI** to use Technegas for additional disease states (asthma, long-Covid etc.) which are exponentially larger than the existing markets

* Revenue and patient volume projections based on internal company analysis
**Leblanc M, et al. CANM 2018; https://canm-acmn.ca/resources/Documents/Guidelines_Resources/MasterDocument_Final_Nov_21_incl-Exec-Sum_ver3_Dec.%2012_.pdf 2.a

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USA Implementation Update

Establishing a Network of Key Opinion Leader (KOL) Locations

Rollout Update as of 18 March 2025:

- **24** US installations to date
- **$ 1.37m** generated in sales since approval
  - US Revenue 2025 is **$543k**
- CMS Pass Through **reimbursement**
- Contracts secured in January & March 2025 with the **largest Government and Private** Healthcare Groups in the USA
- **Strong pipeline** – expanding installation within existing customer buying groups and leveraging off regional KOL's

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Understanding the US Opportunity

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US Economic Model

Placement Model to Expedite Consumable Demand

- **US$7k** one-off installation and training fee
- **US$7k p.a.** technology fee, includes servicing
- **Annuity Revenue** Per patient fee for consumables (sold in 50 patient units)
- **US$70k** revenue per system per annum expected from larger sites[1]
- **>15 yrs** average life per system

- **Targeting 2,000** of the 8,000 US nuclear medicine departments. 250-300 total installations achieved during the second half 2026.
- **System Placement model** supports rapid uptake by US customers by removing the initial capital outlay to drive implementation of the technology
- Initial focus on **clinical trial** and **high-volume sites** for the greatest clinical impact and greater repeat demand for consumables
- **Modest cost base** for US roll-out - ~US$6.5m operating costs per annum in 2025
- High consumable annuity gross **margins** expected at **greater than 80%**
- **$180m USD** market for diagnosing PE. Beyond PE applications to significantly grow the global market

1. Calculation based on expected demand and market price for competing products (e.g. Xe133).

Total value creation opportunity

Exponential Growth Opportunity Over The Next Decade

Pulmonary Embolism:	Timeline	USA PE Market Share	Market size
1 **Horizon 1** – Full displacement of existing nuclear medicine tests for PE	0 - 5 years	15%	US$90m
2 **Horizon 2** – Commence converting CTPA exams to Technegas	0 - 8 years	30%	US$180m*

Beyond Pulmonary Embolism:	Timeline Global	Market size
3 **Horizon 3** – Expanding Beyond PE Globally into new indications such as asthma and chronic obstructive pulmonary disease	> 8 years	US$900m
	Total long term revenue opportunity	**>US$1.1bn**

*Assumes Combined Nuclear Medicine and CTPA Market

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Beyond PE: Blue Sky

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Beyond PE applications

Clinical trials already underway

*Including PE applications. On a long-term basis. See Slide 26 'Horizon 3 for further details.

1. Roach PJ, et al. J Nucl Med 2013; 54: 1588-1596
2. Ohira H, et al. J Nucl Cardiol 2015;22(1): 141-157
3. Hsu K, et al. J Bronchology Interv Pulmonol 2018; 25(1): 48-53
4. Mortensen J, Berg RMG. Semin Nucl Med 2019; 49(1): 16-21
5. Wechalekar K, et al. Semin Nucl Med 2019; 49(1): 22-30
6. Elojeimy S, et al. AJR Am J Roentgenol 2016; 207(6): 1307-1315
7. Eslick EM, et al. Semin Nucl Med 2019; 49(1): 31-36
8. Farrow C, King GG. Semin Nucl Med 2019; 49(1): 11-15
9. Jögi J, et al. Int J Chron Obstruct Pulmon Dis 2014; 10: 25-30
10. Bajc M, et al.. Int J Chron Obstruct Pulm Dis 2017; 12: 1579-1587
11. Verger A, et al. Eur J Nucl Med Mol Imaging 2020; 47(11): 2709-2710
12. Baloul A, et el, Eur J Nuc Med Mol Imaging 2021; 48(8):2525-2530
13. Bajc M, et al, Clin Med Insights 2021; Vol 14 1-4
14. Blanc-Beguin F, et al, Mol Img Bio 2021, 23:62-69
15. Currie G, J Nuc Med Tech 2021; 49:313-319
16. Ozguven, S, et al; Mol Imag Rad Therapy; 2021: 30:28-33
17. Tee, et al; Intrevent Pulmonology; 2021, DOI 10.1159/000515336
18. Le Roux, et al, J Nuc Med July 2022, 63 (7) 1070-1074
19. Berhouse, et al, Respiratory Research 2022; 23: 296
20. Ridiadia, et al, ATS Abstract; doi.org/10.1164/ajrccm-conference.2022.205.1_MeetingAbstracts.A2554
21. Venegas C, et al, ATS Abstract; doi.org/10.1164/ajrccm-conference.2022.205.1
22. Le Roux, et al; Clinical Nuclear Medicine, 27 Oct 2022; doi: 10.1097/RLU.0000000000004426

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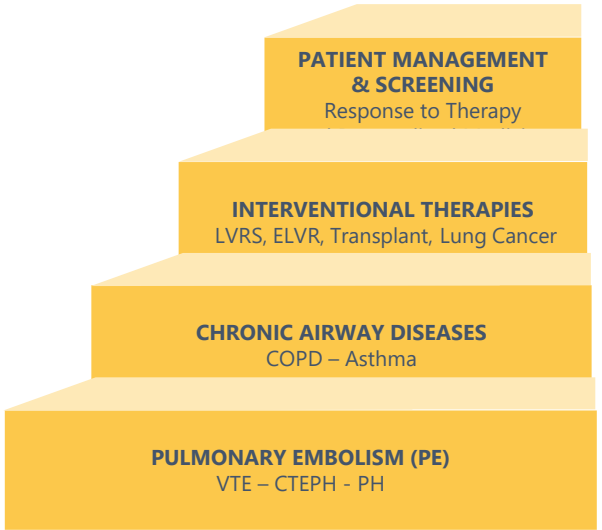
Beyond Pulmonary Embolism CYC Initiatives

7 Cyclopharm sponsored Beyond PE clinical trials – US approval expected to drive clinician led studies

1. **Hunter Medical Research Institute (Newcastle, AU):** Diagnosis and response to therapy in severe asthma and COPD[1] - 100 Patient Study * 100% Recruited * **Study Published6**,
2. **Woolcock Institute (Sydney, AU):** Diagnosis and response therapy in mild to moderate COPD[3]
   44 Patient* 100% Completed
3. **CHUM (Montreal, CA):** Early detection of COPD in asymptomatic smokers[4]
   30 Patient Study * 100% Recruited * Analysis complete * Paper submitted for publication
4. **Dalhousie (Halifax, CA):** Post-lung transplant patients - 30 Patient Study * 30% Recruited
5. **McMaster University Firestone Institute (Hamilton, CA):** Ventilation in lung cancer patients pre and post lung resection [2;] 100% Recruited * **Study Published** bridging research initiatives with clinical applications using Technegas .
6. **McMaster University Firestone Institute (Hamilton, CA):** COVID-19 Related Lung Ventilation and Perfusion Injury[5]
   100% Recruited * Abstract presented at the American Thoracic Society May 2023 with paper to follow.
7. **PRONOSPECT (France):** 665 Patient multicentre trial designed to Predict the Risk of Venous Thromboembolism (VTE) Recurrence in Patients With Pulmonary Embolism (PE). Patients will be imaged with nuclear medicine regardless if initially diagnosed with CTPA or nuclear medicine[8]. Recruitment commenced.



1. ACTRN12617001275358 - Can functional lung ventilation imaging identify treatable traits in obstructive airway disease?
2. https://clinicaltrials.gov/ct2/show/NCT04191174?term=technegas&draw=2&rank=3
3. http://investor.cyclopharm.com/site/PDF/1561_0/BetterDefiningAirwaysDiseasewithTechnegas
4. https://ichgcp.net/clinical-trials-registry/NCT03728712
5. https://clinicaltrials.gov/ct2/show/NCT04549636
6. https://pubmed.ncbi.nlm.nih.gov/38151119/
7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10206636/
8. https://classic.clinicaltrials.gov/ct2/show/NCT06372730

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Cyclopharm Investment Case

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CYCLOPHARM INVESTMENT CASE

Outlook: 250 - 300 Technegas USA Installations achieved during Second Half 2026

Profitable and Growing MedTech

Underlying business (ex-USA) is cash positive

First in Class

Established Gold Standard

Proprietary product sales to 66 countries with over 5 million patient procedures to date

Clinical Agent of Choice referenced by name in multiple nuclear medicine **clinical guidelines**

Technegas **IP Expansion** Program Underway

USFDA Approval Granted

Set to quadruple the size of the existing PE business, based on significant existing demand

Further leverage penetration into the CTPA market

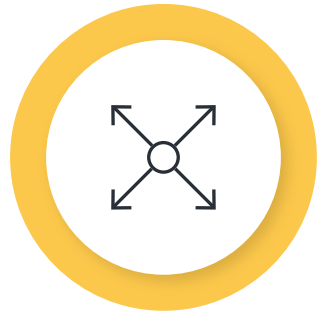
Full Reimbursement Granted from 1 July 2024

Recurring Revenue

From single patient consumables

Similar to an **annuity model**

Generating **Recurring Revenues** from all USA installations



Technegas Product expansion

Indications Beyond PE leveraging **AI** into chronic respiratory disease management in large uses such as asthma, COPD and lung cancer could deliver exponential growth

Market Development already underway

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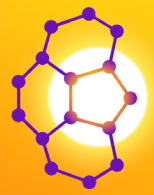

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Questions

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Attachment Section

Compelling US Clinical Support

SNMMI Technegas Press Release – USA Catching up with the R.O.W.

FDA Approves Widely Used Imaging Agent for Respiratory Disease

September 29, 2023

Reston, VA—The U.S. Food and Drug Administration (FDA) has approved the imaging agent Technegas for use in ventilation–perfusion studies to diagnose pulmonary embolism and other respiratory pathologies. A carbon-based nanoparticle developed in Australia nearly 40 years ago, Technegas has been recognized as a standard for ventilation studies and is widely used in clinics around the world.

Benefits of Technegas include high diagnostic accuracy, low radiation burden to patients, and easy administration. It offers advantages for scanning of COVID-19 patients, as the procedure is quick and the apparatus is single use, without recirculation. In 2021, SNMMI urged FDA to begin a fast-track review of the agent.

"We applaud the FDA for the long-awaited approval of Technegas," said SNMMI president Helen Nadel, MD, FRCPC, FSNMMI. "Technegas will offer advantages in diagnostic accuracy, workflow, and patient comfort for departments that adopt the technology and will have a large impact on those undergoing imaging for pulmonary disease."

Pulmonary embolism affects approximately 900,000 Americans per year, and more than 34 million Americans live with chronic lung disease, according to the American Lung Association.

Technegas is manufactured by Cyclomedica and is currently distributed to 54 countries worldwide.

- "Recognised standard for ventilation studies"
- "Diagnostic Accuracy"
- "Improved workflow"
- "Patient Comfort"
- "Large impact on those undergoing imaging for pulmonary disease"

https://snmmi.org/Web/News/Articles/FDA-Approves-Widely-Used-Imaging-Agent-for-Respiratory-Disease

WHAT THE GUIDELINES SAY

Technegas is the nuclear medicine agent of choice in established markets

Endorsed by the guidelines from the European[1-2] and the Canadian[3] Associations of Nuclear Medicine (EANM & CANM)

" Using 99m-Tc-Technegas® is according to clinical experience **better than the best aerosols** "

" Technegas® **facilitates interpretation, particularly** in COPD"

" **For ventilation, 99m-Tc Technegas® is the best-aerosol particularly in** patients with COPD "

" **Liquid aerosols are inferior for SPECT and should** not be used unless Technegas® is not available "

" The **best widely available agent for ventilation** is 99m-Tc-Technegas "

" Because of the very small particle size, this agent is distributed in the lungs almost like a gas and deposited in alveoli by diffusion, where they remain stable, thus **providing the best possible images for ventilation** SPECT "

" Another advantage is that only a few breaths are sufficient to achieve an adequate amount of activity in the lungs, **reducing time and personnel exposure to radiation** "

" Technegas® is considered the **agent of choice** in the COPD population as there is less central airway deposition, better peripheral penetration, and it does not wash out as quickly as traditional aerosols "

1. Bajc M, et al. Eur J Nucl Med Mol Imaging 2019; [Epub ahead of print]: https://link.springer.com/content/pdf/10.1007%2Fs00259-019-04450-0.pdf
2. Bajc M, et al. Eur J Nucl Med Mol Imaging 2009; 36(8): 1356-70; https://eanm.org/publications/guidelines/gl_pulm_embolism_part1.pdf
3. Leblanc M, et al. CANM 2018; https://canm-acmn.ca/resources/Documents/Guidelines_Resources/MasterDocument_Final_Nov_21_incl-Exec-Sum_ver3_Dec.%2012_.pdf 2.a

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Recent USA Nuclear Medicine Publications

Recent Research and Articles Driven by Clinicians and End Users:

Technegas -*Technegas at Last! Implementing Technegas into Clinical Practice in the United States: Considerations, Challenges, and Recommendations*

Delynn Silvestros and Tina M. Buehner; Journal of Nuclear Medicine Technology March 2025, 53 (1) 7-10; DOI: https://doi.org/10.2967/jnmt.124.269231

Comparability of Quantifying Relative Lung Ventilation with Inhaled 99mTc-Technegas and 133Xe in Patients Undergoing Evaluation for Lung Transplantation

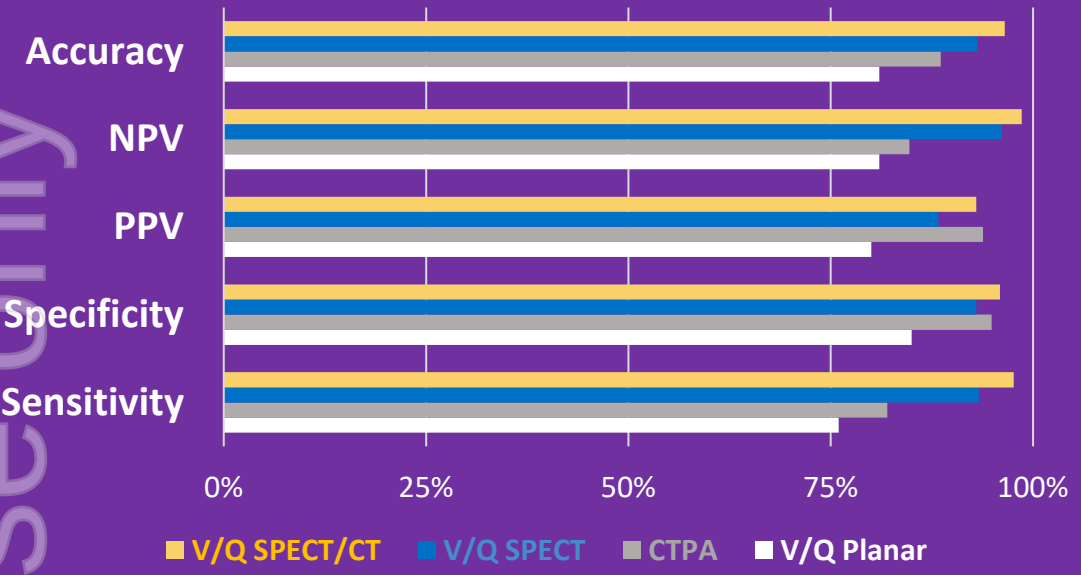
Ashwin Singh Parihar, Joyce C. Mhlanga, Henry D. Royal and Barry A. Siegel

Journal of Nuclear Medicine December 2024, jnumed.124.268801; DOI: https://doi.org/10.2967/jnumed.124.268801

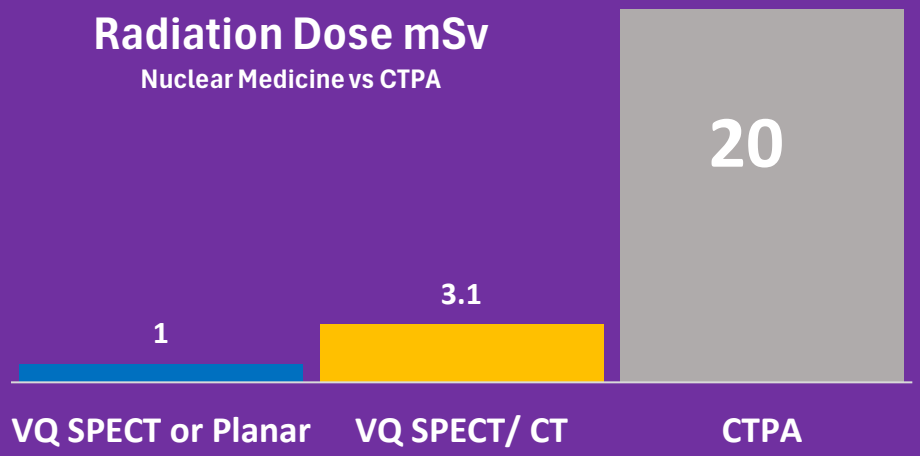
Ventilation Lung Imaging: Technegas

Mary Beth Farrell, Kathy S. Thomas, Eleanor S. Mantel and Jessica Settle; Journal of Nuclear Medicine Technology February 2025, jnmt.125.269536; DOI: https://doi.org/10.2967/jnmt.125.269536

Diagnosing Pulmonary Embolism: V/Q SPECT +/- CT vs CTPA



Diagnostic ability of V/Q SPECT/CT[1], V/Q SPECT[1], CTPA[1] and V/Q Planar[2] to detect PE (adapted from Hess and al, 2016[1] and from Reinartz et al, 2004[2])



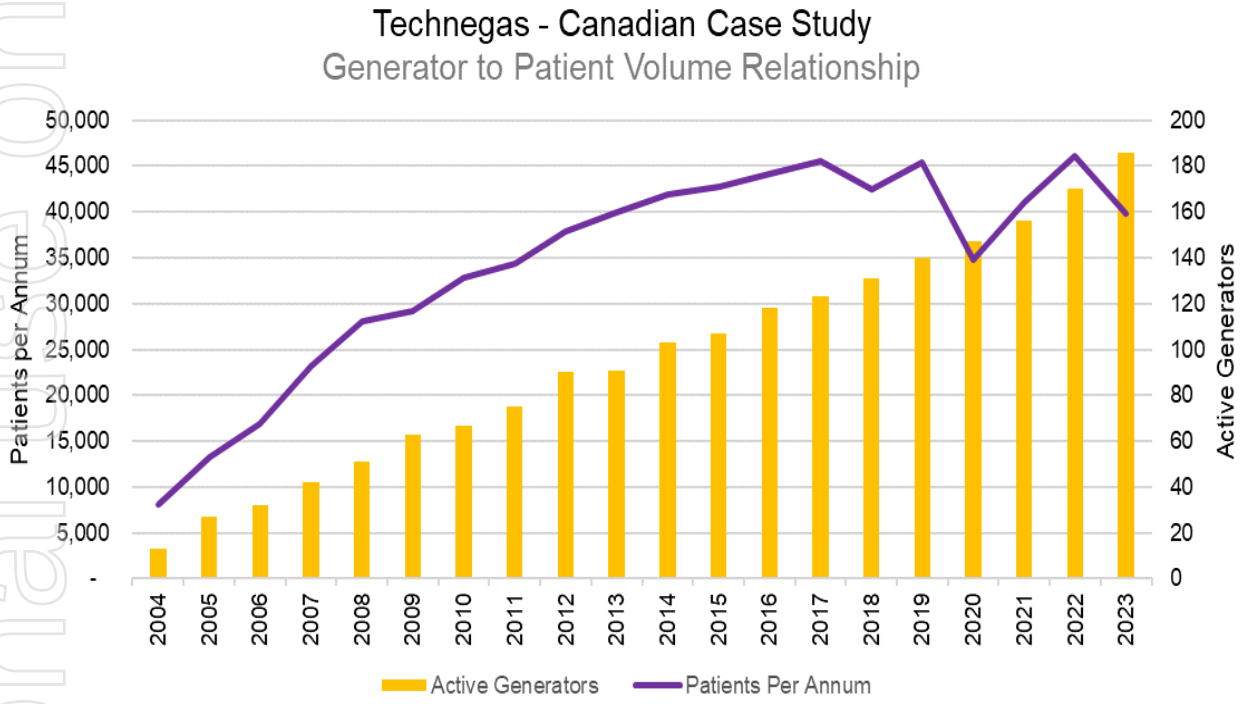
Peer Reviewed clinical studies have shown that V/Q SPECT/CT is **superior** compared to CTPA across most clinical measures with better overall diagnostic performance[1].

Nuclear Medicine VQ radiation dose, even combined with low dose non-contrast CT, is **exponentially lower** than CTPA

1. Hess S, et al. Semin Thromb Hemost 2016; 42(8): 833-845
2. Reinartz P, et al. J Nucl Med 2004; 45: 1501-1508
3. Leblanc M, et al. CANM guidelines; Nov 2018: www.canm-acmn.ca/guidelines

Track Record - Rapid adoption of Technegas®

The Canadian Case Study - a strong indicator of USA acceptance



1. Canada is Cyclopharm's largest single country market to date
2. Technegas® is market leader for diagnosing PE and is nearing 100% nuclear medicine market share
3. Xe-133 rapidly displaced by early adopters
4. Close correlation with the number of active generators and annual consumable sales
5. Market launch initiated province by province, leveraging off pilot sites
6. Patient volumes continue to recover post COVID (to include temporary gains in 2022 from the global CT contrast media shortage) with further conversion of additional lower volume sites in 2023

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Nuclear Ventilation Imaging Agent Comparison

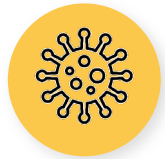
Technegas®

Easy

3 to 4 breaths

3D images

No contraindications



Covid-19

Xenon - 133

True radioactive gas inhaled with **full face mask**

Constant inhale -exhale breathing for 15 mins increasing the risk of COVID-19 exposure

No 3D images limited to planar imaging resulting in lower sensitivity & specificity

Requires special rooms to contain radioactive gas in the event of a release

DTPA Tc99m

Wet Aerosol

impacts efficacy, bronchospasm, COVID-19 concerns

Creates hotspots in presence of small airways lung diseases, a frequent comorbidity in PE, & impacts clinical interpretations

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Indication Expansion

The importance, urgency and opportunity 'Beyond PE" underway

1. Lung Disease in 2019 accounted for **6 million deaths** worldwide (**12%** of all deaths)
2. COPD and Lower Respiratory Infections and Lung Cancer will be the **3rd, 4th and 6th largest causes of death** by 2030.
3. "Over and underdiagnosis of Lung Disease has a **huge economic impact**. COPD misdiagnosis revealed that the under or over diagnosis and prevalence of this disease was 56.7–81.4% and 29.0–65.0%, respectively leading to **55.4% squandering of treatment costs**[2]"
4. Misdiagnosis can be **fatal**
5. **Exponential Growth** Potential for Technegas

1. World Health Organisation - The top 10 causes of death 2019 (who.int)
2. Munir, M., Setiawan, H., Awaludin, R. *et al.* Aerosolised micro and nanoparticle: formulation and delivery method for lung imaging. *Clin Transl Imaging* (2022). https://doi.org/10.1007/s40336-022-00527-3