Revolutionizing Blood Tests for Cardiovascular Disease

POWERED BY AI
FORWARD-LOOKING STATEMENT

This presentation contains forward-looking statements

All such forward-looking statements are based upon management’s present beliefs and expectations as they relate to future events, as well as current market conditions, and are subject to a number of risks and uncertainties. Various factors could cause actual results to differ materially from these statements including (without limitation) timing, clinical enrollment, clinical results, financing availability, product sales and marketing or efficacy of products, and other factors identified in this and related documents.

Although the company believes that the forward-looking statements contained herein are reasonable and based on information currently available, it can provide no assurances that the company’s expectations are correct. All forward-looking statements are expressly qualified in their entirety by this cautionary statement, and the company makes no commitment, and disclaims any duty, to update or revise any forward-looking statements to reflect future events or changes in these expectations.
EXECUTIVE SUMMARY (1 of 5)

Prevencio, Inc., a Kirkland, Washington-based company, is Revolutionizing Blood Tests For Cardiovascular Disease —Powered by Artificial Intelligence (AI)

Why Cardiovascular Disease (CVD)? Kills more people than all cancers combined; leading cause of death in US (1 in 3 deaths); exorbitant costs ($749B by 2035); inaccurate, expensive, dangerous currently used testing modalities (65% of cardiac caths unnecessary)

Prevencio’s novel, Al-driven HART Blood Tests developed in strategic research partnership with Massachusetts General Hospital (MGH) & cardiac biomarker expert, Dr. James Januzzi

What’s Different: As opposed to single protein tests, HART tests use Machine Learning + Multiple Proteins (vs. single proteins) using industry standard detection technologies (immunoassays) + Proprietary Algorithms to surpass accuracy of standard-of-care tests
EXECUTIVE SUMMARY (2 of 5)

**HART CAD/CADhs**
Blood Test for Obstructive Coronary Artery Disease Diagnosis

**HART CVE**
Blood Test for 1 Year Risk of Heart Attack, Stroke or Cardiac Death

**HART AKI**
Blood Test for Predicting Acute Kidney Injury Risk

**HART PAD**
Blood Test for Obstructive Peripheral Artery Disease Diagnosis

**HART AS**
Blood Test for Aortic Valve Stenosis Diagnosis

**HART AMP**
Blood Test for Predicting Amputation Risk

**HART AKI**
Blood Test for Predicting Acute Kidney Injury Risk

7 HART Blood Tests

Al-driven, Machine Learning, Multiple Blood Proteins, & Proprietary Algorithm to Improve Cardiovascular Diagnostic & Prognostic Accuracy

Prevencio Owns 100% IP for HART Tests; No Royalties
16 Peer-reviewed Publications & Presentations

- CASABLANCA Study
- European Society of Cardiology (ESC) Late Breaking Science – Aug 2016 & 2018
- Journal American College of Cardiology (JACC) – March 2017
- American Journal of Cardiology (AJC) – July 2017
- AHA Scientific Sessions – Nov 2017, 2018 & 2019
- American Diabetic Association (ADA) Scientific Sessions – June 2018, 2019
- Clinical Cardiology - June 2018, Jan 2019
- Open Heart - Nov 2018
- ACC Scientific Sessions March 2017, 2018, 2019

Research Partners

- James Januzzi, MD – Massachusetts General Hospital (MGH), Harvard Medical School, Associate Editor JACC, Cardiac Biomarker/Guidelines Expert
- Christopher deFilippi, MD – INOVA Heart & Vascular Institute, Cardiac Biomarker Specialist
- Dirk Westermann, MD – University Heart Center, Hamburg, Germany, Head of the Structural Heart Program
EXECUTIVE SUMMARY (4 of 5)

/ Commercial Partners

• Myriad RBM Lab for RUO and LDT HART Test Offering
• Meso Scale Diagnostics (MSD) – demonstrated 95% Concordance between Luminex & MSD for HART CVE
• Bayer Pharmaceuticals – Letter of Intent (LOI) executed October 2019
• Microsoft – Partnership for Azure Cloud AI computing, marketing expertise, 500+ salesforce selling HART tests
• Children’s Hospital – Custom Diagnostic Agreement

/ Revenue, Regulatory, & Reimbursement

• Research Use for Pharma (RUO)/Custom Diagnostics - Available at Myriad RBM; Generating 2020 revenue
• Laboratory Developed Test (LDT) – Available for physicians for patient use with processing at Myriad RBM; Revenue projected July 2020
• In Vitro Diagnostics (IVD) (FDA) – Path forward pending platform partnerships; 3 NDAs signed with potential platform companies
• Health & Economic Studies – Study designs underway to create Medical & Economic Models; Allegheny Healthcare Systems/Highmark VITALS program; Series B-1 financing will fund these studies.
109 Biomarker Results, 250+ Clinical Variables & Medical Outcomes (up to 5 years) from 2,501 Patients
Prevencio’s HART tests have *Clinical Utility* in multiple settings...

*$3B+ Market*
2019/2020 Key Accomplishments

Clinical Momentum

  - Incorporates high sensitivity (hs) troponin for emergency room (ER) “Gray Zone” patients who cannot be ruled out/nor ruled in for a heart attack.
  - ~30% of chest pain patients are “Gray Zone” and represent a major “pain point” in the ER.
  - HART CADhs “Gray Zone” solution is of significant interest to potential platform partners because they have hs troponin tests on the market. HART CADhs would complement their hs troponin tests and solve a significant unmet clinical need.
  - Overall **AUC=0.86**; “Gray Zone” **AUC=0.88** (Manuscript submitted)

• **External Validation** of two tests (HART CAD & HART CVE) presented at March 2019 ACC Scientific Sessions
  - Validation on two additional sample cohorts from our two new research partners - University Heart Center (Hamburg, Germany) and INOVA Heart & Vascular Institute (Fairfax, VA).
  - HART CVE **AUC=0.86, NPV=99%**; HART CAD AUC=0.81 (<65yo) (Hamburg manuscript submitted)

• **Publication** of HART AKI Prognostic Data, *Clinical Cardiology* – January 2019
  - High accuracy for predicting Acute Kidney Injury (AKI) risk following coronary angiographic procedures which is associated with significant morbidity and death.
  - **AUC=0.82**

• **Presentation at January 2020 FDA-sponsored Think Tank** meeting on use of cardiac biomarkers to drive clinical trial efficiency; **HART tests highlighted**
2019/2020 Key Accomplishments

/ Product Development / Market Research
- **Meso Scale Diagnostics (MSD) platform** development of HART CVE kit components
  - Demonstrated 95% concordance with published data using Luminex platform.
  - Enables pharma to test HART CVE in their labs and for clinical labs to use HART CVE as LDT.
- **Voice of Customer** Market Research on “Gray Zone” patients conducted at 2019 European Society of Cardiology Scientific Sessions; strong support for HART CADhs for assessing plaque obstruction.
- **LDT for patient use** offered by Myriad RBM (July 2020)

/ Revenue Pipeline
- **Bayer Partnership** with Letter of Intent (LOI)
  - Includes upfront and milestone payments.
  - Prevencio was selected by Bayer from over 750 companies and 65 countries based on the strategic fit, development stage, and the assessment of internal experts.
  - Prevencio was the only cardiovascular company selected.
- **Microsoft Partnership** for Azure AI computing, marketing expertise, 500+ hospital/life sciences salesforce
- **Seattle’s Children’s Hospital** Custom Diagnostic for Kawasaki Disease (not announced)

/ Projected 2020 Highlights
- **Revenue** - Pharma Research, Custom Diagnostics (Kawasaki Disease), Launching LDT July 2020
- **Partnerships** - Platform & Reference Lab Partnerships (NDAs with 3 potential platform partners)
- **Clinical/Reimbursement** - Commence Health Economics & Outcomes Study; Allegheny Healthcare Systems/Highmark BCBS VITALS program;
- **Product** - Migration to Microsoft Cloud / Artificial Intelligence platform partner
Al-driven platform allows development of custom diagnostics for pharma & medical device companies

Bayer inks deals with eleven startups, including Prevencio, under Bayer’s G4A Digital Health Partnerships
Berlin – October 10, 2019


Prevencio’s AI HART platform for custom diagnostic tests
Need: Custom Diagnostic

- Michael Portman, MD, expert in Kawasaki Disease, needed a custom diagnostic for a rare, but deadly, children’s disease
- Identified Prevencio as expert in advanced, highly accurate diagnostic test development

Rare Disease: Kawasaki Disease (KD)

- KD is most common cause of acquired heart disease in children
- Fever is primary presenting symptom
- Time to diagnosis is critical; if not treated quickly, child develops coronary artery aneurysms, 1-2% death rate

Impact: Test Every Child with Fever

- 5.4M children present to US EDs with fever every year
- At $400/test, potential annual US revenue $1B+
- 10X prevalence in Japanese children
- Out licensing rights available for US/Japan

Deal Terms Confidential; Includes Exclusive Licensing Rights
Microsoft 3-Phase Partnership

Phase 1 “Build With”:
*Microsoft’s Azure AI Cloud Computing*

- Scalable, Secure, Reliable Azure Cloud Strategy
- 2-Year, 6 figure Azure Cloud Credits
- Meets International Research Security Standards
- Optimal for LDT HART Tests for Patients

Phase 2 “Go to Market”:
*Microsoft’s Powerhouse Marketing Expertise*

- Creates Aggressive “Go-to-Market” Plan
- Bolsters Microsoft’s HC Mission: “Accelerate Clinical Research/Scientific Innovation - New Technologies to Improve Care Delivery, Speed Diagnoses, and Modernize Treatments”

Phase 3 “Sell With”:
*Microsoft’s 500+ Healthcare-Life Science Salesforce*

- Selling to Installed Hospital/Research/Pharma/Contract Research Organizations (CROs) Customer Base
- Offering Novel, Highly Accurate AI-driven Blood Tests to Improve Patient Outcomes & Clinical Trials at Reduced Costs

Includes Microsoft Two-Year Commitment; Six Figure Investment Credit
**Bold Goal:**
“Build Massive Biorepository” on Azure Cloud

- Massive biorepository with millions of patients’ medical histories, *annual follow ups*, and *blood samples*
- Apply AI/Machine Learning expertise to further improve diagnosis, care & prevention of cardiac disease

**Build With:**
“Patient Opt-in”

- Obtain patient approval to “Opt-in” to Prevencio’s social cause “Our Heart Health” program
- “Opt-in” patients having Prevencio HART tests, consent for blood & data for clinical research
- Discounts for ongoing testing

**Initial Targets:**
Large Employer Wellness Programs

- Proposing MSFT subsidizes HART testing through wellness programs for 54k WA State employees
- Additional large employers
- Interrogate growing database
- Monetize data to hospital systems/pharma/CRO customers

100K patients tested annually @$200/test =~$20M annual revenue
LOOKING FORWARD
COMMERCIALIZATION TIMELINES

RUO/CUSTOM DIAGNOSTICS/LDT

2020
- Revenue
  - Research Use Only (RUO)
  - Custom Diagnostics
  - Lab Developed Tests (LDT) for Patient Use

2021
- Revenue
  - RUO/Custom Diagnostics
  - LDT for Patient Use
  - Life Insurance / Wellness

2022-2024
- Revenue
  - RUO/Custom Diagnostics
  - LDT for Patient Use
  - Life Insurance / Wellness

IVD

2020-2021
- IVD Assay Kit Development & Platform Partnership

2022-2023
- (dependent on partnerships)
  - IVD Regulatory Trials, Biobank Samples
  - European Regulatory & 510(k) De Novo Submissions

2023-2024
- CE Mark, FDA, cFDA Submissions & Approvals
Medical & Economic study(s) design underway; Allegheny Healthcare Systems/Highmark VITALS program; Series B-1 financing will fund these study(s).

Medical model consists of the most common care pathways and decision points. Data collected includes:
  • Demographic information – total patients in the population, gender ratios, age strata, etc.
  • Medical information – measures and frequencies of test results, medications, etc.
  • Medical endpoints – referrals, cath. lab and other procedures, MIs, visits to ER, mortality

Economic model consists of average costs associated with current care pathways and potential savings created by changing the care pathway using Prevencio tests. Data collected includes:
  • Medical records
  • Billing
  • Hospitalizations
  • Specialist Referrals & Visits
Partnership, Exit Potential via Multiple Sectors

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<thead>
<tr>
<th>Major IVDs</th>
<th>Emerging IVDs</th>
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<tr>
<td>Roche Diagnostics</td>
<td>Quidel</td>
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<td>Beckman Coulter</td>
<td>Proxim Diagnostics</td>
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<td>Siemens Healthineers</td>
<td>MedMed</td>
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<td>Abbott Diagnostics</td>
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<tr>
<th>Medical Device</th>
<th>Life Insurance</th>
<th>Pharma</th>
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<td>Northwestern Mutual</td>
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<td>BD</td>
<td>Lincoln Financial Group</td>
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<td>Edwards Lifesciences</td>
<td>New York Life</td>
<td>Novartis</td>
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<tr>
<th>Test Kit Suppliers</th>
<th>IT Healthcare Ventures</th>
<th>Reference Labs</th>
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<tr>
<td>Thermo Fisher Scientific</td>
<td>Amazon, Google</td>
<td>LabCorp</td>
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<td>MSD, Meso Scale Diagnostics, LLC.</td>
<td>Microsoft</td>
<td>Quest Diagnostics</td>
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<td>biotechne</td>
<td>Apple</td>
<td>Myriad</td>
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PHYSICIAN FEEDBACK

“I will help the company and will talk to the investment community on behalf of Prevencio”

“Exciting applications”

“Wonderful and exciting technology”

“I am blown away”

“Consider a combination of HART tests with other reasonably priced tests”

“Pricing very reasonable”

“Proteomic approach can arbitrate and help make a diagnostic decision”

“I will be a speaker”

“The nearest competitor’s test is 10% as valuable as HART/Prevencio’s”

“Include Prevencio with stress test for those on the fence”

“Remarkable technology”

“I would use Prevencio HART tests several times a day”

“Tremendous future”
CARDIOVASCULAR DISEASE KILLS MORE PEOPLE IN THE US THAN ALL CANCERS COMBINED.

Addressing a Major Problem

<table>
<thead>
<tr>
<th>Leading Cause of Death</th>
<th>Exorbitant Costs</th>
<th>Inaccurate, Dangerous &amp; Expensive Tests</th>
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<tr>
<td>1 in 3 people die</td>
<td>$749B in CVD Costs by 2035</td>
<td>65% of Coronary Catheterizations are Unnecessary</td>
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Prevencio has Novel AI-driven, Diagnostic & Prognostic Solutions
APPENDIX A: CLINICAL UTILITY:

LEAD TESTS-HART CADhs/HART CVE
Emergency Room Chest Pain Visits

- High Sensitivity Troponin ‘Rule Out’ NSTEMI* in ~50% Patients
  NPV: 99%
  MI Excluded; Probable Early Discharge

- Observational / Gray Zone**
  Up to 40% Patients
  Heterogeneous/ “Gray Zone” Requires Further Investigation if No Alternative Explanation for Increased Troponin**

- ECG & High Sensitivity Troponin ‘Rule In’ MI in 10%-20% Patients
  PPV: 75%-80%
  High Likelihood for Severe CAD & MI; Admission & Coronary Angiography***

HART CADhs
$1B TAM

* Non-ST Elevation Myocardial Infarct
** ESC ACS Guidelines: Patients who do not qualify for ‘rule-out’ or ‘rule-in’ represent a heterogeneous group that may require further investigations if no alternative explanation for increased troponin
*** 1% death rate; Circulation, 2015; Heart Disease and Stroke Statistics-2016 Update; e308
“Gray Zone” Patients: Major Pain Point

“Gray Zone” (aka Observational) patients, a major pain point for ER/clinicians; Up to 40% of ER chest pain patients can neither be ruled-out by hs Troponin nor ruled-in by hs Troponin or ECG.

10 Studies Highlighting Gray Zone “Pain Point”

Largely European Data; Ambiguous Patients Often Excluded

US Data Demonstrates Considerably Larger Gray Zones

CADhs

HART TEST — CADhs
Coronary Artery Disease
HART CADhs Panel

Low-cost, low-risk, accurate, and 1 hour multi-protein blood test to enhance coronary artery disease diagnosis

**INPUT:**

3 Clinical Parameters
- Sex
- Age
- Hx PCI (Stent or Angioplasty)

3 Proteins
- Hs Troponin
- Adiponectin
- Kidney Injury Molecule-1 (KIM-1)

**OUTPUT:**

HART CADhs 5-Point Score
HART CADhs 5-POINT SCORE

5-Point Score

HART Score Accuracy:
- 89% Negative Predictive Value (NPV)
- 97% Positive Predictive Value (PPV)

Score of 1: 89% (low) likelihood of obstruction
Score of 5: 97% (high) likelihood of obstruction

Emergency Room Chest Pain Visits

High Sensitivity Troponin ‘Rule Out’ NSTEMI* in ~50% Patients NPV: 99%
Observational / Gray Zone** Up to 40% Patients
ECG & High Sensitivity Troponin ‘Rule In’ MI in 10%-20% Patients PPV: 75%-80%

Lab Tests run for CADhs Biomarkers (hsTroponin, Adiponectin, KIM-1)
Biomarker Results combined with Clinical Variables (Sex, Age, History of PCI)
Prevencio Algorithm run in Middleware, LIS, or Cloud

HART CADhs Scores 1-2
MI Excluded; Probable Early Discharge
HART CADhs Scores 3-5
High Likelihood for Severe CAD & MI; Admission & Coronary Angiography***

Addresses >65% Gray Zone
“Gray Zone” Potential Solution

/ Machine Learning-Driven, Multi-Protein/Clinical Variables Algorithmically-Scored hs Troponin-based panel (HART CADhs)

/ The CADhs panel was trained/developed, internally & externally validated with hs Troponin assays from two Major IVD companies on 2 different cohorts

/ Trained, internally & externally validated on a total of 1214 patient samples

/ Mass General Hospital (MGH) Casablanca (CB) biobank for training & internal validation, n=914
  / Training n = 636; Internal validation n = 278

/ University of Hamburg Biomarkers in Acute Cardiac Care (BACC) biobank for external validation
  / External validation n = 300

/ Robust performance: HART CADhs vs. hs Troponin for CAD >70% obstruction
  / hs Troponin on MGH internal validation set \( AUC = 0.61, p<0.001 \)
  / HART CADhs on MGH internal validation set \( AUC = 0.85, p<0.001 \)
  / HART CADhs on Hamburg external validation, excludes STEMI patients, \( AUC = 0.86, p<0.001 \)
  / HART CADhs on Hamburg external validation, Gray Zone patients, \( AUC = 0.88, p<0.001 \)

/ HART CADhs data presented at Nov 2019 AHA Scientific Sessions – manuscript submitted
Prevencio has Novel Diagnostic & Prognostic Solutions

- Evaluate chest pain “Indeterminant/Gray Zone” patients not having a heart attack but they may have plaque/obstruction in coronary arteries and at *imminent* risk of heart attack (HART CADhs)

- Evaluate chest pain patients for *longer term*, 1-year risk of heart attack, stroke, or cardiac death (HART CVE)

- Use with or without stress tests or coronary CT angiogram
Beyond the Emergency Room

**Physician Office**
Physicals & Follow Up

- Monitor patients *without* known heart or peripheral disease but have risk factors
- Monitor *known* heart or peripheral disease patients and risk progression
- In conjunction with stress testing or Cardiac CT Angiogram (CCTA) to improve overall diagnostic accuracy

**Life Insurance**

- Life Insurance companies issue 28 million life insurance policies in the US each year
- Interest lies in the NPV of HART CVE and PPV of HART CAD
- Accurate prediction of CV conditions may streamline & decrease insurance companies expense

**Pharma Clinical Trials**

- Saves pharma companies time & money identifying & enrolling only high risk CAD or PAD patients who are better suited for their trials
- Assess drug efficacy
- Assess heart toxicity of non cardiac drugs
- FDA-accepted methodology
HART TEST — CVE
CardioVascular Events
YOU CAN NOW TAKE A TEST TO TELL YOUR RISK OF HAVING A HEART ATTACK, STROKE OR DEATH IN THE NEXT YEAR…
INPUT:
4 Proteins
  • NT-proBNP
  • Osteopontin
  • Kidney Injury Molecule-1 (KIM-1)
  • Tissue inhibitor of Metalloproteinase (TIMP)-1

OUTPUT:
HART CVE 10-Point Score
Why these Proteins Predict Cardiac Events

Multiple Proteins Expressed in 1-Year Cardiac Events
HART CVE 10-POINT SCORE

10-Point Score

Significantly More Accurate than Standard Clinical Scores

MGH Internal Validation AUC=0.79
Hamburg External Validation AUC=0.86

Score of 0-5.5: 97% Negative Predictive Value (Low Risk of Heart Attack, Stroke or Cardiovascular Death)

Score of >5.5-10: 36% Positive Predictive Value (Higher Risk of Heart Attack, Stroke, or Cardiovascular Death)

Odds Ratio (OR): 5.9 (2.8, 12.4)
Hazard Ratio (HR): 4.03 (2.4, 6.9)
Kaplan-Meier curve depicting time to CVE (CardioVascular Event) (MI, Stroke, CV Death)

HART CVE 10-POINT SCORE

Low Risk:
- 199
- 188
- 186
- 184
- 181
- 180
- 178
- 173
- 171

High Risk:
- 79
- 66
- 57
- 56
- 49
- 46
- 43
- 42
- 38
Mass General (MGH) - Casablanca Study

Followed IOM’s Best Practice Omics Guidance

Note: Stress Test AUC = 0.52 to Coronary Catheterization; *150 Patients set aside for future regulatory purposes
HART CVE External Validation – Europe
The University Heart Center, Hamburg, Germany

Comparison Casablanca & External Validation - Europe

Casablanca ROC
AUC = 0.79

External Validation ROC
AUC = 0.86
HART CVE External Validation – Europe
The University Heart Center, Hamburg, Germany

Comparison Casablanca & External Validation:
HART CVE Kaplan-Meier Analysis

Casablanca

External Validation - Europe
APPENDIX B: EXECUTIVE TEAM & BOARD
Rhonda F. Rhyne, B. Pharm, MBA – President and CEO
- 20+ years experience in executive management for biotech and medtech companies
- Prior to Prevencio, served as President of CardioDynamics, a publicly-traded, CV medical device company, with successful exit

Grady Barnes, PhD – CSO
- 20+ years experience as an R&D executive, including Abbott
- Launched 100+ in-vitro diagnostic products and possesses rich knowledge of the entire product life cycle

Craig Magaret, MS – Chief Analytics Officer
- 20+ years experience as a statistician, bioinformatician and AI/machine learning data scientist.
- Prior to Prevencio, data scientist and bioinformatician with Fred Hutchinson Cancer Research Center & Naval Medical Research in biomarker discovery & molecular diagnostics.

Celine Peters, RN, MS – VP of Clinical Market Development
- Served 25+ years as Clinical Nurse & Researcher
- Served 15+ years in Industry, including CardioDynamics & CRISI, with 2 successful exits
# BOARD DIRECTORS & ADVISORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Background/Experience</th>
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<tbody>
<tr>
<td>Rhonda Rhyne, B. Pharm MBA</td>
<td>Board Directors</td>
<td>20+ yrs Med Tech Executive Management Hospitalist, Harvard Medical School, UW</td>
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<tr>
<td>John Cramer, MD, MBA</td>
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<td>20+ yrs Financial Analyst, CPA, CFO Co-Founder, 30+ yrs Business Management</td>
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<td>Michele McCarthy</td>
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<td>Gary Frank</td>
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<tr>
<td>James Januzzi, MD, FACC</td>
<td>Chief Medical Officers/SAB/ Principal Investigators</td>
<td>Cardiac Biomarker KOL, MGH, Harvard Med School</td>
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<td>Franklin Peacock, MD, FACEP</td>
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<td>Cardiac Biomarker KOL, Baylor College of Medicine</td>
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<td>Alan Maisel, MD, FACC</td>
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<td>Cardiac Biomarker KOL, UCSD Emeritus</td>
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<tr>
<td>Steven Goldberg, MD, FACC</td>
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<td>Cardiologist, UW Cardiac Cath Lab (former)</td>
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<td>Meldon Levy, MD, FACC</td>
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<td>Cardiologist, USC Professor of Medicine Head, Structural Heart Program, University of Hamburg</td>
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<tr>
<td>Dirk Westermann, MD, FACC</td>
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<td>INOVA Vice Chair of Academic Affairs, Clinical Research Professor Pathology &amp; Medical Research, Univ of Maryland School of Medicine</td>
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<td>Chris deFilippi, MD</td>
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<td>Robert Christiansen, PhD</td>
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<td>Sonya Erickson</td>
<td>Corporate Counsel</td>
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<td>Bill Christiansen</td>
<td>IP Counsel</td>
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<td>Marc Morley</td>
<td>IP Counsel</td>
<td>Mintz, LLP</td>
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<tr>
<td>Bill Brady, CPA</td>
<td>Accountant</td>
<td>Brady &amp; Co.; Formerly KPMG</td>
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<tr>
<td>William LaFramboise, PhD</td>
<td>Co-Founder, Consultant</td>
<td>Allegheny Healthcare Systems; formerly Director</td>
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<td>Proteomics Facility, UPMC</td>
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APPENDIX C: KEY OPINION LEADERS
Prevencio consistently collaborates with prominent leading experts...
“We were pleased to develop the HART CAD diagnostic score of clinical variables and proteins with excellent accuracy for the diagnosis and exclusion of patients with underlying significant coronary artery disease.

It is impressive that the HART CAD panel performed well across multiple groups including those without prior known coronary artery disease, those presenting without acute myocardial infarct, and notably in women, who represent a diagnostic challenge.”
“With approximately eight million emergency department visits annually in the U.S. with chest pain as the chief complaint, there is an urgent and large unmet clinical need for a biomarker panel to rule out patients who do not require a cardiac catheterization and/or to decrease the time for ruling in inconclusive patients. Although we have a few single biomarkers for use in the emergency department, the development of a multi-analyte diagnostic test incorporating clinical patient variables and algorithmic analysis would be invaluable and represents a game-changer for clinical medicine.”
APPENDIX D:
ADDITIONAL HART TESTS
Prevencio utilizes machine learning (AI) + multiple blood proteins + proprietary algorithms to...

...deliver improved cardiovascular diagnostic & prognostic accuracy that...

...results in significantly more accurate results than standard-of-care stress tests and clinical risk scores
HART TEST — PAD
_Peripheral Artery Disease_
Peripheral artery disease (PAD), a global health problem with 202 million people diagnosed

Exists a need for alternative means for evaluating Peripheral artery disease (PAD)

A prospective cohort of 355 patients referred for diagnostic peripheral angiography and/or coronary angiography to Massachusetts General Hospital were enrolled in the CASABLANCA Study

Predictors of ≥50% stenosis in at least one peripheral vessel were identified with Machine Learning & 200+ clinical variables and 109 protein biomarkers

Final score has 1 clinical variable (History of hypertension) and 6 biomarkers

Angiopoietin-1 (blood supply), Eotaxin-1 (plaque), Follicle Stimulating Hormone (blood vessels), Interleukin-23 (up-regulates plaque/inflammation), Kidney Injury Molecule-1 (cardiorenal syndrome), and Midkine (plaque infiltration & inflammation)
Prevencio HART PAD Test  Nov 2017 AHA — Scientific Sessions

- AUC 0.85; 5-point score
- 98% Negative Predictive Value (NPV) for Score = 1
- 86% Positive Predictive Value (PPV) for Score = 5

European Society of Cardiology (ESC) 2018 — Scientific Sessions

In a prospective cohort study for Diabetic Mellitus (DM), a clinical/biomarker score with high accuracy for predicting the presence of PAD and need for re-vascularization inpatients with and without DM.

Results were comparable to those patients without DM.
- AUC 0.85; 5-point score
- 100% Negative Predictive Value (NPV) for Score = 1
- 95% Positive Predictive Value (PPV) for Score = 5
HART PAD 5-POINT SCORE

Score = 1: Negative Predictive Value (NPV) = 98%
Score = 5: Positive Predictive Value (PPV) = 86%

5-Point Score as a function of Stenosis

Mean Stenosis depicted by Red Circles.
Whiskers = SD

1 = <5% Mean Stenosis
3 = <40% Mean Stenosis
5 = ~80% Mean Stenosis
HART PAD 5-POINT SCORE

Kaplan-Meier Curve Depicting Time to Next Peripheral Re-vascularization

Lower Risk Patients Score: 1-3

Higher Risk Patients Score: 4-5

Elevated Score had Shorter Time to Re-vascularization During 4.3 Years of Follow Up
AS

HART TEST — AS Aortic Stenosis
HIGHLIGHTS - HART AS TEST

- Calcific aortic stenosis (AS), most common cause of valvular heart disease in the Western world, present in >20% of older adults
- Without aortic valve replacement (AVR), ~50% patients with symptomatic severe AS survive 1 yr
- Severe AS, defined by an aortic valve area (AVA) < 1.0 cm²
- Machine Learning with 109 proteins and >200 clinical variables
- Final diagnostic score: 1 clinical variable (Age) & 3 biomarkers
- NT-pro BNP (myocardial stress); von Willebrand Factor (platelet adhesion/stress); Fetuin A (calcification)
Prevencio HART AS — Aortic Valve Stenosis Presentation

Mar 2018 ACC — Scientific Sessions

- AUC = 0.76
- 98% Negative Predictive Value (NPV)
- 76% Sensitivity (Sn); 65% Specificity (Sp)
HART TEST — AKI
Acute Kidney Injury
The number of cardiac catheterization or Percutaneous Intervention (PCI) cases resulting in AKI rose almost 3-fold from 2001 to 2011. Prevention strategies, such as the HART AKI test, are needed for at-risk patients to reduce future AKI.

- Machine Learning with 109 proteins and >200 clinical variables
- Final prognostic score: 2 clinical variables (history of diabetes, blood urea nitrogen to creatinine ratio) & 4 proteins
- HART AKI test algorithmically assesses two proteins (C-reactive protein and osteopontin) that have a positive/direct association with AKI risk, and an additional two proteins (CD5 antigen-like and Factor VII) that have a negative/indirect association with AKI risk
- HART AKI had an area under the receiver operating characteristic curve (AUC) of 0.82 (p<0.001) for predicting procedural AKI.
HART AKI had AUC = 0.82 (p<0.001). The optimal score cut-off had 77% sensitivity, 75% specificity, and a negative predictive value of 98% for procedural AKI. An elevated score was predictive of procedural AKI in all subjects (odds ratio=9.87; p<0.001).
APPENDIX E:

PEER-REVIEWED PUBLICATIONS & PRESENTATIONS
Co-Published Data w/ Mass General

16 Presentations & Publications (available on Prevencio website)

- **CASABLANCA** (Catheter Sampled Blood Archive in Cardiovascular Diseases) Study, Clinical Trials.Gov NCT00842868. 1251 Coronary &/or Peripheral Catheterization Subjects with follow up for 1+ years
- **HART CAD** Diagnostic Data *Late-breaking Science*, European Society of Cardiology (ESC) – August 2016
- **HART CAD** Diagnostic Data *Journal of American College of Cardiology (JACC)* Publication – March 2017
- **HART CVE** Prognostic Data, American College of Cardiology (ACC) Scientific Session – March 2017
- **HART CVE** Prognostic Data *American Journal of Cardiology (AJC)* Publication – July 2017
- **HART PAD** Diagnostic Data, American Heart Association Scientific Sessions – November 2017
- **HART AS** Diagnostic Data, ACC Scientific Session – March 2018; manuscript in process
- **HART CAD & HART CVE** Diabetic Data, American Diabetes Association Scientific Sessions – June 2018
- **HART PAD** Diagnostic Data, *Clinical Cardiology* Publication – June 2018
- **HART PAD** Diabetic Data, European Society of Cardiology (ESC) – August 2018
- **HART AS** Diagnostic Data, *Open Heart* Publication – November 2018
- **HART AKI** Prognostic Data, American Heart Association Scientific Sessions – November 2018
- **HART AKI** Prognostic Data, *Clinical Cardiology* Publication – January 2019
- **HART CAD & HART CVE** External Validation Data, ACC Scientific Sessions – March 2019
- **HART AKI** Diabetic Data, American Diabetes Association (ADA) Scientific Sessions – June 2019
- **HART CADhs** Diagnostic Data, American Heart Association Scientific Sessions – November 2019
APPENDIX F:

COMPETITIVE LANDSCAPE
COMPETITIVE LANDSCAPE

Diagnostic Biomarker Landscape

*No Direct Competition* for HART CAD/HART CADhs in Emergency Department

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<table>
<thead>
<tr>
<th>Company/Test</th>
<th>Test Components</th>
<th>Indications/Accuracy</th>
<th>Limitations</th>
<th>Test Result Time*</th>
<th>End User Cost/Reimbursement</th>
<th>FDA Clearance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevencio HART CAD</td>
<td>4-protein panel with clinical parameters (sex, prior percutaneous coronary intervention)</td>
<td>Diagnose ≥70% obstruction coronary arteries; AUC=0.87 vs. coronary cath AUC=1 and stress tests=0.52 5-Point Score PPV=93% NPV=91%</td>
<td>None; accurate in stable and acute patients as well as diabetics, female, obese, &amp; those with and without prior CAD, MI or percutaneous coronary intervention. No drug limitations.</td>
<td>~30min-&lt;2 hours</td>
<td>~$200-$400</td>
<td>Submitting in 2019; offering as Research Use Only (RUO) and LDT in 2018</td>
<td>Ideal for emergency rooms, physician offices, &amp; for clinical trial enrichment. Prognostic for MI risk for 3.6 yrs. Point-of-care or large immunoassay platforms</td>
</tr>
<tr>
<td>CardioDx CORUS CAD</td>
<td>RNA expression levels of twenty-three genes plus sex and age</td>
<td>Diagnose ≥50% obstruction coronary arteries, which is not the typical cutoff for intervention. AUC=0.75 myocardial imaging 40-point score</td>
<td>Not intended for use in patients with unstable angina, diabetes,** prior MI,</td>
<td>48-72 hours</td>
<td>~$1200/ Medicare reimbursed $1035 in</td>
<td>No FDA clearance; Lab Developed Test (LDT); not must be sent to corporate lab for processing. Not applicable in emergency rooms where timely result (&lt;2 hrs) is required. Has prognostic implications; targeting primary care physicians</td>
<td></td>
</tr>
</tbody>
</table>

* Estimated

** ~25% 65yo+ have diabetes in US; 422M diabetics in world (WHO)
Prognostic Cardiac Risk Biomarker Landscape

- **HART CVE (~1.5-2X Superior Accuracy)**
  - AUC = 0.79
  - Hazard Ratio = 4.03

- **GD Biosciences PULS Multi-Protein Test**
  - 5-year Risk for Coronary Heart Disease/ACS
  - AUC = Not reported
  - Hazard Ratio = 2.17

- **TMAO Test**
  - Single “gut” metabolite
  - AUC = 0.68
  - Hazard Ratio = 2.54

- **Lp(a) Test**
  - Single protein, 5-year Risk of MI, Stroke, CV Death, Unstable Angina, Revascularization
  - AUC = Not reported
  - Hazard Ratio = 1.41