

Press release

Malmö, November 29, 2017

New data published in leading journal Heart proves non-invasive Acarix CADScor[®]System safely rules out CAD in minutes

Handheld system "able to hear" signs of arterial blockage, saving valuable time in frontline triage and avoiding the need for expensive diagnostics

Acarix AB (publ) ("Acarix" or the "Company") announced the publication of the results from a multi-center trial of its handheld CADScor®System for non-invasive, non-radiation acoustic detection of Coronary Artery Disease ("CAD") in the prestigious medical journal Heart. The results showed that the handheld CADScor®System rules out CAD with 96% negative predictive value. Acarix believes the availability of such a device has the potential to both greatly improve triaging of patients and reduce the need for costly further diagnostic investigations.

The CADScor®System combines acoustic detection of turbulent arterial flow and myocardial movement with advanced algorithms in a handheld device to provide a patient specific CAD-score in less than 10 minutes. The authors of the publication, Principal Investigator Morten Böttcher, MD PhD FESC and Simon Winther, MD PhD, Department of Cardiology, Aarhus University Hospital, Denmark concluded: *"The acoustic-based recording device, the CADScor®System, enables improved risk stratification in suspected CAD patients. With a negative predictive value of 96%, this new acoustic rule-out system could potentially supplement clinical assessment to guide decisions on the need for further investigation and thereby reduce the demand for more advanced and costly diagnostic modalities."*

The trial results reported in Heart involved 1,675 patients from two Danish hospitals with a low to intermediate likelihood of CAD. Before the patients were referred for Cardiac Computed Tomography Angiogram (CTA) which involves injection of contrast media and X-ray exposure, the CADScore was determined non-invasively and risk-free within a few minutes. CADScor®System used a special algorithm to measure eight acoustic properties and the resulting acoustic score was combined with the clinical risk factors (gender, age and hypertension). The study results demonstrated a negative predictive value of 96% which suggests using CADScor®System as a first-line CAD-rule-out method and thus avoid CTA for many of those patients.

Acarix CEO Søren Rysholt Christiansen commented:

"These results show that CADScor[®]System quickly and cost-effectively can provide answers to the pressing issues in CAD diagnosis. Coronary Artery Disease affects more than 120 million people worldwide, but the current diagnostic pathway, which can rapidly escalate to expensive imaging and invasive coronary angiography, can be improved and patient anxiety can be reduced. For example, according to a recent Danish study, more than 90% of patients presenting with chest pain symptoms to their general practitioner do not have CAD. Thus, introducing the CADScor[®]System as a rapid frontline assessment could potentially translate into a reduction in patient referrals by approximately 50%. – a win-win for patients, payers and physicians." **Contacts:**

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Notes to editors:

Acarix, CADScor®System and cardiac sound measurement

Acarix was established in 2009 and is listed on Nasdaq First North Premier. Acarix's CADScor®System uses an advanced sensor placed on the skin above the heart to listen to the sounds of cardiac contraction movement and turbulent flow. It has been designed to be an all-in-one system in the sense that the heart signal will be recorded, processed, and displayed as a patient specific score, the CAD-score, on the device screen. Readings are obtained in less than 10 minutes. Safe and suitable for use in both out- and inpatient settings, the CADScor®System thus has the potential to play a major role in patient triage, avoiding the need for many patients to undergo stressful further invasive diagnostic procedures.

See more at <u>www.acarix.com</u>.

Press photos: http://www.acarix.com/about-us/press-downloads/press-photos/

Full study: http://heart.bmj.com/content/early/2017/11/09/heartjnl-2017-311944