

RECOGNIZED LEADER IN CLINICAL APPLICATIONS

VIATRONIX V3D° SOLUTIONS OFFER:

- ◆ USER-FRIENDLY / INTUITIVE INTERFACE ◆ CONFIDENCE OF READ
- AUTOMATIC POST PROCESSING
- HIGHEST CLINICAL VALIDATION
- SEFFICIENT READ TIMES

- 3 GUIDED WORKFLOW ACROSS ALL MODULES
- SOFTWARE ONLY ENTERPRISE SOLUTION
- TEMPLATE REPORTING

✓ iatronix is a leading innovator and developer of 2D/3D medical imaging and diagnostic software. The software enables physicians to interactively view vital organs and anatomical structures within the human body from data acquired by standard medical imaging equipment in minimally or non-invasive methods.

Viatronix, through application of the V3D® technology, is developing additional innovative products that will be useful in early detection of other diseases, treatment planning, intervention, and follow-up evaluation.

ABOUT VIRTUAL COLONOSCOPY

Virtual colonoscopy uses 2D computed tomography (CT) images of the colon, rendered into 3D images and used to screen for polyps and other abnormalities.

The V3D®-Colon examination consists of two non-invasive CT scans, obtained in less than a few minutes. These supine and prone scans are acquired and then sent to Viatronix's workstation, where they are automatically post-processed with no user intervention required.

Within minutes, the images are reconstructed into a 3D model of the colon, and the physician may begin clinical analysis of the images. In preparation for clinical review, the images have been automatically segmented, a centerline has been extracted, and tagged material has been electronically cleansed.





V3D®-Colon offers greater diagnostic capability through the system's correlation of both 2D and 3D images. In addition, the physician may view 100% of the colon's surface through the system's surface coverage verification feature. Users may fly off the centerline at any time to view an area of interest, and may view any area from a nearly unlimited perspective.























COLON





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V3D®-COLON WORKFLOW

- 2D images acquired through CT diagnostic imaging device
- V3D®-Colon automatically processes images and constructs the 3D model
- 3D reconstructed images are viewed through V3D®Viewer
- Images are archived for later retrieval
- Clinical assessment is issued using custom reporting templates for referring physician

SYSTEM FEATURES

V3D®-Colon features are the strongest and backed by the highest number of clinical trials in the industry

- Intuitive user interface simplifies use
- Automatic and Interactive navigation; automatic flythrough with variable speed.
- High-quality real-time volume rendering with completely automated center line
- 100% lumen coverage and verification
- Robust electronic cleansing works with multiple patient preps
- Assists physicians in finding very small polyps and in some instances, flat lesions
- Exceptional high resolution and superb 3D effects
- Seemlessly intergrated CAD modules are available where approved
- Synchronized 2D and 3D views
- Unrestricted viewing of all angles of colon surfaces
- A robust PACS interface that works with any DICOM 3.0 compliant PACS
- Provides confidence of read with highest array of analysis tools:
 - · Translucent rendering
 - Multiple examination screen options
 - · Adjustable field of view
 - 3D volumetric measurement
 - 2D and 3D measurement
 - Undistorted dissected view
 - Flexible primary read in 3D or 2D available

BENEFITS TO PHYSICIANS

- Automatic post-processing requires no physician time
- Average read time per patient = 10-12 minutes
- Visualizes polyps 3mm or greater
- Enhances clinical diagnostic capability
- Ensures 100% coverage of segmented colon surface
- Application specific tools guarantee ease of use and thorough exam
- Provides fast, integrated electronic templatized multi-media reporting with a PACS interface

ONLY VC SYSTEM TO BE VALIDATED IN NUMEROUS CLINICAL TRIALS

BENEFITS TO PATIENTS

- Compares favorably with results obtained by optical colonoscopy
- Less invasive, more comfortable examination
- Faster examination, with no sedation required
- Self-transport to and from procedure
- Immediate activity following examination

FINANCIALS BENEFITS (ROI)

- Dedicated CTC/VC module developed for CTC/VC from the ground up
- Short read times leads to more patient throughput
- Software only solutions reduces the need for dedicated hardware
- No requirement to purchase a base workstation or purchase add-on clinical applications
- Flexible and scalable solutions: stand-alone module to multi-user scalable modules, allowing a site to customize the solution to its patient volume
- Peer to peer independent educational courses offered on an ongoing basis









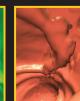


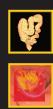














LANDMARK RESULTS WITH VIATRONIX

2008 2,531 Patients Published in the New England Journal of Medicine.

≥ 10 mm

All Adenomas

All Adenomas

CONCLUSION

SENSITIVITY

90%

(2,531 Patients)

SPECIFICITY 86%

Using multiple CTC software applications, including the V3D-Colon application

In this study of asymptomatic adults, CT colonographic screening identified 90% of subjects with adenomas or cancers measuring 10 mm or more in diameter. These findings augment published data on the role of CT colonography in screening patients with an average risk of colorectal cancer. (ClinicalTrials.gov number, NCT00084929 [ClinicalTrials.gov]; American College of Radiology Imaging Network [ACRIN] number, 6664.)

"Accuracy of CT Colonography for Detection of Large Adenomas and Cancers", C. Daniel Johnson, M.D., M.M.M., Mei-Hsiu Chen, Ph.D., Alicia Y. Toledano, Sc.D., Jay P. Heiken, M.D., Abraham Dachman, M.D., Mark D. Kuo, M.D., Christine O. Menias, M.D., Betina Siewert, M.D., Jugesh I. Cheema, M.D., Richard G. Obregon, M.D., Jeff L. Fidler, M.D., Peter Zimmerman, M.D., Karen M. Horton, M.D., Kevin Coakley, M.D., Revathy B. Iyer, M.D., Amy K. Hara, M.D., Robert A. Halvorsen, Jr., M.D., Giovanna Casola, M.D., Judy Yee, M.D., Benjamin A. Herman, S.M., Lawrence J. Burgart, M.D., and Paul J. Limburg, M.D., M.P.H., New England Journal of Medicine, September 18, 2008, (Volume 359:1207-1217)

2007

CTC was done exclusively on Viatronix software.

Total Advanced Neoplasms Found

CTC SCREENING

123
(3,120 Patients)

oc SCREENING

121
(3,163 Patients)

Total Number of Polyps Removed by Polypectomy:

REFERAL FROM CITY SCREENING (NEARLY ALL FOUND POLYPS)

561

2,434

Number of OC Perforations:

OC REFERRAL FROM CTC

OC PRIMARY SCREENING

CT Colonography versus Colonoscopy for the Detection of Advanced Neoplasia", David H. Kim, M.D., Perry J. Pickhardt, M.D., Andrew J. Taylor, M.D., Winfired K. Leung, M.D., Thomas C. Winter, M.D., J. Louis Hinshaw, M.D., Deepak V. Copal, M.D., Mark Raichielderfer, M.D., Richard H. Hsu, M.D., and Patrick F. Plas M.D., New England Journal of Medicine October 4 2007 (vol 357 No. 14)

2007

Exclusively done on Viatronix V3D-Colon Software

2006

1,110 Patients
Exclusively done on Viatronix V3D-Colon Software.

Per patient VC specificity

>6 mm

100% (90 Patients)

91% (90 Patients) "Virtual vs. optical colonoscopy in symptomatic gastroenterology out-patients: the case for virtual imaging followed by targeted diagnostic for therapeutic colonoscopy", M.Bose, J.Bullell, L.Jackson, P.Casey, J.Saunders, O.Epstein, Alimentary Pharmacology & Therapeutics, Volume 26 Issue 5 Page 727-736, September 2007

All Polyps ≥6 mm

(1,110 Patients)

POSITIVE PREDICTIVE VALUE PER PATIENT 91.5%

All Polyps

2 6 mm

POSITIVE PREDICTIVE
VALUE PER POLYP

88.5% (92/104; 95% CI: 80.5%,93.9%) (585 women, \$25men; mean age 58.1years "Screening for Colorectal Neoplasia with CT Colongraphy: Initial Experience from the 1st Year of Coverage by Third-Party Payers", Perry J. Pickhardt, MD, Andrew J. Taylor, MD, David H. Kim, MD, Mark Reicheldferfer, MD, Deepak V. Gopal, MD, and Patrick R. Pfau, MD, *Radiology* 2006. 0:2412052007

2003

1,233 Patients

isively done on Viatronix V3D-Colon Software.

Published in the New England Journal of Medicine.

Adenomatous Polyps > 10 mm

VC SENSITIVITY PER PATIENT 93.8% (45/48; 95% CI [82.8-98.0])

oc sensitivity per Patient 87.5%

VC SENSITIVITY PER PATIENT

Adenomatous

Polyps

>8 mm

93.9% (77/82; 95% CI [86.3-98.0]) oc sensitivity per PATIENT 89.5%

Adenomatous Polyps ≧10 mm

96.0% (1138/1185; 95% CI [94 8-97 1]) Adenomatous Polyps ≥8 mm

VC SPECIFICITY PER PATIENT 92.2% (61/1151; 95% CI [90 5-93 7])

"Computed Tomographic Virtual Colonsocopy to Screen for Colorectal Neoplasia in Asymptomoatic Adults", Perry J. Pickhardt, M.D., J. Richard Choi, Sc.D., M.D., Inku Hwang, M.D., James A. Butler, M.D., Michael L. Puckett, M.D., Hans A. Hildebrandt, M.D., Roy K. Wong, M.D., Pamela. Nugent, M.D., Pauline A. Mysliwiec, M.D., M.P.H., and William R. Schindler, D.O., New England Journal of Medicine, December 2003 issue (Nd. 349, No. 23)

