

Bell Potter Healthcare Conference

NOVEMBER 2021



SOZO[®] Digital Health Platform

- ✓ Technology
- ✓ Transformation
- ✓ Adoption
- ✓ Affirmation

Growth

impedimed[®]

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Our Transformation

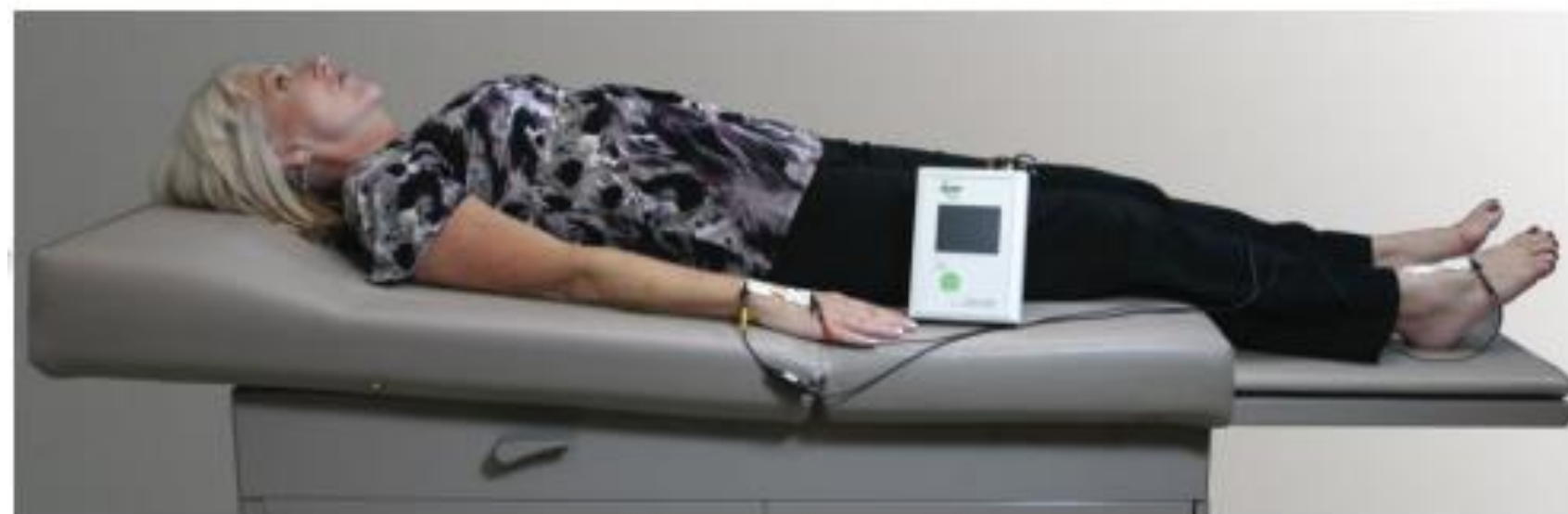
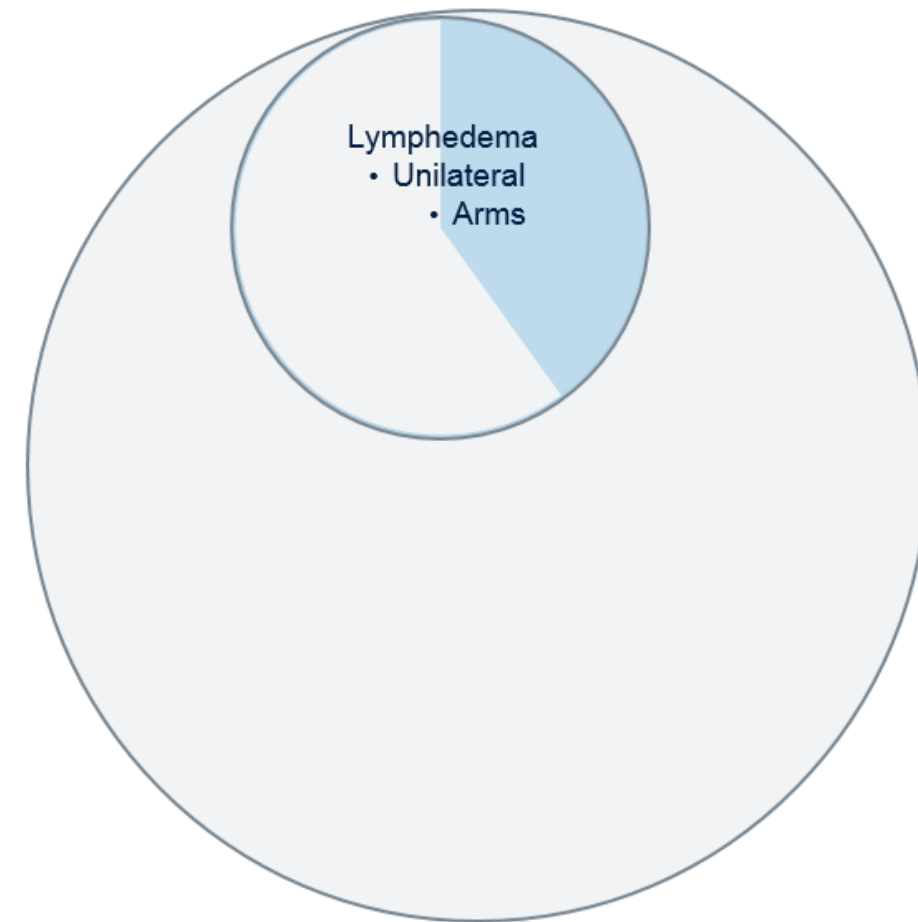
Medical Device

U400 BIS Device

U400

- ~20 **Minute** Test
- Trained Nurse/Therapist
- Standalone Device
- Gel Backed Electrodes
- Manual Data Download
- **Single** Application

Cancer Population[^]



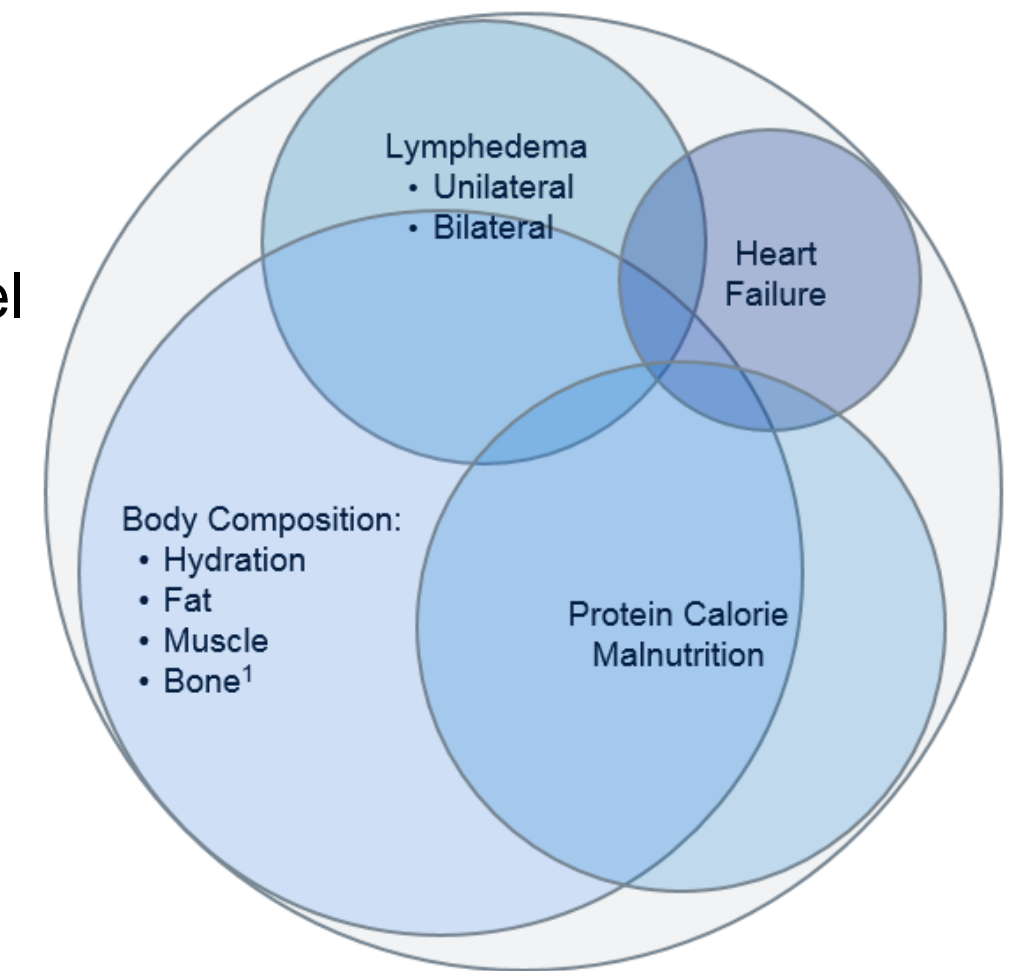
Connected Digital Health Platform

SOZO Platform

SOZO[®]

- Less than 30 **Second** Test
- Medical Assistant
- Connected Device
- Cloud-based SaaS* Pricing Model
- On Device, Online or via EHR**
- **Multiple** Applications

Cancer Population[^]



30
Seconds Test¹

* SaaS = Software-as-a-Service

** EHR = Electronic Health Records

[^] The bubbles depicting Cancer Population sizes are for illustrative purposes only and not reflective of actual market sizes.

1. Bone analysis and FDA clearance is in development.

Comprehensive Data

SOZO[®] measures and tracks critical patient data

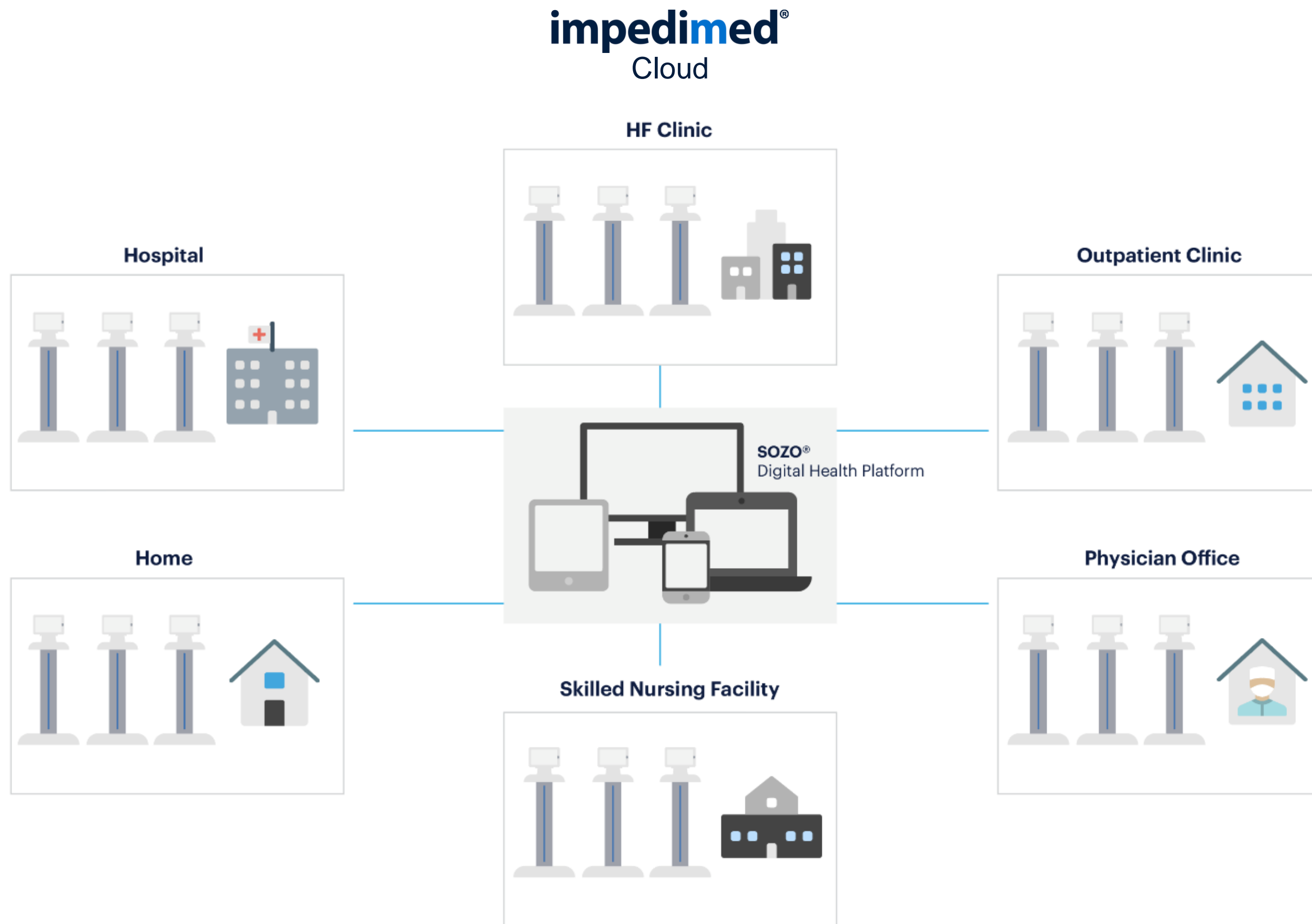
- L-Dex[®] lymphoedema index
- Total body water
- Extracellular fluid
- Intracellular fluid
- Skeletal muscle mass
- Fat mass
- Fat-free mass
- HF-Dex[™] heart failure index
- Protein and minerals
- Basal metabolic rate
- Phase angle
- Body mass index
- Segmental analysis
- Hy-Dex[®] hydration analysis¹



1. Hy-Dex[®] hydration analysis is only intended for use with healthy individuals.

Connected Digital Health Platform

Test patients at any location and allows data access and sharing across the entire healthcare system



Access

Test patients at any location and immediately review results online

Trends

Track trends in patient data for actionable results

Scalable

Add and move test locations without any additional software setup

Secure

Control who accesses the SOZO network and establish unique security settings



SOZO® Digital Health Platform

1 Device, Multiple Applications

Lymphoedema
FDA Clearance, CE Mark

Heart Failure
FDA Clearance, CE Mark

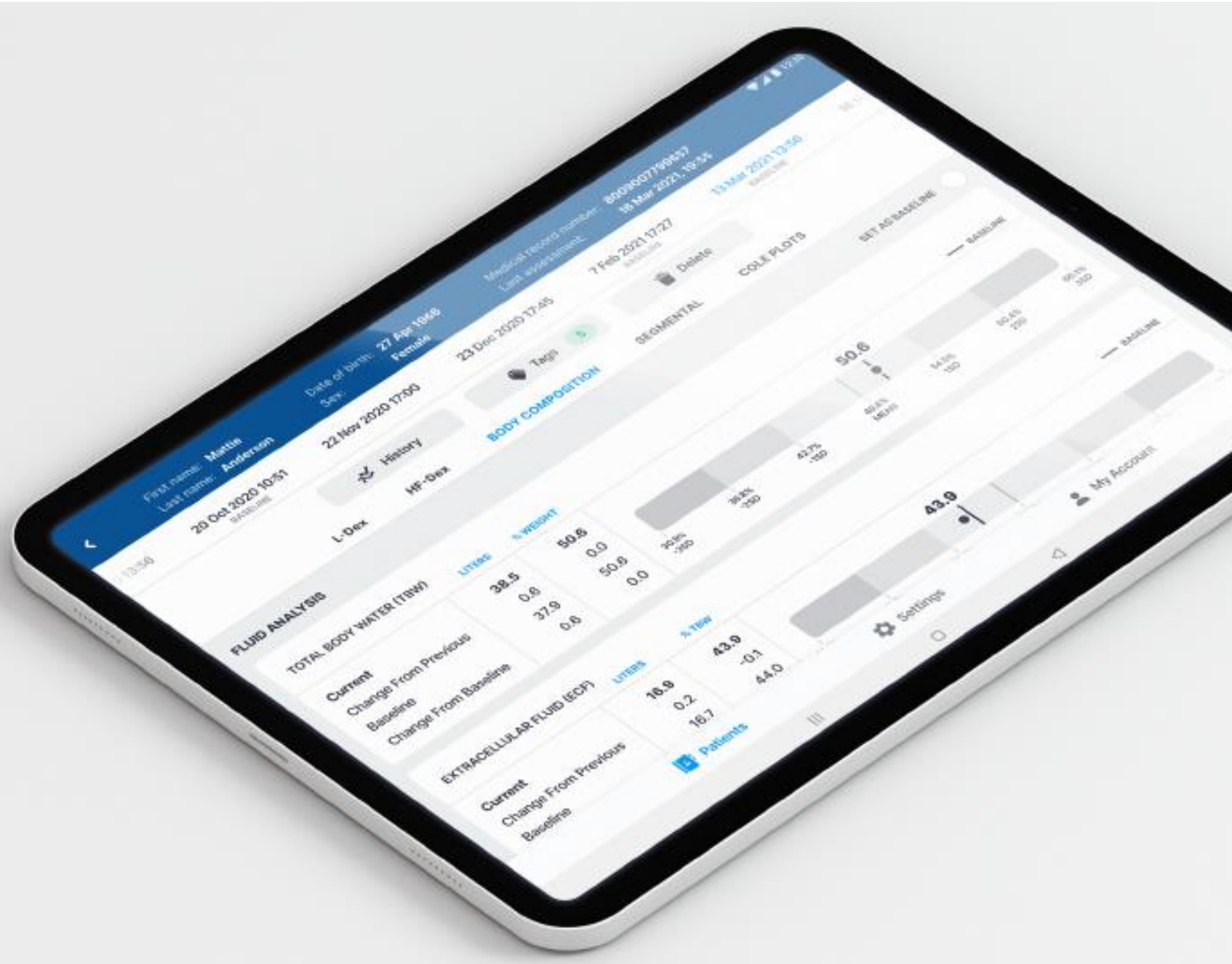
End Stage Renal Disease*
CE Mark

Protein Calorie Malnutrition
FDA Clearance, CE Mark

Body Composition
FDA Clearance, CE Mark

Bone Density^

Venous Insufficiency^^



* kidneyfund.org: Kidney failure is the last and most severe stage of chronic kidney disease and is also referred to as End-Stage Renal Disease (ESRD)

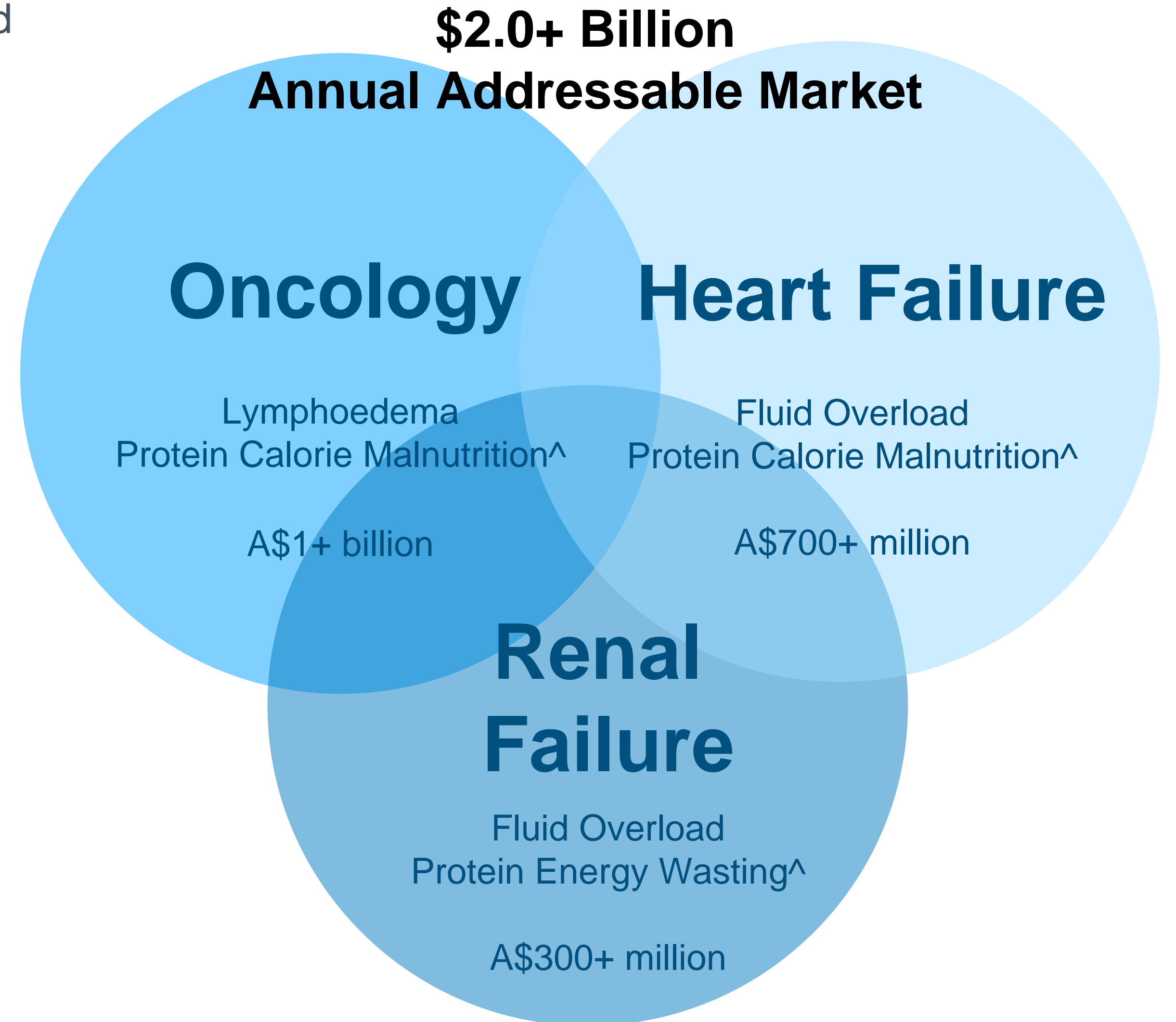
^ Algorithm has been developed and preliminary discussions have been held with FDA

^^ Proof of concept studies undertaken; no regulatory applications submitted to date

Platform Technology: Initial Focus on Three Large Overlapping Markets

Critical is the ability to accurately measure small shifts in fluid and tissue

- Cardiovascular disease is the leading cause of death among people on dialysis with kidney disease
- Dialysis patients experience high rates of mortality, driven largely by an exceptionally high rate of cardiovascular related mortality
- Common for people with chronic kidney disease or end stage renal failure to develop heart disease
- Heart failure leads to a 11.4x greater risk for end stage renal failure
- Protein calorie malnutrition or protein energy wasting is common in patients with chronic kidney disease and is one of the strongest predictors of patient mortality
- Cardiovascular disease is the predominant cause of death in breast cancer patients aged over 50
- The risk of death from heart disease in cancer patients is 2.24x that of the general population
- Protein calorie malnutrition is the most common secondary diagnosis in cancer patients affecting more than 50% of patients with certain cancers



^In Renal Failure, the terms Protein Calorie Malnutrition (PCM) and Protein Energy Wasting are often used interchangeably. ImpediMed most commonly refers to this disease state as PCM

Strong Adoption, Validated Technology

810+

SOZO Devices in Core Business

410+

SOZO Devices in Clinical Business



 National Comprehensive Cancer Network®

 NATIONAL CANCER INSTITUTE
Center for Cancer Research

35



2 international drug studies involving 410+ sites in 28 countries evaluating fluid volumes (heart failure & renal failure patients)

Financial Results

\$10m+
Annual Revenue
Run Rate

\$8.4m
Total Revenue
+46% YOY

✓ **RECORD YEAR**

\$12m+
Total Contract Value
signed in FY'21

\$7.6m
SOZO Revenue
+64% YOY

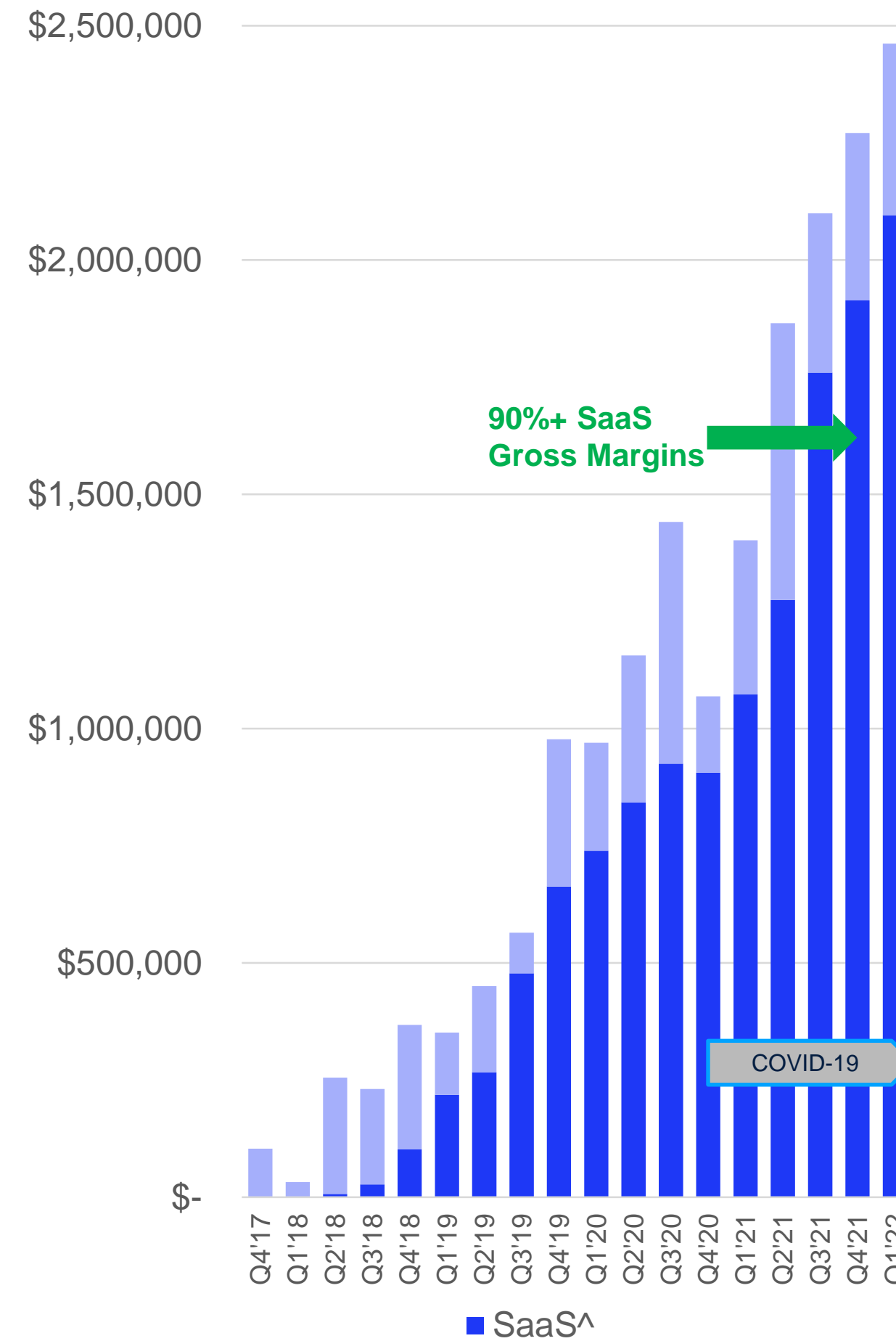
✓ **RECORD YEAR**

\$48m+
Cash Balance^{^^}

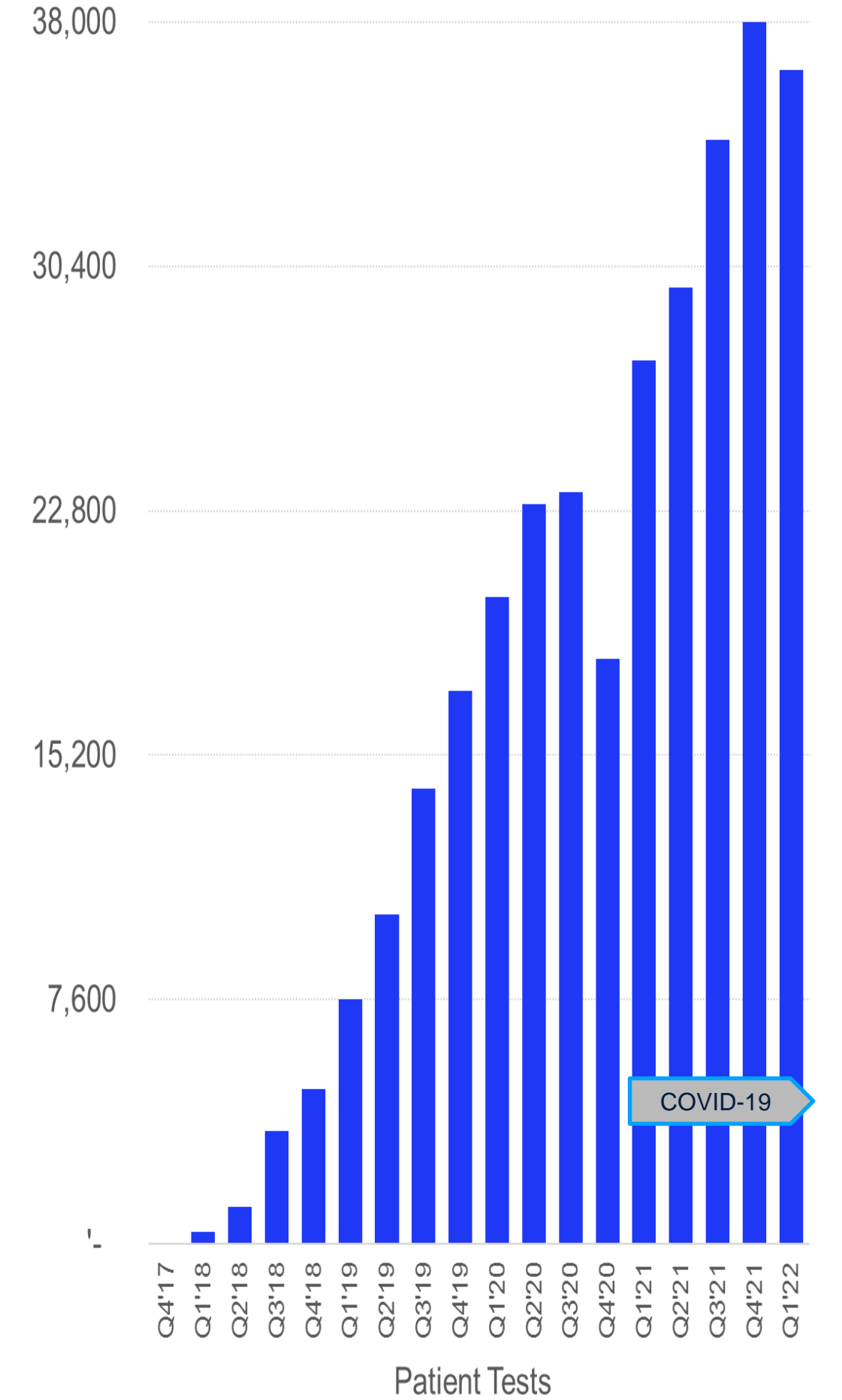
127,000+
SOZO Patient Tests
+60% YOY

✓ **RECORD YEAR**

SOZO Revenue
(Excluding Legacy)



Patient Tests To-Date
(310,000+ on File)



[^]The values shown are for SaaS Revenue are across all lines of business, including the Core Business and Clinical Business.

The Company began breaking out revenue from the Clinical Business in Q1 FY'21.

^{^^} Cash balance based on pro forma cash (i) including the Placement proceeds, (ii) net of anticipated Capital Raising costs, and (iii) prior to the results of the Share Placement Plan as at 30 September 2021.

All figures are stated in Australian dollars (AUD) unless otherwise notated.

Inflection point with identifiable growth drivers

- Transformation to Connected Digital Health Platform complete
- \$10m annual revenue run rate with strong growth despite COVID-19 headwinds
- Multiple applications addressing significant health care needs
- ~\$48m in cash after capital raising[^]
- Company at an inflection point, with 3 focus areas set to accelerate adoption:
 1. PREVENT driving Lymphoedema and Oncology adoption
 2. Heart Failure commercialisation underway
 3. Renal Failure accelerated with breakthrough designation



[^]Cash balance based on pro forma cash (i) including the Placement proceeds, (ii) net of anticipated Capital Raising costs, and (ii) prior to the results of the Share Placement Plan as at 30 September 2021.

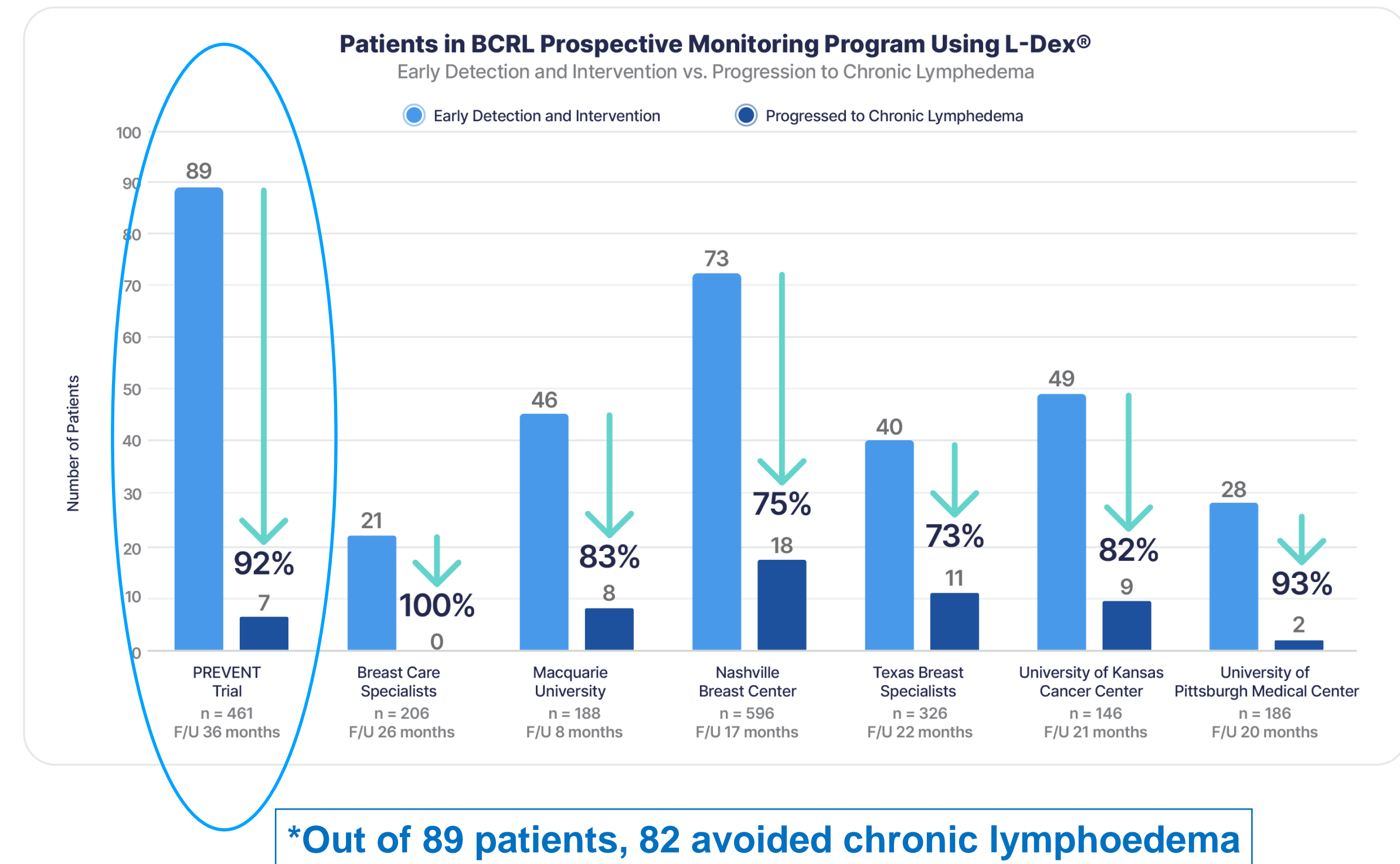
All FY'22 revenue and cash flow numbers are unaudited.
All figures are stated in Australian dollars (AUD) unless otherwise notated.

PREVENT driving Lymphoedema and Oncology adoption

PREVENT Trial Successful, Statistically Significant

- PREVENT trial showed 92% of patients with early detection of cancer-related lymphoedema using L-Dex and intervention did not progress to chronic lymphoedema
- Met primary end point, demonstrating statistical and clinical significance
- Results demonstrate that BIS screening should be a standard approach for prospective breast cancer-related lymphoedema (BCRL) surveillance
- In patients with early detection using L-Dex, intervention resulted in a 7.9% rate of chronic lymphoedema compared to a 19.2% rate of chronic lymphoedema in patients with early detection using tape measure ($p=0.016$)
- **A statistically significant level 1 evidence study is key to reimbursement and establishing L-Dex as standard of care**
- PREVENT results available on medRxiv.org
- Peer-review publication expected in coming months

Consistent Reduction in Lymphoedema Progression Study after Study



PREVENT Trial: Ridner SH, et al. A Randomized Clinical Trial of Bioimpedance Spectroscopy or Tape Measurement Triggered Compression Intervention in Chronic Breast Cancer Lymphedema Prevention. medRxiv.org 2021; <https://www.medrxiv.org/content/10.1101/2021.10.12.21264773v1>. Breast Care Specialists: Kaufman DI, et al. Utilization of bioimpedance spectroscopy in the prevention of chronic breast cancer-related lymphedema. Breast Can Res Treat. 2017;DOI 10.1007/s10549-017-4451-x. Macquarie University: Koelmeyer LA, et al. Early surveillance is associated with less incidence and severity of breast cancer-related lymphedema compared with a traditional referral model of care. Cancer 2018;DOI: 10.1002/cncr.31873. Nashville Breast Center: Whitworth PW and Cooper A. Reducing chronic breast cancer-related lymphedema utilizing a program of prospective surveillance with bioimpedance spectroscopy. Breast J. 2017;1-4. Texas Breast Specialists: Laidley A and Anglin B. The impact of L-Dex measurements in assessing breast cancer-related lymphedema as part of routine clinical practice. Frontiers in Oncology 2016;6(192). University of Kansas: Kilgore L, et al. Reducing breast cancer-related lymphedema (BCRL) through prospective surveillance monitoring using bioimpedance spectroscopy (BIS) and patient direction self-interventions. Ann Surg Oncol 2018;<http://doi.org/10.1245/s10434-018-6601-8>. UPMC: Soran A, et al. The importance of detection of subclinical lymphedema for the prevention of breast cancer-related clinical lymphedema after axillary lymph node dissection; a prospective observational study. Lymph Res Bio. 2014;12(4):289-94.

Growth Drivers: Reimbursement & NCCN Guidelines®

Reimbursement

- PREVENT randomised control trial the key to reimbursement and accelerating growth
- PREVENT delivers clear path to reimbursement
- IPD Case Assistance Program:
 - Won over 400 cases with commercial payors to date
 - Over 100 cases won in last month alone
 - Equates to 97%+ of all cases won to date with target payors
 - 1,300+ active cases
- Standard Medicare rate:
 - USD \$143 per SOZO® test
- Facilities are receiving increased payments through recently obtained Medicare Advantage:
 - USD \$174 - \$222 per SOZO® test
- Payor advisory board to convene in the coming weeks to chart path forward

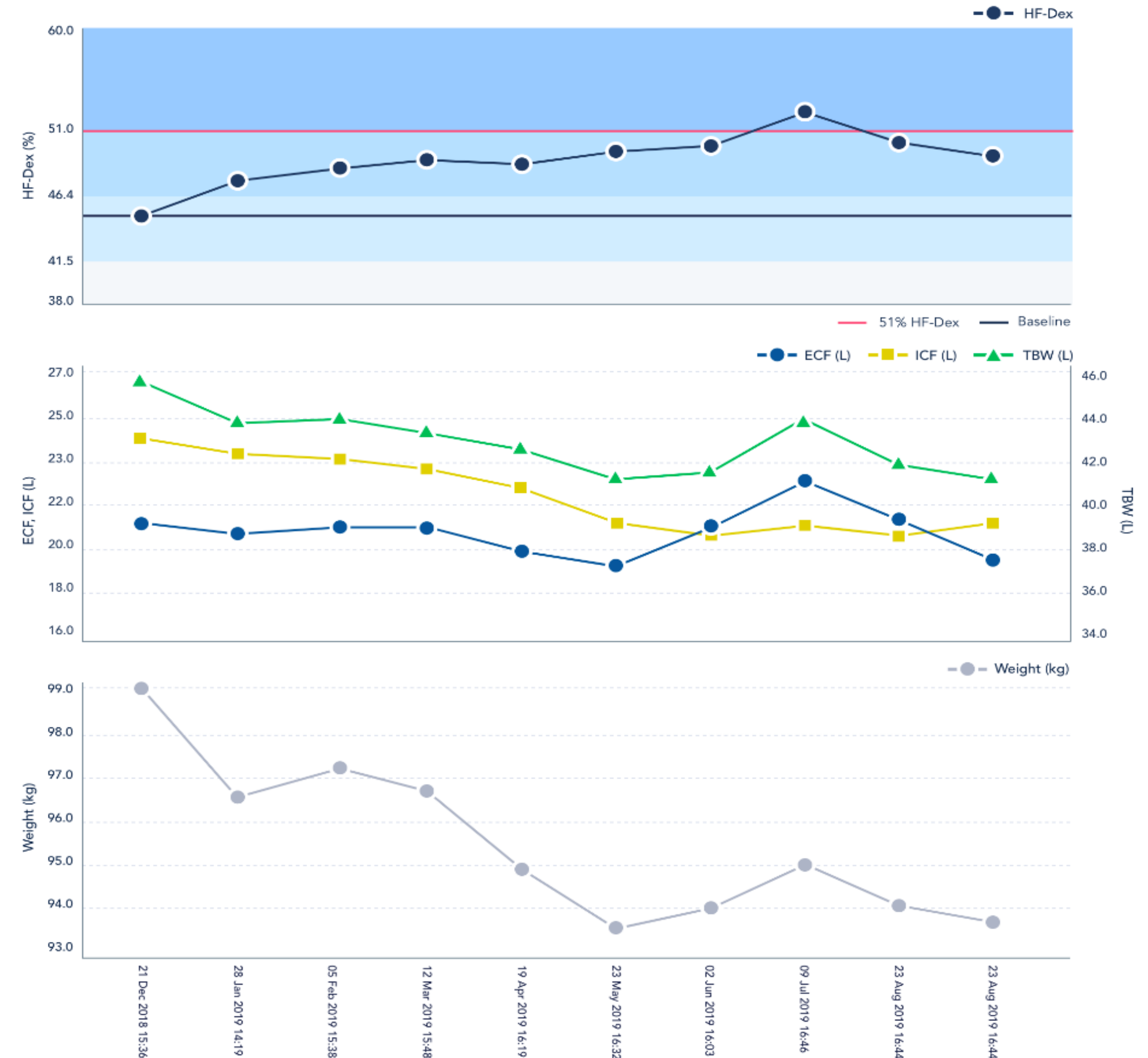
NCCN®

- NCCN Submission upon PREVENT publication
- Current NCCN submission covering the Meta-Analysis and Radiation Paper data is being evaluated
- Current Guidelines
 - Lymphoedema is a potential side effect after surgery
 - Early detection is key for optimal management
 - Consider pre-treatment baseline measurements
- Majority of clinicians still using tape measure to comply
- Meta-Analysis and the Radiation Paper data show volumetric measurements, such as tape measure, aren't as effective as ImpediMed's BIS L-Dex® measurements
- PREVENT removes any sense of ambiguity regarding the comparison of BIS to a tape measure. Statistically and clinically significant evidence that BIS makes an important contribution in preventing lymphoedema
- BIS L-Dex being specified in NCCN Guidelines would significantly accelerate adoption

Heart Failure Commercialisation Underway

- Heart Failure affects at least 26 million people worldwide
- Costs US healthcare system estimated \$31 billion annually
- Assessment of fluid burden is critical to HF patients
- Current methods of determining fluid levels are either inaccurate or invasive and expensive
- SOZO gives clinicians an objective measure of fluid volume
- More than 20% of HF patients are readmitted within 30 days of hospital discharge
- Ongoing detection of fluid build up is critical to reducing hospital readmissions
- HF Patients with a SOZO HF-Dex reading over 51% at time of discharge are 4.25x more likely to be readmitted¹
- Recent Advocate Aurora Health contract sets the stage for demonstrating reimbursement and establishing the commercial model

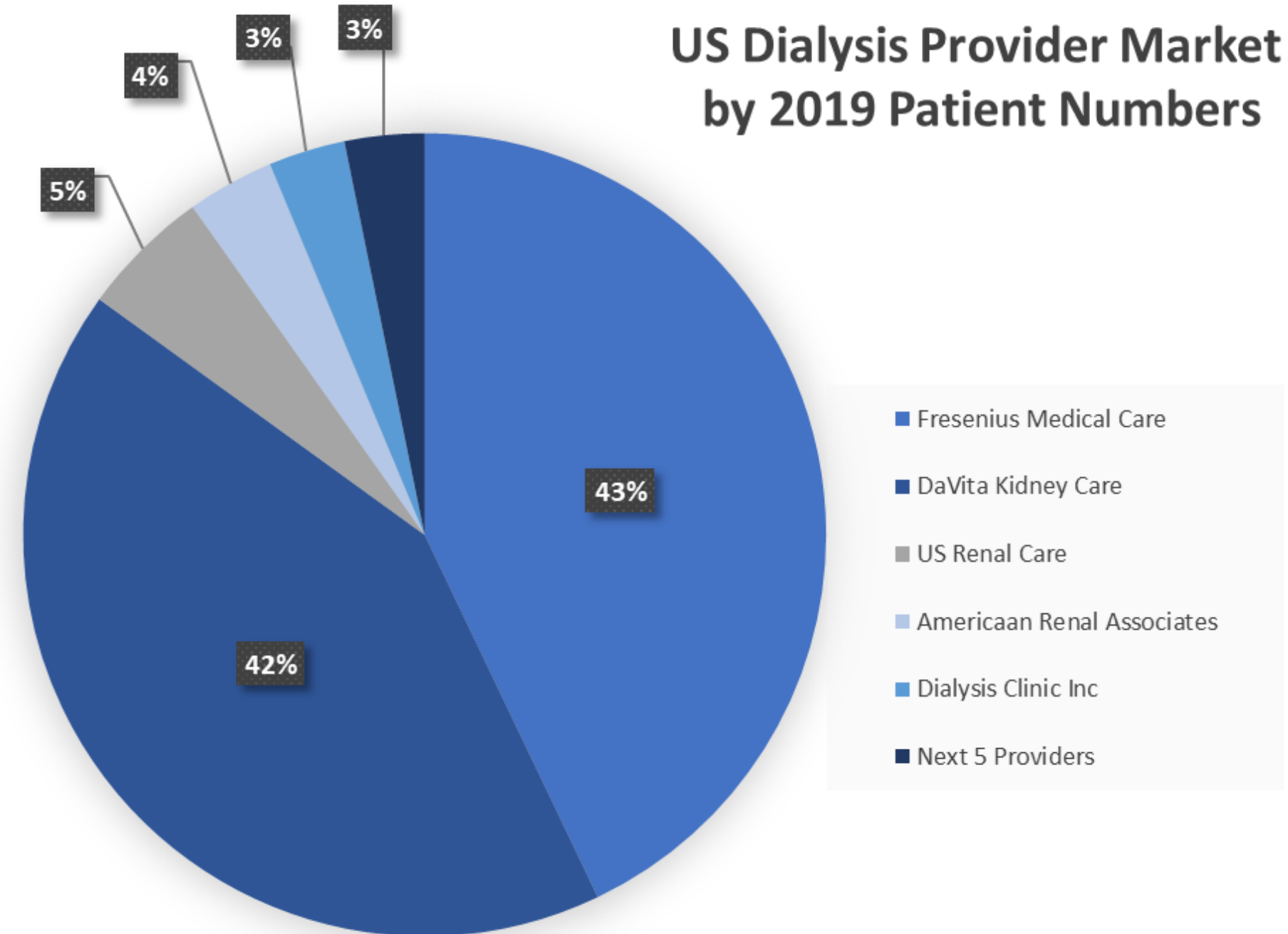
SOZO[®] Heart Failure Patient Output



¹ Daleiden-Burns A, Accardi AJ, and Heywood JT, Bioimpedance spectroscopy measurement of ongoing fluid overload post-discharge from hospitalization for decompensated heart failure. Journal of the American College of Cardiology 2021. 77(18_Supplement_1):798.

Renal Failure Accelerated with FDA Breakthrough Designation

- There are in excess of 450,000 US dialysis patients receiving treatment three times a week
- More than 85% of these treatments will be performed in dialysis centres
- Very attractive concentrated market with two companies caring for 85% of ESRD patients in more than 5,000 dialysis clinics each
- Received FDA Breakthrough Designation for SOZO[®] for a proposed indication in a renal patient population
- Current practice in dialysis clinics rely on scales to determine the amount of fluid to remove
- Scales cannot account for changes in body composition, with muscle loss being prevalent in end-stage renal disease patients
- The potential for SOZO to address this deficiency was paramount in meeting the criteria for Breakthrough Designation
- Currently finalising clinical and regulatory strategies



AstraZeneca
2 international drug studies involving 410+ sites
in 28 countries evaluating fluid volumes
(heart failure & renal failure patients)



SOZO technology adopted by AstraZeneca to measure fluid outcomes in heart failure patients with chronic kidney disease

Summary of Focus Areas for 2022

CORP.

- Continue growth in sales and adoption of SOZO®.
- Complete SOZO II development for Heart Failure and Renal Failure indications.
- Launch software Version 5.0 with data and software enhancements focused on corporate accounts.

ONCOLOGY

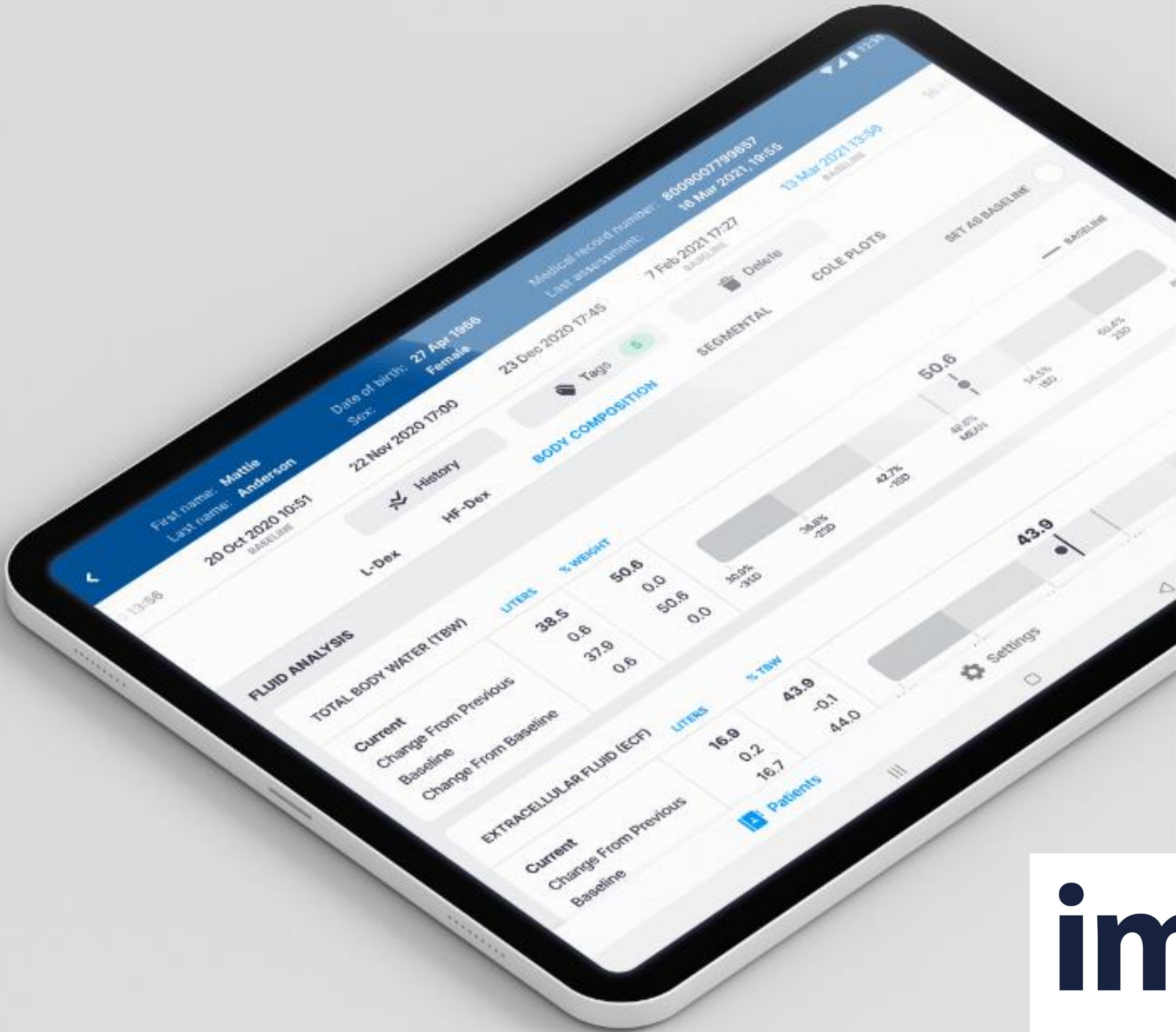
- Publish the PREVENT Trial manuscript in a peer-reviewed journal.
- Principal Investigators to submit PREVENT data to the NCCN® for guideline inclusion.
- Expand private payor coverage/payment for L-Dex® testing.
- Expand the number of key corporate accounts.

HEART FAILURE

- Expand commercial sales of heart failure through additional pilot programs in key heart failure centres.
- Gather real world data on SOZO and reimbursement through HF pilot programs.
- Continue to work with FDA on obtaining clearance for removal of SOZO contraindications for implantable pacing and cardioverter defibrillators devices.

RENAL FAILURE

- Continued deployment of devices for the AstraZeneca trials, both in the US and internationally.
- Utilise the FDA Breakthrough Designation to develop regulatory pathway.
- Announce clinical strategy for Renal Failure.
- Continue to progress commercial strategy for Renal Failure.



Contact Details

Investor Relations:

Mike Bassett
SVP Corporate and Strategic
Development

mbassett@impedimed.com
+61 407 431 432

www.impedimed.com

