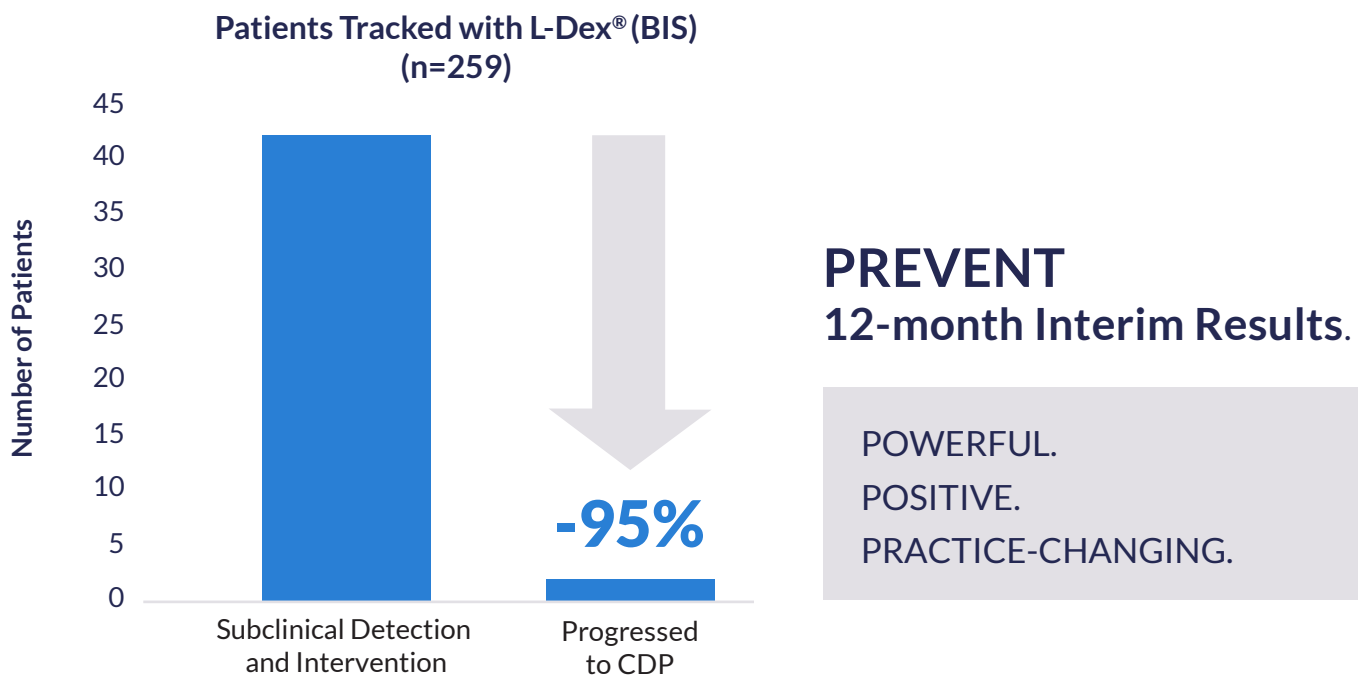


95% Reduction in Lymphedema Progression¹



PREVENT Trial Design:

- Largest randomised controlled trial focused on lymphedema prevention
 - >1,100-patients
 - 1:1 randomisation into tape measure or L-Dex® arms
 - 10 centres across US and Australia
- Enrolled breast cancer survivors at risk for lymphedema
- L-Dex score increase of 6.5 or more from baseline triggered an intervention
- >10% volume change required referral to complex decongestive physiotherapy (CDP)

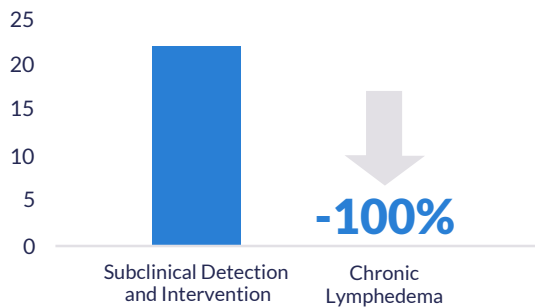
12-month Interim Results:

- Pre-specified 12-month interim analysis on first 50% of patients enrolled (n=508)
- 109 (21%) triggered events in line with expected incidence rate within 12 months
- No evidence of over detection with L-Dex
 - 68 in tape measure arm
 - 41 in L-Dex arm
- Fewer patients progressed to CDP with L-Dex
 - 10 in tape measure arm
 - 2 in L-Dex arm

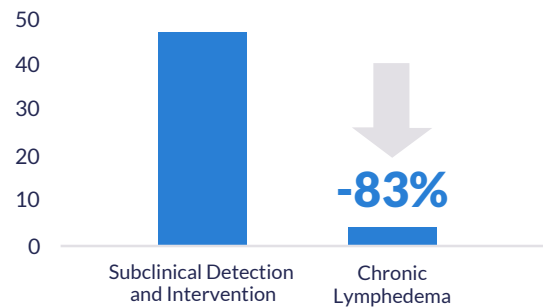
Confirmed in Independent Real-World Studies

LARGE AND SMALL INSTITUTIONS WITH FOLLOW UP TO 26 MONTHS

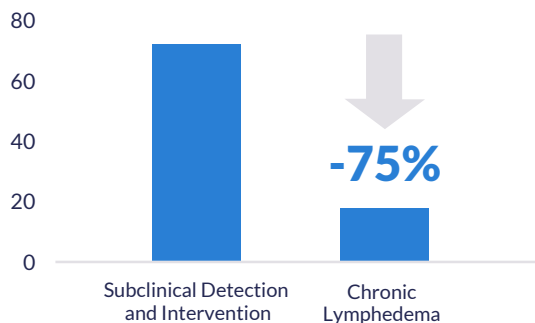
Breast Care Specialists, NY, USA
(n=206, F/U 26 months)²



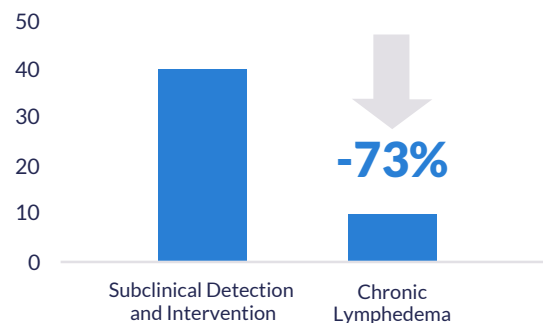
Macquarie University, NSW, AUS
(n=188, F/U 8 months)³



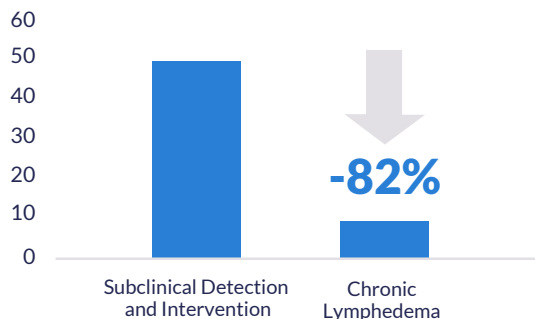
Nashville Breast Center, TN, USA
(n=596, F/U 17 months)⁴



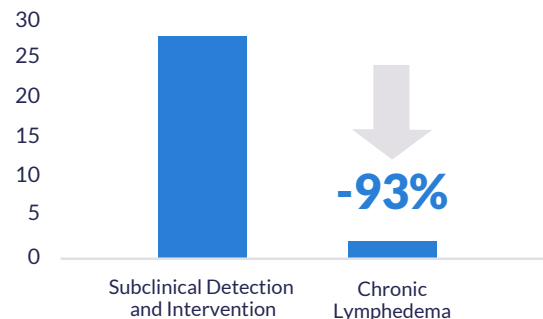
Texas Breast Specialists & N. Texas Surgical Oncology Assoc., TX, USA (n=326, F/U 22 months)⁵



University of Kansas Cancer Center, KS, USA
(n=146, F/U 21 months)⁶



University of Pittsburgh Medical Center, PA, USA
(n=186, F/U 20 months)⁷



References

- 1) Ridner SH, et al. A Randomized Trial Evaluating Bioimpedance Spectroscopy Versus Tape Measurement for the Prevention of Lymphedema Following Treatment for Breast Cancer: Interim Analysis. *Ann Surg Oncol* 2019; <https://doi.org/10.1245/s10434-019-07344-5>.
- 2) Kaufman DJ, 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.
- 3) 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.
- 4) 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.
- 5) 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).
- 6) 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>.
- 7) 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.