ProFound AI® Risk*

Revolutionizing Personalized Screening



Risk Assessment Reimagined

Available for 2D and 3D mammography, ProFound AI® Risk is the world's first clinical decision support tool that provides an accurate short-term, breast cancer risk estimation that is truly personalized for each woman, based only on a 2D or 3D mammogram.^{1,2}

The easy-to-implement solution provides superior insights^{1,2} that empower clinicians to tailor a woman's breast screening regimen and potentially identify cancers earlier.

ProFound AI Risk uniquely combines a range of risk factors, offering superior performance in assessing short-term risk compared to traditional breast cancer risk models.^{1,2}



Superior Accuracy Up to 2.4 times more accurate than traditional risk models.^{1.2}



Simplified Workflow Efficient and easy to implement solution provides a rapid short-term risk estimate.



Personalized Care Latest version offers enhanced features to further individualize patient care.

Personalized Screening Made Easy

Some women have a higher risk of developing breast cancer based on their geographical location and ancestry. With ProFound AI Risk, patient care has never been more personalized.

Specifically designed to factor in racial and ethnic backgrounds, ProFound AI Risk offers an equitable and inclusive approach to precision screening.³ The algorithm also factors in clinically relevant global screening guidelines and more than 15 country incidence and mortality reference tables, for alignment with that country's general population.

ProFound Al Risk also includes multiple risk factors found in a screening mammogram:







Breast Density Subtle

Subtle Mammographic Features

Benefits:

Offers flexibility to provide a one, two or three-year risk estimation

Ethnically inclusive precision screening offers equitable, first-in-kind solution

Greater accuracy compared to previous versions and traditionally used risk models^{1,2}

Easy-to-implement, using only information readily available in a 2D or 3D mammogram

Aligns with the Institute for Health Care Improvement's Quadruple Aim optimization of health system performance

Visit icadmed.com to request a demo



www.icadmed.com 1.866.280.2239

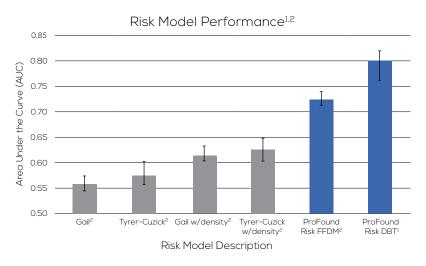
Proven Solution Uniquely Positioned for Individualized Screening

The field of mammography is moving from age-based screening to more individualized risk-based screening.

ProFound AI Risk offers proven results that rapidly provide physicians and patients with an accurate, short-term absolute breast cancer risk score and risk category (low, general, moderate, and high). 1,2 This leading-edge solution enables clinicians to easily adapt to evolving screening practices and personalized patient care.

Unrivaled Accuracy and Clinical Performance

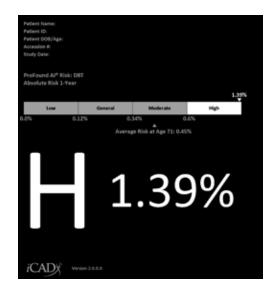
ProFound AI Risk offers the highest Area Under the Curve (AUC) available for providing a one-year risk estimation based only on a 2D or 3D mammogram.^{1,2} This advanced solution provides superior insights, that empower clinicians to tailor a woman's breast screening regimen and potentially identify cancers earlier, when they may be more easily treated.1,2

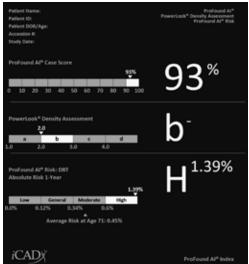


One Comprehensive Breast Cancer Detection and Treatment Partner

iCAD's product portfolio offers innovative solutions to support breast cancer detection, measure breast density, assess personalized risk, and provide targeted radiation therapy. Our technologies offer clinically proven benefits to clinicians and patients, and are designed to optimize efficiency, enhance the patient experience, and improve outcomes.

*ProFound AI Risk is CE Marked, Health Canada Licensed, and available for investigational use only in U.S.





References:

- Eriksson, M et al. A risk model for digital breast tomosynthesis to predict breast cancer and guide clinical care. Science Translational Medicine. 14 (644). 2022 May 11. Accessed via DOI: 10.1126/scitranslmed.abn3971.
- Eriksson M, Czene K, Strand F, et al. Identification of Women at High Risk of Breast Cancer Who Need Supplemental Screening, Radiology. 2020, 297(2): 327-333. Epub Sep 8



