PERIMETER

Business Overview

Q2 2019

This presentation does not, and shall not, in any circumstances, constitute an offer to sell or solicitation of an offer to buy any securities of Perimeter Medical Imaging, Inc.

@PerimeterMed
www.perimetermed.com

Forward Looking Statements

This presentation contains forward-looking forward statements. Forward-looking statements include statements regarding the Company's future financial position, business strategy, projected costs, strategic partnering, the capabilities of the Company's platform, and plans and objectives of management for future operations. These forward-looking statements are based on the Company's current expectations and beliefs, as well as a number of assumptions concerning future events. Typically, these statements contain words such as "believe," "may," "estimate," "continue," "anticipate," "intend," "expect," "plan," and similar expressions. These statements are subject to risks, uncertainties, estimates, assumptions and other important factors, many of which are outside the Company's control, that could cause actual results to differ materially from the results discussed in the forward-looking statements. Some of these estimates, assumptions, risks, and uncertainties, include, but are not limited to:

- Company's ability to raise the necessary capital to be fully able to implement its business strategies
- Company's ability manage internal and external development resources to meet projected development and commercialization timelines;
- Company's ability to successfully launch its margin assessment solutions due to failure to obtain necessary regional regulatory clearances
- Companies ability to drive market adoption of its margin assessment solutions due to insufficient clinical support and/or economic barriers including but not limited to insufficient reimbursement; changing clinical practice and guidelines, and shifts in the competitive landscape;
- Company's ability to build strong strategic partnerships with OEMs and Distributors for channels to market;
- Company's ability to meet its revenue, EBITDA and cost forecasts; and Company's ability to be acquired through an M&A transaction.

You are cautioned not to place undue reliance on such forward-looking statements because actual results may vary materially from those expressed or implied. All forward-looking statements are based on information available to the Company on this date and, except as required under applicable law, the Company assumes no obligation to, and expressly disclaims any obligation to, update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. The forward looking statements in this presentation include but are not limited to: future plans for clinical trials, progress of and reports of results from clinical studies, clinical development plans, product development plans, other products not yet developed or acquired, product success, plans for FDA filings and their subsequent approvals, other regulatory filings by Perimeter or Perimeter's partners, our ability to commercialize the product(s), and the safety and efficacy of our product. Note that the OTIS 1.0 Optical Coherence Tomography System is a FDA Cleared device, not currently marketed in the US. OTIS is indicated for use as an imaging tool in the evaluation of excised human tissue microstructure by providing two-dimensional, cross-section, real-time depth visualization. The safety and effectiveness of this device for diagnostic analysis (i.e. differentiating normal versus specific abnormalities) in any tissue microstructure or specified disease has not been evaluated. OTIS is not currently cleared for sale in Canada, the EU or other jurisdictions.

Perimeter Overview

Best-in-Class Device

Winning race to develop AI search engine for cancerous tissue

Machine learning component to highlight areas of interest to enable rapid evaluation of tissue samples

Large Addressable Market

Breast Cancer is a $30B worldwide problem

Approximately 25% of surgeries have to be done again

Device saves $856 per patient and $16,000 per repeat surgery

Multiple Near-Term Catalysts

FDA cleared with expanded clearance projected in 2019

Closing RTO in Q3, 2019 via New World Resources, Corp. TSX-V Symbol: NW

Protected Platform

1 issued and 11 pending patent matters/FTO

1M breast images in proprietary Atlas complemented with years of algorithm training

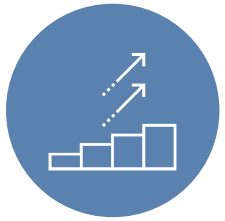
Current Business Highlights

Consumables enables compelling recurring revenues @ 90% margins

Breast cancer is a global problem...

2M women worldwide

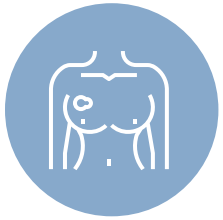
were diagnosed with breast cancer in 2018[1], 330k in the USA[2]



~$30B global economic burden[3]

nearly half due to medical costs and the balance attributable to non-medical and productivity costs

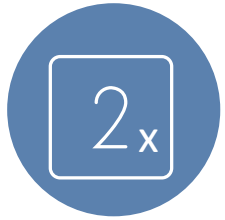
…with significant room to improve diagnosis and treatment



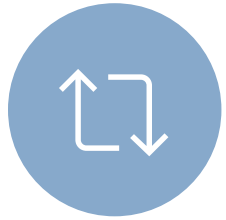
1.6M breast biopsies in the USA every year[4]

~25% of biopsies are incomplete or incorrect[4]

60-75% of US patients choose lumpectomy for surgery[6]



2x recurrence risks doubles when positive margins are not excised

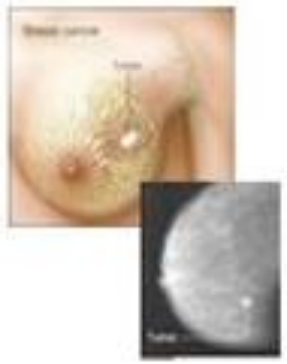


10-50% of lumpectomies require a re-excision (2nd surgery)[7]

Recurrence risks doubles when positive margins are not excised[1]

Determining clear margins during the procedure is incredibly difficult…

10-50% of lumpectomies require re-excisions[2]

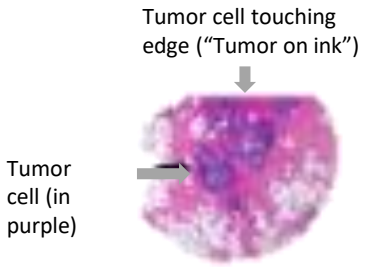


- Surgeon cannot detect cancer in the cavity by sight or palpation (touch)
- Positive margins are detected days after the surgery via post-op pathology
- If pathologist finds positive margins, patient must have a re-operation (re-excision)

…positive margin status means that cancer has been left behind

Orientation is lost 31% of the time[4]

Pathologists and surgeons disagree on orientation 31% of the time, preventing accurate shavings to be taken upon re-excision



Less than 1% of tissue is examined[5]

Pathologists potential failing to identify cancer left behind

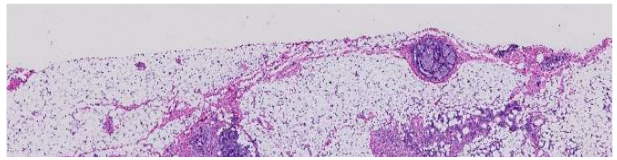
Current Tissue Assessment Workflows

Current standard of care

2 - 7 days

Gold standard: Post Operative Histology Tissue Assessment

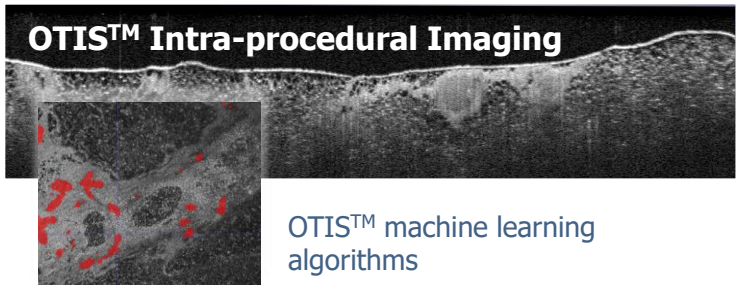
» **2-7 days** post procedure



FUTURE

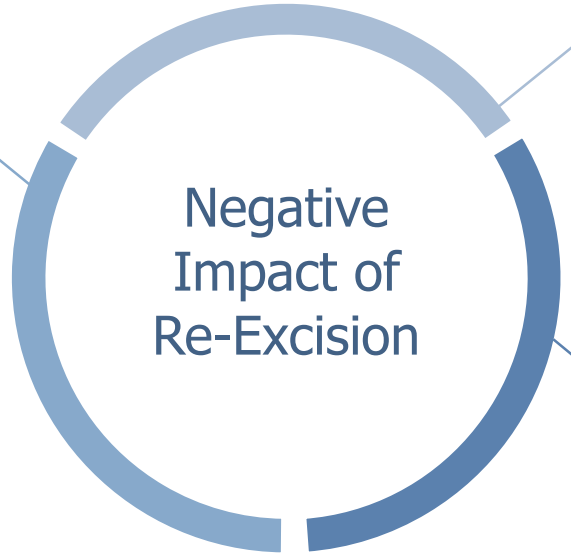
OTIS™ Intra-procedural Tissue Assessment

Available in **5-10 minutes**



OTIS™ machine learning algorithms

Re-excision negatively impacts all healthcare constituents



PATIENTS

SOME SELECT MASTECTOMY

1st to avoid re-excision
2nd to "get it all"

MANY SUFFER

- Emotional stress, discomfort, and "inconvenience" of second surgery
- Poorer cosmetic outcomes
- Delays in post-surgical treatments (e.g., radiation and drug therapy)

~2x risk of surgical site infections

49% surgical complications*

PAYERS

TREMENDOUS COST
TO THE SYSTEM

$16K average additional hospital cost per patient

$560M annual cost to US healthcare system

PROVIDERS

CARE QUALITY UNCERTAINTY

- Disappointing outcomes
- High re-excision rates
- Readmissions

Disruptive Medical Device Platform

The OTIS™ platform is comprised of 4 key components

OTIS™ Optical Tissue Imaging Console

Wide-Field OCT (100X coverage)

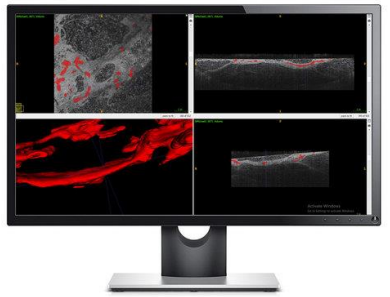
OTIS™ Tissue Immobilization System (single use consumable)

Aids in positioning diverse tissue types

Proprietary OTIS™ Imaging Atlas

Provides ongoing support for image review

AI Tissue Assessment Algorithms

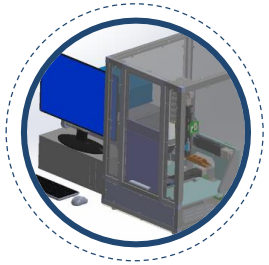


Provide "look here" guidance to speed up image review

US FDA 510(k) cleared product with broad indication and pathway to application-specific machine learning software plugins

2016 / 2017

OTIS 1.0 Platform (Pre-Commercial)



Research platform first granted US FDA clearance in 2016 under application number K160240. Second US FDA application granted expanded software review claims (K171560).

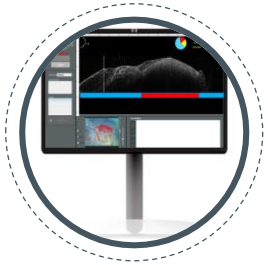
2019

OTIS 2.0 Platform (Commercial)

Commercial platform with 10x improved imaging speed, proprietary tissue handling system and image atlas achieved US FDA clearance in March 2019 under application number K190404.

2020

Machine Learning Plugin (Breast)

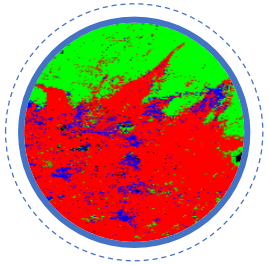


AI-based breast lesion detection algorithm expected to receive clearance via the US FDA 510(k) pathway.

Possible predicate devices: Ninepoint Medical IRIS (AI-based OCT image analysis) or Screenpoint Transpara™ (AI-based mammogram breast lesion detection).

2022

Machine Learning Plugin (ENT)



AI-based software plugin to highlight tissue layer disruption in head and neck applications, expected to receive clearance via the US FDA 510(k) pathway.

Possible predicate devices: AmCad UT® Detection (CAD for thyroid ultrasound images).

OTIS's body of clinical evidence is extensive and growing

OTIS clinical experience in breast

- **>400 specimens across 10 tissue types (>80% in breast tissue),**
- **>1,000 OCT volumes generated**

Growing body of OTIS clinical data

Accuracy	
0.96	Trained reader vs. gold standard post operative pathology

Accuracy	
0.88	Reader study testing impact of training across clinical specialties (i.e. Surgeons, Radiologists, Pathologists)

Miami Breast Conference 2019

The Role of Wide-Field Optical Coherence Tomography (WF-OCT) as an Adjunct Imaging Modality in the Pathology Lab

Adriana Corben MD; Shabnam Jaffer MD; Jessica Beyda MD; Twisha Oza MD; Christina Weltz MD; Elisa Port MD; Hank Schmidt MD PhD

American Society of Breast Surgeons 2018

Evaluation of Surgically Excised Breast Tissue Microstructure using Wide-Field Optical Coherence Tomography (WF-OCT)

Adriana Corben MD; Shabnam Jaffer MD; Jessica Beyda MD; Twisha Oza MD; Christina Weltz MD; Elisa Port MD; Hank Schmidt MD PhD

Academic Radiology, November 2017

Optical Coherence Tomography: A Novel Imaging Method for Post-lumpectomy Breast Margin Assessment—A Multi-reader Study

Authors: Richard Ha, MD, Lauren C. Friedlander, MD, Hanina Hibshoosh, MD, Christine Hendon, PhD, Sheldon Feldman, MD, Soojin Ahn, MD, Hank Schmidt, MD, PhD, Margaret K. Akens, PhD, MaryAnn Fitzmaurice, MD, PhD, Brian C. Wilson, PhD, Victoria L. Mango, MD

https://www.academicradiology.org/article/S1076-6332(17)30411-7/abstract

Currently submitted for 2 publications and 1 case study

Go-To-Market Strategy

US Market Entry
(limited launch in late 2019)

- Clinically focused direct sales team
  - Market development activities initiated Q3 2019
  - Limited Market Release late Q4 2019
- Focus on KOL sites (leading US Cancer Centers)
  - **Primary**: 1,100[1] teaching hospitals (375 belong to the Council of Teaching Hospitals (COTH))[2]
  - **Secondary**: Tier 2 breast centers (1,4201 US Centers)

SalesForce4Hire
(2020)

- risk-sharing arrangement to align incentives and ensure a unified and collaborative approach.
- provides a seamless "plug and play" sales force solution that is quickly spun-up and/or stopped based on capital strategy

Launch of PMA approved AI supported device
(2021)

- PMA study being reviewed by FDA in Q2 2019
- Could be a De Novo pathway

Innovators

- Ultrasound Heavy Surgeons: Familiar with using imaging technology
  **Ultrasound utilized by 20% of surgeons*[3]
- Oncoplastic Surgeons: Pressure to eradicate need for second surgery while optimizing cosmetic result

Early Adopters

- Regular Cavity Shave Surgeons/Frozen Section: Time intensive procedures, need for real-time precise imaging high

** Cavity shaves are standard of care for 34% of surgeons*[3]
**Frozen section analysis utilized in 20-30% of cases*[3]

Tipping Point

- Entry of Scanning Algorithm for broad use: Reduces need for training and/or assistant to run machine

Early Majority/Late Majority

- Specimen Radiography users: Familiar technology, could pair OCT results with Specimen Radiography

** Specimen Radiography utilized by 45%-55% of surgeons*[3]

[1] https://www.aha.org/statistics/fast-facts-us-hospitals
[2] https://en.wikipedia.org/wiki/Medical_centers_in_the_United_States
[3] *NorthView Lifesciences - January 2018 3rd Party Research*

Reimbursement

Reimbursement Plan

- Current clinical publication plan includes peer-review publications, presentations and abstracts with patient outcomes and healthcare economic from top tier sites
  - Plan supports of conversion of existing Category III codes breast OCT imaging (0351T) and image interpretation (0352T) , to Category I Codes.
  - Impact study publications enable target approval: early 2021 in line with launch of AI algorithm
  - Target reimbursement: $1,200- $1,800 OCT imaging fee and $100-200 image interpretation fee

OCT has track record of achieving attractive reimbursement

- CPT Coding and reimbursement for upper GI endoscopy

Effective January 1, 2017

		Increase over previous rate	National Medicare Rate
43252	Upper GI endoscopy with optical endomicroscopy, used for esophageal procedures with Real-time Targeting interpretation and report,; initial vessel (List separately in addition to code for primary procedure) in a hospital out-patient setting setting	131%	$2,509.64
	Upper GI endoscopy with optical endomicroscopy, used for esophageal procedures with Real-time Targeting interpretation and report,; initial vessel (List separately in addition to code for primary procedure) in an Ambulatory surgical Center (ACS) setting	86%	$1,134.02

- CPT Coding and reimbursement for Coronary Procedures

Effective October 1, 2018

		APC	National Medicare Rate
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code of primary procedure)	5191 5192	$2,813.00 5,805.00
92979	Each additional vessel (List separately in addition to primary procedure)	5193 5194	$10,510.00 $16,019.00

Business Model Economics

OTIS™ has the potential to deliver substantial savings for Payers:

Example Procedure: Breast Lumpectomy surgeries currently face 25% re-operation rates.

$856

Payer savings per patient for using OTIS™ ++

Overwhelming per patient cost savings are likely to motivate Payer coverage

++ Assumes reducing re-operations from 25% to 10% on a site with an average volume of 156 patient volume per year per system

Business Model

Combination of capital equipment, consumable and service contract

Capital ASP = $127,500

Consumable ASP = $500

Services ASP = 10% of Capital

Current Clinical Studies

Current studies	Accrual Complete
Mount Sinai NY Breast (n=100)	July 2019
U Wisc (n=40)	July 2019
Mount Sinai NY ENT (n=100)	August 2019

Clinical & Scientific Advisors:

Ted James, MD, MS, FACS
Vice Chair Academic Affairs, Chief of Breast Surgical Onc. Beth Israel Deaconess Medical Center, Harvard Medical School

Franklyn Prendergast, MD
Fmr. Director of the Mayo Clinic Comprehensive Cancer Center, Fmr. Board of Directors of Eli Lilly

Juliann Reiland, MD, FACS
Chair, ASBrS Oncoloplastic Surgery Work Group. Avera, University of South Dakota Sanford School of Medicine, Vermillion, Medical School

Brian Wilson, PhD
Head, Div of Biophysics & Imaging, Ontario Cancer Institute, Princess Margaret Cancer Centre

Engaged with World-renowned Cancer Centers in US, Canada and Europe

Beth Israel Deaconess Medical Center
HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Mount Sinai

Mount Sinai Hospital

Memorial Sloan-Kettering Cancer Center

Columbia University Medical Center

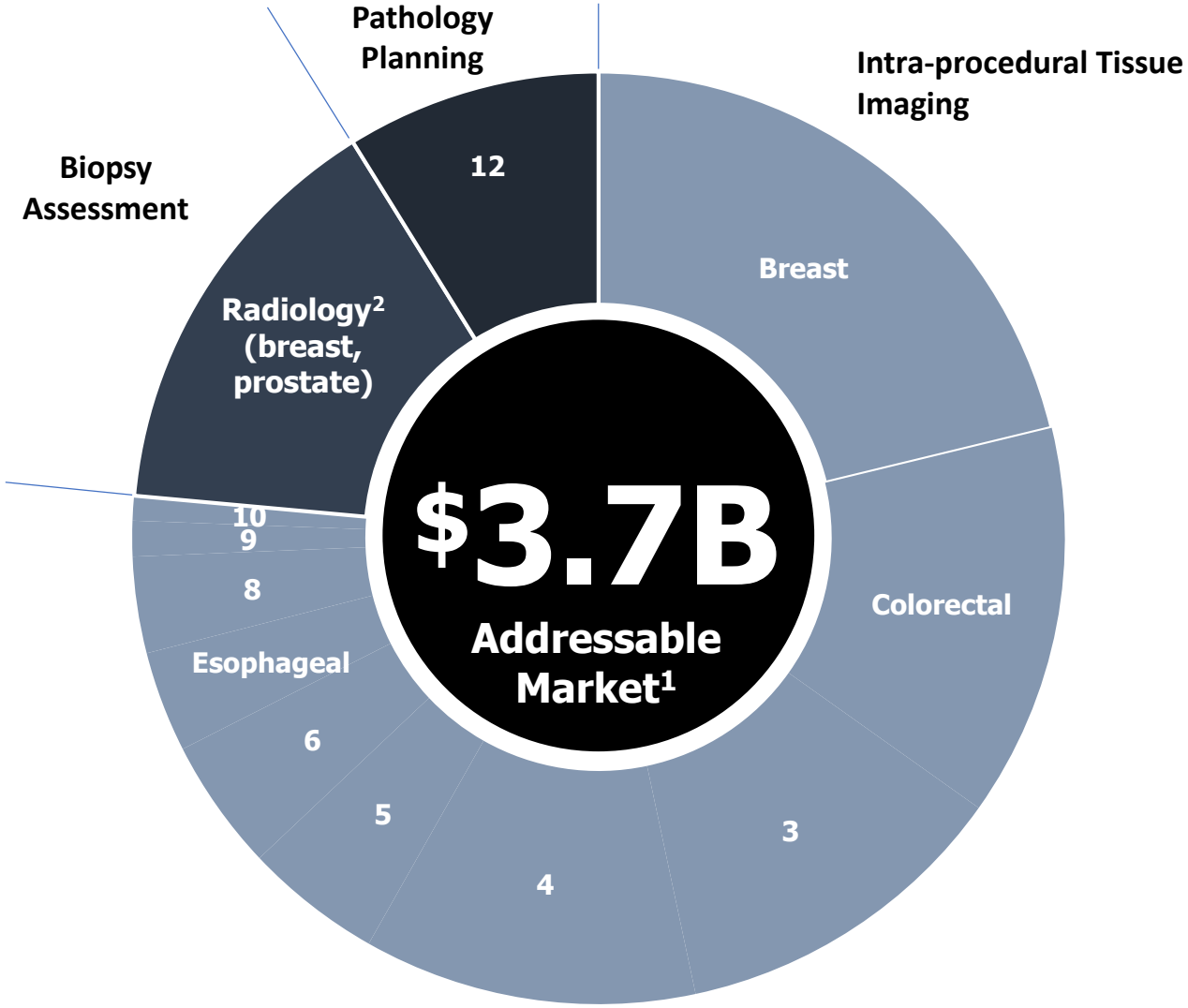
Carbone Cancer Center
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

THE UNIVERSITY of EDINBURGH

St. Michael's

Princess Margaret Cancer Centre UHN

While beyond the scope of Perimeter's current investment plan, OTIS has applications beyond breast cancer



Addressable Market By Region

USA total addressable mkt: $552 M

- Biopsy: $69 M
- Intra procedural: $441 M
- Pathology: $41 M

Europe total addressable mkt: $1.0 B

- Biopsy: $132 M
- Intra procedural: $839 M
- Pathology: $79 M

ROW total addressable mkt: $2.1 B

- Biopsy: $349 M
- Intra procedural: $1.5 B
- Pathology: $210 M

[1] WHO Projections for 2020.
- Clinical Applications: Lung, Breast, Prostate, Colorectal, Liver, Head and Neck, Esophageal, Pancreatic, Dermatology and Kidney
- Average cost per case for Inta-operative = $500USD; Biopsy = $50USD; Pathology= $30USD
[2] Biopsy US Rates provided by MDXHealth.com

Intellectual Property

- 1 issued, 11 pending US and International matters
  - 32 issued claims (6 independent)
  - 3 additional applications have been given notice of allowance and will be issued in 2019
  - Expect 142 issued claims (22 independent) by end of 2019
- Advanced image processing/reconstruction algorithms
- AI auto image assessment algorithms
- Tissue management system
- Combined Imaging with Specimen X-ray
- Atlas 1,000,000 breast cancer images (trade secret / know-how)

Leadership

WILL ROSELLINI JD, MBA, MS³
CEO

- 6 advanced degrees related to neurotechnology, published reimbursement and AI expert
- 4 successful exits (MTI in pivotal studies)

MicroTransponder NEXEON DSS MARATHON TeleMend Medical

Tony Holler, MD
Director

- Emergency Medicine trained physician
- $2.5B in acquisitions for companies he has started.

sunniva RESPONSE BIOMEDICAL CRH Medical CORPORATION

Rich Chernicoff
CFO

- Sourced, negotiated, secured board approval, closed and integrated over $1.5 billion of acquisitions
- Managed over $1.3 billion of public offerings

MARATHON XPERI SanDisk

PERIMETER

Appendix

This presentation does note, and shall not, in any circumstances, constitute an offer to sell or solicitation of an offer to buy any securities of Perimeter Medical Imaging, Inc.

Exchange Ratio

	New World	
Cash	$ 1,200,000	
Nano One	2,000,000	
Goodwill	500,000	
Enterprise value	$ 3,700,000	12%

	Perimeter	
Outstanding shares at C$0.25	$ 13,554,376	
Convert debentures	8,400,000	
Retire warrants	295,000	
New debentures	1,560,000	
New shares	3,900,000	
Post-money value	$ 27,709,376	88%

Total	$ 31,409,376	

Dollar amounts in CAD

P&L 2019-2023

	Amounts in thousands of USD				
	2019	**2020**	**2021**	**2022**	**2023**
Units	-	8	56	90	138
Installed base (cumulative units)		8	64	146	228
Consumable revenue	$ -	$ 1,088	$ 5,844	$ 13,975	$ 33,959
System revenue (including service)	$ -	$ 864	$ 6,733	$ 12,241	$ 28,075
Total revenue	$ -	$ 1,952	$ 12,578	$ 26,216	$ 62,034
Cost of revenue	-	1,326	6,872	11,232	24,285
Gross profit	-	627	5,706	14,984	37,749
Gross margin		32%	45%	57%	61%
Research and development	3,057	2,165	1,415	1,089	1,048
Sales and marketing	2,713	5,588	7,077	8,695	10,429
General and administrative	1,586	1,492	1,541	1,660	1,725
Total operating expenses	7,356	9,245	10,033	11,445	13,201
Income (loss) from operations	(7,356)	(8,618)	(4,327)	3,539	24,548
Provision for taxes					
Net income	$ (7,356)	$ (8,618)	$ (4,327)	$ 3,539	$ 24,548

Excludes stock-based compensation

Assumption: 1/3 direct sales, 1/3 third party leased, 1/3 placed with up-charged consumables. Consumable revenue projected based on 3 cases per system per week.

Cash flows

Amounts in thousands of USD	2019	2020	2021	2022	2023
Cash flows from operating activities					
Net income (loss)	$ (7,356)	$ (8,618)	$ (4,327)	$ 3,539	$24,548
Depreciation and amortization	24	105	704	1,907	3,772
Stock-based compensation					
	(7,332)	(8,513)	(3,624)	5,446	28,321
Change in operating assets:					
Receivables	-	(241)	(1,310)	(1,681)	(4,416)
Payables	647	(1,057)	97	173	218
Net cash flows from operating activities	(6,685)	(9,811)	(4,837)	3,938	24,122
Cash flows from investing activities					
Leased and consumable systems		(457)	(2,951)	(6,057)	(9,327)
Property, plant & equipment					
Net cash flows from investing activities	-	(457)	(2,951)	(6,057)	(9,327)
Cash flows from financing activities					
Debenture extension	996				
New World assets	1,357				
RTO financing	5,000				
Lease financing			1,000	2,000	(3,000)
NASDAQ uplisting financing		15,000			
Net cash flows from financing activities	7,354	15,000	1,000	2,000	(3,000)
Net cash flow for the period	669	4,733	(6,788)	(119)	11,795
Beginning cash and cash equivalents	1,866	2,535	7,267	480	360
Ending cash and cash equivalents	$ 2,535	$ 7,267	$ 480	$ 360	$12,155

31 January 2019 Capitalization

	In Canadian dollars			
		Pro Forma		
	Historical	$2 million debenture extension April 2019 (i)	$5 million concurrent-to-RTO financing Sept 2019 (ii)	$3 million Issuance to shell in RTO Sept 2019 (iii)
Debentures	$11,045,953	$13,045,953	$13,045,953	$ -
Common shares	9,867,465	9,867,465	14,867,465	30,913,418
Options	1,221	1,221	1,221	1,221
Retained deficit	(17,541,032)	(17,541,032)	(17,541,032)	(17,541,032)
Total shareholders equity	$ (7,672,345)	$ (7,672,345)	$ (2,672,345)	$ 13,373,608
Outstanding shares	54,217,504	54,217,504	74,217,504	136,401,316
Options outstanding under the ESOP	8,813,290	8,813,290	8,813,290	8,813,290
Options not issued under the ESOP	6,095,810	6,095,810	6,095,810	6,095,810
Warrants	2,316,732	6,316,732	6,316,732	12,966,255
Shares issuable upon conversion of debentures	44,583,812	52,583,812	52,583,812	-
Fully-diluted shares	116,027,148	128,027,148	148,027,148	164,276,671
Roadmap fully diluted shares (1)	72,325,165	84,325,165 (1)	84,325,165 (2)	84,325,165 (2)
	62.3%	65.9%	57.0%	51.3%

(1) Assumes Roadmap purchases all $2 million of the debenture extension
(2) Assumes Roadmap does not participate in fundraising after the debenture extension

NOTES and ASSUMPTIONS re the 4 financings shown in the Pro Forma Cap Table
i) the terms of the $2M debenture extension result in 6 shares being issued for every dollar invested ie., avg cost of C$0.1666667/share
ii) the $5M concurrent-with-RTO financing is done at $0.25/share
iii) the shell contains ~$4M in net cash and marketable securities; about 16M shares of Perimeter are being issued to the shell; we are assuming that we will realize $3M in cash from the $4M in net assets currently in the shell.

M&A precedent transactions of post-revenue companies (USD)

Company		Acquirer	Revenue at Exit	Exit	Rev. Multiple	Exit Year
Cianna Medical	*Breast tumour localization*	Merit Medical	$29M	$135M ($200M projected)	4.7X-6.9X	2018
Focal Therapeutics	*BioZorb device for 3D marking of surgical tissue removal sites.*	Hologic	$16M	$125M	7.8X	2018
Invuity	*illumination and visualization products for minimally invasive surgical field applications*	Stryker	$40M	$190M	4.75 X	2018
Faxitron	*specimen Radiography*	Hologic	$29M	$85M	3X	2018
Novadaq	*fluorescence imaging solutions for minimally invasive and open surgeries*	Stryker	$80M	$701M	9X	2017
Torax	*minimally invasive treatment for gastroesophageal reflux disease*	J&J	$30M	$325M	11X	2017
Neuwave	*soft-tissue microwave ablation for cancer*	J&J	$23M	$300M	13X	2016
BlueBelt	*orthopaedic robotics-assisted surgery*	Smith & Nephew	$20M	$275M	14X	2015
WaveTec	*intra-operative measurements for cataract surgery*	Alcon	$20M	$350M	17X	2014
Visualase	*MRI-guided laser ablation technology for thermal ablation markets, including neurosurgery*	Medtronic	$15M	$105M	7X	2014
OptiMedic	*Opthalmic OCT*	Abbott	Not Disclosed	$400M	?	2013
IDEV	*medical devices for interventional radiologists, vascular surgeons & interventional cardiologists*	Abbott	$25M	$310M	12X	2013
Mako	*IGS, robotics - knee/hip*	Stryker	$102M	$1,650M	16X	2013
SuperDimension	*lung navigation system*	Covidien	$30M	$350M	12X	2012
NeoMend	*surgical wound healing products*	Bard	$15M	$165M	11X	2012
Peak	*PlasmaBlade™ soft tissue dissection device*	Medtronic	$20M	$120M	6X	2011
Barrx	*radiofrequency ablation solutions to treat Barrett's esophagus and other GI tract diseases*	Covidien	$30M	$325M	11X	2011
Sentinelle Medical	*Breast MRI coils and CAD systems*	Hologic	$15M	$109M	7X	2010
Average				$338M	9.9X	
Adjusted Average	(removing top 2 and bottom 2 valuations)			$253M	9.8X	

Significant activity in breast surgical sector over past year lead by Hologic and Stryker

OTIS™ vs. Pre-commercial technologies

	OTIS™ (Widefield OCT)	ClearCut (MRI)	Diagnostic Photonics (Probe based OCT)	Lumicell (Fluorescence)
Accuracy	High	Medium (unclear on specificity)	Medium	Medium (low specificity)
Image Quality	High	N/A	Medium (diminished due to probe movement)	NA
Margin assessment up to 2mm Depth	Yes	No	Yes	No (Invivo – no margin information on specimen)
Specimen Coverage	Full specimen coverage (up to 10 cm diameter with no height restriction per side)	Full specimen coverage (possible limitations on specimen size based on ClearPack cassette)	Sampling (No size limit but probe provides poor coverage / not repeatable)	N/A (Invivo)
Automated image capture	Yes	No (not an image output)	No	No
Workflow	Fits into current workflow	Fits into current workflow	Fits into current workflow	Requires injectable 6 hours prior to procedure
Multiple Clinical Users	PACS Compatible (can be reviewed by multiple users in real time)	Single User	Surgeon User only	Surgeon User only
Patient Mngt. / Exclusions	N/A	Magtrace Liquid Marker etc.	N/A	Contraindicated for diabetes, heart disease, hypertension, and use of dyes
Time to Assess average specimen (4cmx4cmx2cm)	8-12 minutes	20-30 minutes	10-15 min	10 minutes plus additional prep time
Cost	$500-$1,000 per procedure	$500-$1,000 per procedure	$500-$1,000 per procedure	$1,500-2,500 per procedure
Time to Market	Late 2019	Anticipated 2021	Unclear	Anticipated 2022

OTIS's body of clinical evidence is extensive and growing

Mount Sinai

American Society of Breast Surgeons 2018

Evaluation of Surgically Excised Breast Tissue Microstructure using Wide-Field Optical Coherence Tomography (WF-OCT)

Adriana Corben MD; Shabnam Jaffer MD; Jessica Beyda MD; Twisha Oza MD; Christina Weltz MD; Elisa Port MD; Hank Schmidt MD PhD

Sensitivity	Specificity	PPV	NPV	Accuracy
76.6%*	99.3%	0.958	0.956	0.956

* Sensitivity is anticipated to increase with access to larger volume of true positives

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Mount Sinai

Case Western Reserve University EST. 1826 think beyond the possible

Columbia University Medical Center Discover. Educate. Care. Lead.

Princess Margaret Cancer Centre UHN

Academic Radiology, November 2017

Optical Coherence Tomography: A Novel Imaging Method for Post-lumpectomy Breast Margin Assessment—A Multi-reader Study

Authors: Richard Ha, MD, Lauren C. Friedlander, MD, Hanina Hibshoosh, MD, Christine Hendon, PhD, Sheldon Feldman, MD, Soojin Ahn, MD, Hank Schmidt, MD, PhD, Margaret K. Akens, PhD, MaryAnn Fitzmaurice, MD, PhD, Brian C. Wilson, PhD, Victoria L. Mango, MD

Sensitivity	Specificity	PPV	NPV	Accuracy
81%	89%	0.84	0.88	0.88

7 clinical readers made up of surgeons, radiologists and pathologists