

Chest pain?

Get peace of mind with
the CADScor[®] System.



What is coronary artery disease?

Coronary artery disease (CAD) is caused by the accumulation of fat, cholesterol and calcium which narrows the small arteries around the heart. The accumulation makes it difficult for the blood to reach the heart muscle. CAD is a serious illness responsible for 31% of deaths globally.¹ The risk increases with age and is higher for men than for women.¹

Less than
10%

of the patients with chest pain
are suffering from CAD.^{2,3,4}

Is my chest pain caused by CAD?

Chest pain and shortness of breath are classic symptoms of CAD, but can also be related to muscle pain, stomach conditions and stress. If you are suffering from these symptoms, you are advised to consult a doctor for further investigation. Multiple medical studies have shown that less than 10% of the patients who seek medical care for chest pain are suffering from CAD^{2,3,4}, but the diagnostic pathway can sometimes be long and stressful. There are two traditional methods for setting a diagnosis: functional tests, and coronary artery calcification and narrowing tests. The former method includes treadmill or bicycle stress tests and stress echocardiography, while the latter involves CT scanning and coronary angiography.



A new alternative to traditional methods

Many patients who undergo these tests have symptoms that are proven to be unrelated to CAD. The CADScor®System is a new, quick and reliable diagnostic aid that gives your physician an immediate indication of the risk that your symptoms are caused by CAD. Our test is performed in approximately ten minutes and takes your age, gender and hypertension/blood pressure into account. That makes the CADScor®System perfect as a first line diagnostic support used to rule out patients not suffering from CAD, ultimately reducing your waiting time and stress.



How does the CADScor®System work?

When blood passes through the narrowed coronary arteries, an abnormal sound pattern called a murmur arises. The murmur is an important indicator of CAD that cannot be heard with a human ear or stethoscope. The CADScor®System uses advanced acoustic technology and algorithms to conduct the delicate recording of murmurs in the heart sound. The more anomalies detected, the higher the risk that the patient is suffering from CAD. Based on a score from 0–99, every patient is categorized into two risk groups, low and elevated risk. The CADScor®System received its CE mark in 2015 and its FDA approval in 2020. The device is currently available in Denmark, Sweden, Norway, UK, Germany, Austria, Switzerland and USA.



Taking the test

The CADScor®System is a non-invasive reliable test free of radiation, which is performed on symptomatic patients over 40 years of age. It consists of an all-in-one device about the size of a smartphone. The test takes approximately ten minutes and is performed without any stressful or cumbersome procedures. Prior to the test, you rest for five minutes.

- The CADScor®System is placed on your chest with with a small adhesive patch.
- Your physician informs you of how to breathe during the test.
- The test is conducted in recording loops of 4x8 seconds.
- The recordings are filtered and analyzed.
- Your result is shown on the CADScor®System display in less than two minutes.



After the examination

If you are categorized in the low-risk group, your physician can, with a very high degree of certainty, rule out coronary artery disease and start evaluating other causes for your symptoms. Most low-risk patients are sent home after the test, while patients with elevated risk are referred to further examinations to set a diagnosis.



Acarix AB.

Info@acarix.com
www.acarix.com

References:

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2. Therring, C. et al. Low Diagnostic Yield of Non-Invasive Testing in Patients with Suspected Coronary Artery Disease: Results From a Large Unselected Hospital-Based Sample. *Eur Heart J – Qual Care Clin Outcomes* 2018; 4, 301-308
3. Winther, S. et al. Diagnostic performance of an acoustic-based system for coronary artery disease risk stratification. *Heart* 2018; 104, 928-935
4. Douglas, PS et al. Outcomes of anatomical versus functional testing for coronary artery disease. *N Engl J Med* 2015; 372, 1291-1300

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