Transforming Early Cardiac Diagnostics



Built on a clinical data powerhouse with more than 6,000 patients studied in the clinical program²

acarix

FDA DeNovo cleared and CPT III code²

The CADScor®System

Indicated for use as a diagnostic aid in symptomatic patients suspected of stable Coronary Artery Disease/Chronic Coronary Syndrome¹

The CADScor System is intended to record heart sounds, i.e. murmurs and vibration for calculation of a patient specific score, indicating the risk of coronary stenosis, as an aid in cardiac analysis and diagnosis at point of care.¹

Studies in thousands of patients have shown

Score of 20 or less indicates a low risk of significant CAD, with a negative predictive value of 96.2%¹



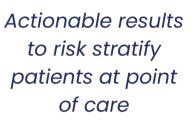
Score greater than 20 indicates an elevated risk of significant CAD, continue to assess for CAD with standard diagnostic workflow¹





Patients with stable chest pain & suspected CAD





CADScor



A first line diagnostic aid, before any other

non-invasive diagnostics are performed

Investigate other causes. If symptoms persist or worsen, the patient should seek medical attention

CAD-score > 20 Elevated risk of Significant CAD

elevated risk

CADScor System is designed to



Allow for Immediate risk stratification prior to potential secondary evaluation ¹

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Help save costs of more advanced CAD diagnostics in up to 35% of patients ^{3,4,5}



Offer a non-invasive & radiation-free option to rule out significant CAD¹

Schedule a demonstration of the CADScor®System by contacting your local sales representative, by phone at +1833-MYCADAI (692-2324) or scanning the QR code





visit www.acarix.com for important safety information

References

1. User manual US-FDA v.12.Y, prevalence 10,7%, 2. Data on file at Acarix 3. Winther S, et al. Heart 2018;104:928–935 (Dan-NICAD I) 4. Rasmussen et al. Heart 2023;109:1223-1230 (Dan-NICAD II) 5. Schmidt SE, Winther S, Larsen BS, et al. Coronary artery disease risk reclassification by a new acoustic-based score. Int J Cardiovasc Imaging. 2019;35(11):2019-2028. doi:10.1007/s10554019-01662-1 https://pubmed.ncbi.nlm.nih.gov/31273633/.