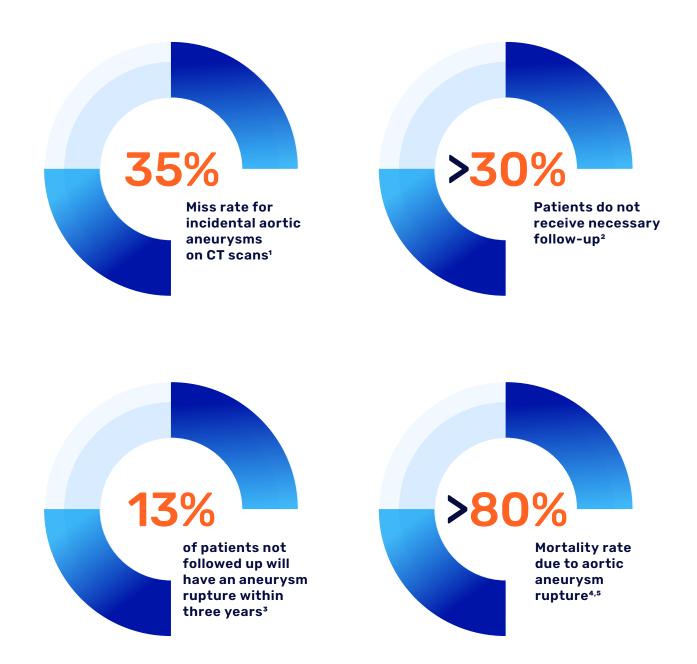


## TAKE AORTIC CARE TO THE NEXT LEVEL

Streamline Workflows, Improve Care Coordination And Ensure Patient Follow-Up

# Why Use Artificial Intelligence for Aortic Care?

Aortic aneurysms and dissections are often asymptomatic and found incidentally during imaging tests performed for other reasons.



Dealing promptly with aortic conditions before they worsen – potentially causing ruptures or dissections – saves lives. Clinical collaboration, timely access to imaging, accurate measurements and swift interhospital transfers are critical to the diagnosis and management of these diseases.

### Elevate Your Aortic Workflows With Artificial Intelligence

Aidoc's Aortic Care package connects all triage, notification, care coordination and patient management tools into a single platform that helps prioritize, coordinate care and ensure follow-up management of aortic pathologies.



management

### Aidoc Aortic Care Benefits

The Aidoc Aortic Care package includes automatic alerts on suspected findings, fast and convenient access to mobile images, customizable, auto-populated EHR data templates and a HIPAA-compliant chat feature. Armed with these tools, care teams can:



**Detect and prioritize** aortic patients faster



Standardize measurements for consistent findings



Initiate and manage ongoing patient care



Improve follow-ups to prevent patient leakage and optimize revenue

**Expedite** time-to-treatment



**Increase** overall interventions

### Aortic Aneurysms

### **Clinical Workflow**



#### Measurement

- Automatically and consistently measures max orthogonal abdominal aortic diameter on all contrast enhanced CTs
- Helps improve outcomes by quantifying diameters so clinicians can identify abdominal aortic aneurysms

Kristin Watson

5870780357

• Streamlines reporting by (optionally) automatically inserting physician confirmed measurement results into report



#### **Notification and Care Coordination**

a 🔸

Expedite clinical decision making with radiology approved measurement findings above site configured threshold (e.g. 5cm).

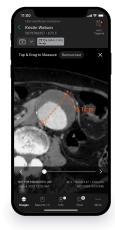
ED M-Abdau 6.1vr



Mobile Notification



Access Imaging



to no to to no

Measure on Mobile



Access Radiology Report and EHR

### **Aortic Aneurysm Patient Management**

Patient management is the safety net, making sure patients requiring follow-up for aortic aneurysms are identified, captured – and followed.

Fully integrated into EHRs and imaging reports, Aidoc's proprietary text-based Al curates a list of patients with confirmed **abdominal and thoracic** aortic aneurysms into a user-friendly, centralized hub for follow-up by nurses and schedulers within specialty clinics.

#### Improve aneurysm reporting, surveillance and scheduling

	Alteration of	Annarysti side (mit) Ad housing						V Fixed X Descal			Filter patients by:					
+ Marifiel III + Projected I			• Inferral stace			Known to citria		allabel ISI		Fitter patients be:			late			Reminders
Name & MRN	008	Apr	Dredw	Allocation	AA 3504 (cm)	Pestop	Class	12 Jdy Cale	netation		C Ferrirder	F	atient	age	~	Aneurysm size (mm)
Michael Styles 828671174	1/93/1946	77	Maio	Abdominal	6.7	No	60	23/5/2024	CBA Healthcare	Prior reports	Aneuryan	- F	rior rep	ports	~	AA location
Jearnine Parker 244755025	12/31/1953	70	Female	Abdoninal	6.7	No	60	23/5/2024	CBA Healthcare	Referring previder	Patient ci	P	ost op	eration		] Patient class
Tarlq Thomas 1823081867	7/3/1964	59	Maio	Abdoninal	5.9	No	19	12/5/2024	CRA Healthcare	The number of enabled fir screen width	ars is limbod if o	<b>P</b>	eferrin	g provide	ər	
Amenda Sweet 2215128287	9/28/1927	96	Ferale	Abdominal	5.6	Yes	OP	93/4/2024	CBA Healthcare	Sophia Gasen	Sophia Gre		umber c		filters	is limited if exceeding
Kerri Kolby 1399957005	2/19/1931	92	Ferale	Chest	s	No	19	93/4/2024	CRA Healthcare	Madison Jones	David Root					
Jade Tirado 12233115546	9/10/1947	76	Maio	Chest	4.6	No	60	1/4/2024	CRA Healthcare	Christopher Martinez						
Dominique Welsih 828671174	5/4/1957	66	Maio	Abdominal	4.6	No	60	1/4/2024	CRA Healthcare	Ma Hernandez	David Rodrigu	14				
Christine Lindgron 2238285005	5/28/1854	69	Ferale	Abdominal	4.5	No	19	1/4/2024	CRA Healthcare	Daniel Wright	Daniel Wright					
Nark Williams 1422953275	6/1/1959	64	Maio	Abdoninal	43	No	OP	14/3/2024	CRA Healthcare	Daniel Wright	Daniel Wright					
Anthony Judge 244755025	9/22/1927	90	Maio	Abdoninal	42	No	19	14/3/2024	CRA Healthcare	Albert Flores						
Denisha Green 244755025	5/17/1946	77	Ferale	Chest	42	No	12	14/3/2024	CBA Healthcare	Albert Flores						

- View, sort and filter patients with confirmed aortic aneurysm
- Work efficiently with EHR FHIR integration

						Reports Status & Updates Timeline
						Report Charts
						Current report
Patient Manager	nent we	lenen				× Jasmine Parker (
						Report mention:
						Peerts Table & Update A 6.7 cm infrarenal abdominal interval increase in size of infrarenal abdominal aortic aneurysm now measuring 6.7 cm (previously measured 5 cm)
	Reninders		nt age	Alexingen si		Report Duris
□ ~ <b>`</b>	<b>6</b> 3	× 0	D ~		~ C	Current report
		_				CAN DECEMPTON CINC Full report:
Identified rist     Mexieved	0 (Q) ) • M	ending (10)	Preferred place	6 SI + 5(Pe)	kded (3) • King	Report metrics
Marine & DIPM	008	Apr	Ownder	AR Location	AX 320 (10)	A 40 printeeval adores R08:00: Dysprea, unspecified
Michael Dyles	1/10/1946	77	Maie	Abdominal	42	67 cm (previously messure None
828671174						Technique:
Jasmine Parker 244755025	12/31/1963	70	Fersale	Abdominal	4.7	Full report: Avial CTA images of the chest were obtained after IV contrast with multiplanar and 3D reformats. 96 ml of Iso
Taria Thomas						Dinical Netroy: 570 was administered intravenously.     Folio: Oyuma, unpecif     This exam was performed according to our departmental dose-optimization program, which includes automat
1823081867	7/3/1964	\$9	Male	Abdominal	5.8	Comparison: exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruct
Amarida Sweet	A120/1937		Fernale	Abdominal	54	Technique: Total exam DLP (mQy-cm): 373
2215128387	a. 464/16637		Pee 4580	According		Add CTA impess of the che 270 was educationed inter
Keni Koloy	2/19/1931	92	Fersale	Chest	\$	This own wis performed a more than the performance of the performance
1300887008 Jade Tirado						Total even DLP (mSe-cm): The visualized thryroid gland is within normal limits.
Jade Tinado 1993815546	8/10/1947	76	Male	Chest	4.6	Pedres: No axiliary, mediastinal, or hiar lymphadenopathy.
Dominique Welsh						There are no filling detects witcoles. The those areas thickening identified. Mild cardiomegaly. No pericardial effusion or thickening identified. Mild cardiomegaly. No pericardial effusion thickening identified. Mild cardiomegaly. No pericardial effusion or thickening identified.
828571174	\$14/1957	44	Male	Abdominal	4.6	The visualized transformer processing and the second secon
Christine Lindgren	\$129/1954	49	Fernale	Abdominal	45	the carbon least Rev Marco and Araba
2238285005						There is diffuse means any purroway elevate any There are a few hepatic cysts with the largest measuring up to 1.5 cm in the left hepatic lobe.
Mark Williams 1402563076	4/1/1959	44	Male	Abdominal	4.3	arguese considerios. The elementary No deputie that
						There are a five hepatic op No significant convexes or a
Arthory Judge 244755025	8/22/1927	94	Male	Abdominal	4.2	No significant observations on a Impression
Denisha Green	\$/17/19:49	77				Prior reports 10
244755025	3/17/19-29		Fersale	Chest	4.2	Prior Negotta (4)
Carplee Clench						CUSTINIE POCUSTINIED

- Access imaging report within dashboard
- Review clinical information and radiologist impressions

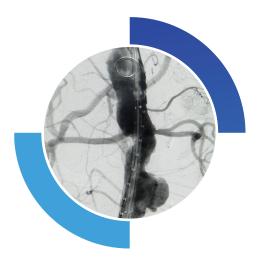
						Reports	Status & Updates	Timoline					
Sofe	Faminders		ert.oga	Aneuroson		Report	- Deste						
E AI V	•	~	<b>•</b>		~ ] @					GROWTH OF ADRTI	C ANEURYSM OV	OR TIME	
• Identified Int Reviewe	1 H (Q) ) • P	ending (cc)	• Referral placed	is . Seta	duked in • Kra			8128	E (CM)				
Name & MIN	000	Ago .	Dender	AA Location	AA Size (cm)								
Michael Styles 828671134	1/10/1946	77	Mole	Abdominal	6.7				8				
Jaunine Parker 244755025	12/31/1963	70	Fernale	Abdominal	67								
Tariq Thomas 10220011057	733/7984	50	Mole	Abdominal	5.8				4 3				
Amanda Sweet 2215/128287	8(24/1937	88	Female	Abdominal	5.6		-						
Kerri Koltay 1293057000	2110/10/51	102	Female	Chest	6				0 June 2018			Sep 2021 Jan 20	
Jade Tirada 1993015546	810(1947	78	Mole	Chest	4.6		<u> </u>						
Dominique Welsh 828671174	5(4/1957	66	Mole	Abdominal	4.6								
Obtistine Lindgree 2228285005	5(29/7954	60	Fernale	Abdominal	4.5								
Mark Williams 1402052075	6/1/1060	64	Mole	Abdominal	4.3								
Anthony Judge 244755025	6(22/1927	96	Mole	Abdominal	4.2								
Denisha Green 244755025	5(17)1848		Female	Chest	4.2								

 View longitudinal aneurysm growth curve

### Impact of AI on Abdominal Aortic Aneurysm

Improved Patient Evaluation and Follow-Up<sup>6</sup>

- ~2X more AAA clinic evaluations
- 14% increase in interventions
- ~75% reduction in time from index imaging to evaluation
- Time to repair decreased from 270 days to 58 days
- Aneurysm rupture rate reduced by 62% from 1.3% to 0.5%



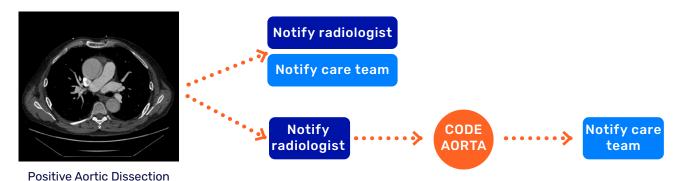


"Aidoc's comprehensive patient management platform has transformed our approach to patients with AAA. This technology has truly bridged the gap between radiologic findings and patient care, allowing us to provide timely and effective treatments."

**Edouard Aboian, MD** Assistant Professor of Vascular Surgery at Yale School of Medicine

### **Aortic Dissection &** Acute Aortic Syndrome

#### Site Configurable Workflow Options



#### **Notification**

- Expedited clinical decision making for Type A/B aortic dissection with image-based AI
- Runs on all CTAs and contrast enhanced CTs with aortic anatomy

а



#### Adam Daniel 6

ED

ίo ЙO

蛋o ЙO 80

### **Care Coordination**



Radiologist activated workflow for high quality alerts



Access imaging series and radiologic reports for a full view\*



Remote access to EHR data for case complexity and treatment assessment

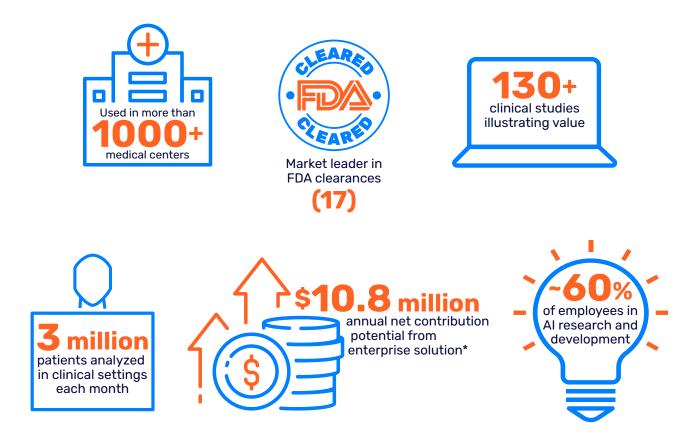


**HIPAA-compliant** chat

\*Meant for informational purposes only and not intended for diagnostic use beyond notification

### The Aidoc Difference: Always On for Patient Outcomes

Aidoc empowers care teams to streamline workflows to support accelerated, collaborative and accurate decision-making. Our AI-powered and AI-enabled solutions help breakdown silos that are barriers to improved patient outcomes, clinical efficiency and economic value for healthcare systems. A pioneering force in clinical AI since 2016, Aidoc has one of the largest install bases in the industry and is regularly recognized for groundbreaking innovations, including the enterprise aiOS<sup>™</sup> platform.



This is an example calculation assuming a 1k bed health system with 25% net contribution margin. Payor mix of private/self pay/other 67%; Medicare/Medicaid 28%; and no pay 5%. To understand the potential ROI for your facility, please reach out to Aidoc to understand how we can provide a customized calculation for you.



"It's important for surgeons to have the best available tools to quickly identify and treat acute aorta patients. Aidoc's acute aorta solution assesses every scan for acute aortic dissection and triages the positive cases, enables efficient communication and expedites workflows so specialists can collaborate for multidisciplinary decision-making to optimize timely care."

#### **James McKinsey, MD**

System Chief for Aortic Intervention at Mount Sinai Healthcare System and Surgical Director of the Jacobson Aortic Center

### aidoc

#### Aidoc is a pioneering force in clinical AI.

We focus on aiding and empowering healthcare teams to optimize patient treatment, which results in improved economic value and clinical outcomes.

Since 2016, Aidoc's clinically proven AI solutions have eliminated silos, increased efficiencies and improved outcomes by delivering critical information when and where care teams need it - leading to immediate collective action.

Powered by Aidoc's exclusive aiOS™, we analyze and aggregate medical data to enable care teams to operationalize the unexpected and work seamlessly with a continued focus on the patient.

Aidoc Al is always on, running in the background to change the foreground.

#### **References:**

1. Claridge et. al. Measuring abdominal aortic diameters in routine abdominal computed tomography scans and implications for abdominal aortic aneurysm screening. J Vascular Surgery June 2017. 2. Van Walraven, C., Wong, J., Morant, K., Jennings, A., Jetty, P., & Forster, A. J. (2010). Incidence, follow-up,

and outcomes of incidental abdominal aortic aneurysms. Journal of Vascular Surgery, 52(2), 282-289.e2.

https://doi.org/10.1016/j.jvs.2010.03.006

3. Valentine et al. Watchful waiting in cases of small abdominal aortic aneurysms— appropriate for all patients? Journal of Vascular Surgery, Sept 2000 32(3), P441-450,

4. JAMA. 2019;322(22):2211-2218. doi:10.1001/jama.2019.18928 https://jamanetwork.com/journals/jama/fullarticle/2757234 5. Gwon et al. Analysis of in hospital mortality and long-term survival excluding in hospital mortality after open surgical repair of ruptured abdominal aortic aneurysm. Ann Surg Treat Res. 2016 Dec; 91(6): 303–308. https://astr.or.kr/DOlx.php?id=10.4174/ astr.2016.91.6.303

6. Artificial intelligence improves initial evaluation and follow-up of patients with AAA. Kostiuk et al. Yale School of Medicine, New Haven, CT, US. VAM 2024 Interactive Poster