IZOTROPIC

CORPORATION

Corporate Presentation

Introduction

Izotropic Imaging Corp. was established in 2016 to commercialize a dedicated Breast CT system developed at UC Davis Medical Centre in Sacramento, California. This breast CT system is now known as the Izotropic Breast Imaging System and is currenly being tested in ongoing, fully funded clinical trials.

Izotropic Imaging Corp is the U.S. subsidiary of Izotropic Corporation.

Our Mission

Izotropic Corporation intends to **challenge mammography**, tomosynthesis, ultrasound and MRI, which are **the most recognized breast imaging modalities** currently used for **screening and diagnosing breast cancers.**

Breast Cancer Landscape

1.7 Million cases of breast cancer are diagnosed around the world every year, and **522,000 women** die from the disease annually.

In the US alone, **268,600 new cases** of invasive breast cancer and **40,000** breast cancer-related deaths are predicted to occur in 2019.

Breast cancer presents as either microcalcification(s), lesion(s) or both.

3 out of 10 cancers are microcalcifications and 7 out of 10 are lesions.

There's an urgent need for a cost-effective screening method that offers greater accuracy, speed, and comfort.

The medical community is very aware of current limitations in detecting breast cancer. Doctors are using the additional breast imaging modalities with increasing frequency, and researchers are actively pursuing new detection advances.

Current Modalities

Mammography

Tomosynthesis

Ultrasound

MRI

Mammography

Misses one in five breast cancers [1] due to false-negative test results.

May fail to detect inflammatory breast cancer, the deadliest form of breast cancer.

False positive results are common. About **50 percent of women** who get annual mammograms over a 10-year period **will have a false- positive finding at least once.** [2]

Requires **painful breast compression** and technologist handling of the woman's breast.

Provides **lower diagnostic accuracy** and **risks implant rupture** in women with breast implants.

Tomosynthesis

Typically used to investigate an abnormaility or area of interest discovered on a mammogram.

Misguidedly referred to as "3D mammography", these images are captured like mammography with breast compression, but the x-ray tube moves in an arc over the breast to collect multiple images versus the flat 2D images produced by mammography.

The result is synthesized 2D images with a 15 to 30 degree view of an area of interest.

radiologyinfo.org: " Although compression is necessary to obtain breast images, it may cause overlapping of the breast tissue in which **abnormal tissue can be hidden and superimposed normal tissue can appear abnormal**." [3]

Izotropic Corp. [1, 2] National Cancer Institute

[3] Radiologyinfo.org

Ultrasound

A painless and non-invasive imaging modality used to view internal structures of the breast.

Primarily used to help detect diagnose abnormalities discovered on other modalities.

Radiologyinfo.org: "Ultrasound imaging can help to determine if an abnormality is solid (which may be a non-cancerous lump of tissue or a cancerous tumor), fluid-filled (such as a benign cyst) or both cystic and solid."[1]

Radiologyinfo.org: "Many studies have shown that ultrasound and magnetic resonance imaging (MRI) **can help supplement mammography by detecting breast cancers that may not be visible with mammography**." [2]

MRI

According to Radiologyinfo.org[3]:

"Primarily used as a supplemental imaging tool to mammography and breast ultrasound.

May be used for screening in woman who are "high risk".

Used to furthter investigate an area after a new diagnosis of breast cancer

Further evaluating hard-to-assess abnormalities seen on mammography."

[1, 2] Radiologyinfo.org

[3] Radiologyinfo.org

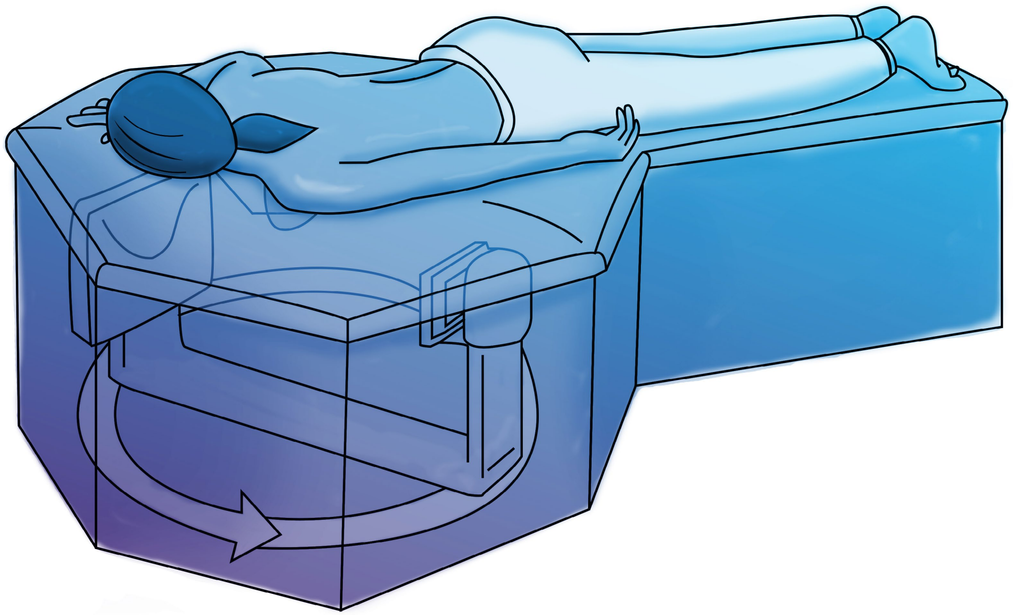
What is Breast CT?

CT stands for computed tomography and is sometimes referred to as a CAT scan. CT makes use of x-ray beams that are rotated around the body to **produce cross-sectional images** versus the flat 2D images seen on standard x-rays or mammography.

The Izotropic Breast Imaging System provides true 3D imaging with a 360° view acquisition. With breast CT, multiple viewpoints provide a trained radiologist with **more detail** to identify tumors and determine their size, shape, location and depth.

Results of images taken on hundreds of patients during clinical trials at UC Davis Medical Center show that the most recent model of the Izotropic Breast Imaging System is **superior to the current modalities** when used with contrast.

Click on the icon to hear Principal Founder and Director Dr. John Boone explain the difference between mammography and breast CT.



How Breast CT Works

With breast CT, women lay face down on the system table placing the breast to be imaged in a hole in the table. The imaging hardware beneath the table circles around the breast creating a series of raw data images. These raw images are processed through the computer to reconstruct true 3-D images of the breast.

Early detection is key in reducing the likelihood of death in women who get breast cancer. The Izotropic Breast Imaging System provides the best practices for early detection of breast cancer because of the following:

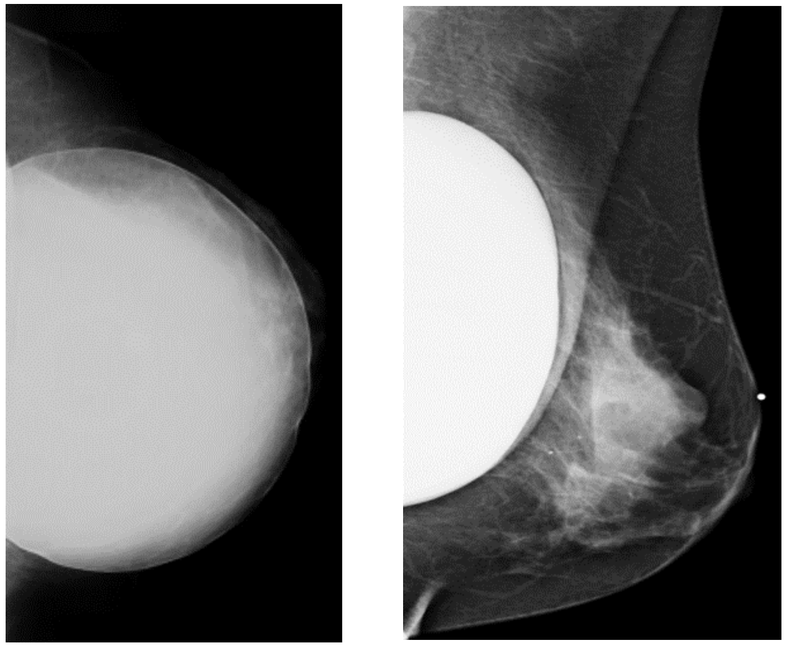
True 3-D Images
All images are viewable from any angle

High Resolution
Images that are top quality and are crystal-clear

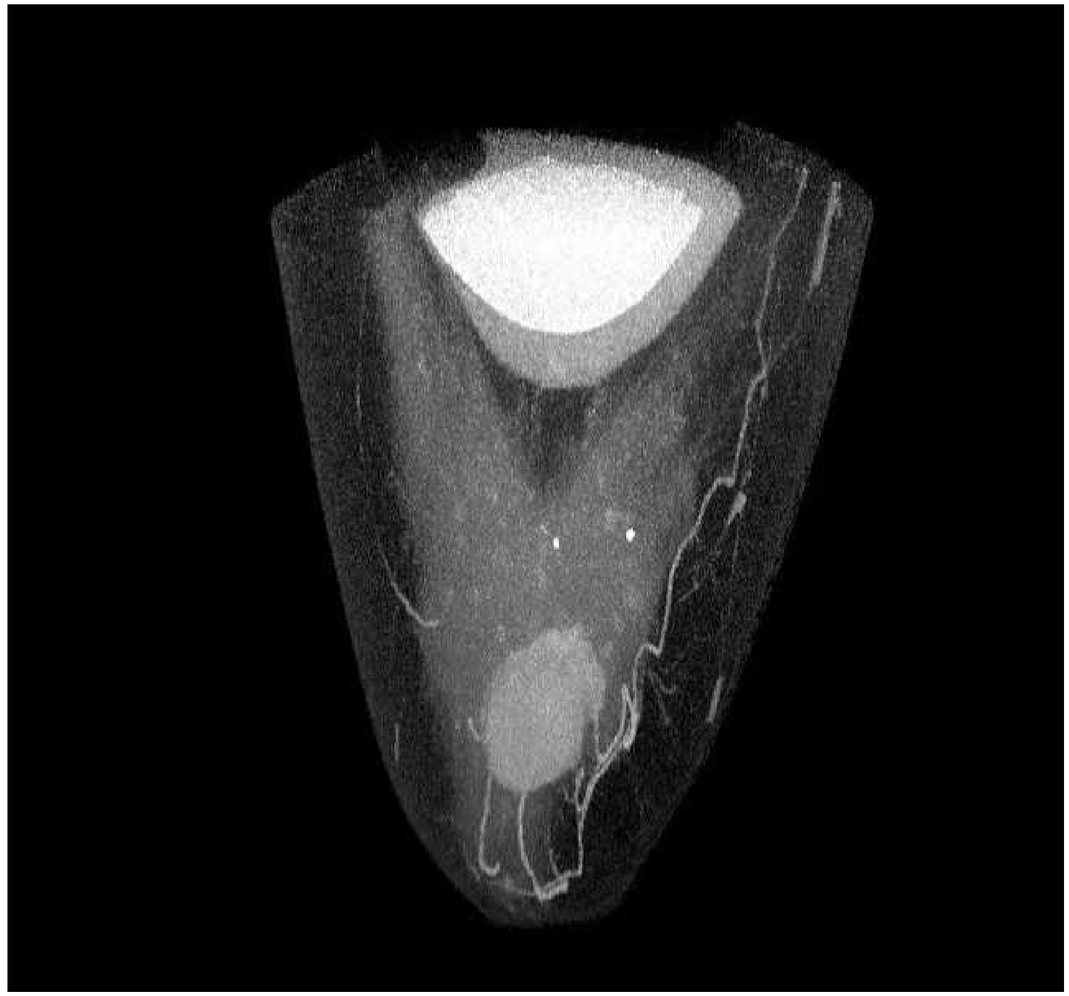
Fast Imaging
500 uncompressed images in 10 seconds

No Discomfort
No Painful Breast Compression

Redefining Breast Cancer Detection



2D Mammography



Izotropic Breast Imaging System with Contrast

Both scans are from the same patient. The large white mass is a breast implant. The white specs on the Izotropic Breast Imaging System video are microcalcifications. They are not visible on the 2D images produced by mammography.

Strong Business Case

The Izotropic Breast Imaging System produces high resolution, true 3D, 360 degree views to **image and diagnose suspicious lesions and masses.**

Breast CT imaging is effective for patients with or without implants and those with dense breast tissue.

The Izotropic Breast Imaging System is as effective as mammography and tomosynthesis in identifying micorcalcifications when using contrast, with the **same radiation dosages used for mammography and tomosynthesis.** Mammography misses in 5 cancers due to false negatives and also yields a high percentage of false positives.

Breast CT imaging of both breasts takes 20 seconds, compression is completely eliminated and a trained **radiologist can provide an initial diagnosis in minutes.**

A standard biopsy performed by a trained radiologist using breast CT takes approximately 20 minutes.

With the Izotropic Breast Imaging System, **smaller tumors can be imaged and biopsied with pinpoint accuracy.**

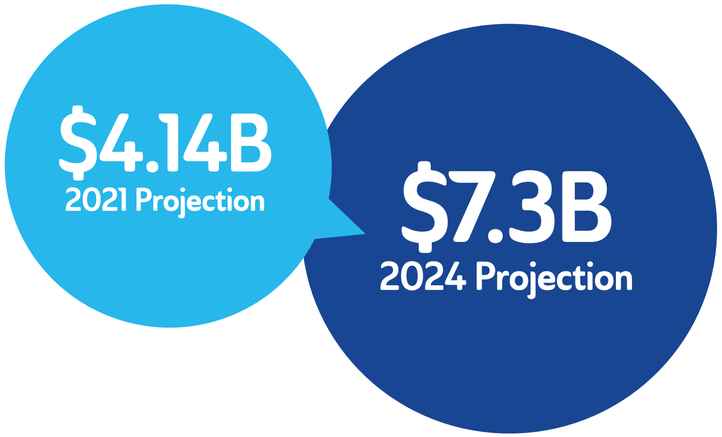
Breast CT imaging demonstrates clear advantages over existing imaging modalities.

Watch Dr. Boone discuss Breast CT Performance

Click on the icon to hear Principal Founder and Director Dr. John Boone explain the difference between tomosynthesis and breast CT.

Imaging Market

The **breast imaging market** is expected to reach $4.14 Billion by 2021, at a CAGR[1] of 8.0% from 2016 to 2021 and **$7.3 billion by 2024.**

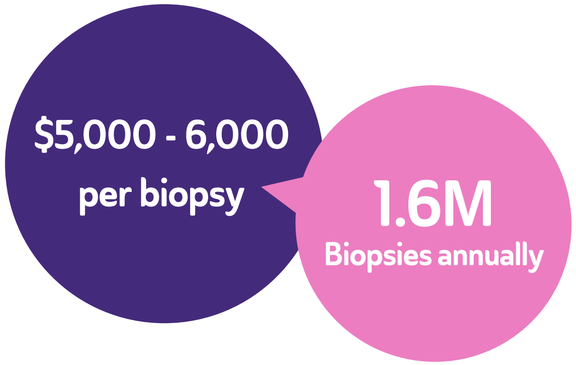


$7.91B
Annually

A study published in 2017 states **"follow-up breast diagnostic procedures amounted to an annual expenditure of $7.91 billion**, annually affecting 12,394,432 patients who received 8,732,909 diagnostic mammograms, 6,987,399 breast ultrasounds, and 1,585,856 biopsies, **underscoring the need for diagnostic modalities providing better specificity and greater diagnostic confidence** that can lower the health care expenditures and shorten the patient's diagnostic journey."[3]

Approximately 1.6 million breast biopsies are performed in the U.S. annually and hospitals charge $5,000 - $6,000 per biopsy.[4]

False-positive breast biopsies cost $2.18 billion US annually [5].



[1]Grand View Research [2]Market and Markets [3]Dovepress.com [4]The New York Times [5]The Modern Medicine Network

Our Business Model

Rather than relying on the sale of the Izotropic Breast Imaging System, a recurring revenue model of usage-based agreements will be entered into with hospitals and clinics. This model will create the following benefits:

Increases Adoption Rate

Cuts Upfront Capital Cost

More Scans for Women

Creates Minimum Monthly Usages

In the USA, the Mammography Quality Standards Act (MQSA), enacted October 27, 1992, ensures that all women have access to quality mammography for the detection of breast cancer in its earliest and most treatable stages. As of October 1, 2018, there are a total of 8,622 MSQA certified facilities and 20,303 accredited units in the USA.

Management Team

Robert (Bob) Thast
CEO

Has served as board chairman, chief executive officer, senior executive, and director to several publicly listed companies. Has expertise in a number of fields including capital markets, company management, strategic planning, business development, and corporate governance.

Jody Bellefleur
CPA, CGA, CFO

Has over 25 years' experience as a corporate accountant, focussing exclusively on public companies for the last 10 years. She is responsible for all aspects of regulatory financial reporting including the preparation of quarterly financial statements, management discussion and analysis reports, the coordination of annual audits, and government tax and regulatory reporting.

Ali Sodagar
Legal Advisor, Director

Founder of multidisciplinary law firm Sodagar & Company Law Corp., Sodagar specializes in business and commercial law, intellectual property, trademark, copyright, and licensing law. He also holds a bachelor's degree in medical and health physics.

John M. Boone
Ph.D., Principal Founder, Director

Boone is a medical physicist with 32 years' experience in academia and has been the principal investigator of the Breast Tomography Project at UC Davis for the past 18 years. He is a professor of radiology and biomedical engineering, and recently served as the president of the American Association of Physicists in Medicine.

Marshall (Terry) Severyn
Vice President of Marketing, Director

With over 30 years of experience in corporate sales and marketing, he has successfully led teams of up to 1,000+ employees in the pharmaceutical and high-tech sectors.

D. Barry Lee
Director

Over the last 24 years, he has served as CFO and COO of several publicly held companies, providing financial control and strategic planning. He has extensive experience in senior management.

Key Influencers & Advisory Board

Dr. Martin Yaffe
Ph.D., Senior Advisor

Dr. Yaffe is currently a senior scientist in physical sciences at Odette Cancer Research Program, Sunnybrooke Research Institute in Toronto, Ontario.

Dr. Norbert Pelc
Ph.D., Senior Development and Technology Advisor

Dr. Pelc is a professor of bioengineering and radiology at Stanford University, and served as chair of the university's department of bioengineering from 2012 to 2017.

Dr. Karen Lindfors
MD, MPH, FACR

Dr. Lindfors is a leading expert in the field of breast cancer screening and breast imaging and diagnostics, having specialized in cancer radiology and breast imaging and diagnostics radiology for more than 30 years.

Dr. Craig Shimasaki
Ph.D., MBA, Medical Device Business Consultant

Dr. Shimasaki has 35 years of biotechnology industry experience and co-founded nine companies, five which were taken public. He is President and CEO of Moleculera Labs and BioSource Consulting.

Bob Thast
CEO
604-220-5031
bthast@izocorp.com

Jaclyn Thast
Operations Manager
604-825-4778
jaclyn@izocorp.com

Location:
Suite 424, 800-15355 24th Avenue,
Surrey BC V4A 2H9

izocorp.com