

IzoView Technology

Engineered for Today's Challenges & Tomorrow's Care Models.









@IZOTROPIC



@IZOTROPICCORP

WWW.IZOCORP.COM OTCQB: IZOZF | CSE: IZO

Disclaimer

This document including links to press releases, presentations, fact sheets, and/or corporate materials including audio and video files either linked or imbedded, may contain statements that are "Forward-Looking Statements," which are based upon the current estimates, assumptions, projections, and expectations of the Company's management, business, and its knowledge of the relevant market and economic environment in which it operates. The Company has tried, where possible, to identify such information and statements by using words such as "anticipate," "believe," "envision," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," "contemplate" and other similar expressions and derivations thereof in connection with any discussion of future events, trends or prospects or future operating or financial performance, although not all forward-looking statements contain these identifying words.

These statements are not guarantees of performance and involve risks, including those related to capital requirements, and uncertainties that are difficult to control or predict, and as such, they may cause future results of the Company's activity to differ significantly from the content and implications of such statements. Forward-Looking Statements are pertinent only as of the date on which they are made, and the Company undertakes no obligation to update or revise any Forward-Looking Statements to reflect new information or the occurrence of future events or circumstances unless otherwise required to do so by law. Neither the Company nor its shareholders, officers, and consultants shall be liable for any action and the results of any action taken by any person based on the information contained herein, including, without limitation the purchase or sale of Company securities. Nothing on this website or its documents should be deemed to be medical or other advice of any kind.

Izotropic Corporation holds the exclusive global licensing rights to breast CT technology from the Regents of the University of California. This technology was originally developed at the University of California, Davis, under the Breast Tomography Project led by Company Director Dr. John Boone and his clinical collaborators. Four successive breast CT research devices were developed and evaluated at UC Davis. The clinical data and images referenced by the Company were generated using these research prototypes. IzoView, the commercial breast CT system developed by Izotropic Corporation, is a distinct and separate device designed for commercial use and was not used to generate this data or these images. Accordingly, any clinical performance data or images referenced by the Company should not be interpreted as evidence of IzoView's abilities, safety or effectiveness. IzoView remains an investigational device and has not been evaluated in clinical trials or studies to support claims of diagnostic performance. No assurances are made that results achieved with earlier breast CT systems will be replicated with IzoView. The Company makes no claims or guarantees regarding the diagnostic capabilities, clinical benefits, or regulatory approval of IzoView at this time. IzoView has not been approved or cleared by any regulatory authority and is not yet available for commercial sale. Any statements regarding potential clinical utility are for informational purposes only.

Podcast episodes including translations are generated with the assistance of Google AI. Content was produced using generative tools and may contain machine-generated elements. Listeners are encouraged to verify all information through official sources.

All images are for illustrative purposes only.

The Problem with Current Breast Imaging

- Mammography and Digital Breast Tomosynthesis ("DBT") require painful breast compression, which distorts breast anatomy and can reduce diagnostic accuracy.
- Dense breast tissue significantly overlaps under compression, limits the effectiveness 2D compression-based imaging.
- Mammography misses ~20% of cancers missed that are present at the time of screening¹.
- Ultrasound, primarily used for supplemental imaging, can have high rates of false-positives, leading to unnecessary follow-up imaging, biopsies, and increased patient anxiety.
- MRI, while more sensitive, is costly with long exam times, and remains inaccessible for most women outside of high-risk populations.
- MRI also has a high false-positive rate², leading to additional unnecessary biopsies, and patient anxiety.
- The diagnostic pathway often requires multiple imaging sessions (mammography and/or DBT and/or ultrasound and/or MRI, plus biopsy), creating delays, emotional burden, and escalating healthcare costs.
- Diagnostic imaging and procedure costs after screening mammography estimated at USD \$8B annually³.
- There is an urgent unmet need for accurate, fast, patient-friendly breast imaging technologies that can detect cancers earlier, particularly in women with dense breast tissue.

Mammography/ DBT





MRI

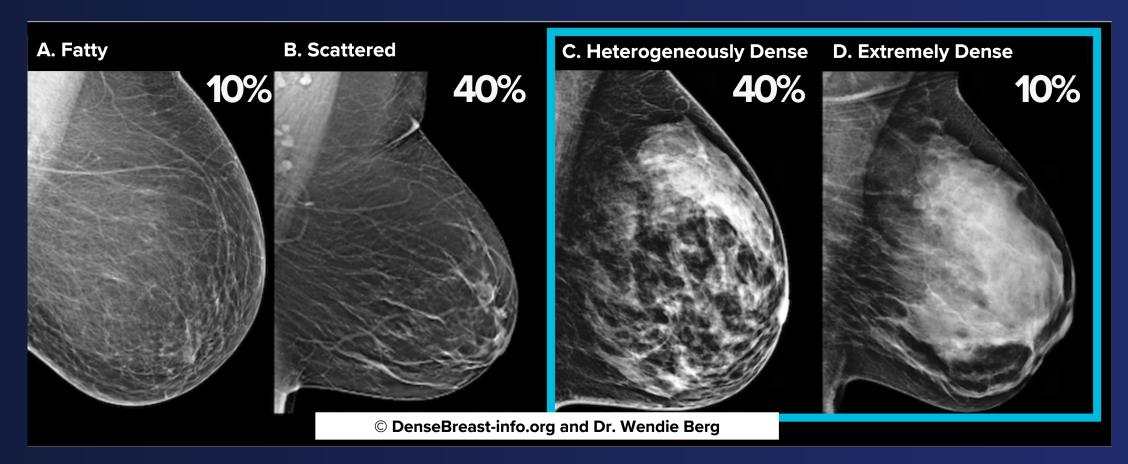


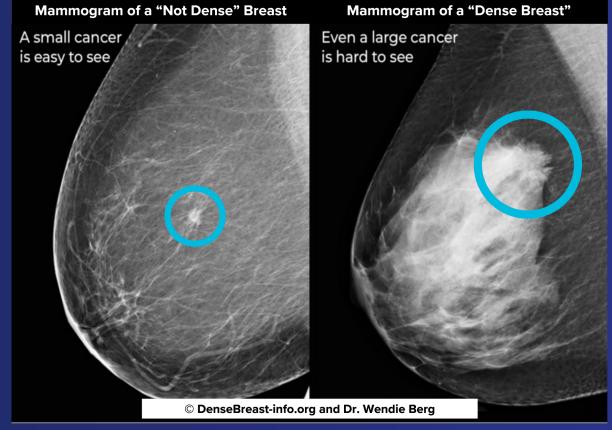


^{1.(2023,} February 21). Mammograms. National Cancer Institute. Retrieved July 16, 2025, from https://www.cancer.gov/types/breast/mammograms-fact-sheet 2.Garber, J. A big downside of MRI for breast cancer screening: More cascade events. Lown Institute. https://lowninstitute.org/a-big-downside-of-mri-for-

^{3.} Vlahiotis A, Griffin B, Stavros AT, Margolis J. Analysis of utilization patterns and associated costs of the breast imaging and diagnostic procedures after screening mammography. Clinicoecon Outcomes Res. 2018;10:157-167 https://doi.org/10.2147/CEOR.S150260

Understanding Breast Density





- Approximately 50% of women have dense breast tissue¹.
- Dense tissue appears white on mammograms- so do lesions and tumors, making cancers harder to detect.
- Dense breast tissue increases the risk of both developing breast cancer and missed cancers on mammography².

- Interval cancers: aggressive cancers that develop between scheduled screenings are 2-3.5 times more lethal in women with dense breast tissue compared to those with non-dense breasts³.
- U.S. FDA mandated that all mammography reports disclose breast density status⁴ and how it impacts accuracy of screening results, some states recommends supplemental imaging on reports.

^{3.} Gordon PB. The Impact of Dense Breasts on the Stage of Breast Cancer at Diagnosis: A Review and Options for Supplemental Screening. Curr Oncol. 2022 May 17;29(5):3595-3636. doi: 10.3390/curroncol29050291, PMID: 35621681; PMCID: PMC9140155. 4.(2025, June 4). Expanded Breast Imaging Insurance Coverage by State. DenseBreast-Info.org. Retrieved July 30, 2025, from https://densebreast-info.org/wpcontent/uploads/2025/06/DBI-INSURANCE-TABLE060425.pdf

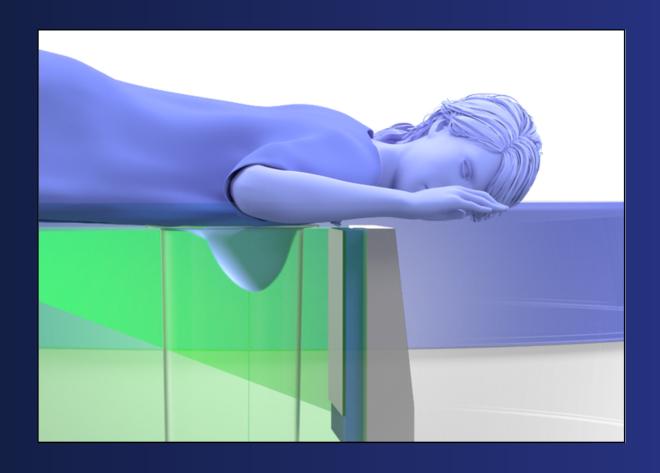


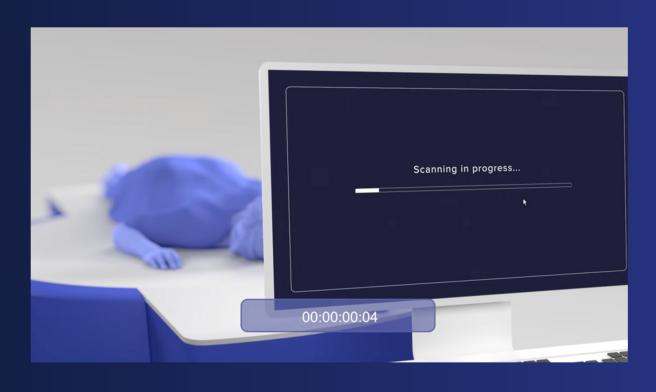


Introducing IzoView

Engineered for Today's Challenges & Tomorrow's Care Models.

- Next-generation dedicated Breast CT system delivering true 3D imaging without painful compression.
- Ultra-high-resolution imaging, spatial resolution approximately 100x greater than MRI.
- Rapid, patient-friendly imaging workflow: 10-second scan, full image reconstruction in ~30 seconds.
- Radiation dose comparable to standard 2-view mammography.
- Target sales price of USD \$500K, with legacy breast CT devices selling for up to USD \$1.5M¹.
- Radiation self-shielded system for added safety, modular engineering, enabling fast shipping and installation and simplified maintenance.
- Clinically validated technology: hundreds women imaged through NIHfunded trials at UC Davis Medical Center on prototype devices for academic research purposes, with extensive <u>50+ peer-reviewed</u> publications.
- IzoView is the commercial model developed by Izotropic with the exclusive global technology licensing rights to breast CT.
- 14 identified clinical uses, platform imaging foundation for future innovations and additional devices.



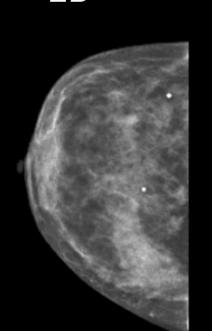


How IzoView Works

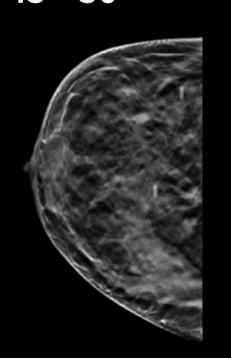
- The patient lies face-down on a padded tabletop, comfortably positioning their own breast in an imaging cup. No technician breast handling required.
- Imaging hardware circles the breast in 360° and takes up to 500 ultra-high-resolution images in ~10 seconds (depending on breast length). No breast compression.
- Software reconstructs images into a 3D model in approximately 30 seconds. No long waits for image processing.



MAMMOGRAPHY 2D



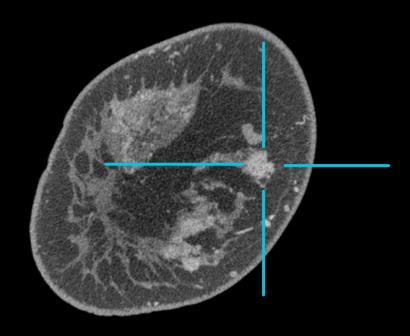
TOMOSYNTHESIS 15°- 50°



CE-BREAST CT TRUE 3D, 360°



x1 BREAST CT IMAGE SLICE



ALL IMAGES ARE OF THE SAME BREAST.

Clinical Breast Images



- Diagnosis: Invasive Ductal Carcinoma (IDC), 2 lesions.
- Images were taken using breast CT prototype devices at UC Davis Medical Center in clinical trials for academic research purposes, where breast CT technology was principally founded and developed.
- 4 successive breast CT models have been built and tested over 2 decades, funded primarily by U.S. government grants (NIH).

Competitive Advantages vs. Existing Modalities

- Projected Superior Dense Breast Detection: Breast CT's true 3D imaging eliminates tissue overlap, and may outperform Mammography, DBT, and Ultrasound in dense tissue cases.
- No Painful Compression: Natural pendant breast positioning improves patient comfort and may increase screening compliance.
- Patient & Technician Safety: Radiation self-shielded design fully eliminates radiation scatter into the surrounding area, only the breast being imaged is exposed to radiation unlike mammography and DBT.
- Operator Independence: Standardized imaging, eliminating variabilities due to operator skill level.
- **High Throughput, Fast Exams:** 10-second scan vs. 20-60+ minutes for mammography, ultrasound, MRI.
- Lower Capital and Operational Costs: IzoView's target sales price of \$500K designed to enable rapid ROI compared to MRI systems (\$1M -\$3M+) and legacy breast CT systems (up to \$1.5M).
- Outpatient Clinic Scalability: No specialized additional infrastructure needed, supporting broader geographic and commercial expansion, including mobile use in rural areas.



Technology Comparison Chart

Modality	True 3D Imaging	Cost USD	Radiation	Primary Use	Al Integrations
Mammography	No	\$55K-\$80K	Yes (low-dose X-ray)	Screening	Yes
Digital Breast Tomosynthesis ("DBT")	No (15°-50°)	\$150K-\$300K	Yes (low-dose X-ray)	Screening & Diagnostic	Yes
Ultrasound (Handheld)	Yes	\$100K-\$200K+	No	Supplemental Imaging Tool	Limited
Automated Breast Ultrasound	Yes	\$200K-\$300K	No	Supplemental Screening Tool	Limited
Contrast-Enhanced Mammography	No	~\$420K	Yes	Diagnostic	Emerging
Breast MRI	Yes	\$1M-\$3M+	No	High Risk Screening & Diagnostic	Yes
Abbreviated MRI	Yes	\$1M-\$3M+	No	Supplemental Screening	Yes
IzoView Breast CT	Yes (360°)	\$500K (Target)	Yes (low-dose X-ray)	Adjunctive Screening (Initial Indication for Use)	Yes & Emerging







Advanced Imaging. Accessible Care.

info@izocorp.com | sales@izocorp.com 1-833-IZO-CORP

WWW.IZOCORP.COM OTCQB: IZOZF | CSE: IZO