A SEAMLESS DIGITAL SETUP FOR RESPIRATORY MOTION MANAGEMENT

Current respiratory management solutions are cumbersome and take too long to set up. As a result, only a small percentage of overall procedures affected by motion receive the benefits of motion correction.[1]

*[External respiratory gating device] requires **far too much time and is too difficult to use,** so I cannot use it as often as I want.*

- NM Physician, Italy[3]

MOTIONFREE IS ALREADY THERE WHEN YOU NEED IT

MotionFree is a digital respiratory motion management solution that seamlessly integrates with your existing workflow for every patient.

Always on & seamless

No external device

No manual setup

No uncomfortable external device

No need to coach patients or explain an external system[2]

Make motion correction routine within your existing workflow

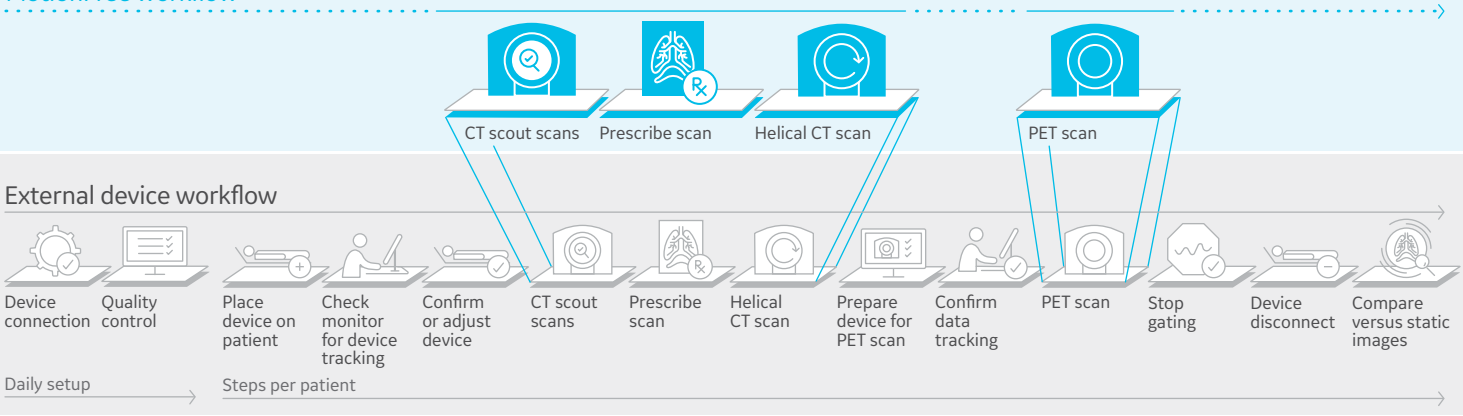
Auto-correction only in anatomies that need it

COMPARE THE WORKFLOW OF MOTIONFREE WITH THAT OF AN EXTERNAL DEVICE

MotionFree avoids adding on average **four minutes** to patient procedure time.[4]

In challenging cases, MotionFree avoids adding up to **11 minutes** to patient procedure time.[4]

MotionFree achieves the same image quality and diagnostic confidence as external device.[2,4]



When asked to rate how likely they were to recommend MotionFree, technologists gave it a **10 out of 10.**[5]

*User doesn't have to do anything in terms of preparation, MotionFree does it **automatically**.*

*After just one day of using MotionFree, it already feels like a **clinical routine**.*

*The **benefit for the patient is great**. It doesn't affect their comfort, while providing better image quality that hopefully leads to a better diagnosis.*

- Technologists, University Hospital Zurich

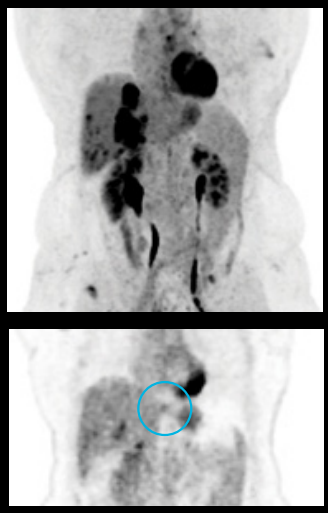
University Hospital Zurich MotionFree evaluation resulted in seamless workflow integration and impressive clinical image improvement[4]

Better image quality from MotionFree vs. static in lung and liver

"This patient is an example where lesion detectability improved with respiratory motion management. MotionFree applied motion correction only where needed, without compromising our existing workflow."

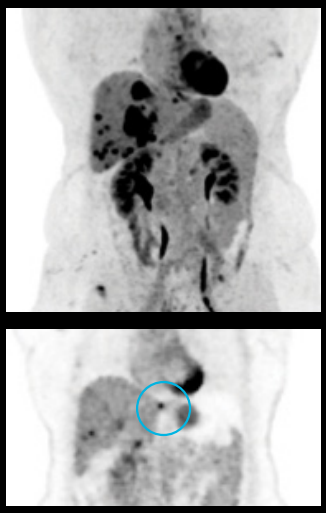
-Dr. Huellner, NM Physician, University Hospital Zurich

Conventional static



SUVmax: 4.25
Volume: 35.51 cm^3

MotionFree



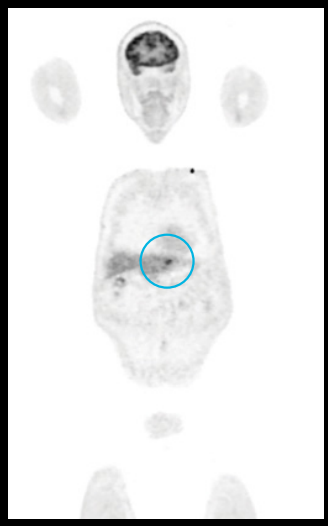
SUVmax: 6.08
Volume: 5.63 cm^3

Equivalent image quality while eliminating workflow impact of device-based motion correction

"The corrected images using MotionFree improved image quality for the lungs, but also more than expected in other anatomies. The combination of a seamless workflow and improved image quality is great. Since there was no additional setup time, it did not disrupt patient throughput. We plan to use this routinely on all patients."

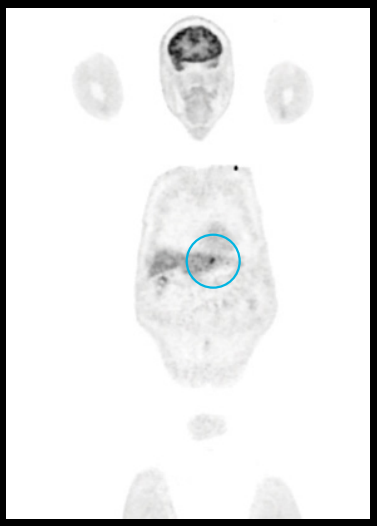
-Dr. Huellner, NM Physician, University Hospital Zurich

Device-based respiratory motion correction



SUVmax: 7.44
Volume: 2.89 cm^3

MotionFree



SUVmax: 8.0
Volume: 2.72 cm^3

References:

1. Buther, F. et al. Impact of Data-driven Respiratory Gating in Clinical PET. Radiology. 2016; 281(1): 229-615.

2. Walker, et al. "Evaluation of principal component analysis-based data-driven respiratory gating for positron emission tomography." Br J Radiol. 2018; 91(1085): 1-18.

3. Dec 2017 – Feb 2018. Double-blinded market research conducted by an independent third party research firm with 27 Nuclear Medicine decisionmakers, in United States, France and Italy.

4. Based on clinical practice at University Hospital Zurich, using 5-ring PET/CT with MotionFree and RPM. These results are for illustrative purposes only and represent specific customer experiences; actual results could vary depending on clinical practice and circumstances.

5. Survey was administered by GE Healthcare to 5 technologists with range of clinical experience at University Hospital Zurich, based on their experience using DDG during a 2 week period in August, 2018.

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