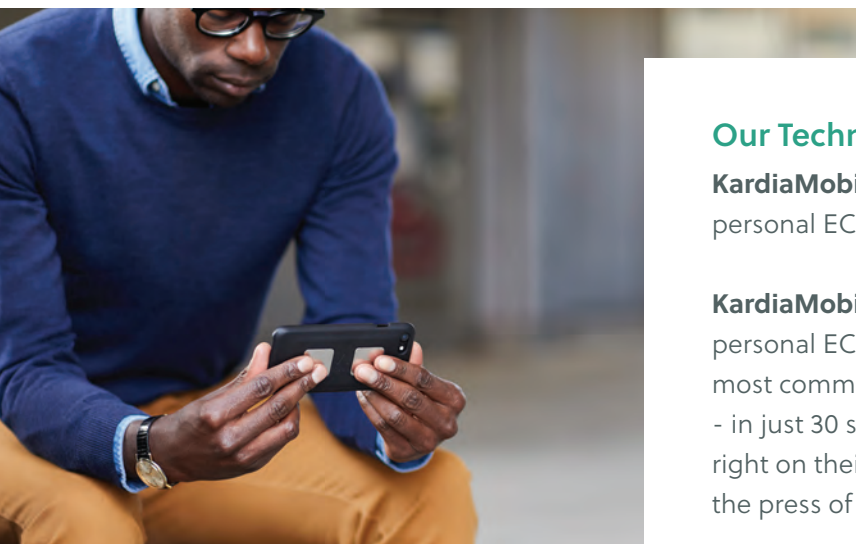


KardiaMobile is now recommended as an option for detecting atrial fibrillation (AF) for people with suspected paroxysmal AF, who present with symptoms such as palpitations and are referred for ambulatory ECG monitoring by a clinician.¹

Read the Medical Technology Guidance (NICE MTG64) to learn more about how our technology can support you and your patients.



We are able to proudly offer the only available NICE recommended personal ECG device based on the recent publication of the **Medical Technology Guidance (MTG64)**. This recommendation empowers both patients and physicians, in relation to their access to innovative digital technology.



Our Technology

KardiaMobile is the most clinically validated, medical-grade personal ECG in the world.

KardiaMobile is a CE-marked, FDA-cleared medical-grade personal ECG device. Our AI-driven technology can detect the most common arrhythmias - AF, bradycardia, and tachycardia - in just 30 seconds. Users receive instant analysis of their ECG right on their smartphone and can send to their clinician with the press of a button.

Our clinical enterprise solution, **KardiaPro**, connects with **KardiaMobile** and **KardiaMobile 6L** to enhance patient care and streamline ECG interpretation through remote patient monitoring. Patient ECG data is transmitted automatically from the Kardia app to your practice's **KardiaPro** portal.

The Kardia system can be integrated via **KardiaPro** into Electronic Health Records. The Kardia System is listed in Epic's App Orchard Marketplace for easy integration.



Highlights from the NICE MTG64 recommendation report¹:



Clinical evidence shows that **significantly more people had AF detected using KardiaMobile** compared with a Holter monitor, the current standard of care.



27 studies including **5 randomised controlled trials are evaluated** within this recommendation.



It is **easy to use, compact and can be used anywhere, at any time of the day**, to record an ECG.



KardiaMobile is well suited for ambulatory monitoring due to its **accessibility at symptom onset and improved access** to care when needed.



KardiaMobile's algorithm has **high diagnostic accuracy** per ECG recording with both sensitivity and specificity.



Evidence shows that using **KardiaMobile reduces time to AF detection**.



Cost modelling shows that **KardiaMobile** has **cost savings** compared with a Holter monitor by an average of £13.22 per patient over 2 years in people presenting with symptoms such as palpitations.



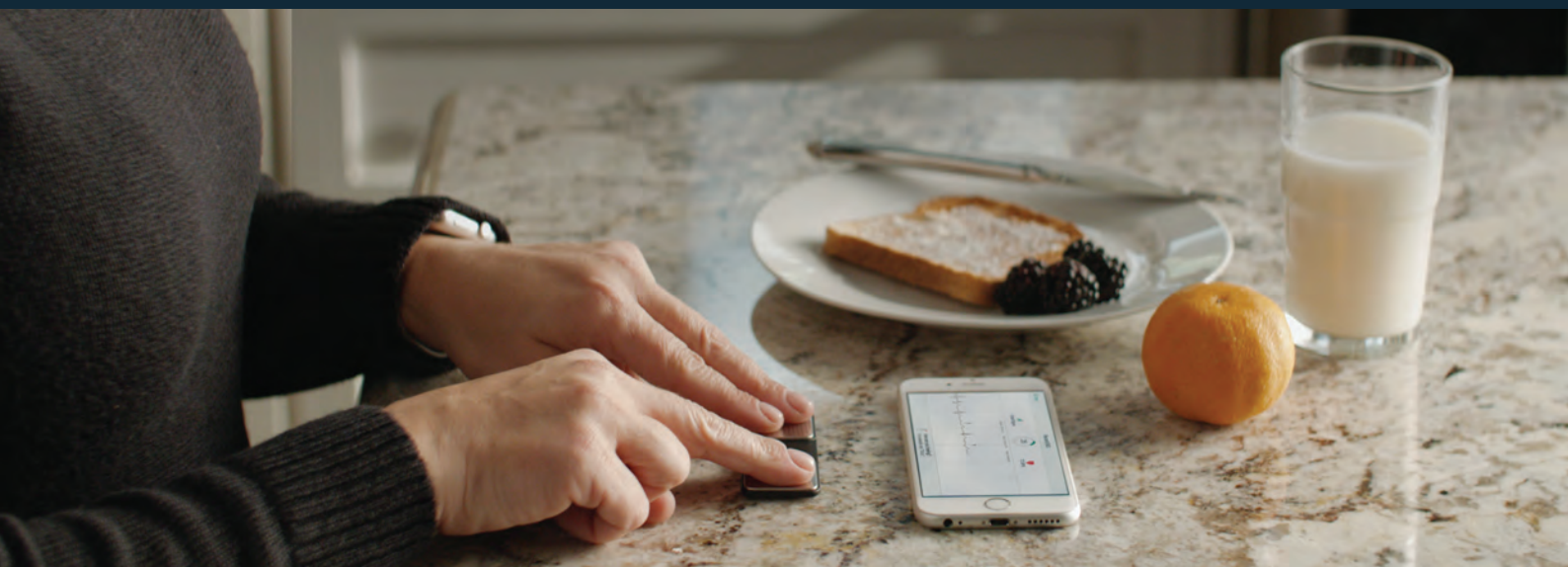
KardiaMobile is **cost saving** because of a **reduction in diagnostic costs** including the cost of the device.

What it means for you:

- Healthcare professionals recommending **KardiaMobile** to patients experiencing arrhythmia symptoms could reduce repeat testing rates² and referrals to secondary care.³
- Evidence suggests cardiac arrhythmia detection rate at 90-days was increased almost 10-fold compared to standard care alone.²
- Evidence suggests time to detection of a symptomatic rhythm or cardiac arrhythmia was decreased over 4-fold.²

What it means for AliveCor:

- This positive NICE recommendation supports the undiagnosed population, and also aligns to **AliveCor's primary goal - "providing remote cardiac care services for patients that are not in front of their cardiologist"**.
- Whilst also supporting the **NHS Long Term Plan** and their desire to reduce instances of cardiovascular disease, by enhancing AF detection.²
- **KardiaMobile** technology supports our environment and the NHS commitment to reduce single-use plastics, compared to the current standard of care with disposable ECG electrodes used with Holter monitoring.



What it means for patients:

- Patients can feel empowered, with the support of a physician, to remotely monitor their own heart health with improved access to technology.
- This may contribute to an earlier diagnosis of AF, which is essential for patients to avoid the potential consequences of stroke.



KardiaMobile is now recommended as an option for detecting atrial fibrillation (AF) for people with suspected paroxysmal AF, who present with symptoms such as palpitations and are referred for ambulatory ECG monitoring by a clinician.



To read the full report, please visit our resource hub at livecor.co.uk/resource-hub.
Email sean.warren@livecor.com for more information.

References:

1. NICE MTG 64. Available at: <https://www.nice.org.uk/guidance/mtg64>. Last accessed: January 2022.
2. Reed MJ, Grubb NR, Lang CC et al. Multi-centre Randomised Controlled Trial of a Smartphone-based Event Recorder Alongside Standard Care Versus Standard Care for Patients Presenting to the Emergency Department with Palpitations and Pre-syncope: The IPED (Investigation of Palpitations in the ED) study. *EClinicalMedicine*. 2019. 19(1):711.
3. Goldenthal IL, Sciacca RR, Riga T, et al. Recurrent atrial fibrillation/flutter detection after ablation or cardioversion using the AliveCor KardiaMobile device: iHEART results. *J Cardiovasc Electrophysiol*. 2019;30: 2220-2228. <https://doi.org/10.1111/jce.14160>

AliveCor
KardiaMobile