# VUNS

# VUNO Med<sup>®</sup> - DeepBrain<sup>™</sup> Product Introduction



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## Magnetic Resonance Imaging (MRI)

 Magnetic Resonance Imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.<sup>1</sup>

#### **Procedure**

- 1. Takes approximately **20~40 minutes** depending on the size of the area being scanned and how many images are taken.<sup>2</sup>
- 2. Images are scanned with a patient lying down on a flat bed that is moved into the cylinder shape screening scanner.<sup>2</sup>
- 3. The patient should lie still while CT images are being taken because movement can result in blurry pictures. The patient may hear clicking, buzzing, and whirring noises during the scan.<sup>2</sup>

### Remarks

- 1. Patients with artificial cardiac pacemakers or metal implants may not be able to have an MRI scan.<sup>1</sup>
- 2. MRI scan may be difficult for those who suffer from claustrophobia.<sup>1</sup>

1)https://seoul.hyumc.com/seoul/healthInfo/examination.do?action=view&testProcdrSurgrSeq=10259 2)https://guri.hyumc.com/guri/healthInfo/examination.do?action=view&returnAction=list&currentPageNo=1&recordCountPerPage=8&sear chKeyword=MRI&listViewType=0&testProcdrSurgrSeq=10208&rcnt=2

3) https://my.clevelandclinic.org/health/diagnostics/4876-magnetic-resonance-imaging-mri



Figure 1. MRI machine<sup>3</sup>



Figure 2. MRI Computer Screen<sup>4</sup>





### Brain MRI



Figure 1. Alzheimer's Disease Brain MRI<sup>3</sup>

#### 1. Detectable brain diseases with MRI<sup>1</sup>



- 2. Cerebral Infarction Epilepsy, Degenerative brain disease or dizziness which occurred within 3 hours can be detected with MRI but not with other examination such as CT.<sup>2</sup>
- **3.** For early detection of stroke in middle aged adults, the blood vessels and brain are examined at the same time.<sup>2</sup>

https://guri.hyumc.com/guri/healthInfo/examination.do?action=view&testProcdrSurgrSeq=10208&rcnt=2
 http://www.ish.or.kr/ish/exam\_view?seq=276&&sg=A&sound=&name=MRI&code1=&code2=
 http://anam.kumc.or.kr/department/treatDeptDesc01.do?DP\_CODE=AA340



#### **Alzheimer's Disease**

- Alzheimer's Disease (AD) : Most prevalent dementia among the middle and old ages and accounts for 60-70% of all dementia diseases.<sup>1</sup>
- In early stages, the volume atrophy of Hippocampus, Entorhinal Cortex, Medial Temporal Lobe is more apparent.<sup>2</sup>
- But gradually more structural changes such as overall brain atrophy with expansion of the cerebral ventricles are observed.<sup>2</sup>

#### **Cortical Thickness**

- The measurement of the cortical thickness is a neuroanatomically important analysis to monitor any abnormalities<sup>3</sup>
- Changes occur in neurodegenerative diseases such as Alzheimer's Disease or neuropsychological diseases such as Epilepsy, Depression and Schizophrenia.<sup>4</sup>





<sup>1)</sup> http://psy.amc.seoul.kr/asan/depts/psy/K/bbsDetail.do?menuId=862&contentId=206024

<sup>2)</sup> http://www.silverweb.or.kr/load.v2.asp?subPage=615

<sup>3)</sup> Lerch J. Measuring Cortical Thickness. A Masters Thesis Proposal July 2001

<sup>4)</sup> RSNA 2019. https://dps.rsna.org/exhibit/?exhibit=NR353-ED-WEA10

<sup>5)</sup> http://health.chosun.com/site/data/html\_dir/2012/11/20/2012112001733.html





### → It is a daunting task to accurately measure the volume of the brain and diagnose the disease.

\*Time taken for MRI test may differ by center and patient.

1) http://www.snuh.org/health/nMedInfo/nView.do?category=DIS&medid=AA000115

2) https://guri.hyumc.com/guri/healthInfo/examination.do?action=view&testProcdrSurgrSeq=10208&rcnt=2

3) It is About "Time": Academic Neuroradiologist Time Distribution for Interpreting Brain MRIs. Acad Radiol. 2018 Dec; 25(12):1521-1525.

4) https://seoul.hyumc.com/seoul/customer/question.do?action=view&bbsId=regularQue&nttSeq=10154

# 2 Product Features

## 2-1 Clinical Support

## 2-2 Efficiency

2-3 Reliability

## 2-4 Patient Support







## Brain Atrophy Analysis

- Provides volumetric data on 100 different regions through brain parcellation.
- Provides information of **brain atrophy** through the analyzed volume data.
- Provides information of normative percentile, the relative score compared to the normal average



Bin         Regin         Right         Roll         Right         Roll         <	VUUQ			VUNO Med <sup>e</sup> -Deep Brain						VUNO M	led°-De	ep Brain	n Group	Group Brain Beelon		Volume (ml)			Normative Percentile (Volume)			Normative Percentile (ICV ratio)		
Bits         Bits <th< th=""><th colspan="3"></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>left</th><th>Right</th><th>total</th><th>left</th><th>Right</th><th>total</th><th>left</th><th>Right</th><th>total</th></th<>															left	Right	total	left	Right	total	left	Right	total	
Base of the section of the sectin of the section of the section of the section of the s													—	PARIETAL LOBE	56.3	48.7	105.0	34.2	58.9	65.8	83.9	87.8	88.2	
Image: constraint of the section of the sectin of the section of the section of the section of the sec													1 [	Postcentral Gyrus	9.3	8.6	17.9	34.2	68.4	52.6	67.8	92.1	80.3	
Brain Region         Filter Region         Signer Paral Consc.         S						5	5%	10	%	25	%		PADIETAL LODE	Supramarginal Gyrus	11.2	8.5	19.8	96.1	46.1	78.9	100.0	70.4	96.7	
														Superior Parietal Cortex	12.2	10.1	22.3	34.2	49.3	36.8	63.16	83.6	75.0	
Provide         Product Provide <td colspan="2" rowspan="3">Group</td> <td></td> <td>· ۱</td> <td colspan="2" rowspan="2">Volume (ml) Nor</td> <td>Norr</td> <td colspan="2" rowspan="2">(Volume)</td> <td colspan="2" rowspan="2">Normative Percentile (ICV ratio)</td> <td>centile</td> <td rowspan="2"></td> <td>Inferior Parietal Cortex</td> <td>14.7</td> <td>12.0</td> <td>26.7</td> <td>78.3</td> <td>71.7</td> <td>76.3</td> <td>95.39</td> <td>92.1</td> <td>96.1</td>	Group			· ۱	Volume (ml) Nor		Norr	(Volume)		Normative Percentile (ICV ratio)		centile		Inferior Parietal Cortex	14.7	12.0	26.7	78.3	71.7	76.3	95.39	92.1	96.1	
Image: Prime Prim Prim Prim Prime Prim Prime Prime Prime Prime Prime Prime Pri			Brain Region	-			-					,		Precuneus Cortex	8.9	9.5	18.4	48.0	52.0	48.7	79.61	88.82	84.9	
Image: Field Point Libe:         Field P				left	Right	total	left	Right	total	left	Right	total		OCCIPITAL LOBE	20.8	21.4	42.2	48.4	53.9	51.3	74.7	81.6	78.6	
Item         Item <th< td=""><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4    </td><td>Lingual Gyrus</td><td>4.4</td><td>3.7</td><td>8.1</td><td>94.7</td><td>77.0</td><td>91.4</td><td>99.3</td><td>92.1</td><td>97.4</td></th<>		_											4	Lingual Gyrus	4.4	3.7	8.1	94.7	77.0	91.4	99.3	92.1	97.4	
Hepochan         1.0         3.0         3.0         0.0         0.0         20		Medial	TEMPORAL LOBE	52.95	51.24	104.19	26.0	42.1	38.2	47.4	75.0	70.4	OCCIPITAL LOBE	Pericalcarine Cortex	1.1	1.2	2.3	8.6	23.0	14.5	15.8	40.8	25.7	
Annyolia         1.1         1.7         2.8         3.3         2.0         9.2         6.0         2.37           TEMPGRAL LOR         2.5         1.4         1.6         1.7         2.8         3.3         2.0         9.2         6.0         2.37           Paralpocandal Grand         2.2         1.7         3.0         3.2         2.5         4.0         8.0         9.0         7.0         Restar         Restar         Restar         Restar         Restar         8.0         8.0         7.0 <td></td> <td>Hippocampus</td> <td>3.0</td> <td>3.5</td> <td>6.5</td> <td>0.0</td> <td>0.7</td> <td>0.0</td> <td>2.0</td> <td>2.0</td> <td>2.0</td> <td>Cuneus Cortex</td> <td>2.4</td> <td>3.5</td> <td>5.9</td> <td>53.3</td> <td>49.3</td> <td>51.3</td> <td>77.6</td> <td>78.9</td> <td>78.9</td>			Hippocampus	3.0	3.5	6.5	0.0	0.7	0.0	2.0	2.0	2.0		Cuneus Cortex	2.4	3.5	5.9	53.3	49.3	51.3	77.6	78.9	78.9	
Her         Endmand Contex         2.8         4.1         6.0         17.0         2.0         17.0         2.0         17.0         2.0			Amygdala	1.1	1.7	2.8	3.3	23.0	9.2	6.6	60.5	23.7		Lateral Occipital Cortex	12.8	13.1	25.9	43.4	58.6	51.3	71.7	84.2	78.3	
Partisponderage         Partise         Partise         Restand register         Re			Entorhinal Cortex	2.5	4.1	6.6	17.8	55.3	36.2	36.2	78.3	68.4		CINGULATE CORTEX	2.2	1.4	18.5	46.7	29.9	39.5	66.8	40.8	65.8	
Finder Grands         Finder G			Parahippocampal Gyrus	2.2	1.7	3.9	32.2	62.5	46.1	58.6	84.9	70.4	CINGULATE CORTEX	Rostral Anterior Cingulate Cortex	2.0	2.8	4.7	27.0	96.7	70.4	40.8	99.3	91.4	
Tennoni Point         Tennoni Point         1         2         2         4         6         7         7         7         8         5         0         0         0         0         2         0 <td>ORAL LOBE</td> <td>Fusiform Gyrus</td> <td>10.3</td> <td>5.6</td> <td>15.9</td> <td>86.2</td> <td>17.1</td> <td>53.3</td> <td>98.7</td> <td>28.9</td> <td>84.2</td> <td>Caudal Anterior Cingulate Cortex</td> <td>1.5</td> <td>1.6</td> <td>3.1</td> <td>36.2</td> <td>36.2</td> <td>34.2</td> <td>49.3</td> <td>46.1</td> <td>51.3</td>	ORAL LOBE		Fusiform Gyrus	10.3	5.6	15.9	86.2	17.1	53.3	98.7	28.9	84.2		Caudal Anterior Cingulate Cortex	1.5	1.6	3.1	36.2	36.2	34.2	49.3	46.1	51.3	
Bigener Importal Grans         111         9         9         9         9         9         7         9 <td></td> <td>Temporal Pole</td> <td>1.0</td> <td>2.2</td> <td>3.2</td> <td>4.6</td> <td>67.1</td> <td>27.6</td> <td>12.5</td> <td>83.6</td> <td>50.0</td> <td>Posterior Cingulate Cortex</td> <td>3.5</td> <td>3.0</td> <td>6.5</td> <td>57.2</td> <td>15.1</td> <td>32.2</td> <td>84.2</td> <td>32.9</td> <td>59.2</td>			Temporal Pole	1.0	2.2	3.2	4.6	67.1	27.6	12.5	83.6	50.0		Posterior Cingulate Cortex	3.5	3.0	6.5	57.2	15.1	32.2	84.2	32.9	59.2	
Model         Model         International		Lateral	Superior Temporal Gyrus	11.1	9.5	20.6	38.2	42.1	40.1	69.7	75.0	77.6		Isthmus Cingulate Cortex	2.5	1.7	4.2	67.1	23.7	44.7	86.8	35.5	72.4	
Interv Temporal Gyna         7.8         7.0         5.0         7.0			Middle Temporal Gyrus	10.9	11.6	22.6	48.0	52.0	53.3	77.6	80.3	81.6	INSULA	Insula	6.7	5.8	12.5	64.5	46.1	57.9	96.1	83.6	91.4	
Intervent         Tanneysing         Tanneysing <thtanneysing< th="">         Tanneysing         Tanneysin</thtanneysing<>			Inferior Temporal Gyrus	7.8	8.7	16.5	40.1	55.9	43.4	63.16	80.3	77.0	CORTICAL GRAY MATTER	CORTICAL GRAY MATTER	223.9	207.8	446.6	26.7	29.1	28.8	70.2	66.3	68.0	
Baries of the Superior Temporal Suburs         15         16         1         170         20         164         63         18         22         20         100         300         300           FROMPAL LOG         85.0         7.0         10.0 </td <td></td> <td>Transverse Temporal Cortex</td> <td>1.4</td> <td>1.0</td> <td>2.4</td> <td>83.6</td> <td>36.8</td> <td>68.4</td> <td>92.1</td> <td>54.6</td> <td>84.9</td> <td rowspan="2"></td> <td>SUBCORTICAL GRAY MATTER</td> <td>18.9</td> <td>19.0</td> <td>37.9</td> <td>45.4</td> <td>50.3</td> <td>47.0</td> <td>73.0</td> <td>80.3</td> <td>75.7</td>			Transverse Temporal Cortex	1.4	1.0	2.4	83.6	36.8	68.4	92.1	54.6	84.9		SUBCORTICAL GRAY MATTER	18.9	19.0	37.9	45.4	50.3	47.0	73.0	80.3	75.7	
FROMALLOBE         650         722         142         75         67         645         88.8         924           Subports Frontad Gruns         26         19.8         42.4         75.7         67.8         65.8         92.4         88.8         92.4         Subports Frontad Gruns         40.0         5.0         1.0 <td< td=""><td></td><td>Banks of the Superior Temporal Sulcus</td><td>1.5</td><td>1.6</td><td>3.1</td><td>19.7</td><td>26.3</td><td>16.4</td><td>30.3</td><td>40.8</td><td>32.2</td><td>Thalamus</td><td>4.5</td><td>5.2</td><td>9.7</td><td>32.2</td><td>30.9</td><td>30.9</td><td>63.8</td><td>62.5</td><td>62.5</td></td<>			Banks of the Superior Temporal Sulcus	1.5	1.6	3.1	19.7	26.3	16.4	30.3	40.8	32.2		Thalamus	4.5	5.2	9.7	32.2	30.9	30.9	63.8	62.5	62.5	
Subscripting fronting Organ         22.6         93.4         42.4         94.4         97.4         63.2         97.6         91.0         1000 <t< td=""><td colspan="2"></td><td>FRONTAL LOBE</td><td>85.0</td><td>79.2</td><td>164.2</td><td>75.7</td><td>67.8</td><td>64.5</td><td>88.8</td><td>88.8</td><td>92.4</td><td>1    </td><td>Caudate</td><td>3.0</td><td>3.1</td><td>6.2</td><td>51.3</td><td>45.4</td><td>48.0</td><td>75.7</td><td>70.4</td><td>72.4</td></t<>			FRONTAL LOBE	85.0	79.2	164.2	75.7	67.8	64.5	88.8	88.8	92.4	1	Caudate	3.0	3.1	6.2	51.3	45.4	48.0	75.7	70.4	72.4	
Mode frontal Cynu - Postrial         16.7         14.2         0.9         76.3         76.4         76.3         97.4         97.6 <t< td=""><td colspan="2" rowspan="11">FRONTAL LOBE</td><td colspan="2">Superior Frontal Gyrus</td><td>19.8</td><td>42.4</td><td>91.4</td><td>72.4</td><td>86.2</td><td>99.3</td><td>100.0</td><td>100.0</td><td>SUBCORTICAL GRAY MATTER</td><td>Putamen</td><td>4.0</td><td>3.5</td><td>7.6</td><td>77.0</td><td>61.8</td><td>70.4</td><td>90.8</td><td>85.5</td><td>89.5</td></t<>	FRONTAL LOBE		Superior Frontal Gyrus		19.8	42.4	91.4	72.4	86.2	99.3	100.0	100.0	SUBCORTICAL GRAY MATTER	Putamen	4.0	3.5	7.6	77.0	61.8	70.4	90.8	85.5	89.5	
Mode Fronta Ogna - Cuability 6-3         4.2         9.4         6.4         9.2         9.2         9.1 <th< td=""><td>Middle frontal Gyrus - Rostral</td><td>16.7</td><td>14.2</td><td>30.9</td><td>76.3</td><td>72.4</td><td>76.3</td><td>96.7</td><td>96.1</td><td>97.4</td><td rowspan="2"></td><td>Palidum</td><td>2.3</td><td>2.0</td><td>4.3</td><td>39.5</td><td>48.7</td><td>46.1</td><td>70.4</td><td>75.0</td><td>76.3</td></th<>			Middle frontal Gyrus - Rostral	16.7	14.2	30.9	76.3	72.4	76.3	96.7	96.1	97.4		Palidum	2.3	2.0	4.3	39.5	48.7	46.1	70.4	75.0	76.3	
Effective Frontal Gynus - Pars Operoclami         4.8         5.8         1.0         2.0         8.1         9.1         9.3         9.5           Herror Frontal Gynus - Pars Transplaris         3.8         3.0         7.0         3.0         7.0         3.0 <t< td=""><td>Middle Frontal Gyrus - Caudal</td><td>5.3</td><td>4.2</td><td>9.4</td><td>68.4</td><td>34.2</td><td>52.0</td><td>87.5</td><td>57.9</td><td>78.9</td><td>Accumbens Area</td><td>0.3</td><td>0.4</td><td>0.7</td><td>94.1</td><td>84.2</td><td>91.4</td><td>98.7</td><td>92.8</td><td>97.4</td></t<>			Middle Frontal Gyrus - Caudal	5.3	4.2	9.4	68.4	34.2	52.0	87.5	57.9	78.9		Accumbens Area	0.3	0.4	0.7	94.1	84.2	91.4	98.7	92.8	97.4	
PRIONTAL LOBE         Information Fronta Ognue - Pres Trienguine         3.6         3.8         7.2         7.8         4.4         6.05         8.08         6.25         8.9         CENERIDAL WHITE MATTER         Centerial Wink Matter         2.02         2.03         4.84         7.3         7.9         7.0           Monor Frontal Ognue - Prev Dotatilia         1.2         1.9         3.3         2.7         7.2         4.4         6.05         8.09         2.14         4.05         8.08         2.14         3.0         2.02         4.0         3.0         -         9.02         3.0         -         9.02         3.0         -         9.02         3.0         -         9.02         3.0         -         9.02         3.0         -         9.02         9.03         9.01         -         9.02         3.0         -         9.02         -         9.01         -         9.02         -         -         9.02         -         9.01         -         9.02         -         -         9.02         -         -         9.02         -         -         9.02         -         -         9.02         -         -         9.02         -         -         9.02         -         -			Inferior Frontal Gyrus - Pars Opercularis	4.6	5.5	10.2	84.2	99.3	96.1	94.1	99.3	98.7		ventral Diencephaion	4.8	4./	9.5	21.7	52.0	34.9	61.2	88.2	75.0	
FROMTALLODE         Interformation         Construction			Inferior Emotal Gynus - Pars Triangularis	3.6	3.6	7.2	75.7	41.4	60.5	88.8	62.5	84.9	CEREBRAL WHITE MATTER	Cerebral White Matter	242.2	243.2	485.4	72.9	72.9	72.9	95.3	95.3	94.6	
Chebdottal Colora 4 a Carl and			Inferior Frontal Gyrus - Pars Orbitalis	1.0	1.9	3.1	53	25.7	9.2	9.9	48.0	21.1		3rd Ventricle		•	3.1		· ·	92.8		-	98.0	
CONSIDERATION OF Leavestary 0.1 0.0 170 00.4 01.2 00.6 00.1 00.0 01.1 VENTRICLE Lateral VENTRICE 21.0 19.5 40.4 03.2 03.8 02.5			Orbitofenatal Costex - Lateral	8.1	6.5	14.6	66.4	57.2	63.2	96.1	88.8	04.1	- VENTRICLE	ern verificie	-	-	2.0	-	-	94.1	-	- 70.7	96.7	
Detectory and De			Orbitofrontal Cortex - Lateral	6.2	5.0	11.2	80.3	37.5	61.2	97.4	72.4	01.4	VENTRICLE	Lateral Ventricle	21.0	19.5	4.0	03.2	05.8	97.4	07.4	97.4	98.0	
Operating Operating Operating Operating         Operating Operat			Precentral Group	12.0	14.0	26.9	50.7	77.6	61.8	81.6	95.4	03.4	1 1	Chand Blazer	10	0.8	1.7	6.6	27.5	15.0	14.5	52.9	20.9	
recommendary         table			Precentral Oylus	2.9	2.0	6.7	01.0	62.2	01.0	82.0	00.0	00.1		Careballum-Cortex	43.5	42.2	85.7	0.0	4.6	0.7	9.9	19.1	13.2	
Participanti Dulovane 2.7 0.0 0.7 01.0 03.2 04.0 02.7 00.2 30.1 CEREBELLUM CEREBELLUM CEREBELLUM CEREBELLUM			France Pale	1.0	3.0	0./	76.0	76.7	77.0	02.9	00.2	00.1	CEREBELLUM	Carabalium.White Matter	15.1	13.4	28.5	37.5	30.9	31.6	72.4	59.9	67.1	

## <sup>2-1</sup> Clinical Support

## VUNO

## **Cortical Thickness Measurement**

- Provides cortical thickness data of cortex area from 0mm.
- Visualizes the cortical thickness (0~5mm) through a **Color Map** on the MRI image.





## VUUS

### Workflow Improvement

- Provides results within 1 minute<sup>1</sup>
- Can be integrated with PACS



#### **Analysis Tool** Analysis Tool • Turning On / Off the overlay mask on (1) 1 Mask Toggle specific areas, transparency can be controlled while the mask is on. Specific brain regions can be chosen for 2 2 masking. White Matter Hyperintensity 3 Turning On / Off, MRI T2 Flair image can be chosen when it is on toggle All **4 Viewer Part** Med Lat Frontal Lobe **Temporal Lobe Temporal Lobe** Volumetric information is shown when the mouse Occipital Lobe cursor is on the specific area of the brain **Parietal Lobe Cingulate Cortex** Insula Subcortical GM **Cerebral WM** a) Volume (mm<sup>3</sup>) : Definite the volume of the specific area b) ICV ratio (%) : Ratio of the specific area volume to the Ventricle Cerebellum ETC whole brain volume

3

WMH on/off

c) Percentile (%) : Low rank percentage among the normal population. Small number means more atrophy.

## <sup>2-3</sup> Reliability

## VUNO

### Learning based on Comprehensive Data

- Trained on MR T1 images of 4 thousand cases collected form multi-centers from collaboration with leading institutions in S. Korea.<sup>1</sup>
- Compatible to multiple vendor devices including Philips, Siemens, GE Healthcare and multiple field strengths including 1.5T, 3.0T<sup>1</sup>
- Performances has been confirmed with A beta PET positive data.<sup>1</sup>
- A higher level of consistency with Freesurfer has been reported for almost all areas of the brain compared to other commercialized products with higher consistency for small areas such as Putamen, Pallidum<sup>1,2</sup> (Fig.2)



Figure 1. Volume Accuracy on Multicenter<sup>1</sup>



#### Figure 2. Intra Correlation Coefficient (with FreeSurfer)<sup>1,2</sup>

#### 1) Internal retrospective study



### **Proven Performance**

- A higher level of consistency in White Matter Hyperintensity analysis for MR T2 images.
  - Internal validation result : dice coefficient score 0.894<sup>1</sup>
  - External validation result : dice coefficient score 0.837<sup>1</sup>(Fig.1)







JUN 24, 2019 MFDS Regulatory Approval



NOV 30, 2018 ISO 13485:2016



JUN 15, 2020 EC Certificate





Domestic Patents

Registration No.	Title	Classification
10-1875468	Disease model based medical information service delivery methods and devices	Imaging (General)
10-1840350	Methods and devices to increase reading efficiency using the user's eye information during medical image reading	Imaging (General)
10-1849072	Content-based medical imaging methods and systems	Imaging (General)
10-1880035	Imaging methods and devices, image analysis methods	Imaging (General)
10-1925463	Methods for registering and verifying image hash values, and devices using them	Imaging (General)
10-1957812	Methods for coding and decoding using characteristic space and devices using artificial intelligence image analysis	Imaging (General)
10-1957811	Method for calculating severity of dementia of a subject based on medical images and device using them	Imaging (DeepBrain)
10-1948701	Method for determining brain disease of subject based on potential variable describing brain structure of subject and device using them	Imaging (DeepBrain)
10-1995383	Method for determining brain disease based on feature ranking of medical images and device using them	Imaging (DeepBrain)
10-2067412	Dementia evaluation method and device using thems	Imaging (DeepBrain)

## Brain Atrophy Report

- Provides statistical analysis results of volume compared to the norm
- Visualized graphs and diagrams for easy interpretation
- **Report can be customized** catered to the specific needs of the user.

νυηφ	VUNO Med"-DeepBrain	vunø	VUNO Med*-DeepBrain	vunø	VUNO Med <sup>1</sup> -DeepBrain				
VUNO Med®-DeepBrain provides quantitative volume o diagnose and classify neurodegenerative disorders ind- disease, consultation with neurologistiksochiatrist and r	data of brain structures, and assists clinicians to using dementia. For the final diagnosis of the neurospicyhological test is required.	Volume Information of the Brain Strue	ctures	Volume Informat	Volume Information of the Brain Structures				
				<5 <15	< 20 >= 20				
Patient Information		neurodegenerative diseases including dementia i	are provided.	Group	Brain Region (Volume (L) (Volume) (L) (Volume) (L) (Volume) (L) (Volume) (V				
Patient Number         Simulation Sample           Gender         Male           Date of Imaging         2019-05-31	Name Anonymized Date of Birth 1959-11-28 Date of Analysis 2019-11-28	The figure shows the deprese of attophy by comp to the volume of the normal population (blue). Ta lateral ventricid) is correlated with the risk of diseases. ventricid is constated with the risk of diseases. Smaller volume within brain regions (excluding la whereas a larger volume in the lateral ventricide in	aring the volume of <b>cpatient brain region(yollion)</b> the malter volume of the brain region(secrept ases. Larger volume of the lateral teral ventricle) indicates higher risk of diseases, piles higher risk.	TENPONILLER	Improvement         10         20				
Volume Information of the Brain Strue	ctures	Volume of the Hippocampus, Entorhin Panetal Lobe, Cingulate Cortex, Cereb	al Cortex, Cerebrum, Frontal Lobe, Temporal Lobe, ellum is below 10 % of normative database.		Bits of the fuperior freequoid biass.         Lile         Lile         J.5         J.6         70         J.60         M.01         Lile         Lile         Lile           Formati class         T.Lil         D.10         D.11         D.10         Lile         D.10         D.10 <thd.10< th="">         D.10         D.10</thd.10<>				
LEFT	RIGHT	Courtoon) Cerebrum	Caumon Frontal Lobe	PROKIN, LOBE	Interference/press/program         318         464         60         662         710         710         23         23         14           Interference/press/pres				
Frontal Lobe 10.0 Temporal Lobe 1.0	Frontal Lobe 9.0 Temporal Lobe 2.0	Volume : 818.66ml ( 7.00% )	Volume : 142.19ml (8.00%)	PARETAL LOBE	Production         453         443         843         443         843         443         843				
Parietal Lobe 4.0 Occipital Lobe 78.0 Occipital Lobe 78.0		This region is involved in mental functions like motor function, sensory comparisons, language, memory, and judgment. The larger and the fact in clucking frontiat, temporal, particult, and compilate labes. The volume mentals the account of memorias the think involved.	This region is investived in instan function, wendlow, abotivant thereing, planning, problem solving and moderation of information.	OCCIPITAL LOBE	Original class         21/e         21/s         61/s         68/s         61/s				
<u>g</u>		(CAUTION) Temporal Lobe	CAUTION) Hippocampus	CINGULATE CONTEX	Restin America Corputar Contex         1.11         2.04         3.86         69         44.6         3.26         2.6         2.6           Could America Corputar Contex         0.16         1.51         2.50         1.64         2.8         2.6         2.6           Prestation Corputar Contex         0.16         1.51         2.50         1.64         2.8         2.6         2.8           Interest Corputar Contex         0.16         2.40         2.6         2.03         3.0         3.0           Interest Corputar Contex         1.64         2.64         2.6         3.6         3.0         3.0         3.0				
Ventricle 81.0	Ventricle 71.0			CORTICA GRAVMATTER	Unit of example         Unit				
Cerebellum 13.0	Cerebellum 8.0	Volume : 83.58ml ( 2.00% )	Volume : 6.50ml ( 1.00% )	CEREBRAL INVETE MATTER VESSEL	rearry         2.8         2.0         4.6         1.0         4.8         2.0         -         -           Kombine Awa         0.01         0.31         0.9         0.5         0.1         0.4         0.10         -         -         -           Write Description         5.28         4.83         15.11         10.9         4.9         15.2         -         -         -           Control With Stream         5.29         4.83         15.11         10.9         4.94         15.2         -         -         -           Control With Stream         5.29         4.80         15.11         10.9         4.84         -         -         -           Weard         0.94         0.91         6.05         9.0         0.03         8.65         -         -           Weard         0.94         0.91         0.05         9.0         0.03         8.65         -         -           Weard         0.94         0.91         0.05         9.0         0.05         0.0         -				
		This region is involved in memory, language comprehension, and auditory sama, includes anothinal contax and garahippocampus that can be affected in the any stage of Aubanism's demantia.	This region is livel/set in memory and lixering. One of the first regions of the brain showing structural change caused by Alzheimer's dementia.	VENTROLE	40 Nonjolit         100 <th< td=""></th<>				
				CDREELLOW	Cerebolium-Imite Matter 14.54 12.13 26.44 17.0 4.8 4.0				
DeepBrain F	Report   01	DeepBrain	Report   02		DeepBrain Report   O4				





### **Autonomous & Clinically Aligned**

- It can be a supporting tool for diagnosis of neurodegenerative diseases such as Alzheimer's Disease based on normative percentile score and volume information for 100 brain areas.
- Patient satisfaction can be improved by providing the Brain Atrophy Report with the statistical analysis results and visualized graphs.

### **Cost / Time - Efficient**

- Provides quantitative data on brain parcellation within 1 minute
- Analysis tool for additional analysis without further viewer programs necessary.

### Agnostic to Any Device

- User Interface design primarily focused on user's convenience. Easy to use without much time required for adaptation.
- PACS Integration available depending on the clinical environment. Easily integrated to the current workflow.

# **Technical Features**

**4** System Requirements

- 5 Cloud / On-Premise
- 6 User Interface





Software Name					
	Server	<ul> <li>Operating System : Ubuntu 16.04</li> </ul>	Hardware : CPU Intel Core i5 Processors RAM 8 GB HDD 500 GB GPU NVIDIA GeForce GTX 1070	Internet Browser : Google Chrome V69.0	• Display : 1920*1080
VUNO Med®- DeepBrain™	Client	<ul> <li>Operating System : Windows 7 Ubuntu 16.04 Mac 10.13.3</li> </ul>	<ul> <li>Hardware : CPU Intel Core i3 Processors RAM 8GB Storage 128GB HDD</li> </ul>	Internet Browser : Google Chrome V69.0	• <b>Display</b> : 1920*1080

Requires equivalent or higher specifications





## Cloud

- Cloud-based service allows users to analyze anytime, anywhere with access to the Internet
- Available on a subscription basis and/or a cost per API call

## **On-Premise**

- On-premise service allows users to analyze anytime, anywhere with access to the same in-house server. The server can be prepared by VUNO or the user.
- Available on a subscription or credit basis (pay-per use)

















#### **Performance-related Precautions**

1) No performance guarantees on images of patients under the age of 19.

2) Analysis results may vary depending on the data format(.dcm, .nii. Zip) and the resolution of the imported images.

### **General Precautions**

- VUNO Med<sup>®</sup> DeepBrain<sup>™</sup> is not a stand-alone diagnostic tool that can make a decision alone; hence requires professional judgement from the user.
- 2) There is a chance of misdiagnosis when a medical decision of diagnosis and treatment is made solely based on this solution.
- 3) The user is held responsible for the VUNO Med<sup>®</sup> DeepBrain<sup>™</sup> assisted final diagnosis.



### Is it a medical device?

Yes, it is. VUNO Med<sup>®</sup> - DeepBrain<sup>™</sup> received regulatory approval from Korea Ministry of Food and Drug Safety as Medical Image Detection Assisting Software, second-class medical device in June 2019.

#### What kind of data have been used for training the AI algorithm?

Brain MR images from 4,000 patients that were labelled by physicians from partnering R&D hospitals were used to train the algorithm.

### Are there any risks of personal data breach?

De-identified data was used even from the development phase and personal information such as name and age have not been used during the training process.

### Has its clinical performance been proven?

VUNO Med<sup>®</sup> - DeepBrain<sup>™</sup> showed higher consistency to Freesurfer in brain parcellation on almost all areas compared to other commercially available products. The level of consistency in Brain Parcellation was 0.9 and in White Matter Hyperintensity the result for internal and external validation were 0.894 and 0.837, respectively.

### Would installation in my PC be enough to use the solution?

It is very easy to use. The product comes in two services - cloud or on-premise. For cloud based service, you just need to open Google Chrome on your PC and access VUNO Med<sup>®</sup> - DeepBrain<sup>™</sup> URL then simply login. For on-premise service, use your local PACS and interface to analyze the images and Interface.



#### How can I use the device and how much does it cost?

You need 1 credit for 1 analysis and credits are provided to each ID. Please contact your sales representative for more information on pricing and purchasing credits.

### Are there any legal issues concerning the use of patient information in Al-based software?

No, there are no legal issues as patients' medical data is only used for diagnosis support. Only data on brain atrophy is provided and patient's data is not used for additional training.

#### Specifications for my PC does not meet the minimum specifications. Can I still use the solution?

The minimum specifications are mere specifications required for stable performance of VUNO Med<sup>®</sup> - DeepBrain<sup>™</sup> and it can still operate under the minimum specifications. However, it may take longer time to analyze the data. Please inform us if our engineers need to check your PC conditions.

#### I would like to demo your solution at my clinic.

Please contact <u>customer@vuno.co</u> or apply for a demo through the VUNO webpage (<u>www.vuno.co</u>).

### How long is the warranty period?

In general, we provide a one-year service warranty for the software and a two-year hardware warranty for the on premise server(s). For more information, please visit the "Customer Policy" on our website or software.

# Thank you!





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