

What is coronary artery disease?

Coronary artery disease (CAD) is caused by the accumulation of fat, cholesterol and calcium which narrows the small arteries around the heart. The accumulation makes it difficult for the blood to reach the heart. CAD is a serious illness responsible for 32% of deaths globally.¹

Is my chest pain caused by CAD?

Chest pain and shortness of breath are classic symptoms of CAD, but can also be related to muscle pain, stomach conditions and stress. If you are suffering from these symptoms, you are advised to consult a doctor for further investigation. Multiple medical studies have shown that **less than 10%** of the patients who seek medical care for chest pain are suffering from significant CAD,^{2,3,4} but the diagnostic pathway can sometimes be long and stressful. There are two traditional methods for setting a diagnosis: functional and anatomical tests. The former method includes stress test with imaging, while the latter involves CT scanning and coronary angiography.



More Information



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References

1. World Health Organization, Cardiovascular diseases (CVDs), June 11, 2021. [https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))
2. Thering, C. et al. Low Diagnostic Yield of Non-Invasive Testing in Patients with Suspected Coronary Artery Disease: Results From a Large Unselected Hospital-Based Sample. *Eur Heart J – Qual Care Clin Outcomes* 2018; 4, 301-308
3. Winther, S. et al. Diagnostic performance of an acoustic-based system for coronary artery disease risk stratification. *Heart* 2018; 104, 928-935
4. Douglas, PS et al. Outcomes of anatomical versus functional testing for coronary artery disease. *N Engl J Med* 2015; 372, 1291-1300
5. User manual US-FDA v.12.Y, prevalence 10,7%

Patient Brochure US V2



The CADScor® System

an advanced acoustic-based diagnostic aid to easily and quickly risk stratify patients for significant coronary artery disease at point of care



A new alternative to traditional methods

Many patients who undergo these tests have symptoms that are proven to be unrelated to CAD. The CADScor®System is a new, quick and reliable diagnostic aid that gives your physician an immediate indication of the risk that your symptoms are caused by CAD. Our test is performed in approximately ten minutes and takes your age, gender and hypertension/blood pressure into account. That makes the CADScor®System perfect as a first line diagnostic aid used to rule out patients not suffering from significant CAD, ultimately reducing your waiting time and stress.

How does the CADScor®System work?

When blood passes through the narrowed coronary arteries, an abnormal sound pattern called a murmur arises. The murmur is an important indicator of CAD that cannot be heard with a human ear or stethoscope. The CADScor®System uses advanced acoustic technology and algorithms to conduct the recording of murmurs in the heart sounds. The more anomalies detected, the higher the risk that the patient is suffering from CAD. Based on a score from 0–99, every patient is categorized into two risk groups, low and elevated risk.

The CADScor® System⁵



Taking the test

The CADScor®System is a non-invasive, reliable, radiation-free test, which is performed on symptomatic patients over 40 years of age. It consists of an all-in-one device about the size of a smartphone. The test takes approximately ten minutes and is performed without any stressful or cumbersome procedures. Prior to the test, you rest for five minutes.

- The CADScor®System is placed on your chest with a small adhesive patch.
- Your healthcare provider informs you of how to breathe during the test.
- The test is conducted in recording loops of 4x8 seconds.
- The recordings are filtered and analyzed.
- Your result is shown on the CADScor® display in less than two minutes.

After the examination

If you are categorized in the low-risk group, your physician can, with a very high degree of certainty, rule out significant coronary artery disease and start evaluating other causes for your symptoms. Most low-risk patients are sent home after the test, while patients with elevated risk are referred for further examinations to determine a diagnosis.