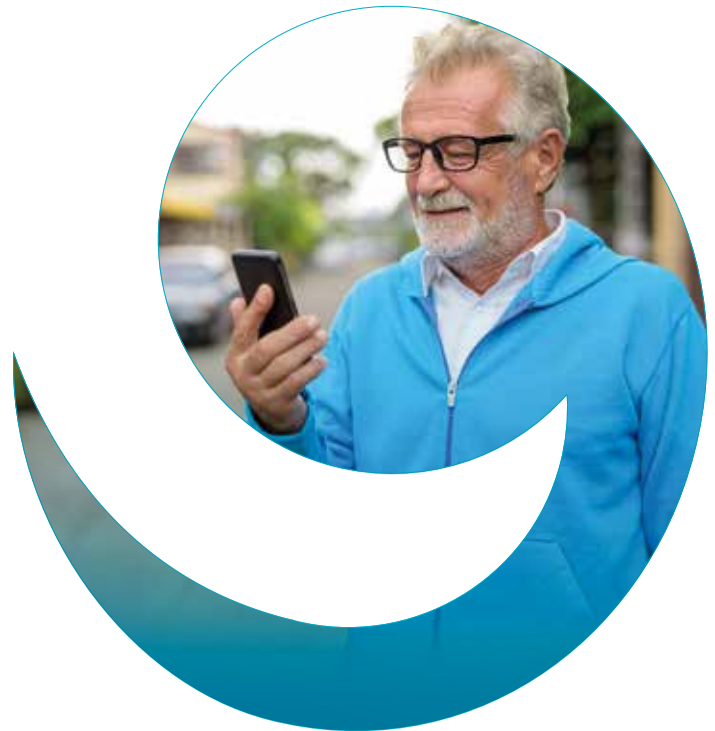




Patient care that goes further

- *Unique service from BTG that differentiates and simplifies your Interventional Oncology practice*
- *Success under MACRA through the automated collection of patient reported outcomes (PROs)*
- *Empowers patients, reduces physician burden through online delivery of the right information at the right time*



Patient care that goes further

IO Loop™ is an exclusive service from BTG that enables patients and their physicians to stay connected before, during and after treatment.

Providing improved pre-procedural and follow-up care outside of the acute care setting, IO Loop™ also helps the care team with patient reported outcomes (PROs) that help meet the new reporting requirements of the Medicare Access and CHIP Authorization Act (MACRA).



Outcomes are the New Incomes

- **91%** of patients 'Extremely Likely to Recommend'
- **58%** increase in patients discharged to home¹
- **35%** decrease in complications²
- **30%** reduction in re-admissions³
- **45%** improved comprehension⁴
- **75%** PRO completion rate⁵



Empowers Patients, Reduces Physician Burden

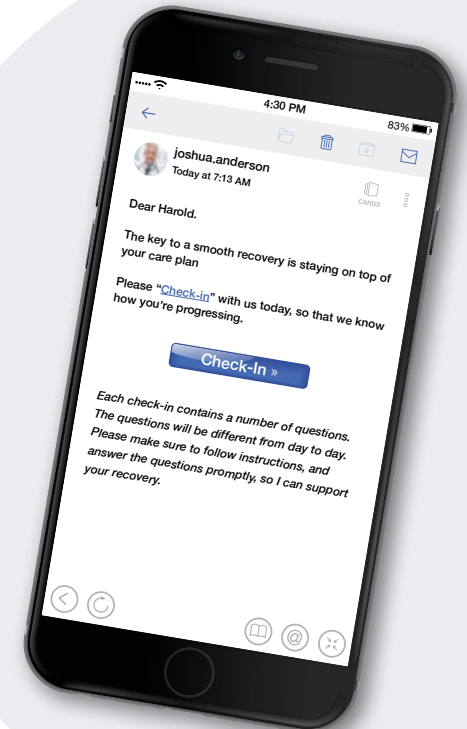
- Intuitive digital tool that keeps you and your patients connected
- Personalizes care with online delivery of the right information at the right time
- Makes it easier for patients to prepare for their treatment, and to track and report symptoms
- Ensures early awareness and timely management of complications, reducing likelihood of re-admission

Differentiates & Simplifies Your IO Practice

- Improves patient follow-up, engagement and satisfaction, enhancing quality of care
- Leads to higher reputation scores and improves "likelihood to recommend provider"
- Extends and coordinates care outside of the acute setting

Success Under MACRA

- Provides an efficient and automated method of collecting patient reported outcomes (PROs)
- Allows you to record PROs to support your practice under MIPS[†]
- Brings new insights through access to PROs for standardizing quality measures and reporting



Patient care that goes further IO Loop™ in Practice

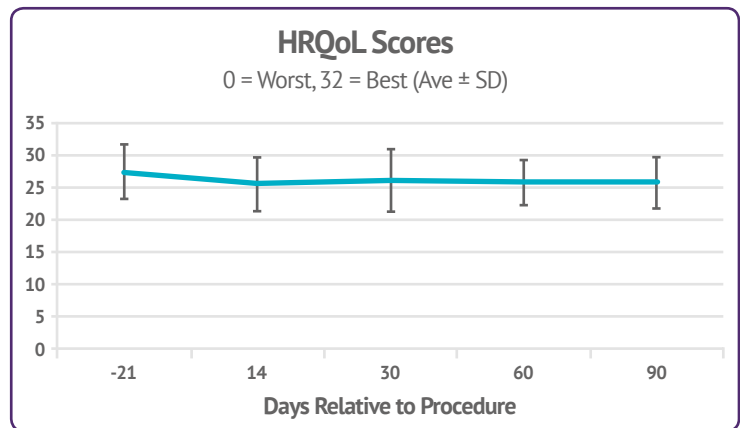


Measuring quality of life after TheraSphere® in hepatocellular carcinoma (HCC) patients using a digital patient engagement platform

R. Salem, R. Lewandowski, R. Martin, M. Sichlau, B. Rosner, E. Kim

Results from a pilot study using IO Loop™ with TheraSphere® were presented at the World Conference on Interventional Oncology (WCIO), 10 June 2017.

1. Rationale for the pilot study was based on increasing evidence that yttrium 90 (Y^{90}) radioembolization preserves HRQoL in the near-term better than alternative treatment options such as TACE⁶
2. The goal of the pilot was to demonstrate that Y^{90} radioembolization with TheraSphere® provides an effective treatment while maintaining quality of life
3. Forty-one patients were enrolled in a multicenter digital patient engagement platform (IO Loop™ powered by HealthLoop®) that guided them through mapping and TheraSphere® procedures
4. Patients received automated email check-in reminders at 21 days pre-mapping, continuing to 90 days post-embolization
5. HRQoLs (FHSI-8, FACIT.org) and 7 additional questions from the FACT-Hep survey were delivered using the IO Loop™ platform at baseline, and at 2, 4, 8, and 12 weeks post-treatment
6. 87% of patients activated their IO Loop™ accounts with a mean overall engagement rate of 65% (± 29)
7. The IO Loop™ platform automated the delivery of HRQoLs, with a completion rate of 71%



References: 1. Increase in discharge to home (patient-reported) over National Hospital Discharge Survey 2010. 2. Patient reported DVT rate at 30 days, hip and knee arthroplasty, all ages. 3. Patient reported hip and knee arthroplasty, all ages compared to NSQIP 2011 survey. 4. Steele et al., (2017) Use of an Online Education Platform to Enhance Patients' Knowledge About Radiation in Diagnostic Imaging, Journal of the American College of Radiology, dx.doi.org/10.1016/j.jacr.2016.11.018. 5. For activated HealthLoop patients 6. Salem et al. Clin Gast and Hepat 2013; 11: 1358–1365. 6. Salem et al. Clin Gast and Hepat 2013; 11: 1358–1365.

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