

CARDIOEXPLORER – INDICATIONS

The non-invasive Cardioexplorer-Test allows a quick and reliable risk assessment of a coronary artery disease.

APPROPRIATE FOR WHOM

The Cardioexplorer-Test is suitable for all, who are interested in an early recognition of a CAD, and have one or several risk factors for CAD. The Cardioexplorer-Test supports your doctor in the risk assessment of the existence or absence of a coronary stenosis.

IF THE CARDIOEXPLORER-TEST RESULT IS NEGATIVE

Your risk of having a CAD is low. If symptoms of CAD occur in the future, contact your doctor for further examinations.

For the early detection of coronary artery disease, your doctor will advise you to repeat the test depending on the current assessment of symptoms and on present risk factors.

IF THE CARDIOEXPLORER-TEST RESULT IS POSITIVE

The risk for the presence of CAD is increased. Your doctor in attendance will initiate further examinations.

CONTACT DETAILS

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COSTS (SWITZERLAND)

The Cardioexplorer-Test costs 198 USD including medical lab and AI-model application.

Cardioexplorer



Test for the risk assessment of
cardiovascular disease

CORONARY ARTERY DISEASE (CAD)

Heart disease is the leading cause of death in the United States. More than 600'000 Americans die of heart disease each year.

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of all Americans (49%) have at least one of these three risk factors.¹

The most common type of heart disease is coronary artery disease (CAD), which can cause heart attack. The closure of a coronary heart artery leads to the heart attack.

In primary care, so far, there was no simple and reliable test available, allowing a fast and secure risk assessment of coronary heart artery disease.

The non-invasive Cardioexplorer-Test allows the early detection of CAD. The test provides information on whether any further clinical examination by a doctor is necessary or not.

¹ Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics-2015 Update: a report from the American Heart Association. Circulation. 2015;131:e29-e322

EARLY DETECTION OF CAD

Pre-test probability shows that serious CAD occurs already in the age group from 30 onwards. The Cardioexplorer-Test is more accurate and easier to implement for the early detection of CAD, compared to many other tests published in scientific literature.

Age	Typical Angina		Atypical Angina		Noncardiac chest pain	
	Men	Women	Men	Women	Men	Women
30 - 39	59	28	29	10	18	5
40 - 49	69	37	38	14	25	8
50 - 59	77	47	49	20	34	12
60 - 69	84	58	59	28	44	17
70 - 79	89	68	69	37	54	24
> 80	93	76	78	47	65	32

Pretest Probability CAD in % - European Heart Journal (2013) 34, 2949-3003

ADVANTAGES OF THE CARDIOEXPLORER-TEST

Taking a simple blood sample and filling out a short questionnaire is sufficient to get a clear assessment of the potentially dangerous constriction of the coronary arteries.

The Cardioexplorer-Test allows a reliable and significant assessment of the risk of a stenosis – the results are available within 24 to 48 hours.

ALTERNATIVES

Risk estimations like Framingham or Apps, based only on a questionnaire or the stress ECG lead to considerably less significant results.

Method	Sensitivity	Specificity
Cardioexplorer applied to low risk population for screening purposes	98%	83%
Cardioexplorer applied to high risk population	75%	83%
Framingham risk score	71%	63%
Stress ECG	45-50%	85-90%
Stress-echocardiography	80-85%	80-88%
Myocardial perfusion scintigraphy (MPS)	73-92%	63-86%
Stress magnetic resonance (CMR)	67-94%	61-91%
PET	81-97%	74-91%
Coronary CT - angiography	95-99%	74-83%

Comparison Cardioexplorer with other diagnostics