prenuvo

Educational Scan Program for Clinicians: Introduction to Whole Body MRI Screening

Part 1:

The premise of **whole body MRI**

Part 2:

The unique aspects of a **Prenuvo Scan**

Part 3:

The patient and referring clinician **experience + reporting**

Part 1:

The Premise of Whole Body MRI

Prenuvo is designed to turn the reactive approach to healthcare on its head – to put more focus on screening and preventive health

Whole body MRI is a proactive health screening scan designed to establish an anatomical baseline and identify early structural variations before symptoms appear

- 45-50 min MRI exam
- Designed as an annual scan
- No ionising radiation or contrast
- Provides clinicians with early structural changes identified at the organ level
- Quality-controlled end to end

Addressing the rising incidence of cancers that fall outside current guideline-directed screening protocols

In the UK, roughly 1 in 2 people will develop cancer in their lifetime[1], with early onset cases rising.[2]

3

Only 3 organs are included for routinely recommended cancer screening by NHS guidelines.[3] (bowel, breast, cervical)

1/4

Cancer causes 25% of all deaths in the UK.[3]

Roughly 45% of all cancer cases are diagnosed at Stage 3 or 4.[5]

1. Torjesen I. Half of the UK population can expect a diagnosis of cancer *BMJ* 2015; 350 :h614 doi:10.1136/bmj.h614
2. https://news.cancerresearchuk.org/2024/06/03/cancer-rates-rising-in-under-50s-early-onset-24-percent-increase/
3. National Health Service
4. https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/all-cancers-combined
5. https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk

Whole Body MRI can assess a multitude of diseases & conditions

1/3

Roughly 1 in 3 women in the UK suffer from symptoms such as abdominal pain due to uterine fibroids, which frequently go undiagnosed.[1]

The British Liver Trust reports that 80% of people with MASH, an advanced form of MASLD, are undiagnosed. [2]

MASH: Metabolic Dysfunction-Associated Steatohepatitis
MASLD: Metabolic Dysfunction-Associated Steatotic Liver Disease

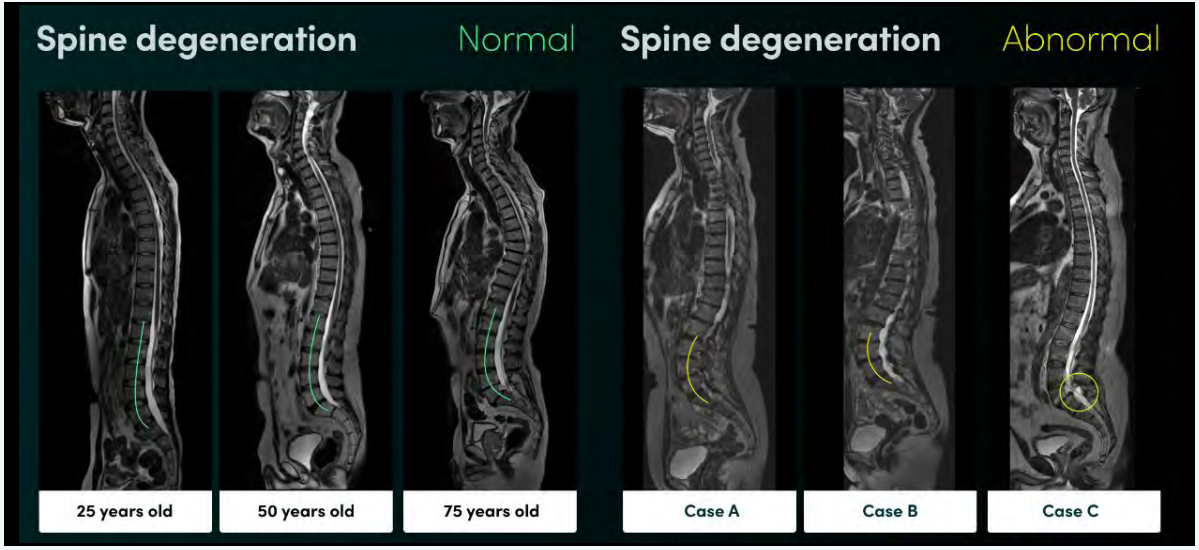
Approximately 1 in 30 people in the UK have a brain aneurysm.[3]

There is an average 6-11 year diagnosis delay in women with endometriosis, a leading cause of infertility and pelvic pain.[4]

Whole body MRI screening can potentially identify multiple locations of endometriosis, such as in primary pelvic locations, but also around the peritoneum, bladder, colon, stomach, abdominal wall, and thoracic region.

1. https://www.rcog.org.uk/about-us/campaigning-and-opinions/position-statements/position-statement-global-gynaecological-health/#_edn3
2. https://britishlivertrust.org.uk/information-and-support/statistics/
3. https://services.nhslothian.scot/geneticservice/wp-content/uploads/sites/54/2022/07/Information-for-adults-considering-screening-for-brain-aneurysm.pdf
4. Endometriosis, Yale Medicine

...and chronic degenerative diseases impacting patients at earlier ages and throughout longer lives



An opportunity to intervene before clinical onset by identifying early structural changes that impact long-term health, mobility, and disease progression.

We've built models that can quantify small changes over time, catching early warning signs of many degenerative processes

Support measures that may reduce risk to long term health and quality of life

Why whole body screening with MRI?

Whole body MRI offers a distinct risk-benefit profile compared to alternative screening modalities (such as CT or PET-CT):

- **No Ionising Radiation:**

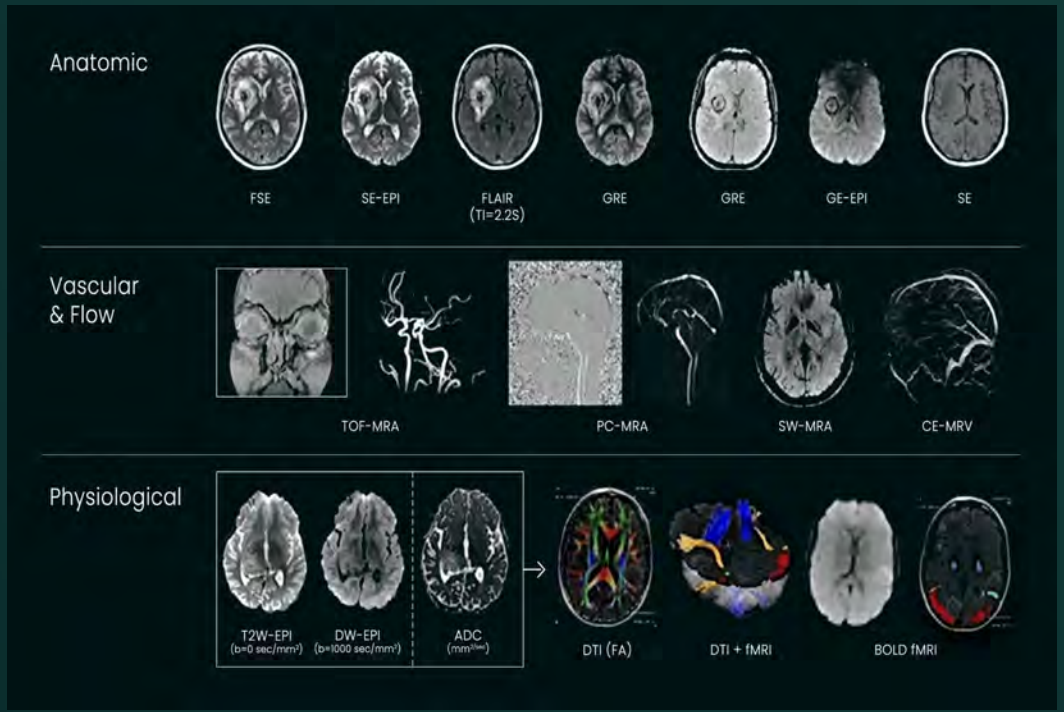
  Eliminates cumulative radiation risks, permitting safe, longitudinal serial surveillance.

- **Non-Contrast Protocol:**

  Avoids the risks and clinical resource demands of intravenous gadolinium-based contrast agents.

- **High Soft-Tissue Detail:**

  Leverages high intrinsic soft-tissue contrast to detect early structural lesions non-invasively.



Part 2:

The Unique Aspects of a Prenuvo Scan

What makes us unique

We have defined the category

- 15-year practice
- Operating our own clinics to control the entire experience and medical accuracy of the scan
- One of the largest study volumes compared with any other company

High-resolution image quality

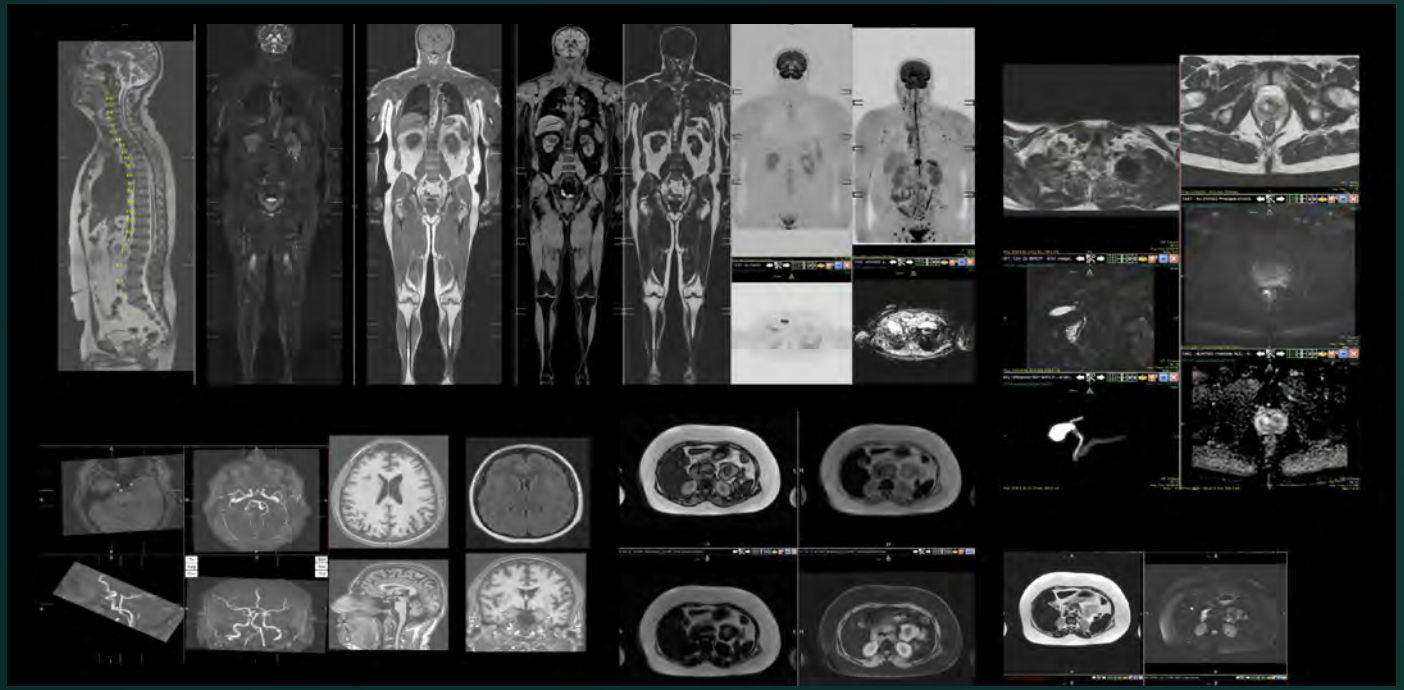
- Optimised Protocols: Utilises advanced, high-throughput acquisition sequences to significantly reduce total scan time compared to conventional multi-regional protocols.
- Sub-Millimetre Spatial Resolution: Engineered to deliver exceptional soft-tissue contrast and micro-lesion discrimination, optimised specifically for early structural screening.

Dedicated clinical practice

- GMC-registered Consultant Radiologists, with dedicated WB-MRI training
- Prenuvo clinicians to contextualise and translate scan findings into actionable insights for patients and partnering clinicians
- Streamlined Clinical Pathway: Provides a comprehensive, multi-system anatomical overview in a single session, supporting proactive clinical decision-making

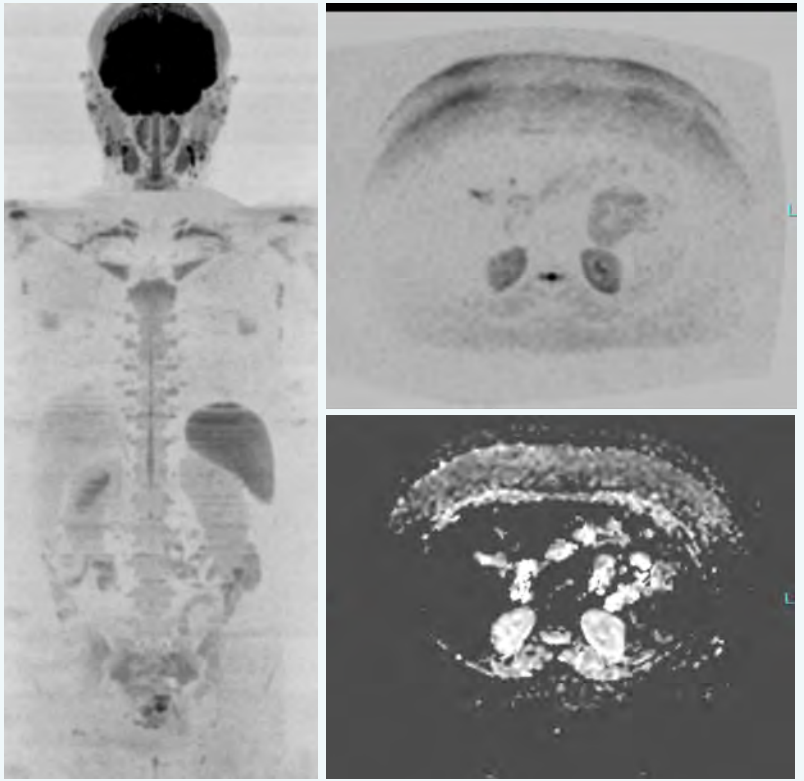
A snapshot of our

Standard screening protocol



Whole Body MRI with Diffusion-Weighted Imaging (DWI)

- Looks and functions similar to a PET scan.
- In oncology-imaging, can be considered an MRI-analogue to PET, but based on completely different biophysics.
- DWI detects free-diffusibility of H2O within tissue which is “restricted” in solid neoplasms (versus metabolic hyperactivity in PET).
- No ionising radiation or IV needed, unlike a PET scan.
- However, it is not a replacement for oncology staging or planning. It is useful for whole body MRI screening.



Potential relevant Prenuvo findings

Neurological - white matter disease, benign and malignant brain tumours

Cardiovascular - aortic and brain aneurysms

Metabolic / Systemic - fatty liver disease, haemochromatosis

Pulmonary - lung masses

Digestive - pancreatic and stomach cancer, gallstones

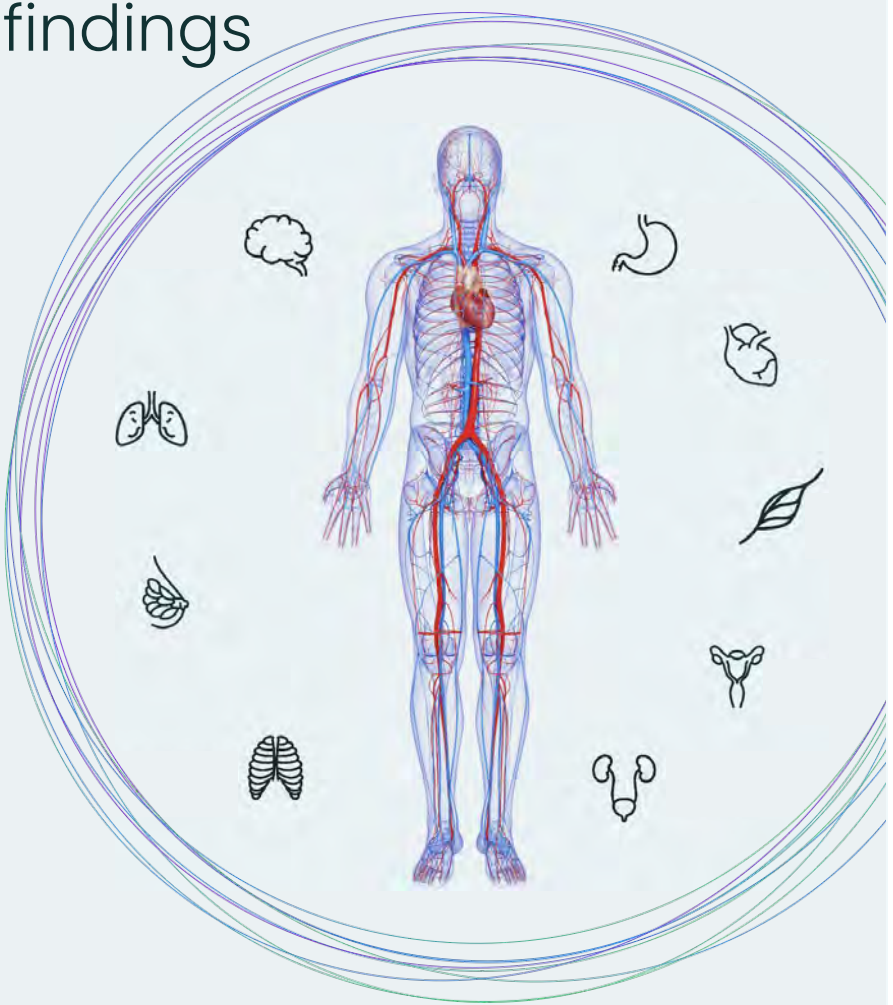
Urinary - kidney and bladder cancer

Women's health - fibroids, pelvic cancer, endometriosis / adenomyosis

Men's health - prostate disease or cancer

Musculoskeletal / spine - arthritis, bone lesions

Infectious, Inflammatory, & Autoimmune signs



Polaris Study – more detail on the next slides

Noncontrast screening whole body MRI with diffusion-weighted imaging for multi-cancer detection: A retrospective case series study

Candace Westgate[1], Rebecca Nayeri[2], Madhurima Datta[3], Jeffrey Venstrom[3], Rodrigo Solis Pompa[3], Pratik Shingru[1], Saqib Basar[2], Sam Hashemi[3], Yosef Chodakiewitz[2]

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Introduction

- → Only 4 cancers (breast, cervical, colorectal, & lung) have recommended screening by USPTF[1]
- → Only 14% of diagnosed cancers are detected by these screenings[2]
- → 70% of cancer-related deaths in the US are caused by cancers that do not have traditional cancer screening tests[2].
- → Multi-Cancer Detection (MCD) strategies such as blood based liquid biopsy assays offer a novel approach to detect a wide spectrum of cancers at early stage in a single screening encounter.
- → Non-invasive imaging techniques, such as whole-body MRI (WB-MRI), offer an alternative or complementary approach within the MCD paradigm, which should not be assumed strictly limited to blood-based liquid biopsy assays.

Objectives

We evaluate the MCD yield of screening WB-MRI (sWB-MRI) in a real-world clinical setting:

1. Assessment of histopathologic diagnostic outcomes and cancer detection percentages (CDP) from sWB-MRI.
2. Breakdown of cancer-types observed and estimated cancer-stage at time of sWB-MRI.
3. Preliminary assessment of non-cancerous clinically-significant diagnoses (CSD) detected by sWB-MRI.

Methods

Study cohort: Voluntary proactive sWB MRI participants at a single Vancouver center (Jan–Dec 2022) that also provided health-status updates >12 months after sWB-MRI.

Retrospective review: Structured radiological sWB-MRI reports (published at scan completion) compared to 12–16 month follow-up outcomes, focusing on histopathology-confirmed cancers.

Data analysis: Cancer detection percentages were calculated. Demographics and lifestyle data analyzed from medical intake forms.

Snapshot of our comprehensive multiparametric sWB-MRI protocol

Noncontrast, multiparametric sWB-MRI protocol with Diffusion-Weighted Imaging (1.5T) covering from head to ankles. Note: Images of the lower extremities which are included in the WB-STIR and WB-T1 sequences covering through the ankles, are not shown in this protocol snapshot.

Results

Cohort demographics

- → 2632 patients were scanned, clinical followup data was available in 1044 (40%).
- → 33 individuals were excluded as non-screeners due to active cancer.
- → Total individuals included in the study were 1011.
- → Age, median: 56 years (range 22 yr- 89 yr).
- → Sex: Male = 526 (52%), Female = 485 (47.9%).

WB-MRI primary-indication breakdown

64% being proactive, 18% general concerns, 18% specific symptoms.

Reporting & reviewing of WB-MRI results

9 radiologists reported the scans, with 5 reporting 90% (12%, 13%, 15%, 16%, & 32%).

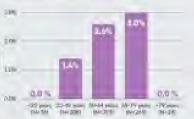
Histopathologically-confirmed Cancer Detection Percentage (CDP)

- → **Biopsy/Tissue Sampling (TS) Percentage:** Performed in 50 patients (4.9%).
- → **Overall Cancer Detection Percentage (O-CDP):** 2.2% (22 confirmed malignancies, 95% CI: 1.37–3.28%).
- → **Diagnostic-Motivated TS (dTS) Subset:** Excludes procedures indicated for reasons beyond simple diagnostics.
  - → dTS performed in 41 patients (4.0%).
  - → dTS Cancer Detection Percentage: 51% (21 confirmed malignancies, 95% CI: 35–67%).
- → **Exclusion from dTS Subset:** One case (Glioblastoma) excluded due to onset of symptoms promoting clinically-indicated TS.

Breakdown of cancer-types observed and estimated cancer staging at time of sWB-MRI

Head
Glioblastoma (1)
Neck
Thyroid Cancer (4)
Chest
Malignant Thymoma (1)
Breast cancer (4)
Abdomen
Leiomyosarcoma (1)
Neuroendocrine Tumor (1)
Hodgkin's Lymphoma (1)
Kidney cancer (3)
Pelvis
Ovarian cancer (1)
Prostate cancer (3)
Bladder cancer (2)

Graph 1: Overall Cancer Detection Percentage (O-CDP) by age[3]



False Negative Cancer Detection

- → Two breast cancers were diagnosed during the follow-up period but were not detected by sWB-MRI at the time of the scan.
- → One case was reported as stage 2 by the patient, while the stage of the second case remains unknown.
- → False-negative detection rate after 1-year: 0.2% (2/1,011).

Cancer case figures

Figure 1: Illustration of cancer detected on screening WB-MRI

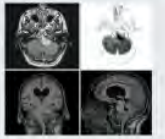
Case A: A right retroperitoneal prevertebral solid mass with marked diffusion restriction (red circle), subsequently confirmed histopathologically as leiomyosarcoma. Images include coronal WB-DWI (left panel), axial WB-DWI (upper right), and axial T2 (lower right).

Case B: A suspicious heterogeneous exophytic mass arising from the left renal lower pole (red circle), subsequently confirmed histopathologically as clear cell renal cell carcinoma. Images include coronal WB-DWI (left panel), coronal STIR (upper right), and axial T2 (lower right).

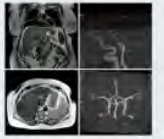
Non-cancer clinically significant diagnoses (CSD) that led to clinical action

Non-cancerous masses: Meningiomas, endometrial polyps, large/complex ovarian cysts
Vascular conditions: Intracranial, aortic, and splenic artery aneurysms. Arterial stenoses.
Neurological & spinal: Hydrocephalus. Subdural hemorrhage, severe spinal stenosis with cord compression.
Infectious & inflammatory: Pneumonia.
Metabolic & organ disease: Liver disease (fatty liver, cirrhosis), urinary obstruction, gallbladder disease.

Figure 2: Illustration of non-cancer clinically significant diagnoses detected on screening WB-MRI



Case A: A dural-based diffusion-restricting mass centered at the foramen magnum (green circle), histopathologically confirmed as meningioma. The lesion caused posterior fossa mass effect, compressing the brainstem, and resulting in obstructive hydrocephalus. Images include axial FLAIR (upper left), axial WB-DWI (upper right), coronal T1 MPRAGE (lower left), and sagittal T1 MPRAGE (lower right).



Case B: Multiple clinically significant diagnoses in distinct organ systems were detected in the same screening encounter. A basilar-tip brain aneurysm (green arrow) and asymptomatic macronodular cirrhosis (green circle) were identified. Liver images include coronal T1 (upper left) and axial T2 (lower left), while brain artery images include 3D TOF MRA sagittal-rotational and frontal-oblique-rotational views (upper right and lower right, respectively).

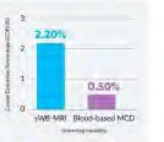
Discussion

Comparing Cancer Detection Percentages for sWB-MRI with Imaging-Based Single-Cancer Screenings and Blood-Based Multi-Cancer Detection Methods

Graph 2: Cancer Detection Percentages among imaging based cancer screening methods

This bar chart compares sWB-MRI CDP in a general population to imaging-based single-cancer screening (SCS) in higher-risk groups. While the target populations and types of detected cancers differ, the chart highlights how sWB-MRI can complement SCS by extending multi-cancer detection beyond traditional high-risk screening programs.[4,5]

Graph 3: Cancer Detection Percentages (CDP) for sWB-MRI–based MCD in the present study and blood-based MCD



MCD CDP comparison between sWB-MRI (2.2%) in this study and blood-based MCD (0.5%) from the Grail PATHFINDER study. Differences in CDP may reflect variations in detection priorities rather than weaknesses in either method. These approaches could serve as alternative or complementary strategies for early cancer detection.

Conclusion

- → sWB-MRI detected biopsy-confirmed cancers across diverse anatomical regions, including sites not covered by standard SCS.
- → Future research needs:
  - → Larger prospective studies with standardized sWB-MRI reporting (e.g. ONCO-RADS).
  - → Designs capturing intermediate diagnostic steps and long-term outcomes.
  - → Evaluation of clinical validity (sensitivity, specificity, predictive values).
  - → Assessment of clinical utility (patient outcomes, healthcare system impact).

Limitations

- → **Retrospective design:** sWB-MRI scans were interpreted before ONCO-RADS adoption, limiting sensitivity/specificity assessments. Future ONCO-RADS-integrated studies may improve diagnostic accuracy.
- → **Follow-up constraints:** Reliance on patient-reported data may introduce recall bias, and limited medical records restricted confirmation of diagnoses and cancer staging.
- → **Sample size & generalizability:** Despite being one of the largest sWB-MRI cancer detection studies, the cohort is too small for broad population-level conclusions.
- → **Single-clinic setting:** Conducted in a specialized Canadian WB-MRI clinic with out-of-pocket payment, potentially introducing referral bias and limiting applicability to other healthcare systems.

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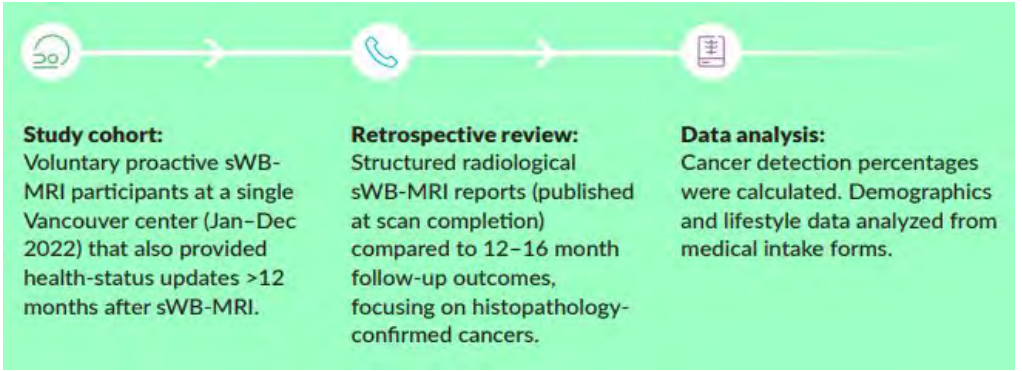
Polaris study

*Polaris data reflects a retrospective single-centre Canadian cohort; multi-cancer yield and downstream clinical pathways may vary when applied to the wider UK population or integrated into UK health systems.

A retrospective case series study to evaluate the *diagnostic outcomes and multi-cancer detection yield* of Prenuvo's screening WB-MRI in a real-world clinical setting



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Polaris Results

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Malignant Thymoma (1)
Breast cancer (4)

Abdomen
Leiomyosarcoma (1)
Neuroendocrine Tumor (1)
Hodgkin's Lymphoma (1)
Kidney cancer (3)

Pelvis
Ovarian cancer (1)
Prostate cancer (3)
Bladder cancer (2)

of cancers that were detected do not have a recommended screening

- Localized stage (14)
- Regional/distant stage (8)

False Negative Cancer Detection

- → Two breast cancers were diagnosed during the follow-up period but were not detected by sWB-MRI at the time of the scan.
- → One case was reported as stage 2 by the patient, while the stage of the second case remains unknown.
- → False-negative detection rate after 1-year: 0.2% (2/1,011).

→ Prenuvo scans may not detect breast lesions < 1cm and are not a replacement for mammography, the gold standard for breast cancer screening

Examples of what a Prenuvo Scan does NOT cover

Systems and conditions ***not*** detected by Prenuvo WB-MRI:

- Prenuvo is ***not*** intended for cancer surveillance - active cancer should be followed by oncology specialists.
- This list is ***not*** finite, and there may be other conditions which a whole body MRI cannot detect.
- Please discuss any specific questions with a Prenuvo clinician before ordering a whole body MRI for a condition you're unsure about.

System / Region	Conditions	System / Region	Conditions
Musculoskeletal	Tendon, ligament, and cartilage injuries	Endocrine	Thyroid lesions/nodules < 1cm
	Small joint arthritis	Gastrointestinal	Mild acid reflux or static hiatal hernia
	Axial imaging of the spine (arms, feet, ankles are excluded from view)		Subclinical GI infections (SIBO, H. pylori, mold infections)
Integumentary	Skin cancers, infections, inflammations (psoriasis, atopic dermatitis)		Early stage oesophageal/colon cancers (polyps, non-obstructive tumors)
Neuro/Vascular	Peripheral vascular disease, cerebrovascular plaque, and peripheral nerve diseases (ALS, carpal tunnel)	Pulmonary	Asthma
Breast / Reproductive	Breast lesions/nodules < 1cm; early stage cervical dysplasia & cancer		COPD
Cardiovascular	Coronary artery disease		Reactive airway/mold pneumonitis
	Valve disorders		Lung lesions/nodules < 1cm
	Endocarditis/myocarditis		

Prenuvo reminds every patient to follow standard **NHS recommended guidelines**

Routine Population Screening Programs	Test/Who/When
Breast Cancer Screening	Mammogram. Ages 50-70, every 3 years. Women over 70 can still get continued screening.
Cervical Cancer Screening	Cervical screening (formerly called the “smear test”). Ages 25-64, every 5 years.
Bowel Cancer Screening	Faecal Immunochemical Test (FIT). Ages 50-74, every 2 years. People over 75 can still get continued screening.

Targeted, High-Risk Screening Programs	Test/Who/When
Prostate Cancer Screening	Prostate-Specific Antigen (PSA). Ages 45-61, for men flagged as high-risk (carry the BRCA2 gene mutation and have a family history of breast, ovarian, pancreatic, or prostate cancer.
Lung Cancer Screening	NHS Lung Health Check. If flagged as high risk, recommended to have a low-dose CT scan. Ages 55-74, for people who currently smoke or used to smoke.

Safety Based Precautions

The scan is safe for the vast majority of patients. However, please note these important considerations:

Relative Contraindications to a Prenuvo Scan
Metal or implants in the body (unless it is has been cleared by Prenuvo with documentation or x-ray confirmation prior to a visit)
Continuous glucose monitors (these must be removed prior to scanning)
Patients with a high degree of suspicion for a pathology who would best be evaluated by alternative, dedicated, diagnostic imaging
Patients with **active cancer*** who should be obtaining dedicated imaging for their condition (*includes diagnosis or treatment within the past 5 years) (please discuss with a Prenuvo clinician)

Absolute Contraindications to a Prenuvo Scan
Patients that are pregnant or think they are pregnant
Patients with pacemakers or implanted defibrillators
Patients under the age of 18

Part 3:
The Patient and Referring Clinician Experience + Reporting

Patient Journey

1. Scan booked
2. Medical Intake Form / Patient Consent (must be completed at least 3 business days prior to appointment)
3. Prenuvo clinician reviews intake form
4. Patient checks in for appointment, Prenuvo MRI scan completed
5. Radiologist reads and interprets images, generates report
6. Patient post-scan report review either with the referring clinician or with a Prenuvo clinician

A snapshot of our

Prenuvo Results Report

Brain

We detected an aneurysm.

Moderate

- An aneurysm originates from your posterior communicating artery. It measures 4 mm in diameter.

This is a clinically significant finding; however, it is at very low risk of rupture at this time.

- No immediate action is necessary if you are asymptomatic.
- This aneurysm should be monitored for changes in size with follow-up MRI (or CTA) recommended in 1 year.
- Consultation with a Neurosurgeon is recommended to discuss your risk in further detail and establish a relationship for future follow-ups.

See Fig. 2

CSD 3, ONCO 1

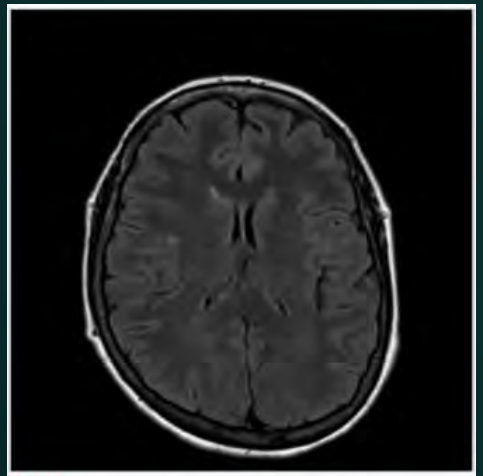


FIG. 2

4mm aneurysm in PCA

Spine

There are mild degenerative changes in your lumbar spine.

Mild

L4/L5 level:

- Broad-based posterior disc bulges are noted.

L5/S1 level:

- Broad-based posterior disc bulges are noted.

Mild degenerative changes such as these typically do not require further workup.

- If asymptomatic, further work-up is typically not needed and these degenerative changes can be re-assessed on future MRI.

See Fig. 7

CSD 2, ONCO 1

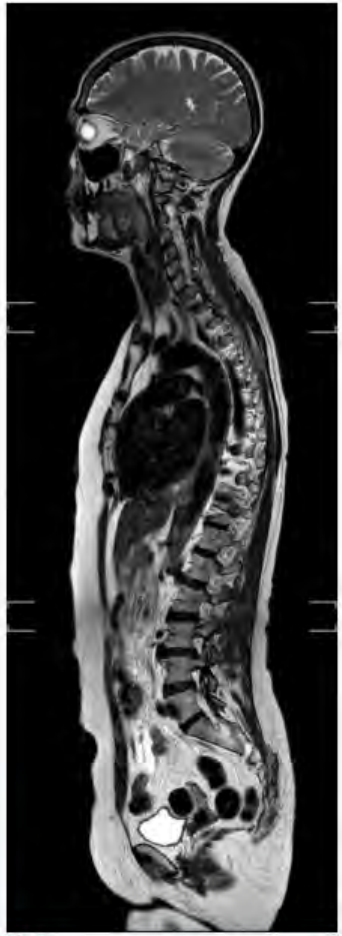


FIG. 7

Degenerative Change of the Lumbar Spine

ONCO-RADS

Expert-consensus standardised system for implementing WB-MRI cancer screening programs and clinical-result communication

REVIEWS AND COMMENTARY · REVIEW

Radiology

Oncologically Relevant Findings Reporting and Data System (ONCO-RADS): Guidelines for the Acquisition, Interpretation, and Reporting of Whole-Body MRI for Cancer Screening

Giuseppe Petralia, MD • Dow-Mu Koh, MD • Raj Attariwala, MD, PhD • Joseph J. Busch, MD • Ros Eeles, MD • David Karow, MD, PhD • Gladys G. Lo, MD • Christina Messiou, MD • Evis Sala, MD, PhD • Hebert A. Vargas, MD • Fabio Zugni, MD • Anwar R. Padhani, MD

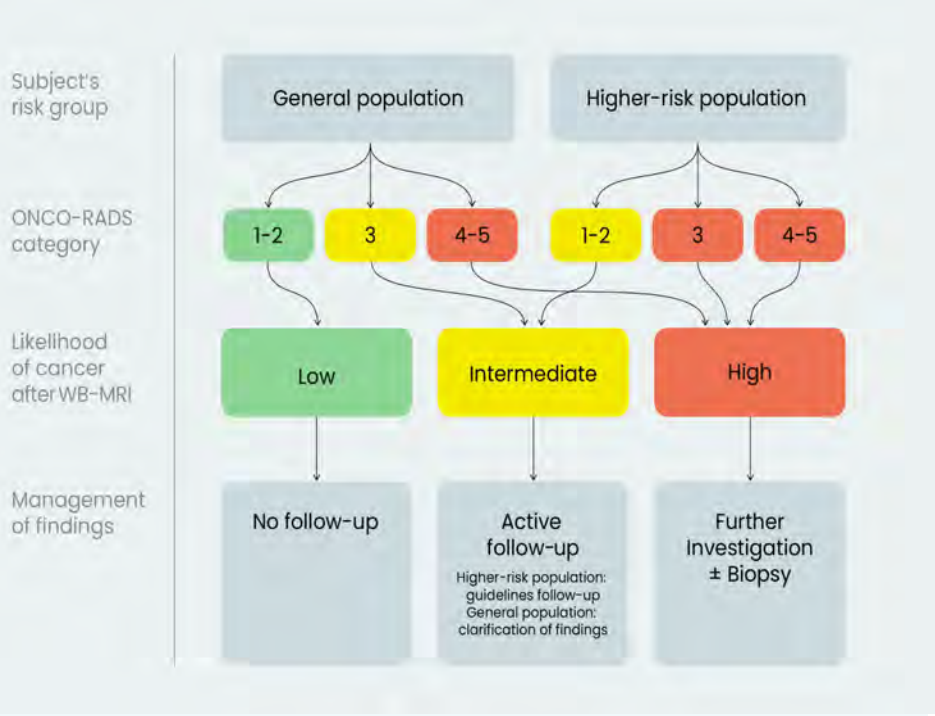
From the Precision Imaging and Research Unit, Department of Medical Imaging and Radiation Sciences (G.P.), and Department of Radiology (F.Z.), IEO European Institute of Oncology IRCCS, Via Giuseppe Ripamonti 435, 20141 Milan, Italy; Department of Oncology and Hemato-Oncology, University of Milan, Italy (G.P.); Department of Radiology, Royal Marsden Hospital and Institute of Cancer Research, Sutton, England (D.M.K., C.M.); AIM Medical Imaging, Vancouver, Canada (R.A.); Busch Center, Alpharetta, Ga (J.J.B.); The Institute of Cancer Research and Royal Marsden NHS Foundation Trust, London, England (R.E.); Human Longevity, San Diego, Calif (D.K.); Department of Diagnostic & Interventional Radiology, Hong Kong Sanatorium & Hospital, Hong Kong (G.G.L.); Department of Radiology and Cancer Research, UK Cambridge Center, Cambridge, England (E.S.); Department of Radiology, Memorial Sloan-Kettering Cancer Center, New York, NY (H.A.V.); and Paul Strickland Scanner Centre, Northwood, England (A.R.P.). Received April 24, 2020; revision requested June 16; revision received November 5; accepted November 17. **Address correspondence to** G.P. (e-mail: *giuseppe.petralia@ieo.it*).

Conflicts of interest are listed at the end of this article.

Radiology 2021; 299:494–507 • https://doi.org/10.1148/radiol.2021201740 • Content codes: OI MR

Acknowledging the increasing number of studies describing the use of whole-body MRI for cancer screening, and the increasing number of examinations being performed in patients with known cancers, an international multidisciplinary expert panel of radiologists and a geneticist with subject-specific expertise formulated technical acquisition standards, interpretation criteria, and limitations of whole-body MRI for cancer screening in individuals at higher risk, including those with cancer predisposition syndromes. The Oncologically Relevant Findings Reporting and Data System (ONCO-RADS) proposes a standard protocol for individuals at higher risk, including those with cancer predisposition syndromes. ONCO-RADS emphasizes structured reporting and five assessment categories for the classification of whole-body MRI findings. The ONCO-RADS guidelines are designed to promote standardization and limit variations in the acquisition, interpretation, and reporting of whole-body MRI scans for cancer screening.

Online supplemental material is available for this article.



Structured Risk Stratification for Prenuvo Whole Body MRI Screening

- A unified framework for interpreting screening findings and directing next steps
- Standardising interpretation, follow-up prioritisation, and clinical context
- ONCO-RADS scale: likelihood of malignancy
- Clinically Significant Diagnosis (CSD) scale: clinical significance

Oncologically Relevant Findings Reporting and Data System (ONCO-RADS): Guidelines for the Acquisition, Interpretation, and Reporting of Whole-Body MRI for Cancer Screening

Authors: Giuseppe Petralia, MD, Dow-Mu Koh, MD, Raj Attariwala, MD, PhD, Joseph J. Blum, MD, Ros Eeles, MD, David Karow, MD, PhD, Gladys G. Lo, MD, Christina Messiou, MD, Evis Sala, MD, PhD, Hebert A. Vargas, MD, Fabio Zugni, MD, and Anwar R. Padhani, MD

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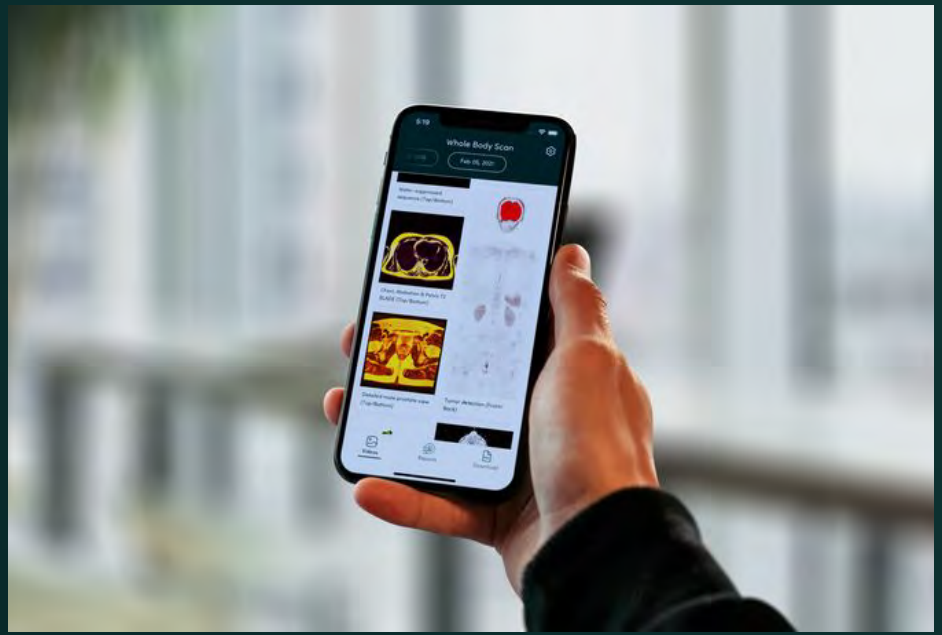
ONCORADS Ratings		CSD Ratings	
ONCO 1	No oncologically relevant findings	CSD 1	No clinical screening significance
ONCO 2	Likely of no or minimal near term oncologic relevance	CSD 2	Of doubtful screening significance, not immediately actionable
ONCO 3	Cancer unlikely but not excluded at baseline, may benefit from diagnostic clarification or interval targeted surveillance	CSD 3	Low concern, but should receive basic clinical correlation
ONCO 4	Potentially oncologically suspicious	CSD 4	Moderate concern, timely dedicated clinical/diagnostic follow-up
ONCO 5	Highly oncologically suspicious	CSD 5	Major concern, expedited dedicated clinical/diagnostic follow-up

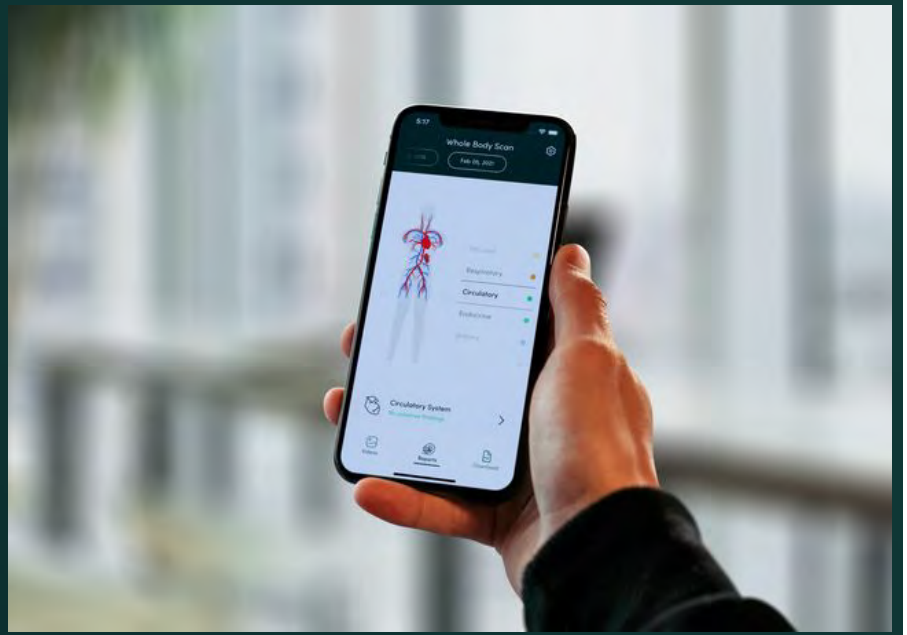
How Prenuvo's internal risk assessment works

Scale	Question being answered	How to use it in partner workflow
CSD	How clinically significant or actionable is this finding in a screening context?	CSD 1-2 = essentially screening-negative/non-actionable; CSD 3 = potentially clinically relevant, may require follow-up; CSD 4 = dedicated work-up recommended in weeks to months; CSD 5 = urgent/emergent follow-up and work-up
ONCO-RADS	How likely is this finding a malignancy?	ONCO-RADS 1 = non-oncologic; ONCO-RADS 2 = likely benign/no near-term cancer concern; ONCO-RADS 3 = cancer unlikely but not excluded; ONCO-RADS 4-5 = suspicious/highly suspicious for malignancy
Key Principle	These two scales are complementary, not interchangeable.	The scores may intentionally diverge. Examples: - A high-risk aneurysm can be CSD 5 but ONCO-RADS 1. - A likely benign focal lesion can be ONCORADS 2 but still merit CSD 3 if it needs clinical context or planned follow-up.

A snapshot of our

Patient Portal Application





The Prenuvo London Clinic

- Convenient central London location
- Luxury concierge style reception area with dedicated patient liaison
- Private changing room

- Customisation of in-scan entertainment, including preferred media, Netflix, or Spotify for added comfort
- Permanent communication with radiographers throughout scan
- Specialised claustrophobia care

- Post-scan hospitality and care coordination, including complimentary refreshments and briefing of next steps

Additional Prenuvo White Papers and Studies (hyperlinked)

- White Paper – Whole Body MRI Screening and Anxiety
- White Paper – Deconstructing the “False Positives” with Whole Body MRI Screening
- White Paper – Beyond Cancer: Opportunistic Multi-Organ Preventative Screening
- Study – Visceral Abdominal Fat Predicts Brain Atrophy at Midlife
- Study – Prevalence of Intracranial Aneurysms Identified by Screening
- Study – Whole Body and Brain Changes Associated with Alcohol Intake in Adults without Alcohol Use Disorder
- Study – Smoking is Associated with Accelerated Brain Aging

Thank you!

Contact us for more information:
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