Presentations at Australia Biotech Invest and South-West Connect ASX Showcase

Brisbane, Australia, 26 October 2021 – ResApp Health Limited (ASX:RAP), a leading digital health company developing smartphone applications for the diagnosis and management of respiratory disease, is pleased to announce that its CEO and Managing Director, and Executive Director of Corporate Affairs, will both be making presentations at major conferences this week.

Dr Tony Keating, CEO and Managing Director will be making a company presentation at AusBiotech's Australia Biotech Invest & Partnering 2021 conference on Tuesday, 26 October 2021 in a session commencing at 11:50am AEDT which will be held online. Investors can register for the conference online:

https://www.ausbiotechinvestment.com.au/registration

Mr Brian Leedman, Executive Director of Corporate Affairs will be presenting at the inaugural Canaccord Genuity South-West Connect ASX Showcase held at the Abbey Beach Resort, Busselton, Western Australia. Mr Leedman will be presenting at 1:45pm AWST on Wednesday, 27 October 2021 and will also sit on the Closing BDO Investment Panel on Thursday, 28 October.

Investors in Western Australia wanting to attend the event can register here:

https://www.southwestconnect.com.au

The South-West Connect event is also being livestreamed online. Investors can register to view the livestream here:

https://www.southwestconnect.com.au/livestreamswconnect

About ResApp Health Limited

ResApp Health Limited (ASX: RAP) is a leading digital health company developing smartphone applications for the diagnosis and management of the respiratory disease. ResApp's machine learning algorithms use sound to diagnose and measure the severity of respiratory conditions without the need for additional accessories or hardware. ResApp's regulatory-approved and clinically validated products include ResAppDx, a smartphone-based acute respiratory disease diagnostic test for use in telehealth, emergency department and primary care settings; and SleepCheck, a smartphone application which allows consumers to self-assess their risk of sleep apnoea. Both products are CE Marked in Europe and TGA approved in Australia. For more information, please visit www.resapphealth.com.au.

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This ASX announcement was approved and authorised for release by the board of directors of ResApp Health.

ResApp HEALTH

Providing Digital Health Solutions for Respiratory Disease

Corporate Overview

October 2021

Disclaimer

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All amounts in Australian dollars unless stated otherwise.

Company overview

ResApp is a leading, global digital health company delivering respiratory disease diagnostic and management solutions.

- Focused on leveraging proprietary technology and key partnerships to progress large commercial opportunities
- Industry-leading products with broad applicability:

ResAppDx	Enabling telehealth clinicians to accurately diagnose respiratory disease
ResAppCC	Objective measurement of cough for clinical research and disease management
SleepCheck	Self-screening of sleep apnoea at home using a smartphone

- R&D in COVID-19, chronic disease management and consumer health

ResApp HEALTH

Leader in audio-based diagnosis of respiratory health

ResApp HEALTH

AI/machine learning used to analyse sound to evaluate respiratory health

The lungs are directly connected to the outside environment during a respiratory event

Sounds produced during a respiratory event contain more information than the sounds picked up by a stethoscope

Our tools are automated and avoid the need for human interpretation and the associated variability

Proven in multiple clinical trials and peer-reviewed publications

Regulatory approved in Europe and Australia with other large markets being pursued

Company Timeline

2009

- A/Prof Udantha Abeyratne at The University of Queensland wins grant from the Bill & Melinda Gates Foundation

2014

- ResApp Health spun-out of the university based on A/Prof Abeyratne's research

2015

- ResApp Health listed on the ASX
- Started Breathe Easy clinical studies at Joondalup Health Campus and Perth Children's Hospital

2016

- Achieved breakthrough performance in paediatric & adult clinical studies
- Won Australian Emerging Company of the Year award at the Johnson & Johnson Industry Excellence Awards

2017

- Started collaboration with Massachusetts General Hospital
- Completed first US clinical study, SMARTCOUGH-C

2018

- Completed second US clinical study, SMARTCOUGH-C-2
- Core technology US patent granted
- Partnership with Lockheed Martin for US DARPA project

2019

- Received CE Mark & TGA approval for ResAppDx
- Achieved positive results from sleep apnoea clinical study
- Breathe Easy paediatric study published in *Respiratory Research*

2020

- Launched ResAppDx on **Coviu** & **Phenix Health** telehealth platforms in Australia
- Launched SleepCheck app
- Partnerships with **AstraZeneca**, **HealthEngine** & **WMA**
- Breathe Easy adult study results published in *JMIR Formative Research*

2021

- Received CE Mark & TGA clearance for wearable
- Commenced COVID-19 studies with **Phosphorus (USA)** & **Triomics (India)**
- Expanded partnership with **AstraZeneca**
- Telehealth partnerships with **Doctors on Demand**, **Alodokter** & **Medgate**
- Distribution agreement with **Ilara Health**
- Breathe Easy adult study results published in *British Journal of General Practice* & *npj Digital Medicine*

Respiratory health is a large addressable market

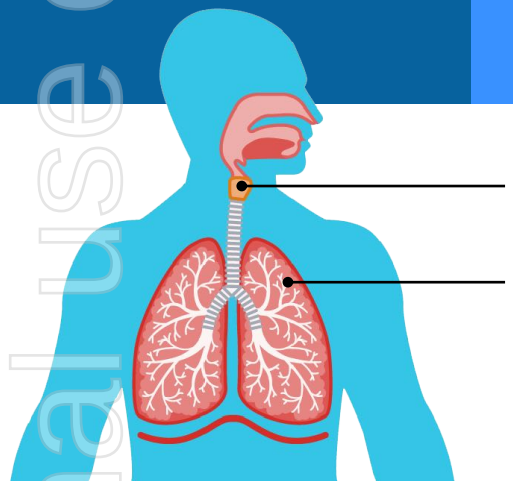
Respiratory disease diagnosis is the most common outcome from a doctor visit[1]

700m+
doctor visits p.a. for respiratory disease[2]

Respiratory diseases are one of the **most common** reasons for hospital admission[3]

1b people
worldwide have sleep apnoea, 80% are undiagnosed

Most **modern pandemics** were caused by respiratory viruses (1918 Spanish flu, 1957 Asian flu, 2003 SARS, COVID-19)



Upper respiratory tract: pharyngitis, nasopharyngitis, sinusitis, laryngitis, tracheitis and sleep apnoea

Lower respiratory tract: asthma, pneumonia, bronchiolitis, bronchitis, COPD, GERD, pulmonary fibrosis, tuberculosis and other viral lower respiratory tract infections

1 Ambulatory care visits (office and emergency department), National Ambulatory Medical Care Survey 2015
2 ResApp estimate based on OECD doctor consultations per capita data (http://stats.oecd.org), and assuming 10% of visits (US prevalence based on NAMCS 2015 data) are for respiratory disease.
3 HCUP Statistical Brief #148 (2010)

Healthcare is going digital

Telehealth is the fastest growing area of healthcare

Large addressable market

400m

150m

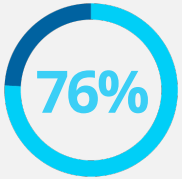
GP visits could be replaced by telehealth[1,2]

4b

projected annual telehealth consults by 2026[3]

High consumer demand

used telehealth in 2019



now interested in telehealth going forward[4]

Lower cost of care

US$472

cost savings per visit[5]

£7.5b

estimated annual savings to the NHS[6]

Payer coverage

37 states and DC have **parity laws** which mandate private payer reimbursement for telehealth

All patients will have the right to online consultations by April 2020 and video consultation by April 2021[7]

1 US addressable market based on one-third of the 1.25B ambulatory visits commonly recognised as replaceable by telehealth.
2 UK addressable market based on Royal College of General Practitioner's long-term estimate of 50% of GP visits being remote.
3 Frost and Sullivan research
4 McKinsey research, Telehealth: A quarter-trillion-dollar post-COVID-19 reality
5 Teladoc
6 Now Heathcare Group
7 NHS Digital First Primary Care

COVID-19 has rapidly accelerated telehealth adoption

1b virtual visits predicted for 2020[1]

Providers have seen **50-175x** telehealth visits than pre-COVID[2]

1.1b visitors to Ping An Good Doctor's online platform from Jan 20 to Feb 10[3]

Ping An Good Doctor had **266 million** online consultations in 2019[4]

71% of all GP visits in April were remote (compared to 25% pre-COVID)[5]

(out of **300 million** GP visits per year in the UK)

35% of all GP visits in May were remote (compared to 0.1% pre-COVID)[6]

(out of **120 million** GP visits per year in Australia)

1 Forrester Research
2 McKinsey research, Telehealth: A quarter-trillion-dollar post-COVID-19 reality
3 S&P Global Market Intelligence: China's online health platforms see spike in usage amid coronavirus outbreak
4 Ping An Good Doctor Annual Report 2019
5 Royal College of General Practitioners
6 Based on Medicare Item Reports for May 2020

Telehealth challenge

50%

Up to half of all telehealth visits are for respiratory disease[1,2]

Today, there is no ability to use a stethoscope and **no accurate remote diagnosis tools available for telehealth diagnosis**

1 Uscher-Pines L and Mehrotra A, Health Affairs 33(2), 2014
2 UnitedHealthcare Presentation (https://www.mobihealthnews.com/content/health-insurance-payer-related-digital-health-news-q2-2016)

ResApp HEALTH

Why we win in telehealth

ResAppDx is the only software-only solution that allows telehealth clinicians to accurately diagnose respiratory disease

- Reduce in-person visits, reducing costs for payers while maintaining quality of care
- Easy and convenient for both the patient and doctor to use
- Strong clinical evidence from multiple clinical trials (see Appendix for results)
- Regulatory approved in Europe and Australia

CE

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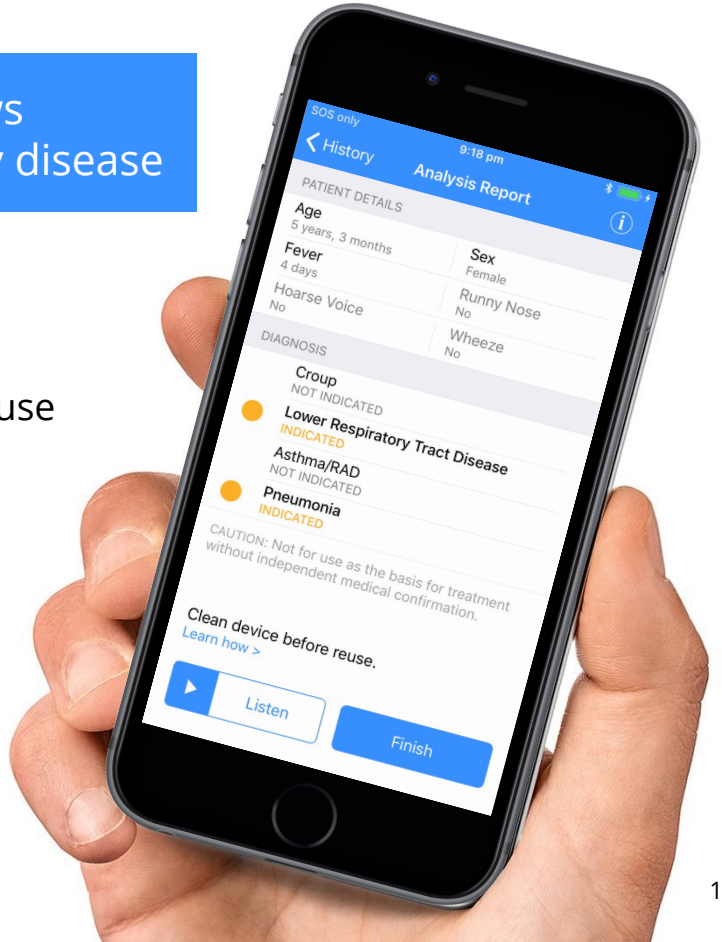
- Flexible – integrated into telehealth platforms via SDK or standalone app



A game plan to accelerate ResAppDx adoption

ResApp HEALTH

Building partnerships to drive global adoption

Australia

Dominated by government (Medicare) funding

Private payer opportunities in corporate health, insurers and triage

COVIU

PHENIX HEALTH

Doctors on Demand

WMA WORKPLACE MEDICINE AUSTRALIA

Europe

Dominated by private insurance or government funding

Targeting markets with high levels of private payers

medgate_

Asia

Mixture of private payer market (e.g. Vietnam, Thailand), government payer (e.g. South Korea, Taiwan) and hybrid systems (e.g. China, Indonesia).

Several promising discussions underway

ALODOKTER

Emerging markets

Private payers, government or humanitarian agencies

Targeting markets with high levels of private payers

ILARA HEALTH

ResApp HEALTH

COVID-19: a large commercial opportunity and important strategic opportunity to accelerate the uptake of our technology globally

Screening

Instant, better than a temperature check, more scalable than rapid antigen testing

for: Corporates, venues, schools, transport, governments

Managing

Manage mild cases at home (identify severe cases for early intervention and reducing burden on hospitals)

for: Healthcare systems, governments

Long COVID R&D

Identify and manage long term effects of COVID-19 on patient's lungs (e.g. fibrosis)

US & India COVID-Cough pilot studies (Both studies recruiting now)

- Cough audio collection with RT-qPCR testing as a gold standard, also collecting longitudinal and medical history data
- US study to recruit 1,500 asymptomatic and symptomatic patients (targeting 100 positive COVID-19 patients)
- India study completed recruitment of 100 positive patients, study recently expanded to 200 positive patients
- Partnered with Phosphorus Trimics

Measuring lung health through objective cough counting

- Cough frequency is a key factor in respiratory disease management
  - Important outcome measure in clinical trials involving a broad range of disease states (COPD, asthma, congestive heart failure, gastroesophageal reflux disease, lung cancer, etc)
  - 9 out of the 10 top pharma are in respiratory, with the global market for respiratory drugs valued at $90B[1]
  - In April 2021, 787 asthma clinical trials, 883 COPD clinical trials and 1,898 lung cancer clinical trials[2]
- Smartphone app (night-time monitoring) or on CE marked/TGA cleared wearable device (24 hour monitoring)
- Scalable to large study populations
- Very high accuracy and precision
- Does not require manual review of cough sounds

1 Respiratory Disease Drugs Global Market Report 2021: COVID-19 Implications and Growth to 2030, ResearchAndMarkets.com
2 CenterWatch data (https://www.centerwatch.com/clinical-trials/listings/therapeutic-area/18/pulmonary-respiratory-diseases/)

Unlocking an opportunity to improve chronic disease management

339m people

have asthma[1]

- $80b+ p.a. US economic burden (2013)[2]
- Poor medication adherence

251m people

have COPD[3]

- Emphysema and chronic bronchitis, primarily caused by smoking
- COPD patients are “frequent flyers” with high hospital re-admission rates

- Quantifying cough frequency is an important first step in management
- By combining with ResAppDx to identify exacerbations, there is an opportunity to **measure severity and better target therapy**

1 The Global Asthma Report 2018 (Global Asthma Network)
2 US CDC Study
3 WHO, citing the 2015 Global Burden of Disease Study

Cough counting will drive near-term revenue and accelerate our move into disease management

Proven near-term revenue opportunities

1 **Monitor cough for clinical trial outcomes**

2 **Monitor cough to support disease management**

3 **Identify exacerbations (ResAppDx) to manage disease**

Help patients better manage their health

e.g. AstraZeneca

Licensing agreement to use cough counting technology in a clinical study of lung cancer patients

e.g. AstraZeneca

Licensing agreement to use cough counting technology in an asthma management support app

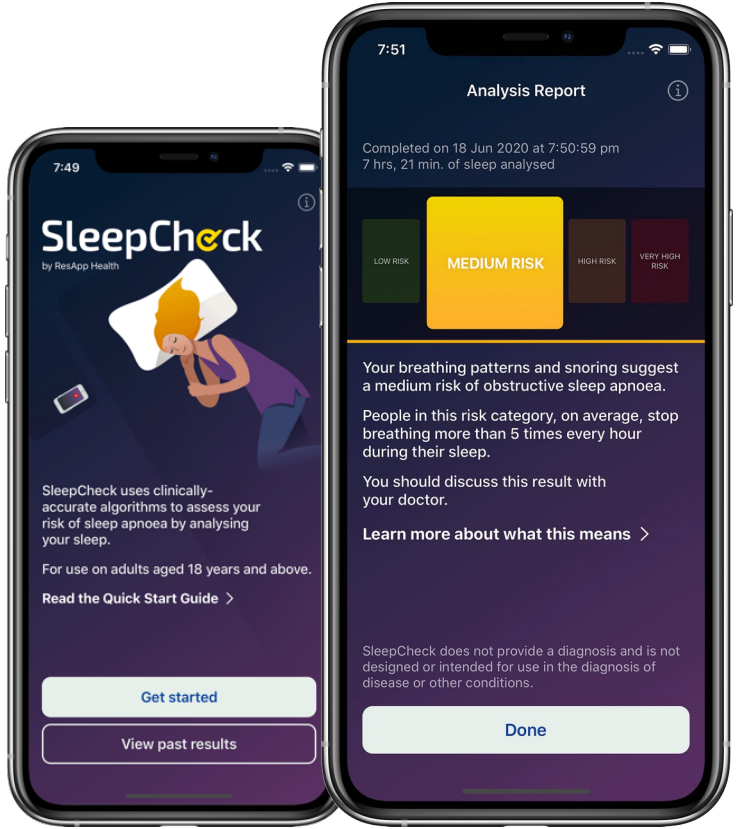
Along the way:

- Collect longitudinal cough audio data
- Broaden to additional indications
- Personalised algorithms for more targeted clinical intervention

ResApp HEALTH

SleepCheck is the world's first direct-to-consumer app for sleep apnoea screening

- Easy to use, clinically-validated and requires no accessories or hardware other than the user's smartphone
- Priced at AU$7.99 (or equivalent in local currency) , with additional revenue-generating partnerships to be progressed in the near term
- Available in Europe (including the UK), Australia, NZ, Singapore and Hong Kong



Download on the App Store

GET IT ON Google Play

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Department of Health
Therapeutic Goods Administration

ResApp HEALTH

Sleep apnoea is the most common sleep breathing disorder[1] and significantly underdiagnosed

- 3 in 10 men and 2 in 10 women have sleep apnoea[2]
- 80% of adults with sleep apnoea are undiagnosed[3]
- Linked to heart disease, stroke and type 2 diabetes[4]

Diagnosis has major barriers and is ripe for disruption:

Sleep laboratory polysomnography (PSG)	Requires referral Long wait times $600-$5,000 per test Uncomfortable & unfamiliar environment
Home sleep testing (HST)	Requires referral & training Up to 18% failure rate[5] $150-$500 per test Uncomfortable

1 American Thoracic Society, Breathing in America: Diseases, Progress and Hope
2 Peppard et al., Increasing prevalence of sleep-disordered breathing in adults, Am J Epidemiol 177(9), 2013
3 Frost & Sullivan, Hidden Health Crisis Costing America Billions
4 American Academy of Sleep Medicine, Severe obstructive sleep apnea hurts hearts
5 Clinical Guidelines for the Use of Unattended Portable Monitors in the Diagnosis of Obstructive Sleep Apnea in Adult Patients, American Academy of Sleep Medicine

ResApp HEALTH

Growth strategy for SleepCheck

Increase downloads

Continued social media marketing & partnerships with advocacy groups

Expand availability to the US

SleepCheckRx US FDA 510(k) premarket notification submitted 11 October 2021

Partner with leading sleep industry companies

In discussions

A diagnosed sleep apnoea patient = high lifetime value (LTV) for therapy companies

Near-term growth drivers

- Handheld device CE marking (Q2 FY22)
- Complete recruitment in COVID-19 studies (Q2 FY22)
- SleepCheckRx FDA 510k decision (Q3 FY22)
- Medgate (live), Alodokter (go-live Q2 FY22) and Doctors on Demand (go-live Q2 FY22) adoption
- Telehealth revenue by identifying clear payer propositions (insurers, corporates and private markets in relevant countries)
- Near-term revenue from licensing of cough counting technology to large pharma
- SleepCheck licensing opportunities

A strong foundation for success

Leadership in sound analysis for respiratory health

Solutions address unmet needs

High quality clinical evidence

Regulatory approvals in Europe and Australia

Foundational partnerships driving adoption

Strong pipeline of development opportunities through increased indications in broad disease states

Corporate snapshot

Capital Structure (ASX:RAP)

Market Cap. as of 22 October 2021	**$55M**
Share Price as of 22 October 2021	$0.064
Shares on Issue	859M
Incentive Options[1]	20M
Cash Balance as of 30 June 2021	**$6.6M**

1 Issued to directors, staff and advisory board with various vesting conditions

Major Shareholders

Fidelity International*	9.99%
Ian Francis Reynolds*	5.30%
Top 20 Shareholders	32%

* Based on Substantial Shareholder Notices lodged

Board of Directors

Roger Aston, PhD | **Non-Executive Chairman**

Chairman of PharmAust and Immuron, formerly Non-Exec. Director of Oncosil Medical, CEO of Mayne Pharma, Cambridge Antibody, co-founder of pSivida.

Tony Keating, PhD | **CEO and Managing Director**

Formerly Director, Commercial Engagement at UniQuest, business development and engineering management roles with Exa Corporation.

Brian Leedman | **Executive Director, Corporate Affairs**

Non-Executive Chairman of Neurotech and Nutritional Growth Solutions, Previously co-founded Oncosil Medical and Biolife Sciences (Imugene), Non-Executive Chairman of NeuroScientific, Chairman AusBiotech (WA) and VP, Investor Relations at pSivida.

Chris Ntoumenopoulos | **Non-Executive Director**

Managing Director at Twenty 1 Corporate, formerly at RACE Oncology, Citigroup, Indian Ocean Capital and CPS Capital.

Dr Michael Stein, PhD | **Non-Executive Director**

Board member of Valo Therapeutics, formerly co-founder/CEO of The Map of Medicine, founding CEO of Valo Therapeutics, Doctor Care Anywhere and OxStem.

Leadership team

Tony Keating, PhD

CEO and Managing Director

Over 10 years of experience in commercialising technology. Created the initial business strategy for ResApp and has led the company to date. Previously Director, Commercial Engagement with **UniQuest**. Prior to that held business development and engineering management roles at **Exa Corporation**.

Brian Leedman

Executive Director, Corporate Affairs

Marketing and investor relations professional with over 15 years experience in biotech. Currently Non-Executive Chairman of **Neurotech** and **Nutritional Growth Solutions**. Previously co-founded **Oncosil** Medical and Biolife Sciences (**Imugene**), Non-Executive Chairman of **NeuroScientific**, Chairman of **AusBiotech** (WA), and VP, Investor Relations at **pSivida**.

Mike Connell

VP, Commercial

Over 30 years of commercial experience including 13 years of health leadership experience with **GSK** (Europe & Australia), **Medibank** (private health insurance) and consulting. Prior to that, a diverse commercial background at **TRU Energy**, **Nike** and **Red Rooster**.

Neroli Anderson

VP, Clinical, Quality and Regulatory

Lawyer with over 20 years of experience in risk management and compliance. Built and implemented ResApp's ISO13485 quality management system and led regulatory submissions to date. Previously risk management and compliance roles at **Flight Centre**.

Al Rey Lunar

VP, Finance

CPA with over 18 years of experience in financial management, shared services and audit. Previously financial controller at **Oventus,** and financial and audit roles at **AIM**, **Moore Stephens** and **EY**.

Thank you!

CEO and Managing Director

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Executive Director, Corporate Affairs

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Detailed Clinical Study Data

Australian Blinded Prospective Paediatric Clinical Study

Breathe Easy Paediatric Study

(ANZCTR: ACTRN12618001521213)

- Double-blind, prospective study of 585 patients, aged 29 days to 12 years, presenting with signs and symptoms of respiratory disease at two Australian hospital sites
- Comparison to clinical diagnosis (including CXR, lab tests) formed by clinical adjudication committee

Porter, P et al., A prospective multicentre study testing the diagnostic accuracy of an automated cough sound centred analytic system for the identification of common respiratory disorders in children, *Respiratory Research* 20(18), 2019.

	Patients[1]		Positive Percent Agreement[2] (95% CI)	Negative Percent Agreement[2] (95% CI)
	Y	N		
Lower respiratory tract disease	419	154	83% (79-86%)	82% (75-88%)
Asthma/reactive airways disease	149	381	97% (92-99%)	91% (88-94%)
Croup	68	500	88% (78-95%)	86% (82-89%)
Pneumonia	60	509	87% (75-94%)	85% (82-88%)
Primary upper respiratory tract disease	89	482	79% (69-87%)	80% (76-83%)
Bronchiolitis (patients aged < 2 years old)	131	26	84% (77-90%)	81% (61-93%)

1 Number of patients clinically diagnosed as having disease (Y) or not having disease (N).
2 As per FDA guidance, positive and negative percent agreement (rather than sensitivity and specificity) are used when a new test is compared to a non-reference standard such as a clinical diagnosis.

Australian Blinded Prospective Adult Clinical Study

Breathe Easy Adult Study

(ANZCTR: ACTRN12618001521213)

- Double-blind, prospective study of 979 subjects
- Comparison to clinical diagnosis (including CXR, CT, spirometry, lab tests) by expert clinicians

Claxton, S et al., Identifying acute exacerbations of chronic obstructive pulmonary disease using patient-reported symptoms and cough feature analysis, *npj Digital Medicine* 4(107), 2021.

Porter, P et al., Diagnosing community-acquired pneumonia: diagnostic accuracy study of a cough-centred algorithm for use in primary and acute-care consultations, *British Journal of General Practice* 71(705), 2021.

Porter, P et al., Diagnosing chronic obstructive pulmonary disease on a smartphone using patient reported symptoms and cough analysis: diagnostic accuracy study, *JMIR Formative Research* 4(11), 2020.

Claxton, S et al., Detection of Asthma Exacerbation in Adolescent and Adult Subjects with Chronic Asthma Using a Cough-Centred, Smartphone-Based Algorithm, ANZSRS/TSANZ Annual Scientific Meeting 2020.

	Subjects[1]		Positive Percent Agreement[2] (95% CI)	Negative Percent Agreement[2] (95% CI)
	Y	N		
Lower respiratory tract disease	358	163	88% (84-91%)	89% (83-93%)
Pneumonia	159	163	86% (80-91%)	87% (80-91%)
Asthma exacerbation	46	73	89% (76-96%)	84% (73-91%)
COPD	117	381	86% (79-92%)	85% (81-89%)
COPD exacerbation	86	78	83% (73-90%)	91% (82-96%)

1 Number of patients clinically diagnosed as having disease (Y) or not having disease (N).
2 As per FDA guidance, positive and negative percent agreement (rather than sensitivity and specificity) are used when a new test is compared to a non-reference standard such as a clinical diagnosis.

ResApp HEALTH

US Blinded Prospective Paediatric Clinical Study

SMARTCOUGH-C-2 Study

(ClinicalTrials.gov: NCT03392363)

- Double-blind, prospective study of 1,470 patients, aged 29 days to 12 years, presenting with signs and symptoms of respiratory disease at three US hospital sites (MGH, Cleveland Clinic and TCH)
- Comparison to clinical diagnosis (including CXR, lab tests) formed by clinical adjudication committee

Moschovis, PP et al., A cough analysis smartphone application for diagnosis of acute respiratory illness in children, American Thoracic Society Conference 2019.

Moschovis, PP et al., The diagnosis of respiratory disease in children using a phone-based cough and symptom analysis algorithm: The smartphone recordings of cough sounds 2 (SMARTCOUGH-C 2) trial design, *Contemporary Clinical Trials* 101, 2021.

	Patients[1]		Positive Percent Agreement (95% CI)	Negative Percent Agreement[2] (95% CI)
	Y	N		
Lower respiratory tract disease	412	775	73% (68-77%)	77% (74-80%)
Asthma/reactive airways disease	176	886	71% (64-78%)	86% (83-88%)
Asthma/reactive airways disease (children aged > 2years old)	177	779	75% (68-82%)	84% (82-87%)
Croup	29	1207	74% (53-87%)	74% (71-76%)
Primary upper respiratory tract disease	722	453	76% (73-79%)	70% (66-74%)
Pneumonia (Focal)	52	1027	67% (53-80%)	64% (61-67%)
Pneumonia	100	1150	63% (53-72%)	62% (59-65%)
Bronchiolitis (children aged < 2 years old)	42	89	76% (60-88%)	60% (59-70%)

1 Number of patients clinically diagnosed as having disease (Y) or not having disease (N).
2 As per FDA guidance, positive and negative percent agreement (rather than sensitivity and specificity) are used when a new test is compared to a non-reference standard such as a clinical diagnosis.

Obstructive Sleep Apnoea Study

OSA SNOREAPP Study

- Blinded, prospective study of 582 patients (in sleep laboratory) and 238 patients (at-home)
- Comparison to PSG AASM Type I sleep study (in sleep laboratory) and PSG AASM Type II sleep study (at-home)

	Comparison to AASM Type I (in laboratory) sleep study					Comparison to AASM Type II (at-home) sleep study				
	Patients[1]		AUC	Sensitivity	Specificity	Patients[1]		AUC	Sensitivity	Specificity
	Y	N	(95% CI)	(95% CI)	(95% CI)	Y	N	(95% CI)	(95% CI)	(95% CI)
AHI ≥ 5/h (Mild)	507	47	0.90 (0.87-0.93)	84% (80-87%)	83% (69-92%)	212	26	0.91 (0.85-0.96)	85% (80-90%)	73% (52-88%)
AHI ≥ 15/h (Moderate)	346	205	0.88 (0.85-0.91)	80% (75-84%)	80% (73-85%)	126	92	0.91 (0.87-0.95)	83% (76-89%)	80% (71-88%)
AHI ≥ 30/h (Severe)	191	372	0.90 (0.87-0.93)	82% (76-87%)	82% (77-86%)	75	153	0.93 (0.90-0.96)	83% (72-90%)	90% (84-94%)

1 Number of patients clinically diagnosed as having disease (Y) or not having disease (N).