Lowering the Cost of Cancer Care Starts with the Treatment Decision

The treatment decision is made before it ever reaches your networks, providers, or care management programs. By the time your system can engage, cost and clinical trajectory are already locked in. Personalized Shared Decision Making (PSDM) fills that upstream gap, the point before the decision is made, where patients currently have no support.

CANCER

#1

High-cost claims driver

CLAIMS SURGING

$500K+

Metastatic
breast and colon cancer

TREATMENT DECISION

1

Vendor today providing
patient-level survival analytics

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Introduction to Ardynn: The Problem We Solve

People diagnosed with cancer seek answers to intensely personal questions:

What is **MY** prognosis?

What treatment option is right for **ME**?

How will this affect **MY** quality of life?

Why Patients Can't Get Answers

1 

Trial Populations Don't Match Real Patients

Guidelines built on younger, healthier cohorts, not typical patients

2 

No Comorbidity-Adjusted Outcomes

Age, gender & conditions are independent survival predictors, yet often ignored

3 

No Modality-Level Tradeoff Data

Patients cannot compare treatment options with real-world outcomes

4 

Misaligned Care Is the Default

Without personalised data, decisions are made with incomplete information

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When Patients Don't Have the Right Information, This Is What Happens

1 in 4

Medicare cancer patients admitted to the ICU in their last month of life

Teno et al., JAMA 2013

23%

of Medicare cancer patients receive chemotherapy in their final 3 months

Emanuel et al., Annals of Internal Medicine, Medicare claims

~50%

of cancer patients receiving active treatment report significant treatment regret

Bernal-Ruiz et al., Journal of Pain and Symptom Management, 2019

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Bob's Story: The Why Behind Capire360

Name: Bob

Age: 69

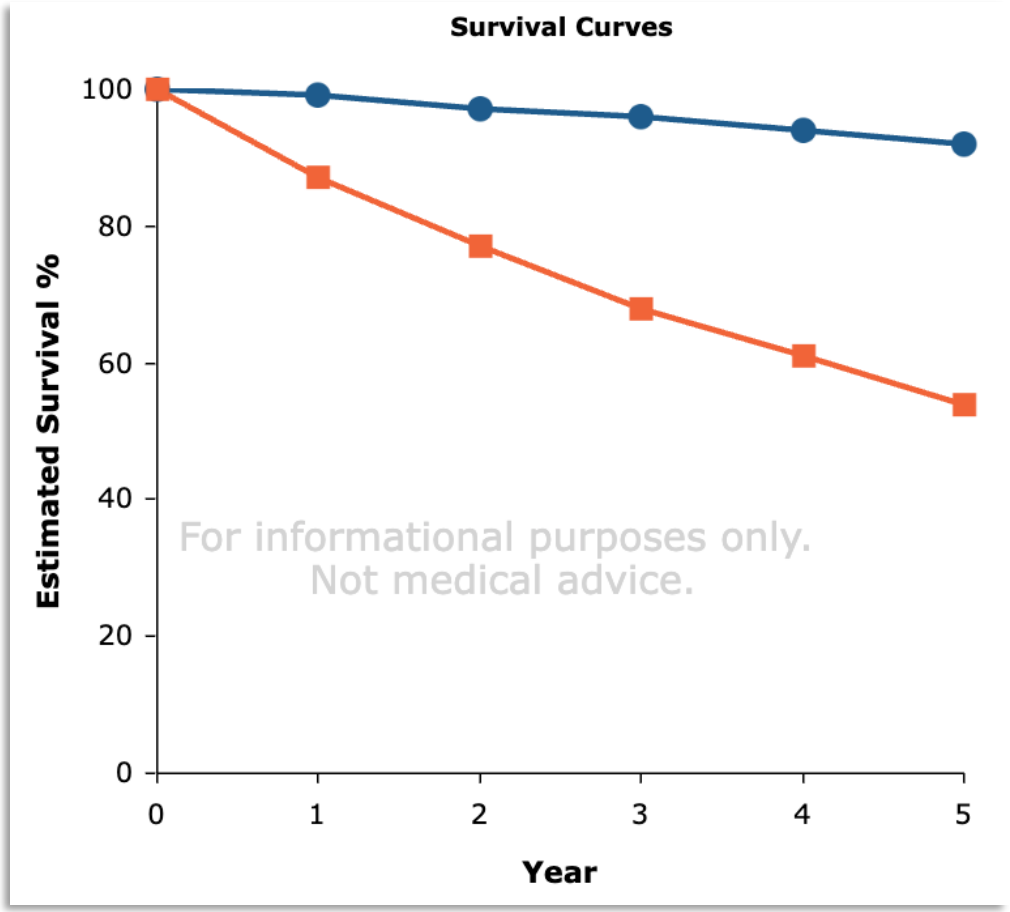
Health: Active, Jogged 5 miles a day

Diagnosis: Metastatic Prostate Cancer (spread to liver and lung)

Treatment Plan: Chemotherapy, Radiation, and Hormone Therapy

Bob's Story: Capire360 Shows His Outcomes and Reveals Trade-offs

What Bob would have seen about his real survival probability. Bob never saw this curve.



Survival in general population for individuals of same age, race and sex 92%

Similar patients, same type of cancer, no treatment 54%

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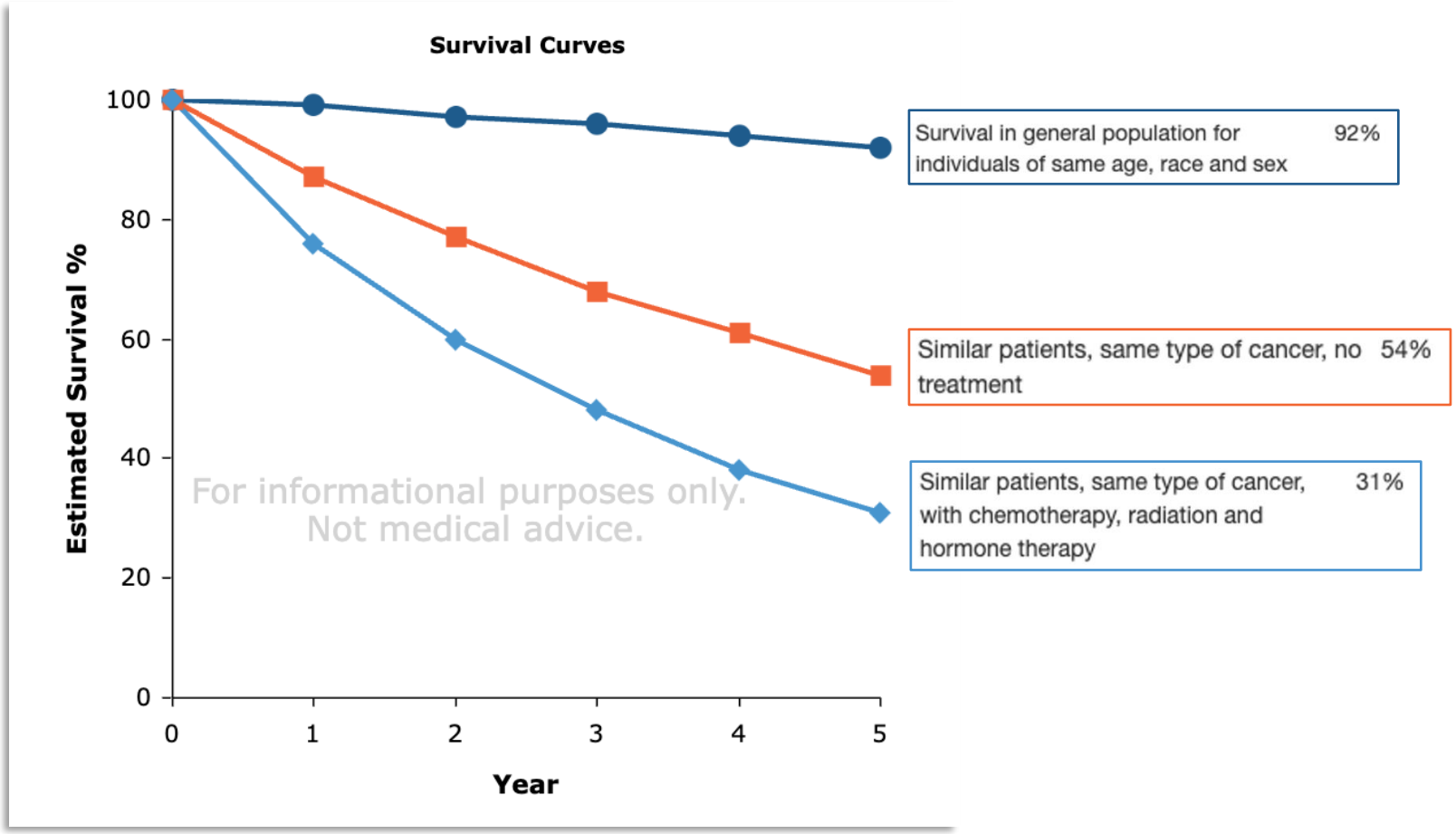
Bob's Story: Capire360 Shows His Outcomes and Reveals Trade-offs

What Bob would have seen about his real survival probability. Bob never saw this curve.



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Bob's Story: The Why Behind Capire360

Bob One Year After Diagnosis

Treatment Results:

Partial bladder removal, 3 pulmonary embolisms, 4 ICU stays, aspiration pneumonia, and more.

Bob passed away a month after this picture was taken.

A New Category of Care: Personalized Shared Decision-Making (PSDM)

PSDM is not incremental improvement.
It is a new model of care that makes the treatment decision work for the patient and the payer.

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The Analytics Engine

2M+ case cancer outcomes registry converted into individualized survival probability curves. Stratified by age, sex, comorbidities (ACE27), cancer type, and treatment selection.

- 500+ hospital & cancer center data sources
- Cox PH survival models
- Externally validated: Erasmus Medical Center, Rotterdam
- Models for ~90% of all adult cancers

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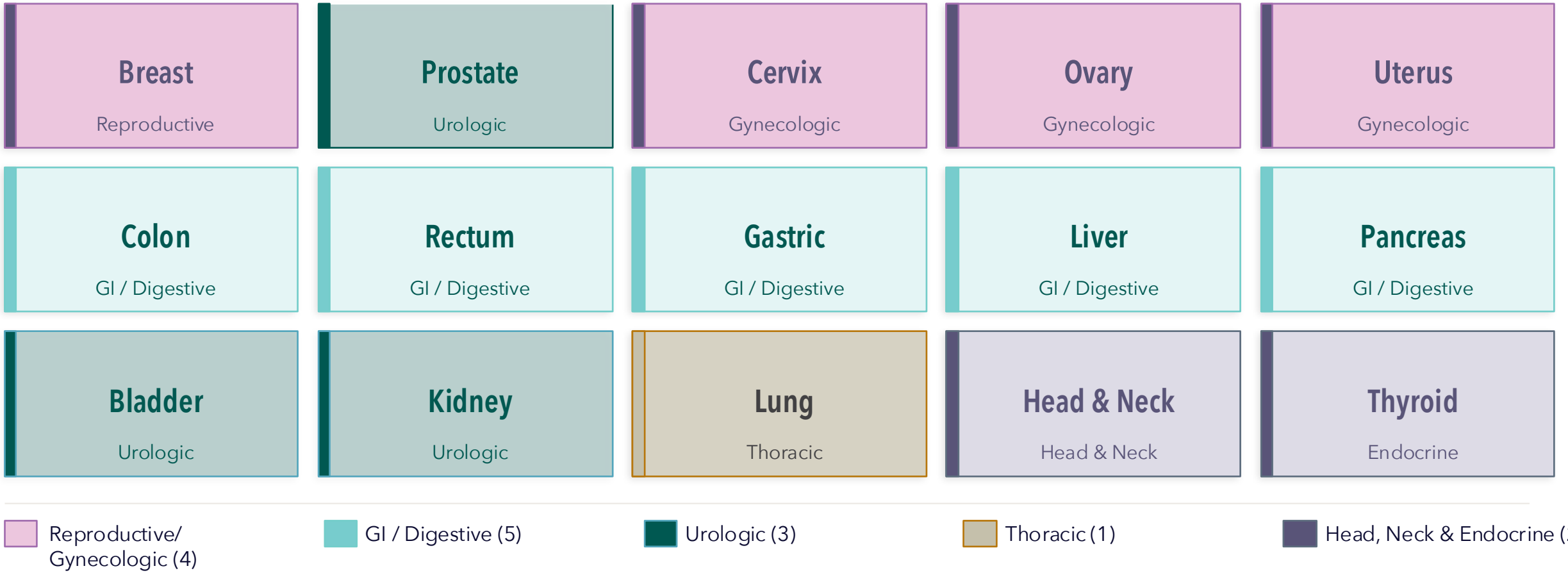
The Patient Advocacy Layer

Trained and certified advocates. The ONLY channel authorized to deliver Capire360 outputs to members. Patients don't interact with the platform directly — their dedicated advocate does.

- Whole person support driven by a dedicated patient advocate
- Covers all people with cancer, wherever they are in the journey
- NPS-equivalent: +85

Capire360: 15 Cancer Types Covered (~90% of Adult Cases)

Individualized survival probability data - stratified by age, sex, comorbidities (ACE27), and treatment selection



Charles' Story: Using data to provide clarity in choosing whether to pursue adjuvant treatment for bladder cancer

Charles was diagnosed with bladder cancer at 77. A retired engineer, he valued facts and clarity, but also his active lifestyle and time with his wife and adult child. He engaged with an Ardynn advocate to understand his diagnosis, treatment options and their impact on his quality of life. After surgery, his doctors recommended watchful waiting, but he was uncertain about whether to add the optional chemotherapy. He was able to turn to his Ardynn advocate who provided him the personalized insight he needed to choose the path that aligned with his goals.

Information about Charles:
Diagnosis: Bladder Cancer **Age:** 77 **Sex:** Male **Race/Ethnicity:** Asian **Comorbidity Score:** None **Histology:** High-Grade Urothelial Carcinoma **T (Tumor):** T1 **N (Node):** N1 **M (Metastasis):** M0

Real-world outcomes for people like Charles*	5 Year Survival Rate	Treatment Cost**
Total Population, 77 year old men with or without cancer	83%	--
Similar patients, same type of cancer, **no treatment**	55%	---
Similar patients, same type of cancer, treated with **surgery**	76%	$18,059
Similar patients, same type of cancer, treated with **surgery and chemotherapy**	76%	$110,282

Reduced treatment spend of $92,223

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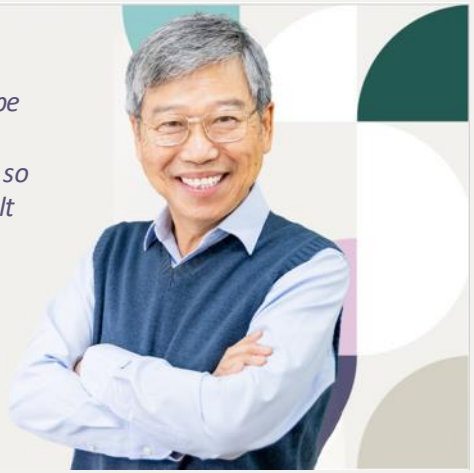
Patient Choice Doctor Recommended Guideline

* Presented data utilizes the June-2023 model and costs as of 2024
** Estimated average treatment costs are shared exclusively with payors and are never disclosed to patients. Instead, when requested, our advocates assist patients in understanding their expected out-of-pocket expenses and deductibles based on their specific insurance coverage.

This story is illustrative based on a real Ardynn case; name and likeness of the member has been changed to protect their privacy.

"I wanted to make a decision based on real numbers – not just hope or fear. Ardynn helped me see the full picture so I could choose what felt right for me and my family."



About	What I Want
I'm a 77-year old man who is active and otherwise healthy. I've always been thoughtful and analytical—I like to understand the facts and weigh my options carefully. I believe in making informed decisions .	I want to stay active and present in the life I have now. I want to continue enjoying time with my wife, staying involved with my adult child, and participating in my church group.
What I Don't Want	**Treatment Choice**
Uncertainty about whether or not to opt for chemotherapy– the potential side effects and whether it would meaningfully extend	TURBT Procedure followed by watchful waiting

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Mary's Story: The value of advocacy in facing metastasized lung cancer

Mary was diagnosed with terminal non-small cell lung cancer. Not only had it metastasized, but it was also complicated by other severe health conditions, resulting in an expected prognosis of a little under a year to live. Maintaining a quality of life that would allow her to continue helping her family was Mary's main goal.

Information about Mary:
Diagnosis: Lung Cancer **Age:** 81 **Sex:** F **Race/Ethnicity:** White **Comorbidity Score:** Severe **Histology:** Non-Small Cell **T (Tumor):** T3 **N (Node):** N2 **M (Metastasis):** M1

Real-world outcomes for people like Mary*	5 Year Survival Rate	Treatment Cost**
Total Population, 81 year old women with or without cancer	67%	--
Similar patients, same type of cancer, **no treatment**	0%	---
Similar patients, same type of cancer treated with **chemotherapy**	2%	$106,277
Similar patients, same type of cancer, treated with **chemotherapy and radiation**	1%	$121,272

Reduced spend of $121,000

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Patient Choice Doctor Recommended Guideline

* Presented data utilizes the June-2023 model and costs as of 2024

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This story is illustrative based on a real Ardynn case; name and likeness of the member has been changed to protect their privacy.

"My advocate is helping me handle my situation in ways I didn't know how to do on my own. I'm used to taking care of other people. It's nice having someone help take care of me."

About	What I Want
I am a former nurse with high health literacy. I live with my daughter, son-in-law, and two young grandchildren. I am "chief cook and bottle washer." I love caring for them.	I want to be able to continue to help my family and maintain the best quality of life possible. I want to make the most of my time left on this Earth.

What I Don't Want	Treatment Choice
I don't want to cause any financial stress, and I don't want any interventions that would sacrifice my quality of life and force my daughter and son in law to feel torn between caring for their kids or for me.	No treatment but palliative care to maintain comfort and dignity

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Angie's Story: Using personalized data to make confident decisions about colon cancer treatment

"Instead of wondering 'What should I do?' I left feeling like I finally understood why each option had been recommended. That made all the difference."

Information About Angie
Diagnosis: Colon Cancer **Age:** 69 **Sex:** F **Race/Ethnicity:** Black **Comorbidity Score:** Mild **Histology:** Carcinoma **T (Tumor):** T3 **N (Node):** N1 **M (Metastasis):** M0

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Real-world outcomes for people like Angie*	5 Year Survival Rate
Total Population, 69 year old women with or without cancer	88%
Similar patients, same type of cancer, **no treatment**	53%
Similar patients, same type of cancer treated with **surgery**	78%
Similar patients, same type of cancer, treated with **surgery and chemotherapy**	86%

Patient Choice Doctor Recommended Guideline

About	What I Want
69-year-old retired elementary school teacher. Active in her church and helps care for her grandchildren. Wants to remain independent and continue spending quality time with her family.	I want the best chance to watch my grandchildren grow up while maintaining my independence and quality of life.

What I Don't Want	Treatment Choice
I'm worried about chemotherapy side effects and whether treatment will keep me from enjoying time with my family.	Surgery and chemotherapy

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* Presented data utilizes the June-2023 model and costs as of 2024

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This story is illustrative based on a real Ardynn case; name and likeness of the member has been changed to protect their privacy.

Benefits of Ardynn for Providers

Patients arrive more prepared and focused

Patients are more engaged and adherent

Fewer unplanned utilization events and reduced clinical burden

1. Caballero J, Patel N, Waldrop D, Ownby RL. Patient activation and medication adherence in adults. J Am Pharm Assoc (2003). 2024;64(3)
2. Colligan EM, Ewald E, Keating NL, Parashuram S, Spafford M, Ruiz S, Moiduddin A. Two Innovative Cancer Care Programs Have Potential to Reduce Utilization and Spending. Med Care. 2017 Oct;55(10):873-878.
3. Effect of a Community Health Worker Intervention on Acute Care Use, Advance Care Planning, and Patient-Reported Outcomes Among Adults With Advanced Stages of Cancer: A Randomized Clinical Trial. Patel MI, Kapphahn K, Dewland M, et al. JAMA Oncology. 2022;8(8):1139-1148.

Personalized Shared Decision-Making: A New Category

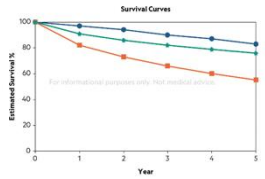
PSDM

1. Patient Identified

Cancer diagnosis identified, patient referred to Ardynn.

2. Advocate Pairing

Dedicated cancer-specialized advocate assigned before any treatment decision is made.



3. Outcomes Reviewed

Advocates deliver personalized survival curves, drawn from 2M+ real-world patients and peer-reviewed statistical modeling.

4. Decision Prepared

Patient and advocate create a Personalized Shared Decision-Making report and prepare the patients to make treatment decisions with their clinical teams.

5. Informed Decision

Values-aligned treatment decision made and documented.

NCCN & ASCO Recommendation

Both bodies call for shared decision-making in their clinical practice guidelines.
PSDM operationalizes that guidance.

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PSDM Has Delivered Repeated Results Across Payers, Cancer Types, and Cohorts, Supported by 209 RCTs

The effect of SDM is well known:

209
Randomized Controlled Trials
(Cochrane Collaboration, 2024)

107K+
Patients in Meta-Analyzed
Evidence Base

20-50%
Patients Shift to Less
Aggressive Care When Informed

20-40%
Healthcare Cost Reduction
Across SDM-Integrated Pathways

The global gold standard for evidence-based medicine: independent, rigorous meta-analyses trusted by clinicians and health systems worldwide.

capire360 ***PSDM = SDM + Personalization:*** personalized outcomes further increase engagement and decrease low value care.

78%
Of patients engage
once they contact us

+85
Net Promoter Score
(Healthcare avg: +30-45)

40%
Patients Opt Out of
Low-Value Treatments

$34K
Est. Avg Savings Per Case
(est. 15:1 payer ROI)

REPLICATED ACROSS PAYERS AND SETTINGS: Payer A 44% | Payer B 22% | Observational trial (n=77) 40% cost reduction | UHC Surest live, Year 4

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Operating for Over a Decade. Year 4 Inside UnitedHealthcare.

Live UHC Surest Contract

241,599	Covered lives across 1,366 employer groups
4 Years	In production inside UnitedHealthcare Surest
MSA with UHC	Master Services Agreement with UnitedHealthcare
Marcus Thygeson, MD MPH	Former Chief Health Officer of UnitedHealthcare Surest. Joined PotentiaMetrics

surest
A UnitedHealthcare Company

Liberty Mutual.

Microsoft

NOKIA

LUMEN

Nationwide

PotentiaMetrics operates inside a Year 4 UnitedHealthcare Surest contract under a Master Services Agreement with UnitedHealthcare. Logos shown are notable employer-clients within Surest. Outcomes ($34K savings/case, 15x ROI) are documented in a commercial employer population (n=76 cases with full patient-level cost attribution; thousands served under institutional confidentiality). Medicare FFS population-specific evidence is the intended output of the Section 1115A test - the commercial cohort establishes directional validity and the per-beneficiary economics; the 1115A model generatesthe CMS claims-based evidence base.

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PotentiaMetrics' Elite Execution Team

Robert Palmer, MBA

Founder & CEO, BOD

Product architect of Capire360; 30+ years leading privately held companies from early outcomes modeling through enterprise commercialization across payer and provider markets

Personally closed UnitedHealthcare national contract; enterprise engagements with Medtronic, Ascension & Covidien, rare dual payer + provider sales record

Originated Capire360 methodology at WashU; built multi-system patient registries; published Harvard Health Policy Review; McKinsey Healthcare Conference presenter

Dr. Jerry Henderson, MD FACP

CMO & Product Leader

Leads Capire360 product strategy and clinical architecture; designed & deployed Zero-G oncology EHR enterprise-wide at MD Anderson for 6 years, Innovator of Year 2013

Chaired Informatics Governance + Inpatient Clinical Informatics Committees at MD Anderson; led Epic clinical content migration on time

Dual board-certified (Clinical Informatics + Internal Medicine); Rice MBA; Harvard Business School Executive Education: Value Measurement in Healthcare

Sal Calta, Jr.

COO, BOD

Retired IBM VP ($1B global portfolio); brings agile mindset and demonstrated capability to oversee large-scale, complex technology programs from design through delivery

Served as Interim CIO at Florida Blue (GuideWell) directing healthcare IT innovation at one of the nation's largest nonprofit health plans

Current independent director: Nuvance Health ($2.5B health system) + Peckham Industries ($600M), board governance across regulated enterprises

Sheri Rodriguez, EdD(c)

Chief Growth Officer

Directed $2B value-based care portfolio at Bon Secours Mercy Health, scaled attributed lives to 700,000+, CIN from 800 to 2,000+ providers, $121M in shared savings

Managed $5B+ combined portfolio; led 3,000+ provider negotiations; drove $25M+ annual revenue expansion across health systems and payers

Former buy-side managed care + VBC contracting leader, knows exactly how payers and ACOs evaluate, budget, and purchase analytics vendors

Christopher Louden, MS Statistics

VP Data Science & Platform Architecture

Owns Capire360 architecture, infrastructure, security & scalability roadmap; published author on peer-reviewed cancer research; developed FDA-approved early cancer detection algorithms

Consulting statistician on multiple FDA-regulated clinical trials; 10+ years oncology biostatistics; member, UT Health Science Center San Antonio research team

Developed early cancer diagnosis testing algorithms achieving FDA approval; Data Scientist, HP -- rare combination of regulatory-grade science and commercial-scale engineering

Sandra Van Trease, CPA CMA

Executive Advisor, BOD

Group President BJC HealthCare ($6B revenue, 16 yrs) + President BJC ACO, direct C-suite insight into health system and ACO analytics procurement

President & CEO UniCare/WellPoint ($2B, 1.7M members); President/COO/CFO RightChoice/Alliance Blue Cross, rare payer + provider C-suite depth

12 years Price Waterhouse; senior financial management including SEC compliance, M&A evaluation, and debt/equity financing negotiations

Dr. Marcus Thygeson, MD MPH

Executive Advisor

Served as Chief Health Officer at Surest Health Insurance, led redesign of health coverage toward condition-based, person-centered care; former VP/CHO Blue Shield of CA

VP/Medical Director HealthPartners; President, Center for Healthcare Innovation, Allina Hospitals, spanning payer strategy and hospital-based innovation

NCQA Performance Measurement Committee + Quantum Leap Healthcare Collaborative board connecting PotentiaMetrics to the quality infrastructure governing VBC

Dana Hutson

Director of Ardynn Advocacy

13 years at Genentech leading Hematology portfolio strategy and strategic account management across community oncology-hematology practices, hospital systems, and academic institutions with established access to key opinion leaders in Hematology

11 years at GSK in oncology contracting, specialty distribution, advisory boards & market research; oncology product launch at SmithKline Beecham messaging, branding & promotions

Board-certified patient advocate.

Clinical Advisory Board

George Lundberg, MS, MD, ScD

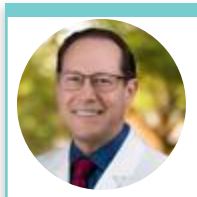
Pathology

- Former editor in chief at JAMA
- Former editor at large at Medscape
- Professor at Northwestern, USC, UC Davis, Harvard, and Stanford

Jonathan Heinlenn, MD

Urologic Oncology

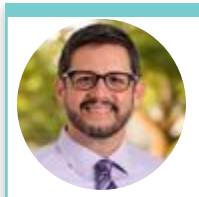
- Fellow at City of Hope National Cancer Center, Los Angeles (COE)
- Currently practicing at Stephenson Cancer Center, OK



Luis Rodriguez, MD

Medical Oncology

- Alpha Omega Alpha Honor Medical Society, UT Health Science Center at San Antonio
- 18 years practicing oncology at START Center, TX



Michael Papagikos, MD

Radiation Oncology

- Director, Multidisciplinary Lung Program at New Hanover Regional Medical Center
- Special interest in quality clinical research for underserved populations

Preethi Gunarantne, PhD

Genomics

- Worked with Baylor College of Medicine and MD Anderson on tumor suppressor microRNAs
- International Human Genome Project

David Theodoro, MD

Cardiothoracic Surgery

- Cardiac surgeon, St. Dominic's Cardiovascular Surgery Associates
- Built the region's largest minimally invasive cardiac valve program
- Mayo Clinic fellowship in Thoracic Surgery

James Cox, MD

Cardiothoracic Surgery

- Chief of Cardiothoracic Surgery at WashU School of Medicine and BJC
- Former President, American Association for Thoracic Surgery
- Developed the Cox-Maze Procedure

John Farinacci

Clinical Research & M&A

- Founded ResearchPoint Global (RPG) a full-service CRO operating in 60+ countries
- Former EVP at Quintiles Transnational (now IQVIA)
- President & COO at Pharmaco (now PPD)

Robert Farmer, MD

Primary Care

- Medical Director, Southern Illinois Division of HSHS Medical Group
- 20 years experience in family medicine

Henrikas Juknis, MD

Nephrology

- 20 years of experience in nephrology and internal medicine
- Trained at Brown University School of Medicine and University of Minnesota