



The non-invasive tool for early detection of Coronary Artery Disease

The following individuals have excellent knowledge of ACS technology. None of these parties have a financial interest in ACS. You may contact them for further information on their role in the MCG's clinical trials and/or utilizing MCG in clinical practice.

Peter Nicholas

Mr. Peter Nicholas is the co-founder and chairman of Boston Scientific Corporation. He is a trusted adviser to Dr. Shen, the inventor of the Multifunction Cardio Gram (MFG) who also holds the patent. As a colleague of the late Edmund T. Pratt, Jr., a founder and early investor in Premier Heart and former CEO/Chairman of Pfizer Pharmaceuticals, Mr. Nichols has first-hand knowledge of the clinical utility of novel technologies. Mr. Nicholas was personally responsible for introducing MFG technology to Dr. Eberhard Grube (please see below), an internationally recognized key opinion leader in the area of interventional cardiology who later conducted peer-reviewed clinical trials on the system.

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John Abele

Mr. John Abele is the co-founder and director of Boston Scientific Corporation. Mr. Abele was one of the colleagues of Mr. Pratt and Mr. Nicholas who underwent early testing of the Multifunction Cardio Gram (MFG). Mr. Abele witnessed the utility of the device in detecting serious subclinical cardiovascular conditions among colleagues who subsequently had 'unanticipated' acute coronary events within the year, despite non-diagnostic test results and reports of good health on their annual comprehensive executive physical examinations.

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Dr. Eberhard Grube

Dr. Michael Imhoff

Dr. Michael Imhoff is a board certified surgeon and specialist in intensive care with 18 years clinical practice at one of the largest hospitals in Europe. He holds a PhD in Medical Informatics and Statistics and is a reader at the Medical School of the Ruhr-University Bochum, Germany. Dr. Imhoff has authored or co-authored over 300 national and international monographs, books, book chapters, scientific lectures and posters. His areas of research have included surgical intensive care medicine, patient monitoring clinical data management, statistical time series analysis and related methods, artificial intelligence in medicine, health care economics, macro and micro allocation of medical resources as well as rationing of health care. He is a strategic consultant to Dräger Medical and Siemens Medical, and in that context, he performed an extensive analysis of MCG data.

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Dr. H. Robert Silverstein

Dr. H. Robert Silverstein is a practicing cardiologist who has used MCG for 3 years. He is board certified in cardiovascular disease, internal medicine, and preventive medicine, and is also a Fellow of the American College of Cardiology and the American College of Preventive Medicine.

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Dr. Wilbert Aronow

Wilbert Aronow, MD is Professor of Medicine at New York Medical College and Head of teaching and clinical research

Dr. Eberhard Grube is Chief of the Department of Cardiology and Angiology at the Heart Center Siegburg in Germany and is Consulting Professor of Medicine at Stanford. He is internationally renowned as an innovator in the development and testing of novel devices and procedures in the cardiovascular arena. Over the past decade he has led some of the initial clinical trials of drug-eluting stents, percutaneous closure devices, new atherectomy techniques, catheter-based valve insertion procedures as well as the recognition and treatment of vulnerable plaque. Dr. Grube has performed over 350 cardiac surgical procedures and was the Principal Investigator of Premier Heart's largest clinical trial which included nearly 1,000 patients.

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Dr. Yuk Law

Yuk Law, MD, serves as Medical Director of Cardiac Transplant and Heart Failure at Seattle Children's Heart Center which is ranked as one of the top cardiac and cardiac surgery programs in the country by U.S. News & World Report. Dr. Yuk Law is a contributing author on pediatric heart failure to the field's most authoritative text, Congestive Heart Failure. His fellowship training in both pediatric cardiology and immunobiology allows him to take a more comprehensive approach to the care of patients with cardiopulmonary failure who require transplantation. Dr. Law states: "Even though I am not a biomedical engineer and may not be able to lecture comprehensively on this novel technology, I think the new technology from Premier Heart is extremely exciting on two fronts. First, the development of methodology that allows constant input of new data in real-time as it is collected in the field, constantly improves the test's diagnostic utility while improving its accuracy. The concept of early detection also plays a key role in proteogenomics with the use of tools such as micro array gene analysis for the early recognition of rejection. As more data is fed into its neural networks, the algorithm matures not only in diagnostic accuracy, but also in terms of the test's utility, thereby increasing the spectrum of indications. The second is that this type of testing is great for screening large populations. Infants with heart disease can be delivered anywhere, and I mean anywhere! Every clinician knows it is not that easy to make a diagnosis of serious heart disease and many conditions will not manifest until closure of the ductus arteriosus, just when the baby goes home after a C-section for example at around 2-5 days of life. Infants have been lost because of this problem. The EKG is notorious for not being sensitive or specific enough and it really comes down to echocardiography. I am in the midst of publishing a study using BNP (a cardiac hormone) for screening purposes, but the sensitivities could be better and there are some

cardiology at Westchester Medical Center where the Company's first clinical trial was conducted from 2001-2002. Dr. Aronow is a renowned researcher and editor of many medical peer review journals.

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Dr. Lance Austein

Dr. Lance Austein is board certified in internal medicine and has a thriving primary care practice in Brooklyn. He is also highly regarded by his peers for his leadership in adapting new technologies and therapies that might be of clinical benefit in managing his patient population. Dr. Austein's enthusiasm for MCG is based on how it has improved the diagnostic capability of his practice. For example, he referred a patient for evaluation of anginal chest pain to a cardiology group for further diagnostic evaluation where all stress tests were within normal limits. The patient returned to his office, where his MCG test was 'strongly' positive for Coronary Artery Disease. Dr. Austin referred his patient to Columbia Presbyterian Medical Center for a coronary angiogram, which confirmed the results obtained from the MCG test. The patient underwent PTCA and stent insertion for a discrete critical proximal LAD stenosis and thereafter remained free of chest pain. The follow up MCG test showed no further evidence of ischemia. Dr. Austein has since become a strong advocate.

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Dr. Murray Werzberger

Dr. Murray Werzberger, an associate of Dr. Austein's, is also a senior partner of Modern Medical PC and a leader in the medical community. He was responsible for the formation of this large group practice of primary care physicians. The use of the Multifunction Cardio Gram (MFG) has so enhanced his group's capacity to practice early cardiovascular detection and prevention that, as a result, his group has considered hiring several cardiologists with interest in cardiovascular prevention as part of their next expansion. Dr. Werzberger advocates the use of this technology in primary care practice.

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drawbacks with this test in the neonate population. There are EKG abnormalities associated with certain congenital heart diseases but we need a way to improve the detection rate and differentiate it from either infection or lung disease, commonly seen in the newborn period. There are also more infants born than there are adults with coronary artery disease, so the scope of the problem is potentially quite large. We already do state funded newborn screening for certain kinds of errors of metabolism, like PKU, etc., but we don't do it for heart conditions and the problem is just waiting for someone to figure out a practical, simple, and relatively inexpensive way to screen these neonates. This kind of approach can obviously lead to other applications in pediatric cardiology, such as identifying rejection, etc. I am hoping we can develop the same approach for babies with congenital heart disease as is used to detect coronary artery disease."

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