

EXCLUSIVE DISTRIBUTOR OF

Koning

Changing the World's Perspective on Breast Imaging,





visit us - www.euronoxxmedical.com
HEAD OFFICE: 35 Berkeley Square, Mayfair, London, W1J 5BF



Founded in London in 2022, Euronoxx Medical Group is redefining the future of healthcare delivery as a global distributor of advanced medical technologies. With a mission to challenge conventions, we are committed to driving innovation, precision, and quality across every solution we provide.

At the forefront of our portfolio is the **Koning Vera 3D Breast CT**, a breakthrough in diagnostic imaging that delivers true volumetric scans in just seven seconds, without breast compression. This technology eliminates traditional barriers in breast cancer detection, combining unparalleled patient comfort with next-generation diagnostic accuracy.

We also deliver **Allengers' advanced imaging systems**, including digital mammography solutions engineered for ultra-low radiation doses and unmatched image clarity, ensuring clinicians gain sharper insights with maximum patient safety.

Furthermore, we represent Time Medical's NEONA, the world's first neonatal MRI system, designed to deliver silent, space-efficient imaging for neonatal and pediatric care, especially in environments where conventional MRI is impractical.

As an approved **NHS ethical recruiter**, Euronoxx provides not just access to transformative technologies but also end-to-end integration, 24/7 specialist support, and med-tech consulting, empowering healthcare providers to scale impact with precision.

Our philosophy is simple

Technology should serve both the clinician and the patient. At Euronoxx, we curate imaging systems that push boundaries in their own right, whether it's redefining breast imaging through innovation that prioritizes patient comfort, delivering diagnostic precision with minimal radiation exposure, or providing compact yet powerful platforms that bring advanced care to more settings. Each solution in our portfolio is selected not merely for its specifications, but for its ability to remove obstacles, strengthen clinical confidence, and place the human experience at the center of care.

FEATURED BRANDS & PARTNERS









PATIENT-CLINICIAN BALANCE Technology that works for everyone in the room. We bring together imaging solutions that empower clinicians with clarity and patients with comfort, because great care requires both. www.euronoxxmedical.com



Identifying a suspicious breast lesion could be a lifesaving event-5-year survival rates for breast cancer detection at the earliest stages are over 99%. Yet, the current "gold standard" of breast imaging, mammography, falls short in detecting early cancers due to structural overlap and poor contrast resolution. Additionally, it is a painful procedure, requiring patients to compress their breast with 10-20 kg of force.

Koning's revolutionary 3D breast CT will change the world's perspective on breast imaging.

Koning has been developing cone-beam CT technology for over two decades. As the winner winner of multiple awards including the **2016 Frost and Sullivan New Innovation Award in Breast Imaging**, and as holder of over **80 patents globally**, Koning has vigorously developed the technology to bring a better breast cancer detection solution to women around the world.

A GAME CHANGING TECHNOLOGY



THE KONING DIFFERENCE

The Koning Vera (KBCT) is a 3D breast imaging device that generates true 3D images of the breast. It is designed to deliver high spatial resolution and provide clinicians with a new way to visualize and evaluate breast tissue. The system also offers a compression-free exam, intended to create a more comfortable experience for patients.

KEY FEATURES:

- > Full 3D isotropic imaging
- Superior patient comfort with no compression
- Images generated are DICOM compliant and directly plug into most RIS/PACS systems for remote viewing
- Biopsy ready optional biopsy kit allows for biopsies directly on the table
- User friendly operator's console
- Equivalent radiation dose to mammography





THE KBCT

True 3D With No Compression

Koning's 3D breast CT system (KBCT) is the first, commercially available, dedicated CT scanner designed specifically to image the entire breast, from the chest wall to the nipple. Traditional mammography is two-dimensional (2D), leading to structure and tissue overlap which can obscure a breast lesion. KBCT acquires true 3D isotropic images, alleviating structure and tissue overlap, and allowing for detection of tumors as small as 2 mm.

KBCT is able to acquire a full 3D image in just 7 seconds with no compression. Its unique exam table and prone positioning of the patient offer an unsurpassed patient experience for what has been a dreadful procedure for women around the world. At the same time, its self-shielding design and dedicated operator's console eliminate the need for a separate control room.

Access to the patient is available from wide interlocking safety covers on both sides, and the table can be elevated to up to 1.5 meters, making it possible to perform biopsies with the optional biopsy kit, eliminating the need for a separate stereotactic biopsy table. Full 3D images are also valuable to breast surgeons, who can plan surgeries based on 3D anatomy.



Hospital Friendly For Any Budget

Koning is committed to bringing this life saving technology to women everywhere and has designed a number of features to help hospitals bring KBCT into their workflow, enhancing the standard of care provided to patients.

Key Features:

- Size, dimensions and self-shielding allows KBCT to fit into standard stereotactic rooms, eliminating need for costly construction
- > Technician training provided with each install
- Access to our medical advisory board around the world
- Service and parts warranties offered for the life of the product
- A variety of financing terms available from lease buy-back to click-per-scan revenue sharing

Comparison between Traditional Mammogram & Koning Breast CT imaging results

TRADITIONAL MAMMOGRAM

Poor result, especially with small dense breast



Easily captures superior images of dense breast



KONING BREAST CT SYSTEM SPECIFICATIONS

Electrical Requirements

Input Voltage/Current Power Rating

Standard: 480 V 3-phase @ 60 A or 208 V 3-phase @ 120A plus Ground Maximum voltage = 49 kVp, current = 200 mA, power output = 9.8kW

Heating, Ventilation and Air-conditioning (HVAC) Requirements

Temperature 20° C – 24° C

Humidity 30% - 60% rH (non-condensing)

Radiation Dose Parameters

Air Kerma 25 mGy ± 20%

+ Half Value Layer >0.49 mm Al at 49 kVp (FDA specification) 1.5 mm Al (± 10 %) at 49 kVp (typical)

Scan/Reconstruction Parameters

Scan Time 10 seconds; 300 projections / scan Voxel Size Standard reconstruction: (0.273 mm)3

High Res reconstruction: (0.190 and 0.155 mm)3

Mechanical Parameters

Patient Table Load 200 kg (maximum)

Patient Table Height 1.0 m ±10% (minimum position) to 1.55 m ±10% (maximum

Room size position) 5.5 m x 6.0 m (minimum recommended size)

TECHNICAL SPECIFICATION COMPARISON

Items	Koning Breast CT	Breast MRI	Digital Mammography	Digital Breast Tomosynthesis		
2D/3D	3D Isotropic	3D Non-isotropic [1][2]	2D Projection	Limited 3D (2D with depth info)		
Spatial Resolution (mm)	Standard Mode: 0.2 x 0.2 x 0.2 High Res Mode: 0.1 x 0.1 x 0.1	1.5 T: 0.85 × 0.85 × 1.6 [1] 3.0 T: 0.50 × 0.50 × 1.3 [1] 0.80 × 0.80 × 1.6 [1]	~0.1 mm [3]	~0.1mm [4]		
Acquisition Time	One 7-second Scan	~30 Minutes	Four 5-second exposure; More time for extra views	up to 25 seconds depending on angular range [4]		
Breast Compression	No	No	Yes Average ~120 Newtons (26 lbs), up to 200 Newtons (45 lbs) per image [5]	Yes Similar to Digital Mammography		
Patient Position	Prone (open)	Prone (enclosed in small bore)	Standing	Standing		
Machine Noise	Low	High (up to 130 dB, close to a construction jackhammer) [6]	Low	Low		
Patient Comfort	Good (Short exam, Open scanning, No compression, Low noise)	Fair (Long exam, Distressed in noisy and confined space)	Painful (Compression and Manipulation)	Painful (Compression and Manipulation)		
Radiation Dose Mean Glandular Dose (MGD)	For Standard Breast: 5.8mGy/Scan(Exam)*	No lonizing Radiation	Diagnostic Mammography 8.67mGy/exam*	Average 38% higher dose than Digital Mammography [7]		
average # of scans per exam	Standard: 1 scan per breast Contrast: 2 scans per breast	5-7 scans per breast	4 images per breast plus extra views	2 scans per breast		
Breast Coverage (with images)						
	Largest field of view in the industry: up to 34 cm longitudinal coverage. Covers chest wall.	Coil limitation ~20 cm [8]. Anterior interference on long breast	Maximum 24 x 30 cm. Tiling and multiple exposure needed for large breast			
Large Breasts				Only the largest portion of the tile is imaged with DBT. The remainder is imaged with tiled DM [9]		
Small Breasts	No special technique. Covers chest wall	No special technique. Covers chest wall	Difficult, with positioning and posterior coverage issues	Difficult, with positioning and posterior coverage issues		
Implant Breasts	Complete evaluation	No Limitation	Multiple Views w. displacement; Difficult for Small Breasts	Only implant displaced views are performed using DBT [9]		
Implant Evaluation	Yes, in 3D	Yes, in 3D	No	No		
Contraindications	None	Claustrophobia; Metal Implantable devices; Patient weight restrictions	Intolerant to pain from compression; Implant ruptured	Intolerant to pain from compression; Implant ruptured		
Contrast Imaging	Without or With	Required	Contrast Enhanced Mammogrpahy option for purchase	NA		
Conrast Media	Non-Ionic CT Contrast	Gadolinium	lodinated (for Contrast Enhanced Mammography	NA		
Biopsy Capability	Yes, in 3D	Yes, in 3D	Yes, 2D Stereotactic	Yes, Tomo stereotactic		
Average Biopsy Time	~15 min	~ 1 hour	29 Minutes	~ 15 min [10]		
Radiation Dose for Biopsy Mean Glandular Dose (MGD)	~30 mGy for medium size breast [11] (50% Less than Stereotactic Biopsy)	NA	62.5 mGy for medium size breast [11] (twice as much as KBCT biopsy)	50% Less than Stereotactic Biopsy [12] [13]		

TECHNICAL SPECIFICATION COMPARISON

Items	Koning Breast CT	Breast MRI	Digital Mammography	Digital Breast Tomosynthesis
Sensitivity (non-contrast)	85.6%-89.2% From Clinical Trials* and Literature [14]	NA	76.1% - 84.5% From Clinical Trials* and Literature [14]	88% [15]
Specificity (non-contrast)	79.5% - 84% From Clinical Trials* and Literature [14]	NA	73.1% - 81.3% From Clinical Trials and Literature [14]	72% [15]
Cancer Detection Rate (non-contrast)	Estimated CDR†: 4.75-4.9 per 1000 exams	NA	Reported CDR [16]: 4.6-4.8 per 1000 exams	Reported CDR [16]: 5.0-5.7 per 1000 exams
Sensitivity (contrast)	92.7% - 98.7% From Clinical Trials* and Literature [14]	90% - 98% From Literature [17, 18]	For CEM [19]: ~90.5%	NA
Specificity (contrast)	79.5% - 85.0% From Clinical Trials* and Literature [14]	65% - 72% From Literature [17, 18]	For CEM [19]: ~76.1%	NA
Cancer Detection Rate (contrast)	Estimated CDR†: 17 - 27 per 1000 exams	Reported CDR [20, 21]: 14 - 26 per 1000 exams	For CEM, Reported CDR [22]: 15.5 per 1000 exams	NA
Calcification Detection	~0.2-0.3 mm (Single) > 3mm (grouped)*	No	~0.2-0.3 mm (Single) > 3mm (grouped)*	~0.2-0.3 mm (Single) > 3mm (grouped)*

Note: The information in this chart is accrued directly or indirectly from clinical trials, reported studies, manufacture specifications and industry consensus. The reported numbers in this chart are subject to change with future studies

- † Estimated with KBCT sensitivity and population from reported studies
- $Rahbar, H., et al., Clinical and technical considerations for high quality breast MRI at 3 Tesla.\ J Magn Reson Imaging, 2013.\ 37(4): p.\ 778-90.$
- Newell, M., et al., ACR practice parameter for the performance of contrast enhanced magnetic resonance imaging (MRI) of the breast. American College of Radiology, Reston, VA, 2018
- Newer, M., et al., Ack plactice Brainlete in the Performance of Contract enfanced in Agriculture and R.B. Abrahams, X-ray-based medical imaging and resolution. AJR Am J Roentgenol, 2015. 204(4): p. W393-7. Vedantham, S., et al., Digital Breast Tomosynthesis: State of the Art. Radiology, 2015. 277(3): p. 663-84. Poulos, A., et al., Breast compression in mammography: how much is enough? Australas Radiol, 2003. 47(2): p. 121-6. Noise To Expect During An MRI. Available from: https://www.envrad.com/noises-to-expect-during-an-mri/.

- Gennaro, G., D. Bernardi, and N. Houssami, Radiation dose with digital breast tomosynthesis compared to digital mammography: per-view analysis. Eur Radiol, 2018. 28(2): p. 573-581. Breast 18 Coil. [cited 2023 05/30]; Available from: https://www.siemens-healthineers.com/en-us/magnetic-resonance-imaging/options-and-upgrades/coils/breast-18-coil. American College of, R., ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF DIGITAL BREAST TOMOSYNTHESIS (DBT). 2018.

- 10. Waldherr, C., et al., Tomosynthesis-guided vacuum-assisted breast biopsy: A feasibility study. Eur Radiol, 2016. 26(6): p. 1582-9. 11. Seifert, P.J., et al., Initial Experience with a Cone-beam Breast Computed Tomography-guided Biopsy System. J Clin Imaging Sci, 2017. 7: p. 1
- 12. Nguyen, D.L., et al., Comparison of Diagnostic Mammography-Guided Biopsy and Digital Breast Tomosynthesis-Guided Biopsy of Suspicious Breast Calcifications: Results in 1354 Biopsies. AJR Am J Roentgenol, 2023. 220(2): p. 212-223. 13. Clinical Benefits of Tomosynthesis Guided Breast Biopsy. Available from: https://www.hologic.com/sites/default/files/Clinical-Benefits-of-Tomosynthesis-Guided-Breast-Biopsy.pdf. 14. He, N., et al., The utility of breast cone-beam computed tomography, ultrasound, and digital mammography for detecting malignant breast tumors: A prospective study with 212 patients. Eur J Radiol, 2016. 85(2): p. 392-403.
- 15. Gilbert, F.J., et al., Accuracy of Digital Breast Tomosynthesis for Depicting Breast Cancer Subgroups in a UK Retrospective Reading Study (TOMMY Trial). Radiology, 2015. 277(3): p. 697-706.

 16. Sprague, B.L., et al., Assessment of Radiologist Performance in Breast Cancer Screening Using Digital Breast Tomosynthesis vs Digital Mammography. JAMA Netw Open, 2020. 3(3): p. e201759.

- 17. Peters, N.H., et al., Meta-analysis of MR imaging in the diagnosis of breast lesions. Radiology, 2008. 246(1): p. 116-24.

 18. Wienbeck, S., et al., Contrast-enhanced cone-beam breast-CT (CBBCT): clinical performance compared to mammography and MRI. Eur Radiol, 2018. 28(9): p. 3731-3741.

 19. Sorin, V., et al., Contrast-Enhanced Spectral Mammography in Women With Intermediate Breast Cancer Risk and Dense Breasts. AJR Am J Roentgenol, 2018. 211(5): p. W267-W274.
- 20. Bakker, M.F., et al., Supplemental MRI Screening for Women with Extremely Dense Breast Tissue. N Engl J Med, 2019. 381(22): p. 2091-2102.
 21. Riedl, C.C., et al., Triple-modality screening trial for familial breast cancer underlines the importance of magnetic resonance imaging and questions the role of mammography and ultrasound regardless of patient mutation status, age, and breast density. J Clin Oncol, 2015. 33(10): p. 1128-35.
- 22. Sung, J. S., L. Lebron, D. Keating, et al. (2019). "Performance of Dual-Energy Contrast-enhanced Digital Mammography for Screening Women at Increased Risk of Breast Cancer." Radiology 293(1): 81-88.

For more info on our products visit - www.euronoxxmedical.com

WE ARE EMPOWERING HEALTHCARE SYSTEMS WITH **NEXT-GENERATION MEDICAL AND SURGICAL EQUIPMENT.**

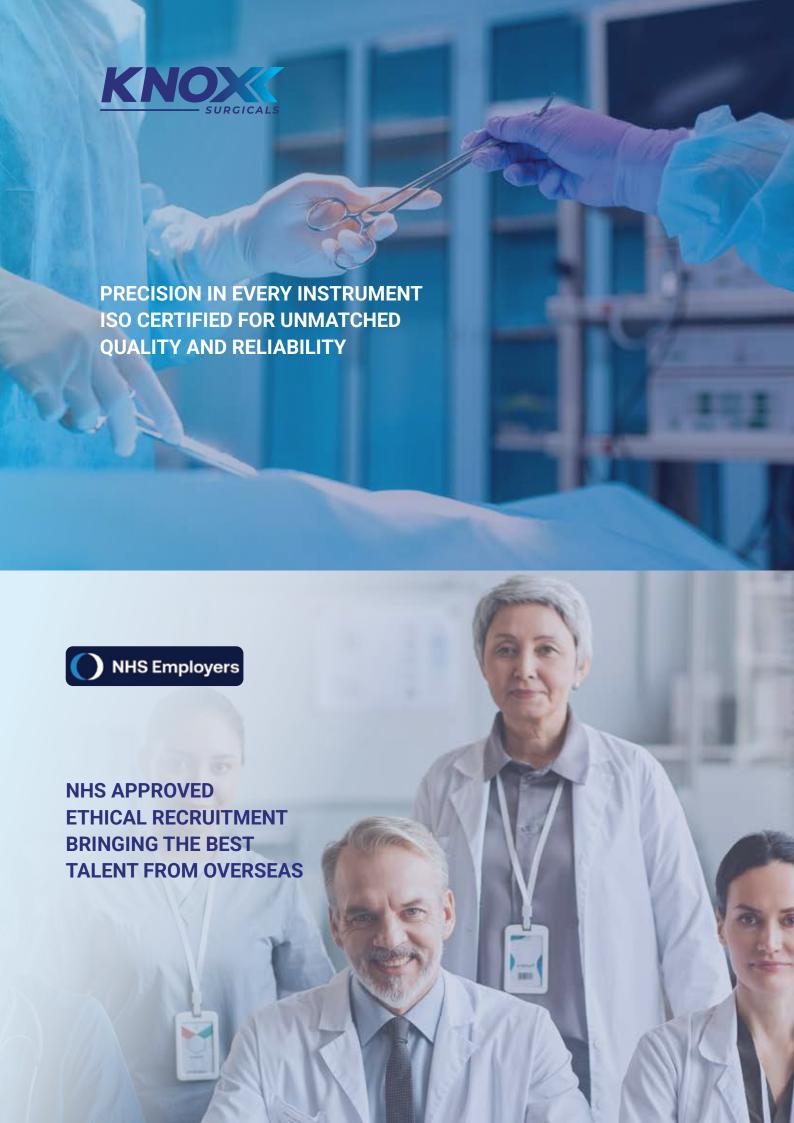




FOR ANY ENOUIRIES CONTACT US: 020 8146 6839 | +44 75 2990 2750 info@euronoxxmedical.com | www.euronoxxmedical.com

Koning Breast CT Regulatory Clinical Trials and Technical Documents





FOR MORE INFO ON OUR PRODUCTS VISIT www.euronoxxmedical.com



FOR ANY ENQUIRIES CONTACT US: 020 8146 6839 | +44 75 2990 2750 info@euronoxxmedical.com www.euronoxxmedical.com

