



New Studies Highlight Benefits of EOS®3D Imaging in Assessing Corrective Bracing for Scoliosis

Low dose 3D Scanning Enables Post-Bracing Control and Contributes to Evaluation of Treatment Impact

PARIS, July 25, 2013 – EOS imaging (NYSE Euronext, FR0011191766-EOSI), the pioneer in orthopaedic 2D/3D imaging, today announced that two new studies supporting the use of its 3D imaging technology in assessing the impact of bracing for adolescent idiopathic scoliosis (AIS) have been published online in the *European Spine Journal*. Bracing is the preferred therapy for progressive scoliosis with a Cobb angle (curve) in the range of 20° to 45°, though current data on its efficacy in correcting spinal curvatures are inconclusive.

The first study, conducted by the Laboratoire de Biomécanique in Paris, France and published in June, used the EOS® System to obtain 3D images of the spines of 30 patients with AIS. It showed that there is high variability among individual patients in terms of the effectiveness of bracing on 3D Cobb angle and other key spinal parameters.¹ The second study, by clinicians at the Hospital for Sick Children in Toronto, Ontario and published in July, used 3D imaging provided by the EOS System to evaluate the immediate effects of two common braces on the spine, concluding that braces do differ in their treatment impact.²

Researchers in both studies noted that the low dose 3D imaging enabled by the EOS System allows for immediate control of the bracing as well as for the assessment of the disease progression and corrective impact of bracing treatment.

Marie Meynadier, CEO of EOS imaging, said, “Wearing a corrective brace can be quite challenging for young scoliotic patients, most of them teenage girls. We are pleased that the low dose and 3D capacity of the EOS System may offer a new tool for post-bracing control, as well as for the assessment of the efficacy of this treatment for a condition that affects millions of children and adults worldwide. The research demonstrates yet another clinical application in which the EOS System offers a new and superior method to evaluate a patient’s specific orthopaedic condition and guide the treatment plan. Studies such as these continue to build awareness of the role our technology can play in advancing the understanding of spinal pathology.”

The *European Spine Journal* is the official publication of EuroSpine, the Spine Society of Europe, and is the second highest rated spine scientific journal worldwide. For more information on the EOS System, the first and only full body, low dose 3D imaging technology available for orthopaedic care, please visit www.eos-imaging.com.

About EOS imaging:

EOS imaging designs, develops, and markets EOS®, a revolutionary and patented medical imaging system, based on technology that enabled George Charpak to win the Nobel Prize for Physics. The Company is authorized to market the system in 30 countries, including the United States (FDA), Canada, Australia and the European Union (EU). Backed by an installed base of over 60 sites and more than 350,000 imaging sessions, EOS® benefits from worldwide recognition within the global medical community. As of December 31, 2012 the Group posted 2012 consolidated revenue of €9.42 million and employs 70 people including an R&D team of 25 engineers. The Group is based in Paris and holds three subsidiaries in Cambridge (Massachusetts), in Montréal (Canada), in Germany, and offices in Singapore. For further information, please visit our website at www.eos-imaging.com.



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Press Release

EOS imaging is listed on Compartment C of the NYSE Euronext Paris
ISIN: FR0011191766 – Ticker: EOSI

Next update: half year 2013 results: August 28, 2013 after market close



Contacts:

Anne Renevot
CFO

Tel.: +33 (0)1 55 25 61 24
investors@eos-imaging.com

NewCap

Financial communication and investor relations
Sophie Boulila / Pierre Laurent
Tel.: +33 (0)1 44 71 94 91 - eosimaging@newcap.fr

The Ruth Group (US)

Press relations
Ph: 646-536-7012
lcook@theruthgroup.com

¹ Courvoisier A et al. 3D analysis of brace treatment in idiopathic scoliosis. Eur Spine J. 2013 Jun 29 [Epub ahead of print], via <http://link.springer.com/article/10.1007%2Fs00586-013-2881-7>

² Lebel DE. Three dimensional analysis of brace biomechanical efficacy for patients with AIS. Eur Spine J. 2013 July 20 [Epub ahead of print] via <http://link.springer.com/article/10.1007%2Fs00586-013-2921-3>