CardiaMetrics
take back control



Heart failure shouldn't end in the hospital.

CardiaMetrics delivers one cardiac filling-pressure value every morning; measured automatically overnight by a subcutaneous sensor and our AI; so patients and cardiologists adjust treatment weeks before decompensation.

THE PROBLEM

Decompensation is seen too late in the emergency room.

- **6.7M** Americans live with heart failure; **1.2M** HF hospitalizations a year in the US.
- HF costs the US **$32B a year** in direct medical costs (2020), **75–80% of it from hospitalizations** (~$19k per admission).
- Cardiac pressures rise up to **3 weeks** before symptoms. Weight and questionnaires are late markers, and depend on the patient.
- Approved pressure sensors need a cath-lab implant and **patient-initiated daily readings**: they reach only a small fraction of patients.

OUR PROMISE

Pressure-guided heart-failure care at the scale of a loop recorder.

Patients
Stay stable, stay home: effortless daily readings designed for **self-adjusted treatment** within the cardiologist's plan, as diabetics do with glucose sensors.

Cardiologists
A daily PCWP value; set the plan, step in when needed.

Hospitals & payers
Target: −30% hospitalizations, stays halved.

SCOUT + AI: subcutaneous implant (ECG + seismocardiogram), 5-minute procedure, no cath lab, no pacemaker needed. Passive night-time acquisition; HFrEF and HFpEF. 5 patents filed.

POC PERFORMANCE · CHU DE CAEN-NORMANDIE

R^2 0.78
vs right-heart catheterization (gold standard)

2.5 mmHg
mean absolute error on PCWP

Limits of agreement −7.2 to +4.0 mmHg, within the range of approved implantable sensors. Presented at THT 2026 (Boston); discussed in Oct. 2026 by an international HF expert panel: *"We believe your device can do this."*

DECONGESTION TRACKED · PATIENT 24

17.7 → 8.5 mmHg

PCWP · 7 nights



Coherent with BNP **706 → 232 pg/mL**, weight **−3.1 kg** and the switch from IV to oral diuretics.

CLINICAL PATHWAY

ON GOING
ASEMC-DR
Proof of concept, CHU de Caen (NCT 07345533), 70 patients.

AUTHORIZED · FUNDED
INSIGHT-HF
Multicentre AI-model validation vs catheterization, ~10 French university hospitals, 500 patients.

SUBMISSION IN PROGRESS
EVA-SCOUT
First-in-human safety study: first implanted SCOUT data.

TEAM — CLINICAL CREDIBILITY IN-HOUSE

Thibault Parmentier, CEO and co-founder. PhD in AI; 25 years turning research and innovation into products.

Cindy Michel, CSO and co-founder. PhD in medical devices, inventor of SCOUT, the subcutaneous hemodynamic sensor.

Pr Rémi Sabatier, CMO, co-founder and cardiologist (Caen-Normandie University Hospital). Pioneer of non-invasive telemonitoring in France.

Aurélien Bouvier, CTO. X, Stanford PhD; 20 years in Silicon Valley MedTech and sensors, several FDA-cleared products.

MEDICAL & SCIENTIFIC BOARD

Pr William T. Abraham — PI of the landmark CHAMPION trial.

Pr Michael R. Zile — pioneer in cardiac haemodynamics.

Pr François Roubille — leading French HF specialist.

Pr Maurizio Volterrani — former President, HFA-ESC.

STRATEGIC ADVISOR

Philippe Wanstok — Executive with 25+ years leading cardiac-device businesses (MicroPort, Medtronic, Boston Scientific).

RAISING

Series A · €15–20M

Clinical validation, FDA pathway, first hospital networks in Europe and the US.

BACKED BY

Bpifrance (French Tech Seed, i-Lab 2026), Région Normandie, Lyonbiopôle. Discussions under way with global cardiac-device leaders.

CONTACT

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SCOUT is an investigational device, not approved for sale. Sources: HFSA, HF Stats 2025 (US prevalence, hospitalizations and costs, 2020–2021 data); Johns Hopkins School of Nursing, Economic Issues in HF in the US, 2025 (hospitalization share and cost per admission); Zile et al., Circulation 2008 (pressure rise before decompensation); ASEMC-DR, CHU de Caen (NCT 07345533); Patient 24 data, 14–23 Sep. 2026; impact figures are company targets.

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