

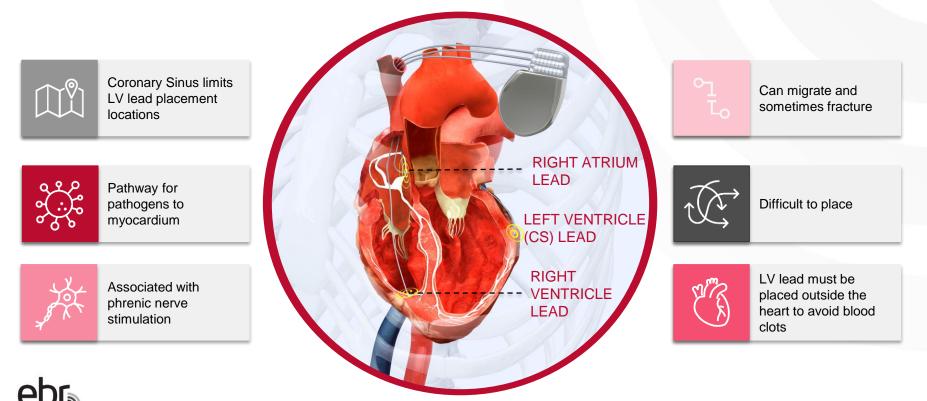
Bell Potter Healthcare Conference Presentation

November 2022



Traditional pacemakers are suboptimal

Traditional pacemakers use wires to deliver energy to the heart, which can lead to many problems



EBR has a wireless solution for heart failure patients

WiSE[®] is the only wireless device that can deliver cardiac resynchronisation therapy (CRT)

- There are a few wireless products in the market
- Patients with heart failure require a therapy called Cardiac Resynchronisation Therapy (CRT) which uses cardiac pacing devices to **stimulate the left ventricle** and coordinate the left and right sides of the heart
- WiSE[®] is the <u>only wireless</u> <u>device</u> small enough to stimulate the left side of the heart and therefore deliver CRT

Wireless	Wireless Cardiac Rhythm Management Landscape ¹				
CRT (left ventricle)		Bradycardia (right ventricle/atrium)		Defibrillation (right ventricle/atrium)	
EBR Systems WiSE®		Medtronic Micra® Boston Scientific Empower® Abbott Aveir®		Boston Scientific Emblem® Wedtronic EV ICD®	



No direct competitors

No other players are known to be developing wireless left ventricular (LV) pacing technology for CRT

WiSE[®] fills the gap

Currently the only leadless solution globally for LV pacing including $\ensuremath{\mathsf{CRT}}$

Other wireless pacemakers are too big for LV pacing

This increases the risk of blood clots, restricting their use to right ventricle (RV) and right atrium (RA) pacing only.

Complementary solution

WiSE[®] can be used in conjunction with wireless RV/RA pacemakers to deliver CRT.

Strong competitive protection

WiSE® is protected by over 97 issued patents globally.





Dr. Jeffrey Alison, Monash Hospital, Melbourne. Micra on the left, WiSE[®] held by tweezers on the right.



US\$2.5bn initial addressable market

At commercial launch, EBR estimates to have an addressable market of ~US\$2.5bn initially

Target Patient Groups

Acute Lead Failure

Unable to implant CRT wire in a new CRT patient

Chronic Lead Failure

Traditional CRT system implanted but has ceased to provide effective CRT

High Risk Upgrades

Patient has another implanted device but has developed heart failure and requires $\ensuremath{\mathsf{CRT}}$

Leadless Upgrades

Patients with a leadless right ventricle pacemaker can only upgrade with $WiSE^{\circledast}$ to receive effective CRT

\$0.3bn \$0.4bn \$0.8bn \$1.0bn \$2.5bn Acute Lead Failure High Risk Upgrades Chronic Lead Failure Leadless upgrades



Initial Addressable Market (US\$)

Extensive engagement with the FDA

EBR has received approval from the FDA with regards to the modified trial design for SOLVE-CRT pivotal study

2016

FDA granted Investigational Device Exemption for WiSE[®]

Allowed EBR to initiate a U.S. study to establish safety and effectiveness to provide the required clinical data to support an application for U.S. regulatory approval 2019

FDA granted Breakthrough Device Designation to WiSE®

Provides EBR with interactive and timely access to and input from the FDA during premarket development phase, and a prioritised review of regulatory submissions filed with the FDA.

2020

FDA approved trial redesign of pivotal study

Pivotal study was redesigned with the FDA to be completed with a single-arm, treatment only phase. This was underpinned by extensive clinical experience with >350¹ patients treated with WiSE[®] to date.



Completed SOLVE pivotal study

EBR completed interim enrolment in its pivotal SOLVE study, with headline results expected in H1 2023



183rd patient enrolled as of 30th June 2022



¹ Early-stopping, interim analysis enrolment; Modified design of Stimulation Of the Left Ventricular Endocardium for Cardiac Resynchronization Therapy (SOLVE-CRT) in non-responders, previously untreatable and high-risk upgrade patients trial, J.P. Singh et al (2021), Am. Heart J. 235:158-162

De-risked clinical pathway

Previous studies have exceeded the pre-specified Performance Goals (Endpoints) set for the SOLVE trial

Primary Efficacy Endpoint

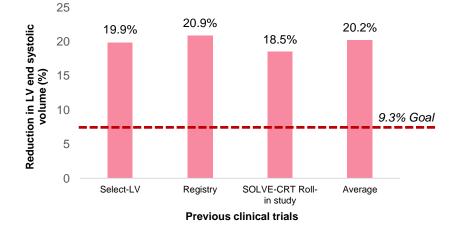
Primary Safety Endpoint



Reduction in Left Ventricular End Systolic Volume (indicates improvement in heart failure)



Freedom from Type 1 Complications (device or procedure-related complications)



Previous clinical trial	Freedom from Type Complications Rate
SOLVE-CRT Roll-in study	90.3%



¹ Sub-group analysis conducted by EBR on relevant patients (i.e., acute lead failures, chronic lead failures and high-risk upgrade patients) that will be assessed in the SOLVE clinical trial for the US PMA application

Multiple value catalysts

EBR continues to generate value by executing on its clear and targeted commercialisation strategy

Milestones achieved

Complete SOLVE pivotal trial enrolment H1 2022

- Progressed investigator studies (TLC and ACCESS-CRT)
- Presentations at cardiology conferences; publications in medical journals

Near term value catalysts

- Headline data for SOLVE pivotal trial post 6-month follow up
- D PMA submission for FDA approval
- □ FDA approval in the US

Further growth opportunities

- Commercial launch in the US with an initial focus on sites with WiSE[®] experience followed by high volume sites¹
- Launch in select markets outside the US as reimbursement coverage is secured and manufacturing costs are amortized
- Expand use of WiSE[®] into new patient groups and geographies



Rapid adoption of wireless devices supports strong market growth



Note: Expanding into any additional clinical indications and/or patient groups may require supporting data from clinical studies, additional regulatory approvals, and establishing payment coverage or reimbursement.

Market expansion opportunity

The WiSE[®] technology platform can be expanded for use into other patient groups, increasing EBR's market opportunity and underpinning future growth



Growth capital facility with Runway Growth Capital

Flexibility

If the macroeconomy and EBR's valuation rebounds, subsequent tranches can be forgone in favour of equity finance

Macroeconomic uncertainty Volatile capital markets

Falling market indices Interest rates Inflation US\$50m Growth Capital Facility



Capital risk mitigation

Well funded through to first few years of commercialisation and debt is easier to obtain when there are sufficient cash reserves



EBR currently undervalued

If market stagnates, EBR risks a capital raise on undervalued stock Which increases costs of capital and dilution



WiSE[®] device update

EBR has identified a potential increased rate of battery depletion in some WiSE[®] systems

WiSE[®] transmitter update

- Ongoing technical assessments have identified a potential current leakage in some WiSE[®] transmitters
- This can lead to faster battery depletion in affected systems
- If impacted, the device will continue to function normally until battery is depleted
- Clinically confirmed in 1 patient (0.8%) and suspected in another 7 (6.3% confirmed + suspected)

Solution

- EBR is working closely with clinical sites and regulatory bodies to provide patient management recommendations
- Issued Technical Notification to customers in line with regulations and industry best practice
- Manufacturing solutions to manufacturing already identified and working towards implementation

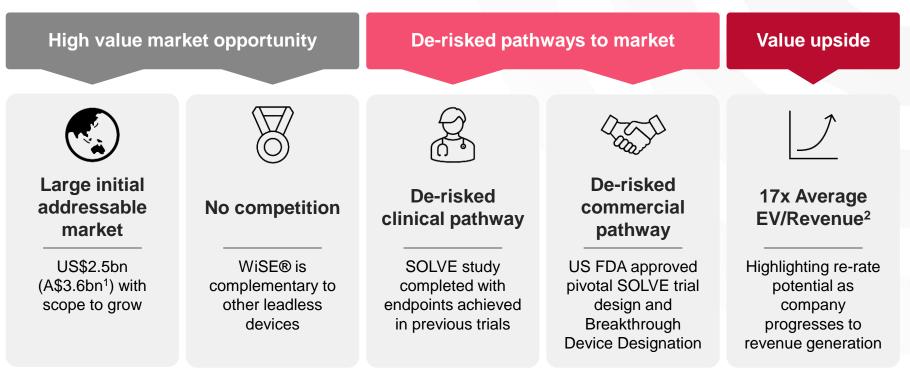
No impact to SOLVE trial

- Does not affect timing of headline results of SOLVE, which remain on track to be released in H1 2023
- Final PMA submission to the FDA planned for H2 2023
- Strong cash position sufficient to support EBR through to FDA approval and commercialisation



Attractive investment opportunity

EBR is a de-risked investment case with material upside potential





¹ \$US/\$AUD = 1.45 (8 August 2022) with initial addressable market of US\$2.5bn

² Source: Capital IQ. Enterprise value (EV)/Revenue of all revenue generating Healthcare Equipment and Services companies on the ASX based on FY21 performance.

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