

EMVISION

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ASX:EMV

INVESTOR PRESENTATION

NOVEMBER 2024

ASX:EMV



emuTM
Bedside Scanner



First Responder
Pre-hospital scanner

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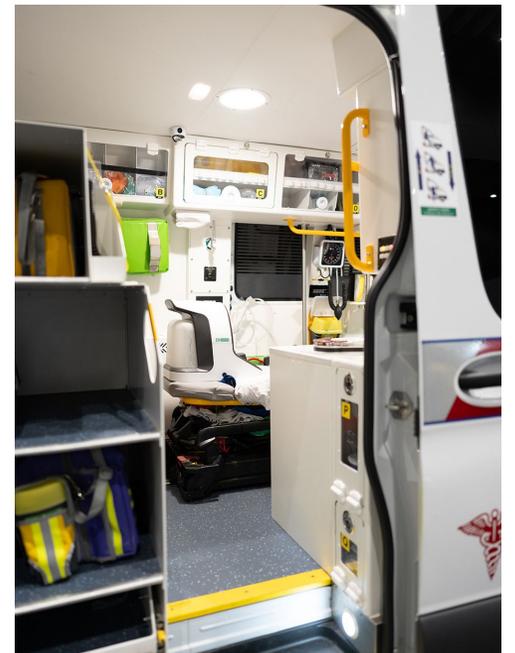
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OVERVIEW



EMVision (ASX:EMV) is an innovative medical device company developing and commercialising world first portable brain scanner products to address significant unmet clinical needs.

- ▶ **Founded in 2017** after 10 years of R&D at University of Queensland
- ▶ **Best-in-breed partnerships and clinical collaborations**
- ▶ **“Zero to one” technology**
- ▶ **Multi-billion-dollar market opportunity**
- ▶ **Significant non-dilutive federal and state grant funding**
- ▶ **Approximately 40 Staff between Sydney and Brisbane offices**
- ▶ **First Indication**
Stroke care
- ▶ **Second Indication**
Traumatic brain injury



MEET THE TEAM

Significant medical device development and global commercialisation expertise across the group



Executive Leadership Team



Scott Kirkland
CEO,
Managing Director,
Co-founder

Sales and marketing executive, former Head of Client Sales at US-venture backed global AI advertising company Quantcast



Forough Khandan
Chief Technology Officer

Over 15 years medical device development expertise. Former Head of Program Management Nanosonics (ASX:NAN), a \$1.1bn medical device success story.



Prof. Stuart Crozier
Chief Scientific Officer,
Co-inventor

Pioneer in medical imaging innovation. Professor Crozier's advancements in MRI technology are now central to 65% of all MRI machines.



Robert Tiller
Head of Design

Over 25 years in medical device product design and commercialization, previously CEO of Tiller Design



Dr. Christian Wight
Head of Regulatory

Previously Regulatory Manager at Corin. Multiple successful FDA, CE and TGA registrations



Emma Waldon
Chief Financial Officer,
Company Secretary

Over 20 years corporate advisory, capital market and corporate governance experience in Australia and UK

Board of Directors



John Keep
Independent
Non-Executive Chairman

As former CEO of Queensland Diagnostic Imaging, John grew the business to become one of the state's leading private imaging group and led the successful trade sale of the group



Dr Philip Dubois
Independent
Non-Executive Director

Neuroradiologist, former CEO of Sonic Healthcare Imaging (ASX:SHL), \$13 bn market cap. Currently an Associate Professor of Radiology at the University of Queensland Medical School. Has served on numerous government and radiology group bodies.



Tony Keane
Independent
Non-Executive Director

Non-executive Chairman of National Storage Holdings Ltd (ASX:NSR), \$3.4 bn market cap. Previously held numerous roles with a major trading bank principally in business, corporate and institutional banking.



Geoff Pocock
Independent
Non-Executive Director

Over 20 years experience in commercialisation, corporate finance. Previously Chairman of Argenica Therapeutics (ASX:AGN), developing neuroprotective therapies to reduce brain damage after stroke.



Patryk Kania
Independent
Non-Executive Director

Medical device executive with over 20 years commercialisation experience across US, Europe and APAC, within sales, marketing and general management. Current CEO of Field Orthopaedics, previously held senior roles at Abbott, J&J and Roche.

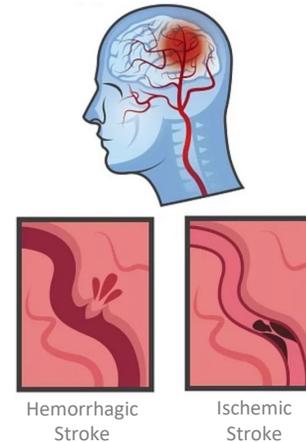
OUR VISION IS TO REDUCE THE GLOBAL BURDEN OF **STROKE** AND OTHER **TIME SENSITIVE MEDICAL EMERGENCIES**

First indication

Stroke

- 1 in 4 adults will suffer from a stroke in their lifetime¹.
- 60% of stroke patients suffer permanent disability after their stroke².
- The annual economic impact of stroke currently represents 0.66% of global GDP, estimated to exceed US\$1 trillion by 2030¹.
- Treatment within 3 hours of symptom onset improve chances of recovery with little or no disability.
 - Only around 23.5% of patients receive tPA (clot-dissolving medication) in the US, partially due to the narrow treatment window of 4.5 hours from onset³.
 - Thrombectomy is used in about 27% of all patients with vascular occlusions in the US⁴, indicating an opportunity for growth.

Types of Stroke



20 million brain cells are **saved** for every **10 minutes earlier** treatment is initiated

Second indication

Traumatic brain injury (TBI)

- 50 to 60 million people worldwide will suffer a TBI this year.
- TBIs are estimated to cost the world economy upwards of US\$400 billion per annum.
- TBI is classified as mild, moderate or severe based on the severity of injury and its effects.
- For patients with suspected traumatic brain injuries, quick evaluation is critical.
 - Most patients with suspected traumatic brain injury are examined using a neurological scales which are subjective and may lead to biases in care.

1. World Stroke Organisation
2. Poomalai et al., *Functional Ability and Health Problems of Stroke Survivors*, 2023
3. Rai et al., *Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends...*, 2022
4. Mikulik et al., *Stroke 20 20: Implementation goals for intravenous thrombolysis*, 2021

CT SCANNERS ARE VITAL IN STROKE CARE, BUT ARE NOT READILY AVAILABLE AT THE POINT-OF-CARE

*CT scanners cannot be widely deployed at the bedside, or in remote locations, or in every ambulance.
EMVision's products can address this unmet need.*



Conventional CT

1,800 – 2,700 kg
Fixed, hospital-only
Ionizing radiation
Specialist operator
\$\$\$\$\$

Mobile Stroke Units (MSUs) are custom-built ambulances fitted with a mobile CT



Mobile CT Scanner

450 – 1,000 kg
Mobile
Ionizing radiation
Specialist operator
\$\$\$\$\$

880 mm

emu™

100 kg
Portable, in-hospital
Non-ionizing
Trained healthcare professional
\$\$

430 mm

First Responder

< 12 kg
Portable, pre-hospital
Non-ionizing
Trained healthcare professional
\$

ACCESSIBLE NEURODIAGNOSTICS AT EVERY STAGE



EXAMPLE STROKE
PATIENT PATHWAY

STROKE SYMPTOMS
Remember, recognize and act fast

F Face drooping
A Arm weakness
S Speech difficulties
T Time to call

Stroke Symptoms

0 to 2.5 hours

Emergency Response

< 2.5 hours

Hospital Arrival

< 4 hours

Triage and Imaging

< 4 hours

Acute Treatment

< 24 hours

Post-Acute Care and Discharge

> 3 weeks to lifetime

Time since LSW
(Last Seen Well)

First Responder

emu™

POTENTIAL CLINICAL
USE-CASES



First Responder

- Positively **identify hemorrhages** for pre-hospital **blood pressure management**.
- **Reliably distinguish between hemorrhagic and ischaemic strokes**, opening the door to potential in-field thrombolysis opportunities.
- **Reliably identify endovascular clot retrieval or neurosurgery candidates**, assisting decision-making on transfer to appropriate comprehensive stroke-capable hospitals.



emu™

- **Front-line decision support where there is limited access to CT imaging (e.g., in rural and remote areas)** to inform patient triage and transfer decision-making.
- **Keep a closer eye on potential complications** and monitor patients following therapy or surgical intervention.
- Detect **secondary bleeding earlier**.
- Identification of **post-operative stroke**.

Ultimately reducing time from symptom onset to treatment or intervention is a key objective.

EMVision's portable solutions deliver rapid neurodiagnostic capabilities across diverse settings, ensuring timely triage, transfer or treatment decision making. The EMVision products are not designed to replace CT but fill a gap where CT are not immediately available.

MARKET OPPORTUNITY

Attractive Revenue Models

Traditional CapEx or innovative OpEx selling model offerings to provide buyer flexibility through direct or distributor sales channels.

emu

Capital equipment and consumables model

- Capital Equipment
Target of ~US\$175,000
- Consumables (disposable cap, coupling media)
Target of ~US\$25 / per scan
- Preventative maintenance & service contracts
Target of ~10% of capital equipment p.a.
- Software upgrades (including additional indications)

Monthly subscription model

- Target ~US\$8,000 / month (subject to term)
- Delivery of the unit and training
- Consumables (subject to quota)
- Software upgrades
- Potential integration into PACS and EMR
- Access to cloud storage and viewing
- Routine maintenance included

Significant consumable opportunity for both emu and First Responder point-of-care brain scanners.

emuconsumables ~US\$25 / per scan



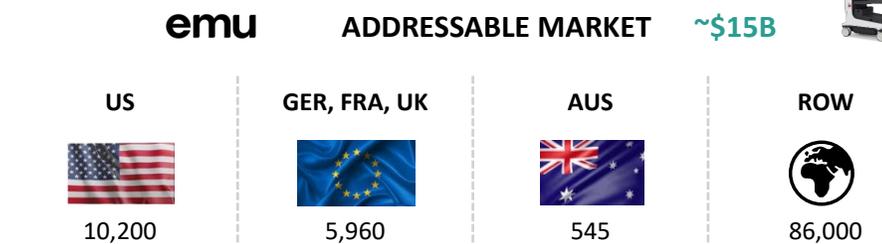
Coupling media



Disposable cap

First Responder consumables ~US\$50 / per scan

Total Addressable Market



Market estimates are calculated on the assumption deployed per relevant department (e.g. emergency department, stroke ward, ICU)

Key Targets

1,600 PSC/CSC	642 PSC/CSC	93 PSC/CSC
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CSC = Comprehensive Stroke Centre, PSC = Primary Stroke Centre

1,300 Critical Access Hospitals (CAH) in the US:

< 25 inpatient beds, average < 96 hours inpatient stay, located > 35 mi from other hospitals.

Unique reimbursement (allowable costs plus 1% reimbursement)

First Responder ADDRESSABLE MARKET



EMV cautions investors that there are regulatory barriers and unique access challenges to each market and can be subject to varying rates of penetration. Estimates based on publicly available data. There are further regulatory hurdles to sell into the rest of the world (e.g., China, Japan, Brazil, Mexico, South Korea, Spain, Italy, India and Canada)

EMView PRE-VALIDATION CLINICAL TRIAL RESULTS

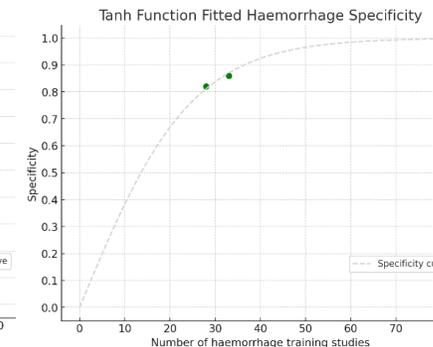
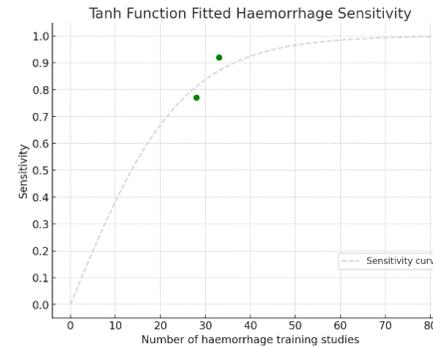


The EMView multi-site study involved 307 participants, including 277 acute suspected stroke patients, enrolled at Liverpool Hospital, Royal Melbourne Hospital, and Princess Alexandra Hospital.

'Haemorrhage (bleed) or not'

	Haemorrhage	Not Haemorrhage
Total Test Cases	13	55
Correctly Identified Cases	12	47
Performance	92% Sensitivity	85% Specificity

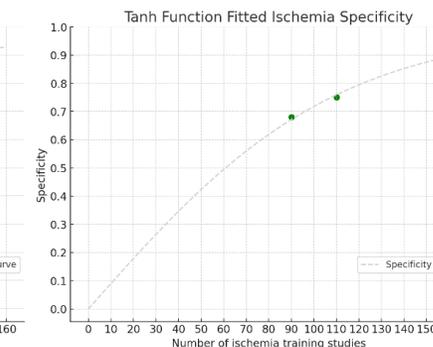
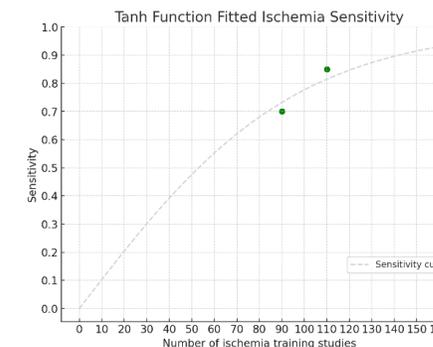
Including 20 ischaemic, 15 stroke mimics, 20 healthy patients



'Ischemia (clot) or not'

	Ischemic	Not Ischemic
Total Test Cases	20	32
Correctly Identified Cases	12	25
Performance	85% Sensitivity	78% Specificity

Including 20 haemorrhages, 20 stroke mimics, 2 transient ischaemic attacks



Reading learning curves

These graphs depict improvements in algorithm performance as the quantity of training datasets increase.

Sensitivity and specificity steadily increase as our algorithms 'learn'.

Comparison thresholds

- NIHSS (cut-off of 8) 73% Sens., 79% Spec.
- NIHSS (cut-off of 10) 64% Sens., 84% Spec.
- LAMS (cut-off of 4) 69% Sens., 81% Spec.
- NCCT for AIS 39% - 70% Sensitivity
- CTP for AIS 80% - 90% Sensitivity
- NCCT for haemorrhage 90% - 100% Sensitivity

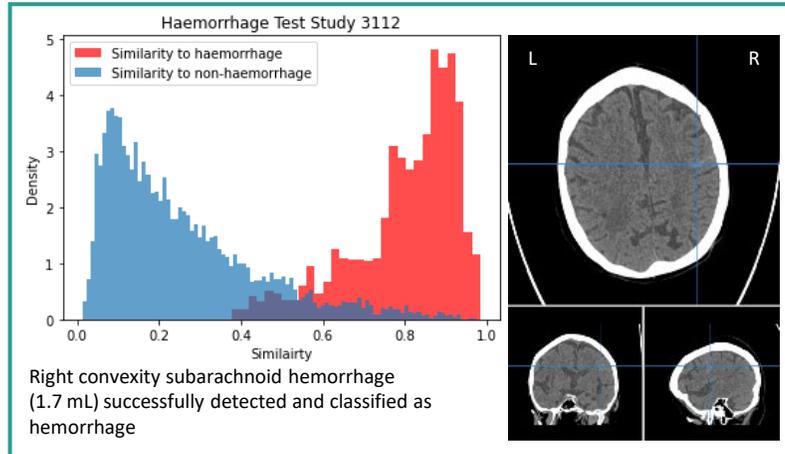
AIS = Acute Ischemic Stroke

Stroke Scales

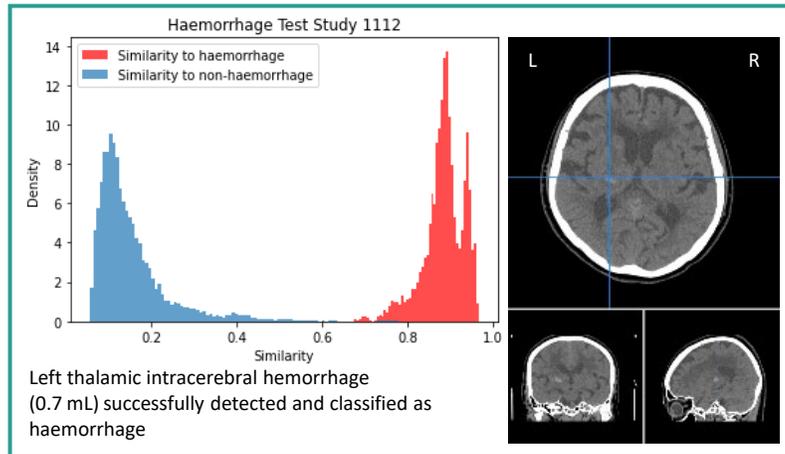
CT Scans

Exemplar case studies

Case #1

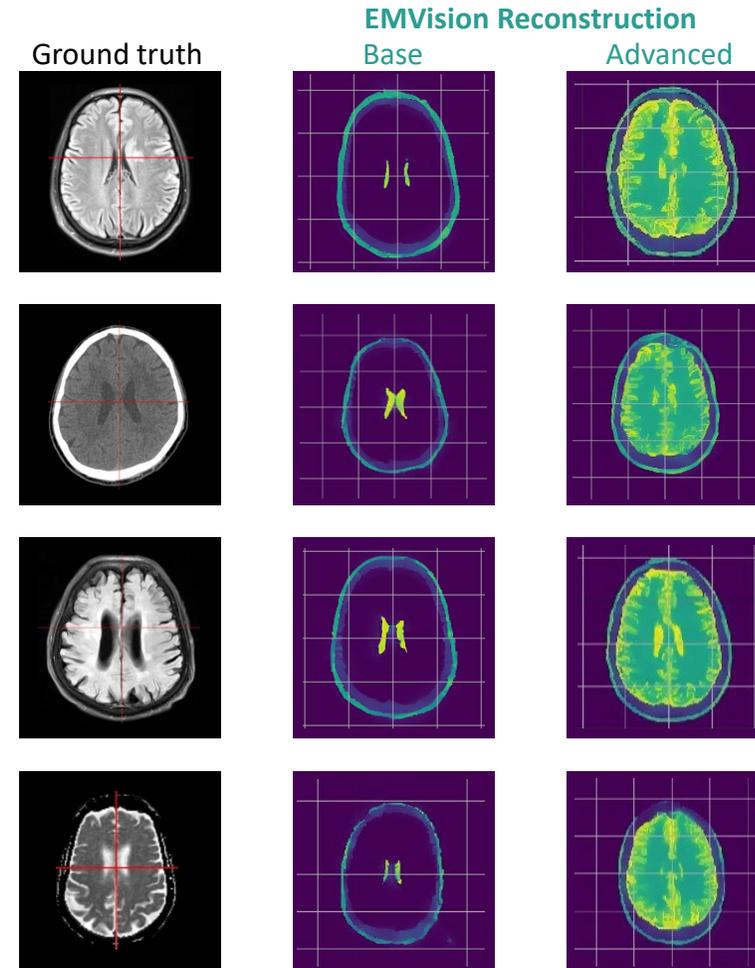


Case #2



Median reported hemorrhage volume is 14.0 mL and 75% of hemorrhage volumes exceed 3.8 mL (n = 1117, Robinson et al., 2021)

Probabilistic anatomical imaging case studies

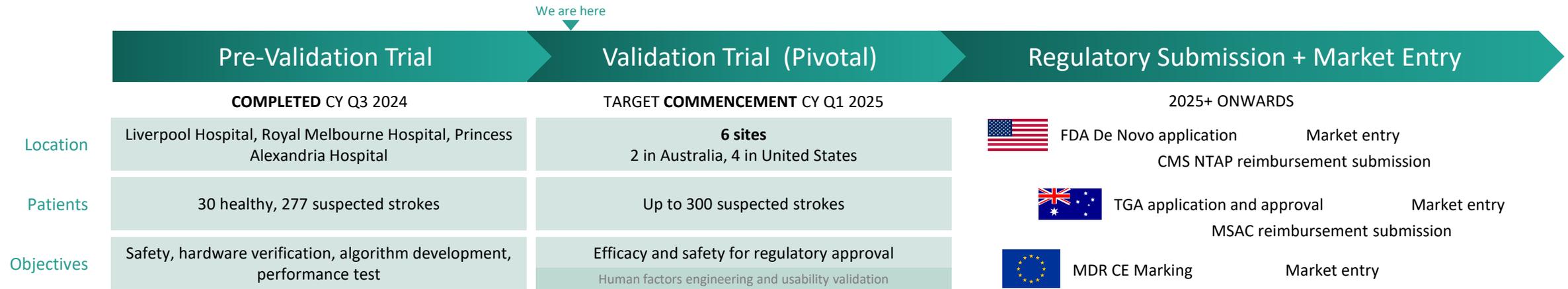


Probabilistic anatomical imaging, which remains under development, is designed as a fiducial orientation tool.

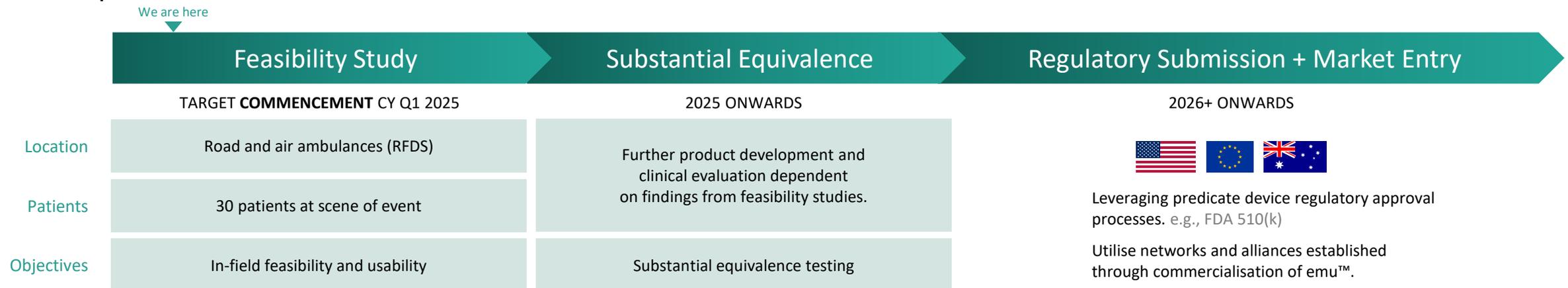
emu and First Responder

OUR PATH TO MARKET ENTRY

emu



First Responder

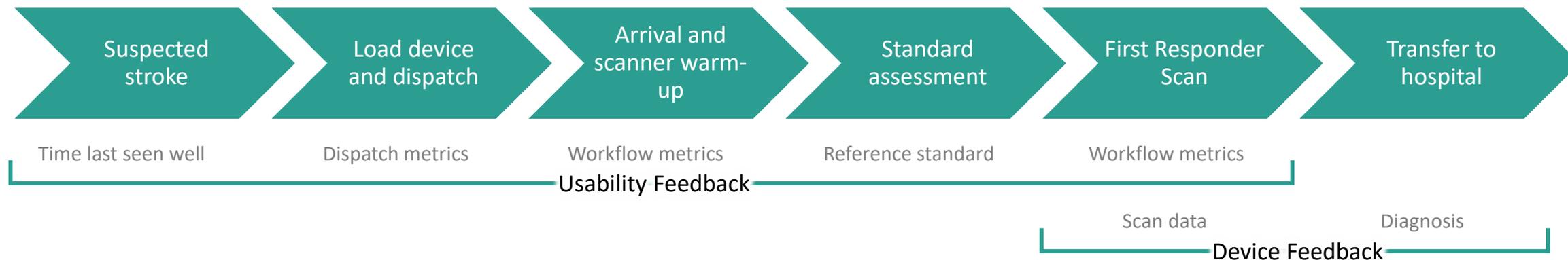


First Responder

DOMESTIC FEASIBILITY STUDY OVERVIEW

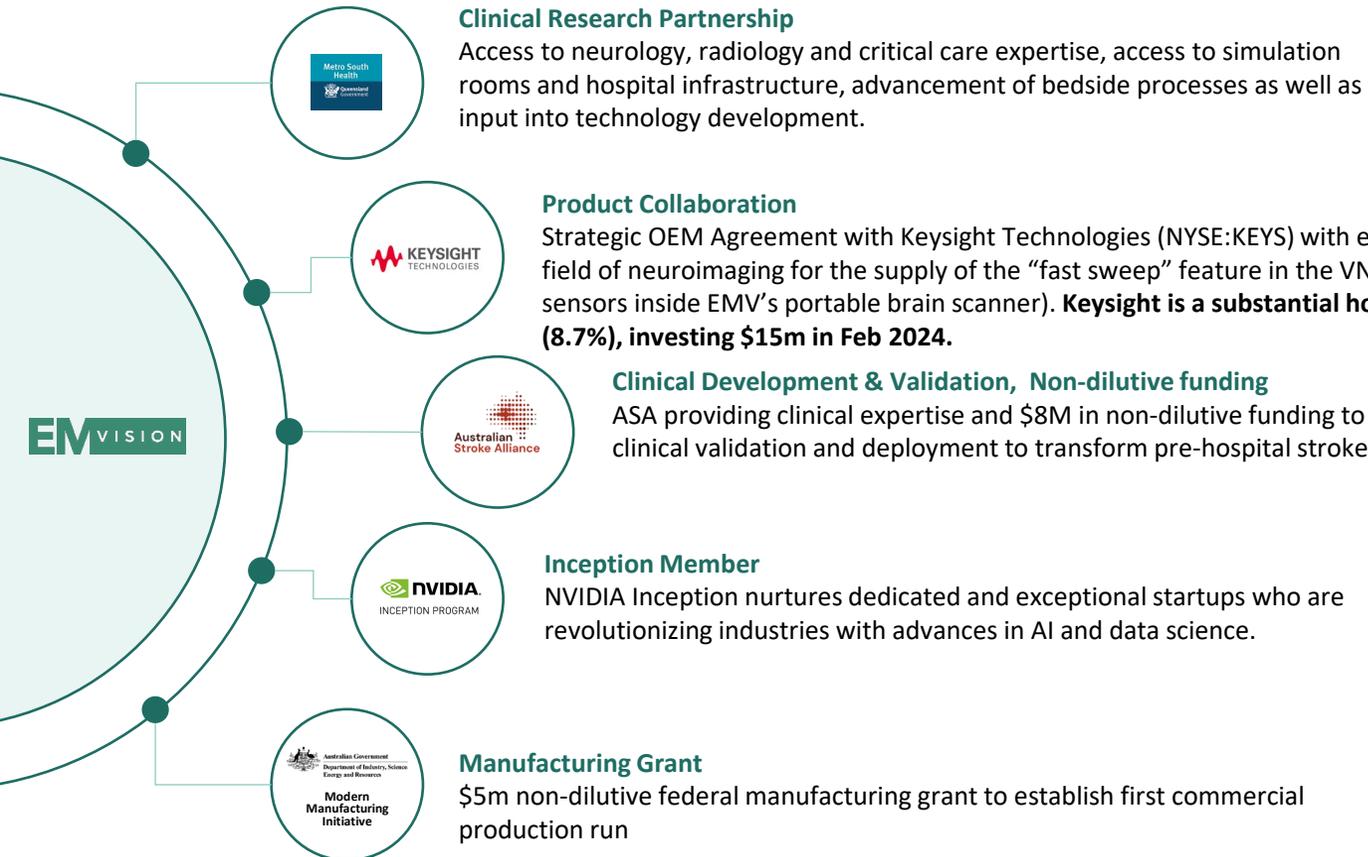
Targeted commencement CY Q1 2025

Study design	Prospective, Convenience Sample, Usability, Pilot Study
Investigational sites	Road Ambulance Service Air Ambulance Service (Royal Flying Doctor Service)
Estimated duration	< 6 months
No. of participants	30 total, 20 by road and 10 by air
Study objectives	<ul style="list-style-type: none"> • To evaluate device usability, scan quality, reliability and patient acceptance. • To determine workflow time metrics including those related to scan completion and emergency dispatch.
Endpoints	<ul style="list-style-type: none"> • User & patient feedback, EMV First Responder scan data, patient diagnosis. • Time metrics including: 1) symptom onset, 2) scanning metrics



PARTNERS & COLLABORATORS

TRACK RECORD OF SECURING AND ONGOING ACCESS TO NON-DILUTIVE FUNDING PROVIDES GOOD FLEXIBILITY
GRANT SCHEMES ARE COMPETITIVE AND SUBJECT TO DUE DILIGENCE BEFORE AWARD



Commonwealth CRC-P Grant Program Collaborators



CRC-P grant supported an industry-led collaboration, including cash contribution from GE Healthcare, to develop and successfully test EMVision’s earlier proof of principle prototype device

NSW Medical Devices Fund backing



\$2.5m non-dilutive grant funding awarded in November 2022 to support EMVision’s multi-site clinical trials

SET UP FOR SUCCESS

- ✓ We have assembled a team of MedTech experts that have successfully done this before and created significant shareholder value
- ✓ We have compelling support from the leading minds in neurological care
- ✓ Multi-billion-dollar market opportunity in stroke care alone
- ✓ Globally there is an increasing demand for point-of-care sensing and imaging solutions
- ✓ Our technology has multiple additional applications for unmet clinical needs of high value, including traumatic brain injury
- ✓ We focus our energies on markets with very little or no competition



KEY 2025 CATALYSTS

	First Responder
	Pre-hospital road and air trials
<i>Activation, recruitment, and reporting</i>	

	Establishment of go-to-market partnerships and strategic relationships
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	Regulatory submissions for approvals in major markets
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CAPITAL STRUCTURE

ASX TICKER: EMV

Headquarters:
4.01, 65 Epping Road, Macquarie Park
Sydney, Australia

Share Price (18 th Nov 2024)	\$1.93 AUD
Shares on issue	85,516,535
Total Options on issue	3,700,000
Market Capitalization	\$165m AUD
Enterprise Value	\$148.2m AUD
Cash balance (30 September 2024)	\$16.8m AUD
Remaining non-dilutive staged grants	\$1.5M AUD
Historical R&D rebate	\$2.5M

- Secured ~\$20m in non-dilutive grant funding since inception
- Cash position of \$16.8m (30 Sept)
- Modest historical cash burn
- Validation (pivotal) clinical trials capital efficient at <\$4m
- Founders, Management and Directors closely aligned to shareholders, holding approximately 20% of shares on issue
- Keysight Technologies (NYSE:KEYS) substantial shareholder



ASX:EMV

CLINICAL FEEDBACK

THANK YOU

ASX:EMV



"This is an exciting development in stroke and neurological care. We have found the EMVision scanner to be a very user-friendly portable imaging modality. The EMVision scanner has potential for wide application in both the prehospital and acute hospital settings."

Dr Dennis Cordato

Stroke neurologist, Principal Investigator 'EMView' trial



"It cannot be underestimated how important this cutting-edge technology could become for future stroke management."

Professor Geoffrey Donnan AO

Stroke neurologist

Co-chair ASA, Past-president of World Stroke Organization



"The concept of bringing imaging to the patient will dramatically reduce times to administer life saving interventions such as thrombolysis and thrombectomy."

Professor Stephen Davis AO

Stroke neurologist

Co-chair ASA, Past-president of World Stroke Organization



"Equitable healthcare for Australians in remote areas needs to overcome the tyranny of distance. Portable brain imaging is a crucial next step in bringing critical care to patients sooner."

Dr Mardi Steere

Executive General Manager Medical and Retrieval Services, Royal Flying Doctor Service