



Nexstim

Targeting a paradigm shift in stroke rehabilitation

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Nexstim's NBS System is cleared by the FDA for assessment of the motor and speech cortices for pre-procedural planning. The NBT System is not cleared for commercial distribution in the United States.

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Nexstim at a glance

- Finnish medtech
- Established in 2000
- 34 employees
- Offices in US and Germany
- Backed by leading European life-science VCs
- Listed in Nasdaq Helsinki & Stockholm



Nexstim – Targeting a paradigm shift in stroke rehabilitation

Nexstim's Navigated Brain Therapy® (NBT) solution for stroke rehabilitation



Targeting a blockbuster market...

(market for post-acute stroke treatment)

2.1 million strokes each year in US and Europe

712,000 patients is Nexstim's target # of patients

\$1.8 billion market potential for Nexstim

Few effective alternatives...

...still \$8.5bn currently spent on stroke rehab in the US



Huge unmet need and commercial opportunity

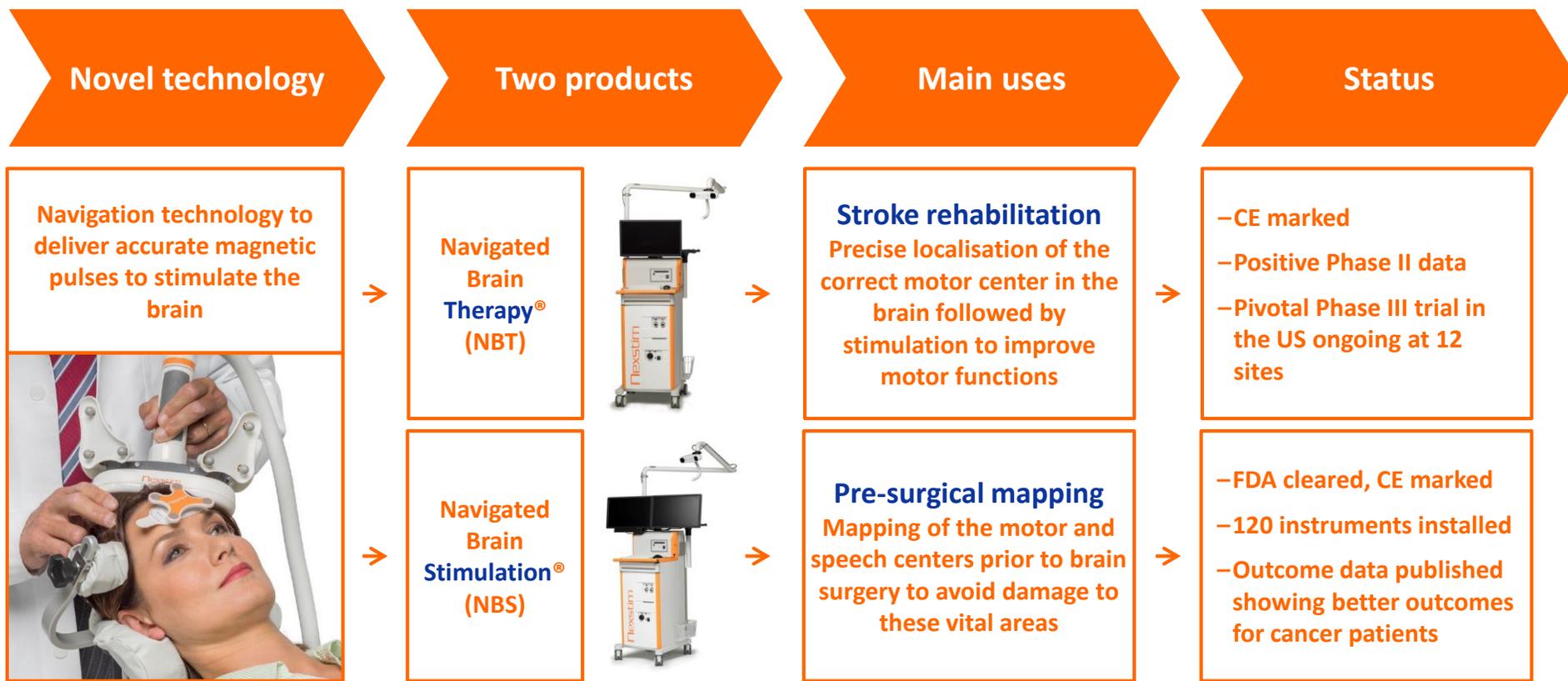


...with a potential game-changer technology

Promising efficacy demonstrated in completed Phase II clinical trial

Technology already validated – Pioneered the technology to map motor and speech centers, with 120 devices installed worldwide and FDA clearance – same technology now applied in stroke rehabilitation

Technology platform applied in stroke and brain surgery



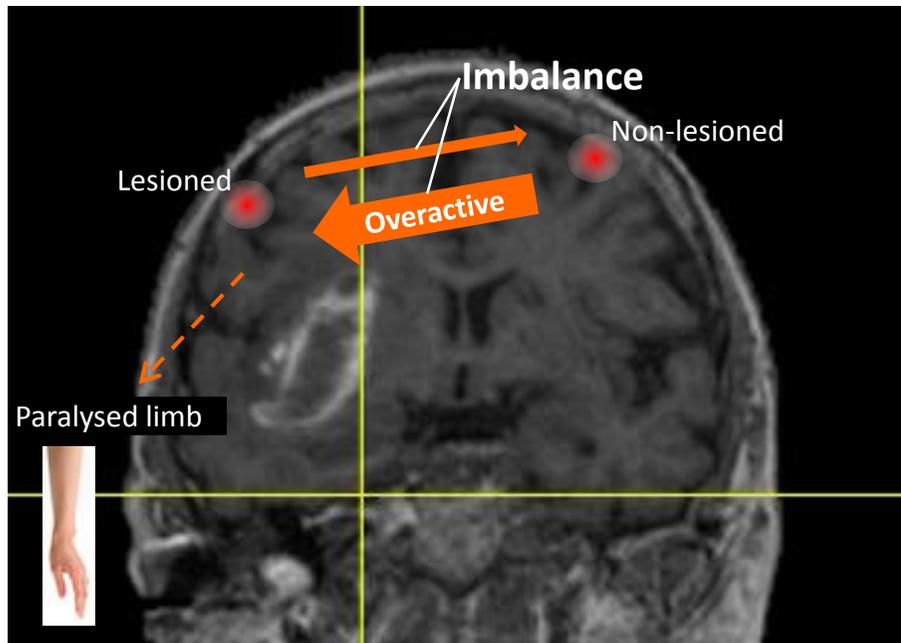
Navigation accuracy is Nexstim's key differentiator
– already proven for pre-surgical mapping (NBS) and now ready for paradigm shift in stroke therapy (NBT)

(1) rTMS = repetitive transcranial magnetic stimulation

NBT for stroke rehabilitation – How it works

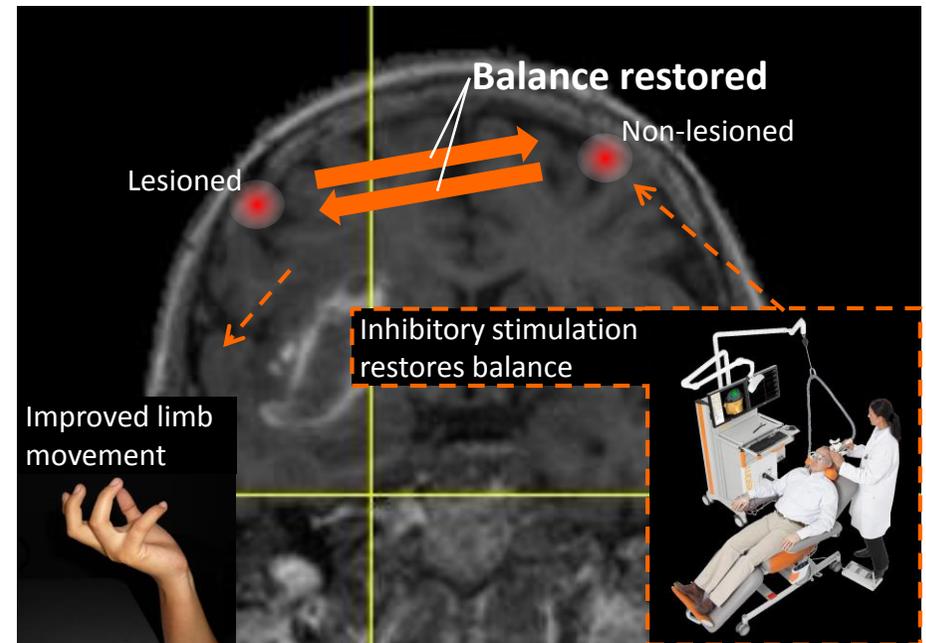
Problem post stroke:

Overactive inhibition from the non-damaged side interferes when the patient tries to move paralyzed limb



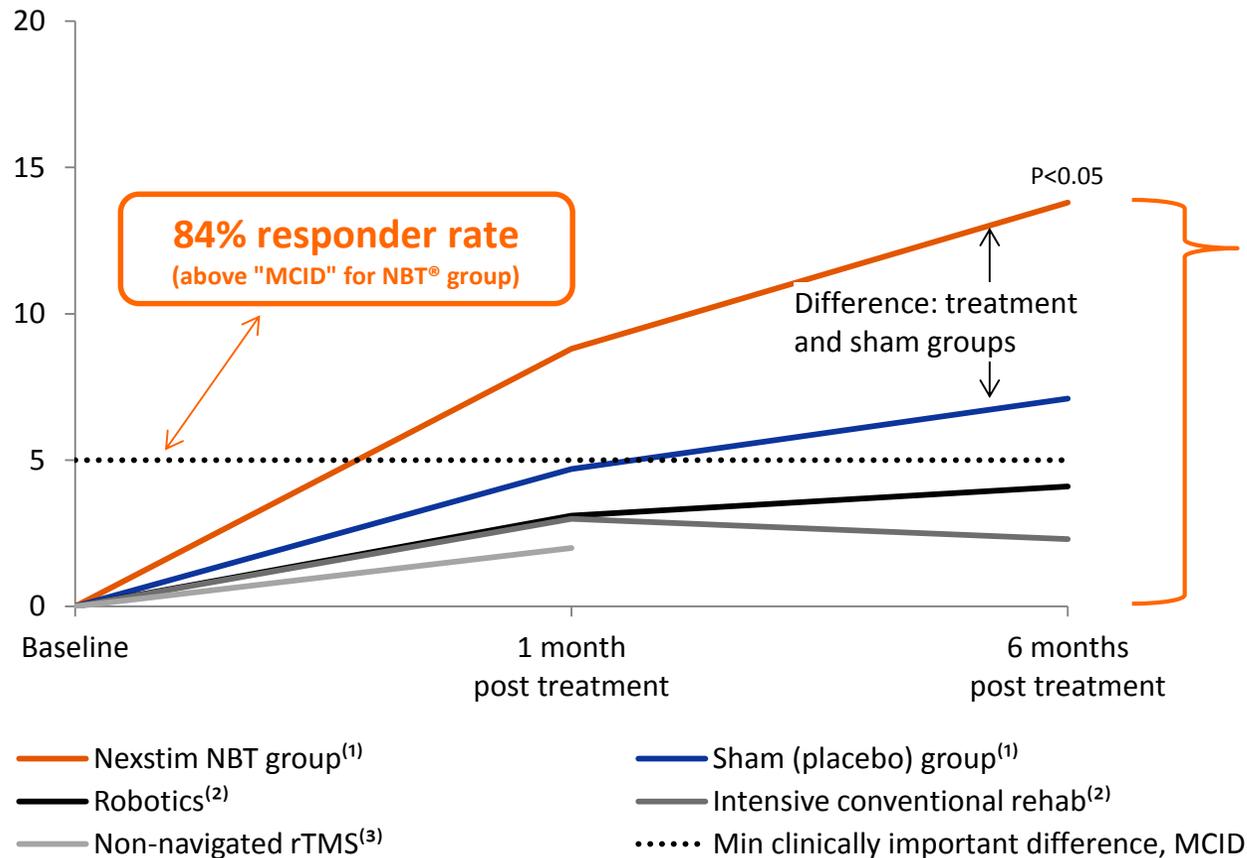
Nexstim's solution:

Repeated inhibitory stimulation to non-damaged side restores balance, removing barriers for improvement

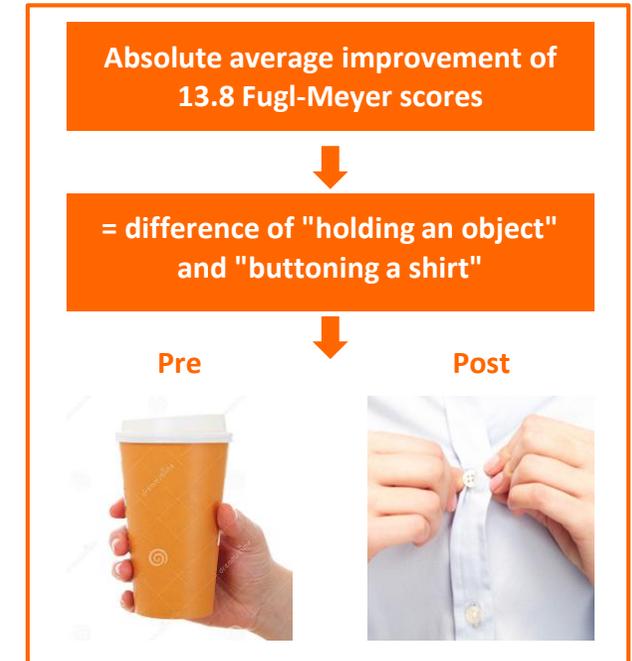


Efficacy demonstrated in Phase II trial

Change in upper extremity Fugl-Meyer score from baseline



Trial outcome:



The Phase II clinical trial in brief:

- Single centre at Rehabilitation Institute of Chicago (#1 rehabilitation hospital in US for 24 consecutive years)
- 29 patients of which 19 (10) in treatment (sham) group
- End-point = 6 months post treatment

Note: "Robotics", "Intensive conventional rehab" and "Non-navigated rTMS" data come from different studies. While not directly comparable, included in the above chart for illustrative purposes. | (1) Data for "Treatment group" and "Sham group" from Nexstim Phase II clinical trial (Harvey et al, 2013) – per protocol figures. | (2) Data for "Robotics" and "Intensive conventional rehab" from published multi-center trial (Lo et al, NEJM 2010) | (3) Data for "Non-navigated rTMS" from published multi-center trial (Kakuda et al, J Neuroeng Rehab 2012), 6 month follow-up not done. Responder rate = % of group that had improvements above the 5 point minimal clinically important difference threshold.

Nexstim's unique technology provides distinct benefits

Integration of TMS and navigation



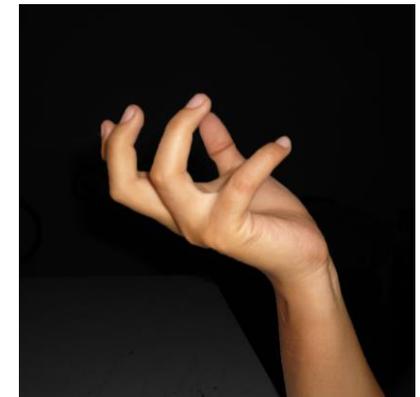
- **TMS-navigation integration:** Nexstim combines non-invasive transcranial magnetic stimulation (TMS) with unique proprietary electric field modeling-based navigational capabilities
- **Navigation is the key differentiator**

Several distinct benefits



- **Improved accuracy:** Accurate localisation of the target muscle representation area on the cortex
- **Dosing precision:** Optimised stimulating electric field location, direction and dose
- **Repeatability:** Accurate and repeatable stimulation
- **Non-invasive procedure**

Enhanced limb move



- **Substantially improved hand movement after treatment** demonstrated in Nexstim's Phase II trial

IP position

60 granted patents

67 pending patents

Right to software: Nexstim owns rights to its NBT and NBS Systems' software developed by it.

Creating hurdles for competitors: by e.g. seeking patent protection on different parts of the products and making it more difficult for potential competitors to create competing products

Core algorithms kept as trade secrets: Not patenting the core algorithms to avoid publicity and loss of trade secrets

Phase III trials - Laying the groundwork for commercialisation

Study in brief

- Establish clinical efficacy of NBT in upper-limb motor rehabilitation
- Up to 198 patients
- 12 top US rehab sites – RIC is central site (#1 US rehabilitation hospital for 24 years)
- Dr. Richard L. Harvey lead investigator – one of the top experts in the field
- FDA reviewed protocol

Study goals

Outcome data

- Document effects/efficacy of NBT on upper-limb motor rehab

FDA clearance

- Obtain FDA De Novo 510(k) clearance for right to market and sell NBT in US

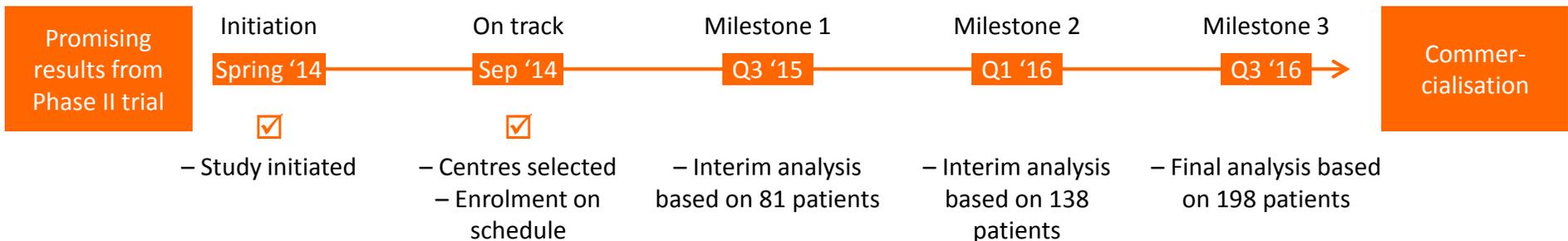
KOL support

- Build support from key opinion leaders (KOLs) to support commercialisation

Conducted at 12 top US rehab sites

	Rehabilitation Institute of Chicago (central site)
	TIRR Memorial Hermann Hospital (Houston)
	Spaulding Rehabilitation Hospital (Boston)
	Ohio State University (Columbus, OH)
	Rancho Los Amigos National Rehabilitation Center
	Burke Rehabilitation Hospital (White Plains, NY)
	Duke University Medical Center (Durham, NC)
	Columbia Cornell New York Presbyterian Hospital
	Shepherd Center (Atlanta)
	University of Cincinnati
	Indiana University Indianapolis
	Mayo Clinic (Phoenix, AZ)

Simplified timeline



Highlights in Stroke Rehabilitation (NBT)

Huge unmet need

- 2.1m strokes each year in the US and Europe
- Stroke is the leading cause of long-term disability in Western world

Few effective alternatives

- While current standard treatment of physical/occupational therapy is not very effective, \$8.5bn is still currently spent on stroke rehab in the US

Potential blockbuster market

- \$1.8bn is estimated value of Nexstim's target market (US and Europe)

Promising, validated technology

- Statistically significant efficacy in stroke rehabilitation vs. sham treatment (standard therapy)
- Navigation already validated by NBS

Clear execution strategy

- Phase III trial on track: Establish efficacy in Phase III to obtain FDA clearance and KOL support
- Commercialisation strategy: Convince users of benefits, providers of economic benefits and obtain reimbursement coverage from payers



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