

Targeting a paradigm shift in stroke rehabilitation

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MexstimOyj

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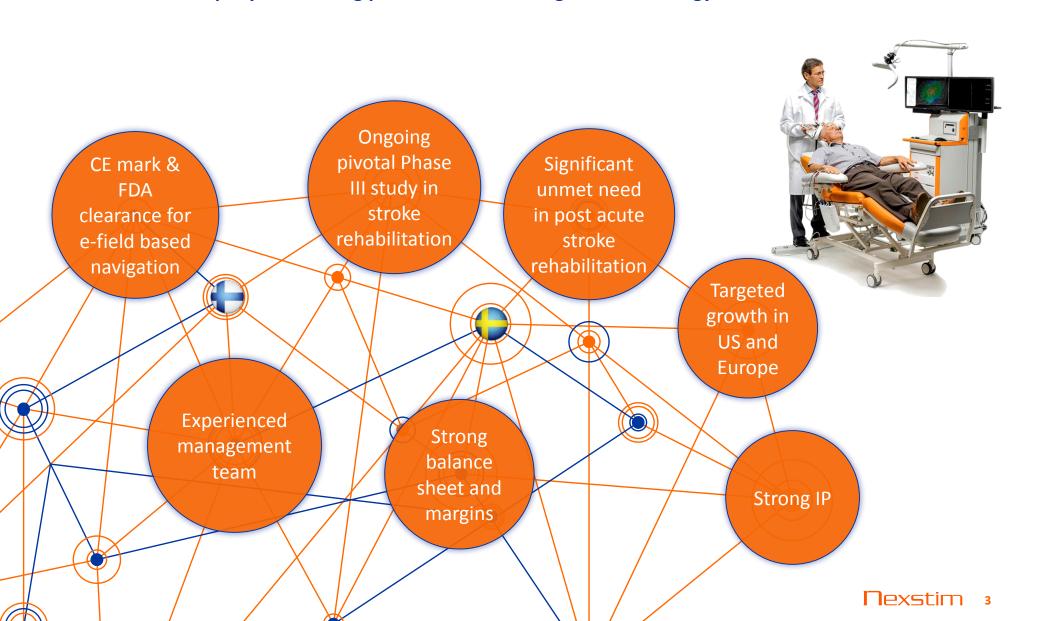
Nexstim's NBS System is cleared by the FDA for assessment of the motor and speech cortices for pre-procedural planning. The NBT System is not cleared for commercial distribution in the United States.

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Introduction to Nexstim

Novel medtech company with strong position in brain navigation technology and software



Company Highlights, January – June 2015

- Phase III multi-centre trial in the US for stroke therapy progressing according to plans
 - Successfully enrolling patients on time with first milestone interim analysis expected in Q3 2015
- 55.4 % revenue growth vs H1 2014
- Board appointments
 - Olli Riikkala as Chairman
 - Juliet Thompson as a new independent NED





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)

Stroke Therapy

Huge unmet need and commercial opportunity



Positioned within Stroke Care Path

Days 0-10

Days 10-90

3-12 months from stroke

12 months onwards

Acute care

Stabilisation and spontaneous recovery

Broken care path

Post-acute rehab, chronic patients

Acute care to prevent the damage 90 % of the patients survive

Early rehab and normal healing process

40-60% will have motor impairment after 90 days of the stroke

Nexstim data suggest that plateau of the recovery can be raised higher than previously expected and results can be reached post normal spontaneous recovery.

Rehabilitation resources should be allocated post this phase, but, before patients get chronic, to have continuous patient flow for effective therapy

Nexstim NBT®

Currently, patients are discharged from acute care but with limited follow up and rehabilitation until 12m from stroke.

This gap in the care path doesn't allow effective continuous care to maximize the efficacy of resources and funds

Nexstim's solution is NBT® paired with occupational therapy, in an outpatient setting, to improve rehabilitation outcome and lower the need for long term care

Annual rehabilitation therapy, inpatient or outpatient
Better 1st year therapy response potentially lowers the long term need for therapy and support

Targeting a paradigm shift in stroke rehabilitation

Nexstim's Navigated Brain Therapy® 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



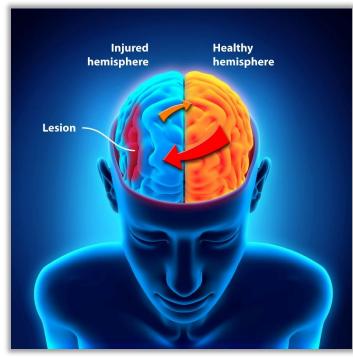
...with a potential game-changer technology

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

NBT® for stroke rehabilitation – How it works

Validated e-Field Navigation gives Competitive Edge



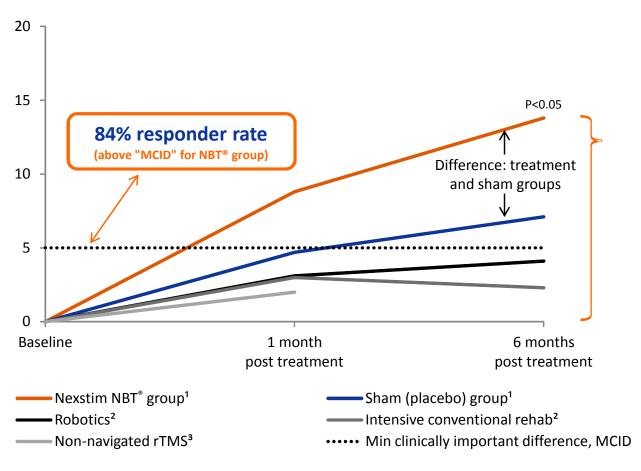
Using a patient's own MRI scan as a guide, Nexstim provides precisely targeted, personalized, magnetic stimulation to temporarily inhibit the healthy side of the brain, normalising the balance between the hemispheres.



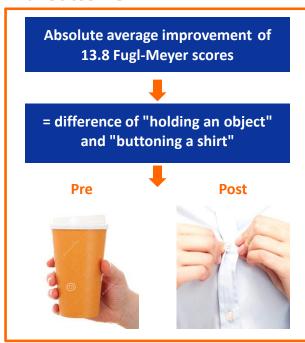
Because the injured side is no longer dominated by the healthy side of the brain, it is more responsive to the physiotherapy. This results in limb movement being potentially restored more quickly to better functionality.

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", "Intentive 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
- Navigation is the key differentiator

Several distinct benefits



- Improved accuracy
- **Dosing precision**
- Repeatability
- Non-invasive procedure

Enhanced limb move



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

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

Current Status and Outlook

Progressing as planned with milestones



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



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



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



 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)

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Ohio State University (Columbus, OH)

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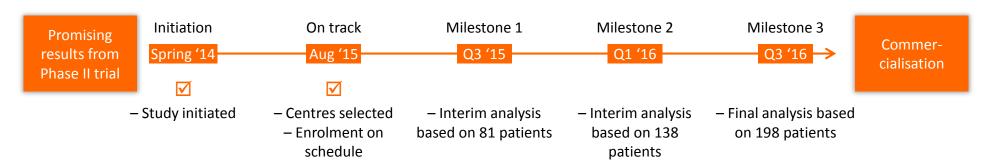
Mayo Clinic (Phoenix, AZ)

Status of Clinical Development

Progressing as Planned

The clinical Phase III multi-center trial is progressing according to plans. The next interim analysis milestones are estimated to be reached Q3 2015 and Q1 2016 and the clinical evidence is assumed to be ready by the end of 2016

Simplified timeline Phase III multi-centre stroke therapy trial



IP position

66 granted patents **72** pending patents

Right to software: Nexstim owns rights to its NBT® and NBS Systems' software developed inhouse.

Creating hurdles for competitors: e.g. by 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



Key Performance Indicators

EUR in thousands	H1 2015 6 months	H1 2014 6 months	FY 2014 12 months	
Net sales	643.2	413.9	2,210.4	
Personnel expenses	-1,906.1	-1,641.9	-3,660.2	
Depreciation and amortisation	-168.7	-125.3	-377.4	Includes 1,745.4
Other operating expenses	-3,422.9	-1,672.3	-5,498.5	of Phase III trial
Profit/ -Loss for the period	-4,555.0	-5,127.3	-10,445.4	expenses
Earnings per share (EUR)*	-0.64	-1.44	-2.37	Includes 2,006.2
Diluted earnings per share (EUR)*	-0.58	-1.34	-2.16	of one time financial expenses
Cash flows from operating activities	-5,275.3	-2,508.1	-7,785.2	тине опременения
Cash in hand and at banks	6,071.1	1,522.1	11,483.7	
Total equity	3,712.0	-4,077.3	8,589.9	
Equity ratio (%)	50.44	-87.19	65.29	
Number of shares in the end of the period (pcs)*	7,130,758	3,685,290	7,130,758	
Average number of shares during the period (pcs)*	7,130,758	3,561,908	4,406,572	
Diluted number of shares in the end of the period (pcs)*	7,917,698	4,016,936	7,917,698	
Diluted average number of shares during the period (pcs)*	7,917,698	3,836,910	4,826,140	

^{*}The number of shares and subscription price have been adjusted to take account the effect of the merging of the share classes and share split on 29 September 2014, where the number of shares was increased 14-fold

Summary and Future Outlook

Targeting a Paradigm Shift in Stroke Rehabilitation

- World-leading medical technology and software with game changing potential in stroke rehabilitation
- Good progress since IPO
- NBT® Phase III study proceeding well with interim data due in Q3 2015 and Q1 2016
- Based on its business forecast and sensitivity analysis the Company expects its net sales from the sale of NBS Systems (Pre-Surgical Mapping, PSM) to grow during FY2015 and operating profit to be positive during second half of the FY2017 at the earliest



Appendix

Management and owners



Management team

	Name Nationality	Current position (Nexstim since)	Education	Relevant experience
9	Janne Huhtala Finland	CEO 2008	Master in economics at Turku School of Economics (2001)	CFO 2008-2013. Previously manager at financial consultant firm Gutta
	Henri Hannula Finland	VP, Sales Europe 2001	MSc in technology from Helsinki U. of Technology (2001)	Various roles at Nexstim starting 2001 and VP, Sales Europe since 2013. Comes from position as director of sales
9	John Hardin US	VP, Global PSM Commercialisation 2014	MBA at William Woods U. (1996)	Previously served as VP, global sales and marketing of Mindframe before joining Nexstim in 2014
	Rainer Harjunpää Finland	VP, Quality Assur. and Regulatory Affairs, After Sales/Services, 2010	MSc in biomedical engineering from Tampere U. of Technology (1993)	Current position since 2013, previously as director and manager of quality and regulatory affairs
	Gustaf Järnefelt Finland	VP, R&D 2008	MSc at Helsinki U. of Technology (1988)	R&D director 2008-2014. Previously held managerial positions at GE Healthcare Finland
	Mikko Karvinen Finland	CFO 2014	MSc in economics at Helsinki School of Economics (2001)	Previously held CFO and deputy CEO positions at two Nasdaq OMX listed tech-firms
	Jarmo Laine Finland	VP, Medical Affairs 2008	MBA at Helsinki U of Technology (2007) and PhD at U.Helsinki (1995)	Director of clinical operations 2008-2013. Held several directorial positions at Finnish Red Cross Blood Service
P	Petriina Puolakka Finland	VP, Legal Affairs 2001	Master of Law at U.Lapland (2001)	Previously director of legal affairs and HR and manager of administration and legal affairs

Management and owners

The Board

	Name Nationality		Education	Relevant experience
	Olli Riikkala, Chairman Finland	2007 Independent	MSc Helsinki U. of Technology (1974), MSc Helsinki School of Economics (1976), MBA at Claremont Graduate U. (1978)	Currently board member of several Finnish medical industry firms. He has served 26 consecutive years in publicly listed company board of directors including Oriola-KD Oyj as chairman.
1	Juha Vapaavuori Finland	2006 Sitra	MA at U.Helsinki (1978)	Chairman of the board of directors of KC-Holding 3 and member of the board of FIT Biotech
0	Dr Johan Christenson Sweden	2007 HealthCap	4 years of clinical specialist training at Karolinska Institute, PhD at Karolinska Institute (1991) in neuroscience	Partner at HealthCap and positions on several private company boards. Previously supervised health care portfolio at SEB Företagsinvest
	Dr René Kuijten Netherlands	2007 Life Sciences Partners	PhD at U.Penn (1992), PhD at U.Amsterdam (1992), MBA at Insead (1994), MD and MSc at U.Utrecht	Co-owner and GP of Life Sciences Partners. Previously at McKinsey & Company as co-leader of European Health Care and Pharmaceuticals Practice
	Juliet Thompson UK	2015 Independent	Chartered Accountant ACA; Chartered Institute for Securities (ASCI); BSc Economics (Bristol University)	Founding partner of Code Securities. Currently heading the healthcare team at Oriel and previously having been Managing Director of Corporate Finance at Nomura Code
	Ken Charhut US	2013 Independent	BSc at Cornell (1980) and MBA from U.Chicago (1988)	Chairman of the board at two medical industry firms. CEO at Compellon. Previously CEO at other medtech firms
	Dr Ekaterina Smirnyagina France	2013 Capricorn	Postdoctoral fellow at Standford, PhD at U.Wisconsin-Madison (1996), BSc from Moscow State U (1988)	Partner of Health-Tech Fund Venture Fund at Capricorn Venture Partners. Previously partner at Alta Partners, a healthcare focused VC firm

Value-adding owners with commercial and medtech industry expertise, possessing indespensible networks

Owner	Initial investm.	IPO lock-up	Brief description
HealthCap VENTURE CAPITAL	2007	1 yr	– Among largest specialized VCs in life sciences in Europe– Raised €900m+ since inception in 1996
SITRA	2001	1 yr	 The Finnish Innovation Fund Sitra is an independent public foundation supervised by the Finnish Parliament Invests in early-stage companies with commercial potential
Capricorn VENTURE PARTNERS	2011	1 yr	 Independent European VC/PE investing in i.a. health-tech Experienced investment managers with deep technology expertise and a broad industrial experience
LSP Life Sciences Partners	2007	1 yr	 One of the first European PE funds dedicated to providing knowledge-based funding exclusively to human life science firms Invested in 75+ firms since its inception 25 years ago
LUNDBECKFOND VENTURES	2011	1 yr	VC specialising on life science investments investing up to €50m/yrFocus on later stage drug development and medtech
∭ ILM∧RINEN	2011	1 yr	Finnish mutual pension insurance companyEquity and shares portfolio of €14.3bn
>>> Teollisuussijoitus	2007	1 yr	 A government-owned investment company that promotes Finnish business and economic growth through VC and PE investments Has invested €1bn since inception in 1995



Targeting a paradigm shift in stroke rehabilitation

Thank you

