Nexstim

Targeting a paradigm shift in stroke rehabilitation

Janne Huhtala | CEO | Nexstim
Mikko Karvinen | CFO | Nexstim

Interim Analysis Conference Call, 28 September 2015

@NexstimOyj

Important information

This document and the information contained herein are being presented by Nexstim Oyj ("**Nexstim**" or the "**Company**"). In connection with any presentation or review of this document, you agree to be bound by the following limitations and notifications.

This document and the information contained herein are being provided to you solely for your information. The distribution of this document in some jurisdictions may be restricted by law and persons into whose possession this document comes are required to inform themselves about and observe any such restrictions. Accordingly, this document may not be distributed in any jurisdiction except under circumstances that will result in compliance with applicable laws and regulations.

This document is not a prospectus, and the information contained herein does not and is not intended to constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of any securities in connection with this document in any jurisdiction. This document and the information contained herein are not an offer of securities in the United States and are not for distribution in the United States.

Recipients should not treat the contents of the document as advice relating to legal, taxation or other matters. This presentation does not purport to be all-inclusive or to contain any or all the information that prospective investors may desire in analysing and deciding whether or not to hold or transact in the Company's shares. Neither the Company nor any of its affiliates or representatives makes any representation or warranty, express or implied, as to the accuracy or completeness of this document or any of the information contained herein, or any other written or oral communication transmitted or made available to the recipient or its affiliates or representatives. The Company and its affiliates or representatives expressly disclaim to the fullest extent permitted by law any and all liability based, in whole or in part, on this document or any information contained herein or any other written or oral communication transmitted or made available to the recipient or its affiliates or representatives, including, without limitation, with respect to errors therein or omissions therefrom.

Recipients should not assume that the information in this document is accurate as of any date other than the date of this presentation. Nothing contained herein is, or should be relied upon as, a promise or representation as to future performance. The Company does not undertake any obligation to update or revise this this document.

Certain of the information contained herein concerning industry and market data, economic trends, market position and competitiveness is based upon or derived from information provided by third-party consultants and other industry sources. Neither the Company nor any of its affiliates or representatives can guarantee the accuracy of such information or has independently verified the assumptions upon which projections of future trends and performance in such information are based.

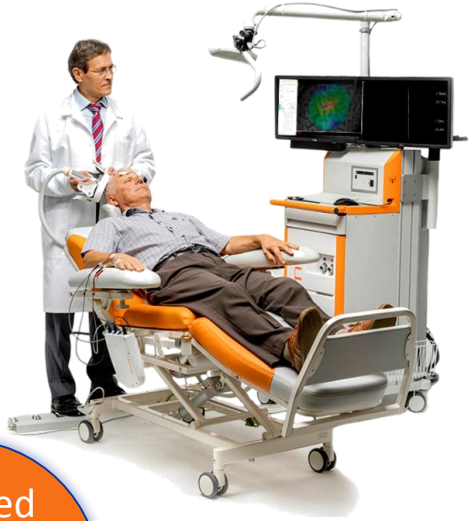
Nexstim's NBS System is cleared by the FDA for assessment of the motor and speech cortices for pre-procedural planning. The NBT System is not cleared for commercial distribution in the United States.

FORWARD-LOOKING STATEMENTS

This document may contain forward-looking statements that reflect the Company's current views with respect to certain future events and potential financial performance. Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, no assurance can be given that such expectations will materialise. Accordingly, results could differ materially from those set out in the forward-looking statements as a result of various factors. To the extent that this document contains opinions, estimates, forecasts or other forward looking statements, no guarantees or undertakings that these are correct or complete are given by the Company or any of its respective members, advisors, officers or employees or any other person. Forecasts and assumptions which are subject to economic and competitive uncertainty are outside such person's control and no guarantee can be given that projected results will be achieved or that outcomes will correspond with forecasts. Information in this document may be changed, added to or corrected without advance notification.

Introduction to Nexstim

Pioneered Use of Navigated Brain Stimulation Technology for Stroke Rehabilitation Therapy



CE mark & FDA clearance for e-field based navigation

Ongoing pivotal Phase III study in stroke rehabilitation

Significant unmet need in post acute stroke rehabilitation

Targeted growth in US and Europe

Experienced management team

Strong balance sheet and margins

Strong IP

Company Overview

Nexstim

Navigated Brain Therapy (NBT)

Uses validated navigation technology for post-acute stroke rehabilitation

- Navigation is achieved by visualizing the electric field (e-field) generated by the TMS coil in a 3D image rendered from the patient's MRI scan
- Using a patient's own MRI scan as a guide, NBT® System provides precisely targeted, personalised, magnetic stimulation to temporarily inhibit the healthy side of the brain, normalising the balance between the hemispheres
- Initiated multicenter Ph. III trial (NICHE) earlier this year in 198 patients
- Aim to obtain FDA clearance for marketing NBT device for post-acute stoke treatment

Navigated Brain Stimulation (NBS)

Validates the navigation technology in demanding diagnostic indication

- Only CE marked and FDA cleared non-invasive solution to pre-surgical mapping of the motor cortex
- Combines Magnetic Resonance Imaging (MRI-based imaging) guidance with non-invasive TMS and Electromyography (EMG) measurement for response measurement
- System integration, proprietary e-field algorithms and 3D visualization provide unrivalled accuracy of targeting stimulation
- Multiple clinical studies have proven that NBS, as an adjunct to direct cortical stimulation, results in a 40% increase or greater, in the rate of gross total resection

Overview of Key Personnel

Management


Janne Huhtala
CEO


Henri Hannula
VP, Sales Europe


John Hardin
VP, Global PSM Commercialisation


Rainer Harjunpää
VP, Quality Assur. and Regulatory Affairs, After Sales/Services


Gustaf Järnefelt
VP, R&D


Mikko Karvinen
CFO


Jarmo Laine
VP, Medical Affairs


Petriina Puolakka
VP, Legal Affairs

Richard L. Harvey, MD
Lead Investigator

- MD, Center for Stroke Rehabilitation, Rehabilitation Institute of Chicago (RIC)
- Wesley and Suzanne Dixon Stroke Chair, RIC
- Director, Stroke Program, RIC

Board of Directors


Olli Riikkala
Chairman (Independent)


Juha Vapaavuori
Sitra


Dr Johan Christenson
HealthCap


Dr René Kuijten
Life Sciences Partners


Juliet Thompson
Independent


Ken Charhut
Independent


Dr Ekaterina Smirnyagina
Capricorn

Company Highlights

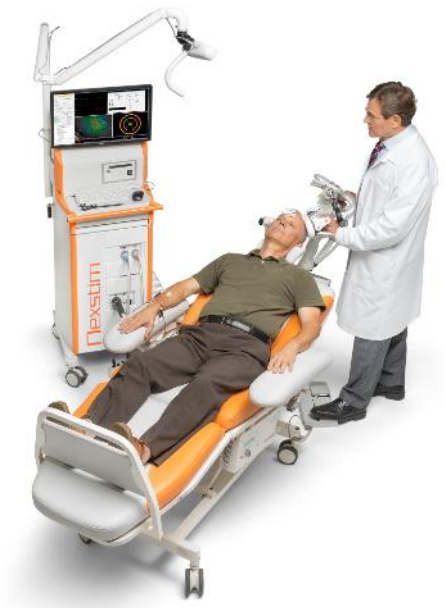
- Stroke Rehabilitation Phase II Data published in International Stroke Conference
- Successful listing of the company's shares to Nasdaq First North Finland and Nasdaq First North Sweden raising new equity of EUR 15.3 million in November 2014
- Pivotal Phase III multi-centre trial in the US for stroke therapy progressing according to plans
  - Primary end point at six months follow up between active and sham group response rates achieving clinically meaningful improvement in upper extremity motor function
  - First interim signal shows that safety criteria are met and trial now further de-risked to continue without any modifications towards the primary endpoint of demonstrating a clinically important functional improvement with NBT®
  - Successfully enrolling patients on time with next milestone interim analysis expected in Q1 2016

Stroke Therapy

Huge unmet need and commercial opportunity

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

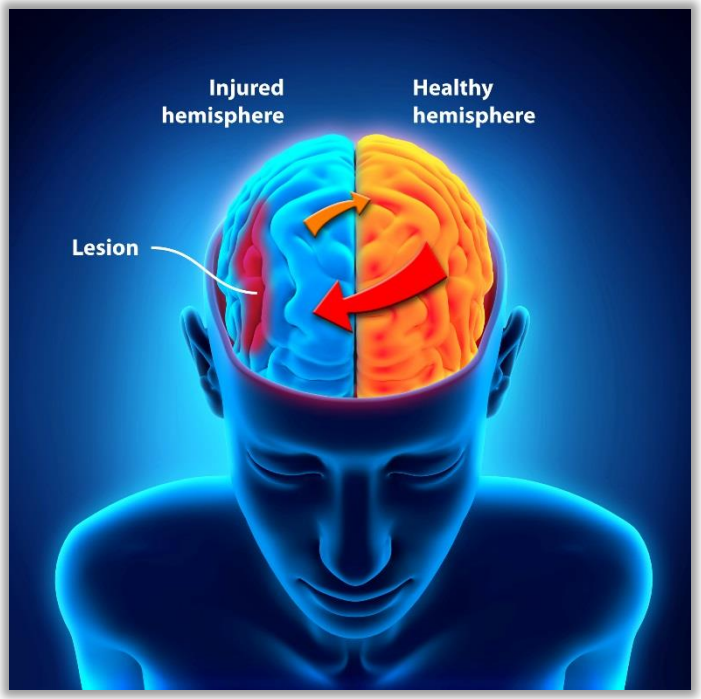
Technology already validated – Pioneered the technology to map motor and speech centers, with 120 devices installed worldwide and FDA clearance – same technology now applied in stroke rehabilitation

Positioned within Stroke Care Path

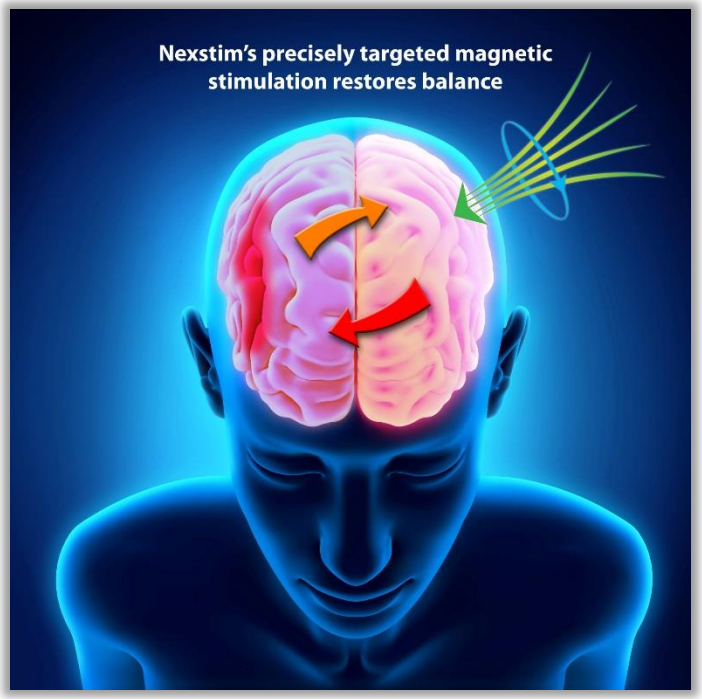
Days 0-10	Days 10-90	3-12 months from stroke	12 months onwards
Acute care	Stabilization and spontaneous recovery	Broken care path	Post-acute rehab, chronic patients
		Nexstim NBT®	
Acute care to prevent the damage 90 % of the patients survive	Early rehab and normal healing process 40-60% will have motor 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	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

NBT® for stroke rehabilitation – How it works

Validated e-Field Navigation gives Competitive Edge



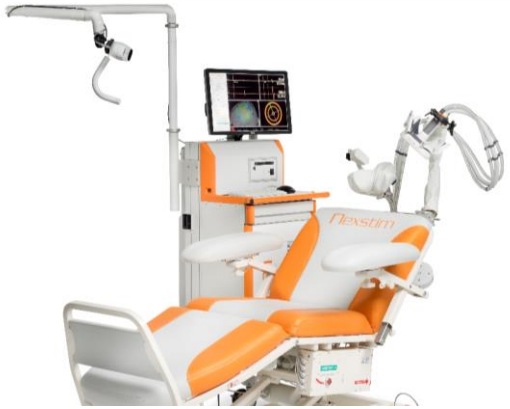
Using a patient's own MRI scan as a guide, Nexstim provides precisely targeted, personalized, magnetic stimulation to temporarily inhibit the healthy side of the brain, normalising the balance between the hemispheres.



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.

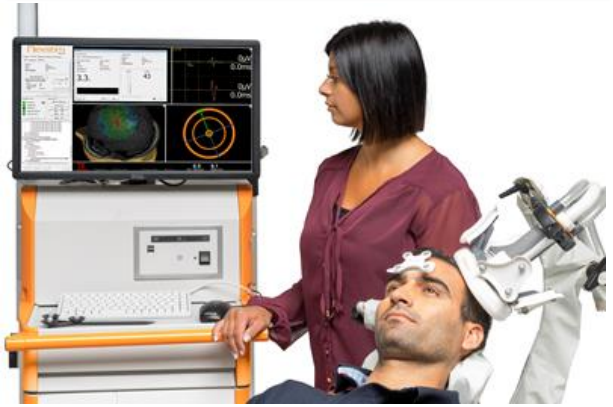
Nexstim's unique technology provides distinct benefits

Integration of TMS and navigation



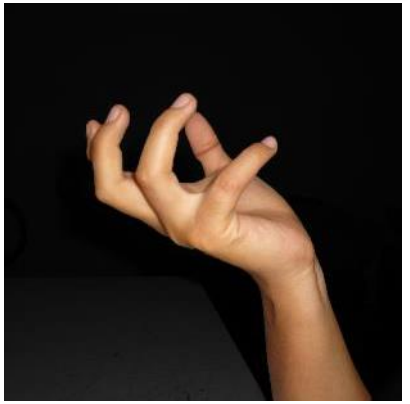
- **TMS-navigation integration**
- **Navigation is the key differentiator**

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 Development Status and Outlook

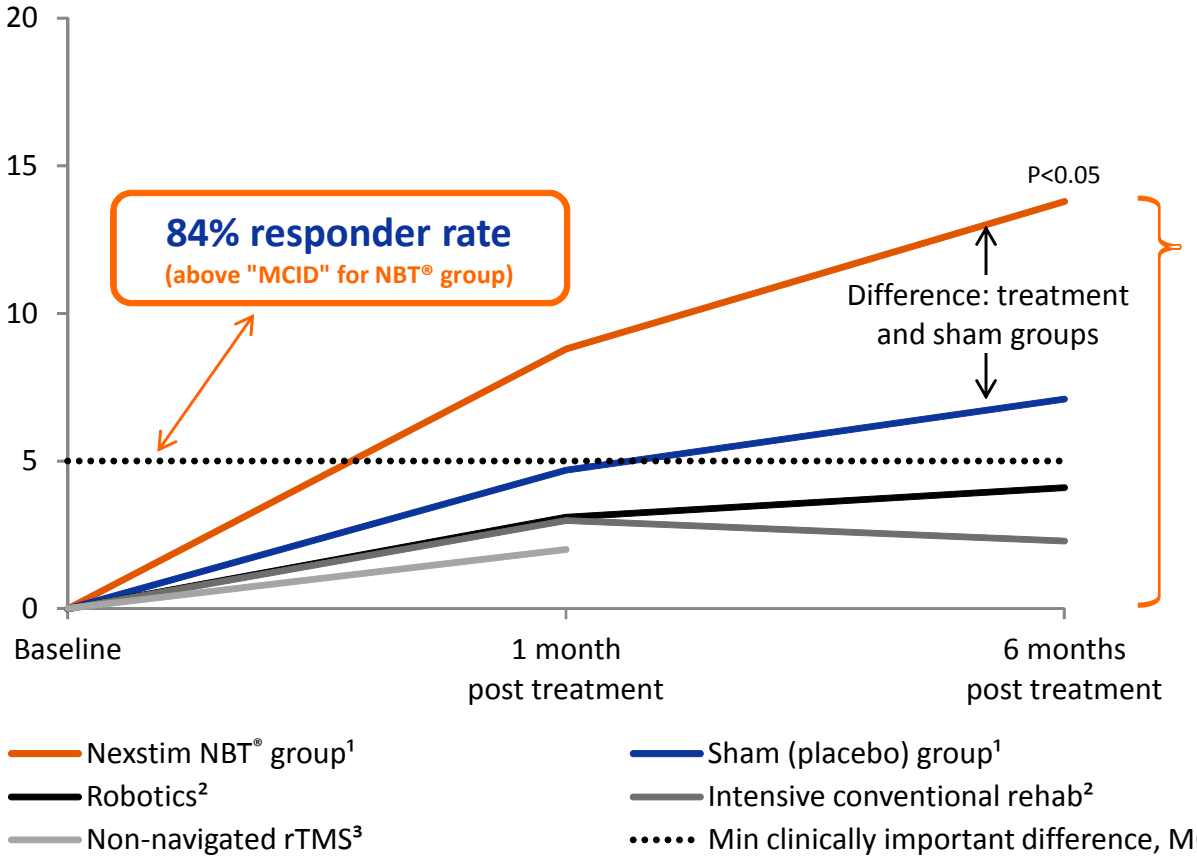
Progressing as planned with milestones

Efficacy demonstrated in Phase II trial

The Phase II clinical trial in brief:

- Single centre at Rehabilitation Institute of Chicago (#1 rehabilitation hospital in US for 25 consecutive years)
- 29 patients of which 19 (10) in treatment (sham) group
- End-point = 6 months post-treatment

Change in upper extremity Fugl Meyer score from baseline



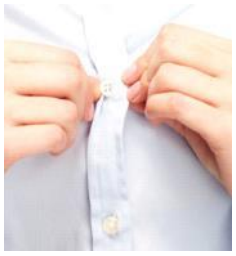
Trial outcome:

Absolute average improvement of 13.8 Fugl-Meyer scores

= difference of "holding an object" and "buttoning a shirt"

Pre

Post



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.

Lead Investigator Profile

Dr. Richard L. Harvey, PI for Contrastim & Niche trials

- Medical Director, Center for Stroke Rehabilitation, Rehabilitation Institute of Chicago (RIC)
- Wesley and Suzanne Dixon Stroke Chair, RIC
- Director, Stroke Program, RIC

Biography

- Principal Investigator, Contrastim Stroke Study 2010-2013
- Rehabilitation Medicine Scientist Development Program , National Institutes of Health (K12) 1997-2000
- Fellowship in Stroke Rehabilitation, RIC and Northwestern Feinberg School of Medicine 1992-1994
- Residency in Physical Medicine and Rehabilitation, University of Toledo Medical Center 1988-1992
- Doctor of Medicine, University of Michigan Medical School 1984-1988

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)

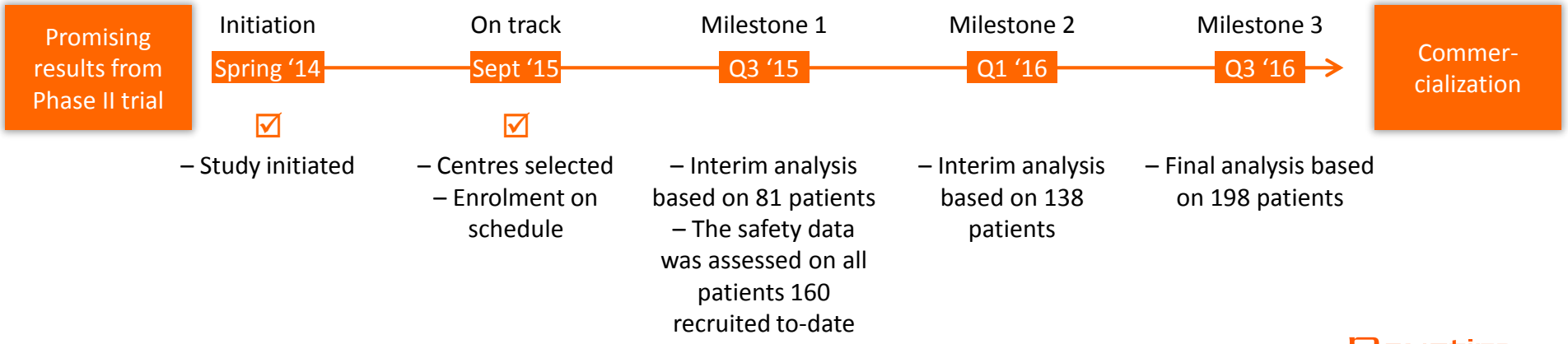
- Including post-acute stroke patients, 3-12months post stroke, hemiparesis and moderate/moderately severe upper extremity impairment
- Primary end-point at 6 months post-treatment, difference between active and sham group response rate achieving clinically meaningful response
- NBT® is used 3 times per week for six weeks adjunct to task-oriented Occupational Therapy (OT)

Status of Clinical Development

Progressing as Planned

- The clinical Phase III multi-center trial is progressing and enrolling according to plans.
- First interim data analysis by an independent Data Safety Monitoring Board shows that safety criteria are met and trial now further de-risked to continue without any modifications towards the primary endpoint of demonstrating a clinically important functional improvement with NBT®
- The next interim analysis milestones is estimated to be reached 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



Overview of Interim Phase III Results

- Interim data analysis by an independent Data Safety Monitoring Board shows that safety criteria are met
- Trial now further de-risked and to continue without any modifications towards the primary endpoint of demonstrating a clinically important functional improvement with NBT®
  - Nexstim has received a recommendation from the Data Safety Monitoring Board (DSMB), an independent committee of experts monitoring the trial, to continue the Phase III stroke therapy NICHE trial, without any modifications towards the goal of achieving its primary endpoint.
  - The first interim analysis on the NICHE (Navigated Inhibitory rTMS to Contralesional Hemisphere) trial using Nexstim's Navigated Brain Therapy (NBT®) was performed after 81 patients reached their primary safety outcome assessment, on track, at six months post-treatment.
  - The safety data was assessed on all patients 160 recruited to-date.
- The second interim analysis is expected to occur in Q1 2016 and the study is scheduled to complete in Q3 2016 when full data will be disclosed.

IP position

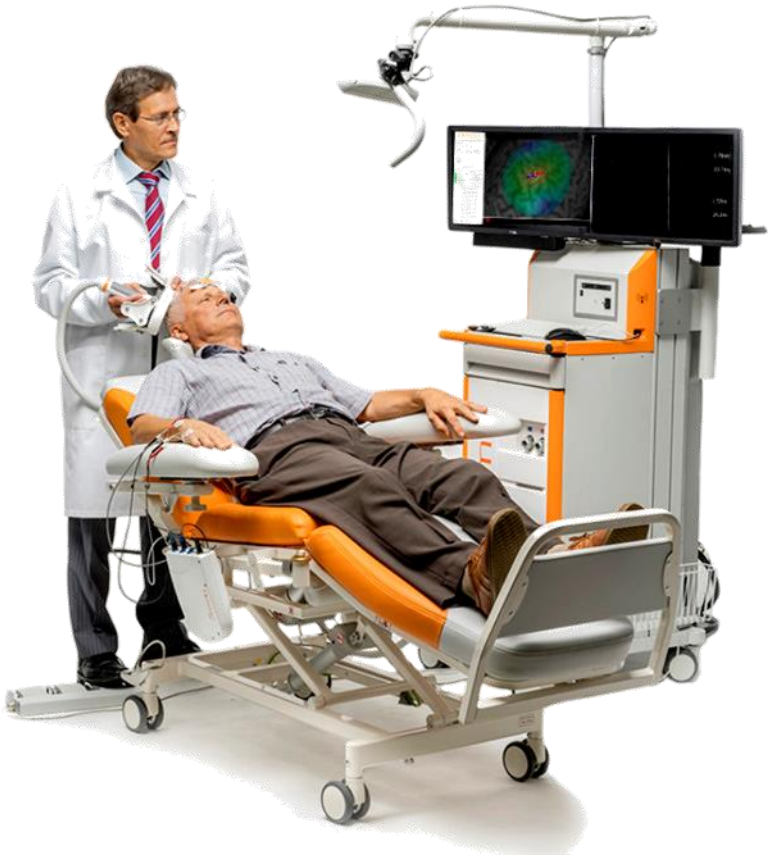
67 granted patents

71 pending patents

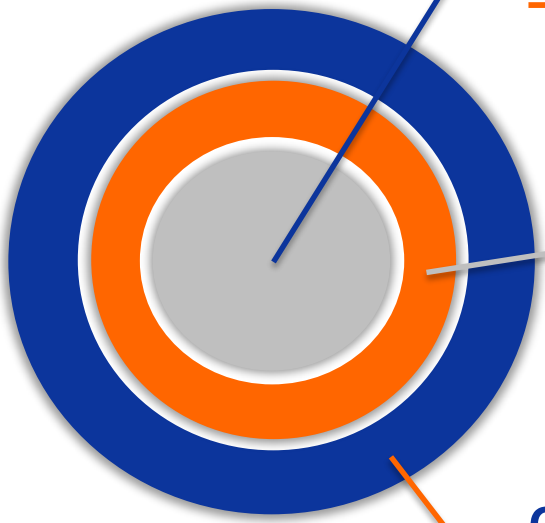
Right to software: Nexstim owns rights to its NBT® and NBS Systems' software developed in-house.

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



IPR Strategy



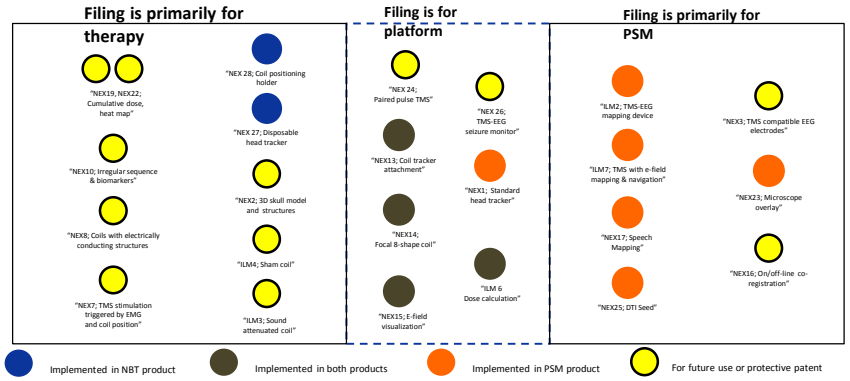
Integration, Algorithms, E-Field Validation

IPR Portfolio
25 Families

Clinical Evidence
Peer Review Articles and KOL support

3-level approach to protect our proprietary E-field navigation

- The Core is the algorithms and integration to allow precise E-field based navigation with user friendly visualization
- Next level is the IPR portfolio
- And the outer rim is the clinical evidence to validate and to support our approach in clinical use



Illustrative description of the IPR families

Regulatory Interaction

Nexstim is proceeding with De Novo 510(k) –process according to original plans

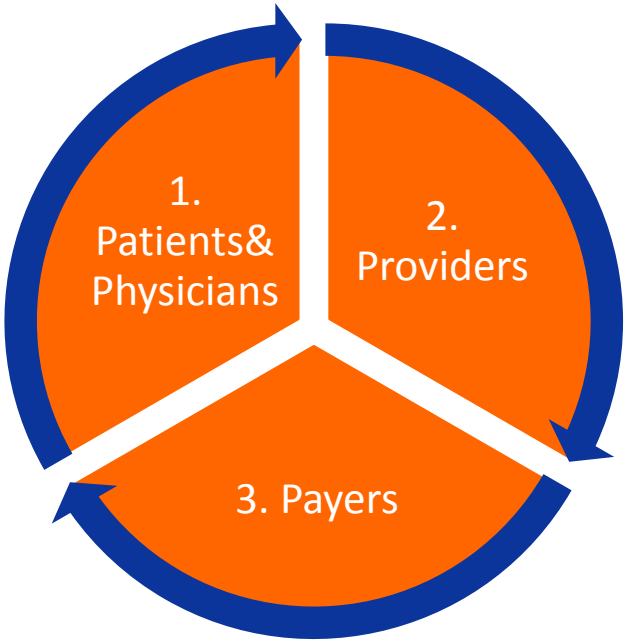
- Phase II interim data was initially presented to FDA with Phase III protocol to get feedback
- FDA responded that NBT device and use of the device in patients with stroke according to the NICHE trial protocol is Non-Significant Risk (NSR) Application and Market Clearance does NOT require PMA or IDE process.
  - NICHE protocol was indicated to be sufficient to show efficacy and safety in relation to De Novo 510(k) process
- FDA indicated that since there is NO predicate device for stroke therapy, Nexstim should pursue De Novo 501(k) route for market clearance
  - This would allow Nexstim to develop FDA Guidelines with FDA to use navigated rTMS in the stroke therapy based on the clinical data and NBT specification as NBT will be the predicate device for following 510(k) processes
- The Pivotal Phase III trial, NICHE, was started with local IRB's from local ethical committees
  - Two trial sites verified independently the IRB route from FDA and got the approving responses
- Nexstim has submitted the technical part of the De Novo 510(k) process and waiting currently response from FDA based on normal process.
- Once the NICHE data shows efficacy, the data set will be submitted as part of the De Novo submission as a final major step for FDA clearance

Commercialisation Strategy Overview

Initial Demand

- **Physicians** determining the patient's treatment **OR** **Patients** themselves
- **Clinical efficacy evidence** drives initial entry
- **Nexstim Strategy:** Phase III trial to drive the efficacy evidence, engaging the patient advocacy groups and KOL's with selected trial sites. Timeline 2015-2017

"Outcomes data is the most important thing when you're talking about a technology."
-Director of Supply Chain, Hospital with outpatient stroke unit



Early adoption

- **Providers** to adopt based on the initial demand
- **Clinical results** in care path needed to support the benefits for Providers
- **Nexstim Strategy:** Leveraging the NICHE sites as early adopter, engaging entry points for large provider chains with KOL and patient advocacy support. Timeline 2016-2017

" Even if it's not reimbursable if it shows some major progress in outcomes it may be worth getting "
-Physiatrist, Stroke Rehabilitation Hospital with Outpatient setting, FL

Expansion

- **Payers** engaged with support of Patients & Physicians and Providers. Initial entry point is Private Insurance Payers (25% of payers) and expanding to regional Medicare (14 regions, covering 65% of stroke rehab costs)
- Private insurers and Out-of-Pocket (OOP) payers represent c.30% of rehabilitation costs (c.$2.6bn)
- **HealthEconomic** evidence required to show long term value benefits for payers
- **Nexstim Strategy:** Initially starting with Out-of-Pocket, engaging Private Insurance payer and then with built coverage evidence roll out to Medicare. Timeline 2017-2020

" Everyone pays differently. If it's someone with private insurance they can basically get whatever they want"
-CFO,Non-Profit Provider, MD

Key Stakeholders & Messaging

Nexstim positioned for Stroke Stakeholders with targeted messaging

- Outpatient treatment Facilities offer Occupational Therapy for post-acute stroke patients
  - Clear Entry Point targeted patient group with upper limb rehabilitation
- Physicians (PM&R) are key decision makers deciding the treatment method
  - Trend to use more outpatient therapy instead of inpatient to lower cost of care

- Patient & Patient Advocacy Groups
- Rehabilitation Clinicians
- Referring Clinicians and Social Workers
- Rehabilitation Providers
- Payors

- **Clinical Efficacy**: Improved functionality and quality of life with non-invasive procedure
- **Clinical Efficacy**: Improved care, safe and personalized therapy for unmet need
- **Business Opportunity:** Provide disruptive technology for unmet need and clinical efficacy. Potential to own the patient through care path from acute to post-acute care
- **Managing the care cost:** potential to manage the patient treatment cost more effectively and improve before chronic phase

Financials

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
Other operating expenses	-3,422.9	-1,672.3	-5,498.5
Profit/ -Loss for the period	-4,555.0	-5,127.3	-10,445.4
Earnings per share (EUR)*	-0.64	-1.44	-2.37
Diluted earnings per share (EUR)*	-0.58	-1.34	-2.16
Cash flows from operating activities	-5,275.3	-2,508.1	-7,785.2
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

Includes 1,745.4 of Phase III trial expenses

Includes 2,006.2 of one time financial expenses

**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 next interim data due in 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
	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
	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
	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

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.
	Juha Vapaavuori Finland	2006 Sitra	MSc at U.Helsinki (1978)	Chairman of the board of directors of KC-Holding 3 and member of the board of FIT Biotech
	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 Stanford, 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 indispensable 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/yr – Focus on later stage drug development and medtech
ILMARINEN	2011	1 yr	– Finnish mutual pension insurance company – Equity 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

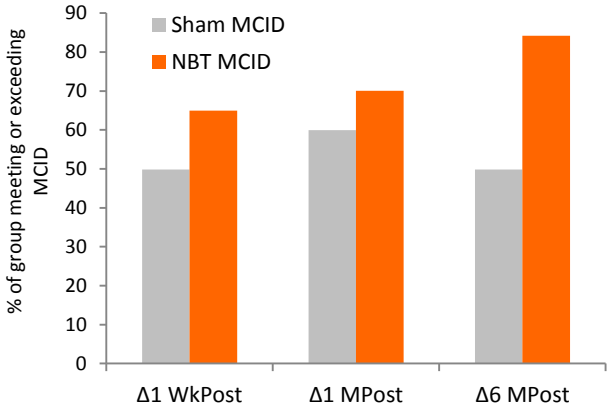
Details of completed single-centre Phase II clinical trial

Contrastim stroke study details

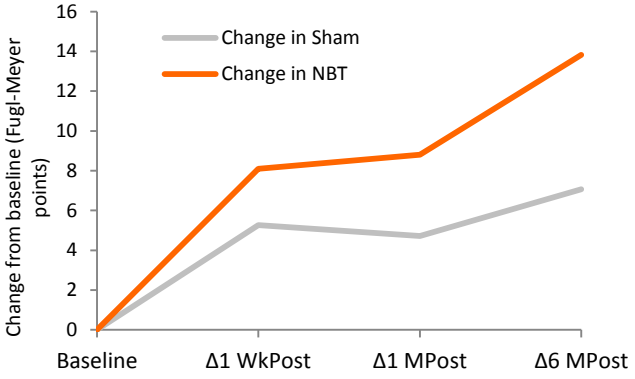
- **Basic study information** - Phase II clinical trials (Contrastim) funded by Nexstim and performed at the Rehabilitation Institute of Chicago (voted the no.1 rehabilitation hospital in the US for past 24 years) by Professor RL Harvey.
- **Trial subjects -** The trial consisted of 30 post acute stroke patients (3-9months post stroke), of which 20 where in the group receiving NBT treatment and 10 received sham treatment.
- **Trial objectives –** (1) To assess the use of Navigated Brain Therapy (NBT) in the clinical application of repetitive transcranial magnetic stimulation (rTMS) for motor recovery after stroke. (2)To determine if the addition of 1 Hz rTMS to non-injured hemisphere prior to task-oriented upper limb rehabilitation can improve motor control and functional arm use better than rehabilitation alone.

Upper extremity Fugl-Meyer

84% of NBT group above threshold



NBT group 13.8 point average improvement



Results discussion

- At 6 months post treatment 84% of the active group showed improvement above the minimum clinically important difference of 5 Fugl-Meyer points against the sham group's 55%.
- At 6 months post treatment the average improvement in the NBT group was 13.2 but as one patient did not come to the 6 month follow up the per protocol average was 13.8 vs 7.1 in sham group.
- The sham group's results were much higher than what is seen normally (3-4 points) as additional therapy post treatment was not restricted.
- Only 29% of the sham group excluding patients with additional therapy (6 patients) showed improvements above the threshold with an average increase of 2.9 points. In the NBT group which did not receive additional occupational therapy (9 patients)the respective figures were 80% and 14.5 points.

Overview of Competitive Landscape

Device	Efficacy*	Comment*
Nexstim NBT System	Multi-centre clinical trial structure in place with 12 US sites (Phase III trials).	Promising Phase II results published in February 2014.
Non-navigated rTMS	*Repetitive transcranial magnetic stimulation given without the use of navigation. Ineffective as correct point of stimulation is unknown.* Promising short-term effects. Less effects than with NBT. No long-term studies in place	Difficult to repeat therapy to an area due to lack of navigation.
Other navigated rTMS	*Navigated repetitive transcranial magnetic stimulation using other forms of navigation.* No published studies. Research ongoing.	Similar or more complex than NBT. No integrated systems available.
Transcranial direct current stimulation (tDCS)	*Form of neurostimulation using constant, low current delivered to the brain via small electrodes.* Research stage. Conflicting outcomes reported	-
Cortical implants	*Method of stimulating the brain through implants placed directly on the cortex.* Failed Phase III clinical trials.	Difficult, requires invasive surgery.
Other (e.g. robotics)	No conclusive evidence of any technology improving rehab outcomes beyond intensive conventional rehabilitation	

**Subjective measure, represents the Company's opinion*

Nexstim

Targeting a paradigm shift in stroke rehabilitation

Thank you

@NexstimOyj