

EM VISION

BELL POTTER HEALTHCARE CONFERENCE

November 2020



ASX
CODE
ASX:EMV

SHARES
ON ISSUE
70.2M

CASH BALANCE
(30TH SEPT 2020)
\$12.7M

SHARE
PRICE
\$4.00*

MARKET
CAPITALISATION
\$280.8M*

ENTERPRISE
VALUE
\$268.1M*

** Undiluted market cap based on closing price of \$4 Friday 20th November 2020*

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TRANSFORMATIVE POINT-OF-CARE IMAGING



Video available on EMVision website (www.emvision.com.au)

ADDRESSING ACCESSABILITY

2/3^{ds} of the world does not have access to diagnostic imaging.

LOW-COST HARDWARE

Energy emitted from a scan is **less than 1%** of energy emitted from a mobile phone.

PLATFORM MODALITY

Applications across the entire body, targeting time sensitive neurological disorders first.

BRINGING IMAGING TO WHERE STROKE OCCURS WILL SAVE LIVES



STROKE IS A GLOBAL SOCIETAL & HEALTH ECONOMIC BURDEN



THERE ARE EFFECTIVE TREATMENTS AVAILABLE



THEY ARE TIME SENSITIVE

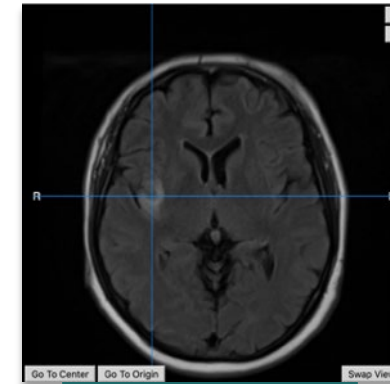


WHAT CLINICIANS NEED TO KNOW...

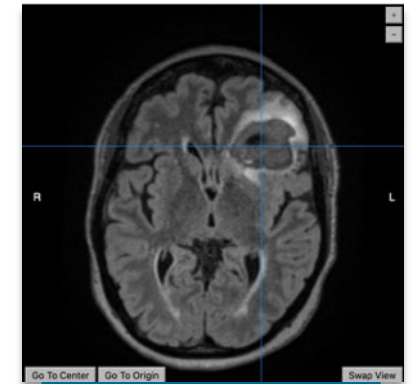


1ST GENERATION DEVICE

Detect clinically significant changes, at the bedside, when time matters, before clinical symptoms present.



CLOT
(ISCHAEMIC)



BLEED
(HAEMORRHAGIC)

ACUTE ISCHAEMIC STROKE PATIENTS CAN BENEFIT FROM CLOT DISSOLVING DRUGS (tPA) IF GIVEN WITHIN HOURS, BUT THESE DRUGS WORSEN BLEEDING IF THE STROKE IS DUE TO A HAEMORRHAGE. THE ABILITY TO DISTINGUISH STROKE TYPE AT THE POINT OF CARE IS ONE OF THE POTENTIAL UTILITIES OF THE EMVISION DEVICE.



2ND GENERATION DEVICE

Ultra light weight device embedded in standard road and air ambulances to deliver pre-hospital stroke care to patients regardless of location.



BRINGING IMAGING BEDSIDE

TODAY'S CHALLENGES

Transport of patients from ICU to radiology can increase the risks of complications, with adverse events occurring in as many as 71% of in-hospital transports.

Transporting unwell patients is also associated with complex logistical challenges which can require multiple staff members, the transport of monitors, oxygen tanks etc., and ties up resources.

CT and MRI resources are **under intense pressure** in hospitals and in rural and remote areas access to high end imaging can be limited. In 2005, 87% of the 5.7 million stroke deaths worldwide occurred in low and middle-income countries where 80% of the population live in rural areas.

In many instances, by the time the patient is transported to the radiology department, it **may be too late** for the clinical question that needed answering



BRINGING IMAGING TO THE PATIENT

EMVision's aim is not to replace CT or MRI, but rather to function much like ultrasound does, by providing clinically valuable information to healthcare workers, wherever the patient is, to intervene earlier and make critical decisions earlier, when time matters, and where a higher resolution MRI or CT may not be accessible, practical or affordable.

EMVISION'S PILOT CLINICAL TRIAL

STUDY DESIGN

PILOT CLINICAL TRIAL

- The single-site study, at the Princess Alexandra Hospital (PAH) in Brisbane, of patients with diagnosed ischaemic or haemorrhagic stroke, is the first clinical study for EMVision's novel imaging technology.
- Patients were scanned with EMVision's prototype device at close proximity to their standard of care imaging (CT and/or MRI).
- No intervention or modification to the standard of care of hospital-based treatment of stroke was done as part of this study.

STUDY OBJECTIVE

PRIMARY END POINT ACHIEVED

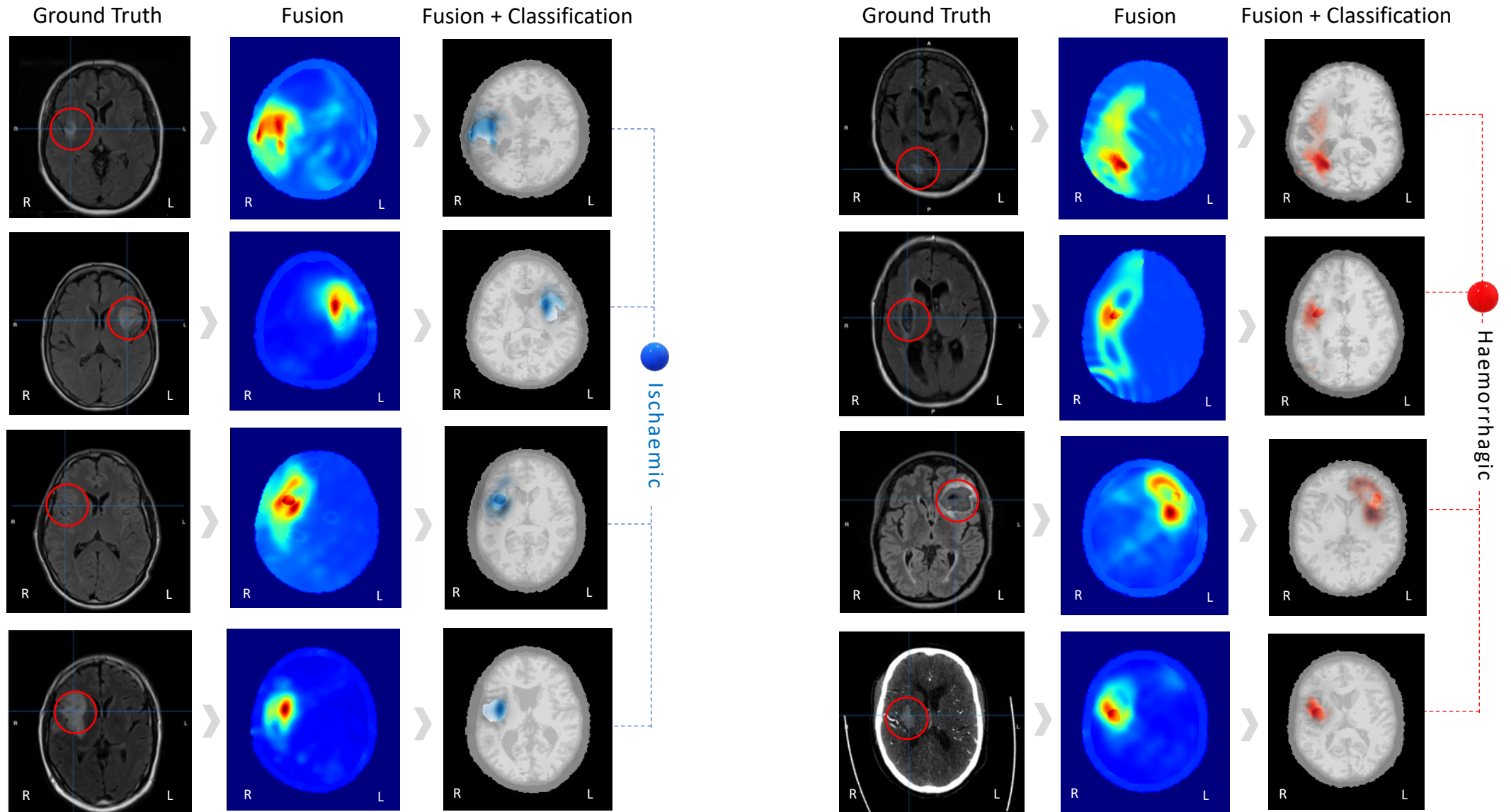
- The primary endpoint was the collection of a dataset of stroke patients which improves the understanding of stroke on electromagnetic scattering effects in the brain. This end point has been met, producing datasets that have enabled EMVision to advance its imaging algorithm and hardware development.
- The dataset enabled an observation of the correlation of EMVision scans with patients' "ground truth" CT and/or MRI scans.
- This is a data acquisition study and not intended to be an interventional study. Hence appropriate caution should be used in extrapolating these results to those of the general population at this stage of the development.

PATIENT COHORT

30 STROKE PATIENTS ENROLLED

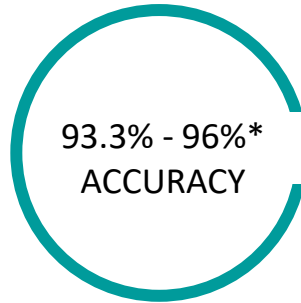
- The study enrolled and processed datasets from **30 patients (21 ischaemic and 9 haemorrhagic)** representing the diversity of stroke in localisation, size and clinical severity.
- The mean age was 66.7
- Of the 30 patients, 19, (63.3%) had only a CT performed whereas 11, (36.7%) had CT/MRI performed.
- The mean NIHSS score was calculated as 5.2 which indicates mild severity.

FUSION WITH CLASSIFIER - EXAMPLES



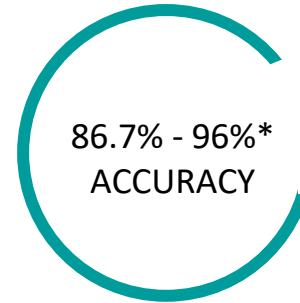
The above examples have been selected to demonstrate how the fusion methodology can be used to detect, localise, and classify stroke type and should be interpreted in light of the intent and results of this study to date.

STUDY OUTCOMES & UPCOMING MILESTONES



STROKE SUBTYPE CLASSIFICATION

Collect data from stroke patients, both ischaemic and haemorrhagic



LOCALISATION IN CORRECT QUADRANT

Compare EMVision scans with ground truth CT and MRI images



OPERATOR AND PATIENT FEEDBACK

Despite being a prototype, positive feedback on non-invasive nature of device

UPCOMING MILESTONES

CY Q4 2020

- FDA Feedback
- Outcome of Australian Stroke Alliance competitive MRFF Frontiers bid
- Further Strategic Hires

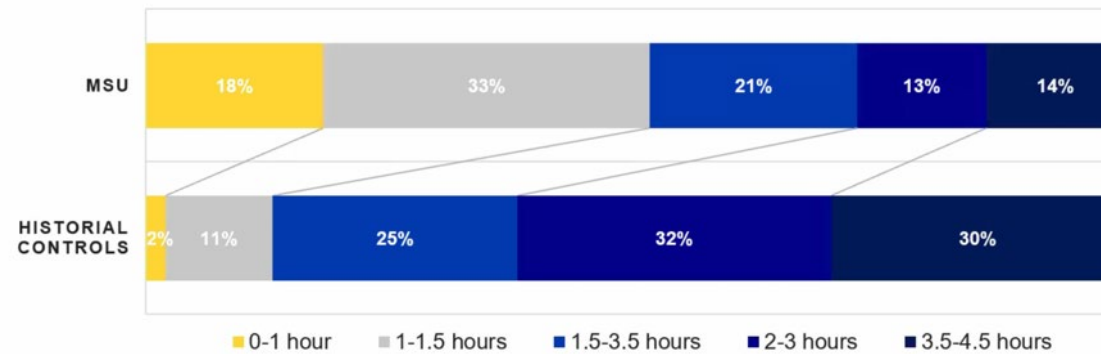
CY H1 2021

- Expanded clinical study preparation (Protocol, Site selection, Ethics)
- Next-Gen Product Development Updates
- Additional 20 patient dataset
- Commercial and Collaboration Updates
- Further FDA Engagement

A larger dataset will be required to draw conclusions on sensitivity/specificity for blood and ischemia. The algorithms may be subject to further refinement and investors should note there is no guarantee the algorithms will replicate the same level of accuracy on larger data sets without further refinement, or at all. Five datasets where pathologies were estimated to fall outside of the anticipated prototype hardware range were identified and accuracy figures presented here are with, and without, the 5 excluded datasets for completeness. The indicative milestone timetable is a guide of EMVision's intentions at the date of this presentation only.

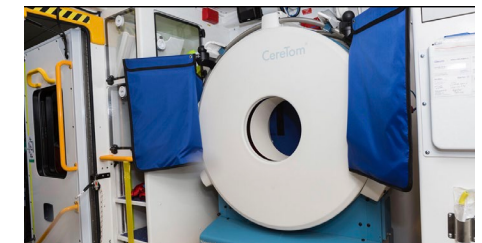
MORE LIVES COULD BE SAVED WITH A LIGHTWEIGHT SCALABLE IMAGING SOLUTION

Nearly 10x more patients treated within the “golden hour” (first 60 minutes) with Melbourne Mobile Stroke Unit



Mobile Stroke Unit (MSU)

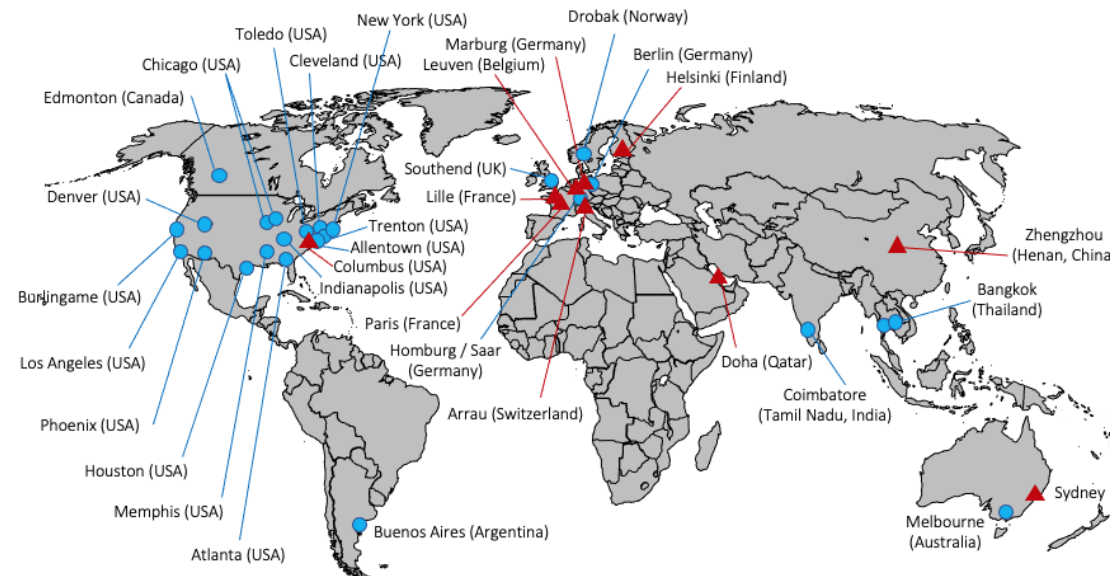
A Mobile Stroke Unit (MSU) is a custom-built specialist Ambulance vehicle that houses a ~500kg CT scanner, specialized personnel and carries stroke treatment drugs, including blood clot-dissolving medications.



Inside an MSU today



- Sites with active mobile stroke units
- ▲ Sites with MSU projects in planning or implementation state



EMV 2nd Gen

FLEXIBLE & ATTRACTIVE REVENUE MODELS

Direct or Distributor

MONTHLY SUBSCRIPTION MODEL

- Delivery of the unit
- Training
- Software updates
- New algorithm sequences as they come out
- Potential integration into PACS and EMR
- Access to cloud storage and viewing
- Routine maintenance included

CAPITAL EQUIPMENT & CONSUMABLES MODEL

Device Sales

Consumables

Software

Maintenance & Service



STROKE WARDS, CRITICAL CARE UNITS & ED

US.



10,200

GER, FR, UK



5,960

AU



545

JAPAN



2,875

US.



60,000

EUROPE



58,000

AU



5,200

ROAD & AIR AMBULANCES



TEAM

Significant experience developing and commercialising medical devices



Dr Ron Weinberger
CEO & MD
Former Nanosonics MD



John Keep
Non-Executive Chairman
*Former CEO Queensland
Diagnostic Imaging*



Scott Kirkland
Executive Director
Co-Founder EMVision



Prof Stuart Crozier
Co-inventor
*2/3rd MRIs use Prof Crozier
developed IP*



Robert Tiller
Head of Design
Founder Tiller Design



Forough Khandan
Head of Program Management
*Former Nanosonics Program
Manager*



Geoff Pocock
Non-Executive Director
Former Hazer MD



Tony Keane
Non-Executive Director
National Storage NED



Dr Philip Dubois
Non-Executive Director
*Former CEO of Sonic
Healthcare - Imaging*



Emma Waldon
Company Secretary
*Capital markets and
corporate governance expert*



Dr. Konstanty Bialkowski
Head of Tech Development
*EM Imaging expert and Co-
Inventor*



Ruth Cremin
**Head of Quality &
Regulatory Affairs**
*Former Head of
Regulatory at Nanosonics*

PARTNERS & COLLABORATORS



Commonwealth CRC-P Grant Program Collaborators

Product Collaboration

Clinical Development & Validation

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GET IN TOUCH



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