

## ASX Release

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# AGM CHAIRMAN'S ADDRESS & PRESENTATION

**EMVision Medical Devices Limited (ASX: EMV) (“EMVision” or the “Company”)**, is pleased to provide the following Chairman’s address and CEO Presentation to be made at the Company’s 2022 Annual General Meeting at 10.00am AEST today.

### Chairman’s Address

Over the past 12 months EMVision has continued to make great progress against our goal of delivering the world’s first accessible Point-of-Care imaging devices to improve stroke patient outcomes. Stroke is a medical emergency that has far reaching impact. According to the World Stroke Organization, 1 in 4 of us will have a stroke in our lifetime. A very sobering statistic indeed. Fortunately, today there are multiple established and effective treatment choices available, if, and this is a critical element, timely brain imaging is available. We intend to make brain imaging as accessible as possible to give stroke patients the greatest chance of recovery.

We have a rare opportunity ahead of us to help minimise one of the leading causes of disability globally, avoid future suffering, and reduce the health economic burden associated with stroke. With this burden on the rise in many societies throughout the world, particularly those with ageing populations, we are seeing significant government support for cost effective solutions that have the potential to deliver a positive impact. The state and federal Government support EMVision has received to date reflects this urgent need.

This year we have advanced our 1st generation portable brain scanner, generating valuable IP along the way, and we are thrilled to have recently delivered our first commissioned scanner to Liverpool Hospital, our first site for our upcoming clinical trials. We are fortunate to have strong support from the leading minds in stroke care and to be holding our trials at some of the largest stroke referral centres in the country. These trials will ultimately provide the invaluable data we need to take our product to market, and we look forward to updating our shareholders as we progress through our multi-centre trial.

Operating on the technological frontier means there is not a simple blueprint to follow. Having a team with the capability and successful track record in taking novel technology through research, product development, clinical validation, regulatory approvals, and onto global commercialisation is fundamental for us to achieve our goals. We are proud of the team that Ron Weinberger, Scott Kirkland and the rest of the executive have assembled.

Now I would like to talk about funding - Following last year’s successful Medical Research Future Fund (MRFF) bid with our collaborators the Australian Stroke Alliance, this year has been another strong funding period for EMVision having secured two additional non-dilutive grants. Earlier, we announced a successful \$5m Commonwealth Modern Manufacturing Initiative grant to help establish our commercial production facilities and just last week \$2.5m in funding from the NSW Medical Devices Fund. Both grant schemes were highly competitive, and our success is an acknowledgement of the enormous unmet clinical need we are tackling and the opportunity to generate positive patient outcomes.

Looking ahead, there are further state, federal and international non-dilutive funding pathways and grant programs that may be available for us to pursue in the future.

To conclude, I'd like to thank our shareholders for supporting our Company, my fellow Directors and the wonderful team at EMVision.

I will now move to the formal part of the meeting.

Authorised for release by the Board of the Company.

## **[ENDS]**

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## **About EMVision Medical Devices**

EMVision Medical Devices Limited is focused on the development and commercialisation of medical imaging technology. The Company is developing and seeking to commercialise a potentially cost effective, portable, medical imaging device using electromagnetic microwave imaging for diagnosis and monitoring of stroke and other medical applications. The technology is the result of over 10 years of development by researchers at the University of Queensland. The team of approximately 20 researchers is led by co-inventor Professor Amin Abbosh, who is considered a global leader in electromagnetic microwave imaging. EMVision's Chief Scientific Officer is Professor Stuart Crozier, who is a co-inventor and is globally renowned for creating technology central to most MRI machines manufactured since 1997. EMVision's CEO, Dr Ron Weinberger, is the Former Executive Director and CEO of Nanosonics' (ASX:NAN), a \$2 billion market cap healthcare company. Dr Weinberger has over 25-years' experience developing and commercialising medical devices. During his time at Nanosonics, Dr Weinberger co-developed the company's platform technology and launched their breakthrough product 'Tropon' globally, which would go on to become the gold standard for infection prevention. Dr Weinberger was instrumental in transforming Nanosonics from a research and development company to one of Australia's leading medical device commercialisation success stories.

## **Forward-looking Statements**

This release may contain certain forward-looking statements with respect to matters including but not limited to the financial condition, results of operations and business of EMVision and certain of the plans and objectives of EMVision with respect to these items. These forward-looking statements are not historical facts but rather are based on EMVision's current expectations, estimates and projections about the industry in which EMVision operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates", "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of EMVision, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward looking statements. EMVision cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of EMVision only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. EMVision will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.



# AGM 2022 CEO PRESENTATION

Point-of-Care electromagnetic imaging to  
revolutionise stroke diagnosis and monitoring



## 2022 HIGHLIGHTS

<b>EMBARKING ON MULTI-CENTRE TRIAL</b>	Trial commencing at leading stroke centers across NSW, VIC and QLD, pre-validation and validation phases intended to support first regulatory submissions
<b>POSITIVE 1<sup>ST</sup> GEN MOMENTUM</b>	Crucial hardware and software advancements, promising preliminary usability testing, IDR Medical US market research confirming multiple high value unmet clinical needs
<b>ENCOURAGING 2<sup>ND</sup> GEN PROGRESS</b>	Extensive engagement with end user cohorts across road and air ambulance service. Advanced concept and system architecture development progressing to plan.
<b>KEYSIGHT TECHNOLOGIES (NYSE:KEYS) STRATEGIC OEM AGREEMENT</b>	Under the Agreement obtained exclusive supply of the “fast sweep” feature in Vector Network Analysers core to the sensors that are being used inside EMVision’s portable brain scanner
<b>MODERN MANUFACTURING INITIATIVE AWARD</b>	Awarded \$5m competitive Grant to establish commercial production of EMVision’s 1 <sup>st</sup> Gen portable brain scanner product.
<b>NSW MEDICAL DEVICES FUND BACKING</b>	Awarded \$2.5m competitive Grant funding by NSW Medical Devices Fund to support multi-site clinical trials.
<b>2022 INTERNATIONAL STROKE CONFERENCE</b>	An overview of the ground-breaking research collaboration between the Australian Stroke Alliance and EMVision was presented by Dr Angela Dos Santos at the International Stroke Conference, New Orleans 2022
<b>IP PORTFOLIO BOLSTERED</b>	IP Portfolio strengthened with applications across software, hardware, calibration and imaging techniques, alongside trade secrets, including an imaging technique patent recently allowed in the US.

**EMVISION HAS CONTINUED TO PURSUE COMPLEMENTARY NON-DILUTIVE GRANT FUNDING OPPORTUNITIES TO ACCELERATE THE COMMERCIALISATION OF EMVISION’S NOVEL TECHNOLOGY PORTFOLIO**



**\$5m Modern Manufacturing Initiative Grant (2022)**

**\$8m Medical Research Future Fund – Australian Stroke Alliance Grant (2021)**

**\$2.5m NSW Medical Devices Fund Grant (2022)**

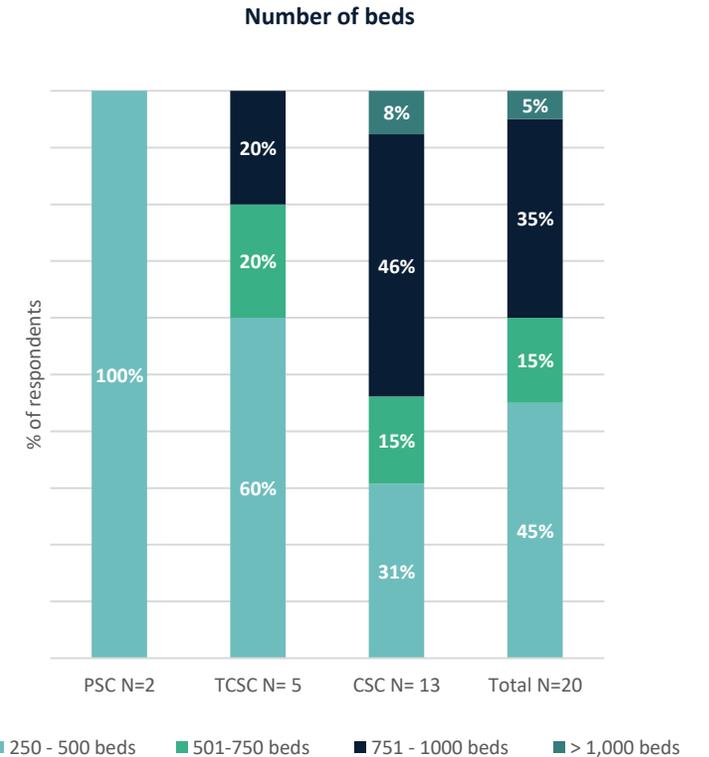
# US MARKET ASSESSMENT AND INSIGHTS

Research conducted by IDR Medical, a leading international medical market research and consulting firm

## PROJECT GOAL

To assess the opportunity for EMVision’s brain imaging system in the management of stroke & advance US market entry strategy

Facility Type	Respondents	
<ul style="list-style-type: none"> <li>2 x Primary Stroke Center (PSC)</li> </ul>	Vascular Neurologists ‘stroke doctors’	7
	Vascular Neurologists ‘tele-stroke doctors’	3
<ul style="list-style-type: none"> <li>5 x Thrombectomy-Capable Stroke Center (TCSC)</li> </ul>	Neuro-intensivists (Neuro ICU)	2
	Stroke Nurses	3
<ul style="list-style-type: none"> <li>13 x Comprehensive Stroke Center (CSC)</li> </ul>	Interventional radiologists doing thrombectomy	5
	<b>Total</b>	<b>20</b>



On average, it was estimated that 89 new ischemic, and 31 new hemorrhagic patients would be personally managed in a typical month by each respondent, although this differed by respondent type.

# US MARKET ASSESSMENT AND INSIGHTS – OVERALL RESPONSE

The ability to use 1<sup>st</sup> Gen for post-intervention/treatment monitoring was a highly rated potential benefit

## Key value drivers/ benefits of 1<sup>st</sup> Gen

<p><b>1. Optimal solution for routine monitoring</b></p>	<ul style="list-style-type: none"> <li>Portability, ease of use, &amp; non-ionizing radiation enables the device to be “wheeled out” for regular post-intervention/ treatment monitoring of patients which enables clinical staff to build a better, more objective picture of the patients condition vs. stroke scores/ neuro checks</li> </ul>
<p><b>2. Could reduce delays to treatment</b></p>	<ul style="list-style-type: none"> <li>Quick insights vs. CT; stroke treatment is considered extremely time-sensitive, so any time savings could potentially improve patient outcomes</li> <li>Respondents considered the device especially valuable for rural/ non-hospital settings which currently suffer from limited CT access, lack specialist staff resources and often experience tele-radiology issues/ delays; 1<sup>st</sup> Gen could improve transfer decision making, remove non-stroke patients from workflow sooner etc.</li> <li>If proven to be accurate/consistent enough, 1<sup>st</sup> Gen could assist in the faster triaging/ diagnosing by filtering/ prioritizing patients for CT (i.e., by identifying non-stroke/ low risk patients), especially when there are multiple stroke patients simultaneously</li> </ul>
<p><b>3. Mitigates patient transport challenges</b></p>	<ul style="list-style-type: none"> <li>Ability to use device at Point-of-Care would help to solve one of the most prominent challenges in the stroke workflow</li> <li>Reducing need to transport patients would help to create efficiencies for staff</li> </ul>
<p><b>4. Easy to use</b></p>	<ul style="list-style-type: none"> <li>Reduces pressure on radiology department as non-specialists can be trained to operate 1<sup>st</sup> Gen</li> <li>Further emphasizes how valuable the device could be for rural/ non-hospital settings</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li>Non-ionizing radiation; no dedicated room or shielding requirements, reduces radiation exposure for staff and patients</li> <li>Price points presented considered reasonable, anticipation of significant cost savings/return on investment</li> </ul>

Most prominent



# US MARKET RESPONDENT FEEDBACK ON 1<sup>ST</sup> GEN DEVICE

Commentary from stroke care respondents on use cases in a tertiary hospital setting, remote areas and anticipated scan volumes

## **Will be used much more often**

*We do way more than 5 scans a day. On the ICU we are monitoring patients every day and sending them for scans, but with this you can do it so much more often, I can imagine wheeling it out on every round.*

**Vascular Neurologist, CSC**

## **Useful in radiology after intervention**

*"It could be used in the radiology suite straight after the intervention to see if there are any changes and to see if you need to intervene more. On the ward or in the ICU you would use it to see if anything is wrong and then send the patient for a scan to confirm the findings."*

**Neuro-intensivist, CSC**

## **Further imaging in an ED could delay treatment, but device could help monitor deterioration similar to a pupilometer**

*"If we've already determined that the patient has LVO (via CTA/CTP) we don't need further imaging, because we don't want to delay treatment. Other points in the pathway - I think if you're worried about deterioration, that's when it's most helpful on the ward.*

**Vascular Neurologist "Tele-Stroke", CSC**

## **POC for remote areas with accessibility limitations**

*It's a very interesting thing. It doesn't use radiation, so it can be used anywhere the patient is. It's interesting, I can see how such a device can find use in clinical care. I think it can find a role, but especially in a certain point of care where a CAT scan is not available and that's where I can see it can be very useful. Or in remote areas they have a lot of people that don't have access to a hospital and to a CAT scan. Where you need to make a diagnosis on the spot, this seems to be simple enough to do that. In terms of a big hospital, I can see how you can make use of this in certain situations, it seems easy to bring to the ICU to make sure of things very quickly.*

**Neuro Interventional Radiologist, CSC**

## **Would do more than 5 scans a day**

*If you had a 36-bed neuro-surgery unit and you had 4 patients having an event, you'd be using this more than 5 times a day.*

**Stroke Nurse, TCSC**

## SET UP FOR SUCCESS

- We have assembled a team of medtech experts that have successfully done this before
- We have compelling support from the leading minds in stroke care
- Globally there is an increasing demand for Point-of-Care imaging solutions
- Multi-billion-dollar market opportunity in stroke care alone
- Our technology has additional applications for unmet clinical needs in traumatic injury and adjacencies
- Our multiple non-dilutive funding sources provide strong endorsement and offer flexibility to accelerate the commercialization of our product portfolio

### Key Upcoming Catalysts We Are Aiming to Achieve

- Generate positive clinical trial data
- Firm up commercial partnership/s
- Complete 2<sup>nd</sup> Gen advanced prototype fabrication and testing
- Establish commercial manufacturing
- Successful regulatory submissions and approvals process

