

18 November 2024

Companies Announcements Office ASX Limited 10th Floor, 20 Bridge Street SYDNEY NSW 2000

INVESTEE CORTICAL DYNAMICS PRESENTATION

Attached is a presentation by investee Cortical Dynamics at the Health Innovation Frontier Forum on 18th November 2024. This event will showcase the intersection between technology, health and community.

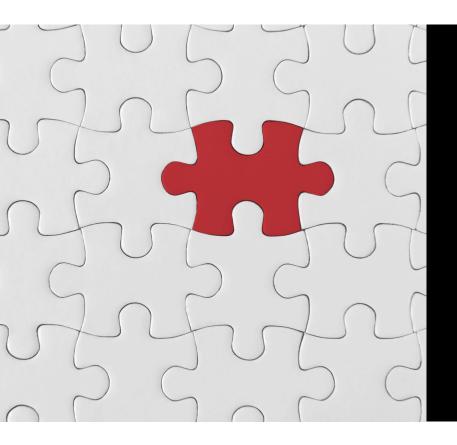
David Breeze (Director) authorised the release of this announcement to the market.

Yours faithfully

David Breeze

Chairman





ADVANCED MEDICAL BRAIN MONITORING



ADVANCED BRAIN ANALYTICS

BARM™

BRAIN ANAESTHESIA RESPONSE MONITOR

CORTICAL DYNAMICS

Cortical Dynamics Ltd is an independent Australian Perth based neurotechnology startup developing innovative brain monitoring technologies and AI based Apps that address a global market exceeding 200 million operations per year where general anaesthetics, analgesics and opioids are administered in the operating room.

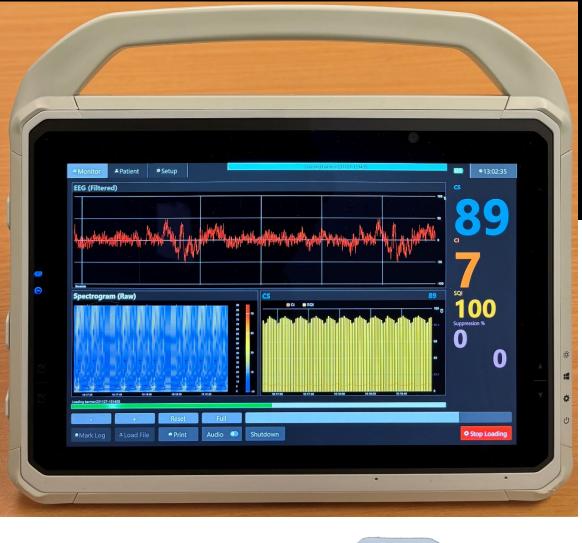
Our Brain Anaesthesia Response Monitor or BARM ™ was specifically developed with leading anaesthesiologists worldwide to solve problems associated with anaesthetic and analgesic delivery in the operating theatre and the negative associated interoperative and post- operative consequences which are not widely known. We plan to take our products to the ICU and ER in due course.

Our generation 1 tech BARM™ is FDA(510k),CE,TGA and Korean MFDS approved. We are finalising development of our gen 2 BARM™ in preparation for clinical trials, regulatory approvals and commercial rollout in 2026



THE G2 SYSTEM







BarSensor locate on mastor

BARM™ is a non-Invasive Class IIb Medical Brain Monitor for use by anaesthetists administering general anaesthesia to patients in the operating theatre

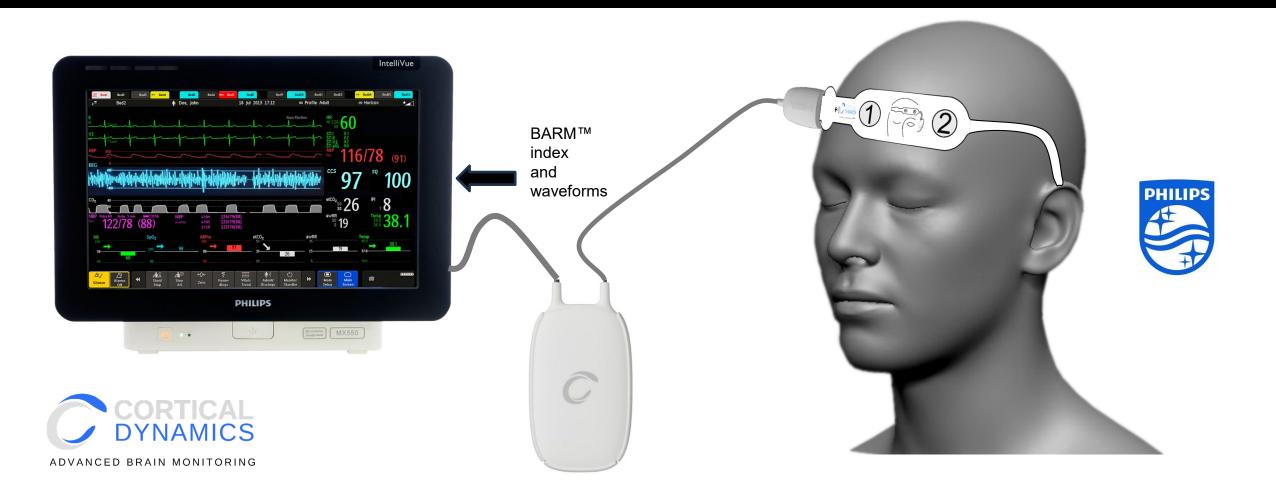


CD BAR sensors collect and conduct electrical signals (EEG) from a patients' forehead and mastoid to the BARM™ Data Acquisition Module which processes the EEG and then feeds the data to the display Monitor as waveforms ,indexes and graphs where they are interpreted by the anaesthesiologist

HOW IT WORKS-SIMPLE AND INTUITIVE



Philips "IntelliVue" monitor "Plug and Play" version



BARMTM Sedation Index



Overdosing and underdosing have serious intraoperative and post operative ramifications

- awareness / early onset of dementia
- o medico-legal

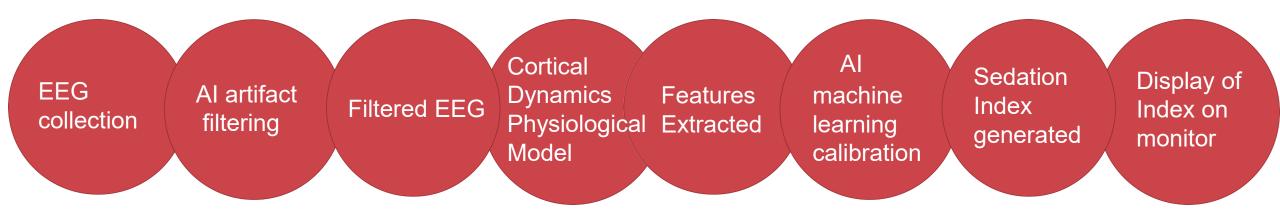
CS INDEX ranges from 100-0

100 fully awake and alert0 heavily overdosed



Under GA patients should kept be in the 60-40 range

BARM™ G2 Combining physiological brain analysis with AI enhancements



BARM ™operates in real time



Patient Age: 45 years old; Weight: 62 kgs; Gender: Male; requiring an El

POTENTIAL OPTIMAL DOSE

Patient Age: 40 years old; Weight: 60 kgs; Gender: Male; requiring an El

POTENTIAL OPTIMAL DOSE

Patient Age: 36 years old; Weight: 60 kgs; Gender: Male; requiring an E.

NO PREDICTION - CAPTURING DATA FROM USERS TO TRAI... Patient Age: 36 years old; Weight: 60 kgs; Gender: Male; requiring an E.

POTENTIAL OPTIMAL DOSE

Patient Age: 40 years old; Weight: 60 kgs; Gender: Male; requiring an El

POTENTIAL OPTIMAL DOSE

Patient Age: 40 years old; Weight: 69 kgs; Gender: Male; requiring an El.

POTENTIAL OPTIMAL DOSE

Patient Age: 45 years old; Weight: 62 kgs; Gender: Male; requiring an El

POTENTIAL OVERDOSE

Patient Age: 45 years old; Weight: 62 kgs; Gender: X; requiring an Elect.

NO PREDICTION - CAPTURING DATA FROM USERS TO TRAI. Patient Age: 40 years old; Weight: 60 kgs; Gender: Male; requiring an El

NO PREDICTION - CAPTURING DATA FROM USERS TO TRAI.

Patient Age: 86 years old; Weight: 60 kgs; Gender: X; requiring an Emer.

POTENTIAL OVERDOSE

Patient Age: 45 years old; Weight: 62 kgs; Gender: Female; requiring an.

NO PREDICTION - CAPTURING DATA FROM USERS TO TRAI.

Patient Age: 33 years old; Weight: 43 kgs; Gender: Female; requiring an.













Al based predictive App that will allow clinicians to optimise drug delivery to patients and more



The Cortical Dynamics Analytics CORDYAN™ App will be uploaded to BARM™, an external tablet or other handheld device.

The App will be used initially in the OR conjunctionally with BARM™ to predict optimal drug dosages based on patient medical history and comparative data, calculate ESG footprint of drugs used, monitor patients post operatively, track TIVA versus inhalation protocols, provide insights into economic usage and wastage of drugs and more

ERAS (enhanced recovery after surgery) is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery focusing on the sparing use of opioids and analgesics

BARMTM

PATIENT OUTCOMES



AND HOSPITAL COSTS



Opioid-sparing techniques are key components to ERAS program. Many patients trace their first exposure to opioids to use during during interoperative and post operative pain relief. ERAS programs can reduce patients 'consumption and reliance on opioids by 60%.

BARM[™] has an important role to play as a part of an ERAS program

2019 - Saint Mary's Hospital, Trinity Health Of New England, in Waterbury, Connecticut USA- Case Study

Saint Mary's Hospital (SMH) implementing an ERAS program improved their outcomes in nearly all surgical specialties, including shortening length of stay (LOS) by 30% to 50%, with similar reductions in complications and decreased readmissions. Compared to standard care, ERAS protocols produced cost savings of up to US\$7,129 per patient.

Improved Clinical Outcomes and a US\$2.25 Million Financial Impact

In July 2018, SMH analysed the impact of the first three years of their EAS program with the following findings:

Atwo-day decrease in the average LOS resulted in increased revenue of US\$750,000 (an increased revenue of nearly US\$5,000 per patient)

Many patients were discharged after 2.3 days. For each one-day decrease in LOS, SMH revenue per patient rose by US\$2,406.

SMH rate of SSIs has dropped from a statistically acceptable rate of 15% in 2014 to less than 2%, resulting in a US\$1.5 million savings

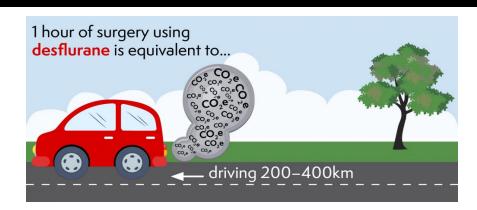
The combined financial impact of EAS program (cost savings plus increased revenue) was US\$2.25 million in its first three years.





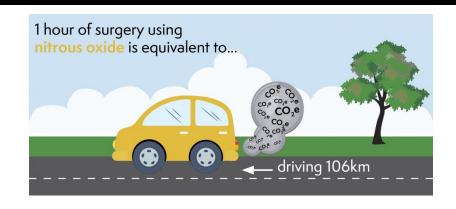
In the USA, the health care sector is responsible for 8.5 percent of the country's greenhouse gas emissions and increasing of which anaesthesia plays a big part. In other 1st world countries, the range is between 3.5-10%

350 million surgeries are performed globally each year



Volatile anaesthetics (inhalation) are greenhouse gases that increase the carbon footprint of healthcare. Modelling studies indicate that TIVA (total intravenous anaesthesia) is $20\,x$ less carbon intensive than volatile anaesthesia, with equivalent quality of care.

TIVA-based strategy is associated with a drastic reduction in the carbon footprint and carbon-related social cost of general anaesthesia



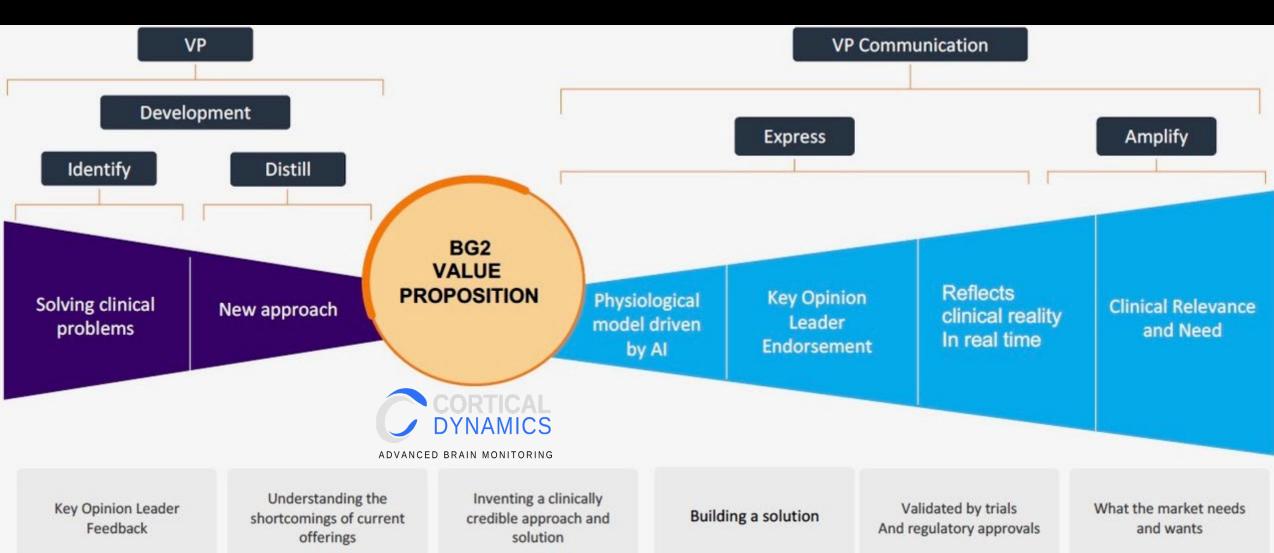


If nitrous oxide (laughing gas) is used as part of your anaesthetic, it significantly increases the environmental effect of your anaesthetic. Using 500ml of nitrous oxide every minute for a procedure lasting an hour will warm the atmosphere by an equivalent of 16kg CO₂. That is the same as driving a small car 106km.

Nitrous oxide is used in large volumes and remains in the atmosphere for 110 years, during which it continues to have a warming effect.

BARM™ and CORDYAN™ are ideally placed to be used in operations utilising TIVA. Real time monitoring, sensitivity to changing patient conditions, accurate predictive feedback and the potential to be used with pump delivery systems can play a big role in reducing a hospital's carbon footprint and associated costs

BARMTM Value Proposition



BETTER PATIENT OUTCOMES



BARM™ and CORDYAN™ will help clinicians to deliver better patient experiences and outcomes, contribute to reduced patient and hospital costs and play a vital role in reducing Co2 emissions

www.corticaldynamics.com

























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