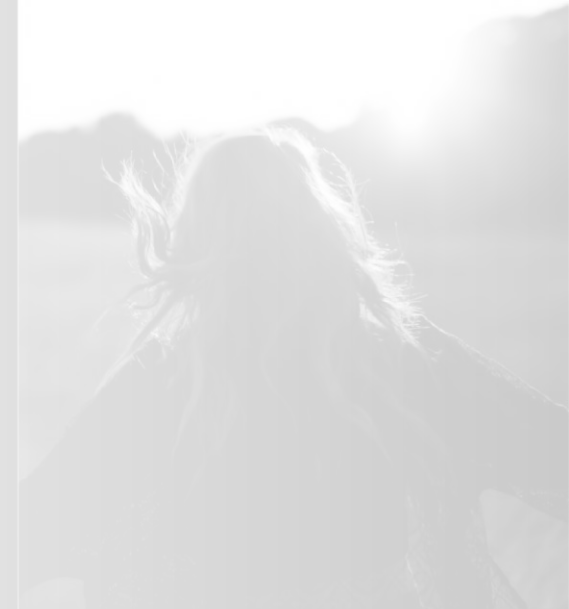




**Company presentation**



# Disclaimer

- This presentation may contain certain forward-looking statements and forecasts based on uncertainty, since they relate to events and depend on circumstances that will occur in the future and which, by their nature, will have an impact on BrainCool's business, financial condition and results of operations. The terms "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward-looking statement. There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in a forward-looking statement or affect the extent to which a particular projection is realized. Factors that could cause these differences include, but are not limited to, implementation of BrainCool's strategy and its ability to further grow, risks associated with the development and/or approval of BrainCool's products candidates, ongoing clinical trials and expected trial results, the ability to further commercialize BrainCool's products, technology changes and new products in BrainCool's potential market and industry, the ability to develop new products and enhance existing products, the impact of competition, changes in general economy and industry conditions and legislative, regulatory and political factors.
- No assurance can be given that such expectations will prove to have been correct. BrainCool's disclaims any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

## Our Purpose

# Saving Brain. Preserving Life.

### Our Mission

Improve the life of patients with stroke, cardiac arrest and cancer

### Strategic Plan



- Establish therapies for stroke, sudden cardiac arrest and oncology based on the platform technology of BrainCool
- Drive commercial adaption
- Advance clinical trial and HTAs



# BrainCool in Short

Three approved targeted temperature management (TTM) products with global market potential



**BrainCool™  
IQool™**

Indication: Cardiac Arrest, Neurology

Proof of Concept 

CE Marking 

FDA Approval 



**Rhino Chill®**

Indication: Cardiac Arrest, Stroke

Proof of Concept 

CE Marking 

FDA Approval 2023-2025



**Cooral®**







Indication: Oral Mucositis

Proof of Concept 

CE Marking 

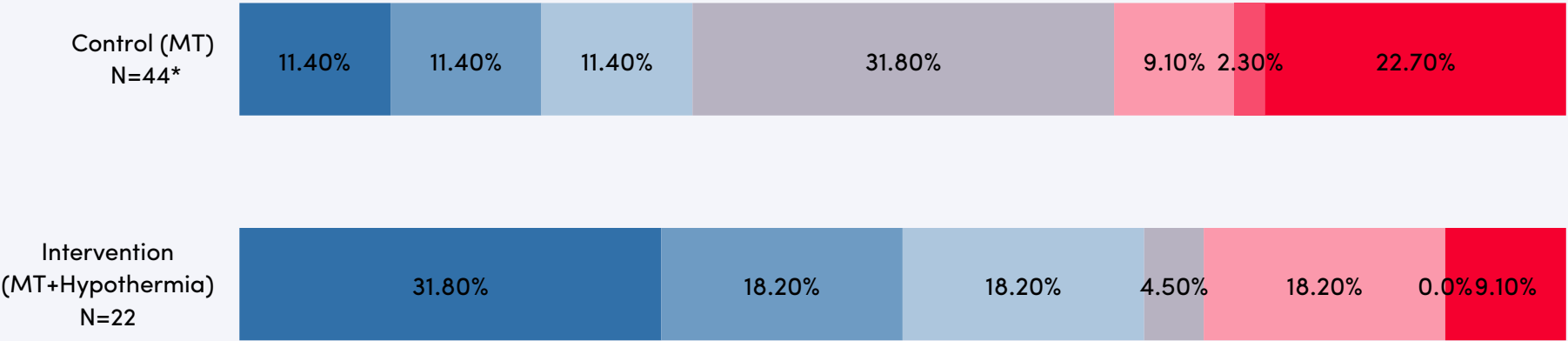
FDA Approval 

# Platform Technology Driving Robust Clinical Pipeline

THERAPY	INDICATION	TRIAL	DEVICE	PILOT	PIVOTAL	APPROVED	REIMBURSMENT
Stroke	Thrombectomy	COTTIS 1	 RhinoChill+BrainCool	completed		(2025)	(2027)
		COTTIS 2		enrolling			
	Temperature regulation	Retrospective clinical data	 BrainCool System			FDA CE	Non reimbursable
Sudden Cardiac Arrest	Pre-hospital cooling	PRINCESS 1	 RhinoChill			CE	
		PRINCESS 2		enrolling		(2027)	(2029)
	Temperature regulation	TTM 2-Sub study	 RhinoChill+BrainCool	completed			Non reimbursable
Oncology	Chemotherapy induced oral mucositis (CIOM)	NORDIC trial in CIOM	 COORAL			FDA	
		Reimbursement US trial in CIOM		planned		(2023)	(2025-2026)
	Radiotherapy induced oral mucositis (RIOM)	Radiation study Basel in RIOM 1	 COORAL	completed			
		Radiation study Basel in RIOM 2		planned		(2027)	(2029)

# EU Grant of €3M – Stroke

Combination of Targeted temperature management and Thrombectomy after acute Ischemic Stroke (COTTIS I)






Distribution of mRS Percentage After 3 Months

MT = Mechanical Thrombectomy  
\*Calculated based on Pair-Matched Analysis, out of 650 patients treated at same site

# Market & Pricing Assumption

Breakthrough Therapy Products

	NeuroChill	RhinoChill	Cooral in CIOM*
Market Approval & Launch	2025 (€2,000/patient) Dist price €3,000	2027 (€800/patient) Dist price €1,200	2023 No launch on non reimbursed market
Reimbursement	2027 (€4,000/patient)	2029 (€1,600/patient)	2026 (\$500/treatment) Dist price €700
Opportunity	Potential value: €7,000/patient	Potential value: €2,400/patient	Margin of 95% +
			

\*New oncology indications added in 2029 plan (RIOM, solid tumors)

# BrainCool™ System





# BrainCool™ System



Brain & Body  
Cooling



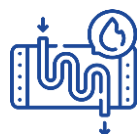
Reduce Brain  
Damage



One Pad set  
for Continuity  
of Care



Independent  
Zone Control



Incredible  
Heat  
Exchange



Easily Applied  
& Pre-filled



Non-  
adhesive/Soft  
Silicone



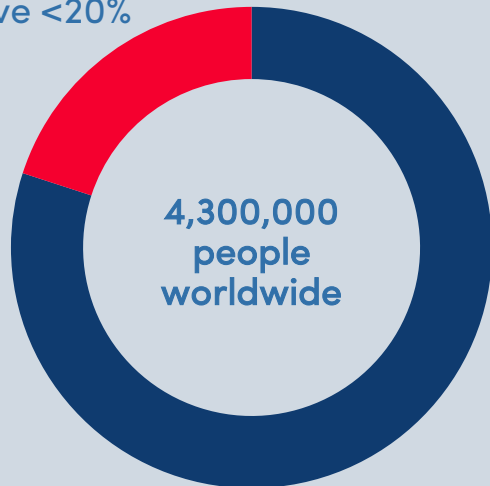
Cleanable



# Each year millions of people suffer brain damage following Sudden Cardiac Arrest (SCA)

## 1. Annual SCA events

Survive <20%



4,300,000  
people  
worldwide

Die >80%

## 2. Annual healthcare expenses

**\$150K**  
per patient (direct costs)

**\$5,6M**  
per patient (indirect costs)

 **\$50-60B**  
in US 

## 3. Need for high quality TTM system

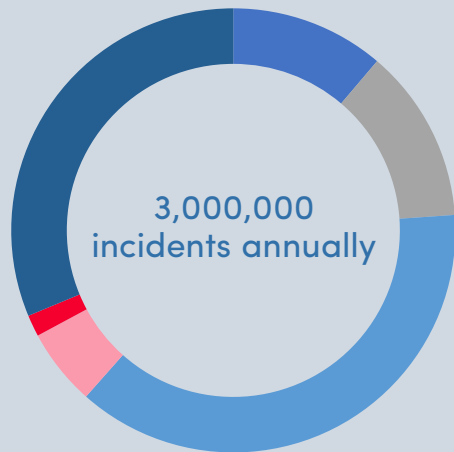


### Cooling in ICU:

- × Initiated 2-3 hours after resuscitation
- × Long time to reach target temperature
- × Does not improve survival compared to controls

# Each year millions of people suffer from neurogenic fever in neuro-intensive care unit (NICU)

## 1. Annual incident (3,000,000)



■ Cardiac arrest   ■ Traum brain inj.   ■ Stroke  
■ Hemorrhagic   ■ Subarachnoid   ■ Acute MI

## 2. Current practice for fever control

### Who and how long?

**Subarachnoid hemorrhage**

10-14 days

**TBI**

5-7 days

**Ischemic stroke & ICH**

3-6 days

**Cardiac arrest, Spinal cord injury**

2-3 days

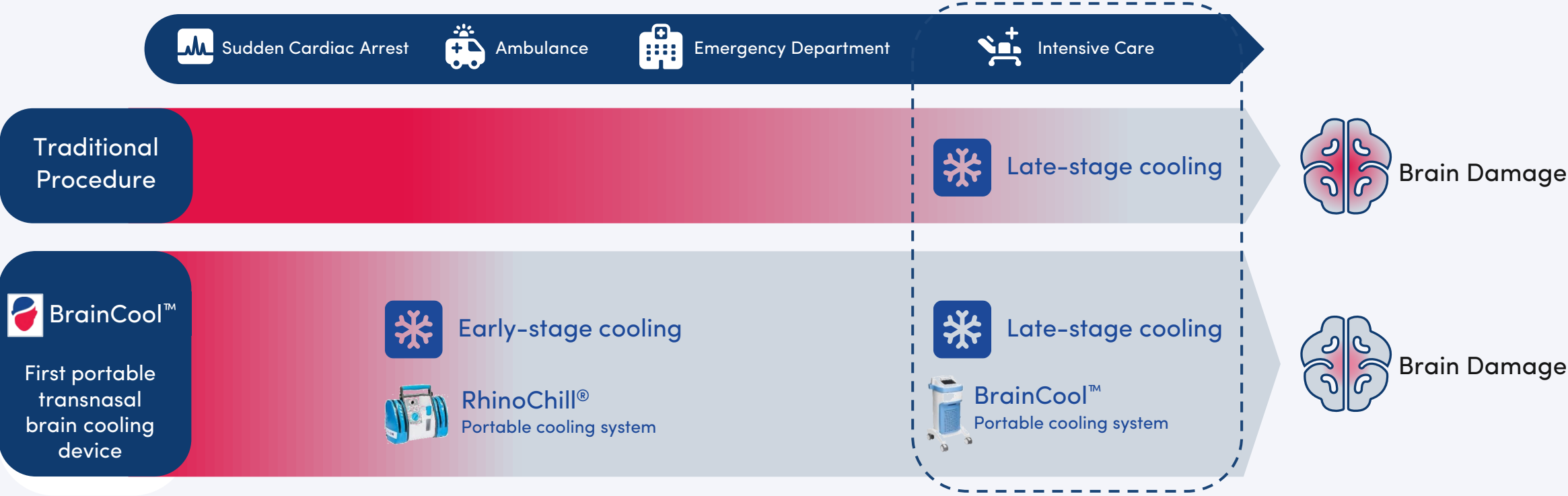
## 3. Market requirement



**Fever control in NICU:**

× **Need for cost efficient and high quality TTM system**

# BrainCool™ System Following Cardiac Arrest





## Impact & Health Economic Benefits

Use of BrainCool™ System in temperature regulation for humans (32–39°C) where indicated by clinicians.

- Standard of care driven by guidelines
- Sudden Cardiac Arrest (350K US patients per year)
- Treatment of neurological fever (3M US patients per year)
- Non-reimbursable market (except Japan and South Korea)

# Market Protection



- **Patented features:**
  - Shivering, independent zone cooling and fever management algorithm
- **Internal development of acceptance as High Quality TTM product**
  - Regulatory pathway: increasingly difficult FDA & EU MDR system
  - If development time is 2–3 years, the quality and regulatory pathway has reached up to additional 4–5 years, and added clinical acceptance of 2 years
- **Secures time frame to establish product to market**



- **Competitors entering the market through M&A, taking product to high quality TTM have failed.**
  - Stryker acquiring Gaymar (Gaymar Ind, August 2010)
  - ZOLL acquiring Philips Innercool (ZOLL Medical Corporation, Nov 2014)
  - Belmont acquiring CritiCool (Mennen Medical , June 2018)

Stryker Corporation announces definitive agreement to acquire Gaymar Industries (newsmedical.net)

<https://www.zoll.com/news-releases/2014/11/17/zoll-announces-acquisition-philipsinnercool-temperature-management>

Belmont Instrument, LLC Announces the Acquisition of MTRE Advanced Technologies Ltd. (prnewswire.com)

# Sales Breakthrough

BrainCool/IQOOL System – first product to market



- **Sales**
  - 2022 MSEK 20+
  - 2023 ambition MSEK 40+
  - 2025 ambition MSEK 100+



- BrainCool one of 3 high quality TTM products
- Expand to neurological fever
- GPO and Healthcare systems



- **Partnership with ZOLL**



- Several international TTM clinical trials supporting market expansion:
  - Time window of treatment
  - Implementing BrainCell



# Agreement Summary with ZOLL

- ✓ Partner agreement for BC/IQOOL System
- ✓ Market of neurological fever
  - Non-invasive product
  - High quality TTM product required
- ✓ Distribution agreement replaces direct sales markets
  - US & DACH (Germany, Austria, Switzerland) – Not a global agreement
  - Firm order of 100 MSEK+ (irrevocable orders)
  - Minimum 350 Systems & 8-10k one-time use consumables – drive COGS / Supply Chain
- ✓ Distribution agreement
  - Ex works delivery to ZOLL global supply chain center Netherlands
  - 7-year agreement with annual commitment
  - Goal to implement product as market leader
- ✓ BrainCool to implement global distribution strategy
- ✓ US Operations set to close



# Action Plan to Increase Market Share

## Structure Deal



- Firm upfront order of 100 MSEK+
- Implement supply chain plan & COGS reduction
- Final assembly & tests – transferred to strategic production partners
- Ex works delivery

## Referrals from Current Customers



- Target accounts
- New states
- KOLs established in US & DACH

## Company Strategy



- US market strong potential
- EU market – develop DACH market goal implementation of guidelines in Europe
- Potential expansion of territories
- Therapy strategy of BrainCool benefits of the partnership

## Expansion of Sales & Clinical Force

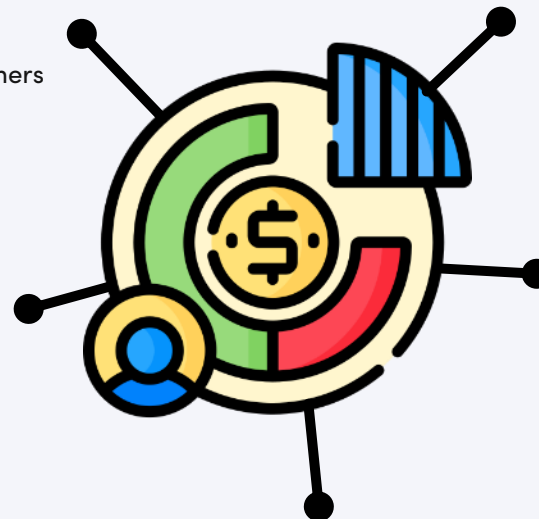


- US 40 FTE/DACH 20 FTE
- Cooperation of other arms of ZOLL for leads generation
- Strong clinical sales team: focus on implementation & increase usage

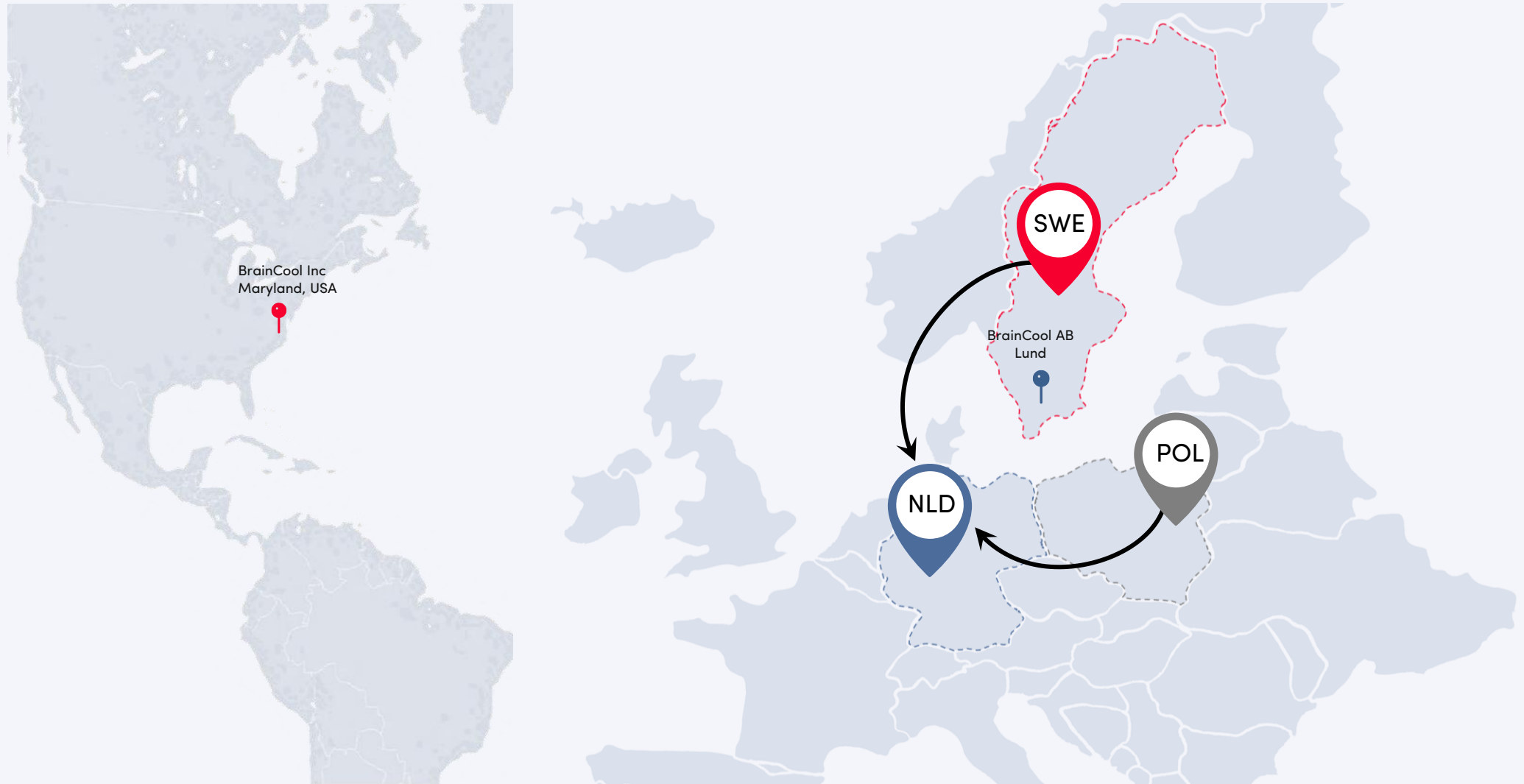
## Pricing Strategy



- New agreements
- Increase end user pricing
- Bundle with other partner products in same agreement and IND's

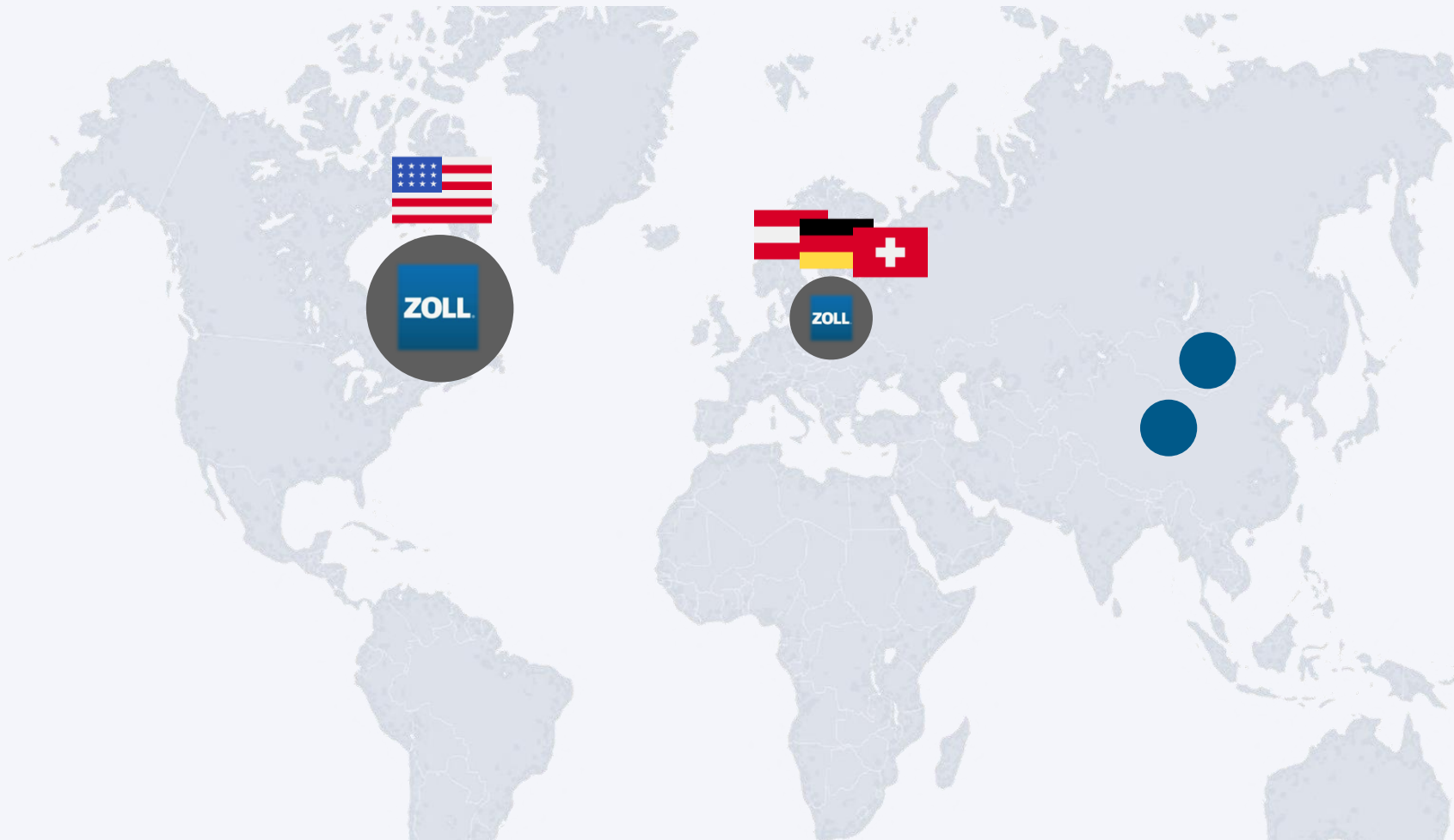


# Ex works Supply Chain



# Brain Cooling Sales Strategy – Distribution

Through combining direct sales and distributors, BrainCool ensures longterm global reach and high margins



1

**ZOLL**

- US Market
- DACH region


2

**ROW**

- South Korea & Vietnam
- Other market potential


# Updated Regulatory Guidelines – 2021

Importance of early medical cooling after SCA



## Resuscitation

journal homepage: [www.elsevier.com/locate/resuscitation](http://www.elsevier.com/locate/resuscitation)



### European Resuscitation Council and European Society of Intensive Care Medicine Guidelines 2021: Post-resuscitation care<sup>☆</sup>

Jerry P. Nolan<sup>a,b,1,\*</sup>, Claudio Sandroni<sup>a</sup>, Tobias Cronberg<sup>g</sup>, Hans Friberg<sup>h</sup>, Cori Gisela Lilja<sup>i</sup>, Véronique R.M. Moulaert<sup>n</sup>, Theresa Mariero Olasveengen<sup>o</sup>, Markus

<sup>a</sup> University of Warwick, Warwick Medical School, Coventry CV4

<sup>b</sup> Royal United Hospital, Bath, BA1 3NG, UK

<sup>c</sup> Department of Intensive Care, Emergency Medicine and Anaes

<sup>d</sup> Institute of Anaesthesiology and Intensive Care Medicine, Uni


ICM RAP

### ERC-ESICM guidelines on temperature control after cardiac arrest in a

Claudio Sandroni<sup>1,2\*</sup>, Jerry P. Nolan<sup>3,4</sup>, Lars W. Andersen<sup>5,6,7</sup>, Bernd W. Tobias Cronberg<sup>10</sup>, Hans Friberg<sup>11</sup>, Cornelia Genbrugge<sup>12,13</sup>, Gisela Lilja Theresa M. Olasveengen<sup>16</sup>, Markus B. Skrifvars<sup>17</sup>, Fabio S. Taccone<sup>18</sup> and

#### POST RESUSCITATION CARE 2021

#### 5 TOP MESSAGES



##### 1. After ROSC use ABC approach

- Insert an advanced airway (tracheal intubation when skills available)
- Titrate inspired oxygen to an SpO<sub>2</sub> of 94-98% and ventilate lungs to achieve normocapnia
- Obtain reliable intravenous access, restore normovolaemia, avoid hypotension (aim for systolic BP > 100mmHg)

##### 2. Emergent cardiac catheterisation +/- immediate PCI after cardiac arrest of suspected cardiac origin and ST-elevation on the ECG

##### 3. Use targeted temperature management (TTM) for adults after either OHCA or IHCA (with any initial rhythm) who remain unresponsive after ROSC

4

## Circulation

Volume 132, Issue 25, 4 October 2015; Pages 2448-2456

<https://doi.org/10.1161/CIR.0000000000000313>



## ILCOR ADVISORY STATEMENT

### Temperature Management After Cardiac Arrest

An Advisory Statement by the Advanced Life Support Task Force of the International Liaison Committee on Resuscitation and the American Heart Association Emergency Cardiovascular Care Committee and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation

Michael W. Donnino, MD, MS, Jerry Reynolds, MD, MS, Jerry MBBS, FRACP, FANZCA, Theodoros Xanthos, MD, MD, PhD\*, Jasmeet Soar


**ABSTRACT:** For more than a century, the standard of care for patients with cardiac arrest with an initial


cal function for those receiving induced hypothermia.<sup>4-7</sup> After 2 human randomized trials published in 2002,<sup>8,9</sup> the International Liaison Committee on Resuscitation (ILCOR) recommended in 2003 that “unconscious adult patients with spontaneous circulation after out-of-hospital cardiac arrest (OHCA) should be cooled to 32°C to 34°C for 12 to 24 hours when the initial rhythm was [ventricular fibrillation] VF” and that “such cooling may also be beneficial for other rhythms or in-hospital cardiac arrest” (IHCA).<sup>10</sup> Similar recommendations were provided in the “2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment



# Updated Regulatory Guidelines – 2023

Importance of early medical cooling after neurogenic fever





BRITISH JOURNAL OF ANAESTHESIA

British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)

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doi: 10.1016/j.bja.2023.04.030  
Advance Access Publication Date: xxx  
Special Article

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SPECIAL ARTICLE

## Targeted temperature management in patients with intracerebral haemorrhage, subarachnoid haemorrhage, or acute ischaemic stroke: updated consensus guideline recommendations by the Neuroprotective Therapy Consensus Review (NTCR) group

Andrea Lavinio<sup>1,\*</sup>, John Andrzejowski<sup>2</sup>, Ileana Antonopoulou<sup>3</sup>, Jonathan Coles<sup>1,4</sup>, Pierce Geoghegan<sup>5</sup>, Kyle Gibson<sup>6</sup>, Sandeep Gudibande<sup>7</sup>, Carmen Lopez-Soto<sup>8</sup>, Randeep Mullhi<sup>9</sup>, Priya Nair<sup>10</sup>, Vijai P. Pauliah<sup>10</sup>, Aoife Quinn<sup>1</sup>, Frank Rasulo<sup>11</sup>, Andrew Ratcliffe<sup>12</sup>, Ugan Reddy<sup>6</sup>, Jonathan Rhodes<sup>13</sup>, Chiara Robba<sup>14</sup>, Matthew Wiles<sup>2</sup> and Ashleigh Williams<sup>15</sup>



British Journal of Anaesthesia



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NEUROSCIENCE AND NEUROANAESTHESIA | VOLUME 121, ISSUE 4, P768-775, OCTOBER 2018 [Download Full Issue](#)

## Targeted temperature management in patients with intracerebral haemorrhage, subarachnoid haemorrhage, or acute ischaemic stroke: consensus recommendations

P.J.D. Andrews • V. Verma • M. Healy • ... J. Andrzejowski • A. Foulkes • S. Canestrini •

[Show all authors](#)

[Open Archive](#) • Published: July 25, 2018 • DOI: <https://doi.org/10.1016/j.bja.2018.06.018>

A paramedic in a white uniform with a Star of Life patch is kneeling on a grey floor, operating a RhinoChill medical device. The device is a portable cooling unit with various cables and connectors. The background is a plain, light-colored wall. The entire image is overlaid with a dark blue semi-transparent layer.

# RhinoChill<sup>®</sup> Cardiac Arrest

# RhinoChill®

Ultra-portable and easy to use innovation for fast & safe reduction of brain temperature



## Ultra-Portable

Easily carried by medical personnel, stored in EMS vehicles



## Ease of Use

Set-up within 2 minutes & no preparation required



## Safety

Non-invasive & no risk of severe side effects



## Speed

Reduction of 2°C of brain temp within 45 mins



## Within 60 minutes

2.6°C brain & 1.6°C core temperature reduction

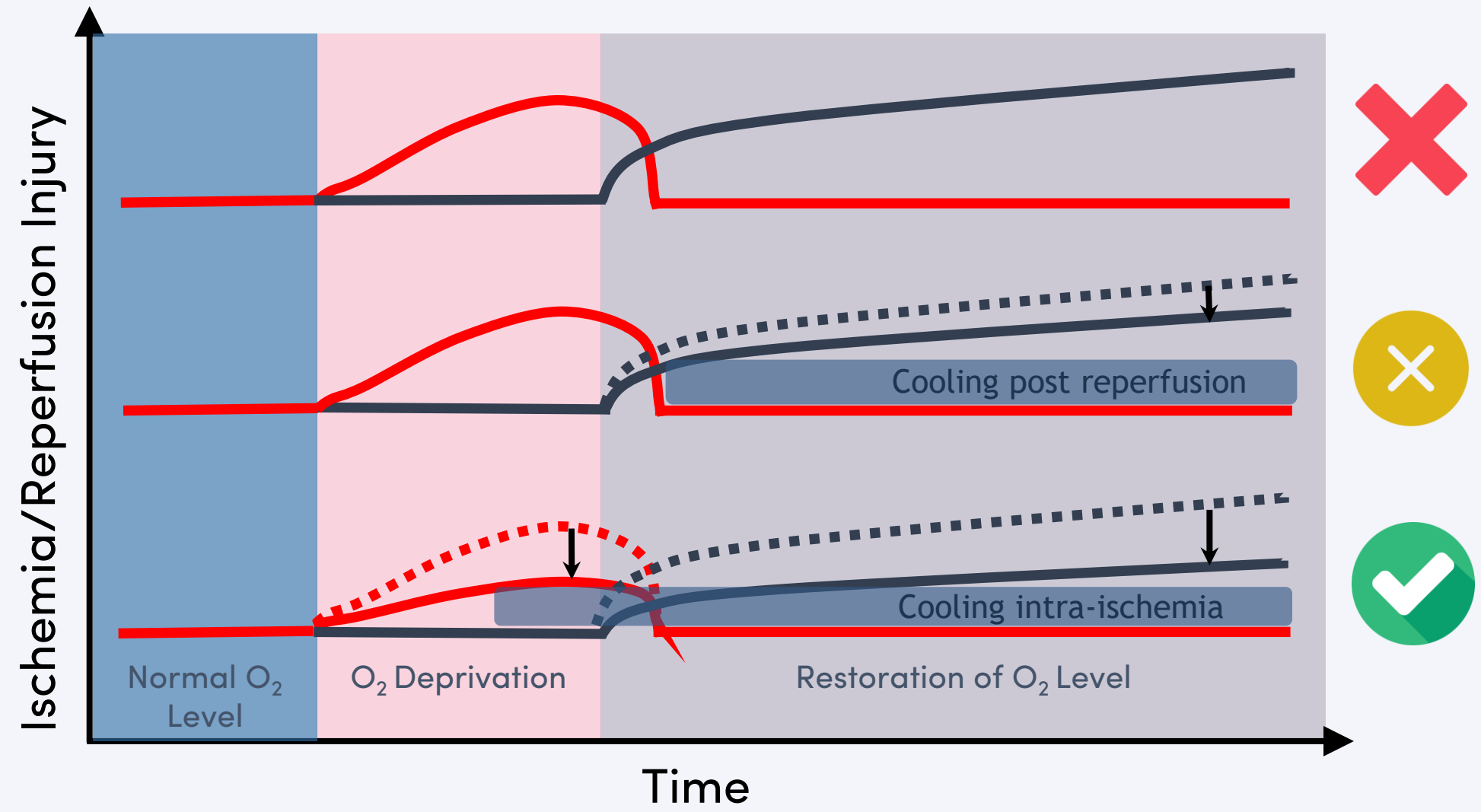


Gas

Coolant

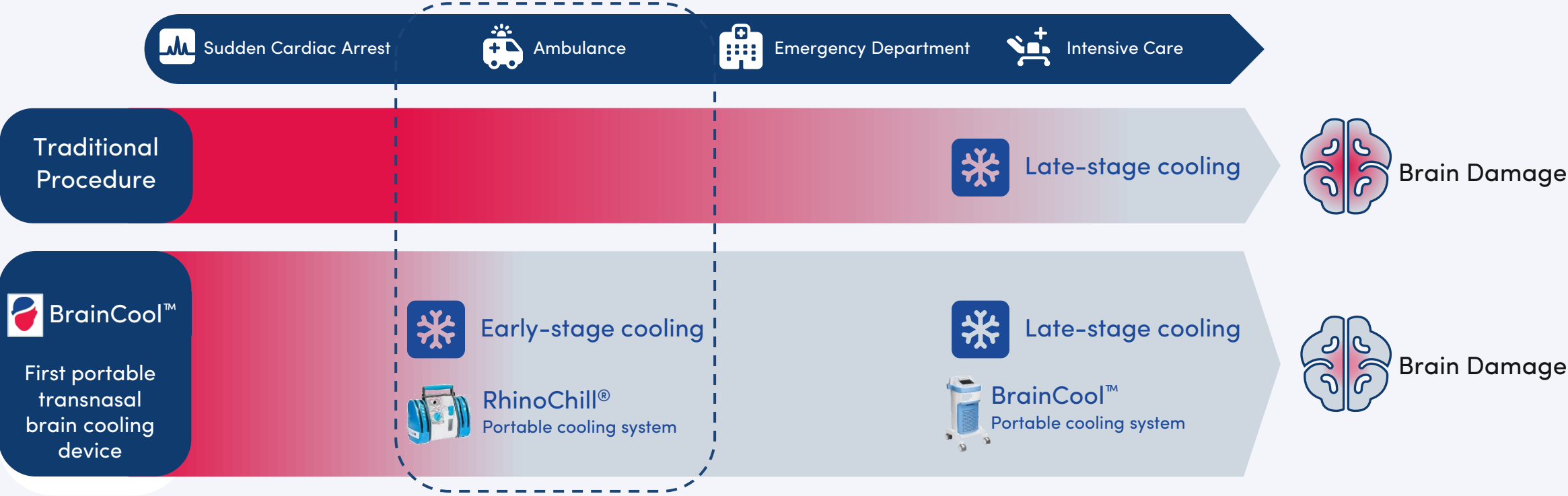


# Effects of Hypothermia on Ischemia/Reperfusion Injury





# RhinoChill<sup>®</sup> Following Cardiac Arrest



# Previous Clinical Trials in Cardiac Arrest

**Original Investigation | Caring for the Critically Ill Patient**  
May 7, 2019

**Effect of Trans-Nasal Evaporative Intra-arrest Cooling on Functional Neurologic Outcome in Out-of-Hospital Cardiac Arrest**  
The PRINCESS Randomized Clinical Trial

Per Nordberg, MD, PhD<sup>1</sup>; Fabio Silvio Taccone, MD, PhD<sup>2</sup>; Anatolij Truhlar, MD, PhD<sup>3</sup>; et al

Author Affiliations | Article Information  
JAMA. 2019;321(17):1677-1685. doi:10.1001/jama.2019.4149

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Home > Circulation > Vol. 122, No. 7 > Intra-Arrest Transnasal Evaporative Cooling

**Intra-Arrest Transnasal Evaporative Cooling**  
A Randomized, Prehospital, Multicenter Study (PRINCE: Pre-ROSC IntraNasal Cooling Effectiveness)

Maaret Castrén, Per Nordberg, Leif Svensson, Fabio Taccone, Jean-Louis Vincent, Didier Desnoes, Frank Eichweide, Pierre Mols, Thomas Schwach, Michel Vergara, Christian Storm, Antonio Pesenti, Jean-Paul Fabian, Fabien Guiraud, Thomas Blot, Markus Reussler, Harald Fritz, Peter-Jan Dornes, Hans-Jörg Borch, Becky Jendryaszek and Denise Barbut

Originally published 2 Aug 2010 | <https://doi.org/10.1161/CIRCULATIONAHA.109.831681> | Circulation. 2010;122:729-738

August 17, 2010  
Vol 122, Issue 7

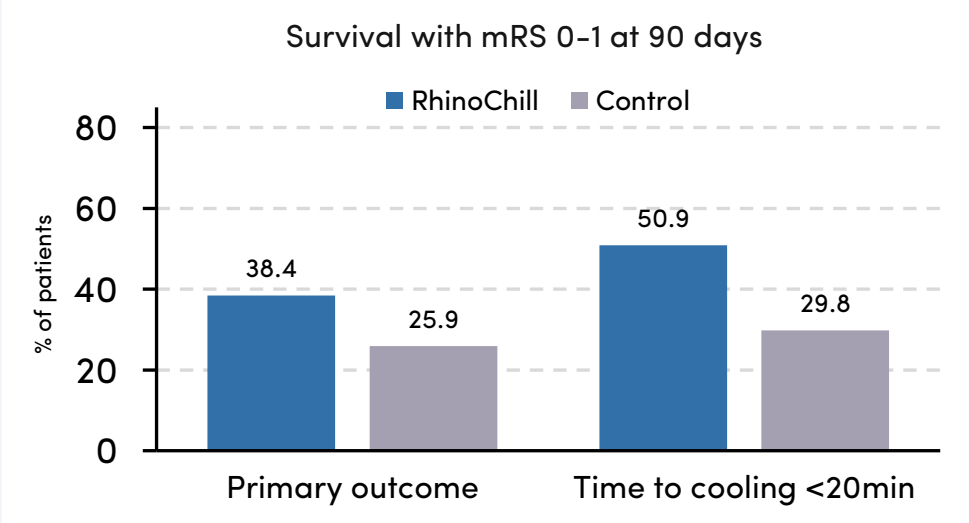
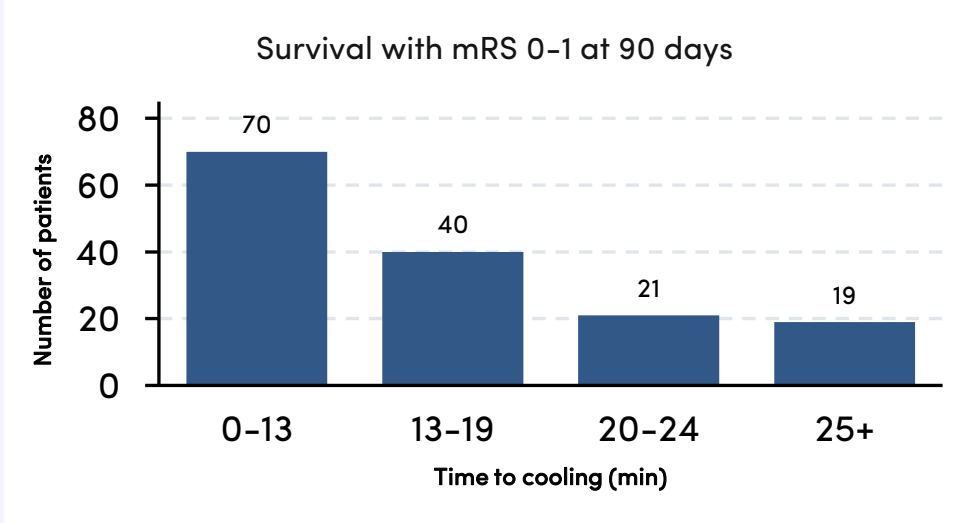
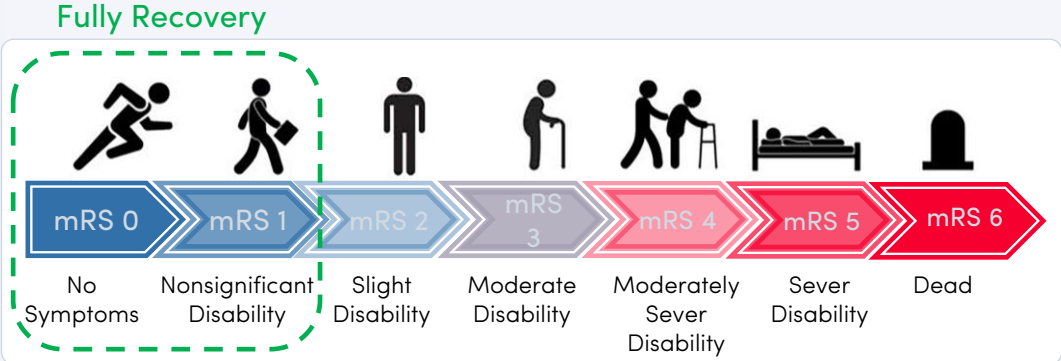
**INTENSIVE CARE MEDICINE**  
Springer

*Intensive Care Med.* 2020; 46(7): 1361–1370. PMID: 32514590  
Published online 2020 Jun 8. doi: [10.1007/s00134-020-06024-3](https://doi.org/10.1007/s00134-020-06024-3)

PMCID: PMC7334260  
PMID: 32514590

**Time to intra-arrest therapeutic hypothermia in out-of-hospital cardiac arrest patients and its association with neurologic outcome: a propensity matched sub-analysis of the PRINCESS trial**

Akil Awad,<sup>1</sup> Fabio Silvio Taccone,<sup>2</sup> Martin Jonsson,<sup>1</sup> Sune Forsberg,<sup>1</sup> Jacob Hollenberg,<sup>1</sup> Anatolij Truhlar,<sup>3,4</sup> Mattias Ringh,<sup>1</sup> Benjamin S. Abella,<sup>5</sup> Lance B. Becker,<sup>6,7</sup> Jean-Louis Vincent,<sup>2</sup> Leif Svensson,<sup>1</sup> and Per Nordberg<sup>2†</sup>



A close-up photograph of a doctor's hands holding a bright red heart. The doctor is wearing a white lab coat over a blue shirt, and a stethoscope is visible around their neck. The background is blurred, focusing attention on the heart and the doctor's hands.

## PRINCESS I Trial Conclusion

Earlier cooling with RhinoChill  
improves survival in SCA

# Ongoing Clinical Trial in Cardiac Arrest



- 8 European countries
- >920 patients
- Expected start date: 2023
- Primary outcome: Survival with complete neurologic recovery at 90 days (mRS 0-1)

## Hypotheses

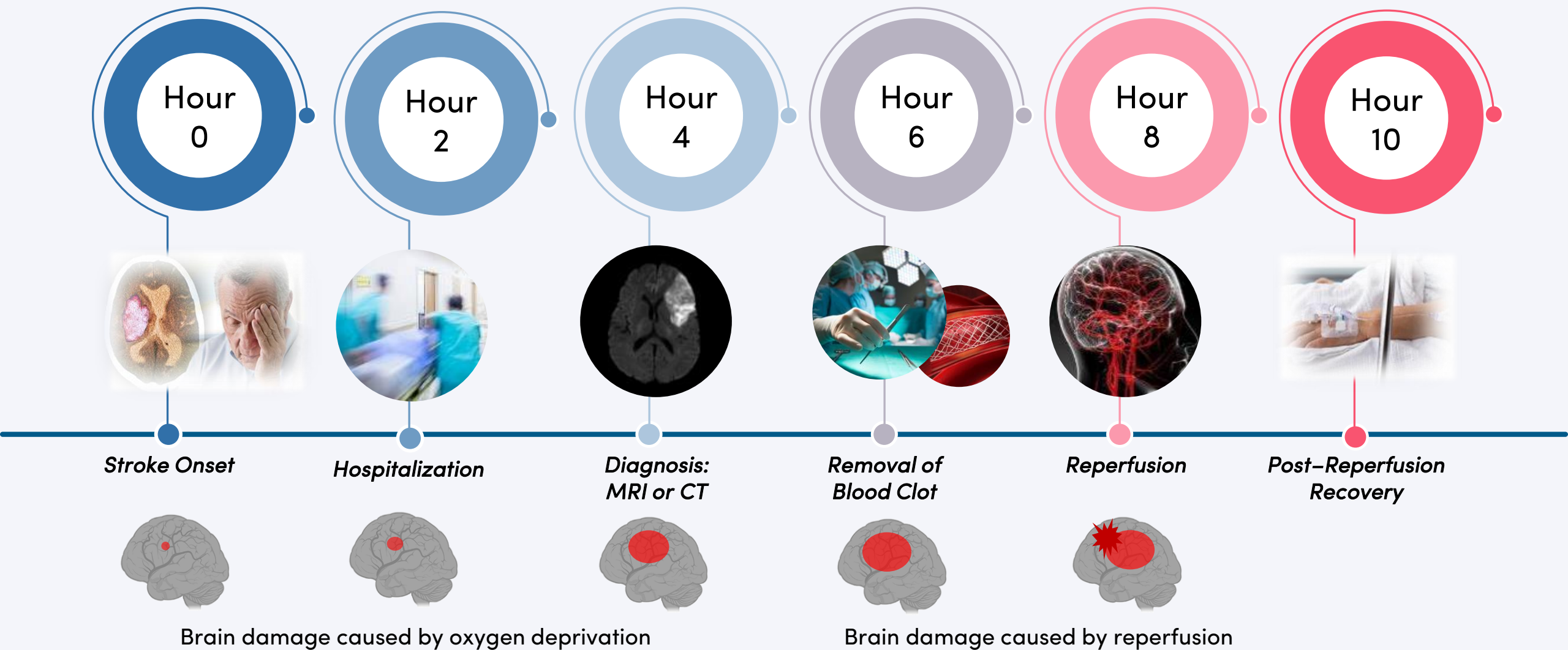
*Hypothermia initiated as early as possible in OHCA patients with initial shockable rhythms increases survival with good neurologic outcome and complete recovery compared to normothermia at ICU*

A paramedic in a white uniform with a Star of Life patch is kneeling on a grey floor, operating a RhinoChill medical device. The device is a portable cooling unit with a control panel and a large cooling chamber. Various medical supplies, including a black bag and a white container, are scattered on the floor nearby. The background is a plain, light-colored wall.

# RhinoChill® Stroke

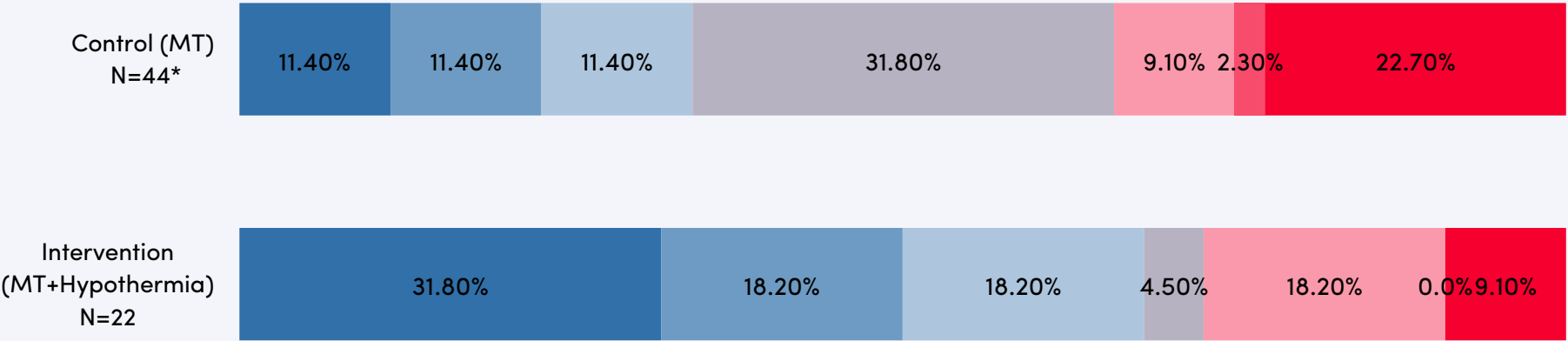


# Brain Damage Following Stroke



# Previous Clinical Trial in Stroke

Combination of Targeted temperature management and Thrombectomy after acute Ischemic Stroke (COTTIS I)



Distribution of mRS Percentage After 3 Months

MT = Mechanical Thrombectomy  
\*Calculated based on Pair-Matched Analysis, out of 650 patients treated at same site

# COTTIS-1 Trial Conclusion



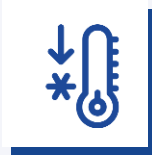
## Effective & Safe

RhinoChill enables effective & safe hypothermia



## Better Recovery

Improved neurologic outcome in patients



## Fast

RhinoChill significantly shortened time to target temperature (35°C) prior to reperfusion





# Ongoing Clinical Trial in Stroke



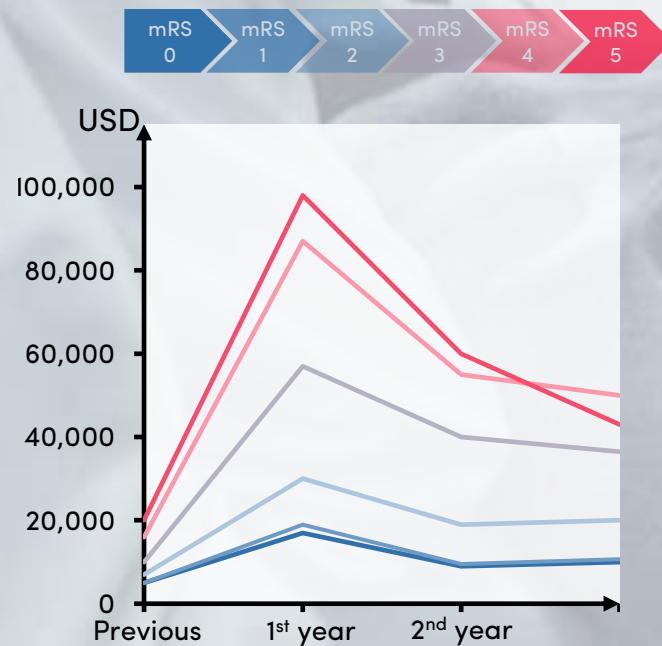
## COTTIS 2

- Germany 5 site
- >400 patients
- Expected start date: 2023
- Primary outcome: Improvement of neurological outcome measured by mRS at day 90 after stroke onset.

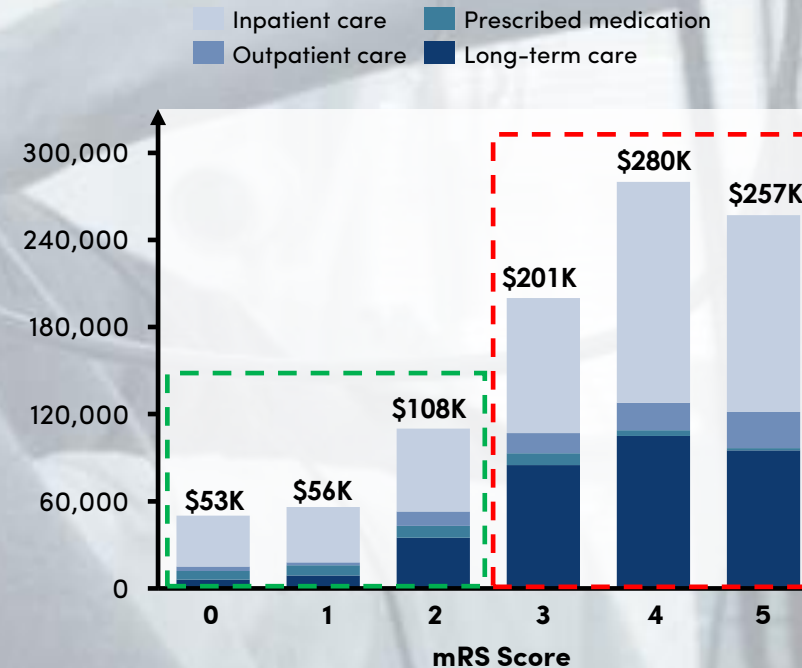


# Long-Term Costs of Stroke Care based on 3-month mRS

## Annual costs



## 5-year cumulative costs



Patient release at mRS 0-1 results on **hospital savings of \$10,000 – \$80,000 per patient yearly**

# Market Protection

Strong patent portfolio & trademark

1. Methods and devices for non-invasive cerebral and systemic cooling alternating liquid mist/gas for induction and gas for maintenance
2. Methods and devices for non-invasive cerebral and systemic cooling
3. Cooling of localized areas of the body for cerebral blood flow augmentation



4. Methods and devices for non-invasive cerebral and systematic cooling of the nasal cavity



5. A portable cooling device for administering a coolant to a bodily cavity



A woman is seated in a chair, holding a thin, vertical device in her mouth. The device appears to be a dental or medical instrument. The background is a blurred indoor setting. The entire image is overlaid with a semi-transparent blue filter. The word "Cooral" is written in a large, white, sans-serif font across the center of the image, with a registered trademark symbol (®) to its upper right.

Cooral®

# Cooral<sup>®</sup>

Prevents problem of oral mucositis

## How does it work?

- A mouthpiece connected to cooling unit
- Circulates coolant in mouthpiece
- Coolant is 8°C ±3°C during treatment
- Mouthpiece is easy to use and works for all patients.

## What does it do?

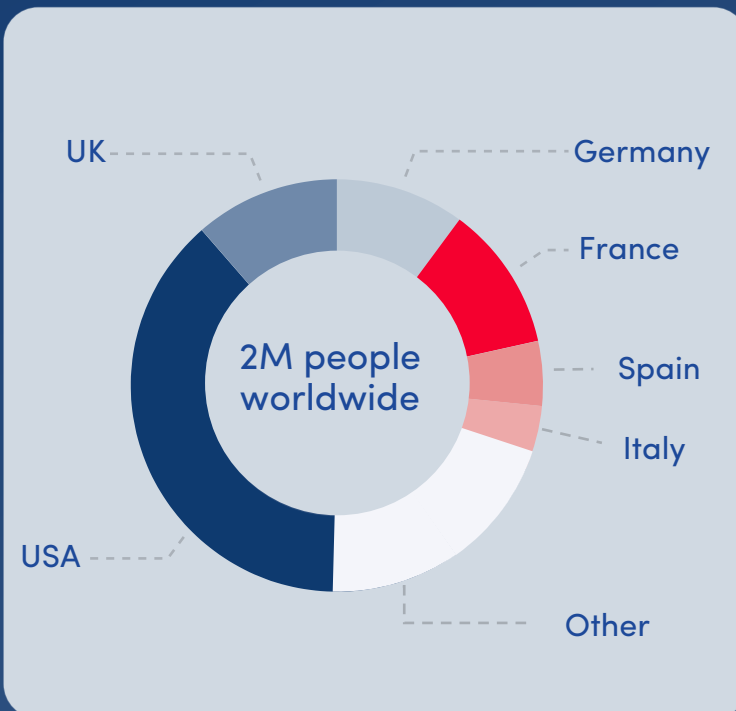
- Uses cryotherapy to reduce blood flow to oral cavity
- Slows down metabolism
- Reduces the risk of developing oral mucositis
- Used during chemotherapy treatment



# Oral Mucositis

Serious side effect of cancer treatment affecting 40–80% of chemotherapy-treated patients

## 1. Oral mucositis (OM) cases



## 2. Healthcare costs



### Lymphoma Hematology

**\$70K**  
per patient (Grade 4 OM)

**\$ 350K**  
per patient (Grade 5 OM)

## 3. Unmet medical need



### Oral mucositis leads to:

- Increased hospital days
- Reliance on Total Parenteral Nutrition (TPN)
- Need of morphine
- Reduced or incomplete cancer treatment
- Decreased quality of life



# FDA Grants Breakthrough Designation & De Novo Approval to Cooral<sup>®</sup>

- First-to-market product in the USA
- Relieves the problem of oral mucositis
- Prevents oral mucositis
- Virtually no side effects<sup>(1)</sup>



 U.S. Food and Drug Administration  
Protecting and Promoting Public Health

[www.fda.gov](http://www.fda.gov)

## ***De Novo Program***

# Impact & Benefits





# Previous Clinical Trials

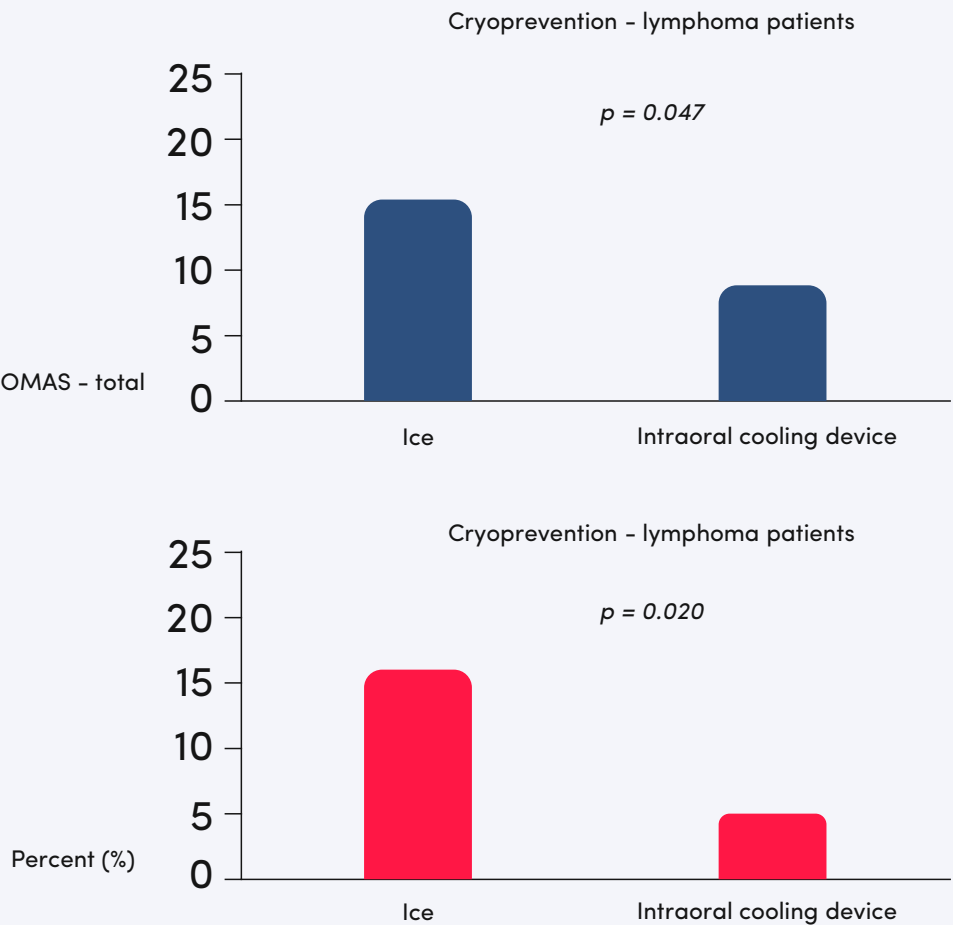
Cryotherapy is an effective strategy to prevent chemotherapy-induced oral mucositis

Clinical Trial > Bone Marrow Transplant. 2022 Feb;57(2):191-197.  
doi: 10.1038/s41409-021-01512-6. Epub 2021 Nov 3.

**Efficacy of a novel device for cryoprevention of oral mucositis: a randomized, blinded, multicenter, parallel group, phase 3 trial**



N = 182  
Myeloma (N= 156)  
Lymphoma (N = 26)



The conventional cooling method of using ice was shown to be significantly improved by the use of the intraoral cooling device (Cooral), both regarding prevention of oral mucositis in lymphoma patients, as well as for the patient – reported tolerability for the intention to treat population.

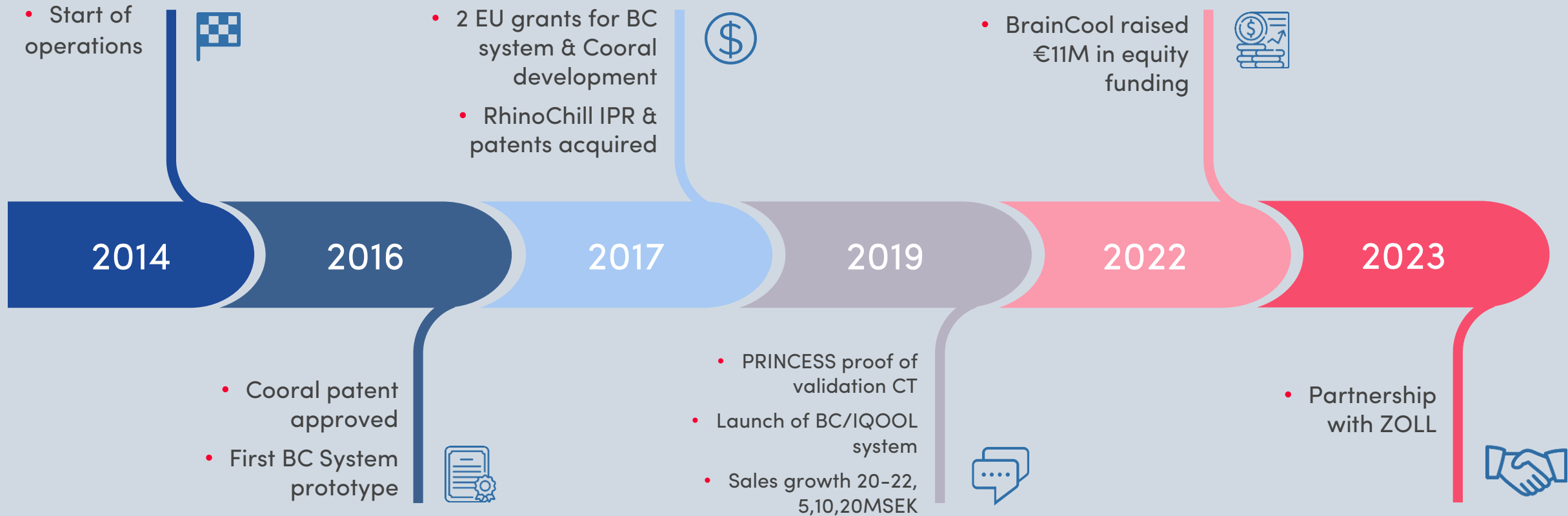
# Clinical Development Plan in Oncology

- US trial – Chemo induced OM
  - *Primary outcome:* Reduce the grade of Oral Mucositis
  - *Group:* Lymphoma patients (corresponding healthcare cost of \$70K per patient)
  - *Requirement:* Obtain private reimbursement
- COORAY trial University of Basel – Radiation induced OM
  - *Primary outcome:* Total Opioids Dose (TOS)
  - *Group:* Head & neck cancer patients undergoing chemoradition
  - *Requirment:* Fund by grants

# Corporate

The background of the slide is a dark blue overlay featuring silhouettes of several business professionals in an office environment. Some individuals are standing and looking at documents, while others are seated at desks. In the background, a city skyline with various skyscrapers is visible through a large window grid. The overall aesthetic is professional and modern.

# Company History



# Executive Management



Marin Waleij  
CEO



Jon Berg  
COO



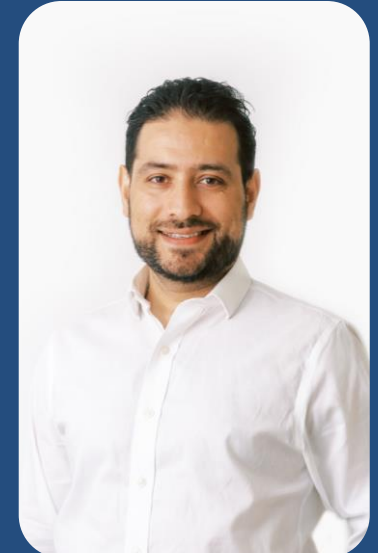
Lotta Valfridsson  
CFO



Thomas Falk  
CTO



Hakan Hummet  
QA Director



Mohammad Fazel  
Scientific Director



BrainCool Group	2021	2022	Q1 2023
Net revenue, SEKm	9.3	17.6	2.7
Net profit, SEKm	-35.4	-36.7	-15.5
# of employees (FTE)	21	22	26
New share issue, SEKm	23.2	116.3	0
Received grants, SEKm	12.1	8.8	0
Interest bearing debt year end, SEKm	35.0	0	0
Cash balance year end, SEKm	13.6	41.2	16.0
# of shares, million	65,1	160,4	160,4
Result per share, SEK	-0.61	-0.61	-0.10

## Financials



# BrainCool's Product Positioning



# Appendix 1 – Market Access Strategy

## Market access clinical trials

### I. Pivotal early cooling clinical trials

- Clinical Trial 1 – Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study II (PRINCESS II) with RhinoChill in cardiac arrest patients
- Combination of TTM and thrombectomy after acute ischemic stroke (COTTIS 2 study)

### II. Oncology market access trials

- Clinical trial in the US with COORAL System in CIOM
- Radiation study Basel in RIOM

## Health Technology Assessment (HTA)

- Close collaboration with clinical and research institutions
- Medicare

*BrainCool System – Global Distribution strategy*