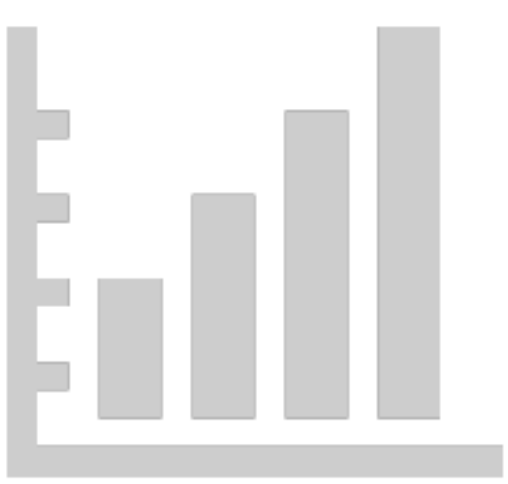
Logo

Tagline: ——————————

Elevator Pitch
(Science / Technology):

Unmet Medical Need / Clinical Data / Pipeline, etc

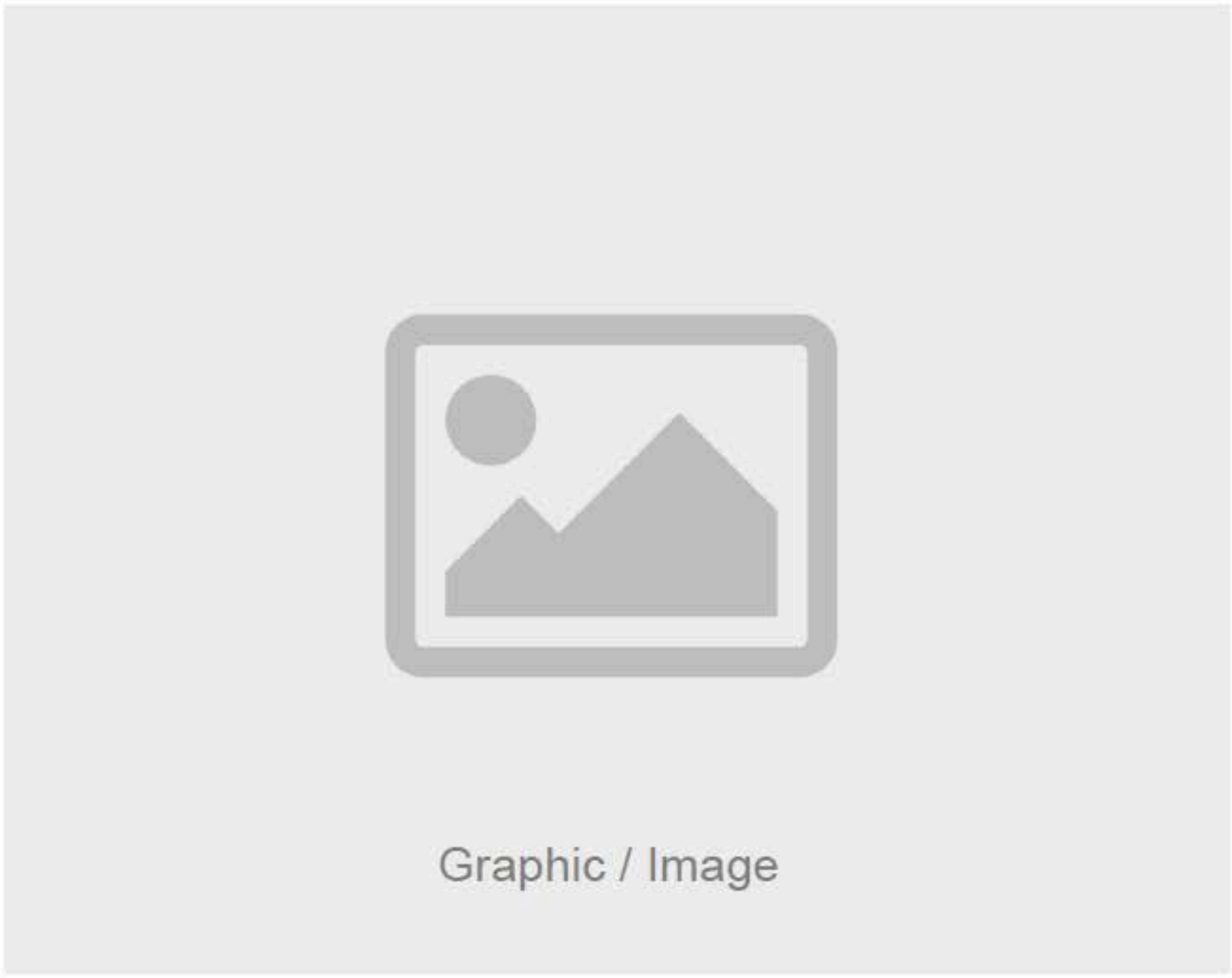


Contact info

Logo

Tagline: _____

Elevator Pitch (Science / Technology):



Contact info

ONE MILLION

sexually transmitted infections are contracted

EVERY 24HRS

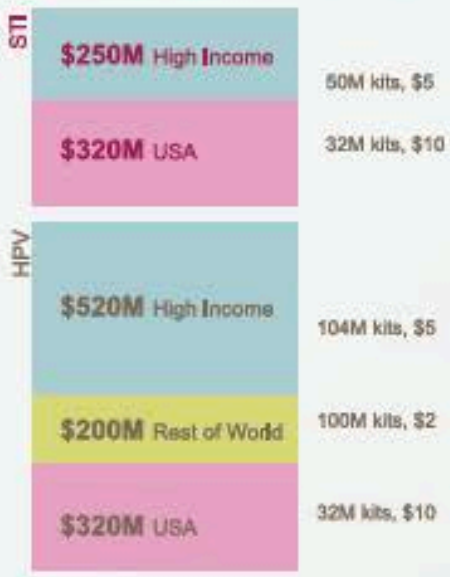
530K Cervical Cancer cases worldwide

$2.3B Cost of treatment in the US alone

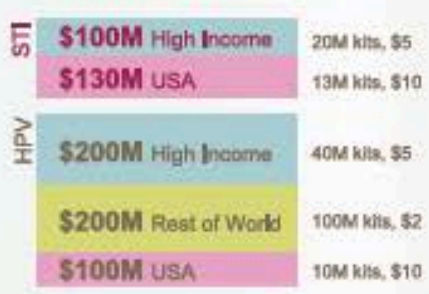
23M Infertility cases worldwide

>30% Of women don't screen regularly

$1.6B All Screening Age Women



$730M Underscreened Women Only



Jessica Ching Product / Vision

Evan Moses Operations

Sharron Brownlee Sales & Marketing

Sheldon Stevens Finance

Dr. Charlotte Gaydos, DrPH, MPH, MS Johns Hopkins, Public Health, STI expert
Dr. Diane Harper, MD, MPH, MS University of Louisville, ObsGyn, HPV expert
Dr. Linda Alexander, PhD Ex-VP Women's Health QIAGEN, Ex-CEO ASHA
Prof. Attila Lorincz, PhD Co-Founder, ex-CSO Digene Corp (QIAGEN)
Richard Sullivan Ex-CEO Interface Biologics, Catheter Innovations
Norma Beauchamp Ex-SVP Corporate Business, Bayer Canada
Roy Suntrum, MBA Ex-VP Operations, DNA Genotek (Orasure)
Brian Hunter President, NorthSpring Capital Partners
Melanie Duquette Int'l Marketing Manager, Invitae

Market

Team

Clinical

IP & Reg

Screening is Easy, Convenient and Discreet for Women

Increases Screening Metrics and Volume for Health Players

HerSwab™ is a simple STI Self-Testing Kit

"It took seconds. Completely easy to use and comfortable."

- Patient Response

95% Agreement with Physician

93% Said HerSwab "Easy to use"

81% Preferred Self-collection

Comparison of HerSwab to physician swab in 189 high risk youth for Chlamydia. Conducted at McMaster University.

- ✓ CE Mark - Europe
- ✓ Health Canada & MDL Approval - Canada
- ✓ ISO 13485 Certified - BSI
- ✓ Design Patents granted in US, EU, Canada
- ✓ Utility patent filed nationally in 7 countries
- ✓ International PCT utility filing

CE Health Canada

$1.7M Raised to Date / **16K** units shipped / **$470K** in sales & contracts / **15** Ongoing Studies / **15K** Women in Screening Pilots / **7** Current Head Count

eve MEDICAL

Let's get more women screening, together.

GigaGen

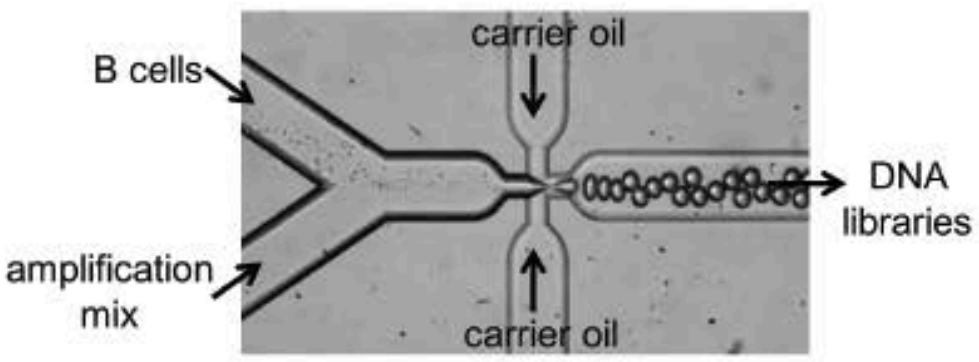
Next generation therapeutics from natural immune repertoires

GigaGen has the only method to capture complete human antibody and TCR repertoires as DNA and express them as recombinant protein libraries.

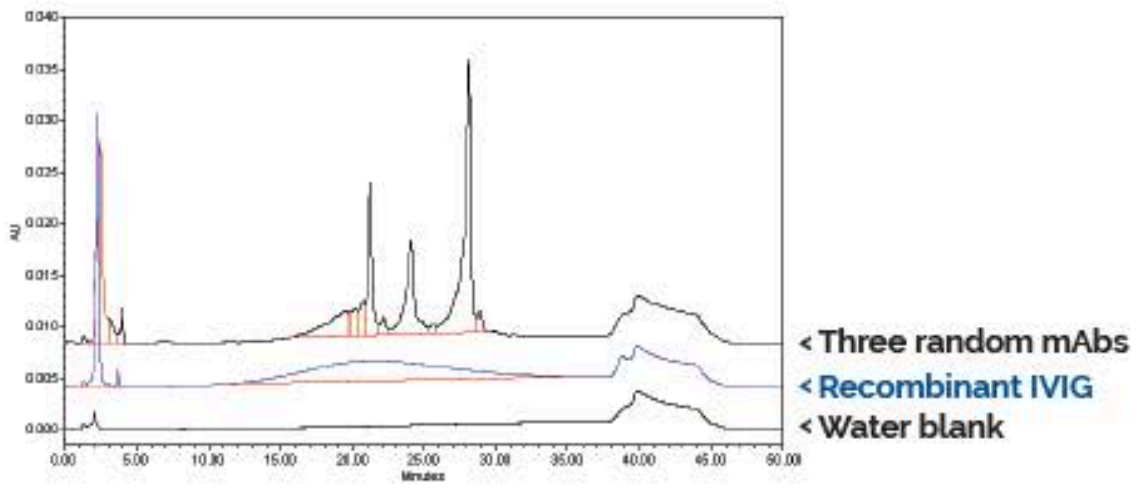
Developing the first recombinant Intravenous Immunoglobulin (IVIG)

GigaGen is the first to capture and recreate human antibody libraries that have the massive diversity of a human immune system.

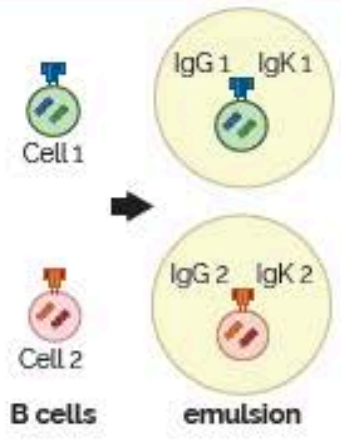
Rapid Repertoire Capture Though Microfluidics



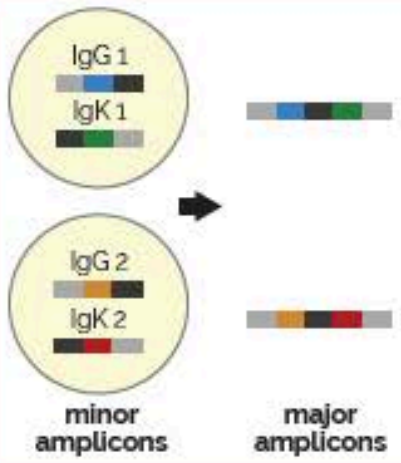
Polyclonal Antibody Expression in CHO



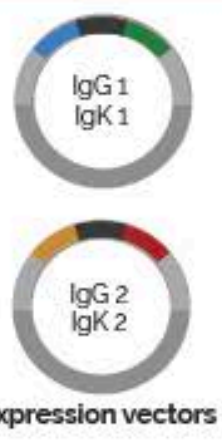
1 Isolate millions of B cells/hour



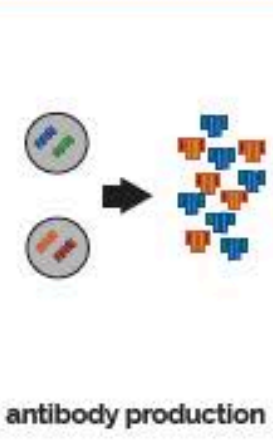
2 Capture antibody DNA with natural heavy/light chain pairs



3 Subclone into expression vectors



4 Express protein in CHO



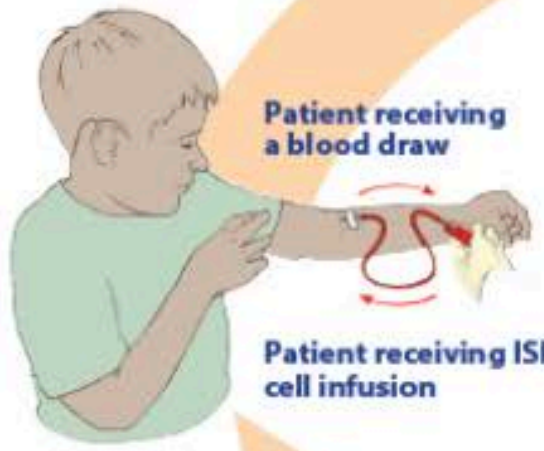
CONTACT: Dave Johnson I CEO I 650-823-0348 I djohnson@gigagen.com

IMMUSOFT

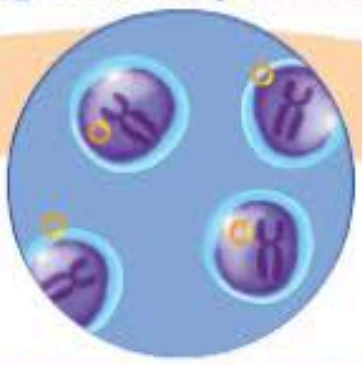
PROGRAMMING YOUR CELLS TO CURE DISEASE

PROGRAMMING YOUR CELLS TO CURE DISEASE

1. Collect and isolate immune cells from blood

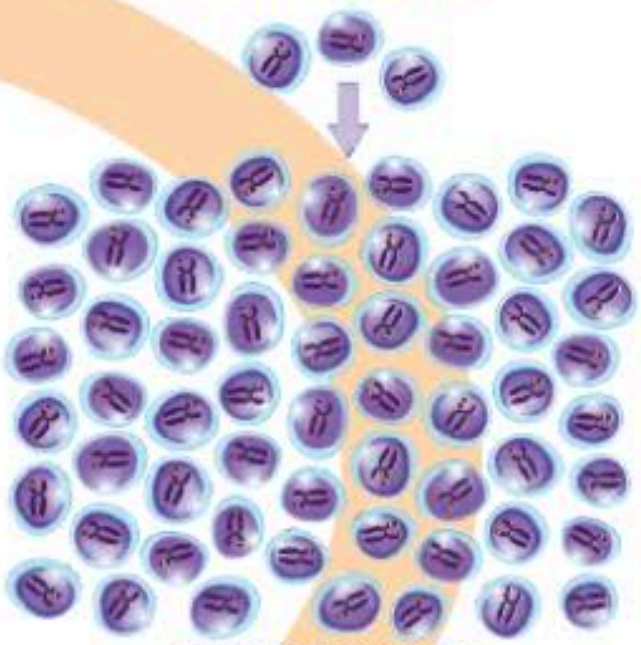


2. Cells are electroporated with DNA encoding a therapeutic protein



The therapeutic DNA is stably integrated into the cells using the Sleeping Beauty transposon system

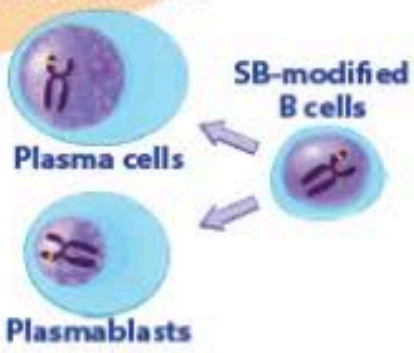
3. Expand selected cells ex vivo



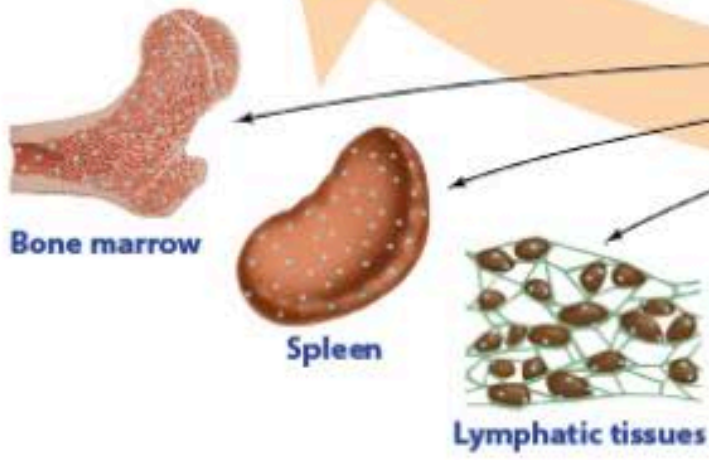
>1000-fold expansion

4. Cells differentiate ex vivo

ISP™ Plasma Cells & Plasmablasts



5. Cells engraft and produce the therapeutic protein



CONTACT: Matthew Scholz | CEO | 206-931-0262 | matthew.scholz@immusoft.com

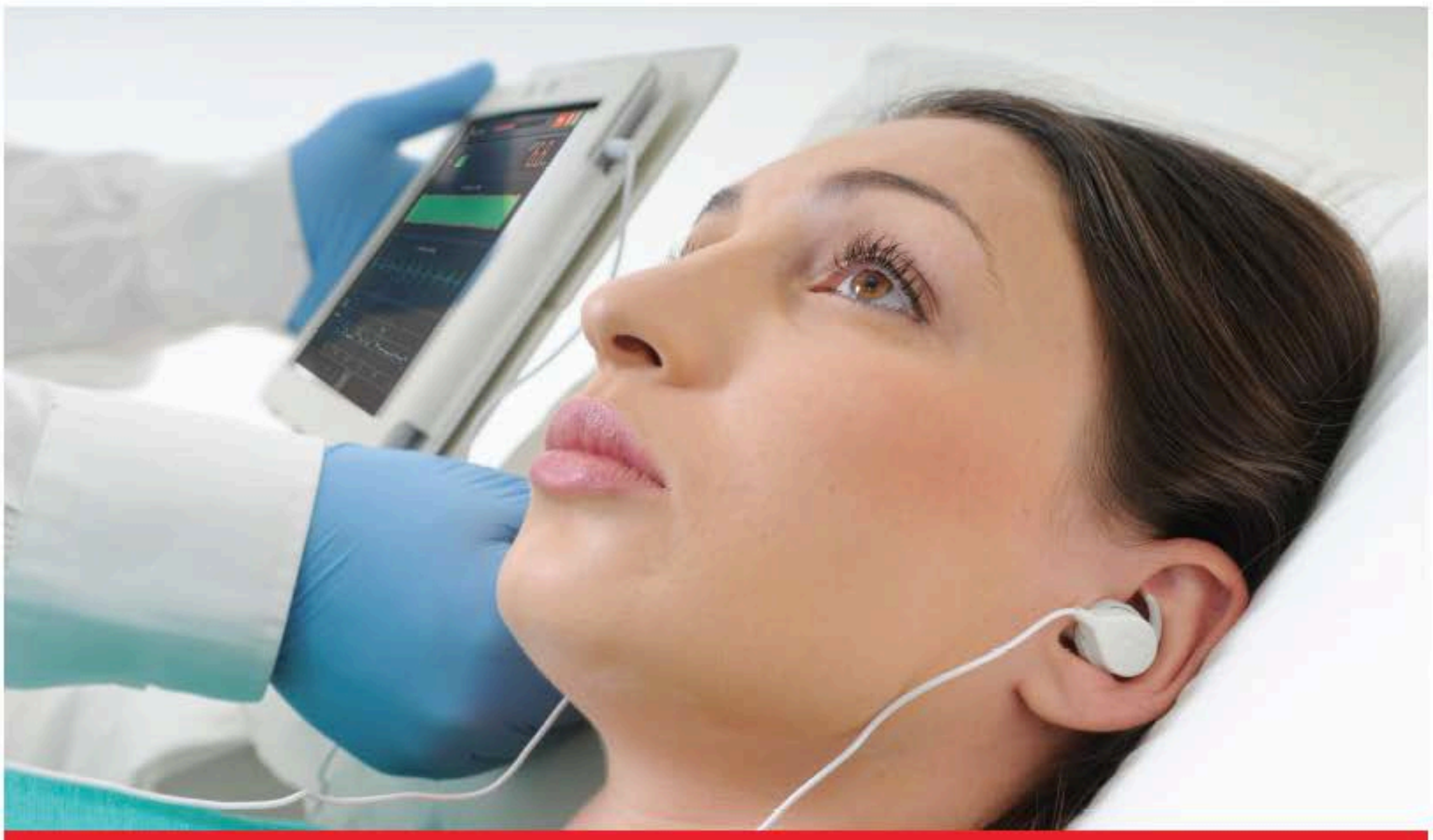
HeadSense

NON-INVASIVE MULTI-PARAMETER BRAIN MONITOR

HeadSense Medical is an early stage company operating in both the U.S. and Israel, developing a platform for a non-invasive brain diagnostic device with monitoring applications.

HeadSense's first product is a validated and CE Mark approved non-invasive ICP monitor. The company is currently developing additional applications for cerebral vasospasm diagnosis, concussion diagnosis, TBI severity quantification and others.

- Non invasive ICP monitoring
- Concussion diagnosis and monitoring
- Stroke, vasospasm and other pathologies
- Accurate, continuous, automated and quantitative data
- Does not require patient's cooperation
- Easy to operate
- Mobile



www.head-sense-med.com

Contact:
Guy Weinberg, CEO
guy@head-sense-med.com
+1 (551) 666-8292

SOLARAN Rx

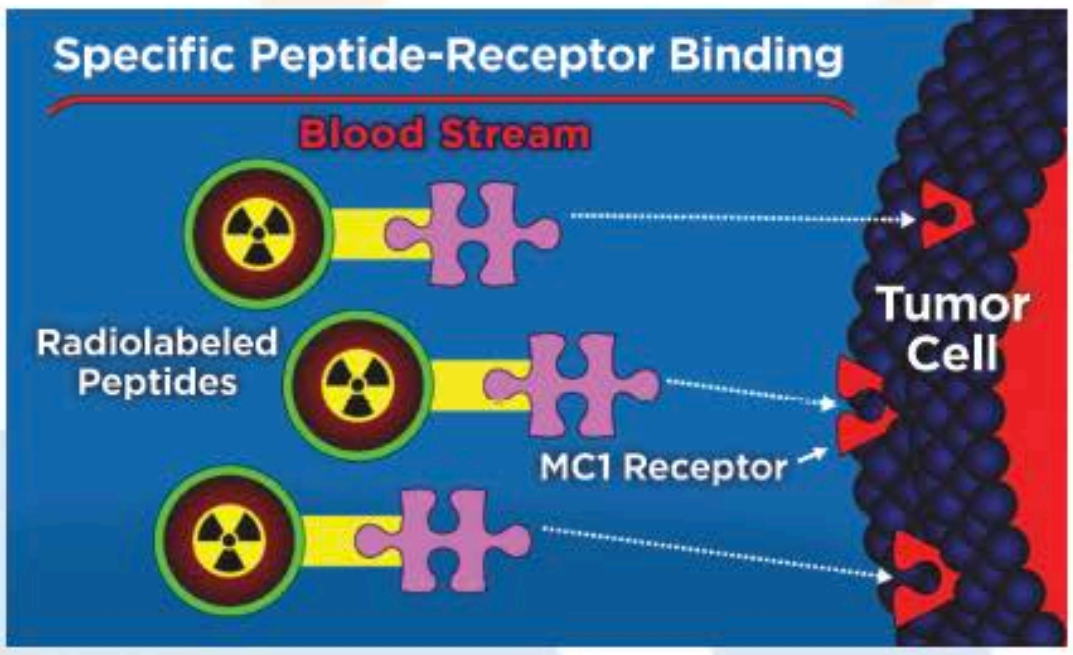
Advancing Personalized Melanoma Therapy™

METASTATIC MELANOMA HAS NO CURE

- 55,000 deaths worldwide each year
- 75% with advanced melanoma die within one year
- New therapies don't work for most patients
- Potential for serious, sometimes fatal, side effects

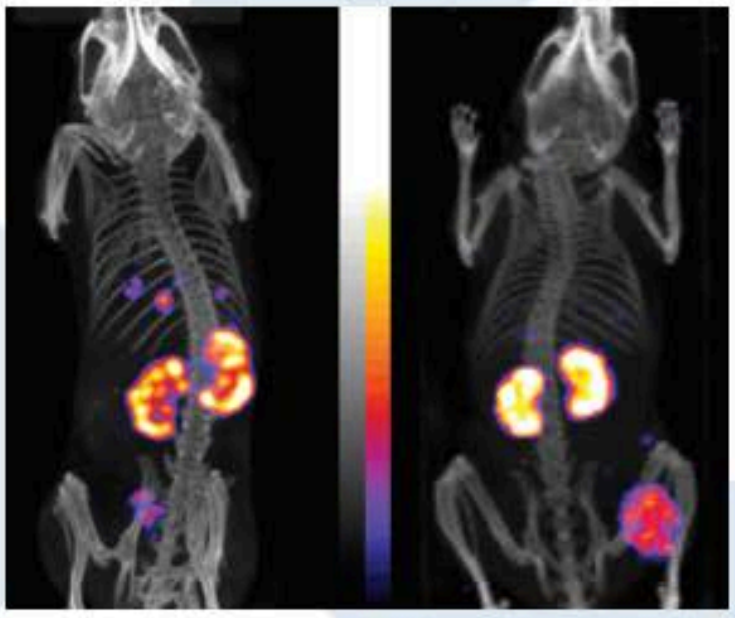
SOLUTION: PRECISION THERANOSTIC SRX-1177

- New class of melanoma therapy combines novel peptide with commercially available radioisotope into injectable drug
- Binds to unique receptor (MC1) overexpressed on about 80% of human melanomas
- Similar radiopharmaceuticals show response rates up to 75% for other cancers



SIGNIFICANT BENEFITS

- Visualize tumor
- Target therapy
- Preserve healthy tissue
- Avoid serious side effects
- Monitor response to therapy



MILESTONES ACHIEVED

- Three issued patents
- FDA Orphan Drug Designation
- Peptide manufacturing feasibility established
- NCI CRADA

SRX-1177: MELANOMA GAME CHANGER

- Focus on 2nd and 3rd line treatment, $1.6 billion market by 2023
- Differentiated mechanism of action
- Avoids shortcomings of current therapies
- Cost effective
- Strong patent portfolio

www.SolaranRx.com

ARMOUR THERAPEUTICS

ANTI-HORMONAL CANCER THERAPIES
FOR TREATMENT RESISTANT PROSTATE CANCER
RELAXIN RECEPTOR ANTAGONIST TECHNOLOGY

PROBLEM

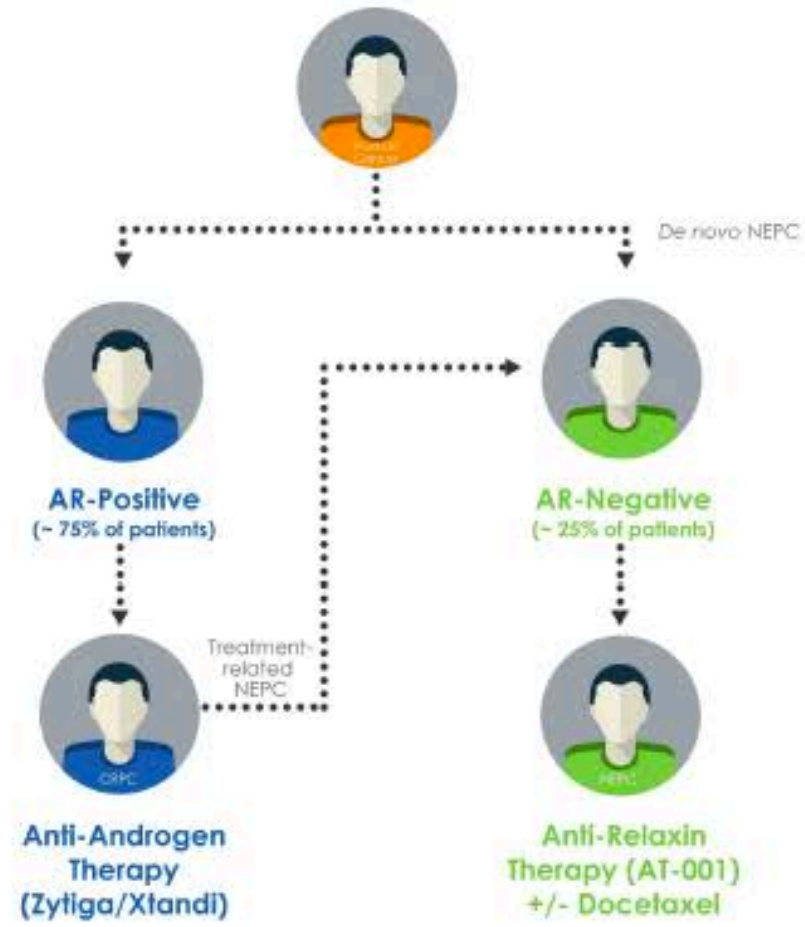
Prostate cancers develop treatment resistance to anti-androgen therapies.

Treating CRPC with androgen receptor (AR)-targeting therapies often increases neuroendocrine differentiation and applies selective pressure on tumors to adapt and transform to a state of neuroendocrine prostate cancer (NEPC). NEPC accounts for 25% of 34,000 deaths in the USA. Median survival is ~10 months.

SOLUTION

Armour's lead asset (AT-001) is a relaxin hormone receptor antagonist that accesses a backdoor to cancers that are resistant to anti-androgen therapies by targeting a non-AR endocrine pathway.

Unlike anti-androgens on market that require the presence of an androgen receptor (AR), AT-001 is able to impair the relaxin peptide hormone pathways critical in prostate tumorigenesis, while also blocking the cross-talk signaling with the AR.



PRODUCT COMPARISON

Product / COMPANY	AT-001 ARMOUR	ZYTIGA J&J	XTANDI MEDIVATION
Interferes with Androgen signaling	✓	✓	✓
Effective in Androgen Receptor Negative (AR-) Tumors	✓	✗	✗
Potentiates Potency of Docetaxel	✓	✗	✗
Blocks Relaxin Signaling (↓ cell proliferation)	✓	✗	✗
Impair Tumoral Angiogenesis (↓ VEGF)	✓	✗	✗
Constrict Tumoral Blood Flow (↓ NOS)	✓	✗	✗
Reduces Risk for Metastasis (↓ MMP, ↑ TIMP)	✓	✗	✗

ADVANTAGES OF AT-001

- **First-in-Class**
  - o Non-androgen anti-hormone
  - o Effective for AR-negative cancers (i.e. NEPC)
- **Triple-Pronged Mechanism-of-Action**
  - o Anti-angiogenic (via VEGF, NOS)
  - o Anti-metastatic (via MMP/TIMP)
  - o Anti-androgen (via B-catenin)
- **Broad Market Potential**
  - o Offers a "dual potent hit" on hybrid tumors expressing NE and epithelial phenotypes targeting both relaxin and AR signaling pathways.
  - o Can be a monotherapy or combination therapy
  - o Applicable to multiple cancers (breast, ovarian, etc)
  - o Synergizes with first-line chemotherapy (docetaxel)

MILESTONES

- ☑ **Mechanism-of-Action Characterized:** Efficacy demonstrated in PCa and NEPC models.
- ☑ **Manufacturing De-Risked:** Process for manufacturing AT-001 optimized.
- ☑ **Intellectual Property:** Strong IP position on entire class of antagonists. Patents issued; new patents filed.
- ☑ **Third-Party Validation:** Independent group (top relaxin research group) confirmed and published on AT-001's receptor antagonism.
- ☑ **Team:** Leading relaxin scientists; seasoned management, experienced Board and SAB.
- ☑ **Investment Ready:** Raising capital to proceed to Phase 1.

PIPELINE

Program	Discovery	Pre-Clinical	IND-Enabling Studies	Phase 1
Prostate Cancer AT-001				
Breast Cancer AT-012				
Ovarian Cancer AT-027				
Companion Diagnostic AT-305				

CONTACT

Josh Silvertown, PhD MBA
CEO
josh@ArmourTherapeutics.com

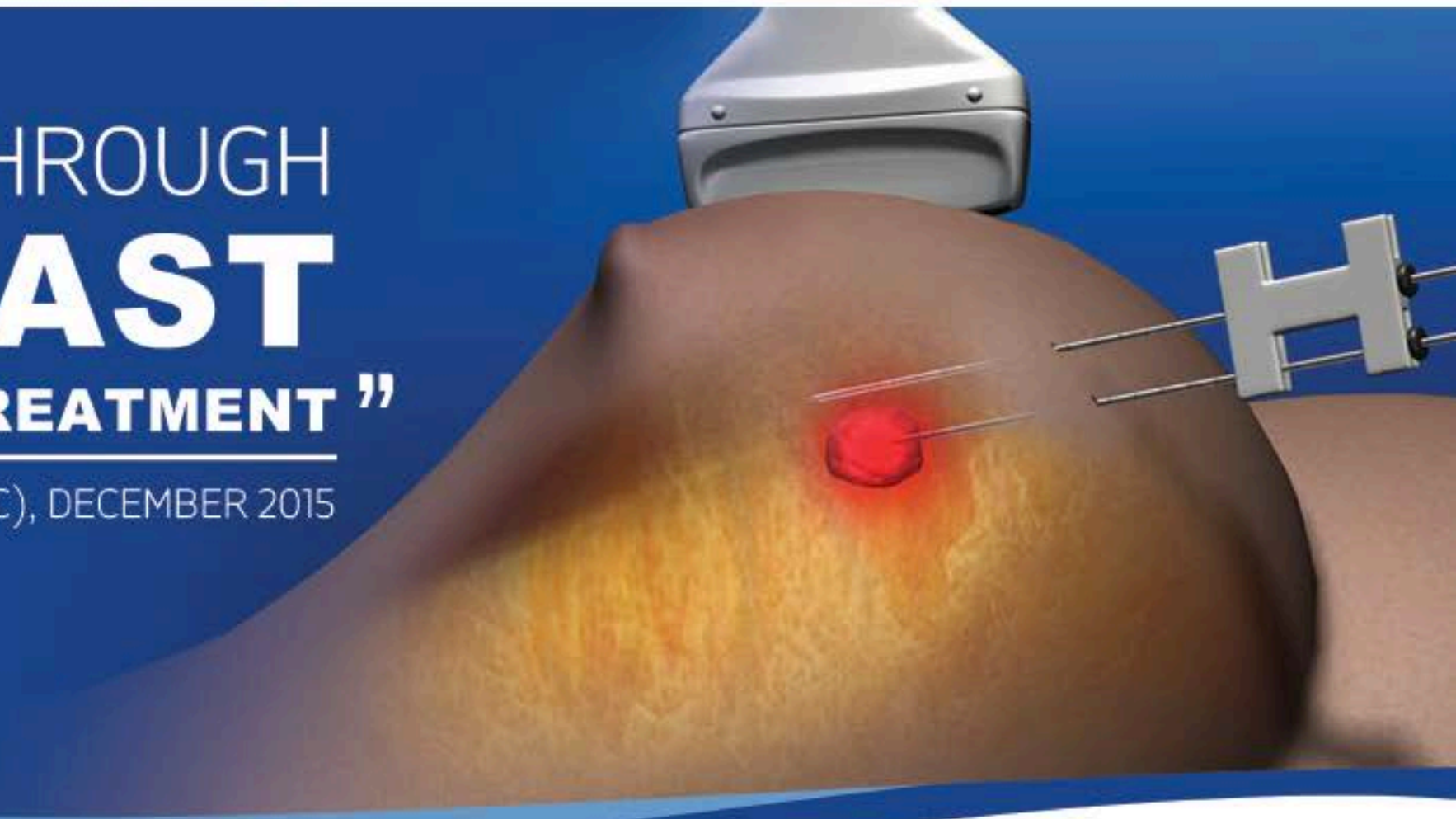
Western · University of Guelph · University of Toronto · Ontario Centres of Excellence · UHN · NSERC CRSNG · MaRS · Mitacs

NOVIAN HEALTH

IMAGE-GUIDED LASER THERAPY FOR TREATMENT OF BREAST TUMORS

"BREAKTHROUGH BREAST CANCER TREATMENT"

- DENVER 9NEWS (NBC), DECEMBER 2015



RAISING $20 MILLION SERIES B PREFERRED ROUND

To date, $23 million has been invested to develop Novilase® laser therapy as a minimally invasive alternative to surgery. Funding will primarily be used to complete an international pivotal trial (RCT), obtain CE Mark, pursue early commercialization in Europe and file for U.S. approval. Chicago-based with a subsidiary in Paris.

UNMET NEED:

Advances in imaging enable the detection of smaller tumors yet surgery has not kept pace. Lumpectomy, the current breast conserving standard of care, has relatively high primary retreatment rates reported, complications, significant downtime due to recovery, and in up to 30% of cases a need for reconstructive surgery. Patients and physicians are desirous of a minimally invasive solution.

"Novilase® is the solution".

OUR EVIDENCE:

Notable results from recent Phase II study in U.S. and UK:

- 91% complete tumor ablation, when treated to guidelines
- 92% NPV (negative predictive value) for MRI correlating with pathology in determining effectiveness of ablation
- No serious adverse events reported (ever!)
- Significantly better health-related quality of life scores reported post-Novilase® than post-surgery

In addition to being performed in an outpatient setting with local anesthesia, patients will benefit from quicker recovery (hours not days), lower retreatment rate, superior cosmesis and lower cost than surgery. As with current standard of care, patients would still require radiation and/or chemotherapy post Novilase®.

OUR MARKET:

The U.S. and Europe represent a $2 billion market with 1 million patients being treated each year who could benefit from Novilase® based on intended indications. Intended for tumors up to 20 mm in longest diameter and well-visualized on ultrasound or stereotactic x-ray imaging.

MILESTONES:

Winner 2014 Frost & Sullivan Early Stage Breast Cancer Treatment Device Technology Innovation Leader Award

Completed Phase II study in the U.S. and UK evaluating Novilase® as treatment for small breast cancers. Clinical results presented at 2015 San Antonio Breast Conference Symposium.

Received FDA 510(k) clearance for treatment benign breast tumors and soft tissue ablation.

CE Marking in progress

Robust IP portfolio with 13 U.S., 85 European & 12 other international patients.

Launched ABLATE post-marketing registry for treatment benign breast tumors.

Established network of key opinion leaders at NCI, academic, community, military, and NHS sites, including Columbia University Medical Center, Walter Reed National Military Medical Center, Institut Gustave-Roussy, and INSERM.

OUR TECHNOLOGY:

Laser-based system with real-time temperature monitoring for precise control.

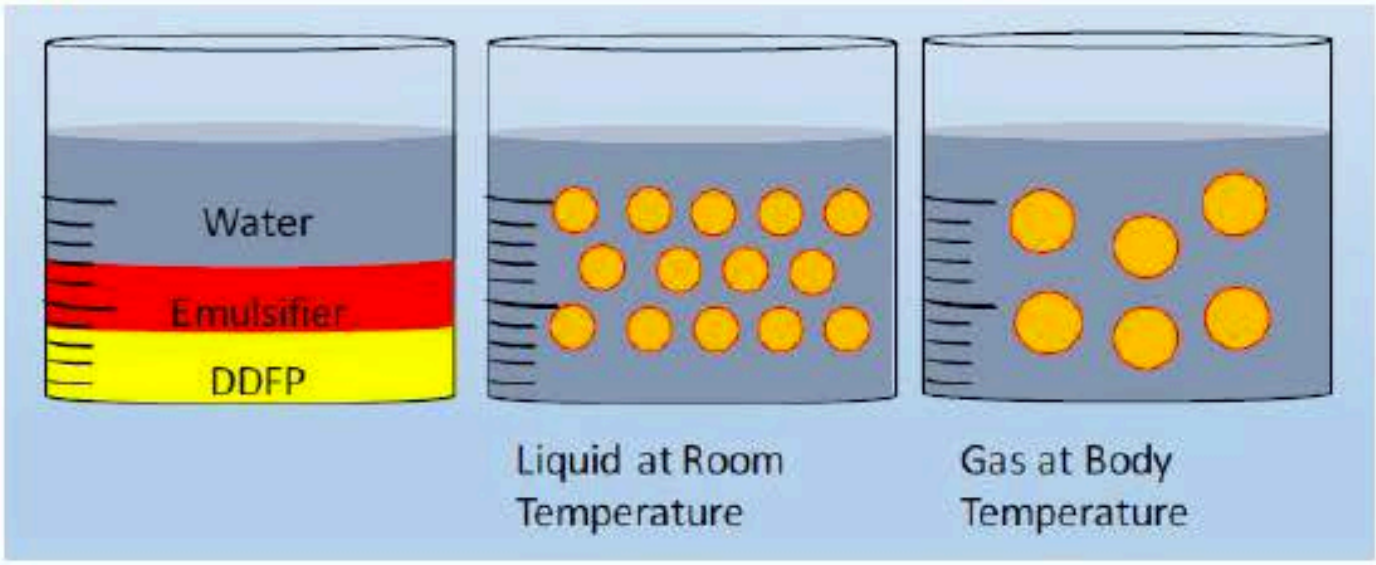
Chip Appelbaum, President & CEO Gene Bajorinas, VP Operations

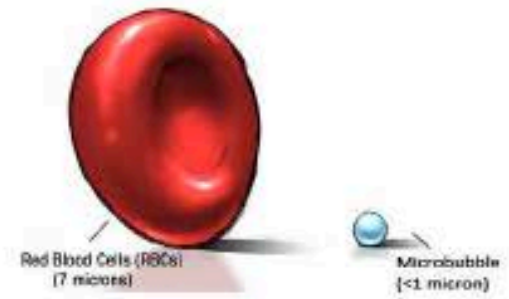
312-266-7200

info@novianhealth.com

NovianHealth.com / Novilase.com

NuvOx Pharma Decreases Tissue Hypoxia

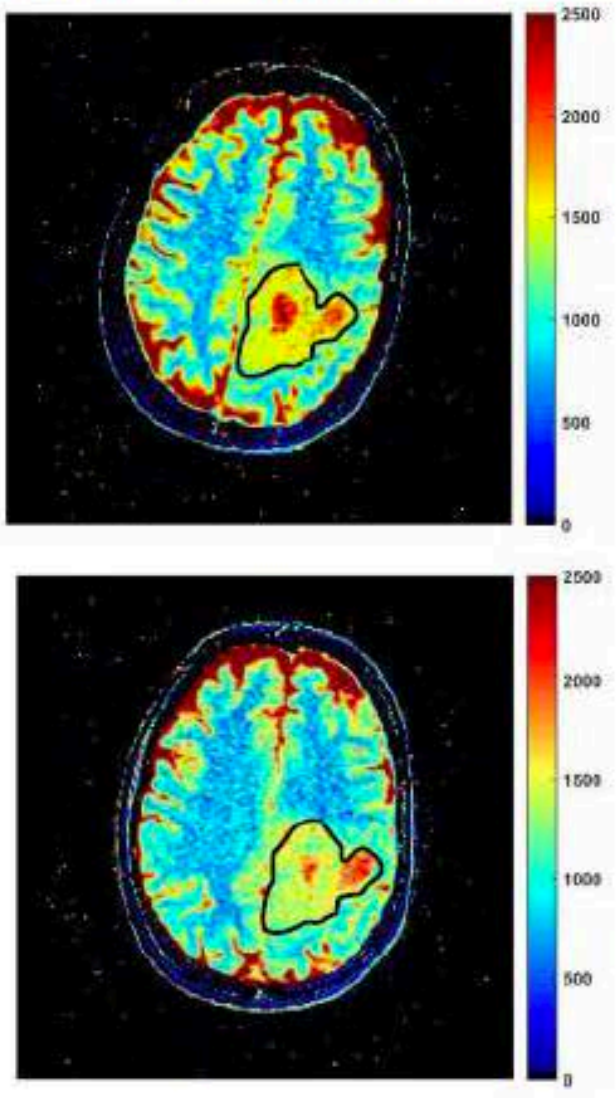




DDFP makes liquid droplets which are injected into the blood, where they boil to form bubbles that are smaller than a red blood cell. They pick up oxygen in the lungs. The bubbles' small size allows them to reach places that red blood cells cannot reach due to disease, where they then deliver oxygen.

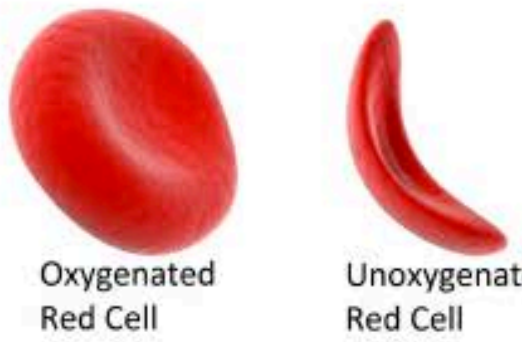
Oncology

Growing tumors squeeze down on their blood supply, making most tumors hypoxic. NuvOx delivers oxygen to hypoxic tumors before radiation therapy to make them more sensitive to radiation. Below is a MRI showing oxygen levels in a brain tumor before and after injection.

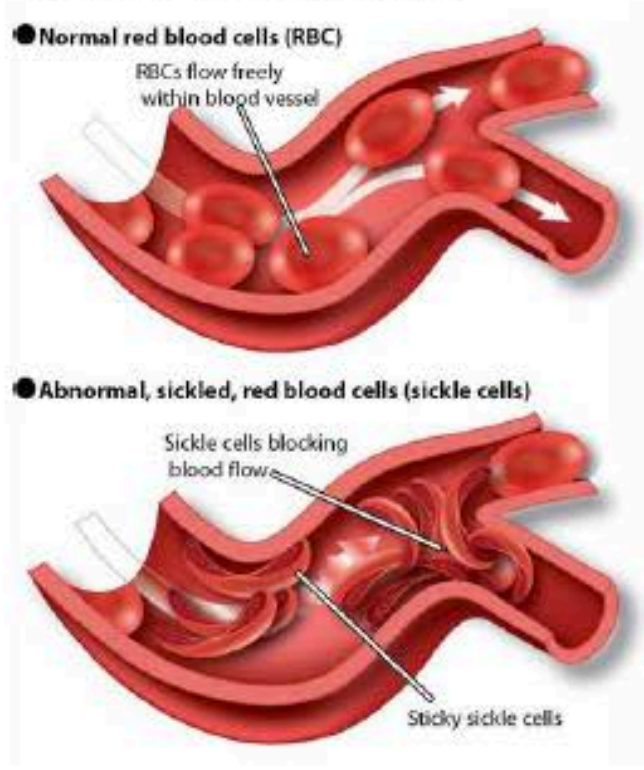


Phase 1b in Progress

Sickle Cell Crisis



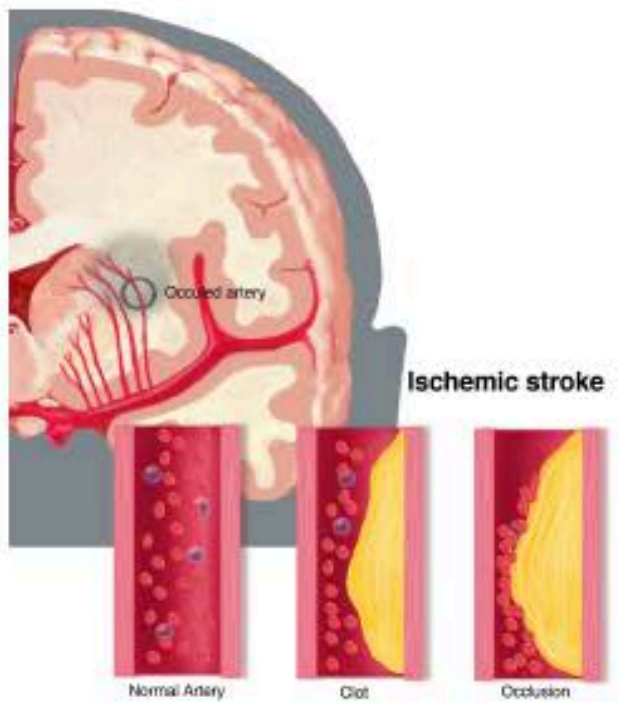
The bubbles deliver oxygen to sickled red blood cells to allow them to regain normal shape and softness, helping to restore blood flow and end sickle cell crisis.



IND application filed.

Acute Ischemic Stroke

Microbubbles pass through occlusions and/or increase oxygen that diffuses from collateral vessels.



Pre-clinical data:

- 82% reduction in infarct size if given within 3 hours.
- Time-window for tPA extended from 4.5 hours to 9 hours.

Take a business card!