Unmasking sleep apnoea

November 2019

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Investment highlights

- **Commercial stage medtech/device company leveraging O_2Vent® platform technology to disrupt the obstructive sleep apnoea (OSA) treatment landscape**
  - Based in Brisbane, AU and California, US. ASX listed: OVN
  - Founded in 2013 by Chris Hart (Co-founder of National Dental Care, multi-site national dental practice/ training center in AU)
- **O_2Vent® is the only FDA cleared oral appliance for OSA; two game changing technical features**
  - Efficacy of "gold- standard" CPAP but without a face mask
  - Simplicity and compliance of OTC Mandibular Adjustment Devices (MADs)
- **Product development plan focused on eliminating the need for CPAP machine**
  - Potential of O_2Vent® supported by 4 clinical trials and early sales of first generation product in AU and US
  - Successive product launches and add-on products planned to maximise efficacy and obviate traditional CPAP
- **Ramping-up US commercial operations post Sept 2019 FDA approval of O_2Vent® Optima**
  - Approved product is a lighter version (nylon) of original prototype (titanium)
  - 29 customer sites recently signed up across US and Canada each with minimum device order commitments of 20 devices (per site), first 5 sites online in Oct and next 8 in implementation phase
  - Revenues expected to ramp up from December quarter onward

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O2Vent®'s road to becoming standard of care for OSA

Successive product offerings aimed at optimising OSA treatment strengthens ability to galvanise commercial momentum (2019-2022)

- **O_2Vent® Airway Technology: First-gen product approved in US and AU**
  - Provided proof of concept and currently generating revenue in key markets
- Next-Gen Product now FDA cleared in US, registered for sale in Canada and AU and generating revenue
  - Secured sales/distribution agreements with several major US sleep groups covering multiple states
  - The total number of contracted treatment sites 29 across North America (7 in Canada)
- **ExVent™: Add-on valve provides further efficacy to patients who need more intervention**
  - Registered in AU and Canada
  - 510(k) filing and FDA clearance expected 2020
- **O_2Vent® ONEPAP: CPAP-like efficacy without cords or hoses**
  - 510(k) clearance targeted 2021
- **O_2Vent® CONNECT: CPAP machine connector to O_2Vent® which replaces face mask**
  - in late stage development (approvasl targeted for 2022)

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O2Vent®'s product evolution plan: completely eliminates the need of a full-face mask for CPAP

Mild OSA → **Severe OSA**

Previous Generation
O_2Vent®

O_2Vent® Optima
U.S. launch
Started Sept 2019

ExVent™ valve
FDA clearance expected 2020

O_2Vent® ONEPAP
In development

O_2Vent® Connect
In development

Potential Licensing Opportunity

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Why invest in Oventus now?

- **Company's success connected solely to commercial execution**
  - Investors face no clinical trial inflection point (binary events)
  - Recent FDA clearance of O_2Vent® Optima allows new investor(s) to benefit fully in the upside potential given low current market cap
  - Management has track record of creating and optimising dental practices

- **Commercial strategy clearly defined due to feedback from 1st-gen device**
  - "Low hanging fruit" opportunity for O_2Vent® given 3 million dissatisfied CPAP users
  - Contracting with just 5 central sleep networks taps into >1m new diagnoses per year
  - 5% of unsatisfied CPAP user population generates $75M in revenues

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Obstructive Sleep Apnoea overview

- Obstructive sleep apnoea (OSA) is the most common type of ‘sleep apnoea’
- OSA is the absence of breathing that occurs during sleep that results in disruptive sleep
- Compromises daytime functions leading to excessive sleepiness, memory impairment, depression and a host of co-morbidities, eg. hypertension, heart disease, stroke and diabetes etc.
- **Occurs when there is obstruction or collapse of the nose, soft palate and lateral walls of the airway**

Key indicator: snoring

Risk factor for chronic disease

Cost burden $149.6B, $6,033 per person per year undiagnosed

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How has OSA historically been treated?

Efficacy	Treatment type	How it works	Comment
100%[1]	**Standard of care** is Continuous Positive Airway Pressure (CPAP)	Patient wears mask and is hooked up to machine. Blows air into throat, forcing airways to open	Works well sometimes, but poorly tolerated by majority of patients
56%[1]	Mandibular Advancement Devices	Like a mouthguard. Brings the mandible forward, altering jaw and tongue position	Works for some patients, but ~50% require more treatment
Mixed results	Surgery	Intended to remove obstruction in patients' upper respiratory tracts	Complex and prone to failure. Failure leads to worse problems
Mixed results	Weight loss	Losing weight can help with reducing apnoea in some cases	Not always readily achievable
Mixed results	Other/Behavioural modification	Sleep position, reduced alcohol consumption, medication	Requires patient motivation and compliance

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[1] Cumulative success rates. See slide 11 for sources.

O_2Vent Airway Technology

…near CPAP efficacy without the need for a mask

Standard MAD devices

56%[1]

- Oral appliance - brings lower jaw forward
- Efficacy significantly lower than CPAP
- Much higher compliance rates than CPAP

Oventus Airway Technology

80%[1]

- Oral appliance with Oventus Airway Technology and brings jaw forward similarly to MAD* devices
- Near CPAP efficacy
- Regulates breathing pressure between nose and mouth
- Acts like a second nose
- Much higher compliance rates than CPAP

CPAP - standard of care

100%[1]

- Pressurising breathing airway with mask
- Highly efficacious
- Not well tolerated - poor patient compliance and comfort
- Discomfort of high pressure and mask
- Lack of portability, air leakages and noise

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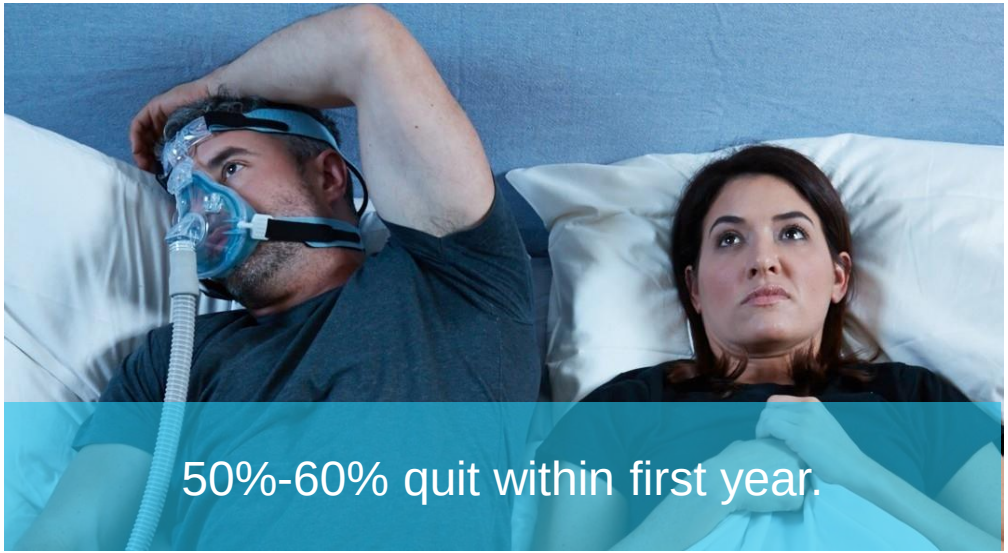
[1] Cumulative success rates. See slide 11 for sources. *Mandibular (jaw) advancement device

Limitations of CPAP – standard of care



- Discomfort due to mask and straps: facial abrasion, strap marks, claustrophobia and general discomfort
- Pressure intolerance and device noise
- Limits freedom of movement with the power cords and mask hose
- Cleaning, maintenance and resupply.

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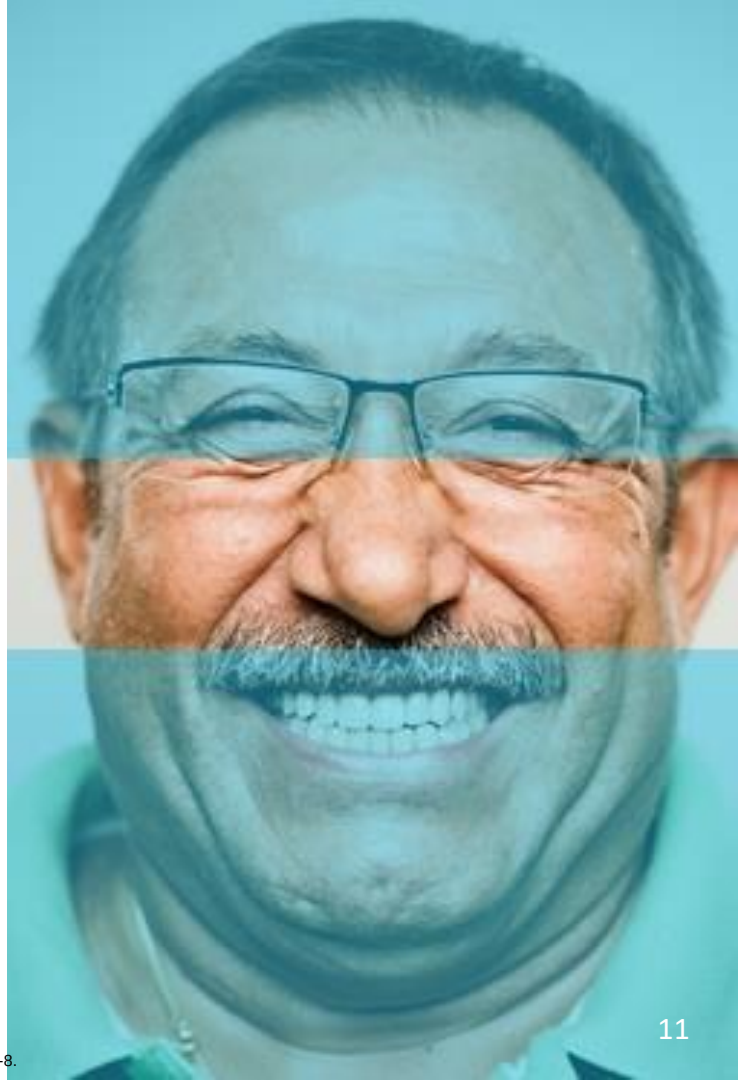
The **critical role** of the nose in CPAP intolerance

- The increase in nasal airway resistance can lead to mouth breathing.[1] Mouth breathing leads to CPAP intolerance.

- What drives nasal congestion?
  - Allergies
  - Congestion
  - Deviated septum
  - Anatomical features
  - Other issues

"The importance of the nose to successful use of CPAP cannot be overstated."

– Dr. Jerrold A. Kram, MD, FCCP, FAASM



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1 McNicholas WT. The nose and OSA: variable nasal obstruction may be more important in pathophysiology than fixed obstruction. *Eur Respir J*. 2008 Jul;32(1):3-8.

The **alternative to CPAP**...

… if you can't use your nose, get yourself a second one and breathe again using the O_2Vent™

O2Vent® is an oral appliance for patients diagnosed with Obstructive Sleep Apnea and who are seeking alternatives to CPAP therapy.

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O_2Vent® combining the benefits of CPAP with the simplicity of MAD

Sequence of events in a typical night:

1. Nighttime nasal obstruction leads to mouth breathing and airway instability
2. O_2Vent® “duckbill” acts as a “second nose”, bypassing upper level obstructions (nose and soft palate)
3. Duckbill allows passive atmospheric air to flow freely to the back of the throat through the built-in channel
4. This is called “device breathing”
5. “Device breathing” leads to stable ventilation even when there is nasal obstruction while simultaneously managing mouth breathing (detrimental)
6. Hence duckbill provides rescue until normal nose breathing resumes
7. O_2Vent® also acts as a MAD; through its adjustable base, which positions the lower jaw forward and stabilizes the tongue base-as a MAD would

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O_2Vent™ efficacy: 170+ patients studied across 4 clinical studies

Clinical data presented so far shows:

- Patients with nasal obstruction who would normally struggle with treatment displayed a clinically and statistically significant benefit owing to Oventus' O_2Vent airway technology ($p<0.05$)
- Patients that had failed prior lines of therapy were shown to have benefit from Oventus airway technology
  - 20% decrease in residual events ($p<0.05$)
  - 20% increase in success rate
  - 40% increase in response rate
- Addition of the Oventus ExVent™ valve to the O_2Vent airway delivered a:
  - 30% ($p<0.01$) increase in efficacy for ExVent™ and
  - 50% ($P<0.01$) increase in efficacy for ONEPAP™
- Oventus airway technology improved treatment outcomes for CPAP users by reducing pressure requirements by 40-50% ($p<0.001$) and eliminating the need for full face masks

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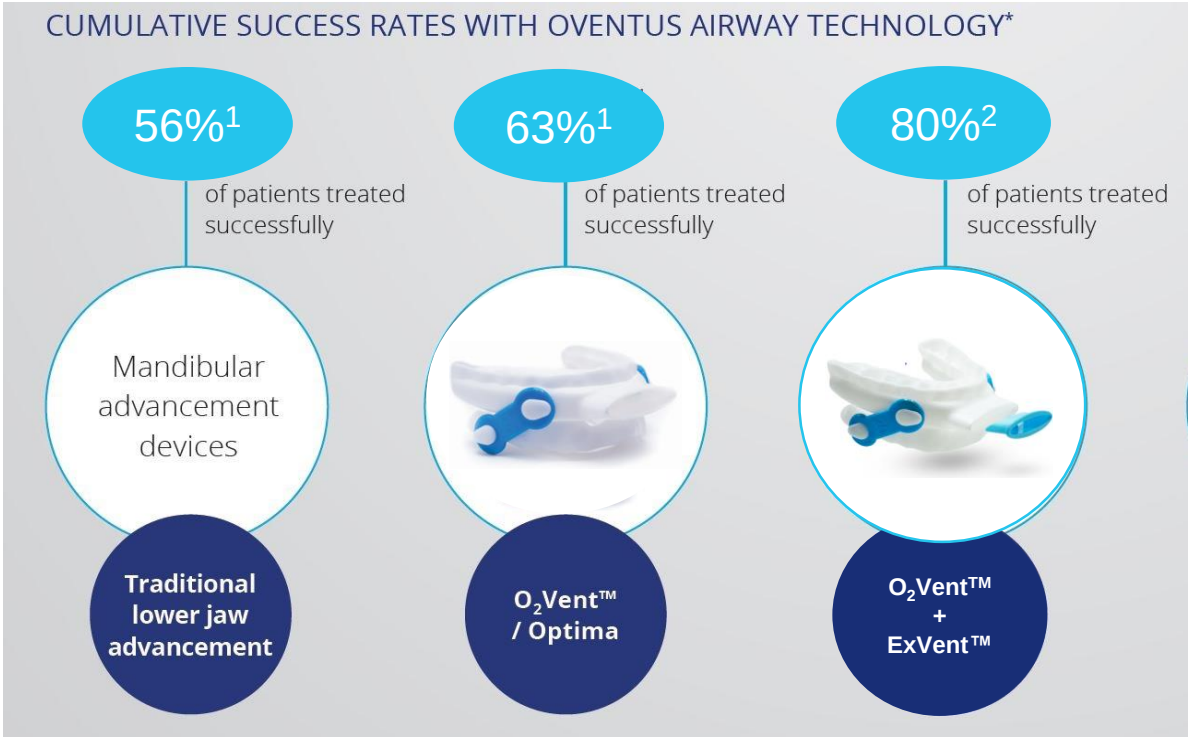
O_2Vent^{TM}: Outstanding clinical success reported across device range



***AHI Reduction to less than 10 events per hour**

[1] McCloy K, Lavery D, Moldavtsev J, Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apnoea with and without a novel in-built airway. Abstract Submitted ASA Brisbane 2018. [2] Lai V, Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Carberry J and Eckert D, Combination therapy with mandibular advancement and expiratory positive airway pressure valves reduces OSA severity. Abstract Submitted ASA Brisbane 2018. [3] Tong B, Tran C, Ricciardiello A, Donegan M, Murray N, Chiang A, Szollosi I, Amatoury A and Eckert D. Combination therapy with CPAP plus MAS reduces CPAP therapeutic requirements in incomplete MAS responders. Abstract submitted ASA Brisbane 2018.

Oventus offers **the only highly effective,** non-invasive OSA treatment

Based on the numbers below, Oventus could have a $2b market in the US alone

12%[1] of US adults ($29.4m) suffer from OSA (US 55% of global market)

- ~6M adult patients prescribed CPAP in the US alone. 50-60% of those patients quit CPAP
  - **~3M existing patients in need of an effective alternative treatment**
  - Oventus devices sold wholesale for ~$600/unit to sleep centres
  - Valves/other accessories drive recurring revenues

Oral appliances currently have 10% share
This number predicted to grow a further 16% by 2025

Based on 12% prevalence in adults within US suffering OSA as defined by having five or more sleep events per hour (AHI>5).
Source: Primary research with experts, U.S. Census (2014), Peppard "Increased Prevalence of Sleep-disordered Breathing in Adults." American Journal of Epidemiology (2013)

Oventus Airway Technology: development pipeline

ExVent™ in market in AU and Canada, awaiting US reg' approval. Other devices in development.

The ExVent™ valve

Inserting this valve into the 'duck bill' of Oventus' O_2Vent™ device **improves efficacy** for those patients who need more intervention

The ONEPAP™ valve

Clips into the 'duck bill' of Oventus' O_2Vent™ device and acts as a **mini CPAP valve without the need for cords or power**

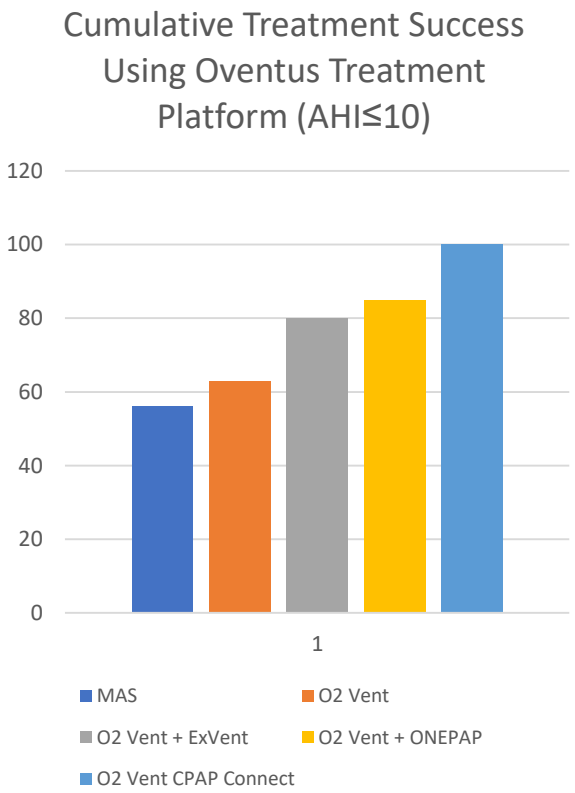
O2Vent Connect™ CPAP connection

Connects the Oventus O2Vent™ device to CPAP, enabling CPAP to be delivered at lower pressures, **without the need for a full face mask**

These unexpected product discoveries, Oventus' ExVent™ valve, OnePAP ™ and O_2Vent Connect, represent the most significant improvements in sleep medicine **in over several decades.**

Cumulative Success* Rates of Oventus Airway Technology

- MAD = 56% Treatment success**[1]
- Oventus O_2Vent® = 63% Treatment success[1]
- Oventus O_2Vent® + ExVent™ = 80% Treatment Success[2]
- Oventus O_2Vent® + ONEPAP™ = 85% Treatment Success[2]
- Oventus O_2Vent® + Connect™ = 100% Treatment Success[3]



1.Karen McCloy, Damian Lavery, Julia Moldavtsev, Airway open-airway closed: The effect of mandibular advancement therapy for obstructive sleep apnoea with and without a novel in-built airway. Abstract Submitted ASA Brisbane 2018
2.Victor Lai, Benjamin Tong, Carolin Tran, Andrea Ricciardiello, Michelle Donegan, Nicholas Murray, Jayne Carberry and Danny Eckert Combination therapy with mandibular advancement and expiratory positive airway pressure valves reduces OSA severity. Abstract Submitted ASA Brisbane 2018
3.Amatoury J, Tong B, Nguyen C, Szollosi I, Eckert DJ THE ROLE OF A NOVEL ORAL APPLIANCE THERAPY DEVICE ON PHARYNGEAL PRESSURE SWINGS AND CPAP REQUIREMENTS DURING SLEEP IN OBSTRUCTIVE SLEEP APNEA: A PILOT STUDY. Abstract Supplement ADSM Boston 2017

**** Where treatment success is defined as % of users in whom the AHI was reduced to ≤ 10***

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Oventus is set to disrupt the sleep industry

Why do oral appliances only represent 10% of the therapeutic market?

- Variable efficacy of oral appliances
- Complex patient journey
- Competing economic imperatives between the sleep and dental channels

How will Oventus increase the market share of oral appliances?

- Oventus has been clinically validated to be the most effective oral appliance available with success rates comparable to CPAP
- Oventus' digital workflow and virtual patient journey mean that Oventus' unique treatment modality can be delivered in both the sleep and dental Channel
- Oventus' lab in lab program increases revenue and profit for both the sleep and dental channel

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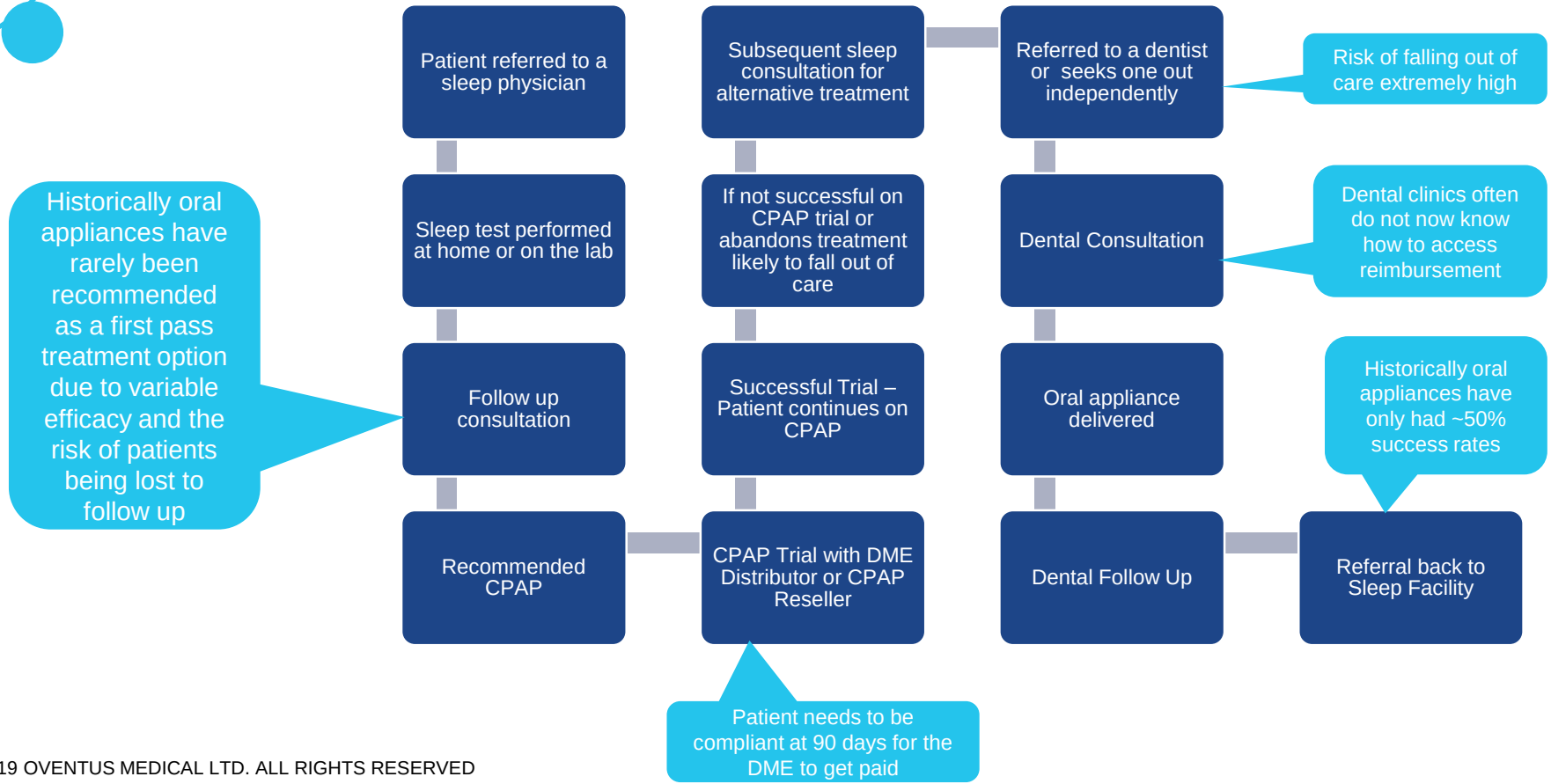
Traditional patient journey



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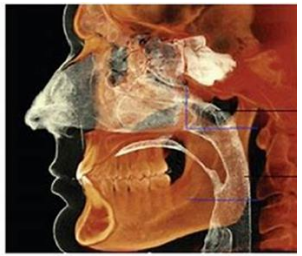
Oventus ‘lab in lab’ model is designed to simplify the patient experience and build value for all stakeholders

- Model provides support, training and resources required to run a professional Dental Sleep Medicine clinic in both the dental and sleep setting
- Utilises Oventus' O_2Vent sleep treatment platform and digital workflow
- Minimal CAPEX required. Can get lab up and running with desktop scanner
- Creates a new sub-specialty of sleep-dentists working out of sleep facilities or in their own clinics with turn-key support



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Oventus simplified patient journey with strategic partners and lab in lab model

Point of Care

- Consultation with sleep physician or dentist face to face or via telemedicine
- Sleep test if required
- Scan
- Device delivered
- Dental and Sleep Follow-Up

LYON DENTAL
ADVISING • MEDICAL BILLING • SOFTWARE

VIRTUOX

Carestream DENTAL

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‘Lab in lab’ model (sleep channel)

By enabling dentists to take oral scans of patients mouths within the sleep facility (under a low capex mode), the patient is able to complete their whole care cycle at the one location.

Sleep doc consults/diagnoses/prescribes	Dentist within sleep centre* scans patient for O_2Vent, delivers device, handles reimbursement	Patient returns to sleep doc for follow up consultations

This significantly improves what until now has been a highly fragmented clinical experience for patients

* Traditional model sees patient visit dentist multiple times.

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‘Lab in lab’ model (dental channel)

By enabling sleep physicians to diagnose and manage patients’ OSA within the dental channel (via telemedicine and home sleep testing), the patient is able to complete their whole care cycle at the one location.

Sleep physician consults/diagnoses/prescribes via telemedicine	Dentist within dental clinic scans patient for O_2Vent, delivers device, handles reimbursement	Patient care is followed up by dentist at dental clinic and sleep physician via telemedicine

This significantly improves what until now has been a highly fragmented clinical experience for patients

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What is driving adoption of ‘lab in lab’ model?

- This ‘lab-in-lab’ model can increase revenue and profit for both the dentist and sleep groups and improve clinical outcomes for patients
- Sleep networks will prescribe an Oventus device because it delivers oral appliance adherence rates with efficacy comparable to CPAP, with higher profit margins than CPAP
- Contracted dentists will generate significantly higher net revenue, per session using the ‘lab in lab’ model in the sleep channel
- Supports the patient’s treatment journey from end to end to ensure they patient receive the benefit of Oventus Airway Technology when indicated

Model adoption being driven by acceptance of Optima by sleep community and simple delivery approach

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Oventus Technology Adoption and ‘Lab in Lab’ Roll Out

- 22 contracted sites in the US with mandated minimum orders of 20 devices per site
- 7 contracted sites in Canada with mandated minimum orders of 20 devices per month per site
- Significant “funnel” of sleep facilities in negotiation across North America for lab in lab with 5 sites operational now, a further 8 sites in the implementation phase and a robust pipeline of launches scheduled for the remainder of calendar 2019 and into 2020
- Lead times to first revenue from launch is sixty days with ninety days to build to minimum quotas
- Strategic agreements with Virtuox, Lyon Dental Billing and Carestream Dental to facilitate Lab in Lab model in both sleep and dental channels
- Manufacturing transfer to US for North American market scheduled for end of November to reduce turn around time and COGS

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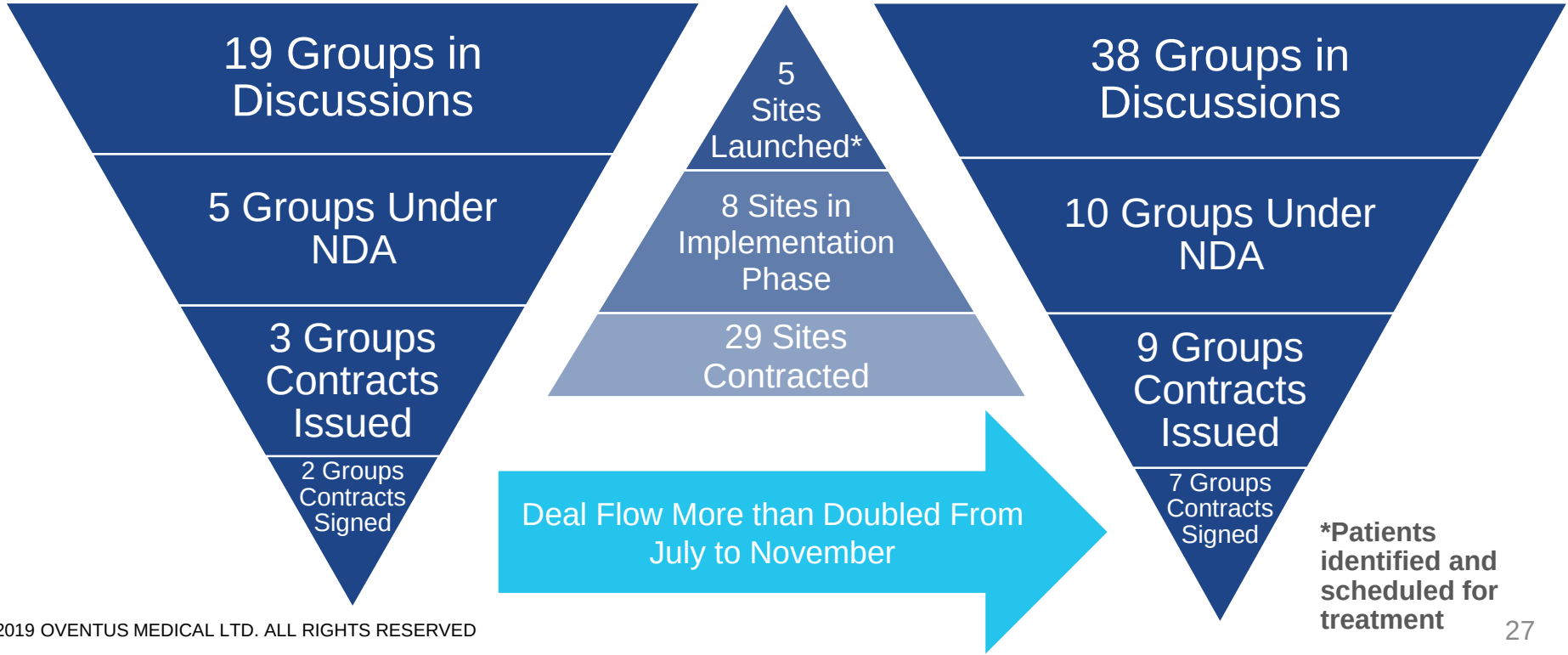
Current lab in lab “deal funnel” worth >$20M annualised and growing rapidly



***Patients identified and scheduled for treatment**

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Timeline of significant events

	1H CY2019	2H CY2019	CY2020
Major contracts	4 sleep/dental sites in **North Carolina** sign on to sell O_2Vent™ W/T models (22 May) ☑ First sleep groups signed in **Canada** across 7 sites (20 June) for O_2Vent™ Optima & ExVent™ ☑	Strong pipeline of negotiations with **Canadian, US and Australian groups** First sleep group signed in **US** (15 July). Subsequent agreements signed, now 29 sites contracted in US/Canada. ☑ Material contracts signed (16 July) to enable 'lab in lab' across both sleep and dental in **US** ☑	Agreements signed Agreements signed Agreements signed
Product launches	**Australia** O_2Vent™ Optima (nylon) Launched Jan 2019 (TGA registered) ☑ **Canada** O_2Vent™ Optima (nylon) Launched Feb 2019* ☑	**US** O_2Vent™ Optima (nylon), launch expected in 2H CY2019 (awaiting FDA approval) **Australia** ExVent™ valve Launched June 2019 (TGA registered) ☑ **Canada** ExVent™ valve Launched July 2019* ☑	**US** ExVent™ valve Launch expected in CY2020

*Canada recognises Australia's TGA regulatory registration.

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Board of Directors and Management

Dr Mel Bridges
Non-executive Chairman

Extensive experience as an Executive and Company Director in healthcare, agricultural technology, drug development, pathology, diagnostics and medical devices.

Has successfully raised in excess of $300M investment capital in the healthcare/biotech sector and been directly involved in over $1B in merger and acquisition and related transactions.

Ms Sue MacLeman
Non-executive Director

Very broad commercial experience in multiple companies – currently Chair of the Medical Technology and Pharmaceutical Industry Innovation Growth Centre.

Underpinned by graduate qualifications in pharmacy and post graduate qualifications in corporate governance, commercial law, business administration and marketing.

Sharad Joshi
Non-Executive Director

Boston based. Active in the medical technology industry for over 30 years, held senior positions for the past 10 years including global entrepreneurial medical devices CEO with experience in launching medical devices.
Holds qualifications in mechanical engineering in the biomedical space and also holds an MBA

Dr Chris Hart
Managing Director &
Chief Executive Officer

Experienced dentist with extensive business experience.

Heads up clinician engagement for the delivery of the Oventus appliances. Inventor of the core design.

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Mr Neil Anderson

Chief Technical Officer

Experienced CEO, project manager, materials scientist and entrepreneur. In-depth skills and knowledge of medical device commercialisation – in the field for over 30 years.

Has managed the R&D, manufacturing process and regulatory.

Mr Steve Denaro
Company Secretary

Experienced Company Secretary and Chief Financial Officer of various public companies and with major chartered accountancy firms in Australia and the UK.

Bachelor of Business in Accountancy, Graduate Diploma in Applied Corporate Governance and is a member of the Institute of Chartered Accountants in Australia & New Zealand.

US Oventus Team

Robin Randolph
Sr VP Sales, Marketing and Operations
Marketing & Sales executive 30+ years Sleep Industry. In-depth North America medical device commercialization experience. Former Dir. Sleep Initiatives and National Accounts- ResMed, Manager– Fisher & Paykel Healthcare NA Marketing

Masoud Vahidi
VP Operations, North America
15+ years leadership experience in upstream and downstream marketing of medical devices in sleep apnoea, COPD, and dental Restoratives products. Former Sr. Marketing Manager – KaVo Kerr

Phillip Miller
Leader Information Technology
Proven leadership 20+ years information technology systems and services across a range of industries and markets. Former VP Data & Communications - ResMed

Robyn Woidtke, MSN-Ed, RN, BSHS, R.PSGT
Director of Regulatory and Clinical Affairs
With a sleep medicine career spanning 30 years and extensive experience in the medical device industry. Former Director of Clinical Affairs - ResMed

David Bonenko
Vice President, Sales
Several decades of sales leadership and 10+ years' experience in the sleep medicine industry. Previously was VP Sales for SleedMed.

Peggy Powers
Manager Clinical Education
20+ years clinical educator and authority in the sleep & respiratory industry. Registered Respiratory Therapist. Former Manager Clinical Education – ResMed, former Clinical Educator – Fisher & Paykel Healthcare

Brian Ueda
Marketing Operations Manager
10+ years marketing career with extensive marketing operations and digital marketing experience in the medical device industry. Former Digital Marketing Manger – Fisher & Paykel Healthcare

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Key opinion leaders, clinicians and corporate experts in sleep medicine

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Medical Director, Idaho Sleep Health

Daniel B. Brown, Esq.
Partner, Healthcare and Corporate Practice Groups, Taylor English Duma LLP
Atlanta, Georgia

Dr. Richard K. Bogan, MD, FCCP, FAASM
Associate Clinical Professor at the University of South Carolina School of Medicine in Columbia, SC and Medical University of SC in Charleston, SC

Jerrold A. Kram, MD, FCCP, FAASM
Medical Director of the California Centre for Sleep Disorders

Myra G. Brown
President, MbrownGroup LLC

Pedro J. Cuartas, DDS
Clinical Director of South LA Dental Sleep Medicine
Owner-- Dental Sleep Services, LLC

Dr. Mark Hickey, MD, FAASM
Founder, Colorado Sleep Institute

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Corporate overview, ASX: OVN

Finances

Cash on hand 30 Sept 2019	$8,370,516
R&D Tax incentive received 6 Nov 2019	$828,000
Revenue FY2019 (ending 30 June 2019)	$332,000
Receipts from customers (Qtr end 30 Sept 2019)	$87,000

Capital structure

Shares on issue	130.53m
Options	4.48m
Share price (15 November 2019)	$0.54
Market Cap (15 November 2019)	$70.49m

Shareholders

Dr Chris Hart	20%
Other founders	8%
Other top 20 shareholders	31%
Remaining shareholders	41%

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Why now for OVN? Investment highlights

- Technology is clinically validated as **the most effective oral appliance for sleep apnoea** with treatment outcomes comparable to CPAP
- **Huge unmet medical need** with sleep apnoea treatment market worth >$US3 billion and forecast to grow substantially
- Company is at the **key critical commercialisation point** in key markets of the US, Canada and Australia
- Demonstrating interest: lab in lab **contracts with minimum quotas signed** / announced in June and second half of calendar 2019, now 29 sites engaged with 5 deployed and 8 in implementation phase
- Launch of the lab in lab business model set to **increase sales revenue in the second half** of calendar 2019 and enable greater adoption of Oventus' Sleep Treatment Platform
- Positioned for **significant revenue growth** well in to CY2020 due to a robust pipeline of additional agreements

Sleep Apnea Diagnostic & Therapeutic Devices Market, Markets and Markets, Table 98. China data – Anti-snoring Devices and Snoring Surgery Market: 2016-2024
https://www.marketsandmarkets.com/Market-Reports/sleep-apnea-devices-market-719.html

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Oventus Airway Technology

This is what our patients say about comfort when compared to a traditional oral device

“Due to my new Oventus device I have found that I am sleeping far better. Previously I had a sleep apnoea machine with a long hose and a nose piece. I was constantly battling with the hose because I felt like it was always pulling on my head. I was waking most mornings with a dry mouth and bloated stomach from the machine forcing air. I travel often and found it challenging to bring my machine with me. These things are no longer an issue thanks to my new Oventus device.”

Blake Schampers

“The Oventus device allowed me to sleep in a normal manner without my sleep being interrupted by leaking and ill-fitting masks. The Oventus device is also so much more easily mobile than machines and masks especially when travelling.”

David Nicoll

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Unmasking sleep apnoea

Dr Chris Hart

Founder & CEO

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Addendum

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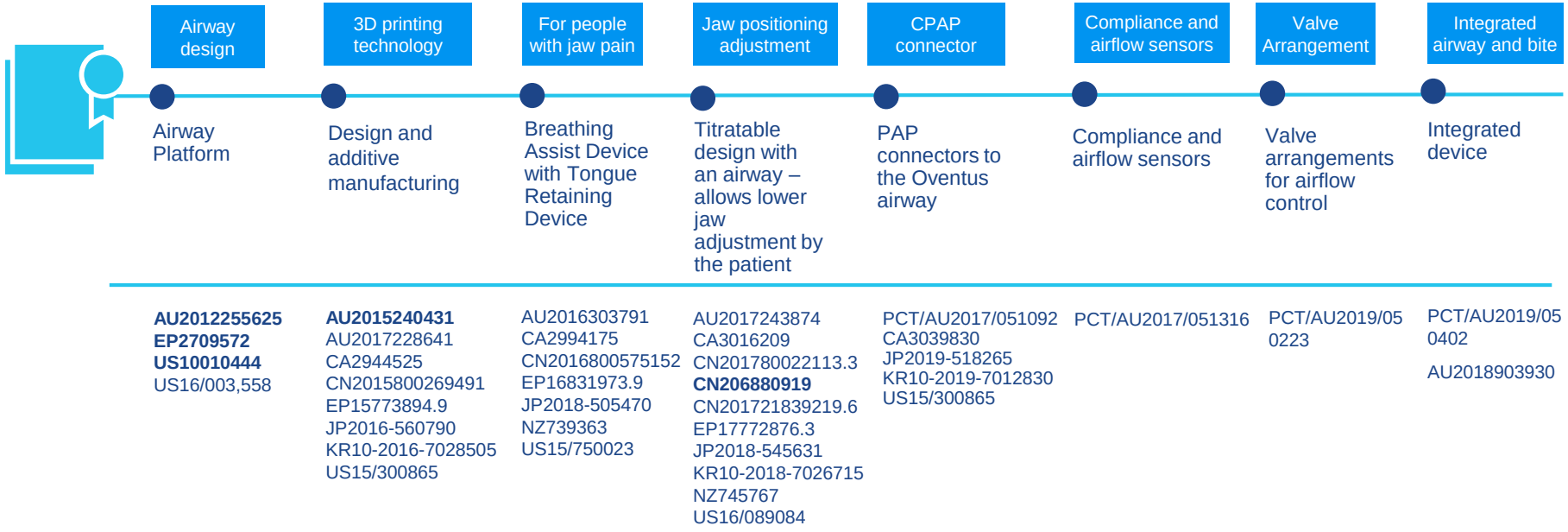
Intellectual Property: priority dates between 2032-2038



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Appliance validation - O_2Vent (Oventus Airway Technology)

Clinical trials to validate Oventus 'airway technology' and assist marketing

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Events
Sydney study (NeuRa) OVEN-005 CRC-P funded ($2.95m) 3 stages over 3 years 180 Patients in Total	**Pilot study**	**4**	**37 reduced to 8 = 78% reduction** **Airway Technology increased efficacy by 50% cf Traditional oral appliance**	**In addition to AHI reduction, 66% reduction in CPAP pressure required when using Oventus CPAP connector**	**Presented at AADSM/AASM Sleep 2017 in Boston**
	Nasal Resistance Study	**7** **39**	**34.4 reduced to 7.0 = 80% reduction** **29 reduced down to 14.5 = 50% reduction**	**Increased nasal resistance did not impact treatment outcomes**	**Interim results presented at Prague, World Sleep Congress (abstract) 9-12 October 2017** **Expanded results presented at European Respiratory Society in Paris September 2018**
	PEEP Valve Study	**22**	**21.6 reduced to 7.2 67% reduction In previous treatment failures**	**Success rates increased by 59% enabling over 75% of patients to be treated successfully without CPAP**	**Final results being presented at the ASA Sleep DownUnder Oct 2018** **Published in *SLEEP* June 2019**
	MAS Combo Study	**16**	**CPAP Pressure requirements reduced by 35-40%**	**Patients able to breathe through the device while using nCPAP eliminating the need for full face masks**	**Interim results presented at European Respiratory Society in Paris September 2018** **Expanded results presented at ASA Sleep DownUnder Oct 2018**

* Apnoea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnoea (OSA)

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Appliance validation - O_2Vent (Oventus Airway Technology)

Clinical trials to validate Oventus 'airway technology' and assist marketing

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Peer Review
Perth study OVEN-004	Airway Open/Airway Closed	10	69.6 reduced to 19.4 = 72% reduction	Airway Technology increased Efficacy by 30 %	Interim results: Auckland Sleep DownUnder, ASA Conference (abstract) 25 October 2017
Effect of Oventus Airway on Upper airway Physiology	Predictors of response to Oventus Airway	22**	53.6 reduced to 29.4 = 45% reduction	Physiologic Study showing females exhibited greater response to Oventus Airway Technology	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-003	Effect of Oventus Airway on Efficacy & Compliance	32	24 reduced to 10 = 58% reduction	Airway Technology increased response rate by 40% and success rate by 20% Increased efficacy in nasal obstructers and previous treatment failures	Final results presented at the ASA Sleep DownUnder Oct 2018
Brisbane study OVEN-001	Efficacy of Oventus O_2 Vent	29	42 reduced to 16 = 62.5% reduction	Same response rate and efficacy with and without self reported nasal congestion	Journal of Dental Sleep Medicine, Vol 4, No. 3
Total patients		171			

* Apnoea-Hypopnoea Index (AHI), known as 'sleep events' per hour occurring when the breathing airway collapses temporarily, leading to disruptions in breathing and sleep, in patients with Obstructive Sleep Apnoea (OSA)
** 10 patients data on this study were presented previously in Auckland Sleep DownUnder ASA Conference

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About Oventus

Oventus is an Australian medical device company with a proprietary technology for the treatment of *obstructive sleep apnoea (OSA).* Our focus is on treating those patients that are not being, or cannot be treated effectively with existing treatment modalities.

OSA is a massive, multibillion dollar and fast-growing market

There is a huge unmet need many times the size of the existing market due to the abandonment of existing treatments by the majority of patients

Oventus has a clinically proven ability to deliver superior outcomes for more than 80% of these patients with the first products in its treatment platform currently launching in the US with FDA clearance and existing reimbursement codes

Platform technology developed and company founded in 2013 by CEO, Dr Chris Hart B.Sc. B.D.Sc (Hons) M.Phil (Cantab), Oventus is listed on the Australian Securities Exchange (ASX:OVN)

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