



## INVESTOR UPDATE



# DISCLAIMER

The information in this presentation does not constitute personal investment advice. The presentation is not intended to be comprehensive or provide all information required by investors to make an informed decision on any investment in Oventus Medical Limited ACN 608 393 282 (Company). In preparing this presentation, the Company did not take into account the investment objectives, financial situation and particular needs of any particular investor.

Further advice should be obtained from a professional investment adviser before taking any action on any information dealt with in the presentation. Those acting upon any information without advice do so entirely at their own risk.

Whilst this presentation is based on information from sources which are considered reliable, no representation or warranty, express or implied, is made or given by or on behalf of the Company, any of its directors, or any other person about the accuracy, completeness or fairness of the information or opinions contained in this presentation. No responsibility or liability is accepted by any of them for that information or those opinions or for any errors, omissions, misstatements (negligent or otherwise) or for any

communication written or otherwise, contained or referred to in this presentation.

Neither the Company nor any of its directors, officers, employees, advisers, associated persons or subsidiaries are liable for any direct, indirect or consequential loss or damage suffered by any person as a result of relying upon any statement in this presentation or any document supplied with this presentation, or by any future communications in connection with those documents and all of those losses and damages are expressly disclaimed.

Any opinions expressed reflect the Company's position at the date of this presentation and are subject to change.

# Agenda

Obstructive Sleep Apnoea overview

---

Market opportunity

---

Increasing adoption rate led by Lab in Lab business model

---

Strategic response to pandemic

# OBSTRUCTIVE SLEEP APNOEA OVERVIEW



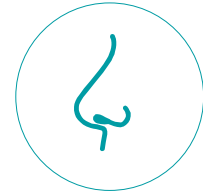
Obstructive sleep apnoea (OSA) is the most common type of 'sleep apnoea'



Compromises daytime functions leading to excessive sleepiness, memory impairment and depression



Co-morbidities include hypertension, heart disease, atrial fibrillation, stroke and diabetes



Occurs when there is obstruction or collapse of the nose, soft palate and lateral walls of the airway

**Risk factor for chronic disease**

**Cost burden US\$149.6B, US\$6,033<sup>1</sup> per person per year undiagnosed**



## THE TROUBLE WITH CPAP

**CPAP, the 'standard of care' works, but for many:**

Masks and straps are uncomfortable, leading to facial abrasion, strap marks, claustrophobia and limited ability to move in bed

---

Air pressures are hard to tolerate and CPAP can be noisy

---

Technology has an image problem

---

Cleaning and maintenance required, masks and hoses must be regularly resupplied

---

50%-60%<sup>1</sup> of patients quit CPAP within first year.

---

**Large US study<sup>2</sup> showed only 54% compliance long term**

# MANY PEOPLE HAVE NASAL CONGESTION AND CANNOT TOLERATE CPAP

The increase in nasal airway resistance can lead to mouth breathing.<sup>1</sup> 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*

## THE ALTERNATIVE TO CPAP

**Oventus O2Vent® Optima provides a patented airway which works, independently of nasal congestion**

Oventus O2Vent® technology helps customers sleep at night

---

It is comfortable and efficacious

---

It's the biggest innovation in sleep apnoea treatment for decades

---

O2Vent® is life changing.





## O2VENT® OPTIMA: HOW IT WORKS

Air travels through the channel and is delivered to the back of the throat.

Air goes in through the duckbill on inhalation and out on exhalation.

The device is adjustable, bringing the lower jaw forward and stabilising the airway.

The duckbill acts as a “second nose”. An open mouth is undesirable when sleeping, as an open jaw can cause breathing obstruction in the throat.





# OUTSTANDING CLINICAL SUCCESS REPORTED ACROSS RANGE

Conventional lower jaw  
advancement

**56%**<sup>1</sup> of patients  
treated  
successfully



Mandibular Advancement Devices

O2Vent® /  
O2Vent® Optima

**63%**<sup>2</sup> of patients  
treated  
successfully



O2Vent® + ExVent™ PEEP  
valve technology

**80%**<sup>3, 4</sup> of patients  
treated  
successfully



## CUMULATIVE SUCCESS RATES WITH OVENTUS AIRWAY TECHNOLOGY\*

\*Apnoea–Hypopnea Index (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. 4 ExVent available in Oventus' key markets of Australia and Canada, not yet approved in the US

## OVENTUS O2VENT<sup>®</sup> ADDRESSES >80% OF ALL OSA PATIENTS

**\$2B**

Market opportunity in the US

**12%**

### **OSA Patients in Need of Alternative**

6m US adult patients prescribed CPAP  
50% - 60% of CPAP patients quit within one year

**3M**

### **US Adults Suffer from OSA**

US represents 55% of the total global market

# OVENTUS IS DRIVING DISRUPTION IN 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

## Oventus is addressing these issues with new technology and a novel approach to care

- Clinically validated to be the most effective oral appliance with success rates comparable to CPAP<sup>1,2,3</sup>
- Digital workflow and virtual patient journey mean that Oventus' unique treatment modality can be delivered in both the sleep and dental channel
- Lab in Lab program increases revenue and profit for both the sleep and dental channel

## 'LAB IN LAB' MODEL BRINGS MORE PATIENTS INTO CARE

**By enabling dentists to take oral scans of patients mouths within the sleep facility (under a low capex model), 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 O2Vent, delivers  
device, handles reimbursement



Patient returns to sleep doc for  
follow up consultations

**Reimbursed under existing CPT codes for both commercial payers and government funded Medicare patients**

## WHAT IS DRIVING ADOPTION OF 'LAB IN LAB' MODEL?

Model adoption driven by acceptance of O2Vent® Optima as a true CPAP alternative by sleep community and simple delivery approach

---

The 'Lab in Lab' model increases revenue and profit for both the dentist and sleep groups while improving clinical outcomes for patients

---

It is a collaborative framework in which all stakeholders benefit

---



# AS AT APRIL 2020 'LAB IN LAB' DEAL FUNNEL WORTH >\$60M ANNUALISED\* AND GROWING RAPIDLY

## July 2019

19 groups in discussions

5 Groups Under NDA

3 groups contracts issued

2 groups contracts signed

Deal flow  
accelerating  
since July

## April 2020

115 groups in discussions

13 groups under NDA

7 groups contracts issued

13 groups contracts  
signed

## COVID-19: OVENTUS' STRATEGIC RESPONSE

**Significant cost saving measures** implemented – preserving capital for expected rebound in patient flow. Forecast net spend for March quarter revised down by one third

**Strong systems leveraged** to care for our own people and provide business continuity despite fast-moving environment

**Strong demand for Lab in Lab** continues to build despite macro environment. Existing and potential partners see Oventus technology and the Lab in Lab program as an opportunity to regain lost ground

**Scheduled launches progressing** for scheduled Lab in Lab sites, supported by virtual training and implementation

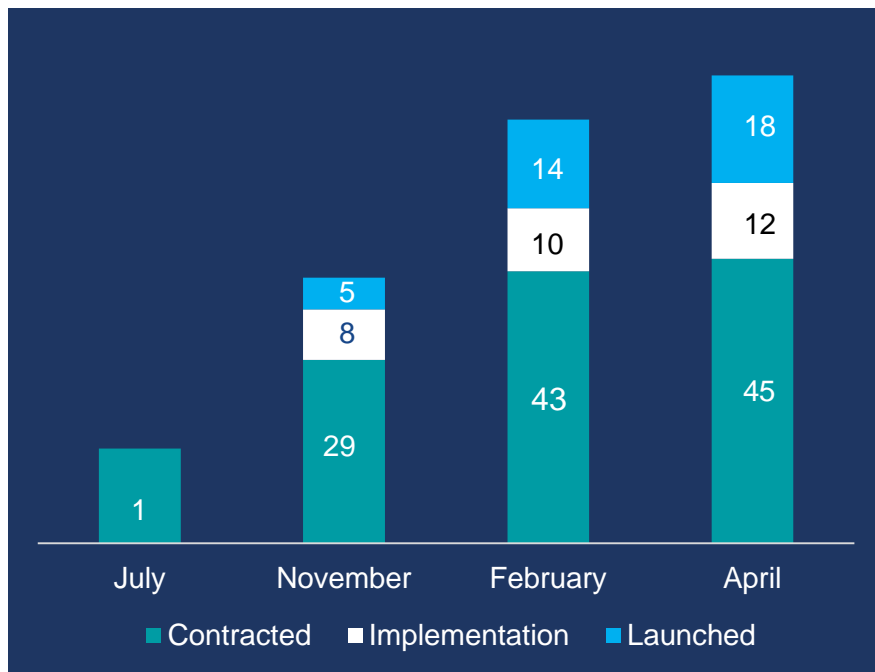
**Virtual / phone consultations** are driving patient flow. This new workflow is more efficient with potentially higher conversion rates to treatment and will become a permanent workflow change

**Appointments forward scheduled** with patient appointments building rapidly for Q4 FY2020. Insurance verification work being done up front to qualify patients and reduce lead time to revenue

**Near term revenue shift of 30-60 days is expected but demand for the clinical business model and technology is accelerating during pandemic**



# CONTRACT NEGOTIATIONS AND LAUNCHES CONTINUE THROUGH COVID-19



45 contracted sites in North America. Once fully launched, each site has a monthly minimum purchase order of 20 units per Lab in Lab site

Significant “funnel” of sleep facilities in negotiation across North America for Lab in Lab with 18 sites launched, a further 12 sites in the implementation phase and a robust pipeline of launches scheduled throughout 2020

Site launches continue with online training and patient identification, scheduling and insurance verification being managed remotely ahead of live launches scheduled for Q4 FY2020

Remote pre-launch training and patient management is expected to reduce lead times to revenue

# PATIENT SCHEDULING CONTINUES THROUGH COVID-19

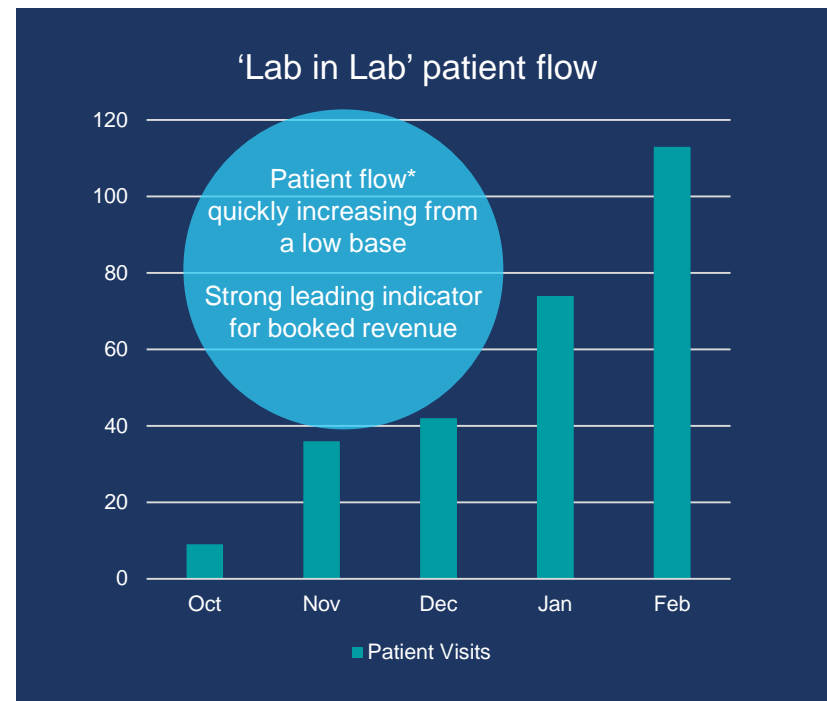
Launched Lab in Lab sites capable of generating over \$4.3m annualized revenue at minimum quotas

Contracted sites capable of generating over \$10.8m annualized revenue at minimum quotas

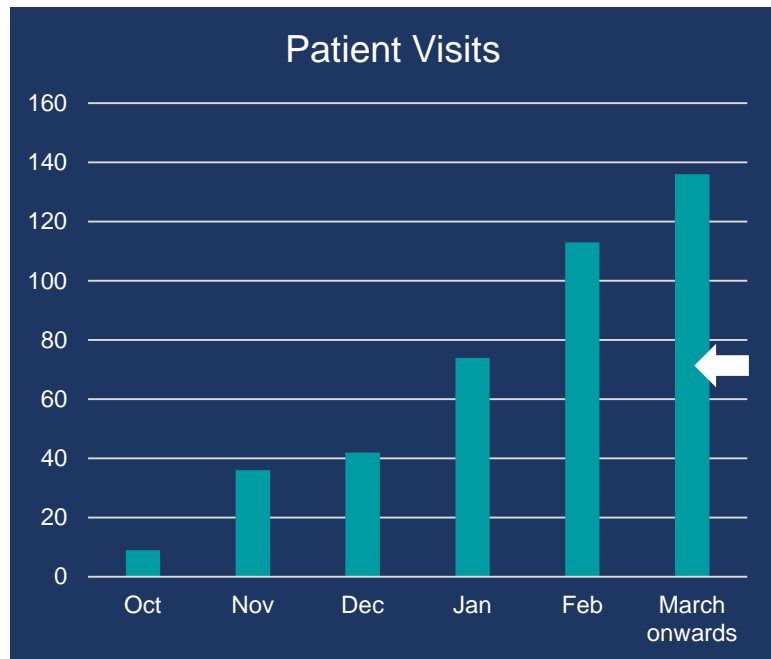
Patient flow was building quickly in March before being truncated by COVID-19, however there was still a solid uplift in booked revenue for Q3 FY2020

Existing patients and additional new patients are being scheduled for active treatment Q4 FY2020

Initial consultations being done via telehealth. Patient intake and insurance verification being done remotely to reduce lead time to revenue



## COVID-19: TIMELINE AND PATIENT FLOW



COVID-19 shut-downs start March 9<sup>th</sup> (arrow)

Oventus launches telehealth March 16<sup>th</sup>

Oventus fast tracks development of Homecare Model for launch in April

Patients scheduled for appointments from March onwards exceed February patient flow numbers

Under Oventus telehealth model, more patients convert from initial consultation to scan booking

Some sites continue to scan through March and April

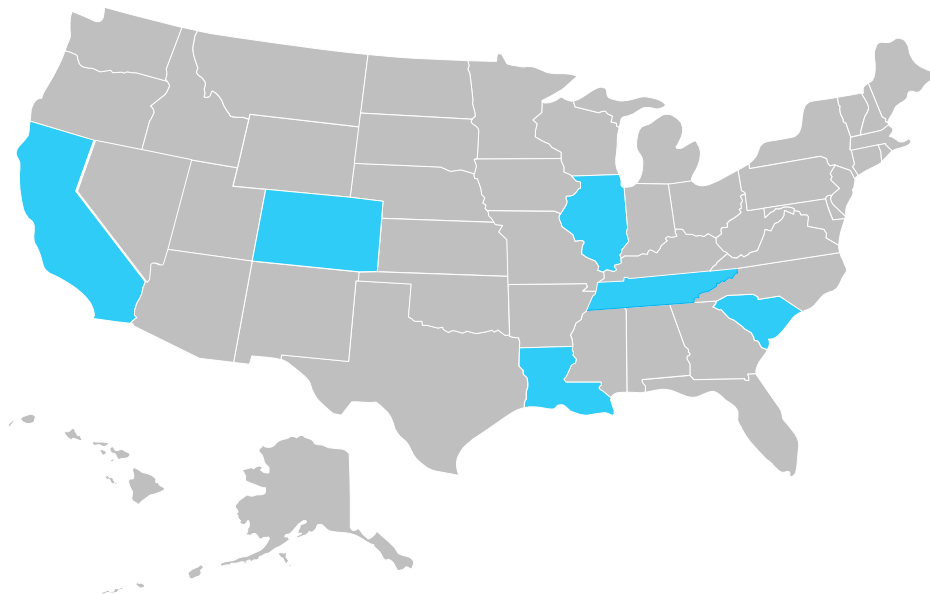
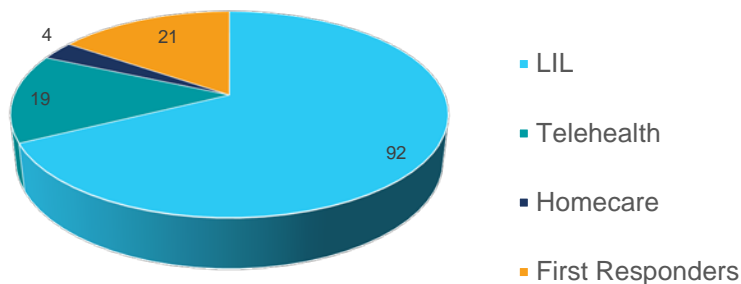
Most sites are expected to begin scanning again in May

# PATIENT SCHEDULING CONTINUES THROUGH COVID-19

A number of sites have continued to schedule in-lab or via telehealth and homecare across seven states (per map) in the US and two provinces in Canada through COVID-19

Telehealth emerging as a driver of patient bookings

Number of patient appointment bookings by type

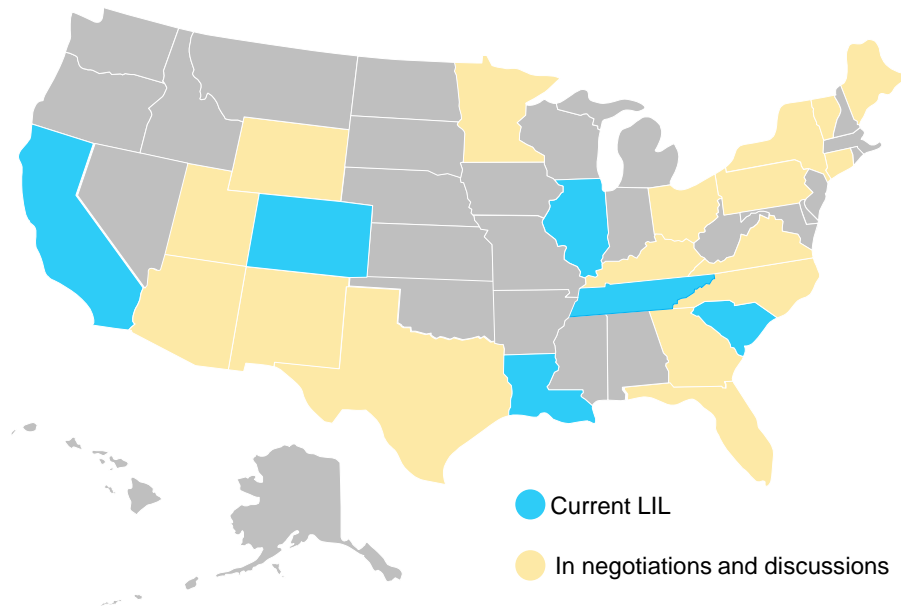


# PLANNING AHEAD FOR LAB IN LAB EXPANSION AS STATES REOPEN

Oventus is in deal negotiations across many other US states as sleep groups seek ways to fill revenue gaps

More states and site launches expected as North America comes out of COVID-19 lockdown

Demand is increasing for both the technology and clinical delivery model especially as sleep groups look to fill their revenue gaps and to treat patients for whom CPAP cannot be used during COVID-19 such as first responders



## RECENT DEVELOPMENTS: U.S. PANDEMIC OPERATING ENVIRONMENT

- In March, the American Dental Association and some state dental associations recommended dentists postpone elective procedures for the next three weeks to mitigate the risk of respiratory viral infection
- 
- The US Centres for Medicare and Medicaid Services announced expanded telemedicine coverage so that those patients at higher risk of respiratory viral infection could be consulted by physicians from within their homes<sup>1</sup>
- 
- The American Academy of Sleep Medicine noted that while published data was limited, there was some evidence that CPAP technology may have the potential<sup>2</sup> to increase the spread of respiratory virus within shared dwellings
- 
- The American Academy of Dental Sleep Medicine advises that decisions to provide oral appliance therapy when CPAP cannot be used must be made on a case-by-case basis

# EXCERPT FROM AASM WEBSITE (AS AT 25 MARCH 2020)



JOIN TODAY

LOG IN

Clinical Resources

Professional Development

Membership

Accreditation

About

Store



## Should patients with COVID-19, or suspected of having COVID-19, use CPAP at home?

If a patient is suspected or confirmed to have COVID-19, we suggest assessing risks and benefits of continuing to use a PAP (CPAP/BPAP) device at home.

### Considerations include:

#### WHAT ARE THE RISKS OF CONTINUING PAP THERAPY?

- There may be increased risk of transmission of COVID-19 to others in the environment if PAP is continued.
- Consider individuals residing in proximity to the patient, especially if they are **at risk for severe infection**. Dispersion of the virus with PAP is theoretically greater with than without PAP, but how much the risk to others changes specifically because of PAP therapy is not known.
- Viral particles **may persist for some time depending on the type of surface**.
- Persons at risk for infection from using PAP include co-habitants of the same dwelling.
- Additionally, whether it is possible for the patient to be re-infected from tubing, filters, and/or mask reuse is not known.



# CAN WE DELIVER ORAL APPLIANCES IN THE CURRENT SITUATION?

## Excerpt from pandemic update from the American Academy of Dental Sleep Medicine (As at March 18<sup>th</sup> 2020)

Many members have reached out to the AADSM asking whether providing oral appliance therapy is considered emergency dental care given that it treats a medical disorder, opens the airway and may be an option for patients with COVID-19 when PAP therapy is not recommended.

Decisions to provide oral appliance therapy must be made on a case-by-case basis. Both the dentist and patient must assess and completely understand the potential risks and associated consequences and agree to accept both before providing oral appliance therapy, especially those related to the potential spread of COVID-19.

The AADSM encourages dentists to make well-informed decisions, in consultation with their patients, when determining whether to provide OAT.



NewsFlash

March 2020

## COVID-19 Update

The ADA and some state dental associations are recommending dentists postpone elective procedures for the next three weeks to mitigate the spread of COVID-19.

Many members have reached out to the AADSM asking whether providing oral appliance therapy is considered emergency dental care given that it treats a medical disorder, opens the airway and may be an option for patients with COVID-19 when [PAP therapy is not recommended](#).

Decisions to provide oral appliance therapy must be made on a case-by-case basis. Both the dentist and patient must assess and completely understand the potential risks and associated consequences and agree to accept both before providing oral appliance therapy, especially those related to the potential spread of COVID-19.

The AADSM encourages dentists to make well-informed decisions, in consultation with their patients, when determining whether to provide OAT.

Links to some resources are included below for your information.

- [CDC](#)
- [State departments of health](#)
- [Local departments of health](#)
- [OSHA](#)
- [ADA](#)
- [AASM guidelines for sleep specialists](#)

## A Briefing for AADSM Members

# HELPING FIRST RESPONDERS DURING PANDEMIC

Oventus and its sleep partners are helping frontline workers in Canada suffering with OSA during the current pandemic

---

Firefighters on shifts overnight in Toronto are no longer allowed to use their CPAP machines at work<sup>1, 2</sup>

---

Thanks to an initiative between Denturist Patrick Strong and Dr Sat Sharma, operating in the Province of Ontario Canada, Canadian frontline workers are now accessing O2Vent® Optima oral appliances to treat their sleep apnoea

---



Photo by Adelle Loiselle, Blackburn News

## WORKING WITH 'LAB IN LAB' PARTNERS IN PANDEMIC OPERATING ENVIRONMENT

- Sleep groups and other providers of medical care have rapidly switched to telehealth as their main platform to engage with patients

---

- Current pandemic has provided a cultural shift that has made telehealth more acceptable to patients and is supported by stakeholders including regulators and payers

---

- Sleep groups continue to identify and schedule patients via telehealth and Oventus is providing online and remote assistance to the sleep facilities in managing the patient journey with additional telehealth consultations, online patient intake, insurance verification and scheduling for a scan for the fitting of an O2Vent Optima

---

- New and existing patients are currently being scheduled in Q4 FY2020 for in lab scanning

---

- If home sheltering and social distancing make attending the facility a challenge, a home care model has also been launched

## PANDEMIC STRATEGIC RESPONSE, HOME CARE

**While many U.S. state governments require resident lock down or restriction of services, Oventus is finalising development of a home care model in collaboration with sleep group partners to enable treatment delivery to patients in their homes**



If a prescription is required, patient is diagnosed at home via telehealth / home sleep testing



Once an O2Vent Optima is prescribed, a mobile clinician can attend the home of the patient to scan their mouth

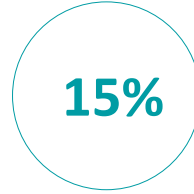


After it's 3D printed from oral scan data, O2Vent Optima can be delivered to patients at home and instructions for use and follow up can be delivered via telehealth

# U.S. MEDICARE REIMBURSEMENT PROVIDES ACCESS TO O2VENT OPTIMA



Notification was received on February 14 that O2Vent Optima is reimbursable for those patients covered by United States Centres for Medicare & Medicaid (CMS, funded by the US federal government)



15% of the US population, or 64 million<sup>1</sup> beneficiaries are currently enrolled in the US Medicare program



Dentists can now bill and be reimbursed not only by Medicare, but other commercial payers that follow CMS policy

**THIS SIGNIFICANT MILESTONE OPENS UP A WHOLE MARKET THAT MAY NOT HAVE PREVIOUSLY BEEN ABLE TO ACCESS OVENTUS TREATMENT**

# AEROFLOW AN EXCEPTIONAL GROWTH PARTNER THROUGH CURRENT PANDEMIC AND BEYOND



Aeroflow, a fast growing US sleep group, recently signed with Oventus and has identified seven of its own sites to launch across the US nationally, as it executes an aggressive growth plan



In addition, Aeroflow has signed a master agreement with Oventus which will see it offer Oventus technology under subcontracts to regional sleep groups nationwide



Aeroflow has a large existing patient population across the US with sophisticated marketing systems for promotion of Oventus' technology and remote patient management via telehealth



In line with other agreements there are minimum quotas of 20 patients to be treated with Oventus' O2Vent Optima per Lab in Lab site, per month once fully operational

# OVENTUS MEDICAL BOARD OF DIRECTORS

Experience in the health & medical industries and early stage companies



**DR MEL BRIDGES**  
Chairman and  
Non-Executive Director

Over 35 years' experience founding and building international life science, diagnostic and medical device companies and commercialising a wide range of Australian technology.



**SUE MACLEMAN**  
Non-Executive Director

Sue has more than 30 years' experience as a pharmaceutical, biotechnology and medical technology executive having held senior roles in corporate, medical, commercial and business development.



**PAUL MOLLOY**  
Non-Executive Director

Based in Southern California, Paul has considerable global and US medical device industry expertise, with twenty-five years' experience leading a range of public, private and venture capital funded healthcare companies. He is currently President and CEO of ClearFlow Inc., a US-based medical device company.



**DR CHRIS HART**  
Founder and CEO

As the inventor of the O2Vent technology, Chris is overseeing the launch of the O2Vent to patients and through clinicians via dentists and the Lab in Lab model. Chris has relocated to the US to assist with roll-out of the Oventus Sleep Treatment Platform.



**SHARAD JOSHI**  
Non-Executive Director

Based in Boston, Sharad has worked in the medical technology industry for over 30 years. He has held senior positions including as a global entrepreneurial medical devices CEO, with experience in launching medical devices and a strong track record of driving rapid global growth.



**JAKE NUNN**  
Non-Executive Director

California based, Jake has more than 25 years' experience in the life science industry as an investor, independent director, research analyst and investment banker. Jake is currently a venture advisor at New Enterprise Associates (NEA).



# US OVENTUS TEAM



## **ROBIN RANDOLPH**

**Sr VP Sales, Marketing  
& 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



## **ROBYN WOIDTKE, MSN-ED, RN, BSHS, RPSGT**

**VP Regulatory, Clinical  
& Quality**

With a sleep medicine career spanning 30 years and extensive experience in the medical device industry. Former Director of Clinical Affairs - ResMed



## **PEGGY POWERS**

**Sr. 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 Manager – Fisher & Paykel Healthcare

# US MEDICAL TECHNOLOGY ADVISORY BOARD

Key opinion leaders, clinicians and corporate experts in sleep medicine



**DR. LEE A. SURKIN,  
MD, FAASM**

Chief Medical Officer of N3Sleep



**DR. MARK A. RASMUS,  
MD, FAASM**

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 Center 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

# FINANCES: CORPORATE OVERVIEW, ASX: OVN

## Overview

Cash on hand 31 Mar 2020	\$4,622,000*
Revenue to Q3 FY2020 (ended 30 Mar 2020)	\$277,000
Booked revenue for Q3 2020 (ended 30 Mar 2020)	\$160,000, up 50% on Q2 2020

## Capital structure (as at 27 April)\*

Shares on issue	130.53m
Options	6.00m
Share price (27 April 2020)	\$0.29
Market Cap (27 April 2020)	\$37m

## Shareholders (as at 27 April)\*

Dr Chris Hart	20%
Other founders	7.4%
Other top 20 shareholders	30.8%
Remaining shareholders	41.8%

\* On 1 May OVN announced a Placement to raise \$4.65m through the issue of 19.4m shares @ \$0.24/share and an underwritten Share Purchase Plan to raise \$2m through the issue of 8.3m shares @ \$0.24/share. Subscribers under the Placement and SPP will also receive an option exercisable at \$0.36 on or before 30 June 2021 on a 1 for 2 basis, subject to shareholder approval. Please refer the ASX Announcement.

## ASX: OVN | share price history



## WHY INVEST IN OVENTUS NOW?



Market disrupter: 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<sup>1</sup> and forecast to grow substantially



Demonstrating adoption: Lab in Lab contracts with minimum quotas signed / announced from June 2019 onward, now 45 sites engaged with 18 deployed (or launching in April) and 12 in implementation phase



Telehealth and homecare models underpin ability to safely deliver treatment to patients and increasing conversion rates from patient bookings to device orders. Recent Medicare approval opens up a new market



Significant opportunity to help plug a treatment gap, during current pandemic as evidenced by first responders interest



Patient bookings continue to increase and patient flow is expected to accelerate rapidly as sheltering restrictions are gradually lifted in North America

## OVENTUS AIRWAY TECHNOLOGY



*"I wanted a treatment approach conducive to my lifestyle, as I travel frequently. CPAP and other oral appliances seemed too cumbersome to me.*

*The O2Vent Optima is comfortable and easy to use, which makes it easy to stick with it as a treatment. After only a few weeks of use, I've noticed my daytime alertness and energy have increased and my snoring, much to the relief of my wife, has decreased."*

***Ervin Magic***



**Dr Chris Hart**

Founder & CEO  
[chris@oventus.com.au](mailto:chris@oventus.com.au)

+1 949 599 8948





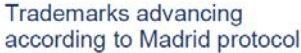
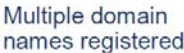
# Addendum



100

AU2012255625 EP2709572 (DK, FI, FR, DE, NL, NO, SE, GB) US10,010,444 US16/003,558	AU2015240431 AU2017228641 CA2944525 CN201580026949.1 EP15773894.9 JP2016-560790 KR10-2016-7028505 US15/300,865 MO J/4021	AU2016303791 CA2994175 CN2016800575152 EP16831973.9 HK18108763.8 JP2018-505470 NZ739363 US15/750,023	AU2017243874 CA3016209 CN201780022113.3 CN201621125219.5 CN201721839219.6 EP17772876.3 HK19127755.7 JP2018-545631 KR10-2018-7026715 NZ745767 US16/089,084	AU2017343672 CA3039830 CN201780076017.7 EP17860264.5 JP2019-518265 KR10-2019-7012830 NZ752624 US16/340,519	AU2017369738 CA344314 CN201780084588.5 EP17876938.6 JP2019-525808 NZ752621 KR10-2019-7017495 US16/465,023	PCT/AU2019/050223	PCT/AU2019/050402P CT/AU2018/051132
--	--	---	---	---	--	-------------------	--

As at 2 March, 2020



# APPLIANCE VALIDATION - O2VENT

## (OVENTUS AIRWAY TECHNOLOGY)

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Events
<b>Sydney study (NeuRa) OVEN-005</b>	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
<b>CRC-P funded (\$2.95m)</b>	Nasal Resistance Study	7	34.4 reduced to 7.0 = 80% 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
		39	29 reduced down to 14.5 = 50% reduction		
<b>3 stages over 3 years</b>	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 <i>SLEEP</i> June 2019
<b>180 Patients in Total</b>	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

# APPLIANCE VALIDATION

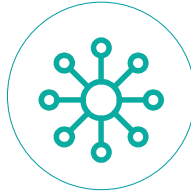
## O2Vent (Oventus Airway Technology)

Name	Study/ Investigation	Patients completed (per Nov 2018)	Results - reduction in AHI (sleep events per hour)*	Commentary	Peer Review
<b>Perth study OVEN-004</b>	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
<b>Effect of Oventus Airway on Upper airway Physiology</b>	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
<b>Brisbane study OVEN-003</b>	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
<b>Brisbane study OVEN-001</b>	Efficacy of Oventus O2Vent	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

## 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.



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)

**OSA IS A MASSIVE, MULTIBILLION DOLLAR AND FAST-GROWING MARKET**