The Cure for Chronic Wounds

E-QURE

ELECTRIC QUICK ULCER REMEDY

INVESTOR PRESENTATION - MAY 2015

OTCQB: EQUR

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E-QURE
ELECTRIC QUICK ULCER REMEDY

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EXECUTIVE OVERVIEW

E-QURE
ELECTRIC QUICK ULCER REMEDY

E-QURE Corp. (OTCQB: EQUR); formerly known as ADB International Group) proprietary Electric Quick Ulcer Remedy (E-QURE) BST electrical stimulation treatment has been proven to be the most effective solution for quick, painless and friendly healing of chronic, hard-to-heal wounds and ulcers.

- Proprietary technology: US pat 6,941,173 granted – 2005, Valid Until May 2021
- Three main shareholders are the founders - Ron Weissberg, Ohad Goren and Itsik Ben Yesha.
- Strong Scientific Advisory Board and clinical studies supporting methodology
- Market Cap (May 15, 2015) - $8.36 million
- Funds available for operation – until mid of 2016.
- Additional Information – www.e-qure.com

OPPORTUNITY

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- Huge market size - $25B worldwide
- Growing medical problem > 8% annual growth in the western world
- Numerous types of treatments - No real solution
- Real need to reduce medical economic burden
- World wide recognition for our proprietary electrical stimulation technology
- Successful case studies completed in Israel and Italy
- Short time to market – immediate in most countries, and ~3 years in the USA
- Defined path for FDA approval in the U.S. and commercialization in select international countries

WOUND CARE – HUGE MARKET OPPORTUNITY

$25 billion annually is spent treating wound care in the U.S. alone. On a global scale, there are no other significant players in providing Electrical Stimulation (ES) treatment as a means to heal wounds quicker and faster than ever before.

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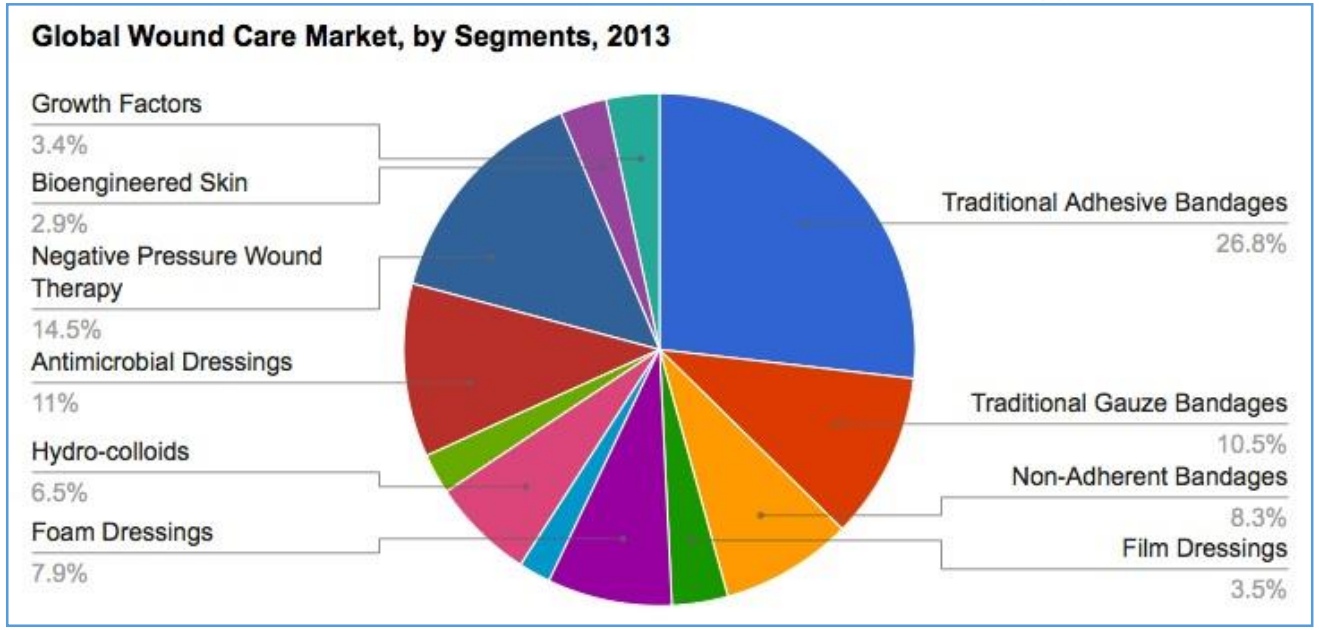
A Rising Scourge

Why improvements in wound healing are so important

- **An estimated $25 billion** is spent annually on treating chronic wounds on patients in the U.S.
- **6.5 million people** are affected by chronic wounds.
- **Wounds are associated with diabetes,** clogging of the arteries, vein diseases, neurological problems, rheumatologic illnesses, inflammation of blood vessels and other medical difficulties.
- **Up to 25% of all diabetics** will develop a diabetic foot ulcer or wound.
- **Wound infections are the most expensive** complications following surgery and are a major source of bacteria that drive infection rates in hospitals.
- **Wounds will become more common** with an aging population and increasing prevalence of chronic disease.
- **Obese patients are at greater risk** of wounds because poor nutrition and circulation impede healing and skin folds increase infection risk.

Sources: Johns Hopkins School of Medicine; Wound Repair and Regeneration ; WSJ reporting

The Wall Street Journal



HEALTH CARE COSTS FOR CHRONIC WOUNDS TOP $20B ANNUALLY IN THE U.S. ALONE

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- Chronic wounds (wounds that have not proceeded through a reparative process in three months) affect over five million Americans each year, resulting in over $20 billion in health care costs.
- Individuals with disabilities and diabetes, as well as the elderly, have the highest risk of developing chronic wounds. Patients afflicted with chronic wounds suffer from physical pain and disabilities in addition to psychological and emotional stresses and poor quality of life.
- Current treatments for chronic wounds include cleansing, debridement, maintaining a moist tissue environment and in advanced cases amputation may become necessary.
- Death, especially in elderly patients, may result from sepsis that can be associated with chronic wounds.

Source: NIH (National Institute Of Health)

CHRONIC WOUNDS (ULCERS) POSE A MAJOR PROBLEM

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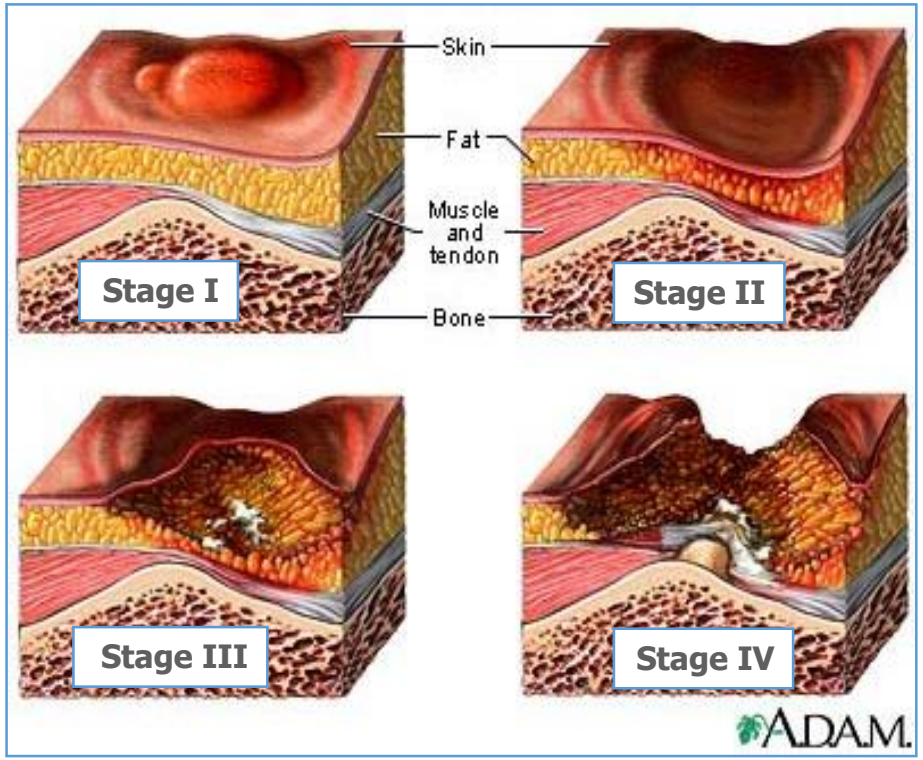
Four stages severity systems of wounds:

(Stage IV being the most severe)



Stages III & IV Ulcers

- Require hospitalization
- Are most problematic to treat
- With low probability of healing

E-QURE SOLUTION – BIOELECTRICAL SIGNAL THERAPY (BST)

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NONINVASIVE PAINLESS ELECTROTHERAPY DEVICE

- ✓ 60 - 90 minutes per day
- ✓ 45 - 60 days of treatment
- ✓ Both Home and Clinic Care
- ✓ Complies with standard of care
- ✓ Painless and easy to use
- ✓ Approved for use in Europe (CE), Australia, Canada & Israel.
- ✓ Device includes Stimulus Generator and soft surface disposable electrodes
- ✓ Application process: Electrodes placed on the sides of the ulcer where they can remain for up to 3 days. Electrodes are replaced when bandages are replaced.

HOW DOES IT WORK?

The **"current of injury"** measured during the natural healing process is absent or weak with chronic wounds

- ❑ A unique **patented waveform signal that mimics** the naturally occurring **current of injury** is transmitted to the skin surface around the wound site
- ❑ The BST signal enables both the **stimulation** of sensory nerves and direct stimulation of the ulcer tissues
- ❑ The nervous system interprets the transmitted pulse from the damaged area and **initiates healing activity** to the wound tissues

Introduction Movie

E-QURE BST TREATMENT - RESULTS

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E-QURE BST TREATMENT – CASE SAMPLE

Cured Diabetic Foot Ulcer of **27 months** Wound Age within 60 Days.

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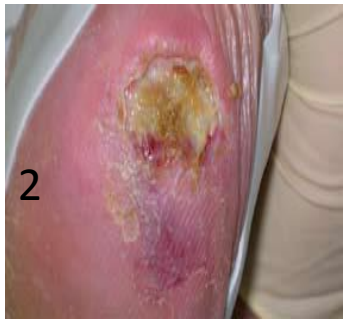

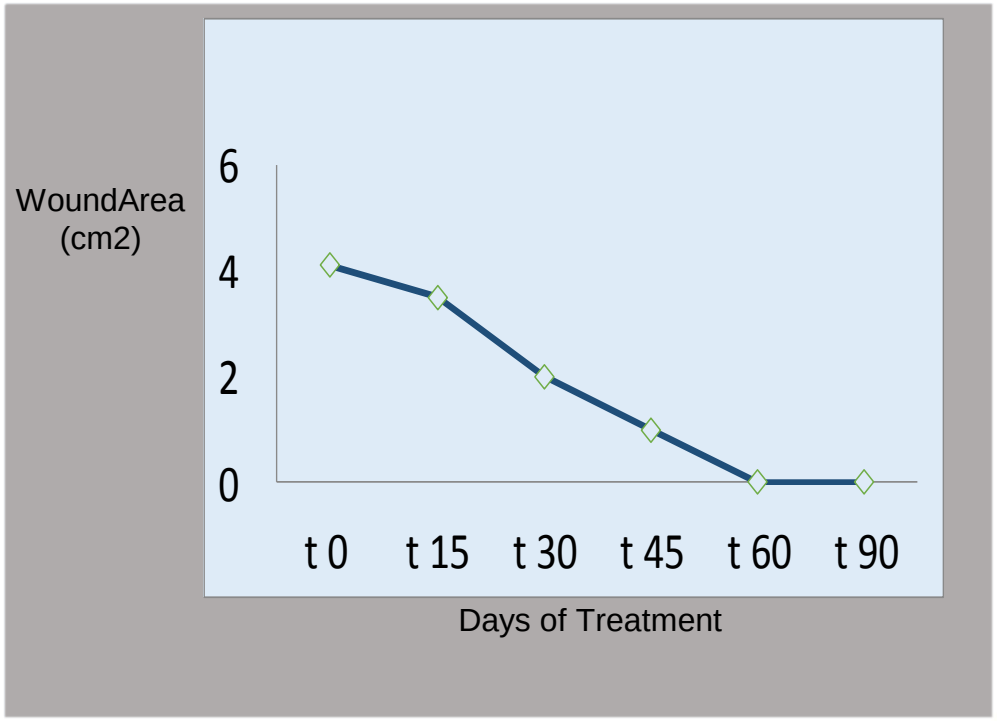

Other actual cases: https://docs.google.com/file/d/0BzBBIZuLOk4iMDAteHE3UHNXQmc/edit?usp=sharing

CLINICAL STUDIES: ISRAEL & ITALY

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ISRAEL: Multi Center, Double-blind, Randomized, Placebo-controlled study (Monitored by Harrison Group)

- *In-patients, with stage III, non-diabetic pressure ulcers lasting ≥90 days, per NPUAP scoring system*
- *8 weeks treatment followed by 12-week follow-up*

Results:

- *5 times Closure rate with E-QURE – BST vs. Control group. p=0.044*
- *Twice Faster epithelia progression with BST vs. Control group. p=0.033*
- *No unanticipated adverse events*

Conclusion:

- ***study has established complete safety and efficacy results***

https://docs.google.com/file/d/0BzBBIZuLOk4iaWRqd2JHdEhaakk/edit?usp=sharing

TURIN, ITALY: Observational case series to evaluate the effect and tolerability of E-QURE BST (Prof Ricci – Journal of Wound Care 2010)

- *9 patients with 11 ulcers (Wound age: 18 months to 20 years)*
- *E-QURE BST treatment 30 minutes, 3 times a day, for 60 days*

Results:

- *Mean wounds area reduction 82.5% (SD=25.2%)*
- *Full closure rate (healing) 45% within the 60 days period*

http://www.journalofwoundcare.com/cgi-bin/go.pl/library/article.cgi?uid=47278;article=JWC_19_3_96_103

SUPERIORITY OF E-QURE BST

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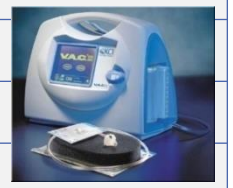
	E-QURE	KCI V.A.C.
Type of Treatment	Electrical Stimulation	Vacuum Negative Pressure
Daily cost	$50	$100
Daily dose	3 X 30 min	20 hours per day
Patient friendly	Non-invasive, No-pain	Invasive, painful
Operator	Anyone	Trained professional
Therapeutic Effect:		
Ulcer closure rate improved	Yes (p=0.040)	NA
Faster epithelia progression	Yes (p=0.033)	NA
Reduced ulcer width & volume	Yes	Yes



- ✓ *Quality of patient life – Non-invasive painless treatment*
- ✓ *Mobility – patient is not confined to bed*
- ✓ *Efficacy– better therapeutic effects*
- ✓ *Efficiency – reuse the device for multiple patient*
- ✓ *Cost Effective – Dominant Economical product*

THE ULCER HEALING CONSENSUS IN FAVOR OF ELECTRICAL STIMULATION (ES)

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NATIONAL PRESSURE ULCER ADVISORY PANEL

epuap European Pressure Ulcer Advisory Panel

There is a consensus that **electrical stimulation (ES) facilitates wound healing**.
ES is recommended by guidelines issued by both EPUAP and NPUAP (EU and US Pressure Ulcers Advisory Panels) for the treatment of recalcitrant pressure ulcers.
http://www.epuap.org/guidelines/Final_Quick_Treatment.pdf

NIH site expresses a statement preferring ES:

NATIONAL INSTITUTES OF HEALTH

"ES is the use of electrical current to stimulate a number of cellular processes important to pressure ulcer healing. **ES appears to be most effective on healing recalcitrant Stages III and IV pressure ulcers.** Thus, electrical stimulation should be considered for non-healing pressure ulcers."
http://www.ncbi.nlm.nih.gov/books/NBK2650/#ch12.s20

US INSURERS PREFER ELECTRICAL STIMULATION (ES)

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"Electrical stimulation refers to the application of electrical current through electrodes placed directly on the skin in close proximity to the wound. Electromagnetic therapy involves the application of electromagnetic fields rather than direct electrical current. Both are proposed as treatments for chronic wounds."

"Since the 1950's, investigators have used **electrical stimulation as a technique to promote wound healing,** based on the theory that electrical stimulation may:

- Increase ATP concentration in the skin
- Increase DNA synthesis
- Attract epithelial cells and fibroblasts to wound sites
- Accelerate the recovery of damaged neural tissue
- Reduce edema
- Increase blood flow
- Inhibit pathogenesis"

BlueCross BlueShield

http://www.bcbsms.com/index.php?q=provider-medical-policy-search.html&action=viewPolicy&path=%2Fpolicy%2Femed%2FElectrostimulation+and+Electromagnetic+Therapy+for+the+Treatment+of+Chronic+Wounds.html

E-QURE VALUE PROPOSITION

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- Price per Day of BST Treatment (End User Price) ~ $50
- Average Treatment Period ~ 45 to 60 days

	AVERAGE COST OF TREATMENT
E-QURE - BST	$3,000
KCI - V.A.C Therapy	$7,000

CURRENT TREATMENT COSTS/ REIMBURSEMENT DATA

Treatment costs (single full thickness Pressure Ulcer) = $70,000

Additional Indirect Cost of Treatment = $43,000

Mean reimbursement for services for Single Diabetic Ulcer = $35,000

REIMBURSEMENT FOR ES IN THE USA

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Existing Reimbursement Code

- Healthcare Common Procedure Coding System (HCPCS) code E0769
- Reimbursement of up to $70 per day
- Reimbursement amount to the patient is roughly $3,000 (based on 60 days)
- Adjunctive treatment to standard of care (SOC) for non-healing wounds

"The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. Chronic ulcers are defined as ulcers that have not healed within 30 days of occurrence. ES or electromagnetic therapy will be covered only after appropriate standard wound therapy has been tried for at least 30 days and there are no measurable signs of improved healing. This 30-day period may begin while the wound is acute."

Source: CMS

http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=131&ncdver=3&DocID=270.1&bc=gAAAAAgAAAAAAA%3D%3D&

US INSURERS CLAIMS – FDA APPROVAL NEEDED

aetna℠

Policy number 0680

"Aetna considers electrical stimulation (electrical current via electrodes placed directly on the skin in close proximity to the ulcer) medically necessary durable medical equipment (DME) for the management of the following types of chronic ulcers when it is used as adjunctive therapy after there are no measurable signs of healing for at least 30 days of treatment with conventional wound treatments.

- ❖Arterial ulcers; or
- ❖Diabetic ulcers; or
- ❖Stage III (defects extending into the muscle) or Stage IV (defects extending into the bone or the joint) pressure ulcers; or
- ❖Venous stasis ulcers."

BlueCross BlueShield

"**At the present time, there are no electrical stimulation or electromagnetic therapy devices that have received approval from the U.S. Food and Drug Administration (FDA) specifically for the treatment of wound healing**. A number of devices have been cleared for marketing for other indications. Use of these devices for wound healing is an off-label indication."

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IMMEDIATE STRATEGY: 2015 – 2016

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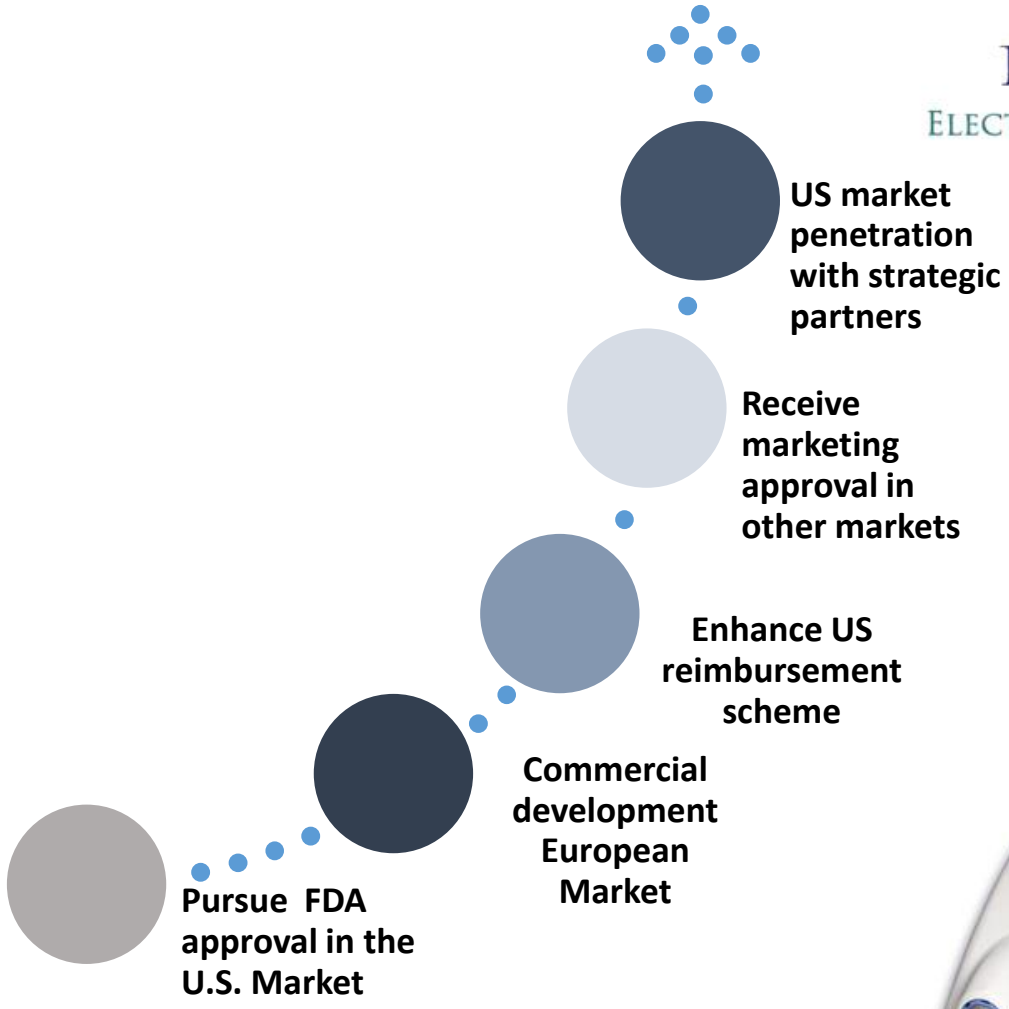
US pat 6,941,173 granted – 2005, Valid Until May 2021

Claim no 1:
A method for the treatment of a sore, the method comprising the steps of: (a) situating electrodes in a vicinity of the sore of a patient to be treated, and (b) externally inducing a percutaneous flow of electrical current between said electrodes by establishing at least one voltage wave form across said electrodes, wherein said at least one voltage wave form includes a wave form designed to substantially mimic characteristic natural voltage wave form emissions of at least one electrically active sore.

https://www.google.com/patents/US6941173?dq=6,941,173&hl=en&sa=X&ei=oTdmUuziK-eO4ASQ8ICgAw&ved=0CDkQ6AEwAA



E-QURE'S ROAD MAP

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March 2014

FDA Regulatory Approval Process

FDA Clinical Trial

Primary end Points:

- Safety
- Efficacy

PMA process

- IDE Submission

-FDA Discussion

June 2015

ROW Commercialization

Commercial approvals:
- CE renewal
- AMAR renewal
- Canadian renewal

Distribution approvals:
- Germany
- Argentina

Agreements in one or two leading territories.

Dec 2016

US Business Development

Accepting FDA approval

Targeting specific marketing efforts

Joint Venture with market leaders

Increasing awareness to E-QURE BST treatment.

2017

Reimbursement

Education process for existing code.

Applying specific code for E-QURE BST

Applying BST code as primary treatment for chronic wounds.

LATEST M&A'S IN THE WOUND CARE MARKET

KCI – bought by APAX - 2011

Price - $6.2 Bn
Status - Delisting, $2Bn Sales
FDA - Yes
Products - V.A.C. = 75% of sales

http://www.apax.com/news/apax-news/2011/november/apax-partners,-cppib-and-psp-investments-complete-acquisition-of kinetic-concepts,-inc.aspx

Systagenix – bought by KCI – July 2013

Price - $485M
Status - Private
FDA - Yes
Products - Dressings

http://www.apax.com/news/portfolio-company-news/2013/july/kci-to-acquire-systagenix.aspx

PolyHeal – MediWound – bought by Teva - 2010

Price - $503M
Status - Private
FDA - No
No. of products - 2 (Polyheal, Mediwound)

BlueSky – bought by Smith & Nephew - 2006

Price - $110M
Status - Private
FDA - Yes
Products - Negative Pressure
Breakthrough - No (me too) Like KCI V.A.C

http://seekingalpha.com/article/35313-smith-nephew-buys-bluesky-to-penetrate-wound-care-market

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MANAGEMENT TEAM

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• **Mr. Ron Weissberg** - ***Chairman*** - Over 20 years of executive experience in the Financial industry in companies specializing in Real Estate, Insurance, Rating & Credit Agencies, and Investment Funds. Extensive experience in the Bio-Med industry around the world. Holds an MBA, New York University and BSc. Industrial Engineering and Management, Cum Laude, Technion, Haifa, Israel.

• **Mr. Ohad Goren** - ***CEO*** – Over 20 years of experience in High-Tech and Bio-Tech Management. Former CEO of Pollogen – Medical Device Company , Former CEO of LifeWave – Medical Device Company, Support Sales Manager of Oracle Israel, Deputy Consul - Israel Foreign Ministry, Israeli Embassy-Washington DC. Holds a B.Sc In Economics and Business Management from the University of Maryland USA.

• **Mr. Itsik Ben Yesha** - ***CTO*** - Over 30 years of experience in High-tech and Bio- Tech R&D and Management. Former CTO & Executive VP of LifeWave, CFO & Executive VP of Valor, Founder and Partner in Hisense (BabySense), CFO of Innowave (Tadiran Wireless Telecom). Hold a B.Sc in Aeronautical Engineering from Technion Haifa, and MBA, Cum Laude, Tel Aviv University , Israel.

SCIENTIFIC ADVISORY BOARD

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• **Prof. Avi Ohry** - Prof. Ohry is an expert in Rehabilitation Medicine, served as a Consultant to the Israeli Ministry of Health, the Israeli Ministry of Defense, the Israeli Ministry of Foreign Affairs, IDF and other national and international agencies and institutions. . From 1985-1999 he served as the director of the Department of Neuro- Rehabilitation ,at Sheba Medical Center, Tel Hashomer, Israel . Since 2000, he is a (full academic) Professor of Rehabilitation Medicine at Tel Aviv University . Since 1999, he is the Chairman of the department of Rehabilitation Medicine at Reuth Medical Center, Tel Aviv. Prof. Ohry served as Member of Biomedical Advisory Board at LifeWave Ltd. In 2005, he was included in the project/book - " Caring Physicians of the World ", On behalf of the World Medical Association , as a representative of Israeli Medical Association. His main topics of interest are: Rehabilitation Medicine, Spinal Cord Injuries, Medical humanities, history of Medicine, bio-ethics, Polish-Jewish Medical establishments between the World wars. Long term sequelae of disability , and captivity

• **Dr. Ben Zion Weiner** - Dr. Weiner has been with Teva Pharmaceuticals since 1975. In January 2006, Dr. Weiner joined the Office of the CEO and assumed the role of Chief R&D Officer. Dr. Weiner served as Group Vice President - Global Products from April 2002 until January 2006. Previously, he served as Vice President - Research and Development from 1986 to 2002. He received a Ph.D. in chemistry from the Hebrew University, where he also earned B.Sc. and M.Sc. degrees. He conducted his post-doctorate research at Schering-Plough Corporation in the United States. He was granted the Rothschild Prize for Innovation/Export two times, in 1989 for the development of Alpha D3 for dialysis and osteoporosis patients and in 1999 for the development of Copaxone® for multiple sclerosis.

INVESTOR INFORMATION

Zacks Small-Cap Research

January 30, 2015
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E-Qure Corp (EQUR-OTC)

EQUR: WOUND HEALING WITH ELECTRICAL STIMULATION

OUTLOOK

EQUR has developed an effective, low cost, easy-to-use device for chronic wound management, which addresses a market worth about $6 billion annually. Results from clinical trials have been very encouraging. Recruitment of patients for a study which is expected to support an FDA filing is underway. We think FDA approval could happen before end of 2016 and product launch in the U.S. could happen towards mid-2017.
We think EQUR has a compelling story and believe valuation might increase as certain risks abate. Our target price is $3.50/ share. We are initiating coverage with an Outperform rating.

Current Recommendation	**Outperform**
Prior Recommendation	N/A
Date of Last Change	1/30/2015
Current Price (01/30/2015)	$1.14
Target Price	**$3.50**

SUMMARY DATA

52-Week High	**$4.50**
52-Week Low	**$0.61**
One-Year Return (%)	**54.54**
Beta	**-1.42**
Average Daily Volume (sh)	**170**
Shares Outstanding (mil)	**21.5**
Market Capitalization ($mil)	**$24.6**
Short Interest Ratio (days)	**N/A**
Institutional Ownership (%)	**0**
Insider Ownership (%)	**80**
Annual Cash Dividend	**$0.00**
Dividend Yield (%)	**0.00**
5-Yr. Historical Growth Rates	
Sales (%)	**N/A**
Earnings Per Share (%)	**N/A**
Dividend (%)	**N/A**
P/E using TTM EPS	**N/A**
P/E using 2015 Estimate	**0**
P/E using 2016 Estimate	**0**
Zacks Rank	**N/A**

Risk Level	**High**
Type of Stock	**N/A**
Industry	**Med Instruments**

ZACKS ESTIMATES

Revenue
(in millions of $)

	Q1 (Aug)	Q2 (Nov)	Q3 (Feb)	Q4 (May)	Year (May)
2014					$0 A
2015					$0.26 E
2016					$1,060 E
2017					$3,288 E

Earnings per Share
(EPS is operating earnings before non recurring items)

	Q1 (Aug)	Q2 (Nov)	Q3 (Feb)	Q4 (May)	Year (May)
2014					(1.74) A
2015					(0.07) E
2016					(0.05) E
2017					(0.02) E

Zacks Projected EPS Growth Rate - Next 5 Years % **N/A**

State of Incorporation	Delaware
Year End	12/31
Symbol (OTCQB)	EQUR
Recent Price (May 15, 2015	$0.38
Market Capitalization	~$8.36 million
Shares Outstanding	~22 million
Shares Authorized	500 million
Transfer Agent	Transfer Online
Chairman of the Board	Ron Weissberg
Chief Executive Officer	Ohad Goren

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ADDITIONAL CLINICAL STUDIES

CLINICAL STUDY: ISRAEL

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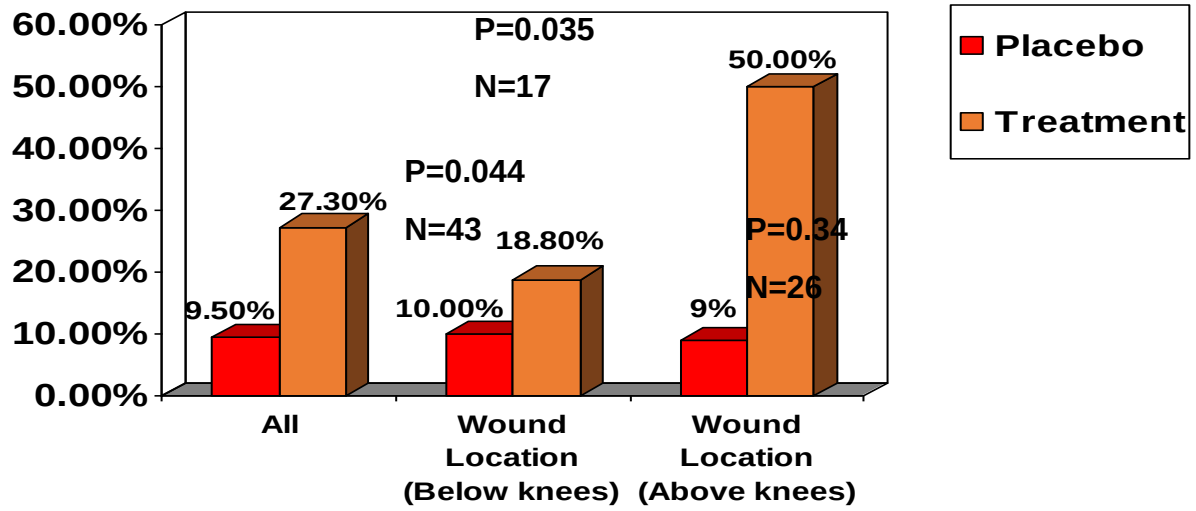
PERCENTAGE OF PATIENTS WITH COMPLETE ULCER CLOSURE DURING THE STUDY PERIOD, BY TREATMENT GROUP AND WOUND LOCATION



CLINICAL STUDY: TURIN

(PROF. RICCI) JOURNAL OF WOUND CARE VOL 1 9 , NO 3 , MARCH 2 0 1 0

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Observational case series to evaluate the effect and tolerability of E-QURE BST on extremely hard-to-heal (recalcitrant) wounds.

- Treatment:
  - 9 patients with 11 ulcers (duration: 18 months to 20 years)
  - E-QURE BST treatment 30 minutes, 3xDay, for 60 days

- Results:
  - Mean wounds area reduction 82.5% (SD=25.2%)
  - Full closure rate (healing) 45% within the 60 days period

http://www.vivisol.it/assets/uploads/services/article_JWC.pdf

CLINICAL STUDY IN PARMA, ITALY

(DR. PERCUDANI. PRESENTED IN EWMA CONVENTION MAY 2011)

E-QURE
ELECTRIC QUICK ULCER REMEDY

Observational case series to evaluate the effect and tolerability of E-QURE BST on extremely hard-to-heal (recalcitrant) lower limbs wounds.

Treatment:

- 8 patients with 8 ulcers.
- E-QURE BST treatment 30 minutes, 3 times a day, for 60 days

Results:

- Mean wounds **area reduction 49% p<0.05**
- Full closure rate **(healing) 37.5%** within 40 days
- Average **TcPO2 improved from 29.1mmHg to 49.5mmHg**

http://ewma.org/fileadmin/user_upload/EWMA/pdf/conference_abstracts/2011/Poster/P_39.pdf

CLINICAL STUDY IN TURIN, ITALY

(PROF. RICCI, JUNE 2009)

E-QURE
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Observational case series to evaluate the effect and tolerability of E-QURE BST on extremely hard-to-heal (recalcitrant) wounds.

Treatment:

- 39 patients with 40 ulcers (Wounds age: 6 months to 40 years)
- E-QURE BST treatment 30 minutes, 3 times a day, for 60 days

Results:

- Full closure rate **(healing) 45%**
- Partial closure: 25% of wounds show area reduction>40%
- Partial closure: 20% of wounds show area reduction<40%

CLINICAL STUDY IN TURIN, ITALY

(PROF. FRACCALVIERI, 2008-2010)

E-QURE
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Observational case series to evaluate the effect of E-QURE BST on Chronic wounds not responding for 3 months to traditional dressing, surgery or negative pressure therapies (NPWT).

Treatment:

- 21 patients for wound healing (up to 20 sqr cm)
- 11 patients for wound related pain (Average VNS 8.7)

Results:

- 87% full wound closure in average time of 97 days (range 10 – 150 days)

- 45% complete pain disappearance in 7 days (From 8.5 to 1.0)
- Other 36% Reduction in pain in 7 days (from 9.3 to 3.2)
- Remaining 19% (two patients) had very severe pain which required daily treatment with morphine painkillers. Both patients reported a reduction of pain from 9.5 to 2.5 after 7 days and stopped morphine painkillers in 14 days.

Source:
Electrical stimulation for difficult wounds: only an alternative procedure?
International Wound Journal
Marco Fraccalvieri Marco Salomone Enrico M Zingarelli Filippo Rivarossa Stefano Bruschi
DOI: 10.1111/iwj.12194

http://onlinelibrary.wiley.com/doi/10.1111/iwj.12194/abstract

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THANK YOU