E-QURE
ELECTRIC – QUICK ULCERS REMEDY

THE CURE FOR CHRONIC WOUNDS
APRIL 2014
SNAPSHOT

- E-QURE cures hard-to-heal wounds and Ulcers.
- Proven Technology and IP acquired from a ceased to operate company
- Implementing a 3 years, goal oriented business plan
- Employing top management with knowledge and experience
- Securing funds for achieving major business milestone
- Pursuing US market commercialization as primary target
The Device - Bioelectrical Signal Therapy (BST)™ treats and cures chronic wounds such as:

- Pressure ulcers
- Diabetic foot ulcers
- Venous Stasis ulcers
- Hard to heal ulcers
Four-stages severity systems of wounds: Stage IV being the most severe.

**Stages III & IV**
- Require hospitalization
- Are most problematic to treat
- With low probability of healing.
CHRONIC WOUNDS
MAJOR PROBLEM WITH NO REAL SOLUTION

Patient Code: ITL卢m
Age 85, Nonhealing - 20 years
Post-radiation 1.7.2007

28/6/2007

5/28/2014
DEVICE CONFIGURATION

✓ **Stimulus Generator** – Capital Expenditure

✓ **Disposable soft surface Electrodes** – Per Procedure

✓ **Introduction Movie**
PRODUCT PROFILE

✓ Noninvasive Painless Electrotherapy
✓ 60 to 90 minutes per day
✓ 45 - 60 days of treatment
✓ Home as well as Clinic care
✓ Complies with standard of care
✓ Easy to use
✓ Approved for use in Europe (CE), Australia, Canada & Israel.
## E-QURE BUSINESS MODEL

- **Days of Treatment**
- **Price per day (End user price) ~ $50**
- **Avg. Treatment period ~ 45 to 60 days**

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Average Cost of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.A.C Therapy – KCI (Gold Standard)</td>
<td>$6900</td>
</tr>
<tr>
<td>ES Therapy – E-QURE - BST</td>
<td>$2500</td>
</tr>
</tbody>
</table>

- **Cost of treatment of a single full thickness Pressure Ulcer: up to $70,000.**
- **Additional indirect cost of treatment: $43,000.**
- **Mean reimbursement for all services for a single Diabetic Ulcer: $35,000**
E-QURE TREATMENT
ACTUAL RESULTS
## MARKET SIZE AND POTENTIAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Patients with Chronic Wounds world wide</td>
<td>~2% of population</td>
</tr>
<tr>
<td>Number of Patients in the US</td>
<td>6 M</td>
</tr>
<tr>
<td>Number of stage III and IV Wounds Patients in the US</td>
<td>1.5 M</td>
</tr>
<tr>
<td>Current US$ Market size</td>
<td>17 Bn</td>
</tr>
<tr>
<td>Expected 2020 US$ Market size</td>
<td>22 Bn</td>
</tr>
<tr>
<td>Expected Relevant US$ Market size in 2020</td>
<td>15 Bn</td>
</tr>
<tr>
<td>Potential E-QURE annual US$ sales at 10% market penetration</td>
<td>1.5 Bn</td>
</tr>
</tbody>
</table>
MARKET TRENDS – WOUND CARE

The E-QURE Position

Source: MedMarket Diligence, LLC: September 2009
KCI AS A CASE BENCHMARK

Benchmark Revenues Figures


$0 $200 $400 $600 $800 $1,000 $1,200

Thousands

$1,4Bn Total global

1994 – V.A.C. first introduction (Eu) (mid 94)
1995 - FDA Approval
1996 - V.A.C. launch (Nov)
1997 - Reimbursement refuse to file V.A.C. for home setting
2000 - Reimbursement approval of VAC for home setting

2010 - Market Cap (medical devices) – 50%; BlueSky (S&N) – 10%

5/28/2014
### SUPERIORITY OF E-QURE

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

- **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**
# LATEST M&A'S IN THE WOUND CARE MARKET

<table>
<thead>
<tr>
<th>Company</th>
<th>Acquirer</th>
<th>Year</th>
<th>Price</th>
<th>Status</th>
<th>FDA</th>
<th>Products</th>
<th>Breakthrough</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCI</td>
<td>APAX</td>
<td>2011</td>
<td>$6.2 Bn</td>
<td>Delisting, $2Bn Sales</td>
<td>Yes</td>
<td>V.A.C. = 75% of sales</td>
<td></td>
<td><img src="image1" alt="KCI Logo" /> <img src="image2" alt="Apax Partners Logo" /> <img src="image3" alt="E-Qure Logo" /></td>
</tr>
<tr>
<td>PolyHeal</td>
<td>MediWound</td>
<td>2010</td>
<td>$503M</td>
<td>Private</td>
<td>No</td>
<td>2 (Polyheal, Mediwound)</td>
<td></td>
<td><img src="image4" alt="PolyHeal Logo" /> <img src="image5" alt="Teva Logo" /> <img src="image6" alt="Smith &amp; Nephew Logo" /></td>
</tr>
<tr>
<td>Systagenix</td>
<td>KCI</td>
<td>2013</td>
<td>$485M</td>
<td>Private</td>
<td>Yes</td>
<td>Dressings</td>
<td></td>
<td><img src="image7" alt="Systagenix Logo" /> <img src="image1" alt="KCI Logo" /> <img src="image6" alt="Smith &amp; Nephew Logo" /></td>
</tr>
<tr>
<td>BlueSky</td>
<td>Smith &amp; Nephew</td>
<td>2006</td>
<td>$110M</td>
<td>Private</td>
<td>Yes</td>
<td>Negative Pressure</td>
<td>No (me too)</td>
<td><img src="image8" alt="BlueSky Logo" /> <img src="image6" alt="Smith &amp; Nephew Logo" /> <img src="image1" alt="KCI Logo" /></td>
</tr>
</tbody>
</table>

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 over NPWT (KCI's VAC):

"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."

5/28/2014
US INSURERS PREFER ELECTRICAL STIMULATION (ES)

“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”

“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.”

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.”
E-QURE – CURE CASE SAMPLE

E-QURE-BST cures Diabetic Foot Ulcer of 27 months Wound Age within 60 Days.

Other actual cases: https://docs.google.com/file/d/0BzBBIZuL0k4iMDAteHE3UHNXQmc/edit?usp=sharing
E-QURE – CURE CASE IN CANADA

Patient Code ITL-FU1

Inizio terapia

Riduzione dell'area della lesione durante il trattamento

Follow up a 150 giorni dalla conclusione della terapia
2014-2015 IMMEDIATE STRATEGY

- Pursuing FDA approval and
- Enhancing US reimbursement code.
- Commercial development of one major European Market (Germany, UK, France or Italy).
- Receiving marketing approval in other markets.
- US market penetration with strategic partners.
E-QURE ROAD MAP

**FDA Approval**
- FDA Filing preparation
- CE mark renewal
- AMAR renewal
- European distribution evaluation
- Product Manufacturing book renewal

**Infrastructure Preparation stage**
- Manufacturing facility selection
- FDA Clinical Pilot Trials - May 2014
- Entering Main stage of FDA Clinical trials – end of 2014
- Filing for USA reimbursement

**Commercialization**
- Preparation for USA Distribution
- Joint Venture with Major medical device firms
- Increase Europe, Asia and ROW distribution efforts

 APR 2014– JUNE 2014

 JULY - DEC 2014

 2015

 2016

5/28/2014
E-QURE – OTC LISTED COMPANY

- Traded on OTC/QB
- Current symbol ADBI, changing to EQUR.
- Previously called ADB International Group - a shell.
- Main shareholders are the founders, Ron Ohad and Itsik.
- Outstanding shares prior to fund raising – 15,000,000
- Raising up to 7M shares at $0.4 per share – $2.8M
- No warrants or other convertible securities are outstanding
- Founders are investing in this fundraising

- Funding should support two years operation. Additional funding may be required for the commercialization stage.
CLINICAL STUDY IN 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

Clinical Report: [https://docs.google.com/file/d/0BzBBIZuLOk4iaWRqd2JHdEhaakk/edit?usp=sharing](https://docs.google.com/file/d/0BzBBIZuLOk4iaWRqd2JHdEhaakk/edit?usp=sharing)
PERCENTAGE OF PATIENTS WITH COMPLETE ULCER CLOSURE DURING THE STUDY PERIOD, BY TREATMENT GROUP AND WOUND LOCATION

CLINICAL STUDY IN ISRAEL
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
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, 3xDay, 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

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 (duration: 6 months to 40 years)
- E-QURE BST treatment 30 minutes, 3xDay, 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%
MANAGEMENT TEAM

• **Mr. Ron Weissberg** - *President* - 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.
INTELLECTUAL PROPERTY

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

ELECTRIC – QUICK ULCERS REMEDY

Noninvasive Painless Electrotherapy

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ohad@e-quare.com
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