Transforming Dialysis | Transforming Lives

Introducing SC+

May 2018

Confidential



Transforming Dialysis | Transforming Lives

- Quanta developed a game-changing personal dialysis system helping to solve the increasing demand for haemodialysis
- Small & simple to use by patients and healthcare professionals
- Powerful and flexible from 3 to 7 treatments per week
- Clinical performance demonstrated in >1,500 treatments
- Launching in the UK in late 2018 before expanding in Europe and entering the US





The Dialysis Delivery Model is Broken



Burdensome For Patients

- Typically in-centre, 3 times a week, 4 hours a session
- High dependency on others
- · Feeling "washed-out' after intensive treatment



Labour Intensive and Costly

- Staff/nursing costs account for c.60% of total direct cost of HD treatment¹
- Model highly dependent on skilled labour
- Insufficient skilled labour to service future demand

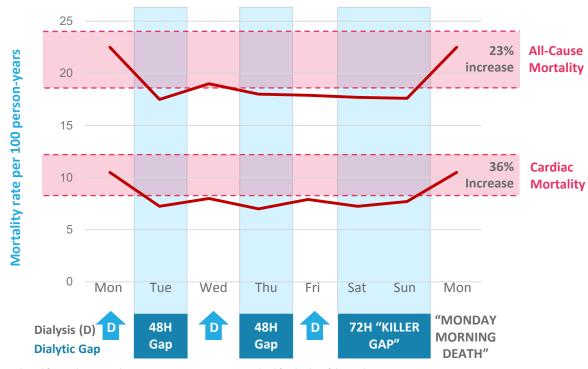


Suboptimal Outcomes

- 5 year survival 42% in the US²
- Worse than most forms of cancer³⁻⁵
- Not physiological
- "Killer Gap"

"Killer Gap"

Pronounced spike in mortality of HD patients on Mondays – associated with the 72 hour gap between dialysis treatments over the weekend as dialysis centers typically closed on Sundays



Adapted from Foley RN, et al. NEJM 2011; 365: 1099-107; normalized for the day of the week



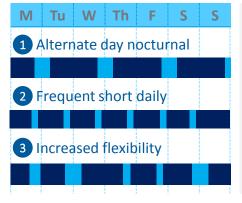
SC+ Empowers Patients to Treat Themselves

Patient Benefit: Flexibility & Choice

- Maximises choice timing, duration, location and frequency
- Fits dialysis around real life
- Flexibility to minimise patient burden and improve outcome
- Maintains independence and develops confidence
- Supports learning at the patient's own pace
- Keeps the patient on track (treatment adherence)
- Keeps the patient connected

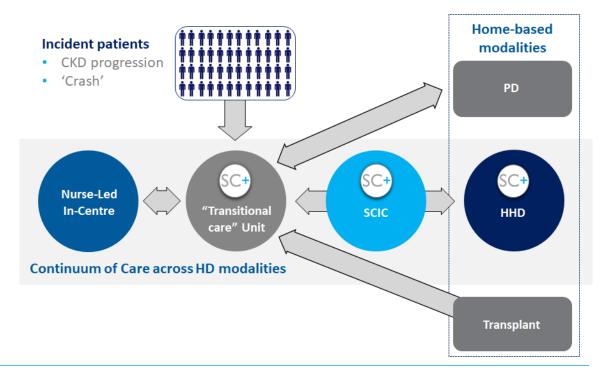
HCP Benefit: Choice and Efficiency

- Balances resources and reduces total cost of ownership
- Single solution across the entire 'continuum of care'
- Flexible patient journey without wasting resources on separate training units and teams
- Improves cross-functional interaction and knowledge transfer of teams
- Enables effective risk management
- Maximises opportunity for improved clinical outcome
- Flexibility and ease of use have the potential to reduce early drop out



Full flexibility over frequency and duration

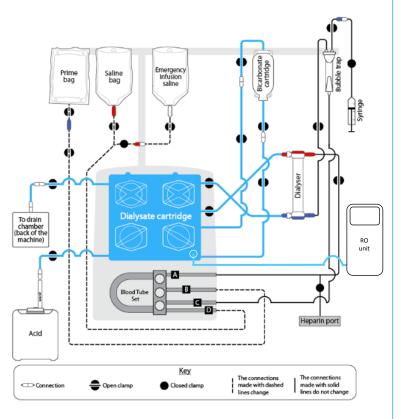
- 3–7 treatments per week
- Short daily treatments with high dialysate flows
- Extended treatments with low dialysate flows





How SC+ Works

Changing how dialysate is made – NOT how dialysis is achieved:





Cartridge-Based Design Enabling Ease of Use

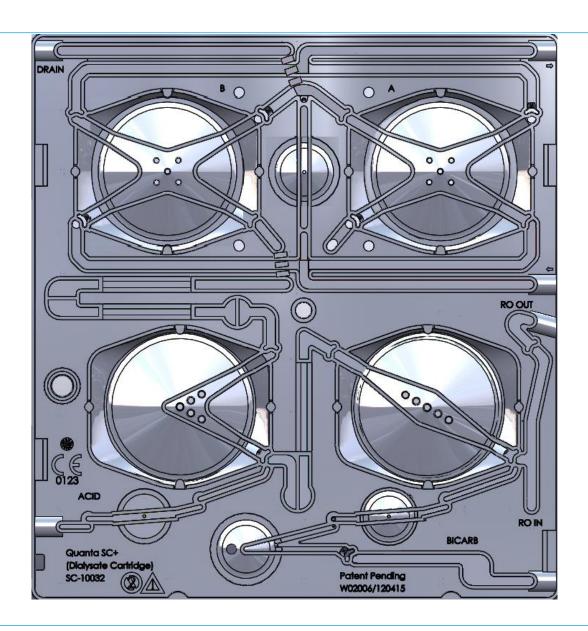
+

Innovative Approach to Fluid Handling

- Eliminates need to de-scale
- Lightweight membrane-based pumps replace heavy, traditional plumbing
- Enables compact form-factor
- Industry standard dialysate fluid, generated on-demand at high volume

Small, Simple and Powerful









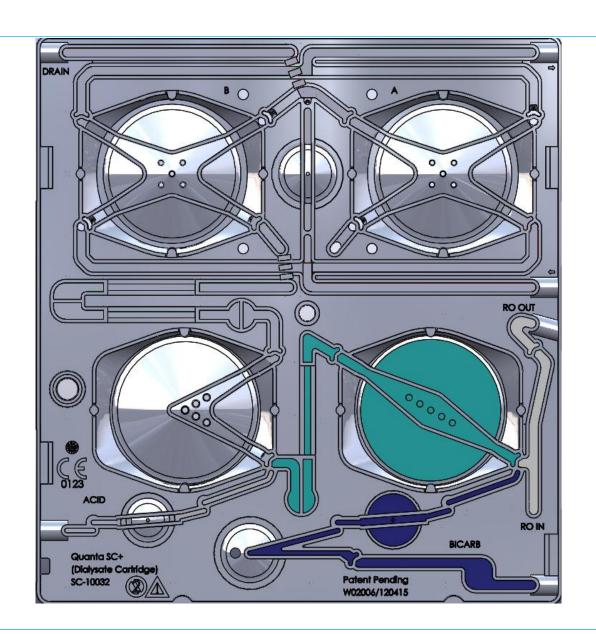
RO Water



Saturated Bicarbonate





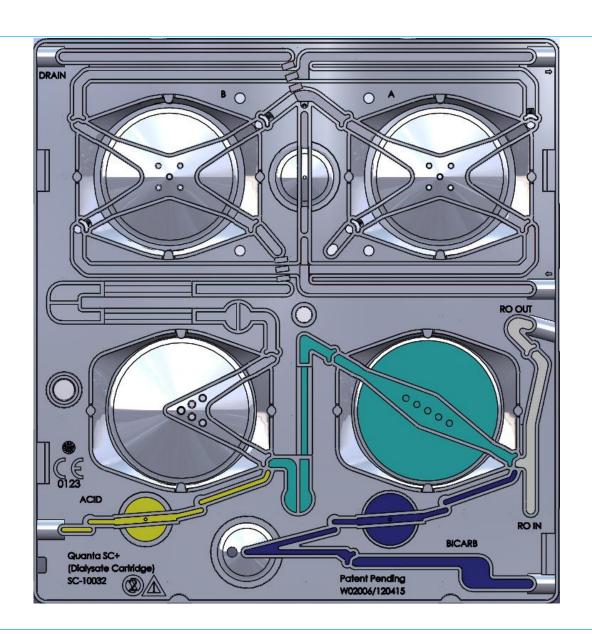




Bicarbonate Mixing



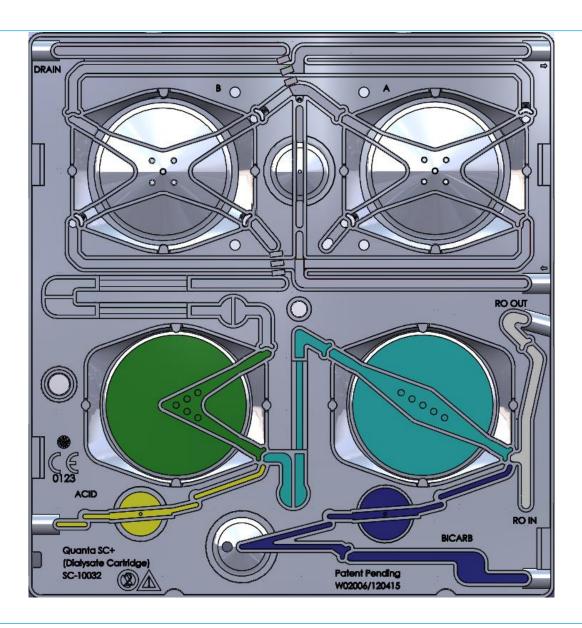




Acid Intake

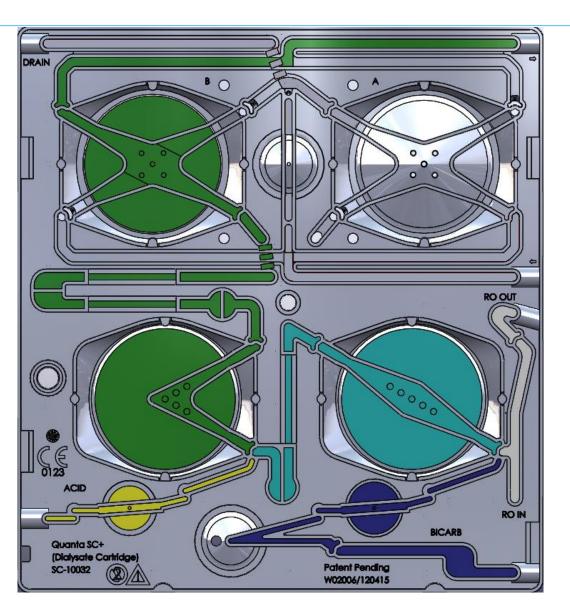






Dialysate





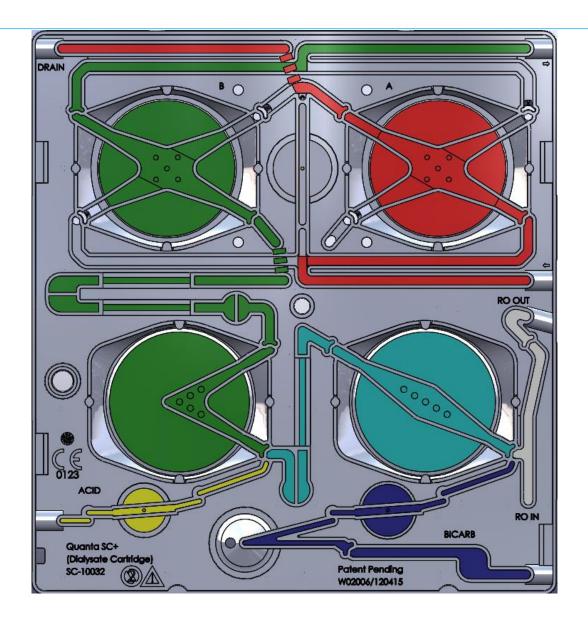
Flow Balancing







Flow Balancing





Fresh Dialysate

Spent Dialysate

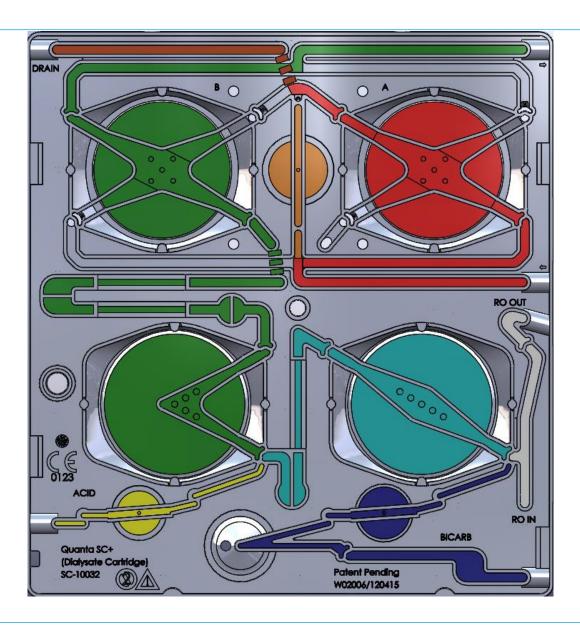






UF +

Flow Balancing





Fresh Dialysate

Spent Dialysate





Small, Simple and Powerful



Small

- Supports patient choice and confidence
- Blends easily into a wide range of environments, including the home
- Addresses prevalent patients enabling scaling of patient-led treatments



Simple

- Easy to set up, train and use
- Empowers more patients to take control
- Shifts training emphasis to clinical technique which may reduce early drop out
- Digital health connects the patient to the clinic



Powerful

- Therapy choice maximises opportunity for improved outcome
- Flexibility fits dialysis around real life and has potential to decrease drop out
- Single solution across the entire continuum of care balances resource cost



SC+ Clinically Validated in Successful Pilot with NHS

Key Achievements of Study



Efficacy and performance comparable to larger, traditional devices



Excellent safety track record



No significant usability issues identified

"A small machine doing a big job"

Professor John Agar

Practising clinical nephrologist, Clinical Conjoint Professor of Medicine at Deakin University School of Medicine at the Geelong Hospital, Barwon Health and Member of Quanta's Medical Advisory Board

Pilot Results Overview

4

Sites

60

Patient

18

SC+ device deploved 1,346

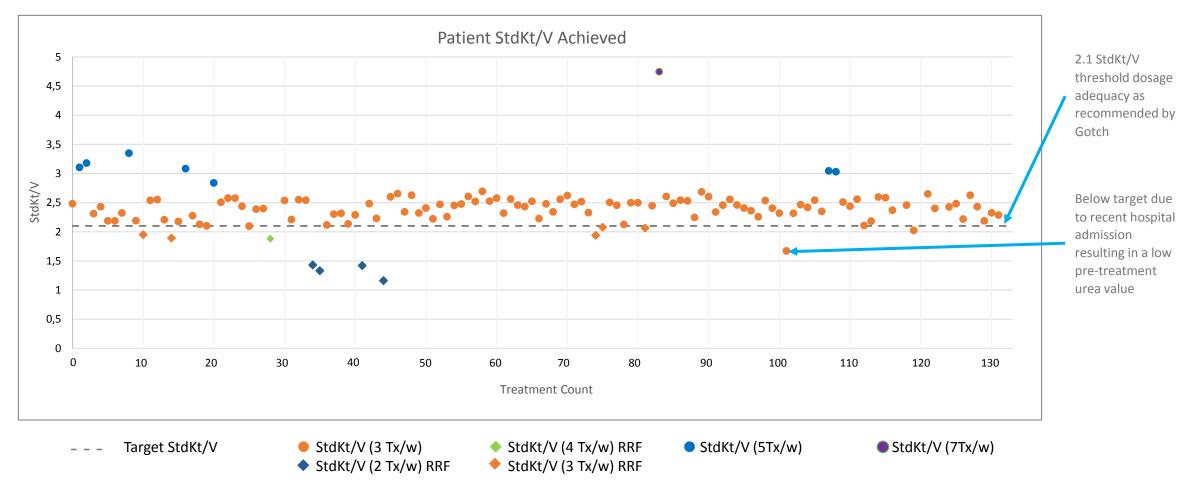
Treatments

Treatments per Week	 85% 3 X weekly 7% 4 X weekly 5% 5 X weekly 3% 2 X weekly and 7 X weekly
Patient Characteristics	 Age (years): 22 – 85 (mean 60) Sex: male = 33; female = 27 12 patients not heparinised
Patient Mass Variance	50 – 157 kg; Mean 82.3
Fluid Removal	0 – 4,000g



SC+ Routinely Delivers High Clearance (n=1,346)

Results show that SC+ routinely delivers clearance above target dose for patients treated using standard, in-centre treatment regimens – delivering performance comparable to larger, traditional dialysis systems





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Small



Simple



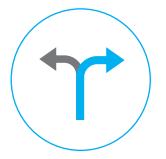
Powerful



Flexibility



Efficiency



Choice



