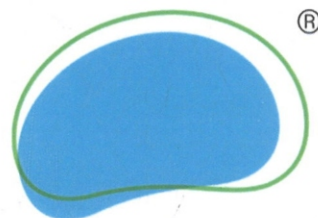


Deeply Vital



BrainsWay

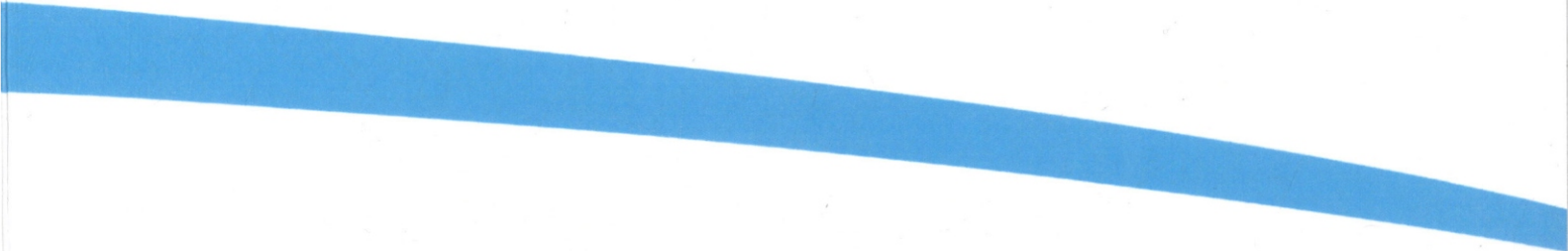
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TREATMENT PLATFORM



Coil	H1	H7	H4	H10
Treatment area	Bilateral prefrontal cortex (PFC)	Medial PFC and anterior cingulate cortex (ACC)	Bilateral Insula and PFC	Leg and hand primary motor cortex (MC)
Indication	MDD PTSD Bipolar Disorder Schizophrenia	OCD Chronic Pain	Smoking Cessation	Chronic Pain Multiple Sclerosis Post-Stroke Rehabilitation

The variety of coils and depth and breadth of BrainsWay's H-coil technology enables the targeting of multiple treatment areas.



**BrainsWay OCD -
The Only TMS Technology FDA-Cleared for Treatment of OCD***



Current treatment methods are ineffective for a large segment of patients

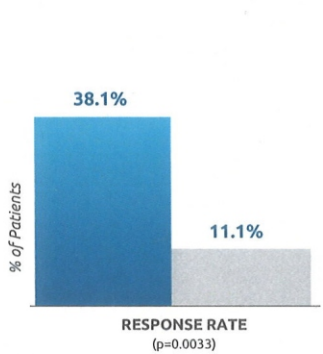
- Approximately 50% of OCD patients are resistant to first-line treatment, including CBT and SSRI medications.
- Many patients cannot tolerate current treatments' side effects, such as drowsiness, nausea, insomnia, diarrhea and sexual problems.

BrainsWay OCD Treatment:

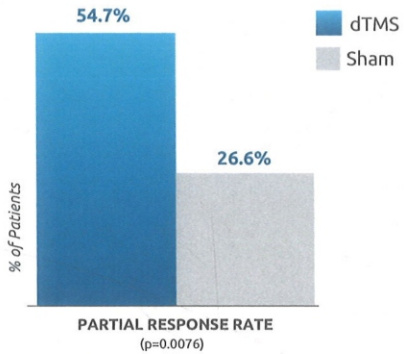
- Non-invasive, outpatient procedure
- Short 20-minute treatment sessions
- Safe and well-tolerated treatment
- 5 sessions per week for 6 weeks
- Tailored treatment with personalized provocation

In a large scale, double blinded multicenter RCT

1 in 3 patients achieved over 30% reduction in Y-BOCS



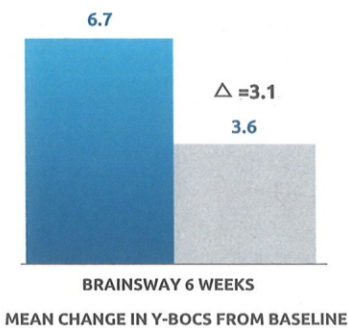
1 in 2 patients achieved over 20% reduction in Y-BOCS



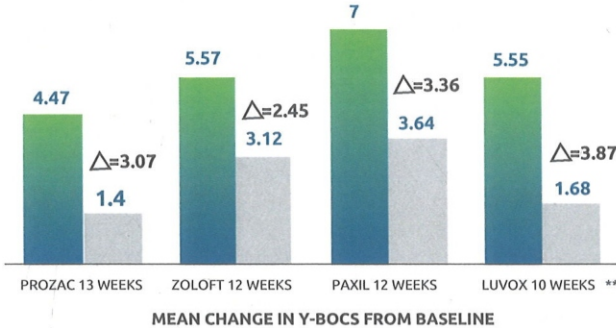
- Number Needed to Treat (NNT) of 3.7 after 6 weeks of treatment
- Low drop-out rate of 10.6%

- Patients remained on existing maintenance CBT and SSRI medications.
- Treatment consists of 5 sessions per week for 6 weeks, with a tailored provocation protocol during each session.

**Treatment-resistant patients -
Significant effect in just 6 weeks**

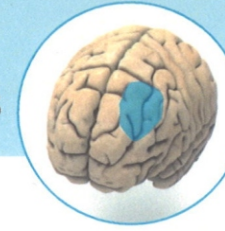


**Naive patients -
Significant effect in 10-13 weeks**



* FDA De-Novo No. DEN170078
**Data on SSRI medication based on meta-analysis (Soomra et al, 2008)

BrainsWay D - A Well Tolerated and Effective Treatment for MDD Patients



- 52% of MDD patients fail to respond to 1st line therapy (STAR*D results).
- 33% are resistant to any medication.

Patients often discontinue medication due to debilitating side-effects

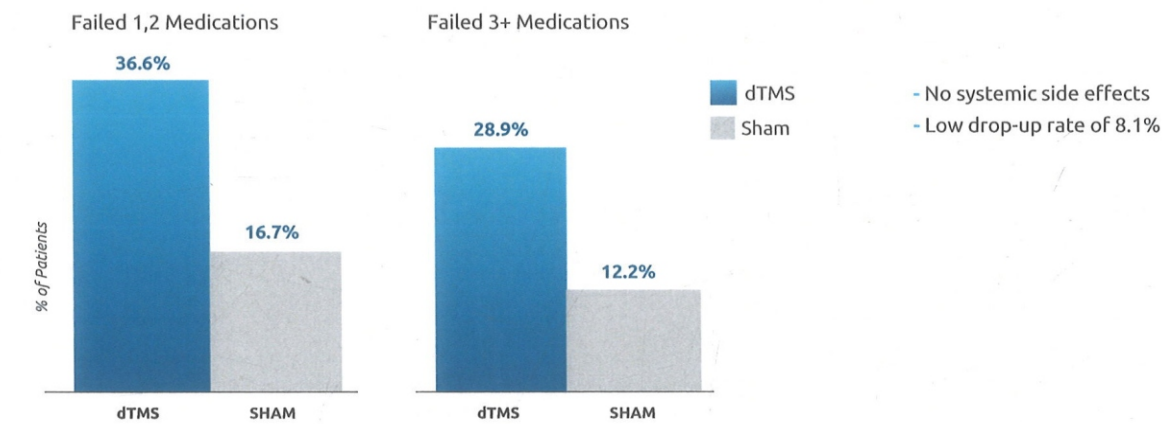
- Antidepressant medication frequently produces side-effects, such as weight gain, sexual dysfunction, suicidal thoughts, nausea, insomnia and anxiety.
- The BrainsWay treatment does not cause systemic side-effects.

BrainsWay MDD treatment:

- Non-invasive outpatient setting
- Short 20-minute treatment sessions
- 5 sessions per week for 4 weeks
- Well tolerated

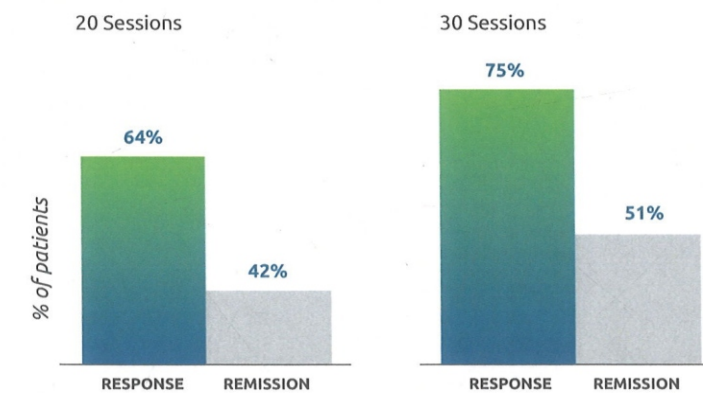
In a large scale double-blinded multicenter RCT*

1 in 3 patients achieved remission after 4 weeks



The remission rate was even higher in real life practice setting**

1 in 2 patients achieved remission***

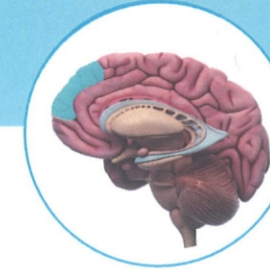


* Levkovitz Y, et al, World Psychiatry 2015; 14:64-73.

** BrainsWay Ltd. data on file.

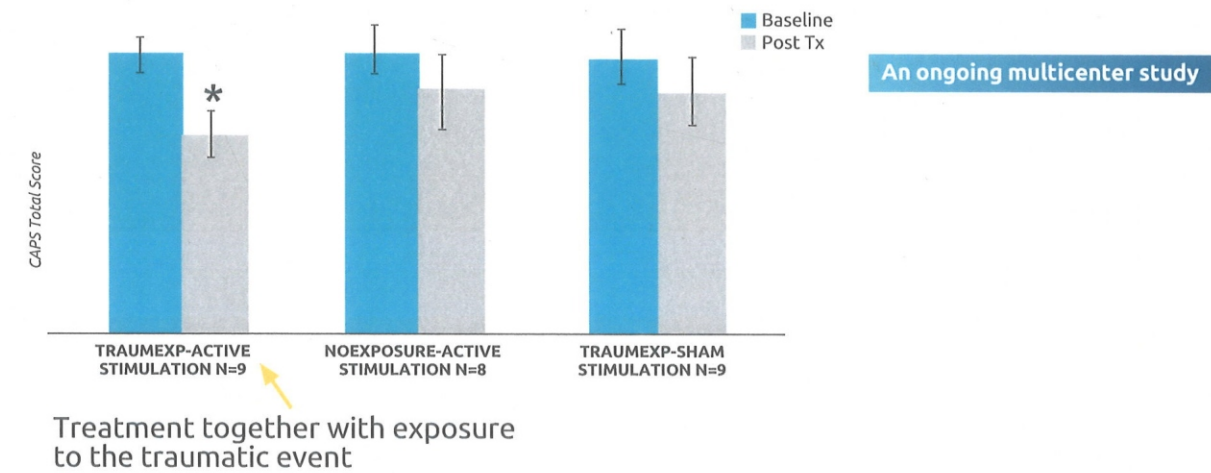
*** Patients who completed a treatment course of 30 sessions.

BrainsWay PTSD

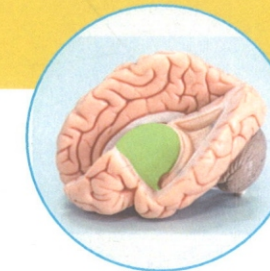


A double blind placebo-controlled pilot study with 30 PTSD patients showed*:

A significant improvement in the CAPS scale (intrusive component)



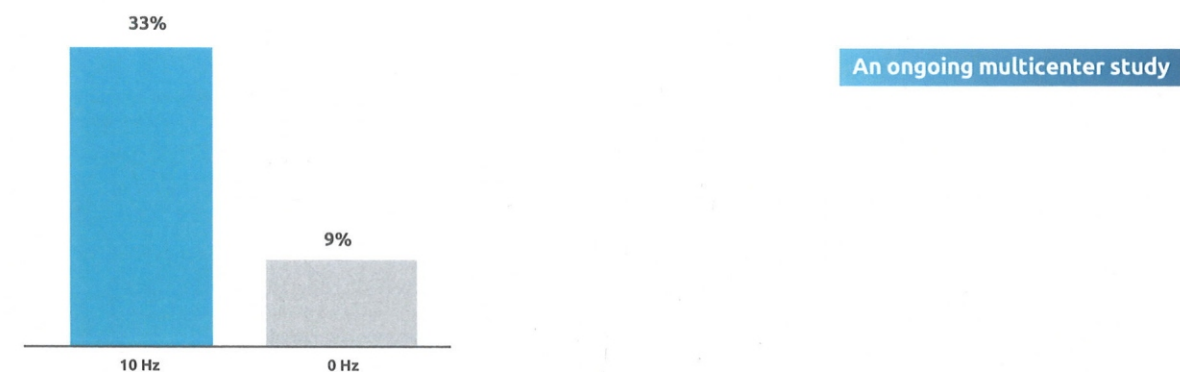
BrainsWay Smoking Cessation



A double blind placebo-controlled pilot study in 77 patients addicted to smoking showed**:

A significant reduction in abstinence rates

Abstinence rates 6 months post-treatment



Treatment together with exposure to smoking

* Isserles et al. Brain Stimulation, 6:377-83 (2013).

** Dinur- Klein et al. Biological Psychiatry, 2014

Treatment Protocols

Treatment	Power	Motor Threshold	Frequency	Duration	Number of Pulses	Wait Time	Number of Trains	Coil
Depression	120%	MT of the right hand	18 Hz	2 Sec	36	20 Sec	55	H1
Smoking	120%	MT of the right hand	10 Hz	3 Sec	30	15 Sec	60	H4
Alzheimer	120%	MT of the right hand	10 Hz	2 Sec	20	20 Sec	42	H4
Chronic neuropathic Pain	100%	MT of the of the affected limb	5- 20 Hz	2.5 Sec	50	30 Sec	30	H7
Parkinson part 1. (MC) ITALY	90%	MT of the right hand	1 Hz	1 Sec	1	1 Sec	900	H4
Parkinson part 2. (PFC) ITALY	100%	MT of the right hand	10 Hz	2 Sec	20	20 Sec	40	H4
Schizophrenia (negative symptoms)	120%	MT of the right hand	20 Hz	2 Sec	40	20 Sec	42	H1
PTSD	120%	MT of the right hand	20 Hz	2 Sec	40	20 Sec	42	H1
BI-POLAR	120%	MT of the right hand	20 Hz	2 Sec	40	20 Sec	42	H1
Stroke rehabilitation	90%	MT of the leg	20 Hz	2.5 Sec	50	30 Sec	30	H7
Autism	110%	MT of the right hand	5 Hz	10 Sec	50	20 Sec	60	H7
OCD	100%	MT of the leg	20 Hz	2 Sec	40	20 Sec	50	H7
MS (MC)	100%	MT of the leg	20 Hz	2.5 Sec	50	30 Sec	30	H7
Alcohol	100%	MT of the leg	10 Hz	3 Sec	30	15 Sec	100	H7
Cocaine	110%	MT of the leg	10 Hz	3 Sec	30	20 Sec	40	H7
Migraine	100%	MT of the right hand	10 Hz	2 Sec	20	20 Sec	18	H7
Anxisous Depression	120%	MT of the right hand	18 Hz	2 Sec	36	20 Sec	55	H1
Obesity	100%	MT of the right hand	18 Hz	2 Sec	36	20 Sec	80	H4
Tinnitus	120%	MT of the right hand	1 Hz	200 Sec	200	NA	1	H1

Treatment Protocols

Treatment	Treatment Protocol	Initiation Point (Finding MT)	Motor Threshold	Treatment Place	Treatment Location (Brain)	Comments	Coil
Depression	4 weeks * 5 treatments + 12 weeks * 2 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	6 cm anterior to MT	Bilateral PFC with preference to the left		H1
Smoking	3 weeks * 5 treatments + 3 weeks * 1treatment	7 cm (104) / 8 cm (102) of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	Place the helmet in the center and move 6 cm anterior	Bilateral Insula and PFC	Provocation prior to the treatment	H4
Alzheimer	4 weeks * 3 treatments + 4 weeks * 1treatment	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	Place the helmet in the center and move 6 cm anterior	Bilateral PFC, temporal and parietal cortex		H4

Chronic neuropathic Pain	5 following days	7 cm of the Medial cap ruler (black)	MT of the of the affected limb	Motor Threshold place	Medial leg motor cortex cortex		H7
Parkinson	4 weeks * 3 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	Part 1.Place the helmt above motor cortex place Part 2. Move 6cm anterior	Part 1. Bilateral motor cortex Part 2. Bilateral PFC	2 Protocols for this treatment: To the MT and to the PFC	H4
Schizophrenia (negative symptoms)	4 weeks * 5 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	6 cm anterior to MT	Bilateral PFC with preference to left PFC		H1
PTSD	4 weeks * 3 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	Place the helmet in the center , frontal edge of helmet 1 cm from the nasion	Medial PFC	Provocation prior to the treatment	H1
BI-POLAR	4 weeks * 5 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	6 cm anterior to MT	Bilateral PFC with preference to left PFC		H1
Stroke rehabilitation	2 weeks * 5 treatments + 2 weeks * 3 treatments	7 cm of the Medial cap ruler (black)	MT of the leg	Motor Threshold place	Medial leg motor cortex cortex		H7
Autism	2 weeks * 5 treatments	11 cm of the Medial cap ruler (black) and 15 cm to the right of patient	MT of the right hand	Place the helmet in the center and move it to 2 cm distance from nasion point	bilateral dorsomedial prefrontal cortex		H7
OCD	5 weeks * 5 treatments + 1 weeks * 4 treatments	8 cm of the Medial cap ruler (black)	MT of the leg	Place the helmet in the center and move 4 cm anterior	Medial PFC + ACC	Provocation prior to the treatment	H7
MS (MC)	6 weeks * 3 treatments	8 cm of the Medial cap ruler (black)	MT of the leg	Motor Threshold place	Medial leg motor cortex cortex		H7
Alcohol	3 weeks * 5 treatments	8 cm of the Medial cap ruler (black)	MT of the leg	Place the helmet in the center and move 4 cm anterior	Medial PFC + ACC	Provocation prior to the treatment	H7
Cocaine	1 weeks * 4 treatments + 1 weeks * 4 treatments + 1 weeks * 4 treatments	8 cm of the Medial cap ruler (black)	MT of the leg	Place the helmet in the center and move 4 cm anterior	Medial PFC + ACC		H7
Migraine	4 weeks * 3 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	6 cm anterior to MT	Bilateral PFC with preference to the left		H7
Anxisous Depression	4 weeks * 5 treatments + 12 weeks * 2 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	6 cm anterior to MT	Bilateral PFC with preference to the left		H1
Obesity	5 weeks * 3 treatments	7 cm (104) / 8 cm (102) of the Medial	MT of the right hand	Place the helmet in the center and	Bilateral Insula and PFC		H4
Tinnitus	2 weeks * 5 treatments	7 cm of the Medial cap ruler (black) and 2cm to the right of patient	MT of the right hand	1.5 cm posterior and 5 cm laterally	over the auditory cortex		H1

BrainsWay Deep TMS Indications:

BrainsWay is indicated by the FDA for the treatment of depressive episodes in adult patients suffering from Major Depressive Disorder, who failed to achieve satisfactory improvement from previous anti-depressant medication treatment in the current episode. FDA 510(k) No. K122288.

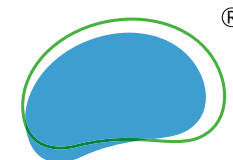
BrainsWay is indicated by the FDA as an intended adjunct treatment for adult patients suffering from Obsessive-Compulsive Disorder (OCD)/ FDA De Novo No. DEN170078.

BrainsWay is certified by the CE for the following indications:

Major Depression, Bipolar Depression, Schizophrenia - Negative Symptoms, Parkinson's Disease (with antiparkinsonian medications), Post-Traumatic Stress Disorder (PTSD), Smoking Cessation, Autism and Asperger's Disorder, Obsessive Compulsive Disorder (OCD), Multiple Sclerosis (MS), Stroke. Certificate No. 6106G3410141202

Safety Information:

Patients should consult with their doctor before undergoing Deep TMS. The most common side-effects include headaches and application site pain or discomfort. There is also a very rare risk of seizure associated with the treatment. Patients with metal in or around the head, such as in metal plates, implants and stents, should not undergo Deep TMS treatment.



BrainsWay

www.brainsway.com

contact@brainsway-global

www.brainsway.com

For any further inquiry please contact:

Bioaide Technologies Pvt. Ltd.

Pawan Kapur : +91 9810182211

Gaurav Srivastav : +91 9650098834

Email : pawankapur@bioaideindia.com

: info@bioaideindia.com