

# MILESTONE



# ONE

SCIENTIFIC®

Investor Presentation  
February 2020

# Safe Harbor Statement

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This presentation contains forward-looking statements regarding the timing and financial impact of Milestone's ability to implement its business plan, expected revenues, timing of regulatory approvals and future success. These statements involve a number of risks and uncertainties and are based on assumptions involving judgments with respect to future economic, competitive and market conditions, future business decisions and regulatory developments, all of which are difficult or impossible to predict accurately and many of which are beyond Milestone's control. Some of the important factors that could cause actual results to differ materially from those indicated by the forward-looking statements are general economic conditions, failure to achieve expected revenue growth, changes in our operating expenses, adverse patent rulings, FDA or legal developments, competitive pressures, changes in customer and market requirements and standards, and the risk factors detailed from time to time in Milestone's periodic filings with the Securities and Exchange Commission, including without limitation, Milestone's Annual Report for the year ended December 31, 2018. The forward-looking statements in this presentation are based upon management's reasonable belief as of the date hereof. Milestone undertakes no obligation to revise or update publicly any forward-looking statements for any reason.

# Company History

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Milestone Scientific Inc. (MLSS) is a leading medical research and development company that designs and patents innovative injection technology. Milestone's computer-controlled systems make injections precise, efficient, and virtually painless.

With 174 foreign patents and 19 US patents issued Milestone Scientific is the leader in modern injection technology.

# Why enter the Epidural Market?

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## Market Size

Epidural procedures are one of the fastest growing procedures in the US and worldwide. It is estimated that over 11 million epidural procedures are performed each year in the US and over 30 million worldwide.

Over \$5 billion is spent annually on epidural injections in the US alone. The approximate break down of epidural procedures in the US is:

2.4 million labor procedures out of almost 4 million births

9 million pain intervention steroid injections

Neuroaxial Regional Blocks for hip and knee surgeries

~900,000 total and growing

Medicare patients account for approximately 20% of the total epidural procedures.

There are approximately 52 thousand anesthesiologists currently practicing in the US. The epidural procedure is mainly performed by anesthesiologists, but also by nurse anesthetists and physicians in other specialties, such as orthopedic surgeons.

# Current technology being used today!

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The technique of "single-shot" lumbar epidural anesthesia was first developed in 1921 by Spanish military surgeon Fidel Pagés, and hasn't changed significantly since.



Glass Loss of Resistance  
(LOR)  
1946



"Modern" LOR Syringes

# Innovating a New Standard of Care in Anesthesia

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- Correlates subjective feel with objective visual and audible verification of pressure changes
- Offers real-time needle location with consistent distinction of true loss of resistance
- Builds physician confidence resulting in fewer attempts; less Dural punctures reducing complications and costs
- Accelerates procedure learning curve for residents and trainees
- Now with our patented CompuWave™ and CathCheck™ features



Welcome to the 21<sup>st</sup> Century

# LISTENING TO PROVIDERS, ADDRESSING UNMET NEEDS

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- Placement of an epidural needle is difficult; Requiring 60-90 placements before reaching an adequate skill level
- 17% of failure rates are due to false loss of resistance (False Loss of resistance is when the needle enters soft tissue or fatty tissue and the provider believes it is in the epidural space when it is not) resulting in a failure to provide pain relief. This requires another attempt while the patient remains in labor and pain.
- Epidural Dural punctures are as high as 5+%. An Epidural puncture is when the Dura is breached and the needle enters into the spinal canal, causing cerebral spinal fluid to leak resulting in headaches, pain, infection, and other morbidities costing insurance companies and hospitals additional time and money.
- 20% of epidural blood patches also fail and require additional care ( A blood patch is a procedure to try and repair the Dural punctures)



**COMPUFLO™**  
EPIDURAL INSTRUMENT

# Meet the CompuFlo Epidural Team

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**President  
Brent Johnston**



**Dr. Mark Hochman  
Clinical Director**



**VP, US Sales  
Eric Gilbert**



**Dr. Giorgio Capogna  
KOL and Study  
Author**



**International Sales  
Manager  
Ausra Burniene**

# Profile of the Team

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76 years of collective  
commercial experience in  
medical

Involvement in  
100+ medical  
product launches



# CompuFlo Epidural Instrument Commercial Momentum

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- Nine peer-reviewed published studies validate instrument effectiveness in identifying the epidural space
- Additional ongoing studies
- More than 2,000 epidural procedures performed worldwide including key opinion leaders
- First hospital in Italy adopts CompuFlo for all epidurals in labor and delivery
- Moving to a direct sales model in the USA
- CompuWave™ patent awarded

# New Clinical Trial Finds CompuFlo® Instrument a Safe Alternative to Current Standards of Care

## ANESTHESIA & ANALGESIA NOV 2019

- 160 labor and delivery (L&D) patients – 400 total
- 99 % effective in identifying epidural space on first attempt
- 14 % more successful in patients with high BMI
- L&D epidurals resulted in 0 dural punctures, loss of resistance 4 (old technique being used today)
- Procedure time reduced by 1 minute with CompuFlo

### Objective Epidural Space Identification Using Continuous Real-Time Pressure Sensing Technology: A Randomized Controlled Comparison With Fluoroscopy and Traditional Loss of Resistance

Ralf E. Gebhard, MD,\* Tobias Moeller-Bertram, MD,† Douglas Dobecki, MD,‡ Foyce Peralta, MD,§ Evan G. Pivalizza, MBChB, FFASA,|| Madhumani Rupasinghe, MBBS, FRCA,|| Sanja Ilic, MD,¶ and Mark Hochman, DDS#

**BACKGROUND:** Performance of epidural anesthesia and analgesia depends on successful identification of the epidural space (ES). While multiple investigations have described objective and alternative methodologies to identify the ES, traditional loss of resistance (LOR) and fluoroscopy (FC) are currently standard of care in labor and delivery (L&D) and chronic pain (CP) management, respectively. While FC is associated with high success, it exposes patients to radiation and requires appropriate radiological equipment. LOR is simple but subjective and consequently associated with higher failure rates. The purpose of this investigation was to compare continuous, quantitative, real-time, needle-tip pressure sensing using a novel computer-controlled ES identification technology to FC and LOR for lumbar ES identification.

**METHODS:** A total of 400 patients were enrolled in this prospective randomized controlled non-inferiority trial. In the CP management arm, 240 patients scheduled to receive a lumbar epidural steroid injection had their ES identified either with FC or with needle-tip pressure measurement. In the L&D arm, 160 female patients undergoing lumbar epidural catheter placements were randomized to either LOR or needle-tip pressure measurement. Blinded observers determined successful ES identification in both arms. A modified intention-to-treat protocol was implemented, with patients not having the procedure for reasons preceding the intervention excluded. Noninferiority of needle-tip pressure measurement regarding the incidence of successful ES identification was claimed when the lower limit of the 97.27% confidence interval (CI) for the odds ratio (OR) was above 0.50 (50% less likely to identify the ES) and *P* value for noninferiority < .023.

**RESULTS:** Demographics were similar between procedure groups, with a mild imbalance in relation to gender when evaluated through a standardized difference. Noninferiority of needle-tip pressure measurement was demonstrated in relation to FC where pain management patients presented a 100% success rate of ES identification with both methodologies (OR, 1.1; 97.27% CI, 0.52–8.74; *P* = .021 for noninferiority), and L&D patients experienced a noninferior success rate with the novel technology (97.1% vs 91%; OR, 3.3; 97.27% CI, 0.62–21.54; *P* = .019) using a priori noninferiority delta of 0.50.

**CONCLUSIONS:** Objective lumbar ES identification using continuous, quantitative, real-time, needle-tip pressure measurement with the CompuFlo Epidural Computer Controlled Anesthesia System resulted in noninferior success rates when compared to FC and LOR for CP management and L&D, respectively. Benefits of this novel technology may include nonexposure of patients to radiation and contrast medium and consequently reduced health care costs. (Anesth Analg 2019;129:1319–27)

#### KEY POINTS

- Question:** Is continuous quantitative real-time needle-tip pressure measurement noninferior to current standards of care (fluoroscopy and loss of resistance) for epidural space identification?
- Findings:** Needle-tip pressure measurement using a novel computer-controlled pressure sensing technology was found to be noninferior to fluoroscopy and loss of resistance regarding success rates, procedural times, and complications.
- Meaning:** Needle-tip pressure sensing is a potential alternative to current standards of care and may avoid exposure to radiation when compared to fluoroscopy and offer greater accuracy when compared to loss of resistance.

From the \*Department of Anesthesiology, University of Miami, Miller School of Medicine, Miami, Florida; †Invent Clinic Pain Institute, Rancho Mirage, California; ‡San Diego Pain Institute, San Diego, California; §Department of Anesthesiology, Northwestern University, Chicago, Illinois; ||Department of Anesthesiology, University of Texas, McGovern Medical School, Houston, Texas; ¶RCQ Management Solutions, Carroll, California; and #Department of Restorative Dentistry, Stony Brook School of Dental Medicine, New York, New York.  
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Reprints will not be available from the authors.  
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Northwestern  
University



MIAMI

# ANESTHESIOLOGY RESEARCH & PRACTICE

## JAN 2019

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- 120 patient clinical study
- CompuFlo blocks performed successfully with no complications
- Consistent differentiation of true loss of resistance

Anesthesiology Research and Practice  
Volume 2019, Article ID 5185901, 4 pages  
<https://doi.org/10.1155/2019/5185901>

### *Research Article*

## **Differentiating False Loss of Resistance from True Loss of Resistance While Performing the Epidural Block with the CompuFlo® Epidural Instrument**

**Pasquale Vaira,<sup>1</sup> Michela Camorcia,<sup>2</sup> Tiziana Palladino,<sup>1</sup> Matteo Velardo,<sup>3</sup> and Giorgio Capogna <sup>3</sup>**

<sup>1</sup>Department of Anesthesiology, Casa Sollievo della Sofferenza Hospital, San Giovanni Rotondo, (FG), Italy

<sup>2</sup>Department of Anesthesiology, CdC Città di Roma, Rome, Italy

<sup>3</sup>European School of Obstetric Anesthesia, EESOA, Rome, Italy

“The pressure sensing innovation in CompuFlo offers a more objective, reliable and simpler way to identify the epidural space. This confidence in recognizing a true loss of resistance can help improve the efficacy of anesthesia, reduce complications, and speed the procedure learning curve for trainees.”

Dr. Giorgio Capogna  
Director of the European School of  
Obstetric Anesthesia and Maternal  
Neonatal Simulation Center

# INTERNATIONAL JOURNAL OF OBSTETRIC ANESTHESIA

## NOV 2018

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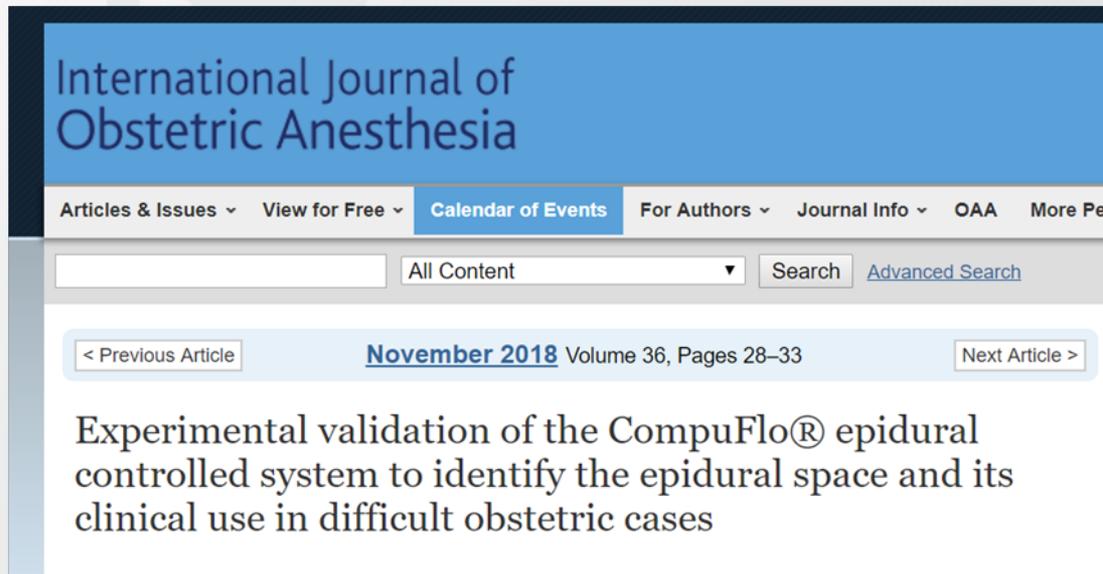
- Objective identification of ligamentum flavum and epidural space
- Difficult blocks rescued in a single attempt
- Differentiation of true loss of resistance for accurate epidural placement

“We [have] validated the CompuFlo device as a means of adequately identifying the ligamentum flavum and the epidural space. “

“Our preliminary findings suggest that it could assist the physician in training when performing epidural insertion.”

Study investigators from the Citta di Roma Hospital and Careggi Hospital:

Dr. Giorgio Capogna,  
Dr. Michela Camorcia  
Dr. Alessandra Coccoluto  
Dr. Massimo Micaglio  
Dr. Matteo Velardo



International Journal of  
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Experimental validation of the CompuFlo® epidural controlled system to identify the epidural space and its clinical use in difficult obstetric cases

# Cost Savings Studies Underway

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- Large academic institution completed a **definitive economic study** aimed to prove:
  - Significant reduction of accidental Dural punctures
  - Associated cost reduction

And will be presented at the “45th Annual Regional Anesthesiology and Acute Pain Medicine Meeting” on April 23-25, 2020 in San Francisco, CA
- One anesthesiologist **completed over 500 CompuFlo epidurals**, reporting no Dural punctures
- **KOL relationship development** in progress in France, Spain, Germany, UK, Belgium, Italy and USA

# Financial Impact Dural Puncture Reduction

(Complications = More Costs)

- Incident of accidental Dural puncture is about 1-3% - more in laboring women
- Drastically under reported
- Blood patch failure rate 20% (Procedure used to repair Dural puncture)
- \$8 to 12K per Dural puncture

Annual Number of Live Births	3,000
Annual Number of Epidurals	1800
Dural Puncture Rate	3%
Annual Number of Dural Punctures	54
Dural Puncture Cost Per Incident	\$10,000
Additional days stay - mother	6,000
Additional days stay - baby	3,000
Imaging	500
Other costs	500
<b>Annual Cost of Dural Punctures</b>	<b>\$540,000</b>

Number of CompuFlo Instruments	1
CompuFlo Instrument Price **	0
CompuFlo Disposable Cost	\$65
<b>Total Cost of CompuFlo (1800 epidurals)</b>	<b>\$117,000</b>

<b>Cost Savings with CompuFlo (Reducing # of punctures by 80 %)</b>	<b>\$338,000</b>
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Savings of more than 50%

# Financial Impact RESIDENT Dural Puncture Reduction

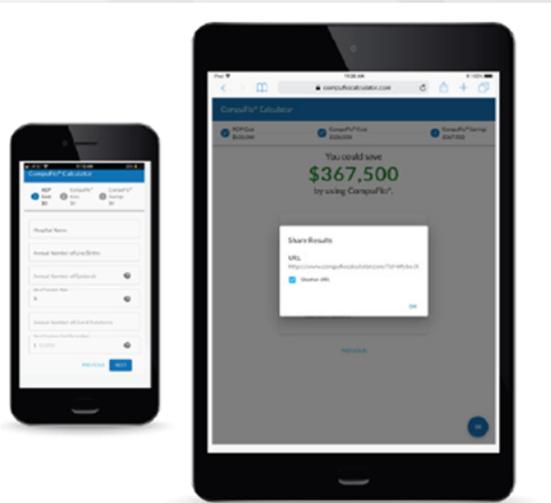
■ Resident Dural  
puncture rate as  
high as 5%

(some studies show as  
high as 17%)

Annual Number of Live Births	3,000
Annual Number of Epidurals	1800
Dural Puncture Rate	5%
Annual Number of Dural Punctures	90
Dural Puncture Cost Per Incident	\$10,000
Additional days stay - mother	6,000
Additional days stay - baby	3,000
Imaging	500
Other costs	500
<b>Annual Cost of Dural Punctures</b>	<b>\$900,000</b>
Number of CompuFlo Instruments	1
CompuFlo Instrument Price **	0
CompuFlo Disposable Cost	\$65
<b>Total Cost of CompuFlo (1800 epidurals)</b>	<b>\$117,000</b>
<b>Cost Savings with CompuFlo (Reducing # of punctures by 80 %)</b>	<b>\$626,000</b>

Savings of more than 65%

# CompuFlo Calculator for Cost Savings Analysis



## 3 Quick Steps

1. Enter number of live births
2. Input instrument price and disposable cost
3. CompuFlo cost savings revealed

# US Sales

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## ■ Sales strategy

- Working with Insurance companies to make CompuFlo the preferred procedure using cost saving analysis
- Gaining access to large GPO's
  - Vizient- 5,200 Hospitals
  - Premier- 3,750 Hospitals
  - Itare- 3,500 hospitals
- Moving to a direct sales force with clinical support personnel (Territories being filled now)
- Developing Strategy for ICD-10 code modifier or getting CompuFlow it's own code
- Working with the Anesthesia societies to make CompuFlow the gold standard
- Over 200 physician demo's completed in 16 hospitals
  - 8 hospitals moved to immediate trial
  - 8 moved CompuFlo to value-analysis committee (VAC)
  - 6 Trials Scheduled in Q1

# International Sales

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- Addition of MOVI Group in Italy
  - 10 instruments purchased
  - 28 sales agents in the field
  - 1 dedicated product manager, 3 regional managers
  - First sale by MOVI to Ospedale “Pugliese Ciaccio” di Cantanzaro, hospital in Italy
- Agreement with new Croatian distributor, EMA d.o.o.
  - 3 instruments purchased
  - Trials in 4 hospitals
- Sales to Algeria, Diagal
  - 6 instruments
- Lebanon distributor, Sterimed
  - Presented CompuFlo at 3 congresses
  - Trials in 2 University Hospitals in progress
- MOU with Russian distributor, REAN
  - 1 demo instrument sold to investigate market size and potential
  - Presented at 4 congresses
- Pending agreements – Switzerland, Bosnia & Turkey
- Attending several OUS medical conferences in Q1/Q2 ( Arab Health, ESA)

# Building the sales pipeline



**CompuFlo® Epidural Trial**

### Overview

The CompuFlo Epidural Trial Protocol outlines an easy evaluation framework. One resident agrees to complete 10 epidurals using the CompuFlo instrument and 10 with a conventional loss of resistance syringe. Data associated with the procedure is recorded for analysis. At the conclusion of the trial, a report will be generated of the findings and outcomes.

Participant	CompuFlo	Loss of Resistance
Resident	10	10
<b>Total</b>	<b>20</b>	

Additional residents and anesthesia providers can be included in the trial, pending agreement on the live case commitment and approach.

### Data Collection

The CompuFlo Procedure Tracker is a HIPAA compliant, online tool to easily capture the results of epidural procedures during the trial period. Each participant will receive a unique login to record procedure information.

- Success or dural puncture
- Number of attempts
- True and false of resistance data

A hard copy data collection tool can also be provided as an alternative.

**COMPUFLO® EPIDURAL**

Admin Panel | Download Data | Logout

**IMPORTANT**  
Please read carefully. In order to complete this submission it is mandatory to upload the .CSV file stored inside the CompuFlo. Please start filling in this form only after you obtained the file needed.

### Submit New Procedure

FIELDS MARKED WITH THE \* ARE REQUIRED

#### Data Recording

Date of the Epidural Procedure\*  Time of the Epidural Procedure

Residence\*  Age (year)\*  Weight (kg)\*  Height (ft)\*  Parity\*

Operator\*  Intervention\*  Patient's position\*  Bed\*  Needle Gauge\*

Number of needle withdrawals and reinsertions at the same interspace\*  Number of needle withdrawals and reinsertion at a different interspace\*

Number of needle reinsertions in case of bone contact\*  Number of needle reinsertions due to operator's uncertainty of needle location\*

How many times did you identify a false loss of resistance during the epidural procedure?\*

Bulb Pressure Investig\*  Did you perform a secondary confirmation\*

Syringe\*  Dural Tap\*

Residence\*

Other Comments

**COMPUFLO® EPIDURAL**

Institution: \_\_\_\_\_  
 Participants: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Serial: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_

Case #	Date/Time	Dural Puncture	First Time Success	# False LOR	Procedure Time	Fluid Volume	BBB	Secondary Confirmation	Comments
Case 1	01/28/2015-11:54:09	N	Y	3	3:16	1.05895	31	Y	Multiple, solo practitioner
Case 2									
Case 3									
Case 4									
Case 5									
Case 6									
Case 7									
Case 8									
Case 9									
Case 10									

Observations:

200 South Chicago Avenue, Longmont, CO 80501 • Tel: 970.531.3717 • Fax: 970.531.3630 • www.compuflo.com

# Marketing

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- Refined market messaging to providers
- Invested in US live birth data by hospital for sales targeting
- Developed Cost Calculator App for sales team
- Launched a Commercial Procedure Tracker & Reporting Tool for loaner trials
- Updating marketing and sales brochures
- Developed CompuFlo Trainer product to target simulation Labs & Medical Training Centers
- Website update in Q1
- Tradeshow Product Awareness at five industry events [ SOAP, ESA, ESRA, ASA, PGA] as well as several local and regional events
- Incorporating provider feedback into future product refinement strategy
- Launching CompuWave™ and CathCheck™ features

# Marketing Collateral

**COMPUFLO<sup>®</sup>**  
EPIDURAL

**PRODUCT PROFILE**

**The Need**

The practice of epidural anesthesia relies on surface landmarks, tactile feedback from the needle, and the sensation of a "loss of resistance" to identify correct entry into the epidural space. The subjective nature of this technique can make distinguishing between a true and false loss of resistance difficult, particularly in high threat patients. This can result in multiple attempts, suboptimal catheter placement or accidental dural punctures that are costly to the hospital and painful for the patient. In fact, studies report up to 27 percent failure rates for lumbar epidurals.\*

Anesthesiologists are incorporating imaging to assist with lumbar epidural injections, but ultrasound will only guide needle trajectory and fluoroscopy requires patient exposure to radiation and availability of specialized equipment. An objective and real time technique to reliably confirm the desired endpoint on the first attempt would help improve clinical outcomes and patient satisfaction, while reducing costs.

\*North US Anesthesia Letters Survey from 2008-2010 showing the highest failure rate (27%) for lumbar epidurals.

**The Solution**

Milestone's CompuFlo<sup>®</sup> Epidural Instrument is the first commercial technology to assist anesthesiologists with objective, real time identification of the epidural space. CompuFlo features an innovative Dynamic Pressure Sensing<sup>®</sup> technology that differentiates tissue types by pressure signatures that are imperceptible by touch. This allows the instrument to accurately identify location and distinguish between true and false loss of resistance.

Anesthesiologists can continue to trust the sensitive, tactile feel of their technique, but gain greater confidence with objective numerical, graphical and auditory confirmation that they have accessed the space. Providers can document correct epidural space identification in the patient's medical record for enhanced quality control and assurance.

**How It Works**

- A high resolution sensor helps discern entry to the epidural space by constantly monitoring pressure and subtle changes imperceptible by touch
- Pressure at the tip of the Tuohy needle provides objective feedback
- Fluid pressure controls the infusion maximum pressure stops fluid flow, a drop in pressure restarts flow
- On screen pressure waveforms display during each procedure for visual verification
- An audible tone changes in pitch with corresponding pressure to offer acoustic confirmation

A true loss of resistance and entrance to the epidural space is confirmed with three indicators: tactile feel, a visual sudden drop in pressure forming a low and stable plateau that lasts for more than 5 seconds, and an audible decrease in pitch.

CompuFlo is clinically proven to objectively identify the epidural space with 99% success on the first attempt.

**Training Benefits**

For providers overseeing resident training, CompuFlo:

- Allows an attending physician to monitor every aspect of needle movement via audible sound and visual display
- Complements a resident's tactile experience with additional verification
- Builds confidence by reducing the number of attempts to locate the epidural space

## Product Profile

**GETTING STARTED WITH COMPUFLO<sup>®</sup>**  
EPIDURAL

**STEP 1** Prepare System & Disposables  
Connect power cable to outside wall.  
Press disposable (D) electric pressure sensor and tubing into wall outlet through provided D-Port.  
Connect power and fluid and fluid to back of the instrument.

**STEP 2** Power On  
Press the power button on the front of the console to load on.  
Flashes change to blue then 25% after the measurement is complete.  
OK on panel indicates an airflow signal. Check air flow for correct power and fluid flow status.

**STEP 3** Connect Cables & Adapter  
Attach power sensor cable to D-Adapter.  
Fit wedge with the needle and attach to pressure sensor.  
Device also works with Tuohy needle. Press Tuohy needle to instrument.

**STEP 4** Enter or Approve Procedure Data  
Manual  
Load or update data if available through "Approve Data".  
User will receive the signal to approve "Approve Data" procedure.

**STEP 5** Select Items & Verify Settings  
Select needle size and confirm the selected size and verify by pressing "Approve Data".  
Verify maximum pressure and flow rate by pressing "Approve Data".  
Adjust settings by selecting "Menu", then "Approve Data" after modification.  
Press Tuohy needle to confirm.

**PROCEDURE TRACKER**  
compuflotracker.com/epidural

**CONTACT SUPPORT**  
Clinical support from Milestone Scientific is available to all providers evaluating the epidural instrument.  
To request demo or trial support email: support@milestonescientific.com or call: 1-800-500-1122

## Quick Start Guide

**OBJECTIVELY IDENTIFY THE EPIDURAL SPACE**

ANESTHESIOLOGY<sup>®</sup> 2018  
San Francisco  
Oct 13-17

**GET HANDS ON @ BOOTH # 2417**

Witness CompuFlo<sup>®</sup> make headlines in the first commercial technology to assist anesthesiologists in objectively and accurately identifying the epidural space. See how CompuFlo's innovative Dynamic Pressure Sensing<sup>®</sup> technology differentiates tissue types by pressure signatures that are imperceptible by touch. This allows the instrument to accurately identify location and distinguish between true and false loss of resistance. Unlike traditional techniques, tactile feel of the needle, tactile feel of the technique, but gain greater confidence with objective numerical, graphical and auditory confirmation that you've accessed the space.

Email: [Demo@milestonescientific.com](mailto:Demo@milestonescientific.com) to schedule a hands-on demo.

**COMPUFLO<sup>®</sup>**  
EPIDURAL

## Tradeshow Flyer

1:26 / 1:47

## Video Animation

# BEYOND EPIDURAL: THE MEDICAL OPPORTUNITY



## Catheter Check

- ✓ Now with our patented CompuWave™ technology the CompuFlo Epidural Instrument can now check catheters in seconds not 20-40 minutes.



## Thoracic

- ✓ Strong market demand due to high-risk nature of procedure; 3 – 5 % of all epidurals, Study currently underway. CE mark in progress



## Peripheral Nerve Block

- ✓ Received peripheral nerve block patent



## Intra-articular

- ✓ Received CE mark approval an intra-articular instrument



## Botox

- ✓ Received Botox Patent in Jan 2020



# MILESTONE COMPUFLO™ EPIDURAL Market Analysis and Strategy 2020

**COMPUFLO™**  
EPIDURAL INSTRUMENT

NOW WITH  
**CATHCHECK™**  
TECHNOLOGY

# BUSINESS PLAN SUMMARY/STRATEGY

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**With the market and individual hospital systems all having different criteria and purchasing models, we will have 3 different sales strategies.**

- 1. Sell the CompuFlo instrument and disposables.**
- 2. Consign the CompuFlo instrument and upcharge the disposables.**
- 3. Lease the CompuFlo instrument and disposables, we build in the instrument and a minimum number of disposables into a monthly payment. And they can purchase more disposables if they exceed the minimum.**

**The strategy is to accommodate the different hospital systems purchasing procedures. If consigned or leased it is a different process and often easier and less time consuming and falls into a different budget.**

# Milestone Scientific- Market Re-Cap

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## **One of the fastest growing segments in Medicine-**

- 11 million performed in the US and 30 million worldwide
  - 2.4 million Labor and Delivery- US
  - 9 million nerve blocks for pain intervention- US
  - 900,000+ for pain blocks in Hips and Knees- US

## **Over a \$5+ Billion Dollar Market in the US and growing**

- Globally there are 41 million Peripheral Nerve blocks performed, US market is estimated at **\$480 Million-** ( **Study currently being conducted by Dr. Oliver Choquet at the Lapeyronie University Hospital -Montpellier, France )**
- With the passing of the Substance Abuse Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) act, physicians are using more pain blocks to reduce the opioid use post surgery.

Insurance companies now require at least 3 pain injections for prognostic and diagnostic workup prior to approving surgery in orthopedics and spine.

# Two New Features added to the CompuFlo Epidural Instrument

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With the addition of the patented CompuWave™ technology we can now not only verify epidural placement but also confirm catheter placement in real time with the patients' pulse.



# What do these new features mean?

When performing an epidural the CompuFlo™ instrument objectively identifies the False Loss of Resistance and True Loss of Resistance. With CompuWave™ view one can now also verify the epidural space when the pulsatile waveform is displayed



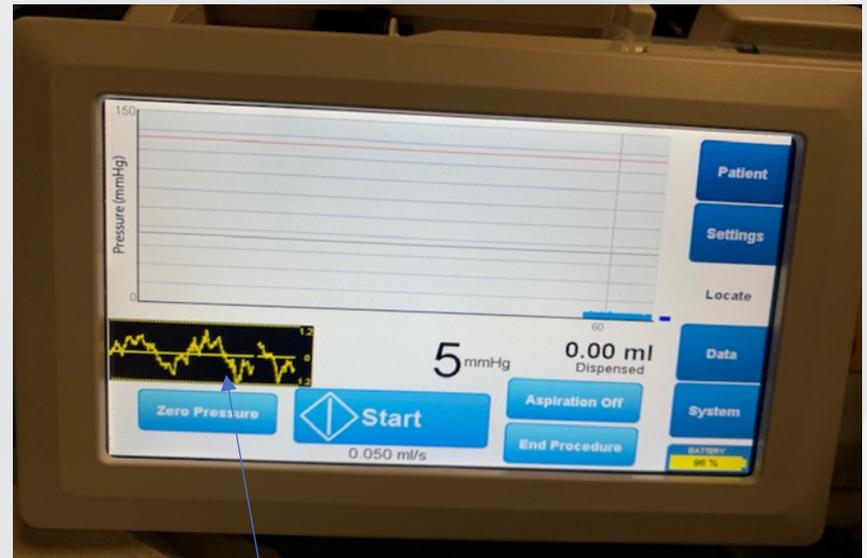
False Loss of Resistance

True Loss of Resistance

# What do these new features mean?

Until now clinicians check catheters by administering a bolus of anesthetic to a patient and are then required to wait 20-40 minutes to see if patient's pain has subsided, if it doesn't the catheter has to be removed and another epidural must be performed.

With **CathCheck™** they can in seconds identify if the catheter is in place or has become dislodged from the epidural space. This saves considerable time and money and provides better patient care.



If the Catheter is in the epidural space the waveform indicates it. If it's not that will be indicated as well.

# The importance of CathCheck™

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The **CathCheck™** feature is something that no other company has...the ability to check catheters in seconds not 20 – 40 minutes.

During clinical evaluations we discovered that checking catheters not only takes a lot of time but the clinician takes it personally if someone checks their catheter and has to re-do it. With this new feature they can verify that their catheter is placed correctly , and will re-check their catheter every time the patient is moved and throughout the day to ensure that it has not been dislodged. Sometimes 3-4 times a day, the average hospital has anywhere from 6-10, and larger hospitals have 20-30+ patients a day with catheters post birth.

The confidence gained with the CompuFlo technology's ability to check catheter placement should cross over to the epidural procedure, where they can use the CompuFlo to ensure that they are in the epidural space, insertion of the catheter and verification of correct placement in the same procedure and documentation.

MILESTONE  ONE  
SCIENTIFIC®

[milestonescientific.com](http://milestonescientific.com)

Thank You!