

# Ultrasonic Medical Mapping

Developer of low cost, radiation-free cancer detection technology

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## UMM

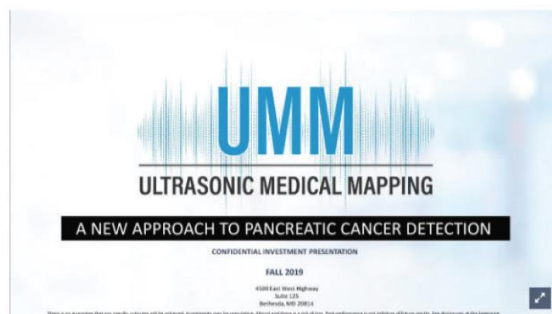
### ULTRASONIC MEDICAL MAPPING

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### THE PROBLEM

Pancreatic Cancer accounts for **3%** of all cancers and **7%** of all cancer related deaths with a **6%** survival rate<sup>1</sup>.

**No mass screening methods exist for pancreatic cancer at this time**

+

**Existing screening methods are cost prohibitive or ineffective<sup>2</sup>**

=

**LIMITED**

**Ability for pancreatic cancers to be caught at an early, and often, treatable stage**

**PANCREATIC CANCER ACTION NETWORK**

*"There is currently no standard diagnostic tool or established early detection method for pancreatic cancer. When diagnosed early, surgical resection offers the best chance for long term control of pancreatic cancer, yet most patients are diagnosed at later stages and are not eligible for surgery. Therefore, tests sensitive enough to detect pancreatic cancer in the earliest stages are urgently needed."*

1. Representative figure for pancreatic cancer.  
2. For diagnostic accuracy, these tests are expensive. They are specific, accurate, but they require specialized facilities, specialized staff, and often require the patient to undergo a procedure that is uncomfortable and potentially risky.

### UMM SOLUTION

UMM IS A PATENTED CANCER DETECTION SOLUTION THAT IS:

**LOW – COST**

Repurposing of existing technology may drive down the medical cost curve substantially

**RADIATION FREE**

Low frequency ultrasonic energy is generally safe and does not expose the patient to ionizing radiation

**NON-INVASIVE**

Reflexes on low frequency ultrasonic signals that pass through the body

**GENERALLY ACCURATE**

Potentially capable of detecting lesions and tumors smaller than other existing technologies

For illustrative purposes only. There is no guarantee that any specific customer will be satisfied with the results of the UMM system. The UMM system is a patented technology and is not subject to FDA approval. The UMM system is not a substitute for a medical diagnosis. The UMM system is not a substitute for a medical diagnosis. The UMM system is not a substitute for a medical diagnosis.

## Product Information

### ADDITIONAL PRODUCT INFORMATION

UMM owns US Patent 13/979,605<sup>1</sup>

The UMM technology operates on the simple premise that a low frequency ultrasonic signal may be altered in different ways by passing through different materials. We compare the character of the received waveform as the transmitter is rotated around the target and use signal variances to locate cancerous tissue anywhere in the body.

**THE SYSTEM<sup>2</sup>**

**HOW IT WORKS**

The transmitter (blue) is rotated around the target allowing the location of internal anomalies to be triangulated and mapped.

**GEN 5 TESTING OUTPUT**

**Gen 5 test results showed detections of anomalies at a level potentially smaller than other existing technologies<sup>3</sup>.**

1. UMM owns US Patent 13/979,605.  
2. UMM system is a patented technology and is not subject to FDA approval. The UMM system is not a substitute for a medical diagnosis. The UMM system is not a substitute for a medical diagnosis. The UMM system is not a substitute for a medical diagnosis.  
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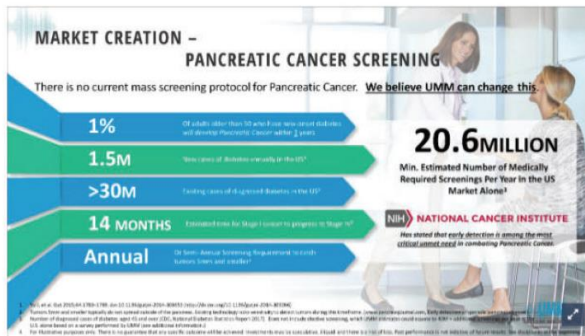
## Market Factors

### MARKET LANDSCAPE

PRODUCT	UMM ULTRASONIC MAPPING	TRADITIONAL ULTRASOUND	MRI	CT SCAN	ENDOSCOPIC ULTRASOUND
Patient Cost	\$125	\$125	\$800+ (\$400 with contrast)	\$3,350	\$3,900 (\$2,800 with gastroscopy)
Facility Cost	\$200k	\$10k+	\$35k+ (17' Room)	\$2M+ (200' Room)	\$10k+
Max Daily Scans	10	24+	12	12	8
Full Body Capable	Yes	Yes	Yes	Yes	No
Radiation Free	Yes	Yes	Yes	No	Yes

**TRADITIONAL ULTRASOUND IS GENERALLY NOT CAPABLE OF DETECTING PANCREATIC CANCER**

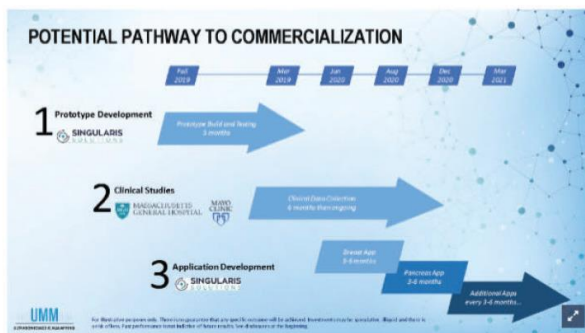
1. MRI and CT tests require extensive monitoring upon completion.



## The Team



## Strategy







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## SURVEY RESULTS

UMM hired professional market research firm Ask Your Target Market to ask several targeted questions to 500 consumers age 45 and up. Below are key findings from that study:

- 88%** of participants would like to take a screening test if it were fast, safe and easy.
- 49%** of participants would pay for this screening test out of pocket every year at a cost of \$125 USD.
- 60%** of participants would pay for this screening test out of pocket every other year at a cost of \$125 USD.
- 84%** of participants would take this test every year if their insurance plan covered it.

UMM assesses the potential U.S. market size for pancreatic screening to be in excess of **9 Billion USD**.

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### OUR TEAM – PARTNERS AND IMPLEMENTERS

<p><b>SINGULARIS</b> SOLUTIONS</p> <p><b>CLINICAL PROTOTYPING DEVELOPMENT</b></p> <p>Formal/semi-formal Singularis Technology is a highly skilled and experienced team of engineers and scientists. Removable design, prototyping, and assembly services. The company has extensive experience in implementing quality control processes and protocols and is developing UMM's clinical-ready prototype using these services.</p>	<p><b>MASSACHUSETTS GENERAL HOSPITAL</b></p> <p><b>CLINICAL TESTING &amp; REGULATORY SUPPORT</b></p> <p>Massachusetts General Hospital is a leading academic institution in the field of pancreatic cancer research. They have been conducting clinical studies and are currently conducting UMM's clinical studies and are currently conducting UMM's clinical studies and are currently conducting UMM's clinical studies.</p>	<p><b>HAARLEM</b> JURY ATLAS RESEARCH</p> <p><b>STRATEGIC SUPPORT &amp; PARTNERSHIPS</b></p> <p>Through UMM's relationship with the Haarlem Jury Atlas Research, the company has received strategic advice and support in the field of pancreatic cancer research.</p>	<p><b>RWT</b> COUNCIL</p> <p><b>EXECUTION SUPPORT &amp; ADVISORY</b></p> <p>Through its partnership with RWT Council, the company has received strategic advice and support in the field of pancreatic cancer research.</p>
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## Founding Team



### David B. Johnson

CEO

After graduating from Purdue University in 1990, David was commissioned as an intelligence officer in the United States Navy. He served on active duty for eight years and as a reservist for twelve, retiring in 2010. Serving in the aviation squadron VS-37 deployed with the USS Kitty Hawk Battlegroup, David supported humanitarian and operational missions during Operation Restore Hope, Somalia and supported strike-planning execution for Joint Coalition airstrikes in Iraq. David's service in VS-37 enabled him to gain extensive expertise in acoustic systems and technologies used to detect and track threat submarines.

David's second and third Navy assignments were at the Defense Intelligence Agency/Chairman of the Joints Chief of Staff, Pentagon and The Office of Naval Intelligence, respectively. During these assignments, David managed over 20 intelligence officers and analysts, developing over 100 all-source intelligence assessments for DoD leadership and operational commanders. During his time in the Navy, David received 3 Naval Intelligence subspecialty qualifications, 5 joint awards and 7 personal awards, while completing his Master of Science Degree in 1997.

Upon leaving active duty in 1998, David began working for Science Applications International Corporation (SAIC) where he subsequently managed the Navy's investment strategy program contract, leading over 100 professional engineers, technical domain experts, scientists and analysts across 11 companies in warfare and intelligence analysis efforts. During this time, David employed incisive and broad-ranging program management and technical skills to support the Chief of Naval Operations (CNO) in areas of operational requirements development, mission needs assessment and analysis of critical areas of U.S. warfighting vulnerabilities.

During his time as a Vice-President at SAIC, David directly managed all CNO support work and grew the program from \$4M annually to nearly \$20M. David won numerous smaller procurements and two major Navy procurements, totaling \$255M and \$80M, respectively. During his time at SAIC, David received 9 corporate awards and earned 6 promotions.

Upon leaving SAIC, David began working on the innovative cancer detection concept that subsequently led to the creation of UMM. Upon successful fundraising efforts, Mr. Johnson began serving as the full-time CEO of UMM, where his unique blend of leadership, team-building skills, management and technical acumen in acoustic and targeting technologies have enabled the current success of the company in developing its breakthrough cancer detection technology.



### Aaron Mishler, CFA

CFO & CTO

After graduating from Purdue University in 1990, Aaron was commissioned as an officer in the United States Navy where he served with distinction for nine years. Aaron was a Naval Flight Officer and an Electronic Warfare Officer, his experience in the latter directly prepared him for his CTO role in UMM by providing a background in the use of distributed, multi-sensor arrays to identify and locate targets. His Naval service included multiple overseas tours of duty including service in both the Middle East and the Balkans.

After leaving the Navy, Aaron went to Georgetown University where he took an MBA with a concentration in Finance. He then spent several years at Starwood Hotels working his way up through various roles from corporate treasury and finance to underwriting and real estate development. The experience at Starwood led to a role in Private Equity as Portfolio Manager at RLJ Development, LLC (now RLJ Lodging Trust) where he got a broad exposure to all financial aspects of a private equity firm. In 2009 he left RLJ for a new role with GE Capital underwriting and managing a portfolio of loans for the Franchise Finance group. After GE made the decision to shut down the business Aaron decided to go back to the Private Equity industry working for JPMorgan in fund administration.

While at JPMorgan, Aaron was contacted by his old friend Dave Johnson who had just founded a company called Ultrasonic Medical Mapping. Aaron began working part time with the members of UMM on structuring the company to be able to attract investment. After a few false starts, Aaron was able to secure the initial round of funding and transitioned to a full-time role with UMM. Aaron was responsible for directing the technical work on the UMM preclinical prototype, laying the groundwork for the firm's current efforts.

## Investors & Advisors



### Lynn Matrisian, PhD

Scientific Advisor

As UMM's Scientific Advisor and Chief Science Officer of the Pancreatic Cancer Action Network (PANCAN), Dr. Matrisian brings extensive experience and a passion for cancer research, combined with business training, to lead the organization's Scientific & Medical Affairs teams as they strive to reach the goal of doubling pancreatic cancer survival by 2020.

Prior to joining the Pancreatic Cancer Action Network, Dr. Matrisian put her scientific training to work for 25 years leading a research laboratory dedicated to understanding cancer metastasis. She has published more than 220 original scientific articles and trained more than 30 young scientists who have gone on to join the fight against cancer in the academic, biotechnology, pharmaceutical, government and nonprofit sectors.

Dr. Matrisian was the founding chair of the department of cancer biology in the School of Medicine at Vanderbilt University, the president of the American Association for Cancer Research (AACR) and a special assistant to the director of the National Cancer Institute at the National Institutes of Health. She was elected to the AACR Academy, which recognizes and honors distinguished scientists whose major scientific contributions have propelled significant innovation and progress against cancer.

Dr. Matrisian received a PhD in molecular biology from the University of Arizona and an MBA from the Owen Graduate School of Management at Vanderbilt University.



### Suresh Chari, M.D.

Medical Advisor

Suresh Chari, M.D. is an UMM Medical Advisor and a Professor of Medicine with the Mayo Clinic College of Medicine. He is also a consultant in the Division of Gastroenterology and Head of the Pancreas Interest Group in the Division of Gastroenterology and Hepatology.

Dr. Chari has a broad interest in diseases of the pancreas and his NIH-funded research focuses on the role of diabetes and hyperglycemia as a marker of undiagnosed pancreatic cancer. Dr. Chari's additional areas of clinical research involve understanding the clinical spectrum of autoimmune pancreatitis and in in cystic tumors of the pancreas including their classification, prevalence and natural history.

His current project, "Pancreatic Cancer-induced Diabetes: A Clue to its Early Diagnosis" has the long-term programmatic goals to facilitate early detection of pancreatic cancer. Towards this end the research is focused on a) identifying groups of individuals who are at higher than average risk of having



asymptomatic sporadic pancreatic cancer and b) developing biomarkers that can identify early pancreatic cancer.



### Michael Levy, M.D.

Medical Advisor

Michael Levy, M.D. is an UMM Medical Advisor and a Professor of Medicine with the Mayo Clinic College of Medicine. He is a gastroenterologist and is also affiliated with Veterans Affairs Black Hills Health Care System - Fort Meade. He received his medical degree from University of South Carolina School of Medicine and has been in practice for more than 20 years.

Working with Dr. Suresh Chari, Dr. Levy has assisted in UMM in broadly outlining a clinical study to be conducted at the Mayo Clinic that will compare UMM's cancer detection technology with existing systems in use today.

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## Commonly Asked Questions

### What exactly is Ultrasonic Mapping?

Ultrasonic Mapping is a mature technology used in engineering/materials science to detect microscopic flaws inside of complex structures that could only be otherwise found through destruction of the sample.

### Isn't this the same as the ultrasound currently in use by doctors?

No, current medical applications use ultrasound as an imaging tool by combining reflected sound waves and presenting them as a picture with the shading determined by the intensity of the return.

### What makes "mapping" different from "imaging?"

Unlike imaging, where the sound is originates and is captured at the same location, mapping uses multiple receivers positioned around the target to capture sound that has passed completely through to the other side.

### Why low frequency?

Low frequency signals are able to pass completely through the body with minimal signal loss. The signal is also capable to passing through air pockets that exist in the lungs and stomach/bowels. It is this capacity that allows for the mapping of anomalies in areas that traditional imaging cannot reach effectively.

### I have been told that Low Frequency Ultrasound doesn't work in medicine. Is that true?

## PROBLEMS TO THIS TOOL:

When used to create an image through traditional methods, low frequency ultrasound is unable to deliver a picture resolution clear enough to be usable. This is due to the wavelength increasing as the frequency is reduced. (At the frequencies we are using the pixel size would be approximately 2cm square.) Fortunately, mapping uses the received information very differently than imaging and is not limited by the wavelength.

## Why hasn't this been done already?

Using this technique generates a very large amount of information that must then be processed and analyzed. When the technology was invented, a mainframe computer was required in order to build the map. The expense associated with the signal processing initially limited the application to defense/aerospace testing where the cost of failure was high enough to justify the analysis. This led to the medical community coming to the view that ultrasound was only usable as an imaging tool.

## Is it safe?

Diagnostic ultrasound uses no radiation and is considered safe to use in a medical setting.

## Why is the cost so low?

Ultrasonic mapping uses a decades old technology that requires no exotic materials and has components that can be cheaply produced at scale. This will enable both the manufacturers and users to profit while dramatically lowering patient costs.

## What is the status of your IP?

US Patent 9 492 139 grants UMM the exclusive rights to use ultrasonic mapping techniques in a medical capacity across the entire range of optimal frequencies for organic tissue densities. Continuation claims have been filed and additional patents will be filed as work progresses.

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