Newsletter from Emotra AB (publ)

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Short status report – H2020 feasibility study on the final stretch

Emotra is in the midst of a very intensive phase. Our ongoing feasibility study, which is partially financed by the EU's Horizon 2020 programme, is nearing completion. We will be presenting our study report to the European research commission at the end of June. The compilation of the "baseline data" from our ongoing clinical multi-centre study, EUDOR-A, is continuing as planned. We are presently recruiting clinics to participate in our planned study of the use of EDOR™ to test children and young people.

H2020 – Feasibility study

Emotra has received clear indications from more than 20 internationally leading clinics of their interest in participating in our planned multi-centre study on children and young people, which Emotra hopes to finance with help from the EU's Horizon 2020 programme. Before we can apply for such EU funding, we are carrying out a feasibility study to determine the need for EDOR™ in psychiatric care, and which benefits this method's implementation could provide to the care they deliver. This feasibility study is also intended to demonstrate Emotra's ability to recruit competent clinics and our ability to see the project through to the end. On top of the clinical study, our EU report will also include a preliminary budget for the project, including further development of the product and development of a global, internet-based communication platform.

In connection with this autumn's important international conference in Oviedo, Spain, we will be holding separate meetings with both the clinics involved in our ongoing adult study, EUDOR-A (Adult), and those clinics which have expressed an interest in participating in our youth study, EUDOR-Y (Young).

EDOR™ – Financially beneficial for clinics

It is important to demonstrate not only the clinical benefits of EDOR™, but also the method's commercial possibilities. Therefore, our report also emphasises the financial benefits which clinics that choose to test their patients with our method will reap. The costs of acquiring the method and regularly using it are significantly lower than the savings a clinic can achieve by not having to put in costly suicide-prevention measures for patients who are not at risk of committing suicide. Moreover, if testing with EDOR™ leads to a reduction in the number of suicide attempts, this would further reduce the clinic's costs considerably. A factor of critical importance is that those clinics who acquire the method and therefore bear the cost of using EDOR™ also get to keep these savings in their

budgets. This approach provides a net positive financial effect for the clinics that choose to test patients with EDOR™ on a routine basis. In its calculations, Emotra has chosen not to include all other socio-economic benefits that a reduction in suicide and suicide attempt rates would bring, since the reduction of these costs is not part of the health care sector's mandate.

EUDOR-A, Baseline publication

Earlier this spring, Emotra announced the completion of the testing phase of the ongoing clinical multi-centre study, EUDOR-A. More than 1,540 patients have been tested and analysed. In the second stage of our study, the patients will be monitored and checked over a 12-month period after testing. This stage of our study will be finalised on March 10, 2017.

The comprehensive task of entering all our clinical data from more than 1,540 tested patients into a *clinical database* is ongoing in Rome. At the same time, and without knowledge of the data in the clinical database, all of the test results are being compiled in an *EDOR™ Test database* in Linköping, Sweden. These two databases will then be merged into a single, large *BASELINE DATABASE.* Once this is done, the data will be statistically processed. The data analysis from the first stage of our study will result in a "Baseline publication". We are presently compiling the experiences and observations from the first phase of our EUDOR-A study and expect to complete this task this summer.

With time the database we create will, through our ongoing efforts, become a standard tool for routine follow-up of tested patients. This way, we will be able to leverage the data in this database in the future to verify the method's reliability on a steadily growing patient base, and it will also function as a valuable tool for continued knowledge-gathering in the suicide-prevention discipline.

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