

IARAS

Q4 2021 Report 16 February 2022

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Q4 2021 Financial Highlights





Significant recent events

CE Mark received for enhanced IRRA*flow* Drainage Catheter



 Enhanced catheter with improved kink resistance and drainage capabilities approved for use in European Union. ACTIVE clinical study initiated by Aarhus University Hospital



- Patient treatments begin with IRRA*flow.*
- Results will be captured in the ACTIVE clinical trial to prove IRRA*flow*'s superiority vs. EVDs.

First patients enrolled in ARCH clinical study



- ARCH compares use of IRRA*flow* with clot-busting medication vs. EVDs in IVH patients.
- Study will document ability & safety of using IRRA*flow* to deliver intracranial medication.

Partnership with Lovell Government Services (LGS)



 IRRAS signed an agreement with LGS, to serve as its vendor for product orders and contract from US government facilities.



Significant recent events after the quarter

Largest IRRA*flow* dataset to date presented, confirming improved patient outcomes

Catheter Occlusion		0%*
Shunt dependence (IVH)		3/23 (13%)**
Vasospasm	Clinical	2/12 (17%)***
	Radiographic	3/12 (25%)***

- Surgeons from West Virginia University Hospital presented data from their first 45 IRRA*flow* patient treatments medical conference in VA.
- Data showed 0% occlusion rate and reduced incidence of infection, vasospasm, and shunt dependence compared to EVDs.

First patients enrolled in ACTIVE clinical study



 Dr. Anders Korshøj from Aarhus University Hospital enrolled the first patient in the ACTIVE clinical study to evaluate the efficacy and safety of IRRA*flow* compared to traditional drainage systems. Expanded Intellectual Property Portfolio for IRRA*flow*



• Third patent issued for the IRRA*flow* system to provide coverage to administer therapeutic drugs using IRRA*flow*'s catheter.



Key Financial Data

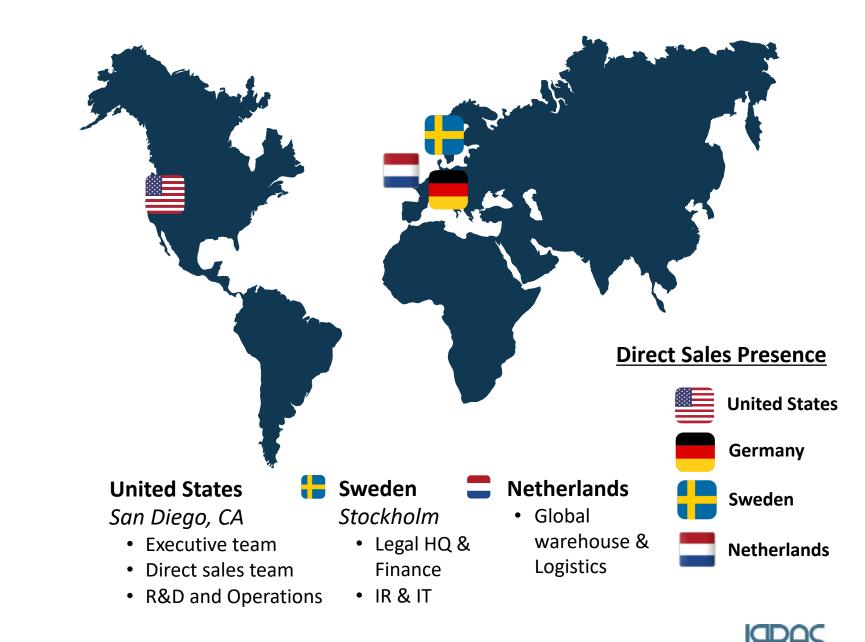
MSEK	Q4 2021	Q4 2020	2021	2020	2019	2018	2017
Revenue	7.2	2.5	22.4	7.4	5.3	6	12
Gross margin, %	Neg	Neg	Neg	Neg	Neg	Neg	Neg
EBIT	-43.5	-36.6	-136.5	-134.3	-151.5	-143.3	-61.5
Earnings per share (SEK)	-0.55	-0.57	-1.89	-2.46	-5.61	-5.83	-3.4
Cash flow from operating activities	-36	-28.7	-130.5	-133	-154	-97.4	-53.7
Liquid funds, end of period	55.9	135.6	55.9	135.6	85.1	158.1	244.2

About IRRAS



IRRAS is a Swedish-American company focused on delivering innovative products for neurocritical care.

IRRAS is listed on NASDAQ Stockholm



Targeting Sizable Market Opportunity

Intracranial Bleeding >\$1.8B⁶ in EU & US

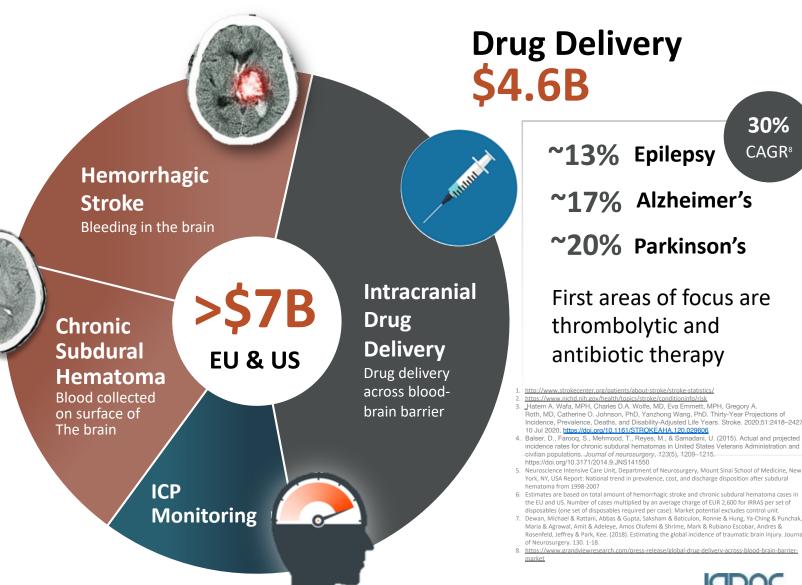
Hemorrhagic Stroke8-10%~200kSurgically
operated, EU & US2Chronic Subdural Hematoma

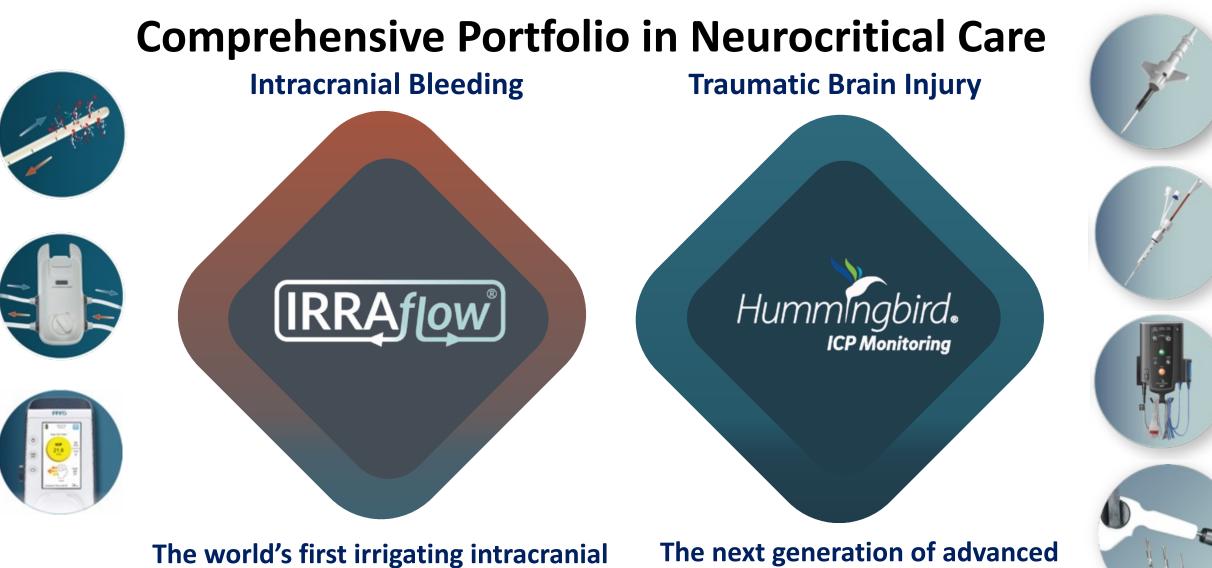
~500k Surgically operated, EU & US^{4,5}

Traumatic Brain Injury \$600M in EU & US

5.4M EU & US **brain injuries** each Year⁷







The world's first irrigating intracranial drainage system!

Irrigation • Drainage • ICP Monitoring • One System

The next generation of advanced neuromonitoring!

Most Accurate • Zero ICP Drift • Multimodal Monitoring



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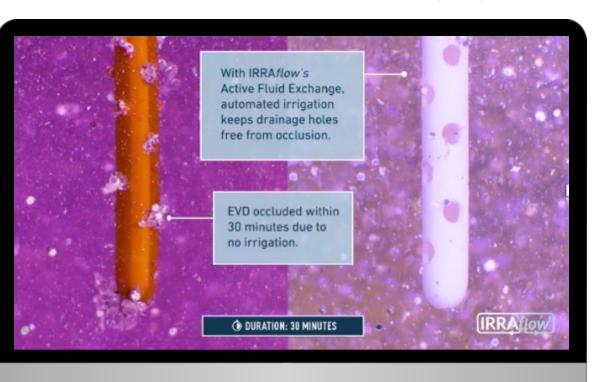




In >300 patient treatments, 0% catheter occlusion rate observed when system's irrigation is actively employed

Compared to documented literature showing up to 47% EVD occlusion rate¹

Market-leading EVD





Next-Gen IRRA*flow* Product Launch Underway

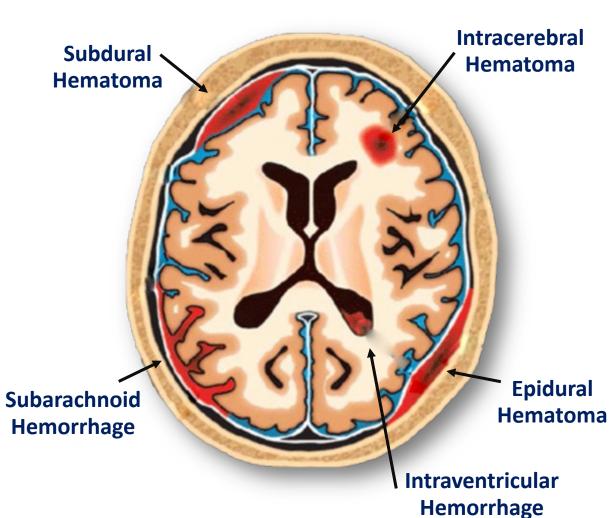


Now commercially available in the US:

- ✓ Limited Market Release training has begun at first wave of accounts
- ✓ First commercial systems shipping this week



IRRA*flow* Can Treat Multiple Disease States



Chronic Subdural Hematoma

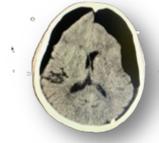


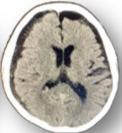
Intraventricular Hemorrhage

Ventriculitis

Post-IRRA*flow*

Bilateral Chronic Subdural Hematoma





Pre-IRRA*flow*

Post-IRRA*flow*

Intraparenchymal Hemorrhage with Intraventricular Hemorrhage

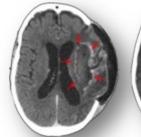


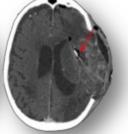


Pre-IRRA*flow*

Post-IRRA*flow*

Cerebral Abscess





Pre-IRRA*flow*

Post-IRRAflow

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Pre-IRRAflow

Pre-IRRAflow

Pre-IRRA*flow*

A (1-

Post-IRRA*flow*

Post-IRRAflow

Increasing Clinical Experience Continues to Document Superiority

Treatment Description

- Female | 68 years old
- Patient arrived at Cottage Hospital in Santa Barbara, CA, with headache & nausea
- IRRA*flow* catheter inserted to the left lateral ventricle to evacuate blood from ventricular system
- Administered 4 mg of tPA in 1,000 mL saline with automated irrigation

Pre-IRRA*flow* Treatment



Treatment

Time

Treatment Results

- Head CT done prior to discharge showed noticeable improvement
- IRRA*flow* catheter irrigation was stopped after 36 hours
- After clamping, ICP remained stable <5mm Hg
- Patient exam improved with GCS of 14
- Catheter removed on day 3 post-placement



Early Experience with Patient Treatment & Drug Delivery with IRRAflow:

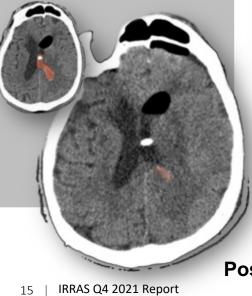
An Automatically Irrigating and Draining Ventricular Catheter

Presented by surgeons from

WVURockefeller NeuroscienceInstitute at The Neurosurgical Society of the Virginias Annual Meeting

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IRRA*flow* patient treatments



Complications	Ventriculitis	1 (2.2%)
	Mortality	9 (20%)
Intrathecal Medications administered	tPA	9 (20%)
	Vancomycin	2 (4.4%)
Catheter Occlusion		0%*
Shunt dependence (IVH)		3/23 (13%)**
Vasospasm	Clinical	2/12 (17%)***
	Radiographic	3/12 (25%)***
SDH	MLS before: 4.9±2.6 MLS after 2d: 0.8± 1.2	Percentage improved 13/13 (100%)

* Compared to 19% permanent, 41% temporary occlusion. Fargen etl al. JNS 2016

**Compared to 18% in literature. Clear III trial. Murthy et al. Neurology 2017.

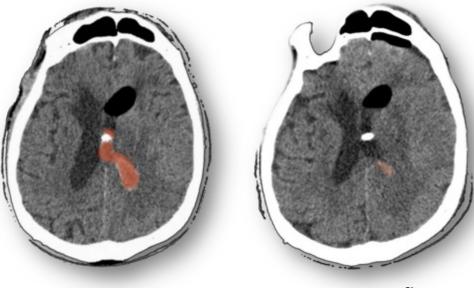
*****Compared to 40-70% in literature.** Bracard et al. Interventional Neuroradiology 2008

Post-IRRAflow

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Patient Treatment from WVU Dataset Confirms IRRA*flow* Mechanism of Action

WVUMedicine



Pre-IRRA*flow*

Post-IRRA*flow*

- IRRAflow inserted directly in clot
- Irrigation performed with tPA
- Endoscopic evaluation performed on day 4 to remove persistent clot

Endoscopic images confirm impact of IRRA*flow*'s automated irrigation

No occlusion formation even in heavy clot burden

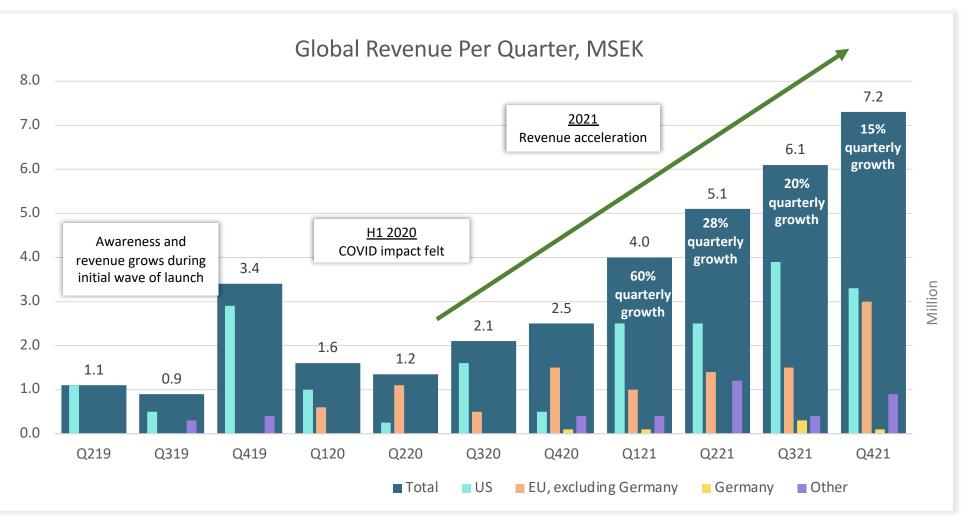


Irrigation cleansing the catheter holes, keeping the **catheter free of occlusions**

Images provided by Dr. Nicholas Brandmeir



Consistently Demonstrated Revenue Growth



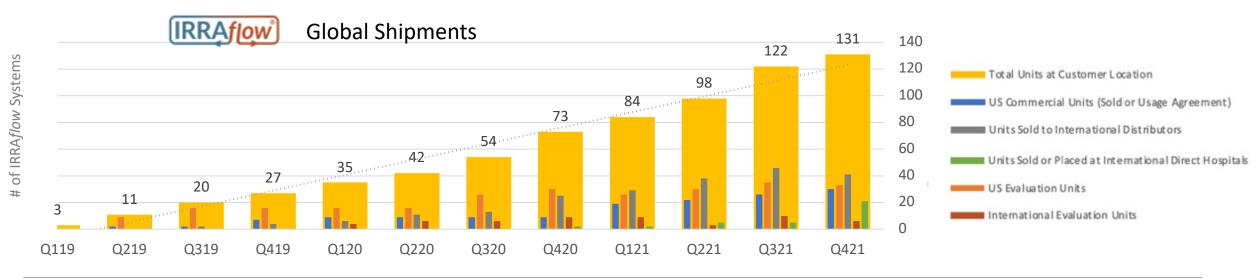
Annual Revenue

2019	2020	2021
MSEK 5.3	MSEK 7.4	MSEK 22.4
559K USD	841K USD	2.61M USD



Metrics Confirm Growing Adoption

Capital equipment footprint continues to expand





IRRA*flow* systems deployed globally





Systems supporting US Evaluations

-5% V QoQ Growth



US Commercial systems driving disposable usage

15% A QoQ Growth



Systems with EU direct commercial customers

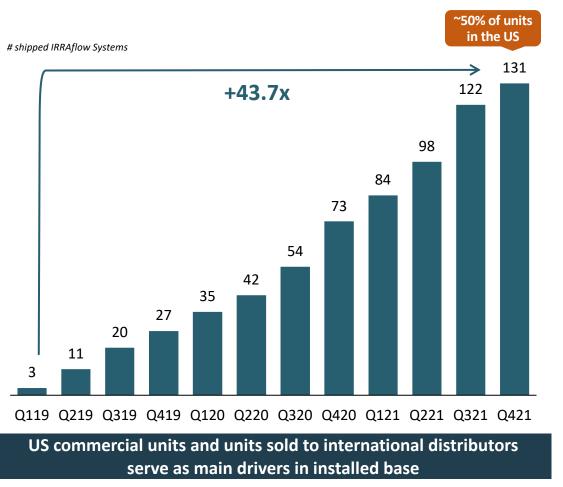
6.6% A QoQ Growth



Systems sold to Distribution partners

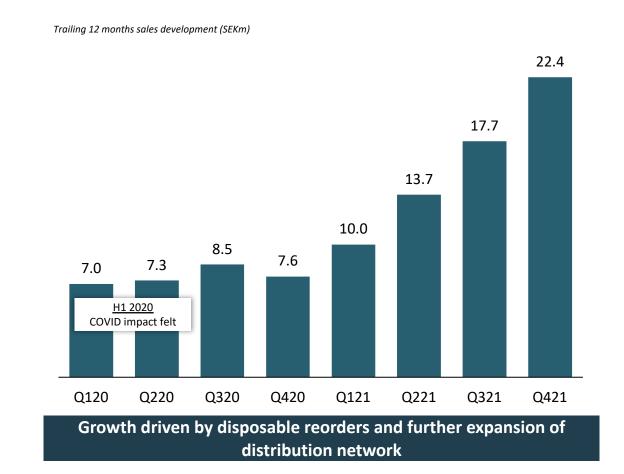


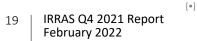
Growing Install Base Increases Disposable Usage and Total Revenue



Strong development in installed base...

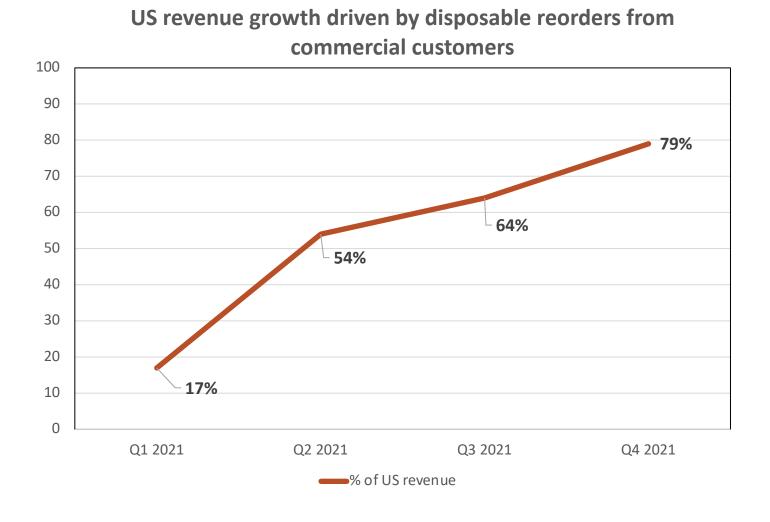
...driving sales growth





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Increasing Adoption by Reference Sites Validates Business Model





Adnan Siddiqui, MD Secretary, SNIS CEO/CMO, The Jacobs Institute



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Elad Levy, MD President-Elect, CNS



Nicholas Brandmeir, MD Assistant Professor, WVU

- Working to replicate successful launches at Buffalo General and WVU
- Growing adoption and resulting disposable reorders at US hospitals driving larger % of US revenue



Q4 Commercial Highlights

Broad revenue contribution seen from a variety of sources



Global distribution network expansion with initial orders from new partners in Baltic countries, Czech Republic, Bulgaria



Generated disposable order to support another new IRRAflow evaluation in Germany



Received **IRRAflow** disposable stocking order from comprehensive stroke center, Vidant, new US commercial customer, in Greenville, NC



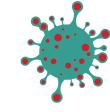
Generated disposable order to support new **IRRAflow** evaluation at Cottage Health, comprehensive stroke center in Santa Barbara, CA



Disposable reorders from 5 US accounts and 3 international distributors



West Virginia University Hospital continues to increase IRRA*flow* usage, including disposables and 3 additional control units



Navigated through the COVID-19 omicron variant during Q4

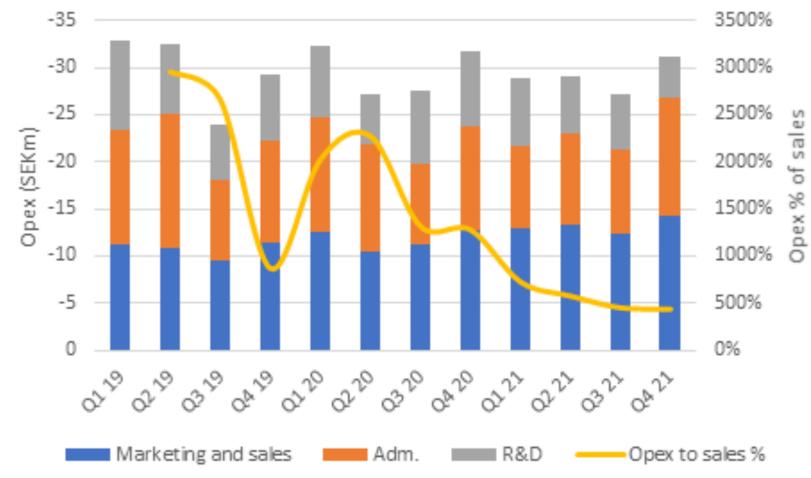
Watching future COVID hotspots, but business as usual resuming globally

1st patient treatments with distributor partners



Q4 Commercial Highlights

Growth continues with focus on cost consciousness





Administration currently includes Clinical, which will be shifted to R&D in future quarters

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Presented at CNS Annual Meeting 2021

- Active Fluid Exchange with infused tPA significantly increases the removal of blood and reduces treatment time
- All cases demonstrated removal of 90% of blood in 72 hours
- All cases were completed in ~5 days
 - Average of 14 days in ICU during CLEAR-III trial, which used tPA and traditional EVD

Active CSF exchange system is effective for IVH treatment

Active Removal of Cerebral Haemorrhage

Behnam Rezai Jahromi, Päivi Tanskanen, Felix Göhre, Johanna Pekkola, Jari Siironen

INTRODUCTION

- Intracerebral haemorrhage (ICH) associated with intraventricular hematoma (IVH) has higher rates of morbidity and mortality.
- Removal of IVH depends on passive external ventricular drainage, which is time consuming and gives opportunity to IVH re-organize and have negative effect on neural tissue.

OBJECTIVES

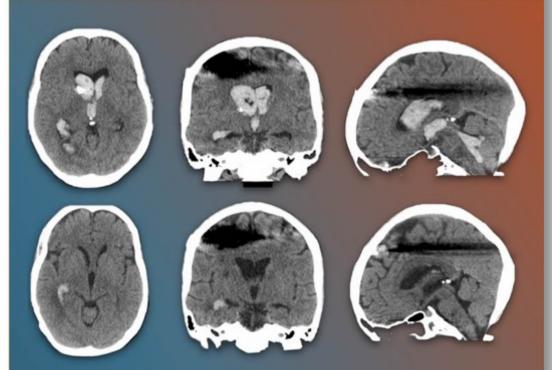
- Expedient removal of ICH and IVH should result in less organization of blood in the cerebrospinal fluid thus minimizing neural toxicity and facilitating better neurologic outcomes for patient and reduction in ICU time.
- We tested a novel fluid exchange system (active EVD) with controlled tPA infusion on 5 ICH and IVH cases to determine if rapid removal of blood could occur.

METHODS

 In 2 cases, 2mg of tPA was administered manually over 2 consecutive days. In the other 3 cases, 2mg of tPA in 1,000 cc's of fluid was continuously infused over a period of 2 consecutive days.

RESULTS

- In all 5 cases, CT demonstrated 90% removal of blood occurring in 72 hours or less.
- Further, in all cases, complete treatment with the device, from catheter insertion to removal, was completed in an average of 5 days.
- Figure 1 and 2 demonstrates removal of IVH in 47h with 2,4mg tpa.



CONCLUSIONS

- Active removal of IVH with infusion of tPA and fluid exchange significantly increases the removal
 of blood and reduces treatment times compared to standard EVD treatment.
- Further, our case series substantiated a significant reduction in ICH.
- For this reason, we need future studies to assess the impact of tPA administration in ICH with
 active fluid exchange on neurological outcomes, ICU treatment time and need of standard EVD
 treatment



Execute Clinical Projects to Document Superiority and Safety of Drug Delivery



Led by Helsinki University, Finland

60 Patients; Prospective randomized trial comparing IRRA*flow* versus standard EVD in treatment of IVH with infusion of tPA.





Led by Aarhus University, Denmark

120 Patients; Prospective randomized trial comparing IRRA*flow* versus standard EVD in treatment of IVH. Purchasing disposables.



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Key Upcoming Corporate Milestones, 12-18 months

Demonstrate commercial adoption with continued revenue growth

Continue enrollment in clinical trials to document IRRAflow superiority

Receive Hummingbird CE Mark and generate EU revenue

Transition IRRAflow to MDR, Launch upgraded control unit with bedside monitor communication in Europe

IRRA*flow* Drainage Collection System







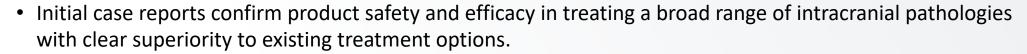


IRRAS well positioned for continued growth



Increasing thought leader support, helping to grow pool of available clinical evidence

• Leading institutions on both sides of the Atlantic among early adopters with positive feedback and acceptance



Commercial launch ongoing with dedicated sales team in key markets and through selected distributors in Latin America, Middle East and parts of EU

Increasing trend of disposable reorders from existing customers confirm product adoption



Attractive business model, confirmed by repeat orders of high margin consumables and driven by a growing installed base

Ability to scale the business with In-house capital equipment manufacturing and strong contract manufacturing partners for disposables

• Noticeable progress shown on controlling costs, resulting in gross margin improvements



IRRAS investment thesis stronger than ever

Despite challenges, IRRAS has removed barriers to growth and is primed for continued revenue growth moving forward

Innovative products address significant medical need in sizable addressable markets

Dedicated team of <50 employees in US & EU taking IRRAS to the next level

Direct sales and education resources active in key markets



Humr



Limited product development and regulatory risk remains

- Product utility validated with an increasing number of customers & patient treatments
- IRRAflow approved in key markets (US & EU) with additional markets to come (MDSAP)
- Hummingbird approved in the US, with an active CE Mark application underway
- Broad IP protection until 2038





ICP Monitoring

Stockholm OMX: IRRAS

ARAS Investor Relations Updates

www.IRRAflow.com