Three reasons why BrainsWay may be a better treatment option for your patients:

Patients fail to respond to anti-depressant medications

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

Patients cannot tolerate medication side effects*

- Anti-depressant medication frequently debilitating side effects, such as weight gain, sexual dysfunction, suicidal thoughts and apathy

Patients don't want to interrupt their normal life to get ECT

- Unlike ECT which requires hospitalization, BrainsWay D treatment involves 20-minutes. This provides flexibility to the patients schedule
- Better safety profile means patients can continue their normal lifestyle without disruption

*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.

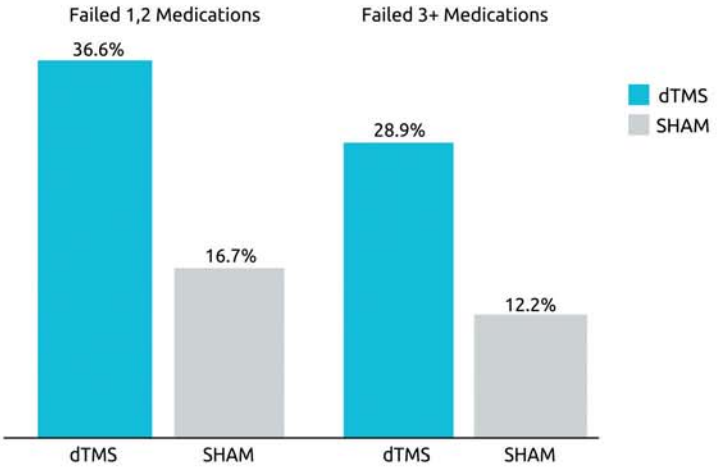
Proven efficacy in **MDD**

BrainsWay D **is designed to target the left dorsolateral prefrontal cortex.**

The treatment has been cleared by the FDA, and tens of thousands of patients have already been successfully treated.

In a large scale double-blinded multicenter RCT[1]

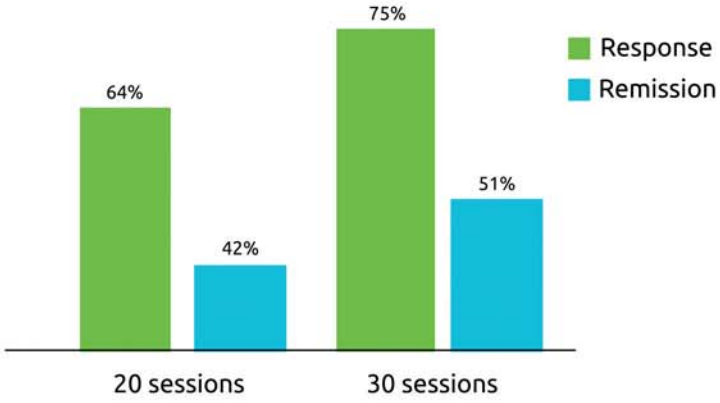
1 in 3 patients achieved remission after 4 weeks



- No systemic side effects
- Low discontinuation rate of 8.1%
- Note: 44% achieved response after the full course of treatment

In real life practice setting[2] the remission rate is even higher

1 in 2 patients* achieved remission



- No systemic side effects

*Patients who completed a treatment course of 30 sessions

1. Low discontinuation rate of 8.1%. Levkovitz Y, et al. World Psychiatry 2015; 14:64-73.
2. Brainsway Ltd. Data on file.

BrainsWay D