



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

Patients fail to respond to antidepressant medications

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

Patients often discontinue medication due to debilitating side effects

- Antidepressant medication frequently produces side effects, such as weight gain, sexual dysfunction, suicidal thoughts, nausea, insomnia and anxiety

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

- Treatment is completed in an outpatient setting in 20-minute sessions, providing flexibility to the patient's 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

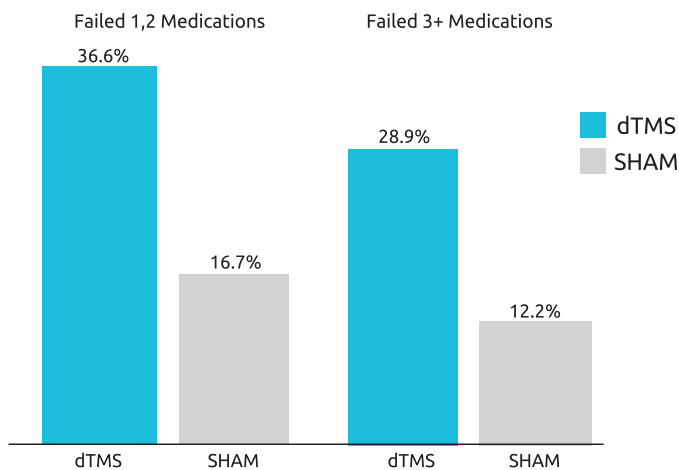


BrainsWay D is designed to target the left dorsolateral prefrontal cortex.

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 RCT¹

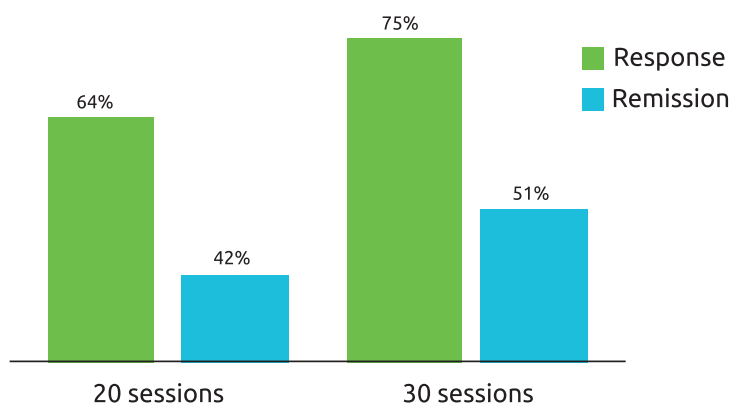
1 in 3 patients achieved remission after 4 weeks



- No systemic side effects
- Low discontinuation rate of 8.1%
- 44% achieved response after the full 16-week course of treatment

The remission rate is even higher in real life practice setting²

1 in 2 patients* achieved remission



*Patients who completed a treatment course of 30 sessions

1. Levkovitz Y, et al. World Psychiatry 2015; 14:64-73.
2. Brainsway Ltd. Data on file.

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BrainsWay D