

## Bladder Cancer Information

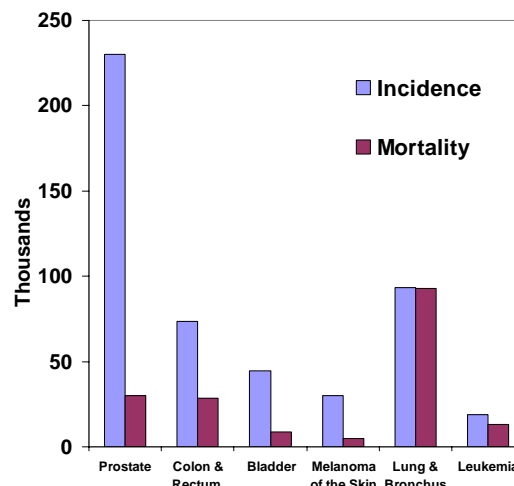
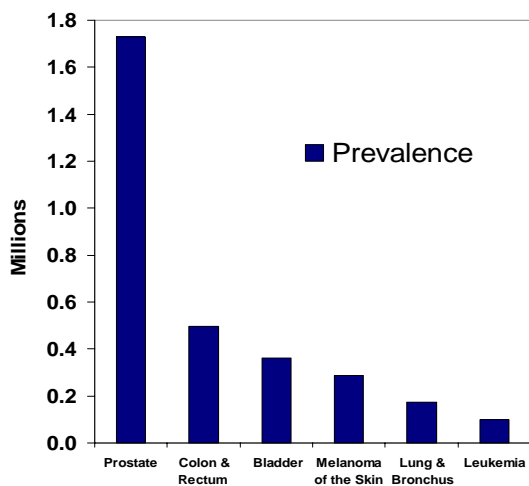
Statistics from the American Cancer Society indicate that in 2005 there will be 490,000 Americans with bladder cancer (“prevalence”). The disease primarily affects seniors, with over 60% of bladder cancer patients being between ages 65 – 85. There are 60,000 new cases annually (“incidence”), and in over 80% of cases it is first diagnosed when the patient is 60 years or older. About one out of four of all initial diagnoses are in patients with invasive or metastatic disease. These cases may lead to surgery where the bladder is removed.

There are about 13,000 deaths from bladder cancer each year. The outcome of the disease is correlated with the stage at which it is first diagnosed: the 5 yr survival rate with regional disease is 49%, but for those patients that present with metastatic disease it is 6%.

Even after surgery, to remove cancerous lesions, the bladder cancer will recur at a high rate. Patients diagnosed with bladder cancer must be monitored for the rest of their life. Monitoring is designed to provide early detection of disease. The benefits of monitoring allow for bladder-sparing procedures, improved treatment options, and quality of life. The most common symptom of bladder cancer is microscopic hematuria, that is, minute traces of blood in the urine. Such blood is not always visible upon gross inspection of a urine specimen. There may be only a few blood cells in the urine, therefore, such traces may only be detected with special tests. There are several relatively benign reasons for blood to be present in the urine, such as, urinary tract infection, recent strenuous exercise, and kidney or bladder stones. If these conditions can be ruled out, however, then bladder cancer may be suspected.

### Etiology and Risk Factors (U.S.)

The causes and risk factors for bladder cancer are well-established. Bladder cancer is caused by the cumulative exposure of the bladder to carcinogens present in the urine. These carcinogenic compounds are removed from the blood by the kidneys and excreted into the urine. The urine bathes the walls of the bladder, subjecting the bladder to the carcinogenic effect of these compounds. Bladder cancer is rare under age 40, and is four times more common in males than in females. Cigarette smokers have double the risk of non-smokers. In fact, cigarette smoking accounts for 50% of bladder cancer in men and 30% in women. Smoking cessation diminishes, but doesn’t eliminate, risk. Certain occupations are exposed to carcinogens at higher levels than normal, such as, firefighters, truckers, petrochemical and rubber workers, hairdressers, painters, and textile workers. Risks may increase exponentially when a person who smokes is also exposed to carcinogens at the workplace.



## Bladder Cancer Information (continued)

### Basic Bladder Cancer POC Testing Opportunity


Matritech sells its BladderChek Test directly to physicians. Matritech’s strategy is to segment the market by type of physician. Presently Matritech has an in-house sales force that sells to urologists. Urologists see patients that have been previously treated for bladder cancer, then the urologists must monitor the patients for any recurrence of the disease. They also diagnose new patients who have been referred to them because of suspicious symptoms.

Assumptions: 1) A prevalence of about 490,000 patients with bladder cancer in the U.S., and about 250,000 such patients in Germany; 2) An average 2x /yr for monitoring (based upon conservative reading of the AUA Guidelines); 3) An average price of about \$24 and \$20 in US and Germany, respectively.

Results in a monitoring opportunity of patients with cancer:  $(490,000 \times 2 \times \$24) + (250,000 \times 2 \times \$20) = 23.5 \text{ MM} + 10 \text{ MM} = \$33.5 \text{ MM}$  ( Column 1 of Figure below). Similar calculations for Urologists diagnosing referred, symptomatic patients yields market opportunity of about the same size = \$33 MM (Column 2 of Figure below)

Matritech then plans to move “upstream”, to target the physicians that refer patients to urologists. The next market segment consists of general practitioners and gynecologists. A Point of Care test device that general practitioners and gynecologists could use to evaluate symptomatic patients (opportunity = \$83 MM) or screen at-risk asymptomatic patients (opportunity = \$330 MM).

The total market opportunity in bladder cancer is estimated to be \$ 479m, nearly a half-billion dollar market opportunity for a disease that does not receive much attention.

	Monitoring Patients with Cancer	Diagnosing Patients with Symptoms	Evaluating Patients with Symptoms	Screening at – Risk Asymptomatic Patients
Type of Doctor Seen	Urologist	Urologist	General Practitioner & gynecologist	General Practitioner & gynecologist
Estimated # of Patients	700 k <sup>1</sup>	2 m <sup>4</sup>	5 m <sup>4</sup>	20 m <sup>5</sup>
Total Available Market Opportunity	\$ 33 .5m <sup>2,3</sup>	\$33 m <sup>2</sup>	\$83 m <sup>2</sup>	\$330 m <sup>2</sup>

<sup>1</sup> Based on prevalence of about 490,000 in U.S and about 250,000 in Germany, as reported by NCI-SEER and as derived by Matritech from incidence data reported by Robert Koch Institut, Berlin, respectively.

<sup>2</sup> Based on frequency of testing recommended by AUA Guidelines discussed elsewhere in this presentation, but actual number of tests is dependent on physician and patient conduct.

<sup>3</sup> Based on projected Matritech pricing.

<sup>4</sup> Based on Matritech estimates.

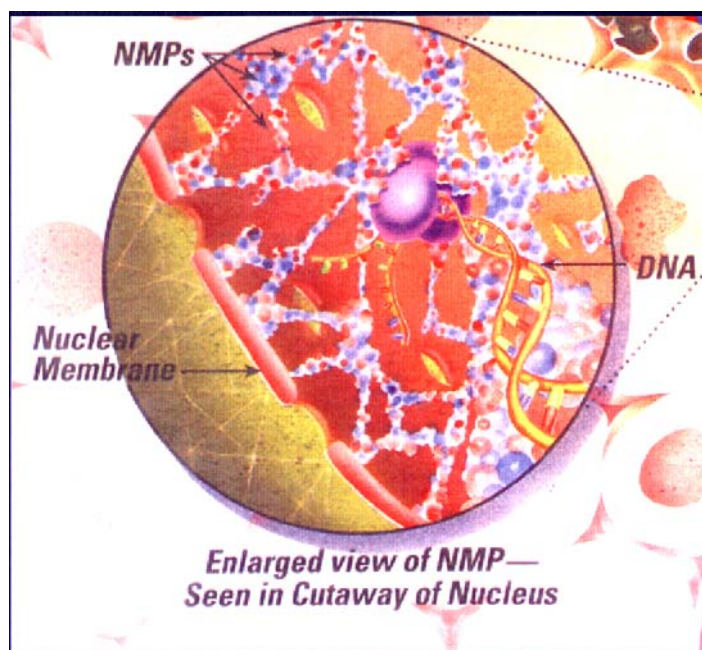
<sup>5</sup> Based on Matritech estimates, including estimates of the population of male smokers over the age of 40.

## Technology Overview

Matritech (MZT) has an exclusive license from MIT for nuclear matrix protein (NMP) technology. NMPs are proteins within the nucleus of the cell. They serve to organize and coordinate activity of the DNA and RNA in the nucleus (Figure 1). Some NMPs are present in all cells, while others are unique to distinct cell types. The quantity of NMPs in a cell may vary, depending on the development of the cell and whether the cell is normal or abnormal.

In the mid-1980s, scientists at the Massachusetts Institute of Technology made discoveries relating to the use of nuclear matrix proteins for detecting cancer. In 1987, this technology was licensed exclusively to MZT. In the early 1990s, MZT's scientists discovered that the NMP22 marker proteins were elevated in the urine of patients with bladder cancer. This discovery formed the basis for the NMP22 BladderChek Test and the NMP22 Test Kit. MZT's scientists have also identified other proteins that correlate with cervical, breast, prostate and colon cancer. Earlier diagnosis improves treatment and survival.

The use of NMPs permits MZT to devise non-invasive detection tests, using blood or urine samples, that reduce patient discomfort and increases patient compliance. Further, NMPs have a high correlation with cancer, and this improves the clinical accuracy of the tests. Also, unlike PSA or CSA, NMPs are protected by a broad MZT patent portfolio (see section on IP suite of patents), so that MZT directly capitalizes from sales of NMP products,



**Figure (Above)** - Schematic drawing of NMP in the nucleus: the NMPs are important in the regulation and coordination of DNA and RNA activity.

## Technology Overview (continued)

### NMP22® BladderChek® Test

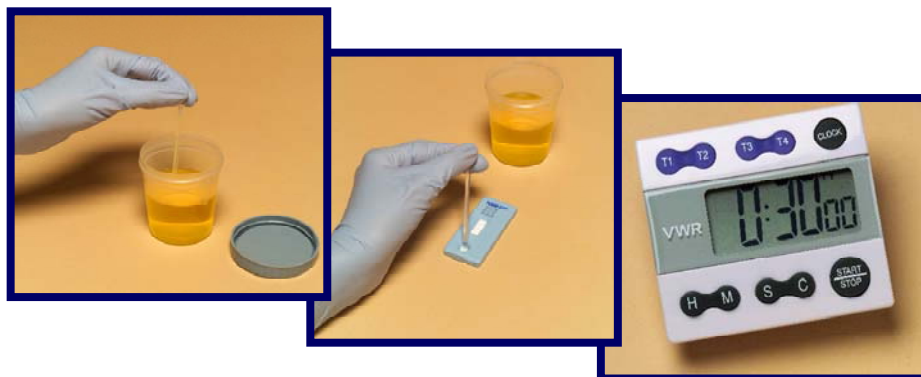
Matritech's main product is the NMP22 BladderChek Test. This is a point-of-care product similar in design to a home pregnancy test (see Figure 4). To use it (Figure 5), the patient produces a fresh specimen of urine, and then four drops of the urine are placed in a small port (S = specimen, in Figure on left) in the kit. Then simply wait 30 minutes for the result to appear: Two bands (C = control and T = Test) indicates that the test has worked (the control band) and that the patient is positive for NMP22. A positive BladderChek Test result indicates that the patient should have a complete urologic workup for bladder cancer. One band alone (C = control) indicates that the test has worked, and that the patient is NEGATIVE for NMP22. If the test has not worked for some reason, the C (control) band will not appear, indicating the results are invalid and that a new test must be run.

BladderChek Test is the only point-of-care test approved by the FDA for both diagnosis and monitoring of bladder cancer, as well as screening in those individuals at risk for bladder cancer. It can be used by any type of physician (urologists, family physicians, gynecologists, emergency room physicians, etc.) for any of these approved uses in any kind of practice setting.



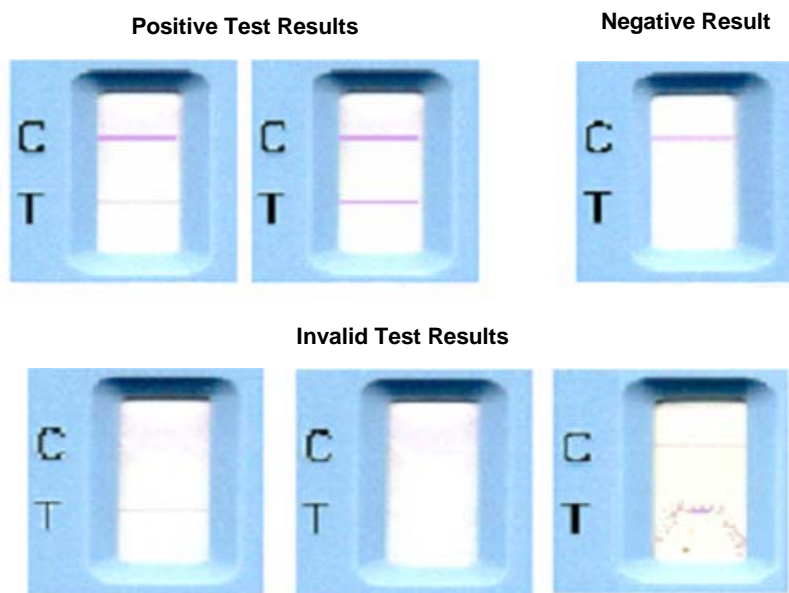
**Figure (Left)** - BladderChek Test, shown actual size. Dimensions are approximately 2 1/2 x 1 1/8 x 1/16 inches (67 x 29 x 6 mm). The urine specimen is introduced in the circular specimen port ("S", bottom arrow). The results are read 30 minutes later in the rectangular window (top arrow). In this example, there is a line visible at the mark "C" (for control), but no line at the position marked "T" (for test). This indicates that the test worked properly (control line present), but that NMP22 was not detected (no line at T). This would be a negative result, that is, bladder cancer is not present.

**Figure (Below)** - BladderChek Test is accurate, easy, and fast and provides results during the patient's office visit. Left: Use a pipette (included with the test) to take a small volume from the patient's freshly-voided urine. Middle: squeeze four drops into the sample port. Wait 30 minutes for results.



## Technology Overview (continued)

**Figure (Below)** - Examples of BladderChek Test results, as revealed in the results window. Top left: Positive test results in all cases produce two lines, a control line ("C", indicating the test worked) and a test line ("T", indicating the detection of NMP22 marker). Top right: Negative result (no NMP22 detected) is indicated by presence of only the control line (indicating the test worked). Bottom row: Invalid results are those where no control line is present, or where there is distortion in the test line. If this should occur, a new test should be done.



This test offers several key advantages to current practice:

- (1) The test is far (3 – 4X) more sensitive than urine cytology, which is the test that urologists currently send out for a lab to perform in addition to cystoscopy. Further, urologists already know that urine cytology is not very sensitive and that it misses a lot of cancer, and so should embrace a better test, such as the BladderChek Test.
- (2) It is easy to perform, and the results are unambiguous: either yes, NMP22 is present or No, it is not.
- (3) The test is CLIA (Clinical Laboratory Improvement Amendment)-waved, that is, the FDA recognizes that it is a very accurate and simple test, and that it can be performed by anyone in the physician's office – physician, nurse, receptionist, etc -- no special certification is necessary.
- (4) As a point-of-care product it can be used during the patient's office visit, before cystoscopy is even performed, and the physician will have an answer in 30 minutes -- this contrasts with sending the specimen out to the lab and waiting several days for a result.

These factors support the opinion that Matritech's BladderChek Test is accurate, easy and fast.

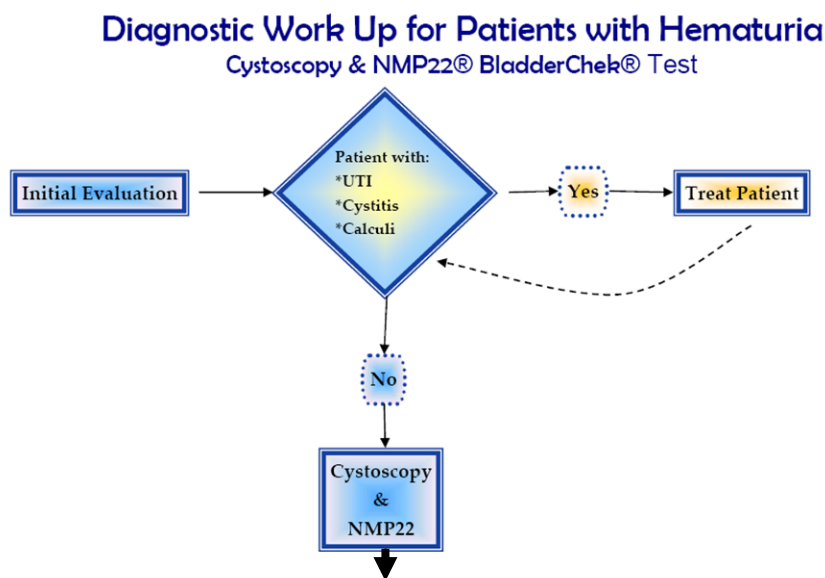
An equally important feature of the BladderChek Test is its implications for physician economics. When a physician sends specimens out to a lab for analysis he is barred by law from charging the patient for that test (Stark Law, 1992 and subsequent). When a physician performs the test in his office, however, he can charge the patient. Thus by using the BladderChek Test the physician has an opportunity to generate revenue for his practice, as opposed to giving that revenue to the lab. Urologists may be especially sensitive to practice revenue, as effective in Jan 2005 Medicare has cut by 50% the reimbursement it was giving urologists for post-prostatectomy injections of Lupron. For some practices this may be a hit to revenue on the order of six figures. Matritech's BladderChek Test brings revenue to the urologist precisely at the time when he is seeing other sources of revenue cut.

## Technology Overview (continued)

The cystoscope is a powerful tool, but it is not foolproof. There are regions of the bladder that are difficult to view, and types of malignancies that are hard to observe. Urologists know this, and thus use adjunct tests to catch those malignancies that cystoscopy misses. When used together, cystoscopy and BladderChek Test catch 94% of all transitional cell bladder cancer.

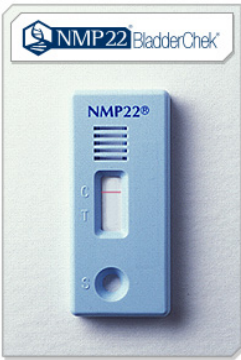
Cystoscopy is a visual method, and is used to look for grossly abnormal growth. BladderChek Test is a molecular method, looking for a molecule that indicates the presence of bladder cancer. Thus, the two methods look for different things, and so it shouldn't be surprising that they don't always agree with each other. In fact, Cystoscopy and BladderChek Test are complementary, and the results of each test used together provide physicians with actionable information (Figure 8).

For example, if both cystoscopy and BladderChek test are positive, then the patient has a greater than 2-fold relative risk of having invasive or high-grade cancer. If cystoscopy is negative, and BladderChek Test positive, the urologist will recognize that a molecular marker for bladder cancer is signaling the presence of malignant processes before a grossly visible mass can be detected. In this case, the urologist will look for occult bladder cancer, and consider other tests to evaluate the upper tracts (regions that the cystoscope cannot see) or random biopsies (to try and serendipitously discover the cancer). Conversely, should BladderChek Test be negative, but cystoscopy positive, then urologists will know that there is a greater probability that the cancer is superficial, and has not invaded the bladder wall. Finally, if both cystoscopy and BladderChek Test are negative, this provides the urologist with great confidence that the evaluation is truly negative: this combination of results has a Negative Predictive Value of 97%, that is, the patient has a 97% probability of not having bladder cancer.



**Figure (Above)** - Diagnostic Workup for Patient with Hematuria: Cystoscopy and NMP22 BladderChek Test. See text for details.

**Technology Overview (continued)**

		<b>BladderChek® Test</b>	
		<b>+</b>	<b>-</b>
		HIGH PRIORITY FOLLOW-UP Schedule Treatment / Return Visit Sooner	
<b>Cystoscopy</b>	<b>+</b>	2X relative risk of invasive and/or high grade cancer	Greater probability of superficial cancer
	<b>-</b>	1. Risk of upper tract CA and/or occult bladder TCC	1. Greater confidence in negative workup
		2. Consider: upper tract evaluation and/or random biopsies	2. 97% NPV (Negative Predictive Value)
		3. Follow up with BladderChek® Test	

**Figure (Above) -** BladderChek Test: Medical Value for Bladder Cancer Diagnosis, Monitoring, Referral. Cystoscopy and BladderChek Test are complementary, and when used together each result provides actionable information. In all cases where BladderChek Test is positive, the patients are a high priority for follow-up. See text for details.

**BladderChek Test Provides Medical and Practice Value to Physicians and we believe urologists will find the medical value of BladderChek Test compelling:**

- 1) It is the only Point-of-Care cancer test approved by the FDA for both diagnosis and monitoring. Recall that bladder cancer has a high recurrence rate, so patients diagnosed with cancer must be monitored for the rest of their lives. Over 40 presentations and peer-reviewed papers have demonstrated the clinical utility of NMP22® technology for bladder cancer diagnosis and monitoring. BladderChek Test detects 3 – 4X as many bladder cancers as the current adjunct lab test: cytology. BladderChek test detects a molecular marker, and thus can find – and has found – cancers that were missed by Cystoscopy. Importantly, BladderChek Test complements – doesn't replace – cystoscopy. Thus, urologists just add an accurate, easy and fast test to a procedure they already perform. They can substantially improve their detection of bladder cancer, up to 94% of all transitional cell carcinoma.
- 2) Equally important, BladderChek Test provides monetary value to the urologist:
- 3) BladderChek Test provides Point-of-care test revenue like urine test strips
- 4) BladderChek Test becomes part of recurring revenues for urologists from lifelong monitoring of bladder cancer patients
- 5) BladderChek Test is easy to integrate into office workflow
- 6) BladderChek Test can be used not only to diagnose and monitor bladder cancer, but also as an aid for identifying patients at risk, significantly increasing the size of the potential patient population.

## Technology Overview (continued)

### Demand Drivers

**Matritech has an in-house sales force that is focused on educating the physician on the benefits and use of BladderChek Test. In addition to this, however, there are other forces that should increase demand for BladderChek Test.**

**Expert Recommendations:** Matritech has garnered passionate support among influential leaders in the urology community. Among the advocates is Dr. Kevin Tomera, who wrote: "BladderChek should be employed every time a cystoscopy is performed, with corresponding changes in the diagnostic protocol and the guidelines of the American Urological Association for the diagnosis and management of bladder cancer." Source: Kevin M. Tomera, M.D. (2004) NMP22® BladderChek® Test: point-of-care technology with life- and money-saving potential, Expert Review of Molecular Diagnostics, 4(6):783-794.

**American Urological Association Guidelines:** "Management of Non-muscle-Invasive Bladder Cancer (1999)" clearly states the intervals for monitoring of bladder cancer, and they depend upon the time post-diagnosis: for the first 24 months patients should be monitored 4x/yr, from 2 – 4 years patients should be monitored 2x/yr and after 4 yrs patients should be monitored once per year. Monitoring includes cystoscopy plus an adjunct test, and a sensitive and accurate test that delivers revenue to the physician is likely to be ordered. In fact, the Guidelines recognized that some day some cystoscopy may be replaced by urine assays: "Bladder cancer, however, may recur even after long, disease-free intervals, indicating a need for lifelong surveillance ... urine assay tests ... may ultimately prove sensitive enough to replace a portion of the routine follow-up cystoscopic examinations"

**"Asymptomatic Microscopic Hematuria (2001)":** This guideline addresses a common urological symptom, small traces of blood in the urine, which may be a sign of bladder cancer. The prevalence is surprisingly high, as high as 16% of the entire population, or about 45 million people (Source: US Census, 2000, and AUA Guidelines). In men older than age 60 about 20% may have AMH. The Guidelines recommend that an appropriate renal or urologic evaluation be performed in all patients with AMH who are at risk for urologic disease or primary renal disease. Risk factors for significant disease include those for bladder cancer, such as cigarette smoking, occupational exposure to chemicals or dyes (benzenes or aromatic amines), history of urinary tract infection, and analgesic abuse.

**State and Federal "Presumption Laws" which benefit firefighters:** These are laws that take for granted that firefighter disability and mortality are caused by occupational exposure. Currently, 20 US states & 4 Canadian provinces have legislation on the books. A proposed Federal Law, Federal Firefighters' Fairness Act of 2003, had bipartisan and bicameral support, but did not come up for a vote in the last session of Congress (2003-2004). The International Association of Fire Fighters is lobbying Congress to re-introduce the bill in 2005.

**Firefighter/BladderChek Test initiative:** Several Fire Departments have begun to voluntarily screen firefighters for bladder cancer, including Troy, NY and Everett, Massachusetts. The driver is the recognition that firefighters are occupationally exposed to increased levels of carcinogens and suffer disproportionate cases of bladder cancer. This is being recognized at some state levels, for example, in Massachusetts proposed legislation would mandate annual firefighter testing for bladder cancer.

**Healthcare and Medicare cost-containment effort :** At about \$25 per test, BladderChek Test is more cost-effective than urine cytology (about \$50-100+ per test) and the UroVysion FISH test (about \$300/test).

## PIPELINE

Matritech's products in development, as well as Matritech's marketed products for cancer detection, are based on the Company's proprietary nuclear matrix protein (NMP) technology. Originally Matritech licensed the NMP technology from the Massachusetts Institute of Technology. NMPs are the protein framework that organizes DNA inside the cell. NMPs change in amount in cancerous cells, making them excellent markers for a variety of cancers. NMPs are easily obtained in body fluids, are highly accurate and can be detected in a minimally invasive manner. In addition to bladder cancer, Matritech is applying its NMP technology to the detection of cervical, breast, prostate and colon cancers.

### About NMP179® Proteins

Matritech has identified a nuclear matrix protein associated with cervical cancer and cervical precancerous conditions ("NMP179®") and has conducted preclinical studies investigating the utility of using this protein in conjunction with routine and follow-up cervical testing. NMP179 was developed to reduce the time for and increase the accuracy of visually identifying cervical cells which need further visual inspection by a pathologist.

In 2002 the Company licensed exclusively the world-wide use of NMP179 technology for automated, non-slide-based laboratory instruments to Sysmex, Inc., a leading manufacturer of automated laboratory instruments based in Kobe, Japan. By combining our NMP179 technology with Sysmex's expertise in flow cytometry, image analysis and laboratory automation, we expect Sysmex to develop new systems which will automate the process of screening Pap smears. As a part of this transaction, Sysmex purchased shares of Matritech's common stock at a premium, agreed to pay milestone payments based on reaching certain research and product development goals, committed to make minimum quarterly payments to support research, contracted to purchase all NMP179 reagents from the Company and will pay a royalty on all reagent sales related to their cervical smear screening system. Sysmex began large-scale pre-clinical testing of their system incorporating our NMP179 technology in May of 2004 and it is their goal to have a product on the U.S. market in 2006.

### About NMP66™ Proteins

Matritech scientists, using a research mass spectrometer, discovered the existence of certain proteins ("NMP66™") in the blood of breast cancer patients that were generally not present in the blood of women without detectable breast malignancy. Matritech is investigating opportunities to utilize NMP66 proteins in a Proprietary Laboratory Procedure. We believe that NMP66 proteins found in the blood of women with breast cancer may enable physicians to more accurately diagnose breast cancer when the disease is at an earlier stage. Matritech expects that this technology will complement and supplement the widely used mammography testing services.

The Company has entered into an agreement with Mitsubishi Kagaku Medical, Inc., a division of Mitsubishi Chemical ("Mitsubishi") to serve as our clinical laboratory partner for a Proprietary Laboratory Service. Under terms of the agreement, Mitsubishi has first right of refusal to acquire distribution rights for the Japanese market to any Lab Test Kits or Point-of-Care Test Devices for NMP66 proteins that Matritech may develop. All of the blood specimens for use in generating reproducible and controlled clinical data prior to launching a Proprietary Lab Procedure have been collected. It is Matritech's goal to begin clinical testing of NMP66 proteins with Mitsubishi in 2004.

### About NMP48™ Proteins

Matritech scientists, using a research configured, low-throughput mass spectrometer instrument, discovered the existence of certain proteins ("NMP48™") in the blood of prostate cancer patients that were generally not present in the blood of individuals without detectable prostate malignancy. The Company's goal is to develop sample preparation and testing methods to enable our clinical lab partners to conduct a Proprietary Laboratory Procedure based on a high-throughput mass spectrometer instrument that will be more reproducible, controlled and cost effective than the research procedures used in making the original discovery. When the Proprietary Laboratory Procedure is completed, Matritech scientists will begin development of products for routine use by all laboratories such as a Lab Test Kit and a Point-of-Care Test Device. All of the blood specimens for use in generating reproducible and controlled clinical data prior to launching a Proprietary Laboratory Procedure have been collected.

### About NMP35™ Proteins

Matritech scientists, using a research mass spectrometer, discovered the existence of certain proteins ("NMP35™") in the blood of patients with colon cancer, which were generally not present in the blood of individuals without cancer or in the blood of patients with certain benign conditions of the lower digestive tract. After developing Proprietary Laboratory Procedures for NMP48™ proteins and NMP66™ proteins, Matritech intends to apply technology developed for those tests to the process of developing a Proprietary Laboratory Procedure for detecting NMP35 proteins. When the Proprietary Laboratory Procedure is completed, our scientists will commence development of products for routine use by all laboratories such as a Lab Test Kit and a Point-of-Care Test Device. Blood specimens for use in generating reproducible and controlled clinical data prior to launching a Proprietary Laboratory Procedure have been collected.

## Strategic Alliances

### Mitsubishi

In early March, 2003, Matritech executed an agreement for its NMP66 breast cancer test with Mitsubishi Kagaku Medical Inc., a division of Mitsubishi Chemical, a \$13 billion diversified international corporation that includes one of the world's largest clinical reference laboratories.

Matritech's NMP66 protein is a biomarker present in the blood of breast cancer patients. Matritech will complete the development of a blood test method using Mitsubishi's input and conduct an initial validation study using specimens from women in Japan provided by Mitsubishi. Upon successful completion of this validation, Mitsubishi will perform a clinical trial in Japan and offer the test for routine use by its clinical laboratory.

### Sysmex

In November of 2002, Matritech and Sysmex Corporation, the 10th largest diagnostic company in the world and the largest in Japan, announced the formation of a partnership to develop an automated cervical cancer screening test. This new approach will use Sysmex's flow cytometry technology and Matritech's patented NMP179 protein biomarker to perform highly accurate cell-by-cell analysis for cervical cancer.

Currently, the Pap smear requires evaluation by trained cytotechnologists to identify the specimens at high risk of cervical cancer. The new technology will enable laboratories to automate the process of separating normal samples from those requiring a pathologist attention. This change is expected to reduce human error, improve early detection and lower healthcare costs. Sysmex will market the new technology worldwide; the first target will be the \$1 billion U.S. market.

Sysmex made a multi-million dollar investment in Matritech, including the purchase of equity at a premium to the then current market price and milestone payments during development. Sysmex is also making a significant financial commitment to the research and development of the product. Following the product's completion, Matritech will sell NMP179 antibodies to Sysmex and Sysmex will pay royalties on the sales of its products which include Matritech's reagents.

### Wampole Laboratories, LLC

In June 2004, Wampole Laboratories, LLC, a wholly owned subsidiary of Inverness Medical Innovations, Inc., announced an agreement for the distribution of Matritech's NMP22(R) Test Kit. Under the terms of the agreement, Wampole will receive exclusive rights to distribute the NMP22 ELISA Test Kit to hospitals and clinical reference laboratories in the United States. Matritech's own sales force will continue to sell the NMP22(R) BladderChek(R) Test directly to urologists in their offices.

Wampole Laboratories sells and markets in vitro diagnostic test systems to hospitals, reference laboratories, and physician offices throughout the United States and Canada. Wampole is a market leader in enzyme linked immunosorbent assay (ELISA) testing within the professional laboratory market, with over 70 products for infectious disease, enteric disease, autoimmune disease and cardiac risk testing.

## Intellectual Property

Technology	Patent Type	Expiration
NMP's Fluid-based cancer detection assays	Broadly applicable method claims	2011
NMP22® marker for Bladder CA	Method claims and claims to specific antibodies and nucleic acids	2015
NMP179® for Cervical CA	Method claims	2016
NMP66™ marker for Breast CA	Method claims application filed	If issued, 2020

**Licenses from: MIT; Abbott, for POC test strip format**

PATENTS (including those licensed from MIT)	
Issued	Pending
US=20	US=3
Foreign=10	Foreign=12
	Provisional= 1

**Management**

<b>Name/ Position</b>	<b>Years Industry Experience</b>	<b>Years with Matritech</b>	<b>Prior Companies</b>
Stephen D. Chubb Chairman & CEO	30	17	CEO T Cell Sciences; Cytogen; Baxter
David L. Corbett, President and COO	27	11	T Cell Sciences; Baxter; AHSC
Franz Maier, President, Matritech GmbH	29	4	Pharmacia; ADL
John E. Quigley, VP Sales & Marketing	20	3	B. Mannheim; Bayer
Richard A. Sanberg, CFO	28	2	CEO DIANON; CFO Lifecodes
Melodie R. Domund, Ph.D., VP Clin. & Reg.	16	7	Ergo Science; Beth Israel Deaconess
Gary J. Fagan, Ph.D., VP R&D	16	1	Ischemia Technologies; Dade Behring
Patricia Randall, General Counsel	5	1	Hadco Corporation; Robotic Vision Systems