



AI-DRIVEN EARLY DETECTION THERAPEUTIC PLATFORM
FOR OPTIMAL BRAIN HEALTH

FOR PHARMACEUTICAL

WHO is iMediSync

What iMediSync is

Specializing in the early detection of neurological and mental disorders

The Challenge

Early detection is the key for proper treatment; however, few indicators of neurological disorders have been discovered

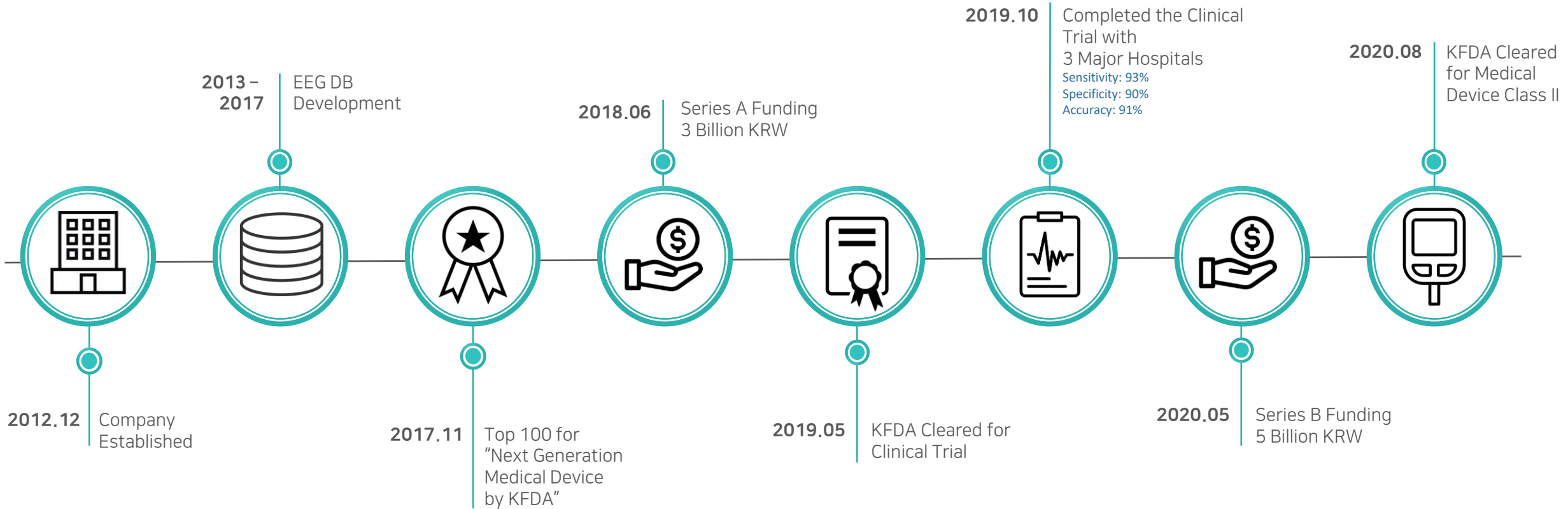
How iMediSync Works

With advanced EEG (brainwaves) analytics, our AI driven cloud-based platform overcomes the challenge



ABOUT iMediSync

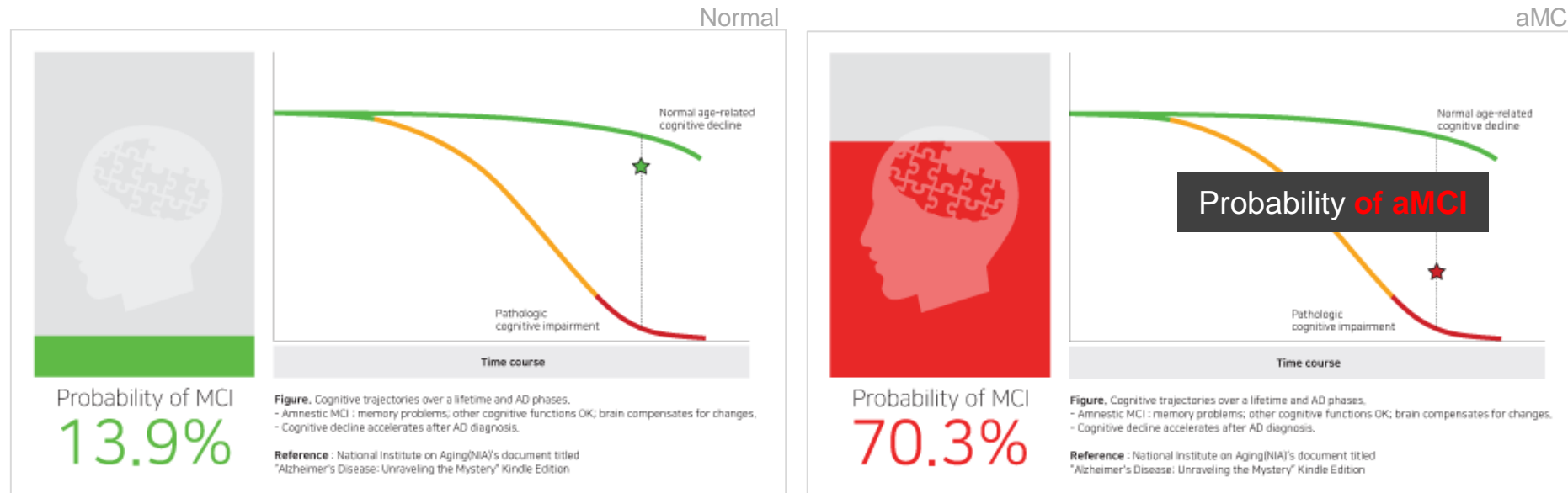
Specializing in Advanced EEG Analysis : Cloud-based, AI-driven, Norm-matched, Sex/Age-Specific



iSyncBrain MCI Classifier

AI Solution for Clinical Support

Pre-clinical Screening of aMCI (MFDS(KDFA) Cleared)



0~50% : Within Normal Limit | 50~60% : SCD with Amyloid (+) or Preclinical Alzheimer's Disease | 60~70% : MCI without Amyloid (+) | 70~85% : MCI with Amyloid (+) or AD-MCI or Prodromal Stage of Alzheimer's Dementia | 85~100% : Alzheimer's Dementia

QEEG Guided Individualized Mental Healthcare Platform

World's One and Only Age-Sex Specific Norm DB. (MFDS(KDFA) Cleared)



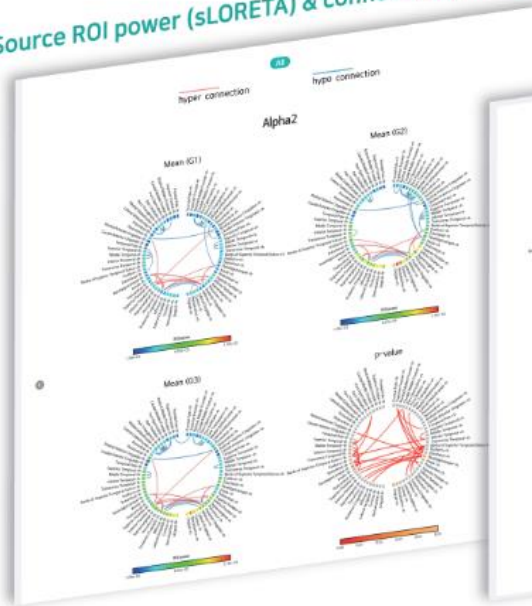
iSyncBrain - R

Maximized Usability of Brain Function Evaluation

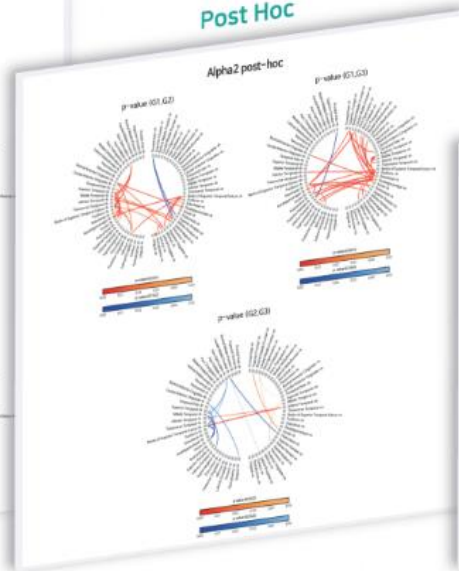
Optimized for Both Clinical and Research Purposes

Compatible with Various EEG Equipment through Amplifier Calibration

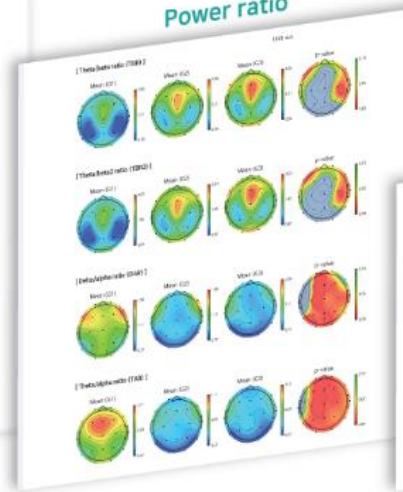
Source ROI power (sLORETA) & connectivity (iCoh)



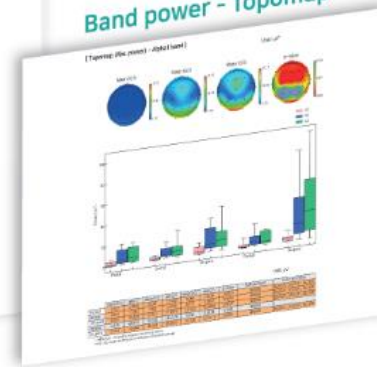
Post Hoc



Power ratio



Band power - Topomap

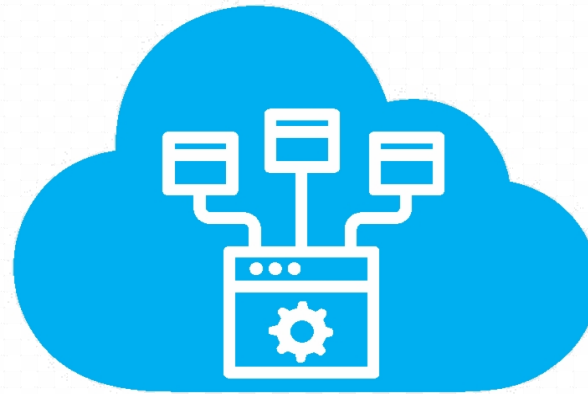
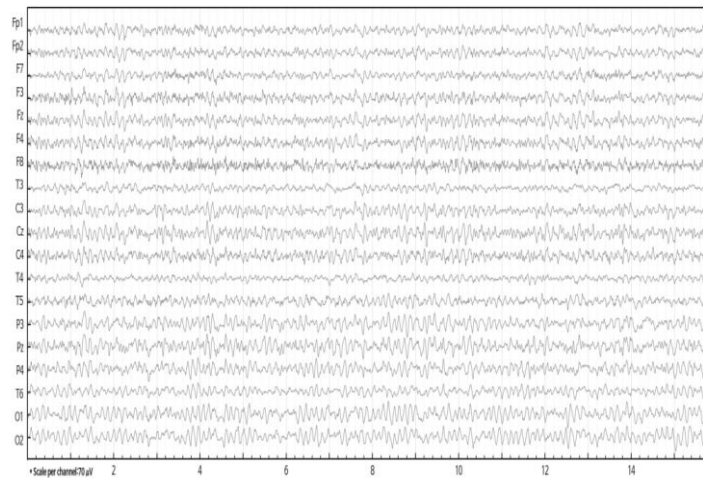


HRV(Heart Rate Variability) Analysis Solutions

(MFDS(KDFA) Cleared)

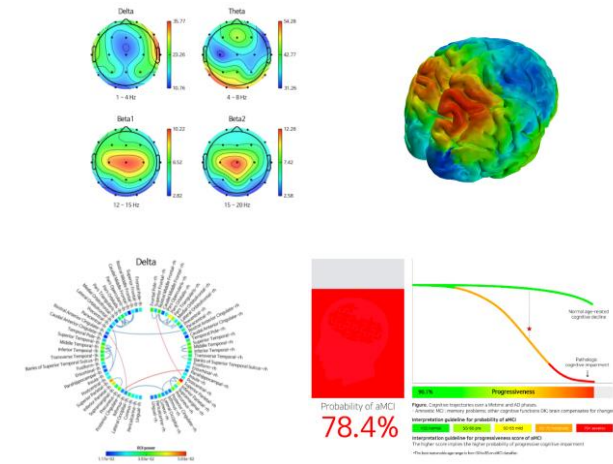


HOW TO USE iSyncBrain



Uploading to Cloud Platform

isyncbrain.com



Providing Analytical Results

QEEG Guided Individualized Mental Healthcare Platform

M

M - Series

A.I based amnesic Mild Cognitive
Impairment

(aMCI) Screening Solution for
Early Detection of Dementia

(MFDS(KFDA) Cleared)

C

C - Series

Individual EEG Analysis Solution
Automatic Noise Removal

Sensor and Source Level
Norm Comparisons

(MFDS(KFDA) Cleared)

R

R - Series

Individual and Group EEG Analysis
Solution Providing

Group Comparisons

(MFDS(KFDA) Cleared)

H

HRV

HRV (Heart Rate Variability)
Analysis Solution
for Clinical Support

(MFDS(KFDA) Cleared)



Cloud Service

Access anywhere, anytime



Fast & Easy

Upload, receive report in minutes



Science-based

Advanced analysis & provision of references

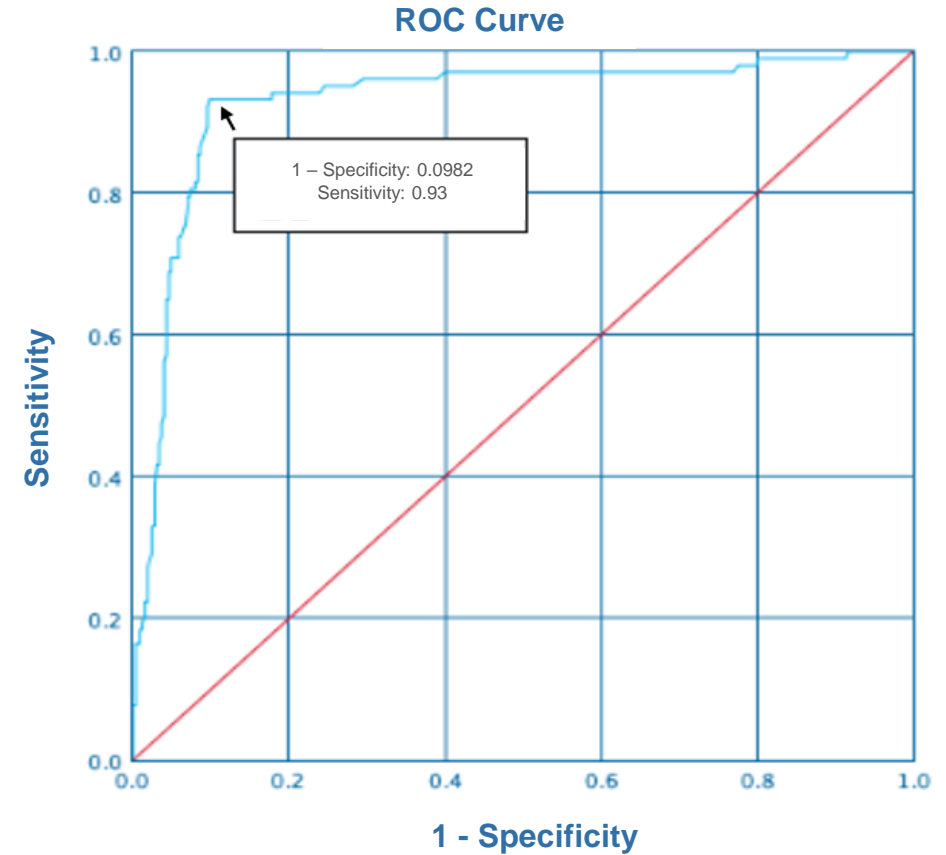
RESULT OF VALIDATION CLINICAL TRIAL

Multicenter Clinical Trial

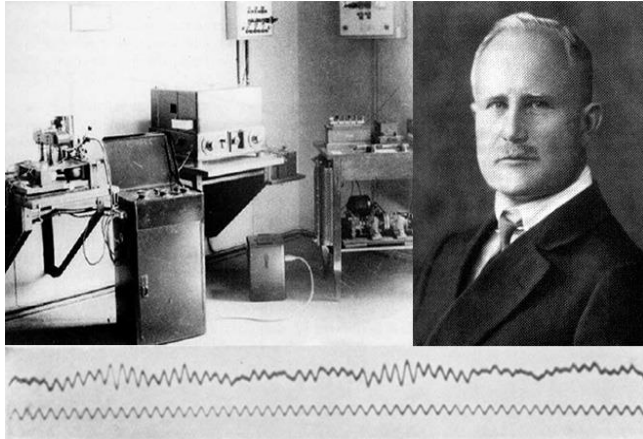


RESULTS	
Normal	326
aMCI	103
Total	429

RESULTS	
Accuracy	0.91
Sensitivity	0.93
Specificity	0.90
AUC	0.93 (95% CI: 0.89 – 0.96)

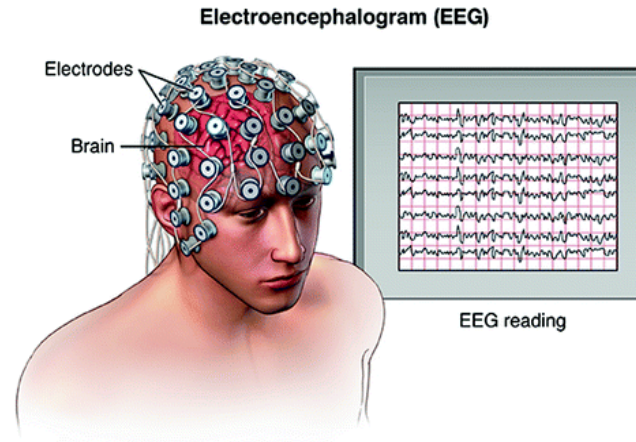


EVOLUTION OF EEG DEVICE



1st EEG Device

First EEG Device, Hans Berger



2nd Generation EEG Device

Conventional EEG Device



iSyncWave™

QEEG + Neuromodulation

KEY PRODUCT - iSyncWave



“LAUNCHING IN Q1, 2021”

AI-driven EEG (brainwaves) Analysis
Tele-mental Care
Dry Sensor + LED Therapy
Personalized Therapeutics
Bluetooth Connectivity to Smartphone

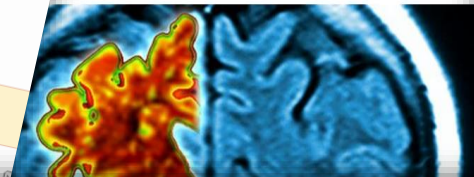


CHALLENGES



Decline in trials for Alzheimer's disease

Health | Coronavirus



Why Alzheimer's Drugs Keep Failing

Drug candidates have a 99.6 percent failure rate, and poor early detection methods make clinical trials difficult and costly

By Maria Burke, Chemistry World on July 14, 2014

CHEMISTRYWORLD
CHEMISTRY

Author manuscript; available in PMC 2012 Jun 11.
Published in final edited form as:
[J Alzheimers Dis. 2008 Oct; 15\(2\): 303-325.](#)

Why Do So Many Drugs for Alzheimer's Disease Fail in Development? Time for New Methods and New Practices?

M.D., C.M.,^{1,*}, Ph.D.,¹ and M.D., Ph.D.²

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(AD) drug developments and clinical trials (CT) remain vulnerable to problems that reduce validity. Investigations of CT methods reveal how numerous factors decrease active group differences and increase variance, thereby reducing power to reach statistical significance. Such factors include, amongst many, inaccuracy, outcome measure differences in AD CTs. After a review of the literature and survey of homogeneous sampling using disorder criteria. After a review of the literature and survey of AD and Mild Cognitive Impairment (MCI) CTs, the authors question whether problems of preclude AD researchers from continuing their dependence on rated outcome measures for AD. Authors propose that the realities of AD, especially a probable irreversible progression of AD prior to onset of clinical symptoms or signs capable of differentiating persons at risk for normal aged, require AD investigators and clinicians to privilege biomarkers and encourage their use as surrogate targets for preventive AD treatment developments, testing, and use in clinical trials.

PMCID: PMC3372084
NIHMSID: NIHMS239202
PMID:

Why do trials for Alzheimer's disease drugs keep failing? A discontinued drug perspective for 2010–2015

^{1, 2, 3, 2} and ²

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Abstract

Introduction

There are dozens of drugs in development for AD with billions of dollars investment in AD drugs and a burgeoning pipeline, there have been more treatment successes.

Areas Covered

The classes of drugs that have failed to date include the monoclonal antibodies, inhibitors, dimebon, neurochemical enhancers and one tau drug. Data for these through pubmed search and search.

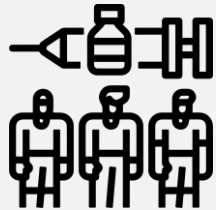
Expert opinion

The obvious question to be posed is: Why are they failing? Is the treatment of AD late? Are the therapeutic targets incorrect? Are the clinical methodologies imprecise? This review summarizes the drugs that have failed 2010–2015 and why they have failed.

Keywords: Alzheimer's, clinical trials, secretase inhibitors, monoclonal antibodies, dimebon, amyloid

WHAT WE OFFER

SUCCESSFUL Clinical Trial



Precise Analysis of
Clinical Trial Drug Results

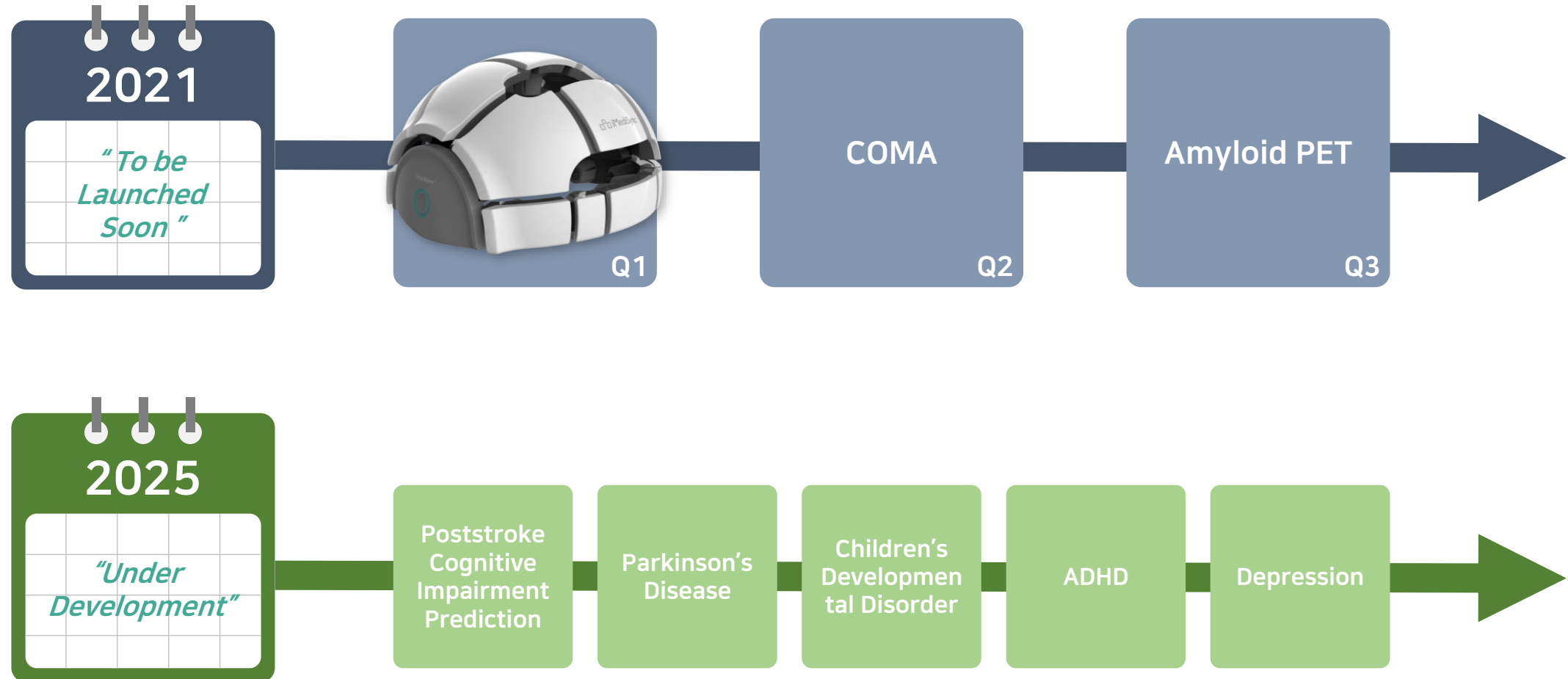


Time-saving



Cost Reduction

DEVELOPMENT ROADMAP



LEADERSHIP TEAM



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Digital EEG Analysis Solution



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THANK YOU