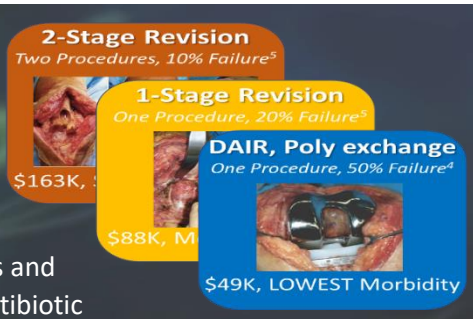
Improving Outcomes in Orthopedic Surgery

FORCAST ORTHO

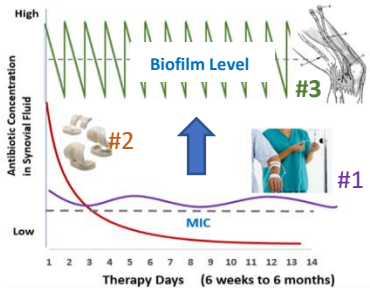
Total Knee Arthroplasty (TKA) will reach 3.5M US procedures by 2030[1]. TKA patients suffer a lifetime risk of joint infection: acute, chronic or bloodborne, e.g. dental work. Infection can lead to multiple surgeries or amputation if persistent. Periprosthetic joint infection (PJI) in TKA will grow to 232k in 2030 est[1]. In 2022, we estimate 100k US applicable cases.

PJI is treated surgically replacing all or part of the implant. Currently, 80-90%[3] of US surgeries are 2-Stage Revisions. With implants removed, these patients undergo 6+ weeks of intravenous antibiotics without a functioning knee.



Bacteria can form biofilms that attach to implants and tissue. Treating biofilms requires much higher antibiotic concentration than for treating bacteria. If local antibiotic concentration is sufficient treat biofilms, there is a **greater opportunity to retain the existing metal implants** via a DAIR procedure, avoiding 1 & 2 Stage Revisions, minimizing patient morbidity and cost.

Studies suggest a primary cause of persistent infection is due to insufficient antibiotic used in current therapies to effectively treat biofilms.



Current antibiotic practice includes:

1. IV/systemic antibiotics, poor transfer can't achieve high antibiotic concentrations in synovial fluid[6]
2. Temporary antibiotic impregnated cement spacers, antibiotic coatings, and dissolvable beads can generate high initial concentrations, but lack the ability to refill and so concentration drops precipitously over time[7]

Research method maintains high concentration:

3. Cyclic, daily catheter injections produce better patient outcomes, IT WORKS, but is not clinically practical[8]

100k Total Knee Joint Infections (2022)

$700M US Accessible Market

ASP $7000 GM: 80%

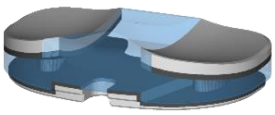
Implant growth rate accelerates infection rate (larger base)

Current therapies cannot maintain high antibiotic concentrations needed to eradicate biofilms, requiring surgeons to replace implants to reduce bioburden for procedure success.

Retaining metal implants reduces economic impact: disability, morbidity and surgery cost

Using existing antibiotics, only ForCast achieves local, biofilm treating antibiotic concentrations, through a refillable internal reservoir (never removed) allowing implant retention, saving patient morbidity and cost.

1. ***Antibiotic Reservoir***
2. ***Refillable***
3. ***Dosing System***
4. ***Antibiotic of Choice*** (bacteria selective)
5. ***Durability /Performance*** of solid PE Spacers
6. ***Compatible*** with existing knee implants[9]



ACE Knee Spacer
in development

References 1-9 available

We: * understand the regulatory pathway with industry leading experts; * have foundational intellectual property (US 9,839,523) + additional applications; * have initial interest from potential strategic partners; * are building an SAB of renowned orthopedic surgeons; and * have strong leadership. For additional information regarding ForCast's plans and investment opportunities, please contact us.

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ForCast Orthopedics and the ACE Knee Spacer has not yet been reviewed by the Food and Drug Administration for use in the United States. It is not currently available for sale.