



Global Leader in Cellular Medicines for Inflammatory Diseases

March 2019

Nasdaq: MESO ASX: MSB

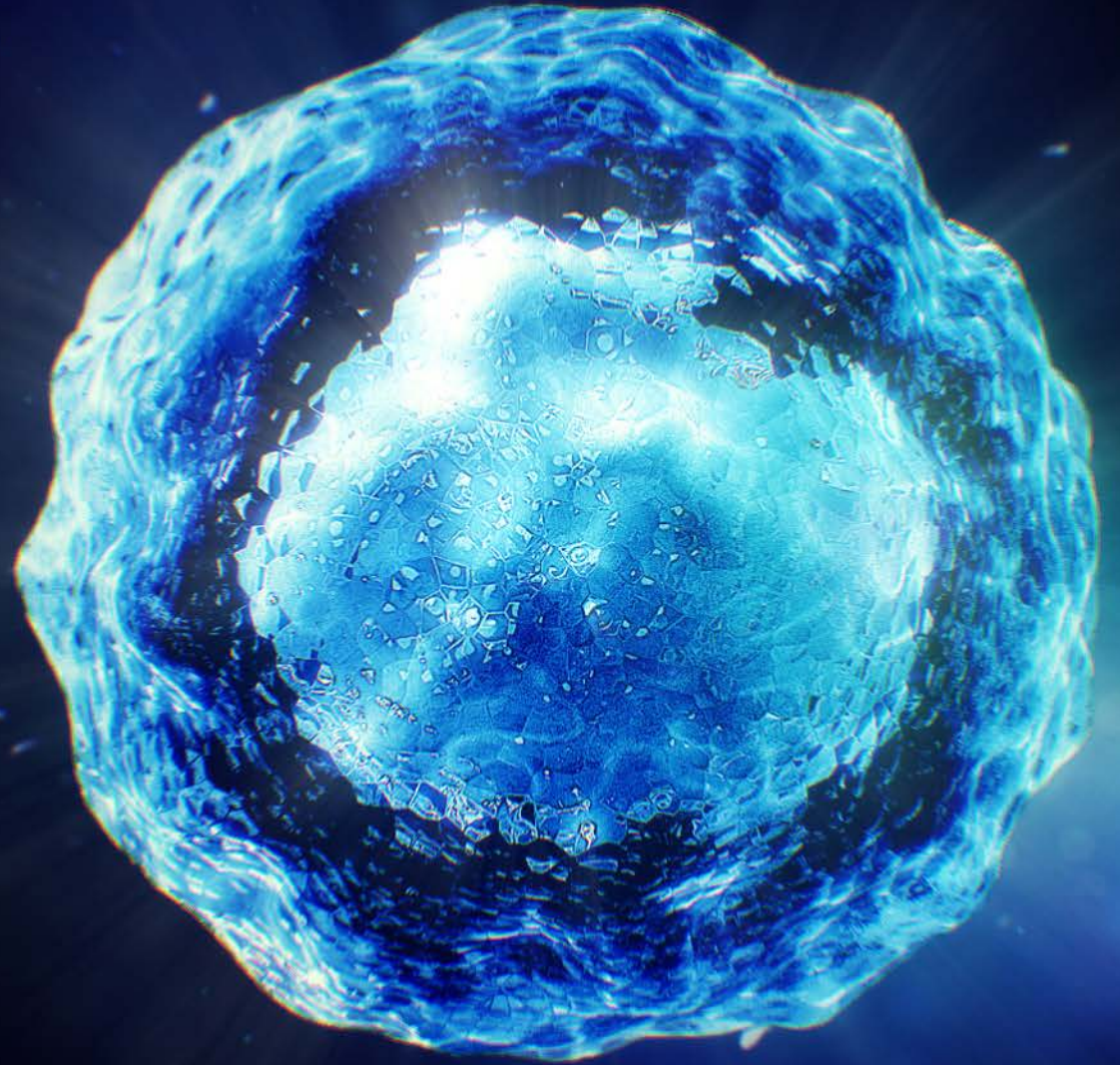


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Our Mission

Mesoblast is committed to bring to market innovative cellular medicines to treat serious and life-threatening illnesses



Premier Global Cellular Medicines Company



Innovative Technology Platform ¹	Late Stage Pipeline	Commercialization
▪ Innovative technology targets the most severe disease states refractory to conventional therapies ▪ Well characterized multimodal mechanisms of action ▪ Underpinned by extensive, global IP estate	▪ Upcoming BLA submission for steroid-refractory acute GVHD ▪ 2 blockbuster product candidates completed Phase 3 trial enrollment - heart failure and back pain ▪ China cardiovascular partnership established	▪ Building focused US sales force for acute GVHD product launch ▪ Industrial-scale manufacturing to meet commercial demand ▪ First approved products commercialized by licensees in Japan² and Europe³ ▪ Increasing revenues and milestone payments

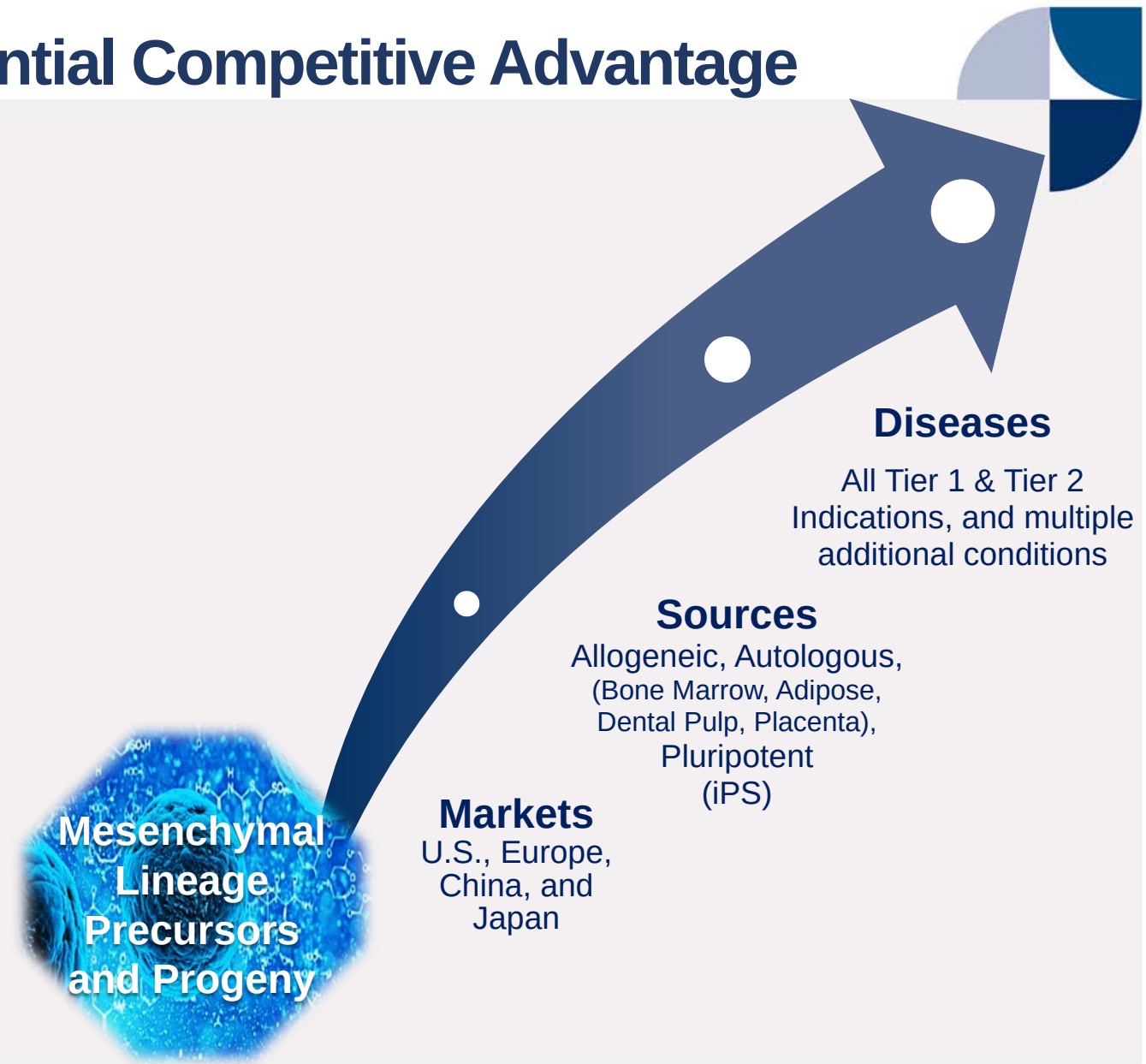
1. Mesenchymal precursor cells (MPCs) and their culture-expanded progeny mesenchymal stem cells (MSCs).

2. Licensee JCR Pharmaceuticals Co., Ltd. received the first full PMDA approval for an allogeneic cellular medicine in Japan and markets this product under its trademark, TEMCELL® Hs Inj.

3. Licensee Takeda received first central marketing authorization approval from the European Commission for an allogeneic stem cell therapy and markets this product under its trademark, Alofisel®.

Global IP Estate Provides Substantial Competitive Advantage

- ~800 Patents and patent applications (69 Patent families) across all major jurisdictions
- Covers composition of matter, manufacturing, and therapeutic applications of mesenchymal lineage cells
- Enables licensing to third parties for different indications, when in alignment with our corporate strategy, e.g. TiGenix (subsequently acquired by Takeda)
- Provides strong global protection against competitors seeking to develop products in areas of core commercial focus



Commercial-Scale Manufacturing Capability

- Immune privileged nature of mesenchymal lineage cells enables allogeneic “off the shelf” product candidates
- Culture expansion scalable to produce anticipated commercial quantities
- Management know-how in regulatory activities necessary for product approval and commercial launch



Lonza contract manufacturing facility in Singapore

We believe remestemcel-L will be the first commercially produced allogeneic mesenchymal lineage cell product registered for sale in the U.S.

Partnerships and License Agreements



- JCR has rights to use our MSC technology to treat acute GVHD in Japan
- Its product, TEMCELL[®] HS Inj., was the first fully approved allogeneic cellular medicine in Japan
- Royalties and milestones received in last twelve months exceed US\$5 million
- License expanded in Oct 2018 to cover use in treatment of epidermolysis bullosa – a highly debilitating and sometimes lethal skin disease



- Patent license agreement entered in Dec 2017 with Takeda (formerly TiGenix NV) providing exclusive access to certain IP for local treatment of perianal fistulae
- Mesoblast is eligible to receive €20 million in milestone payments plus royalties upon commercial sales of Alofisel[®] worldwide



- Exclusive cardiovascular rights in China
- Mesoblast received US\$40 million on closing, eligible to receive additional milestones and royalties

Commercial and Late-Stage Product Pipeline

PLATFORM		PRODUCT	THERAPEUTIC AREA				APPROVAL	COMMERCIAL RIGHTS	MARKETED
MSC (Bone Marrow)		TEMCELL® HS Inj ¹	Acute Graft Versus Host Disease	1st allogeneic regen med approved in Japan			✓	 Japan	
MSC (Adipose)		Alofisel® ²	Perianal Fistula	1st allogeneic regen med approved in Europe			✓	 Global	
PLATFORM		PRODUCT CANDIDATE	THERAPEUTIC AREA	PRE-CLINICAL	PHASE 2	PHASE 3	COMMERCIAL RIGHTS		IN DEVELOPMENT
TIER 1	MSC	Remestemcel-L	Acute Graft Versus Host Disease				 the regenerative medicine company		
	MPC	Revascor	Advanced HF (Class II/III) End-Stage HF (Class III/IV) ³				 the regenerative medicine company  China ⁴		
	MPC	MPC-06-ID	Chronic Low Back Pain				 the regenerative medicine company		
	MPC	MPC-300-IV	Rheumatoid Arthritis Diabetic Nephropathy				 the regenerative medicine company		
TIER 2	Includes remestemcel-L (Crohn's disease – biologic refractory), MPC-25-IC (Acute Cardiac Ischemia), MPC-25-Osteo (Spinal Fusion) and MPC-75-IA (Knee Osteoarthritis)								

1. Mesoblast receives royalty income from its licensee JCR Pharmaceuticals Co Ltd on sales of JCR's TEMCELL® HS. Inj. product in Japan

2. Mesoblast will receive royalty income from its licensee Takeda Pharmaceuticals on Takeda's worldwide sales of its product Alofisel® in the local treatment of perianal fistulae

3. Study funded by the United States National Institutes of Health (NIH) and the Canadian Health Research Institute; conducted by the NIH-funded Cardiothoracic Surgical Trials Network

4. Tasly's rights are limited to China; Tasly also has rights to develop MPC-25-IC for Acute Cardiac Ischemia

This chart is figurative and does not purport to show individual trial progress within a clinical program

Acute Graft Versus Host Disease (aGVHD)

Significant market opportunity for remestemcel-L

Burden of Illness

- aGVHD is a life-threatening complication that occurs in ~50% of patients receiving allogeneic bone marrow transplants (BMT)¹
- Steroid-refractory aGVHD is associated with **mortality rates as high as 95%¹ and significant extended hospital stay costs²**

Minimal Treatment Options

- There are **no approved treatments for SR-aGVHD outside Japan**
- In Japan, Mesoblast's licensee has received the only product approval for SR -aGVHD in both children and adults

Market Opportunity

- >30,000 allogeneic BMTs performed globally (>20K US/EU) annually, ~20% pediatric^{3,4}
- Our licensee, JCR Pharmaceuticals Co., Ltd launched TEMCELL[®] HS Inj.⁵ in Japan for SR-aGVHD in 2016; reimbursed up to ~\$USD195k⁶
- **SR-aGVHD represents \$USD > 700m US/EU market opportunity^{4,7}**



1. Westin, J., Saliba, RM., Lima, M. (2011) Steroid-refractory acute GVHD: predictors and outcomes. Advances in Hematology. 2. Anthem-HealthCore/Mesoblast claims analysis (2016). Data on file 3. Niederwieser D, Baldomero H, Szer J. (2016) Hematopoietic stem cell transplantation activity worldwide in 2012 and a SWOT analysis of the Worldwide Network for Blood and Marrow Transplantation Group including the global survey. 4. Source: CIBMTR Current Uses and Outcomes of Hematopoietic Cell Transplantation 2017 Summary. Passweg JR, Baldomero, H (2016) Hematopoietic stem cell transplantation in Europe 2014: more than 40,000 transplants annually. 5. TEMCELL is the registered trademark of JCR Pharmaceuticals Co. Ltd. 6. Based on a ¥JPY = \$USD 0.009375 spot exchange rate on market close on November 11, 2016. Amounts are rounded. Source: Bloomberg. 7. Data on file

Remestemcel-L: Phase 3 Trial Successfully Completed

- Phase 3 study evaluated remestemcel-L in 55 children to improve overall response rate and survival
 - 89% of children had grade C/D disease, the most severe form and historically associated with up to 95% mortality
- Study successfully met the primary endpoint of improved Day 28 Overall Response (OR)
 - 69% vs 45% protocol-defined historical control rate (p=0.0003)
- Day 100 Overall Survival 75%, with 87% survival in Day 28 responders
- Day 180 Overall Survival 69%, with 79% survival in Day 28 responders
- Remestemcel-L infusions well tolerated
- Findings consistent with previous results in 241 SR-aGVHD children under expanded access program who failed to respond to multiple biologic agents¹

1. Kurtzberg J. et al. Effect of Human Mesenchymal Stem Cells (remestemcel-L) on Clinical Response and Survival Confirmed in a Large Cohort of Pediatric Patients with Severe High-Risk Steroid-Refractory Acute Graft Versus Host Disease. BBMT. 2016; 22.

Remestemcel-L: Regulatory and Commercial Strategy Overview

- Two successful end-of-phase meetings with the FDA covering clinical and manufacturing aspects of the upcoming BLA filing
- Fast Track designation provides eligibility for FDA priority review
- Ramp-up of investment in manufacturing is underway
- Commercialization strategy in place for product launch
- Building out efficient, targeted sales force - 15 centers account for ~50% of patients
- TEMCELL[®] HS Inj. sales experience in Japan informs commercial strategy for the U.S.

FDA Biologic License Application submission to be initiated early 2019

Remestemcel-L: Product Development Strategy



1. Target ***pediatric*** patients with SR-aGVHD first
 - Extensive safety and efficacy data generated and published in children with SR-aGVHD^{1,2}
 - High economic burden in treatment of children with SR-aGVHD
 - Fast-track designation provides eligibility for priority review and rolling review process
 - Submit single, open-label Phase 3 trial seeking regulatory approval
2. Seek label extension for high-risk ***adult*** patients with SR-aGVHD
 - This adult subset has the highest mortality and greatest resistance to other treatment agents
 - High economic burden in treating this population subset
 - Remestemcel-L has shown efficacy signals in subgroup analyses of this population
3. Lifecycle potential in ***chronic*** GVHD (cGVHD)
 - Chronic GVHD represents a distinct GVHD patient population
 - Proof of concept data already published for MSC in cGVHD³

1. Allogeneic Human Mesenchymal Stem Cell Therapy (Remestemcel-L) as a Rescue Agent for Severe Refractory Acute Graft-versus-Host Disease in Pediatric Patients - Biology of Blood and Marrow Transplantation Journal, August 2013
2. Khandelwal P, Teusink-Cross A, Davies S (2017) Ruxolitinib as Salvage Therapy in Steroid-Refractory Acute Graft-versus-Host Disease in Pediatric Hematopoietic Stem Cell Transplant Patients. Biol Blood Marrow Transplant 23; 1122-1127
3. Weng JY, Du X, Geng SX, Peng YW, Wang Z, Lu ZS et al. Mesenchymal stem cell as salvage treatment for refractory chronic GVHD. Bone Marrow Transplant 45: 1732-1740 (2010).

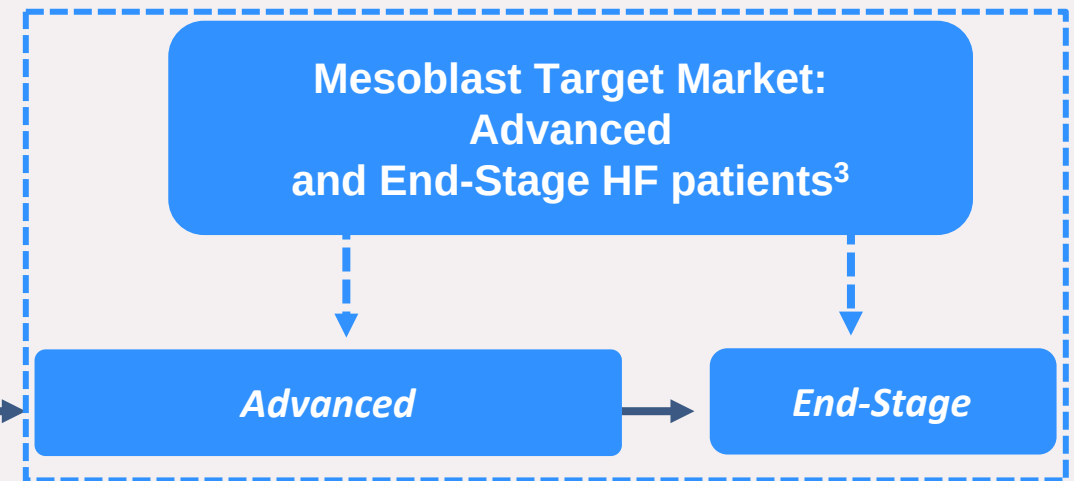
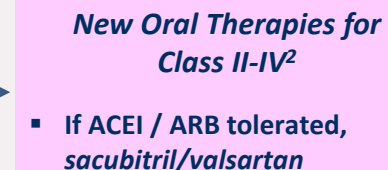
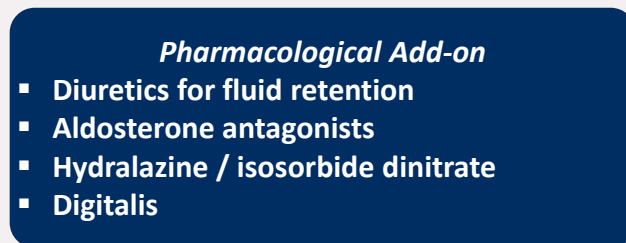
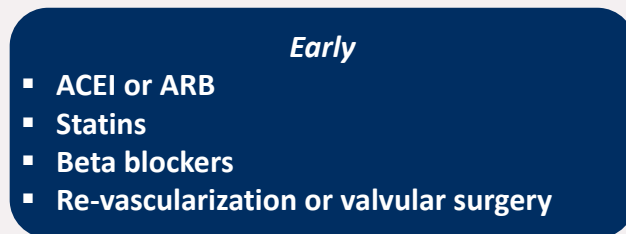
Advanced and End-Stage Heart Failure

Common Treatment Pathway in Progressive Heart Failure¹

Class I

Progressive Vascular (Endothelial) Dysfunction and Heart Failure

Class IV



Limited Therapeutic Options

- Cardiac Resynchronization Therapy (CRT)
- LVAD
- Implantable Cardioverter-Defibrillator (ICD)
- Heart transplants

1. Source: Simon-Kucher & Partners 2017. Primary research 2017; Payers n=35, KOLs n=15, Cath lab managers n=4.

2. Corlanor® (ivabradine) approved by FDA (April 2015). ENTRESTO® (sacubitril/valsartan) approved by FDA (July 2015).

3. GlobalData-PharmaPoint Heart Failure (2016); McMurray et al., 2012; Yancy et al., 2013, 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure.

Advanced Heart Failure

Revascor – Commercial opportunity

Burden of Illness

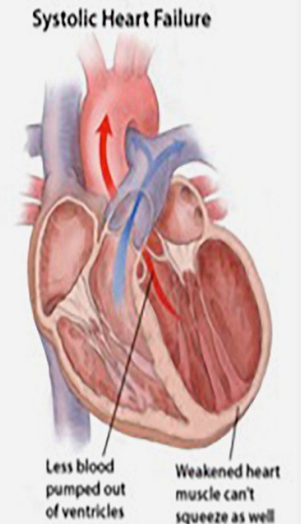
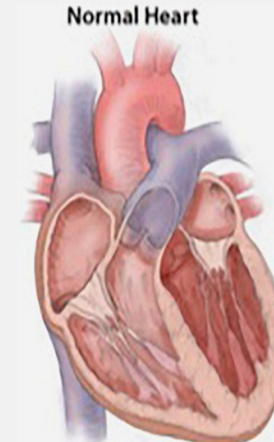
- Approx. 8 million patients with chronic heart failure by 2030 in US alone¹
- 17-45% globally die within 1 year of hospital admission¹
- Majority of advanced heart failure patients die within 5 years¹

Limited Options / Unmet Need

- Despite recent advances in newly approved drugs, limited treatment options are available for patients with advanced heart failure²
- New therapies to reduce hospitalizations and mortality in patients with advanced heart failure who have failed other therapies
- Greatest need is in NYHA class III-IV where event rate is highest

Market Opportunity

- US healthcare costs for NYHA class II-IV patients \$USD115bn/year⁵
- Hospitalizations account for ~69% of expenditure³⁻⁵
- **Multi-billion dollar annual market opportunity in US^{4,5}**



1. Heart Failure: Preventing disease and death worldwide – European Society of Cardiology 2014., 2. ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure., 3. Gurwitz JH, Magid DJ, Smith DH, et al. Contemporary Prevalence and Correlates of Incident Heart Failure with Preserved Ejection Fraction. The American Journal of Medicine. 2013;126(5):393-400. Derived by applying a HF-REF prevalence rate of 32.6% to the U.S. rate of 5.7m U.S. patients., 4.A Reevaluation of the Costs of Heart Failure and its Implications for Allocation of Health Resources in the United States. Voigt J. Clin.Cardiol. 37, 5, 312-321 (2014)., 5.The Medical and Socioeconomic Burden of Heart Failure: A Comparative Delineation with Cancer. Dimitrios, F. International Journal of Cardiology (2015), doi: 10.1016/j.ijcard.2015.10.172.

Revascor: Phase 2 Randomized, Controlled Trial Identified Optimal Therapeutic Dose and Target Patient Population for Phase 3

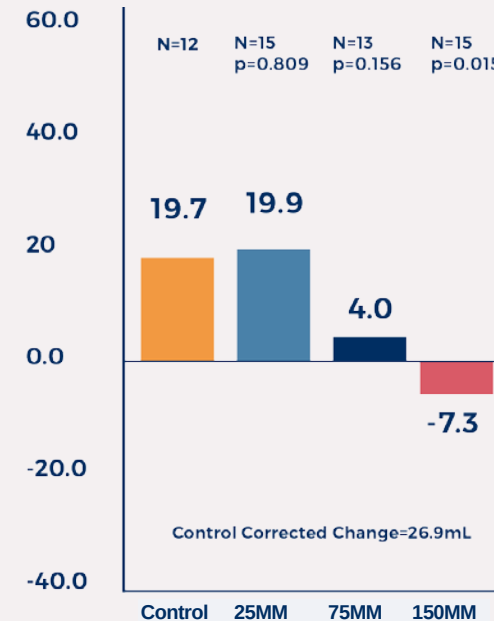
Objectives

- Identify a dose response and an optimal therapeutic dose
- Identify optimal target population for therapeutic effect
- Evaluate placebo vs. 25, 75, 150MM MPCs injected by endomyocardial catheter in 60 patients with class II/III heart failure and EF<40%

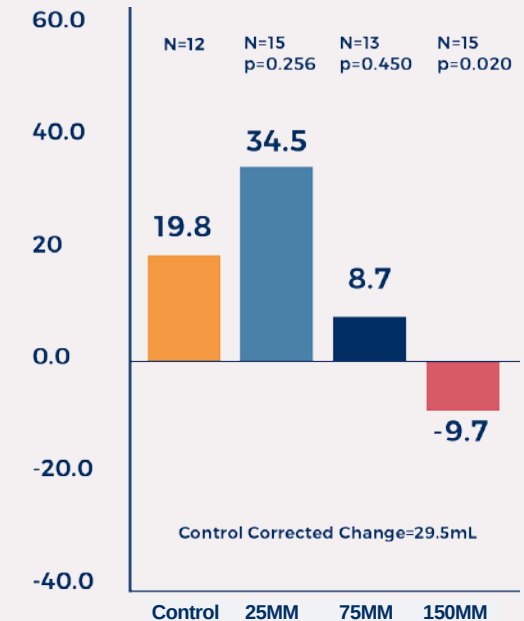
Results

- At 6 months: Dose-dependent effect seen on left ventricular remodeling, with 150MM cell dose (MPC-150-IM) showing greatest effect vs. controls

LVESV Month 6 - Baseline



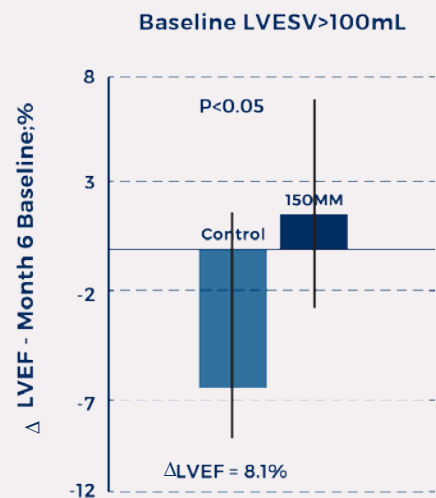
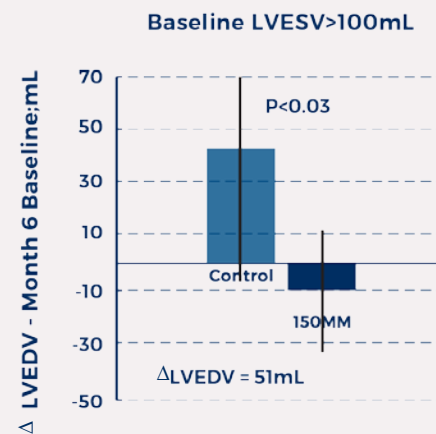
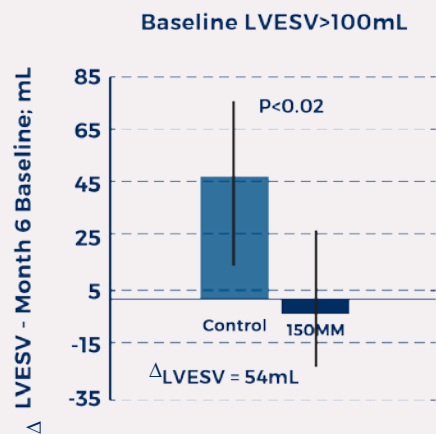
LVEDV Month 6 - Baseline



Revascor: Therapeutic Benefit on LV Remodeling in Phase 2

Subjects with LVESV >100mL¹

- Placebo corrected benefit of 150MM cell dose on cardiac volumes and ejection fraction at 6 months was greatest in patients with more advanced heart failure as defined by baseline LVESV>100ml at baseline

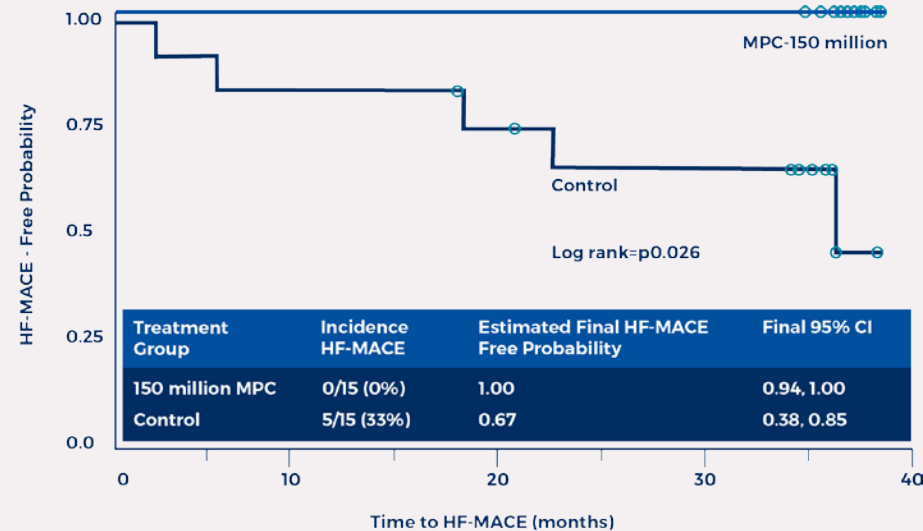


	Change (Entire cohort) Month 6 minus baseline			Change (LVESV>100mL) Month 6 minus baseline			
	PBO (n=15)	150M MPC (n=15)	Δ, PBO corrected	PBO (n=7)	150M MPC (n=11)	Δ, PBO corrected	P-values
LVESV	+20	-7	-27	+46	-8	-54	<0.02
LVEDV	+20	-10	-30	+41	-10	-51	<0.03
LVEF	-2.3	+0.6	+2.9	-6.4	+1.7	+8.1	<0.05

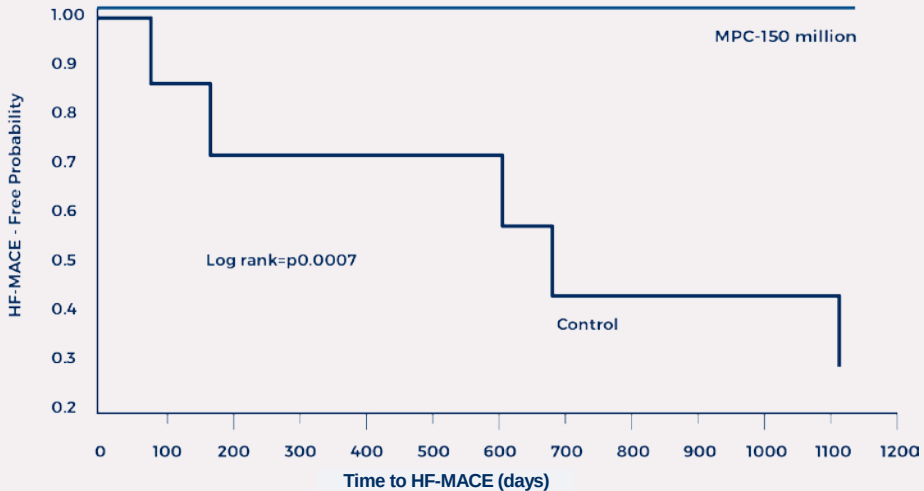
1. Source : Perin et al., Journal of Cardiac Failure 2015; Vol 21(8): S107; 19th Annual Scientific Meeting of the Heart Failure Society of America, Emerson et al. LVESV = Left ventricular end systolic volume; LVEDV = Left Ventricular End-Diastolic Volume; LVEF = Left Ventricular Ejection Fraction.

Revascor: A Single Dose Prevented any HF-MACE for 36 Months in Patients at Highest Risk of Recurrent Events and Death (Those with LVESV>100ml) in Phase 2

% HF-MACE Kaplan-Meier Curve over 36 months following treatment in all patients¹



HF-MACE Kaplan-Meier Curve over 36 months following treatment in patients with LVESV>100ml²



- Over 36 months, patients receiving 150M MPC had significantly greater probability of remaining free of a first HF-MACE vs. controls (0% vs. 33%, p = 0.026 by log-rank)
- All HF-MACE events occurred in controls with baseline Left Ventricular End Systolic Volume (LVESV)>100ml, where the treatment effect size was even greater (0% vs. 71%, p = 0.0007 by log rank)
- Controls with baseline LVESV>100ml had 11 total/recurrent HF-MACE events over 36 months vs. 0 in matched patients receiving 150M MPCs (p=0.0007)

1. HF-MACE is defined as a composite of cardiac related death or non-fatal heart failure hospitalisations. 2. Circ Res. 2015; 117:576-584. Perin E et al. A Phase II Dose-Escalation Study of Allogeneic Mesenchymal Precursor Cells in Patients With Ischemic or Non-Ischemic Heart Failure 3. Journal of Cardiac Failure 2015; Vol 21(8): S107; 19th Annual Scientific Meeting of the Heart Failure Society of America, Emerson et al.

Advanced Heart Failure

Revascor Phase 3 trial fully enrolled

- Trial design is 1:1 randomized, controlled, double blinded; conducted over 55 sites across North America using 150MM cell dose vs. control
- Evaluating a single dose of Revascor to reduce recurrent heart failure-related major adverse cardiac events such as heart failure-related hospitalizations and cardiac death
- Target patient population enriched for those likely to be both highest-risk for events and greatest responders to Revascor therapy
- Events-driven Phase 3 trial completed enrollment of 566 patients in February 2019

End-Stage Heart Failure

Revascor – Commercial opportunity in reducing GI bleeding in patients with LVADs

Burden of Illness

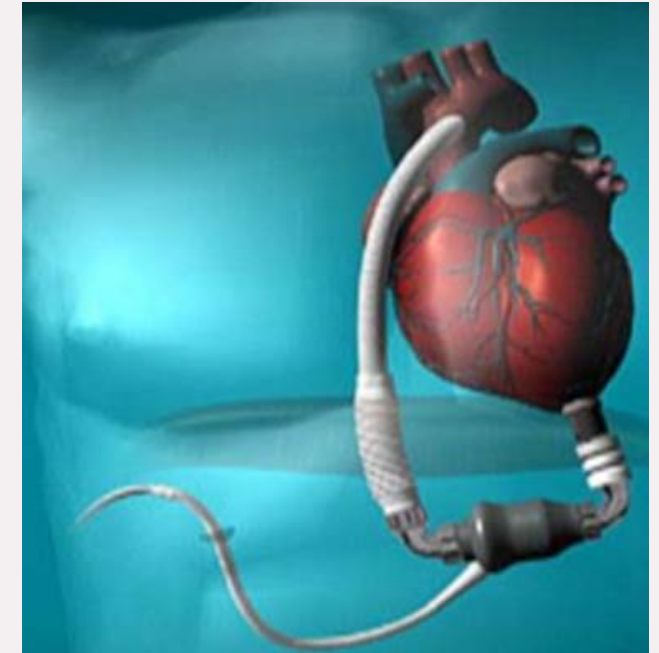
- In the US there are approx. 250,000–300,000 patients annually who suffer from advanced systolic heart failure (NYHA Class III–IV)¹
- Despite optimal medical therapy, mortality exceeds 50% in class IV patients¹

Ongoing Unmet Need

- LVADs have improved survival, but morbidity remains high with patients on average experiencing greater than two hospitalization annually²
- Gastrointestinal (GI) bleeding is the leading cause of non-surgical hospitalizations in LVAD patients²
- **Device attributable major adverse events (DAEs) can cost on average \$USD46.5k per hospitalization²**

Market Opportunity

- Approx. 4,500 – 5,500 assist devices are implanted annually in the US^{3, 4}
- **US LVAD market is growing double-digit CAGR and represents significant market growth opportunity^{3,4}**
- US targeted commercial footprint provides low cost market entry

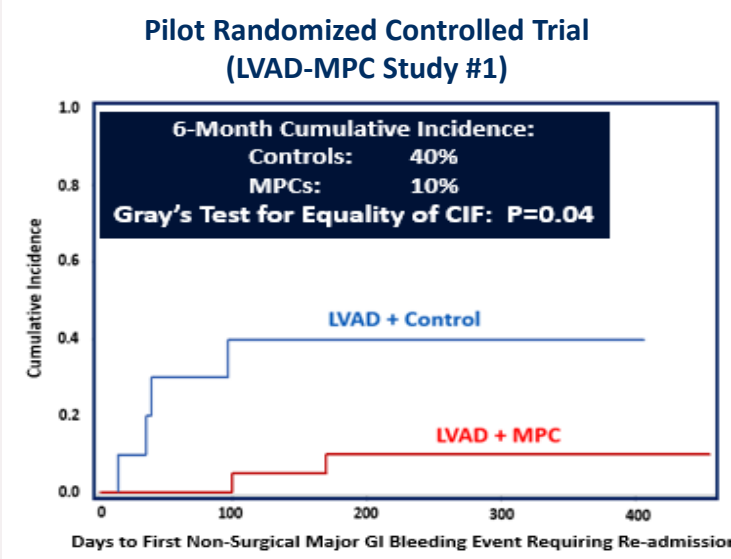


¹Gustafsson G, Rogers J. (2017) Left ventricular assist device therapy in advanced heart failure: patient selection and outcomes, ² Mehra, MR Salerno C, Cleveland JC (2018) Health care resources use and cost implications in the MOMENTUM 3 long-term outcome study: a randomized controlled trial of a magnetically levitated cardiac pump in advanced heart failure, ³Agency for Healthcare Research and Quality – Healthcare Cost and Utilization Project – claims analysis using ICD-9 37.6 implantation of heart and circulatory assist systems, ⁴ Data on File

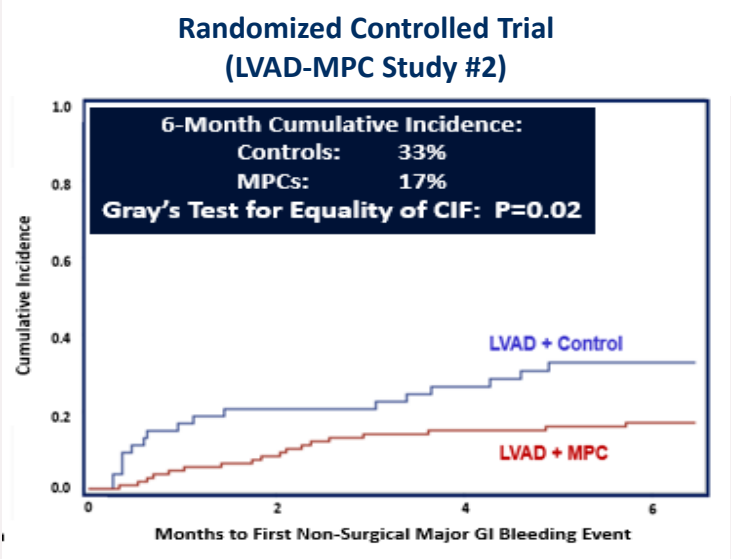
End-Stage Heart Failure

Revascor – Trials demonstrated reduced GI bleeding events in LVAD patients

MPCs prolong time-to-first major GI bleeding event and reduced cumulative major GI bleeding events in two randomized controlled trials in LVAD patients^{1,2}



MPC (n = 20)	Control (n = 10)	P-value
Event Rate (100-Pt-Months)	Event Rate (100-Pt-Months)	
4.2	14.2	0.06



MPC (n = 106)	Control (n = 53)	P-value
Event Rate (100-Pt-Months)	Event Rate (100-Pt-Months)	
3.8	15.9	<0.001

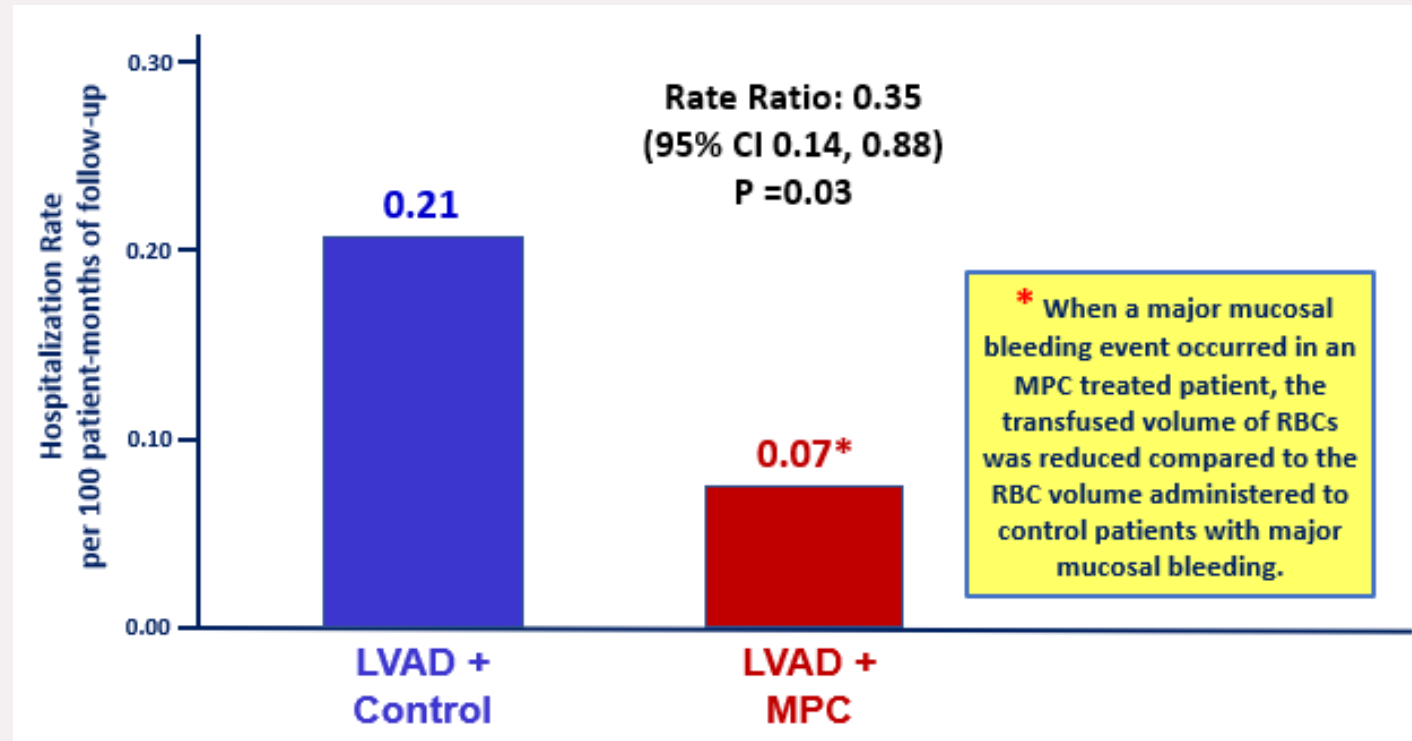
Rate of major GI bleeding events over 6 months in LVAD patients reduced by 70% and 76% with MPCs in two randomized controlled trials

1. Mesoblast internal data post-hoc analysis 2017 (clinicaltrials.gov; identifier: NCT01442129). 2. Presented at American Heart Association Scientific Sessions 2018.

End-Stage Heart Failure

Revascor – Reduced hospitalization rate from GI bleeding in Phase 2 trial

MPCs Reduce Hospitalization Rate from GI Bleeding by 65% in 159-Patient Phase 2 Trial¹



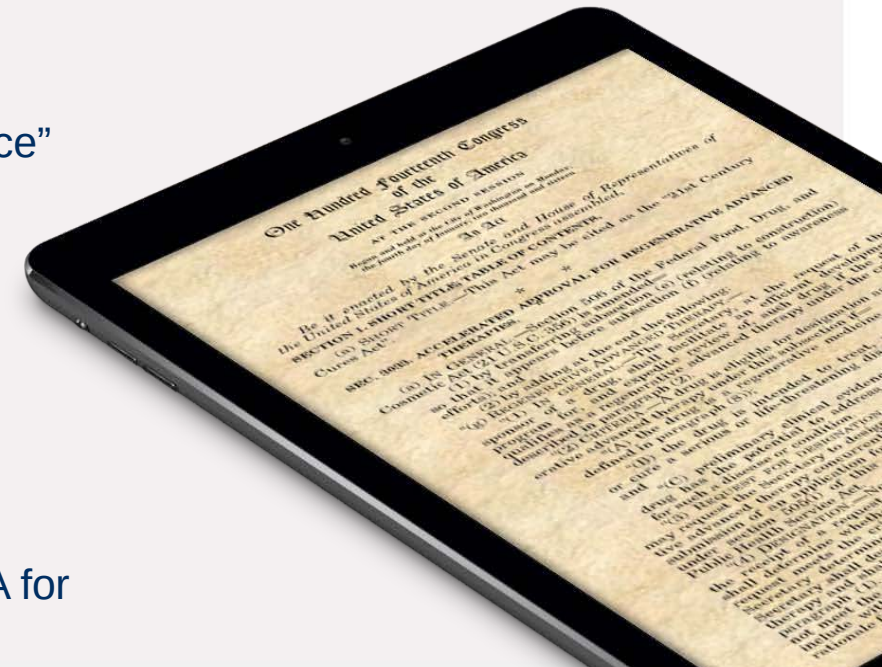
¹ Presented at American Heart Association Scientific Sessions 2018.

End-Stage Heart Failure

Revascor – Benefits from an expediated approval path under RMAT

Revascor Has Received RMAT Designation for Use in End-Stage Heart Failure Patients with LVADs

- Key benefits of the Regenerative Medicine Advanced Therapies (RMAT) designation include:
 - Potential eligibility for priority review and accelerated approval
 - Potential to utilize surrogate endpoints for accelerated approval
 - Potential to utilize patient registry data and other sources of “real world evidence” for post approval studies, subject to approval by the FDA
- Mesoblast received guidance from FDA that reduction in major GI bleeding
 - is a clinically meaningful outcome
 - could be used as an endpoint to support product approval
- Mesoblast plans to meet with FDA in 1H 2019 to discuss pathway to filing for BLA for marketing authorization



Chronic Low Back Pain (CLBP)

MPC-06-ID – Market opportunity in CLBP due to disc degeneration

Burden of Illness

- Back pain causes more disability than any other condition¹
- Inflicts substantial direct and indirect costs on the healthcare system,¹ including excessive use of opioids in this patient population²

Minimal Treatment Options

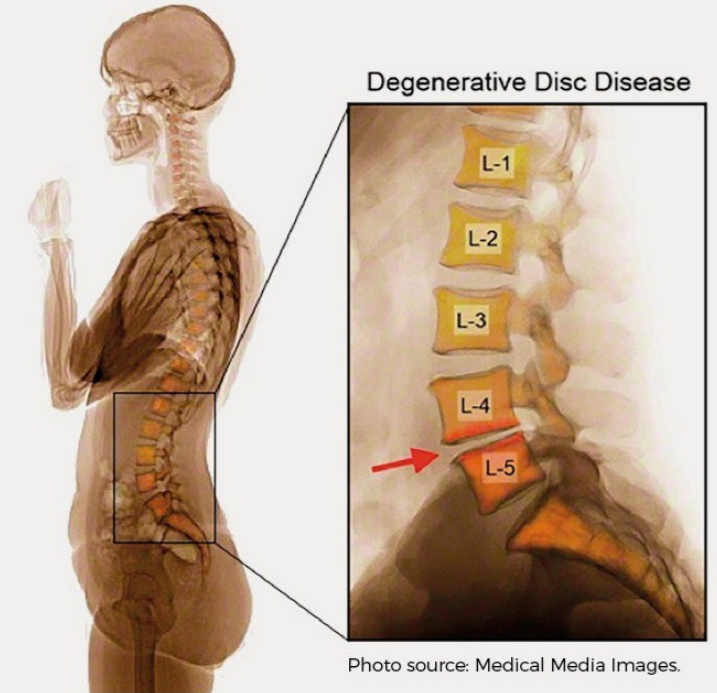
- Treatment options for patients with CLBP who fail conservative therapy include opioids and surgery
- 50% of opioid prescriptions are for chronic low back pain (CLBP)²

Unmet Need

- Novel therapeutic approach for durable improvement in pain and function
- Potential alternative for opioid use or surgical intervention

Market Opportunity

- MPC-06-ID development focused on over ~3.2m patients with CLBP due to degenerative disc disease (DDD) in US alone^{3,4,5}
- **US market opportunity >\$USD \$1 billion**^{3,4,5,6}

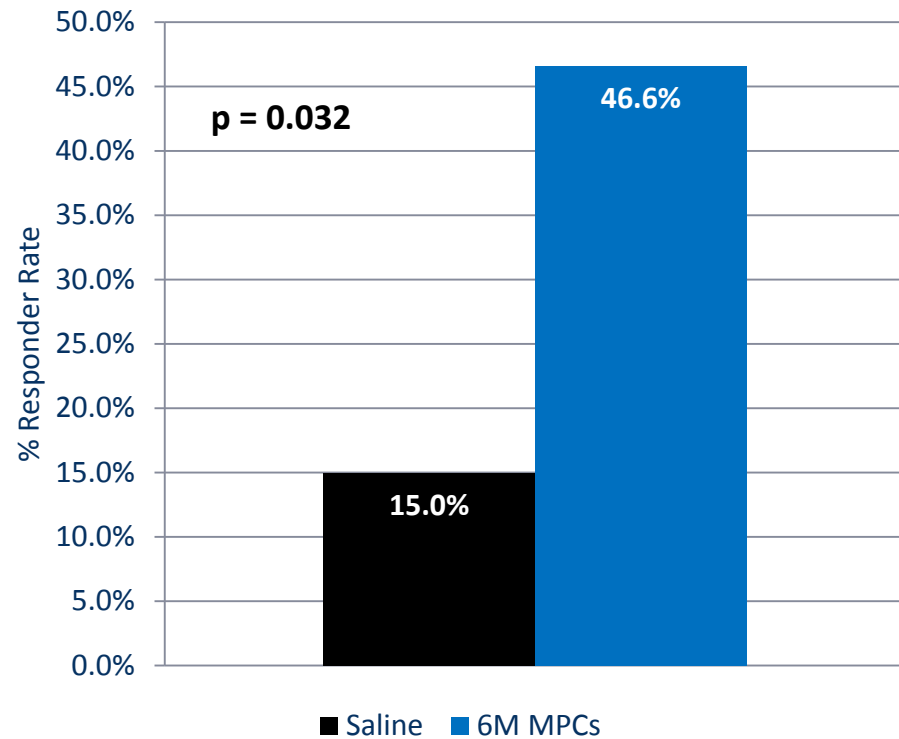


1. Williams, J., NG, Nawi, Pelzter, K. (2015) Risk factors and disability associated with low back pain in older adults in low-and middle-income countries. Results from the WHO Study on global ageing and adult health (SAGE). PLoS One. 2015; 10(6): e0127880., 2. Decision Resources: Pain Management Study, Chronic Pain December 2013., 3. Decision Resources: Chronic Pain December 2015., 4. LEK & NCI opinion leader interviews, and secondary analysis., 5. Navigant: Commercial Assessment for a Proprietary Cell-Based Therapy for DDD in the U.S. and the EU3 – August 2014. 6. Data on File.

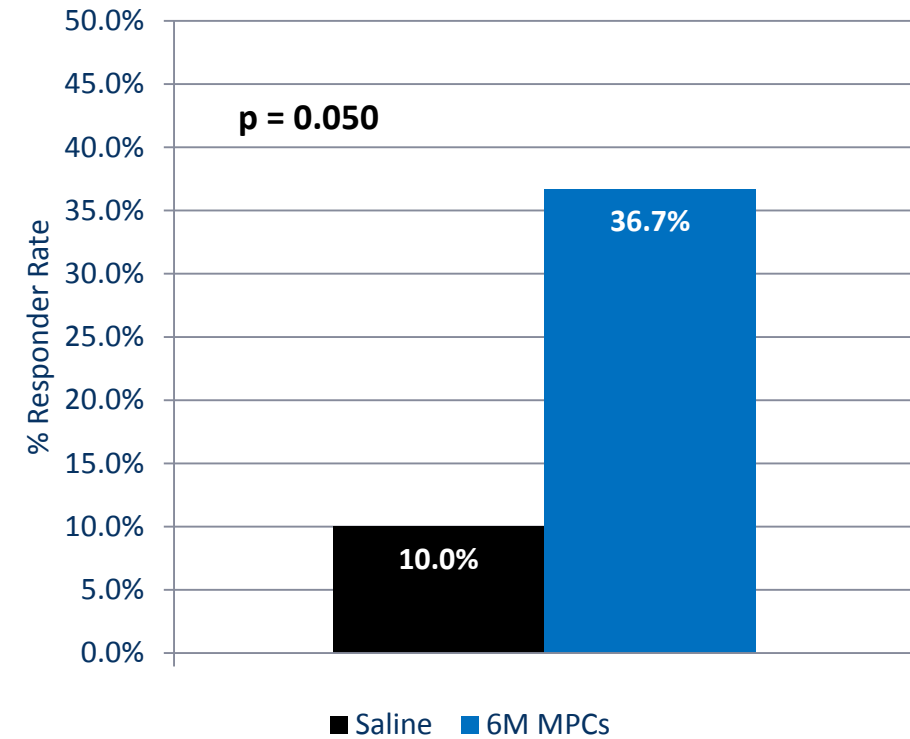
Chronic Low Back Pain

MPC-06-ID – Post-Hoc Phase 2 results provide target endpoints for Phase 3 trial

**A: Phase 2: Treatment Success Responders^{1,2}
at 12 Months**



**B: Phase 2: Treatment Success Responders^{1,2}
at both 12 & 24 Months**



1. Subjects with missing data are classified as non-responders.

2. Treatment Success Responders have a 50% reduction in LBP as measured by VAS AND a 15 point improvement in function as measured by ODI at a) 12 months, and b) both 12 and 24 months and no intervention through 24 months.

Chronic Low Back Pain

MPC-06-ID – Ongoing Phase 3 Clinical Trial

- Three-arm study comparing 6-million MPC with or without hyaluronic acid (HA) against saline control
- Primary efficacy endpoint agreed to with FDA:
 - Overall Treatment Success Composite at both 12 and 24 months as measured by:
 - o At least 50% reduction from baseline in Visual Analogue Scale (VAS) pain score at both 12 and 24 months post-treatment; and
 - o At least a 15 point decrease from baseline in Oswestry Disability Index (ODI) function score at both 12 and 24 months post-treatment; and
 - o No interventions affecting the treated disc through 24 months
- Study powered to show efficacy for either 6-million MPC arm (with or without HA)

404 patient 2:1 randomized Phase 3 trial completed enrollment March 2018
All patients to complete 12 month assessment for safety and efficacy in H1 2019

Recent Financial Highlights (US\$m)

For the six months ending	December 31, 2018	December 31, 2017
Milestone revenue	\$11.0	\$12.8
Commercialization revenue	2.2	1.6
Interest revenue	0.3	0.2
Total revenue	\$13.5	\$14.6

	December 31, 2018
Reported Cash on Hand	\$77.0
Hercules – 2 nd tranche	15.0
Pro forma cash on hand	\$92.0

- Pro forma cash on hand at December 31, 2018 includes US\$15.0 million received in January 2019 from Hercules Capital, Inc. after having successfully achieved the clinical milestone of reduction in major GI bleeding events and related hospitalizations in the 159 patient trial of Mesoblast's product candidate Revascor in end stage heart failure patients with LVADs
- US\$35.0 million additional capital may be available under existing arrangements with Hercules Capital and NovaQuest, subject to achievement of certain milestones

Corporate Milestones



Remestemcel-L for Acute Graft Versus Host Disease

- Successfully met all efficacy and safety endpoints through six months ✓
- FDA meetings and BLA filing (Early CY19)

Revascor for Advanced and End-Stage Heart Failure

- Phase 3 events-driven trial in advanced heart failure enrollment completed ✓
- FDA meeting to discuss recent LVAD phase 2b results for the clinically meaningful GI bleeding data (1H CY19)

MPC-06-ID for Chronic Low Back Pain

- Phase 3 trial completed enrollment ✓

Establish regional strategic and commercial licensing arrangements (China, Japan, Europe)

- Established regional partnership with Tasly for cardiovascular rights in China ✓

Establish global commercial partnerships; in advanced discussions on blockbuster products