

To Vajra Allen

September 26, 2011

We (Mirador Biomedical) recently received a grant from the Washington Global Health Fund (WGHF) that enabled us to accelerate the commercialization of the Compass to serve the global health market. In addition to monetary support, the WGHF introduced us to members of Washington State's global health community, including SIGN, a company who develops and distributes an innovative internal fixation device to treat severe bone fractures in the developing world. We were recently invited to present our Compass™ product at a medical conference hosted by SIGN in Richland, Washington. The conference was attended by orthopedic surgeons from the developing world, allowing them to share their experience using the SIGN device and to discuss other promising technologies and techniques available to physicians in resource-constrained environments. We attended the conference to better understand how these physicians diagnose and treat compartment syndrome.

Compartment syndrome is a condition involving pressure build-up in a part of the leg or arm, and can occur following a fracture. If the pressure becomes too great, blood flow is cut-off, and the muscle tissue begins to die. If left untreated, the limb may require amputation. Compartment syndrome is a serious problem in the developing world, and its frequency is increasing as the number of cars rises. In a common scenario a car hits a pedestrian, breaking his lower leg (tibial fracture); a compartment syndrome develops, is unrecognized, and leads to an amputation. Compartment syndrome can be diagnosed by physical exam or by measuring the pressure in the leg. Most physicians in the developing world just perform the physical exam because the current ways to measure compartment pressure involve expensive equipment that they cannot afford. Unfortunately, the physical exam can miss compartment syndrome.

We wanted to know if these surgeons thought the Compass would be a good way to measure the compartment pressure (and whether their hospitals could afford it). It took about five minutes to get our answer. As we were setting up our 6 foot exhibit table, a surgeon from Nigeria walked over and asked me about the Compass. I showed him the device and how it worked, and he immediately called over two of his colleagues. To my amazement, one of his colleagues pointed to a journal article we had put on the table (that discussed the incidence of compartment pressure in Nigeria resulting from traffic accidents) and told me that he was an author on the article. That's when things got really interesting:

Surgeon from Nigeria: How much does it cost?

Mirador: \$35

Surgeon: I'll buy one

His two colleagues: Us too

A surgeon from the Philippines who overheard the conversation: I'll take 10

A group of surgeons from Haiti: We'll take 80

A crowd began to gather. We were not expecting to sell devices at the conference, although I certainly liked this new way of doing business. By now we were surrounded by about 30 doctors in several rows trying to buy devices, many of them holding out money. This was really cool! Unfortunately, we'd only brought a box of ten sterile devices, so we didn't have enough to go around. We tried to organize the disappointed group into some semblance of a queue to write down names, telling them we'd arrange shipment of the devices back to their home countries. We sold the ten devices to physicians from the following countries: Nigeria, Haiti, Pakistan, Nepal, and the Philippines, and have a long list of new customers all over the world.

Best Regards,



Justin Hulvershorn, MD, PhD
Chief Science Officer