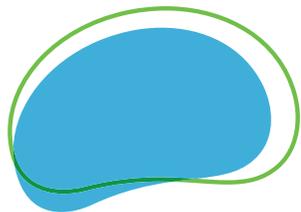


Elevating Mental Health Treatment

July 2022

Nasdaq/TASE: BWAY



BrainsWay[®]



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Certain non-GAAP financial measures are included in this presentation

BrainsWay at a Glance



Boldly Advancing Neuroscience to Improve Health and Transform Lives

- ✓ Cleared in multiple large underserved mental health disorder markets
- ✓ Proven, differentiated noninvasive neurostimulation platform technology
- ✓ Robust dossier of clinical data and pipeline of additional potential applications
- ✓ Attractive business model and financial profile
- ✓ Superior science, evidence, and support

Corporate Presentation July 2022



BrainsWay Leadership Team



Successful, Experienced Medical Device Professionals



Dr. Christopher von Jako
President & CEO
Joined January 2020
25+ Years Med Device



R. Scott Areglado
SVP & CFO
Joined May 2021
25+ Years Finance



Hadar Levy
SVP, COO
Joined July 2014
15+ Years Med Device



Dr. Aron Tendler
VP, CMO
Joined October 2015
15+ Years Practicing Psychiatrist



Dr. Yiftach Roth
VP, CSO
Co-Founded May 2006
15+ Years Med Device



Eric Hirt
VP, U.S. Sales
Joined May 2022
20+ Years Med Device



Christopher Boyer
VP, Global Marketing
Joined June 2020
15+ Years Med Device



Dr. Joachim Seidel
VP, Corp Dev & Strategy
Joined March 2022
20+ Years Med Device



Moria Ben Soussan
VP, R&D
Joined October 2007
15+ Years Med Device



Amit Ginou
VP, Site Manager
Joined November 2008
15+ Medical Device



Menachem Klein
VP, GC and Corp Sec.
Joined November 2013
15+ Years Corporate Law

BrainsWay by the Numbers



Strong Fundamentals for Growth

34%

Revenue Growth

\$29.7m FY 2021 vs. \$22.1m FY 2020

78%

Gross Margin

FY 2021

\$54.7m

Cash Balance

as of Q1 2022

790

Total Installed Base

as of Q1 2022

100,000+¹

Patients Treated

3.5m+ individual treatments

34+¹

Completed Randomized Controlled Trials

340+ Deep TMS™ publications

Mental Health Disorders' Sobering Statistics



Substantial Unmet Need with Strong Tailwinds Driving Adoption

Major Depressive Disorder

- 1 in 6 people will experience clinical depression in their lifetime²
- Lifetime comorbidity with anxiety is 60-90%³
- Depression and suicide are linked⁴
- Suicide rates have risen 35% since 1999^{5,6}
- Economic burden is >\$325B/year⁷

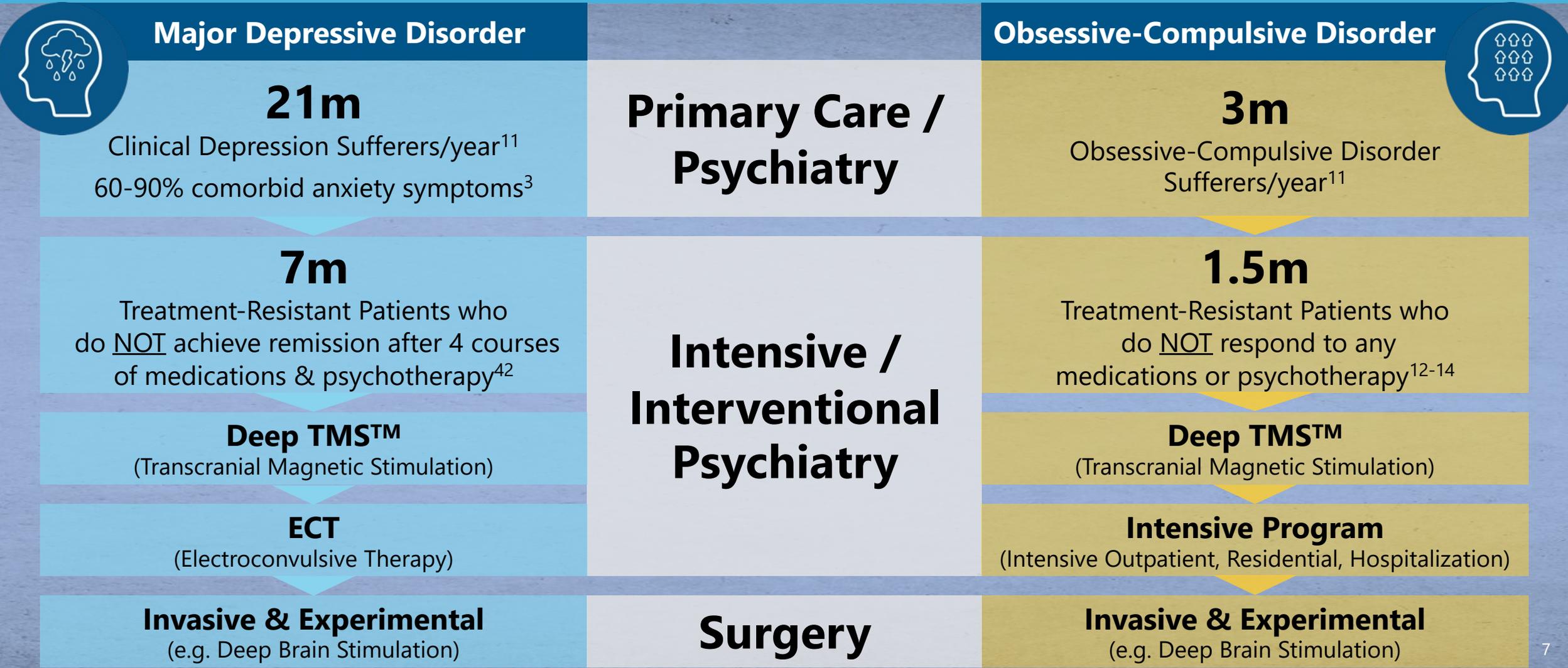
Obsessive-Compulsive Disorder (OCD)

- 1 in 40 people will experience OCD⁸
- 85% endure serious or moderate impairment due to their OCD⁸
- 44% have suicidal thoughts⁹
- Economic burden is >\$8B/year¹⁰

Continuum of Care for Depression and OCD



Massive Underserved Markets



Transcranial Magnetic Stimulation (TMS)

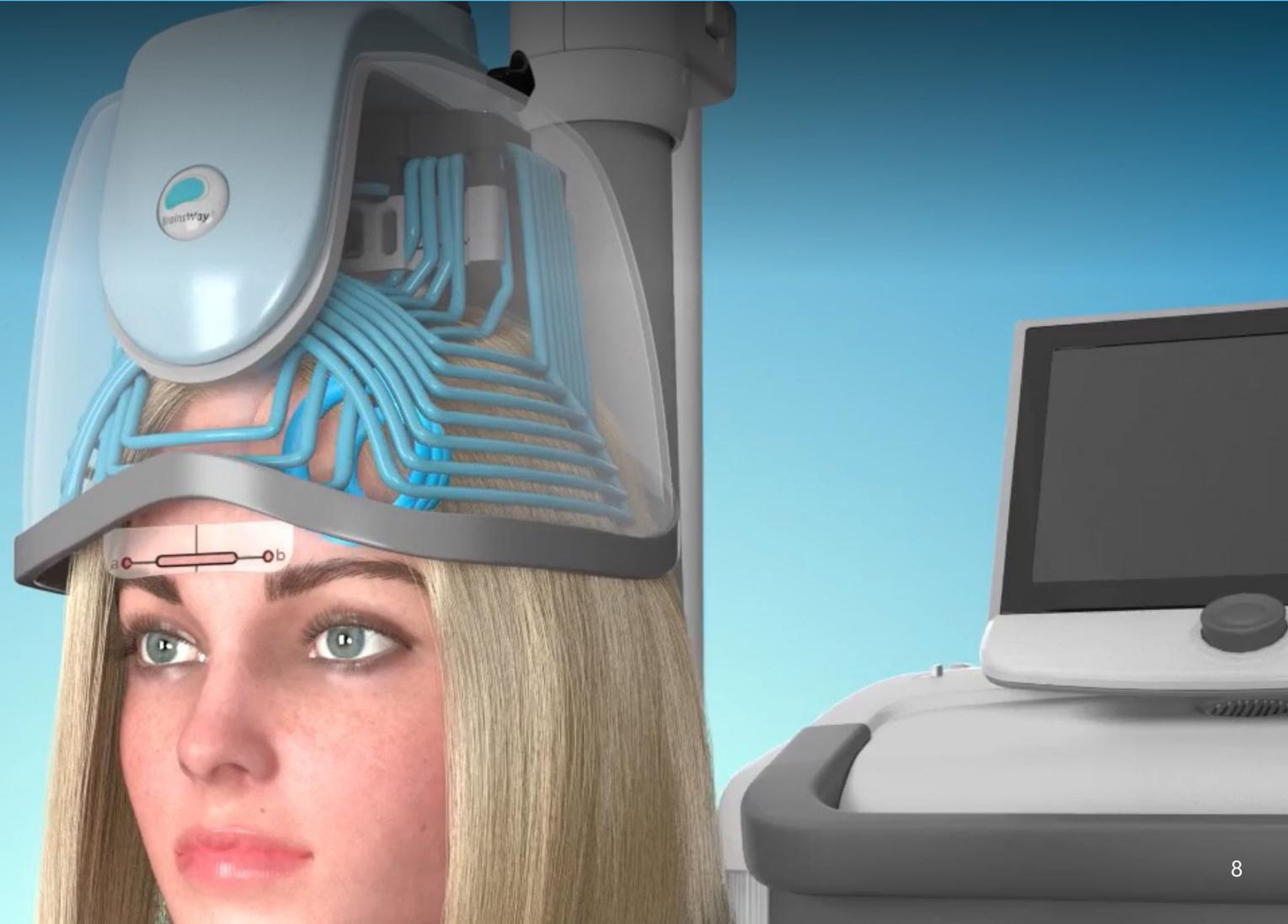
Established Technology with Demonstrated Safety and Efficacy

Comprehensively Studied

Over 20,000 published papers on TMS¹⁵

How Does it Work?

1. An electromagnetic coil is placed over the scalp
2. A fast current is produced in the coil
3. Electromagnetic field is induced in the brain
4. These fields activate neural activity

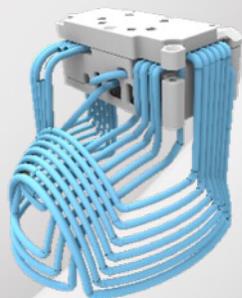


Evolution of TMS

TMS has Been Used for >35 Years with BrainsWay Pioneering Key Innovations



George et al.
first to demonstrate antidepressant effects of repetitive TMS



Traditional TMS
is cleared by the FDA for treatment-resistant depression



BrainsWay
is first TMS device to receive FDA clearance for **OCD**



BrainsWay
expands depression indication for **Anxious Depression**

1985

1995

2000

2008

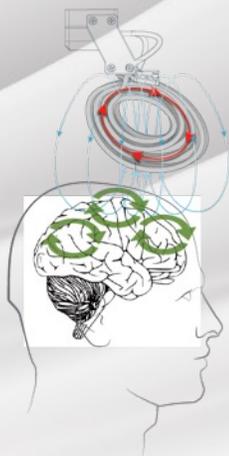
2013

2018

2020

2021

Barker
performs first motor cortex stimulation with TMS



Roth & Zangen
invent the H-Coil, which stimulates deep brain structures, in collaboration with the NIH



BrainsWay
receives FDA clearance for Deep TMS therapy for **Depression**



BrainsWay is first TMS device to receive FDA clearance for **Smoking Addiction**



Attractive Attributes of TMS

TMS Treatment Has Significant Appeal to Providers, Operators, and Patients



**Noninvasive
Technology**



**No Anesthesia
Required**



**Well-Tolerated
by Patients**



**~3 to 20 Minute
Sessions**



**Easy to
Administer**

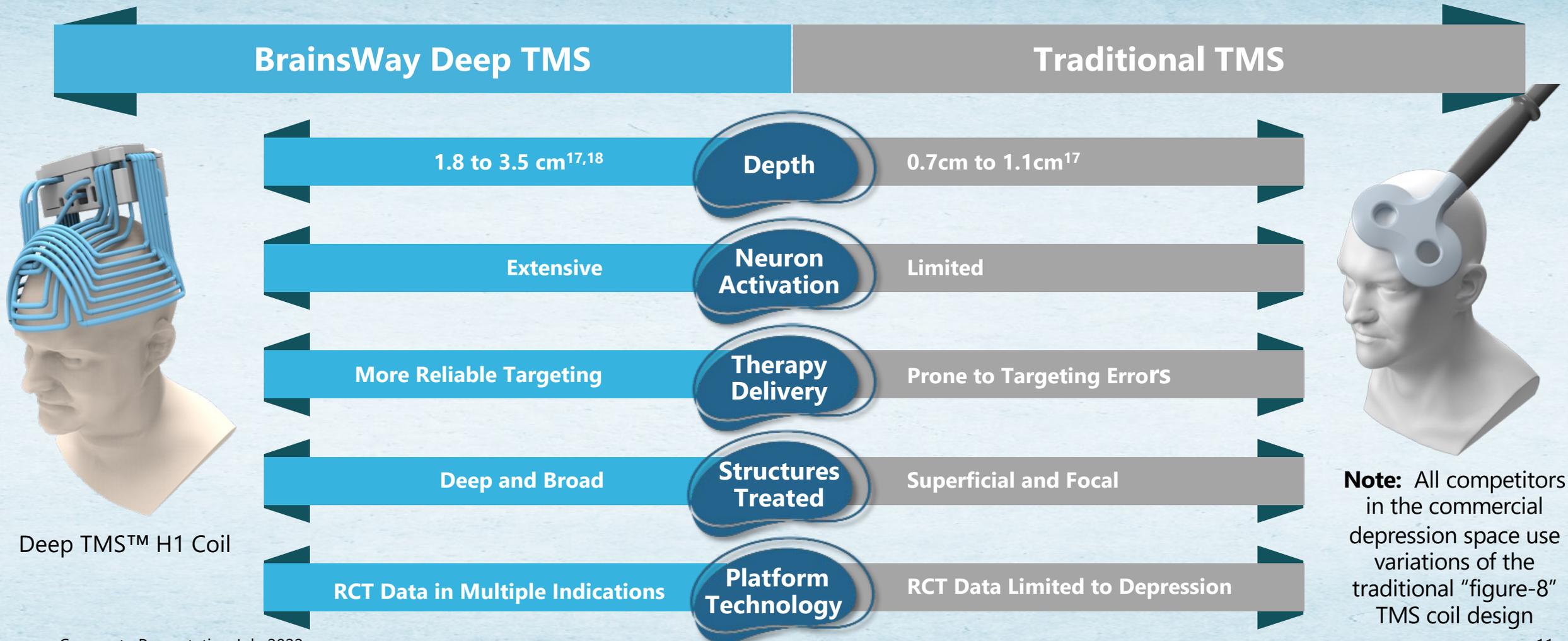


**Strong
Reimbursement**

BrainsWay Deep TMS™ Advantages over Traditional TMS¹



BrainsWay's Clinical Advantages are Clear and Compelling

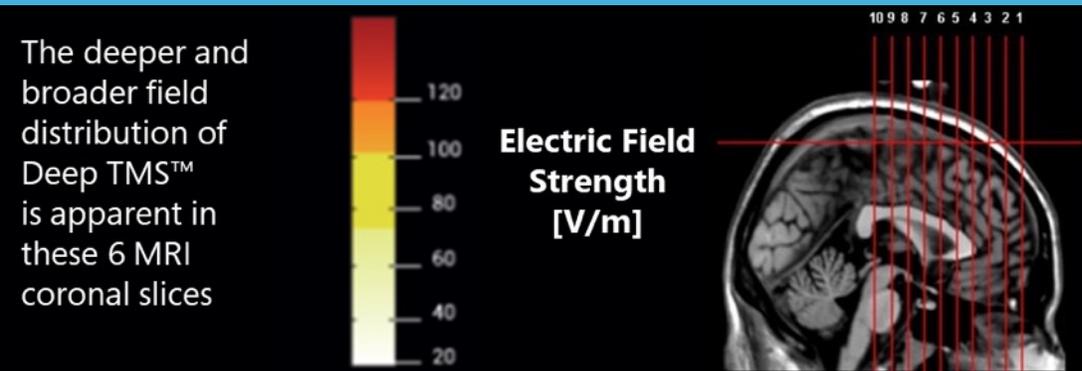


Deep TMS™ H1 Coil

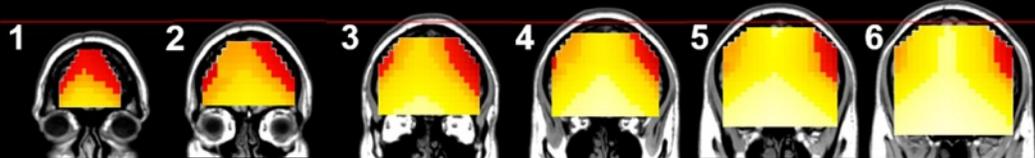
Note: All competitors in the commercial depression space use variations of the traditional "figure-8" TMS coil design

Stimulate Deeper and Broader than Traditional TMS

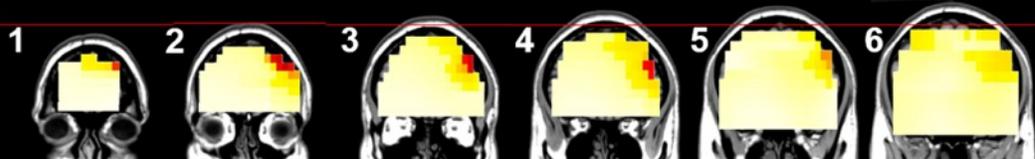
Activates More Neurons and Reduces Likelihood of Targeting Errors



Deep TMS (H1 Coil)



Traditional TMS (Figure-8 Coil)



Greater Stimulation Volume Verified by MRI-Based Electric Field Maps



No Need for 3D Imaging-Guided Coil Placement or Contact Sensing Features as with Traditional TMS¹⁹

Robust Platform Technology

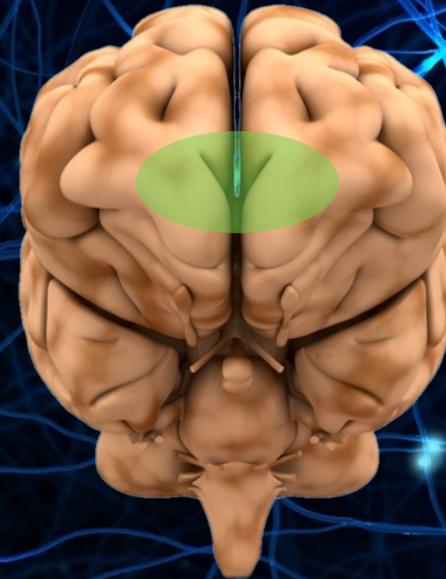
Multiple Clearances and Significant Market Expansion Potential

Anterior Cingulate Cortex

- OCD
- Opioid & Alcohol Use Disorders*

Bilateral Insula

- Smoking Addiction
- Obesity*



Left Dorsolateral Prefrontal Cortex

- Depression/Anxious Depression

Motor Cortex

- Multiple Sclerosis*
- Chronic Pain*

~\$11B of Total Addressable Market in currently cleared indications²⁰

- Depression / Anxious Depression
- OCD
- Smoking Addiction

*Indicates conditions still being researched. Not cleared by the FDA for safety and efficacy.

Deep TMS Pivotal Studies in Depression and OCD

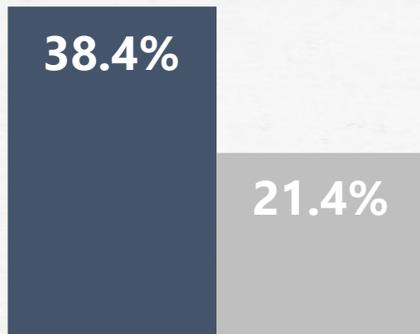
Unsurpassed Blinded Placebo-Controlled Randomized TMS Study Data

Depression Pivotal Study²³

Double-Blind, Placebo-Controlled, Multicenter RCT

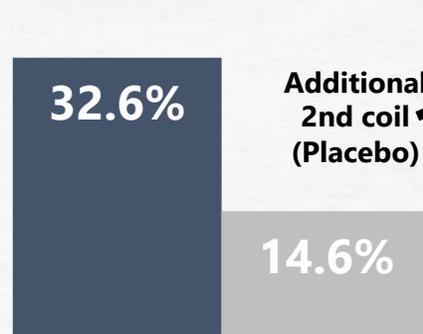
After 20 Sessions

Response
p-value = 0.0138



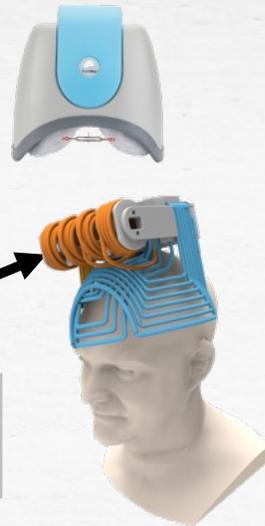
Active Placebo

Remission
p-value = 0.0051



Active Placebo

Additional
2nd coil
(Placebo)



OCD Pivotal Study²⁴

Double-Blind, Placebo-Controlled, Multicenter RCT

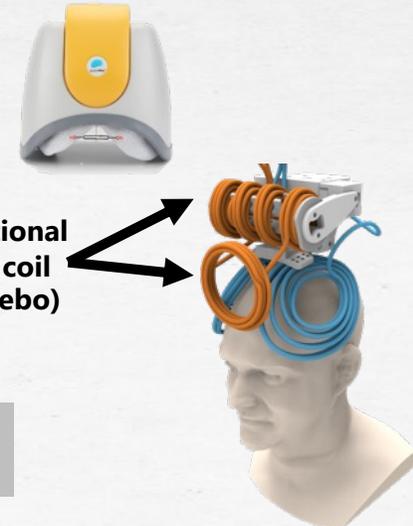
After 29 Sessions

Response
p-value = 0.0033



Active Placebo

Additional
2nd coil
(Placebo)



1 in 3 Patients Achieved Remission with Deep TMS

- 212 med-free, Treatment-Resistant Depression patients from 20 worldwide centers utilizing the Deep TMS blinding placebo H1 Coil
- No systemic side effects, and low drop out rate

> 1 in 3 Patients Achieved Response

- 94 OCD patients from 11 worldwide centers with a Number Need to Treat (NNT) of 3.7 after 6 weeks of treatment
- No systemic side effects, and low drop out rate

Depression Clinical Efficacy

Substantial Body of Clinical Evidence Demonstrating Safety and Efficacy

Real Clinical Practice Settings²¹

After 30 Sessions



Response

Remission

1 in 2 Patients Achieved Remission with Deep TMS



Durability Meta-Analysis²²

Acute Phase Responders



Durability in TMS is 1+ Year in ~50% of Responders

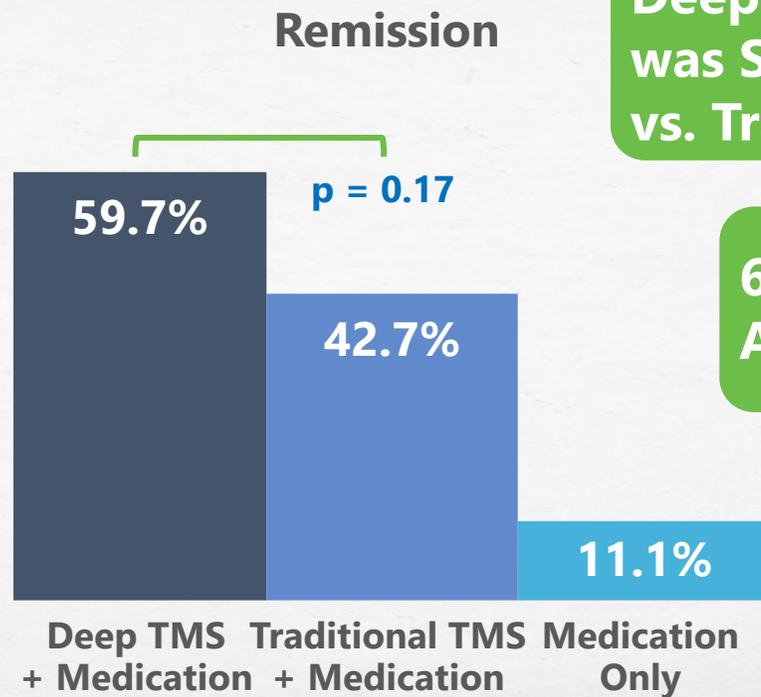
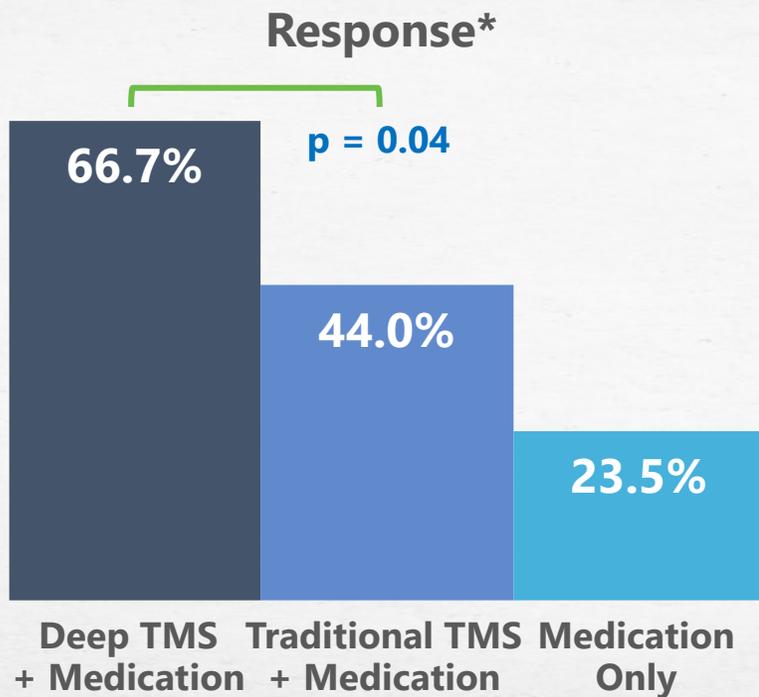
- Meta-analysis of 19 studies on TMS for depression
- A published abstract of 100 patients from a single BrainsWay site showed average durability of 860 days

Depression Head-to-Head

Independent Head-to-Head vs. Traditional TMS Showed Superior Outcomes²⁵

209 Treatment-Resistant Depression Patients Subjected to one of three interventions: (1) Deep TMS with Medication, (2) Traditional TMS with Medication, or (3) Medication Only

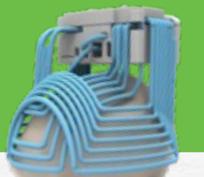
After 20 Sessions



Deep TMS Response Rate was Statistically Significant vs. Traditional TMS

6 in 10 Patients Achieved Remission

No Difference in Safety & Tolerability



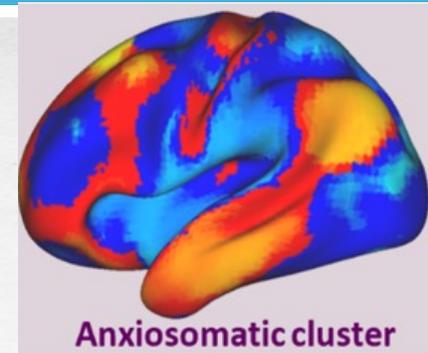
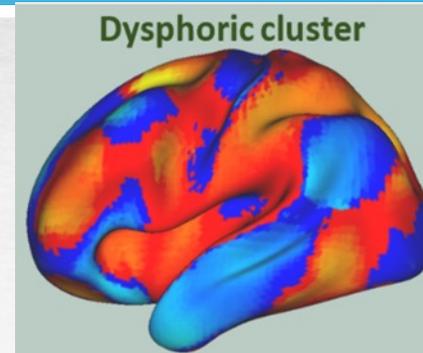
Anxious Depression

Only Deep TMS is FDA-Cleared to Treat Anxiety Comorbid with Depression

60-90%

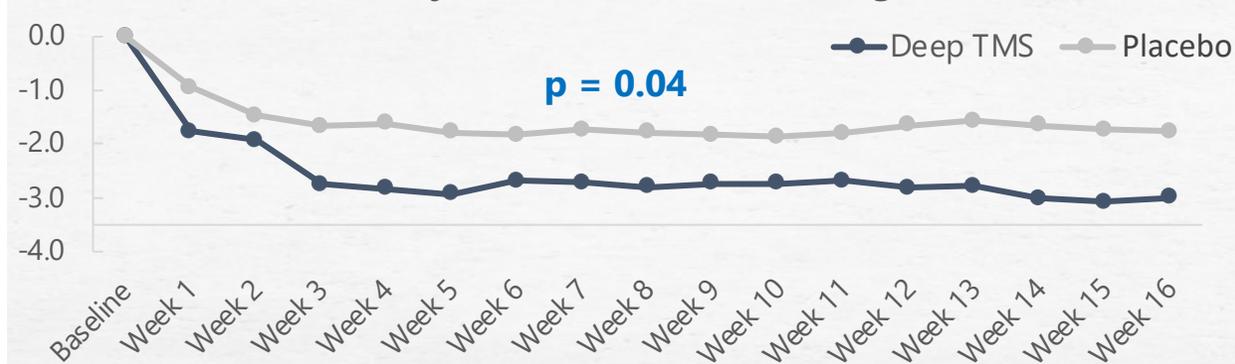
Of depressed patients have moderate-to-severe anxiety²⁶

Resting state fMRI data suggests that the breadth of **Deep TMS** enables the depression and anxiety centers of the brain to be addressed **with one coil in one treatment course**²⁷

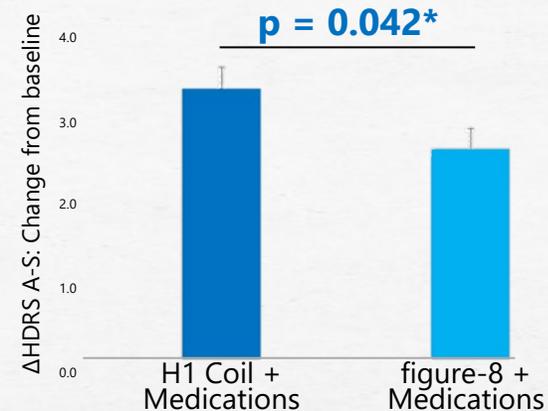


Post-Hoc Anxious Depression Analysis of RCTs²⁸

Anxiety Score (HDRS-A/S) Change



Pivotal Study: Durable Reduction of 40% in Anxiety Scores



In an independent head-to-head study, a comparison of the BrainsWay H1 Coil with the Figure-8 coil in the per protocol population demonstrated a statistically significant difference in the reduction in anxiety scores after 4 weeks of treatment in favor of the BrainsWay H1 Coil. Both groups also continued with their previous medication regimen during the study.

Head-to-Head Study: Deep TMS + Meds Reduced Anxiety more than figure-8 TMS + Meds

OCD Clinical Efficacy



Only TMS System with Clinically Demonstrated Safety and Efficacy Outcomes

Real Clinical Practice Settings²⁹

After 29 Sessions



Response

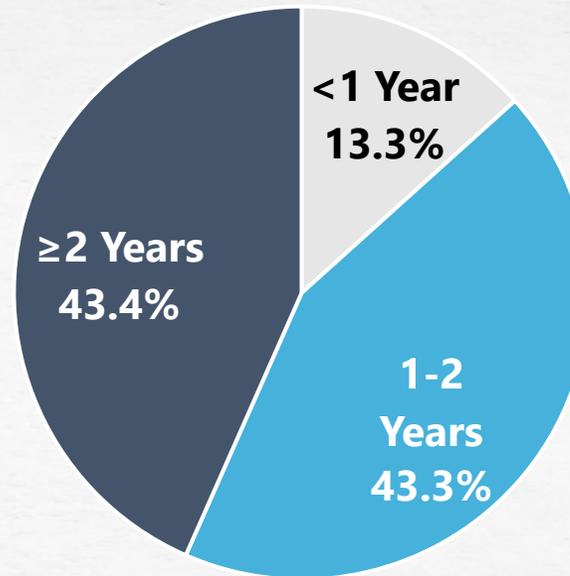


>1 in 2 Patients Achieved Response

- 219 patients from 22 worldwide centers
- Sustained response achieved in ~20 sessions
- No systemic side effects

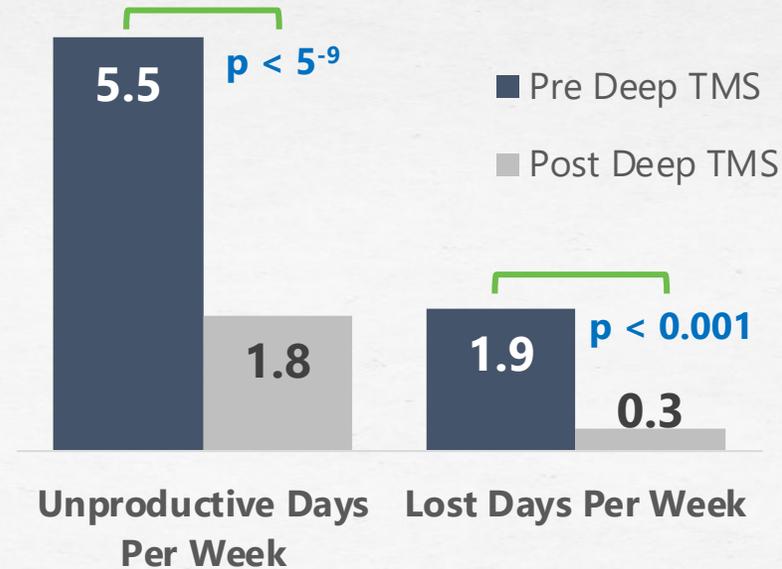
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Durability Analysis³⁰



87% Demonstrated Durability of 1+ Year

- 60 patients from pivotal and post-marketing studies
- "Durability" defined as the elapsed time from the end of the Deep TMS treatment course until there was a change in ongoing treatment



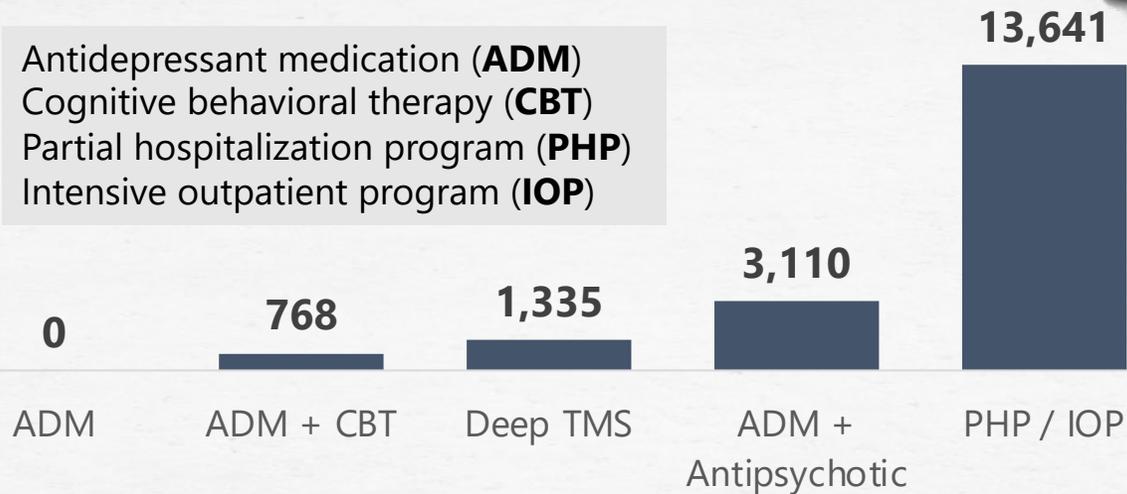
Significant Reduction in Functional Disability

Cost Effective When Compared to Intensive Interventions

Cost Effectiveness Analysis³¹

Incremental Cost Effectiveness Ratio (ICER)

Antidepressant medication (**ADM**)
Cognitive behavioral therapy (**CBT**)
Partial hospitalization program (**PHP**)
Intensive outpatient program (**IOP**)

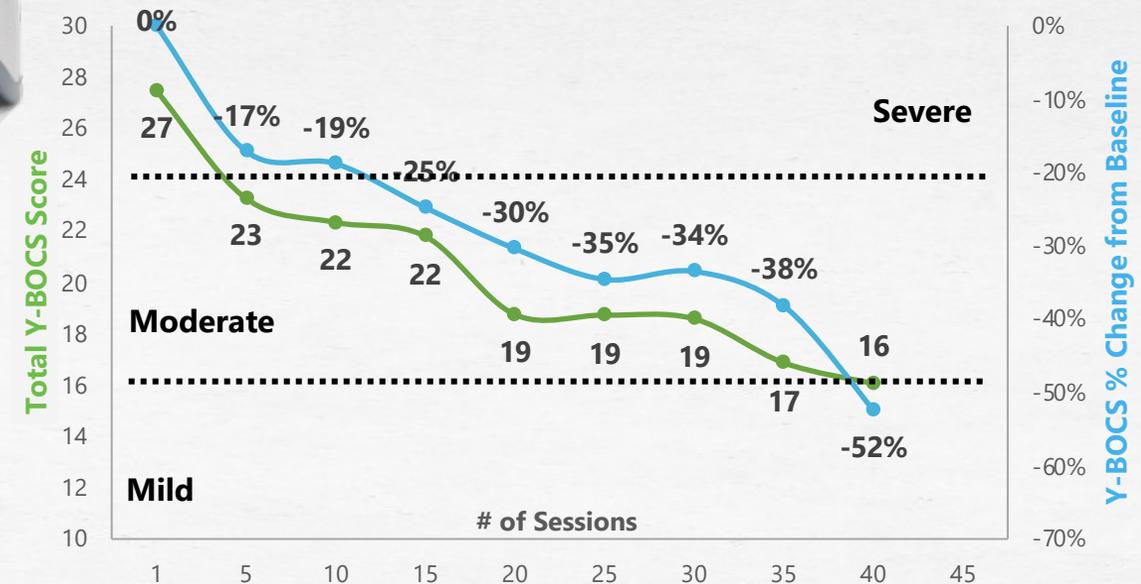


Deep TMS Ranks Directly After Medication & Psychotherapy in Cost Effectiveness

- Analysis conducted by Baylor College of Medicine
- In terms of overall annual costs, Deep TMS ranks prior to the combination of medication and psychotherapy



Post-Marketing Analysis²⁹



Payor Policies are Recognizing that Extending Deep TMS Treatment Improves Outcomes

- Average YBOCS scores demonstrated continuous reduction with increased numbers of Deep TMS sessions (sessions 29-40)

Strong Economic and Clinical Incentive for Adopters



Robust Reimbursement Coverage Drives Compelling Clinician ROI



A Three-Pronged Approach



Physician Education

- Lead Generation: 40K+ US Psychiatrists³²
- Value-Based Selling



Practice Development

- Customer Base Expansion via educating and partnering with customers / Enhancing the service offering to our customers



Broad Awareness

- Leverage increased focus on mental health through Deep TMS™ therapy awareness and education

Four Pillars of Value-Based Selling

Superior Science, Evidence, Financial Flexibility, and Customer Support

Highly Differentiated Product Offering

- BrainsWay Clinical Difference
- 3 FDA-cleared indications
- Future potential indications

Vast Clinical Experience

- 34+ RCTs
- 750+ installed systems
- 100k+ patients treated¹
- 3.0m+ treatment sessions

Flexible Business Model

- Highly positive procedure economics
- Unlimited use lease with fixed monthly fees
- Inclusive of service & support

Unrivalled Practice Support

- Practice development
- Dedicated service engineers
- Reimbursement and marketing guidance

Innovative Multi-Channel Commercialization



Differentiated Strategy Uses Partnerships, Education, & Advertising to Drive Adoption

Industry Partnerships

Raise Awareness Through Advocacy Groups



Educate Providers via Professional Organizations



Mental Health Awareness

Engage in Digital Media to Drive Interest



BrainsWay Debuts Valentine's Day Campaign



US Expansion

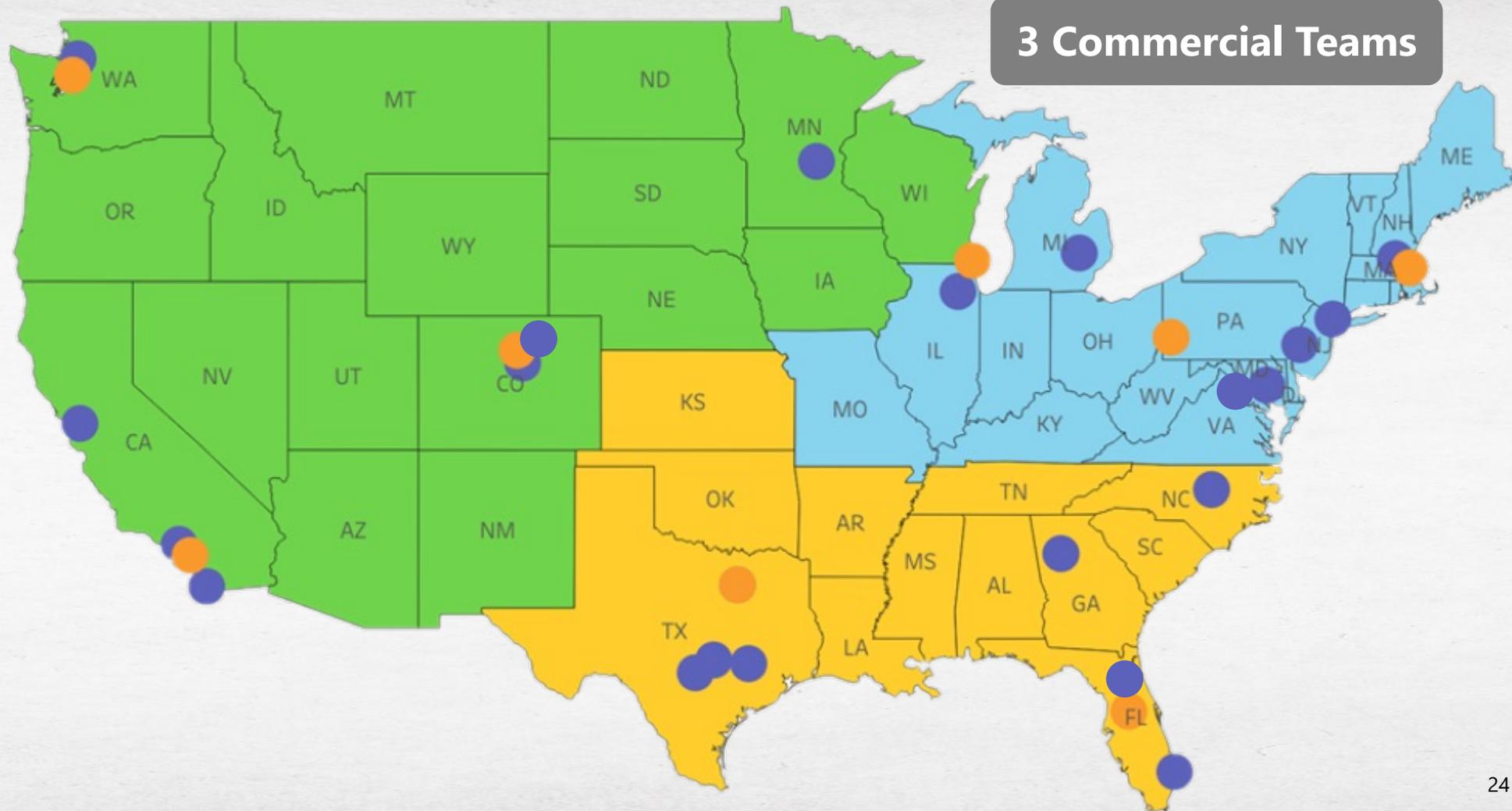
Expanding Customer Base and Cultivating Current Customer Growth

Market Penetration

- 21 Sales Territories
- Targeting 40k+ psychiatrists, as well as psych nurse practitioners

Customer Depth

- 8 Practice Development Consultants
- Focusing on success of 750+ installed systems to expand sites, systems, and coils



New Indications

Expanding Market Opportunities with Potential New Treatments

Indication & US Patient Population

Pre-Phase Clinical Trials Randomized Controlled Trials FDA Submission Commercial Phase

Depression / Anxious Depression 21m¹¹

OCD 3m¹¹

Smoking Addiction 34m³³

Multiple Scleroris 1m³⁴

Other Addictions 23m³⁵

Chronic Pain 16m³⁶

Obesity 33m³⁷



Smoking Addiction

Smokers Spend Nearly \$2B/year on Quitting and ~85% are Unsuccessful

34m

U.S. Adult Smokers³³

68% are Motivated to Quit

5.4m

Made Serious Quit Attempt
using prescription medication or nicotine
replacement therapy (NRT)

4.6m

Smokers who were NOT successful quitting
with cessation medication or psychotherapy³⁸

Deep TMS™

Transcranial Magnetic Stimulation

Ideal Patient Profile¹

Based on Qualitative/Quantitative Research Across 200 Smokers

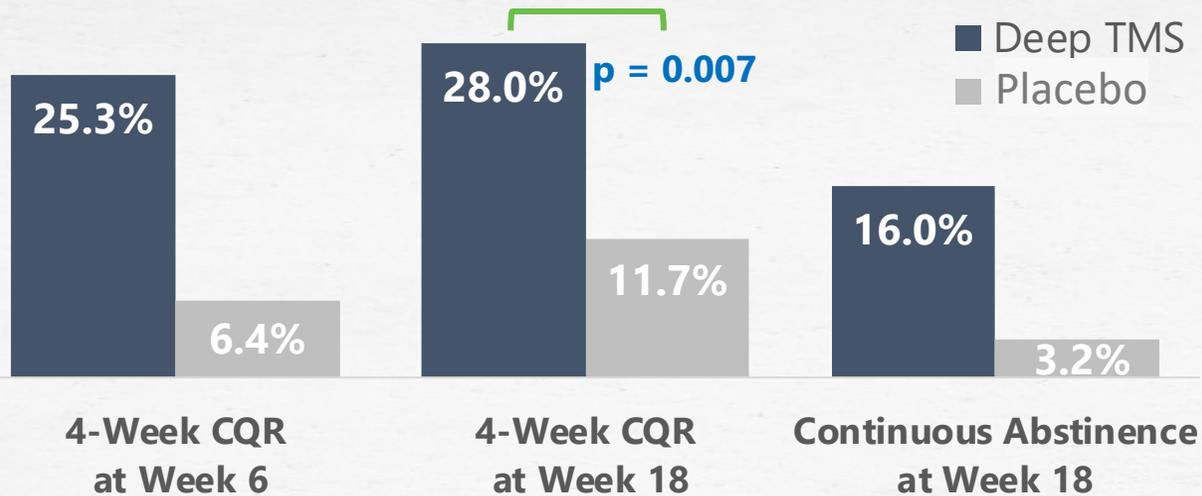
- **Motivation to Quit:** Highly motivated based on current/future health concern
- **Quit attempt:** Tried multiple methods, but unable to quit for > 2 months
- **Smoking patterns:** Heaviest smokers (2+ packs per day)
- **Age:** Middle-older demographic (>35)
- **Income:** Higher income (>\$100,000)
- **Initial Reaction:** Positive reaction to clinical data understands how clinical outcomes data are favorable to existing quitting methods

Smoking Addiction Clinical Efficacy

First TMS Addiction Clearance

Double-Blind, Placebo-Controlled RCT³⁹

Overall Quit Rate After 18 Sessions



**Nearly 1 in 3 Quit for 4 Weeks
2 of 3 Completers at Week 6 Remaining Quitters
for Additional 3 Months**

- 260 adult patients highly addicted to smoking from 15 worldwide centers. 70% previously failed 3+ quit attempts
- No systemic side effects or seizures reported

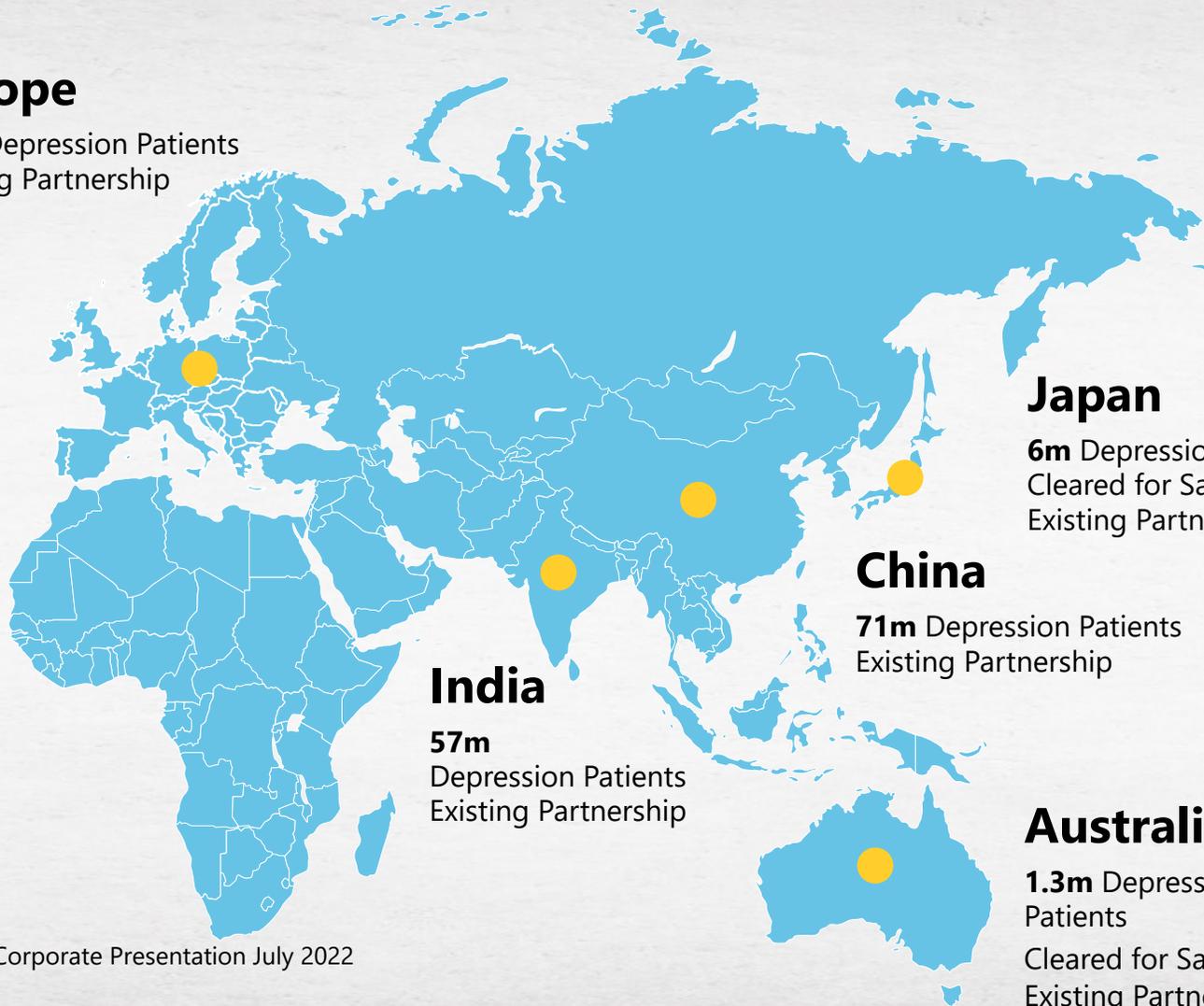
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Geographic Expansion into Japan, Europe, and Other Asian Countries

Europe

37m Depression Patients
Existing Partnership



Japan

6m Depression Patients
Cleared for Sale
Existing Partnership

China

71m Depression Patients
Existing Partnership

India

57m Depression Patients
Existing Partnership

Australia

1.3m Depression Patients
Cleared for Sale
Existing Partnership

Worldwide Statistics⁴¹

- Depression and anxiety disorders cost the global economy \$1 trillion per year
- Depression is a leading cause of disability worldwide
- Depression is a major contributor to the overall global burden of disease

International Markets are Long-Term Growth Opportunities

Innovating Technology



Potential to Improve Treatment via Novel Coil Design & Personalized Indicators

BrainsWay Model 102

2nd Generation
Released in 2014

BrainsWay Model 104

3rd Generation
Released in 2019

Multichannel System*

Novel coil design potentially enables variety of unique stimulation protocols⁴⁰

*investigational device, not available for commercial use



Most Extensive and Broadest TMS Intellectual Property



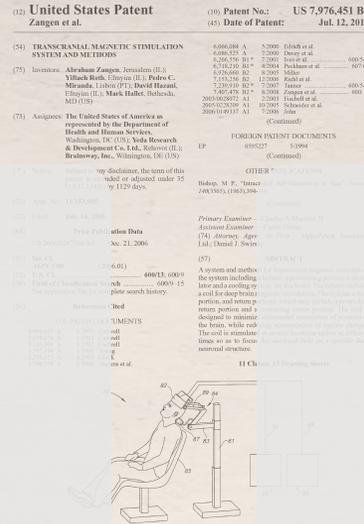
Encompassing Core Technology and Applications

Patent Portfolio

30+
US

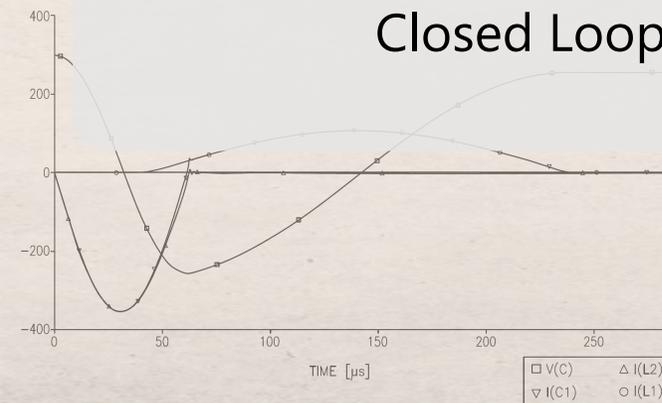
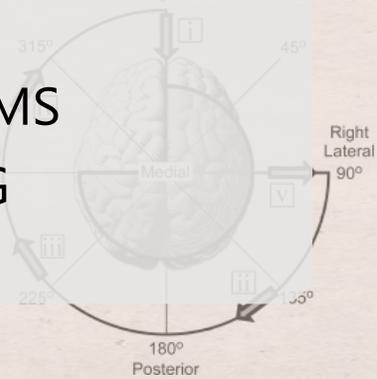
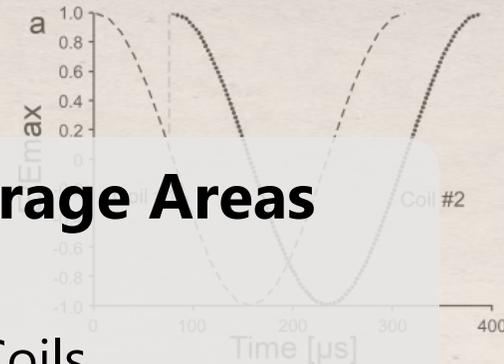
45+
OUS

Issued Patents
or Allowed Applications



Key Portfolio Coverage Areas

- Deep TMS™ Coils
- Multi-Channel TMS
- Rotational Field Deep TMS
- Closed Loop TMS/EEG



Financial Review



Through Q1 2022

	Q1 2022	FY 2021	FY 2020	FY 2019
Revenue	\$8.0m	\$29.7m	\$22.1m	\$23.1m
Gross Margin	77%	78%	77%	78%
R&D Expense	\$1.6m	\$6.4m	\$5.8m	\$7.9m
SG&A Expense	\$6.0m	\$21.7m	\$16.0m	\$18.6m
Operating Expense	\$7.6m	\$28.1m	\$21.8m	\$26.5m
Operating Loss	\$1.5m	\$5.0m	\$4.8m	\$8.5m
Net Loss	\$2.0m	\$6.5m	\$5.4m	\$10.3m
Installed Systems	790	754	629	530
Cash	\$54.7m*	\$57.3m*	\$17.2m	\$21.7m

* No debt



30%

Increase in revenue
Q1 2022: \$8.0m vs Q1 2021: \$6.1m

21%

QoQ Increase in Total Systems
Installed from Q1-22 to Q1-21

BrainsWay Investment Highlights



Boldly Advancing Neuroscience to Improve Health and Transform Lives

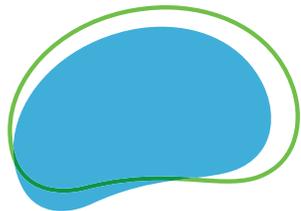
- ✓ Large underserved markets
- ✓ Cutting-edge noninvasive platform
- ✓ Clear patient impact and customer economic benefit
- ✓ Demonstrated commercial execution
- ✓ Multiple growth avenues
- ✓ Experienced management team

Thank you!

Investor Contact:

Scott Areglado
SVP and CFO

scott.areglado@brainsway.com



BrainsWay®





References

1. BrainsWay Data on File
2. Kessler RC, et al. National Comorbidity Survey Replication. JAMA (2003)
3. Kessler RC, et al. Comorbidity of DSM-III-R major depressive disorder in the general population: results from the US National Comorbidity Survey Br J Psychiatry Suppl. 1996
4. Ng CW, How CH, Ng YP. Depression in primary care: assessing suicide risk Singapore Med J.2017
5. Centers for Disease Control and Prevention
6. Winerman L. By the numbers: An alarming rise in suicide. APA. 2019
7. <https://link.springer.com/article/10.1007/s40273-021-01019-4>
8. Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 2: 12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort
9. Albert U, De Ronchi D, Maina G, Pompili M. Suicide Risk in Obsessive-Compulsive Disorder and Exploration of Risk Factors: A Systematic Review. Curr Neuropharmacol. 2019;17(8):681-696. doi:10.2174/1570159X16666180620155941
10. DuPont RL, Rice DP, Shiraki S, Rowland CR. Economic costs of obsessive-compulsive disorder. Med Interface. 1995 Apr;8(4):102-9.
11. The National Institute of Mental Health: nimh.nih.gov
12. Greist JH. The comparative effectiveness of treatments for obsessive-compulsive disorder. Bull Menninger Clin. 1998;62(4, suppl 1A):A65-A81
13. Marks I. Behavior therapy for obsessive-compulsive disorder: a decade of progress. Can J Psychiatry. 1997;42:1021-1027
14. Ballenger JC. Current treatments of the anxiety disorders in adults. Biol Psychiatry. 1999;46: 1579-1594
15. Lawson McLean A. Publication trends in transcranial magnetic stimulation: a 30-year panorama. Brain Stimul. 2019 May-Jun;12(3): 619-627
16. Donse L, et al. Simultaneous rTMS and psychotherapy in major depressive disorder: Clinical outcomes and predictors from a large naturalistic study. Brain Stimulation Mar-Apr 2018;11(2):337-345
17. Guadagnin, V., et. al., 2016. Deep Transcranial Magnetic Stimulation: Modeling of Different Coil Configurations. 63, 1543-1550
18. Fiocchi, S., et. al., 2016. Modelling of the Electric Field Distribution in Deep Transcranial Magnetic Stimulation. 2016
19. Baeken C, Brem AK, Arns M, et al. Repetitive transcranial magnetic stimulation treatment for depressive disorders: current knowledge and future directions. Curr Opin Psychiatry. 2019;32(5):409-415
20. Company estimates, references 3.4M adult MDD patients with insurance coverage and assumes 33 sessions per patient with an average session price of \$70; Oppenheimer Research Report, 08/24/2020
21. Harvey SA, et al. Deep TMS for major depression, interim post-marketing analysis of 1040 patients. Brain Stimulation. Vol 13, Issue 6, P1858, Nov 1 2020
22. Senova S, et al. Durability of antidepressant response to repetitive transcranial magnetic stimulation: Systematic review and meta-analysis. Brain Stimulation 12 (2019) 119e128
23. Levkovitz Y, et al. Efficacy and safety of deep transcranial magnetic stimulation for major depression: a prospective multicenter randomized controlled trial. World Psychiatry. 2015 Feb;14(1):64-73
24. Carmi L, et al. Efficacy and Safety of Deep Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: A Prospective Multicenter Randomized Double-Blind Placebo-Controlled Trial. Am J Psychiatry 2019; 0:1-8;



References

25. Filipčić et al. (2019) Efficacy of repetitive transcranial magnetic stimulation using a figure-8-coil or an H1-Coil in treatment of major depressive disorder; A randomized clinical trial. Journal of Psychiatric Research 114: 113-119; Note, difference in remission between Deep TMS and traditional TMS trended in favor of Deep TMS but did not rise to statistical significance.
26. Kaufman J, Charney D. Comorbidity of mood and anxiety disorders. *Depress Anxiety*. 2000;12 Suppl 1:69-76
27. Siddiqi S, et al. Distinct Symptom-Specific Treatment Targets for Circuit-Based Neuromodulation. *American Journal of Psychiatry*. Volume 177, Issue 5
28. Pell, G.S.; Harmelech, T.; Zibman, S.; Roth, Y.; Tendler, A.; Zangen, A. Efficacy of Deep TMS with the H1 Coil for Anxious Depression. *J. Clin. Med.*2022,11,1015.
<https://doi.org/10.3390/jcm11041015>
29. Roth Y, et al. Real-world efficacy of deep TMS for obsessive-compulsive disorder: Post-marketing data collected from twenty-two clinical sites. *J Psychiatr Res*. 2020 Nov 4;S0022-3956(20)31065-7
30. Harmelech T et al. Long-term outcomes of a course of deep TMS for treatment-resistant OCD. *Brain Stimulation* 15 (2022) 226e228
31. Gregory ST, Goodman WK, Kay B, Riemann B, Storch EA. Cost-effectiveness analysis of deep transcranial magnetic stimulation relative to evidence-based strategies for treatment-refractory obsessive-compulsive disorder. *J Psychiatr Res*. 2022 Feb;146:50-54. doi: 10.1016/j.jpsychires.2021.12.034. Epub 2021 Dec 20. PMID: 34953305.
https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf
32. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html. Data as of 2018 for U.S. adults.
33. <https://www.nationalmssociety.org/What-is-MS/How-Many-People>. Data as of 2019 for U.S. adults.
34. [https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4#tab5-4a,](https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4#tab5-4a)
35. Yawn, Barbara P et al. "The prevalence of neuropathic pain: clinical evaluation compared with screening tools in a community population." *Pain medicine (Malden, Mass.)* vol. 10,3 (2009): 586-93.
36. CDC 2020 National Diabetes Statistics Report
37. EY Parthenon Analysis 2018 https://www.smokefreeworld.org/sites/default/files/ey-p_smoking_cessation_landscape_analysis_key_findings.pdf
38. Zangen A et al. Repetitive transcranial magnetic stimulation for smoking cessation: a pivotal multicenter double-blind randomized controlled trial. *World Psychiatry*. 2021 Oct;20(3):397-404
39. Any expanded indications (beyond Depression, OCD, and Smoking Addiction) and multi-channel stimulation features are investigational and have not yet been cleared by the FDA
40. <https://worldpopulationreview.com/country-rankings/depression-rates-by-country>
41. Trivedi MH et al. STAR*D Study Team (2006), Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. *Am J Psychiatry*. 2006 Jan; 163(1):28-40.