
# Information Memorandum

## Q1 2021

Camstent

# Mission & Vision Statement

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## Mission

*Camstent's core strength and capability is our novel anti-bacterial and anti-biofilm coating technology: materials and processes that protect patients using medical devices from life threatening infections.*

## Vision

*We will become the market leader through technology innovation and clinical investigation, expanding the coating application to other medical devices in order to attract a wider market and add value.*

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# Executive Summary

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# Executive Summary

- Camstent is a privately funded Cambridge UK- based company, and through it's unique anti-microbial polymer coating technology is able to dramatically reduce biofilms on consumable silicon-based medical devices.
- Camstent is addressing a global hospital acquired infection (HAI) epidemic which severely effects patients and hospital economics. HAIs are estimated to cost global healthcare systems up to $ per annum and a large proportion of these are due to urinary tract infections associated with catheter use (CAUTIs).
- Reducing biofilms ensures reduction in infection-related issues which cause discomfort to Patients, longer hospitalisation, increased usage of anti biotics and higher costs.
- Camstent's first proof of concept device is a coated Foley Catheter which is in clinical studies in the UK. Earlier studies in a cohort of 95 patients have shown between 61%-98% reduction in biofilms on the Camstent-coated catheter.
- Camstent is seeking:
  - Commercial partners for its coated Foley catheters
  - Collaboration projects for coating of new catheters and potentially other silicon medical device products where infections are an issue
  - Licensing partners for its unique coating technology
- Camstent will also seek partners for equity investment and ultimately an exit for its stakeholders

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# Overview

- **Unmet need:** many patient groups and devices will benefit from Camstent's single platform innovation
- **Unique proven technology:** 'non-stick' coating material, with growing body of clinical evidence for preventing build up of infectious organisms, lowering costs and improving patient outcomes. Low friction surface enhances patient comfort and minimises adhesions
- **Low product risk:** approved for sale in EU and manufacturing approval complete. Strong clinical and business partnership interest as commercialisation gets underway
- **Strong IP position:** strong patent protection, exclusive technology license, proprietary process knowhow
- **New product opportunities:** entering new fields of medicine de-risks current offering. Targeting new products that are high value, high margin and high performance
- **Clear development path:** leveraging materials and processes will enable company to meet opportunities for customer sales, new product lines, and global partnerships

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# Camstent's Lead Product – Coated Foley Catheter

*Camstent's innovative Foley Catheter is a ready to use Foley catheter with a unique, patented coating.*

- No other coated catheter uses a comparable inert and non-toxic strategy to target biofilm formation.
- The silky-smooth and flexible coating ensures easier catheterisation to reduce the potential of trauma to tissue and increases patient comfort.
- Its unique non-stick quality aims to minimise biofilm formation and therefore the incidence of catheter acquired urinary tract infections (CAUTI).
- This novel approach has the potential for better patient outcomes, lower cost of care, better use of beds and less cross contamination.

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# Technology

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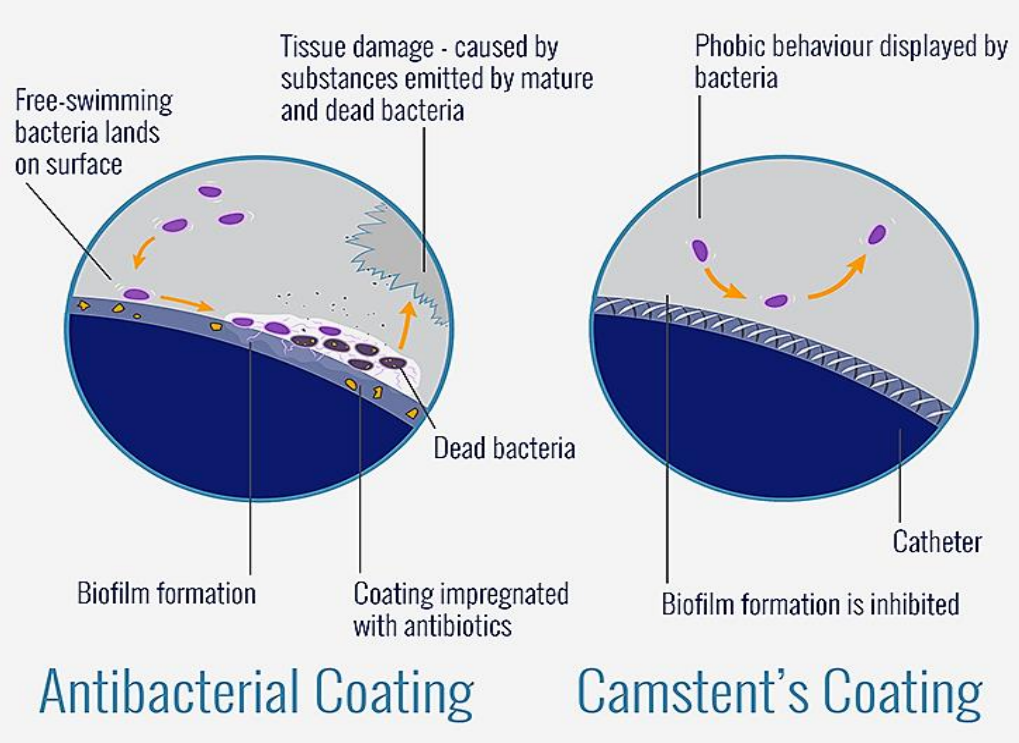
# INTRODUCING CAMSTENT - INNOVATIVE MEDICAL DEVICE COATINGS

## NON-STICK COATINGS AIM TO REDUCE INFECTIONS CAUSED BY MEDICAL DEVICES




Strong IP for materials and processes:

- Creates low-friction surfaces
- Resists attachment of biological substances
- Safe and biocompatible

Any silicone or latex device can be coated with minimal additional development

Separate non-stick technology to resist platelet attachment in blood stream

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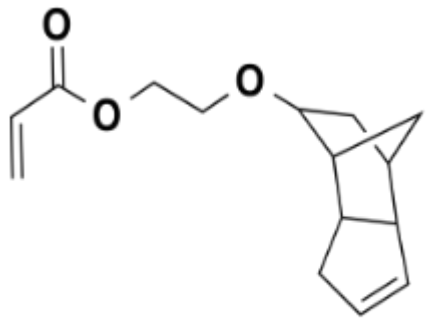
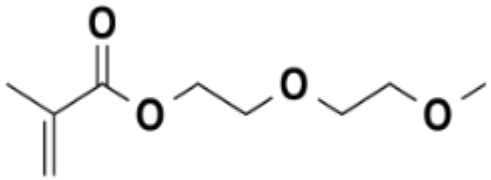
# Camstent - M4D Polymer Description

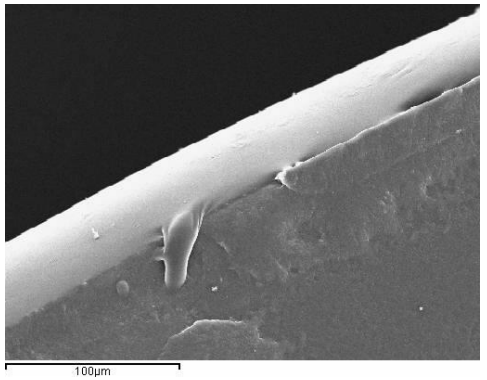
***Built from two components with proprietary supplements***



Monomer 4



DEGMA




| | |
|---|---|
| **Safe** *in contact with tissues* | **Flexible** *to bending and stretching* |
| **Secure** *against rubbing and cracking* | **Economical** *to create and apply* |
| **Stable** *for over 3 year* | **Competitive** *performance vs. commercial alternatives* |

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# Regulatory

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# Camstent - Verification and Validation

| Property | Requirement |
|---|---|
| Surface Tackiness | Coating must not adhere to tissue or packaging. |
| Substrate Integrity | Coating must not change underlying mechanical properties of silicone substrate |
| Meets Functional Standards | BS EN 1616: Catheter must conduct fluids from the body for up to 30 days. |
| Sterilisation | Properties do not change during gamma exposure. |
| Biocompatibility | ISO 10993: Coating does not injure, irritate, or sensitize mucosal tissue; No significant leechables or extractables. |
| Coating Robustness | No cracks or flakes during stretch, twist, compress, or bend; No delamination from balloon inflation. |
| Insertion and extraction | Flexible, low-friction force through push-track model. |
| Fluid Resistance | Coating unaffected by immersion in water or urine. |
| Shelf Life | 3 years: accelerated and real time product testing. |

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# Camstent – Quality and Regulatory

EC Certificate Full Quality Assurance System: Certificate GB20/965228

SGS

The management system of

**Camstent Limited**

Colworth Science Park, Shambrook, Bedford, MK44 1LZ, UK

has been assessed and certified as meeting the requirements of

**Directive 93/42/EEC**
**on medical devices, Annex II (excluding Section 4)**

For the following products

**Sterile coated Foley Catheters with straight or curved tips.**

Where the above scope includes class III medical device(s), a valid EC Design Examination Certificate according to Annex II (Section 4) is a mandatory requirement for each device in addition to this certificate to place that device on the market.

This certificate is valid from 04 February 2020 until 24 May 2024
and remains valid subject to satisfactory surveillance audits.
Re certification audit due before 16 May 2022
Issue 1. Certified since 19 October 2017

Certification is based on reports numbered GB/PC 240707

Authorised by

SGS United Kingdom Ltd, Notified Body 0120
2026 Worle Parkway, Weston-super-Mare, BS22 6WA, UK
t +44 (0)1934 522917 f +44 (0)1934 522137 www.sgs.com

SGS QE 02 0215

Page 1 of 1

Certificate GB20/965226

SGS

The management system of

**Camstent Limited**

Colworth Science Park, Shambrook, Bedford, MK44 1LZ, UK

has been assessed and certified as meeting the requirements of

**ISO 13485:2016**
**EN ISO 13485:2016**

For the following activities

**Design, development and manufacture of coatings for sterile urological catheters.**

This certificate is valid from 04 February 2020 until 29 June 2022
and remains valid subject to satisfactory surveillance audits.
Re certification audit due before 16 May 2022
Issue 1. Certified since 30 June 2016

Authorised by

SGS United Kingdom Ltd
Rossmore Business Park Ellesmere Port Cheshire CH65 3EN UK
t +44 (0)151 350 6666 f +44 (0)151 350 6600 www.sgs.com

HC SGS 13485 2016 0118

Page 1 of 1

ISO 13485 SYSTEM CERTIFICATION SGS

UKAS MANAGEMENT SYSTEMS 0005

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# Camstent – CE Certification - New MDR


- The current regulation mechanism for European medical devices and pertaining governance is the Medical Device Directive (MDD). This is being significantly upgraded in 2020 to the Medical Device Regulation (MDR) (There has been a three year transition from 2017 which most companies have been slow to make the transition).

- Camstent is upgrading its technical file from MDD to MDR in readiness for the transition, which is expected to be in Q3 2021.

# Clinical

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# Camstent – Proof of Concept Clinical Plan & Results

**Objective**: To determine whether a bacteria-phobic catheter will decrease the bacterial colonization (biofilm formation) of device surfaces in patients undergoing elective surgery.

**Design**: 5-center randomized controlled study. Patients requiring urinary catheterization will receive either the coated catheter (test) or an uncoated catheter (control).

**Inclusion**: Adults in elective surgery requiring urinary catheterization, minimum 5 day indwelling.

**Exclusion**: Patients who have or recently (within 3 weeks) had a urinary catheter, antibiotics, signs of urinary tract infection, previous radiation therapy in lower pelvis, latex allergy, Cognitive impaired.

**Sample**: 1) Estimate mean difference and variance: 2/3 test, 1/3 control, Std Error: 150 pts .
2) Significance of Difference: Binomial test: alpha = 5% power = 80%.
Impact of 20% decrease needs 82 patients.
Impact of 30% decrease needs 50 patients.

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# Clinical Evidence for ‘bacteria-phobic’ effect

## PILOT STUDIES AT SIX UK CENTRES

Patients receive a Camstent coated catheter or hospital standard uncoated

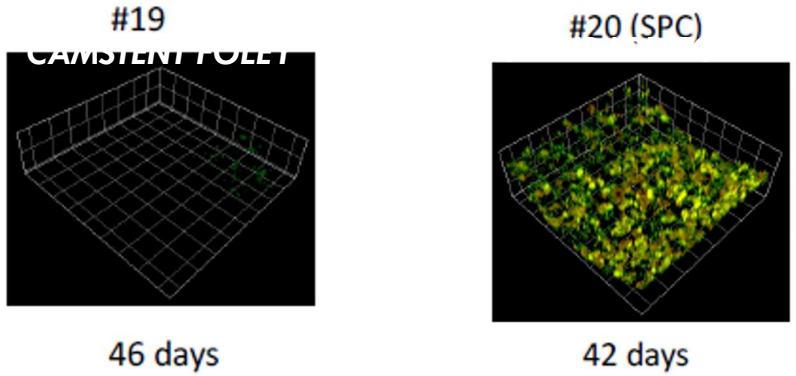
Patients usually surgical, providing a greater challenge to the coating from handling, bacteria, duration, cell debris etc.

Devices analysed after use at an independent lab for biofilm density

Follow-on study will measure patient benefit and health economics

## RESULTS

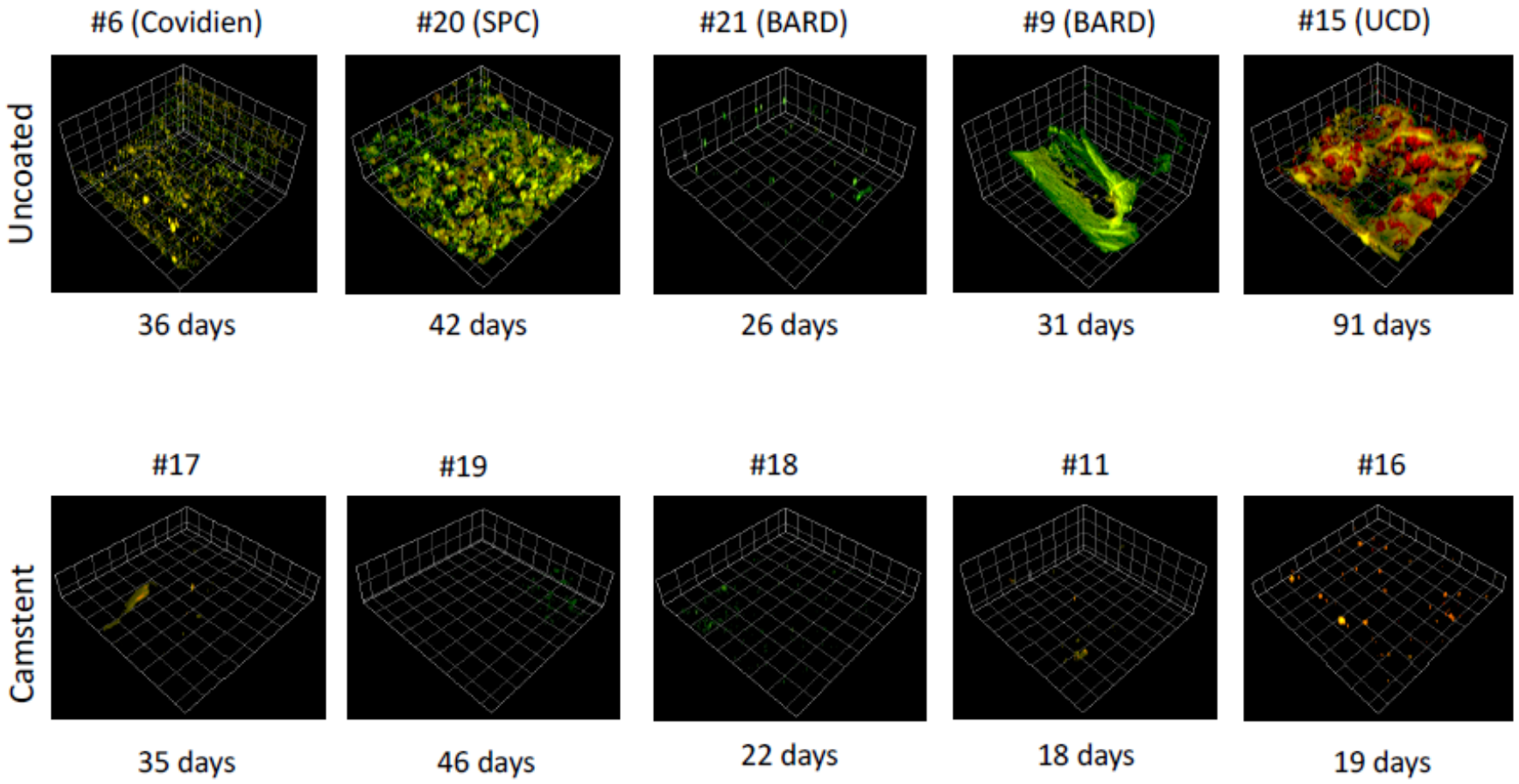
**CAMSTENT CATHETERS PERFORM BETTER ON EACH AND EVERY OCCASION WITHOUT EXCEPTION[2]**




Biofilm was significantly suppressed all along the inner drainage lumen[1]

**Added clinical benefit:** Customers cite the ease of insertion and removal because of the silky smooth surface created by the coating

# Camstent - Confocal scanning of device surfaces

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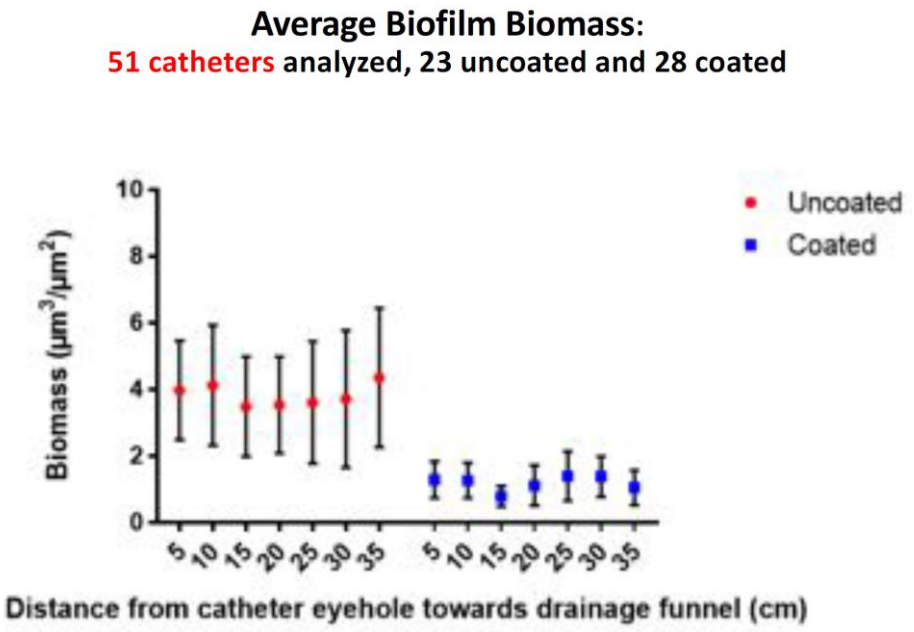
# Camstent – Proof of Concept Clinical Trial Results




Patient Recruitment – 94 collected from target of 150

- University College Hospital at Westmoreland Street
- James Cook University Hospital
- University Hospital of Wales
- University Hospital of Southampton
- Queens Medical Centre (Nottingham University Hospital)

Test Centres

- University of York Imaging & Cytometry Laboratory
- Queens Medical Centre (Nottingham University Hospital)

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# Camstent - 150 Patient Proof of Concept Clinical Results

Table 13: Preliminary Performance Comparisons: Camstent vs. Control Biomass & Surface Area Data - Stratified by cohort, dataType, treatment & type

| cohort | dataType | type | camstent | control | delta | Fraction | % Reduction |
|---|---|---|---|---|---|---|---|
| cohort1 | biofilm biomass | normalised | -1.23 | -0.78 | -0.45 | 0.35 | 64.54 |
| | | raw | -0.64 | -0.19 | -0.45 | 0.36 | 64.46 |
| | biofilm Surf Area | % coverage | -0.41 | 0.00 | -0.41 | 0.39 | 61.47 |
| | | % coverage_n | -0.99 | -0.57 | -0.42 | 0.38 | 61.68 |
| cohort2 | biofilm biomass | normalised | -2.94 | -1.65 | -1.30 | 0.05 | 94.95 |
| | | raw | -2.56 | -1.32 | -1.24 | 0.06 | 94.25 |
| | biofilm Surf Area | % coverage | -2.54 | -1.06 | -1.47 | 0.03 | 96.63 |
| | | % coverage_n | -2.73 | -1.40 | -1.33 | 0.05 | 95.33 |
| | mineral biomass | normalised | -2.77 | -0.97 | -1.80 | 0.02 | 98.42 |
| | | raw | -2.49 | -0.62 | -1.87 | 0.01 | 98.65 |
| | mineral Surf Area | % coverage | -2.30 | -0.66 | -1.64 | 0.02 | 97.73 |
| | | % coverage_n | -2.51 | -0.96 | -1.55 | 0.03 | 97.19 |
| cohort3 | biofilm Surf Area | % coverage | -0.26 | 1.76 | -2.02 | 0.01 | 99.05 |
| | | % coverage_n | -0.84 | 1.10 | -1.94 | 0.01 | 98.86 |

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# Coated Foley Catheter Clinical Trial Plan (Cam-Cath-001)

**Objective**: The objective of this study is to compare the number of days that patients will have bacterial concentrations more than $10^5$ CFU/mL in the coated catheter compared to non-coated catheter.

**Design**: 4-6 centre randomized controlled study. Patients requiring urinary catheterization will receive either the coated catheter (test) or an uncoated catheter (control).

**Inclusion**: Patients aged 18 or over requiring catheterisation.

**Exclusion**: Patients who have or recently (within 3 weeks) had a urinary catheter showing signs of infection, antibiotics, latex allergy, Cognitive impaired, pregnant.

**Sample**: 272 patients

**Sites:** Norfolk and Norwich University Hospital, Royal National Orthopaedic Hospital, Stoke Mandeville, Addenbrookes.

**Timeline:** December 2020 – October 2021

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# Coated Suprapubic Catheter Clinical Trial Plan (Cam-SPC-001)

**Objective**: The objective of this study is to compare the number of days that patients will have bacterial concentrations more than $10^5$ CFU/mL in the coated catheter compared to non-coated catheter.

**Design**: 1 centre pilot study. Patients requiring suprapubic catheterization will receive either the coated catheter (test) or an uncoated catheter (control).

**Inclusion**: Patients aged 18 or over requiring catheterisation.

**Exclusion**: Patients who have or recently (within 3 weeks) had a suprapubic catheter showing signs of infection, antibiotics, latex allergy, Cognitive impaired, pregnant.

**Sample**: 30 patients

**Sites:** Royal National Orthopaedic Hospital

Timeline: January 2021 – April 2021

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# Market and Competition

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# Economic impact - CAUTI via urinary catheter biofilms

Urinary tract infection (UTI) is an important cause of morbidity and mortality in the healthcare setting, accounting for 19% of all nosocomial infections. Of these, it is estimated that 43-56% are CAUTI. multiplying risk of mortality and extending hospital stay and costing over €1000 per patient episode. Recent research published in the American Journal of Infection Control indicates the true cost could be more than $10,000 per CAUTI.


**Epidemiology and economic impact of VAP via ETT biofilms**

- VAP (ventilator associated pneumonia) in USA & Europe:
- A recent US study estimated the cost of VAP to be nearly $40,000 (£25,000 or €30,000).
- If costs are assumed to be lower in Europe, then a conservative estimate of the cost per episode of VAP would still be around £10,000, which is equivalent to an extra 7 days of intensive care unit (ICU) stay.

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# Target Market:
## Hospital acquired infections (HAI) caused by medical devices

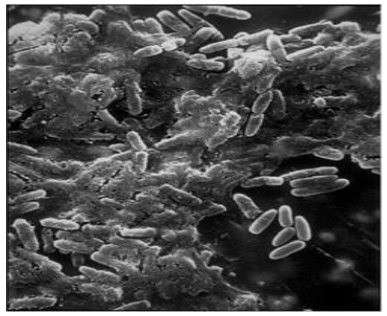
**5%**
chance of contracting an HAI when admitted to hospital

### NHS
**300k**
HAI cases p.a

**10k**
deaths p.a.[1]

### USA
**1.7m**
HAI cases p.a

**99k+**
deaths p.a.[2]



Major cause: bacterial colonisation, as a layer of biofilm forming on medical device surfaces

**17.2%** HAIs are caused urinary tract infections of which up to **56%** result from patient catheterisation[3]

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# Strong financial incentives to tackle HAI

## NHS

**17.6** days
average increase in hospital stay if you get an HAI

**10%**
reduction of HAI cases

**£93.1 m**
saved pa[1]

## USA

**9.4%**
of total in patient costs

**$35b**
cost of treating HAI[2]

Current approach: to impregnate medical device surfaces with antibiotics or silver.
This is ineffective as it kills bacteria, but has little impact on infection rates[2]

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# Intellectual Property

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# Camstent – IP

(19) Europäisches Patentamt
European Patent Office
Office européen des brevets

(11) EP 2 704 565 B1

(12) **EUROPEAN PATENT SPECIFICATION**

(45) Date of publication and mention of the grant of the patent:
**22.08.2018 Bulletin 2018/34**

(21) Application number: **12727395.1**

(22) Date of filing: **04.05.2012**

(51) Int Cl.:
***A01N 25/10*** (2006.01) ***A01N 37/12*** (2006.01)
***A01N 37/20*** (2006.01) ***A61L 27/34*** (2006.01)
***A61L 27/50*** (2006.01) ***A61L 29/14*** (2006.01)
***A61L 29/16*** (2006.01) ***A61L 31/10*** (2006.01)
***C08F 220/18*** (2006.01) ***C08F 220/22*** (2006.01)
***C08F 220/24*** (2006.01) ***C08F 222/10*** (2006.01)
***C08F 220/56*** (2006.01)

(86) International application number:
**PCT/GB2012/050987**

(87) International publication number:
**WO 2012/150467 (08.11.2012 Gazette 2012/45)**

(54) **NOVEL POLYMERS WHICH RESIST BACTERIAL ATTACHMENT**

NEUE POLYMERE MIT RESISTENZ GEGEN BAKTERIELLES ANHAFTEN

NOUVEAUX POLYMÈRES QUI RÉSISTENT À LA FIXATION DE BACTÉRIES

(84) Designated Contracting States:
**AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL PT RO RS SE SI SK SM TR**

(30) Priority: **04.05.2011 GB 201107416**
**18.01.2012 GB 201200832**

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  **Nottingham, Nottinghamshire NG7 2RD (GB)**
- **LANGER, Robert**
  **Cambridge, Massachusetts 02139-4307 (US)**
- **ANDERSON. Daniel Griffith**

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# Camstent – IP

(12) UK Patent (19) GB (11) 2448153 (13) B

(45) Date of B Publication 28.12.2011

(54) Title of the Invention: Coated medical devices

(51) INT CL: ***A61L 31/08*** (2006.01) ***A61F 2/06*** (2006.01) ***A61F 2/82*** (2006.01) ***A61L 17/00*** (2006.01)
***A61L 17/14*** (2006.01) ***A61L 27/34*** (2006.01) ***A61L 27/54*** (2006.01) ***A61L 29/00*** (2006.01)
***A61L 29/08*** (2006.01) ***A61L 29/16*** (2006.01) ***A61L 31/10*** (2006.01) ***A61L 31/16*** (2006.01)

(21) Application No: **0706532.9**

(22) Date of Filing: **04.04.2007**

(43) Date of A Publication **08.10.2008**

(56) Documents Cited:
**WO 2006/048649 A1** **WO 2002/083176 A2**
**US 20050221072 A1** **US 20050131527 A1**
**US 20030171804 A1** **US 20010037145 A1**
**Centre for Biomaterials and Tissue Engineering, "High Specificity Surfaces" [online], available 7 October 2006, University of Sheffield. Available from [http://web.archive.org/web/20061007084135 /http://www.cbte.group.shef.ac.uk/research/mat4.html, [Accessed 9 August 2010]**

(58) Field of Search:
As for published application 2448153 A viz:
INT CL **A61B, A61F, A61K, A61L, A61M, C07C, C08G, C08L, C09D**
Other: **Online: EPODOC, WPI, TXTE**
updated as appropriate

Additional Fields
Other: **EPODOC, WPI, TXTE, INTERNET**

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# Camstent – IP

(12) UK Patent (19) GB (11) 2498356 (13) B

(45) Date of B Publication 07.09.2016

(54) Title of the Invention: Calixarene-derived coatings for implantable medical devices

(51) INT CL: ***C07F 7/18*** (2006.01) ***A61L 29/08*** (2006.01) ***A61L 29/16*** (2006.01)

(21) Application No: **1200388.5**

(22) Date of Filing: **11.01.2012**

(43) Date of A Publication **17.07.2013**

(56) Documents Cited:
**GB 2448153 A**
**Chemical Communications, Vol. 46(45), 2010, Lledo et al., pages 8630-8632.**
**Langmuir, Vol.14(15), 1998, Davis et al., pages 4180-4185.**
**Analytical and Bioanalytical Chemistry, Vol.389(6), 2007, Woellner et al., pages 1879-1887.**
**Reviews on Advanced Materials Science Vol.22(1/2), 2009, Hammad et al., pages 74-80.**
**CrystEngComm, Vol.10(12), 2008, Busi et al., pages 1803-1809.**
**Organic Letters, Vol.1(8), 1999, Saito et al., pages 1241-1244.**

(58) Field of Search:
As for published application 2498356 A viz:
INT CL **A61L, C07C, C07D, C07F**
Other: **EPODOC, WPI, CAS-ONLINE.**
updated as appropriate

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# Camstent – I


US009981068B2

(12) **United States Patent**
**Williams et al.**

(10) **Patent No.: US 9,981,068 B2**
(45) **Date of Patent: May 29, 2018**

(54) **POLYMERS WHICH RESIST BACTERIAL ATTACHMENT**

(75) Inventors: **Paul Williams**, Nottingham (GB); **Morgan Russell Alexander**, Nottingham (GB); **Martyn Christopher Davies**, Nottingham (GB); **Robert Langer**, Cambridge, MA (US); **Daniel Griffith Anderson**, Cambridge, MA (US)

(73) Assignees: **The University of Nottingham**, Nottingham (GB); **Massachusetts Institute of Technology**, Cambridge, MA (US)

( * ) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 675 days.

(21) Appl. No.: **14/115,451**

(22) PCT Filed: **May 4, 2012**

(86) PCT No.: **PCT/GB2012/050987**

§ 371 (c)(1),
(2), (4) Date: **Jul. 3, 2014**

(87) PCT Pub. No.: **WO2012/150467**

PCT Pub. Date: **Nov. 8, 2012**

(65) **Prior Publication Data**

US 2014/0314826 A1 Oct. 23, 2014

(30) **Foreign Application Priority Data**

May 4, 2011 (GB) ..... 1107416.8
Jan. 18, 2012 (GB) ..... 1200832.2

(51) **Int. Cl.**
***A61L 29/16*** (2006.01)
***A01N 37/12*** (2006.01)
(Continued)

(52) **U.S. Cl.**
CPC ..... ***A61L 29/16*** (2013.01); ***A01N 37/12*** (2013.01); ***A01N 37/20*** (2013.01); ***A61L 27/34*** (2013.01);
(Continued)

(58) **Field of Classification Search**
CPC ..... A61L 29/16; A61L 29/085; A61L 31/14; A61L 31/10; A61L 27/50; A61L 27/34;
(Continued)

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Raad et al, Anti-adherence activity and antimicrobial durability of anti-infective-coated catheters against multidrug resistant bacteria, 2008, JAC, 62, pp. 746-750.*

*Primary Examiner* — Trevor Love
(74) *Attorney, Agent, or Firm* — Alston & Bird, LLP

(57) **ABSTRACT**

The invention provides a method for inhibiting bacterial attachment to a surface, the method comprising forming the surface from a polymer, or applying a polymer to the surface, wherein the polymer is a homopolymer formed from a (meth) acrylate or (meth) acrylamide monomer or a copolymer formed from one or more (meth) acrylate or (meth) acrylamide monomers, wherein the (meth) acrylate or (meth) acrylamide monomers are of formula (I) or (II):

$$[H_2C{=}CR'{-}C(=O){-}O{-}]_nR \quad (I)$$

$$[H_2C{=}CR'{-}C(=O){-}NH{-}]_nR \quad (II)$$

(Continued)

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# Camstent – I

US 20140314826A1

(19) **United States**

(12) **Patent Application Publication**

**Williams et al.**

(10) **Pub. No.: US 2014/0314826 A1**

(43) **Pub. Date: Oct. 23, 2014**

(54) **NOVEL POLYMERS WHICH RESIST BACTERIAL ATTACHMENT**

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(73) Assignees: **MASSACHUSETTS INSTITUTE OF TECHNOLOGY**, Cambridge, MA (US); **THE UNIVERSITY OF NOTTINGHAM**, Nottingham, Nottinghamshire (GB)

(21) Appl. No.: **14/115,451**

(22) PCT Filed: **May 4, 2012**

(86) PCT No.: **PCT/GB2012/050987**

§ 371 (c)(1),
(2), (4) Date: **Jul. 3, 2014**

(30) **Foreign Application Priority Data**

May 4, 2011 (GB) ..... 1107416.8
Jan. 18, 2012 (GB) ..... 1200832.2

**Publication Classification**

(51) **Int. Cl.**
***A61L 29/08*** (2006.01)
***A61L 29/16*** (2006.01)

(52) **U.S. Cl.**
CPC ..... ***A61L 29/085*** (2013.01); ***A61L 29/16*** (2013.01)
USPC ..... **424/430**; 526/320; 526/325; 526/284; 526/328.5; 526/313; 526/266; 526/242; 526/312

(57) **ABSTRACT**

The invention provides a method for inhibiting bacterial attachment to a surface, the method comprising forming the surface from a polymer, or applying a polymer to the surface, wherein the polymer is a homopolymer formed from a (meth) acrylate or (meth) acrylamide monomer or a copolymer formed from one or more (meth) acrylate or (meth) acrylamide monomers, wherein the (meth) acrylate or (meth) acrylamide monomers are of formula (I) or (II):

$$[H_2C{=}CR'{-}C(=O){-}O{-}]_nR \quad (I)$$

$$[H_2C{=}CR'{-}C(=O){-}NH{-}]_nR \quad (II)$$

wherein
n is 1, 2 or 3,
R' is independently H or $CH_3$,
R is an organic group having a total of from 2 to 24 carbon atoms, wherein the organic group includes an aliphatic or aromatic hydrocarbon moiety and wherein the organic group does not include any hydroxyl groups.

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# Camstent – IP

| Patent Number | Title | Assignee | Filing Date | Description |
|---|---|---|---|---|
| GB 2448153 (A) | Coated Implantable medical devices | Camstent | April 4, 2007 | Coating materials for implantable medical devices that are both oleophobic (repel fats) and hydrophobic (repel water), useful in reducing thrombus formation. |
| GB 298356 B, WO2013104916 (A2) | Medical devices, coatings and compounds | Camstent | November 1, 2012 | A calixarene coating that resists adhesion and/or colonization by bacteria, including material and manufacturing processes. |
| EP 2704565 (B1) (UK, FR, DE, CH and IE) | Novel polymers which resist bacterial attachment | University of Nottingham, Massachusetts Institute of Technology | May 4, 2012 | A method for inhibiting bacterial attachment to a surface using polymers formed from (meth)acrylate or (meth)acrylamide monomers. |
| US 959815068 (B2) | Novel polymers which resist bacterial attachment | University of Nottingham, Massachusetts Institute of Technology | May 4, 2012 | A method for inhibiting bacterial attachment to a surface using polymers formed from (meth)acrylate or (meth)acrylamide monomers. |

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| Title | Assignee | Filing Date | Description |
|---|---|---|---|
| Application know-how to practice Nottingham IP | Camstent | Ready to submit | Know-how in polymer formulation, manufacturing, device coating and sterilisation processes to produce stable, non-tacky coatings with good adhesion to device surfaces. |
| Silicone ‘Anchor’ Coat | Camstent | Ready to submit | A polymeric sub-coating containing reactive ‘anchorage’ points to which other molecules can be attached to confer unique properties. |
| *Bactigon* | University of Nottingham | July 24, 2018 | Trademark 017934195 |
| *Camstent* | Camstent | Feb 10, 2012 | Trademark 011234151 |
| *Bacteriaphobic* | *(Available)* | | |

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# Unique Selling Propositions

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# Camstent – Unique Selling Propositions

- ✓ The competitors have always pushed for all patients to use their anti-infective catheter. We will assist Hospital to target those patients that are know to be at greater risk of infection. Evidence based leadership.

- ✓ Our Product is active against gram negative bacteria – the leading cause of healthcare acquired infections. Hospitals are targeted to reduce gram negative bacterial blood infections, many of which are the result of catheter associated UTI.

- ✓ Having our Product available to patients within the acute hospitals and community settings has the potential to offer efficiency savings to the local health economy by reducing infections and other catheter associated issues relating to the longer term use of catheters in the community. This includes the reduction in use of anti-biotics and shortened post operative hospital stay.

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# Contact Us

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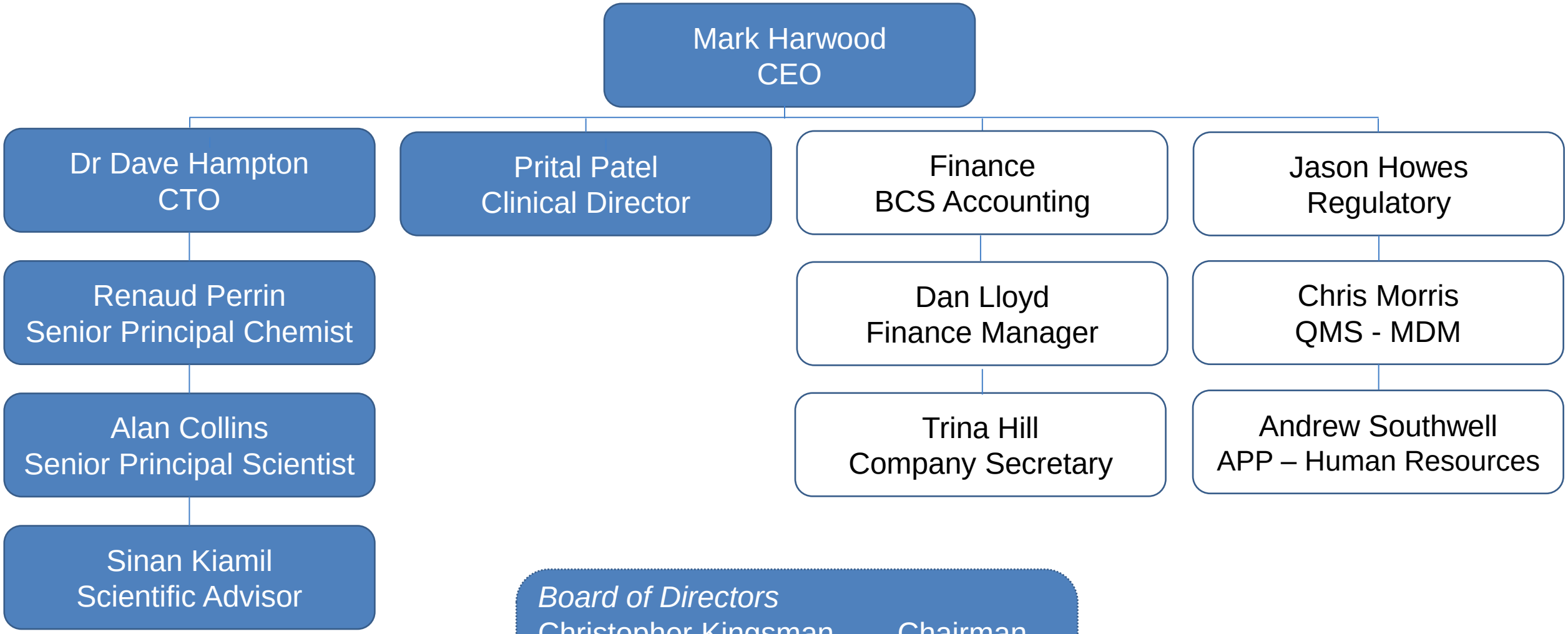


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| Mark Harwood | CEO |
| Dr Dave Hampton | CTO |
| Dr Bill Mason | NED |

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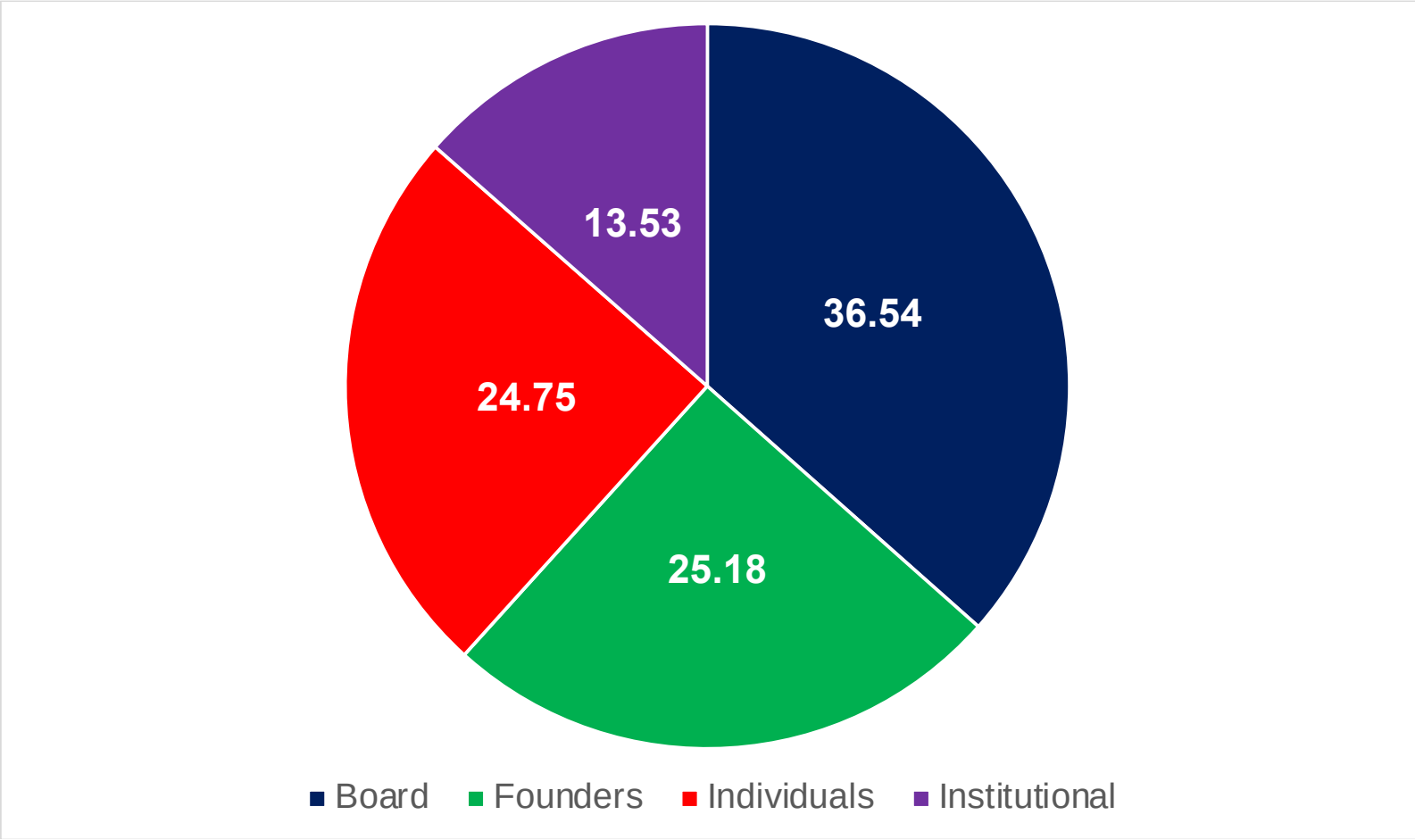
# Camstent – Company Shareholdings (%)

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