SmellAgain

... get it back!
The Problem

- 20% of the general population has impairment in their sense of smell (25% of those over the age of 50)
- Olfactory training is able to improve the sense of smell
- There is no product on the market designed specifically for olfactory training in this impaired population

The Solution: SmellAgain

The only device which is designed specifically for olfactory training

Supports a healthy sense of smell

Gives patients hope and the feeling of active involvement in their care

Gives physicians an option to recommend a workout for your nose

Odors may be customized / changed

Available over-the-counter

Washable, re-usable and easy to use
Proof of Concept

Olfactory Training is Helpful in Postinfectious Olfactory Loss: A Randomized, Controlled, Multicenter Study

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Objectives/Hypothesis: The aim of this study was to evaluate the effects of olfactory training (OT) on olfactory function in patients with persistent postinfectious olfactory dysfunction (PIOD).

Study Design: Randomized, single-blind, controlled, multicenter crossover study.

Methods: Twelve tertiary university medical centers participated. Investigations were performed at three visits (baseline, after 18 weeks, and after 36 weeks), including only subjects with PIOD of <24-months duration. At each visit, participants received detailed assessment of olfactory function. Seventy subjects trained with high concentrations of four odors for 18 weeks; the other half (n = 74) trained with low concentrations of odors. For the following 18 weeks this regimen was switched.

Results: After 18 weeks, olfactory function improved in the high-training group in 18 of 70 participants (26%), whereas only 11/74 improved in the low-training group (15%). In subjects with a duration of olfactory dysfunction of <12 months, olfactory function improved in 15/24 participants (63%) of the high-training group and in 6/31 participants (19%) of the low-training group (P = .03).

Conclusions: OT improves PIOD, and the use of odors at higher concentrations is beneficial to improvement. OT is a safe procedure and appears to be particularly useful in patients who start OT within 12 months after the onset of the disorder. OT is the first successful therapy regime in patients with PIOD.

Key Words: Olfaction, smell, postviral, hyposmia, anosmia, treatment, Sniffin’ Sticks test.

Level of Evidence: 1b.

Laryngoscope, 124:826–831, 2014

“Sensory deprivation causes certain projections within the olfactory bulb to dramatically spread out and lose the precise pattern of connections that show under normal conditions.” – NIH, National Institute of Neurological Disorders and Stroke, 2014.

Use it or lose it!

Apparent auditory deprivation in children: implications of monaural versus binaural amplification.

Gelfand SA, Silman S.
Department of Communication Arts and Sciences, Queens College of CUNY, Flushing 11367.

Cooperative Roles of BDNF Expression in Neurons and Schwann Cells Are Modulated by Exercise to Facilitate Nerve Regeneration

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Next Steps

2014
• Filing of patent application ✔
• Initial design and prototype development ❌

2015-2016 ($250 K)
• Final designs and testing ❌
• Patent prosecution ❌
• Establishment registration ❌
• Manufacturing and packaging ❌
• Advertising and distribution ❌

Expansion of use to include maintenance more than doubles the current global market for SmellAgain

1.5 Billion ✔ Including adults over 50 with no smell impairment

3.2 Billion ✔
SmellAgain Intellectual Property Position

- Patent application sourced from Weill Cornell Medical College

- Pending claims in the patent encompass a spectrum of crucial embodiments including device design and utility

- Broad patent protection expected until at least 2034

- SmellAgain IP portfolio will expand around design modifications and improvements, improved materials and modes of manufacturing as development progresses
Management Team

Michael Nelson, JD, is CEO and CFO of Nasalign and Boa-Bag and CFO of Allovate and Immunovent. Since graduating from Cornell University and receiving his law degree from New York University School of Law, he was CFO & general counsel of an early stage healthcare company, an analyst at Barclays Capital and ING, an investment banker at CIBC World Markets and practiced law at Willkie Farr & Gallagher and Dewey Ballantine. Mr. Nelson is currently the managing director and head of healthcare at Westwood Capital, LLC and president of Thea Capital Management, LLC, a healthcare advisory company.

Erick Berglund, PhD, is COO of Nasalign and CEO of Allovate and Immunovent. During his doctoral work at Boston University School of Medicine and at the Goethe University in Frankfurt, Germany, he gained concurrent industrial R&D experience as a scientist at Sanofi-Aventis. Afterwards, he developed intellectual property as a USPTO registered patent agent in Boston, serving early and established biopharmaceutical clients. Dr. Berglund then moved into business development and strategy capacities with both early-stage and globally established pharmaceutical firms, including Japanese companies while he lived in Tokyo.

William Reisacher, MD, is the inventor of SmellAgain and Chief Scientific Advisor to Allovate, Immunovent and Nasalign. Dr. Reisacher graduated from Cornell University and received his medical degree from the Mount Sinai School of Medicine with Distinction in Research. He is an Associate Professor of Otolaryngology on the full-time faculty at Weill Cornell Medical College / NY-Presbyterian Hospital and the Director of Allergy. He has also served on the Board of Directors of the American Academy of Otolaryngic Allergy (AAOA).
Take Home Points

• SmellAgain is the first device of its kind to provide olfactory training in a simple and standardized fashion

• SmellAgain gives options to physicians and hope to patients

• Get it back with SmellAgain
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