

The US-First Advantage

A Faster, More Flexible Path to Market for Humanoid Healthcare Robotics

Confidential Investor Presentation | PatientCentricCare.AI

Executive Summary

For investors, hardware manufacturers, and strategic partners in the advanced robotics space, the choice of a primary regulatory jurisdiction is the most critical decision impacting time-to-market, cost, and innovation potential. This document outlines a compelling case for a **US-First regulatory strategy**, demonstrating a significantly faster, more cost-effective, and flexible pathway compared to the European Union's Medical Device Regulation (MDR).

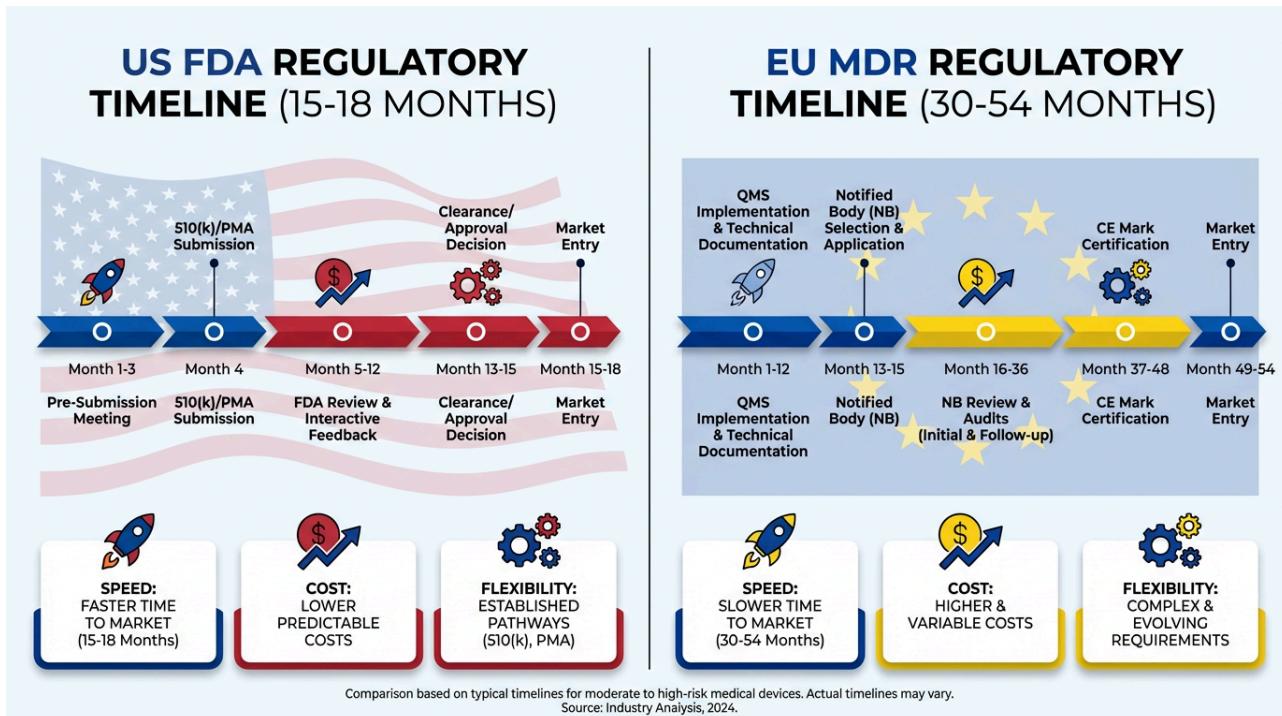
Our analysis shows the US Food and Drug Administration (FDA) pathway, leveraging the Q-Submission and 510(k) processes, can achieve market clearance for a Class II Software as a Medical Device (SaMD) in **48-54 months (4-4.5 years)**. This is **2-3 years faster** than the EU MDR pathway, which typically takes 72-84 months (6-7 years). This accelerated timeline not only reduces burn rate but also secures a first-mover advantage in the world's largest healthcare market.

Key Comparison: US vs EU

Metric	US FDA Pathway	EU MDR Pathway	US Advantage
Time to Market	48-54 months (4-4.5 years)	72-84 months (6-7 years)	2-3 years faster
Regulatory Cost	30-40% lower	Higher (Notified Body fees)	Significant savings
AI/ML Flexibility	Adaptive algorithms supported (PCCP)	More prescriptive	Innovation-friendly
Market Access	\$4.5T US healthcare market	Fragmented (27 member states)	Largest market first
Regulatory Engagement	Q-Submission (early FDA feedback)	Limited pre-submission options	Risk mitigation

This document provides a simplified, visual guide to the US regulatory landscape, tailored for non-medical audiences, and presents a clear, actionable roadmap for achieving rapid market entry and commercial success.

Visual Comparison: US FDA vs EU MDR Timeline



The visual comparison above demonstrates the stark difference in regulatory timelines. The US FDA pathway, utilizing the 510(k) predicate-based clearance and Q-Submission feedback mechanism, achieves market entry in approximately **48-54 months (4-4.5 years)**. In contrast, the EU MDR pathway, with its requirement for Notified Body engagement, extensive technical documentation, and multi-stage review process, extends to **72-84 months (6-7 years)**.

This 2-3 year advantage translates directly to: - **Reduced pre-revenue burn rate** by millions of dollars - **Earlier market validation** and customer feedback - **Faster path to profitability** and investor returns - **First-mover advantage** in a rapidly evolving market

The US Advantage: Speed, Cost, and Flexibility

The US regulatory environment, guided by the FDA's Center for Devices and Radiological Health (CDRH) and its Digital Health Center of Excellence, is uniquely positioned to support innovation in humanoid healthcare robotics. The key advantages are:

US FDA PATHWAY: 5 KEY ADVANTAGES FOR GLOBAL MEDTECH INNOVATION

ACCELERATING MARKET ACCESS & MAXIMIZING VALUE



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1. Speed to Market: The 510(k) and Q-Submission Pathways

The FDA's 510(k) premarket notification pathway allows for clearance based on "substantial equivalence" to an existing legally marketed device (a "predicate"). For our SaMD platform, we can leverage existing cleared devices in robotic surgery, remote patient monitoring, and clinical decision support.

Furthermore, the **Q-Submission (Pre-Submission) program** is a game-changer. It allows for early, collaborative engagement with the FDA to gain clarity on regulatory expectations, testing protocols, and submission requirements. This de-risks the entire process and prevents costly delays. The Q-Submission process typically takes 3-6

months and provides written feedback from FDA reviewers, which can be referenced throughout the development process.

2. Lower Costs and Reduced Burn Rate

The US pathway avoids the significant costs associated with EU Notified Bodies. These private entities, required for EU MDR compliance, add layers of complexity and fees that can run into hundreds of thousands of dollars annually. Notified Body fees alone can range from 200,000 to 500,000 for initial certification, with ongoing surveillance costs adding another 50,000–100,000 per year.

By achieving market clearance 2-3 years earlier, we significantly reduce our pre-revenue burn rate and accelerate the timeline to profitability. Assuming a monthly burn rate of 300,000, a 2-year acceleration saves approximately **7.2 million** in pre-revenue costs. This is a critical consideration for investors seeking a clear and timely return on investment.

3. Flexibility for AI/ML Innovation

The FDA has embraced the iterative nature of AI/ML development. Through **Predetermined Change Control Plans (PCCPs)**, manufacturers can pre-specify planned modifications to their algorithms and gain FDA agreement on the validation methods for those changes. This allows for continuous learning and improvement of the AI model without requiring a new submission for every update.

The FDA's 2023 guidance on "Marketing Submission Recommendations for a Predetermined Change Control Plan for Artificial Intelligence/Machine Learning (AI/ML)-Enabled Device Software Functions" provides a clear framework for managing algorithm updates. This is a stark contrast to the EU's more prescriptive approach, which requires extensive documentation for even minor algorithm changes and can stifle innovation.

4. Access to the World's Largest Healthcare Market

The US healthcare market represents approximately **\$4.5 trillion** in annual spending, making it the largest and most lucrative healthcare market globally. Securing FDA clearance provides immediate access to this market, including major hospital systems, academic medical centers, and integrated delivery networks.

Furthermore, US market entry often serves as a validation point for international expansion. Many international markets, including Canada, Australia, and parts of Asia, recognize FDA clearance as a strong indicator of safety and effectiveness, potentially expediting regulatory approvals in those regions.

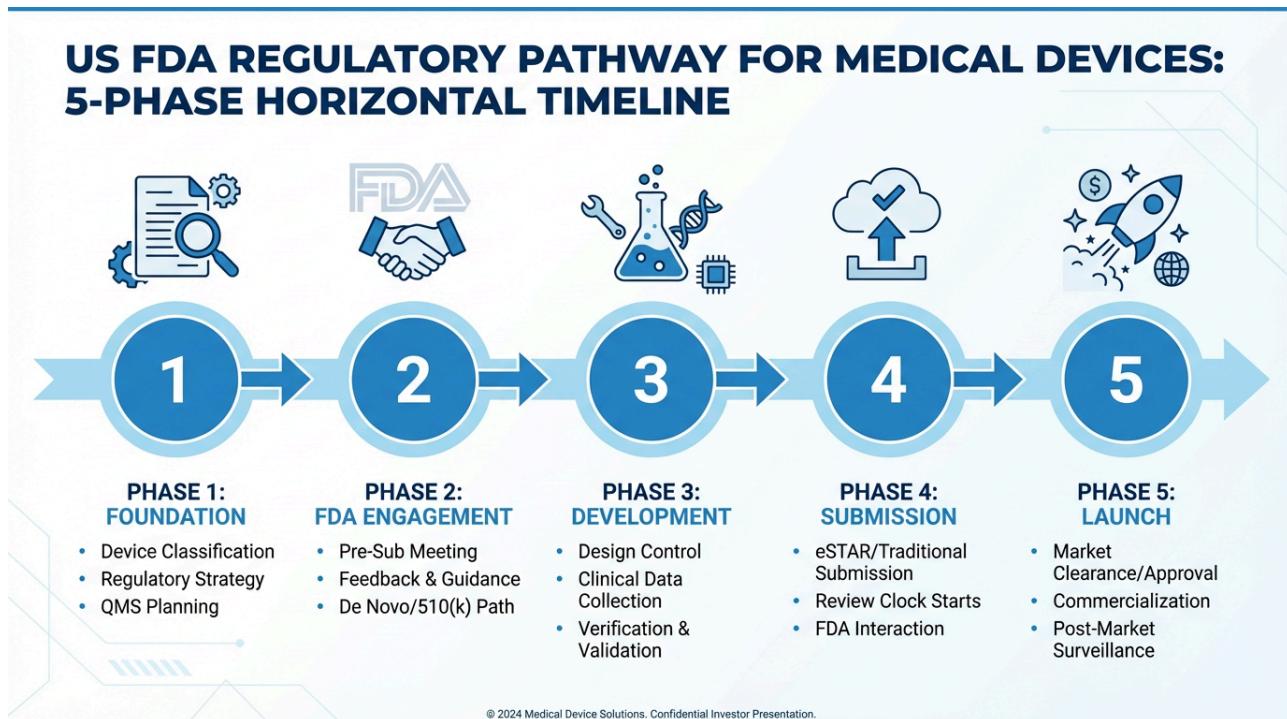
5. Collaborative Regulatory Engagement

The FDA's Q-Submission program and its Digital Health Center of Excellence foster a collaborative relationship between manufacturers and regulators. This early engagement allows for:

- **Clarification of regulatory expectations** before significant development costs are incurred
- **Alignment on testing protocols** and acceptance criteria
- **Identification of potential issues** early in the development process
- **Reduced risk of submission rejection** or major deficiencies

This collaborative approach stands in contrast to the more formal and less interactive processes in many other jurisdictions.

Simplified 5-Phase US Regulatory Pathway



Our US-First strategy is broken down into five clear, manageable phases, designed for rapid execution and minimal friction.

Phase 1: Foundation & Strategy (Months 1-3)

The foundation phase establishes the regulatory roadmap and sets the stage for all subsequent activities.

Key Activities: - **Device Classification:** Confirm Class II SaMD classification under 21 CFR Part 880 (General Hospital and Personal Use Devices) or Part 892 (Radiology Devices), depending on the specific intended use. - **Predicate Identification:** Identify suitable predicate devices for 510(k) substantial equivalence. We will leverage existing cleared devices in robotic surgery assistance, remote patient monitoring, and clinical decision support. - **Q-Submission Preparation:** Prepare comprehensive briefing documents for FDA meeting, including device description, intended use, technological characteristics, and proposed testing protocols. - **Regulatory Strategy Document:** Finalize the overall regulatory strategy, including timeline, budget, and resource allocation.

Deliverables: - Device classification determination - List of potential predicate devices - Q-Submission briefing package - Regulatory strategy document

Phase 2: FDA Engagement (Months 4-6)

The FDA engagement phase is critical for de-risking the development process and ensuring alignment with FDA expectations.

Key Activities: - **Q-Submission Meeting:** Collaborative meeting with FDA reviewers to discuss device classification, predicate selection, testing protocols, and submission strategy. The FDA typically provides written feedback within 75 days of the meeting. - **Feedback Incorporation:** Update development plans, testing protocols, and submission strategy based on FDA feedback. This may include modifications to clinical study design, usability testing protocols, or cybersecurity documentation. - **Finalize Test Plan:** Lock in clinical and non-clinical testing requirements, including acceptance criteria and statistical analysis plans. - **Protocol Submission:** Submit final testing protocols to FDA for review and concurrence (if applicable).

Deliverables: - Q-Submission meeting minutes and FDA written feedback - Updated regulatory strategy incorporating FDA feedback - Finalized clinical and non-clinical testing protocols - Protocol submission (if applicable)

Phase 3: Development & Validation (Months 7-12)

The development and validation phase focuses on generating the data and documentation required for the 510(k) submission.

Key Activities: - **Clinical Validation:** Conduct clinical studies to demonstrate safety and effectiveness. This may include prospective clinical trials, retrospective data analysis, or literature-based substantial equivalence arguments, depending on the device risk profile and FDA feedback. - **Usability & Human Factors:** Perform usability testing in accordance with IEC 62366-1 and FDA guidance on human factors engineering. This includes formative and summative usability studies with representative users. - **Cybersecurity Documentation:** Develop comprehensive cybersecurity documentation in accordance with FDA's "Cybersecurity in Medical Devices: Quality System Considerations and Content of Premarket Submissions" guidance. This includes threat modeling, vulnerability assessment, and security risk management. - **Software Verification & Validation:** Conduct software V&V activities in accordance with IEC 62304 (Medical Device Software - Software Life Cycle Processes). - **Dossier Compilation:** Begin assembling the 510(k) submission, including device description, substantial equivalence discussion, performance testing, biocompatibility (if applicable), software documentation, labeling, and risk analysis.

Deliverables: - Clinical validation study report - Usability testing report - Cybersecurity documentation - Software V&V documentation - Draft 510(k) submission

Phase 4: FDA Submission & Review (Months 13-15)

The submission and review phase is the formal regulatory review process.

Key Activities: - **510(k) Submission:** Submit the complete dossier to the FDA via the eSTAR (electronic Submission Template and Resource) system. The submission will be assigned a K-number and enter the FDA review queue. - **Interactive Review:** Respond to any FDA requests for additional information (Additional Information requests or Deficiency Letters). The FDA may request clarification, additional testing, or modifications to labeling. - **FDA Decision:** The FDA has 90 days (standard review) to make a decision. The decision may be: - **Clearance (Substantially Equivalent - SE):** The device is cleared for marketing. - **Not Substantially Equivalent (NSE):** The device is not cleared and may require a different regulatory pathway (e.g., De Novo or PMA). - **Additional Information Requested:** The FDA requires more information before making a decision.

Deliverables: - Complete 510(k) submission - Responses to FDA information requests - FDA clearance letter (SE determination)

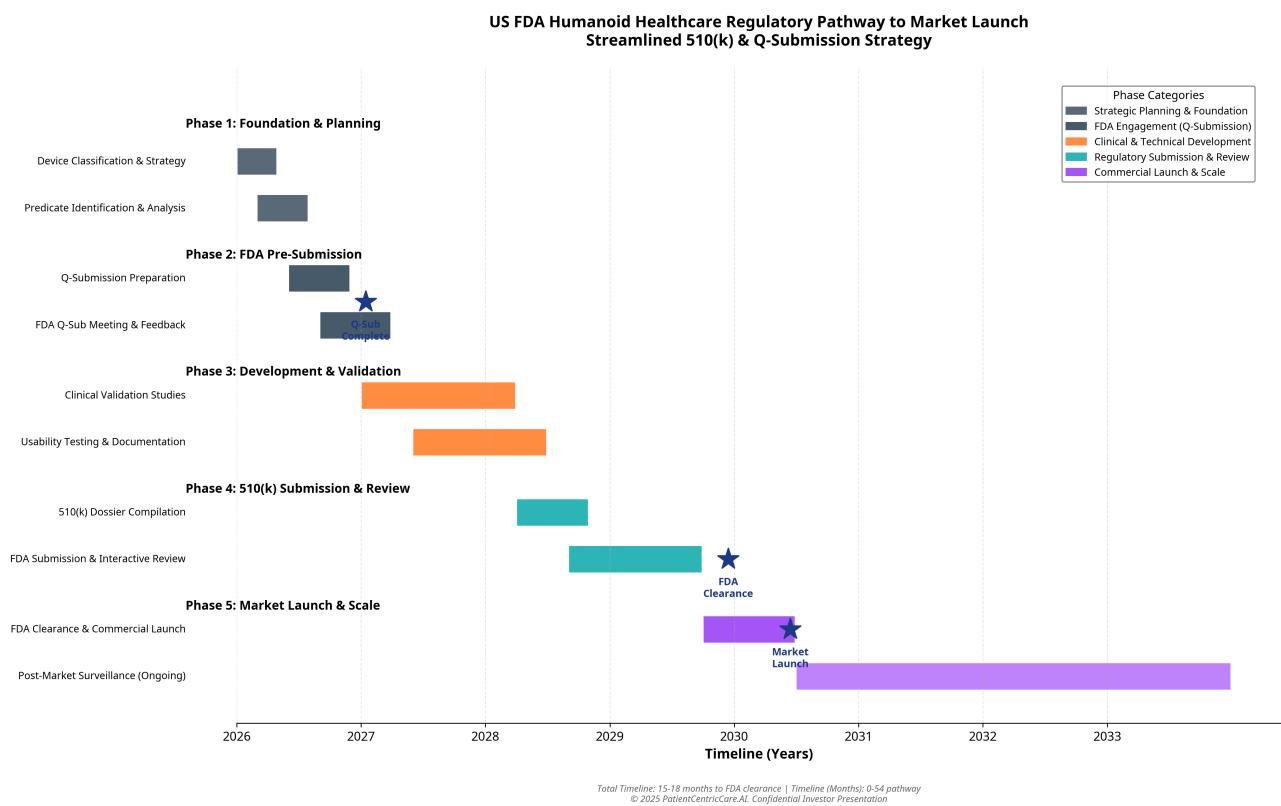
Phase 5: Market Launch & Expansion (Month 16+)

The market launch phase marks the transition from development to commercialization.

Key Activities: - **FDA Clearance:** Receive 510(k) clearance letter (SE determination) from the FDA. - **US Market Launch:** Begin commercialization in the US, including sales, marketing, and distribution activities. - **Post-Market Surveillance:** Implement required post-market surveillance activities, including Medical Device Reporting (MDR) for adverse events, complaint handling, and post-market clinical follow-up (if applicable). - **PCCP Implementation:** If a Predetermined Change Control Plan was approved as part of the 510(k), begin implementing planned algorithm updates in accordance with the PCCP. - **International Expansion:** Leverage US FDA clearance to expedite regulatory approvals in other markets (Canada, Australia, Asia).

Deliverables: - FDA clearance letter - Commercial launch plan - Post-market surveillance system - PCCP implementation plan (if applicable) - International regulatory strategy

Detailed US FDA Regulatory Roadmap



The Gantt chart above provides a detailed visual representation of the US FDA regulatory pathway, showing the parallel and sequential activities across the five phases. Key milestones include:

- **Month 12:** Q-Submission Complete (FDA feedback received)
- **Month 46:** FDA Clearance (510(k) approved)
- **Month 54:** Market Launch (commercial operations begin)

This timeline demonstrates a clear path to market entry within 48-54 months (4-4.5 years), significantly faster than alternative regulatory pathways such as the EU MDR route which typically requires 6-7 years.

Why This Matters for Our Partners

Our US-First strategy is designed to create a win-win for all stakeholders:

For Investors

Faster ROI: Achieving market clearance 2-3 years faster than an EU-first strategy means earlier revenue generation and a quicker path to profitability. Assuming a conservative annual revenue projection of *10millioninYear1post – launch, a 2 – year acceleration represents an additional * *20 million*** in cumulative revenue during the investment horizon.

Lower Risk: The Q-Submission program and early FDA engagement significantly de-risk the regulatory pathway. By obtaining FDA feedback before committing to expensive clinical trials and development activities, we minimize the risk of costly pivots or submission rejections.

Higher Valuation: First-mover advantage in the US market, combined with FDA clearance as a validation point, positions the company for a higher valuation at subsequent funding rounds or exit events. FDA clearance is often viewed as a key value inflection point by acquirers and public market investors.

Clearer Exit Timeline: A predictable 48-54 month regulatory timeline provides greater certainty around exit planning and liquidity events, with FDA clearance achieved 2-3 years earlier than EU alternatives.

For Robotic Hardware Manufacturers

Platform for Innovation: Our FDA-cleared SaMD platform provides a regulatory pathway for your hardware to be integrated into a medical device system. This opens up new market opportunities in healthcare without requiring you to navigate the regulatory process independently.

Modular Compliance: Our SaMD approach allows for a modular compliance strategy, where the software (our responsibility) and hardware (your responsibility) can be developed and validated independently, then integrated under a single 510(k) clearance.

Access to US Market: Partnering with us provides a clear path to deploying your robotic hardware in the US healthcare market, the largest and most lucrative market globally.

Reduced Regulatory Burden: By leveraging our regulatory expertise and FDA clearance, you can focus on hardware innovation while we handle the complex

medical device regulatory requirements.

For Consultants & Strategic Partners

Predictable Timeline: A well-defined, proven regulatory path with clear milestones and deliverables allows for accurate project planning and resource allocation.

Established Precedents: The 510(k) pathway for SaMD is well-established, with numerous precedents and FDA guidance documents available. This reduces uncertainty and allows for evidence-based decision-making.

Collaborative Approach: We value our partnerships and work closely with our regulatory, clinical, and technical advisors. Our collaborative approach ensures that all stakeholders are aligned and working towards a common goal.

Lower Client Risk: By choosing the US-First pathway, we minimize regulatory risk and maximize the probability of successful market entry, which reflects positively on our advisors and partners.

Conclusion: The Clear Choice for Market Leadership

The choice is clear. A US-First regulatory strategy provides the fastest, most cost-effective, and flexible path to market for our humanoid healthcare robotics platform. By embracing the FDA's collaborative and innovation-friendly approach, we can achieve commercial success years ahead of an EU-first strategy, delivering value to patients, providers, and investors at an accelerated pace.

The combination of: - **2-3 years faster time-to-market** - **30-40% lower regulatory costs** - **Access to the \$4.5 trillion US healthcare market** - **Flexibility for AI/ML innovation through PCCPs** - **Collaborative FDA engagement through Q-Submissions**

...makes the US-First strategy not just a viable option, but the **optimal strategic choice** for achieving market leadership in humanoid healthcare robotics.

We invite you to join us on this exciting journey to revolutionize healthcare, starting with the world's most important market.

About PatientCentricCare.AI

PatientCentricCare.AI is developing the next generation of humanoid healthcare robotics, combining advanced AI/ML algorithms with state-of-the-art robotic platforms to deliver safer, more effective, and more accessible healthcare. Our US-First regulatory strategy positions us to be the first-to-market with FDA-cleared humanoid healthcare robotics, capturing a significant share of the \$4.5 trillion US healthcare market.

For more information or to discuss partnership opportunities, please contact:

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References & Resources

1. U.S. Food and Drug Administration. (2023). *Requests for Feedback and Meetings for Medical Device Submissions: The Q-Submission Program*. Available at: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/requests-feedback-and-meetings-medical-device-submissions-q-submission-program>
2. U.S. Food and Drug Administration. (2023). *Marketing Submission Recommendations for a Predetermined Change Control Plan for Artificial Intelligence/Machine Learning (AI/ML)-Enabled Device Software Functions*. Available at: <https://www.fda.gov/regulatory-information/search-fda-guidance>

documents/marketing-submission-recommendations-predetermined-change-control-plan-artificial

3. U.S. Food and Drug Administration. (2023). *The 510(k) Program: Evaluating Substantial Equivalence in Premarket Notifications [510(k)]*. Available at: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/510k-program-evaluating-substantial-equivalence-premarket-notifications-510k>
4. European Commission. (2023). *Medical Device Regulation (MDR) 2017/745*. Available at: https://ec.europa.eu/health/medical-devices-sector/new-regulations_en
5. U.S. Food and Drug Administration. (2022). *Cybersecurity in Medical Devices: Quality System Considerations and Content of Premarket Submissions*. Available at: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cybersecurity-medical-devices-quality-system-considerations-and-content-premarket-submissions>