



In Home Infertility Solution



Stephen Bollinger
CEO & President

"We are honored to tell a little of our story to a wonderful group like CEO/CFO Magazine. I enjoy the knowledge that this magazine shares in our peer group... Rinovum is honored to be leading, with others, solutions to bridge these growing gap within healthcare. Healthcare is changing, and I hope we can make it a little better for all of us."
- Stephen Bollinger

CEOCFO: Mr. Bollinger, what is the concept behind Rinovum Women's Health?

Mr. Bollinger: The concept is pretty basic. One in every six couples are having a difficult time conceiving. Thus, infertility is not only a big market place, but a serious need. Today, there is a significant gap between natural intercourse and more aggressive treatments like intrauterine insemination and in vitro fertilization. Rinovum's mantra, that drives us, is to supply greater access for consumers with proven physician based care. Thus, with respect to infertility, if we could take proven medical approaches that have been performed in a doctor's office since the 1950s and now make them "user friendly enough" so that couples can now do it in the privacy of their own home, would that not be a wonderful opportunity to help this population. We developed a have a nice solution to bridge the gap in infertility. That is where the product "The Stork" came to life.

CEOCFO: What is The Stork?

Mr. Bollinger: The Stork is an over the counter cervical cap insemination device that is condom-like in collection and tampon-like in delivery and removal, that actually puts a high concentration of sperm next to the cervix to get the sperm and egg closer together on the path to conception. We help people get pregnant.

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CEOCFO: *How is this approach being used by the medical community? How have you made it user friendly enough that women can do it on their own?*

Mr. Bollinger: Historically, assisted reproduction has always been done by doctors. Even today, to the most advanced procedures of in vitro fertilization, all doctors are doing are putting the egg and sperm closer together. In vitro; they do this outside the body and put the sperm and egg together and then place them past the cervix. With intrauterine insemination they put the sperm directly into the cervix. Then with cervical cap insemination they put it outside the cervix to allow the sperm to swim in. These are all the mechanical modalities that assist in reproduction that are available today. We said, "let us go back to how a doctor would do it." A male and female would come into a doctor's office. A male would ejaculate into a round flexible cap (like a half of a racquet ball), that is just an image to help you understand. The physician would then place this through the vaginal tract to just in front of her cervix that has a shape similar to half of a golf ball, so they maybe mated nicely. This would be left within the female as she stayed in the doctor's office for six hours. After six hours, the doctor would go back in, re-speculum the patient and grab the half of a racquetball and pull it out. The couple would have about a ten to twenty percent success rate, just like IUI, intrauterine insemination. As you may or may not be aware, even IVF today only gives you between a fifteen and thirty five percent success rate. It can range between twenty and thirty five thousand dollars per attempt.

CEOCFO: *How does The Stork work?*

Mr. Bollinger: Just like cervical cap insemination performed in the doctor's office, but in the 1950s, 1960s and 1970s, when this was prominent, the tools and basic knowledge that were available to couples today were not available. Let us give you an example. I graduated from high school in 1983 when condoms were behind the counter. By the time I graduated from college in 1987 condoms went from behind the counter to in front of the counter and condoms were no longer just for contraception, but as a sexually transmitted disease barrier. Therefore, today condoms are very well understood. They are taught about in schools. It is a three hundred million plus business. Every pharmacy and grocery store has a three to four foot section of shelving covering condoms. Therefore, today, men know of or understand how to use condoms. On the female side there are tampons. My wife is fifty three and tampons began in the 1970s and they were a nightmare! People had multiple complications like toxic shock syndrome and etc. People were dying. There were infections. It was a mess! Today with the evolution of tampons, they are well accepted in paper or plastic and multicolored. Therefore, today women are comfortable with tampons in placement and removal and men are comfortable with condoms. So, what we have said is, "Okay; since our educated couples today know how to use these tools, what if we integrated the cervical cap insemination technology into similar tools that couples are already familiar with and now, in the privacy of their own home, they can get similar success rates that they had in a doctor's office in private. It went from thousands of dollars for a procedure, to now seventy nine dollars per attempt.

CEOCFO: *How long has The Stork been available? Where it is available?*

Mr. Bollinger: It has been available for just about a year. It is now available in four countries. It is available in the United Kingdom, Canada,

Australia and the United States. It is currently in CVS in the U.S and on-line at multiple retailers as well as www.storkotc.com.

CEOCFO: *What are the demographics?*

Mr. Bollinger: Let us take a moment to get into the mind set of our candidate users. As a reminder, in the 1960s one out of every twenty couples were deemed infertile, in the 1970s; one in fifteen, in the 1980s it was one in ten. In the year 2000 one out of every eight couples were deemed infertile. Today, in the United States, one out of every six couples are deemed infertile. That means that everybody knows somebody. That is over eight million couples in the United States that are having a difficult time conceiving. What has changed? Why that huge demographic shift? It is as simple as forty percent is related to the male, forty percent is related to the female and twenty percent is a healthy male and a healthy female unable to conceive. On the male factor side, low sperm count is very well documented today. In fact, the sperm count has dropped by thirty percent over the last twenty years. There are environmental factors that are linked to testosterone and estrogen levels as just one variable. Therefore, this is a huge shift in the male demographics. On the female side age is the number one factor. A perfect couple, at age twenty six, in perfect health, only has a twenty five percent chance per month of conception. Therefore, that means that in four months of natural intercourse they are likely to conceive. Here is where the age game becomes detrimental to the female. As the female turns to thirty she goes down to a fifteen percent chance. As she hits thirty five she has a ten percent chance. As she hits the age of forty she has a five percent chance per month of conception. Therefore, between the male having low sperm counts, the female, as we are trying to have children have shifted in demographics from our early twenties to our now early thirties, this is why one in six is likely occurring. That is our demographics. To top that, this current population also has a mindset of immediate gratification. When this couple determine that it is time to build a family, they like to flip a switch and believe it will happen on a schedule. Thus, when sex is no longer for fun, but for propagation to build a family, they flip a switch and expectations begin brewing. If we go back to high school education where it was projected that excessive snuggling could actually cause pregnancy, we all believed it was easy to get pregnant. However, all of a sudden when couples flip that switch and say, "I am ready to build a family, I am mentally ready to go," the challenge is that it does not likely happen right away. Most of our millennials of the age of trying to get pregnant; the challenge that they have is the fact that they have been fed instant gratification for so long. If they have a headache they take an aspirin. If they have a knee ache they want a cortisone injection; iPhones, iPads, emails, texts, all of this immediate information.

They expect the same thing out of healthcare and especially in this passionate space of fertility, they expect immediate results. The challenge is that they cannot. Now what happens is that they go to a doctor's office; the female will go to an OBGYN and a doctor will say, "Okay, I see you want to get pregnant, fantastic, hang in there Kiddo! Keep practicing and we will see you three to six months." Doctors are not likely to intervene with a female on infertility until they have been monitored for one year of unprotected intercourse. No patient wants to hear, "Hey, just keep practicing for another year." That is because likely they have already been attempting for a while. Therefore, the most common option they have is to begin with a drug therapy, which is most

commonly known as Clomid. That is one of the most highly over prescribed drugs; almost under the range of antibiotics. That is because doctors have nothing else to give them other than, "Keep practicing." Then, every female and male go online and they start looking at infertility, they look at holistic options and they go into yoga, herbs antibiotics, and all kinds of interesting things. Then they begin the family planning section of most retailers.

The family planning section has two diagnostic tools; ovulation predictors and pregnancy kits. The ovulation predictor kit is a diagnostic to say if she is ovulating or not for their optimal fertility window of time. That is all they have in assisted reproduction today. The only thing next is interventions under a physician's care. On the female side they have a long working relationship with the doctors, normally, between the ages thirteen to the age where they are at today, trying to conceive. The challenge is that their male counterpart really has not interacted on the healthcare side, stereotypically, until they are thirty five and have their first prostate exam. Therefore, it is a totally different perspective from the male and the female in these early stages of interacting with the physician. What makes The Stork nice for these couples that are struggling is that they are already likely using diagnostic tools, they are not under a physician's care or are, even for religious reasons they cannot take the next steps with assisted reproduction under a physician's care and what ends up happening is they have nothing to help them. The Stork actually takes this multi-factorial disease state of infertility, because there are so many factors to it, and it just takes several of those factors away to optimize conception.

CEOCFO: *Do you foresee a time when doctors might recommend The Stork?*

Mr. Bollinger: The time is actually today. What is challenged is that only fourteen of the fifty states do partial reimbursement for assistant reproduction. Therefore, this has become an out of pocket expense for many couples and this has become a rich persons sport. Therefore, even if you want assisted preproduction and you spend it, you are spending between one and five thousand dollars per attempt for IUI. Then you are spending either, again, fifteen to thirty five thousand dollars per attempt for IVF. How many people in their early twenties and thirties have that kind of liquid capital to be spent on this path to conception? Therefore, there is a huge population that cannot use those tools. Also, the waiting period is another big thing. What we find is these couples are finding the information online and then they go to our website. They either purchase it there or go on to the retailers where it is available today.

CEOCFO: *Have social media organizations found Rinovum?*

Mr. Bollinger: They have. There are bloggers, success stories, and so many venues that talk about the Stork today. Therefore, we are really in a nice place. Our mission is basically trying to nudge The Stork for many of these couples that are having a difficult time conceiving. It is a very passionate space. In fact, my wife and I went through this same problem, prior the creation of The Stork. It is a very stressful situation. It is hard go to work every day. It is hard to make love when you are on a clock. It just becomes compounding stress, compounding anxiety, which also affects your ability to conceive. Therefore, when you put all of that together this is just a nice mechanical way of nudging that Stork; getting the sperm closer to the egg, bypassing the hostile vaginal track, optimizing those low sperm count males out there, which is a huge population and getting

them where they want to be. They want to conceive. This is where doctors agree as well. The OBGYNs like The Stork, because it helps these couples in those early stages where they cannot really intervene. The endocrinologists or fertility specialists; there are some patients that cannot participate with their techniques because of religious reasons or financial reasons. Therefore, this is a viable option for many of those couples.

CEOCFO: *Is there any push back or skepticism? Do you see differences country by country?*

Mr. Bollinger: Of course, but the interesting thing is, as you can see, it is simple, we are not trying to preach utopia. This is not the Holy Grail. We are just a mechanical aid on the path to conception. Therefore, we try not to oversell the technology. It is what it is. Also, some males have not used condoms in a while and when they use our device with the condom and say, "I do not like to use a condom anymore." Well, this is not for pleasure anymore, gentlemen. This is for conception. Other than that, the Stork has been well received and well accepted by the populations. By country, religion does have a positive impact. In countries where, Catholicism, Judaism, Sikh, Muslim are high in their population, these people really are not allowed, according to many religions, to participate with intrauterine insemination or in vitro fertilization. Therefore, we are a great option for those couples out there as well. That is pretty much how the demographic flows out. Most countries and most people are taking it for what it is. It presents a fantastic, viable option that they did not have before. It is similar to the evolution of ovulation predictor kits. All of these are just tools to try to assist people on the path to conception.

CEOCFO: *What is next for Rinovum?*

Mr. Bollinger: Rinovum has ten other women's health products, all under the general category of trying to take proven medical approaches over the counter and direct to the consumer. Medicine had changed dramatically over just the last ten years. There is a dramatic change of what is being covered by insurance and what is not being covered by insurance. Today, many patients' insurances are not covering a lot of procedures. We as a society have made substantial advances in medicines over the last fifteen to twenty years. However, can we afford to do a ten percent improvement or a twenty percent improvement that costs four hundred percent more than the old techniques? We are in a place today that we have to balance old, proven methods with better approaches. That is where Rinovum falls in. We want to address the female population, the women's health population and the male infertility population with tools that can actually bridge these gaps in the spaces of health that are falling between physicians and over the counter care.

CEOCFO: *Are you funded for your next steps?*

Mr. Bollinger: We are funded. We have great investors that are beyond the norm. They not only invest with their money, but with their insightful leadership as well. We are honored to have the investors we have today.

CEOCFO: *Why is Rinovum Women's Health an exceptional company? Why is The Stork an exceptional product?*

Mr. Bollinger: Basically, we are helping people that healthcare and the health systems are unable to address. We present a solution that has never been available that is greatly needed. We are bridging the gap between natural intercourse and these more aggressive treatments like

IUI and IVF, because everyone should have a chance to build their family naturally.

Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine



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