

Ask The Clinical Pharmacologist



Since 2021



Sofia, Bulgaria



+359888561901

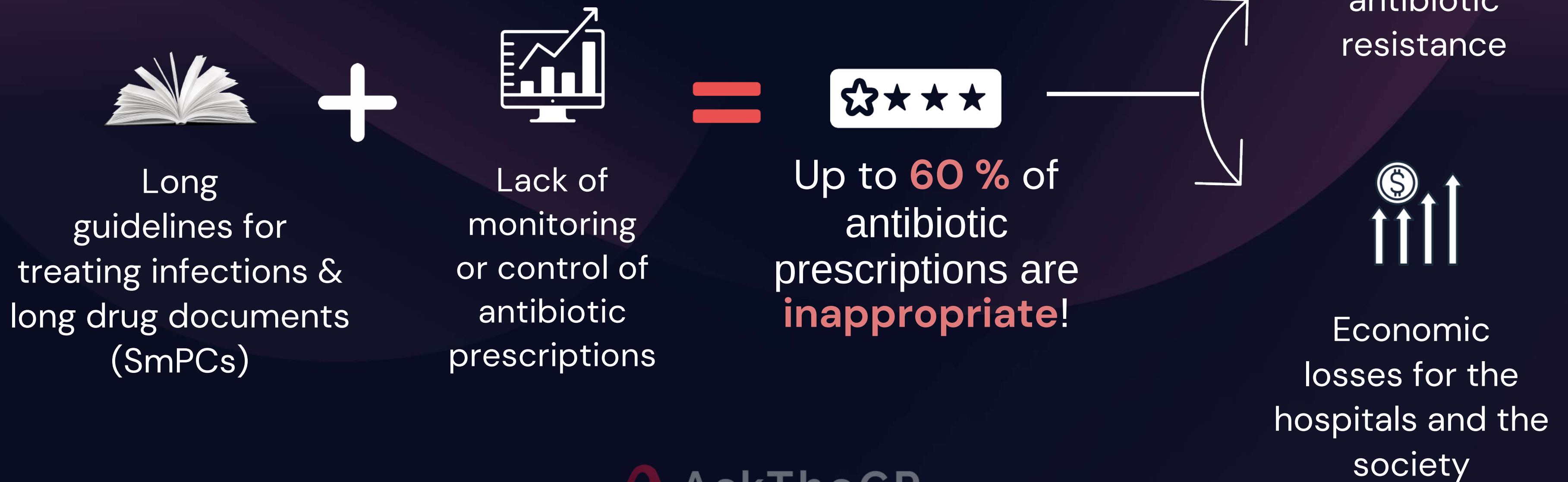
www.askthecp.com

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AskTheCP

Problems



Important numbers

10 million deaths

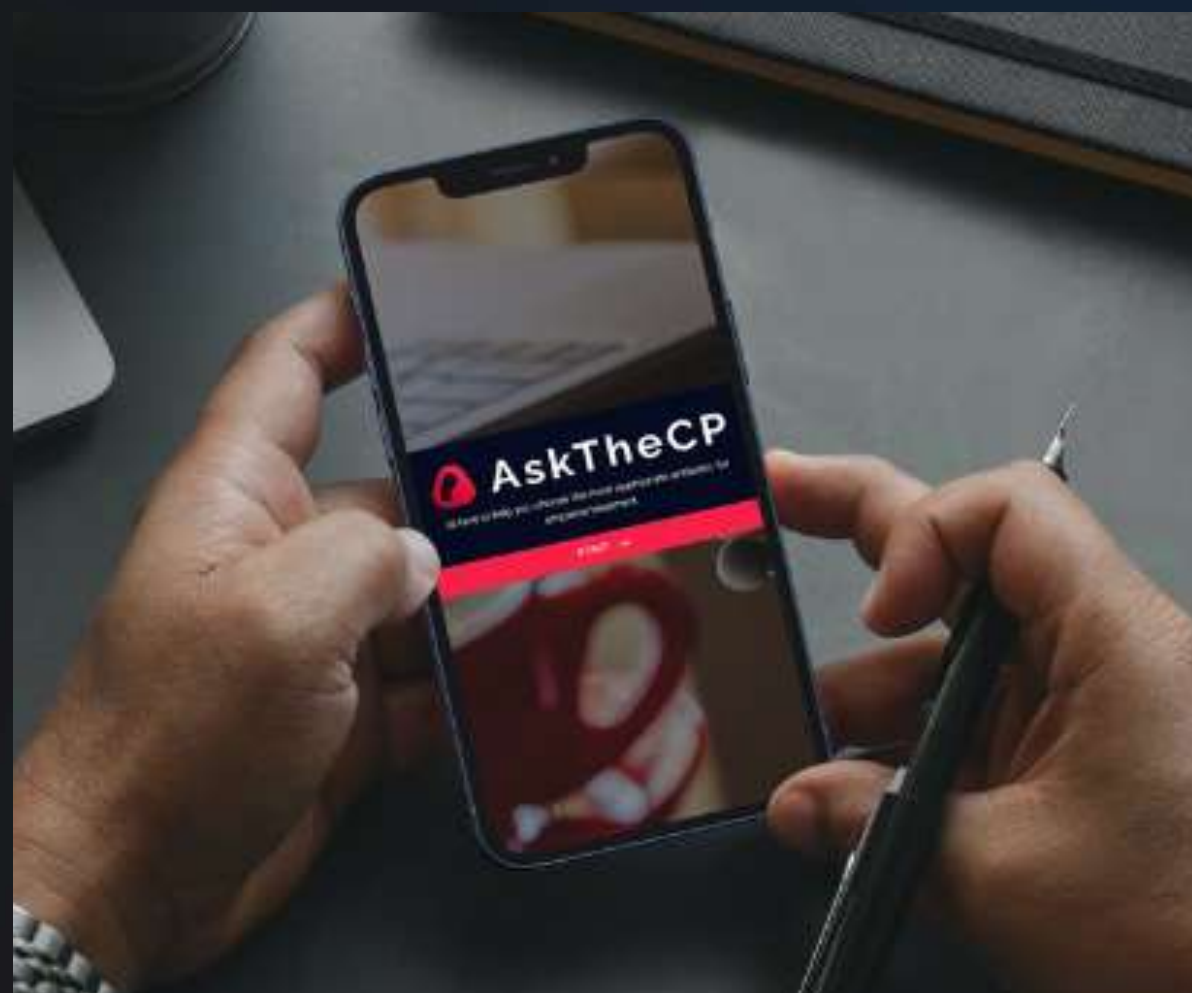
per year are projected
to happen in 2050 due
to AMR

1.5 billion €

per year are lost
today due to AMR in
Europe

MARKET SIZE

> 24 300
hospitals in
Europe are
suitable for our
solution



Our web-based advice system has everything the doctor needs to make the right treatment decision!

AskTheCP

Saves
doctors'
time

Improves
patients'
outcomes

Saves
hospitals'
money

Our smart algorithm has built in it:

Latest European and local guidelines

Documents of all available antibiotics

Each hospital's antibiotic resistance!

Receive advice* for first line treatment and alternatives

Doctors choose from personalized indications for each hospital

INDICATION FOR ANTIBIOTIC USAGE*
Please select from the drop-down menu

Pulmonary infections

←

Pulmonary infections
Perioperative antimicrobial prophylaxis
Skin, soft tissue and bone infections
Pulmonary infections

→

Mark patient characteristics to personalize the treatment

INDICATE IF THE PATIENT HAS:*

<input type="checkbox"/> NONE OF THE BELLOW	<input checked="" type="checkbox"/> Impaired kidney function
<input checked="" type="checkbox"/> Impaired liver function	<input type="checkbox"/> Penicillin allergy
<input type="checkbox"/> Cephalosporin allergy	<input type="checkbox"/> Monobactam allergy
<input type="checkbox"/> Carbapenem allergy	<input checked="" type="checkbox"/> Macrolide allergy
<input type="checkbox"/> Fluoroquinolone allergy	

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FIRST CHOICE TREATMENT:

Amoxicillin/clavulanic acid 1.2 g every 8 hours for 7-14 days
dissolved in 20 ml of solvent and added to 100 ml of infusion fluid administered by 3-4 minute slow intravenous injection or by drip / infusion over 30-40 minutes

+

Clarithromycin 500 mg every 12 hours for 7-14 days
dissolved in 10 ml of sterile water for injections and added to 250 ml of solution for intravenous administration, infused for 60 minutes

ALTERNATIVE

Ceftriaxon 2 g every 24 hours for 7-14 days
dissolved in 20-40 ml infusion fluid (calcium-free) administered by intravenous infusion over

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*Including drug name, dosage, dosing interval, duration of treatment, method of administration, special warnings, quick access to the SmPC, quick access to the guidelines used for the advice.

+ Tips & alerts regarding monitoring and termination of the treatment
+ Collecting data regarding antibiotic usage and patient outcome (AI&ML potential)

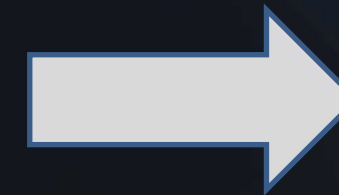
The Competition

	Gives advice for empirical treatment	Has direct access to SmPCs of antibiotics	Gives Advice for monitoring and duration of treatment	Adaptations of dosage and regimen of the antibiotic for each patient	Can give hospital statistics for antibiotic usage and AMR	National data for antibiotic resistance integrated in the algorithm
Diagnosia®		✓	✓	✓		
meg <small>ENGAGE MEASURE IMPROVE</small>	✓		✓	✓	✓	
TREAT SYSTEMS	✓		✓	✓		
AskTheCP	✓	✓	✓	✓		✓



Our Business Model & Clients

Enterprise subscription for medium and large hospitals (> 100 beds) starting from
4800 € up to 30000 € per year



AskTheCP software solution

+ On-the-spot audits and reports
+ Trainings and customer support
+ Physical pocket instructions

150% growth per year					
Average sell price - €12000					
Years	2023	2024	2025	2026	2027
Number of clients	10	25	63	156	391
Revenue	€120 000,00	€300 000,00	€750 000,00	€1 875 000,00	€4 687 500,00
Costs (25%)	€30 000,00	€75 000,00	€187 500,00	€468 750,00	€1 171 875,00
Profit	€90 000,00	€225 000,00	€562 500,00	€1 406 250,00	€3 515 625,00

"AskTheCP can cost less than the salary of 1 junior doctor, but can save your hospital at least 5x the money you invest per year!"

Go-to-market strategy

- 1 Validate in 2 hospitals to define and quantify the benefits of the software
- 2 Expand our advisory board and promote their recommendations
- 3 Direct sales by offering Ecosystem-as-a-service
- 4 Medico-marketing (conferences, medical magazines)
- 5 Become part of countries national plan for fighting AMR (requested by WHO)

Founders



Natalia Konova MD

Chief Executive Officer

Clinical Pharmacologist at Alexandrovska hospital, Sofia

PhD – Improving effectiveness and safety of antibiotics



Teodor Stamenov

Chief Technology Officer

Software Engineer

Experience in the field of digital healthcare

Advisory board



Prof. Dr. Emil Gachev, MD. PhD

Head of the Clinic of Clinical
Pharmacology and Therapy at the
Medical University - town. Sofia



Prof. Dr. Dobrin Svinarov, MD. PhD

Head of Clinical Laboratory and Clinical
Pharmacology at Alexandrovska University
Hospital / President of the Bulgarian
Society of Clinical laboratory



Prof. Boris. Evg. Sakakushev, MD, PhD

Professor in General Surgery/Senior
Consultant at UMHAT St George Plovdiv
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Prof. Dr. Mariana Murdjeva

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Prof. Dr. Tsetsa Doichinova, MD

Head of the Clinic of Infectious
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Assoc. prof. Sergey Iliev, MD, Ph.D

Dean of the Faculty of Medicine,
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Department of Coloproctology and
Purulent-Septic Surgery at the Clinic of
Abdominal-Visceral Surgery – University
Hospital Pleven, Head of Department of
Propedeutics of surgical diseases

Traction

So far



Created the prototype

2 hospitals have agreed to try our software for 6 months

Advisory board of 6 key opinion leaders

Backed up by 2 Medical Universities

6 months



Tailor the algorithm for the 2 hospitals and finish the MVP

Start testing the prototype

Expand the Advisory board

Create the medico-marketing strategy

12 months



Sign preliminary deals via direct sales

Build the software

Initiate medico-marketing strategy

18 months



Software integration in client hospitals

Ecosystem-as-a-service – provide lectures and know-how to future clients

Start working on LMS system that amplifies the software

We need for the next 12 months



We will also benefit from:

+ Market access

+ Mentoring from experience in the digital healthcare system



AskTheCP

Antibiotic stewardship
made simple