TO THE POTENTIAL LICENSEE

OUR EXPERIENCE IN INDIA

Our assessment of Indian needs for much better outreach of cervical cancer screening was based upon Indian and international health statistics showing an epidemic-like situation with grim forecast if something will not be done - similar to the campaign held in the USA by the American Cancer Society between 1945 and 1996., when the epidemical trends were reversed and cervical cancer danger was reduced significantly.

The numbers are very convincing: Growth of Indian population 1.4% annually; growth of cervical cancer prevalence and mortality in India 10% annually resulting in cervical cancer screening outreach less than 6% in 2012. Other contributing factors are lack of comprehensive strategy to fight cervical cancer; diluted health care services; limited health insurance and substantial government funding.

Our approach was based upon these assumptions. We have tried to contract an Indian company to be our Resident Agent (Agency), an Importer with distributive channels to customers – health care providers delivering cervical cancer screening services and managing patients with abnormal screen tests, and marketing the MarkPap technology, This technology is biomarker-based (a new composite biomarker “MEDYKO” which integrates pre-morphological (CAP), morphological (DNA) and prognostic (HPV) information amenable for IT use, and is the best test available for improving the classical Pap smear. We also tried to incite Indian investors in health field to fund this project because of the double benefit, health and financial. We thought that giving the Indian investors an opportunity to fund Indian company for delivering a double impact: Health for Indian population, and money for them, would be a WIN-WIN situation. But, it did not.

This approach has not been successful mostly because any comprehensive strategy with social entrepreneurship’s goals at the end was incomprehensible for our audiences. Consequently, we are now trying to do the same but via a licensing business model. Because we do not see any company as potential licensee for the entire project, we have decided to open the opportunity for sublicensing hoping that a series of sublicensing (therefore, short term for the return on the investment) led by a single strategy incorporated in the parent license, will do better for the benefit of Indian women (health improvement) and for everybody involved (financial aspects).

As business models for negotiation we will consider:

- Franchise: Individual elements of the project or their combination
- License: Exclusive but limited by scope, time, territory and royalty payments.

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