



PRESS RELEASE

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New Scientific Evidence Presented at ANESTHESIOLOGY 2026 Strengthens the Case for Senzime's TetraGraph and Quantitative Neuromuscular Monitoring

UPPSALA, Sweden and SAN DIEGO, Calif., October 17, 2026 — Senzime AB (publ), a global leader in precision-based patient monitoring solutions, today announced new scientific data presented at ANESTHESIOLOGY® 2026, the annual meeting of the American Society of Anesthesiologists (ASA). The research highlights important clinical and economic aspects of quantitative neuromuscular monitoring, including the benefits of Senzime's proprietary TetraGraph® technology.

The presentations follow a broad scientific and educational focus on neuromuscular management at this year's congress. More than 25 related sessions, scientific abstracts, quality improvement projects and clinical case presentations address topics ranging from quantitative neuromuscular monitoring and deep-block management to reversal strategies and postoperative outcomes.

"The breadth of neuromuscular management content at this year's ANESTHESIOLOGY meeting reflects how the science continues to evolve. The conversation is no longer about whether quantitative monitoring should be used, but how it can be used most effectively and integrated into everyday clinical practice," said Philip Siberg, CEO of Senzime. "We are proud to contribute new scientific evidence addressing two important dimensions of this evolution: helping clinicians gain more meaningful insights during deep neuromuscular block and helping hospitals better understand the clinical and economic benefits of implementing quantitative monitoring."

TetraGraph's automated deep-block monitoring technology demonstrates substantial improvements in monitoring performance

The study, *"Effect of Adaptive Post-Tetanic Count Measurement on Effectiveness of Neuromuscular Monitoring during Deep Block,"* analyzed de-identified TetraGraph data from 9,938 surgical cases. The study evaluated TetraGraph's automated, patent-pending deep-block monitoring functionality, Adaptive PTC, and demonstrated substantial improvements in the depth and frequency of neuromuscular block assessment compared with conventional manual PTC activation. The abstract is authored by Sorin J. Brull, MD, FCARCSI (Hon), Julia Nordin, MSc, Jen Sanders, BSN, Linnea Troeng, MSc, Anders Jacobson, MSc, and Ammar Chadaideh, MSc.

New economic model demonstrates potential cost savings from quantitative neuromuscular monitoring

The study, *"Cost Concerns of Quantitative Neuromuscular Monitoring—Developing a Return-on-Investment Calculator,"* introduces a customizable economic model designed to estimate the potential financial impact of implementing quantitative neuromuscular monitoring.

The model combines published rates of residual neuromuscular block and postoperative pulmonary complications (PPCs) with reversal drug costs and monitoring expenses to generate institution-specific economic estimates. In a modeled scenario involving 4,000 annual surgical cases requiring neuromuscular blocking agents and an increase in quantitative EMG monitoring adoption from 0% to 90%, the calculator estimated 32 fewer postoperative pulmonary complications annually, approximately \$1.23 million in net annual savings after monitoring costs, and a break-even period of approximately 30 days.

These findings illustrate the potential economic value of broader quantitative neuromuscular monitoring adoption, while actual outcomes and savings will depend on individual hospital practices, patient populations and cost structures.

The abstract is authored by Sorin J. Brull, MD, FCARCSI, and Michael J. Noble, MBA. It will be presented on Saturday, October 17, from 10:15 AM to 11:15 AM in the Exhibit Hall, ePosters Monitor 26.

Neuromuscular management takes center stage at ANESTHESIOLOGY 2026

The ANESTHESIOLOGY 2026 scientific program features additional research and education addressing the adoption of quantitative monitoring, comparisons between electromyography (EMG) and acceleromyography (AMG), train-of-four documentation, optimization of reversal strategies, postoperative respiratory and pulmonary outcomes, and clinical cases illustrating the challenges of neuromuscular block management.

Several clinical experts who have collaborated with Senzime are also participating in the scientific program, contributing research and education on contemporary neuromuscular management. Their participation reflects the broader scientific dialogue on how quantitative monitoring can be implemented and optimized in clinical practice. These sessions are independently developed and are not sponsored or directed by Senzime.

For further information, please contact:

Philip Siberg, CEO of Senzime AB

Phone: +46 (0) 707 90 67 34, e-mail: philip.siberg@senzime.com

About Senzime

Senzime is a leading medical device company at the forefront of a changing healthcare market, driven by new clinical guidelines and emerging technologies. Established in 1999, Senzime develops and markets precision-based monitoring systems that improve outcomes, reduce costs, and advance perioperative patient safety. The flagship solution is the TetraGraph® system, proven best-in-class for accurate monitoring of neuromuscular transmission during surgery and used in thousands of operating rooms across the globe. The system helps to secure precise dosing of paralytic drugs and provides enhanced insights to safeguard every patient's journey, from anesthesia to recovery.

Headquartered in Uppsala, Sweden, Senzime is publicly traded on the Nasdaq Stockholm Main Market (SEZI), with cross-trading on the US OTCQX Market (SNZZF), and backed by long-term investors. More information is available at senzime.com.

Attachments

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