

Executive summary

- ✓ Batea Oncology is a biotech company focused on the development of new therapeutic solutions to tackle aggressive cancers with low survival
- ✓ Our first asset is GlioHook, a class III medical device for the treatment of glioblastoma (GB) patients.
- ✓ Glioblastoma is the deadliest and most common malignant primary brain tumor, with a 5-year survival rate <5%.
- ✓ Current standard of care, with no real innovation in the last 20 years, is a combination of surgery followed by radio-chemotherapy, but relapse occur in virtually all patients around 8 months after surgery
- ✓ There is an urgent need for innovative therapies, like GlioHook, which acts concentrating tumor cells remaining after surgery and changing the disease from an infiltrative to a focalized one.
- ✓ We have shown safety and efficacy of GlioHook *in vitro* and *in vivo* in animal GB models
- ✓ We are currently finishing the preclinical regulatory tests and plan to conduct a multicenter prospective Phase I clinical trial starting in 2025

Series A Funding Round

Seeking €2.8 M

In two tranches:

- €0.6M to reach 1st Inflection value point: Authorization for Phase I CT
- €2.2M to reach 2nd Inflection value point: Phase I results

Use of funds

- Complete regulatory preclinical tests
- Perform multicenter Phase I CT (10-15 patients)

Tumor relapse in GB, the problem to address

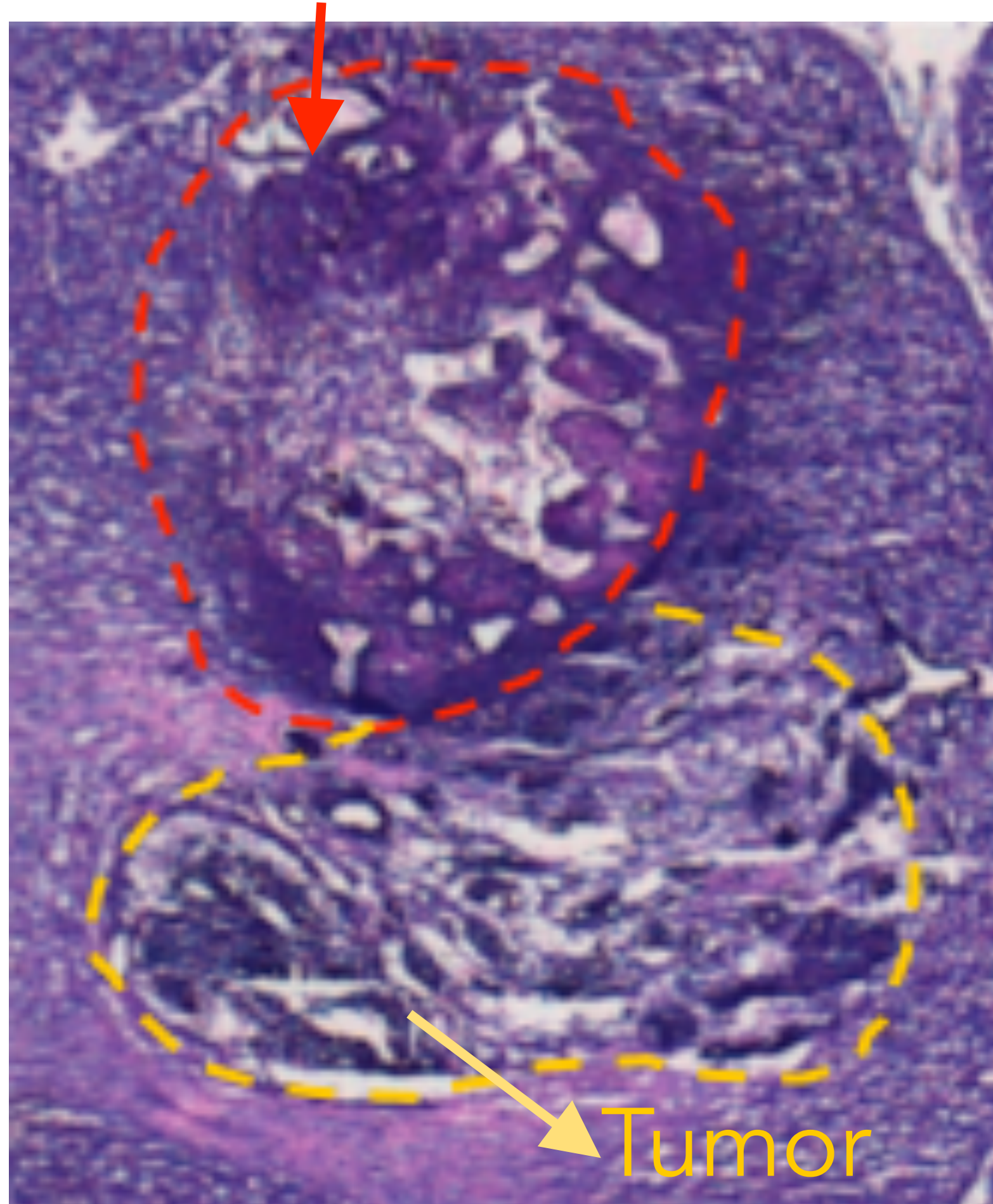
- ✓ Resection surgery in GB is challenging and often incomplete, and residual cancer cells, highly resistant to radiotherapy, end up infiltrating the brain tissue.
- ✓ As a result, and despite radio-chemotherapy, relapse occur in >90% of patients, with no therapeutic alternatives
- ✓ GlioHook addresses this challenge: implanted during resection surgery, in contact with residual tumor cells, it concentrates the tumor cells, focalising the disease, avoiding brain infiltration and inducing a radiosensitization in the tumor cells

IPR

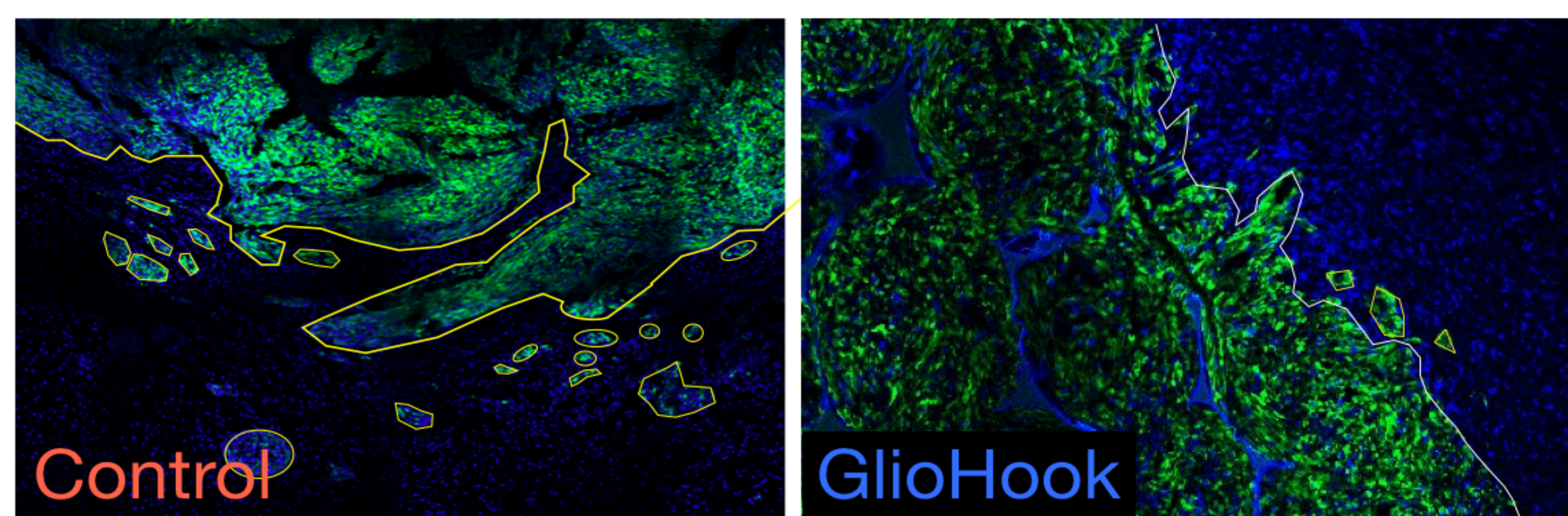
Strong IPR, GlioHook device is protected by two patents in Europe and the USA and a newly filed patent covering its use in GB applications

GlioHook efficacy *in vitro* and *in vivo*

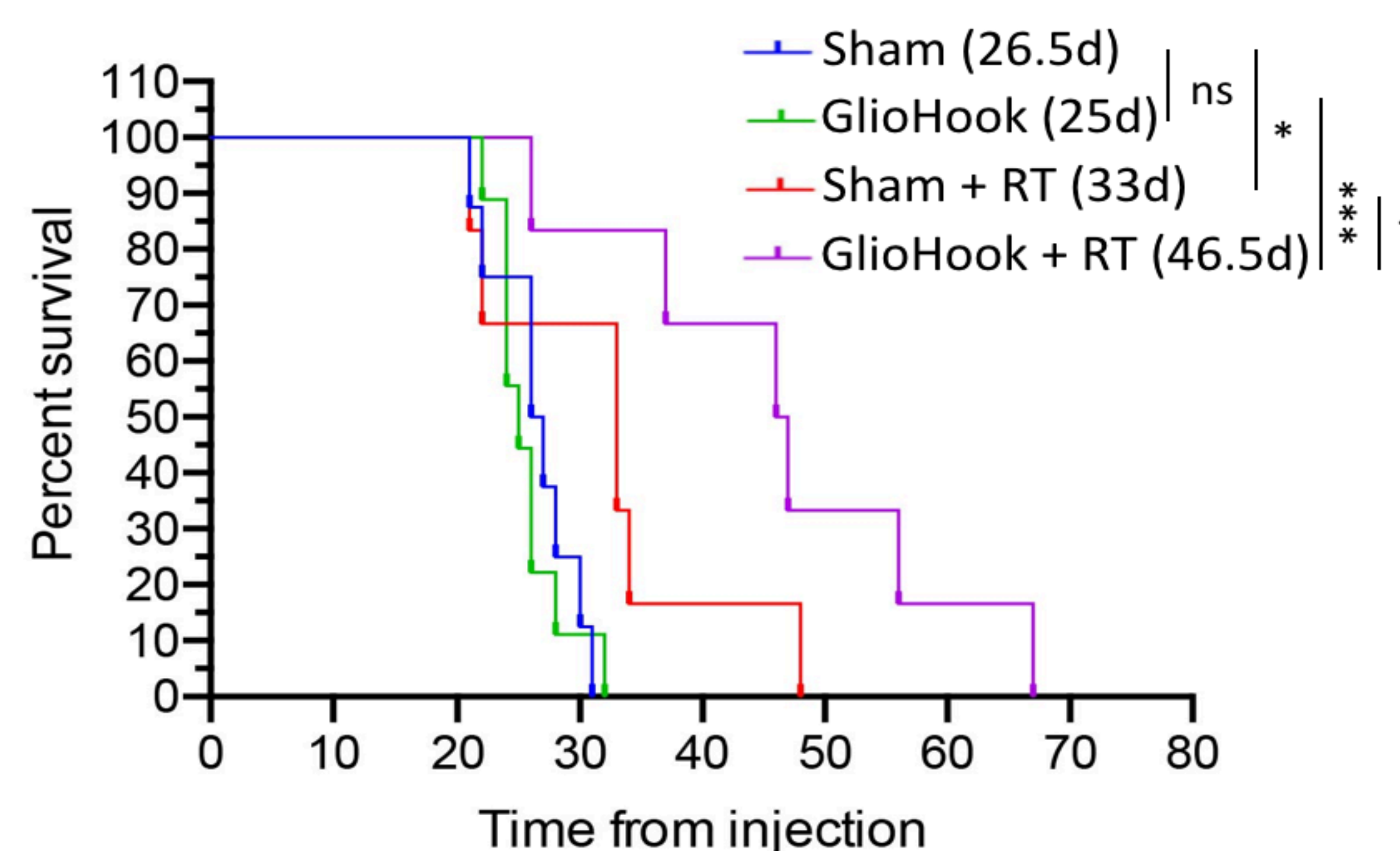
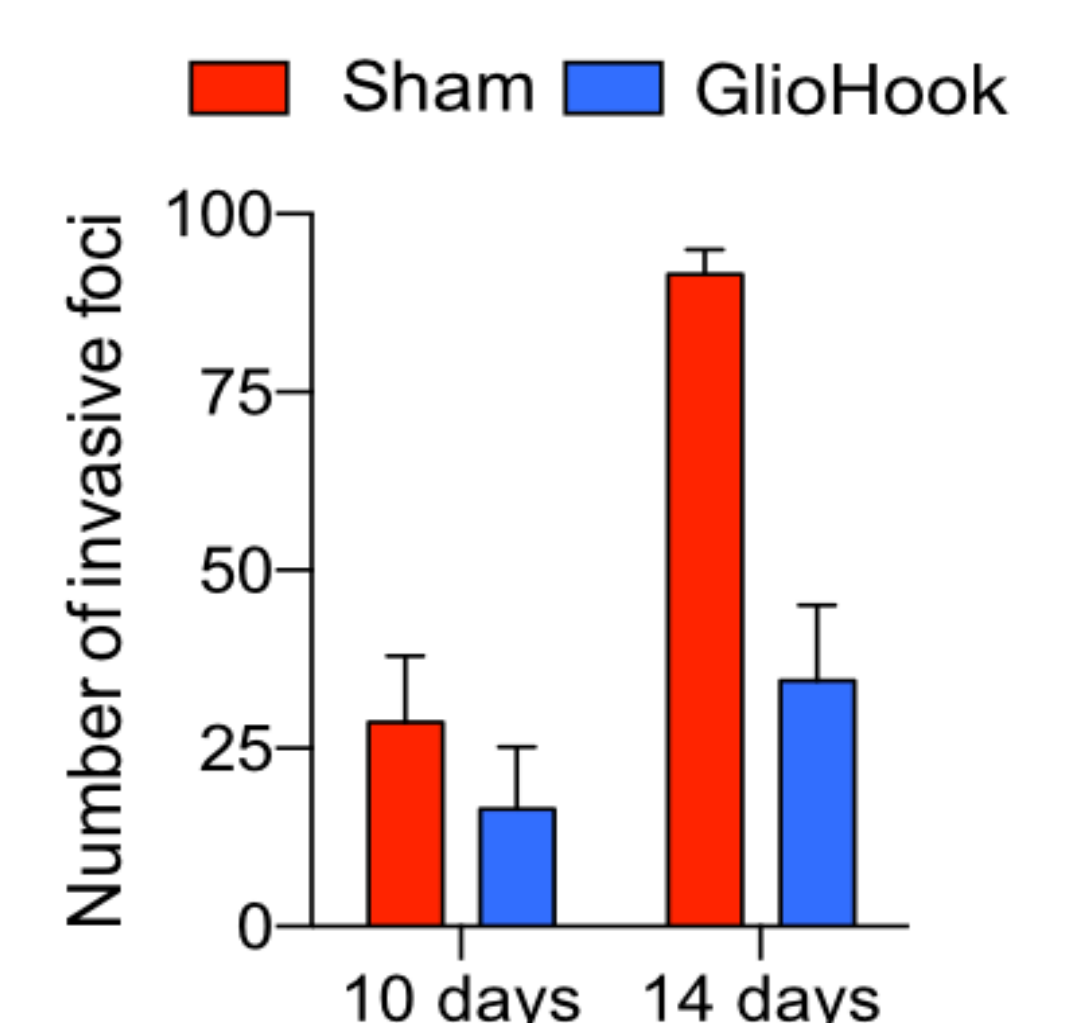
Infiltrated GlioHook



Tumor cells effectively infiltrate GlioHook



GlioHook implant reduces tumor invasive foci



GlioHook increases the survival of GBM animal models by 40% when combined with radiotherapy

The team

Multidisciplinary combination of experts in cancer research, medical oncologists, neurosurgeons, and skilled entrepreneurs with experience in biotech.

Close collaboration with leading hospitals Management team with previously successful track record



Sonia Martínez, PhD
CEO
Experienced entrepreneur with extensive experience in strategic management



Jorge Barbazán, PhD
CSO
Expert in cancer cell biology and biomaterials



Eladio Crego, MBA
CFO
Venture capital, financial planning and tech transfer specialist



Alba Ferreirós, PhD
Senior Scientist
Expert in preclinical development



Carmen Martin
Regulatory Affairs
Medtech regulatory specialist

Advisors



Rafael López, MD, PhD
Co-founder. Chief medical oncologist
University Clinical Hospital of Santiago



Miguel Abal PhD
Co-founder. Head of translational medical oncology lab.

KOLs



Fran Martínez, MD, PhD
Lead oncology neurosurgeon.
Vall d'Hebron Hospital
Barcelona, Spain



Angel Prieto, MD, PhD
Neurosurgery department chief
University Clinical Hospital of Santiago

Market opportunity

- ✓ Global Glioblastoma Drug Market will reach 2.9 bM USD by 2031, with a CAGR of 12,8%
- ✓ 40.000 newly diagnosed GB cases/year only in major markets (Europe, USA, Japan and Canada)
- ✓ Strong interest by pharma companies: several CT ongoing with new drugs but none has proven efficiency yet
- ✓ Gliohook is seamlessly integrated into the standard of care, it is easily scalable for manufacturing and can be combined with the current standard of care and with new therapies under development

Route to market

