



INTRO DECK

Real-time perfusion monitoring for the angio suite

A live readout of blood perfusion across the whole foot — during the procedure, when it can still change the outcome.

- FDA-DESIGNATED BREAKTHROUGH DEVICE



THE PROBLEM

Angioplasty restores flow to alleviate pain and prevent amputation — but physicians can't see if it worked

Endovascular intervention — balloon angioplasty in the leg — is the standard treatment for CLTI, often with the use of stents, atherectomy or intravascular lithotripsy, to improve blood flow to the foot.

These procedures are guided entirely by angiography — intermittent X-ray images of vessels, which do not tell the physician if the microvascular perfusion in the foot has sufficiently improved. Due to downstream blockages, collateral vessel formation and diabetic microangiopathy, a good-looking angiogram can have no correlation to the interim and final success outcome of a procedure.

? Did wound perfusion actually increase?

? Should I treat more vessels?

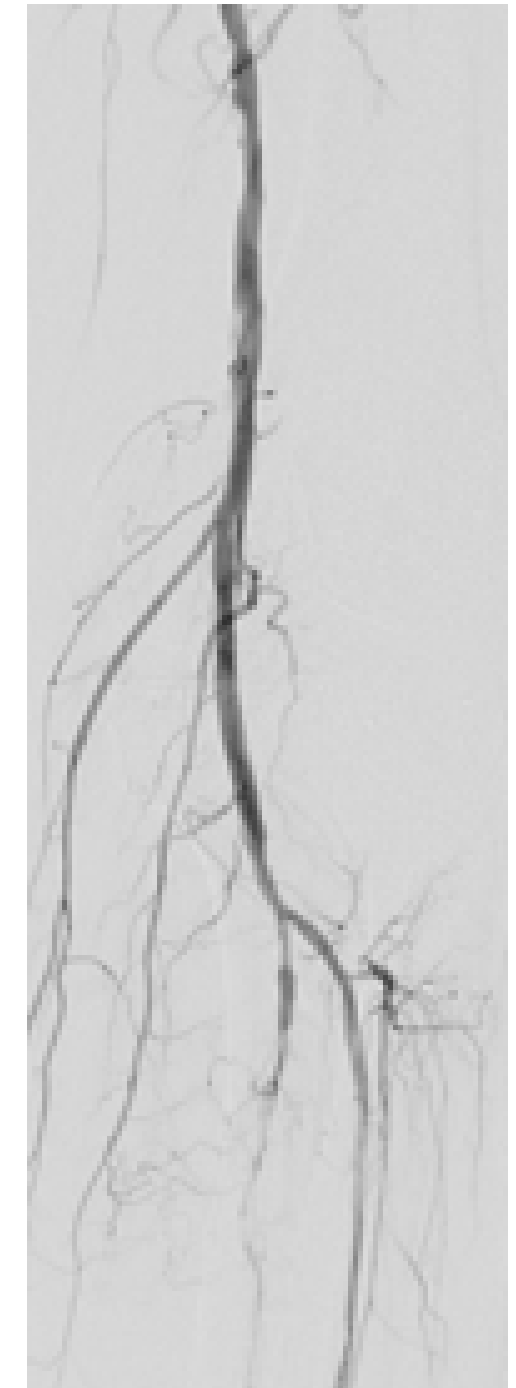
? Can I justify using more expensive tools?

? Is it OK to stop?

30% patients face unplanned readmission or amputation.

Angiography:

- good to locate vessel blockages
- poor for guiding intervention



CLINICAL NEED

Vascular specialists are calling for real-time perfusion data

“An important primary emphasis of future trials should be on validating technologies and strategies for assessing tissue perfusion before, during, and after revascularization.”

The “Woundosome” Concept and Its Impact on Procedural Outcomes in Patients With Chronic Limb-Threatening Ischemia · Journal of Endovascular Therapy · March 2024

184

Leading vascular KOL co-authors

#1

Cited article on the treatment of CLTI from 2023-2026

“Key Recommendations:

Optimally, BTK procedures for wound healing, should aim in providing the maximal foot perfusion possible via wound-directed revascularisation.”

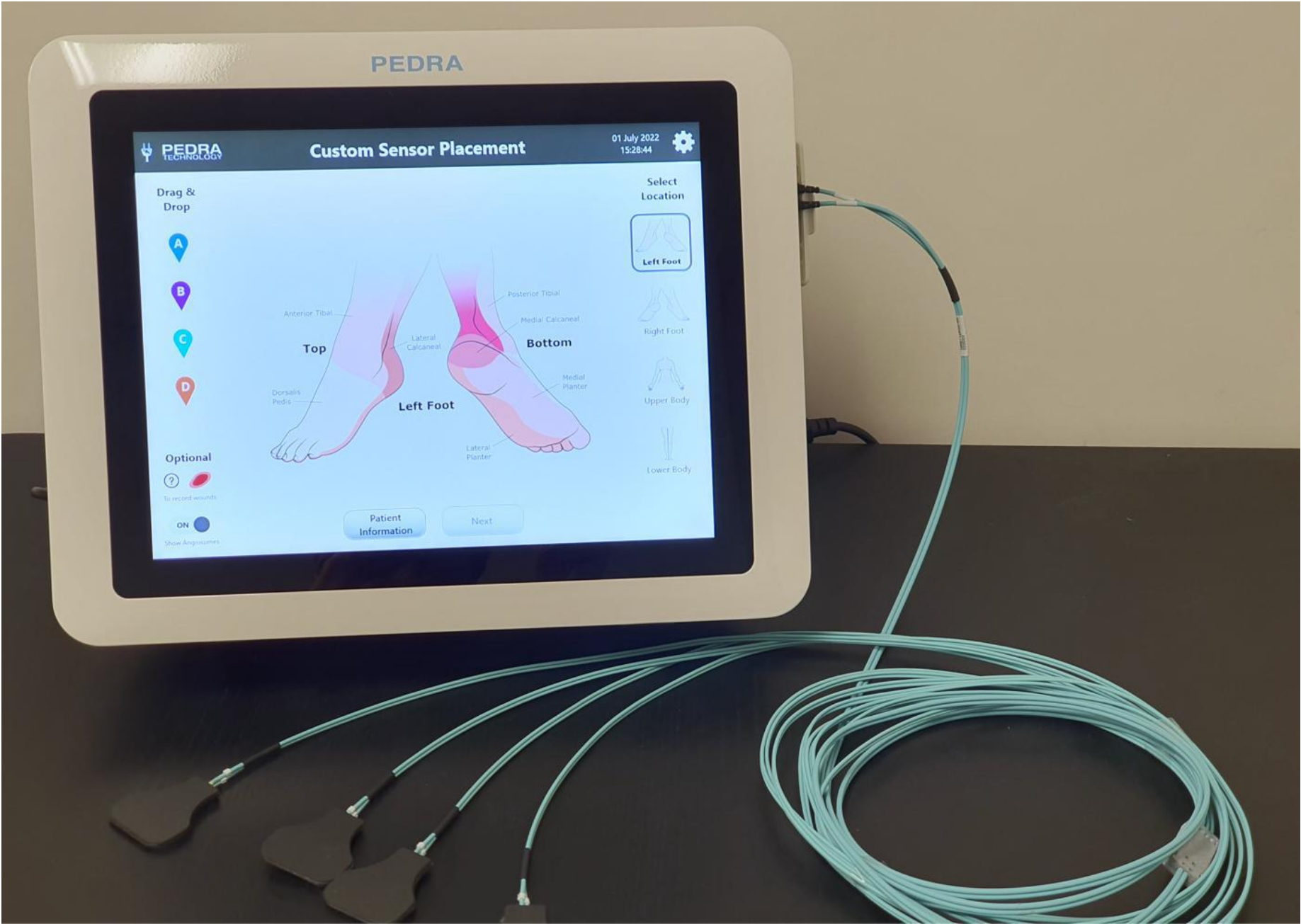


**Cardiovascular and Interventional
Radiological Society of Europe**

CIRSE Standards of Practice on Below-the-Knee Revascularisation
CardioVascular and Interventional Radiology, 2021

SOLUTION

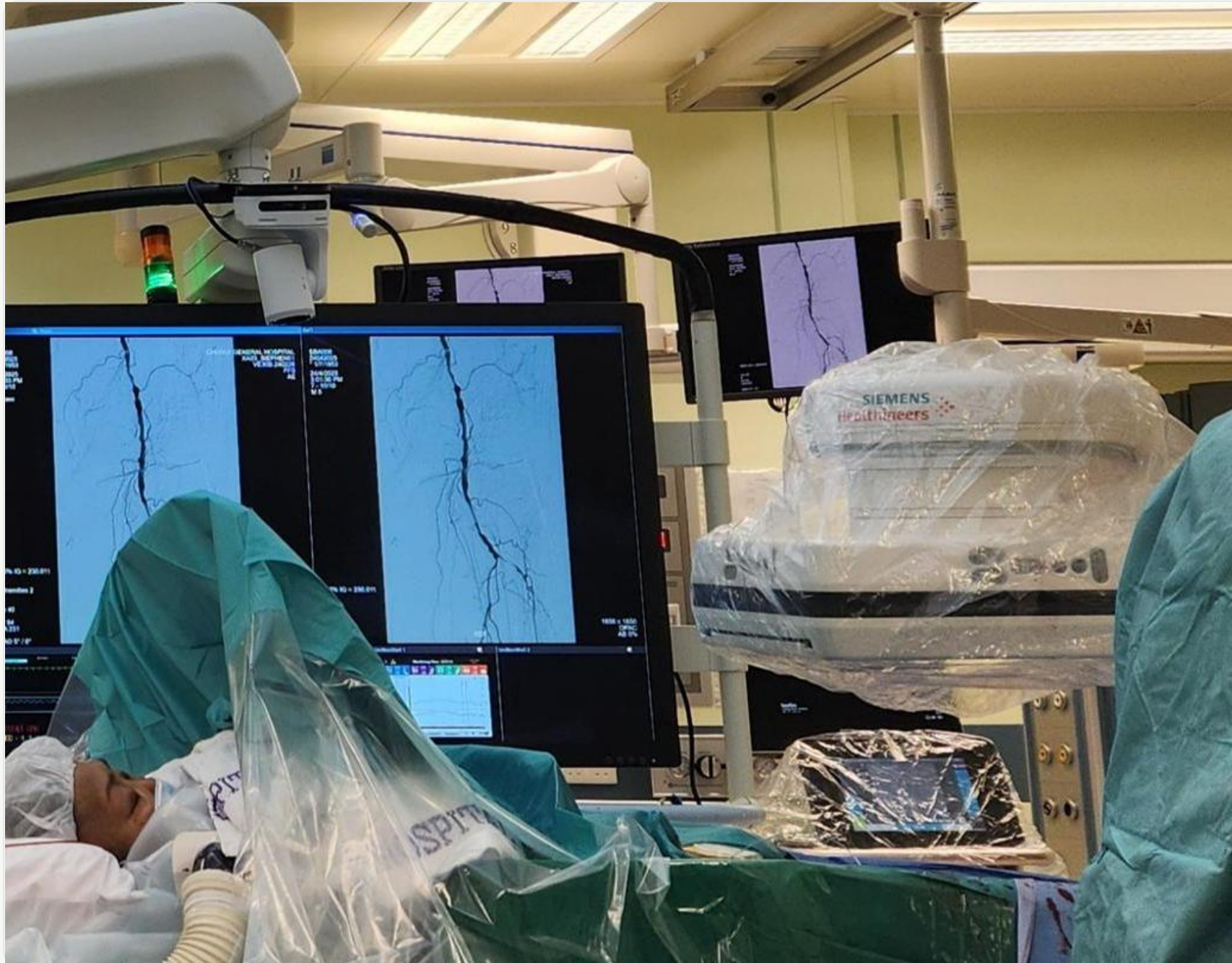
Pedra's Xauron™ Perfusion System



4-patch sensor reads perfusion at multiple points across the foot and streams a continuous readout to the monitor screen.



Designed to fit the cath lab, not the other way around



- ✓ Radiolucent sensor — angiography and retrograde access not impeded
- ✓ Perfusion screen casts onto angio monitors via HDMI or VGA
- ✓ Optional VESA mounting onto angio arms or rolling pole platforms
- ✓ Seamless switch to battery for moving with patient to recovery room
- ✓ Once sensors and drapes are placed, no further adjustment is needed
- ✓ Readings are unaffected by patient movement
- ✓ Readings are unaffected by tissue edema and vessel calcification
- ✓ No fussy calibration required
- ✓ Works with both contrast and CO₂ angiography.

CLINICAL EVIDENCE

In a blinded study, perfusion data would have changed care

20-patient CLTI study, Singapore.

Physicians were blinded to the perfusion screen during the intervention, then shown the data captured on video alongside live angiography.

47%

of cases — the physician would have done something different

Physician would have treated additional vessels, caught thrombus earlier for more effective management of complication, detected missed lesions earlier, used a stent, or used IVUS to check for flow-limiting dissections, etc.

42%

of cases — low perfusion flagged a premature stop

Cases ended too early with either no change or a fall in wound perfusion, leading to failed wounds. The data could have prompted further intervention of more vessels, use of specialty tools like atherectomy or IVL, or closer post-op follow-up and wound care.

MARKET

\$2.5B total addressable market in just 4 regions

US total addressable market of \$1B

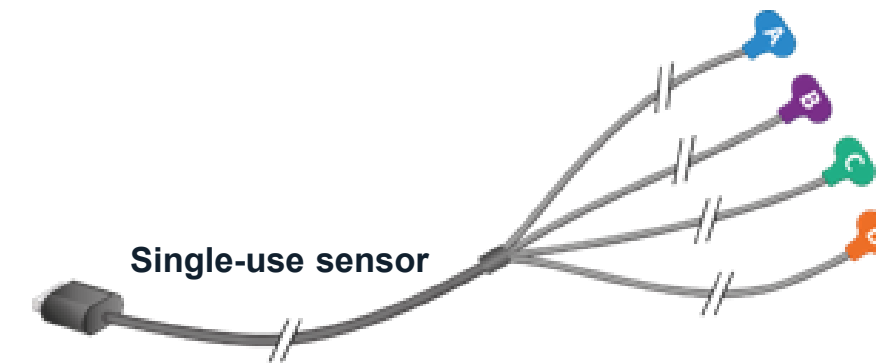
US beachhead - 300,000 complex CLTI BTK+ cases

Potential \$1,000 - \$1,500 sensor price

High gross margin permits price elasticity strategies

85%+

Target gross margin, validated by field pricing input



Volume manufacturing cost

CONSOLE \$25,000

SENSOR \$60-80

Value for OBLs – the ability to justify higher billing for more complex cases where plain balloon fails to improve perfusion.

Value for Hospitals – the potential to reduce unplanned readmissions and complication rates.

MARKET

Comps show potential for high return

Serving only 20% subset of patients,
those with calcified vessels

~\$3.5B

Based on \$194M
peripheral vascular
sales

\$13.1B

JNJ Acquisition of Shockwave
(both coronary and peripheral)
May 2024

In contrast, our sensors can be sold into **ALL** peripheral procedures, with potential for US\$1B US revenue, aided by Breakthrough status.

PEDRA
TECHNOLOGY



A rare, de-risked ROI and
revenue growth opportunity.

Addressing pain points for endovascular strategics

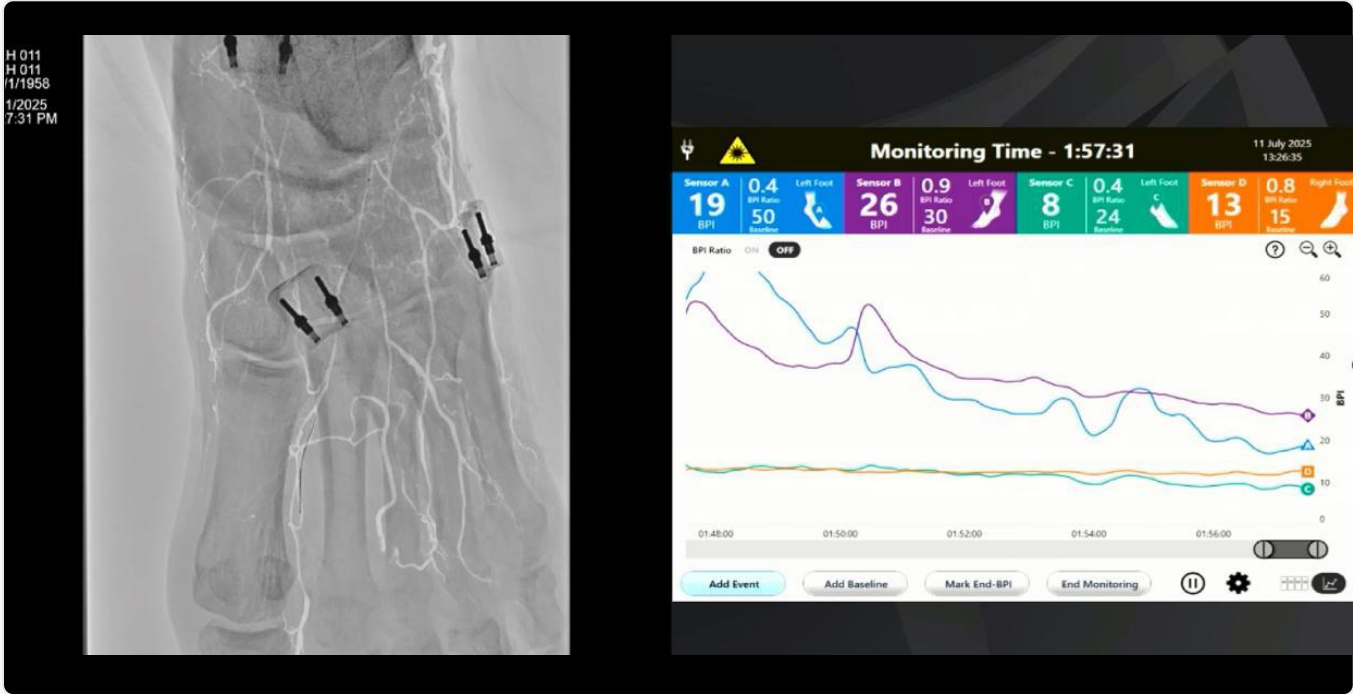
Balloons & stents are commoditized; specialty devices reach only patient subsets PEDRA Opens a new high-margin product category for revenue growth. High adjacency permits leveraging of existing sales infrastructure with potential to enhance SGA efficiency.	Sales reps find it harder to access US hospitals for contracting PEDRA As a Breakthrough Device, positioned as a Physician Preference Item, it strengthens contractual access for the whole portfolio of interventional products.	Downward pressure on atherectomy revenue with increased scrutiny by insurers PEDRA Perfusion data supports appropriate use of atherectomy, as shown in clinical data. It serves as a revenue hedge in the face of potential atherectomy market contraction.
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Strategic Validation

Philips and Boston Scientific are shareholders; no trade sale handcuffs.

CLINICAL VALUE · REAL WORLD CLINICAL UTILITY

Real-time alerts catch complications angiography misses

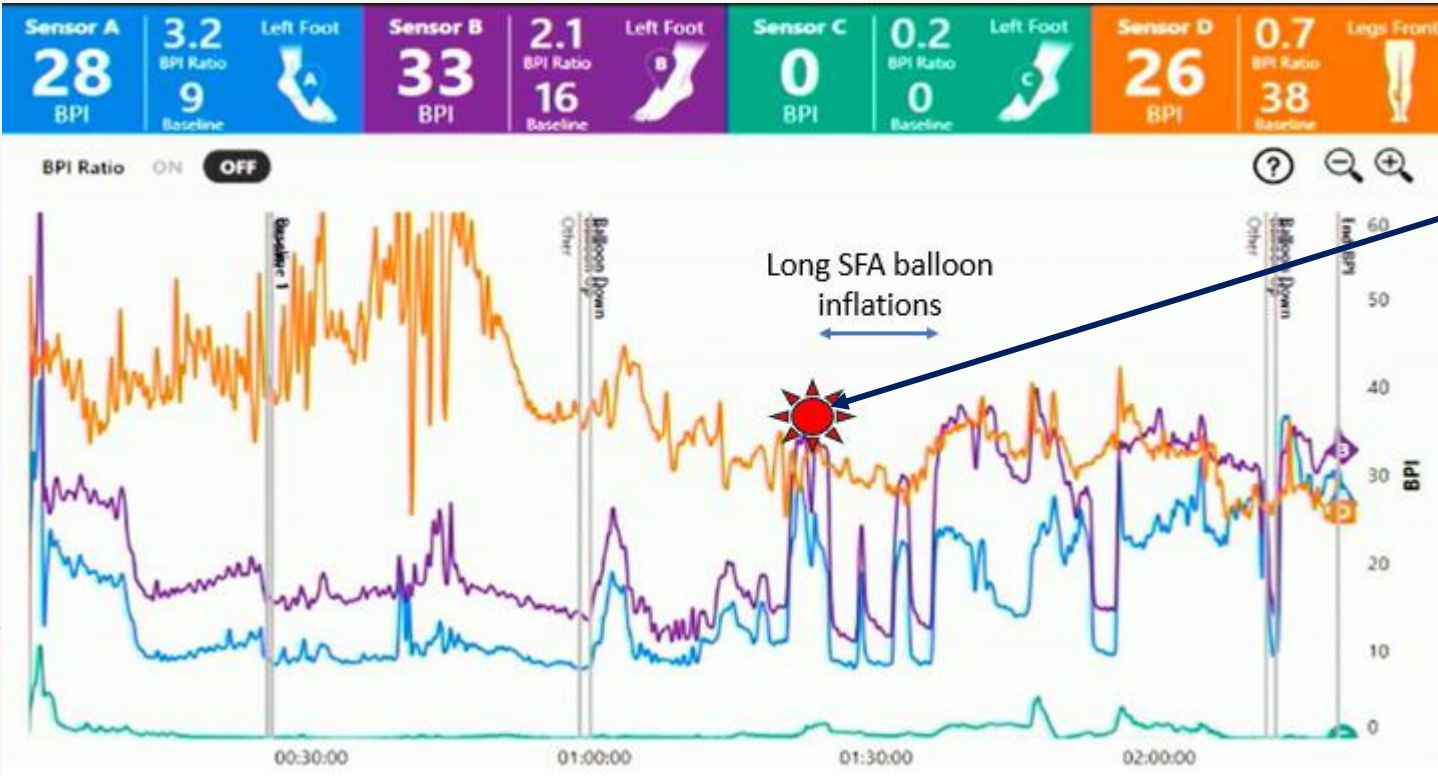


Blinded to perfusion feedback, the physician had no way to see a major thrombus forming in the tibial vessels during a pedal intervention.

Angiography is limited to one angle at a time and only intermittent, contrast-based views. The major thrombus was detected only after the angio camera was turned from a pedal view back to the tibial, whereas Pedra’s live perfusion signal would have provided a much earlier alert.

3 hr+ Procedure – midway improvement lost due to late detection of thrombus

Guidance that shortens procedures and cuts radiation



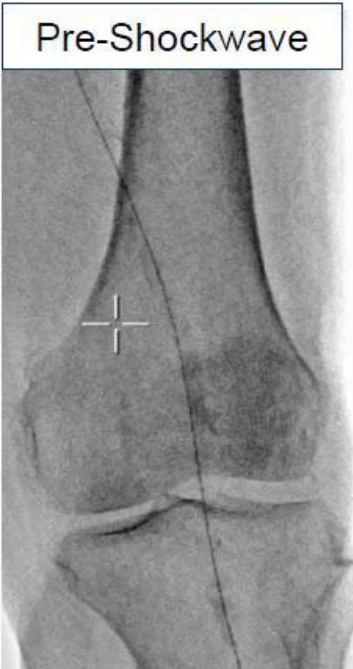
1:25 vs 2:19 The case could have ended almost an hour earlier with perfusion guidance.

Relying on X-ray angiography alone, the doctor continued for 54 minutes with a sequence of long SFA balloons that caused **two dissections** and did not improve perfusion further.

Perfusion increase after atherectomy



Perfusion increase after IVL



MEASURED PERFUSION GAIN

+36% **+55%**

across 2 woundosome sensors
after Shockwave – can be
invisible on angiogram

X-ray angiography alone does not consistently confirm that balloon + shockwave beats plain balloon. With perfusion data, the difference is precise and free of subjective bias.

Pedra records the quantitative perfusion improvement achieved with atherectomy or IVL, giving doctors the objective data needed to push back on insurance denials.

TEAM

An experienced vascular-medtech team



Kareen Looi
CHIEF EXECUTIVE OFFICER

Serial medtech entrepreneur. Former CEO-founder of Setagon (coronary stent, acquired by Medtronic). MBA, Darden · LLB, NUS.



Whye-Kei Lye
CHIEF TECHNOLOGY OFFICER

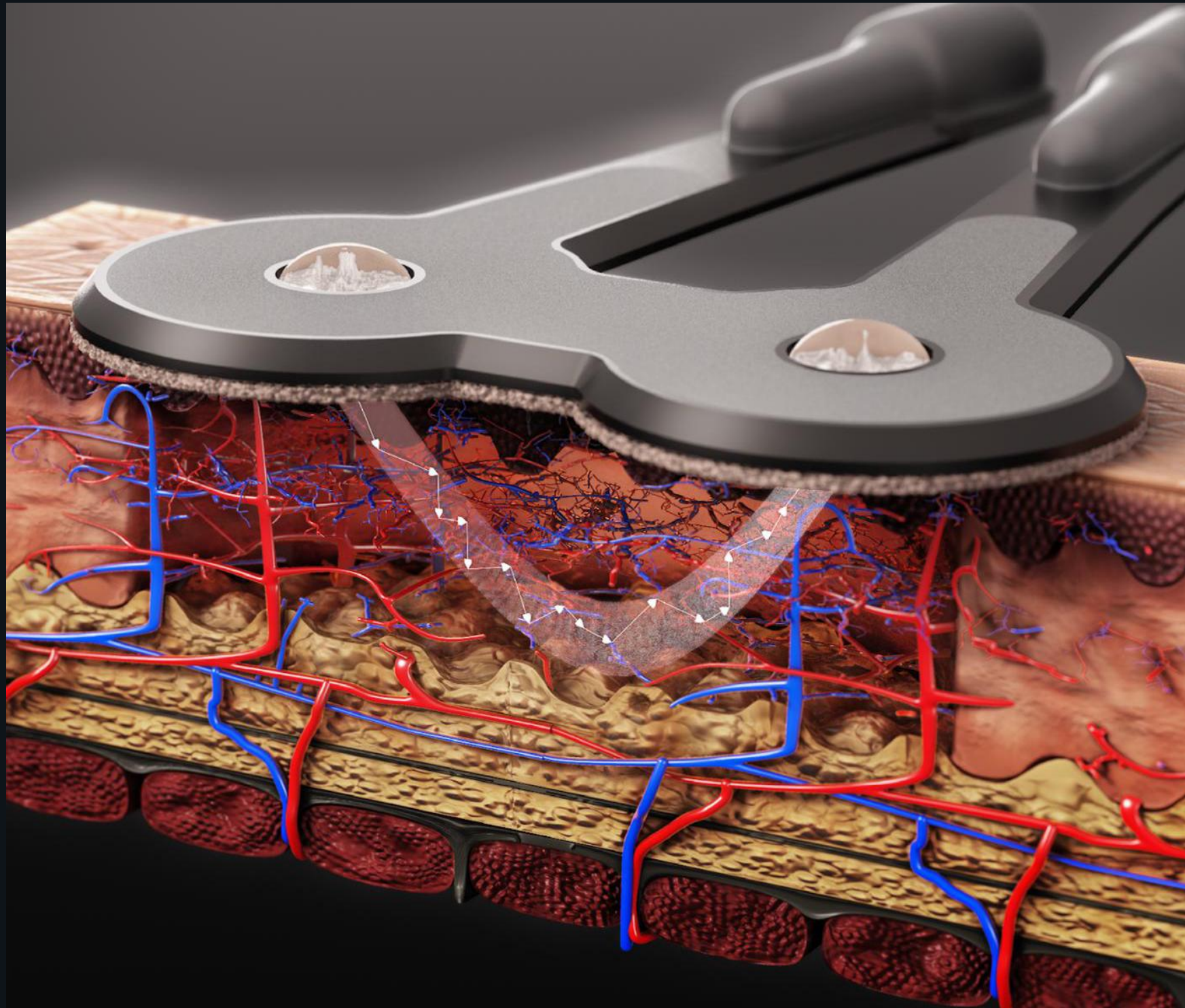
Serial inventor; co-founder/CTO of Setagon; Director, SingHealth IP Office. 31 patents, 13 publications. BSc Physics, Caltech · PhD, Yale.



Paul Hayes
CHIEF MEDICAL OFFICER

Vascular & endovascular surgeon, Addenbrooke's / Cambridge. PI on multi-center trials; author of 150+ papers. MB ChB, MD.

Defensible technology, protected worldwide



Coherent laser photons scatter as they bounce off moving blood cells beneath the skin. Our detector reads the resulting **speckle pattern** — translating it into a live perfusion signal.

34

issued patents worldwide

5

Issued U.S. patents (3 separate families)

Workplan for a USD6-10M Series B

Targeting commercialization phase in
~2 years

Proceeds will fund the transfer to manufacturing, FDA approval and a US clinical trial — driving toward the start of commercialization activities.

2026	TRANCHE 1	2027	TRANCHE 2	2028	2029	GOAL
+US\$6M DHF Gap-Fill ✓ Full QMS, ISO compliance ✓ Software edit for final screen display edit ✓ Cybersecurity documentation ✓ Minor console hardware design change for cybersecurity ✓ Calibration tooling for scale manufacturing ✓ Value analysis and clinical trial planning		+US\$4M Manufacturing DHF Completion ✓ First production run based on manufacturing DHF ✓ V&V testing of production units ✓ Human factors study ✓ Benchtop flow model study ✓ CRO Site Selection & Training * ✓ Clinical site contracts *		FDA Submission & US Clinical Trial ✓ Build of 510k dossier ✓ FDA 510k submission ✓ Clinical site training * ✓ Start of US clinical trial * ✓ Clinical site monitoring * ✓ Clinical trial report *	Manufacturing Readiness FDA Approval US Clinical Data US clinical trial data will support further Breakthrough IFU for CLTI cases.	



Real-time perfusion monitoring for the angio suite

- FDA-DESIGNATED BREAKTHROUGH DEVICE

Kareen Looi
CEO

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