

CancerMate Key Drivers

- **Solid tumors** represent approximately 90% of adult human cancers
- Europe Oncology **Market size surpassed USD 79 billion** in 2022; Expected CAGR in the European Oncology Market through 2022-2028 = 7.0%
- **We are first** to develop a user-friendly tool to predict the **quantitative evolution of solid tumor lesions after specific therapy**
- **Successfully tested** in clinical environments, specifically in:
 - **breast cancer** (triple negative, treated with Lynparza)
 - **non-Hodgkin lymphoma** (diffuse large B cells, treated with R-CHOP)
- Licences are sold on a ***fee-for-service*** model subscriptions

www.virtualcancercure.com

CancerMate Customer Segments

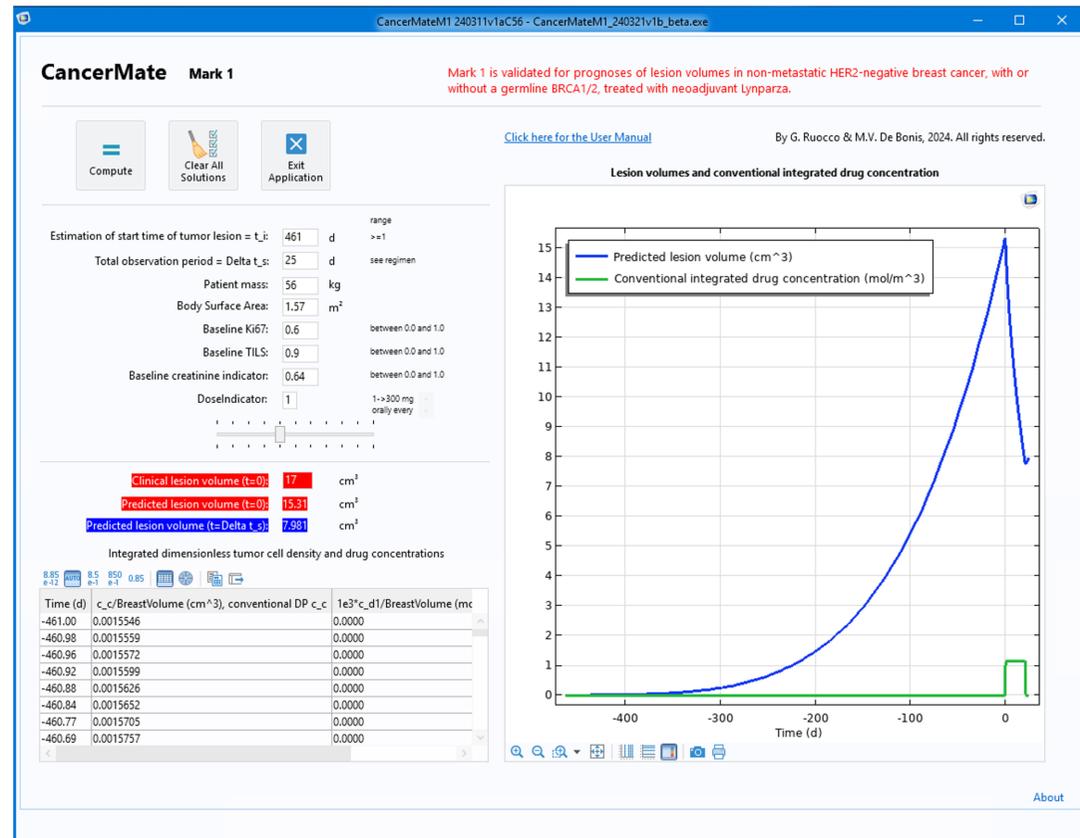
- Clinical oncologists: patient stratification, burden and NHS costs minimization
- Oncological surgeons: surgery planning, by implementing low-cost augmented reality gears
- Researchers in pharma industry: viability of new or repositioned drugs
- Digital imaging manufacturers: empowerment of diagnostic assessment
- Higher education: learning platform for oncology or health tech classes

Customer Channelship and Revenue Model

- All models generated, for each user, will remotely reside on one or more servers
- Subscriptions based on packets of hours (e.g. up to 50, 100 or unlimited)
- A Revenue Stream is quantified, on a yearly basis, for the following combination of licenses sold (as an example): nr. 14 *CancerMateFlat-50* ($14 \times 5k \text{ €}/\text{yr} = 70k \text{ €}/\text{yr}$), plus nr. 16 *CancerMate-Flat100* ($16 \times 7.5k \text{ €}/\text{yr} = 120k \text{ €}/\text{yr}$), plus nr. 8 *CancerMate-Premium* ($8 \times 10k \text{ €}/\text{yr} = 80k \text{ €}/\text{yr}$), summing up to 270k €/yr
- As a consequence, Break-Even is approximately found for the following yearly cost figures: Personnel = 170k €, Hardware = 18k €, Software = 12k €, Miscellanea = 73k €

CancerMate GUI and workflow

- Reactive-diffusive modeling for cancer cells and drug concentration distributions in time
- Virtual biomarkers (underlying histopathological processes) computation, as associated with certain clinical biomarkers
- User feeds models with clinical biomarkers and basal lesion dimensions, then extracts clinical metrics from each patient of the cohorts
- **Decision support in patient stratification**



CancerMate FAQs

- **What are the main objectives of the CancerMate app?** To allow therapy outcome prediction, treatment planning, and cohort stratification through computational modeling and personalized medicine approaches.
- **Which tumor does CancerMate focus on in clinical care?** Present versions focus on:
 1. non-metastatic triple negative breast cancer, treated with neoadjuvant Lynparza
 2. one common kind of lymphoma, treated with R-CHOPMore breast cancer subtypes/therapies are in the works, pending availability of retrospective clinical data.
- **How does CancerMate assist breast cancer care stakeholders?** Oncologists and surgeons in cancer treatment are assisted by providing tools for data analysis, treatment planning, and outcome prediction based on personalized patient data.
- **Which metrics can be provided by using CancerMate?** Examples include tumor volume changes over time, personalized tumor malignancy, drug response predictions, and personalized treatment recommendations based on individual patient data and tumor characteristics.
- **Is CancerMate based on some kind of statistical or artificial intelligence inference?** No, it is not. CancerMate is based on underlying deterministic mathematics of proliferation and therapy effects in the histopathologic sense, and is mediated by personalized biomarkers.

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