



EPIDISEASE

Tomorrow's health, today

GENETIC & EPIGENETIC IVD TOOLS AND BIOMARKERS

James Webb, Investor relations
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www.epidisease.com
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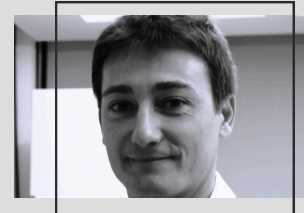
EXEC TEAM



Socio-Founder & CEO
Dr. José Luis García

José Luis has spent nearly 25 years working on the forefront of the investigation of the genetic and epigenetic mechanisms of complex diseases.

He co-founded EpiDisease SL in 2014 to transform his pioneering scientific work into applied epigenetic and genetic biomarkers in the form of IVD tools that clinicians need to improve patient outcomes and save lives.



Socio-Founder & CSO
Dr. Salva Mena

With a track record of scientific leadership in innovative technologies and finance, Salva is now leveraging his expertise to help EpiDisease bring new ideas to the biotechnology market.

He's dedicated to driving growth and fostering innovation in a sector that is ripe for disruption.



COO
Dra. Eva García

As a seasoned manager of complex scientific projects, Eva has directed and helped many public innovations and scientific projects succeed.

With a deep understanding of the challenges facing biotech scale-ups she is committed to providing the operational leadership and guidance needed to transform EpiDisease's entrepreneurial vision into reality.



CCO
James Webb

James is a skilled commercial leader with a focus on innovative and niche biotech sectors.

With 20 years of experience navigating the commercial landscape and launching multi million dollar franchises in the dynamic biotech sector, he fully understands the challenges facing the business in today's competitive landscape, and has the skills to succeed in it.

EMPLOYEES



Regulatory & clinical trial R&D | Manufacture | Services Commercial | Financial

ADVISORY BOARD

Prof. F. Pallardó, PhD, MD
Founder and Scientific Advisor
University of Valencia

T. Bas, PhD, MD
Scoliosis Medical Advisor
President of the Spanish Society of the Vertebral Column

N. Carbonell, PhD, MD
Sepsis Medical Advisor
Hospital Clínico de Valencia

P. de la Huerta
Partner and Advisor
MBA
+25y in biotech

I. Ortea, PhD
MS Scientific Advisor
Superior Council of Scientific Investigations

A. Artigas, PhD, MD
Sepsis Medical Advisor
Member of the European Sepsis Alliance

ABOUT US

EpiDisease S.L. is *pioneering company focused on developing epigenetic biomarkers for the diagnosis and prognosis of human diseases*. We develop applied epigenetic IVD tests for commercialisation via exclusive and non-exclusive out-license agreements.

FOUNDED Valencia, Spain 2014

LOCATION PARC CIENTÍFIC UNIVERSITAT DE VALÈNCIA

INTELLECTUAL PROPERTY

- 1 Patent granted EU, USA & Japon
- 1 Patent granted in EU, USA, Canada, China & Hong Kong
- 2 Industrial secrets



Problem

Solution

Adolescent Idiopathic Scoliosis

30
M

**Suspected
scoliosis cases
annually**

Clinical diagnosis
made retrospectively
via progression of
spinal curve severity

11
M

**Confirmed
cases
annually**

Cases are confirmed
retrospectively after manual
measurement of spinal
curve progression

**3% of children
10 -17 yrs old**

Genetic risk calculation tool



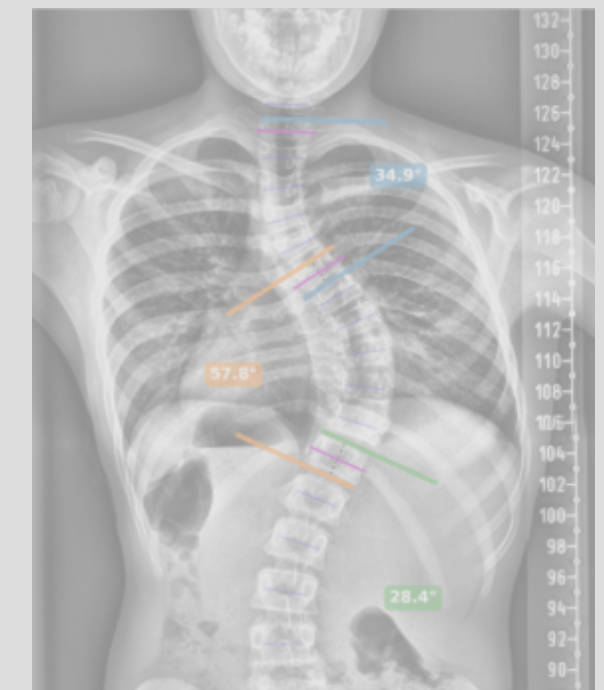
(pre emptive)



AI image analysis tool for AIS radiographs



*Automatic measurment of
Cobb angle that removes
users induced error*

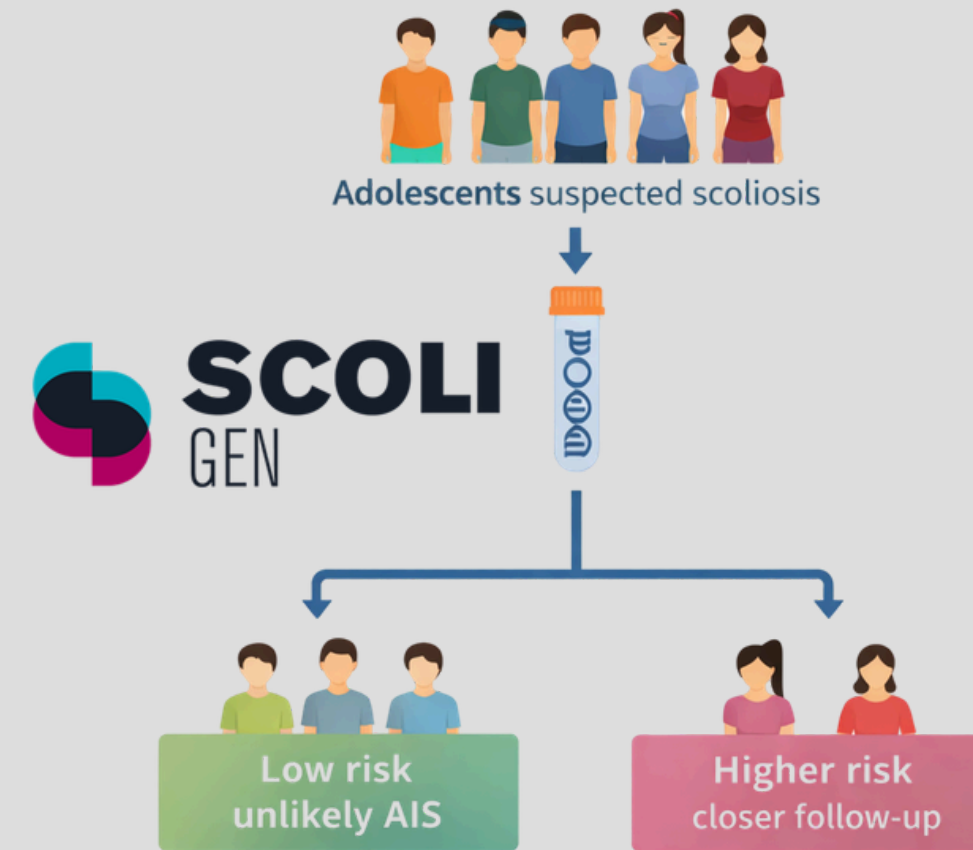


Genetic risk calculation tool in a saliva sample



KEY FACTS

- ~ 25% of patients have familial scoliosis
- 7–16% prevalence in first-degree relatives
- ~15% of cases have at least one affected parent
- 10–18% recurrence risk in siblings
- Family history identifies a population at increased genetic risk
- Enables targeted genetic risk stratification in adolescents



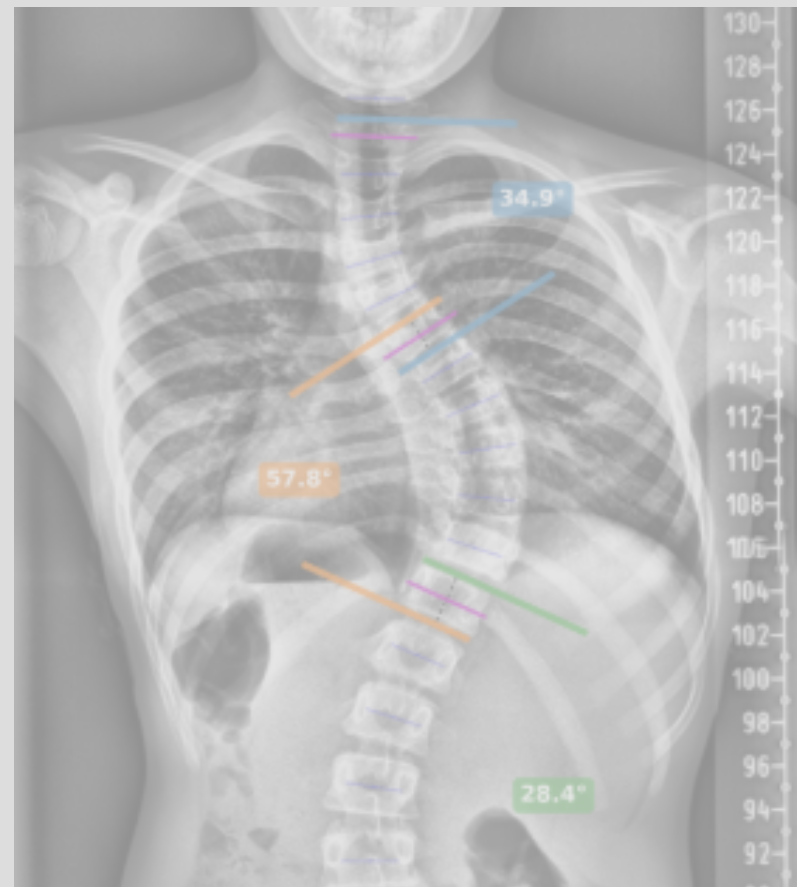
Genetic risk stratification based on >20 SNPs associated with AIS

Metric	Value
Sensitivity (Sn)	90%
Specificity (Sp)	39%
Positive Predictive Value	56%
Negative Predictive Value	82%

Automated and standardized Cobb angle measurement from X-rays

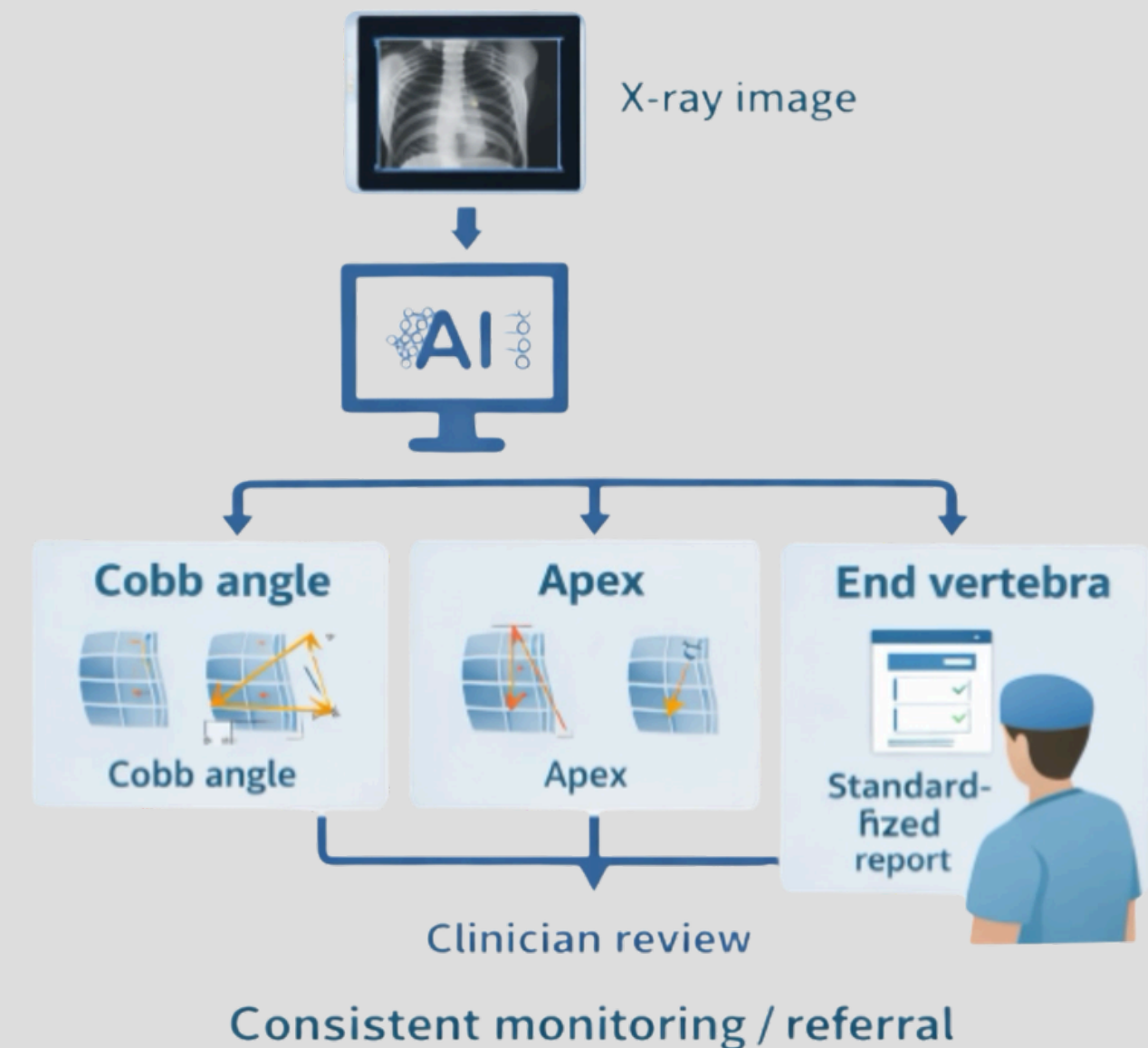


Powered by the SPARC algorithm



KEY FACTS

- **3–7° variability in manual Cobb measurements performed by experienced specialists**
- **Clinical decisions rely on $\geq 10^\circ$ diagnostic threshold**
- **Multiple measurements taken by multiple HCP leading to frequent repeat radiographs and delayed referrals**



Metric	Expert Manual Measurement	SPARC (ScoliVIEW)
Mean Absolute Error (MAE)	2.41°	3.01°
Standard Deviation (SD)	3.21°	2.71°
Intraclass Correlation (ICC)	-	97%
Error Range	-41.3° to 40.7°	-14.6° to 20.3°
Curve Detection	Baseline	↑ Sensitivity

Market opportunity

There is a rising demand for **precision and predictive diagnostic tools**, allowing for planning and stratification of conservative treatment interventions.

Total Available Market (TAM)
2026 \$ 1.7 Billion

Servicable Obtainable Market (SOM)
2026 \$ 595 Million

No players currently in the
AIS risk or diagnostic
space

40% peak mkt
share

F. Hoffmann-La Roche Ltd
(Switzerland) Diagnostics market
dominance



Value Proposition

stratification of patients at risk and robust spinal curve progression monitorisation

Improves

patient outcomes by allowing pre-emptive planning and resource use

Improves

conservative treatment monitorisation and reduces hospitalisation costs

Reduces

hospital waiting lists by allowing data-based patient stratification

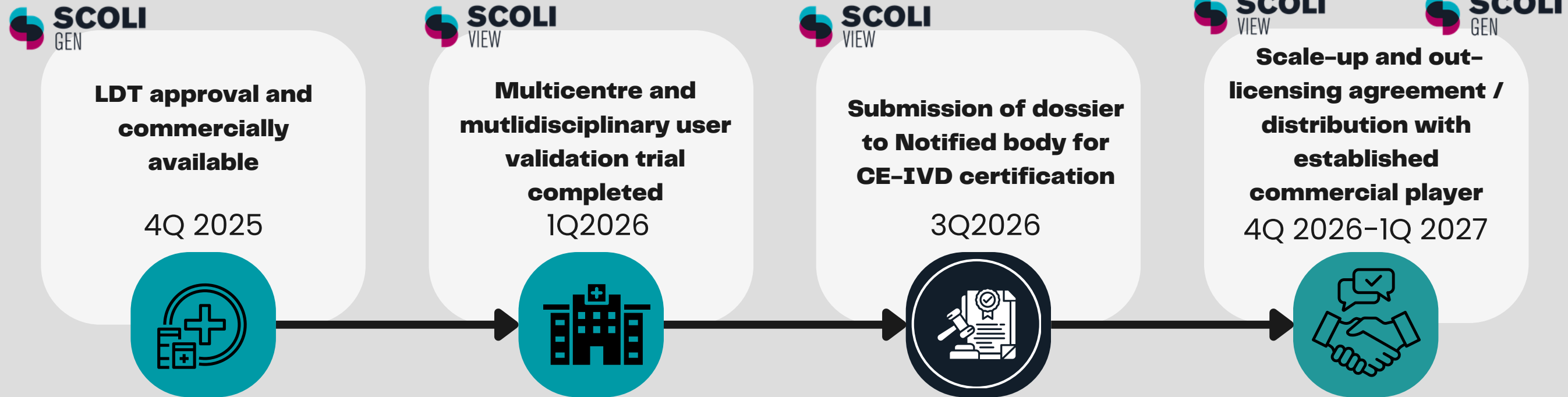
Right patient - Right time - Right HCP

Reduces

exposure to unnecessary ionising radiation and the number of repeated X ray reports

Go-to-Market Strategy

B2B2C model combining hospital adoption and pharma co-development



Competitive Analysis



KPIs & Milestones

01

2025 Commercialition

ScoliGEN already in the market as LDT
ScoliVIEW will be commercilaised after CE certification.

02

2026 IVD CE certification

ScoliGEN for kit format to allow scale-up or distribution model
ScoliVIEW CE certification forecast in 2026

03

2027 FDA certification

Start discussions with the FDA after CE certification.
Look for out-licensing or IP sale.

Problem

Sepsis

Septic

Shock

DIC

500
M

**Suspected
sepsis cases
annually**

There is no clinically approved biomarker for the diagnosis and prognosis of sepsis

166
M

**Confirmed
sepsis cases
annually**

There is no clinically approved method for the measurement of the progression of sepsis

21
M

**Deaths
annually**

- **Incorrect and late diagnosis**
- **poor management of sepsis and its progression**
- **lack of therapeutic options**

García-Giménez et al.
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Journal of
Translational Medicine

RESEARCH Open Access

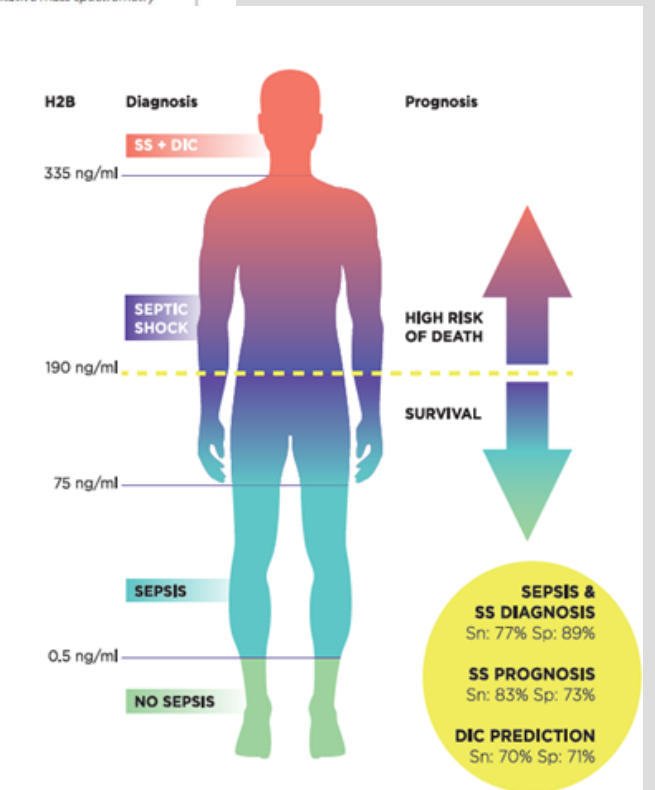
Validation of circulating histone detection by mass spectrometry for early diagnosis, prognosis, and management of critically ill septic patients

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Abstract
Background As leading contributors to worldwide morbidity and mortality, sepsis and septic shock are considered a major global health concern. Proactive biomarker identification in patients with sepsis suspicion at any time remains a daunting challenge for hospitals. Despite great progress in the understanding of clinical and molecular aspects of sepsis, its definition, diagnosis, and treatment remain challenging, highlighting a need for new biomarkers with potential to improve critically ill patient management. In this study we validate a quantitative mass spectrometry method to measure circulating histone levels in plasma samples for the diagnosis and prognosis of septic shock patients.
Methods We used the mass spectrometry technique of multiple reaction monitoring (MRM) to measure H2B and H3 in plasma from a monocenter cohort of critically ill patients admitted to the intensive care unit (ICU) and evaluated its performance for the diagnosis and prognosis of sepsis and septic shock.
Results Our results highlight the potential of our test for early diagnosis of sepsis and septic shock. H2B and H3 levels above 335 ng/ml (IQR 446.70) were indicative of sepsis and septic shock (SS + DIC), respectively. The value of blood circulating histones to identify more severe stages with associated organ failure was also tested, revealing circulating H2B above 190 ng/ml (IQR 240.71) and H3 above 300.61 ng/ml (IQR 912.77) in septic shock patients requiring invasive organ support therapies. Importantly, we found levels of H2B and H3 above 75 ng/ml (IQR 100.00) and 258.25 (IQR 470.44), respectively in those patients who debut with disseminated intravascular coagulation (DIC). Finally, a receiver operating characteristic curve (ROC curve) demonstrated the

Footnote: *José Luis García-Giménez and Eva García-López are both considered main authors.
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Solution



01

IVD LC-MS/MS assay in blood for histones H3 and H2B and recombinant activated C-protein (rhAPC) quantification

02

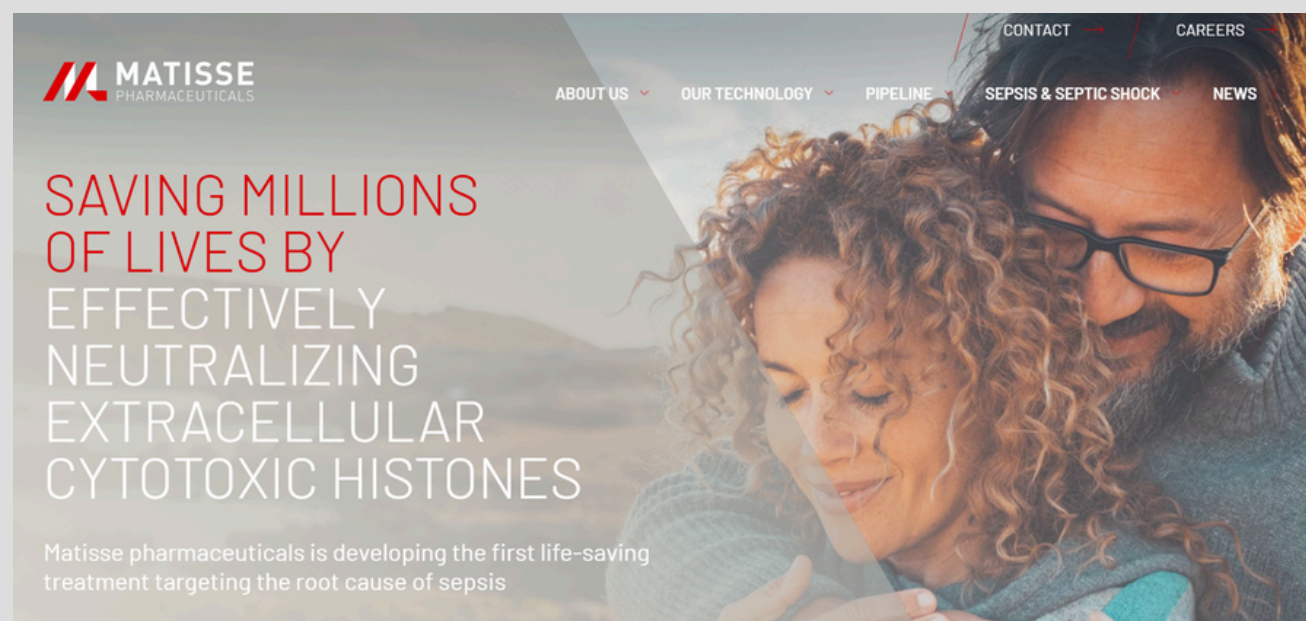
Already scientifically and clinically validated for the diagnosis and prognosis of sepsis in >600 ICU patients

03

Allows for the selection and segmentation of patients, diagnosis and prognosis of sepsis, and the dynamic monitorization of their response to anti-histone and rhAPC therapies



A breakthrough companion diagnostic (CDx) test for sepsis



HISTONE MEASUREMENT IN CIRCULATING BLOOD

 PHASE I
PHASE II



- LC-MS/MS TEST FOR DETECTING AND QUANTIFYING CIRCULATING HISTONES
- ENABLES EARLY AND PRECISE HISTONE LEVEL MONITORIZATION

Market opportunity growing

There is a rising demand for **targeted therapies**, where companion diagnostics help determine the most effective treatment for patients.

Pharmaceutical companies are increasingly integrating **companion diagnostics into drug development pipelines to improve the success rate of novel therapeutics**, further accelerating market growth.

Total Available Market (TAM)
2024 \$ 160 Billion

Suspicion of Sepsis x10 confirmed sepsis cases

Sevicible Available Market (SAM)
\$ >16 Billion

166M confirmed sepsis cases
No players as yet in the CDx sepsis space

40%

F. Hoffmann-La Roche Ltd
(Switzerland) CDx market dominance



Value Proposition

measuring sepsis and sepsis progression biomarker,
not the (secondary) factors
that are associated with sepsis

Improves

patient outcomes
and ICU resource
use

Improves

management of
septic patient,
antibiotic missuse and
reduces
hospitalisation costs

Reduces

clinical trial costs
and time to market
by providing a
quantitative marker

Improves

clinical trial outcomes
due thorough correct
patient cohort selection
and segmentation



establishing a troponin-like benchmark for sepsis diagnosis

SAVE Time

SAVE Lives

SAVE Money

Diagnostic precision

specific and quantifiable biomarker evidence to confirm, or rule out sepsis patients with high histone levels

Clinical impact

change clinical practice by allowing ICU physicians to detect and stratify those sepsis patients likely to respond to histone-removing therapies early and accurately

Prognostic power

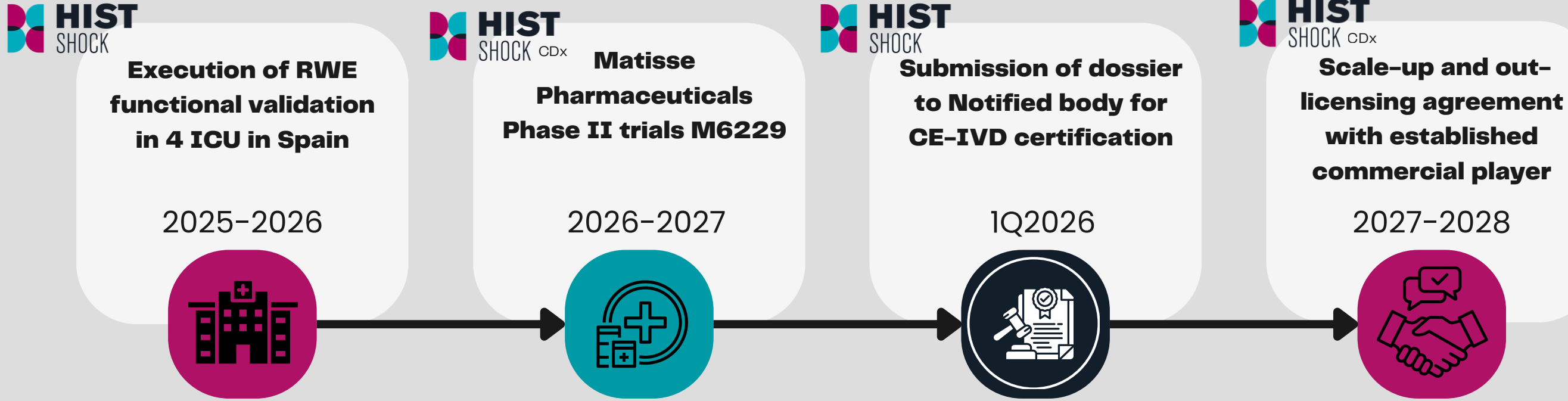
predicts disease severity and mortality risk, guiding treatment intensity

Market potential

potential gold standard biomarker for sepsis diagnosis, prognosis and management, allowing for precision medicine and better targeting of therapies

Go-to-Market Strategy

B2B2C model combining hospital adoption and pharma co-development



Competitive Analysis



Market leader
20% share
\$220M

Bacteria detection and antibiotic stewardship
NOT sepsis detection



Bacteria vs Viral POC detection
NOT sepsis diagnosis or prognosis



Host-response gene expression panel (mRNA signature)
sepsis vs SIRS **NOT** sepsis prognosis

Volition
Nu.Q® NETs

ELISA **RUO** kits; nucleosome profiling

KPIs & Milestones

**\$1.1
Billion**

**Current global sepsis
diagnostic market**

20%

Market leader

BRAHMS PCT test

35%

New segment

Diagnosis + Prognosis biomarker.

Only in class

Same proce point as BRAHMS

01

2026 IVD CE certification

HistSHOCK clinical trial finished in 4Q2025.
Dossier submitted to notified body 1Q2026.

02

2026-2027

Commercilaisation in ICU pilot centres that
participated in clincial trial

03

2027 FDA certification

Start discussions with the FDA after CE
certification.
Look for out-licensing or IP sale.

Thank you!

LET'S CHANGE THE WORLD TOGETHER!

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