

Investment Pitching

ANVERIO ESG CONSULTING LIMTED

May 2025

Problem



Liver cancer and related metabolic disorders

impose a significant burden on healthcare systems, leading to billions of dollars in wasted resources annually due to ineffective treatments and hospitalizations.

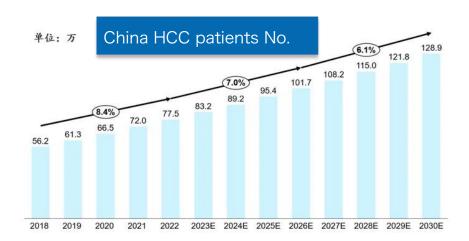
<u>Liver cancer treatment</u> costs exceed \$40 billion each year globally, straining healthcare budgets and resources.

<u>MASLD</u> affects approximately 25% of the global population, driving up indirect costs related to lost productivity and medical expenses.

The rising prevalence of <u>hyperlipidemia</u> results in an estimated \$20 billion wasted on preventative measures that fail to address underlying causes.

Market Size: High incidence rate +high patient numbers

- In 2020, the incidence rate of liver cancer in China was 18.2/100,000
- > HCC accounts for 75%-85% of liver cancer in the world and China, and the proportion in China is relatively higher.
- ➤ In 2022, there were 367,700 new cases of liver cancer in China, ranking fourth in the incidence of malignant tumors;
- There were 316,500 deaths per year, ranking second in the death rate from malignant tumors, and the disease burden was heavy.



- HCC is the main type of liver cancer in my country, accounting for 75%-85%. According to Sullivan's analysis, from 2018 to 2022, the number of HCC patients in China will increase from 562,000 to 775,000, with a compound annual growth rate of 8.4%.
- It is expected to increase to about 910,000 in 2024, reach 1,017,000 in 2026, and reach 1.289.000 in 2030.

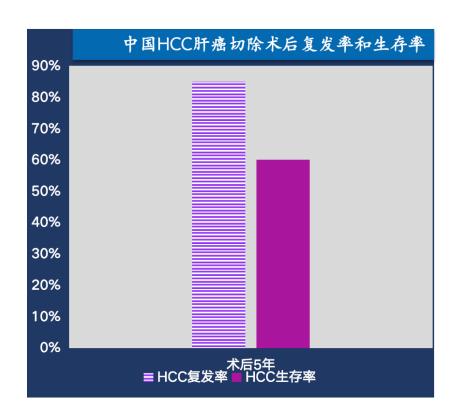


- The compound annual growth rate from 2020 to 2025E is 28.7%.
- ☐ The market size of liver cancer drugs in China will increase from RMB 21.61 billion in 2024 to RMB 45.21 billion in 2030.
- The market potential of liver cancer treatment drugs is huge, the disease burden is heavy, and the medical insurance costs are high.

Limited Scenarios: high recurrence rate and a low survival rate

The rate of MASLD developing into HCC has increased 7.7-fold in the past 10 years.

- High recurrence rate: as high as 85% within 5 years
- High misdiagnosis rate: Nearly 80% of liver cancer patients are already in the middle and late stages when initially diagnosed
- ➤ Short survival time: There are 370,000 new cases of HCC in China each year, and 5 years survival rate is 15%-20%
- Prominent drug resistance problem: The most effective targeted drugs will not be effective after long-term use
- High cost: The total cost of a HCC patient for 5 years is about 1M
- Low drug effectiveness: The effective response rate of tumor immunotherapy drugs is not high due to individual differences
- High side effects and low quality of life: Weakness itself makes people more uncomfortable and immunity is reduced



肝癌术后复发率高,根据发表在《手术》杂志上的一项研究表明即便是手术切除后,肝癌患者5年内复发率高达85%!

Our Solution





THE UNIVERSITY OF HONG KONG

This certificate is presented to

Dr Jun LI, Dr Cecilia Ying Ju SUNG, Dr Nikki LEE, Mr Yueqiong NI, Professor Jussi PIHLAJAMÄKI,

Dr Gianni PANAGIOTOU, Dr Hani EL-NEZAMY

Research Output Prize 2017
in the Faculty of Science

for the article

Probiotics Modulated Gut Microbiota Suppresse
Hepatocellular Carcinoma Growth in Mice'

published in

Proceedings of the National Academy of Sciences, 113, 9 (2016)





Probiotics modulated gut microbiota suppresses hepatocellular carcinoma growth in mice

Jun Li^{a,1}, Cecilia Ying Ju Sung^{b,1}, Nikki Lee^c, Yueqiong Ni^a, Jussi Pihlajamäki^{d,e}, Gianni Panagiotou^{a,2}, and Hani El-Nezami^{b,d,2}

"Systems Biology and Bioinformatics Group, School of Biological Sciences, Faculty of Sciences, The University of Hong Kong, Hong Kong, A.R., China; "School of Biological Sciences, Faculty of Science, The University of Hong Kong, Hong Kong S.A.R., China; "Department of Surgery, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, A.R., China; "Institute of Public Health and Clinical Nutrition, University of Eastern Finland, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and "Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and Clinical Nutrition and Obesity Center, Kuopio University Hospital, Kuopio 70211, Finland; and Clinical Nutrition University Finland; and Clinical Nutrition and Clinical Nutrition and Clinical Nutrition and Clinical Nutrition and Clinical Nutr

Prohep

targets for prevention and treatment on liver diseases.

- Prevents liver cancer effectively.
- Reduces hyperlipidemia symptoms.
- Backed by cutting-edge university research.
- > Patented technology ensures market exclusivity.



Case Data

【肝腎脂糖电解质测 病历号: ■ #4690 s 姓名: 金	光诊卡号: AA≠	2445	年龄:60	NO. 250		404 型:血液	
实验项目	结果	参考范围	单位	实验项目	结果	参考范围	单位
总蛋白	72.9	65. 0-85. 0	g/L	肌酐	70	57-111	μmol/L
白蛋白	47.9	40.0-55.0	g/L	尿素	7.11	3.60-9.50	mmo1/L
球蛋白	25.0	20.0-40.0	g/L	尿素氮/肌酐	25.14		
白球蛋白比例	1.9	1.2-2.4		尿酸	299	208-428	μmol/L
谷丙转氨酶	14	9-50	U/L	甘油三酯	0.83	0.30-1.70	mmo1/L
谷草转氨酶	23	15-40	U/L	总胆固醇	3.72	3. 14-5. 86	mmol/L
谷草谷丙比值	1.6			高密度脂蛋白-C	1.84 †	0.78-1.81	mmo1/L
碱性磷酸酶	112	45-125	U/L	低密度脂蛋白-C	1.62	1.31-3.29	mmo1/L
胆碱酯酶	6642	5000-12000	U/L	极低密度脂蛋白-C	0.26↓	0.31-1.25	mmo1/L
总胆汁酸	5.4	0.0-10.0	μmol/L	空腹血糖	7. 95 †	3.90-6.10	mmo1/L
总胆红素	41.6 †	0.0-26.0	μmol/L	钾	4.47	3.50-5.30	mmo1/L
直接胆红素	13.3 †	0.0-8.0	μmol/L	钠	140	137-147	mmo1/L
间接胆红素	28.3 †	3.0-14.0	μmol/L	氯	102	99-110	mmo1/L
腺苷酸脱氨酶	27 t	0-20	U/L	总钙	2.39	2.11-2.52	mmo1/L
谷氨酰转酞酶	19	10-60	U/L	无机磷	1.05	0.85-1.51	mmo1/L
肾小球滤过率 (EPI-cr)	96.8		ml/min				

**腺甘輸脱氨酸学屍爛紫肝於和肝硬化數据棒之一

【肝腎脂糖电解质 病历号: ■■■4690		1 445		2025年03月01日 NO. 250301LIA00100						
姓名:金 山 科室:普外科/肝胆胰			年龄:6		样本类	型:血液				
实验项目	结果	参考范围	单位	实验项目	结果	参考范围	单位			
总蛋白	70.1	65.0-85.0	g/L	肌酐	70	57-111	μmol/L			
白蛋白	46.5	40.0-55.0	g/L	尿素	6.92	3.60-9.50	mmo1/L			
球蛋白	23.6	20.0-40.0	g/L	尿素氮/肌酐	24.47					
白球蛋白比例	2.0	1.2-2.4		尿酸	299	208-428	µmol/L			
谷丙转氨酶	14	9-50	U/L	甘油三酯	0.72	0.30 - 1.70	mmo1/L			
谷草转氨酶	20	15-40	U/L	总胆固醇	3.46	3.14-5.86	mmo1/L			
谷草谷丙比值	1.4			高密度脂蛋白-C	1.88 †	0.78-1.81	mmo1/L			
碱性磷酸酶	74	45-125	U/L	低密度脂蛋白-C	1.19↓	1.31-3.29	mmo1/L			
胆碱酯酶	6715	5000-12000	U/L	极低密度脂蛋白-C	0.39	0.31-1.25	mmo1/L			
总胆汁酸	10.8 †	0.0-10.0	$\mu\text{mol/L}$	空腹血糖	6.71 t	3.90-6.10	mmo1/L			
总胆红素	50.4 †	0.0-26.0	$\mu\text{mol/L}$	钾	4.26	3.50-5.30	mmo1/L			
直接胆红素	13.8 †	0.0-8.0	$\mu\text{mol/L}$	钠	138	137-147	mmo1/L			
间接胆红素	36.6 †	3.0-14.0	μmol/L	氯	100	99-110	mmo1/L			
腺苷酸脱氨酶	22 t	0-20	U/L	总钙	2.40	2.11-2.52	mmo1/L			
谷氨酰转酞酶	18	10-60	U/L	无机磷	1.02	0.85-1.51	mmo1/L			
腎小球滤过率	96.8		m1/min							
(EPI-cr)										

申请项目: 生化全项

首都医科大学附属北京朝阳医院 北京市医疗机构临床检验结束报告 常营院区住院一部二层检验科生免

姓名:张	性别: 男	年	龄:45岁		标本编号: 50135	标本	条码号:0324	1562261	1
科室: 肝胆胰脾外科	床号:	标	本类型:	ńn.	诊断: 脾大				
患者ID 000*^~0417	病历号:	送	检医生:	赵阳	样本状态: 合格	▲备	注: 两次结果	R.	
项目名称	结果	参考区间	单位	提示	项目名称	结果	参考区间	单位	1
总蛋白(TP)	67. 0	6585	g/L		间接胆红素(IBIL)	7.6	3.4-17.1	umol/L	
白蛋白(ALB, 溴甲酚绿法	39.9	4055	g/L	+	总胆汁酸(TBA)	3.4	0.0-10.0	umol/L	
球蛋白(GLB)	27. 1	2040	g/L		尿素(Urea)	4.90	3.10-8.00	mmol/L	
白球比例(A:G)	1.5	1.1-2.0			肌酐(酶法)(CREA,酶法)	79.8	57.0-97.0	umol/L	
前白蛋白(PAB)	161	200-430	mg/L	+	肾小球滤过率(eGFR)	102.89	9		
总胆固醇(CHOL)	4.47	<5. 18	mmol/L		尿酸(URIC)	357	208-428	umol/L	
高密度脂蛋白胆固醇(H	DL) 1.10	>1.04	mmol/L		钙(Ca)	2.44	2.11-2.52	mmol/L	
低密度脂蛋白胆固醇(L	DL) 3.09	<3.37	mmol/L		磔(PHOS)	1.29	0.85-1.51	mmol/L	
甘油三酯(TG)	1.63	0-2.3	mmol/L		纳(Na)	141.7	137-147	mmol/L	
脂蛋白(a)(Lp(a))	67. 3	<75	nmol/L		钟(K)	4.3	3.5-5.3	mmol/L	
谷草转氨酶(AST)	93	1540	U/L	†	氯(C1)	108.3	99.0-110.0	mmol/L	
谷丙转氨酶(ALT)	131	9-50	U/L	†	二氧化碳(CO2)	24.8	23.0-29.0	mmol/L	
AST: ALT (AST: ALT)	0.7				阴离子间隙(AG)	8.6	0.0-14.0	mmol/L	
肌酸激酶(CK)	1966	50310	U/L	†	血糖 (GLV)	5.69	3.9-6.1	mmol/L	
乳酸脱氢酶(LDH)	144	120-250	U/L		渗透压(OSM)	283	279-320	mOSM/L	
α-羟丁酸脱氢酶(HBDH) 100	72-182	U/L						
碱性磷酸酶(ALP)	112	45125	U/L						
r-谷氨酰转肽酶(GGT)	198	1060	U/L	†					
总胆红素(TBIL)	11.8	€26	umol/L	_					
直接胆红素(DBIL)	4.2	0.0-6.8	umol/L						

申请项目: 生化全项

首都医科大学附属北京朝阳医院

姓名: 引 性别: 男 科室: 肝胆胰脾外科 床号:		年齡:45 岁			标本编号: 50072		:03242241584		
		标	本类型:	Ún.	诊断:慢性乙型病毒	事性肝炎			
患者ID 000 417 3	病历号:	送检医生: 李先真			样本状态: 合格	▲备注:			
项目名称	结果	参考区间	单位	提示	项目名称	结果	参考区间	单位	提示
总蛋白(TP)	67. 7	6565	g/L		间接胆红素(IBIL)	10.8	3.4-17.1	umol/L	
白蛋白(ALB, 溴甲酚绿法)	39.4	4055	g/L	+	总胆汁酸(TBA)	16.1	0.0-10.0	umol/L	1
球蛋白(GLB)	28.3	2040	g/L		尿素(Urea)	8.5	3.1-8.0	mmol/L	1
白球比例(A:G)	1.4	1.1-2			肌酐(酶法)(CREA,酶法)	77. 5	5797	umol/L	
前白蛋白(PAB)	168	200-430	mg/L	4	肾小球滤过率(eGFR)	103.90)		
总胆固醇(CHOL)	3.87	⟨5. 18	mmol/L		尿酸(URIC)	309	208-428	umol/L	
高密度脂蛋白胆固醇(HDL) 1.04	>1.04	mmol/L		钙(Ca)	2.27	2.11-2.52	mmol/L	
低密度脂蛋白胆固醇(LDL	2.50	(3. 37	mmol/L		磔(PHOS)	1.33	0.85-1.51	mmol/L	
甘油三酯(TG)	1.11	0-2.3	mmol/L		讷(Na)	142.8	137-147	mmol/L	
脂蛋白(a)(Lp(a))	46.9	<75	nmol/L		神(K)	4.5	3.5-5.3	mmol/L	
谷草转氨酶(AST)	42	1540	U/L	1	氯(C1)	109.4	99110	mmol/L	
谷丙转氨酶(ALT)	68	9-50	U/L	↑	二氧化碳(CO2)	24.3	23.0-29.0	mmol/L	
AST: ALT(AST: ALT)	0.6				阴离子间隙(AG)	9.1	0.0-14.0	mmol/L	
肌酸激酶(CK)	241	50310	U/L		血糖 (GLU)	5.55	3.9-6.1	mmol/L	
乳酸脱氢酶(LDH)	146	120-250	U/L		渗透压(0SM)	289	278.5320.	mOSM/L	
α-羟丁酸脱氢酶(HBDH)	123	72-182	U/L						
碱性磷酸酶(ALP)	120.6	45125	U/L						
r=谷氨酰转肽酶(GGT)	121	1060	U/L	1					
忠肥江素(IBIL)	16. 6	€26	umoI/L						
直接胆红素(DBIL)	5.8	0.0-6.8	umol/L						

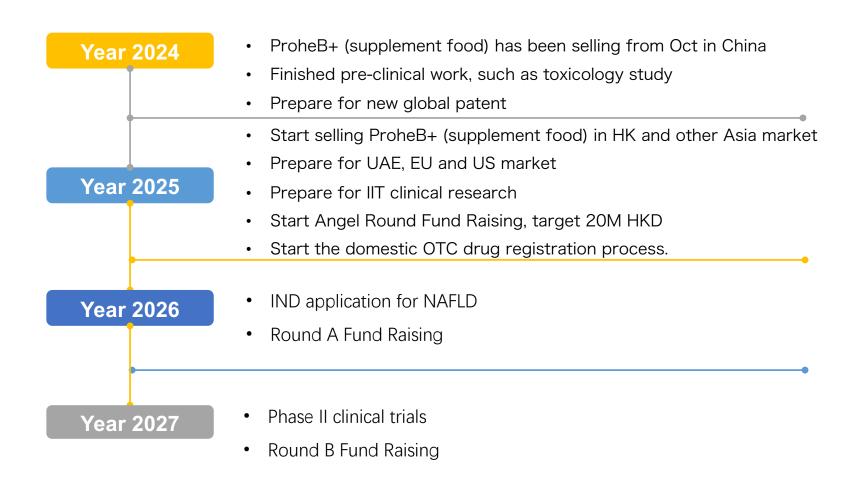
地址: 北京市朝阳区东十里堡路3号院北京朝阳医院常营院区

Market Competitiveness

Compared with current HCC treatment methods, Prohep is the first microbial preparation product with laboratory data proving to prevent and treat cancer. It is safer and more economical.

Treatm	nent method	Solution	Response Rate	Survival Tim	ne Side effect	Expenses
	• Chemotherapy •	FOLFOX: oxaliplatin (OXA), leucovorin (LV), 5-fluorouracil (5-FU)	× 9%	X 6.5monthe (global)	es X High	X 10,000+ per time
	Targeted Therapy	Sorafenib Lenvatinib, Regorafenib, Sunitinib, etc.	× 3%	X 10.7 months (g X 6.5 months (Asia X Lenvatinib 8mo (Asia)	a) X Drug resistanc	25 HILL DAT DOV
	Immunotherapy	PD-1-based • Opdivo • Keytruda	Opdivo Effectiveness 2 Disease contro Keytruda Effectiveness: Disease contro	ol rate 64%	Only effective for a number of patientsMust be used in corwith targeted drugs	4 0,000~50,000
	Microbial Therapy	Prohep	✓ Reduce the recolliver cancer with✓ Effectively improved survival rate	nin 2 years	✓ Improve the qualit of life of patients✓ Highly reduce the side effect	y ✓ Expected 1,000~2,000 per month

Roadmap



Market Strategy – from supplement food to drugs

Prohep, served as food supplement To prevent MASLD/HCC



፟ 营养保健品赛道:养肝/护肝类增速达547.1%

2023年第一季度保健品Top10叶子类目中大部分销售额同比在增加。蛋白粉/氨基酸/胶原蛋白类目,其他膳食营养补充食品类目和维生素/矿物质/钙铁锌硒类目23年Q1销售额最高,分别为21.5亿元、18.7亿元和14.6亿元。从高增长成分来看,奶蓟草成分销售额(4.6亿元)和社媒声量增速综合较高,为养肝/护肝商品的主要添加成分;姜黄,决明子等元素也可添加到养肝/护肝产品中。养肝/护肝市场23年Q1淘宝天猫平台销售额为5.3亿元,同比增速547.1%。

Prohep, served as drugs

To used for treating MASLD/HCC in hospitals



Our Team



CEO: MR. Jerry CHEN Co-founder of Lead Guard Pharmaceutical Co., Ltd, 20 years experienced in brand building. sales and marketing Team management



COO: MS Rachel LI Co-founder of Lead Guard Pharmaceutical Co., Ltd. 20 years experienced in marketing, international import and export trading



CFO: MR. Ted Wong Co-founder of Lead Guard Pharmaceutical Co., Ltd. Worked for chemical food and pharmaceutical industries for 20 years

Research Team:



Dr. Hani El-Nezamy Honorary Professor, Director MSc in Food Safety and Toxicology, The University of Hong Kong Co-founder of Lead Guard Pharmaceutical Co., Ltd, Chief Scientist Inventor of Prohep, published in PNAS in 2016 Top 2% scientists, (by Stanford University and Elsevier). 2020 to 2024

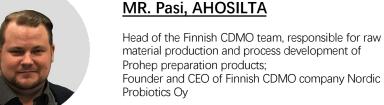


Postdoctoral Researcher University of Queensland, Faculty of Dentistry Co-inventor of Prohep

Dr Kwun Kwan Lo, Emily

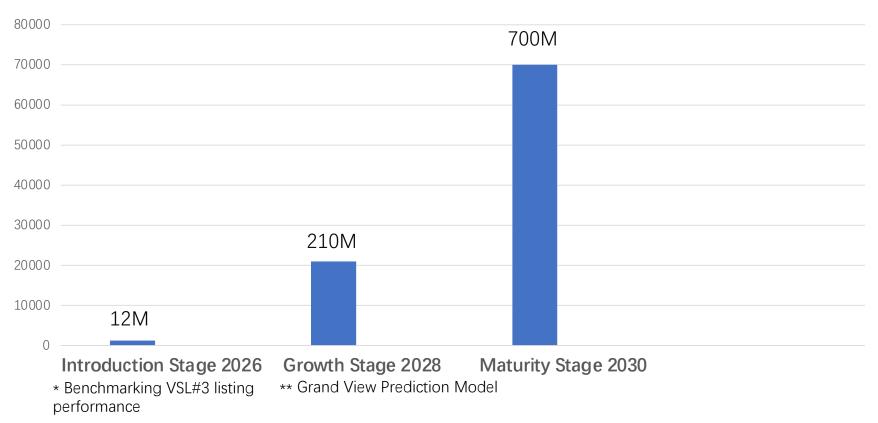


Dr. Luk Moon Ching Founder and Chairman of Hong Kong Arbele Corp Chief Clinical Scientist and Shareholder of Lead Guard Pharmaceuticals Co.. Ltd Discovered the CDH17 gene at HKU Joined Roche and Janssen Pharmaceuticals in 2011, leading drug development projects in the fields of oncology, immunology, and hepatitis.

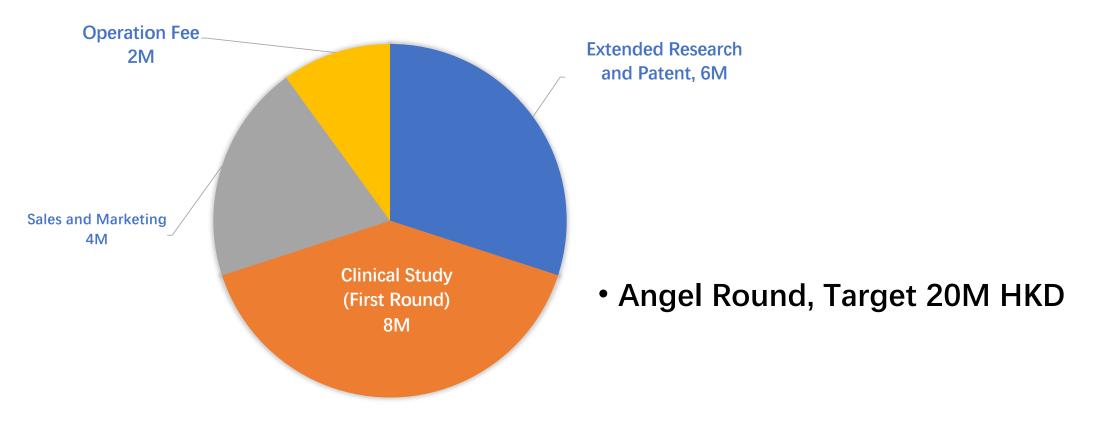


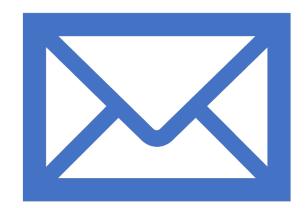
Financial Projections





Fund Raising





Thanks for Watching

Contact: Niki Hung

• Tel: 9341 6117

• E-mail: niki.hung@anverio.com