



**CHOSA holds a technology that  
increase response-rate for anti-  
cancer drug by +80%**

# From diagnosis to outcome – standard process of care

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## Diagnosis

Patient is diagnosed with cancer based on biopsy, imaging, and clinical symptoms.



## Treatment Planning

Oncologists select a standard treatment protocol, often involving chemotherapy, radiation, surgery, and/or immunotherapy.



## Treatment Administration

Patient undergoes treatment, which may or may not be effective.



## Monitoring & Adjustments

Effectiveness is evaluated through follow-ups and imaging.

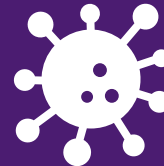
# The problem

75%

of all cancer treatments have  
treatments have **little or no**  
**or no effect** on the tumor —  
tumor — yet nearly all patients  
patients **suffer** the **side**  
**side effects.**



Delayed outcomes



Unnecessary **suffering**



Increasing **healthcare**  
**costs**

# Treatment decisions should be driven by biology and not guesswork - Drug Response Predictor®

## What is it?



DRP® is a multigene mRNA-based algorithm that predicts the likely patient response to cisplatin treatment



CHOSA has patented 205 genes critical for predicting cisplatin utility. Refined with actual gene expression data from 3,000+ patient tumours



The tumor test provides oncologists evidence-based results allowing individualised oncology treatment plans

# How the DRP works

## 1. ANALYSE



Obtain and analyze  
Biopsy

## 2. SCORE



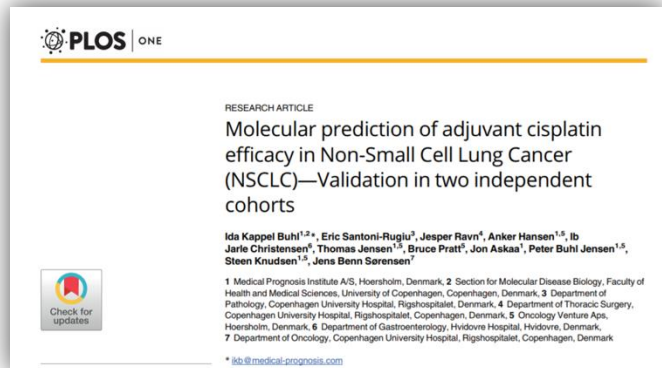
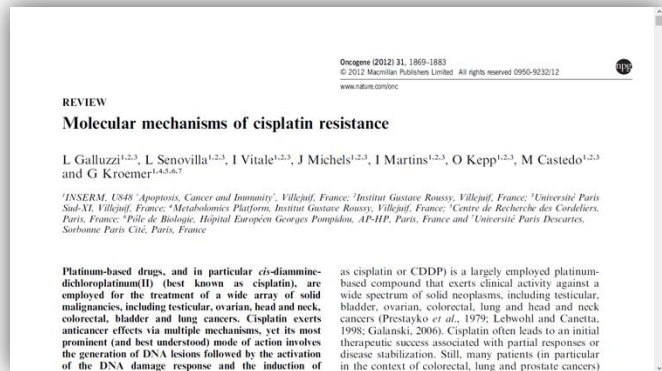
Algorithmic Prediction and  
Score

## 3. TREAT



Personalized Treatment  
Planning

# No one has been able to predict sensitivity to Cisplatin. CHOSA DRP is the first



#1

First predictor  
of Cisplatin



2x lung cancer



1x breast cancer

# Study KOL 2 - based on lung cancer patients from the SPLENDOR trial

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- New study established with world recognized research organization in Switzerland
- Biopsies from + 200 lung cancer patients are evaluated
- Study objectives: Validation on external data-sets
- Read-out end of Q2-25



+200 patients



External  
validation



End Q2 2025

## KOLs do not see any relevant competition to CHOSA

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“We love chemo-free, but now and in foreseeable future chemo will be corner-stone in our cancer treatments. CHOSA’s DRP is the only tool available.”



**Solange Peters**, MD, PhD, Professor, Lung cancer

Chair Medical Oncology @CHUV Lausanne

Full Professor Lausanne University; ESMO President 2020-2022



# The PD-L1 market & the need for differentiation

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\$150 billion is the expected market revenue from PD(L)-1 in 2030

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PD(L)-1 drugs are approved and +20 are in development (including biosimilars).



All PD(L)-1s are more or less the same – Pembro and Nivolumab off patent in 2028



**Differentiation and life cycle management has never been more important**

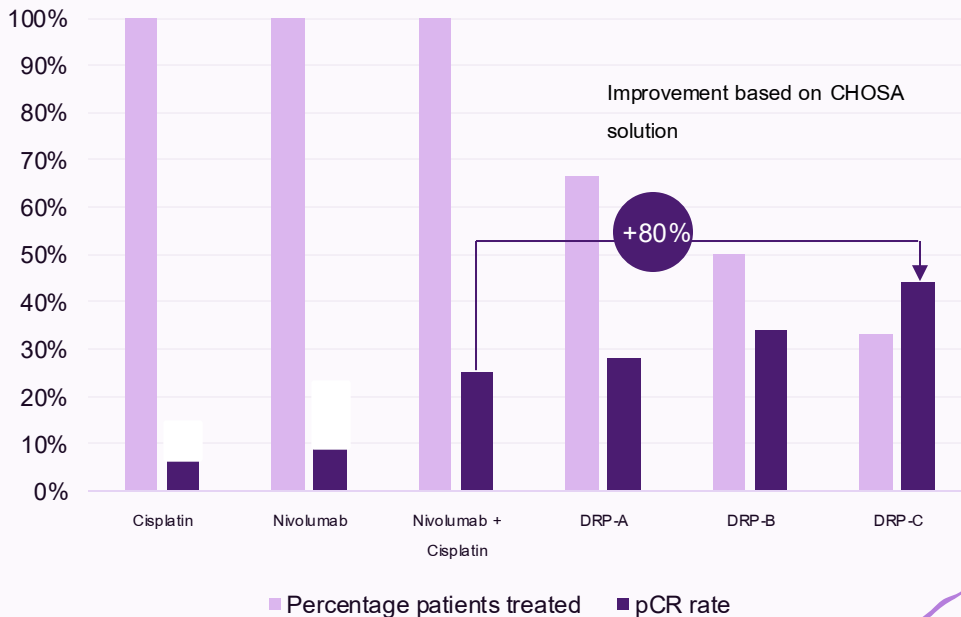
# CHOSAs solution delivers significant value-potential to PD(L)-1 owners

- Cisplatin and Nivolumab alone.  
pCR (tumor eradication): **5%** and **8%**
- Nivolumab and Cisplatin combined:  
pCR: **24%**<sup>1</sup>
- DRP
  - A (incl. top 66%) pCR: **28%**
  - B (incl. top 50%) pCR: **34%**
  - C (incl. top 33%) pCR: **44%**

<sup>1</sup>CHECKMATE 816

- 8 studies (Mountzino)
- platin and PD(L)-1 **alone** have respective pCR rates of 2-5% and 0-13%
- PD(L)1 and platin **combined** have pCR rates of (17-63% ) 24%

## Lung cancer population example with Nivolumab



# Fast way to market via partnerships with big pharma

## How to make money

- Partnering with PD(L)-1 or biosimilar owner
- 3 PD(L)-1 owners share +90% of the market. The remaining owners will gain significantly from a partnership with CHOSA
- Solution as subscription revenue model – payment based upon revenue gain
- Partners responsible for regulatory and commercial activities. CHOSA assisting with logistics and delivery of patient results
- A 5% royalty to CHOSA, on a 1 billion USD/year revenue from PD(L)-1 in combination with Platin, will bring 50 mUSD/year to CHOSA in royalty revenue

## Clearly identified exit routes

Hengrui

**SAMSUNG**  
BIOEPIS

 Bristol Myers Squibb

**MERCK**

 **MSD**

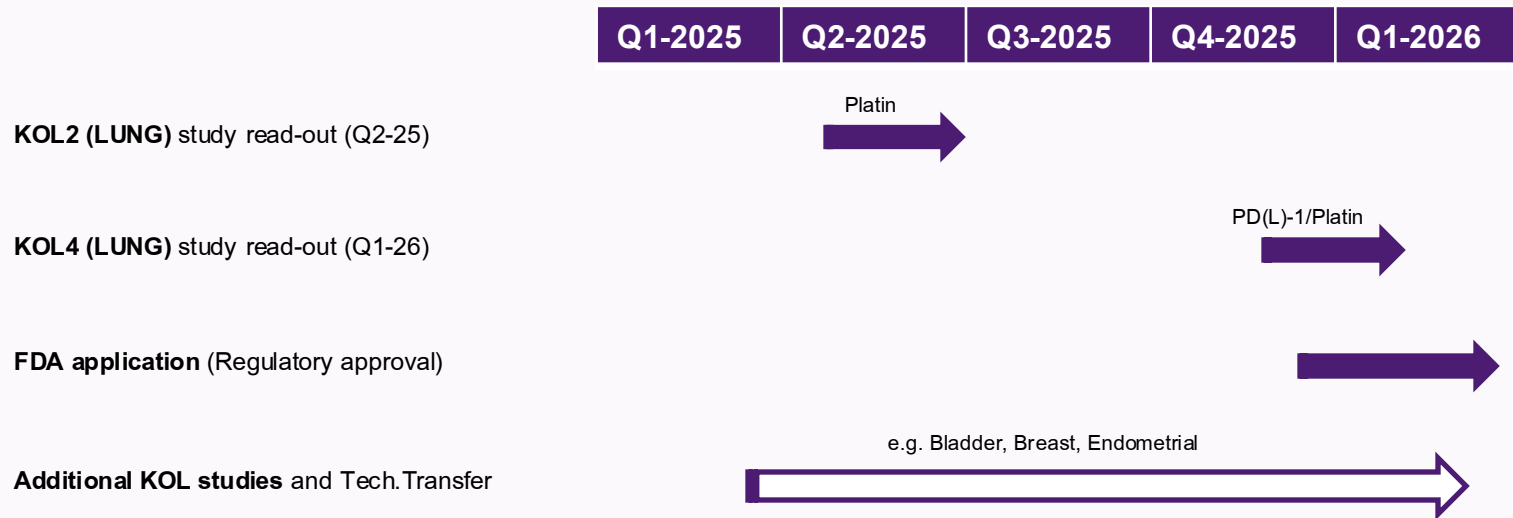
 Roche

*Regeneron*

Incyte

 Genmab

# Project development plan leading to multiple inflection points over the coming 12 months



➡ = leading to expected inflection point

# World recognized KOLs work with CHOSA



Fred R. Hirsch, MD, PhD, is Executive Director at the Center for Thoracic Oncology at Mount Sinai, NY US



Solange Peters, MD, PhD, Professor, Lung cancer  
Chair Medical Oncology @CHUV Lausanne  
Full Professor Lausanne University; ESMO  
President 2020-2022



Rolf A. Stahel, M.D., Professor,  
Lung cancer President ETOP  
IBCSG.



David Carbone,  
Director of the James Thoracic Center at The Ohio  
State University Medical Center.



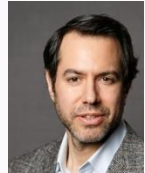
Joyce A. O'Shaughnessy, M.D. Breast  
cancer  
Chair of the Breast Cancer Research  
Program at Texas Oncology and the  
US Oncology Network.



Martine J. Piccart-Gebhart, MD, PhD, Professor  
Martine Piccart founded the Breast International  
Group and has served as president for European  
Society for Medical Oncology (ESMO).



Dr Mirza, MD Gynecologic cancer  
Medical Director NSGO-CTU. Vice-  
President of the European Society of  
Gynaecological Oncology (ESGO).



Dr. Galsky MD and Professor, Medical  
Oncology, Bladder cancer  
Co-Director of the Center of Excellence for  
Bladder Cancer at The Tisch Cancer Institute

# Selected key people in CHOSA



Peter Buhl

- CEO of CHOSA
- Focus: Scientific development, Investor relation, strategic development
- Experience: Serial bio-tech. entrepreneur, including several IPOs
- 2 product inventions approved by FDA
- Board member in several listed bio-tech companies



Claus Frisenberg

- CBO of CHOSA
- Focus: Funding, Investor relations and commercial development
- Experience: Strategic advisor, serial entrepreneur and board member



Ulla Buhl

- COO and Board member in CHOSA
- Focus: Operations and Regulatory development
- Experience: Clinical operations, serial bio-tech. entrepreneur, including several IPOs and board member



Dr. Fred Hirsch

- Board member in CHOSA
- Executive Director at the Center for Thoracic Oncology and Co-Director of the Center of Excellence for Thoracic Oncology at Mount Sinai
- Chief Executive Officer of the International Association for the Study of Lung Cancer (IASLC)



Neil Goldsmith

- Board member in CHOSA
- Experience: Serial bio-tech. entrepreneur
- Focus: Strategy

# Summary

- A precision medicine company offering a **proprietary solution** to **double the response-rate** of those patients treated with platinum in combination with PD(L)-1. Relevant in multiple indications.
- Provides **unique opportunity** for players in the highly competitive PD(L)-1 **market (+150 bUSD in 2032)** to differentiate
- **Upcoming milestones/inflection points** - Limited capital need for reaching inflection points
- **Partnering** with globally renowned KOLs, large research groups and big pharma
- **Road** towards guideline introduction, **FDA** approval and trade sale is **defined**

3

research group collaborations  
initiated

3

big pharma collaborations in  
negotiation

**Subscription** revenue model  
in partnering model

7

Globally renowned KOLs on  
CHOSA advisory board



# THANKS!

Get more information about the unique  
opportunity to invest in CHOSA Oncology and its  
proprietary drug response predictor

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Visit our website:  
[www.chosaoncology.com](http://www.chosaoncology.com)