

EndoDrill®

Transforming cancer diagnostics EndoDrill®, the first powered EUS/EBUS biopsy system

October 29, 2025 Fredrik Lindblad, CEC

www.bibbinstruments.com





Biopsy is the key to accurate diagnosis





Symptom

Biopsy sampling

Biopsy = the gateway to correct cancer treatment

Diagnosis

Treatment

>1 million cancer patients annually need more reliable biopsy results

EUS/EBUS - essential tools in cancer diagnostics



Endoscopic/Endobronchial Ultrasound (EUS/EBUS)

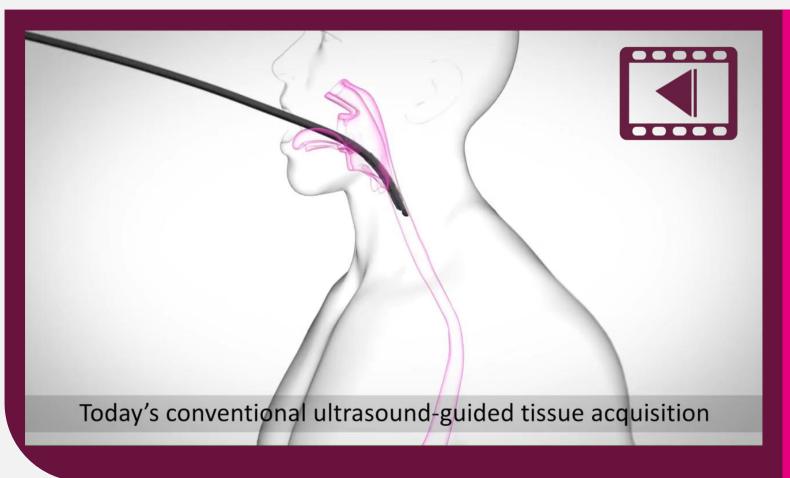
Combines endoscopy and ultrasound to visualize and sample internal organs, essential in diagnosing cancers such as pancreatic and lung cancer.

~3.5M

GI & Lung Cancer Cases¹

~1.5M

EUS/EBUS Biopsy Cases¹

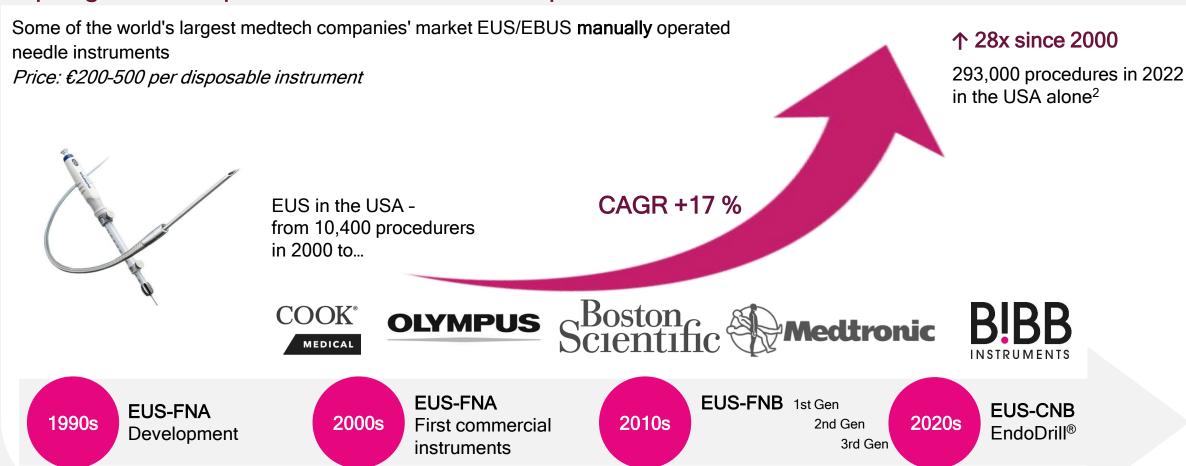


1. ChatGPT-5 and MarketScan, 2022

EUS/EBUS ~1.5M procedures¹



Rapid global adoption of EUS and EBUS procedures



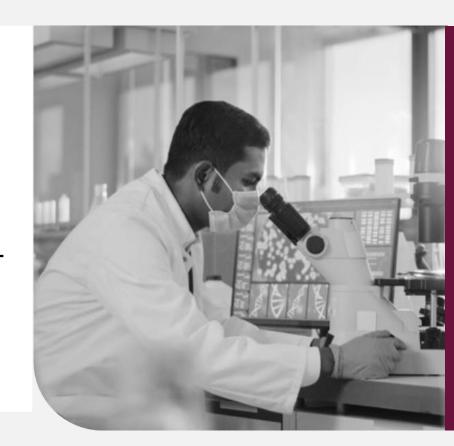
^{1.} Various sources, ChatGPT5 calculation

^{2.} MarketScan Commercial Claims and Encounters and Medicare Supplemental database.

Key problems with today's manual biopsy needles



- High diagnostic failure: Real-world failure rates are likely around 20-30 %, resulting in numerous costly repeat biopsy procedures (\$5,000-8,000 each).¹
- Poor tissue quality: Samples are often fragmented or bloodcontaminated, making histopathological evaluation difficult and more resource-intensive.²
- Slow and inconsistent: The manual, multi-pass is highly operator-dependent, adding time, variability, and patient discomfort.³
- Not ready for precision medicine: Standard needles often fail to provide intact core tissue suitable for molecular profiling and precision oncology.⁴



^{1.} Chat GPT-5 (compiled literature summary, 2025)

^{2.} Ceyhan AM et al., Dig Endosc 2019

^{3.} ESGE Guideline, Endoscopy 2021

^{4.} Levy MJ et al., Gastrointest Endosc 2021

Introducing EndoDrill® – powered EUS-CNB



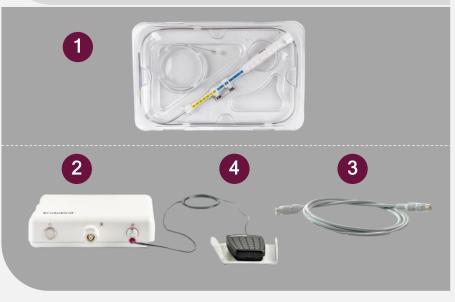
Components:

Single-use

1 EndoDrill® Biopsy Instrument

Capital equipment: EndoDrill® Drive System

- 2 Motor unit
- 3 Drive cable
- 4 Foot pedal





EndoDrill® advantage at a glance



Standard needles



EndoDrill®



Pitfalls with standard needles



X M

Manual needle sticks

Blood-cells-tissue fragments - risk of repeated biopsy sampling

Requires 2-5 needle passes (international guidelines)

Not future-proof for precision medicine

Key Features EndoDrill®





High precision powered "drilling"



True core biopsies



Normally with only "one pass" (needle puncture)



Future-proof for precision medicine

Real-world case



UCDAVIS HEALTH

49 y/o male in California

- 3.5 cm pancreatic lesion
- Benign or cancer?

Diagnosis



1st Manual EUS-FNB



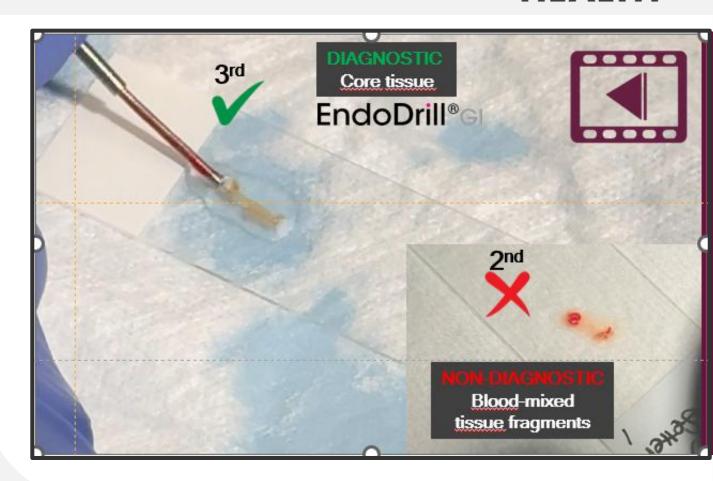
2nd Manual EUS-FNB



3rd EndoDrill® GI

→ Diagnostic - confirmed pancreatic cancer

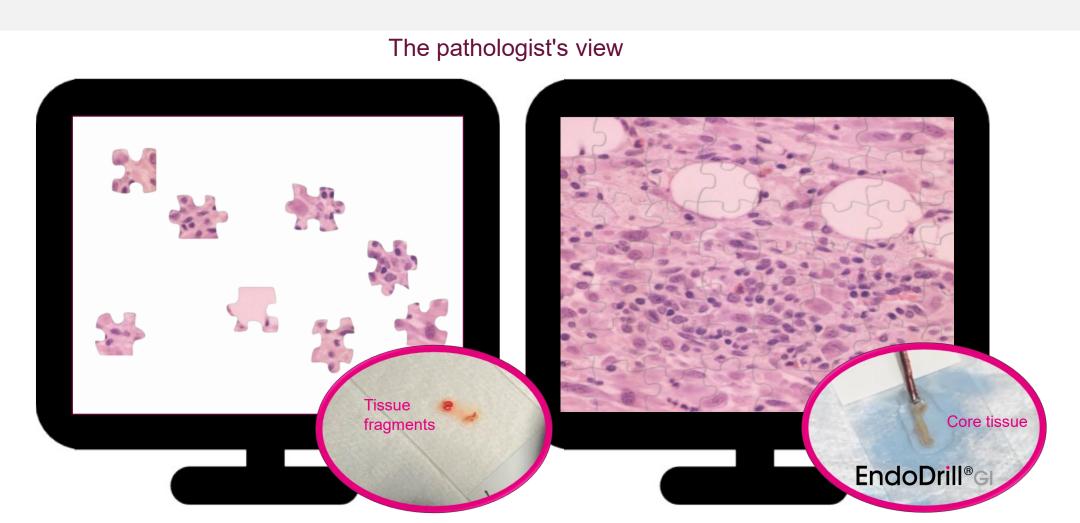
A failed EUS-FNA/FNB typically results in a repeat EUS biopsy costing US hospitals about \$5,000-8,000.1



1. Calculation by ChatGPT-5

Core tissue makes the difference





Total addressable market \$1.5 billion



Cancer Cases¹

EndoDrill®GI

- EUS applicable GI cancer, e.g. pancreatic, liver and stomach ~1.1M

2025



+34 % (CAGR 6.1 %¹) 2030

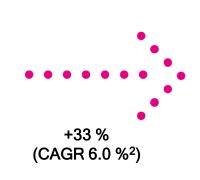
~940K EUS-TA units1 Market opportunity \$660M²

EndoDrill®EBUS ~2.5M

- Lung cancer

2025

~830K EBUS-TA units1 Market opportunity \$580M²



2030

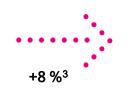
~1.1M EBUS-TA units¹ Market opportunity \$770M²

First-mover - potential new gold standard



2025

~150K MIBC1 \$105M²



2030

~ 162K MIBC1 \$110M²

Clinical proof from Europe and U.S.



Study	Region	Publication year	Indication	N	Key Findings	
Pilot Study		20241	Stomach (SEL)	7	100 % diagnostic accuracy in one single needle pass.	
Clinical Case Series		2024 ²	Stomach, Pancreas	8	"Effective and safe", 100 % diagnostic accuracy in one single needle pass.	
Retrospective Multicenter Study		2025 ³	Stomach, Pancreas	28	"Effective and safe". 80 % diagnostic in one single needle pass.	
Case Series		20254	Liver, Pancreas	4	"Safe and effective". 100 % diagnostic accuracy.	
Case Study		20255	Pancreas	3	Demonstrated the potential to provide high- quality PDAC tissue cores with reduced blood contamination compared with standard needles.	

1-5: No serious adverse events (SAE) have been observed.

- 1. Swahn F et al. Scand J Gastroenterol, 2024 Pilot study: first electric-driven EUS core biopsy.
- 2. Mendoza Ladd A et al. Endoscopy Int Open, 2024 First clinical use of motorized EUS core biopsy.
- Mendoza Ladd A et al. Endoscopy, 2025 Multicenter experience with EndoDrill core needle biopsy.
- 4. Oliver M et al. Michigan GI Society Conf, 2025 Liver biopsy case vignette using EndoDrill.
- 5. Vera Garcia DV et al. Mayo Clinic Research Day, 2025 "Drill2Culture" PDAC ex vivo model from EndoDrill cores.

EndoDrill® GI vs SharkCore



Female 28 years, submucosal tumor (pilot study¹)

SharkCore™ 22 G (Medtronic)

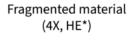
EndoDrill®

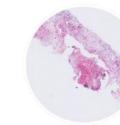


Conventional manual

stabbing EUS-FNB











Cohesive core tissue (4X, HE*)









* Hematoxylin and EOSIN

The paradigm shift from fine-needle aspiration (FNA) to core needle biopsy (CNB) has already occurred in breast and prostate diagnostics, and EndoDrill® aims to enable the same transformation within endoscopic ultrasound (EUS) biopsy.



Dr Robert Glavas in action

Positive clinical feedback from EU & US



2024-2025



- This device will be a game changer" 1
- FNB on steroids!"2
- I'm more than satisfied..."3
- It has great potential to be implemented as a first option in any scenario where EUS-GTA is indicated." 4
- The use of the EndoDrill device demonstrated **strong diagnostic** utility across an array of clinical presentations..." ⁵

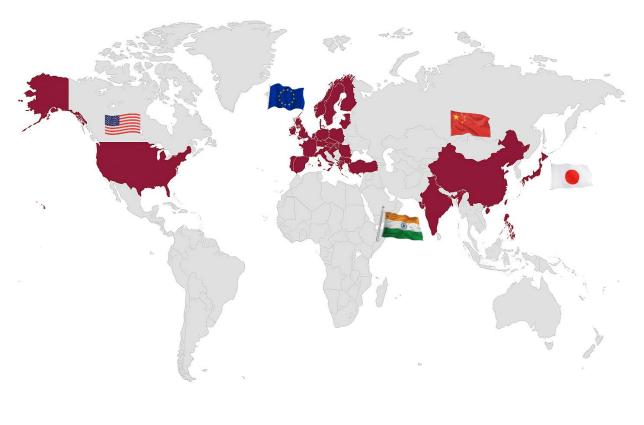


1. Dr Antonio Mendoza Ladd, 2. Dr Francisco Baldaque Silva, 3. Dr Tajana Pavic, 4. The American Journal of Gastroenterology 119(10S):p S2653, 5. Oliver M et al. (2025) EUS-guided motorized FNA ("EndoDrill") liver biopsy: case vignette. 4th Michigan GI Society Conf.

Durable and strong IP portfolio (-2041)



Patent family	Patent pending	Approved patent	Valid until
EndoDrill (powered, Gen 2)	Patent family 1		
	• Europe (EPC), filed in 2018	Europe I	2038
	 International application (PCT), filed 2019, national entry 2021 	USA (NoA), Europe II, Japan, India, China	2039
	 Divisional application, filed 2023 	Europe III	2039
	Patent family 2		
	 International application II (PCT), filed 2020, national entry 2022 	Japan	2040
	Patent family 3		
	 International application III (PCT), filed in 2021, national entry 2022 	China Japan (DtG)	2041



Year 2025 - filled with milestones



First sales order TaeWoong





Sep



Presentation of Henry Ford case series (n=4)

Jun



May-Jun

US Patent Japan Patent

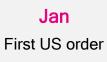


Jun

Distribution Agreement

TaeWoong USA

Sep





New MCT presented (n=28)



Feb





Sep

Presentation

Mayo Clinic

project (n=3)

2025-10-28 15 ENDODRILL PRESENTATION OCTOBER 2025

From clinical introduction to launch



Clinical introduction at 14 sites 2024 - 2025

Overall launch plan H2 2025 - 2026





Q3-25

Sales training Marketing material **KOL** development

Q4-25 Soft launch **Exhibitions** Webinars etc.

2026 Start of broader launch



Q1-26 Contract EU distributor First demos

Q2-26 Sales training Marketing material

KOL development

Q3-26 Soft launch **Exhibitions** Webinars etc.

Road Map

Current status





INNOVATION & DEVELOPMENT

VALIDATION

EARLY COMMERCIAL

FULL LAUNCH & SCALING

- World's first powered EUS biopsy instrument
- Addressing an urgent clinical need
- Early studies yielded highquality core biopsies
- Three patent families with granted patents in the U.S. EU, Japan, China and India

- ✓ CE-mark (MDR) granted for all three products
- ✓ FDA 510(k) clearance for lead product EndoDrill® GI
- √ Four published clinical trials with outstanding outcomes
- ✓ Positive clinical feedback from 14 European and U.S. clinics
- ✓ Active interest from leading distributors

- First U.S customer
- Full-scale production with Cenova starting up
- Capital raised for market entry in the U.S.
- Exclusive distribution agreement with TaeWoong Medical USA
- First sales orders generated by TaeWoong's U.S. sales team

- Scaled production in place
- Soft launch U.S. H2 2025 (TaeWoong), full rollout 2026.
- Distribution Agreement with EU distributor in place
- Next product: EndoDrill® EBUS (lung)
 - FDA clearance 2026
 - Launch late 2026
- Initiation of randomized GIstudy
- Strategic exit potential via trade sale

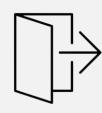












Future opportunities

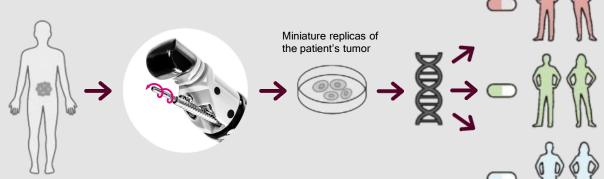


Launch of EndoDrill® EBUS for lung cancer (2026)



EndoDrill® - Opening New Possibilities for Precision Oncology1

These preliminary observations suggest EndoDrill® may improve tissue acquisition quality compared with standard FNB techniques"1



Patient with pancreatic cancer

MAYO

CLINIC

EndoDrill® core biopsy

Tumor slice culture

Drug testing

Individualized treatment

EBUS-guided core biopsies with EndoDrill® EBUS may improve diagnostic yield and staging accuracy in lung cancer

From EndoDrill® core biopsy to individualized cancer treatment

— enabling precision oncology

1. Mayo Clinic, Jacksonville FL (2025). "Drill2Culture - Establishing Ex Vivo PDAC Models via EndoDrill-Derived Core Biopsies Using EUS-Guided Biopsy."

Scalable Razor-Blade Model

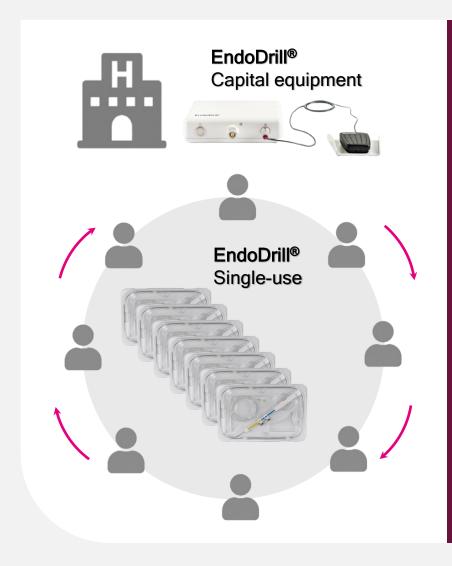


- Product Line: 3 EndoDrill[®] Biopsy Instruments, all use the same Drive System
- Distribution: Global sales through exclusive distribution partners
- Razor = EndoDrill[®] System (capital equipment, one-time sale)
 Blade = EndoDrill[®] Biopsy Instruments (single-use per patient)
- Pricing: \$700 \$1,200 / procedure (end-customer ASP = \$700)
- Total Gross Margin: 70 % on single-use instrument (target)
- TAM (units): ~1.5M procedures
- TAM (\$): ~\$1.0 billion

Scenario 10 % global market share (combined BiBB + partner case)

- Assume ASP = \$700
- Total Revenue: ~\$100 million (est.)
- Total Gross Profit: ~\$70 million (est.)

Based on end-customer ASP (\$700). BiBB's revenues reflect distributor share; acquirers capture full system economics post-acquisition.



Management team





Fredrik Lindblad

- CEO
- MSc ME, BSc BA
- 632,162 shares
- 200,000 warrants 23/28











Dr Charles Walther

- Founder CMO -Board member
- Senior consultant in pathology and clinical cytology, MD, PhD
- 3,540,000 shares
- 100,000 warrants 23/28







Josefin Arborelius

- R&D Director
- MSc ME









Lotta Ljungberg

- Director QA/RA
- MSc Chemical Eng
- 150,000 shares
- 100,000 warrants 23/28













Dr Paul Rasmusson

- Supply Chain Director
- PhD Strategic Management
- 261,256 shares

AVIDICARE

<u>stryker</u>







Backed by reputed shareholders



Top-10: ~50% (Sep 30, 2025)

#	Owner	Shares	%	
1	CHWA AB (Founder Dr Charles Walther)	3 540 000	8,7%	
2	Tibia Konsult AB (Swedish Investment company)	3 004 548	7,4%	
3	Aktia Nordic Micro Cap (Finnish micro cap fund)	2 285 732	5,6%	
4	Svanberg & Co Invest AB + private (Håkan Svanberg, Swedencare)	1 992 634	4,9%	Top 5
5	Mastan AB (Håkan Lagerberg, CEO Swedencare)*	1 887 773	4,6%	31,2%
6	Lovisa Hamrin (Hamrin's Foundation/Herenco)	1 872 582	4,6%	
7	Gabriel Güner (FMF, Guner Holding, private)*	1 556 531	3,8%	
8	JCC Group Invest (Johan Bergdahl, Swedencare)	1 518 880	3,7%	
9	Life Science Invest Fund 1 APS (Danish life science fund)	1 337 475	3,3%	Top 10
10	Schroder Micro Cap Fund (fund, JP Morgan Lux)	1 020 000	2,5%	49,1%
	Others	20 723 147	50,9%	
	Sum	40 739 302	100,0%	

^{*} The information may be uncertain as endowment - and pension insurances are not visible in the share register.

Why invest in BiBB Now?





Large and growing market in endoscopic cancer diagnostics



First-mover advantage - world's first powered EUS biopsy device



Proven clinical benefit - core tissue, one pass success



Scalable razor-blade business model



Commercial readiness - FDA&CE cleared, US launch 2025/26 (TaeWoong)



Strong IP and clear exit potential





