CHOSA holds a technology that predicts benefit of cisplatin and carboplatin

April 2026

CHOSA
INTELLIGENT ONCOLOGY

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Summary

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- Annually more than 1 million patients with lung cancer are treated with platin – in developed countries together with immunotherapy.
- Chosa is a precision medicine company offering a **proprietary solution** to more than **triple the survival** of treating the right lung cancer patients with platinum. Relevant in multiple indications AND for new drug developments where platinum is included
- Provides an **unique opportunity** for differentiation to players in the highly competitive **immunotherapy market (+150 bUSD in 2032)** – of wich 50% is given together with platinum
- **Upcoming milestones/inflection points – driven by recent strong data read-out**
- **Partnering** with globally renowned KOLs, hospitals and large research groups
- **Collaboration dialogues** with **pharma** and **diagnostic test** companies in US, EU and China
- **Road** towards guideline introduction
- **First commercialization possible within next 12 months**

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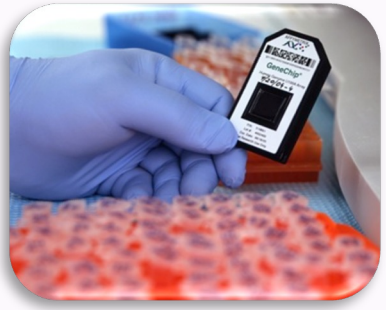
PRECISION ONCOLOGY

Our Platin DRP® has straightforward logistics

1
Analyze biopsy (archived material)

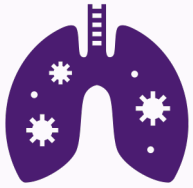
2
Apply algorithm to expression state of 205 genes and score



3
Treatment Decision

- Fits seamlessly into existing clinical practice
- Biopsies routinely taken from all tumors. Use archived FFPE tissue.
- Analyze gene expression using Affymetrix, RNA seq or NanoString – patented to 2038
- 72-hour turnaround
- Patient data can be interrogated remotely
- CLIA lab collaboration established for US and equivalent in EU

From diagnosis to outcome – standard process of care



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.

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News since November presentation

Dec 11, 2025
CHOSA - The market now doubles for Platin-DRP®, which predicts overall survival in lung cancer patients based on NanoString data

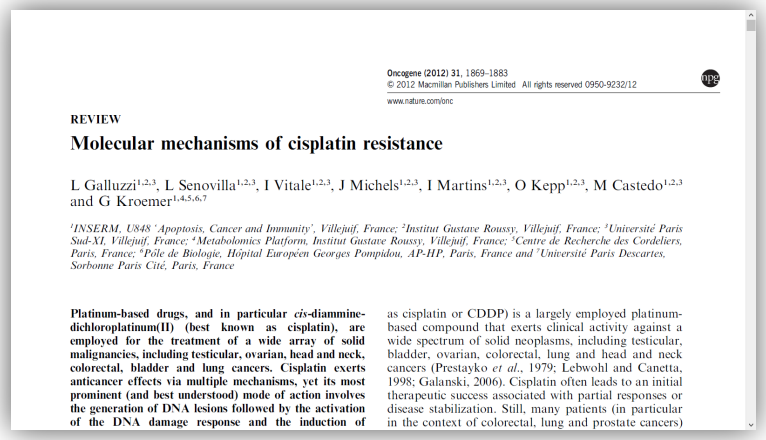
Jan 23, 2026
Precision Oncology patent application targeting Platinum Response and Immunotherapy Synergy

Jan 19, 2026
CHOSA Oncology AB resolves on a directed issue of units of initially approximately SEK 7.3 million

Nov 10, 2025
CHOSA - Platinum chemotherapy is the backbone of PD-1/PD-L1-based lung cancer therapy

Mar 26, 2026
CHOSA presents positive data on Platin-DRP® predicting overall survival in advanced NSCLC at the European Lung Cancer Congress 2026

Platin-DRP® — the first validated predictor of platin benefit



Oncogene (2012) 31, 1869–1883

www.nature.com/onc

REVIEW

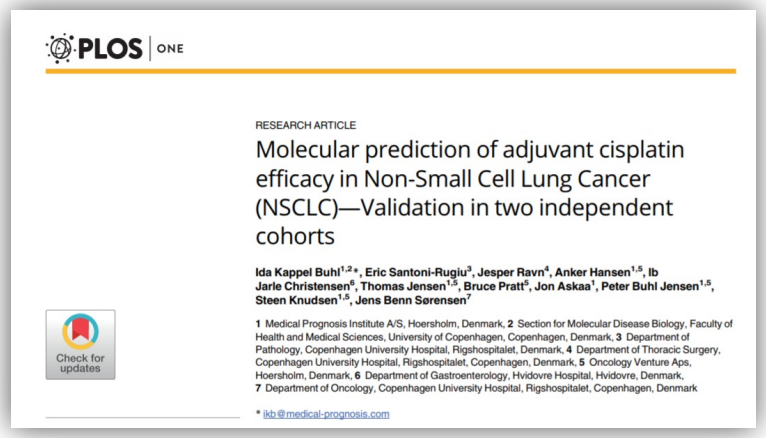
Molecular mechanisms of cisplatin resistance

L Galluzzi[1,2,3], L Senovilla[1,2,3], I Vitale[1,2,3], J Michels[1,2,3], I Martins[1,2,3], O Kepp[1,2,3], M Castedo[1,2,3] and G Kroemer[1,4,5,6,7]

[1]INSERM, U848 'Apoptosis, Cancer and Immunity', Villejuif, France; [2]Institut Gustave Roussy, Villejuif, France; [3]Université Paris Sud-XI, Villejuif, France; [4]Metabolomics Platform, Institut Gustave Roussy, Villejuif, France; [5]Centre de Recherche des Cordeliers, Paris, France; [6]Pôle de Biologie, Hôpital Européen Georges Pompidou, AP-HP, Paris, France and [7]Université Paris Descartes, Sorbonne Paris Cité, Paris, France

Platinum-based drugs, and in particular *cis*-diammine-dichloroplatinum(II) (best known as cisplatin), are employed for the treatment of a wide array of solid malignancies, including testicular, ovarian, head and neck, colorectal, bladder and lung cancers. Cisplatin exerts anticancer effects via multiple mechanisms, yet its most prominent (and best understood) mode of action involves the generation of DNA lesions followed by the activation of the DNA damage response and the induction of

as cisplatin or CDDP) is a largely employed platinum-based compound that exerts clinical activity against a wide spectrum of solid neoplasms, including testicular, bladder, ovarian, colorectal, lung and head and neck cancers (Prestayko *et al.*, 1979; Lebwohl and Canetta, 1998; Galanski, 2006). Cisplatin often leads to an initial therapeutic success associated with partial responses or disease stabilization. Still, many patients (in particular in the context of colorectal, lung and prostate cancers)



PLOS ONE

RESEARCH ARTICLE

Molecular prediction of adjuvant cisplatin efficacy in Non-Small Cell Lung Cancer (NSCLC)—Validation in two independent cohorts

Ida Kappel Buhl[1,2]*, Eric Santoni-Rugiu[3], Jesper Ravn[4], Anker Hansen[1,5], Ib Jarle Christensen[6], Thomas Jensen[1,5], Bruce Pratt[5], Jon Askaa[1], Peter Buhl Jensen[1,5], Steen Knudsen[1,5], Jens Benn Sørensen[7]

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* ikb@medical-prognosis.com

Check for updates

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#1 First predictor of Cis- / Carboplatin

4x lung cancer

2x breast cancer

The 5th and 6th Platin-DRP® validation study by an independent lung cancer group ETOP Utilizing archived biopsies from a large study sponsored by Amgen

IASLC

ORIGINAL ARTICLE

A Randomized Open-Label Phase III Trial Evaluating the Addition of Denosumab to Standard First-Line Treatment in Advanced NSCLC: The European Thoracic Oncology Platform (ETOP) and European Organisation for Research and Treatment of Cancer (EORTC) SPLENDOUR Trial

Solange Peters, MD, PhD,[a,*] Sarah Danson, PhD, FRCP,[b] Baktiar Hasan, PhD,[c] Urania Dafni, ScD,[d] Niels Reinmuth, MD, PhD,[e] Margarita Majem, MD, PhD,[f,g] Kurt G. Tournoy, MD,[h] Michael T. Mark, MD,[i,j] Miklos Pless, MD,[i,k] Manuel Cobo, MD, PhD,[g,l] Delvys Rodriguez-Abreu, MD,[g,m] Lionel Falchero, MD,[n] Teresa Moran, MD, PhD,[g,o] Ana Laura Ortega Granados, MD,[g,p] Isabelle Monnet, MD,[q] Katja Mohorcic, MD,[r] Bartomeu Massutí Sureda, MD,[g,s] Daniel Betticher, MD,[i,t] Ingel Demedts, MD, PhD,[u] Jose Antionio Macias, MD,[g,v] Sinead Cuffe, MD,[w,x] Andrea Luciani, MD,[y] Jose Garcia Sanchez, MD,[g,z] Alessandra Curioni-Fontecedro, PD MD,[i,aa] Oliver Gautschi, MD,[i,bb] Gillian Price, MbChB.,[cc] Linda Coate, MD,[w,dd] Roger von Moos, MD,[i,j] Christoph Zielinski, MD,[ee,ff] Mariano Provencio, MD, PhD,[g,gg] Jessica Menis, MD,[c,hh,ii] Barbara Ruepp, PharmD,[jj] Alessia Pochesci, MD,[c] Heidi Roschitzki-Voser, PhD,[jj]

514 patients were randomized to receive chemotherapy with or without denosumab.
Chemotherapy to include a platin and Investigators could choose freely between **Cisplatin and Carboplatin**

The study showed no benefit of denosumab but -
It gave CHOSA access to tumor biopsies from a **top quality big pharma international study**

Median OS **8.7** (7.6–11.0) months in the control arm
versus **8.2** (7.5–10.4) months in the chemotherapy-denosumab arm

CHOSA and ETOP data at European Lung Cancer Conference 2026

elcc European Lung Cancer Congress 2026

459P - mRNA profile to predict platin sensitivity in NSCLC: A translational analysis of the ETOP/EORTC SPLENDOUR Trial

Stephen P. Finn[1], Betrice Hahn[2], Urania Dafni[3], Jan Nart[2], Jacob Niklassen[2], Ulla Buhl[2], Ida Buhl[2], Steen Knudsen[4], Thomas Jensen[4], Lydia Tsamtsouri[5], Roswitha Kammler[6], Sarah Danson[7], Mary O'Brien[8], Peter Buhl Jensen[2], Fred Hirsch[9], Rolf A. Stahel[10], Solange Peters[11]

[1]Chair ETOP Translational Research Working Group, St. James and Trinity and Molecular Diagnostics and Histopathology, St. James's Hospital and Trinity College Dublin, Dublin, Ireland, [2]CHOSA Oncology, Lund, Sweden, [3]ETOP Statistical Center, Frontier Science Foundation-Hellas & University of Athens, Athens, Greece [4]Allarity Therapeutics, Hørsholm, Denmark, [5]ETOP Statistical Center, Frontier Science Foundation-Hellas Athens, Greece, [6]Translational Research Coordination, ETOP IBCSG Partners Foundation, Bern, Switzerland, [7]Department of Oncology and Metabolism & Sheffield Experimental Cancer Medicine Centre, University of Sheffield, Weston Park Hospital, Sheffield, United Kingdom, [8]Department of Medical Oncology, Royal Marsden Hospital Sutton, London, United Kingdom, [9]Department of Medicine, Division of Medical Oncology, Mount Sinai Hospital, New York, CO, United States of America, [10]President, ETOP IBCSG Partners Foundation, Coordinating Center, Bern, Switzerland, [11]Department of Oncology, Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, Switzerland

ETOP·IBCSG Foundation for International Lung & Breast Cancer Research

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Background

- Cisplatin and carboplatin are standard therapy in non-small cell lung cancer (NSCLC), but efficacy varies.
- Platin-Drug Response Predictor (Platin-DRP), a 205-gene mRNA signature, has shown clinical utility in two studies of metastatic breast cancer {1,2} and two in adjuvant NSCLC {3} .
- The Platin-DRP's clinical relevance in advanced NSCLC was evaluated in this retrospective-prospective analysis (PRoBE study design), in a cohort from the randomized phase III SPLENDOUR trial {4}.

Methods

Design

- Retrospective blinded translational analysis based on the randomized phase III SPLENDOUR trial(514 advanced NSCLC patients randomized 1:1 in 1st-line platinum-based chemotherapy ± denosumab). (UIN: researchregistry11317)

Analysis cohort

- Pooled cohort (N=82); available biopsies and ≥5% tumor content
  - *Cisplatin (n=28); Carboplatin (n=54)*

Statistical considerations

- **Primary objective**: association between **continuous DRP score** and progression free survival (**PFS**); Cox proportional hazards models at one-sided (1s) type I error of 5%.
- **Secondary analyses: categorical DRP thresholds (35, 50, 70)** and associations with **PFS**, overall survival (**OS**) and response rate (**RR**).

References

1. Nielsen D. et al., JCO, 2023; 2. Ejlertsen B., ESMO 2025
3. Kappel Buhl I. et al., PLoS One, 2018; 4. Peters S. et al., JTO, 2020

Results

Baseline Characteristics		Cisplatin (n=28)	Carboplatin (n=54)	Pooled (N=82)
Histology	Squamous	6 (22%)	17 (32%)	23 (28%)
	Non-squamous	21 (75%)	36 (67%)	57 (70%)
	Mixed	1 (4%)	1 (2%)	2 (2%)
ECOG PS	0/1	27 (96%)	46 (85%)	73 (89%)
	2	1 (4%)	8 (15%)	9 (11%)
Region	Eastern Europe	-	1 (2%)	1 (1%)
	Western Europe	25 (89%)	35 (65%)	60 (73%)
	Southern Europe	3 (11%)	18 (33%)	21 (26%)
Sex	Male	21 (75%)	32 (59%)	53 (65%)
Age	>66	7 (25%)	37 (69%)	44 (54%)
Smoking status	Current smoker	12 (43%)	10 (19%)	22 (27%)
	Former smoker	14 (50%)	41 (76%)	55 (67%)
	Never smoked	2 (7%)	2 (4%)	4 (5%)
Bone metastasis	Yes	13 (46%)	30 (56%)	43 (52%)
Treatment arm	Chemotherapy + Denosumab	10 (36%)	36 (67%)	46 (56%)

Cohort	No. of patients	n (%) of events	Median (95% CI) (in moths)	Hazard Ratio	95% upper Confidence Limit	1s *p*
PFS with continuous LiPlaCis DRP score						
Cisplatin	28	26 (93)	4.9 (2.7 - 5.6)	**0.503**	0.893	***0.025***
Carboplatin	54	49 (91)	3.9 (2.9 - 4.7)	0.819	1.195	0.19
Pooled	**82**	**75 (91)**	**4.1 (3.1 - 4.9)**	**0.697***	**0.954**	***0.029***
OS with continuous LiPlaCis DRP score						
Cisplatin	28	20 (71)	8.6 (5.4 -12.4)	0.598	1.174	0.10
Carboplatin	54	40 (74)	5.5 (4.1 - 8.0)	**0.604**	0.927	***0.026***
Pooled	**82**	**60 (73)**	**6.0 (5.0 - 9.1)**	**0.602***	**0.864**	***0.011***

Note 1: The hazard ratio of LiPlaCis DRP score is unadjusted and estimated for a 50-point increase.
Note 2: The proportionality assumption not violated.
**Stratified by chemotherapy regimen*

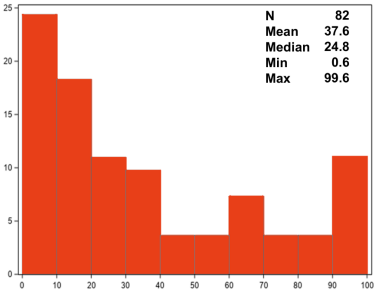


Figure 1: Distribution of LiPLaCis DRP score (%)

- **No significant association** between LiPlaCis score and **baseline characteristics** (only bone metastasis nominal *p*=0.038, but non-significant after adjustment for multiple testing).
  - **No significant association** of LiPlaCis DRP score with **RR**.
  - The **interaction** between chemotherapy regimen (cisplatin vs. carboplatin) and the LiPlaCis DRP score was **not significant** for any endpoint.

50% threshold, pooled cohort

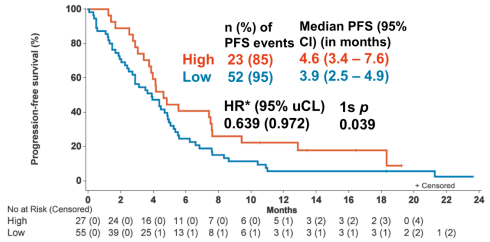


Figure 2: PFS by LiPlaCis DRP score at 50 threshold (n=82)

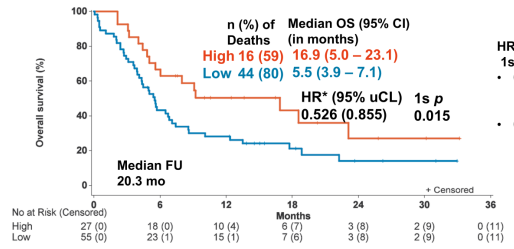


Figure 3: OS by LiPlaCis DRP score at 50 threshold (n=82)

By cohort

HR (95% uCL); 1s *p*
- Cisplatin: 0.44 (0.98); ***0.045***
- Carboplatin: 0.75 (1.24); 0.17

HR (95% uCL); 1s *p*
- Cisplatin: 0.51 (1.30); 0.12
- Carboplatin: 0.53 (0.94); ***0.034***

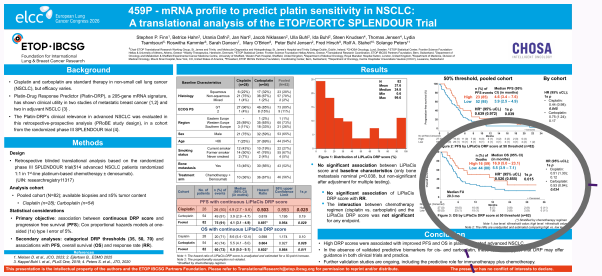
(*) Stratified by chemotherapy regimen
Note 1: low level: ≤threshold value; high level: >threshold value
Note 2: The HRs are unadjusted and estimated comparing high vs. low level.

Conclusion

- High DRP scores were associated with improved PFS and OS in platinum-treated advanced NSCLC.
- In the absence of validated predictive biomarkers for cis- and carboplatin, these results suggest that DRP may offer guidance in both clinical trials and practice.
- Further validation studies are ongoing, including the predictive role for immunotherapy plus chemotherapy.

The presenter has no conflict of interests to declare.

Platin-DRP® gives clear differentiation between responders and non-responders


459P - mRNA profile to predict platin sensitivity in NSCLC:
A translational analysis of the ETOP/EORTC SPLENDOUR Trial

Background

Methods

Results

Conclusions

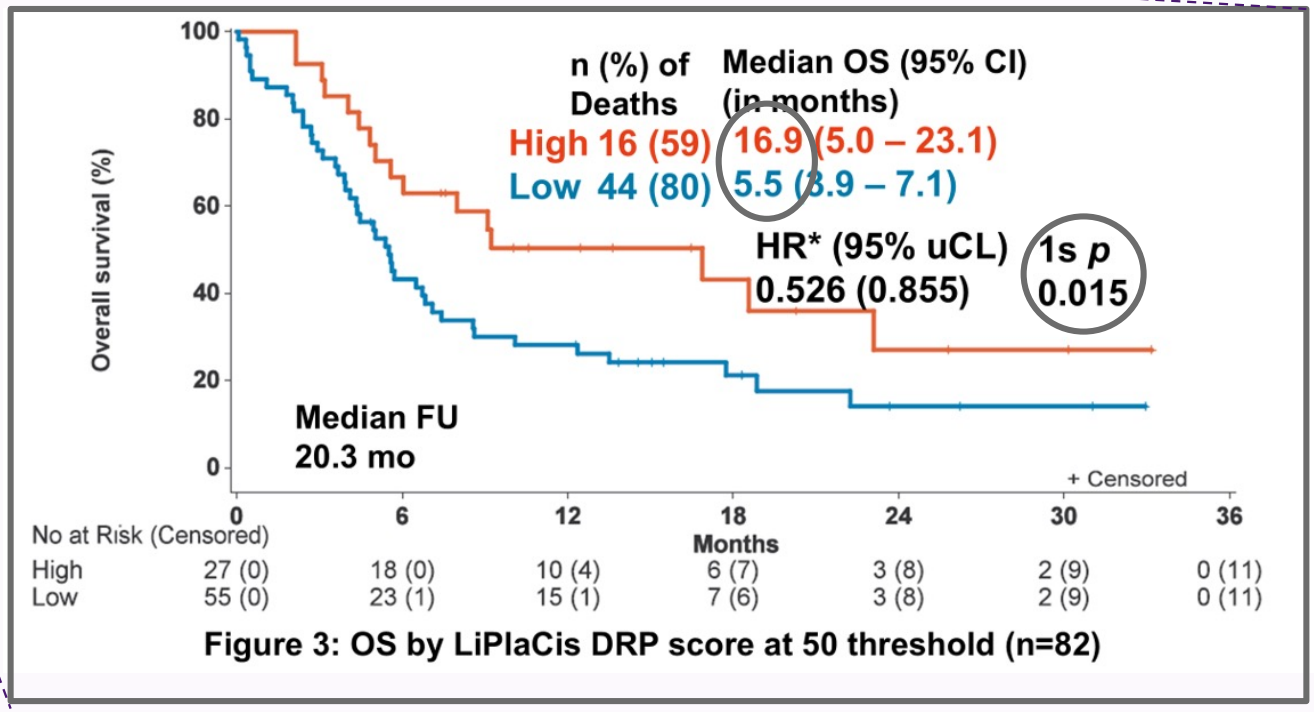


Figure 3: OS by LiPlaCis DRP score at 50 threshold (n=82)

Take aways from KOLs

- High DRP scores were associated with improved PFS and OS in platinum-treated advanced NSCLC
- In the absence of validated predictive biomarkers for cis- and carboplatin, these results suggest that DRP may offer guidance in both clinical trials and practice
- Further validation studies are ongoing, including the predictive role for immunotherapy plus chemotherapy.

Platinum Synergy and Resistance: A Predictive Approach to Immunotherapy Optimization

Lung cancer

40% Combo clear benefit
30% no benefit

Bladder cancer

40% combo clear benefit
30% no benefit

Tripple Negative Breast cancer

40% combo clear benefit
30% no benefit

Head and Neck cancer

40% Combo clear benefit
30% no benefit

Endometrial Cancer

40% Combo clear benefit
30% no benfit

Esophageal cancer

40% Combo clear benefit
30% no benefit

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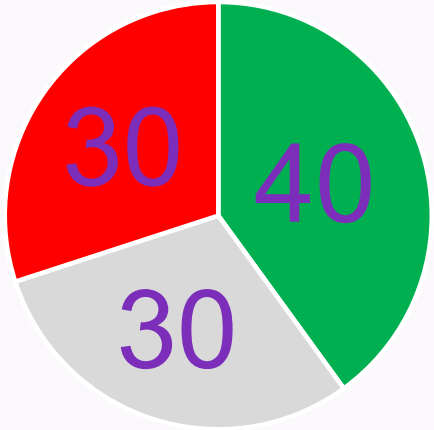
40% have clear benefit and 30% have no benefit of platin



STOP TREATING THE PATIENTS like they were all the same

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Update on activities in China

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Explorative visit from 15th – 24th of March 2026

- Meetings with Pharma, diagnostic companies, hospitals and authorities
- Visits to Nanjing, Changsha, Wuxi and Hong Kong
- Strong interest in cancer treatment that can fight lung cancer
- Structure in China give access to large study populations and drives high validation/study speed
- Platform for regulatory approval in EU/US?

Expected key news for coming 12 months

- Publication in peer-reviewed Int. Journal, based upon the ETOP study
- Collaboration with, and read-out from, US hospital and lung cancer experts on PD(L) + chemo study
- Collaboration with China based hospital
- First commercial revenue from Chosa DRP platinum test (trial/research use)
- Start of FDA/EMA approval process
- Positive outcome of T2 and T3 warrant programmes (July and November)

Funding situation

- Funding with current activity plan until end of 2026
- With full conversion of the 2 warrant programs + 10 mSEK of liquidity will be provided
- Added liquidity will prolong run-way to end of 2027 and allow additional studies and commercial activities, e.g.
    - Collaboration with, and read-out from, EU research group on large PD(L) + chemo study
    - Representation in US/China
    - Technology transfer to RNASeq
    - .....

World recognized KOLs work with CHOSA

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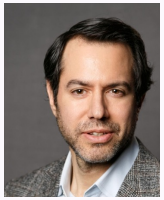
Fred R. Hirsch, MD, PhD, is Executive Director at the Center for Thoracic Oncology at Mount Sinai, NY US

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.

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).

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



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

THANKS!

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

Claus Frisenberg Pedersen
claus@chosa.bio

Visit our website:
www.chosaoncology.com

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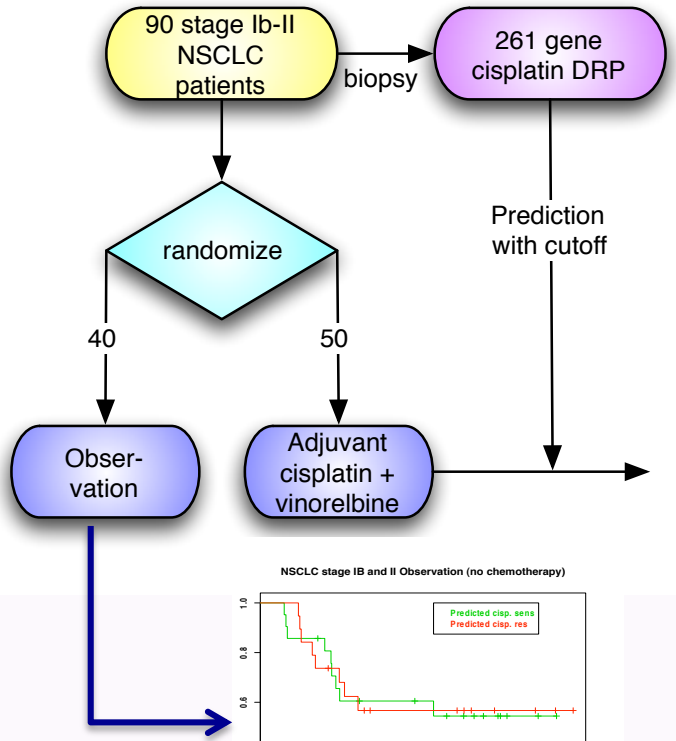
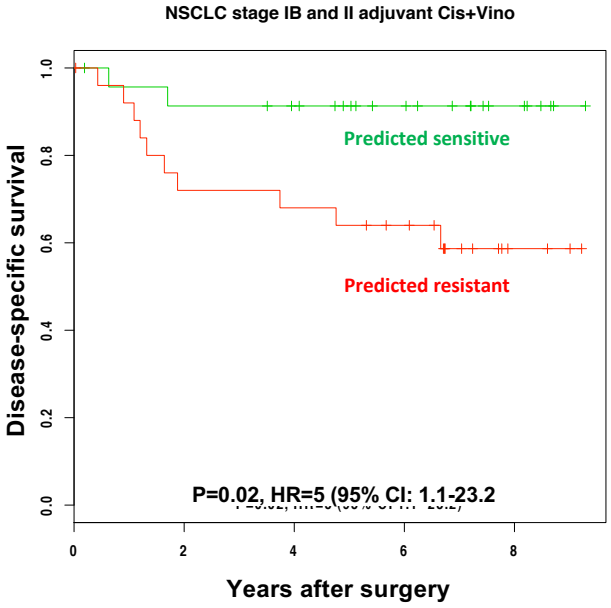
The First validation of the Platin-DRP® was in a lung cancer study

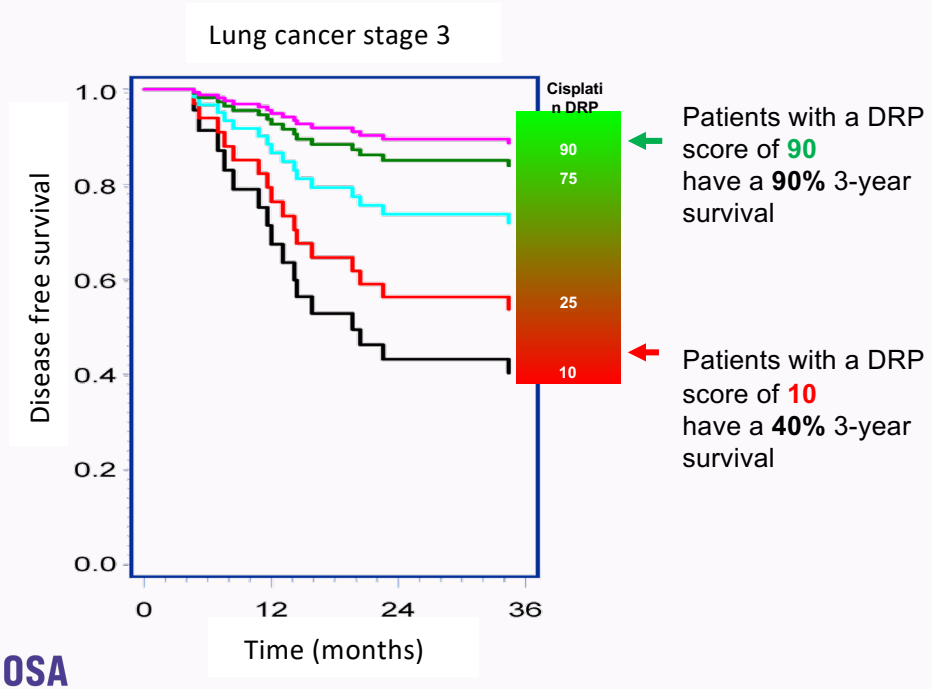




50 patients were treated with cisplatin after surgery for lung cancer – a **control group of 40** did not receive any chemotherapy. The study showed that the **Platin-DRP was able to predict** who did befit and the control (below) showed that the **test as expected was of no value if the patients did not receive cisplatin**

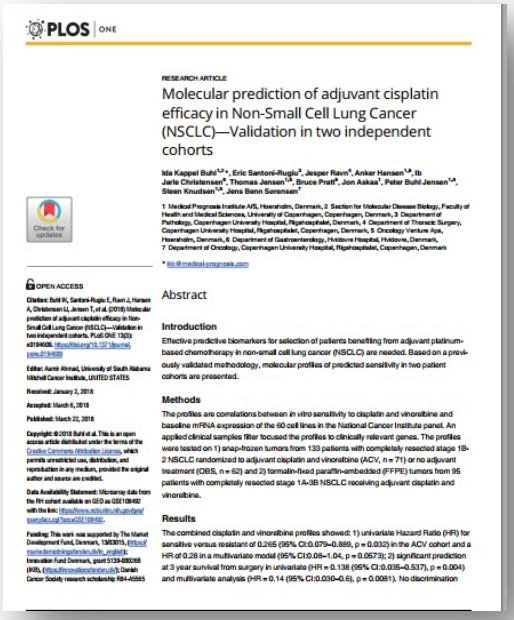
The second study was in a similar setting cisplatin after surgery for lung cancer showing that the Platin-DRP® can identify those lung cancer patients who will benefit

In a blinded, prospective-retrospective clinical study we together with lung cancer specialists from the University Hospital Rigshospitalet identified the patients who benefitted from cisplatin treatment and those who did not



Patients with a DRP score of **90** have a **90%** 3-year survival

Patients with a DRP score of **10** have a **40%** 3-year survival



PLOS ONE

RESEARCH ARTICLE

Molecular prediction of adjuvant cisplatin efficacy in Non-Small Cell Lung Cancer (NSCLC)—Validation in two independent cohorts

Abstract

Introduction

Methods

Results

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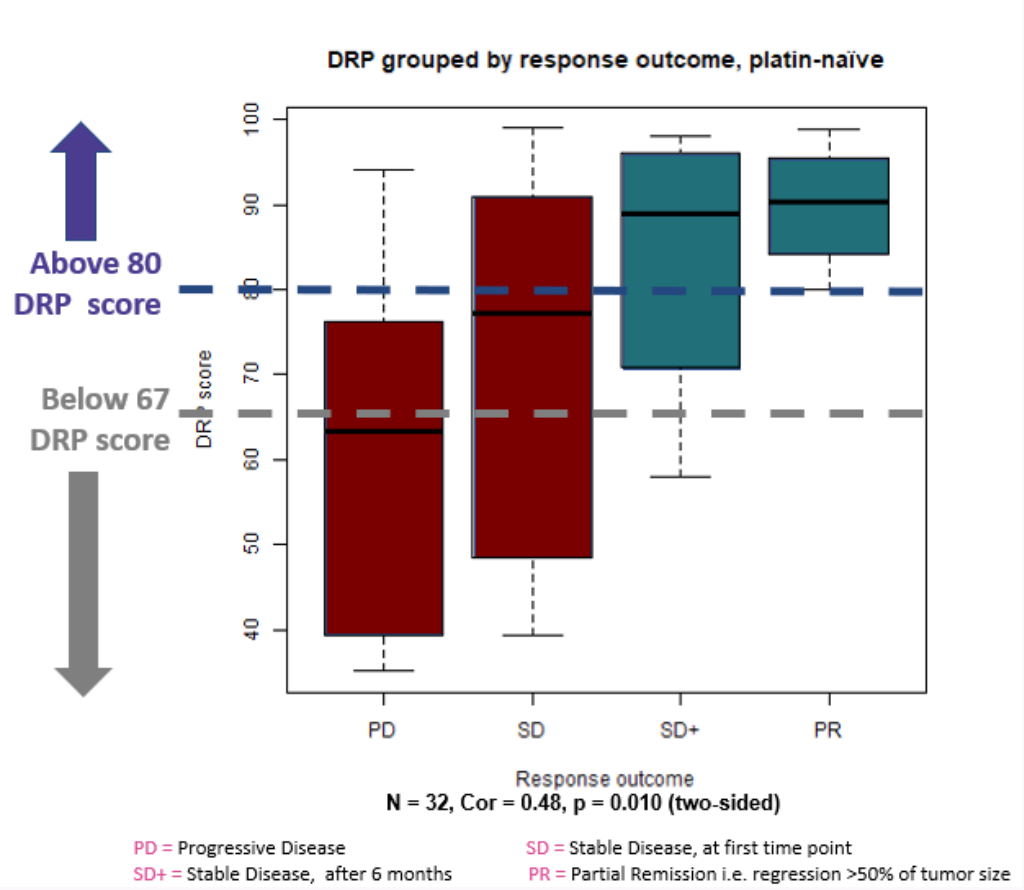
3rd study was prospective in breast cancer. The Platin DRP® can predict cisplatin efficacy in breast cancer (Phase IIb)

Interim data from prospective prediction of 32* metastatic breast cancer patients' response to cisplatin using DRP® to stratify

All patients for whom cisplatin shrunk the tumor (to less than 50% of the original size) scored ≥ 80

All patients where cisplatin stabilized the disease for at least 6 months scored ≥ 67

No patient with a score under 67 received a meaningful benefit from cisplatin



* 48 patients were scored, however for ethical reasons the 16 patients with the lowest score did not receive cisplatin