

CREO MEDICAL GROUP PLC BRINGING ADVANCED ENERGY TO ENDOSCOPY

29 January 2019



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Focused on the Emerging Field of Surgical Endoscopy to perform clinical procedures minimally and non-invasively

Creo Medical utilises **patented technology** combining microwave and bi-polar radio frequency energy via its advanced energy platform

Enabling a wide range of **miniature endoscopic devices** with precise cut, coagulation and ablation capability to treat as many conditions as possible

Aiming to exploit a **Paradigm Shift** in endoscopic surgery

Saves time and cost as both procedure time and hospital stay are reduced

Potential to Change the Treatment Pathway due to less risk of infection, ability to treat conditions what are currently untreatable and move operating room treatment to outpatient treatment

The overall aim:

Significantly Improved Patient Outcomes!



FACTS AND FIGURES

~65 People Employed in a Creative, Innovative, Fun and Driven Environment with the aim to change lives!

Listed on London Stock Exchange in December 2016 raising £20M to further develop IP, with a further raise of £48.5M in August 2018 to fully commercialise our products so that we can treat patients

FDA clearance and CE mark gained for Creo's CROMA platform generator and first device (Speedboat RS2 device) in 2017

~45 physicians trained¹ to use the first device and beginning to use – we now have a Global footprint

~75 human procedures performed using first device (Speedboat) – life changing for these patients

133 Worldwide patents granted, **79** patent families and **431** patents pending⁴

Growing Global Market with addressable size of \$3-4bn^{2,3}, minimal competition

Commercialisation via multiple distributors including strategic investor HOYA Pentax Group (Asia), Diagmed (UK), South Africa, Spain and Benelux

1 As at 30 September 2018

2 Boston Scientific investor presentation, 2015

3 Conmed investor presentation, August 2016

4 As at 31 December 2018

ADVANCED ENERGY PLATFORM

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15 years ago microwave was used in Telecoms but was not sufficiently advanced & too expensive for use in endoscopy

Microwave for controlled coagulation & Bi-polar RF for precise cutting----

Laparoscopic surgeons have **Bi-polar RF** and harmonic devices, however will not use mono-polar devices for complicated surgery due to the risk associated. Why would a gastroenterologist be any different?

133 (76 Dec-16) granted patents and 431 (184 Dec-16) patents pending *





GI DEVICES

Growth of GI indications

- Poor diet, obesity, sedentary lifestyles and an aging population is driving growth in the Endoscopy device market.
- Continued expansion in endoscopic screening programs driving an increase in the detection rates for a range of conditions requiring the resection/biopsy of tissue and the control of bleeding.
- Western practice continues to refer lesions > 2.5cm for surgical resection on a significant scale.
- Surgical removal, whilst delivering excellent curative results, is also a major operation requiring long hospital stay (4-5 days) with a significant mortality rate.

"Speedboat RS2 would transform my repertoire" Mr Mike Williamson Endoscopist, RUH Bath

Suite of GI Devices:



"....a great start point for the new user and a fundamental tool for the experienced operators"

Dr. Zacharias P. Tsiamoulos MBBS, PHD Endoscopy Clinical Lead, Consultant in Gastroenterology and Specialist in GI Endoscopy East Kent University Hospitals Trust, Honorary Consultant in Endoscopy St Mark's Hospital /Academic Institute

SPEEDBOAT RS2

"You don't have to be an expert to use Speedboat" Dr Francisco Jose García Fernández, Spain

> INTEGRATED INJECTION NEEDLE COLORECTAL CANCER no instrument exchange required WORLDWIDE: 16m screening colonoscopies are ROTATION performed per annum in the US¹ orientation in any plane **1.1m** will find a lesion which should be treated² Approximately 50% of those lesions are surgically removed¹ But traditional colorectal surgery is associated with a 6% mortality rate at 30 days³ **PROTECTIVE HULL** 4 reduces risk of muscle damage **MICROWAVE COAGULATION** controlled haemostasis **BIPOLAR ELECTRODES** precise lateral and forward dissection

1. US surgical procedure volumes 2010, Millennium Research, RPUS43SV10, February 2010 2. Gastrointest Endosc 2014;80-133-43

3. Ann R Coll Surg Engl 2011; 93: 445-450

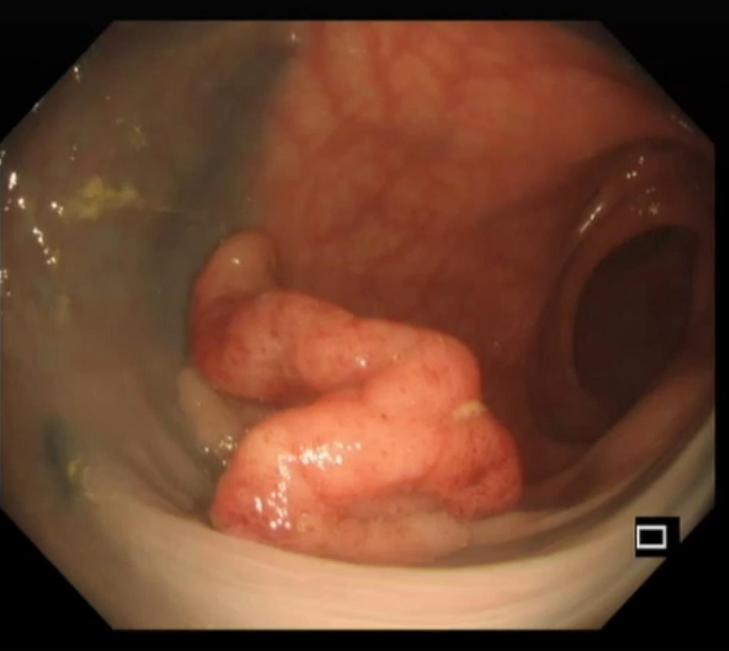


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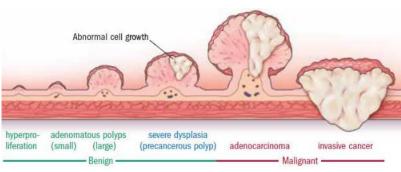


EXAMPLE CLINICAL CASES PERFORMED USING SPEEDBOAT

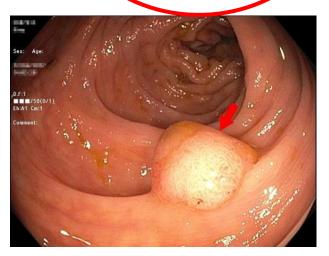
- 90 mm lesion
- 89 year old female
- Removed under general anesthesia in under 1h 40 minutes

- 25 mm lesion
- 64 year old male
- Removed under conscious sedation in under 40 minutes

- 20 mm lesion
- 63 year old male
- Removed without sedation in under 30 minutes



Source - <u>http://www.acgaec.com/colon-polyps?lightbox=imageyip</u> Source - <u>http://retroflexions.com/endoscopy/</u> Patient information is restricted due to patient confidentiality and GDPR



THE ALTERNATIVE

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• Up to 30cm of bowel removed and the two sections re-joined

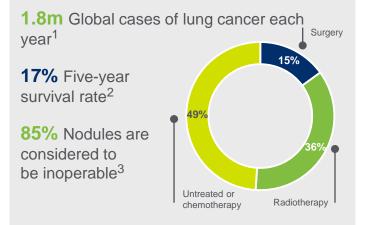
- Change to the anatomy of the patient never the same again in terms of function
- Colostomy bag for at least 6 months or life
- Other associated effects such as depression
- One of these patients could not have tolerated surgery
- Between 3-4 hours of treatment under general anesthetic with associated risks
- Up to 5 days hospital stay
- In one day, 3 patients treated under sedation saved ~12 hours of operating theatre time and up to 15 inpatient days

ABLATION DEVICES

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LUNG CANCER:

Screening not performed



"Can you imagine the utility of this? If we can navigate to lesions, sample them, but also ablate them all in one go? I think that will be completely revolutionary for lung cancer management"

Dr Pallav Shah Consultant Pulmonologist Royal Brompton Hospital, UK PANCREATIC CANCER:

In 2018 \sim 55,440 Americans will be diagnosed with pancreatic cancer in the U.S., and over 44,330 will die.⁴

One of the few cancers for which survival has not improved substantially over nearly 40 years.

Highest mortality rate of all major cancers. 91% of pancreatic cancer patients will die within five years of diagnosis – only 8% will survive more than five years. 74% of patients die within the first year of diagnosis.

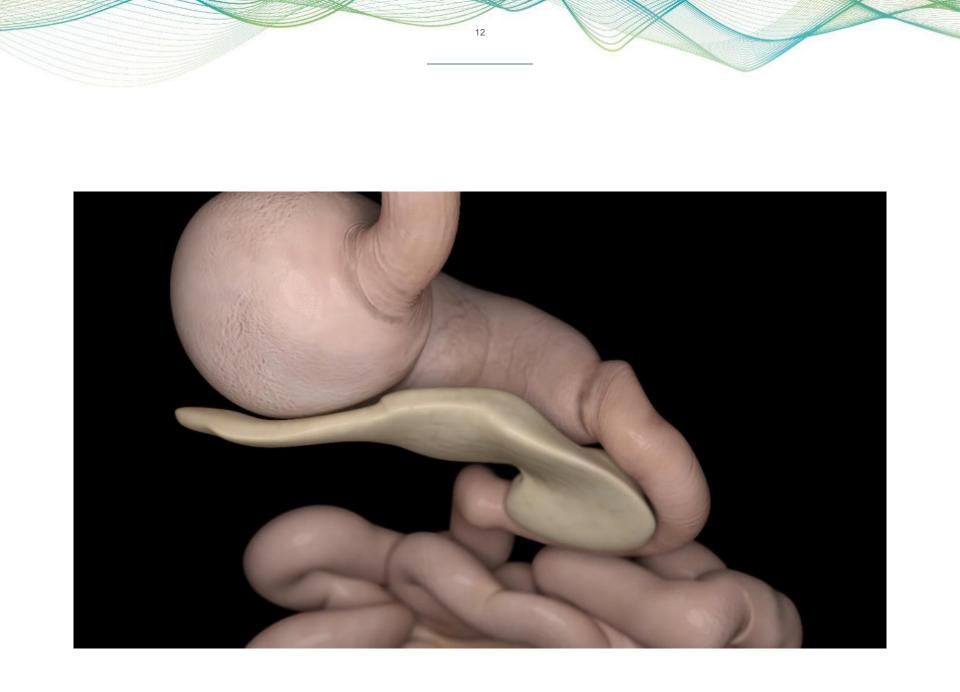


1. Chin J Cancer (2016) 35:71

2. American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.

3. Data for England & Wales - National Lung Cancer Audit annual report 2015 (for the audit period 2014), Royal College of Physicians, 2015

4. www.pancreatic.org/pancreatic-cancer/pancreatic-cancer-facts/







CONCLUSION

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- Creo's advanced energy platform utilises Creo's patented technology to combine microwave and bi-polar radio frequency energy and enables a wide range of miniature endoscopic devices with precise cut, coagulation and ablation capability saving time and cost
- 2018 Fundraise has strengthened the balance sheet and provides the funding to accelerate roll out of products, increased training and market seeding via multiple distribution partners
- Health economic benefits and improved patient outcome validated as both procedure time and hospital stay are reduced
- Creo's Clinical Education Programme well established pathway to 100 trained by 2019
- Multiple in-human procedures performed using Speedboat with no reported complications
- Manufacturing capability ready to scale with minimal investment
- Razorblade model with multiple devices over multiple markets and multiple indications



ANYTHING IS POSSIBLE WITH THE RIGHT APPROACH