REDEFINING CANCER DIAGNOSTICS

Confidential





Our Company

REDEFINING CANCER DIAGNOSTICS 2







Corporate Background

- . Micrima was founded as a spin-out from the University of Bristol in 2005
- . Nearly 20 years dedicated to innovating breast tissue imaging and diagnostics
- . Recently pivoted to focus on measuring breast tissue properties to support improved clinical decision-making
- . Supported by Innovate UK and partnered with leading clinicians and researchers across the UK and EU
- . Strong IP portfolio
- . Currently trialling technology in clinical settings across Europe



The problem

Breast cancer is the most common cancer in women of all ages globally, with the highest mortality rate



$500M^*$ Nomen

from puberty onwards, will experience breast cancer in their lifetime

* 12.9% of 3.9B women globally



UK Statistics

- The Five Most Common Causes of Cancer Death: 2016-2018
- Average Annual Number of Deaths and Average Percentages, by age, Females, UK

In females aged **25-49** in the **UK**, **breast cancer** is the most common cause of cancer death, accounting for almost a third (**31%**) of all cancer deaths in this group in **2016-2018**.





Breast cancer, average number of new cases per year and agespecific incidence rates per 100,000 females, UK, 2017-2019



Age-specific incidence rates rise steadily from age 25-29, more steeply from age 35-39.

> Source – Breast Cancer Research UK⁶







Survival Rate

32% **Survival Rate**

With early detection of a localised tumour

Once cancer spreads to other organs*

50M women, alive today, will die due to *late* breast cancer detection

*Cancer.org, The BMJ **REDEFINING CANCER DIAGNOSTICS**

34%

Late Diagnosis

Cancers found once spread *

Early detection through technology, is critical





Mammography is today's predominant detection modality But it has two fundamental issues

It's highly *ineffective* in *dense* glandular tissue

X-Rays struggle to penetrate fibro glandular tissue. So screening is limited to older women, because breast density decreases with age



European society of breast imaging (EUSOBI) *recommend* supplemental tests of dense breasts

FDA mandate patients be informed of their breast density, from September 2024. 38 US states already require some form of supplemental testing for women with dense breasts

It can only be used infrequently

Mammography uses ionising radiation, limiting frequency to every 2-3 years and limiting its use to specialised Radiology teams. This gives cancer the opportunity to spread









The costs of an imperfect system

Reduced Sensitivity, **Higher Risk**

Mammography sensitivity drops from ~89% in a lucent breast to ~68% in dense breasts

Women with dense breasts are 4-6 times more likely to develop breast cancer

Radiology Shortages

Radiotherapy treatment delays in the EU nearly doubled, from 22% in 2022 to 43% in 2023

The RCR annual workforce censuses revealed that 97% of patients' treatment in the UK was delayed due to staff shortages

UN SDG target 3.4 – To reduce premature mortality from NCDs, including cancer, by a third by 2030. A 2020 WHO report stated only 12 countries are on track to achieve this by 2030.

> Research shows mean treatment costs of breast cancer at stage II, III, and IV were 32%, 95%, and 109% higher than Stage I

Late

Diagnosis

Only 25% of radiologists were confident in detecting invasive lobular carcinoma (ILC) on screening mammography in dense breasts Micrima

Our Solutions

Confidential



Our Solution: A revolutionary new method of breast tissue measurement using non-ionising Radio Frequency (RF) – Mi~Scan[®]

9 patents & UK, EU, USA Design Registration (hardware and software) with 2 additional applications pending

BI-RADS density measurements validated against mammography in an MHRA-approved 1000-participant trial at Leeds Teaching Hospital under Dr Nisha Sharma. CE MDR pending

Mi~Scan

Fast breast tissue measurement

Can be used on women of all ages

Effective in all tissue types

Quick, accurate and safe

Easy to use, in any location

Pain-free, no compression required

Use does not require a radiographer





Mi~Scan[®] measures tissue responses from hundreds of frequency points, in each 1 second scan, creating a rich data set of tissue properties.

Our launch product provides an accurate breast density measurement in line with American College of Radiology (ACR) standards (BI-RADS[®] 4th Edition) that are adopted globally

Total procedure time of 1 minute for both breasts (including patient dressing time) Procedure can be performed by anyone, with 30mins training







Breast density measurement is fed into prevalidated breast cancer risk models (TC8 and **BOADICEA**)

Mi~Scan[®] delivers significant improvement in risk model prediction, without the need for a Mammogram

Risk profiling can be deployed to women or all ages, in primary care, highlighting high risk patients

Could be used to track Patients breast tissue response to medication





Micrima provides clinical and patient value

Diagnostic

A pre-scan with Mi~Scan® informs clinicians on density, enabling:

- The optimal imaging technique can be selected first time, based on individual tissue type
- A personalised diagnostic pathway that improves detection rates with 24% less resource and 12% less cost
- 26% less radiation for the patient due to requiring only one scan



Mi~Scan

Mi~Score

Screening

Breast density measurement is fed into existing breast cancer risk models (Tyrer Cuzick and BOADICEA), with tissue trending enabling:



- Enhanced breast cancer risk calculation, in any location, without the need for a mammogram, in one appointment
- Breast Density known before imaging for optimal technique selection

This makes accurate risk profiling accessible to:

- Women of all ages for early identification of high-risk patients
- Women in underserved, rural or ethnic minority communities



Personalising Screening – to understand risk



Integrating Mi~Scan® density measurement with existing breast cancer risk models enables individual patient risk to be calculated on women of all ages, with high-risk women and breast types identified, within a community setting

> Existing breast cancer risk models (currently can only include density with a Mammogram)



K Ikonopedia®



Risk Factors calculated adding Mi~Scan[®] density to existing pre-validated models



Patient report indicates risk and breast tissue properties, and optimum pathway selection



Market Opportunities

Confidential



Routes to Market







Entities

- National Hospital Systems/Groups
- Private Hospitals
- **Private Clinics**
- Wellness/Fitness Centres
- Aesthetic Clinics
- Corporations





Considerations

- Lengthy process, slow change
- Difficult to access, almost equal process challenges
- Requires referrals
- Tend to focus on gynaecological issues
- Beauty focused, but open to additional treatment options
- Duty of care motivation, health economic angle





Where are we on our journey?



CE MDR submitted to notified body for review Devices available for clinical trial, without CE mark but with independent safety and emissions testing and MHRA approval

First deliveries and sales or Mi[~]Scan[®] and Mi[~]Score expected to be available Autumn 2025, upon receipt of CE MDR approval

Rapid sales growth and adoption of the product for both density assessment, risk profiling and for tracking patient response to endocrine and anti-progestin therapies



Thank you!

Transforming detection of cancer for all women

www.micrima.com

19 REDEFINING CANCER DIAGNOSTICS



