TREATMENT RESISTANCE DRIVES CANCER MORTALITY

~10 million cancer patients die annually

most deaths occur in metastatic, treatment-resistant disease

Most cancer patients initially respond to treatment.
But most patients eventually develop treatment resistance.

When that happens, the disease becomes metastatic and difficult to control.
This stage is associated with the majority of cancer deaths — over 10 million annually.

The problem is not response to treatment — it is the cells that survive it.

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TREATMENT SELECTS FOR RESISTANT TUMOR CELLS

Treatment eliminates sensitive cells

→ leaving the most resistant tumor cells

Treatment does not fail, it selects for cells that survive

Preclinical and clinical data indicate that these cells depend on glucose.

The key question is: what do these cells depend on?

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RESISTANT TUMOR CELLS DEPEND ON GLUCOSE

These cells rely on glucose to survive.

In hypoxic, treatment-resistant tumor regions, this dependence becomes extreme.

Glucose availability therefore becomes a critical vulnerability.

Glucose dependence creates a therapeutic opportunity

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CONTROL IS THE THERAPY

What has been missing is not understanding

— it is the ability to act on it.

Delivered through a dialysis-based clinical platform

What has been missing is real-time glucose control. This is now possible.

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WE CAN CONTROL GLUCOSE IN PATIENTS

Dialysis enables rapid and precise control of blood glucose, directly reducing glucose availability in tumors.



Fits into existing oncology workflows

Therapeutic Hypoglycemia (TH)

- Controlled, monitored, and reversible
- 6–8 hour sessions
- 1–2 times per week

Combined with standard of care

- Radiation, chemotherapy, immunotherapy
- TH can be use existing dialysis infrastructure

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A LARGE, UNDERSERVED AND TARGETABLE MARKET

Market overview

- ~10 million cancer patient die annually worldwide
- The majority driven by **treatment-resistant disease**

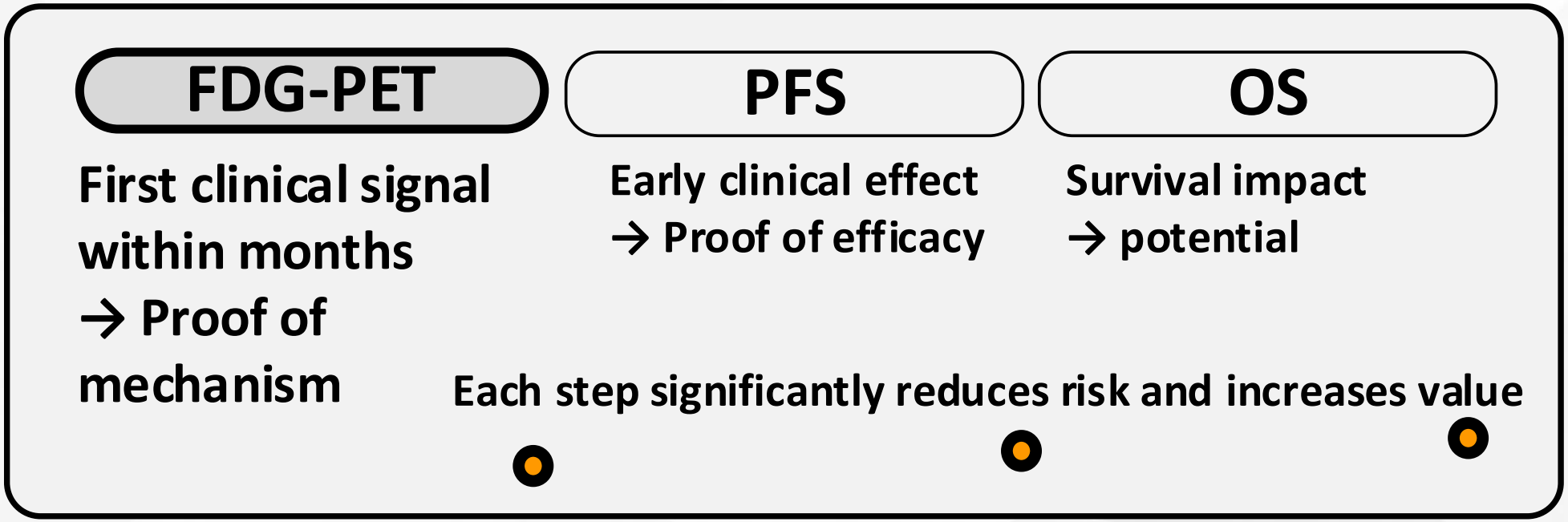
Initial focus is treatment-resistant cancers

- Patients with **limited or no effective treatment options**
- Represents the **highest unmet medical need in oncology**
- These tumors show a clear **biological vulnerability to glucose targeting**

Millions of patients with no effective options → large, high-value market opportunity

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PATH TO VALUE INFLECTION



This round delivers the first value inflection point

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CLEAR PATH TO CLINICAL AND COMMERCIAL VALUE

Capital: $3–5M to reach first value inflection point.

This round delivers:

- First-in-human **proof-of-mechanism in patients**
- Controlled glucose modulation demonstrating **biological effect**
- FDG-PET readout providing **early, objective clinical signal**

Enables clinical expansion and strategic partnering opportunities

Early human data unlocks a large underserved patient population

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VALUE INFLECTION TIMELINE

Milestones:

- First metabolic signal (FDG-PET): ~6 months
- Early efficacy signals: ~12–24 months
- Clinical validation (PFS/OS): ~3–5 years

Early human data → rapid de-risking and value creation

And the reason this is possible now…

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WHY THIS IS POSSIBLE NOW

Biological insight

Resistant tumor cells depend on glucose for survival

Enabling capability

We can now precisely control — and lower — glucose levels in patients (TH)

Readout

FDG-PET enables rapid, direct metabolic validation in humans

We can now control systemic metabolism to directly impact tumor biology in humans

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PROVEN TEAM IN DIALYSIS, CLINICAL DEVELOPMENT, AND TUMOR BIOLOGY

Founding Team



Linda Källquist CEO

- PhD Hematology
- 15+ years in medical device development (Baxter, Vantive, HemoCue)
- Led V&V for hemodialysis system → FDA 510(k) clearance and US launch
- Expertise in regulatory (ISO13485, QA/RA) and clinical validation



Sture Hobro CSO

- 30+ years in dialysis
- Inventor, multiple product launches
- Recognized for innovation → selected to develop novel cancer therapy program
- Origin of CancerDialysis concept
- Project manager of 5 successful medical products (Gambro, Baxter Vantive)

Expanding team with:

- Clinical oncology leadership
- Medical device development expertise
- Clinical trial execution capability

Clinical & Technical Collaborators





Carl Öberg – Nephrology, Lund University

- Associate Professor and clinician in nephrology
- Expertise in dialysis physiology and metabolic regulation
- Driving clinical translation and study design

Anders Nilsson – Dialysis & Blood Purification

- 40+ years experience
- Co-developed scientific foundation



Håkan Axelson – Oncology, Lund University

- Expertise in tumor hypoxia and aggressive tumor biology
- Translating tumor biology into clinically relevant insights



Henrik Hall Radiometer

- Senior Director R&D (Radiometer)
- Former Director R&D, Baxter, Vantive
- Extensive experience in medical device development and FDA 510(k)



Per-Ola Wictor Sangair

- CTO and site leader (Baxter Vantive, Sangair)
- Former R&D Director and site leader, Baxter
- Led multiple medical devices from concept to clinical validation

Linbro Therapeutics
Therapeutic Hypoglycemia

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