

Advanced Oncotherapy – Investment Highlights



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A Personal Story





A Personal Story (Cont'd)



- Embryonal tumour with Multilayered Rosettes (ETMR): aggressive, WHO-grade IV, brain tumour; occurs predominantly in infants under the age of 3 years
- The treatment = proton therapy
- A highly prohibitive treatment
- Our mission = democratise proton therapy
- New accelerators are needed; not the legacy technology used since the 50's
- LIGHT, a technology developed over 25 years + at CERN
 - 1st machine to be operated in London
 - Significant commercial traction already



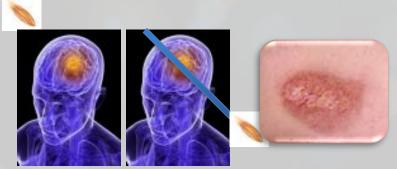
Fast Growing Needs Massively Unmet Due to Costs

Radiation

- Used in 2/3 of cancer cases in the US
- High dose of radiation kills by damaging the DNA
- Today, 98%+ of radiation is done through X-Rays

X-rays

- X-rays = particles (photons)
- Tissues damaged along the path of photons to the tumour (before and after)
- Significant side effects (e.g., secondary tumour, skin burn)



Proton Therapy (PT)

- PT use different particles (protons)
- Protons deposit most of their killing energy on a spot, called the Bragg peak
- Generating 60% less radiation to healthy surrounding tissue

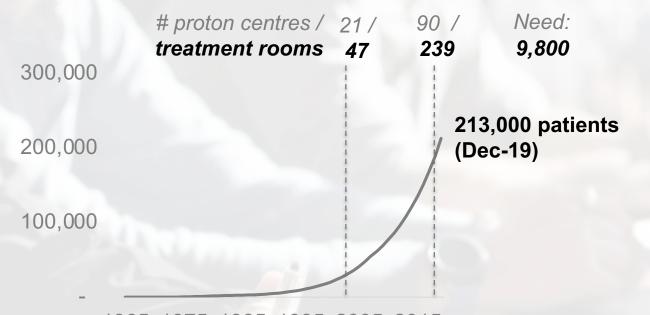


- Deep tumour = 230MeV
- Superficial tumour = 50/70MeV



Massive and Growing Needs Largely Unmet Due to Costs

Awareness is increasing, significant needs remains



- But treatment cost is too expensive...
 - Current average treatment price: £90k
 - "If cost was not an issue, proton therapy would be the treatment of choice for most patients with localized tumours."

Prof Jay Loeffler, Harvard Medical School

- Equipment is only a fraction of the project cost
- Direct consequence of using circular accelerators

1965 1975 1985 1995 2005 2015



80,000 m³ of material excavated



A hole that was 28m deep



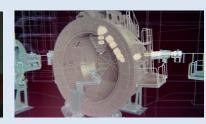
128 tonnes door to the concrete maze



3,000 lorry loads of concrete delivered



90 tonnes accelerator

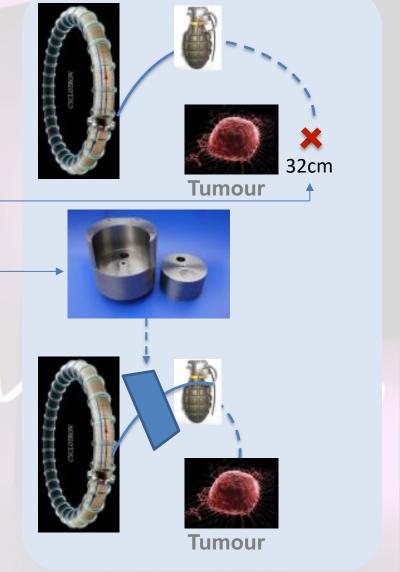


58 tonnes gantry and 300 tonnes of magnets



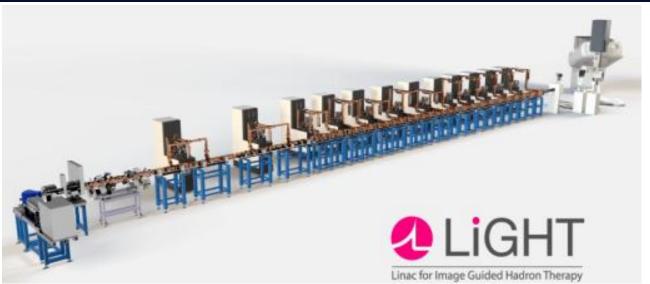
Current Shortcomings

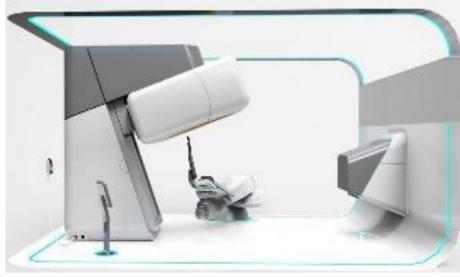
- Current proton therapy systems = 90-tonne circular accelerators designed 60 years+ ago
- Protons from circular accelerators always exit at maximum and fixed energy (damage at a maximal depth of 32cm)
- Energy of protons must be reduced by using absorbers at the end of the accelerator
- Use of absorbers creates induced radiation in the accelerator hall
 - 98%+ of protons are "lost" when treating superficial tumours
 - Significant shielding required
- Absorbers are mechanically rotated, only 1-2x per sec.
 - Current machines not well suited for treating moving targets





Revolutionary CERN Technology Protected through Patents and Know-How











LIGHT vs Legacy Systems

- (1) Use of Absorbers
- 2 Efficiency
- 3 Shielding
- Site Footprint /
 Easier Installation
- 5 Ability to Change the Energy of Protons
- Ability to Treat More Tumours (incl. Moving Targets)
- **7** Flash Capable
- 8 Building Cost
- 9 Implied Treatment Cost

- No absorbers with LIGHT (absorbers used in circular accelerators)
- Less than 2% of protons "lost" when treating superficial tumours with LIGHT vs more than 98% "lost" with circular accelerators
- 60% thinner with LIGHT
- 30% smaller with LIGHT; no module weighing more than 1.8 tonnes;
 no need to build facilities around the equipment
- 200x per second with LIGHT (vs 1/2x per second)
- Significantly enhanced with LIGHT due to fast energy modulation
- Capable with LIGHT for all energies; possible with circular accelerators but only at high energy
- Harley Street ~ 10/20% of the cost of UCLH
- £17k per treatment with LIGHT vs UK average of £90k



Broad Industrialisation Ecosystem in Place

Outsourced Production

- **Network of High Quality World-Class Partners**
- **Assembly Site** Located in Daresbury, UK
- **Dual Sourcing Strategy**

- Manufacturing of individual parts of LIGHT is outsourced
- De-risked strategy
- Leaner operation
- Opportunity to reduce cost through optimisation and high-volume production





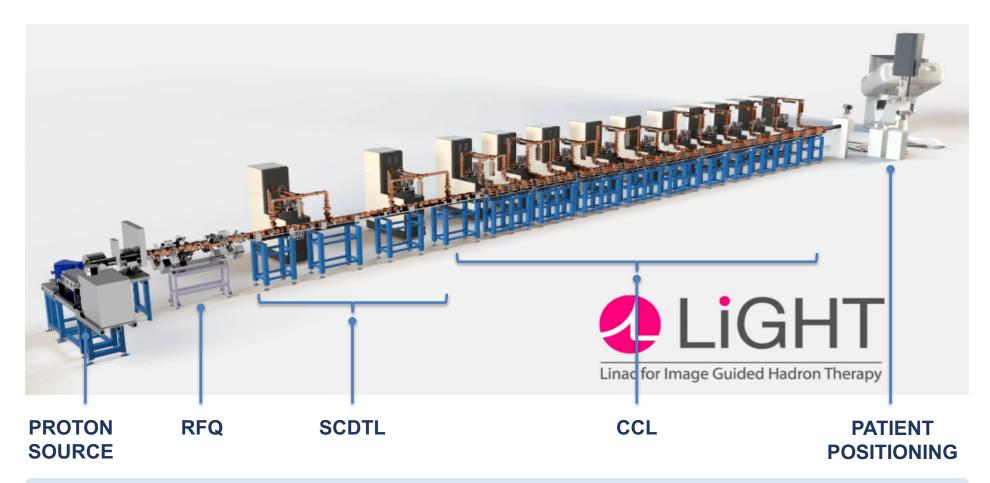




- Site to be capable of assembling 8 machines per year on two assembly lines
- Operated by STFC
- First patient to be treated with medical partner, Queen Elizabeth Hospital at the assembly site
- Low risk of supply disruption
- Increases leverage



Project Ready for The Next Phase: Verification and Validation



All critical hardware manufactured; in the process of assembly and Verification/Validation



Complementary and Highly Sustainable Revenue Streams

Differentiated Offering Leads to a Differentiated Business Model

- Four revenue streams: equipment sale, maintenance, technology upgrade and long term revenue sharing / PPP
- Three transactions announced in February with revenue sharing arrangements
- AVO Financial Solutions can offer leasing and financing for proton therapy centres

Equipment Sales

Operation and Maintenance

Technology and Clinical Upgrades

Financial Solutions
Financing, Leasing and PPP



Partnership with The London Clinic – Overview of the Operator

On 11th February 2020, AVO and TLC announced a partnership for the site located in Harley Street

Private healthcare organisation and registered charity;
 opened by the Duchess of York in 1932

 234 beds and 10 theatres (including a hybrid theatre); 750 members of clinical staff; About 15% of earnings from overseas patients





- Strong rationale for TLC to be associated with AVO
 - Strong focus on disruptive technologies
 - Adjacent building
- Recent partnership between TLC and Cleveland Clinic = More patients to benefit from LIGHT



Partnership with UHB /Queen Elizabeth – Overview of the Operator

On 20th February 2020, AVO and UHB announced a partnership for installing LIGHT in Birmingham

- One of the largest regional centres for non-surgical cancer treatment
- More than 2.2 million patients p.a.
- Queen Elizabeth =
 - 1,215 patient beds including 100 critical care beds
 - 6 MRI scanners
 - 5CT scanners



Supporting AVO for the Clinical Investigation Plan in Daresbury and clinical partner for the Daresbury site



Partnership with the Mediterranean Hospital – Overview of the Operator

On 17th February 2020, AVO and the Mediterranean Hospital (Cyprus) announced a €50m purchase order

- Located in Limassol, Cyprus; opened in 2013
- One of the largest private hospitals in Cyprus
- First health centre integrated with the newly created National Health System (NHS) of Cyprus
- Plans to expand the hospital from c. 200 beds to 500 beds





Illustrative Economics for a Customer

- Price of £40,000 per treatment, which is low in the current market offering, and will go down going forward
- Ample room to add an attractive margin whilst making proton therapy affordable and at a cost close to conventional radiotherapy
- Full capacity set conservatively at 300 patients before hypofractionation and FLASH
- Assuming margins of 60%+ for single room and 70%+ for multiroom systems
- Question: How to balance returns for AVO vs customers?

Illustrative Economics of a PBT Centre Equipped with LIGHT





Aligning Interests is Key to Delivering on our Mission

LIGHT TODAY

- Medical superiority
- Lower lifetime costs
- Modular system



LIGHT IN THE FUTURE

 Many upgrades possible further improving medical outcomes and the economics of customers



IMPLICATIONS FOR CUSTOMER

- CERN technology, magnet
- Higher patient throughput and improved payback
- Technology more easily financed (machine used as a security)



ALIGNING INTERESTS: WIN-WIN

- Through profit share arrangements
- Flexibility must remain



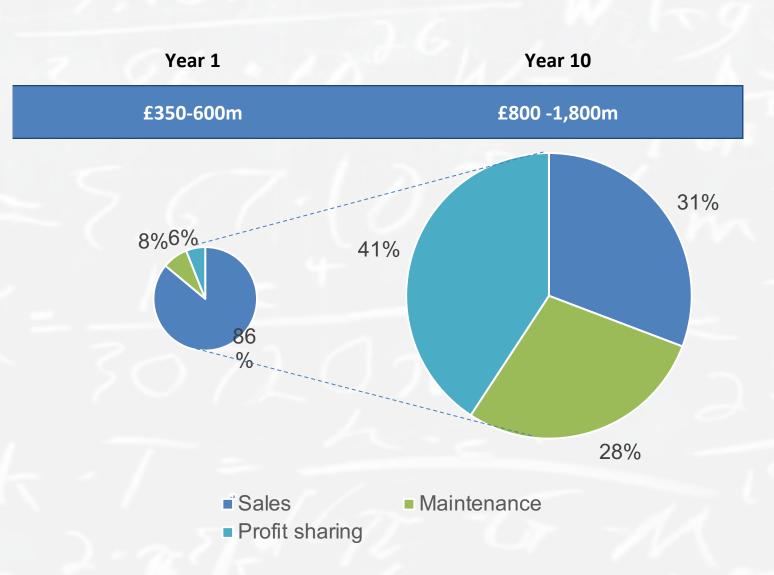
How the Maths Work

 Assuming 10 multiroom systems sold p.a., over 10 years

Sales: £30m-£50m each

Maintenance: 8% to 10% p.a.

 Profit sharing: 20%-50% of the clinic's net profit





Funding Our Pipeline Through Financing Partnerships

> Approx. 14,000 Xray machines vs 90 proton centers

Modular machine = security

> Funding of the construction of machines and customers

- > Proton therapy, the new MRI industry
 - MRI: from research use to a \$50bn market in the US
 - Smaller machines and easier to finance: keys to unlock the potential



Key Deliverables for 2021

- > Medical software suite integrated in standalone operation
- Patient Positioning installed
- > All accelerating structures conditioned
- > All accelerating structures aligned
- > Machine operational with a full energy 230MeV beam, energy needed for treating all patients
- > Further commercial partnerships and purchase orders
- > Financing partnership(s) to support the delivery of the pipeline



Best-in-Class Team



Prof. Steve Myers

Head of ADAM

Former Head of Accelerators at CERN

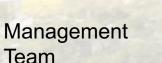
Dr Mike Sinclair Exec. Chairman

40y experience as physician, healthcare manager and investor



CCO &

Particle Therapy



Team

ADVANCED ONCOTHERAPY

Selected Non-Executive Directors



Chief Executive Officer

Nicolas

Serandour

Formerly Lazard and JPMorgan_



Moataz Karmalawy

President, US

Former Head of Varian

Ed Lee

Officer

Formerly Optivus



Dr Jonathan Farr

Chief Clinical Officer

Formerly St Jude and Essen, GE



Dr Michel Baelen

Head of Regulatory

Formerly IBA



Hans von Celsing

Formerly Mevion, Elekta



Dr. Enrico Vanni

Novartis, McKinsey, Lombard



Dr. Nick **Plowman**

Great Ormond Street Hosp., St Bartholomew's Hosp.





Key Investment Highlights



- (B) Revolutionary CERN technology addressing the current shortcomings in radiation therapy
- C Complete industrialisation ecosystem in place with high-quality partners
- (D) Rigorous process-driven approach allowing the company to deliver on its plan
- Business model with strong complementary and sustainable revenue streams; endorsed by highly-prestigious customers
- Experienced management team with great track-record and supported by high-profile industry experts
- G Doing good and well a story with a clear social purpose and true impact

