NEWSLETTER MARKET COMMUNICATIONS

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NEW IR INITIATIVES: Q&A WEBINAR FORMAT & INFRONT DIREKT REPORT COMMENTARIES

Starting in April we will be hosting quarterly Q&A webinars at the beginning of each quarter. By doing so, we will ensure a close and up-todate dialogue with our stakeholders regarding the developments in the previous quarter and the plans for the upcoming one. Live and presubmitted questions will be answered by management. The first webinar will be held on 12 April, and you can register <u>here</u>.

We have also started a collaboration with a leading media agency, Infront Direkt, to distribute our report commentary the day we release new figures. As a result, we will be expanding our communications to include 36,000 subscribers and private investors via banks' retail distribution, including Avanza, Nordnet, Handelsbanken, SEB, Nordea, among others. The timing of these events can be found in our event calendar.

Finally, our CEO, Fernando Andreu, is writing a blog every month to provide closer insight into our daily activities and progress within the company. A new and exciting post has recently gone out, describing how IndiTreat[®] is making a real impact in clinical practice and in patient's lives. Enjoy you reading below, or directly at the blog, clicking <u>CEO Blog</u>.

CEO BLOG: MAKING A REAL IMPACT: INDITREAT® IN PRACTICE

Our distributor in Spain and Portugal, Werfen, recently organized a symposium on Personalized Oncology. I was sitting in the auditorium, among a hundred healthcare professionals, when Professor Dr. García-Foncillas, oncologist at Fundación Jimenez Diaz in Madrid, started his lecture.

He told the audience about the limitations of selecting therapies through genetic mutations, and how Functional Drug Sensitivity Testing can be a better alternative. Then, he described a real-life example.

The patient had colorectal cancer, with double metastasis in liver and lung. She was treated in first line, according to guidelines, with standard chemotherapy (FOLFOX) plus an EGFR inhibitor (cetuximab) and the tumor was stabilized for seven months. When the tumor started progressing again, they switched to the second line treatment, with another



CEO Fernando Andreu

chemotherapy (FOLFIRI) plus an antiangiogenic (bevacizumab). The tumor stabilized for five months, at which point it started growing again. As third line, Dr. García-Foncillas had two choices: a drug called trifluridine-tipiracil and another one called regorafenib. Not knowing which one would be best for that patient, he requested an IndiTreat® test, which showed higher sensitivity to regorafenib. Dr. García-Foncillas explained that this is not normally their first choice, as regorafenib is not well-tolerated.

The goal of the treatment in patients with metastatic colorectal cancer is to give them additional time. On average, regorafenib delays the progression of the disease for 1.9 months, and although this might not seem much, Dr. García-Foncillas reminded the audience that, for the patient, every extra day means a lot.

The patient he was treating gained five months of stable disease. This was far more than anyone could have hoped, and this is, in the words of Dr. García-Foncillas, a perfect example of how Functional Drug Sensitivity Testing can guide therapy and bring value for patients.

Sometimes we try to explain what we do at 2cureX in complex and sophisticated ways, but that day, listening to Dr. García-Foncillas, it was much simpler and more powerful.

2cureX helps oncologists select the drugs that will allow patients to live longer. Real patients, like the case Dr. García-Foncillas shared. It can't get any better than this.

CONTACT

ADDRESS 2cureX

Fruebjergvej 3, 2100 Copenhagen, Denmark E-MAIL (INVESTORS) ir@2curex.com

E-MAIL (OTHER QUESTIONS) info@2curex.com

