Advance Sentry

Angel Round Business Plan

NPScreen™ — the world's first FDA-approved outpatient, non-invasive early detection solution for nasopharyngeal carcinoma

Date: August 2026 | Contains confidential business information — for authorized investors only

Contents

1. Executive Summary

Positioning & Core Value

- Advance Sentry Inc. is a Canada-based viral genomic diagnostics company dedicated to **early cancer screening through innovative non-invasive detection**.
- NPScreen™, our flagship product, is **the world's first and only outpatient, non-invasive early detection solution for nasopharyngeal carcinoma (NPC) with full FDA approval** (De Novo classification, Class II).
- With its proprietary **transoral nasopharyngeal brushing plus real-time quantitative PCR**, NPScreen™ delivers a single solution that is non-invasive, highly accurate, and outine setting in an outpatient clinic.

98.0%	99.1%	10,000+	80%
Sensitivity	Specificity	Clinical validation cases	China's share of global cases

Funding Requirements

This angel round plans to raise RMB 15 million for 7% equity, at a pre-money valuation of RMB 200 million.

1. Executive Summary

Five Key Investment Highlights

01

Unmatched Regulatory Moat

- The world's only fully FDA-approved EBV-based NPC screening product.
- The regulatory barrier would take competitors at least 3-5 years to overcome.

02

Original Inventor-Led Technology

- The transoral nasopharyngeal brushing method was invented by our founder, backed by 20 years of development and dual protection from patents in multiple countries (notably China) and trade secrets.
- We are inventor-founders, not followers.

03

Blue-Ocean Market

- 1 billion at-risk individuals worldwide, with China accounting for 80% of cases.
- In NPC early screening, NPScreen™ is both the first mover and the category definer.

04

Clinical Data Moat

- 10,000+ clinically validated cases, WHO-indexed data, and citations in top-tier journals.
- This data moat imposes a prohibitive catch-up cost on new entrants.

05

Clear Value Inflection Point

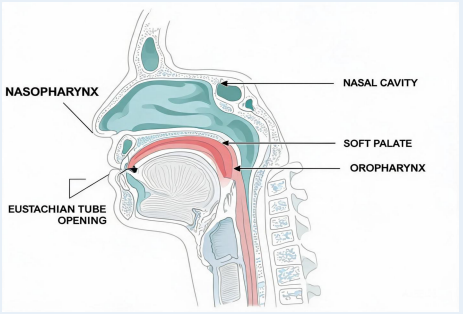
- This round directly funds the single largest value inflection point: NMPA approval in China.
- Angel investors capture the dual upside of Series A maturity at angel-round pricing.

2. Background & Market Analysis

Disease Background & Clinical Pain Points

Nasopharyngeal Carcinoma Overview

- The nasopharynx sits deep at the center of the skull; NPC is a malignancy of the head and neck.
- Southern China, Southeast Asia, North Africa and the Arctic are the world's high-incidence regions. China alone accounts for about 80% of new global cases, and NPC ranks among China's top ten cancers.
- The nasopharynx is anatomically hidden and early symptoms are non-specific (often mistaken for rhinitis or pharyngitis), so most patients are diagnosed at advanced Stage III-IV; five-year survival for late-stage disease is below 50%.



Pain Point	Limitations of Current Options
Invasiveness	Endoscopic biopsy passes instruments through the nasal cavity into the nasopharynx; blood testing requires venipuncture
Low accuracy	Current blood EBV DNA tests show early-stage sensitivity and specificity below 30%
Poor accessibility	Endoscopy, MRI and CT require specialists in operating rooms or imaging centers; blood samples need cold-chain transport and specialized labs
Weak early detection	Conventional imaging and endoscopy detect tumors only at late stage, after cancer cells have reached the millions
Painful procedures	Biopsy is highly traumatic; blood draws for serology also cause pain and carry infection risk
Late trigger	Most testing happens only after symptoms appear (persistent nasal blockage, ear fullness), not through routine preventive screening

2. Background & Market Analysis

Market Size & Growth Potential

Global Cancer Screening Market	USD 215.71 billion* (2025), 9% CAGR

T1 Core Market	T2 Key Markets	T3 Growth Markets	T4 Long-Term Markets
Southern China	Hong Kong · Singapore · Canada	Other Chinese provinces, Southeast Asia	North American Chinese diaspora, Middle East, North Africa
5-10M tests/yr	**0.5-1M tests/yr**	**3-5M tests/yr**	**2-4M tests/yr**
12 months post-NMPA approval	Underway	12-24 months after T1	Opens after T3

China Deep-Dive — Over 80%** of Global Cases

- NPC incidence in China runs 3-30 per 100,000, with wide regional variation (Guangdong reaches 30 per 100,000)
- The at-risk population is ~200-300 million (Southern China + Southeast Asian descent + family history)
- Since 2020, China has strongly promoted early cancer detection under the Healthy China initiative, embedding early screening in core national health targets
- China's IVD (in vitro diagnostics) market exceeds RMB 100 billion, with early cancer screening its fastest-growing segment

***Source:** P-MarketResearch, Worldwide Cancer Screening Tests Market 2026; ****Source:** peer-reviewed literature in Chinese Journal of General Practice

2. Background & Market Analysis

Four Technology Routes Compared

Metric	Endoscopy / Biopsy / MRI	Serum EBV Antibody	Plasma EBV DNA	NPScreen™
Sampling	Transnasal endoscopy + tissue forceps	Venipuncture blood draw	Venipuncture blood draw	Transoral brushing
Invasiveness	Highly invasive	Invasive (blood draw)	Invasive (blood draw)	Non-invasive
Pain level	High (anesthesia required)	Moderate	Moderate	None
Operator	ENT specialist	Nurse / phlebotomist	Nurse / phlebotomist	Physician / nurse / clinical assistant
Setting	OR / endoscopy suite	Blood draw station / lab	Blood draw station / lab	Routine clinic / health check center
Early-stage sensitivity	<30%	<20%	Limited & inconsistent data	**98.0%**
Early-stage specificity	<30%	<20%	Limited & inconsistent data	**99.1%**
Sample stability	Immediate processing required	4°C refrigeration	Same-day processing (short DNA half-life)	Room temperature 4-6 weeks, up to 7 years
Cost	Very high	Moderate	Moderate-to-high	Relatively low
Mass screening fit	Not suitable	Suitable but painful	Suitable but painful & inaccurate	Fully suitable

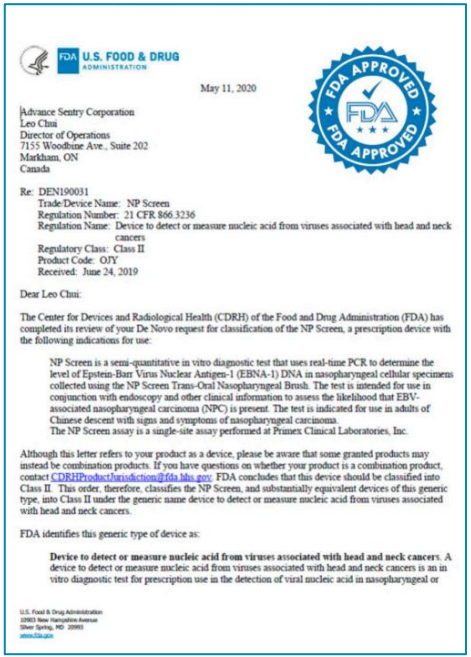
➢ **No competing product today combines office-based operation, full FDA approval, and >98% accuracy. NPScreen™ holds a decisive first-mover advantage and moat.**

2. Background & Market Analysis

Market Access & Regulatory Landscape

✓ **Our phased registration strategy: FDA first → China as the core market → global expansion:**

Region	Registration Status	Next Milestone	Strategic Rationale
United States	FDA approved	Ongoing commercial scale-up	Gold-standard regulatory endorsement accelerates approvals in other markets
Canada	Health Canada commercialization	Expand commercial coverage	HQ location with established clinical partnerships
Hong Kong, China	Commercialized	Deepen public-private network partnerships	Asian showcase market; best validation setting for high-incidence Chinese populations
Mainland China	NMPA registration preparation	Submit Class III device application	Largest single market and top priority; leverage FDA clinical data to accelerate approval
Singapore	Collaboration with SingHealth underway	HSA registration filing	Southeast Asia medical hub extending reach to Malaysia and Indonesia
Rest of Southeast Asia	In planning	Leverage Singapore data + China registration experience	Differentiated pricing; government screening partnerships



U.S. FOOD & DRUG ADMINISTRATION

May 11, 2020

Advance Sentry Corporation
Leo Chui
Director of Operations
7155 Woodbine Ave., Suite 202
Markham, ON
Canada

Re: DEN190031
Trade/Device Name: NP Screen
Regulation Number: 21 CFR 866.3236
Regulation Name: Device to detect or measure nucleic acid from viruses associated with head and neck cancers
Regulatory Class: Class II
Product Code: OJY
Received: June 24, 2019

Dear Leo Chui:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your De Novo request for classification of the NP Screen, a prescription device with the following indications for use:

NP Screen is a semi-quantitative in vitro diagnostic test that uses real-time PCR to determine the level of Epstein-Barr Virus Nuclear Antigen-1 (EBNA-1) DNA in nasopharyngeal cellular specimens collected using the NP Screen Trans-Oral Nasopharyngeal Brush. The test is intended for use in conjunction with endoscopy and other clinical information to assess the likelihood that EBV-associated nasopharyngeal carcinoma (NPC) is present. The test is indicated for use in adults of Chinese descent with signs and symptoms of nasopharyngeal carcinoma.
The NP Screen assay is a single-site assay performed at Primex Clinical Laboratories, Inc.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact CDRHProductJurisdiction@fda.hhs.gov. FDA concludes that this device should be classified into Class II. This order, therefore, classifies the NP Screen, and substantially equivalent devices of this generic type, into Class II under the generic name device to detect or measure nucleic acid from viruses associated with head and neck cancers.

FDA identifies this generic type of device as:

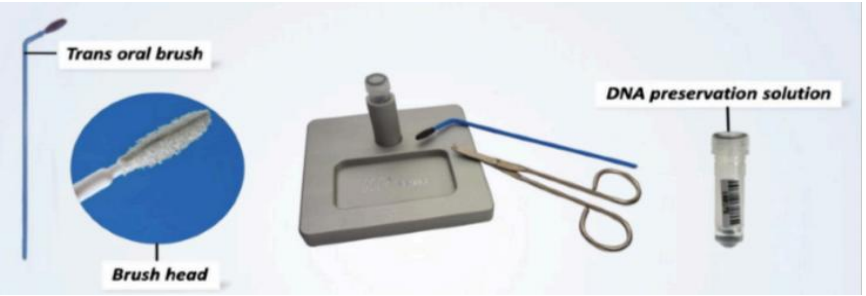
Device to detect or measure nucleic acid from viruses associated with head and neck cancers. A device to detect or measure nucleic acid from viruses associated with head and neck cancers is an in vitro diagnostic test for prescription use in the detection of viral nucleic acid in nasopharyngeal or

✓ FDA approval is NPScreen™'s most critical differentiating asset. Existing FDA clearance and Hong Kong clinical data are expected to materially accelerate China's NMPA review via the real-world evidence (RWE) pathway.

3. Products & Services

NPScreen™ Product Overview & Key Performance Metrics

Product Profile	Details
Product name	NPScreen™ (NP Screen™)
Category	Viral genetic diagnostics / early cancer screening (Class II medical device)
Target indication	Ultra-early screening and detection of nasopharyngeal carcinoma (NPC)
Intended population	Adults with NPC signs or symptoms; high-risk populations
FDA approval	Approved on May 11, 2020
Method	Transoral nasopharyngeal brush sampling + real-time quantitative PCR
Sample type	Nasopharyngeal epithelial cells (transoral brushing)
Turnaround time	~3-5 business days from sampling to report



98.0%
Sensitivity
Far exceeds current blood tests (<30%)

99.1%
Specificity
The world's only >99% non-invasive screen

99.9%
Negative predictive value
A negative result effectively rules out risk

0.83%
False-positive rate
Minimal misdiagnosis risk

84.5%
Positive predictive value
Plasma EBV DNA: only 3.06-11.00%

0%
False-negative rate
Minimal missed-detection risk

3. Products & Services

Technology Platform & Four Core Innovations

- NPScreen™ pairs **transoral nasopharyngeal brush sampling with real-time quantitative EBV DNA PCR** — a route fundamentally different from the industry's mainstream blood-testing path. This is not an incremental improvement but a paradigm-level breakthrough: instead of indirectly searching for tumor fragments in blood, it directly tests intact cells at the lesion's site of origin.

1

Transoral Nasopharyngeal Brushing Device

Our proprietary brush and handle design reaches the nasopharynx through the oral cavity (not transnasally). Unlike conventional transnasal endoscopic biopsy, it requires no anesthesia, is painless, and carries no complication risk — it can be performed in a routine clinic by a physician or a trained clinical assistant. This is the key technical enabler of office-based screening.

2

Proprietary DNA Preservation Solution

Our in-house preservation medium keeps brushed nasopharyngeal epithelial samples stable at room temperature — 4-6 weeks short-term, with proven stability up to 7 years long-term. This eliminates the cold-chain dependency of conventional molecular testing, dramatically cutting logistics costs for long-distance transport and large-scale commercialization.

3

Primer & Probe Panel with PCR Assay

Multiple primer and probe pairs targeting specific EBV genomic regions (multi-region coverage, not a single target), analyzed by real-time quantitative and semi-quantitative PCR. Multi-region coverage overcomes false negatives from viral variants or DNA fragmentation, markedly improving sensitivity.

4

Proprietary Result-Interpretation Algorithm

A laboratory result-interpretation algorithm trained on large-scale clinical data to define positive/negative cutoff thresholds. The moat is the training data itself — 4,000+ clinical samples validated against the gold standard (histopathology) — which competitors cannot replicate in the near term.

3. Products & Services

Product Pipeline Roadmap

➢ **Centered on EBV-associated cancers, our pipeline evolves from a single product to a platform of diagnostic solutions:**

➢ **Platform expansion logic:** EBV and HPV are clearly linked to multiple cancer types (oropharyngeal, cervical, anal, lymphoma, and gastric). NPScreen™ has validated the oral/respiratory brushing plus viral DNA quantitative PCR route. Extending to other EBV-associated cancers is a horizontal expansion of the same technology platform, with lower R&D and market risk than building an entirely new technology route.

3. Products & Services

IP & Patent Portfolio

Patent Protection

- The company holds IP protection for NPC detection devices and methods in core markets including China, the United States and Singapore.
- Our core Chinese patent (Application No. 2020104289247, "Method and Apparatus for Nasopharyngeal Carcinoma Screening") covers the core technology and workflow of the transoral brushing method.
- IP counsel is provided by Smart & Biggar, Canada's leading IP law firm.
- A multi-country patent footprint builds a global competitive moat

Trade Secret Protection

Technical details not suitable for patent disclosure:

- Exact sequence combinations of proprietary primers and probes
- Formulation parameters of the PCR reaction system
- Threshold settings of the result-interpretation algorithm
- Proprietary formulations of DNA and sample preservation media

Protection strategy:

- All contracting parties (employees, partners, suppliers) sign NDAs
- A centralized FDA-approved laboratory model tightly restricts access to key technical secrets
- Critical experimental operations and reagent preparation are distributed among a limited core technical staff

4. Business Model & Profitability

Business Model

- Our core model is reagent sales: revenue comes from selling NPScreen™ NPC screening kits to B2B healthcare institutions and to DTC high-risk individuals.
- Starting from NPC screening reagents and building on the EBV detection platform, we will progressively extend to EBV-associated cancer (lymphoma, gastric) and multi-cancer platform reagents — growing from a single pipeline to steadily compounding multi-pipeline revenue.

NPC Screening Reagents
Core revenue driver

Sales of NPScreen™ test kits to B2B healthcare institutions (supply price RMB 800/kit) and DTC high-risk individuals (retail price RMB 1,800/kit) form the company's core revenue.

Current stage · scales from 2027

EBV-Associated Cancer Reagents
Second growth curve

Extends to EBV-associated lymphoma and gastric cancer screening reagents on the same technology platform, adding incremental revenue from 2028.

Mid term · from 2028

Multi-Cancer Platform Reagents
Compounding platform revenue

Adds HPV and other multi-cancer screening reagents plus at-home self-sampling, scaling from 2029 for steadily rising multi-pipeline revenue.

Long term · from 2029

Target Customer Profile & Expected Revenue Mix

B2B – Medical Channel 40%-45%

Hospitals and third-party health check centers (supply price RMB 800/kit)

B2B – Business Partnerships 15%-20%

Insurers, corporate and government group screening (supply price RMB 800/kit)

B2C – High-Risk Individuals 35%-40%

Residents of high-incidence Southern China, people with family history (retail price RMB 1,800/kit)

4. Business Model & Profitability

Exploring Strategic Partnerships with Leading Chinese Companies

- NPScreen™ holds first-mover moats — FDA approval, multi-country patents, and 10,000+ clinical cases — but China requires local partnerships to accelerate penetration. Pursuing strategic cooperation (technology, channels, etc.) with leading domestic players, rather than zero-sum competition, is the optimal path to shared success.

➢ Partnerships with Leading IVD Players

- **Technology licensing plus distribution partnerships** with leading IVD companies. Partners gain an exclusive FDA-cleared product line together with a national sales network and government-relations resources, enabling rapid market penetration.

➢ Top-Tier Hospital Clinical Network

- Deep partnerships with top cancer hospitals in Southern China: co-developing **integrated diagnosis-and-treatment programs**, building flagship hospital endorsements, and driving NPScreen™ into clinical guidelines.

➢ Insurance & Public Health Integration

- Partner with commercial insurers and local health commissions to include NPC early screening in insurance coverage and public health pilot programs — lowering out-of-pocket costs, expanding screening coverage, and delivering both social impact and commercial value.

➢ Digital Health & Online Care Platforms

- Collaborate with platforms such as WeDoctor and Ping An Good Doctor to precisely reach high-risk populations via online booking with offline testing — solving the last-mile access problem and building a closed-loop screening ecosystem.

4. Business Model & Profitability

Commercialization Progress & Partners

Commercialized Markets

United States
FDA-approved; commercial launch planned

Canada
HQ; partnerships with SHN and University of Toronto

Hong Kong, China
Partnerships with multiple top hospitals

Key Partners

養和醫療 HKSH MEDICAL GROUP

威爾斯親王醫院 Prince of Wales Hospital

伊利沙伯醫院 QUEEN ELIZABETH HOSPITAL

瑪麗醫院 Queen Mary Hospital

SHN SCARBOROUGH HEALTH NETWORK

SingHealth

UNIVERSITY OF TORONTO

5. Operations

Overall Operating Framework

- **A 'centralized testing + distributed sampling' operating model ensures consistent quality and maximum operational efficiency.**

Central Testing Laboratory (Hub)
US FDA-approved laboratory
Operated to CLIA/CAP standards

Regional Sample Collection Centers (Spoke)
Located in core markets
Receipt, registration, consolidated shipping

Sampling Point Network (Endpoint)
Hospitals, clinics, health check centers
Standardized staff training

Region	Operating Model	Key Actions	Timeline
North America	Hub + Endpoints	Expand sampling network to 50+ clinics	Within 12 months
Hong Kong	Hub-served + Endpoints	Include in routine health check packages	Within 12 months
Mainland China	Local Hub + Spokes + Endpoints	Build local testing lab; complete NMPA registration	18-24 months
Southeast Asia	Hub-served + Endpoints	Singapore HSA registration; extend to Malaysia & Indonesia	24-36 months

6. Founding Team

Dr. Raymond Ng

Founder / Chief Scientist

30+ years of clinical experience; original inventor of the transoral nasopharyngeal brushing method.

- **Education:** MD, University of Toronto Faculty of Medicine (1988); PhD in Biochemistry and Oncology, University of Toronto School of Graduate Studies
- **Credentials:** Fellow of the Royal College of Physicians and Surgeons of Canada (RCPSC) in Otolaryngology–Head & Neck Surgery (1993)
- **Clinical experience:** 30+ years in surgery, focused on high-risk ENT patients
- **Research:** Pioneering EBV DNA research since 1999; conceived and validated the transoral brushing method; designed, planned and executed the NPScreen™ clinical trials; published in leading journals including NCI Journal and IJROBP
- **Leadership:** Directs all medical decisions of the R&D team, including clinical trial design and planning and the full FDA regulatory approval process

Dr. John Phillips

Co-Founder/Head of Product Development & Regulatory

30+ years of clinical experience; regulatory approval track record across dozens of medical devices.

- **Education:** MD (1980); University of Toronto Faculty of Medicine, with plastic surgery residency training
- **Credentials:** RCPSC Fellow in Plastic and Craniofacial Reconstructive Surgery (1986)
- **Clinical experience:** Certified plastic and craniofacial surgeon with 30+ years in surgery
- **Academia:** 75 international conference papers, 61 peer-reviewed articles and 19 book chapters
- **Regulatory:** Extensive experience with North American medical device regulatory pathways
- **Previous roles:** Medical Director of the Craniofacial Program, SickKids; facial trauma surgeon, Sunnybrook Health Sciences Centre, Toronto
- **Current role:** Full oversight of product design and development plus quality assurance across all regulatory submissions

6. Technical Team

Patrick J. Gullane

Professor

Credentials & honors: CM, OOnt, MB, FRCSC, FACS and other internationally recognized medical qualifications; honorary fellowships from the Royal Colleges of Surgeons of the UK and Ireland

Current positions:

Professor, Department of Otolaryngology–Head & Neck Surgery, University of Toronto

Wharton Chair in Head & Neck Surgery, Princess Margaret Cancer Centre

Senior Scientist in Cancer Informatics, Ontario Cancer Institute

Professor, Department of Surgery, University of Toronto

Chair, Development Committee, Department of Otolaryngology–Head & Neck Surgery, University of Toronto

Core strengths: decades of leadership in head & neck oncologic surgery combining elite clinical practice, discipline building and research management; a preeminent Canadian academic authority in head & neck surgery who has driven major program development and frontier research

John de Almeida

Professor

Current positions:

Professor, Department of Otolaryngology–Head & Neck Surgery, University of Toronto

Chief, Otolaryngology–Head & Neck Surgery, University Health Network

Gullane Family / O'Neill Family Chair Professor

Surgical oncologist, Princess Margaret Cancer Centre

Otolaryngologist–Head & Neck Surgeon, Sinai Health System

Affiliated Scientist, Techna Institute; Adjunct Assistant Professor, Institute of Health Policy, Management and Evaluation, University of Toronto

Core research (Phase II randomized controlled trial): the OSCAR study — neoadjuvant immunotherapy combined with precision radiotherapy for resectable locally advanced oral cavity cancer

Core strengths: precision minimally invasive treatment of head & neck tumors and combined tumor immunotherapy research; expert in clinical trial design, translation of frontier therapies into practice, and precision care model development

6. Technical Team

Jon Irish

Professor

Current positions:

Professor, Department of Otolaryngology–Head & Neck Surgery, and Head of Head & Neck and Reconstructive Surgery, University of Toronto

Professor, Department of Surgery and Department of Speech-Language Pathology, University of Toronto

Otolaryngologist, University Health Network; Kevin & Sandra Sullivan Chair in Surgical Oncology

Core research areas: cancer nanotheranostics, intraoperative optical navigation for tumor surgery, and the development and translation of intelligent surgical imaging systems

Core strengths: expertise in nanotheranostics, 3D fluorescence surgical navigation and intelligent tumor ablation technologies, with proven capabilities in competitive research funding, clinical translation of frontier technologies, and cross-institutional academia-industry collaboration

Ian Witterick

Professor

Current positions:

Professor, Departments of Otolaryngology–Head & Neck Surgery and Ophthalmology & Vision Sciences, University of Toronto

Chief of Surgery and Professor, Sinai Health System

Associate Scientist, University of Toronto research institutes

Surgical oncologist at Princess Margaret Cancer Centre; otolaryngologist at University Health Network; ENT–head & neck surgeon at St. Joseph's Health Centre

Core strengths: years of clinical practice and basic research in head & neck surgery and otolaryngology across several of Canada's top medical institutions; deep experience in hands-on clinical work, multi-center clinical collaboration, and clinical discipline standardization

7. Financial Projections & Analysis

➢ Revenue Forecast 2026-2031 (RMB 100M)

Business Line	2026	2027	2028	2029	2030	2031
NPC screening reagents	0	2.0	3.4	5.0	6.8	8.5
EBV-associated cancer reagents	—	—	0.6	1.5	2.7	4.0
Multi-cancer platform reagents	—	—	—	0.5	1.5	3.0
Total revenue	**0**	**2.0**	**4.0**	**7.0**	**11.0**	**15.5**
YoY growth	—	—	100%	75%	57%	41%
Key milestone	registration prep	NPScreen™ approval & launch	EBV lymphoma/ gastric approvals	Multi-cancer platform approval	Three pipelines at scale	Full platform coverage

➢ Key Assumptions

Pricing Strategy

- Reagent sales are the core revenue source
- B2C retail price: RMB 1,800/kit
- B2B average supply price: RMB 800/kit
- New pipeline reagents priced in line with the core product

Customer Scale & Growth

- 200,000 kits sold in 2027
- B2C 40,000 + B2B 160,000
- Revenue mix: B2C 36%, B2B 64%
- 2027-2031 revenue CAGR ≈ 67%
- New pipelines add incremental revenue each year

8. Risks & Mitigation Strategies

Risk Category	Description	Mitigation
Regulatory & compliance	China NMPA Class III registration takes longer than expected or requires additional clinical data	1) Engage local CROs and regulatory advisors early; 2) Leverage clinical data and the FDA approval letter to pursue accelerated RWE pathways; 3) Explore the LDT route as a transitional option
Market competition	Large IVD players (Roche, Abbott, BGI, etc.) enter the NPC screening market	1) FDA approval + patents + 10,000-case clinical data form a strong first-mover moat; 2) Continue publishing high-impact papers to cement guideline positioning; 3) Pursue strategic partnerships with leading domestic players rather than zero-sum competition
Commercial execution	China market rollout slower than expected	1) The founders' international academic standing endorses the product; 2) Prioritize top-tier 3A hospitals to build flagship benchmarks; 3) The minimal learning curve of sampling (performable by clinical assistants) lowers adoption barriers
Technology & product	High dependence on a single product (NPScreen™)	1) An EBV lymphoma and gastric cancer screening pipeline is already planned as a horizontal extension of the same platform; a single product with a deep moat actually lowers execution complexity at this stage. 2) Screening for EBV- and HPV-related cancers — oropharyngeal, cervical, anal, lymphoma and gastric — is planned as an extension of the existing platform. 3) For now the company stays focused on the core product, concentrating resources on commercialization behind strong technical and competitive barriers, which reduces execution complexity and risk and lays the foundation for broader cancer screening.

Risk assessment: overall risk is manageable. The biggest risk is the regulatory approval timeline, but with FDA endorsement and Hong Kong clinical data in hand, our mitigation strategy is clear.

9. Funding & Exit Strategy

Valuation & Raise

- **Pre-money valuation of RMB 200M, raising RMB 15M for 7% equity**, implying a RMB 215M post-money. Valuation logic: (1) Comparable transactions — Teal Health (Seed $30M ≈ RMB 210M) and Predicta Biosciences (Seed $22M ≈ RMB 150M); comparable FDA-approved early cancer screening companies raise at $20-35M pre-money, and we adopt a $30M benchmark ≈ RMB 200M; (2) P/S cross-check — 2027E revenue of RMB 200M × ~1.0x P/S, reflecting the pre-revenue early-stage discount; (3) dual anchoring converges at RMB 200M.

Use of Funds	Allocation (RMB 10K)	Share	Key Deliverables / Milestones
China NMPA registration & localization	750	50%	Submit NMPA application; launch reagent manufacturing and distribution build-out in Southern China
Reagent capacity & supply chain	300	20%	Add reagent production lines and GMP facilities; lift annual capacity to [ ] ×10K kits
Market expansion	225	15%	Onboard core China sales team; sign 3-5 top-tier 3A hospitals in Southern China
R&D pipeline	150	10%	Start proof-of-concept for new indications; iterate and optimize the current product
Operating reserve	75	5%	Maintain working capital reserve

Exit Pathways

- **Path 1: Strategic M&A**
- Global IVD giants continue to acquire early cancer screening product lines. NPC — a cancer concentrated in Asian populations — is a key gap in their Asia strategies.
- **Path 2: IPO**
- Once test volumes and revenue reach scale, the company can list on:
- HKEX (Chapter 18A): the listing channel for pre-profit biotech companies
- NASDAQ: FDA approval plus a global market story
- **Path 3: Partial exit in later rounds**
- At Series B or pre-IPO, angel investors can achieve partial or full exit through secondary share transfers.

9. Funding & Exit Strategy

Projected Investor Returns

Round	Year	Pre-money (RMB 100M)	Raise (RMB 100M)	Post-money (RMB 100M)	Angel stake (post-dilution)	Angel stake value (RMB 10K)	Return multiple
Angel	2026	2.0	0.15	2.15	7.0%	1,500	**1.0x**
Series A	2027	6.0	0.50	6.50	6.5%	4,200	**2.8x**
Series B	2028	15.0	1.00	16.00	6.1%	9,700	**6.5x**
Series C	2029	35.0	2.00	37.00	5.7%	21,200	**14.1x**
Pre-IPO	2030	60.0	3.00	63.00	5.5%	34,400	**22.9x**
IPO	2031	80.0	—	80.00	4.9%	39,300	**26.2x**

Methodology: each round's valuation = projected revenue for that year × P/S multiple. Angel pre-money RMB 200M = 2027E revenue RMB 200M × 1.0x (early-stage discount); Series A RMB 600M = 3.0x; Series B RMB 1.5B ≈ 3.75x; Series C RMB 3.5B = 5.0x; pre-IPO RMB 6B ≈ 5.5x; IPO RMB 8B ≈ 5.2x (P/S recovers toward comparable IVD levels as milestones are delivered). Angel ownership is net of dilution across rounds (7.0% → 6.5% → 6.1% → 5.7% → 5.5% → 4.9%). Return multiple = angel stake value ÷ RMB 15M; held to IPO, RMB 15M grows to ~RMB 393M, a ~26.2x return.

Patent Asset Sale Option

Sale of the Core Patent Portfolio for USD 25M

The core patent portfolio includes:

1. NP-Screen EBV-DNA detection core patents
2. Sampling device and sample processing patents
3. Data analysis algorithms and bioinformatics workflows
4. Full LDT SOPs + IVD regulatory submission dossiers

Prospective acquirers:

1. Leading IVD companies
2. Early cancer screening platforms
3. Industrial investment funds, etc.

Advance Sentry

Thank you for your time and attention — we look forward to discussing this further with you!

Contact: Lucy Bao Email: Lucy.bao@npscreen.com