

Corporate Presentation
September 2025

See cells. Change lives.



Mauna Kea Technologies

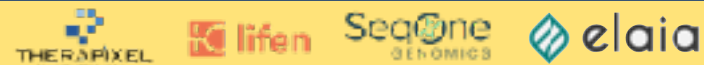
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YOUR PRESENTERS TODAY



Sacha Loiseau, Ph.D.
Chairman and CEO, Founder



A SEASONED MEDTECH ENTREPRENEUR AND INVESTOR

Founder and CEO of Mauna Kea from 2000 to 2018, then Non-Exec Chairman until called back by the Board in October 2022

Experienced medtech investor with 3 exits (Cardiologs, Sonio, Stilla Technologies)

Chairman of Therapixel, helped engineer deal with Hologic, world leader in women's health

Mentor and investor in 15+ medtech / health tech startups over the years

Co-founder and VP of Medtech in France, the French association gathering 70 French Medtech CEOs

Expansive network in medtech worldwide



Côme de La Tour du Pin
Chief Financial Officer



A KEY BUSINESS PARTNER WITH A SOLID EXPERIENCE IN FINANCE AND IR

Grew into CFO role at Lysogene, a gene therapy company, engineering a complex receivership procedure after clinical trial fail.

Solid investor relations experience at Ipsen and Casino

COMPANY SNAPSHOT / EXECUTIVE SUMMARY

MAUNA KEA TECHNOLOGIES, INVENTORS OF CELLVIZIO

A REMARKABLE ENTREPRENEURIAL STORY – Like so many disruptive technologies, Cellvizio was way ahead of its time.

> 100 k
procedures

1,200+
clinical papers

800+
systems installed

NOW IS THE TIME – Cellvizio is recognized as a must-have technology for key indications.

238
patents

20+
FDA clearances / CE mark

Cat I CPT
Codes

A UNIQUE OPPORTUNITY – Having gone through several cycles, Mauna Kea is at a unique inflection point with a heavily discounted value.

\$8Bn+
TAM

> 70%
gross margin

€7-8M
Equity value

Seeing is knowing

The Power of Cellvizio® Vision

Cellvizio provides physicians with the **super-power** to visualize tissues at the **cellular level**, in real time, during their procedures.

Cellvizio addresses critical unmet medical needs by providing unmatched clinical value and robust health economics that align incentives for all stakeholders.



CELLVIZIO®: THE WORLD'S SMALLEST IN VIVO MICROSCOPE DELIVERING REAL-TIME CELLULAR IMAGING

REAL-TIME INSIGHT INTO CELLULAR STRUCTURE FOR IMMEDIATE DECISIONS



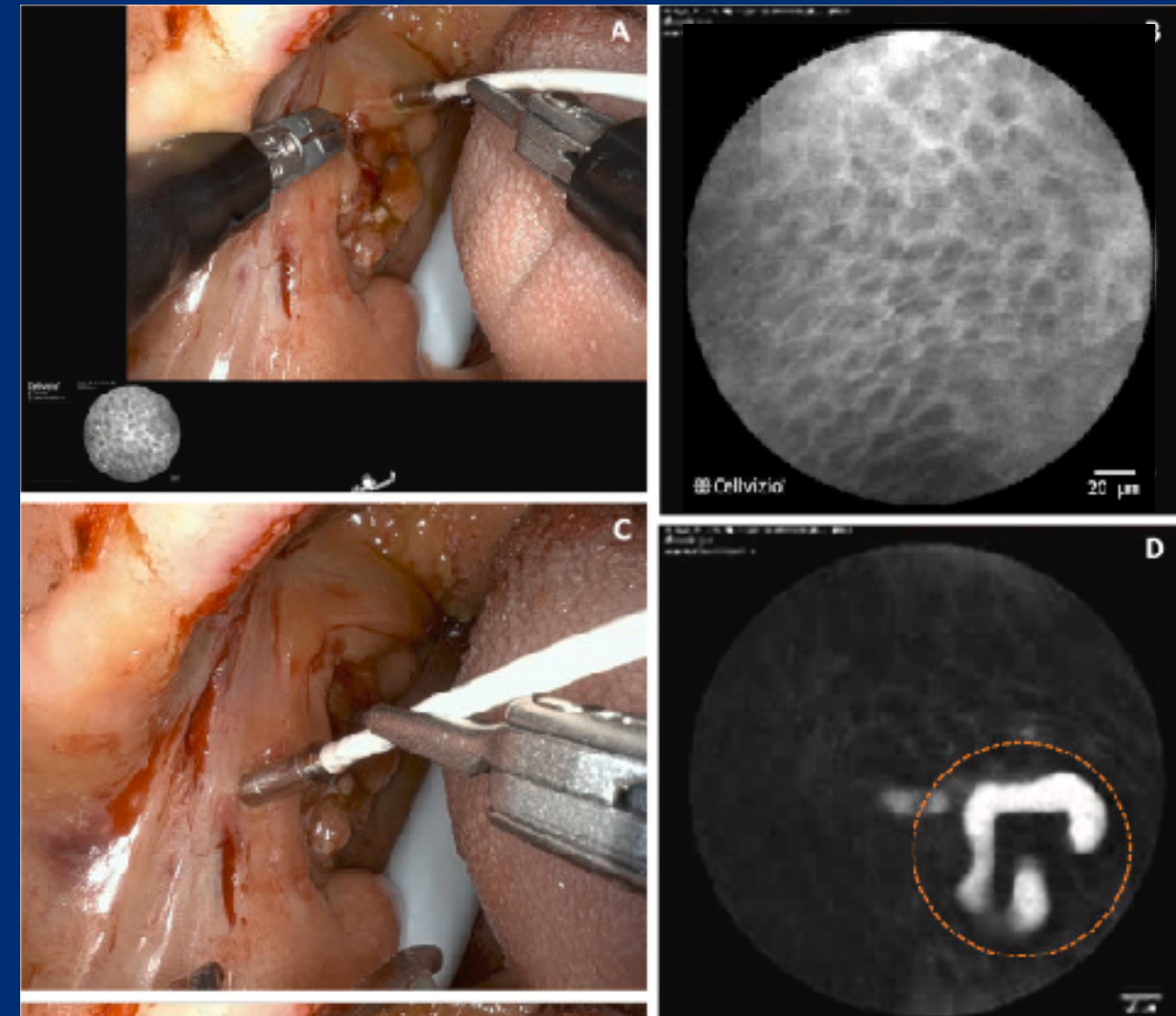
MINIPROBES

Ultra miniaturized fiber optic miniprobes

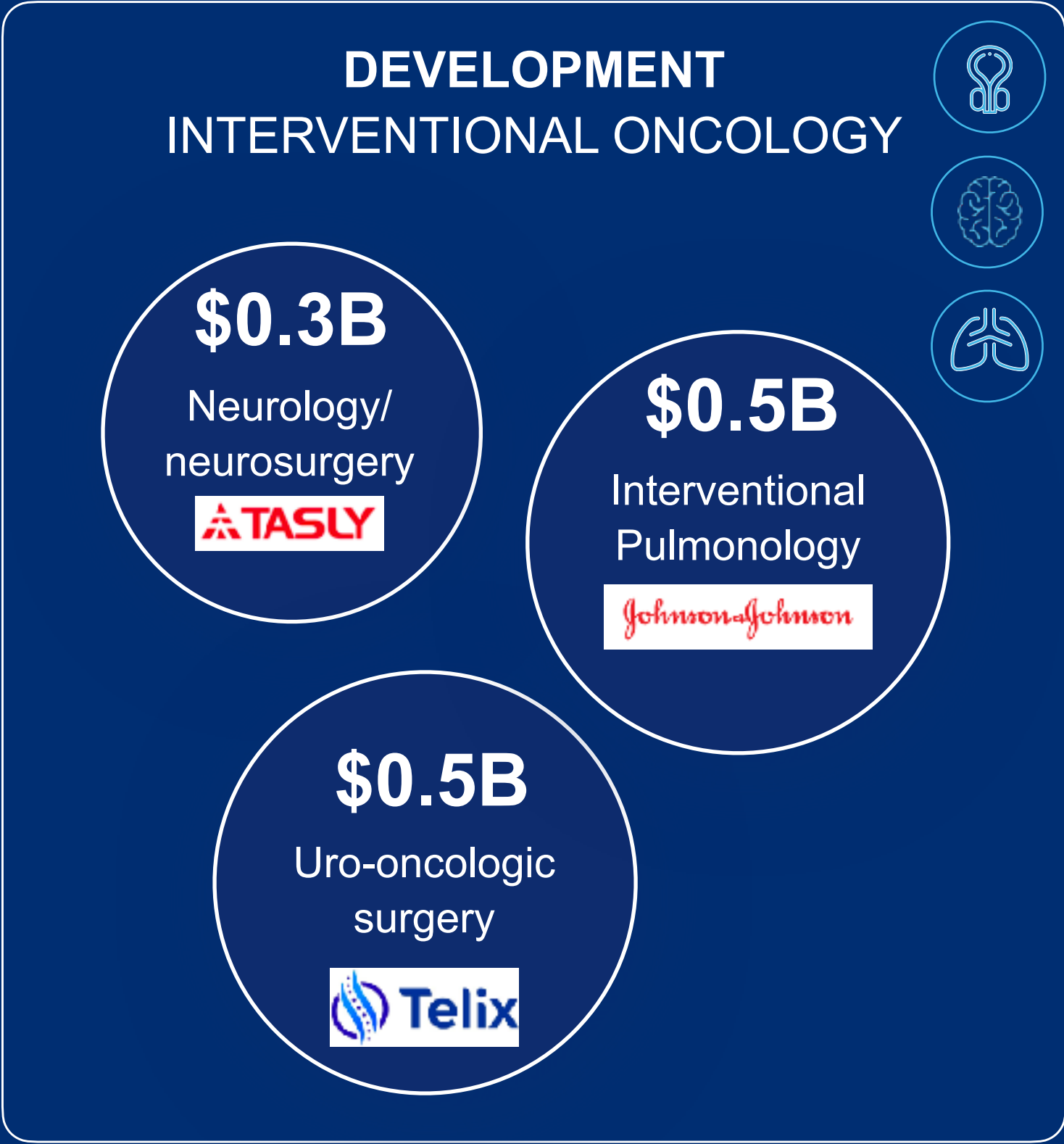
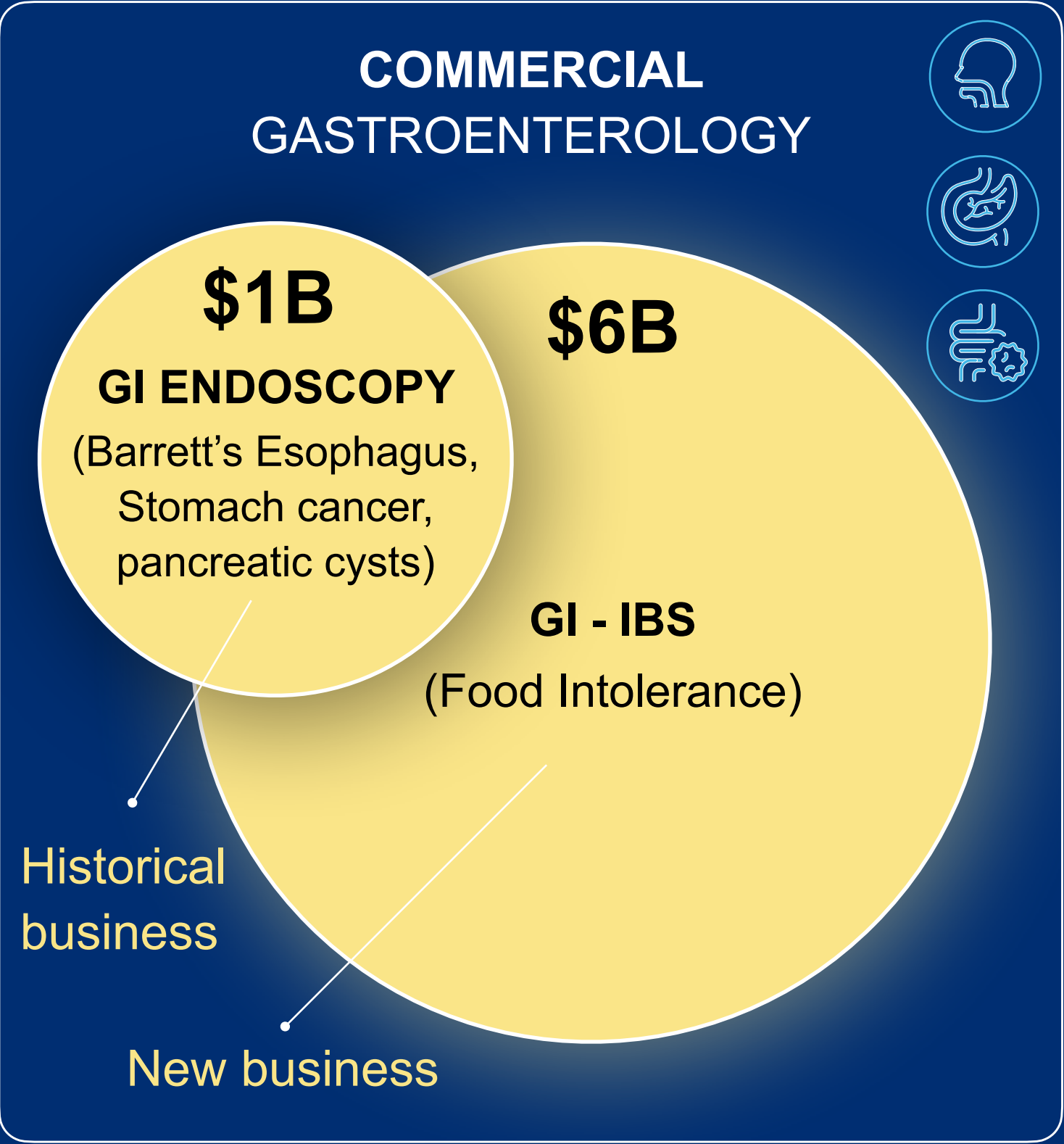
CELLVIZIO PLATFORM

Proprietary cutting-edge opto-mechatronics and image processing software

Hundreds of real-time cellular images per minute enable **TARGETED DIAGNOSTIC AND TREATMENT**



COMMERCIAL & PARTNERED PIPELINE ADDRESSING AN \$8B ANNUAL TAM



HIGH-MARGIN BUSINESS MODEL ACROSS MULTIPLE REVENUE STREAMS



CAPITAL SALES

- One-time revenue stream with **high upfront value**
- Financial leasing offered via K2 Capital partnership
- Mostly owned by hospitals
- **>80%** gross margin



PROBE SALES

- 10 models of miniprobes for broad clinical versatility
- Reusable (10–20 uses depending on indication)
- Strong **recurring** revenue stream
- **>80%** gross margin



PAY-PER-USE / RENTAL

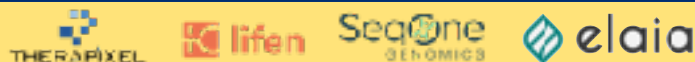
- Pay-per-Use (PPU): free placement, usage-based revenue
- Rental model: system rental and sales of probes
- **>70%** gross margin

SEASONED, CONNECTED AND BATTLE-TESTED LEADERSHIP TEAM

Executive Team
Board of Directors



Sacha Loiseau, Ph.D.
Chairman and CEO, Founder



Nathalie Lecoq
Chief Operating Officer



Côme de La Tour du Pin
Chief Financial Officer



Christopher McFadden
Director
Managing Director, Apollo Global Management



Molly O'Neill
Director
Chief Strategic Partnerships Officer, Aegis Ventures



Bruno Villaret
VP, International Sales



François Lacombe, Ph.D.
Chief Scientific Officer



Daryl Donatelli
President, U.S. & Head of Global Marketing



Olivier Coeffic
VP of R&D

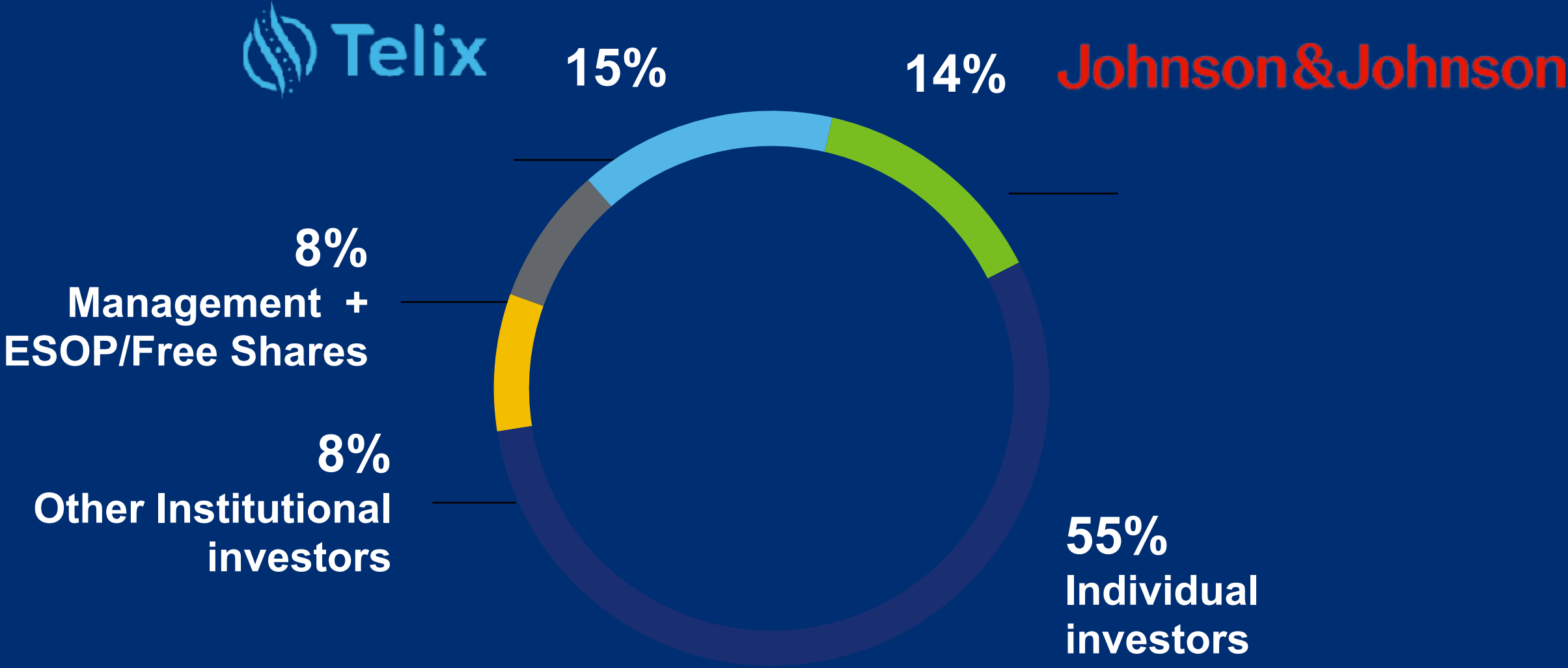


Jacquelin ten Dam
Director
CFO Mimetas



Claire Biot
Director
VP Life Sciences, Dassault Systèmes

TWO KEY SHAREHOLDERS IN OUR CAPITAL STRUCTURE



3 MAJOR EQUITY INVESTMENTS SINCE 2019

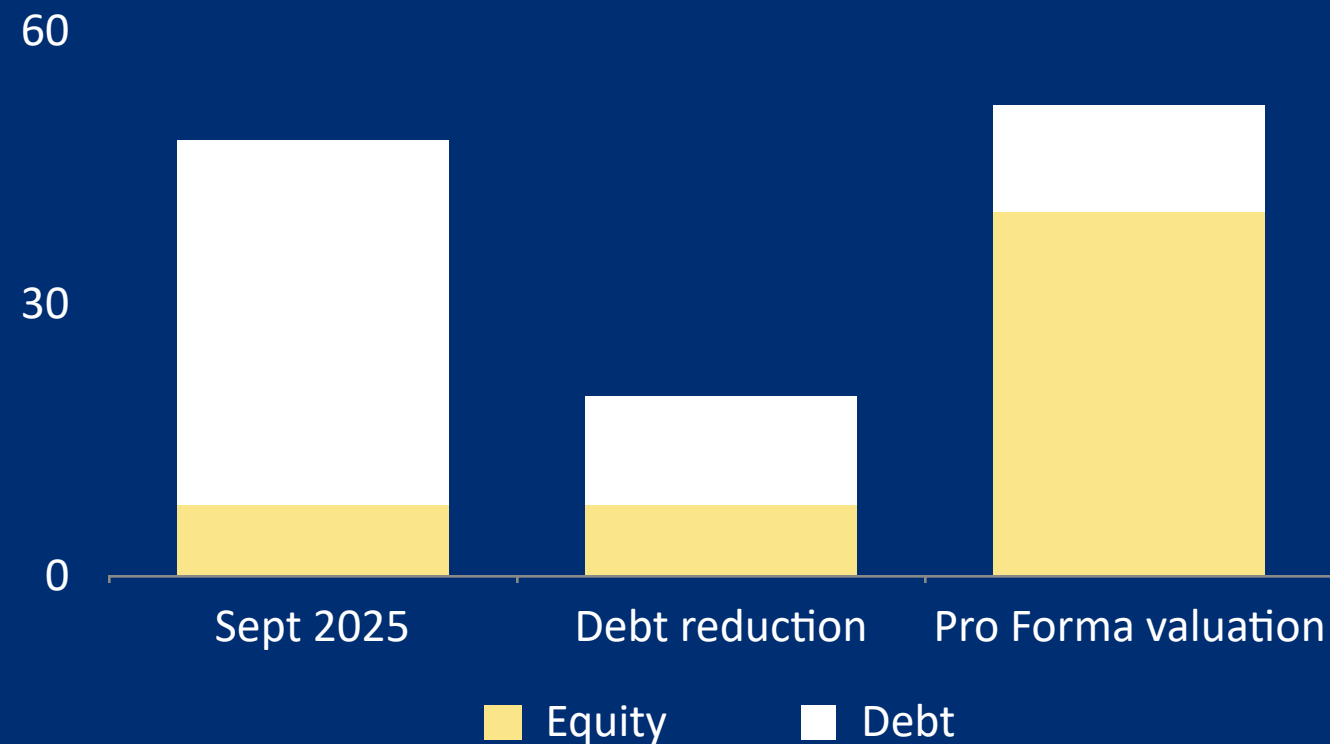
- **Telix Pharmaceuticals** invested €6M in 2023
- **Johnson & Johnson** invested twice in 2019 and 2021 for a total of €15M

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AN OPPORTUNITY TO FUND A DE-RISKED TURNAROUND AT AN ATTRACTIVE VALUATION

FINANCIAL CATALYST: 70% DEBT REDUCTION

Enterprise value (in €M)



- Near-term debt restructuring under the current safeguard proceedings
- Could unlock a significantly undervalued equity,
- A rare chance to invest at an early-stage valuation before the market reprices the stock

BUSINESS MOMENTUM: KEY GROWTH DRIVERS

- **High-Growth U.S. Engine:** Driving toward profitability, fueled by record sales productivity exceeding \$900k/rep and a proven, high-margin (>70%) business model.
- U.S. expansion catalyst: Advancing a strategic partnership with a top-tier Medtech player to accelerate U.S. commercialization
- **New \$6B market opportunity:** Launching "CellTolerance" to capture the massive food intolerance market including in new geographies
- **Clear path to profitability:** An ambition to triple revenue to over €20M by 2028, leading to projected breakeven in 2027

KEY COMMERCIAL INDICATIONS

HIGH DIAGNOSTIC UNCERTAINTY LEADING TO UNNECESSARY SURGERY AND COSTS

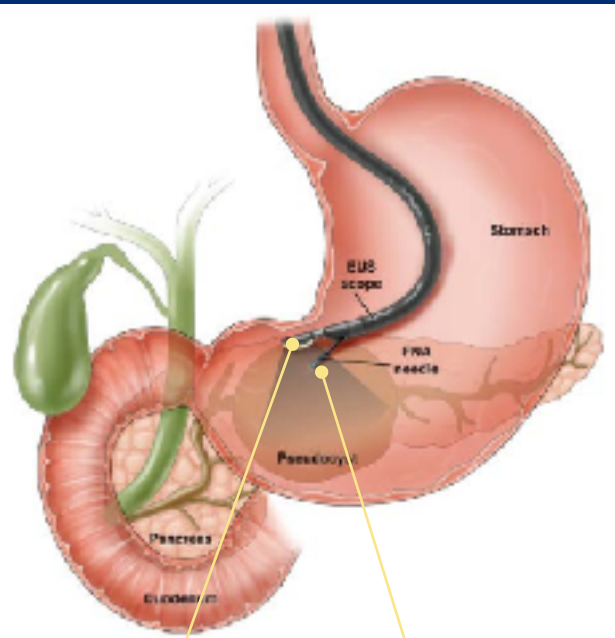
3-10% OF ADULTS HAVE PANCREATIC CYSTS

CURRENT DIAGNOSTIC LIMITATIONS

- No cellular-level biopsy possible
- 30% of cysts remain indeterminate after endoscopic ultrasound (EUS)
- > 50% remain indeterminate even after fine needle aspiration combined with EUS (EUS-FNA)

CLINICAL IMPACT

- ~50% of patients with benign cysts undergo unnecessary surgery
- Increased patient risk and complications
- High cost to health systems - Avoidable surgery and cost of hospitalization, monitoring



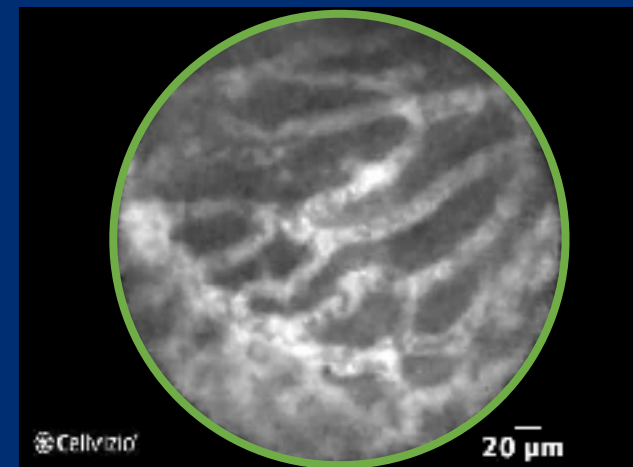
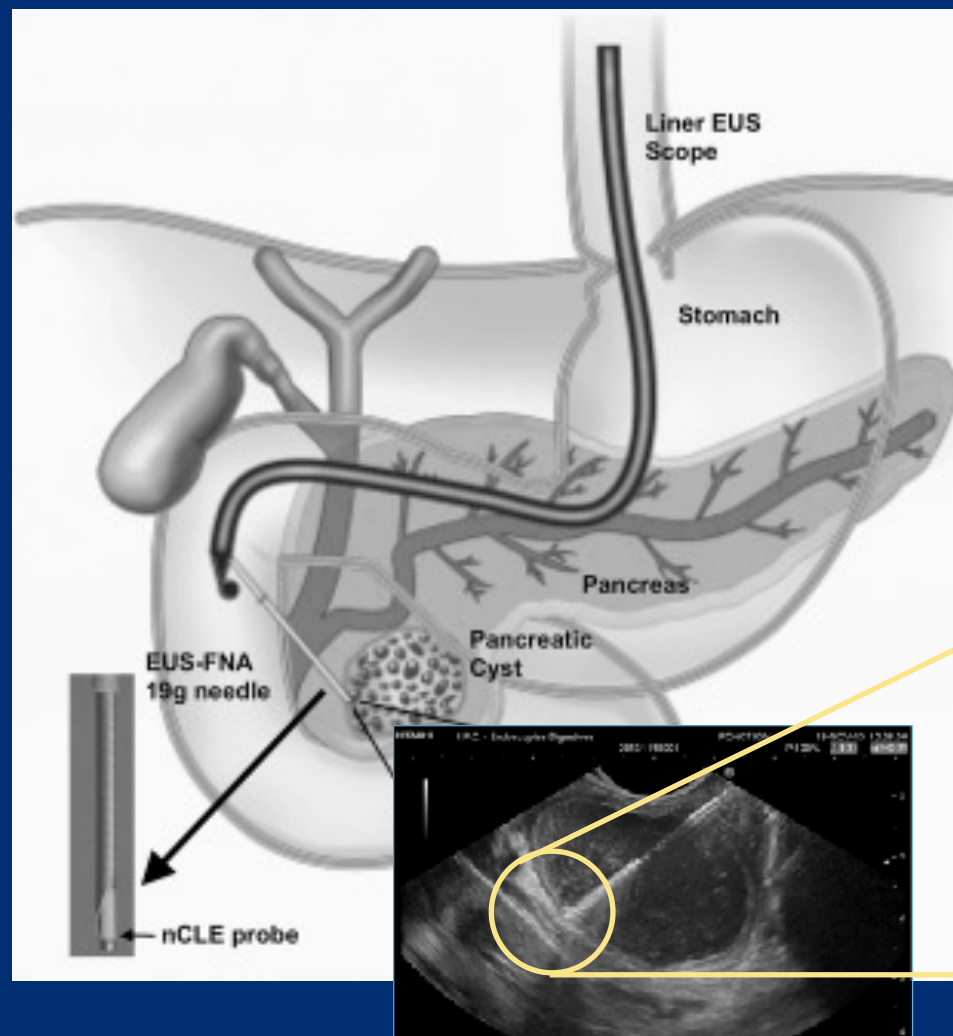
Endoscopic Ultra-Sound
Imaging the cyst with endoscopic ultrasound

Fine Needle Aspiration
Aspiration of fluid for cytology via fine needle

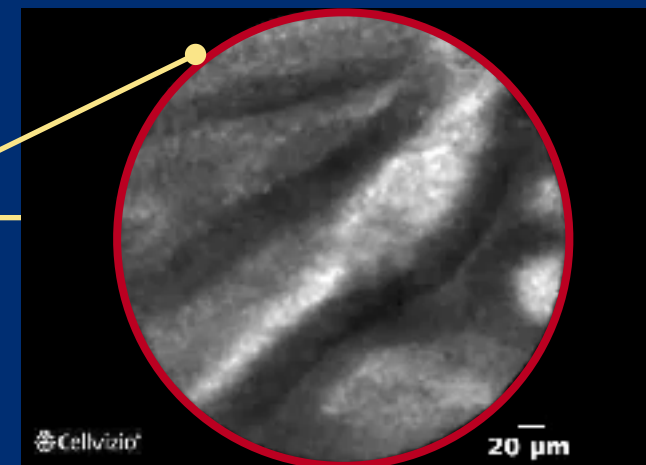
CELLVIZIO ENABLES REAL TIME, NEAR-PERFECT CHARACTERIZATION OF PANCREATIC CYSTS

AQ-Flex probe introduced through the EUS-guided FNA needle

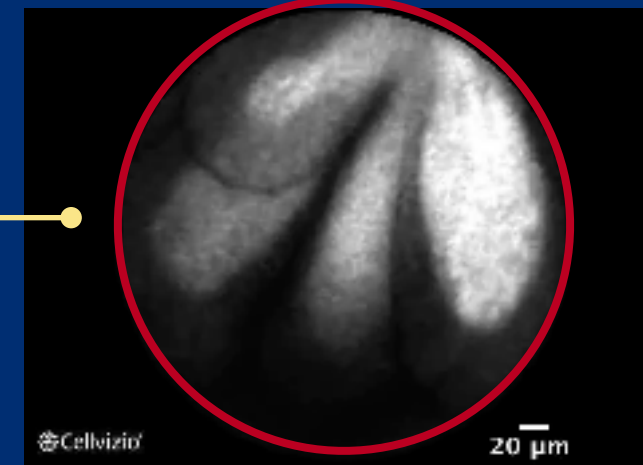
Detailed live microscopic imaging of the pancreatic cyst wall and internal features



Serosus Cystadenoma



Mucinous Cystadenoma



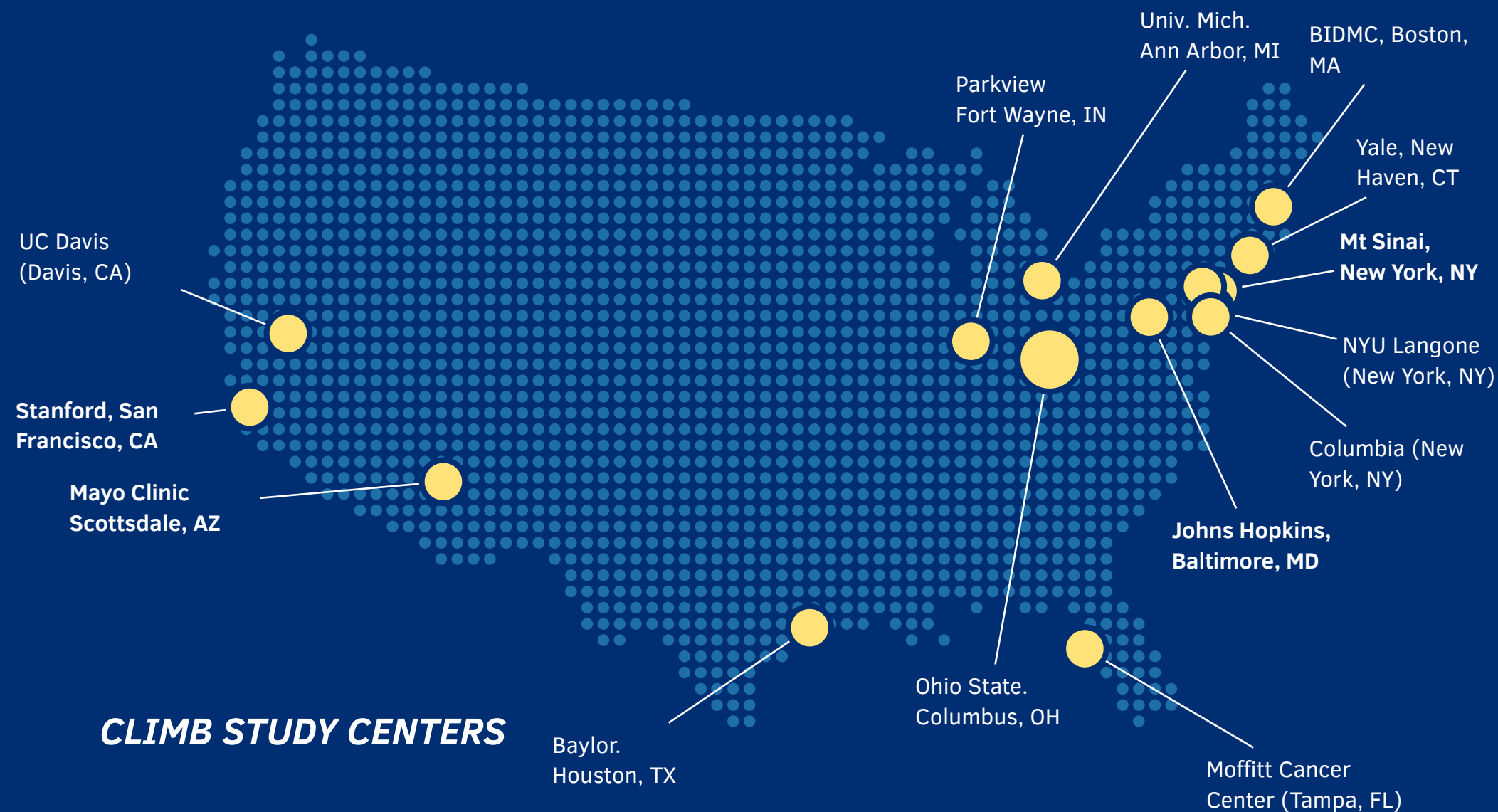
Intraductal papillary mucinous neoplasms (IPMN)

- **95%** accuracy in benign vs malignant classification
- **2.0x** reimbursement vs standard EUS-FNA in the U.S. (**\$3,652** per procedure vs standard **\$1,815**)
- **23%** fewer unnecessary surgeries
- **\$4,757** net savings per patient

CELLVIZIO OUTPERFORMS ALL OTHER MODALITIES FOR CYST CHARACTERIZATION

	Cellvizio (nCLE)	NGS	CEA + Cytology + Glucose
Modality	Direct microscopic imaging of cyst wall	Genetic mutation profiling of cyst fluid	Analysis of cyst fluid
Sensitivity	✓ High – 98%	✗ Low – 76%	✗ Low – 77%
Specificity	✓ High – 95%	✓ High – 100%	⚠ Moderate – 84%
Accuracy	✓ High – 97%	⚠ Moderate – 86%	⚠ Moderate – 80%
Time to Result	✓ Immediate (in-procedure)	⚠ 5–10 days	⚠ 3–5 days
Treatment Pathway Impact	✓ High – reduces unnecessary surgeries	⚠ Moderate – adds confirmatory layer	✗ Limited – no reliable alone
Economic Benefit	✓ Strong – \$4,757 net savings per patient	✗ Low – adds significant costs	⚠ Moderate – lacks objective markers

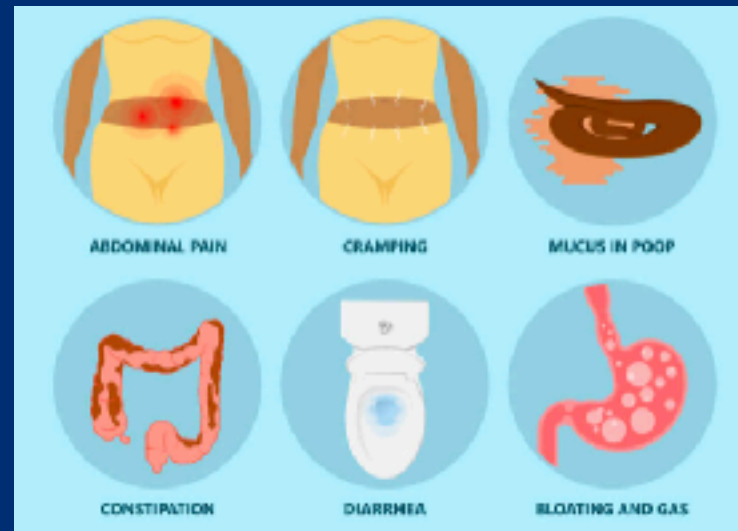
CLIMB STUDY: THE LANDMARK MULTI-CENTER PIVOTAL TRIAL THAT CHANGED EVERYTHING



- ▶ Prospective, multi-center study comparing Cellvizio to all standard techniques
- ▶ **14** leading sites activated, including Johns Hopkins, Stanford, and Mayo Clinic
- ▶ **500+** patients enrolled
- ▶ Investigator-initiated study led by Ohio State University, co-sponsored by MKT and the NIH
- ▶ Latest results presented in May 2025 at DDW
- ▶ Symposium meeting : <https://www.youtube.com/watch?v=xfWUqwJngVs>

A MASSIVE, UNDERSERVED MARKET IN GI

#1 DIAGNOSIS IN GI - YET POORLY MANAGED



HIGH UNMET NEED

- 64% patients suffer >10 years
- 34% of cases remain uncontrolled
- 20% need ongoing care every 3 months

CURRENT TOOLS FALL SHORT

- < 50% patients receive clear diagnosis
- Food tests often yield false positives
- Elimination diets are complex and impractical



TOTAL MARKET

10-15%
Worldwide
population

\$94B
Global IBS
therapeutics
(2023)

\$30B
Healthcare costs
(excluding drugs)

CELLTOLERANCE: A BREAKTHROUGH PROGRAM WITH PHYSICIAN BUY-IN AND LOW BARRIERS TO ADOPTION

- **10-15%** worldwide population have been told they have IBS
- **50% of all consultations** in gastroenterology
- **#1** diagnosis in GI, **#7** in medicine

LEADING PHYSICIANS HAVE SHOWN THAT **50% OF IBS PATIENTS HAVE AN UNDERLYING FOOD INTOLERANCE**

WITH THEM, WE HAVE CREATED **CELLTOLERANCE, A UNIQUE PROGRAM TO DETECT IT AND TREAT IT**

- Targets the huge proportion of IBS patients who have not tested positive on any food related tests and who feel that meals are key triggers to their GI problems
- Based on gastroenterologist and dietician's consultations, a specific series of foods will be tested during a C-FIT procedure (Cellvizio Food Intolerance Test)



*Intake
Consultation*



*CellTolerance
Test*



*Relief / Quality
of Life*

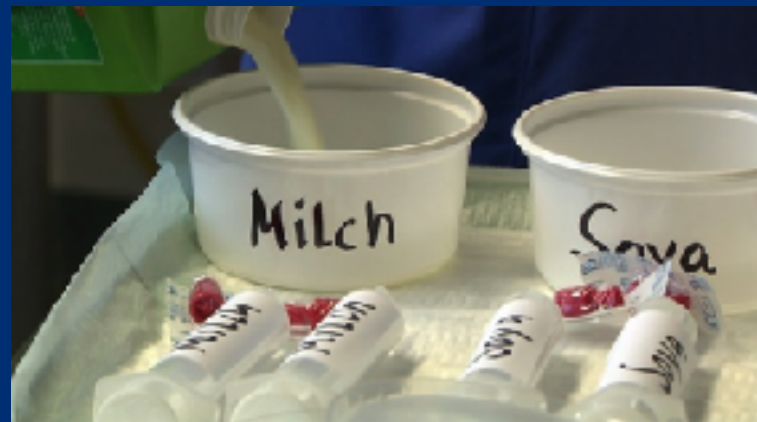


*Personalized
Diet*

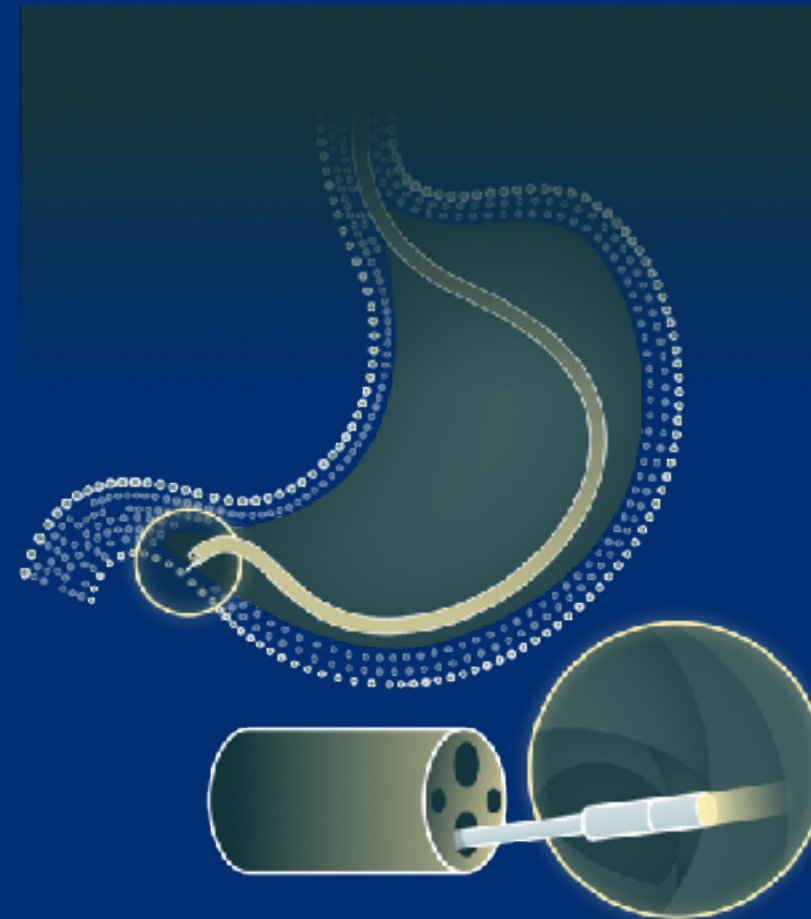


CELLVIZIO: THE ONLY TOOL THAT VISUALIZES FUNCTIONAL GUT REACTIONS IN REAL TIME

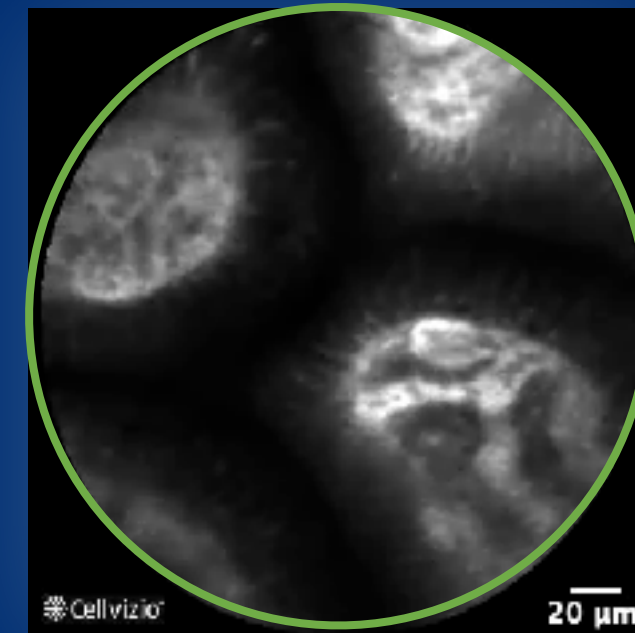
STEP 1 : Food prepared and sprayed applied directly onto the duodenum mucosa



STEP 2 : Gut barrier visualization



STEP 3: Real-time gut barrier reaction



*Normal barrier
Negative
reaction*



*Broken barrier
Positive reaction -
leakage occurs*

CELLTOLERANCE OUTPERFORMS ALL OTHER DIAGNOSTICS METHODS

	CellTolerance	IgG Blood Test	Skin Test	Low FODMAP diet
Assessment Type	Real-time microscopic imaging of the gut barrier	Measures IgG antibodies to various foods	Detects IgE-mediated allergic skin response	Extremely stringent diet very hard to follow
Gut Barrier Function	✔ Yes – visualization of leakage & cell shedding	✗ No – only immune reactivity	✗ No – only systemic immune reaction	⚠ Indirect – based on symptoms
Food-Specific Detection	✔ Yes – via local mucosal reaction to food challenge	✗ Poor specificity	⚠ For IgE-mediated allergies only	⚠ High variability
Suitability for Non-IgE	✔ Yes	⚠ Possible – but unreliable	✗ Not useful	✔ Yes
Time to Results	✔ Immediate – during endoscopy	⚠ Days to weeks	✔ 15–30 minutes	⚠ Weeks to months
Clinical Validation	✔ High – supported by multiple published trials	✗ Low – not supported by GI societies	⚠ High – For IgE-mediated food allergy	⚠ Moderate – lacks objective markers

EXCELLENT CLINICAL RESULTS

- **60%** of patients have at least one positive reaction during the Cellvizio / CellTolerance Procedure
- **96%** show clinical improvement after a CellTolerance-guided exclusion diet

NO ALTERNATIVES

The only tool that visualizes real-time gut function

NO INTERPRETATION

Instant visual confirmation - clear, binary results

THERAPEUTIC PATHWAY

The CellTolerance program is a response for both patients and healthcare providers

CLINICALLY PROVEN

Validated through multiple clinical studies

GLOBAL NETWORK EXPANSION DRIVEN BY STRONG SUPPORT FROM KEY OPINION LEADERS



- 25 active centers in the U.S. and Europe
- Stanford University established as a key U.S. partner
- Planned expansion into Australia, the Middle East, and Latin America.

Sacha Loiseau • 1st
MedTech Entrepreneur | Investor | CEO, Mauna Kea Technologies |...
1w • 🌐

Big news in [#digestivehealth](#) !
👏 I am so proud to congratulate the phenomenal team at [Stanford Health Care](#), Dr. [Linda Nguyen](#), Dr. [Laura A. Pace MD, PHD FACC](#) ...more

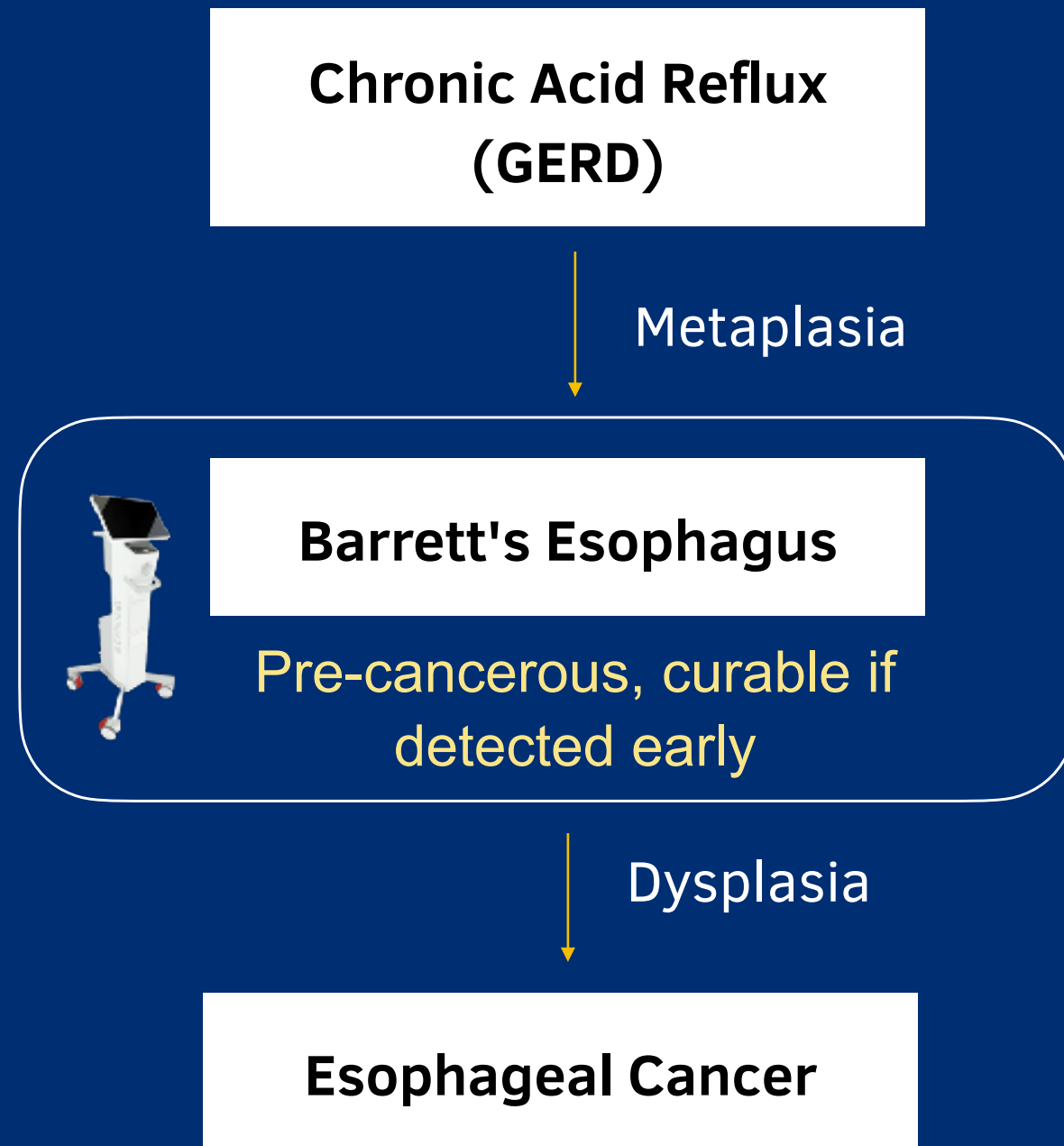
Detlef Schuppan • 2nd
Prof. Dr. Dr. at Beth Israel Deaconess Medical Center
1d • ...

A great achievement with a superb technology and more to come for research and patient care re intestinal barrier defects.
Visit our Cellvizio workshop in Mainz on October 31, 2025.

Detlef Schuppan
Ralf Kiesslich
Visvakanth Sivanathan

ESOPHAGEAL CANCER: A DEADLY DISEASE DRIVEN BY MISSED DIAGNOSIS OF BARRETT'S, A CURABLE PRECURSOR

50M U.S. PATIENTS AT RISK

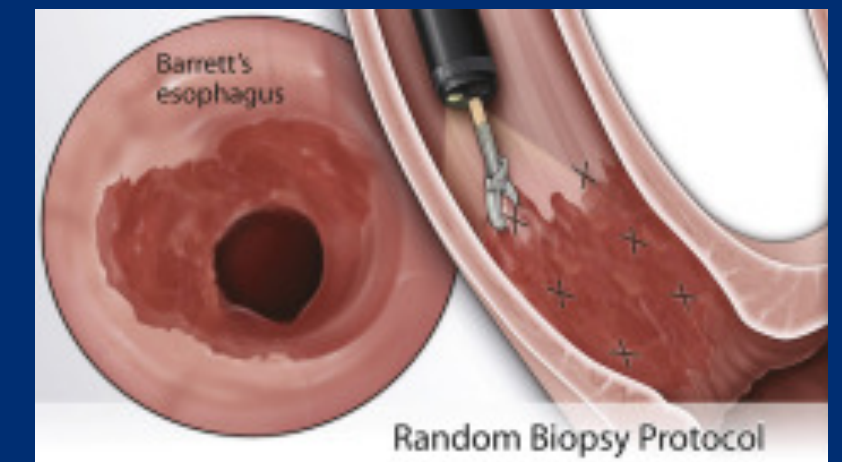


A MAJOR CANCER DUE TO MISSED DIAGNOSIS

- **18-27%** of U.S. adults have GERD, a key risk factor
- **91%** of esophageal cancer cases had no prior Barrett's diagnosis
- Late detection → high mortality & poor prognosis

INADEQUATE CURRENT DIAGNOSTIC METHODS

- Barrett's is often discovered incidentally, not screened
- Standard biopsies are random & non targeted, invasive, prone to sampling errors



Randomized 4-quadrant biopsies every 1–2 cm

CELLVIZIO TRANSFORMS BARRETT'S DETECTION - HIGHER ACCURACY, EARLIER INTERVENTION

9 INDEPENDENT STUDIES

688 PATIENTS

1,299 LESIONS

- Cellvizio evaluated as adjunct to standard biopsy during Upper GI endoscopy
- Proven superior detection of dysplasia and early cancer

96%

Sensitivity

93%

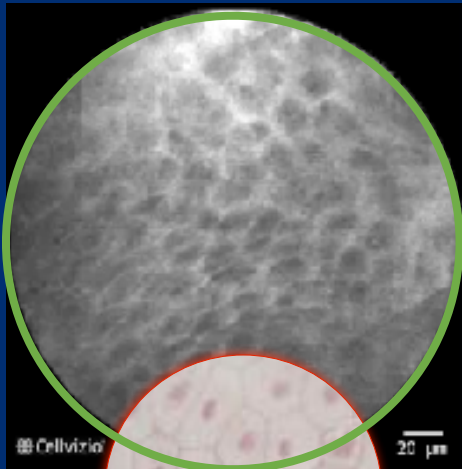
Specificity

98%

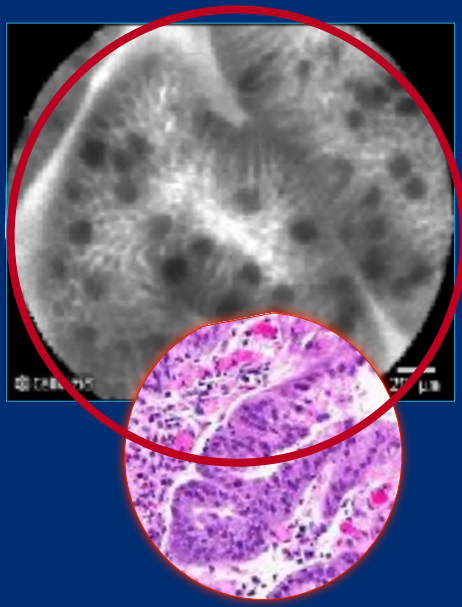
Negative
Predictive
Value

+243%

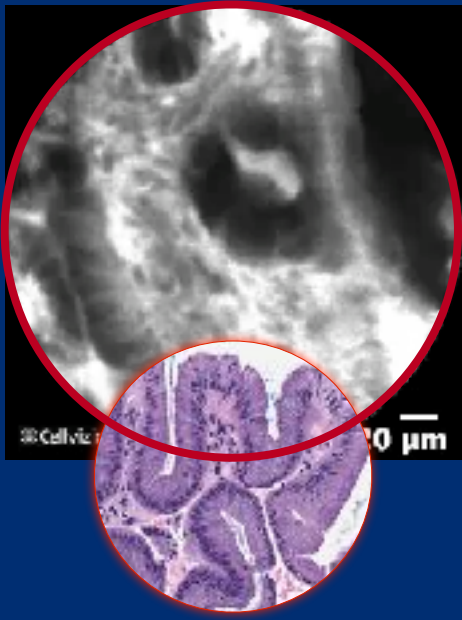
increase in detection vs random biopsies
(standard 4-quadrant biopsy protocol)



Normal
Esophagus



Intestinal
Metaplasia



Dysplasia /
Cancer

CELLVIZIO OUTPERFORMS ALL OTHER DIAGNOSTIC TOOLS IN ACCURACY AND HEALTH SYSTEM EFFICIENCY

	Cellvizio (pCLE)	HD-WLE + Seattle Protocol Biopsy	NBI Narrow Band Imaging	WATS-3D
Assessment Type	In vivo real-time cellular imaging	Randomized 4-quadrant biopsies every 1–2 cm	Enhanced surface visualization	Brushed sample + 3D analysis
Targeting Capability	✔ Yes – targeted biopsy of suspicious areas	✗ Random biopsies (misses focal lesions)	⚠ Better than WLE, but still surface-limited	⚠ Indirect – based on symptoms
Sensitivity	✔ High – 96%	⚠ Moderate (~60–70%)	⚠ Moderate (~70–80%)	⚠ Lower — high false-positive rate
Specificity	✔ High – 93%	✔ High (>90%)	⚠ Moderate	✔ Yes
Real-Time Diagnosis	✔ Yes – live during endoscopy	✗ No – pathology turnaround required	⚠ Partial – visual pattern only	✗ No – offsite analysis
Clinical Validation	✔ High – Proven in multiple trials	⚠ Gold standard (but outdated)	✔ Supported by ESGE/ASGE guidelines	⚠ Emerging – less guideline integration

CMS COVERAGE: STRONG FINANCIAL INCENTIVE TO USE CELLVIZIO IN BARRETT’S, EVEN WITH 2024 REIMBURSEMENT REDUCTION

CPT code **43252** for Cellvizio can be billed in addition to other CPT codes for upper GI endoscopy (EGD) and EUS-FNA (pancreatic cyst characterization)

CMS COVERAGE	ASC	Hospital
Barrett’s – EGD WITHOUT Cellvizio	\$503	\$938
Barrett’s – EGD WITH Cellvizio	\$1,116	\$2,366
Additional reimbursement with Cellvizio	+\$616	+\$1,428

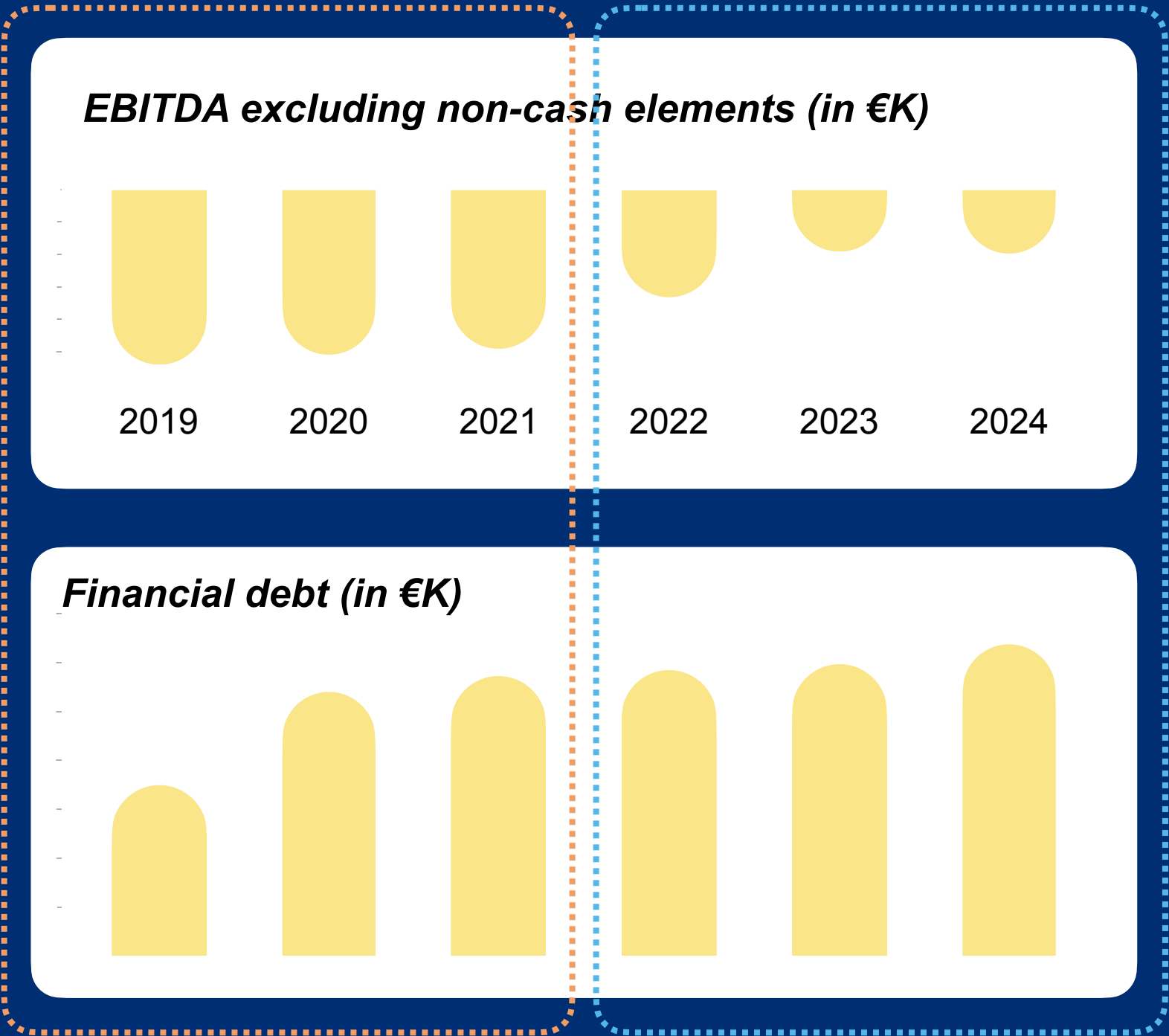
- Incremental reimbursement in 2023 was double the current level
- CPT code 43252 reimbursement was reduced in 2024 due to incorrect hospital reporting
- Improved hospital reporting trends, supporting potential rate revisions

FINANCIALS

FINANCIAL TURNAROUND HAMPERED BY THE DEBT LEGACY

2019 - 2021

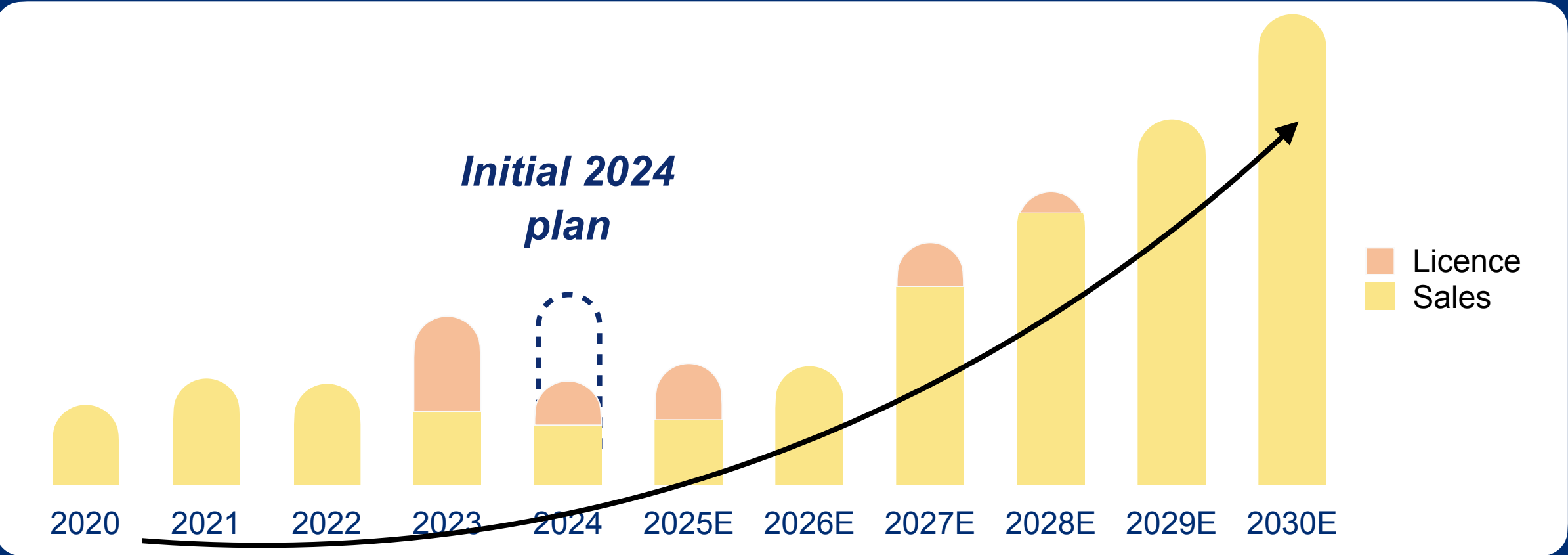
- Period of significant cash consumption
- Low commercial sales productivity
- Challenging inherited debt profile with near-term maturities



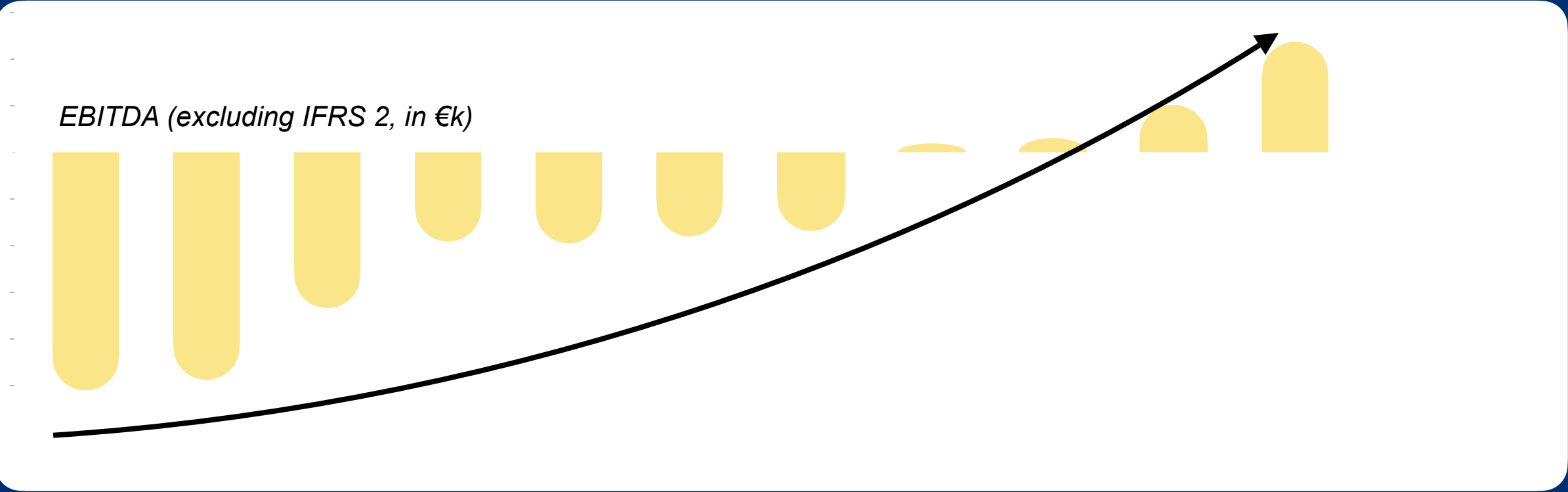
2022 - 2024 - New Team

- **Substantial loss reduction**
EBITDA losses narrowed by two-thirds since 2022
- **Operational restructuring**
Implemented strict cost controls and reorganized the U.S. sales force
- **Debt restructuring**
Extended EIB maturities and initiated a safeguard procedure to restructure financial liabilities.

PROFITABILITY OBJECTIVE BY 2027

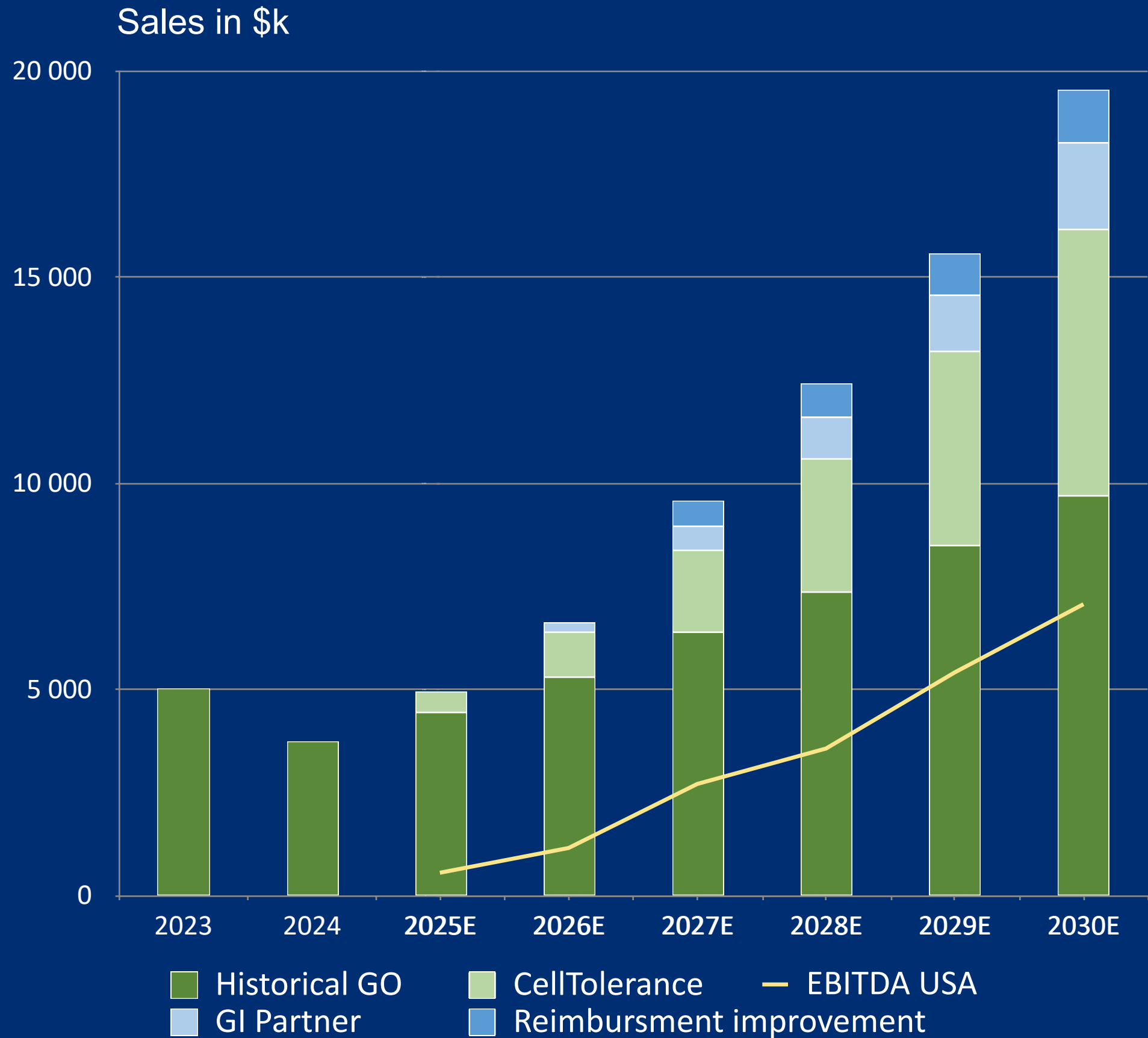


A REASONABLE SALES RAMP UP BUILT ON CURRENT COMMERCIAL MOMENTUM



CLEAR PATH TOWARD PROFITABILITY WITH CONSERVATIVE ASSUMPTIONS

FOCUS ON U.S. COMMERCIAL PLAN IN 2025-2030



PILLARS OF GROWTH

- Installed base of **200+** systems
- **1,000+** target centers (out of 10,000 hospitals)
- Attractive reimbursement (CPT 43252): **x2–2.6x** higher with Cellvizio compared to the standard procedure
- **80%** recurring revenues through probe sales and PPU

COMMERCIAL DYNAMICS

- Hybrid sales model: combining direct sales and a commercial partner (under negotiation)
- Significant sales pipeline for systems in pancreatic cysts with very strong momentum
- Growing CellTolerance activity due to the program's appeal to early adopters

COMMERCIAL PLAN IN EUROPE/ ROW IN 2025-2030



ACCELERATION OF SALES FROM 2027 WITH OUR CELLTOLERANCE AND PANCREATIC CYST INDICATIONS

- Capitalizing on initial successes of CellTolerance in Germany / France / Italy to open new centers in Europe
- Expansion of CellTolerance into new geographies: Australia, Middle East, and Latin America
- Distributor interest in cysts following the inclusion of Cellvizio in EU clinical guidelines in early 2025
- Reimbursement for cysts in France under review in H2 2025 and expected in 2026
- Exploration of new partnerships in China

U.S. COMMERCIALIZATION LEVERAGING OUR SIGNIFICANT INSTALLED BASE AND PORTFOLIO OF GI APPLICATIONS



- **200+ installed sites** in top-tier academic centers, hospitals & ASCs
- **6 sales reps**, **>\$0.8M** sales /rep
- **\$4-5M** revenue base, **85%** recurring

CAPITAL UPSELL

- Upgrade 50+ sites to Gen3 (e.g. Ohio State, HCA)

CROSS-SELL

- Strong interest for CellTolerance

COMMERCIAL PARTNERSHIP

- Sales of 20-30 systems per year and associated probes

POTENTIAL MID-TERM REVENUE

\$15M - \$20M

~\$200–250K per upgrade
Short /midterm opportunity

\$10M ARR

~\$100–250K pay-per-use
revenue per site per year
Short /midterm opportunity

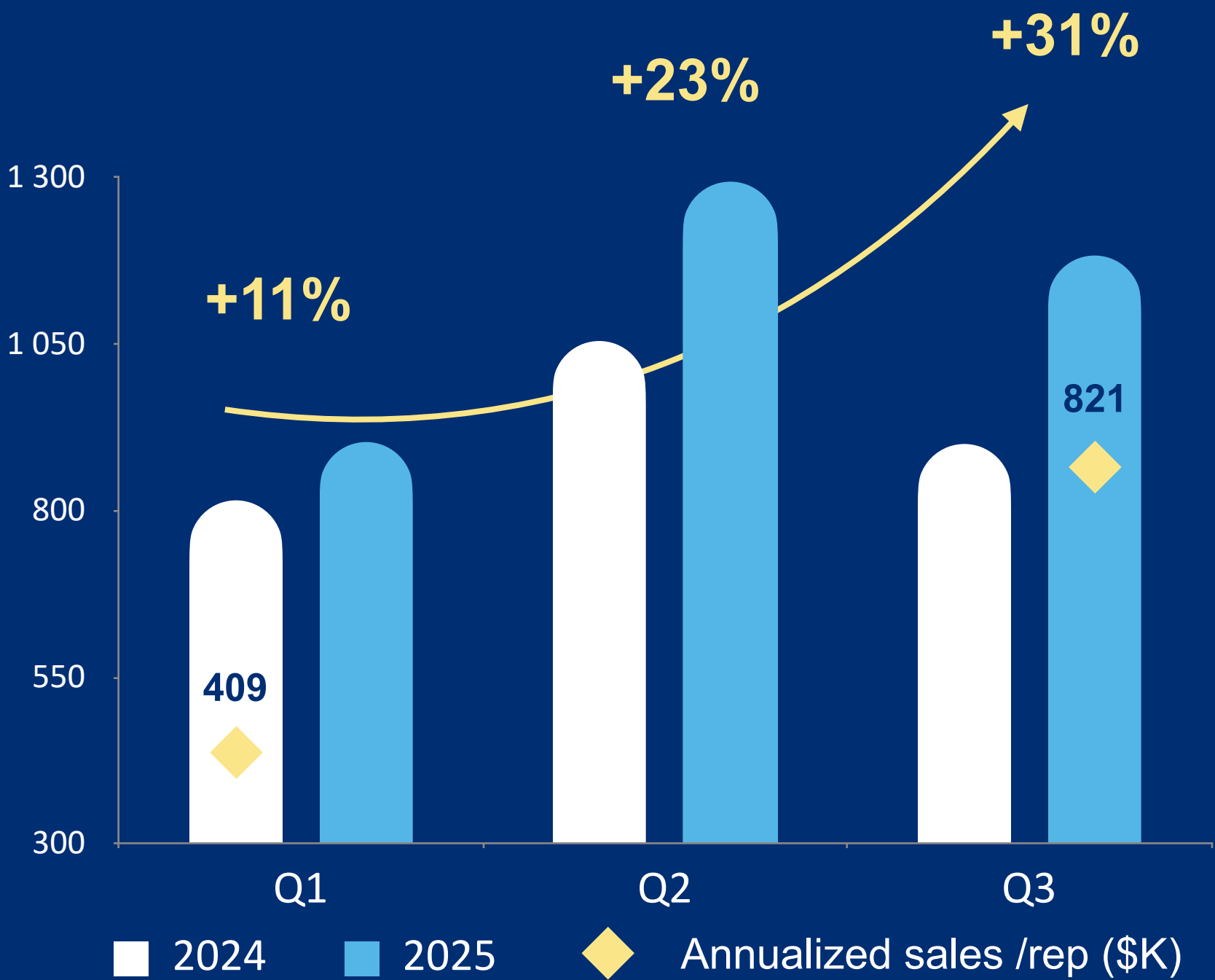
\$5M - \$10M

Revenue per year
Mid-term opportunity

2025 U.S. SALES

STRONG U.S. SALES MOMENTUM WITH SUSTAINED PRODUCTIVITY GAINS

Sales in the U.S. in H1 2024-2025 (\$K)

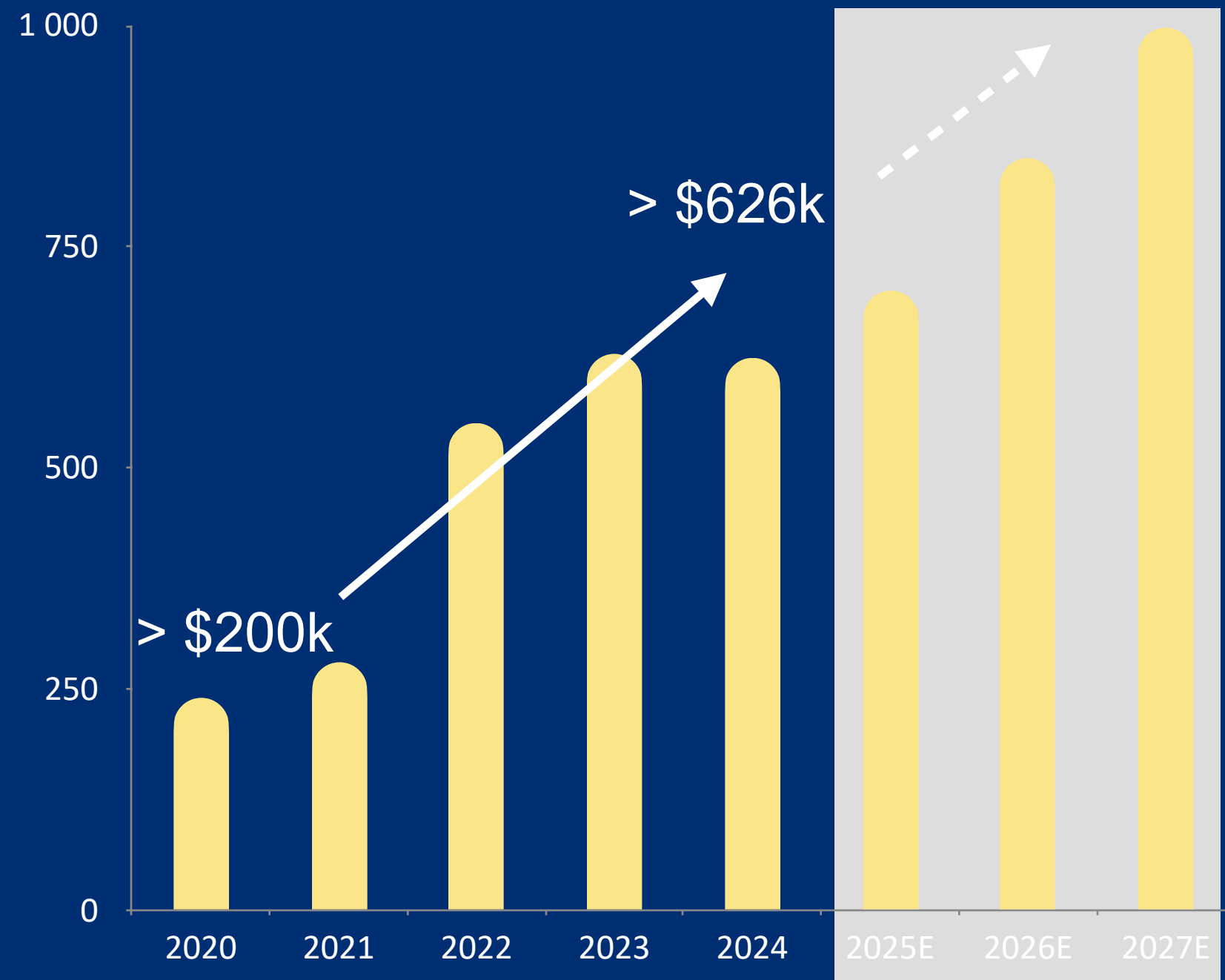


- ▶ **U.S. sales productivity doubled** exceeding \$800K (annualized) per sales representative
- ▶ **Strong capital sales momentum** driven by robust systems, probes, and a strong pipeline, particularly for pancreatic cyst indications
- ▶ **PPU volume rebound** from Q2 2025, overcoming Medicare reimbursement adjustments
- ▶ **Strategic commercial expansion** scaling our direct sales force and forging distribution partnership

TRANSFORMING THE U.S. INTO A HIGH-MARGIN GROWTH ENGINE

Sales per Rep in the U.S.
(in \$K)

Path to **\$1M** sales/rep
based on targeted model

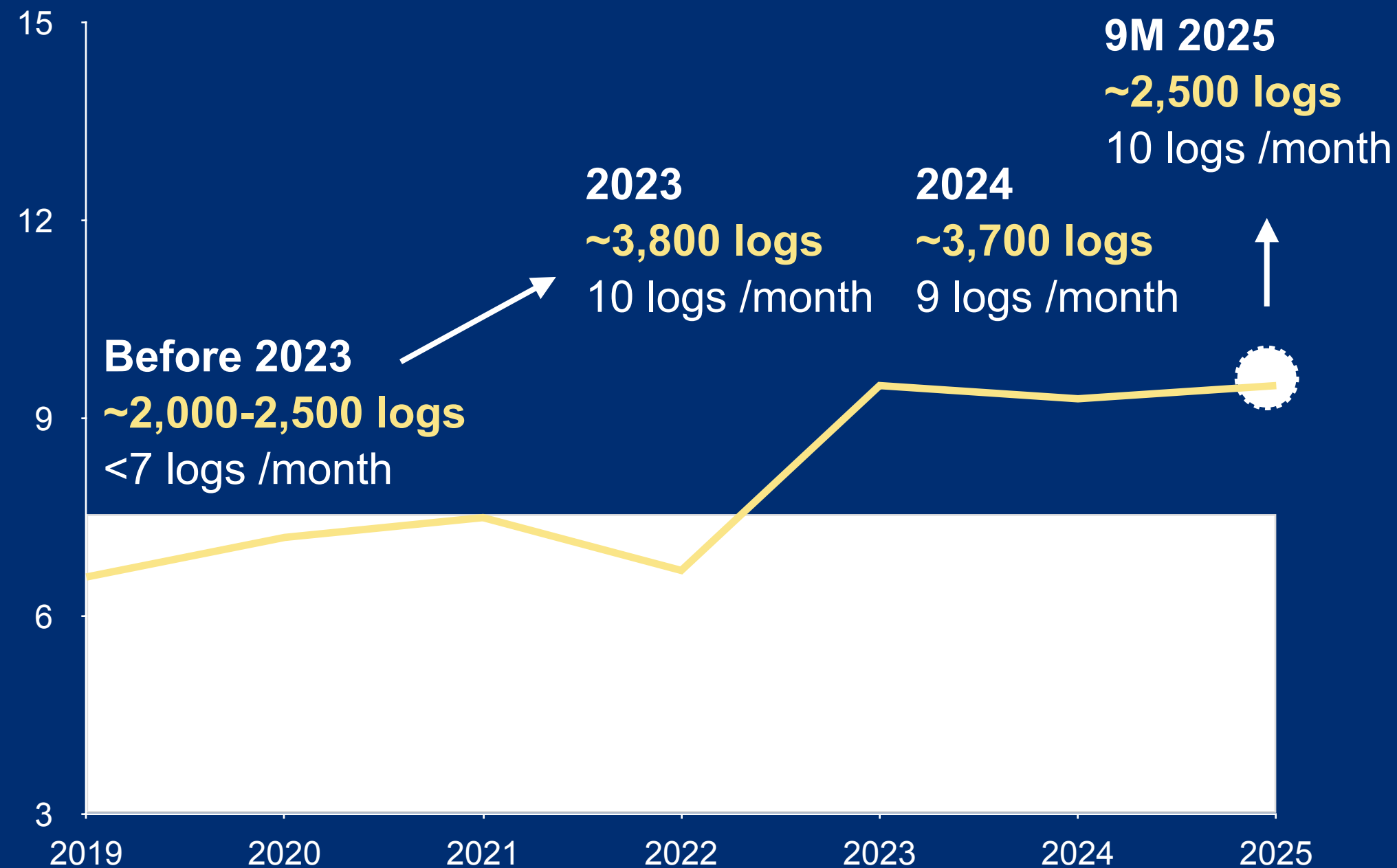


A SOLID FOUNDATION TO ACCELERATE IN THE UNITED STATES

- 4 M\$ in revenue in 2024
- Team restructured in 2021, now composed of 6 reps
- Productivity **x3** since 2021
- Plan to gradually increase team size from 2026 to 2030
- Productivity could reasonably exceed \$1M in sales per rep per annum

U.S. COMMERCIALIZATION REBUILDING MOMENTUM ON PPU VOLUME

Average U.S. PPU procedures (logs) / active account
/ month



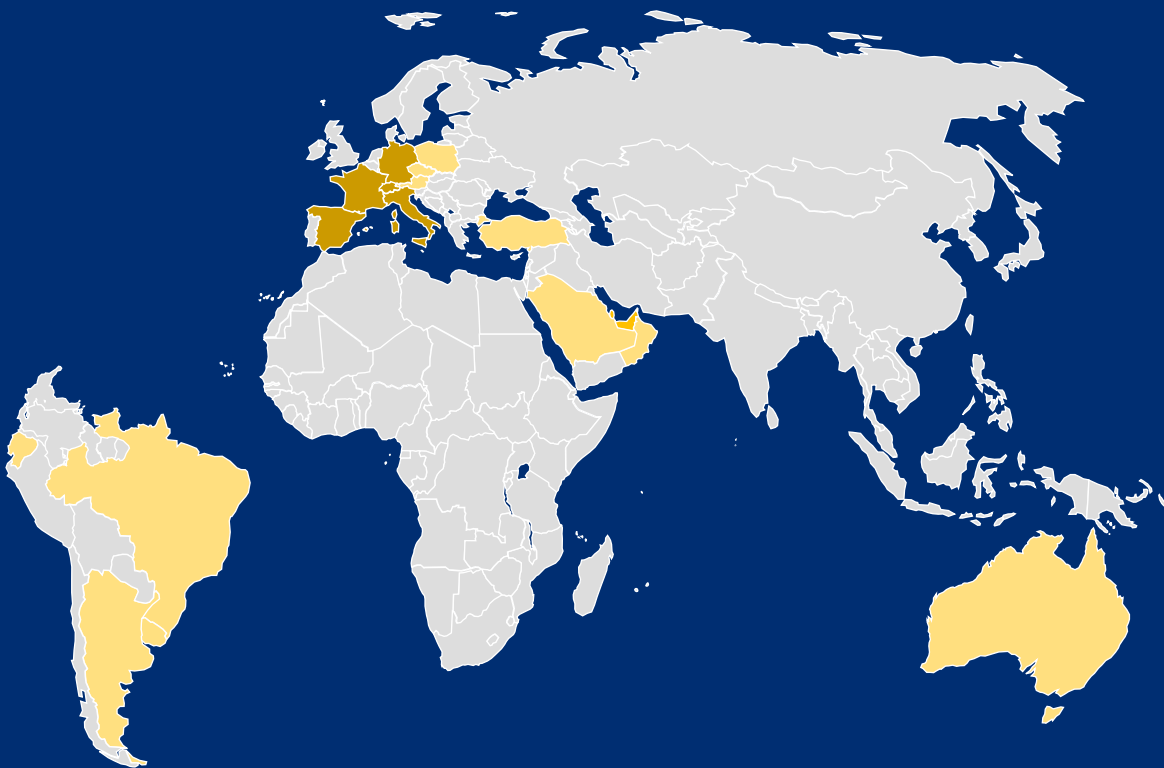
- **2023 marked a significant inflection point** driven by rationalization of the customer base and improved focus on community hospitals and ambulatory surgical centers (ASCs)
- **Temporary slowdown in 2024** due to Medicare reimbursement downgrade
- **Usage rebounding from Q2 2025** and expected to increase with the targeting of new hospitals
- **Potential revision of Medicare reimbursement** in mid-term leading to 100% price increase and strong volume uptake

CMS COVERAGE: PROPOSED 2026 RULE STRENGTHENS ECONOMIC VALUE OF CELLVIZIO

CMS Proposed 2026 Rule	ASC				Hospital		
	2025	2026	Variation		2025	2026	Variation
Barrett's – EGD WITHOUT Cellvizio	\$503	\$501	-0.6 %		\$938	\$937	-0.1 %
Barrett's – EGD WITH Cellvizio	\$1,116	\$1,149	+3.0%	x2.3	\$2,366	\$2,444	+3.3%

- Standard EGD reimbursement is expected to decline or stagnate in 2026, pressuring profitability in both hospitals and ASCs
- Adding Cellvizio increases payment by a factor of 2.3 in ASCs and 2.6 in hospitals

EU & ROW COMMERCIALIZATION DRIVEN BY CELLTOLERANCE AND STRATEGIC DISTRIBUTION AGREEMENTS



- **Direct presence:** France, Germany Italy, Spain, Switzerland
- **Distributors:** Eastern Europe, to expand to Latin America, Australia, Middle East
- **€2M** revenue base, **3** sales reps

DIRECT SALES

- **50** new CellTolerance account across top EU markets

DISTRIBUTORS

- **10** strategic partners
- Targeting **10-20** systems per year and associated probes

MID-TERM POTENTIAL ARR

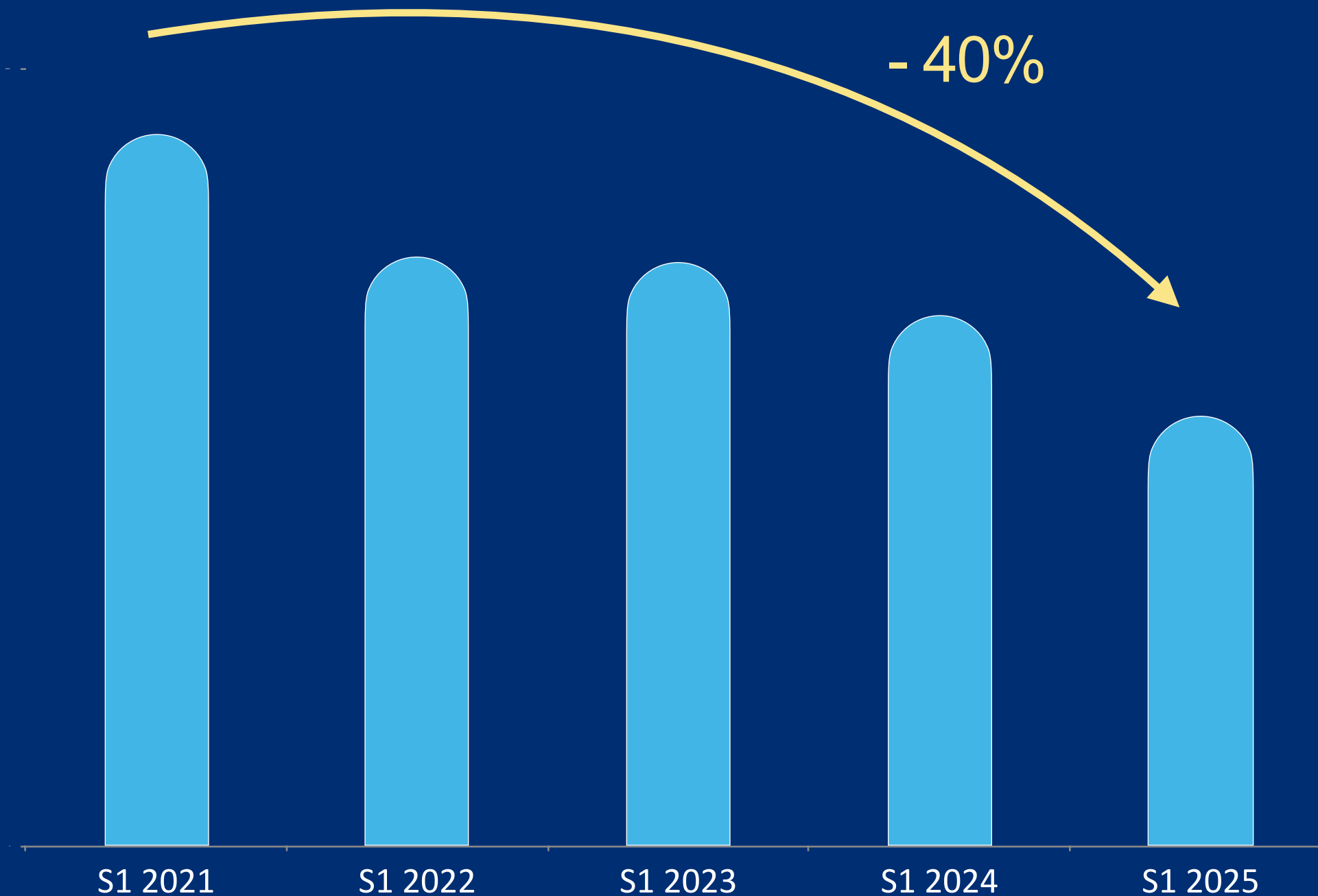
\$10M - \$15M

~\$200–250K pay-per-use revenue per account

\$10M - \$20M

RIGOROUS MANAGEMENT OF OPERATING EXPENSES, CONSISTENTLY DECREASING SINCE 2021

Operating expenses (in thousands of euros)



- **Optimization of sales and marketing expenses** for greater efficiency and productivity.
- **Significant reduction** in general and administrative (G&A) expenses.
- **Continued investment in R&D** to maintain the innovation of the Cellvizio platform.

H1 2025 RESULTS: A 32% REDUCTION IN CURRENT OPERATING LOSS

<i>In K€</i>	H1 2025	H1 2024	<i>Change (%)</i>
Revenue	3,692	3,871	- 5 %
Other revenues	339	396	- 15 %
Total revenue	4,031	4,269	- 6 %
Gross margin	3,166	3,306	- 4 %
R&D expenses	(1,655)	(1,917)	- 14 %
Sales & Marketing expenses	(1,883)	(2,597)	- 27 %
G&A expenses	(1,999)	(2,309)	- 13 %
Current Operating Income (before non cash items)	(2,371)	(3,493)	- 32 %

REVENUE

Sales growth in the U.S. offsetting the temporary slowdown in activity in the rest of the world

OPERATING COSTS

Improved commercial efficiency in the U.S. and continued rigorous expense management

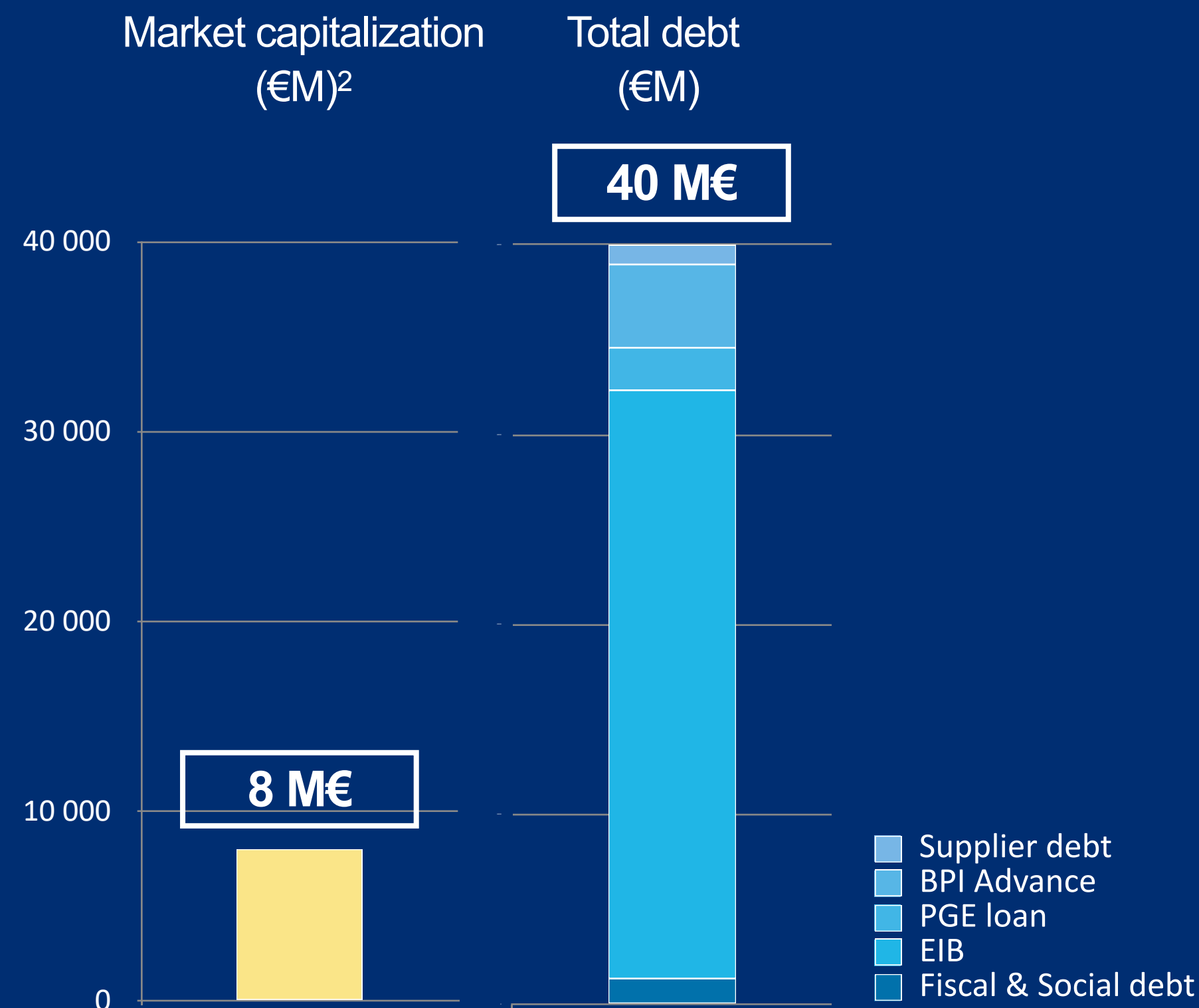
OPERATING INCOME

Continued loss reduction trajectory

NUMBER 1 OBJECTIVE: ACHIEVE PROFITABILITY IN 2027

DEBT RESTRUCTURING

EXCESSIVE DEBT BURDEN CRUSHING EQUITY VALUE



- ▶ **Total Debt of €40M:** Over 75% is owed to the European Investment Bank (EIB)
- ▶ **EIB Debt of €31M:** This includes a €17.5M loan contracted in 2019-2020, €5.5M in capitalized interest, and €8M in sales royalties
- ▶ **Other Financial Debts of €6M:** Includes PGE (State-Guaranteed Loan) secured by the French State and a repayable R&D advance from Bpifrance
- ▶ **Other Debts of €3M:** Comprises fiscal and social debts, and supplier debt

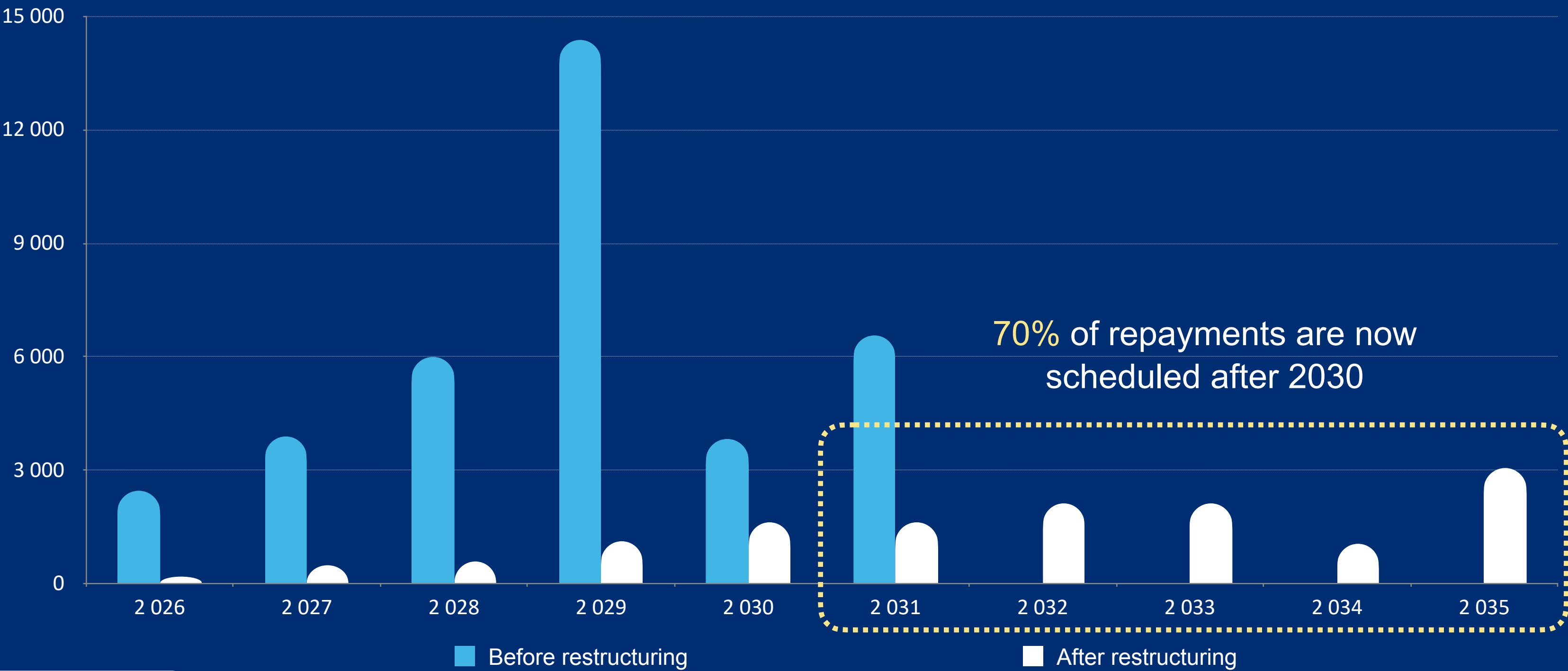
A MASSIVE 70% DEBT REDUCTION PLAN APPROVED BY A MAJORITY OF CLASSES

Exposure by class	Before	% Haircut	After
1. Public creditors	€1.3M	0 %	€1.3M
2. EIB	€31.0M	67 %	€10.3M
3. Lessor	€0.1M	80 %	€0.0M
4. Essential suppliers	€0.1M	0 %	€0.1M
5. Strategic suppliers	€0.3M	0 %	€0.3M
6. PGE	€2.2M	100 %	-
7. Other debt holders	€5.1M	100 %	-
Total	€40.3M	70 %	€12.1M

- **Waiver of 55%** of the EIB debt principal and interest, and **100% of sales royalties**
- Conversion of a portion of the EIB debt into a **10% equity stake** post-safeguard (subject to a **2-year lock-up** period)
- No additional debt-to-equity conversion
- **Total waiver** of all unsecured debts

A 10-YEAR TIMELINE PROVIDING THE VISIBILITY NEEDED FOR THE PLAN'S EXECUTION

Financial Debt Repayment Schedule (€ in thousands)



A KEY FINANCING TO SECURE THE RESTRUCTURING & UNLOCK VALUE

- New financing is the final condition required by the court to approve the debt restructuring plan
- Size: €5M - €8M with warrants attached to provide a clear runway to profitability and positive cash flow

A PROTECTED & COMPELLING INVESTMENT STRUCTURE

- **De-Risked Entry:** Funds are invested only if the court validates the restructuring plan. The investment is made post safeguard into a company with a newly cleaned balance sheet
- **Attractive Valuation:** The investment is based on a pre-negotiated equity valuation at a significant discount to the company's enterprise value (min 10-day VWAP, €0.12)

IMMEDIATE FINANCIAL UPSIDE

- **Unlocks a Re-Rating:** This financing is the key to moving beyond a distressed valuation and triggering a significant, immediate re-rating of the new equity
- **Warrants Included:** The financing package may include warrants to provide additional upside as the company recovers

INDICATIVE TIMELINE

September 12

- Notification of the safeguard plan to creditors and shareholders

Need to secure investment commitments of min. €5M before Sept 25 to secure creditors' vote

September 25 - October 2

- Launch of creditors' vote on the safeguard plan

October 2

- H1 Financial Results

October 3

- AGM - Shareholders' vote on the safeguard plan

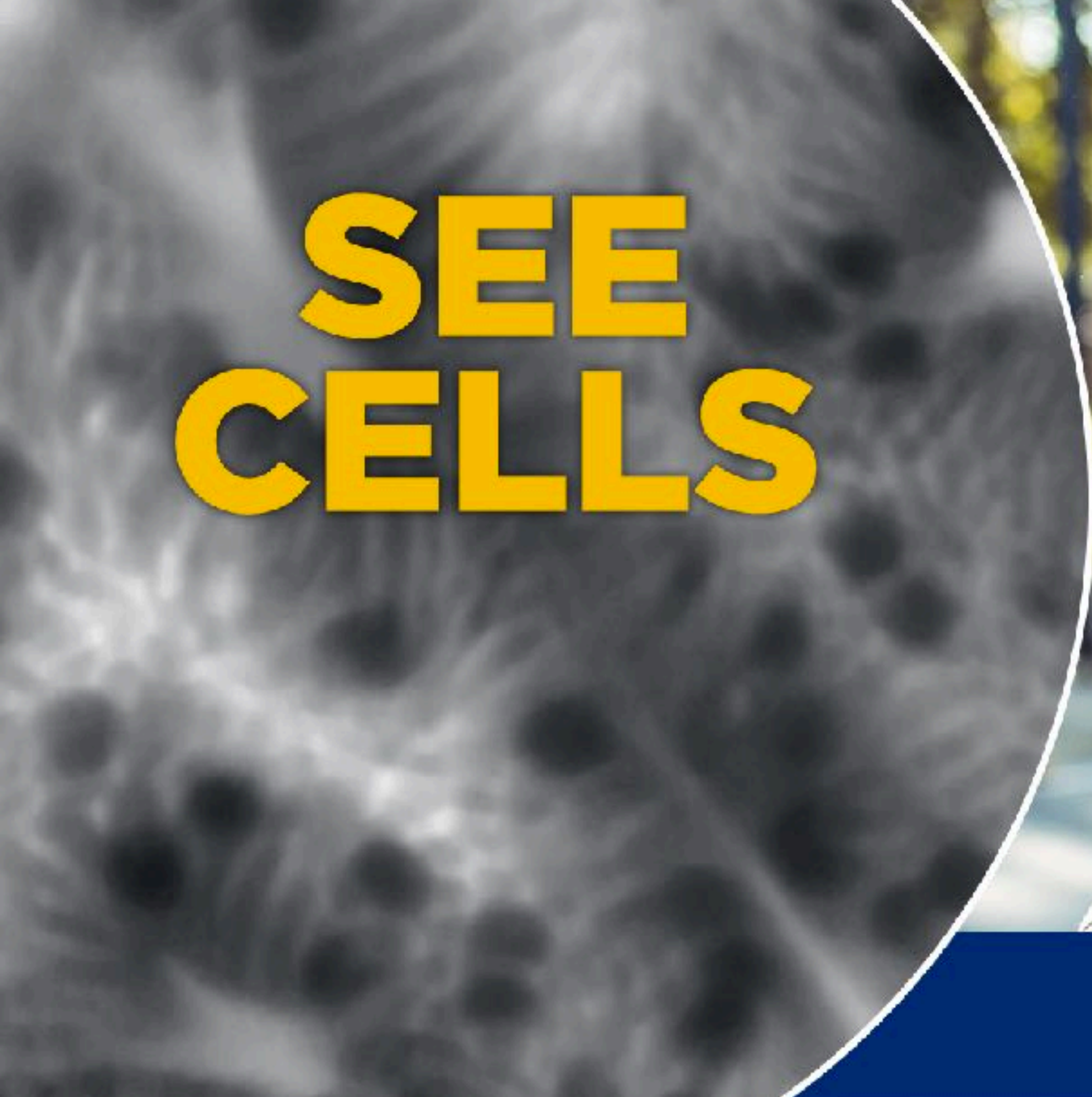
Final commitments to be presented to the Court

October 27

- Hearing before the Court

Early Mid-November

- Capital increase

A circular inset showing a microscopic view of cells, likely cancer cells, with a yellow border.

SEE CELLS

A photograph of a smiling man and woman embracing each other in a park setting.

CHANGE LIVES

Cellvizio®