





Redefining Endoscopes as Surgical Robots

A New Clinical Paradigm

Dr Kevin Koh Founder & CEO

Let's talk about colorectal cancer.

The world's 3rd most common cancer:

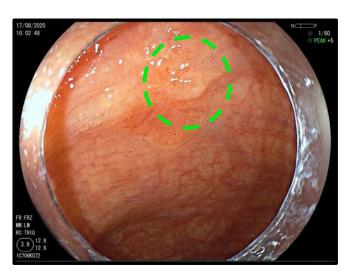
2020: ~1.9M new cases, ~930K deaths

2040: \sim 3.2M new cases, \sim 1.6M deaths

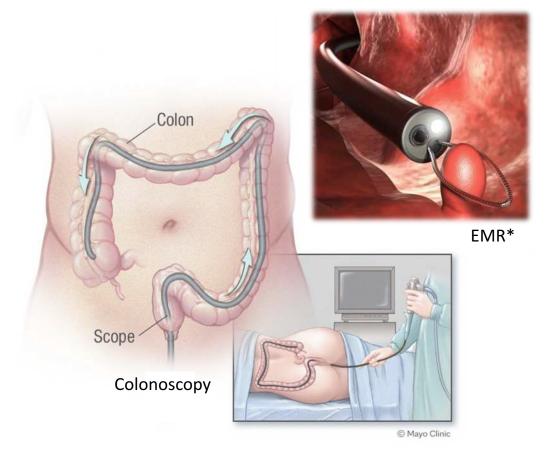


Regular colonoscopy (EMR) works well for smaller colorectal polyps.





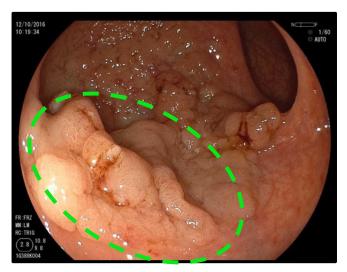
Small colorectal polyp (~5 - 6mm)



*EMR: Endoscopic Mucosal Resection



For larger colorectal cancers, more invasive techniques like laparoscopy or open surgery are required.



Larger colorectal cancers (> 20mm)



Laparoscopy



Open surgery

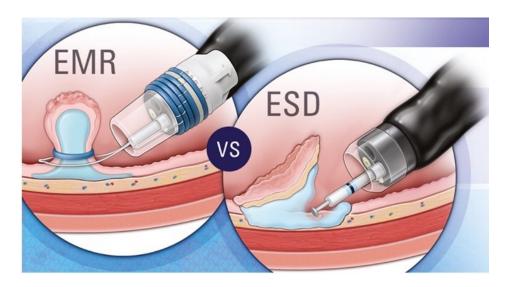






Can larger colorectal cancers be removed by regular colonoscopy?

Yes – by an advanced procedure known as **Endoscopic Submucosal Dissection (ESD).**



However, there are huge barriers to adoption

- Expert skills needed
- Long training times
- Steep learning curves

How do we overcome this major skills gap?

EMR: Endoscopic <u>Mucosal</u> Resection
ESD: Endoscopic Submucosal Dissection



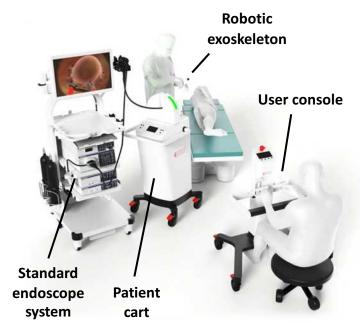
With surgical robotics – by boosting skills, precision and dexterity of the user.

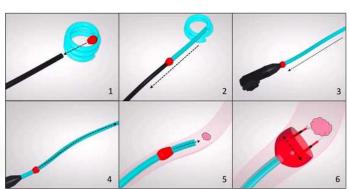


- Not a re-invention of the endoscope
- A cost-effective <u>robotic add-on</u> to <u>any</u> <u>endoscope</u> on the market
- Uses <u>existing endoscopic tools</u> with added robotic precision

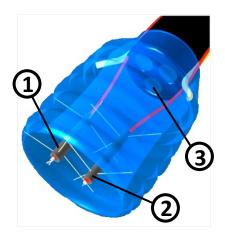


With ERES[™], any endoscope is transformed into a high precision surgical robot.





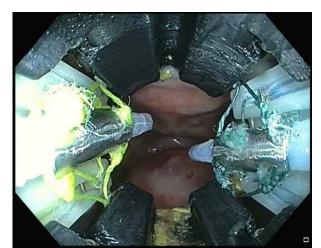
Concept video of robotic exoskeleton being deployed



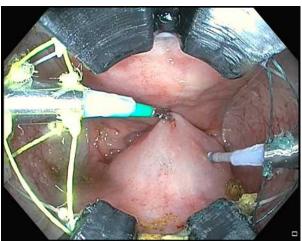
eres brings a total of 3 arms to any advanced procedure



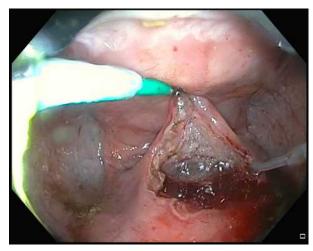
Multiple animal trials successfully performed, showing effectiveness at removing larger colorectal tissues via robotic ESD (1).



Opening of ERES™ exoskeleton and insertion of endoscopic tools



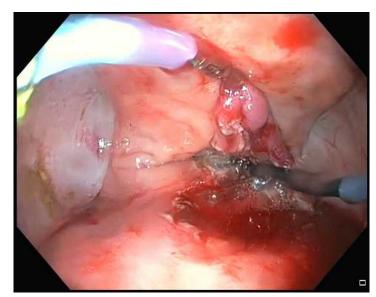
Start of robotic ESD* showing grasper and electrocautery knife in use



Robotic ESD* in progress with large lateral incision performed



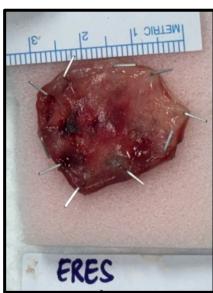
Multiple animal trials successfully performed, showing effectiveness at removing larger colorectal tissues via robotic ESD (2).



Robotic ESD* successfully completed with colon tissue completely removed



Excised rectal tissue retrieved through endoscope's native channel



~30 mm sized rectal tissue excised via ESD

*ESD: Endoscopic Submucosal Dissection

ERES™ 2023 prototype



Multiple animal trials successfully performed, showing effectiveness at removing larger colorectal tissues via robotic ESD (3).





To be the strategic enabler of advanced endoscopic surgeries in our target markets.



USA, China, Japan, Korea, Singapore



Total Addressable Market by 2030: **USD 13.1B**



Regulatory clearances expected in 2028 (FDA 510k, HSA & NMPA)



Reimbursement for ESD is available in all 5 target markets



*No. of annual ESD procedures forecasted in 2030 (in '000)



Experienced team with proven track records to bring ERES™ to market.

Management Team



Kevin Koh, PhD Founder & CEO

VIVOSurgical Imperial College London



Richard Lieu, MSc Head of Technology





Justin Lau, MSc Senior Staff Engineer



Technical & Commercial Advisors



David Noonan, PhD **Technical Advisor**





Yasushi Takigawa, MBA Commercial Advisor







Alok Mishra, MBA Commercial Advisor





Clinical Advisory Board



Dr Chris Khor. MBBS Clinical Advisor







Dr Yutaka Saito, MD Clinical Advisor





Dr Zhou Pinghong, MD Clinical Advisor







Dr Simon Lo. MD Clinical Advisor





Incoming MD Clinical Advisor June/July 2025

External Advisor

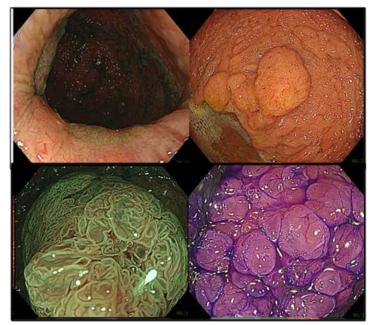


Travis Covington Technical Advisor



Remember him?

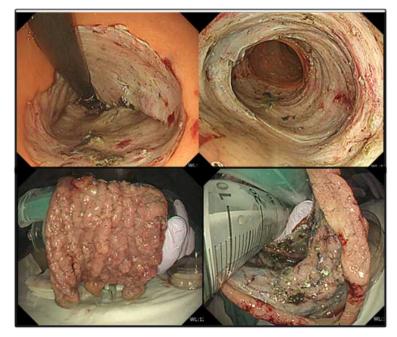
Actual 80 year old patient with early cancer in the anal-recto-sigmoid region – 20cm diameter



Endoscopy images here and next slide courtesy of Dr Yutaka Saito Director of Endoscopy Centre & Chief of Endoscopy Division National Cancer Center Japan



A new lease of life with ESD!



Large cancer removed via ESD* – no invasive surgery, no colectomy, and no stoma bag required.

Let's empower <u>every endoscopist</u> with ERES™ to replicate this success!





Other portfolio news



KLARO® – redefining the surgical environment with optimal lighting from within.

- A surgical lighting device for deep-cavity open surgery applications
- Co-developed with Singapore General Hospital, National Cancer Centre Singapore and Panasonic Lighting (Europe)
- USA market entry commenced in Q1 2025, currently commercially distributed in Asia & Europe
- FDA (II) registered, CE Mark (IIa) certified and HSA (II) approved, amongst others













ENLYT® – purpose-built for screening and imaging from a global health perspective.

- A portable nasopharyngoscope for screening and imaging applications
- Clinical trials successfully completed at Duke University Hospital (USA) as part of an NIH R01 grant.
- Partnering with multiple international health systems and international NGOs for commercial rollout:
 - Screening of nasopharyngeal cancer (primary care)
 - Pre- and post-surgical ENT imaging (ward based)
 - Post-stroke dysphagia imaging (aged care homes)
 - Emergency imaging (emergency depts & ambulances)













Thank you!

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WIPO Global Awards 2024 Winner
Johnson & Johnson Innovation - JLABS Singapore Resident
SLINGSHOT 2024 Top 10 Global Healthcare Startup
MedTech Innovator APAC 2023 Top 4 Grand Finalist
Mount Sinai Elementa Labs Incubatee
US National Institutes of Health R01 Grant Awardee









