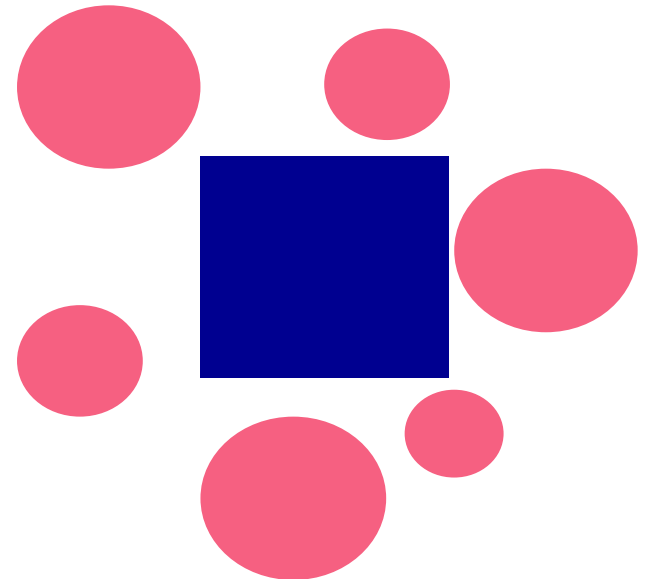


# **LaRC: A GLOBAL CANCER CONSORTIUM**



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# Our Mission

Advancing cancer prevention and management, by integrating global knowledge from scientists, patients, and advocates



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# The Problem

- Patients **struggle with accessing experimental treatments**
- Clinicians **worry about liability** in giving these treatments
- Unconventional treatment requires that you are **working with the experts in that field**
- It's **hard to keep pace** with all advancements and cutting edge treatments
- Patients need **unique, specific treatments**

## Our Solution

- Patients get access to **personalized recommendations for treatment**
- Patients get access to a **global network of experts**
- We **partner with cancer centers** to share liability to deliver treatment for patients

## How it Works

Patient Enters LaRC



Crowdsourcing Diagnostics & Treatment

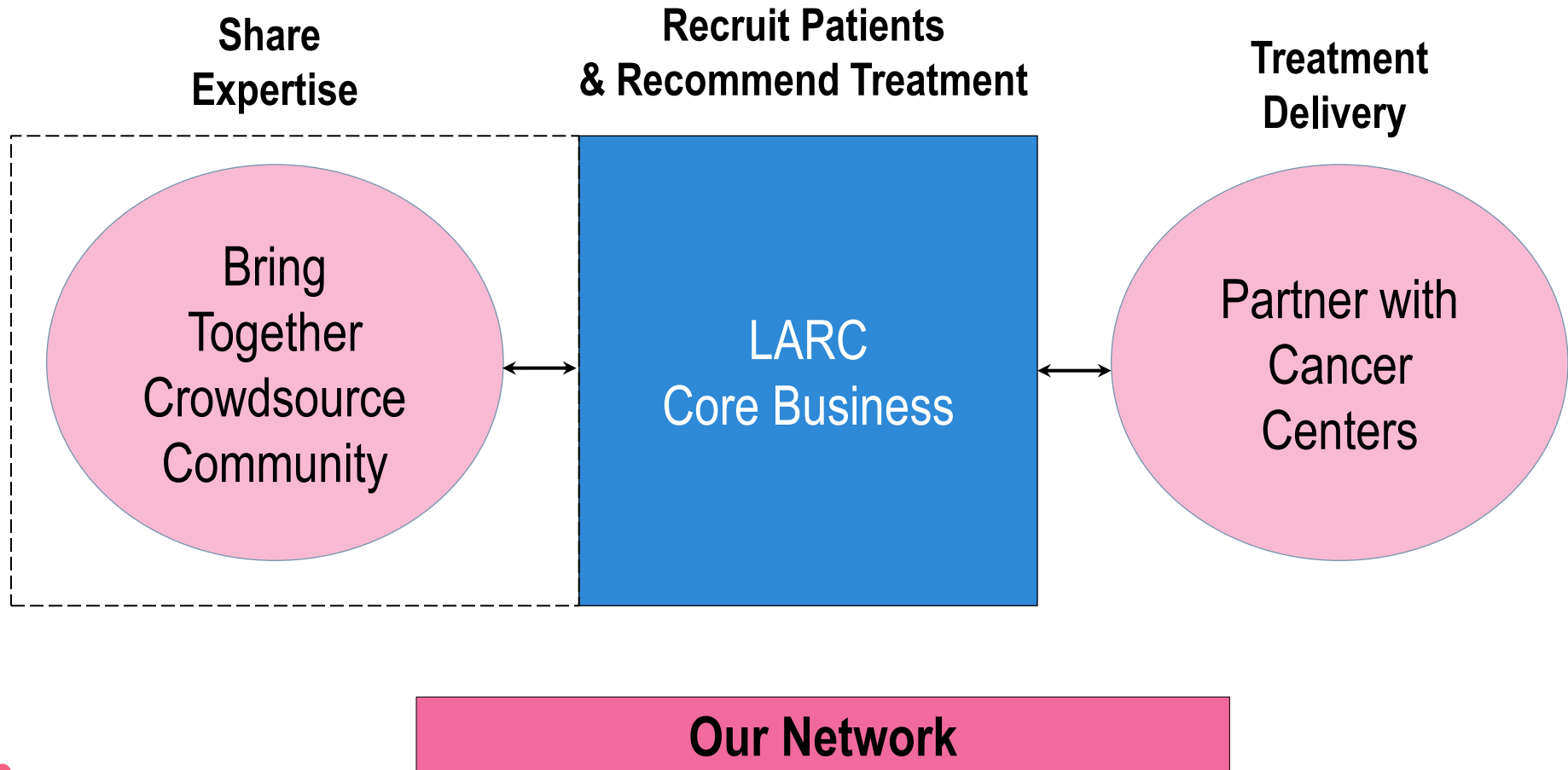


LaRC recommends & refers treatment



Patient goes to a Partner Center(shared liability)

# Partnering to recommend and facilitate investigational treatments



# Crowdsourcing Community

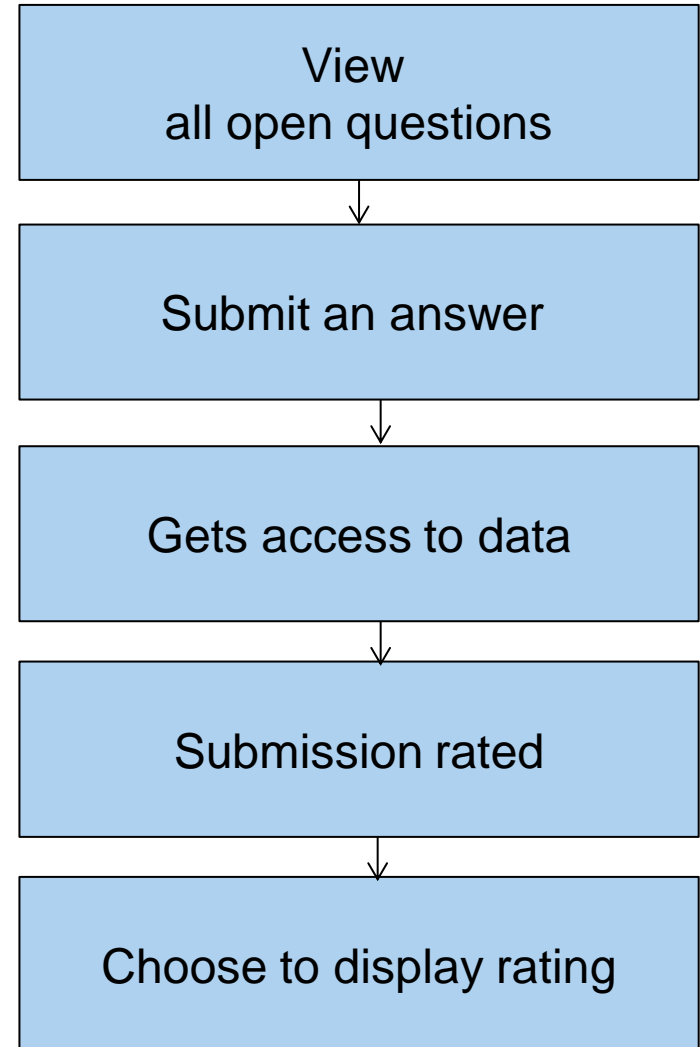
## Building the Community

- Identify and reach out to key scientists



## Incentives to Participate

1. Prestige through social validation
  2. Access to data
- 
1. Benefit of helping others



# Partnering with Cancer Centers

## Getting partners onboard

- Identify leading cancer centers that align with our mission
- Grow the number of partnerships over time

## Why partner with us?

- Shared mission
- Co-branding
- Expansion of scientific contributions
- Indemnification to execute recommended experimental treatments
  - Under LaRC insurance plan



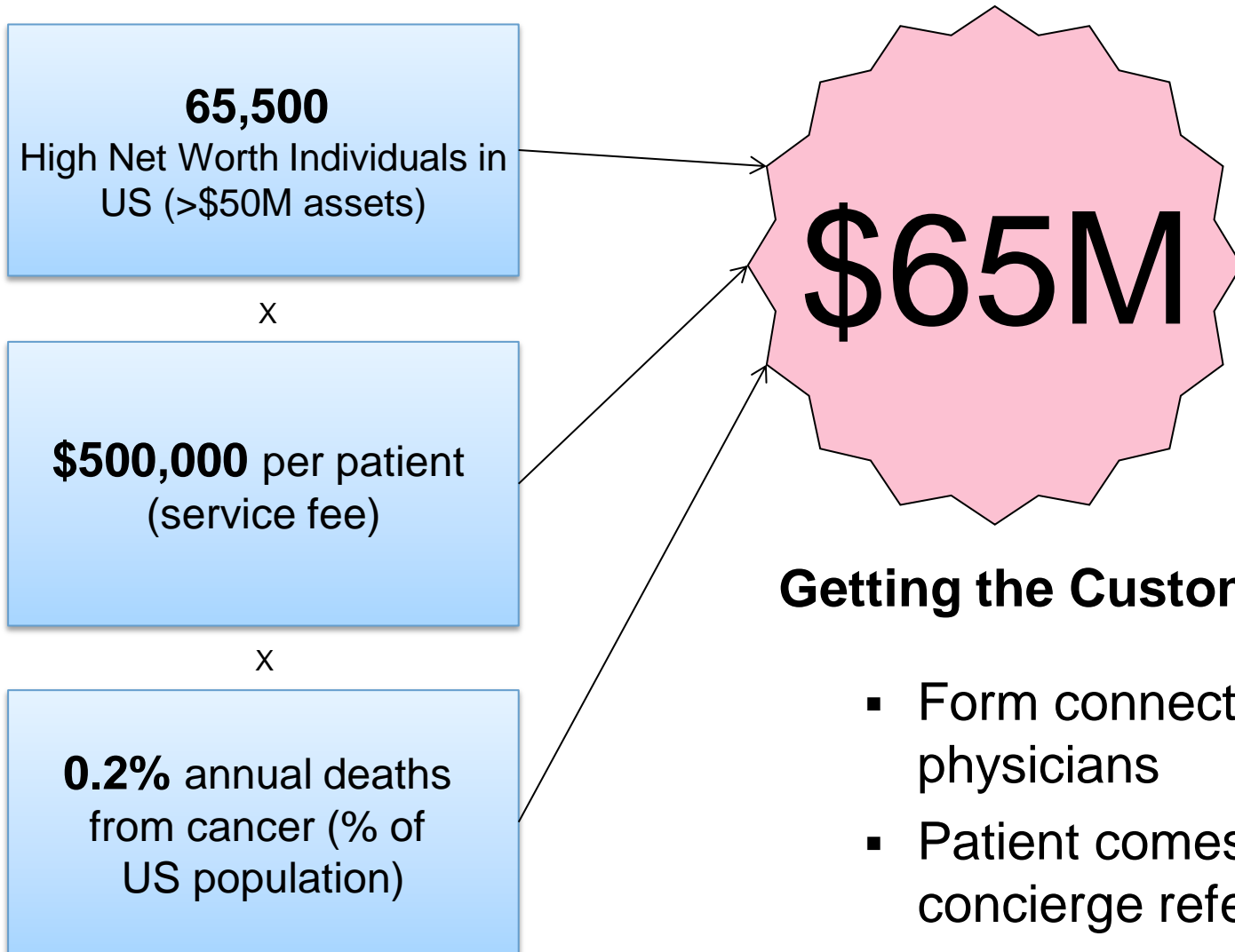
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# Revenues based on Service Fee

- To be able to grow, initially the clinic is dependent on **subsidization by wealthy individuals**
- Service or Case Management Fee is set at \$500,000
- Patients will be expected to cover their own treatment costs, whether through insurance or out of pocket



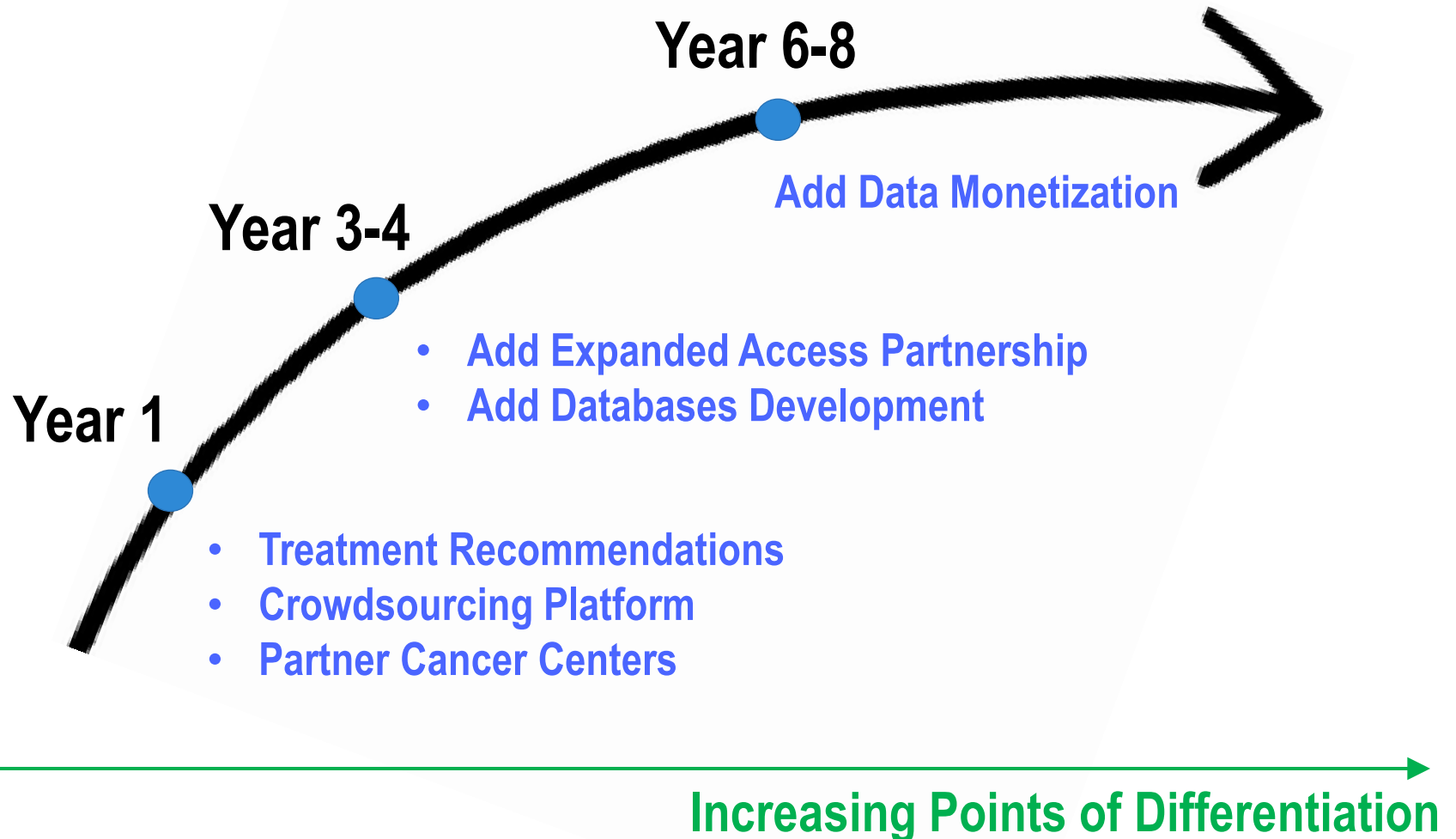
# The Market Size and Getting the Patients



## Getting the Customer (Patient)

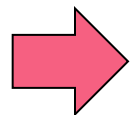
- Form connections with concierge physicians
- Patient comes to LaRC through concierge referrals

# Initial focus on patient recommendations and continue to grow our points of differentiation



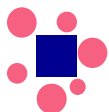
# At-a-Glance Financials → Profit by Year 4

	First half of YR 1 is ramp up →	EOY YR1	EOY YR2	EOY YR3	EOY YR4	EOY YR5
New Patients		1	5	7	20	50
Patients in System		1	6	10	24	60
Operating Costs		(\$3.00M)	(\$3.67M)	(\$4.75M)	(\$8.01M)	(\$14.40M)
Employee Costs		(\$2.44M)	(\$2.58M)	(\$4.20M)	(\$7.18M)	(\$12.75M)
Other Costs		(\$0.57M)	(\$0.49M)	(\$0.56M)	(\$0.89M)	(\$1.67M)
Expected Revenues		\$0.5M	\$2.5M	\$3.5M	\$10.0M	\$25.0M
Profit		(\$2.50M)	(\$0.6M)	(\$1.3M)	\$1.93M	\$10.6M



**Funding Ask for \$4M for Start up Costs**

*Note Patient Care Costs are NOT reflected because they are expected to be directly paid by Patient*



# Impact Investors May Be the Right First Partner



# Our Team



**Laura Gaviria Halaby**

- Entrepreneur
- Strategic advisor in the private and public sectors
- Vast experience in capital markets and crowdfunding
- Legatum Fellow and Sloan Fellow in innovation and Global Leadership at MIT
- MIT MBA Sloan Fellow
- B.S. in Applied Mathematics from American University



**Anita Kalathil**

- Genentech/Roche Finance Leadership Program
- P&G Engineer & Project Manager
- Experience in pricing, market sizing and business dev. for medical device, health IT and biotech start ups
- MIT MBA Class of 2015
- B.S Chemical Engineering, UC Berkeley



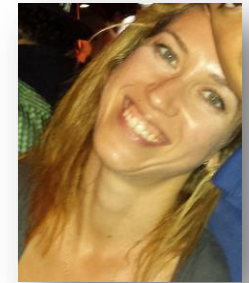
**Jill Mezzanotte**

- Entrepreneur
- Experience in strategy, biz dev, finance and market research for biotech and medical device starts ups
- Investment banker and capital markets analyst
- MIT MBA Class of 2016
- B.S. in Systems Engineering and B.A. in Economics, University of Virginia



**Ligia Peralta, M.D.**

- Tenured professor of pediatrics & epidemiology
- Experienced researcher, clinician & policy maker
- Maryland Health Care Commission member
- Member, US Presidential council on HIV/AIDS
- MIT Sloan Fellow in Innovation & Global Leadership
- MD, Fellow Academy of Pediatrics



**Dr. Eldi Schoenfeld**

- Neuroscientist
- Postdoctoral associate at the Synthetic Biology Center at MIT
- 'FOR' - Board and sustainability committee member
- 'Frontiers in Molecular Neuroscience' - Editorial Review Board
- B.A Biology, Technion, Israel. M.Sc./Ph.D. Neurobiology, The Weizmann Institute of Science, Israel

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# Appendix

# Value Creation

## Patients

- Precision medicine – customized
- Contribute to science without trading off personal care
- Consultation through global expertise

## Scientific Community

- Crowdsourcing platform
- Comprehensive integrated database
- World class data analytics

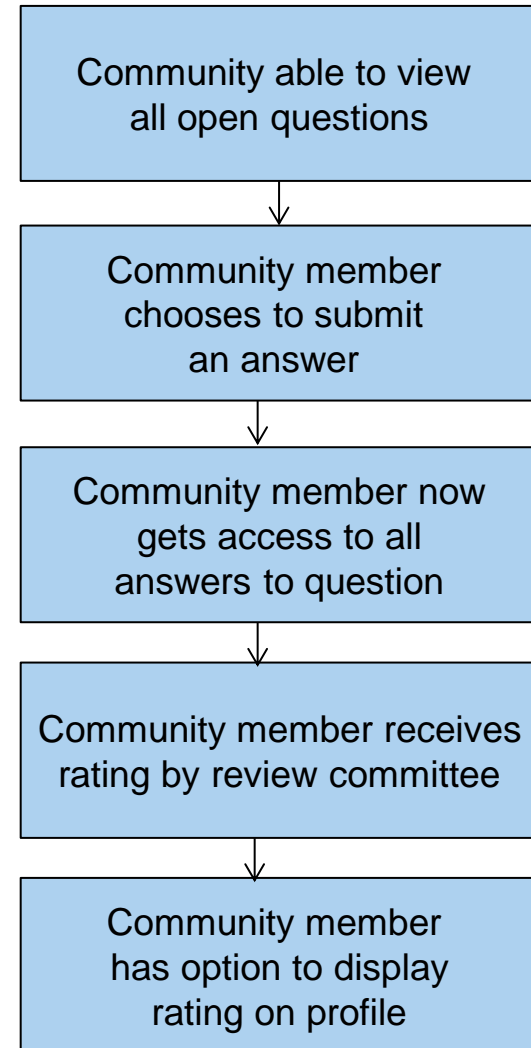
# Crowdsourcing Community

## Building the Community

- Reach out to scientists who have contributed to PubMed and/or are at leading research institutes (use LinkedIn to vet)
- Grow community through word of mouth

## Incentives to Participate

- Prestige through social validation
  - Metrics to validate include:
    - Level of data
    - Quality of data
    - Feasibility of execution
    - Human Subject Protection/Ethical
- Access to data
  - Participants who submit valid answers & have a certain rating are able to answer
    - Rating is to protect from trolling
- Benefit of helping others





# Liability Plan with Partner Clinics

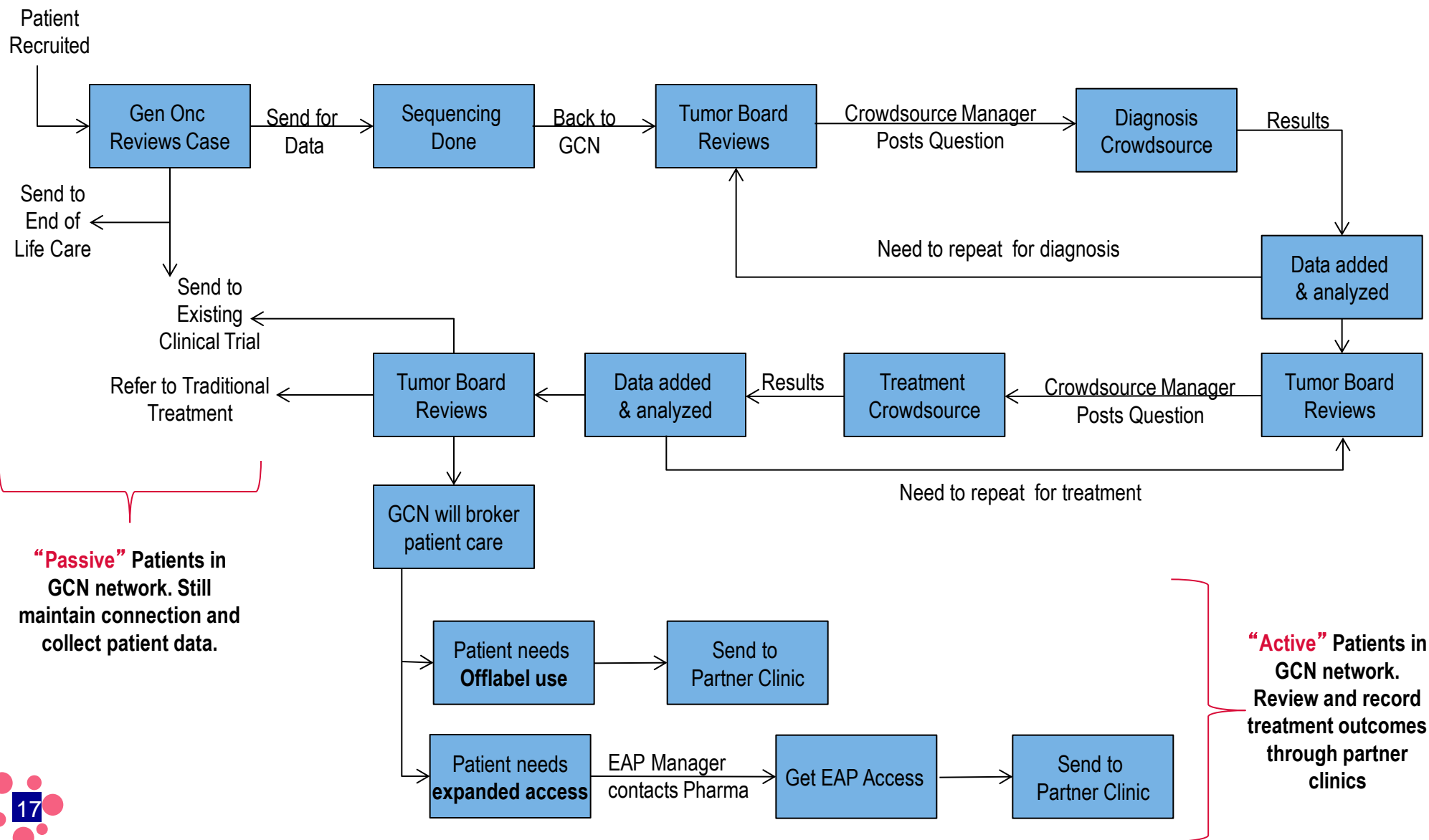
## Problem We are Addressing:

- Clinicians or Cancer Centers may not have the liability to be able to provide experimental treatments

## Proposed Solution with Partner Clinics

- LarC to have extensive professional liability insurance to be able to indemnify partner clinics
- Structure of Plan
  - Similar to relationships with many CROs and Pharma today
  - Annual blanket coverage explaining intent to indemnify
  - Entity to entity
  - Product liability is separate
- High risk plan set for maximum liability at \$2-4M per occurrence, total aggregate is \$5M
- Estimated Insurance Plan Cost: \$250K annual

# Future State of LaRC Business Process

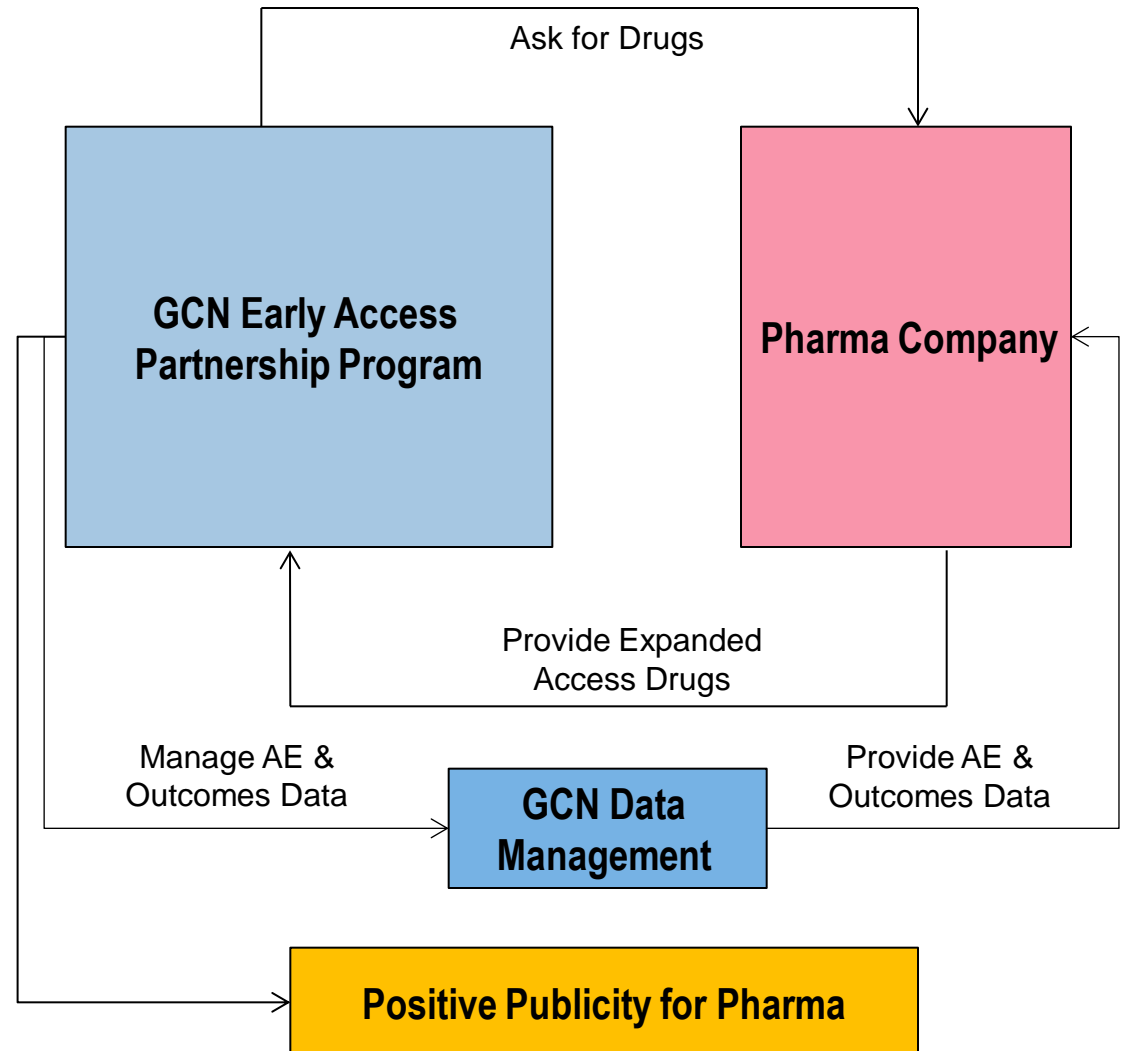


# Unique Expanded Access Partnership adds value to both sides

Expanded access has significant costs to Pharma through:

- Negative PR from cases they don't handle, no (+) PR for cases they do
- Challenges in managing adverse event data and information back to them
- Inability to promote the fact they are doing the expanded access

**GCN could be uniquely positioned for a partnership with Pharma that reduces the PR burden and challenges associated with expanded access, which would enable us to get more access to the pipeline.**



# Add Data Monetization After Year 6

