

Cancer: **It's personal**

How many patients with cancer have you known?
How many of them have died of a form of cancer?
How many of them were family and friends?

By 2030, approximately 3 million fellow citizens of any age across the 27 EU countries are projected to develop a form of cancer.¹ Every year, the patients traveling to one of Europe's cancer care centers increase by 12-15%.²

135,000 Dutch people
will develop **cancer**
by 2030.



Cancer does not discriminate between sex, age, social or economic status. Approximately 39.5% of men and women will be diagnosed with cancer at some point during their lifetime.³
For you, cancer might get personal.

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YOU THINK THIS IS DOOM AND GLOOM?

The mortality figures are even more concerning. In 2020, cancer accounted for nearly 10 million deaths globally. In the EU, nearly 1.5 million patients will have died of cancer by 2030. According to the Organisation for the Economic Cooperation and Development (OECD), cancer is the second leading cause of mortality in the EU.

Mortality is higher among men than among women.

NEARLY 1.5 MILLION CANCER DEATHS OVER THE NEXT 7 YEARS IN THE EU. WE'LL LET THIS NUMBER SINK IN.

How can we reduce the number of patients treated globally and the mental and financial burden on them?

THE CANCER MIRACLE

Madeline Drexler, in Harvard's Public Health magazine, highlights the crucial and often underestimated role of **prevention** in cancer:

“The cancer miracle isn't a cure. It's prevention.”

Oncologists are confident that 30-40% of cancers in European countries are preventable⁴ and we, therefore, need to put more emphasis on preventative measures. Alongside prevention, early detection through precision-targeted technologies can have a major positive impact on our fight against cancer. Leveraging innovative (digital) technologies for health is crucial to making further progress in the cancer field. In other words, we need to ensure that the innovative solutions reach the patients with cancer.

This is a universal issue. This concerns all of us.

- 1: [https://ecis.jrc.ec.europa.eu/explorer.php?\\$0-4\\$1-All\\$4-1,2\\$3-0\\$6-0,85\\$5-2020,2040\\$7-7\\$21-0\\$2-All\\$CLongtermChart1_1\\$X0_-1-AE27\\$CLongtermChart1_2\\$X1_-1-AE27\\$CLongtermChart1_3\\$X2_-1-AE27\\$CLongtermChart1_4\\$X3_14-\\$X3_-1-AE27\\$CLongtermTable1_6\\$X4_-1-AE27](https://ecis.jrc.ec.europa.eu/explorer.php?$0-4$1-All$4-1,2$3-0$6-0,85$5-2020,2040$7-7$21-0$2-All$CLongtermChart1_1$X0_-1-AE27$CLongtermChart1_2$X1_-1-AE27$CLongtermChart1_3$X2_-1-AE27$CLongtermChart1_4$X3_14-$X3_-1-AE27$CLongtermTable1_6$X4_-1-AE27)
- 2: <https://www.brit-med.com/blog/best-oncology-clinics-in-europe/>
- 3: <https://www.cancer.gov/about-cancer/understanding/statistics>
- 4: <https://ec.europa.eu/research-and-innovation/en/horizon-magazine/will-we-ever-cure-cancer>

WHAT WILL YOU DO TO HELP ADVANCE CANCER CARE AND SAVE PATIENTS FROM AGONY? IT'S PERSONAL. IT'S UNIVERSAL.



SO, WHY IS PROGRESS IN CANCER INNOVATION LAGGING BEHIND?

Long story short, there *are* new cancer-focused technologies with a broad spectrum of applications, but they are not available on the market yet. This is due, among others, to lack of early-stage risk capital, entrepreneurial spirit and industry expertise to bring them to the patients.

It is estimated that only 10% of the available risk capital targets innovations at the early stage. Investors usually opt for late-stage investing opportunities in larger funds. Investments in early-stage innovations are, thus, extremely limited.

As a result, patients with cancer, their healthcare professionals and, by extension, our national health systems are deprived of much-needed solutions aimed at facilitating and optimizing patient diagnosis, treatment and comfort.

HEALTH IMPACT FUND VENTURES AGAINST CANCER

The current NLC portfolio is proud to feature various cancer-focused innovations which improve prognosis, diagnosis, treatment, risk prevention and patient comfort.

Among others, it includes the following:

- 1 PCaVision is our healthtech venture focused on both accurate diagnosis and comfort for the men with prostate cancer.
- 2 MLA Diagnostics is a biomarker test for an accurate prognosis of melanomas and their clinical progression.





NLC: YOUR GATEWAY TO CANCER IMPACT

NLC is committed to accelerating cancer care innovation. How?

By bridging the gap between innovative technologies and saving patient lives. **To further improve the quality of cancer care, NLC has launched the Health Impact Fund.**

The NLC Health Impact Fund will invest in both the newest and more mature NLC ventures, including a seed portfolio of 16 ventures that will be part of the Fund's portfolio from Day 1. Aside from the high risk involved in any investment, this also offers a diversified portfolio with strong potential for early returns.

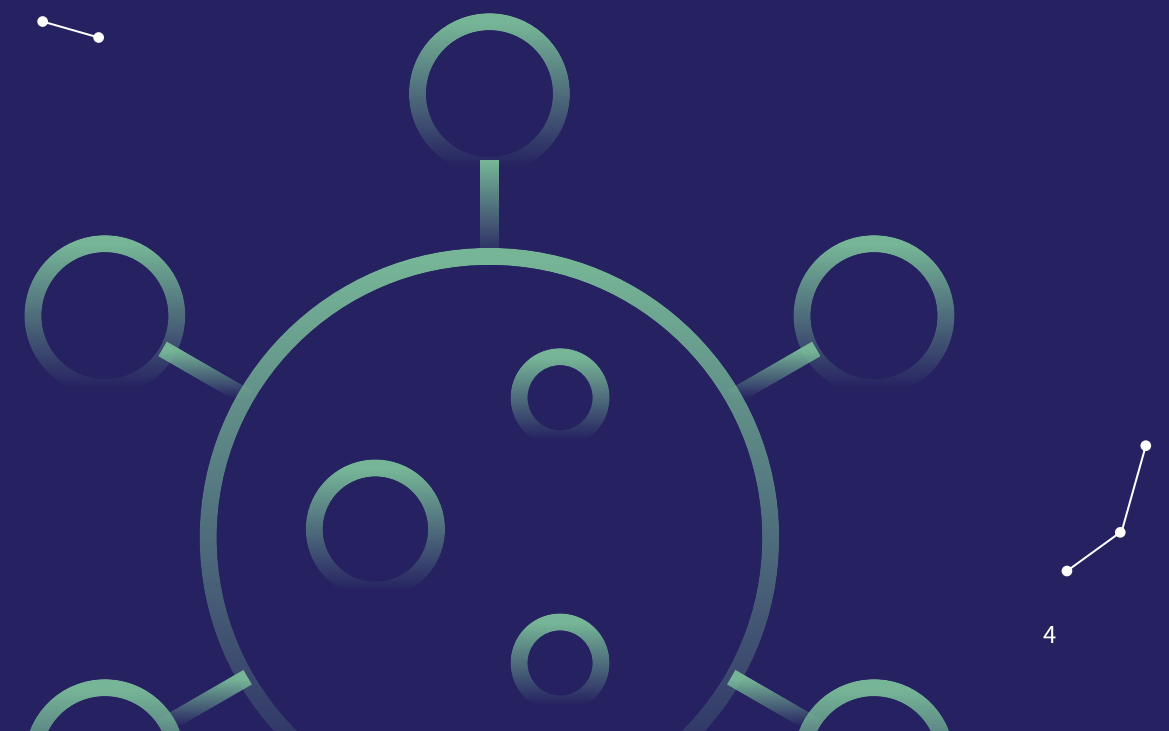
NLC is a certified B Corp. The Health Impact Fund contributes to UN Sustainable Development Goals 3, 9, and 17 and adheres to the highest impact investing standard (SFDR 9), which entails the obligation to report on impact metrics.



SEIZE YOUR HEALTH IMPACT FUND OPPORTUNITY

Actively managed by NLC's Fund Management (FM) team, our Health Impact Fund has an anticipated portfolio of more than 80 assets. It can be your pathway to high-impact and high-return capital deployment in cancer-centered innovation.

As with all investments carrying risk, the value of your investment in NLC and the Health Impact Fund could be lost, in full or in part due to unexpected developments. Prospective investors are advised to consult the Information Memorandum of this Fund. NLC's FM and the Health Impact Fund are registered with the Dutch Authority for the Financial Markets (AFM).



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THE HEALTH IMPACT FUND IS CURRENTLY ONLY ACCESSIBLE TO INVESTORS RESIDING IN THE NETHERLANDS. PENDING APPROVAL OF THE FUND'S EUVECA APPLICATION, NLC WILL OFFER THIS INVESTMENT OPPORTUNITY TO INVESTORS ACROSS THE EU MEMBER STATES AT A LATER TIME. INVESTORS ACQUIRE INTERESTS IN THE HEALTH IMPACT FUND AND NOT DIRECT OWNERSHIP IN ANY UNDERLYING ASSET IN WHICH THE FUND INVESTS. NO LEVERAGE IS USED AT THE FUND LEVEL.

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