

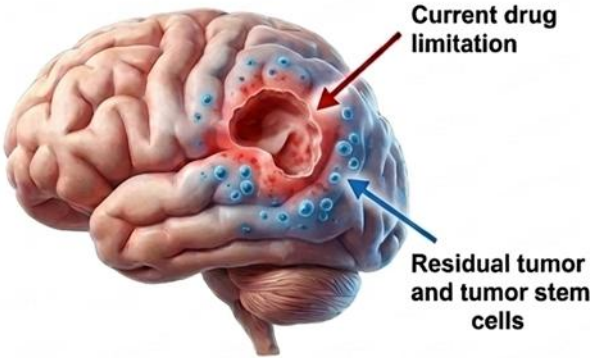
Cerebraca® Wafer: Redefining Localized Therapy for Glioblastoma



Late-clinical CNS oncology asset positioned for strategic partnership

Differentiated glioblastoma therapy entering pivotal study

The Unmet Need



- 1. In glioblastoma, infiltrative residual tumor can extend 2–3 cm beyond the resection margin, while current local wafer therapy reaches only about 2–3 mm.
- 2. This spatial mismatch leaves deep residual tumor cells unreached and contributes to continued recurrence risk after surgery.

	Current Drug	Cerebraca® Wafer
Mechanistic rationale	1. BCNU alkylating therapy 2. MGMT-associated resistance	1. Multi-target modulation 2. RTK-network positioning
Drug penetration	2-3mm	20-30mm
Safety profile	High Toxicity. Significant adverse events: Seizures 37% Convulsions 19% Hemiplegia 19% Abnormal Healing 14%	Excellent Biocompatibility. FDA-approved biodegradable material. No ≥ Grade 3 adverse reactions in Phase I/IIa. adverse events: Seizures: 15% Convulsions: 0% Hemiplegia: 0% Abnormal Healing: 8%

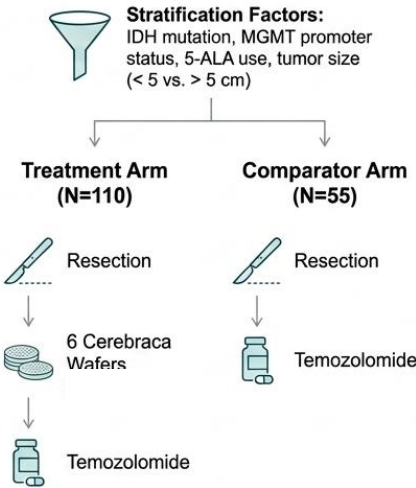
Pivotal Phase IIb/III Study: Clinical Stage & Value Inflection Points

Clinical Stage Summary

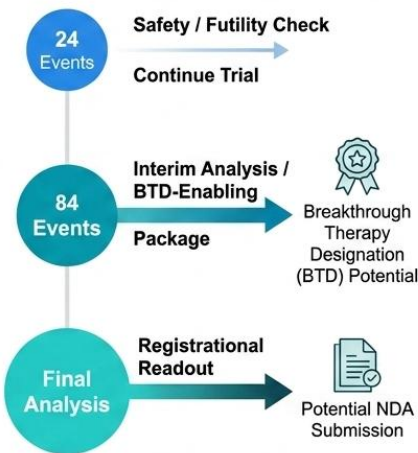
- Recurrent Glioblastoma, Resection-Eligible
- N = 165 Patients
- 2:1 Randomization
- Primary Endpoint: Median Overall Survival (mOS)

Study design informed by FDA Type C meeting interactions, supporting a registrational path.

Trial Design & Treatment Arms



Pivotal Milestones Toward BTD & Registration



Strategic Opportunity in Recurrent Glioblastoma

- Phase IIa highlights mOS of 15.7 months (n=7) in recurrent glioblastoma and 26.2 months (n=5) in a biomarker-defined subgroup with EGFR, AXL-1, and cMET features.
- Robust IP protection beyond 2041 and Orphan Drug Designation provide strong commercial exclusivity for global partners..



Contact us
Jui-Hao Lee

juihaolee@efbiotech.com