New Dawn in GI Innovation

Nasdaq: EOCN | eocn.com

September 2026

Forward-Looking Statements

Forward-looking statements relate to anticipated or expected events, activities, trends or results as of the date they are made. Because forward-looking statements relate to matters that have not yet occurred, these statements are inherently subject to risks and uncertainties that could cause our actual results to differ materially from any future results expressed or implied by the forward-looking statements. Forward-looking statements may include, but are not limited to, statements relating to: the expected effectiveness, timing and benefits of the Company's corporate name change, rebranding and Nasdaq ticker symbol change; the Company's strategic transition into a gastrointestinal-focused biopharmaceutical and medical device company; the integration, development and scaling of Colospan and its technologies; the Company's plans to build and expand a diversified gastrointestinal-focused medtech and biopharmaceutical platform; the advancement of Colospan's proprietary technology and U.S. pivotal clinical program; the commercial readiness, market potential and commercialization opportunities associated with CG-100 and other Company technologies; the timing, extent and potential generation of future revenues; the expected benefits arising from the acquisition of Colospan; the Company's ability to execute its strategy and growth initiatives, including using its existing capital resources; the anticipated benefits of the termination of the Company's standby equity purchase agreement with Yorkville; and the Company's future business, operations, financial condition, prospects and objectives. Many factors could cause our actual activities or results to differ materially from the activities and results anticipated in forward-looking statements, including, but not limited to, our inability to recognize the anticipated benefits of the acquisition of Colospan; expectations with respect to future performance and growth of Colospan; the development and approval of the use of Aramchol or any other product candidate for indications outside of non-alcoholic steatohepatitis, or NASH, also known as metabolic dysfunction-associated steatohepatitis, or MASH, and fibrosis or in combination therapy; the timing and cost of any pre-clinical or clinical trials of CG-100, Aramchol or any other medical device or product candidate we develop; completion and receiving favorable results of any pre-clinical or clinical trial; regulatory action with respect to CG-100, Aramchol or any other medical device or product candidate by the U.S. Food and Drug Administration, or the FDA, or the European Medicines Authority, or EMA, including but not limited to acceptance of an application for marketing authorization, review and approval of such application, and, if approved, the scope of the approved indication and labeling; the commercial launch and future sales of CG-100, Aramchol and any future medical devices or product candidates; our ability to comply with all applicable post-market regulatory requirements for CG-100, Aramchol, or any other medical device or product candidate in the countries in which we seek to market the product; our ability to achieve favorable pricing for CG-100, Aramchol, or any medical device or other product candidate; third-party payor reimbursement for CG-100, Aramchol, or any other medical device or product candidate; our estimates regarding anticipated capital requirements and our needs for additional financing; market adoption of CG-100 Aramchol or any other medical device or product candidate by physicians and patients; the timing, cost or other aspects of the commercial launch of CG-100, Aramchol or any other medical device or product candidate; our ability to obtain and maintain adequate protection of our intellectual property; the possibility that we may face third-party claims of intellectual property infringement; our ability to manufacture our CG-100 or product candidates in commercial quantities, at an adequate quality or at an acceptable cost; our ability to establish adequate sales, marketing and distribution channels; intense competition in our industry, with competitors having substantially greater financial, technological, research and development, regulatory and clinical, manufacturing, marketing and sales, distribution and personnel resources than we do; our expectations regarding licensing, acquisitions and strategic operations; current or future unfavorable economic and market conditions and adverse developments with respect to financial institutions and associated liquidity risk; our ability to maintain the listing of our ordinary shares on The Nasdaq Capital Market; and the security, political and economic instability in the Middle East that could harm our business, including due to the current security situation in Israel. We believe these forward-looking statements are reasonable; however, these statements are only current predictions and are subject to known and unknown risks, uncertainties and other factors that may cause our or our industry's actual results, levels of activity, performance or achievements to be materially different from those anticipated by the forward-looking statements. We discuss many of these risks in our Annual Report on Form 20-F for the year ended December 31, 2025, filed with the SEC on March 31, 2026 in greater detail under the heading "Risk Factors" and the additional risk factors relating to the business of Colospan Ltd. in the section entitled “Risk Factors” in our Report on Form 6-K filed with the SEC on June 8, 2026. Given these uncertainties, you should not rely upon forward-looking statements as predictions of future events. All forward-looking statements attributable to us or persons acting on our behalf speak only as of the date hereof and are expressly qualified in their entirety by the cautionary statements included in this report. We undertake no obligations to update or revise forward-looking statements to reflect events or circumstances that arise after the date made or to reflect the occurrence of unanticipated events. In evaluating forward-looking statements, you should consider these risks and uncertainties.

OUR PORTFOLIO

A Diversified Approach to GI Innovation

MEDICAL DEVICES

COLOSPAN

Stoma-Free Future for Patients

Colospan has developed the CG-100, a CE-marked, breakthrough solution for colorectal surgery aims to improve the clinical and economic outcomes associated with anastomotic leaks and diverting stomas.

Following more than 120 successful procedures worldwide, Colospan is advancing the commercialization of the CG-100 in selected European markets while conducting a pivotal clinical trial under an FDA approved IDE

THERAPEUTICS

ARAMCHOL™

Enhancing Oncology Standard of Care

With over 700 patients treated in phase 1-3 clinical trials, Aramchol represents EoCene's therapeutic innovation arm, targeting metabolic and fibrotic conditions.

Aramchol, is a first-in-class SCD1 inhibitor being evaluated for GI oncology indications, including colorectal cancer, hepatocellular carcinoma and cholangiocarcinoma, with a focus on overcoming treatment resistance and enhancing standard-of-care therapies

colospan

Stoma-Free Future for Patients

Colospan Video

Colorectal Surgery Journey

DIAGNOSIS

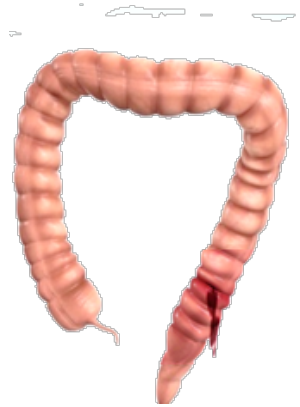
1.9M[1] worldwide colorectal cancer patients diagnosed per year

SURGERY

during surgery, the diseased section is removed, and a new anastomosis is created

POST-SURGERY

Anastomotic leak is the No. 1 problem, leading to increased mortality, complications, and costs



1M[2] *are at high-risk of an anastomotic leak requiring protection*

1. Based on GLOBOCAN 2022 WHO Cancer Registry
2. *Based Colospan's internal assessments*

Colorectal Surgery is ***Broken***

STOMA — TODAY'S STANDARD OF CARE → **CLINICAL BURDEN** → **COST/PATIENT**

Up to 62% overall complications[1]

2nd surgery for closure

Reduced patient QoL

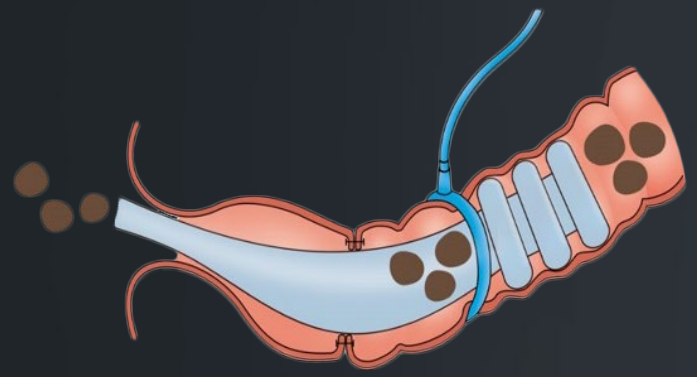
up to **$26K**[2]

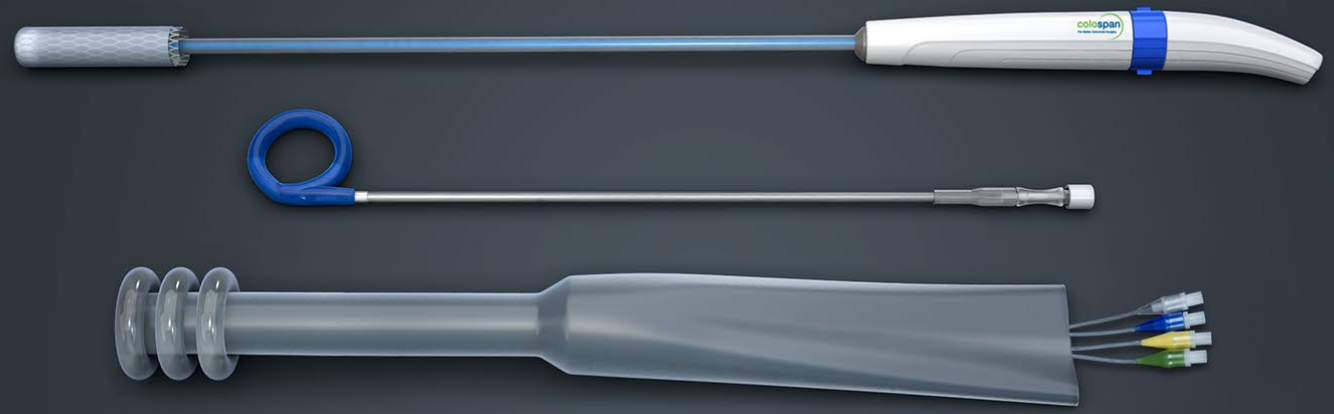
Anthony Senagore, MD
Former President ASCRS

"If we can find a secure way to avoid diverting stoma, this would be the holy grail of colorectal surgery "

1. *Malik T, et al; The incidence of stoma related morbidity - a systematic review of randomised controlled trials. Ann R Coll Surg Engl. 2018 Sep;100(7):501-508*
2. Geisler BP et al; Cost associated with diverting ostomy after rectal cancer surgery: a transnational analysis. Surg Endosc. 2023 Oct;37(10):7759-7766

CG-100: *The New Standard for Colorectal Surgery*





Replacing diverting stoma with internal bypass:

1 | *Simpler & faster deployment compared to stoma*

2 | *Maintenance free, no bags, no 2nd surgery*

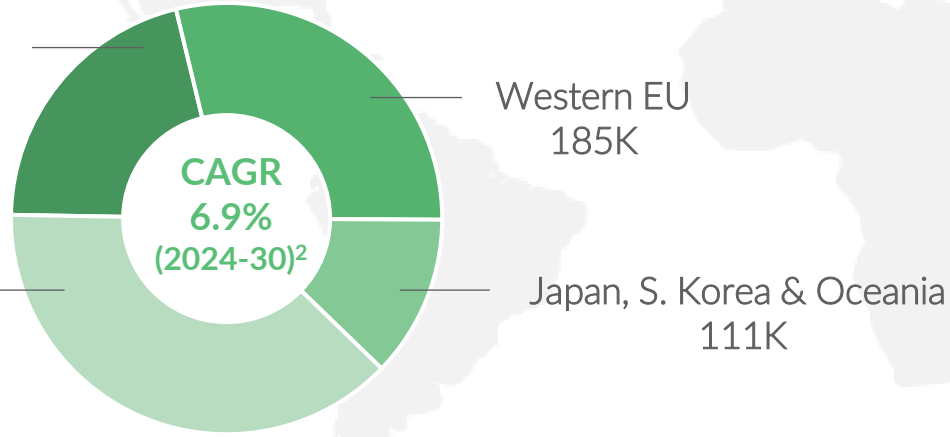
3 | *Easy nonsurgical removal after 10 days*

Addressing a ~$6B[1] Market

1M[1]/year × **~$6K[1]/device**

protective stoma candidates

Worldwide ASP



1. Based on Colospan's internal assessments
2. SM Strategic Market Research – Global Colorectal Surgery Market Report 2024-30 Published Oct 2025

Colospan Achievements

EU-MDR 2017/745

Commercial Ready

130[1]

Patients treated worldwide

90%[2]

Of Patients were stoma free

86%[3]

Fewer Major complications vs. stoma

FDA

Breakthrough device designation

FDA

IDE Approval

On going pivotal trial in US & EU

3 Patent Families

16 patents granted (US, EU, China, Japan, India, Brazil, Israel)

European Commission

Awarded grant & equity financing by the EIC

1. Including device patients treated in the ongoing FDA Pivotal trial
2. Based on clinical data collected from 4 clinical trials conducted inn Europe between 2014 and 2024
3. Colospan data compared to stoma patients' data based on literature review – company white paper submitted to the FDA in 2024

Clinical Data Summary – 97 Patients[1]

Patients' Characteristics

59% ♂ ♀ 41%

63 Mean Age

BMI 27

97% Colorectal Cancer

33% Neoadjuvant Therapy

90% Minimal Invasive Surgery

7.5cm Average anastomosis height

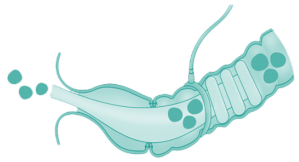
7min application time out of 188 min Surgery

90%[2] Patients avoided stoma

0% Device Migration

100% Patients' tolerability

Safety and Efficacy Data: Colospan vs. Stoma[3]



Colospan		Stoma
0%	Mortality	1.3%
3%	Anastomotic Leak	6.3%
0%	Permanent Stoma	23.5%
17.5%	Device Related AEs CD 1-2	50%
3%	Device Related AEs CD 3-5	22.1%

1. Data collected from 4 clinical trials conducted inn Europe between 2014 and 2024
2. Excluding 13 subjects in 7 sites who received both device & stoma in the early studies
3. Colospan data compared to stoma patients' data based on literature review – company white paper submitted to the FDA in 2024

CD = Clavien Dindo scale for surgical complications - Dindo et al;. Ann Surg. 2004 Aug;240(2):205-13.

Pivotal Study Design & Status

Study Title	Efficacy and Safety of the CG-100 Intraluminal Bypass Device in Colorectal and Coloanal Anastomoses: Prospective, Open Label, Randomized Trial
Study concept design	Randomizing rectal cancer patients into 2 arms: CG-100 vs SOC (stoma)
Endpoints	Co-primary endpoints: • Efficacy - a significant reduction (≥ 70%) in stoma creation rate at 4 weeks after surgery • Safety – non-inferiority in the rate of complications, related to the diversion method (CG-100 or SOC), or the anastomosis graded 3-5 using the Clavien Dindo classification up to 39 weeks after surgery
	Secondary endpoints: • Anastomotic leak • Medical resource utilization • Passage of fecal material through the device • Patients' QOL • Device position and application • Device Ease of Use
Study population	Rectal cancer patients aged 22-70 (US) 22-75 (OUS) undergoing colorectal surgery (either open, laparoscopic or robotic) who according to the investigator are planned to have a protecting diverting stoma as part of their primary operation
Sample size	114 patients per group – total of up to 282 patients including roll-in cases and lost to follow up
# of sites	Up to 32 sites in US, Europe and Israel (up to 20 US sites, 49% of patients will be OUS)

- Study was initially launched in Sep 2020 and suffered significant negative effect on patients' enrollment due to Covid-19
- In Jan 2022 study was voluntary paused due to 2 device related adverse events (CD-3)
- In the interim period Colospan investigated the events and implemented a full mitigation plan including the development of 2 device sizes (M + L), and supportive de-risking measures
- The new device and full mitigation measures were tested successfully in bench tests, pre-clinical and clinical studies
- Based on this testing, the FDA approved the resumption of the study in May 2025

Embraced by Patients & Surgeons

Female Patient
Aurora, CO

I am proud to say that I was the very first patient in Colorado to successfully receive the very first Colospan device , I would like to thank you all for your hard work and pray this gets FDA approved. I was diagnosed with cancer at 29. The bag was one of my top concerns. I knew it would be challenging in all aspects, and ***I am so very thankful this came out just in time and I was the perfect candidate for the study****"*

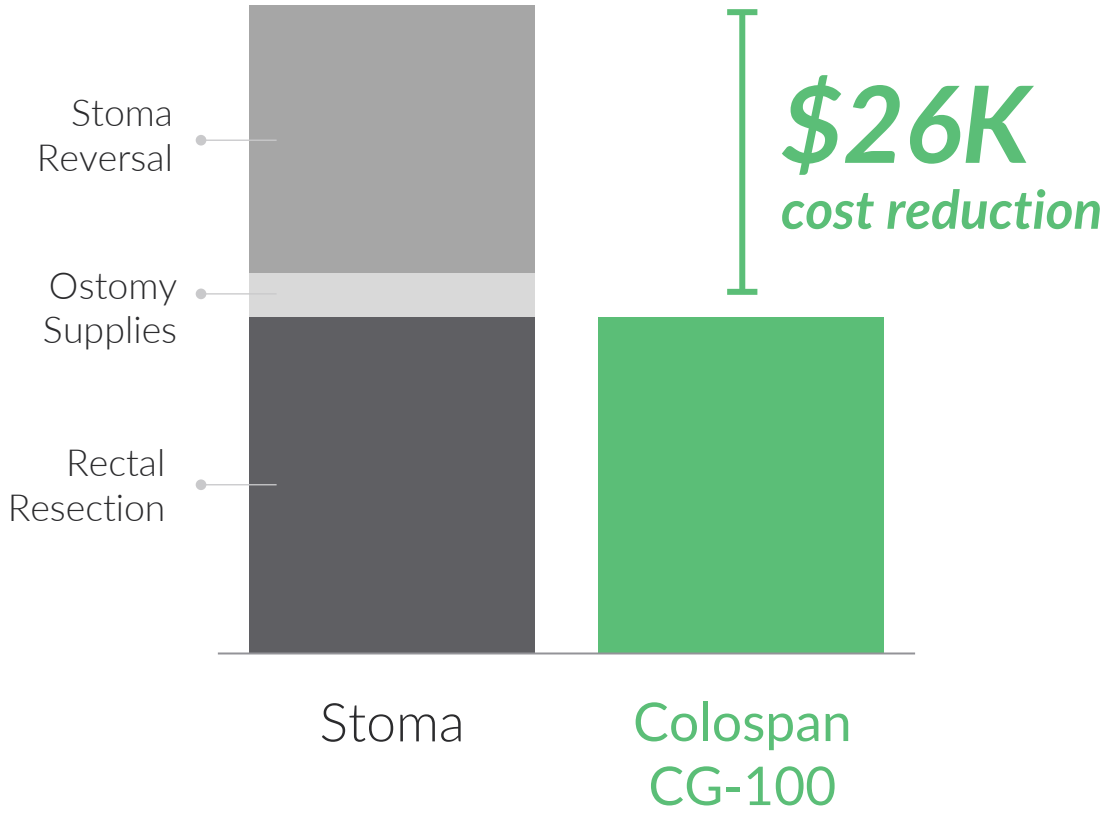
The Colospan device provides a ***reliable strategy*** *for most rectal cancer patients to* ***avoid an ostomy****, its inconveniences, its complications, and the need for a second operation to close it"*

Division Head, Colon and Rectal Surgery
Major US Hospital

Interim Chief Colorectal Surgery,
Major US Hospital

There is no doubt that avoiding an ileostomy after rectal cancer surgery will be an ***amazing improvement*** *in terms of patient's experience, happiness, and overall generalized health… The Colospan Rectal Cancer Trial is brilliant and certainly will have a* ***positive impact*** *on the way we treat our rectal cancer patients in the future"*

Saving up to $26K[1] per Patient by Avoiding Stoma



Reimbursement foundation established

DRG

Device fits with existing DRG

NTAP

Eligible for new technology add-on payment (NTAP) program

OPS

Dedicated OPS code (5-46b.2) in Germany

1st Price Code

Favorable Reimbursement pricing agreed with largest HMO in Israel

1. Geisler BP et al; Cost associated with diverting ostomy after rectal cancer surgery: a transnational analysis. Surg Endosc. 2023 Oct;37(10):7759-7766

Eocene – Key Executives

Allen Baharaff
CEO & Director

Doron Cohen
CFO

Liat Hayardeny Ph.D.
CSO
teva

Board of Directors

David Sidransky M.D.
Lead Independent Director
JOHNS HOPKINS MEDICINE

Carol L. Brosgart M.D.
Director
GILEAD

Amir Poshinski
Director
Phoenix

Shmuel Nir
Director

Colospan: 120+ years of combined experience; 3X exits; 2 PMA approvals; 2 FDA pivotal studies

Boaz Assaf
CEO
Johnson & Johnson

Eyal Teichman
CTO
Boston Scientific

Shelly Sharon
VP clinical Affairs
LifeBond Life Saving Biomaterials

Orit Tal
VP Regulatory Affairs
LifeBond Life Saving Biomaterials
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Galmed Research and Development

Guy Nehemya Adv.
COO

Irit Gliko-Kabir Ph.D.
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