

# Project ReGenesis

## Frozen Shoulder Investment Teaser

A codename investment opportunity focused on a non-surgical, office-based injectable approach to adhesive capsulitis and capsular fibrosis.



**~\$35B**

Global annual gross Frozen  
Shoulder TAM

source-based midpoint; range ~\$23B–\$49B

**15–20**

Planned Phase 1b / pilot patients

GCP-aligned study to support FDA  
discussions

**A\$4.0–4.5M**

Initial capital requirement

regulatory advice, gap analysis, pilot, IND  
preparation

# Executive Overview & Investment Highlights

Frozen Shoulder is the lead clinical and commercial focus, with platform optionality preserved for later indications.

## COMPANY / ASSET OVERVIEW

- Codename for a localized injectable biologic combination designed to soften fibrotic tissue and restore motion.
- Lead focus is Frozen Shoulder / adhesive capsulitis, a high-burden shoulder capsule fibrosis condition.
- Next milestone is independent, GCP-aligned clinical validation of the founder-generated human signal.

Current management materials describe 200+ real-world treatments across fibrotic disorders with no serious adverse events reported; this remains subject to diligence.

## TRANSACTION OVERVIEW

**A\$4.0–4.5M**

Initial raise

- Regulatory strategy and formal gap analysis.
- CMC / nonclinical work-up and Phase 1b / pilot study.
- IND-readiness package and larger financing / partnering data room.

Management plan also contemplates up to ~A\$20M over three years to reach IND acceptance and pivotal-study readiness.

## INVESTMENT HIGHLIGHTS

### 01 Large, source-based TAM

Annual gross Frozen Shoulder TAM reset to ~\$35B midpoint, not unsupported platform TAM.

### 02 Clear unmet need

Current care is symptomatic or procedural; recovery can take months to years.

### 03 Measurable lead indication

Shoulder ROM, pain, and function endpoints can be documented objectively.

### 04 Defined value inflection

Regulatory clarity + independent pilot data create investable next-step optionality.

# Frozen Shoulder: High-Burden, Under-Served Fibrosis

Adhesive capsulitis is a painful capsular fibrosis syndrome with prolonged disability and limited disease-modifying options.

**2–5%**

General-population prevalence

higher in diabetics and middle-aged adults

**10–30%**

Diabetic population risk range

risk burden amplified by metabolic disease

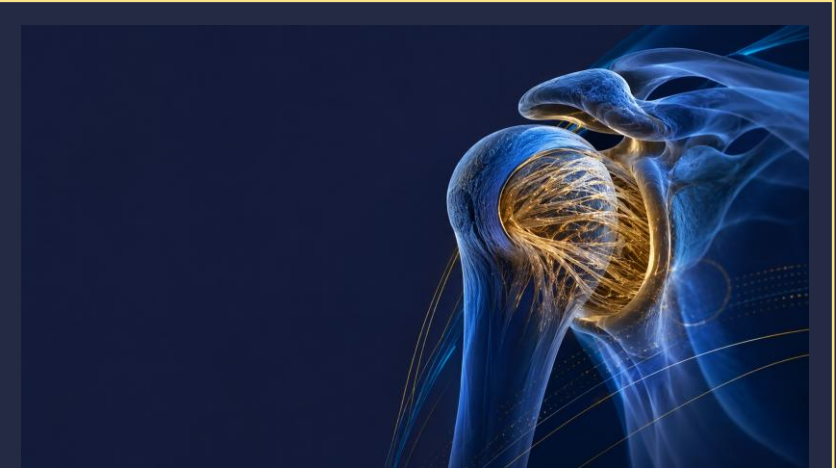
**1.5–3 yrs**

Common disease course

pain, sleep disruption and disability

## WHY THE MARKET REMAINS UNDER-SERVED

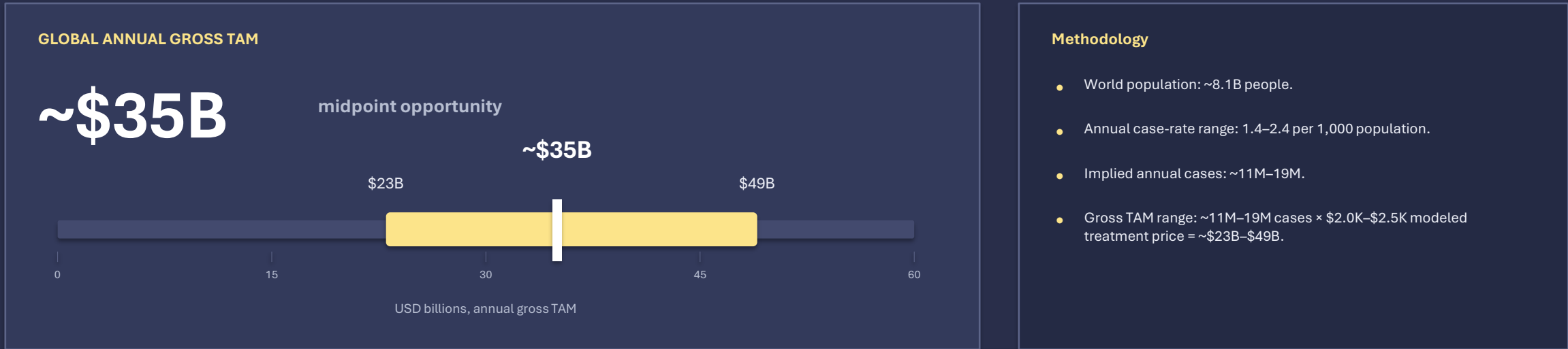
- Frozen Shoulder is characterized by progressive capsular thickening, fibrosis and restriction of active and passive glenohumeral motion.
- Standard care is largely symptomatic: analgesics, physiotherapy, corticosteroid injections, hydrodilatation and refractory surgical release.
- No approved disease-modifying pharmaceutical therapy specifically targets the underlying fibrotic pathology of Frozen Shoulder.
- Patients often move through a long “freezing–frozen–thawing” course, creating a clear need for a targeted local fibrosis-remodeling intervention.



Lead indication: adhesive capsulitis of the shoulder capsule

# Source-Based Frozen Shoulder TAM

The commercial narrative is now anchored on a transparent annual active-treatment population, not a non-deduplicated platform figure.



**Current treated-market context**

External treatment-market research estimates the current global Frozen Shoulder / adhesive capsulitis treatment market at roughly ~\$1B–\$3B, with forecasts reaching ~\$2B–\$4B by the early-to-mid 2030s.

Interpretation: ReGenesis is a latent market-creation opportunity, not a claim that current spend is already \$35B.

**Why not use total prevalence as annual TAM?**

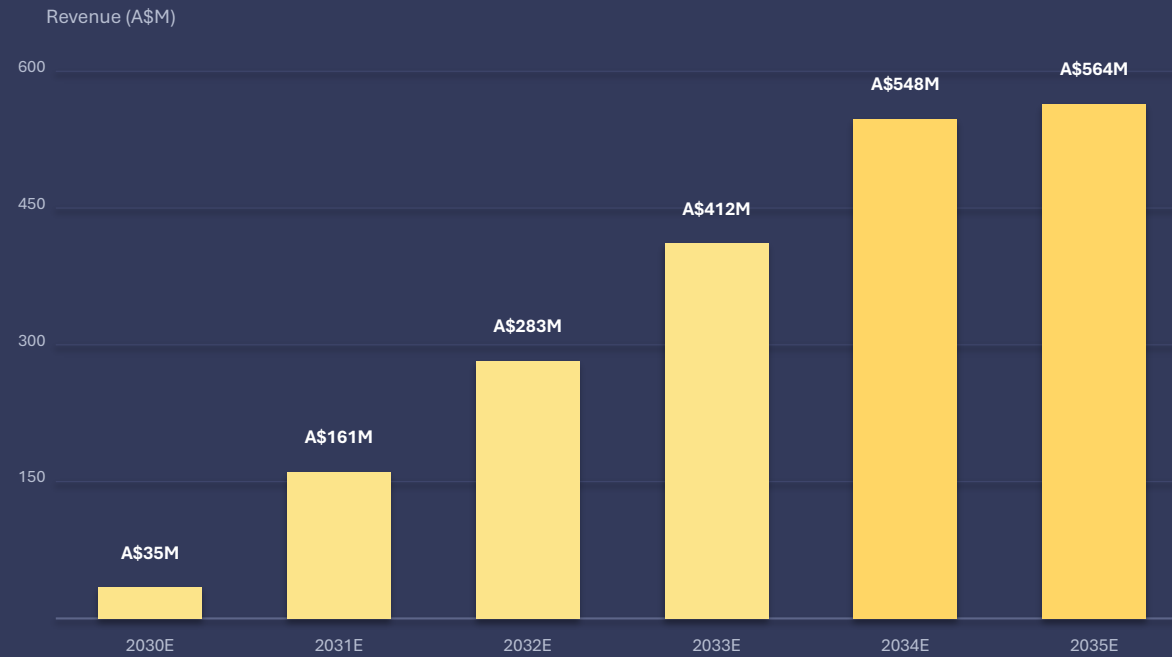
A prevalence pool of ~160M+ people worldwide is useful for understanding disease burden, but multiplying total prevalent cases by price overstates an annual TAM. The deck uses annual active / incident-treatment logic.

Source-based annual TAM: ~\$23B–\$49B; deck midpoint: ~\$35B.

# Core-Market Launch Model

Management’s current plan narrows commercialization to Frozen Shoulder first and models a conservative core-market ramp.

## Modeled revenue ramp: Frozen Shoulder lead indication



Illustrative revenue is based on the updated plan’s core geographies and is not the global TAM.

## Key plan assumptions

<b>Target markets</b>	USA / Canada, EU, UK and Japan
<b>Annual incidence</b>	0.5% of adult population; plan notes accepted range of 0.3%–0.7%
<b>Injection treatment share</b>	39% of adhesive capsulitis patients receive injections
<b>ReGenesis share</b>	25% preferred treatment five years after launch
<b>WAC</b>	\$1,500 North America; \$1,200 other countries
<b>COGS</b>	30% of WAC, pending manufacturing validation

Financial table in updated plan: revenue reaches ~A\$548M in 2034 and ~A\$564M in 2035 under the core-market launch case.

# Product Concept & Mechanism

The proposed kit is positioned as an office-based injectable biologic approach targeting capsular fibrosis at the source.

## PROPOSED REGENESIS KIT

- Clinically-ready syringe kit: lyophilized drug combination, sterile water and anesthetic needle.
- Injection is intended to soften the thickened shoulder capsule and stiffened ligaments.
- Designed for appropriate outpatient use without operating-room escalation.

### 01 tPA activates plasminogen

Converts endogenous plasminogen to plasmin locally.

### 02 Plasmin activates collagenase cascade

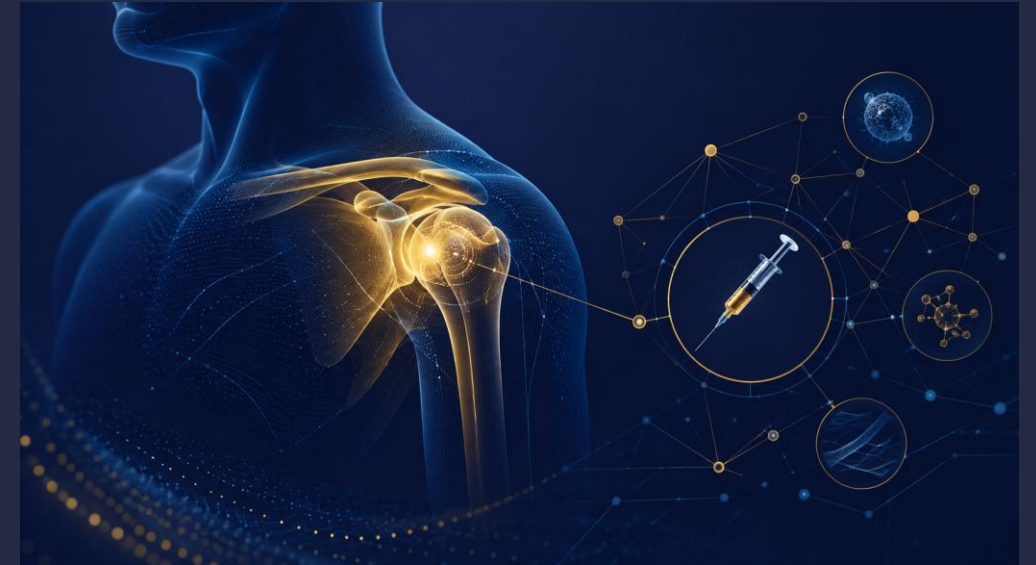
Promotes controlled remodeling of collagen-rich fibrotic tissue.

### 03 Hyaluronidase improves tissue diffusion

Reduces extracellular-matrix resistance and enhances penetration.

### 04 Goal: restored mobility

Reduce capsular stiffness, improve ROM and function.



Designed to “dissolve what surgery cuts” by activating endogenous tissue-remodeling pathways.

# Why Frozen Shoulder First?

Lead-indication selection reflects patient availability, clear endpoints, and strategic relevance to orthopedic care.

## 01 Large patient pool

Frozen Shoulder is common, under-served and visible to primary care, orthopedics, sports medicine and pain clinics.

## 02 Objective documentation

Range of motion, pain and function scores can be measured reproducibly; outcomes are less subjective than hand-opening assessment.

## 03 No disease-modifying drug

Current treatments generally reduce pain or mechanically stretch/release the capsule, without targeting fibrosis biology directly.

## 04 Commercial wedge

A successful shoulder proof point creates strategic relevance to orthopedic and specialty-pharma buyers while preserving platform optionality.

**Proposed frozen shoulder endpoints to validate with advisors: external rotation / abduction ROM, pain score, SPADI / DASH-like functional scores, rescue therapy, safety and durability.**

# Current Treatment & Competitive Landscape

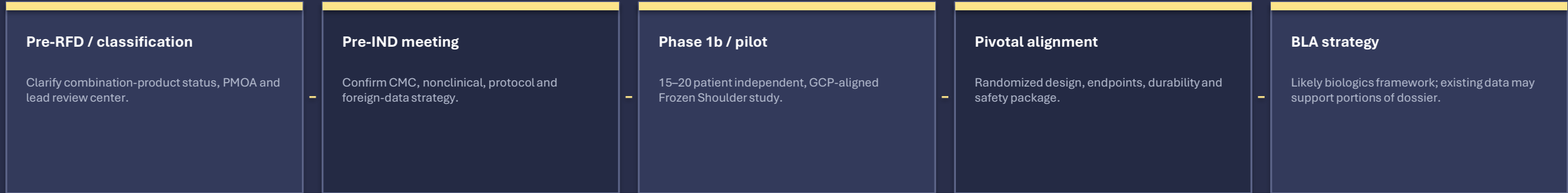
Existing care pathways create a wide gap between symptom management and invasive release procedures.

Approach	Role in care	Key limitation	ReGenesis positioning
NSAIDs / analgesics + PT	First-line symptom control and mobility maintenance	Variable outcomes; recovery may take months to years	Potential earlier local fibrosis intervention
Corticosteroid injection	Short-term pain reduction in inflammatory phase	Often temporary; not disease-modifying; weaker in diabetics	Designed to address fibrotic pathology directly
Hydrodilatation	Capsular distension to improve motion	Procedural; variable durability and repeat-treatment burden	Office-based injectable without mechanical distension thesis
MUA / arthroscopic release	Reserved for refractory or severe cases	Invasive, costly, rehab burden and procedural risk	Non-surgical pathway before operating room escalation
PRP / biologics / cell therapies	Investigational adjunct approaches	Inconsistent evidence; no established disease-modifying standard	Mechanism-based remodeling with established components

Investor takeaway: the target market has meaningful treatment activity today, but lacks a validated, office-based, disease-modifying pharmaceutical option for capsular fibrosis.

# Regulatory & Clinical Strategy: De-Risk Before Scaling

The near-term objective is to confirm classification, product configuration and FDA-usability of early evidence.



**Regulatory logic**

Because the program includes a biologic component and may be a combination product, the formal route should be confirmed with FDA early. The plan should avoid over-reliance on a simple 505(b)(2) narrative and frame prior approvals as supportive, not determinative.

**Frozen Shoulder pilot design considerations**

Independent investigator, ethics approval, GCP documentation, baseline-to-follow-up ROM / pain / function assessment, local tolerability, rescue therapy and data capture suitable for FDA discussions under foreign-clinical-data expectations.

# Development Timeline & Use of Proceeds

The updated plan positions the first financing around regulatory clarity, Phase 1b validation and IND-readiness.



## Initial round: A\$4.0-4.5M

Intended to fund regulatory advice, gap analysis, Australian Phase 1b / pilot study, FDA engagement and IND preparation.

Management plan also references ~A\$20M over three years to reach IND acceptance and pivotal-study readiness.

## Value inflection from this round

Clear classification, defined product configuration, independent human pilot data and a data-room package suitable for larger financing, strategic partnering or licensing discussions.

# Investment Highlights

A focused Frozen Shoulder proof point can unlock orthopedic, specialty-pharma and platform-expansion optionality.

## Large market, corrected TAM

Source-based annual TAM midpoint of ~\$35B with current treated-market spend far smaller.

## Human signal to validate

200+ real-world treatments across fibrotic disorders with no serious adverse events reported in management materials.

## Unmet medical need

No approved disease-modifying pharmaceutical therapy for the fibrotic pathology of Frozen Shoulder.

## Low-friction care setting

Office-based kit concept may reduce operating-room burden and patient downtime if validated.

## IP / exclusivity narrative

Management materials cite patents granted in key markets and protection through 2042.

## Strategic exit paths

Orthopedic, sports medicine, pain, biologics and specialty-pharma buyers can all underwrite a successful shoulder asset.

**Core thesis: ReGenesis is built on a credible ~\$35B gross annual TAM, a conservative core-market launch model, and near-term regulatory / clinical milestones — not inflated prevalence-based market math.**

# Sources, Methodology & Teaser Caveats

All partner-identifying source material has been sanitized; this deck uses the Project ReGenesis codename throughout.

## Primary management materials used

- Updated confidential business plan focused on Frozen Shoulder first, dated May 2026 / uploaded June 2026.
- Intelligenzia Capital Management investment teaser template and logo assets.
- Previously prepared Project ReGenesis sanitized materials and regulatory strategy notes, with codename-only language retained.
- All instances of the partner/company name were intentionally excluded from the presentation.

Internal management claims used in the deck, including human-treatment experience, IP status, financial projections and capital requirements, remain subject to diligence and legal / regulatory verification.

## Frozen Shoulder TAM source basis

- U.S. Census Bureau International Database projection: world population ~8.1B in 2025.
- Rangan et al. / BMJ: annual prevalence estimate of 1.4 per 1,000 patients in a UK study.
- Swiss Medical Weekly burden study: 2.4 per 1,000 / year incidence cited for adhesive capsulitis.
- Annual cases calculated as ~11M–19M globally; TAM range calculated using \$2.0K–\$2.5K gross treatment price.
- Precedence Research and Zion Market Research used only as current treated-market context, not as full latent TAM.

Teaser caveat: This presentation is confidential and preliminary; it is not an offer to sell securities. Clinical, regulatory, CMC, patent, market-size and financial claims require independent diligence.