

November 29, 2022

National Stock Exchange of India Limited, Compliance Department, Exchange Plaza, Bandra Kurla Complex, Bandra (East), Mumbai - 400051, Maharashtra, India **BSE Limited,** Compliance Department, Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai - 400001, Maharashtra, India

Dear Sir/Madam,

Subject	:	Updated Investor Presentation
Stock Code	:	<u>BSE – 539787, NSE – HCG</u>
Reference	:	<u>Regulation 30 and Part A of Schedule III of SEBI (Listing Obligations and</u> Disclosure Requirements) Regulations, 2015

Further to the intimation dated October 14, 2022, we are submitting herewith the updated Investor Presentation.

Request you to take this on record.

Thanking you,

For HealthCare Global Enterprises Limited

Sunu Manuel Company Secretary & Compliance Officer

Encl: a/a.

HealthCare Global Enterprises Limited

HCG Tower, # 8, P Kalinga Rao Road, Sampangi Rama Nagar, Bangalore - 560027. 080 33669999 | info@hcgoncology.com | www.hcgoncology.com | CIN : L15200KA1998PLC023489



HEALTHCARE GLOBAL ENTERPRISES LIMITED





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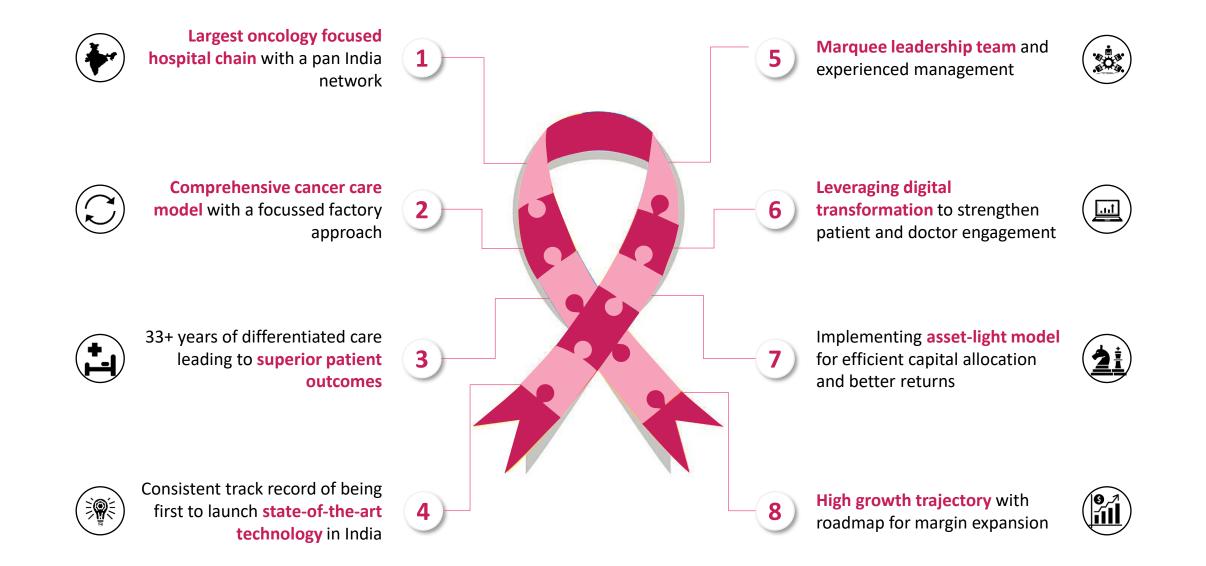
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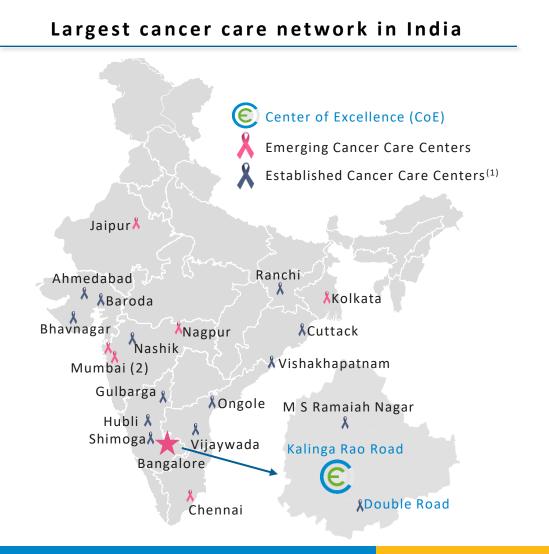




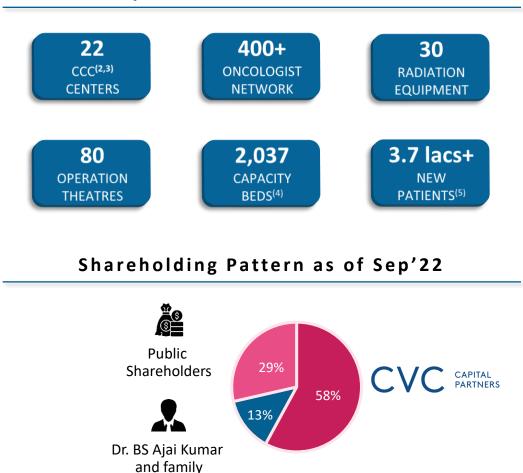
Largest Pan-India Oncology Hospital Chain



Best-in-class cancer care by adopting globally acclaimed practices and state-of-the-art technology



33+ years of Clinical Excellence



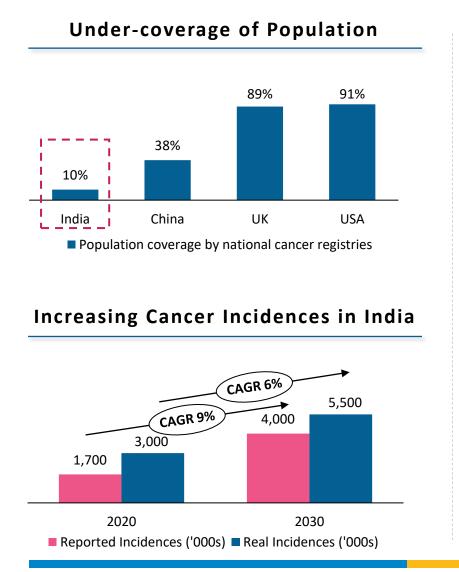
(1) Established centers were operational before 2017; (2) Includes 1 in Kenya. Bhavnagar multispecialty also includes comprehensive cancer care and included in CCC count; (3) CCC – Comprehensive cancer care center, defined as offering surgical, medical and radiation oncology onsite, along with diagnosis / PET CT in some cases; (4) Includes multispecialty beds; (5) New patient registrations in last 5 years in oncology

4

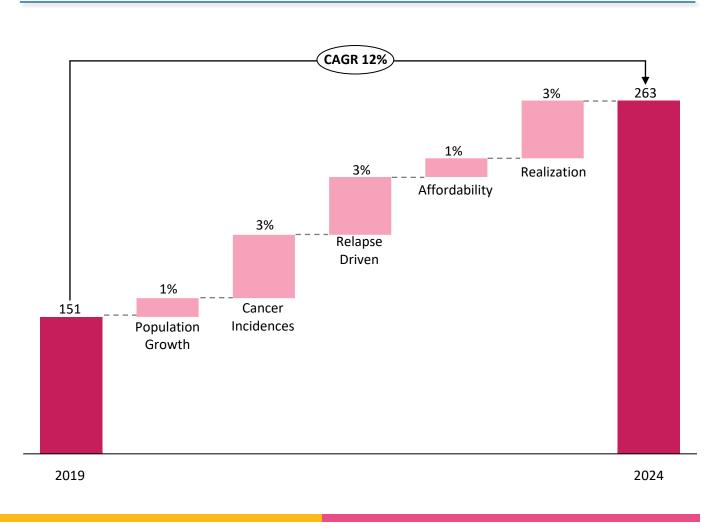
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High Patient Volume driving Oncology Growth in India





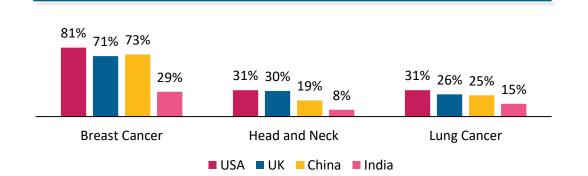
Indian Cancer Care Industry (INR bn) – Projected Growth



Source: Globacan 2018, ICMR, NCRP Annual Report 2020, Industry Reports

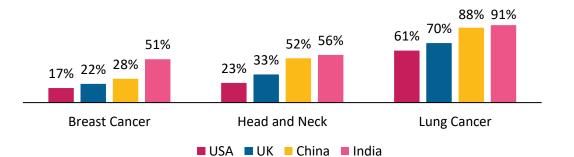
High Growth Headroom due to Low Population Coverage



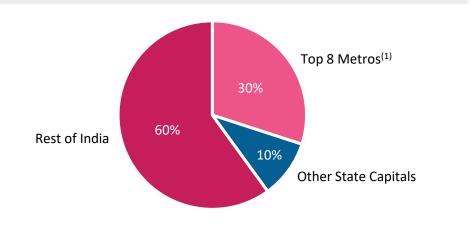


Low Early-stage Diagnosis in India ...

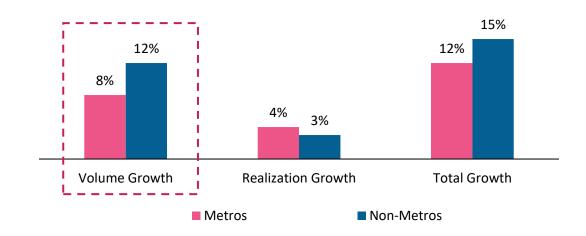
...leading to High Mortality to Incidence Ratio



Majority of the Comprehensive Cancer Centers concentrated in Metros...



...but Non-Metros to Grow Faster than Metros mainly driven by Volume Growth (FY19-FY24)

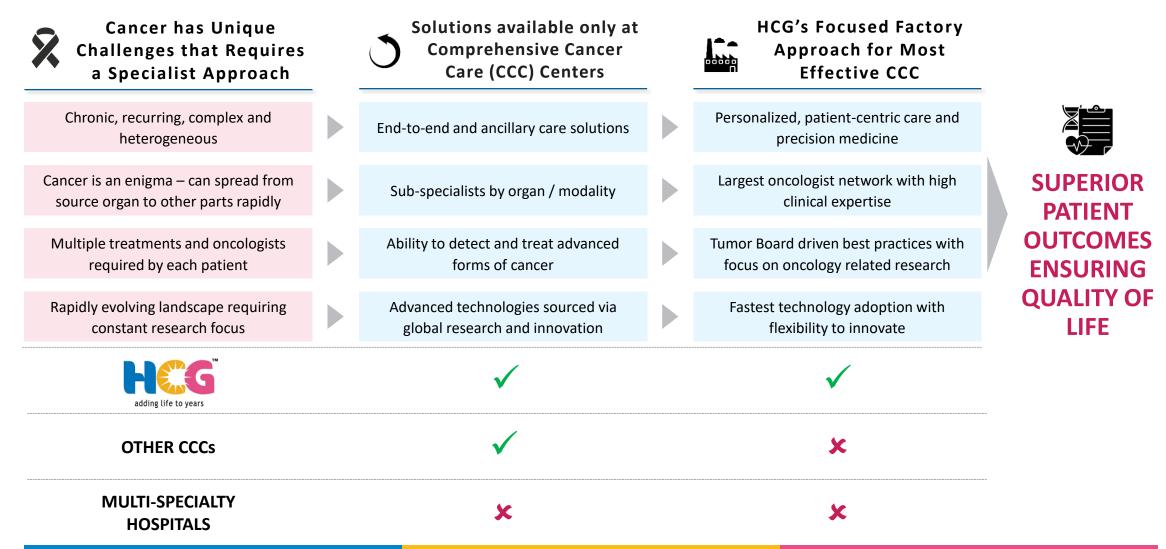


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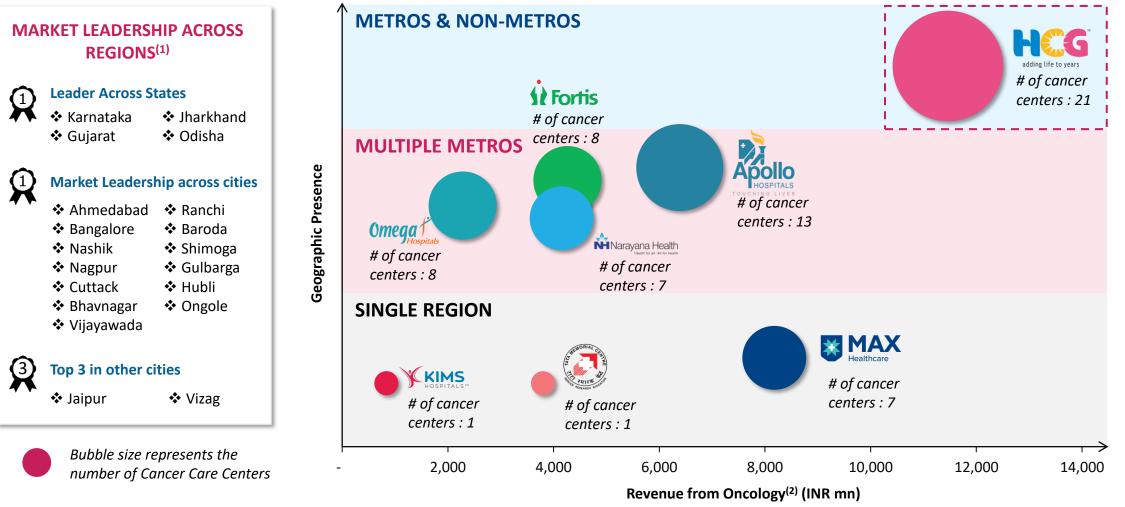
Cancer requires specialized care available at focused players only, with emphasis on clinical expertise



Dominant Network in Cancer Care with Market Leadership across 13 out of 18 Cities



HCG is committed to provide last mile cancer care across India and is the largest player with >1.6x footprint of CCCs as compared to the next largest player



(1) Market position by revenue based on management estimates. For private oncology players only (excluding trusts, government hospitals); (2) FY21 revenue for Tata Memorial Hospital - Mumbai, Apollo and Omega, FY22 revenue for all others. Note: Oncology share is assumed to be 100% for Tata Memorial and Omega Hospitals. For Apollo Hospitals, only hospital revenue (Healthcare Services) is considered

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Successfully Decoded Non-metro Business Model

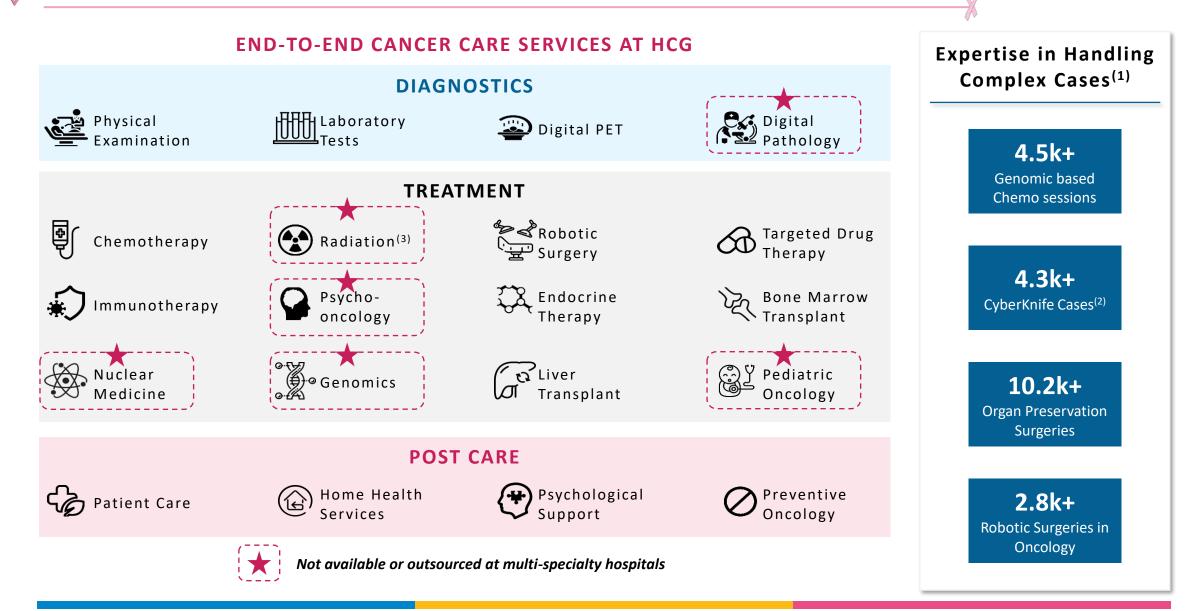


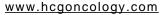
MARKET LEADER IN ALMOST 9 NON-METRO CENTERS WITH SUCCESSFUL SCALABLE **ALL NON-METRO CENTERS HIGH-TEEN ROCE NON-METRO MODEL** adding life to years Jaipur 👗 13 12 9 9 Baroda Ranchi Key Parameters⁽¹⁾ Non-Metro Metro Cuttack Bhavnagar Nashik **N**Vishakhapatnam **Revenue CAGR**⁽²⁾ 18% 17% Gulbarga Ongole Hubli Vijaywada Shimoga **Average EBITDA %** 25% 23% All Non->15% >20% Payor Mix⁽³⁾ > 15% 84% **52%** Market Leadership (11) **EBITDA** Metro **EBITDA** ROCE⁽¹⁾ Top 3 in other Non-metro Centers (2) Centers Margin Margin



One Stop Solution with Superior Clinical Expertise

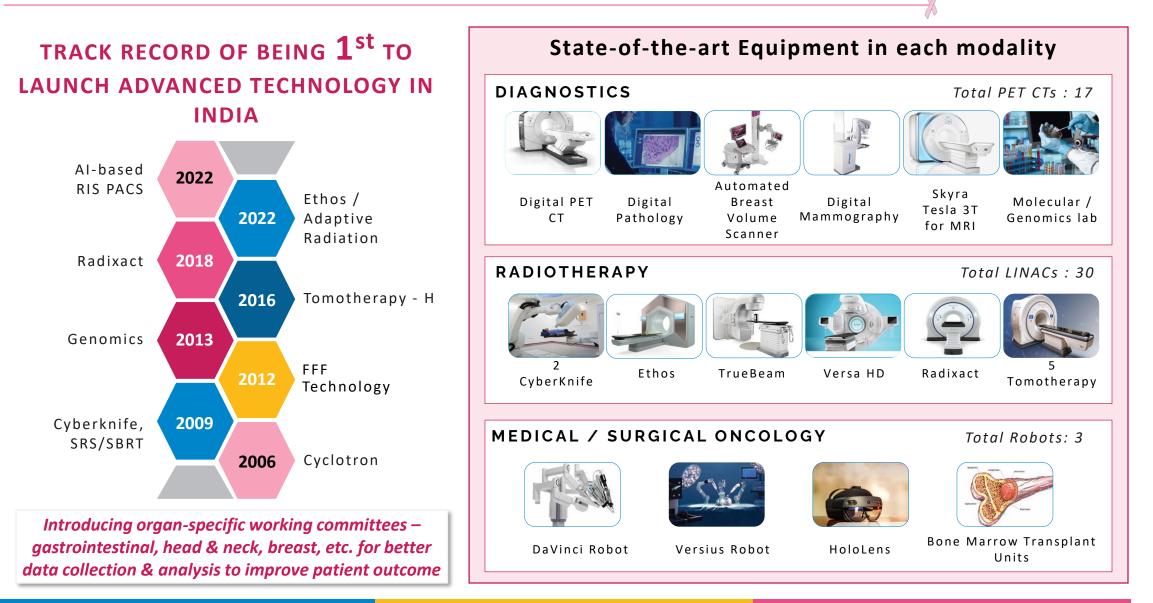






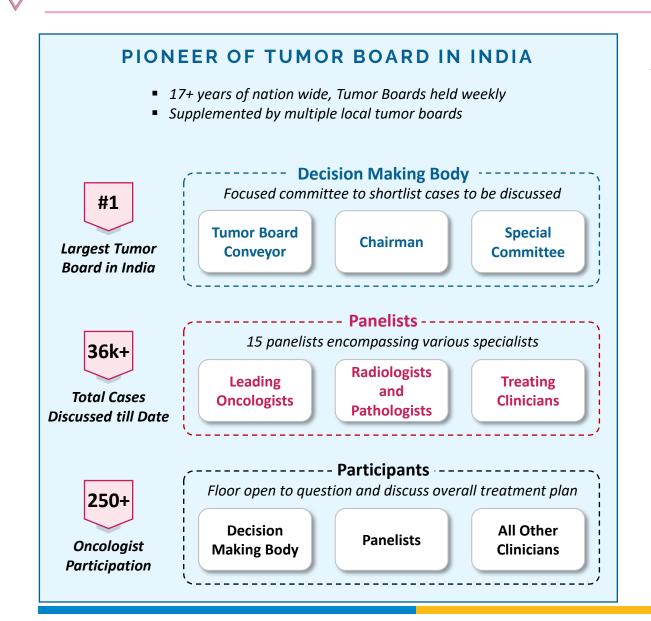
Many Firsts of Cutting-edge Technology Introduction for Integrated Cancer Care





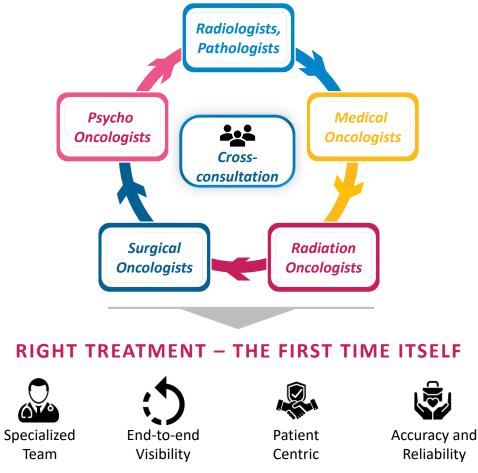
Tumor Board based Treatment Approach for Patients





Tumor Board Approach

Case-specific panel curated involving multiple specialists for planning and implementing efficient treatment



Led by Board of Directors comprising of Industry Veterans



Dr. BS Ajai Kumar Executive Chairman

Visionary and key driving force of HCG, with an aim to make advanced cancer care accessible



Siddharth Patel

Non-Executive Non-Independent Director Partner at CVC. 20+ years of leading successful investments across sectors globally



Amit Soni

Non-Executive Non-Independent Director Partner at CVC. 15+ years of investment experience including General Atlantic and 3i



Anjali Ajaikumar Rossi Executive Director - Strategy

Social entrepreneur with over 12+ years in healthcare; focused on guality and strategy



Jeyandran Venugopal Non-Executive Independent Director

20+ years in technology & product innovation; Currently Chief Product Officer Flipkart



Pradip Kanakia Non-Executive Independent Director

36+ years in audit and governance. On the Board of JM Financial, Camlin Fine Science etc.

Raj Gore Whole-time Director and CEO Seasoned healthcare leader with 20+ years in management across North America, Asia & Africa



Abhay Prabhakar Havaldar Non-Executive Independent Director Established General Atlantic's India Office. Board member of Jubilant Foodworks, IBS Software etc.



Geeta Mathur Non-Executive Independent Director Experienced finance professional, serving on Boards of India Infoline, Sentiss Pharma etc.



Rajagopalan Raghavan Non-Executive Independent Director 30+ years of leadership experience. Currently serving as Head of HR at Indigo Airlines

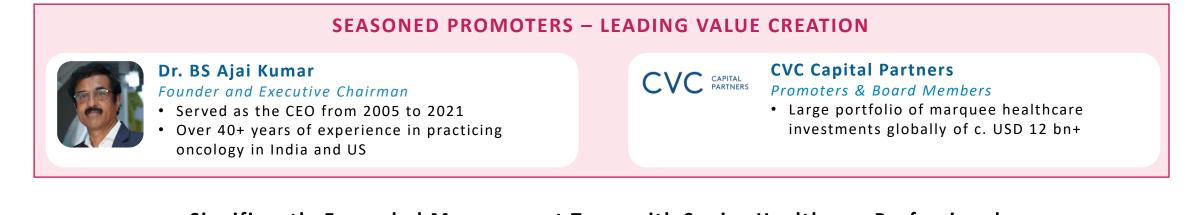




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Marquee Management Team supported by Experienced Promoters





Significantly Expanded Management Team with Senior Healthcare Professionals

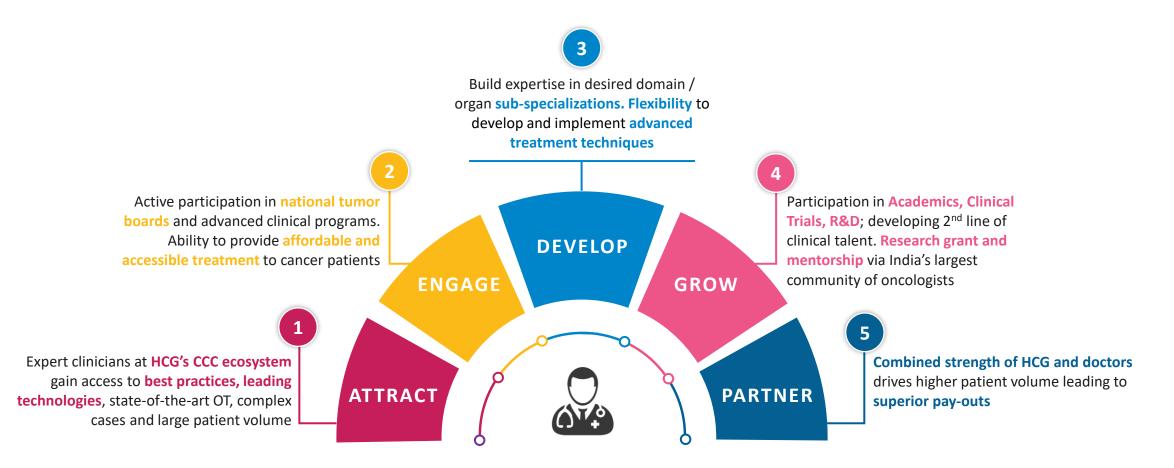
Raj Gore CEO	Srinivasa Raghavan CFO	Dr. Bharat Gadhavi Head-Gujarat	Deepti Tewari Head HR	Ashutosh Kumar Strategy	Sudeep Dey CIO	Vineesh Ghei Head Sales	Sapna Agarwal Head of Operations	Madan Sampath Supply Chain	Stuti Jain Head Marketing
20+	25+	20+	20+	13+	20+	25+	15+	15+	15+
Fortis	CSC Ø	stering Because life matters	Emirates Executive	Here The Specialist in Cancer Care			Kokilaben Dhurubha Amban Kokilaben Dhurubha Amban Kory Lér Mater	COLUMBIA ÁSIA	Fortis
New Hires since 2020 Existing Management									

Total years of experience

Unique Oncologist Engagement Model to Develop and Retain Expert Clinicians



HCG has emerged as a major hub for attracting and developing top clinical talent, with its unique offerings of multi-modality learning and sub-specialization expertise providing very high value proposition





Leveraging Digital Transformation to Reshape Patient and Partner Engagement



KEY DIGITAL TRANSFORMATION IMPERATIVES FOR HCG 2.0



Increasing reach and awareness





Ecosystem of digital healthcare

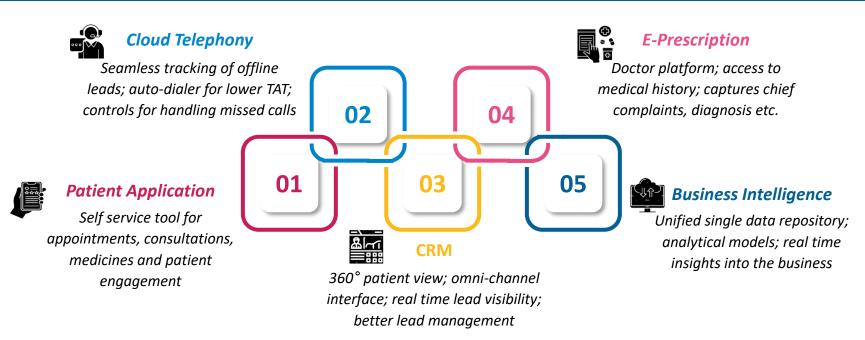


lifecycle management convenience



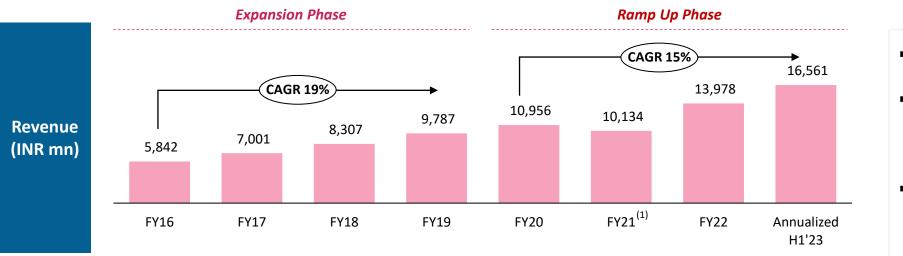
Digitalized post *discharge engagement*

Transforming Patient Journey - Optimizing Engagement

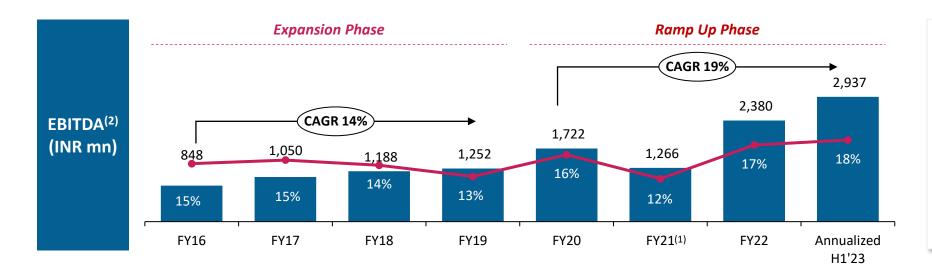


Proven Track Record of Outperforming the Industry





- Consistently upward revenue trajectory
- Expansion mode by setting up new cancer centers till FY19 to achieve large scale
- Demonstrated high growth post Covid across centers



- Strong improvement in profitability
- Subdued in expansion phase due to setting up new centers
- Significant scale benefits; outpacing revenue due to operating leverage

(1) FY21 and H1'22 impacted due to covid-related headwinds (2) EBITDA, post-corporate expenses. EBITDA for FY20-FY22 is after IND AS 116 adjustments

Improved Performance Leading to Profitability

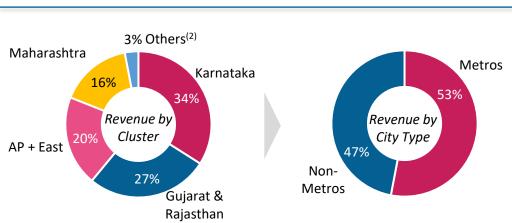




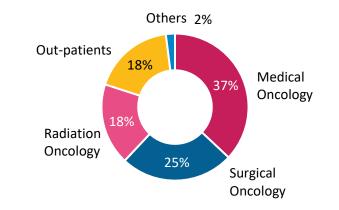
(1) Includes loss due to exceptional items of INR 847 mn (2) Includes gain on exceptional items of INR 1,401 mn

High Revenue Growth with Well-diversified Segments

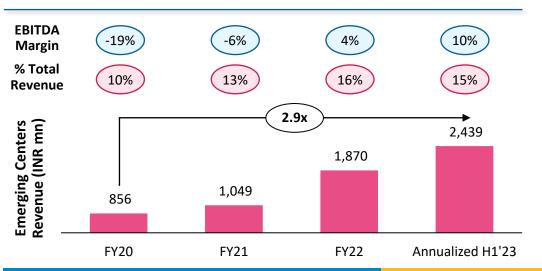




Expansive Geographical Presence⁽¹⁾ Diversified Revenue from Various Modalities⁽¹⁾



Emerging Center Turnaround



- Ramp Up of Emerging Centers: Revenue contribution by Emerging Centers increasing consistently
- **Low Geographical Risk:** Diverse geographical spread reducing revenue concentration and dependence
- Multi-Modality: Revenues spread across modalities reducing concentration risk further
- Not Constrained by Beds: Significant portion of revenue not dependent on in-patient beds; surgical and medical oncology (partially) requires in-patient beds

(1) For H1'23; (2) Includes Chennai and Kenya Revenues includes only Oncology business

Strong Operating Metrics with Significant Capacity Headroom



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Key Driver	Metric Indicator	% Revenue	Q2'22	Q1'23	Q2'23
# New Registrations ('000)	Lead indicator of Volume Growth; key operating metric tracked by HCG; has correlation to out-patient revenue	20%(1)	18	10% 20	20
Chemo Sessions dministered ('000)	Key indicator for Medical Oncology; procedures are primarily day care oriented with no capacity constraint	35%	27	20% 31	32
LINAC - Capacity Utilization ⁽²⁾	Key indicator for Radiation Oncology; availability of LINACs is the only capacity constraint; further augmenting capacity by 20%	20%	62%	68%	68%
In-Patient Bed Occupancy ⁽³⁾	Indicator for Surgical Oncology ; with decreasing ALOS and flexibility to add balance non-operational capacity beds, not a capacity constraint operationally; additional 203 beds available to be made operational	25%	53%	61%	61%

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(1) Revenue % for out-patient and others only; (2) Total radiation patients treated stands at c. 5,000 in Q2'23; (3) Total in-patient bed capacity for oncology is 1,412 beds and operational beds is 1,209. This excludes 287 day-care beds and 338 multispecialty beds



Visible growth opportunities supported by proven brand-driven play, professional approach and ready capacity

	Demand Driven	 Strong growth across regions aided by market leadership and high incidence growth Existing facilities have significant capacity to support the growth 	
Consistent Growth in Existing Business	Digital Transformation	 Management led initiatives to boost digital presence and integrate end-to-end patient engagement; driving higher growth and better realizations 	Strong business and returns
	International Medical Tourism	 Focus on expanding international presence and increasing revenue share in attractive geographies 	profile with deeper market penetration
B Brownfield / Greenfield Expansion			

		At the right inflection point to scale-up through additional business adjacencies	
С	Inorganic Expansion	 Playbook of making smart acquisitions and driving sustained growth post integration - only realistic buyer for standalone cancer hospitals in India; successful track record of acquiring and scaling hospitals 	Potential
D	Clinical Trials & Diagnostics ⁽¹⁾	 Very low existing scale with 3-4 years of experience; finalizing business plans for significant expansion Capital adjacent opportunity; high potential to expand EBITDA without significant capex 	incremental growth

Capital Light

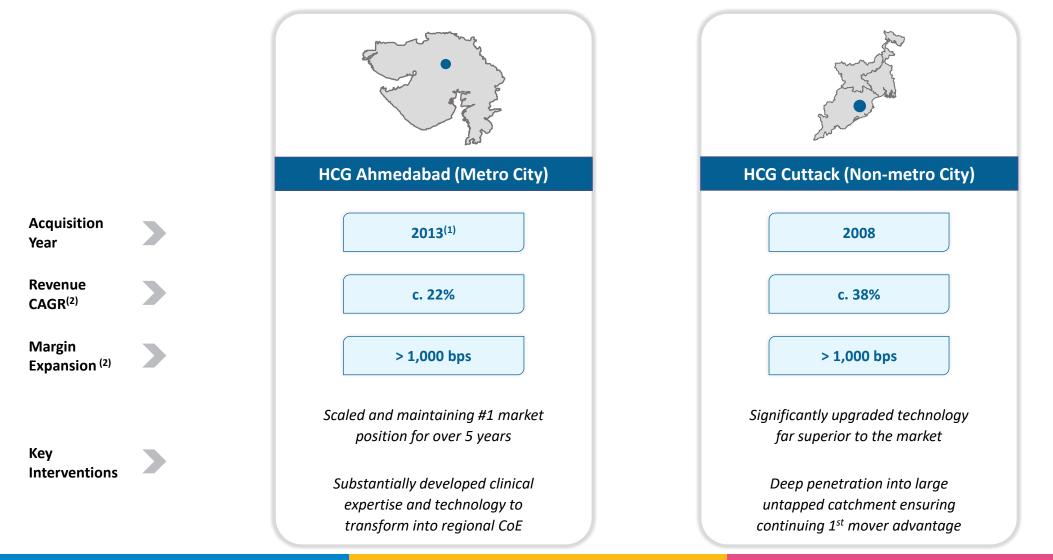
Capital Led

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Successful Playbook of Smart Acquisitions and Driving Sustained Growth Post Integration



Time tested and highly replicable model of consistent revenue growth and profitability across geographies



(1) HMS (multispecialty) was acquired in 2007 but the comprehensive cancer care unit – HCC was demerged in 2013; (2) Till FY22



Established Model for Generating Healthy Return on Capital



ROCE from Oncology Centers (post corporate expenses)

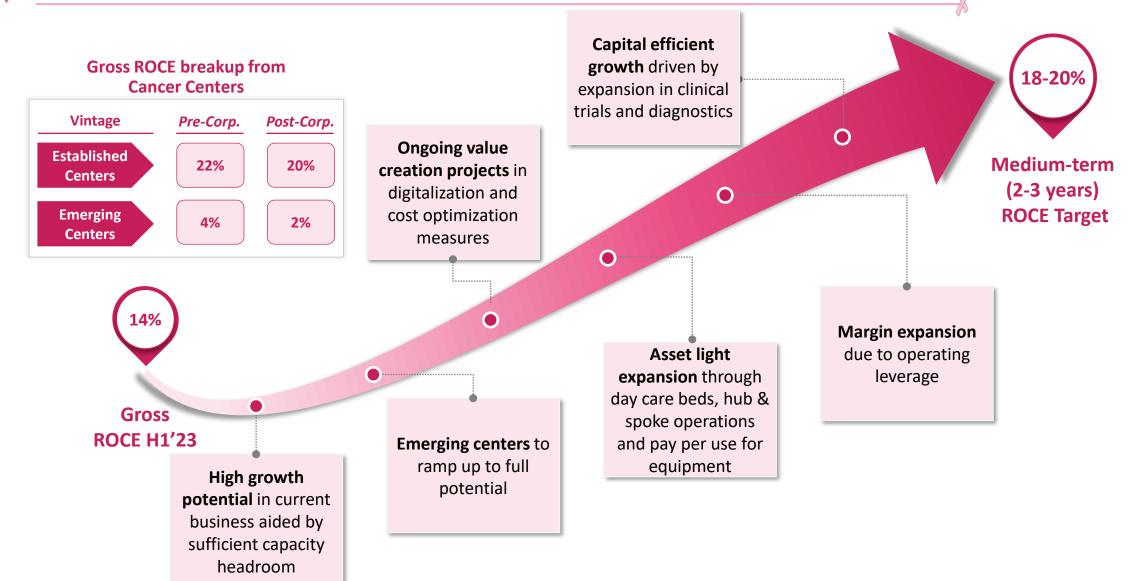
Particulars (INR mn)	Gross PPE ⁽¹⁾ (A)	Gross ROU (B)	Gross Block (A+B)	Net Block ⁽²⁾	NCA ⁽³⁾	EBITDA ⁽⁴⁾	EBIT ⁽⁴⁾	Gross ROCE	Net ROCE
Established Centers	8,905	3,254	12,159	6,985	1,242	2,642	1,724	20%	21%
Emerging Centers	3,737	1,946	5,683	4,095	169	89	-311	2%	-7%
Total – Oncology Centers	12,642	5,199	17,841	11,080	1,411	2,732	1,413	14%	11%

- Gross ROCE has been computed as EBITDA / Gross Capital Employed⁽⁵⁾
- Net ROCE has been computed as EBIT / Net Capital Employed⁽⁶⁾
- Established Centers are generating high returns due to efficient asset turnover and strong project execution capabilities
- Capital employed for Emerging Centers has been utilized mainly for metro centers at Mumbai and Kolkata
- Significant scale up in Emerging Centers (Kolkata and Mumbai) is expected by FY24, which will lead to steady improvement in ROCE

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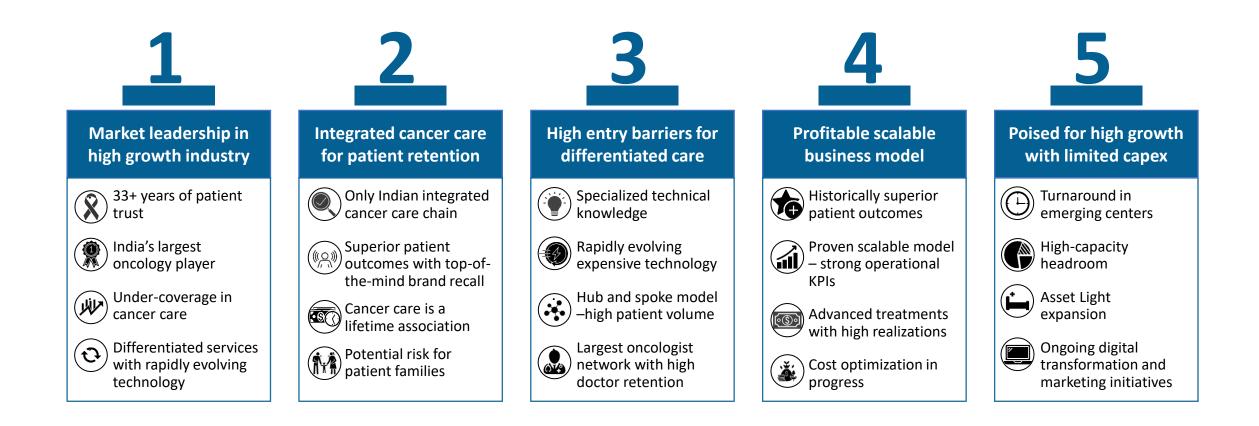
Platform for Attractive Returns with Efficient Capital Allocation and Asset Light Expansion





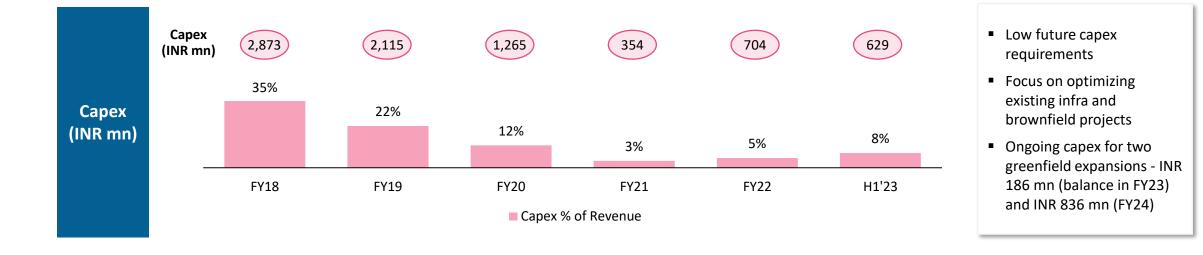
HCG: Unique Long-term Value Creation Opportunity in Single Specialty Healthcare

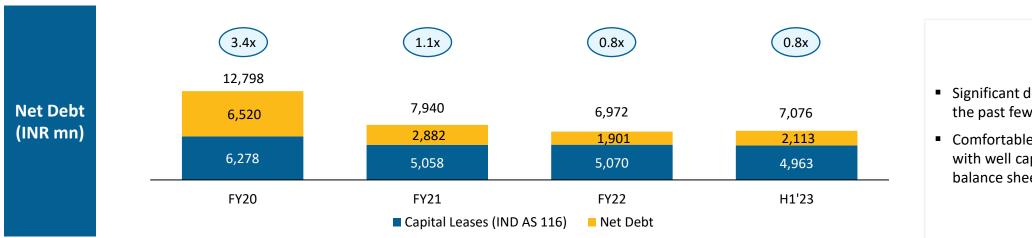




Strong Financial Profile with Low Leverage and Reduced Capex Needs







Significant deleveraging in the past few years
Comfortable debt position with well capitalized balance sheet







APPENDIX



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adding life to years

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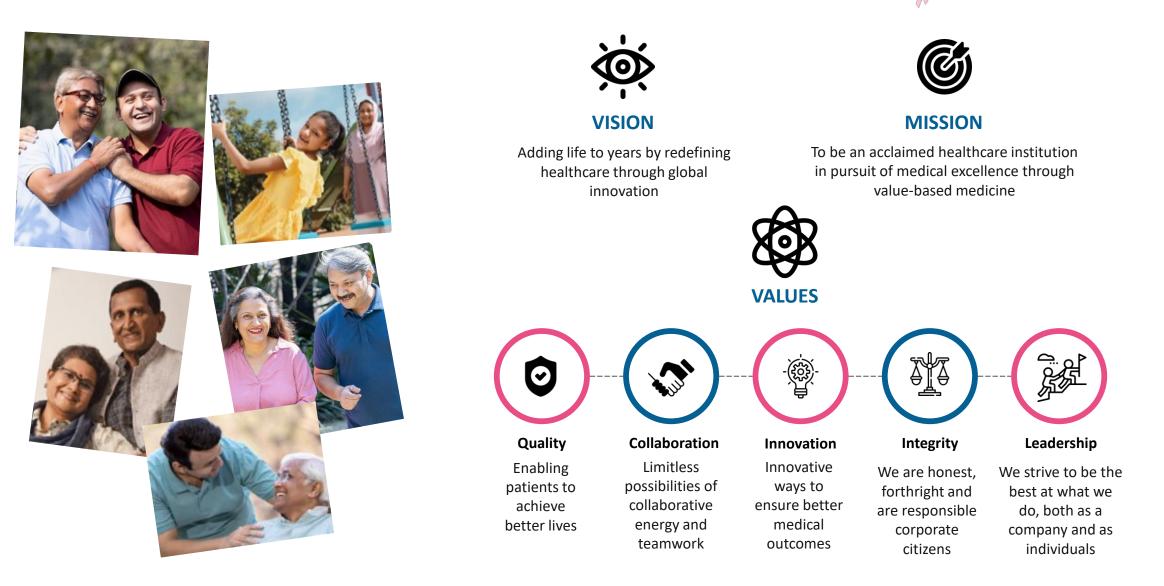
HCG, Bangalore

VALUES AND RECOGNITION



At the Forefront of the Battle against Cancer

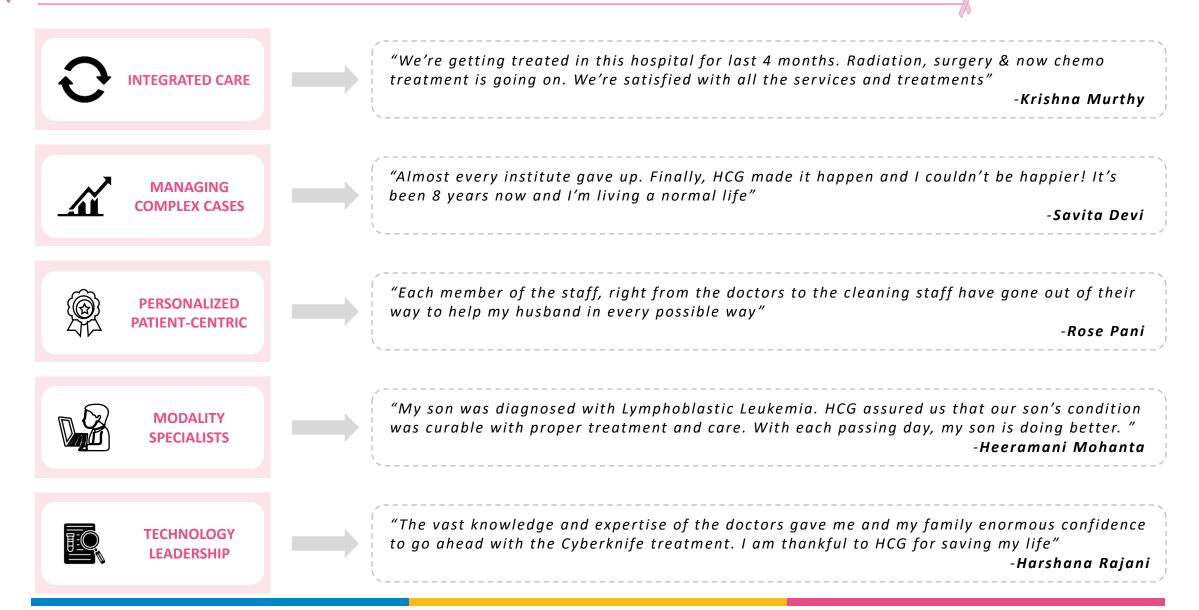






Enduring Patient Trust for 33+ Years











The quality indicators by HCG suggest that the experienced quality of care at HCG is high. The outpatient satisfaction ratio was **87.4%** on average during 2018 while the inpatient satisfaction ratio was similarly high at **86.5%**. This is high when compared with, for example, the Overall (inpatient) Patient Experience Score of **76.2% for NHS hospitals in the UK** during 2018-19







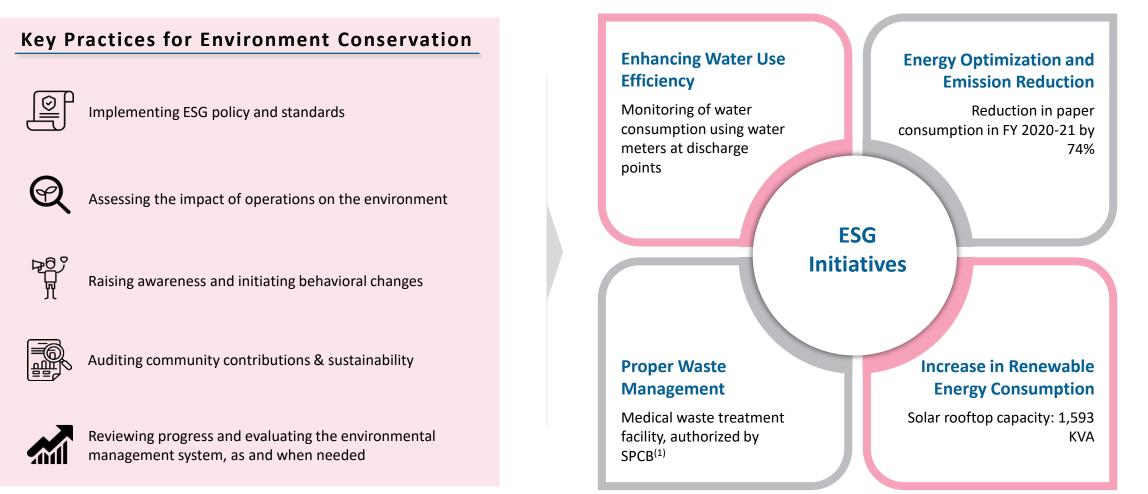




Setting Standards in ESG for conserving Natural Capital

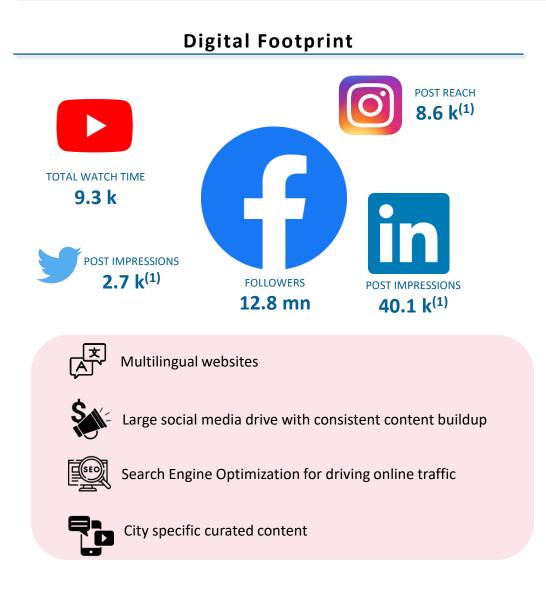


Pioneer among hospitals to adopt Integrated Reporting (IR) Framework in FY19, with disclosures covering performance against Financial, Manufactured, Social, Intellectual, Natural and Human Capital

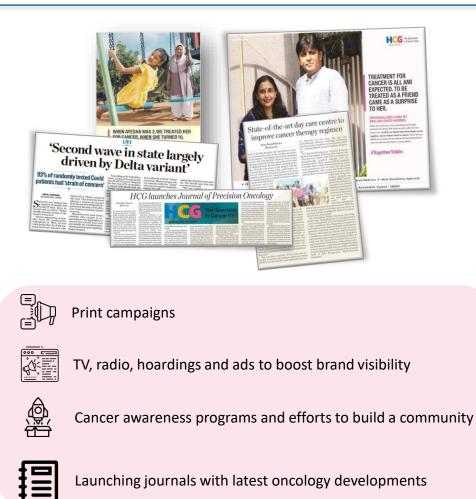


Expansive Brand Outreach across Channels





Offline Channels



(1) As of July 2022





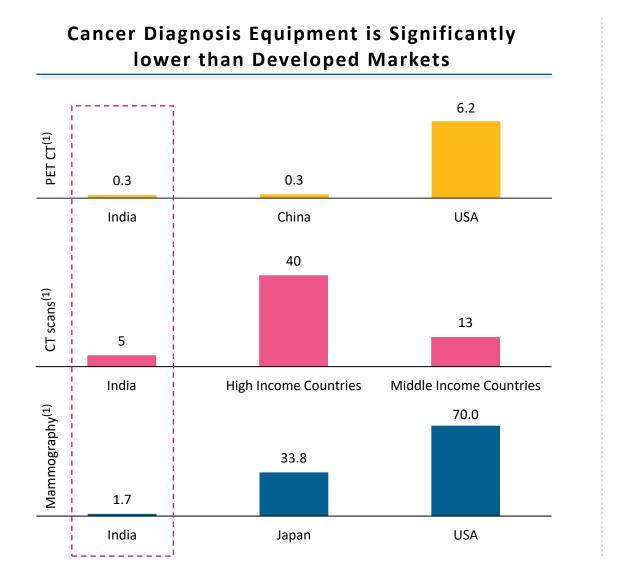


INDUSTRY OVERVIEW

HCG, Borivali

India has Inadequate Infrastructure for Diagnosis and Treatment of Cancer





Lack of Access to Cancer Treatment Equipment in India Radiotherapy⁽¹⁾ 7.6 0.8 0.4 India China USA 11.9 LINAC's⁽¹⁾ 0.7 0.3 India China USA Cancer incidence per LINAC 3,216 3,144 419 China USA India

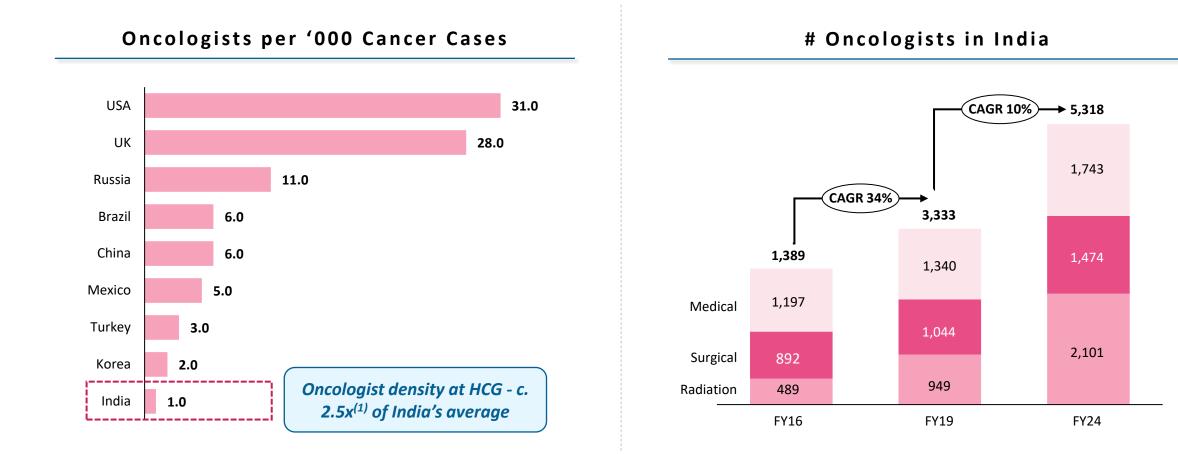
Source: Industry reports; (1) Per million population

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Oncologist Density in India is one of the Lowest Globally but is likely to grow by c. 60% cumulatively till FY24



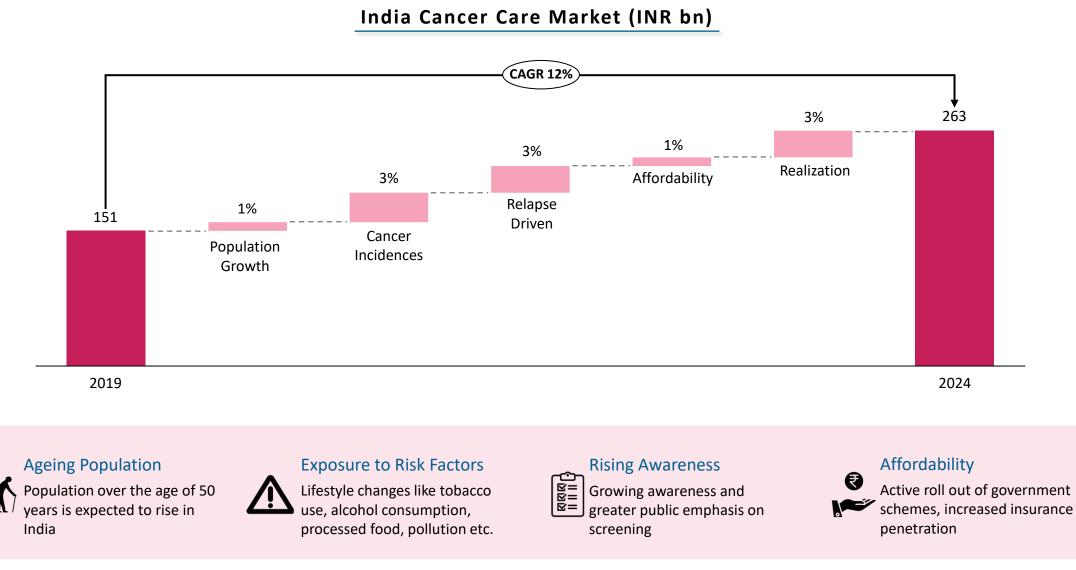
HCG currently represents the largest community of oncologists in India with over 2.5x India's average oncologist density



Source: Industry reports, A&M analysis; (1) As of FY22

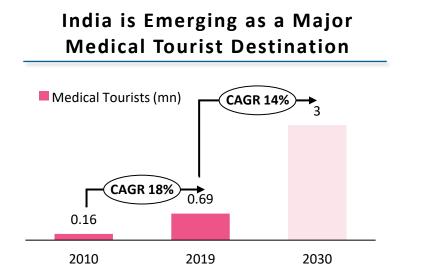
High Patient Volume driving Oncology Growth in India





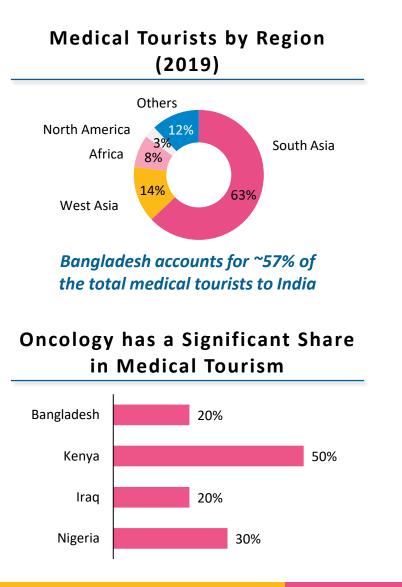
Quality and Economical Care is driving International Medical Tourism Industry in India





India Offers High Value for Money in Healthcare

Treatment (INR)	USA (PPP Adjusted) ⁽¹⁾	India	
Chemotherapy	6,15,000	1,95,000	
Surgery	6,60,000	80,000	
Radiation	4,80,000	80,000	



Quality Care

Growth

Drivers



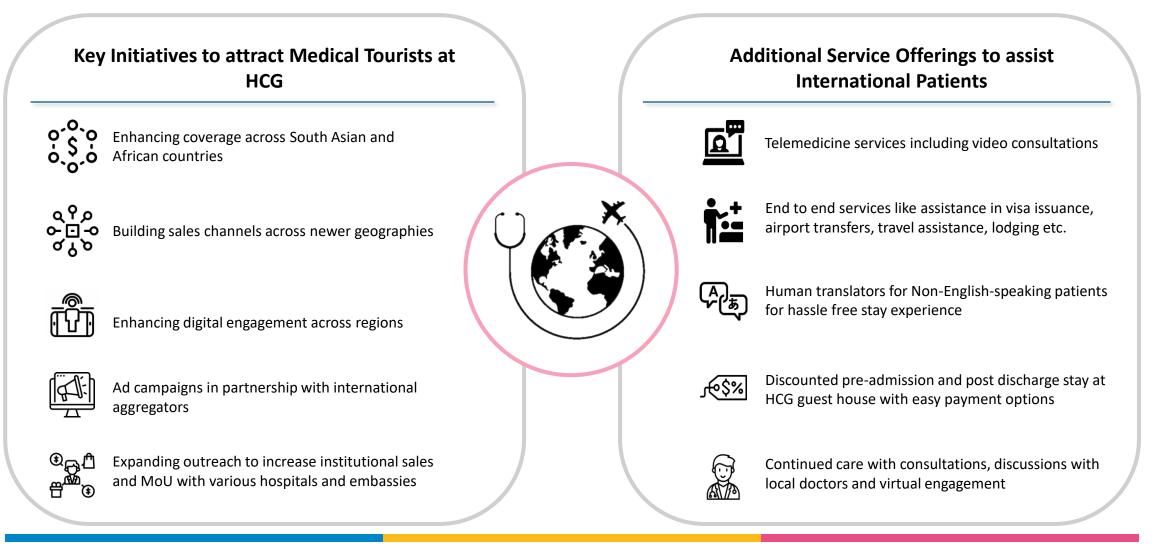
Government Initiatives



Increased emphasis to boost presence in International Medical Tourism



Focused on expanding revenue from international medical tourism which has grown to c. 1.5x pre-covid levels







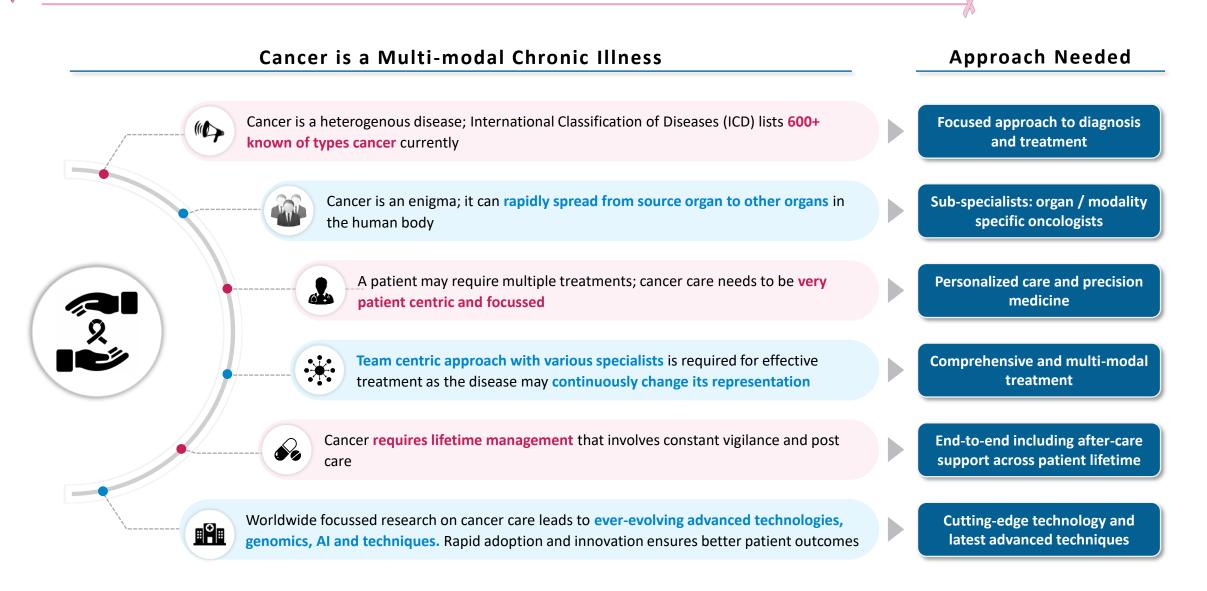


HCG, Kolkata

COMPREHENSIVE CARE MODEL

Cancer poses Unique Challenges and requires Dedicated Treatment Approach



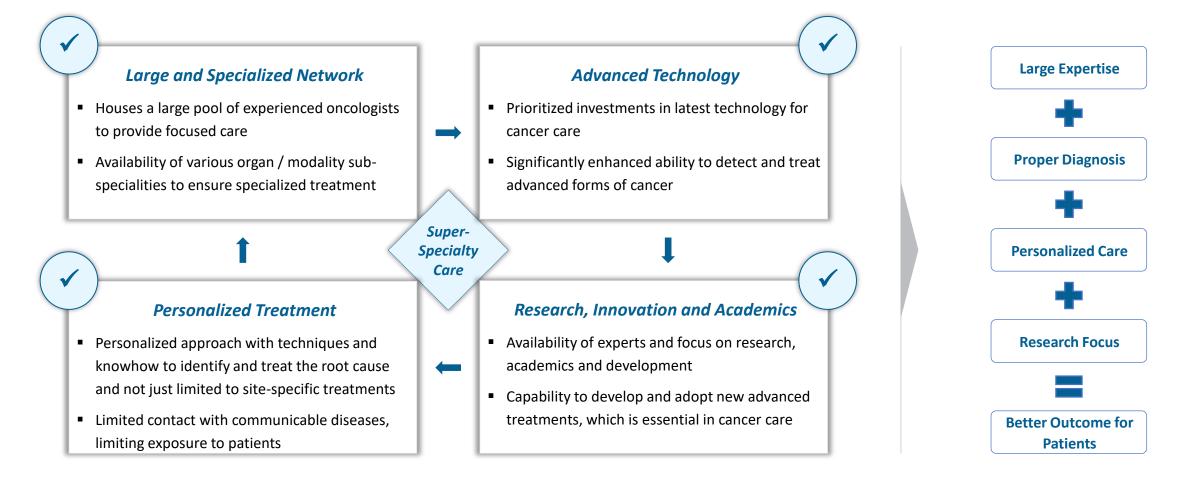


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Cancer requires emphasis on expertise over convenience to ensure best case scenario for improving patients' lives

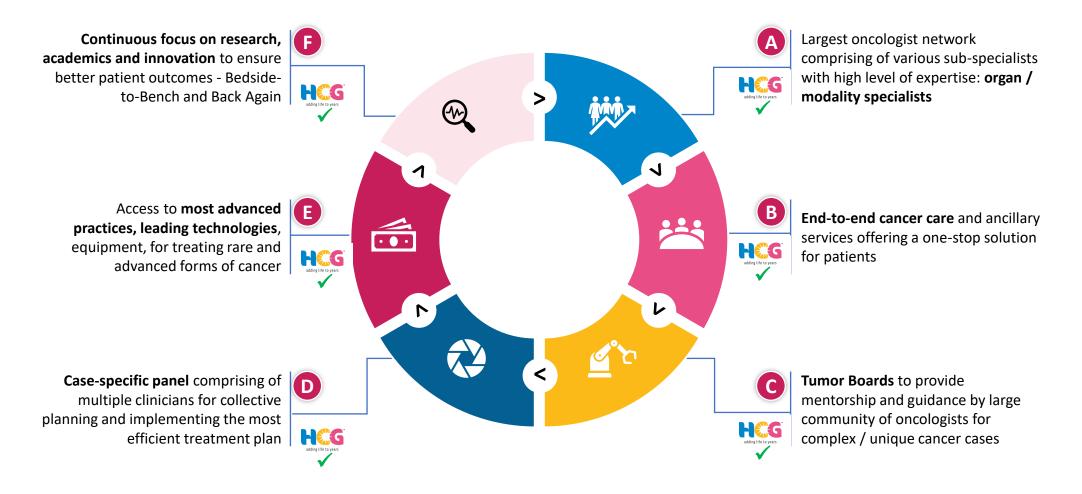




HCG demonstrates all the components for Comprehensive Cancer Care Framework



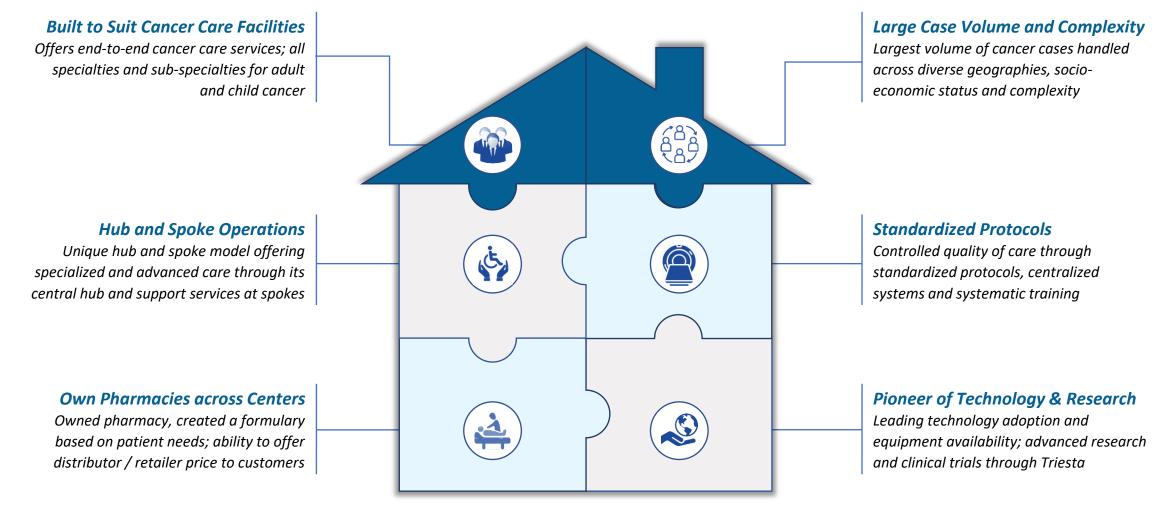
Comprehensive care is required to preserve and maintain quality of life. Exhaustive diagnosis and accurate treatment limits the advancement of cancer towards recurring or complex tumors



HCG's Differentiated Focused Factory Approach



HCG offers a vertically integrated one-stop solution for its patients, which has been recognized by Harvard Business School as the Focused Factory Approach for cancer care







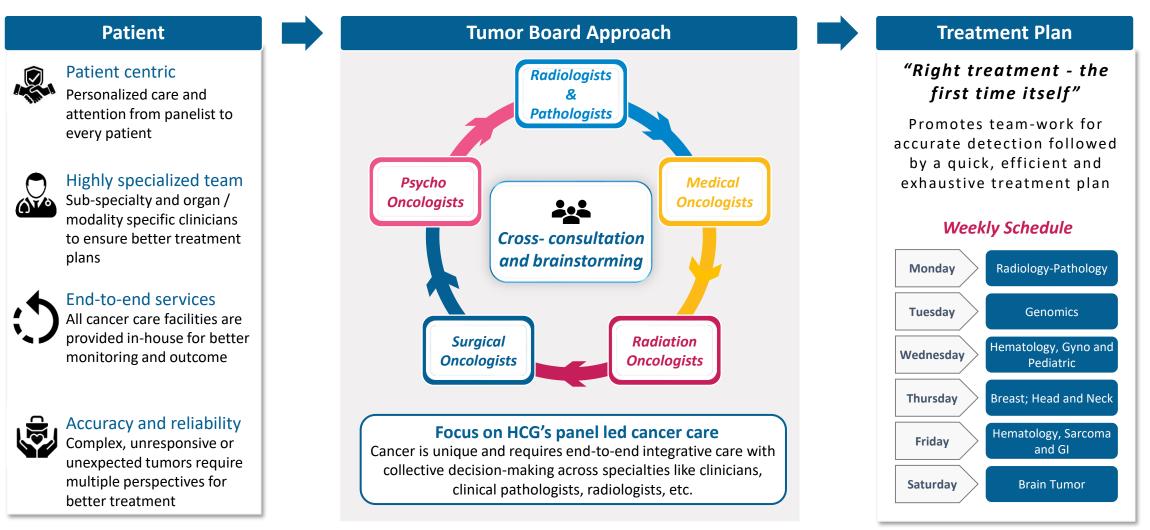


HCG, Kenya

TUMOR BOARD APPROACH

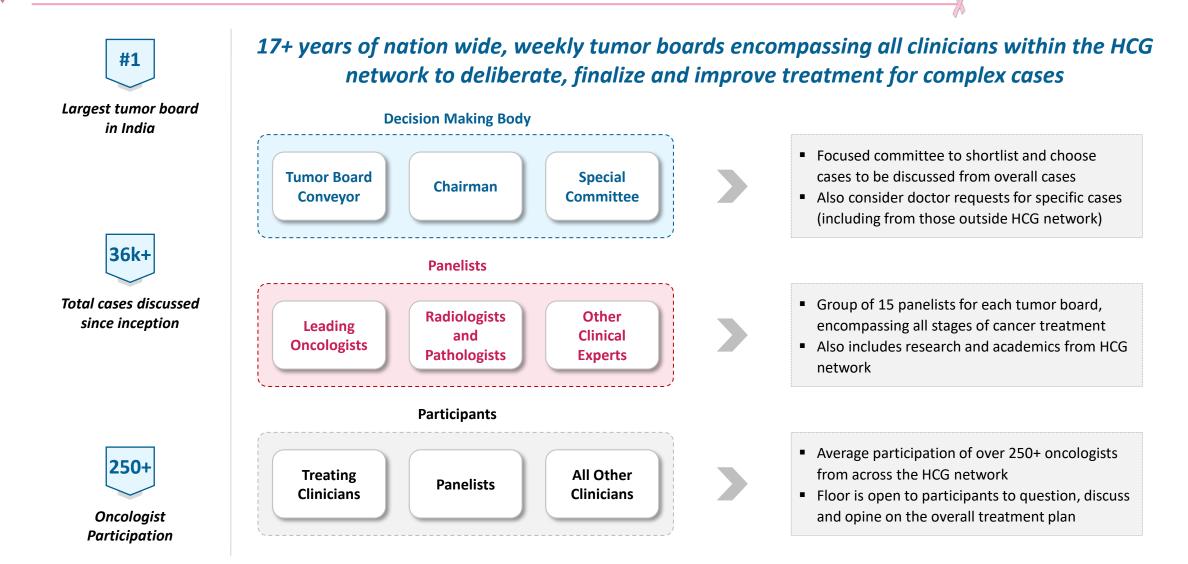


HCG offers patients with a case-specific panel curated for faster implementation of efficient treatment plan



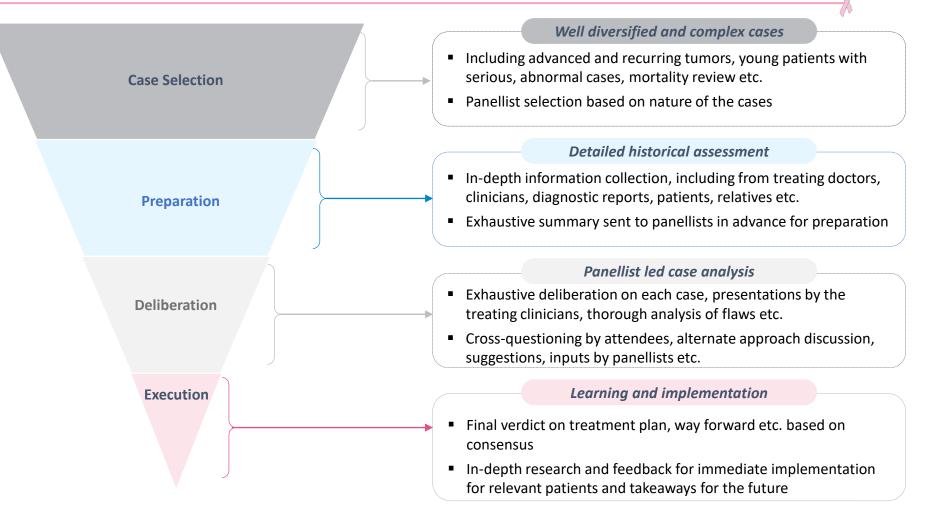
Pioneer of Tumor Board Approach in India





Class Leading Multi Disciplinary Tumor Board – Planned, Programmed and Result Oriented

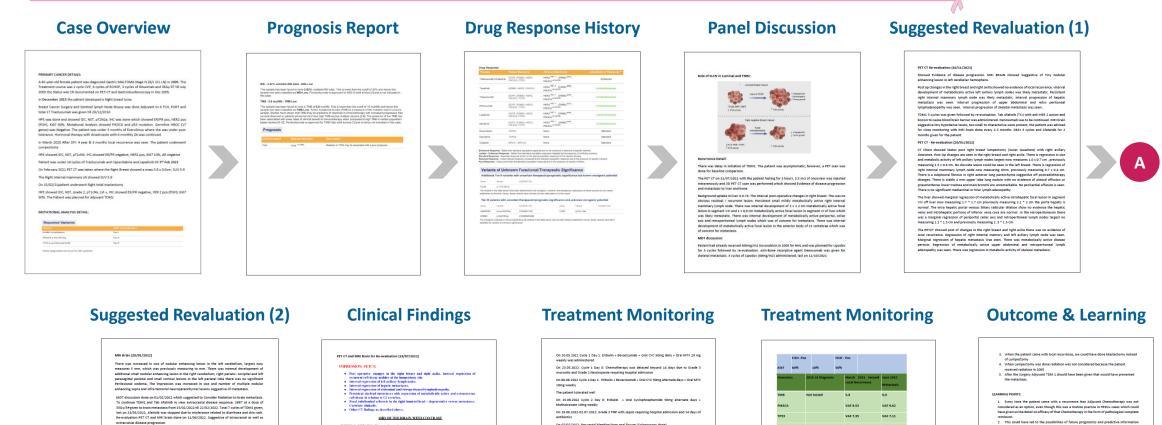




Ability to provide best-in-class care and cross-functional expertise to patients, coupled with unmatched learning potential for all clinicians involved

Sample Tumor Board Report (10 pages)





Biopsy from Liver metastasis:

HPE showed Metastatic Ductal Carcinoma. IHC showed ER 3/8 PR 6/8 HER2 0. TSO-500 (14/06/2022): PH/SCA, TP53 (no ER852 amplification), MS-low, TM8 8.9 Systemic therapy of Eribulin + Bevacizumab - 2 cycles was given and Oral Cyclophosphamide +

Radiation: WBRT. RT to spinal metastasis for pain Nuclear Medicine: YAPI therapy - Lu177 based on 16/05/2022, Re-evaluation imaging (15/07/2022) - Jorital response

CT and MRI Brain for Re-evaluation (19/07/2022)	
IPRESSION: PETCT:	
Prix specific single is the sight sent and sight selfs. Introd regression of regression of the structure program. Sight selfs the sight selfs is the sight selfs. The sign selfs are significant selfs are significant selfs are significant selfs are significant selfs in the significant selfs are self-significant	
MRLOF THE BRAIN WITH CONTRAST	
<u>LINICAL DETAILS</u> : Metasta fe carrinom breast. ungured with prior MRI scass study dated 11.04.3022 E <u>CINIQUE</u> : Post united Ti and FLAIR imaging of basis was performed with 48 channel 3 Tesla Risearce (Sion Stormen). No outbut scassion.	
INDINGS:	
The second secon	
APRESSION: Resolution of neuroparenchymallesians.	
Resolution of neuroparenchymaliestons. Other MB1 feelings as the scalar dishere	

Clinically Simificant Events while on therap

On 23.05.2022: Cycle 1 Day 6: Chemotherapy was delayed beyond 14 days due to Grade 3 mucositis and Grade 2 Neutropenia requiring hospital admission							
On 08.06 10mg we		Day 1: Eribulin	+ Bevacizumab	Oral CVC 50mg alternate days	Oral MTX		
The patie	ent tolerated v	vell					
	6.2022 Cycle exate 10mg w		ulin + Oral C	clophosphamide 50mg alterna	te days +		
On 19.00 antibioti		022: Grade 3 F	NP with sepsis r	equiring hospital admission and	14 days of		
On 07/0	7/2022: Per-re	ctal bleeding fr	rom anal fissure	(Colonoscopy done)			
Current E	vent and Stat	us:					
26.07.20	22 Chemo poi	t flushing					
Develop	ed fever and h	ypotension - se	ptic shock requi	ring ICU admission			
Manager	d conservative	ły					
Noradre	naline support	for 48 hours, 0	themo port was	removed			
Antibioti	ics presently D	ay 7> Blood (culture showed	ositive for B.cepacia			
Persister	nt thrombocyt	openia - 70000	-85000				
IHC	2015 At	March 2020	Feb 2021	June 2022			
	Diagnosis	First Local	Second Local				

0

6

PR 7 0 0

HER2 2+ 3+ 2+

 Filte Area
 Field - Area

 MAX
 MAX
 MAX

 MAX
 MAX
 MAX









ADVANCED ONCOLOGY RESEARCH CAPABILITIES

HCG, Nashik

Sustaining Excellence through Research and Academics



Quality & Research Initiatives

Grants ✓ Grants by Ministry of AYUSH and DST

Clinical Trials

- ✓ Genomics: Mutations & treatment response and outcomes
- ✓ Radiation response & radio sensitivity using radiomics and radio genomics
- ✓ Whole exome sequencing to identify novel targets in head and neck cancers
- Immunotherapy: PDL1 inhibitors, T-cell activation, dendritic cell therapy



Innovation

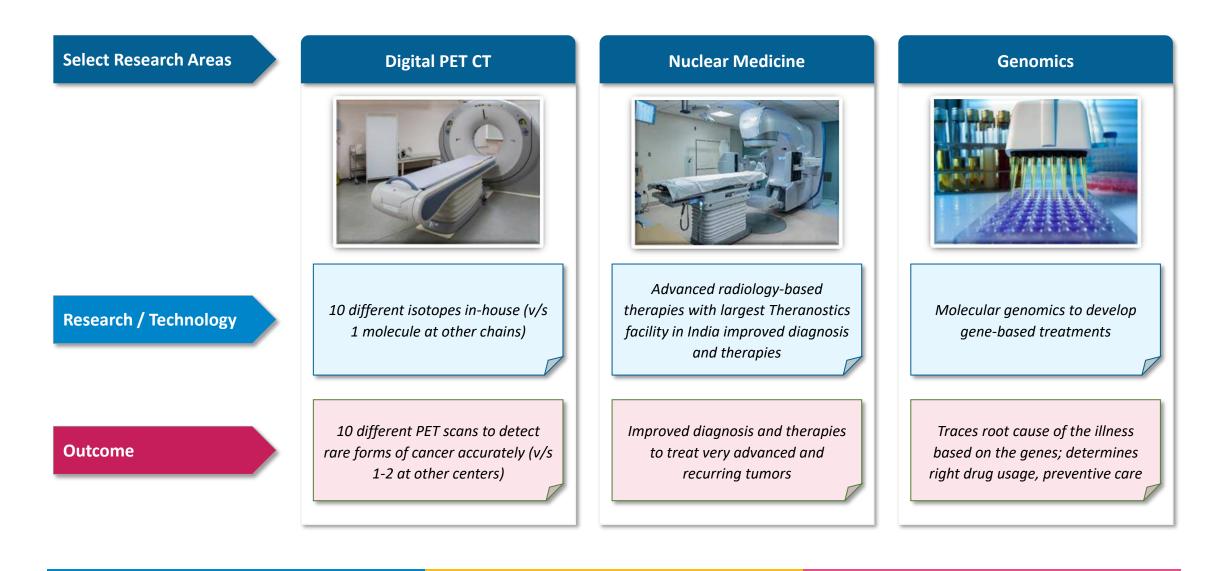
✓ Aum Voice Box: Device made of Silicone, helping Laryngectomy person to regain voice at a fractional cost





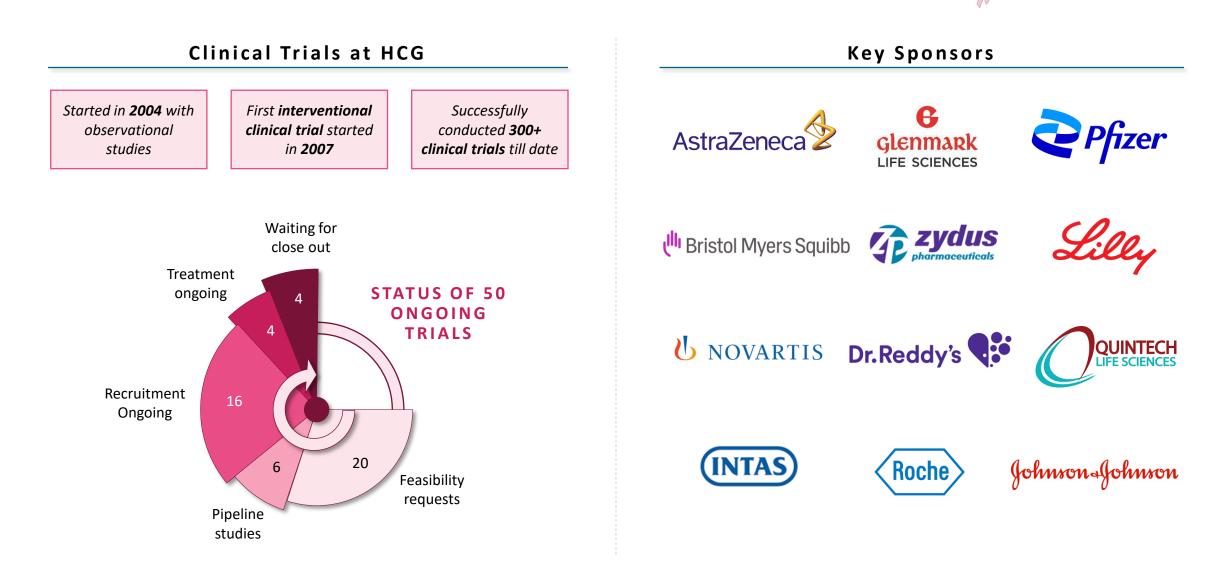
Focused Research Capabilities leading to Better Outcome





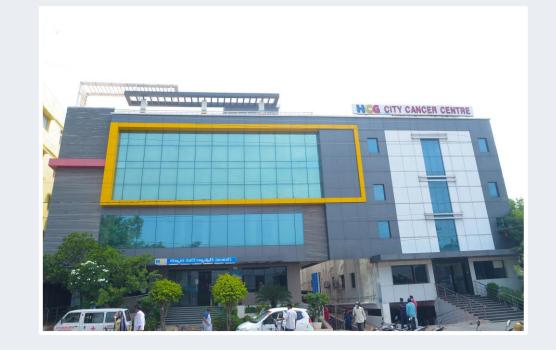










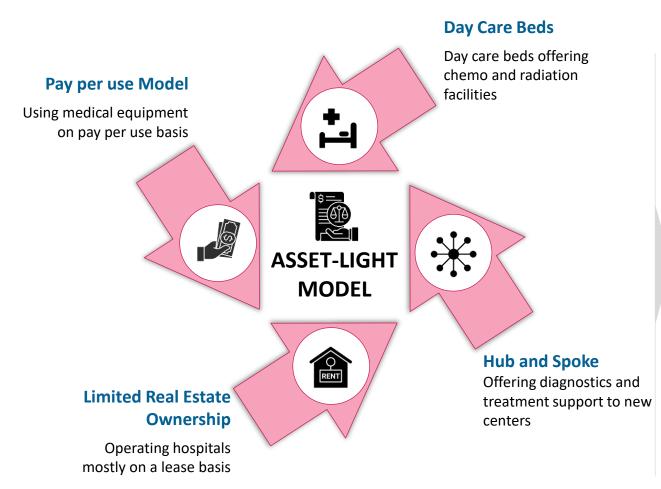


IMPLEMENTING ASSET LIGHT MODEL

HCG, Vijayawada

Implementing Asset Light Model for efficient Capital Allocation







Higher ROCE potential Lower capex leading to higher returns on capital



Flexibility

Day care beds for convenience and scalability



Wider Reach

Hub and spoke and day care model increase the reach to non-metro India



Lower Setup Cost

Leasing of properties lowers the initial setup cost



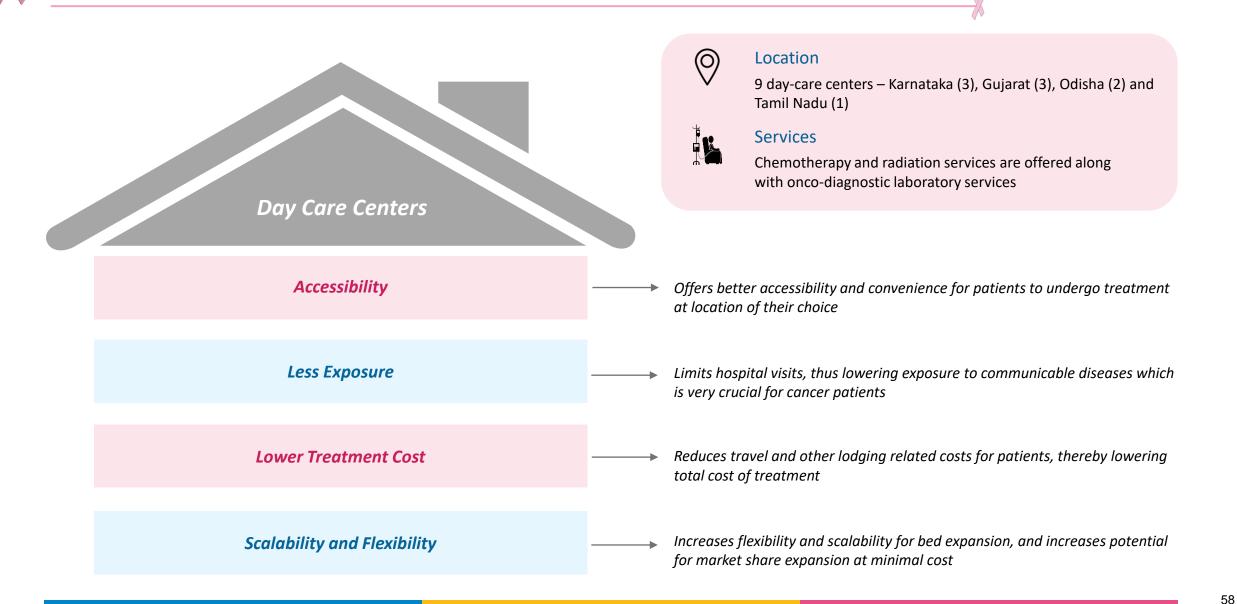
Lower Technology Upgradation Cost

Pay per use equipment lowers the technology upgradation cost



Day Care Centers for Enhancing Accessibility and Scalability

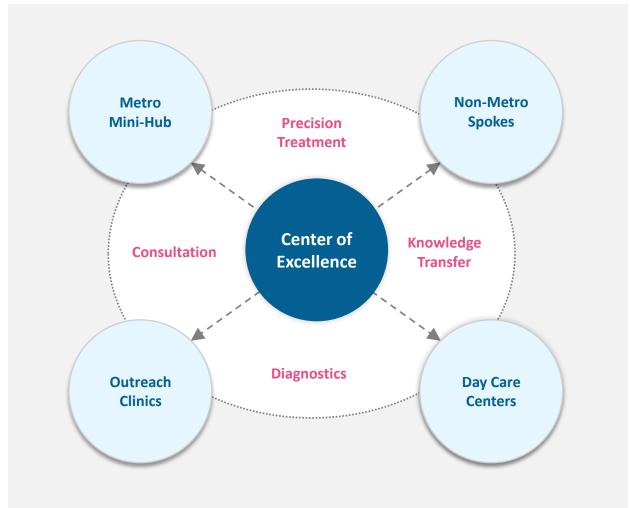




www.hcgoncology.com

Unique Hub and Spoke Model for Combining Expertise and Convenience across the Network







Superior Diagnostics

Digital pathology across the network with main lab at CoE for processing results



Technology Transfer

Use HoloLens, Teleradiology etc. for guiding advanced procedures

P

Collaborative Support

Tumor board and consultation support across the network

Economical

•

Reduced travel and logistics cost for patients due to follow-ups at local centers



Knowledge Sharing

Mentoring and knowledge sharing amongst doctors across the network

Last Mile Care



Last mile care due to higher penetration and local post treatment support





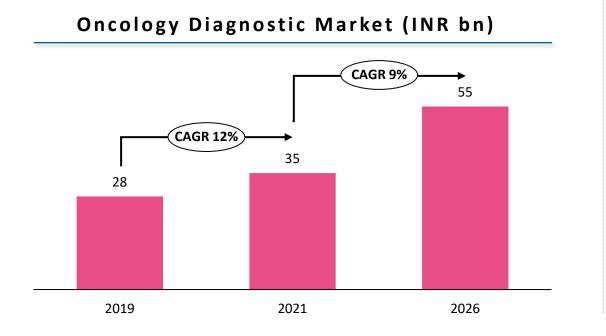


POTENTIAL GROWTH AVENUES

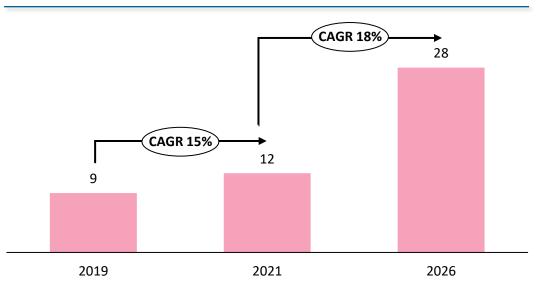
HCG, Ahmedabad

Clinical Diagnostics for Oncology represents a Sizeable Market Opportunity in India





Preventive Screening Market (INR bn)



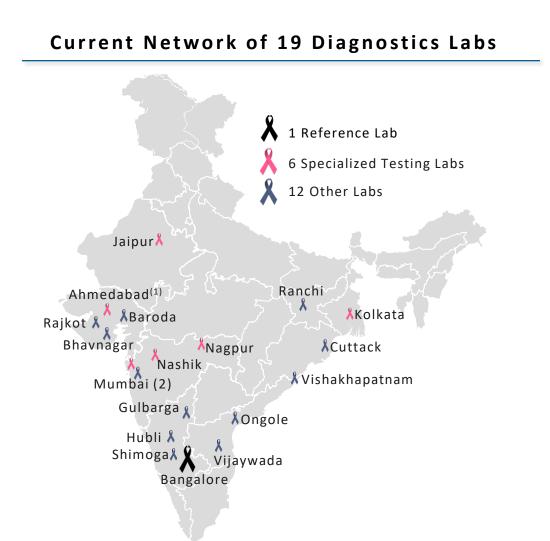
GROWTH DRIVERS



www.hcgoncology.com









Pan India Network

Existing lab footprint is suited to provide services to hospitals, doctors and labs pan-India



High Quality and Reliability

Lower turn-around time and other quality requirements for specialized oncology tests



Patient Convenience

Seamless logistics and operations across centers to provide efficient portfolio of services

End-to-end Offerings

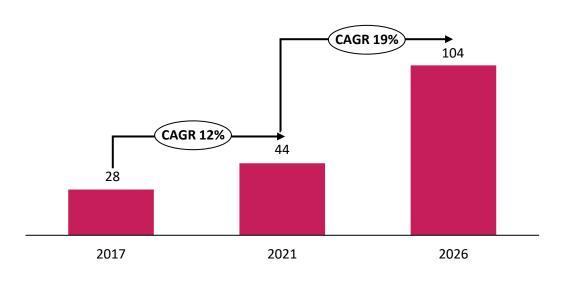
B2B clients prefer providers who can offer the entire basket of oncology diagnostics for their patient pool

Market for Oncology Clinical Trials in India Driven by Population Diversity and Cost Benefits



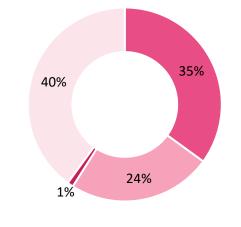
Indian Oncology Clinical Trials Market Size

INR bn (1)



% Share by Volume of Oncology Trials⁽²⁾

India has a tremendous scope of growth in the clinical trials market from its very low existing market share



USA China India Others

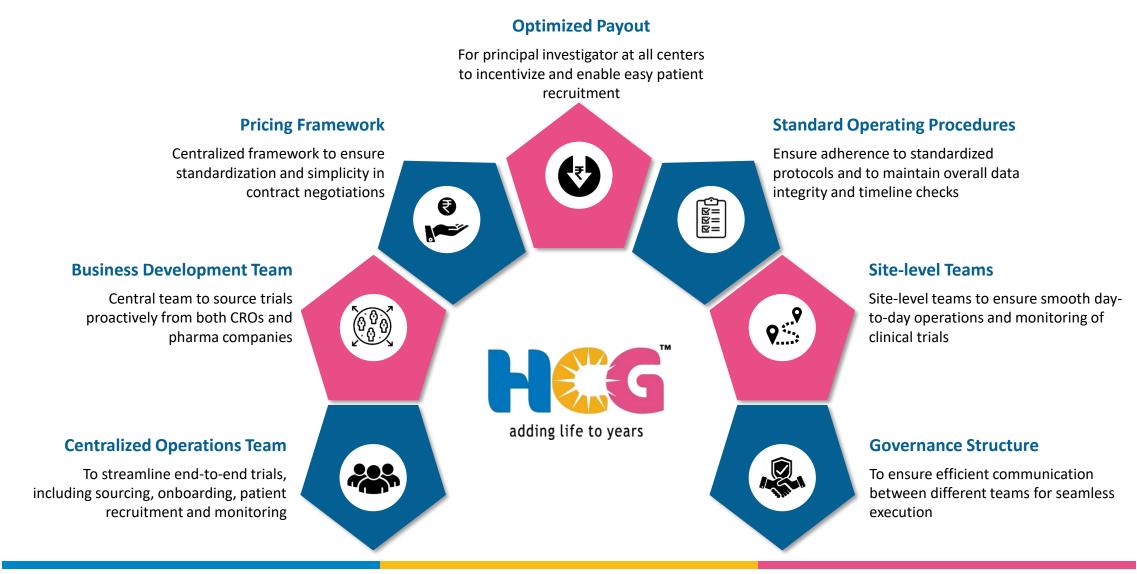
GROWTH DRIVERS





Key Imperatives for HCG to Expand in Clinical Trials









THANK YOU



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