

Unlocking the potential of
advanced therapies
for hearing loss



February 2024



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SENSORION

Our vision is to help people with inner ear
hearing disorders to live life with unlimited
connections



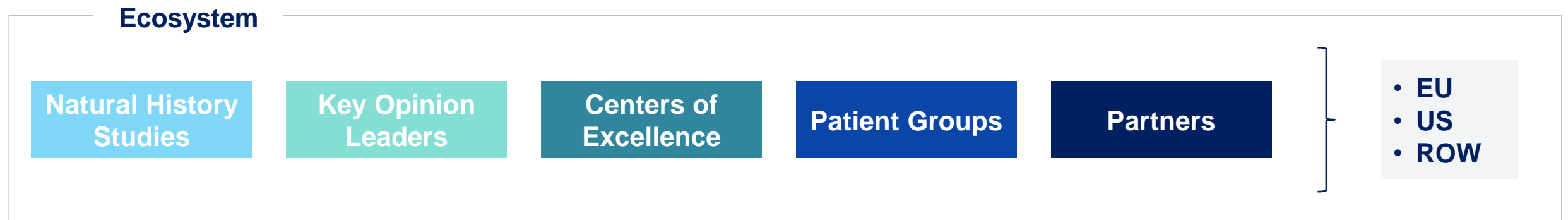
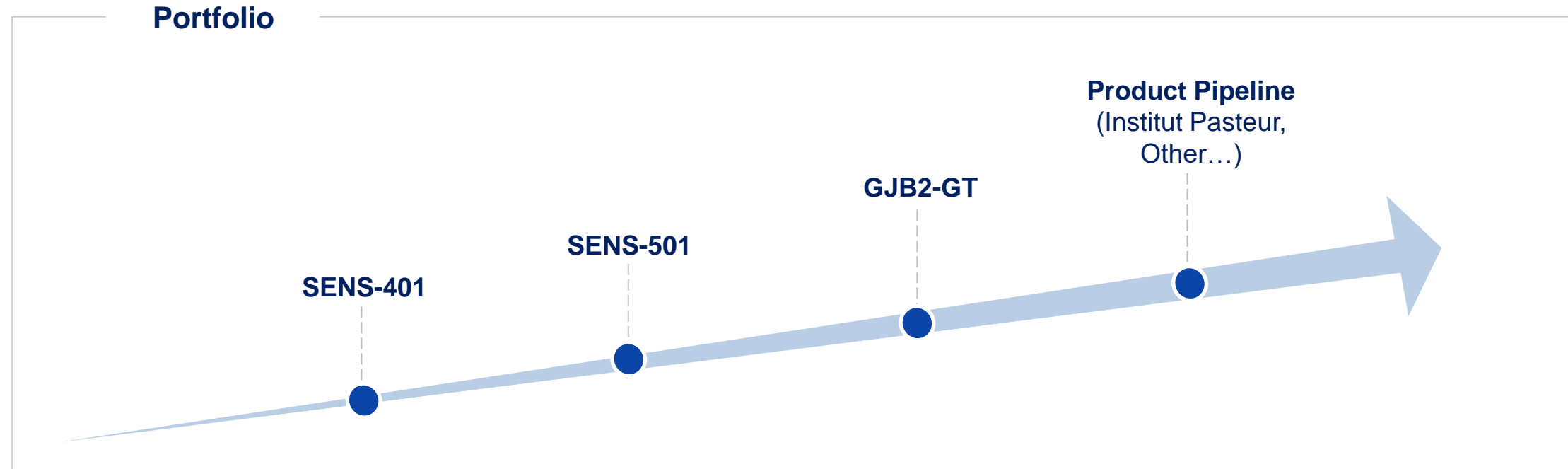
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Sensorion: Overview

- Sensorion currently develops two **Gene Therapy (GT)** programs in the ear, targeting monogenic forms of deafness with **pediatric** and **adult** onset:
 - **SENS-501** (OTOF-GT) caused by mutations of the gene encoding for **otoferlin**; EU & US **ODD**, US **RPDD**; **Ph1/2 study (Audiogene) approved in France in Jan. 2024**; first patient communication in H2 2024
 - **GJB2-GT** related to mutations in **GJB2 gene (candidate selected)**
 - Prospective natural history studies ongoing, strong European eco-system in place
- **Oral small molecule asset SENS-401**, for the prevention and treatment of hearing loss:
 - **Sensorion and Cochlear Ltd collaboration** (ongoing clinical Proof-of-Concept study – **Positive** preliminary results)
 - **Cisplatin-Induced Ototoxicity** (ongoing clinical Proof-of-Concept study – **Positive** preliminary safety results)
 - **Sudden Sensorineural Hearing Loss** (completed Phase 2 study – **Clinically meaningful and statistically significant effect on PTA change** (at least 10 dB) over time in a large homogeneous idiopathic population)
- **Exclusive relationship with the Institut Pasteur** in the field of hearing genetics, several GT programs initiated under strategic collaboration. **Extended partnership up to December 2028**
- Strong partnerships with key players in hearing care and devices, including **Necker Hospital (Paris, FR)**, **Cochlear Ltd. (ASX listed)** and **Sonova (global hearing aid market leader)**
- Strong shareholder base including **leading blue-chip investors; listed on Euronext Growth.**
 - **Successful €35m capital raise** in Aug. 2023 led by Redmile Group alongside existing investors Invus and Sofinnova Partners

Our Vision: A Global Franchise Establishing Leadership In The Hearing Space



Together With Best-In-Class Partners We Can Transform the Current Standard of Care



- Interdisciplinary approach to the mechanisms of hearing and its damage
- Research in deafness therapies and preclinical studies

TRANSLATIONAL
RESEARCH

CLINICAL
RESEARCH

SENSORION

DIAGNOSIS
&
PATIENT
JOURNEY



- EU reference center for monogenic forms of deafness
- Natural History Study currently running for all monogenic forms of deafness; extension in EU clinical sites (OTOCONEX study)



**French Military Biomedical
Research Institute**

- Access to a military population at risk of noise-induced hearing loss
- Strong medical network, strict monitoring and precise, regular, well-documented explorations
- Partnership to identify biomarkers for noise-induced hearing loss



- Global leader in implantable hearing solutions
- Currently developing a drug/ device combination to maintain residual hearing after CI surgery



- Biggest retail chains in the world
- A significant shareholder in Sensorion
- Collaboration to initiate Natural History Study in presbycusis



- Functional exploration in the field of otolaryngology and neurosciences (combining biological and audiological data)

Sensorion is Well Positioned to Transform the Hearing Landscape

- Institut Pasteur Partnership Provides GT Pipeline

GENE THERAPY

Otoferlin deficiency (SENS-501)

**Audiogene Ph1/2 study approved in France;
First Patient Communication in H2 2024**

- Hearing restoration in DFNB9 pediatric patients
- Ph1/2 to evaluate safety, tolerability and efficacy of SENS-501 in children aged 6 to 31 months

Connexin 26 deficiency (GJB2-GT)

Candidate selected

- Hearing restoration in DFNB1 **pediatric patients**
- Hearing restoration in **childhood onset** of hearing loss linked to *GJB2* mutations
- Hearing restoration in early onset severe **presbycusis** linked to *GJB2* mutations

SMALL MOLECULE: SENS-401

Sudden Sensorineural Hearing Loss (SSNHL)

AUDIBLE-S Ph2 Randomized and Controlled Study Completed

- Meaningful and statistically significant effect on PTA (Pure Tone Audiometry) change over time in a large idiopathic population
- Complete PTA recovery in 50% of treated patients

Cochlear Implantation (CI)

**Ph2 Randomized and Controlled Study Ongoing
Positive Preliminary Results**

- Assess preservation of the residual hearing after cochlear implantation
- Evaluate the presence of SENS-401 in the perilymph

Cisplatin-Induced Ototoxicity (CIO)

**NOTOXIS Ph2 Randomized and Controlled Study Ongoing
Positive Preliminary Safety Results**

- Assess prevention of the ototoxicity induced by Cisplatin in patients with neoplastic disease

Sensorion's Portfolio Of Advanced Hearing Loss Therapies

	Product	Indication	Discovery	In-vivo POC	Preclinical	Phase 1	Phase 2	Phase 3	Upcoming Milestones (estimated)
RESTORE	SENS-501*	Otoferlin Deficiency	Phase 1/2						Communication on First Patient H2 2024
	GJB2-GT*	Adult onset (presbycusis)							IND-enabling preclinical activities
	GJB2-GT*	Pediatric progressive							IND-enabling preclinical activities
	GJB2-GT*	Congenital onset							IND-enabling preclinical activities
PREVENT	SENS-401	Hearing preservation after CI							Primary Endpoint Readout H1 2024
	SENS-401	Cisplatin-Induced Ototoxicity							Preliminary Safety and Efficacy Data Sep 2024 during WCA
TREAT	SENS-401	SSNHL							Exploring Partnering Opportunities



3SBio has a right of first refusal with respect to licensing in Greater China of SENS-401 (except in combination with cochlear implants) and SENS-501 OTOF-GT

*Option to obtain a licence from the Institut Pasteur (pre-defined financial terms and other terms to be negotiated)

We Have Established Internal Capabilities to Ensure Successful Execution



PRECLINICAL - SMALL MOLECULES & GT PROGRAMS

- Cell Model Platform: assays development, target & drug discovery, biomarkers
- Animal Pharmacology platform: from the POC to the dose-finding studies in disease-relevant rodent models, surgery
- Technology & Innovation platform: design and select the best drug candidate (capsid & promoter selection)



CLINICAL EXPERIENCE

- 400 people enrolled in Sensorion led clinical trials
- Set-up audio tests in different countries, languages
- Central reading of audiometry testing
- In-house audiology expertise of more than 20 years for the pediatric and adult populations and cochlear implants



CMC GENE THERAPY FACILITIES

- Process development: non-GMP manufacturing from small scale up to 50L in bioreactor
- Analytical development: development of product-specific analytical methods, in-house generic assays to support process development and AAV manufacturing



REGULATORY EXPERTISE

- Develop regulatory strategies to ensure expedited product development including gene therapy
- Regulatory Agency interaction (EU/US)
- Shape the treatment guidelines and standardize clinical endpoints



PATIENT ACCESS

- Working with prominent payers from the EU5
- Obtaining consultation about our early Clinical Development Program within EU and US
- Building capabilities cross-functionally

Our Team has Significant Experience in Gene Therapy Clinical Development

The team has been involved in 15+ programs from preclinical to BLA filing...

10

Preclinical

4

Clinical

1

BLA filing

... using different technologies...

15

Gene therapy
(AAVs / LVs)

1

Cell
therapy

1

Gene editing

... across different organs and indications...



... with multiple organizations



AUDENTES
THERAPEUTICS

GENETHON
CURE THROUGH INNOVATION

rocket
pharma

SOLID
BIOSCIENCES

cellectis

ESTEVE
Advancing health together

GenSight
BIOLOGICS

Necker
ENFANTS MALADES
HÔPITAL UNIVERSITAIRE

SAREPTA
THERAPEUTICS

Orchard
therapeutics



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GENE THERAPY PROGRAMS

Sensorion's Gene Therapy Programs Target Rare Auditory Diseases

FIRST PROGRAMS RESULTING FROM THE INSTITUT PASTEUR COLLABORATION

OTOFERLIN DEFICIENCY

- Pediatric patients with mutations in OTOF suffer from severe to profound sensorineural prelingual non-syndromic hearing loss
- Otoferlin deficiency could be responsible for up to 8% of all cases of congenital hearing loss
- Prevalence ~20,000 in the USA + EU
- Incidence ~1,100 per year in USA + EU
- EU and US ODD, US RPDD

GJB2-RELATED HEARING LOSS

We have identified three forms of hearing loss associated with *GJB2* gene mutations:

- Early onset of severe presbycusis (adult population)
- Childhood onset (pediatric population)
- Congenital onset (pediatric population)
- ~100,000 patients between 30- and 69-years old thought to be affected by a monogenic form of presbycusis due to *GJB2* mutations
- Prevalence of congenital and childhood onset forms are estimated to be around 200,000 patients as around 50% of autosomal recessive non syndromic hearing loss cases are thought to be from *GJB2* mutations

Sources: Akil et al. 2019 ([link](#)), Orphanet ([link](#)), NIH ([link](#)), company estimates based on publicly available population data, Chardan 2020 report, Bryan, Garnier & Co 2019 report, Institut Pasteur, Boucher et al. 2020 ([link](#))

DELAYED DIAGNOSIS – NOT SUSPECTED AT FIRST SIGHT

GENE THERAPY HAS A LIFE-CHANGING POTENTIAL FOR THESE AUDITORY DISEASES

Aiming To Develop Best-in Class And First-in Class Gene Therapy

CRITERIA	SENSORION
AAV capsid selected for high-level of target cells specificity	✓
GT product showing high level of target cells transduction	✓
Limited off-target tissue biodistribution	✓
Surgical approach developed and mastered by ENTs surgeons	✓
Natural History Study preparing execution of the clinical trial	✓
Regular engagement with regulatory agencies	✓

Gene Therapy Pediatric Indications Have Blockbuster Sales Potential

SENS-501 CTA Approved in France

SENS-501 (OTOF-GT) is the perfect pilot program

- Well understood biology and pathology of the otoferlin deficiency
- Full functionality of the remaining chain
- High specificity for the inner hair cells (IHCs), no off-target effect expected



- SENS-501 will be the pilot program demonstrating that GT is a relevant medical approach for the inner ear
- SENS-501 will establish understanding of GT in the inner ear by the Regulators and the Payers for future GT programs
- Medical plausibility and target population have been confirmed through :
 - ✓ Orphan Drug Designation in the US and EU
 - ✓ Rare Pediatric Disease Designation with eligibility for voucher in the US
 - ✓ Clinical Trial Application approved in France, 1st patient communication Sep 2024

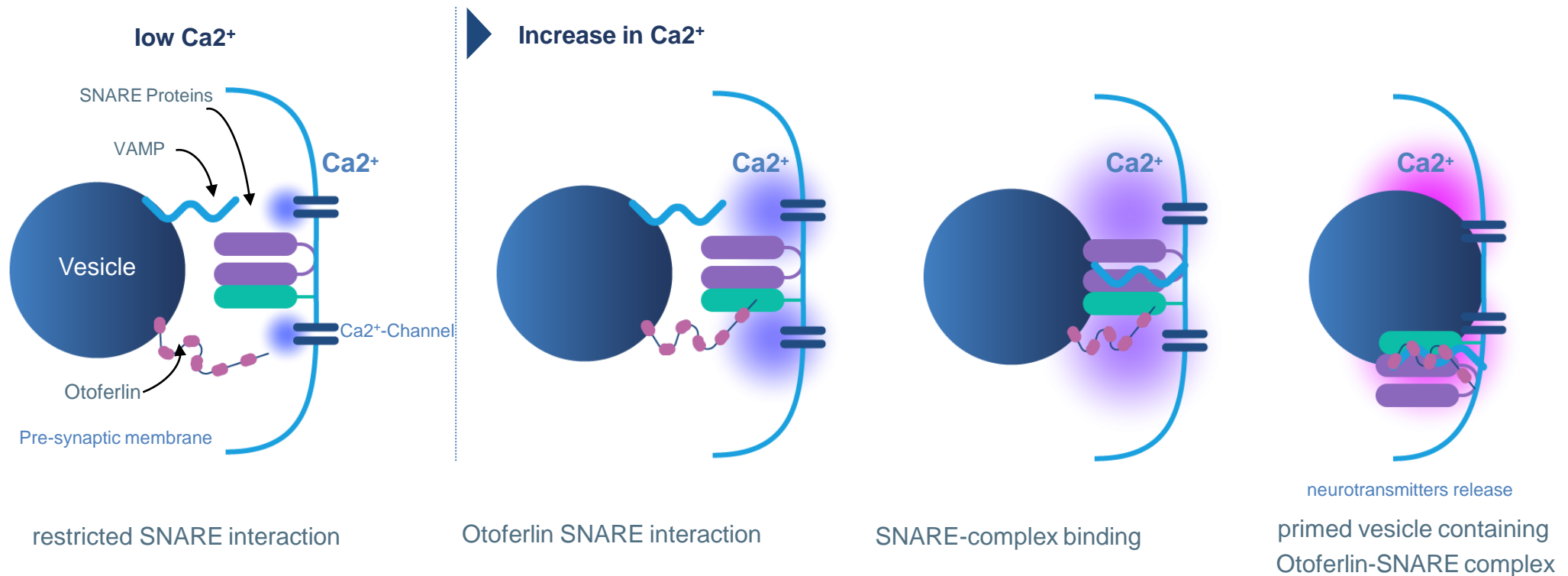
Sales potential illustration

SENS-501

GJB2-GT

Sources: Sensorion, AT Kearney market research

OTOF Gene Encodes Otoferlin, A Key Ca^{2+} Sensor Protein



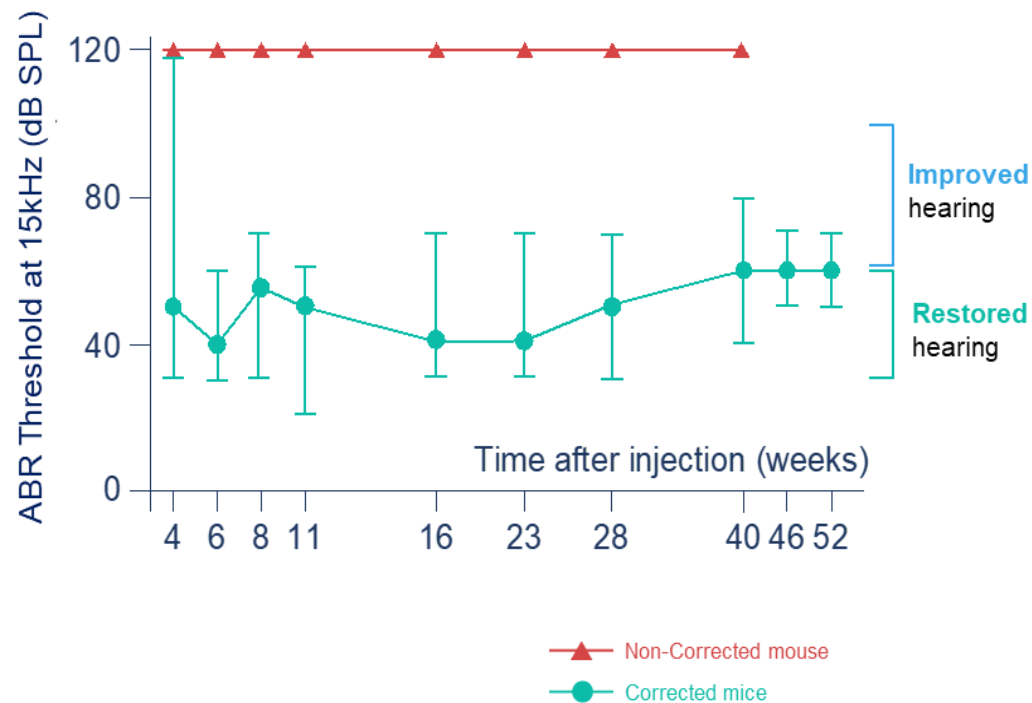
Model illustrating calcium regulation of otoferlin/SNARE interaction in the hair cell – Adapted from Ramakrishnan *et al.* 2014

OTOF is the gene coding for the otoferlin protein, a Ca^{2+} sensor for vesicle fusion and vesicle pool replenishment at auditory hair cell ribbon synapses

SENS-501 Leads to Long-term Hearing Recovery in a Translational Model of Otoferlin Deficiency

Long-term hearing restoration

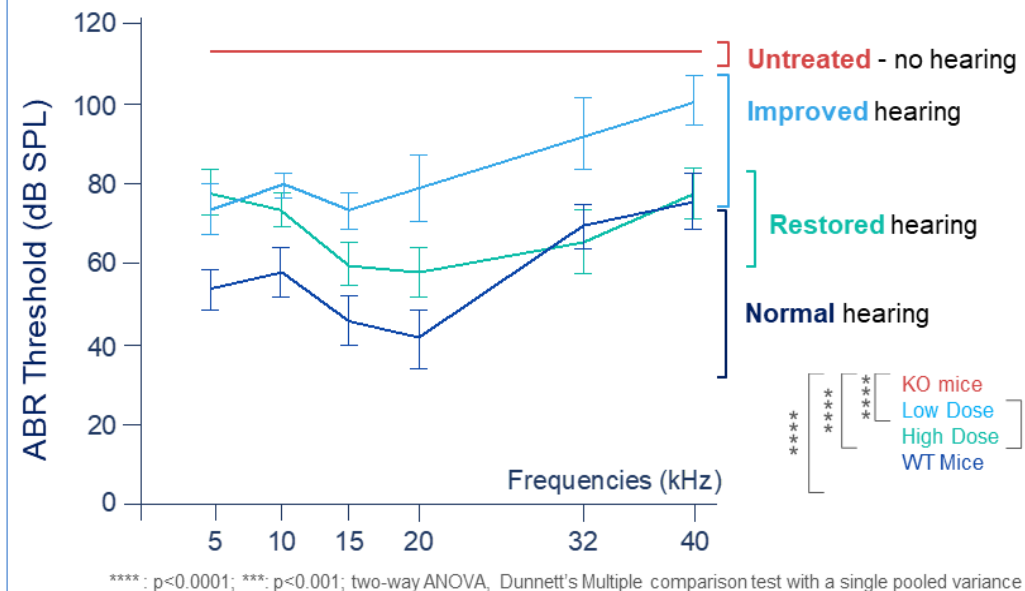
AAV-mOTOF injected in mice before hearing onset



- **Durable hearing restoration** in *Otof*^{-/-} mice by dual AAV-OTOF directly delivered to the inner ear up to one year post-injection

Hearing restoration correlates with de novo OTOF expression

SENS-501 injected in mice after hearing onset

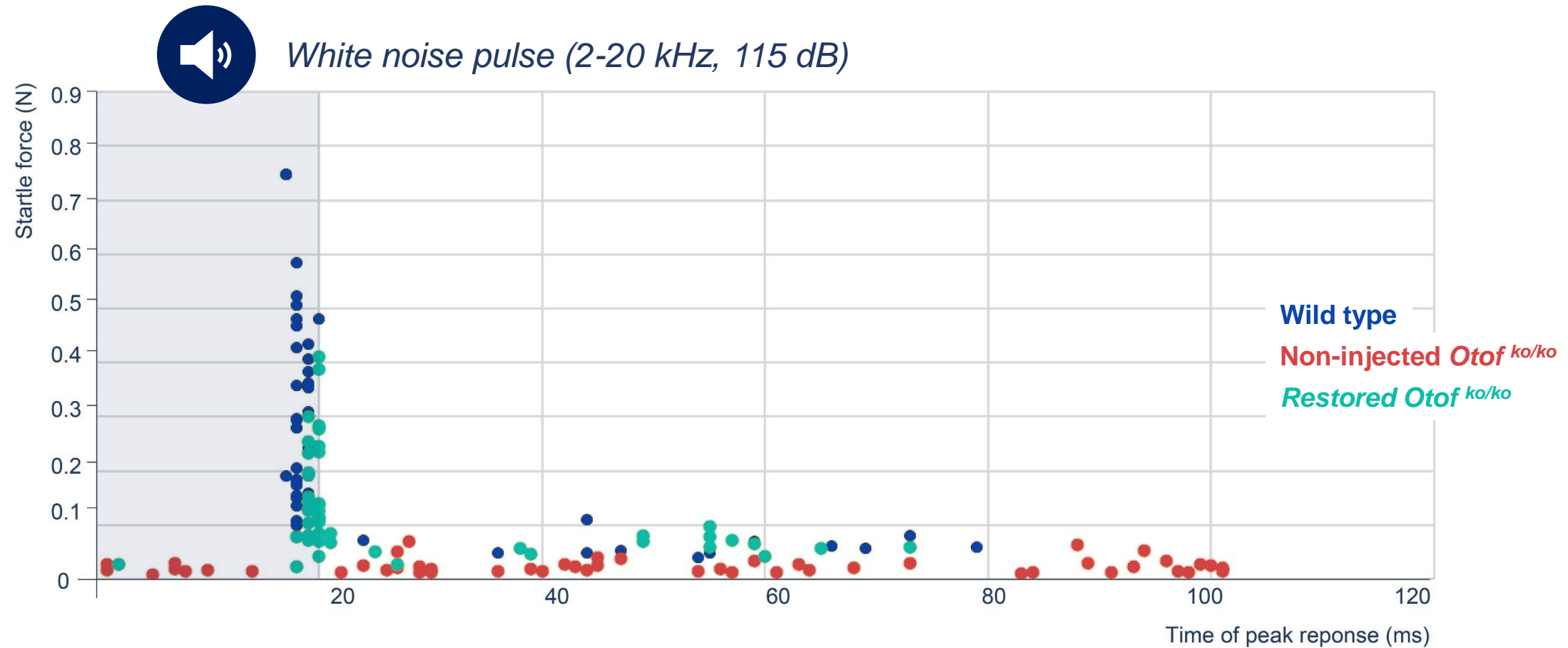


- Both doses of SENS-501 demonstrated efficacy in **improving hearing in KO mice**
- SENS-501 leads to **Otoferlin expression in Inner Hair Cells**

Olivier et al. ASGCT 2023 [link](#)

SENS-501 Leads to Restoration of Efficient Sound Processing in Behavioural Test

Behavior test based on hearing recovery implemented in mouse



Olivier et al. ASGCT 2023 [link](#)

Dedicated Surgical Approach for Gene Therapy

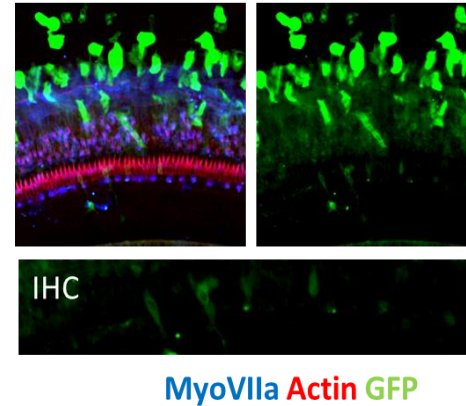
Non-Human Primates injected through the round window membrane (RWI) with or without stapedotomy (stap)

1 Fenestration

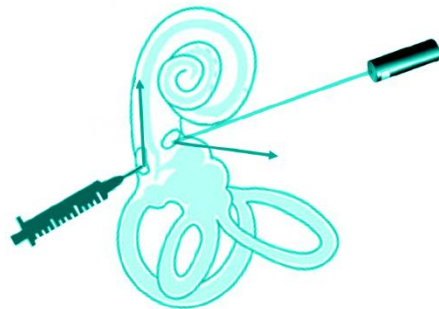


Used for cochlear implant

- Overpressure
- Limited volume
- Backflow
- Irregular transduction rate

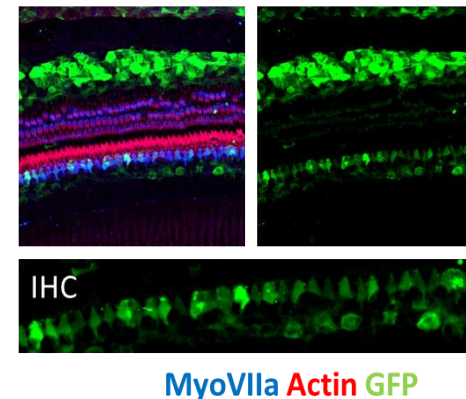


2 Fenestrations



Combining 2 common surgical techniques: cochlear implant and stapedotomy

- No overpressure
- No backflow
- Homogenous and efficient transduction rate



Surgical approach

- Surgical procedure is **similar to cochlear implantation and well mastered by ENTs surgeons**
- Optimized surgery uses **stapedotomy procedure** to maximize target cells exposure along the full length of the tonotopic axis
- **Dedicated injection system developed**

Phase 1/2 Audiogene Study (SENS-501) Approved in France

First Patient Communication Anticipated in H2 2024

Audiogene, a Phase 1/2 clinical trial in children aged 6 to 31 months to assess safety, tolerability, and efficacy of SENS-501 following unilateral injection into the cochlea

Audiogene Study Design



Pediatric patients, aged 6 to 31 months at the time of the injection

- Targeting the first years of life to maximize chances of acquiring speech and language



Single intra-cochlear unilateral injection



Dose escalation

- Primary endpoint: safety and tolerability



Dose expansion

- Primary endpoint: ABR (Auditory Brainstem Response)



Otoferlin “Audinnove” Consortium Provides Privileged Access To Patients And Surgeons

Audinnove consortium received Hospital-University Research (RHU) prize:

- The consortium is eligible to receive up to €9.7m to develop a Gene Therapy program addressing otoferlin deficiency
- Audioferlin: Natural History Study: clinical evaluation and selection of patients
- Database compilation with genotypic and phenotypic characterization of children with congenital hearing loss
- Phase 1/2 Gene Therapy study (financing up to 1st patient in the clinical study)

Audinnove consortium is key to the understanding of the epidemiology and to build awareness of the emerging gene therapies

Necker-Enfants Malades Hospital

- The first dedicated pediatric hospital in the world

The Reference Center for Genetic Deafness at Necker coordinates the French and European genetic deafness networks



Audinnove is financed by the French State, via the National Research Agency through the “Investing for the future” program (ref: ANR-18-RHUS-0007)

OTOCONEX: Natural History Study running across Europe will support identification of DFNB9 patients for Audiogene.

AUDINNOVE CONSORTIUM MEMBERS



SENS-501 (OTOF) Gene Therapy Program Status – Progressing

Preclinical package completed



Injection device system development completed



GMP Drug product successfully manufactured



CTA Approval in France



Submission European Natural History Study OTOCONEX



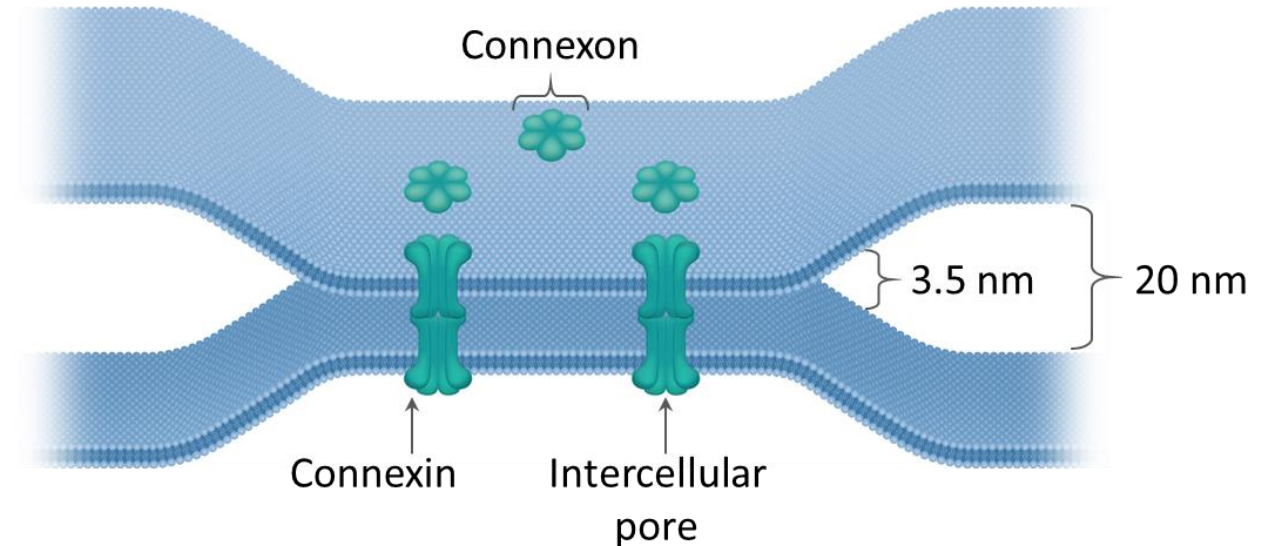
First Patient Communication
H2 2024



Connexin 26: a Gap-junction Protein Encoded by *GJB2* Gene and Responsible for Tissue Homeostasis

Mutations in the Gene Lead to Deafness

- ***GJB2*** is the gene encoding for the **Connexin 26** protein; one of 20 known connexins in humans and almost endemic to the cochlea (together with Cx30); **a hexamer of 6 proteins forms Gap Junctions**
- Gap Junctions are **key for the intercellular exchange of molecules** (miRNA, glucose, ions, etc.) hence responsible for **tissue homeostasis**
- *GJB2* cDNA = 681 bp compatible with the use of a **single AAV**
- More than 100 recessive mutations origin Cx26 truncation / deletion leading to non-syndromic hearing loss and deafness
- *GJB2* mutations are the **most prevalent form of congenital deafness** (DFNB1)
- Children are usually **diagnosed during routine newborn screening** and current SoC is cochlear implantation prior to language acquisition
- Prof. Christine Petit observed in an epidemiology study that some patients demonstrating early onset of **severe presbycusis** carried *GJB2* mutations^[1]



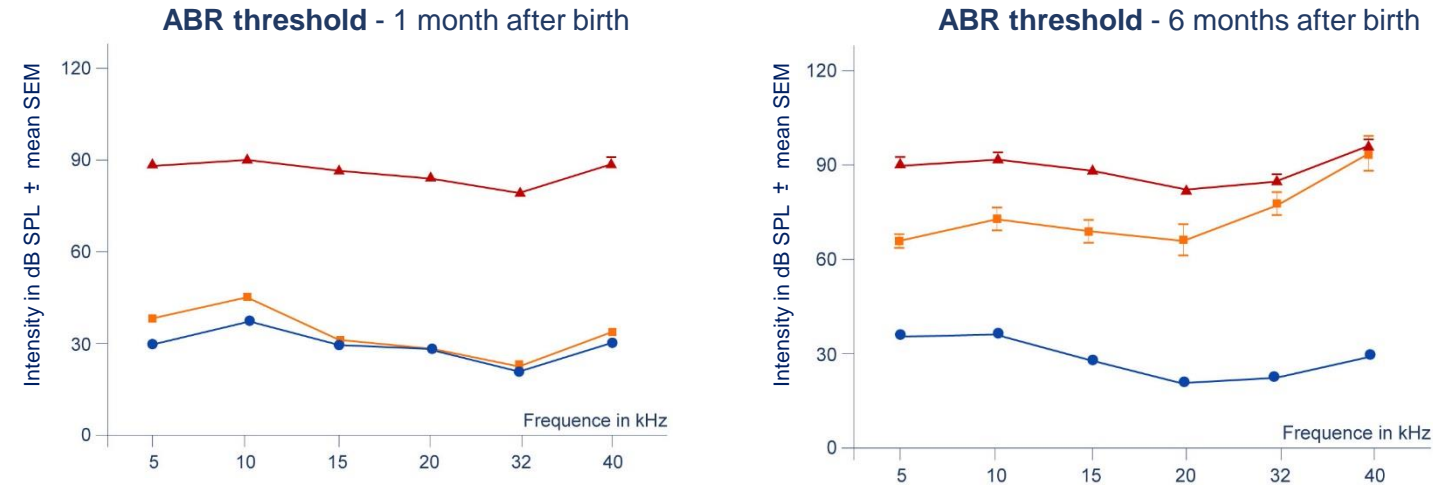
Schematic representation of a gap junction – adapted from Kemperman, Hoefsloot and Cremers J R Soc Med 2002;95; 171-177

[1]: Boucher et al. 2020

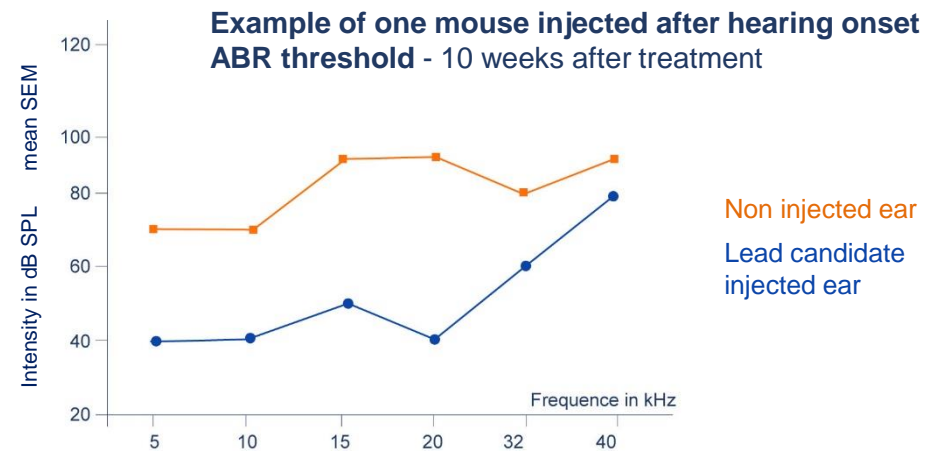
Selected Candidate Prevents Hearing Loss in Relevant Mouse Model

Proof Of Concept In Progressive Mouse Model

Conditional knock-out mouse model leading to 2 phenotypes



Control mice Congenital-like Profound Cx26 ↓ ↓ ↓ Progressive Cx26 ↓

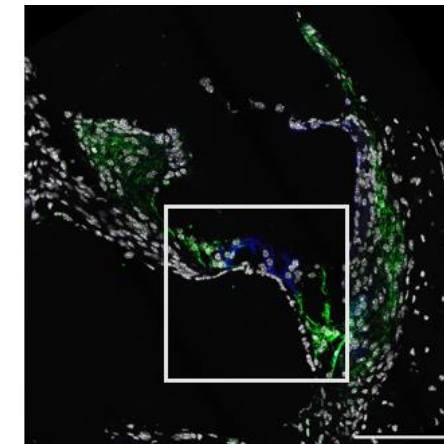


Non injected ear
Lead candidate injected ear

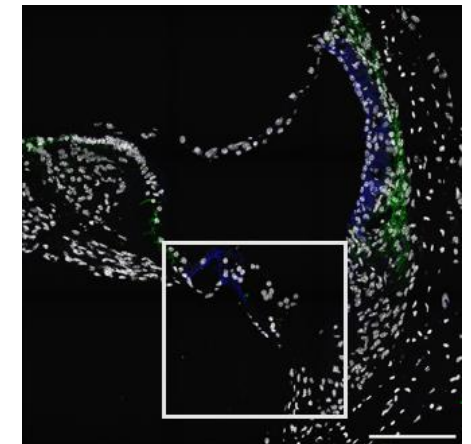
Hearing Loss Prevention Correlates With Connexin 26 Expression

Example of one mouse injected after hearing onset
Connexin 26 expression in the cochlea
- 10 weeks after treatment

Lead candidate injected ear



Non injected ear



Left: Green staining demonstrates efficient Cx26 re-expression in target cells, which are otherwise depleted (right) in Cx26 in the GJB2 deficient model

GJB2 Gene Therapy Program Next Steps

Submission of European Natural
History Study OTOCONEX



Submission of Natural History Study
in collaboration with Sonova



Candidate selection Q2 2023



Preclinical IND enabling studies





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SMALL MOLECULE PROGRAMS



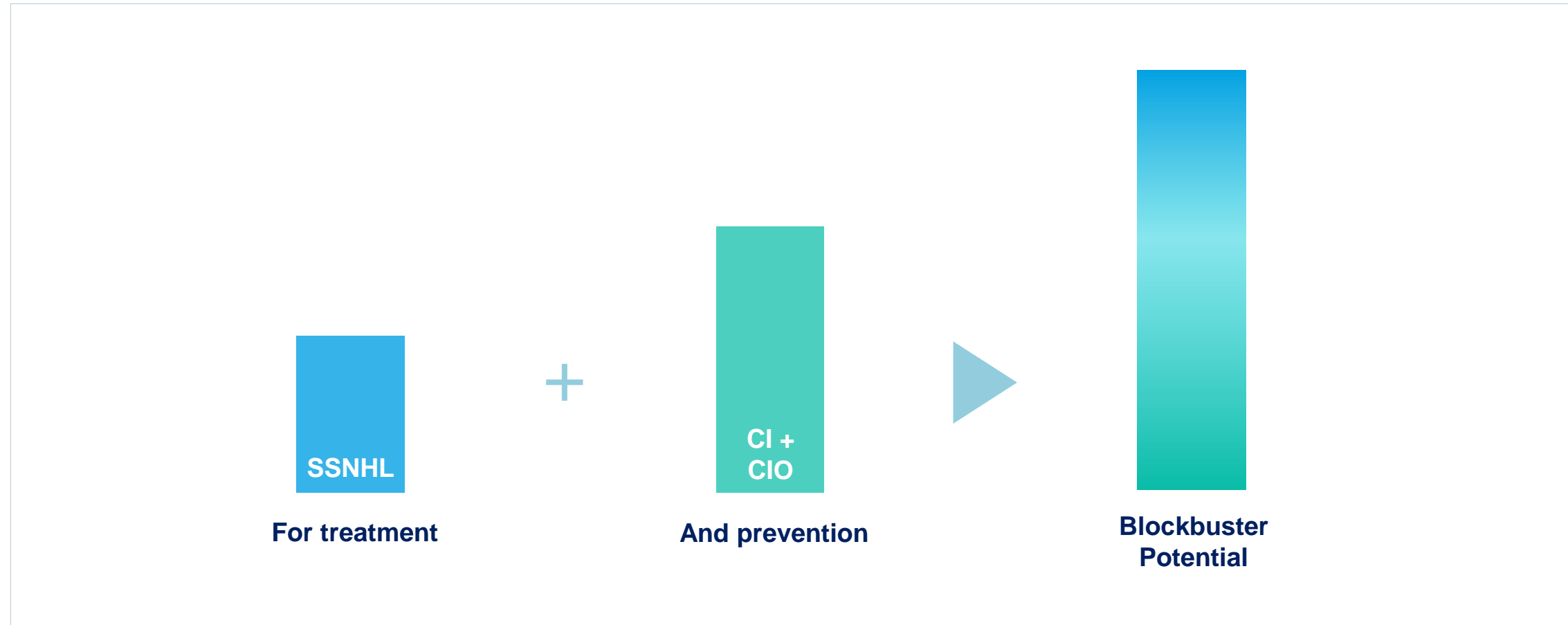
SENS-401: Multiple Indications to Treat And Prevent Hearing Loss

	Product	Indication	Discovery	<i>In vivo</i> POC	Preclinical	Phase 1	Phase 2	Phase 3
PREVENT	SENS-401	Hearing preservation after cochlear implantation						
	SENS-401	Cisplatin Induced Ototoxicity						
TREAT	SENS-401	Sudden Sensorineural Hearing Loss*						



***"Patriot" Consortium (IRBA, Sensorion, Echodia, Institut Pasteur) awarded up to €10.8m non dilutive financing by French government, staged over the duration of the project. Sensorion will receive up to €5.6m to further develop SENS-401 in SSNHL French army*

SENS-401 - a Portfolio With Potential Blockbuster Value



SENS-401 SSNHL clinical data and insight **derisk** further development of SENS-401 in other indications

Sudden Sensorineural Hearing Loss (SSNHL) is a Severe Disease Affecting more than 200,000 Patients Per Year

WHAT IS SSNHL?

The sudden onset of a significant hearing loss due to dysfunction of the cells of the cochlea and central auditory structures.

Hearing loss develops over less than 72 hrs, hearing sensitivity is reduced by at least 30 dB (1,000 fold) in the affected ear(s).

>70% of cases are idiopathic, known causes include noise/head trauma, ischemia, infection.

>50% of patients suffer from permanent disabling hearing loss, mostly those with initial severe/profound hearing loss.

Complications significantly impact quality of life due to:

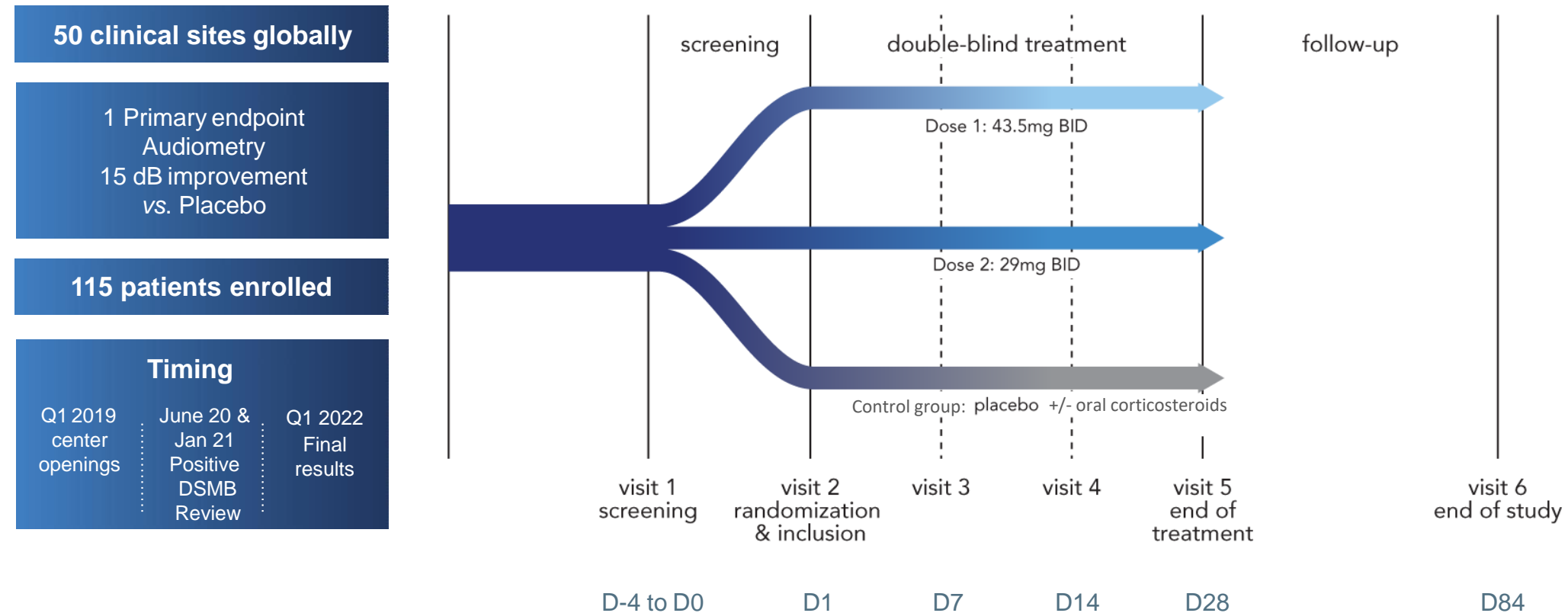
- Difficulties in communicating, social isolation, cognitive decline
- Accompanying tinnitus

Incidence: 27-35 per 100,000 (218,000 patients in 2017 in G7 countries)¹

¹ Company/ estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)

SENS-401 SSNHL Program: AUDIBLE-S Phase 2 Design

A RANDOMIZED, MULTICENTER, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

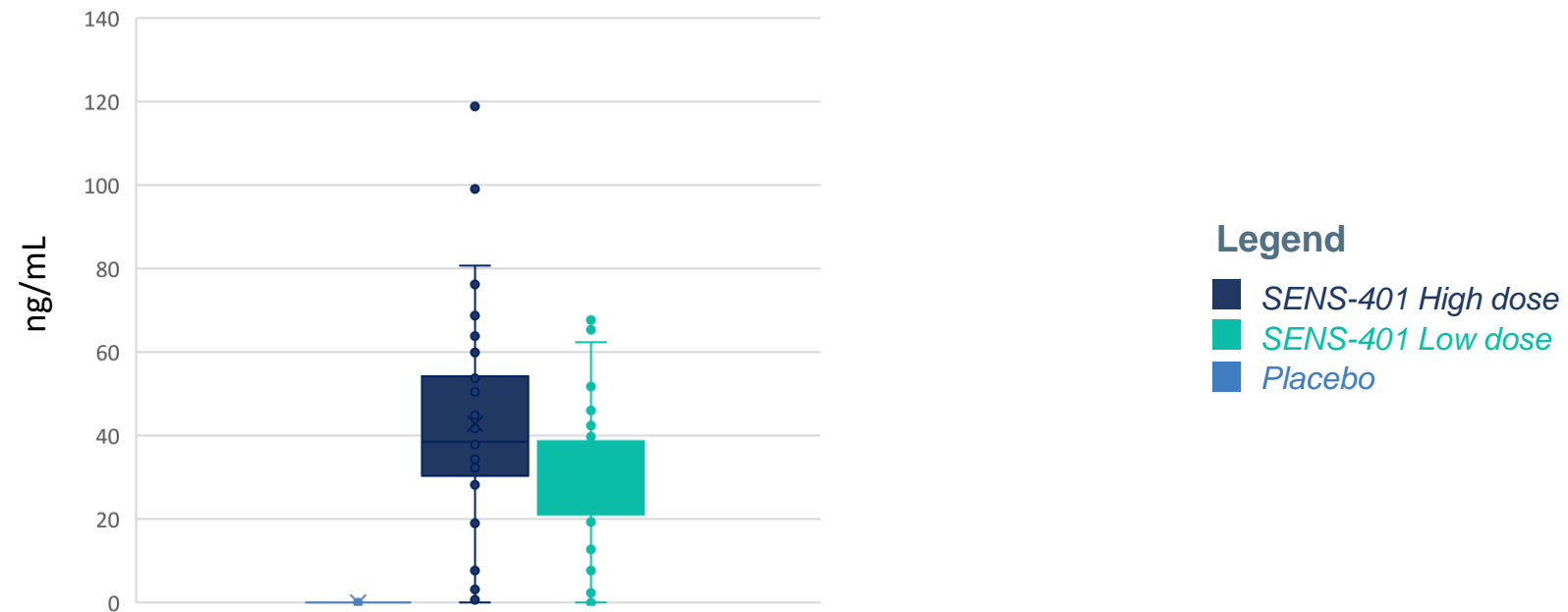


Primary endpoint definition:

“...change in pure tone audiometry (PTA); average of the hearing threshold of 3 contiguous most affected hearing frequencies in decibels in the affected ear from baseline to the end of treatment visit (Visit 5/D28±3)”

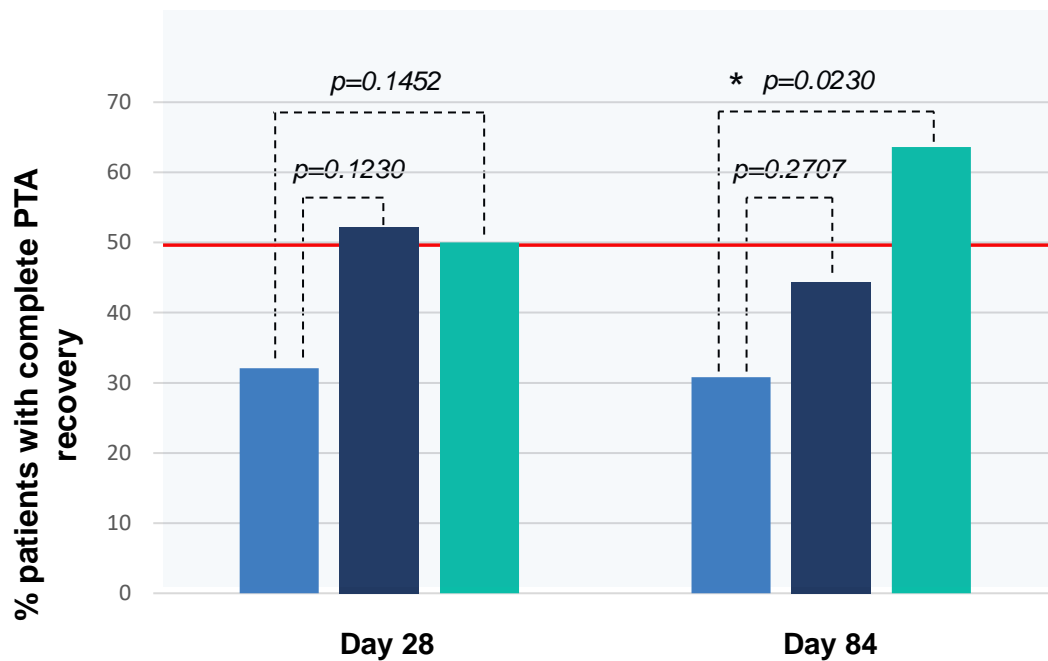
SENS-401 Plasmatic Exposure

Plasmatic concentration (Pre-dose at Day 14 and Day 28)



SENS-401 Induces Complete PTA Recovery In 50% Of Patients

Complete PTA recovery



Complete PTA recovery (n/n total)	Placebo	High Dose	Low Dose
Day 28	9/28	12/23	13/26
Day 84	8/26	8/18	14/22

Legend

- SENS-401 High dose
- SENS-401 Low dose
- Placebo

- Complete hearing recovery is defined as patients with hearing loss at baseline who will revert to PTA < 20 dB, considered as “normal” hearing.

SENS-401 SSNHL Phase 2 Results Summary

Seeking Partners For Late-Stage Development And Commercialization

AUDIBLE-S SECONDARY ENDPOINT RESULTS

- **Complete PTA recovery is achieved in 50% of the SENS-401 treated patients**
- SENS-401 shows a **clinically meaningful and statistically significant effect on PTA change** (at least 10 dB) over time in a **large homogeneous idiopathic population of patients treated with corticosteroids**
- SENS-401 induces a **significant PTA change of at least 19 dB at day 28 and up to 25 dB at Day 84 allowing a reduction of the hearing loss degree from profound to mild, in large profound hearing loss sub-group**
- A better response was observed in both treatment groups with a **continuous improvement between Day 28 and Day 84**
- **The change in PTA translates into functional improvement evidenced with speech audiometry tests**
- Safe and well tolerated in 115-patient SSNHL study; although primary endpoint not met data supports and informs further clinical development
- **Responder rate is always better in the treated group** compared to Placebo and difference with Placebo increases over time

SENS-401 To Preserve Residual Hearing After Cochlear Implantation

COMBINATION OF COCHLEAR IMPLANT WITH SENS-401 TO PREVENT CELL-DEATH POST COCHLEAR IMPLANT PROCEDURE

HEALTHY AGEING

Growing understanding of the link between healthy hearing and healthy ageing



Cognitive decline



Isolation



Depression



Ability to work



Falls



Loss of independence

Source: Cochlear® 2018 investor day ([link](#))

KEY FIGURES

36,450

Implants sold by Cochlear® globally in 2021¹
(representing ~60% of global market share)

\$1.5bn

Cochlear implant market in 2020²

80%

Market penetration in children in developed
markets¹
and 3% in adults¹

¹Cochlear® FY21 Result Presentation ([link](#))

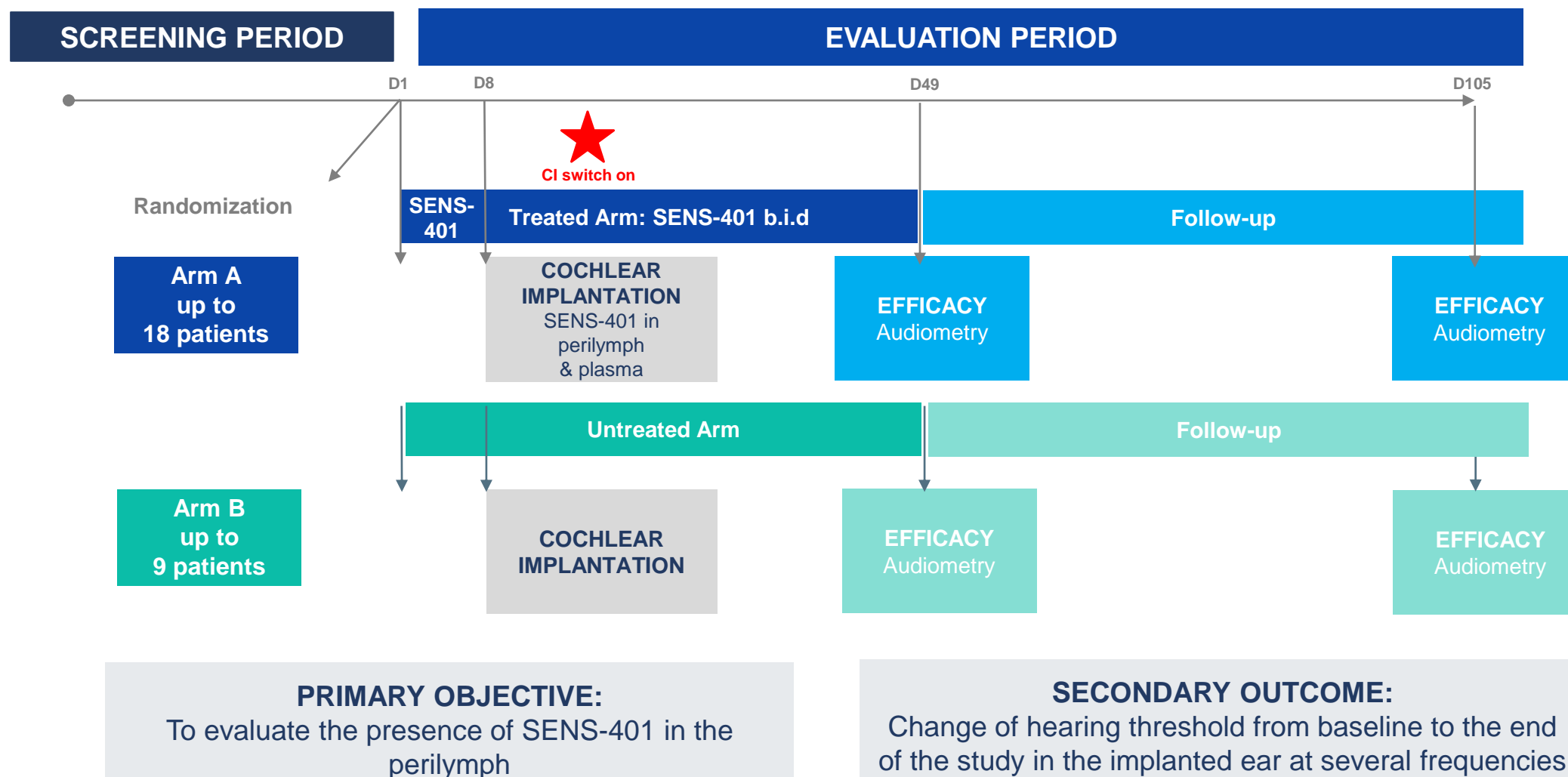
²Market estimates ([link](#))

SENS-401 CI Study Commenced In Sep. 2022

Positive Preliminary Results Reported

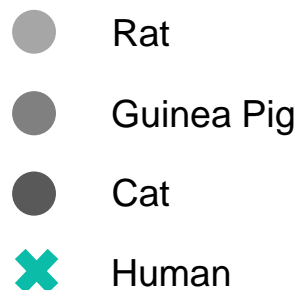


A Phase 2a, Multicenter, Randomized, Controlled, Open-label Study

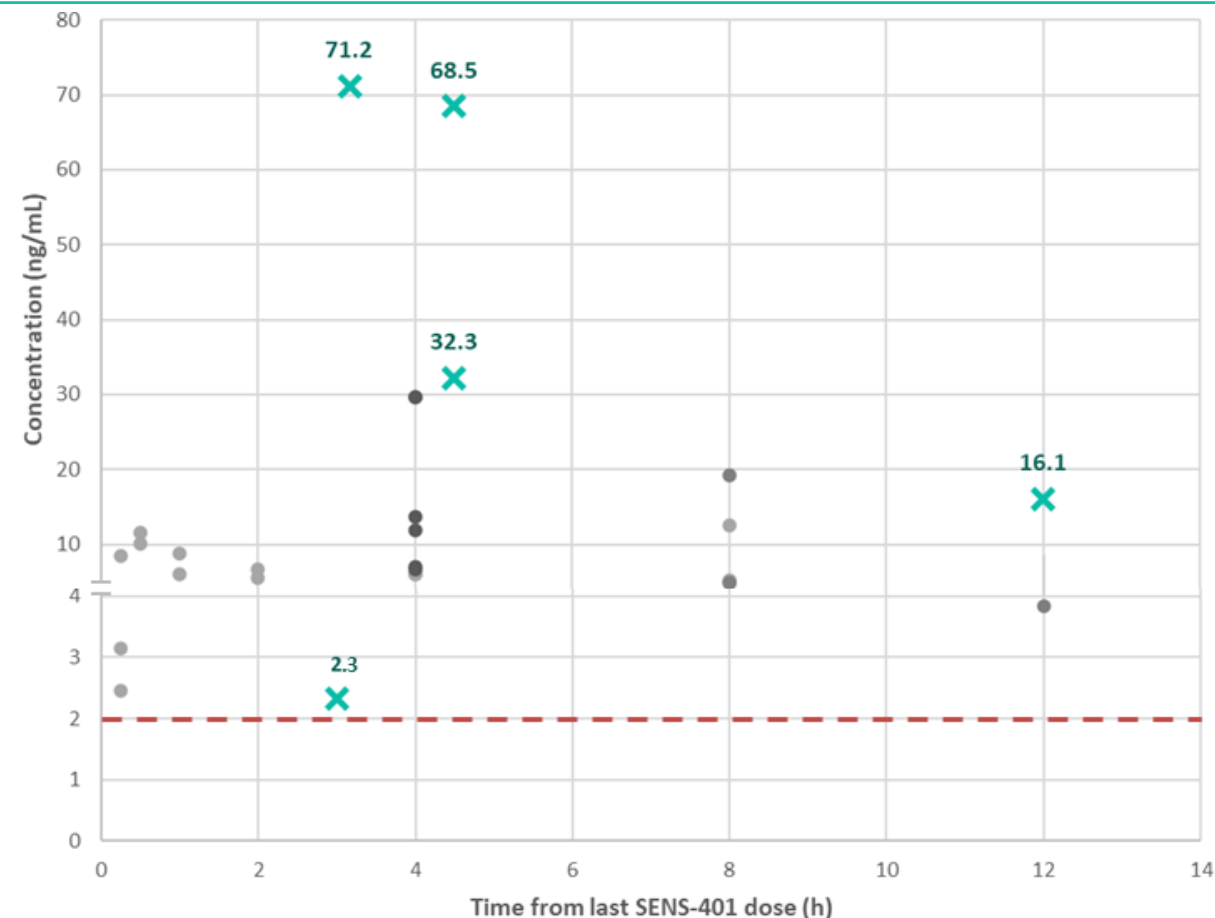


SENS-401 is Detected in the Perilymph of the First 5 Treated Patients at Levels Consistent with Those Observed in Animals

Perilymph Concentrations Data



-- Minimal perilymph concentration in animals



- Plasma concentrations of SENS-401 in humans at steady state: dosing of 43.5 mg b.i.d range from 20-90 ng/mL
- Perilymph concentrations in animal models at equivalent plasma levels range from 2 to 30 ng/mL
- The observed values in the first 5 patients are in line with the predicted values, ranging from 2 to 70 ng/mL

Residual Low Frequency Hearing Benefits for Cochlear Implant Users



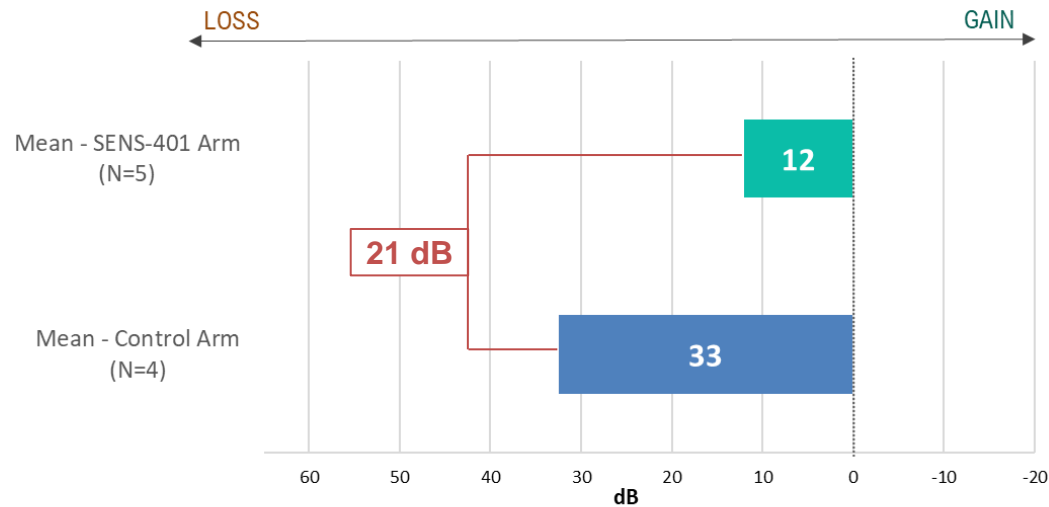
Postoperative hearing preservation defined as:
unaided air-conduction **thresholds < 85 dB HL** at 125, 250, and 500 Hz

**Jensen et al., Hearing Preservation After Cochlear Implantation, 2021*

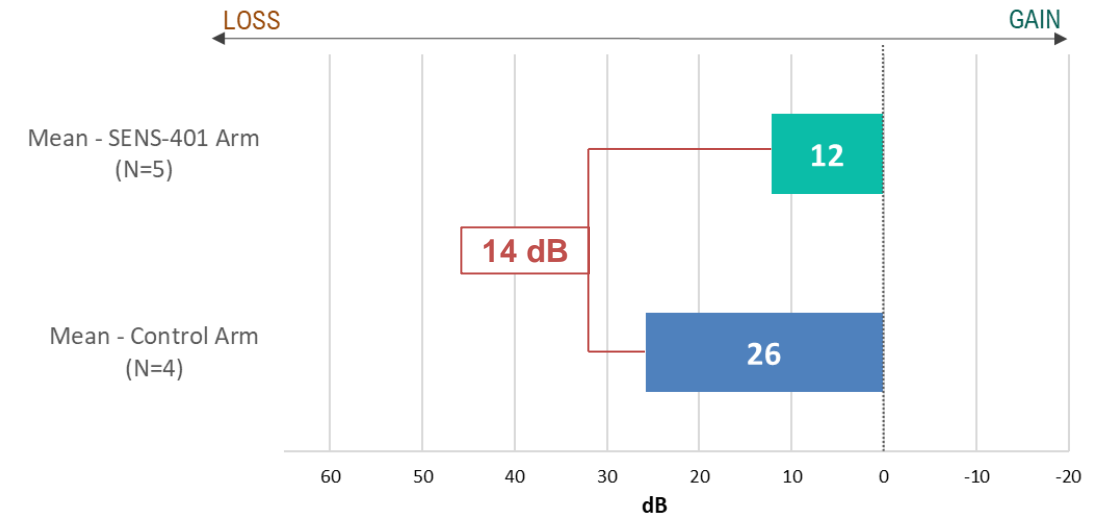
SENS-401 Preserves Early Loss of Residual Hearing

- As Shown in all First Five Patients Treated

Mean Change from Baseline At 500 Hz,
in the Implanted Ear,
6 Weeks After Implantation



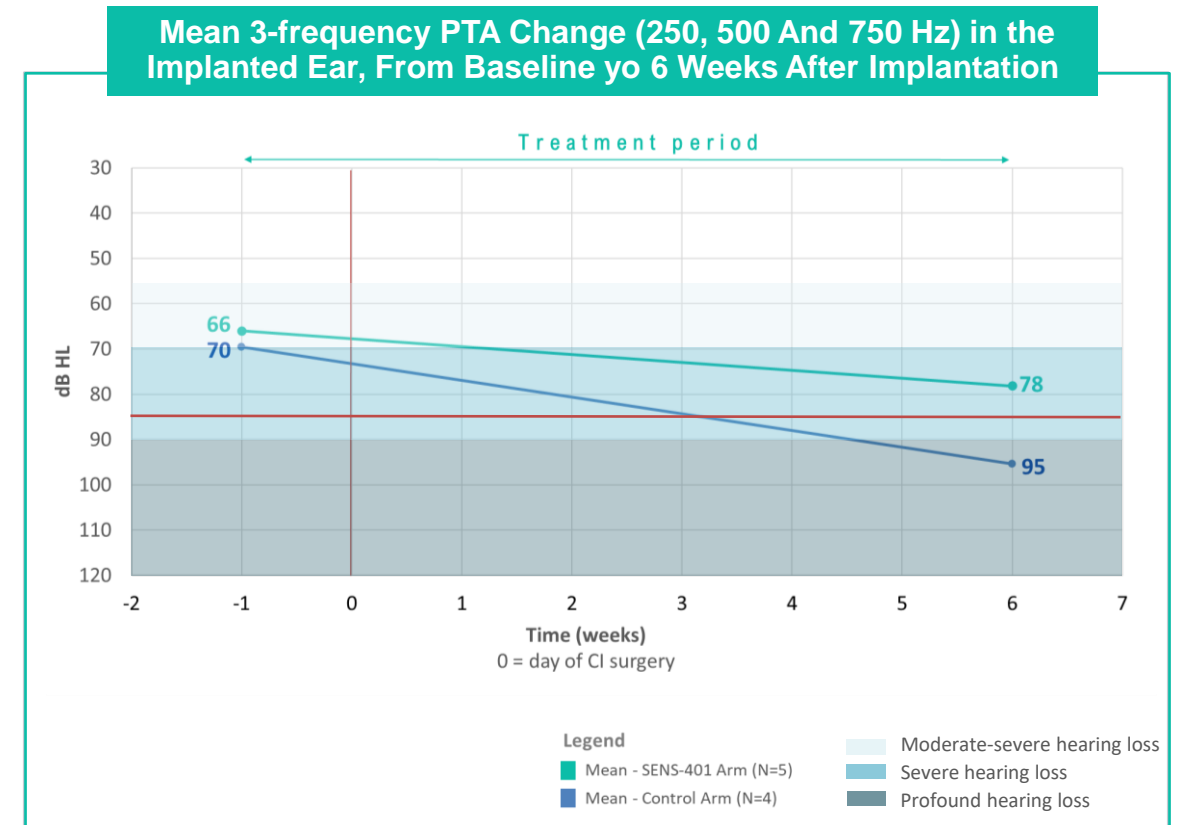
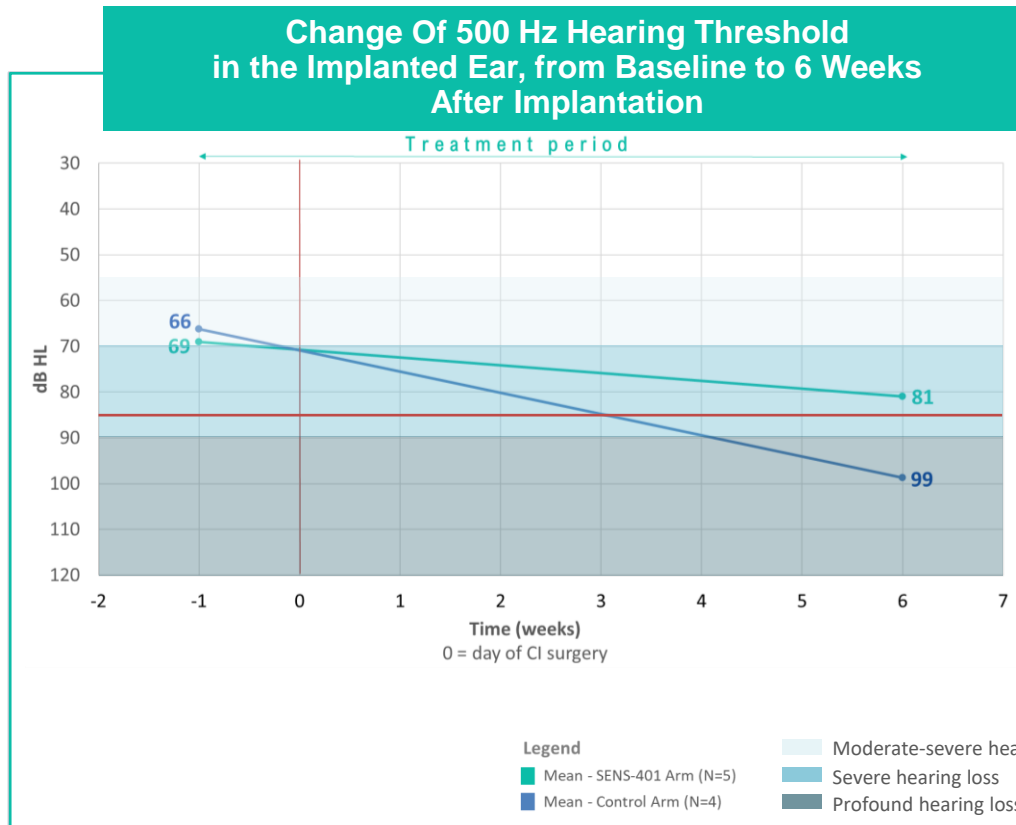
Mean 3 Frequency PTA Change (250, 500 And 750
Hz), in the Implanted Ear,
from Baseline to 6 Weeks After Implantation



PTA = Pure Tone Average

- A clinically significant difference of 21 dB and 14 dB in the early loss of residual hearing between SENS-401 and control groups is observed at 500 Hz and in the average of 3 frequencies respectively, 6 weeks after cochlear implantation

SENS-401 Also Preserves Post-Operative Hearing - As Measured at the End of the Treatment Period



— Postoperative hearing preservation defined as unaided air-conduction thresholds <85 dB HL (adaptation of Jensen et al., 2021)

- The SENS- 401 treated group remains above the defined threshold of postoperative hearing preservation
- Shift in hearing loss degree: patients not treated with SENS-401 are progressing from moderate-severe hearing loss to profound hearing loss

SENS-401 CI Preliminary Results Conclusion



Preliminary key results are promising and suggest that **SENS-401 can cross the labyrinthine barrier to target cochlear hair cells.**



Six weeks post-cochlear implantation, the **residual hearing loss** whether assessed at 500 Hz or across an average of 3 consecutive frequencies **exhibited a clinically significant, favorable trend for the treated group (12 dB), in comparison to the untreated group. (33 dB), resulting in a difference of clinical significance of 21 dB**



This supports the assumption that **SENS-401, present in the perilymph fluid, reaches concentrations that are pharmacologically active.**



SENS-401 taken for 7 weeks confirms it has a **good safety profile.**



These encouraging trends necessitate further validation across the full study participant group.



SENS- 401 has the potential to modify the outcome of CI while preserving residual hearing by improving speech perception in quiet and noise, music perception, spatial localization and maintaining more natural sound quality.



These results support the SSNHL phase 2 data and further development of SENS-401.

Cisplatin Administration for Chemotherapies Damages the Inner Ear and Leads to Hearing Loss, Tinnitus and Dizziness

WHAT IS CIO?

Hearing loss caused by cisplatin administration as chemotherapeutic treatment.

Risk factors include young age as well as individual and cumulative cisplatin doses.

CIO leads to permanent inner ear problems in 50-60% of adult cases and in 90% of pediatric cases.

These complications significantly impact patients' quality of life due to:

- Hearing loss, tinnitus and dizziness impacting daily life activities
- Problems in language acquisition and learning for pediatric patients
- Difficulties in communicating, social isolation, cognitive decline

Potential treatments must not interfere with cisplatin efficacy.

Incidence of cisplatin treated patients: 500,000 patients in 2025 in G7 countries¹

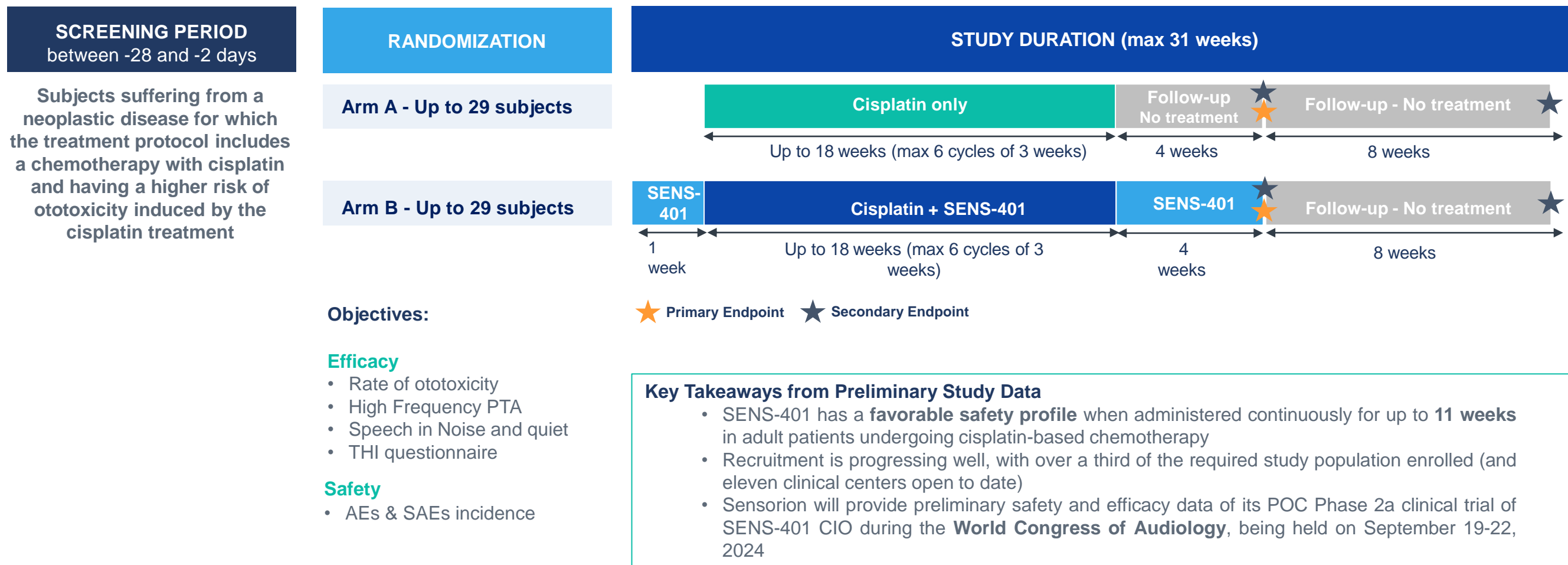


¹ Company/ estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)

SENS-401 Phase 2a Proof-of-Concept Study NOTOXIS

Positive Preliminary Safety Data

A Phase 2a, Multicenter, Randomized, Controlled, Open-label Study to Evaluate the Efficacy of SENS-401 to Prevent the Ototoxicity Induced by Cisplatin in Adult Subjects with a Neoplastic Disease



SENS-401 Program Key Milestones, Data Readouts in 2024

SENS-401 with cochlear implants (CI)
- Positive Preliminary Results Reported



SENS-401 with cochlear implants (CI)
- Primary Endpoint Readout H1 2024






SENS-401 CIO NOTOXIS
- Preliminary Results S2 2023



SENS-401 CIO NOTOXIS
- Preliminary Safety and Efficacy Data
Sep. 2024 during WCA



Sensorion Newsflow [estimated timelines]

- August 2023 – Successful €35m capital raise 
- H2 2023 – SENS-401 CIO: NOTOXIS preliminary results 
- January 2024: SENS-501: CTA approval in France 
- H1 2024 – SENS-401 in combination with cochlear implantation: primary endpoint readout
- September 2024 – SENS-401 CIO: NOTOXIS preliminary safety and efficacy data during WCA
- H2 2024 – SENS-501: Communication on First Patient during WCA

THANK YOU



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