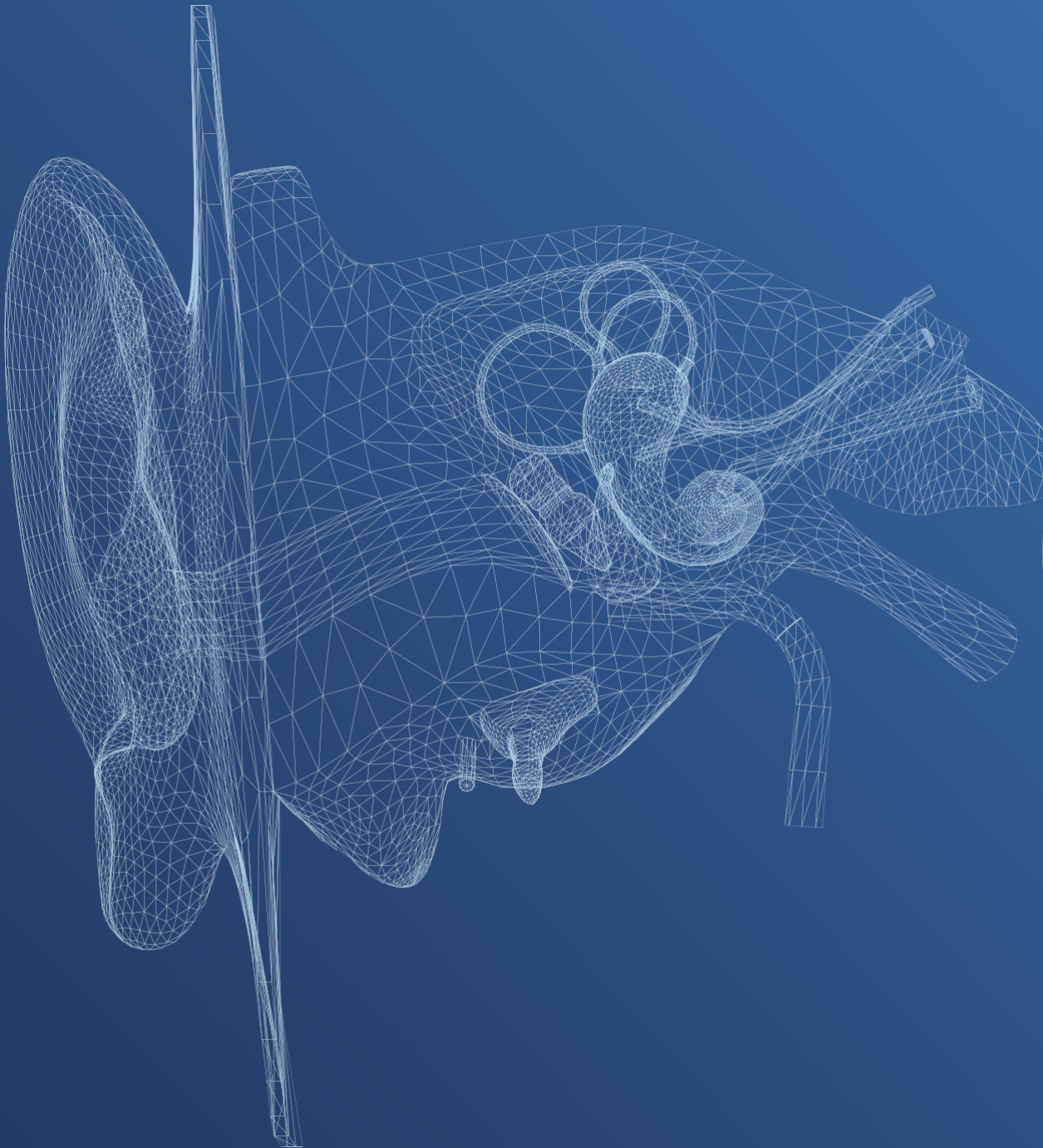




Unlocking the potential of
advanced therapies
for hearing loss



September 18, 2024



1

SENSORION

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



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Sensorion: Establishing Global Leadership In Hearing Loss With Strong And Diversified Pipeline



- Untapped opportunity with 1,5 bn people affected by hearing loss (HL); 0,5 bn suffer from disabling HL
- Multiple causes: genetic, environmental, idiopathic



- Modality agnostic approach leveraging unparalleled understanding of the inner ear and world-leading, differentiated and exclusive partnerships (Institut Pasteur, Necker Hospital, Cochlear Ltd, Sonova)



- Two gene therapies (GT): **SENS-501** (for mutations in otoferlin encoding gene – First Patient Injected); **GJB2-GT** (for mutations in GJB2 gene – candidate selected – CTA submission H2 2025)
- Prospective Natural History Studies ongoing



- Small molecule, **SENS-401**, for the treatment, restoration and prevention of HL caused by **Cochlear Implantation CI** (Ph2a completed), **Cisplatin-Induced Ototoxicity CIO** (POC Ph2a ongoing), and **Sudden Sensorineural HL** (Ph2b completed)



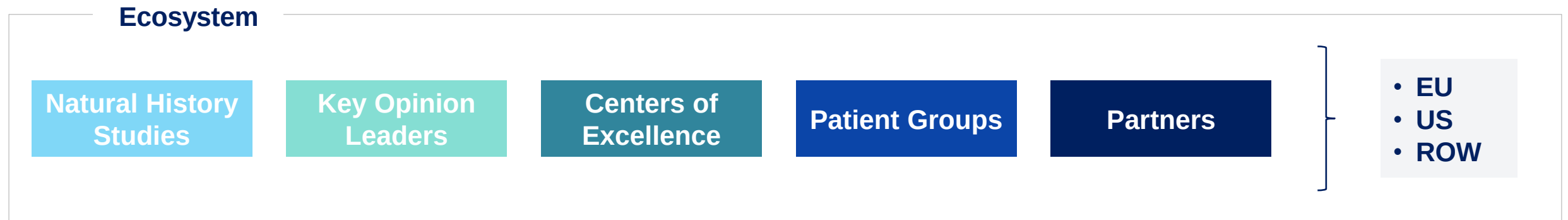
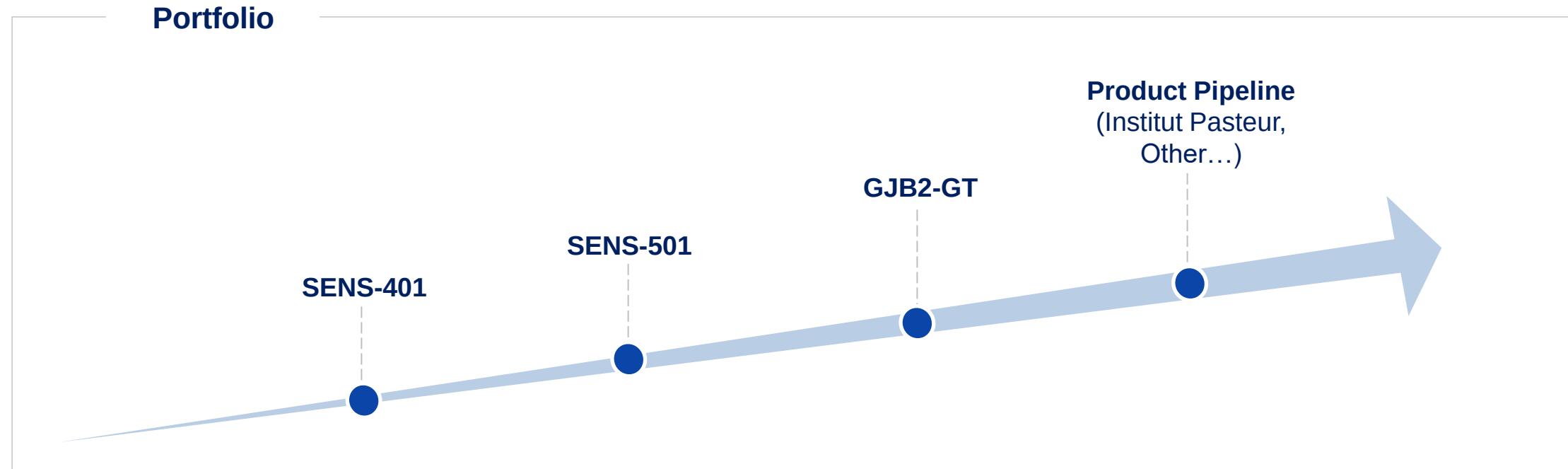
- Multiple **upcoming milestones** across the GT and small molecule pipeline, including the **full Ph2a data readout for SENS-401 CI** and **first patient communication for the Ph 1/2 GT trial of SENS-501**



- Experienced and visionary management team
- Strong shareholder base backed by leading blue-chip life sciences investors; €100m raised since Aug 2023 giving cash runway until the end of 2025

Our Vision: A Global Franchise

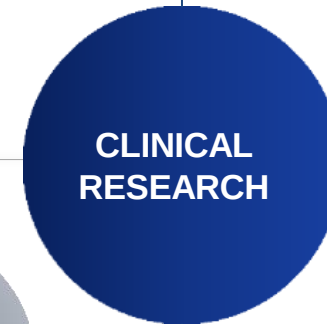
Establishing Leadership In The Hearing Space



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



- 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 run Natural History Study in presbycusis



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



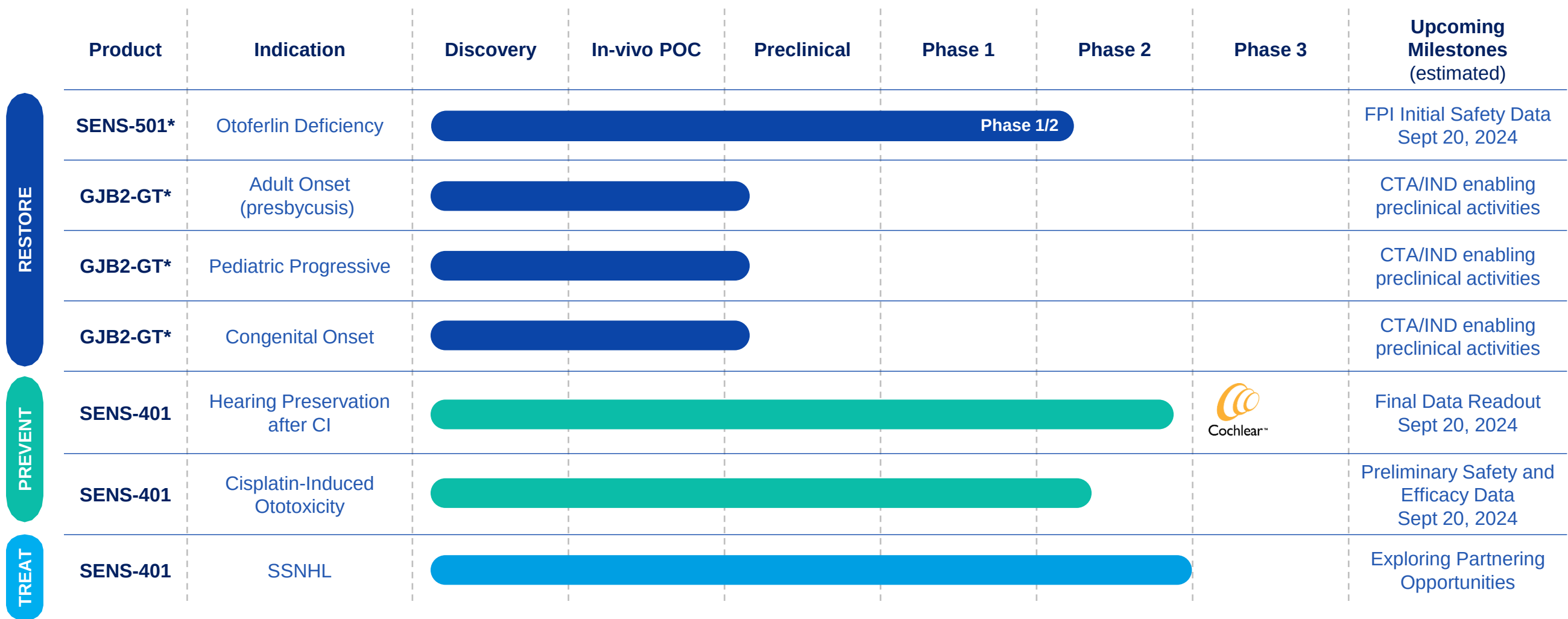
- EU reference center for monogenic forms of deafness
- Natural History Study currently running for all monogenic forms of deafness; extension in EU clinical sites (OTOCONEX study)



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

Sensorion's Portfolio Of Advanced Hearing Loss Therapies



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 subjects 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



2

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 Orphan Disease Designation , US Rare Pediatric Disease Designation
- Pediatric Investigational Plan Agreed in EU

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 (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 :
 - ✓ ODD in the US and EU, RPDD with eligibility for voucher in the US
 - ✓ PIP Agreed in EU
 - ✓ Clinical Trial ongoing (First patient injected)

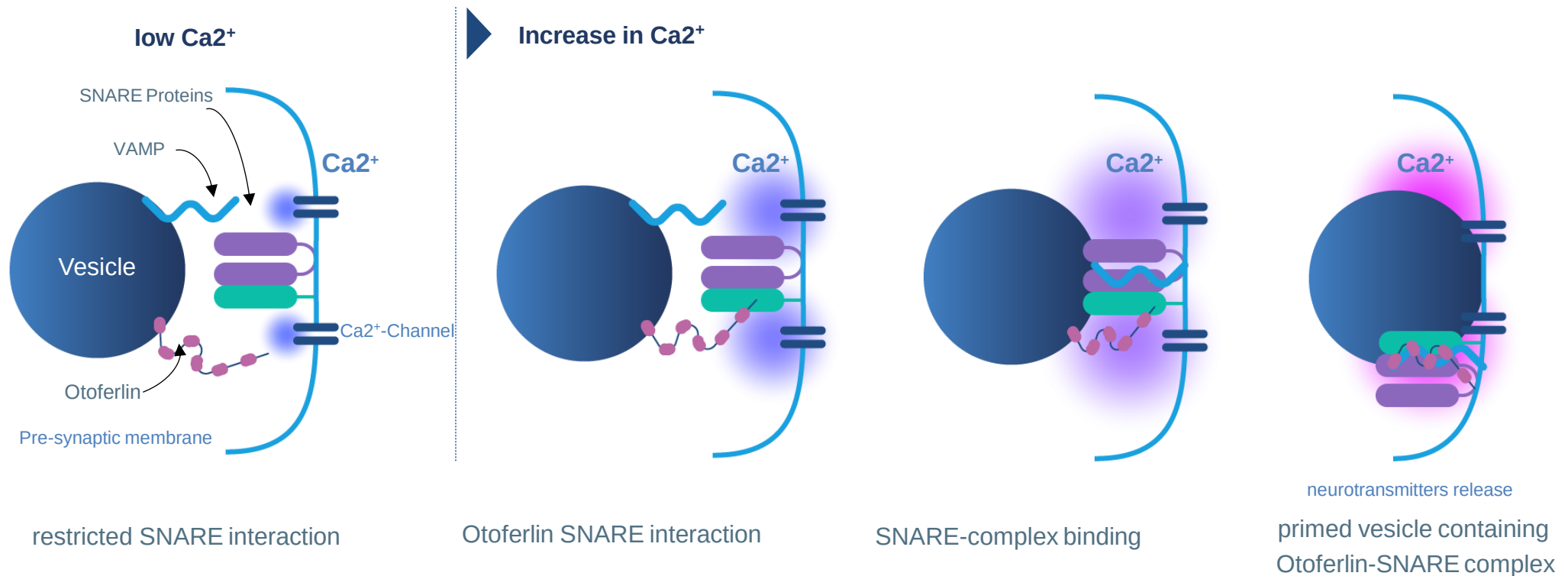
Sales Potential Illustration

SENS-501

GJB2-GT

Sources: Sensorion, AT Kearney market research

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



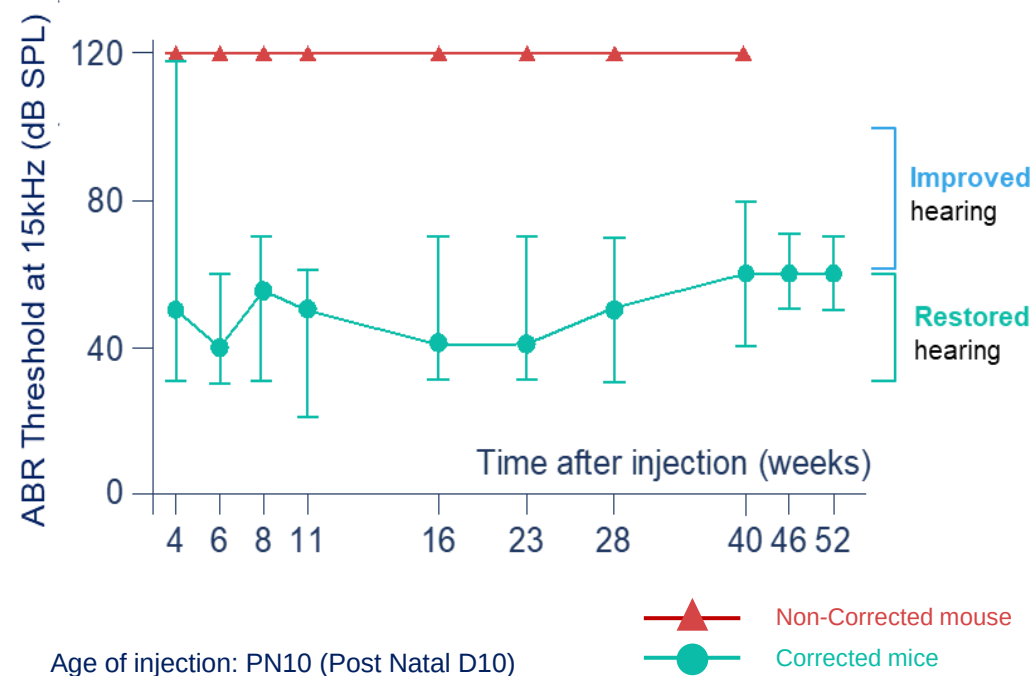
Model illustrating calcium regulation of otoferlin/SNARE interaction in the hair cell – Adapted from Ramakrishnan *et al.* 2014

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

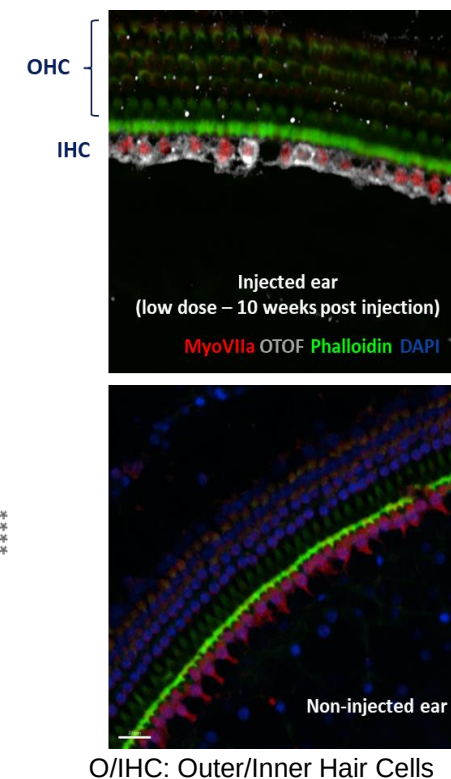
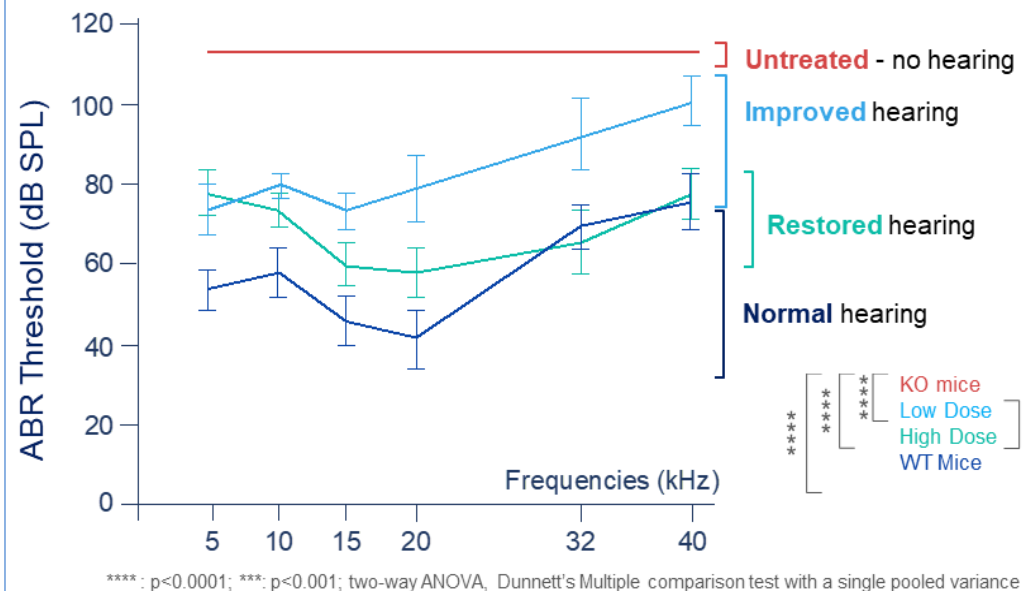
AAV-mOTOF injected in mice before hearing onset



- **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
10 months after injection

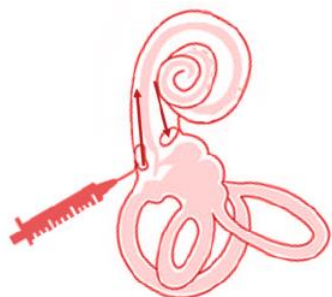


- Both doses of SENS-501 demonstrated efficacy in **improving hearing in KO mice**
- SENS-501 leads to **otoferlin expression in Inner Hair Cells**

Dedicated Surgical Approach for Gene Therapy

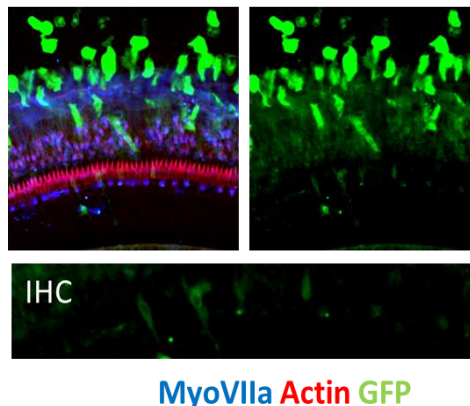
Non-Human Primates injected through the round window membrane (RWI) with or without stapedotomy (stap)

1 Fenestration

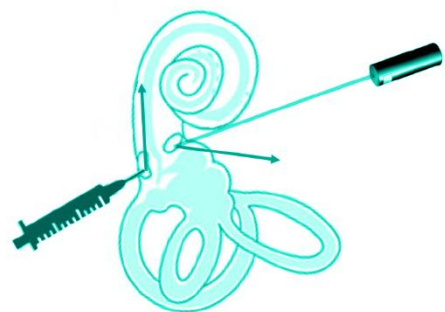


Used for cochlear implant

- Overpressure
- Limited volume
- Backflow
- Irregular transduction rate

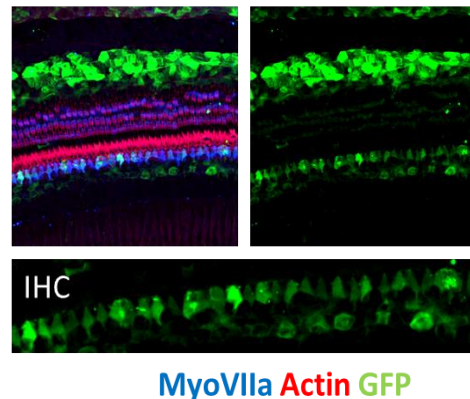


2 Fenestrations



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
- **Proprietary injection device developed** to inject a defined volume at a controlled flow rate

Phase 1/2 Audiogene Study (SENS-501)

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: efficacy (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 supports identification of DFNB9 patients for Audiogene.

AUDINNOVE CONSORTIUM MEMBERS



Preclinical package completed



Injection device system
development completed



GMP Drug product successfully
manufactured



CTA Approval in France
& PIP in EU



Submission European Natural
History Study OTOCONEX



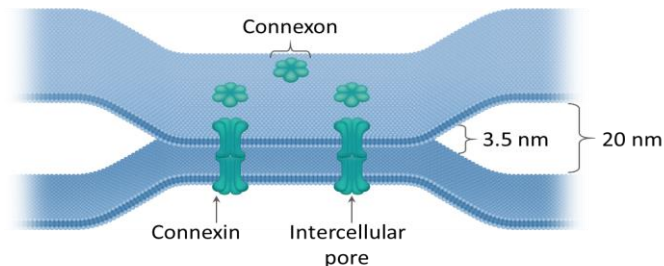
First Patient Initial Safety Data
Sept 20, 2024



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

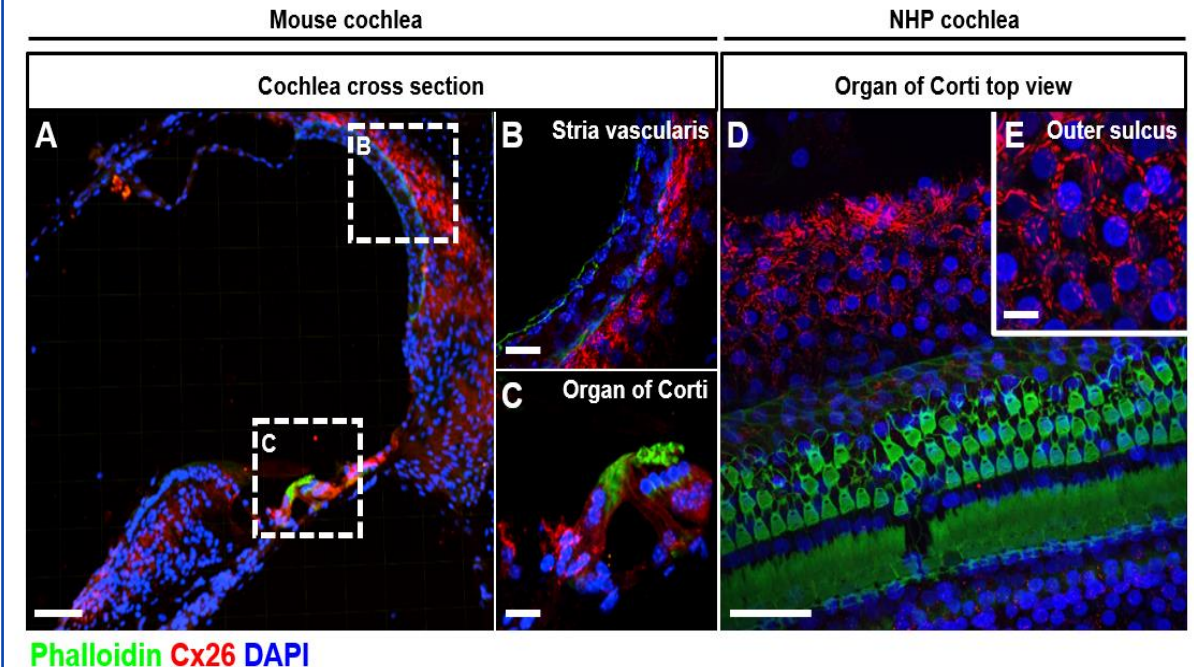
Mutations in the *GJB2* Lead to Deafness

- *GJB2* is the gene encoding for the Connexin 26 protein; one of 20 known connexins
- Cx26 and Cx30 proteins are the dominating connexins in the cochlea; heteromeric or heterotypic hexamers forming Gap Junctions
- Gap Junctions are key for the intercellular exchange of molecules (miRNA, glucose, ions, etc.) hence responsible for tissue homeostasis
- More than 100 recessive mutations origin Cx26 truncation / deletion leading to non-syndromic hearing loss and deafness, most are addressable via gene replacement
- Severity of hearing loss correlates with degree of loss of *GJB2* function



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

GJB2 Expression in the Cochlea



- Supporting cells of the organ of Corti
- Fibrocytes of the spiral limbus and the lateral wall
- Intermediate and basal cells of the stria vascularis
- Not expressed in hair cells

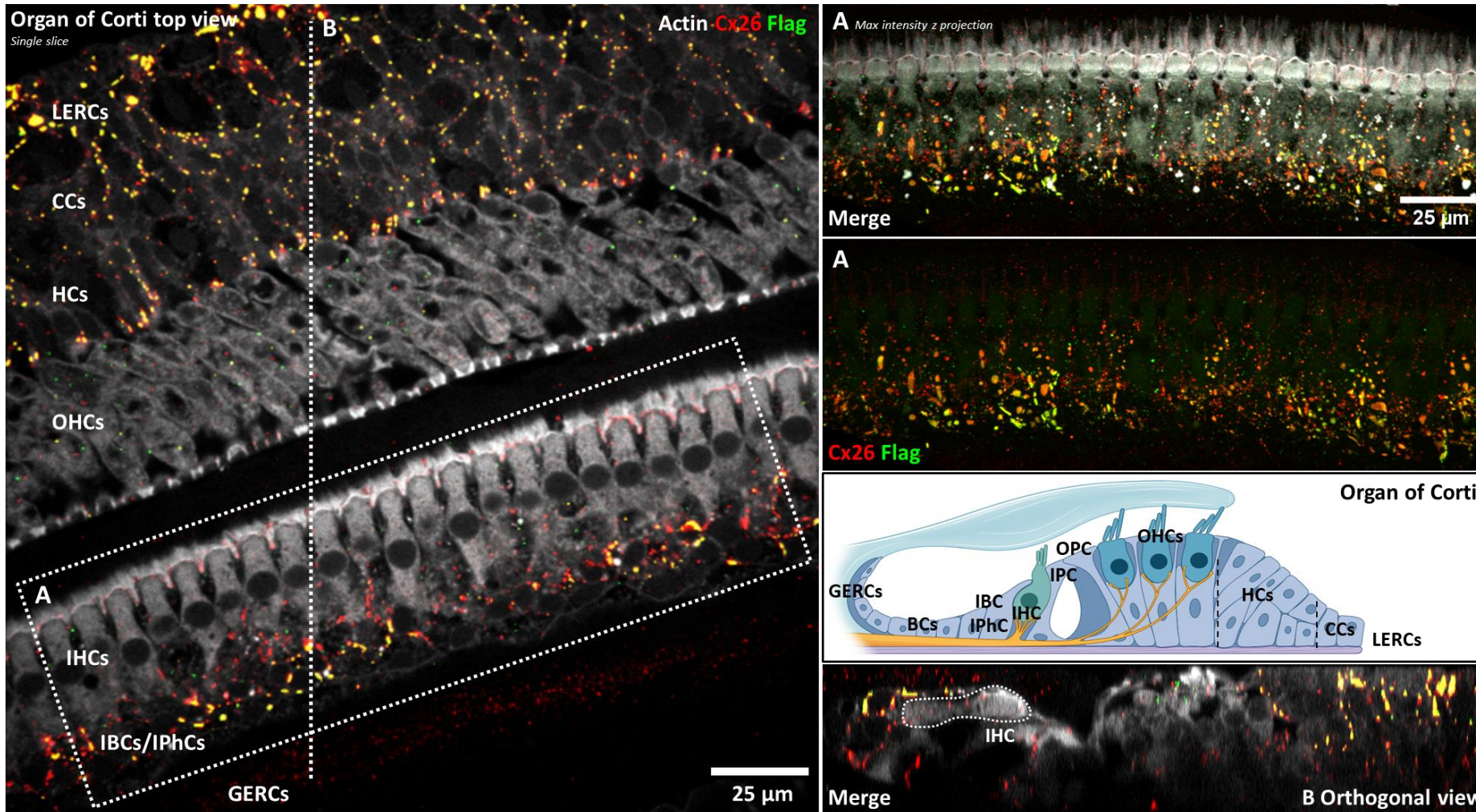
Lead Candidate Was Selected to Answer Specific Developement Criteria

CRITERIA	LEAD CANDIDATE
Natural and synthetic AAV capsid libraries screening for broad coverage of target cells	
Expression cassette design for high-level of target cells transduction, correct cellular localization, active gap-junctions	
Avoiding off-target expression (i.e. hair cells): promoter and regulatory sequences design	
Limited off-target tissue biodistribution	
Surgical approach developed and mastered by ENT surgeons	

Our Lead Candidate Was Designed to Ensure Broad Coverage of Relevant Cochlear Cells While Detargeting Hair Cells

Lead Candidate Can Deliver Cx26 in the Appropriate Target Cells

Correct Delivery of Cx26 Using Lead Candidate Flag in Non-Human Primate Cochlea



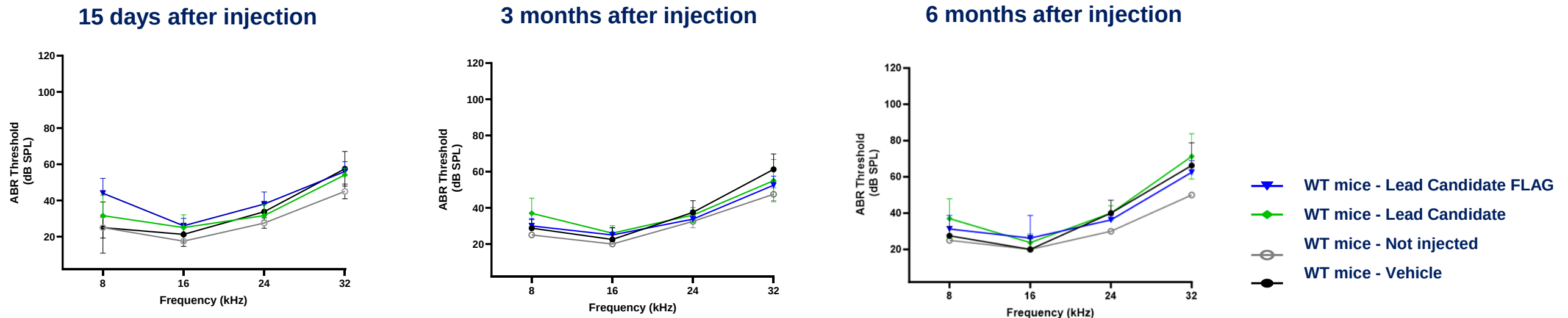
Cell Types

Claudian Cells	✓
Deiters Cells	✓
Great Epithelial Ridge Cells	✓
Hensen Cells	✓
Inner Border Cells	✓
Inner Hair Cells	—
Inner Phalangeal Cells	✓
Pilar Cells	✓
Lateral Epithelial Ridge Cells	✓
Outer Hair Cells	—
Fibrocytes	✓
Stria Vasularis	✓

- No expression in Hair Cells confirmed
- No morphological defects observed 3 and 9 weeks after intracochlear administration

Lead Candidate Demonstrates Adequate Safety and Biodistribution Profile - Including Long-Term Local Tolerability in Mice And NHP

ABR Thresholds in WT Mice Following Lead Candidate Injection



- No impact on ABR up to 6 months following Lead Candidate injection

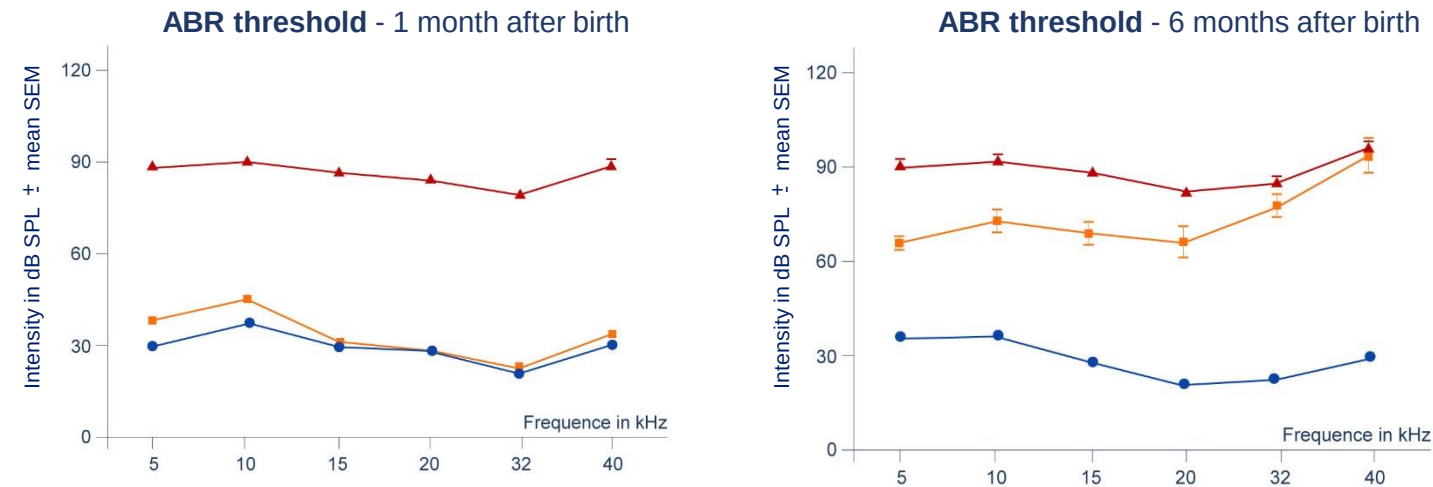
3-Month Exploratory Toxicity and Biodistribution in Non-Human Primate

- Lead Candidate is well tolerated and did not induce any macroscopic/organ weight changes or local/systemic microscopic findings
- Normal cochlear histology
- No lab and clinical findings
- Biodistribution: the vast majority of the vector remains in the injected ear, no dissemination observed in gonads, main organs, DRG

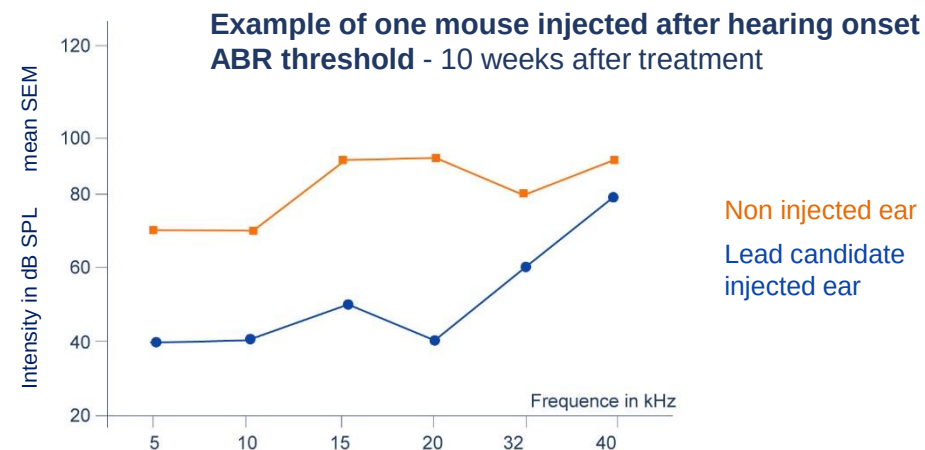
Lead Candidate Prevents Hearing Loss in Relevant Mouse Model

Proof Of Concept In Progressive Mouse Model

Conditional knock-out mouse model leading to 2 phenotypes



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

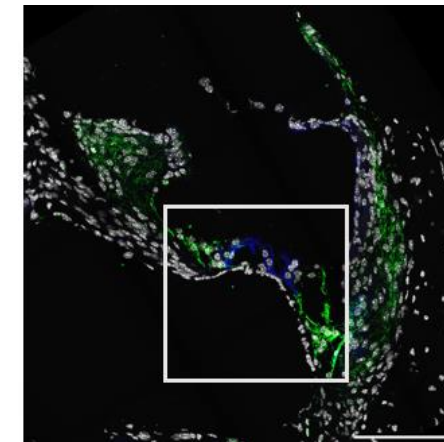


Non injected ear
Lead candidate injected ear

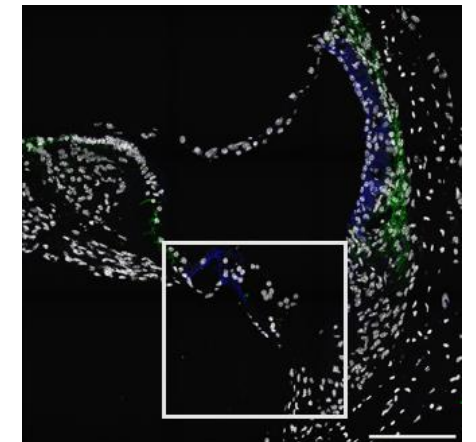
Hearing Loss Prevention Correlates With Connexin 26 Expression

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 CTA/IND Enabling Studies



Update on Additional PoC Efficacy and Safety Data Oct 2024 (ESGCT)



Clinical Trial Applications H2 2025

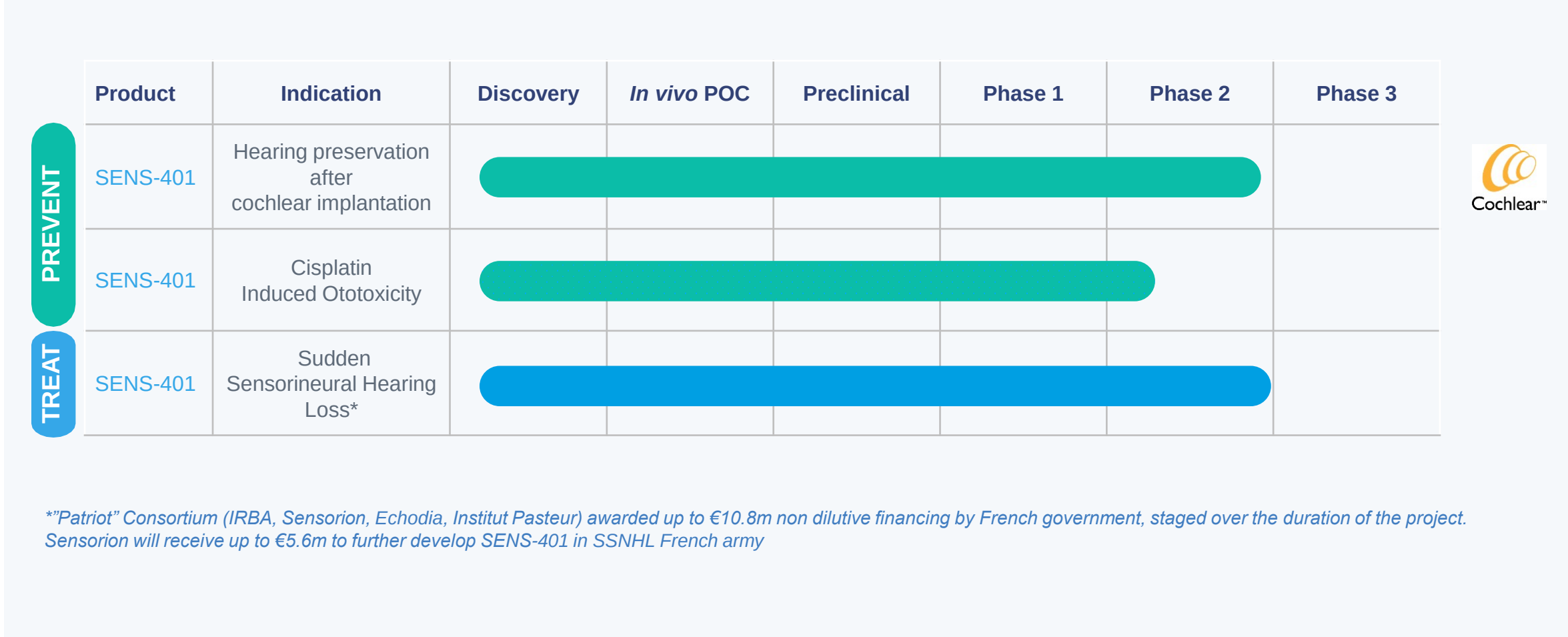




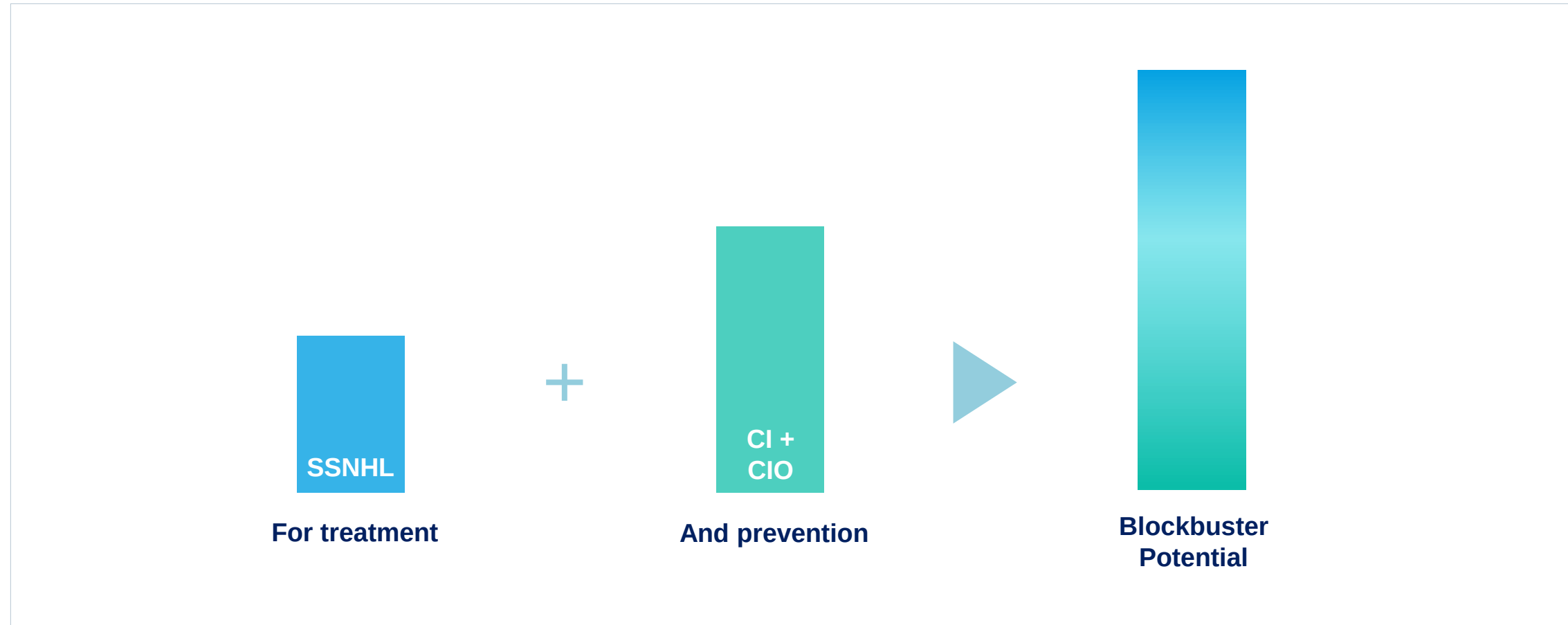
3

SMALL MOLECULE PROGRAMS

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



SENS-401 - A Portfolio With Potential Blockbuster Value



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

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](#))

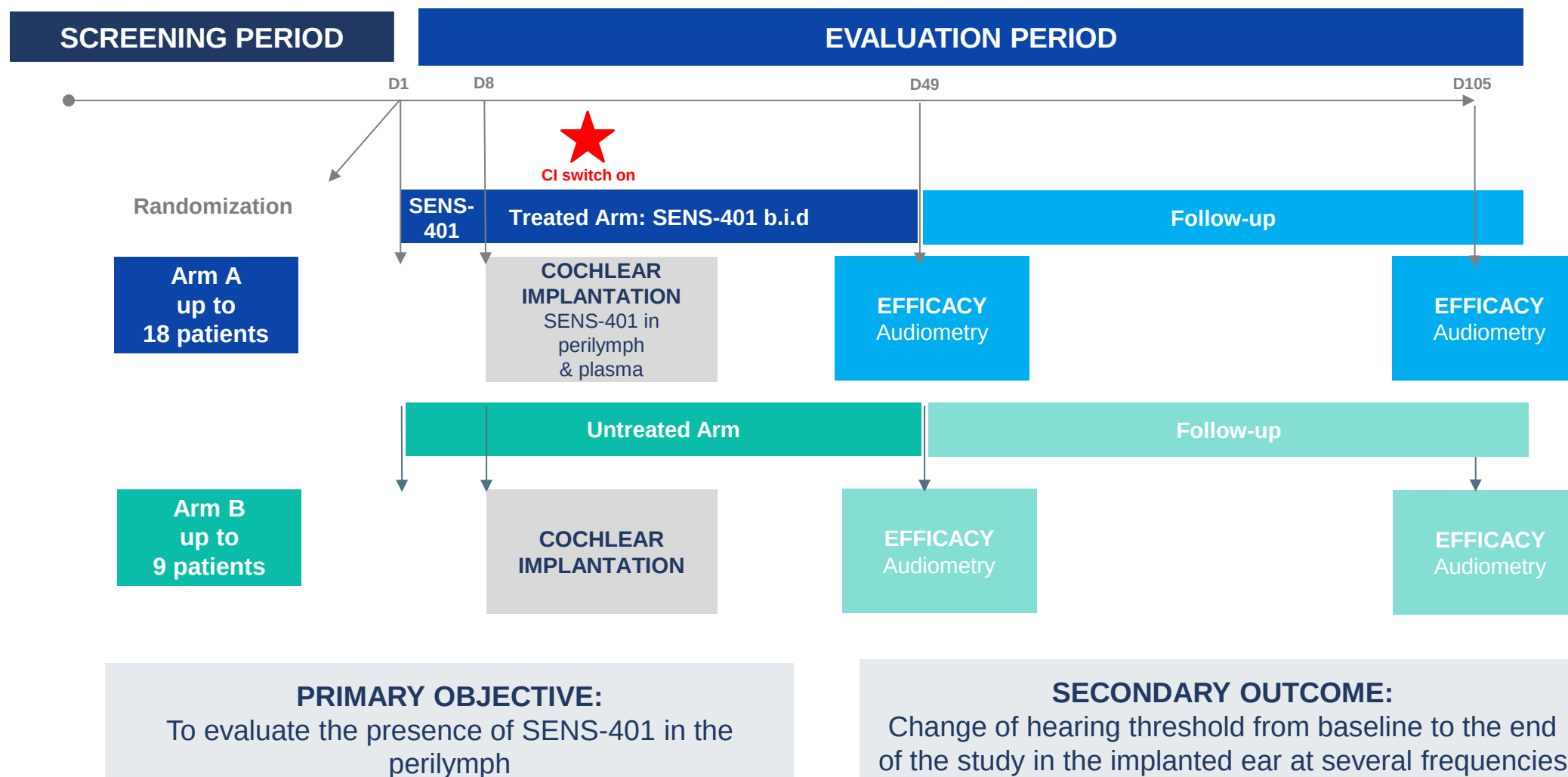
²Market estimates ([link](#))

SENS-401 CI Study Design

Primary Endpoint Met, Positive Secondary Endpoints

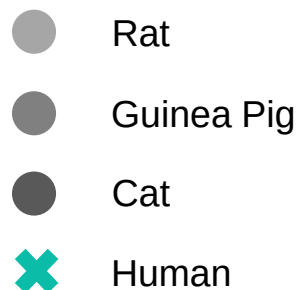


A Phase 2a, Multicenter, Randomized, Controlled, Open-label Study

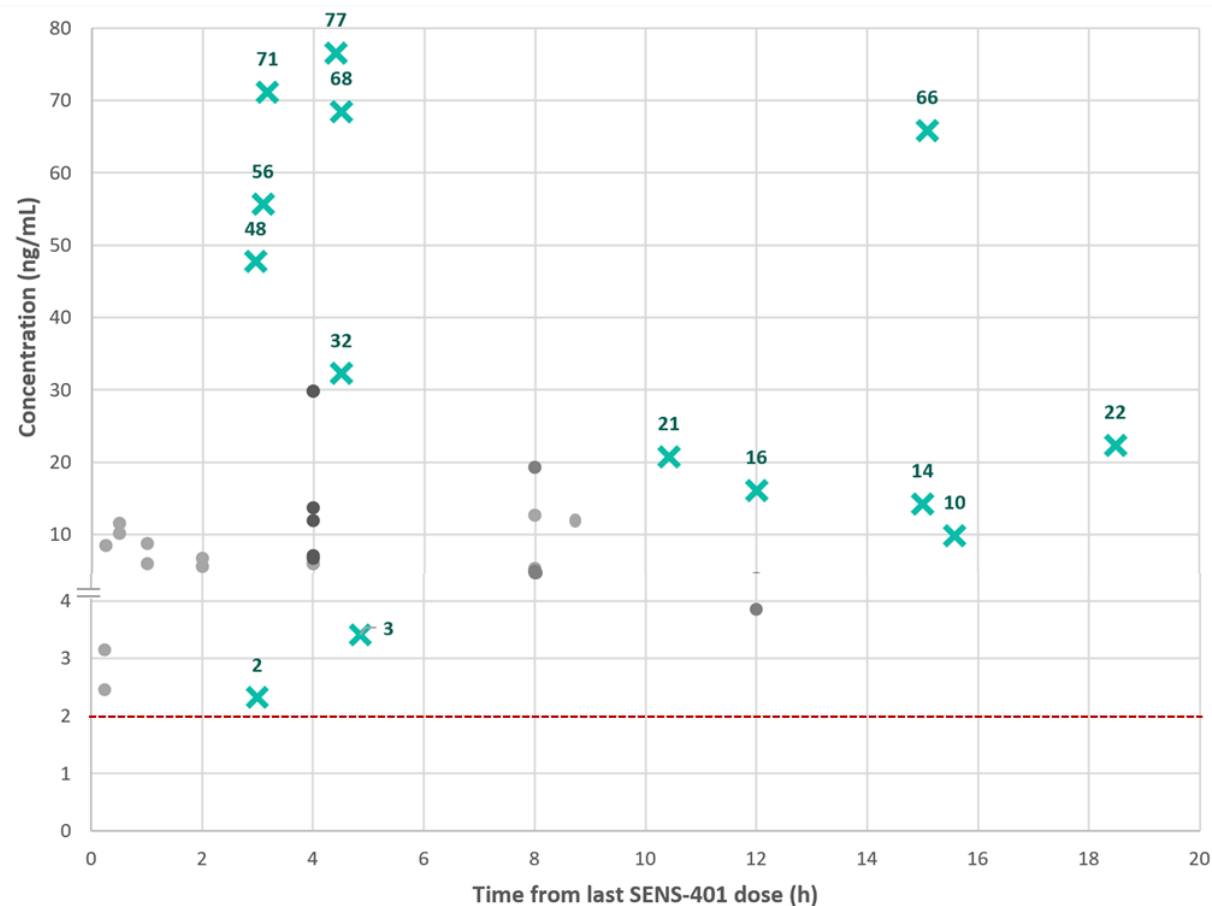


Primary Endpoint of the Phase 2a Clinical Study for Residual Hearing Preservation Has Been Met

Perilymph Concentrations Data



--- Minimal perilymph concentration in animals



- Presence of SENS-401 in the perilymph is confirmed in 100% of the patients sampled following cochlear implantation.
- These results confirm that SENS-401 administered orally crosses the labyrinth barrier.

Residual Low Frequency Hearing Benefits for Cochlear Implant Users

Initial shift*
(2-4 weeks postoperative)
between surgery and initial activation of the device

- **Attributed to perioperative factors**

Second shift*
(3-6 months postoperative)

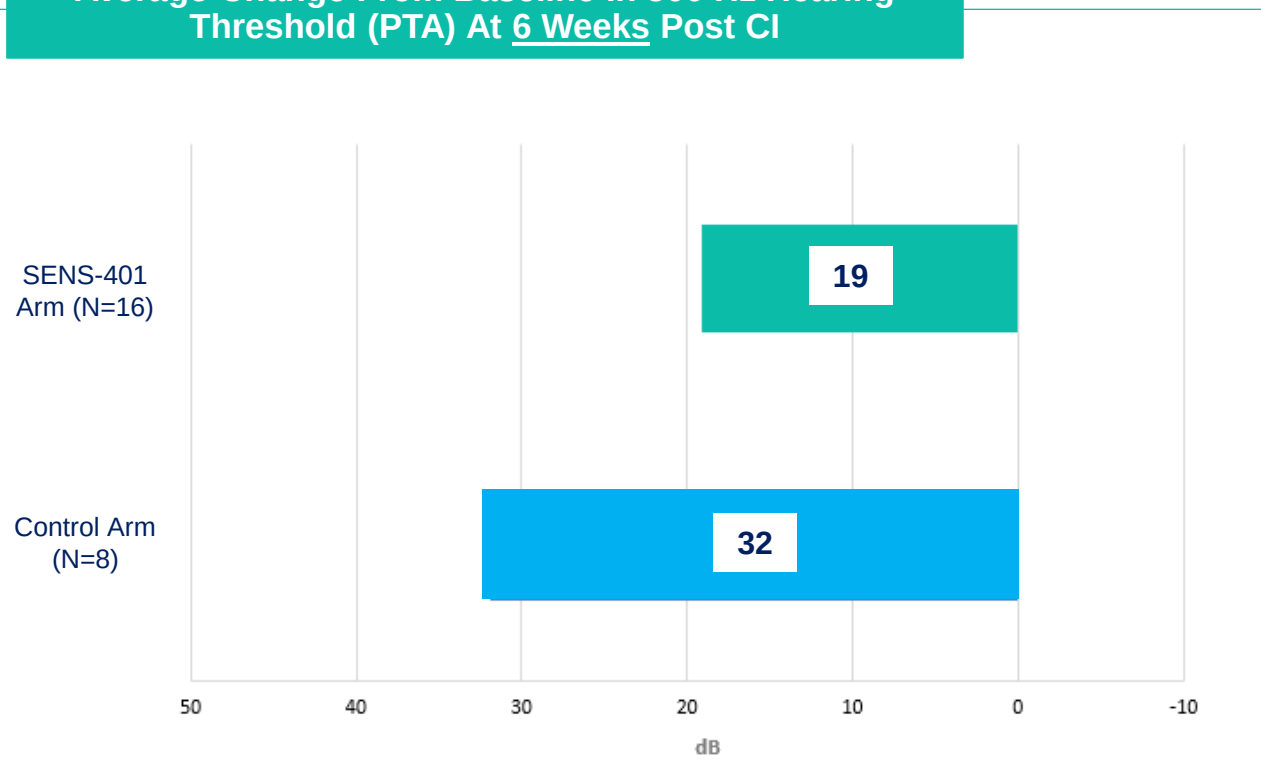
- **Attributed to intracochlear fibrosis, excitotoxic changes from electrical and acoustic stimulation**

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

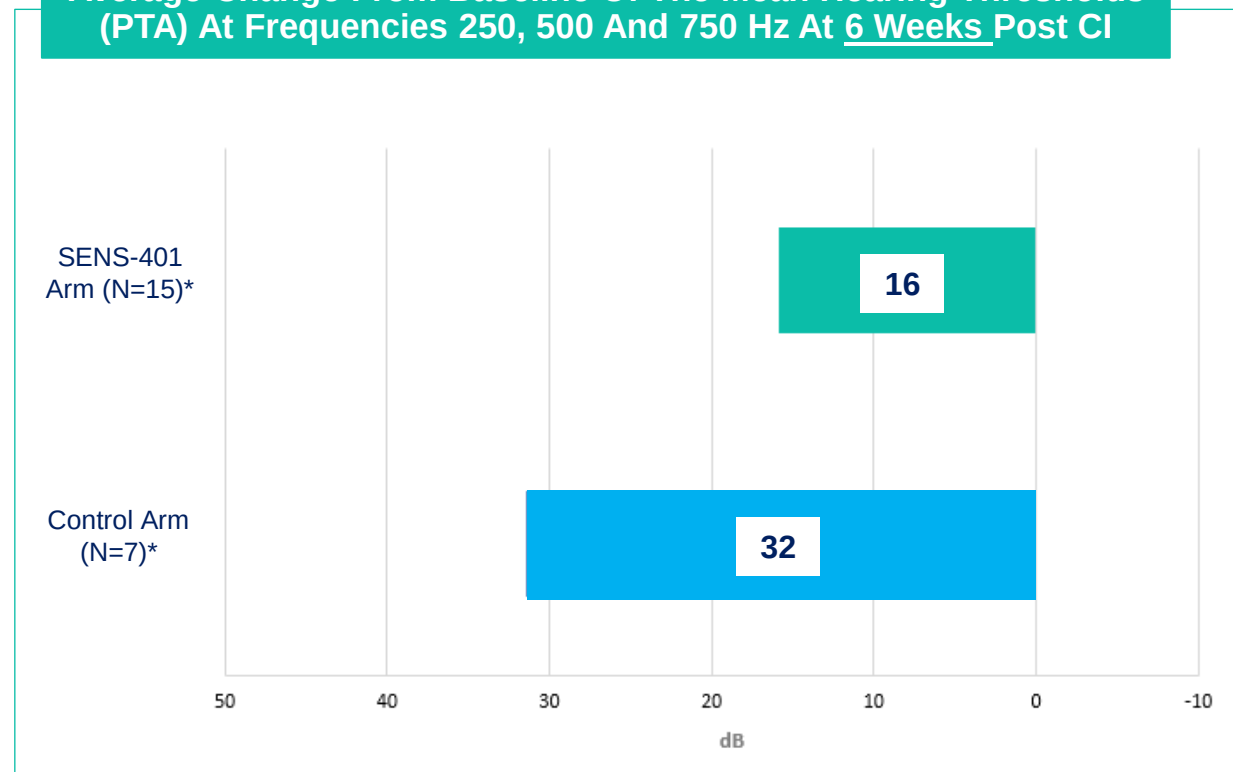
**Jensen et al., Hearing Preservation After Cochlear Implantation, 2021*

SENS-401 Provides Medically Significant Hearing Protection 6 Weeks Post-Cochlear Implantation

Average Change From Baseline In 500 Hz Hearing Threshold (PTA) At 6 Weeks Post CI



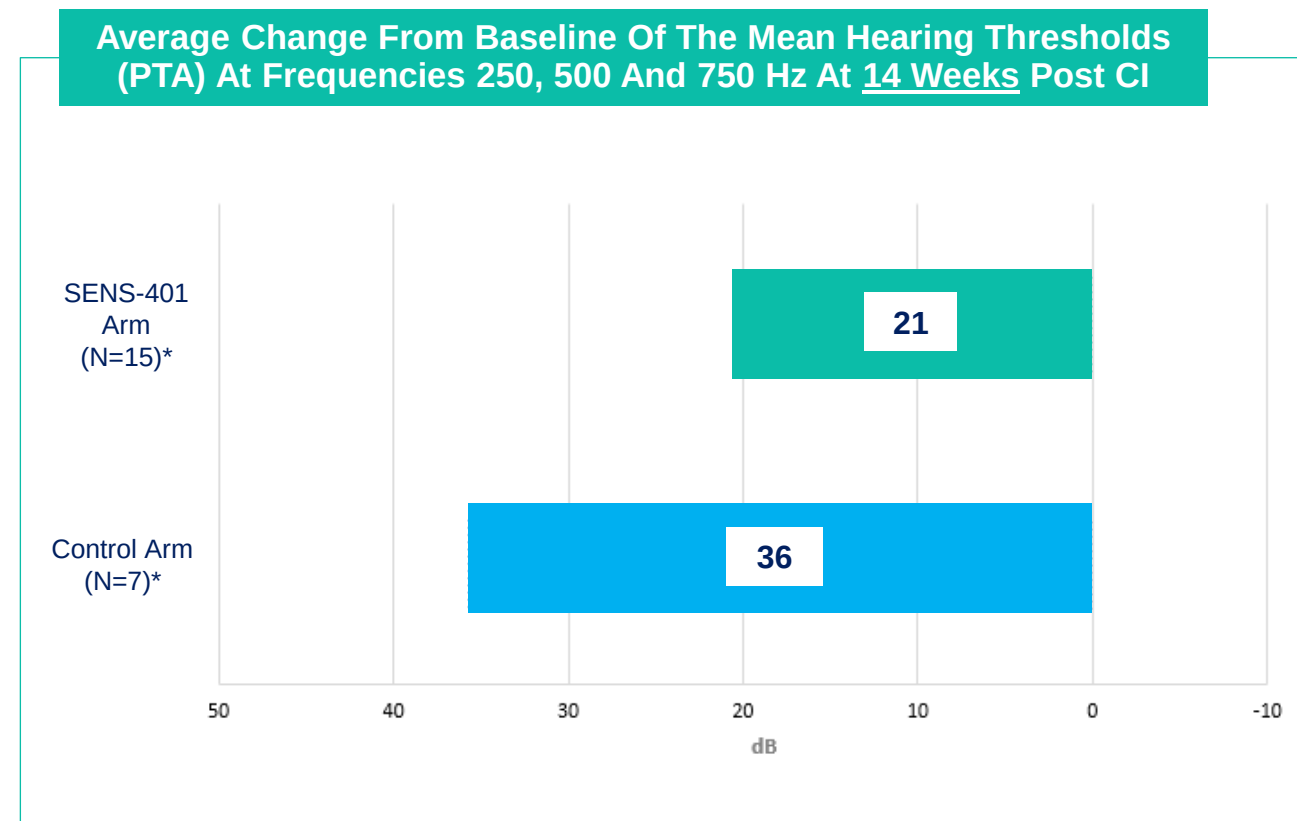
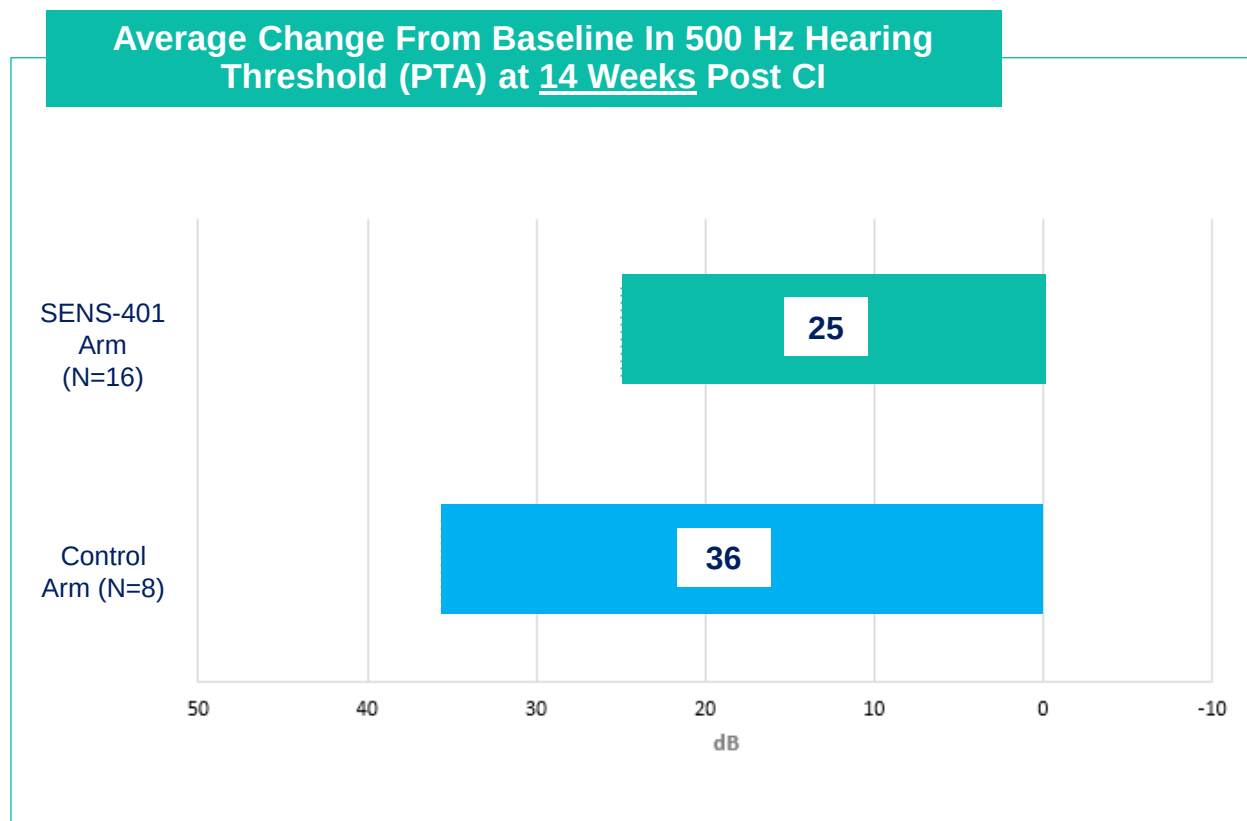
Average Change From Baseline Of The Mean Hearing Thresholds (PTA) At Frequencies 250, 500 And 750 Hz At 6 Weeks Post CI



- **SENS-401 administered one week before and six weeks after cochlear implantation leads to a lower loss of residual hearing (19 dB and 16 dB), as measured by hearing thresholds at the 500 Hz frequency and the average of three contiguous frequencies ranging from 250 to 750 Hz, compared to 32 dB in the control group.**

* One participant in each group had a missing hearing threshold at the frequency 750 Hz at the baseline.

The Hearing Protection Provided by SENS-401 Post-Cochlear Implantation Continues for Up to 8 Weeks After End of Treatment



- Residual hearing loss is lower** on average in patients treated with SENS-401 (25dB) compared to untreated patients with SENS-401 (36 dB) 8 weeks after the end of the treatment period.

* One participant in each group had a missing hearing threshold at the frequency 750 Hz at the baseline.

SENS-401 CI Conclusion

Primary Endpoint Met and Positive Secondary Efficacy Endpoints



SENS-401 can cross the labyrinthine barrier to target cochlear hair cells in all patients sampled, confirming primary endpoint is met.



Six and Fourteen 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 difference for the treated group (19-dB), in comparison to the untreated group (32dB)**. This difference is maintained up to 14 weeks with 25 dB in the treated group vs 36 dB in the untreated group.



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



SENS-401 taken for 6 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

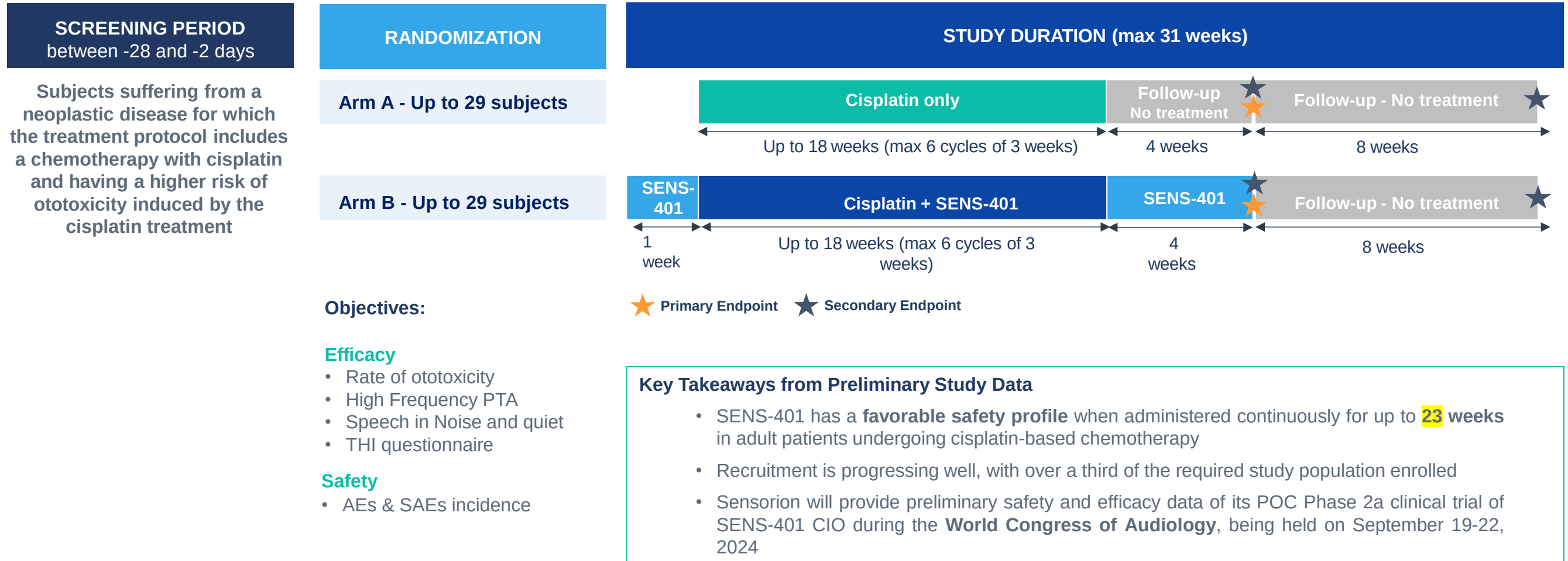


¹ Company/ estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)

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
Sept 20, 2024



SENS-401 with Cochlear Implants (CI) –
Full Results Readout Sept 20, 2024



Sensorion Newsflow [Estimated Timelines]

SENS-501 Gene Therapy Program

Sept 20, 2024 – Audiogene FPI initial safety data

H2 2024 – Audiogene enrollment completion of the first cohort

H1 2025 – Audiogene enrollment completion of the second cohort

GJB2 Gene Therapy Program

October 2024 (ESGCT) – GJB2-GT: Update on additional POC efficacy and safety data

H2 2025 – Clinical Trial Applications

SENS-401 Program

Sept 20, 2024 (WCA) – Cochlear Implantation: full results readout

Sept 20, 2024 (WCA) – CIO NOTOXIS: preliminary safety and efficacy data

H1 2025 – CIO NOTOXIS: Patient recruitment completion

THANK YOU



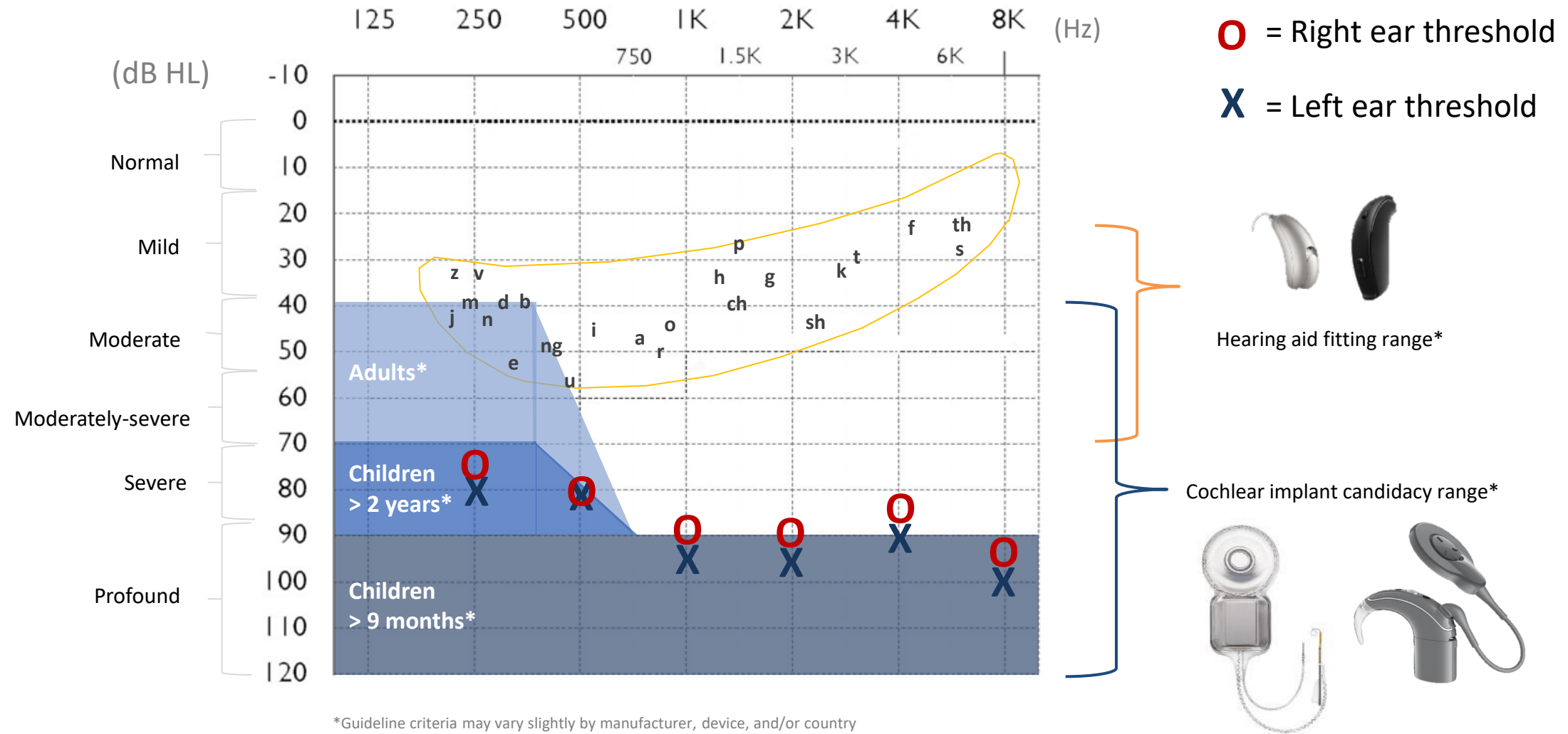
[E: contact@sensorion-pharma.com](mailto:contact@sensorion-pharma.com)



Hearing Loss



Access And Clarity Are Mandatory For Optimal Outcomes

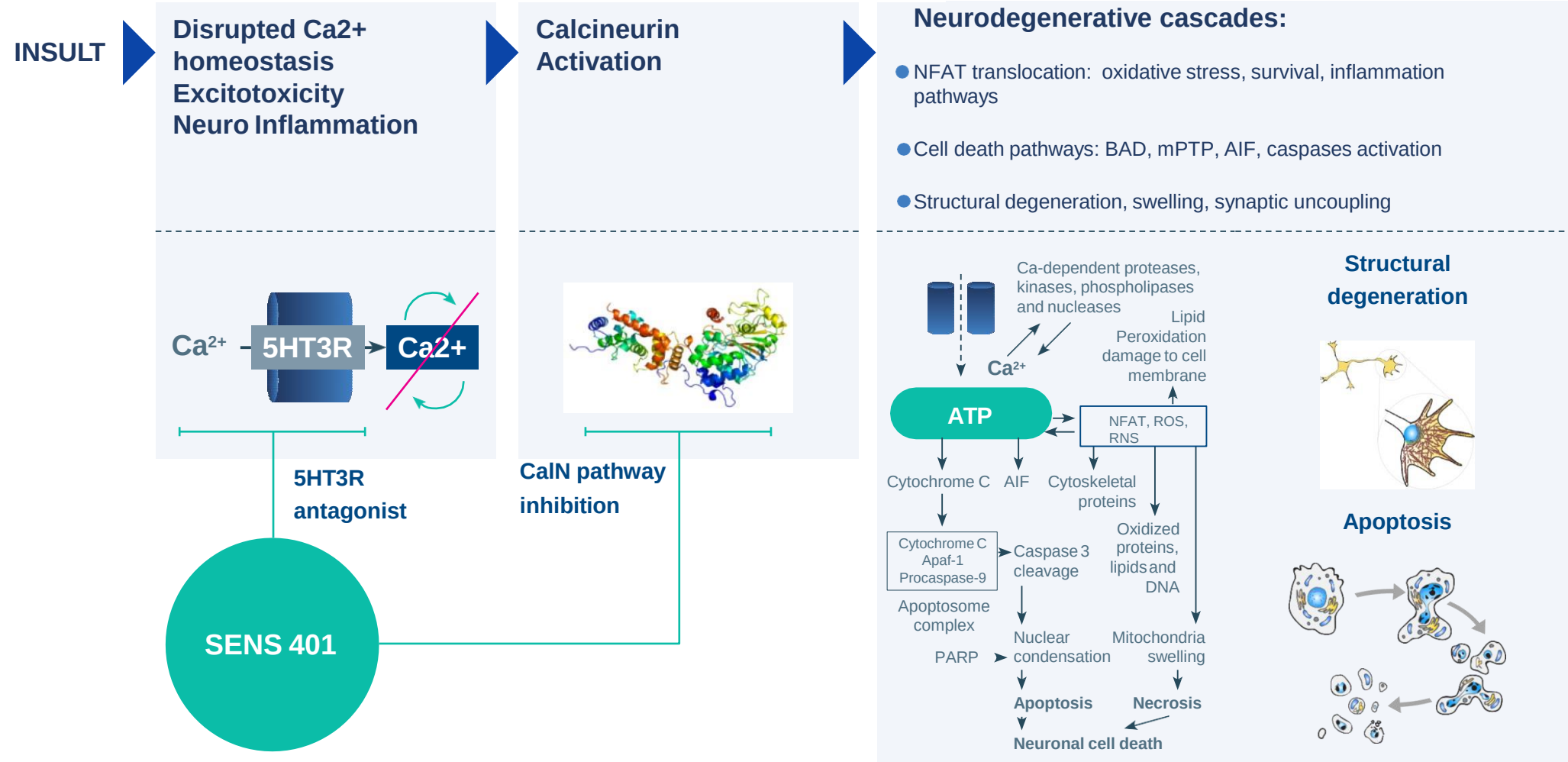




SENS-401



SENS-401 Mechanism Of Action





SSNHL

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:

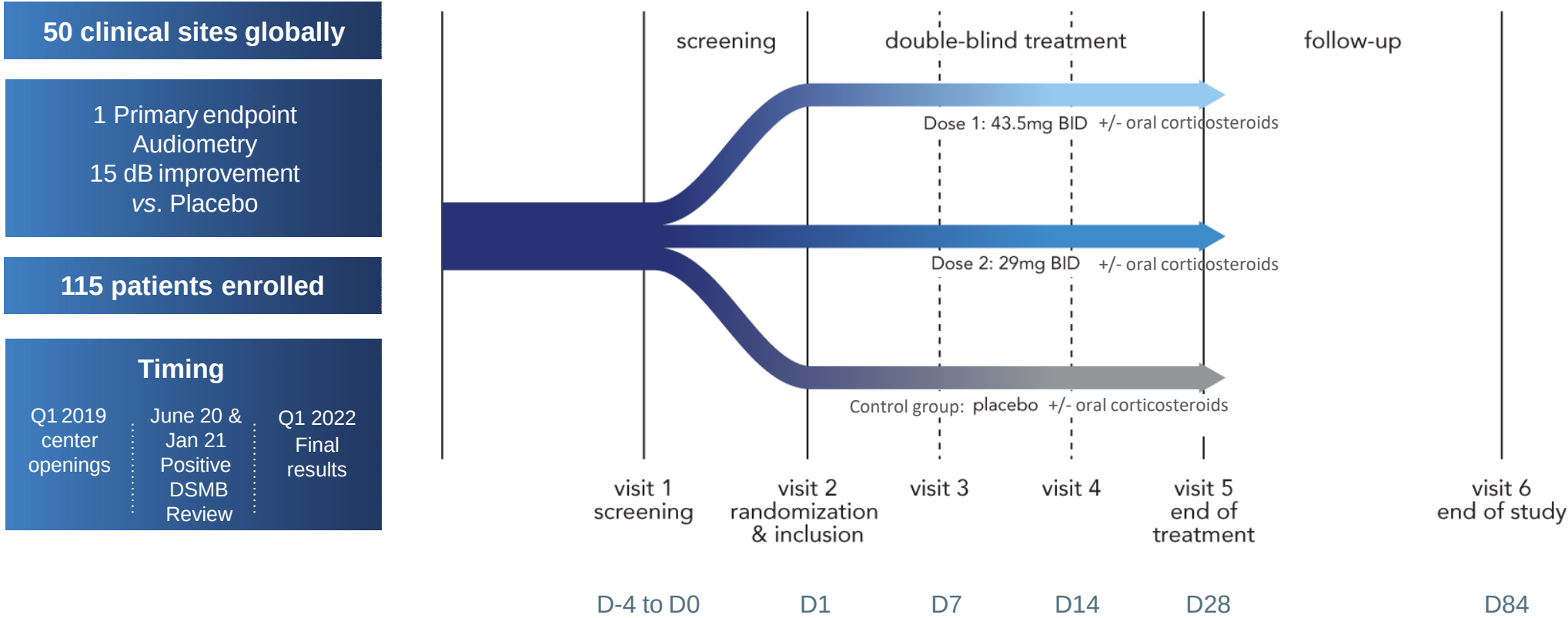
- Difficulties in communicating, social isolation, cognitive decline
- Accompanying tinnitus

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)

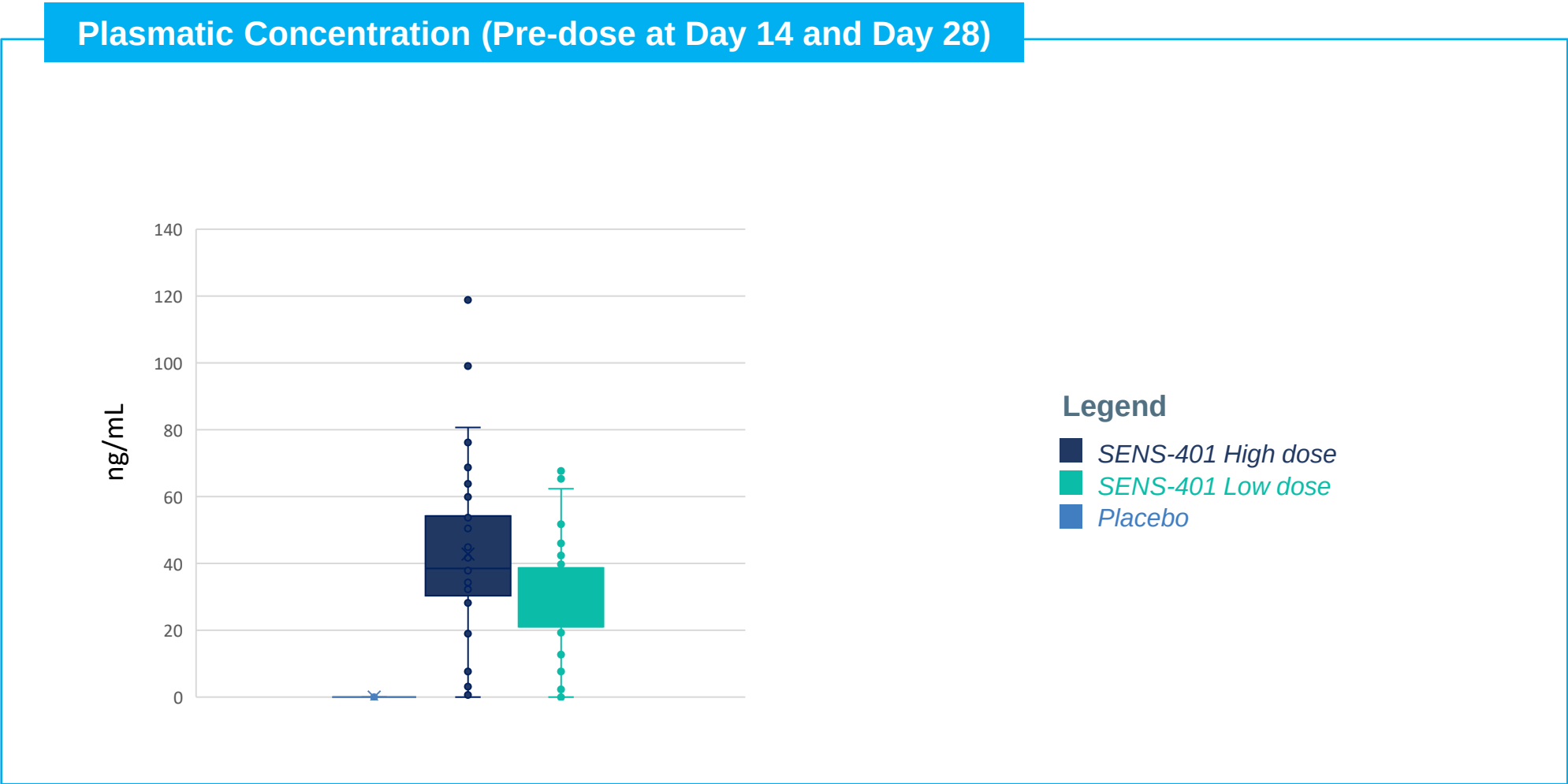
SENS-401 SSNHL Program: AUDIBLE-S Phase 2 Design

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



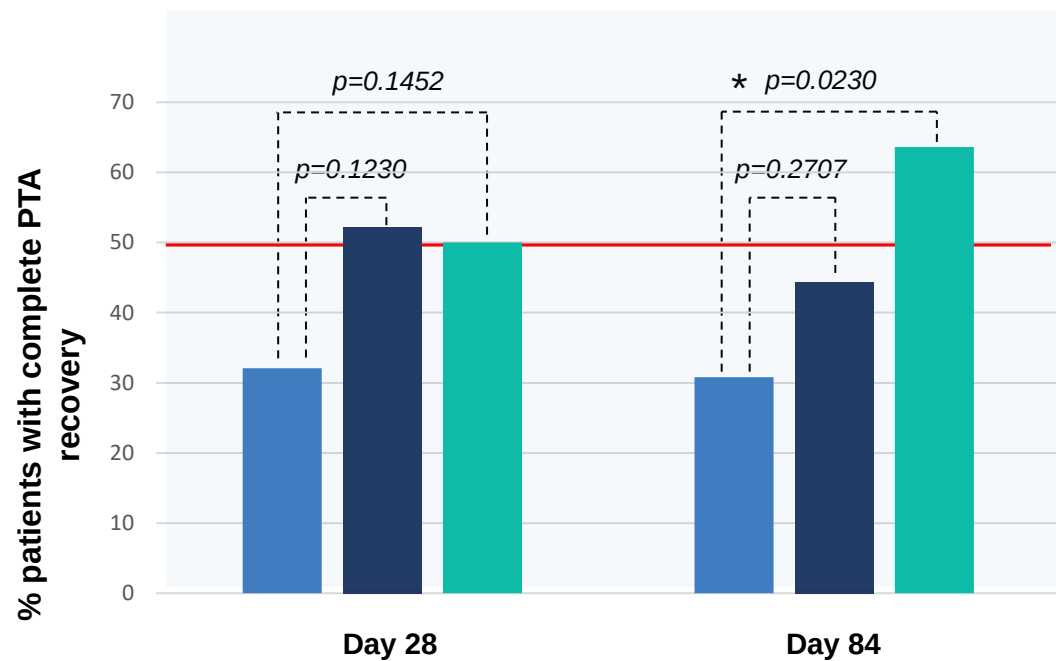
Primary endpoint definition:
“...change in pure tone audiometry (PTA); average of the hearing threshold of 3 contiguous most affected hearing frequencies in decibels in the affected ear from baseline to the end of treatment visit (Visit 5/D28±3)”

SENS-401 Plasmatic Exposure



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