Sensorion

SENSORION

Unlocking The Potential Of Advanced Therapies For Hearing Loss

January 2026

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Establishing Global Leadership In Hearing Loss With Strong And Diversified Pipeline

- **Unmet clinical need: 1.5bn people affected by hearing loss (HL)**
- **Multiple causes: genetic, environmental, idiopathic**

- **Modality agnostic approach to hearing loss disorders**
- **World-leading and exclusive partnerships**

- **Gene therapies (GT): SENS-501 and GJB2-GT**
- **Prospective Natural History Studies**

- **Small molecule SENS-401**
- **Multiple indications**

- **Multiple upcoming clinical milestones**

- **68 FTEs, listed on Euronext Growth**
- **Leading blue-chip life sciences shareholders**

Market: Euronext Growth
Ticker: ALSEN
Market Cap: €103M
Cash balance: c.€57M*

*as of June 30th 2025; provides runway until Q3 2026

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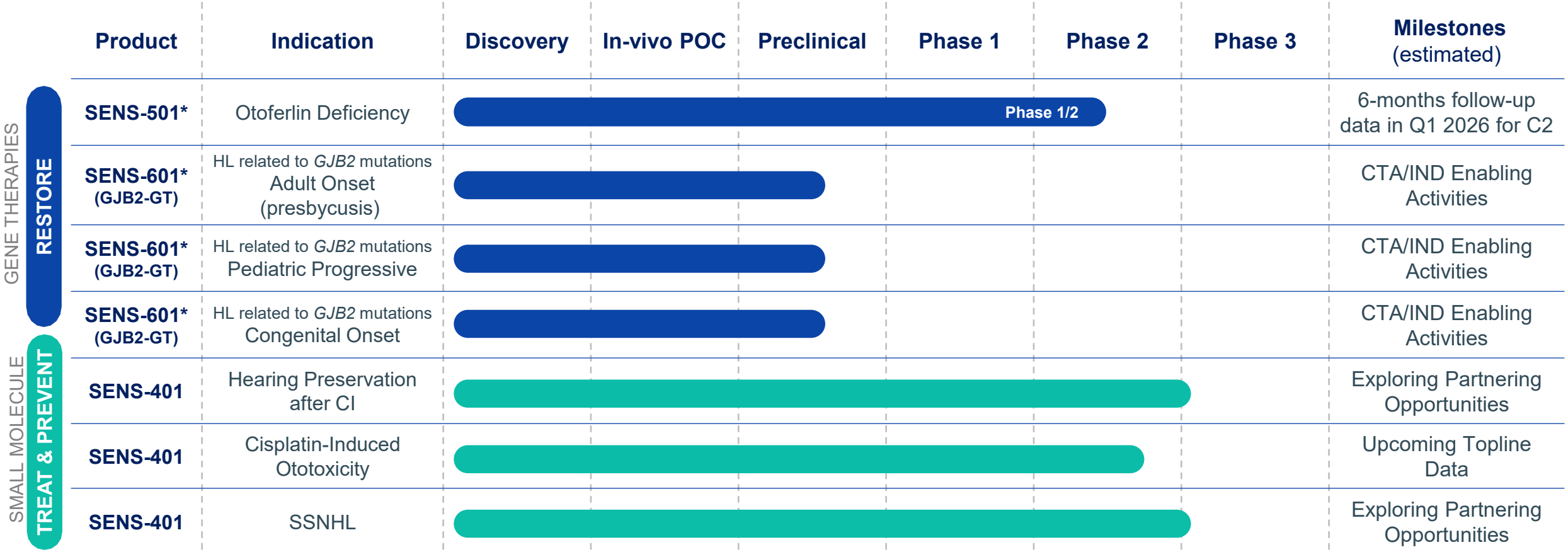
Portfolio Of Advanced Hearing Loss Therapies



HL: Hearing Loss
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 grant a licence from the Institut Pasteur (licence granted for SENS-501, pre-defined financial terms and other terms to be negotiated for GJB2-GT)

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Best-In-Class Partners And Internal Capabilities To Transform Standard Of Care

PARTNERS

TRANSLATIONAL RESEARCH

INSTITUT PASTEUR

CLINICAL RESEARCH

GLOBAL CLINICAL CENTERS OF EXCELLENCE

Necker ENFANTS MALADES HÔPITAL UNIVERSITAIRE

DIAGNOSIS AND PATIENT JOURNEY

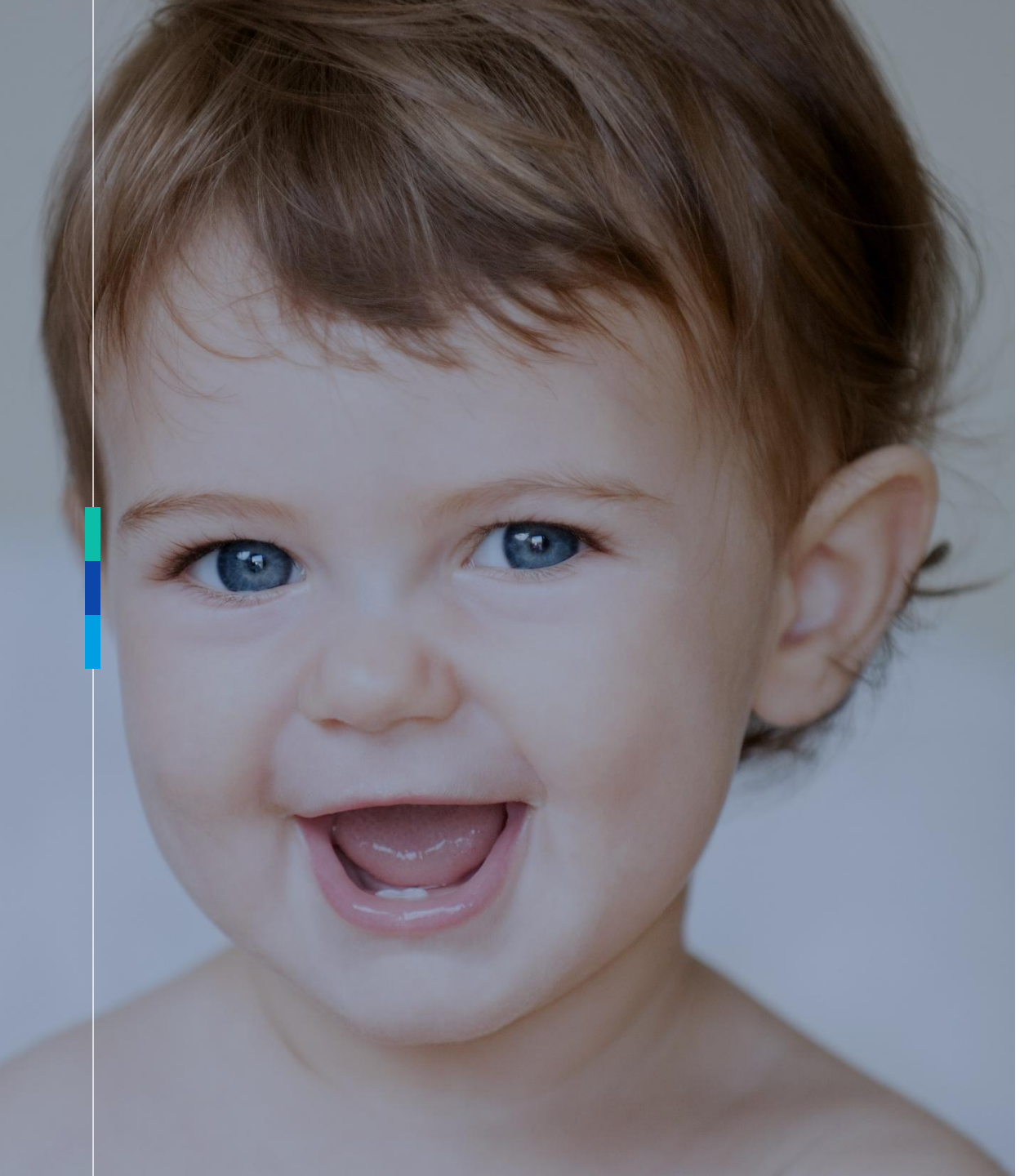
Cochlear™

sonova HEAR THE WORLD

Sensorion

IN-HOUSE

- PRECLINICAL - SMALL MOLECULES & GT PROGRAMS
- CLINICAL EXPERIENCE
- CMC GENE THERAPY FACILITIES
- REGULATORY EXPERTISE
- PATIENT ACCESS



1

GENE THERAPY PROGRAMS

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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

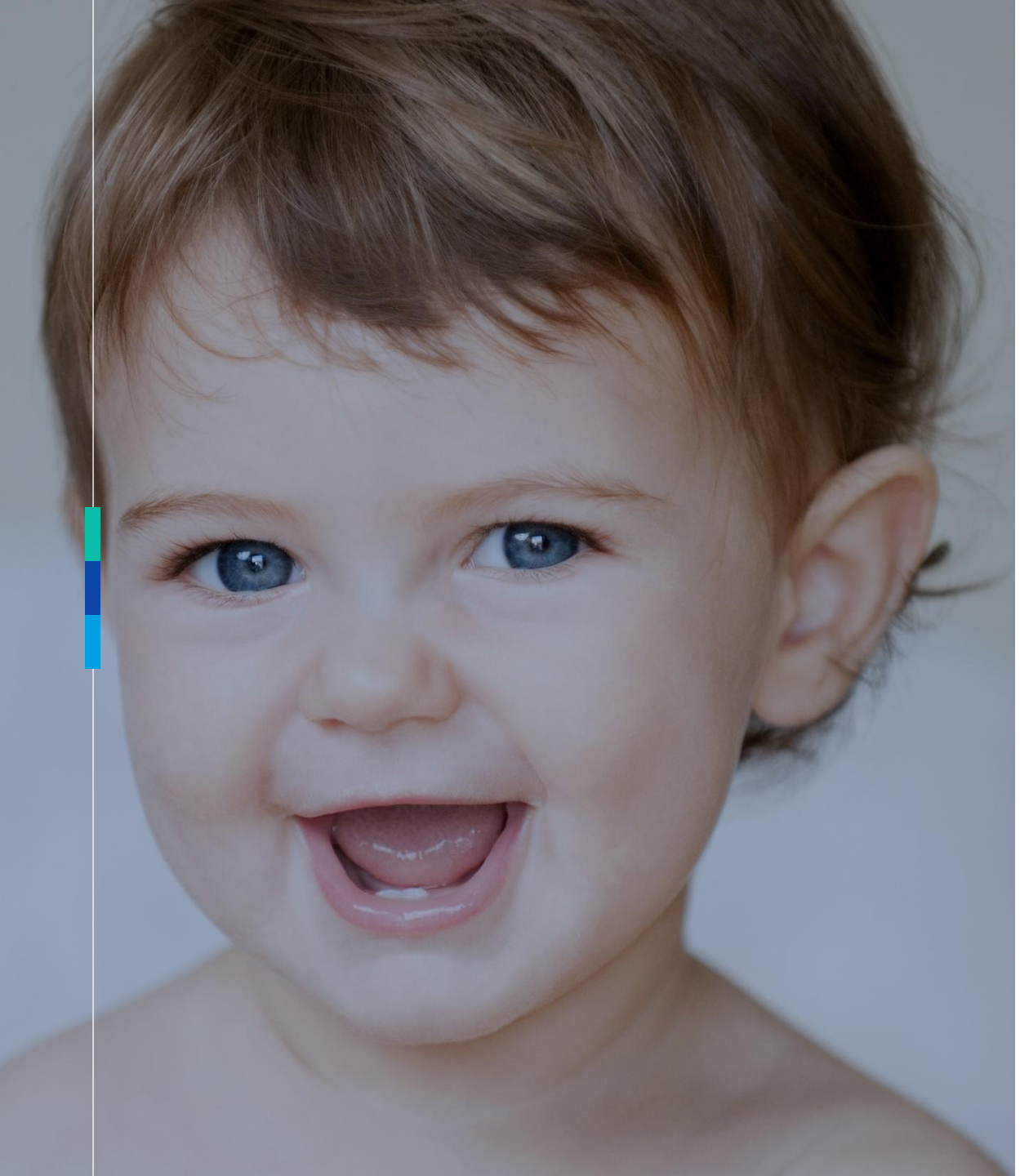
We have identified three forms of hearing loss associated with GJB2 gene mutations:

- 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

Current Standard Of Care Is Cochlear Implantation

Gene Therapy Has A Life-Changing Potential For These Auditory Diseases

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)



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OTOFERLIN DEFICIENCY

SENS-501

Raising The Bar With The SENS-501 Audiogene Study

We wanted to generate a compelling value story showing that SENS-501 treatment is able to:

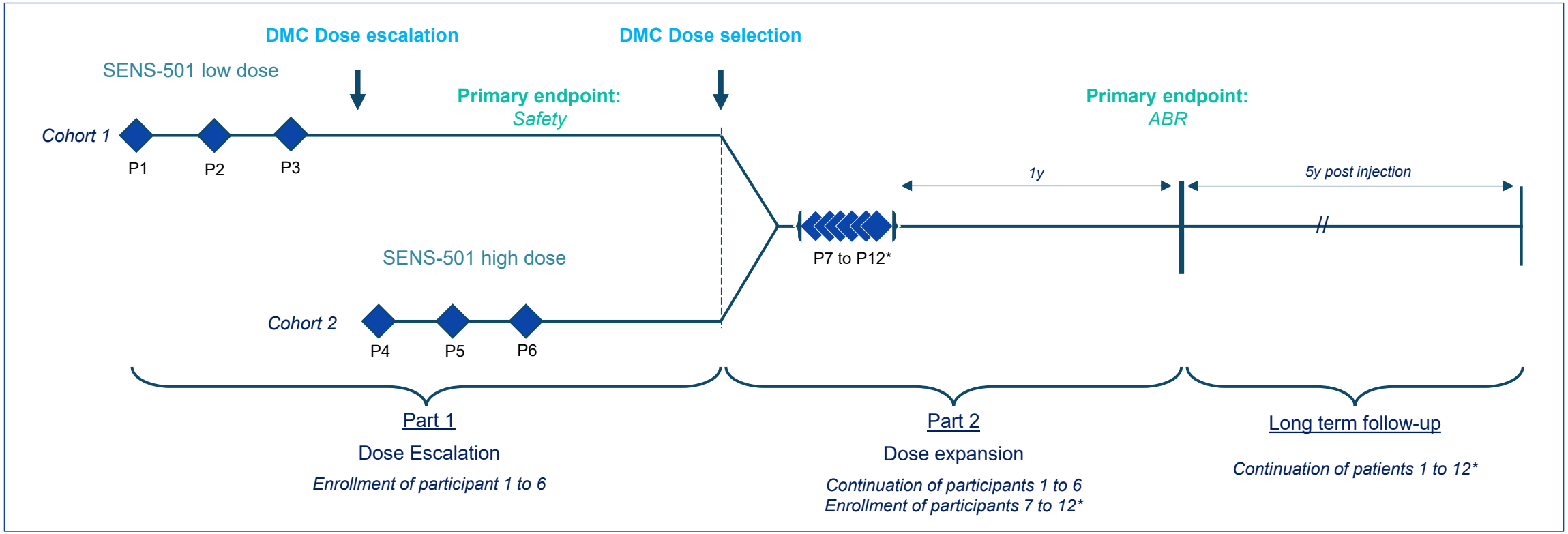
- Demonstrate by itself **hearing restoration in toddlers**
- Enable infants to have **normal language acquisition** and **development**
- Improve **Patient Reported Outcomes & QoL** to allow infants **social development**

Critical parameters that Audiogene have to demonstrate to be competitive:

- A **homogeneous** clinical study population in the right target age for **speech acquisition** (ie: below 3 years old)
- **No concomitant cochlear implantation**
- **No previous cochlear implantation** to be able to document the contribution of the GT in speech development
- Global clinical study **leveraging the natural history network**

SENS-501
Phase 1/2 Audiogene Study

Audiogene, a Phase 1/2 clinical trial in homogenous population of infants and toddlers, aged 6 to 31 months, naive of cochlear implants, to assess safety, tolerability, and efficacy of SENS-501 following unilateral injection into the cochlea



*Further participants may be recruited if required, who will be assessed in the same way as P7 to P12.

SENS-501
Audiogene Study Status

DOSE ESCALATION

- **Successful completion of recruitment for the first two cohorts (n=6) in H2 2025**
- **Good safety to date at both doses:**
  - Surgical administration procedure well tolerated
  - No dose-limiting toxicities, no Serious Adverse Events
  - Vestibular function and OAEs remained intact and unchanged from baseline
- In Cohort 2 (high dose), **early promising improvements in two of the three treated patients by Month 3 on Pure Tone Audiometry:**
  - Patient 4: 60 dB HL threshold at best performing frequency
  - Patient 5: 70 dB HL threshold at best performing frequency

STUDY UPDATE

- **In December 2025, the Data Monitoring Committee raised no safety concerns and supported the continuation of the study**
- Upcoming six-months efficacy data to be communicated during Q1 2026
- Continuing Natural History Study Otoconex supporting eligible patients' identification

OAEs: Otoacoustic Emissions

SENS-501
Program Status

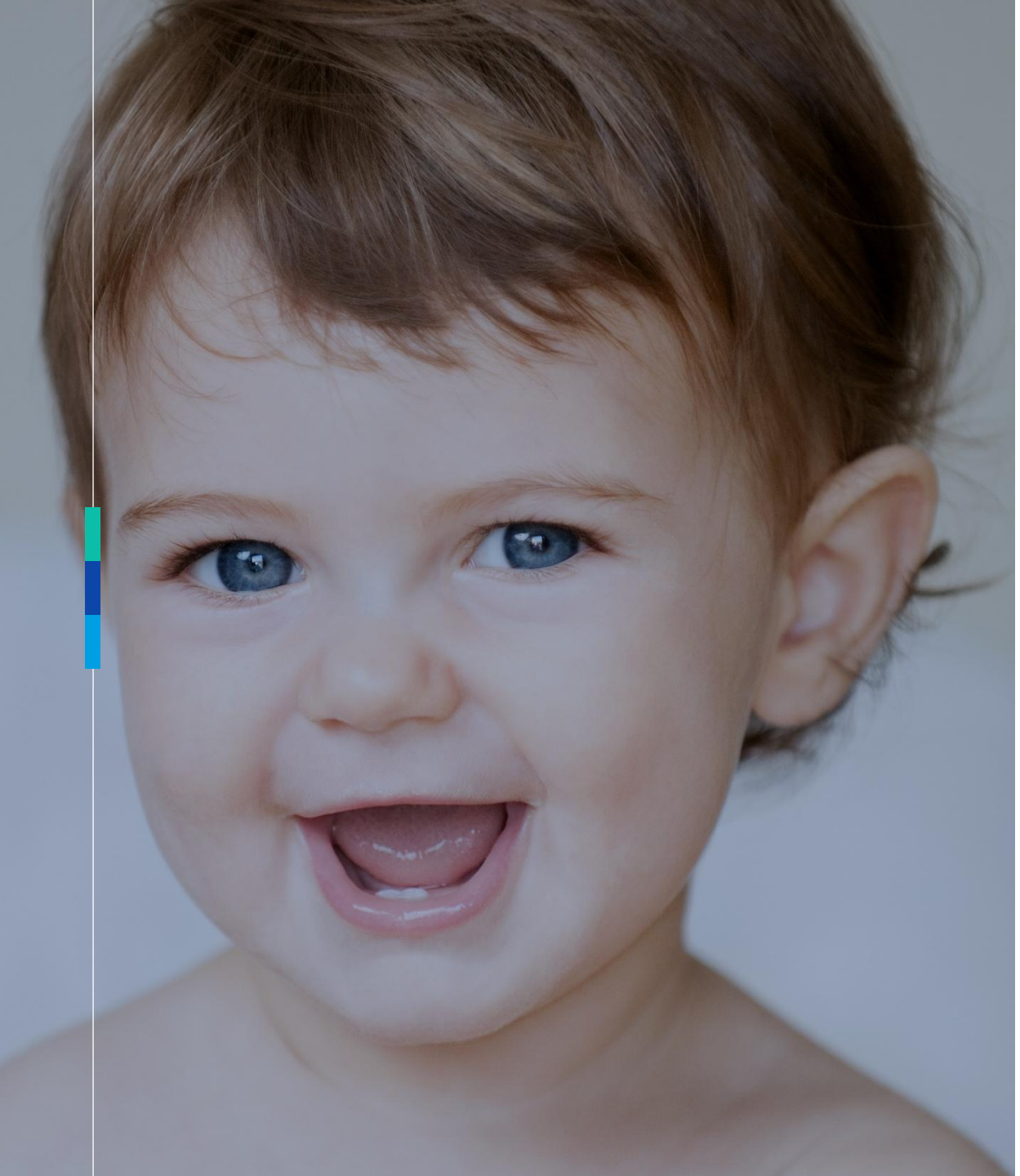
CTA Approval in Various Countries

Recruitment 1st and 2nd Cohort Completed

Data Monitoring Committee End of H2 2025

Six-months results Q1 2026

IND Process



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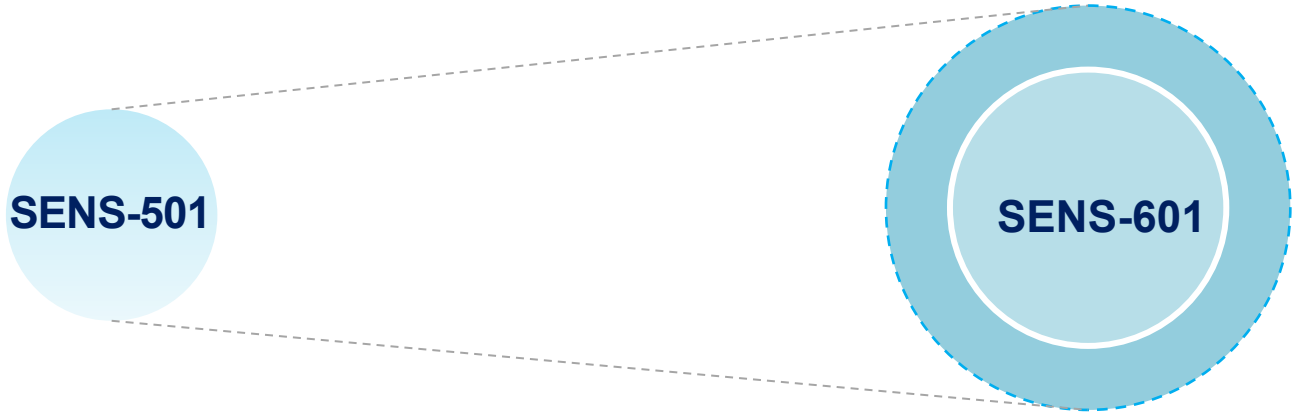
GJB2-RELATED HEARING LOSS

SENS-601 (GJB2-GT)

Leveraging SENS-501 Program For SENS-601 Program Success

SENS-501 Is Paving The Way For GJB2-GT



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

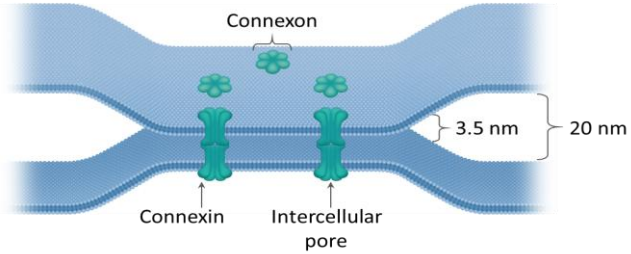
- **AAV capsid selected for high-level of target cells specificity**
- **GT product showing high level of target cells transduction**
- **Limited off-target tissue biodistribution**
- **Surgical approach developed and mastered by ENT surgeons**

SENS-601 (GJB2-GT)

Connexin 26 Is Encoded By *GJB2* Gene And Is Responsible For Tissue Homeostasis

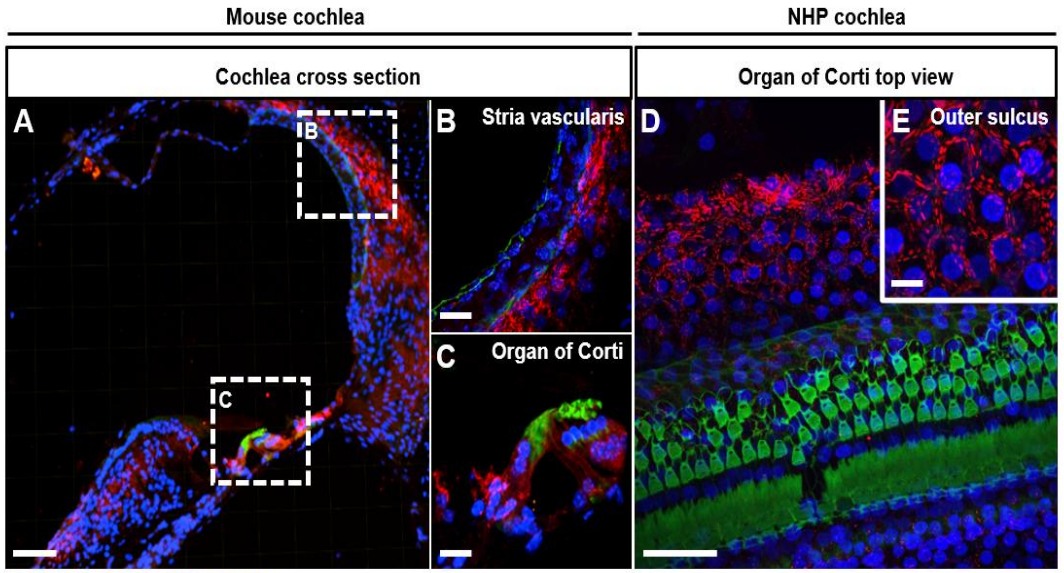
Mutations In The *GJB2* gene Lead To Deafness

- Connexin 26 and Connexin 30 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

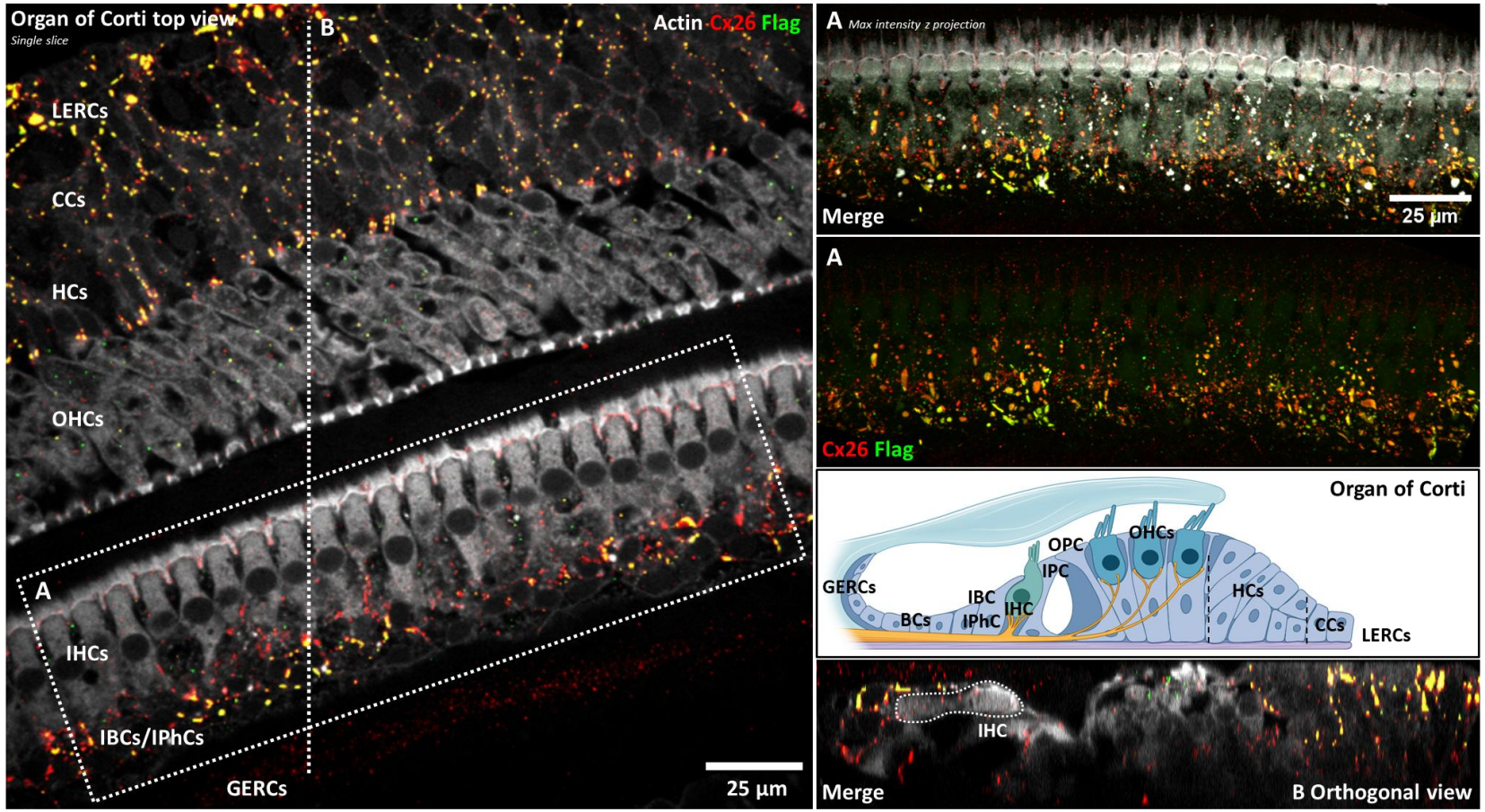


- Supporting cells of the organ of Corti
- Fibrocytes of the spiral limbus and the lateral wall
- Intermediate and basal cells of the stria vascularis
- Not expressed in hair cells

SENS-601 (GJB2-GT)

Lead Candidate Can Deliver Connexin 26 In The Appropriate Target Cells

Correct Delivery Of Connexin 26 Using Lead Candidate Flag In Non-Human Primate Cochlea



Cell Types

Claudius 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 Vascularis	✓

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

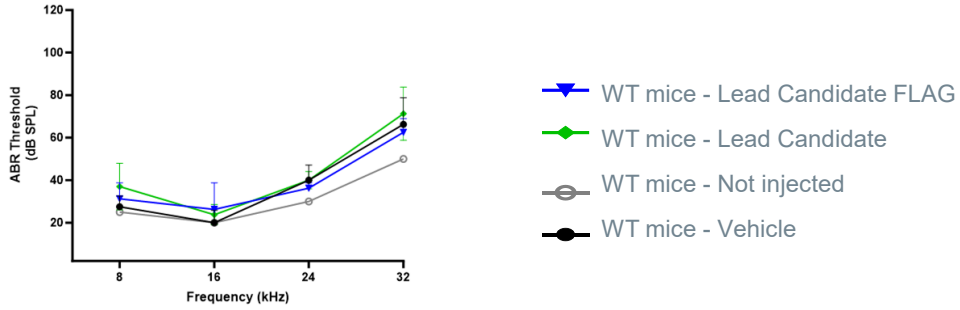
SENS-601 (GJB2-GT) Lead Candidate Demonstrates Adequate Safety and Biodistribution Profile - Including Long-Term Local Tolerability in Mice and NHP

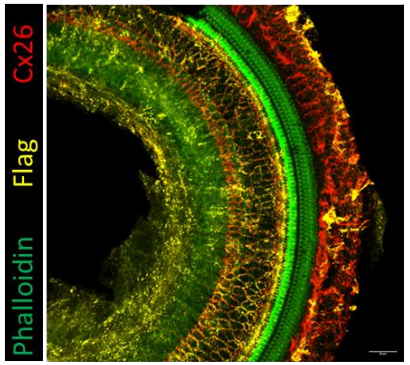
Acute toxicity in WT Mice - High Dose IV injection

- Study performed in preparation of upcoming GLP-toxicity in mice after IV injection
- SENS-601 does not interfere with normal growth and don't elicit elevated transaminase levels 4 and 8 weeks after injection
- Behavioral evaluation (Functional Observation Battery, exploratory behavior (videotracking) 3 and 7 weeks after injection: no findings

6-Month Exploratory Safety and Transgene Expression in WT Mice – Intracochlear Injection

6 months after injection





GT-GJB2-Flag imaging – 6 months post intracochlear injection in mice

- No impact on ABR up to 6 months following Lead Candidate injection
- Normal histology maintained, transgene expression persistence
- Hair cells detargeted
- Clinical pathology: no findings

3-Month Exploratory Toxicity and Biodistribution in Non-Human Primate – Intracochlear Injection

- 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 injected ears, no dissemination observed in gonads, main organs, dorsal root ganglion (DRG)

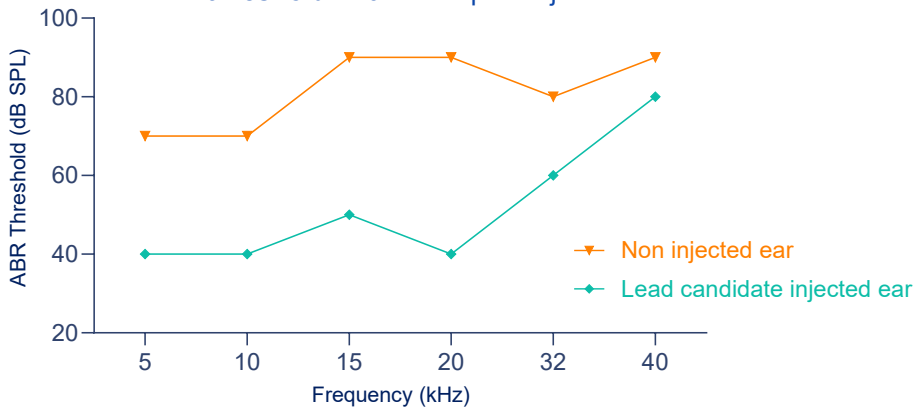
S. Pierredon et al., ESGCT 2024 (link)

SENS-601 (GJB2-GT)

Lead Candidate Prevents Hearing Loss In Relevant Mouse Model

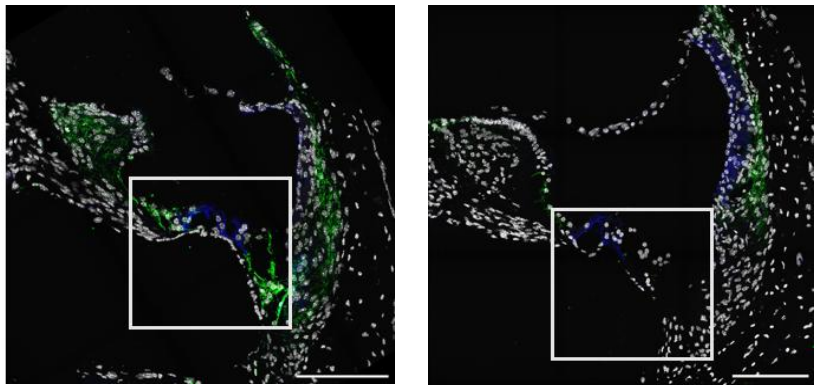
Proof Of Concept In Mice with Progressive Hearing Loss

Example of One Mouse Injected After Hearing Onset
ABR threshold - 10 weeks post-injection



Hearing Loss Prevention Correlates With Connexin 26 Expression

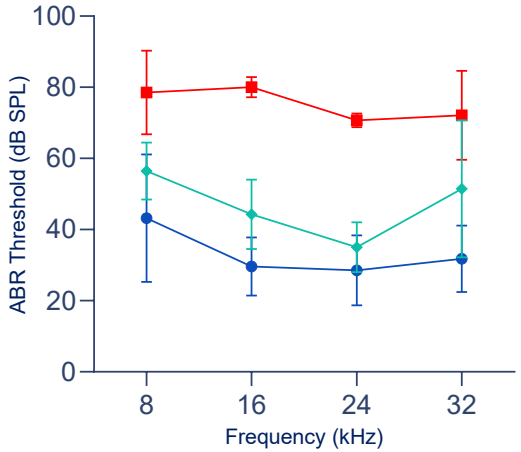
Lead candidate injected ear | Non injected ear



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

Proof Of Concept In Mice with Congenital Hearing Loss

ABR threshold - 7 weeks post-injection



Treated group *vs* Vehicle group: **** p<0.0001

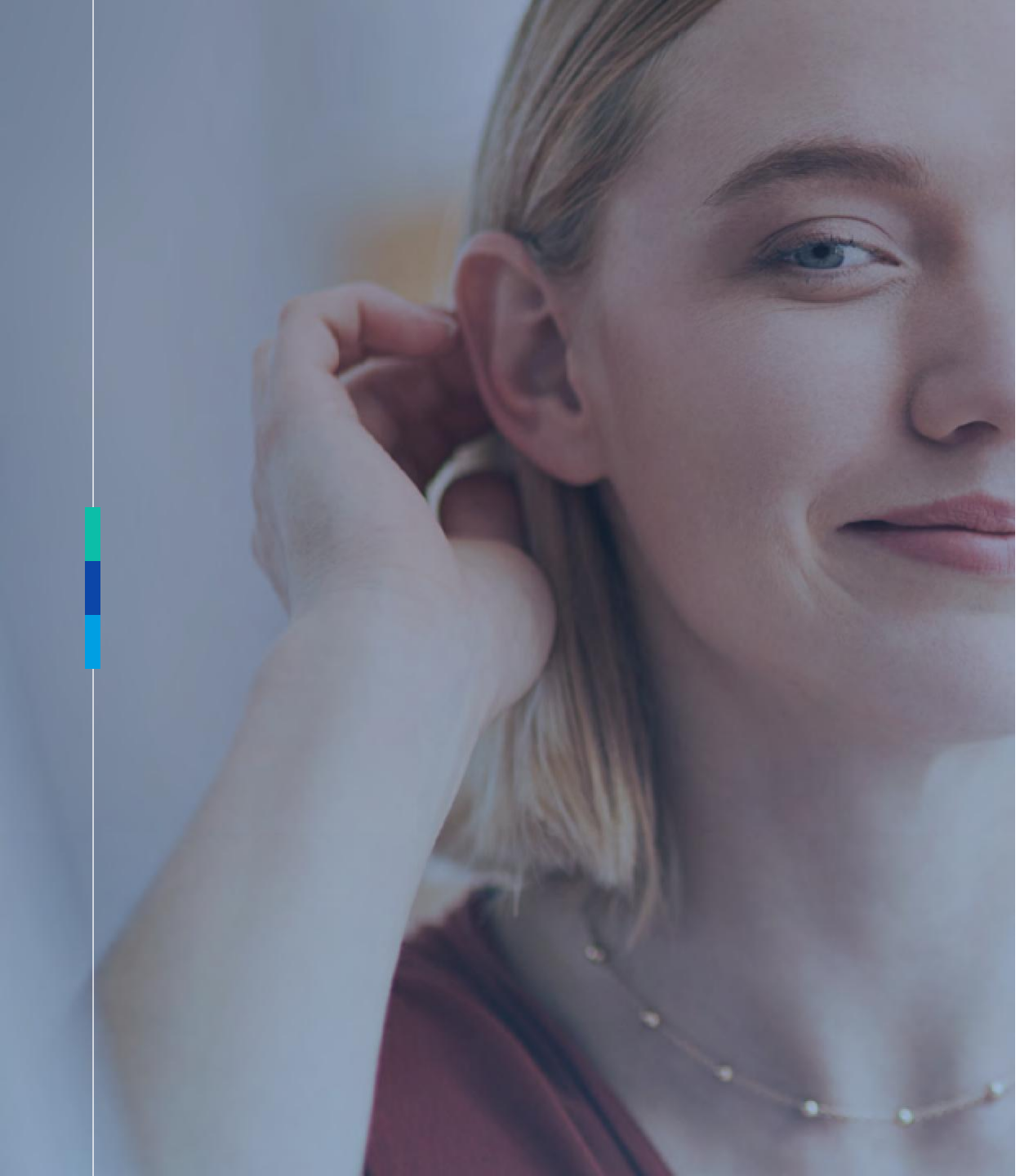
- Mutant mice + Vehicle (n=7)
- Control mice + GJB2-GT (n=14)
- Best responders Mutant mice + GJB2-GT (n=7)

Average ABR measurements for the 7 best responder animals (selected for frequencies restored ≤ 60 dB)

- In progressive model: ongoing work indicates that hearing loss prevention correlates with Connexin 26 re-expression in target cells
- In congenital model: ongoing studies indicate that lead candidate GJB2-GT induced a statistically significant hearing recovery
  - as early as 3 weeks after injection
  - evidence of dose-response

Tran Van Ba et al., ESGCT 2024 (link)
Additional data on two models: GJB2 gene therapy-response of two pre-clinical mouse models of the most frequent form of human deafness, DFNB1. Heritier et al., ESGCT 2024 (link)

SENS-601 (GJB2-GT)
Program Status



4

SENS-401 PROGRAMS

Multiple Indications To Treat
And Prevent Hearing Loss

SENS-401 A Unique First-in-Class Asset

Three Key Indications for Treatment and Prevention of Sensorineural Hearing Loss

SUDDEN SENSORINEURAL HEARING LOSS

- **SSNHL is a sudden onset of a significant hearing loss due to dysfunction of the cells of the cochlea and central auditory structure**
  - Hearing loss develops over less than 72h
  - Hearing sensitivity is reduced by at least 30dB (1,000-fold)
  - >90%[1] of cases are idiopathic
  - >33%[2] of patients suffer from permanent disabling hearing loss
- Complications significantly impact quality of life due to difficulties in communicating, social isolation, cognitive decline
- A severe disease affecting >200,000 patients per year[3]
- EU Orphan Disease Designation

HEARING PRESERVATION AFTER COCHLEAR IMPLANTATION

- **Potential to preserve residual hearing after cochlear implantation.**
- 80% of cochlear implant candidates have a bilateral low-frequency residual hearing before surgery[4]
- 30 to 50% of adults lose more than 30dB after cochlear implantation[5]
- A significant amount of cochlear implant candidates fear losing their residual hearing, as this may occur in as many as 50-70% of CI surgeries[6]
- Preservation of residual hearing after cochlear implantation is important to[7]:
  - Improve speech perception in quiet and in noise
  - Improve music perception
  - More natural sound quality
  - Improved localization

CISPLATIN-INDUCED OTOTOXICITY

- **CIO is the hearing loss caused by cisplatin administration as chemotherapeutic treatment**
- The most common and under-recognized side effect of cisplatin cancer treatment, due to the accumulation and prolonged retention of cisplatin within cochlear tissues
- Permanent inner ear problems in 40-60%[8] of adult cases and up to 90% of pediatric cases[9]
- Complications significantly impact patients' quality of life due to hearing loss, tinnitus and dizziness, problems in language acquisition and learning for pediatric patients, difficulties in communicating, social isolation, cognitive decline
- Potential treatments must not interfere with cisplatin efficacy
- Number of treated adult patients by cisplatin per year ~1 140 000 in G7 countries[10]

No effective preventive drug or treatment currently approved for adults in these indications

1. American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) Clinical Practice Guidelines
2. Kearney Interviews
3. Company estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)
4. Sheffield SW, et al. J Am Acad Audiol. 2015 Feb;26(2):145-54
5. Hongzheng Zhang et al, Otol Neurotol.2015 August; 36(7):1157-1165
6. Wijewickrema S, et al. PLoS One. 2022 Jul 14;17(7):e0269187
7. Adunka OF, et al. Laryngoscope. 2013 Oct;123(10):2509-15, Kelsall DC, et al. Otol Neurotol. 2017 Oct;38(9):1251-1261, Härkönen K, et al. Eur Arch Otorhinolaryngol. 2017 Oct;274(10):3599-3604
8. JCO Oncology practice, ASCO, volume 19, Issue 5/ CIO: a concise review of the burden, prevention and interception strategies, May 2024 Chattaraj
9. Global burden of ototoxic hearing loss associated with platinum-based cancer treatment: A systematic review and meta-analysis. Dillard et al, Cancer Epidemiology 2022
10. Globocan 24

SENS-401
Clinical Studies Summary

AUDIBLE-S study on SSNHL patients completed with positive findings in a PhIIb subgroup:

- **Complete PTA recovery is achieved in 50% of the SENS-401 treated patients,** versus 30% in placebo patients
- **Significant effect on PTA change over time** in a large homogeneous sub-population: allowing a **reduction of the hearing loss degree from profound to mild** only in the SENS-401 treated groups, and demonstrating a **functional improvement**

Positive PhIIa study on the Preservation of Residual Hearing after cochlear implantation:

- **Presence of SENS-401 in the perilymph confirmed** in all treated patients
- A **complete hearing preservation** is exclusively observed in 40% of patients treated with SENS-401 at 6 weeks post cochlear implantation.
- **Residual hearing loss is reduced in the SENS-401 treated group** compared to the untreated group at 6 weeks post-cochlear implantation. The hearing protective effect is maintained 8 weeks after discontinuation of SENS-401

NOTOXIS study recruitment completed with upcoming topline results:

- **Preliminary results suggest an otoprotective effect of SENS-401 beyond a cisplatin dose of 300 mg/m^2**

SENS-401 benefits from positive efficacy effects with an excellent safety profile in all targeted indications

Sensorion
Conclusion

- Developing hearing loss therapeutics to treat, prevent and restore hearing – an area of high unmet clinical need

- Combining extensive internal capabilities with world-leading exclusive partnerships

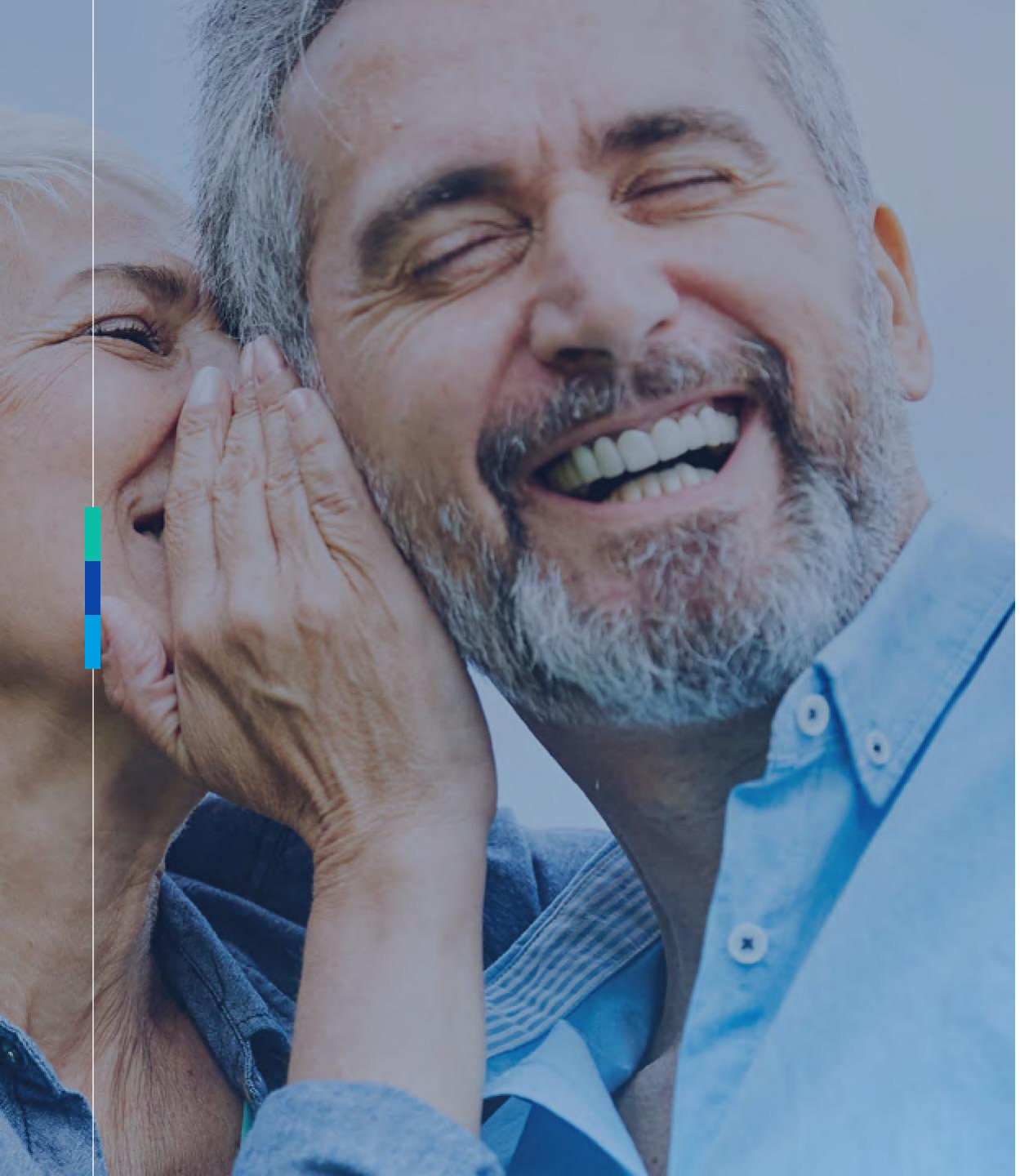
- Advancing a robust and diversified pipeline with multiple upcoming milestones in H1 2026

- Upcoming SENS-401 CIO Ph2a topline data
- Audiogene 6-months efficacy data for cohort 2 in Q1 2026
- Clinical Trial Application for SENS-601 (GJB2-GT) in Q1 2026

THANK YOU

E:contact@sensorion-pharma.com

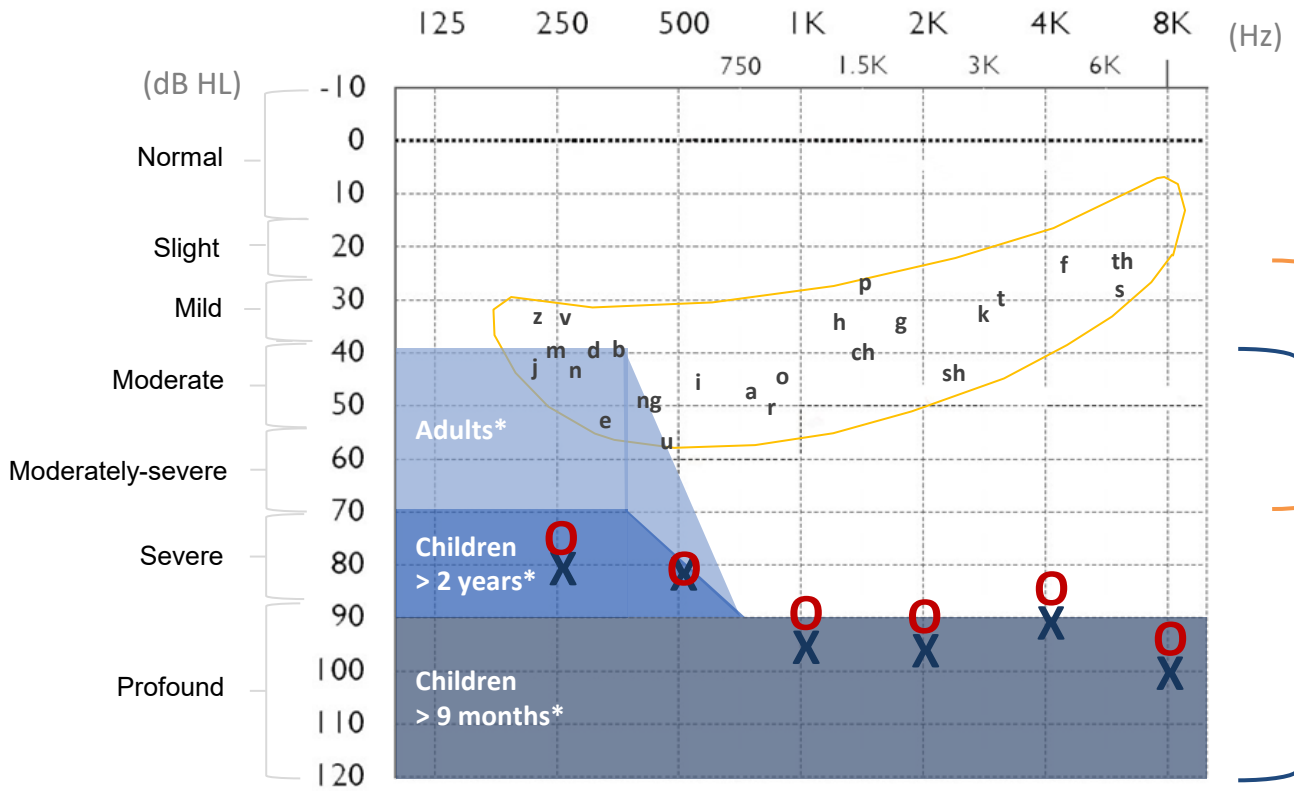
Appendix



HEARING LOSS

HEARING

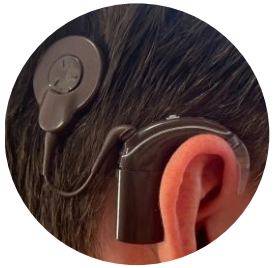
Access And Clarity Are Mandatory For Optimal Outcomes



O = Right ear threshold
X = Left ear threshold

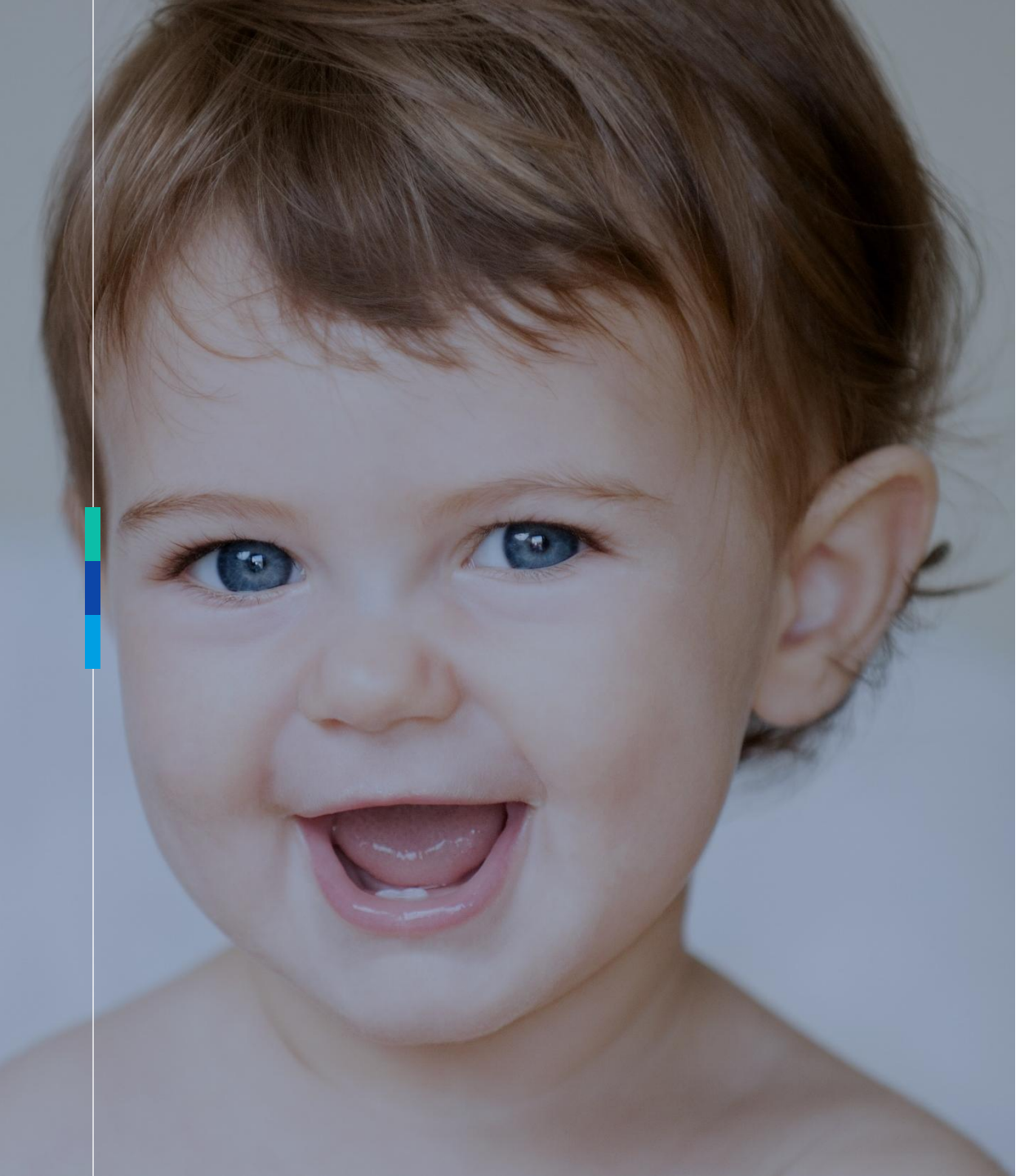
Hearing aid fitting range*

Cochlear implant candidacy range*



*Guideline criteria may vary slightly by manufacturer, device, and/or country

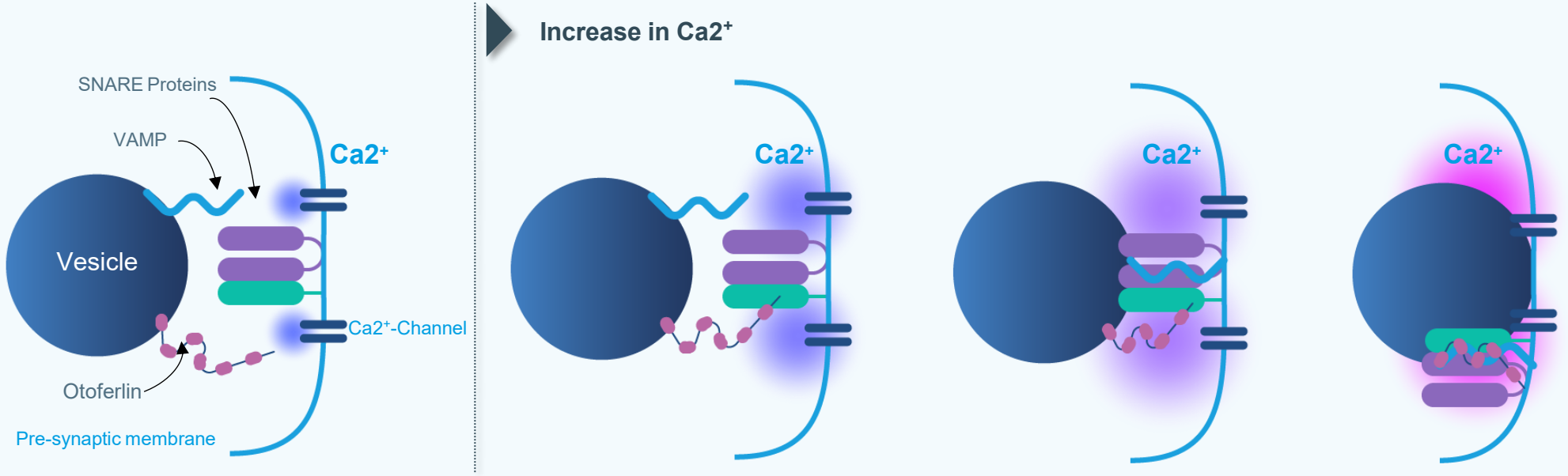
Image of hearing aid: https://commons.wikimedia.org/wiki/File:Unitron_Ziel_photo_2.jpg
Image of cochlear implant sound processor on ear: https://commons.wikimedia.org/wiki/File:Cochlear_Nucleus%C2%AE_7_Sound_Processor.jpg



GENE THERAPY PROGRAMS BACK-UP

SENS-501

OTOF Gene Encodes Otoferlin, a Key Ca2+ Sensor Protein

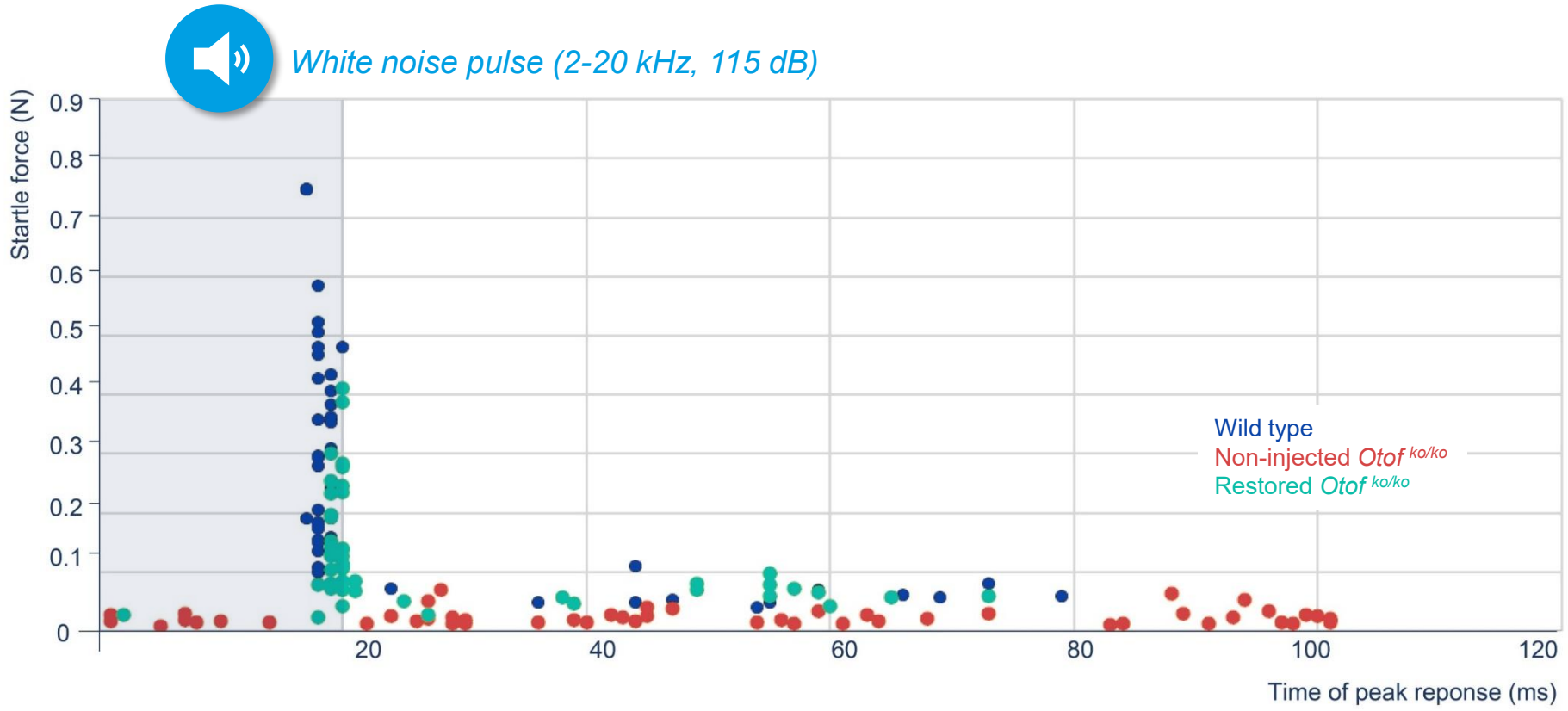


OTOF is the gene coding for the otoferlin protein, a Ca2+ sensor key for vesicle fusion and vesicle pool replenishment at auditory hair cell ribbon synapses

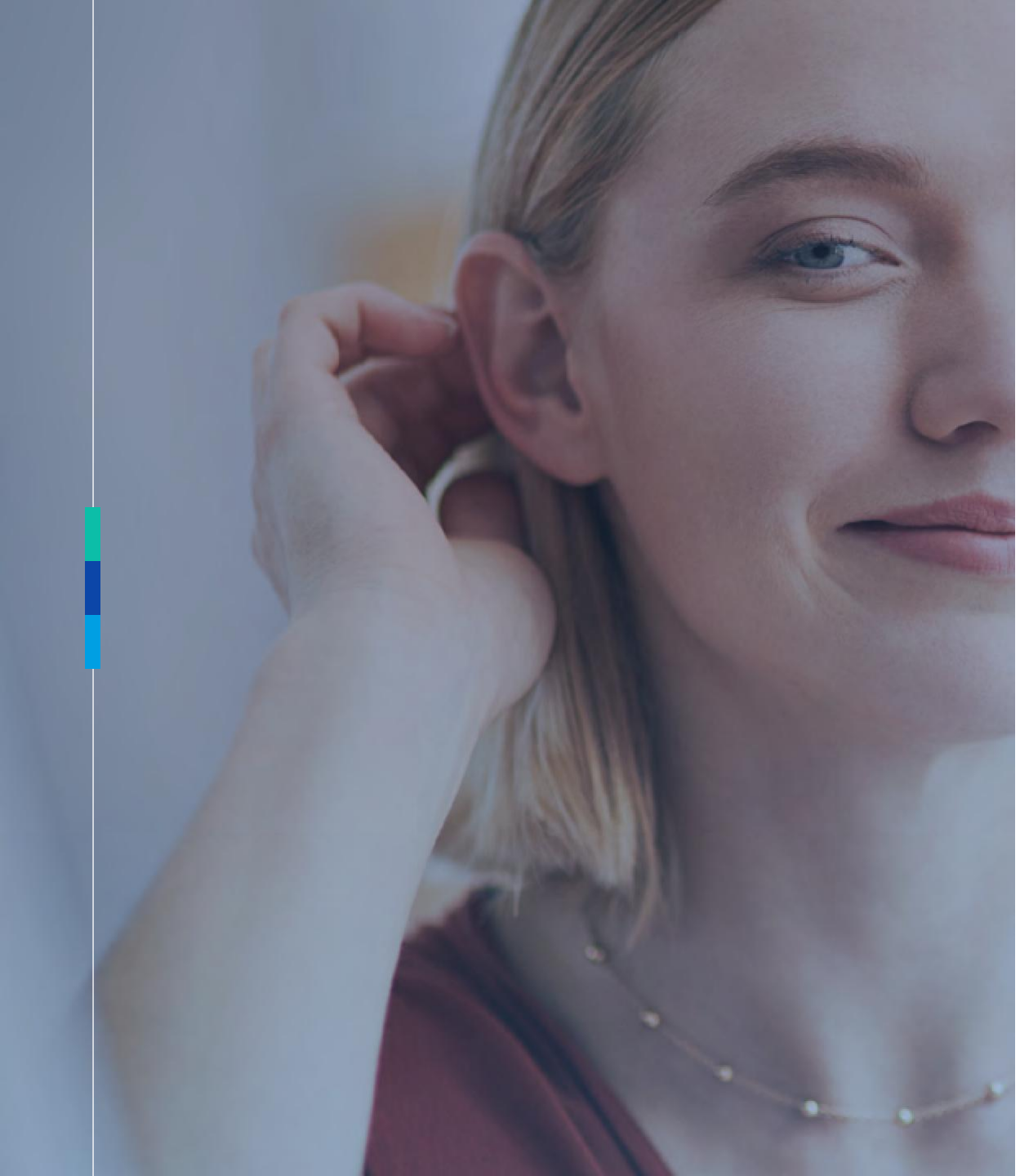
Model illustrating calcium regulation of otoferlin/SNARE interaction in the hair cell – Adapted from Ramakrishnan et al. 2014

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

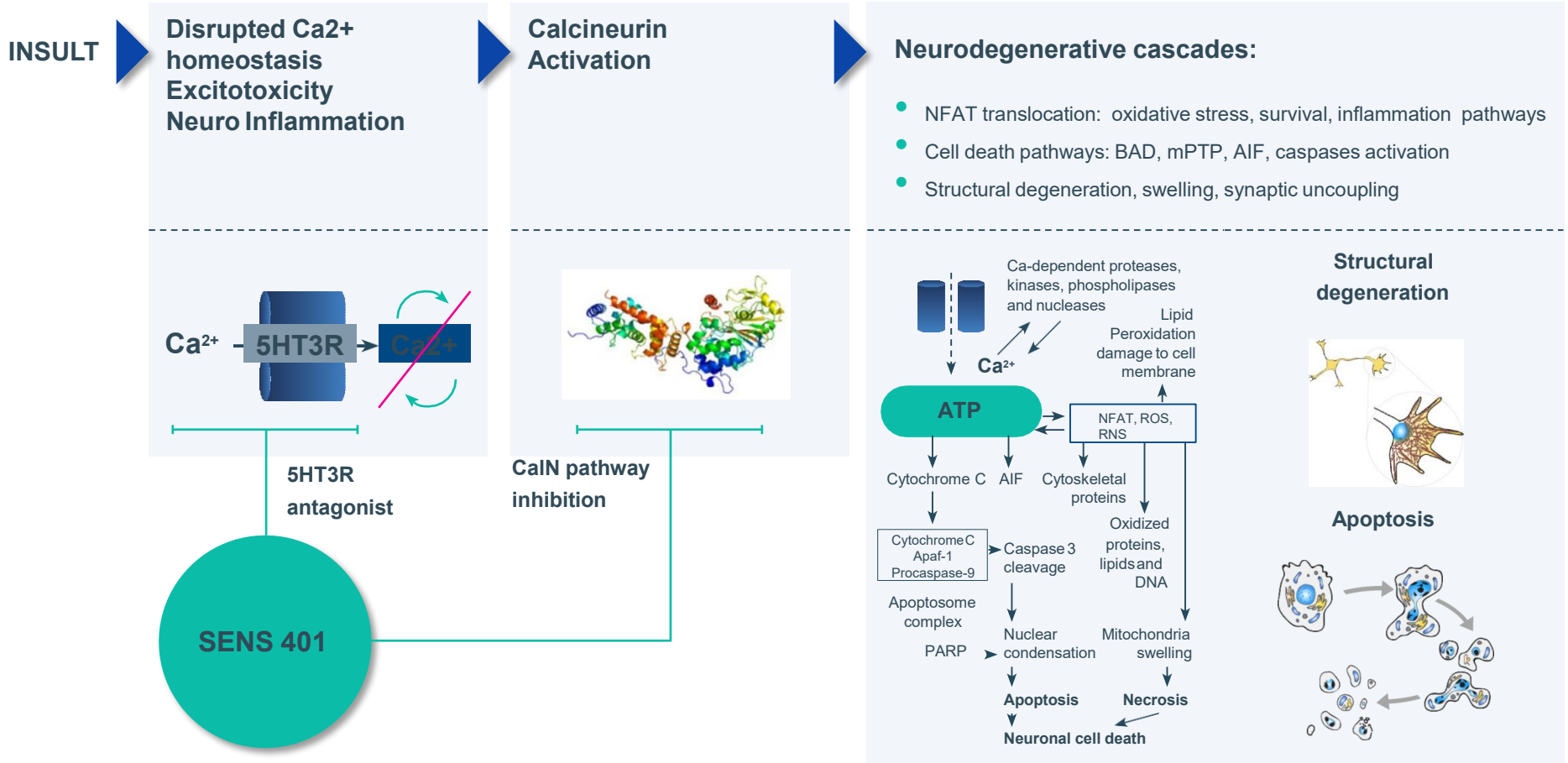


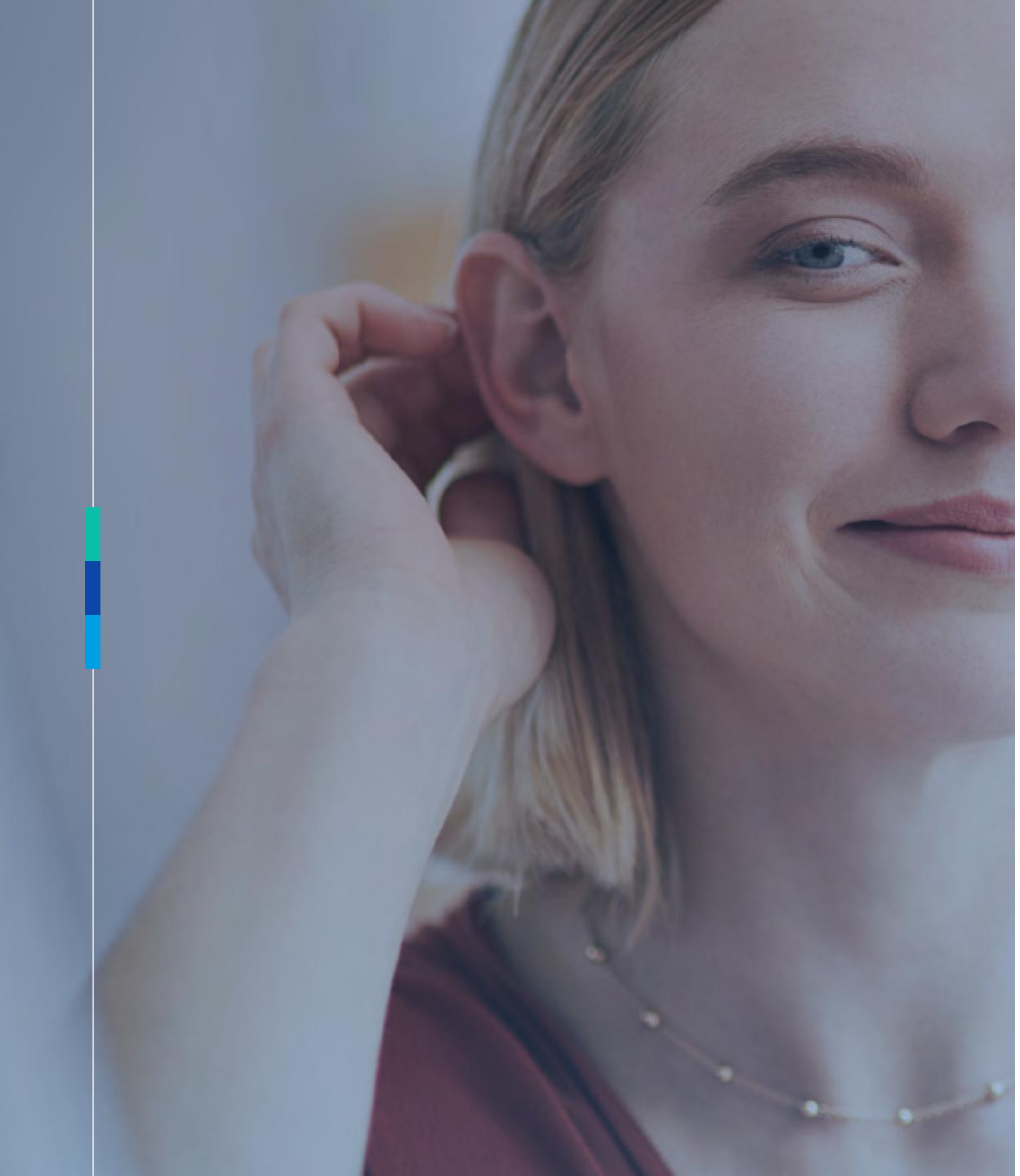
SENS-401 PROGRAMS BACK-UP

Multiple Indications To Treat And Prevent Hearing Loss

SENS-401: A Pipeline In A Product

Mechanism Of Action





SSNHL

Sudden Sensorineural Hearing Loss

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).

>90%1 of cases are idiopathic, known causes include noise/head trauma, ischemia, infection.

>33%2 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 (c.200,000 patients in 2017 in G7 countries)[1]

1. American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) Clinical Practice Guidelene
2.Kearny Interviews
3. Company/ estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)

SSNHL

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

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

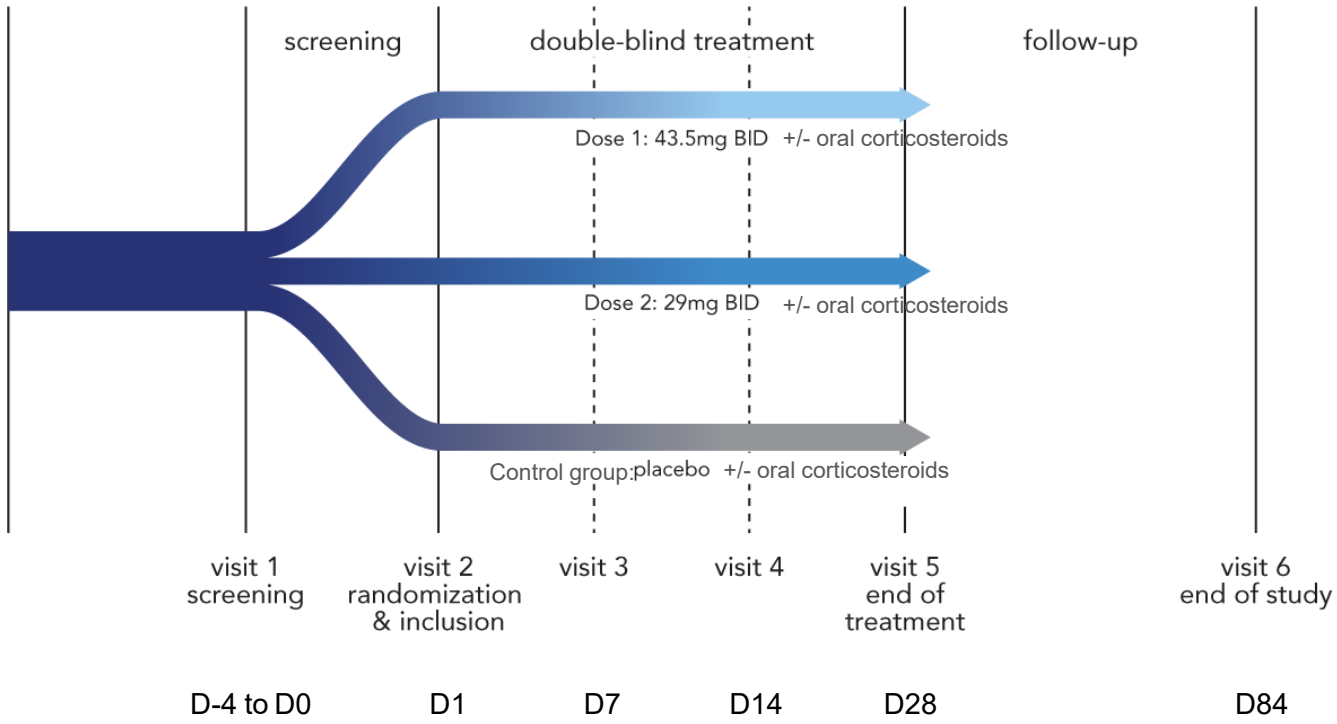
50 clinical sites globally

1 Primary endpoint
Audiometry
15 dB improvement
vs. Placebo

115 patients enrolled

Timing

Q1 2019 center openings	June 20 & Jan 21 Positive DSMB Review	Q1 2022 Final results

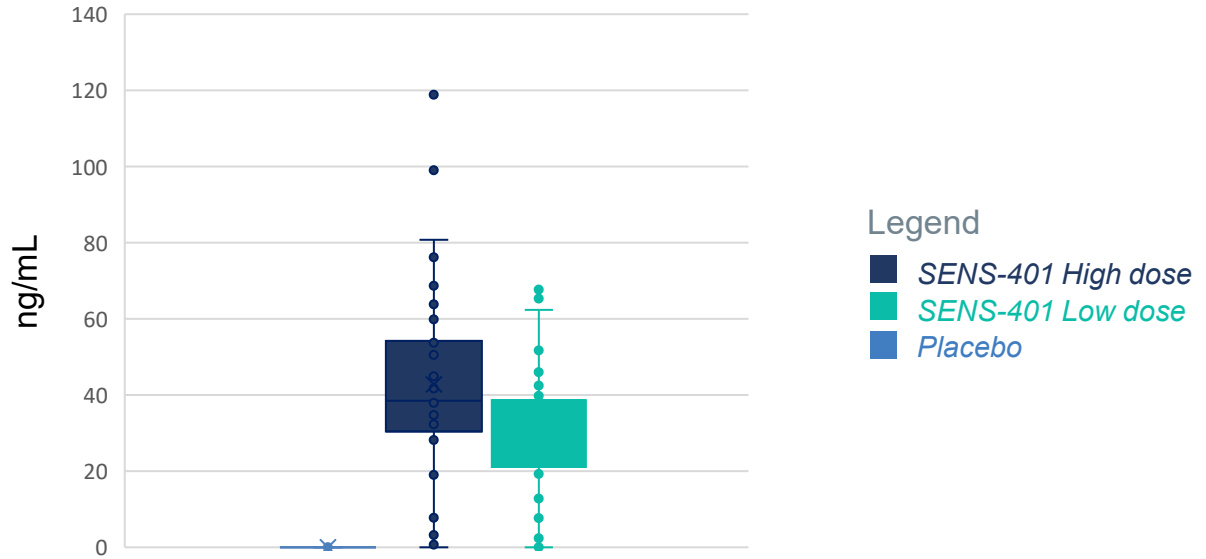


Primary endpoint definition:
"…change in pure tone audiometry (PTA); average of the hearing threshold of 3 contiguous most affected hearing frequencies in decibels in the affected ear from baseline to the end of treatment visit (Visit 5/D28±3)"

SSNHL

SENS-401 Plasmatic Exposure

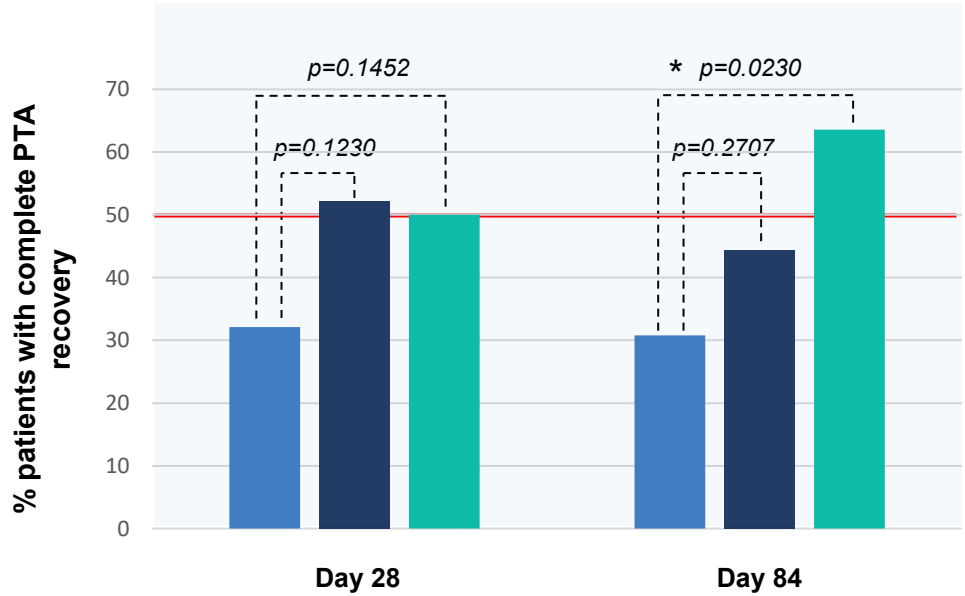
PLASMATIC CONCENTRATION (Pre-dose at Day 14 and Day 28)



SSNHL

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.

SSNHL

SENS-401 SSNHL Phase 2 Results Summary

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 **significative 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