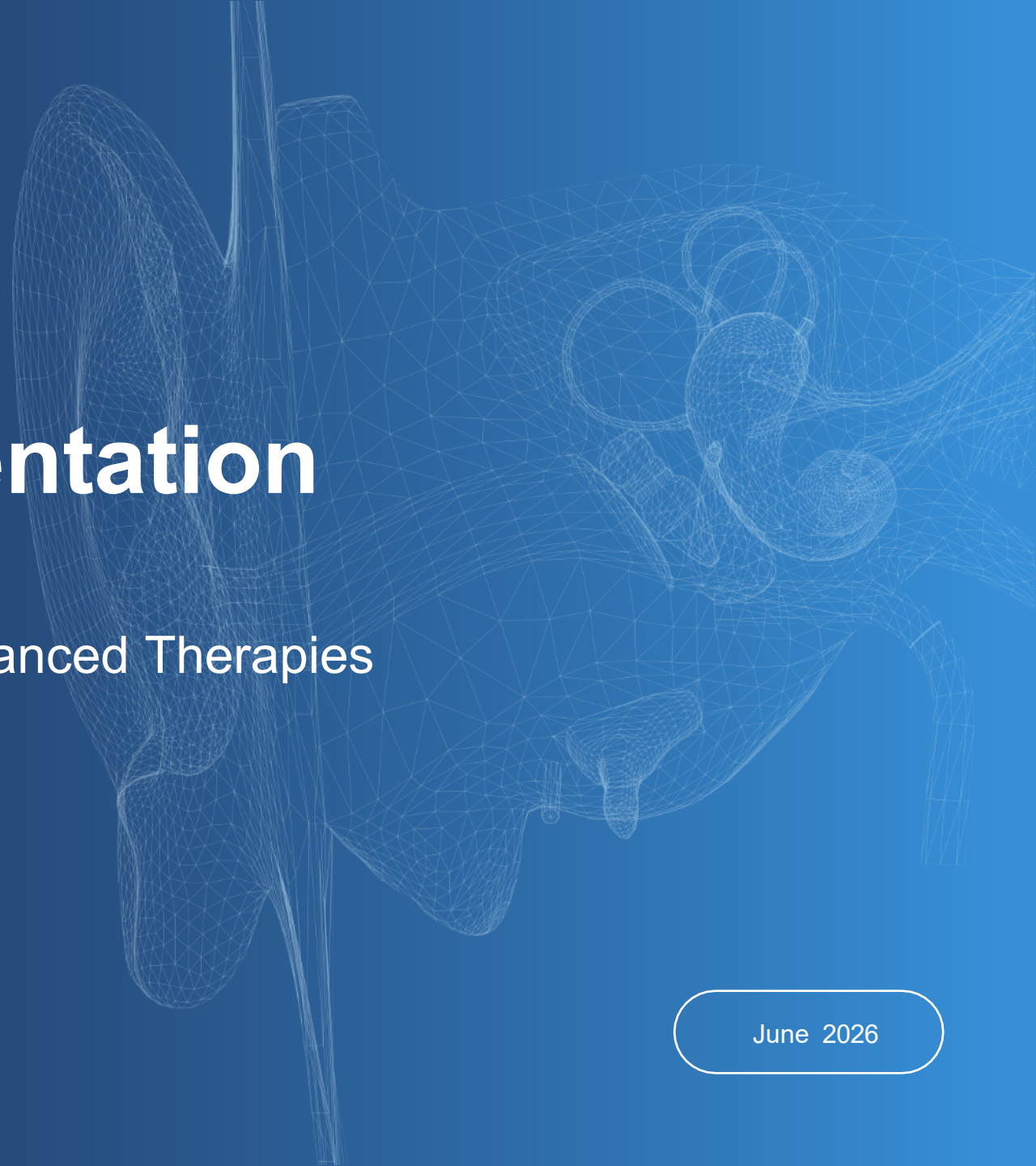
Sensorion

Corporate Presentation

Unlocking The Potential Of Advanced Therapies For Hearing Loss



June 2026

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1 SENSORION

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

Sensorion

Establishing global leadership in hearing loss supported by deep expertise

- 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 therapy (GT): SENS-601 (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

Sensorion

Experienced leadership team, Board of Directors and SAB

FRED CHEREAU
Chief Executive Officer

SENSORION
(Since 2026)

LOGICBIO / ALEXION
(2016-2026)
President and CEO /
SVP, Strategy and BD

LAURENE DANON
Finance

SENSORION
(Since 2023)

JP MORGAN / JEFFERIES
(2005-2021)
Investment Banking / ECM

BERND SCHMIDT
CMC

SENSORION
(Since 2024)

QUELL Tx
(2019-2023)
SVP Product Delivery

STEPHANIE FILIPE
Business Ops & Portfolio Management

SENSORION
(Since 2020)

CELLECTIS
(2016-2020)
Program Leader &
Preclinical Manager

LAURENT DESIRE
Preclinical

SENSORION
(Since 2020)

YPOSKESI
(2017-2020)
Head of Cellular &
Molecular Biology Unit

VALÉRIE SALENTEY
Clinical & Regulatory

SENSORION
(Since 2020)

NEOVACS
(2018-2020)
Head of Regulatory Affairs

Board Of Directors

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- **Khalil Barrage**, USA, Director, Invus
- **Julien Miara**, France, Invus
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- **Aniz Girach**, UK, Independent Director
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- **Pr Alain Fischer,** France, Professor, Collège de France
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- **Dr. Diane Lazard**, France, Principal Associate Investigator, Hearing Institute (Paris)
- **Dr. Hernán López-Schier**, Germany, Senior Group Leader & Research Unit Director at the Helmholtz Center (Munich)

Sensorion

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**

Sensorion

Portfolio of advanced hearing loss therapies

GENE THERAPIES — RESTORE

SMALL MOLECULE — TREAT & PREVENT

Product	Indication	Discovery	In-vivo POC	Preclinical	Phase 1	Phase 2	Phase 3	Next steps
SENS-601* **(GJB2-GT)**	HL related to *GJB2* mutations Congenital Onset				Phase 1/2			CTA filed (Canada, France) | US IND and Australia in preparation
SENS-601* **(GJB2-GT)**	HL related to *GJB2* mutations Pediatric Progressive							CTA/IND Enabling Activities
SENS-601* **(GJB2-GT)**	HL related to *GJB2* mutations Adult Onset (presbycusis)							CTA/IND Enabling Activities
SENS-401	Hearing Preservation after CI							Exploring Partnering Opportunities
SENS-401	Cisplatin-Induced Ototoxicity							Exploring Partnering Opportunities
SENS-401	SSNHL							Exploring Partnering Opportunities

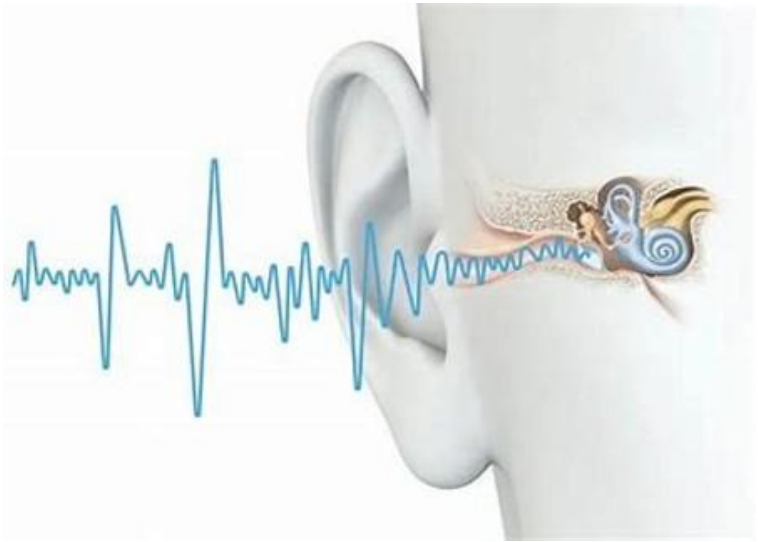
HL: Hearing Loss
3SBio has a right of first refusal with respect to licensing in Greater China of SENS-401 (except in combination with cochlear implants)
*Option to grant a license from the Institut Pasteur for SENS-601

2

RESTORE GJB2-RELATED HEARING LOSS

Gene Therapy in the Inner Ear:

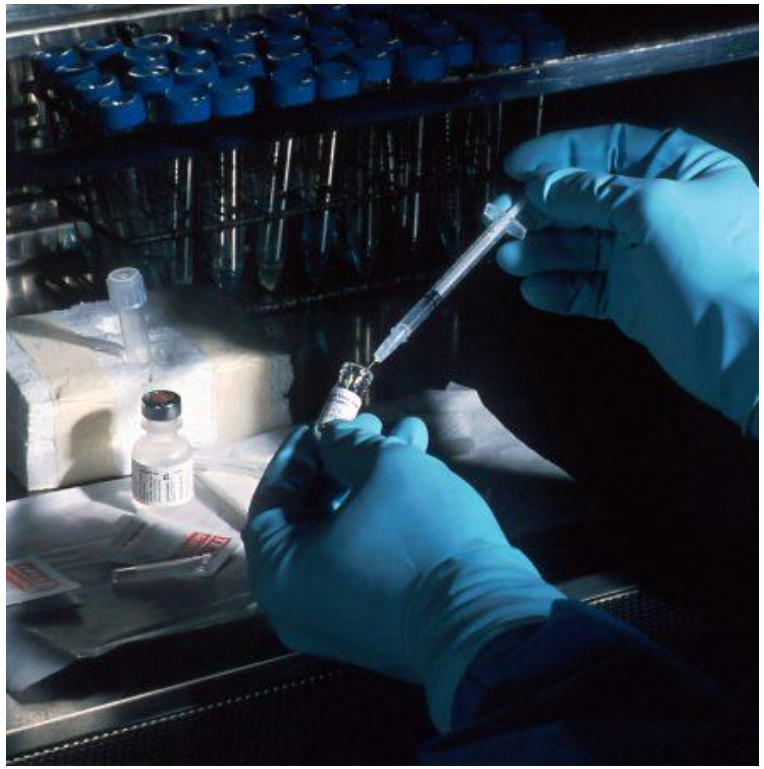
Why the inner ear is ideally suited for gene therapy



- Confined, fluid-filled organ enabling direct local administration to target cells, no systemic exposure required
- Demonstrated limited biodistribution outside the target organ
- Inner ear naturally immunologically protected (blood-labyrinth barrier), reducing risk of immune response
- Low volume and low viral particle count required vs. systemic approaches
- Cochlear cells do not divide, supporting long-term durability of a single administration
- Main causal deafness genes well characterized, with expression sites identified in auditory hair cells, supporting cells, and stria vascularis

Gene Therapy in the Inner Ear:

Sensorion: a differentiated position, built on clinical experience



- Differentiated GT product with high target cell specificity, efficient transduction, and limited off-target biodistribution
- In-house non-GMP development laboratories enabling AAV process development scalable to clinical and commercial grade
- Established global network of clinical sites, KOLs, and ongoing natural history studies facilitating patient identification, with clinical operations infrastructure and trained surgical teams validated through the Audiogene trial
- Dual-fenestration surgical approach mastered by ENT surgeons, combining cochlear implant and stapedotomy techniques
- Proprietary injection device delivering defined volume at controlled flow rate, validated in clinical setting across multiple patients treated with SENS-501
- Safe intracochlear administration demonstrated across six patients in the SENS-501 Audiogene program, further supported by a growing body of clinical evidence across multiple independent programs worldwide

Sensorion

SENS-601 targets GJB2-related hearing loss: the most common cause of genetic deafness

PROGRAM RESULTING FROM THE INSTITUT PASTEUR COLLABORATION

GJB2-RELATED HEARING LOSS	PATIENT POPULATION
We have identified three forms of hearing loss associated with *GJB2* gene mutations: • Congenital onset (pediatric population) • Childhood onset (pediatric population) • Early onset of severe presbycusis (adult population)	**~200,000** congenital & childhood patients estimated to have hearing loss from *GJB2* mutations (~50% of ARNSHL cases) **~100,000** adult patients (30–69 yrs) with a monogenic form of presbycusis due to *GJB2* mutations

Current Standard Of Care Is Cochlear Implantation

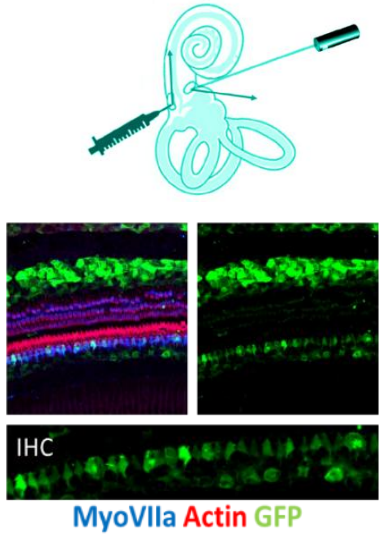
Gene Therapy Has A Life-Changing Potential For This Auditory Disease

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

SENS-601 Gene Therapy

Dedicated surgical approach for gene therapy

Surgical Approach – Injection System



Combining 2 common surgical techniques: cochlear implant and stapedotomy

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

- Surgical procedure is **similar to cochlear implantation and well mastered by ENT surgeons**
- Optimized surgery uses **stapedotomy procedure** to maximize target cells exposure along the full length of the tonotopic axis
- **Proprietary injection system developed** to inject a defined volume at a controlled flow rate

Good safety profile of the Surgical Approach

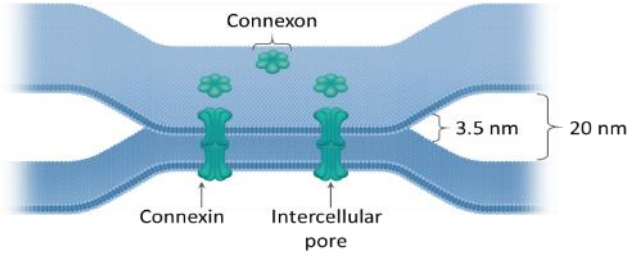
- Surgical procedure well tolerated across all six patients treated in Audiogene, with no serious adverse events related to the surgical approach nor the proprietary injection system
- Intra-cochlear administration successfully performed in all patients, confirming reproducibility of the dual-fenestration technique and design fit-for-purpose of the injection system across multiple clinical sites

SENS-601

Connexin 26 is encoded by *GJB2* gene and is responsible for tissue homeostasis

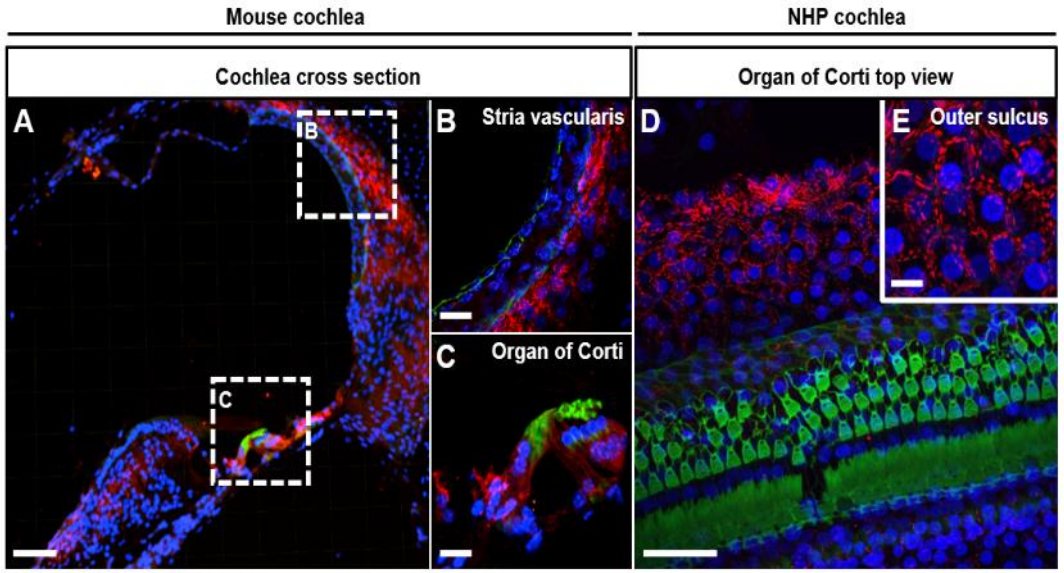
Mutations In The *GJB2* gene Lead To Deafness

- 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

Lead candidate was selected to answer specific development criteria

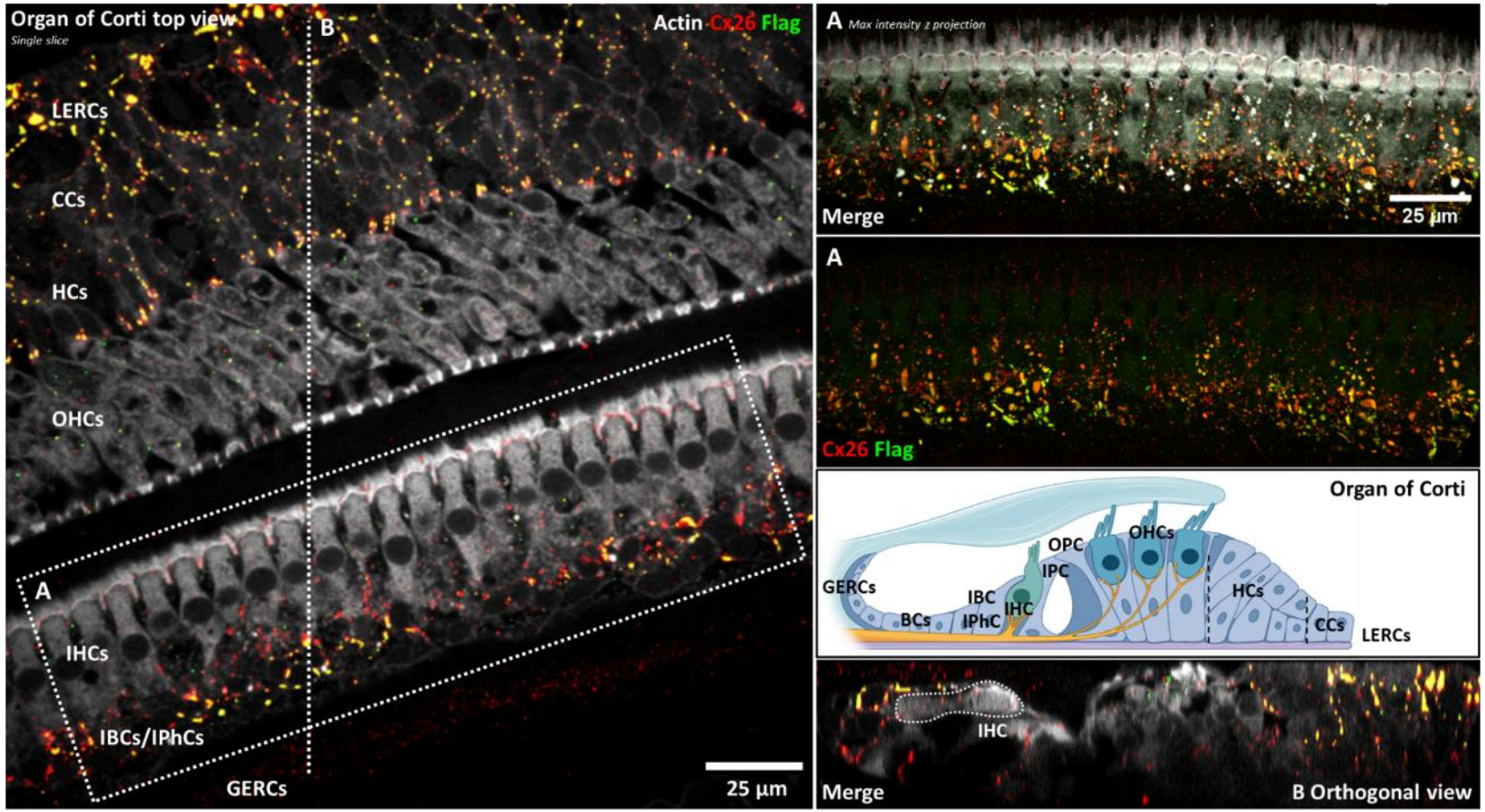
CRITERIA	LEAD CANDIDATE
Natural and synthetic AAV capsid libraries screening for broad coverage of target cells	✓
Expression cassette design for high-level of target cells transduction, correct cellular localization, active gap-junctions	✓
Avoiding off-target expression (i.e. hair cells): promoter and 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

SENS-601

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	✓

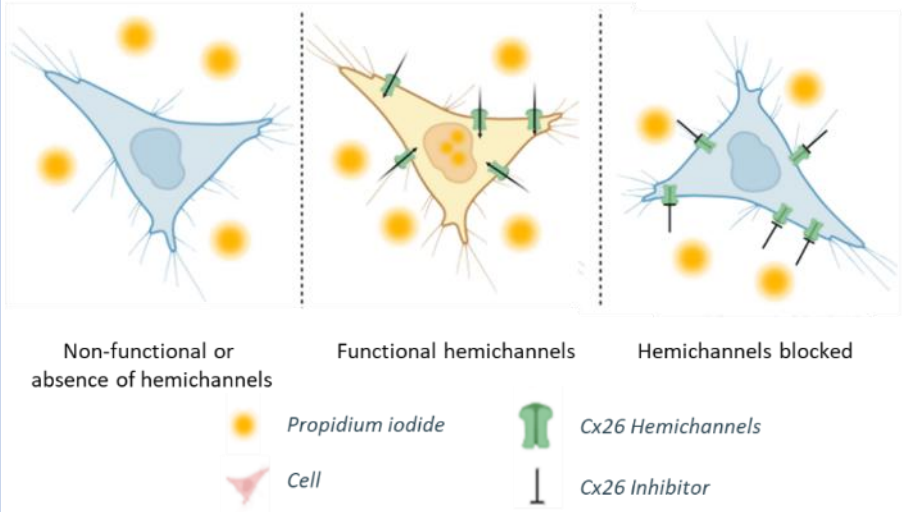
- No expression in Hair Cells confirmed
- No morphological defects observed 3 and 9 weeks after intracochlear administration

SENS-601

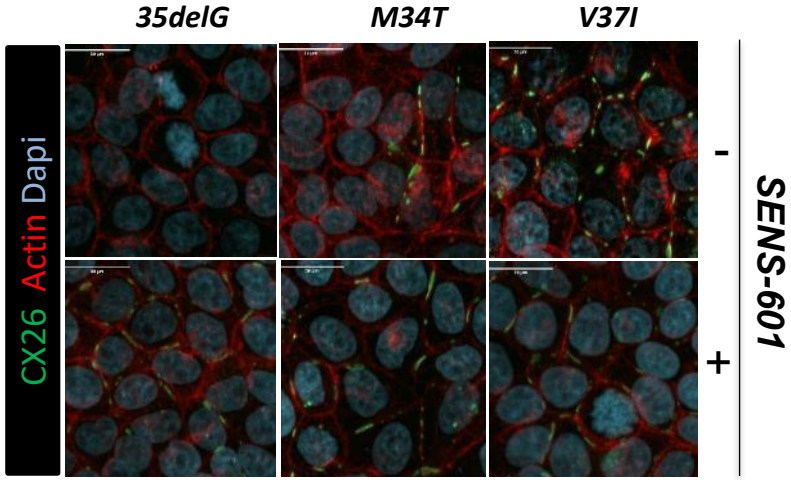
SENS-601 transduction leads to functional CX26 hemichannels at the cell membrane

Functional Hemichannel Permeability Assay

Propidium Iodide (PI) is a fluorescent dye that cannot cross intact cell membranes

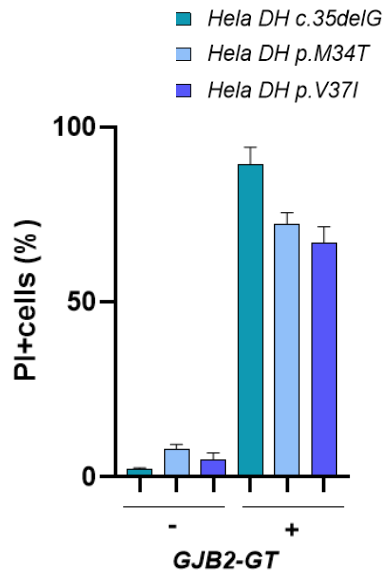


SENS-601 Rescues Cx26 Protein Function Even In Cx26 Mutant Contexts



35delG: truncating mutation, severe-to-profound Hearing Loss

M34T / V37I: missensе variants, milld-to-moderate Hearing Loss

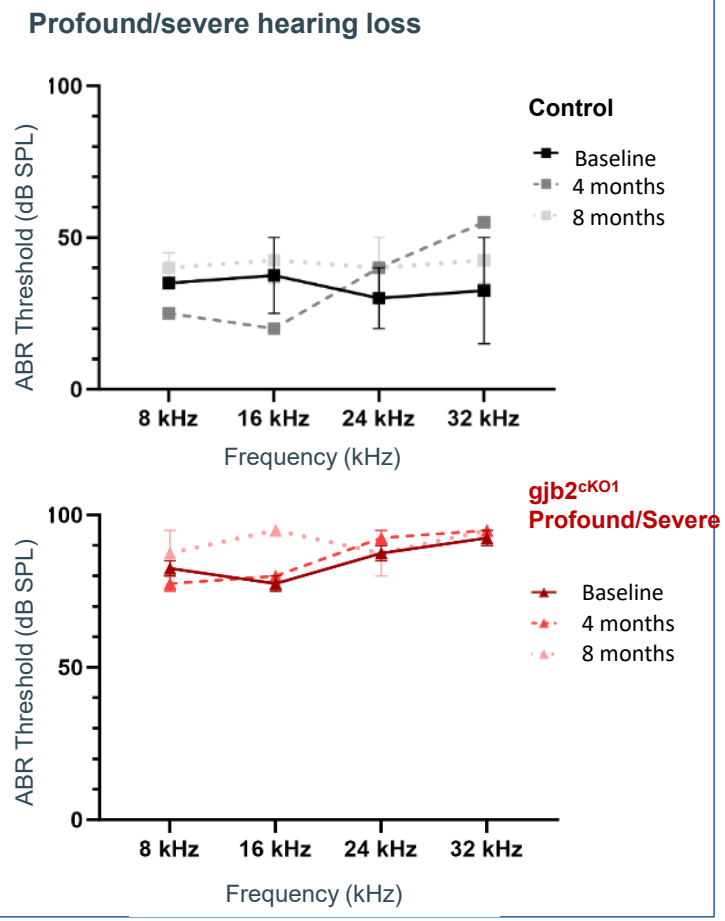


- Hela DH cells not expressing CX26 or expressing a mutated CX26 protein do not allow PI dye transfer
- Cells transduced with SENS-601 demonstrate PI uptake, indicating correct assembly of functional CX26-formed hemichannels

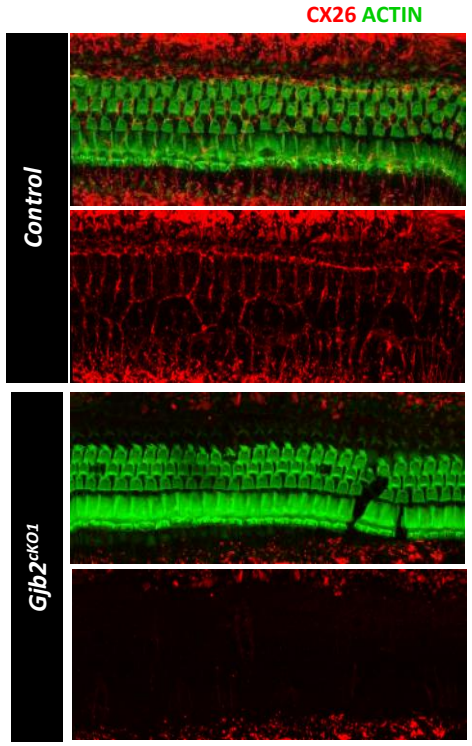
SENS-601

Exclusive GJB2 cKO mouse model highly relevant to DFNB1A with severe/profound hearing loss - Biallelic GJB2 inactivation to mimic the most common form of DFNB1A

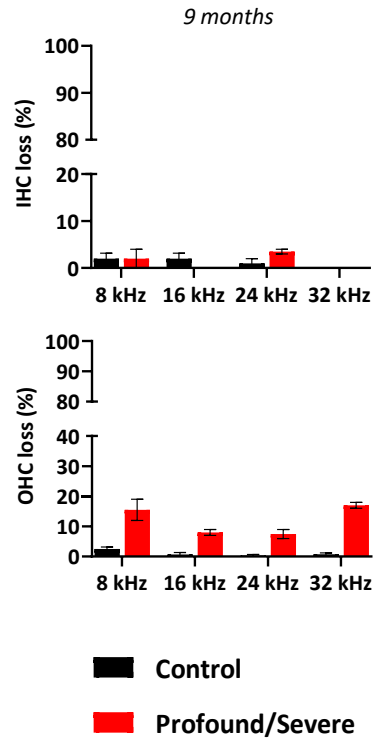
Gjb2 cKO Mouse Model



Large CX26 Depletion



Presence of Hair Cells Allows For Therapeutic Intervention



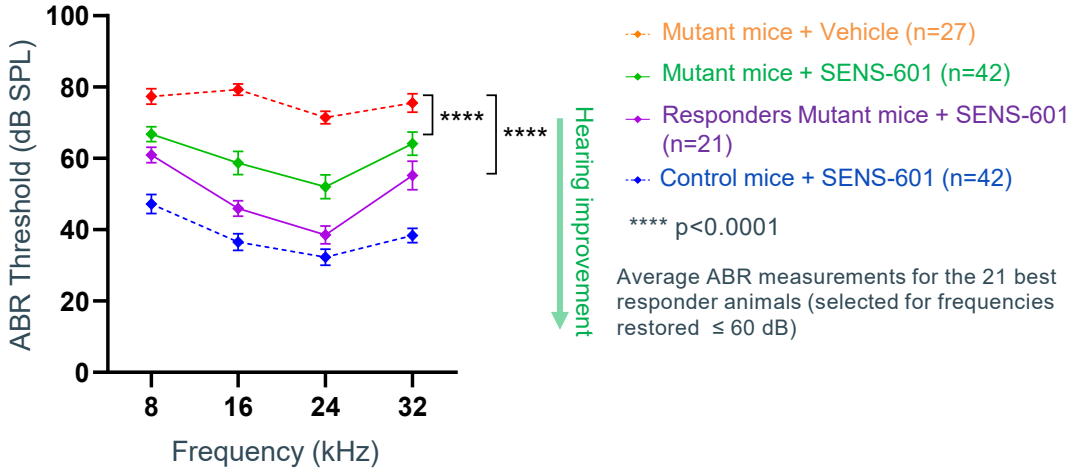
Giese et al., ARO 2026

SENS-601

Lead candidate improves hearing loss and restores CX26 network in DFNB1 mouse model

Proof Of Concept In Mice With Congenital Hearing Loss

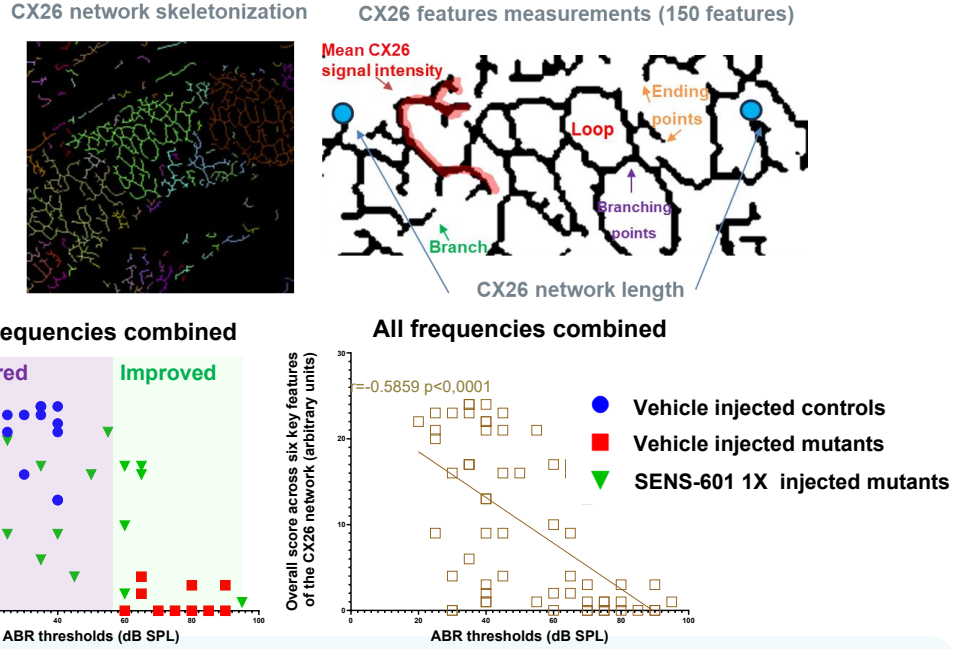
Congenital cKO1 model
ABR threshold - 7 weeks post-injection



- Efficacy is observed as early as 3 weeks after injection across all tested frequencies
- Efficacy is demonstrated with multiple batches – R&D to final manufacturing process
- Efficacy is demonstrated with several doses – Minimal effective dose is defined

CX26 levels & ABR restoration correlation

Assessment of CX26 network restoration within the cochlea after SENS-601 treatment, using AI technology



- CX26 network skeletonization and definition of essential features
- SENS-601 almost normalizes essential features of the CX26 network
- ABR threshold recovery and enhancement of CX26 metrics in the CX26 network are correlated

SENS-601

SENS-601 is safe and well tolerated in mice and NHP
adequate safety margin demonstrated in combined 3 and 6-month toxicolgy study

NHP Toxicology and Biodistribution Study (3-month arm)

Unilateral intracochlear administration

- Two doses (high and low dose): offering adequate according to Regulatory expectations

- **Mortality**: No unscheduled death related to SENS-601
- **Hematology / coagulation / urinalysis**: No SENS-601-related changes
- **Clinical pathology**: minor non-adverse change in one parameter
- **Histology**: Minimal to mild observations, as expected from local surgery procedure and in the context of inner ear gene therapy
- **Biodistribution and shedding**: SENS-601 DNA detection in expected tissues in the context of an intra-cochlear injection and is dose-related; Shedding decreasing over time
- **Mild SENS-601-related immunoreactivity resolving over time**

SENS-601 is well tolerated after a single intracochlear injection

Next step: 6-month data

Mouse Toxicology Study (3-month arm)

Intravenous administration

- Two doses (high and low dose): offering adequate safety margin to cover unintentional systemic exposure:

- **Mortality**: No unscheduled death related to SENS-601
- **Clinical observations**: No SENS-601-related clinical signs
- **Body Weights and Body Weight Gains**: No SENS-601-related effect
- **Clinical pathology**: slight changes on one parameter ,not associated with pathology signs, considered non adverse
- **Histology**: No SENS-601-related observations
- **Dose-related quantification of SENS-601 DNA, with limited tissue exposure**

SENS-601 is well tolerated after i.v. injection

Next step: 6-month data

SENS-601
Program status

Ongoing Natural History Study OTOCONEX in pediatrics

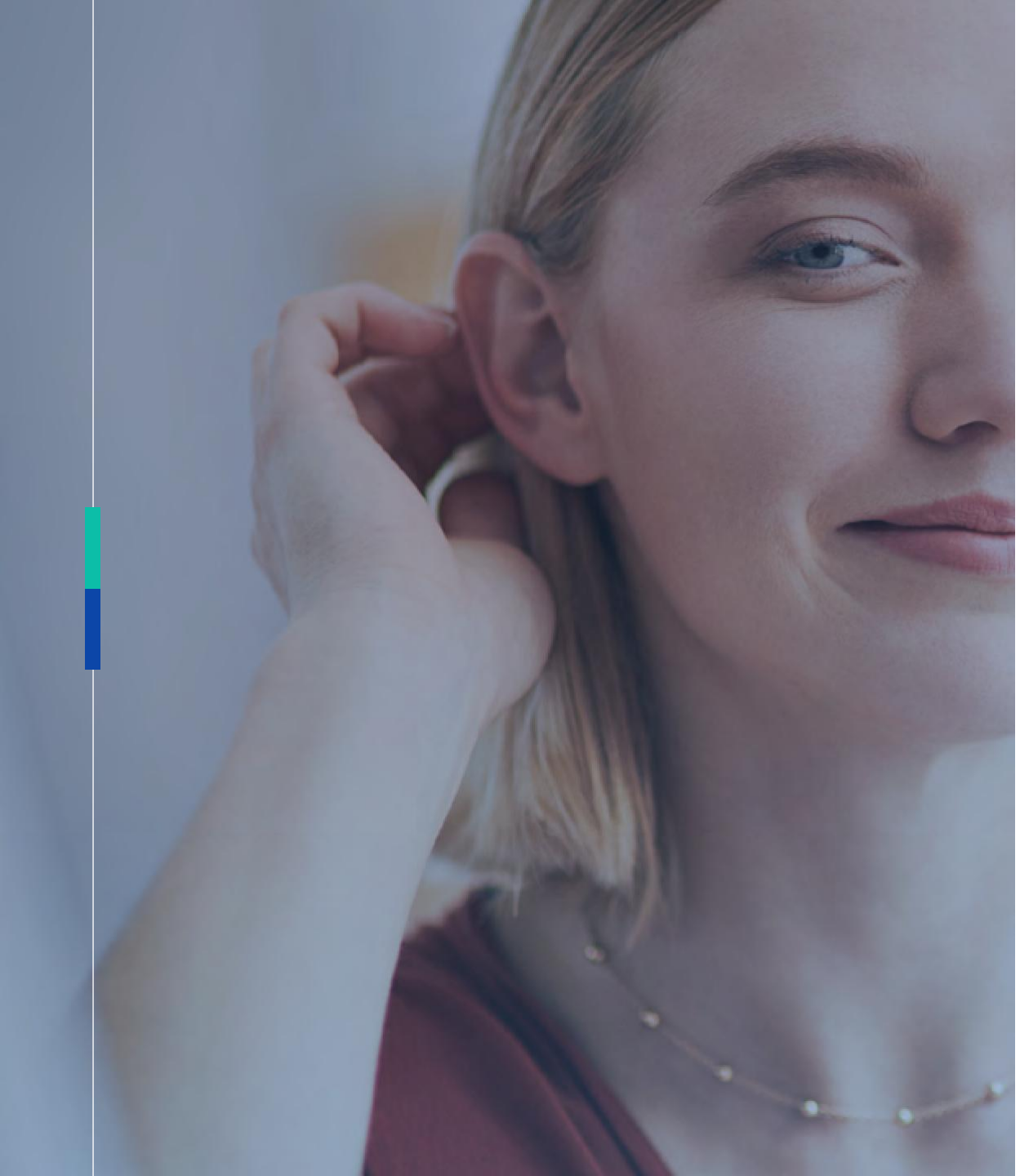
Ongoing Natural History Study SONG with adults

PoC Efficacy and Safety Data ASGCT 2025

CTA* submissions in Canada and France (with Fast-track)

US IND* and CTA Australia* by end of year 2026

Congenital onset



3

SENS-401 PROGRAMS

Multiple Indications To Treat
And Prevent Hearing Loss

SENS-401: A First-in Class Innovation

Three key indications for treatment and prevention of sensorineural hearing loss

- **First-in-class small molecule targeting inner ear lesions**
- **Dual 5-HT_3 receptor antagonist and calcineurin inhibitor**

- **Protects sensory hair cells and prevents nerve degeneration**
- **Clinical-stage hearing preservation across three distinct indications**

- **Orphan Drug Designation granted by both EMA and FDA**
- **Pediatric Investigation Plan approved by EMA**

SENS-401

Potential to transform everyday life for people living with underserved hearing loss diseases

Sudden Sensorineural Hearing Loss (SSNHL)

Positive findings in a Phase 2b subgroup

115 randomized patients

- Statistically significant **complete hearing recovery** observed at Day 84 **in 50% of patients *vs* 30% in PBO**

Hearing Preservation after Cochlear Implantation (CI)

Positive Phase 2a Study

28 randomized patients

- Presence of SENS-401 in the perilymph of all treated patients
- Residual **hearing loss lower in patients treated with SENS-401** compared to control group

Cisplatin-Induced Ototoxicity (CIO)

Phase 2a Completed

47 randomized patients

- Trend towards an otoprotective effect of SENS-401 beyond a cisplatin dose of 300 mg/m2

4 SENSORION

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

Sensorion newsflow [estimated timelines]

SENS-601 Gene Therapy Program

H1 2026
CTA Filing

End of 2026
US IND Application

2027
First clinical data

SENS-401 Program

Ongoing
Exploring Partnering Opportunities

Sensorion
Conclusion

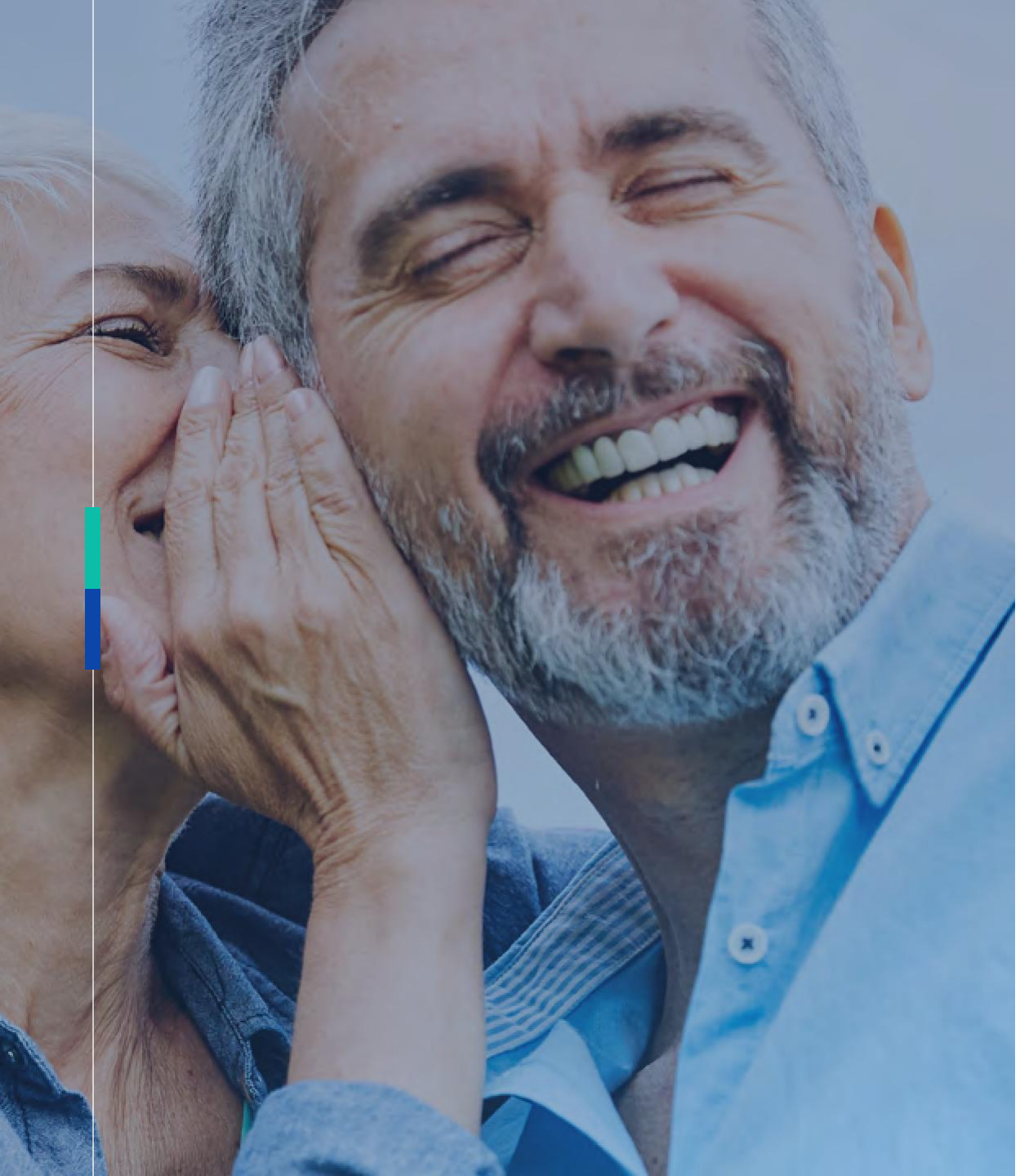
- Developing hearing loss therapeutics to treat, prevent and restore hearing – an area of high unmet clinical need

- Combining extensive internal capabilities with world-leading exclusive partnerships

- SENS-601 lead asset entering the clinic shortly, with global development framework
- Investigational New Drug Application and Australia submission for SENS-601 by year-end 2026

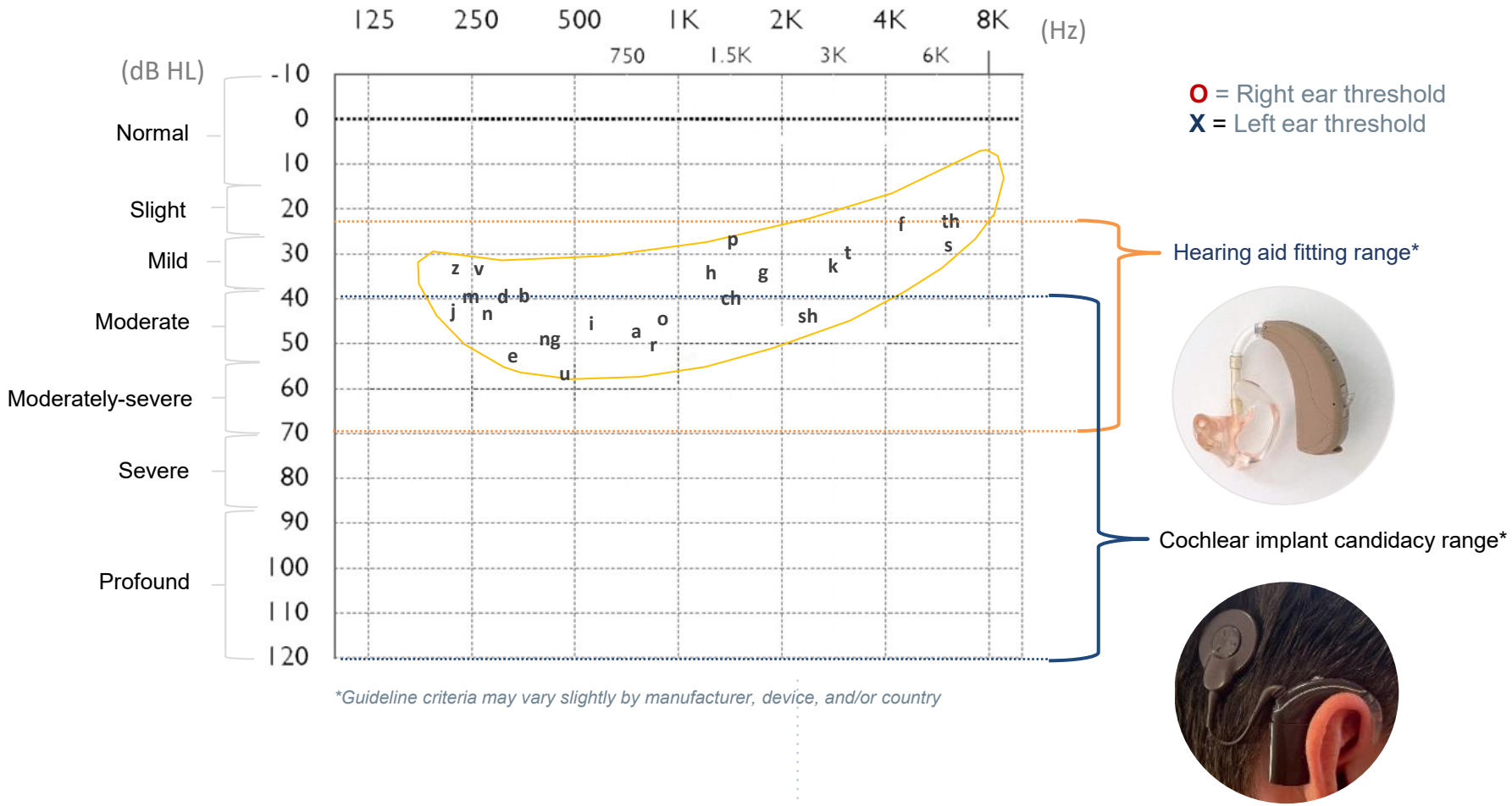
THANK YOU

E:contact@sensorion-pharma.com



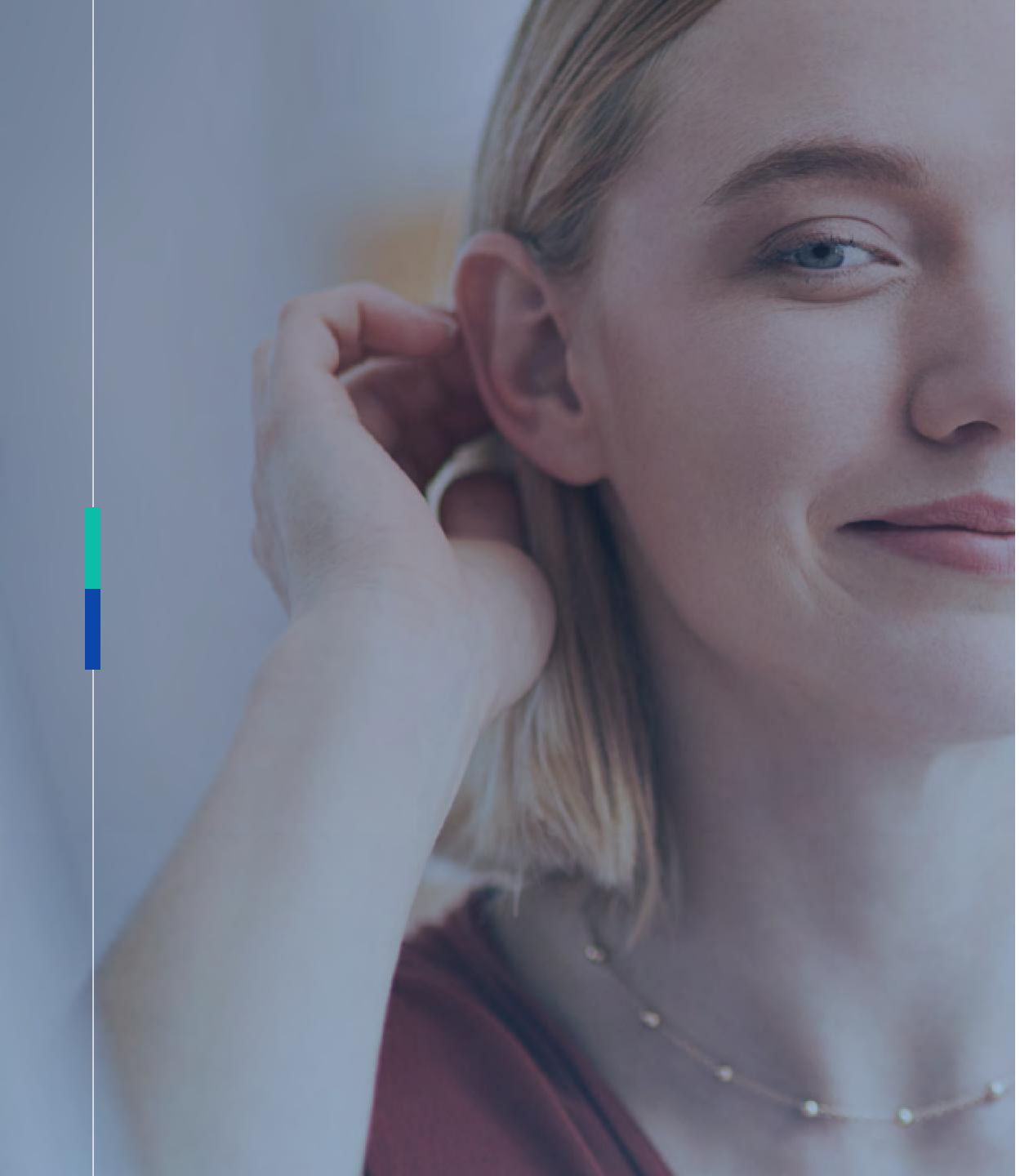
HEARING LOSS

Access and clarity are mandatory for optimal outcomes



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



Internal Capabilities

We have established internal capabilities to ensure successful execution

PRECLINICAL - SMALL MOLECULES & GT PROGRAMS

- Audiology, inner ear surgery and drug administration expertise in preclinical models
- Technology&Innovation Platform: assay development and gene therapy vectors design
- Cell Model and Animal Pharmacology Platforms: from target & drug discovery, to POC/dose-finding studies in disease-relevant models

CLINICAL EXPERIENCE

- 600 subjects enrolled in Sensorion led clinical trials
- Set-up audio tests in different countries, languages
- In-house audiology expertise of more than 20 years for the pediatric and adult populations and cochlear implants
- Development of gene therapy products in several rare diseases

CMC GENE THERAPY FACILITIES

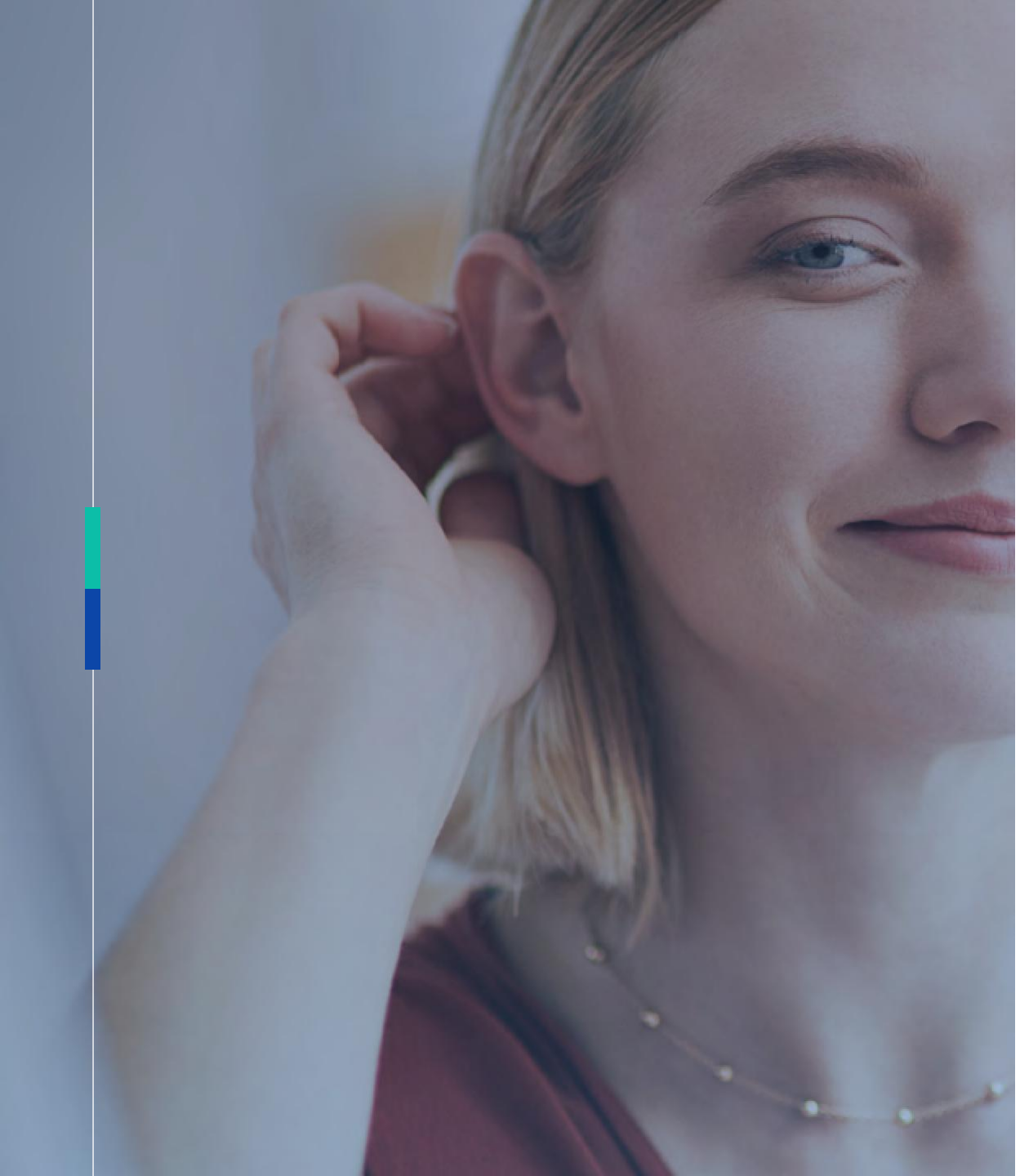
- Process development: non-GMP manufacturing from small scale up to 50L in bioreactor
- Analytical development: development of product-specific analytical methods, in-house generic assays to support process development and AAV manufacturing

REGULATORY EXPERTISE

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

PATIENT ACCESS

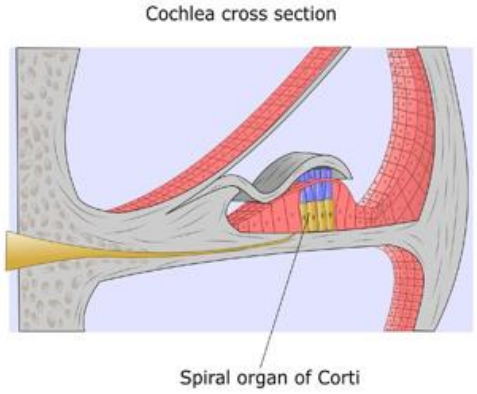
- Working with prominent payers from the EU5
- Obtaining consultation about our early Clinical Development Program within EU and US
- Building capabilities cross-functionally



SENS-401 PROGRAMS Back-Up

Multiple Indications To Treat And Prevent Hearing Loss

SENS-401
Mechanism Of Action



Trauma to inner ear can occur after **cochlear implantation**, exposure **to loud noise** or infection, head trauma or administration of **ototoxic drugs**

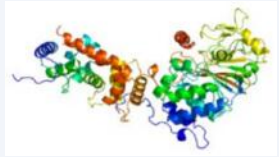
INSULT

Disrupted Ca2+ homeostasis
Excitotoxicity
Neuro Inflammation

Calcineurin Activation

Neurodegenerative cascades

- NFAT translocation: oxidative stress, survival, inflammation pathways
- Cell death pathways: BAD, mPTP, AIF, caspases activation
- Structural degeneration, swelling, synaptic uncoupling

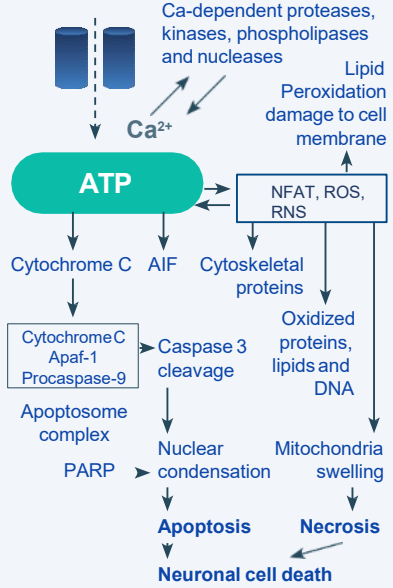


5HT3R antagonist

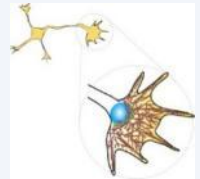
CaIN pathway inhibition

SENS 401

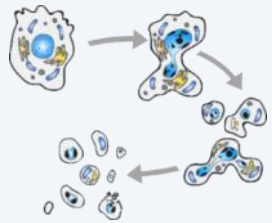
Oxidative Stress



Structural degeneration



Apoptosis



SENS-401 is the **(R)-enantiomer of Azasetron** belonging to the class of selective 5-HT3 Receptor (5-HT3R) antagonists with a calcineurin inhibition action

SENS-401 CI

Preservation Of Residual Hearing Following Cochlear Implantation

CI

SENS-401 to preserve residual hearing after cochlear implantation

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

BURDEN OF DISEASE

Growing understanding of the link between healthy hearing and healthy ageing

Source: Cochlear® 2018 investor day (link)

KEY FIGURES

≈ 90,000
Implants sold globally in 2025[1]

$1.8bn
Cochlear implant market in 2020[2]

3%
Market penetration in adults eligible to CI in developed markets[1]

1. Cochlear ® FY25 Result Presentation (link)
2. Global Hearing, the highest growth hearing market, a primer on cochlear implants, Bernstein 2023

CI

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

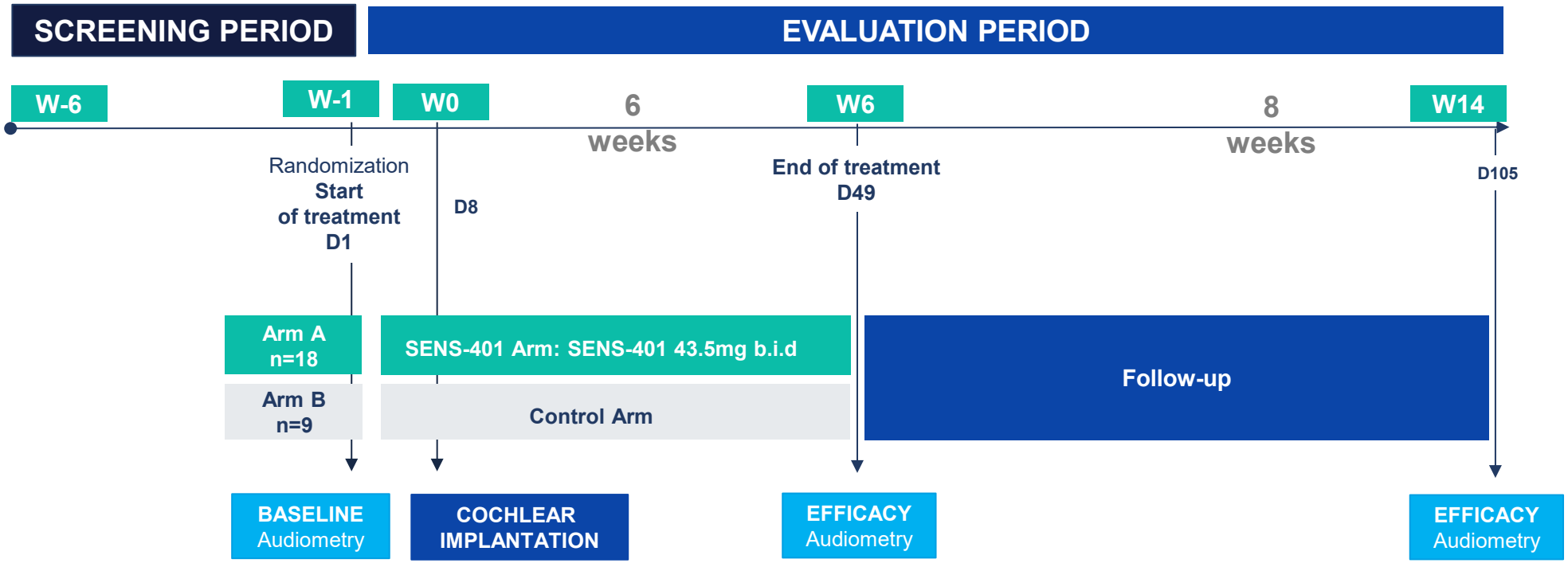
Postoperative hearing preservation defined as:
unaided air-conduction **thresholds < 85 dB HL** at 125, 250, and 500 Hz

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

CI

SENS-401 CI study design - study completed

A Phase 2a, Multicenter, Randomized, Controlled, Open-label Study to Evaluate the Presence of SENS-401 in the Perilymph and to Assess Its Efficacy to Prevent Residual Hearing Loss After Cochlear Implantation



PRIMARY OBJECTIVE:
To evaluate the presence of SENS-401 in the perilymph

SECONDARY OUTCOME:
Change of hearing threshold from baseline to the end of the study in the implanted ear at several frequencies

CI

Primary endpoint of the phase 2a clinical study for residual hearing preservation has been met

Perilymph Concentrations Data

	Treated with SENS-401 (n=16) n (%)
SENS-401 levels ≤ LLOQ	0
SENS-401 levels > LLOQ	14*(100)

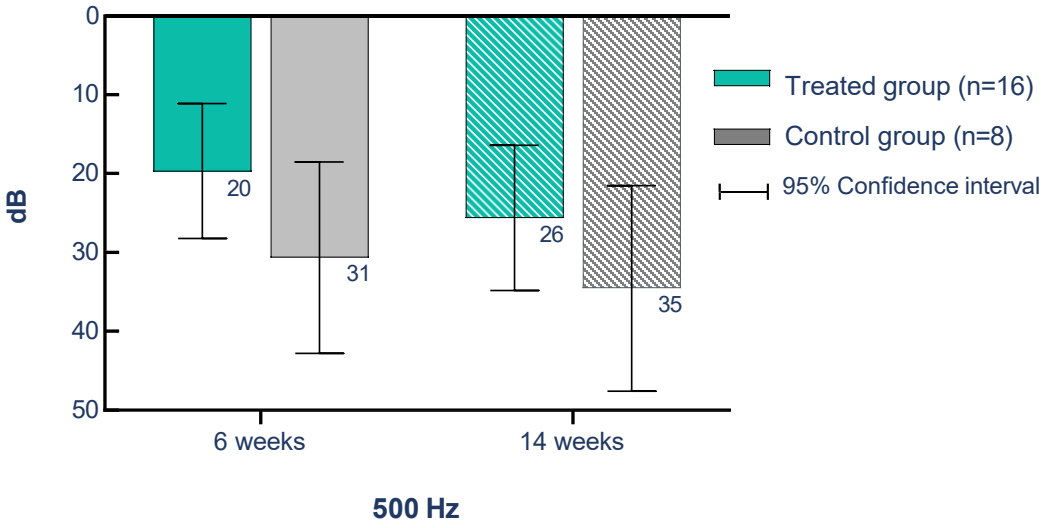
*Among the 16 participants who underwent surgery, 15 have a perilymph samples and 14 samples were analyzable
*LLOQ define by a specific method developed for SENS-401

- **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**

CI

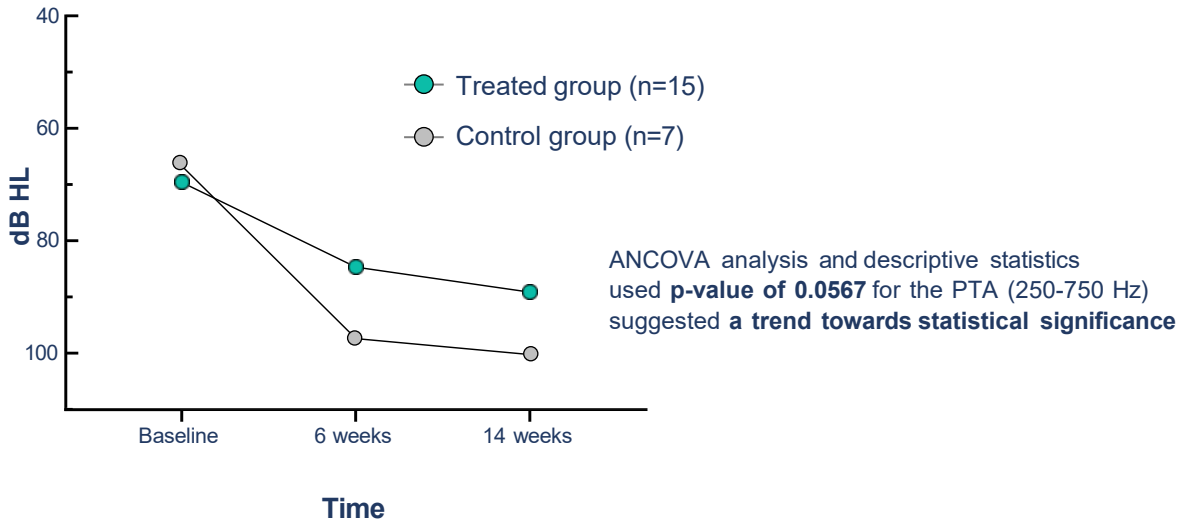
SENS-401 provides hearing protection 6 & 14 weeks post-cochlear implantation

LS Mean change from baseline of hearing threshold values at 6 and 14 weeks post CI



500 Hz

Mean of the 3-frequency average (250-750 Hz) hearing threshold values at baseline, 6 weeks and 14 weeks post CI



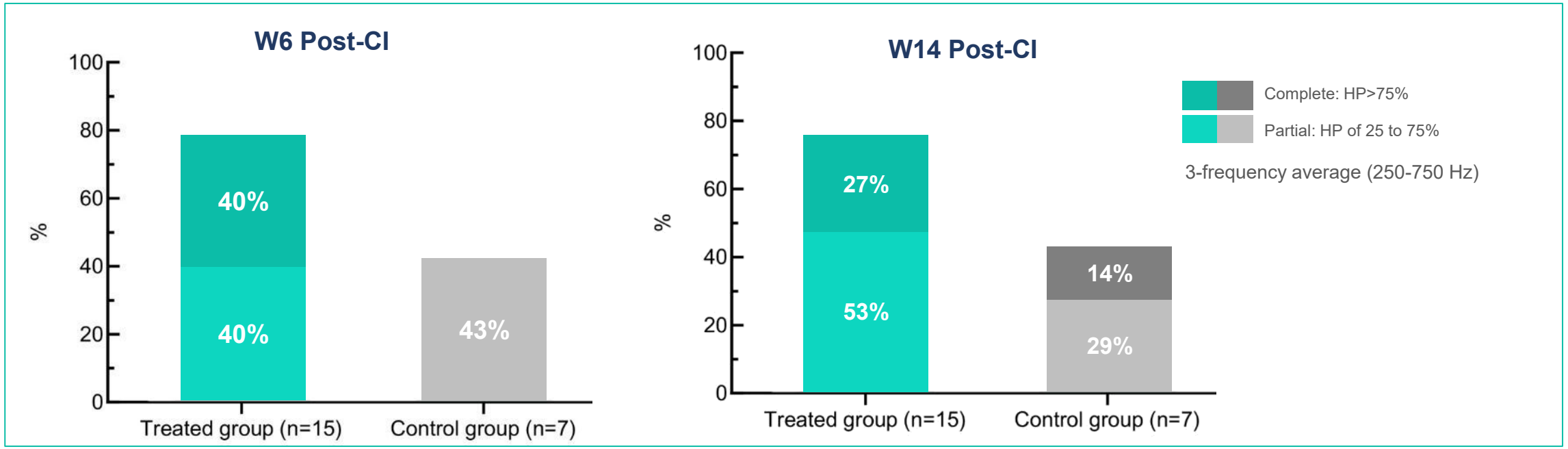
Time

ANCOVA analysis and descriptive statistics used **p-value of 0.0567** for the PTA (250-750 Hz) suggested **a trend towards statistical significance**

- **Residual hearing loss is lower in patients treated with SENS-401 compared to control group 6 weeks after cochlear implantation**
- **This preservation effect is maintained 8 weeks after SENS-401 discontinuation (14 weeks post-CI)**

CI

SENS-401 provides residual hearing preservation* 6 & 14 weeks post-cochlear implantation



- Patients in the SENS-401 treated group are **twice as likely to show complete or partial hearing preservation** compared to control group after 7 weeks of continuous treatment
- Only SENS-401 treated group show a **complete hearing preservation with 40%** of treated patients compared to 0% in the control group at 6 weeks post-CI
- **These results are maintained 8 weeks** after SENS-401 discontinuation (14 weeks post-CI)

*Skarzynski H, van de Heyning P, Agrawal S, Arauz SL, Atlas M, Baumgartner W, et al. Towards a consensus on a hearing preservation classification system. Acta Otolaryngol Suppl. 2013(564):3-13.

CI

SENS-401 CI final results - conclusion

SENS-401 can cross the labyrinthine barrier to target cochlear hair cells in all patients sampled, confirming primary endpoint is met. SENS-401, present in the perilymph fluid, reaches concentrations that are pharmacologically active.

A **complete hearing preservation** is exclusively observed in 40% of patients treated with SENS-401 at 6 weeks post cochlear implantation.

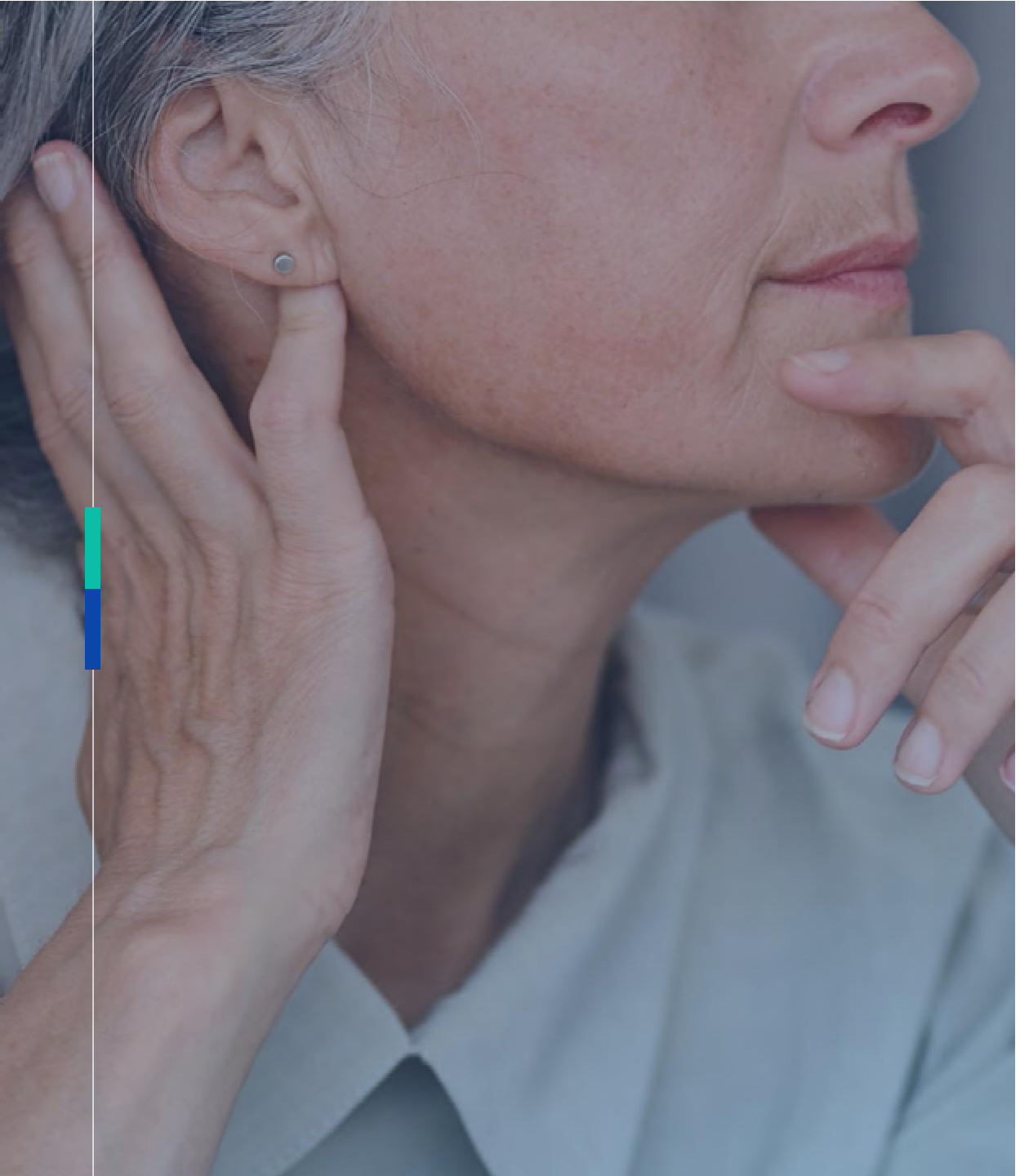
Eight weeks after discontinuation of SENS-401, the **hearing protective effect is maintained.**

Residual hearing loss is reduced in the SENS-401 treated group compared to the untreated group at 6 weeks post-cochlear implantation.

SENS-401 taken for 8 weeks confirms it has a **good safety profile.**

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.



SENS-401 CIO

Prevention Of Cisplatin-Induced Ototoxicity

CIO

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 40-60%[1] of adult cases and up to 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.

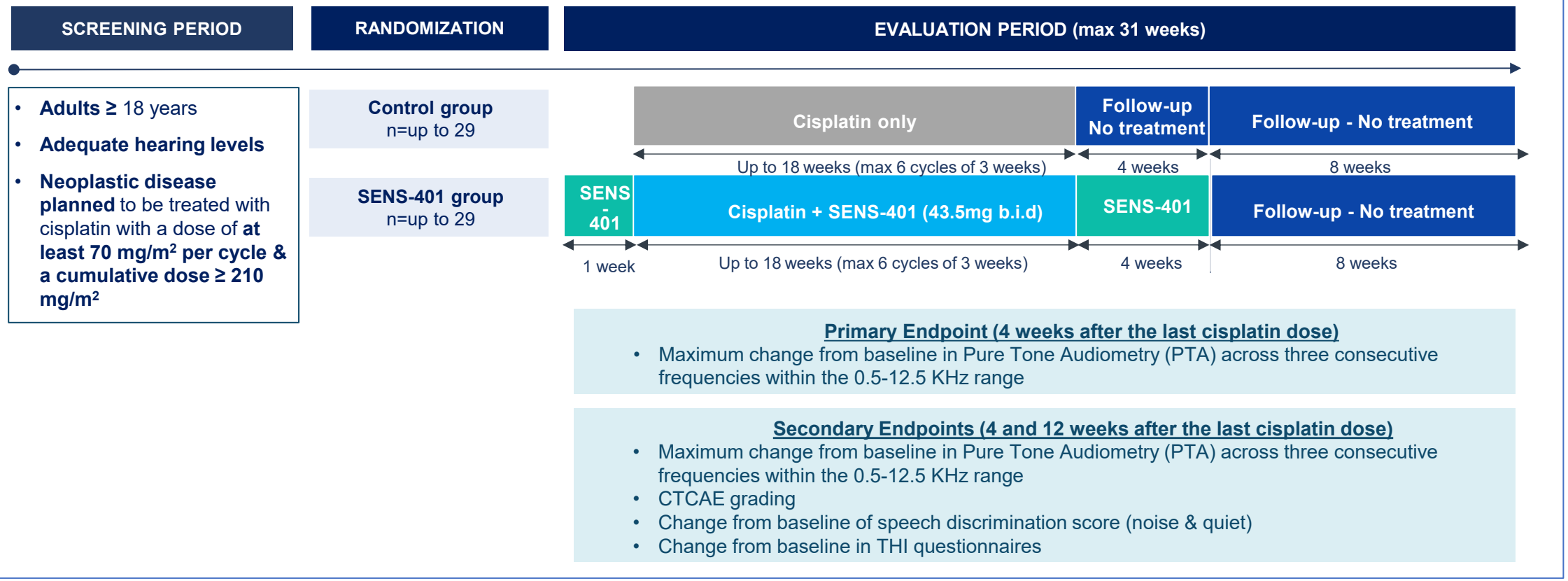
Number of total treated patients by Cisplatin per year: 1 140 000 in G7 countries[2]

[1] JCO Oncology practice, ASCO, volume 19, Issue 5/ CIO: a concise review of the burden, prevention and interception strategies, May 2024 Chattaraj
[2] Globocan 24

CIO

SENS-401 phase 2a proof-of-concept study NOTOXIS recruitment completed – 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



Primary Endpoint (4 weeks after the last cisplatin dose)

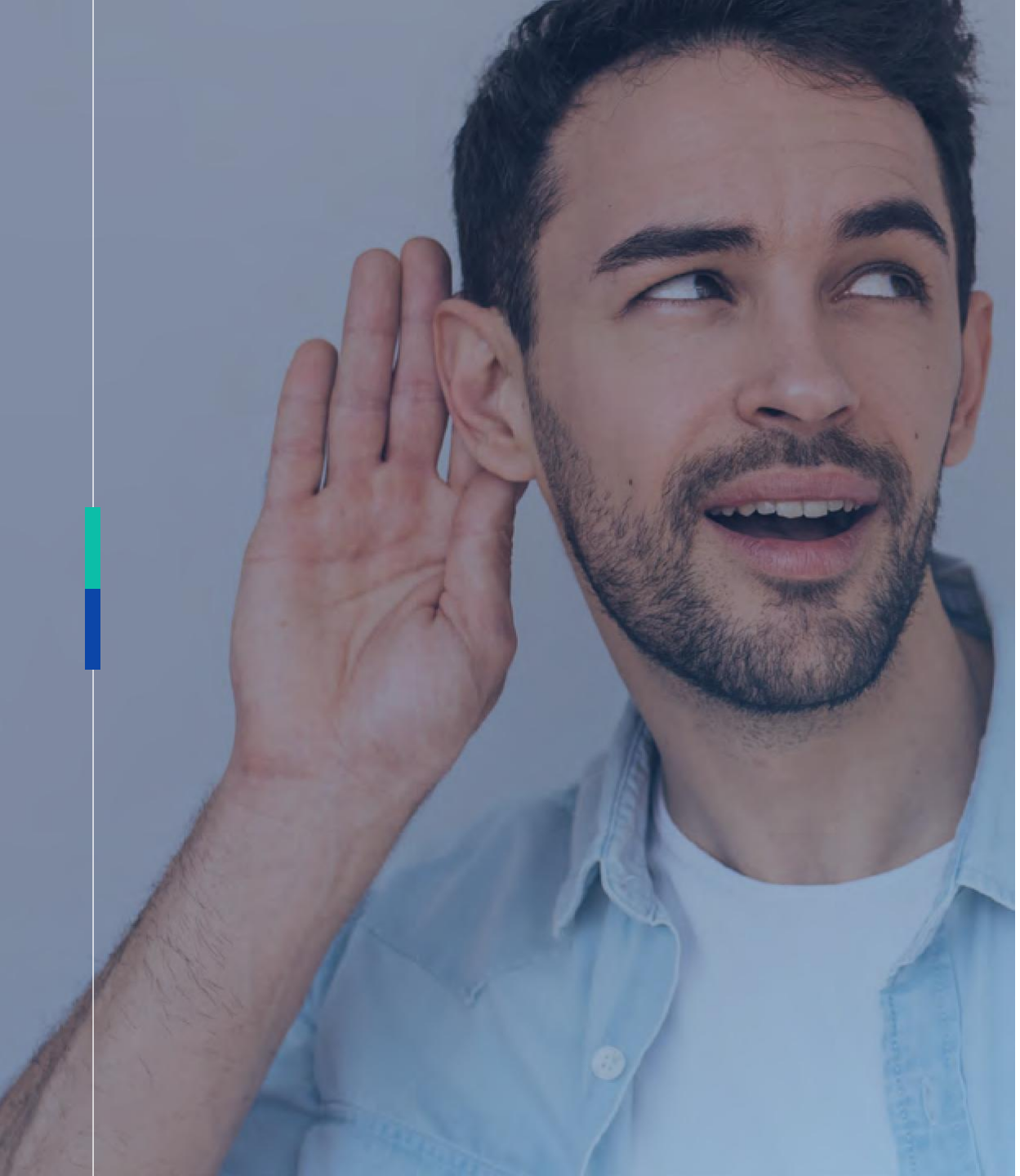
- Maximum change from baseline in Pure Tone Audiometry (PTA) across three consecutive frequencies within the 0.5-12.5 KHz range

Secondary Endpoints (4 and 12 weeks after the last cisplatin dose)

- Maximum change from baseline in Pure Tone Audiometry (PTA) across three consecutive frequencies within the 0.5-12.5 KHz range
- CTCAE grading
- Change from baseline of speech discrimination score (noise & quiet)
- Change from baseline in THI questionnaires

CIO
Key takeaways

- **Cumulative dose** of cisplatin is a **key factor** of ototoxicity severity.
- SENS-401 has a **favorable safety profile** when administered continuously for up to **23 weeks** in adult patients undergoing cisplatin-based chemotherapy.
- No statistically significant difference observed between treated and untreated subjects .
- Patients with **higher exposure to cisplatin may benefit the most** from **SENS-401's otoprotective effect.**
- **The results suggest a trend toward an otoprotective effect of SENS-401 in patients exposed to the highest cumulative cisplatin doses, beyond a cisplatin dose of 300 mg/m2.**



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[3] to 160[4] per 100 000 e.g > 200,000 patients in 2017 in G7 countries[5]

1. American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) Clinical Practice Guidelines
2. Kearney Interviews
3. Incidence of SSNHL - OTOL Neurotol. 2013 Dec, T. Alexander & J. Harris, OTOL Neurotol
4. A present investigation of the epidemiology in idiopathic sudden sensorineural hearing loss] [Article in German] E Klemm 1, A Deutscher, R Mösges
5. Company estimates based on publicly available data (in the US, Japan, Germany, France, the UK, Italy and Spain)

SSNHL
AUDIBLE-S phase 2 design

A Phase 2b, Multicenter, Randomized, Controlled, Double-blind Study to Evaluate the Efficacy of SENS-401 to Treat Patients with Severe to Profound Sudden Sensorineural Hearing Loss

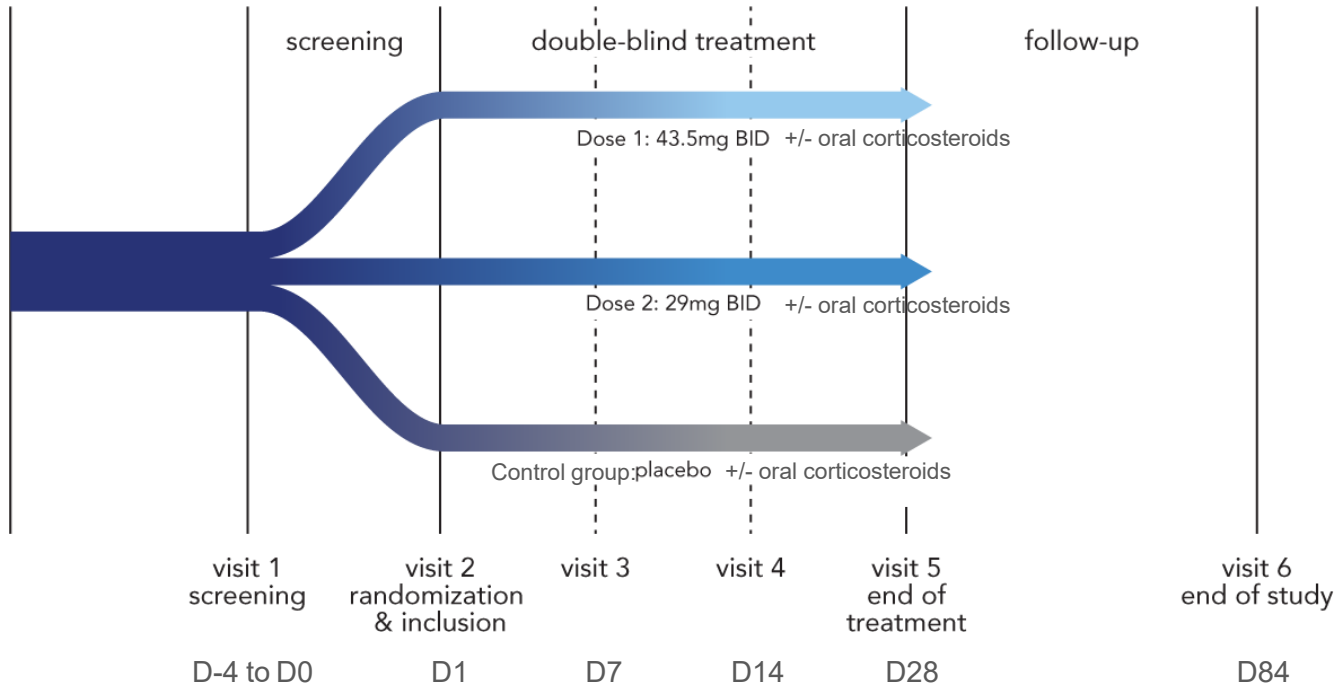
50 clinical sites globally

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

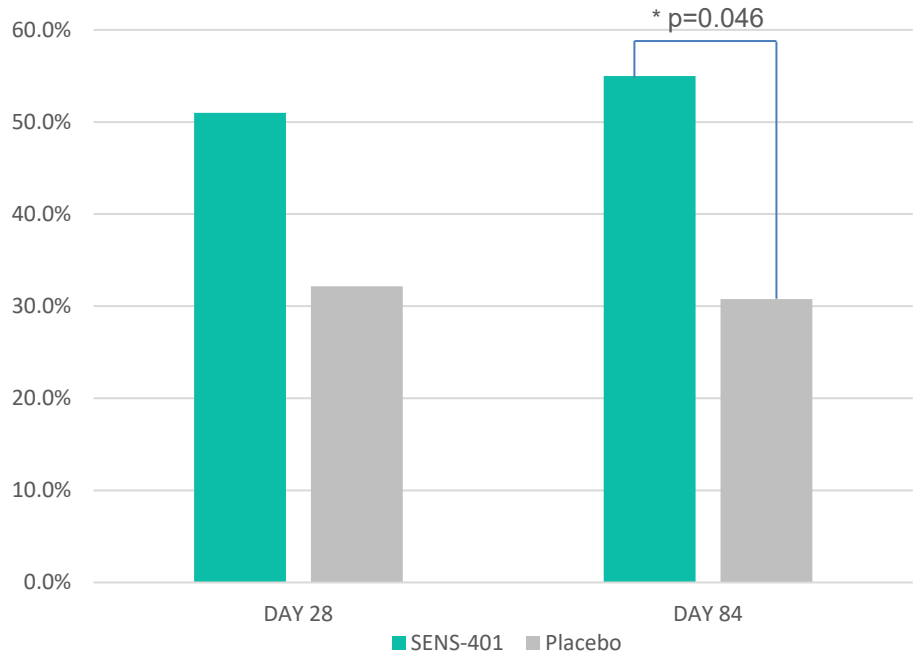


Primary endpoint definition:
"…change in pure tone audiometry (PTA); average of the hearing threshold of 3 contiguous most affected hearing frequencies in decibels in the affected ear from baseline to the end of treatment visit (Visit 5/D28±3)"

SSNHL

SENS-401 induces complete PTA recovery in 50% of patients

COMPLETE PTA RECOVERY



Complete PTA recovery (n/n total)	Placebo	SENS-401 (2 doses pooled*)
Day 28	9/28	25/49
Day 84	8/26	22/40

*As SENS-401 plasmatic concentration is similar for the two tested doses, the results have been pooled.

- **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 is statistically superior to placebo at Day 84 ($p<0.05$)

SSNHL
Phase 2 results summary

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.

Responder rate is always better in the treated group compared to placebo and difference with placebo increases over time.

Safe and well tolerated in 115-patient SSNHL study; although primary endpoint not met data supports and informs further clinical development.