



Sensorion

The Inner Ear Diseases company

Corporate Presentation
February 2018

ALSEN.PA

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Corporate Overview

Sensorion is a clinical-stage biopharmaceutical company focused on developing first-in-class therapies to treat inner ear disorders

Company

- 20 employees, 16 in R&D (1MD, 7 PhD)
- Headquartered in Montpellier, France
- Spin off of INSERM in 2009

Product Candidates

- SENS-111 for Acute Unilateral Vestibulopathy (AUV)
- SENS-401 for hearing disorders

Technology Platform

- Research and non-regulatory development to support pipeline expansion and attract pharma partners

Financial Details

- Listed on Euronext Growth Paris since IPO in 2015 (ALSEN)
- €9.2M as of June 30, 2016

Experienced Leadership Team



Nawal Ouzren

Chief Executive Officer, MSc

- 15+ years at GE, Baxter, Shire
- Solid drug development experience, including global marketing, market access and market development



Pierre Attali

Chief Medical Officer
MD, MSc, Board certified in HGE

- 30+ years at Synthelabo, Sanofi, BioAlliance Pharma/Onxeo
- 10+ NCE/new formulations registered in EU/US



Paul Bikard

Administration & Finance Director
MSc Lyon Business school

- 20+ years as auditor (Coopers & Lybrand-PWC, Andersen-E&Y) and CFO (Transgene, Prestwick Chemical)
- Solid Administration & Finance experience of SMEs



Jonas Dyhrfjeld-Johnsen

Head of Pharmacology, PhD

- 15+ years research in CNS and inner-ear
- PhD in Neuroscience and post-doctoral research (UC Irvine-CA, Harvard Medical School-Boston, USA)

Investment Highlights

Deep Pipeline

“Pure player” industry pioneer focused on inner ear disorders

- U.S. IND/EU voluntary harmonisation procedure (VHP) granted to conduct Phase 2 trial of SENS-111 in AUV
- Received Orphan Drug Designation (ODD) in EU for SENS-401 in Sudden Sensorineural Hearing Loss and Phase 1 completed
- Received Orphan Drug Designation (ODD) in the US for SENS-401 in Platine-Induced Ototoxicity and Phase 1 completed

Significant Market Opportunities

- Inner ear disorders represent a global market of \$10+ billion
- Millions of patients suffer from vestibular and hearing disorders, representing a huge financial burden on healthcare system (e.g., \$122B are spent per year in the US to manage patients suffering from hearing loss)

Strong IP Protection

- Pipeline covered by 7 patent families, including composition-of-matter and use patents in inner ear disorders

Technology Platform

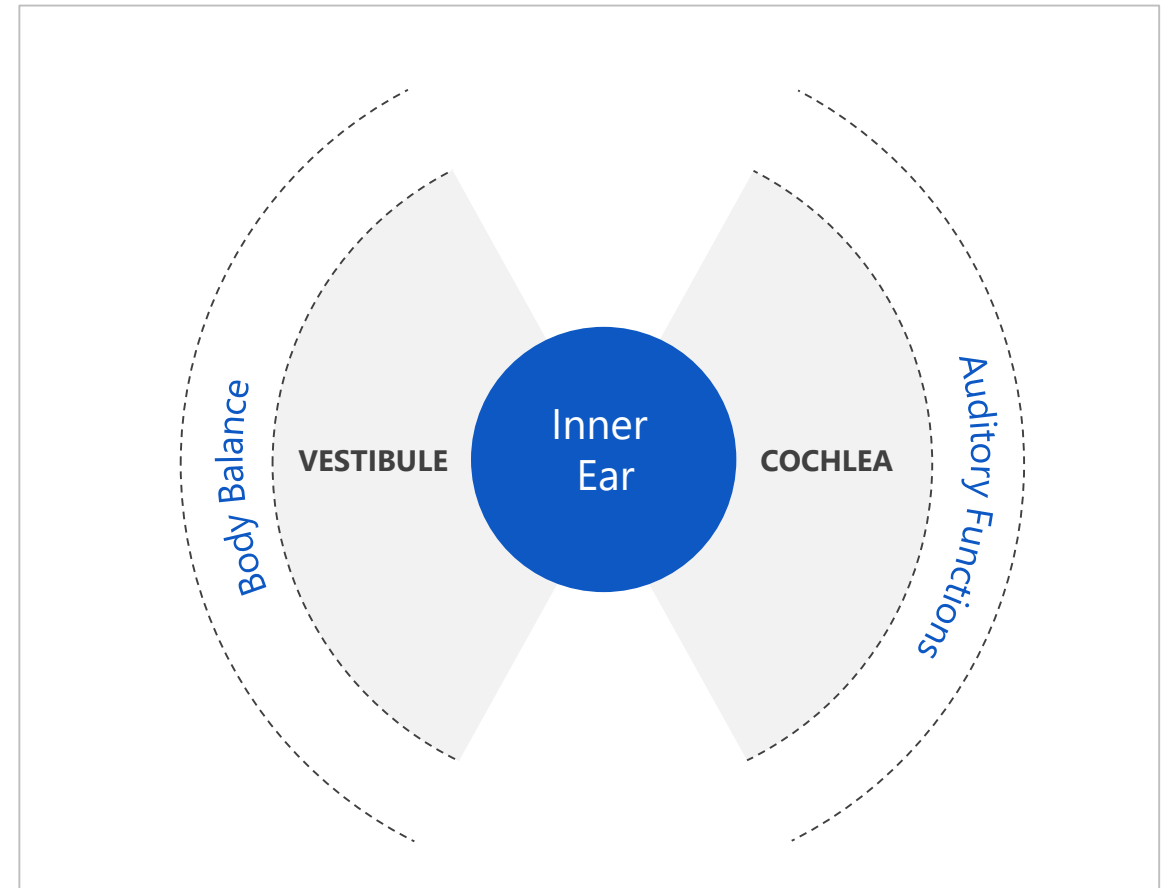
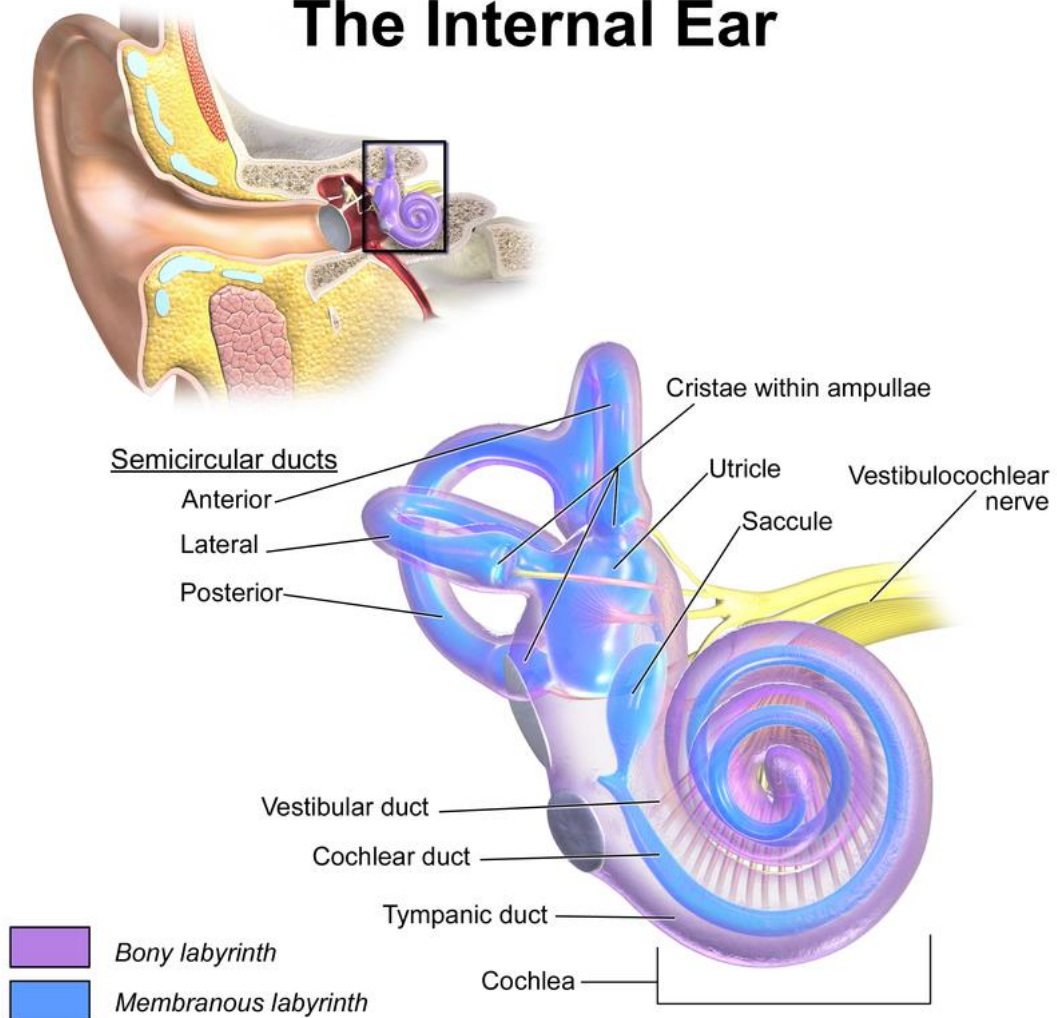
- To facilitate pipeline expansion and attract pharma partners

Pipeline of Novel Drug Therapies

Product	MOA /Treatment	Candidate Selection	Preclinical	Phase 1	Phase 2	
SENS-111	Histamine H4 antagonist <i>Treatment of acute vertigo</i>	US IND granted/VHP granted				Study results expected in H2 2018
SENS-401	5HT3 and calcineurin inhibition <i>Treatment of hearing disorders</i>	Orphan Drug Designation in EU				Phase 2 initiation in H1 2018 (US & Europe)
SENS-401	5HT3 and calcineurin inhibition <i>Prevention of cisplatin-induced ototoxicity</i>	Orphan Drug Designation in the US				Phase 2 ready H2 2018
SENS-401	5HT3 and calcineurin inhibition <i>Hearing outcomes focus</i>	Collaboration with Cochlear Ltd.				Preclinical trials beginning in H1 2018

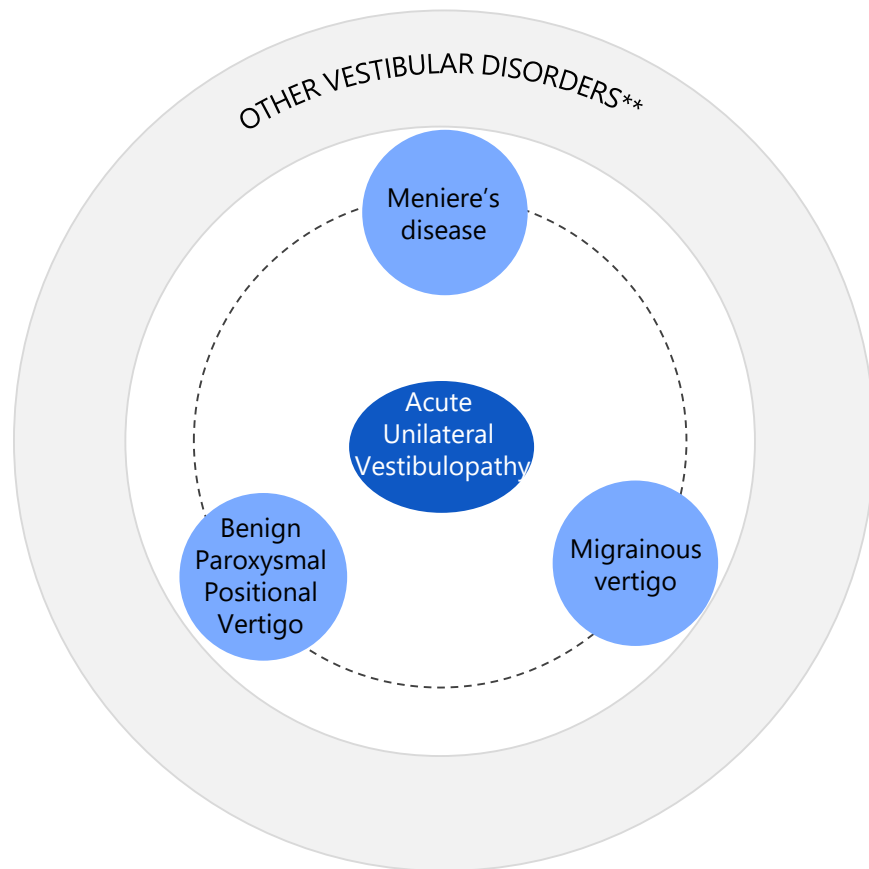
Inner Ear Biology

The Internal Ear

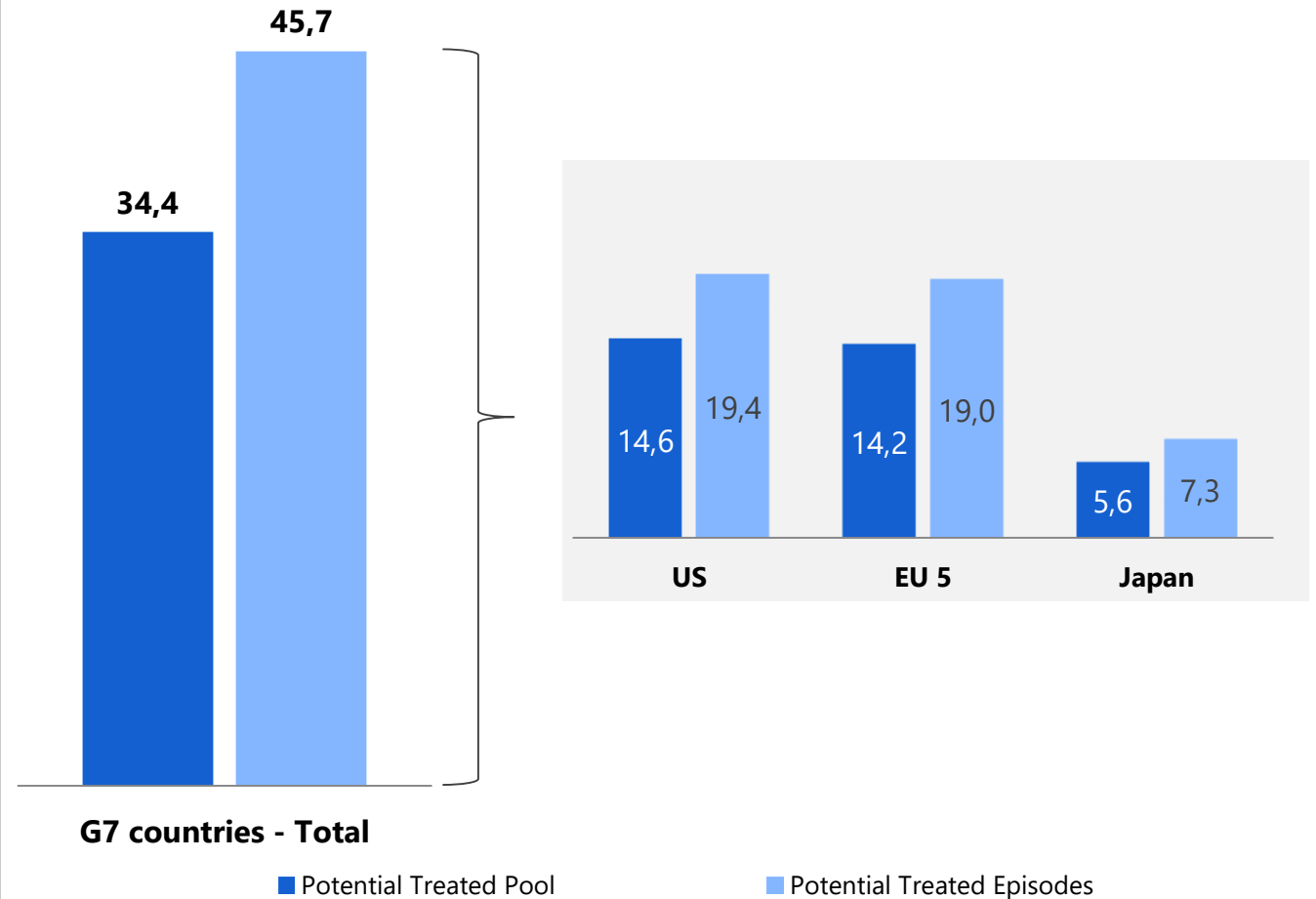


Vestibular Disorders: Etiology & Epidemiology

ETIOLOGY



Number of patients suffering from vestibular disorders (in millions, in 2017)



Source: Vestibular disorders association, Curr Opin Neurol 20:40-46 (2007), Strupp & Brandt (2009) Semin Neurol, J Neurol Neurosurg Psych 78:710-715 (2007), Neurology 67:1028-1033 (2006); ¹ Primary research estimate USA - ² Frankel group estimate; * Diagnosed and undiagnosed; **other vestibular disorders include Wallenberg's syndrome, perilymph fistula or acoustic neurinoma, otitis media, perilymph fistula, motion sickness and others.

Vestibular Disorder: Acute Unilateral Vestibulopathy (AUV)

What is AUV:

Acute, severe unilateral vestibular dysfunction giving the sensation that you or your surroundings are moving (spinning, whirling or moving vertically or horizontally)

Incidence:

Between 3.5 to 15.5 per 100,000 people
(68,000 patients in 2017 in G7 countries)¹

Sudden occurrence of AUV:

Crisis lasts between 4 and 7 days

Complications:

The AUV crisis can lead to long-term complications in ~50% of the cases

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

- Dizziness, imbalance, abnormal gait, unsteadiness increasing the risk of severe fall by 12
- Psychological handicaps and disabilities

Acute need for safe, effective drugs is clear

“

AUV is assumed to be an ideal model for vestibular diseases. If this trial shows a benefit, the drug is assumed to work in other diseases leading to dizziness and vertigo.

”

Pr. Michael Strupp

Ludwig-Maximilians-University
Munich, Germany (KOL event,
Nov. 29, 2016)



SENS-111 for Acute Unilateral Vestibulopathy

SENS-111

AUV is a significant unmet medical need

- Current standard of care is suboptimal: no direct effect on vertigo, sedative effects
- 50% of patients complain of chronic dizziness/imbalance post-AUV

First-in-class treatment

- First-in-class oral H4 receptor antagonist
- Mechanism of action well-defined and understood (H4R antagonist)
- SENS-111 acts through modulation of vestibular neuron excitability. It is not sedative.

IP protection

- 3 composition of matter and use patent families
- IP issued in all major markets

SENS-111 demonstrated activity in phase 1b

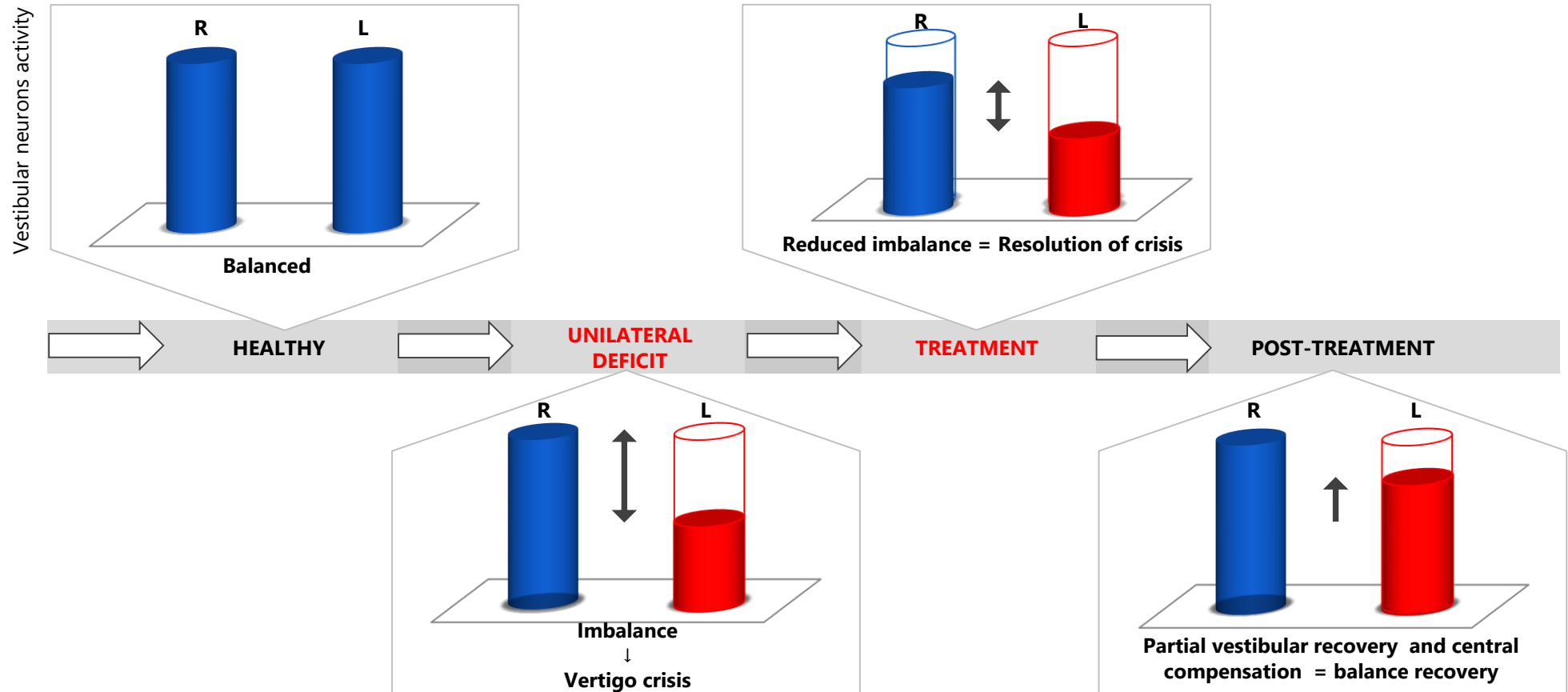
- 100 healthy volunteers enrolled
- Reduced vertigo symptoms from doses of 50 mg/day to 200 mg/day using caloric induction
- No sedation and significant adverse events reported

A phase 2 trial underway

- Enrollment of 207 patients planned
- Final phase 2 read-out in H2 2018
- Trial being conducted in the US, Europe and South Korea

Pathophysiology of Vertigo of Peripheral Origin

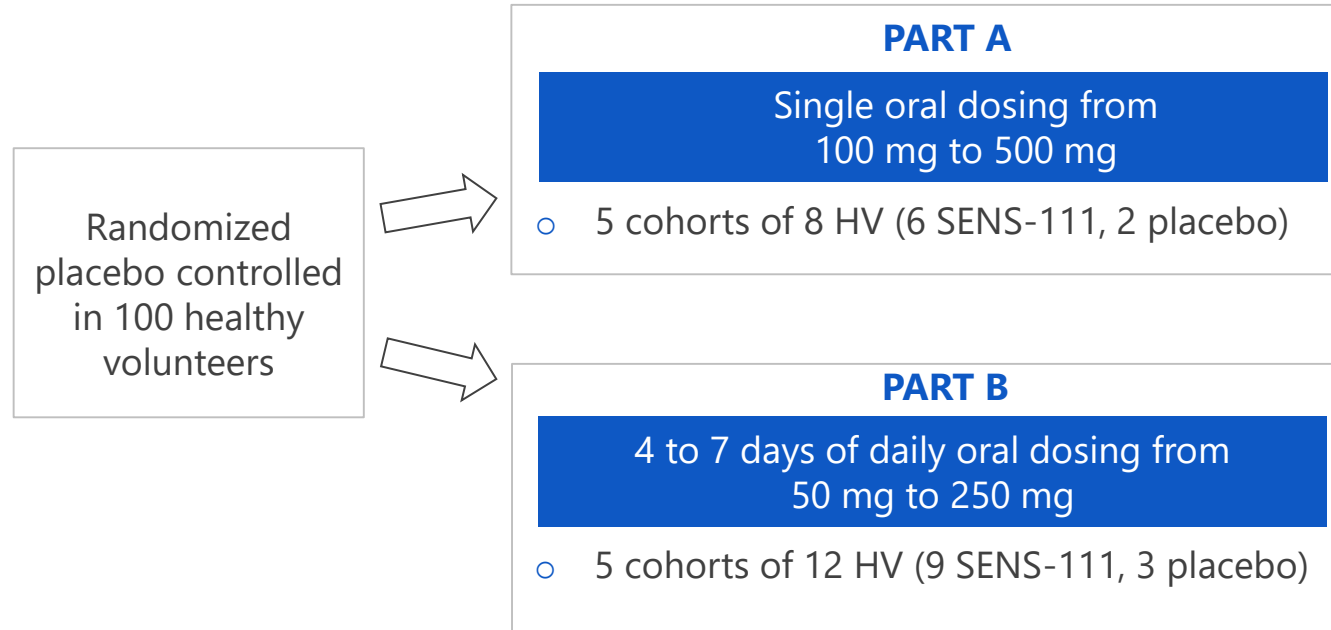
Imbalance of neuronal activity between contralateral vestibules leads to vertigo



Treatment goal to restore balance by reversibly reducing neuronal activity in vestibules

SENS-111: Phase 1b Study Demonstrated Safety

Phase 1 study design



Study endpoints

PRIMARY

- Evaluate the safety of single and repeated ascending doses of SENS-111
- Determine the pharmacokinetic profile of SENS-111

SECONDARY

- Document the effect of a routine vestibular stress test (caloric induction) and activity of SENS-111 on part B

1. SENS-111 is well-tolerated
2. Pharmacokinetics of SENS-111 is linear with doses up to 200 mg/day, slightly over proportional at higher doses and **allows for once-a-day dosing**
3. SENS-111 demonstrated an activity related to plasma concentrations ranging between 0 and 500-700 ng/mL in vertigo induced by a caloric test
4. Clinical data are consistent with data obtained in preclinical testing
5. Valuable data available to guide phase 2 study design and selection of doses to be tested

SENS-111 Phase 2 Program: 100 and 200 mg vs. Placebo

25

CLINICAL SITES

In Europe, US,
Korea

1

PRIMARY ENDPOINT

Vertigo intensity
(visual analogic scale)

20%

IMPROVEMENT

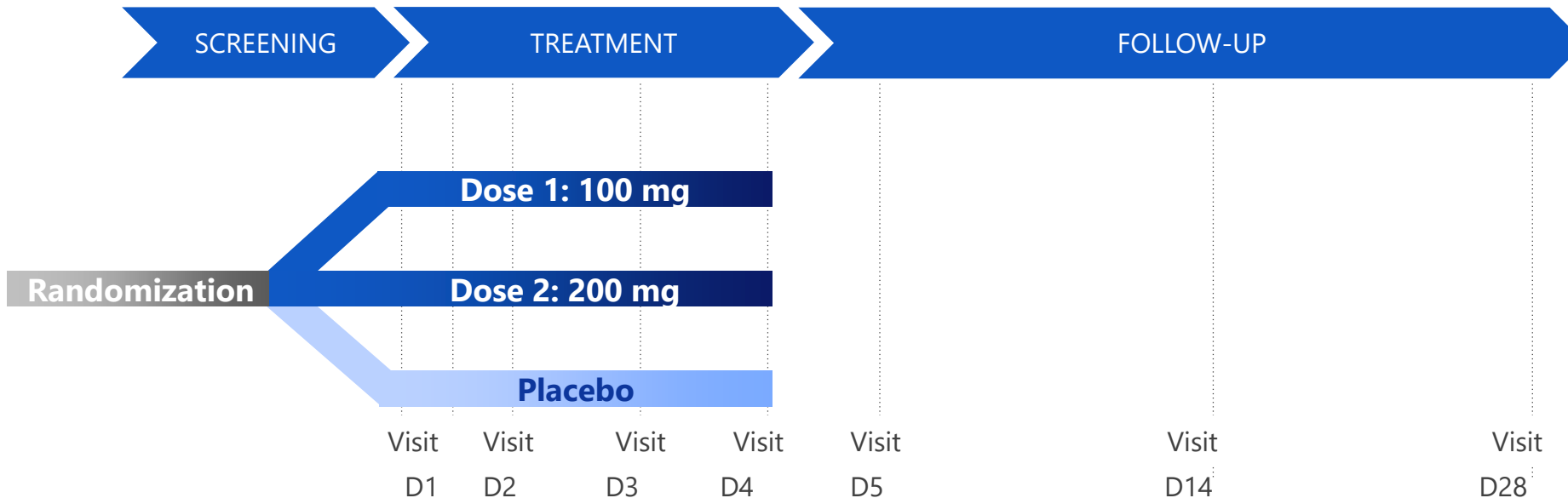
vs PLACEBO
207 patients

PLANNING

Q1 2017
Centers
opening

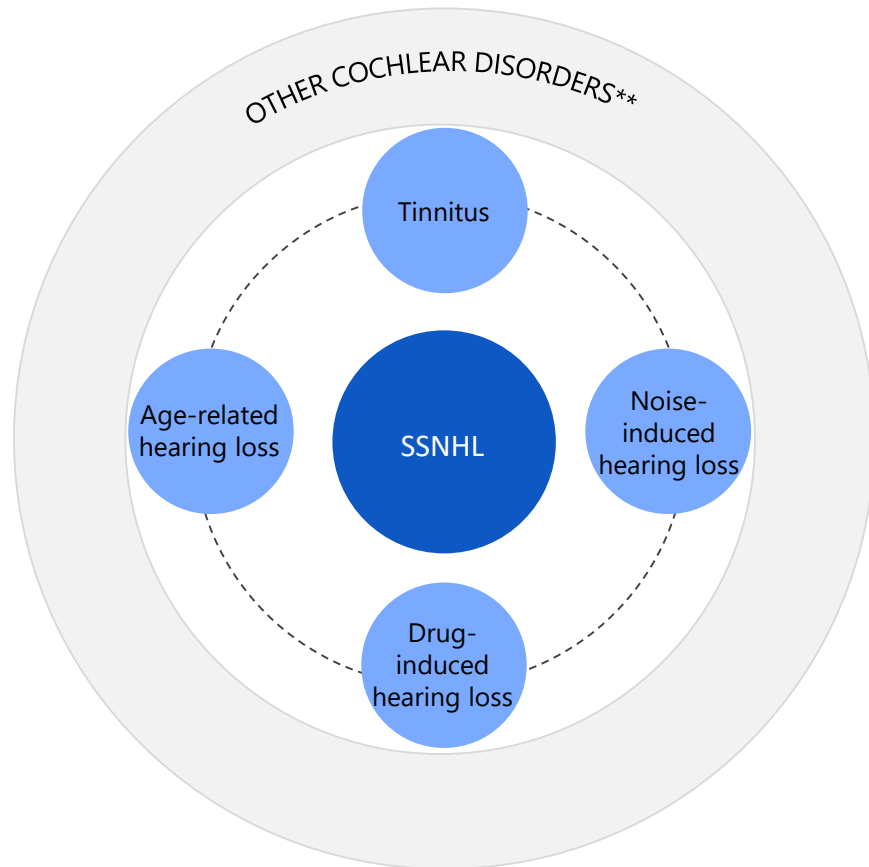
Q4 2018
readout

A multicenter, randomized, double-blind, placebo-controlled study

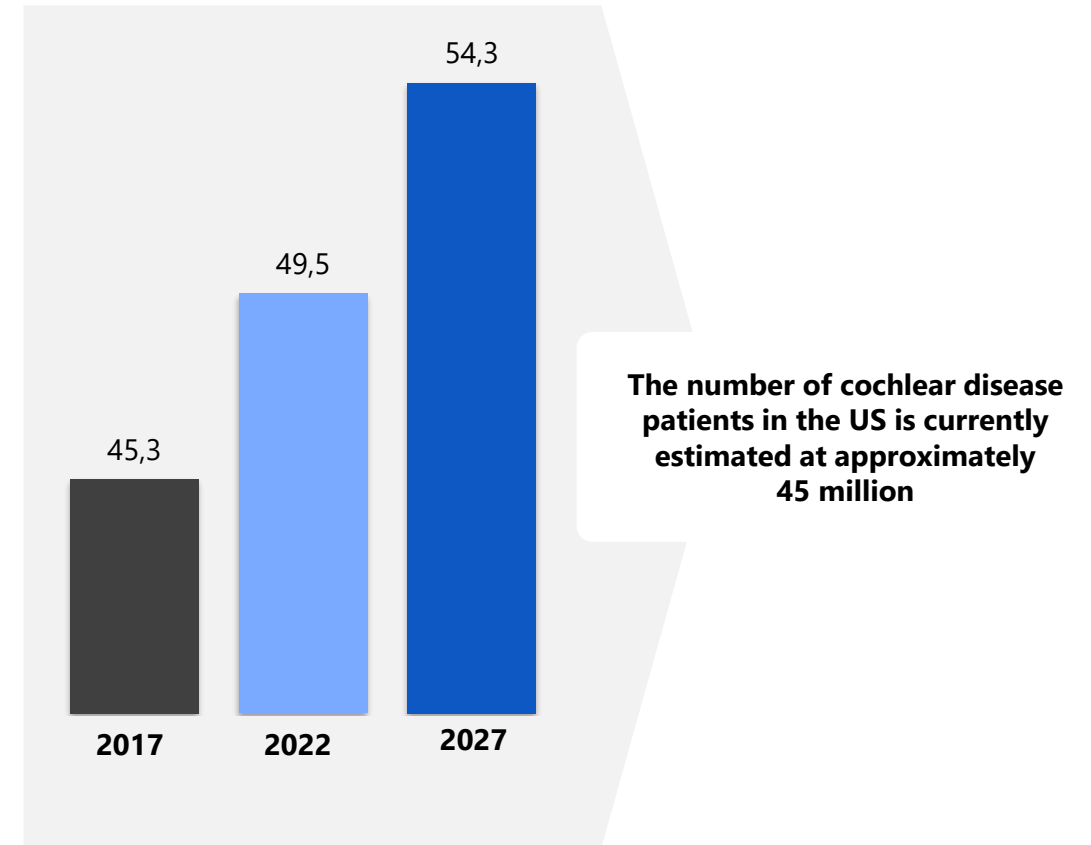


Cochlear diseases: Etiology & Epidemiology

ETIOLOGY



Number of patients suffering from cochlear disorders (in millions)



Source: Phamax market research study**other cochlear disorders include congenital hearing loss (Usher syndrome, Pendred syndrome, Cogan syndrome...), otitis media/externa, loss of residual hearing after cochlear implant surgery, ototoxicity from drugs other than cisplatin.

SENS-401 for Sudden Sensorineural Hearing Loss

SENS-401

SSNHL is a significant unmet medical need

- No current effective treatment recommended in clinical practice guidelines
- More than 50% of patients suffer from permanent, disabling hearing loss, mostly those with severe to profound hearing loss
- Tinnitus, often disabling, is almost always associated with hearing loss

First-in-class treatment

- First-in-class oral 5HT₃ receptor antagonist & other undisclosed mechanism of action (MoA)
- The MoA is well-defined and understood (5HT₃ antagonism, calcineurin inhibition)
- SENS-401 acts through reduction of cochlear cell death and neurodegeneration

IP protection

- 2 patent families filed
- Orphan Drug Designation from EMA

SENS-401 demonstrated safety and PK in phase 1

- 36 healthy volunteers enrolled in a double-blind, randomized, multiple ascending dose design (7 days)
- No serious or significant adverse events reported, safety profile comparable to placebo
- Pharmacokinetics match effective systemic exposures in preclinical model

Phase 2 trial planned for 2018

- Trial to be conducted in the US and Europe
- Principal investigator and first centers identified

Collaborative trial with Cochlear Ltd.

- Collaboration signed December 2017
- Cochlear invested €1.6 million in shares of Sensorion
- Will study SENS-401 in combination with cochlear implants
- Preclinical studies to begin in H1 2018
- Mid-stage clinical studies may start in 2019

Sensorion And Cochlear Collaborate To Improve Hearing Outcomes Of Patients Recieving Cochlear Implants with SENS-401



Cement **LEADERSHIP**
in Inner Ear
Disorders



Invest in
COMPLEMENTARY
EXPERTISE



Identify
Opportunities to **IMPROVE**
PATIENTS' OUTCOMES

Strategic Rationale For A Complementary Partnership

- Collaboration signed in December 2017
 - Cochlear invested €1.6 million in shares of Sensorion
 - In exchange, Cochlear received a right of first negotiation for a global license to use SENS-401 in patients with certain implantable devices
- Sensorion and Cochlear to study SENS-401 in combination with cochlear implants
- Preclinical studies to begin in 2018
- Mid-stage clinical studies may start in 2019

Cochlear Disorder: Sudden Sensorineural Hearing Loss (SSNHL)

What is SSNHL:

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

Incidence:

Between 27 to 35 per 100,000 people (218,000 patients in 2017 in G7 countries)¹. >70% cases are idiopathic, known causes include noise/head trauma, ischemia and infection

Sudden occurrence of SSNHL:

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

Complications:

More than 50% suffer from permanent, disabling hearing loss, mostly those with initial severe to profound hearing loss

Complications significantly impact patients' quality of life due to:

- Difficulty communicating, social isolation, cognitive decline
- Accompanying tinnitus

Acute need for safe, effective drugs is clear

“

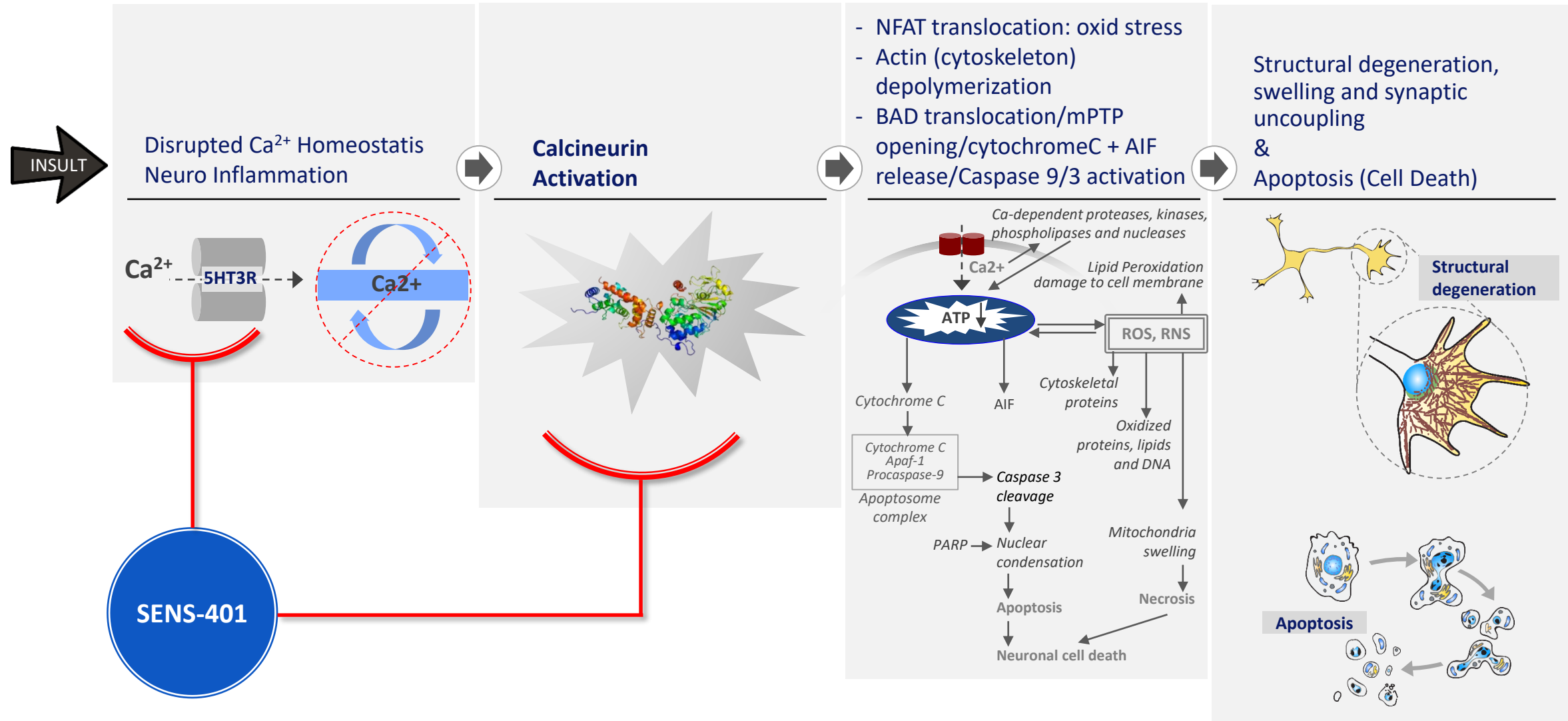
Sudden sensorineural hearing loss (SSNHL) is considered an otological emergency. It may present as an isolated condition or be the presenting feature of a systemic disease process. Idiopathic sudden sensorineural hearing loss (ISSNHL) is diagnosed when an underlying cause or condition cannot be identified.

”

Lawrence & Thevasagayam

Clinical Otolaryngology
June 2015, 40(3):176-82

SENS-401: Reduces Hair Cells Apoptosis By Inhibiting The Calcineurin Activation



SENS-401: Preclinical Data in Noise-Induced Cochlear Lesions

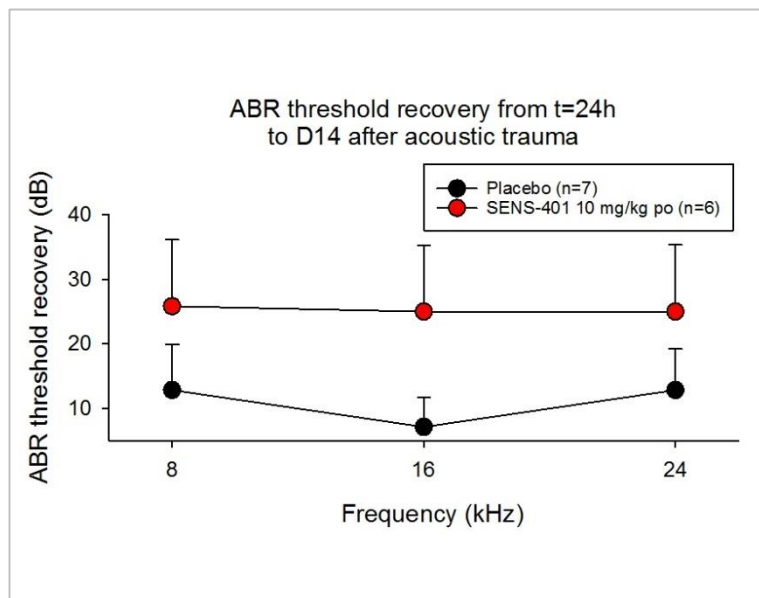
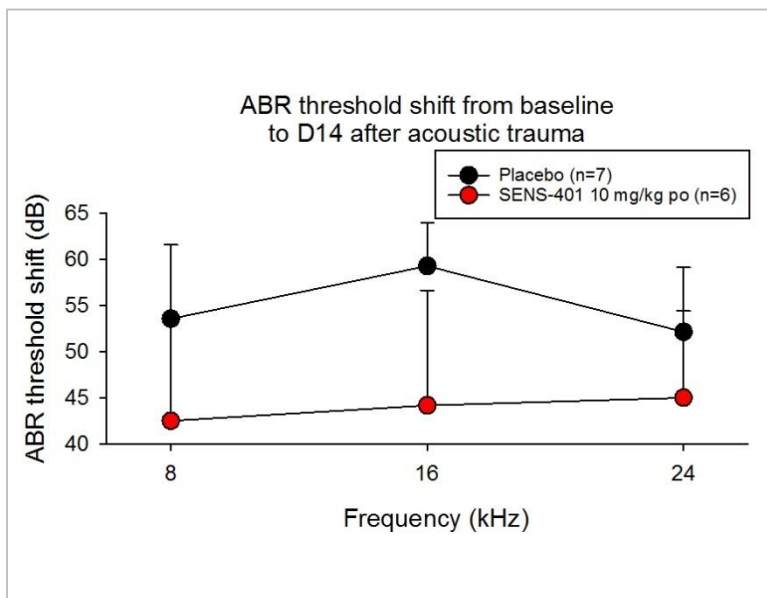
A daily oral administration of SENS-401 reduces auditory deficit, improves recovery and reduces hair cell loss

MODEL

- Randomized treatment post-noise induced trauma (2h exposure at 120 dB) in rats receiving either placebo or SENS-401 PO for 14 days

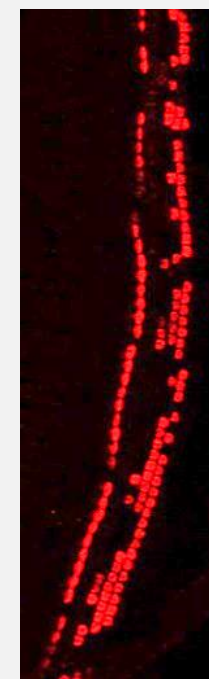
BENEFIT

- Regulatory threshold for efficacy (>10 dB improvement)



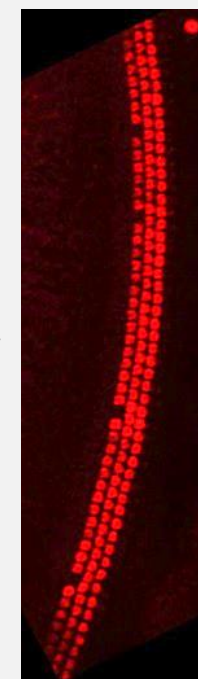
Histology of hair cell layers

Significant hair cell loss



Placebo

Limited hair cell loss



SENS-401

Cochleograms

SENS-401: Phase 1b Study Demonstrated Very Good Clinical Tolerance

Phase 1 study design

Randomized
placebo controlled
in 36 healthy
volunteers

Cohort 1 (12 subjects)

29 mg SENS-401 or placebo once daily for 7 days

Cohort 2 (12 subjects)

29 mg SENS-401 or placebo twice daily for 6 days
and a single dose of SENS-401 or placebo on day 7

Cohort 3 (12 subjects)

43.5 mg SENS-401 or placebo twice daily for 6 days
and a single dose of SENS-401 or placebo on day 7

Study results

- Very good clinical tolerance of SENS-401
- Plasma concentrations corresponding to those observed in animal models that showed the effect of SENS-401
- Pharmacokinetic data enabling Sensorion to select the doses for phase 2 testing

Study endpoints

PRIMARY

- Evaluate the safety of single and repeated ascending doses of SENS-401

SECONDARY

- Determine the pharmacokinetic profile of SENS-401

Cochlear Disorder: Cisplatin-Induced Ototoxicity (CIO)

What is CIO:

Cisplatin administration for chemotherapeutic treatment of cancer damages the inner-ear and leads to hearing loss, tinnitus and dizziness

Incidence:

Between 350 to 450 per 100,000 people (~500,000 patients in 2017 in G7 countries)¹

Risk factors for CIO:

Young age, individual and cumulative cisplatin doses during chemotherapy

Complications:

CIO leads to permanent inner ear problems in 50-60% of 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
- Difficulty communicating, social isolation, cognitive decline

Potential treatments must not interfere with cisplatin efficacy

Acute need for safe, effective and non-interfering drugs is clear

“

Ototoxicity is a well-established toxicity associated with a subgroup of antineoplastic therapies that includes platinum chemotherapy... The impact of ototoxicity on subsequent health-related and psychosocial outcomes in these patients can be substantial, and the burden of morbidity related to ototoxic agents is particularly high in very young children.

”

Landier

Cancer

February 2016, 122:1647-58

SENS-401 for Cisplatin-Induced Ototoxicity

SENS-401

CIO is a significant unmet medical need

- No current effective treatment recommended in clinical practice guidelines
- More than 50-60% of pediatric patients suffer from permanent, disabling hearing loss, mostly those with severe to profound hearing loss
- Cisplatin treatment might be reduced or stopped because of hearing loss
- Severe social and learning disabilities

First-in-class treatment

- First-in-class oral 5HT₃ receptor antagonist & other undisclosed mechanism of action (MoA)
- The MoA is well-defined and understood (5HT₃ antagonism, undisclosed MoA)
- SENS-401 acts through reduction of cochlear cell death and neurodegeneration

IP protection

- 2 patent families filed
- Orphan Drug Designation for pediatric patients from US FDA

SENS-401 demonstrated safety and PK in phase 1

- 36 healthy volunteers enrolled in a double-blind, randomized, multiple ascending dose design (7 days)
- No serious or significant adverse events reported, safety profile comparable to placebo
- Pharmacokinetics match effective systemic exposures in preclinical model

Phase 2 ready by end of 2018

- Trial to be conducted in the US and Europe

SENS-401 Significantly Reduces Cisplatin-Induced Hearing Loss and Outer Hair Cell Death

Treatment

Placebo and SENS-401 at 6.6 mg/kg, 13.2 mg/kg or placebo once daily before and for 13 consecutive days after cisplatin infusion

Results: ABR Threshold Shift at Day 14

Significant improvement versus placebo

- 23-29 dB, up to 65% reduction with 6.6 mg/kg
- 22-29 dB, up to 73% reduction with 13.2 mg/kg

Results: DPOAE Amplitude Loss

Significant improvement versus placebo

- 1.5-19 dB, up to 78% reduction with 6.6 mg/kg
- -1.2-14.6 dB up to 58% reduction with 13.2 mg/kg (p:0.08)

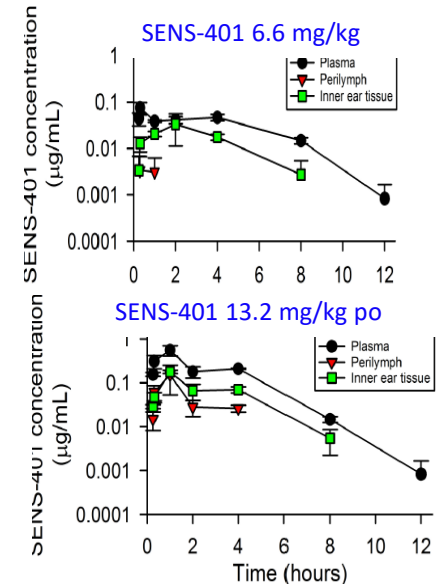
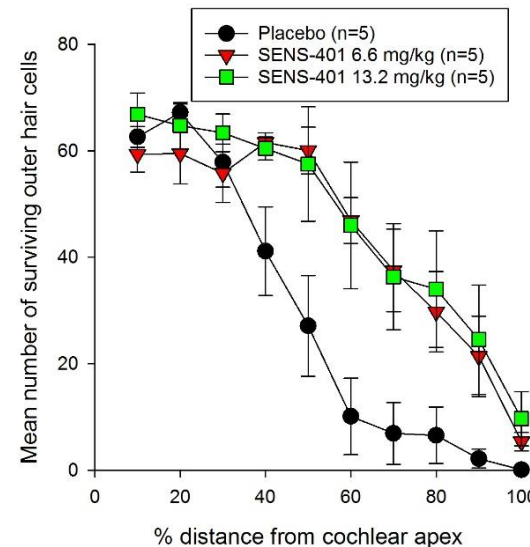
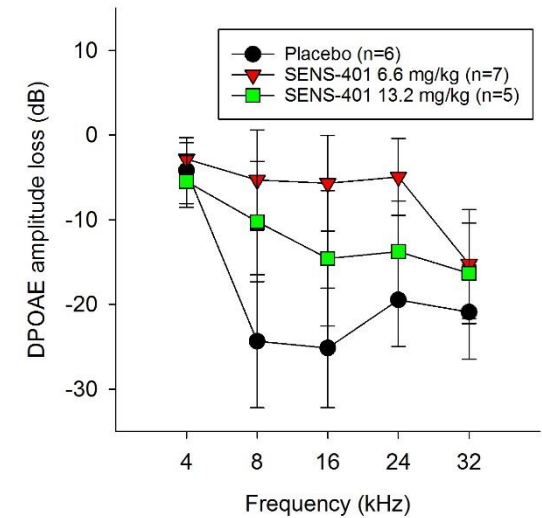
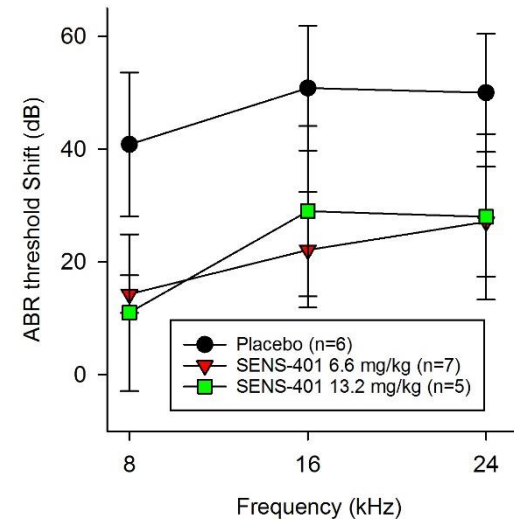
Cochleograms

Significant **enhancement of OHC survival 22-264% for both doses**

Pharmacokinetics

- Dose dependent plasma concentrations and PK profile
- Inner ear exposure: about 50% plasma exposure
- Perilymph exposure: about 30% plasma exposure

Conclusions: SENS-401 effective in models of CIO on ABR, DPOAE and OHC preservation. Concentrations are higher than IC₅₀ calcineurin inhibition



Our In-House Screening Platform is Dedicated to Inner Ear Disorders



**15+
YEARS**

Academic & Pharma
know-how



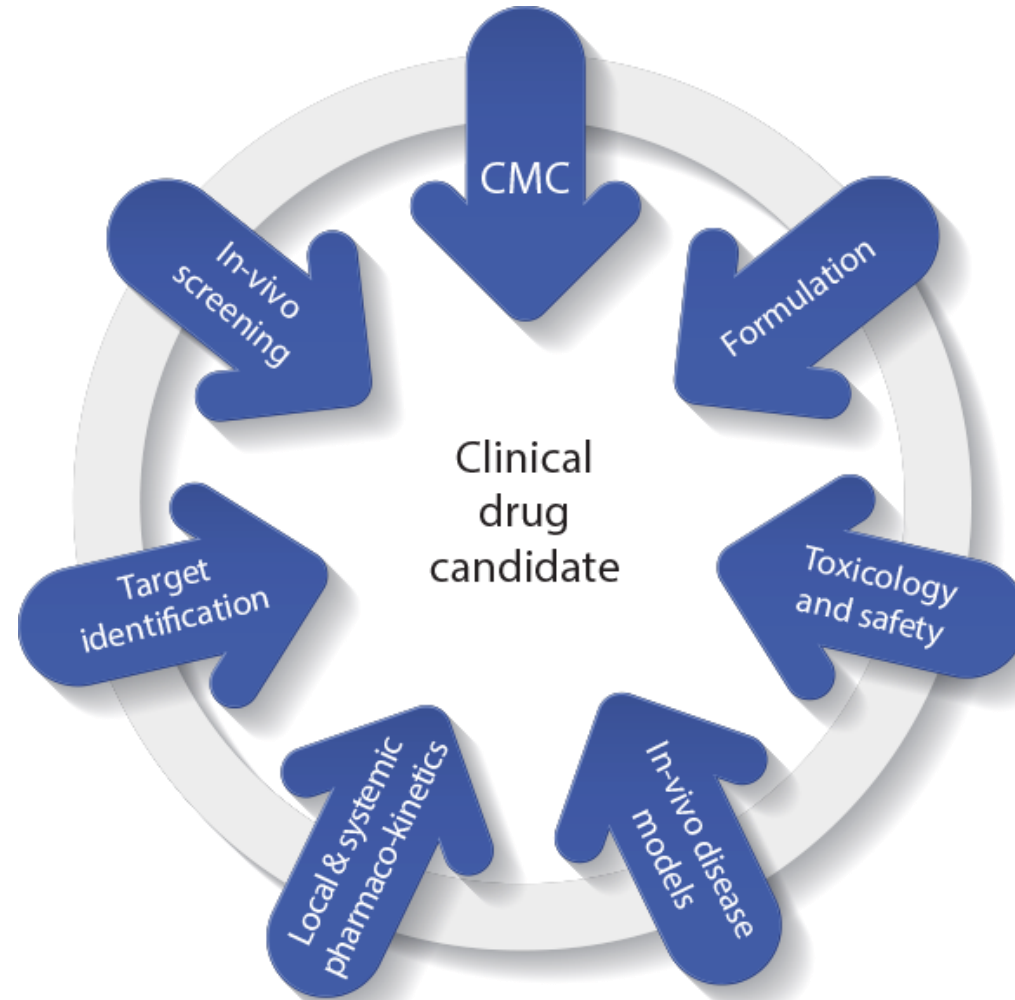
**COMPREHENSIVE
TOOLBOX**

To explore vestibular &
cochlear applications



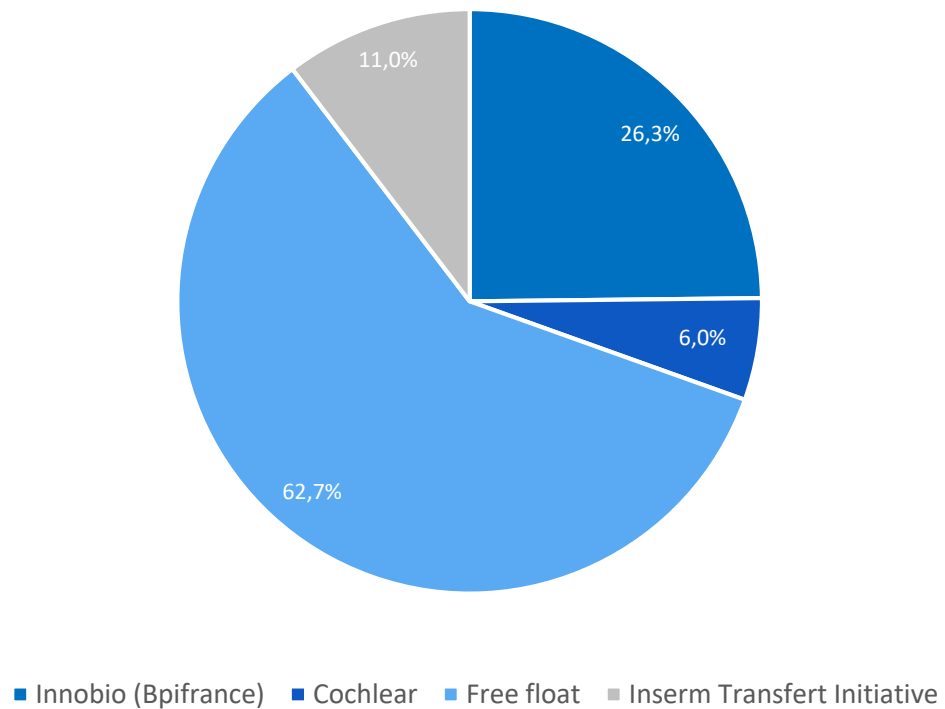
**AAALAC
CERTIFIED**

In-house
platform



Financial Update

Shareholding structure at December 30, 2017



Cash position

€9.2m Cash as of 30/06/2017

up to €9.0m Flexibility with Convertible Notes from Yorkville

€7.7m 2016 cash used for operations

Share information

IPO in 2015 Euronext Growth Paris: ALSEN

8,919,476 Number of outstanding shares (31 December 2017)

€3.28 Current share price (16 February 2018)

€30.0m Market capitalization (16 February 2018)

Catalysts Over Next 18 Months

Catalyst	Expected Timeline
Initiate SENS-401 phase 2 clinical trial in Europe and USA in SSNHL	H1 2018
Initiate preclinical studies in collaboration with COCHLEAR	H1 2018
SENS-111 AUV phase 2 study results	H2 2018
SENS-401 phase 2 ready in Cisplatin-Induced Ototoxicity in pediatric population	H2 2018

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Technology Platform

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Sensorion

The Inner Ear Diseases company

Caring for Inner Ear Disability

Thank You