



Résultats 2015 et Avancées Opérationnelles



Transforming Molecular information into action

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Transforming molecular information into action

Leading European provider
of sequencing services to
research labs



INTEGRAGEN
GENOMICS

SERVICE SOLUTIONS

- DNA Sequencing
- Transcriptomics
- Epigenomics
- SNP Genotyping
- Advanced Bioinformatics and Biostatistics

INTEGRAGEN
Clinical Genomics Experts

COMPANION DIAGNOSTICS

- Colorectal Cancer
- Liver Cancer
- Lung Cancer

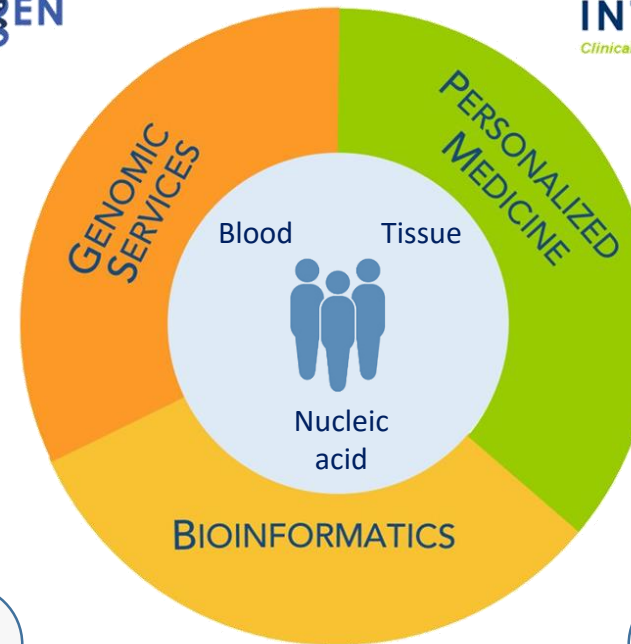
GENETIC RISK PREDICTION

- Autism

Developer & provider of
proprietary Dx tests

miR-31-3p

HCC
molecular signature



Operator of clinical
sequencing platforms



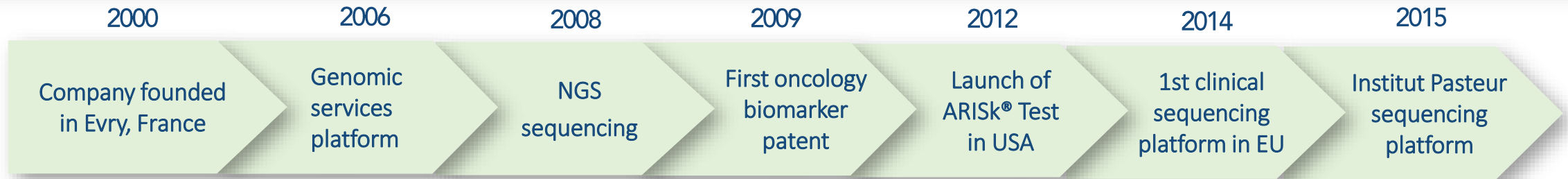
Developer of Molecular
Information Technology software



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INTEGRAGEN

IntegraGen at a Glance



Description

- Initial quotation of ALINT in 2010, Public offering on Alternext in 2014
- 2015 Revenues : €5,6 m
- HQ in Evry's Genopole, offices in Paris & Cambridge (Mass, US)
- 37 employees

Executive Management



Bernard Courtieu, DVM, MDA – CEO
Previously Cap Gemini Consulting, VP Life Sciences – France, and Ariba, Head of French Operations



Laurence Riot-Lamotte
CFO



Larry Yost, RPh
GM, IntegraGen Inc.



Emmanuel Martin, R.Ph.
CCO & GM, IntegraGen Genomics



François Liebaert, MD, MBA
CMO



Francis Rousseau, PhD
Head of Genomics Lab



Bérengère Genin
Head of Bio-IT





Résultats financiers 2015

Éléments clés 2015

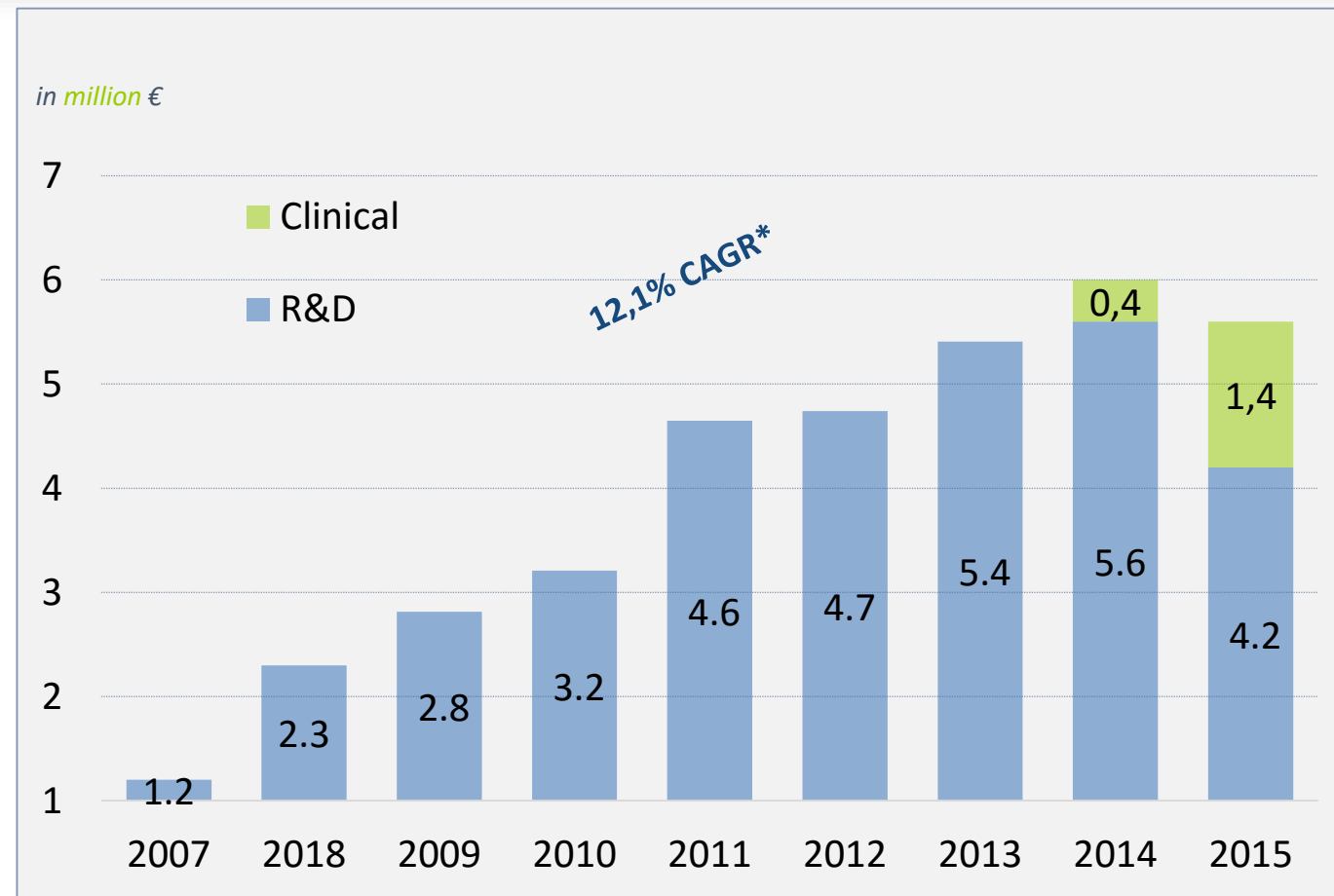
- **Légère baisse des produits d'exploitation : 0,3 M€, soit 5%**
 - Forte progression des prestations de génomique clinique
 - Pression sur les prix sur le segment R&D
- **Maîtrise des coûts tout en poursuivant d'importantes avancées dans les développements**
 - ▶ **Faible consommation de cash et solide situation de trésorerie : 5,0 M€**
- **Mise en place d'une ligne de financement avec la Société Générale : 100 000 bons exercés en juillet (2% du capital)**
- **Forte volatilité du titre**

Compte de résultat 2015

<i>En milliers d'euros</i>	2015	2014	Var. %
Chiffre d'affaires	5 584	6 036	(7%)
Subventions d'exploitation et autres revenus	269	138	<i>ns</i>
Total produits d'exploitation	5 853	6 174	(5%)
Charges d'exploitation	(8 170)	(7 875)	(4%)
Résultat d'exploitation	(2 317)	(1 701)	(36%)
Résultat financier	(91)	284	<i>n/a</i>
Résultat exceptionnel	549	(91)	<i>n/a</i>
Impôts (CIR)	326	464	(30%)
Résultat net	(1 533)	(1 044)	(47%)

- Charges opérationnelles : analyse ci-après
- Résultat exceptionnel : avance Coface 2008-2011 devenue acquise en 2015
- CIR : en baisse de 138K € en raison de l'avance Biomos reçue de BPI, déduite des charges éligibles

Leader français des services génomique, IntegraGen affiche un CA en hausse moyenne de 12% par



* CAGR : Compounded Average Growth Rate

267 projets réalisés en 2015 pour plus de 150 clients



Transforming Molecular information into action

Résultat Opérationnel : (2,3 M€)

■ Produits d'exploitation : (5%)

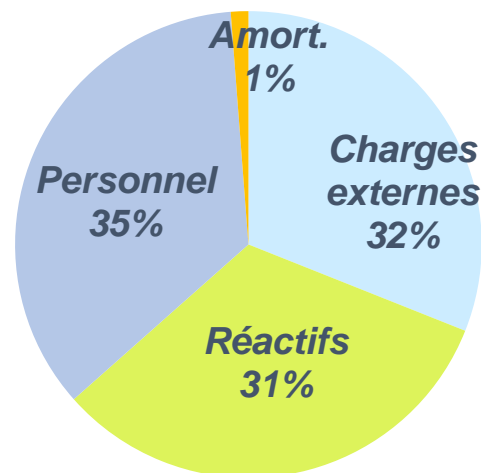
Les ventes sur le segment R&D diminuent de 26%, fort impact de l'érosion des prix

- Les prestations cliniques passent de 0,4 m€ à 1,4 m€
- Les prises de commande affichent une progression de 23%

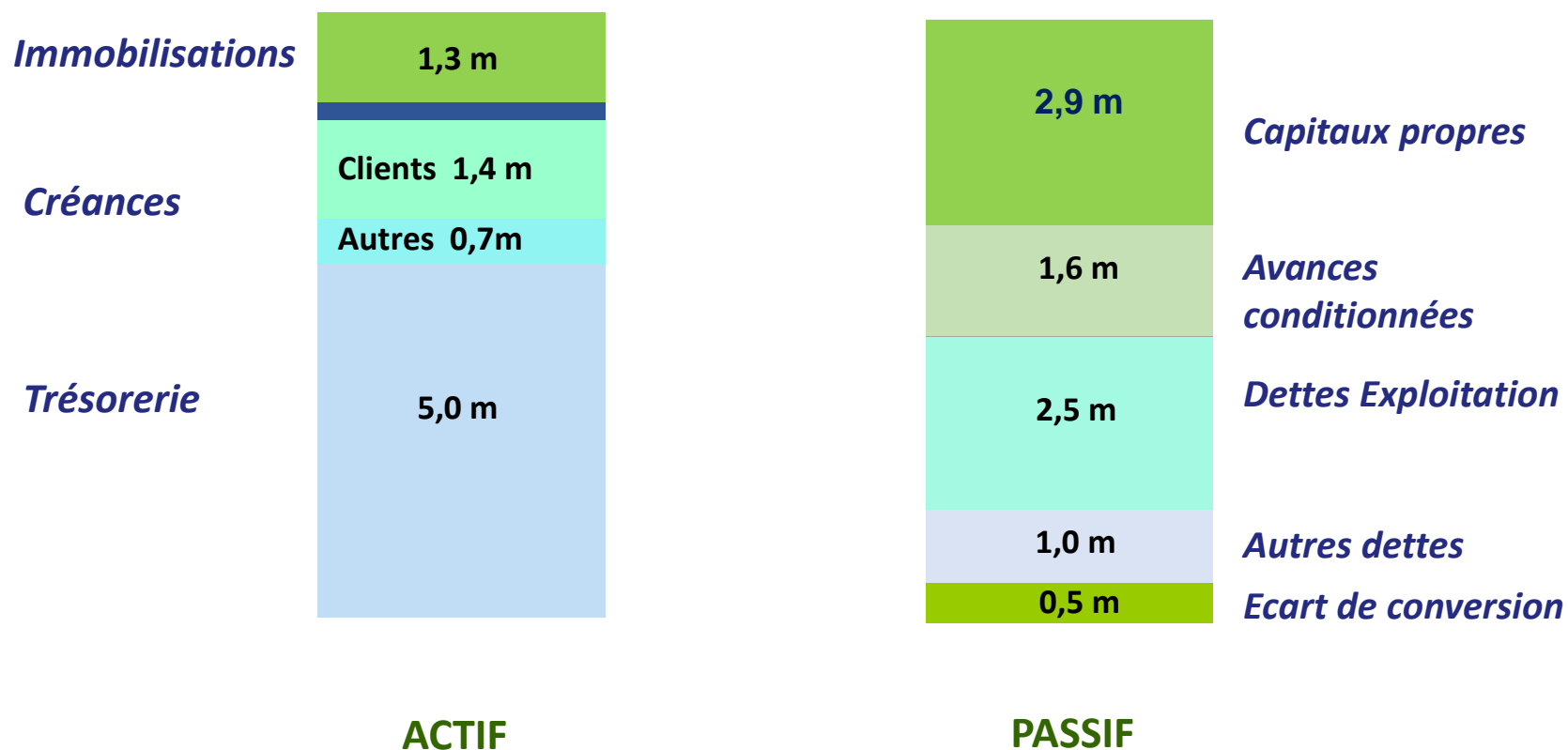
■ Légère augmentation des charges opérationnelles

- Les frais de personnel augmentent de 7% : l'effectif moyen est de 34 en 2015 contre 32 en 2014
- Le coût des réactifs augmente de 5% : impact de l'augmentation du dollar sur les achats des réactifs de séquençage

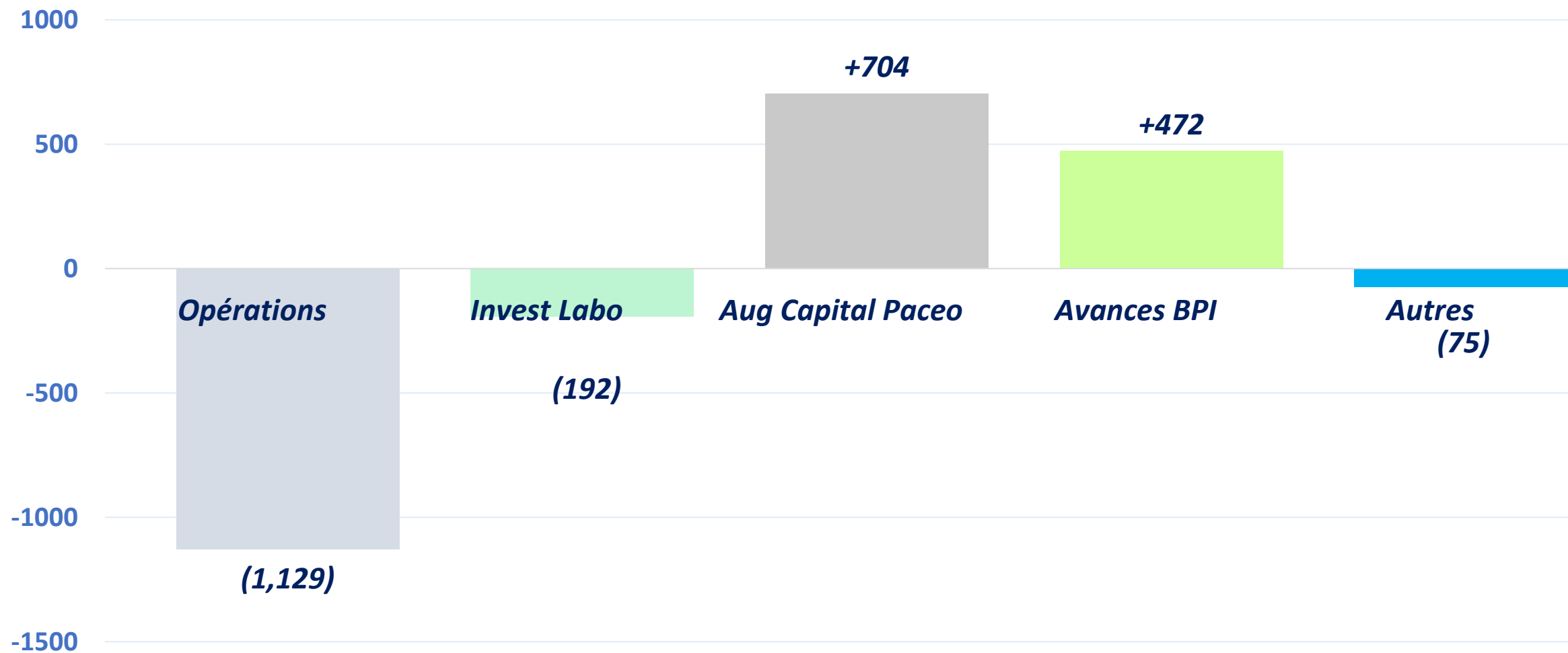
Analyse des dépenses opérationnelles :



IntegraGen continue d'afficher une solide structure financière



Variation de trésorerie en 2015 : (219 K€)



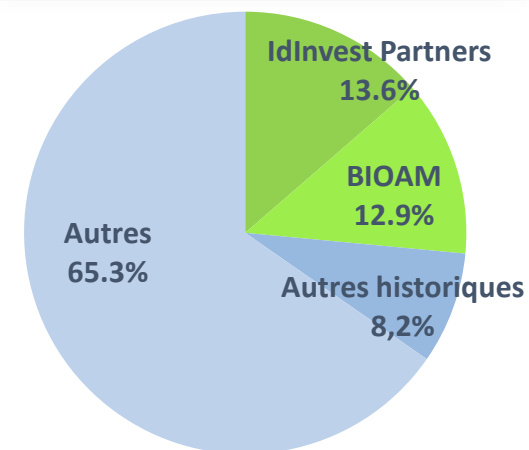
IntegraGen – Alternext Paris : ALINT



Volumes échangés

Average volume - 1 month	19 135
Average volume - 3 months	36 998
Average volume - 6 months	50 120

Répartition du capital (estimation)



Informations clés - 6 avril 2016

- Stock price : 3,61 €
- # stock units : 5 070 322
- # of options : 772 000
- Market cap : 18 M€
- Eligible PEA-PME



Leading European provider of molecular
information for clinical & research purposes

IntegraGen Genomics:

The business unit dedicated to generating molecular information



Genomic Services

Sequencing services –
High throughput

Sequencing in clinical research

Sequencing in microbiology

Genomic consulting 

Customers

R&D centers
(Academic, Pharma, AgVet, Biotech)

Gustave Roussy, HEGP

Institut Pasteur

R&D centers

Unique Selling points

Data quality, speed, data support,
analysis pipeline

Industrialization of process, speed
of response, interface for biologist
(data viewer & dashboard)

Speed, specific implementation
steps, dedicated LIMS

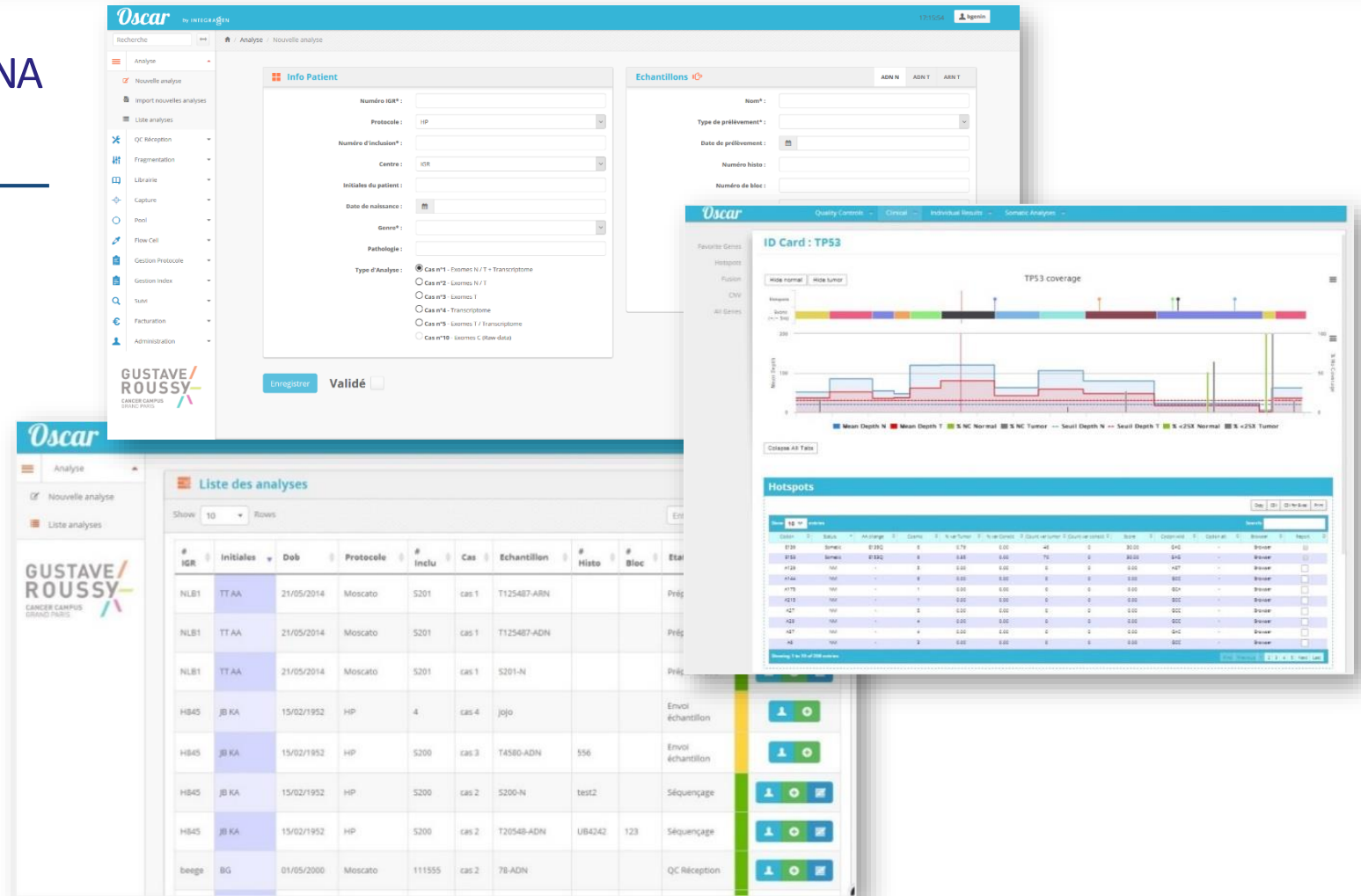
Digging into data sets, providing
bio-IT expertise, specific pipelines



Clinical sequencing: From patient to reportable result, provided via proprietary & user-validated interface

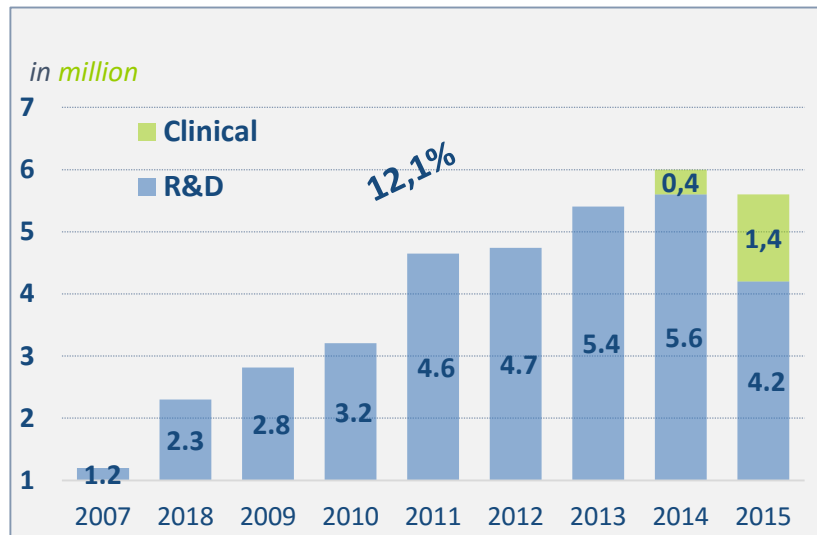
Delivering actionable Whole exome & RNA sequencing in 3 weeks

- Direct access to analyzed and pre-filtered results through graphical interface and intuitive filters
- Quick check of known genes and hotspots
- Open to external databases
- Easy report generation



French leader in Genomic Services, with sustained profitable growth of 12% over last 7 years

Revenues of Genomic services (M€)



2015 highlights

- Continued development of clinical & operated platforms
- Significant price pressure & erosion on R&D segment impacting growth in value
- 2015: launch of New offers, including microbiology platform at Institut Pasteur and Genomic Consulting offer (GeCo)
- Extremely satisfied customers : ***“Thank you for this remarkable piece of work; we’re very pleased – just have to write the paper now and wished we had known you before.”***

* CAGR : Compounded Average Growth Rate

NGS in the clinical research: What's the actual need?

One prominent US community oncologist once told us the following story:

- “We often order **SPECIFIC** oncology gene panels...”
- “...And we usually get a report, with information that’s difficult to digest, ...”
- “What we need is something that can be used in clinical practice, something like *Sequencing for dummies*”

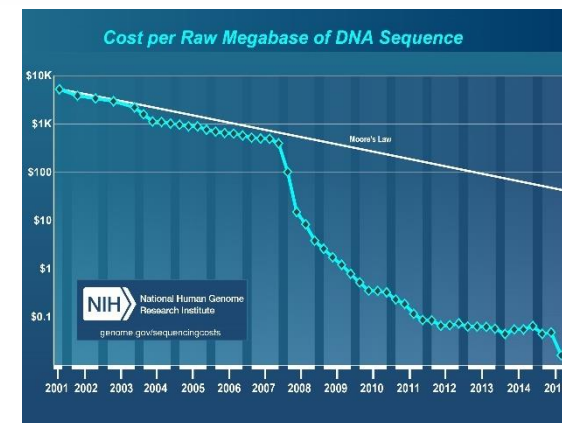
What are the features of a clinically relevant genomic platform delivering whole exome & transcriptome:

- **Quality & coverage**: A platform able to provide exome and transcriptome according to the highest quality standards
- **Short timeframe**: compatible with clinical decision, i.e. in less than 4 weeks
- **User friendly interface**: A genomic browser allowing for a biological interpretation
- **Biological interpretation**: Access to specialty biologists able to interpret the output



Molecular information and data management: the new digital frontier

- The evolution of cost per base has not led to a reduction of total cost of genomic research, but to a similar increase in data production: the “Geno-Tsunami”
- From 2005 to 2010, IntegraGen was providing mostly raw data
- In 2010 IntegraGen launched its first genomic data viewer ERIS
 - ERIS allows sequencing services customers to view the genomic data and filter data from all types of queries
- In 2013, IntegraGen launched OSCAR, the Online Screening tool for Cancer, with a clinically relevant interface, developed in conjunction with Gustave Roussy biologists & oncologists
- In 2014 IntegraGen, Sogeti HT, Gustave Roussy & INSERM launched the ICE project – objective is to optimize cancer treatment based on whole exome and transcriptome data



Oscar

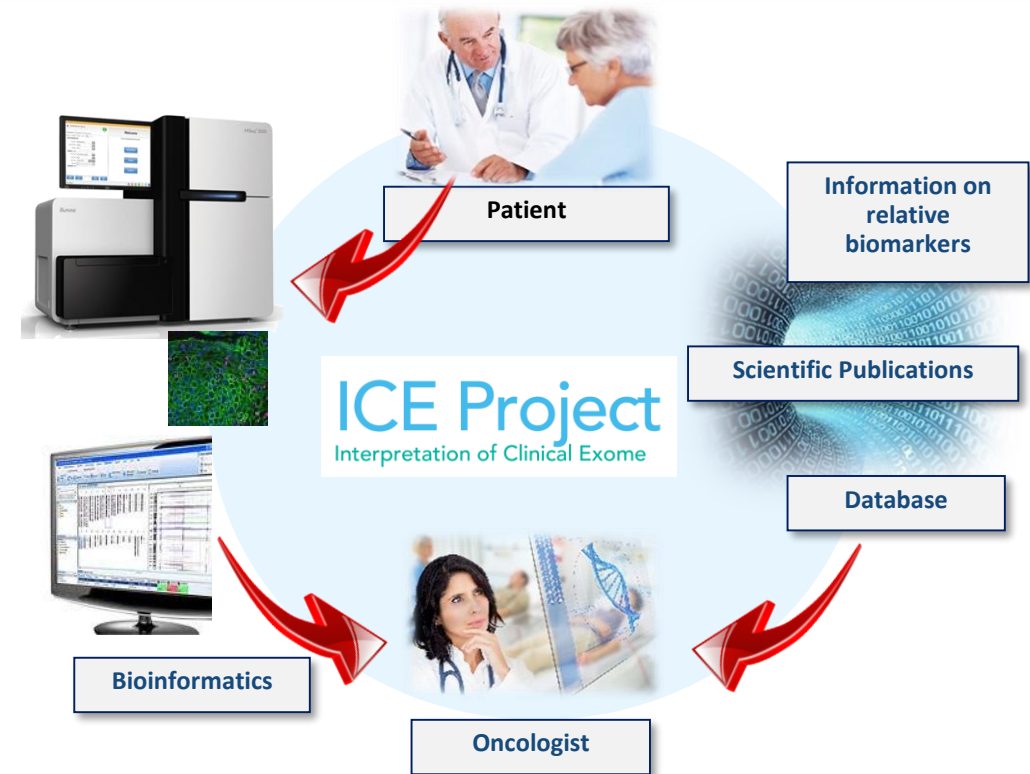


ICE Project
Interpretation of Clinical Exome

Interpretation of Clinical Exome (ICE)

A collaborative clinical sequencing initiative

- Project to develop an advanced software program which supports interpretation of genome sequencing data for oncology patients.
- The 4 development partners were awarded a €2.2 m grant from the French government.
- End product will interpret exome and transcriptome sequencing data obtained from tumor and healthy tissue.
- Clinical utilization of ICE analytic tool:
 - Identification of genomic alterations
 - Identification of alterations which potentially predict response to drugs therapies
 - **Definition of optimal treatment approaches**



INTEGRAGEN
Clinical Genomics Experts

GUSTAVE ROUSSY
CANCER CAMPUS
GRAND PARIS

Inserm
Chercheur en santé depuis 1964
Health research since 1964



SOGETI
High Tech



Developer of diagnostics tests designed to
improve patient treatment

Molecular diagnostics in oncology: develop biomarkers predictive of treatment response or patient prognosis

Colorectal Cancer Companion Diagnostic

- **Single biomarker test RT-qPCR**
- **Improve patient selection for anti-EGFR therapies**
 - Increased ability to identify responders compared to *KRAS* testing alone
- **Potential for rapid adoption**
 - Established screening program for *KRAS* testing
- **+ possible predictive utility in Lung Cancer**

Hepatocellular Carcinoma Disease

- **Multi-parameter biomarker test**
- **Disease classification into one of six cancer sub-types**
 - Prognostic value (survival and relapse)
 - Potential use as biomarker tool in clinical development
- **Large clinical validation from testing in over 800 patient samples**

Developed through longstanding relationships with two leading academic research groups

Specialty diagnostics: develop a single biomarker predictive of treatment response

Clinical Need

- **Metastatic Colorectal Cancer (mCRC) patients can be treated with:**
 - Conventional Chemotherapy (5 FU, Irinotecan, Oxaliplatin, FolFox, Folfiri)
 - Targeted therapies
 - ▶ Anti VEGF (Avastin® Roche)
 - ▶ Anti-EGFR (Erbix® Merck-Lilly; Vectibix® Amgen)
- **Choice of targeted therapy varies across geographies, but consensus considers**
 - That the response to treatment of eligible anti-EGFR patients (KRAS WT) is in the 50% range
 - That in the absence of a biomarker predictive of anti-EGFR—efficacy, treatment with Avastin is an easier decision (US and Japan)
 - **Even though most of the patients would be better off if started with anti-EGFR**

Market Considerations

- **Targeted population**
 - US: 140,000 new cases of mCRC/year
 - ▶ Of which 50% are KRAs wild type (eligible for anti-EGFR treatment)
 - ▶ i.e. 70k to 140k patients in the target population
 - Western Europe: 170,000 new cases of mCRC (id)
- **Business potential**
 - US: \$250 m
 - West Europe: \$250 m

5 years of development of a predictive biomarker to target patients with CRC who benefit from anti-EGFR therapy

Total of **848** patients in 9 independent cohorts

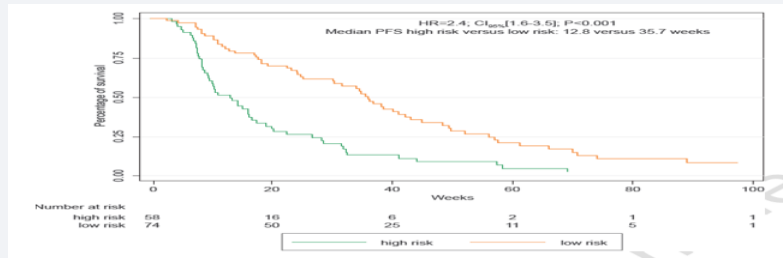
2011/2012 analysis of academic retrospective collections

Initial discovery

Replication studies

33 patients

99 patients



Platform presentation @ ESMO, 2 posters (2013) and published in *Clinical Cancer Research* (2014)

"miR-31-3p seems to be a new mCRC biomarker whose expression allows for the identification of patients likely to respond to anti EGFR therapy"

2013-2015 analysis of prospectively gathered samples from randomized phase III trials

NEW EPOC

PICCOLO

FIRE 3

272/ 158

460 / 188

592 / 370

Chemo + Cetuximab
vs.
Chemo alone (FOLFOX)

Chemo +
Panitumumab
vs.
Chemo alone
(Irinotecan)

Chemo + Cetuximab
vs.
Chemo + Bevacizumab
(FOLFIRI)

2 ASCO posters & platform presentation (2013 / 2014)
Predictive biomarker of cetuximab effect

2 posters – ESMO (2014) and ASCO (2105)
Validation of role of biomarker

Under embargo until
ASCO - June 2016

* total # of patients (pts) in trial / # of patients RAS wild type analyzed



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miR-31-3p data presented and published at world's most prestigious cancer meetings and in prominent cancer journal

■ American Society of Clinical Oncology (ASCO)

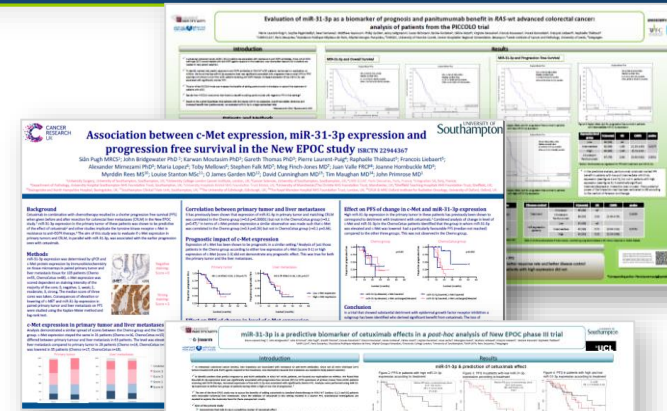
- “Evaluation of miR-31-3p as a biomarker of prognosis and panitumumab benefit in RAS-wt advanced colorectal cancer : Analysis of patients from the PICCOLO trial” Laurent-Puig et al, 2015
- “Association between c-Met expression, miR-31-3p expression and progression free survival in the New EPOC study” Pugh et al. 2015
- “mir-31-3p as a predictive biomarker of cetuximab effects in a post hoc analysis of new EPOC phase III trial. “ Laurent-Puig et al. 2014
- “Hsa-miR-31-3p expression in FFPE tumor samples as a predictor of anti-EGFR response in patients with metastatic colorectal cancer.” Manceau et al. 2013

■ Clinical Cancer Research

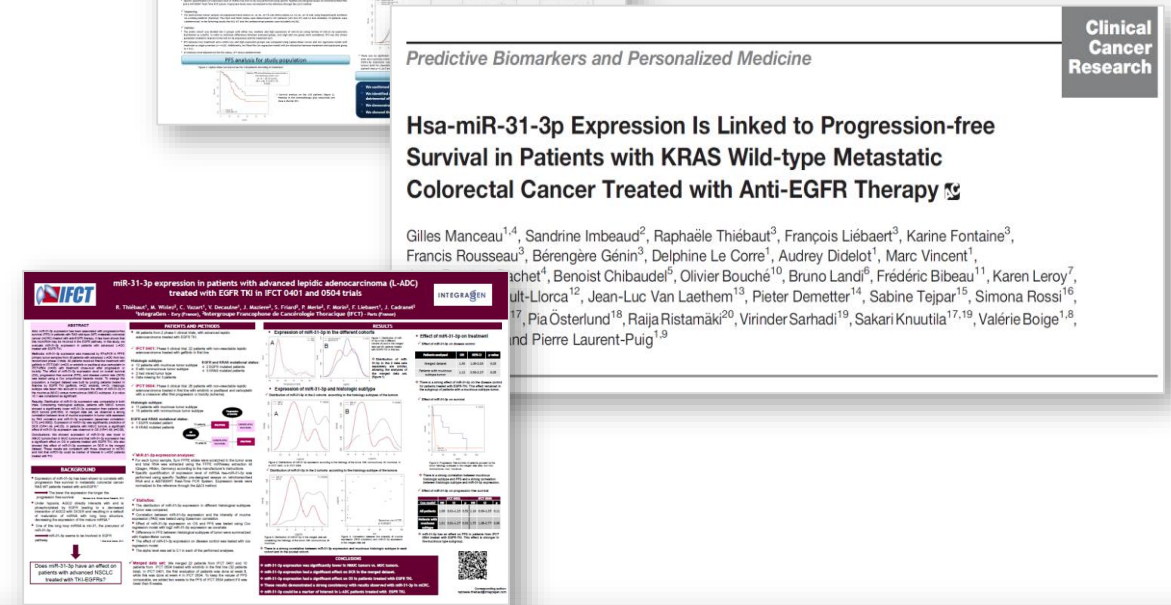
- “Hsa-miR-31-3p expression is linked to progression-free survival in patients with KRAS wild-type metastatic colorectal cancer treated with anti-EGFR therapy.” Manceau et al. 2014

■ European Lung Cancer Conference (ELCC)

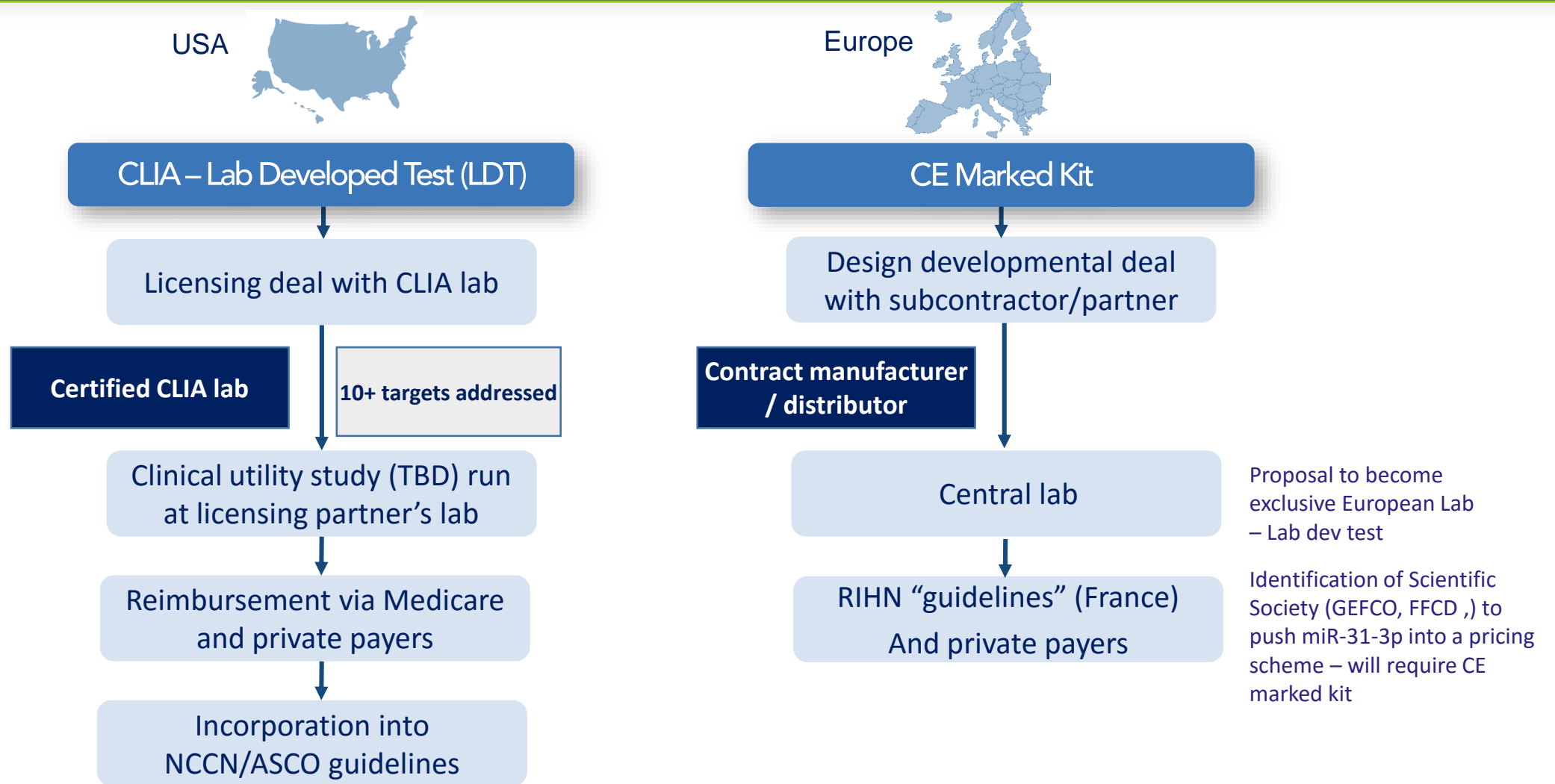
- “miR-31-3p expression in patients with advanced lepidic adenocarcinoma (L-ADC) treated with EGFR TKI in IFCT 0401 and 0504 trials” Thiebaut et al. 2015



Announced partnership with FIRE-3 (December 2015) investigators to confirm role of marker in prospective phase III trial comparing cetuximab vs. bevacizumab in 500+ patients – results expected to be presented at ASCO (June 2016)



Go to market strategy for miR 31-3p: Lab & Kit



Perspectives

Perspectives for next 12 Months

- **Grow of partnerships in clinical genomics**
 - Access new clinical genomic platforms as the sole or partner operator
- **Enlarge digital genomics offering**
 - Continue development of clinical sequencing offers such as circulating tumor exome, low DNA quantity
 - Develop & market bio-informatics software
 - Grow GeCo expertise and IT support
- **Key industrial partnerships**
 - Licensing partner in North America and in Europe
- **Select R&D partnerships**
 - Access to clinical trials relevant for miR-31-3p biomarker in Colorectal and Lung cancer
 - Companion Dx agreement

Thank you for your attention