



INTEGRAGEN

H1 2016 result presentation
October 14, 2016



Transforming Molecular information into action

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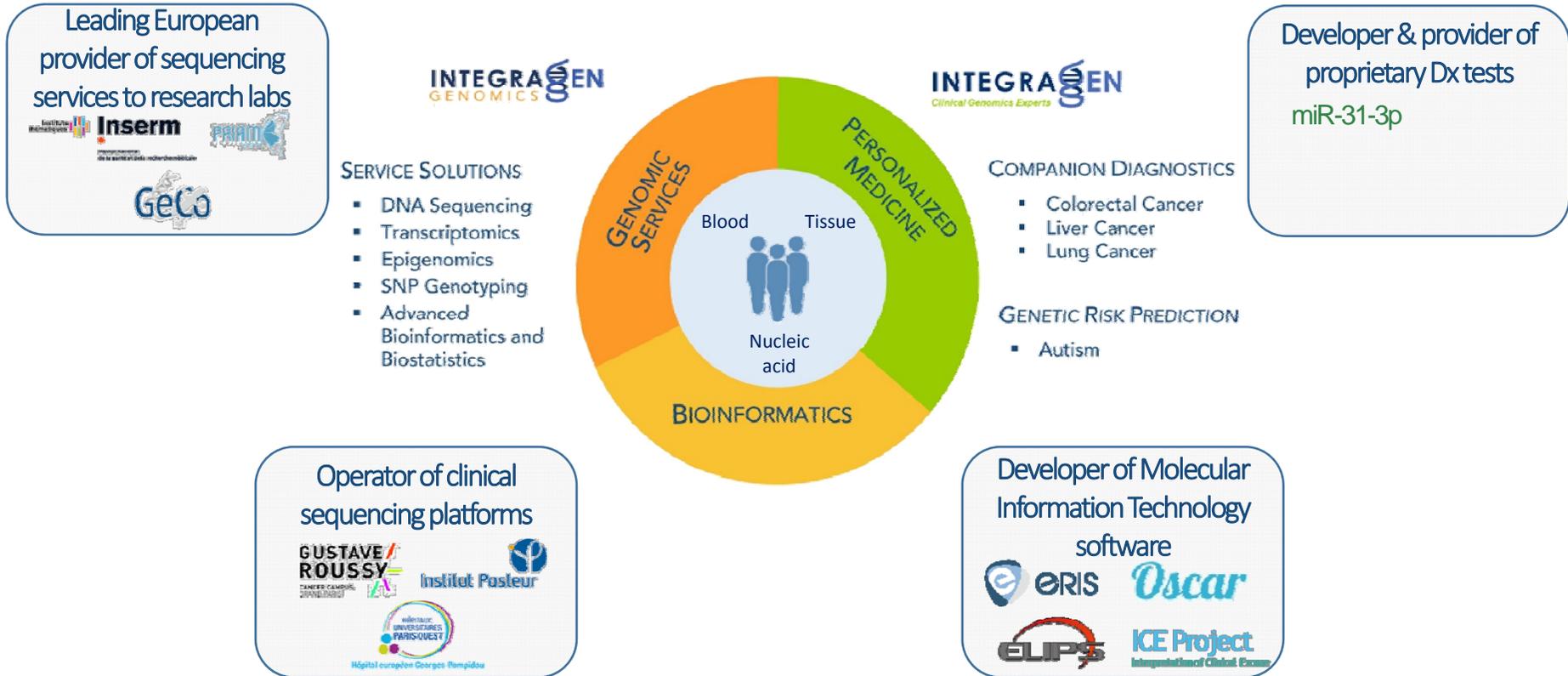
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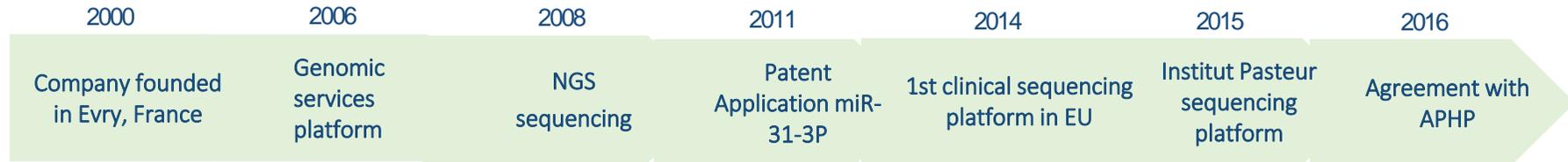
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IntegraGen at a Glance



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)
- 38 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



IntegraGen's know-how, our key differentiator

- Sequencing technologies, Largest French private provider,
 - Exome sequencing for clinical research ("clinical grade"),
 - Ct DNA sequencing / exome & mutational load from blood,
 - IT interfaces / bioIT team / Exome interpretation software,
 - Industrialization already demonstrated at Gustave Roussy & Institut Pasteur,
 - Specific, protected companion diagnostic biomarker (miR-31-3p), Dx kit.
- ✓ Backed by an internal Quality Management System





Financials – H1 2016



H1 2016 – main facts

- **Sales +10% versus H1 2015**
 - Clinical segment represents 28% of the revenues over the period
 - Full year effect of Pasteur and Geco activity
- **Operating cost +4%**
- **EBIT increase + 14%**

- ✓ **Cash burn: € 1,2m vs € 1,1m in H1 2015**
- ✓ **Net result: loss of € 1,0m vs € 0,8m in H1 2015**



H1 2016 accounts (SA)

P&L See Appendix: H1 2016 accounts of IntegraGen SA

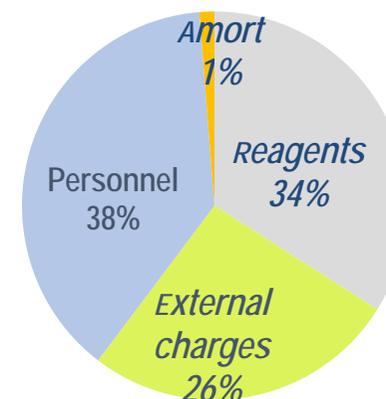
<i>in K euros</i>	H1 2016	H1 2015	Var. %
Genomic sales	2 880	2 624	+10%
Subsidies and other revenues	154	55	ns
Total Revenues	3 034	2 679	+13%
Operating costs	(4 186)	(4 022)	(4%)
Operating profit	(1 152)	(1 343)	+14%
Financial Profit/Loss	52	(63)	
Exceptional Profit/Loss	(76)	357	
Taxes (CIR)	149	178	(16%)
Net result	(1 028)	(872)	(18%)



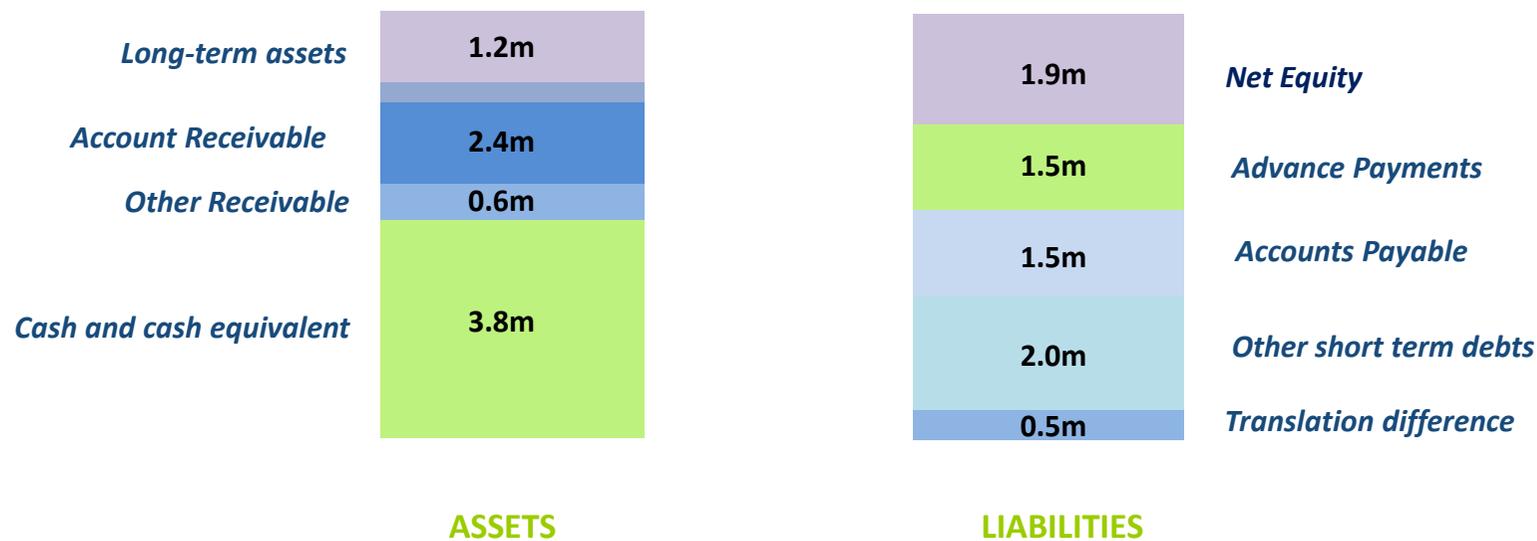
EBIT: (€ 1.1m)

- **Revenues increase by 10%**
 - R&D segment: +4% (GECO launched in H2 2015)
 - Clinical services: +26% (€ 0.8m in Q1 2016)
- **+ 4% Operating expenses versus H1 2015**
 - Personnel expenses: +3%
 - Reagent cost: +32% (+20% w/o volume effect)
 - External charges: (18%)
- ✓ **EBIT: +14%**

Operating expenses breakdown



IntegraGen Balance sheet – June 30, 2016



✓ Stable cash burn: 1.2 m€ in H1 2016 vs. 1.1m€ in H1 2015



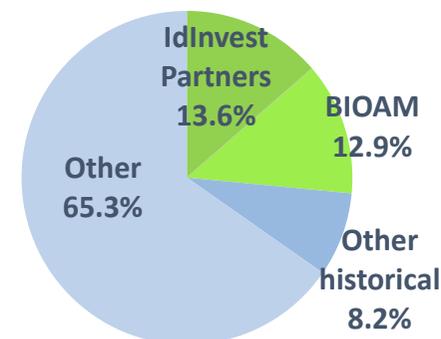
IntegraGen – Alternext Paris: ALINT



Volume traded

Average volume - 1 month	38 186
Average volume - 3 months	22 846
Average volume - 6 months	21 497

Shareholders (estimation)



Key data - October 12, 2016

- Stock price: 3.44 €
- # stock units: 5 070 322
- # of options: 772 000
- Market cap: 17 M€
- Eligible PEA-PME



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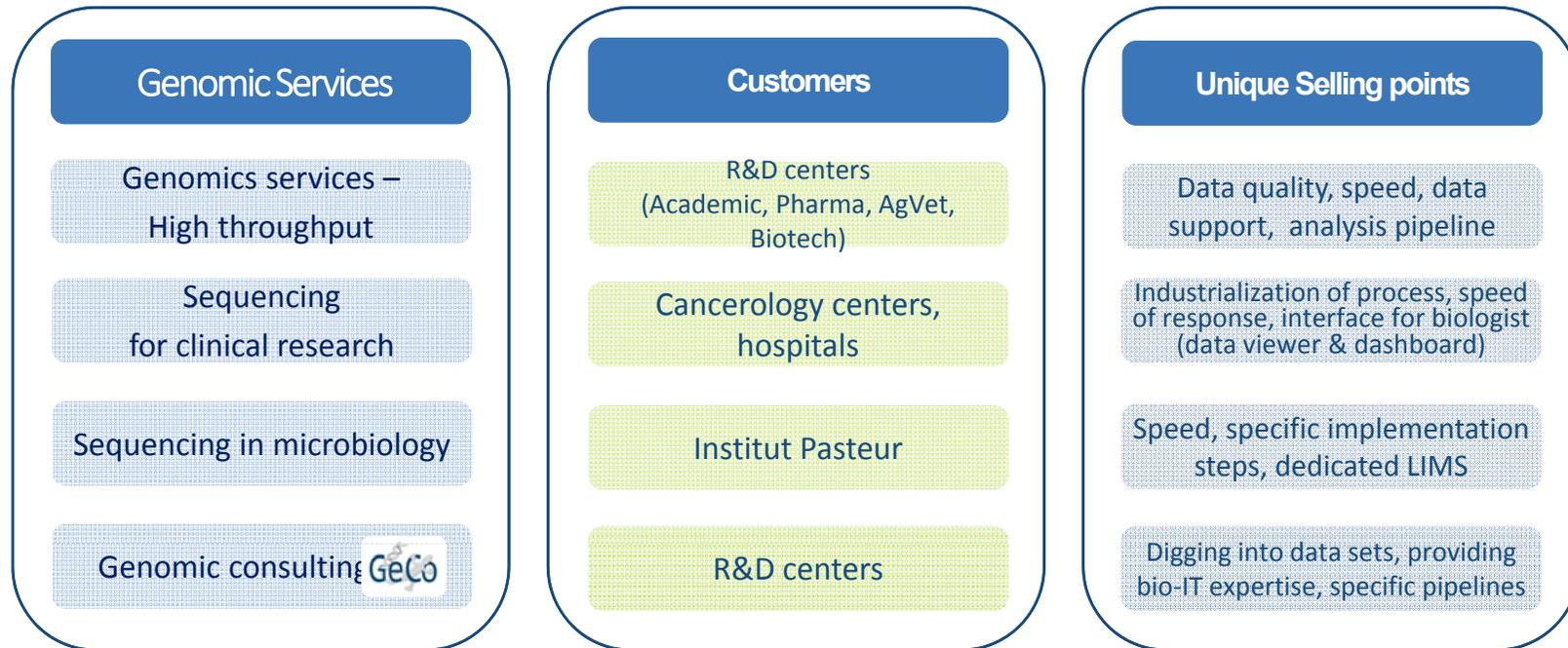
What makes IntegraGen Genomics unique ?



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IntegraGen Genomics offering: overview



The business unit dedicated to generating molecular information



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One expertise, 3 laboratories for 3 application domains

GENOMIC

- Exome / Target seq
- Genome
- SNP Genotyping
- Pharmacogenetics
- Genome profiling

TRANSCRIPTOMIC

- RNA-Seq
- Small RNA-Seq
- HT RT-Q PCR
- Digital gene expression (Nanostring)

EPIGENETIC

- Meth arrays Illumina
- Methyl-Seq
- RRBS
- CHIP-SEQ

Main Laboratory Génopôle d'Evry

High Throughput Platform

Large Study
Management &
Production

Since May
2014

Plateforme IG
Gustave Roussy

Exomes and
RNA Sequencing
for patients in
clinical trials

Developments of new
protocols and analysis
pipelines

Since March
2015

Plateforme IG
Institut Pasteur

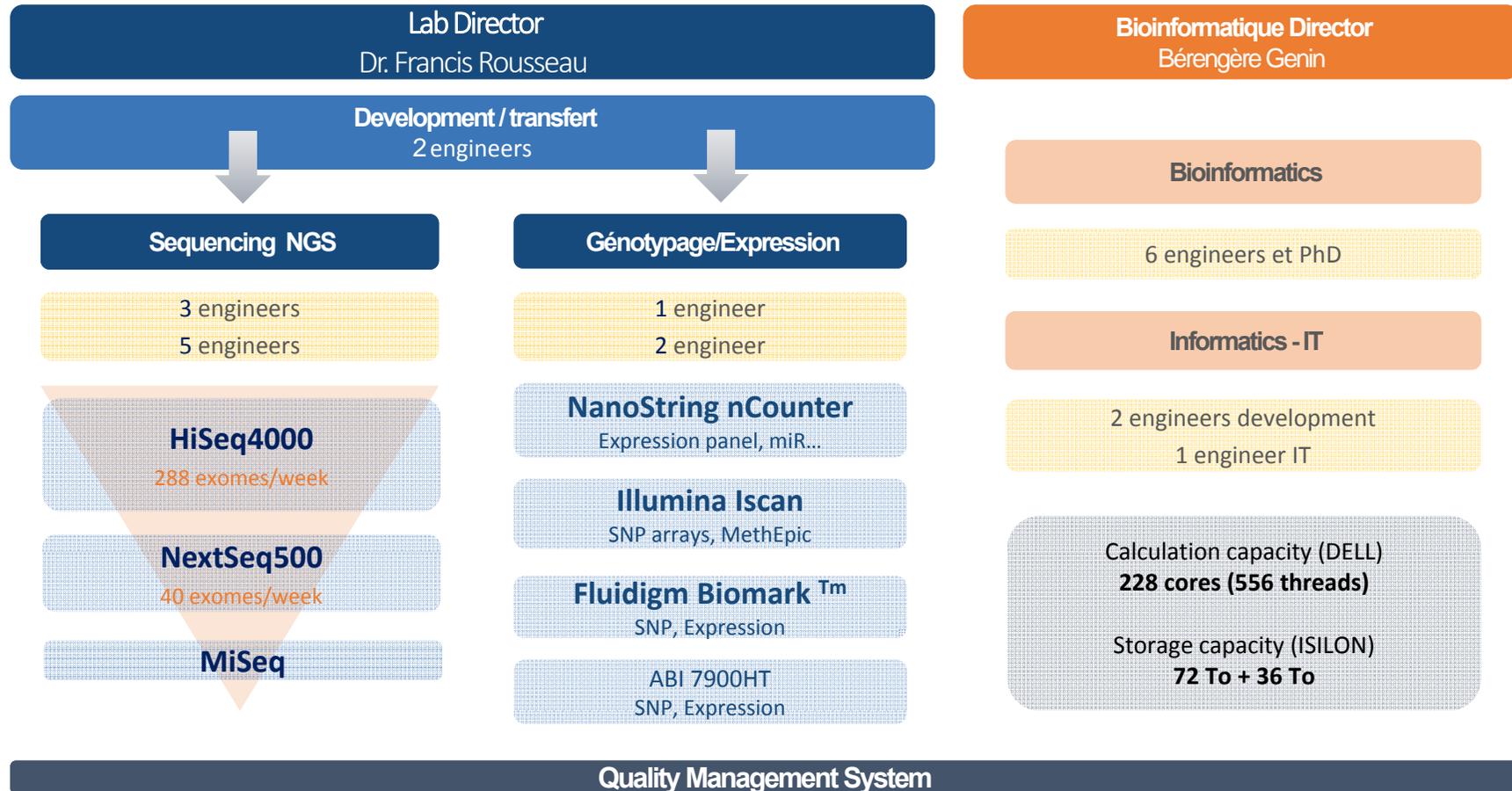
High Throughput
Routine
Sequencing for
microbial strains
(CNR)

EXPERTISE

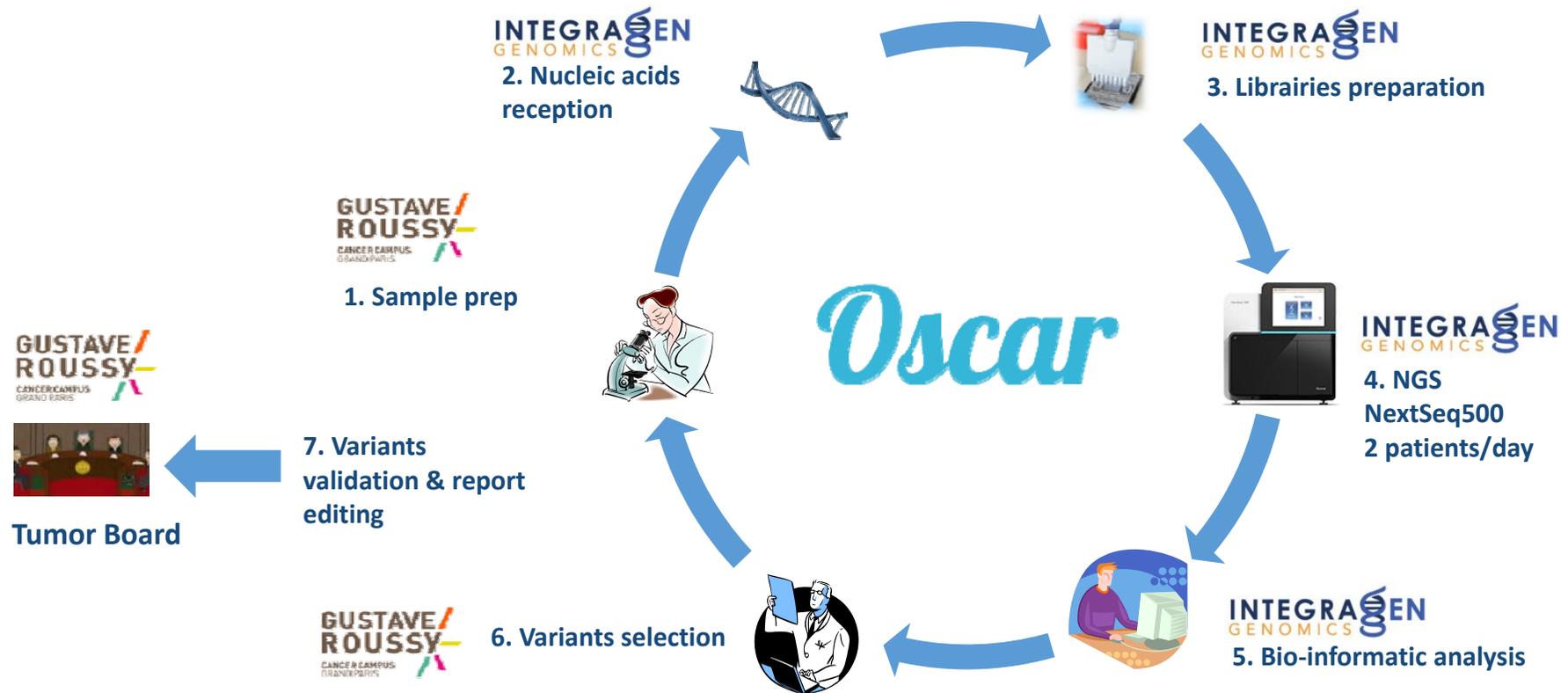
- Study Design
- New applications d protocols set-up
- Developments in bioinformatics et biostatistics
- Online applications for results navigation (ERIS, OSCAR)
- LIMS Development
- Production platform set-up



Combining lab operations & bioinformatics in the most efficient way



Gustave Roussy: a clinical platform dedicated to patient monitoring



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Interpretation of Clinical Exome (ICE): A collaborative clinical sequencing initiative

“the development of targeted therapies and immunotherapies in the treatment of solid tumors has significantly changed the management of patients with cancer”

ICE is a Project to develop an advanced software program which supports interpretation of exome and transcriptome data obtained from tumor and healthy tissue from patients

- ✓ **Optimize the diagnosis of cancer and provide data for identifying:**
 - genomic alterations which potentially predict response to drug therapies
 - context information from public and premium content sources and potentially relevant clinical trials
 - optimal treatment approaches

Beta test version in H2 2016



Sequencing market now moves towards clinical use

Sequencing technology is now...

- **... stabilized ...**
 - Exome, genome and panels now routinely used for close to a decade
- **... affordable ...**
 - When compared to total cost of care, with prices ranging from '00s to '000s of euro per test
- **... clinically useful...**
 - To orient patients towards targeted therapies, immuno therapies, ...
- **... and cost effective**
 - Ct DNA – Liquid biopsies becoming new gold standard in tissue analysis.

What it means for

- **Biologists**
 - Information required to be both available but also managed via intelligible interface.
- **Cancer specialists / oncologists**
 - Liquid biopsies becoming new gold standard in tissue analysis .
 - Usefull (actionable) information when deciding which therapy to use, which clintrials to orient patient to,
- **Patients**
 - Making sure treatment choices are made using the latest available options optimizing survival .
- **Payors**
 - Reducing unefficent therapies.

Regulatory landscape is now the critical driver of clinical adoption in Europe



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Diagnostics



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

Colorectal Cancer Companion Diagnostic

- Single biomarker test RT-qPCR
- Patented, co-owned by IntegraGen with exclusive licensing rights
- 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*

R&D boutique for companion Dx development

- A few biomarkers in mCRC in the portfolio
- miR-31-3p potential development in NSCLC
- Partnership with Big pharma to develop TKI specific marker in NSCLC
- Strategic decision NOT TO develop new markers on own funds, but to co-develop markers with drug manufacturer



Specialty diagnostics: develop a single biomarker predictive of treatment response

Clinical Need

- **Metastatic Colorectal Cancer (mCRC) patients can be treated by:**
 - Traditional surgery & Chemotherapy (FolFox, Folfiri, Folfirinox)
 - Targeted therapies
 - ✓ Anti VGF (Avastin® Roche)
 - ✓ Anti-EGFR (Erbix® Merck-Lilly; Vectibix® Amgen)
- **Choice of targeted therapy varies across geographies, but consensus considers**
 - Avastin is considered first treatment of choice in US & Japan as it is not related to any biomarker prior to treatment
 - When only eligible patients (wild KRAS, c. 50% of population) can benefit from anti-EGFR patients will vary from low to high, with high variability of response and some side effects
 - **Even though Half of the patients would be significantly better off if started with anti EGFR**

Market Considerations

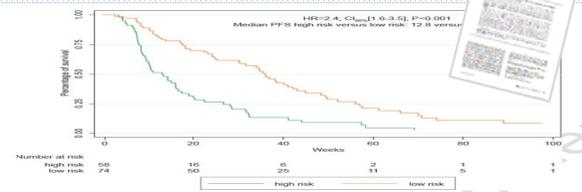
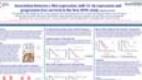
- **Targeted population**
 - US: 140,000 new cases of mCRC/year
 - ✓ Of which 50% are KRAs wild type (eligible for anti-EGFR treatment)
 - ✓ i.e. 70k to 140k patients in the target population
 - Western Europe: 170,000 new cases of mCRC (id)
 - Rest of world: 500,000 new cases
- **Business potential**
 - 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

<p>2011/2012 analysis of academic retrospective collections</p> <p>Initial discovery Replication studies</p>	<p>2013-2015 analysis of prospectively gathered samples from randomized phase III trials</p> <p>NEW EPOC PICCOLO FIRE 3</p>		
<p>33 pts 99 pts</p> 	<p>272 / 158</p> <p>Chemo + Cetuximab vs. Chemo alone (FOLFOX)</p> 	<p>460 / 188</p> <p>Chemo + Pani. vs. Chemo alone (Irinotecan)</p> 	<p>592 / 370</p> <p>Chemo + Cetuximab vs. Chemo + Bevacizumab (FOLFIRI)</p> 
<p>Platform presentation @ ESMO, 2 posters (2013) and publication in <i>Clinical Cancer Research</i> (2014) <i>"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"</i></p>	<p>2 ASCO posters & platform presentation (2013 / 2014) Predictive biomarker of cetuximab effect</p>	<p>2 posters – ESMO (2014) and ASCO (2105) Validation of role of biomarker</p>	<p>Abstract presented at plenary session ASCO & ESMO 2016 Validation of threshold, predictive value and clinical utility (in choice of 1st line therapy)</p>

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



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FIRE-3 results show that choice of targeted therapy can be optimized, leading to a one year* increase in overall survival

Metastatic colorectal cancer (mCRC)
84,000 annually (US) - 100,000 (W Eur)

KRAS / all RAS wild : 50%



Available treatment options:

Surgery
Chemotherapy (Folfox/ Folfiri / Folfirinox)

**Targetted therapy : VEGF (Avastin)
OR anti EGFR (Erbixux/Vectibix)**

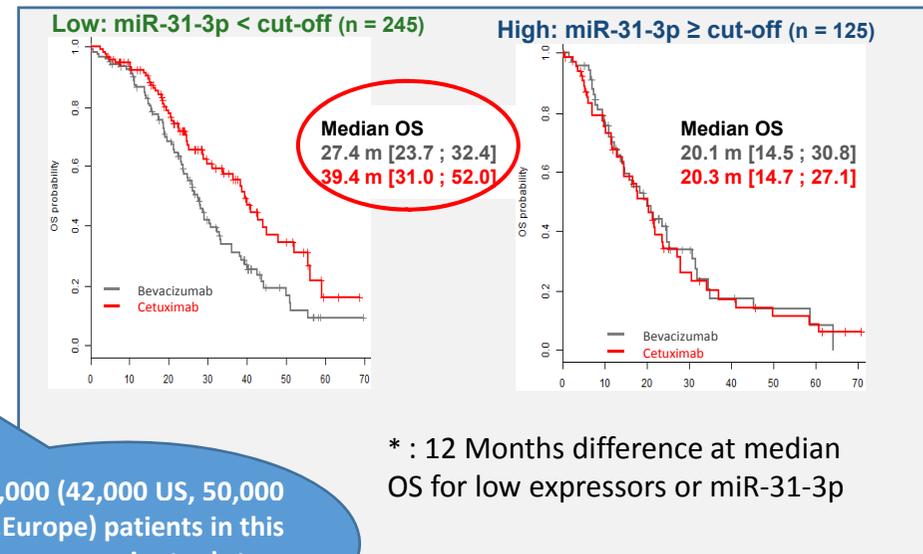


KRAS (40%) / all RAS (10%)
mutated : 50%

Surgery
Chemotherapy (Folfox/ Folfiri / Folfirinox)
Targetted therapy : VEGF (Avastin)

- American Cancer Society 2014 estimate
- Masi G, et al, Future Oncol. 2011

Analysis of the FIRE-3 samples

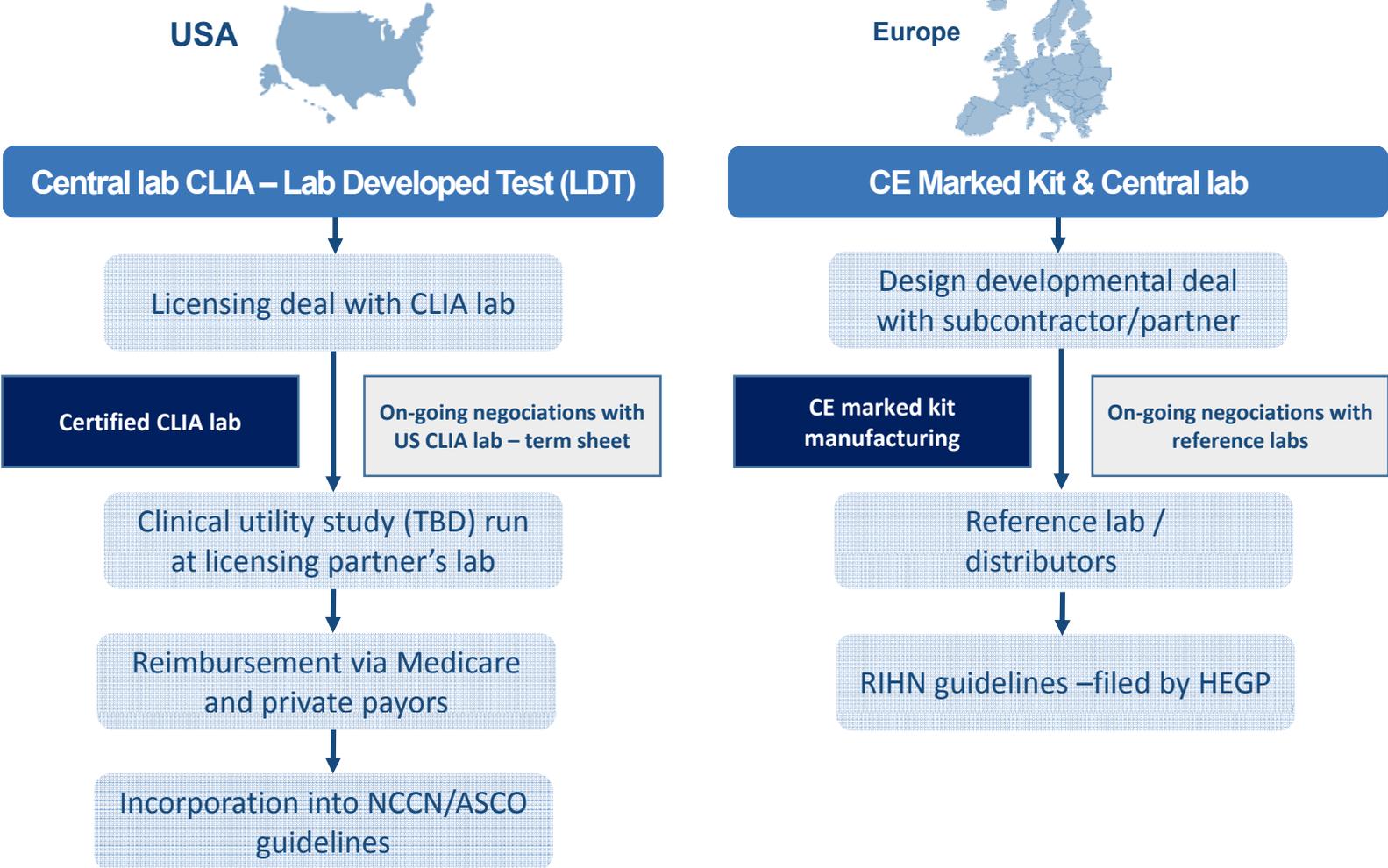


92,000 (42,000 US, 50,000 W.Europe) patients in this group require tools to choose best therapy



Go to market strategy: Central Lab & CE marked Kit

\$100 m + global market





Perspectives



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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 & Europe
 - Research partnership with AP-HP for large scale genomics
- **Select R&D partnerships**
 - Access to clinical trials relevant for miR-31-3p biomarker in Colorectal and Lung cancer
 - Companion Dx agreement



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