2024 **ASCO** Annual Meeting

1100 Data Update

June 2nd, 2024
(Database cutoff: 17 April 2024)

NANOBIOTIX

2024 **ASCO** Annual Meeting

Abstract #6035

“Early signs of efficacy in patients with anti-PD-1 naïve and anti-PD-1 resistant HNSCC treated with NBTXR3/SBRT in combination with nivolumab or pembrolizumab in the phase I trial Study 1100”

Colette Shen[1], Jessica Frakes[2], Trevor Hackman[1], Jiaxin Niu[3], Jared Weiss[1], Jimmy Caudell[2], George Yang[2], Tanguy Seiwert[4], Paul Chang[5], Septimiu Murgu[5], Siddharth Sheth[1], Shetal Patel[1], Kedar Kirtane[2], David Rolando[6], Pavel Tyan[6], Omar I. Vivar[6], Zhen Gooi[5], Aditya Joolori[5], Ari Rosenberg[5]

[1]University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA; [2]Moffitt Cancer Center, Tampa, Florida, USA; [3]Banner MD Anderson Cancer Center, Gilbert, Arizona, USA; [4]Johns Hopkins Medicine, Baltimore, Maryland, USA; [5]The University of Chicago, Chicago, Illinois, USA; [6]Nanobiotix, SA, Paris, France

IMPORTANT NOTICE AND DISCLAIMER

IMPORTANT: You must read the following before continuing. In accessing this document, you agree to be bound by the following terms and conditions.

References herein to this presentation (the "Presentation") shall mean and include this document, the oral presentation accompanying this document provided by Nanobiotix SA (the "Company" and, together with its subsidiaries, the "Group"), any question and answer session following that oral presentation and any further information that may be made available in connection with the subject matter contained herein.

This Presentation has been prepared by the Company and is provisional and for information purposes only. The information presented is provided as of the date of this Presentation only and may be subject to significant changes at any time without notice. Neither the Company, nor its advisors, nor any other person is under any obligation to update such information. The information has not been subject to independent verification and is qualified in its entirety by the business, financial and other information that the Company is required to publish in accordance with the rules and regulations applicable to companies listed on the Nasdaq Global Select Market and the regulated market of the Euronext in Paris and the requirements of the U.S. Securities and Exchange Commission (the "SEC") and the French Financial Markets Authority (Autorité des Marchés Financiers -- the "AMF"), including the risk factors described in the Company's most recent universal registration document filed with the AMF and the most recent Annual Report on Form 20-F filed with the SEC, as updated from time to time by the Company's other public reports, which are available free of charge on the Company's website (www.nanobiotix.com) and the respective websites of the AMF (www.amf-france.org) and the SEC (www.sec.gov).

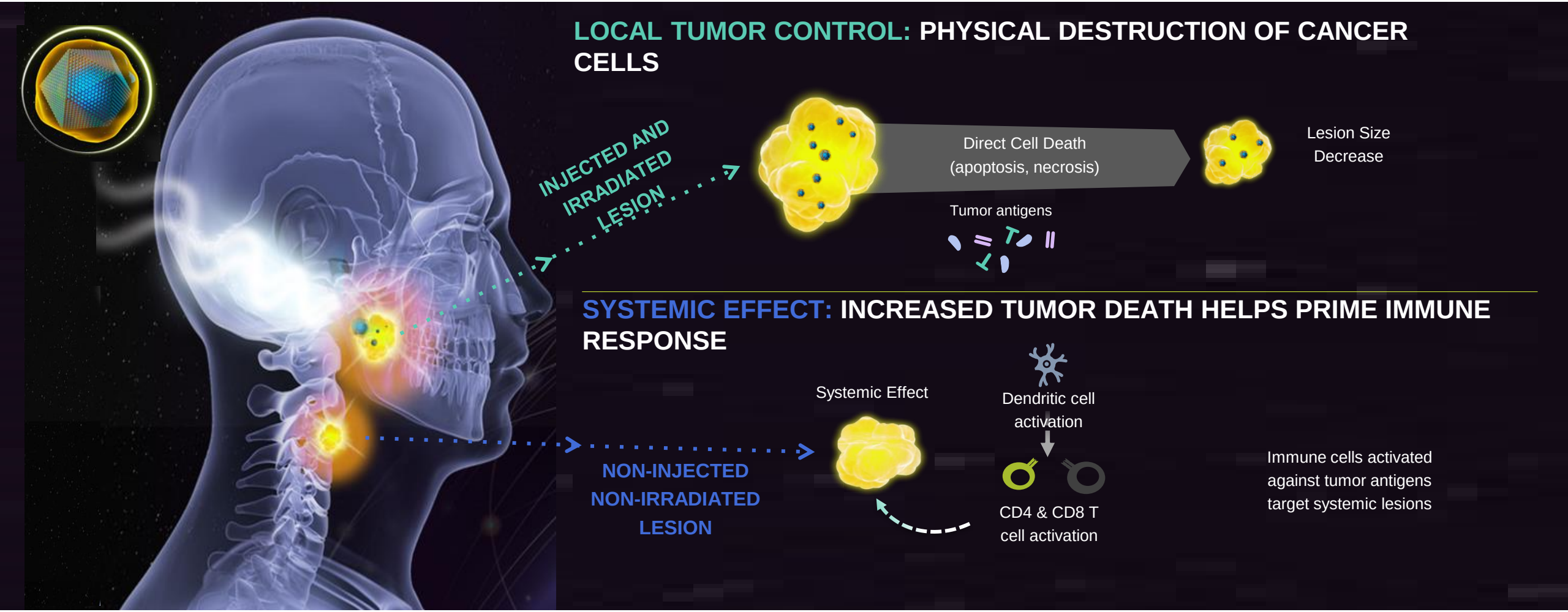
The Presentation includes information on the use of the Company's products and its competitive position. Some of the information included in the Presentation is from third parties. While this third party information has been obtained from sources believed to be reliable, there is no guarantee of the accuracy or completeness of such data. In addition, certain of the industry and market data comes from the Company's own internal research and estimates based on the knowledge and experience of the Company's management. While Nanobiotix believes that such research and estimates are reasonable and reliable, they, and their underlying methodology and assumptions, have not been verified by any independent source for accuracy or completeness and are subject to change without notice. Accordingly, undue reliance should not be placed on any of the industry, market or competitive position data contained in the Presentation. Caution should be exercised when interpreting results from separate trials involving separate product candidates. There are differences in the clinical trial design, patient populations, and the product candidates themselves, and the results from the clinical trials of distinct product candidates may have no interpretative value with respect to our existing or future results. Similarly, caution should be exercised when interpreting results relating to a small number of patients or individually presented case studies.

The Presentation contains certain forward-looking statements, including within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. All statements in the Presentation other than statements of historical fact are or may be deemed to be **forward looking statements**. These statements are not guarantees of the Company's future performance. These forward-looking statements relate without limitation to the Company's future prospects, developments, marketing strategy regulatory calendar, clinical milestones, assumptions and hypothesis, clinical development approach and financial requirements and are based on analyses of earnings forecasts and estimates of amounts not yet determinable and other financial and non-financial information. Such statements reflect the current view of the Company's management and are subject to a variety of risks and uncertainties as they relate to future events and are dependent on circumstances that may or may not materialize in the future. Forward-looking statements cannot, under any circumstance, be construed as a guarantee of the Company's future performance as to strategic, regulatory, financial or other matters, and the Company's actual performance, including its financial position, results and cash flow, as well as the trends in the sector in which the Company operates, may differ materially from those proposed or reflected in the forward-looking statements contained in this Presentation. Even if the Company's performance, including its financial position, results, cash-flows and developments in the sector in which the Company operates were to conform to the forward-looking statements contained in this Presentation, such results or developments cannot be construed as a reliable indication of the Company's future results or developments. The Company expressly declines any obligation to update or to confirm any prospective information in order to reflect an event or circumstance that may occur after the date of this Presentation. The Information does not constitute an offer to sell or subscribe or a solicitation to purchase or subscribe for securities, nor shall there be any sale of these securities in the United States or any other jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. No public offering of securities may be conducted in any member state of the European Economic Area (including France) prior to the publication in the relevant member state of a prospectus that complies with the provisions of Regulation 2017/119.

All persons accessing the Information are deemed to agree to all the limitations and restrictions set out above.

Local Cell Destruction Induced by NBTXR3 Activates Immune Priming

Local and systemic benefits through cell death and immune activation against tumor antigens



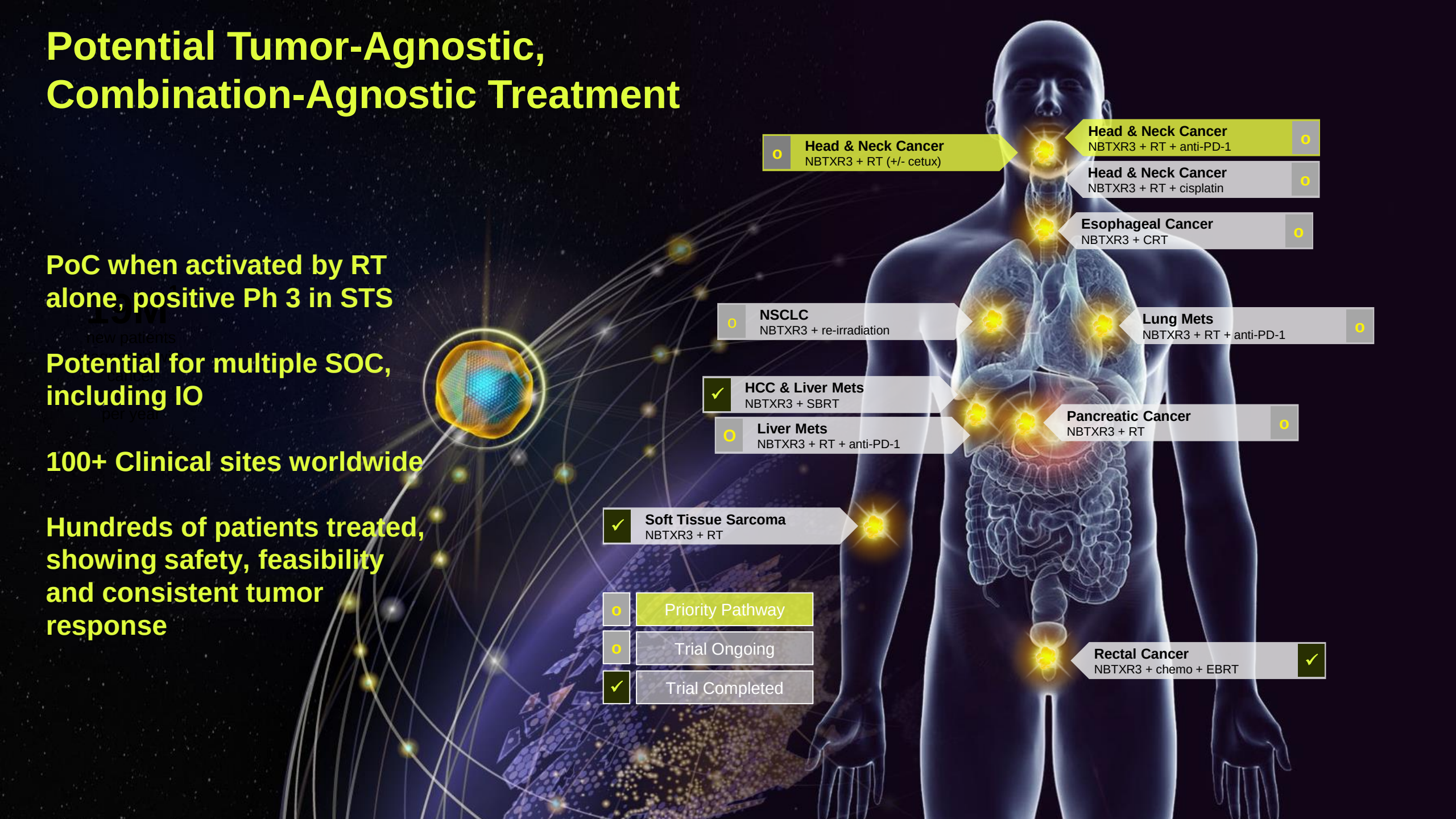
Potential Tumor-Agnostic, Combination-Agnostic Treatment

PoC when activated by RT alone, positive Ph 3 in STS

Potential for multiple SOC, including IO

100+ Clinical sites worldwide

Hundreds of patients treated, showing safety, feasibility and consistent tumor response



Evaluating Tumor Agnostic, Combination Agnostic NBTXR3 Capabilities

Patients (Current Study)	N	Phase 1	Phase 2	Phase 3	Operational Sponsor	Milestone
Head & Neck						
Elderly Cisplatin-ineligible (NANORAY-312, RT-R3 ± cetuximab vs RT ± cetuximab)	500				Nanobiotix Janssen*	Last Patient Recruited 1H26
R/M IO Naïve (Study 1100, RT-R3 fb anti-PD-1)	35+				Nanobiotix	New Data 1H24
R/M IO Resistant (Study 1100, RT-R3 fb anti-PD-1)	35+				Nanobiotix	New Data 1H24
R/M (MDA-0541, RT-R3 fb anti-PD-1)	60				MD Anderson Cancer Center	–
Lung						
Inoperable, Stage 3	NA				Janssen	First Patient Randomized
Inoperable, Recurrent (MDA-0123, Reirradiation RT-R3)	24				MD Anderson Cancer Center	First Data 1H25
Expansion Opportunities						
Soft Tissue Sarcoma (Act.In.Sarc, RT-R3 fb resection)	180				Nanobiotix	**Completed**
Rectal (Study 1001, RT-R3 concurrent CT)	32				Nanobiotix	**Completed**
Advanced Solid (MDA-0618, RT-R3 with anti-PD-1)	40				MD Anderson Cancer Center	–
Cisplatin-eligible H&N (Study 1002, RT-R3 concurrent CT)	12				Nanobiotix	**Completed**
HCC & Liver Mets (Study 103, RT-R3)	23				Nanobiotix	**Completed**
Pancreas (MDA-1001, RT-R3)	24				MD Anderson Cancer Center	Updated Data 2H24
Esophageal (MDA-0122, RT-R3 concurrent CT)	24				MD Anderson Cancer Center	First Data FY25
IO Resistant Multiple Primary Tumors (Study 1100, RT-R3 fb anti-PD-1)	35+				Nanobiotix	First Data FY25

* Nanobiotix granted Janssen a worldwide license for the development and commercialization of NBTXR3 as announced July 10, 2023.
IO Resistant Mets: Metastases from different primary tumors in IO resistant patients; RT-R3: RT activated NBTXR3; fb: followed by; CT: chemotherapy.

Head and Neck Squamous Cell Carcinoma Cancer Care

Head and Neck Cancer Treatment With Check Point Inhibitors

90% of H&N patients

are diagnosed with local / loco-regional disease

1st line treatment is often chemotherapy, radiation and surgery in combination

When patients fail those front-line treatments, they are eligible to anti-PD-1 treatment as 2nd treatment line or more (e.g. Keynote 040[1], CheckMate-141[2])

10% of H&N patients

are diagnosed with mets and are eligible for anti-PD-1 as 1st line (e.g. Keynote-048[3])

Important parameters defining outcomes when treated with anti-PD-1:

- CPS score: below 1%, 1 to 20%, and above 20%
- HPV status for oropharynx
- Number of prior line of treatment, and exposure to previous systemic treatment

Post anti-PD-1 failure

There is no established standard of care leading to poor outcome for patients in 3rd line

[1] Cohen E. et al, Lancet, 2018; [2] McBride et al, Journal of Clinical Onclogy, 2020; [3] Burtness B. et al, Lancet, 2019

Head and Neck Cancer Treatment With Check Point Inhibitors

90% of H&N patients

are diagnosed with local / loco-regional disease

1st line treatment is often chemotherapy, radiation and surgery in combination

NBTXR3 Study 1100

When patients fail those front-line treatments, they are eligible to anti-PD-1 treatment as 2nd treatment line or more (e.g. Keynote 040[1], CheckMate-141[2])

10% of H&N patients

are diagnosed with mets and are eligible for anti-PD-1 as 1st line (e.g. Keynote-048[3])

Important parameters defining outcomes when treated with anti-PD-1:

- CPS score: below 1%, 1 to 20%, and above 20%
- HPV status for oropharynx
- Number of prior line of treatment, and exposure to previous systemic treatment

Post anti-PD-1 failure

There is no established standard of care leading to poor outcome for patients in 3rd line

NBTXR3 Study 1100

[1] Cohen E. et al, Lancet, 2018; [2] McBride et al, Journal of Clinical Onclogy, 2020; [3] Burtness B. et al, Lancet, 2019

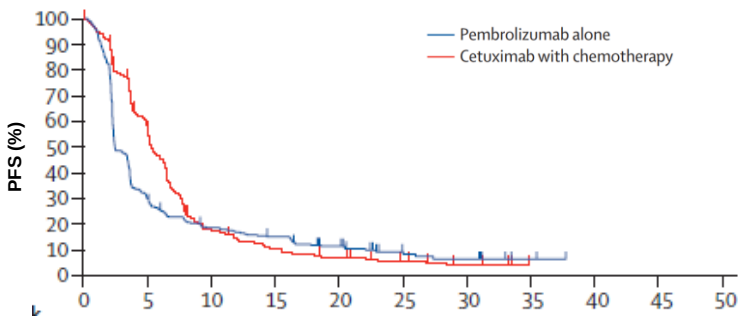
Outcomes Remain Limited for Patients Treated With Anti-PD-1 in 1st, 2nd or Further Lines of Treatment: PFS is Short and Many Patients do not Respond

Line of anti-PD-1 therapy	1st line treatment	2nd or further line treatment	
Study	Keynote 048[3]	Keynote 040[1]	CheckMate-141[2]
	Pembrolizumab N=301	**Pembrolizumab** N=247	**Nivolumab** N=240
ORR	16.9%	14.6%	13.3%
PFS	2.3	2.1	2.0
OS	11.5	8.4	7.5

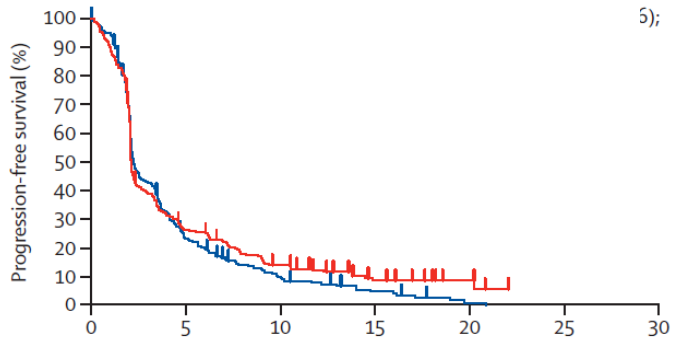
Populations enrolled in reference trials have overall similar baseline characteristics as patients enrolled in Study 1100 with R/M HNSCC

(1) Burtness B., 2019: « Participants were excluded if they had progressive disease within 6 months of curatively intended systemic treatment given for locoregionally advanced disease[…]; (2) Ezra, 2018; (3) Ferris, 2016

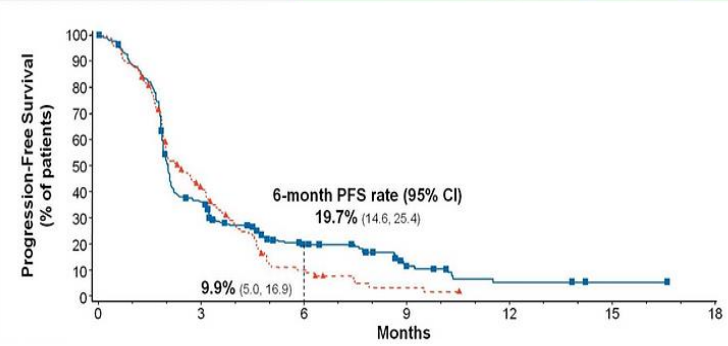
KEYNOTE 048 – PFS (all population)



KEYNOTE 040 – PFS (all population)



CHECKMATE-141 – PFS (all treated)

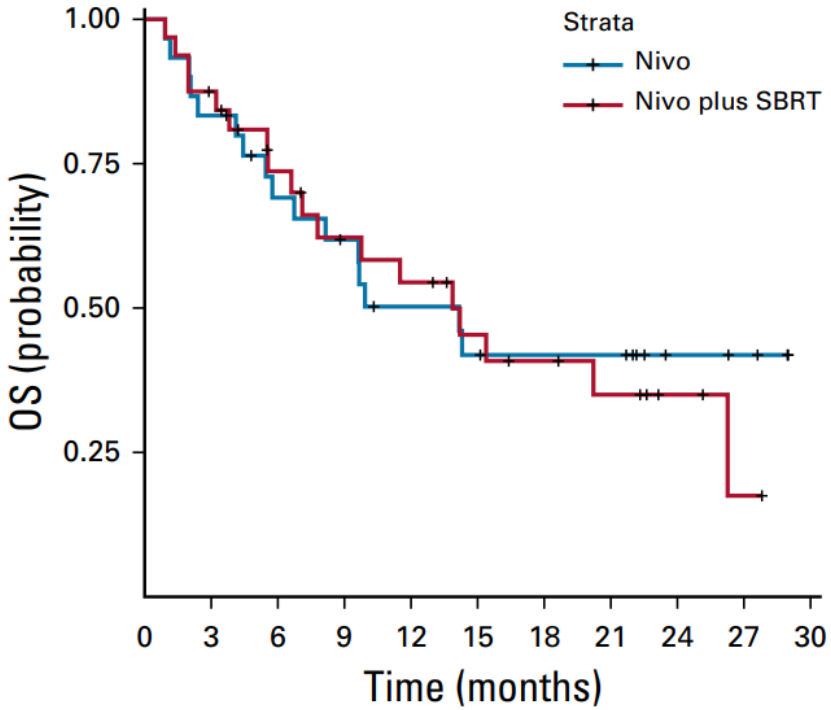


[1] Cohen E. et al, Lancet, 2018; [2] McBride et al, Journal of Clinical Onclogy, 2020; [3] Burtness B. et al, Lancet, 2019

MSKCC Phase 2 Trial Exploring Nivolumab vs Nivolumab + SBRT[1]

Addition of RT to Nivolumab does not improve OS in Naïve patient to PD-1

Overall Survival



No. at risk:

Nivo	30	25	19	16	12	10	9	9	4	3	0
Nivo plus SBRT	32	27	20	16	14	10	8	6	3	1	0

1.McBride S. et. al. A Randomized Phase II Trial of Nivolumab With SBRT Versus Nivolumab Alone in Metastatic Head and Neck Squamous Cell Carcinoma J Clin Oncol 39:30-37. 2020

1100 Study – Data Update

June 2nd, 2024

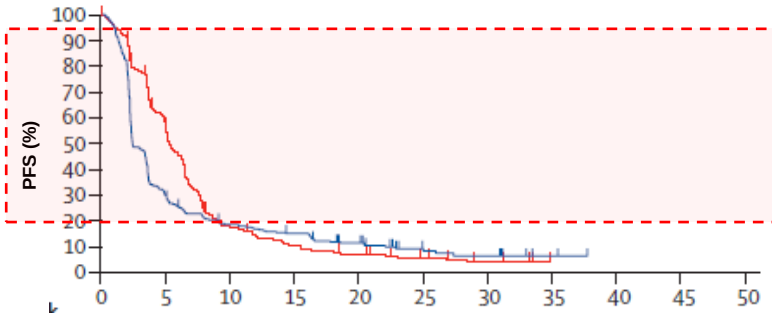
(Database cutoff: 17 April 2024)

Outcomes Remain Limited for Patients Treated With Anti-PD-1 in 1st, 2nd or Further Lines of treatment: PFS is Short and Many Patients do not Respond

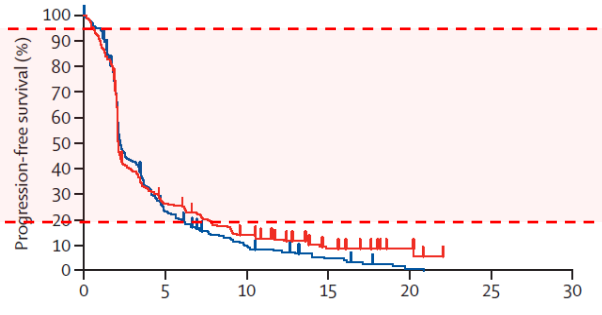
Anti-PD-1 treatment as 1st line of treatment

Anti-PD-1 treatment as 2nd or further line of treatment

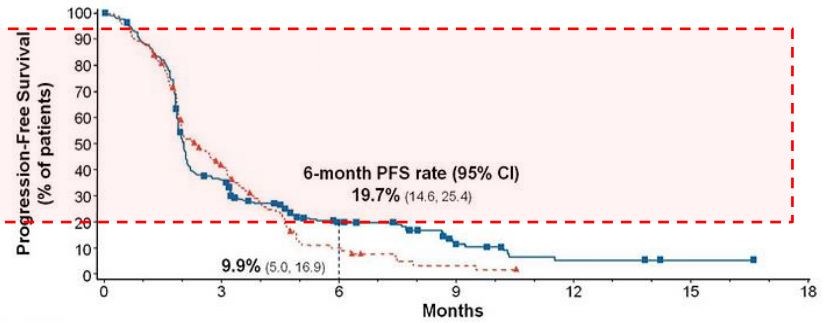
KEYNOTE 048[3] – PFS (all population)



KEYNOTE 040[1] – PFS (all population)



CHECKMATE-141[2] – PFS (all treated)



Primary and secondary non-responders to anti-PD-1 treatment

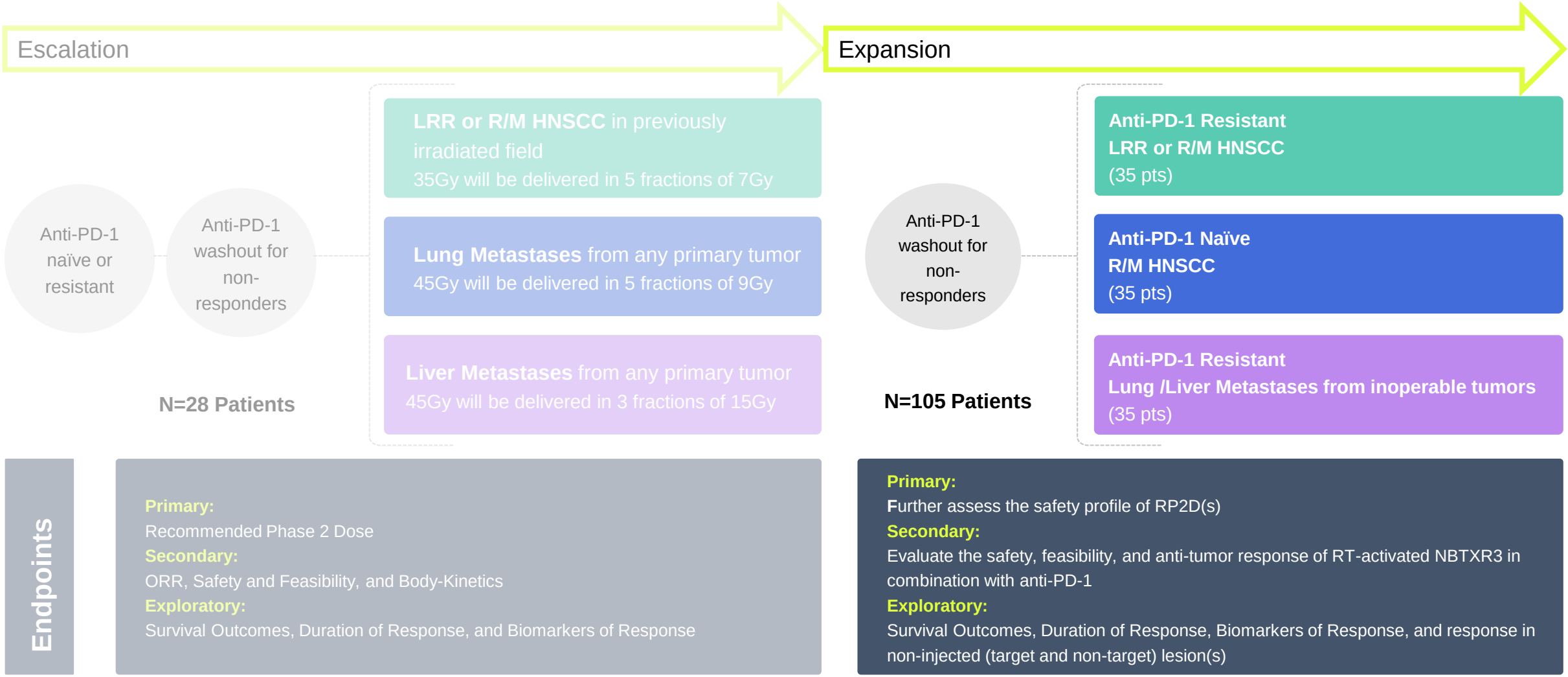
By providing local control and priming an immune response with NBTXR3 + RT, we intend to:

1. Improve responses and deepness of immune responses for patients naive to anti-PD-1
2. Reverse resistance to anti-PD-1 for refractory patients

[1] Cohen E. et al, Lancet, 2018; [2] McBride et al, Journal of Clinical Onclogy, 2020; [3] Burtness B. et al, Lancet, 2019

Study 1100 Potential Immunotherapy Combination

Study design



Endpoints

Primary:
Recommended Phase 2 Dose
Secondary:
ORR, Safety and Feasibility, and Body-Kinetics
Exploratory:
Survival Outcomes, Duration of Response, and Biomarkers of Response

Primary:
Further assess the safety profile of RP2D(s)
Secondary:
Evaluate the safety, feasibility, and anti-tumor response of RT-activated NBTXR3 in combination with anti-PD-1
Exploratory:
Survival Outcomes, Duration of Response, Biomarkers of Response, and response in non-injected (target and non-target) lesion(s)

*NBTXR3-RT: NBTXR3 activated by radiotherapy

Baseline Characteristics

1100 Data Update

Baseline Characteristics of R/M HNSCC Patients in Study 1100

	ICI Naive N=33	ICI Resistant N=35	All N=68
Age (years)			
Missing	0	0	0
n	33	35	68
Mean (SD)	64.1 (8.6)	63.5 (9.5)	63.8 (9.0)
Median	63.0	64.0	63.5
Min ; Max	46 ; 80	45 ; 85	45 ; 85
ECOG Performance status			
Missing	1	0	1
n	32	35	67
0	13 (40.6)	16 (45.7)	29 (43.3)
1	17 (53.1)	19 (54.3)	36 (53.7)
2	2 (6.3)		2 (3.0)
Prior anti-PD-1			
Missing	5	3	8
n	28	32	60
Yes	2 (7.1) (1)	32 (100)	34 (56.7)
No	26 (92.9)		26 (43.3)
Number of prior treatment lines			
Missing	5	4	9
n	28	31	59
1-2	25 (89.3)	11 (35.5)	36 (61.0)
3-4	2 (7.1)	12 (38.7)	14 (23.7)
5+		8 (25.8)	8 (13.6)

	ICI Naive N=33	ICI Resistant N=35	All N=68
Number of lesions			
Missing	4	1	5
n	29	34	63
1	10 (34.5)	7 (20.6)	17 (27.0)
2-3	12 (41.4)	7 (20.6)	19 (30.2)
4+	7 (24.1)	20 (58.8)	27 (42.9)
HPV status			
Missing	1	0	1
n	32	35	67
Negative	17 (53.1)	13 (37.1)	30 (44.8)
Positive	11 (34.4)*	18 (51.4)**	29 (43.3)
Unknown	4 (12.5)	4 (11.4)	8 (11.9)
Smoking status			
Missing	0	0	0
n	33	35	68
Former smoker	16 (48.5)	22 (62.9)	38 (55.9)
Nonsmoker	8 (24.2)	10 (28.6)	18 (26.5)
Current smoker	9 (27.3)	3 (8.6)	12 (17.6)
Combined Positive Score (CPS) testing (%)			
Missing	17	9	26
n	16	26	42
< 1%		4 (15.4)	4 (9.5)
[1%-20%]	12 (75.0)	11 (42.3)	23 (54.8)

* 10 ICI naive patients have Oropharynx cancer and HPV+
** 12 ICI resistant patients have Oropharynx cancer and HPV+

(1) Two patients were included approximately two years after having finished ICI therapy as part of definitive/adjuvant therapy: one patient received 4 month Durvalumab treatment, one patient received 10 month nivolumab treatment.

Safety

1100 Data Update

Safety – Few Treatment Emergent Adverse Events (TEAE) Related to NBTXR3

Confirmed safety profile of NBTXR3 activated by RT in both ICI naive and ICI resistant patients

	ICI Naïve N=33 Patients (%) [AEs]	**ICI Resistant** N=35 Patients (%) [AEs]	**All treated** N=68 Patients (%) [AEs]
All TEAEs	24 (72.7) [122]	31 (88.6) [221]	55 (80.9) [343]
Grade ≥ 3 TEAEs:			
related to NBTXR3	1 (3.0) [2] [1]	1 (2.9) [1] [1]	2 (2.9) [3]
related to injection procedure	2 (6.1) [2]	2 (5.7) [2] [1]	4 (5.9) [4]
related to radiotherapy	1 (3.0) [1]	6 (17.1) [6] [1]	7 (**10.3**) [7]
TEAEs related to anti-PD1	2 (6.1) [5] [1]	2 (5.7) [2]	4 (5.9) [7]
Grade ≥ 3 Serious TEAEs related to radiotherapy or injection procedure or anti-pd-1 or NBTXR3, or a combination	3 (9.1) [5] [1,2]	3 (8.6) [3]	6 (**8.8**) [8]

[1] *Same TEAEs reported several times in each category by investigators due to multiple causalities*

[2] *1 patient experienced Grade 5 pneumonitis related to anti-PD-1 and possibly to NBTXR3; this patient did not receive injection in the lungs*

- A single NBTXR3 intra-tumoral injection followed by SBRT activation was safe and feasible
- Less than 10% of Grade ≥ 3 serious TEAEs related to NBTXR3, injection procedure, radiotherapy or anti-PD-1
- Approximately 10% of Grade ≥ 3 TEAEs were related to radiotherapy, which is in line with reported data
- No unexpected side effect emerged related to radiotherapy/NBTXR3 or anti-PD-1 or injection procedure

AE occurrences are grouped in episodes when there is a chronologic continuity and no change in relationship to NBTXR3, injection, radiotherapy, anti-PD1, disease or other
Patients = number of patients with at least one TEAE and AEs = number of events.
Events are considered treatment related when reported as 'Possibly related' or 'Related' to NBTXR3, injection procedure, radiotherapy and/or anti-PD1

Efficacy
Patients Naïve to Anti-PD-1

1100 Data Update

Baseline Characteristics of R/M HNSCC Patients Naive to Anti-PD-1

Similar population as in the Keynote 040 (pembrolizumab) and CheckMate-141 (nivolumab)^

33 patients treated evaluable for safety

25 evaluable for efficacy at the cutoff date

Heavy tumor burden

Highly pre-treated patients

CPS score

- 75% of patients* **below 20%**

HPV status:

- 10 patients* with oropharynx with HPV+ status among the 33 patients

Number of lesions	ICI Naive (N=33)
Missing	4
n	29
1	10 (**34.5**)
2-3	12 (**41.4**)
4+	7 (**24.1**)

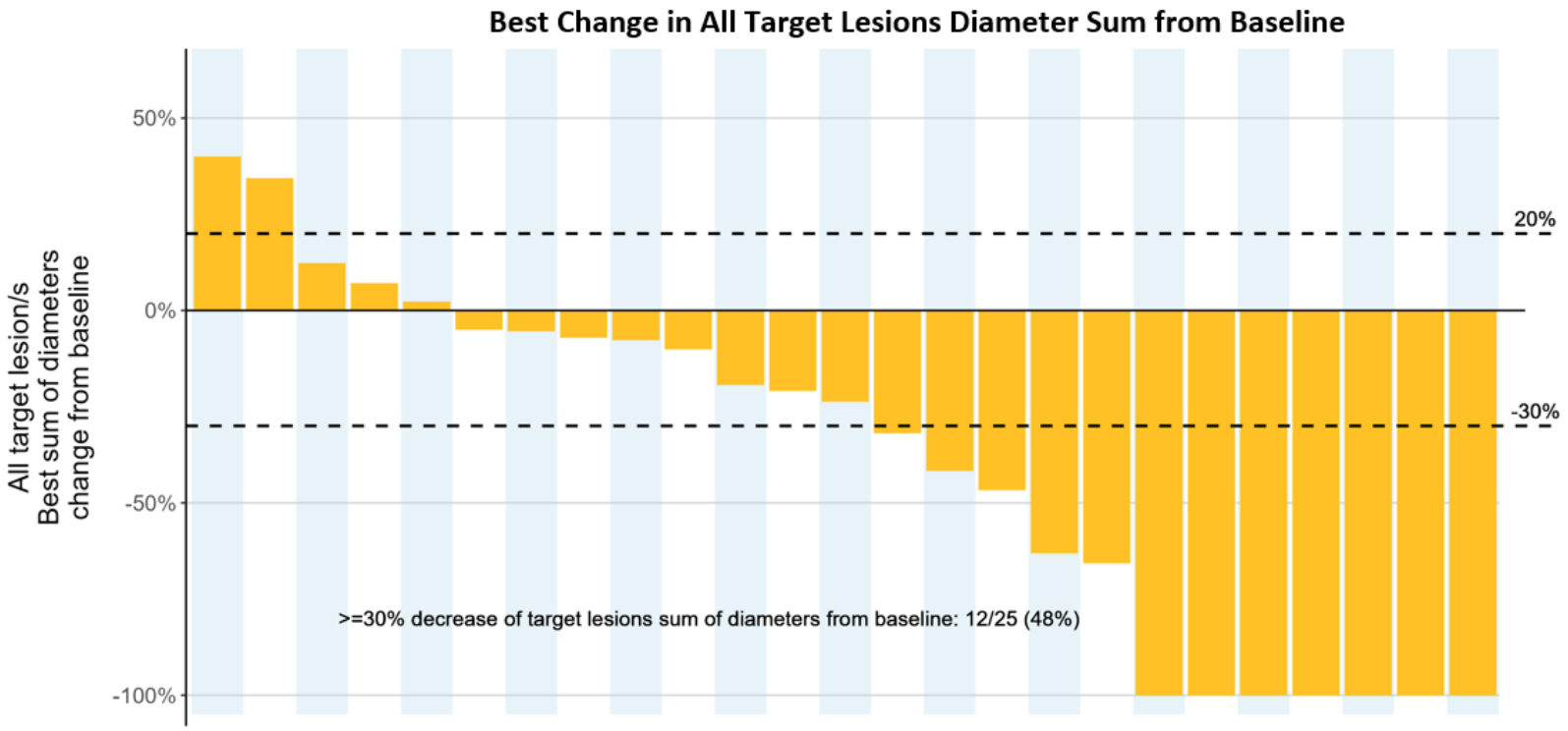
Number of prior treatment lines	ICI Naive (N=33)
Missing	5
n	28
1-2	25 (**89.3**)
3-4	2 (**7.1**)

**among available data at cutoff*

^Note: Study 1100 is a ph. I trial assessing safety as primary endpoint and exploring signals of efficacy as secondary endpoints. The sample size is small, and the trial is ongoing – some of the efficacy data will mature along with new data comes in.

Best Change in Diameter Sum From Baseline and RECIST Response

ICI Naïve, Evaluable Patients (N=25)



Overall Response (RECIST 1.1)	ICI Naive N=25
Complete Response	3 (12.0)
ORR (CR + PR)	**12 (48.0)**
95% CI	[27.8 - 68.7]
Median duration (days)(1))	54.0
DCR (CR + PR + SD)	**19 (76.0)**
95% CI	[54.9 - 90.6]
Median duration (days)(2)	65.0

(1) Number of days from first to last RECIST assessment with CR or PR
(2) Number of days from first to last RECIST assessment with CR, PR or SD
Best overall response have been derived as single best overall response observed for 11 subjects, either ongoing or with missing data (1 CR, 7 PR, 3 SD and 0 PD)

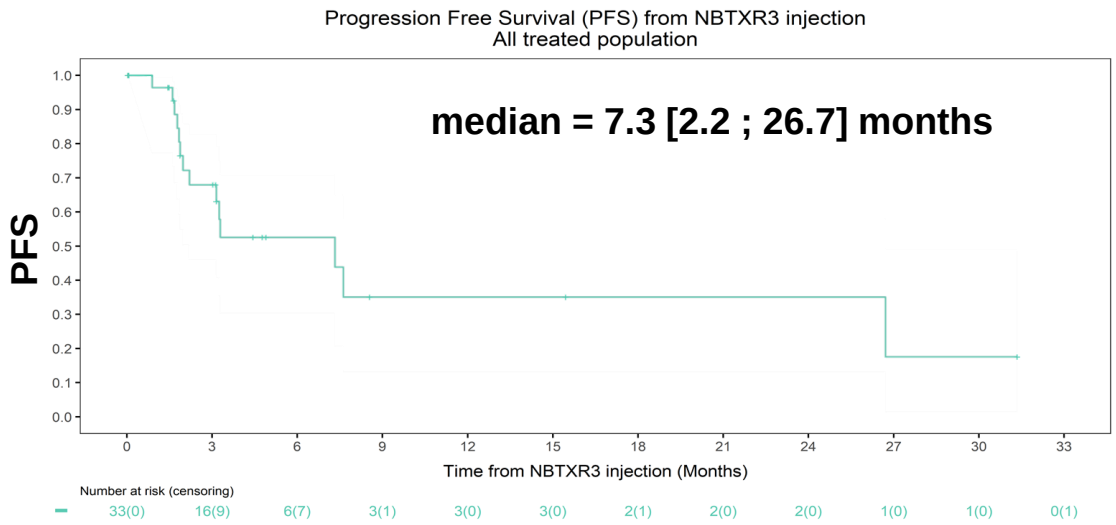
Systemic Control in anti-PD-1 naïve patients with high disease burden
(24% of patients have 4+ lesions; 66% have 2+ lesions)

Progression Free Survival (PFS) and Overall Survival (OS)

All treated R/M HNSCC ICI Naïve patients

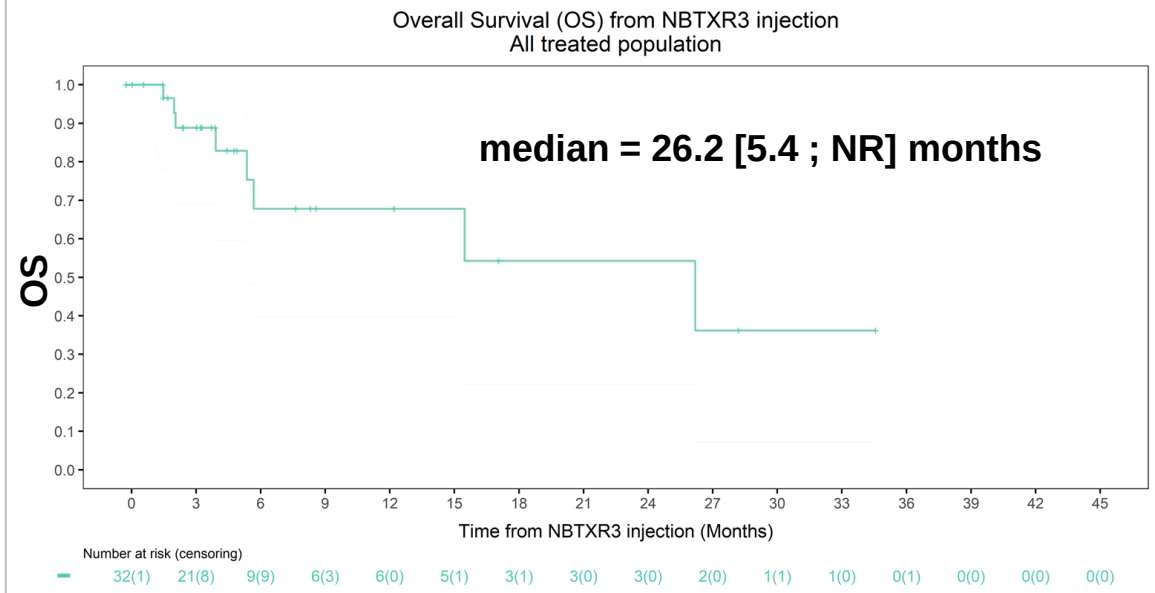
PFS from NBTXR3 injection

All treated population (N=33)



OS from NBTXR3 injection

All treated population (N=32)*



** Ongoing query related to survival data for 1 patient: censored at T = 0 month.*

Illustration / Response and Survival Results for Study 1100 and Reference Studies Keynote 040 and Checkmate-141

ICI-Naïve patient population

	1100 Study – Naïve to Anti-PD-1		Keynote 040	CheckMate-141
	All Treated: N=33 evaluable for efficacy: N=25		**Pembrolizumab** N=247	**Nivolumab** N=240
Response	***All target*** *(N=25)* 48%	***ORR*** *(N=25)* 48,0%	***ORR*** 14.6%	***ORR*** 13.3%
PFS	7.3 [2.2 ; 26.7] months *(N=33)**		2.1	2.0
OS	26.2 [5.4 ; NR] months *(N=32)**		8.4	7.5

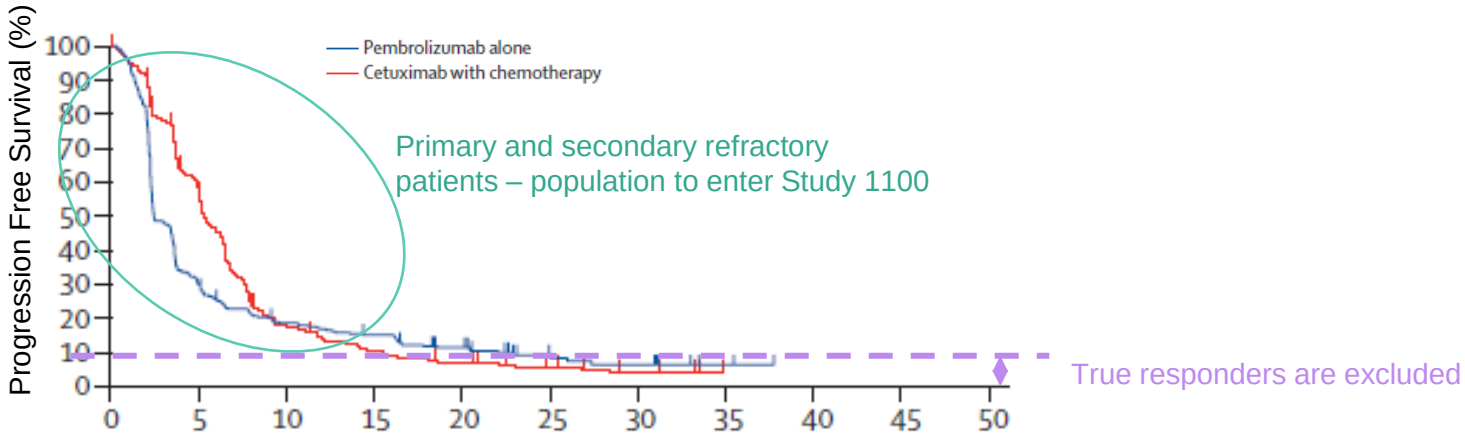
** Ongoing trial – PFS and OS expected to mature with new data coming in*

Efficacy
Patients Resistant to Anti-PD-1

1100 Data Update

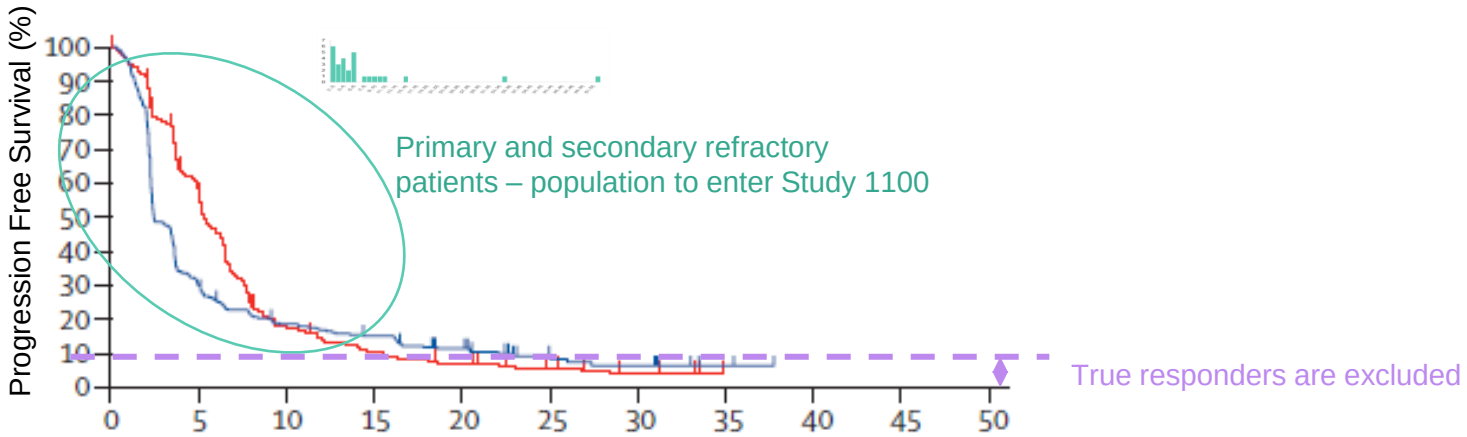
1100 Study – Treatment of Anti-PD-1 Resistant Patient Population

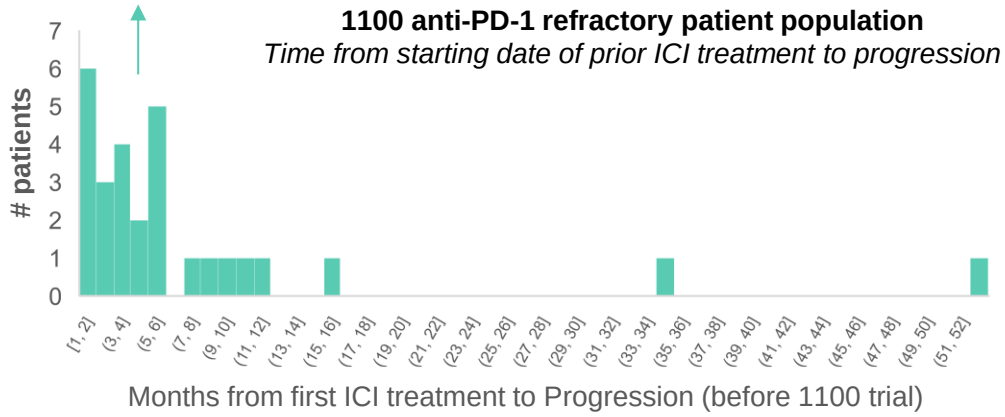
83% of H&N resistant patients entered the 1100 study after having been recorded in progression in their last treatment line
17% have unknown status before entering the study, but supposed to be considered as in progression



1100 Study – Treatment of Anti-PD-1 Resistant Patient Population

83% of H&N resistant patients entered the 1100 study after having been recorded in progression in their last treatment line
17% have unknown status before entering the study, but supposed to be considered as in progression





Baseline Characteristics of R/M HNSCC Patients Resistant to Anti-PD-1

35 patients treated evaluable for safety

25 evaluable for efficacy at the cutoff date

83% of patients entered the 1100 study « in progression » in their last treatment line (17% have unknown status but supposed to be in progression (not recorded yet))

Heavy tumor burden

Highly pre-treated patients

CPS score

- 15% of patients* have a CPS score < 1%
- 58% of patients* below 20%

HPV status:

- 12 patients* with oropharynx with HPV+ status among the 35 patients

Number of lesions	ICI Resistant (N=35)
Missing	1
n	34
1	7 (**20.6**)
2-3	7 (**20.6**)
4+	20 (**58.8**)

Number of prior treatment lines	ICI Resistant (N=35)
Missing	4
n	31
1-2	11 (**35.5**)
3-4	12 (**38.7**)

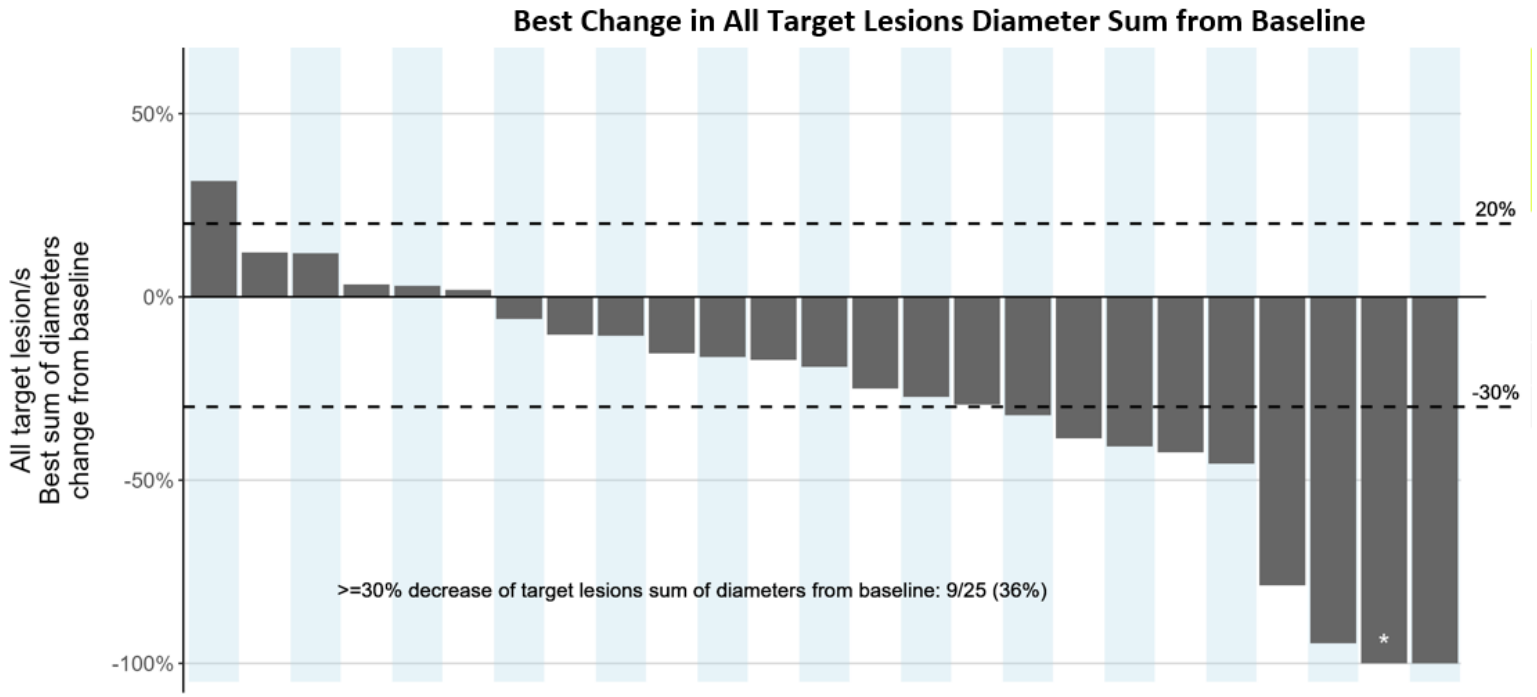
Similar population as **Keynote-040 treatment beyond progression** (pembrolizumab), and **CheckMate-141 treatment post-failure** (nivolumab)^

**among available data at cutoff*

^Note: Study 1100 is a ph. I trial assessing safety as primary endpoint and exploring signals of efficacy as secondary endpoints. The sample size is small, and the trial is ongoing – some of the efficacy data will mature along with new data comes in.

Best Change in Diameter Sum From Baseline and Study Duration

ICI Resistant, Evaluable Patients (N=25)



Overall Response (RECIST 1.1)	ICI Resistant N=25
Complete Response	2 (8.0)
ORR (CR + PR)	**7 (28.0)**
95% CI	[12.1 - 49.4]
Median duration (days)(1))	128.0
DCR (CR + PR + SD)	**17 (68.0)**
95% CI	[46.5 - 85.1]
Median duration (days)(2)	58.0

(1) Number of days from first to last RECIST assessment with CR or PR

(2) Number of days from first to last RECIST assessment with CR, PR or SD

One subject is in complete pathological response (pCR) and has been included in the CR category of this table

Best overall response have been derived as single best overall response observed for 7 subjects, either ongoing or with missing data (0 CR, 3 PR, 2 SD and 2 PD)

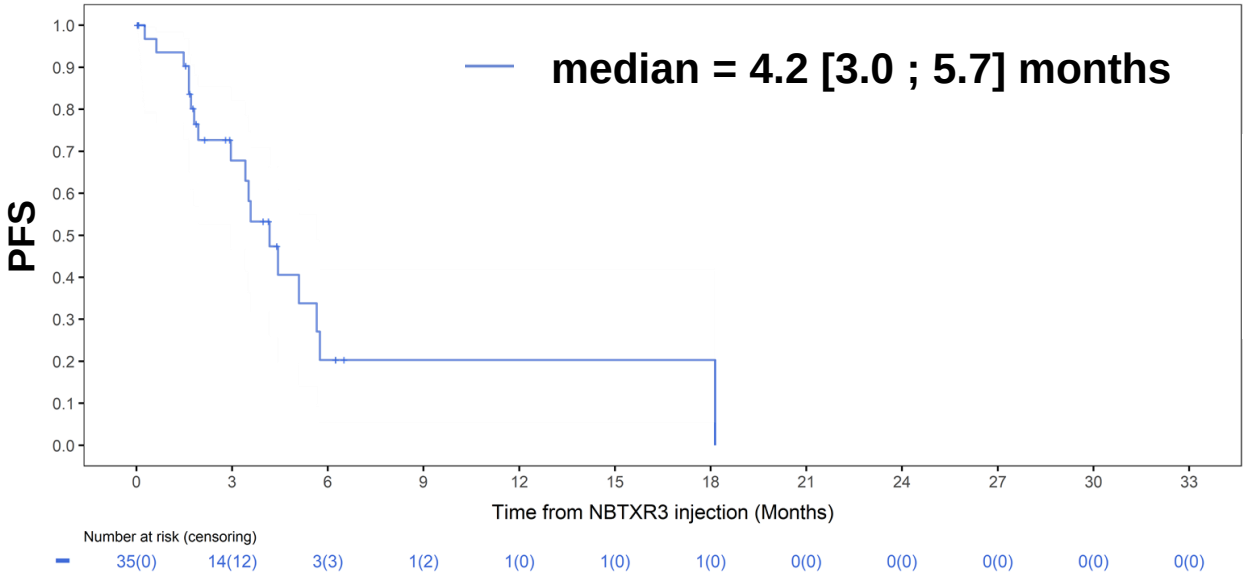
Systemic Control in resistant to anti-PD-1 and in progression metastatic patients with high disease burden (58% of patients have 4+ lesions; 78% have 2+ lesions)

Progression Free Survival (PFS) and Overall Survival (OS)

ICI resistant, all treated HNSCC patients

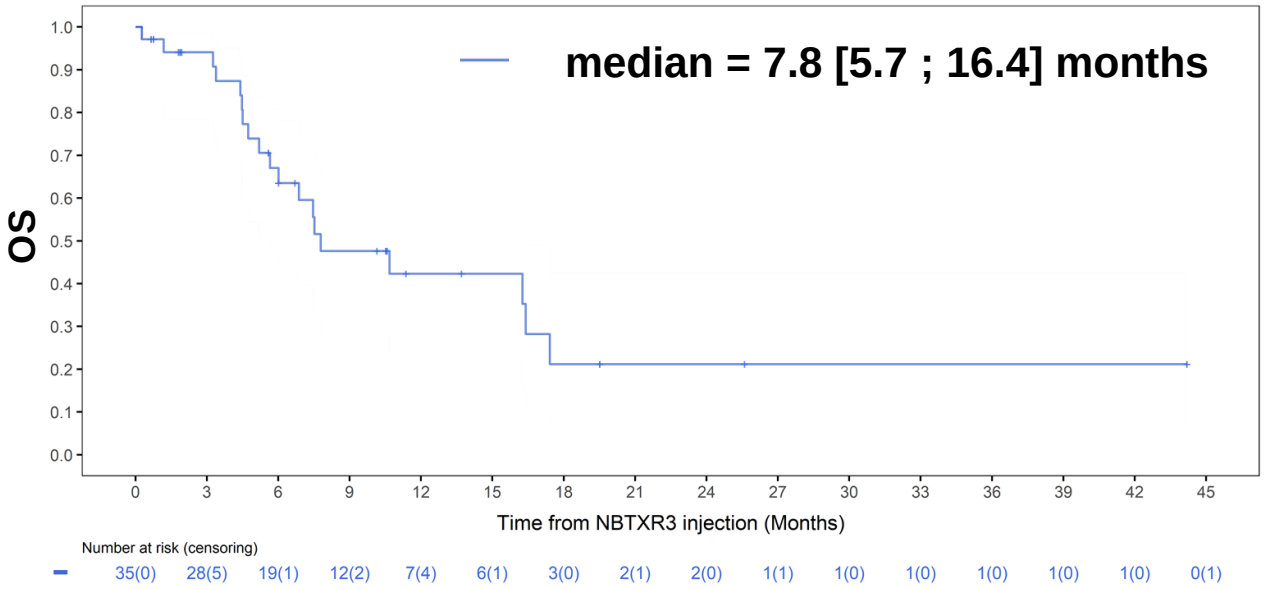
PFS from NBTXR3 injection

All treated population (N=35)



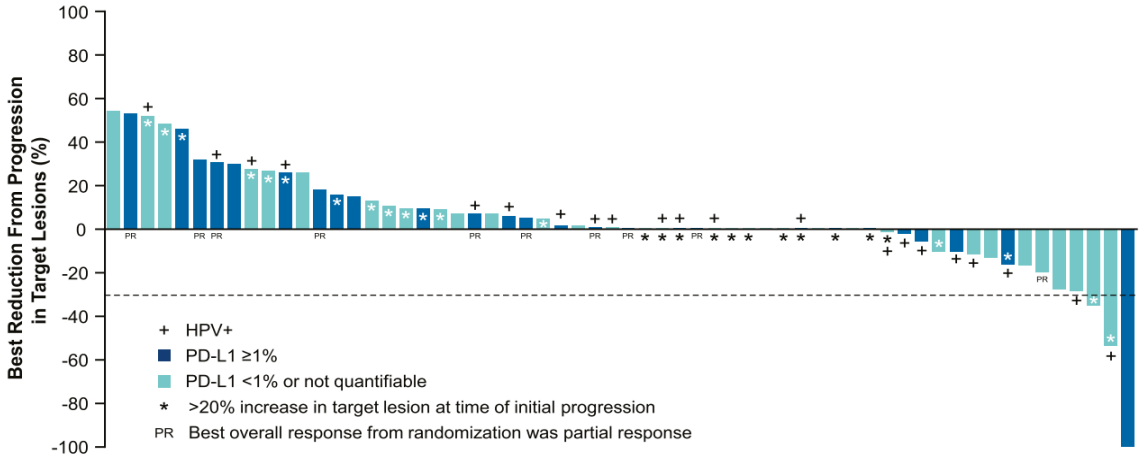
OS from NBTXR3 injection

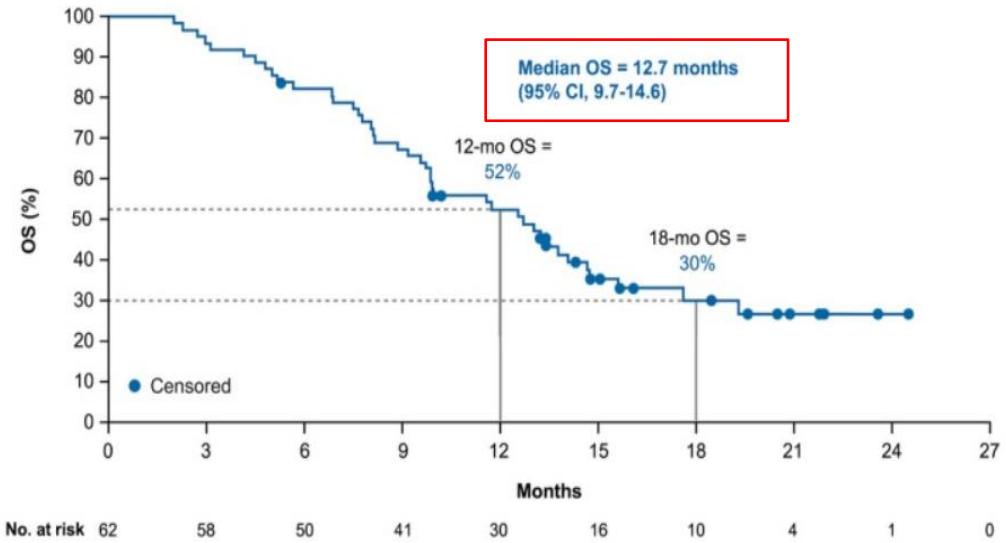
All treated population (N=35)



R/M HNSCC Immune Checkpoint Inhibitor Refractory Populations

CheckMate 141 Nivolumab Trial – patients treated with anti-PD-1 beyond progression[1]





1. Haddad et al, ESMO, 2017

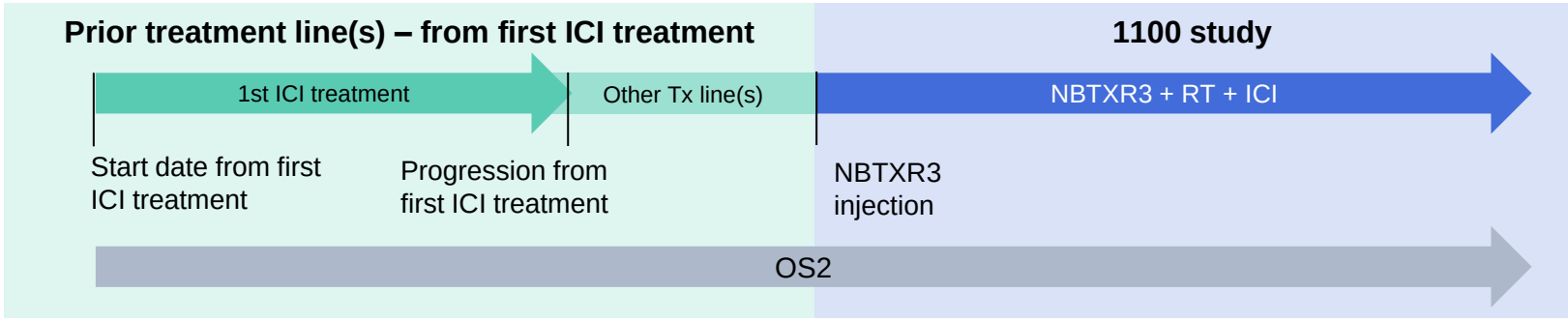
Overall Survival 2 (OS2)

From first ICI treatment

ICI resistant
All treated HNSCC patients

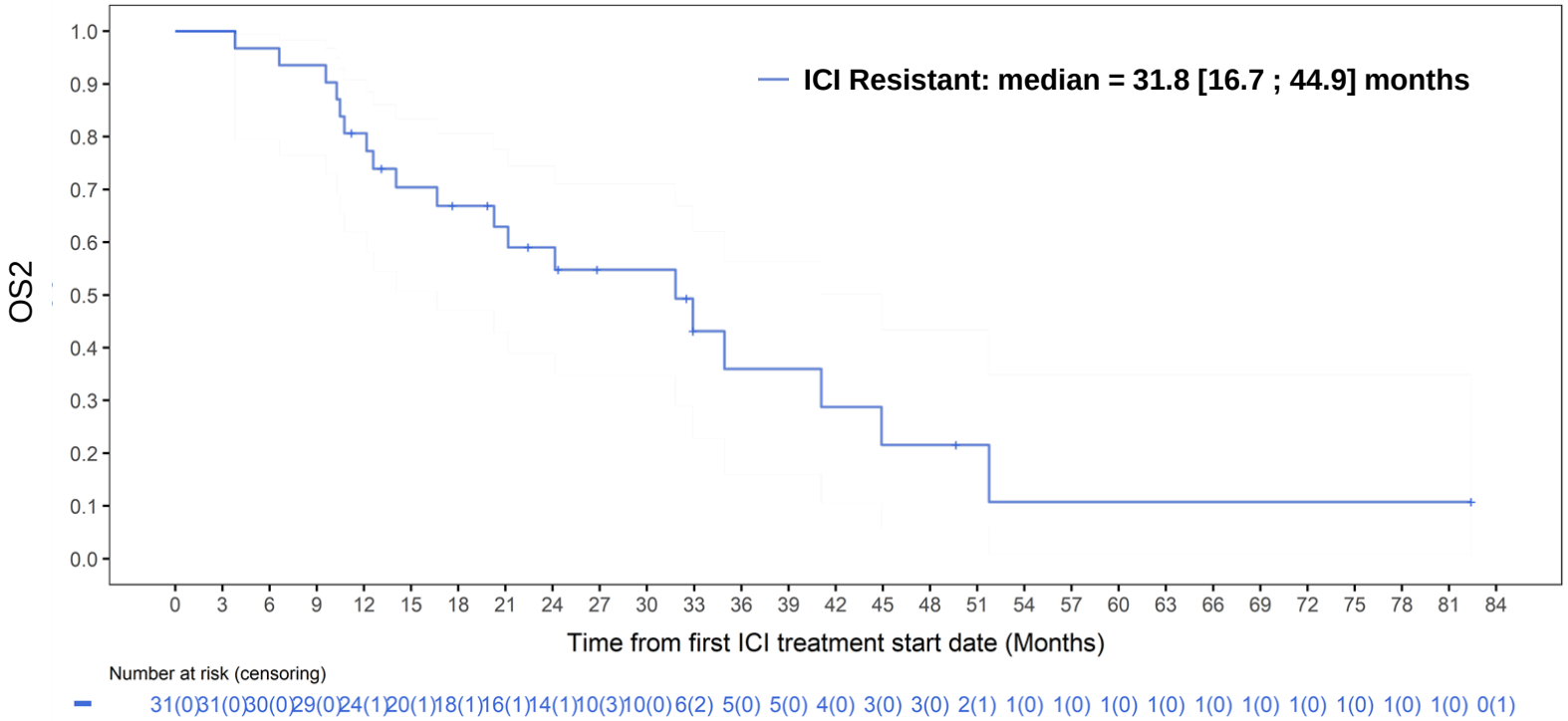
Cut-off: 17 April 2024
N=31*

**4 patients have missing data for prior treatment*



OS2: Overall Survival From First ICI Treatment Start Date

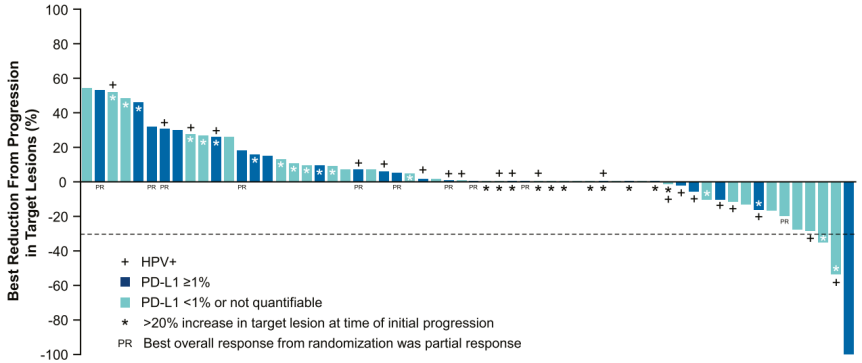
*All treated population (N=31)**

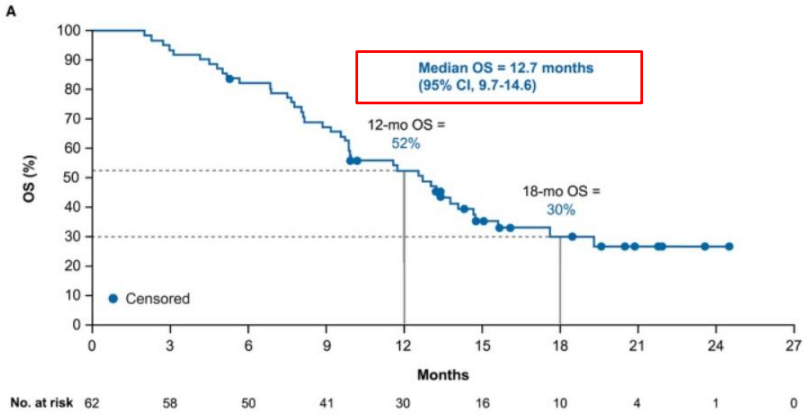


R/M HNSCC Immune Checkpoint Inhibitor Refractory Populations

CheckMate 141 – Nivolumab Trial[1]

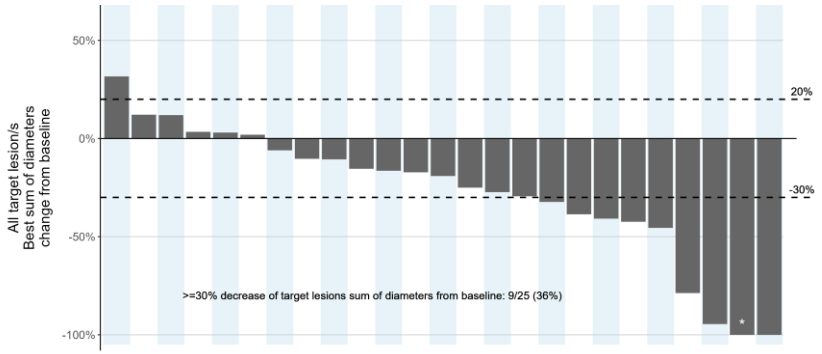
Anti-PD-1 treatment beyond progression

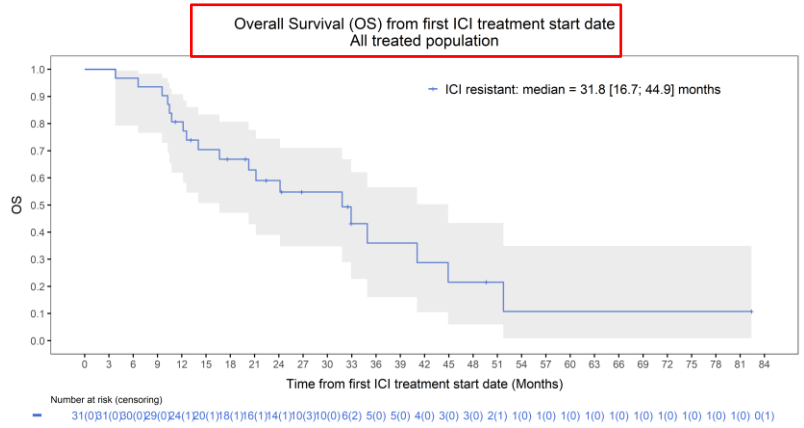




Study 1100 – ICI Resistant Patients

RT+NBTXR3 and anti-PD-1 treatment beyond progression





1. Haddad et al, ESMO, 2017

Response and Survival Results for Study 1100 and Reference Studies Keynote-048 TBP and Checkmate-141 TBP in ICI Resistant Patients

	1100 Study – Refractory to Anti-PD-1		Post-Checkmate-141	Keynote 048 Post-Progression – *patients TBP with pembro and continued treatment*
	All treated: N=35 Evaluable for efficacy: N=25		TBP – N=62	N=112
Response	***All target*** *(N=25)* *36%*	***ORR*** *(N=25)* *28,0%*	***All target:*** 5%	***All target*** 8.9%
PFS	4.2 [3.0 ; 5.7] months* *(N=35)*		-	-
OS	7.8 [5.7 ; 16.4] months* *(N=35)*		-	-
OS2	31.8 *(N=31)***		12.7	-

** Ongoing trial – PFS and OS expected to mature with new data coming in*

***4 refractory pts have missing data related to their prior IO treatment*

Study 1100 Results Warrant Further Exploration in Randomized Trials for Both ICI Naïve and Resistant Patients with HNSCC

Feasible and safe with no unexpected findings

- NBTXR3 intra-tumoral injection **was feasible and safe** in heavily pretreated patients with R/M HNSCC
- **Less than 10% of Grade ≥ 3 serious TEAEs** related to radiotherapy, injection procedure, anti-PD-1 or NBTXR3
- No specific or unexpected adverse event emerging

High response rate with metastatic patients (naïve or refractory to anti-PD-1) suggests systemic control of NBTXR3

	ICI Naïve patients	ICI Resistant patients
ORR	***48% (12/25)***	28% (7/25)
DCR	76% (19/25)	68% (17/25)
mPFS	7.3 months	4.2 months
mOS	26.2 months	7.8 months
mOS from first ICI treatment	--	31.8 months

Q&A

THANK YOU