



Corporate Presentation

September 2019

A LEADING GENE THERAPY BIOTECHNOLOGY COMPANY

GENSIGHT-BIOLOGICS.COM

Disclaimer

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Corporate Overview

Clinical-stage gene therapy company

- Focused on severe retinal degenerative pathologies leading to blindness as well as CNS diseases
- Well positioned to advance disruptive gene therapy technologies in ophthalmology to commercialization

Two disruptive technology platforms

- Mitochondrial targeting sequence (MTS)
- Optogenetics

Lead projects target:

- GS010 - Leber Hereditary Optic Neuropathy (Phase III)
- GS030 - Retinitis pigmentosa and dry-AMD (Phase I/II)

Listed on Euronext Paris (SIGHT)

- Established in 2012, IPO in July 2016 (EUR45m)
- GenSight Biologics Inc incorporated in the US in May 2017



Executive Team



Bernard Gilly
Chief Executive Officer

PIXIUM VISION (Since 2011)
Chairman of the Board, Founder

FOVEA PHARMA (2005-2009)
Chairman & CEO – sold to Sanofi

SOFINNOVA PARTNERS (2000-2005)
Managing Partner

TRANSGENE (1992-2000)
Chairman & CEO

Ph.D. in biology and bio-economics



Thomas Gidoïn
Chief Financial Officer

DBV TECHNOLOGIES (2012-2015)
VP of Finance

IPSEN (2008-2011)
UK Operations Controller (London)
Senior Financial Analyst (Paris)

ERNST & YOUNG (2007-2008)
Auditor



Barrett Katz
Chief Medical Officer

MONTEFIORE MED CENTER & A. EINSTEIN COLLEGE OF MEDICINE, NY, USA (2011-2017)
Prof. of Ophthalmology, Neurology and Neurosurgery

DANUBE PHARMA (2009-2011)
CEO

FOVEA PHARMA (2007-2009)
CMO

EYETECH (2005-2007)
VP of Medical Affairs and Strategy
MD, Board-certified ophthalmologist & neurologist

Our target: degenerative retinal diseases with underlying genetic causes

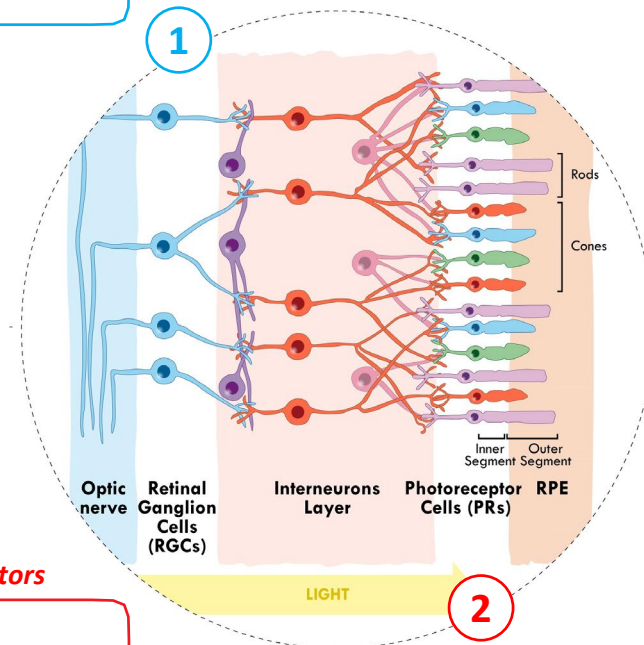
LEBER HEREDITARY OPTIC NEUROPATHY (LHON)

1. Degeneration of RGCs

Genetic mutations
Aging

2. Degeneration of photoreceptors

RETINITIS PIGMENTOSA (RP)
GEOGRAPHIC ATROPHY
(Late stage form of Age-Related Macular Degeneration - AMD)



✓ **Unmet need: high**

- Inexorable progression to blindness for most patients
- No approved treatments*

✓ **The eye: an ideal laboratory**

- Immune-privileged, closed system
- Intravitreal injections to introduce of genetic material close to target cells
- Slow turnover of retinal cells support long-term expression of transduced genes

✓ **AAV: proven vector for gene therapy**

- Proven safety and proof of effect in humans
- Efficient transduction of retinal cells
- No need to screen patients for Nab before treatment
- Validated manufacturing process

Pipeline: solid and advanced product portfolio in ophthalmic gene therapy

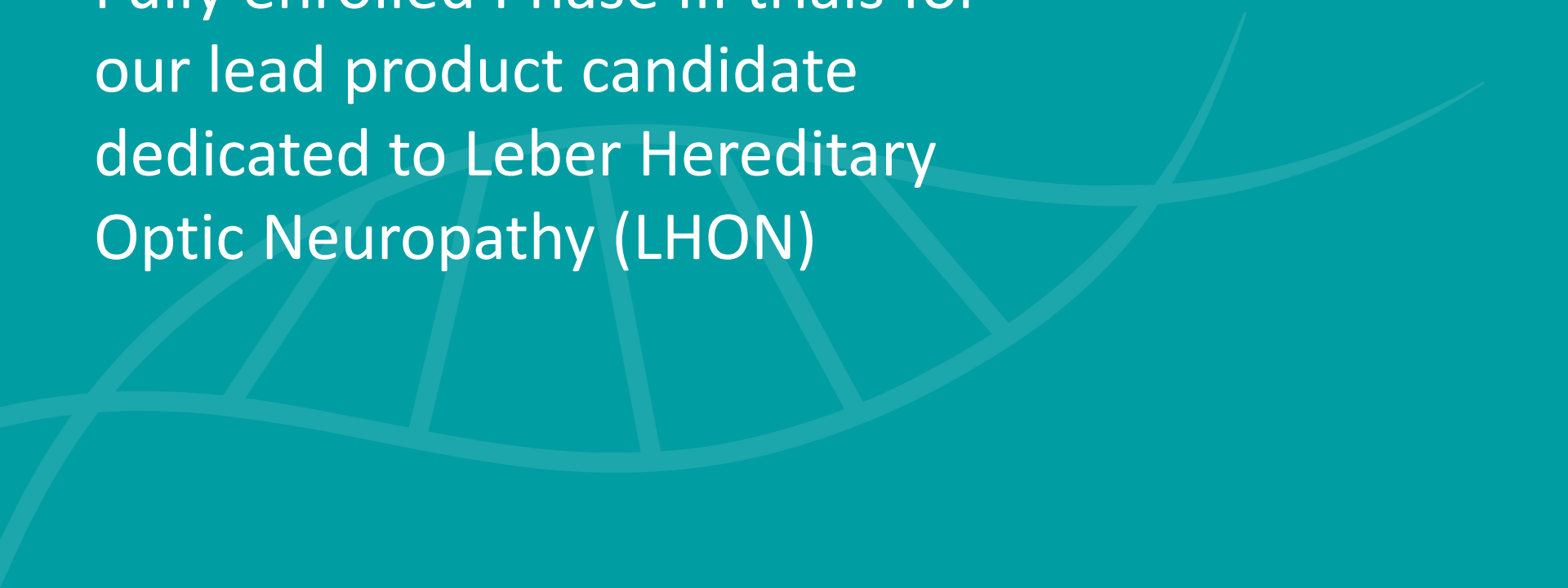
Technology	Product Candidate	Indication	Research	Preclinical	Phase I/II	Phase III	Registration	Next Expected Events	
MTS platform	GS010 (FDA & EMA Orphan Drug Designation)	LHON ND4	●—————→						REVERSE: Phase III top-line data reported in Apr (48w) & Oct (72w) 2018 and in May 2019 (96w) RESCUE: Phase III top-line data reported in Feb (48w), Apr (72w) and Sep (96w) 2019 REFLECT*: Phase III recruitment completed in July 2019, top-line data expected in Q3 2020
	GS011	LHON ND1	●————→					Initiate preclinical studies following GS010 Phase III clinical data	
	Undisclosed Mitochondrial Target	Undisclosed	●————→						
Optogenetics	GS030 (FDA & EMA Orphan Drug Designation)	RP	●————→						PIONEER: Second cohort ongoing in PIONEER Phase I/II clinical trial. Report interim data one year after last subject treated
	GS030	Dry AMD & Geographic Atrophy	●————→						

*Conducting this trial under a special protocol assessment with the FDA

Lead candidate, GS010, is expected to file for MAA in Europe in the coming year

GS010

Fully enrolled Phase III trials for
our lead product candidate
dedicated to Leber Hereditary
Optic Neuropathy (LHON)



GS010 aim: treat LHON, the most common mitochondrial disease causing bilateral blindness in the prime of life

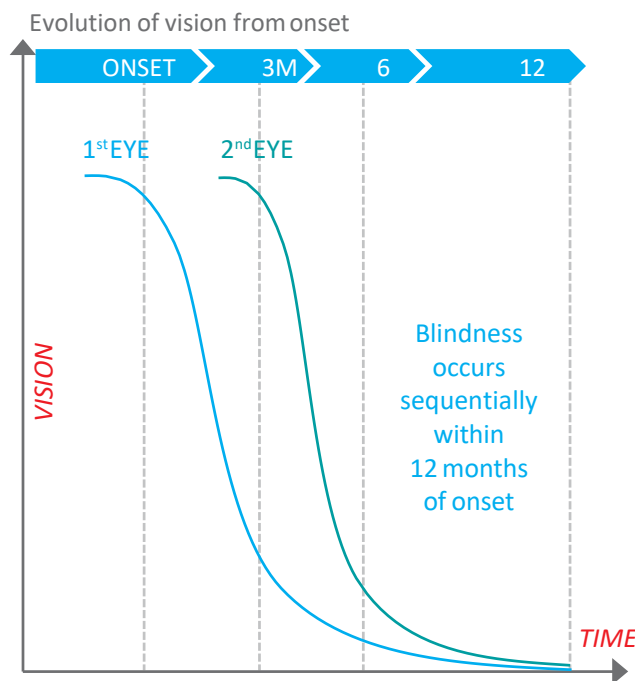


Image source: illustrated from Newamn NJ et al., Am J Ophthalmom. 141(6), 1061-1067,2006

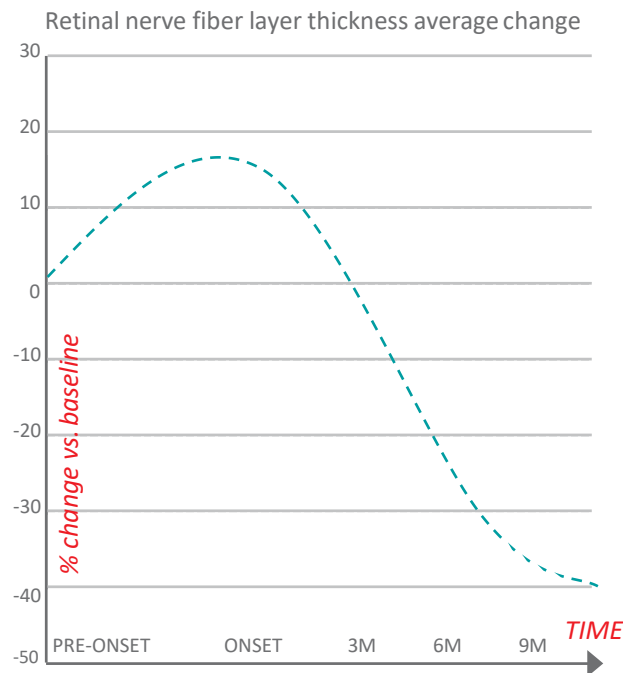


Image source: illustrated from Barboni et al Natural History of Leber's Hereditary Optic Neuropathy: An OCT Study

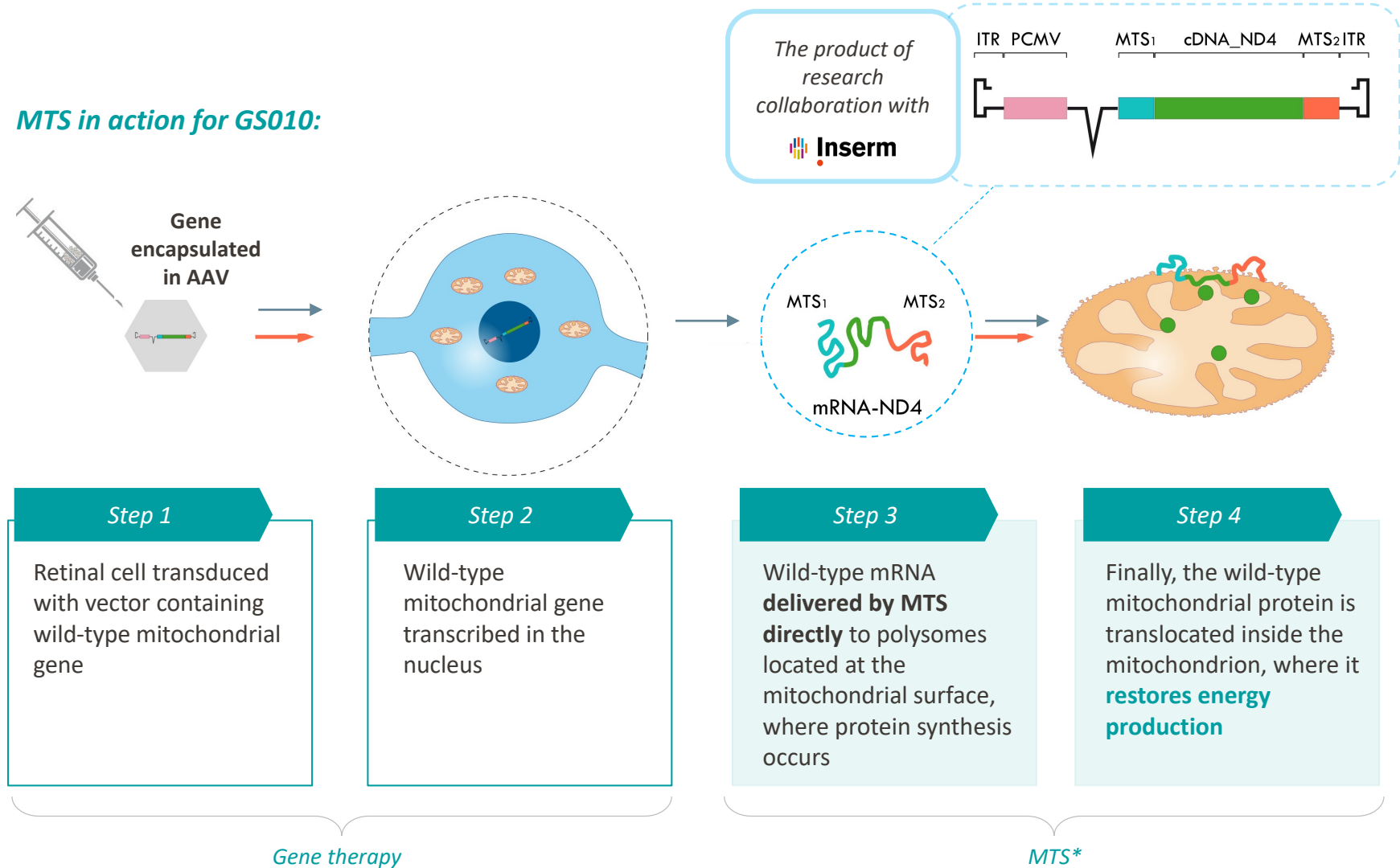


Incidence	0.15/100,000
Prevalence	1/31k-40k
Blindness	15-35y

- **Orphan maternally inherited mitochondrial disease**
- **Painless sudden loss of central vision** in the 1st eye with 2nd eye sequentially impaired: **symmetric disease with poor visual recovery**
- **Thinning of the Ganglion Cell Layer** occurs after the onset of vision loss and stabilizes at approximately 6 months
- **97%** of patients have bilateral involvement < 1 year / 25% of cases are simultaneous
- **Targets ND4** which accounts for ~75% of LHON in North America & Europe

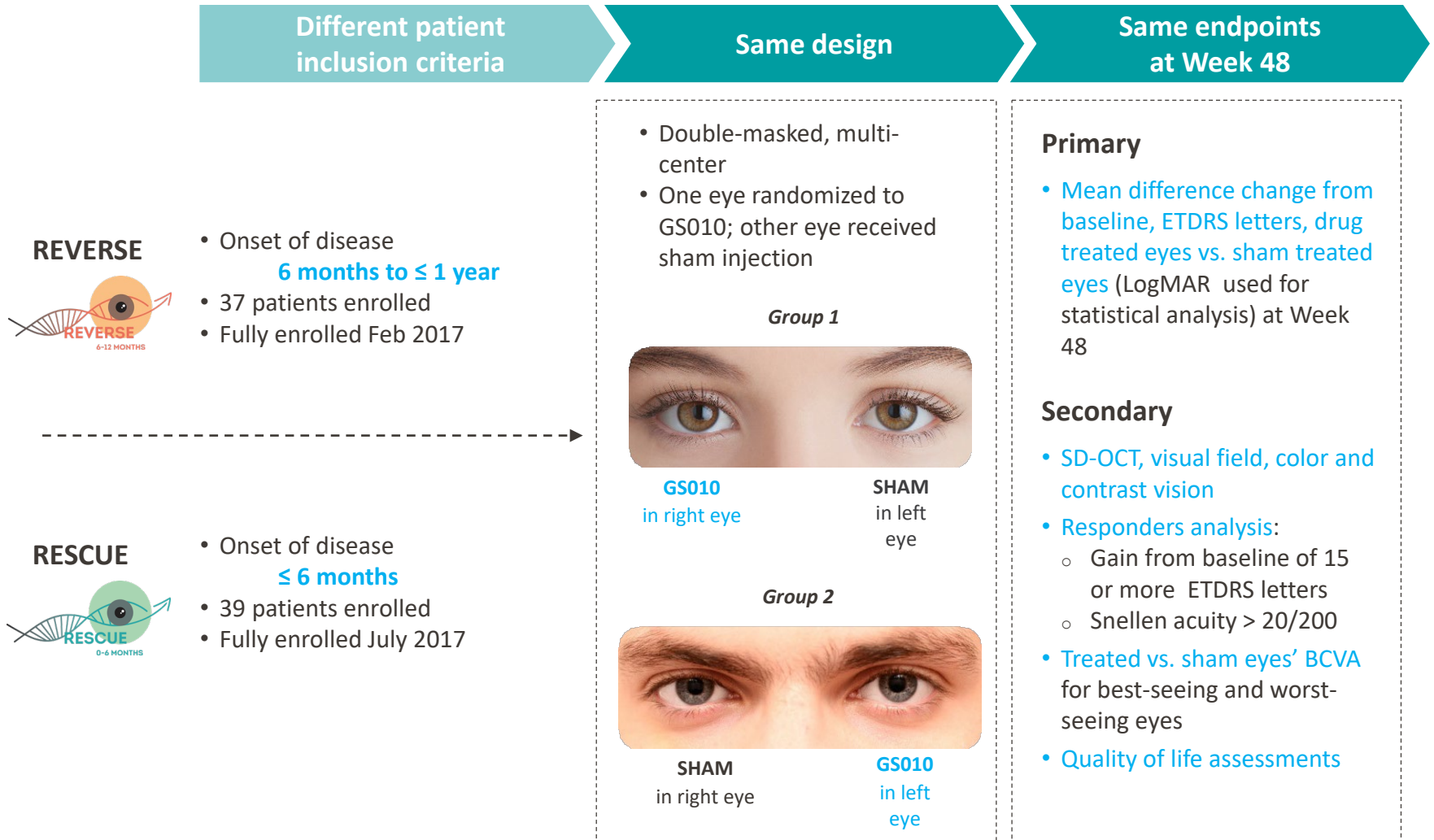
Solution: Gene therapy to produce working mRNA, with *MTS* technology* to shuttle mRNA directly to affected mitochondria

MTS in action for GS010:



RESCUE & REVERSE Phase III trials

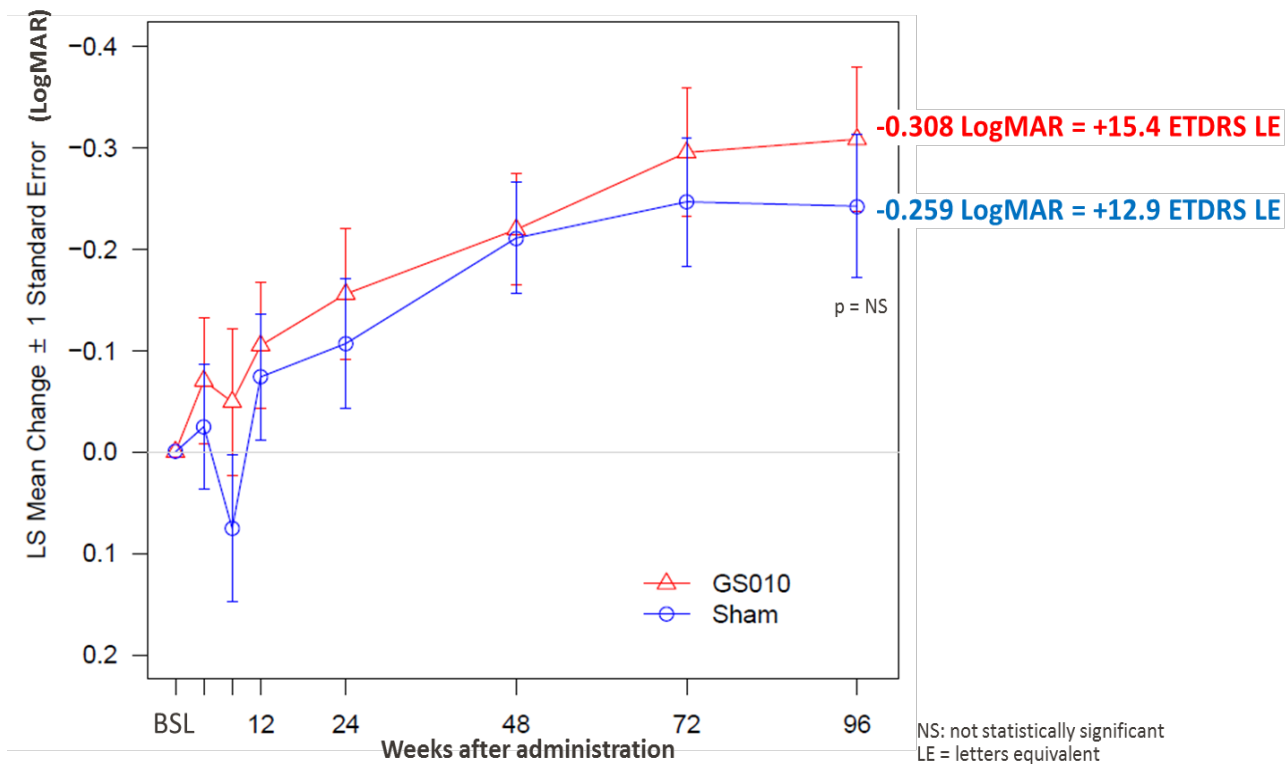
Time-based strategy to assess GS010 efficacy



Source: Company

Visual Acuity: REVERSE 96-week

Visual Acuity bilaterally improved by +15 and +13 ETDRS letters equivalent from baseline to Week 96 in GS010- and sham-treated eyes, respectively, sustaining the gain at Week 72

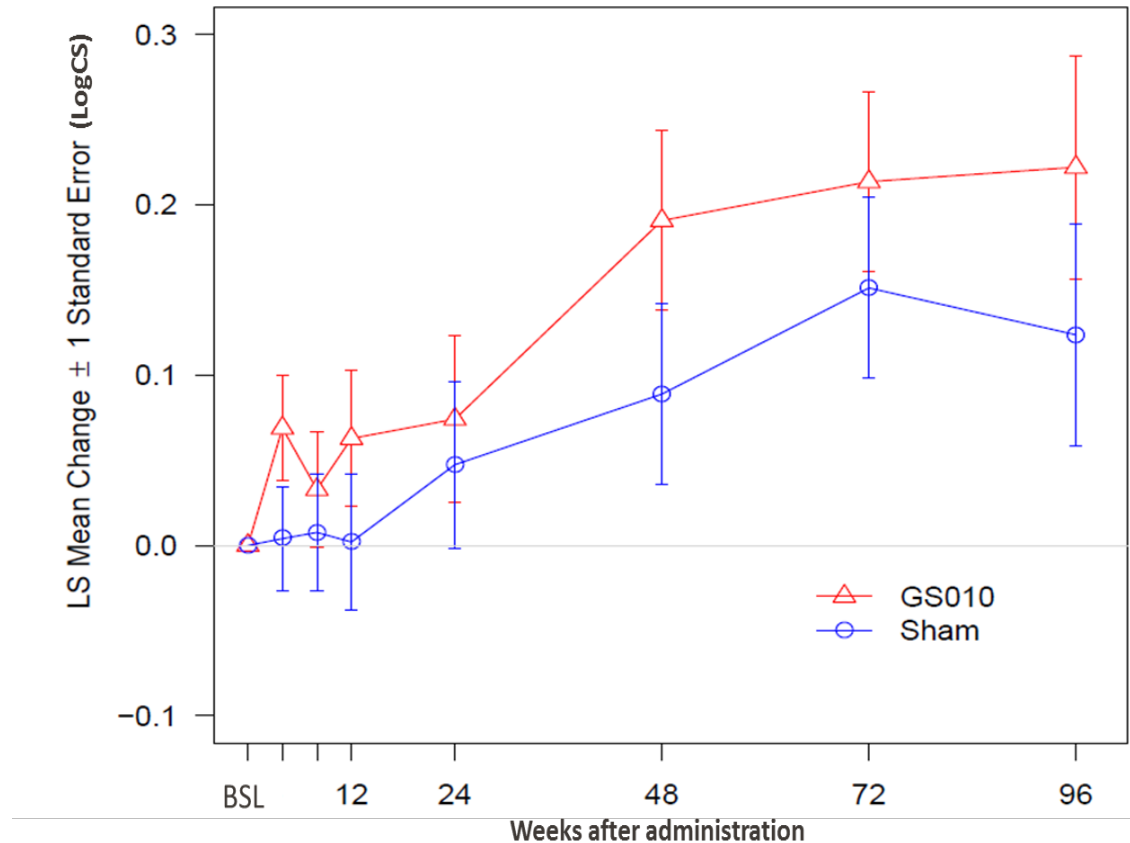


Mean visual acuity (BCVA) among GS010-treated eyes and sham-treated eyes evolved with similar trajectories, worsening to a post-treatment low point, or nadir, before recovering at Week 96 by +28 and +23 ETDRS letters equivalent, respectively

Contrast Sensitivity: REVERSE 96-week



Like BCVA, contrast sensitivity (Pelli-Robson) showed a bilateral trend, improving from baseline to Week 96 in both GS010-treated and sham eyes



Mean contrast sensitivity for GS010-treated eyes showed a more robust improvement versus baseline over the course of the trial comparing to sham-treated eyes

Responder Analysis: REVERSE 96-week



- **65% of GS010-treated and 46% of sham-treated eyes** achieved a clinically meaningful BCVA improvement from baseline (-0.2 LogMAR or +10 ETDRS letters) at Week 96
($p = 0.0348$, statistically significant difference)
- Based on a generalized estimating equation (GEE) model, GS010-treated eyes were 3.6 times more likely to be above the legal threshold of blindness of 20/200 than sham-treated eyes
($p = 0.0032$, statistically significant difference)

“It is encouraging that GS010-treated eyes were nearly four times more likely to achieve vision better than 20/200 compared with sham eyes. The next step, which is to analyze individual longitudinal data on the visual parameters for each subject recruited into REVERSE, should further clarify the therapeutic benefit of GS010 in 11778-ND4 LHON.”

Dr. Patrick Yu-Wai-Man

Senior Lecturer and Honorary Consultant Ophthalmologist at the University of Cambridge; Moorfields Eye Hospital, London; and the UCL Institute of Ophthalmology, London, UK

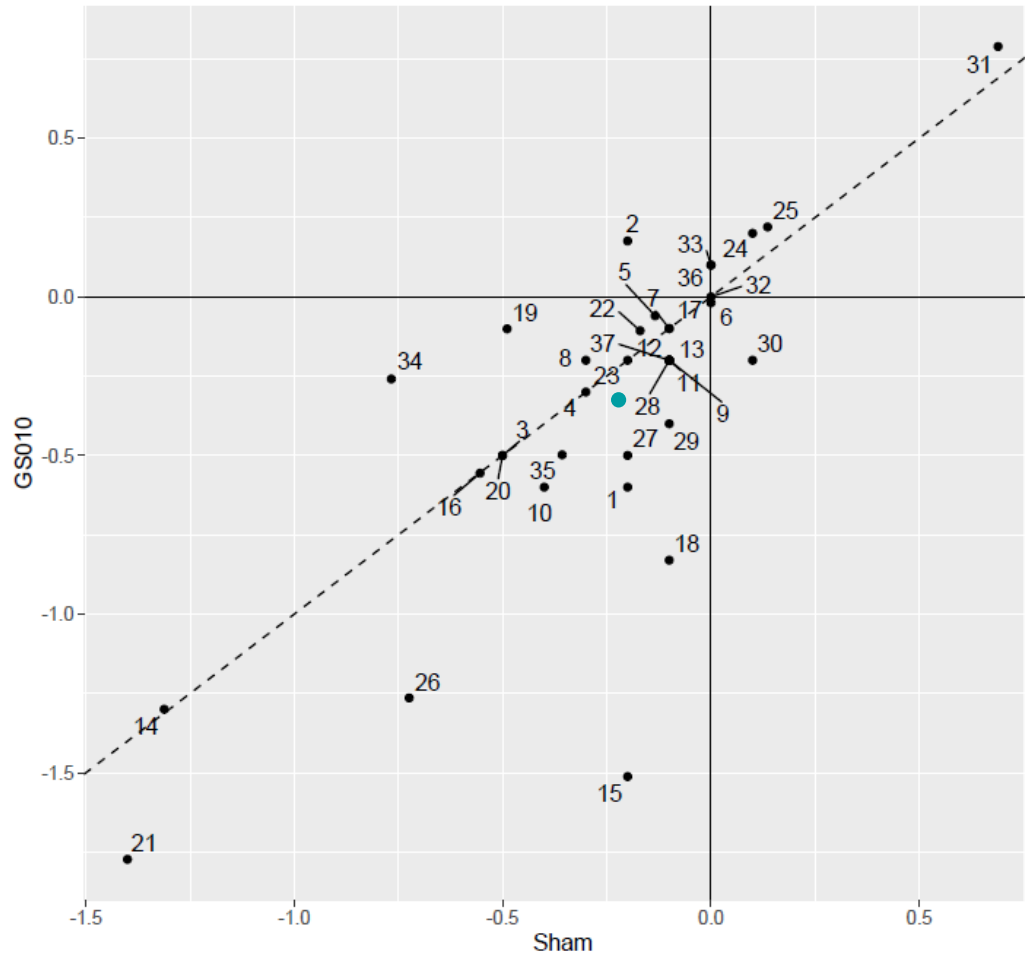
Bilateral improvements in visual function, though more prominent in GS010-treated eyes

Responder Analysis: Subjects Mapping in REVERSE at 96 weeks



Visual Acuity Change of Sham eyes was correlated with that of GS010 eyes in most REVERSE subjects
Subjects are well concentrated around the mean

REVERSE – Scatterplot of Change from Baseline at Week 96
Pearson Corr Coeff = 0.776; $p = 1.677 \times 10^{-8}$ / Spearman Corr Coeff = 0.727; $p = 3.492 \times 10^{-7}$



- LS Mean in LogMAR (SE)
GS010 = -0.294 (0.063)
Sham = -0.246 (0.063)

Natural History: REVERSE 96-week



Comparison to natural history based on a study by Santhera⁽¹⁾

- In a **natural history study** conducted by Santhera⁽¹⁾, **15% of subjects** with the ND4 (11778A) mutation achieved the following definition of “clinically relevant recovery” (CRR) from baseline in at least one eye:
 - » Improved by at least 10 ETDRS letters from their on-chart visual acuity, or
 - » Improved from an off-chart level of visual acuity to being able to read at least 5 ETDRS letters (on-chart)

By comparison ...

- **68% of REVERSE subjects** achieved this definition of CRR at Week 96, with GS010-treated eyes significantly more likely to achieve this than sham-treated eyes (62% vs. 43%, $p = 0.0348$, statistically significant difference).

“The data show that both the treated and the sham eye improved in both high and low contrast, defying the accepted natural history of this disease and improving upon it, based upon the clinical experiences of generations of neuro-ophthalmologists.”

Dr. Robert C. Sergott

Director, Wills Eye Hospital, Neuro-Ophthalmology and Director, William H. Annesley, Jr, EyeBrain Center, Thomas Jefferson University, Philadelphia, PA

REVERSE subjects experienced a significantly higher rate of “clinically relevant recovery” than natural history

(1) Magda et al (2019), “Natural History of Leber’s Hereditary Optic Neuropathy (LHON): Findings from a Large Patient Cohort”, Poster presented at NANOS March 16-21, 2019; Poster Session II: Scientific Advancements; Poster: 163

Quality of Life: REVERSE 96-week



Sustained Quality of Life improvement

- Composite score and relevant sub-scores in the National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25) showed **sustained improvements versus baseline at Week 48, Week 72 and Week 96**
- **Magnitudes of mean score improvement** observed with GS010 **correlate with clinically meaningful improvements** in best-corrected visual acuity (BCVA)

NEI VFQ-25 Results from REVERSE

Mean change from baseline (absolute score and percent)

	Composite Score**	Near Activities	Distance Activities	Dependency	Role Difficulties	General Vision	Mental Health
Week 48	+7.2 +23.2%	+10.4 +65.1%	+9.6 +49.8%	+12.4 +100.6%	+14.5 +65.0%	+10.3 +50.9%	+11.2 +81.9%
Week 72	+8.1 +25.2%	+9.5 +58.1%	+8.2 +42.5%	+18.9 +130.2%	+15.2 +70.9%	+11.9 +54.1%	+15.2 +105.6%
Week 96	+9.5 +28.8%	+13.3 +78.1%	+10.7 +47.4%	+18.5 130.2%	+15.9 +78.9%	+6.5 +32.4%	+16.1 +108.2%
Clinically relevant difference*	+3.90 to +4.34	+4.67 to +6.06	+5.15 to +5.38	+4.72 to +4.98	+3.31 to +4.70	+4.38 to +4.82	+4.70 to +4.88

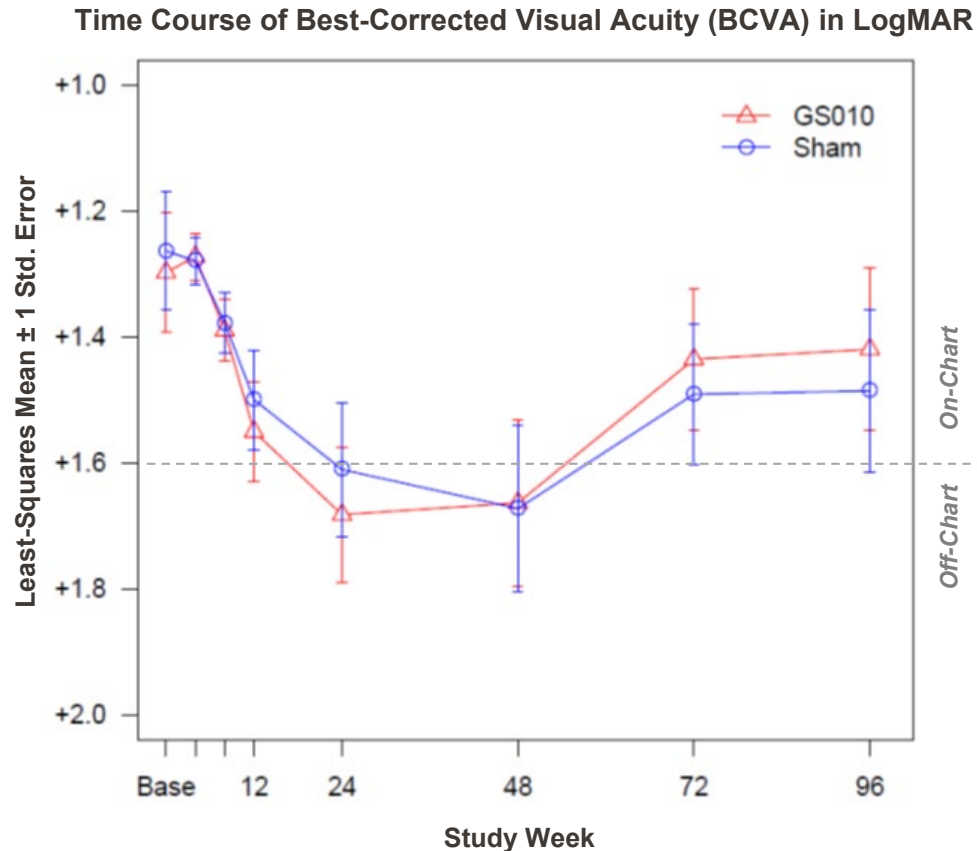
*Suñer *et al.* (2009): clinically relevant score differences based on a clinically significant 15-letter BCVA improvement at 12 months.

**The composite score is an average of the vision-targeted sub-scale scores, excluding the general health rating question.

Visual Acuity: RESCUE 96-week



Visual Acuity bilaterally improved by +25 and +22 ETDRS letters from nadir to week 96 in GS010- and sham-treated eyes, respectively. Mean visual acuity has transitioned from off-chart to on-chart.



Mean visual acuity (BCVA) among GS010-treated eyes and sham-treated eyes evolved with similar trajectories, worsening to a lowest point, or nadir, before significantly improving to week 96 – coherent with REVERSE

Responder Analysis: RESCUE 96-week



Responder analysis of visual acuity

- **71% of GS010-treated and 61% of sham-treated eyes** achieved a clinically meaningful BCVA improvement from nadir (-0.2 LogMAR or +10 ETDRS letters) at Week 96
- **61% of GS010-treated and 50% of sham-treated eyes** achieved a clinically meaningful BCVA improvement from nadir (-0.3 LogMAR or +15 ETDRS letters) at Week 96
- Based on a generalized estimating estimation (GEE) model, GS010-treated eyes were 2.3 times more likely to be above the legal threshold of blindness of 20/200 than sham-treated eyes

“The results from the RESCUE study are encouraging and convincing, particularly because we are seeing a similar pattern to the REVERSE study results.”

Dr. Mark L. Moster

Neuro-Ophthalmology, Wills Eye Hospital, Professor of Neurology and Ophthalmology at Thomas Jefferson University, Philadelphia, PA, and Principal Investigator in the RESCUE and REVERSE trials

Bilateral improvements in visual function corroborate previously observed parallel evolution of GS010- and sham-treated eyes in both RESCUE and REVERSE trials

Natural History: RESCUE 96-week



Comparison to LHON Natural History

- In a natural history study conducted by Santhera⁽¹⁾, **28% of subjects** with the ND4 (11778A) mutation achieved the following definition of “clinically relevant recovery” (CRR) from nadir in at least one eye:
 - » Improved by at least 10 ETDRS letters from their visual acuity, or
 - » Improved from an off-chart level of visual acuity to being able to read at least 5 ETDRS letters
- **58% of RESCUE subjects** achieved this definition of CRR at Week 96, with GS010-treated eyes as likely to achieve this as sham-treated eyes (58% vs. 45%, $p = 0.0956$).

“Patients in RESCUE were treated before the nadir so, as expected, they continued to worsen early on. But then from week 48 until week 96 they experienced a recovery from the nadir. That is much better than the natural history in any prior studies.”

Dr. Mark L. Moster


Neuro-Ophthalmology, Wills Eye Hospital, Professor of Neurology and Ophthalmology at Thomas Jefferson University, Philadelphia, PA, and Principal Investigator in the RESCUE and REVERSE trials

Bilateral improvements in visual function corroborate previously observed parallel evolution of GS010- and sham-treated eyes in both RESCUE and REVERSE trials


Visual Acuity: Improvement from Baseline

REVERSE: Continuous bilateral improvement of Visual Acuity up to Week 96

RESCUE: Worsening VA compared to baseline reflects brutal progression of LHON



LS Mean (SE) ^a	Change from BASELINE					
	Week 72			Week 96		
	n	LogMAR	ETDRS Letters Equivalent	n	LogMAR	ETDRS Letters Equivalent
GS010 Eyes	37	-0.294 (0.063)	+15	37	-0.308 (0.068)	+15
Sham Eyes	37	-0.246 (0.063)	+12	37	-0.259 (0.068)	+13



LS Mean (SE) ^a	Change from BASELINE					
	Week 72			Week 96		
	n	LogMAR	ETDRS Letters Equivalent	n	LogMAR	ETDRS Letters Equivalent
GS010 Eyes	34	+0.192 (0.104)	-10	34	+0.178 (0.120)	-9
Sham Eyes	33	+0.216 (0.104)	-11	33	+0.207 (0.120)	-10

^a Efficacy Endpoint was assessed using a mixed model of analysis of covariance (ANCOVA), with change from baseline at week of interest as the response, and subject, eyes of the subject as random factor, treatment and the baseline LogMAR value as covariates.

Visual Acuity: Recovery from Nadir

Visual Acuity deteriorates to a low point before recovering significantly in both eyes



Mean (SD) ^b	Change from NADIR ^a					
	Week 72			Week 96		
	n	LogMAR	ETDRS Letters Equivalent	n	LogMAR	ETDRS Letters Equivalent
GS010 Eyes	37	-0.548 (0.435)	+27	37	-0.561 (0.439)	+28
Sham Eyes	37	-0.451 (0.509)	+23	37	-0.463 (0.489)	+23



Mean (SD) ^b	Change from NADIR ^a					
	Week 72			Week 96		
	n	LogMAR	ETDRS Letters Equivalent	n	LogMAR	ETDRS Letters Equivalent
GS010 Eyes	34	-0.413 (0.527)	+21	34	-0.498 (0.075)	+25
Sham Eyes	33	-0.435 (0.501)	+22	34	-0.446 (0.075)	+22

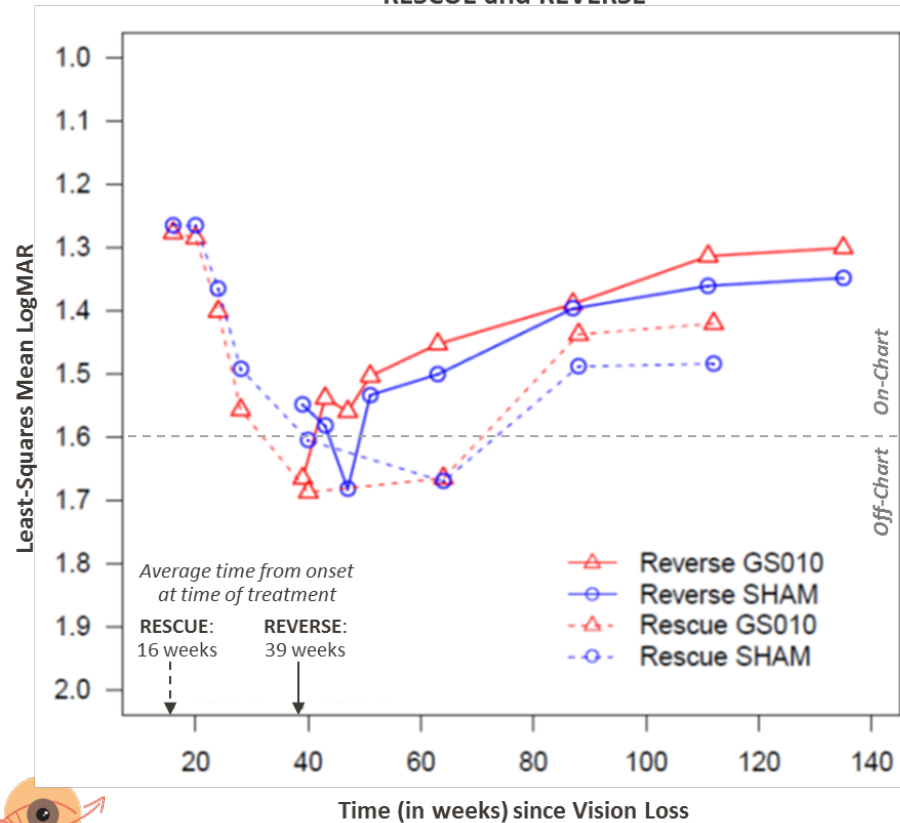
^a NADIR: Nadir was defined as the **lowest post-baseline Visual Acuity** value up to Week of interest. LP/NLP vision was not included in the analysis.

^b Mean change from nadir was calculated using observed values (no data were imputed).

Visual Acuity: Time Course in LogMAR values in RESCUE and REVERSE

RESCUE and REVERSE show coherent pattern of meaningful and durable bilateral visual recovery from nadir

Time Course of Best-Corrected Visual Acuity (BCVA) in LogMAR, RESCUE and REVERSE



LogMAR All eyes Baseline	GS010	Sham	All
	1.67 (0.50)	1.55 (0.42)	1.61 (0.46)

LogMAR All eyes Baseline	GS010	Sham	All
	1.31 (0.52)	1.27 (0.62)	1.29 (0.57)

Safety: REVERSE & RESCUE

Favorable safety and tolerability profile



- No serious adverse events in GS010-treated eyes
- No discontinuation in the trial
- Most common ocular AEs were considered related to injection procedure, except for intraocular inflammation (accompanied by elevated intraocular pressure in some patients)
- Such episodes were without sequelae and responded to conventional treatment

GS010 was well-tolerated through 96 weeks after injection

Efficacy key findings: REVERSE & RESCUE



REVERSE: 96-Week Follow-Up

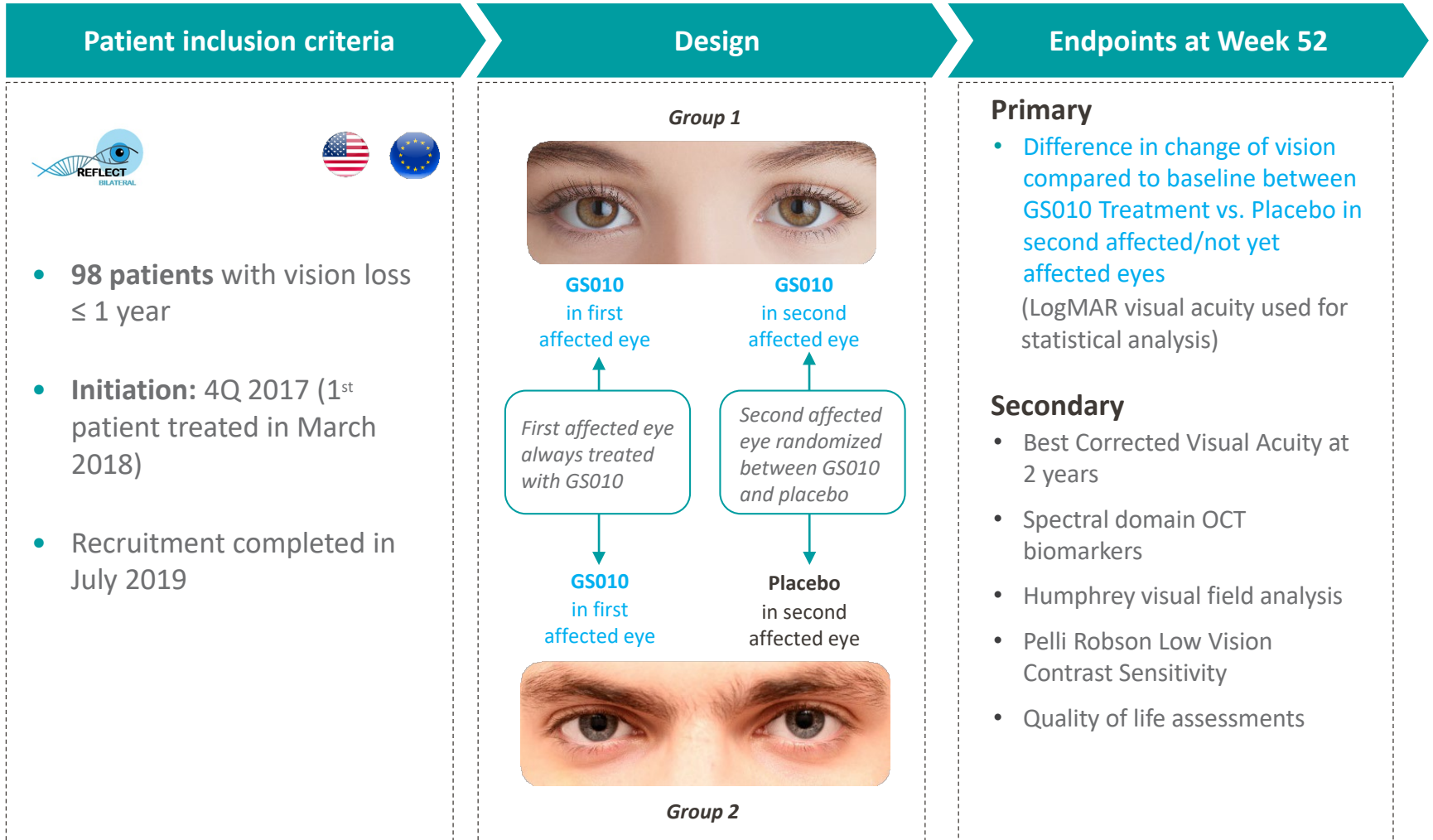
- **Sustained bilateral improvement in visual acuity (BCVA) at Week 96**
 - Versus baseline: **+15 ETDRS letters** equivalent in GS010 eyes and +13 ETDRS letters equivalent in sham eyes
 - Versus nadir: **+28 ETDRS letters** equivalent in GS010 eyes and +23 ETDRS letters equivalent in sham eyes
- **GS010-treated eyes achieved favorable treatment outcomes at higher rates** than sham eyes
 - Achieve BCVA gain of ≥ -0.2 LogMAR (+10 letters) versus baseline
 - GS010 eyes (65%) vs. sham-treated eyes (46%) - statistically significant difference
- 68% of REVERSE subjects attained **Clinically Relevant Recovery (CRR)** in at least one eye, compared to 15% in a natural history study
- Patients' **quality of life** scores continue to increase, especially in **ability to carry out vision-related activities**

RESCUE: 96-Week Follow-Up

- At Week 96, **clinically meaningful bilateral improvement from nadir** of BCVA by **+25 ETDRS letters equivalent** in GS010 eyes and **+22 ETDRS letters** in SHAM eyes, maintaining the recovery observed at Week 72
- Results **coherent with those of REVERSE: durable bilateral improvement** in vision, despite the intervening acute phase
 - Improvement more pronounced in GS010-treated eyes
- **58% of RESCUE subjects** attained Clinically Relevant Recovery (CRR) from nadir, compared to **28% in the natural history** of the disease
- Other key visual functions and biomarkers, such as **contrast sensitivity and visual field, stabilized** from Week 72 to Week 96

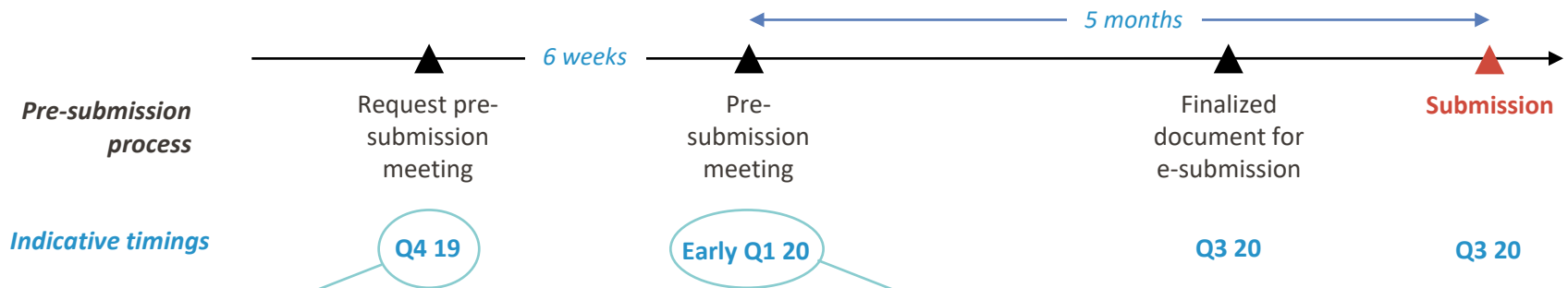
REFLECT Phase III trial: assess efficacy and safety of bilateral injection

Double-masked, confirmatory study under Special Protocol Assessment from FDA



Engagement with EMA

Preparing for submission



Topics to be prepared

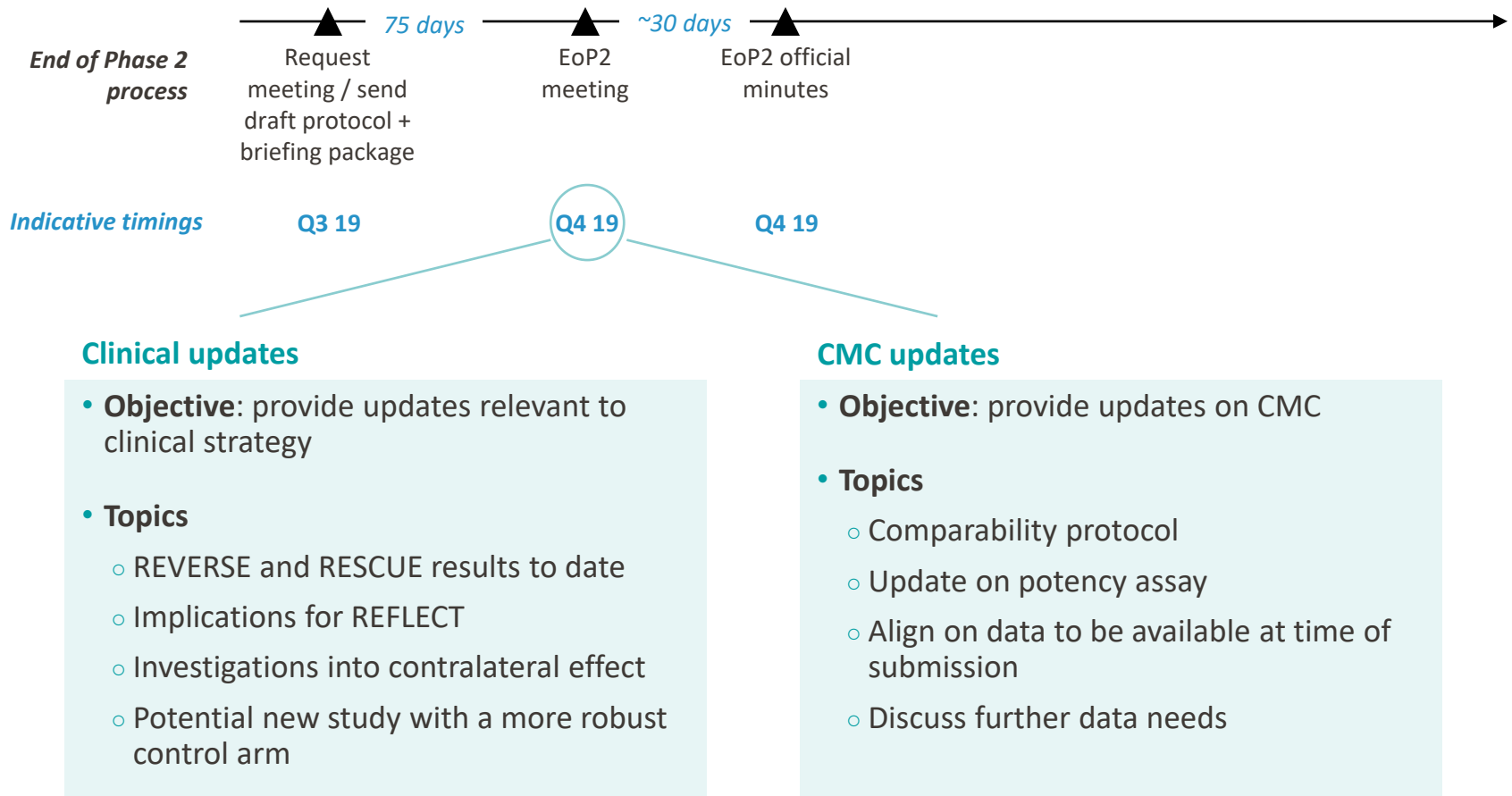
- Draft overviews for clinical, non-clinical and CMC data
- Draft SmPC, patient information leaflet, packaging
- Pediatric updates
- Information related to Conditional Marketing Authorisation and orphan market exclusivity
- Pharmacovigilance and other risk management aspects

Outcomes

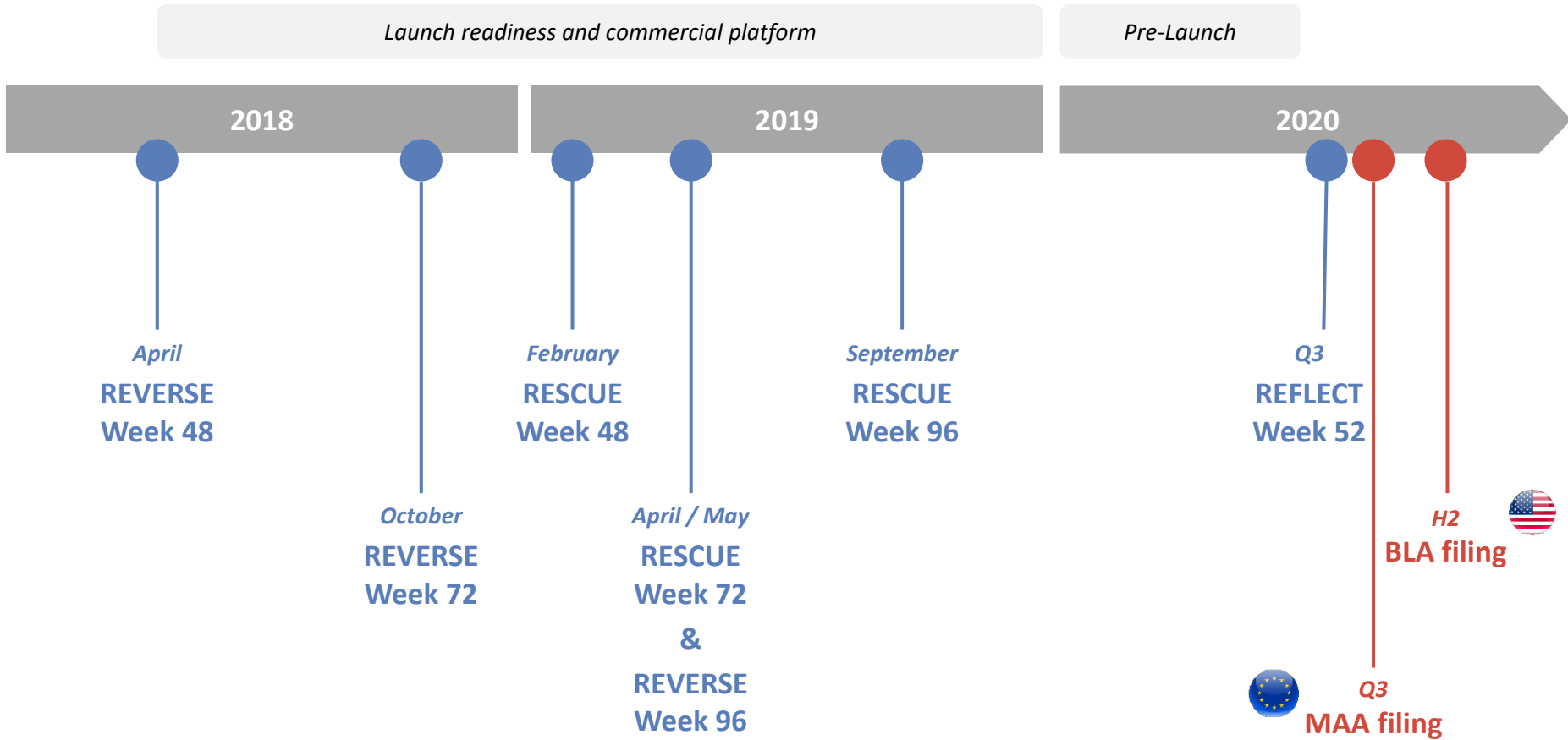
- Assigned rapporteur
- Administrative guidance for dossier

Engagement with FDA

Type B meeting to provide updates

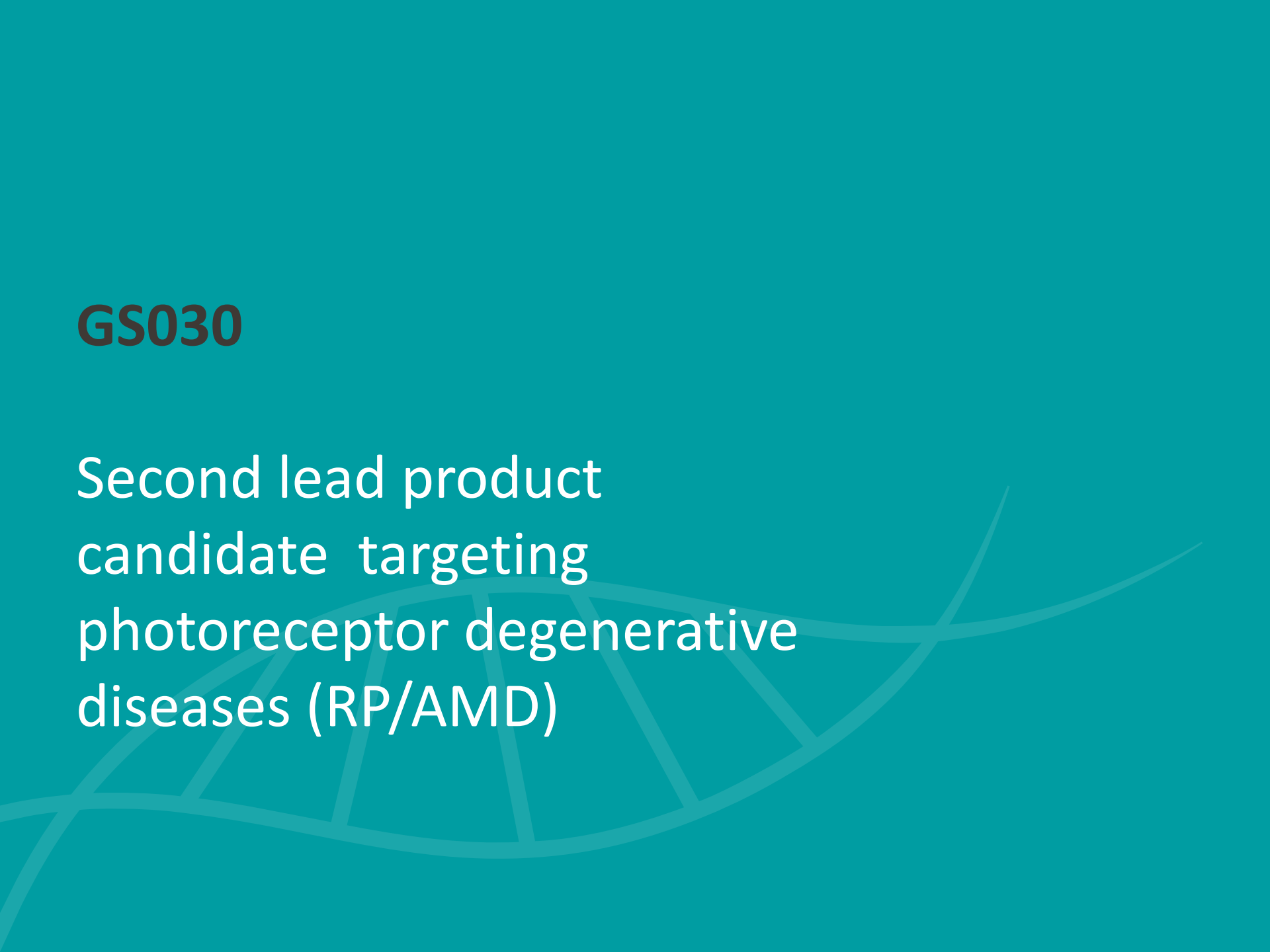


GS010 Path to Market



GS030

Second lead product
candidate targeting
photoreceptor degenerative
diseases (RP/AMD)



GS030 aim: treat degenerative diseases of photoreceptors that lead to blindness

Retinitis Pigmentosa



- Blinding genetic disease caused by mutations in over 100 different genes
- Sequential photoreceptor degeneration leads to slow & irreversible progression to blindness, usually at age 40-45
- 15-20,000 new patients each year in the US and EU

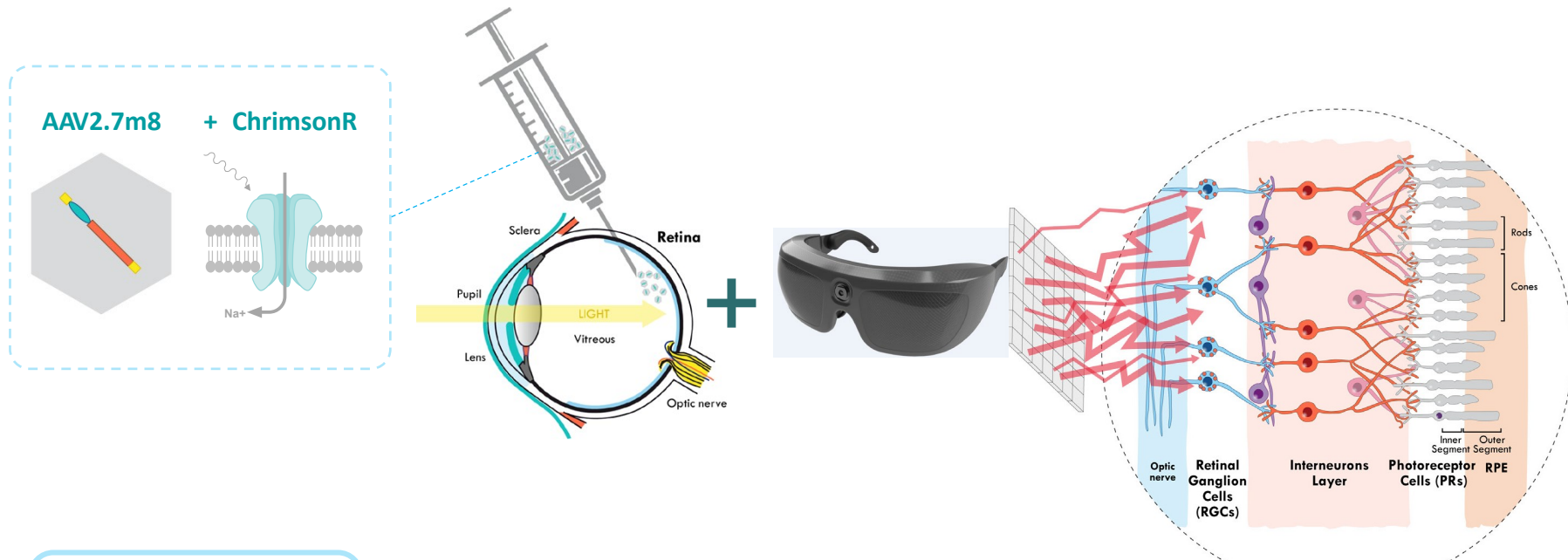


Geographic Atrophy (GA) in AMD (Age-Related Macular Degeneration)



- Early (dry-form) AMD evolves with age into late AMD, one of whose forms is GA
- AMD strikes 350-400,000 new patients a year, most of them at 55-60 years of age
- Prevalence of GA increases with age, from 3.5% among 75-year-olds to 22% among those over 90
- Late AMD patients with GA account for 10-20% of blind patients in their age group

Optogenetics using GS030: gene therapy-based approach to restore light sensitivity



The product of research collaboration with

MIT Massachusetts Institute of Technology
ADVERUM BIOTECHNOLOGIES
UPMC UNIVERSITY PULMONARY CENTER

Step 1

Gene therapy
transfer of the gene that encodes light-sensitive protein
Expression in retinal ganglion cells (RGCs)

Step 2

Stimulation with **optoelectronic device** to transform external light stimuli into signal that can activate the RGCs

Step 3

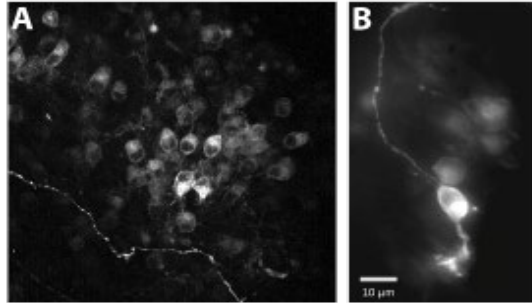
Retinal output sent to brain for image processing

GS030: activated RGCs provide visual information to the higher visual centers

Localization of light-sensitive protein in NHP retina

Expression of ChrR-tdT in midget cells of monkey perfovea

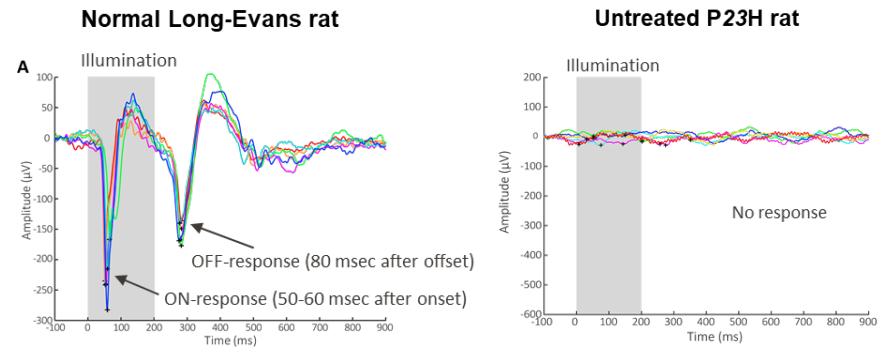
In vivo in NHP assessment 6 months after IVT injection



Restoration of a functional vision in P23H rats

Light-induced visual evoked cortical responses

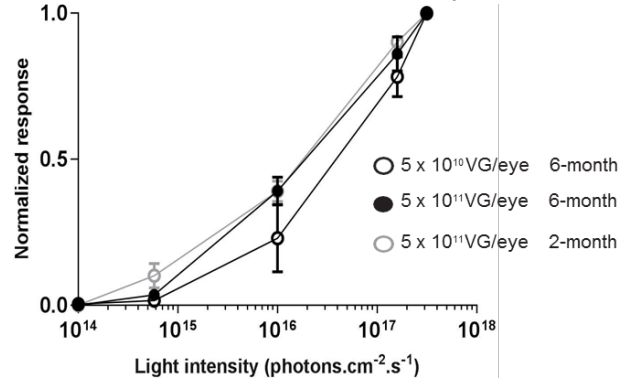
Full field 590 nm light from $\sim 4.7 \times 10^{15}$ to 1.1×10^{17} photons/cm²/sec



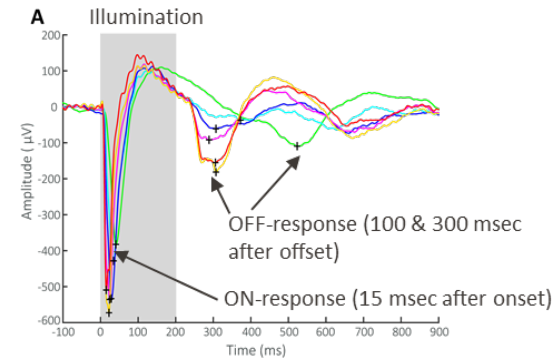
Dose-ranging response to firing relationship in NHP

Active dose range : 5×10^{10} and 5×10^{11} VG/eye

MEA assessment 6 months after IVT injection in NHP



GS030-treated P23H rat



GS030: well-tolerated and safe in pre-clinical studies

Toxicity study of GS030 product in non-human primates ($n=32$)

Bilateral IVT administration with vehicle vs 7.21×10^{10} VG/eye (low dose) vs 7.84×10^{11} VG/eye (high dose) in 100 μ L

Ophthalmology

- **Dose-dependent ocular inflammation** in the anterior segment and vitreous, improving/resolving from Month 2 up to Month 6
- **Not associated with any retinal tissue destruction** or functional changes
- **No or very slight residual inflammation** in all animals at 6 months (**self-resolution**, no treatment before or after injection)

Histology

- **Dose-dependent minimal mononuclear cell infiltration** in eye tissues
- **No histological findings in other tissues**

Immunogenicity (anti-AAV2 NAb)

- **Expected humoral immune response** in serum starting at Day 15; tended to decrease at Week 13 then sustained up to Month 6
- **Dose-dependent local immune response** in aqueous humor and vitreous

Local tolerance of GS030 product with light exposure in rd1 blind mice ($n=36$)

Bilateral IVT administration with vehicle vs 7.84×10^9 VG/eye in 1 μ L; 590 nm LED light at 1.4×10^{16} vs 1.7×10^{17} photons/cm²/s vs ambient room light

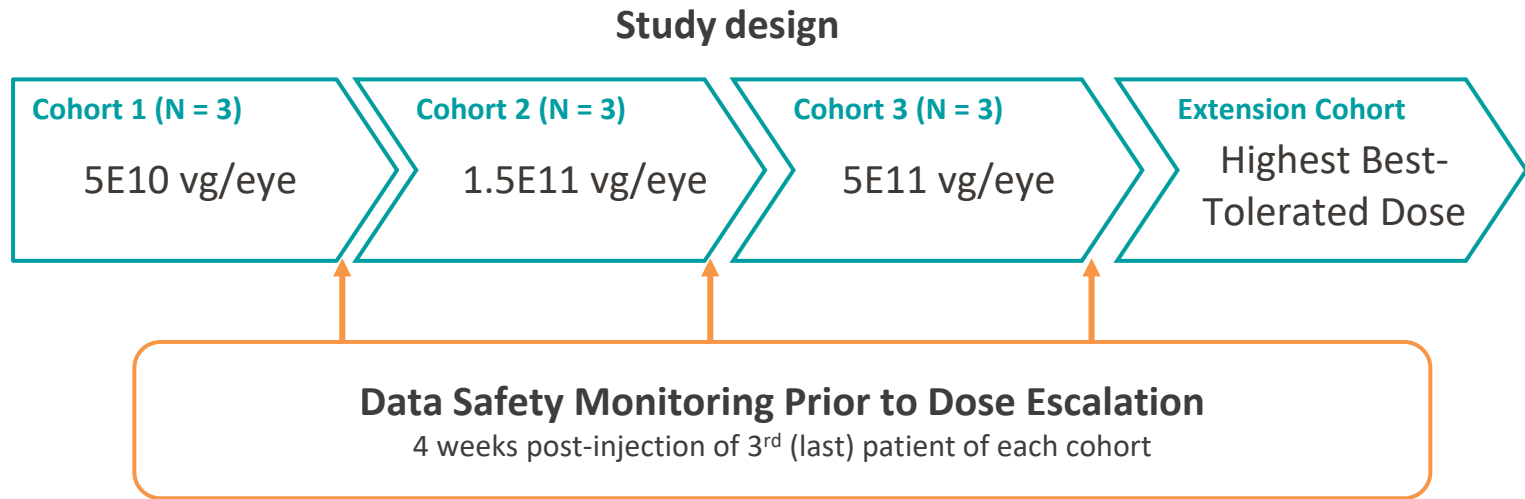
Local tolerance

- **No ophthalmic findings** related to gene therapy (GS030-DP) or to LED light
- **No microscopic findings** in the retina related to GS030-DP or to LED light
- **Transient corneal edema & lens opacity** linked to anesthesia procedure

ChrimsonR-tdTomato expression

- **Good expression** of ChrimsonR-tdTomato in retinas and optic nerves

PIONEER Phase I/II clinical trial: A First-in-Man study



- **First-in-man**, dose-escalation safety study, multi-center (France, UK, US)
- **Study population:** end-stage non-syndromic RP (vision < Counting Fingers)
- **Primary analysis:** Safety at 1 year
- Single intra-vitreal injection in the **worst affected** eye
- Decision to increase the dose taken by a DSMB

1st DSMB recommended to continue with cohort 2 without modification on April 30, 2019

GS030: CMC progress & Regulatory interactions

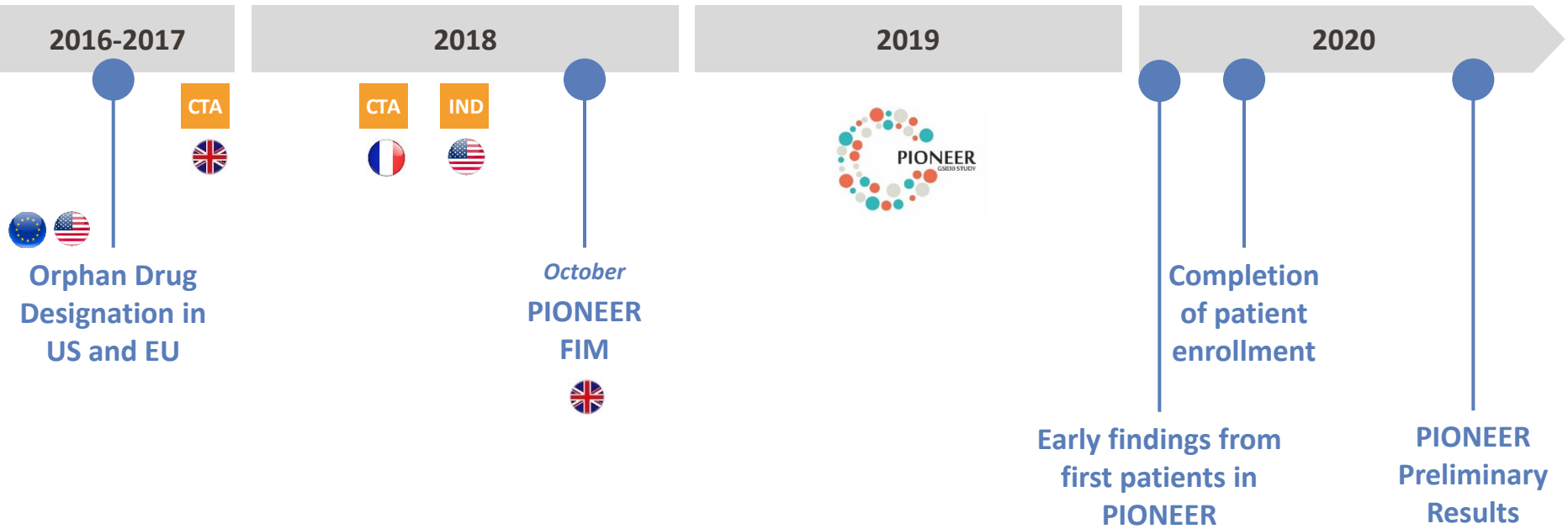
CMC

- **Manufacturing process developed up to 25L**
 - Toxicology batch produced at 25L scale
 - Drug Substance titers (> 2E13 vg/ml) and characteristics in line with expectations
 - Scale up to 100L batch successful
- **Manufacturing process successfully transferred to GMP**
 - GMP clinical supply ready
 - 100L GMP batches manufactured
- **Potency assay**
 - Development completed
 - Transfer in progress

Regulatory

- **Orphan Drug Designation** granted in the US and in Europe
- **Active strategy & interactions with US and EU Agencies** to obtain advice on preclinical package to support FIM and exploit the existing process of expedited programs
- **CTA approved in the UK and in France**
- **IND released by FDA in the US**

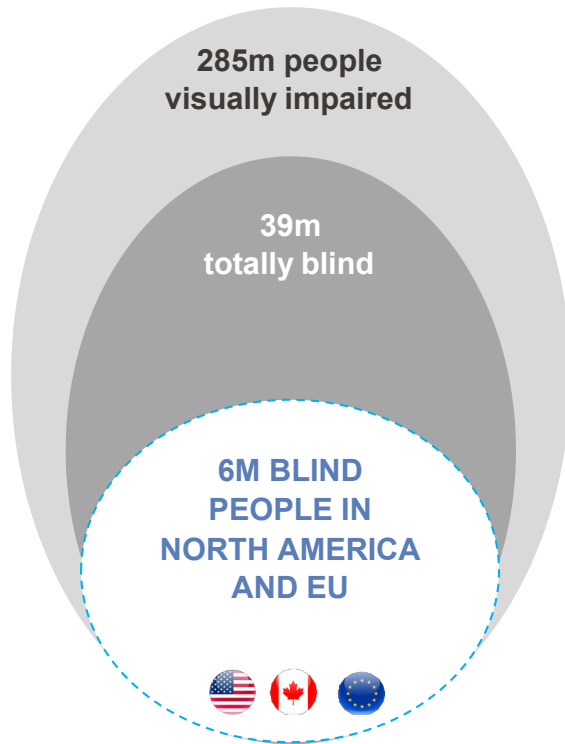
GS030 Key Milestones



Building high strategic value



Curing blindness represents major market opportunity

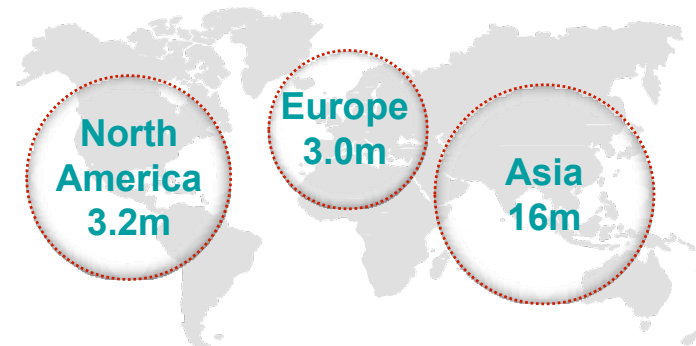


Source: WHO, IAPB-VISION2020, NORC-Univ. of Chicago / The Economic Burden of Vision Loss and Eye Disorders in the United States, 2014.

Favorable reimbursement conditions:

- Gene therapy in ophthalmology for rare diseases could be considered **similar to organ transplants for payers**
- Blindness imposes a **high burden** on health systems
 - Total blindness costs exceed tens of billions USD per annum
- **Absence of curative treatments**
 - Increasing pressure from patients and patients associations

Geographical Split – Blind people in major markets



Pricing and reimbursement environments are evolving to accommodate curative potential of innovative cell and gene therapies

Early entrants are setting pricing and contracting benchmarks, and authorities signal flexibility to new thinking



- Approved December 2017 for treatment of biallelic RPE65 mutation-associated retinal dystrophy
- List price: \$425,000 *per eye*
- Early commercial agreements with select health plans
 - Pay-for-performance
 - Staggered payments
 - Special procurement process using specialty pharmacies
 - CMS policy (Medicare coverage) to be published in 2019

- + Openness to alternative pay-for-performance / risk-sharing options among individual plans
- + Industry consultation into legislative initiatives covering new payment models for regenerative therapies



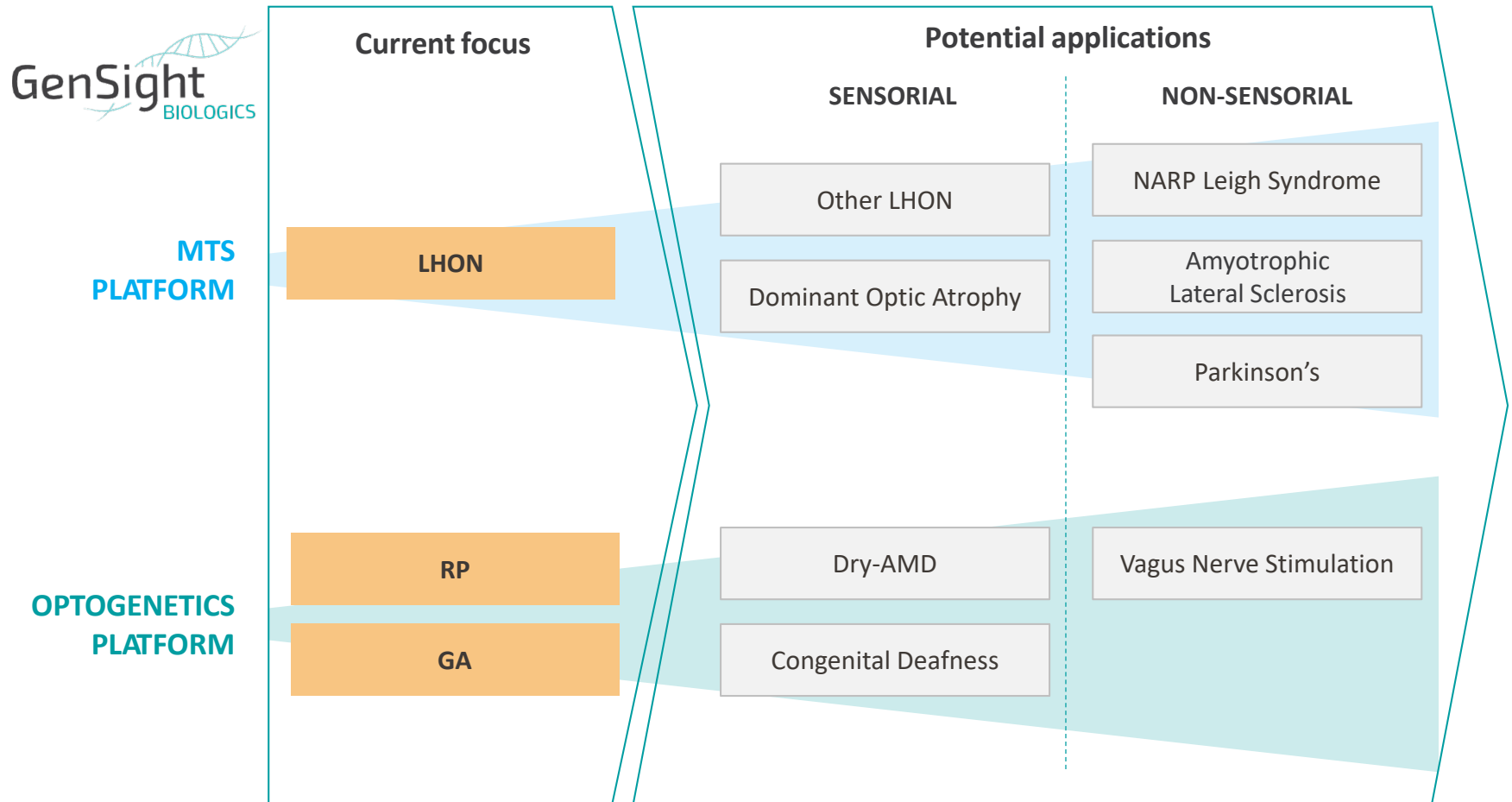
- Approved May 2016 for treatment of ADA-SCID
- List price: 594,000€ *per patient*
- Positive HTA assessments in UK and IT; covered by **EU Directive 2011/24***
 - Treatment administered only at the designated treatment center in Milan

Note: Luxturna received marketing authorization for Europe in November 2018 but a list price has not yet been published.

- + Ongoing cross-border initiatives in the EU, e.g., European reference networks (ERN EYE for ophthalmology)
- + HTA-industry consultations on refining cost effectiveness models for curative treatments

*The directive sets out the conditions under which a patient may travel to another EU country to receive medical care and reimbursement. It covers healthcare costs, as well as the prescription and delivery of medications and medical devices.

Potential applications of GenSight technology platforms



Ability to leverage technology platforms and significant expertise to expand the pipeline in ophthalmology and other neurodegenerative disorders

GenSight Biologics

Key financial information

Financing history

- March 2013 – Series A round – €20m
- June 2015 – Series B round – €32m
- July 2016 – Euronext IPO – €45m
- June 2017 – PIPE – €22m
- February 2019 – PIPE – €8m

Listed on Euronext Paris (SIGHT)

- Established in 2012, IPO in July 2016

Recognition from Blue-Chip specialist investors

- Perceptive, Fidelity, Abingworth, Versant, Sofinnova, JP Morgan AM and others

Analyst coverage

- Oddo & Cie – Martial Descoutures (FR)
- Gilbert Dupont – Jamila El Bougrini (FR)
- Chardan – Gbola Amusa (US)
- NIBC – Dylan van Haaften (NL)

Cash position

(as of Jun 30, 2019)

€14.3m

Number of outstanding shares

28.7m