



Investors Presentation

March 2026



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OUR MISSION



Create **innovative therapeutic solutions** to treat therapeutic resistance and emergence of metastases in cancer patients



OUR VISION

Apply **three leading proprietary precision medicine technology platforms** to accomplish our mission: Nanocyclix®, Promethe®, and OncoSNIPER



OPM is a clinical stage biopharmaceutical company advancing 2 assets towards POC (Proof of Concept) in patients



Internal development focus on **Precision Medicine in Oncology**



Strategic partnerships in other indications with high unmet need starting from our technologies



Recognized leader in kinase inhibitor research, based on proprietary **Nanocyclix®** technology



Two assets ready to start Proof of Concept Phase 1b/2 clinical studies in patients in immuno-oncology and Parkinson's disease



Two other technological platforms:

- Emerging approaches in **high profile radiotheranostic space**
- **AI** on proprietary data to identify new targets

OPM's cofounders

An experienced team of Biotech, Big Pharma and Finance executives working together since 2008



Philippe Genne

Chairman and CEO
PhD in Pharmacology

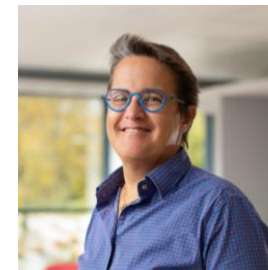
- Creation of Oncodesign Biotechnology in 1995: Founder, CEO and CSO
- IPO Oncodesign Biotechnology in 2014
- Creation of the AFSSI
- Vice President SME and ETI Medicen



Jan Hoflack

Chief Scientific Officer
PhD in Organic Chemistry

- Creator of the Nanocyclix® technology
- Executive at Marion Merrell Dow, Novartis and AstraZeneca
- Vice President, Medicinal Chemistry and Biosciences at Johnson & Johnson
- Joined Oncodesign Biotechnology in 2009: CSO



Karine Lignel

Chief Operating Officer
Engineer and Master in Finance and Management

- Supported more than 60 technology companies, mainly in the health sector (IPO Nanobiotix, Oncodesign Biotechnology and Medincell)
- Has been a member of more than 30 boards of directors or supervisory boards, including Oncodesign Biotechnology from 2008 to 2021
- Joined Oncodesign Biotechnology in 2021: CBO



A team that successfully sold Oncodesign Services (€100 M) and led the IPO of Oncodesign Precision Medicine in 2022 on Euronext Growth Paris



Identity card



IPO in October 2022
Euronext Growth Paris



Dijon
Head office



3 Co-founders: Philippe Genne,
Jan Hoflack & Karine Lignel



14 international employees
including **8 PhDs**

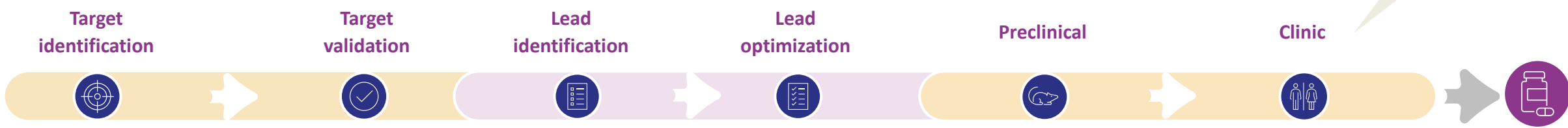


Financing history

- **€7 M in October 2022**
LRRK2 (License option) 
- **€0.5 M in November 2022**
Start Pancreas (upfront) 
- **€10 M Capital increases**
 - December 2022 : €8 M, of which € 5M subscribed by the management
 - February 2024 : €2 M
- **€6 M bank loan in October 2023**
- **€8.45 M Public financing:**
 - Deep Tech development funding for €0.75 M for ANIMUS program (Artificial Intelligence in drug discovery)
 - France 2030 - I-Démo funding (€5.6 M) for OPM-101 clinical development
 - ERDF fund totalling €2.1 M for its COMETE program (development of a radiotheranostic molecule portfolio for the diagnosis and the treatment (called radioligand therapy, RIT) of advanced digestive cancers)
- **€5 M Convertibles bonds:** available
- **€5.97 M agreement and €3.02 M first payment in March 2026**
Funding from Michael J. Fox Foundation to advance OPM-201 toward extended administration in patients



Our assets: three proprietary platforms powering a unique and innovative precision medicine





Resistant and metastatic patients
ONCOSNIPER

Identify and validate new therapeutic targets understanding the biological mechanisms of resistance and metastasis emergence using AI



Kinase inhibitors
NANOCYCLIX®

Identify effective, highly specific kinase inhibitors targeted interaction with biological mechanisms of interest

OPM-101
Internal development in immuno-oncology
Seeking partnership in inflammatory diseases

OPM-201
Funded by  **THE MICHAEL J. FOX FOUNDATION**
FOR PARKINSON'S RESEARCH

Drug discovery
using AI



Radioligand Therapy
PROMETHE®

Developing Radioligand Therapy (RLT):
bringing radioactivity directly to tumor cells

Emerging Portfolio



Two differentiated, potentially first-in-class clinical-stage assets supported by a preclinical pipeline

	Indication	Target identification & validation	Lead identification & validation	Candidate selection	Preclinical	Phase I	Phase II	Phase III	Next step
RIPK2 OPM-101	Oncology								Preparation of phase 1b/2a in immuno-oncology, to begin in end of S1 2026 (DEMOCRITE – BPI)
RIPK2 OPM-101	Inflammatory Bowel Disease								Waiting for a partner to develop this therapeutic area
LRRK2 OPM-201	Parkinson's disease								Start of Phase 1b: 2027  THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH
MRT 1 and 2	Oncology								MRT: 2025 Comete-FEDER

 2026 progress



A focused pipeline with:

- OPM-101, ready for starting Phase 1b/2a in oncology in end of S1 2026, funded by bpifrance
- OPM-201, preparation for Phase 1b supported by M J Fox Foundation
- Establishing partnerships in the booming market of RLTs, program funded by FEDER

OPM's Patient ready Clinical Assets: Proof-of-Concept Within a Few Years

OPM-101 (RIPK2 inhibitor – Immuno-Oncology)



- **Developed through the innovative Nanocyclix® platform**, leveraging proprietary technology to differentiate OPM-101 from competitors.
- **Best-in-class RIPK2 inhibitor**, a unique mechanism enabling precise immunomodulation.
- **OPM internal development in immuno-oncology.**
- **Strong Phase 1 profile**, excellent safety, rapid absorption, long half-life, and robust target engagement.
- **Near term patient POC**, with phase 1b/2a design approved in immuno-oncology by SwissMedic and Swiss Ethics, ready to start end of S1 2026.
- **OPM-101 analogues also offer significant potential in IBD** with development possible through a strategic partnership

OPM-201 (LRRK2 inhibitor – Parkinson's disease)



- **Best-in-class oral LRRK2 inhibitor** built on Nanocyclix® platform, target offers unique positioning as disease modifying agent
- **Initial differentiated patient positioning on genetic variants, potential as Orphan Disease status**
- **LRRK2 target has potential to also address a significant part of idiopathic Parkinson's patients**, addressing a rapidly growing global market.
- **Strong Phase 1 profile with excellent safety**, robust target engagement, and over 60 kg of GMP API ready for clinical use.
- **Major recognition by Michael J. Fox Foundation experts**, reinforcing the scientific and medical relevance of the program
- **Rapid Clinical POC on patients** : CMC and preclinical LT toxicology work funded by MJFF Foundation to prepare OPM-201 for clinical Phase 1b

OPM STRENGTHS

01 OPM-101: a best-in-class RIPK2 inhibitor that can be administered orally for the treatment of immuno-oncology

Following a successful Phase 1 trial in healthy volunteers, OPM-101 will be evaluated in a Phase 1b/2a clinical trial in oncology, known as REVERT, in combination with pembrolizumab, a monoclonal antibody targeting the PD-1 protein, in patients with advanced melanoma who are resistant to anti-PD-1 therapy.

02 OPM-201: a strategic asset in the fight against a disease with high unmet medical need

Parkinson's disease remains limited to purely symptomatic treatments. By targeting LRRK2 kinase, OPM is developing an innovative approach with strong potential to transform patient care in the long term.

03 Support from the Michael J. Fox Foundation: major international validation

\$6.9 million in funding to advance OPM-201 toward extended administration in patients. The involvement of the world's leading Parkinson's research foundation reinforces the scientific and medical relevance of the program.



04 Three proprietary breakthrough platforms in precision medicine

OPM develops innovative technologies to discover and accelerate new targeted therapies for advanced and resistant cancers, as well as diseases with high medical need, positioning the Company as a key player in next-generation therapeutic innovation.

05 An experienced and committed team to support this ambition

In-depth knowledge of the pharmaceutical, biotech, and financial ecosystems, and extensive experience in preclinical and clinical R&D.

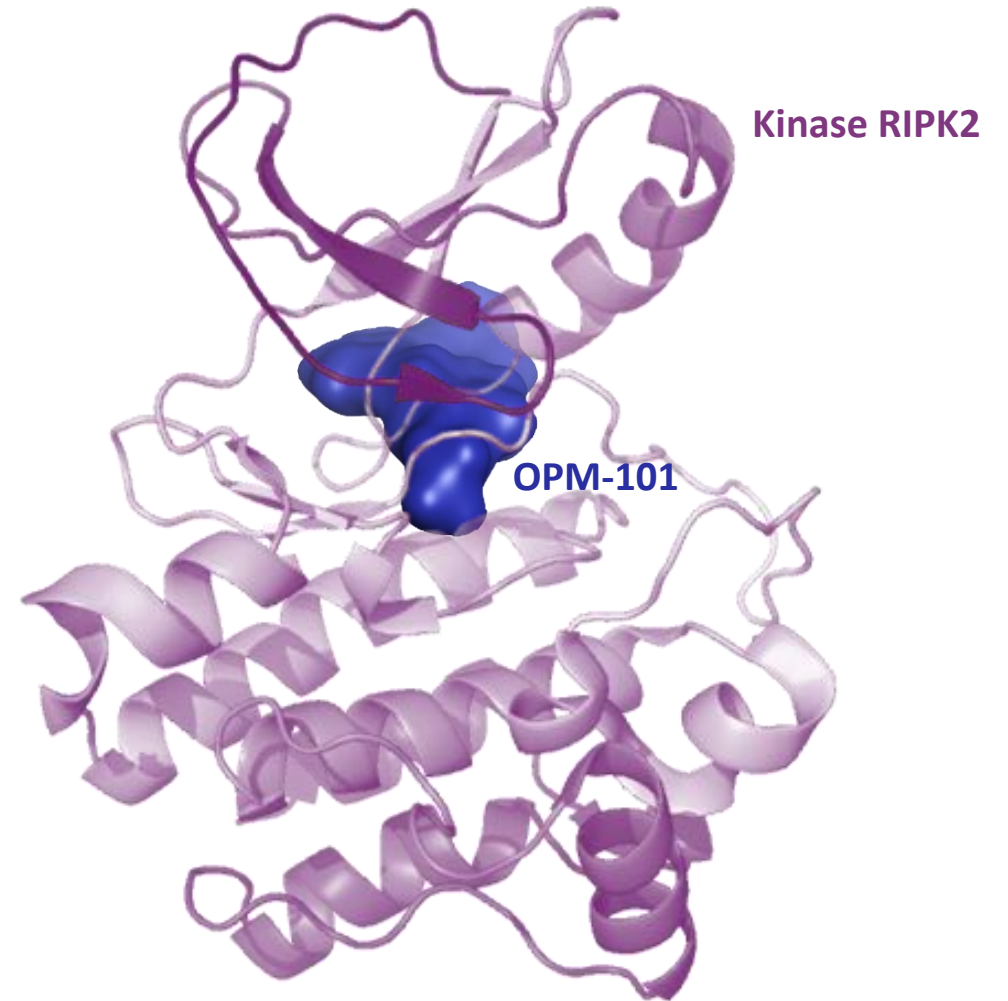


Kinase inhibitors
NANOCYCLIX®

OPM-101

a best-in-class differentiated
RIPK2 inhibitor

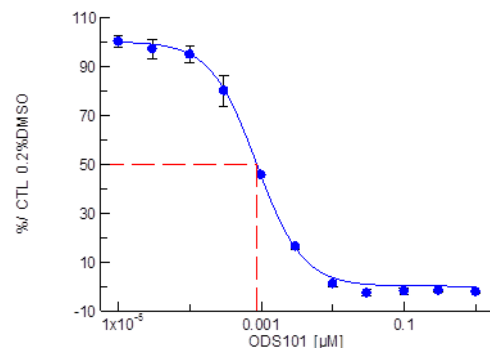
High potential approach in immuno-
oncology



The asset OPM-101

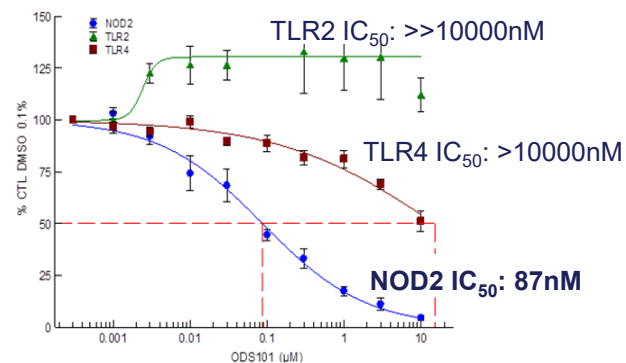
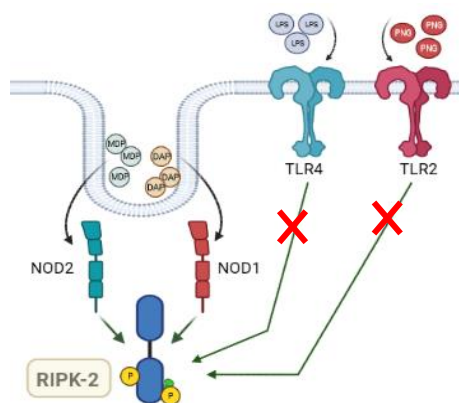
A Type-I inhibitor of RIPK2 driven by 3D-preconfigured shape complementarity

1 RIPK2 inhibition in α Lisa binding assay



Highly potent RIPK2 kinase inhibitor

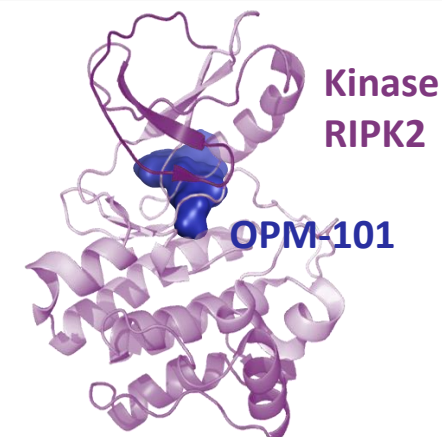
2 Target Engagement specificity in human whole blood



Specificity in innate immune system signaling pathways. Potential as immuno-modulator and not supressor

Potencies in MDP-induced $TNF\alpha$ secretion assays

Cell assay (IC_{50})	Mouse	Rat	Monkey	Human
Primary cell assay	40nM	/	/	/
PBMC	44 nM	79 nM	/	28 nM
Whole Blood	616 nM	3400 nM	44 nM	93 nM



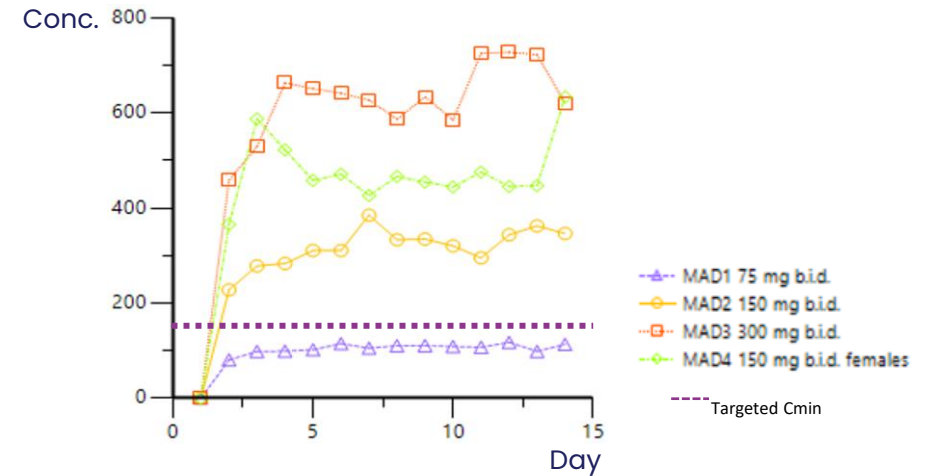
OPM-101 – Phase 1 in healthy volunteers

3 OBJECTIVES

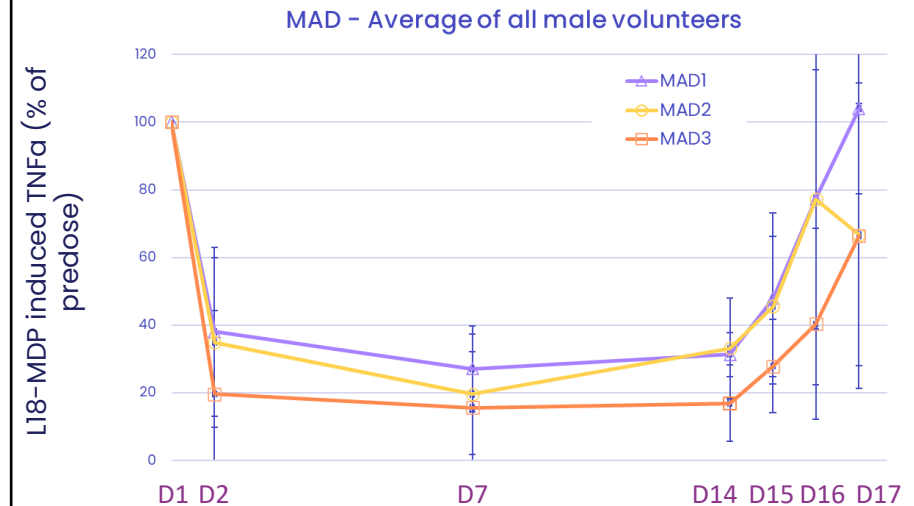
- 1 Tolerability ✓
- 2 Pharmacokinetics ✓
- 3 Pharmacodynamics ✓

- 1
 - No serious or severe adverse events
 - Few treatment-related AEs, mostly mild
 - Excellent tolerability and excellent safety margin
- 2
 - OPM-101 is orally bioavailable and rapidly absorbed (T_{max} between 2-4h)
 - C_{max} and AUC_{0-t} are increasing dose-proportionally
 - Steady state is reached after 3-4 days and maintained up to Day 14
 - Confirmed long terminal elimination half-life (approximately 12h)
- 3
 - Suppression of stimulated $TNF\alpha$ production following inhibition of the RIPK2 pathway
 - Effect maintained over time, with 70% to 85% inhibition observed 24 hours after administration

Residual concentrations Day 2-Day 14



Pharmacodynamics during the 14 days of OPM-101 administration





Kinase inhibitors
NANOCYCLIX®

RIPK2i, immune checkpoint response enhancers

OPM-101 Phase Ib/IIa

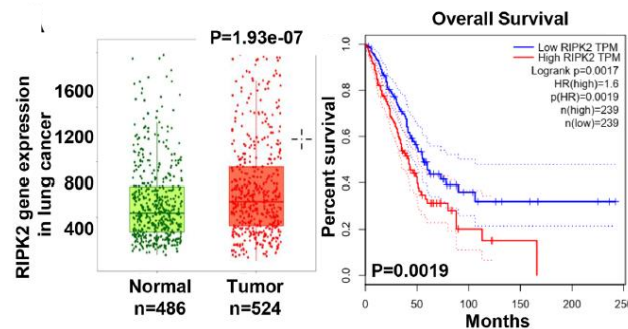


Why targeting RIPK2 in cancer?

RIPK2 is a key driver of tumor progression across multiple cancers, making its inhibition a highly promising therapeutic strategy.

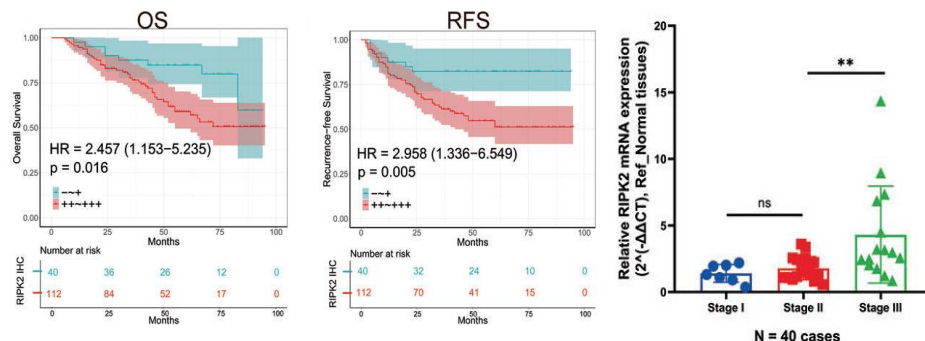
Lung adenocarcinoma

- Higher RIPK2 expression was observed in NSCLC tissues, positively correlating with the pathological stage (12;21)



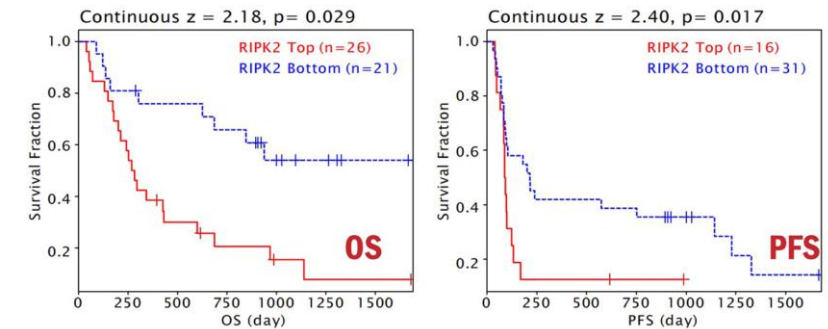
Colon carcinoma

- RIPK2 plays a crucial role in the progression of IBD to CRC (5)
- RIPK2+ tumor cell cluster possesses highly invasive and metastatic capabilities (19)
- RIPK2 is significantly upregulated in CRC and rectal tumor tissues (6; 19)
- RIPK2 was associated with worse OS and RFS of CRC patients (19)



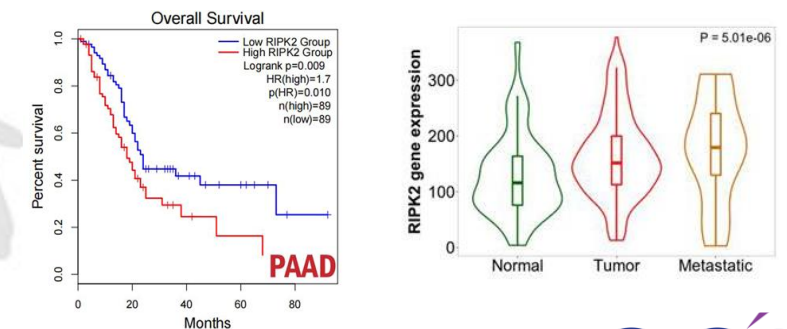
Melanoma (SKCM)

- High RIPK2 expression is associated with poor prognosis, and efficacy of immune checkpoint blockade (anti-PD1)
- RIPK2 expression is positively correlated with CTL dysfunction (20)



Pancreas

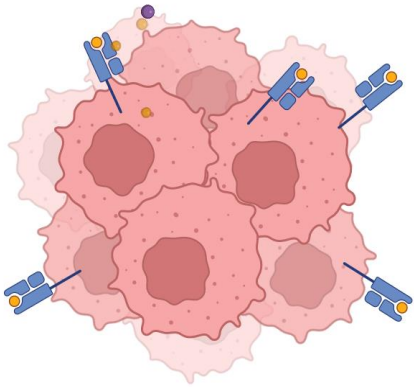
- High RIPK2 expression confers poor prognosis (1; 20)
- RIPK2 expression of metastatic PAAD is higher than primary tumor (20)



Highlights of the biological effects of RIPK2 inhibition in tumor and TME

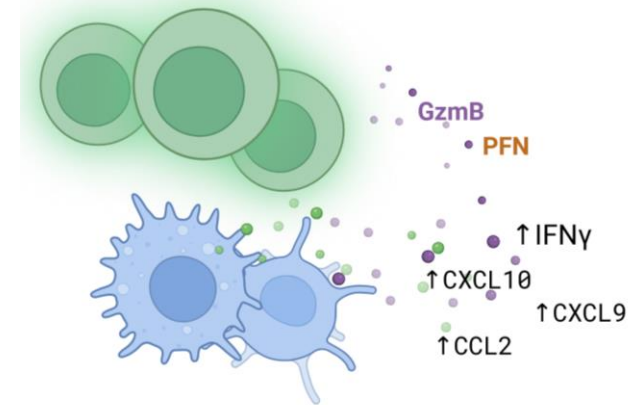
OPM-101 in combination with anti-PD1

Direct Effects on Tumor cells



Induces an increase in HLA proteins and genes involved in antigen-presenting machinery

Induction of a T-cell inflamed phenotype TME

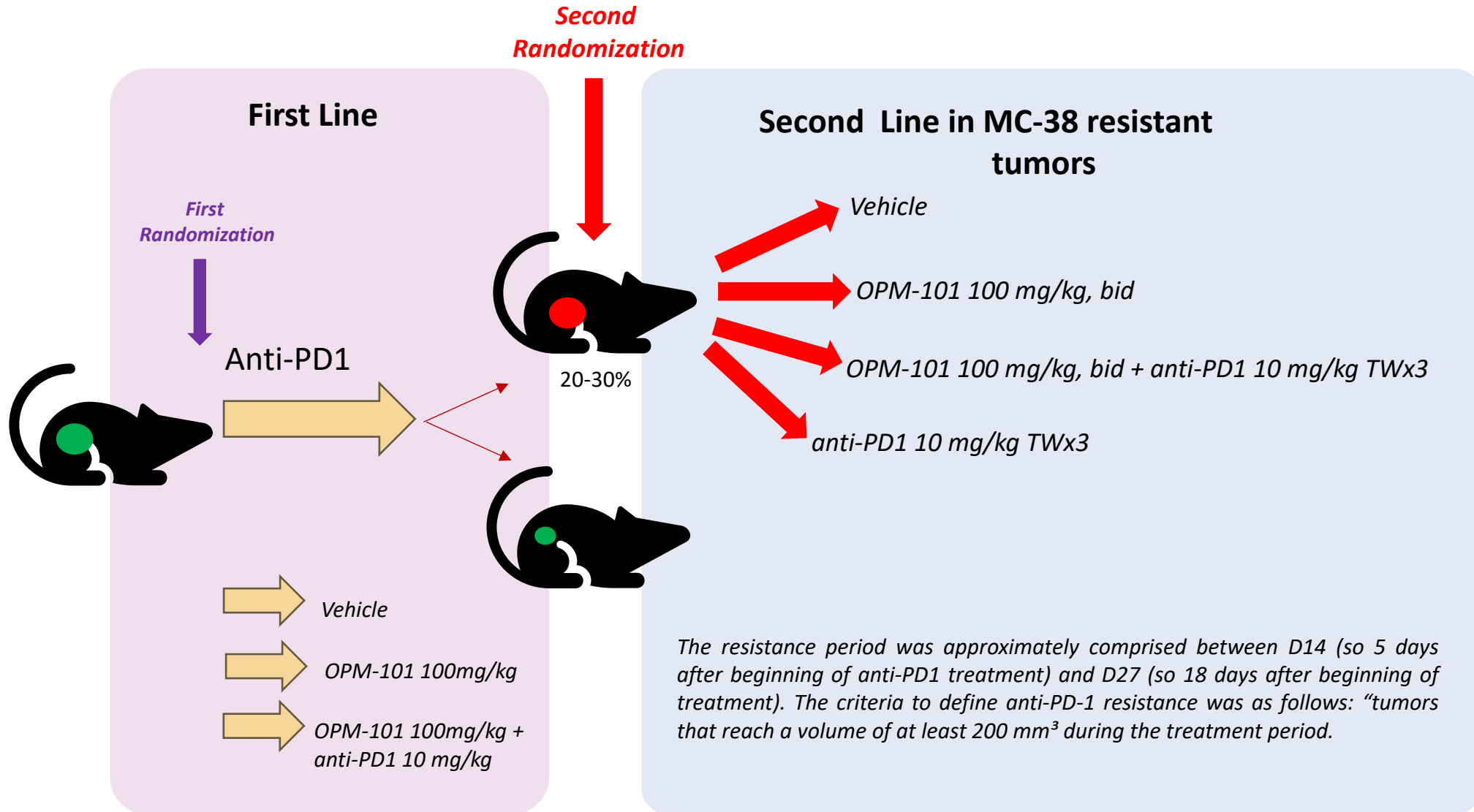


- ✓ Increased Activated CD8+ T Cells and modulation of macrophages in the TME
- ✓ Promotes a pro-inflammatory Response in the TME (increased of IFN γ , cytokines and chemokines)

Decrease of PD-1 resistance,
since ICI efficacy is favoured by RIPK2 inhibition effects

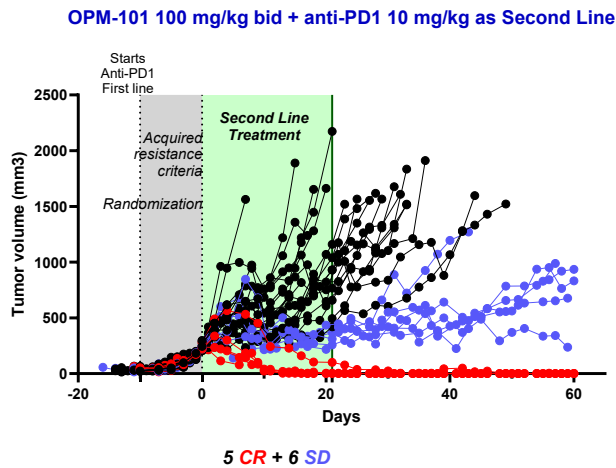
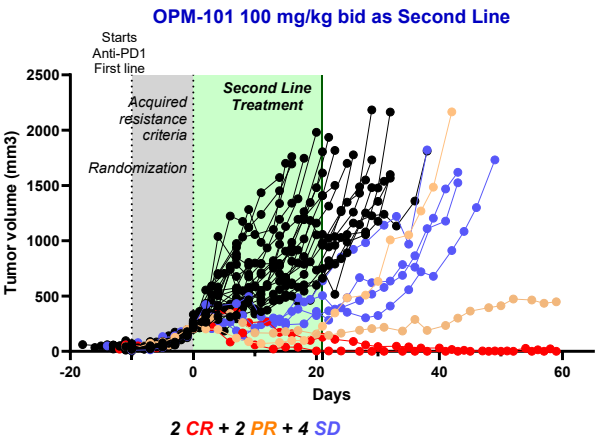
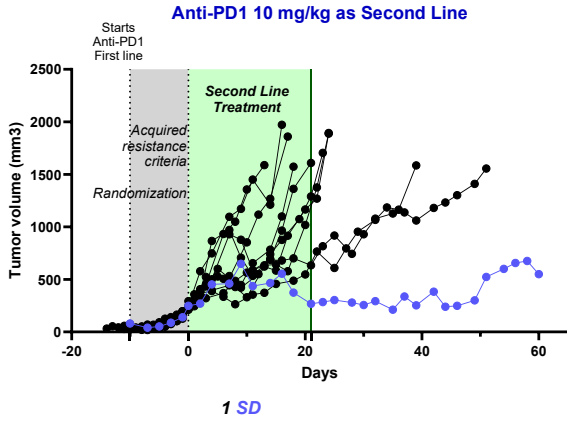
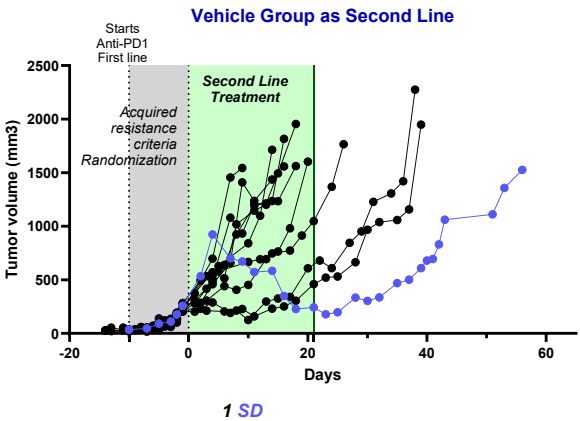
« Clinical Trials in Mice »:

Assessment of OPM-101 in PD1 resistant MC38-tumors

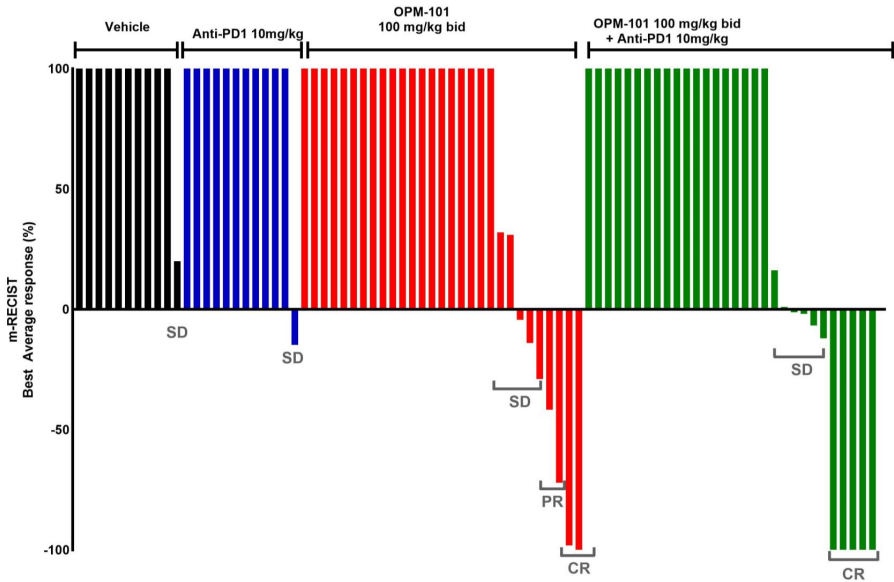


Second Line: combination of OPM-101 and anti-PD-1 decreases the development of acquired resistance to ICI

Individual Tumor Volume Curves



m-RECIST ANALYSIS



 OPM-101 in combination with anti-PD1 increases the survival of PD-1 resistant mice by 30%



Phase 1b/2a study

ready to start in advanced melanoma patients with acquired resistance to anti-PD-1–based regimens



Approved and accepted by SwissMedic and SwissEthics

Expected start: end of S1 2026

Primary endpoint:

Overall Response Rate (tumor stabilization, partial response or complete response)

Secondary endpoints:

Duration of Response, Disease Control Rate, Overall Survival
Safety: incidence and severity of adverse events (AEs) and serious adverse events (SAEs)

Exploratory endpoints: Circulating biomarkers, tumor cells biomarkers



Population: Adult patients with unresectable or metastatic stage III or IV melanoma who have shown secondary resistance to anti-PD1 based regimens



Treatment duration: Treatment is continued for **24 weeks** for efficacy assessment, and maintained until disease progression, intolerable toxicity, withdrawal of informed consent, or Investigator decision

Phase 1b

Open-label dose escalation study

Objectives

Determine the dose of OPM-101 to be used in combo with the standard dose of anti-PD-1 (based on safety)

Sample size



2 groups of 3 (+3) patients

Countries (sites)



Switzerland (3)

Phase 2a

Open-label single arm expansion study

Determine the overall response rate (ORR) evaluated using RECIST v1.1 criteria



35 patients



Switzerland (3)



France (3)



Italy (2)



Spain (2)



Highlights of RIPK2 inhibition by OPM-101 in immuno-oncology

OPM-101 is a **selective and potent inhibitor of RIPK2**, demonstrating a **good safety and pharmacokinetic profile**, as well as clinically measurable target engagement at the doses studied in Phase 1 HV

RIPK2i have a **direct effect on tumor cells by increasing antigen presentation** and **promoting a pro-inflammatory Response in the TME**

The combination of OPM-101 and Immune Checkpoint Inhibitors (ICI), **resensitizes tumors with acquired resistance to anti-PD1**

Strategic decision by OPM to push OPM-101 in this indication

OPM-101 is a **First-in-Class approach in oncology indications**

Design of Phase 1b/ 2a approved and accepted by SwissMedic and SwissEthics

OPM sponsored Phase 1b/2a clinical study starting S1 2026 to show Efficacy for OPM-101 Combined with Anti-PD1 in Patients with Metastatic Melanoma Showing Secondary Resistance to ICI

OPM-101 also offers significant potential in IBD, supported by strong preclinical efficacy of RIPK2 inhibition and a large market opportunity, with development possible through a strategic partnership



Kinase inhibitors
NANOCYCLIX®

OPM-201: a potential disease-modifying LRRK2 inhibitor for Parkinson's disease

Phase 1 completed, demonstrating a favorable safety profile along with robust pharmacokinetic and pharmacodynamic properties



LRRK2

A disease-modifying opportunity in Parkinson's disease



Parkinson's Disease Overview

- Progressive neurodegenerative disease affecting **~1% of the population over 60**
- Over **10 million people** estimated to be affected worldwide as of early 2020s – 50 million by 2050
- Current therapies are only symptomatic

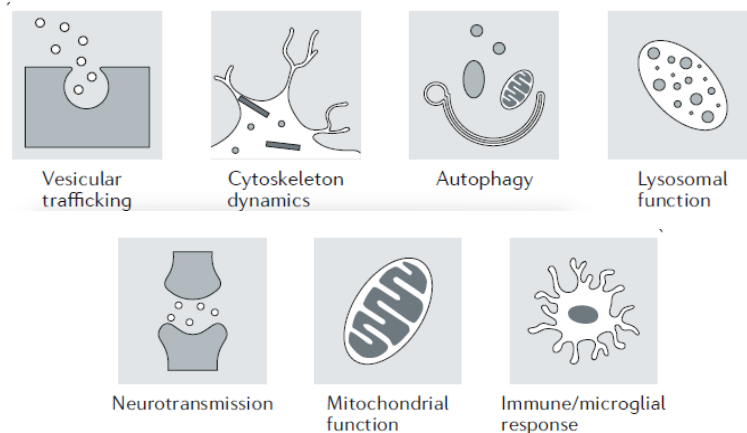


Therapeutic Opportunity

- **LRRK2, along with α -synuclein, represents one of the few targets for disease modification**
- Inhibition of LRRK2 kinase is a compelling strategy **to slow disease progression**
- **Different therapeutic positioning by initial focus on patients with LRRK2 genetic variants**

LRRK2's Central Role

- Identified in familial PD cases in 2004. The **G2019S** mutation is the most prevalent pathogenic mutation in PD, found in 1–6% of sporadic and 3–19% of familial PD cases, with a higher frequency among Ashkenazi Jews
- **Elevated LRRK2 kinase activity observed in dopaminergic neurons of subgroup of idiopathic PD patients**
- Environmental and **cellular stressors elevate WT LRRK2 activity** before neuronal degeneration
- Neuropathological and clinical similarities between LRRK2-PD and sporadic PD



LRRK2 biology pathways are involved in pathogenic disruptions in PD

 The molecular mechanisms and hallmarks of degeneration related to LRRK2-associated Parkinson disease are similar those in sporadic forms of Parkinson disease.

OPM-201

a Differentiated Type I LRRK2 Inhibitor supported by Michael J. Fox Foundation

Potential best-in-class: Potent, selective, equipotent against WT and mutant, orally bioavailable, able to cross the BBB, no off-target activity on LRRK1

Composition of Matter patent with expiry date in 2041/42: potential additional IP from modified-release formulations

CLINICAL DEVELOPMENT

December 2024

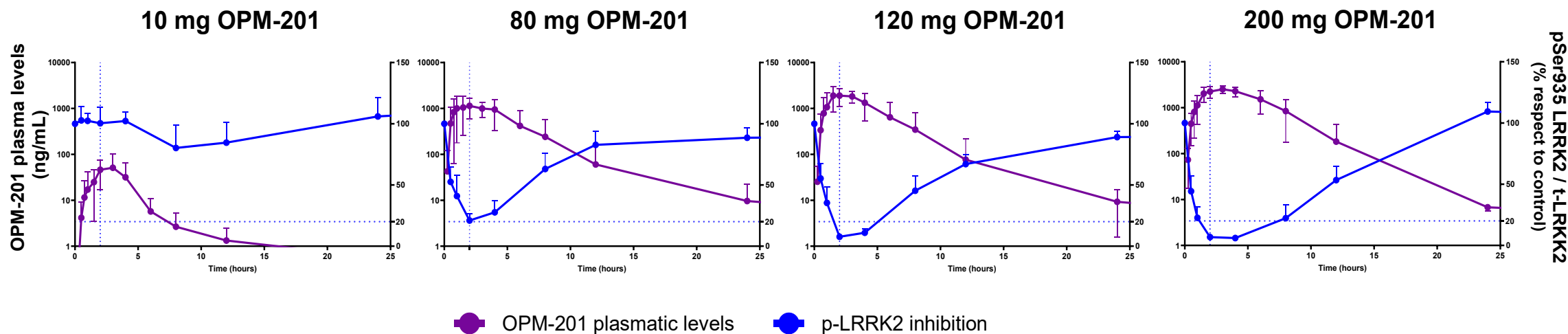
- **FIH HV SAD (Single Ascending Dose) and MAD (Multiple Ascending Dose) finalized**
 - **Safety:** OPM-201 (10-200 mg) was well tolerated in both young and elderly participants. TEAE were mild (69%) or moderate (31%). 97% of TEAE were non-treatment-related. No SAEs. No clinically significant findings (lab, vital signs, ECG, neurological and pulmonary assessments)
 - **PK:** Dose dependent systemic exposure. Detected in CSF
 - **PD Effect Strength:** nearly complete inhibition of pSer935-LRRK2 levels in blood as of low dose – rapid onset
 - **PD Effect Duration:** dose-dependent duration – fully tunable
- **Full rights returned to OPM following Servier strategic decision to focus on oncology and rare diseases**
- **OPM has regained full control of all IP, data and chemistry samples (including >60kg GMP API)**

February-March 2026

- **Experimental validation** of differentiated potential OPM-201 by MJFF/LITE
- **Financing of \$6.92 M for OPM's LARKIN program by MJFF** in preparation of clinical programs in patients



SAD study shows robust PK/PD relationship for LRRK2 targeting



Representative PK & PD profiles showing modulation of the effect over the 10-200 mg range
Rapid effect with 2h peak inhibition



OPM-201 dose escalation extends magnitude and duration of LRRK2 inhibition
OPM-201 was well tolerated; no treatment-related TEAEs reported in SAD

OPM-201

First-in-Human results demonstrate a strong safety profile and robust PK/PD correlation

SAFETY



- Single (10–200 mg) and multiple (40–80 mg) doses were **well tolerated in healthy adults and elderly participants**.
- Adverse events were mild to moderate (Grade 1–2), with no serious events.
- Most events (97 %) were not related to treatment.
- **No serious adverse events reported.**
- No clinically significant changes in vital signs, ECGs, neurological assessments, or lung function.

PHARMACOKINETICS



- Exposure (C_{max} and AUC) **increased with dose**, with a plateau at the highest doses.
- Peak concentrations (T_{max}) reached in **1.1–3.5 hours**.
- No accumulation observed at low/moderate doses after 7 days of twice-daily dosing.
- Drug was detectable in the cerebrospinal fluid (CSF).

PHARMACODYNAMICS



- Target (pSer935 LRRK2) was strongly engaged, driven by drug exposure above IC₈₀.
- Single-dose (SAD) studies showed maximal effect (E_{max}) **at 2–4 hours**, with clear dose-dependent inhibition between 80–200 mg.
- Multiple-dose (MAD) studies showed maximal effect at **3 hours on both Day 1 and Day 7**.



CONCLUSIONS

OPM-201 is well tolerated in young and elderly healthy volunteers. No SAEs

Direct relationship between the systemic exposure and inhibition of pLRRK2 in SAD and MAD cohorts

OPM-201

Major international validation by the most experienced player in the field



About Michael J. Fox Foundation

- **Foundation created by actor Michael J. Fox and entirely dedicated to Parkinson's disease**
- **Global leader in Parkinson's research:** The Michael J. Fox Foundation for Parkinson's Research (MJFF) is the leading non-governmental funder dedicated to Parkinson's disease and plays a central role in the strategic direction of the field.
- **Recognized scientific excellence:** High-level expertise in translational research, biomarker validation, clinical trial design, and therapeutic target prioritization.
- **Unique acceleration capacity:** global networking of academic, industrial, and clinical players to rapidly transform discoveries into concrete solutions for patients.



Key Impact & achievements

- **Over \$2.5 billion** funded in Parkinson's research to date.
- **Over 125 clinical trials** supported and approximately 100 therapeutic targets explored.
- **Major contributions to essential tools** such as PPMI (Parkinson's Progression Monitoring Initiative) and biomarkers for earlier and more accurate detection of the disease.

LITE (LRRK2 Investigative Therapeutics Exchange) Program:

LITE is a MJFF program dedicated to therapeutic approaches targeting LRRK2 and associated clinical biomarkers, to better measure the effect of these treatments in humans. It aims to coordinate and support academic and industrial teams developing LRRK2 therapies (small molecules, other modalities) and monitoring tools (biomarkers, digital measurements, imaging, etc.).

Recognized for the unique attributes of its asset and the strong therapeutic potential of OPM-201, OPM was selected to join LITE in September 2025.

 MJFF is a key partner in the fight against Parkinson's disease—providing OPM scientific expertise, structural funding, and a committed community ready to advance research.



OPM-201: Major international validation and clear path to patient trials

Preparing for phase 1b/2a for LRRK2 inhibitor Development in Parkinson's Disease

MJFF and OPM collaboration

After the clinical results of OPM-201 from the Phase 1 study in healthy volunteers were positively reviewed by the expert advisory teams of the MJFF and LITE, MJFF and OPM agree to work collaboratively to advance compound OPM-201 in Parkinson's Disease for the benefit of patients

For the clinical part of the **Phase 1b study**, 2 scenarios are envisaged:

1. Study to be run by the OPM team, in close alignment with the MJFF/LITE/BGM teams starting from the development plan synopsis in preparation
2. OPM-201 to enter in the LRRK2 platform trial in preparation by Prof. Siderowf

Both scenarios are currently being evaluated in close discussion between MJFF/LITE/BGM and OPM

Independent of the final scenario choice, OPM-201 CMC and Long Term (LT) toxicology work are required and are proposed in the current document for immediate funding

Program funded by MJFF

\$6.92 M funding for the necessary CMC and preclinical LT toxicology work to start the selected OPM-201 clinical Phase 1b scenario as soon as possible and prepare optimally for Phase 2

CMC production plan to expedite Phase 1b study and to optimize use of available API

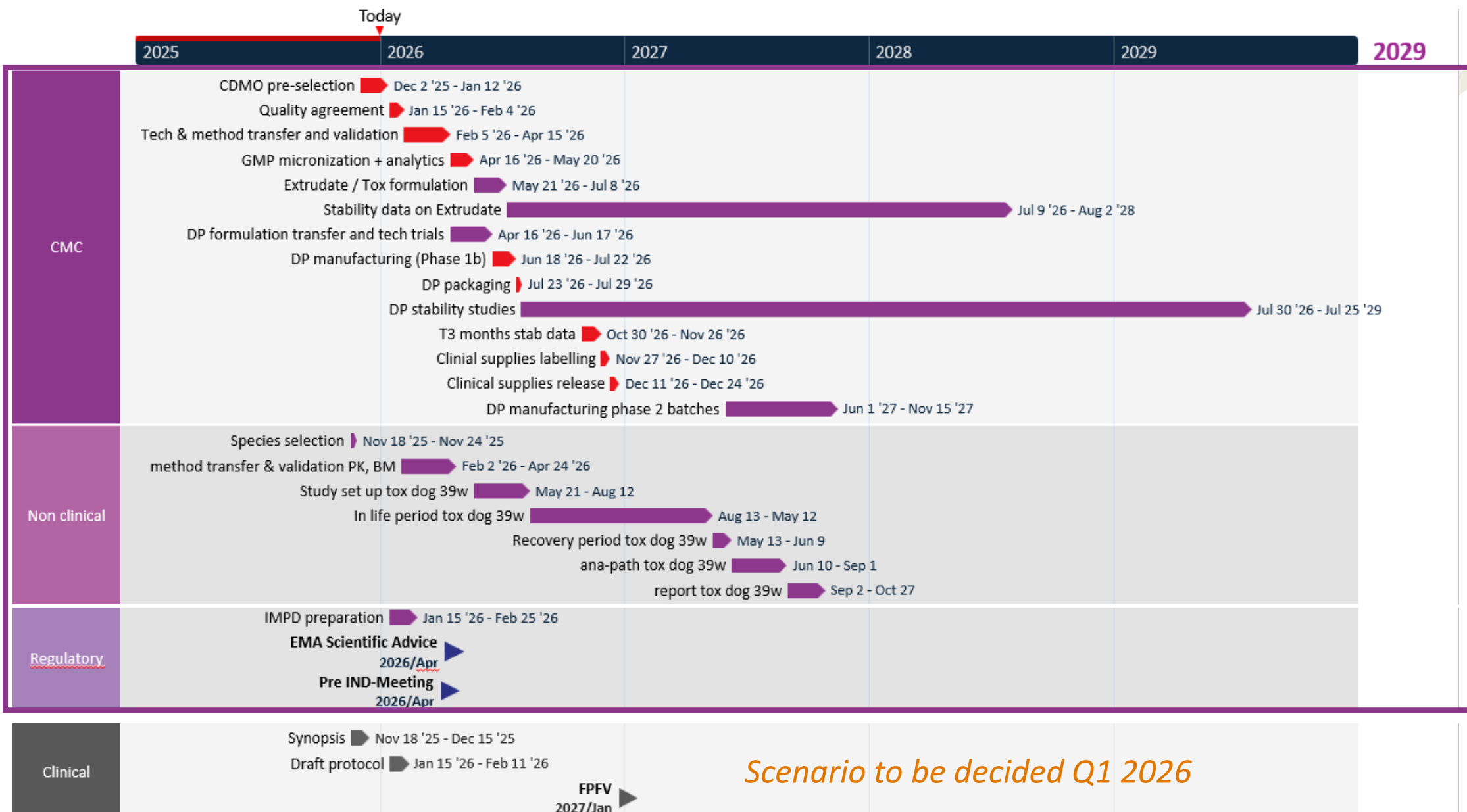
- Preparation of tablets for Phase 1b study
- Preparation of extrudate / tox formulation
- Preparation of tablets with remaining API for Phase 2 start
- Considering available quantities of OPM-201 GMP API and its expiration dates
- Production cost of available 67kgs GMP OPM-201 stock is 8 million US\$, its use also represents important gain of time

Parallel long-term tox study in animal to prepare for Phase 2 without delays

- Includes initial Scientific advice meetings with FDA/EMA for regulatory approval



Global Timelines



Scope of current funding request

Scenario to be decided Q1 2026



Highlights of OPM-201 in Parkinson disease

OPM-201:

Fully reacquired by OPM in 2024 and rapidly repositioned with top-tier Parkinson's collaborators (MJFF/LITE), turning Servier's exit into a major growth opportunity

Favorable Safety & Differentiated Selectivity Profile

Potent, orally active LRRK2 inhibitor with strong brain target engagement and complete selectivity vs. LRRK1, reducing off-target risk

Phase 1 Clinical Validation

Positive Phase 1 results in healthy volunteers, supporting progression toward patient proof-of-concept studies

Strong External Recognition from Global Leaders

Award of **\$6.92 M** from the **Michael J. Fox Foundation**, validating OPM-201's potential as a disease-modifying Parkinson's therapy

Ready to Accelerate Into Patient Development

Funding enables Phase 1b drug product manufacturing and long-term toxicology, paving the way for Phase 1b/2 trials starting in 2027 to unlock OPM-201 potential for millions of patients with unmet needs.



Radioligand Therapy
PROMETHE®

Promethe®

Innovative Radio Ligand Therapy

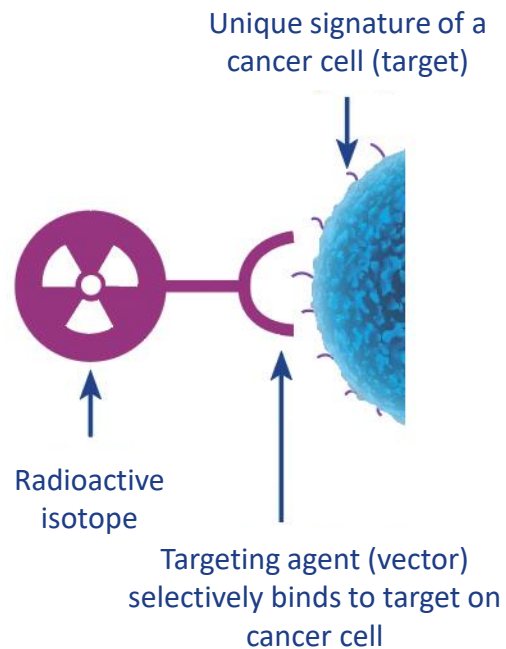




Emergence of a revolutionary Radio Ligand Therapy (RLT) technology



Radioligand Therapy
PROMETHE



Molecules targeting proteins specifically expressed on cancer cells

High selectivity needed, starting from vectors that can be small molecules, peptides, or different forms of antibodies depending on the chosen target.

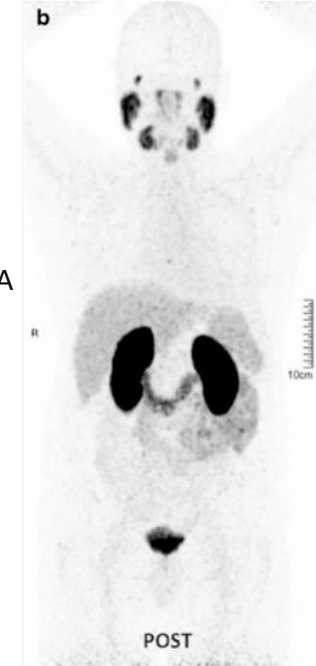
To these vectors are coupled a linker and a chelating cage by bio-conjugation that captures radio-isotopes

The latter allows the capture of radioisotopes, which, depending on the type of radionuclide used, make them imaging or therapeutic agents

Before therapy



After therapy



^{177}Lu -PSMA
Therapy

PET images after injection of ^{68}Ga -PSMA



RLTs provides both diagnostic (through PET imaging) and therapeutic approach to patients

Sources: Theranostic in oncology with PSMA // ^{177}Lu -PSMA radioligand therapy in a 67-year-old man with metastatic castration-resistant prostate cancer. A: PET image evidenced a diffuse metastatic involvement. PSA value 50 ng/ml. B: 4 months following the treatment with ^{177}Lu -PSMA radioligand therapy (8000 MBq), PET showed a complete metabolic response. PSA value 0 ng/ml

The COMETE project

Scientific innovation in health – oncology



COFINANCÉ
PAR L'UNION
EUROPÉENNE

RÉGION
BOURGOGNE
FRANCHE
COMTÉ

1

Identification of innovative **therapeutic targets** for **metastatic digestive cancers**

2

Developing two molecules for **Internal Radiotherapy Vectorization (IRV)** for **metastatic digestive cancers**

3

Evaluate the **anti-tumor efficacy and toxicity** of RIV molecules in preclinical models

4

Develop “**companion**” imaging agents to support in diagnosis and treatment efficacy monitoring



3 partners and
2 subcontractors



Project supported
until **2028**



€9.2 million budget



€7.9 million in aid requested
€7.7 million in aid granted



Reducing treatment costs through the use of effective solutions



Individualized treatment: reduction in ineffective treatments, personalized dosage



Accelerating the development of targeted therapies in oncology



OPM evaluates promising vectorization technologies, and new target selection work is underway





Clinical Strategy to Unlock Value Through Proof-of-Concept (POC)



CLINICAL STRATEGY

OPM's next steps

1

OPM-101

Next steps in RIPK2i assets development

Immuno-Oncology

- Strategic decision for continued internal development
- **Preparation of Phase Ib/IIa** proof-of-concept study ongoing, estimated **to start end of S1 2026**
- **Partnering discussions ongoing**, asset-based company as an alternative
- **Supported by BPI DEMOCRITE Grant**

Inflammatory disease – Ulcerative Colitis

- Aim is to advance in partnership

2

OPM-201

Next steps in LRKK2i assets development

- **Preparing Phase 1b/2a**
- **CMC and preclinical LT toxicology** work to start the selected OPM-201 clinical Phase 1b scenario as soon as possible and prepare optimally for Phase 2
- **Start of Phase 1b: 2027**
- **Funded by MJFF Grant**

3

RLTs

- **Identify a partner** with unique vector technologies
- **Start a collaboration through public funding** (Done) on first 2 targets
- **Program is ongoing and advancing well**
- **Supported by FEDER Grant**

Clinical Strategy to Unlock Value Through Proof-of-Concept (POC)



Phase 1 Completed



Phase 1b/2 unlocking POC in 2/3 years

Strategic Opportunities if successful POC

RIPK2
OPM-101



Good safety and pharmacokinetic profile



Measurable target engagement at the doses studied in Phase 1 HV

- Funded by bpifrance
- Phase 1b/2a ready to start in immuno-oncology, beginning **in end of S1 2026**

LRRK2
OPM-201



OPM-201 is well tolerated in young and elderly healthy volunteers. No SAEs



Direct relationship between the systemic exposure and inhibition of pLRRK2

- Potential validated by the MJFF Foundation
- CMC and toxicology work funded by a \$6.9 million MJFF grant to advance OPM-201 toward extended administration in patients
- Start of Phase 1b **in 2027**

Several value pathways



Licensing/ Co-development

Partnering with pharmaceutical companies to accelerate development, reduce costs, and **secure upfront and potential € M milestone payments.**



Strategic partnerships

To broaden clinical development programs, expand indications, or leverage external expertise



Acquisition/ M&A

If clinical POC, OPM could become an attractive acquisition target

 **Two near-term POC events in OPM-101 and OPM-201 could create multiple value inflection points, supported by broad market potential and a high-leverage opportunity for investors from early clinical validation.**

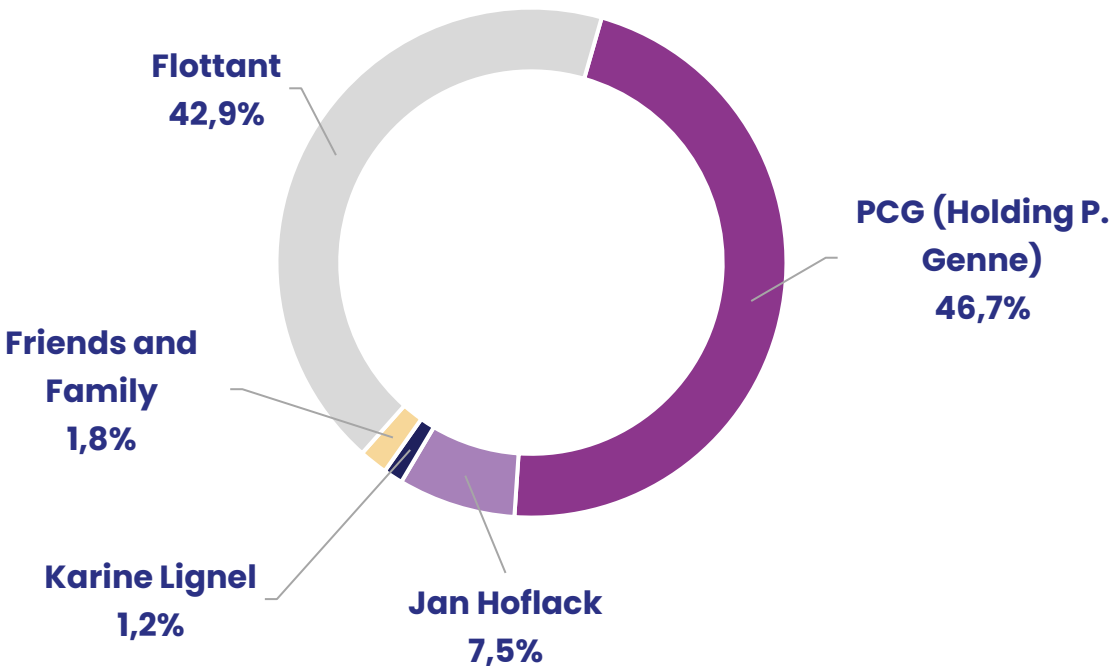
OPM share price

between October 5th, 2022, and March 10th, 2026



Share capital

December 31, 2024



self-retention : 0,1%



Contact us

**Oncodesign
Precision Medicine**

18 rue Jean Mazen
21000 Dijon France

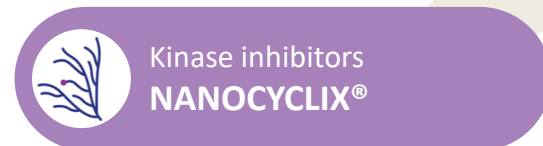
33 310 451 821



oncodesign.com

Nanocyclix® proprietary medicinal chemistry technology

A differentiated kinase inhibitor paradigm



Proprietary AI assisted medicinal chemistry platform

Extensive platform of small macrocyclic kinase inhibitors without equivalent in the industry: >12,000 molecules

Applicable across the human kinome

Potential to address over 400 disease indications with targeted molecules

Differentiated inhibition paradigm

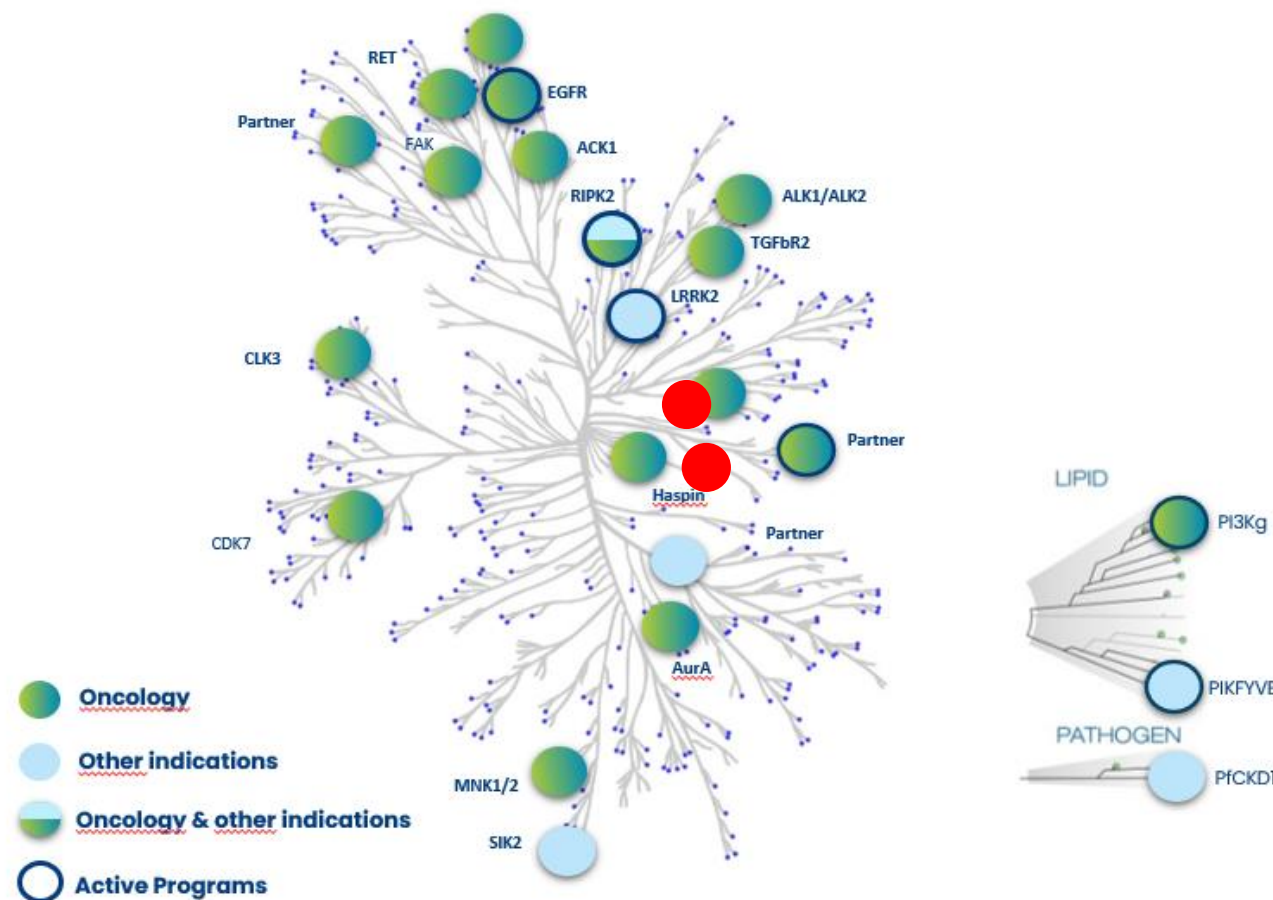
Shape complementarity to ATP binding site for activated kinases with 3D rigid molecules – entropy driven

Favorable properties

Potency, selectivity and drug-like properties by design; ideal for phenotypic approaches & intractable & novel kinases

Platform approach recognized by the industry

Multiple collaborations – established since 2000 continuous



Two molecules in the clinic: OPM-101 a differentiated RIPK2 inhibitor and OPM-201 a novel LRRK2 inhibitor



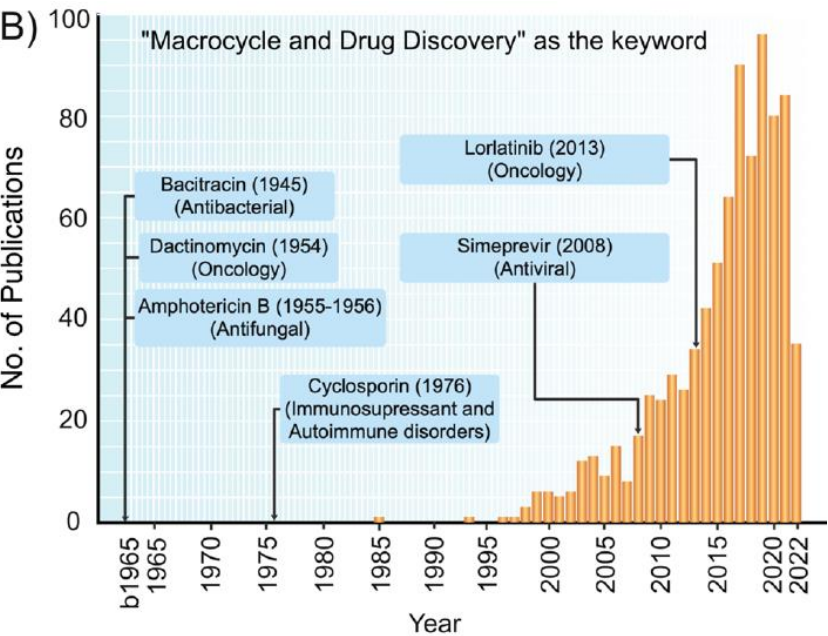
Macrocycles@OPM: At the Forefront of Current Drug Discovery Research

pubs.acs.org/jmc Perspective

Macrocycles in Drug Discovery—Learning from the Past for the Future

Published as part of the *Journal of Medicinal Chemistry* virtual special issue “New Drug Modalities in Medicinal Chemistry, Pharmacology, and Translational Science”.

Diego Garcia Jimenez, Vasanthanathan Poongavanam, and Jan Kihlberg*



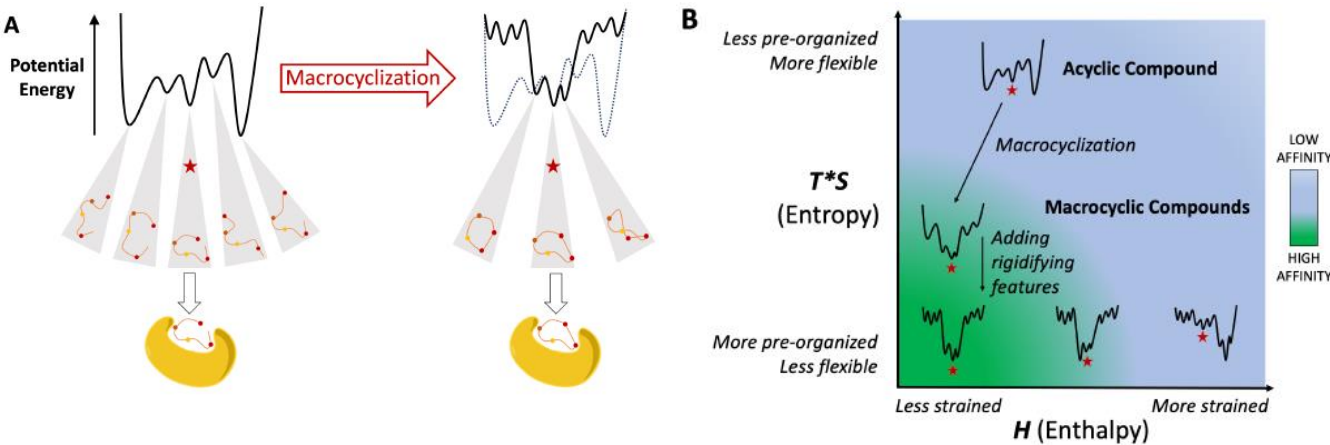
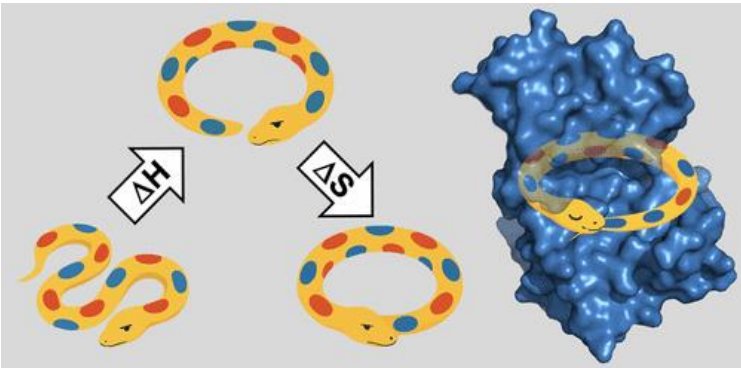
J. Med. Chem. 2023; <https://doi.org/10.1021/acs.jmedchem.3c00134>

Additional sources: Rigid Scaffolds Are Promising for Designing Macrocyclic Kinase Inhibitors, *ACS Pharmacol. Transl. Sci.* 2023, 6, 8, 1182–1191

PERSPECTIVE | July 31, 2025

Macrocycles for Conventionally Druggable Targets: Lessons from Macrocyclic Kinase Inhibitors

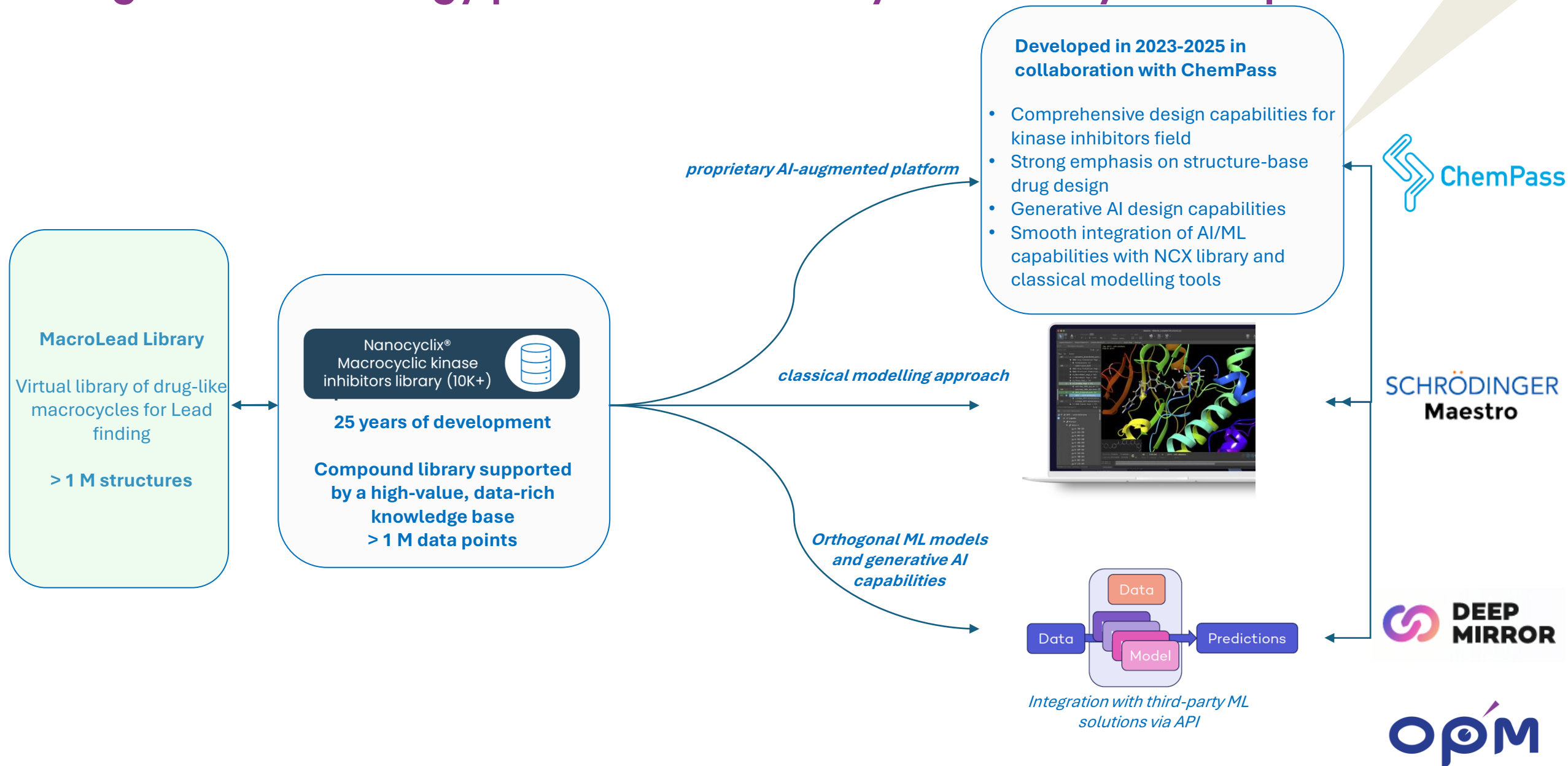
Lauren A. Viarengo-Baker, and Adrian Whitty*



J. Med. Chem., 2025; <https://doi.org/10.1021/acs.jmedchem.4c02886>

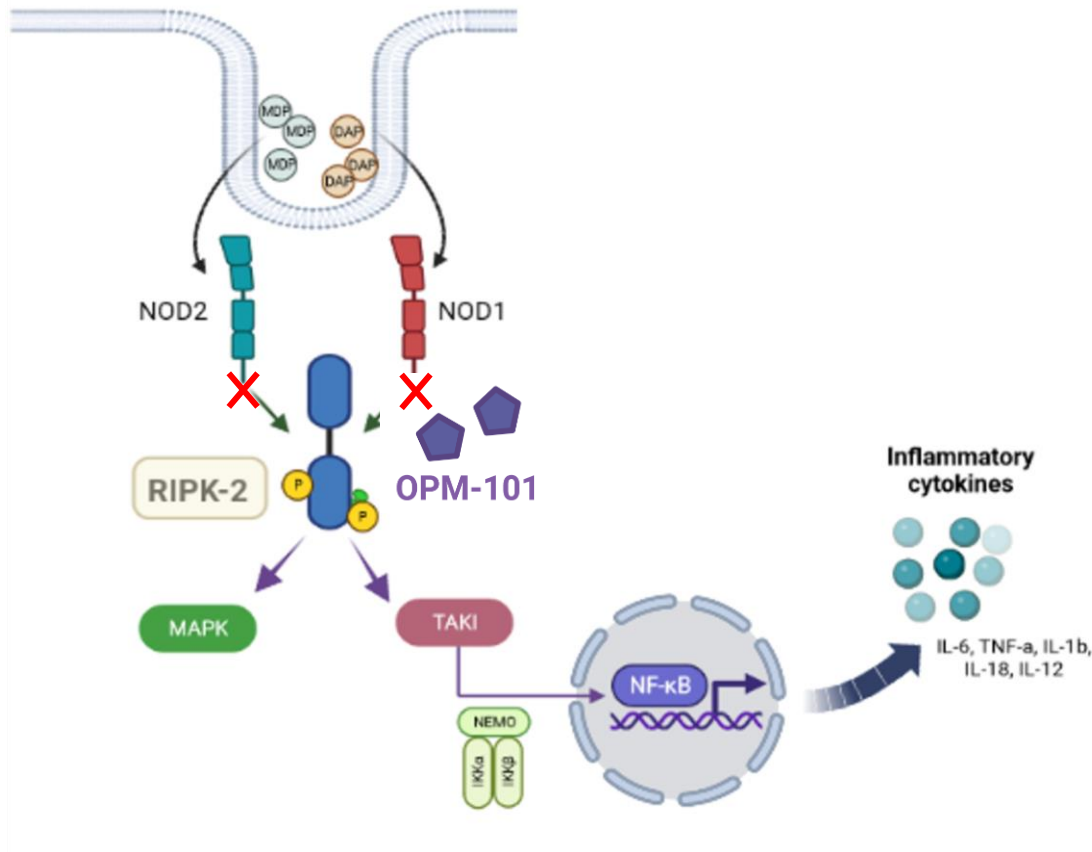


Integrated technology platform for Nanocyclix® library development



IMMUNOLOGY

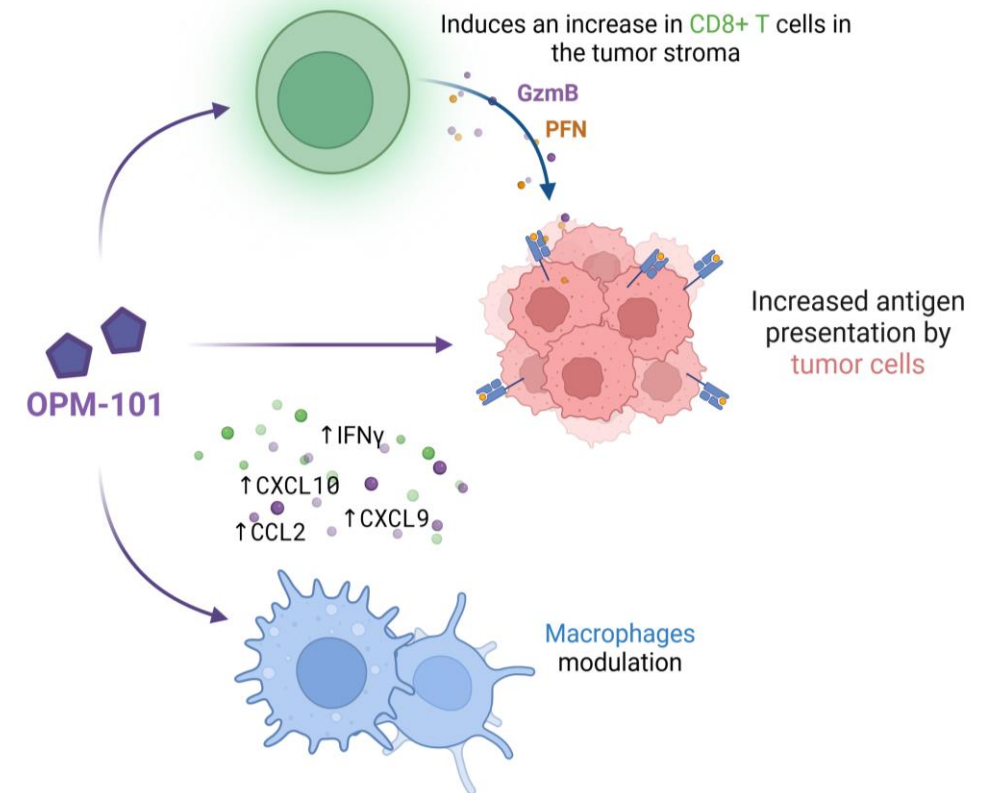
Modulate hyperinflammation of
deregulated NOD/RIPK2 axis with strong
link to IBD



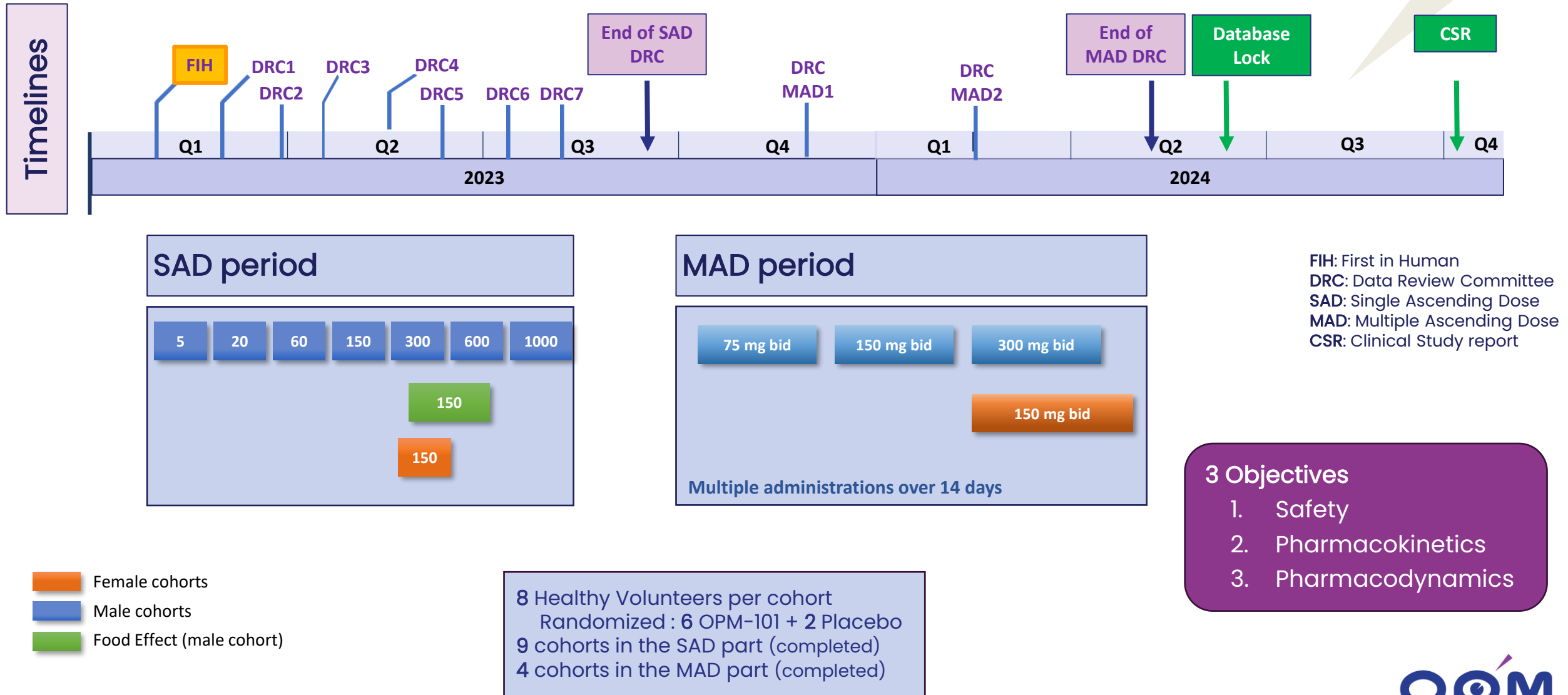
Created with BioRender.com

IMMUNO-ONCOLOGY

- 1) Modulate tumor microenvironment to higher inflammatory state
- 2) Increase antigen presentation on cancer cells



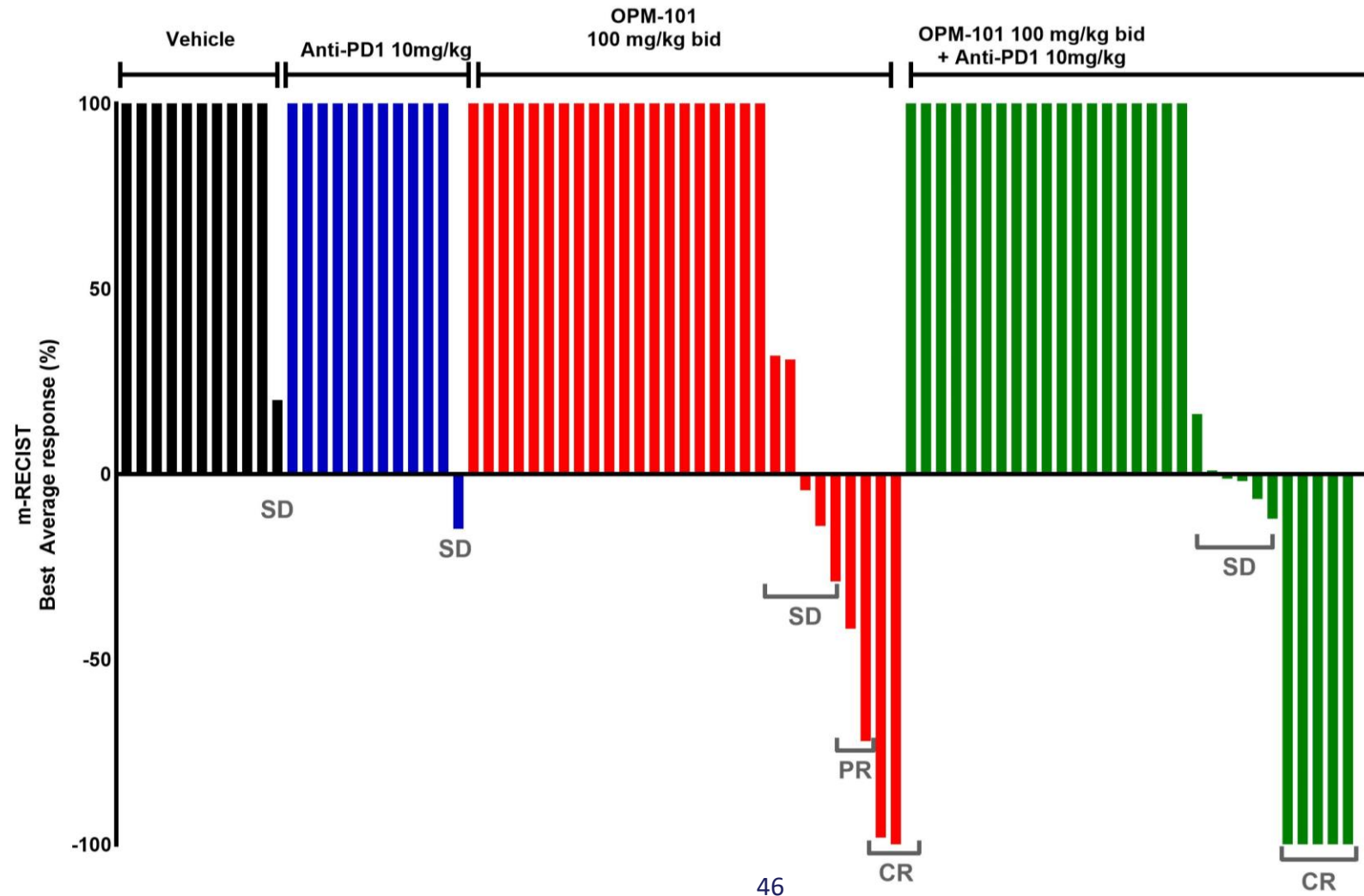
OPM-101 – Design & timeline for the phase 1 HV study



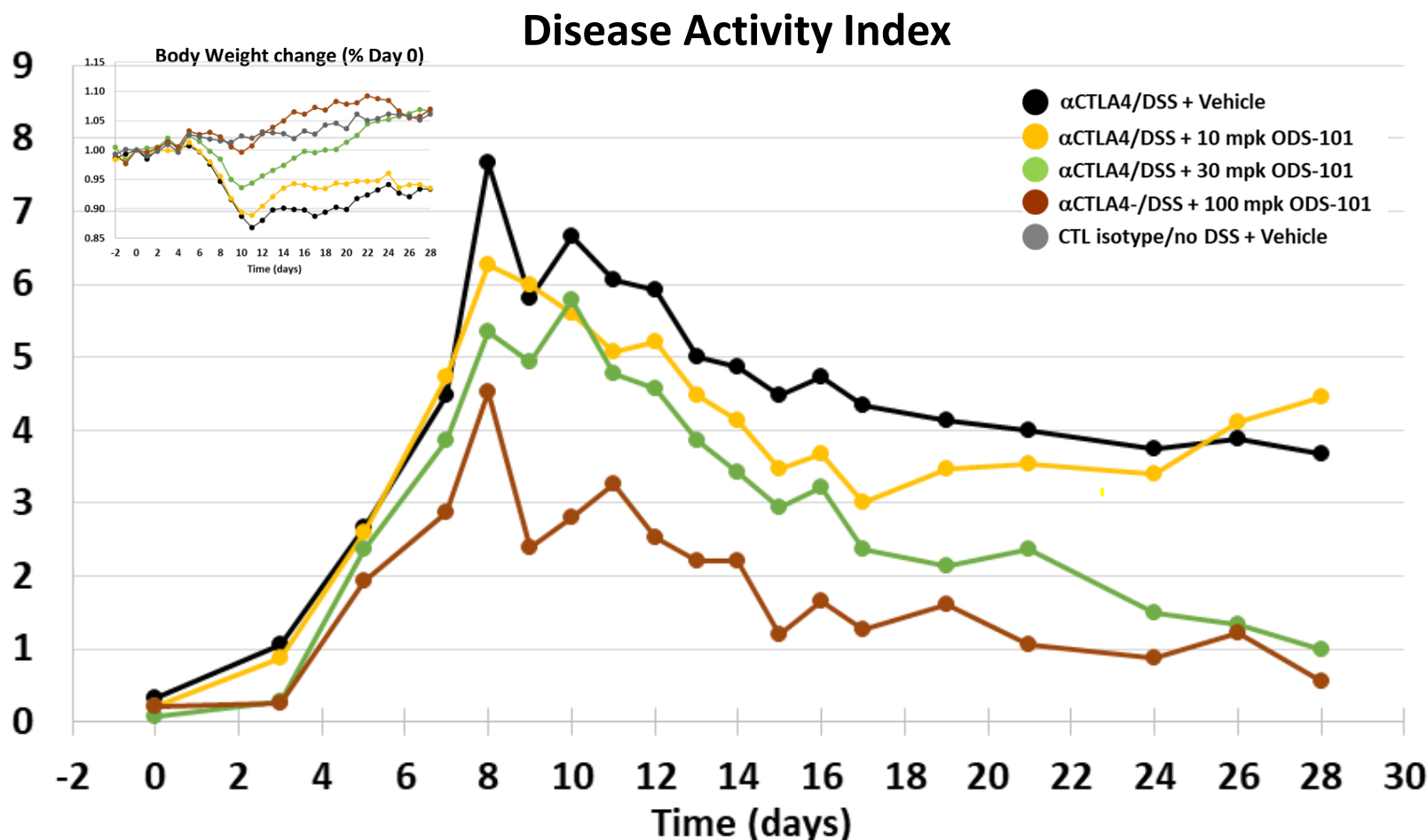
Second Line

The combination of OPM-101 and anti-PD-1 decreases the development of acquired resistance to ICI

m-RECIST ANALYSIS



In vivo efficacy in a DSS+CTLA4-induced colitis model



OPM-101 protects from acute and chronic colitis and increases recovery rate and mice body weight & protects the colon from inflammation-driven epithelial thickening



Kinase inhibitors
NANOCYCLIX®

RIPK2i, high potential in inflammatory disease

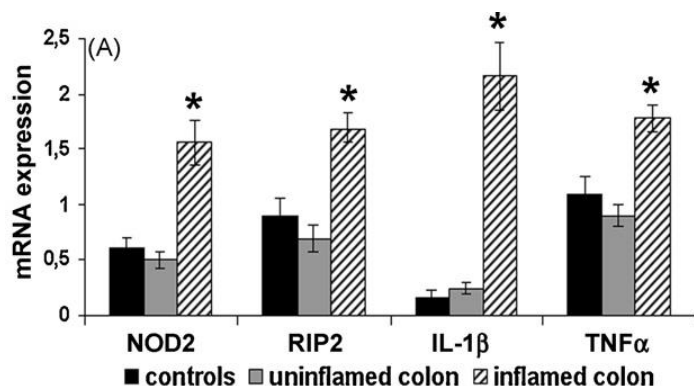
Recognized mechanism in
Inflammatory Bowel Disease (IBD)



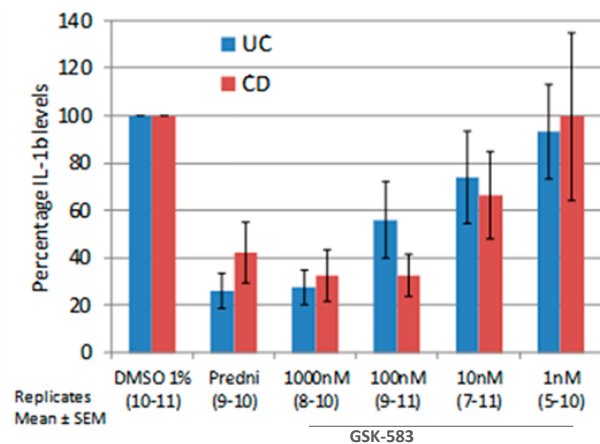
RIPK2: A High-Value Therapeutic Target

- RIPK2 is a novel yet clinically validated target in IBD and GI-inflammatory diseases.
- Dysregulated NOD2 signaling drives chronic inflammation, positioning RIPK2 inhibition as a powerful therapeutic strategy.

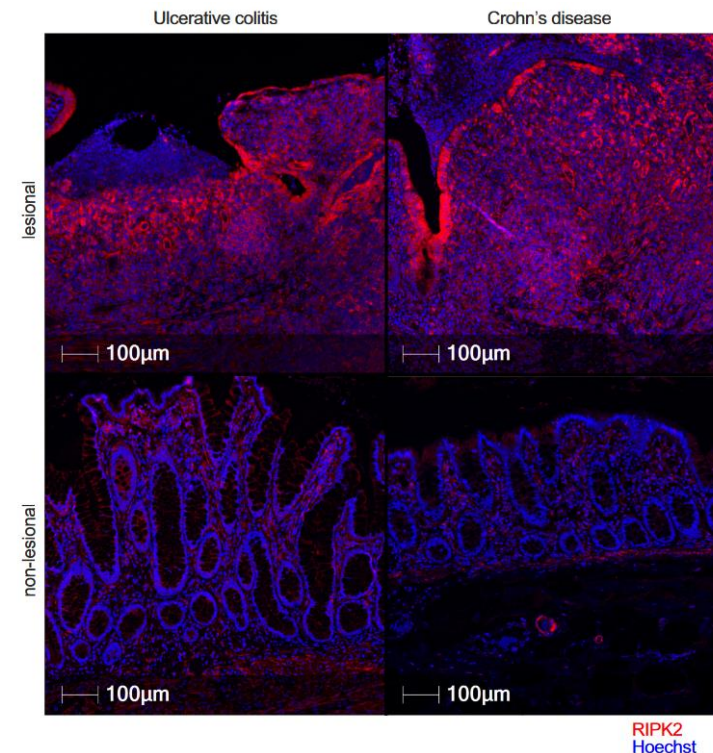
NOD2/RIPK2 expression is increased in the inflamed colonic mucosa of UC patients



RIPK2 inhibition prevents inflammatory cytokine production in UC/CD patient biopsies of inflamed tissue



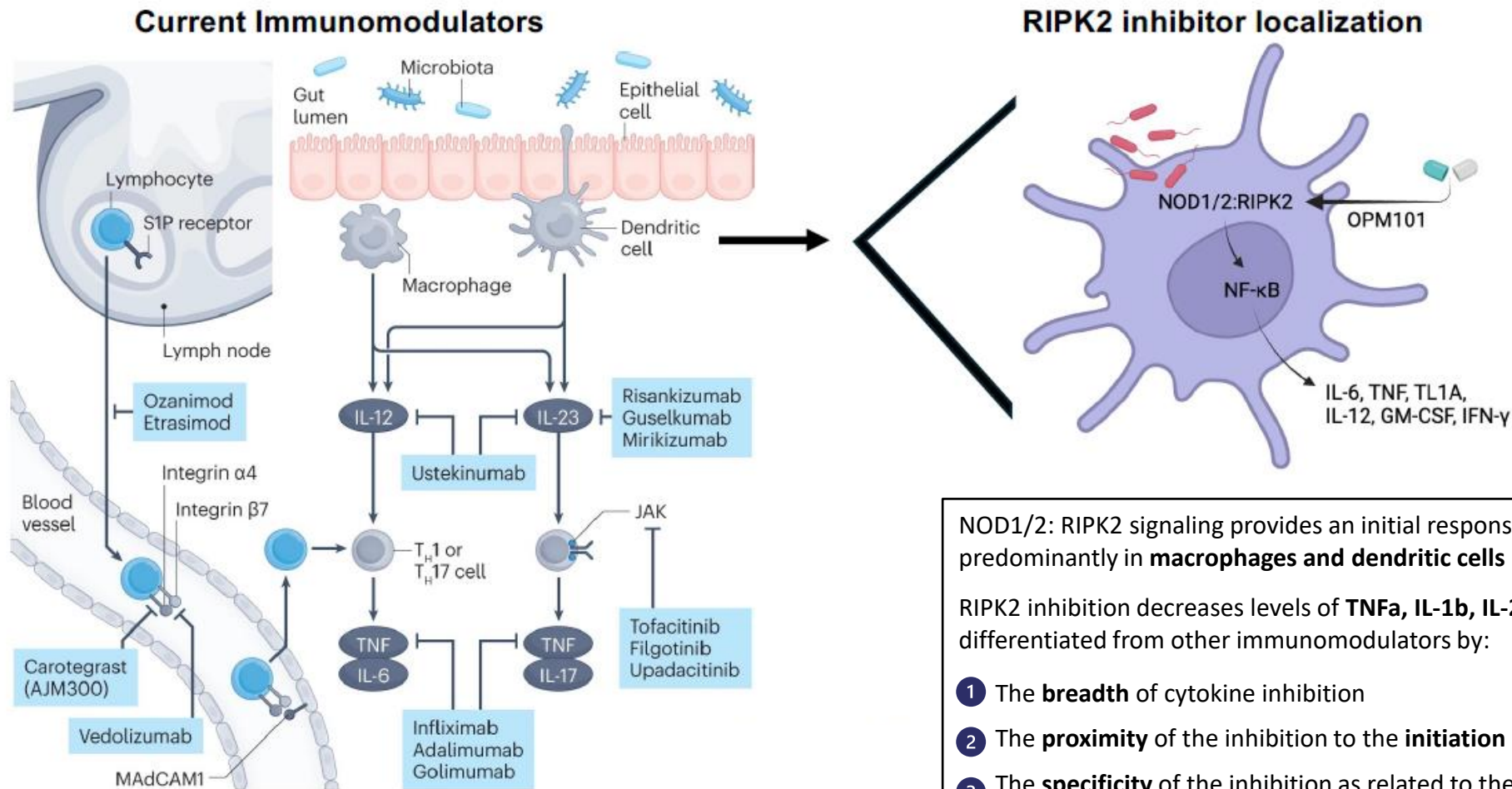
Elevated RIPK2 expression in lesional human IBD tissue



Targeting NOD2/RIPK2 pathway is an attractive strategy for the treatment of IBD



Differentiating RIPK2 inhibitors from other immune modulators in IBD



NOD1/2: RIPK2 signaling provides an initial response to bacterial exposure predominantly in **macrophages and dendritic cells**

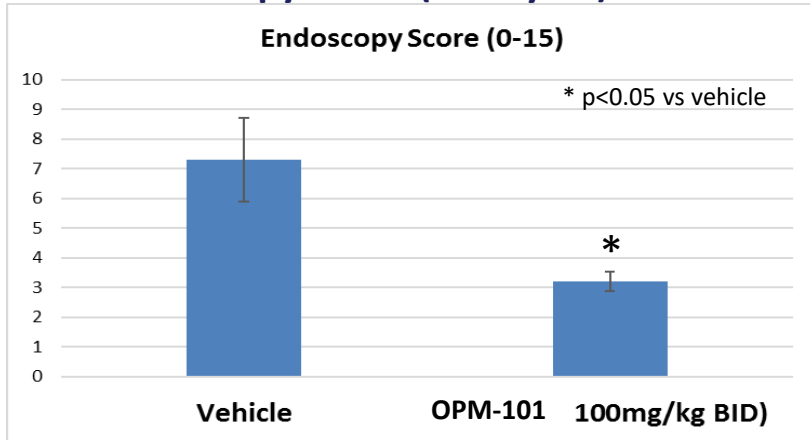
RIPK2 inhibition decreases levels of **TNFα, IL-1b, IL-23, IFNγ, IL-6, IL-12** and is differentiated from other immunomodulators by:

- 1 The **breadth** of cytokine inhibition
- 2 The **proximity** of the inhibition to the **initiation of cytokine release**
- 3 The **specificity** of the inhibition as related to the NOD1/2 RIPK2 system, making it more an immune modulator vs. an immune suppressor

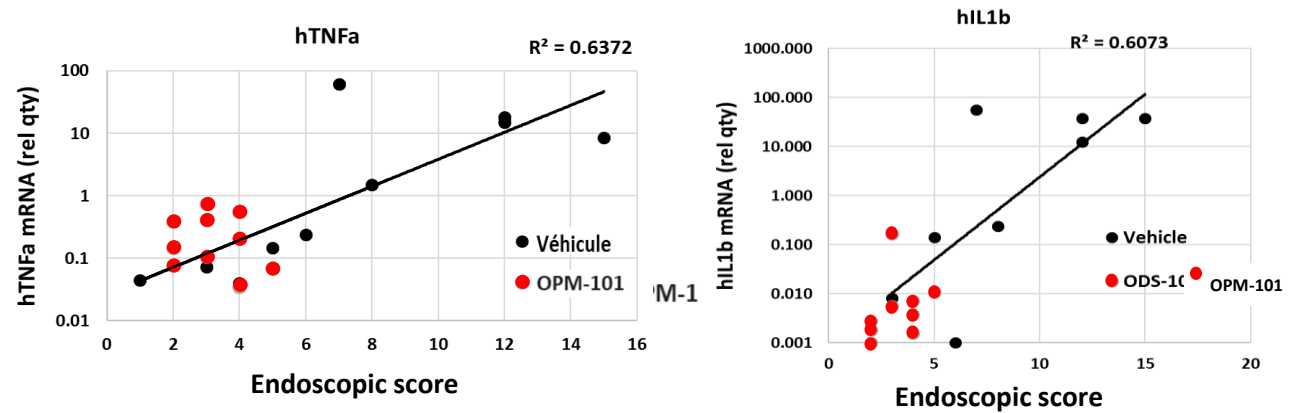
OPM-101

In vivo efficacy in a Humanized mouse model of DSS-induced acute colitis

Endoscopy Score (At day 12)

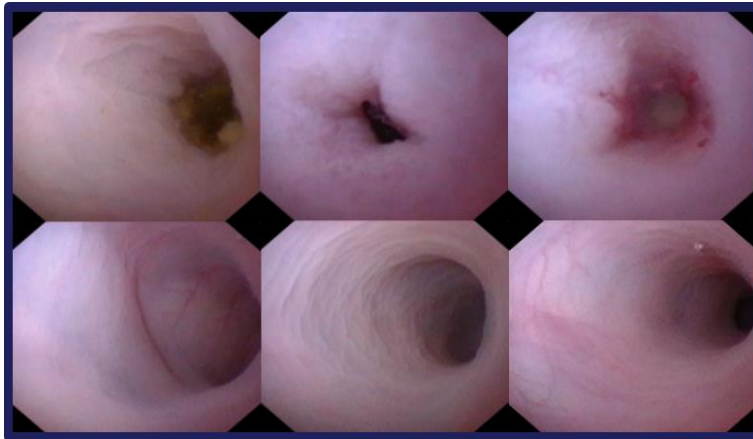


Human TNF α and IL-1 β expression in distal colon (At day 14)

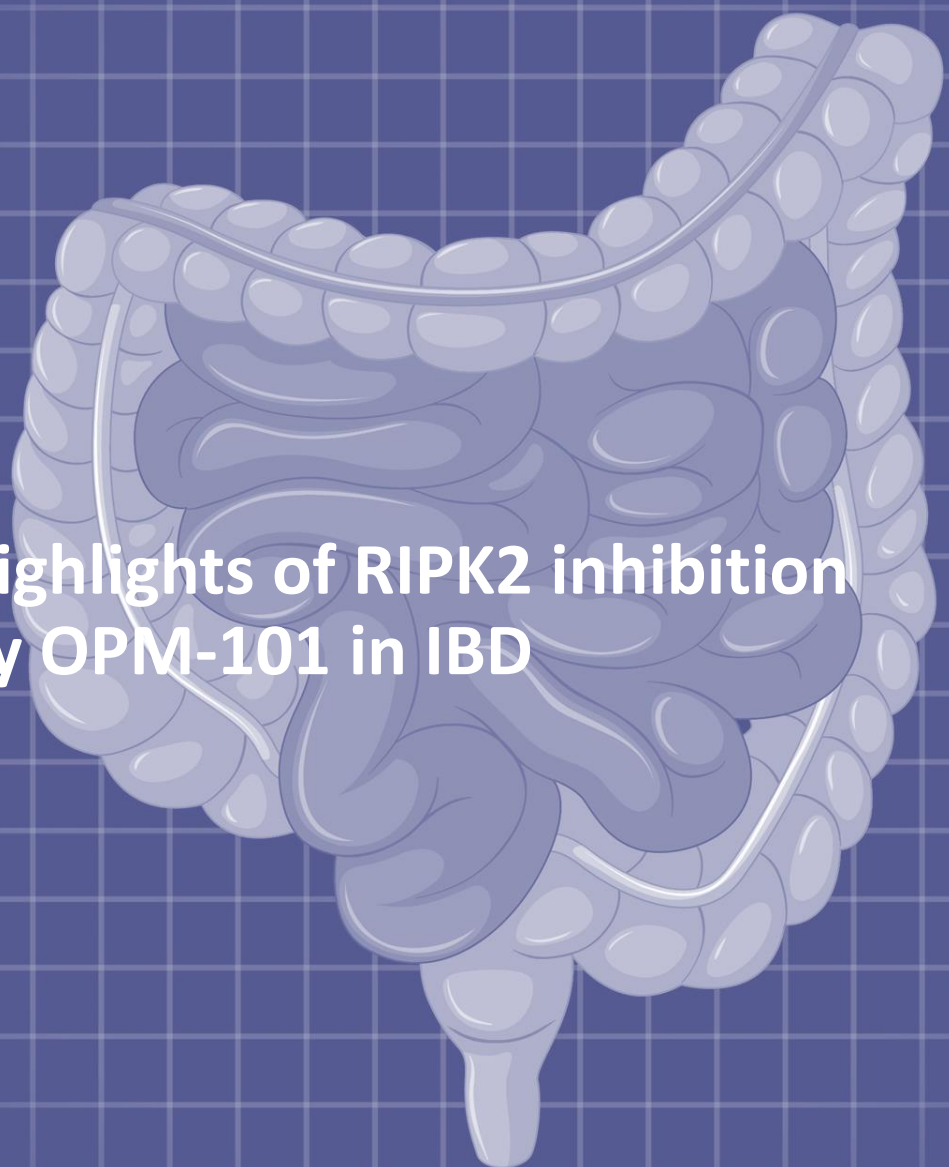


Vehicle

OPM-101



OPM-101 protects colon from DSS-driven inflammation in humanized mice, reduces colon thickening & completely blunts local hTNF α and hIL1 β increase and strongly reduces disease activity



Highlights of RIPK2 inhibition by OPM-101 in IBD

Targeting RIPK2 - A Validated and Novel Approach: RIPK2 represents a cutting-edge, validated target for IBD and GI-inflammatory diseases

OPM-101 has shown dose-dependent efficacy in 2 preclinical models of IBD, resulting in a significant reduction in disease clinical scores and promoting rapid recovery of animal weight.

OPM-101 effectively protects the colon from inflammation by inhibiting the local production of key pro-inflammatory cytokines, such as $\text{TNF}\alpha$ and $\text{IL-1}\beta$.

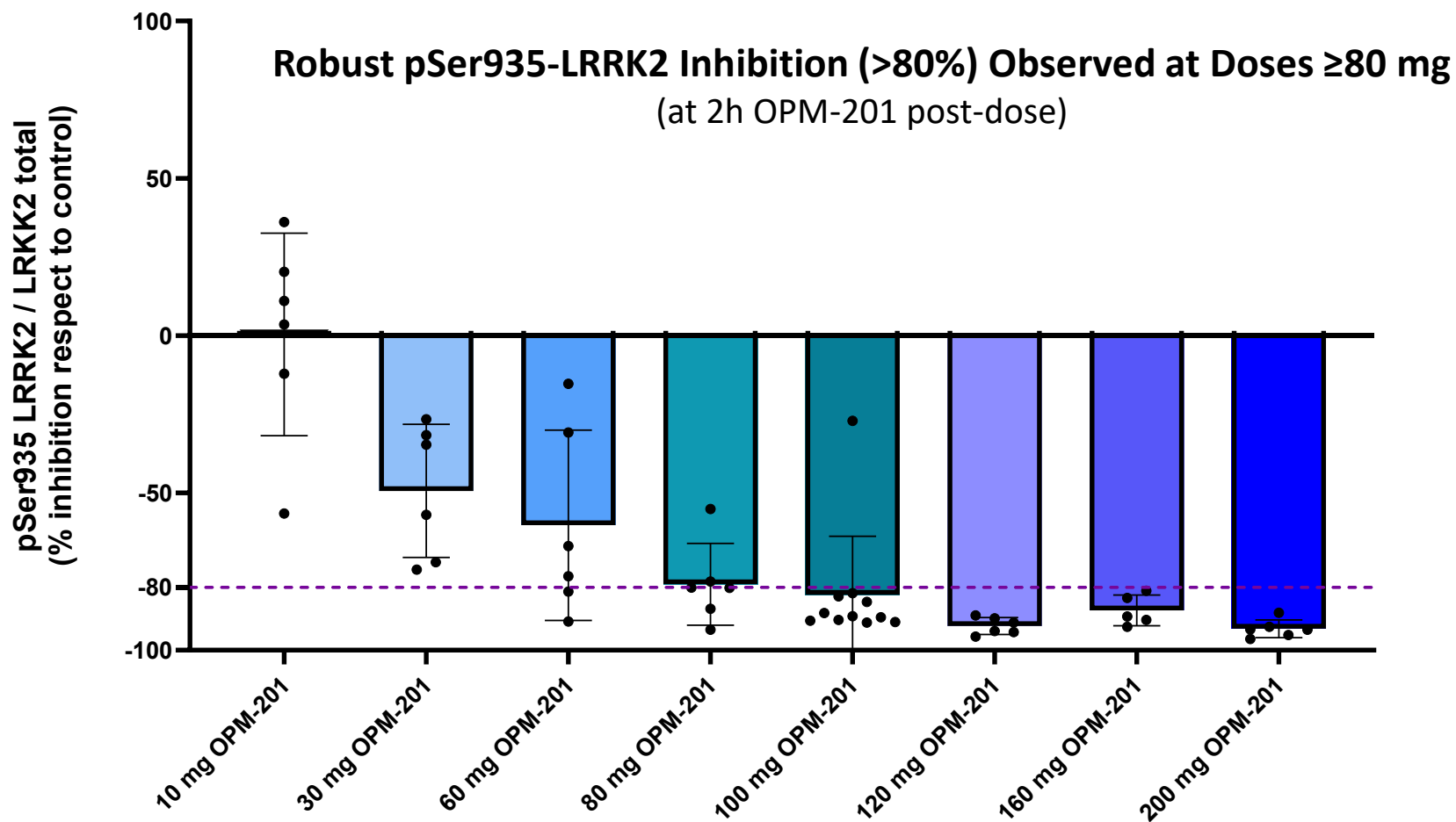
OPM-101 is an ideal candidate for both monotherapy and combination therapy, offering flexibility in treatment strategies

OPM-101 opens a **new opportunity for therapeutic intervention in inflammation-related colitis, positioning it as a potential game-changer in the management of IBD**

Market value of Ulcerative Colitis is expected to be **\$10 Bn by 2031** and **\$4,4 Bn** for Immune-mediated Ulcerative Colitis by 2030¹

Discussions ongoing with different pharmaceutical companies

SAD study shows robust PK/PD relationship for LRRK2 targeting



Radioligand therapy Market



The 5 top players



Targets

PSMA, FAP, GRPR, integrin beta-3

SSTR2, GPC3 and CA9

PSMA, IGF-1R, NTSR1, EGFR

PSMA

FAP, PSMA



Many acquisition with **3 operations of more than \$1 billion** in the last 6 months

- RaizeBio by BMS for \$4.1B in Dec 2023
- Fusion by Astra Zeneca for \$2B in March 2024
- Mariana Pharma by Novartis for \$1B in April 2024
- Aktis Oncology option by Lilly for \$1B in July 2024

Many **stock market surveys for biotech**

- ITM \$205M in June2024
- Perspective Therapeutics \$87M in March 2024
- Radio Therapeutics \$50M in January 2024
- Full Life Technologies \$47M in January 2024

OPM rare European company listed on the subject



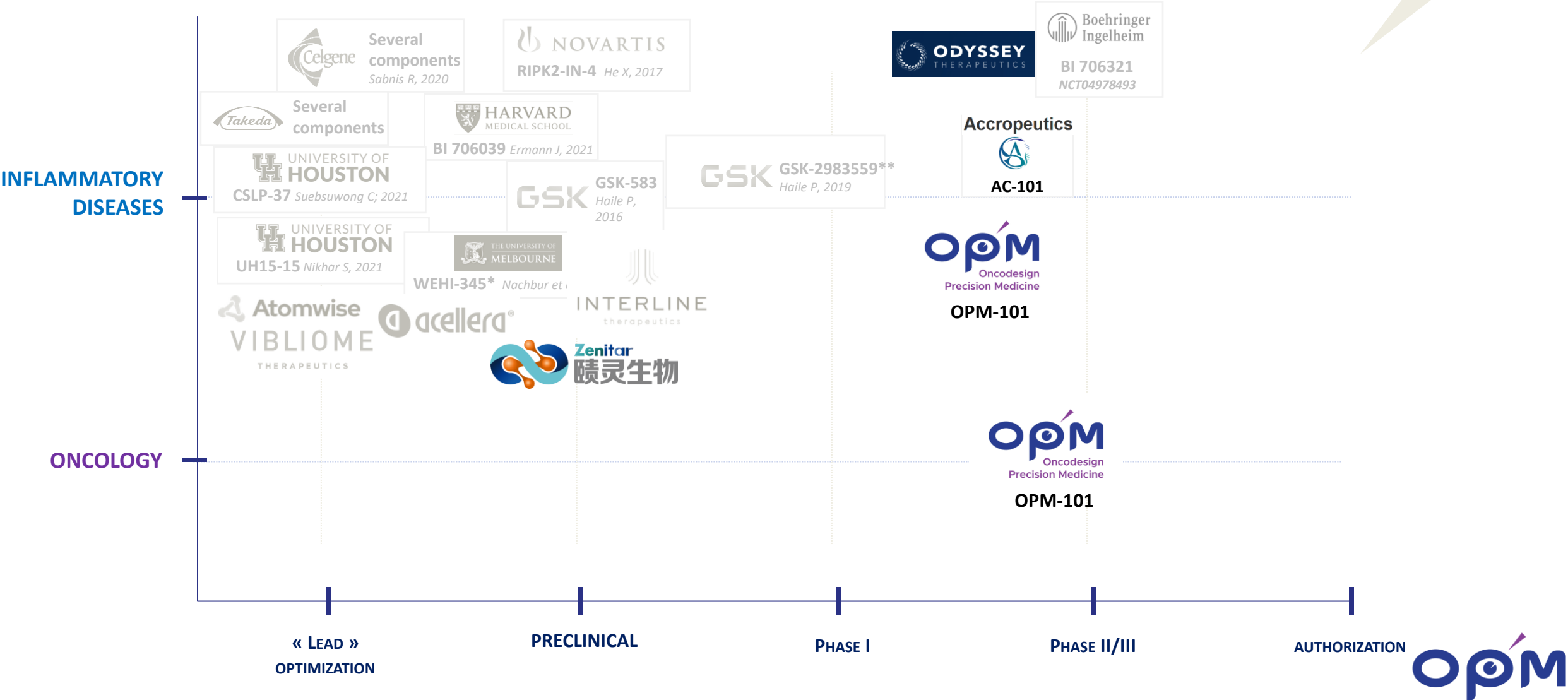
According to the latest research by InsightAce Analytic, the global radiotheranostics market size valued at US\$ 1.55 billion in 2021 and it is expected to reach **US\$ 3.86 billion in 2030**

Currently **2 targeted molecules on the market**: Luthatera (targeting SSTR2) and Pluvicto (targeting PSMA), both using a petide as vecor and ¹⁷⁷Lu isotope.

Most compagnies are developing molecules targeting the same targets (PSMA, FAP et SSTR2)

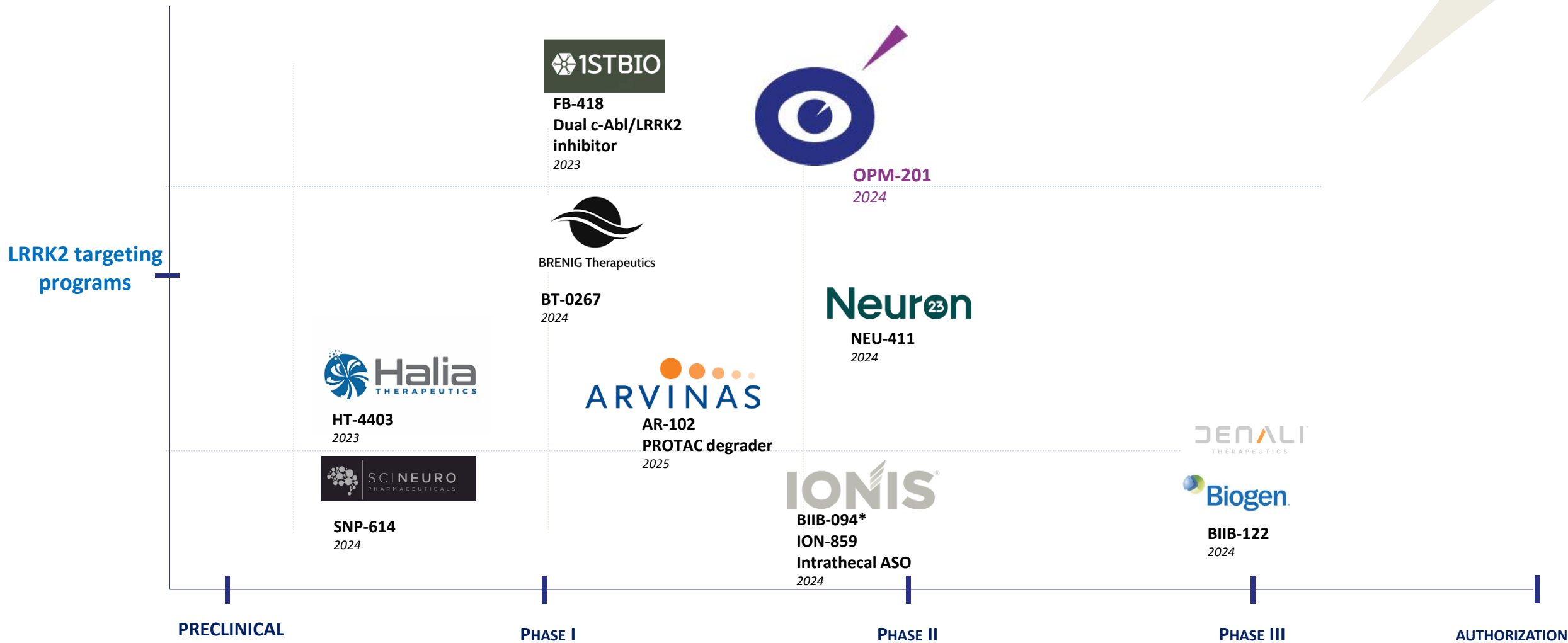
Next wave of alpha emitters (225Ac, 212Pb) could induce better efficiency

RIPK2 Competitive Environment



OPM-201

A best-in-class fast-follower of DNL-151 and NEU-411



* : BIIB-094 was licensed by Biogen but was discontinued in January 2025

