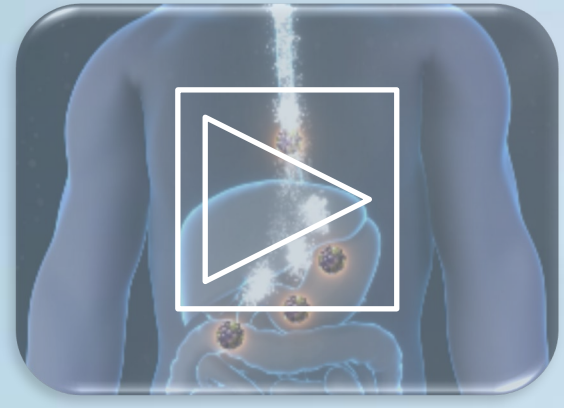
BiPER Therapeutics

First in class therapeutics overstressing pathological cells to cure patients

Non Confidential Slide Deck
30 March 2026
US

BiPER Therapeutics



Start Up Biotech spin off from 10 years multiple awards academic lab

First-In-Class Small Molecules Drug Candidates protected by **7 patents**

5 $ M raised in seed and bridge financing

Raising 35 $ M to bring BPR001-615 up to Phase 2b – Min 12 $ M up to Phase 1/2a

BPR001-615 Clinical drug candidate at 6 months from the clinic

- **First-In-Class** selective BiP Inhibitor to treat > 50% cancer patients
- Strong efficacy - **Tumor regression in monotherapy in vivo**
- Excellent safety profile - **GLP-like Toxicology studies completed**
- Secured manufacturing - **GMP-like batch produced**
- Non-clinical data & Clinical / CMC plan **validated by regulatory agency**

Precision medecine to treat cancers

- > 50 % patients overexpressing BiP
- Patients selected by simple blood test

AI augmented R&D

- Prediction of drug -likeness & response
- Biomarker panel analysis & prediction

BiPER Therapeutics is a seasoned team of drug developers, clinicians and senior scientists with solid experience in pharma and biotech entrepreneurship

CO-FOUNDERS

Mehdi Chelbi Msc



MSC
Biotech Pharma
Corporate Drug Development
& Entrepreneur

Stephane Rocchi PhD



Research Director INSERM
Expertise in Biology and Oncology (C3M)

Rachid Benhida PhD



Research Director CNRS
Expertise in Medicinal Chemistry (ICN)

Cyril Ronco PhD



Professor UCA
Expertise in Chemistry & Drug Design (ICN)

BOARD MEMBERS

Guillaume Vetter PhD



PhD MBA
Biotech & Start up experience

Director Quest4Health Incubator

Noomane Fehri MBA Ing.



Managing Partner - MEDIN Fund

VC fund Management 30 years experience in leading international firms

Mehdi Chelbi Msc



MSC
Biotech Pharma
Corporate Drug Development
& Entrepreneur

EXECUTIVE TEAM

CEO - Mehdi Chelbi Msc



20 Years experience in drug discovery and clinical CRO

Top 20 Pharma
250 + clinical trials managed

CMO Dr Alain Thibault



MD Mc Gill University
Board Certification in Oncology and Internal Medicine in the US -

Roche, J&J and Regeneron

CFO - Stephane Millot MBA



20 years experience as CFO

Advesia
Biomunex
Pwc

CSO - Michael Cerezo PhD



Thesis on BiP Inhibitors

INSERM
INSTITUT GUSTAVE ROUSSY

BiPER Therapeutics has surrounded itself with clinicians and international academics and pharma veterans who participate in the development of our drugs

SCIENTIFIC ADVISORY BOARD



Pr Romain Coriat

Head of Oncology and Hematology Department at Paris Hospital centers – Cochin site
Head of Gastroenterology and Gatro-Intestinal Cancers Units – Paris Hospitals (APHP)



Pr Sylvie Rottey

Medical Oncologist & Clinical Pharmacologist
Professor in Pharmacology
Head of the Phase 1 Onco Unit Ghent Belgium



Pr Christophe Borg

Gastro-oncologist at Besançon UniversityHospital

Vice-President of the French Gastro-Intestinal Cancer cooperative group



Pr Amy S Lee

Professor of Biochemistry and Molecular Biology at the University of Southern California UCLA US

Recognized expert in BiP/GRP78 Biology



Pr Salem Chouaib

Oncology Research Director at Institut Gustave Rousssy
Director of Thumbay Research Institute for Precision Medicine
Vice Chancellor for Research at Gulf Medical University



Pr Thierry Passeron

Onco-dermatologist at L' Archet Hospital, Nice FranceProfessor and Chair of Dermatology at Nice Hospital

ADVISORS



Neil Sankhar MD Medical Adv US

20 years exp in Pharma industry Medical Oncologist

Genentech - Medimmune - PPD

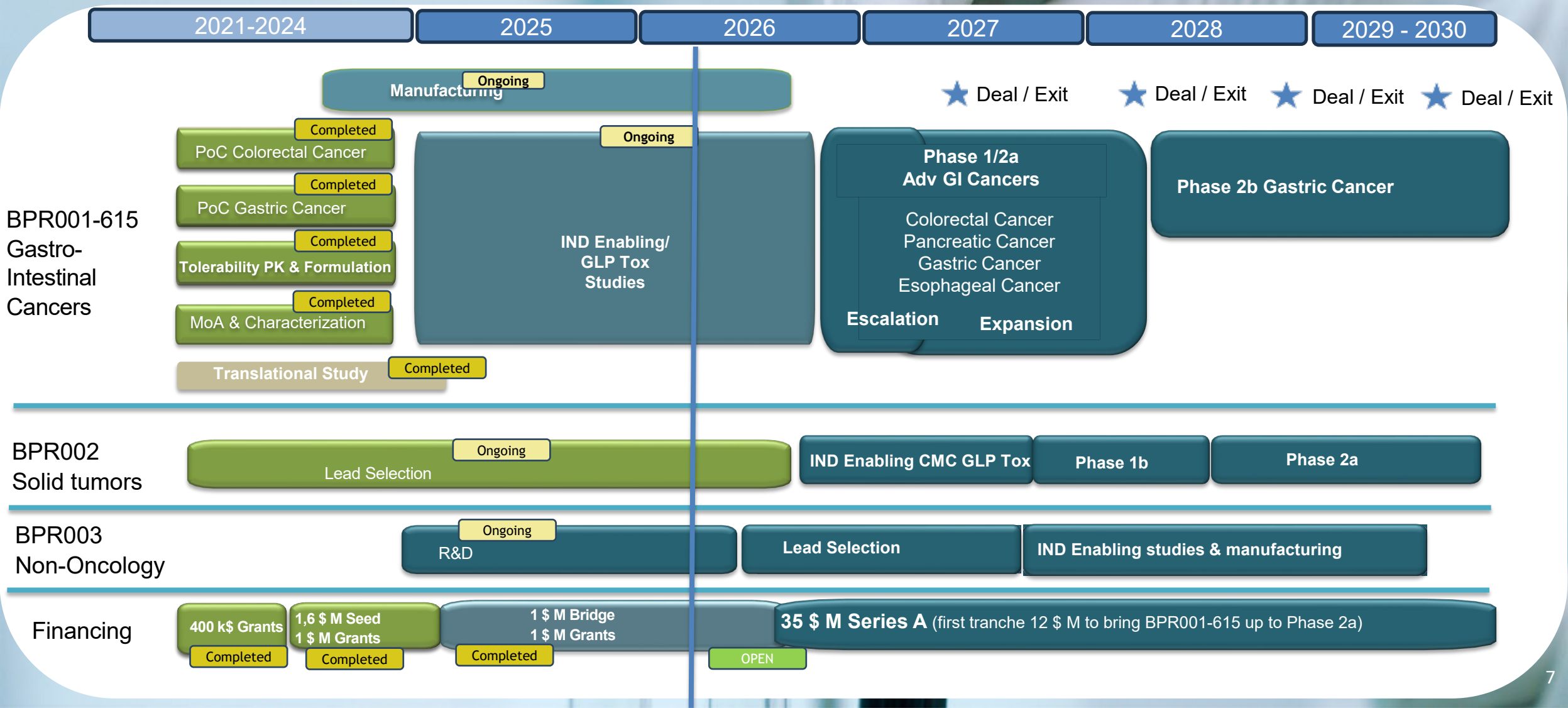


Dr Olivier Loget – Preclinical Development

20 years exp in Pharma industry Dr in Veterinary Medecine

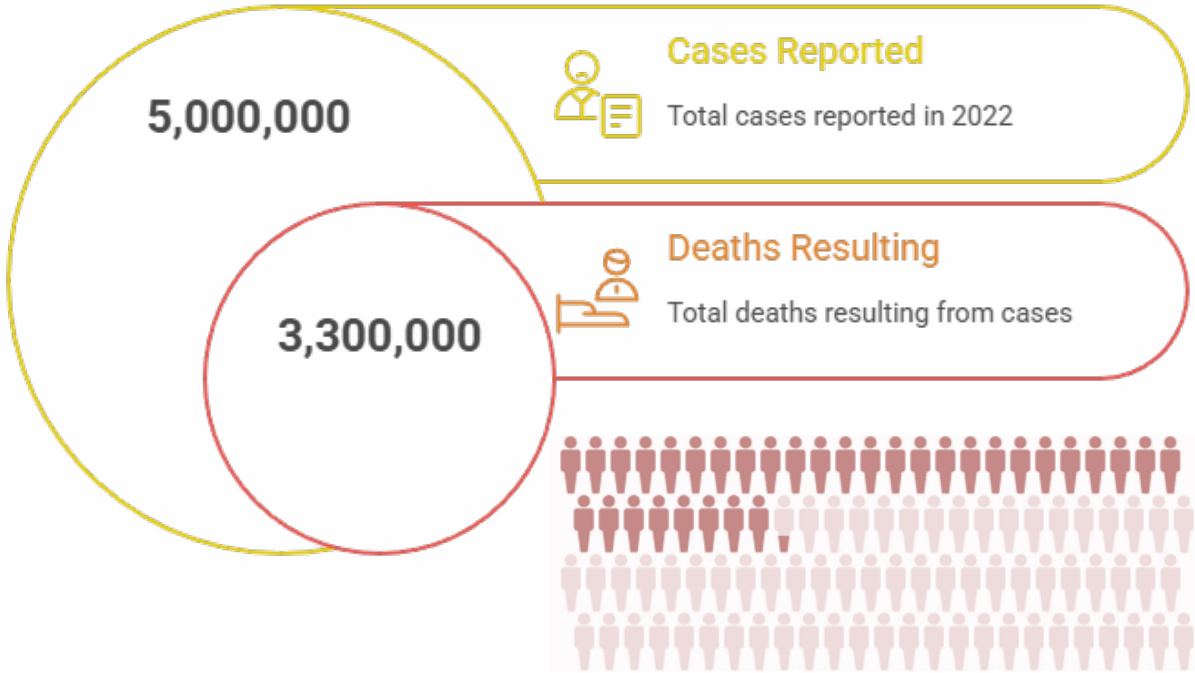
Roche - DSM – Addex Pharma

Current open Series A is a fantastic opportunity to join BiPER Therapeutics in our fight against cancer and bring new solutions to patients

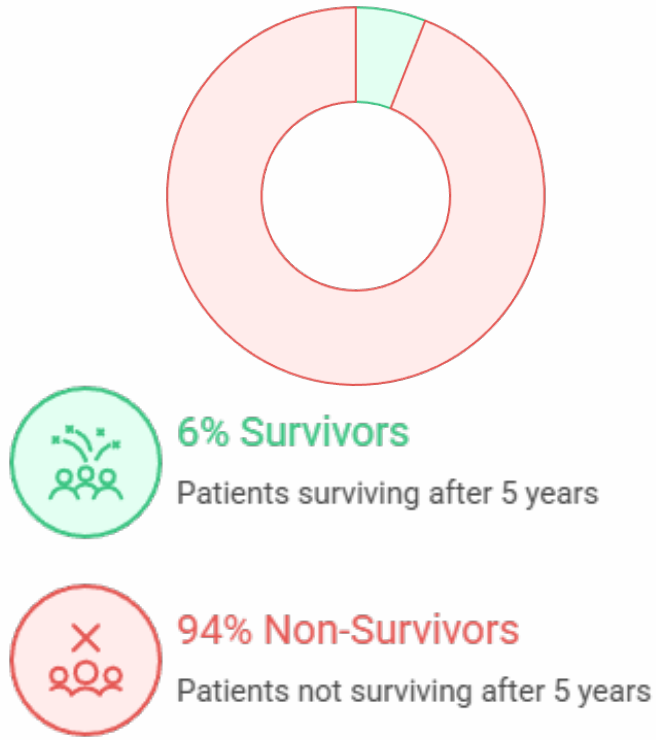


3,3 Million annual deaths for gastro-intestinal cancers
Only 6% of patients survive at advanced stages

3,3 Million annual deaths for gastro-intestinal cancers



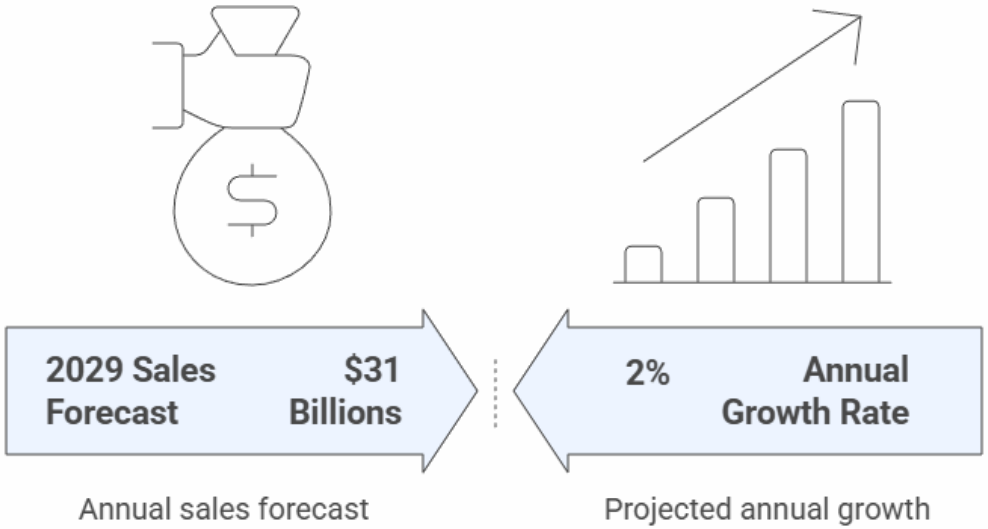
Only 6% survive at advanced stage



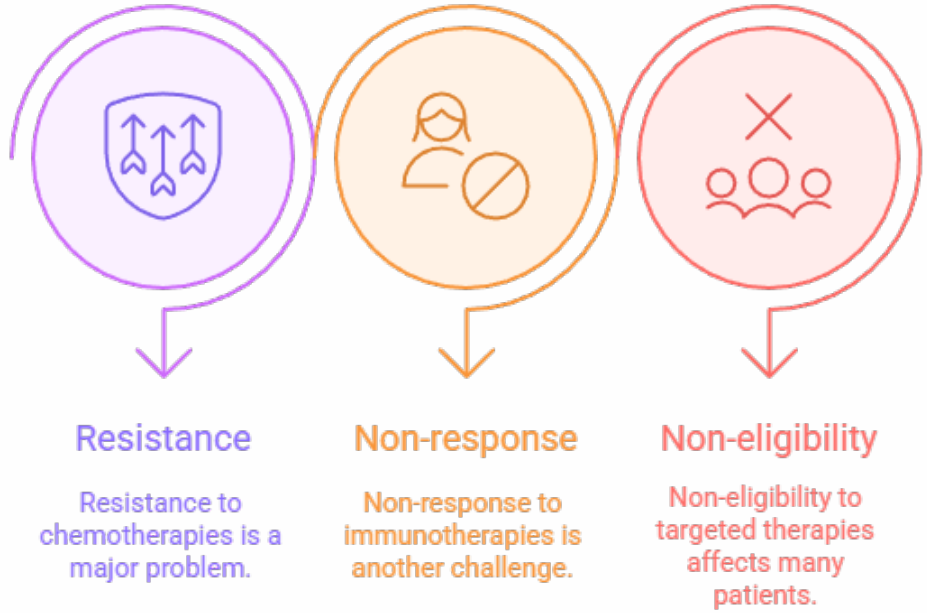
Source: WHO

50% of patients remains without solutions as cancer treatment is facing important challenges driving 2% annual growth in a 31 $ Billions market

31 $ Billions per year –– 2% annual growth



But still 50% of patients without therapeutic solutions



Source: Global Data

BPR001-615 is a New Class of Therapeutic bringing new Solutions to current cancer Treatment landscape

Limitations of standards of care

Chemotherapies

Relapse due to resistance and side effects.

Immunotherapies

Non-response or non eligibility and IV administration.

Targeted therapies

HER2-negative excluded and less than 20% eligible for other targeted treatments

BiPER Tx BPR001-615 Key advantages

New way to treat > 50% cancer patients

Large addressable population (50%) with a new class of therapeutics.

Strong Efficacy with low side effects

Excellent tolerability profile allowing use in upper lines of treatment.

Oral drug with low cost of good

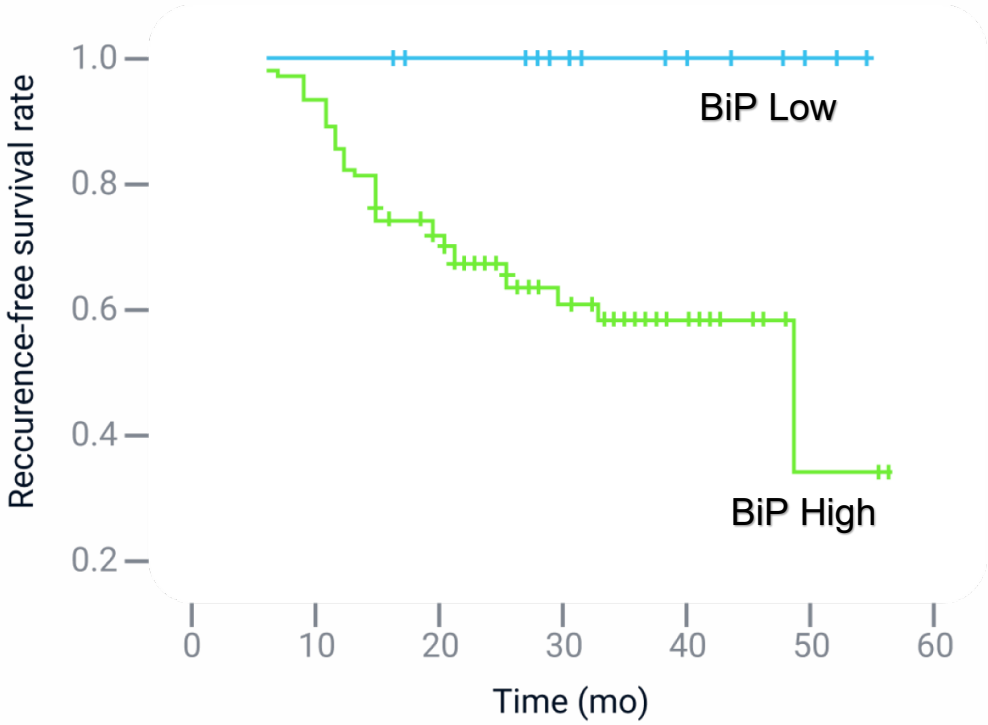
Convenient oral administration with low production costs.

BiPER Therapeutics

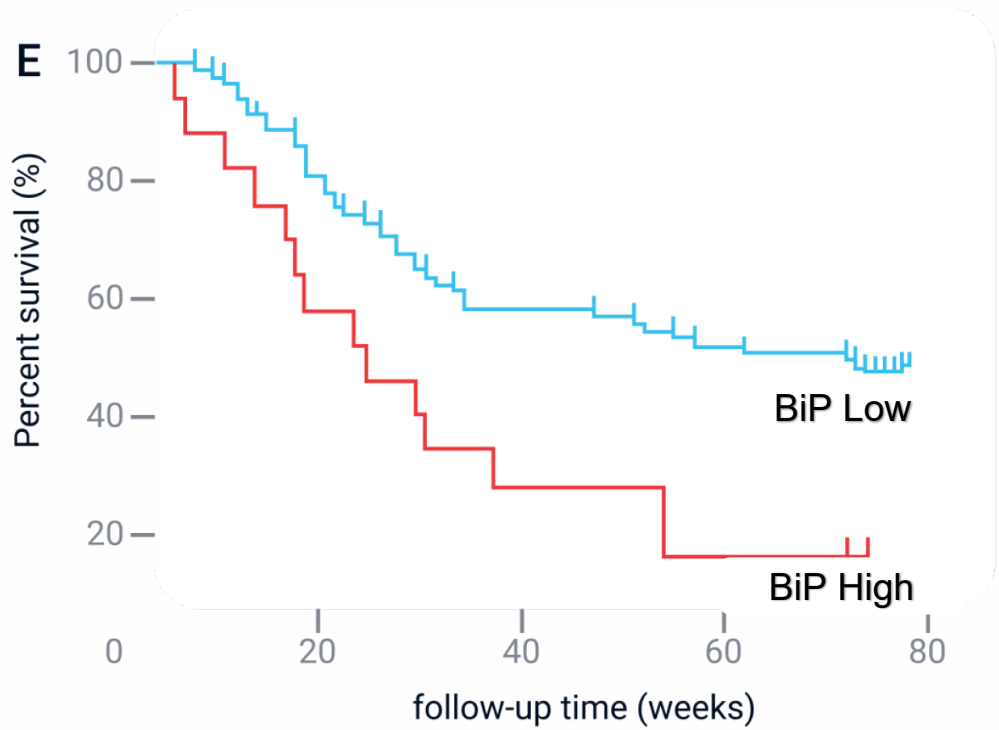
BPR001-615
Target
Mode of Action



BiP is a key protein involved in tumour survival mechanisms and associated to poor prognosis of cancer patients



GRP78 Protein Expression as Prognostic Values in Neoadjuvant Chemoradiotherapy and Laparoscopic Surgery for Locally Advanced Rectal Cancer
BiP = GRP78
Cancer Res Treat. 2015;47(4):804812



Kaplan-Meier survival curve in Gastric cancer patients with low and high BiP expression level (High expression (>4) vs low expression

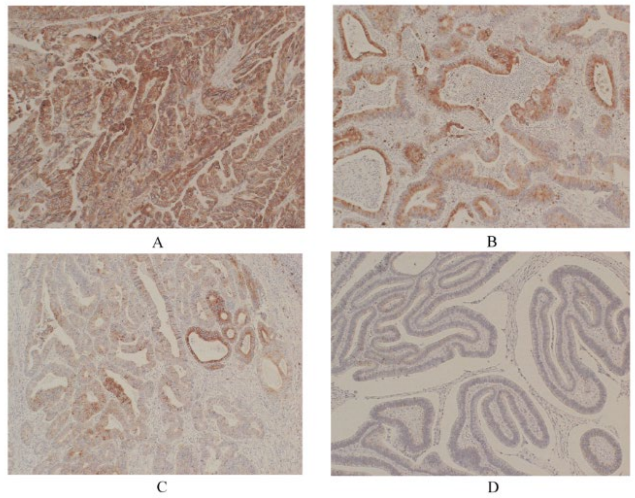
Chen et al. Cell Death Dis. 2018 Nov; 9(11): 1070

BiPER Therapeutics aims at treating the > 50 % of Cancer patients highly overexpressing BiP

BiP expression in Gastric cancer tissues - 328 patient samples



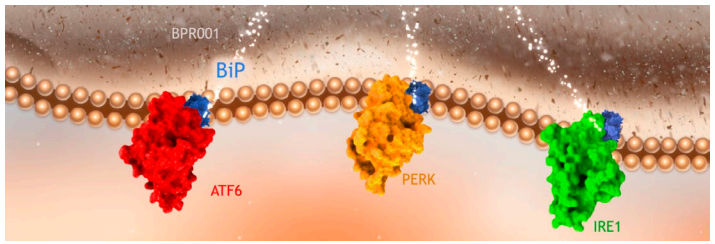
BiP Low = Scoring 1-2
BiP High = Scoring 3-4-5

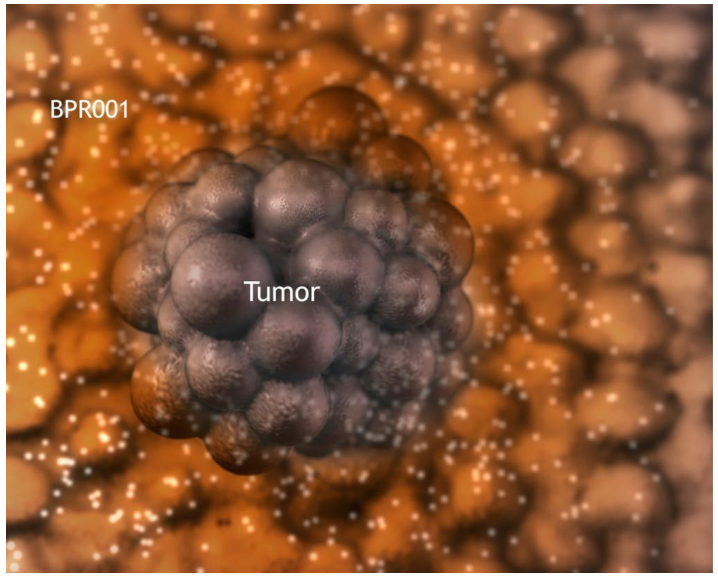


Immunohistochemical staining as representative imaging: Immunohistostaining of BiP/GRP78 showed the immunohistostaining pattern of cytoplasm or membrane
Scoring of 4 (A), scoring of 3 (B) and scoring of 2 (C) D revealed a scoring of 1
1 <10%of tumor area stained / 2 : 11–25% stained
3 : 26–50%stained / 4 : 51–75% / 5 >76% stained

Ogawa et al. - 2017 Prognostic role of BiP / GRP78 expression in patients with gastric adenocarcinoma

BPR001-615 is a first-in-class selective small molecule BiP inhibitor killing tumors by pushing cancer cells to burn out

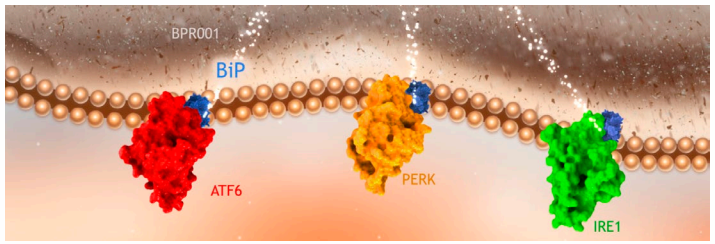




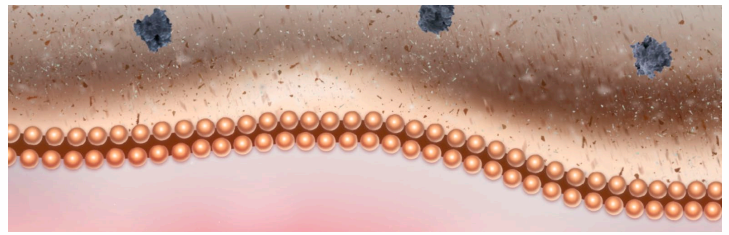
Survival
Resistance

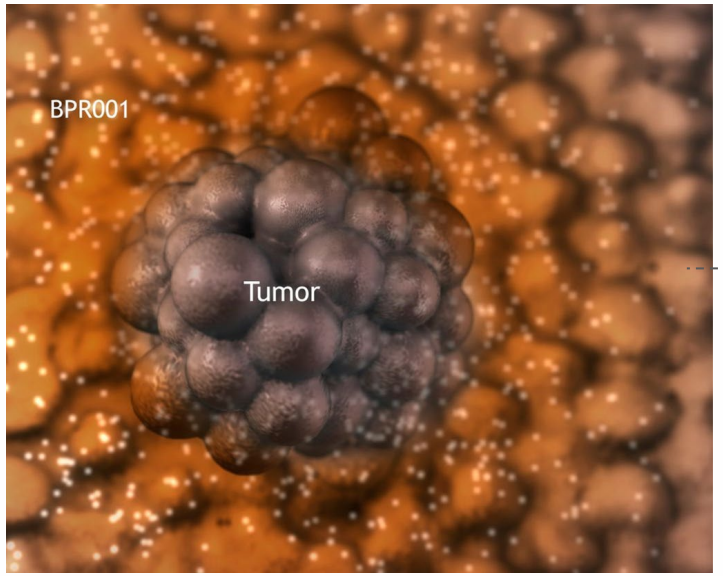
High ER Stress

BPR001-615 is a first-in-class selective small molecule BiP inhibitor killing tumors by pushing cancer cells to burn out



BPR001-615



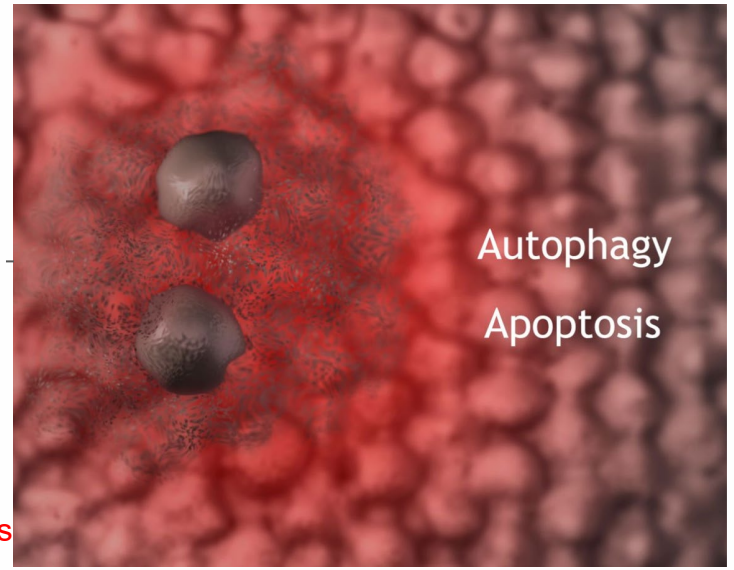


Survival Resistance

Cancer Cell Death

High ER Stress

Unresolved ER Stress



BPR001-615 is a BiP inhibitor inducing unresolved ER Stress completely different from PERK/IRE1 inhibitors lowering ER Stress level that has been unsuccessful

UPSTREAM

BIP

Selective BiP Inhibitor

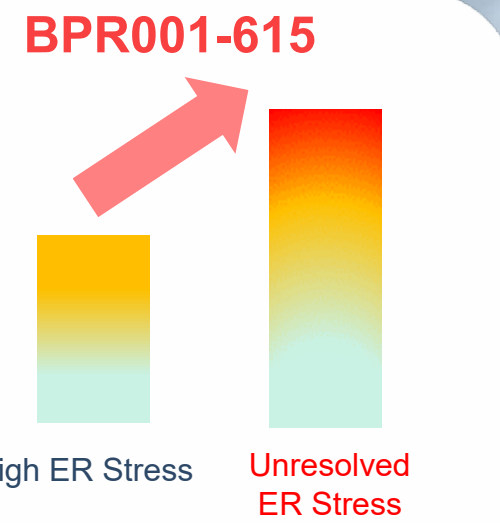
Induces unresolved ER stress, effective alone or combined, no effect in non-cancer cells other HSPs or other kinases

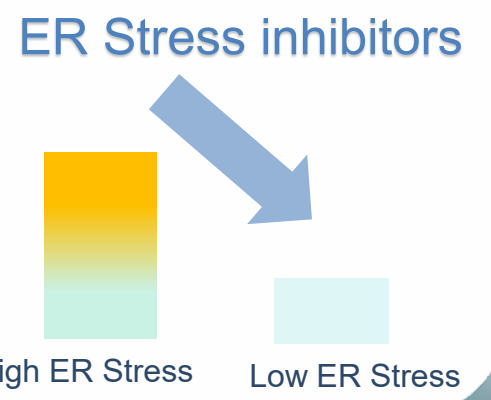
PERK ATF6 IRE1

Decreases ER stress by targeting IRE1/PERK, effective alone, affects other kinases, toxic to non-cancer cells.

ER Stress Inhibitors

DOWNSTREAM



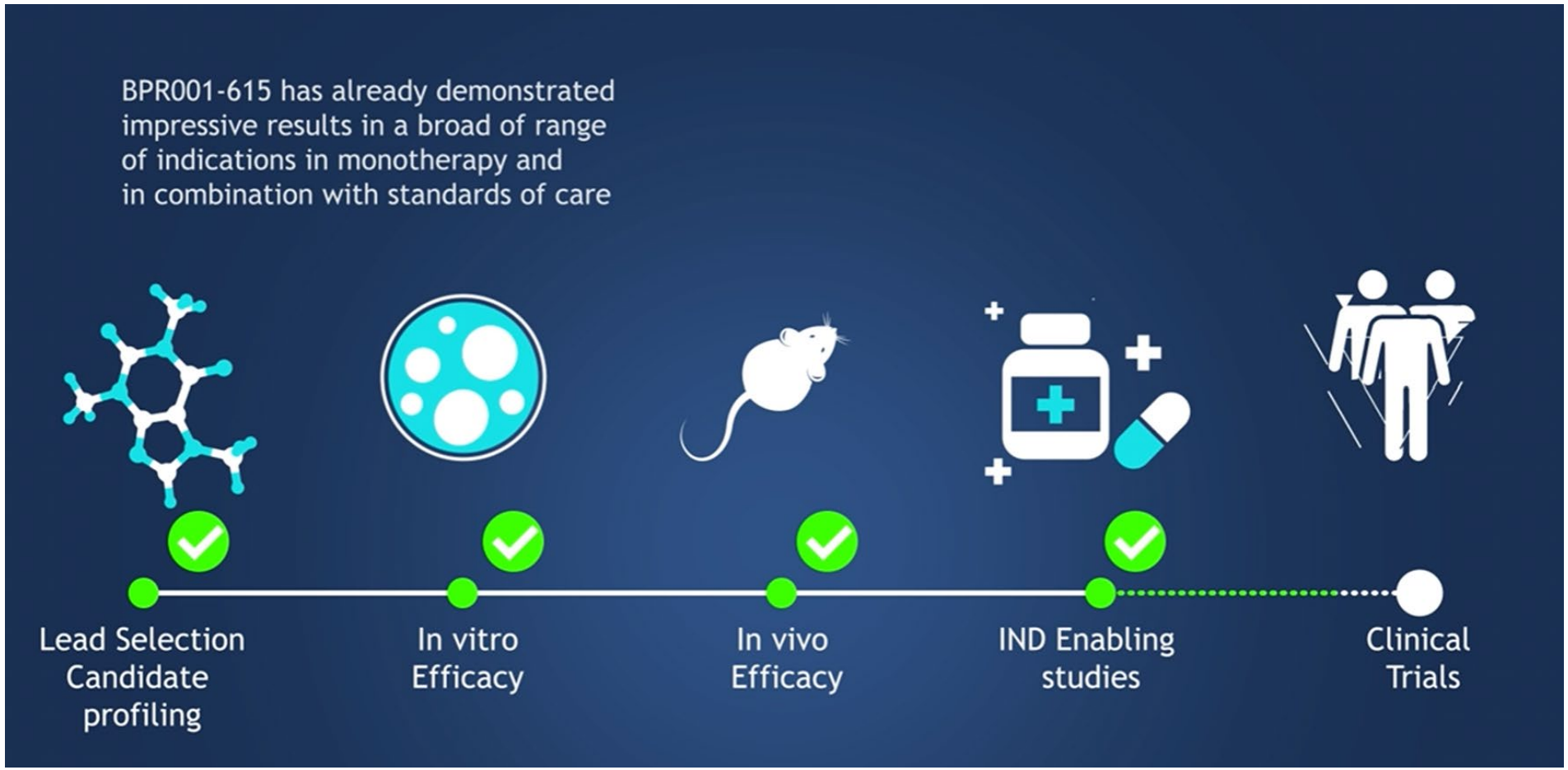


BiPER Therapeutics

BPR001-615
Non-clinical proof-of-concept
Summary and Highlights



BPR001-615 has demonstrated strong efficacy and excellent tolerability profile and is ready to entering into clinical stage within 6 months



BiPER Therapeutics

BPR001-615
In Vivo Efficacy
Gastric cancer

Oral Administration
Monotherapy
CDX Mouse Model human cell lines – BiP High



BPR001-615 In vivo efficacy in Oral Administration - BiP high gastric cancer model
Study includes efficacy dose and combination with 5FU (External CRO)

BALB/Nude mice



Day

8 days
Tumour growth

Treatment

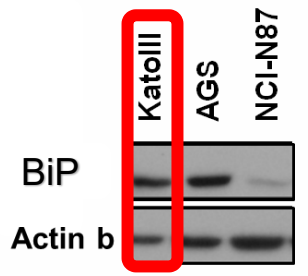
10x10^6 KATO III cells + Matrigel Implanted SC

Average Tumour volumes ~ 100 mm^3
BPR001-615 and 5FU Start treatment

Up to 28 days of treatment

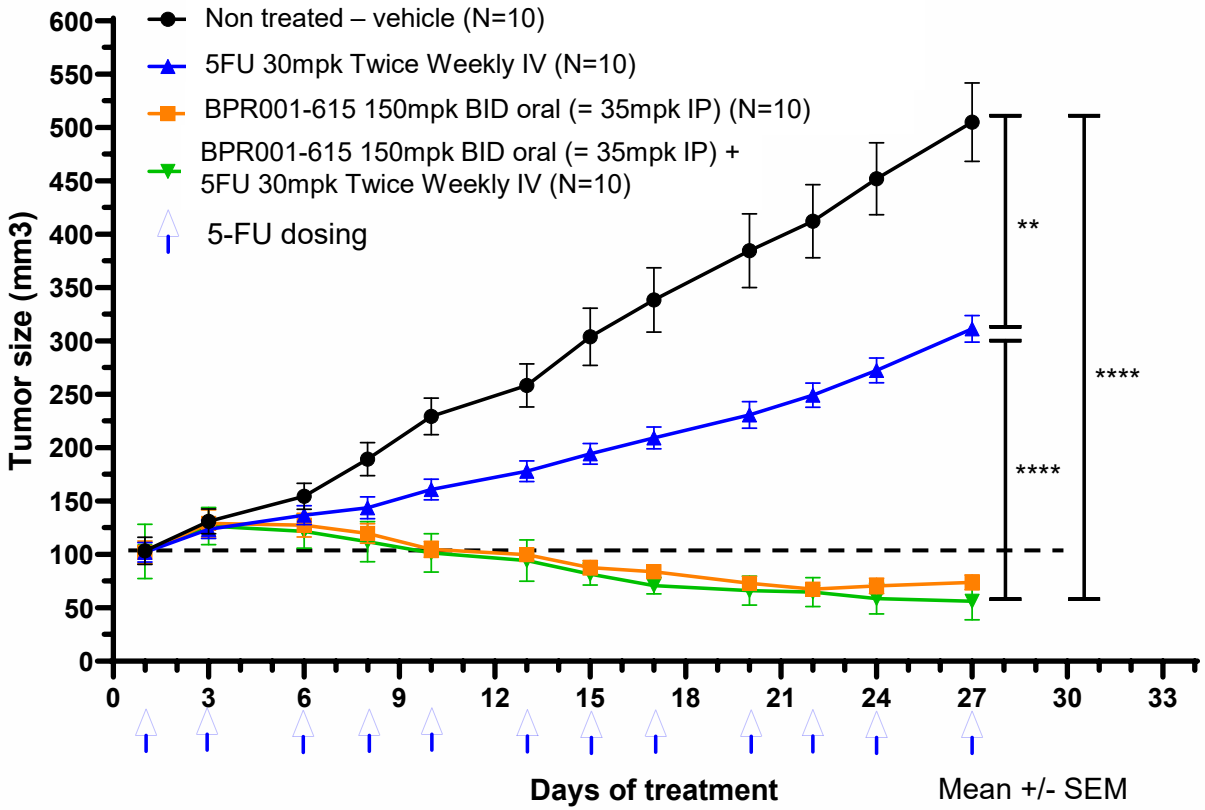
- **Vehicle** (IP; TIW) + (BID-12h; Oral); n = 10
- **BPR001-615 150 mg/kg** (BID-12h; Oral) (= **35 mg/kg TIW IP)** n = 10
- **5 FU 30 mg/kg** (IP; TIW)**;** n = 10
- **BPR001-615 150 mg/kg** (BID-12h; Oral) + **5 FU 30 mg/kg** (TIW; IP) ; n = 10

Readouts:
Tumor volume inhibition
Blood and tumour collection



BPR001-615 triggers tumor regression on 9 mice over 10 in oral administration and outperform 5FU 1st line chemotherapy in a BiP high gastric cancer model

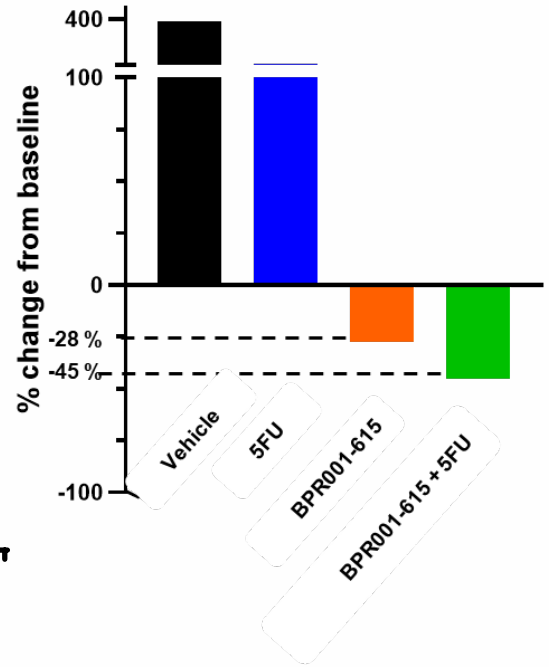
Tumor size – mean



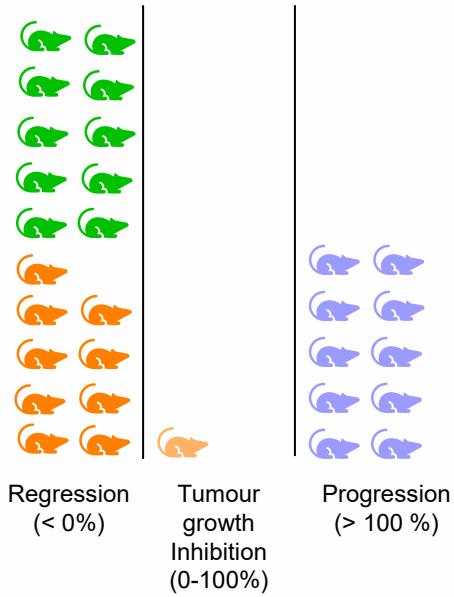
Mean +/- SEM

Tukey's multiple comparisons test

Mean Response from baseline



Individual response from baseline



BiPER Therapeutics

BPR001-615
In Vivo Efficacy
Colorectal cancer

Oral Administration
Monotherapy
CDX Mouse Model - BiP High - High Mutational Tumor Burden
Dose Response Pharmacodynamics



BPR001-615 In vivo Efficacy Colorectal model Study design includes 4 doses

C57BL/6J mice



5x10^5
MC38 cells

Day

Tumor growth

Day 1

MC38 cells
implanted (SC)
Flank

Day 1

Start BID treatment

Tumour volume ~20mm^3

Treatment

Day 24

End of treatment

Vehicle (BID-12h; PO); n = 10

BPR001-615 75 mg/kg (BID-12h; PO); n = 10

BPR001-615 100 mg/kg (BID-12h; PO); n = 10

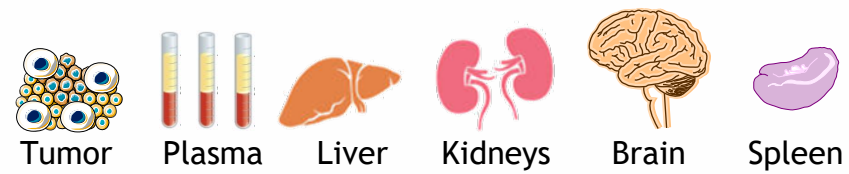
BPR001-615 125 mg/kg (BID-12h; PO); n = 10

BPR001-615 150 mg/kg (BID-12h; PO); n = 10

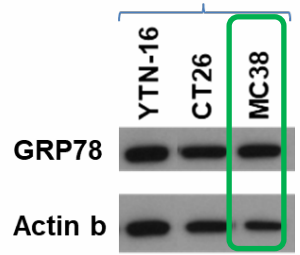
Route + dosing

- Per Os (PO)
- BID, 12 h
- 75, 100, 125, 150 mg/kg

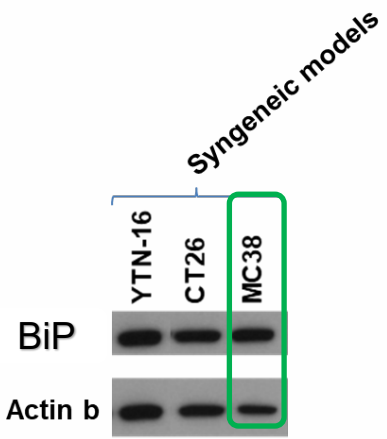
Sampling

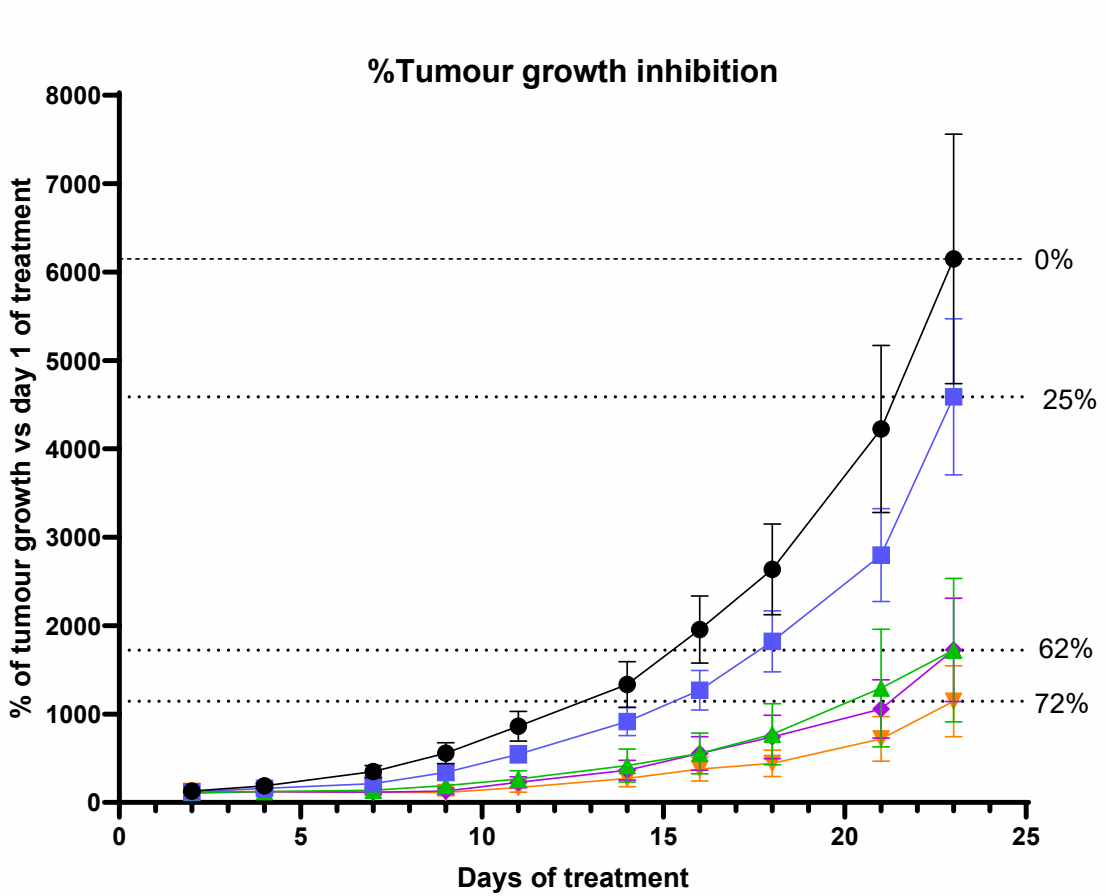


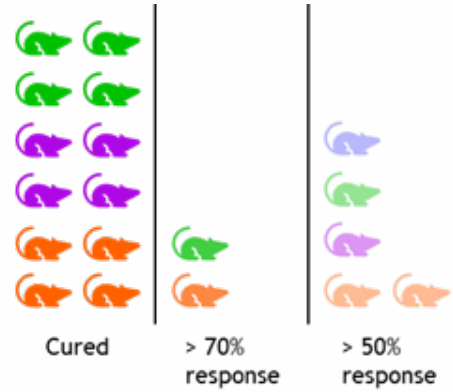
Syngeneic models



BPR001-615 shows efficacy in dose response
4 mice over 10 totally cured & 72 % Tumor growth inhibition





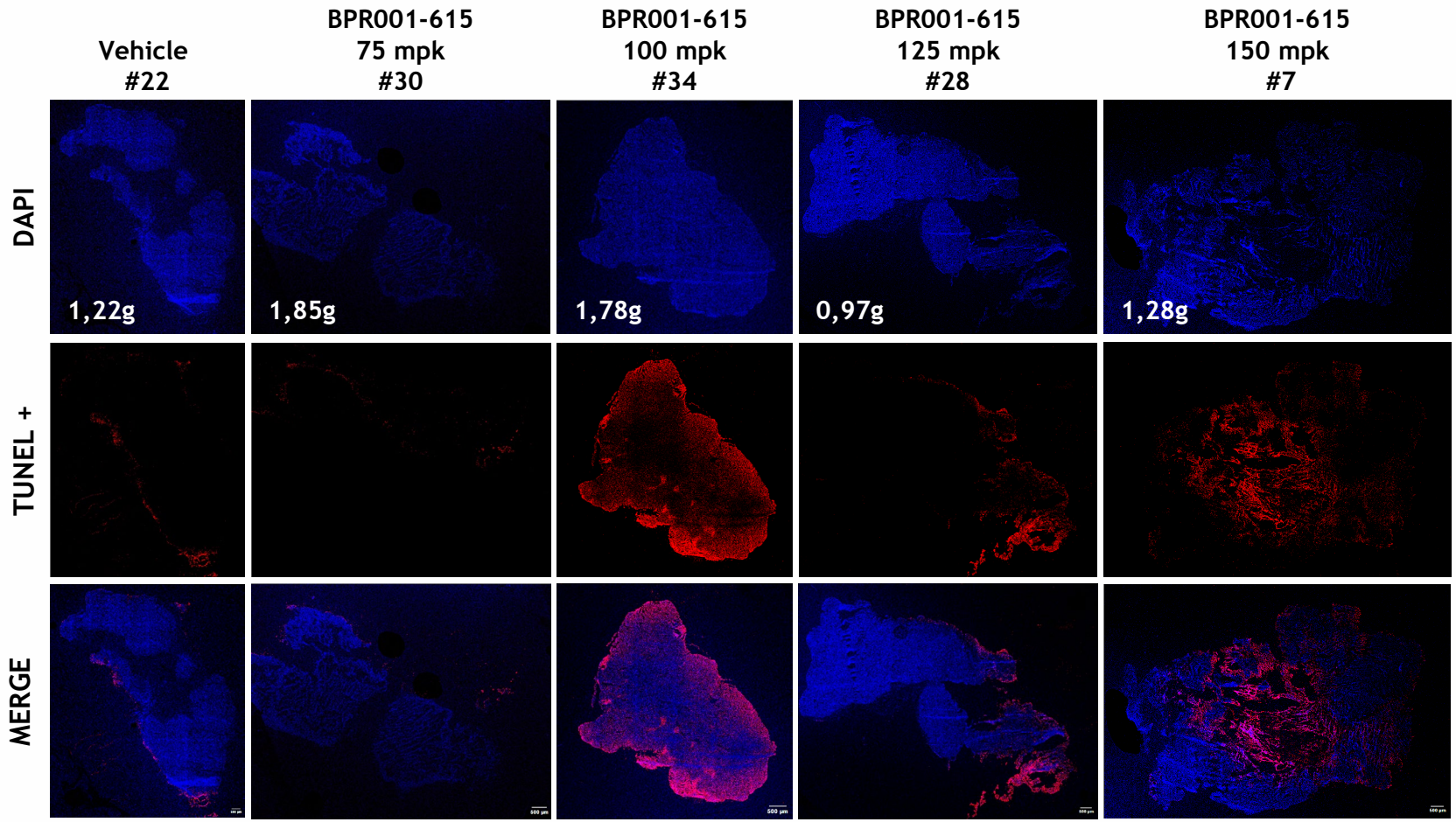


BPR001-615 in monotherapy triggers strong tumor growth inihibition and cured 4 mice over 10 in dose response

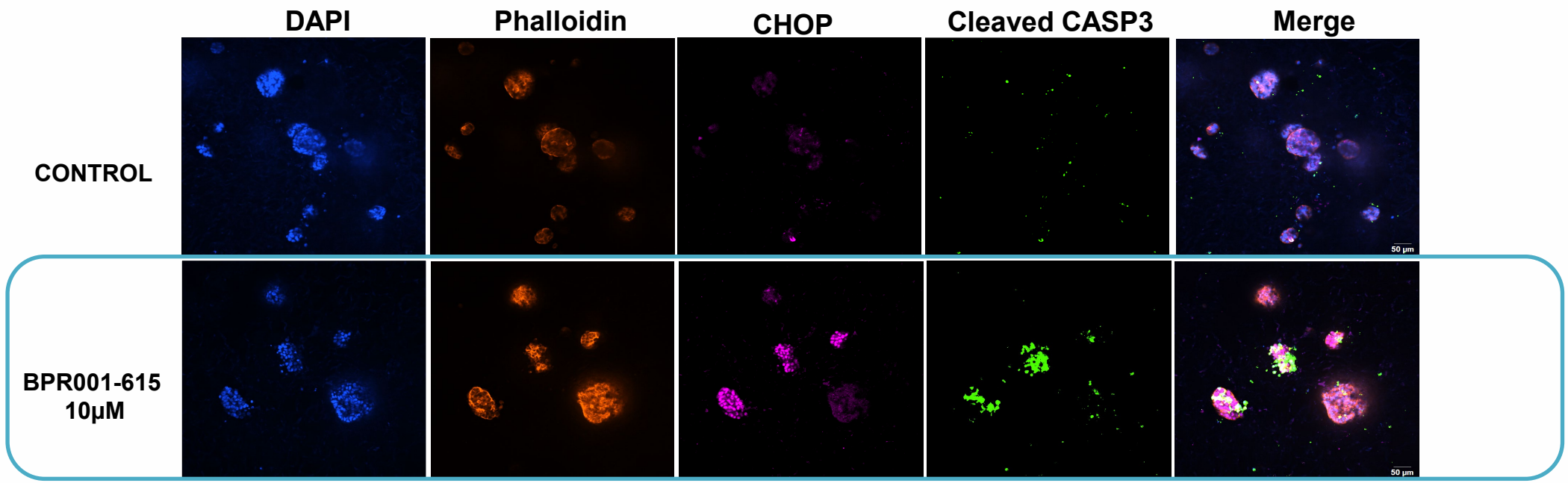
Per Os twice daily administration – MC38 syngenic Colorectal cancer model - 2 way ANOVA Test N=10

Confidential

BPR001-615 induced apoptosis at efficacy doses confirming correlation between efficacy and mechanism of action

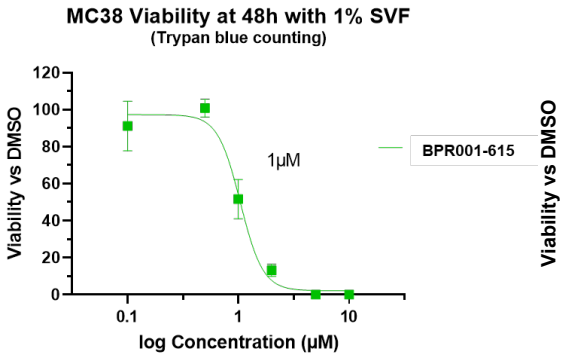


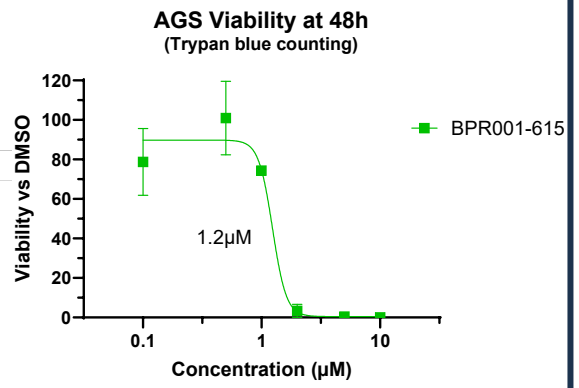
BPR001-615 induces strong CHOP-mediated apoptosis in colorectal organoid model HT29

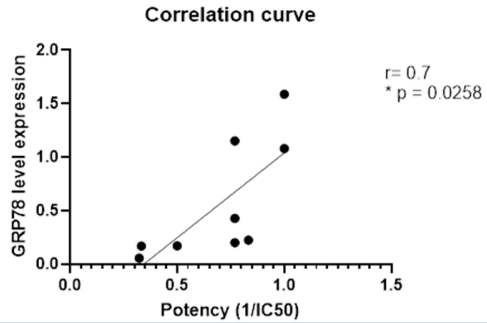


BPR001-615 is a BiP inhibitor with strong efficacy in a broad range of cancer cell lines associates with excellent tolerability profile in vitro

BPR001-615 shows efficacy on cancer cell lines directly correlated to BiP expression





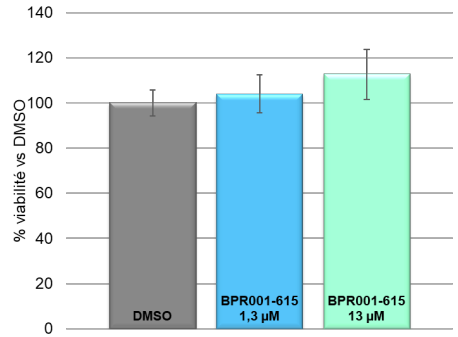


BPR001-615 has 1µM IC50 in syngeneic colorectal cancer cell line (MC-38) and 1,2 µM IC50 in human gastric cancer cell line (AGS)

BPR001-615 potency correlates with the level of expression of BiP in cancer cell lines

BPR001-615 shows a very good tolerability in vitro

BPR001-615 has been selected based on his excellent therapeutics index (10). BPR001-615 does not affect viability of human primary cell lines (fibroblast) @ 1x and 10x the efficacy dose (efficacy dose 1µM)



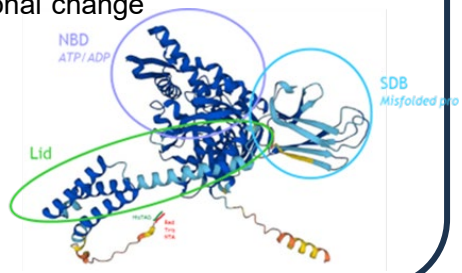
BPR001-615 is a selective BiP inhibitor

BPR001-615 binds BiP at **54 nM** inducing conformational change

BPR001-615 **is not** binding to ATPase site of BiP

BPR001-615 **is not** affecting activity of 96 kinases

BPR001-615 **is not** binding to other HSP



BPR001-615 shows efficacy on a broad range of sensitive and resistant solid tumors cell lines

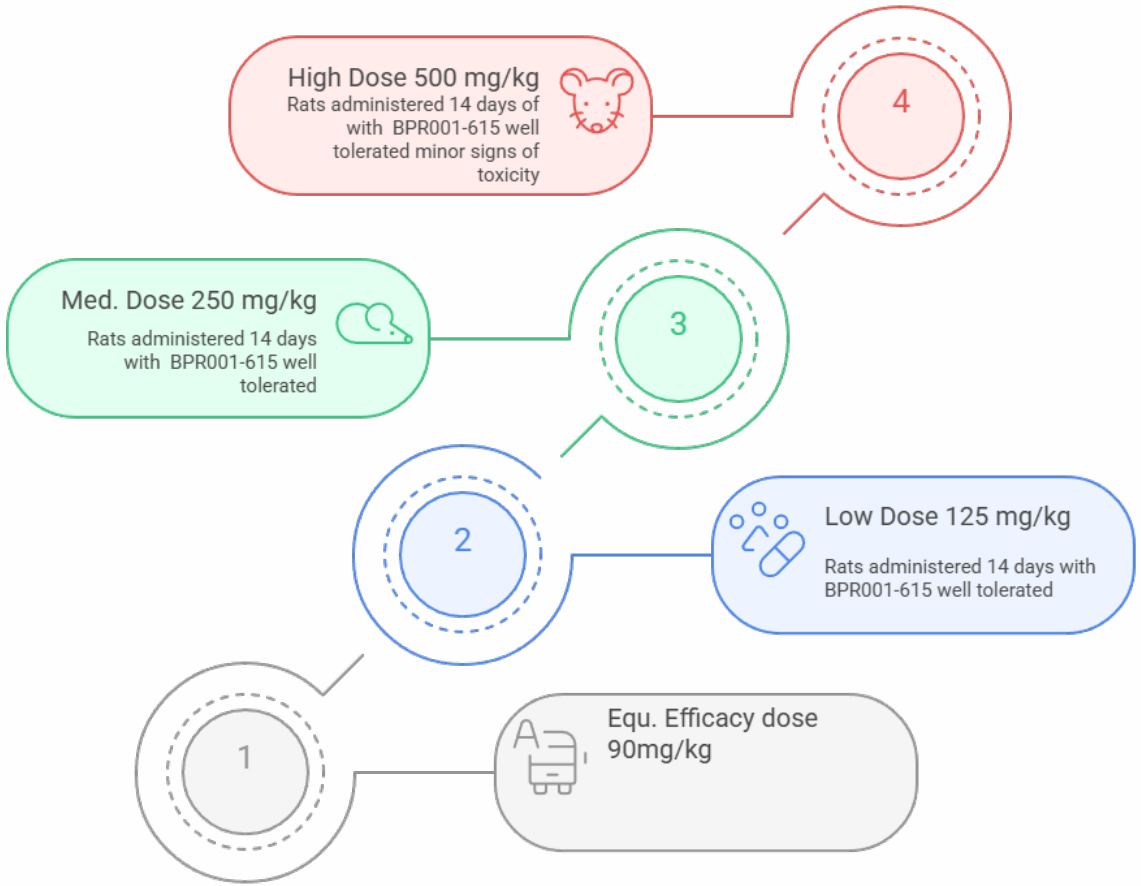
	Indication	Cell line	IC50 (µM)
	Melanoma	A375 (sensitive)	**1.3**
	Melanoma	Mel624	**2**
GI cancer cell lines	**Pancreatic cancer**	MIA PaCa-2	**3**
	Colon cancer	CT26	**1.3**
	Colon cancer	MC38	**1**
	Gastric cancer	KATO III *(BiP High)*	**2**
	Gastric cancer	AGS *(BiP High)*	**1,2**
	Gastric cancer	YTN-16 *(BiP High)*	**1**
	Gastric cancer	NCI-N87 *(BiP Low)*	**3**
	Gastric cancer	SH10TC *(BiP High)*	**0,7**
	Osteosarcoma	U2OS	**1,3**
	Ovarian Cancer	OVCAR.3 (Cisplatin resistant)	**1,3**
	Neuroblastoma	BE(2)C (sensitive)	**1,1**
	Neuroblastoma	BE(2)C/ADR (Doxorubicin resistant)	**2,8**

BiPER Therapeutics

BPR001-615
Safety profile and Toxicology
non-GLP Toxicology



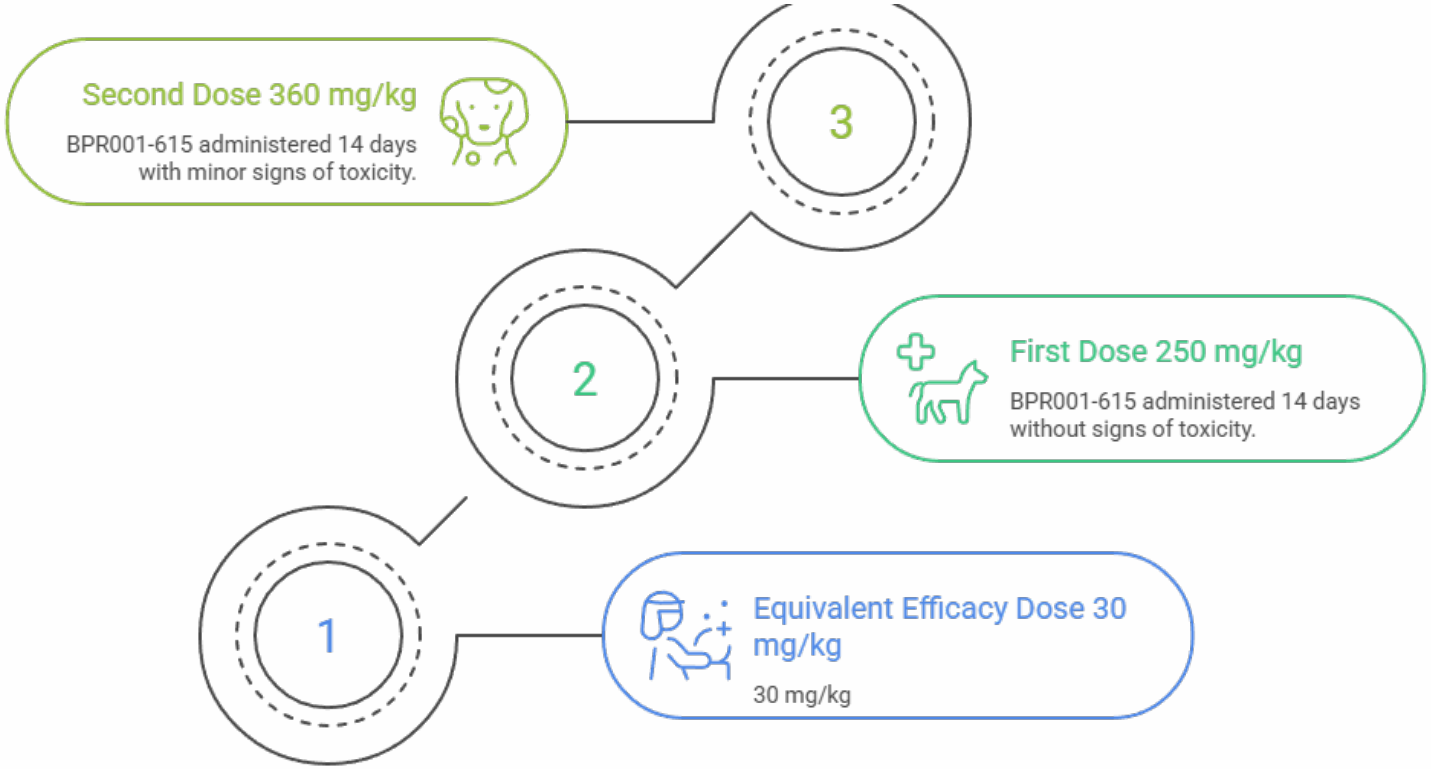
BPR001-615 – Non – GLP Toxicology Study in Rats
Oral administration of BRP001-615 for 14 consecutive days was very well tolerated



Characteristic	125 mg/kg	250 mg/kg	500 mg/kg
Mortality	No changes	No changes	No changes
Body Weight	No changes	No changes	No changes
Food Consumption	No changes	No changes	No changes

BPR001-615 – Per Os BID repeated over 14 days - N=6 3 males 3 females per dose group - performed by GLP accredited CRO

BPR001-615 – Non – GLP Toxicology Study in Dogs
BRP001-615 was well tolerated and very high Therapeutic Index confirmed (10)



NOAEL
No Observable Adverse Effect Level

360 mg/ Kg

Equivalent Efficacy Dose

30 mg/ kg

In vivo Therapeutic Index

10

BPR001-615 – Per Os BID repeated over 14 days - N=4 2 males 2 females per dose group - performed by GLP accredited CRO

BiPER Therapeutics

BPR001-615
Market & Disease Strategy



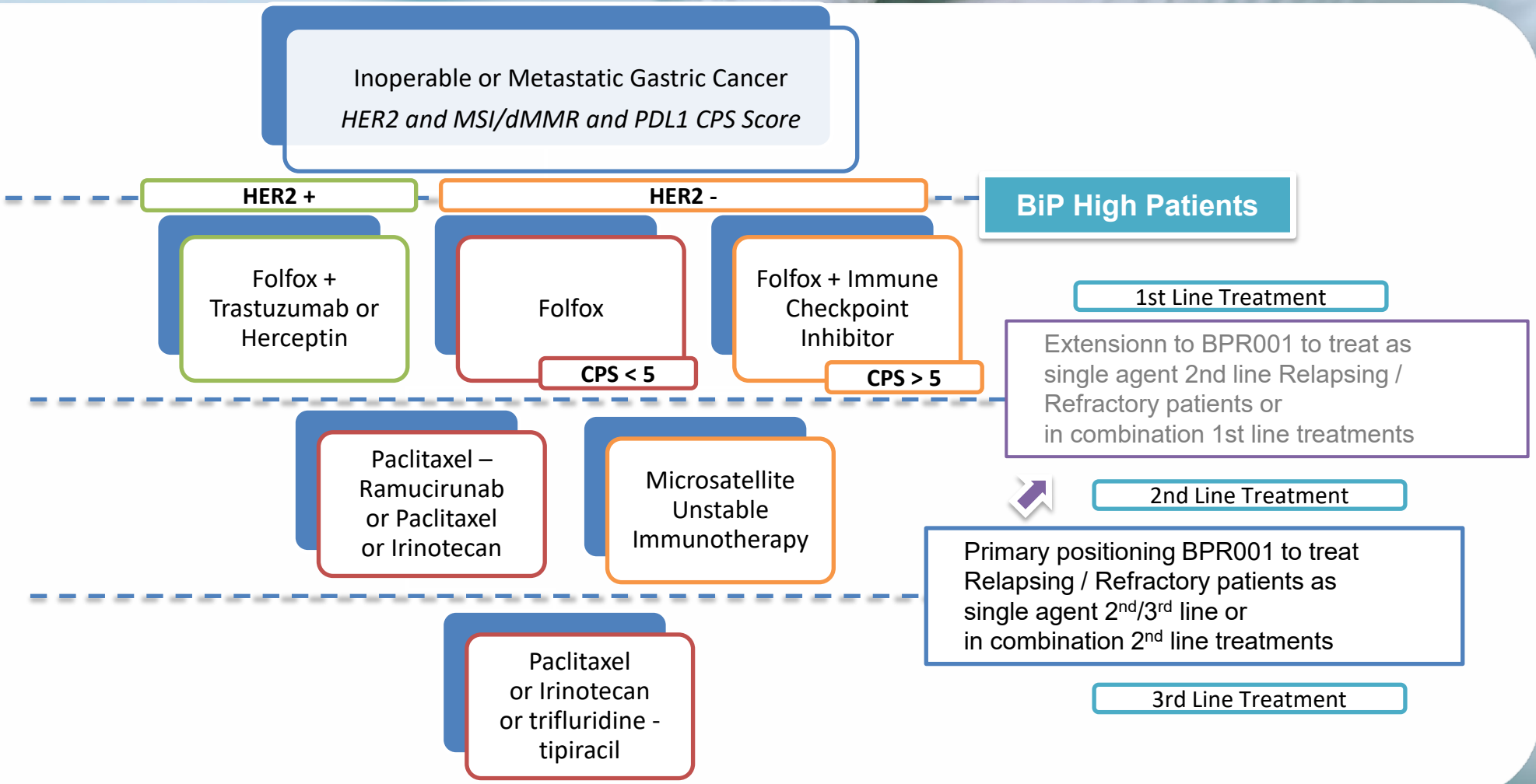
BPR001-615 compared to products in development has a very high clinical benefit for HER – Claudin18.2 – with CPS score < 5 gastric cancer patients

Characteristic	CLDN18.2	HER2	FGFR2b	PD-L1
Biomarker	CLDN18.2	HER2	FGFR2b	PD-L1
Therapeutic Modalities	Antibodies, ADCs, CAR-T	ADCs, bispecifics	mAb	Immuno-oncology combos
Phase-2/3 outcomes	Strong efficacy signals	Robust efficacy	Positive late-stage signals	Many early-phase programs
Key Considerations	Biomarker assay standardization difficult	T-DXd survival benefit and recent studies showing target downregulation	Narrower niche, robust biomarker testing needed concerns on the target	Depend on CPS Score often very low in Advanced GC patients
Limitations	Max 20% eligible patients	Max 20% HER+ patients Management of toxicity for ADCs	\~10–20% of patients	15% of patients responding to ICI

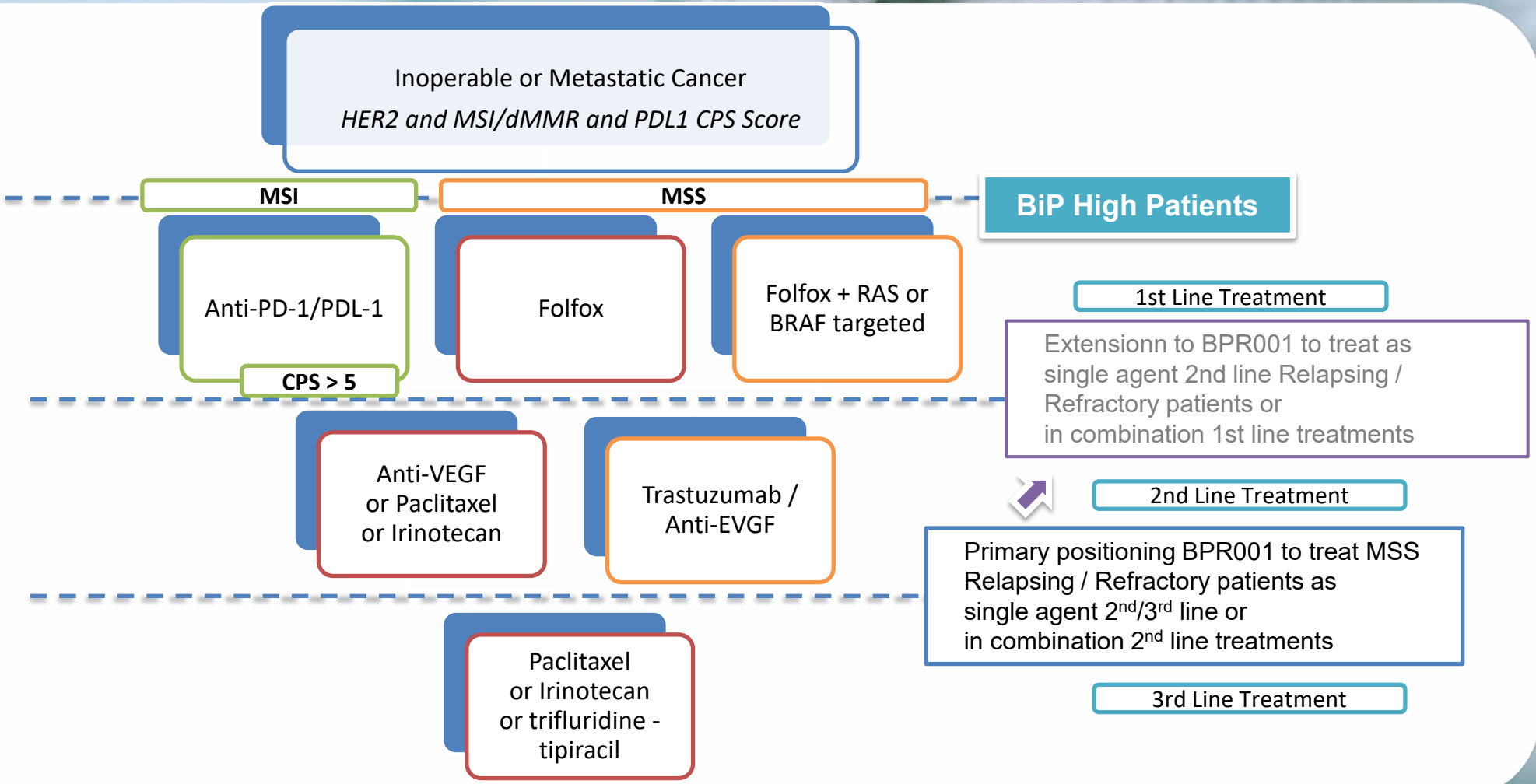
BPR001-615 compared to products in development has a very high clinical benefit for HER – Claudin18.2 – with CPS score < 5 gastric cancer patients



BPR001-615 is positioned to treat BiP High gastric cancer patients in monotherapy and in combination with standards of care



BPR001-615 is positioned to be extended to treat BiP High MSS GI cancer patients in monotherapy and in combination with standards of care



No marketed product targeting BiP and BPR001-615 is the only selective BiP Inhibitor in development

BPR001-615 is the only selective BiP inhibitor vs candidate downregulating BiP

BPR001-615 first-in-class small molecule selectively inhibiting BiP

- **Binds selectively to BiP protein**
- **Unique ER stress-induced cancer-cell death signature**
- **Demonstrated efficacy in monotherapy and in combination**
- **Excellent tolerability profile**
- **Oral administration**

BOLD-100 ruthenium-based small molecule downregulating BiP

- Does not target BiP protein but the transcription factor of BiP
- Modulate three different pathways – non specific to BiP
- Efficacy **only** in combination with existing standards of care
- IV administration
- **Did not show signs of toxicity in Phase 2 clinical trials**

BPR001-615 has strong commercial attributes to be licensed at clinical stage

Strong IP

Seven patents provide strong intellectual property protection.

High margin

Synthetic small molecule with four steps.

Huge potential

All solid and liquid tumors indications with a broad range of eligible patients.



Low cost

Less than $1 million API cost for 30 patients.

Oral formulation

Oral formulation for maximum adressable market.

Strong data

Excellent tolerability profile and efficacy in GI cancer models.

BPR001-615 has strong commercial attributes to be licensed at Phase 2b stage with an estimated $ 847 Million deal for Gastric cancer indication only



Market Value

Estimated at $3.8 billion annually by 2029



Deal Size

Average of $468 million per drug deal from 2018-2022



BiPER's Market Penetration

Targets 24% of the market, significantly higher than others



Anticipated Deal Value

Projected at $847 million



Upfront Payment

$105 million to initiate the deal



Phase 2b Milestone

$268 million upon successful completion of Phase 2b



Phase 3 Milestone

$474 million upon successful completion of Phase 3



Royalty Rate

8% of sales, potentially generating $94 million annually

Source: Global Data

BiPER Therapeutics

BPR001-615
Clinical development plan



Clear Overall Clinical Strategy to evaluate tolerability and efficacy on BiP High patients through sample blood testing for their eligibility

PART 1

Phase 1a Dose Escalation Monotherapy

1 year

Objectives & Design

- **Safety assessment as monotherapy**
- Pharmacokinetics
- Pharmacodynamics
- Selected Indications R/R patients prior 1st line
- ***Preliminary single agent efficacy***
- Up to 6 dose cohorts 3+3 design, recommended Phase 2 Dose (RP2D) 18 patients
- 3 to 4 weeks schedule / daily treatment
- BiP High Patients IHC Tumoral Expression

PART 2

Phase 2a Safety Expansion Advanced GI Monotherapy

1 year

Objectives & Design

- **Confirm Recommended Phase 2 Dose (RP2D)**
- ***Preliminary single agent efficacy***
- Pharmacodynamics and biomarkers
- Observe single agent safety and efficacy
- 12 add. patients

Decision Gate

PART 3

Phase 2b/(3) Monotherapy Selected Indications (Pivotal w ODD)

2 -2,5 years

Circulating BiP High patients

Objectives & Design

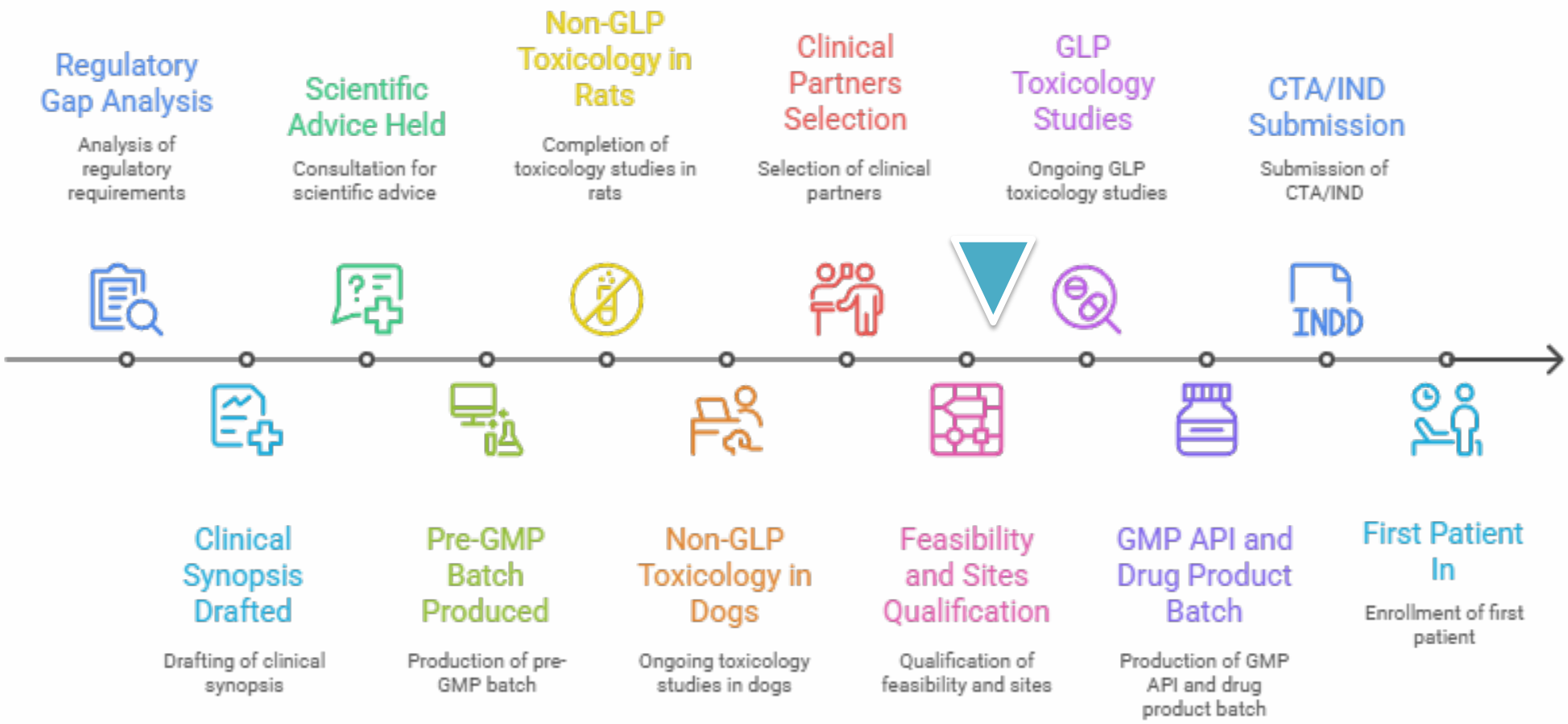
- **Efficacy**
- Safety
- Randomized Controlled Trial
- Pharmacodynamics and biomarkers
- 60 patients

PART 3

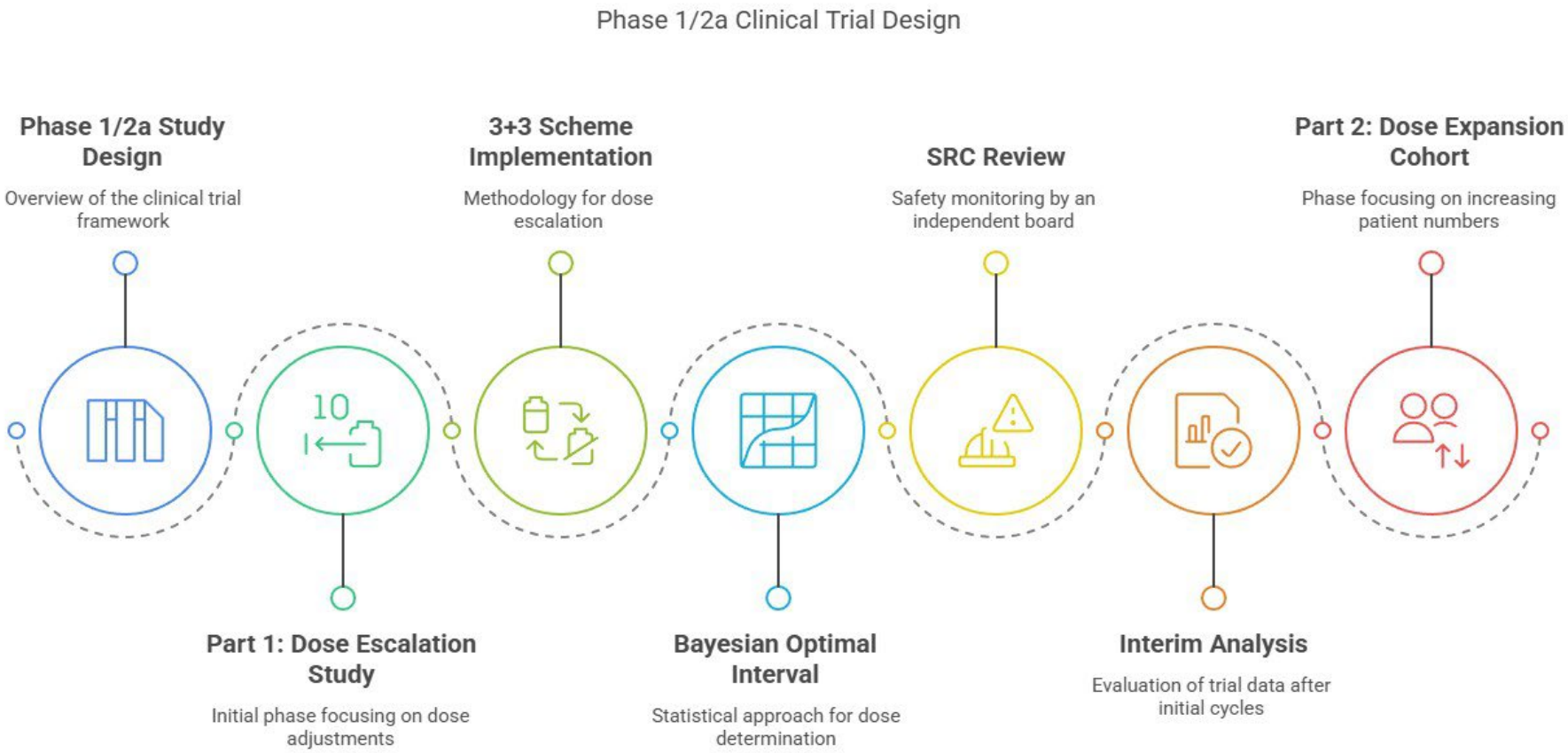
Phase 1b Additional expansion cohorts Combo ICI & Chemo

- **Safety in combination**
- Pharmacokinetics
- Pharmacodynamics
- Preliminary efficacy
- Mini dose escalation Up to 4 dose cohorts
- 60 to 100 patients

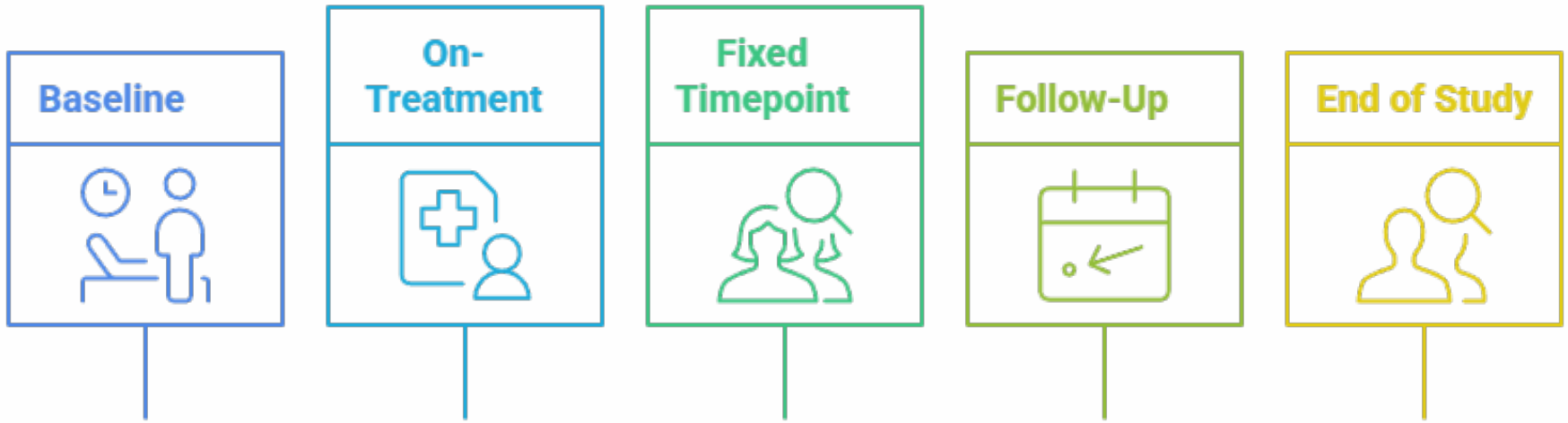
BPR001-615 is a clinical candidate that has achieved key regulatory milestones and secured the path for CTA / IND submission



BPR001-615 Phase 1/2a has been designed to generate key tolerability and preliminary efficacy data in BiP High gastro-intestinal patients



BPR001-615 Phase 2b will be designed to show efficacy data in BiP High cancer patients with a precision medicine approach



Patient Enrollment

Participants enter the study and undergo initial assessments based on Eligibiilty criteria (BiP High patients)

Regular Monitoring

Patients are monitored for response, safety, and biomarkers throughout the trial

Primary Endpoint Assessment

Ovreall Response Rate, Progression Free Survival , or composite endpoint

Long-Term Outcomes

Duration Of Response, Disese Control Rate, Overall Survioval, and QoL will be assessed over time

Final Analysis

All data are compiled and analyzed for efficacy, safety, and exploratory biomarkers

BPR00-615 - Clinical Strategy – Patient journey Phase 2b

7–28 days

Consent + Screening based on protocol criteria

Day 1 / Cycle 1 start

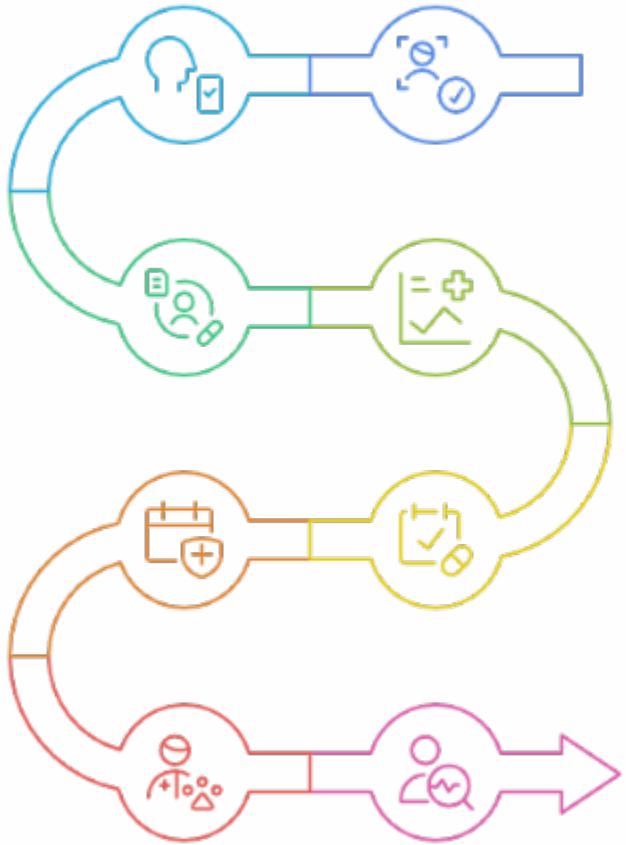
Oral drug BPR001-615 dispensed, adherence training

Every 6–8 weeks

Tumor response assessments Local plus central read

End of treatment

Safety follow-up



1–7 days

Pre-screen Relapsing / refractory Gastric cancer patients

Cycle 1 intensive safety

Early labs/Adverse Events checks (often weekly)

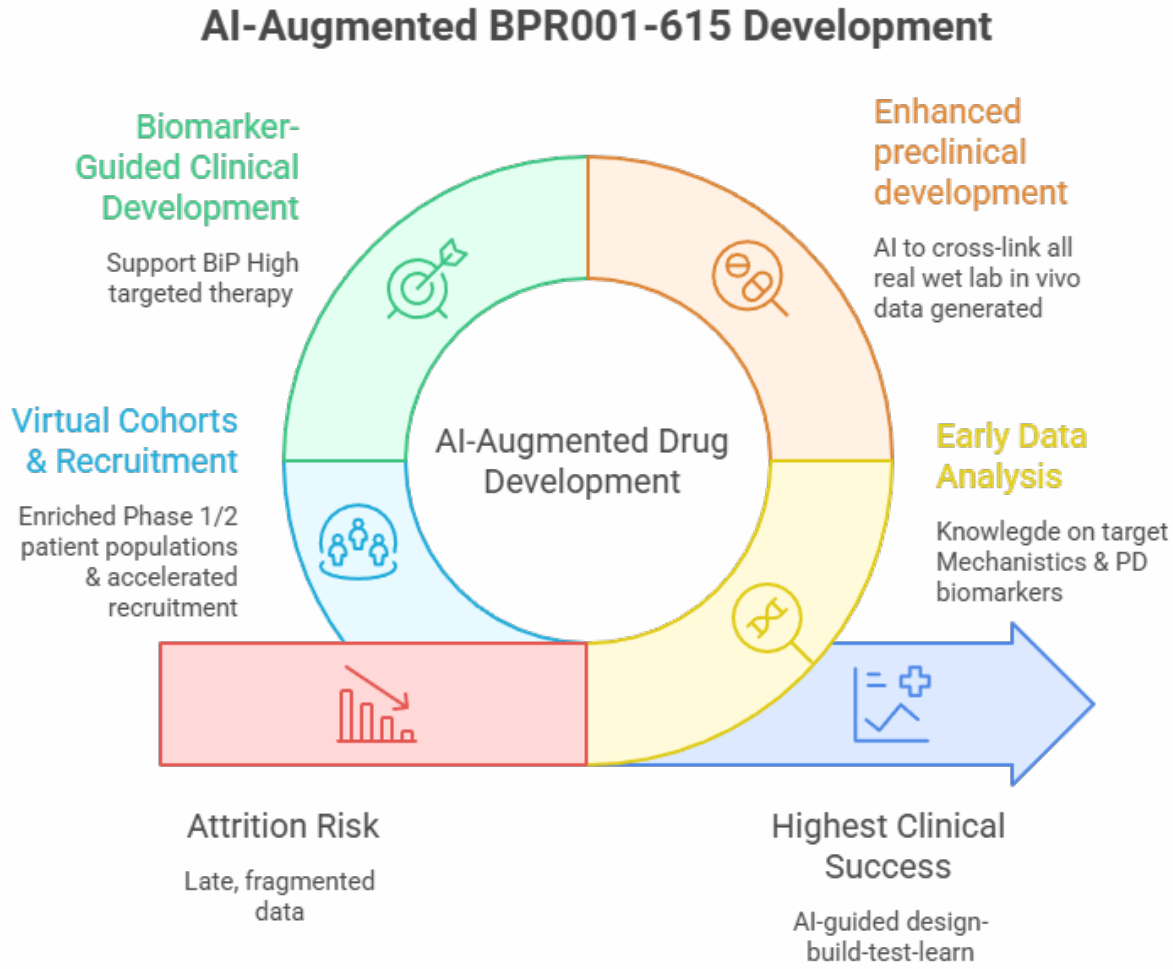
Regular cycles

Dispensing pill count, labs, Adverse Events review, patients reported outcomes

Every 8–12 weeks

Survival follow-up

BiPER Therapeutics has built AI –augmented capabilities aiming at supporting the biomarker strategy and the drug development in all aspects



BiPER Therapeutics

Biomarker



BiPER Therapeutics has implemented a biomarker strategy combining translational evidences and generation of internal data augmented by AI



External evidence BiP as Biomarker

Strong evidence across multiple tumor types. Serum and tumoral GRP78 acts as a tumor marker. Well described methologies to determine BiP High and BiP Low patients

In vitro / In vivo Efficacy correlated to BiP expression

Strong efficacy in BiP High tumors bearing mice in sevral models
In vitro efficacy correlated to BiP expression in cancer cells

Translational data / Patients samples

Translational data in gastric cancer from a 30-patient dataset. To be enriched with Phase 1/2a data.

Biomarker validation

Validation of cut offs and correlation between Tumor and plasma GRP78 expression ER Stress signature and combined expressions into a burden score explored for added power.

Patient stratification & selection

Use in Phase 2b of BPR001-615 as inclusion, stratification and PD biomarkers to treat BiP High patients

AI Augmented Biomarker Development

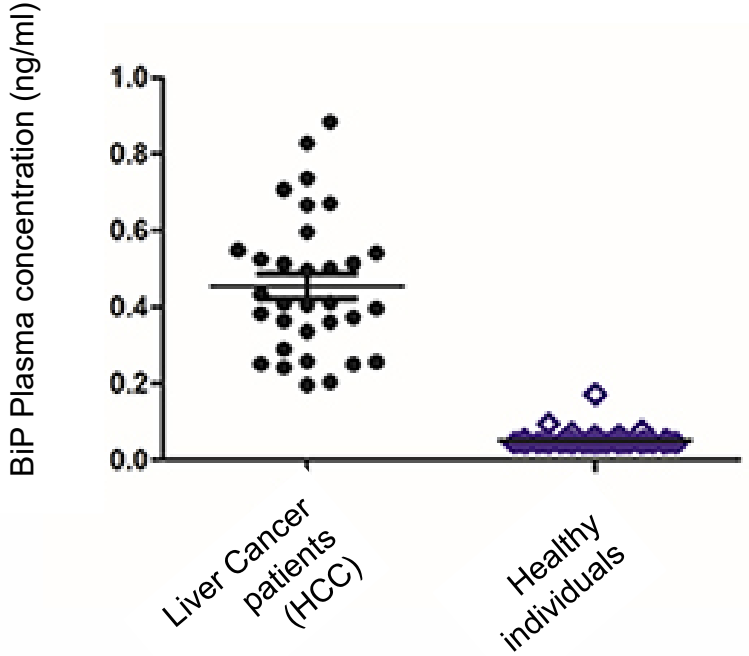
Non clinical & Translational study	Phase 1/2a	Phase 2b

BiP as potential non-invasive and easily measurable circulating Biomarker to select and stratify BiP (GRP78) High patients to be treated by BPR001-615

BiP in measurable in Patients Plasma

- The enzyme-linked immunosorbent assay (ELISA) kit (ADI-900-214, Enzo Life Sciences) is used to measure the plasma BiP levels
- Has been used in several retrospective studies
- **Translational Studies under analysis to check GRP78 level in plasma of patients**
- Validation of method for use as selection marker is on-going with a Biomarker CRO

BiP (GRP78) is dramatically increased in Hepatocellular Carcinoma cancer patients vs healthy controls



Source : Li et al., Oncotarget, 2017, Vol. 8, (No. 12)

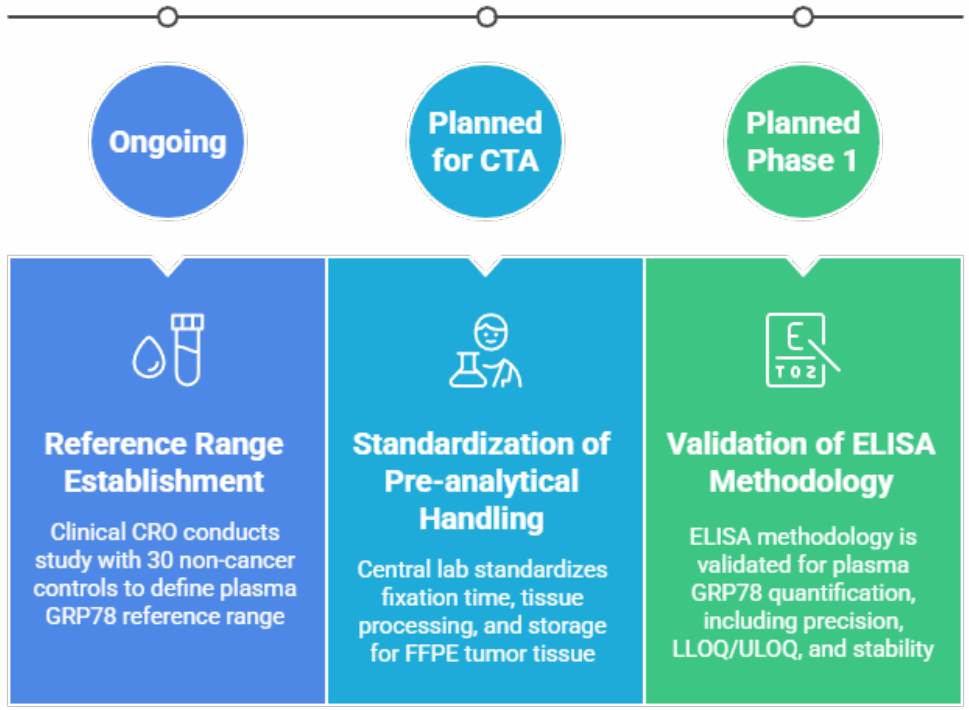
Clear strategy of Plasma and tumor BiP (GRP78) assays validation has been established and initiated to support biomarker strategy and validation

Tumor GRP78

- **IHC** on FFPE tumor tissue; central lab.
- Adopt or adapt scoring methods used in:
  - Ogawa et al. (gastric adenocarcinoma).
  - Samanta et al. (ovarian carcinoma UPR panel).
- Standardize pre-analytical handling: fixation time, tissue processing, storage.

Plasma GRP78

- Quantification by **validated ELISA**:
  - Use methodology comparable to Ma et al. (NSCLC serum GRP78) and Huang et al. (circulating GRP78 in early lung cancer).
- Define:
  - Sample type (EDTA plasma vs serum), collection tubes, processing time, storage conditions.
  - Intra/inter-assay precision, LLOQ/ULOQ, and stability.
- Establish **reference range** from non-cancer controls, as done in lung cancer cohorts – Ongoing with Clinical CRO



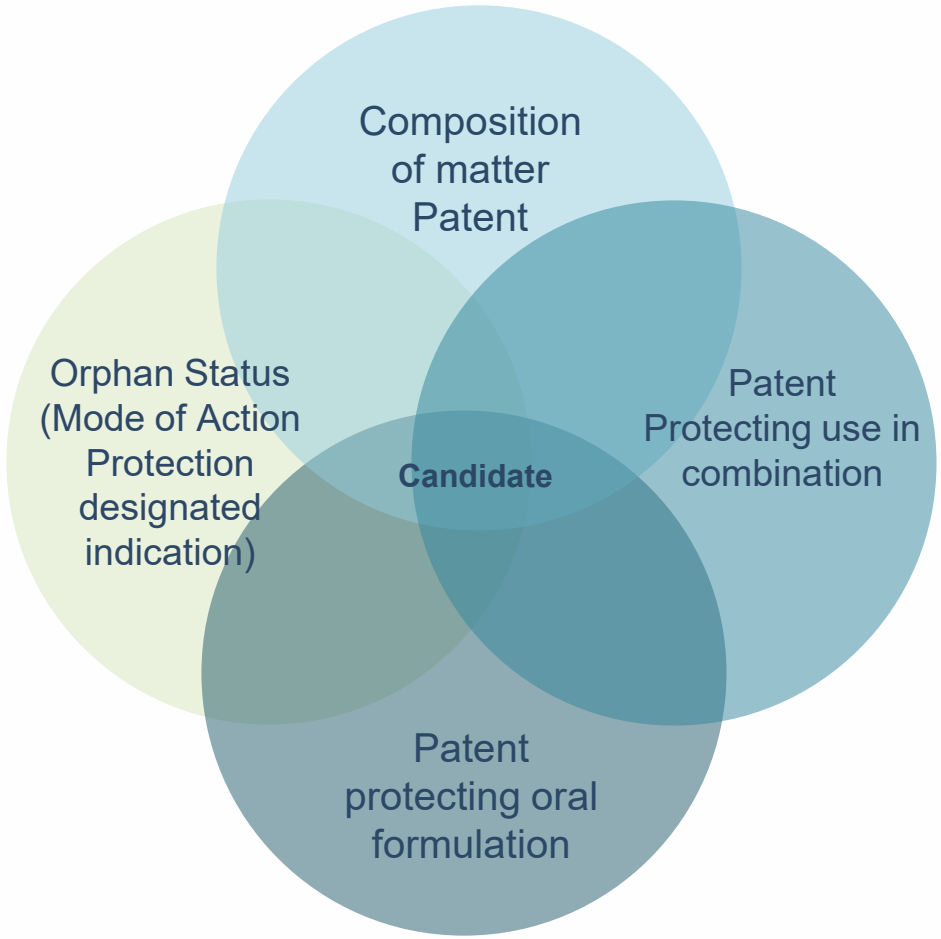
tGRP78 = tumoral GRP78 = tumoral BiP
pGRP78 = plasma GRP78 = plasma BiP

BiPER Therapeutics

Overall Portfolio Intellectual Property



IP strategy is based on protection covering composition of matter – combo – formulation & orphan status



Overall Intellectual Property is based on 7 patents filed

1st BPR series Composition of matter	2nd BPR series Composition of matter	3rd BPR series Composition of matter	1st BPR series Use in combination	1st series Oral formulation	2nd BPR series Use in combination	2nd series Oral formulation
• Composition of matter patent protecting 1st BPR Series BPR001-HA15	• Composition of matter patent protecting **BPR001-615**	• Composition of matter protecting 3rd BPR Series	• Patent protecting use of BPR001 in combination with immunotherapies, chemotherapeutics & targeted therapies • BPR001-HA15	• Patent protecting oral formulation BPR-HA15	• Patent to protect use of **BPR001-615** in combination with immunotherapies, chemotherapeutics & targeted therapies	• Patent protecting oral formulation of **BPR001-615**
• Granted in Europe, US, Japan & Canada	• Granted in US Europe Japan & Canada	• Granted in US Europe Japan China & Canada	• National phases	• National Phase	• National Phases	• National Phases
• Priority date : Nov 2012	• Priority date : July 2015	• Priority date : Jan 2022	• Priority date : Oct 2022	• Priority date : Oct 2022	• Priority date : April 2024	• Priority date : April 2024
• Inserm	• Inserm	• BiPER & Inserm	• BIPER & Inserm	• BiPER & Inserm	• BiPER & Inserm	• BiPER & Inserm

Confidential

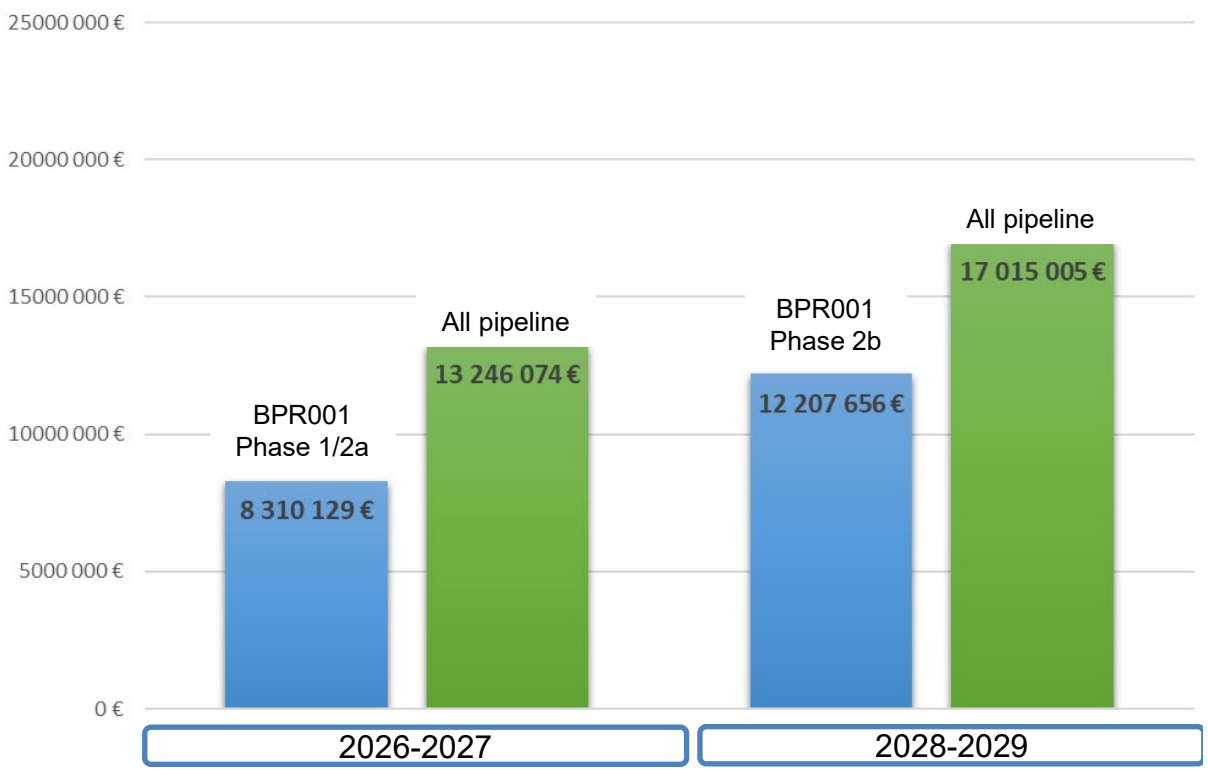
BiPER Therapeutics

Investment case

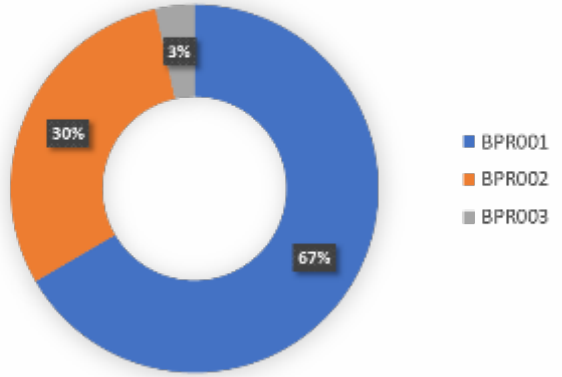


Lean and cost-effective organization to focus expenses on value creation with a focus on the clinical development of BPR001-615

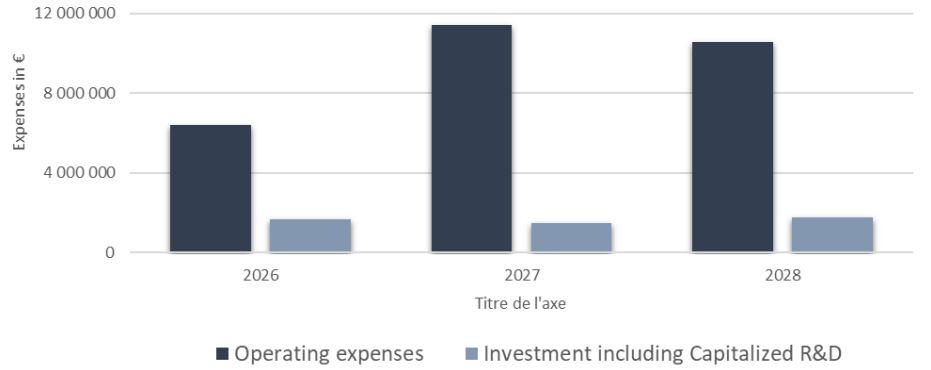
Investment Needs 2026-2027 & 2028-2029



Total Investment Needs by Assets 2026-2029



Operating expenses vs Capital Expenses



BiPER Therapeutics has developed innovative and unique treatments to provide solutions for cancer patients and meet market needs



Innovative drug candidates with proven efficacy in animal models

Effective in several indications, alone or in combination with other treatments
A treatment option for which nothing has yet been developed



Treatment able to respond to more than 50% of patients without solutions

Over 50% of patients overexpress our BiP target
A simple blood test is all it takes to be eligible for our treatment



High potential for coverage by payers and use by patients

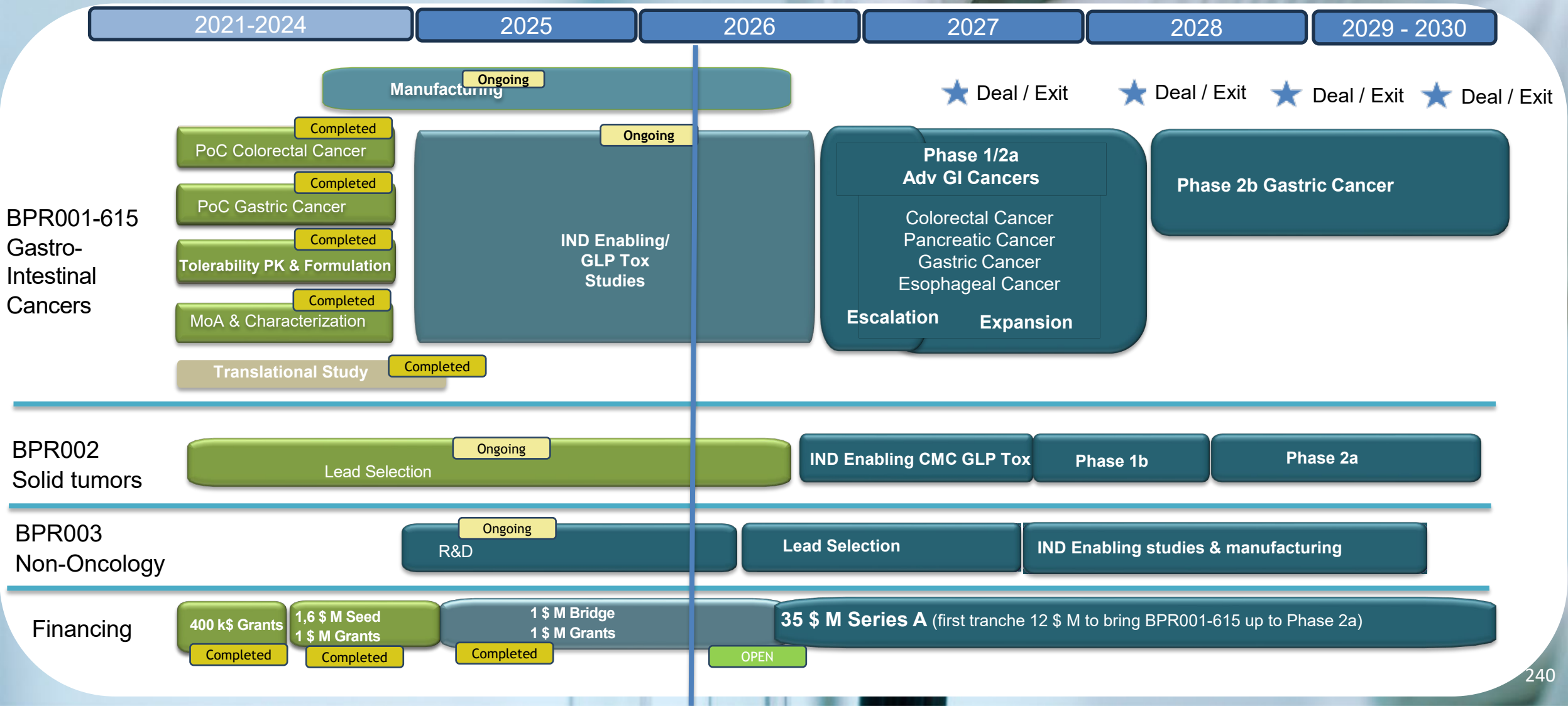
Excellent tolerability profile of our candidates
Oral administration, enabling use without moving patients to hospital



Sales exclusivity and high barriers to entry for competitors

Drug candidates protected by 7 patents
Exclusive worldwide license

Current open Series A is a fantastic opportunity to join BiPER Therapeutics in our fight against cancer and bring new solutions to patients



BiPER Therapeutics

Contacts



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