2015 Results Presentation

17 March 2016



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Today's presenters



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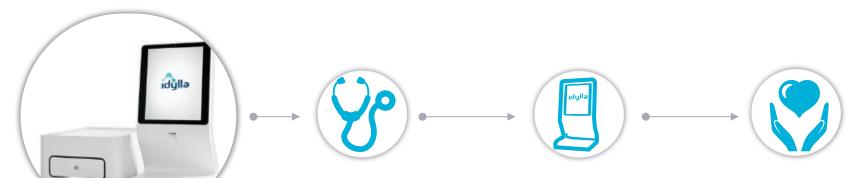


Agenda

- Strategy recap
- 2015 results
- Menu update
- 2016 outlook and news flow
- Q&A



High **Precision** diagnostics for high precision medicine



- Idylla™
- 'First time right' molecular diagnostic system
- In close time and space proximity where patients and healthcare professionals interact and make therapeutic decisions

EARLY DIAGNOSIS

- Rapid diagnosis
- High sensitivity
- Comprehensive panels

THERAPY SELECTION

- Treatment guidance
- Companion diagnostics

PATIENT MONITORING

- Monitoring of treatment progress
- Early detection of relapse



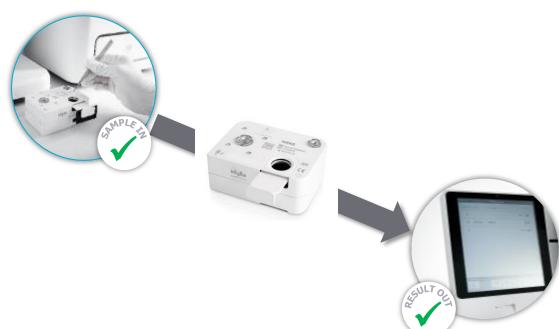
Idylla™ best-in-class

- Fully automated sample-to-result
- Accurate results at right sensitivity
- High levels of multiplexing
- Short turnaround time
- Modular
- Connectivity



Limitation of erroneous results due to **Standardised** cartridge

- Any sample type
- No sample pre-treatment
- All reagents on board
- No PCR lab infrastructure
- No cold chain
- Stable at room temperature





Menu for oncology and infectious diseases

Oncology

Fastest growing segment of the MDx market¹ - CAGR of 17% between 2015-2020

• Direct processing of FFPE² tumour slices

 Highly sensitive detection of a vast range of mutations from tissue or blood

Solid biopsies and liquid biopsies

- First wave of tests based on clinically proven and reimbursed biomarkers
- Second wave to include new proprietary biomarkers

Infectious diseases

Largest segment of the MDx market¹ – 44% of total in 2015

- Ability to offer syndromic panels that include quantitation
- Short turn around times combined with high sensitivity
- Sample enrichment platform for sepsis application
- Syndromic panels (e.g. respiratory tract panel assays)
- Disease surveillance
- Sepsis
- · Viral load assays

PARALLEL MENU EXPANSION

Strategic partnerships



(Initial tests include Flu-RSV)



(Focus on CDx development)

Diagnostic app developer partnerships









USPs

Focus

2015 Results



Key messages 2015 results

Commercialisation

- Successful initial market adoption of the Idylla[™] platform by adding 83 instruments: exceeding 2015 target of 75
- Total installed base of 165 Idylla™ instruments by the end of 2015
- Commercial footprint covering over 55 countries worldwide end of 2015

Test menu

- Significant progress made in further building the Idylla™ menu by adding four new tests: two new solid biopsies for oncology, first liquid biopsy for oncology and first infectious disease test
- Total menu of five tests end of 2015: three CE-IVD tests and two Research Use Only (RUO) tests

Manufacturing

- Idylla Instrument and Console manufacturing outsourced
- Second Idylla™ cartridge manufacturing line ordered

Financials

- Total operating income of EUR 15.0m compared to EUR 10.4m in 2015
- 2015 end of year cash position of EUR 104.1m compared to EUR 11.9m end of 2014



Installed base of 165 Idylla™ instruments end of 2015

Increased installed base



- A total of 83 Idylla[™] instruments added to the installed base in 2015
- Instruments placed with clients worldwide
- Clients consisting of reference laboratories and first time users of MDx

"Idylla™ gives you an answer in an absolutely unprecedented time frame."

Filip Janku, MD PhD, Oncologist, MD Anderson Cancer Center, Houston, Texas, USA

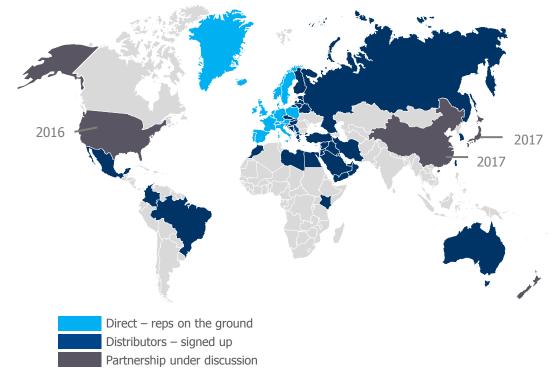
"Excellent sensitivity, very quick results and very little hands-on time.,

> Beatrice Bellosillo, PhD, Head Molecular lab, Hospital del Mar, Barcelona, Spain



Continued expansion global commercial footprint

- Over 55 countries covered through direct and indirect sales channels
- Direct sales force covering Western European countries
- 23 distributor contracts in place covering approx. 40 countries
- Announcement US commercialisation strategy in 2016
- Announcement commercialisation strategy China and Japan in 2017





Manufacturing expansion plan ongoing

- Biocartis currently operates one cartridge manufacturing line that is located in Mechelen (Belgium)
- Over 125,000 cartridges manufactured to date
- Capacity current line is being ramped up by adding workstations and implementing additional shifts in 2016
- Equipment and tools of a new higher capacity line ordered end of 2015. This second line should be operational in 2017
- Manufacturing instrument and console successfully outsourced in to a contract manufacturing organisation which enabled:
 - realisation of significant cost efficiencies
 - required scaling of production capacity





Four new IdyllaTM tests launched in 2015

Oncology



KRAS Test

- Colon, lung and pancreas
- Solid biopsy
- 1 FFPE tumour slice
- CE-IVD
- 21 mutations
- Sensitivity of < 5%
- TaT* approx. 2 hours



NRAS/BRAF/EGFR492 Assay

- Colon, melanoma and thyroid
- Solid biopsy
- 1 FFPE tumour slice
- RUO
- 22 mutations
- Sensitivity < 5%
- TaT* approx. 2 hours



ctBRAF Assay

- Melanoma, colon and lung
- Liquid biopsy
- 1ml plasma
- RUO
- 2 mutations (5 amino acids)
- Sensitivity of < 1%
- TaT* around 85 min.

Infectious disease



Respiratory (IFV-RSV) Panel

- Influenza Virus and Respiratory Syncytial Virus
- Developed by Janssen Pharmaceutica
- Nasopharyngeal Swab and VTM**
- CE-IVD
- 8 targets incl. Flu A subtypes, Tamiflu Resistance[®] mutation
- TaT* around 50 min

ırs

World's first and only fully automated liquid biopsy

Speed of rapid tests with sensitivity central lab tests





^{*} TaT: total turnaround time

** VTM: Viral Transport Medium

Outperforming reference testing

Approx. 5% more patients could have benefited from targeted BRAF therapy

BRAF Mutation Test					KRAS Mutation Test				
STUDY/ TRIAL	LOCATION	# OF SAMPLES	OVERALL CON- CORDANCE*	OVERALL CONCORDANCE AFTER DISCORDANCE TEST**	STUDY/ TRIAL	LOCATION	# OF SAMPLES	OVERALL CON- CORDANCE	OVERALL CONCORDANCE AFTER DISCORDANCE TEST++
Validation study	Charité Berlin, UZA Antwerp	236	97.9%	99.6%	Mini- performance evaluation	In-house	82	100%	100%
Beta trial	6 regional hospitals***	138	94.9%	100%	(NGS)				
Research study	MD Anderson	216	97.2%	100%	Verification study (Ultra Deep Seq)	In-house	116	99.1%	99.1%
Trial (off-label)	Medical University of Vienna	191	97.4%	100%	Verification study (alpha trial)	Commercial reference lab	108	91.7%	99.1%
Trial (off-label)	Oxford University Hospitals NHS Trust	98	98.6%	100%	Validation study	University Hospital Antwerp	182	96.7%	Na+++

Outperforms reference testing in studies with 879 clinical samples (of which ~590 melanoma samples)

Outperforms reference testing in studies with 488 clinical samples: analysis of beta trials ongoing



^{*} Reference methods: Roche cobas, CLIA laboratory PCR-based sequencing, Sequenom MassARRAY and Pyrosequencing
** Ultra deep sequencing and digital droplet PCR

⁺ Reference methods: Roche Cobas and NGS ++ Ultra deep sequencing and digital droplet PCR

lo +++ Out of a subset of the discordant samples, insufficient sample was available to perform a discordance test

Collaboration with MCRCK

Description

- Collaboration on new liquid biopsy technology for RAS biomarker testing
- Aim of collaboration is to improve patient access to ctRAS testing by leveraging the advantages of Idylla™
- Reinforces Biocartis' development of highly innovative liquid biopsy versions of its expanding oncology test menu

Commercial aspects

- Development of Idylla[™] ctKRAS and ctNRAS/BRAF tests as CE-IVD
 - RUO launch planned for H2-2016
 - CE-IVD launch expected early 2017 after completion of a concordance study
- Implementation of Idylla™ liquid biopsy RAS tests in numerous medical centers across the world¹



Patient impact

- mCRC² patients need RAS biomarker testing to be eligible for anti-EFGR therapy (such as Erbitux®)
- Today's RAS testing requires expert expertise in molecular diagnostics which is not readily available in all hospitals
- RAS testing from ctDNA is less invasive to the patient and provides a 'real-time' biomarker profile in relapsing patients³



- 1. US, China and Japan are excluded from this collaboration. Commercialisation of assays under the collaboration is on a non-exclusive basis.
- 2. mCRC: metastatic colorectal cancer
- 3. FFPE sample are typically obtained at baseline and may not be representative of mutational status in relapsing patients

Collaboration with **AMGEN**

Description

- Collaboration to evaluate Idylla™ RAS testing as tool for rapid decentralised testing
- Aim of the collaboration is to accelerate access to RAS biomarker information in the selected countries
- Underlines Amgen's and Biocartis' commitment to patients in oncology in offering high precision medicine and high precision diagnostics

Commercial aspects

- Amgen will make Idylla[™] RAS testing available to several reference hospitals:
 - Brasil
- Saudi Arabia
- Canada
- Spain
- Colombia
- Turkey
- Mexico



Patient impact

- For mCRC¹ patients, timely information on presence of mutations in RAS genes is critical in treatment selection
- Technologies currently used by hospitals across the globe are complex and on average require several weeks (e.g. 9.8 days in Spain²)
- In some geographies in-country testing not even possible
- With Idylla[™] RAS testing can be done locally and in shorter timeframe



^{2.} Amgen data

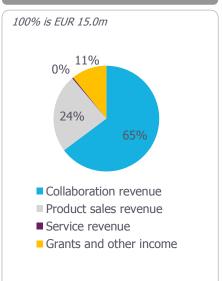
Total **operating income** in 2015 of EUR 15.0m

Condensed income statement

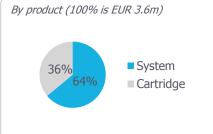
In EUR 1,000	2015	2014
Total operating income	14,951	10,367
COGS	(2,642)	(4,251)
R&D expenses	(36,554)	(25,014)
S&M expenses	(8,747)	(3,095)
G&A expenses	(6,662)	(7,180)
Total operating expenses	(54,606)	(39,540)
Operating result	(39,655)	(29,173)
Net financial result	(790)	(961)
Income taxes	648	947
Gain discontinued operations	0	19,472
Net result	(39,797)	(9,715)

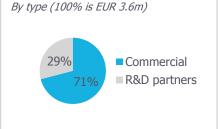
Breakdown total operating income 2015

Total operating income



Product sales revenue







End of year Cash position of EUR 104m

Condensed cash flow statement

In EUR 1,000	2015	2014
Result for the period	(39,797)	(9,715)
Depreciation & amortisation	5,021	4,437
Working capital changes	11,518	(4,301)
Gain on discon. Operations	0	(26,624)
CF operating activities	(23,357)	(35,884)
CF investing activities	(9,414)	5,052
CF financing activities	125,943	12,727
Exchange rate changes	(4)	(23)
Total net cash flow	93,169	18,128
Cash position BoY	10,919	29,047
Total net cash flow	93,169	18,128
Cash position EoY	104,088	10,919

Remarks

- Total operating and investing cash flow of EUR 32.8m (EUR 44.3m excluding working capital impact)
- Cash flow from operating activities
 - Positively impacted by movements in working capital due to decrease in trade receivables and increase in trade payables
 - 2014 exceptionally impacted by gain on disposal MyCartis
- Cash flow from investing activities
 - Includes by EUR 9.2m of capex of which EUR 6.1m capex for manufacturing expansion (current line and second line)
- Cash flow from financing activities
 - Driven by proceeds from second tranche F-round and IPO
 - Includes EUR 5.1m on repayments of borrowing (mainly for the Senter Novem loan)
 - Includes a new financing facility on which EUR 1.8m was drawn end of 2015 (total facility amounts to EUR 5.0m)

Menu update



Presenting the menu update



Geert Maertens
Chief Scientific Officer



Nicolas Vergauwe
Head of Innovation



Rudi Pauwels
Chief Executive Officer &
Founder



Market needs and trends drive Idylla™ menu

- Continuous monitoring of market developments, KOL*, Scientific Advisory Board and customer feedback to optimise Idylla™ menu
- Oncology
 - Strong traction with leading pharma companies for Idylla™ based testing
 - Accelerated commercialisation of liquid biopsy market
 - Promising link with novel immunotherapies
 - Opportunity to leverage Idylla™ technology for next-generation sequencing ('NGS')
- Infectious diseases
 - Sepsis: solution directly from blood remains a very high unmet need
 - Global awareness on disease outbreaks drives demand for syndromic panels



Leveraging new opportunities in oncology

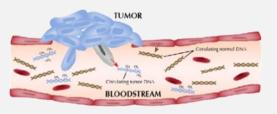
- Larger near term allocation of resources to benefit from oncology momentum in the market
- Increased focus on development fully automated liquid biopsy solutions, including development of CE-IVD tests in collaboration with pharma
- Broadening scope Idylla™ MSI** test, with aim to capture expected value of MSI for predicting response to certain immunotherapies as shown by recent data
- Idylla™ gateway to NGS +: development of Idylla™ NGS Prep Panels that function as gateway to NGS; first NGS Prep Panel expected to be launched in 2017



Accelerated commercialisation of liquid biopsy testing

Background

Cancerous tumours release cell-free circulating tumour ('ct')
 DNA fragments into the bloodstream





- Circulating blood biomarkers are a promising surrogate for solid tumour tissue-based biomarkers as this approach:
 - Allows for non-invasive sample taking
 - Does not require prior information of the tumour location
 - Is suitable for repeat sampling
- Promising potential*:
 - Market size of estimated at \$20 billion in 2020
 - Growth rate for liquid testing in patients expected to be 62% per annum till 2020

Liquid biopsy focus Biocartis

- Build a critical menu of fully automated liquid biopsy tests that complement our solid biopsy test menu
- Combined offering of solid and liquid testing expected to deepen market adoption of Idylla™
- ctBRAF assay launched, to be followed in 2016 by:
 - ctKRAS RUO
 - ctNRAS / BRAF / EGFR492 RUO
 (both products expected to be launched as CE-IVD in 2017 as part of the Merck collaboration)
- Focus for 2017 and beyond on liquid biopsies on:
 - Lung, colon and breast cancers: easy diagnostic inclusion and monitoring of resistance to therapy
 - Liver cancer: early detection in cirrhotic livers



Unique position in MSI testing

What is Microsatellite Instability?

- MSI evolves as a result of the so-called 'inactivation of the body's DNA mismatch repair (MMR) system'
- Consequently, errors that normally spontaneously occur during DNA replication are no longer corrected, resulting potentially in tumor growth
- Tumors can be labeled as MSI-High (MSI-H), MSI-Low (MSI-L) or Microsatellite Stable (MSS)
- MSI is a proven prognostic oncology biomarker included in CRC guidelines and found in different cancer types:

Cancer type	% MSI-H	Cancer type	% MSI-H	
Colorectal	10-20% ¹	Lung	± 5% ⁶	
Endometrium	± 30%²	Gastric	± 20% ⁷	
Ovarium	5-10% ³	Pancreas	± 15%8	
Melanoma	± 10% ^{4,5}			

Biocartis' unique position in MSI

- Exclusive license agreement with the Flemish Institute for Biotechnology for rt-PCR compatible MSI markers
- Strong competitive position of Idylla™ based MSI testing versus current manual and complex procedure using capillary electrophoresis (Bethesda method), requiring multiple days to perform
- Idylla[™] MSI test does not require sample control; 1 sample per patient required



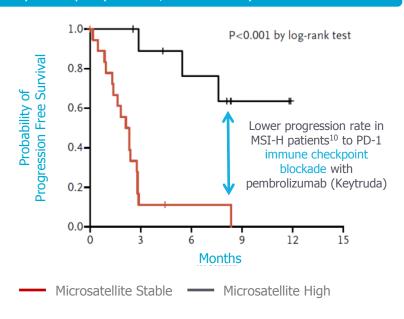
Idylla[™] MSI test initially positioned as prognostic biomarker for colorectal cancer

Extending scope of Idylla™ MSI test to immunotherapy

Potential to predict immunotherapy response

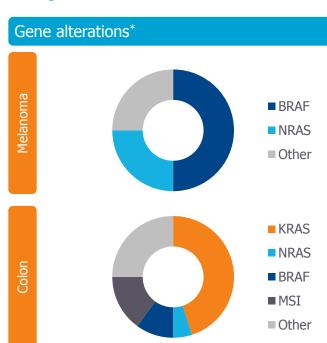
- Immunotherapies for oncology are shown to have a positive impact on long term survival, especially in combination with targeted oncology therapies
- Immunotherapies focus on fighting cancer cells via the body's immune system and consist of 3 major approaches:
 - Cancer vaccination
 - CAR-T-cells (manipulation of immune system to recognize and attack cancer)
 - Immune checkpoint blockade (blocking ability cancer cells to downregulate activity immune system)
- Recent data show that a tumour's MSI status may predict a patient's response to certain immunotherapies
- Scope of the Idylla[™] MSI test will be broadened to capture expected value of MSI for predicting response to certain immunotherapies

Study example (Le et al, NEJM 2015)





Idylla™: first line testing and gateway to NGS in oncology



Idylla™ positioning

- Idylla™ solid and liquid oncology menu guides treatment decisions for majority of cancer patients:
 - Focus on comprehensive panels for actionable biomarkers (linked to gene alterations)
 - Fully automated and fast turnaround times
 - Enables rapid triaging and same-day treatment
- Comprehensive genome profiling techniques like next-generation sequencing (NGS) to be used for detection of less common alterations that can guide alternative treatments or off-label use
- Challenges NGS to be overcome before widespread clinical use:
 - Complex batch-based workflows and high costs
 - Lack of standardisation can lead to wrong treatment decisions, similar to classical qPCR-based testing***



NGS sample and library preparation revisited

typical NGS workflow

sample prep

NGS library prep

sequencing



- Isolate genomic material from clinical sample

hands-on TaT*

· Ouantify genomic material via gPCR

2.5h 5h



- Target amplification via PCR
- · Indexing and tagging via PCR
- Purification

3.5h 7h



- · Pool libraries
- Seauencina
- Data analysis

Full NGS prep summary

#labs

#auxilliary

devices

#PCR

#samples/ hatch reactions

hands-on

Turnaround time



Idylla™ NGS Prep Panels:

- Standardisation and automation of key sample and library preparatory steps
- Any sample type
- Reduction of total hands-on and turnaround time of 50%-75%**

Sample to result for every patient



- Idylla™'s comprehensive panels for most commonly mutated genes guide treatment decisions for the majority of cancer patients
- For those cancer patients with more complex genomic alterations, Idylla™ NGS Prep Panels function as a gateway to comprehensive MDx testing
- Like for qPCR-based testing, Idylla[™] offers the opportunity to revolutionise NGS workflows by:
 - Standardisation
 - Automation
 - Shorter time-to-results



Update on infectious disease menu

- Idylla[™] sepsis test and the workflow automation have been further improved in 2015, initial launch of the Idylla[™] sepsis test is now scheduled for 2018
- Increased focus on development of highly multiplexed syndromic panels (e.g. Respiratory Mixed panel, Meningitis, Tropical Fever and Immunocompromised panels)
- Higher volume/lower priced tests to be launched at a later point in time to complete Idylla[™] test offering



Every 3rd heartbeat someone dies of Sepsis¹

Background

- A severe inflammatory response to a bloodstream infection
- Associated with high mortality rates (nearly 50% in the event of severe sepsis)²
- Mortality increases by 7.6%³ for each hour of delay of effective antibiotic therapy (in the first six hours)



- · Requires immediate therapeutic intervention
- Average cost per episode of sepsis per patient in U.S. \$18,500 to \$33,9007⁴

Rapid and accurate diagnostic results are needed

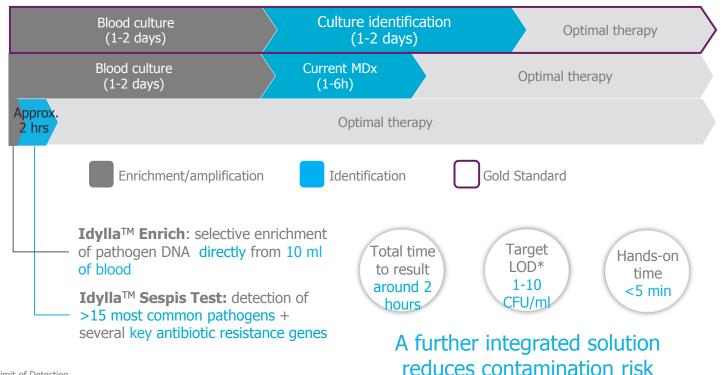
Clinical routine still based on empirical broad spectrum antibiotic therapy before identification of optimal therapy



- 1. Source: http://www.cscc.uniklinikum-jena.de/en/CSCC.html
- 2. Source: According to the US Center for Disease Control
- 3. Source: Kumar et al. Crit Care Med. 2006 Jun;34(6):1589-96
- 4. Source: Elixhauser, et al., Agency for Healthcare Research and Quality: "Septicemia in U.S. Hospitals, 2009"

Solution for bloodstream infections (including sepsis)

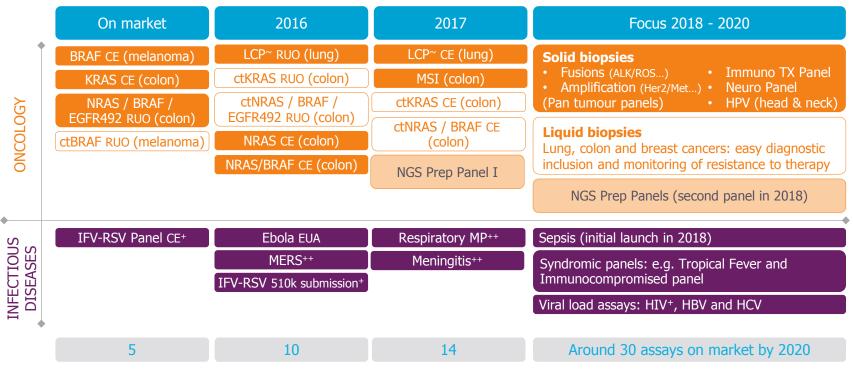
Towards an integrated system delivering timely and actionable results



Our diagnostic **app** store

Intention to launch at least 4 tests per year







2016 outlook and news flow



2016 outlook



Installed base of Idylla™ instruments end of 2016 of over 300 by adding 150-175 instrument placements



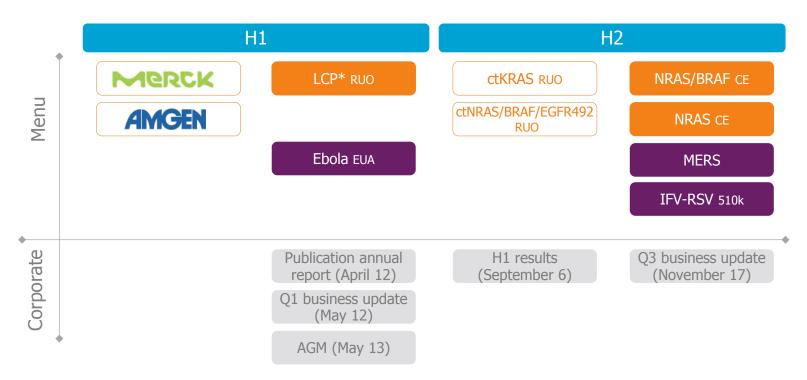
Launch of at least four new tests in 2016 to further expand its test menu for Idylla™



Biocartis targets a cash position by the end of 2016 in the range of EUR 45m to 55m



Expected news flow for 2016





* LCP = Lung Cancer Panel

Biocartis company highlights



NEXT GENERATION diagnostic solutions improving clinical practice for the benefit of patients, clinicians, payers and industry



COMMERCIAL STAGE Idylla[™] platform enabling high precision diagnostics for high precision medicine



RAPIDLY EXPANDING test menu addressing key unmet clinical needs in oncology and infectious diseases



STRONG ENDORSEMENT of key opinion leaders and leading pharmaceutical companies



OPERATIONAL FOOTPRINT in place to support commercial expansion



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