

First-in-class therapeutics pushing cancer cells to burn out

Despite growing success of immunotherapies, existing chemotherapies and the development of targeted therapies, 50% of patients suffering from cancer remain without solutions. BiPER Therapeutics aims at bringing solutions to those patients through the modulation of new pathways to treat patients. Our lead clinical candidate focus on the treatment of Gastro-intestinal cancers over expressing BiP a key protein involved in cancer cell survival and resistance

Changing cancer treatment with a new mechanism of action

- Our **first-in-class small molecules** push selectively cancer cells to burn out, by targeting **selectively** BiP a key protein involved in cancer cell survival
- BPR Series trigger cancer cell death through unresolved ER Stress-induced **apoptosis, autophagy and immune cell death** mechanisms
- BPR00-615 is an unresolved ER stress inducer a totally reverse and more efficient approach versus ER Stress inhibitors developed

BPR001-615 triggers tumor regression and outperform chemotherapy

- BPR001-615 clinical candidate demonstrated **tumor regression in 9 mice over 10** in gastric cancer model in monotherapy
- **BPR001-615 outperform 5FU (FOLFOX) 1st line chemotherapy** in a BiP high gastric cancer model
- **BPR001-615 cured 4 mice over 10** - 72% tumor growth inhibition in colorectal cancer model • Excellent safety profile

Treatment able to respond to > 50% of patients without solutions across GI Cancers

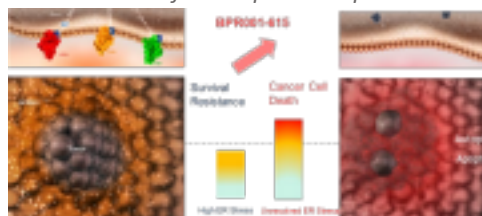
- R/R patients with Gastro-intestinal cancers (Gastric and Esophageal, HCC, Colorectal, Pancreatic Cancers) and solid tumors
- Priority to Gastric Cancer (1 Million Cases – 4 Billions \$ Global Sales forecast @2029 horizon) • 50% of patients are BiP high across multiple cancer indications
- Precision medicine approach through

First-in-class oral small molecules paving the way of promising new solutions for patients

- Our clinical candidate is the only selective BiP inhibitor in development showing strong selectivity, potent efficacy in monotherapy and in combination in oral administration • One ruthenium compound BOLD-100 downregulating BiP demonstrate safety of BiP targeting approach is in Phase 2 but it is not binding to BiP, have multiple mechanism of action and developed in IV administration only in combination will limit its clinical benefit, therapeutic window, market penetration and revenues

Key company milestones

measurement of BiP in patients' plasma



TEAM

Co-Founders

Mehdi Chelbi Msc Biotech C-Level & Drug Development experience Rachid Benhida – DR CNRS. Expertise in Chemistry

Stéphane Rocchi – DR INSERM. Expertise Molecular Biology

Cyril Ronco – MC-HDR. Expertise in Chemistry and Drug Design

Executive Team

Mehdi Chelbi – CEO

Michael Cerezo – CSO

Samson Fung – CMO

Stephane Millot – CFO

Advisory board

Pr Rottey – Gastro-Oncologist Pr Coriat –

Gastro-Oncologist Pr Lee – BiP subject matter expert Pr

Evesque – Gastro-Oncologist Pr Passeron –

Onco-dermatologist

IP STATUS

3 patents composition of matters 2 patents method of use

2 patents formulation

Global exclusive license signed

STAGE OF PROGRESS

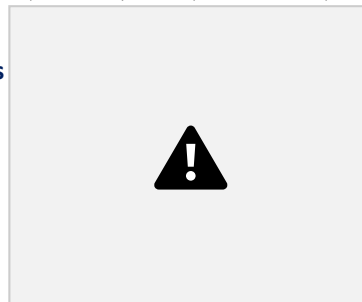
BPR001-615 Clinical Candidate in preclinical regulatory studies @ 6 months from the clinic – Scientific Advice successfully held

Regulatory Preclinical Development BPR002 Clinical

Candidate to treat

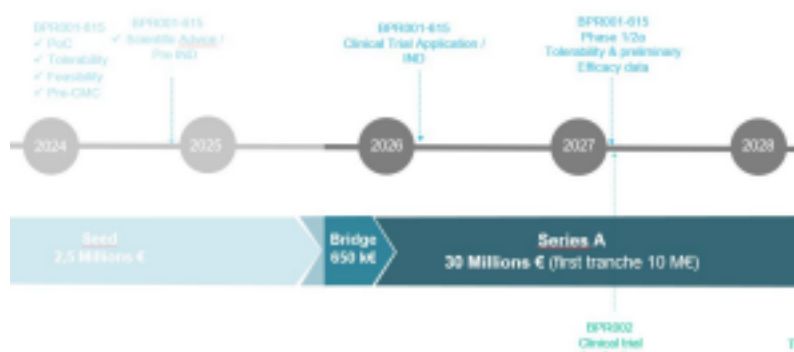
BPR001-615 triggers tumor regression and outperform 1st line chemotherapy Oral BID Daily Administration – KATO III Gastric cancer model
Tukey's multiple comparisonstest N=10

BiP in plasma is dramatically increased in Hepatocellular Carcinoma cancer patients vs healthy controls



Oncotarget, 2017, Vol. 8,

Source : Li et al.,



solid tumors in IND Enabling studies @ 18 months form the clinic

BPR003 @ discovery stage to treat non-oncology indication

AWARDS/DISTINCTIONS



FUNDRAISING NEEDS

Series A

CONTACT

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