NOTICES AND WARNINGS

This presentation has been prepared by the management of Biocartis Group NV (the "Company"). It does not constitute or form part of, and should not be construed as, an offer, solicitation or invitation to subscribe for, underwrite or otherwise acquire, any securities of the Company or any member of its group nor should it or any part of it form the basis of, or be relied on in connection with, any contract to purchase or subscribe for any securities of the Company or any member of its group, nor shall it or any part of it form the basis of or be relied on in connection with any contract or commitment whatsoever. It is not a prospectus or offering memorandum.

The information included in this presentation has been provided to you solely for your information and background and is subject to updating, completion, revision and amendment and such information may change materially. No person is under any obligation to update or keep current the information contained in this presentation and any opinions expressed in relation thereto are subject to change without notice. No representation or warranty, express or implied, is made as to the fairness, accuracy, reasonableness or completeness of the information contained herein. Neither the Company nor any other person accepts any liability for any loss howsoever arising, directly or indirectly, from this presentation or its contents.

This presentation includes forward-looking statements that reflect the Company's intentions, beliefs or current expectations concerning, among other things, the Company's results, condition, performance, prospects, growth, strategies and the industry in which the Company operates. These forward-looking statements are subject to risks, uncertainties and assumptions and other factors that could cause the Company's actual results, condition, performance, prospects, growth or opportunities, as well as those of the markets it serves or intends to serve, to differ materially from those expressed in, or suggested by, these forward-looking statements. The Company cautions you that forward-looking statements are not guarantees of future performance and that its actual results and condition and the development of the industry in which the Company operates may differ materially from those made in or suggested by the forward-looking statements contained in this presentation. In addition, even if the Company's results, condition, and growth and the development of the industry in which the Company operates are consistent with the forward-looking statements contained in this presentation, those results or developments may not be indicative of results or developments in future periods. The Company and each of its directors, officers and employees expressly disclaim any obligation or undertaking to review, update or release any update of or revisions to any forward-looking statements in this presentation or any change in the Company's expectations or any change in events, conditions or circumstances on which these forward-looking statements are based, except as required by applicable law or regulation.

This document and any materials distributed in connection with this document are not directed to, or intended for distribution to or use by, any person or entity that is a citizen or resident or located in any locality, state, country or other jurisdiction where such distribution, publication, availability or use would be contrary to law or regulation or which would require any registration or licensing within such jurisdiction. The distribution of this document in certain jurisdictions may be restricted by law and persons into whose possession this document comes should inform themselves about, and observe any such restrictions.

The Company's securities have not been and will not be registered under the US Securities Act of 1933 (the "Securities Act") and may not be offered or sold in the United States absent registration under the Securities Act or exemption from the registration requirement thereof.
Leader in oncology precision diagnostics

Differentiated technology
- Idylla™: first fully automated sample-to-result qPCR platform
- Superior and validated performance versus competition
- Enabling global decentralization of clinical molecular diagnostics (MDx)

Attractive market
- Global MDx market of USD 6.5bn; oncology fastest growing segment with high double digit annual growth rates
- Large, global initial customer base (i.e. pathology labs) with opportunity to expand (e.g. labs that want to step into MDx testing)
- Potential to add new customer segments

Focus on oncology
- Unique platform features bring strong competitive advantage in oncology testing
- Broad test menu (solid & liquid biopsies) currently focused on targeted therapies and to move into immunotherapy and liquid biopsy based monitoring. Content partners (e.g. Genomic Health) to add high value genomic signatures to the menu
- Validation via partnerships with pharma (e.g. Amgen, Merck KGaA, AstraZeneca, Bristol-Myers Squibb)

Proven commercial strategy
- Installed base grew to around 970 Idylla™ instruments as per 31 December 2018
- Commercial footprint in place that covers all majority MDx markets worldwide
- Delivering solid performance across existing markets (Europe, US and RoW*), working towards launch in China and Japan

2018 full year performance
- 326 new Idylla™ instrument placements in 2018, resulting in an installed base of around 970 Idylla™ instruments at the end of 2018
- Commercial volume of approx. 133k cartridges in 2018, representing a year-over-year increase of approx. 87%
- Product revenues increased year-over-year with 46% to EUR 18.8m. Total operating income amounted to EUR 28.7m (year-over-year increase of 24%)

Positioned for further growth
- Expansion into major additional markets: successful initial roll-out of the Idylla™ platform in the US, joint venture with Wondfo for commercialization in China and distribution agreement with Nichirei Bioscience for commercialization in Japan
- CE-marking of the Idylla™ MSI Test in Q1 2019, driving cartridge volume growth at existing and new clients
- Additional highly automated second cartridge manufacturing line validated to support volume growth and cost effectiveness

* RoW = Rest of the World. RoW is defined as the world excluding Europe, US, China and Japan
Difficult access to molecular diagnostics information

- In the US, nearly 80%\(^4\) of cancer patients do not have genetic mutation results available at initial oncology consultation.
- Up to 25% of patients begin treatment before receiving their results\(^4\).

Fully automated molecular testing with Idylla™

Superior sensitivity and ease-of-use, combined with sample to result turnaround time of 90 to 150* minutes

* Based on turnaround times of current on-market oncology tests
Enabling decentralized testing

Traditional workflow results in:
- Centralized testing (many labs send out samples) by specialized labs with experienced lab technicians
- Poor reproducibility of results (i.e. human errors)
- Long turnaround time (~ weeks)

Idylla™ enables:
- Decentralized testing by all labs (no geographical differences in quality)
- ‘First-time-right’ results
- Short turnaround time (~ ‘same-day-result’)

* Based on a qPCR workflow
** Example for France, based on a survey conducted in 5 French regions by the French National Cancer Institute, January 2016 (http://en.e-cancer.fr)
*** Idylla™ CE IVD Tests are intended to aid in the assessment of patients with cancer for their mutation status and to facilitate treatment decisions with a multidisciplinary team
Comparative studies confirm superior performance

Example study organized by AstraZeneca

**Background**

- Comparison of 13 different KRAS mutation detecting technologies:
  - 6x NGS
  - 3x qPCR
  - 2x mass spec.
  - 1x ddPCR
  - 1x Sanger sequencing

- Focused on detection of KRAS mutations in lung cancer based on blinded samples

**Conclusions**

<table>
<thead>
<tr>
<th>Technology</th>
<th>Overall sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idylla™ KRAS</td>
<td>96%</td>
</tr>
<tr>
<td>Other qPCR (cobas/therascreen)</td>
<td>46-52%</td>
</tr>
<tr>
<td>Mass-spectrometry</td>
<td>58-92%</td>
</tr>
<tr>
<td>NGS</td>
<td>48-100%</td>
</tr>
<tr>
<td>ddPCR</td>
<td>52-60%</td>
</tr>
</tbody>
</table>

**Sensitivity**

- Highest score for Idylla™ KRAS technology:
  - Lowest number of manual handling steps in sample preparation (1 to 2 steps versus 3 to > 20 steps)
  - Requires lowest level of expertise (1 versus 2-4 for others*)

**Ease-of-use**

- Highest score for Idylla™ KRAS technology on total turnaround time (2 to 4 hours versus 1 day to 3 weeks)

Source: poster by James L. Sherwood et al., presented at 2016 ESMO conference Copenhagen (Denmark). NGS technologies included two technologies by Thermo Fisher Scientific, Mass spectrometry technologies included two technologies from Agena Bioscience.

* One being the lowest level of expertise and four the highest
** TaT = total turnaround time
Eight Idylla™ abstracts presented at AMP¹ 2018, US

**Summary abstracts**

1. Rapid Assessment of Microsatellite Instability Status using the Idylla™ MSI Test⁴

2. Ultra-Rapid EGFR Mutation Assessment in Lung Adenocarcinoma without Prior DNA Extraction⁵

3. Detection of Microsatellite Instability in Endometrial Carcinoma Using the Novel Idylla™ MSI Assay,⁶ ⁷

4. Biocartis Idylla™ Cartridge-based Microsatellite Instability Assay Shows High Concordance with Immunohistochemical Analysis for Mismatch Repair Status in Colorectal Cancer⁷

5. Stat EGFR Mutation Detection in Fresh Lung Cancer Tissue Specimens Using Touch Preparation and the Idylla™ System⁸

6. Rapid EGFR Mutation Testing in Lung Cancer Tissue Samples Using a Fully Automated System and Single-use Cartridge⁹

7. On the comparison of the Idylla™ EGFR Mutation Assay², based on 79 clinical FFPE tissue samples¹⁰

8. Validation of FFPE Tissue Punches for Detection of KRAS and BRAF Mutations with the Idylla™ PCR-based Molecular Diagnostics Assay¹¹

**AMP¹ impressions**

Biocartis Corporate workshop at AMP¹ with Key Opinion Leaders as speakers from Memorial Sloan Kettering Cancer Center and the Dartmouth-Hitchcock Medical Center attracted over 100 participants

Rabie Al-Turkmani (Dartmouth-Hitchcock Medical Center) received the AMP Young-Investigator-Award for his Idylla™ EGFR Touch Prep abstract

---

¹ AMP: Association for Molecular Pathology
² Research Use Only, not for use in diagnostic procedures
³ All abstracts are available on https://jem.ampath.org/article/S1525-1578(18)30401-X/pdf
⁴ K. Nafa et al., Memorial Sloan Kettering Cancer Center, "Rapid Assessment of Microsatellite Instability Status using the Idylla™ MSI Test";
⁵ M.E. Arcila et al., Memorial Sloan Kettering Cancer Center, "Ultra-Rapid EGFR Mutation Assessment in Lung Adenocarcinoma without Prior DNA Extraction";
⁶ C.M. Nicka et al., Dartmouth-Hitchcock Medical Center, "Detection of Microsatellite Instability in Endometrial Carcinoma Using the Novel Idylla™ MSI Assay";
⁷ N.S. Mahoney et al., Dartmouth-Hitchcock Medical Center, "Biocartis Idylla™ Cartridge-based Microsatellite Instability Assay Shows High Concordance with Immunohistochemical Analysis for Mismatch Repair Status in Colorectal Cancer";
⁸ M. Rabie Al-Turkmani et al., Dartmouth-Hitchcock Medical Center, "Stat EGFR Mutation Detection in Fresh Lung Cancer Tissue Specimens Using Touch Preparation and the Idylla™ System";
⁹ M. Rabie Al-Turkmani et al., Dartmouth-Hitchcock Medical Center, "Rapid EGFR Mutation Testing in Lung Cancer Tissue Samples Using a Fully Automated System and Single-use Cartridge"
¹⁰ M. Kohlman et al., AstraZeneca, on the comparison of the Idylla™ EGFR Mutation Assay based on 79 clinical FFPE tissue samples
¹¹ D. Morlote et al., "Validation of FFPE Tissue Punches for Detection of KRAS and BRAF Mutations with the Idylla™ PCR-based Molecular Diagnostics Assay"
Reduction of time-to-result from weeks to hours

Sample-to-result (i.e. full automation) capabilities for:
- **Solid biopsies**: FFPE\(^*\), FNA\(^7\^\), fresh samples\(^^\)
- **Liquid biopsies**: Plasma\(^*\), whole blood\(^^\), urine\(^^\)

Uniquely positioned in attractive oncology MDx market

**Key growth drivers**

- **Fast growing market**
  - Represents 19% of the USD 6.5bn total MDx market in 2016\(^1\)
  - Fastest growing segment in MDx, expected to grow 26% per annum (doubling of market) to 2020\(^2\)

- **Global incidence ~18.1bn; growing at ~2.5% per annum\(^3\)**

- **Increased need for MDx testing:**
  - Broader availability of targeted therapies
  - Significant clinical pipeline targeted therapies: in 2015, >800 cancer treatments were in development in the US\(^4\), ~70% has potential to be personalized medicines\(^5\)
  - Addition of new application areas: immuno-oncology, liquid biopsy testing, etc.

- **Growth of decentralized market (i.e. under-penetrated customer potential)**

**Idylla™ unique selling points**

- Ability to combine advantages of point-of-care testing with **performance** of lab reference testing: enabling MDx in virtually **any lab setting**
- **Reduction of time-to-result** from weeks to **hours**
- **Sample-to-result** (i.e. full automation) capabilities for:
  - **Solid biopsies**: FFPE\(^*\), FNA\(^7\^\), fresh samples\(^^\)
  - **Liquid biopsies**: Plasma\(^*\), whole blood\(^^\), urine\(^^\)

Market trends drive oncology menu strategy

**Targeted therapies**
- Therapy selection driven by specific cancer mutations
- Significant pipeline of new targeted therapies across cancer types
- Examples:
  - Zelboraf® (BRAF)
  - Tagrisso® (EGFR)
  - Erbitux® (RAS)
  - Vectibix® (RAS)

**Pan-cancer therapies**
- Therapy selection driven by genetics rather than location of the tumor
- Allows therapy use across multiple cancer types
- Positive impact on underlying test volumes
- Examples:
  - Vitrakvi®
  - Keytruda®

**Gene signatures**
- MDx tests that target applications beyond therapy selection, e.g.:
  - Cancer risk
  - Prognosis
- Often high value once validated and clinical value demonstrated
- Critical information for medical decision-making

**Immunooncology**
- ‘Fifth pillar’ of cancer treatment
- Consists of several therapeutic classes, e.g.:
  - Immune checkpoint inhibitors
  - Cell and viral therapies
  - Vaccines
- High unmet need for underlying clinical testing

**Liquid biopsy**
- Assess tumor information via liquid samples
- Clinical value increasingly demonstrated
- Front-runner applications:
  - Therapy selection
  - On-therapy monitoring
  - Post-treatment Minimal Residual Disease (‘MRD’)

---

Idylla™ addressable market potential

**ANNUAL VOLUME POTENTIAL**

- **Short-term**
  - **Targeted Therapies**
    - 2-cartridge menus for CRC and lung
    - Pan-cancer applications
    - Additional cancer types
  - **Proprietary Genomic Signatures**
    - Establish breast franchise
    - Urology
    - New cancer types & customer segments

- **Mid-term**
  - **Immunotherapy**
    - MSI
    - Hot-Cold signatures
    - Resistance testing
    - Cell therapy management

- **Long-term**
  - **Monitoring**
    - Therapy response & MRD
    - Recurrence monitoring

**ANNUAL VOLUME POTENTIAL**

- 10m to 15m
- 4m to 5m
- 3m to 4m
- 1m to 5m

+ Depicts annual long term addressable Idylla™ cartridge volume potential. Based on management estimates. Focused on Europe, US and Japan (excluding China and RoW). For indicative purposes only. 1. Based on incidence / prevalence, potential eligibility (e.g., according to tumor stage and treatment) and # tests / patient. 2. Based on incidence and current / potential guideline testing eligibility for cancer types where immune checkpoint inhibitors and cell therapies are most relevant. 3. Based on incidence and current / anticipated cancer guidelines for CRC, lung, and skin cancer. 4. Based on current partner content collaborations and addition of new content that could benefit from Idylla™ dependent on partnerships. 5. MRD = Minimal Residual Disease
### Rapidly expanding Idylla™ test menu

<table>
<thead>
<tr>
<th>Test</th>
<th>Development¹</th>
<th>RUO²</th>
<th>Validation³</th>
<th>CE⁴</th>
<th>US FDA registration</th>
<th>Disclosed partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NRAS-BRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NRAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRAS-NRAS-BRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ctKRAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ctNRAS-BRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGFR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ctEGFR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGFR/BRAF+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GeneFusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ctBRAF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncotype DX® Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistance monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncotype DX® Prostate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Generally includes analytical validation. 2. Research Use Only. 3. Clinical validation. 4. CE-IVD. 5. Premarket approval process with US FDA.

Overview is subject to change in amongst others prioritization of test development by Biocartis and/or partners driven by commercial, partnering and operational considerations.

- Amgen
- Amgen
- Merck KGaA
- Merck KGaA
- Bristol-Myers Squibb
- AstraZeneca
- Genomic Health
- LifeArc
- Genomic Health

₁ = solid biopsy   ₂ = liquid biopsy   ₃ = completed   ⁴ = ongoing   ⁵ = To be initiated
Underpenetrated customer base

Potential pathology customer base

- Initial Idylla™ customer base
- Around 16,000 pathology laboratories worldwide\(^1\)
- Significant number of hospitals not performing MDx today, table below shows situation in US\(^2\):

<table>
<thead>
<tr>
<th>Hospital Segment</th>
<th>Number</th>
<th>Performing MDx (total)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>3816</td>
<td>382</td>
<td>10%</td>
</tr>
<tr>
<td>Medium</td>
<td>988</td>
<td>632</td>
<td>64%</td>
</tr>
<tr>
<td>Large</td>
<td>420</td>
<td>353</td>
<td>84%</td>
</tr>
</tbody>
</table>

Unlocking Idylla™ customer base potential

Sales approach pathology labs
- Initial focus on labs offering MDx testing (= existing market)
- Second phase focused on targeting labs that want to step into MDx testing (= new market)

Additional customer bases
- Ongoing menu expansion and content partnerships could expand Idylla™ customer base into oncologists, urologists, dermatologists, etc.

---

The Idylla™ MSI Test was launched as a CE-IVD marked test on 28 February 2019. From VIB, the life sciences research institute in Flanders (Belgium), and originated from the research of the group of Prof. Diether Lambrechts (VIB-KU Leuven, Belgium). Clinical Performance Study showed 99.7% concordance for MSI testing vs Promega (unpublished data); De Craene B. et al. Annals of Oncology (2017) 28 (suppl. 5): v209-v268; De Craene et al. J Clin Oncol 36, 2018 (suppl; abstr e15639). FFPE = formalin fixed, paraffin embedded. Consisting of short homopolymers located in the ACVR2A, BTBD7, DIDO1, MRE11, RYR3, SEC31A and SULF2 genes.

• Includes novel set of 7 MSI biomarkers, exclusively licensed to Biocartis in 2013
• Unique characteristics:
  o Fully automated
  o Fast and accurate information on MSI status in colorectal cancer directly from FFPE tissue without the need for matched normal samples
  o High concordance (> 97%) and lower failure rates compared to standard methods
  o No need for paired normal tissue testing
  o Unbiased results reporting for a variety of cancer types independent of ethnicities
• Expected to overcome drawbacks of conventional MSI testing, making MSI testing available to a larger patient population

Background MSI

• MSI is the abbreviation of Micro Satellite Instability
• MSI is the result of inactivation of the body’s so-called DNA mismatch repair (MMR) system. Consequently, errors that normally spontaneously occur during DNA replication are no longer corrected, contributing to tumor growth and evolution
• MSI testing is included in international guidelines for colorectal cancer, but is present in several other tumor types as well, such as gastric & endometrial cancer
• MSI is an independent factor that may predict a patient’s response to certain immunotherapies

Key addition to Biocartis’ colorectal cancer menu

1 The Idylla™ MSI Test was launched as a CE-IVD marked test on 28 February 2019. 2 From VIB, the life sciences research institute in Flanders (Belgium), and originated from the research of the group of Prof. Diether Lambrechts (VIB-KU Leuven, Belgium). 3 Clinical Performance Study showed 99.7% concordance for MSI testing vs Promega (unpublished data); De Craene B. et al. Annals of Oncology (2017) 28 (suppl. 5): v209-v268; De Craene et al. J Clin Oncol 36, 2018 (suppl; abstr e15639). 4 FFPE = formalin fixed, paraffin embedded. 5 Consisting of short homopolymers located in the ACVR2A, BTBD7, DIDO1, MRE11, RYR3, SEC31A and SULF2 genes.
### Accelerated menu expansion with partners

<table>
<thead>
<tr>
<th>Pharma &amp; biotech companies</th>
<th>Content partners</th>
<th>Development partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- (Joint) development of <strong>CDx</strong> on Idylla™ platform</td>
<td>- Porting of proprietary <strong>biomarker panels</strong> developed and validated by third parties on Idylla™ platform</td>
<td>- Development <strong>Biocartis Idylla™ assays</strong> in partnership with research institutions</td>
</tr>
<tr>
<td><strong>Benefit Biocartis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Faster <strong>commercial adoption</strong>, higher market shares</td>
<td>- Proprietary 3rd party content on Idylla™ platform</td>
<td>- Lowered menu development costs</td>
</tr>
<tr>
<td><strong>Benefit partners</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - **Better and faster selection of eligible patients** for targeted therapies given faster TaT & high sensitivity:  
  - **Fast TaT**: reduces competition with therapies not requiring a biomarker  
  - **High sensitivity**: more patients detected with relevant biomarkers | - Accelerated global roll-out of **content**  
  - No platform education needed: focus on content education  
  - Realization of **cost efficiencies** | - Contribution to medical innovation  
  - Knowledge sharing and building |
| **Partners**               |                  |                      |

1. **CDx** = Companion Diagnostics
2. On 15 June 2017, MRC Technology changed its name to LifeArc. LifeArc has been involved in helping deliver a number of therapies including Keytruda (pembrolizumab, marketed by MSD) which is an important immunotherapy treatment for various cancers
3. Partnership is with ETPL, the commercialization arm of A*STAR

---

**AMGEN**  
**MERCK**  
**AstraZeneca**  
**Bristol-Myers Squibb**  
**Johnson & Johnson**  
**Genomic Health**  
**LifeArc**  
**Immunexpress**  
**accelerate**  

---

**UK based medical research charity**  
**Singapore’s Agency for Science, Technology and Research**
Background collaboration

- Focused on exclusive test development of proprietary Genomic Health tests on the Idylla™ platform
- Aimed at accelerating adoption and market access around the world of Genomic Health’s tests
- First test to be developed on Idylla™ is the Oncotype DX Breast Recurrence Score® test, second test is the Oncotype DX Genomic Prostate Score® Test

Background Genomic Health

- A leading provider of genomic-based diagnostic tests in cancer with revenues of USD 377m in 2017
- Based in California (US) and listed on NASDAQ (GHDX) with a market cap of approx. USD 2.97bn
- On-market tests for breast, prostate and colon cancer, currently offered through own service laboratories

Oncotype DX Breast Recurrence Score® Test

- Examines the activity of 21 genes in a patient’s breast tumor tissue to provide personalized information for tailoring treatment based on the biology of their individual disease.
- Only test proven to predict chemotherapy benefit
- Included in all major cancer guidelines worldwide and is now considered standard of care for early-stage breast cancer.

Oncotype DX Genomic Prostate Score® Test

- Examines the activity of 17 genes in a patient’s prostate biopsy sample to provide information on the aggressiveness of their individual disease
- Predicts risk of metastasis and helps to make better informed & more personalized treatment decisions
- Has been validated in > 4,500 patients, which is described in 18 publications

Source: Company website and financial reporting Genomic Health
New pharma collaboration with AstraZeneca aimed at faster lung cancer biomarker results

Background

- Lung cancer is the most common cancer worldwide, contributing for 13% of all cancer types\(^1\)
- In total, 85% of lung cancers are non-small cell lung cancers (NSCLC)\(^2\). Many lung cancers are driven by mutations in the epidermal growth factor receptor (EGFR), which occur in 10-15% of NSCLC patients in the US and the EU, and 30-40% of NSCLC patients in Asia\(^3\)
- Current molecular testing of lung cancer samples is complex, also because obtaining high quality tissue samples is difficult. Results can take up to several weeks\(^4\), often because many laboratories do not have the necessary infrastructure to perform complex tests and need to send out their samples

Partnership details

- AstraZeneca is a global science-led biopharmaceutical company (LON: AZN)
- Agreement announced on 29 November 2018
- A prospective lung cancer study with the Idylla™ EGFR Mutation Test (CE-IVD) will be conducted in selected European countries, aimed at demonstrating how the unique features of the Idylla™ platform can overcome the current complexity and long turnaround time for lung cancer patients by delivering accurate biomarker results faster and easier
- The study will be initiated at more than a dozen sites in Belgium, France, Germany and Italy

---

**Background collaboration**

- Collaboration focused on **MSI testing** in connection with **immuno-oncology** therapies

- Allows for **joint developments and registrations** of the Idylla™ MSI test for use in a variety of indications, commercial settings and geographies

- Initial focus under agreement is expected to be registration **in the US** of Idylla™ MSI test as a companion diagnostic test

- Bristol-Myers Squibb Company (NYSE: BMY) is a global biopharmaceutical company that amongst others markets **OPDIVO®**

- Financial details are not disclosed

**Background OPDIVO®**

- OPDIVO® (nivolumab) plus low-dose Yervoy+ (ipilimumab) is the first **immuno-oncology** combination treatment approved by the US FDA for **MSI-High** or mismatch repair deficient (dMMR) metastatic colorectal cancer (**mCRC**) that has progressed following treatment with certain chemotherapies*

- OPDIVO® generated **USD 4.9bn** of global sales in 2017~

---

+ 3 mg/kg Opdivo plus 1 mg/kg Yervoy.

* Treatment with fluoropyrimidine, oxaliplatin and irinotecan. Note that OPDIVO® is also approved in the US as a single agent, for the treatment of adult and pediatric patients 12 years and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.

~ Source: 2017 annual report BMS.
Continued expansion global commercial footprint

Over 70 countries covered through four sales channels:

1. **Direct sales force** covering Western European countries, US and Canada

2. **Distributor contracts** in place covering ~ 65 countries
   - Hybrid sales strategy in the US with own sales team & Fisher Healthcare as commercialization partner
   - Distribution agreement with Nichirei Bioscience for Japanese market

3. Joint venture in **China** with Wondfo

4. **Pharma collaborations** (e.g. Merck KGaA (Darmstadt, Germany), Amgen and AstraZeneca) and **content partnerships** (e.g. Genomic Health, Immunexpress)

---

1 Situation as per 31 December 2018
2 A division of Thermo Fisher Scientific Inc.
Go-to market strategies in place for China & Japan

**Chinese go-to market strategy**

- Joint venture established with Wondfo for Chinese market
- Chinese MDx market one of fastest growing in the world\(^2\)
- Wondfo (SHE:300482) is a fast growing diagnostics leader in China with focus on POC\(^1\) testing, listed on Shenzhen Exchange (current market capitalization of USD ~1.3bn) with revenues in 2017 of ~ USD 160m
- Joint venture structure: 50%-50% ownership. Capital commitment of EUR 14m, split between parties and over several tranches
- Focus on local manufacturing, commercialization & registration with Chinese Regulatory Authorities of existing Idylla™ oncology tests

**Japanese go-to market strategy**

- Commercialization agreement with Nichirei Bioscience for Japanese market
- Japanese MDx market is one of the largest in the world, representing around 10% of global MDx market\(^1\)
- Part of Nichirei Corporation (TYO: 2871), a holding company with an annual turnover of ~¥ 550 billion\(^2\)
- Nichirei Bioscience to seek regulatory approval of Idylla™ platform and its oncology tests with Japanese Ministry of Health, Labor and Welfare
- Upon successful registration, Nichirei Bioscience’s sales force will distribute the Idylla™ platform across its commercial network of approx. 2,000 pathology laboratories in Japan

---

1 Point of Care. 2 Source: DataMintelligence, "Global Molecular Diagnostics Market 2018-2025"
High volume second cartridge manufacturing line operational since end 2018

- Located in Mechelen (Belgium), providing an additional annual capacity of over 1,000,000 cartridges
- Fully automated assembly workstations (versus a semi-automated on first line with an annual capacity of over 200k cartridges)
- Plastic parts manufactured with new multi-cavity moulds (versus single cavity on first line)
- Operational since end of 2018
- Key driver in further reduction of cartridge unit costs
Platform and consumable driven business model

**Key drivers**
- Commercial footprint
- Commercialization partnerships

**Key drivers**
- Menu of tests
- Regulatory registrations

**Key drivers**
- Reimbursement
- Competitive advantage

Gross margin driven by
- Volume
- Manufacturing automation

\[
\text{Sales} = \text{Installed base} \times \text{Instrument utilization} \times \text{Average selling price}
\]
Key messages FY 2018 results

Installed base  
Growth of installed base to over 970 instruments

Cartridge volume  
133k Idylla™ cartridges, year-over-year increase of approx. 87%

Product revenues  
Increased year-over-year with 46% to EUR 18.8m

Total operating income  
Increased year-over-year with 24% to EUR 28.7m

Cash position  
EUR 64m per end 2018

Test menu  
Promising initial market adoption of the Idylla™ MSI Test2

Partnerships  
Expansion partnership with Genomic Health and new collaboration with AstraZeneca

Geographical expansion  
Successful first commercialization year in US, go-to market strategies established for China and Japan

1 As of date of this announcement
2 Launched as CE-IVD on 28 February 2019
Strong continued placements & volume growth

- **326** instruments added in 2018, exceeding latest guidance of 300
- Majority of placements realized in European and US markets
- Installed base milestone of 1,000 instruments crossed early 2019

- **Commercial cartridge volume** of approx. **133k**, in line with the latest 2018 guidance of 130k – 135k cartridges
- **Year-over-year increase** of approx. **87%**, Europe followed by RoW\(^1\) contributed most to the absolute volume growth

---

\(^{1}\) RoW = Rest of the World. RoW is defined as the world excluding European direct markets, US, China and Japan
Delivering solid performance across markets

<table>
<thead>
<tr>
<th>Europe</th>
<th>US</th>
<th>RoW³</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase in installed base above expectation</td>
<td>• First full commercialization year</td>
<td>• Strong ramp-up in cartridge volumes driven by:</td>
</tr>
<tr>
<td>• Strong ramp-up of commercial cartridge volumes due to:</td>
<td></td>
<td>o 57 new market authorizations for Idylla™ products across 18 geographies</td>
</tr>
<tr>
<td>o Increased Idylla™ usage in first line testing</td>
<td>• Realization of promising initial US installed base driven by:</td>
<td>o Strategic focus on geographies that are of interest to pharmaceutical partners</td>
</tr>
<tr>
<td>o Strong overall contribution from pharmaceutical collaborations</td>
<td>o Platform adoption at high profile customers such as</td>
<td></td>
</tr>
<tr>
<td>o Launch Idylla™ MSI Test¹</td>
<td>o Publication of several US Idylla™ performance studies of which 8 were presented at AMP²</td>
<td></td>
</tr>
</tbody>
</table>

---

1 Launched as CE-IVD on 28 February 2019
2 Association for Molecular Pathology Conference, 1-3 November 2018, Texas, US
3 RoW = Rest of the World. RoW is defined as the world excluding European direct markets, US, China and Japan
### Breakdown product revenues (in EUR 1,000)

<table>
<thead>
<tr>
<th>By product</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idylla™ System sales</td>
<td>4,185</td>
<td>4,620</td>
</tr>
<tr>
<td>Idylla™ Cartridge sales</td>
<td>14,658</td>
<td>8,316</td>
</tr>
<tr>
<td><strong>Product sales revenue</strong></td>
<td><strong>18,843</strong></td>
<td><strong>12,936</strong></td>
</tr>
</tbody>
</table>

### Breakdown total operating income

<table>
<thead>
<tr>
<th>In EUR 1,000</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product sales revenue</td>
<td>18,843</td>
<td>12,936</td>
</tr>
<tr>
<td>Collaboration revenue</td>
<td>8,329</td>
<td>7,739</td>
</tr>
<tr>
<td>Service revenue</td>
<td>639</td>
<td>282</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>27,811</strong></td>
<td><strong>20,957</strong></td>
</tr>
<tr>
<td>Grants and other income</td>
<td>840</td>
<td>2,153</td>
</tr>
<tr>
<td><strong>Total operating income</strong></td>
<td><strong>28,651</strong></td>
<td><strong>23,110</strong></td>
</tr>
</tbody>
</table>

**Product revenues increased with 46% in 2018**
## 2018 operating result of EUR -47m

### Condensed income statement

<table>
<thead>
<tr>
<th></th>
<th>In EUR 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Total operating income</td>
<td>28,651</td>
</tr>
<tr>
<td>COGS</td>
<td>(15,349)</td>
</tr>
<tr>
<td>R&amp;D expenses</td>
<td>(36,842)</td>
</tr>
<tr>
<td>S&amp;M expenses</td>
<td>(15,349)</td>
</tr>
<tr>
<td>G&amp;A expenses</td>
<td>(7,971)</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>(75,511)</td>
</tr>
<tr>
<td>Operating result</td>
<td>(46,860)</td>
</tr>
<tr>
<td>Net financial result</td>
<td>(1,402)</td>
</tr>
<tr>
<td>Income taxes</td>
<td>109</td>
</tr>
<tr>
<td>Net result</td>
<td>(48,153)</td>
</tr>
</tbody>
</table>

### Breakdown operating expenses

#### 2018

- R&D expenses: 20%
- S&M expenses: 11%
- G&A expenses: 49%
- COGS: 20%

#### 2017

- R&D expenses: 13%
- S&M expenses: 10%
- G&A expenses: 18%
- COGS: 59%
Cash position of **EUR 64m** end of 2018

### Condensed cash flow statement

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In EUR 1,000</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result for the period</td>
<td>(48,153)</td>
<td>(41,960)</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>4,273</td>
<td>5,096</td>
</tr>
<tr>
<td>Impairment losses</td>
<td>3,456</td>
<td>0</td>
</tr>
<tr>
<td>Working capital changes</td>
<td>(3,797)</td>
<td>(2,841)</td>
</tr>
<tr>
<td>Other adjustments</td>
<td>2,228</td>
<td>(1,700)</td>
</tr>
<tr>
<td><strong>CF operating activities</strong></td>
<td>(41,993)</td>
<td>(41,405)</td>
</tr>
<tr>
<td>CF investing activities</td>
<td>(5,820)</td>
<td>(4,320)</td>
</tr>
<tr>
<td>CF financing activities</td>
<td>(1,508)</td>
<td>75,256</td>
</tr>
<tr>
<td><strong>Total net cash flow</strong></td>
<td>(49,320)</td>
<td>29,531</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents</strong></td>
<td>63,539</td>
<td>112,765</td>
</tr>
<tr>
<td>Financial debt</td>
<td>35,335</td>
<td>35,388</td>
</tr>
</tbody>
</table>

### Remarks

- **Cash flow from operating activities** slightly lower as result of:
  - A lower net result for 2018
  - Increased investments in working capital
  - Increased (non-cash) adjustments in 2018 due to impairment losses and an one-off income statement impact in 2017 related to a tax adjustment

- **Cash flow from investing activities**:
  - Consists of capitalization of Idylla™ instrumentation as well as investments in laboratory and manufacturing equipment
  - Note: 2018 investments for cartridge manufacturing expansion were directly paid for via lease financing

- **Cash flow from financing activities** consisted of repayments on borrowings partially offset by proceeds from the exercise of warrants

- **Net cash flow** of EUR -49.3m, resulting in a **cash position** per year-end of EUR 64m. Note: due to the capital raise in January 2019, the cash position as per end January 2019 amounted to over **EUR 110m** (unaudited figure)

---

1. Including EUR 1.2 million restricted cash related to KBC Lease financing
Successful EUR 55.5m capital raise in January 2019

Placement details

• Gross proceeds of EUR 55.5m by means of a private placement via an accelerated bookbuild offering

• Raised from high quality institutional investors, both existing and new international investors, from both Europe and the US

• New shares represent approx. 9.73% of the Company’s share capital immediately prior to the capital raise

• One of the first equity capital markets transaction of the European Life Sciences and Healthcare industry in 2019

Ewoud Welten, Chief Financial Officer of Biocartis, commented:

"Today’s oversubscribed private placement further strengthens the capitalisation of Biocartis. We are pleased to see that even in challenging market conditions, both existing and new international institutional investors continue to support Biocartis in the further execution of its business plan. That is a great motivator to our teams and partners as well as a strong recognition of the progress that Biocartis has made over the last year.”
Guidance 2019

Targeting installed base growth in 2019 of **350 new instrument placements**, bringing the total installed base to **over 1,300 Idylla™** instruments by year-end.

Targeting a commercial volume of **210k-225k Idylla™ cartridges** in 2019, representing a year-over-year increase of around **60%-70%**.

Targeted cash position in the range of **EUR 55m – EUR 65m** by 2019 year end, excluding drawdowns on the Company’s multiple purpose credit facility.
### Short term menu outlook (selection)

<table>
<thead>
<tr>
<th>Area</th>
<th>Test</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal cancer</td>
<td>• CE-marking Idylla™ MSI Assay</td>
<td>Q1 2019</td>
</tr>
<tr>
<td></td>
<td>• US FDA 510(k) submission Idylla™ MSI Test</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>• Submission of Idylla™ RAS PMA&lt;sup&gt;1&lt;/sup&gt; documentation with US FDA</td>
<td>2020</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>• Launch Idylla™ ctEGFR Assay (RUO&lt;sup&gt;2&lt;/sup&gt;)</td>
<td>Mid-2019</td>
</tr>
<tr>
<td></td>
<td>• Launch Idylla™ GeneFusion Panel</td>
<td>2020</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>• Start European validation studies Idylla™ Oncotype DXi IVD Breast Recurrence Score™ test</td>
<td>H2 2019</td>
</tr>
<tr>
<td></td>
<td>• Launch of the Idylla™ Oncotype DXi IVD Breast Recurrence Score™ test in Europe</td>
<td>2020</td>
</tr>
</tbody>
</table>

<sup>1</sup> PMA = Pre-Market Approval
<sup>2</sup> RUO = Research Use Only, not for use in diagnostic procedures

Subject to change
Financial calendar 2019

- Publication 2018 annual report 4 April 2019
- Q1 2019 Business Update 25 April 2019
- Annual General Meeting 10 May 2019
- H1 2019 results 5 September 2019
- Q3 2019 Business Update 14 November 2019
Shareholders and coverage

Shareholder overview (as per 28 February 2019)

<table>
<thead>
<tr>
<th>Shareholder &gt;3% table</th>
<th>% shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson &amp; Johnson Innovation</td>
<td>10.5%</td>
</tr>
<tr>
<td>OppenheimerFunds</td>
<td>8.6%</td>
</tr>
<tr>
<td>Debiopharm Innovation Fund</td>
<td>7.5%</td>
</tr>
<tr>
<td>Sycomore Asset Management</td>
<td>4.8%</td>
</tr>
<tr>
<td>ParticipatieMaatschappij Vlaanderen NV (Flemish Region)</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other institutional and retail investors</td>
<td>64.5%</td>
</tr>
<tr>
<td><strong>Total outstanding shares (non-diluted)</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Note: The percentages above are based on the most recent transparency notifications received by Biocartis. See website Biocartis for more details.

Stock facts

- **IPO date:** 27 Apr 2015, Euronext Brussels
- **ISIN:** BE0974281132
- **Ticker:** BCART
- **Market cap:** ~EUR 680m (28 January 2019)

Coverage

- **Michael Ruzic-Gauthier**
- **Hugo Solvet**
- **Stéphanie Put**
- **Lenny Van Steenhouyse, Sandra Cauwenberghs**
- **Alexandru Cogut**
- **Kris Kippers**
- **Dylan van Haafte, Anita Yé**
Appendix
Fewer erroneous results due to **standardized** cartridge

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

Offering potential for CLIA waiver
**FFPE** (formalin-fixed and paraffin-embedded) sample

---

**Step 1: tissue macroscopy**
- A laboratory technician cuts the tissue into smaller pieces

**Step 2: formalin-fixing**
- This incubate overnight in formalin for optimal conservation while maintaining the fixation of the morphology

**Step 3: paraffin-embedding**
- The next day, the tissue is embedded in fluid paraffin

**Step 4: microtome cutting**
- The paraffin block is then cut into thin slices (tissue sections), suitable for (microscopic) analysis

---

**FFPE is the gold standard sample type within oncology**
Targeted therapies: towards actionable 2-cartridge menus and pan-cancer applications

<table>
<thead>
<tr>
<th>Cancer-specific applications</th>
<th>Pan-cancer applications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2-cartridge menus for current cancer markets</strong></td>
<td><strong>New areas</strong></td>
</tr>
<tr>
<td>• Enhanced development capabilities allow for higher number of targets in one Idylla™ cartridge</td>
<td>• Development of new tests for additional cancer types e.g.:</td>
</tr>
</tbody>
</table>
| • Opportunity to offer actionable 1st line menus based on two Idylla™ cartridges only: |   o Breast cancer   
|   **CRC**<sup>1</sup> menu |   o Gastric cancers |
| 1. KRAS/NRAS/BRAF |   o Hematological cancers |
| 2. MSI |   • Validation existing menu for additional sample types |
|   **Lung** menu | **Idylla™ cartridge** |
| 1. EGFR/BRAF+ (DNA-based) | • KRAS/NRAS/BRAF |
| 2. GeneFusion (RNA-based) | • MSI |
| **Comprehensive actionable 1st-line menu in 2-cartridge format allows for higher market shares and gross margins** | **Select potential applications** |
| | • Breast, endometrial, cervical |
| | • Gastric, prostate, endometrial |
| | • Gastro-intestinal, breast |

**Idylla™ cartridge**
- KRAS/NRAS/BRAF
- MSI
- GeneFusion (NTRK)

**Select potential applications**
- Breast, endometrial, cervical
- Gastric, prostate, endometrial
- Gastro-intestinal, breast

1. CRC = colorectal cancer.

**Indicative, subject to change**

Efficient access to pan-cancer setting (validation of existing menu)
Immunotherapy: towards menu serving major therapy classes

**Immune checkpoint inhibitors**
Prevent tumor from hiding from the immune system

- **Immune cells can fight** cancer
- **Cancers can hide** from immune cells
- Immune checkpoint inhibitors such as Keytruda® prevent this hiding
- Such inhibitors often act **pan-cancer**

**Cell therapy**
Deploy immune cells designed to fight cancer

- **Immune cells can be specifically** selected or engineered to fight cancer
- To date, cell therapies have proven successful in **hematological** cancers
- Clinical trials ongoing also for **solid** cancers

Idylla™ addressable immunotherapy segments

**Idylla™ for immune checkpoint inhibitors**
- **Idylla™ MSI test**
  - May be validated for immunotherapy (i.e. immune checkpoint inhibitors) selection
  - Initial focus on CRC immunotherapy
  - Pan-cancer validation in the future

**Idylla™ for both major therapeutic classes**
- **Idylla™ Hot-Cold signature**
  - Is the immune system already fighting this cancer? Does it need to be enabled?
- **Idylla™ immunotherapy resistance test**
  - Is the tumor resistant to immunotherapy?

**Idylla™ for cell therapy**
- **Idylla™ test(s) for patient management**
  - Cell therapies are highly successful
  - Therapy cost (e.g., hospitalization) and side effects create high need for rapid patient management around treatment

Growth in emerging therapeutic areas. Address testing needs of major immuno-therapies and leverage menu toward pan-cancer applications

---

1. Marketed by Merck.
Monitoring: liquid biopsy testing for on- and post-therapy monitoring

### Liquid biopsy testing

- Access genetic tumor information via liquid samples:
  - Blood
  - Urine
  - Saliva

- Advantages over solid biopsy testing
  - Less invasive
  - Less expensive
  - Less sampling bias
  - More repeatable
  - Real-time mutation status

- Improved detection of low burden disease
  - Earlier and more accurate than current protein tests; earlier than imaging
  - Advantage for MRD¹, recurrence monitoring

### Idylla™ liquid biopsy and monitoring menu

#### Cancer care continuum

<table>
<thead>
<tr>
<th>Phase</th>
<th>Pre-diagnosis</th>
<th>Pre-therapy</th>
<th>On-therapy</th>
<th>Post-therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Inherited risk</td>
<td>Prognostics / stratification</td>
<td>Response monitoring</td>
<td>Post-therapy MRD¹</td>
</tr>
<tr>
<td></td>
<td>Screening / early detection</td>
<td>Therapy selection</td>
<td>Resistance monitoring</td>
<td>Recurrence monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Stop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relapse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Menu focus

1. **Therapy selection**
   - Liquid biopsies complement solid biopsy menu
   - Focus: if tissue not available at diagnosis or at progression

2. **Response monitoring and post-therapy MRD¹**
   - Focus: applications that require Idylla™ speed and are backed by growing evidence of clinical utility:
     - On-therapy monitoring
     - Post-treatment MRD¹
   - Population: Mid and late stage patients across most cancer types

3. **Recurrence monitoring**
   - Focus: on hematological cancers (e.g., CML²) as these are established markets (i.e. guidelines inclusion)
   - Population: long-term therapy and recurrence monitoring

---

A high volume menu for repeat-testing applications that require Idylla™’s unmatched turn-around-time. Address testing needs across early and late stage cancers for a range of major cancer treatments. Access new customer base: hemato-oncologists and blood testing laboratories

---

1. MRD = Minimal Residual Disease. 2. CML = Chronic Myeloid Leukemia.
Gene signatures: high value and volume menu developed by partners

<table>
<thead>
<tr>
<th>Market landscape</th>
<th>Test selection criteria</th>
<th>Idylla™ opportunity</th>
</tr>
</thead>
</table>
| • Growing number of tests  
  o Driven by genomic discovery and validation efforts over past decade | • Focus on oncology tests  
  • Clinically validated content  
  o Increases barrier to entry for competitors  
  • High clinical utility and reimbursement  
  o Provides attractive pricing and fast market adoption  
  • High volume applications  
  o Large addressable population  
  o High market share potential  
  o Repeat testing | • Additional cancer franchises  
  o Complementary menu (e.g. breast cancer)  
  • Expansion into new customer segments  
  o General oncology  
  o Oncology sub-specialties within urology, dermatology, hematology...  
  • Broader commercial footprint  
  o Commercialization supported by sales network partner  
  • Development mainly partner-funded |
| • Broad range of testing applications  
  o Prognostic, risk stratification, screening tests, etc.  
  o Tests are generally cancer-specific | | |
| • Diverse cancers and sample types  
  o On-market or in development for many solid and hematological cancers  
  o Solid & liquid samples | | |

Example collaboration Genomic Health

• Market leader in breast, urology cancer

• Biocartis development partner  
  ✓ Clinically validated  
  ✓ High reimbursement  
  ✓ Attractive volumes

• Breast: launch 2020
• Urology franchise opportunity  
  o Initial focus on prostate cancer

Complementary menu with proprietary high value and volume tests with a focus on existing and potentially additional customer segments