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Our vision is to change the face of treatment for millions of patients by bringing nanophysics to the heart of the cell
**Nanobiotix at a Glance**

**First-In-Class Product**
- NBTXR3 is a radioenhancer with the potential to improve outcomes for millions of oncology patients
- Disruptive technology with universal, physical MoA
- 15 clinical trials (H&N, lung, liver, pancreas, prostate, etc.)

**De-Risked Approach**
- Clinical proof of concept established in a randomized PIII trial in STS (featured in The Lancet Oncology)
- First European market approval (CE Marking) obtained
- IP (300+ patents issued or in process of issuance)
- Positive PI in H&N & Liver showing strong potential for improving survival and quality of life, excellent safety with 0 DLTs

**Upcoming Value Drivers**
- Phase III in locally advanced H&N registration in US to begin
- IO combination trial results in PD-1 resistant patients in recurrent H&N
- European expansion phase I results in locally advanced H&N

**Financial Position**
- Publicly-traded, Euronext: NANO – ISIN: FR0011341205
- EUR 54.9M as of June 30, 2019, visibility until end of 2020
THE UNMET NEED

Millions of patients receive radiotherapy each year but still have significant unmet medical needs
18M new patients per year

60% RTx

RADIOThERAPY IS THE MOST COMMON TREATMENT...

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>2,088,849</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>2,093,876</td>
</tr>
<tr>
<td>H&amp;N</td>
<td>705,781</td>
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<tr>
<td>Prostate</td>
<td>1,276,106</td>
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<tr>
<td>Rectum</td>
<td>704,376</td>
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<tr>
<td>Pancreas</td>
<td>458,918</td>
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<tr>
<td>CNS</td>
<td>296,851</td>
</tr>
</tbody>
</table>

Source: World Health Organization (2014); **RADIATION THERAPY EQUIPMENT – A global strategic business report 08/06; Delaney et al. 2005; Globocan 2018
...BUT STILL PRESENTS SIGNIFICANT UNMET MEDICAL NEEDS

- Inadequate local control (Local invasion or systemic expansion)
- Inadequate systemic control (metastatic patients)
- Unfavorable safety profile (dose de-escalation/re-irradiation)

18M new patients per year

60% RTx
NBTXR3 is a first-in-class, universal solution to transform radiotherapy into nanoradiotherapy.
First-in-class radioenhancer

- Aqueous suspension of inorganic crystalline hafnium oxide (HfO2) nanoparticles
- Nanosized to enter the cell and designed to strongly absorb ionizing radiation
- Universal mode of action targeting all solid tumors
- Demonstrated clinical benefit in a Phase III trial
- First European market approval obtained
- One-time Intra tumoral administration
- Compatible with existing equipment
- Patient flow stays identical
- Patients receive standard radiation therapy
- Approach validated in several indications
**FIRST-IN-CLASS RADIOENHANCER NBTXR3**

NBTXR3 creates hyper-focused dose delivery in the heart of the cell.

Dose enhancement determined by Monte Carlo simulation (CEA Saclay, France)

Usual dose delivered in the cell

Usual dose delivered in the cell

Dose* around nanoparticles

Clusters of Nanoparticles

Local absorption of energy

*Note: Dose enhancement determined by Monte Carlo simulation (CEA Saclay, France)
NBTXR3’s PHYSICAL, UNIVERSAL MOA triggers cellular destruction along with adaptative immune response

**Physical damage inducing**
- Structural Damage
- DNA damage
- Stress
- Immunogenic Cell Death
- Sting pathway activation

**Direct Cell Death**
(Apoptosis, Necrosis, ...)

**Cell Killing by CD8/CD4 activation**
Nanobiotix will develop NBTXR3 across tumor indications with radiation alone and in combination with other therapies.
GLOBAL DEVELOPMENT STRATEGY

**Product with Physical and Universal Mode of Action**
- Transferability across solid tumors
- Front line treatment & metastatic treatment

**Clinical PoC demonstrated in Soft Tissue Sarcoma Phase II/III**
- CE Marking obtained
- New mode of action validated in randomized trial
- Primary endpoint: Pathological Complete Response Rate doubled vs radiation alone
  → Target: Start diffusing the product in EU

**H&N first indication to be registered in US**
- Positive Phase I data on advanced patients
- Showing potential impact on OS, ORR, QoL and well tolerated
  → Target: Demonstrate the medical value in a high unmet medical needs population

**Clinical development in PD-1 resistant patients**
- Phase I: Actively recruiting
  → Target: Demonstrate the value of NBTXR3 in metastatic disease, transforming cold tumors into hot tumors

**Expansion of NBTXR3 usage**
- Five ongoing Phase I/II in multiple solid tumors
- Nine additional clinical development trials planned with MD Anderson global collaboration

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NANOBOTIX
CORPORATE PRESENTATION

GLOBAL DEVELOPMENT STRATEGY

JANUARY 2020
# Global Development Strategy

<table>
<thead>
<tr>
<th>Disease</th>
<th>Preclinical</th>
<th>IND</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Approval</th>
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<tr>
<td><strong>Soft Tissue Sarcoma</strong></td>
<td>Soft Tissue Sarcoma of the Extremity and Trunk Wall</td>
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<tr>
<td><strong>Head and Neck</strong></td>
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<td>Locally advanced Head &amp; Neck cancers</td>
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<td>Head &amp; Neck cancers</td>
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<td>Indq., locally advanced H&amp;N cancers (re-irradiation)</td>
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<td>Recurrent Head &amp; Neck cancers / Lung Liver metastases</td>
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<td>Stage IV lung cancer</td>
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<td>Lung cancer in need of re-irradiation</td>
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<td>Pancreatic cancer</td>
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<td><strong>Liver</strong></td>
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<td>Hepatocellular carcinoma / Liver metastasis</td>
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<td><strong>Rectum</strong></td>
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<td><strong>Prostate</strong></td>
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<td>Prostate cancer</td>
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</table>

**NETXRx**

R3 + chemotherapy  | R3 + checkpoint inhibitors  | Nanobiotix trials | Partner trials |
POSITIVE PHASE II/III RESULTS VALIDATE THE MODE OF ACTION OF NBTXR3 IN SOFT TISSUE SARCOMA (THE LANCET ONCOLOGY, AUGUST 2019)
LOCALLY-ADVANCED SOFT TISSUE SARCOMA OF THE EXTREMITIES AND TRUNK WALL

- High risk tumor
- Borderline unresectable tumor or unfeasible carcinological surgical resection
- Preoperative radiotherapy alone is Standard of Care

PATIENTS IN NEED OF BETTER LOCAL CONTROL TO PREVENT RELAPSE
Phase II/III randomized, multi-center, open-label and active controlled two arms study

Soft Tissue sarcoma (STS) of the extremity and trunk wall

- Age ≥ 18 years-old
- Locally advanced soft tissue sarcoma, newly diagnosed or relapsed tumor
- High-risk tumor
- Unresectable tumor or unfeasible carcinological surgical resection
- WHO score of 0 to 2

R 1:1

Arm A
NBTXR3* activated by EBRT**

Arm B
EBRT** alone

N=180 randomized*
32 sites in 11 countries in Europe and Asia

Primary endpoint:
- Pathological complete response rate# (pCRR) following EORTC Guidelines(1)

Secondary endpoints:
- Safety
- Carcinologic resection (surgical margin, R0, ...)
- Pathological Response (pR)
- Amputation rate

Stratification:
- Myxoid liposarcoma / other

* IT injection of a dose, 10% of baseline tumor volume
** 50 Gy, 25 fractions x 2 Gy, over 5 weeks

#4 patients excluded from the ITT Full analysis set: 3 did not have STS (2 in Arm A, 1 in Arm B), 1 (in Arm A) was not eligible for preoperative RT

Pathological Response evaluated by an independent central Pathological Review Board

Primary endpoint met

**Pathological Complete Response**

- NBTXR3 activated by radiotherapy (N=87)
- Radiotherapy alone (N=89)

*pCRR = Pathological Complete Response Rate
**ITT FAS = Intention To Treat Full Analysis Set; statistically significant at a threshold of 0.04575

180 patients / RTx vs RTx+NBTXR3

Primary Endpoint pCRR* x2 in ITT FAS* population
FOCUSING ON
HEAD & NECK CANCER
TO SHOW IMPROVEMENT
IN OVERALL SURVIVAL
AND QUALITY OF LIFE
(ASCO/ASTRO 2019)
Locally-advanced Head and Neck cancer in elderly and frail patients

- Stage III and IV
- >70 years old, frail
- Oral cavity, Oropharynx
- HPV all status (positive & negative)
- Ineligible for chemotherapy and intolerant to cetuximab in combination with RT

**Radiotherapy is the only option to treat this fragile H&N cancer population and benefits are limited (i.e., low ORR, short PFS, poor QOL)**
**PATIENT POPULATION**

- ≥ 65 years-old
- KPS > 70
- Stage III or IV HNSCC* of the oral cavity or oropharynx
- Eligible for radiotherapy
- Not eligible for cisplatin or cetuximab
- No metastases
- Adequate organ functions

3 + 3 Design to assess 4 dose levels

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>5%</td>
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<tr>
<td>10%</td>
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<td>15%</td>
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<tr>
<td>22%</td>
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</tbody>
</table>

Injected volume calculated as a % of tumor volume determined on an MRI performed <14 days prior to injection

**ENDPOINTS**

- Assess DLTs, RP2D, MTD if possible
- Safety and tolerability
- Early signs of anti-tumor activity: ORR

Single intratumoral injection of NBTXR3 activated by Radiotherapy
Stage III and IV NBTXR3 PI/II patients should have equal or poorer prognosis

- Tumor location (Oropharynx & Oral cavity)
- Stage III-IV only
- >70 years

Amini et al., Cancer May 15, 2016
Bourhis et al., Journal of Clinical Oncology, June 2006
Moye et al., The Oncologist 2015;20:159–165
**Depth of best response**

*(update ICHNO 2019)*

9 CR, ~90% ORR at highest doses

CR linked to QoL
Depth Follow up of patients*, PFS, Survival
(update SIOG 2019)

*Patient is not evaluable as patient did not receive the intended dose of NBTXR3 and/or schedule of radiation therapy. †Not cancer-related death. ‡Clinical progression

Cut-off date : 07 Oct 2019

Potential impact on OS
NBTXR3 expected value in Head and Neck cancer
(ICHNO/ASCO 2019)

No SAEs related to NBTXR3/Good safety profile

100% of disease control at all doses*
9/11 CR at higher doses* (10%, 15%, 22%)

Median follow up of >20 months*

Potential impact on QoL for patients
Potential impact on Survival

* Excluding non-evaluable patients & those recently added in the trial
ACCELERATING LIVER DEVELOPMENT DUE TO STRONG PHASE I RESULTS (ASTRO/ESMO 2019)
Hepatocellular Carcinoma (HCC) & Liver Mets

**Hard to treat patient population:**

- Previous resection/local treatment is permitted
- Hepatocellular carcinoma or Liver Mets
- Unresectable/Medically Inoperable tumors
- ECOG 0 or 1

**HIGH UNMET NEEDS FOR PATIENTS AS THEY HAVE UNDERLYING LIVER DYSFUNCTION AND CONCOMITANT MALIGNANCIES THAT LIMIT TREATMENT OPTIONS**
Material/Methods: Study design: Phase 1 dose escalation

**PATIENT POPULATION**
- ≥ 18 years-old
- ECOG 0 or 1
- Hepatocellular Carcinoma (HCC) patients
  - Unsuitable for surgery or local treatment
  - Child Pugh A–57
  - With or without portal vein thrombosis
  - Life expectancy > 3 months
- Liver metastases (Mets) patients
  - Unresectable tumor(s)
  - Life expectancy > 6 months

**ENDPOINTS**
- Assess DLTs, RP2D, MTD
- Safety and tolerability
- Liver function: Child-Pugh score (ALBI also explored)
- Early signs of anti-tumor activity per mRECIST (HCC) / RECIST 1.1 (Mets)

3 + 3 Design to assess 5 dose levels

- **10%**
- **15%**
- **22%**
- **33%**
- **42%**

Injected volume calculated as a % of tumor volume determined on an MRI performed <14 days prior to injection

Single intratumoral injection of NBTXR3 activated by Radiotherapy
**HCC: Follow up of patients, PFS, Survival**

*Oral presentation at ASTRO 2019*

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**Average median survival in HCC patients treated by RTx***

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**Chart Details:**
- **Treatment period:** NBTXR3 + Radiotherapy (1 week)
- **Recovery:** (12 weeks)
- **Follow-up period**

**Legend:**
- Complete response
- Partial response
- Stable disease
- New lesion(s)
- Local progressive disease
- Death
- Liver Transplant
- Follow-up

- **Note:** Average median survival in HCC patient treated by RTx.

**Legend Details:**
- † Cause of death unknown
- * Patient response evaluation is performed by CT-scan only due to pacemaker
- ‡ Patient with secondary cancer (myeloma)
- § Patient on liver transplant list
- ‡ Non cancer-related death

**Cut-off date:** 10 JUN 2019

---

**Table:**

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Evaluable Patients n</th>
<th>Complete Response n, (%)</th>
<th>Partial Response n, (%)</th>
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</thead>
<tbody>
<tr>
<td>ALL</td>
<td>8</td>
<td>5 (62.5)</td>
<td>3 (37.5)</td>
</tr>
</tbody>
</table>
Liver mets: Follow up of patients, PFS, Survival

Oral presentation at ASTRO 2019
EXPANDING **NBTXR3** TO PRIME AN IMMUNE RESPONSE AND COMBINE WITH CHECKPOINT INHIBITORS
PATIENTS HAVE A SIGNIFICANT UNMET NEED AS A VAST MAJORITY TUMORS ARE UNRESPONSIVE TO CHECKPOINT INHIBITORS & OTHER I/O APPROACHES.
Example:
Immunotherapy
Nivolumab
in recurrent
patients H&N

Nivolumab: Checkmate 141
*Recurrent Head and Neck*

- **Responder**
- **Non-responder**
Phase I/II in NSCLC & H&N to be initiated in combination with PD-1 Inhibitors

Checkpoint inhibitors refractory patients in NSCLC & H&N

Nivolumab: Checkmate 141

Recurrent Head and Neck

Transform the non-responders into responders with NBTXR3 and RTx
Phase I Dose Escalation

anti PD-1 non responders (pembrolizumab or nivolumab):
- SD for at least 12 weeks or confirmed PD at 12 weeks

**COHORT 1:**
Locoregionally recurrent AND metastatic HNSCC

**COHORT 2:**
Patients with lung metastasis
Any primary tumor

**COHORT 3:**
Patients with liver metastasis pre-treated
Any primary tumor

NANTOTR3 + CHECKPOINT INHIBITORS
NBTXR3 increases activated CD8 tumor infiltration
Phase III Soft Tissue Sarcoma biomarker data
Expanding across oncology with MD Anderson: 9 clinical trials planned

- Clinical collaboration will initially support 9 phase I/II or phase II
- Multiple indications: head & neck, pancreatic, thoracic, lung, gastrointestinal and genitourinary cancers
- Involving approximately 340 patients
- Risk sharing funding scheme: backloaded payment & post FDA registration payment

**H&N**
Phase II Trial of reirradiation with NBTXR3 combined with anti-PD-1/L1 for inoperable, locally advanced HN cancer

**H&N**
Phase II Trial for NBTXR3 for recurrent/metastatic HNSCC patients with limited PD-L1 expression

**LUNG**
Phase II Trial for NBTXR3 combined with anti-PD-1 or anti-PD-L1 in Stage IV lung cancer

**LUNG**
Phase I Trial for NBTXR3 in lung cancer patients in need of reirradiation

**ADVANCED TUMORS/LUNG/LIVER**
Phase I Trial for NBTXR3 combined with anti-CTLA4 and anti-PD-1 or PD-L1 in patients with advanced solid tumors and lung or liver mets

**PANCREAS**
Phase I Trial for NBTXR3 in pancreatic cancer

**ESOPHAGUS**
Phase I Trial for NBTXR3 in esophageal cancer patients

TWO ADDITIONAL TRIALS UNDER DISCUSSION
NBTXR3 has the opportunity to help millions of patients each year across the standard of care
SUMMARY

**FIRST-IN-CLASS PRODUCT**
- NBTXR3 is a radioenhancer with the potential to improve outcomes for millions of oncology patients
- Disruptive technology with universal, physical MoA
- 15 clinical trials (H&N, lung, liver, pancreas, prostate, etc.)

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- European expansion phase I end of recruitment in locally advanced H&N

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<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Status 1</th>
<th>Status 2</th>
<th>Status 3</th>
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<tr>
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<td>PRECLINICAL</td>
<td>IND</td>
<td>PHASE I</td>
<td>PHASE II</td>
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<tr>
<td>Head and Neck</td>
<td>Locally advanced Head &amp; Neck cancers</td>
<td>Head &amp; Neck cancers</td>
<td>Ind, locally advanced H&amp;N cancers (re-irradiation)</td>
<td>Rec/mets H&amp;N cancers w/ limited PD-11 expression</td>
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<tr>
<td>NSCLC</td>
<td>Stage IV lung cancer</td>
<td>Lung cancer in need of re-irradiation</td>
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<td>Prostate</td>
<td>Prostate cancer</td>
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2020 MILESTONES

Jan 2020 – FLOW-312 trial: Submission of protocol to FDA
Q1 2020 – EU Phase I in H&N cancer: Update of dose escalation patient follow-up
Q1 2020 – Phase I in liver cancers: Update on results
Q2 2020 – Phase I in pancreatic cancer (MDA trial): First patient treated

Mid 2020 – EU Phase I expansion in H&N cancer: First data on efficacy and safety
Q2-Q3 2020 – MDA Anderson trials (in combo with ICIs & HN with limited PD-L1 expression): Submission of protocols to FDA
Mid 2020 – Phase I IO Basket Trial: First data reported

Q3 2020 – Phase I in esophageal cancer (MDA trial): First patient treated
Q3 2020 – Phase I in lung cancer patients in need of reirradiation (MDA trial): First patient treated
Q4 2020 – Phase I in prostate cancer: Update on results
H2 2020 – Phase I/II in H&N cancer (PE trial): Last patient in
H2 2020 – Phase I/II in rectal cancer (PE trial): Report Phase I results
H2 2020 – Phase III in STS: Further follow up of patients
H2 2020 – Post approval trial in STS: trial authorization
FINANCIALS

<table>
<thead>
<tr>
<th>K€</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue and other income</td>
<td>3,479</td>
<td>3,722</td>
</tr>
<tr>
<td>Sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>116</td>
<td>252</td>
</tr>
<tr>
<td>Other sales</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Licences</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Tax Credit</td>
<td>3,363</td>
<td>3,470</td>
</tr>
<tr>
<td>Subsidies</td>
<td>3,251</td>
<td>3,259</td>
</tr>
<tr>
<td>Other</td>
<td>90</td>
<td>154</td>
</tr>
<tr>
<td>Research &amp; Development (R&amp;D) costs (incl. Share-based payments)</td>
<td>(20,893)</td>
<td>(17,733)</td>
</tr>
<tr>
<td>Selling, General and Administrative (SG&amp;A) costs (incl. Share-based payments)</td>
<td>(12,653)</td>
<td>(11,255)</td>
</tr>
<tr>
<td>Operating loss</td>
<td>(30,067)</td>
<td>(25,267)</td>
</tr>
<tr>
<td>Financial loss</td>
<td>(277)</td>
<td>(876)</td>
</tr>
<tr>
<td>Income tax</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net loss for the period</td>
<td>(30,345)</td>
<td>(26,143)</td>
</tr>
</tbody>
</table>

+ €30.5m from ABB (April 2019) & exercising of founders’ warrants

SHAREHOLDING STRUCTURE AS OF APRIL 2019

- Institutional Investors
- Family offices
- Management & employees
- Retail

ANALYST COVERAGE

Jefferies – Peter Welford
Kempen – Ingrid Gafanhao
Gilbert Dupont – Jamila Elbougri
Kepler Cheuvreux – Arsene Guekam
Stifel – Christian Glennie
H.C. Wainright – Ramakanth Swayampakula
Portzamparc – Christophe Dombu
Degroof Petercam – Benoit Louage
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Mike A.W, Eaton et al., Nanomedicine: Nanotechnology, Biology, and Medicine, 2015, Delivering nanomedicines to patients: A practical guide

Agnes Pottier et al., Br J Radiol, 2015, The future of nanosized radiation enhancers

Agnes Pottier et al., Biochem Biophys Research Comm, 2015, Metals as radio-enhancers in oncology: The industry perspective

Sébastien Paris et al., SITC Annual meeting, 2016, Hafnium oxide nanoparticle, a radiation enhancer for in situ cancer vaccine

Marion Paolini et al., J Nanomedicine, 2017, Nano-sized cytochrome P450 3A4 inhibitors to block hepatic metabolism of docetaxel


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Agnes Pottier et al., AACR Annual meeting, 2017, The radioenhancer NBTXR3 brings anticancer efficacy to the cisplatin-based chemoradiation in vitro

Peng Zhang et al., AACR Annual meeting, 2017, “Hafnium oxide nanoparticles (NBTXR3), a novel radiation enhancer achieves marked anti-tumor efficacy across five tumor types”

J. Galon et al., Immunotherapy Workshop, 2017, Hafnium oxide nanoparticle, a potent radiation enhancer for in situ cancer vaccine

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J. Marill et al., AACR-EORTC-NCI, 2017, Hafnium oxide nanoparticles with radiotherapy induce immunogenic cell death

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Sébastien Paris et al., SITC Annual meeting, 2017, Transforming immunologically “cold” tumor into “hot” tumor with hafnium oxide nanoparticles and radiotherapy

J Galon et al., SITC Annual meeting, 2017, Antitumor immunity in patients with locally advanced soft tissue sarcoma treated with Hafnium oxide nanoparticles and radiotherapy

J. Galon et al., CTOS, 2017, NBTXR3 treatment induces antitumoral immune response in human soft tissue sarcoma

L. Levy et al., CFS, 2017, Hafnium oxide nanoparticles: an emergent promising treatment for solid tumors

Dimitriu et al., Journées annuelles Cancéropôle Grand Sud Ouest, 2017, Hafnium oxide nanoparticles as an emergent promising treatment for solid tumors

C. Le Tourneau et al., THNO, 2017, A phase I dose-escalation study of intratumoral injection of NBTXR3 in combination with IMRT in patients with locally advanced HNSCC

Tetearu et al., Immuno-Oncology Summit, 2018, Hafnium Oxide Nanoparticles and Radiotherapy to Convert Immunologically “Cold” Tumor into “Hot” Tumor

Enrique et al., J Oncol, 2018, A phase III trial of NBTXR3 nanoparticles activated by SBRT in the treatment of liver cancers.

C. Le Tourneau et al., Multidisciplinary Head and Neck Symposium, 2018, Hafnium oxide nanoparticles as a promising emergent treatment for head and neck cancer

Julie Marli et al., AACR, 2018, Activation of the cGAS-STING pathway by NBTXR3 nanoparticles exposed to radiotherapy


C. Hoffmann et al., ECHO 2018, 2018, NBTXR3, an innovative treatment option for elderly, frail, and head and neck squamous cell carcinoma patients: a phase I trial

Enrique Chajon et al., ASCO 2018, 2018, NBTXR3, hafnium oxide nanoparticles in the treatment of liver cancer: a phase I/II trial


E. Chajon et al., ESMO WGI 2018, 2018, A phase III trial of hafnium oxide nanoparticles activated by radiotherapy in head and neck squamous cell carcinoma and liver metastasis

T. Seiwert et al., Oncorad, 2018, Phase III trial: NBTXR3 activated by SABR for patients with advanced HNSC or NSCLC in combination with an anti-PD1 treatment

Audrey Darmon et al., Oncorad, 2018, Hafnium oxide nanoparticles activated by radiotherapy triggers an ascopal effect dependent on CFE T cells.

S. Bonvalot et al., ESMO 2018, 2018, A phase I/II trial of hafnium oxide nanoparticles activated by radiotherapy in the treatment of locally advanced soft tissue sarcoma of the extremity and trunk wall

C. Le Tourneau et al., ESMO 2018, 2018, Elderly patients with locally advanced head and neck squamous cell carcinoma treated with NBTXR3 nanoparticles activated by radiotherapy: a phase I trial

E. Chajon et al., ESMO 2018, 2018, Hepatocellular carcinoma and liver metastasis treated by Hafnium Oxide Nanoparticles activated by stereotactic body radiotherapy activation in a phase I/II trial

S. Bonvalot et al., ASTRO 2018, 2018, Act-In-Sarc: An international randomized phase III trial evaluating efficacy and safety of first-in-class NBTXR3 hafnium oxide nanoparticles activated by preoperative radiotherapy in locally advanced soft tissue sarcoma

V. Calaguier et al., ASTRO 2018, 2018, Elderly patients: NBTXR3 as a novel treatment option in locally advanced HNSCC


E. Graulé et al., ASTRO 2018, 2018, Exploratory dosimetric study of the impact of the pre-radiotherapy intra-tumoral injection of hafnium oxide nanoparticles along the radiation treatment of extremity and trunk wall soft tissue sarcomas

J. Galon et al., ASTRO 2018, 2018, Hafnium oxide nanoparticle activated by radiotherapy generates an anti-tumor immune response

J. O. Thariat et al., ASTRO 2018, 2018, Hafnium oxide nanoparticles activated by radiotherapy for the treatment of solid tumors

Caroline Hofmann et al., SIOG 2018, 2018, A new treatment option for locally advanced HNSCC in elderly patients: NBTXR3
NBTXR3 – abscopal assay – local and distant control

2 independent experiments
12-14 mice per group

Treated tumor

Untreated tumor

5% Glc  NBTXR3  5% Glc +3x4Gy  NBT3R+3x4Gy