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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.
NANOBOTIX 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, well tolerated

**UPCOMING VALUE DRIVERS**
- Phase III in locally advanced H&N registration in US to begin
- IO combination trial results in anti-PD-1 resistant patients in recurrent H&N
- European expansion phase I end of recruitment 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
Millions of patients receive radiotherapy each year but still have significant unmet medical needs
THE UNMET NEED

RADIOTHERAPY Is the most Common treatment...

RECEIVING RTx | NUMBER OF PATIENTS W/ RTX
--- | ---
87% Breast cancer | 1,800,000
77% Lung cancer | 1,600,000
74% H&N | 700,000
58% Prostate | 740,000
60% Rectum | 420,000
49% Pancreas | 225,000
80% CNS | 237,000

18M new patients per year

Source: * World Health Organization (2014); **RADIATION THERAPY EQUIPMENT – A global strategic business report 08/06; Delaney et al. 2015; Globocan 2018
The Unmet Need

Inadequate local control (Local invasion or systemic expansion)

Inadequate systemic control (metastatic patients)

Unfavorable safety profile (dose de-escalation/re-irradiation)

Source: *World Health Organization (2014); **RADIATION THERAPY EQUIPMENT – A global strategic business report 08/06;
NBTXR3 is a first-in-class, universal solution to transform radiotherapy into nanoradiotherapy
FIRST-CLASS RADIOENHANCER NBTXR3

- 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 in STS
- First European market approval obtained
- One-time Intra tumoral administration
- Compatible with existing equipment
- Patient flow stays identical
- Patients receive standard radiation therapy
- Administration route validated in several indications
**FIRST-IN-CLASS RADIOENHANCER NBTXR3**

**NBTXR3** Creates Hyper-focused dose Delivery in the heart of the cell

- Dose* around nanoparticles
- Usual dose delivered in the cell
- Clusters of Nanoparticles
- Local absorption of energy

*Note: Dose enhancement determined by monte carlo simulation (CEA Saclay, France)

**NANOBOTIX**
CORPORATE PRESENTATION

May 20
NBTXR3’s PHYSICAL, UNIVERSAL MOA triggers cellular destruction along with adaptative immune response.
Nanobiotix will develop NBTXR3 across tumor indications with radiation alone and in combination with other therapies.
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
**GLOBAL DEVELOPMENT STRATEGY**

<table>
<thead>
<tr>
<th>Tissue Type</th>
<th>Phase Status</th>
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<tbody>
<tr>
<td><strong>SOFT TISSUE SARCOMA</strong></td>
<td>Soft Tissue Sarcoma of the Extremity and Trunk Wall</td>
</tr>
<tr>
<td><strong>HEAD AND NECK</strong></td>
<td>Locally advanced Head &amp; Neck cancers, Head &amp; Neck cancers, Irreg., locally advanced H&amp;N cancers (re-irradiation), Rec/mets H&amp;N cancers w/ limited PD-L1 expression, Recurrent Head &amp; Neck cancers / Lung-Liver metastases, Advanced solid tumors and lung or liver mets</td>
</tr>
<tr>
<td><strong>MSCLC</strong></td>
<td>Stage IV lung cancer, Lung cancer in need of re-irradiation</td>
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<tr>
<td><strong>ESOPHAGUS</strong></td>
<td>Esophageal cancer</td>
</tr>
<tr>
<td><strong>PANCREAS</strong></td>
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<tr>
<td><strong>LIVER</strong></td>
<td>Hepatocellular carcinoma / Liver metastasis</td>
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<tr>
<td><strong>RECTUM</strong></td>
<td>Rectum cancers</td>
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<td><strong>PROSTATE</strong></td>
<td>Prostate cancer</td>
</tr>
</tbody>
</table>

*Nanobiotix trials* | *Partner trials* | *NBTX103 + chemotherapy* | *NBTX103 + checkpoint inhibitors* | *May 20*
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

**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
\(\text{\# 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}
\(\text{\# Pathological Response evaluated by an independent central Pathological Review Board}

---

N=180 randomized\(^{\#}\)
32 sites in 11 countries in Europe and Asia

---

\(\text{Wardelmann E et al, Eur J Cancer, 2016}
Cf Clinicaltrial.gov
Primary endpoint met

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

Pathological Complete Response

180 patients / RTx vs RTx+NBTXR3
Primary Endpoint pCRR* x2 in ITT FAS* population

*pCRR = Pathological Complete Response Rate
**ITT FAS = Intention To Treat Full Analysis Set; statistically significant at a threshold of 0.04575
NBTXR3 impact on the standard of care (planned radiation and surgery)

- No change in Median Relative Radiation therapy dose intensity*
- No change in Median Duration of radiotherapy schedule (days)
- No change in % of surgery performed

THE STUDY CONFIRMED:
- Feasibility of injection
- No change in dosage and schedule of current radiotherapy standard of care
- Good local tolerance (similar radiation AEs in both arms)
- Manageable acute immunological reaction occurring at the time of injection

No impact on planned radiation and surgery

---

<table>
<thead>
<tr>
<th>Safety – Phase II/III in STS</th>
<th>Arm A NBTXR3 activated by RT (N=89)</th>
<th>Arm B RT alone (N=90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with any TEAEa</td>
<td>87 (97.8%)</td>
<td>87 (96.7%)</td>
</tr>
<tr>
<td>Patients with any NBTXR3 related TEAE</td>
<td>31 (34.8%)</td>
<td>NA</td>
</tr>
<tr>
<td>Patients with any TEAE leading to death (death regardless the causality assessment)</td>
<td>0</td>
<td>2 (2.2%)</td>
</tr>
<tr>
<td>Patients with any serious TEAE</td>
<td>28 (31.5%)</td>
<td>14 (15.6%)</td>
</tr>
<tr>
<td>Patients with any serious NBTXR3 related TEAE</td>
<td>9 (10.1%)</td>
<td>NA</td>
</tr>
<tr>
<td>Patients with any serious TEAE related to radiation therapy</td>
<td>5 (5.6%)</td>
<td>5 (5.6%)</td>
</tr>
<tr>
<td>Patients with any serious AEb</td>
<td>35 (39.3%)</td>
<td>27 (30.0%)</td>
</tr>
<tr>
<td>Patients withdrawn from study treatment due to TEAE</td>
<td>1 (1.1%)</td>
<td>0</td>
</tr>
</tbody>
</table>

* Treatment Emergent AEs are AE observed during the on-treatment period.

b Serious AEs are adverse events reported during the whole study period (i.e. on-treatment and follow-up periods).

NA, not applicable

*Relative radiation therapy Dose Intensity = (Actual Dose Intensity / Planned Dose Intensity)
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

**ENDPOINTS**

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

3 + 3 Design to assess 4 dose levels

- 5%
- 10%
- 15%
- 22%

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

Cf Clinicaltrial.gov
Literature data:
NBTXR3 Phase I/II Study Population has a poor Overall Survival prognostic Stage III and IV

Median OS at 12-13 months

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 MHNCS 2020)

9 CR, ~70% response rate at dose levels ≥ 10%

CR linked to QoL
**Target lesion response by recist 1.1/MRI – All patients**

**Median OS from literature**

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Recurrence</th>
<th>Follow-up period</th>
<th>Median OS</th>
<th>OS from literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oropharynx, T4B N2c, C70y, H1p0</td>
<td>Oropharynx, T4B N2b, C70y, H1p0</td>
<td>Oropharynx, T3N0, C70y, H1p0</td>
<td>Oropharynx, T3N0, C70y, H1p0</td>
<td>Oropharynx, T4N0, C80y, H2p0</td>
</tr>
<tr>
<td>Oral cavity, T2N1, C7y</td>
<td>Oral cavity, T2N1, C7y</td>
<td>Oral cavity, T3N0, C7y</td>
<td>Oral cavity, T3N0, C7y</td>
<td>Oral cavity, T4N0, C85y</td>
</tr>
<tr>
<td>Oropharynx, T4N0, C80y, H1p0</td>
<td>Oropharynx, T4N0, C80y, H1p0</td>
<td>Oropharynx, T4N0, C80y, H1p0</td>
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**Data from Real World Evidence, presented at MHNCs 2020 demonstrated a median PFS* of 7.3 months for patients receiving radiotherapy or radiotherapy and Cetuximab**

*Defined as “change in N or M staging”, “change of treatment” or “death”.

**May 20**
NBTXR3 expected value in Head and Neck cancer (ICHNO/ASCO 2019)

No SAEs related to NBTXR3/ well tolerated

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

NANOBOTIX
CORPORATE PRESENTATION
GLOBAL DEVELOPMENT STRATEGY
May 20
Randomized Phase III trial in an advanced population

**Investigator’s choice**
- Radiotherapy alone
- Radiotherapy + Cetuximab

**A**
- NBTXR3 + RT ± Cetuximab (250 pts)

**B**
- RT ± Cetuximab (250 pts)

**Endpoints**
- Primary: PFS
- Secondary: OS, ORR, AEs, QoL
  (trial powered to demonstrate a significant difference on OS)
LIVER DEVELOPMENT

strong phase I results

(ASCO-GI 2020)
HCC & LIVER METS

Hepatocellular Carcinoma (HCC) & Liver Mets

Hard to treat patient population:
- Previous resection/local treatment is permitted
- Hepatocellular carcinoma or Liver Mets
- Unrespectable/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
**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
  - Unrespectable 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)

**Material/Methods: Study design: Phase 1 dose escalation**

3 + 3 Design to assess 5 dose levels

- 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 Radiotheraoy

Cf Clinicaltrial.gov
HCC: Follow up of patients, PFS, Survival

Oral presentation at ASCO-GI 2020

Patients are recruited at different time points during the trial, those receiving the highest doses are thus the ones with the lowest follow-up.
Liver mets: Follow up of patients, PFS, Survival

Oral presentation at ASCO-GI 2020

Patients are recruited at different time points during the trial, those receiving the highest doses are thus the ones with the lowest follow-up.
EXPANDING NBTXR3 to prime an immune response and combine with checkpoint inhibitors
NBTXR3 + Checkpoint inhibitors

PATIENTS HAVE A SIGNIFICANT UNMET NEED AS A VAST MAJORITY TUMORS ARE UNRESPONSIVE TO CHECKPOINT INHIBITORS & OTHER I/O APPROACHES

Adapted from Alexandrov et al. (2013) and Gentles et al. (2015)
Example:
Immunotherapy
Nivolumab
in recurrent patients H&N

Nivolumab: Checkmate 141

Recurrent Head and Neck

Overall Survival (%)

0 3 6 9 12 15 18
Months

Nivolumab
Standard therapy
Responder
Non-responder

May 20
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

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
NBTXR3 increases activated CD8 tumor infiltration
Phase III Soft Tissue Sarcoma biomarker data
EXPANDING NBTXR3
ACROSS the oncology treatment paradigm WITH MD ANDERSON
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

### SUMMARY

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

**LUNG**
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

**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 potential to help millions of patients each year across the standard of care.
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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<td>Wall</td>
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<tr>
<td>- Locally advanced Head &amp;</td>
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<td>Neck cancers</td>
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<td>cancers (re-irradiation)</td>
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<td>cancers / Lung-Liver</td>
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**NBFX3** | R3 + chemotherapy | R3 + checkpoint inhibitors | Nanobiotix trials | Partner trials
**NExT STEPS**

**H&N AND IMMUNO-Oncology**
- Feedback from FDA for the phase III design in the coming weeks
- Phase I expansion first data on efficacy and safety to be presented at ASCO 2020 (End of May 2020)
- Completion of Phase I expansion
- First data in IO trial to be reported in the coming months at first possible conference (ASTRO, ESMO, ...)
- Preclinical data in IO data by MDA expected at AACR to be presented later in 2020 at first possible conference

**Expansion Across Oncology with Our Partners**
- Phase I/II in H&N cancer with PE (w/ chemo): recruitment completion
- Phase I/II in rectum cancer with PE (w/ chemo): recruitment completion
- MDA trials: Pancreas trial launched, first patient expected to be injected during summer 2020
- MDA trials: moving through regulatory process in several indications, FPI to be defined post-COVID-19

**Other**
- Phase I in liver cancers: follow up to be presented by the end of the year
- Post-approval trial in STS: trials authorization postponed to Q2 2021 due to COVID-19
- Prostate cancer trial under review, updates to be provided in due time

*Timelines are subject to changes depending on the COVID-19 situation*
### SUMMARY

**FINANCIALS**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue and other income</td>
<td>2,541</td>
<td>3,479</td>
</tr>
<tr>
<td><strong>Sales</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>40</td>
<td>109</td>
</tr>
<tr>
<td>Other sales</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Licences</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Tax Credit</td>
<td>2,437</td>
<td>3,251</td>
</tr>
<tr>
<td>Subsidies</td>
<td>20</td>
<td>90</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Research &amp; Development (R&amp;D) costs</td>
<td>(30,411)</td>
<td>(20,893)</td>
</tr>
<tr>
<td>Selling, General and Administrative (SG&amp;A) costs</td>
<td>(18,909)</td>
<td>(12,653)</td>
</tr>
<tr>
<td><strong>Operating loss</strong></td>
<td>(46,770)</td>
<td>(30,066)</td>
</tr>
<tr>
<td>Financial loss</td>
<td>(4,133)</td>
<td>(277)</td>
</tr>
<tr>
<td>Income tax</td>
<td>(3)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net loss for the period</strong></td>
<td>(50,915)</td>
<td>(30,345)</td>
</tr>
</tbody>
</table>

Cash available as of December 31, 2019 amounted to €35.1M (excluding the amount related to 2018’s research tax credit which was received in February 2020)

**SHAREHOLDING STRUCTURE AS OF APRIL 2019**

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

22,731,122 shares

**ANALYST COVERAGE**

- Jefferies – Peter Welford
- Kempen – Ingrid Gafanhao
- Gilbert Dupont – Jamila Elbougrini
- Kepler Cheuvreux – Arsene Guekam
- Stifel – Christian Glennie
- H.C. Wainright – Ramakanth Swayampakula
- Portzamparc – Christophe Dombu
- Degroof Petercam – Benoit Louage
APPENDIX
Nanobiotix Publications

- Mariagrazia Di Marco et al., International Journal of Nanomedicine, 2010, "Overview of the main methods used to combine proteins with nanosystems: absorption, bioconjugation, and encapsulation"
- Laurence Maggiorella et al., Future Oncol, 2012, "Nanoscale radiotherapy with hafnium oxide nanoparticles"
- Julie Marfil et al., Radiation Oncology, 2014, "Hafnium oxide nanoparticles: toward an in vitro predictive biological effect?"
- Mike A.W. Eaton et al., Nanomedicine, 2015, Delivering nanomedicines to patients: A practical guide
- Agnes Pottier et al., Br J Radiol, 2015, The future of nanosediated radiation enhancers
- Agnes Pottier et al., Biochim Biophys Research Comm, 2015, Metals as radio-enhancers in oncology: The industry perspective
- Sébastien París 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
- Le Touneau et al., ASCO, 2017, A phase 1 trial of NBTXR3 nanoparticles activated by intensity-modulated radiation therapy (IMRT) in the treatment of locally advanced head and neck squamous cell carcinoma (HNSCC)
- Agnis Pottier et al., AACR Annual meeting, 2017, The radiotransfer NBTRX3 boosts antitumor efficacy to the cisplatin-based chemoradiation in vitro and in vivo in head and neck squamous cell carcinoma
- Ping 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
- S. Paris et al., SGO-OESTC SIRIC, 2017, Effective antitumor immunity with hafnium oxide at the nanoscale
- J. Marril et al., AACR-OERTC-NCI, 2017, Hafnium oxide nanoparticles with radiotherapy induce immunogenic cell death
- A. Pottier et al., AACR-OERTC-NCI, 2017, Radiation therapy with presence of nanoparticles at the tumor cell level: optimizing treatment efficiency through nanoparticle design
- Sébastien París 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., ACS, 2017, Hafnium oxide nanoparticles: an eminent promising treatment for solid tumors
- Dimitriu et al., Journées annuelles Cancéro-pôle Grand Sud Ouest, 2017, Hafnium oxide nanoparticles as an eminent 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
- L. Tetreau et al., Immuno-Oncology Summit, 2018, Hafnium Oxide Nanoparticles and Radiotherapy to Convert Immunologically "Cold" Tumor into "Hot" Tumor
- Enrique Chajon et al., ASCO GI, 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 Marfil et al., AACR, 2018, Activation of the cGAS-STING pathway by NBTXR3 nanoparticles exposed to radiotherapy
- C. Le Tourneau et al., ESTRO 2018, 2018, Hafnium oxide nanoparticles and radiotherapy for solid tumors: a promising new treatment strategy
- C. Hoffmann et al., ECHO 2018, 2018, NBTXR3, an innovative treatment option for elderly, frail, 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 III 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 HNSCC or NSCLC in combination with an anti-PD1 treatment
- Audrey Darmon et al., OncoRad, 2018, Hafnium oxide nanoparticles activated by radiotherapy triggers an ascolap effect dependent on CDB T cells.
- S. Bonvalot et al., ESMO 2018, 2018, A phase I/II trial of hafnium oxide nanoparticles activated by radiotherapy in elderly 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 with Hafnium Oxide Nanoparticles activated by stereotactic body radiation therapy 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. Calugaru et al., ASTRO 2018, 2018, Elderly patients: NBTXR3 as a novel treatment option in locally advanced HNSCC
- E. Chajon et al., NOI 2018, 2018, Hafnium oxide nanoparticles activated by radiotherapy: an innovative approach for the treatment of liver cancers
- G. Graulèves 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