DISCLAIMER

This document includes only summary information and does not intend to be comprehensive. Facts, figures and opinions contained herein, other than historical, are "forward-looking statements" and are based on Management’s current expectations. Factors that could cause future results to differ materially from such expectations include, but are not limited to: the success of the Company’s research strategy; the applicability of discoveries made therein; the difficulties inherent in the development of pharmaceuticals, including uncertainties as to the timing and results of preclinical studies; delayed achievements of milestones; reliance on collaborators; uncertainty as to whether the Company’s potential products will succeed in entering human clinical trials and uncertainty as to the results of such trials; uncertainty as to whether adequate reimbursement for these products will exist from the government, private healthcare insurers and third-party payers; and the uncertainties as to the extent of future government regulation of the pharmaceutical business. Therefore those statements involve risks and uncertainties beyond the Company’s control and actual results may differ materially from those stated by such forward-looking statements. The Company expressly disclaims any obligation to review or update any forward-looking statements, targets or estimates contained in this document to reflect any change in the assumptions, events or circumstances on which such forward-looking statements are based unless so required by applicable law.
CORPORATE OVERVIEW

- **BIOTECH ONCOLOGY COMPANY**
  - Leader in developing and commercializing marine-derived oncology drugs.
  - Unique R&D capability to bring first in class molecules to the pipeline.
  - Profitable company with growing revenues and EBITDA.

- **GLOBAL COMMERCIAL PRESENCE WITH A PRODUCT IN THE MARKET: Yondelis® FOR STS AND O.C**
  - Direct sales force in Europe.
  - Strong Partnership agreements: Janssen Pharmaceuticals, Taiho and Chugai.

- **TRANSFORMATIONAL FUTURE THROUGH THE PIPELINE**
  - Strong pipeline with different pivotal trials to start in 2015.
  - PM1183 Key strategic compound: Potential application in several tumor types including SCLC, ROC and Breast cancer.
  - Aplidin®: Final results of Phase III in Multiple Myeloma in 1Q 2016.

- **CORPORATE MOVEMENTS**
  - Preparing the company to be listed in the US.
FULLY INTEGRATED:
Drug Development Capabilities

FROM MARINE EXPEDITIONS

- Marine-derived products
- New drug candidates
- Molecule optimization
- Build a library (165,000 samples)

TO COMMERCIALIZATION

- Clinical Trials
- Production
- Licensing
- Commercialization
Yondelis®:
First Antitumoral Compound of Marine Origin

- **MARKETED IN MORE THAN 80 COUNTRIES FOR:**
  - The treatment of advanced or metastatic soft tissue sarcoma and
  - Relapsed platinum-sensitive ovarian cancer in combination with DOXIL®/Caelyx®.

- **LICENSED TO JANSSEN IN THE US & ROW**
  - YONDELIS® receives marketing approval in the US for the treatment of soft tissue sarcomas (Oct. 2015)

- **LICENSED TO TAIHO IN JAPAN**
  - YONDELIS® receives marketing approval in Japan for the treatment of soft tissue sarcomas (Sept. 2015)

Featured in the book Molecules that changed the world
# Yondelis®: Proof of Concept

## CLINICAL PROGRAM / INDICATION

<table>
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<th>Yondelis®</th>
<th>Soft Tissue Sarcoma 2nd/3rd line; EU/others</th>
<th>R/R ovarian cancer 2nd/3rd line; EU/others</th>
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<td>(Yondelis®+Doxil)</td>
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</table>

## REGISTRATION APPLICATION

- Marketed 2007
- Marketed 2009
- Marketed 2015
MARKET POTENTIAL UNLOCKED
Through Regional Specialists

EU MARKET: ~ 31% WORLD ONCOLOGY MARKET

• SCANDINAVIA & EASTERN EUROPE:
  Sales force: Swedish Orphan Biovittum

• GREECE, CYPRUS AND BALKAN COUNTRIES:
  Sales force: Genesis Pharma
Yondelis®: Commercial Success Validates Marine Biotechnology Platform

- Yondelis® is approved in more than 80 countries for advanced STS and, in combination with Doxil / Caelyx, for relapsed platinum-sensitive ovarian cancer.
- Yondelis® is partnered with Janssen and TAIHO Pharmaceuticals.

US: APPROVED
Oct. 2015
~ 45% World Oncology Market

JAPAN: APPROVED
Sept. 2015
~ 10% World Oncology Market

SOURCE: IMS 2013
PM1183: Potent Oncology Compound

PM1183, a second generation Yondelis®, with activity in new indications.
PM1183:
Main Features of MoA

- Blockade of trans-activated transcription but not of basal transcription.
- Induction of the degradation of RNA Pol II but not of RNA Pol I nor of RNA Pol III.
PM1183: MARKED EFFECT ON TUMOR MICROENVIRONMENT by inhibiting transcription of selected cytokines

Marked effect on tumor microenvironment by inhibiting transcription of selected cytokines (VEGF, CCL2, IL6, IL8, PTX3) in Tumor-Associated Macrophages.

PM1183

TUMOR-ASSOCIATED MACROPHAGES

INHIBITION OF TUMOR PROLIFERATION

REACTIVATION OF IMMUNE CHECKPOINTS

INHIBITION OF ANGIOGENESIS

Germano et al, Cancer Cell, 2013
PM1183: Favourable PK Profile vs. Yondelis®

- PM1183 is administered as a 1h infusion versus 24h infusion with Yondelis®.
- PM1183 is well-tolerated with peripheral administration, while Yondelis® is administered via central catheter.

### PM1183® VS. Yondelis®

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<th>AUC</th>
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<tr>
<td>Yondelis®</td>
<td>46</td>
<td>180</td>
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- 4x tolerated dose.
- 15x exposure at RD.
- Less cumulative toxicity, better handling.
**PM1183: Fast-to-Market Development Strategy**

<table>
<thead>
<tr>
<th>CLINICAL PROGRAM / INDICATION</th>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
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</table>
PM1183 PHASE II RESISTANT OC:

- **Superior PFS**
  - HR: 0.30 (95% CI 0.12-0.72) with p = 0.005*

- **Superior OS**
  - HR: 0.40 (95% CI 0.16-0.99) with p = 0.039*

*log-rank test

Poveda et al. ASCO 2014
PM1183: Phase III in Platinum-Resistant Ovarian Cancer

Trial Design

420 Patients

Randomization 1:1

Stratified by:
- ECOG PS (0 vs. ≥ 1)
- PFI (1-3 vs. > 3 months)
- Prior CT (1-2 vs. 3 lines)

Interim safety analysis: 80 patients
Futility analysis: 210 patients

Primary Endpoint: PFS (according to RECIST v1.1)

Arm A:
- PM1183 (D1 q3wk i.v.)
- 3.2 mg/m²

No Crossover Allowed

Arm B:
- PLD (D1 q4wk i.v.)
- or
- Topotecan (D1-D5 q3wk i.v.)
PM1183: PM1183 with Doxo: Active Treatment as Second-line Therapy in SCLC

Best RECIST v.1.1 overall response during treatment (n=21).

PR 57%
PD 19%
SD 14%
CR 10%

CI, confidence interval; CR, complete response; ORR, overall response rate; PD, progressive disease; PR, partial response; SD, stable disease.

M. Forster et al. ASCO 2015
PM1183: PM1183 with Doxo: Active Treatment as Second-line Therapy in SCLC

Best RECIST v.1.1 response according to CTFI.

<table>
<thead>
<tr>
<th>Response</th>
<th>CTFI ≤90 days (R) (n=10)</th>
<th>ORR</th>
<th>CTFI &gt;90 days (S) (n=11)</th>
<th>ORR</th>
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<tr>
<td>CR</td>
<td>30%</td>
<td>100%</td>
<td>18%</td>
<td>82%</td>
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<tr>
<td>PR</td>
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<td>SD</td>
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<tr>
<td>PD</td>
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</table>

CI, confidence interval; CR, complete response; CTFI, chemotherapy-free interval; ORR, overall response rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors; SD, stable disease.

M. Forster et al. ASCO 2015
Waterfall plot showing maximal tumor variation in size according to CTFI (n=21).

CTFI, chemotherapy-free interval.

PM1183: PM1183 with Doxo: Active Treatment as Second-line Therapy in SCLC

M. Forster et al. ASCO 2015
PM1183:
PM1183 with Doxo: Active Treatment as Second-line Therapy in SCLC

Kaplan-Meier global PFS and according to CTFI (n=21).

PFS: 4.6 months (95%CI: 3.3-8.0 months)

CI, confidence interval; CTFI, chemotherapy-free interval; PFS, progression-free survival; R, resistant; S, sensitive.

M. Forster et al. ASCO 2015
Aplidin®: Marine Compound

- Isolated from the marine tunicate *Aplidium albicans*.
- “First in class” drug with a new and different mechanism of action compared to current drugs used in the clinic.
- Orphan drug status in multiple myeloma.
Aplidin®: Targets eEF1A2

Aplidin® TARGETS eEF1A2

NON-CANONICAL FUNCTIONS OF eEF1A2

- Proto-oncogene over-expressed in different tumor types (e.g. Multiple myeloma).
- Reorganization of the actin cytoskeleton.
- Favors cell migration and invasion.
- Regulation of oxidative stress.
- Inhibition of apoptosis.

Mateyak M et al; J Biol Chem 2010
Li Z et al; PLoS One 2010
**Aplidin®: Pipeline**

<table>
<thead>
<tr>
<th>CLINICAL PROGRAM / INDICATION</th>
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<td>[CHUGAI]</td>
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<td>Aplidin® + Dexameth</td>
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<td>Aplidin® + Bortezom + Dexamethasone</td>
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* Others partners: Specialised Therapeutics Australia (STA), TTY Biopharm
Aplidin®: ADMYRE (Phase III) Relapsed/Refractory Multiple Myeloma

- **Design**: Phase III, randomized (2:1), multicentre, after 3 but no more than 6 lines of chemotherapy, 2-parallel group.
- **Objective**: Progression-Free Survival (PFS).
- **Primary Endpoint**: Increase of 60% in PFS in Arm A.
- **Number of patients**: 250.
- **Arms**:
  - **A**: Aplidin + Dexamethasone (n=167)
  - **B**: Dexamethasone alone (n=83)

**Interim analysis performed after the inclusion of 79 patients**

**PHASE III**

- IDEC POSITIVE RECOMMENDATION
  - (DECEMBER 2012)
  - RR ≥ 30%
  - Well tolerated

- Estimated date of Phase III final results 1Q16.
- Centres: America, Europe, Asia, Australia, New Zealand.
# Pipeline:

<table>
<thead>
<tr>
<th>Clinical Program / Indication</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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</table>
ZELTIA GROUP FINANCIAL PROFILE: Increasing Total Revenues

Caelyx® Shortage in EU:

- **3Q 2011**: 161 million euros
- **2Q 2013**: 178 million euros

Graph showing total revenues (Euro million) from 2010 to 2014:

- **2010**: 73.2 million euros
- **2011**: 71.2 million euros
- **2012**: 64.7 million euros
- **2013**: 61.8 million euros
- **2014**: 66.5 million euros

Legend:
- **OTHER INCOME**
- **BIOPHARMACEUTICAL**
- **CONSUMER CHEMICALS**
DRIVING PROFITABILITY
Through Revenue Diversification

![Bar chart showing net EBITDA from 2010 to 2014 for different sectors:
- BIOTECHNOLOGY
- CONSUMER CHEMICALS
- OTHER

- 2010: -3,9
- 2011: +13,2
- 2012: +20,4
- 2013: +23,8
- 2014: +25,7

Net EBITDA (Euro million) with years 2010 to 2014 on the x-axis and net EBITDA values on the y-axis.]
DELEVERAGING through Improved Operating Cash Flow

- In FY2014, Zeltia reduced group net debt by 15% and had a positive operating cash flow.

**GROUP NET DEBT**

 Euro million

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**OPERATING CASH FLOW**

 Euro million

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Net Debt / EBITDA 2x
UPCOMING KEY EVENTS

- **ESGO**
  - Nice, (France), October 24 - 27, 2015

- **AACR-NCI-EORTC:**
  - Boston, November 5-9, 2015.

- **CTOS 2015: “CONNECTIVE TISSUE ONCOLOGY SOCIETY ANNUAL MEETING”**
  - Salt Lake City, November 4-7, 2015

- **ASH 2015: “AMERICAN SOCIETY OF HEMATOLOGY ANNUAL MEETING”**
  - Orlando, December 5-8, 2015
APPENDIX
OTHER BUSINESSES

RNAI TECHNOLOGY

Focused on the research and development of new treatments based on RNA interference (RNAi) gene silencing technology.

Preclinical Development | Clinical Development
------------------------|------------------------
SYL040012 Glaucoma     | Phase IIb
SYL1001 Ocular Pain    |            

DNA analysis technology, diagnostic kits and microarrays

- Utilises proprietary CLART® (CLINICAL ARRAY TECHNOLOGY) platform to develop and market diagnostic tests for a range of viruses and genetic markers.
- Also provides analysis of DNA, Legal and Forensic Medicine, and Technology Transfer services.

DIAGNOSTICS

Molecular Diagnostics Products

- CLART (Clinical Arrays Technology)

HPV2 Genotyping of up to 35 of the most relevant HPV genotypes
PNEUMOVIR Detection of 17 respiratory viruses
METABONE Detection of bone metabolic disorders
ENTHERPEX Detection & typing of herpes and human enterovirus
SEPTIBAC detects, from positive blood culture, Gram + bacteria and Fungi causing sepsis.
ENTEROBAC detects by genetic amplification, the presence in stool samples of the main types of Bacteria that produce endotoxins and cause diarrhea.
KEY FACTS

and Current Shareholders

KEY FACTS

Ticker: ZEL SM
Market Cap*: € 931 million
2014 Total Income: € 178 million
2014 EBITDA: € 25,7 million

* As of 22nd Oct. 2015

Free float 63,7%
Fernández Family 24,0%
Kutxabank 2,0%
Rosp Coruna Particip.5,0%
Norges Bank 2,3%
Other board members and employees 3,0%
Yondelis®
Targeting Unmet Medical Needs

SOFT TISSUE SARCOMA (STS)

- Uncommon sarcoma developing in connective tissue.
- 4 new cases of STS are detected per 100,000 people, accounts for 2% of the overall cancer mortality rate.
- 5-year survival rate of STS patients is around 90% when it is detected early (Phase I), but only 10-20% if the disease has metastasised.

OVARIAN CANCER

- 4% of all female cancers in the US.
- Ranks 5th in terms of total cancer deaths annually.
- 70% of women with ovarian cancer are diagnosed late, when the disease is already advanced (Stages III and IV) and the 5-year survival rate for these women is only 15%-20%.
Yondelis®

STS-201: Pivotal Phase II STS Data

Significant prolongation in time to progression and progression-free survival in a poor-prognosis patient population, providing basis for approval by the European Commission in 2007.

CLINICAL TRIAL DESIGN

- 270 patient (260 treated), randomized, multicenter Phase II trial.
- 66% leiomyosarcomas / 34% liposarcomas.
- Previous treatment with at least anthracyclines and ifosfamides, and additional agents in the majority of cases
- Yondelis® administered by intravenous infusion either as 1.5 mg/m² over 24 hours every 3 weeks (24-h group) or as 0.58 mg/m² over 3 hours weekly in a 28 day cycle (3-h group).

KEY HIGHLIGHTS

- The primary efficacy analysis was conducted on data assessed by an independent review panel blinded to treatment arm.
- In the protocol-specified primary analysis, patients randomized to receive Yondelis® in the 24-h group achieved a statistically significant 27% reduction in the risk of disease progression with a hazard ratio of 0.734 (p=0.0302).
- Progression-free survival was significantly longer in the 24-h group with other secondary end points showing consistent benefits in this patient cohort.
- Median survival time was 13.8 months in the 24hr arm vs 11.8 months in the 3hr arm.
- The study confirmed the previously established safety profile of Yondelis®.
Yondelis®

OVA-301: Pivotal Phase III Ovarian Cancer Data

Improved progression-free survival and overall response rate in comparison to PLD alone as a second-line treatment in ovarian cancer patients, providing basis for approval by the European Commission in 2009

CLINICAL TRIAL DESIGN

- 672 patient, randomized at 124 sites in 21 countries, Phase III trial.
- Women with ovarian cancer that has progressed following initial treatment with platinum-based chemotherapy.
- PLD 50 mg/m² 90-minute infusion q 4 weeks or PLD 30 mg/m² 90-minute infusion followed by trabectedin* 1.1 mg/m² 3-hour infusion, q 3 weeks.

KEY HIGHLIGHTS

- Data showed that Yondelis® (trabectedin) in combination with pegylated liposomal doxorubicin (PLD) demonstrated an improved progression-free survival (PFS with 7.3 months (95% CI 5.9-7.9) Yondelis®+PLD versus 5.8 month PLD (95%Ci 5.5-7.1), HR=0.79, p=0.019) in comparison to PLD alone as a second-line treatment in women with ovarian cancer that has progressed following initial treatment with platinum-based chemotherapy.
- Trabectedin + PLD also improved overall survival and overall response rates.
- Enhanced effects in platinum-sensitive stratum (PFI 6-12 months).
Yondelis® JAPAN STS: Positive Survival Trend and Superior PFS

**Survival Analysis: OS**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Median OS</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trabectedin</td>
<td>37</td>
<td>5.6</td>
<td>4.2-7.5</td>
</tr>
<tr>
<td>BSC</td>
<td>36</td>
<td>8.0</td>
<td>7.0-10.0</td>
</tr>
</tbody>
</table>

HR = 0.38 (95% CI [0.16, 0.91])

**P value = 0.025**

**Probability of Survival**

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**Progression-Free Survival (PFS)**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Median PFS</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trabectedin</td>
<td>37</td>
<td>5.6</td>
<td>4.2-7.5</td>
</tr>
<tr>
<td>BSC</td>
<td>36</td>
<td>0.9</td>
<td>0.9-1.0</td>
</tr>
</tbody>
</table>

HR = 0.07 (90% CI [0.03, 0.14])

**P value < 0.0001**

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ASCO 2014
PM1183: A Potent Oncology Compound

- **PM1183: 2ND GENERATION TRABECTEDIN (YONDELIS®) WITH A PROVEN CLINICAL MECHANISM**
  - Binds to minor groove and bends DNA, while freely interacting with proteins.
  - Forms inner strand cross links.
  - Marked effect on tumor microenvironment by inhibiting transcription of selected cytokines.

- **A FAVORABLE PHARMACOKINETICS, SAFETY PROFILE AND CLINICAL EFFICACY COMPARED TO YONDELIS®**
  - Excellent tolerance both as a single agent and in combination with standard chemotherapy.
  - Administered as a one hour infusion versus a 24h infusion with Yondelis.
  - High percentage of long-lasting responses in single agent and in combination studies.
  - PM1183 is given by well tolerated peripheral administration, while Yondelis® has to be administered via central catheter.

- **FAST TO MARKET DEVELOPMENT STRATEGY**
  - Rapid market entry through the Orphan Drug setting (Ovarian, BRCA 1/2 Breast Cancer).
  - Positive opinion issued by the EMA’s COMP in September 2012.
  - EMA Protocol Assistance and FDA Special Protocol Assessment (SPA) planned for Q3 2013.
PM1183: Phase IIb in Platinum-Resistant Ovarian Cancer

1ST STAGE - COMPLETED
22 SUBJECTS

- Schedule: 7 mg Flat Dose q3wk i.v.
- Go/No Go Criterion: at least 2 responses.

MET PRIMARY ENDPOINT

2ND STAGE - COMPLETED
OPEN LABEL

RANDOMIZATION 1:1

PM1183
7 MG FD Q3WK IV
N= 30 PTS

TOPOTECAN
STANDARD OR WEEKLY
N= 29 PTS

CROSSOVER

EXCELLENT CHRONIC TOLERANCE (6+ CYCLES IN 43% OF PATIENTS)
PM1183: Design of Metastatic Breast Cancer Phase IIb

PM1183 SINGLE AGENT

STAGE I

ARM A MUT-BRCA1/2 (N=20)

≥ 4 pts with ORR

ARM B UNKNOWN STATUS (N=30)

≥ 3 pts with ORR

STAGE II

+ (N=33 PATIENTS)

+ (N=34 PATIENTS)

PRIMARY ENDPOINT: OVERALL RESPONSE RATE (RECIST v1.1)

Centers: Massachusetts General Hospital, Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, Hospital Vall d’Hebrón, Hospital Clínico Universitario de Valencia, etc
PM1183:
Phase IIb PM1183/Gemcitabine Combo in NSCLC

EGFR-NON MUTATED ADVANCED NSCLC (1 PRIOR LINE)
N=120  STRATIFIED BY HISTOLOGY: SQUAMOUS VS. NON-SQUAMOUS

PM1183 / GEM
N=40

PM1183 ALONE
N=40

DOCETAXEL (CTRL.)
N=40

Primary endpoint: PFS at 4 months.

Secondary endpoints:
- Safety
- Response rate
- PFS/ Overall Survival
- Pharmacogenomics
Aplidin®:
Chugai Agreement - July 14, 2014

**ZELTIA AND CHUGAI PHARMACEUTICAL HAVE ENTERED INTO A LICENSE AGREEMENT FOR Aplidin®**

- Chugai Pharma Marketing would promote PharmaMar’s Aplidin® for the treatment of multiple myeloma (MM) in eight European countries (France, Germany, the UK, Belgium, the Netherlands, Luxemburg, Ireland and Austria).

- PharmaMar has received an upfront payment of €5 million and will be eligible for more than €30 million related to the regulatory, development and sales milestones.

- PharmaMar will retain exclusive production rights and will sell the product to Chugai for commercial use.

- Chugai’s already well-established hematologic oncology sales force in the countries covered in the agreement will help to maximise Aplidin’s value in the European territory by facilitating a rapid uptake of this new treatment option in the event that Aplidin® is approved.
FOR MORE INFORMATION: WWW.PHARMAMAR.COM