Disclaimer

This document includes only summary information and is not intended to be comprehensive. This document includes "forward-looking statements" that 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, 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.
INVESTMENT HIGHLIGHTS

Leader in development & commercialization of marine-inspired oncology drugs

Global integrated biotech developing marine-inspired and novel MoA oncology drugs.
• From discovery to commercialization.

Established oncology sales force in Europe.
• Strong partners in the US (Janssen), Japan (Taiho, Chugai) and Australia (STA).

Late stage pipeline driving future value; 1 Phase III ongoing, other indications Phase II
• Zepsyre® (lurbinectedin).

Track record of operational excellence with a robust financial position.
• Revenue generating and robust cash flow.
• 2017 revenues €179mm.
• C. €380market cap.
• €32.7m in cash and cash equivalents (2017)
• Headquartered and traded in Madrid.
YONDELI S® - COMMERCIAL EXPANSION WORLDWIDE

Yondelis Sales 2017: €132,5MN
EU (PHM): €85MN
ROW: €48MN

- **PHM Territories /**
  - WESTERN EU.
  - Scandinavia and Eastern EUROPE:
  - Swedish Orphan Biovitrum Greece, Cyprus and Balkans: Genesis Pharma
  - Sarcoma and ovarian cancer.

- **Partner Territories /**
  - USA and rest of the world (exclud. EU): Janssen.
  - Sarcoma

- **Partner Territories /**
  - JAPAN / Taiho
  - Sarcoma

- **PharmaMar Subsidiaries /**

---

3
**UNIQUE FULLY INTEGRATED PLATFORM**

*Discovery*
- Marine inspired products.
- Global expeditions.

*Development*
- Molecule optimization.
- c.200,000 samples.
- Broad oncologic activity screening.

*Chemistry*
- Patent protection.
- Synthesis.
- FDA approved production facility.

*Clinical*
- Pre-clinical trials.
- Clinical trials.
- Post marketing trials.

*Commercial*
- Oncology-focused sales force in Europe (~65 people).
- Geographic licensing & partnering with experienced companies.

Regulatory inspections passed from FDA, AEMPS, PMDA (US, Spain/EU, Japan)
THE PLAN FOR GROWTH

Potential to commercialize new oncology products in more indications

TODAY

• 1 marketed product
• 2 indications

IN THE NEAR FUTURE

• 2 marketed products

Zepsyre® (Lurbinectedin)

• Small Cell Lung cancer.
• Endometrial cancer.
• BRCA Pancreatic

Yondelis®

• Soft Tissue Sarcoma.
• R/R Ovarian Cancer (EU)

PM184
PM14

• 2 or more clinical products.
• Multiple indications.

FURTHER IN THE FUTURE
### Our Oncology Portfolio:

<table>
<thead>
<tr>
<th>Clinical Program / Indication</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Market</th>
<th>Partner</th>
<th>Data timing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yondelis®</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Sarcoma 2nd/3rd line</td>
<td></td>
<td></td>
<td></td>
<td>EU, US, Japan</td>
<td>J&amp;J (US) Taiho (Japan)</td>
<td></td>
</tr>
<tr>
<td>Ovarian Cancer 2nd/3rd line</td>
<td></td>
<td></td>
<td></td>
<td>EU/Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zepsyre®</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lurbinectedin</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td>Chugai (Japan)</td>
<td>1H 2019</td>
</tr>
<tr>
<td>SCLC Relapsed</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td>Chugai (Japan)</td>
<td>Under Review</td>
</tr>
<tr>
<td>Endometrial Cancer 2nd line</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td>Chugai (Japan)</td>
<td></td>
</tr>
<tr>
<td>Basket trial</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td>Chugai (Japan)</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>PM184</strong></td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td></td>
<td>FPI 1H ’18</td>
</tr>
<tr>
<td>Colorectal Cancer 3rd line</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>PM14</strong></td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Solid tumors</td>
<td></td>
<td></td>
<td></td>
<td>Global</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ZEPSYRE® (Lurbinited) key oncology compound— accelerating growth

Zepsyre, a second generation Yondelis®, with improved PK, absorption and other attributes.

- Zepsyre is administered as a 1h peripheral infusion versus 24h continuous central catheter infusion with Yondelis®.
- Zepsyre linear PK profile.

- 4x tolerated dose.
- 15x exposure at RD.
- Better therapeutic window.
- Oncology “office practice” friendly.
MoA - ZEPSYRE® (Lurbinectedin)
Targeted transcription Inhibitor as a cancer therapeutic

Zepsyre only affects activated transcription. Does not affect basal transcription*

Generates double strand DNA breaks.

Some tumors are addicted to transcription (SCLC, Ovarian Cancer, etc...)

Effect on tumor microenvironment: Zepsyre inhibits the activated transcription of certain cytokines such as IL-6, IL-8, CCL2 and PTX3.

"Lurbinectedin...inhibits the transcription process through (i) its binding to CG-rich sequences, mainly located around promoters of protein-coding genes; (ii) the irreversible stalling of elongating RNA polymerase II (Pol II) on the DNA template and its specific degradation by the ubiquitin/protea-some machinery; and (iii) the generation of DNA breaks and subsequent apoptosis. The finding that inhibition of Pol II phosphorylation prevents its degradation and the formation of DNA breaks after drug treatment under-scores the connection between transcription elongation and DNA repair."

**PIocene**

**PIocene**

**Development and commercial strategy**

<table>
<thead>
<tr>
<th>Clinical Program / Indication</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Market</th>
<th>Data timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCLC Relapsed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1H 2019</td>
</tr>
<tr>
<td>Combo Doxorubicin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endometrial * 2nd line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Under Review</td>
</tr>
<tr>
<td>Combo Doxorubicin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basket trial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Single agent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combination Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Solid Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Commercial Plans:**

- EU: Utilize existing Yondelis sales force
- US: Self commercialize; build out commercial infrastructure
- ROW: regional partnerships

*Subject to finalization 1H’18*
In EU-28 per annum:
~ 46,645 new cases of small cell lung cancer
~ 40,700 deaths from small cell lung cancer

In the US per annum:
~ 33,200 new cases of small cell lung cancer
~ 24,040 deaths from small cell lung cancer

• SCLC represents a significant unmet medical need with limited late stage options.
• The 5-year survival rate is about 5%.
• SOC: Topotecan, CAV (off label)
• Last FDA approval, Topotecan, 1996.

Sources:
1, 2 American Cancer Society, Decision Resources, Inc.
Small Cell Lung Cancer over the years\textsuperscript{1}; it’s not NSCLC!
Source: Sabari et al, Clinical Oncology; September 2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisplatin + etoposide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboxplatin + etoposide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboxplatin + irinotecan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carboplatin + irinotecan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Irinotecan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topotecan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Docetaxel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paclitaxel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gemcitabine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temozolomide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nivolumab + ipilimumab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic radiotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(LS-SCLC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 Gy b.i.d. (LS-SCLC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCI (ES-SCLC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic radiotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ES-SCLC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>S</th>
<th>C</th>
<th>L</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkylating</td>
<td>Ametabolites</td>
<td>Antiangiogenesis</td>
<td>Microtubule</td>
<td>IO</td>
</tr>
</tbody>
</table>

CARBOplatin

| Taxol | Taxotere | ALIMTA | AVASTIN | Abraxane | Portrazza | Tagrisso | osimertinib | ALUNBRIG | IMFINZI |

GEMZAR | CYRAMZA | XALKORI | IRESSA | "Tarceva" |
**TREATMENT PARADIGM**

**FIRST LINE**
- Platinum/Etoposide

**MAINTENANCE**
- Nivolumab*
- Nivo/Ipi*

**2nd LINE**
- Topotecan
- CAV (off label)*
- Trials
  - Zepsyre®*
  - Rova-T *
  - Others *

**3rd LINE**
- Rova-T *

* Investigational drug or not approved for this indication
**ZEPSYRE®: PHASE I/II RELAPSED SMALL CELL LUNG CANCER**

*Cohort A: ASCO 2015 n=21*

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

- ORR: 67% (95%CI: 43-85)
  - PR 57%
  - PD 19%
  - SD 14%
  - CR 10%

Source: M. Forster et al. ASCO 2015

**Other examples ORR in SSLC:**
- CAV 19%
- Topotecan 24%
- Paclitaxel 29%
- Gemcitabine 12%
- Vinorelbine 12%

Source: Nature Reviews 2011;8;611-19 William N.Glisson.

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

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

**PFS reported in registration Topotecan trial study:**
- CAV: 2.8 months
- Topotecan 3 months

**ZEPSYRE®: PHASE I/II 2nd LINE SMALL CELL LUNG CANCER**

**Cohort B: ESMO 2017; n=27**

### Efficacy

<table>
<thead>
<tr>
<th>RESPONSE EVALUABLE PATIENTS</th>
<th>Lurbinectedin + DOX (q3wk)</th>
<th>Lurbinectedin single-agent (q3wk)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort A</strong></td>
<td>L 3-5 mg FD 1 + DOX 50 mg/m² D1 (n=21)</td>
<td>L 3.2 mg/m² D1 (n=36)</td>
</tr>
<tr>
<td>CR</td>
<td>2 (10%)</td>
<td>-</td>
</tr>
<tr>
<td>PR</td>
<td>12 (57%)</td>
<td>13 (36%)</td>
</tr>
<tr>
<td>ORR</td>
<td>14 (67%)</td>
<td>13 (36%)</td>
</tr>
<tr>
<td>SD</td>
<td>3 (14%)</td>
<td>14 (39%)</td>
</tr>
<tr>
<td>PD</td>
<td>4 (19%)</td>
<td>9 (33%)</td>
</tr>
<tr>
<td>DOR (mo)</td>
<td>4.5</td>
<td>6.2+</td>
</tr>
<tr>
<td>PFS (mo) CTFI &gt;30d*</td>
<td>4.7+</td>
<td>3.1+</td>
</tr>
<tr>
<td>OS</td>
<td>5.8</td>
<td>4.6+</td>
</tr>
</tbody>
</table>

### Combined Cohorts A&B¹

- **N=48**
  - CR 6%
  - PR 44%
  - ORR 50%
  - PFS 5.0m

1. Extrapolation from cohorts A & B for illustrative purposes only. Not presented at ESMO.

---

**Phase III regimen and endpoint**
ZEPSYRE®: PHASE I/II 2\textsuperscript{nd} LINE SMALL CELL LUNG CANCER

Cohorts A & B, maximal tumor reduction according to CTFI and PFS ($n=21, 27$)

- **PFS: 4.7m**
  - Median DOR: 4.5mo

- **PFS: 5.3m**
  - Median DOR: 5.2mo
**WHAT DOES OVARIAN PHASE III TELL US RE SCLC?**

**OVARIAN:**
- Drug is active
- Drug is tolerated
- Phase III BSA DOSE ~75% OF Phase II Fixed Dose
- Rescue G-CSF
- Weekly scanning
- Lab abnormalities grade 3-4 stat sig better for anemia, neutropenia, thrombocytopenia vs. control

**SCLC:**
- Monotherapy also shows activity, could offer alternative, especially for older/frailer or with cardio co-morbidities
- Phase III BSA DOSE ~90% OF Phase II Fixed Dose
- Prophylaxis G-CSF
- Bi-weekly scanning
- Data showing neutropenia inc. FN and thrombocytopenia are mainly early cycle, transient, and successfully managed with dose modifications/GCSF.
ZEPSYRE®: PHASE III RELAPSED SMALL CELL LUNG CANCER
ATLANTIS Trial Design SCLC (Trial initiated August 2016); Anticipate data 2019

- Primary endpoint: median PFS HR ≤ 0.7 in PFS with 90% power
- Key secondary endpoints:
  - OS
- Registration Strategy
  - Futility analysis passed @n=150 after 2 cycles (NOV’17).
  - Trial supported by ongoing monotherapy trial (n=36 at ESMO 2017).
  - Trial ~75 % enrolled (March ’17).
  - Data expected ~9-12m after full enrolment

Stratification by prior PD1/PDI-1 and brain mets.
**ZEPSYRE®: 2nd LINE ENDOMETRIAL CANCER – program under review**

*Market overview2: Orphan Indication US/EU ¹*

- **In the US per annum:**
  ~ 50,000 new cases of endometrial cancer

- **In EU-28 per annum:**
  ~ 70,000 new cases of endometrial cancer

- 2nd line chemo naïve patients ~ 25%.
- The most common gynaecologic cancer in developed countries, mainly afflicting those >50.
- SOC first line: Type 1 (80%): Hormone therapy, Type 2: Doxorubicin, paclitaxel, cisplatin.
- 72% of endometrial cancer diagnosed early; 15% to 20% will recur².
- There have not been any drug approvals for endometrial cancer over decades...no drugs approved for second line.

---


² Source: Globocan 2012
ZEPSYRE®: PHASE Ib IN 2\textsuperscript{nd} LINE ENDOMETRIAL CANCER
ASCO 2017 Abstract 5586

CR, complete response; D, day; DCR, disease control rate; DOR, duration of response; DOX, doxorubicin; FD, flat dose; mo, months; ORR, overall response rate; PD, progressive disease; PFS, progression free survival; PM, PM1183, PR, partial response; q3wk, every 3 weeks; SD, stable disease; TAX, paclitaxel.

<table>
<thead>
<tr>
<th>RESPONSE EVALUABLE PATIENTS</th>
<th>Cohort A</th>
<th>Cohort B</th>
<th>L+DOX (q3wk)</th>
<th>L+TAX (q3wk)</th>
<th>L alone (q3wk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>2 (14%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>PR</td>
<td>2 (14%)</td>
<td>8 (44%)</td>
<td>3 (27%)</td>
<td>4 (10%)</td>
<td></td>
</tr>
<tr>
<td>ORR</td>
<td>4 (28%)</td>
<td>8 (44%)</td>
<td>3 (27%)</td>
<td>3 (12.5%)</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>SD</td>
<td>8 (57%)</td>
<td>7 (39%)</td>
<td>2 (37%)</td>
<td>15 (38%)</td>
<td></td>
</tr>
<tr>
<td>PD</td>
<td>2 (14%)</td>
<td>3 (16%)</td>
<td>6 (55%)</td>
<td>20 (50%)</td>
<td></td>
</tr>
<tr>
<td>DCR</td>
<td>9 (85%)</td>
<td>15 (83%)</td>
<td>5 (45%)</td>
<td>20 (50%)</td>
<td></td>
</tr>
<tr>
<td>DOR (mo)</td>
<td>19.5</td>
<td>6.8</td>
<td>6.1</td>
<td>4.3+</td>
<td></td>
</tr>
<tr>
<td>PFS (mo)</td>
<td>7.8</td>
<td>7.8</td>
<td>1.9</td>
<td>2.5+</td>
<td></td>
</tr>
</tbody>
</table>

Combined Cohorts A&B
N=32\textsuperscript{1}
CR 6%
PR 31%
ORR 38%
PFS 7.8m

1. Extrapolation from cohorts A & B for illustrative purposes only. Not presented at ASCO
KEY IP AND BARRIERS TO ENTRY

- **Yondelis:**
  - EU: Sarcoma orphan expired 9/17, ovarian orphan 2019, use 2022, formulation 2025#
  - US: Sarcoma orphan 2022, formulation 2025#
  - Japan: Sarcoma orphan 2022, formulation 2025#. Ovarian 10 years from approval orphan
  - Manufacturing US/EU/Japan 2031

- **Zepsyre**
  - All indications orphan US/EU/JP (7/10/10yrs)
  - Composition 2024 (US)*, 2022 (EU)*
  - SCLC combo doxorubicin 2031

- **All indications:** Chemistry/synthesis/manufacturing know how

* Subject to potential patent term extension
# patent pending
KEY FACTS AND CURRENT SHAREHOLDERS

KEY FACTS

- **Ticker:** PHM SM
- **Market Cap:** C. € 380 million
- **2017 Total Income:** € 179 million
- **2017 EBITDA:** € -7.4 million

Source: Bloomberg March 2nd 2018
KEY EVENTS
Transformative times for Pharma Mar; catalyst 2018

- SCLC futility analysis
- Zepsyre® Phase III platinum-resistant ovarian cancer 1H '18; primary endpoint not met
  - Zepsyre CORAIL ovarian presentation at ASCO
  - Zepsyre® SCLC ATLANTIS Phase III complete enrolment mid’ 18
  - Potential US listing
  - Update(s) on Zepsyre SCLC monotherapy trial
  - ATLANTIS SCLC data 1H 2019
CONTEXTUAL COMPARATIVE DATA, READING ACROSS TRIALS.
# Standard of Care for Relapsed Small Cell Lung Cancer

## Competitive Landscape after first line treatment: Platinum/Etoposide

<table>
<thead>
<tr>
<th>2nd line</th>
<th>3rd line</th>
<th>N</th>
<th>PFS (ORR%)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepsyre/Doxo</td>
<td>Literature</td>
<td>48</td>
<td>5.0 (50%)</td>
<td>ASCO 2015/ESMO 2017</td>
</tr>
<tr>
<td>Topo</td>
<td>Literature</td>
<td></td>
<td>3.0 (24)</td>
<td>Glisson, 2011</td>
</tr>
<tr>
<td>CAV</td>
<td>Literature</td>
<td></td>
<td>2.8 (19)</td>
<td>Glisson, 2011</td>
</tr>
<tr>
<td>Nivo</td>
<td>Nivo</td>
<td>98</td>
<td>1.4 (11)</td>
<td>ASCO 2016-7/ESMO 2017</td>
</tr>
<tr>
<td>Nivo/Ipi</td>
<td>Nivo/Ipi</td>
<td>61</td>
<td>2.6 (23)</td>
<td>ASCO 2016-7/ESMO 2017</td>
</tr>
<tr>
<td>Pembro</td>
<td>Pembro</td>
<td>24</td>
<td>1.9 (33)</td>
<td>ESMO 2017</td>
</tr>
<tr>
<td>Pembro</td>
<td>Pembro</td>
<td>45</td>
<td>1.4 (12)</td>
<td>ESMO 2017</td>
</tr>
<tr>
<td>Rova-T</td>
<td>Rova-T</td>
<td>61</td>
<td>2.8 (18)</td>
<td>2nd and 3rd line</td>
</tr>
<tr>
<td>Rova-T</td>
<td>Rova-T</td>
<td>48</td>
<td>4.3 (38)</td>
<td>DLL3 “high”</td>
</tr>
<tr>
<td>Sacituzumab</td>
<td>Saci</td>
<td>50</td>
<td>3.7 (14)</td>
<td>“Heavily pre-treated”</td>
</tr>
</tbody>
</table>

# 2ND LINE ENDOMETRIAL CANCER DATA SEEN

<table>
<thead>
<tr>
<th>DRUG</th>
<th>SETTING</th>
<th>N</th>
<th>ORP</th>
<th>PFS</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepsyre</td>
<td>2nd line</td>
<td>18</td>
<td>44%</td>
<td>7.7m</td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>Cabozantinib</td>
<td>2nd line</td>
<td>102</td>
<td>6%</td>
<td>4.8m</td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>Atezolizumab</td>
<td>2nd line</td>
<td>15</td>
<td>13%</td>
<td>1.7m</td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>Pembrolizumab</td>
<td>2nd line</td>
<td>23</td>
<td>52%</td>
<td>9.7m</td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>Pembrolizumab</td>
<td>2nd line/PDL1+</td>
<td>24</td>
<td>13%</td>
<td>1.8m</td>
<td>ASCO 2017</td>
</tr>
<tr>
<td>Doxil</td>
<td>2nd line</td>
<td>10</td>
<td>10%</td>
<td></td>
<td>Dizon JCO 2009</td>
</tr>
<tr>
<td>Paclitaxel</td>
<td>2nd line</td>
<td></td>
<td>27%</td>
<td></td>
<td>Dizon JCO 2009</td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>2nd line</td>
<td></td>
<td>14%</td>
<td></td>
<td>Dizon JCO 2009</td>
</tr>
<tr>
<td>Ifosfamide</td>
<td>2nd line</td>
<td></td>
<td>15%</td>
<td></td>
<td>Dizon JCO 2009</td>
</tr>
<tr>
<td>Temsirolmus</td>
<td>2nd line</td>
<td></td>
<td>14%</td>
<td></td>
<td>Iglesias, CAH&amp;O 2012</td>
</tr>
<tr>
<td>Ixempra vs. Doxo or placitaxel</td>
<td>2nd line</td>
<td>496</td>
<td>15%</td>
<td>3.4m vs. 4m</td>
<td>Interim futility halt</td>
</tr>
<tr>
<td>Doxo vs. ZoptEC</td>
<td>2nd line</td>
<td>512</td>
<td></td>
<td>OS 10.9 vs 10.8m</td>
<td>Aeterna press release</td>
</tr>
</tbody>
</table>
ZEPSYRE® vs YONDELIS®

Different pharmacological profile

Better safety profile

Percentage of patients

<table>
<thead>
<tr>
<th></th>
<th>ALT</th>
<th>AST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM01183</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Yondelis</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

GRADE 4 | GRADE 3 | GRADE 2

PM01183, 4mg/m2  Yondelis, 1mg/m2