Median Technologies

Corporate Update

January 2022

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Innovation Is in Our DNA

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"Many diseases, including cancer, do not kill if diagnosed early"

We help conquer cancer and other health-threatening diseases through routine AI-based imaging tests and imaging services for drug development

Our Growth: Powered by proprietary technology, strong KOL connections, and medical, scientific, technology partnerships

Our People: As of Dec 2021, 190+ employees worldwide (EU, US & China), 30% working in R&D

Our locations: HQ in France with subsidiaries in the US and in China
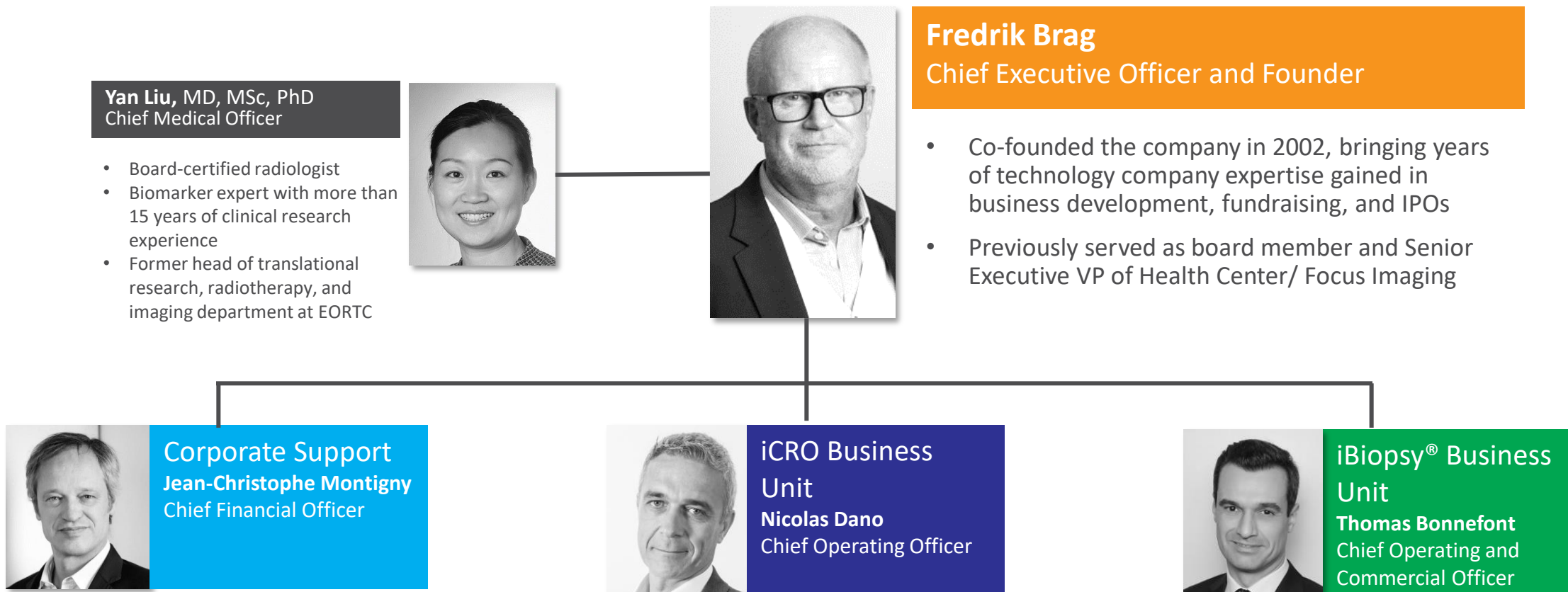
Our 2 Business Units:
- **iCRO**: image management for oncology trials
- **iBiopsy**®: Imaging platform for AI-based biomarker discovery

Our iBiopsy® clinical partners

ASSISTANCE PUBLIQUE HÔPITAUX DE PARIS

UC San Diego

Company View

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Yan Liu, MD, MSc, PhD
Chief Medical Officer

- Board-certified radiologist
- Biomarker expert with more than 15 years of clinical research experience
- Former head of translational research, radiotherapy, and imaging department at EORTC

Fredrik Brag
Chief Executive Officer and Founder

- Co-founded the company in 2002, bringing years of technology company expertise gained in business development, fundraising, and IPOs

- Previously served as board member and Senior Executive VP of Health Center/ Focus Imaging

Corporate Support
Jean-Christophe Montigny
Chief Financial Officer

iCRO Business Unit
Nicolas Dano
Chief Operating Officer

iBiopsy® Business Unit
Thomas Bonnefont
Chief Operating and Commercial Officer

Board of Directors

Bringing significant industry, medical, financial and strategic expertise to the company

Oran Muduroglu
Chairman

Fredrik Brag
Director

Kapil Dhingra
Director

Oern Stuge
Director
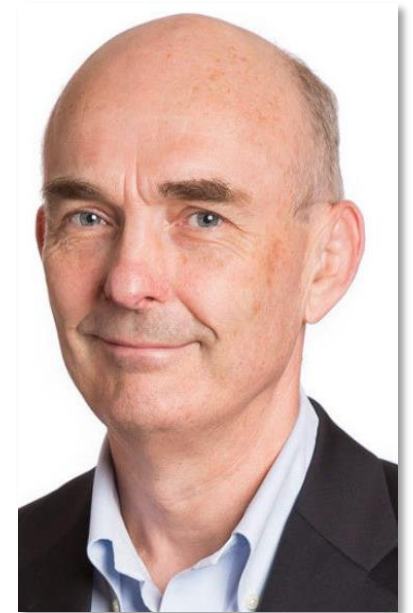
Tim Haines
Director

2021 Key Performance

As of December 31, 2021

2021 revenue at €20.5M
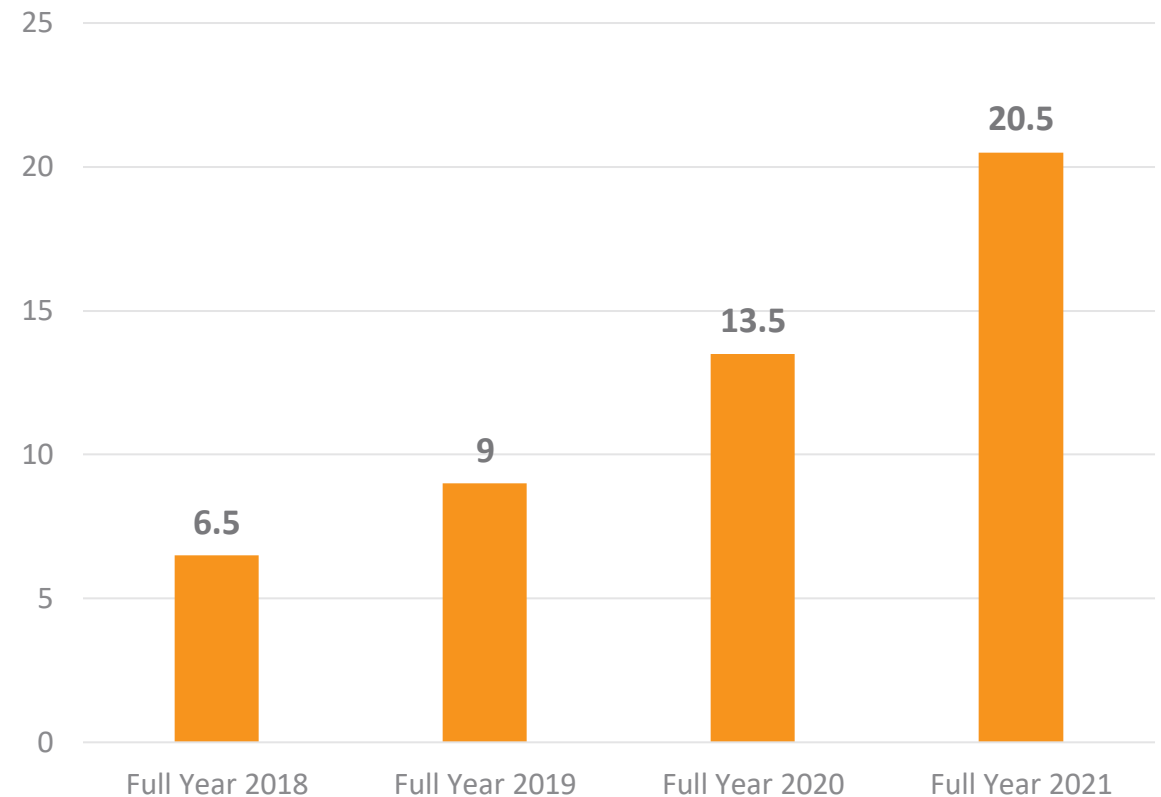
- An increase of 52% compared to 2020 revenue (€13.5M).

Order backlog at €58M

- An €6.3M increase compared to December 31, 2020.

Cash and cash equivalents at €39M

- Cash position strengthened by the capital increase by private placement finalised on March 25th, 2021 for an amount of €28.1M and by the exercise of 1,344,444 warrants between July 1 and September 29, 2021, for gross cash funds of over €6M.

Full Year Revenue (m€)

Full Year 2018	Full Year 2019	Full Year 2020	Full Year 2021
6.5	9	13.5	20.5

Release date: January 17, 2022

iBiopsy®

"Many diseases do not kill if diagnosed at their earliest stage"

We are developing the next generation imaging tests to help:

- Detect, diagnose & monitor early-stage cancer patients
- Detect, diagnose & monitor early-stage NASH patients

iBiopsy® Platform: Image Sequencing, Integrated AI

Help conquer cancer through routine imaging tests applying AI, advanced analytics and cloud solutions

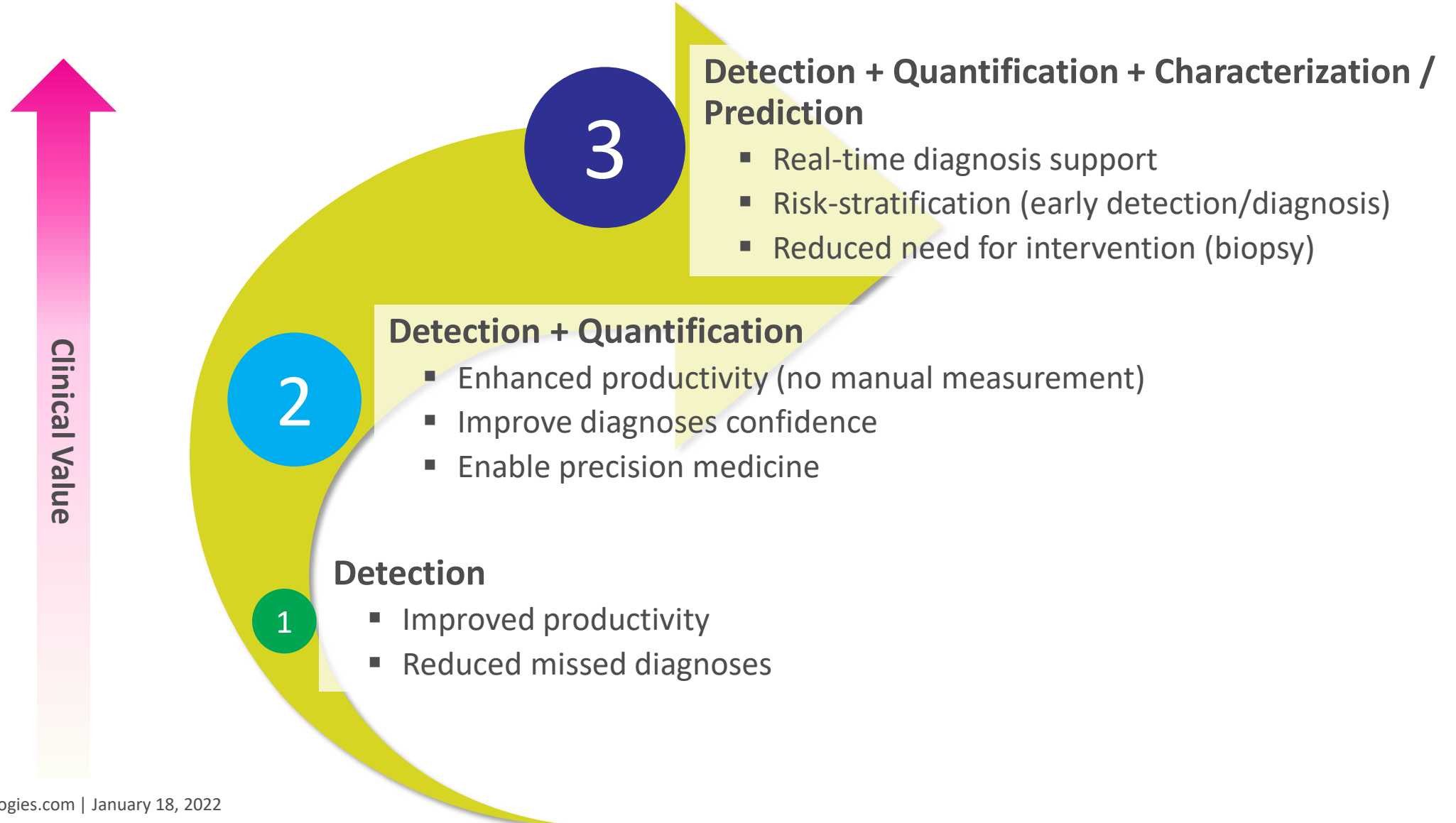**The iBiopsy® platform leverages Median's expertise and capabilities in**:

- Imaging technology
- AI and data science
- Clinical development
- Regulatory and reimbursement

To:

- Drive the development of our **Pheno-iDx** portfolio of products
- Drive commercial adoption
- Lower healthcare costs
- Improve patient clinical outcomes

Our Differentiators

Whole organ & real time end-to-end AI cloud-based solution

Clinical Value ↑

3 — **Detection + Quantification + Characterization / Prediction**
- Real-time diagnosis support
- Risk-stratification (early detection/diagnosis)
- Reduced need for intervention (biopsy)

2 — **Detection + Quantification**
- Enhanced productivity (no manual measurement)
- Improve diagnoses confidence
- Enable precision medicine

1 — **Detection**
- Improved productivity
- Reduced missed diagnoses

Lung Cancer Screening

Lung cancer screening using LDCT has been shown to reduce mortality by 44 % (NELSON results) [1]

Facts and Figures

Leading cause of cancer mortality worldwide with an estimate of 1.8m deaths, accounting for 18% of all cancer deaths in 2020 [2]. Estimated to be 2.4m in 2030

5-year survival rate [3]:
- 5% for distant tumors (metastases)

Our proposed solution: Pheno iDx LCS

- Build a cloud based end-to-end approach performing both localization and lung cancer risk categorization
- Replicate the radiologist's workflow, including full assessment of LDCT volume, comparison to prior imaging when available and calibration against biopsy-confirmed outcomes
- Demonstrate the potential for deep learning models to increase the accuracy, consistency and adoption of lung cancer screening worldwide

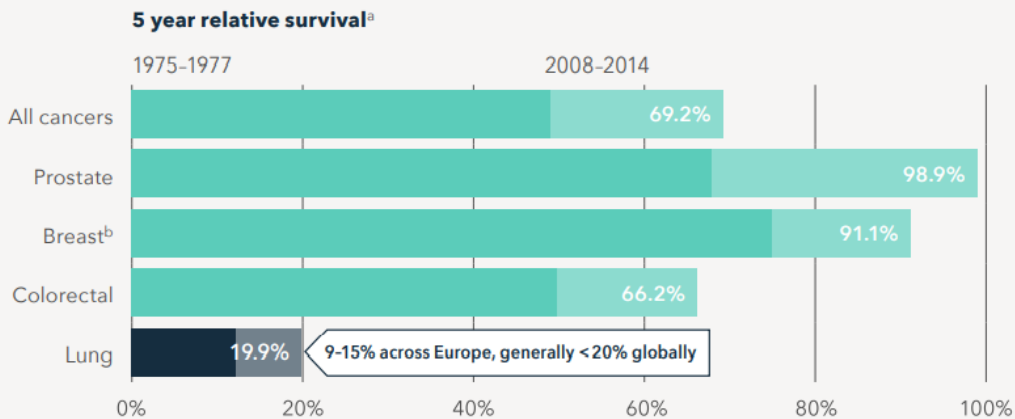| National/ supranational LCS programs		Reimbursement procedures	Target population	Test ASP	Annual TAM
US	Yes – USPSTF screening guidelines	Yes – Reimbursed by CMS	Based on NLST criteria: 14.12m individuals eligible for lung cancer screening	$100-500	$1.4 – 7B per year
Europe	Under discussion at EU level	Under discussion	Based on NELSON criteria: 34m individuals considered at risk	$100-500	$3.4 – 17B per year
China	N/A yet	N/A yet **(general population)**	107m individuals eligible	$100	$10.7B

Unmet Medical Needs - A Disease We Need to Detect Early
The relevance of early prognosis and diagnosis of lung cancer

Prognosis for lung cancer is poor compared with most other cancers, largely due to a **high proportion of cases being detected at an advanced stage.**

Around 20% of people with lung cancer are diagnosed **at stage I**, when their likelihood of **surviving 10 years is 92%** (*I-ELCAP study*), compared with more than **40%** of people being detected **at stage IV**, when their likelihood of **surviving 5 years is under 10%.**

Figure 2. Improvements in lung cancer survival have lagged-behind those seen in other common cancers (US data)[12 13 54 55]

5 year relative survival[a]

	1975-1977	2008-2014
All cancers		69.2%
Prostate		98.9%
Breast[b]		91.1%
Colorectal		66.2%
Lung		19.9% — 9-15% across Europe, generally <20% globally

[a] Five-year relative survival rates show the percentage of people who will be alive five years after diagnosis. This does not include people who die from other diseases. Relative survival rates account for the fact that not all people diagnosed with a certain cancer type will die of that cancer.

[b] Women only.

Data: https://seer.cancer.gov [54]

Figure 3. Non-small-cell lung cancer (NSCLC)* is commonly diagnosed at an advanced stage, which is associated with poor prognosis

Diagnosed cases of NSCLC by stage (%)[15, a]

IA	IB	IIA	IIB	IIIA	IIIB	IV
14	10	6	5	16	8	41

5-year survival for NSCLC patients[17, b]

IA1	IA2	IA3	IB	IIA	IIB	IIIA	IIIB	IIIC	IVA	IVB
92	83	77	68	60	53	36	26	13	10	1
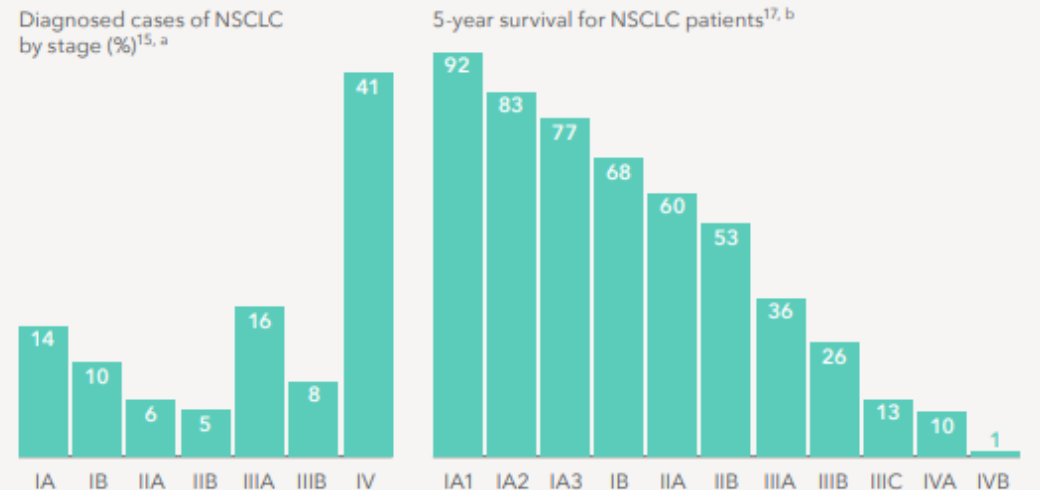
* Non-small-cell lung cancer accounts for 80–85% of lung cancer cases[58 59]

[a] Estimated from SEER validation data from the 7th edition of the International Association for the Study of Lung Cancer (IASLC) staging project.
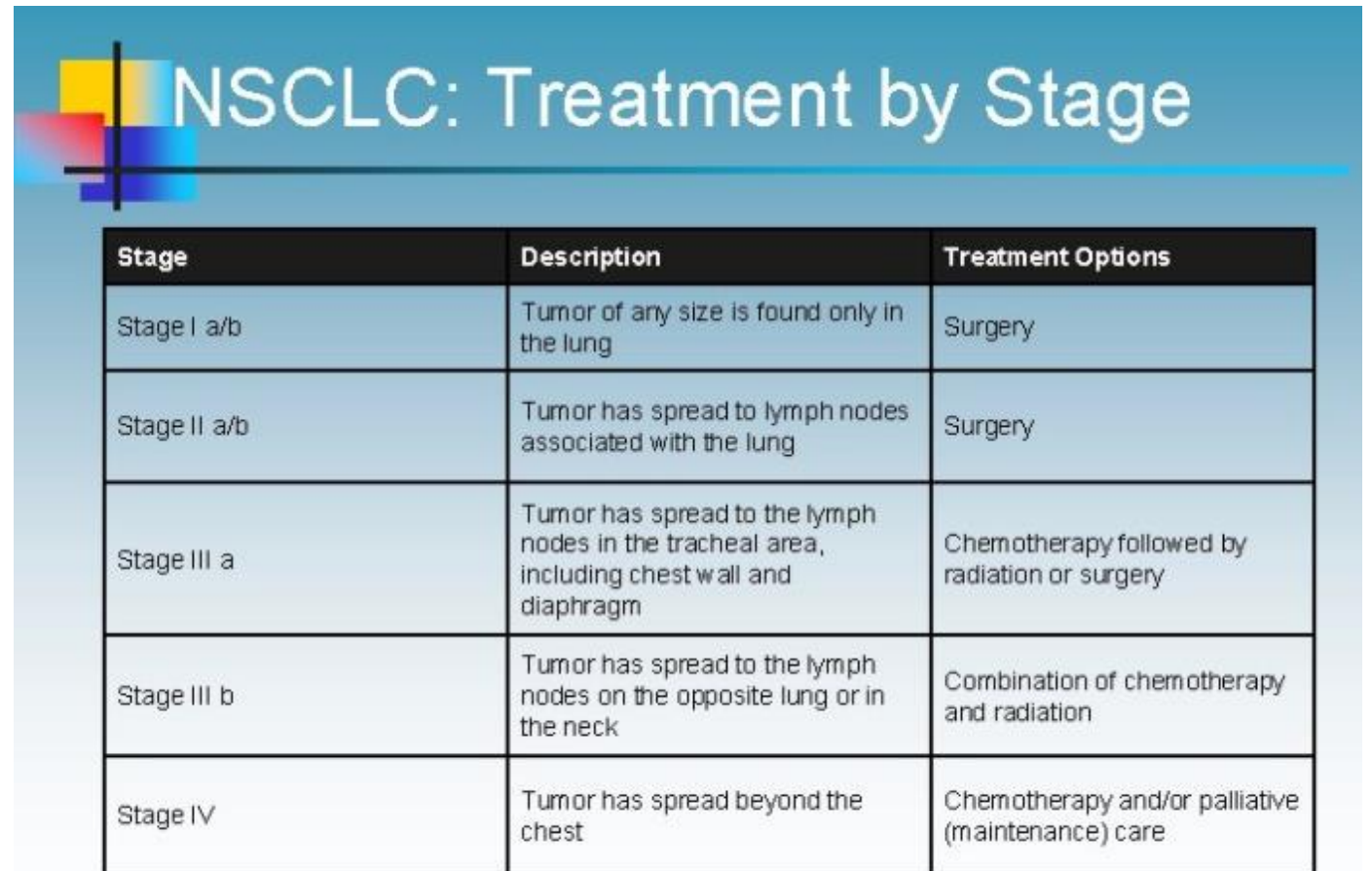
[b] Based on the clinical staging data from the 8th edition of the IASLC staging project.

Lung Cancer Treatments

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- **Surgery** to remove tumors: lobectomy, pneumonectomy, segmentectomy

- **Chemotherapy drugs** to shrink or kill cancerous cells

- **Radiation therapy**

- **Targeted therapy (or biological therapy)** to inhibit molecular pathways or mutant proteins that are critical to tumor growth: monoclonal antibodies, small molecule drugs

The next big hope:

- **Immunotherapy for early-stage lung cancer** to stimulate the patient's own immune system to recognize cancer cells as foreign bodies and destroy them

NSCLC: Treatment by Stage

Stage	Description	Treatment Options
Stage I a/b	Tumor of any size is found only in the lung	Surgery
Stage II a/b	Tumor has spread to lymph nodes associated with the lung	Surgery
Stage III a	Tumor has spread to the lymph nodes in the tracheal area, including chest wall and diaphragm	Chemotherapy followed by radiation or surgery
Stage III b	Tumor has spread to the lymph nodes on the opposite lung or in the neck	Combination of chemotherapy and radiation
Stage IV	Tumor has spread beyond the chest	Chemotherapy and/or palliative (maintenance) care

Source [4]

iBiopsy® Lung Cancer Screening

Cutting-edge performance with innovative deep learning algorithm

Nodule Characterization

Nodule-wise characterization on NLST sub-set

› Cohort of 1,737 patients (16,249 nodules)

› Training set: 1,239 patients (11,676 nodules)

› Test set: 498 patients [330 benign, 168 malignant] (4,573 nodules)

Deep Architecture with outstanding performance

› **Test AUC = 0.99**

- **Youden Index Operating Point✖:**
Sensitivity = 95.3 %, Specificity = 96.2 %

Receiver Operating Characteristic Test
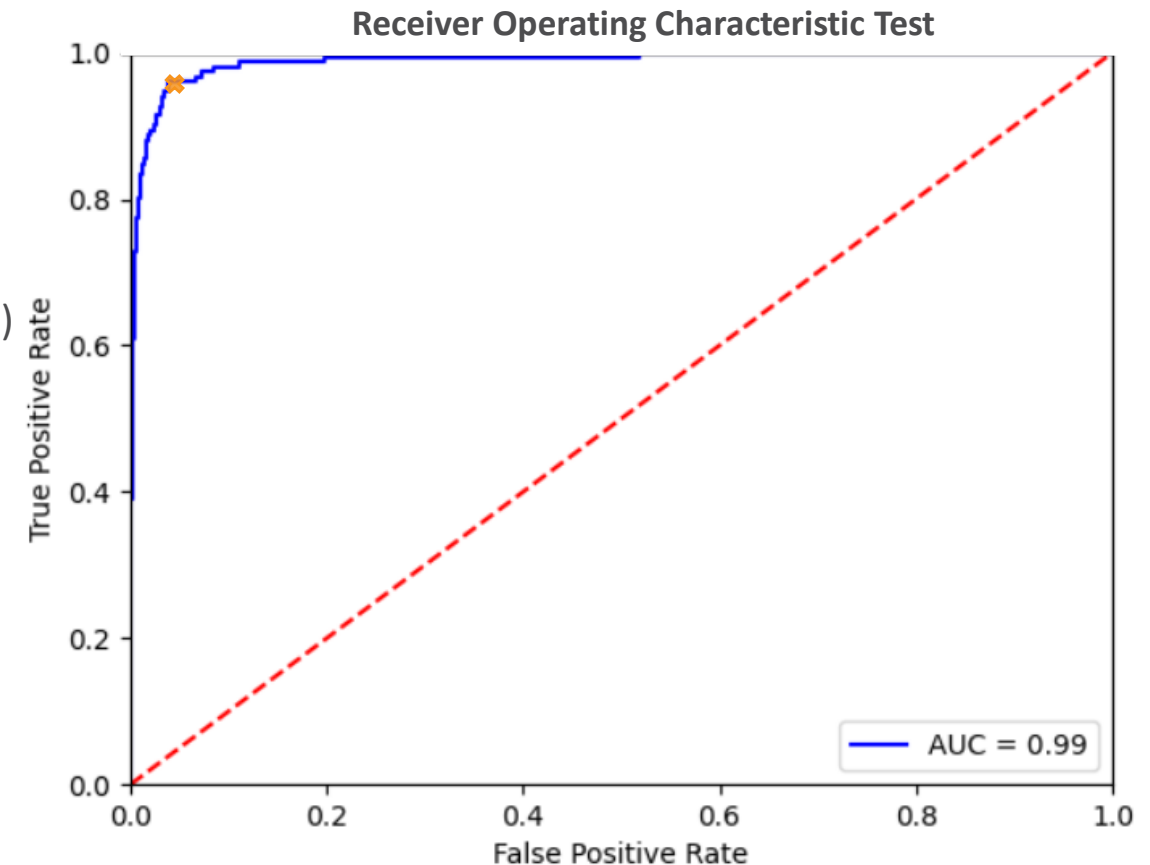
Outstanding KOLs feedback, unrivaled results, game-changer capacity

Release date: September 6, 2021

iBiopsy® Lung Cancer Screening

Stage 1 (1A+1B) lung cancer characterization performance

Unprecedented performance beyond the state of the art
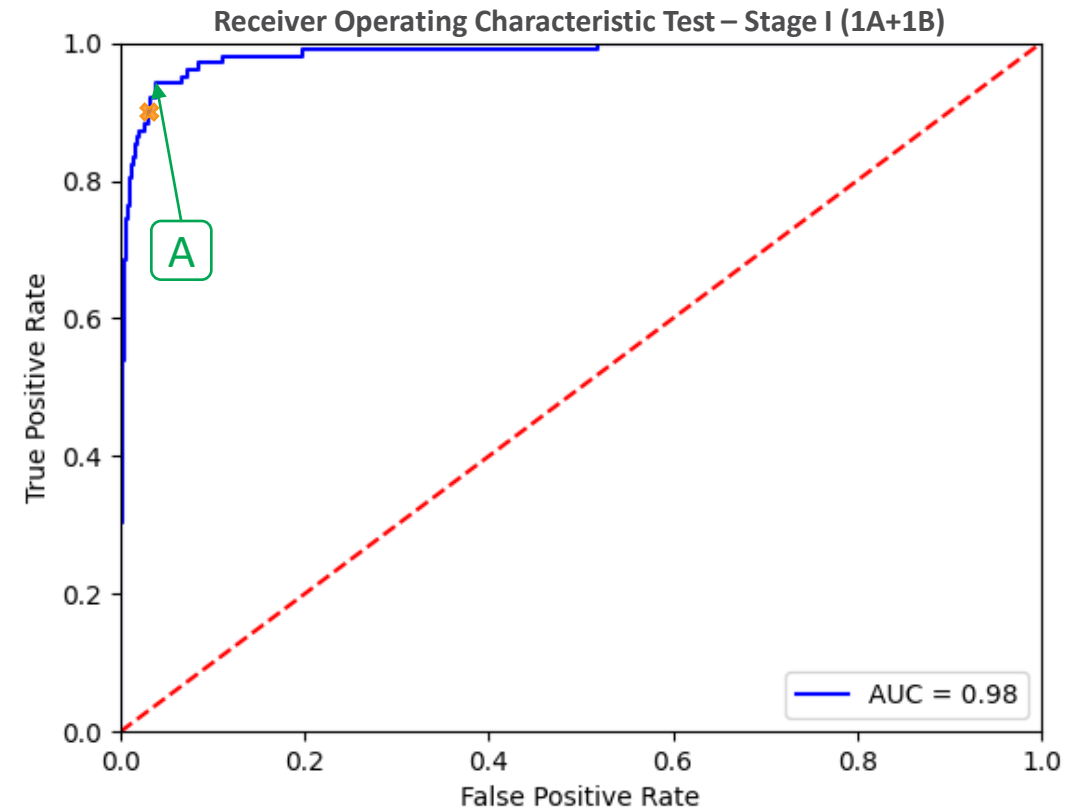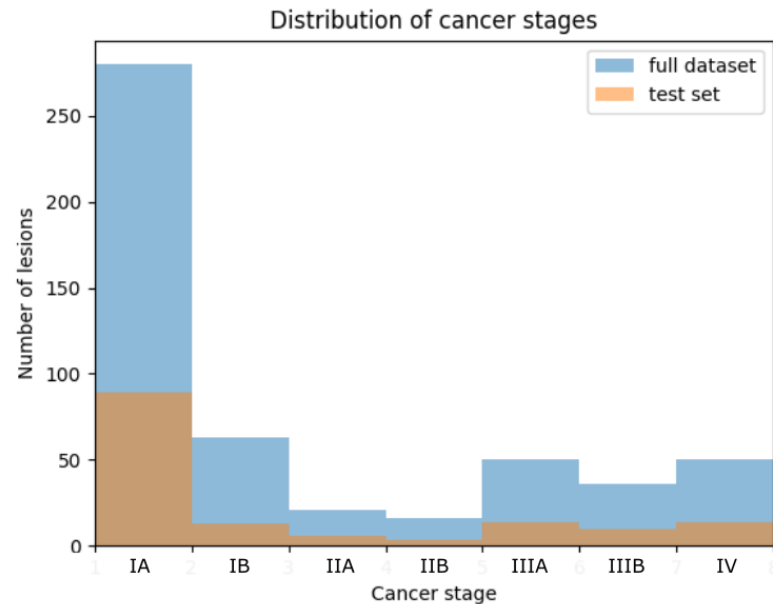
Test AUC = 0.984

- **Youden Index Operating Point ✖:**
  Sensitivity = 89.2 %, Specificity = 96.8 %

- **Operating point A: Sensitivity 93.1% at Specificity 96.2%**

# iBiopsy® Lung Cancer Screening

Stage 1A lung cancer characterization performance

Unprecedented performance beyond the state of the art
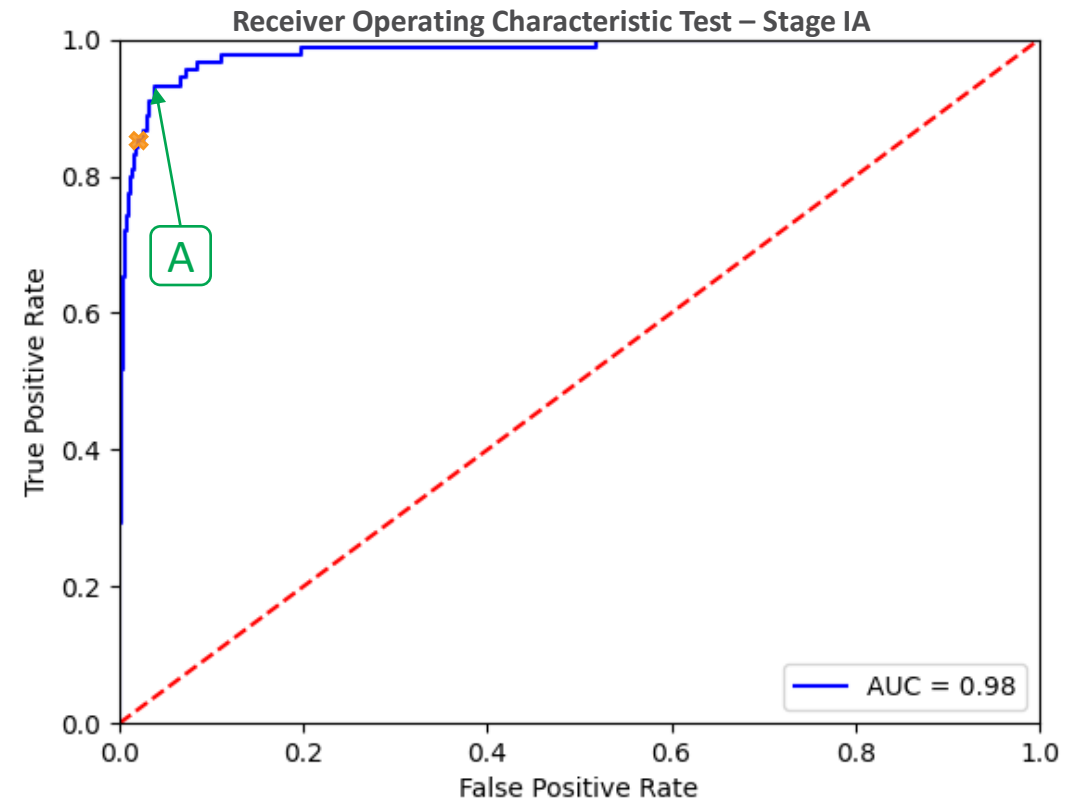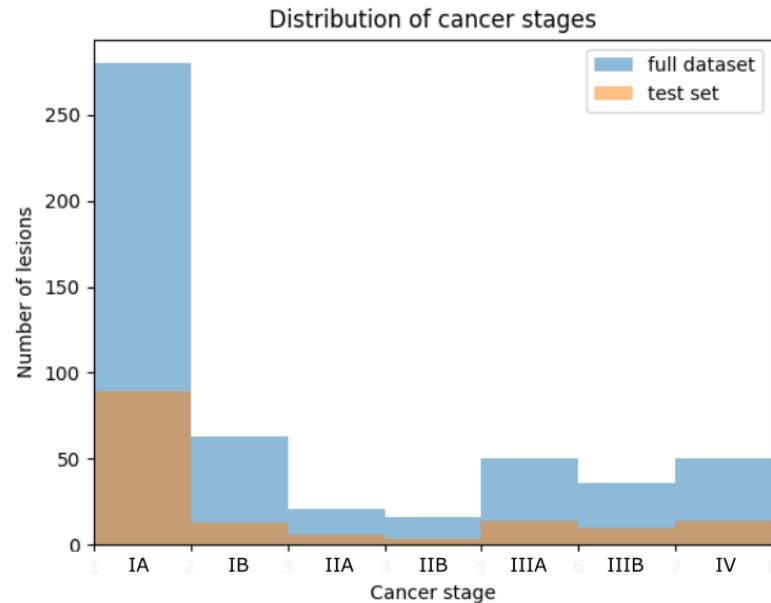
Test AUC = 0.982

- **Youden Index Operating Point ✖:**
  Sensitivity = 85.3 %, Specificity = 97.4 %

- **Operating point** A: **Sensitivity 92.1% at Specificity 96.2%**

iBiopsy® Lung Cancer Screening

Automatic Lung Nodule Detection

LIDC/IDRI Cohort (Luna16 Grand Challenge)

– Lung CT scans of 888 patients annotated by 4 experienced radiologists for a total of 1,186 nodules

– Training set: 800 patients

– Test set: 88 patients

– Training/testing using 10-fold cross-validation method

Encoder-Decoder Deep Architecture

– Results obtained by aggregating the ten test folds

– **Sensitivity of 94.9% for a false positive rate of 1 per CT scan.**

FROC Performance
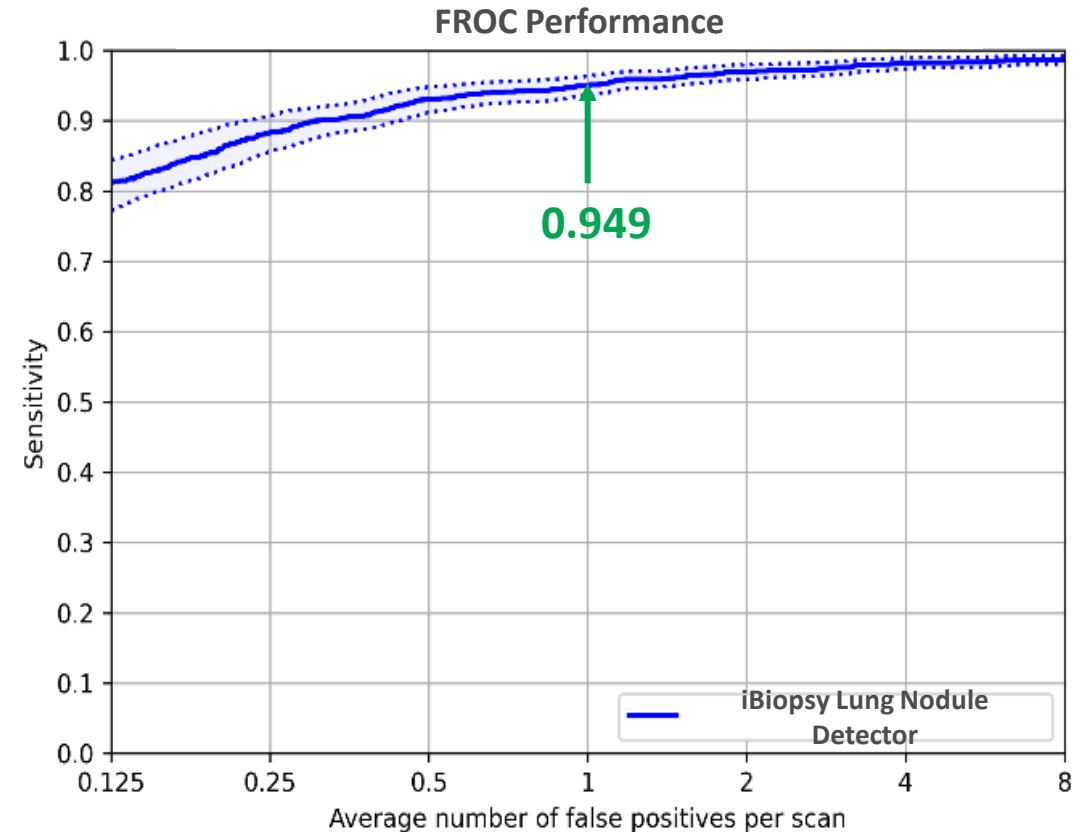
AI Powered Software as Medical device – Competitive Data on Sensitivity, Specificity & FP/Scan

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CADe Software as Medical Device

COMPANY	PRODUCT	TEST TYPE	SENSITIVITY	FALSE POSITIVE PER SCAN
MEDIAN TECHNOLOGIES	**iBiopsy®**	**AI CADe**	**94.9%**	**1**
RIVERAIN TECH	Clear Readt CT	AI CADe	83%	0.75
ARTERYS	Lung AI	AI CADe	93%	1.53
AIDENCE	Veye Lung Nodules	AI CADe	88%	1.04

CADx Software as Medical Device

COMPANY	PRODUCT	TEST TYPE	SENSITIVITY	SPECIFICITY
MEDIAN TECHNOLOGIES	**iBiopsy®**	**AI CADx**	**95.2%**	**95.7%**
OPTELLUM	Virtual Nodule Clinic	AI CADx	99%	28%

A radiological CADe device is *"intended to identify, mark, highlight or otherwise direct attention to portions of an image that may reveal abnormalities during interpretation of images by the clinician."* *(Source: FDA)*
A CADx device is *"intended to provide information beyond identifying abnormalities, such as an assessment of disease."* *(Source: FDA)*

Liquid Biopsy Data
Lung cancer detection by cancer stage

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COMPANY	PRODUCT	TEST TYPE	SENSITIVITY					SPECIFICITY
GRAIL	GALLERI	LIQUID BIOPSY LUNG **Early Detection**	**All stages: 59%** Stage I 18%	Stage II 43%	Stage III 81%	Stage IV 93%		**99%**
EXACT SCIENCE	CANCERSEEK	LIQUID BIOPSY LUNG **Early Detection**	**All stages: 27%**					**99%**

Sensitivity: the ability to correctly generate positive results for cancer patients (true positive rate)
Specificity: the ability to correctly generate negative results for non cancer patients (true negative rate)
Source: https://www.healthnewsreview.org/toolkit/tips-for-understanding-studies/understanding-medical-tests-sensitivity-specificity-and-positive-predictive-value/

HCC Early Detection/Diagnosis

Hepatocellular Carcinoma accounts for 90% of all primary liver cancers [5]

Facts and Figures

3rd leading cause of cancer mortality worldwide with an estimated 830,000 deaths, accounting for 8% of all cancer deaths in 2020 [2]

Trend: 1,1 million deaths projected in 2030 [2]

5-year survival rate: 20% [6]

High risk population [7]:
- Risk factors: HBV, HCV, NAFLD, cirrhosis, heavy alcohol use, obesity, T2 diabetes
- 328m individuals ww are at risk, **over 27m in the US and Europe**

Our proposed solution: Pheno iDx Liver

- Build a **cloud based end-to-end approach performing both localization and HCC cancer risk categorization**
- **Replicate a more complete part of a radiologist's workflow**, including full assessment of HCC volume, focus on regions of concern, comparison to prior imaging when available and calibration against biopsy-confirmed outcomes
- Show the potential for **deep learning models** to increase the accuracy, consistency and adoption of HCC screening worldwide

Market opportunity

Key assumptions	Annual Total Addressable Market (TAM)
- Target population: 27m individuals in the US and EU - ASP: $100 per test	**US & EU alone: $2.7B TAM**

NASH – Non-Alcoholic Steatohepatitis

NAFLD and NASH are a global silent epidemics [8]

Facts and Figures

NAFLD affects 25% of the global population. 20% of NAFLD patients progress to NASH, with a risk at developing cirrhosis and liver cancer [9]

Trends: NASH prevalence is increasing in Western countries and Asia [10]

Diagnosing NASH early is key, as, in its early stages, the disease is reversible by a change in eating habits and lifestyle

NAFLD Annual US economic burden [11]
- $103 billion from direct medical care costs +
- $188 billion in societal costs

Our proposed solution: Pheno iDx NASH

- Build a cloud based diagnostic test to assess early stage of NASH / Fibrosis to identify patients with reversible disease burden
- Show the potential for deep learning models to increase the accuracy, consistency and adoption of NASH diagnosis worldwide

Market opportunity

Key assumptions	Annual Total Addressable Market (TAM)
• Target population: 50m individuals in the US and EU have NASH • ASP: $100 per test	**US & EU alone: $5B TAM**

How Big Is the Market Opportunity, Market Segments

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U.S. ANNUAL TOTAL ADDRESSABLE MARKET (TAM): $30-$130B		
Early Cancer Detection/Screening	**High Risk Detection/Screening**	**Cancer Recurrence Monitoring and MDR**
~$5-50B	**~$2-5B depending on the indication**	**~$20-75B**
Key Assumptions • 107MM individuals aged 50-79 • $100-500/test • Annual or biennial testing • Age expansion would increase TAM	**Key Assumptions** • Examples include monitoring tools for smokers, liver disease, and esophageal cancer • TAM is highly dependent on number of cancers included	**Key Assumptions** • ~1.8MM new cancer dx/year • Assuming use in new survivors, total survival penetration could be ~50% in 5 years • ASP: ~$1-3K/ test at varied intervals
Major Cancer Indications Lung, Breast, Colorectal, Liver, Ovarian, Esophagus, Pancreas and many others	**Major Cancer Indications** Lung, Liver, esophageal, hereditary	**Major Cancer Indications** Colorectal, Blood-based, Breast, Lung

Source: Cowen report, 2020

iBiopsy® Product Roadmap

	2020		2021		2022		2023	
	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half

WE ARE HERE

Lung Cancer Screening (LCS) — LDCT
- Research Phase
- CADe/CADx large cohort study
- FDA pre-sub
- Pivotal Clinical Trial
- Regulatory filling & review
- Approval

HCC early detection/diagnosis — Contrast Enhanced CT
- Research Phase
- CADe/CADx large cohort study
- FDA pre-sub
- Pivotal Clinical Trial
- Reg. filling & review
- 2023+

NASH Liver Fibrosis — MRI/MRE
- Research Phase
- CADe/CADx large cohort study
- FDA pre-sub
- Pivotal Clinical Trial
- Reg. filling & review
- 2023+

HCC Recurrence — Contrast Enhanced CT
- Research Phase
- CADe/CADx large cohort study
- FDA pre-sub
- Pivotal Clinical Trial
- 2023+

Lung Cancer Screening (LCS)
- CADe/CADx large cohort study
- Clinical validation on a 10,000+ patient data set

HCC early detection/diagnosis
- Ongoing study

NASH – Liver Fibrosis
- Preliminary POC on a set of 152 patient data – results released
- POC on a set of 300+ patient data (UC San Diego study)

HCC Recurrence
- Preliminary POC on a set of 94 patient data – results released
- Ongoing study with AP-HP

Payer Coverage and Reimbursement

We can help payers reduce diagnostic and treatment costs while improving clinical outcome

We believe our test offer significant health economic values in the following ways:

- Detect early disease in high-risk individuals to increase chances of survival & treatments.

- Monitor & Predict disease recurrence in cancer survivors and NASH patients.

- Reduce the need for a repeat invasive biopsy.

- New guidelines for reimbursement are being implemented due to the impact of technology on diagnostics.

- FDA is also reviewing its guidelines for regulatory pathways for AI-based diagnosis solutions.

Scientific validity	Health Economics
Regulation	**Market**

iBiopsy® Landscape: Comparables

	Liquid biopsy	Image biopsy	Market caps (as of January 3, 2022)
GUARDANT	✅		NASDAQ: GH $10.2B
GRAIL	✅		Acquired by Illumina in Sep 2020 at $8B
InferVision		✅	Private Chinese company
EXACT SCIENCES	✅		NASDAQ: EXAS $13.4B
median		✅	EPA: ALMDT $0.24B
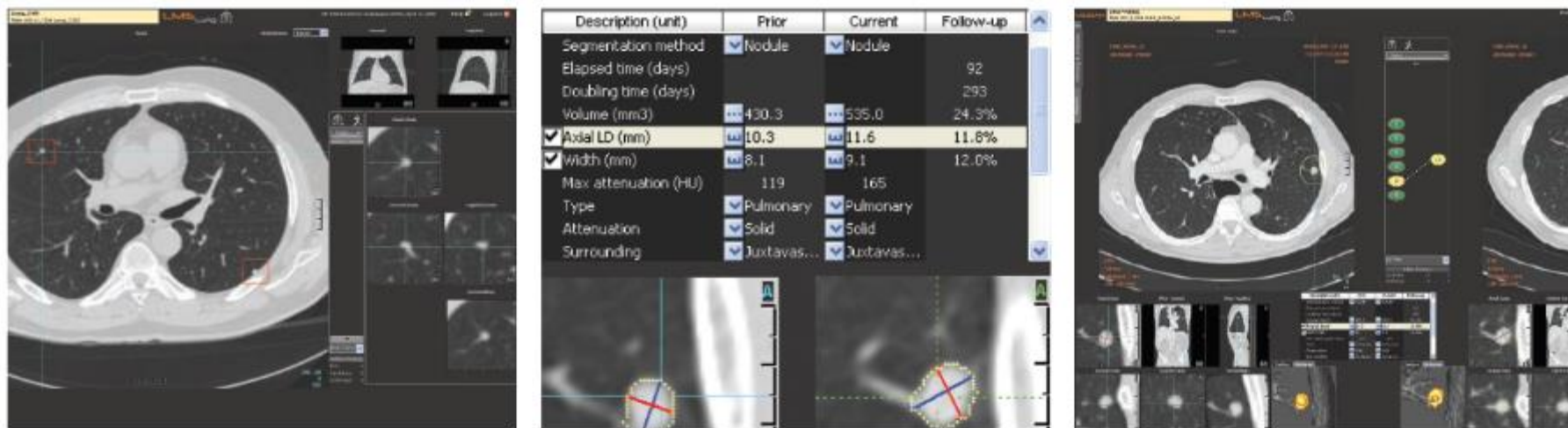
iCRO Business

Solutions and Services for Image Management
in Clinical Trials

Imaging CRO Solutions and Services

*Bringing more meaning to image data: iSee®*

Identify

Quantify

Track

- Image analysis and data management platform

- Extracts more data from an image than any other system

- Delivers the highest quality data for better informed decisions

- Limit variability and increases reproducibility by automatically identifying, quantifying, and tracking lesions across all time points

- All readers use this advanced proprietary tool, accessed through a web-browser

- Based on a 510K FDA cleared platform

Imaging CRO Solutions and Services
Bringing more meaning to image data: iSee®

www.mediantechnologies.com | January 18, 2022
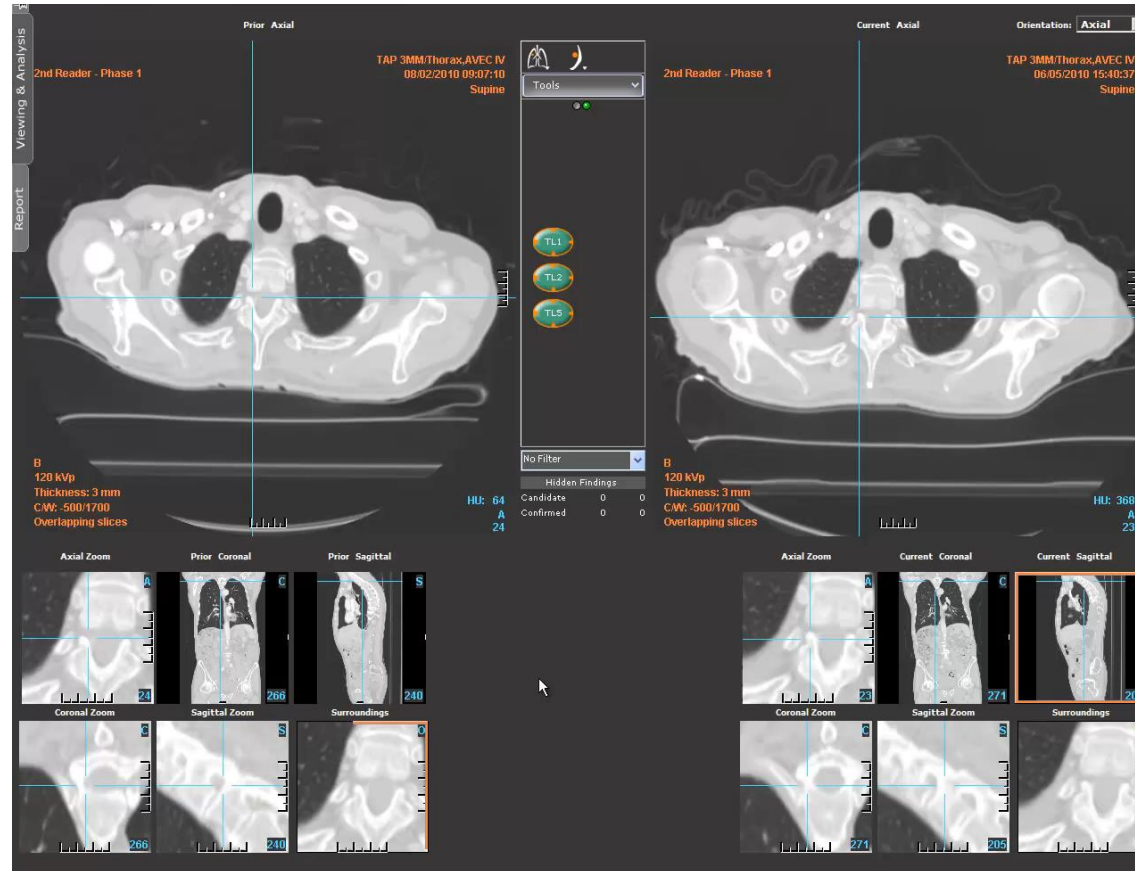
Experience by Phase

145 studies

29 Phase I trials
*Including **14** trials with Immunotherapy*

21 Phase I/II trials
*Including **13** trials with Immunotherapy*

50 Phase II trials
*Including **20** trials with Immunotherapy*

2 Phase II/III trials
*Including **1** trial with Immunotherapy*

43 Phase III trials
*Including **34** trials with Immunotherapy*

As of 6/30/2021

Key business indicators:

- 40+ clients in the US and Europe

- 10+ clients in China, including the three Top 3 Chinese biopharmas

- 9 supported regulatory approvals

- 17,962 enrolled patients

- 78,738 quality-controlled timepoints

- 3 successful FDA inspections (2017, 2019, 2021)

- 5 Chinese NMPA inspections for New Drug Application approvals (4 completed in 2021)

iCRO Business Development Accelerator

Median Technologies confirmed as a preferred vendor by one of the Top 3 pharmaceutical companies in the world

- Renegotiation of terms of an existing Master Service Agreement (MSA) with this major big pharmaceutical company.

- The new scope of the MSA covers Phase III clinical trials for major indications in oncology and the terms are valid for 3 years.

- This partnership will contribute to sustain Median's future bookings and revenues growth.

iCRO Growth Opportunities (1/2)

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Landscape

- The global contract research organization (CRO) services market size was valued at USD 38bn in 2018 and is projected to reach USD 91bn by 2026 [13]

- The imaging CRO market size was valued at USD 1.3bn in 2020. The largest market segment is for oncology.

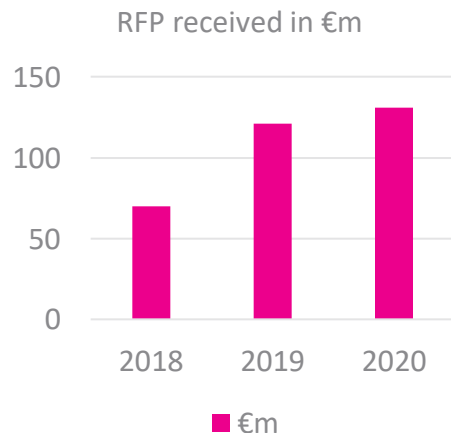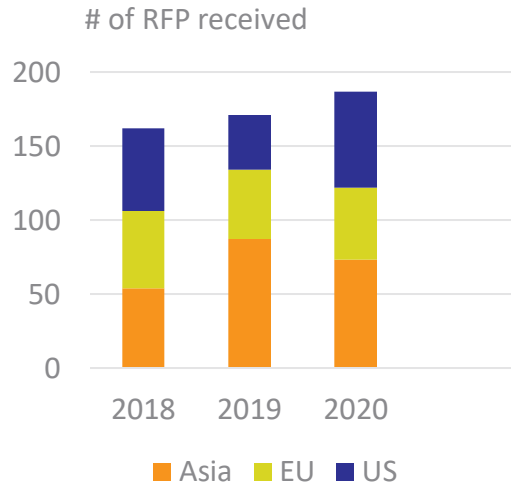- On April 28, 2021, ERT and Bioclinica closed their merger in a $7.8bn deal

Competitive positioning and differentiators

- Median is the only oncology-focused imaging CRO with a global footprint and partners with global CROs

- Strong technology differentiators with our proprietary platform, iSee® and evolutions

- Unique AI competitive advantages
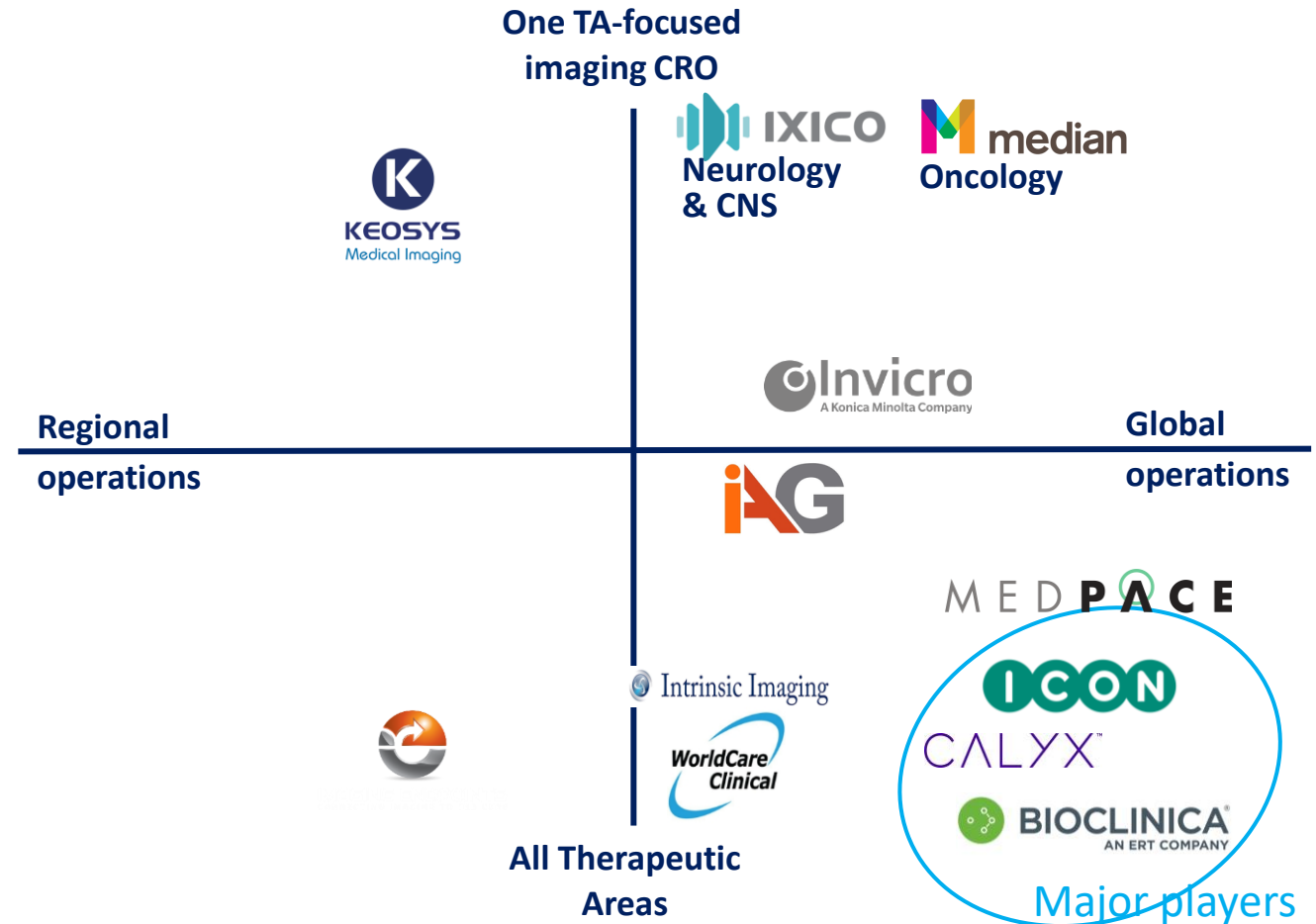
Competitive imaging CRO landscape: Fragmented with 3 major players

iCRO Growth Opportunities (2/2)

median

# of RFP received

Legend: Asia, EU, US

RFP received in €m

Legend: €m

2020 Win rates
- Repeat Business: 52% (based on contract values)
- New clients: 14% (based on contract values)

iCRO Business Development Triggers

1. Access to RFPs
2. Win rate
3. Phase III #
4. AI offering

Tactics

- Develop partnerships with global CROs
- Increase repeat business with Top Pharmas
- Target Top 200 biotech companies

Median AI Competitive Advantage

Provide additional insights for clinical trials

More & Better Efficacy Biomarkers
- Additional measurements on tumor pixel data (Radiomic or Multiparametric Analysis)
- Automated tumor detection & measurements to reduce variability (CAD)

Explainability for the Results
- Offer population fragility index (body composition)
- Offer comparison of a cohort to other trials (Analytic)

Imaging Biomarkers for Toxicity trials
- For phases I, help identify the Maximum Tolerated Dose
- For phases II & III, identify tolerance to the dose

Optimize the Drug Development Plan
- Identify true *vs* pseudo progression on 1 TP
- Identify responders *vs* non-responders
- Analysis of the radio-phenotypic impact of the molecule
- Interpretation and explanation of the clinical trial results
- Build companion predictive tests
- Build companion Dx tests

2022 and Beyond

iBiopsy®

- Early detection and diagnosis are key and have the potential to save patient lives
- Very strong push for non-invasive biomarkers from patients, regulatory agencies (FDA, EMA) and payers
- Continued clinical validations studies for Lung Cancer, HCC, NASH
- Clinical and technology partnerships for additional validation studies
- Major total addressable market
- A strong US market positioning

iCRO

- Major potential for growth in a very dynamic market
- Very strong technology differentiators for clinical trials: iSee®
- Strong position in the fast-growing global market

Our Core Values

Leading innovation with purpose
Combine the spirit of innovation with our passion and conviction to help cure cancer and other debilitating diseases.

Committing to quality in all we do
Be dedicated to quality in everything we do. Quality begins with us and we are committed to it.

Supporting our customers in achieving their goals
Listen to the needs of our customers and help make their goals our goals through our innovation, imaging expertise, superior services, and quality solutions.

Putting the patient first
There is a person at the other end of the images we analyze who is counting on us to do everything we can to help make them healthier.

www.mediantechnologies.com

Sources

[1]   https://www.healthimaging.com/topics/oncology-imaging/nelson-trial-ct-lung-screening

[2]   https://gco.iarc.fr/

[3]   https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/resource-library/lung-cancer-fact-sheet

[4]   https://slidetodoc.com/lung-cancer-overview-a-slide-presentation-for-oncology/

[5]   https://www.nature.com/articles/s12276-020-00527-1

[6]   https://www.cancer.net/cancer-types/liver-cancer/statistics

[7]   https://www.cancer.org/cancer/liver-cancer/causes-risks-prevention/risk-factors.html

[8]   https://www.nature.com/articles/s41575-020-0315-7

[9]   https://www.researchgate.net/publication/327427978_Global_Perspectives_on_Non-alcoholic_Fatty_Liver_Disease_and_Non-alcoholic_Steatohepatitis

[10]   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7154715/ and https://www.the-nash-education-program.com/what-is-nash/

[11]   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366581/

[12]   Biopharma 2019 ranking, based on revenue - https://www.fiercepharma.com/special-report/top-20-pharma-companies-by-2019-revenue

[13]   https://www.fortunebusinessinsights.com/industry-reports/100864