REDECTANE®
Final data of the Phase III REDECT trial

18 May 2010

Forward looking statements

This communication contains certain forward-looking statements, relating to the Company's business, which can be identified by the use of forward-looking terminology such as "estimates", "believes", "expects", "may", "will" "should" "future", "potential" or similar expressions or by general discussion of strategy, plans or intentions of the Company. Such forward-looking statements involve known and unknown risks, uncertainties and other factors, which may cause our actual results of operations, financial condition, performance, or achievements, or industry results, to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements.

Such factors include, among others, the following: uncertainties related to results of our clinical trials, the uncertainty of regulatory approval and commercial uncertainty, reimbursement and drug price uncertainty, the absence of sales and marketing experience and limited manufacturing capabilities, attraction and retention of technologically skilled employees, dependence on licenses, patents and proprietary technology, dependence upon collaborators, future capital needs and the uncertainty of additional funding, risks of product liability and limitations of insurance, limitations of supplies, competition from other biopharmaceutical, chemical and pharmaceutical companies, environmental, health and safety matters, availability of licensing arrangements, currency fluctuations, adverse changes in governmental rules and fiscal policies, civil unrest, acts of God, acts of war, and other factors referenced in this communication.

Given these uncertainties, prospective investors and partners are cautioned not to place undue reliance on such forward-looking statements. We disclaim any obligation to update any such forward-looking statements to reflect future events or developments. RENCAREX®, REDECTANE® und MESUPRON®, WX-554 and WX-037 are temporary development names.

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Portfolio

WILEX
Focused Cancer Therapies

iba

Product	Indication	Pre-clinical	Phase I	Phase II	Phase III	Market	Partner
REDECTANE® (WX-G250 antibody for diagnostic use)	Renal mass	Final data					iba (ww**)
RENCAREX® (WX-G250 antibody for therapeutic use)	ccRCC*						ESTEVE closer to you (Southern Europe)
MESUPRON® (small molecule, uPA inhibitor)	Pancreatic cancer	Final data					
	Breast cancer						(award)
WX-554 (small molecule, MEK inhibitor)	Cancer						ucb (ww)
WX-037 (small molecule, PI3K inhibitor)	Cancer						ucb (ww)
3 antibody programmes	Cancer						ucb (ww)

*clear cell Renal Cell Carcinoma, non-metastatic, ** worldwide

REDECTANE®

(INN: 124I-girentuximab)

Radio-labelled antibody targeting CAIX for diagnostic use

REDECTANE®: First in class diagnostic imaging agent

→ Enables first time differential diagnosis .....

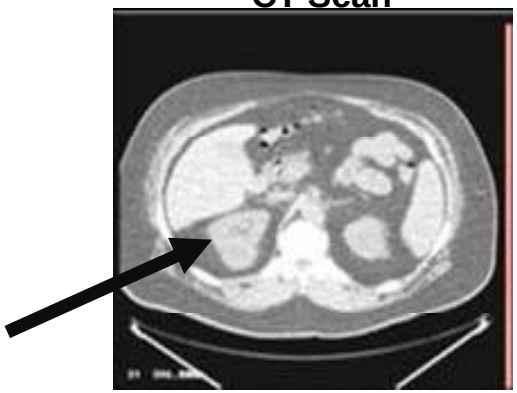
Today

Tomorrow

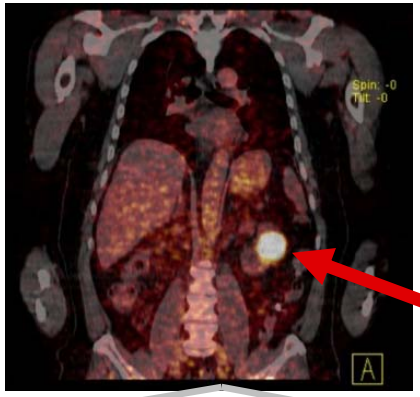
Symptomatic patients

Urologist

CT Scan



REDECTANE® PET-CT*



•PET-CT: Positron-Emission Tomography - Computer Tomography

Positive ccRcc?

Positive

Negative

ccRCC

Renal mass

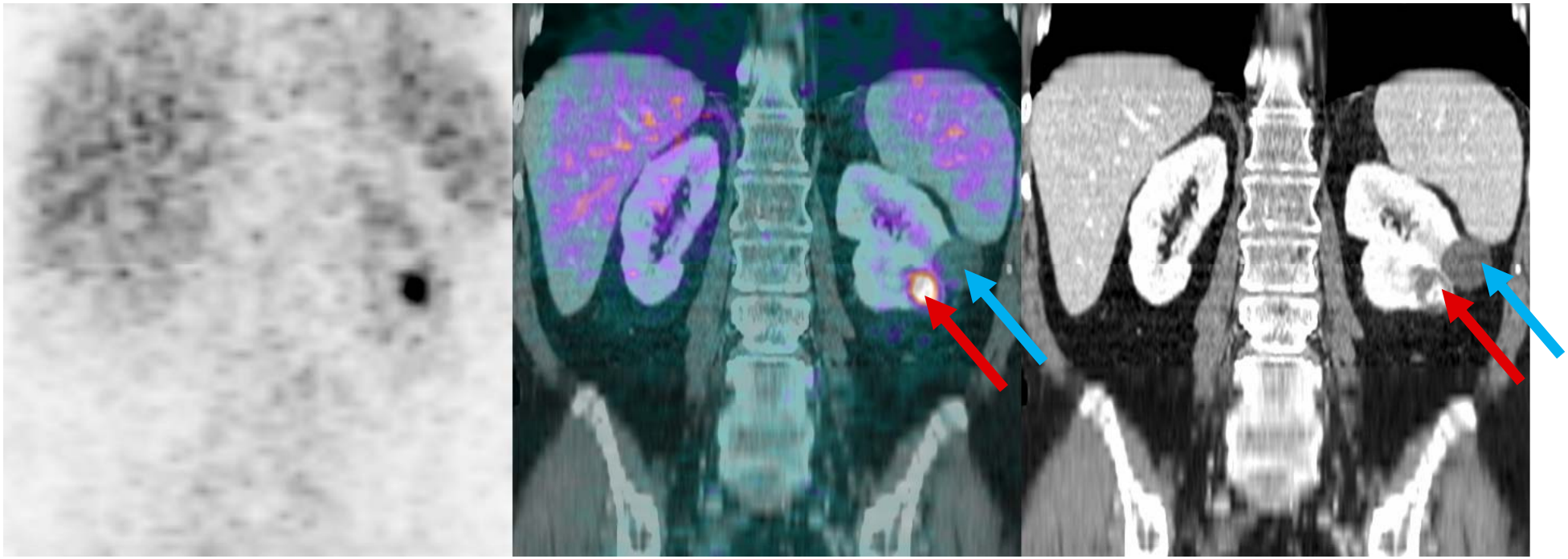
Surgery

No surgery

Development of the REDECTANE® Concept

- **Girentuximab (cG250) specifically and selectively binds to CAIX**
  - CAIX is constitutively upregulated in >95% ccRCC
  - Not expressed by benign tumours such as oncocytoma and angiomyolipoma
- **Early studies in Nijmegen with ^{131}I-cG250 show excellent specific tumour targeting**
  - Primary renal tumour and metastases visualised with radioscintigraphy
- **Concept of using ^{124}I-labelled girentuximab (REDECTANE®) developed by Memorial-Sloane-Kettering Cancer Center/Ludwig Institut for Cancer Research**
- **Positive proof-of-concept study**
  - Ability to detect ccRCC malignancies pre-operatively confirmed

PET/CT using REDECTANE®



PET | Fused Image | CT

→ **REDECTANE® adds biological information to anatomical information**

REDECTANE®: US Phase III trial

- **Phase III trial of 226 patients with renal masses in 14 US sites**
  - IND* and SPA** granted from the FDA
  - Patient recruitment completed in September 2009

REDECT
Renal masses: Pivotal trial to detect clear cell renal cell carcinoma with pre-surgical PET/CT

Inclusion criteria:

- **Suspected kidney cancer**
- **Scheduled for complete or partial removal of affected kidney**

→ **REDECTANE® (PET-CT) and Standard CT** → **Surgical removal** →

Primary Endpoint:

- **Improvement of diagnosis using REDECTANE® over standard CT**
- **Truth standard: histology**

*IND Investigation New Drug Application, **SPA Special Protocol Assessment

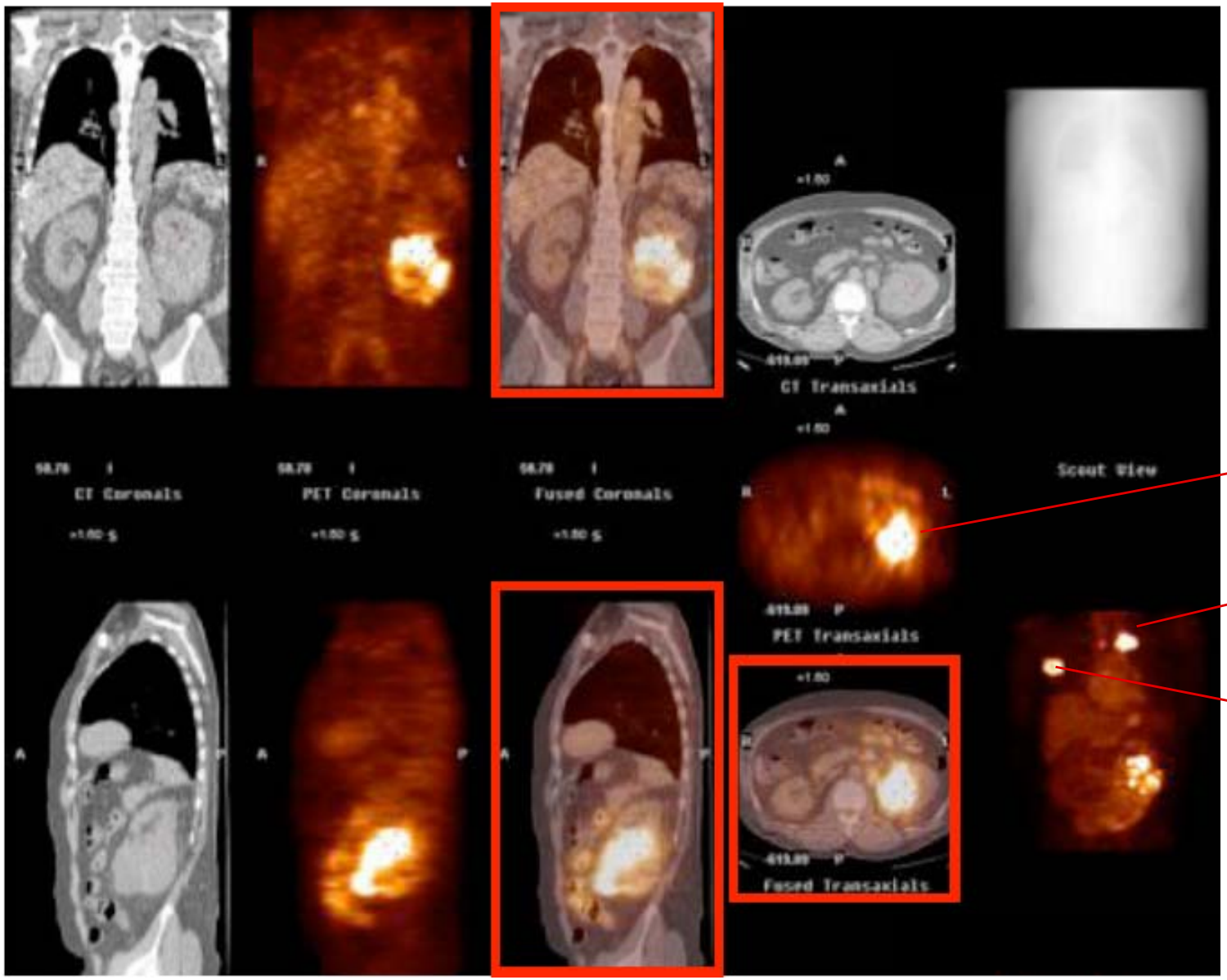
REDECT Study: Essentials

- **REDECT-Study Re**nal Masses:
  Pivotal Trial To **De**te**ct** clear-cell RCC with pre-surgical PET/CT

- **Study details**
  - 14 sites in the US enrolled patients
    - 5mCi/10mg Girentuximab (REDECTANE®)
    - Standard of truth = central pathology read
    - Central PET/CT evaluation (3 readers)
    - Central pathology evaluation (1 reader)

- **Study endpoints**
  - **Specificity:** the correct diagnosis that clear cell renal cell cancer is not present
  - **Sensitivity:** the correct diagnosis of clear cell renal cell cancer

REDECTANE® detects primary tumour and distant metastases



Primary tumour left kidney

Rib metastasis

Clavicula metastasis

Courtesy of Michael Yu, Fox Chase Cancer Center

REDECTANE®: Phase III Final Study results

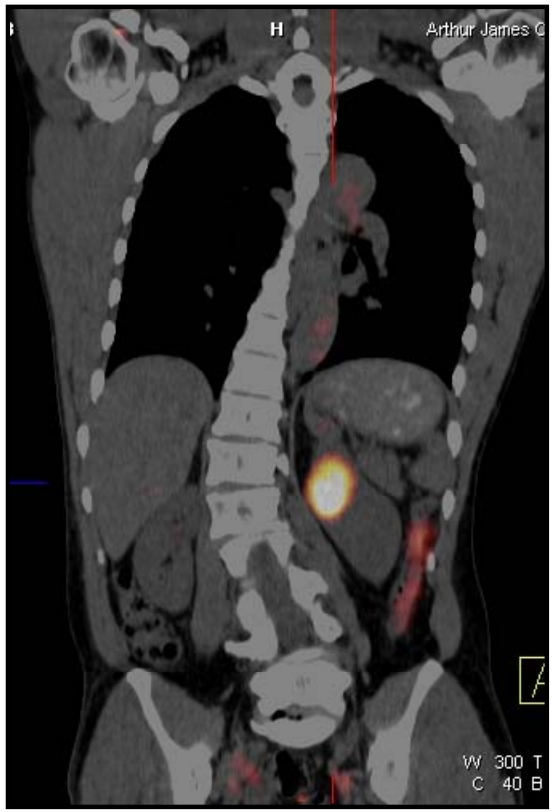
- **REDECTANE® highly superior than CT**

- **REDECTANE® in comparison to CT**
  - Specificity: confirmed with a highly statistical value p<0.001
  - Sensitivity: also achieved statistical significance with p≤0.016

- **REDECTANE® in comparison to an arbitrary value of 75% for specificity and sensitivity**
  - Specificity of 87% (95% CI 75-95%) (p=0.057)
  - Sensitivity of 86% (95% CI 79-91%) (p≤0.002)

REDECTANE®: Future perspectives

- **Only perform surgery when necessary**
  - Utilize REDECTANE® to select patients for surgery
- **Start systemic treatment early**
  - Utilize REDECTANE® to identify metastases
- **Perform ablation in patients with small renal masses**
  - Monitor success of ablation
  - Today: invasive ablation techniques
  - Tomorrow: non-invasive ablation techniques



- **Optimize duration of systemic treatment through monitoring**
- **Expand into other indication such as bladder, colon and oesophageal cancer**

REDECTANE®: Strong Partnership with IBA

- **Commercialisation agreement with Ion Beam Applications**
  - Signed in June 2008
  - WILEX responsible for antibody manufacture and clinical development
  - IBA responsible for manufacturing of finished radio-labelled antibody, distribution, sales & marketing
  - Worldwide co-promotion rights for WILEX

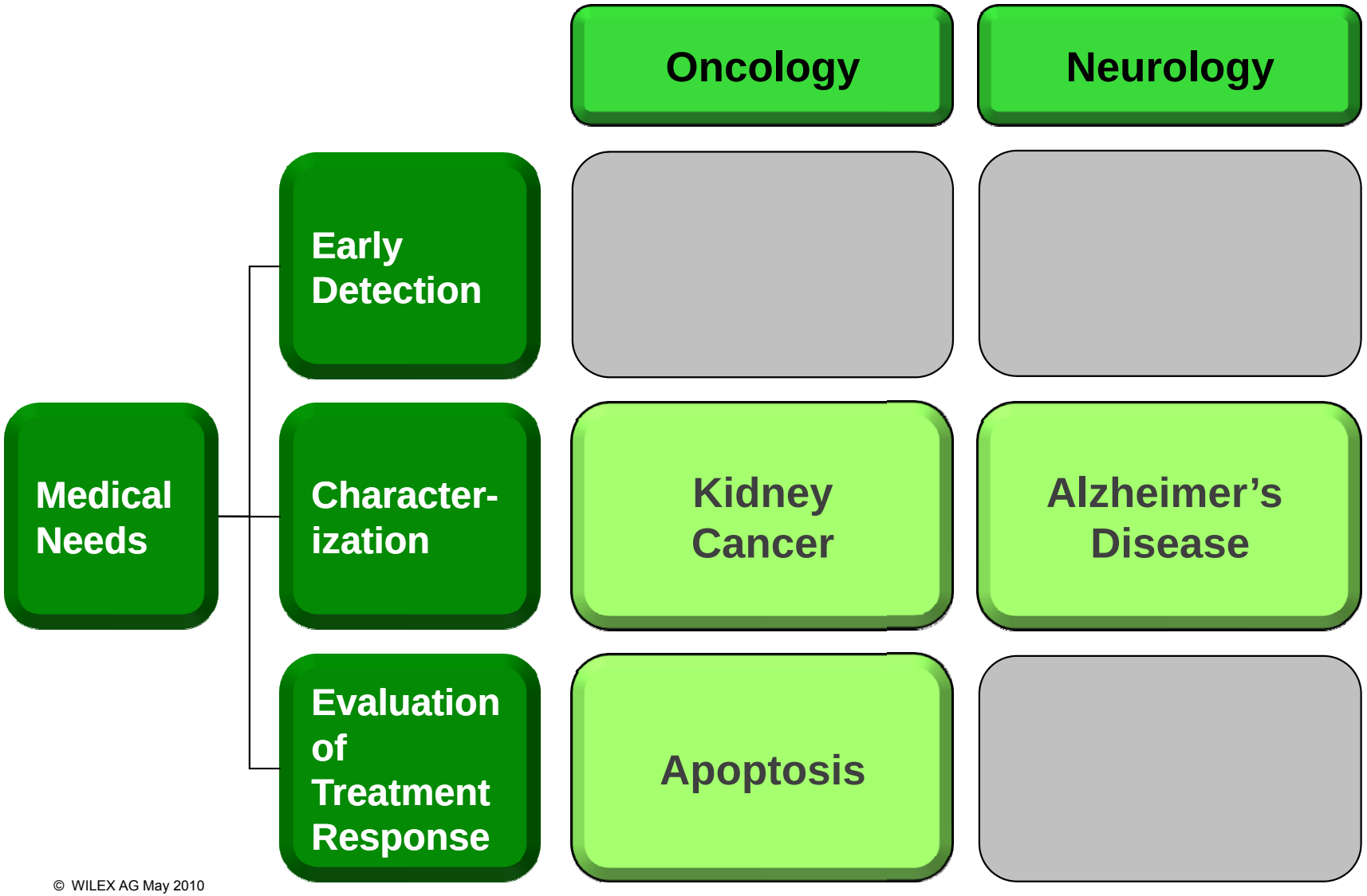
Market, Launch and Sales & Marketing

IBA: A unique PET Isotopes facilities network

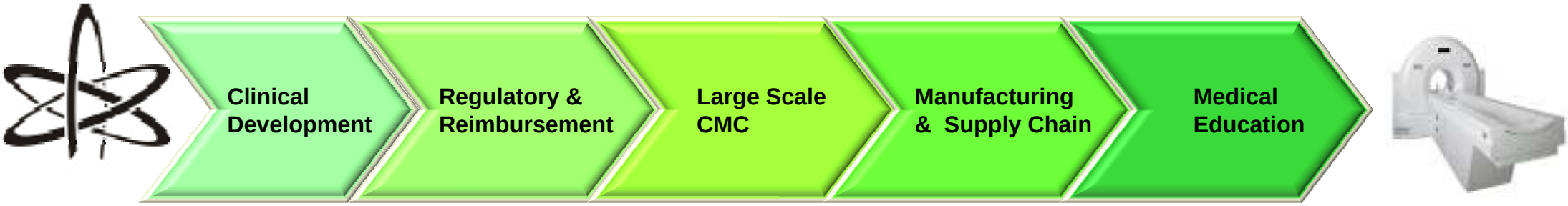
IBA operates today a network of 46 PET isotopes facilities, making this network unique in size and scope.

IBA Molecular Innovation

IBA Focus 2010-2013



IBA: From Research to Practice



Fundamental & Applied Research

IBA Contribution

Benign Masses Imaging and Diagnosis: a strong unmet medical need

WILEX
Focused Cancer Therapies
iba

"With the exception of fat-containing angiomyolipoma, no current scanning methods can distinguish between benign and malignant solid tumors […]"

Guideline for Management of the Clinical Stage 1 Renal Mass – American Urological Association - 2009

Among all the surgically removed renal masses, a high double digit percentage of those is diagnosed benign after surgery.

A significant number of patients are currently undergoing unnecessary surgical partial or radical kidney removal.

Patients with renal masses have a higher preoperative risk to develop Kidney Chronic Disease. Surgery further increases the KCD risk.

CKD represents an independent graded and staged risk factor for cardiovascular morbidity, hospitalization from any cause, and death.

A significant percentage of patients develop near and long term complications after surgery

Seers Database (http://seer.cancer.gov/statfacts/html/kidrp.html)
Scoll BJ et al. *J Urol.* 2009; 181: 506-11.
Snyder et al. *J Urol.* 2006: 176, 2391-2396
McKiernan et al. *Urology*. 2002 Dec;60(6):1003-9.
Frank I et al., *J Urol.* 2003 Dec;170(6 Pt 1):2217-20.
WC Huang et al., *J Urol.* 2009 January ; 181(1): 55–62
Barlow LJ, *BJU Int*. 2009 Dec 18
Lucas SM et al., *Cancer.* 2008 Nov 15;113(10):2681-6
Young A et al., *Nephron Clin Pract.* 2007;107:c82–c89
Fried LF et al. *J Am Soc Nephrol.* 2005;16:3728–3735

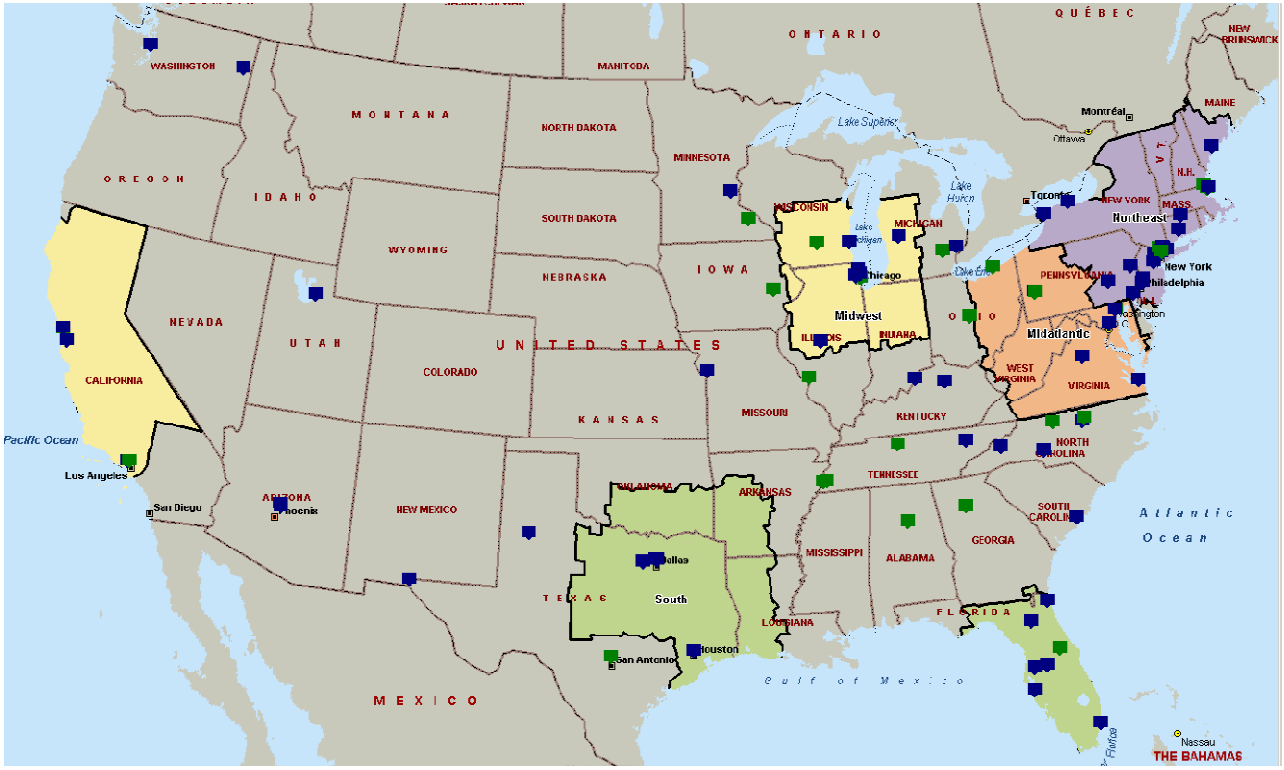
REDECTANE®: Key Customers Segmentation

Hospital reporting >10 RCC diagnosis and related procedures per year to Medicare	**Screened Hospitals**
80% of reported RCC diagnosis and procedures	**275 Hospitals**
50% of reported RCC diagnosis and procedures	**100 Hospitals**

Source:
American Hospital Directory®

REDECTANE®: Key Customers Segmentation

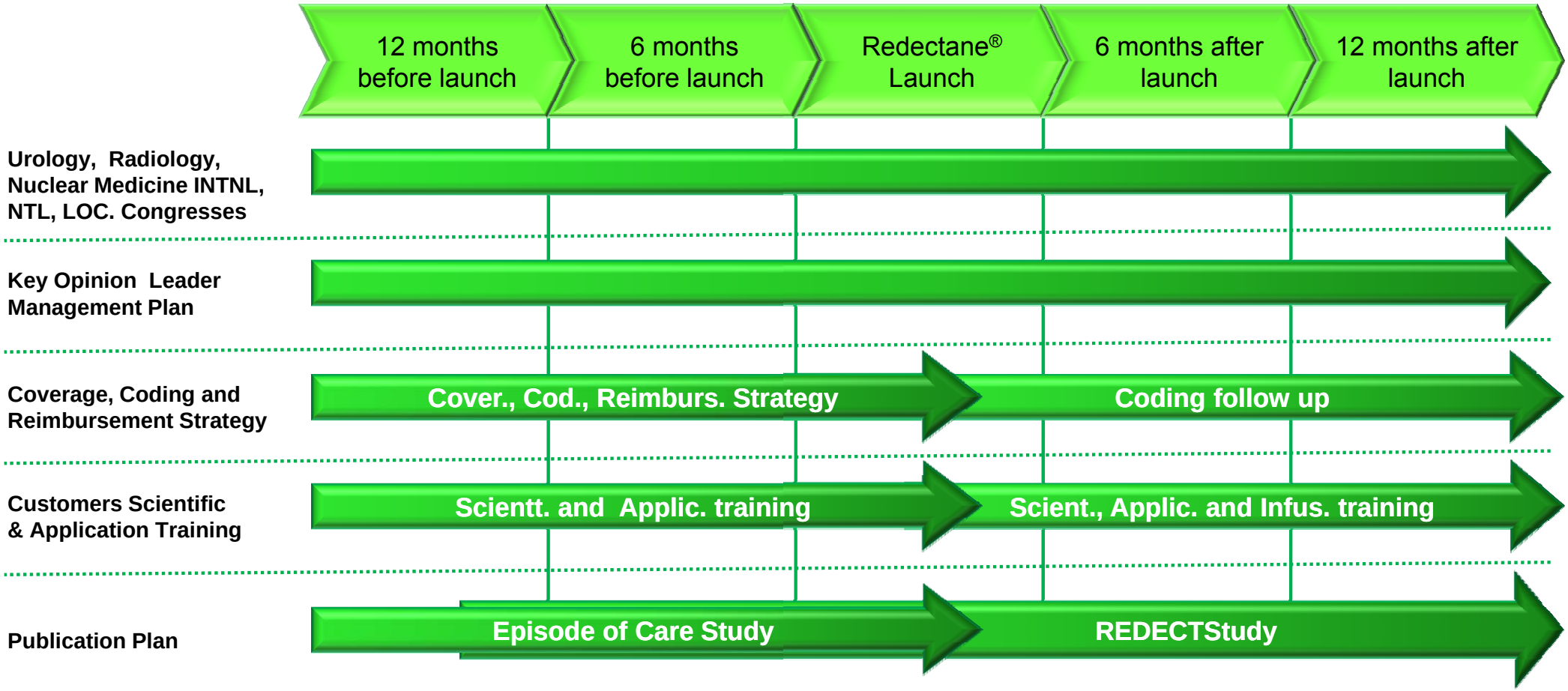
Key Customers Geographical Segmentation



IBA Field Force Deployment:
26 Headcounts

Key customers location:
North East, Mid Atlantic, Florida, Texas and California

REDECTANE®: Launch Roadmap



Thank you!

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