Date: 22 October 2019 **Sydney, Australia**

ASX Limited
20 Bridge Street
SYDNEY NSW 2000

Noxopharm and Nyrada Inc - TechKnow Invest Roadshow 2019 Presentations

Sydney, 22 October 2019: Noxopharm (ASX: NOX) provides to the market the Noxopharm and Nyrada Inc corporate presentations ahead of the TechKnow Invest Roadshow 2019 in Sydney (October 22, 2019) and Melbourne (October 24, 2019).

The Noxopharm presentation focuses on recently reported significant anti-cancer responses in the Company's DARRT program in prostate cancer, and the commercial opportunity on offer.

The Nyrada presentation focuses on the Company's cholesterol-lowering and neuroprotection drug programs.

The two presentations will be found at www.noxopharm.com

About Noxopharm
Noxopharm is a clinical-stage Australian drug development company with offices in Sydney and New York. The Company has a primary focus on the development of Veyonda® and is the major shareholder in Nyrada Inc, a spin-off company developing a pipeline of non-oncology drugs.

About Nyrada,Inc
Nyrada Inc is an early-stage drug development company based in Sydney. Currently, it is focused on three R&D programs in the areas of neuroprotection, hypercholesterolemia, and neuropathic pain. 66.7% of the total issued share capital of Nyrada currently is owned by Noxopharm Ltd; Altnia Holdings Pty Ltd owns 33.3%.

About TechKnow Invest Roadshow (2019)
The TechKnow Invest RoadShow provides the attending companies with the opportunity to present in two major investment cities, reach out to highly diverse investment audiences including institutional investors, brokers & private investors, and networking opportunities with investors & brokers.

www.noxopharm.com

Investor & Corporate Enquiries
Media Contact Australia
Prue Kelly

Company Secretary:
David Franks

M: 0459 022 445
E: Prue.Kelly@noxopharm.com

T: +61 2 9299 9690
E: David.Franks@automicgroup.com.au

Media Contact USA:
Frank de Maria
Purposeful Communications
T: +1 347 647 0284
E: frank.demaria@purposefulcommunications.com

Forward Looking Statements

This announcement may contain forward-looking statements. You can identify these statements by the fact they use words such as “aim”, “anticipate”, “assume”, “believe”, “continue”, “could”, “estimate”, “expect”, “intend”, “may”, “plan”, “predict”, “project”, “plan”, “should”, “target”, “will” or “would” or the negative of such terms or other similar expressions. Forward-looking statements are based on estimates, projections and assumptions made by Noxopharm about circumstances and events that have not yet taken place. Although Noxopharm believes the forward-looking statements to be reasonable, they are not certain. Forward-looking statements involve known and unknown risks, uncertainties and other factors that are in some cases beyond the Company’s control that could cause the actual results, performance or achievements to differ materially from those expressed or implied by the forward-looking statement. No representation, warranty or assurance (express or implied) is given or made by Noxopharm that the forward-looking statements contained in this announcement are accurate and undue reliance should not be placed upon such statements.

TechKnow INVEST ROADSHOW

Dr Graham Kelly Founder and Executive Chairman

NOXOPHARM

ASX: NOX

DISCOVER DEVELOP DELIVER

Disclaimer

This presentation has been prepared by Noxopharm Limited (NOX or the Company). It should not be considered as an offer or invitation to subscribe for or purchase any shares in NOX or as an inducement to purchase any shares in NOX. No agreement to subscribe for securities in the NOX will be entered into on the basis of this presentation or any information, opinions or conclusions expressed in the course of this presentation.

This presentation is not a prospectus, product disclosure document or other offering document under Australian law or under the law of any other jurisdiction. It has been prepared for information purposes only. This presentation contains general summary information and does not take into account the investment objectives, financial situation and particular needs of an individual investor. It is not a financial product advice and the Company is not licenced to, and does not provide, financial advice.

This presentation may contain forward-looking statements which are identified by words such as 'may', 'could', 'believes', 'estimates', 'targets', 'expects', or 'intends' and other similar words that involve risks and uncertainties. These statements are based on an assessment of past and present economic and operating conditions, and on a number of assumptions regarding future events and actions that, as at the date of this presentation, are expected to take place. Such forward-looking statements are not guarantees of future performance and involve known and unknown risks, uncertainties, assumptions and other important factors many of which are beyond the control of the Company, its Directors and management.

Although the Company believes that the expectations reflected in the forward looking statements included in this presentation are reasonable, none of the Company, its Directors or officers can give, or gives, any assurance that the results, performance or achievements expressed or implied by the forward-looking statements contained in this document will actually occur or that the assumptions on which those statements are based are exhaustive or will prove to be correct beyond the date of its making. Readers are cautioned not to place undue reliance on these forward-looking statements. Except to the extent required by law, the Company has no intention to update or revise forward-looking statements, or to publish prospective financial information in the future, regardless of whether new information, future events or any other factors affect the information contained in this presentation.

Readers should make their own independent assessment of the information and take their own independent professional advice in relation to the information and any proposed action to be taken on the basis of the information. To the maximum extent permitted by law, the Company and its professional advisors and their related bodies corporate, affiliates and each of their respective directors, officers, management, employees, advisers and agents and any other person involved in the preparation of this presentation disclaim all liability and responsibility (including without limitation and liability arising from fault or negligence) for any direct or indirect loss or damage which may arise or be suffered through use of or reliance on anything contained in, or omitted from, this presentation. Neither the Company nor its advisors have any responsibility or obligation to update this presentation or inform the reader of any matter arising or coming to their notice after the date of this presentation document which may affect any matter referred to in the presentation.

NOXOPHARM

Key investor message

Noxopharm is seeking to bring to market a drug that restores the ability of the body's immune system to fight and eliminate cancer

Veyonda®

A novel and potentially transformative drug candidate in the fight against cancer

NOXOPHARM

The problem

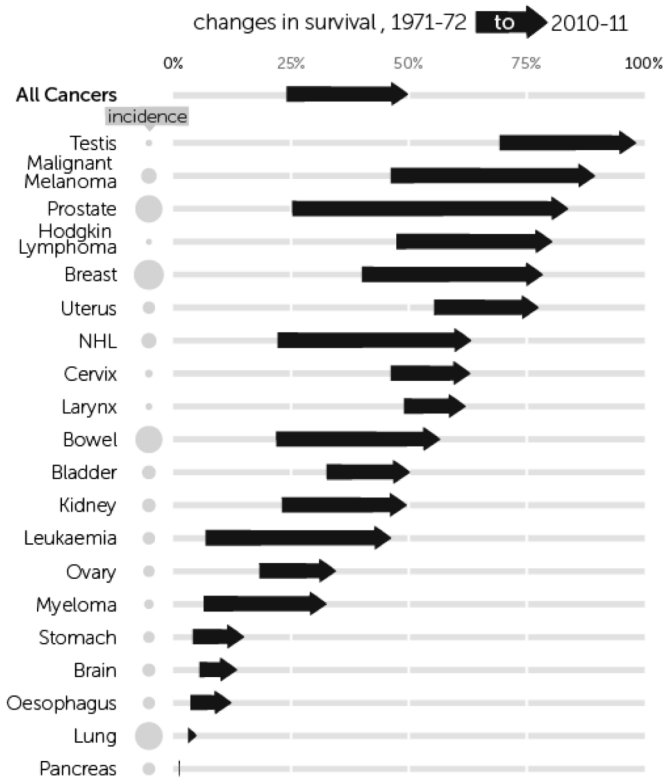
An unwelcome truth

1:2 men and 1:3 women will develop a life-threatening cancer

30% will die from that cancer within 5 years

NOXOPHARM

After 45 years of *'the war on cancer'*…….
10-year survival rates remain poor for many cancers



Source; Cancer Research UK

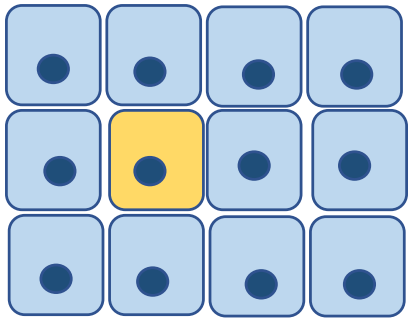
Little or no progress made in survival outcome for cancers of:

- Pancreas
- Lung
- Brain
- Head and neck
- Oesophagus
- Stomach
- Cervix
- Bladder

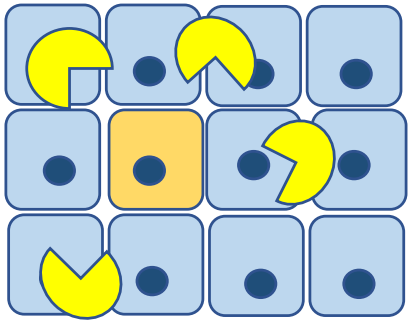
BUT….even where progress has been made, most cancers eventually recur and ultimately become resistant to chemotherapy and radiotherapy

NOXOPHARM

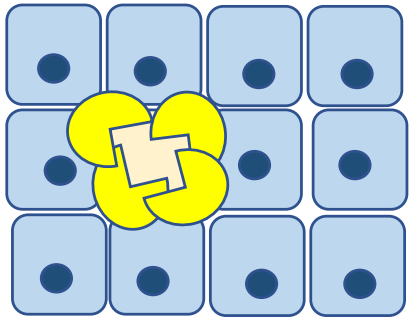
CANCER represents avoidance of the body's immune system



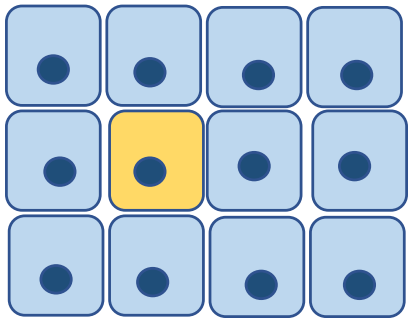
Emergence of cancer cell



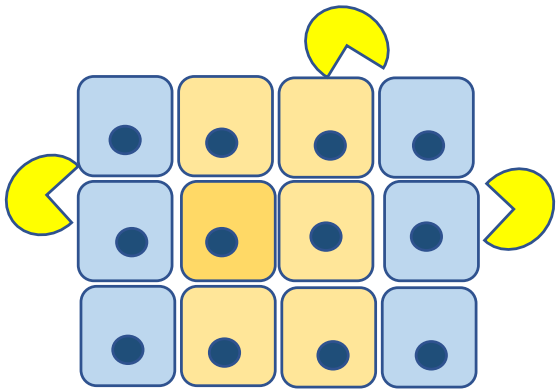
'Foreign' cell detected → immune cells activated



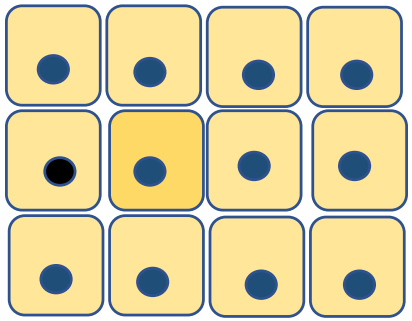
Immune cells arrive and eliminate cancer cell



Emergence of cancer cell



Immune cells suppressed or rejected



Tumour grows freely in absence of immune function

NOXOPHARM

The Solution

Immuno-oncology therapy …….. the transforming approach to cancer therapy

Aiming to restore the ability of the body's immune system to recognize and kill cancer cells

MSD

Bristol-Myers Squibb

2018 global sales = US$16 billion
Projected to be > US$100 billion if response rates can be improved
Current response rates low for most cancers

NOXOPHARM

Improving response rates to immuno-oncology drugs identified as needing to increase the immune activity inside tumours

Current global effort aiming to convert ……

COLD tumours → **HOT tumours**

(No immune cells) **(High number of immune cells)**

Majority of tumours believed to be COLD

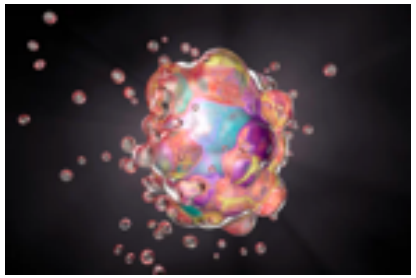
NOXOPHARM

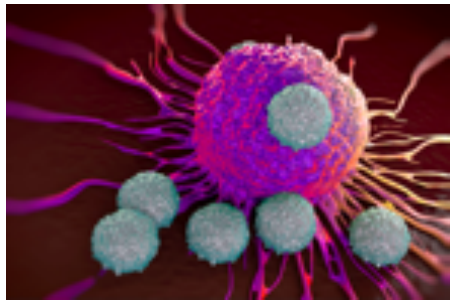
DARRT Treatment

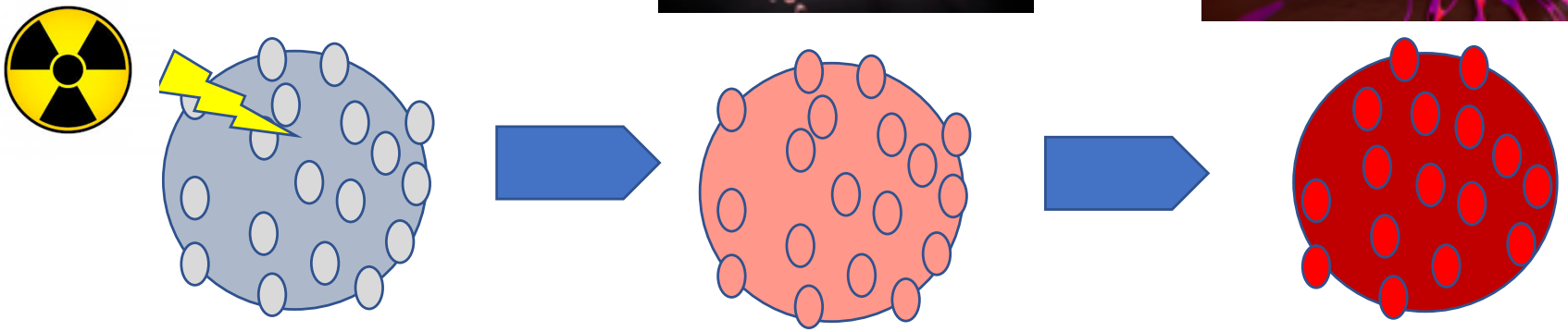
DARRT

Direct and Abscopal Response to Radiotherapy

A novel way of converting tumours from COLD to HOT







Single tumour exposed to low-dose radiotherapy

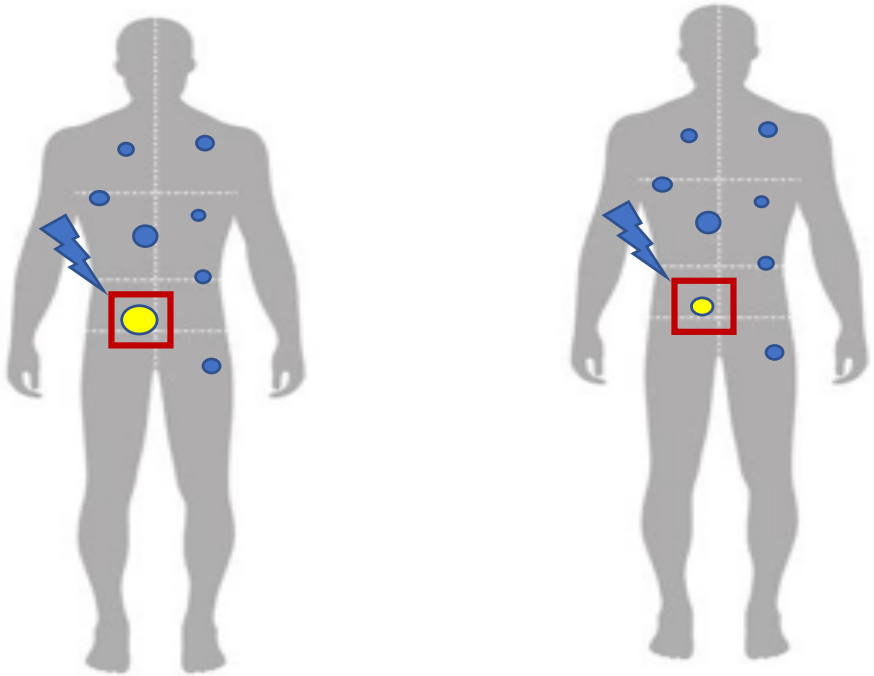
Radiation damages cancer cells → an inflammatory response

Veyonda® boosts the immune response to the radiotherapy

NOXOPHARM

Palliative Radiotherapy - seeking to improve quality of life in late-stage cancer

- Low-dose
- Designed to treat symptoms such as pain
- Maximum 2 tumours irradiated
- Not intended to stop disease progression



Shrinkage of
Irradiated tumor

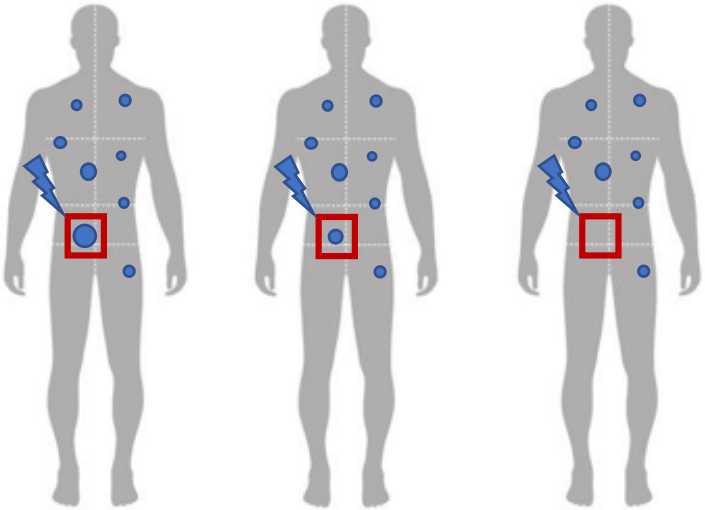
NOXOPHARM

DARRT

Direct and Abscopal Response to Radiotherapy

DARRT – Taking palliative radiotherapy and converting a modest immune response in a single irradiated tumour into a strong local immune response that spreads throughout the body

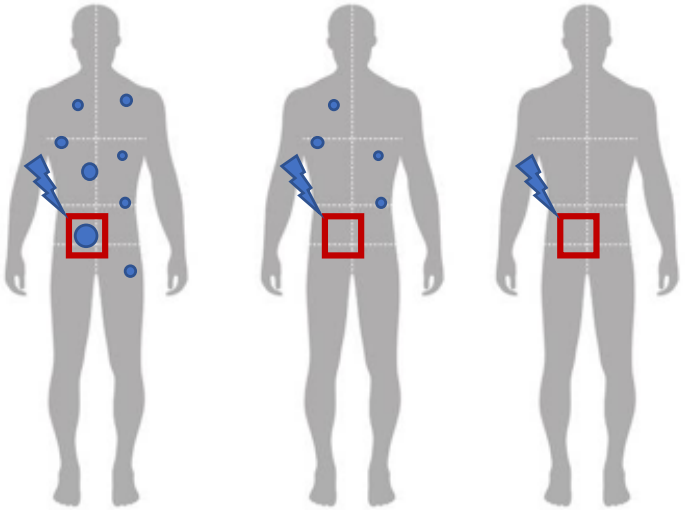
DIRECT response



Shrinkage of Irradiated tumor

Complete resolution of Irradiated tumor

ABSCOPAL response



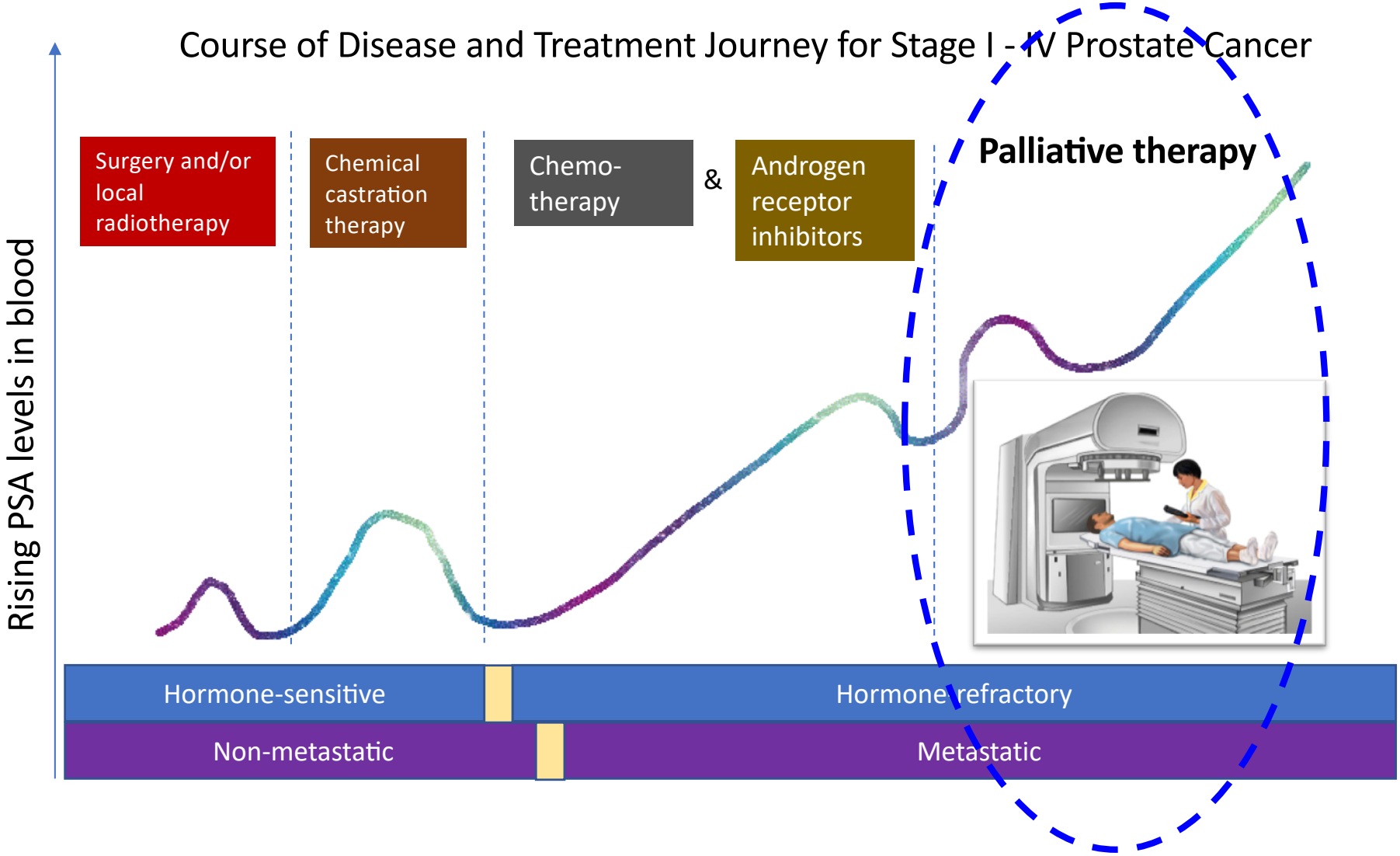
Partial abscopal response

Complete abscopal response

NOXOPHARM

DARRT-1 clinical study

Prostate cancer and treatment options

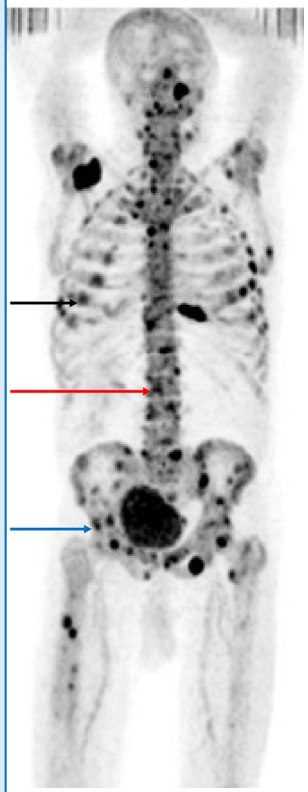


NOXOPHARM

DARRT
Direct and Abscopal Response to Radiotherapy

DARRT-1

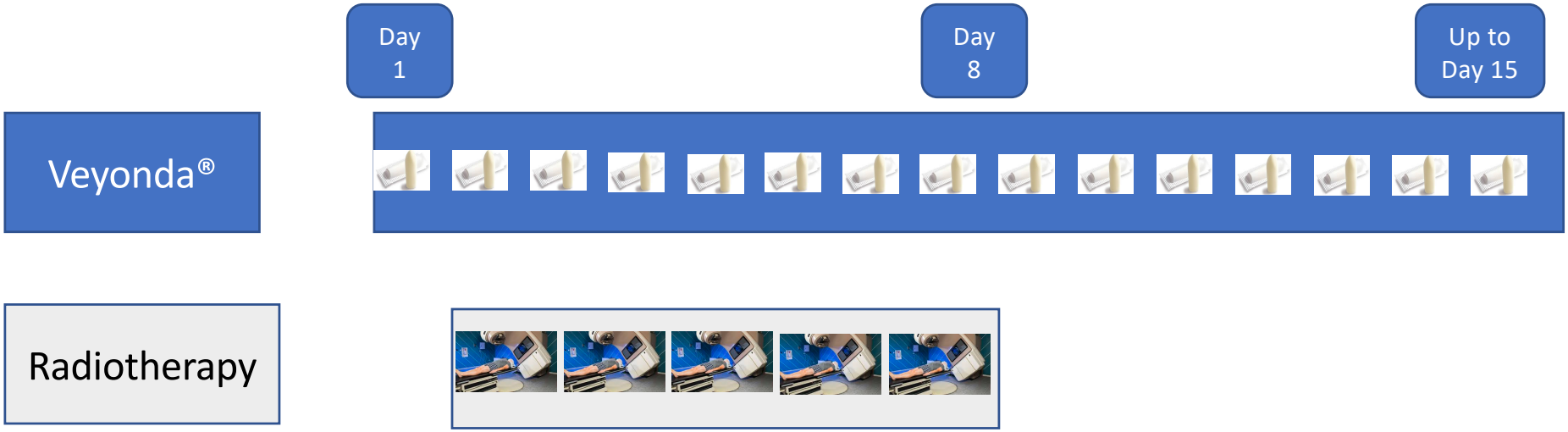
- 25 men with late-stage **prostate cancer**
- Metastatic castrate-resistant prostate cancer (mCRPC)
- No remaining standard treatment options
- Progressive disease
- Eligible for palliative radiotherapy for symptomatic relief



NOXOPHARM

DARRT
Direct and Abscopal Response to Radiotherapy

DARRT-1



NOXOPHARM

DARRT
Direct and Abscopal Response to Radiotherapy

DARRT-1

	3-months	6-months
No. patients	22*	11**
Mean starting PSA	*623 ng/mL (1-3 normal range)*	
PSA Response (>50% fall)	7 (33%)	2
Pain Response (>30% fall)	13 (60%)	6 (55%)
RECIST		
No.patients	22	10
Stable disease	13 (60%)	7 (70%)
Partial response	3 (17%)	1 (10%)
Progressive disease	2 (10%)	2 (20%)

* 25 men enrolled; 22 with evaluable disease
** Data from remaining 11 men to be reported in Nov 2019

NOXOPHARM

DARRT
Direct and Abscopal Response to Radiotherapy

DARRT-1

CONCLUSIONS TO DATE

- The DARRT treatment has stopped disease progression in almost 3 out of 4 (73%) men with late-stage prostate cancer over 6 months
- High (55%) incidence of pain reduction over 6 months
- Evidence of shrinkage in non-irradiated tumours
- Combination treatment very well tolerated

- **Data from last 11 men due late-Nov 2019**
- **Final Statistical Report due Feb 2020**

NOXOPHARM

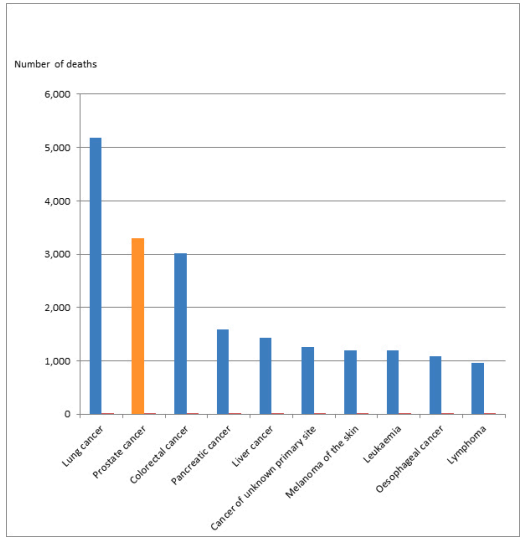
DARRT
Direct and Abscopal Response to Radiotherapy

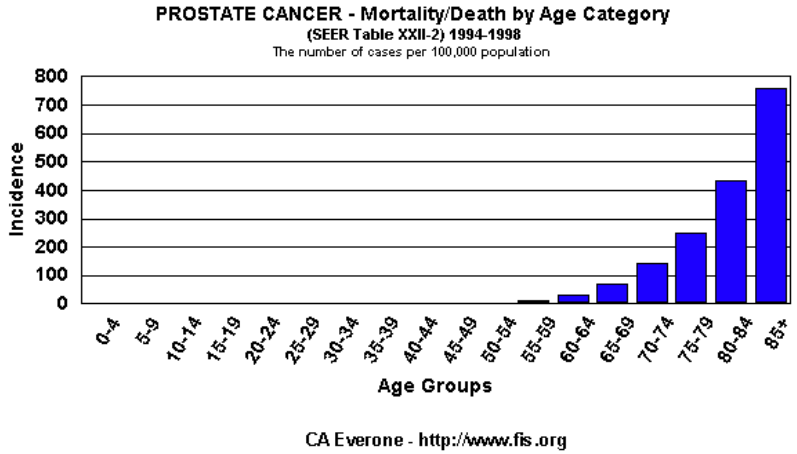
DARRT-1

MARKET OPPORTUNITY

AUSTRALIA 2019
19,500 new cases
3,300 deaths (est)

U.S.A. 2019
175,000 new cases
31,600 deaths (est)





NOXOPHARM

DARRT
Next steps

DARRT

Direct and Abscopal Response to Radiotherapy

DARRT-2 Clinical Study

- To commence H2 2020
- Phase 2 adaptive
- Control-arm study (palliative therapy)
- Multiple sites, multi-national
- Medical advisory boards established
- Single course of radiotherapy/repeat cycles of Veyonda
- Overall survival, progression-free survival, tumour response, PSA response, pain response, QoL outcomes

NOXOPHARM

- Summary

DARRT

Direct and Abscopal Response to Radiotherapy

- Current data showing DARRT delivering meaningful anti-cancer effects including pain relief over extended periods
- Potentially transformative therapy for late-stage prostate cancer where no standard therapy exists currently
- Large commercial opportunity with significant potential to be a major player in the projected US$100 + billion immuno-oncology market
- Potential ability to turn NOXOPHARM into a significant global biotech company

NOXOPHARM

www.noxopharm.com

graham.kelly@noxopharm.com

NOXOPHARM

ASX: NOX

DISCOVER DEVELOP DELIVER

Nyrada inc

Improving Lives, Offering Hope

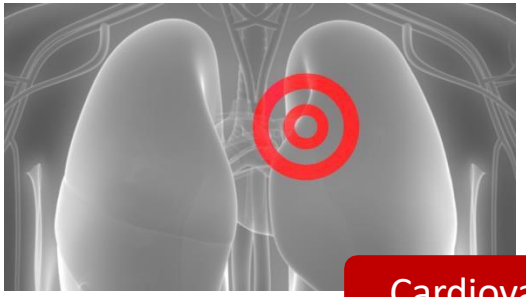
James Bonnar
Chief Executive Officer

TechKnow INVEST ROADSHOW October 2019

Vision and Portfolio

Vision

To become a high-growth pharmaceutical company, specialising in drug discovery and early-stage development in areas of substantial unmet clinical need, where few (if any) effective or well-tolerated therapies exist



Cardiovascular

Neurology

Portfolio

Opportunity 1

A drug to lower cholesterol levels beyond what can be achieved with statins

Market: patients at risk of cardiovascular disease

Opportunity 2

A drug to minimise cell damage associated with brain injury

Market: patients with stroke or traumatic brain injury

The Cholesterol Problem

Issue

78 million

ADULTS IN THE US

have **high LDL cholesterol** in the range considered high risk for **heart disease** and **stroke**

600k (1 in 4)

DEATHS EACH YEAR

in the US are attributed to **cardiovascular disease**

US$317 billion

CARDIOVASCULAR DISEASE COSTS IN THE US

Including healthcare services, medications and lost productivity

43 million

ADULTS IN THE US

have **high LDL cholesterol** and are **taking statins**

Current Standard of Care

Standard Treatment

Statin drugs block the liver's ability to make LDL-cholesterol

(Global sales of statin drugs in 2018 estimated to be **US$19 billion**)

However…

- Many patients are statin intolerant (12-20%)
- Many patients do not achieve target 'healthy' cholesterol levels (10-20%)

(Gorcyca, K., et al., - see slide 7 for more details)

Opportunity

Identified need to supplement statin therapy

PCSK9: Beyond Statin Therapy

Cholesterol and PCSK9

PCSK9, a protein found in blood, plays a key role in regulating LDL cholesterol levels

Statins reduce the production of LDL cholesterol

To compensate, the liver produces more PCSK9

Statins increase PCSK9 blood levels: This accounts for their failure to work optimally for many patients

PCSK9 inhibitors: If the action of PCSK9 is blocked, statins work more effectively, with LDL-cholesterol levels falling an additional 50-60% ✓

Current PCSK9 inhibitors

Two monoclonal antibody PCSK9-inhibitors came to market in 2015

Very effective when used in combination with statins, however …

- Must be injected every 2-4 weeks, for life
- High cost (US$4.6-5.8k per year)

Our Cholesterol-Lowering Solution

What's Unique

As far as we are aware, Nyrada is only 1 of 2 companies developing a small molecule PCSK9-inhibitor. Our aim is that our drug will pave the way for a single pill solution, for effective lowering of high LDL cholesterol.

- ✓ Benefit of allowing a lower statin dose in statin-sensitive patients (Nyrada PCSK9 inhibitor + statin)
- ✓ Monotherapy treatment in patients unable to tolerate statins (Nyrada PCSK9 inhibitor alone)

Target Drug Profile

- Once-a-day oral tablet incorporating a generic statin
- Safety profile consistent with chronic administration
- Patentable
- Cost effective

Cholesterol-Lowering Drug: Market Overview (US)

Patient and Market Need

Large potential market - There are approximately **18 million people** in the U.S. with atherosclerotic cardiovascular disease (ASCVD) who live with elevated LDL levels despite taking maximally tolerated lipid-modifying therapy — including individuals considered statin intolerant — leaving them at high risk for cardiovascular events.

Source: Gorcyca, K., et al., Prevalence of Atherosclerotic Cardiovascular Disease (ASCVD) and Diabetes Populations in the United States. Journal of Clinical Lipidology, 2015. 9(3): p. 424.

Overview of competitor PCSK9 therapies

Drug Name	Status	Company	Target	Molecule	Delivery
Evolocumab (Repatha)	Marketed	Amgen	PCSK9 inhibitor	Monoclonal	Injectable
Alirocumab (Praluent)	Marketed	Sanofi/Regeneron	PCSK9 inhibitor	Monoclonal	Injectable
Bempedoic acid ± ezetimibe	Phase III	Esperion	ATP citrate lyase inhibitor	Small molecule + combination	Oral
Inclisiran	Phase III	The Medicines Company	PCSK9 siRNA	siRNA	Injectable
Evinacumab	Phase III	Regeneron	ANGPTL3 inhibitor	Monoclonal	Injectable
LY3015014	Phase II	Lilly	PCSK9 inhibitor	Monoclonal	Injectable
AFFITOPE (AT04A)	Phase I	AFFiRiS AG	PCSK9	Vaccine	Injectable
P-21	Preclinical	Shifa Biomedical	PCSK9 inhibitor	Small molecule	Oral
NYX-330	Preclinical	Nyrada Inc.	PCSK9 inhibitor	Small molecule	Oral

Brain Injury Problem

Stroke

0.8 million

PEOPLE EACH YEAR

suffer a stroke in the US

140k (1 in 18)

DEATHS EACH YEAR

in the US are attributed to stroke

STROKE COSTS

Direct medical costs and indirect costs

US$34 billion

yearly in the US

Traumatic Brain Injury

2.8 million

PEOPLE EACH YEAR

sustain a TBI in the US

50k (1 in 52)

DEATHS EACH YEAR

in the US are attributed to TBI

TBI COSTS

Direct medical costs and indirect costs

US$60 billion

yearly in the US

Our Neuroprotection Solution

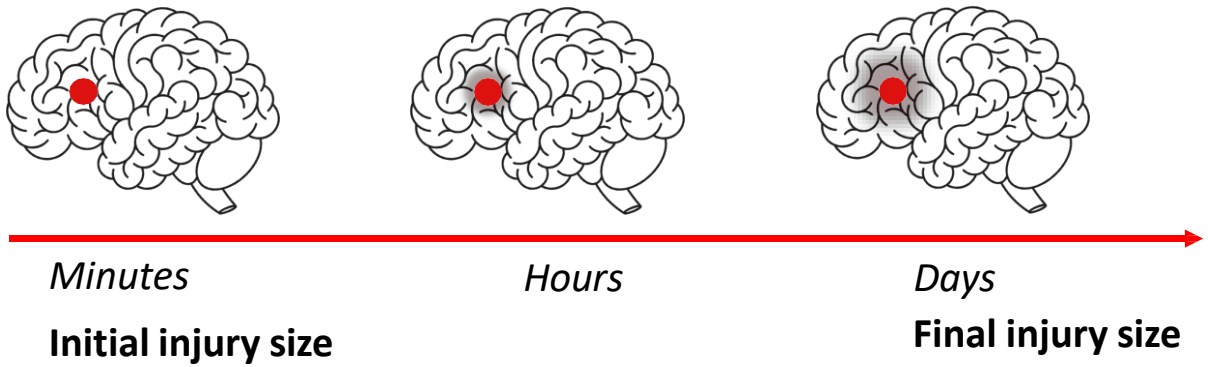
Current Therapy

Largely unmet clinical need

- Clot-buster drugs (e.g. Alteplase) for treatment of acute ischemic stroke (approx. 87% of all stroke)
- Therapeutics for traumatic brain injury limited to diuretics, anti-seizure, and coma-inducing drugs

Neuroprotectant Therapy

- In the days following brain injury, the area of damage expands, worsening patient outcomes
- Our drug aims to prevent this, limiting injury size and improving prognosis (stroke and TBI)



Brain Injury Drug: Market Overview (US)

Stroke	
Number of acute stroke emergency room visits per year in the US	Approx. 656k
Patients who present within nominal 12-hour therapeutic window (>75%)	Approx. 490k

Alteplase (tPA) sales approx. US$1.2 billion in 2017; average additional cost per patient US$11k
(Only suitable for approx. 5-15% of acute ischemic stroke patients due to contraindications and <4.5 hr therapeutic window)

Traumatic Brain Injury (Moderate to Severe)	
Number of hospital admissions for TBI during one year in the US	Approx. 282k
Patients who present within nominal 12-hour therapeutic window (>75%)	Approx. 210k

Total annual estimated US market size for brain injury combined: approx. 700k patients* (490k + 210k = 790k)
(Excludes 2.58 million concussions, 21k US military TBIs and, in addition, the emerging CTE market)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614785/
Morris DL et al. Prehospital and emergency delays after acute stroke: the Genentech Stroke Presentation Survey: Stroke 2000 Nov;31(11):2585-90
Taylor CA et al. Traumatic Brain Injury–Related Emergency Department Visits, Hospitalizations, and Deaths — United States, 2007 and 2013

Program Status

A staged research and development program to deliver preclinical and clinical validation subject to standard drug development risks

- Proof-of-concept established for both the cholesterol-lowering and neuroprotection programs
- Lead optimisation well-advanced
  - Composition of matter patents have been lodged (but not yet granted) for both programs
  - Key publication submitted (PCSK9 inhibitor)
- First-in-human Phase I studies target time frames subject to all necessary regulatory approvals and preclinical results
  - Cholesterol-lowering program: late-2021
  - Neuroprotection program: mid-2022

Board of Directors

Nyrada operates under the direction of a board of international calibre, with track record in founding and realising the value of biotech companies

Mr John Moore
Non-Executive Chairman

John currently serves as Non-Executive Chairman of Trialogics, a clinical trial informatics business. John is a director of Scientific Industries (SCND-OTCQX), a producer of laboratory instruments for the life sciences industry. He is a graduate of Rutgers University.

Dr Graham Kelly
Executive Director

Graham is a scientist with 50 years' experience in drug development in both academic and biotechnology sectors. He is the Founder and Executive Chairman of Noxopharm Limited (ASX:NOX), a major shareholder of Nyrada. He holds a PhD as well as degrees in Science and Veterinary Science from The University of Sydney.

Mr Peter Marks
Non-Executive Director

Peter is currently a Director of Alterity Therapeutics Limited (ASX:ATH and NASDAQ:ATHE), Non-Executive Director of Noxopharm Limited (ASX: NOX) and Non-Executive Director of Fluence Corporation Ltd (ASX: FLC). Peter holds an MBA from the University of Edinburgh, Scotland, a Bachelor of Economics, Bachelor of Laws and a Graduate Diploma in Commercial Law from Monash University, Australia.

Mr Marcus Frampton
Non-Executive Director

Marcus is CIO of Alaska Permanent Fund Corporation (APFC), a $65 billion sovereign wealth fund for Alaska. He is also a shareholder/Director of Scientific Industries, Inc, a leading manufacturer of laboratory equipment and owner of IP relating to bioprocessing systems. Marcus graduated from UCLA with a degree in Business-Economics and a Minor in Accounting.

Dr Rüdiger Weseloh
Non-Executive Director

Rüdiger joined Merck KGaA, Darmstadt, Germany, as Senior Licensing Manager in 2006 holding positions in BD and is now a Senior Director. He has a university diploma in biochemistry from the University of Hannover and a PhD in molecular neurobiology, obtained at the Center for Molecular Neurobiologyin Hamburg.

Scientific Advisory Board

Nyrada benefits from an international team of experts with deep experience in drug development to advise its board and management

	Prof Gary Housley MSc, PhD	Scientia Professor Housley holds the Chair of Physiology and is director of the Translational Neuroscience Facility,School of Medical Sciences at the Universityof New South Wales, Sydney, Australia
	Prof Junichi Nabekura PhD	Junichi Nabekura is Professor of Physiology and Neuroscience, and Director of the National Institute of Physiological Sciences (NIPS) in Okazaki, Japan
	Prof David Burke MD, DSC	David is Professor of Neurology at Royal Prince Alfred Hospital, University of Sydney
	Prof Gilles Lambert PhD	Gilles Lambert is Professor of Cell Biology at The University of La Réunion Medical School (France) and group leader, Inserm Laboratory of Diabetes & Atherothrombosis of the University Hospital of La Réunion
	Jim Palmer PhD	Jim brings over 30 years of experience in drug discovery programs targeting oncology, cardiovascular, inflammation, joint and bone disease, and infectious diseases. Jim currently operates his own consulting business (Pharma Discovery)

James Bonnar
Chief Executive Officer
james.bonnar@nyrada.com

www.nyrada.com