19 October 2017 Sydney, Australia

ASX Limited
20 Bridge Street
SYDNEY 2000

ASX: NOX

Noxopharm Limited

ABN 50 608 966 123

Registered Office:
Suite 1 Level 6
50 Queen St
Melbourne VIC 3000
Australia

Operational Office:
Suite 3, Level 4
828 Pacific Highway
Gordon NSW 2072
Australia

October 19th Open Briefing Corporate Presentation

Noxopharm Limited (ASX:NOX) is pleased to provide the market with today's Corporate Presentation to an open forum.

Noxopharm CEO, Dr Graham Kelly, will give an update on:

- The progress and timetable of NOX66 clinical trials
- Plans and expectations for the next 3-6 months
- The proposed non-oncology subsidiary, Nyrada Inc

About NOX66
NOX66 is an innovative dosage formulation of the experimental anti-cancer drug, idronoxil, developed specifically to preserve the anti-cancer activity of idronoxil in the body and to enhance its drug-like behaviour.
Idronoxil is a kinase inhibitor that works by inhibiting a range of enzymes including sphingosine kinase and PI3 kinase that regulate cell pro-survival mechanisms and which are over-expressed in cancer cells, as well as inhibiting external NADH oxidase Type 2 (ENOX 2) which is responsible for maintaining the transmembrane electron potential (TMEP) in the plasma membrane of cancer cells and whose expression is limited to cancer cells. Inhibition of these enzymes results in disruption of key downstream pro-survival mechanisms including resistance mechanisms, sensitizing the cancer cell to the cytotoxic effects of chemotherapy drugs and radiotherapy.

About Noxopharm
Noxopharm is an Australian drug development company with offices in Sydney, Melbourne and Hong Kong. The Company has a primary focus on the development of drugs to address the problem of drug-resistance in cancer cells, the major hurdle facing improved survival prospects for cancer patients. NOX66 is the first pipeline product, with later generation drug candidates under development. The Company also has initiated a pipeline of non-oncology drugs.

Investor & Corporate Enquiries:
Prue Kelly
M: 0459 022 445
E: info@noxopharm.com
W: www.noxopharm.com

Company Secretary :
David Franks
T: +61 2 9299 9690
E: dfranks@fa.com.au

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.

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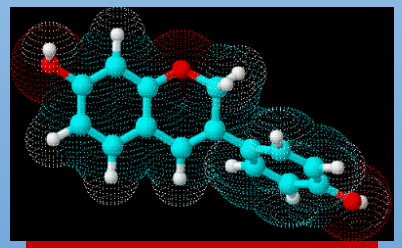
NOXOPHARM

ASX: NOX

NOX: Unique opportunities



Idronoxil

- Kills <u>all</u> forms of cancer cells → **? Monotherapy**
- Sensitises to <u>chemotherapy</u> → **? Chemo-sensitiser**
- Sensitises to **<u>radiotherapy</u>** → **? Radio-sensitiser** → **Radio-sensitiser**

NOX66

NOX66

NOX66

NOX66

Idronoxil-C *IV*

Idronoxil-C *Pessary*

3rd generation

Non-oncology

Ability to deliver drugs across Blood-Brain and Blood-Nerve barriers

NYRADA Inc

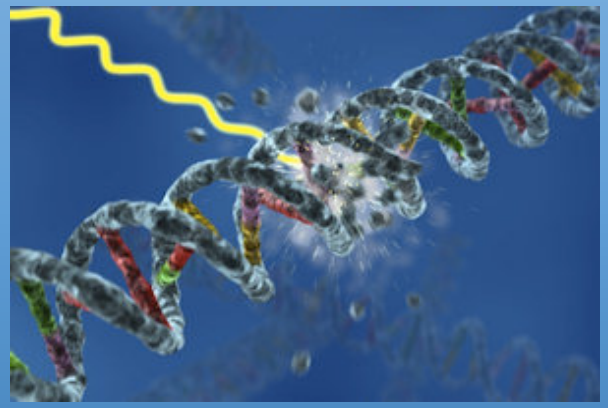
Radiotherapy vs chemotherapy

- more effective way of killing cancer cells
- more likely to be curative (early tumours)
- shorter treatment course (2 vs 20 weeks)
- fewer side-effects
- tumours within the 1 patient can have different mutations .. problem for targeted drugs

Limitations of radiotherapy

1. Action is indiscriminate

Radiation does NOT discriminate between a cancer cell and a healthy cell



Radiation physically breaks DNA strands

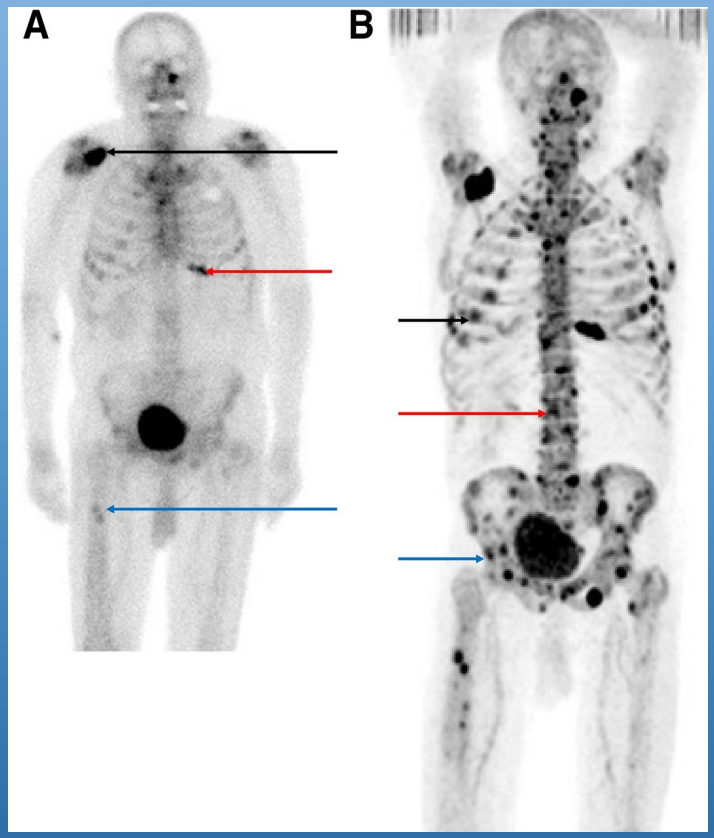
Radiation dose needs to be limited in order to avoid excessive killing of healthy tissue

plus

limit to amount of total radiation body should be exposed to

Limitations of radiotherapy

2. Metastatic cancer too extensive



Metastatic cancer can be associated with multiple (dozens / 100s) small tumours known as micro-metastases.

Tumours seen on scans can be just ‘tip of the iceberg’.

A few larger tumours can be irradiated. But whole-of-body radiation to capture all micro-metastases not feasible.

NOX66
FIRST-IN-CLASS RADIOSENSITISER

- SENSITISES ONLY CANCER CELLS (NOT HEALTHY CELLS) TO RADIATION
- DOES NOT CREATE ANY MORE DAMAGE…IT WORKS BY BLOCKING ABILITY OF THE CELL TO REPAIR THE EXISTING DAMAGE
- ALLOWS THE DOSE OF RADIATION TO BE LOWERED TO MORE TOLERABLE LEVELS
- NO KNOWN SIDE-EFFECTS OF NOX66 OTHER THAN FATIGUE
- POTENTIAL TO BE USED WITH ALL FORMS OF RADIOTHERAPY

NOX66 CLINICAL PROGRAM

DARRT Program

[Direct and Abscopal Response to RadioTherapy]

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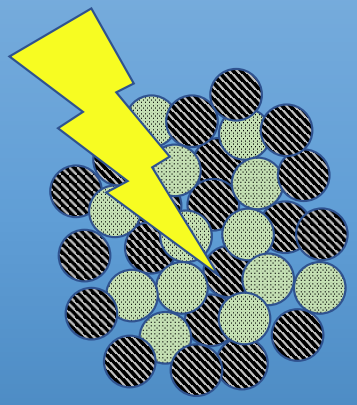
DARRT Program

direct sensitisation



Tumor exposed to radiation

Radio-sensitive cells die
Less radio-sensitive survive

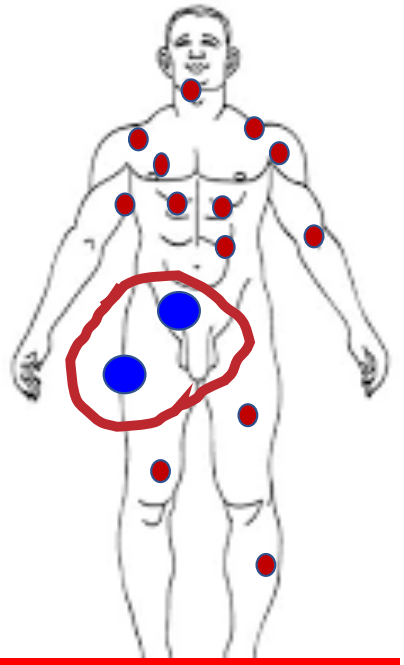
+ NOX66

Most or all cancer cells die

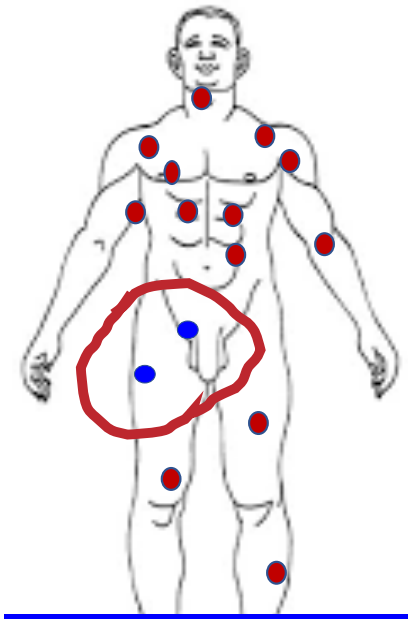
DARRT Program

Noxopharm

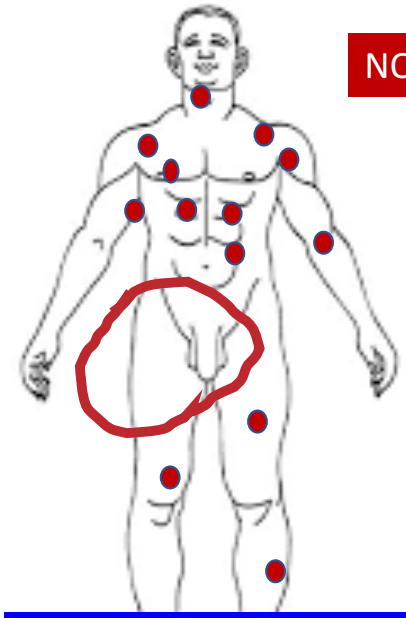
direct sensitisation



Palliative radiotherapy



Shrinkage of irradiated tumours



\+ NOX66

Complete resolution of irradiated tumours

DARRT Program

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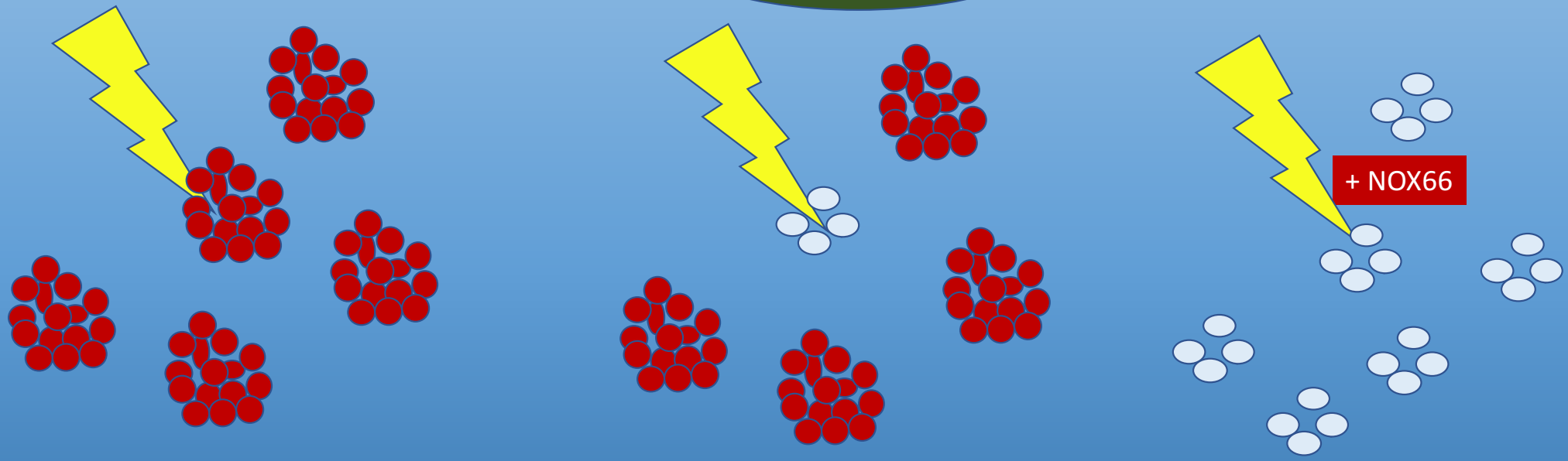
Abscopal response



Individual tumor exposed to radiation

Normal response:
- **Irradiated tumor dies**
- **Non-irradiated tumors unaffected**

Abscopal response:
- **Irradiated tumor dies**
- **Non-irradiated tumors also die**

DARRT Program

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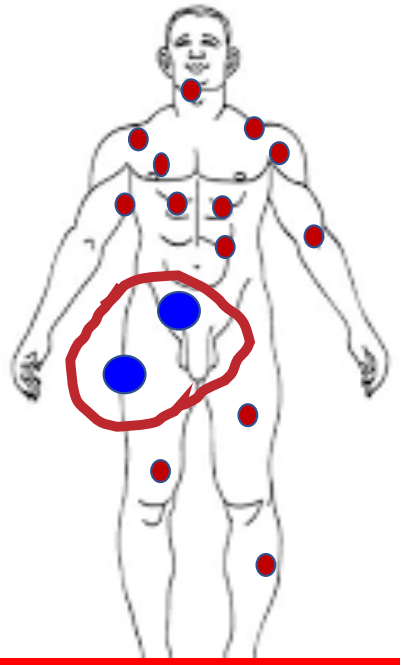
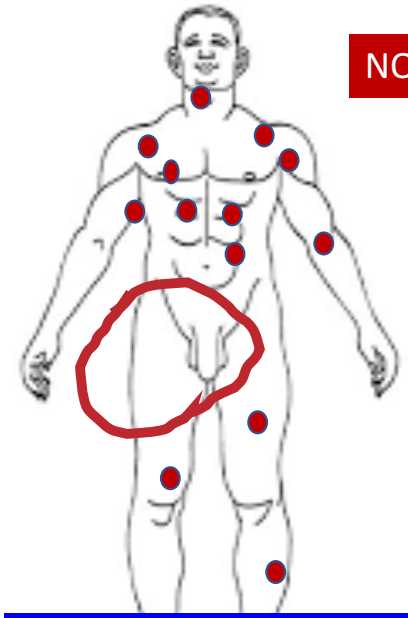
Abscopal response



Palliative radiotherapy

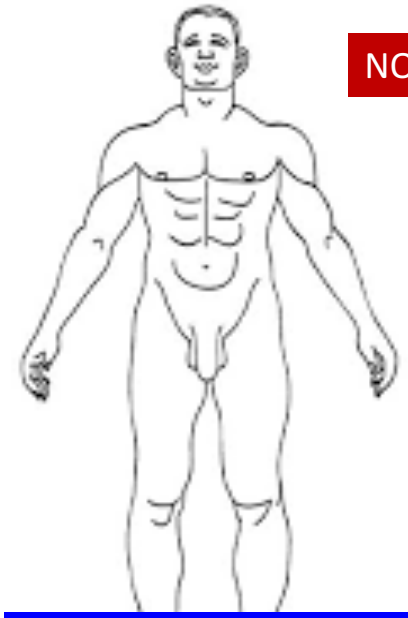
\+ NOX66



Complete resolution of irradiated tumours

\+

\+ NOX66



Complete resolution of non-irradiated tumours

DARRT Program

- Extremely rare
- 8 case reports
- Complete/permanent response
- Range of tumour types

ABSCOPAL RESPONSE

DARRT Program

Mechanism - *unknown*

Theory 1

Immune response:

Release of tumour antigens from injured cancer cells initiates vaccine-like effect

ABSCOPAL RESPONSE

Theory 2

Epigenetic effect:

Release of miRNA from dying cancer cells initiate suicide genes in non-irradiated cells

DARRT
Phase 1b 'proof-of-concept' Clinical Program

1. **NOX66 + External beam radiotherapy responses:**
   - **Direct effect only**
   - **Direct effect + abscopal effect**

2. **NOX66 + External beam radiotherapy + chemotherapy in event of direct response only**

3. **NOX66 + Brachytherapy (internalised radiotherapy)**

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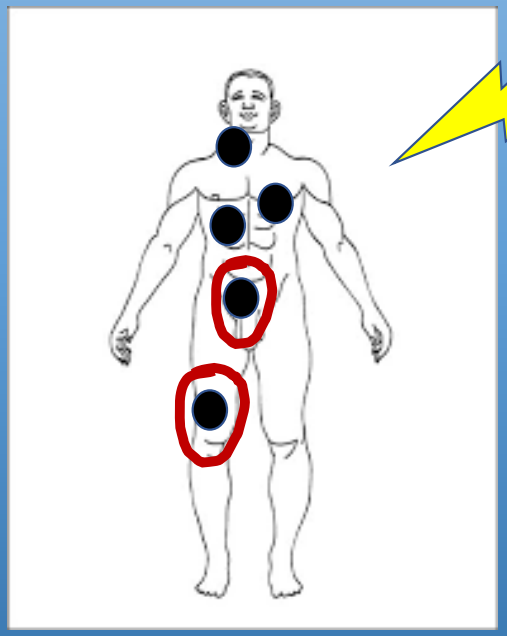
DARRT
Phase 1b 'proof-of-concept' Clinical Program

1

Late-stage cancer. No treatment options

2-5 measurable lesions



1-3 lesions irradiated. (Palliative dose)

At least 1 lesion NOT irradiated

NOX66 daily for 10-14 days

- Measure: response (RECIST) in measurable lesions at 6 weeks, 3- and 6-months

DARRT Primary *proof-of-concept* study

1

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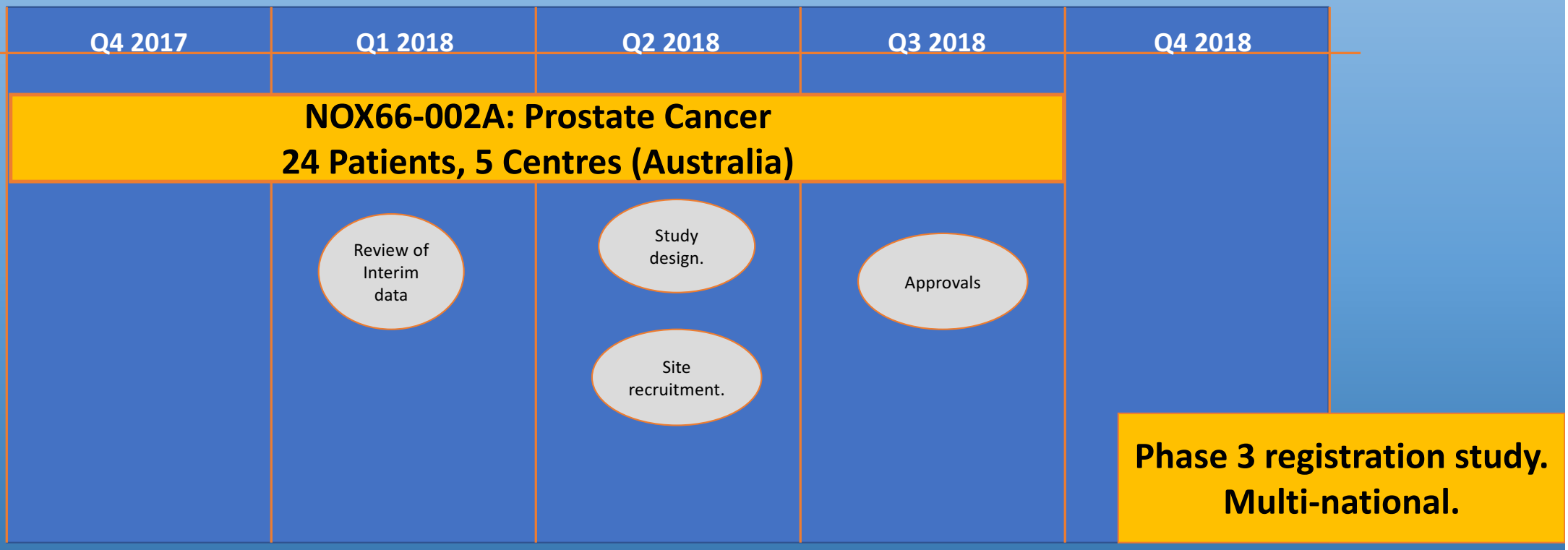
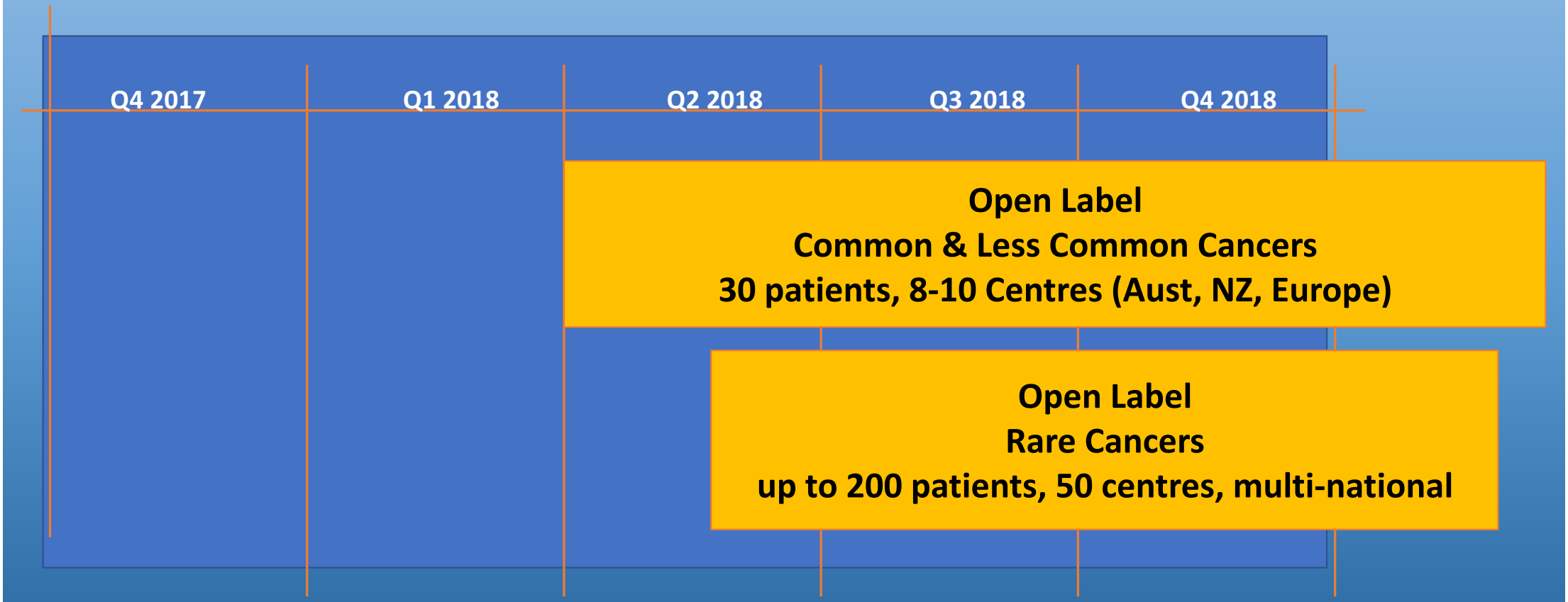


DARRT Solid cancers

1



DARRT
Phase 1b Clinical Program

1

Common Cancers – incidence >12 in 100,000

eg. colorectal; lung; breast; prostate; melanoma

Less Common Cancers – incidence 6-12 in 100,000

eg. brain, liver, thyroid, head and neck; stomach; pancreas; kidney; ovary

Rare Cancers – incidence <6 in 100,000

Approx. 200 types; most sarcomas

DARRT
NOX66 + Radiotherapy + chemotherapy

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2

- Phase 1b/2a study
- Stage 4 solid cancers
- NOX66 + carboplatin
- 16 patients

QUESTIONS:

- **Can NOX66 make carboplatin-resistant tumors respond to carboplatin?**
- **Can chemo dose be reduced to non-toxic levels?**

1x NOX66 per day	✚	Carboplatin (low)	Oct 2017*	Carboplatin (high)	Dec 2017
2x NOX66 per day	✚	Carboplatin (low)	Jan 2018	Carboplatin (high)	March 2018

* ESMO (Madrid)
Sept 11 2017
4/5 patients with stable disease at 3 months

* ESMO Asia (Singapore)
Nov 17-19 2017
Update

DARRT Prostate cancer

3

brachytherapy

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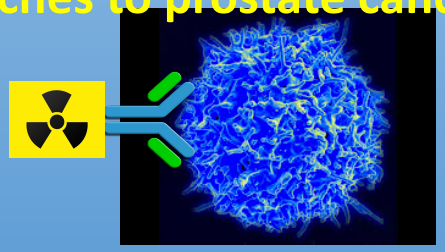
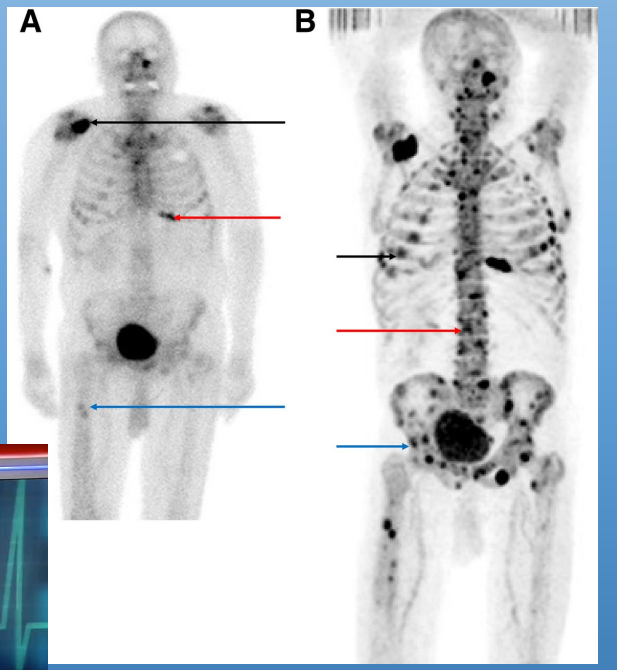
Radioactive ligand

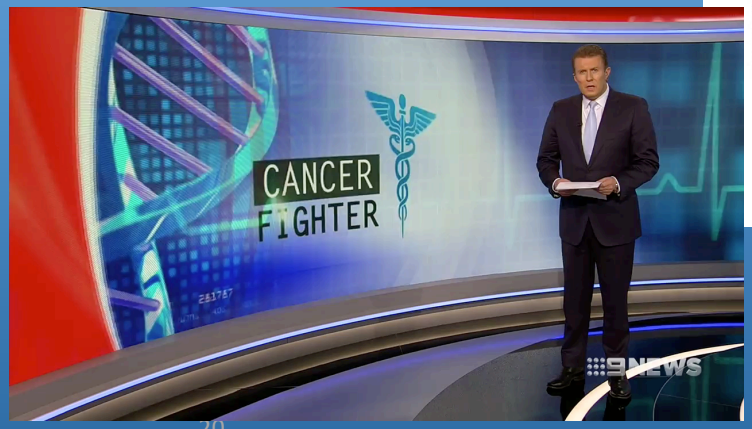
Attaches to prostate cancer cells





^{177}lutetium isotope

Antibody (peptide) against PSMA (prostate specific membrane antigen)



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DARRT

Sensitisation of ^{177}lutetium-PSMA-617 brachytherapy

3

brachytherapy

Collective experience in > 200 patients

Late-stage prostate cancer cases following failure of standard therapy

- About 20% show no meaningful response
- About 60% show partial response
- About 20% show strong or complete response

Summary =- promising therapy, but radiation effect incomplete and short-lived in majority of patients.

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DARRT

Sensitisation of ^{177}lutetium-PSMA-617 brachytherapy

3

brachytherapy

LUPIN (LuPSMA –Idronoxil) Study
St Vincent's Hospital, Sydney

- Metastatic castrate-resistant prostate cancer following standard therapy
- PSMA-expressing cancer (majority of cases)

- 15 patients

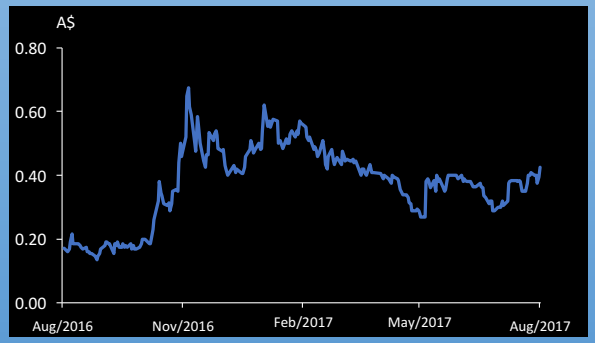
- 4x monthly cycles
- Each cycle = LuPSMA injection + NOX66 daily for 10 days
- ^{68}Gallium-PSMA and PSA levels before each cycle
- 3- , 6- and 12-month complete reviews

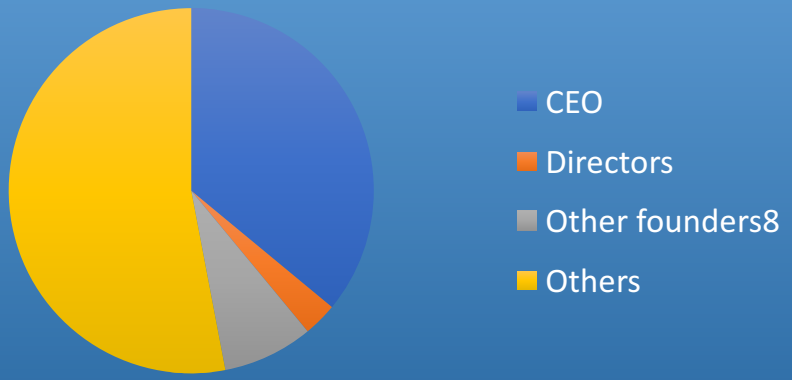
Objectives:

- Safety of LuPSMA + NOX66
- Response – PSA, scans and GaPSMA imaging
- Pain scores, QoL
- Progression-free survival
- Overall survival

Key metrics .....

Shares outstanding	**107M** : 60M free; 47M escrowed (Sept 2018)
Other	22.5M options ($0.30) (2021)
Market Cap (18.8.2017)	$37M
IPO price **Last traded**	20 cents 43 cents
Cash position	AU$ 6 M





Key Messages

- WE EXPECT TO KNOW BY END OF 2017 OF THE SUCCESS OF OUR MISSION
- WE AIM TO BE IN A REGISTRATION STUDY BY END OF 2018
- WE AIM TO HAVE MARKETING APPROVAL BY 2022
- A SUCCESSFUL OUTCOME IS A MAJOR SHARE OF THE $100 BILLION ONCOLOGY DRUG MARKET
- REALISTIC POTENTIAL TO BECOME STANDARD OF CARE DRUG IN MANY CANCERS

✓ Lean operation ✓ Experienced team	✓ A number of key inflection points anticipated within next 12 months	✓ Multiple shots on goal

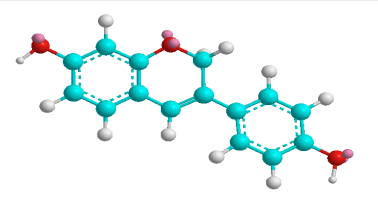
Nyrada inc

A Noxopharm subsidiary
US-based (New York)

Non-oncology drug development

- ❑ Neurodegenerative diseases
- ❑ Hypercholesterolaemia

NOX66… why it works



Idronoxil

+

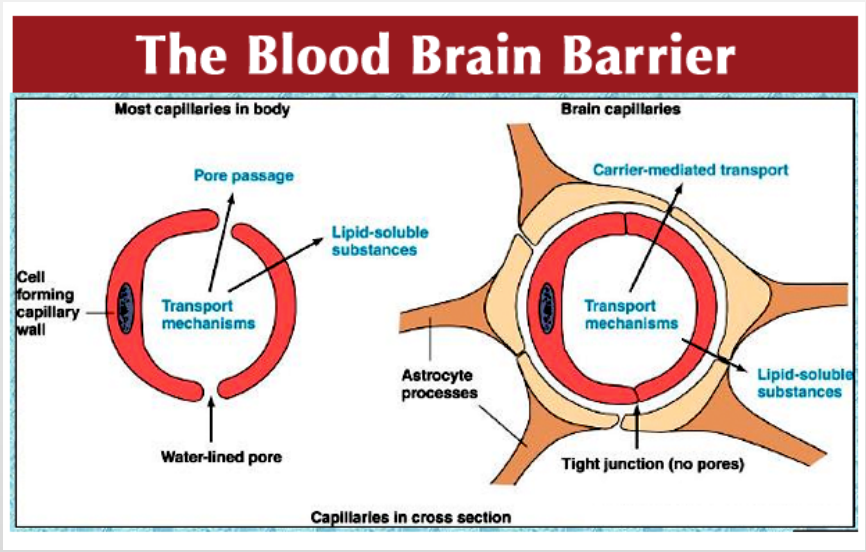
LIPROSE
(Lipid Protective Shield)

→

idronoxil-c

- Protects drug from inactivation
- Time in body extended >10x
- Crosses blood-brain barrier (pre-clinical)

Brain, spinal cord and peripheral nerves have protective barrier

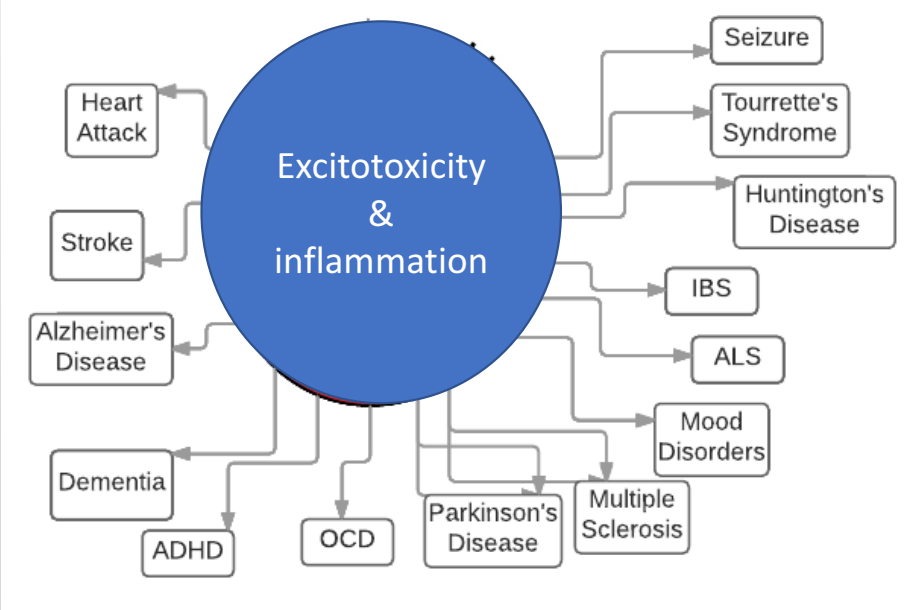


LIPROSE technology enables certain chemical classes of drugs to cross this barrier

Two underlying pathologies of neurodegeneration

Excitotoxicity

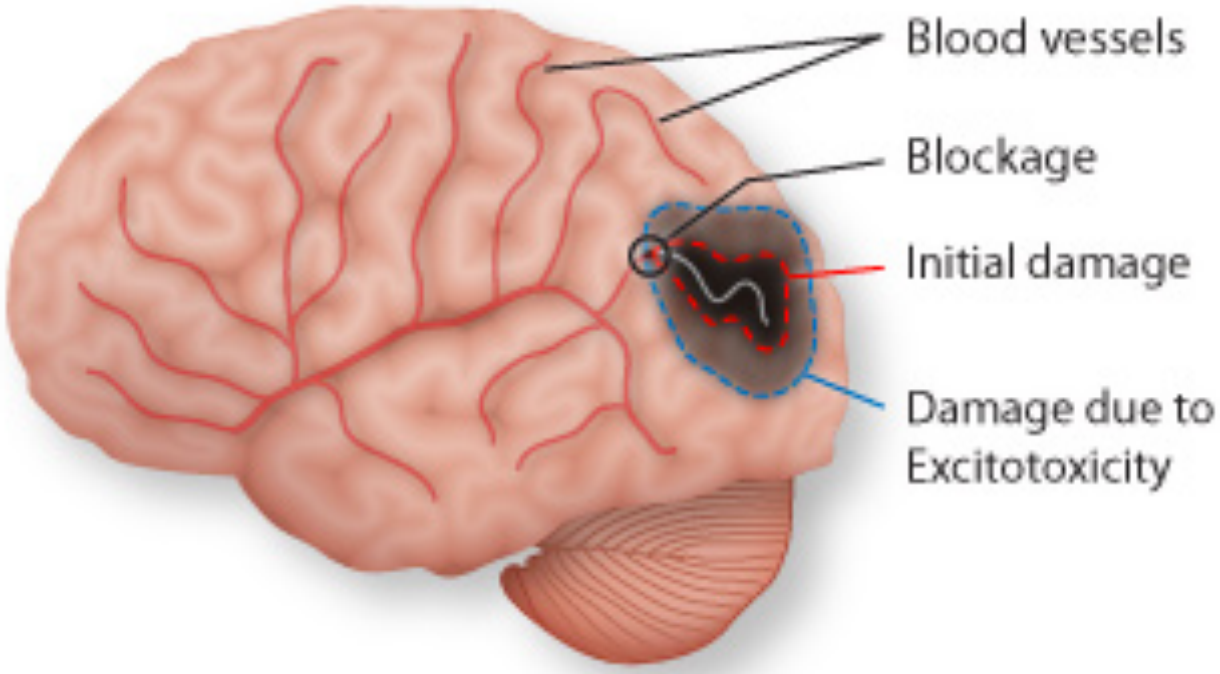
Death of healthy brain cells from over-stimulation by neurotransmitters dumped from dying brain cells



Inflammation

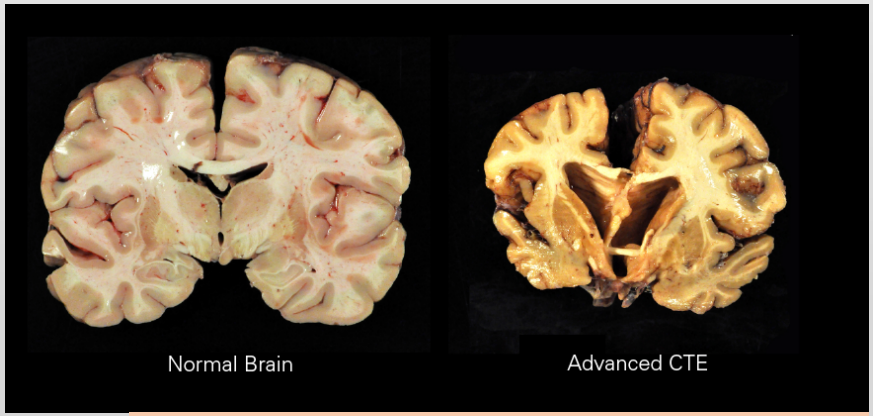
Interference to normal nerve cell function by inflammation. Associated with demyelination of nerves.

NYX-104 *An inhibitor of excitotoxicity*



Stroke

Repeated concussion



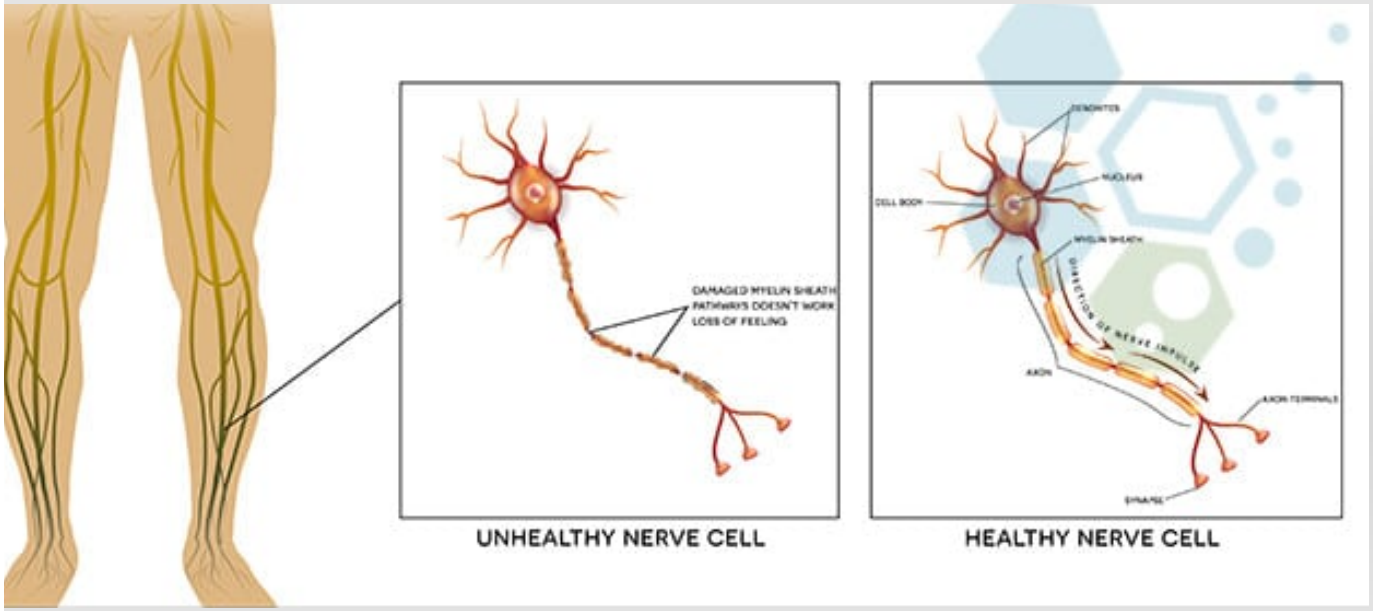
Chronic traumatic encephalopathy

NYX-205 *An inhibitor of neuro-inflammation*

Targeting peripheral neuropathy

Incidence in US estimated at 20 million:

- Diabetes
- Alcohol abuse
- Chemotherapy

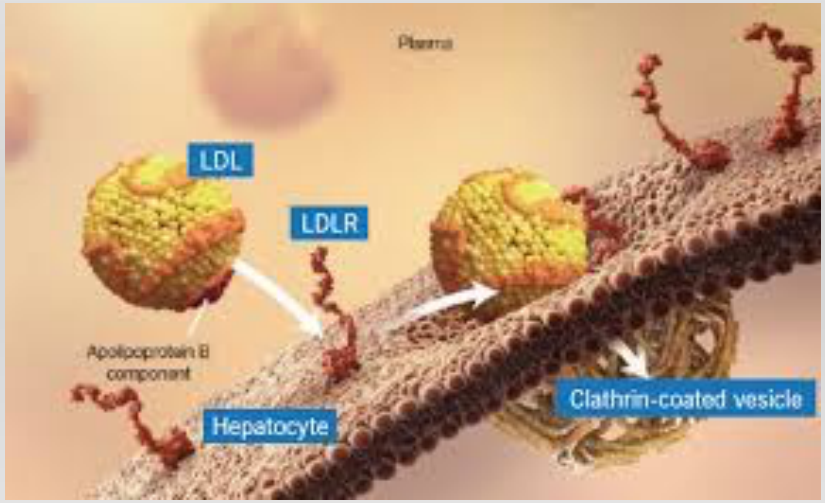


NYX-330 *An inhibitor of LDL cholesterol*

LDL cholesterol associated with increased risk of heart attack and stroke

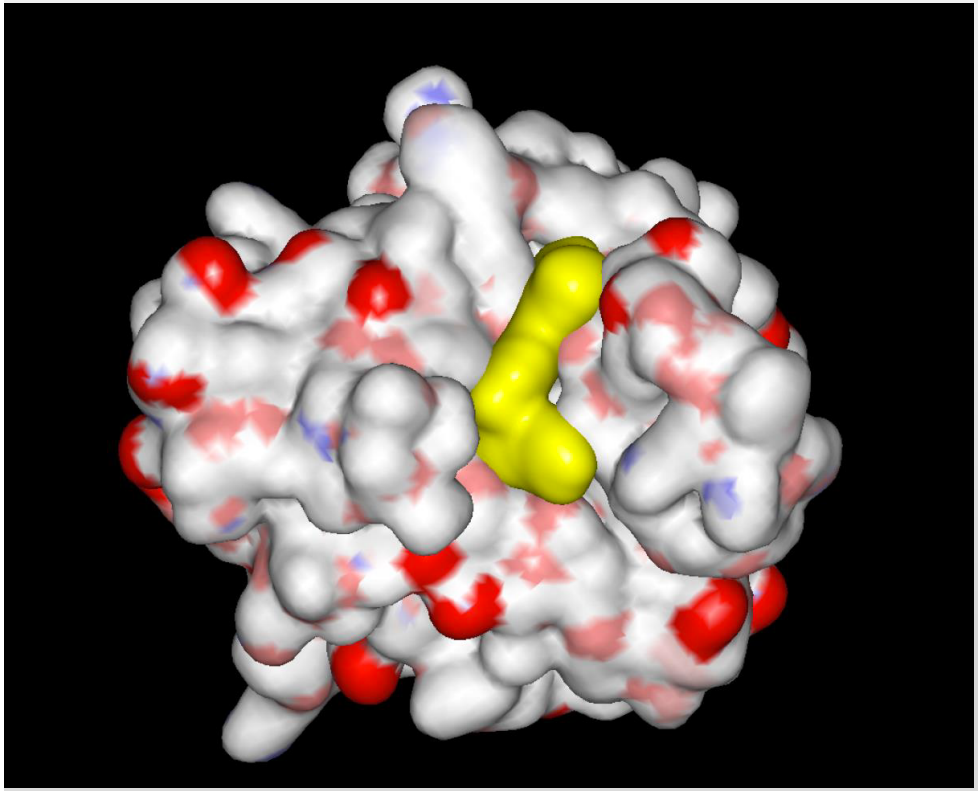
US$40 billion ‘statin’ drug market now largely generic

PCSK9 identified as superior drug target as statin drugs achieve target LDL-C levels in only 1 in 3 people



PCSK9 declared an unsuitable target for small molecule drug. Amgen develops monoclonal antibody. Repatha comes to market in 2015. $15,000 p.a.

NYX-330 *An inhibitor of LDL cholesterol*



Australian chemists identify suitable binding site on PCSK9 for attachment of small molecule.

NYX-330 effectively blocks binding of PCSK9 to LDL-cholesterol.

Appropriate drug-like behaviour in mice.

Pre-clinical program underway.

Nyrada inc

For NOX shareholders, Nyrada means:

Development of 2 drug assets in a non-dilutive way

Acquisition of a 3rd drug asset without dilution

Allowing NOX to focus on its considerable oncology opportunity

Value-adding to early-stage assets that otherwise would remain undeveloped

Owning 67% of something potentially very valuable

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NOXOPHARM

Dr Graham Kelly
Chief Executive Officer

graham.kelly@noxopharm.com