



Noxopharm Limited (ASX:NOX)

CORPORATE PRESENTATION

2020 AGM

Discover



Develop



Deliver



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Overview

Veyonda® emerging as major immunotherapy-oncology (I-O) drug

Confirmed first-in-class anti-cancer actions recognized as major industry goals

Clinical evidence of anti-cancer responses

Potential use across most forms of solid cancer

Aim is to make it a key player in transformation of the I-O drug market from current US\$30 billion into projected US\$150+ billion p.a.

Some realities.....

Responses will vary from none to partial to complete. Objective is in most patients to extend life and to provide a better quality of life in a cost-effective, well-tolerated way

Gold standard proof will require a Phase 2 and at least one Phase 3 study, take 5-7 years and cost at least US\$100M. Our goal is end of current round of trialling in 2.5 years.

Our objective



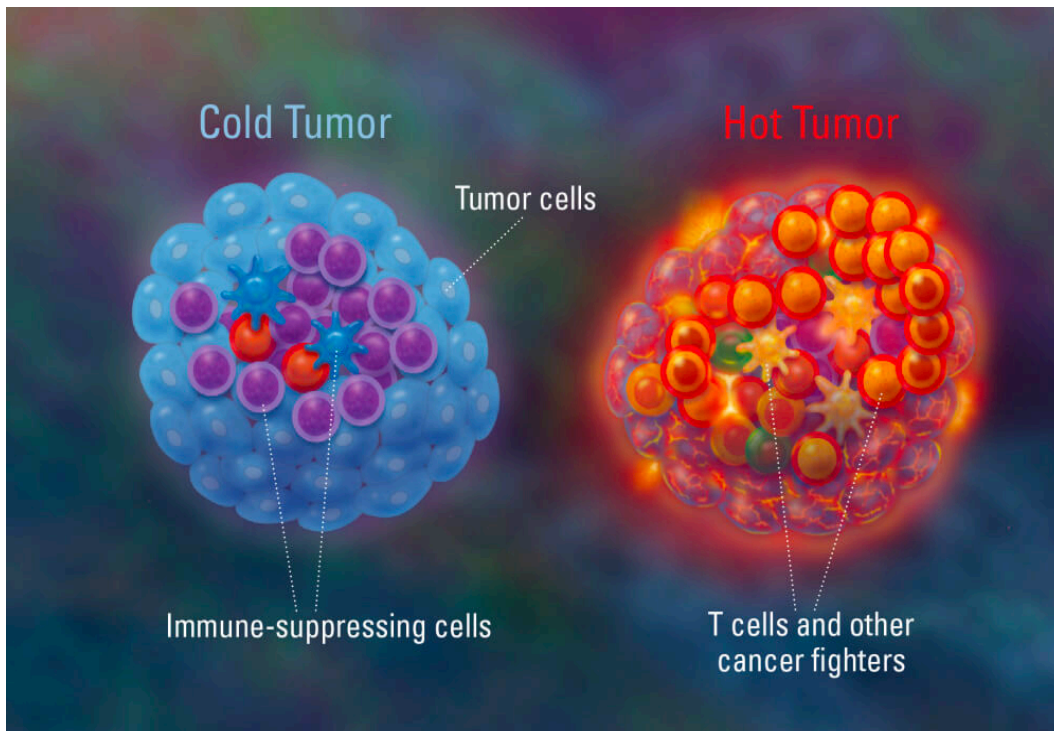
- ▮ is to prove that **Veyonda[®]**
- ▮ a first-in-class immunotherapy (based on S1P inhibition)
- ▮ is the answer to unlocking the power of the immune system to fight cancer

Immunotherapy-oncology (I-O) therapy



- ▮ aims to restore the body's immune system to fight cancer
- ▮ is the acknowledged future of cancer therapy
- ▮ but with only about 5% of patients responding, current 1st gen I-O therapies are in urgent need of assistance
- ▮ nevertheless has a current market value of ~ **US\$30 billion**
- ▮ but with 95% of patients remaining unresponsive, has a projected potential of **US\$150+ billion** p.a. if the response rate could be lifted

Converting US\$30 B into US\$150+ B



Source: Enhancing Immunotherapy: The Race to Make "Cold" Tumors "Hot". <https://blog.dana-farber.org/insight/2018/06/enhancing-immunotherapy-race-make-cold-tumors-hot/>

Cancers use a range of tricks to avoid immune attack. Expelling immune cells from the tumour seen as the key one. Referred to as **COLD tumours**

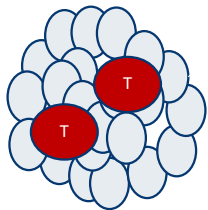
Any attempt by I-O therapy to re-enable the immune system is set to fail if there is no immune function present in the tumour to take advantage

Great majority of human tumours are **COLD**, believed to account for the very high I-O non-response rate

The race is on to find a way of restoring immune function to all tumours.

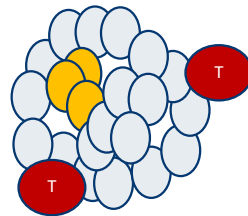
Known as converting **COLD** to **HOT**

COLD to HOT explained simply



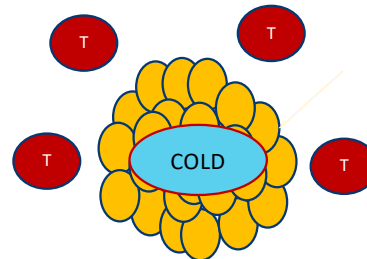
All healthy tissues contain immune cells (T cells)

whose role is to detect and eliminate any abnormal cells



Emerging cancer cells

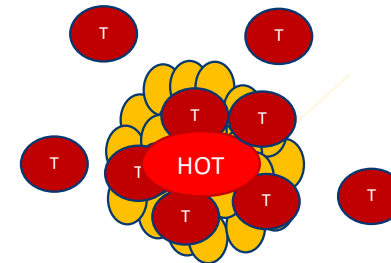
produce high levels of S1P (sphingosine-1-phosphate) that drive the immune cells out of the tissue



With tumour now fully established, ongoing high S1P levels keep immune cells excluded

Cancer cells now free to grow in the absence of immune cells

= **COLD tumour**



Veyonda®

Veyonda is first-in-class inhibitor S1P production by cancer cells

With S1P levels down, immune cells now enter and repopulate tumour

Restored immune function kills cancer cells

= **HOT tumour**

Veyonda[®] I-O strategy



To use the **COLD** → **HOT** effect of **Veyonda** to boost the efficacy of two 1st generation I-O therapies in **solid cancers**

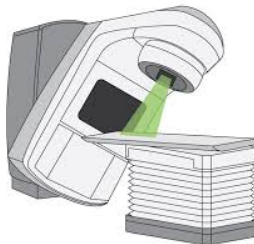
Checkpoint inhibitor



Bristol-Myers Squibb

IONIC Program

Radiation



DARRT Program

Veyonda[®] IONIC Program



IONIC-1

Veyonda[®] +
checkpoint
inhibitor



Bristol-Myers Squibb	(NYSE:BMJ)
Market cap	US\$145 billion
Pharma ranking	11th
2019 sales	US\$26 billion
2019 Opdivo sales	US\$8 billion
2019 Celgene acquisition	US\$74 billion

Immuno-Oncology With
Veyonda[®] In Combination

Veyonda[®] + nivolumab (Opdivo[®])
(Bristol Myers Squibb)

A study involving both NOX and Bristol-Myers Squibb

Veyonda[®] IONIC Program



IONIC-1

Veyonda[®] +
checkpoint
inhibitor

Clinical objectives:

1. Improve the modest (10-30%) response rates in responsive cancers (eg. lung, melanoma, bladder, kidney)
2. Achieve responses in remaining cancers where Opdivo[®] not currently used due to very poor response rates (eg. prostate, ovarian, pancreatic, sarcoma etc)

Commercial objectives:

1. To make Veyonda[®] + Opdivo[®] combo a standard of care for many cancer types
2. To make Opdivo[®] the most favored and most valuable checkpoint inhibitor
3. To lift sales of Opdivo[®] well above current **US\$8 billion**
4. **Thereby making Veyonda[®] a highly prized asset**

A study involving both NOX and Bristol-Myers Squibb

Veyonda[®] IONIC Program



IONIC-1

Veyonda[®] +
checkpoint
inhibitor

Phase I/II study
Investigator-initiated
30 patients
3 Australian hospitals
Early-Q1 2021 start

Two Cohorts:

Cohort 1. Patients recently treated with Opdivo[®] with mild disease progression

Cohort 2. Opdivo[®] naive patients

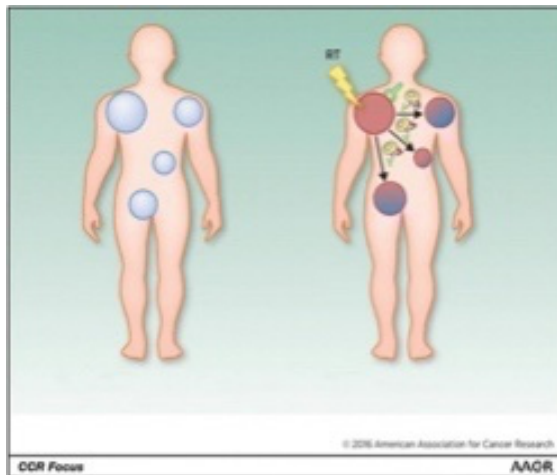
Three End-points:

- Safety of Veyonda[®] + Opdivo[®] combo
- Clinical response
- Biomarker response

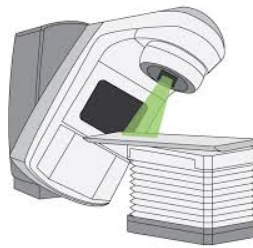
A study involving both NOX and Bristol-Myers Squibb

DARRT Program

Radiotherapy



Direct and Abscopal Response
to Radiotherapy



Veyonda[®] + external beam
radiotherapy

Transforming a local anti-cancer
effect of radiation into a whole-of-
body anti-cancer effect (**abscopal
response**)

DARRT Program

Radiotherapy

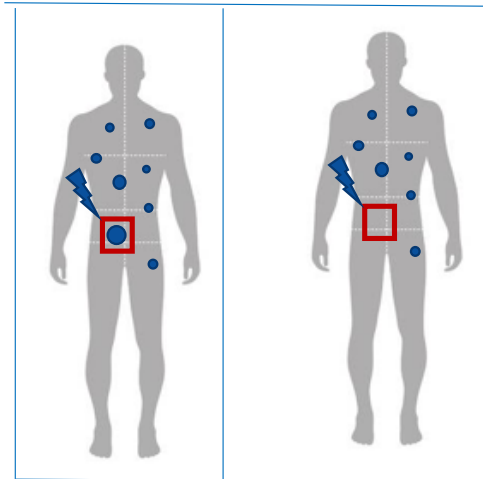
4-step DARRT process:

Step 1. Radiation applied to single tumour

Step 2. Radiation activates immune cells

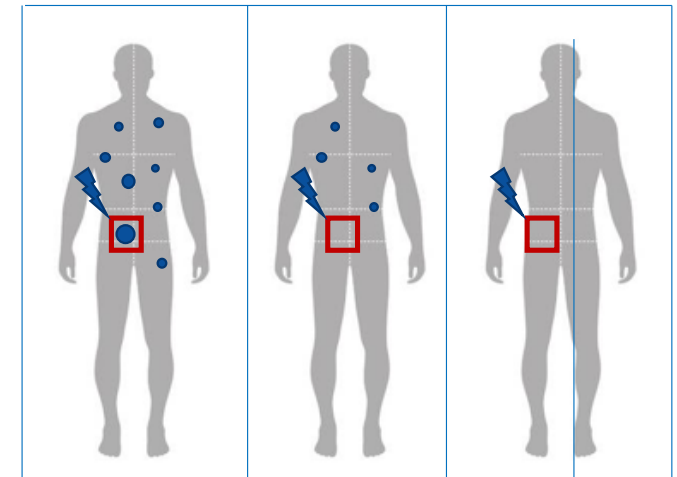
Step 3. Veyonda augments that local immune response

Step 4. Veyonda then spreads that immune response to all other tumours throughout the body



Resolution
of Irradiated tumour

Standard response



Partial abscopal
response

Complete
abscopal
response

Abscopal response

DARRT Program

Radiotherapy

Clinical objectives:

1. To convert the **abscopal response** from a very rare phenomenon (< 1 in 100,000) to a more commonplace event (~50% of cancer patients)
2. To produce long-term remission in metastatic cancers where survival prospects currently are poor

Features of DARRT therapy:

- Very well tolerated treatment
- Highly accessible (external beam RT widely available globally)
- Potential for all solid cancer types
- Expected to be most cost-effective I-O therapy (vs \$230K - \$1M costs)

Veyonda[®] DARRT-1 *Completed*



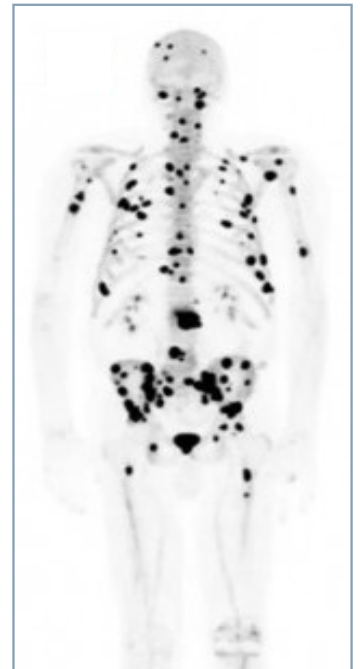
DARRT-1 Completed 25 men late-stage progressive **prostate cancer**

Metastatic castration-resistant prostate cancer (mCRPC)

No remaining standard treatment options

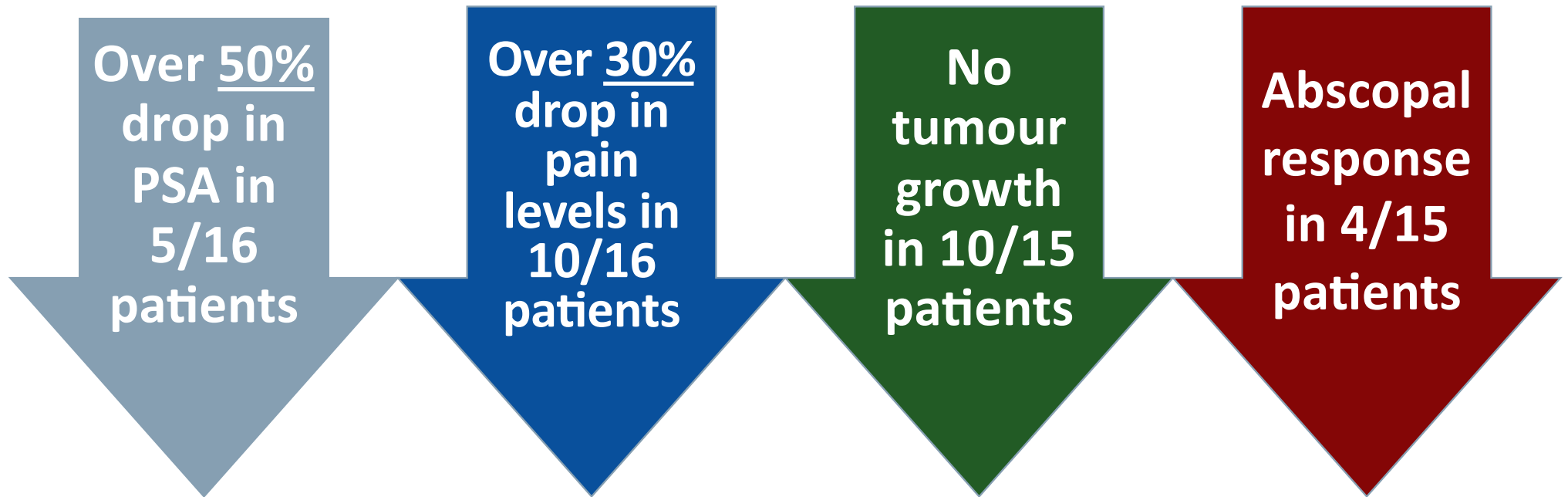
Low-dose (palliative) radiotherapy (RT) to single soft tissue tumour

Treatment with low-dose RT (5 days) and Veyonda[®] (14 days)



Bone scan with metastatic disease

In patients evaluable after 6 months*



* 15 patients eligible for RECIST; 16 for PSA and pain

Veyonda[®] DARRT-2

Starting 2021



- Phase 2 study 150 - 200 patients multi-national Parexel CRO
- Late-stage cancer. No remaining standard treatment options
- Final planning current. Enrolment to start H1 2021**
- Main focus on prostate cancer; exploratory cohort of breast and lung cancer
- Boosted therapy compared to DARRT-1 (up to 2400 mg vs 1200 mg; multiple cycles of Veyonda vs 1 cycle)

Secondary questions



1. Will **Veyonda**[®] boost the anti-cancer effect of **¹⁷⁷Lu-PSMA-617** in late-stage prostate cancer?

2. Could one of the anti-cancer functions of **Veyonda**[®] (STING antagonism) be used to prevent **septic shock** in **COVID-19 patients**?

Veyonda[®] LuPIN program



LuPIN program = **Veyonda** + ¹⁷⁷**lutetium-PSMA-617** for late-stage prostate cancer

¹⁷⁷**lutetium-PSMA-617** acquired by **Novartis** in 2018 in **US\$6 billion** transaction

St Vincent's Hospital Sydney testing ability of LuPIN therapy to boost modest survival effect of Novartis drug alone

LuPIN-1 = Phase 2 study in 56 men with late-stage cancer that has progressed on all forms of therapy

First report of median overall survival from first **32 men (400/800 mg Veyonda)** highly encouraging at **17.1 months**

Median overall survival from all **56 men (400/800/1200 mg Veyonda)** to be reported **Feb 2021**

Veyonda[®] Septic shock

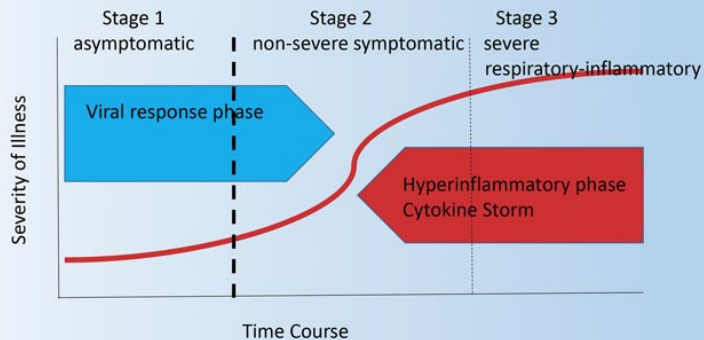


NOXCOVID-1 Study.

Phase 1 study:

- ~40 patients; moderate lung damage; supplementary oxygen
- Veyonda[®] treatment for up to 28 days
- Measuring safety, clinical response, cytokine levels

Course of COVID-19 Infection



The aim is to use Veyonda[®] to prevent progression of patients with early-stage lung damage requiring supplementary oxygen, into ICU care requiring mechanical ventilation



pharmorage



Wholly-owned NOX subsidiary focused on novel targets in the STING signalling pathway. Emerging as important new drug target in inflammation and autoimmunity

Collaboration with Hudson Institute of Medical Research and John Curtin School of Medical Research, ANU

Initial focus on a safe, effective treatment for septic shock that is responsible for est. 11 million deaths p.a.

Objectives

Over the next 2.5 years, with a modest investment of shareholder funds, to show that ...

IONIC

Veyonda increases the response rate to **nivolumab (Opdivo)** (BMS), establishing its potential to boost checkpoint inhibitor drug sales well above current US\$30 billion p.a.

DARRT

Veyonda + **radiotherapy** and the abscopal response is a valid, cost-effective alternative form of I-O treatment for a range of solid cancers

LUPIN

Veyonda boosts the response rate in advanced prostate cancer to **¹⁷⁷Lu-PSMA-617** (Novartis)

PHARMORAGE

The Company's technology platform holds the potential to develop a family of new drugs for the treatment of septic shock, inflammatory diseases and autoimmune diseases

So building a highly valuable and compelling acquisition/partnering target

Key Metrics

Number of Shares	213.24 M
Outstanding options	76.38 M (\$0.30-\$1.19) (expiry 27/11/20 – 16/12/23)
Board shareholding	19.8%
Share price	A\$0.64 (16 Nov 2020)
Market cap	A\$135 M (16 Nov 2020)
Cash position	AU\$3.9 M (30 Sept 2020) [R&D Rebate >\$4M due Q4]

Discover



Develop



Deliver



A second generation I-O therapy to transform the management of cancer

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