



25 July 2017

Sydney, Australia

## ASX: NOX

Noxopharm Limited

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Chairman  
Non-Executive  
Director

#### Dr Graham Kelly

Chief Executive Officer  
Managing Director

#### Dr Ian Dixon

Non-Executive  
Director

## NOXOPHARM POSTS NEW CORPORATE PRESENTATION

- Singapore, Hong Kong roadshow
- July 26-28, 2017

Sydney, 25 July 2017: Noxopharm Limited ( ASX: NOX) provides its latest Corporate Presentation ahead of a roadshow (26-28 ) in Asia.

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### 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 resistance in cancer cells to radiotherapy and chemotherapy, the major hurdle facing improved survival prospects for cancer patients. NOX66 is the first pipeline product, with later generation drug candidates including idronoxil-C under development. The Company also has an expanding pipeline of non-oncology drugs.

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### 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

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**Corporate Presentation**  
*July 2017*

**ASX: NOX**

After 50 years .....

- despite all the advances in medical technology
- and despite all the ‘breakthroughs’ in cancer therapy

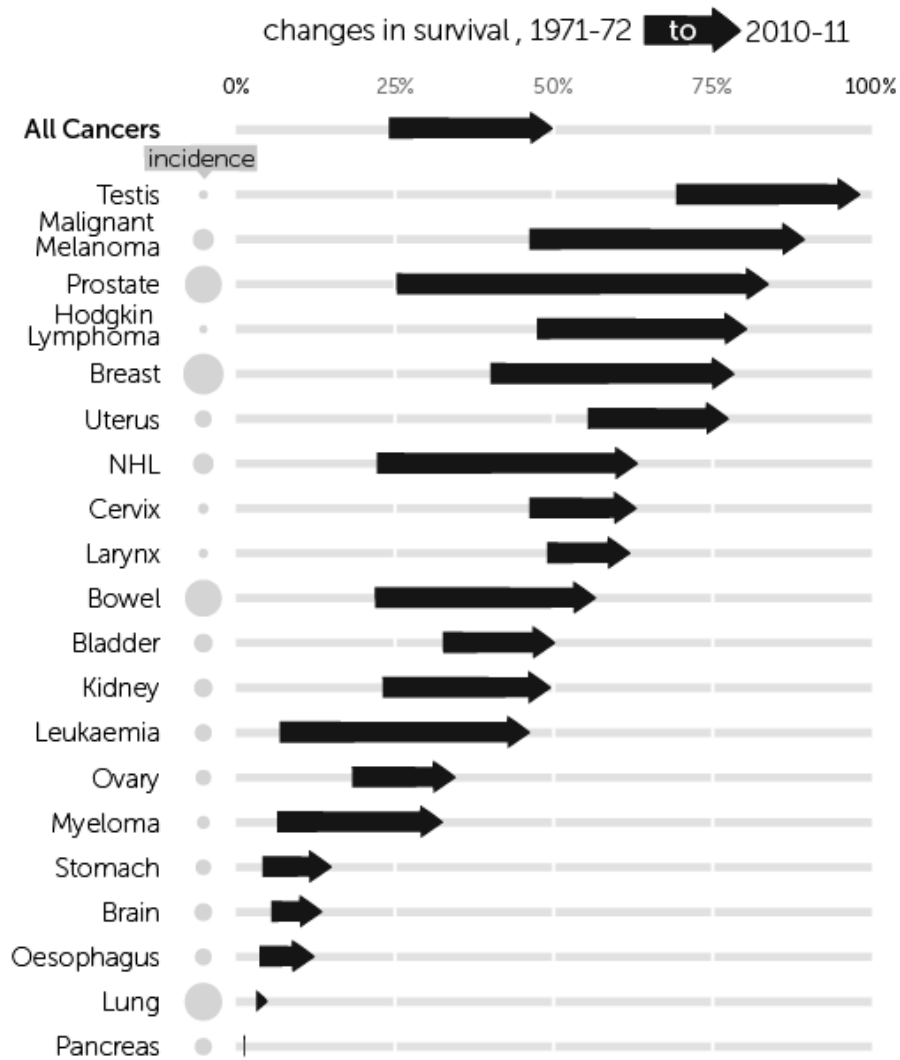
standard chemotherapy and radiotherapy remain the  
**front-line, ‘go to’ therapies for most cancers**

Non-specific 'poisons' .....

- cytotoxic chemotherapy
- radiotherapy

..... remain the best treatment options we have

# But clearly are not good enough ...

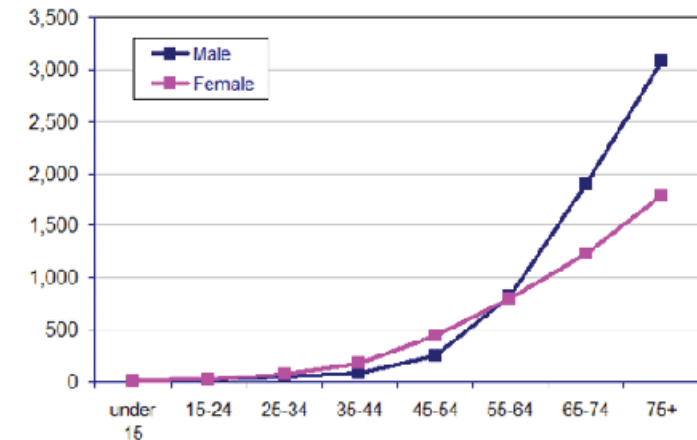


Source; Cancer Research UK

After 45 years  
10-year  
survival rates  
remain poor  
for many  
common  
cancers

A problem only getting worse  
with an increasingly ageing  
society

Rates per 100K population all malignant neoplasms UK 2004



Over the last 5 years

- New breakthroughs in cancer treatment
- Focused on “immuno-oncology”

→ using the body’s immune system to help fight cancer

A screenshot of the OPDIVO (nivolumab) website. The page features a navigation menu on the left with links for Home, About OPDIVO, Financial Resources, Patient & Caregiver Support, and OPDIVO with You. The main content area has a header with "OTHER INDICATIONS" and a disclaimer. Below this is a navigation bar for U.S. Healthcare Professionals, U.S. Full Prescribing Information, Medication Guide, and Full Indication. The main banner image shows two people fishing on a boat on a lake, with the text "Clinical Trial Results" and "For Adults With Previously Treated Advanced Non-Small Cell Lung Cancer (NSCLC)". A secondary navigation bar includes "ABOUT OPDIVO:" followed by links for Clinical Trial Results, How OPDIVO Works, Side Effects, Getting an Infusion, and FAQs. The main text below the banner reads: "OPDIVO® is the First and Only Immunotherapy the FDA Approved Based on Two Phase 3 Clinical Trials That Demonstrated Longer Life For Adults With Advanced NSCLC Previously Treated With Platinum-Based Chemotherapy".

(Source: <https://www.opdivo.com/advanced-nsclc/about-opdivo/clinical-trial-results>)

# Positive news for some patients, however...



OPDIVO® is the First and Only Immunotherapy the FDA Approved Based on Two Phase 3 Clinical Trials That **Demonstrated Longer Life** For Adults With Advanced NSCLC Previously Treated With Platinum-Based Chemotherapy

## ADVANCED NON-SQUAMOUS NSCLC TRIAL



### Clinical Trial Results

**27%** reduced risk of dying with OPDIVO compared to chemotherapy (docetaxel).

Half the OPDIVO patients were still alive at 12.2 months

#### COMPARED WITH

9.4 months for those who received chemotherapy

#### In the same study:

- OPDIVO was shown to partially or completely shrink tumors in 19% of patients, compared to 12% with chemotherapy (docetaxel)
- There was no difference between the two treatments in the length of time that patients lived without their tumors worsening

OPDIVO will not work for every patient. Individual results may vary.

# ... a very long way to go

- Improves the 50% survival rate from 9.4 months to 12.4 months
- Shrinks tumours in 19% of patients, up from 12%
- No difference in overall time to worsening of cancer

(Source: <https://www.opdivo.com/advanced-nsclc/about-opdivo/clinical-trial-results>)



## Our aim ...



To bring to market a drug that

- boosts the potency of chemotherapy and radiotherapy
- without increasing their toxicity

and becomes a standard-of-care drug in oncology

That drug is ...



NOX66

With a target of reaching market by 2022

# NOX66



**Aiming to be used with both chemotherapy and radiotherapy**

*But...* **focusing on radiotherapy, potentially the more curative of the two**

**Aiming to be used for most forms of cancer**

*But...* **focusing on prostate, lung and brain cancers**

▲ Radiotherapy generally considered to be the most effective form of anti-cancer therapy

▲ But ...toxicity limits dosage = limited response rates

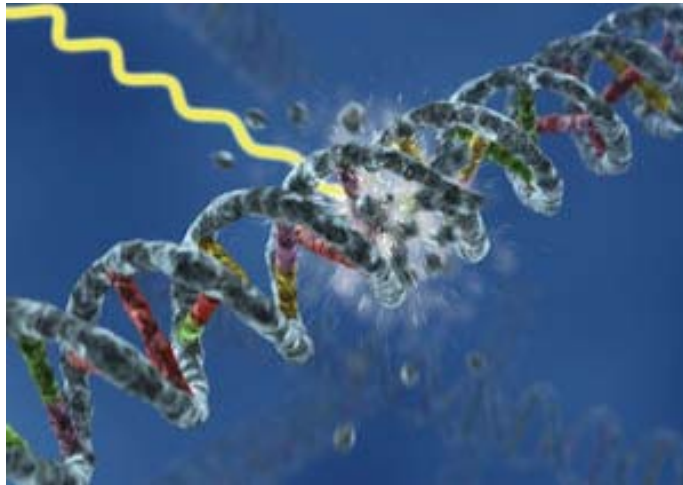
▲ *Research effort over many years to develop means of making cancer cells more sensitive to radiotherapy*

- ▲ No radio-sensitising drug has yet come to market that makes radiotherapy more effective in a safe way
- ▲ Such a drug should command a premium price and place in cancer therapy
- ▲ *NOXOPHARM believes that NOX66 is that drug and is seeking to have it commercially available by 2022*

# How radiotherapy works



DNA damaged



Repair pathway

Sphingosine-1-phosphate

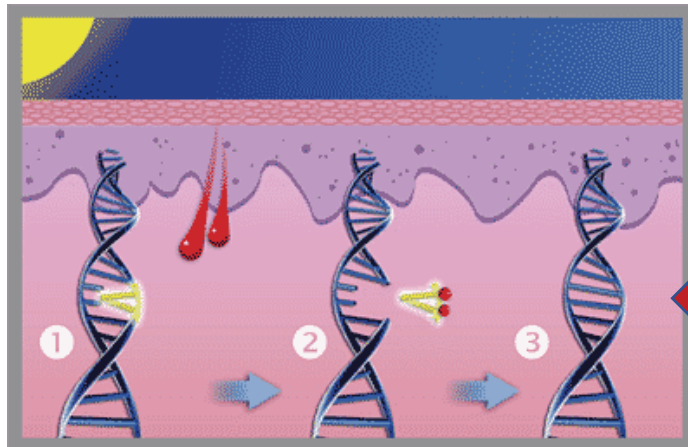


Akt/PI3 kinase



- PARP1
- Topoisomerase 1 and 2

Damage repaired over 7 days



Aim of radiotherapy is to inflict so much DNA damage that it cannot be repaired  
→ cell death

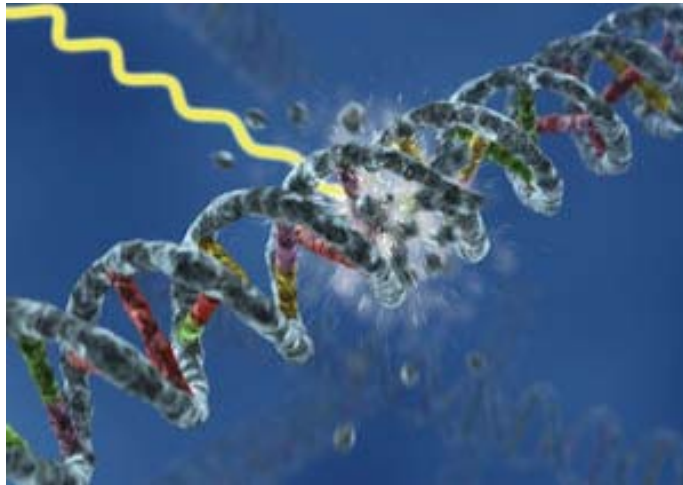
**Problem:** cancer cells greatly increase DNA repair capacity making radiation less effective.

Dose of radiotherapy required to kill all cancer cells too toxic.

# How NOX66 works



DNA damaged



Repair pathway

Sphingosine-1-phosphate



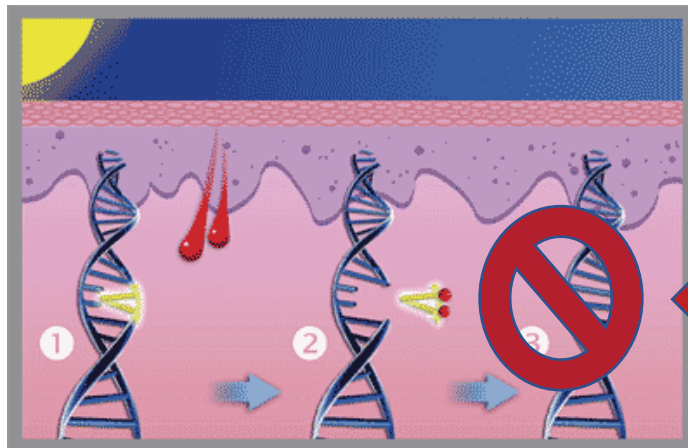
Atm/ATR kinase



- PARP
- Topoisomerase 1 and 2



Damage repaired over 7 days

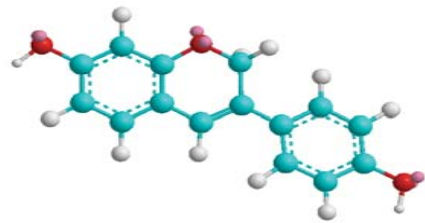


NOX66 blocks DNA repair mechanisms in cancer cells only.

Cancer cells unable to repair even minor damage.

Converts non-lethal damage into lethal damage at a safe dose of radiotherapy

# NOX66... why it works



Idronoxil



LIPROSE  
(Lipid Protective Shield)



NOX66

- High levels of active drug in body
- Slowly excreted (> 12 hours)
- Crosses blood-brain barrier (pre-clinical)

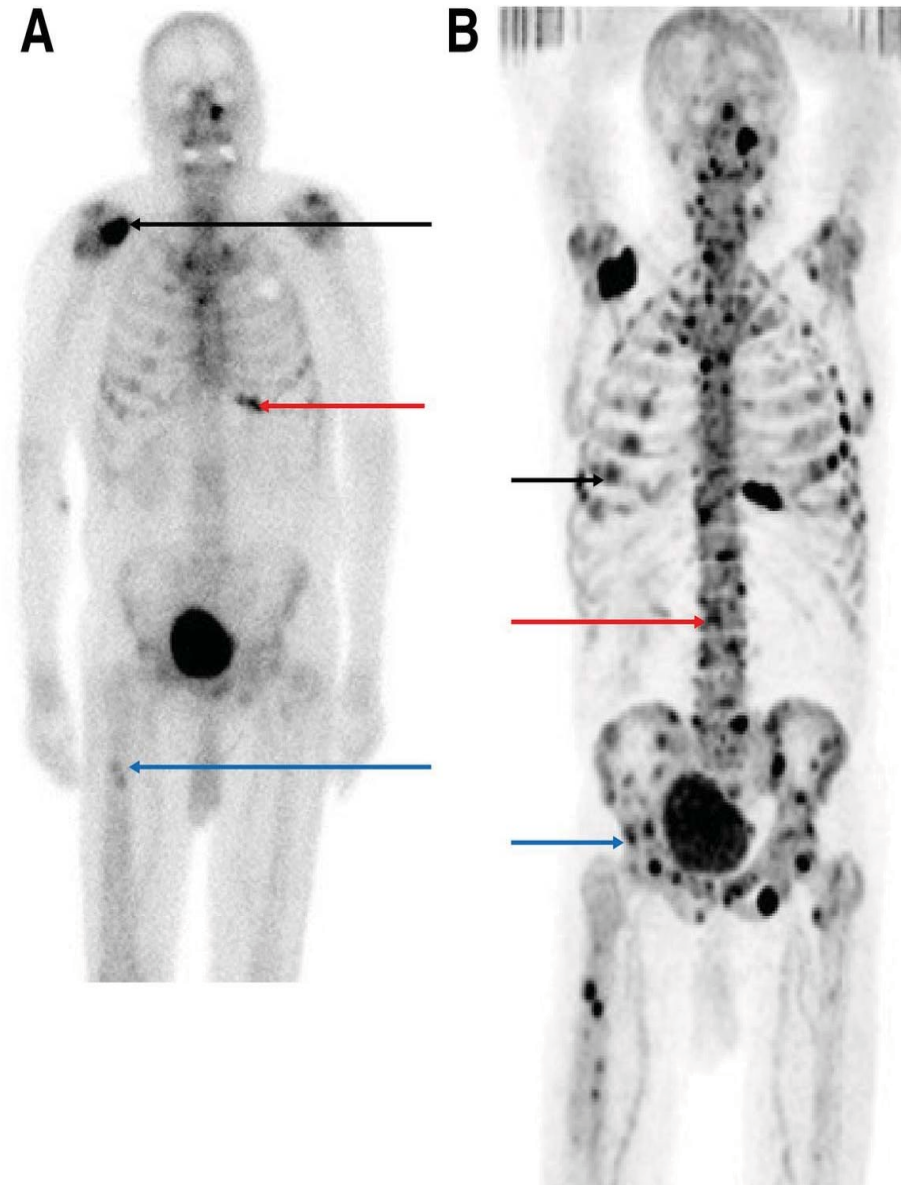




# Radiotherapy... *unable to treat metastatic disease*



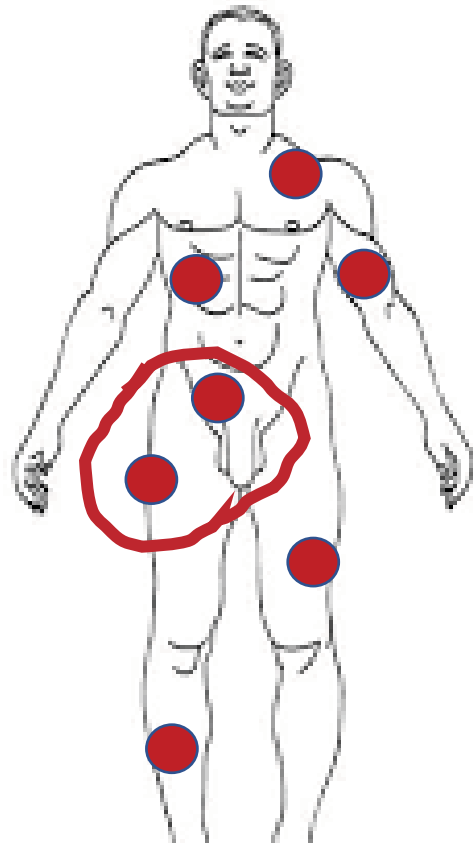
Prostate cancer viewed by standard scan (CT, MRI, bone scan)



Prostate cancer viewed by radioactive antibody scan

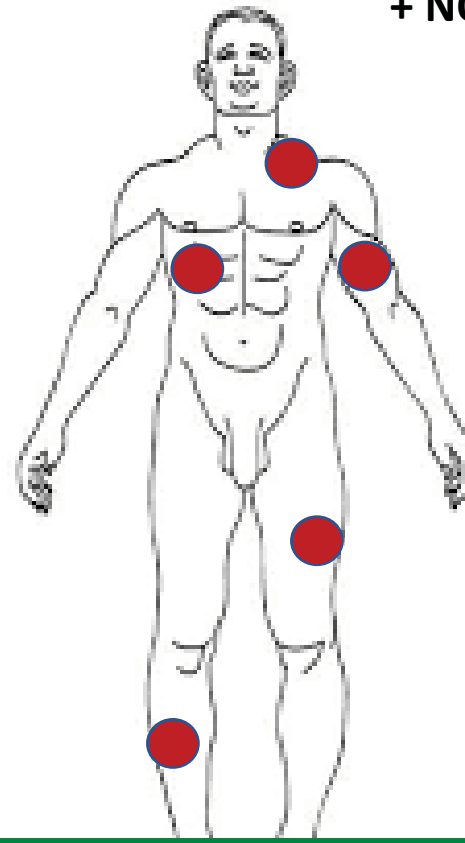
# Radio-sensitising responses with NOX66

1. Direct
2. Indirect (abscopal)



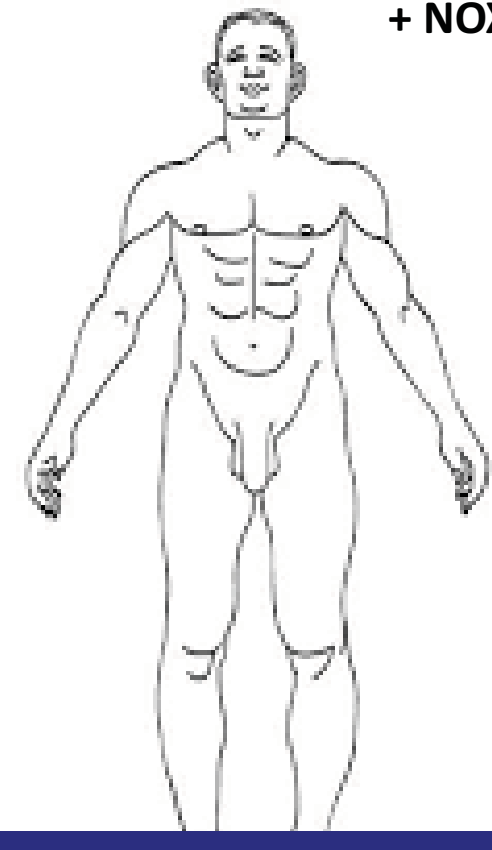
Palliative external radiotherapy

+ NOX66



Direct radio-sensitising effect

+ NOX66



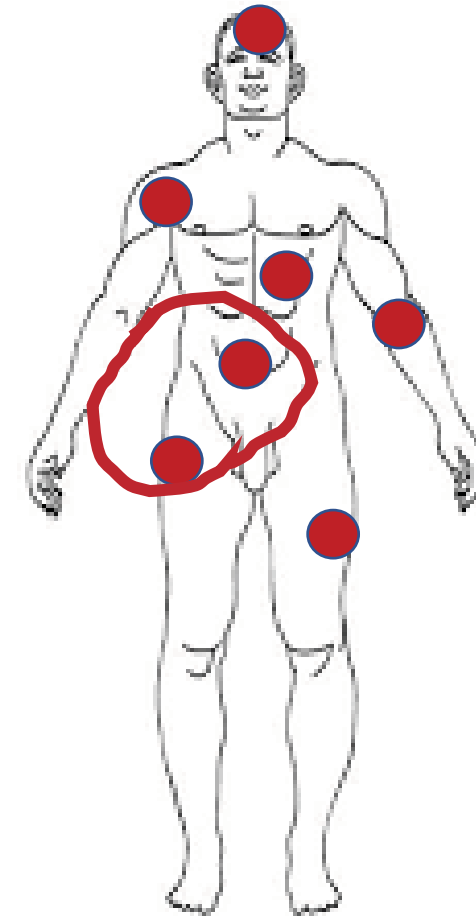
Abscopal effect

# Prostate and lung cancer studies

*1° strategy: abscopal effect*

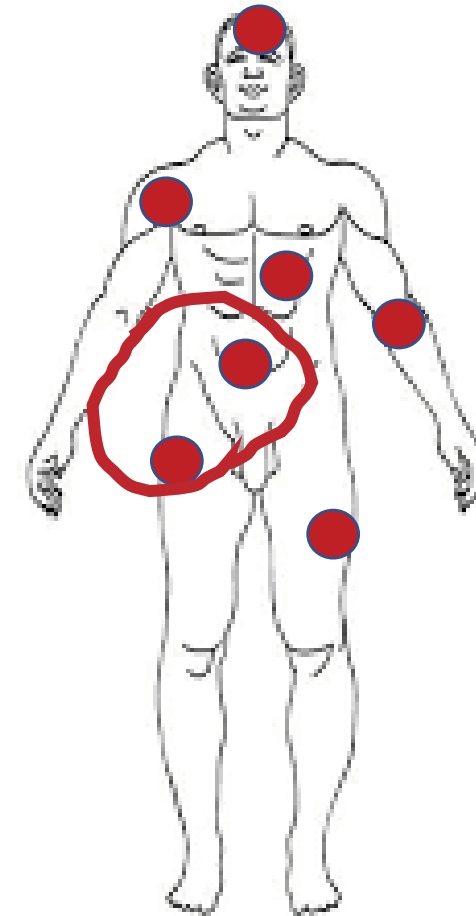


- ❖ Metastatic cancer (at least 3 lesions)
- ❖ 1-2 largest lesions irradiated
- ❖ Palliative (low) dose of radiation
- ❖ NOX66 daily for duration of radiation + 7 days
- ❖ Measure response of irradiated lesions
- ❖ Measure response of non-irradiated lesions



Prostate and lung cancer studies.  
*2<sup>o</sup> strategy: direct radio-sensitisation,  
but no abscopal effect*

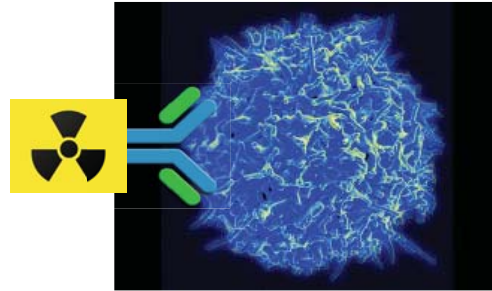
- ❖ Metastatic cancer (at least 3 lesions)
- ❖ 1-2 largest lesions irradiated
- ❖ Palliative (low) dose of **radiation + NOX66 + chemotherapy**
- ❖ Measure response of irradiated lesions
- ❖ Measure response of non-irradiated lesions



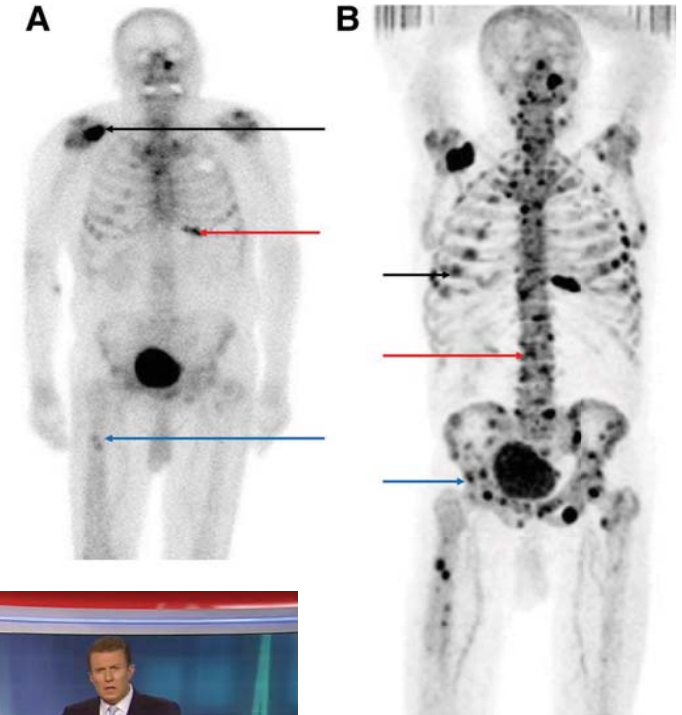
# Prostate cancer studies.

*3<sup>o</sup> strategy: direct radio-sensitisation of all cancerous lesions*

Radioactive antibody



<sup>177</sup> Lutetium-PSMA



# NOX66 clinical program



**Chemo alone**

**4x sites: Georgia**

**Lung, breast, ovary, prostate, head & neck**

**External radiation**

**Multiple sites : Aust**

**Prostate**

**External radiation**

**Single site : Aust**

**Prostate**

**Brachytherapy**

**Single site : Australia**

**Prostate**

**External radiation**

**Multiple sites : Aust/HK**

**Lung**

**External radiation  
+ chemo**

**Multiple sites : Aust/NZ**

**Lung, prostate**

# NOX66 clinical program



**Chemo alone**

**4x sites: Georgia**

**External radiation**

**Multiple sites : Aust**

**External radiation**

**Single site : Aust**

**Brachytherapy**

**Single site : Aust**

**External radiation**

**Multiple sites : Aust/HK**

**External radiation  
+ chemo**

**Multiple sites : Aust/NZ**

Q1 2017

Q2 2017

Q3 2017

Q4 2017

Started April 2017

Starting Aug 2017

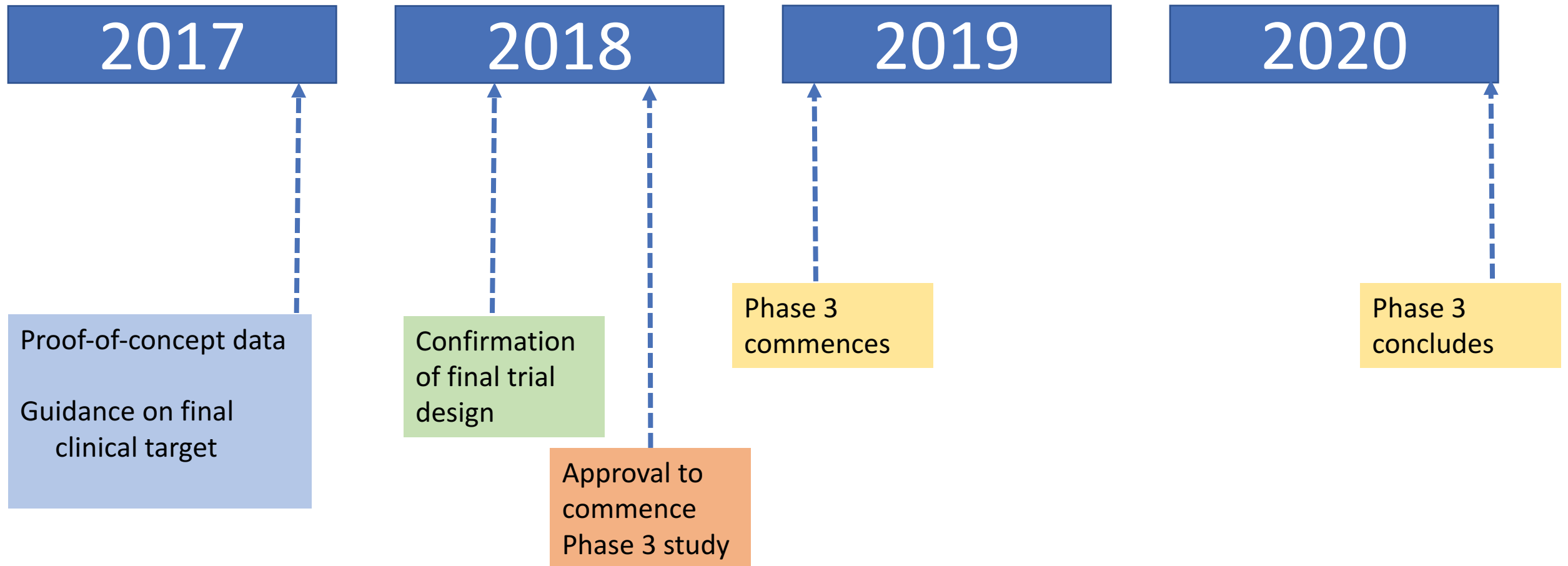
Starting Aug 2017

Starting Aug 2017

Starting Oct 2017

Starting Nov 2017

# Planning for success: registration studies late-2018





# Preparation for success:



## GMP Manufacture

- ❖ Idronoxil  
*(Contract)*
- ❖ NOX66 *(Self)*
- ❖ Idronoxil-C  
*(Self)*

## Regulatory Affairs

- ❖ NOX66  
*(Registration  
studies/licensing)*
- ❖ IND/Orphan Drug  
applications

## Clinical Trials/Medical Affairs

- ❖ Planning
- ❖ Oversight
- ❖ Data Management
- ❖ Conference data

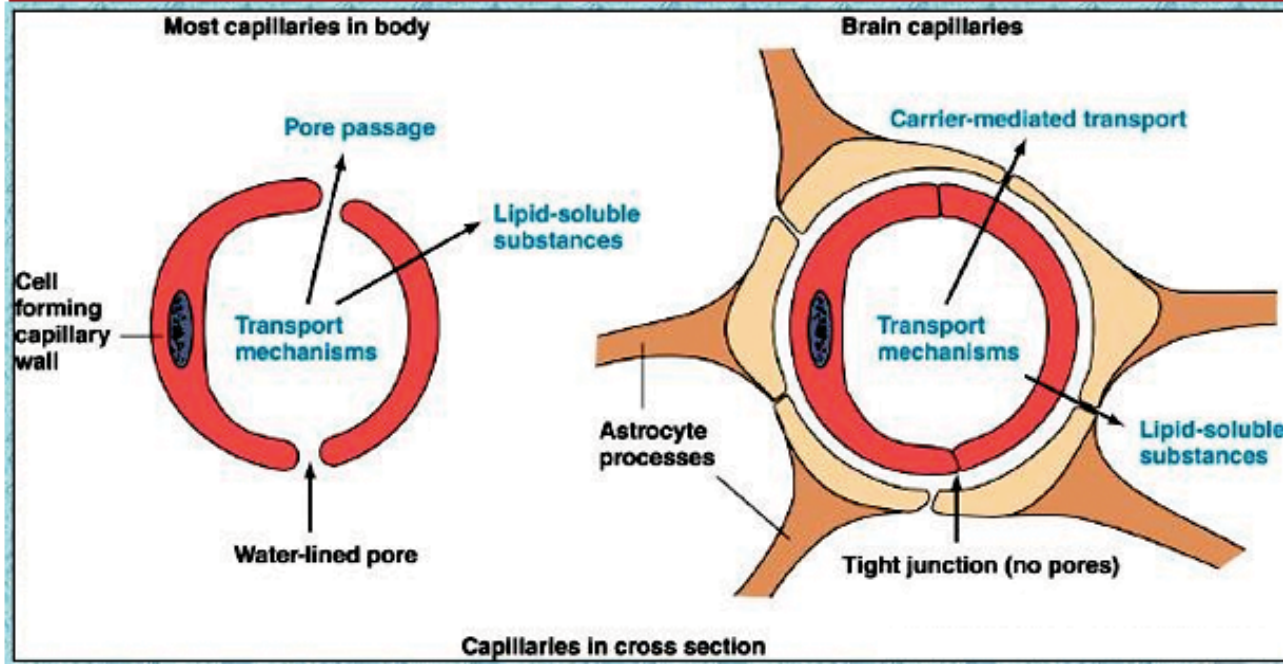
## Pre-Clinical

- ❖ Basic science
- ❖ IND studies

# NOX66: potential to treat brain cancer



## The Blood Brain Barrier



Previous dosage forms of idronoxil did **not** deliver drug into brain

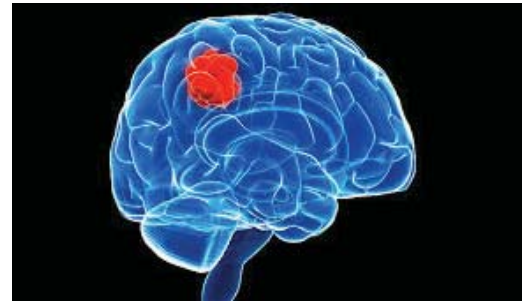
NOX66 does deliver idronoxil into brain

Aim is to use NOX66 to sensitise brain cancers to low doses of radiotherapy

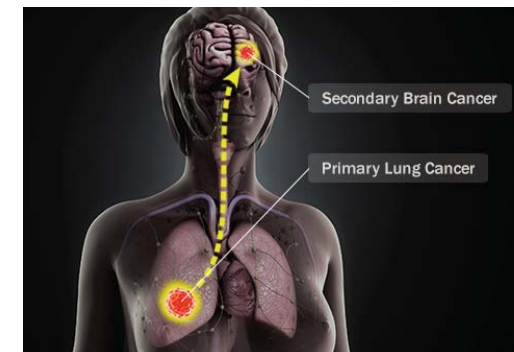
# NOX66: brain cancer program



Adult Primary: glioblastoma

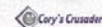


Adult Secondary: lung, breast, melanoma



Paediatric Primary: DIPG

**(DIPG)**  
**Diffuse Intrinsic Pontine Glioma**  
(dih-FYOOS in-TRIN-sik PON-teen glee-OH-muh)



- Approximately 150 to 200 children diagnosed each year
- Over 90% die within 18 months, 97% within three years
- Typical survival time is 9 to 12 months
- 5 to 10 of every 100 brain tumors is a DIPG
- Usually diagnosed in children from ages 5 to 10
- Little advances in treatment options in over 30 years

# 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 COME STANDARD OF CARE DRUG IN MOST CANCER PATIENTS

- ✓ Lean operation
- ✓ Experienced team

- ✓ key inflection points anticipated within next 6-12 months

- ✓ Several potential blockbuster drugs candidates

# Key metrics



<b>Shares outstanding</b>	<b>85M</b> : 38M free; 47M escrowed (July 2018)
<b>Other</b>	22.5M options (\$0.30) (2018)
<b>Market Cap (29.7.2017)</b>	\$27M
<b>Cash position</b>	AU\$ 6.0M IPO (9 Aug 2016) AU\$ 2.8M (Jun 2017)



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