NOXOPHARM NEWSLETTER

9 AUGUST 2016

Welcome to this new venture and to what we are confident will be an exciting and rewarding journey. It's a journey that starts with a clear focus on a primary objective, and that is to make current mainstream chemotherapy work better, work safer and work for more people. It's a journey that is going to take us into areas of such significant unmet need and size, that a successful outcome has the capacity to change the face of cancer management and provide Noxopharm with a significant global presence.

I have said this before, but it's worth repeating… I regard communication with our shareholders as of paramount importance. You have trusted us with your money…. the least we can do is to tell you what we are doing with it. Between an obligation as a public company for continuing disclosure on the one hand and commercial confidentiality and the preliminary nature of much of what we will be doing on the other, somewhere in the middle of those competing needs I intend to keep our shareholders and the market generally updated to the extent that I can. This newsletter and a regularly updated website will be the foundation for that communication. My commitment is for Noxopharm to be a shareholder-responsive and management-accessible company. As a shareholder, you are welcome to contact me at any time.

One other thought I want to leave you with, a motherhood statement that gets lost in the cut and thrust of the stockmarket, but nevertheless what I regard as an important statement about our ethos. That is, that while turning Noxopharm into a financially successful business is our key goal, not far behind that is the belief that we have the means to make a meaningful difference to the lives of many thousands of patients.

Graham Kelly

A COMPANY SNAPSHOT

Noxopharm hits the ground running with active clinical and pre-clinical programs. We are a clinical stage company with at least 1 clinical study planned to start before the end of 2016, along with a number of R&D projects intended to feed new drug candidates into a growing drug pipeline.

Operationally, the Company will function on a project managementbasis, meaning that we are staffed by a minimal number of experienced personnel who in turn oversee external contractors. The scientific staff will be spread between Melbourne and Sydney, reflecting the diversity of our R&D programs across a number of universities, hospitals and private service providers in both Victoria and NSW; admin and clinical support staff will be based in Sydney. Thismodel serves to keep overheads to a minimum and ensure that we retain that flexibility so important to young biotechs in being able to respond quickly to changing opportunities. We have offices, not laboratories;we have scientists and clinical support staff, not accountants, lawyers, patent attorneys etc. Those services will need to come in-house in time, but for the moment, small is beautiful, including a Board of 3 directors.

From a corporate perspective, the Company is registered in Victoria, with head office in Sydney. Formal shareholder meetings will be held in Melbourne, with an annual shareholder briefing in Sydney.

Scientifically, we are focused on overcoming the problem of cancer drug-resistance across the full spectrum of cancer types and standard frontline chemotherapies.

CHEMO-RESISTANCE

Chemo-resistance is our business. Chemo-resistance, or resistance to chemotherapy drugs, is why most people with life-threatening cancers eventually die from their cancer. This is the problem that Noxopharm has set itself to overcome. In much the same way that bacteria mutate to resist antibiotics, so cancer cells mutate to resist chemotherapies. For the last 45 years cancer cells have been at least one step ahead of drug developers by evolving means to make themselves less susceptible to drugs. No matter what new drugs we come up with, the cancer cell invariably wins the battle. Noxopharm is confident that it has the answer to this for most forms of cancer, and through drugs such as NOX66, to provide a level playing field where standard of care drugs will be allowed to work as intended. Our efforts are focused on this one objective in order that cancers such as pancreatic cancer, lung cancer, mesothelioma and malignant melanoma with high levels of chemo-resistance from the outset will now respond, and why many other cancers that initially respond but then go on to become resistant also can be made to respond once again. And finally, why patients generally considered too frail or too elderly to be given chemotherapy can now be offered meaningful dosages of chemotherapy

Our target market is summed up in three examples:

OUR MARKET

(i) Pancreatic cancer. Only 1 in 10 cases of metastatic cancer respond to the standard of care chemotherapy, gemcitabine.
(ii) Prostate cancer. Only 1 in 3 men with metastatic castrate-resistant cancer respond to standard of care chemotherapy, docetaxel.
(iii) Ovarian cancer. About 85% of cases of metastatic ovarian cancer respond to standard of care chemotherapy, carboplatin or paclitaxel, but the majority of these responding cancers eventually become resistant to these and all other drugs.

This is the typical spectrum of response to cytotoxic chemotherapy drugs across the broad range of human cancers, from poor (10%), to medium (30%), to good (85%) initial response rates, but with nearly all initial responders eventually losing their responsiveness. Irrespective of the type of cancer, the underlying mechanisms of drug resistance are the same; irrespective of the type of frontline chemotherapy used, the outcome is the same. This major unmet medical need is our market.

OUR TECHNOLOGY …AND OUR EDGE

Our technology is on three levels.Level 1is the compound, idronoxil. You will hear and learn more about this molecule over the coming months, but suffice here to know that it shuts down a switch in the cancer cell that is responsible for driving the production of drug-resistance mechanisms. Idronoxil seems to work across the full range of human cancers, and only cancer cells (so remarkably few side-effects), and works for all commonly used frontline chemotherapy drugs. Level 2 is an understanding of how to deliver idronoxil so that it is protected from detoxification by the body, a problem faced in earlier failed attempts to get the compound to work. Level 3 is more blue-sky, but highly exciting, and to do with an insight into how idronoxil affects a cancer cell's ability to communicate with its neighbours. It's called epigenetics, and we believe it is the future of cancer therapy. Idronoxil is our key to this future.

STAFF

Dr Marinella Messina. Clinical Operations Manager.

Marinella initially pursued an academic research career after completing a BSc. (Hons) at The University of Sydney. She has worked on a number of research projects from developing genetic tools for the study of bacterial and parasitic diseases at the Washington University of Medical School, USA, to cancer research at the Kolling Institute of Medical Research, Royal North Shore Hospital, Sydney, where she was awarded a PhD for research on the development of a genetic therapy for thyroid cancer. She subsequently was appointed Senior Hospital Scientist at the Kolling Institute and continued her studies into the genetic basis of thyroid cancer.

With a desire to be more actively involved in clinical research, Marinella joined contract research organization, Datapharm Australia, in 2009 initially in a hybrid role of Medical writer/Clinical Research Associate, later holding a clinical management role.

MUCH MORE INFORMATION

Over the past seven years she has worked in clinical trials across a range of therapeutic areas – notably in respiratory, dermatology, and oncology fromPhase I to Phase III studies. Her responsibilities have ranged fromcompilation of investigator brochure, protocol development and compliance, project and site management, clinical study report production, drug safety and pharmaco-vigilance. She has specific expertise in clinical operations planning, investigator recruitment and liaison, site set-up and regulatory submissions.

Marinella is highly qualified to manage what the Company anticipates being a rapidly growing portfolio of clinical studies.

We will have so much more information to share with you on our website that we will be adding to as we progress.

Please do drop bythe website to find more about our story, our science, and our plans for the future.

This is just the beginning of what we believe will be an exciting **story… and we are very pleased to welcome you along on the** journey.

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Forward Looking Statements

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