

March 2019



ASX: NOX



DISCOVER



DEVELOP



DELIVER

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We have a single objective:

To bring **Veyonda[®]**



- to market
- as the **first** approved drug
- that makes radiotherapy more effective
- for all forms of radiotherapy
- across most forms of solid cancer
- shifting the effect of radiotherapy from **palliative** to more **curative**.

Veyonda[®] A new class of anti-cancer drug

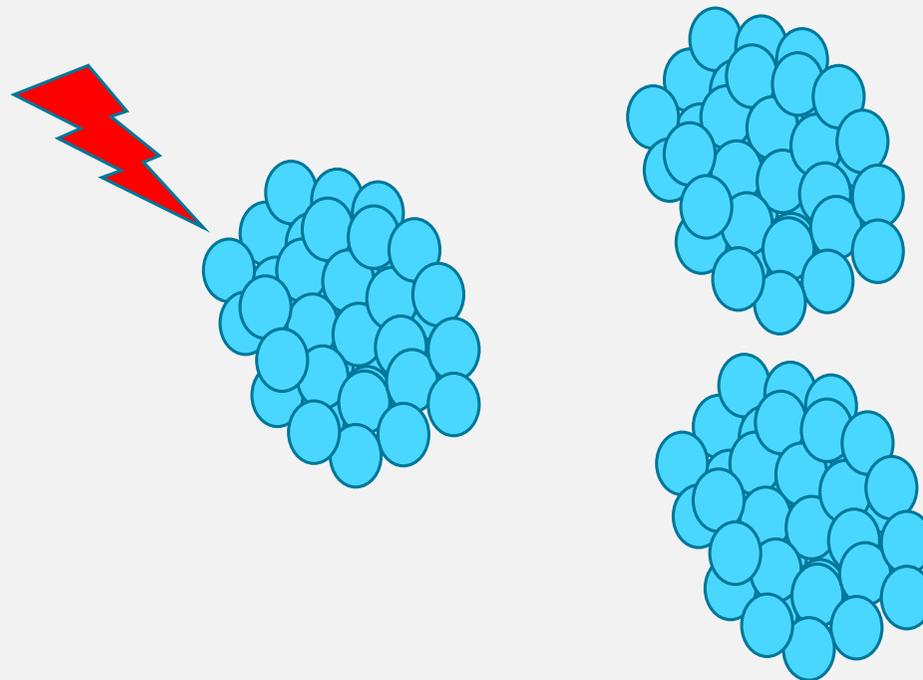
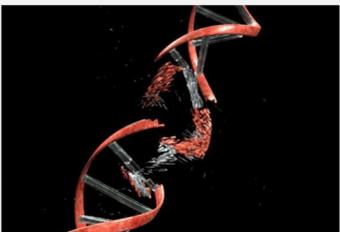
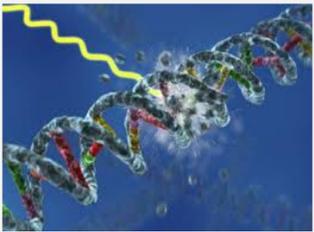
A dual radio-enhancing/immuno-oncology drug

Helping radiotherapy kill more cancer cells

Activating the innate immune system to eradicate all cancer cells in the body

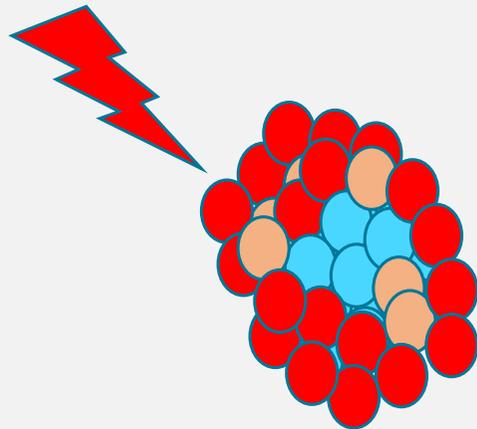
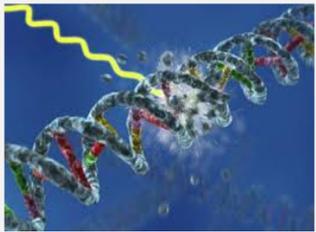
Veyonda[®] A new class of anti-cancer drug

Radiation seeks to kill cancer cells by damaging DNA

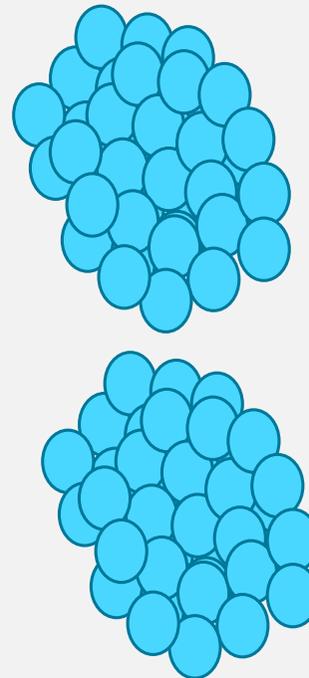


Veyonda[®] A new class of anti-cancer drug

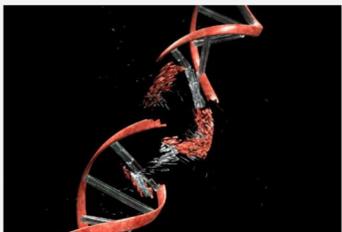
Radiation seeks to kill cancer cells by damaging DNA



Resulting mixture of dead, damaged and undamaged cancer cells

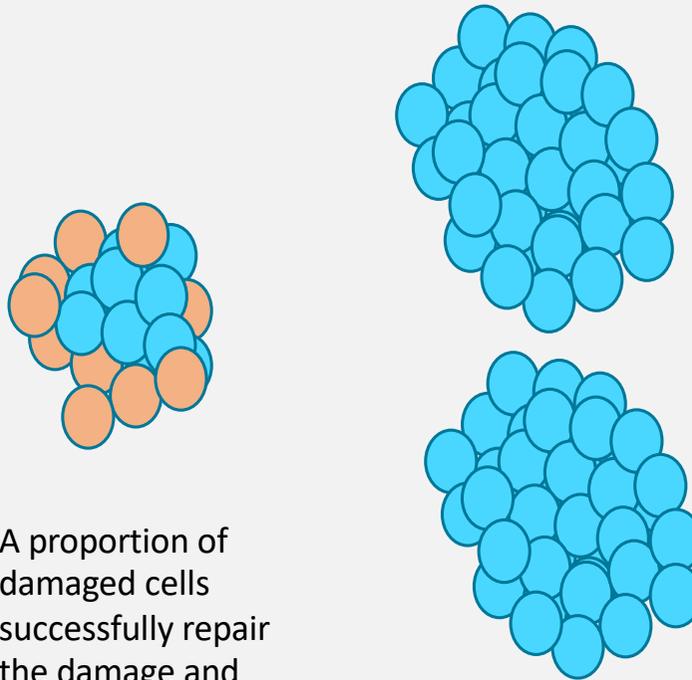
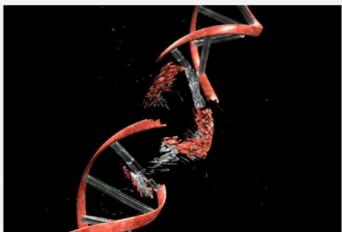


Non-irradiated lesions unaffected



Veyonda[®] A new class of anti-cancer drug

Radiation seeks to kill cancer cells by damaging DNA

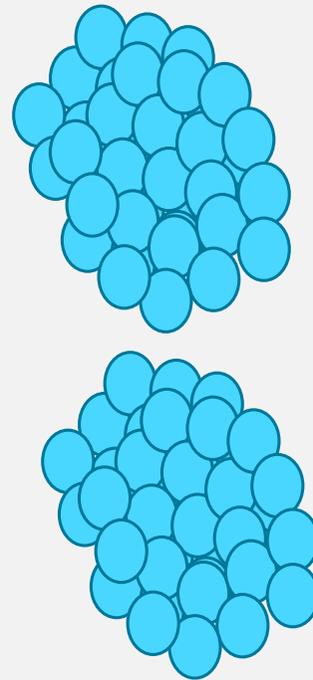
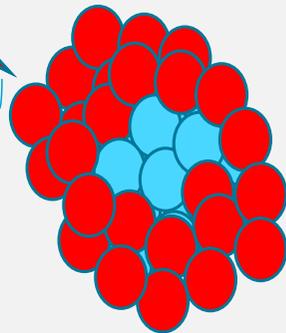


A proportion of
damaged cells
successfully repair
the damage and
survive

Veyonda[®] A new class of anti-cancer drug

A dual **radio-enhancing** immuno-oncology drug

Veyonda[®] +



More cancer cells killed

Veyonda[®] A new class of anti-cancer drug

A dual **radio-enhancing** immuno-oncology drug

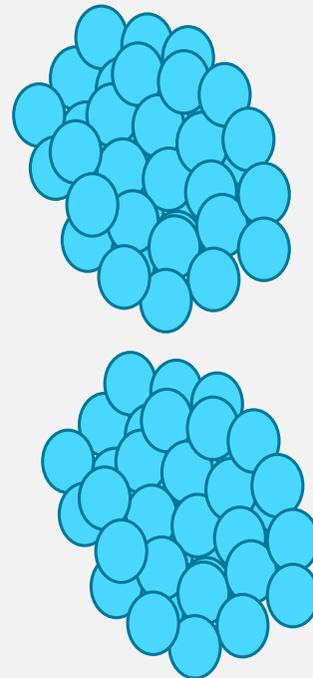
Veyonda[®] + 



More cancer cells killed

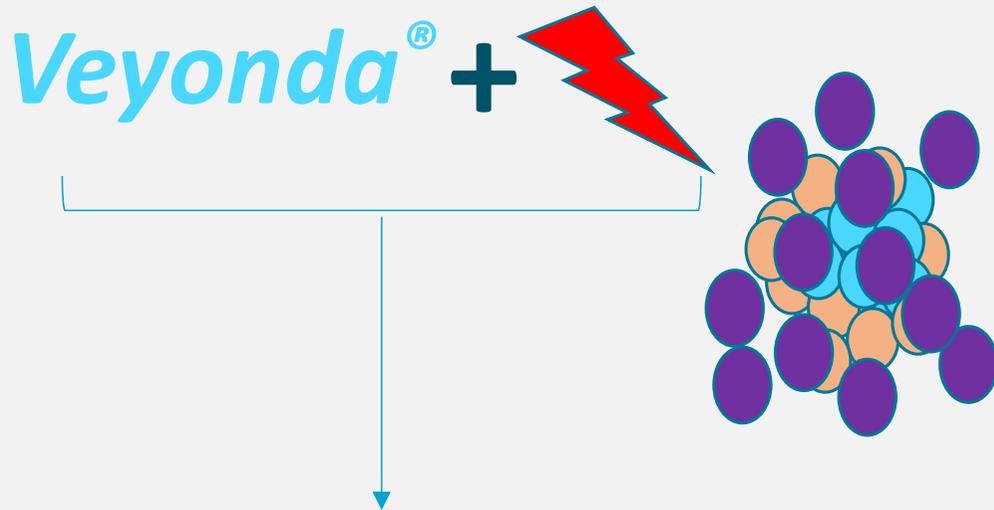


Result is greater shrinkage of the lesion

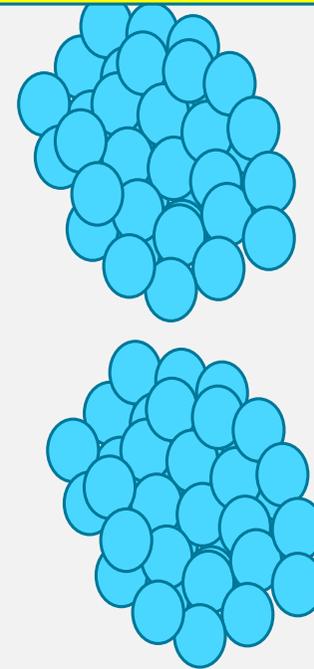


Veyonda[®] A new class of anti-cancer drug

A dual radio-enhancing/immuno-oncology drug

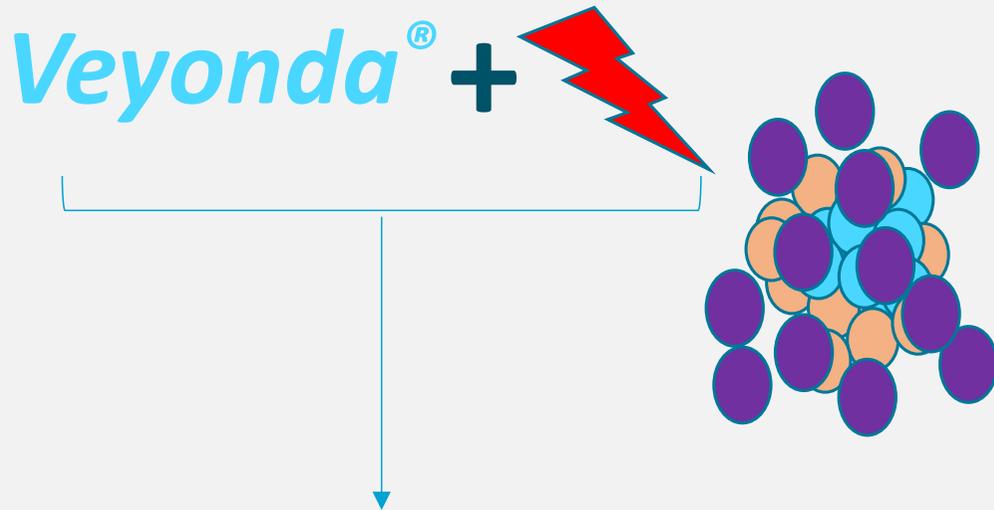


- Natural Killer cells
- CD4 T lymphocytes

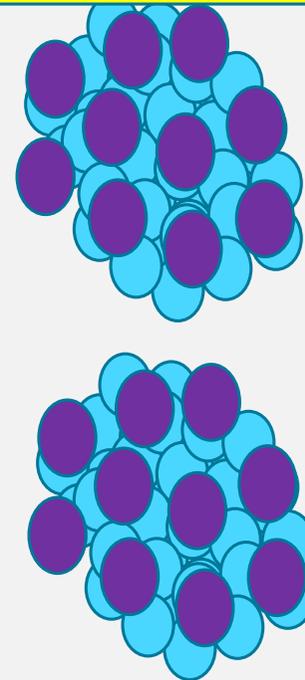


Veyonda[®] A new class of anti-cancer drug

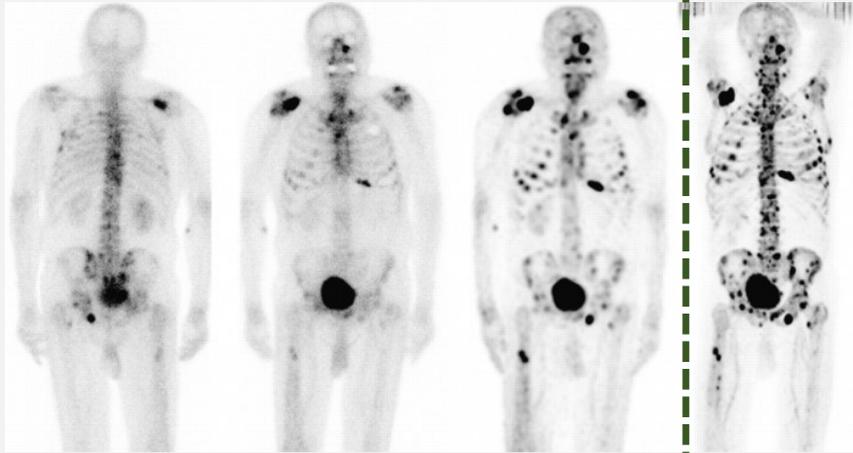
A dual radio-enhancing/immuno-oncology drug



- Natural Killer cells
- CD4 T lymphocytes



Innate immune cells stimulated both within the irradiated lesion and more generally, resulting in shrinkage of both the irradiated and non-irradiated lesions



Failed all standard treatments

Progressive disease (rising PSA)

Cancer metastatic; mostly in bones

Bone pain; high opioid use

Survival typically 3-6 months

Veyonda[®] + Radiotherapy in end-stage prostate cancer



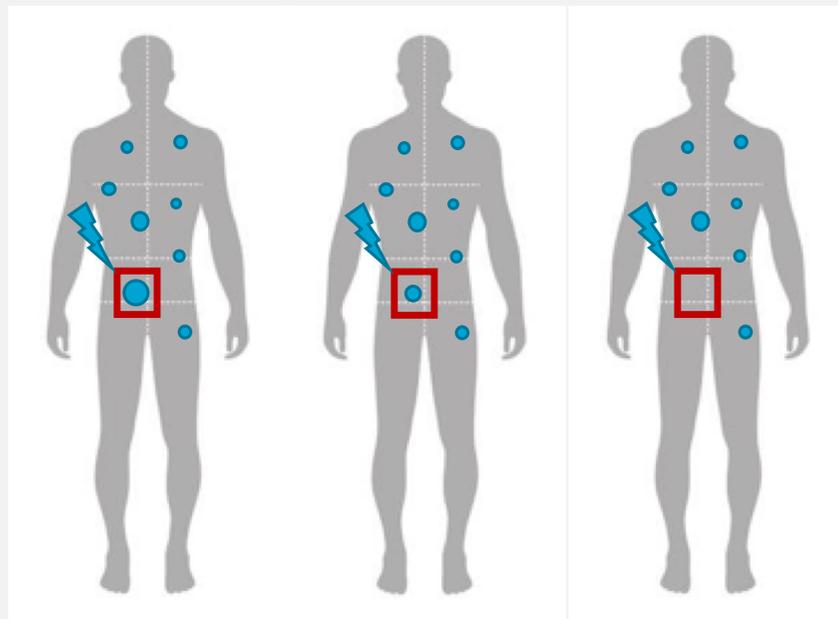
Externally-delivered radiotherapy

<i>Veyonda</i> [®]	10 days
Radiotherapy	5 days



DIRECT RESPONSE

At a minimum, Veyonda® is expected to lead to better **DIRECT response** to radiotherapy due to a radio-enhancing effect

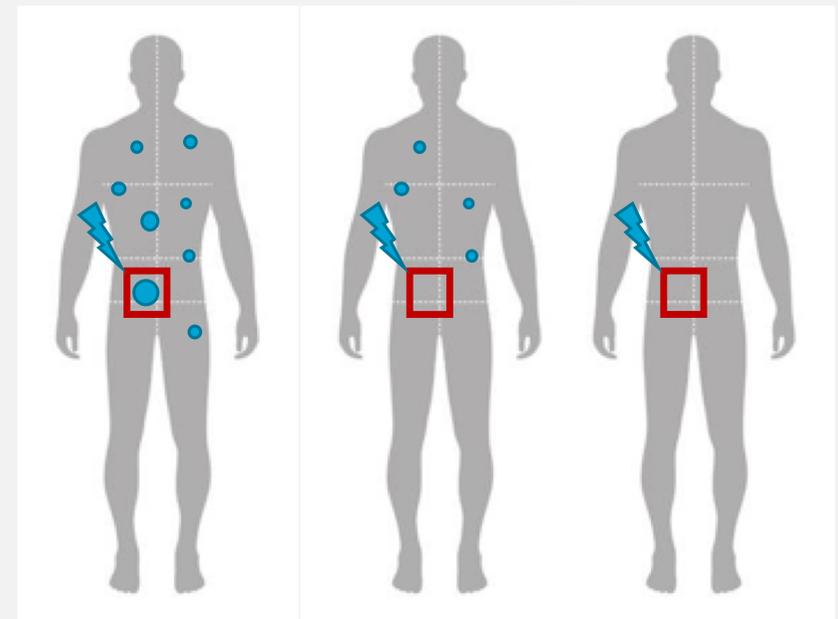


Shrinkage of Irradiated tumor

Complete resolution of Irradiated tumor

ABSCOPAL RESPONSE

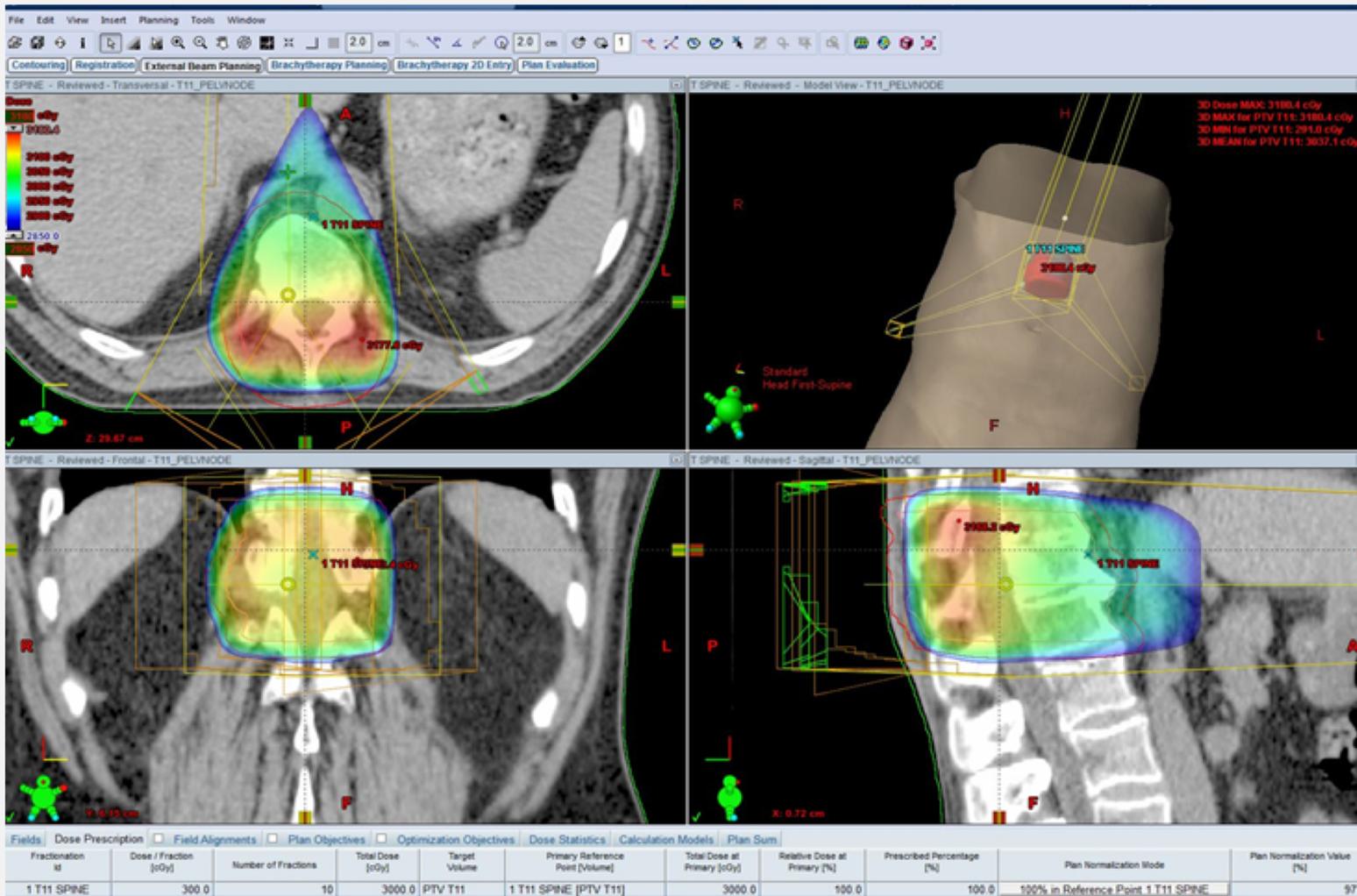
The best expected outcome would be an improved **DIRECT response**, plus shrinkage of non-targeted lesions due to an immuno-oncology effect



Partial abscopal response

Complete abscopal response

Case Study #1



Case Study #1

0499996

1 MULTIAREA
 Olap accepted
RT PELV NODES
 T SPINE
 30Gy/10# : R0
 Right Pelvic Nodes : R0

- FemoralHeadR
- FEMORALHEADS
- Kidney Lt
- Kidney Rt
- KW INF CTV
- KW INF PTV
- KW SB EXPO
- KW SUP CTV
- KW SUP PTV
- Liver
- PTV right nodes
- RECTAL FILL
- Rectum
- RING IN
- RING OUT
- SB OUT
- Small bowel
- tune
- User Origin
- Reference Points
- 1 TD RT PELV NOD
- Dose
- Fields
- S1

RT PELV NODES - Completed - Transversal - IMRT PELVNODE

Dose
 4469.3 cGy
 4469.3
 4000 cGy
 3500 cGy
 3000 cGy
 2500 cGy
 2000 cGy
 1500 cGy
 1000 cGy
 500 cGy
 0 cGy

3D Dose MAX: 4469.3 cGy
 3D MAX for PTV right nodes: 4469.3 cGy
 3D MIN for PTV right nodes: 1433.1 cGy
 3D MEAN for PTV right nodes: 3994.1 cGy

1 TD RT PELV NOD

Standard
 Head First-Supine
 Z: 2.20 cm

oup	Field ID	Technique	Machine/Energy	MLC	Field Weight	Scale	Gantry Rtn [deg]	Coll Rtn [deg]	Couch Rtn [deg]	Wedge	Field X [cm]	X1 [cm]	X2 [cm]	Field Y [cm]	Y1 [cm]	Y2 [cm]	X [cm]	Y [cm]	Z [cm]	Calculated SSD [cm]	MU	Ref. D [cGy]
✓	S1	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	0.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	89.7		
✓	S2	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	270.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	86.7		
✓	S3	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	180.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	88.6		
✓	1	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	180.0	21.0	0.0	None	10.1	+4.9	+5.2	12.6	+5.6	+7.0	-3.50	-0.95	2.00	88.6	270	
✓	2	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	215.0	0.0	0.0	None	13.8	+6.0	+7.8	12.2	+5.6	+6.6	-3.50	-0.95	2.00	86.2	283	
✓	3	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	240.0	351.0	0.0	None	13.9	+6.3	+7.6	12.8	+6.3	+6.5	-3.50	-0.95	2.00	84.3	357	

User: alphonse Group: Oncologist Site: Main Cap: NIM Ctrl: [unintelligible]

Case Study #1

0499996

1 MULTIAREA

- Olap accepted
- RT PELV NODES**
- T SPINE
- R 30Gy/10# : R0
- R Right Pelvic Nodes : R0

- FemoralHeadR
- FEMORALHEADS
- Kidney Lt
- Kidney Rt
- KW INF CTV
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- 1 TD RT PELV NOD
- Dose
- Fields
- S1

RT PELV NODES - Completed - Transversal - IMRT PELVNODE

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3D Dose MAX: 4469.3 cGy
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1 TD RT PELV NOD

Standard
 Head First-Supine
 Z: 0.40 cm

Field ID	Technique	Machine/Energy	MLC	Field Weight	Scale	Gantry Rtn [deg]	Coll Rtn [deg]	Couch Rtn [deg]	Wedge	Field X [cm]	X1 [cm]	X2 [cm]	Field Y [cm]	Y1 [cm]	Y2 [cm]	X [cm]	Y [cm]	Z [cm]	Calculated SSD [cm]	MU	Ref. D [cGy]
S1	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	0.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	89.7		
S2	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	270.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	86.7		
S3	STATIC-I	LA2TRILOGY - 6X		0.000	Varian IEC	180.0	0.0	0.0	None	10.0	+5.0	+5.0	10.0	+5.0	+5.0	-3.50	-0.95	2.00	88.6		
1	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	180.0	21.0	0.0	None	10.1	+4.9	+5.2	12.6	+5.6	+7.0	-3.50	-0.95	2.00	88.6	270	
2	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	215.0	0.0	0.0	None	13.8	+6.0	+7.8	12.2	+5.6	+6.6	-3.50	-0.95	2.00	86.2	283	
3	STATIC-I	LA2TRILOGY - 6X	Dose Dynamic	1.000	Varian IEC	240.0	351.0	0.0	None	13.9	+6.3	+7.6	12.8	+6.3	+6.5	-3.50	-0.95	2.00	84.3	357	

Case Study #1

Veyonda + 20 Gy radiotherapy



	7/7/14	29/9/14	28/11/14	2/3/15	30/4/15
Total PSA	140	170	13	0.18	0.07

February 2019 = PSA undetectable; no lesions detected

DARRT-1 Study

- ❖ Phase 1b study; 24 men
- ❖ Patients reviewed at 6, 12 and 24 weeks
- ❖ Interim review of first 7 patients at 12 weeks*
 - 4/7 achieved PSA falls >50%
 - 5/7 achieved decrease in pain levels >30%
 - 1/7 showed partial response (RECIST) and 5/7 showed stable disease

The significant reductions in PSA, pain levels and the tumour control rate is suggestive of systemic (off-target) responses at 3 months in men with advanced mCRPC.

Veyonda[®] - DARRT Treatment

- ❖ **10 days** of treatment (vs 6-8 months chemotherapy)
- ❖ Using **low dose** of radiation (one-third normal dose)
- ❖ **Well tolerated** - fatigue only known side-effect (no typical chemotherapy side-effects)
- ❖ Radiation delivered by readily-available **standard** external beam machines
- ❖ Cost of radiotherapy **US\$5K-7K** (vs \$30K-250K for chemotherapy; more for CAR-T)

Opportunity to deliver long-term, complete remission in late-stage cancers with no remaining treatment options:

- highly cost-effective (more likely to be reimbursed)
- minimally invasive for the patient
- much higher throughput for hospitals
- possible use even in under-developed countries

Key Messages

- 1 WE BELIEVE VEYONDA HAS THE POTENTIAL TO BECOME A MAJOR ONCOLOGY DRUG
- 2 A SUCCESSFUL OUTCOME BEING A SHARE OF THE \$100 BILLION ONCOLOGY DRUG MARKET
- 3 DELIVERING COST-EFFECTIVE TREATMENT IN A WELL-TOLERATED WAY
- 4 POTENTIALLY PROVIDING CONSIDERABLY GREATER BENEFITS THAN WITH CHEMOTHERAPY

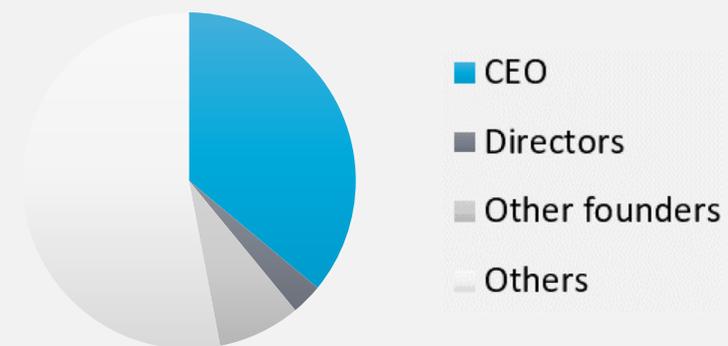
- ✓ Experienced big pharma clinical team
- ✓ Experienced public company Board

- ✓ Multiple key inflection points expected next 6-12 months

- ✓ Potential to transform cancer therapy

Key metrics

Number of Shares	121.9M : Free float 66.8%
Market Cap (1 March 2019)	AU\$53M
IPO price	20 cents
12 month high/low	\$1.64/0.36
Cash position	AU\$ 9.6M (31 Dec 2018)





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graham.kelly@noxopharm.com