

Date: 20 November 2019

Sydney, Australia

ASX Limited 20 Bridge Street SYDNEY NSW 2000

Noxopharm 2019 Annual General Meeting Corporate Presentations

Sydney, 20 November 2019: Noxopharm (ASX: NOX) is pleased to provide shareholders and the market generally the corporate presentations for today's Annual General Meeting (AGM).

Following voting formalities, three presentations will be given;

- Executive Chairman and CEO, Dr Graham Kelly, will provide a general overview of the year ahead;
- Dr Gisela Mautner, the Chief Medical Officer, will provide an update on the clinical strategy and program; and
- Mr Alex Hunter, the Chief Commercial Officer, will give an update on the business, commercialisation and funding strategies.

The Noxopharm 2019 AGM will take place at 2pm today, Wednesday 20 November, at the following location:

Warrane Theatre, Museum of Sydney Corner Bridge and Phillip Streets SYDNEY. NSW

About Noxopharm

Noxopharm is a clinical-stage Australian drug development company with offices in Sydney and New York. The Company has a primary focus on the development of Veyonda[®] and is the major shareholder in Nyrada Inc.

www.noxopharm.com

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Noxopharm Limited

AGM Presentation



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AGENDA

- 1. What we see as our future Graham Kelly CEO/Exec Chairman
- 2. Turning Veyonda[®] into a reality Gisela Mautner CMO
- 3. How we intend to pay for the reality Alex Hunter CCO





Corporate Overview



A sphingosine-1-phosphate inhibitor

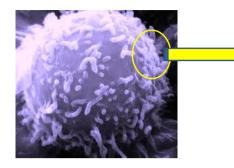
First in class

Selective for cancer cells

.... that we see having the potential to become a commonly-used anti-cancer drug within a few years

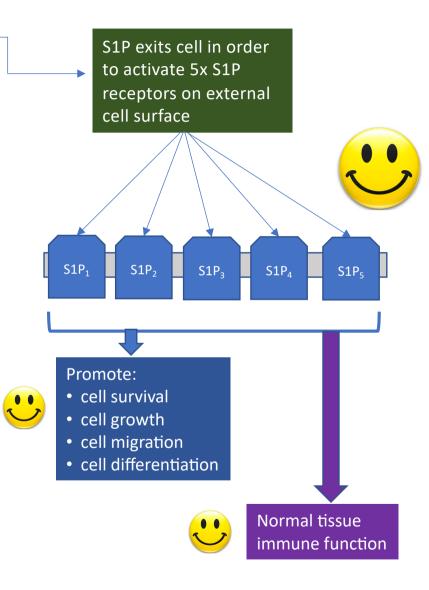


sphingosine-1-phosphate (S1P) story



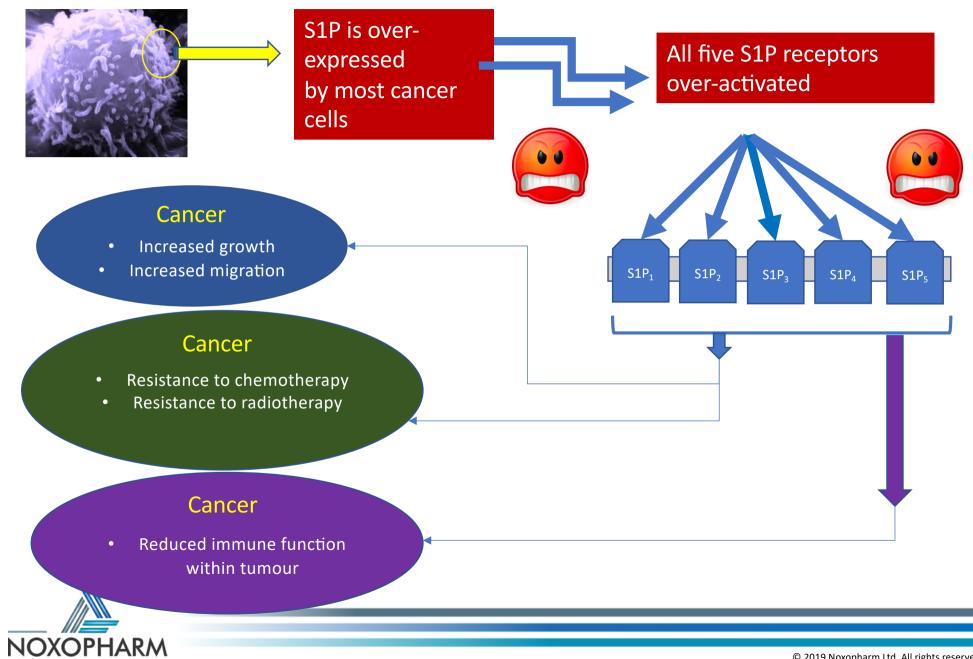
S1P is a vital prosurvival factor produced in the cell membrane of all cells



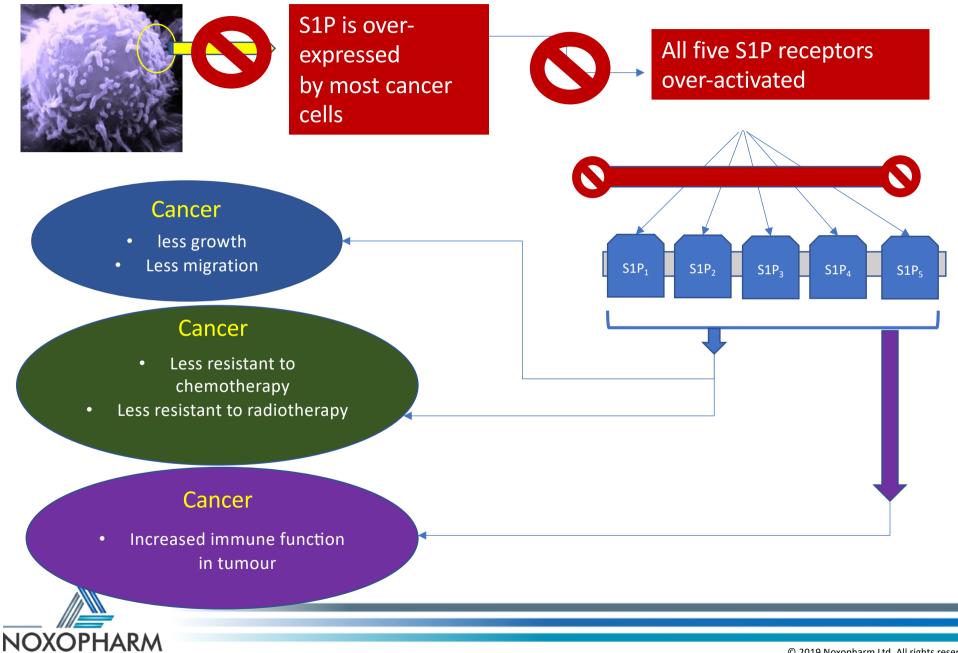




S1P – major driver of cancer cell misbehaviour



Idronoxil blocks S1P production in cancer cells



Veyonda[®] first-in-class S1P inhibitor

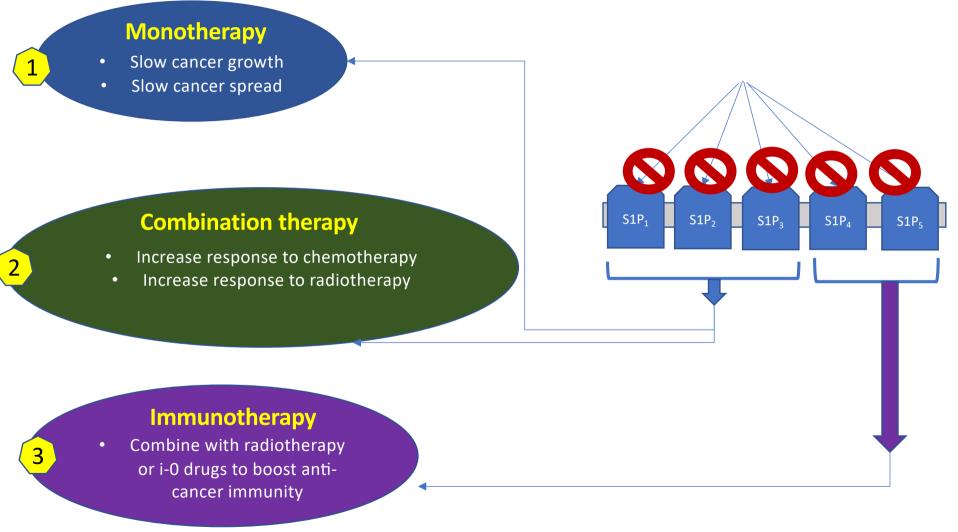
Distinct from any other S1P inhibitor in that inhibitory effect is on an oncogene upstream of S1P

Only inhibits S1P in cancer cells and some high turnover cells

Well-tolerated S1P inhibitor

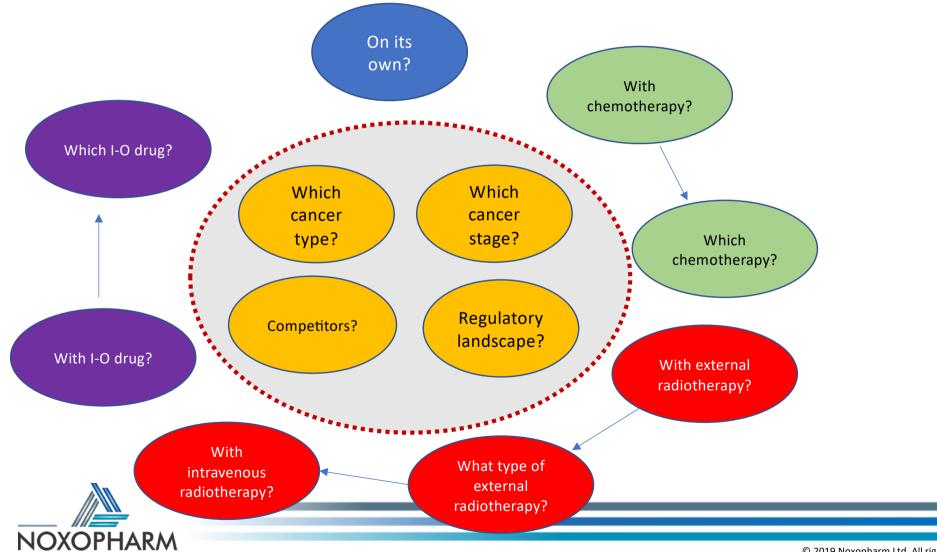


Providing Veyonda[®] with 3 potential methods of use





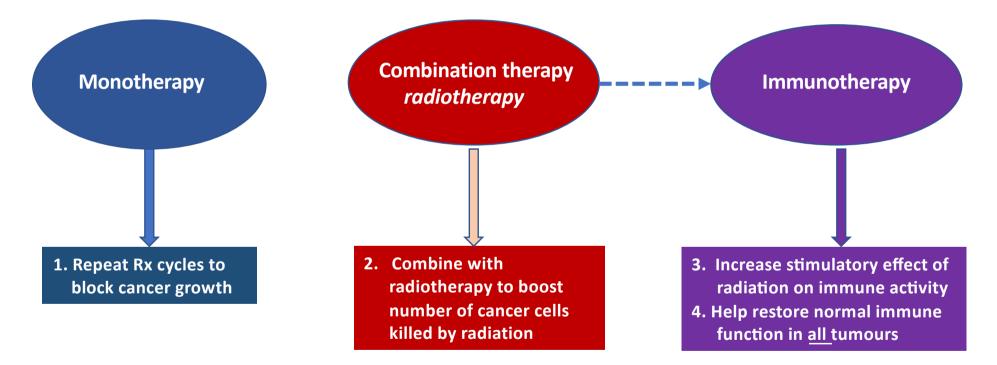
With multiple options for use, Years 1-3 have been about determining most <u>assured path</u> to market for *Veyonda*®





YEAR 4 Veyonda[®] path to market now set

DARRT and mCRPC



Unique 4-way anti-cancer actions



Selection of DARRT based on

- Positive clinical signals in DARRT-1
- Absence of disease progression at 6-months in >50% of men suggestive of ability to achieve OS outcome
- No safety issues observed
- Advice of Company's U.S. Prostate Cancer Med Advisory Board
- Large unmet need
- Opportunity to apply for FDA expedited review
- Opportunity for Phase 2 adaptive design
- Only 1 known competitive technology *PSMA* + *radionuclide*



Veyonda[®] - Clinical Program



Clinical development priorities

Priority	Indication	Objective
1 ⁰ DARRT-2	Late-stage mCRPC	Path to NDA
2 [°] LuPIN		
	Late-stage mCRPC	Potential strategic alliance
3 ⁰ CEP-2	Soft tissue sarcomas + DOX	Orphan drug grant
4 ⁰ IONIC-1	NSCLC non-responding to i-o drugs	Potential strategic alliance
	NSCLC Hon-responding to 1-0 drugs	Fotential strategic amarice
An a		



Veyonda® - Clinical Program



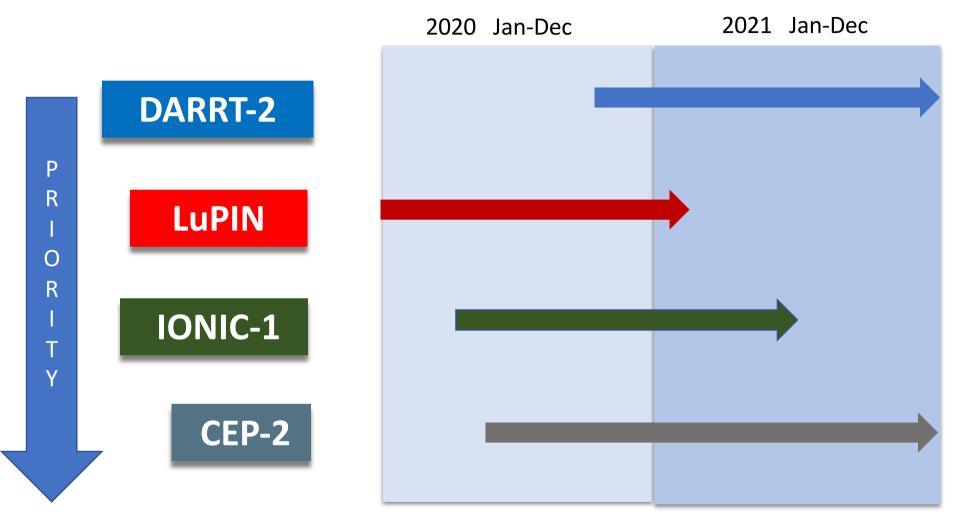
2⁰ LuPIN

- 56-man Phase study St Vincent's Hospital, Sydney - Garvan Inst of Med Res - Kinghorn Cancer Centre
- NOX66 + ¹⁷⁷Lu-PSMA -617
- Full recruitment expected end-2019
- Final read-out Q1 2021
- Compassionate use scheme
- Providing valuable signals on response to NOX66 + ¹⁷⁷Lu-PSMA in men who fail to respond to ¹⁷⁷Lu-PSMA alone



Clinical timetable 2020-2021









Drug Pipeline Program



Build Company value

Indication

Glioblastoma multiforme

Glutamate receptor inhibitor

NOX66

Nasopharyneal cancer

Cancer stem cell cytotoxic

IRAK4 inhibitor

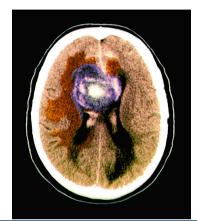
Various cancers

Various cancers





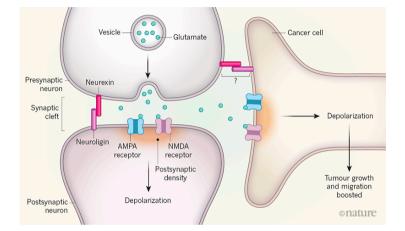
Glutamate receptor inhibitor



GBM does not grow in the brain in isolation



GBM cancer cells form connections with neurons



Glutamate neurotransmitter drives growth of GBM cells

Aim is to be first glutamate-inhibitor in the clinic for GBM In-licence existing glutamate receptorinhibitor for oncology

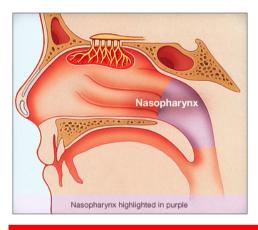
Developing world-first selective glutamateinhibitor for stroke/TBI



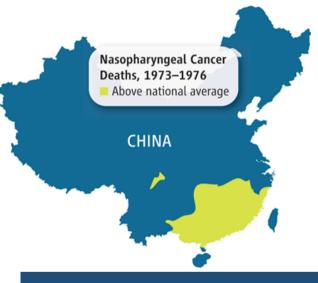




NOX66 for nasopharyngeal cancer



Cancer upper throat/back of nasal cavity



High incidence in ethnic Chinese in southern China and SE Asia

- Incidence 25x rest of world
- Responsible for 18% of cancers in Southern China
- Associated with EBV infection





NOX66 for nasopharyngeal cancer

- Collaboration with Hong Kong University (NPC KOL)
- Recently awarded \$50,000 bridging grant from Australian Academy of Technology and Science
- Idronoxil highly active against NPC cells *in vitro*. New study to determine role of NOX66 in restoring immune function within NPC tumours
- Strategy: collaboration to support future clinical study/strategic partnership in China



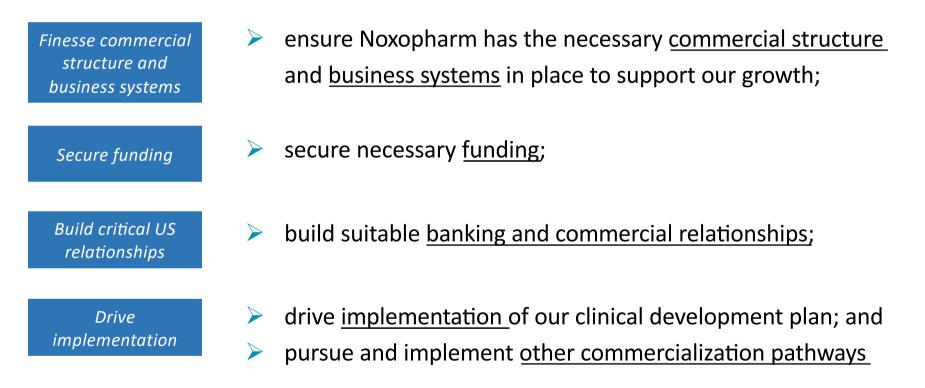


Alex Hunter, Chief Commercial Officer

Commercial & financial perspective



My key focus as Chief Commercial Officer is to work with Noxopharm's highly experienced scientific and management team to:



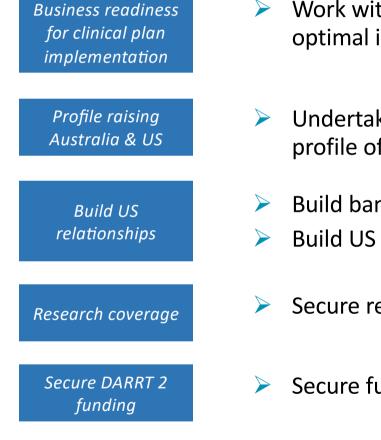
I will draw on my extensive corporate finance, business management and US business experience in fulfilling this role.



Next nine months



Next nine months critical focus:



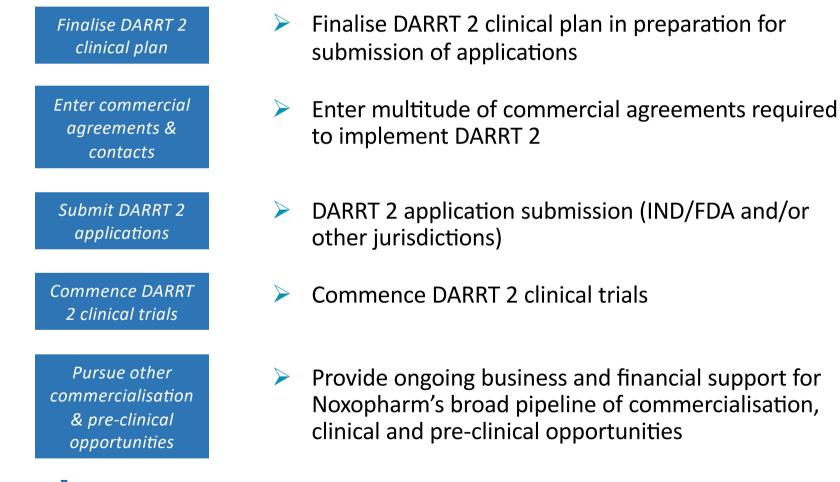
- Work with NOX management team to prepare business for optimal implementation of clinical development plan
- Undertake investor roadshows in Australia & USA to raise profile of Noxopharm and DARRT 2
- Build banking relationships ahead of intended US IPO
- Build US clinical & commercial relationships
- Secure research coverage of Noxopharm
- Secure funding for DARRT 2 potentially via US IPO



Beyond nine months



Beyond nine months critical focus:







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AGM Presentation





Noxopharm AGM, 20 November 2019 in Sydney

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Veyonda®



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Did you know?

EACH DAY in Australia

are diagnosed with

50 MEN

PROSTATE CANCER



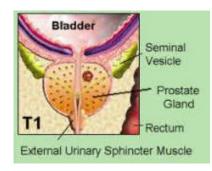
1 in 5 men develop prostate cancer before they turn 85

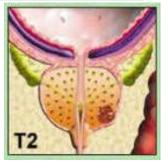


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Prostate Cancer – four main stages





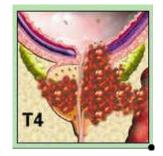


Stage I

The cancer is small and confined to the prostate.



Stage II The cancer is still confined to the prostate but is large enough to be detected by physical examination.





Stage III

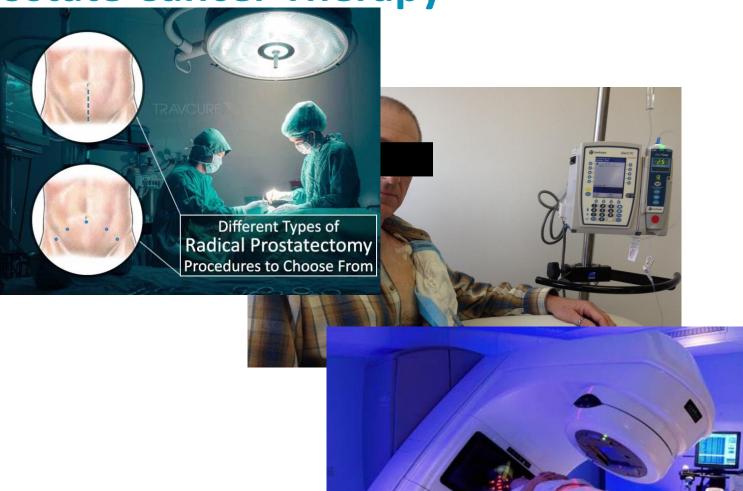
The cancer has spread beyond the prostate into the pelvis (bladder, rectum, lymph nodes).

Stage IV The cancer has spread locally and to distant organs and bones.



Prostate Cancer Therapy







Prostate Cancer Therapy – Side Effects



Erectile dysfunction





Depression





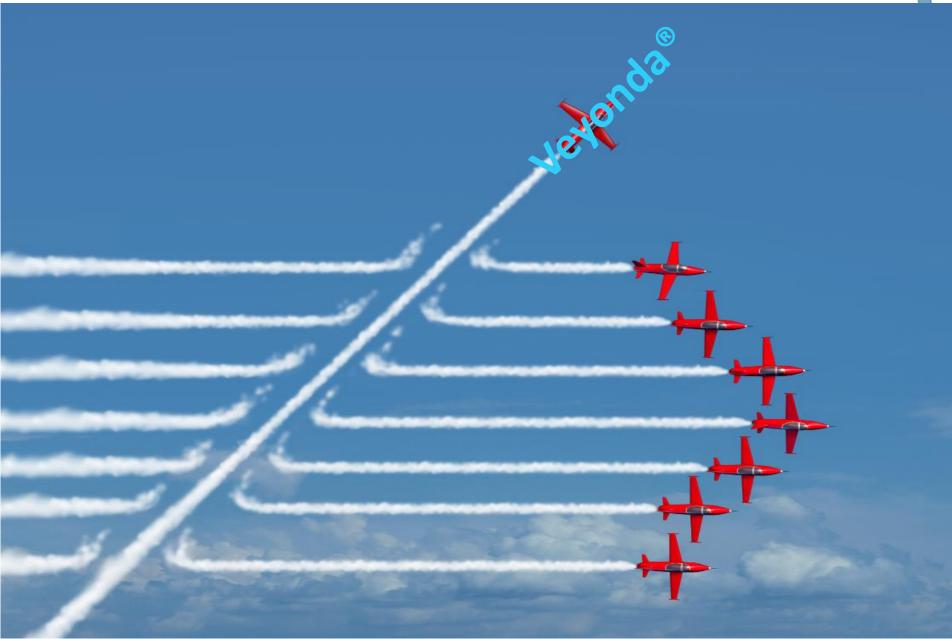
Nausea and vomiting



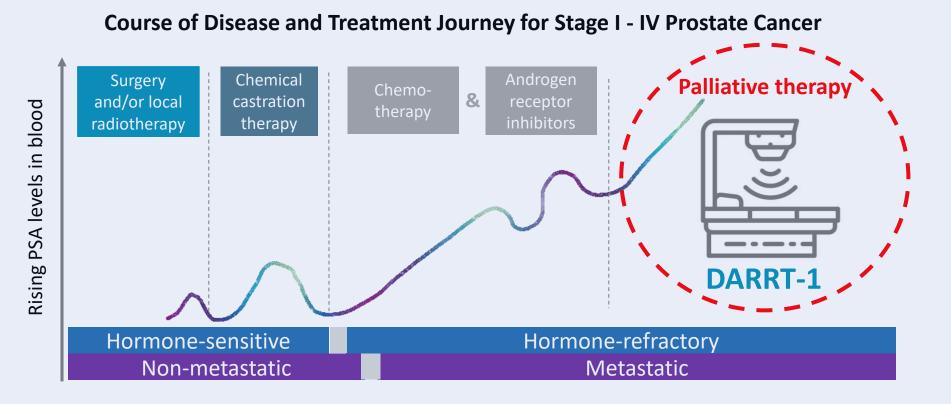
Hair loss

Our Goal is to Revolutionise Cancer Therapy





Prostate Cancer and Treatment Options





Veyonda[®] – Clinical Study DARRT-1



- 26 men enrolled with late-stage prostate cancer
- Metastatic castration-resistant prostate cancer (mCRPC)
- Progressive disease
- No remaining standard treatment options
- Eligible for palliative RT for symptomatic relief
- Treatment with low-dose RT (20Gy in 5 fractions) and 14 days of NOX66 (400, 800, 1200 mg)

elief D, Bone scan with metastatic disease



DARRT = Direct and Abscopal Response to Radiation Therapy; RT = Radiation Therapy

DARRT-1: Study Design¹

- Phase 1b, open label, non-randomised study of NOX66 in combination with palliative radiotherapy in patients with mCRPC

PATIENTS (N=24) mCPRC; no CNS involvement ≥1 lesion suitable for RT ECOG PS 0-2 Adequate haematologic, hepatic and renal function Life expectancy ≥24 weeks Ongoing androgen deprivation therapy (LHRH agonist/antagonist) Cohort 1 (n=4) NOX66 400 mg on Days 1-16 + radiation on Days 2-9

Cohort 2 (n=4) NOX66 800 mg on Days 1-16 + radiation on Days 2-9

Cohort 3 (n=4) NOX66 1200 mg on Days 1-16 + radiation on Days 2-9

Cohort 4 (expansion; n=12) NOX66 1200 mg on Days 1-16* + radiation on Days 2-9

Primary Endpoints

• Safety (TEAEs, laboratory results, ECG)

Secondary Endpoints

 Efficacy (overall response, change in tumour size in target/non-target lesions, pain score, PSA levels, ECOG value)

Change from baseline analysed at 6, 12 and 24 weeks

* The 1200mg dose for Cohort 4 was selected by the Study Steering Committee based on the interim safety and tumour response data from Cohorts 1,2 and 3

CNS = central nervous system; ECG = electrocardiogram; ECOG PS = Eastern Cooperative Oncology Group Performance Status; LHRH = luteinizing hormone-releasing hormone; mCRPC = metastatic castrate resistant prostate cancer; PSA = prostate-specific antigen; RT = radiation therapy; TEAEs = treatment-emergent adverse events

1. Available at: https://clinicaltrials.gov/ct2/show/NCT03307629. Accessed March 2019.





- Veyonda[®] in combination with radiation therapy appeared to be well-tolerated¹
- In the 22* patients who were evaluable at 3 months¹

* 4 patients lost to follow-up

DARRT = Direct and Abscopal Response to RadioTherapy; PSA = prostate specific antigen 1. Noxopharm. Data on file.





- Veyonda[®] in combination with radiation therapy appeared to be well-tolerated¹
- In the 22* patients who were evaluable at 3 months¹

- The PSA levels fell in 7 patients

(7/22 patients achieved >50% reduction in PSA at 3 months)

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- The Pain levels fell in 12 patients

(12/22 patients achieved >30% reduction in pain at 3 months)

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- Veyonda[®] in combination with radiation therapy appeared to be well-tolerated¹
- In the 22* patients who were evaluable at 3 months¹

- The PSA levels fell in 7 patients

(7/22 patients achieved <a>>50% reduction in PSA at 3 months)

- The Pain levels fell in 12 patients

(12/22 patients achieved >30% reduction in pain at 3 months)

-The Tumours stopped growing or reduced in size in 16 patients

(3 patients achieved a partial response and 13 achieved stable disease at 3 months)

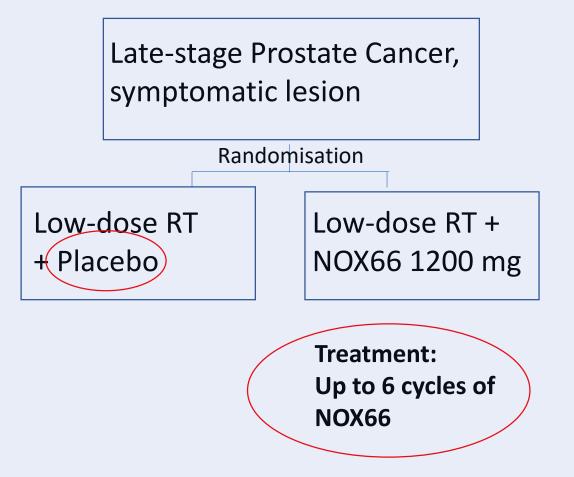
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DARRT-2 – In Planning







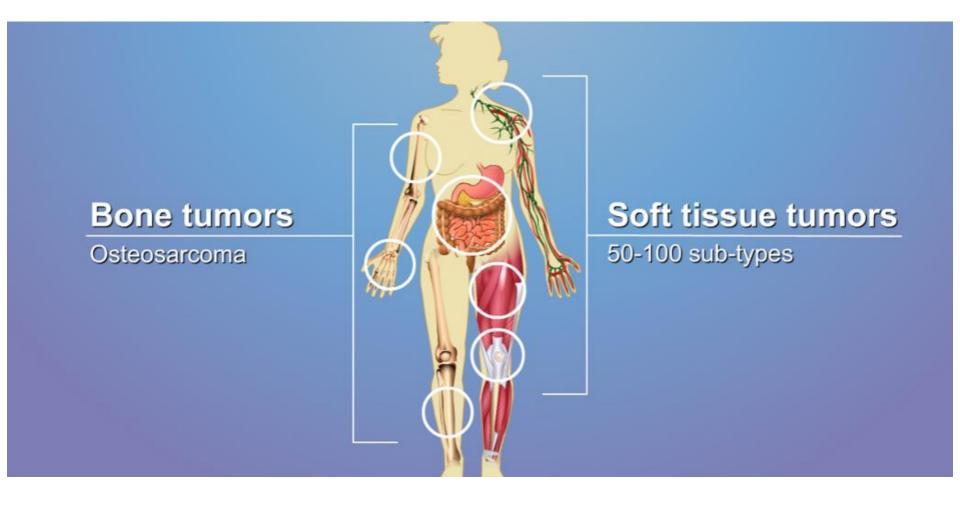
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There are more than 100 Types of Cancer

All Cancers Lavender Bladder Cancer Yellow-Brain Cancer Grey **Breast Cancer** Pink **Cervical Cancer** Teal/White Childhood Cancer Gold **Colon Cancer** Dark Blue **Esophageal Cancer** Periwinkle Head & Neck Cancer Burgundy/Ivory Kidney Cancer Orange Leiomyosarcoma Purple Leukemia Orange Liver Cancer Emerald

Lung Cancers White Lymphoma Lime Melanoma Black **Multiple Myeloma** Burgundy **Ovarian Cancer** Teal **Pancreatic Cancer** Purple **Prostate Cancer** Light Blue Sarcoma/Bone Cancer Yellow Stomach Cancer Periwinkle **Testicular Cancer** Orchid **Thyroid Cancer** Teal/Pink/Blue **Uterine Cancer** Peach **Honors Caregivers** Plum

Sarcoma – Two main Types





Current Classification of Sarcomas

Vascular STS

- Angiosarcoma
- Hemangiosarcoma
- Lymphangiosarcoma
- Hemangioendothelioma
- Hemangiopericytoma
- Kaposi sarcoma

Neural STS

- Malignant peripheral nerve sheath tumor
- Malignant paraganglioma
- Neuroblastoma, neuroepithelioma
- Granular cell tumor

Adipose STS

- Atypical lipomatous tumor
- Myxoid/round cell liposarcoma
- Dedifferentiated liposarcoma

Pleomorphic STS

 Liposarcoma, malignant fibrous histiocytoma

Neuromuscular STS

GIST

Unclassified

ARMS = alveolar rhabdomyosarcoma;

Smooth Muscle STS

 Gastrointestinal, genitourinary, cutaneous, vascular

Skeletal Muscle STS

- ARMS, ERMS, pleomorphic RMS
 Fibrous STS
 - Fibrosarcoma
 - Fibromyxoid sarcomas
 - Desmoid tumor
 - Dermatofibrosarcoma
 - Inflammatory myofibroblastic tumor

Unknown Tissue

- Synovial sarcoma
- Alveolar soft part sarcoma
- Epithelioid sarcoma

Bone Sarcomas

- Osteosarcoma (+ variants)
- Chondrosarcoma (+ variants)
- Giant cell tumor of bone
- Ewing sarcoma family of tumors

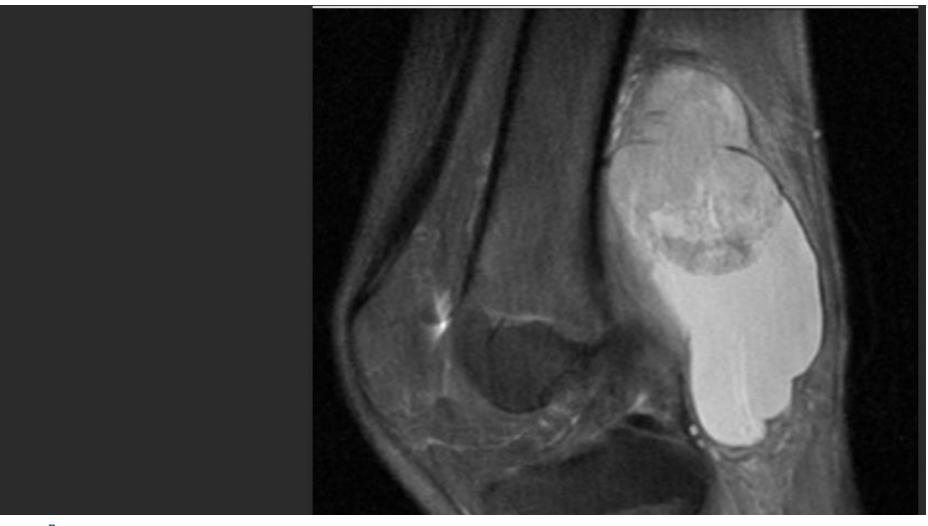
Extraskeletal Bone Sarcomas

- Osteosarcoma
- Ewing sarcoma family
- Chondrosarcoma

ERMS = embryonal rhabdomyosarcoma; RMS = rhabdomyosarcoma; STS = soft tissue sarcoma



Synovial Sarcoma





Sarcomas



- A heterogeneous group of malignant tumours in connective tissue such as bone, cartilage, muscle, fat, blood vessel and lymphoid tissue
- Divided into two major groups: Osteosarcomas (bone sarcomas) and Soft Tissue Sarcomas – each have multiple subtypes
- > Two thirds of Soft Tissue Sarcomas occur in extremities
- Constitute ~1% of cancers in adults, but ~15% in children
- The overall 5-year survival rate for sarcomas is ~65-67%



FDA – Orphan Drug Designation



- Protocol assistance by FDA
- Tax credits of 50% of the clinical drug testing cost
- Research grants awarded by FDA
- > Waiver of NDA application fee



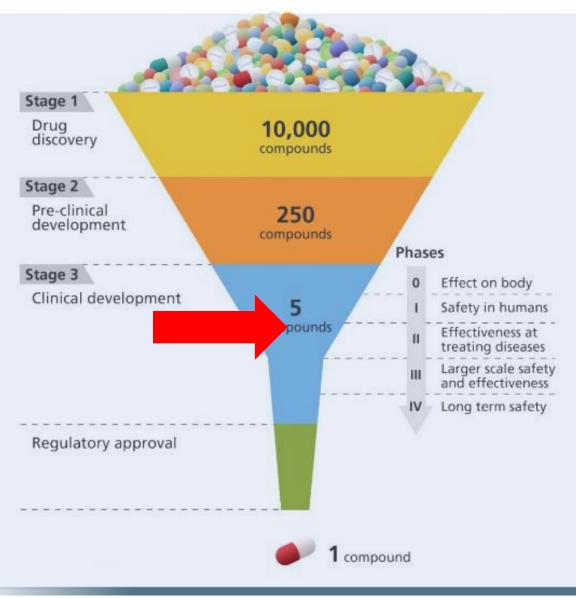
Veyonda® - Clinical Program

	In preparation	Ong	oing	Completed	
Become standard of care adjunct to radiotherapy in prostate cancer	Veyonda [®] + EBRT ¹ in mCRPC ²			DARRT-1	
	Veyonda [®] + ¹⁷⁷ Lutetium-PSMA-617 ³ in mCRPC ² LuPIN				
	Veyonda [®] + EBRT ¹ in DARRT-2 DARRT-2				
Combined with chemotherapy	Veyonda [®] + Carboplatin in multiple solid tumour types CEP-1				
	Veyonda [®] + Doxorubicin ir Sarcoma	CEP-2			
Combined with immunotherapy	Veyonda [®] + IO ⁴ agents in solid tumours	IONIC			
		7	 ¹ External-beam radiotherapy ² Metastatic castration-resistant prostate cancer ³ Targeted intravenous radionuclide therapy ⁴ Immuno-oncology 		



Drug Development Process









For further information please visit www.noxopharm.com

Veyonda®

