

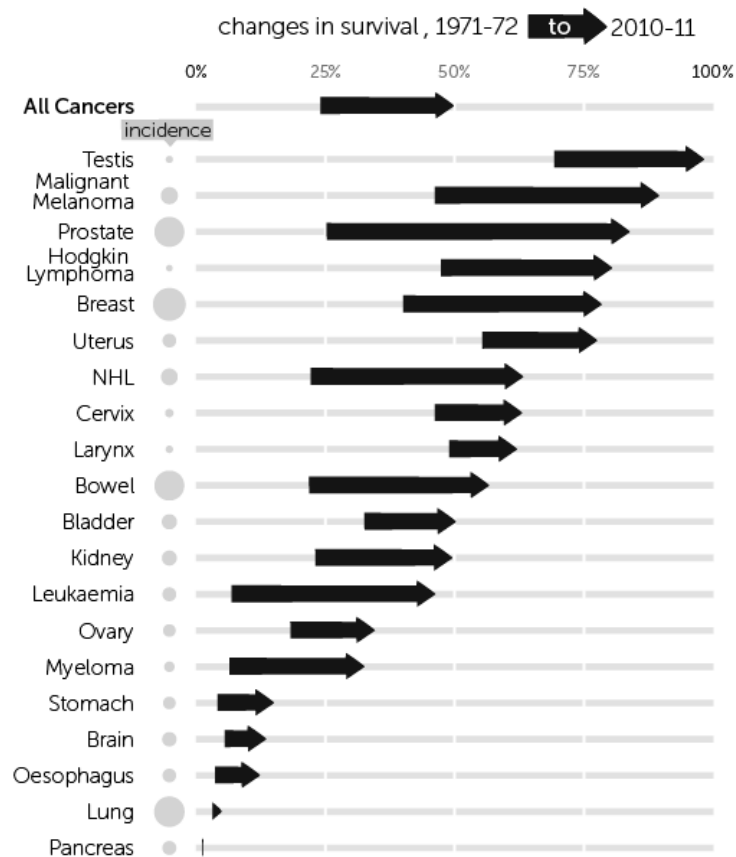


ASX CEO Presentation, Feb 2017

ASX: NOX

After 45 years of 'the war on cancer'

10-year survival rates remain poor for many cancers



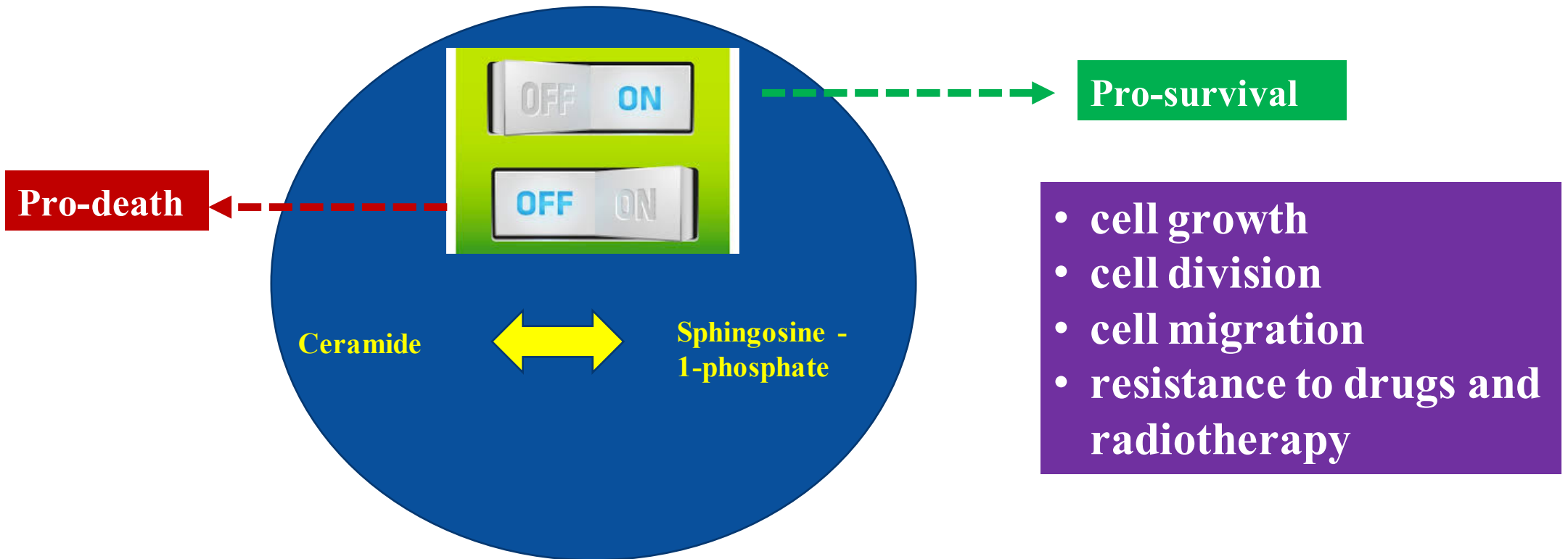
Source: Cancer Research UK

Little or no progress made in survival outcome for cancers of:

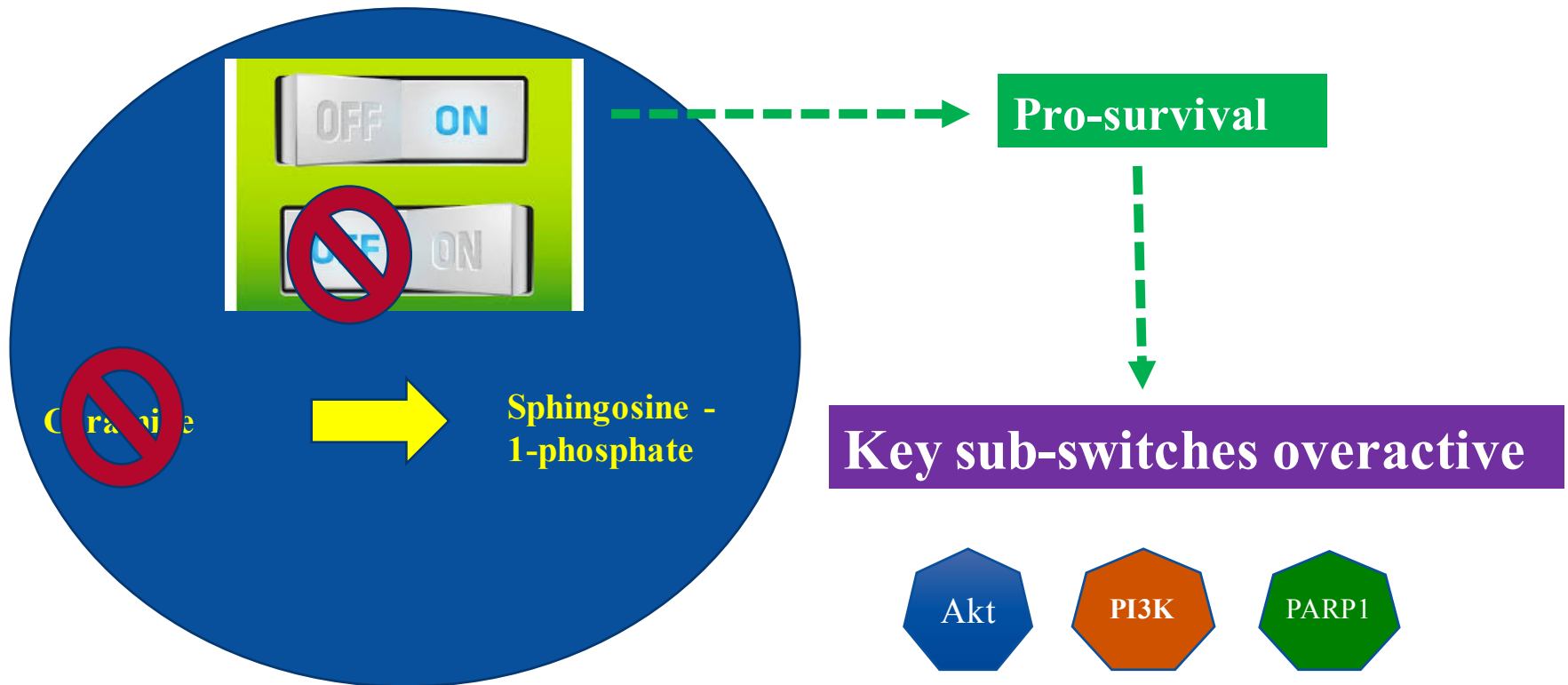
- Pancreas
- Lung
- Brain
- Head and neck
- Oesophagus
- Stomach
- Cervix
- Bladder

BUT....even where progress has been made, most cancers eventually recur and ultimately become resistant to chemotherapy and radiotherapy

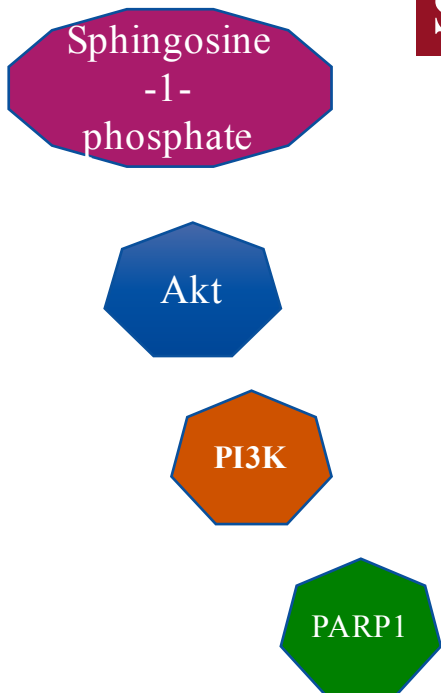
All cells have a master switch that determines their **death** or **survival**



Cancer cells lock master switch **ON** (survival mode).



Drugs directed at master switch or sub-switches have proven to be too toxic



Switches are the same in normal cells and cancer cells



Survival switches in normal cells also knocked out

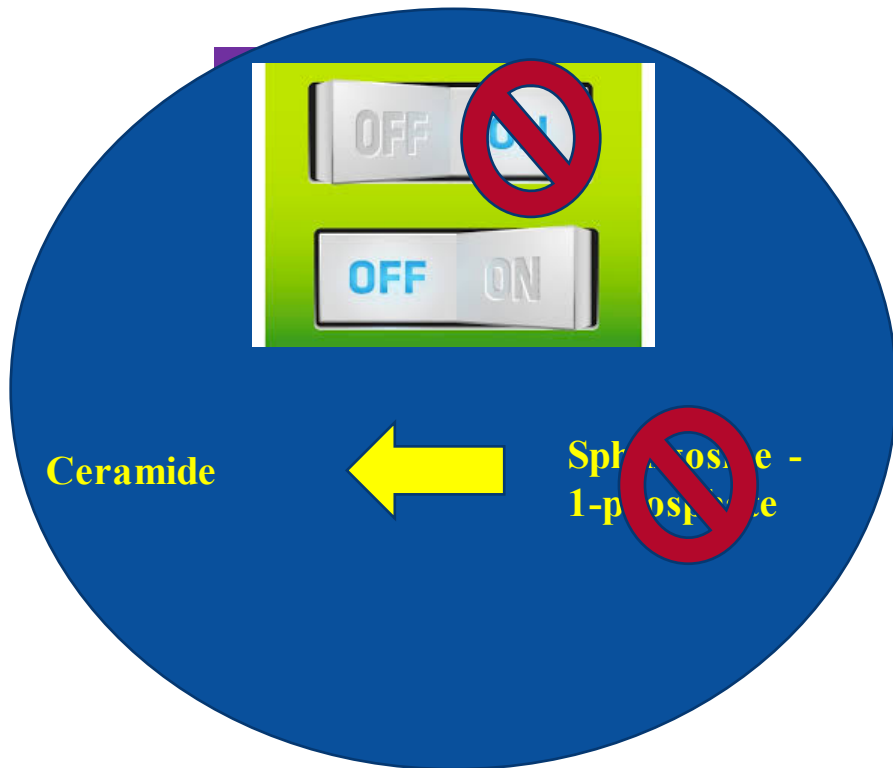


Dosage needs to be kept low to avoid lethal effects



Dosage too low to be effective against cancer

IDRONOXIL. First drug to knock out master switch in **CANCER CELLS ONLY**



Master switch knocked out

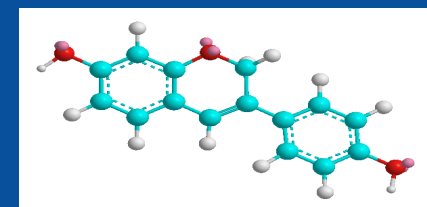


All sub-switches knocked out

Cancer cells (including highly resistant cells) now killed by minute amounts of chemotherapy drugs

No effect on switches in healthy cells

Idronoxil



NOT intended to be used as a monotherapy (single agent chemotherapy)

USE is to make existing chemotherapies/radiotherapies work better

Does **NOT** inflict damage on cancer cell. Makes cell unable to repair damage inflicted by other therapies

Idronoxil as a chemo-sensitiser

Sensitivity to chemotherapies increased >2,000x times

Overturns resistance to all major cytotoxic drugs

Overturns resistance in all forms of cancers tested

No evidence of toxicity

Cisplatin
Paclitaxel
Gemcitabine
Topotecan

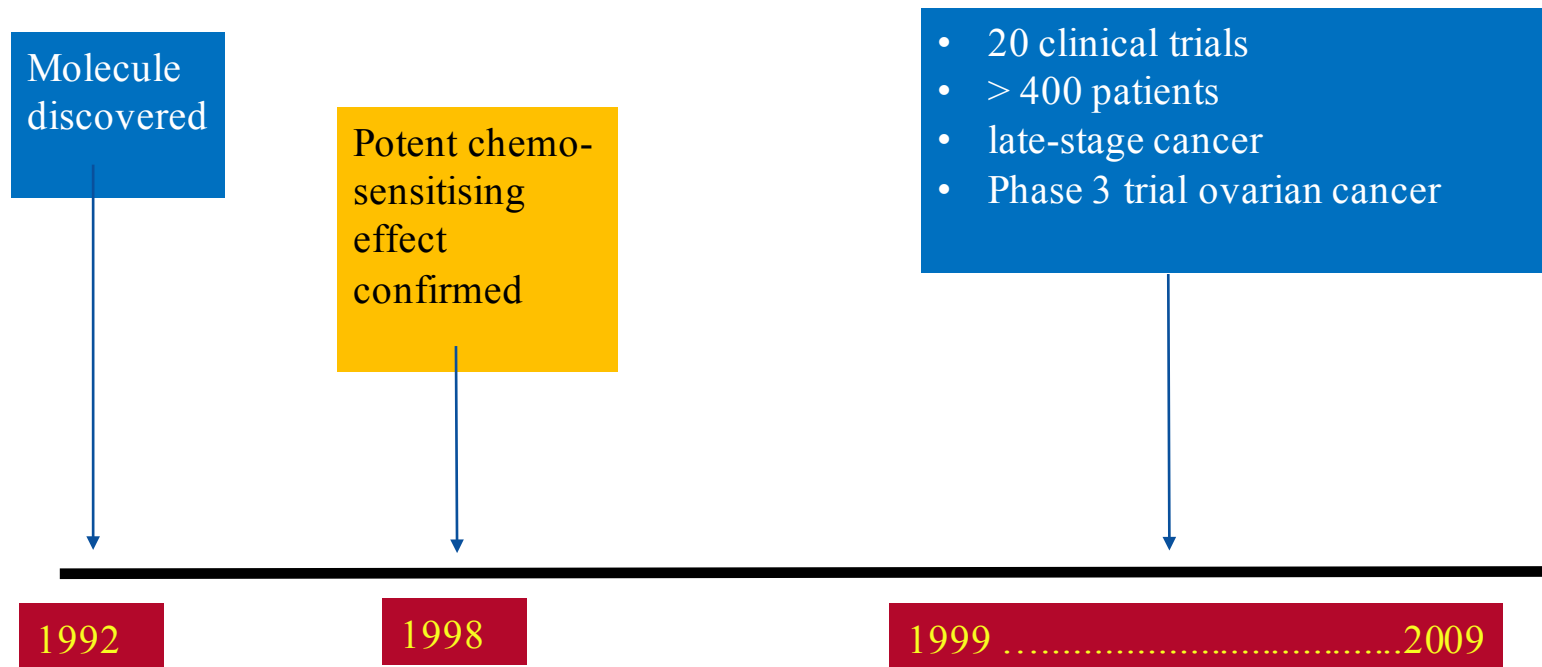
Carboplatin
Docetaxel
Doxrubicin

Ovarian
Prostate
Pancreatic

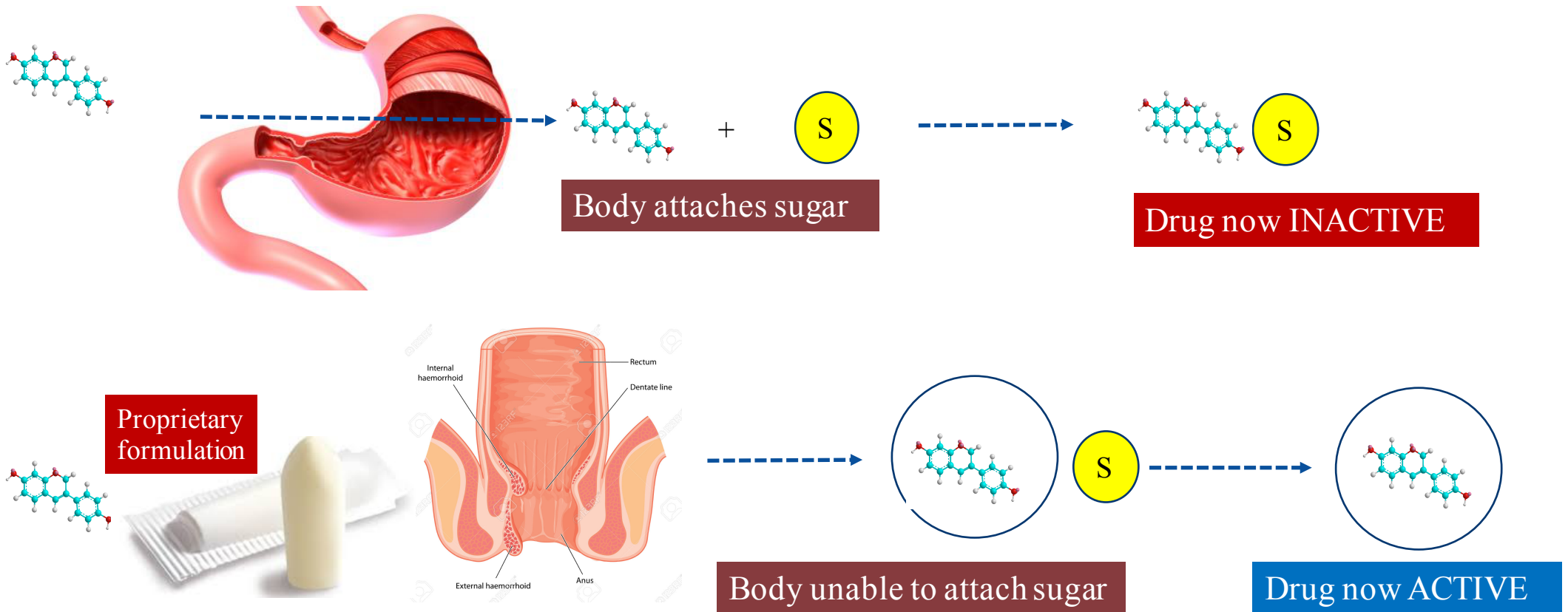
Melanoma
Head & neck

Laboratory
Animals
Humans

Idronoxil: History



Idronoxil subject to extensive Phase 2 metabolism



IP position

Idronoxil	Structure not patentable. First described by G. Kelly in 1994
Patent lodgements	<ul style="list-style-type: none">❖ Innovative formulation designed to block Phase 2 metabolism❖ Clinical uses (eg ability to cross blood-brain barrier)
IP strategy	IP around second- and third-generation compounds to supercede NOX66

Clinical Program



Cytotoxic chemotherapy



Radiotherapy

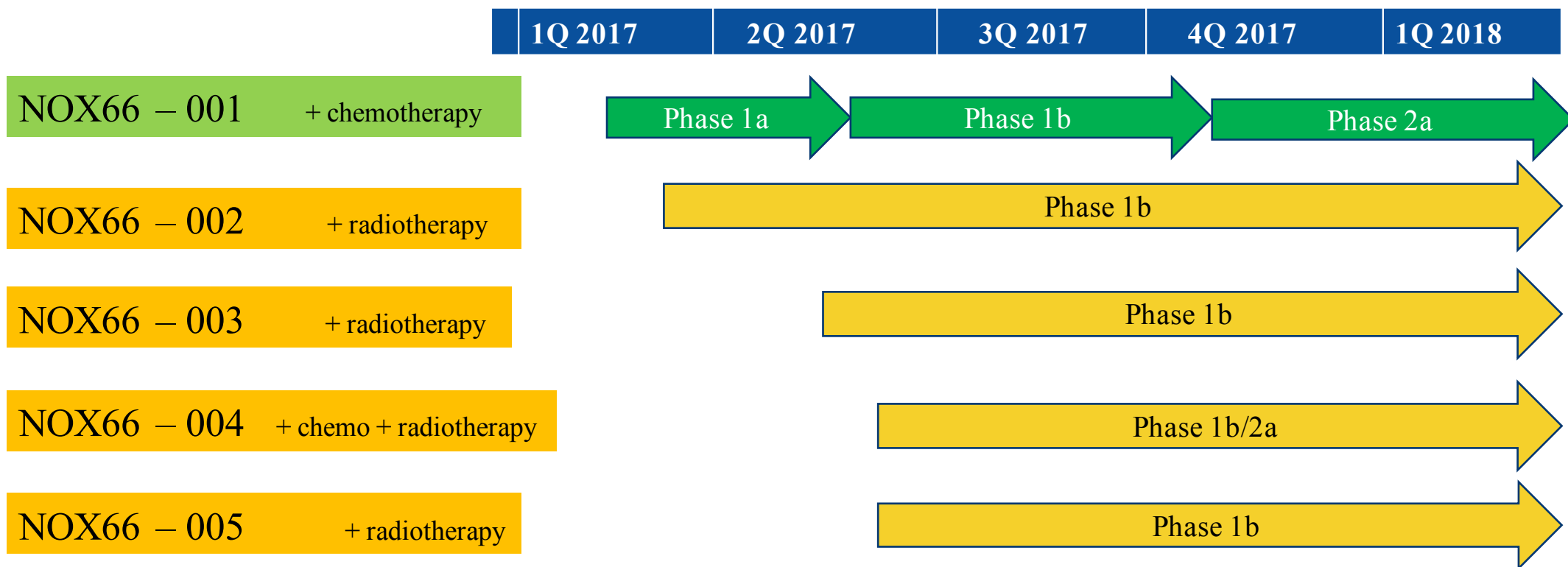
Key Clinical Trial Objectives

Patients with late-stage cancers that have failed to respond to **standard therapies** and have **no remaining standard treatment options**

#1. Use NOX66 (+ chemotherapy and/or radiotherapy) to produce significant anti-cancer responses where none is expected

#2. Use NOX66 to allow dosages of chemotherapy and radiotherapy to be lowered to levels that will be well tolerated

Phase 1/Phase 2 Clinical Trial Program



Our objective

To bring to market a proprietary drug that:

- overturns resistance mechanisms to standard **chemotherapy** and **radiotherapy**
- that works in most (if not all) forms of cancer
- that provides effective and durable responses in early- or late-stage disease
- that allows dosages of chemotherapy and radiotherapy to be reduced to non-toxic levels

? Fastest route to market
? Best commercial strategy

1. Best treatment combination

- chemotherapy
- radiotherapy

2. Best purpose of use

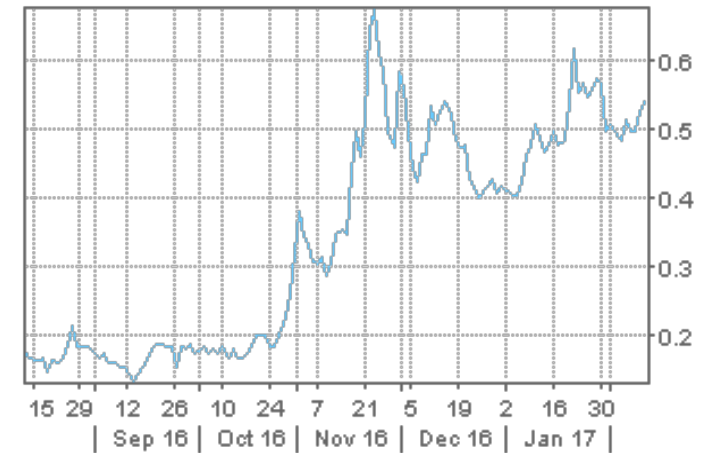
- Make standard dose work better
- Allow use of lower dose

3. Optimal cancer type

- Prostate, lung, other

Key metrics

Shares outstanding	75M: 40M free; 35M escrowed (July 2019)
Other	22.5M options (\$0.30) (2018)
Cash position	AU\$ 6.0M IPO (9 Aug 2016) AU\$ 4.5M (Jan 2017)
Market cap	\$43M



News Flow

Clinical Program	5 Phase 1b studies: progressive updates over 2017 as key safety and efficacy milestones achieved
Pre-Clinical Program	5 R&D studies: brain cancer program announced; other 4x by mid-2017
Other	<ul style="list-style-type: none">• IP (patent lodgements)• Research collaborations• Shareholder briefings 2017 (Melbourne May 31; Sydney June 2)

Key Messages



- Resistance to chemotherapy/radiotherapy remains the most pressing and largest problem facing patients
- No drug has come to market that successfully treats this problem
- NOX66 IS FIRST DRUG TO OVERTURN RESISTANCE MECHANISMS IN CANCER CELLS ONLY
- WE EXPECT TO KNOW WITHIN 12 MONTHS OF THE SUCCESS OF OUR MISSION
- A SUCCESSFUL OUTCOME IS A MAJOR SHARE OF THE \$100 BILLION ONCOLOGY DRUG MARKET

✓ Lean, focused operation

✓ 5 key inflection points anticipated within next 18 months

✓ Potential for NOX66 to become standard of care

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