NOXOPHARM

Corporate Presentation, Oct 2016

ASX: NOX

In a nutshell……..

In 1971, cancer researchers dreamt of turning cancer into a manageable, non-lethal, chronic disease

45 years later that dream remains elusive for most types of cancer

In 1971, chemotherapy and radiotherapy were the standard frontline therapies

45 years later, chemotherapy and radiotherapy remain our best treatment options

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In a nutshell……..

The dream remains elusive because chemotherapy and radiotherapy are not being used to their full powers ….

because **damage to healthy cells dictates the highest dose of chemo and radiotherapy that can be used, and that dose is not enough to kill all cancer cells**

If a way could be found to increase the sensitivity of cancer cells to current doses of chemotherapy and radiotherapy so that ALL cancer cells were killed ….

….. then the 1971 dream should be achieved.

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Noxopharm believes it has the answer……..

IDRONOXIL: **sensitises cancer cells (and only cancer cells) to standard chemotherapy and radiotherapy**

IDRONOXIL : **dramatic level of sensitisation >2000x**

NOX66: **delivering IDRONOXIL in a form designed to maintain its activity in the body**

NOX66: **Noxopharm seeks to make NOX66 standard of care for all patients undergoing chemotherapy and radiotherapy**

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45 years later

1971:
President Richard Nixon signs National Cancer Act
Declares **"War on cancer"**

The war continues

2016:
Vice-President Joe Biden
Announces **"Cancer moonshot"**

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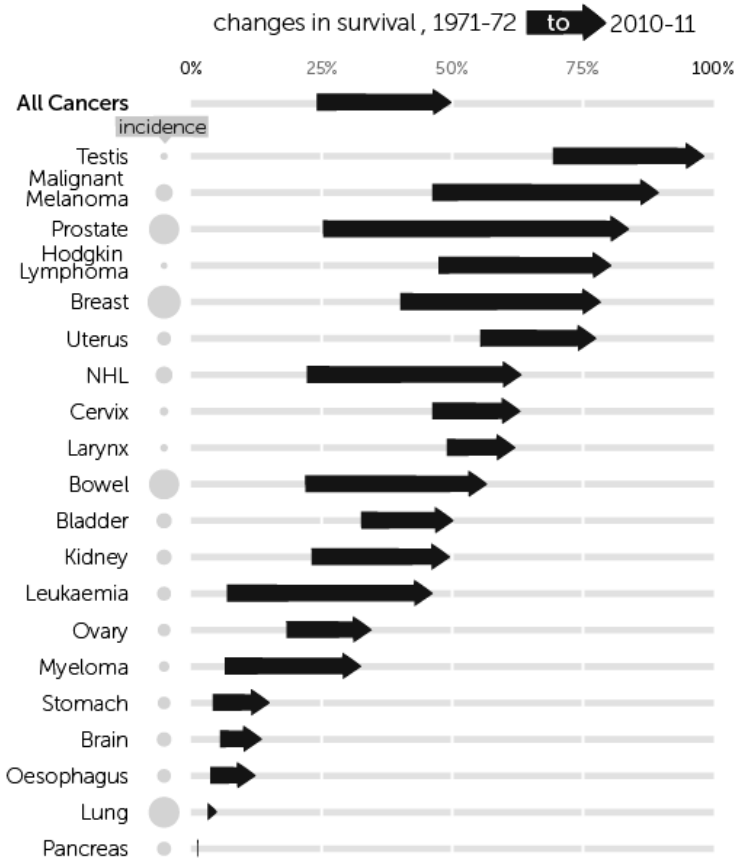
After 45 years of *'the war on cancer'…….*
10-year survival rates remain poor for many cancers



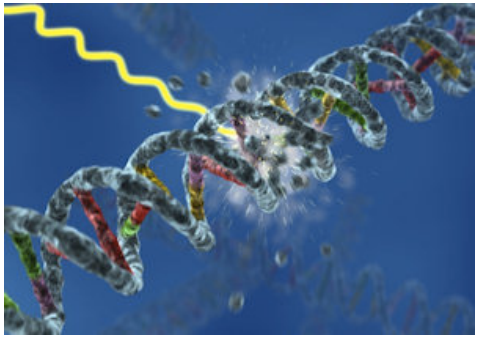
Source; Cancer Research UK

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

Frontline cancer therapies work by damaging DNA



Radiotherapy

Chemotherapy

Aim is to damage DNA beyond repair

cell dies

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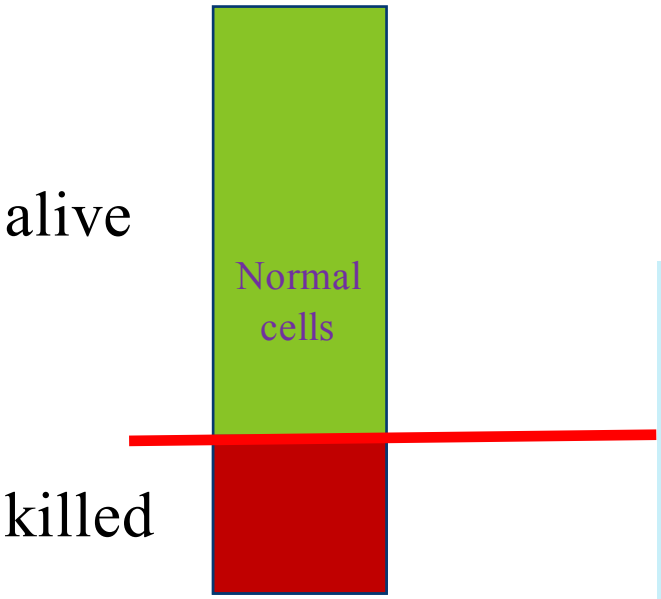
The problem



MAXIMUM TOLERABLE DOSE
Highest dose of chemotherapy or radiotherapy that can be delivered is determined by the highest dose that can be tolerated by the patient.

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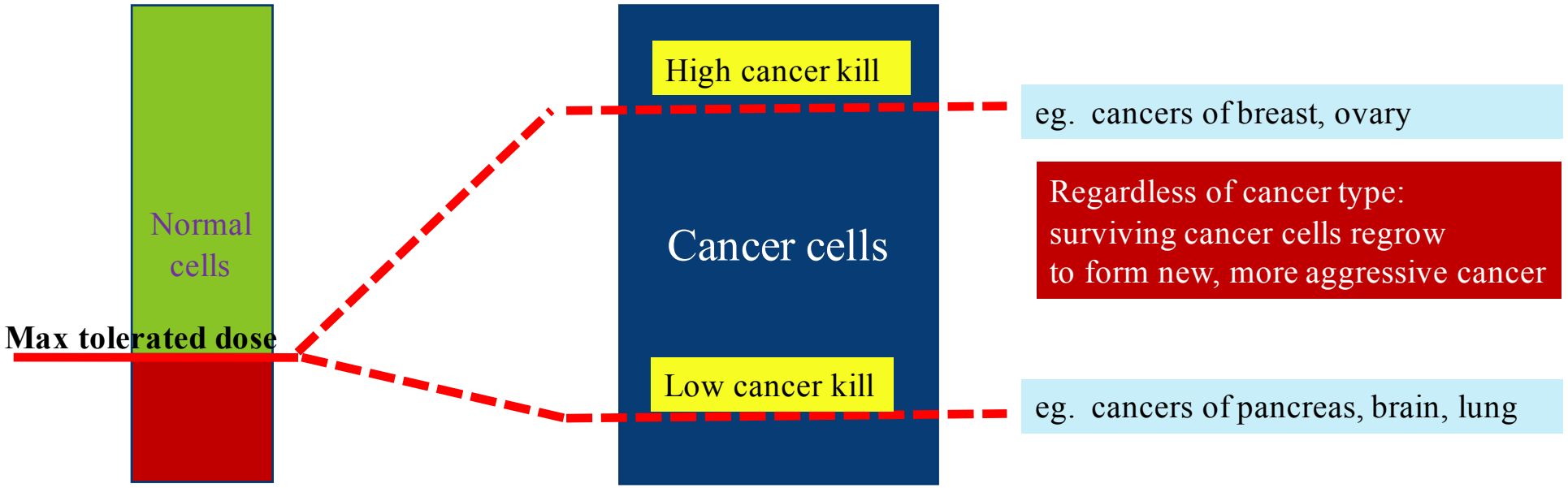
The problem

The Maximum Tolerated Dose leaves many cancer cells alive



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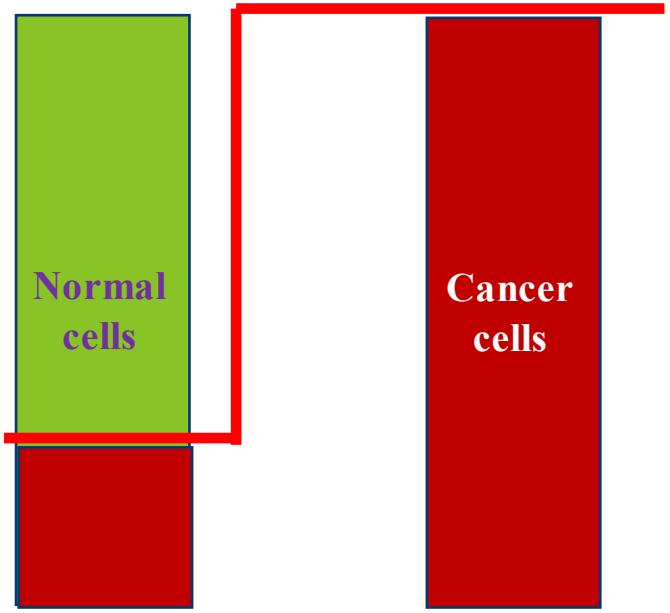
The solution



To sensitise cancer cells
(*and only cancer cells*)
to DNA-damaging effects of chemotherapy and radiotherapy so that ALL cancer cells are killed

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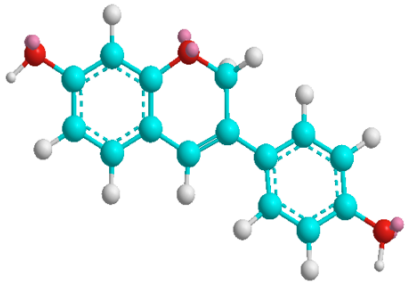
The answer



Idronoxil

Sensitises all forms of cancer cells
(*but not healthy cells*)

by > 2,000x

to all standard cytotoxic
chemotherapy drugs

and radiotherapy

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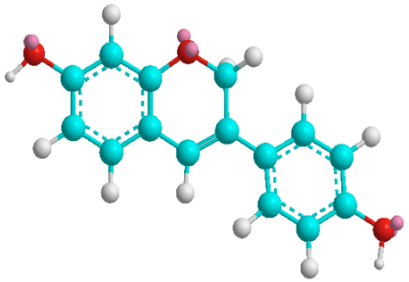
Idronoxil history



Discovered in 1992

Basis of formation of Novogen Ltd (ASX:1994).

Named **phenoxodiol**.

Potent ability to sensitise chemotherapy confirmed

Enters clinic in 1999

Novogen market cap = $900 million

Evidence of anti-cancer benefits observed in Phase II studies alone and in combination

Phase III study (phenoxodiol + carboplatin) in late-stage ovarian cancer abandoned in 2009

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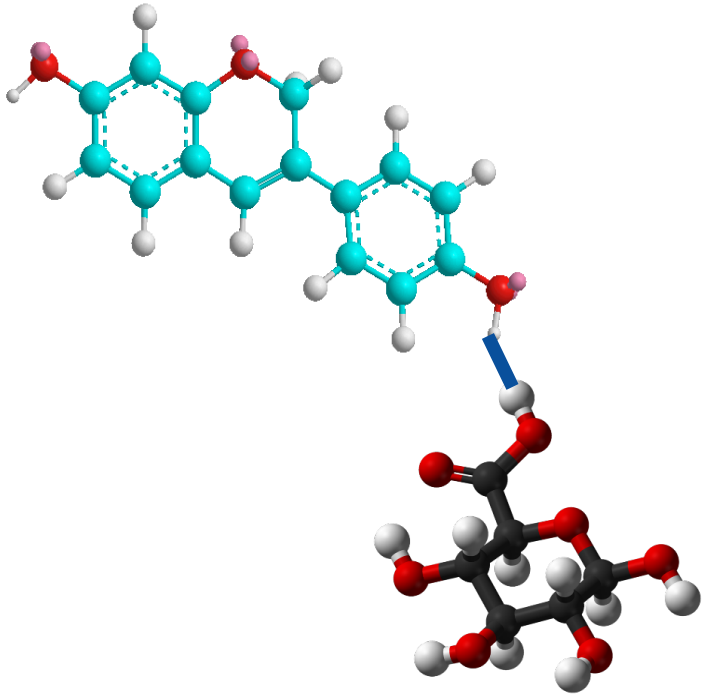
Idronoxil failed because of Phase 2 metabolism



Body attaches sugar to allow drug to be excreted in urine

Drug rendered **INACTIVE**

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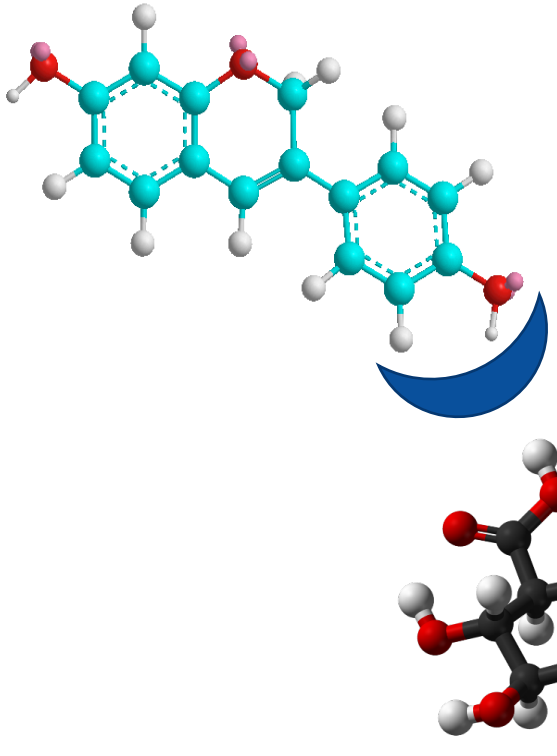
The solution: NOX66



Body prevented from attaching sugar

Drug remains in **ACTIVE** form

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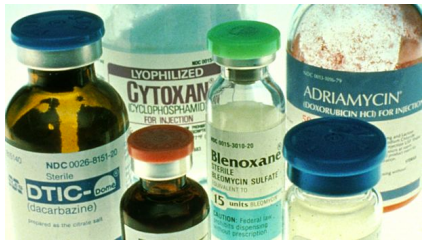
Clinical Program



Cytotoxic chemotherapy

Radiotherapy

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Clinical strategy

To run a broad clinical trials program designed to identify:

1. The best treatment combination
   - chemotherapy
   - radiotherapy
2. The best purpose of us
   - Make standard doses work better
   - Allow use of lower doses
3. Optimal cancer type
   - Prostate, breast, lung, sarcoma

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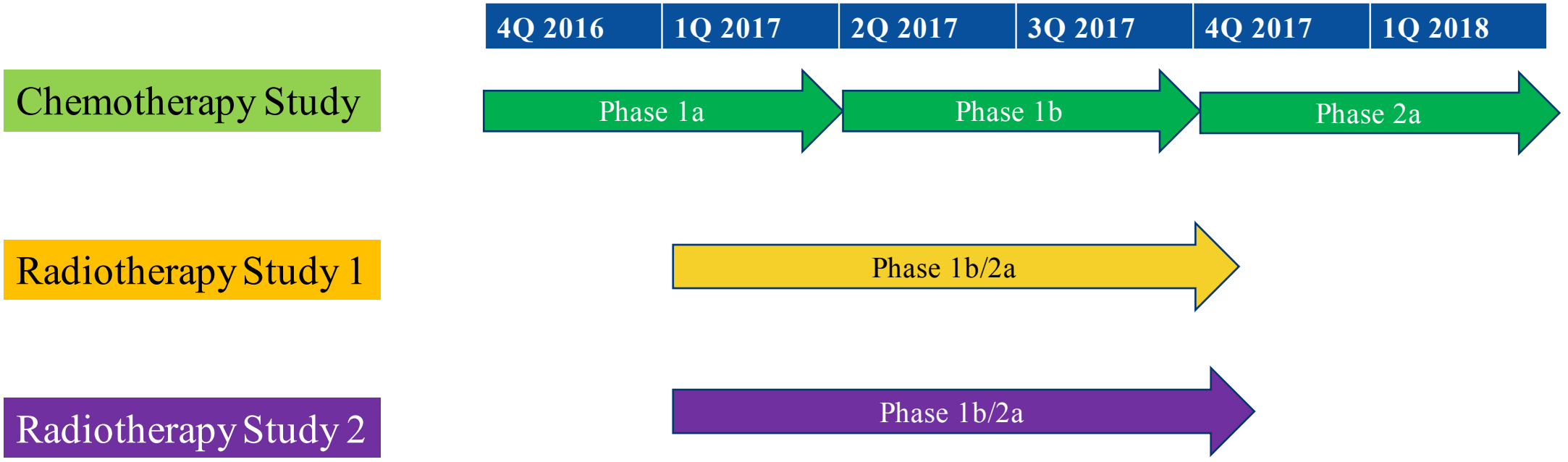
And to have that decision by end-2017



Cancer metrics

Annual spend on anti-cancer drugs = >US$100 billion

Top 10 anti-cancer drugs = US$45 billion

What value a drug that would have a rationale for use in most patients?

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Our objective

To bring to market the first drug that sensitises cancer cells to cancer therapies

to improve the survival outcomes of standard **chemotherapy** and **radiotherapy**

and allow effective dosages of standard chemotherapy and radiotherapy **to be lowered to non-toxic levels**

and thereby provide treatment options for the elderly and frail and the significant population of patients who elect **not to undergo toxic therapies**

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Clinical studies

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

Q1. Can NOX66 result in a significant anti-cancer response where none is expected?

Q2. Can NOX66 allow dosages of chemotherapy and radiotherapy to be lowered to levels that will be well tolerated?

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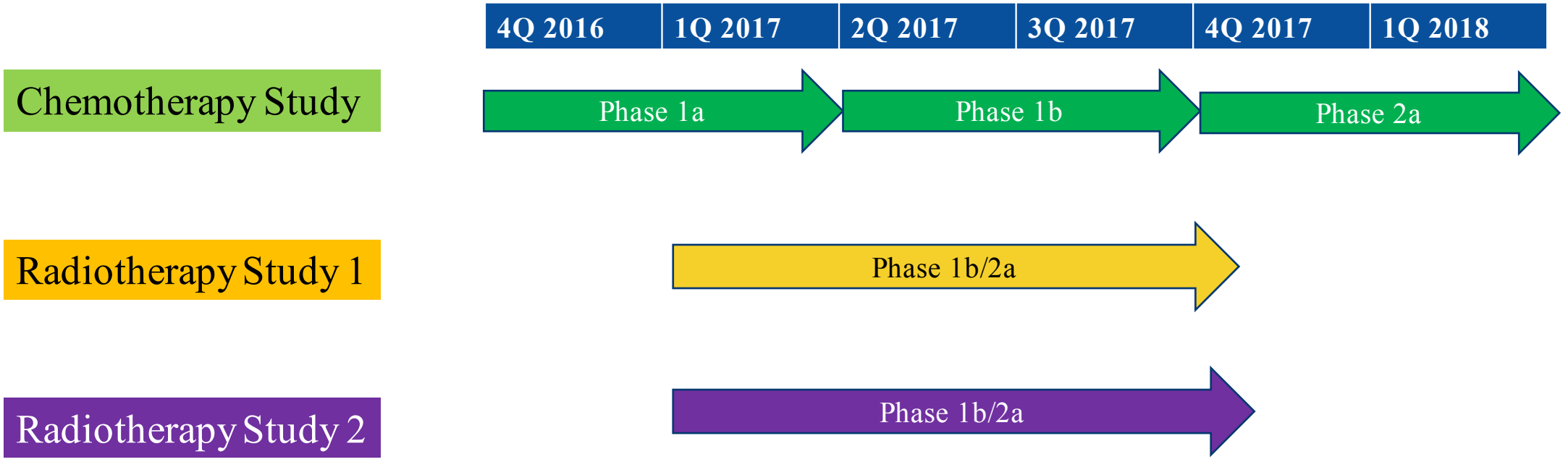
Indicative timelines



IP position

Idronoxil	Structure not patentable. First described by G. Kelly in 1994.
Patent lodgement	Family of provisional patents lodged. Claims revolve around innovative formulation designed to block Phase 2 metabolism and conserve bio-activity
2nd and 3rd generation products	R&D programs initiated with intention of delivering a family of therapeutics with specific abilities to cancel resistance mechanisms

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Experienced team

Graham Kelly *PhD*
Managing Director

- Head of research team at University of Sydney that discovered idronoxil in 1992
- Founded (CEO) Novogen Ltd (ASX 1994; NASDAQ 1998). Executive Director 1994-2006)
- Chairman of Marshall Edwards Inc (AIM 2001; NASDAQ 2003)
- CEO/Executive Chairman Novogen Ltd 2012-2015
- Founded Noxopharm October 2015

Dr Ian Dixon *PhD, MBA*
Non-Executive Director

- Over 20 years' experience in the biotechnology and medical device industries and was founder/co-founder of numerous successful technology companies, including Cynata Ltd, Genscreen Pty Ltd and August Therapeutics.
- Previously a non-executive Director of Cell Therapies Pty Ltd, and Director of the Product Group at Invetech, now part of Danaher Corporation (NYSE: DHR).
- Led early development of the anti-tropomyosin drug technology that his company licensed to Novogen Ltd.

Peter Marks
Non-Executive Chairman

- 30+ years experience in corporate finance, specializing in capital raisings (for listed and unlisted companies), underwriting, IPOs and venture capital transactions.
- Participated in over $2B in public and private capital raised.
- Executive and Non-Executive Director of a number of listed entities on the ASX and AIM

Phillip Hains *MBA*
Company Secretary

- Phillip holds a Masters of Business Administration from RMIT and a Public Practice Certificate from the Institute of Chartered Accountants.

  As a chartered accountant, Phillip operates his own specialist public practice, The CFO Solution, providing back-office support, financial reporting and compliance systems for public companies.

  Phillip has over 20 years' experience in providing businesses with accounting, administration, compliance and general management services.

Key metrics

Shares outstanding	**75M** 30M free; 45M escrowed (July 2019)
Other	22.5M options ($0.30) (2021) 10M performance shares ($50M market cap) (2021)
Cash position	$6M IPO (9 Aug 2016) $5M (Sept 2016) **Budgeted to take Company to proof-of-concept stage**

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Value drivers

Large market size	Lack of competition	Experience	Clinic-ready	Expeditious clinical plan
Substantial unmet need for most patients with solid cancers	No current drug or known drug in development with same ability to reverse cancer resistance mechanisms	Over 20 years' experience with this technology generally and this drug specifically	Phase 1 study to commence in 4Q16	Indication of efficacy designed to be available within 12-15 months

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
- WE EXPECT TO KNOW WITHIN 12 MONTHS OF THE SUCCESS OF OUR MISSION IN RADIOTHERAPY
- WE EXPECT TO KNOW WITHIN 12 MONTHS OF THE SUCCESS OF OUR MISSION IN CHEMOTHERAPY
- 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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