



Date 8 August 2017

Sydney, Australia

## NOXOPHARM POSTS CORPORATE PRESENTATION AHEAD OF CONFERENCE

### ASX: NOX

Noxopharm Limited

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#### Board of Directors

##### Mr Peter Marks

Chairman  
Non-Executive  
Director

##### Dr Graham Kelly

Chief Executive Officer  
Managing Director

##### Dr Ian Dixon

Non-Executive  
Director

- **Presentation at Singapore Investor Conference**
- **Review of first year of operation**

Sydney, 8 August 2017: Noxopharm provides its corporate presentation to be presented at the 2017 ASX Growth Series Conference hosted in Singapore jointly by SparkPlus and Maybank Singapore on 21<sup>st</sup> August.

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#### About Noxopharm

Noxopharm is an Australian drug development company with offices in Sydney, Melbourne and Hong Kong. The Company has a primary focus on the development of drugs to address the problem of drug-resistance in cancer cells, the major hurdle facing improved survival prospects for cancer patients. NOX66 is the first pipeline product, with later generation drug candidates under development. The Company also has initiated a pipeline of non-oncology drugs.

#### Forward Looking Statements

This announcement may contain forward-looking statements. You can identify these statements by the fact they use words such as “aim”, “anticipate”, “assume”, “believe”, “continue”, “could”, “estimate”, “expect”, “intend”, “may”, “plan”, “predict”, “project”, “plan”, “should”, “target”, “will” or “would” or the negative of such terms or other similar expressions. Forward-looking statements are based on estimates, projections and assumptions made by Noxopharm about circumstances and events that have not yet taken place. Although Noxopharm believes the forward-looking statements to be reasonable, they are not certain. Forward-looking statements involve

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**ASX: NOX**

**Corporate Presentation**  
*August 2017*

## Objective 1



To bring to market **by 2022** a drug (NOX66) that:

- sensitises most forms of cancer to radiotherapy and chemotherapy
- delivers improved survival outcomes for most cancer patients
- becomes a standard-of-care drug in cancer therapy

Based on the ability of NOX66 .....

to increase the cancer cell-killing ability of

- standard cytotoxic chemotherapy drugs by >2000x
- radiotherapy by 10x

..... without affecting healthy cells.

## Objective 2



To develop a pipeline of non-oncology drugs, capable of crossing into the brain, with first-in-class activity against a number of common community diseases/disorders of significant unmet

Based on the proprietary LIPROSE<sup>®</sup> drug delivery technology platform....

enabling certain classes of drugs to cross the blood-brain barrier

# NOX66. Current status .....



- First-in-human study
  - Commenced April 2017 (Phase 1b/2a)
  - Late-stage solid cancers. Safety/efficacy in 16 patients/7 month treatment course
  - No safety issues to date: NOX66 alone or in combination therapy with chemotherapy (carboplatin)
- 5 other studies due to start before November 2017
  - 4x NOX66 + radiotherapy
  - 1x NOX66 + radiotherapy + chemotherapy



## NOX66. Aim of current Phase 1/Phase 2 program... to identify clinical indication for registration study



Potential indications:

- *Direct radio-sensitisation* → complete remission of irradiated lesions in metastatic, castrate-resistant prostate cancer or NSCLC receiving palliative radiotherapy for symptomatic relief
- *Abscopal response* → remission of non-irradiated tumours in metastatic, castrate-resistant prostate cancer or NSCLC receiving palliative radiotherapy for symptomatic relief
- *Chemo-sensitisation* → increased PFS of patients with a late-stage solid cancer (? NSCLC/SCLC) in combination with carboplatin

## NOX66. Opportunity for significant disruption of standard practices in cancer therapy ...



- **Improved response rates**

Meaningful response rates to radiotherapy and chemotherapy in late-stage cancers currently unresponsive to any therapies

- **Allow palliative (less toxic) standard therapies**

Sensitise cancer cells to radiotherapy and chemotherapy, allowing dosages too low to be considered normally. Facilitate treatment in patients currently considered too ill or frail to withstand standard dosages of treatment

- **Abscopal responses**

In patients with multiple cancers, irradiate 1-2 lesions and achieve shrinkage of all tumours (irradiated + non-irradiated)

# Anticipated reporting: first-in-human study



## Study NOX66.001

Matrix of 4 end-points based on drug dosage and 3- and 6-month scans

- ❖ Combination NOX66 + carboplatin
- ❖ Dose-escalation
  - NOX66: 400 mg and 800 mg
  - Carboplatin: AUC4 for 3 months followed by AUC6 for 3 months
- ❖ 16 patients in total (8 per NOX66 dose)
- ❖ 11 patients recruited 1/8/2017
- ❖ Full recruitment expected mid-Sept 2017
- ❖ Scans for tumor response (RECIST) at 3 and 6 months

400 mg/AUC4

mid-Oct 2017

400 mg/AUC6

mid-Jan 2018

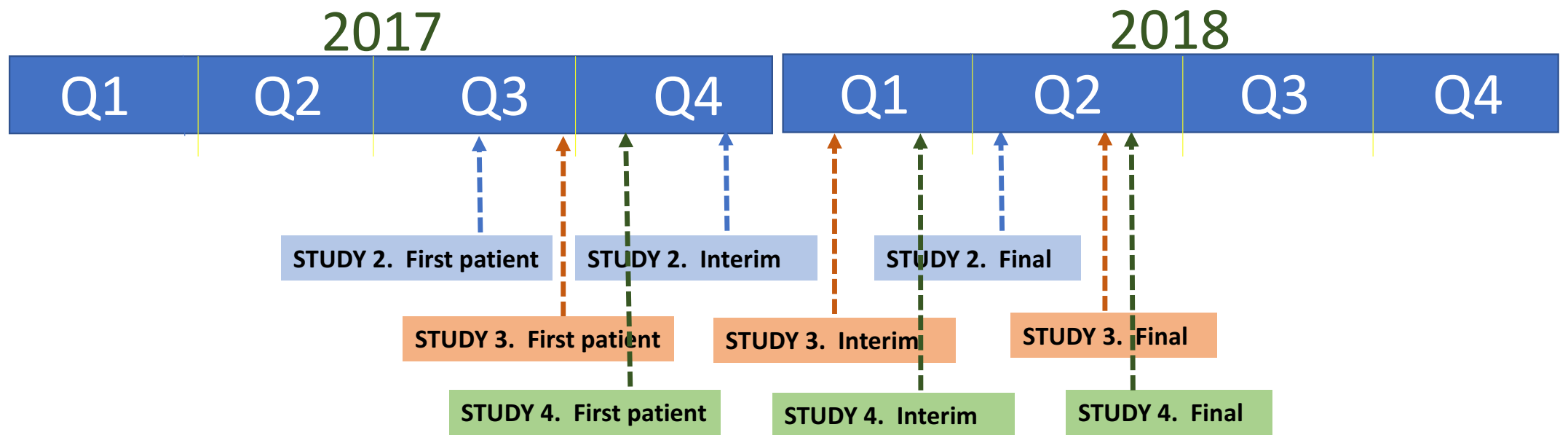
800 mg/AUC4

mid-Dec 2017

800 mg/AUC6

mid-March 2018

# Anticipated reporting: current clinical program

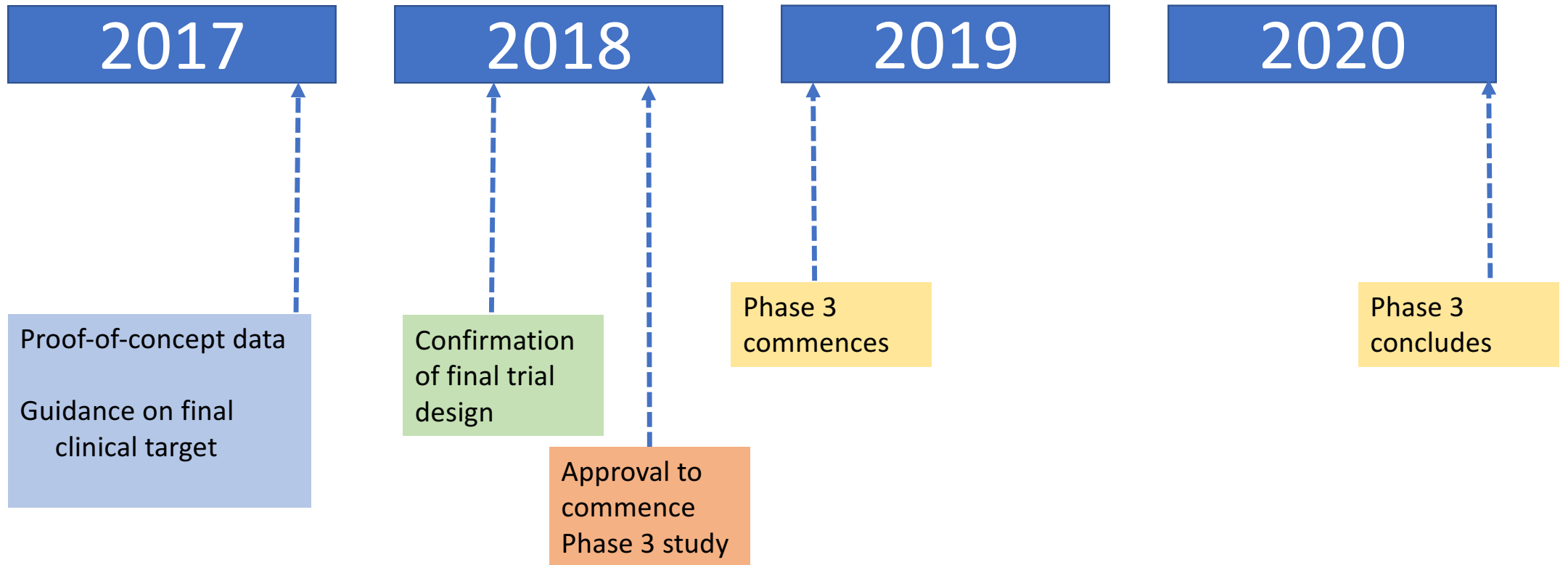


**STUDY 2. Late-stage prostate cancer. Multiple secondaries. NOX66 + palliative radiotherapy maximum 2 lesions**

**STUDY 3. Late-stage solid cancer. Multiple secondaries. NOX66 + palliative radiotherapy maximum lesions**

**STUDY 4. Late-stage solid cancers. Multiple secondaries. NOX66 + palliative radiotherapy + standard chemotherapy**

# NOX66 Registration (Phase 3) study timetable



## NOX66

### Registration study considerations .....



- Radiotherapy studies relatively short: *2-3 weeks treatment; scans at 3 and 6 months; estimated duration = 24 months*
- Multi-national trial: *US, UK, EC, CIS, AUSTRALIA, HK*
- CRO and Data Manager appointed
- Aim to seek accelerated approval: *based on current trial data*
- Estimated cost = US\$25M (based on estimated 300 patients)

- **Global Patent Attorneys**
- **PCT patent application strategy; selected territories with > 90% of global anti-cancer drug sales**
- **Patent applications filed on LIPROSE<sup>®</sup> technology/method of administration/use**
- **2<sup>nd</sup> generation products (different dosage forms) under development**
- **Ongoing R&D to extend IP coverage**

## Manufacturing strategy .....



- API (idronoxil) to be manufactured by Indian CMO: *GMP scale-up under development*
- Final dosage form to be manufactured by Australian CMO: *dedicated pilot plant under development (Melbourne) for manufacture of clinical trials batches*
- NOXOPHARM to establish in-house facility for final dosage form (*providing greater security over IP, assurance of supply, value adding*)



## Commercialisation strategy .....



- NOXOPHARM to undertake registration studies and regulatory submissions in major territories
- Out-licence for major territories (North America, EC, UK, Japan)
- Marketing partnerships in certain territories (China, Russia, CIS)
- In-house sales/marketing into selected Asia-Pacific territories

## Execution strategy .....



- Experienced team in place to execute all key work streams
- Clinical development, medical affairs, regulatory affairs and manufacturing, all headed by experienced personnel with large pharma experience
- Medical Advisor (part-time) is high profile medical oncologist, previously Medical Director of large pharma company
- Other personnel (directors for business development, commercial activities, marketing etc) will be appointed as required

# Board of directors .....



**Peter Marks BEc LLB MBA**  
**Chairman of the Board**  
**Non-Executive Director**

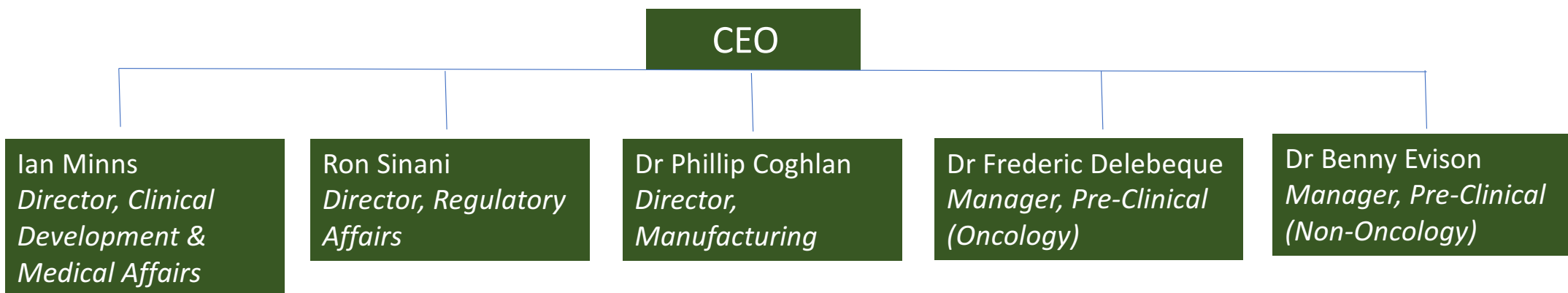


**Dr Graham Kelly BSc BVSc PhD**  
**Managing Director & CEO**  
**Executive Director**



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

# Senior Management .....



# Key Messages

- WE EXPECT TO KNOW BY END OF 2017 OF THE SUCCESS OF OUR MISSION
- WE AIM TO BE IN A REGISTRATION STUDY BY END OF 2018
- WE AIM TO HAVE MARKETING APPROVAL BY 2022
- A SUCCESSFUL OUTCOME IS A MAJOR SHARE OF THE \$100 BILLION ONCOLOGY DRUG MARKET
- REALISTIC POTENTIAL TO BECOME STANDARD OF CARE DRUG IN MOST CANCER PATIENTS

- ✓ Lean operation
- ✓ Experienced team

- ✓ A number of key inflection points anticipated within next 12 months

- ✓ Several potential blockbuster drugs candidates

# Key metrics



<b>Shares outstanding</b>	<b>85M</b> : 38M free; 47M escrowed (July 2018)
<b>Other</b>	22.5M options (\$0.30) (July 2018)
<b>Market Cap (31.7.2017)</b>	\$33.4M
<b>Cash position</b>	AU\$ 6.0M IPO (9 Aug 2016) AU\$ 2.8M (Jun 2017)



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