Bioshares Biotech Summit

13 July 2024

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General Counsel

QBiotics Group

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QBiotics Group company overview

Australian unlisted life sciences company

Specialists in plant-derived, cell signalling small molecules

Founded Discovery Co. 2000; Development Co. 2010

EcoLogic™ unique discovery platform

Sound scientific expertise

Team of 57 employees

6 PhD, 1 MD, 1 DVM (oncology) 5 BVSc, 9 BSc

Global contracts

- Clinical Advisory Board
- 7 Universities
- 2 Research Institutes
- 49 CRO/CMO providers and advisors

Focus oncology and wound healing

Oncology - solid tumours clinical Phase II

- Soft tissue sarcoma
- Head and neck cancer

Wound healing – chronic/acute, burns clinical Phase I

- Venous leg ulcers

Discovery programs in antibiotics and anti-inflammatories

Veterinary data underpins human programs

Informs and derisks early-stage human clinical

- STELFONTA registered for canine MCT
- Approved FDA-CVM, EMA, VMD, APVMA
- Marketed by Virbac

Sound IP coverage

Composition of matter and use patents on all products

QBiotics Overview

As at 30 June 2024 (AUD)

$439M

Market capitalisation - at last capital raise at $0.90 per share (June 2021)

$194M

Capital raised to date

$60.3M

R&D tax incentive refunds and Gov. grants received to date

$4.2M

Quarterly burn rate**

$43.3M

Current cash at bank*

*30 June 2024 **1 April to 30 June 2024

Ecologic™: ecological approach to biodiscovery

Novel, biologically active small molecules for human & animal health

EcoLogic®

90%

Biodiscovery success

Understand the ecosystem

Discover bioactive molecules

Combine

Plant ecological attributes

- Distribution-environmental niches
- Phenology
- Stress & disease responses

With

Plant-animal interactions

- Dispersal
- Pollination
- Herbivory

Play : QBiotics EcoLogic™ video

Product pipeline

Molecule	Therapeutic Area	Disease	Stage of Development
Tigilanol tiglate	Oncology (Human)	Head & Neck Cancers	Phase II recruiting
		Soft Tissue Sarcoma (STS)	Phase II recruitment complete
	Oncology (Veterinary)	Canine: Mast Cell Tumours	Stelfonta® - Marketed EU, USA, UK and Australia
		Canine: STS & Oral Melanoma	Recruiting
		Equine: Sarcoids & Melanoma	Sarcoids reporting; Melanoma recruiting
EBC-1013	Wound healing (Human)	Venous Leg Ulcers	Phase I recruiting
	Wound healing (Vet')	Chronic wounds & burns	Veterinary models - ongoing
Leads	Next Gen' Antibiotics	Multi Resistant Organisms	Leads developing
	Anti-inflammatory/ Neuroprotectants	Arthritis, Alzheimer's	Leads developing

Discovery | Preclinical | Phase I | Phase II | Phase III | Regn. Marketing | Partner

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Tigilanol Tiglate Oncology

Tigilanol tiglate novel expoxytigliane overview

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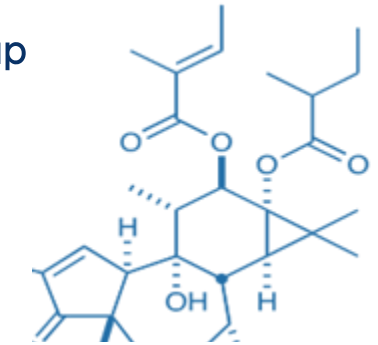


Unique and differentiated MoA

- Pan tumour
- In most cases, single IT injection
- Rapid tumour destruction
- Site healing
- Systemic anti-tumour immune response

Clinical Phase I trials sound data

- Well tolerated
- MTD not reached
- Activity in nine tumour types
- ICD markers and CD8+ T cell infiltration in human HNSCC tumour biopsies

Two Phase II trials current

- Soft tissue sarcoma
  - MSKCC USA
  - Patient recruitment finalised
  - FDA Orphan Drug Designation
- Head and neck cancers
  - Royal Marsden
  - 5 sites UK, 2 sites AU

Regulatory and Commercial validation in veterinary market

- STELFONTA®
- Canine MCT
- USA, UK, EU & AU

Commercial Qualities

- Commercial manufacturing & supply
- Comparative low COG
- Simple to use
- Good stability drug product
  - 4+ years 2-8^{0}C
  - 12 months RT
- Sound patenting profile

Significant Growth Opportunities

- Multiple tumour indications
- External and internally located
- Late and early settings
- Strong monotherapy activity
- Combination potential ICI, chemotherapy, radiotherapy

STELFONTA® (tigilanol tiglate) Commercialised across key markets

- Proven veterinary pharmaceutical for treatment of canine mast cell tumours
- >20,000 dogs treated to date
- Global supply chain, marketing and distribution network with partner Virbac
- Regulatory, CMC and commercial validation
- In development for other species & tumour types
- Disruptive technology – First line alternative to surgery for surgical GPs and veterinary oncologists

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH
European Union

swissmedic
Switzerland

FDA
USA

Australian Government
Australian Pesticides and Veterinary Medicines Authority
Australia

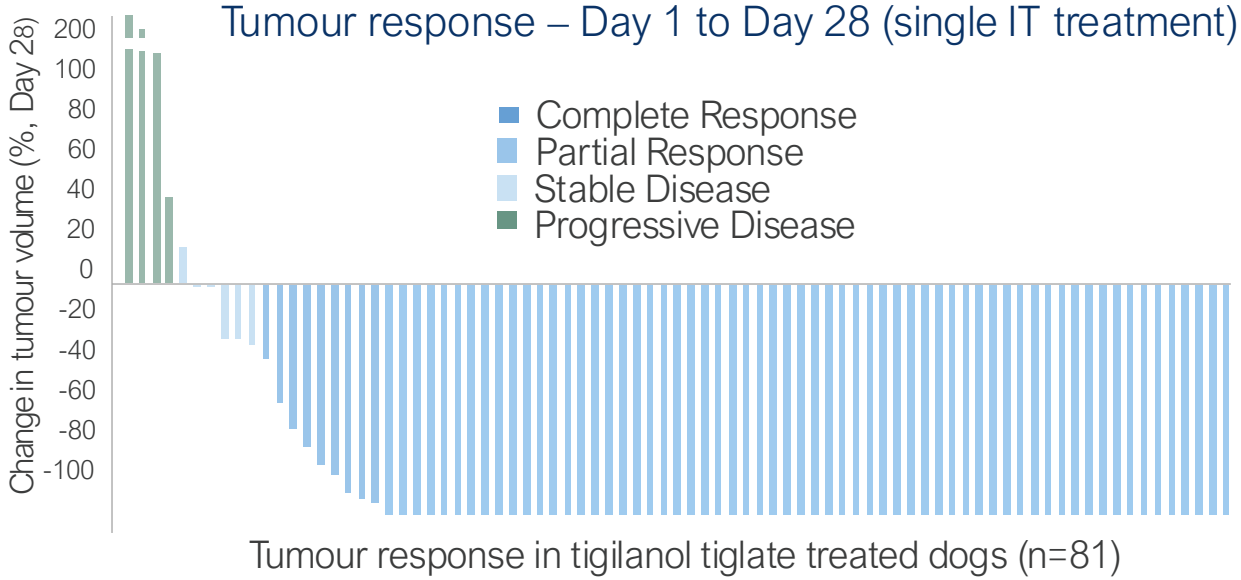
Veterinary Medicines Directorate
United Kingdom

Canine US FDA-CVM Registration trial

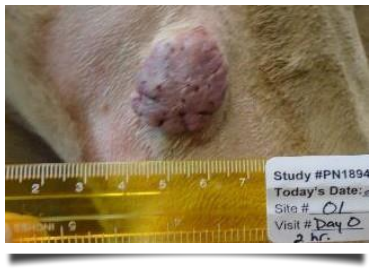
Single treatment induces Complete Responses in 75% canine mast cell tumours

Tigilanol tiglate monotherapy

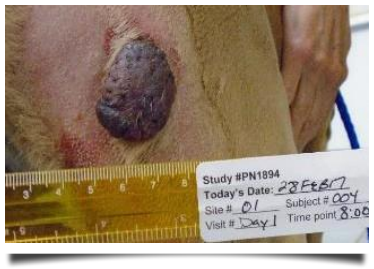
- GCP, randomized, blinded, sham controlled study; eleven sites
- 123 Dogs: 81 treated with tigilanol tiglate vs 38 sham control
- 75% CR with a single IT treatment ($p<0.0001$ vs sham control)[1]
- Objective Tumour Response Rate (CR/PR) of 80%
- 88% CR with a second treatment for partial responders
- No tumour recurrence in 89% of evaluable cases (n=57) at 12 months[2]



Progression of clinical response in canine case from US FDA-CVM registration trial



Day 0: Pre-treatment



Day 1: Tumour haemorrhagic necrosis

Day 7: Tumour destroyed (CR)

Day 28: Site healed

[1] QBiotics Study Report PN1894. RECIST v1.1 applied to injected tumour. Published by De Ridder T. et al (2020). [2] Jones et al., 2021

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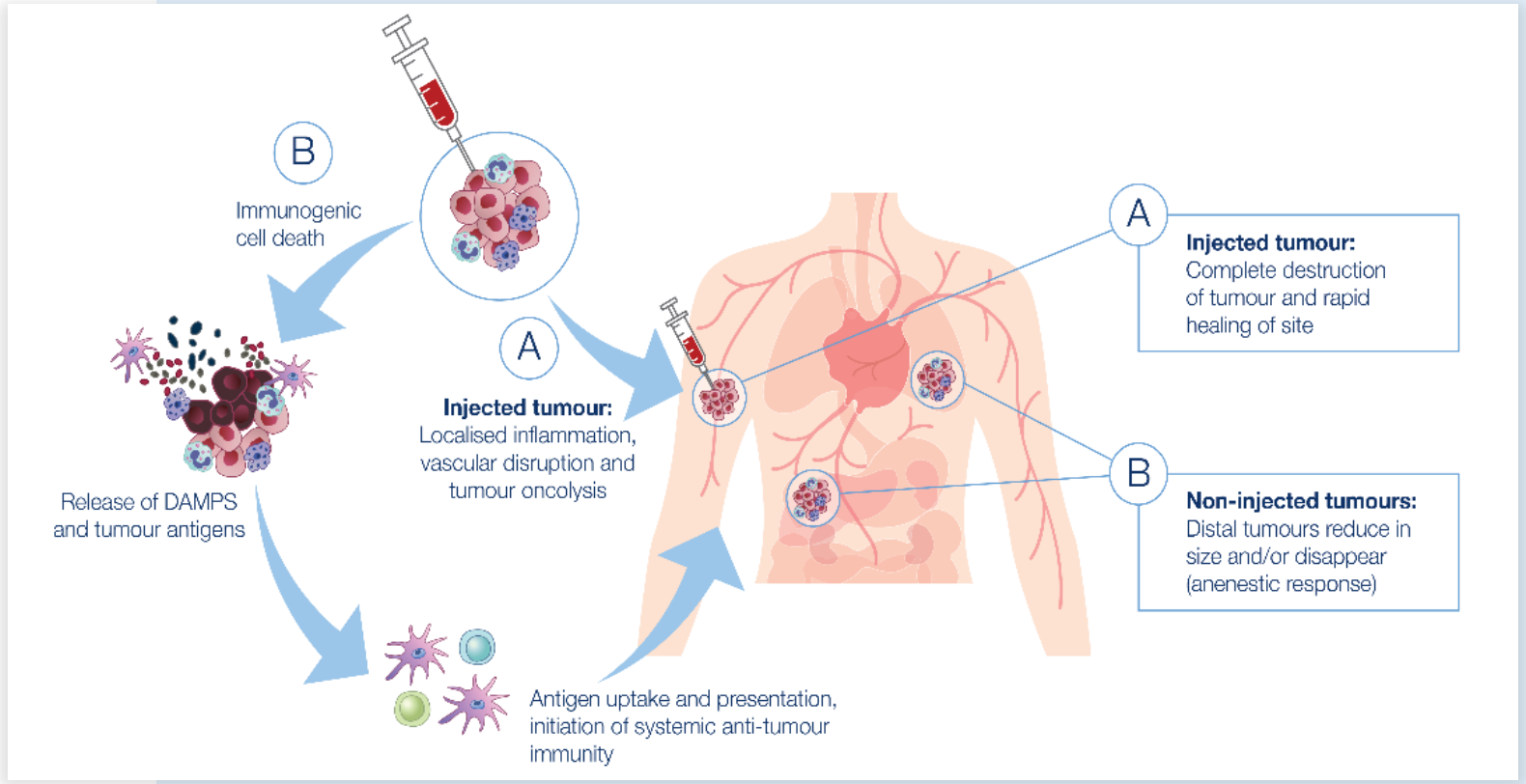
Tigilanol tiglate mode of action

Tigilanol tiglate is a Protein Kinase C activator

A. Induces rapid tumour destruction in injected tumours within 5-7 days and induces good healing of site

B. Non-injected tumours regress by immune-mediated mechanisms



DAMPS = Damage Associated Molecular Patterns

Boyle *et al.* 2014. *PLoS One*. 9(10):e108887; Cullen *et al*. 2021. Scientific Reports 11(1):1-4

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Phase I - QB46C-H01

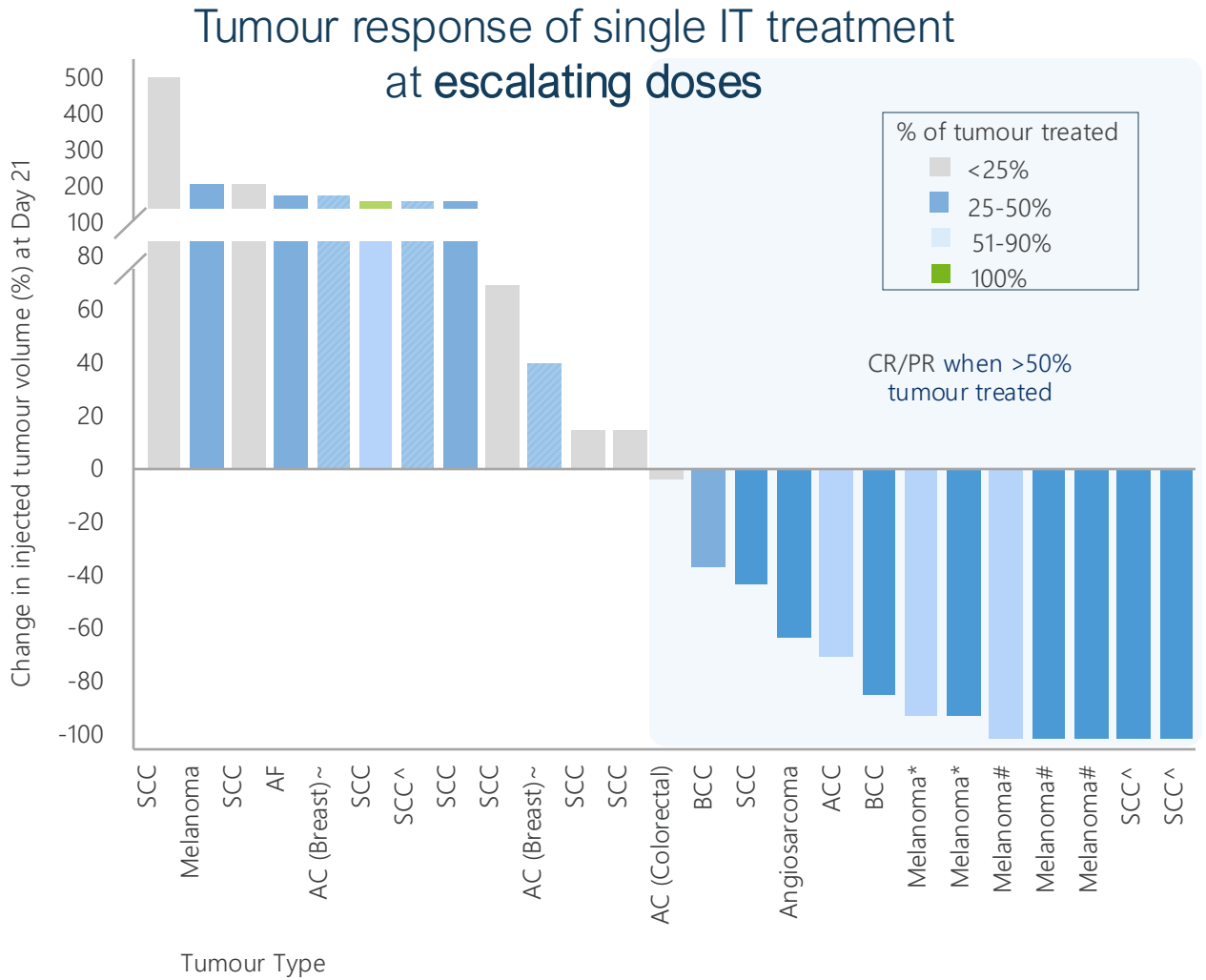
Open label, multicentre, single arm dose escalation (3+3) of single intratumoural injection with tigilanol tiglate[1]

Patient population:
- Advanced refractory skin & subcutaneous tumours
- 22 patients

Dose:
- 0.06, 0.12, 0.24, 0.60, 1.2, 2.4, 3.6 mg/m^2 body surface area (BSA)

Good safety profile:
- No serious AEs
- MTD not reached

Signs of efficacy in all 9 tumour types treated:
- Complete Response when 100% tumour treated



^, #, ~ = two or three tumours treated per patient

*= highly ulcerated tumour and leakage of tigilanol tiglate, so full treatment rate not administered

Squamous Cell Carcinoma (SCC), Melanoma (BRAF), Basal Cell Carcinoma, Angiosarcoma, Atypical Fibroxanthoma (AF), Fibrosarcoma, Breast and Colorectal Adenocarcinoma (AC), and Adenoid Cystic Carcinoma (ACC)

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[1]Panizza et al., 2019. EBioMedicine. QBiotics Study QB46C-H01.

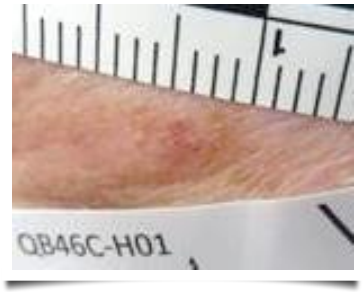
Phase I- Case Study Squamous Cell Carcinoma

Complete response with a single injection of tigilanol tiglate

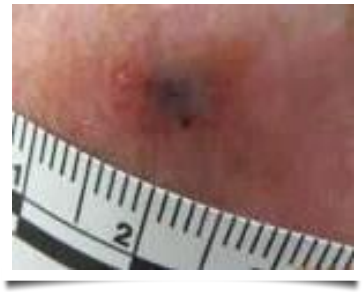
Patient had failed earlier radiotherapy and chemotherapy treatments[1]

Pt 202 - Squamous Cell Carcinoma on cheek

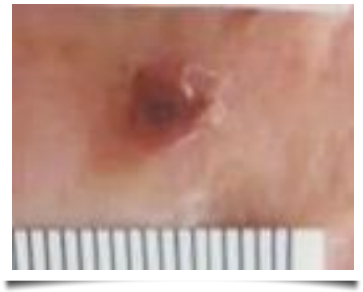
Single IT treatment (100% tumour treated)



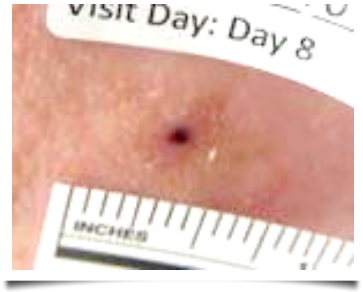
Pre-treatment



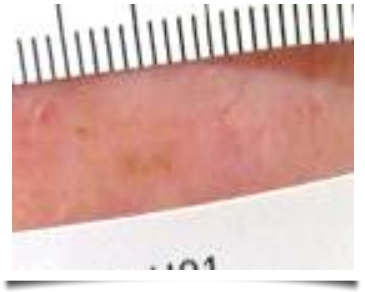
Day 1: Vascular disruption and haemorrhagic necrosis tumour



Day 5: Tumour necrosis continues



Day 8: Tumour necrosis continues



Day 15: Complete Response

Complete Response at Day 15, with no scarring

Tigilanol tiglate well tolerated; AEs mild and transitory

[1] Patient had received prior treatment with radiotherapy, cetuximab, cisplatin and 5FU (> 7 months prior to treatment with tigilanol tiglate)

[1] *Panizza et al., 2019, EBioMedicine. QBiotics Study QB46C-H01.*

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Example cases QB46C-H01/2

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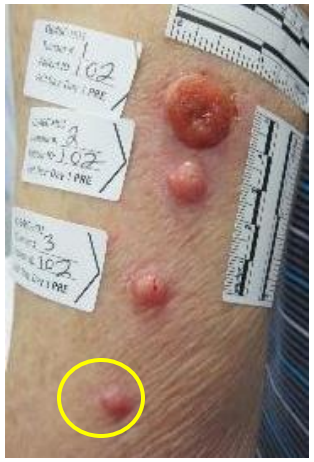
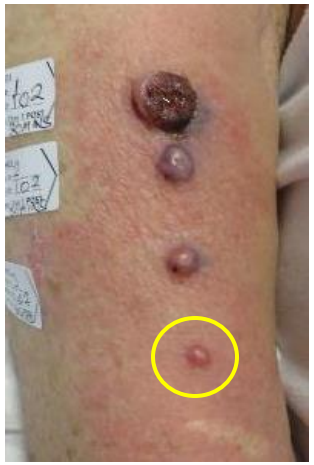
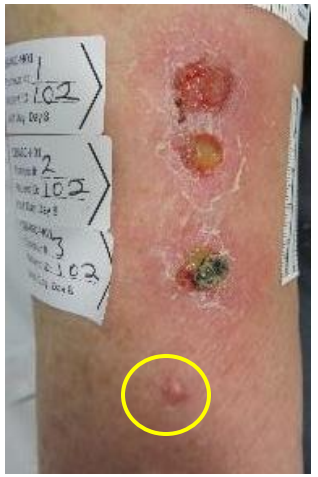
Patient 102: Metastatic melanoma



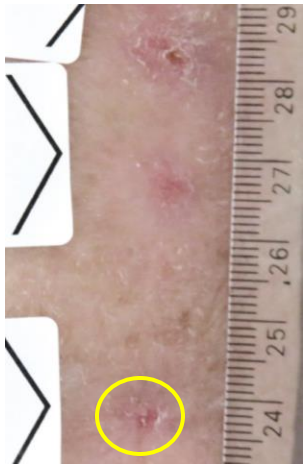
Pre-treatment



Day 1: 30 mins: tumour necrosis



Day 8: Non-injected, 4th tumour regresses

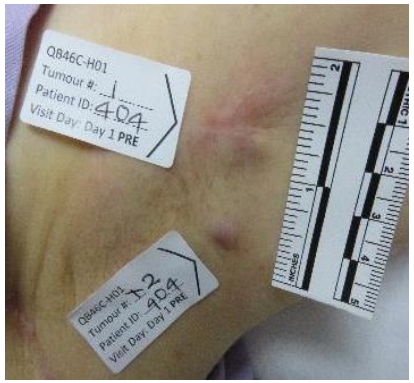


Day 35: CR in the non-injected tumour

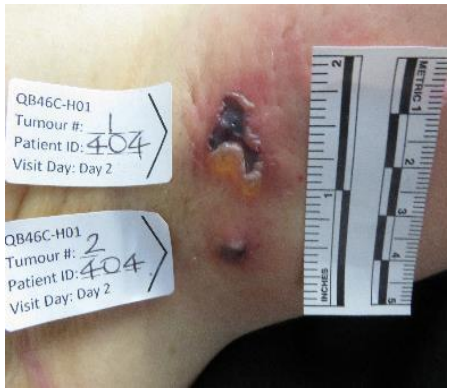
Single IT injection

- Into top 3 tumours - 4th tumour (circled) not treated
- Abscopal response in lung & sternum tumours reported off study as an abscopal effect

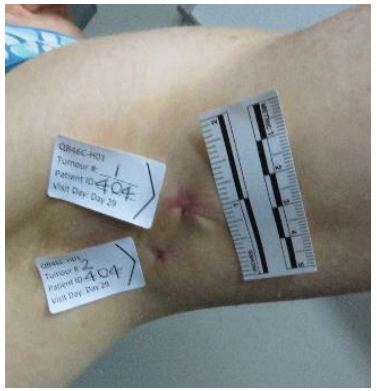
Patient 404: Metastatic melanoma – failed ICI and multiple surgeries



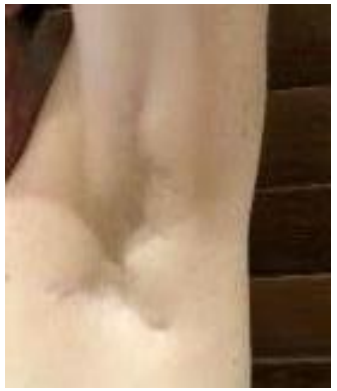
Pre-treatment



Day 2: Tumour necrosis



Day 29: Complete Response



24 months: Patient tumour free

Single IT injection into 2 tumours in axila

Abscopal response in:

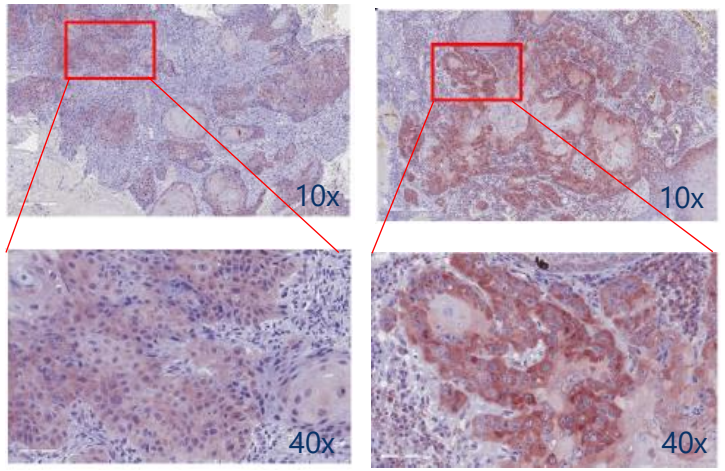
- Nodal deposit and leg melanoma - both cleared
- Patient clinically and ultrasound clear at 33 months post-treatment

Panizza B. *et al. EBioMedicine*, 50(2019). 433 - 441

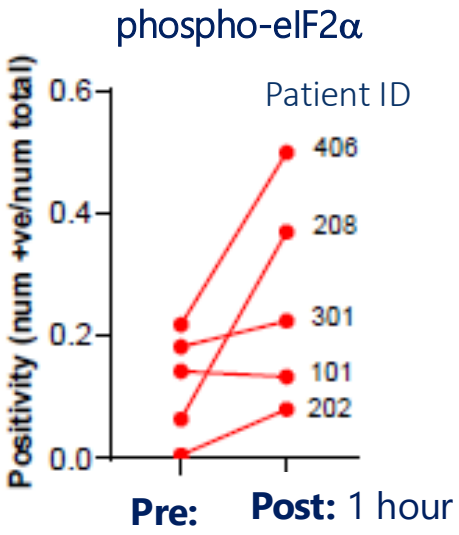
QB46C-H03 Phase I/IIa HNSCC window of opportunity before surgery

ICD indication and T cell infiltration in treated human tumours

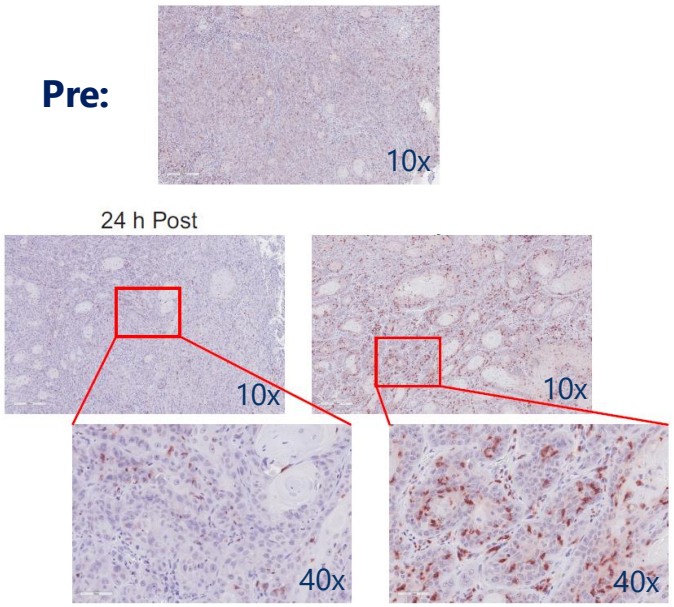
Patient 208

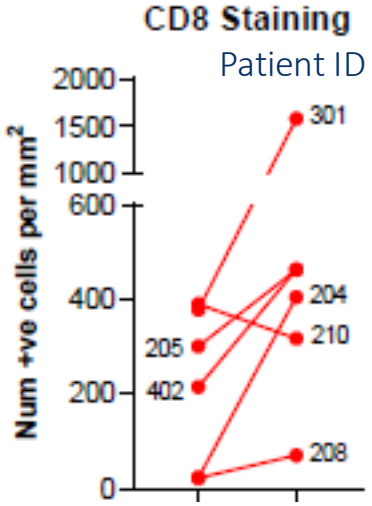


Pretreatment **Post:** 1 hour



Increased phosphorylation of eIF2α (pathognomonic marker of ICD) in HNSCC biopsies 1 hour post treatment





Increased CD8⁺ T cell infiltration in HNSCC tumours surgically excised at Day 15 or 21

TT = tigilanol tiglate

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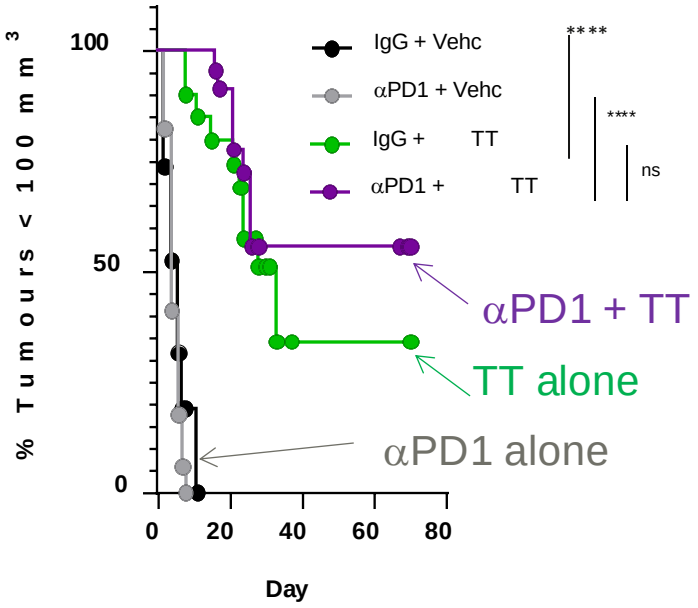
Significantly improves survival in mouse studies, when combined with ICI, chemotherapy and radiotherapy

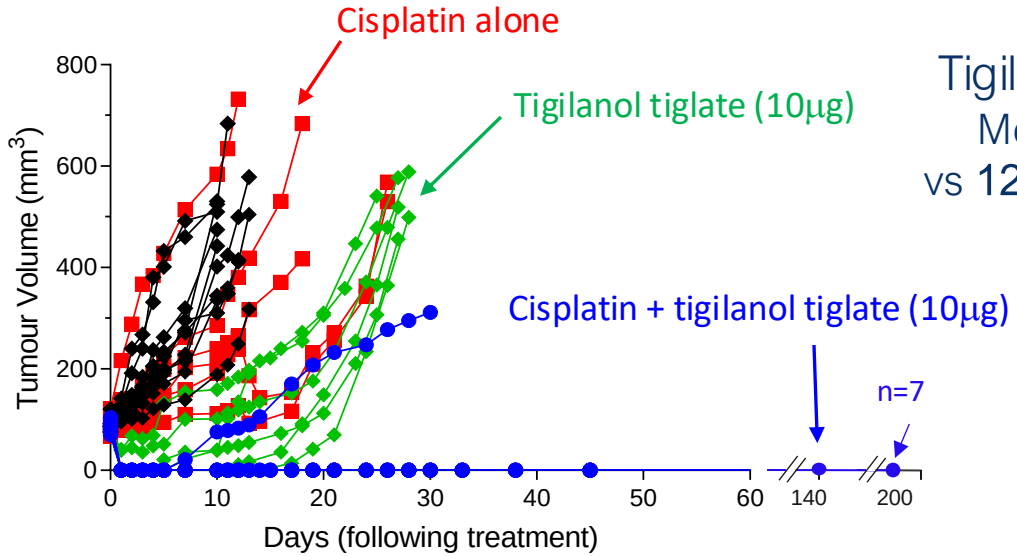
Tigilanol tiglate + αPD-1
increases survival and regresses tumours in ICI refractory melanoma



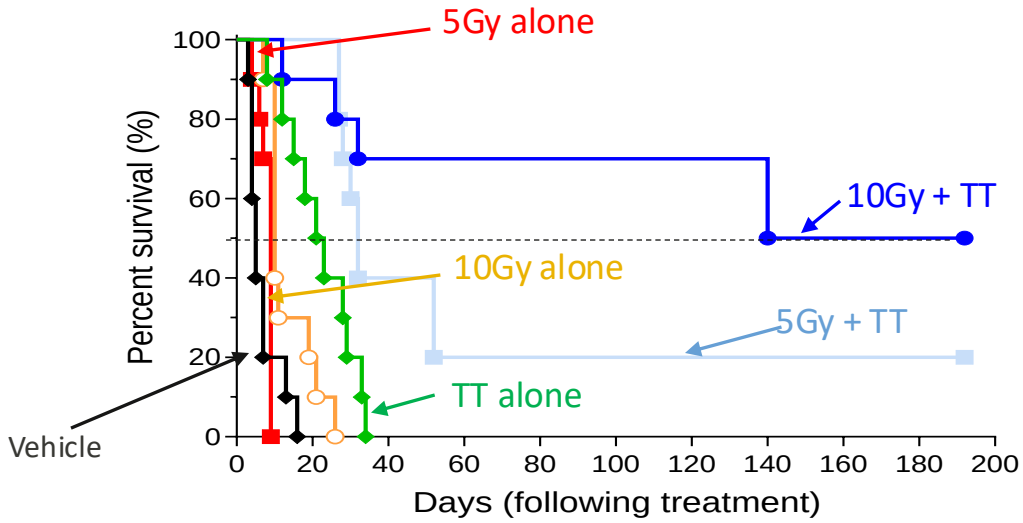
N=10 animals per group. ****p<0.0001; Log rank (Mantel-Cox) test

*****p<0.000001; ****p<0.00001; **p<0.001.

TT = tigilanol tiglate



Tigilanol tiglate + Cisplatin
Median survival **193 days** vs **12 days** with Cisplatin alone



Tigilanol tiglate + radiotherapy
Median survival **166 days** vs **10 days** with radiotherapy alone

Cullen *et al.* 2021. *Scientific Reports.* https://doi.org/10.1038/s41598-020-80397-9; Cullen *et al* 2024. *Journal for Immunotherapy of Cancer*, *12*(4).

HNSCC market & tigilanol tiglate potential

Potential for tigilanol tiglate as monotherapy - preservation of organ function & good cosmetic outcome
Potential for tigilanol tiglate in combination with standard of care – improved efficacy and safety

Incidence and unmet need

- Head and neck squamous cell carcinoma (HNSCC) is the 7th most common cancer globally ~ 890,000 new cases in 2023[1] – OS remains a major unmet need
- Standard of Care is surgery and chemoradiation, +/- EGFR inhibitors (Erbitux, Eli Lilly) and CPIs (Keytruda, Merck) in later settings
- Surgery is complex due the need to preserve vital organ function

Market Size

- HNSCC market ~$US2.1B in 2020[2]
- CAGR of 9.8% sales of $5.2 B by 2030[2]

Opportunity

- No intratumoural product is approved
- Fewer products in development for HNSCC than other cancers
- Opportunity to preserve organ function & improved cosmetic outcomes
- Combination with Standard of Care
- Significantly larger patient pool in China and India; need for simple treatments

Market Drivers

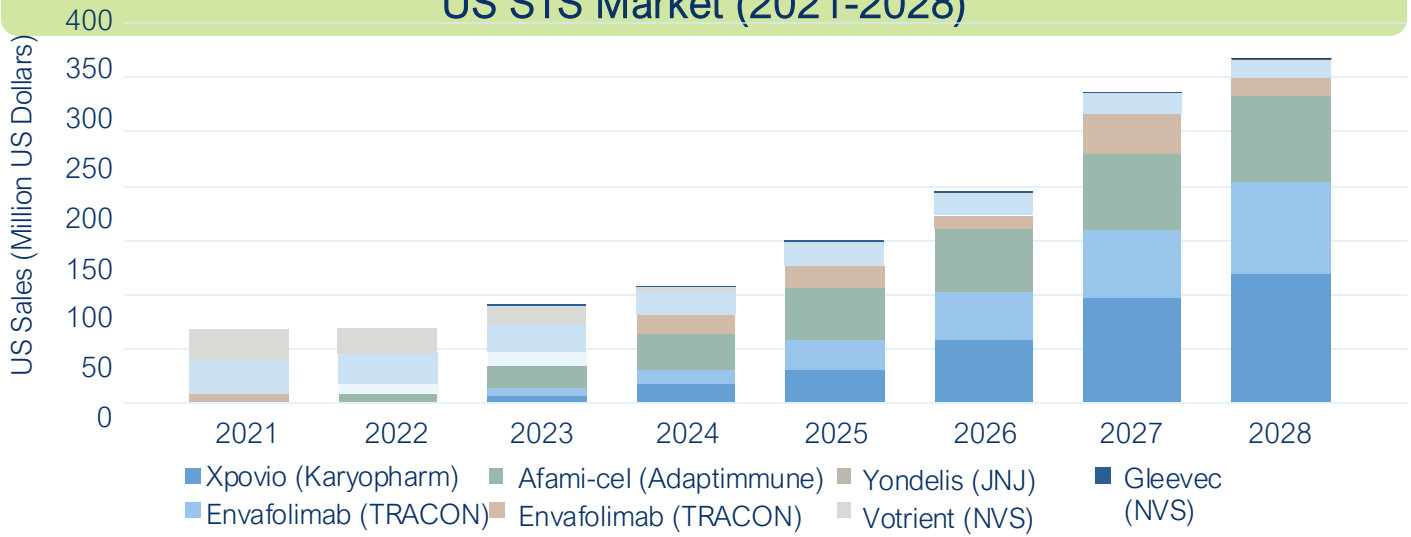
- Launch and expansion of premium-priced therapeutics, including CPIs replacing inexpensive chemotherapies
- Increased incidence of HNSCC

[1] Globocan 2023.
[2] Global Data. 8MM includes US, 5EU (France, Germany, Italy, Spain, and the UK), Japan, and urban China

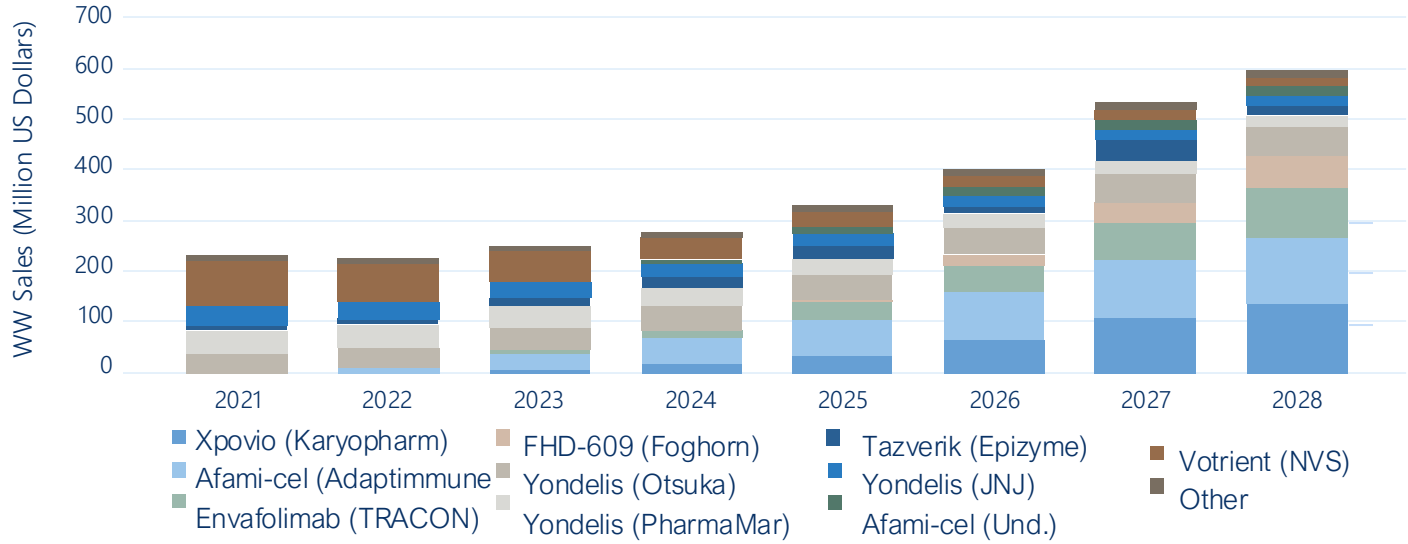
STS is a rare, heterogenous cancer

- Global incidence (16MM) of STS is ~128,000[1]
- STS SOC is surgery, radiation and chemotherapy
- Branded Market $233M in 2022; US was $83M (~35%) [2]
- Global market expected by 2028 to be ~$596M
  - US market expected by 2028 to be ~$372M (~62%)
- Market driven by subtype specific therapies, e.g.Votrient. New approvals for targeted agents such as Xpovio, Envafolimab, and Afami-cel are expected to have significant market shares by 2028

US STS Market (2021-2028)



Global STS Market (2021-2028)



[1]GlobalData®, American Society, Cancer Australia, Cancer Research UK, Canadian Cancer Society
[2]Lumanity and EvaluatePharma

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EBC-1013
Wound Healing

EBC-1013 for chronic and acute wounds and burns

6.5 million
US chronic wounds p.a.[1]

14-29 million
globally p.a.[2]

- Driven by ageing and increasing incidence of diabetes and obesity
- Current treatments - advanced wound dressings and medical devices, not pharmaceuticals
- None approved in EU
- Significant Unmet Need: 10% of chronic wounds do not heal
- One product Regranex (Becaplermin) approved in USA
- Large failure rate; objective clinical endpoint = complete wound closure at 84 days

1.Hurlow et al, Defying the Recalcitrant Wound, Woundsource.com, Sponsored by ConvaTec.
2.Nussbaum et al, An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds. Value Health, 2018 Jan;21(1):27-32.

EBC-1013:
Multi-faceted mode of action in wound healing

Cell signalling with multifactorial MOA affecting different stages of the wound healing process

Low competition (Pharmaceutical, not a device)

Potentially suitable for treating a wide range of chronic and acute traumatic wounds, including burns

Initial proof of concept of topical gel formulation from exploratory veterinary clinical case studies of difficult to treat wounds

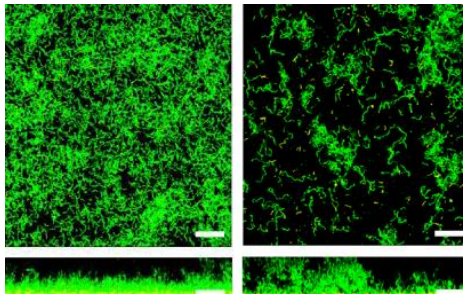
First-In-Human safety trial currently recruiting in patients with venous leg ulcers

EBC-1013: A novel small molecule for wound healing

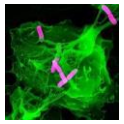
Antimicrobial

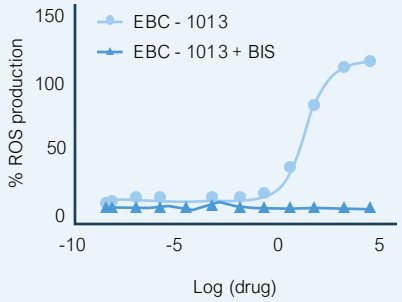
Disrupts the structure of established biofilms of multidrug resistant bacteria

Control EBC-1013



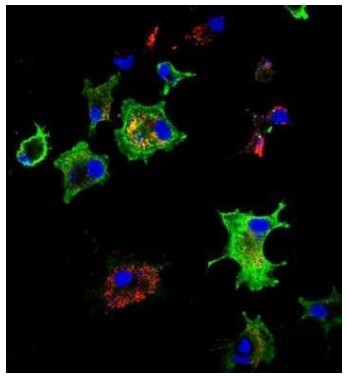
Induces respiratory burst by neutrophils





Drug induced debridement

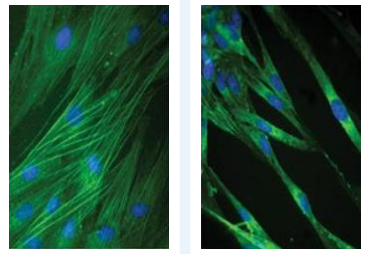
Patrolling monocytes differentiate into M1 & M2 macrophages



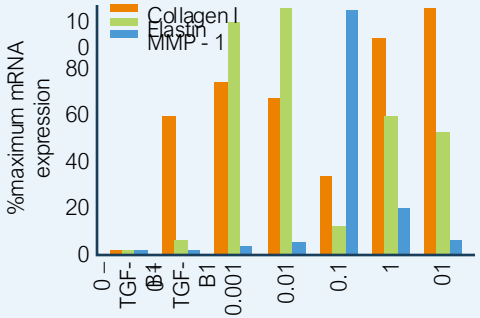
Proteolytic remodelling and deposition of extracellular matrix

Downregulates differentiation & formation of stress fibres by fibroblasts

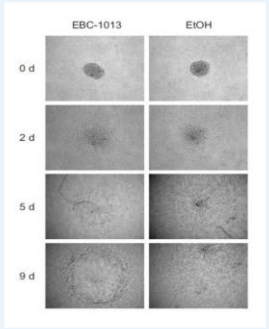
Control EBC-1013



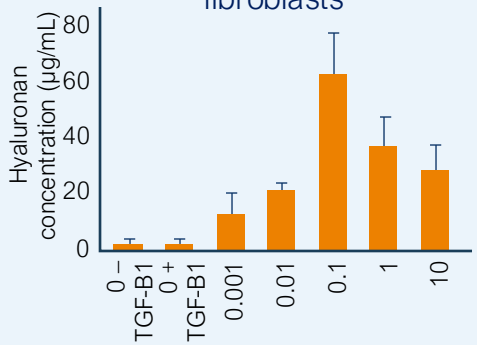
Changes relative expression of key genes involved in ECM synthesis & remodelling



Degrades scar forming type I collagen (100 ng/ml



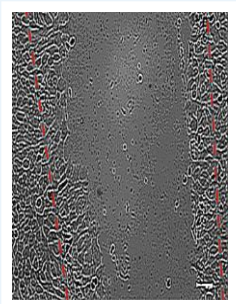
Stimulates production of hyaluronan by cultured fibroblasts



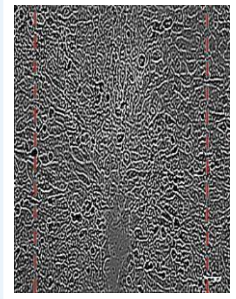
Wound closure

Stimulates migration of keratinocytes

Control



EBC-1013 (0.1 µg/ml)



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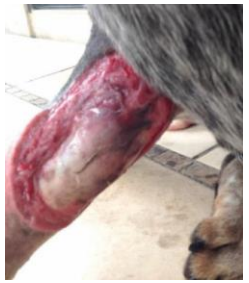
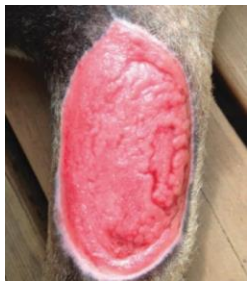
EBC-1013: Reason to believe - veterinary case studies

Treatment with EBC-103 in gel

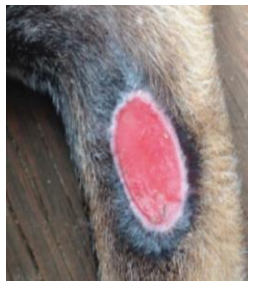
Canine wound, closure not possible (3 treatments, 7 days apart)



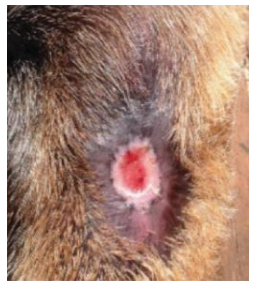
Pre-treatment



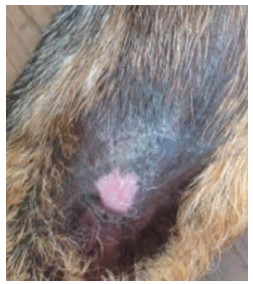
Day 19: Wound in-fill



Day 42



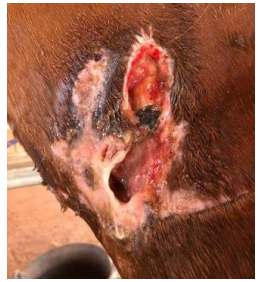
Day 63



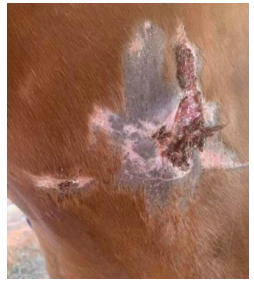
Day 78

Equine traumatic penetrating wound (1 gel application)

Day of wounding

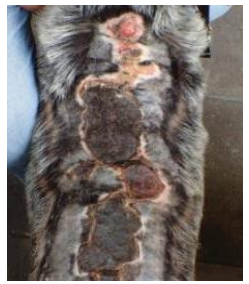


Treatment Day (Infected wound 5 days after trauma)

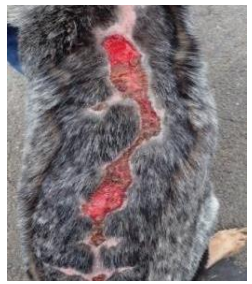


5 days after treatment

Canine thermal burn (3 treatments, 7 days apart)



Treatment Day 1 (8 days after burn)



Day 14

Day 38

Day 73

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