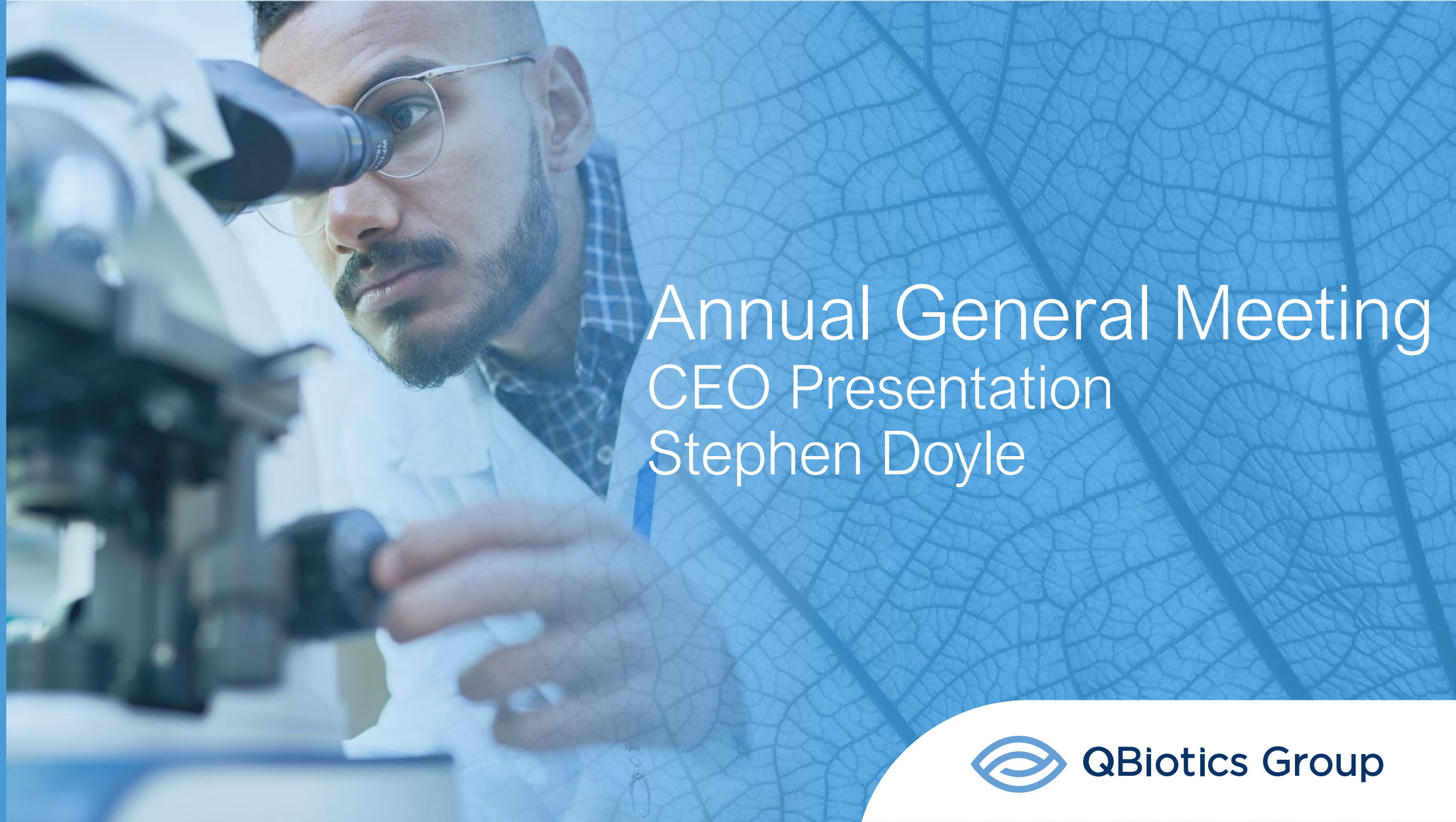

Annual General Meeting

CEO Presentation

Stephen Doyle

QBiotics Group

Disclaimer

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Introduction
Stephen Doyle,
CEO & Managing Director

Special mentions

Vale
Dr Sue Foden

Special thanks to
Dr Victoria Gordon

Special thanks to Andrew
Denver and Prof Bruce Robinson

Key achievements

Team:

- **Board appointments:** Mark Fladrich and David Phillips
- **Leadership:** Stephen Doyle CEO & Managing Director (post period)

Development, Human:

Tigilanol tiglate

- **FDA Orphan Drug Designation**: for the treatment of soft tissue sarcoma
- **Phase IIa Soft Tissue Sarcoma:** patient recruitment completed in US (QB460H07); preliminary data presented at European Society for Medical Oncology and Connective Tissue Oncology Society (post period)
- **Phase I/IIa Head and Neck Squamous Cell Carcinoma:** dose escalation trial in Australia and India (QB46-H03) met primary endpoints. Further trial sites added (QB46C-H08).
- **Preclinical Study:** published in The Journal for ImmunoTherapy of Cancer

EBC-1013

- **Phase I Safety Trial:** recruitment commenced for venous leg ulcer trial in Australia

Veterinary programme:

- **Commercial**: Stelfonta® exceeds 20,000 dogs treated globally

Human oncology development

Tigilanol Tiglate – Head and Neck (HNSCC) and Soft Tissue Sarcoma (STS) Programs

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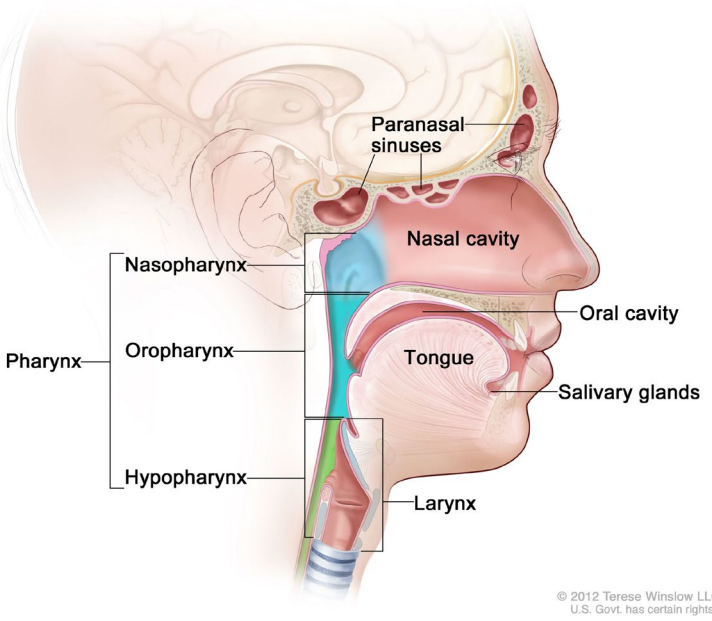
Head and Neck is a common cancer which remains is a high unmet need



- Head and neck cancer is the 7th most common cancer
- ~ 932,000 new cases globally in 2020[1]
- Extending overall survival remains a major unmet need

Opportunity

- HNSCC market ~$US2.1B in 2020[2]
- CAGR of 9.8%
- Sales of $5.2 B by 2030
- No intratumoural product is approved
- Opportunity to preserve organ function & improve cosmetic outcomes
- Combination with Standard of Care

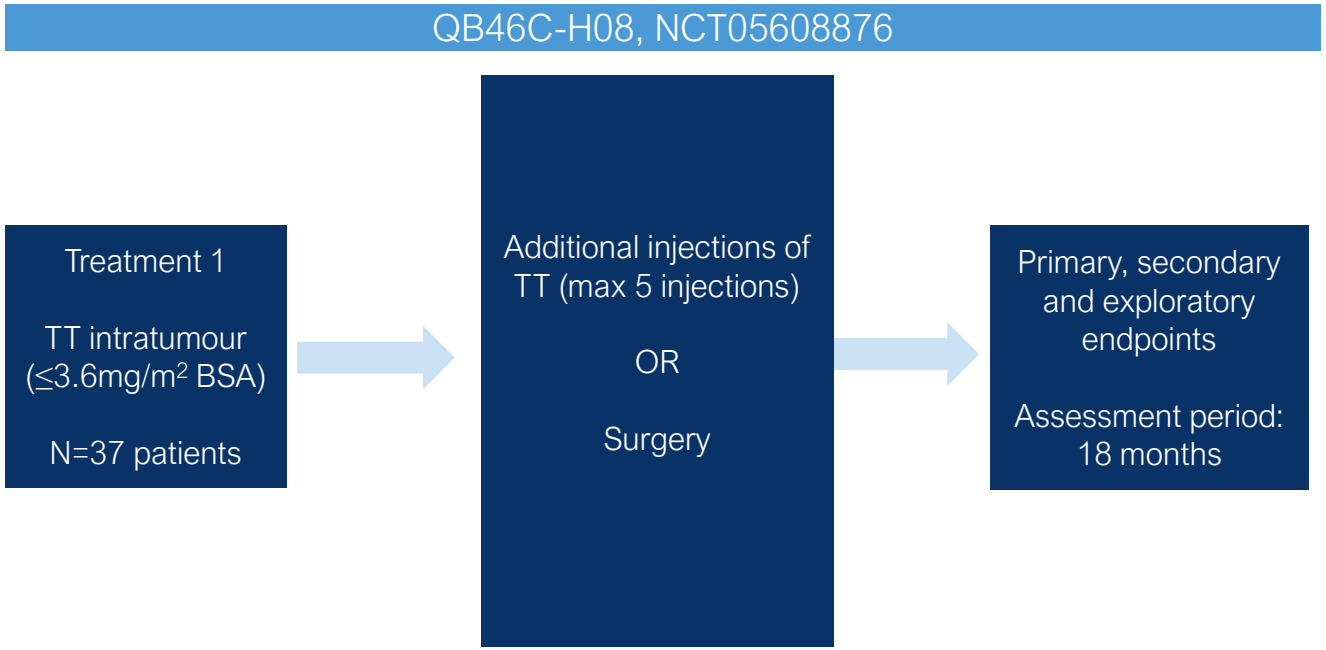
1. Globocan 2020.
2. Global Data. 8MM includes US, 5EU (France, Germany, Italy, Spain, and the UK), Japan, and urban China

CAGR: Compounded Annual Growth Rate
Image reference: National Cancer Institute

Phase II open label study: recruitment underway

Multi center, single arm, open label, Phase II study assessing efficacy of tigilanol tiglate in various head and neck cancer malignancies

- Adults with advanced and/or metastatic head and neck cancer
- Lesion(s) volume measured by ultrasound (+CT or MRI)



Primary endpoint

- Tumour ablation rate

Secondary endpoint

- AE's and SAE's- safety and tolerability
- Local recurrence rate
- Progression free survival (RECIST v1.1)

Exploratory

- General cancer QoL
- Head and neck QoL
- Wound healing
- ORR (RECIST v1.1 and itRECIST)
- Immune infiltration in surgical/ biopsy specimens
- PBMC's

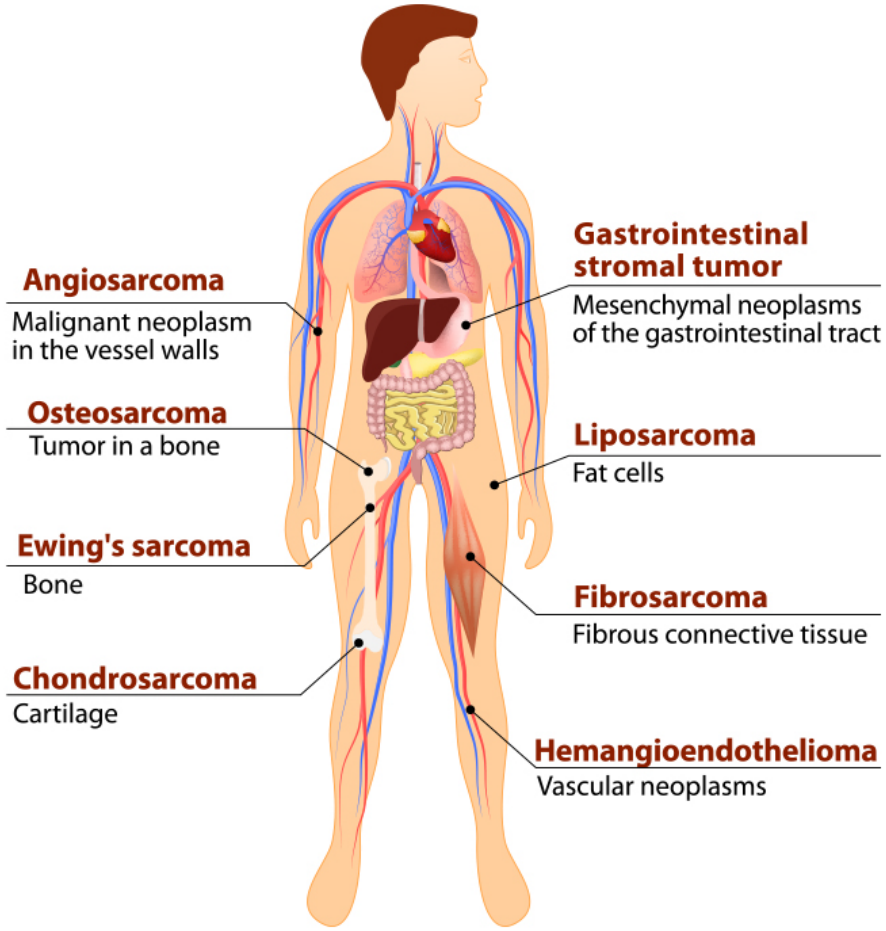
AE: adverse event, BSA: body surface area, CT: computed tomography, MRI: magnetic resonance imaging , ORR: objective response rate, PBMCs: peripheral blood mononuclear cells, PK: pharmacokinetics, Q4W: every 4 weeks, QoL: Quality of Life, RECIST: response evaluation criteria in solid tumours, SAE: serious adverse event, STS: soft tissue sarcoma

H08 trial update

- This international study is continuing with 7 sites open
- 16 patients have been recruited
- Clinical Advisory Board, September 2024:
  - Analyse initial patient observations and based on results determine the minimal number of patients required to assess effect of TT in Head and Neck Cancer
- Protocol amendment underway – revised timeline to be announced

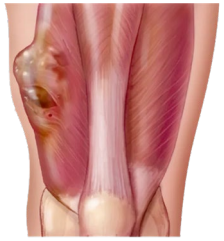
About Soft Tissue Sarcoma: a heterogenous cancer with high unmet need

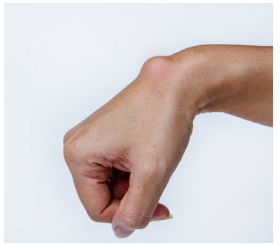
80-100 Histologically diverse subtypes



~124,573 new cases annually across 16 major markets[1]

Incidence is increasing at 0.5% per year





~75% of STS cases: in the extremities such as arms and legs

Trunk wall and retroperitoneum account for 10% cases

Patient segmentation at diagnosis:

70% patients have localised/ resectable disease

- Out of these, 75% of resected progress to advanced/ unresectable disease

30% are initially diagnosed with unresectable, advanced metastatic disease

1. Global Data 2022

Image references: Surgical associates of North Texas, RT answers, Mayo clinic

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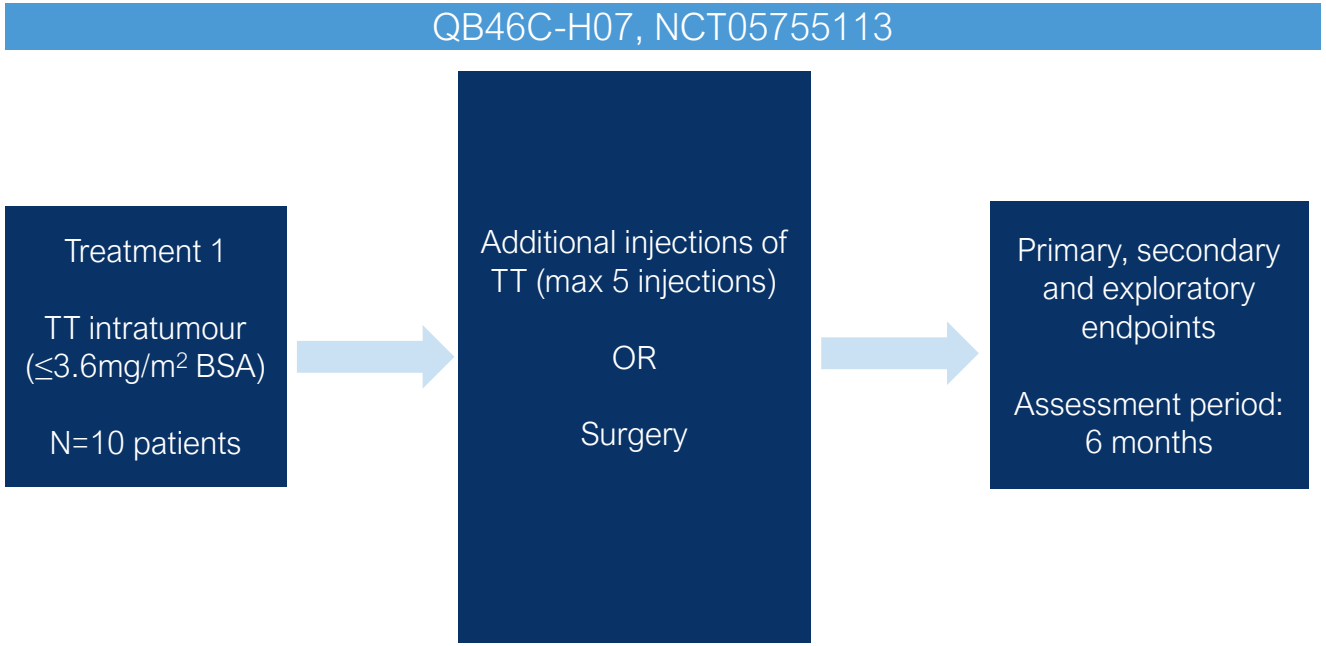
Phase IIa trial in human STS completed recruitment

Single centre, single arm, open label, Phase IIa study assessing preliminary efficacy of tigilanol tiglate in STS patients conducted at Memorial Sloan Kettering Cancer Center

- Adults with advanced and/or metastatic STS with tumours accessible for injection with ECOG PS ≤ 2
- Lesion(s) volume measured by ultrasound (+CT or MRI)



Primary endpoint

- Tumour ablation rate at 28 days defined as the proportion of patients achieving >30% reduction in tumour volume assessed by ultrasound compared to baseline.

Secondary endpoints

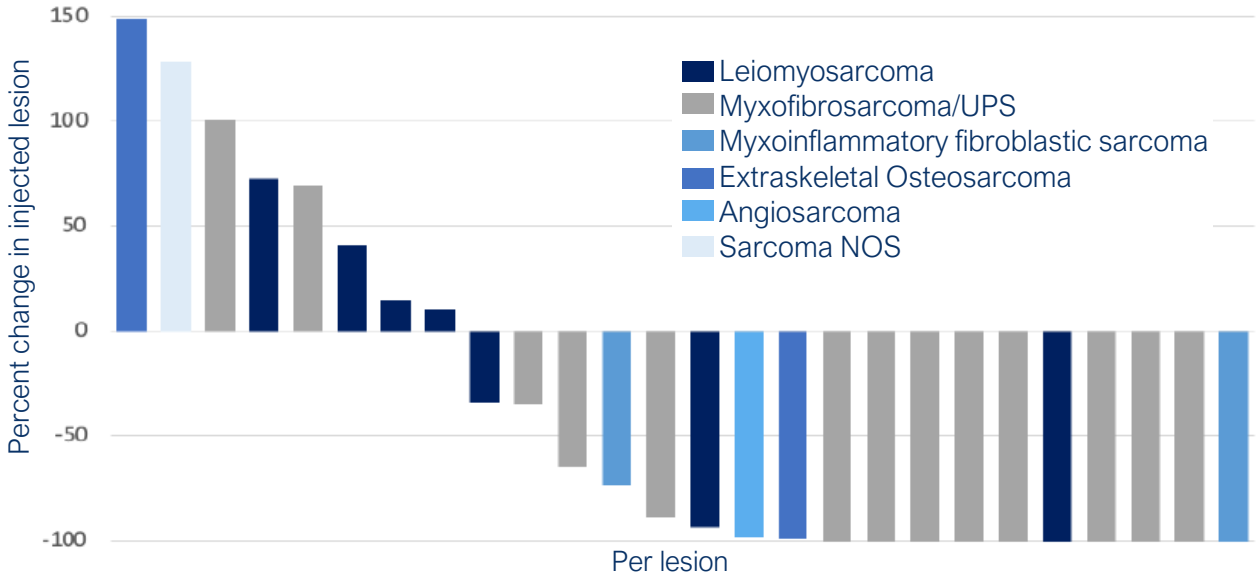
- AE's and SAE's- safety and tolerability
- PK

Exploratory endpoints

- Immune infiltration in surgical / biopsy specimens
- PBMCs
- Local recurrence rate (up to 6 months)

AE: adverse event, BSA: body surface area, CT: computed tomography, ECOG PS: Eastern cooperative oncology group performance scale, MRI: magnetic resonance imaging , PBMCs: peripheral blood mononuclear cells, PK: pharmacokinetics, Q4W: every 4 weeks, SAE: serious adverse event, STS: soft tissue sarcoma

Promising early efficacy:10 tumours with CR



The drug was well tolerated

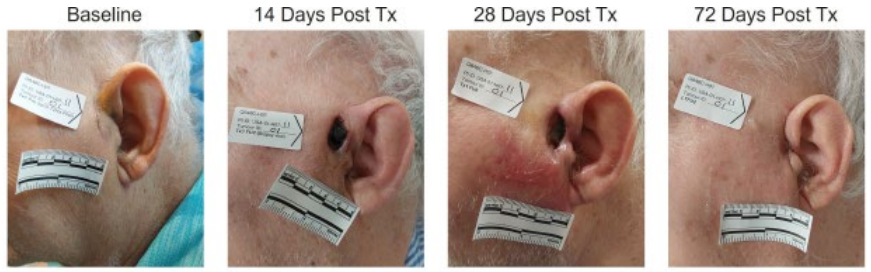
Injected tumour responses were observed across numerous STS histologic types, exceeding the primary endpoint for a promising response

Response rates at 4 weeks:

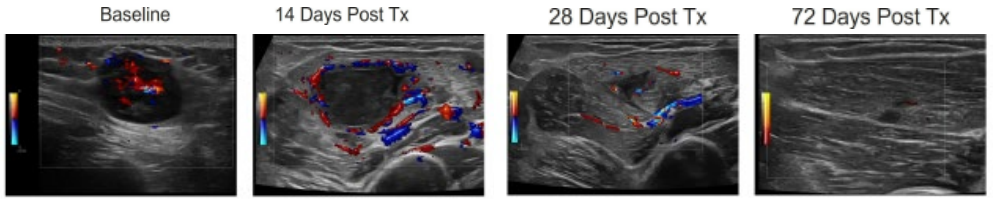
In each injected lesion:
10 CRs, 8 PRs, 2 SD, 6 PD for each tumour

In injected lesion(s) per patient:
7 out of 10 patients had response ≥ 30%

Patient with cutaneous angiosarcoma:



Patient with intramuscular leiomyosarcoma:



Trial ID: QB46C-H07, NCT05755113, Bartlett et al, The Connective Tissue Oncology Society (CTOS annual meeting, Nov 13-16, 2024, San Diego, USA. Preliminary data presented by principal investigator from Memorial Sloan Kettering Cancer Centre, subject to final analysis
UPS: undifferentiated pleomorphic sarcoma, NOS: not otherwise specified

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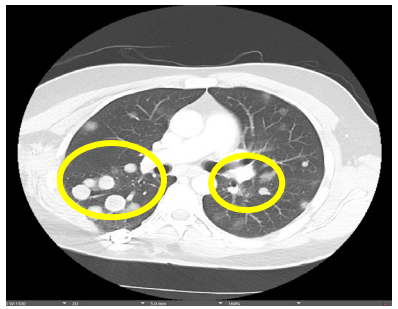
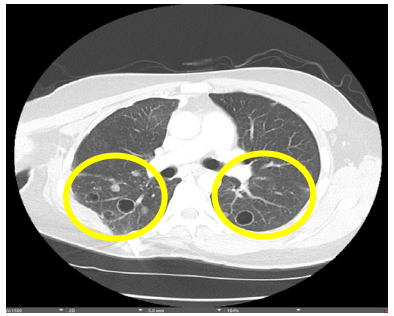
Subsequent responses to systemic therapy observed in previously non-responsive STS patients

3 patients with pre-existing metastatic sarcoma that were initially non-responsive to systemic therapy, proceeded from tigilanol tiglate to subsequent systemic therapy

Patient 1: myxofibrosarcoma treated with gemcitabine/ docetaxel/PD-1 inhibition as 4th line

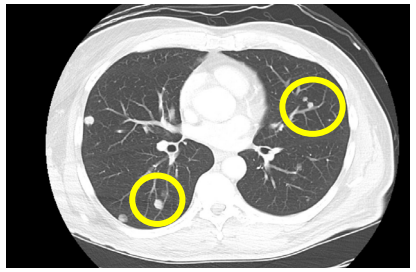


Post TT: lung metastatic

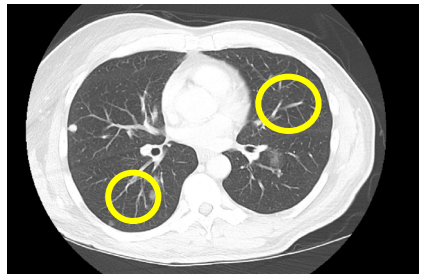


Post 4th line gemcitabine/ docetaxel/PD-1

Patient 2: myxofibrosarcoma treated with gemcitabine/docetaxel inhibition as 2nd line



Post TT: lung metastatic



Post gemcitabine /docetaxel 2nd line chemo

QBiotics Phase IIa Soft Tissue Sarcoma trial extended, following positive data presented at CTOS

BRISBANE, 19 November 2024.

- Data from Phase IIa clinical trial (QB46C-H07) evaluating QBiotics' small molecule, tigilanol tiglate (TT) in patients with advanced Soft Tissue Sarcoma (STS) presented at the Connective Tissue Oncology Society (CTOS) Annual Meeting (San Diego, CA: 13-16 November 2024).
- This new data follows presentation of preliminary data at the European Society for Medical Oncology (ESMO) conference 2024 (Spain, September 2024), which highlighted that TT appeared safe for patients with STS, with early indications of efficacy.
- CTOS presentation includes additional observations made by the investigators showing that patients with metastatic STS disease who were originally non-responsive to systemic therapies began to respond to systemic therapy after treatment with TT.
- These new trial discoveries have led QBiotics to extend the study. Ethics approval has been granted for this extension, and QBiotics is preparing to initiate the extension arm in Q1 2025.

Trial ID: QB46C-H07, NCT05755113, Bartlett et al, The Connective Tissue Oncology Society (CTOS) annual meeting, Nov 13-16, 2024, San Diego, USA. Preliminary data presented by principal investigator from Memorial Sloan Kettering Cancer Centre, subject to final analysis

Human Wound Healing Development

EBC-1013 for wound healing

QBiotics Group

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, only one wound healing pharmaceutical product Regranex (Becaplermin) approved in US
- Significant unmet need: 10% of chronic wounds do not heal
- 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.

Phase I study recruiting patients across escalating doses of EBC-1013

A phase I first-in-human multi-centre dose escalation study to assess the safety and tolerability of EBC-1013 Gel in participants with venous leg ulcers.

Single application of EBC-1013 gel or placebo at ascending doses

Venous leg ulcers

Up to 35 adult patients
Wound duration: 3-48 months
Size: 2.5 cm^2- 70 cm^2
Venous origin confirmed

1.5 mg/g EBC-1013 gel or placebo gel

1.0 mg/g EBC-1013 gel or placebo gel

0.6 mg/g EBC-1013 gel or placebo gel

0.3 mg/g EBC-1013 gel or placebo gel

0.1 mg/g EBC-1013 gel or placebo gel

Follow up: D1, 3, 7, 14 and 28

Primary endpoint: safety and local tolerability

Secondary endpoint: Systemic exposure, anticipated therapeutic dose (ATD) range

EBC-1013 – wound healing

- Initially planned to commence in the UK
    - Problems with NHS resourcing and recruitment
- Trial moved to Australia and initiated in June 2024 with more than 60pts pre-screened
- Issues identified early on:
    - Two rounds of review with sites to change the inclusion / exclusion
    - Criteria added to broaden available patient population
- The trial is open for recruitment in Australia across 2 sites
- Identified a Clinical Research Centre with a GP referral network to open additional locations

Veterinarian Program

STELFONTA®

QBiotics Group

STELFONTA® and our veterinary oncology programme

- Treated more than 20,000 dogs with STELFONTA®
- Despite pet owners preferring STELFONTA® over surgery for treating their dogs' mast cell tumours, many veterinarians remain hesitant to move away from the familiarity of surgery
- Actively collaborating with our marketing and distribution partner to educate veterinarians on the benefits of non-surgical mast cell tumour removal
- Sales of STELFONTA®, our veterinary oncology pharmaceutical are not yet reaching full potential

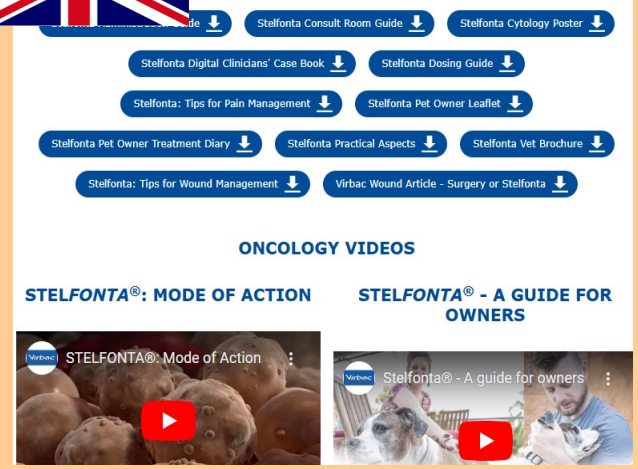
Building Confidence to Prescribe STELFONTA®

Official STELFONTA® Certification

- Continuous Education Approved
- Community of Certified Veterinarians
- Centres of Excellence

Testimonials & 1:1 Support

- Email campaigns, Podcasts & Clinician discussions
- Feature testimonials – local clinics
- Technical guidance for all first treatments



Ease of treatment education

- Addressing barriers such as cytological grading & wound
- Remove 'non-resectable' label restriction

QBiotics Group

Green Light from an Independent Audit of STELFONTA®

Veterinary specialist business consultant

In-depth analysis of STELFONTA® globally:

- ✓ Insights led strategy
- ✓ Marketing initiatives
- ✓ Educational tools
- ✓ Collaboration with marketing and distribution partner, Virbac

"The performance of STELFONTA…whilst disappointing, is probably not an industry outlier".

Robust clinical pipeline in human disease, supported by validation in veterinary programmes

Human disease programmes

Drug candidate	Therapeutic Area	Indication	Discovery	Preclinical	Phase I	Phase II	Phase IIb/III	Approval	Programme updates
Tigilinol tiglate (TT)	Oncology	Soft tissue sarcoma (STS)					FDA: Orphan Drug Designation granted		QB46C-H07: Phase IIa Preliminary data at ESMO 2024 Full results in Q1 CY2025
		Head & neck cancers (H&NC)							QB46C-H08: Phase IIa Recruiting
EBC-1013	Wound healing	Venous leg ulcers							QB1013C-H201- Phase I Recruiting
Several leads	Novel antibiotics								Lead optimization
	Anti-inflammatory								Lead optimization

Veterinary programmes

Drug/ Drug candidate	Therapeutic Area	Indication	Clinical	Approval	Programme updates
STELFONTA®	Oncology	Canine: mast cell tumours			Marketed EU, USA, UK, AU
Tigilinol tiglate (TT)		Canine: soft tissue sarcoma, oral melanoma			Recruiting
		Equine: sarcoid, melanoma			Sarcoids reporting, melanoma recruiting
EBC-1013	Wound healing	Equine & canine: acute & chronic wounds			Recruiting

QBiotics Senior Management Team

- Strong management team with skills to execute on our corporate and clinical plans
- Diverse skills and background
- Currently recruiting for a Chief Medical Officer

QBiotics: financial overview and upcoming milestones

$194M	Capital raised to date
$43.5M	Current cash at bank[1]
$60.3M	R&D tax incentive refunds and government grants received to date
$3.9M	Average quarterly operating expense[2]

H2 CY2024

- QB46C-H07 TT Phase II in STS: preliminary presentation at ESMO 2024
- QB46C-H07 TT Phase II in STS: further observations at CTOS 2024

H1 CY2025

- QB46C-H07 TT Phase II in STS: full study results early 2025

H2 CY2025

- QB46C-H08 TT Phase II in H&N Cancer: Top line data

QB46C-H08: TT Phase II in HNSCC recruiting

QB1013C-H201: EBC-1013 Phase I in wound healing recruiting

QB46C-H0t: TT Phase II in STS Extension Study recruiting

1 As of 30 June 2024
2 Average cash burn rate per quarter from 1 July 2023 to 30 June 2024

Priorities

Product development and commercialization

- Accelerated Clinical Development Plan leading to a registration and path to market for TT in STS
- Attract commercial partners to realize the value of TT
- Accelerate would healing program for EBC-1013
- Challenge Stelfonta sales and marketing initiatives

Move the company to next stage of growth

- Attract institutional investment / biotech specialist
- Preserve cash and full review of our additional programs

People

- As we move to a new phase of growth - expand and attract new talent

QBiotics Group