QBiotics Group

Harnessing the power of nature to improve lives

Company Overview

16 November 2023

Dr Victoria Gordon
CEO & Managing Director

Disclaimer

This presentation has been prepared by QBiotics Group Limited ACN 617 596 139 (QBiotics or the Company) and contains summary information about QBiotics and the business conducted by it as at the date of this presentation. The information in this presentation is for general purposes only, does not purport to be complete or comprise all information required by shareholders or investors to make an informed decision on any investment in QBiotics. The information contained in this presentation is not intended to be an offer for subscription, invitation or recommendation with respect to shares of QBiotics in any jurisdiction, including the United States. In preparing this presentation, the Company did not take into account the investment objectives, financial situation and particular needs of any particular investor. Further advice should be obtained from a professional investment adviser before taking any action on any information dealt with in the presentation. Those acting upon any information without advice do so entirely at their own risk. Whilst this presentation is based on information from sources which are considered reliable, no representation or warranty, express or implied, is made or given by or on behalf of the Company, any of its directors, or any other person about the accuracy, completeness or fairness of the information or opinions contained in this presentation. No responsibility or liability is accepted by any of them for that information or those opinions or for any errors, omissions, misstatements (negligent or otherwise) or for any communication written or otherwise, contained or referred to in this presentation. Neither the Company nor any of its directors, officers, employees, advisers, associated persons or subsidiaries are liable for any direct, indirect or consequential loss or damage suffered by any person as a result of relying upon any statement in this presentation or any document supplied with this presentation, or by any future communications in connection with those documents and all of those losses and damages are expressly disclaimed. Any opinions expressed reflect the Company's position at the date of this presentation and are subject to change. This presentation may contain forward-looking statements concerning the Company's business, operations, financial performance and condition as well as the Company's plans, objectives and expectations for its business, operations, financial performance and condition. Any statements that are not of historical facts may be deemed to be forward-looking statements. These statements are based on current expectations, estimates, forecasts and projections about the Company's business and the industry in which the Company operates and management's beliefs and assumptions. These forward-looking statements are not guarantees of future performance or development and involve known and unknown risks, uncertainties, assumptions and other factors that are in some cases beyond the Company's control. Unless required by law, the Company does not intend to publicly update or revise any forward-looking statements to reflect new information or future events or otherwise. As a result, any or all of the Company's forward-looking statements in this presentation may turn out to be inaccurate.

QBiotics Group Limited (public unlisted)

Discovery and development of cell signalling small molecules

2000

EcoBiotics
Innovation in Biodiscovery

Biodiscovery company

EcoLogic™ discovery platform technology:

Discovery partnerships:

Johnson & Johnson · NOVARTIS · SHISEIDO · symrise · ANTISOMA

2010

QBIOTICS

Pharmaceutical development company

- Oncology focus
- Human & veterinary

2017

QBiotics Group

EcoBiotics and QBiotics merged to form the QBiotics Group

- Oncology
- Wound healing

2023

QBiotics Group

Where are we today?

- Oncology
  - Human Clinical Phase II
  - Marketed vet drug STELFONTA®
- Anti-inflammatories - preclinical
- Wound healing
  - Human Clinical Phase I/IIa
  - Veterinary clinical Phase II
- Antibiotics - preclinical

QBiotics Overview

As of 30 June 2023 (AUD)

59
No. of employees

$439M
Market capitalisation - at last capital raise at $0.90 per share (June 2021)

$194M
Capital raised to date

$0.70-$1.00
Unlisted entity – Grey Market**

$51.7M
R&D tax incentive refunds received to date

$59.1M
Current cash at bank*

$5.4M
Quarterly burn rate**

*30 June 2023 **2 May to 30 June 2023

QBiotics Group

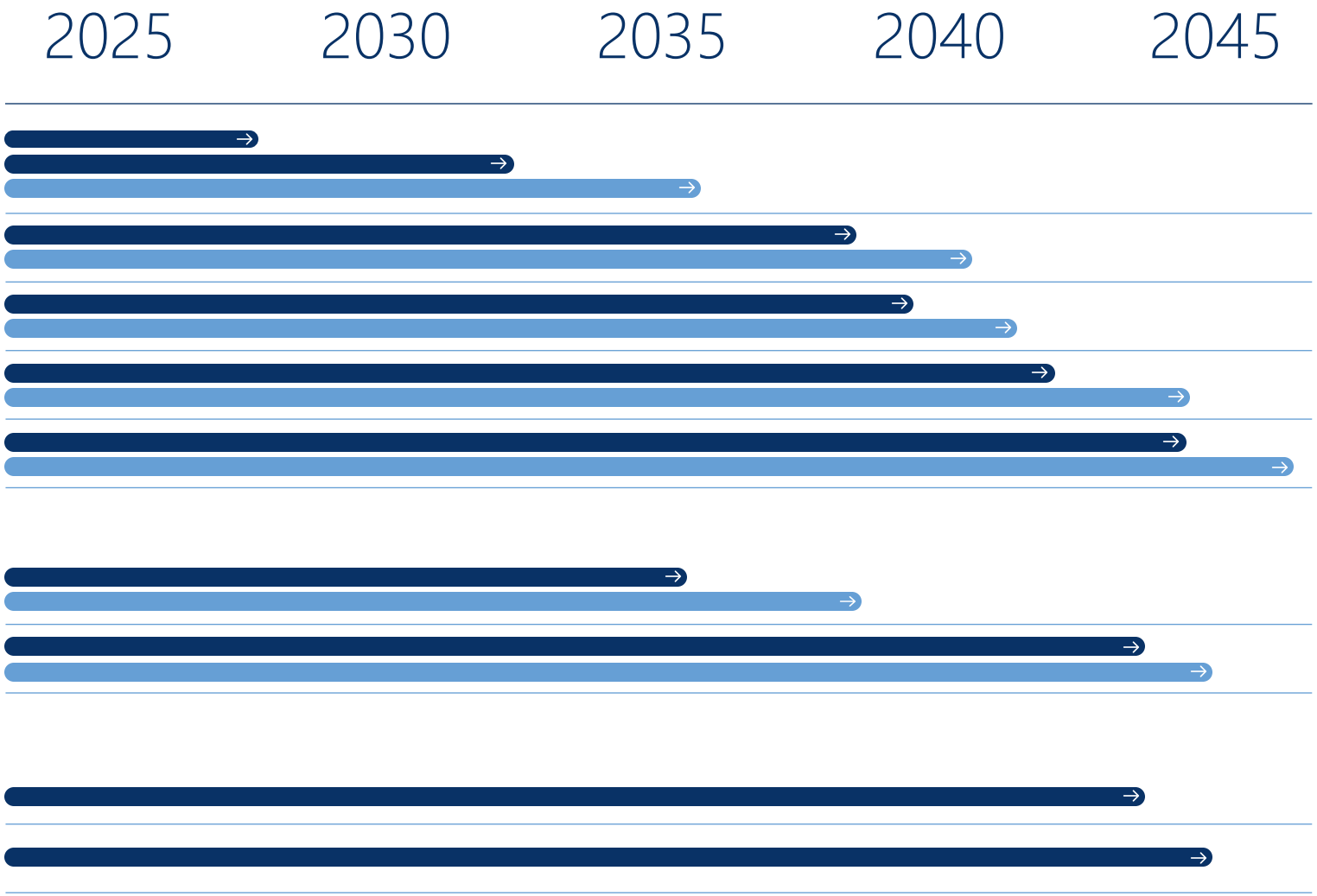
Product pipeline

Molecule	Area	Target	Stage of Development
Tigilanol tiglate	Oncology Human	Head & Neck Cancer	QB46C-H03: Phase I/II reporting
			QB46C-H08: Phase II recruiting
		Soft Tissue Sarcoma (STS)	QB46C-H07: Phase II recruiting
	Oncology Vet	Canine Mast Cell Tumours	Stelfonta® - Marketed EU, USA, UK and Australia
		Canine STS; Oral Melanoma	Phase IV recruiting
		Equine Sarcoids; Melanoma	Phase IV sarcoids reporting; Phase IV melanoma recruiting
EBC-1013	Wound healing human	Venous Leg Ulcers	QB1013C-H201 Phase I/IIa Nov23
	Wound healing vet	Chronic/ wounds, burns	Veterinary models - ongoing
Leads	Antibiotics	Multi Resistant Organisms	Leads developing
	Antinflammatory/ Neuroprotect	Alzheimer's, arthritis	Leads developing

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

QBiotics Group

QBiotics strong patent portfolio



Tigilanol tiglate family

Tiglien-3-one derivatives / P99797
Expiry: 22 Dec 2026-May 2030/Dec 2031

Method of Treatment (MCTs)/ P103717
Expiry: 28 July 2037 (+any PTE/SPC)

Combination Therapy with ICIs / P104575
Expiry: 23 Mar 2038 (+ any PTE/SPC)

Treating Tumours (abscopal effects) P110949
Expiry: 9 April 2040 (+any PTE/SPC)

Combination therapies RT & chemo P118076
Expiry: 17 Feb 2043 (+any PTE/SPC)

Wound healing and antimicrobial

Compositions for Wound Healing /P99795
Expiry: 17 Apr 2034 (+any PTE/SPC)

Biofilm disruption / P111271
Expiry: 19 June 2040 (+any PTE/SPC)

Epoxytigliane manufacturing methods

Crystalline intermediates / P115574.PCT
Expiry: 21 Dec 2042

Crystalline Forms / P119261
Expiry: Dec 2043

*PTE/SPC eligibility and term depends on country requirements

Patent term

Patent extension if PTE eligible

QBiotics Group

Tigilanol Tiglate
Oncology

QBiotics Group

Tigilanol Tiglate intratumoural anticancer drug

Potential in early and late settings

Effective & well tolerated
Treats wide range of solid tumours
- Tumour agnostic potential

Usually only a single treatment
Rapidly destroys local tumour with good cosmetic outcome
Also systemic (abscopal) effect

Currently in two human clinical Phase II open label trials

1. Soft tissue sarcoma
   - FDA Orphan Drug Designation potential
2. Head & neck cancer

Easy to use, low COGs, long shelf life → sound marketing potential

Proven and registered therapeutic in dogs → marketed in major regions

Working with leading KOLs and institutes USA, UK, France and Australia

Memorial Sloan Kettering Cancer Center

The ROYAL MARSDEN NHS Foundation Trust

GIG CYMRU NHS WALES

GUSTAVE ROUSSY CANCER CAMPUS GRAND PARIS

The Kinghorn Cancer Centre

NHS Guy's and St Thomas' NHS Foundation Trust

NHS The Clatterbridge Cancer Centre NHS Foundation Trust

Queensland Government | Princess Alexandra Hospital BRISBANE · AUSTRALIA

HNSCC market & tigilanol tiglate potential

Specific potential for tigilanol tiglate organ preservation & good cosmetic outcome

Incidence and unmet need

- HNSCC 7th most common cancer globally ~ **932,000** new cases in 2020[1]
  OS a major unmet need
- SOC are surgery and chemoradiation, with EGFR inhibitors (Erbitux, Eli Lilly) and CPIs (Keytruda, Merck) in later lines
- Surgery is complex due to need to preserve appearance and vital organs –

Opportunity

- No intratumoural product is approved
- Fewer products in development for HNSCC than other cancers
- Adjunct to systemic treatments
- Significantly larger patient pool in India and Asia, that need simple treatments
- Excellent cosmetic outcome with tigilanol tiglate

Market Size

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

Market Drivers

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

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

QBiotics Group

STS is a rare, heterogenous cancer

Specific potential for tigilanol tiglate Orphan Drug Designation

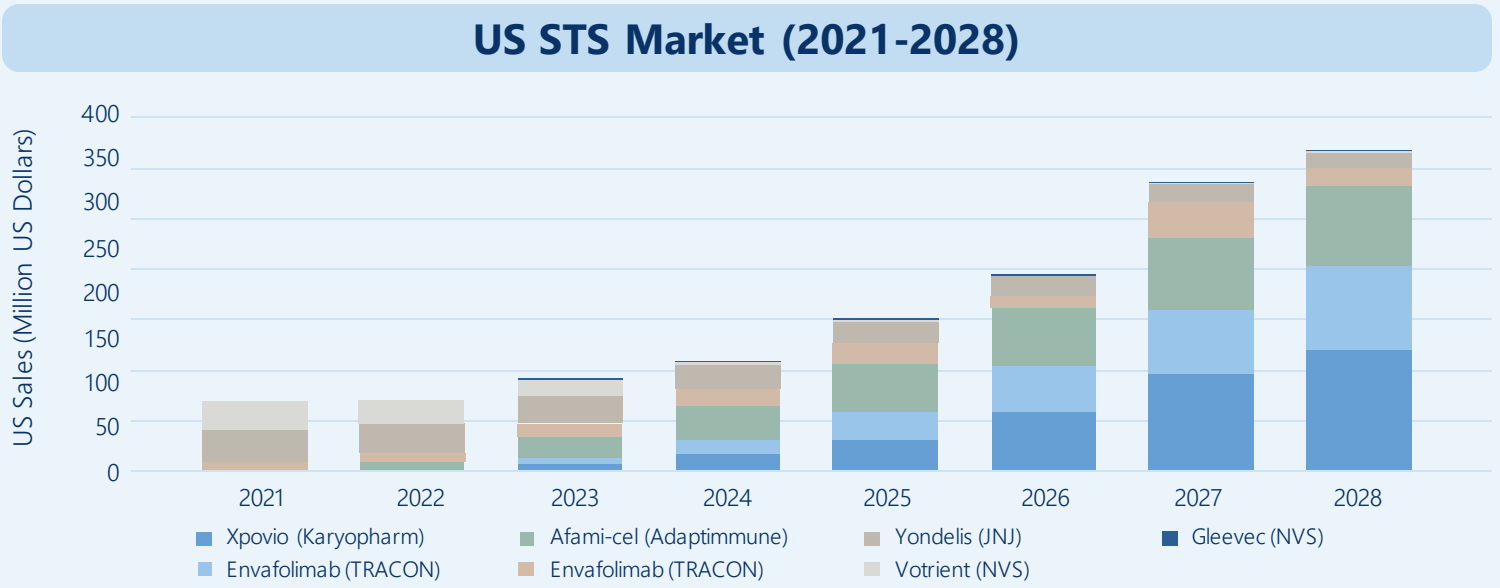
STS SOC is surgery, radiation and chemotherapy

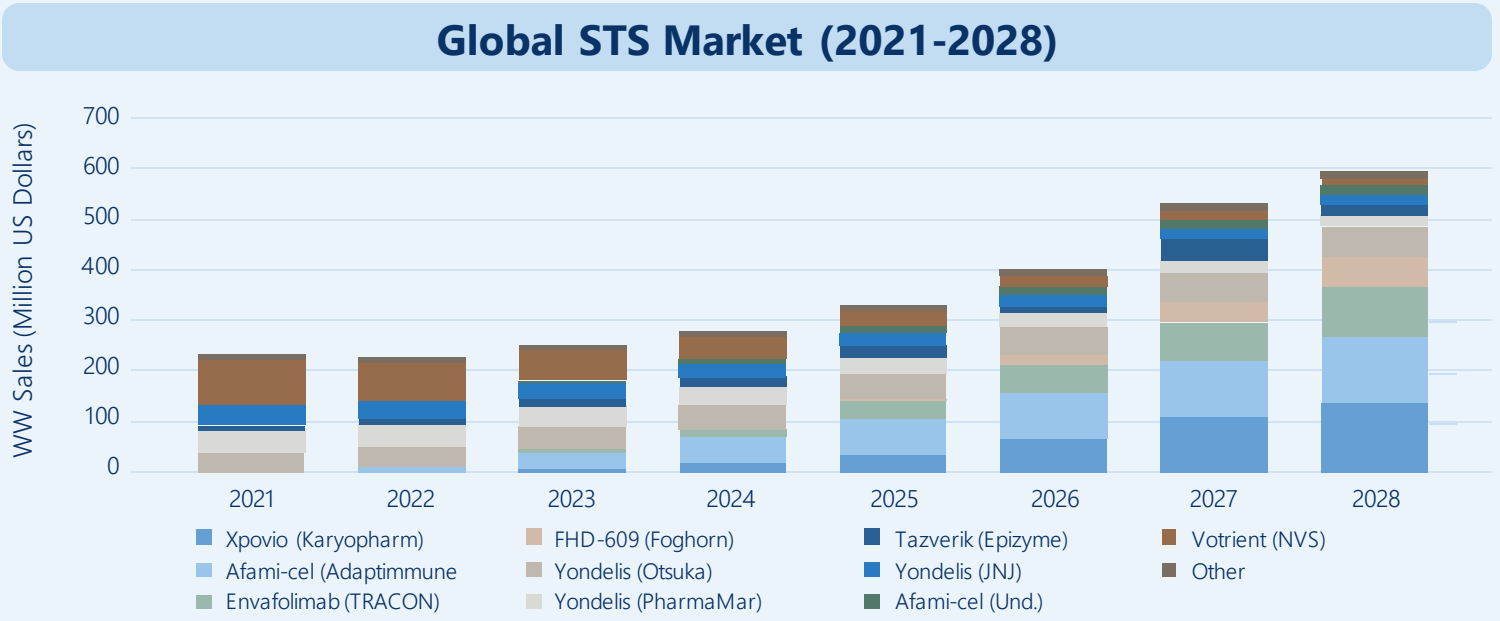
Branded Market $233M in 2022
- US was ~35% ($83M)

- Global market expected by 2028 to be ~$596M
- US market expected by 2028 to be ~$372M

Market driven by subtype specific therapies such as Votrient, and new approvals for targeted agents such as Xpovio, Envafolimab, and Afami-cel - significant market shares by 2028

Globocan 2020





QBiotics Group

Tigilanol tiglate MoA in destruction of injected tumours

Disrupts tumour vasculature

Induces an acute localised inflammatory response

Directly kills tumour cells by oncosis/pyroptosis

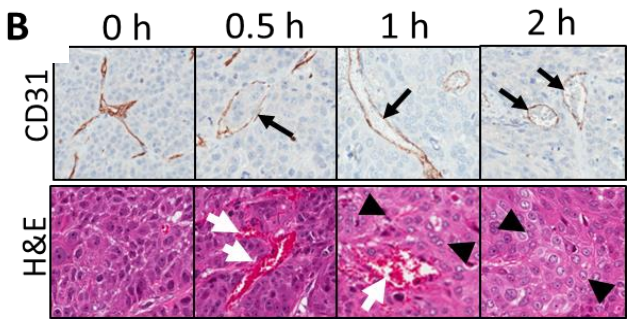
- Release of DAMPs and tumour antigens (ICD)

Induces a tumour specific adaptive immune response

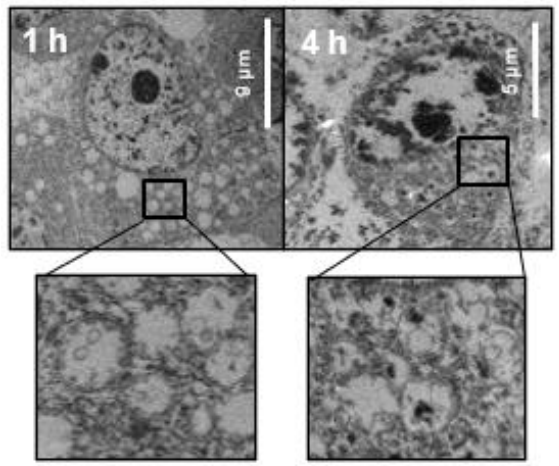
Stimulates healing at the treatment site

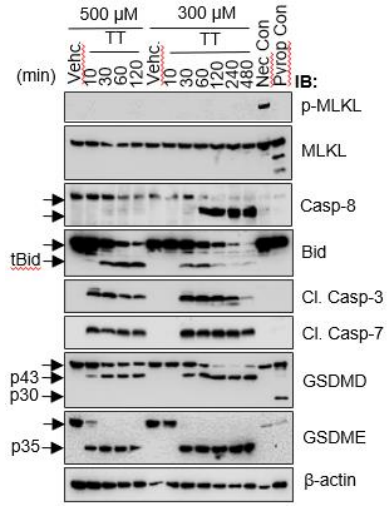
- Induces transcriptional changes conducive to wound healing in skin resident cell types

Disruption of tumour vasculature

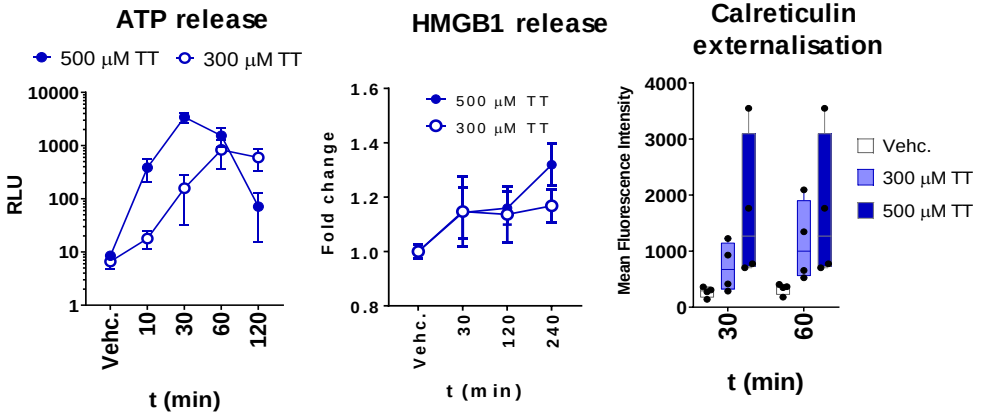


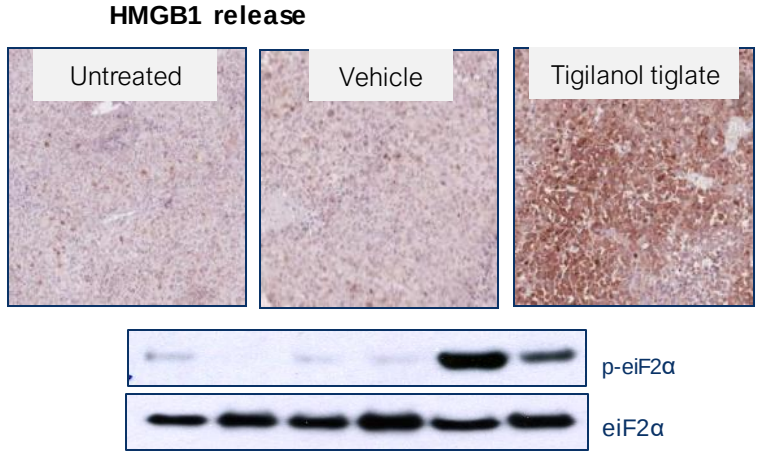
Induction of oncosis/pyroptosis





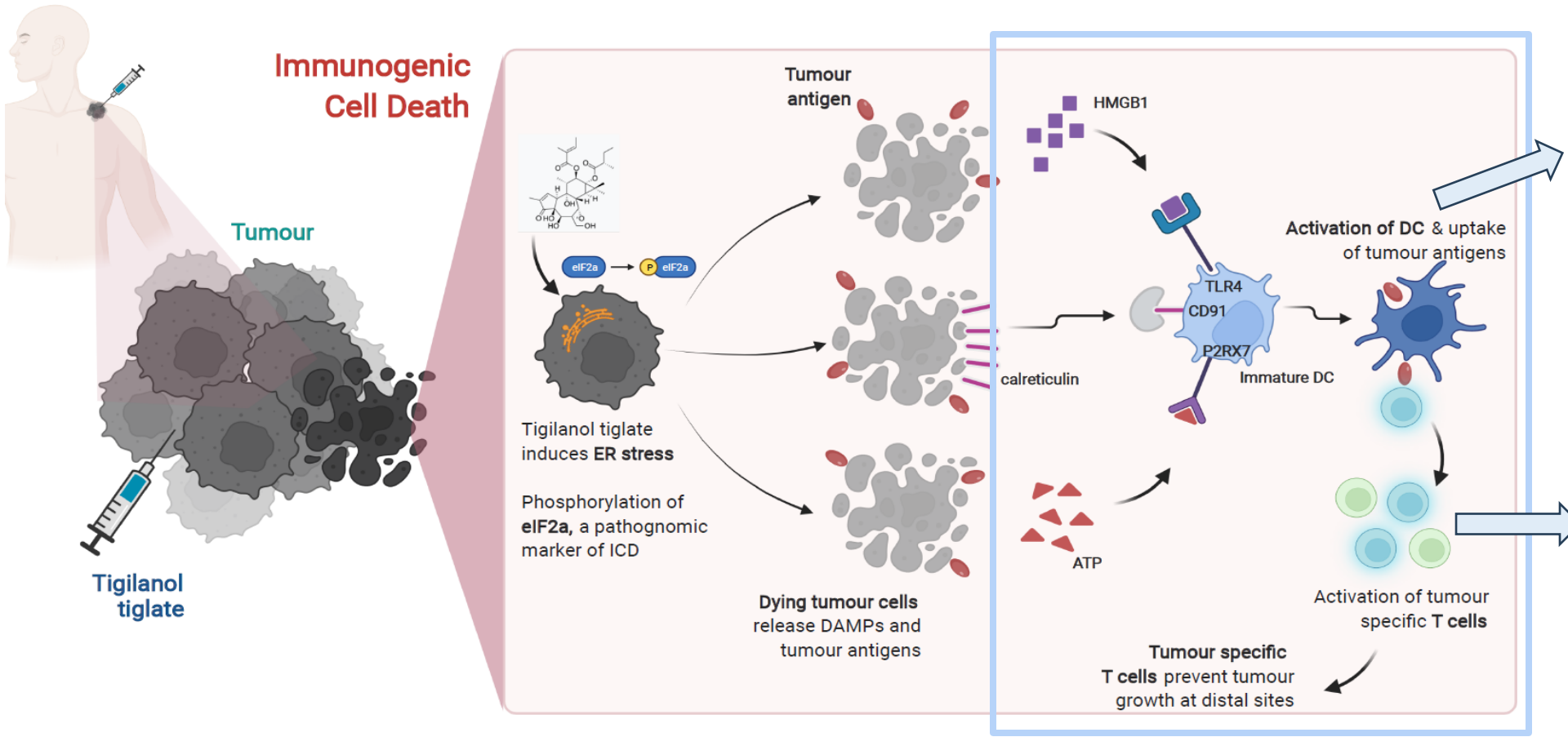
DAMPs release during TT-induced cell death

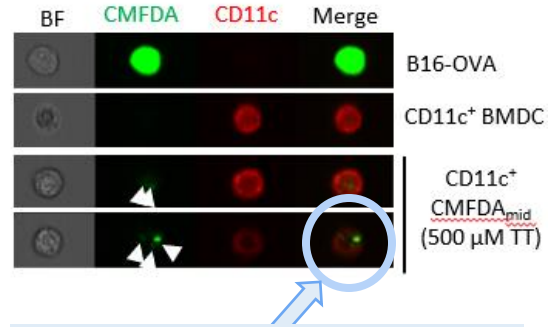




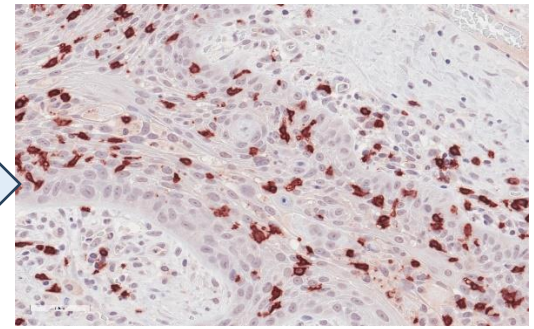
QBiotics Group

Tigilanol tiglate induced ICD promotes the development of tumour specific T-cells





Uptake of B16 melanoma antigens by CD11c$^+$ dendritic cells



Anti-CD8 staining shows presence of T-cells in untreated tumour

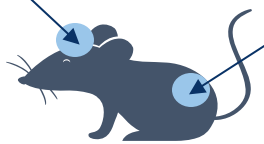
QBiotics Group
Naturally Inspired.

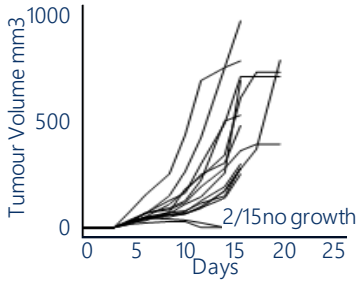
Murine data supports immune response and combination therapy

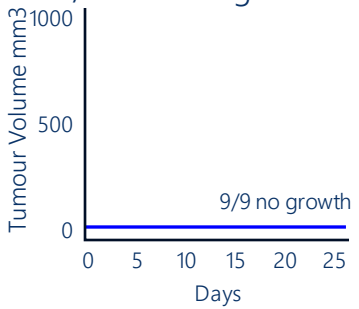
Induces immunological memory

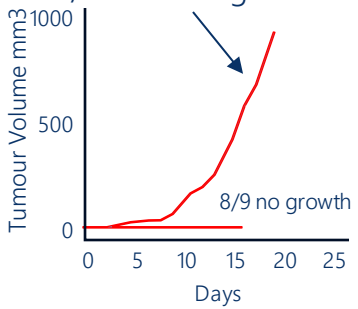
Re-challenge with CT26 1x106 cells at distal site

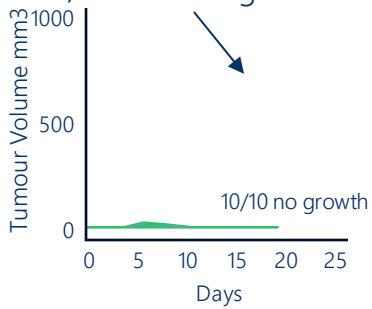
Treat with TT to CR



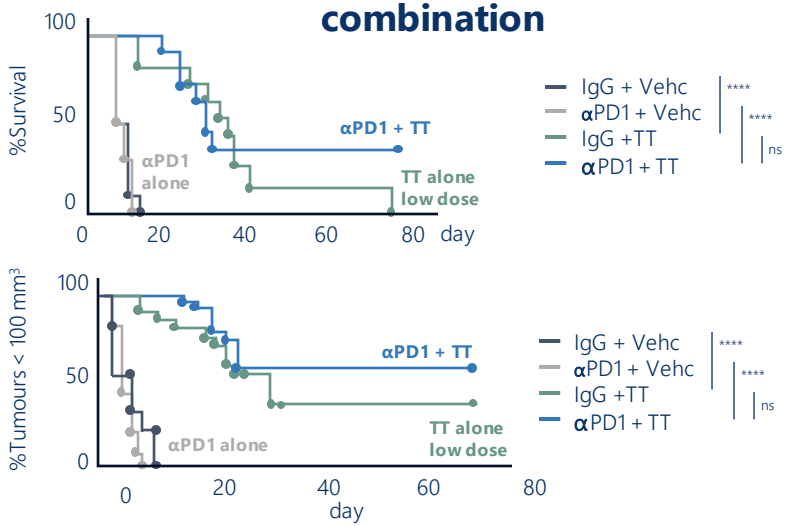






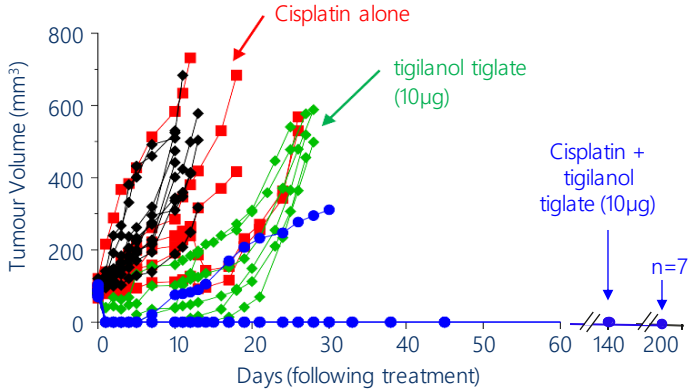


Anti-PD-1 combination



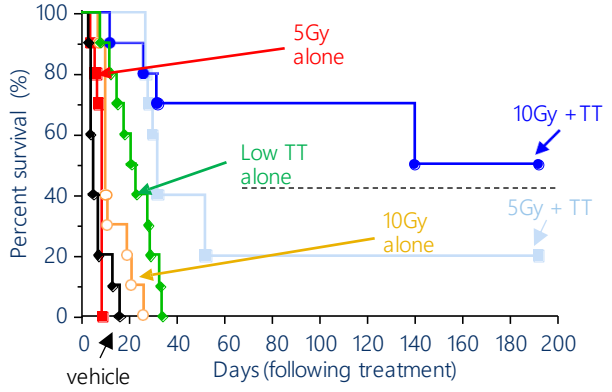
Synergistic response low dose TT combine with anti-PD-1

Chemotherapy combination



Vehicle – 7 days median survival
Cisplatin – 12 days median survival
Cisplatin + TT (low dose) – 193 days median survival

Radiation combination



Vehicle – 5 days median survival
10Gy – 12 days median survival
10Gy + TT (low dose) – 166 days median survival

QBiotics Group

QB46C-H01/2 Human Clinical Phase I/IIa safety trial

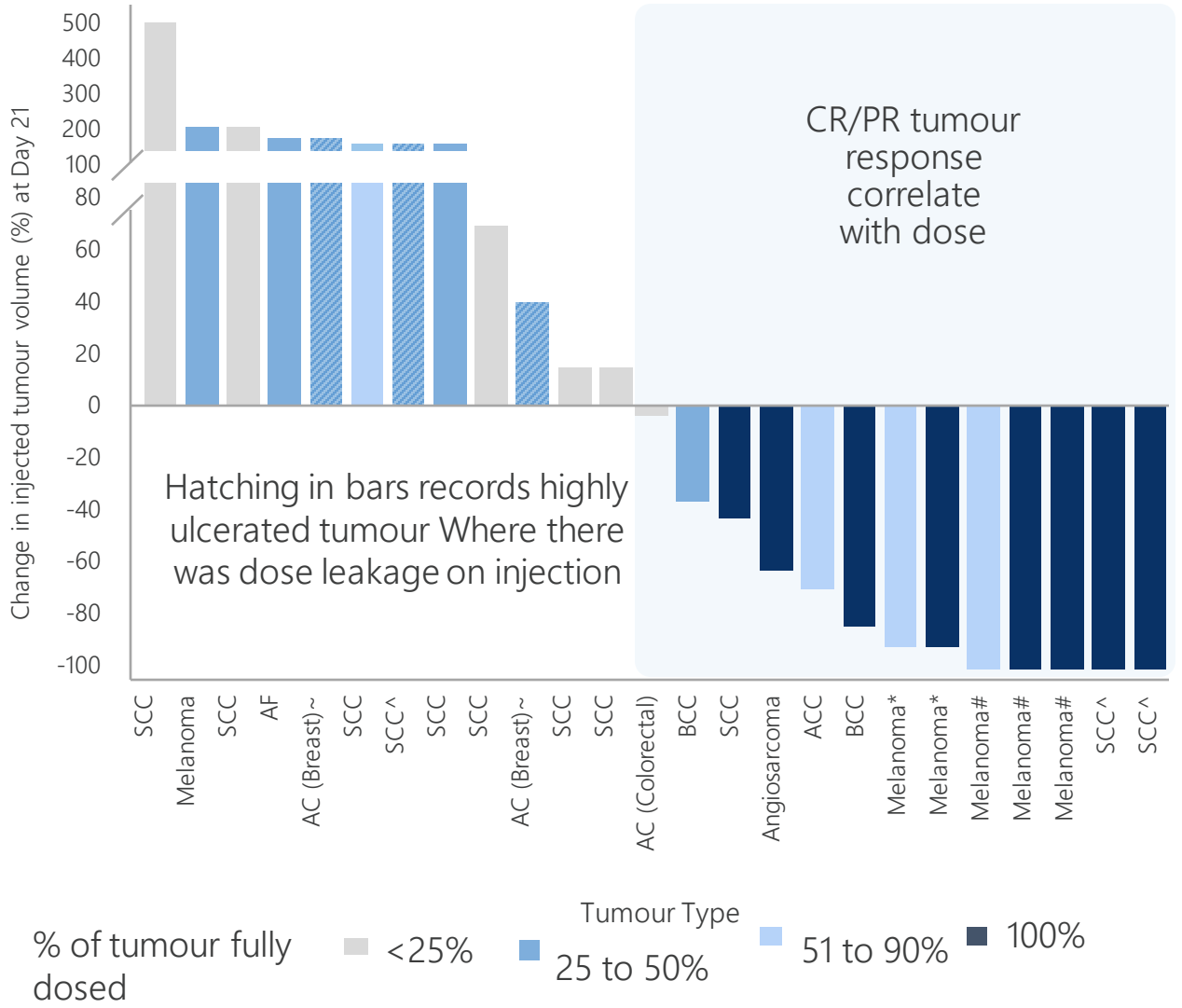
Open label dose escalation of single intratumoural treatment with tigilanol tiglate

Patient population:
- Advanced refractory skin & subcut. tumours
- 22 patients

Dosing:
- IT based on mg drug/kg BW, not tumour volume as per cases of intent to treat (%v/v)

Good safety profile:
- No serious AEs - most expected/desired re MOA
- MTD not reached - final dose 3.6 mg/m^2

Signs of efficacy in all 9 tumour types treated:
- Complete Response at optimal dose
- Abscopal effect noted



Panizza B. et al. EBioMedicine (A Lancet Journal). 50 (2019). 433 - 441

QBiotics Group

Phase I - Case Study Soft Tissue Sarcoma

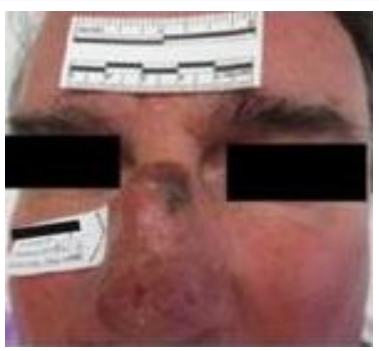
Complete response with a single injection of tigilanol tiglate

- Patient had failed multiple surgeries
- Difficult to treat lesion, patient initially advised a total rhinectomy

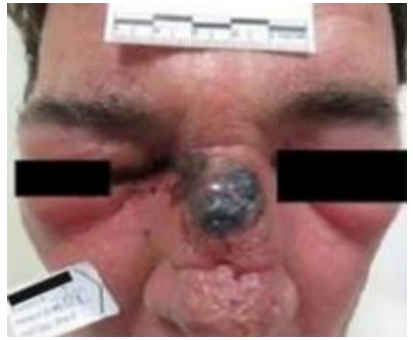
Pt 407 - Soft Tissue Sarcoma (Angiosarcoma)

Tumour size:
5,141 mm^3

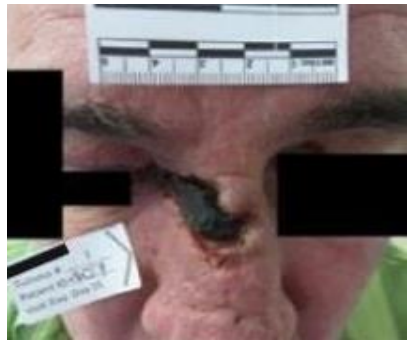
Single IT treatment at optimal dose rate



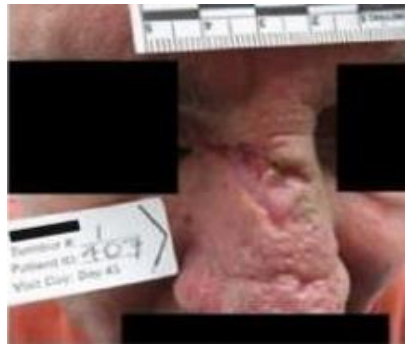
Pre-treatment



Day 2: vascular disruption and haemorrhagic necrosis of tumour



Day 15: Tumour necrosis continues



Day 43: Complete Response[2]

Complete Response & Organ Preservation

No residual tumour at 12 weeks (punch biopsy)1

Patient disease free (CT scan) at 25 months and clinically disease free at 30.5 months[1]

Tigilanol tiglate well tolerated; AEs mild and transitory

[1]Panizza B. et al. EBioMedicine (A Lancet Journal). 50 (2019). 433 – 441

[2] Reported off study by Panizza et al., 2019. EBioMedicine

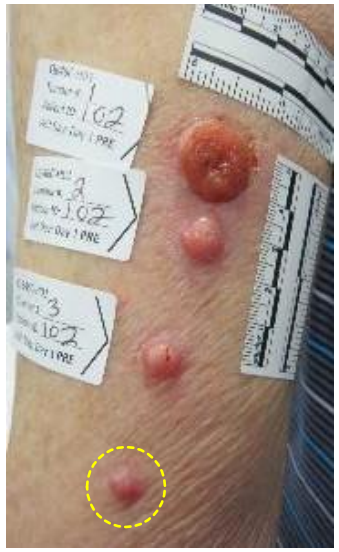
QBiotics Group

Phase I - Case Study Metastatic Melanoma

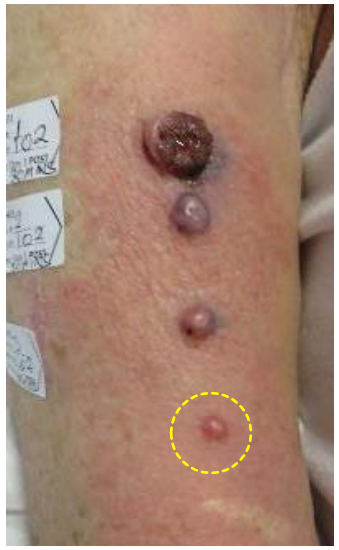
Complete response with a single injection of tigilanol tiglate

Pt 102 - Multiple melanoma, on upper arm

Single IT treatment into top 3 tumours - 4th tumour (circled) not treated



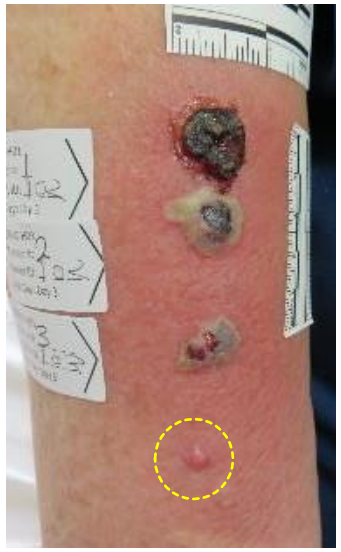
Pretreatment



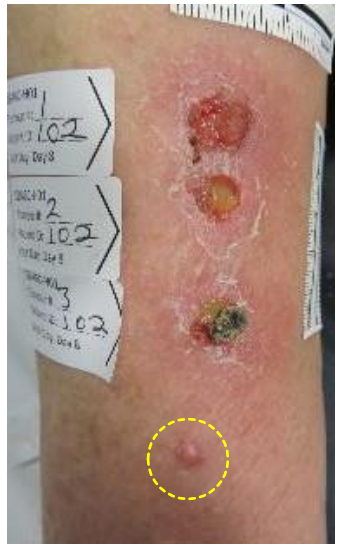
Day 1: 30 minutes

Top 3 tumours - single IT treatment

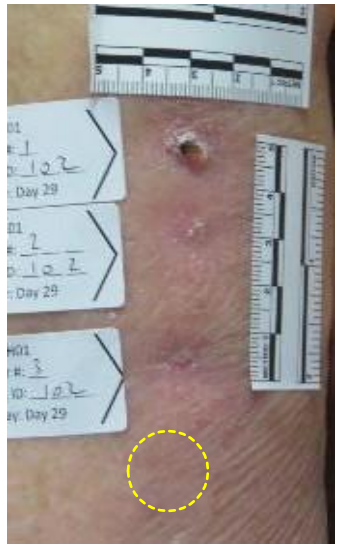
Vascular disruption and tumour haemorrhagic



Day 3: Necrotic tumours slough



Day 8: Non-injected, 4th tumour regresses



Day 29: Complete Response in injected and non-injected tumour Injected sites healed

Lung & sternum tumours regression reported off study

[1]Panizza B. et al. EBioMedicine (A Lancet Journal). 50 (2019). 433 – 441

QBiotics Group

QB46C-H03

Phase I/IIa head and cancer dose escalation window of opportunity before surgery trial meets Primary Endpoints

Safety and tolerability met in 19 patients with HNSCC
Late stage very large tumours - partial tumour treated then surgically removed Day 14 - 21 for assessment

- Treatment was well tolerated at all dose levels
- No SAEs other than extension of overnight stay for one patient
- AEs local, expected, mostly desired and associated with the MoA of the drug
- Rapid induction of haemorrhagic necrosis was evident within hours in all injected tumours at all dose levels with no necrosis reported in the surrounding normal tissue

QBiotics Group

ICD & T-cell infiltration in human tumours treated with tigilanol tiglate

HNSCC Clinical Phase I/IIa QB46C-H03

Window of opportunity before surgery

- Patients with large HNSCCs
- Part of tumour treated
- Remnant surgically excised at day 15 to 21

Immunohistochemistry on biopsies taken:

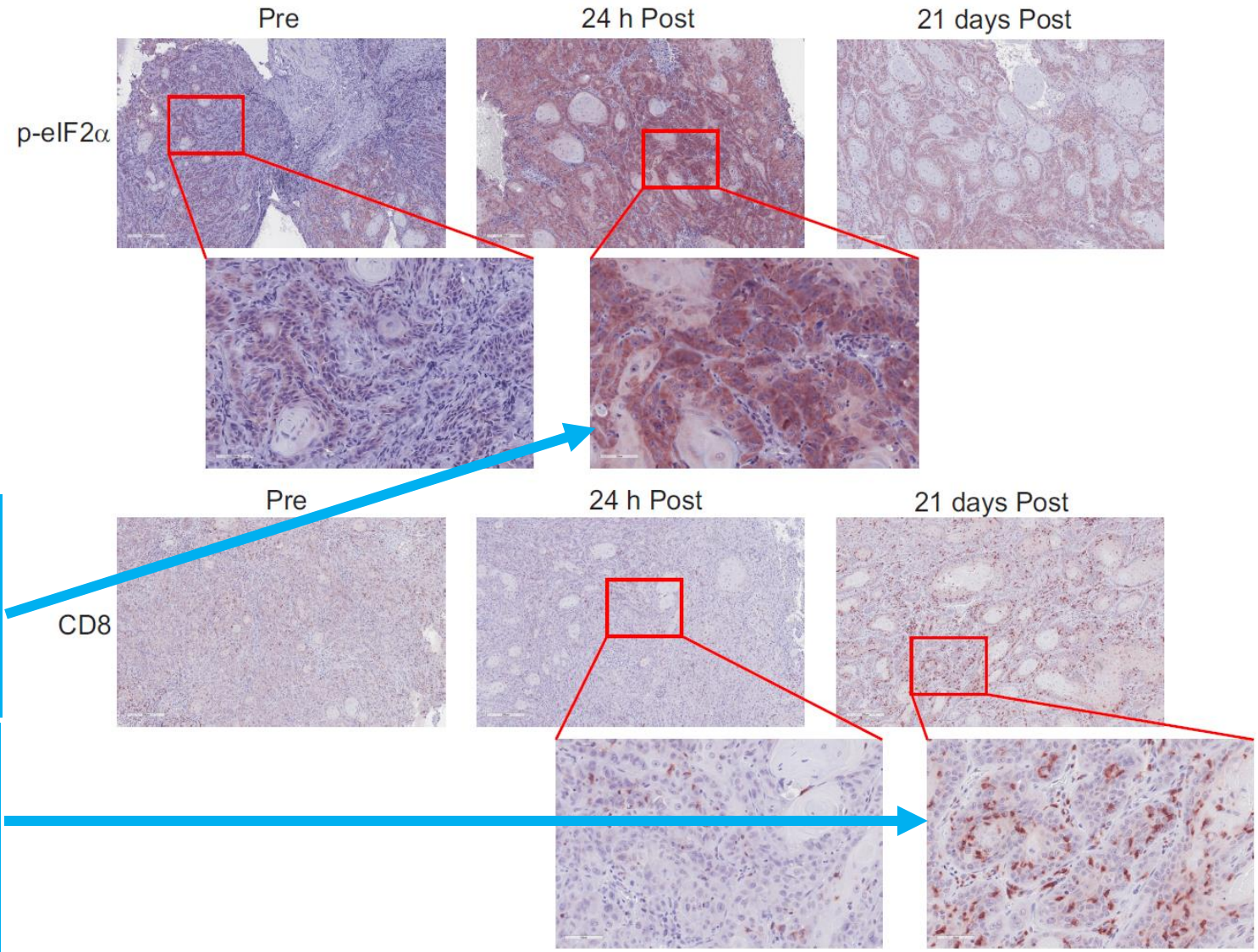
- Before treatment
- At 1 hr or 24 hr post treatment
- After surgical excision from untreated area of remnant tumour

Pathognomonic marker of immunogenic cell death (p-eIF2α):

- Present in treated tumours by 24 hr
- Not present in untreated tumour

CD8+ T cells:

- Minimal background pre-treatment and at early timepoints
- At time of excision: CD8+ T-cells ~ 10% of tumour cell numbers



QBiotics Group
Naturally Inspired.

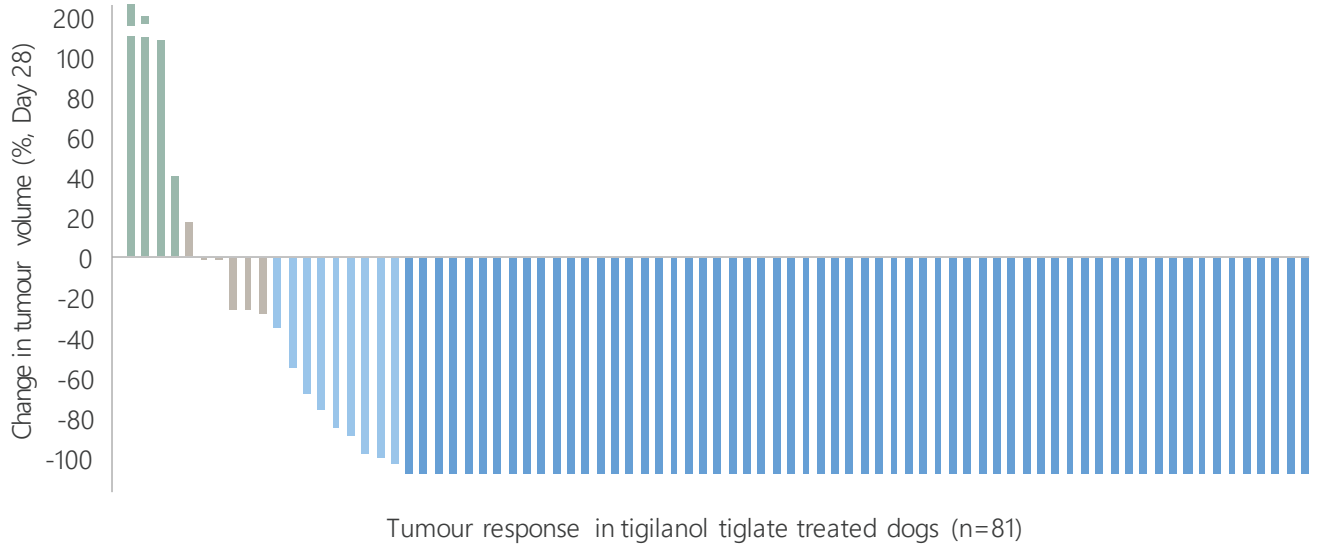
Canine FDA registration trial

QBiotics Group

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

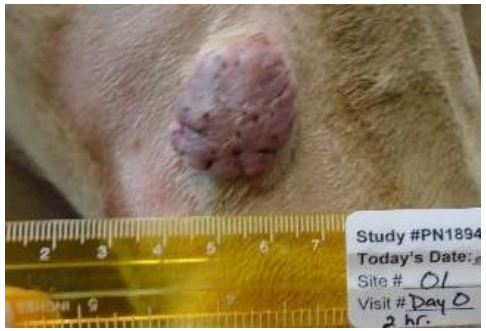
Fully blinded and controlled trial
Full treatment Rate

- 75% CR with a single IT treatment ($p<0.0001$ vs sham control)
- Objective Tumour Response Rate (CR/PR) of 80%
- 88% CR with a second treatment for partial responders.
- No tumour recurrence in 89% at 12 months

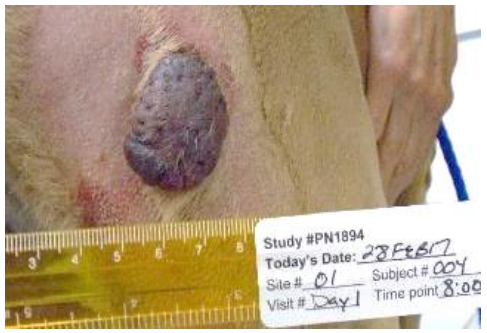


Tumour response in tigilanol tiglate treated dogs (n=81)

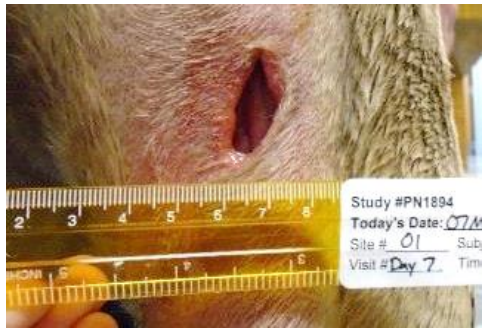
Clinical case from US FDA-CVM registration trial



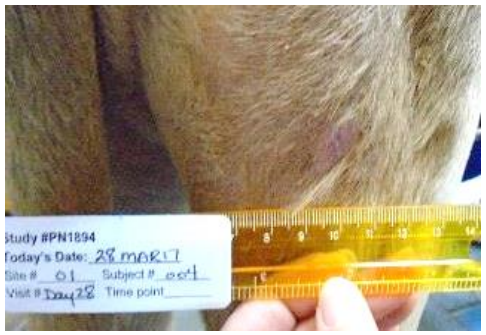
Day 0: Pretreatment



Day 1: Tumour haemorrhagic necrosis



Day 7: Tumour destroyed (CR)



Day 28: Site healed, excellent cosmesis

[1] QBiotics Study Report PN1894. Published by De Ridder T. et al (2020); [2] Jones et al., 2021

Tigilanol tiglate brand name STELFONTA® commercialised across key markets

- Veterinary pharmaceutical registration for canine MCT

  Off label use in development for other species & tumour types

- Provides treatment and CMC validation in major markets

  ~20,000 dogs treated to date

- Disruptive technology – replacement for surgery GPs and specialists
  ≥20% annual growth across markets

EUROPEAN MEDICINES AGENCY

swissmedic

FDA

Australian Government
Australian Pesticides and Veterinary Medicines Authority

Veterinary Medicines Directorate

QBiotics Group

EBC-1013
Wound Healing

QBiotics Group

EBC-1013 for chronic and acute wounds and burns

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

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

- Driven by ageing and increasing incidence of diabetes and obesity
- **Significant Unmet Need: 10% of chronic wounds do not heal**
- Current treatments - advanced wound dressings and medical devices, not pharmaceuticals
- One product Regranex (Becaplermin) approved in USA
- None approved in EU
- 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.

QBiotics Group

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

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

Pharmaceutical not a device so competition is low

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

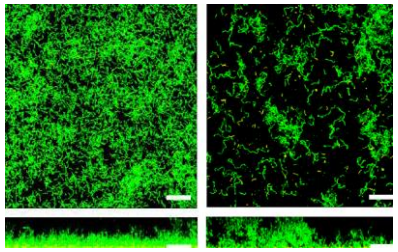
Preparation for First-In-Human safety trial current in patients with venous leg ulcers – to commence CYQ1 2024

EBC-1013: A novel small molecule for wound healing

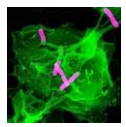
Antimicrobial

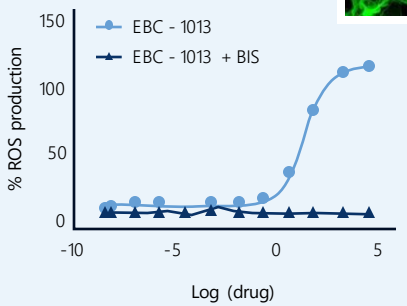
Disrupts the structure of established biofilms of multidrug resistant bacteria

Control EBC-1013



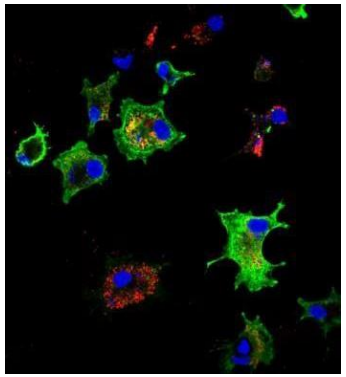
Induces respiratory burst by neutrophils





Drug induced debridement

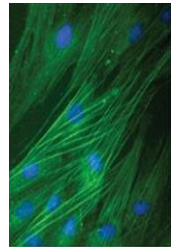
Patrolling monocytes differentiate into M1 & M2 macrophages

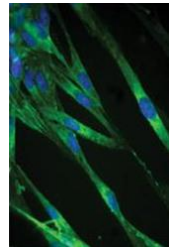


Proteolytic remodelling and deposition of extracellular matrix

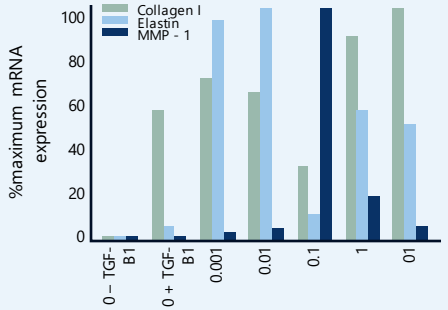
Downregulates differentiation & formation of stress fibres by fibroblasts

Control EBC-1013

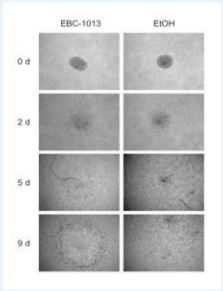




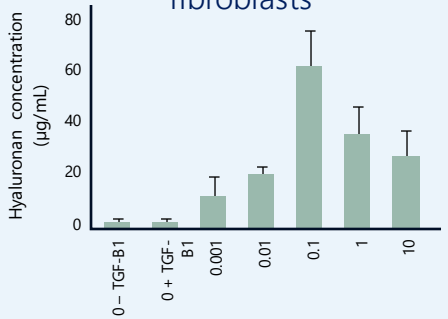
Changes relative expression of key genes involved in ECM synthesis & remodelling



Degrades scar forming type I collagen (100 ng/ml



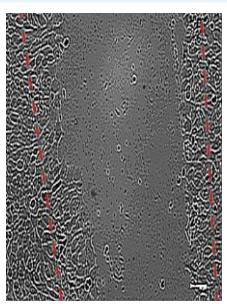
Stimulates production of hyaluronan by cultured fibroblasts



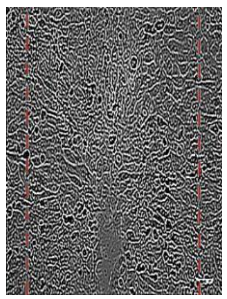
Wound closure

Stimulates migration of keratinocytes

Control

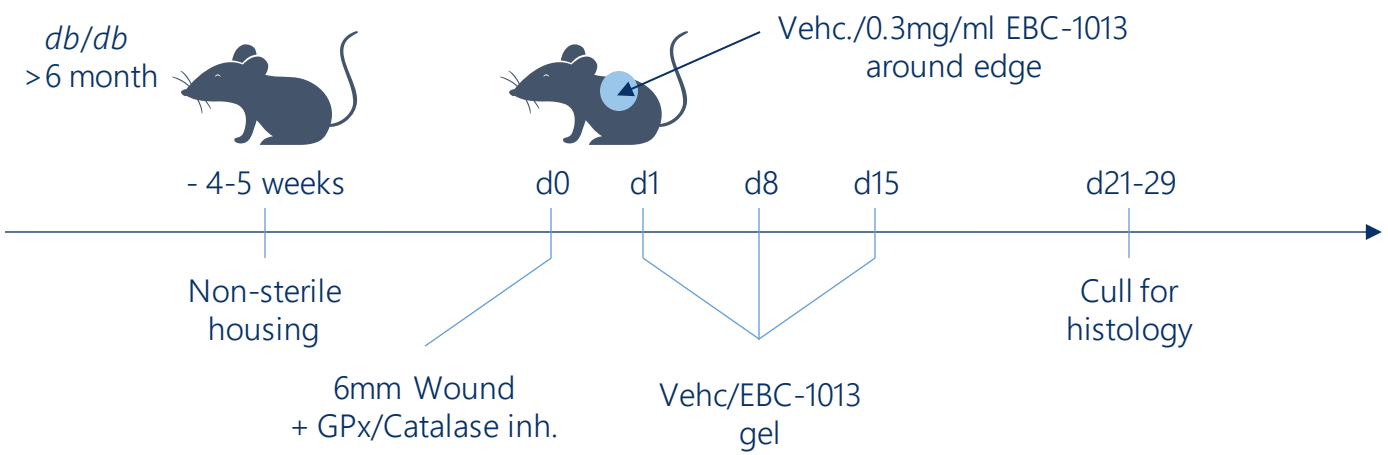


EBC-1013 (0.1 µg/ml)



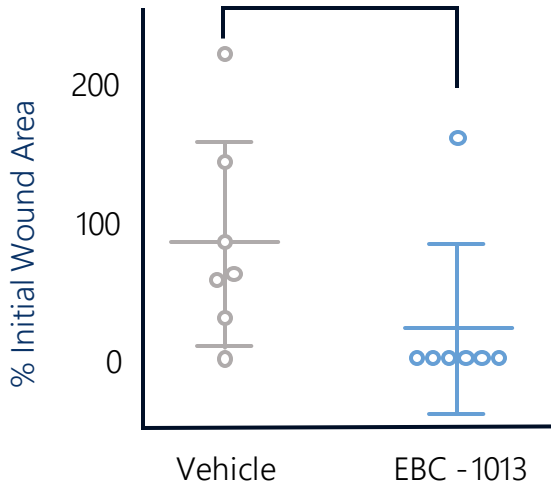
QBiotics Group

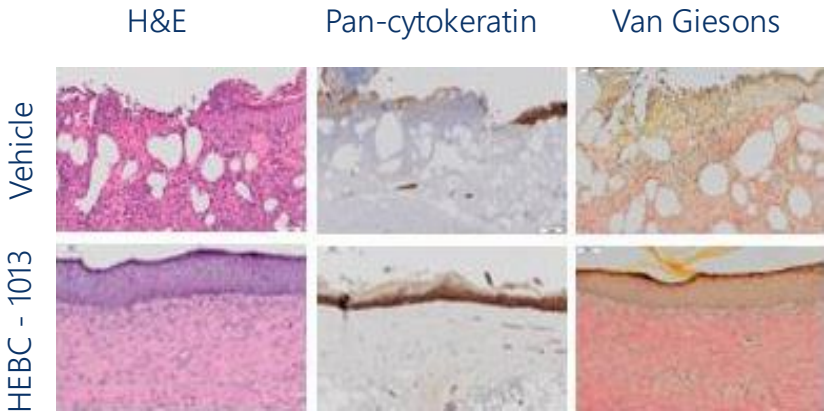
EBC-1013 stimulates closure of infected wounds in diabetic mouse model



Complete wound closure was observed in db/db mice treated with EBC-1013 within 21 to 26 days

Significant histopathological differences in the resolved treated wound in maturation of the underlying dermis and adhesion of the re-epithelialised epidermis to the basement membrane



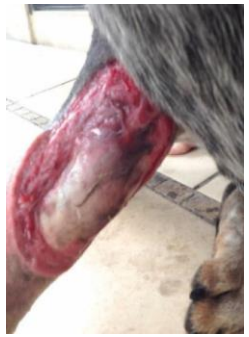


QBiotics Group

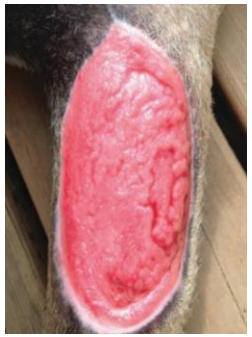
EBC-1013: Reason to believe - veterinary case studies

Treatment with EBC-103 in gel – there were no other treatments such as antibiotics or dressings for all three cases

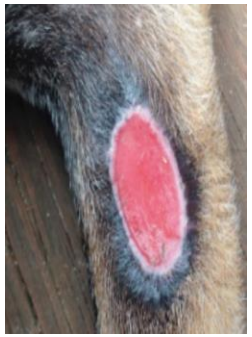
Canine surgical wound, closure not possible (3 treatments, 7 days apart)



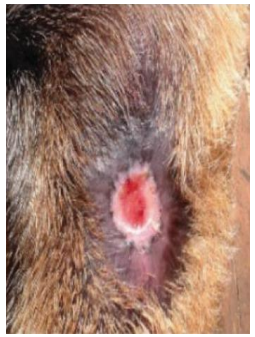
Pre-treatment



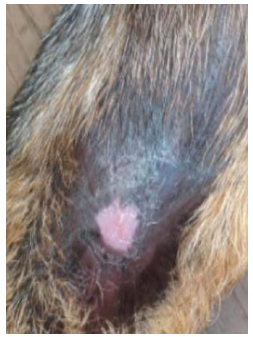
Day 19: Wound in-fill



Day 42

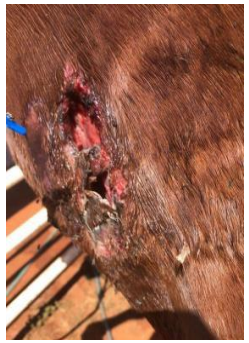


Day 63

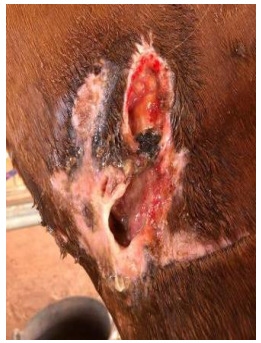


Day 78

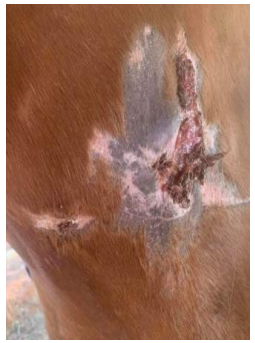
Equine traumatic wound (1 gel application Day 0)



Day of wounding

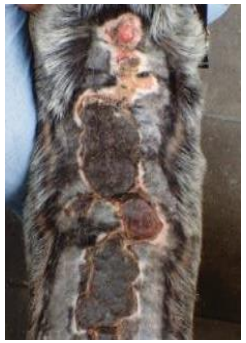


Day 0 infected wound
5 days after trauma)

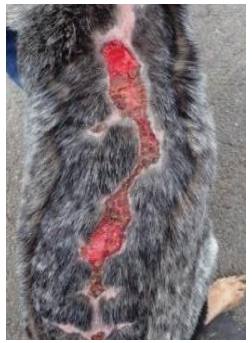


5 day after treatment

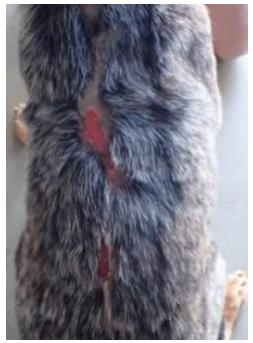
Canine thermal burn (3 treatments, 7days apart)



Treatment Day 1
(8 days after burn)



Day 14



Day 38

Day 73

QBiotics Group

Thank you

Email: victoria.gordon@qbiotics.com
Mobile: +61 418 453 737
Website: qbiotics.com