INOVIQ

AGM Presentation

28 November 2022

ASX: IIQ

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Vision

Our vision is to enable **earlier and more accurate** detection of cancer and other diseases to improve treatment options, **patient outcomes and survival**

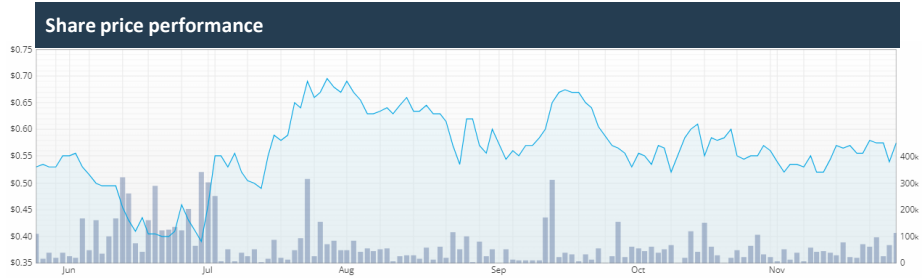
INOVIQ summary

- Next-generation exosome capture tools and precision diagnostics
- Patented technology platforms for biomarker isolation and detection
- Products in-market for exosome research & bladder cancer
- Multi-product cancer diagnostics pipeline targeting large global markets
- Compelling early data in breast and ovarian cancers
- Multiple key inflection points over next 12 months

Key company metrics

$13.5m	92,018,702	$0.575	$52.9m
Cash at bank[1]	Ordinary shares[2]	Share price[2]	Market capitalisation[2]

A$607k	34.8%
Ave monthly cash burn	Top 20 holders[2]



1. Cash at 30 Sep 22 | 2. As at 25 Nov 2022.

Broad development pipeline provides multiple shots on goal

PRODUCT	INDICATION	PLATFORM	USE	RESEARCH	ASSAY DEVELOPMENT	CLINICAL DEVELOPMENT	REGISTRATION
hTERT[1]	Bladder Cancer	ICC	Adjunct to cytology				★ In-market
EXO-NET-RUO	Exosome Capture	Device	Research tool				★ In-market
Exosome-OC[2] **(OCRF-7)**	Ovarian Cancer	Multiomic	Screening				
SubB2M-BCM	Breast Cancer	Immunoassay	Monitoring				2023
SubB2M-OCM	Ovarian Cancer	Immunoassay	Monitoring				2023
SubB2M-SPR	Multi-cancer	SPR	Risk assessment				
SubB2M-PCS	Prostate Cancer	Immunoassay	Detection				
SubB2M-PaC	Pancreatic Cancer	Immunoassay	Detection				
BARD1-Ovarian[3]	Ovarian Cancer	Immunoassay	Detection				
BARD1-Breast[3]	Breast Cancer	Immunoassay	Detection				

**RUO = Research Use Only; ICC = Immunocytochemistry;*
1. Adjunct to urine cytology to assist the detection of bladder cancer; 2 Umbrella Research & Option Agreement with UQ, 3. Progression subject to completion of review (ASX: 28/3/22)

Multiple tests for different cancers and uses in the diagnostic pathway

Test use	Earlier detection in asymptomatic people	Aiding and confirming diagnosis	Staging and triage-to-treatment	Monitoring treatment response & disease recurrence
Existing tests	Screening mammography; PSA test	CT scan, MRI, PET, TVUS, ROCA, OVA1	BRACAnalysis CDx®	CA125 test, CA15.3 test
IIQ pipeline[1]	**Exosome OC test (OCRF-7)**	*future focus*	*future focus*	**SubB2M OC test** **SubB2M BC test**

1. Different products, with different uses and performance requirements.

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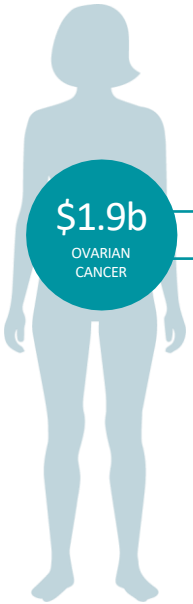
Ovarian cancer

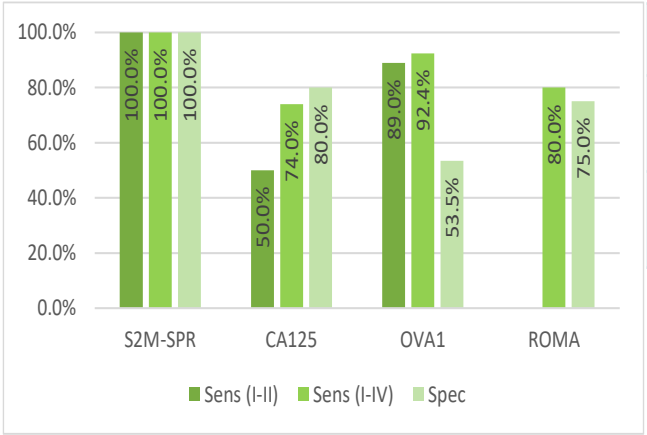
UNMET NEED for earlier and more accurate tests for OC detection and monitoring



$1.9b
OVARIAN CANCER

prevalence **823k**
Incidence **314k**
deaths **207k**

45%
Overall 5-year survival rate



5-year Survival by Stage at Diagnosis

Normal	Stage 1	Stage 2	Stage 3	Stage 4
Healthy ovaries	Confined to ovaries	Spread within pelvis	Spread within abdomen	Spread to other organs
100%	95%	70%	25%	15%

Current Guidelines

Screening	No tests recommended to SCREEN asymptomatic women aged 50 - 74 years for ovarian cancer
Monitoring	CA125 blood test approved to MONITOR treatment response and recurrence in people diagnosed with OC

SOURCE: GLOBOCAN (IARC) 2020; www.cancer.org ; www.cancer.net; www.cancerresearchuk.org

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Exosome-based ovarian cancer screening test

Collaboration with UQ to develop world-first exosome-based ovarian cancer screening test[1]

- EXO-NET technology used for fast and accurate and scalable exosome isolation
- UQ's OCRF-7 validated in a retrospective case-control study achieving over **90% accuracy** for detection of stage I / II ovarian cancer[3]
- UQ project funded via a **$2.7m MRFF[2] grant**
- INOVIQ has the **exclusive option to license** the development and commercialisation rights
- Meets **critical need** for early detection of ovarian cancer to improve women's health outcomes and help save lives

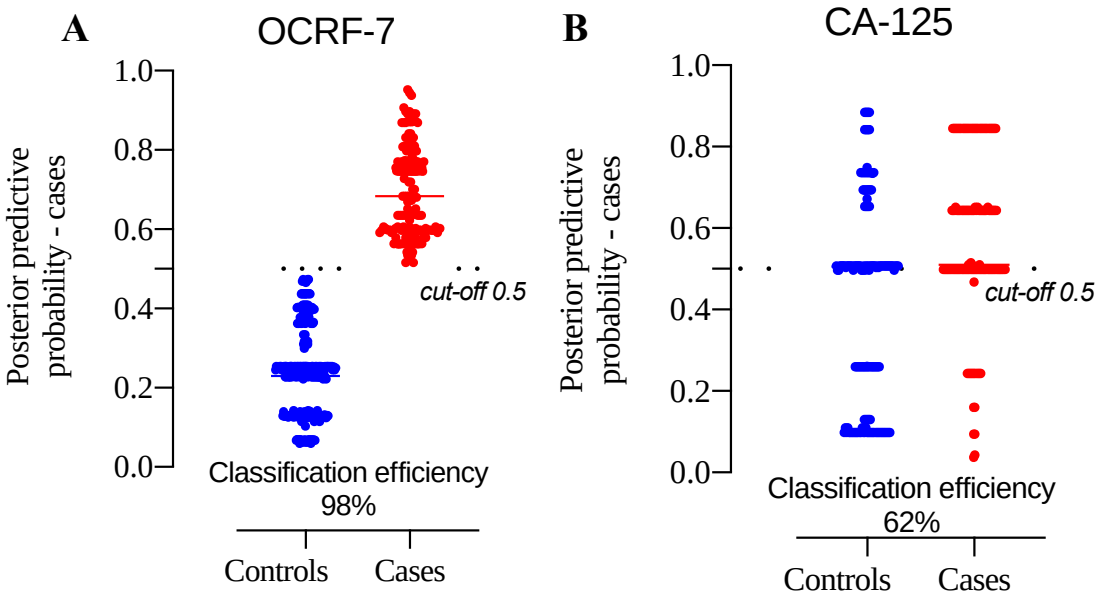

FIGURE: Retrospective case (n = 153) : control (n= 312) study comparing accuracy of OCRF-7 algorithm to CA-125 assay

1. The University of Queensland (UQ) (ASX: 1/4/22); 2. Medical Research Future Fund (MRFF); 3. Research supported by a grant from the Ovarian Cancer Research Foundation (OCRF)

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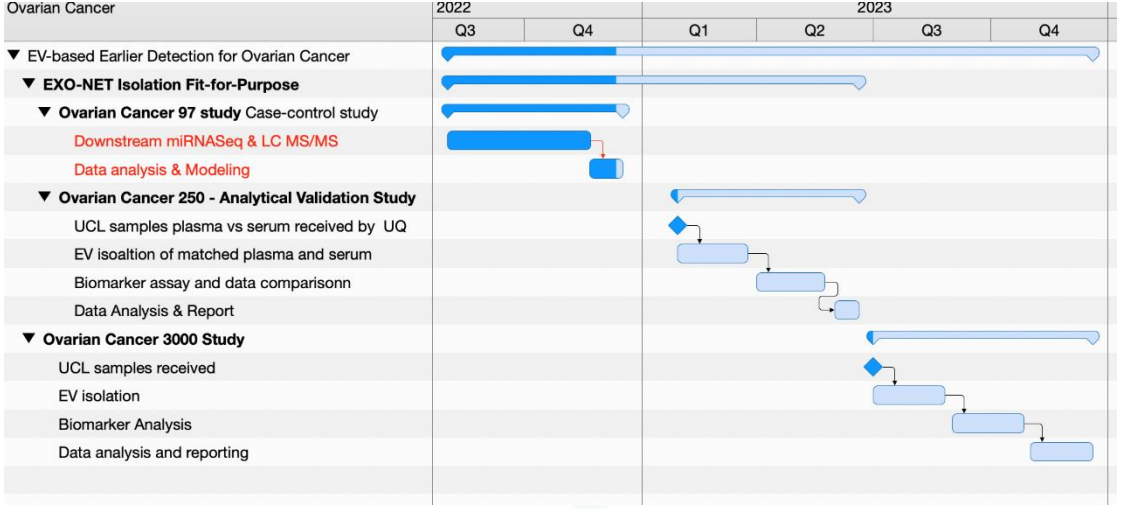
Exosome-based OC test | Plans

Next-steps

1. **Ovarian Cancer 97 Study:** To establish that EXO-NET is fit-for-purpose for the downstream analysis of plasma extracellular vesicle associated microRNA and protein and for use in MRFF Ovarian Cancer Screening Study (UQ)
2. **OC 250 Study:** Analytical Validation study including plasma and serum comparison
3. **OC 3000 Study**: Clinical Validation study using 3000 samples obtained from the UKCTOCS study (Case : control ratio = 1:2)



1. The University of Queensland (UQ) (ASX: 1/4/22); 2. Medical Research Future Fund (MRFF);
3. Research supported by a grant from the Ovarian Cancer Research Foundation (OCRF)

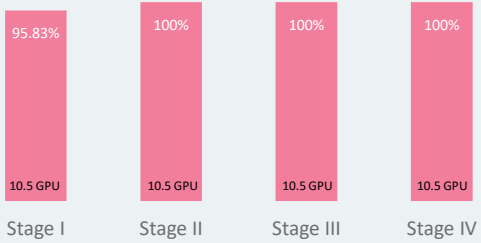
SubB2M-based SPR test for cancer risk assessment

- POC data in case-control studies showed the SubB2M-based SPR test detected:
  - Ovarian Cancer at 100% sensitivity and 100% specificity across all stages (n = 69) [1,2]
  - Breast Cancer at 95% sensitivity and 100% specificity across all stages (n = 118) [1,2,3]
- Commenced transfer, development and evaluation of SubB2M-based SPR test on Nicoya's next-gen Alto digital SPR instrument[4]
- In development for **cancer risk assessment** in conjunction with approved screening tests
- Potential for further development as a **multi-cancer detection test**

Breast Cancer data

SENSITIVITY BY STAGE[1]

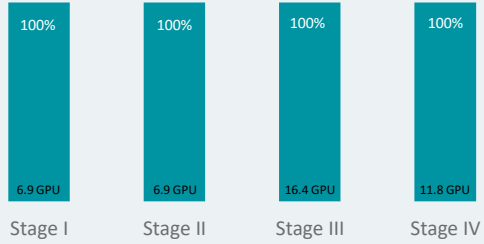
n=118 (96 cancers : 22 controls)



Ovarian Cancer data

SENSITIVITY BY STAGE

n=69 (47 cancers : 22 controls)

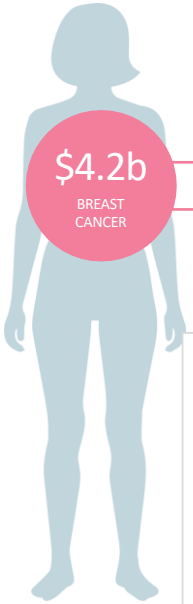


POC = Proof of Concept; SPR = Surface Plasmon Resonance; OC = Ovarian Cancer; CRO = Contract Research Organisation

1. Shewell et al. N-glycolylneuraminic acid serum biomarker levels are elevated in breast cancer patients at all stages of disease. BMC Cancer (2022) 22:334: https://rdcu.be/cJ21m; ;
2. Samples provided by Victorian Cancer Biobank;
3. Collaborative Research Agreement with the Institute for Glycomics at Griffith University; 4. ResearchDx engaged under Master Services Agreement (ASX: 5/4/22)
4. Contract Research Agreement with Nicoya Lifesciences Inc (ASX: 13/10/22

Breast cancer

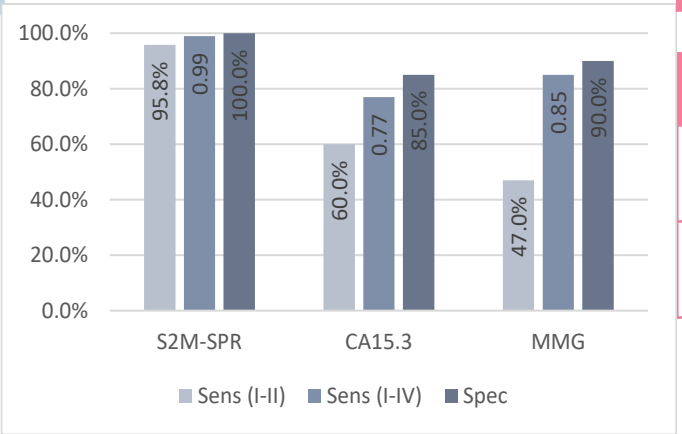
UNMET NEED for earlier and more accurate tests for BC detection and monitoring



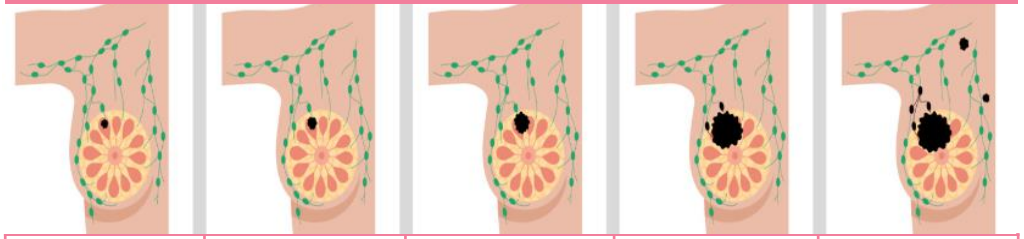
$4.2b
BREAST CANCER

prevalence **7.8m**
incidence **2.3m**
deaths **685k**

85%
Overall 5-year survival rate



5-year Survival by Stage at Diagnosis



Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
Non-invasive <2cm	Invasive tumour <2.5cm	Tumour <5cm +/- axillary LN	Tumour >5cm & spread ax LN	Spread to other organs
100%	98%	90%	70%	25%

Current Guidelines

Screening	Mammography recommended to SCREEN asymptomatic women aged 50 - 74 years for breast cancer
Monitoring	CA15.3 approved to MONITOR treatment response and recurrence in people diagnosed with BC

SOURCE: GLOBOCAN (IARC) 2020; www.cancer.org ; www.cancer.net; www.cancerresearchuk.org

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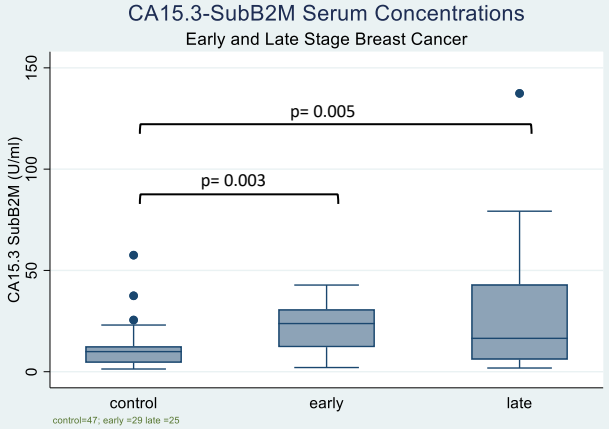
SubB2M-based Breast Cancer monitoring test

- SubB2M-based immunoassay development, optimisation and validation underway at ResearchDx[1,2]
- Commenced breast cancer clinical study (BC95) to evaluated performance of SubB2M-CA15.3 by cancer stage
- Interim data are encouraging and indicate that both early- and late-stage breast cancer samples can be discriminated from cancer-free (controls) samples.
- Next step is to establish reproducibility of the assay

BC 95 Study: Breast Cancer Clinical Study



Kruskal-Wallis Test chi^2 = 13.7, p = 0.001, Pair-wise comparisons – Dunn's Test (Bonferroni) .The median value and interquartile ranges are presented.

1. ResearchDx engaged under Master Services Agreement (ASX: 5/4/22); 2. SubB2M US patent grant and program update (ASX: 1/7/22);

SubB2M Breast Cancer monitoring study

Intended use: A blood test to aid in monitoring breast cancer recurrence

Prospectively Collected Retrospectively Analysed Longitudinal Breast Cancer Study	
Study Design	Prospective Longitudinal Clinical Cohort Study
Objective	CA15.3 is still a widely used test for monitoring breast cancer, although recent reports discourage its routine use because of low sensitivity. This is a prospective study to evaluate the efficacy of Neu5Gc-CA15.3 (a cancer-specific glycovariant) in monitoring breast cancer recurrence.
Description	200 patients with a histologically/pathologically confirmed diagnosis of breast cancer and recurrence or metastasis after surgery. Peripheral venous blood collected every 3 to 6 months. Serum concentrations of Neu5Gc-CA15.3 (INOVIQ) and CA15.3 (Elecsys® CA 125 II (Roche)) will be measured at different follow-up time points.
Clinical Samples	Previously bio-banked samples
Primary Outcome Measure	Neu5G-CA15.3 not inferior to CA15.3 (as assessed by Cox proportional hazards models with a time-varying indicator)
Secondary Outcome Measure	Sensitivity of Neu5Gc-CA15.3 > CA15.3

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SubB2M Breast Cancer monitoring study (cont.)

Intended use: A blood test to aid in monitoring breast cancer recurrence

Post-treatment histologically/ pathologically confirmed diagnosis of breast cancer (n=200)

↓

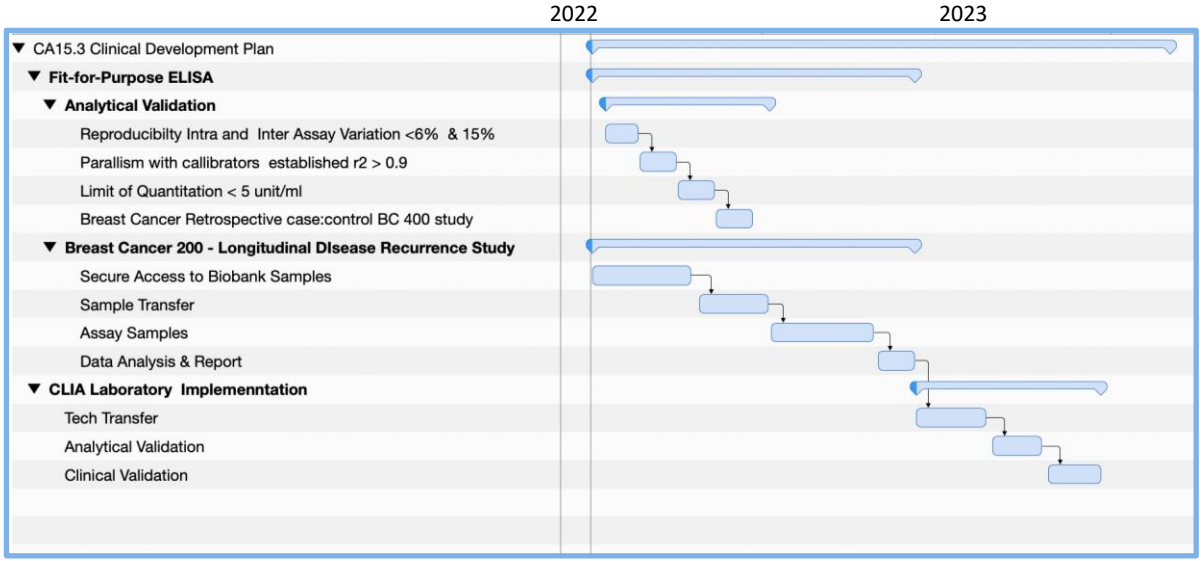
Serum samples collected at 3,6,12,24,48 months

↓

Neu5Gc-CA15.3 & CA15.3 concentrations measured

↓

Data Analysis – Hazard Ratio



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Commercialisation strategy

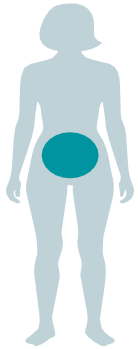
Diagnostics:

- Initial market entry in US
- Via LDT to IVD commercialisation pathways
- Contracted ResearchDx for development & validation of SubB2M-based immunoassays
- Partner with CLIA-accredited high complexity Lab for commercialization of tests as LDTs

Laboratory Developed Test (LDT)	In Vitro Diagnostic (IVD)
CLIA	FDA 510k clearance / PMA approval
Development & validation in a single laboratory	Larger-scale clinical studies required
Laboratory partner	Distribution partner
Diagnostic service provided to laboratories and clinicians	Kits for sale to hospitals, clinical laboratories and doctors' offices
Faster and lower cost, delivers early revenue & establishes market acceptance	Slower and higher cost, delivers wider clinical adoption & revenue growth

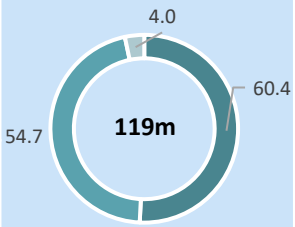
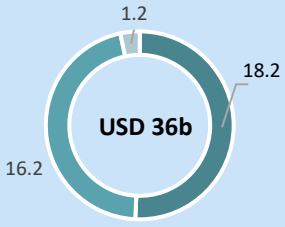
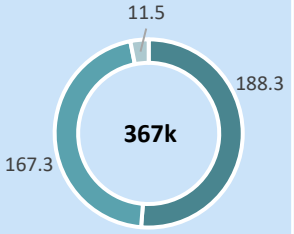
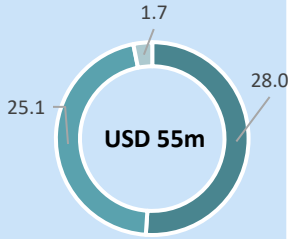
FDA = US Food & Drug Administration

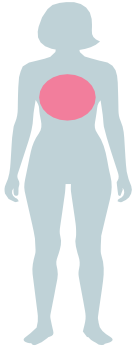
Market potential | Screening and monitoring



Ovarian cancer

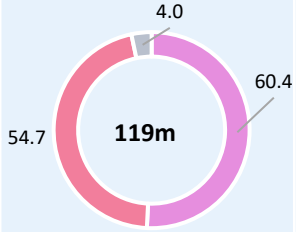
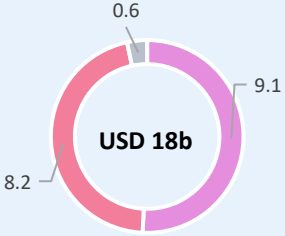
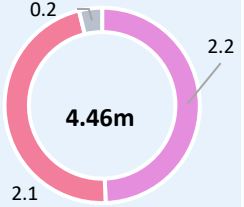
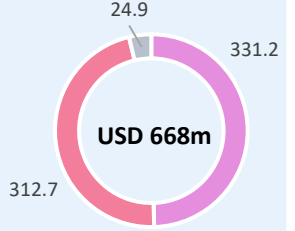
- EU5
- US
- AU

Statistics[1]	Eligible screening population[2]	Screening market size[3]	Eligible monitoring population[4]	Monitoring market size[5]
Ovarian cancer incidence 52,638	 (Millions of people)	 (US$ billions)	 (Thousands of people)	 (US $millions)
Ovarian cancer prevalence 154,831				



Breast cancer

- EU5
- US
- AU

Breast cancer incidence 543,972	 (Millions of people)	 (US$ billions)	 (Millions of people)	 (US $millions)
Breast cancer prevalence 2,279,467				

Footnotes: 1 Source: https://gco.iarc.fr/today/home covering US, EU5 and AU . 2. Females 50-79yrs covering US, EU5 and AU (source: https://www.populationpyramid.net). 3. Assumed cancer screening test price US$150 per test . NOTE: ovarian cancer screening test for high-risk population at US$750 per test (Source: MST Access: INOVIQ Limited Research Report 25 August 2022) 4 Monitoring population based on 4x prevalence plus 1X incidence 5. Assumed ovarian and breast cancer monitoring at US$150 per test (Source: MST Access: INOVIQ Limited Research Report 25 August 2022)

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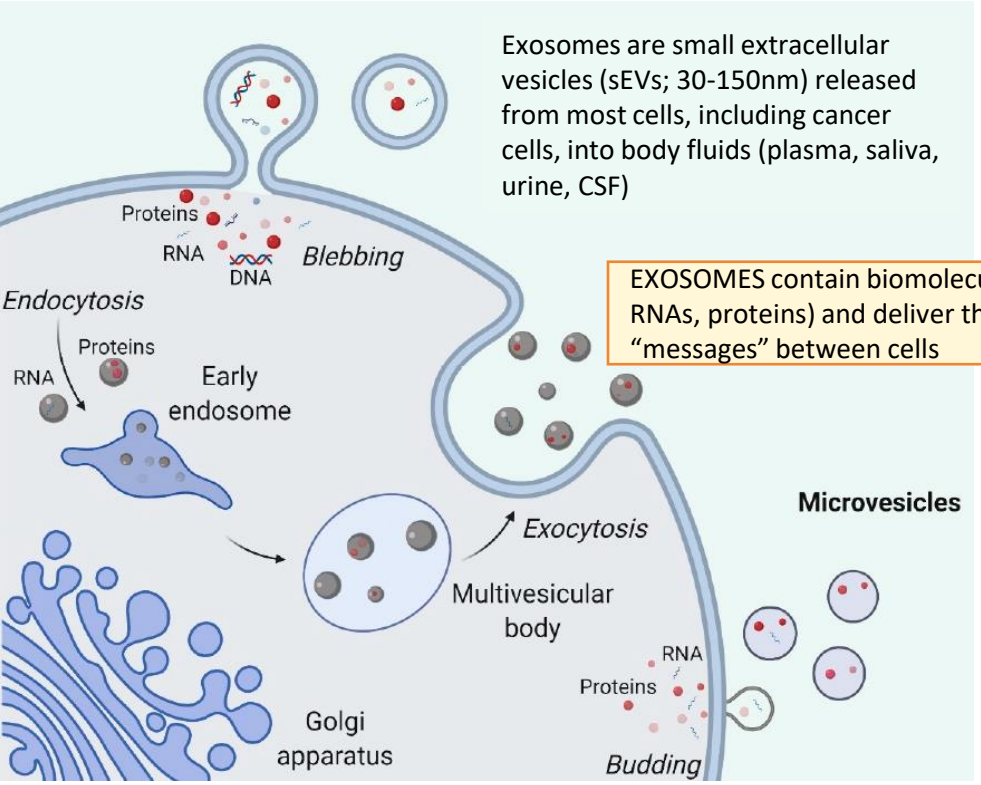
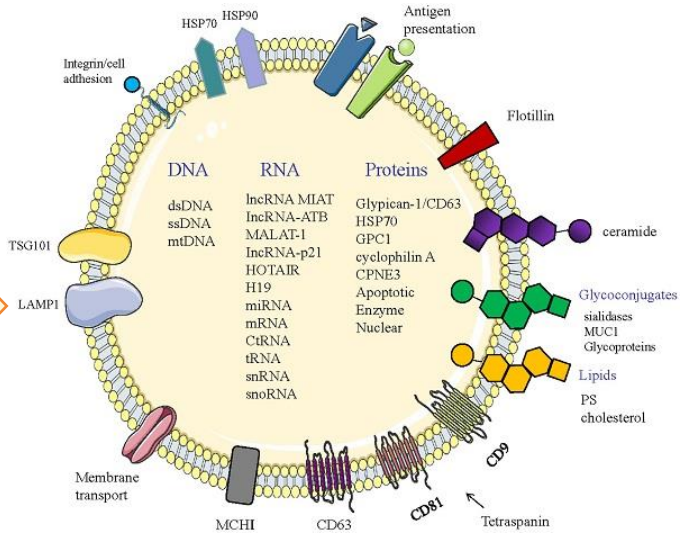
Exosomes | Diagnostic and therapeutic potential



Exosomes are small extracellular vesicles (sEVs; 30-150nm) released from most cells, including cancer cells, into body fluids (plasma, saliva, urine, CSF)

EXOSOMES contain biomolecules (DNA, RNAs, proteins) and deliver these "messages" between cells



Exosomes can be captured and their messages "read" to determine the disease or health status of a cell

Potential diagnostic and therapeutic applications for cancer, metabolic, inflammatory, neurodegenerative and other diseases

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EXO-NET I Exosome isolation tools

- **EXO-NET pan-exosome capture** is a 'research use only' (RUO) product for isolation of exosomes from body fluids
- Meets and unmet need for **rapid, efficient and scalable isolation** of exosomes
- **Suitable** for biomarker discovery, research & development phases of future exosome-based diagnostics & therapeutics
- Expanding **EXO-NET pipeline** including TEXO-NET for cancer EVs, NEURO-NET for bdEVs[1], automated and HTP EXO-NET solutions compatible with routine pathology workflows
- **Collaborating** with KOLs to validate EXO-NET for cancer, inflammatory, metabolic and neurodegenerative diseases
- **Direct sales** of EXO-NET products to Universities & Research Institutes
- Partnered with Percorso Life Sciences for contract sales team & logistics services in the US to **accelerate commercial roll-out**[4]
- Initial **sales campaign to >1000 researchers** is expected to deliver results in 1H CY2023

GLOBAL MARKET OPPORTUNITY FOR EXOSOME RESEARCH MARKET

US$661 million

1. brain-derived Extracellular Vesicles; I3. NOVIQ engages US-based contract sales team to accelerate EXO-NET roll out (ASX: 21/7/22)

EXO-NET | Speed, purity and yield advantages

FAST	Easy and convenient workflow with EV capture in 15 minutes
SAMPLE VERSATILITY	Optimal solution for very low volume and rare samples from plasma, urine, saliva
HIGH YIELD	High yield and capture of EVs from various biofluids
PURITY	Reduced co-isolation of contaminants and high enrichment of EV RNA and protein markers
DOWNSTREAM COMPATIBILITY	Compatible for use with most downstream applications (qPCR, Mass Spec, ELISA)
CUTOMIZABLE	Customizable to isolate specific EV subpopulations for use in target disease indications
SCALABLE	Suitable for automation and high-throughput screening

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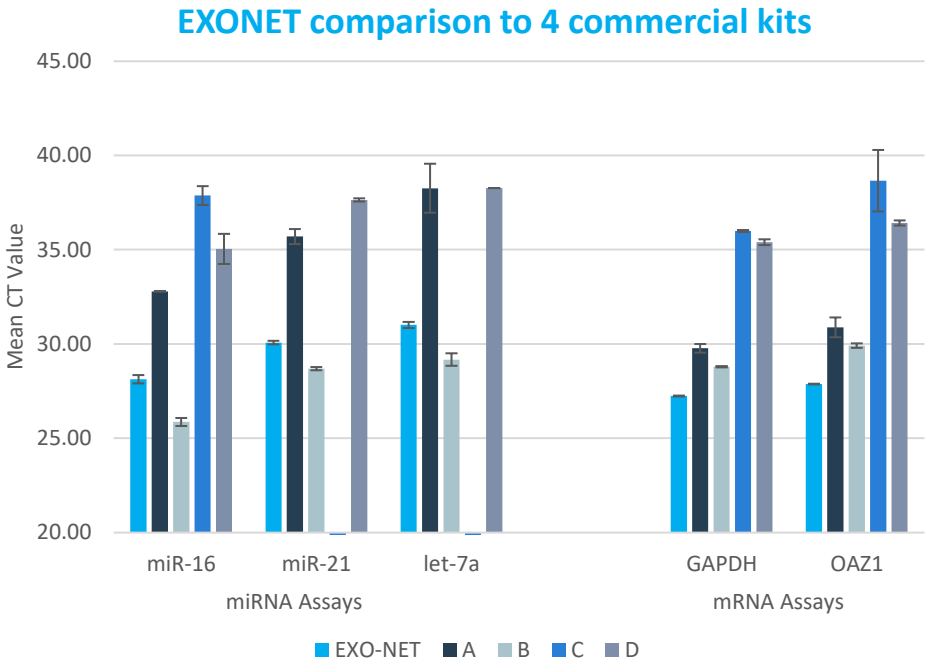
EXO-NET I Efficient Isolation of plasma EV derived RNAs

EXONET outperforms or is equivalent to 4 commercial EV isolation kits for recovery of EV micro RNA (miRNA) and messenger (mRNA) as indicated by lower CT values.[1,2]

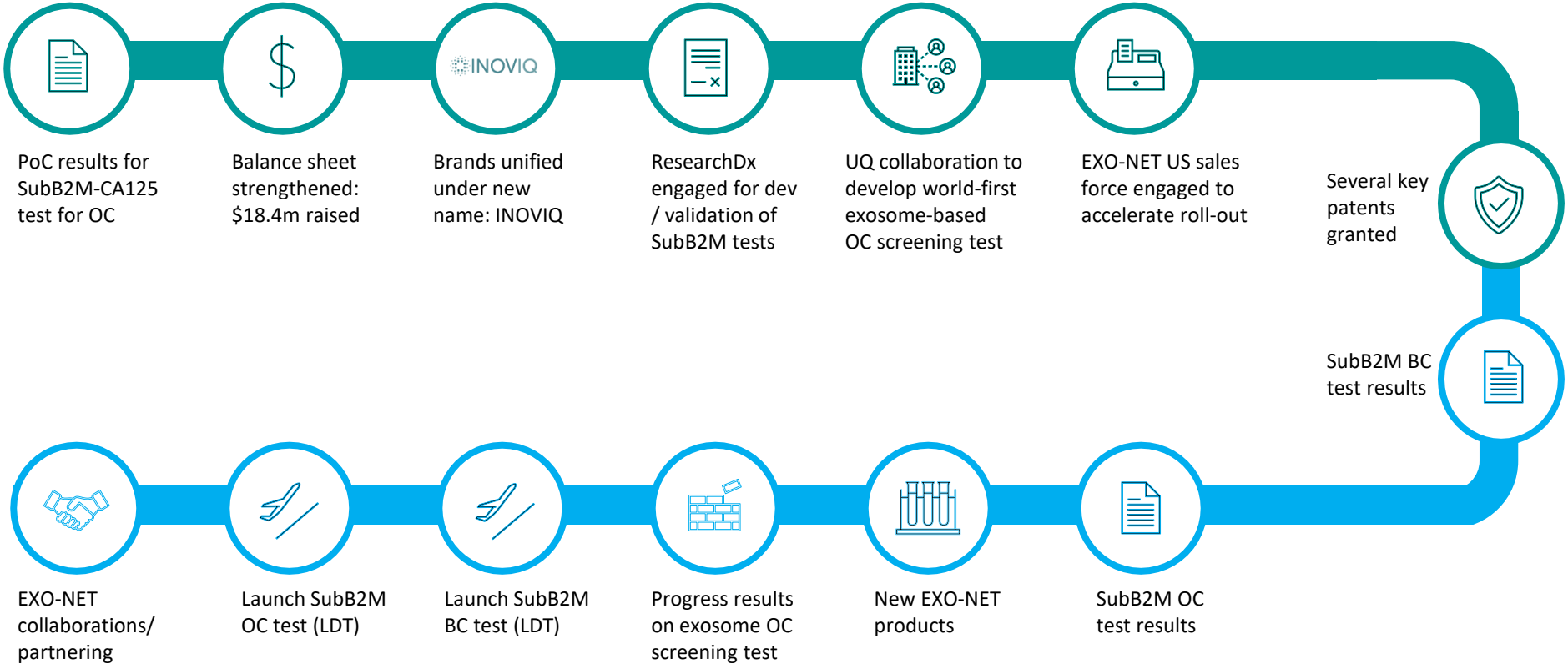


"The use of a scalable exosome isolation tool such as INOVIQ's EXO-NET product is critical to enable the commercialisation of routine exosome-based tests that can be used in pathology laboratories worldwide."

Associate Professor Carlos Salomon Gallo
Head of Exosome Biology Laboratory, University of Queensland

1. INOVIQ data 2 Evaluation by leading Australian Research Institute

Key achievements of 2022 and catalysts for 2023



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Outlook

Focus on execution, capability building and growth

Dx pipeline advancement	•Complete clinical studies for SubB2M-based tests for BC & OC monitoring •Validate SubB2M-based SPR test for risk assessment across multiple cancers •Progress case-control studies for exosome-based OC test
New product development	•Develop and validate new EXO-NET disease-specific and automated/HTP products •New (in-house & partnered) exosome-based diagnostics
EV capabilities expansion	•Completed EV core facility upgrade, establishing cell culture facility & GMP facility to enable discovery-to-diagnostic and potential future therapeutic solutions
Partnering for growth	•Expand research collaborations and commercial partnerships for EV-based diagnostics (short-term) & therapeutics (longer-term) opportunities
Commercialisation	•Sales of EXO-NET research tools in AU and US first, then expand to Europe & Asia •Launch of Dx products in US first, then expand to other AU, Europe & Asia •Potential licensing revenues for use of INOVIQ IP for Dx and Tx applications

Board and Management

DR GEOFF CUMMING PhD
Non-Executive Chairman

Healthcare and biotechnology director with extensive diagnostics industry experience.

Previously Managing Director Roche Diagnostic Systems (Oceania), MD/CEO Biosceptre International Ltd and MD/CEO of Anteo Diagnostics Ltd.

Currently NED AnteoTech Ltd.

MAX JOHNSTON
Non-Executive Director

Healthcare industry director and international business leader with extensive experience across medtech, pharmaceuticals, consumer healthcare and consumer goods.

Previously President and CEO of Johnson & Johnson Pacific, NED of PolyNovo Ltd and CannPal Animal Therapeutics Ltd, and Chairman of AusCann Ltd.

Currently NED of Medical Developments International Ltd & Tissue Repair Ltd, and interim CEO of PolyNovo Ltd.

PHILIP POWELL
Non-Executive Director

Healthcare industry director and chartered accountant with extensive investment banking experience specialising in capital raisings, IPOs, mergers and acquisitions and other transactions across pharma, food and agriculture.

Previously at OAMPS Ltd and Arthur Andersen, and NED at Polynovo Ltd and Medical Developments International Ltd.

Currently NED RMA Global Ltd.

Prof ALLAN CRIPPS AO PhD
Non-Executive Director

Distinguished academic, clinical scientist and health services leader, having made significant contributions in immunology, diagnostics and health services.

Previously Pro Vice Chancellor (Health) at Griffith University where he was responsible for the establishment of the Health Faculty including the School of Medicine.

Currently Professor Emeritus at Griffith University and NED of Neurotech International Ltd.

DR LEEARNE HINCH
Chief Executive Officer

Experienced biotechnology CEO with expertise in corporate development, capital raising, product development, commercialisation and licensing.

Past leadership and consulting roles in ASX-listed biotechnology, multinational and private companies across diagnostics, devices, therapeutics and animal health including Eustralis Pharmaceuticals, HealthLinx, OBJ, Holista Colltech, Virbac & Mars.

DR GREG RICE PhD
Chief Scientific Officer

Internationally recognised scientist with over 30 years' experience and a successful track record in oncology research, biomarker trials and diagnostics commercialisation.

Previous leadership roles in academia and industry including UQ, Baker Heart Institute, UoM, Monash & HealthLinx.

MARK EDWARDS
CFO & Company Secretary

Highly experienced finance executive with expertise in financial leadership and management, corporate governance, investor relations and corporate transactions.

Previous senior roles in ASX listed pharmaceutical, medical device and healthcare companies including Medical Developments International and Cogstate.

Dr ROCCO IANNELLO
Business Development and Licensing Director

Senior business development professional and research scientist with experience in IP commercialisation, business development and licensing across medical devices & pharmaceuticals.

Strong Australian and international networks across government, academia, industry and venture capital. Previous senior roles at Monash, Ward Medication Management & Gordagen Pharmaceuticals.

Contacts

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