



Placement Issue Investor Presentation

19 NOVEMBER 2024

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Executive Summary



Overview

- Rhythm Biosciences is developing and commercialising novel clinical cancer diagnostics.
 - ColoSTAT® is a 2nd generation multiplex assay designed to detect bowel cancer in a patient blood sample that is in the final stages of development ahead of commercialisation in 2025.
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Key Investment Highlights

- Accelerated market entry strategy into a multi \$bn global market.
 - RHY Cancer diagnostic solutions are clearly differentiated from competition: reduced invasiveness, ease of use, patient preferred and cost.
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Transformed Business

- Building on valuable Company learnings with new internal and external capabilities and enhanced commercial focus.
 - Complete re-engineering of core assay technology delivers customer requirements.
 - Pragmatic, quicker and lower risk path to market identified.
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Why Rhythm Biosciences?

Rhythm Biosciences is committed to saving lives through early detection of cancers using simple and accurate diagnostic technology.

Developing novel screening solutions for specific cancers via patient friendly blood tests is our primary focus.

Patent protected; fully characterised technology that can be readily adopted in all laboratories.

Targeting large global markets heavily supported by public and private health care systems.

Competitive product design that supplements and potentially improves current standard cancer testing methods used around the globe.

ColoSTAT[®]: A novel product with anticipated commercial launch in 2025.



Corporate overview



CORPORATE SNAPSHOT

ASX Code	RHY
Share Price (at 15 Nov 2024)	\$0.115
Shares on Issue	248.5M
Unlisted Options	21M
Market Capitalisation	\$28.58M
Top 20 Shareholders	42%

SHARE PRICE CHART - ASX:RHY



BOARD AND MANAGEMENT

David Atkins, PhD

Chief Executive Officer and Managing Director



Former CEO of Congenica (UK) & Synevo Diagnostics, Sr. Executive at Johnson & Johnson and Danaher.

Founder of Veridex – cancer molecular and cellular diagnostics (USA).

Significant experience in fund raising and VC investing. Currently adviser and board member for several private oncology businesses in UK and EU.

Otto Buttula

Non-Executive Chairman



Extensive financial, investment, IT & biotech experience.

Co-Founder and CEO of IWL (ASX: IWL); Founder / former CEO of Investors Mutual.

Formerly a Director of Imugene (ASX:IMU), Chairman of Investorfirst, now HUB (ASX: HUB), HITIQ (ASX: HIQ) & Oncosil Medical (ASX: OSL).

Sue MacLeman

Non-Executive Independent, Deputy Chair



30 years in Pharma, Biotech and Medtech including Amgen, BMS and Merck.

Experienced Board member, former CEO of NASDAQ, ASX, & AIM entities. Currently NED at Health Translation Group Ltd, Viral Vector Manufacturing Facility, Smartways Logistics, ATSE & OMICO & member of various government & academic advisory committees.

Trevor Lockett, PhD

Non-Executive Director



Former Theme Leader Colorectal Cancer and Gut Health CSIRO.

Leader – Personalised Health Group CSIRO.

Inventor on seven commercially-licensed patent families.

Lou Panaccio

Non-Executive Director



Chairman of Avita Medical (ASX: AVH) and Adherium Ltd (ASX:ADR).

Non-Executive Director Sonic Healthcare (ASX: SHL) and Unison Housing.

Former CEO Melbourne Pathology & Monash IVF.

Our Clinical Advisory Board



**Sally
Benton**

Consultant Clinical Biochemist and Clinical Lead for Clinical and Specialist Biochemistry Services at Berkshire and Surrey Pathology Services, a pathology network that serves 6 acute hospitals. Sally is also Director of the Bowel Cancer Screening South England Hub based at the Royal Surrey County Hospital, Guildford, serving a total population of about 16 million people across the South of England.



**Prof
Jon Emery**

Herman Professor of Primary Care Cancer Research at the University of Melbourne, and the Victorian Comprehensive Cancer Centre (VCCC) Primary Care Research and Education Lead. He is a National Health and Medical Research Council (NHMRC) Leadership Fellow, and Director of the Cancer Australia Primary Care Collaborative Cancer Clinical Trials Group (PC4).



**Prof
Finlay Macrae**

Head of Colorectal Medicine and Genetics at The Royal Melbourne Hospital, he is a lead clinician in the Familial Cancer Clinic and is engaged in research into Colorectal Cancer genetics and new therapies for Inflammatory Bowel Disease (IBD).

He trained in London with the world's leading colonoscopist at the time (St Mark's Hospital) and brought this skill to Australia and his practice.

When diagnosed early, CRC can be successfully treated

Disease stage at diagnosis is the key predictor of survival in patients with CRC

Diagnoses at Stage I or II only represent less than half of all CRCs diagnosed in:

	Stage I	Stage II
 AUSTRALIA	22% 	23% 
 US	37% 	37% 
 UK	16% 	21% 

Abbreviations: CRC, colorectal cancer; US, united States
References: can be provided

Missed detection of early-stage CRC results in poor survival rates

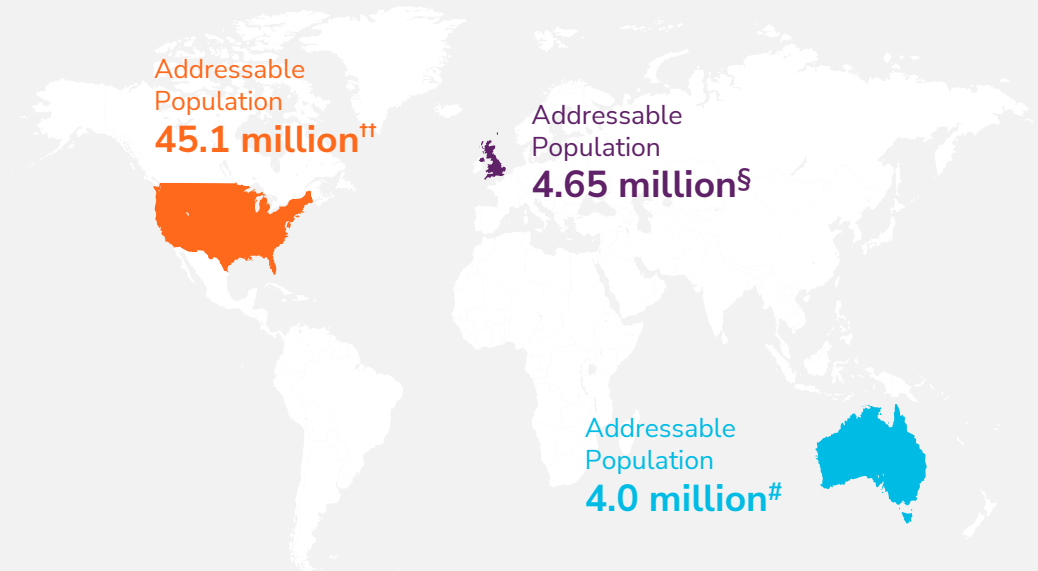


5-year survival rates in patients with CRC in US, UK and Australia

Participation in CRC screening programs needs improvement

Based on current participation rates to CRC screening, **33–56% of the eligible population** across Australia, Europe, UK and US **remains unscreened**.

Participation rates in CRC screening programmes in UK, US, Europe and Australia (2018/2019/2021).



As many as **53.7 million** eligible people across US, UK and Australia **remain unscreened** for CRC.

Abbreviations: CRC, colorectal cancer; FIT, faecal immunochemical test

† Percentage of adults aged ≥50 years who had colonoscopy in the past 10 years (2018 data).

‡ Percentage of people aged 60–74 year screened for CRC with FIT in 2020/2021.

‡ Percentage of people screened for CRC with FIT in 12 European Union Member States in 2018.

§ Based on 2020 UK population aged 60–74 years of 10.57 million and on 33.2% of the eligible population not been screened for CRC (participation rate: 66.8%).

†† Based on 2021 US population aged ≥50 years of 115.62 million and on 39.0% of the eligible population not been screened for CRC (participation rate: 61.0%).

Based on 2021 Australia population aged 50–74 years of 7.08 million and on 56.5% of the eligible population not been screened for CRC (participation rate: 43.5%).

There are >250 million people who could benefit from an improved blood test



MARKET	POPULATION	AGE – SCREENING POPULATION	SCREENING METHOD	SCREENING PARTICIPATION RATE	UNSCREENED POPULATION/ OPPORTUNITY	INCIDENCE OF CRC (cases per year)	% OF TOTAL ADDRESSABLE MARKETS
Europe (EU-27)	746.4 m	231.0 m (50 -74 yrs)	FIT, Colonoscopy [†]	38%	143.0m	341,419	62%
UK (England, Scotland, Wales and Northern Ireland)	67.6 m	10.6 m (60 -74 yrs)	FIT	67%	3.5m	52,128	33%
USA	331.9 m	161.5 m (45 – 75+ yrs)	FIT, Colonoscopy, Cologuard	61%	62.9m	153,020	
Japan	125.7 m	60.2 m (> 40 yrs)	FIT	20% [¥]	48.0m	148,505	80%
South Africa	59.4 m	9.3 m (50 -74 yrs)	FIT	NA		8,671 ^{**}	
Australia	25.7 m	7.1 m (50 – 74yrs)	FIT	43%	4.0m	15,713	56%
New Zealand	5.1 m	1.1 m (60 -74 yrs)	FIT	57% [*]	0.5m	> 3,000	
Total		480.8m			262.1m		

* Based on pilot project, recent data not available - <https://www.health.govt.nz/our-work/preventative-health-wellness/screening/bowel-screening-pilot/bowel-screening-pilot-results>

** https://journals.lww.com/ajg/Fulltext/2021/10001/S342_Evaluating_Trends_of_Colorectal_Cancer.342.aspx

¥ Needs further investigation

† Every 10 years

FIT; faecal immunochemical test, NA; not available

First major clinical performance evaluation

Prospective, multi-centre study to evaluate the clinical performance of the first generation ColoSTAT[®] for the detection of CRC¹

STUDY DESIGN

Blood-based assay

N= 989 patients, aged 40 to <85.

PRIMARY ENDPOINT

The primary endpoint was to evaluate ColoSTAT[®] performance compared to gold standard, colonoscopy.

RESULTS

ColoSTAT[®] met the primary endpoint and showed a high-sensitivity blood test for CRC detection.

ColoSTAT[®] may provide an alternative test for people who cannot or will not take the FIT test.

Sensitivity¹

81%

Specificity¹

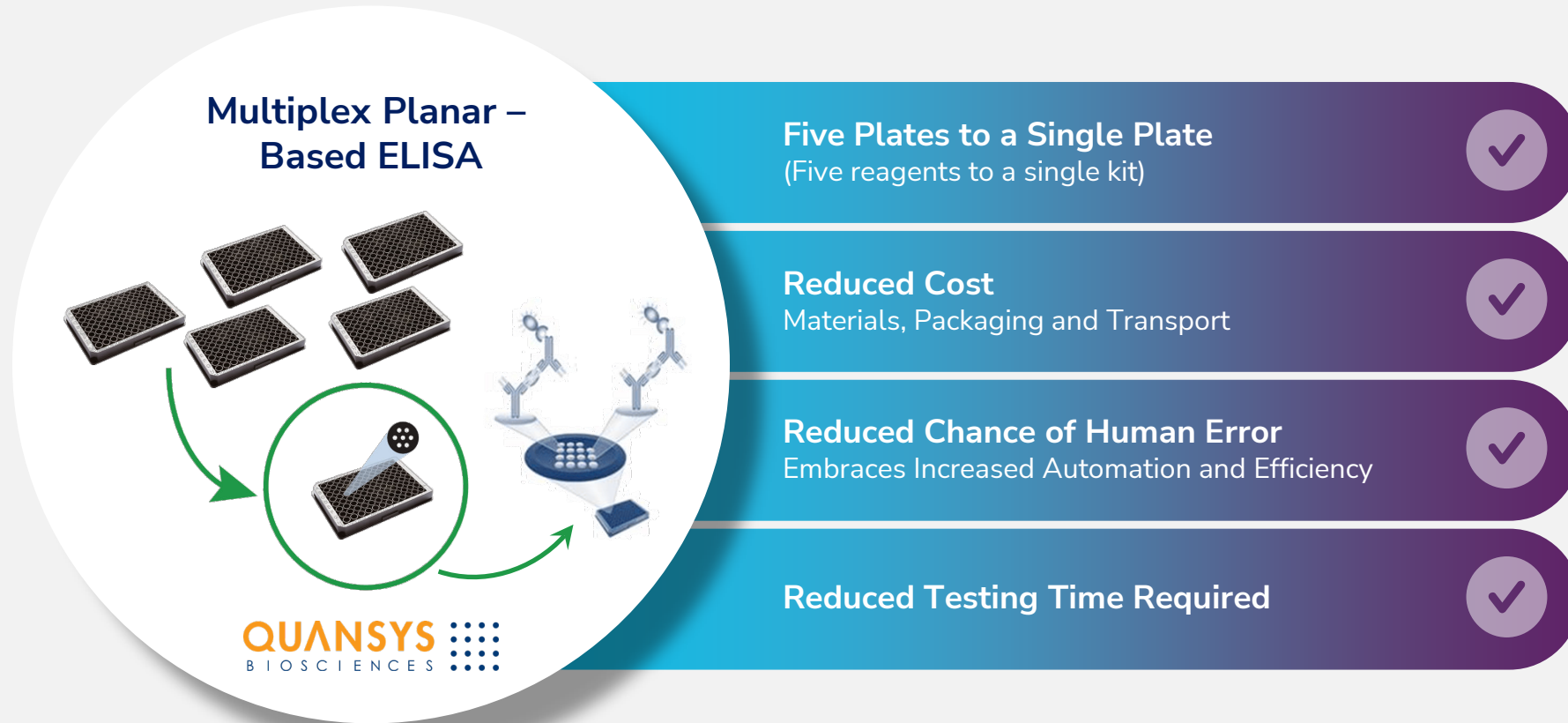
91%

CRC; colorectal cancer, FIT; faecal immunochemical test
1. He et al DOI: 10.1200/JCO.2023.41.16_suppl.3529



Second generation ColoSTAT[®] clinical assay:

Standardised, simpler, faster turnaround time and lower cost



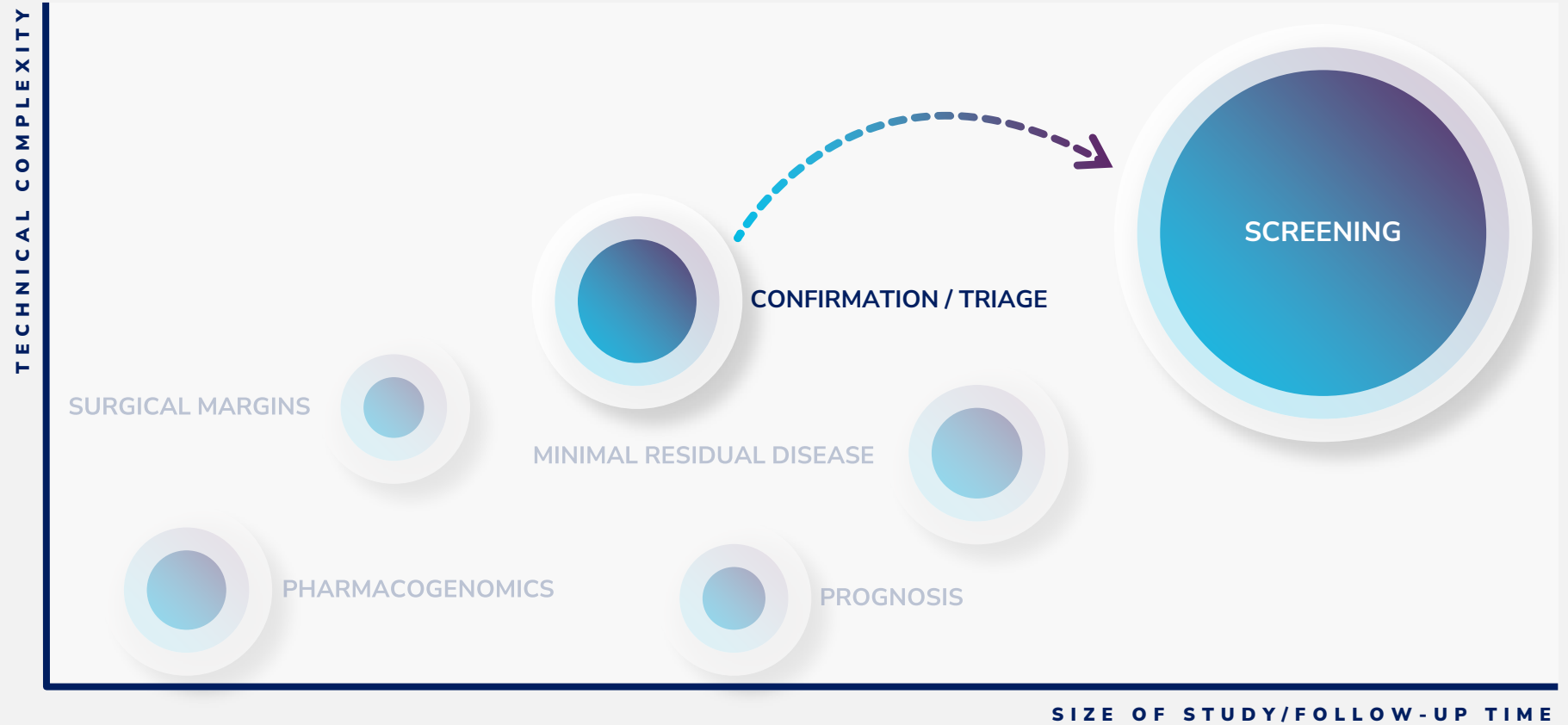
Laboratory customers prefer the design of the new ColoSTAT[®] assay design.

General population screening for CRC remains the ultimate goal

Targeting “intermediate” applications represent valuable intermediate steps towards the end goal

‘Intermediate’ Means

- Higher prevalence of cancer.
- Greater flexibility around current standard of care (SoC).
- Clear economic benefit.
- An opportunity to insert the new assay into the current SoC.



Note: Size of circles and relative position is not quantitative, and positions are for the purpose of illustration

Upcoming value inflection points

ITEM	DESCRIPTION	ESTIMATED DELIVERY DATE
Alpha Assay Ready	Arrival of Alpha kits for testing	
Beta Release Candidate	Beta Kits ready for verification	2H CY24
Kit Validation Ready	Kit Verification completion, Production Kits Ready.	1H CY25
Commercialisation	Partner's In House IVD launch	2H CY25

Platform technology expansion pipeline

Biomarker analysis complete in significant patient sample study for 3 major cancers



STAGE 1 PROGRESSION		THEORETICAL ANALYSIS OF BIOMARKER POTENTIAL	SERUM AND ALGORITHM ANALYSIS	RISK ANALYSIS → ENTER STAGE 2
CANCER TYPE	COLLABORATOR			
Breast	Agilex Biolabs			
Lung	Baker Institute			
Gastric	Nexomics			
Cervical	ON HOLD			
Pancreatic	ON HOLD			

Lung cancer blood-based assays will be the next priority.

Placement Issue Offer

Key details of the Offer	
Placement Offer	New Share Issue, plus • 2 New Options (ASX: RHYO) for every 3 New Shares subscribed under the Offer; and • Additional, new ASX Listed Options to purchase a Share with an exercise price of \$0.20 and an Expiry Date of 31 March 2026 (subject to Shareholder Approval)
Issue Price per New Share	\$0.10 or 10 cents per New Share payable in full on Application
Maximum number of New Shares issued under the Offer	35,000,000 New Shares
Maximum proceeds from the Offer (excluding costs associated with the Offer)	\$3.5 million (before expenses and costs of the issue)
Maximum number of Shares on issue following the Offer (refer to Section 3 below)	289,596,750 Shares

Use of Funds

Use of funds	
Progress Product Development – 2nd Generation ColoSTAT®. <i>Complete development and production of ColoSTAT ® Multiplex test kits in conjunction with product development partner in North America.</i>	Up to \$0.70m
Clinical Validation Program and preparation regulatory approvals. <i>Clinical validation activities, including serum sample collection across sites and laboratory testing. Development of strategy and materials for regulatory agency submission.</i>	Up to \$1.20m
Continued R&D pipeline development activities into other cancers <i>Further funds allocated to R&D in progressing studies into other cancers.</i>	Up to \$0.25m
General Working Capital and capital raising costs <i>Day to day working capital requirements and capital raising costs for the Offer</i>	Up to \$1.35m
Maximum funds raised under the Offer	Up to \$3.5m

Indicative Timetable of the Offer

Event	
Prospectus Date	Tuesday, 19 November 2024
Closing Date	Tuesday, 19 November 2024
Issue of the New Shares	Wednesday, 27 November 2024
Trading (T+2) of New Shares expected to commence	Friday, 29 November 2024
Issue of the New Options (subject to Shareholder Approval)	January – February 2025
Trading (T+2) of New Options expected to commence (subject to Shareholder Approval)	January – February 2025

* The above dates are indicative only and subject to change. The Company reserves the right, subject to the Corporations Act and the Listing Rules, to extend the Closing Date or to withdraw the Offer at any time without prior notice, in which case all Application Monies will be refunded (without interest) as soon as practicable. Any extension of the Closing Date will have a consequential effect on the issue date of New Shares. All dates and times are references to Melbourne, Australia time.

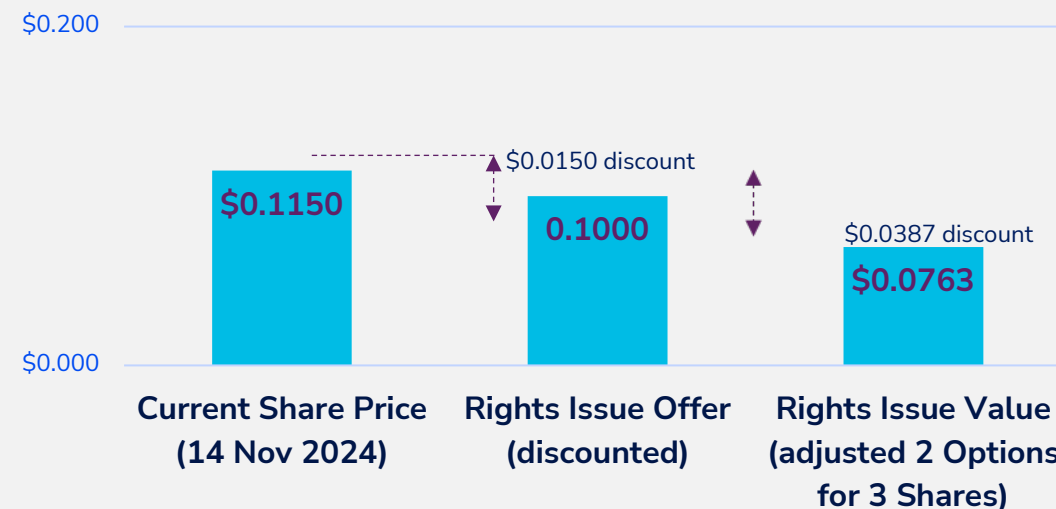
Theoretical Value of Options

Placement Issue Offer Discount		
Current share price (at 14 November 2024)	\$0.1150	\$0.400
Rights Issue offer	\$0.1000	
Discount	13.0%	

Discount vs Volume Weighted Average (VWAP) Share Price (ASX)	
5-day VWAP - discount 19.5% #	\$0.1224
15-day VWAP - discount 11.4% #	\$0.1256

Theoretical Offer of Options* / Effective Entry Price	
Theoretical Value of Option (31 Mar 2026)	\$0.0355
Theoretical Value of Option Adjusted ~	\$0.0237
Rights Issue Offer	\$0.1000
Theoretical New Issue Price (deducting Value of the Option, per New Share subscribed for)	\$0.0763

Volume Weighted Average Price (VWAP) using ASX prices only to 14 November 2024..
 ~ Adjusted Option Value as 2 Options for 3 Shares. Source: RHY & Black & Scholes Model.



Conclusion

Overview

Final stages of developing a potential “blockbuster” diagnostic product targeting a multi-\$billion global market.

Key Investment Highlights

An attractive and comparatively simple investment proposition / business model.

Transformed Business

A business with huge potential that has gone through a significant and productive business transformation.
