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Investor Presentation

Proteomics International Laboratories Ltd (Proteomics International; ASX: PIQ) is pleased to release a copy of the presentation to be provided by Mr Neville Gardiner to delegates at the Perth Healthcare Summit being held in Perth, Western Australia today.

Authorised by the Board of Proteomics International Laboratories Ltd (ASX.PIQ).

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Proteomics International Laboratories Ltd



A medical technology company at the forefront of precision medicine and predictive diagnostics

Diagnostics

PromarkerD

- Predictive test for early identification of diabetic kidney disease (DKD)
- Cost-effective, easy to use, patented technology

Strong pipeline of novel tests in development – Endometriosis, Asthma & COPD, Oesophageal cancer, Gastro, Diabetic retinopathy, Oxidative Stress

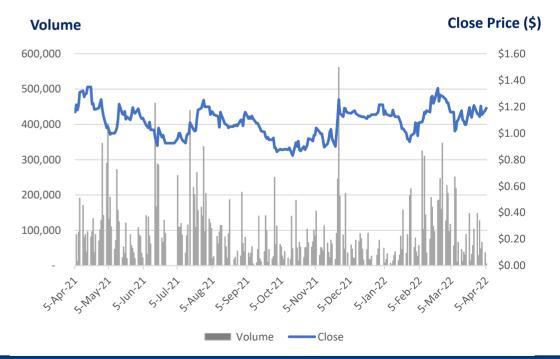
Bioanalytical Services

- Growing demand from industry for specialised analytics
 - > Thriving sectors of pharmacokinetic (PK) testing and biosimilars
- State-of-the-art capabilities with >\$4m invested in cutting-edge facility
- Revenue partially offsets the cash burn from R&D and product development

Financial & Corporate

- Senior management team expanded (Jun 21) + Board renewal (Nov 21)
- R&D tax incentive rebate of ~A\$1.2 million received December 21
- Implementing expansion strategies to accelerate growth

| Corporate Snapshot – 05/04/2022 | |
|---------------------------------|---------|
| ASX code | PIQ |
| Share Price | A\$1.19 |
| Shares on issue (+8.4m options) | 105m |
| Market Capitalisation | A\$125m |
| Cash (31 Dec 2021) | A\$4.5m |
| Revenue & other income – FY21 | A\$3.0m |
| Net cash burn – FY21 | A\$2.9m |
| Directors Shareholding | 22% |
| | |

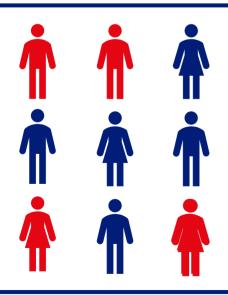


Promarker – Platform Technology





PromarkerTM is a platform technology that can identify unique protein biomarkers 'fingerprints'



The platform identifies and links the unique protein biomarkers to specific diseases, enabling Proteomics International to create novel diagnostic tests

Promarker D

WE'RE CHANGING LIVES

A new blood test for predicting diabetic kidney disease



Problem & Solution





The Problem

- 463 millions diabetics globally
- 1-in-3 diabetic adults have chronic kidney disease
- Kidney disease is a silent killer kidney function can fall below 15-20% with no symptoms
- Damage to kidneys is irreversible, therefore early detection is paramount
- Diabetic kidney disease leads to renal failure which requires dialysis (US\$72,000 p.a.) or kidney transplant
- Total cost of diabetic kidney disease = U\$\$130 Bn per year in USA alone



Current standard-of-care diagnostics

- Existing tests (known as eGFR and ACR) can only detect chronic kidney disease once it is already present
- Current standard-of-care tests cannot predict the onset of diabetic kidney disease
- If unchecked, patients ultimately require dialysis and/or a kidney transplant



Diseased Kidney



Promarker D

- PromarkerD can predict the onset of disease before clinical symptoms appear (up to four years prior)
- Doctors can then prescribe an early therapeutic treatment to slow or stop the onset of disease
- Kidneys remain healthier for longer, saving healthcare systems billions of dollars and improving quality of life for patients



Healthy Kidney

PromarkerD is Revenue Ready



The PromarkerD predictive test is poised to roll-out in markets globally

| Enormous Market | 463m adults have diabetes globally: 1-in-3 currently have diabetic kidney disease (DKD) |
|---|--|
| High Statistical Performance | Peer reviewed publications – Clinical & analytical validity proven (Sensitivity 86%); PromarkerD significantly outperforms current standard of care |
| Big Pharma Collaboration | Janssen (J&J) – global multi-centre clinical study - assessing PromarkerD vs treatment options |
| Therapeutic Treatments Available | SGLT2-inhibitor class drug (canagliflozin) improves PromarkerD risk scores – potential as Complementary Diagnostic (CDx) [drug class already used for type 2 diabetes & now approved as new treatment for DKD] |
| Simple Technology Platform - PromarkerD Immunoassay | Clinical pathology laboratories can easily introduce the PromarkerD immunoassay as an IVD kit or LDT |
| Regulatory Approvals | CE Mark (Europe) registration received for the PromarkerD Immunoassay; Secured ISO 13485 certification for the manufacture of medical devices |
| Manufacturing scale-up | Specialist companies working to enable reagent supply and ISO 13485 certified kit manufacture |
| Reimbursement | Identified pathway to obtain a unique reimbursement code & payment coverage in the USA: Economic Health Benefit & Clinical Utility demonstrated |
| Regulatory Approvals - ongoing | Engaging with partners and national regulators [US sales to utilise the Lab Developed Test (LDT) pathway with CLIA laboratories, prior to FDA approval] |
| Generate Sales Revenue | First distribution agreements for PromarkerD immunoassay signed – initial sales pending |

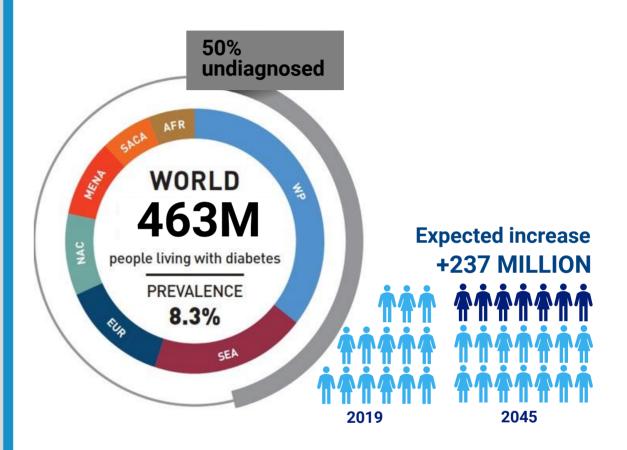
PromarkerD Market Opportunity



Diabetes incidence and Patent portfolio

| Country | Patent/Application No | Patent Status | No. Diabetics ¹ |
|-----------------------|-----------------------|---------------|----------------------------|
| Australia | 2011305050 | Granted | 1,288,300 |
| Brazil | BR112013006740 | Granted | 16,780,800 |
| Canada | 2811654 | Granted | 2,793,500 |
| China | ZL201180053583.9 | Granted | 116,446,900 |
| Europe ^{2,3} | 3151012 | Granted | 59,322,100 |
| Hong Kong | 18115912.3 | Pending | 723,400 |
| India | 3012/DELNP/2013 | Granted | 77,005,600 |
| Indonesia | W00 2013 01585 | Granted | 10,681,400 |
| Japan | 2013-528474 | Granted | 7,390,500 |
| Russia | 2596486 | Granted | 8,288,500 |
| Singapore | 188527 | Granted | 640,400 |
| USA ^{2,4} | US 9,146,243 | Granted | 30,987,900 |
| | | | 332,349,300 Total |

- 1. International Diabetes Federation (IDF) Atlas 9th Edition 2019 [Age group 20-79 years; Total = Diagnosed (48.7%) + Undiagnosed 51.3%)]
- 2. Australia, Europe, USA patent family also covers use of the test for **any form of kidney disease** (NB further studies are required to prove efficacy of PromarkerD for applications beyond DKD)
- 3. Covers France, Germany, Italy, Spain, Turkey and the United Kingdom, which cumulatively have 29.6m adults with diabetes
- 4. USA patent further extended to cover **method for identifying drugs for abnormal kidney function** using one of the PromarkerD biomarkers (CD5L)

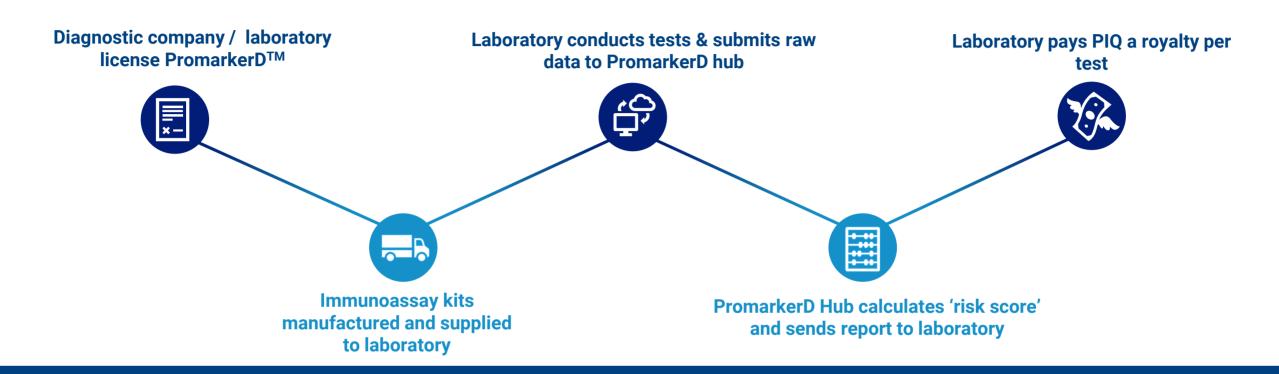


Market assumptions

- Patent family covers 332m diabetics¹
- Test is performed once per year per patient on average
- Test price of US\$150 [based on stakeholder engagement responses in a market access study]
- Standard industry royalty rates range from 5-15%

PromarkerD - Route To Market





Completed Licensing Transactions

Great Britain

- Licence with Apacor Ltd for immunoassay test
- 4.8m type 2 diabetics (7%)
- Product registration expected 1H CY22



Italy

- Licence with Medical Horizons SRL for immunoassay test
- 3.7m type 2 diabetics (8%)
- Test registered for use with Italian Ministry of Health
- Sales expected 1H CY22 (delayed by COVID-19)

Israel

- Licence with Zotal Ltd for immunoassay test
- 0.6m type 2 diabetics (12%)
- Product registration on-hold pending ISO 13485 manufacturing

Targeted Licensing Transactions

United States

 Discussions ongoing with multiple national/global US companies

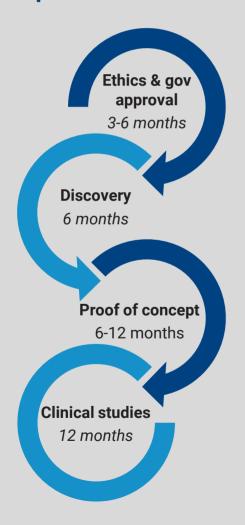
RoW

 Actively targeting potential partners in key global jurisdictions

Diagnostics Pipeline



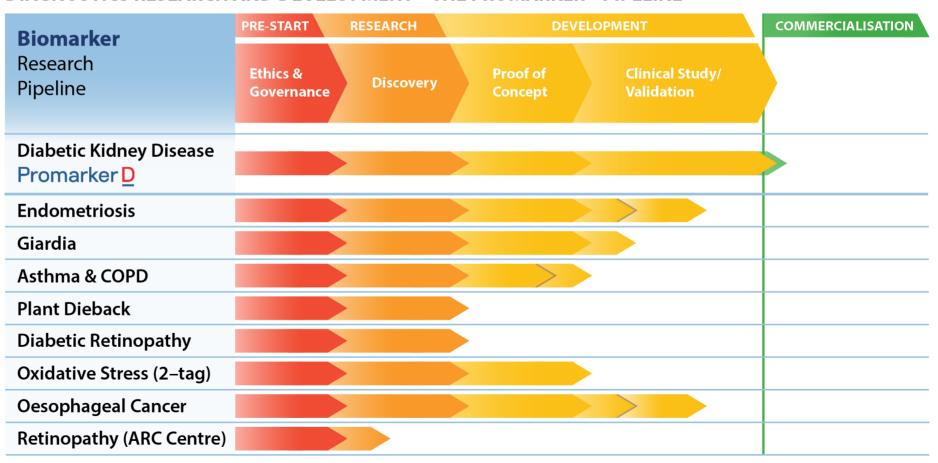
The Promarker™ Research Pipeline & Timeline



Further Global Potential in New Markets

- Employs the Promarker™ technology platform to develop novel intellectual property
- Targeting new diagnostic tests in areas of significant unmet need
- Enormous markets and revenue potential

DIAGNOSTICS RESEARCH AND DEVELOPMENT – THE PROMARKER™ PIPELINE



Value Inflection Points



Exceptional Global Opportunity

- Disruptive, cutting-edge technology & proven in-house diagnostics platform
- PromarkerD test de-risked, patented, revenue ready
- Test rolling-out in easy-to-use, scalable, low cost format with high margins
- Whole of market appeal: pharma, clinical pathology labs, diagnostic platform developers, diabetes service providers, physicians and patients
- Deep pipeline of potential globally significant tests in development
- Vibrant corporate activity in the precision medicine, diagnostics and CRO (clinical trials) sectors

Share Price Catalysts 2022

| Milestone | Qtr | Jun'22 | Sep'22 | Dec'22 | Impact |
|------------------------------|-----|--------|--------|--------|---|
| PromarkerD | | | | | |
| Licensing Deals | | | | | Drive global uptake and future revenue |
| First Sales in Europe | | | | | Drive revenue |
| ISO 13485 Manufacturing Site | | | | | Ability to supply global markets |
| US Reimbursement | | | | | CPT PLA code & Payor coverage |
| FDA Regulatory Submission | | | | | Build user confidence in product & assist second phase of test roll-out |
| Regulatory Approvals | | | | | Assist regional roll-out of test |
| Promarker™ | | | | | |
| Endometriosis Study Results | | | | | New first-in-class diagnostic test |
| Diagnostics Pipeline Updates | | | | | New IP (validation & proof of concept results) |
| Analytical Services | | | | | |
| New Contracts | | | | | Off-set cash burn & engages potential future partners |

Peer Comparison



| | | Stock Code | Company Focus | Market Capitalisation | Share Price | FY21 Revenue | FY21 Net Profit/Loss |
|--------------------------|---|---------------------|---|--------------------------|----------------|--|---------------------------------------|
| RENALITIX A I | Renalytix AI | RENX.LSE RNLX.US | DKD test based on AI and a combination of predictive blood-based biomarkers, genetic factors and electronic health records. Expensive (US\$950 per test), non-mass market. | ~A\$348m | 310p | ~A\$2.1m | ~A\$43m loss |
| RHYTHM® BIOSCIENCES | Rhythm Biosciences | RHY.ASX | Pre-commercialisation proteomics derived diagnostic test for colon cancer licensed from CSIRO. | A\$364m | A\$1.70 | Nil | A\$6.6m loss |
| Anteo Tech | AnteoTech | ADO.ASX | Develops, commercialises, manufactures and distributes products for the life sciences research, diagnostics and medical device markets | A\$219m | A\$0.11 | A\$0.9m | A\$6.2m loss |
| Lucid diagnostics | Lucid Diagnostics Inc | LUCD.US | Commercial-stage, cancer prevention medical diagnostics company with a DNA test (via LDT) for oesophageal cancer. | ~A\$157m | US\$3.05 | ~A\$0.3m (9 months to 30 Sep 21) | ~A\$23m (9 months to 30 Sep 21) |
| :::INOVIQ | Innoviq Ltd (renamed from Bard1) | IIQ.ASX | Early stage in-licensed IP for various cancer diagnostics. | A\$77m | A\$0.835 | A\$0.5m | A\$12.3m loss |
| Proteomics International | Proteomics International Laboratories | PIQ.ASX | Predictive blood test measuring novel protein biomarkers for DKD; simple, cost effective, commercial ready. Pipeline of novel diagnostic tests in development for chronic diseases. | – – – – A\$125m | A\$1.19 | A\$1.5m | A\$2.9m loss |

Source: Company filings. Market data as at 5 April 2022, exchange rates of GBP:AUD 1.72 and USD:AUD 1.31

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Supplemental



Board of Directors





Neville Gardiner BBus (Accounting and Business Law) (Curtin), CA, MAICD, Non-Executive Chair

Seasoned finance professional with over 30 years' experience providing corporate advice to Boards of public and private companies. He was Co-Founder and MD of Torridon Partners, an independent corporate advisory firm, which was acquired by Deloitte in 2016, where he became Partner in their M&A Advisory team.



Dr Richard Lipscombe PhD (London), MA (Oxon), Co-Founder & Managing Director

Led the Company from foundation through listing in 2015 to today. 30 years biotechnology experience in R&D and product commercialisation in academic and commercial entities. Technical expertise in chemistry, immunology, biomarker discovery & clinical proteomics.



Roger Moore R (Denmark), BPharm (U.Syd), Non-Executive Director

International pharmaceutical industry experience spanning 40 years, including almost 30 years as President of Novo Nordisk Japan. From 2000, he was appointed Novo Nordisk's Senior Vice President, Japan & Oceania Region. He has also served as a member of the Senior Management Board, Novo Nordisk A/S.



Paul House GAICD, BCommerce (UWA), Non-Executive Director

Over 25 years with multi-national corporations, CEO of Imdex (ASX:IMD), prior role as MD of SGS India for 8 years. Previously held CFO and COO roles, and was Senior Manager at a leading global management consultancy firm.

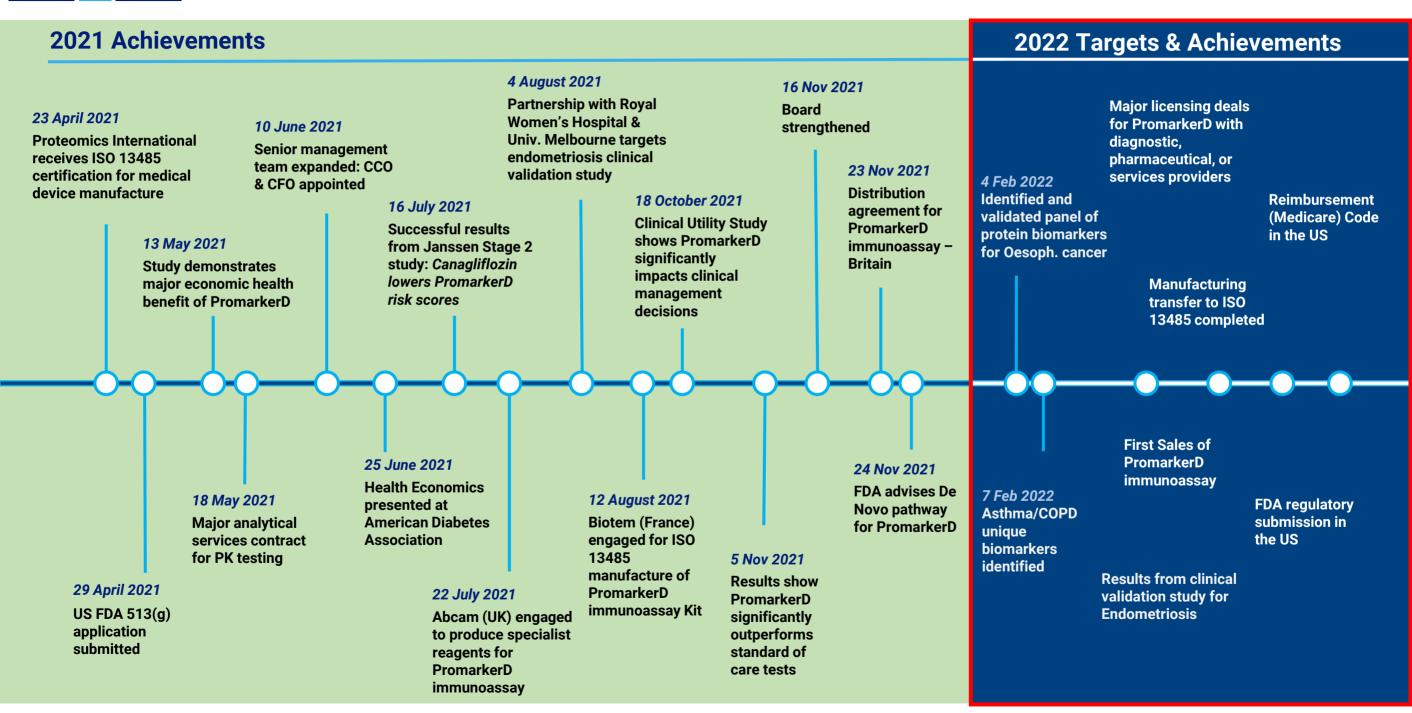


Dr Robyn Elliott PhD Inorganic Chemistry (Monash), BSc(Hons) Chemistry (Monash), Non-Executive Director

Proven track record in product development, clinical trials, regulatory affairs, audits, quality management, project management and operational strategy. Dr Elliott is Executive Director, Strategic Fractionation Program Delivery at CSL Behring, a subsidiary of CSL Limited. She is also a non-executive director of PolyNovo Limited (ASX:PNV).

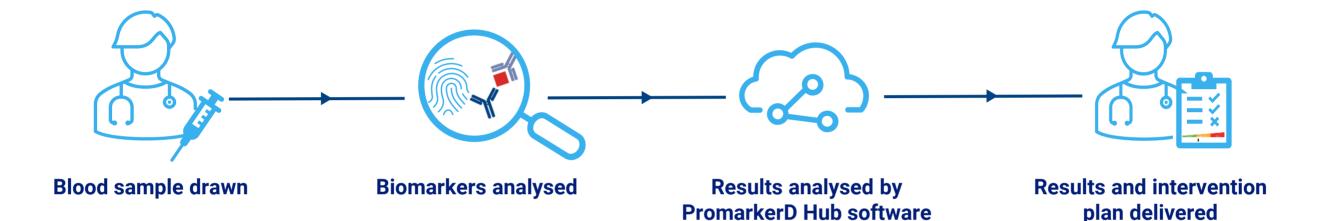
Timeline & Milestones





PromarkerD - Simple Integration & Utilisation





Sample is drawn at clinic or pathology laboratory

Laboratory uses a standard technology platform

Advanced rapid immunoassay measures three plasma proteins

combined with three simple clinical factors (age, cholesterol, eGFR) Cloud based algorithm, the "PromarkerD Hub" calculates the patient's kidney disease risk score

Employs a traffic light system for optimal performance, classifies patients as:

- low risk
- moderate risk
- high risk

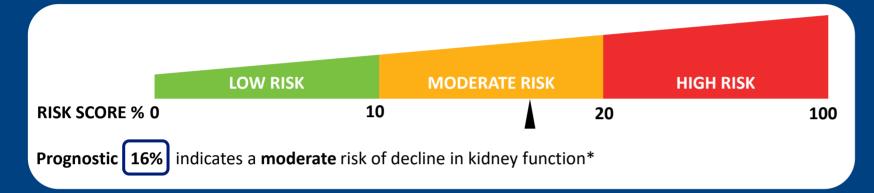
Clinician delivers results to patient

Depending on results, intervention may include:

- change of lifestyle; and/or
- therapeutic drugs

PromarkerD - Results & Intervention

How PromarkerDTM **results are delivered**



| Risk Score | Intervention | Testing Regimen | |
|------------------|--|----------------------------|--|
| Low Risk | Standard diabetes management | Test every 12-24 months | |
| Moderate Risk | More frequent monitoring Optimisation of lifestyle Review of glycemic targets and management Review non-glycemic risk factors Avoidance of potentially nephrotoxic drugs Utilisation of therapeutic drugs | Test every 6 months | |
| High Risk | Very close monitoring Intensive management strategies based on those for 'Moderate risk' above with optimisation of treatments for diabetes and other risk factors | Test every 3 months | |

^{*}as defined by incident diabetic kidney disease (eGFR <60ml/min/1.73m²) in the next four years. Note: if eGFR level at the time of the test is already <60ml/min/1.73m², then the risk of a further decline in kidney function is defined as an eGFR decline >30% in the next four years



PromarkerD in the Clinic



cerD significantly enhances diabetic kidney disease diagnosis and management

| Promark |
|------------------|
| |
| % |
| janssen T |

Peer reviewed

PromarkerD tested on over 5,000 patients in 4-year clinical studies

High Accuracy

PromarkerD **predicted 86%** of otherwise healthy diabetics who went on to develop chronic kidney disease ('incident DKD') within 4 yrs [Diabetes Care (2017), J Diabetes Complications (2019)]



International validation

Janssen (J&J) collaboration stage 1 – global clinical study - PromarkerD predicted 'incident DKD' in the completed CANVAS clinical trial; high-risk patients 13.5 times more likely than low-risk to develop DKD $(P = 1.3x10^{-104})$ [J Clinical Medicine (2020)]



New DKD treatment options identified

Janssen collaboration stage 2 – assessed the drug treatment effect of canagliflozin versus placebo on PromarkerD risk scores in the completed CANVAS 4 year clinical trial:

Aim: Do 'at-risk' patients continue to decline, or stabilize, or recover?

Results: Patients predicted at baseline by PromarkerD to be high-risk for developing DKD -

- Treated with canagliflozin had significantly lower scores at Year 3 (Δ score: -5.6%; p<0.001)
- Patients on placebo remained high (Δ score: 3.2%; p=0.17) (Time*TRT p=0.002) [ADC (Aug 2021)]

Conclusion: PromarkerD can identify 'at-risk' patients who are asymptomatic for DKD, with canagliflozin offering a potential treatment that can improve their renal risk profile



Outperforms Standard of Care

[ASN (Nov 2021)]

PromarkerD compared to standard of care tests (eGFR and ACR) for predicting DKD.

Community based study of type 2 diabetes patients (N=857); Patients tested for existing DKD at baseline: 497 had normal kidney function, but of these 9% (N=45) developed 'incident DKD' in the next 4 years - all were missed by standard of care tests whilst PromarkerD identified 84% (N=38) of these

