



INOVIQ investor briefing

CAR-exosome
therapeutic program

3rd April 2025



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Proprietary **exosome platform** with multiple research, diagnostic and therapeutic applications



Exosome research tools commercially available through global distribution partner



Clinical-stage **OC screening test** and **BC monitoring test**



Preclinical-stage next-gen **exosome therapeutic** in development for TNBC



Partnering and strategic acquisitions to expedite commercialisation and growth



Leadership team with proven experience in **exosome science, development and commercialisation**

Financial snapshot (ASX:IIQ)

Market capitalisation	A\$46.3m
Share price (2 Apr 2025)	A\$0.415
52-week H/L	A\$0.80-0.345
Ordinary shares	111,526,702
Listed / Unlisted options	9,753,913 / 8,791,667
Cash at bank (31 Dec 2024)	A\$9.48m
Major shareholders (25 Mar 2025)	
Merchant Funds Management	10.5%
Biotech Capital Management	4.6%
David Williams	4.5%

IIQ 12-month share price performance¹





Lead Products in Development

1. A screening test for Ovarian Cancer

2025 ASCO[®]
ANNUAL MEETING

May 30 - June 3, 2025 • McCormick Place •
Chicago, IL & Online

For an ovarian cancer screening test to be considered effective, it must achieve a **sensitivity of greater than 75%** and a **specificity of at least 99.6%**.

These thresholds are necessary due to the low prevalence of ovarian cancer and the need to **minimize false positives while ensuring that most cases are detected early.**

Specificity tells you how good a test is at correctly identifying women who do not have ovarian cancer.



Lead Products in Development

1. A **screening test** for Ovarian Cancer
2. A **targeted treatment** for Triple-Negative Breast Cancer (TNBC)

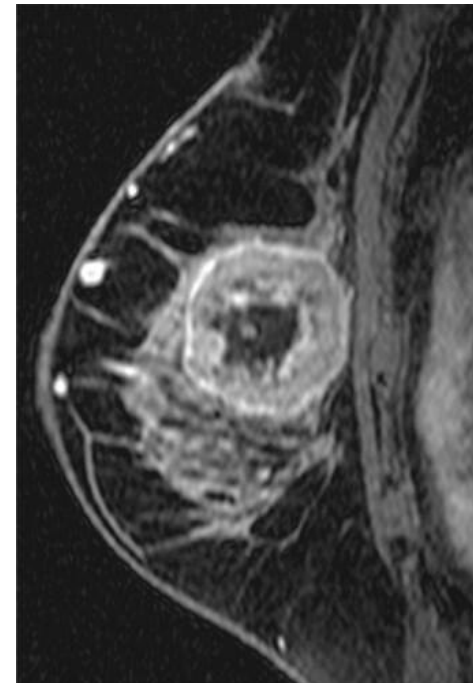


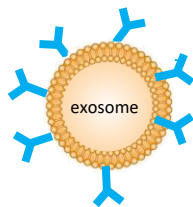
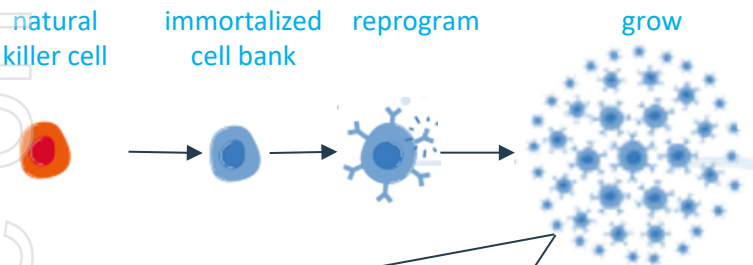
Figure 1: Triple-negative breast cancer of left breast in 52-year-old woman.

Uematsu T. Published Online: March 01, 2009
<https://doi.org/10.1148/radiol.2503081054>

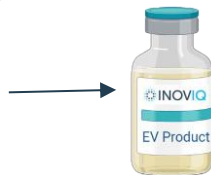


Lead Products in Development

A **targeted treatment** for Triple-Negative Breast Cancer (TNBC)



collect exosomes to target and kill cancer cells



CAR-EV NK Therapy

Allogeneic CAR-EV NK Therapy



Why focus on Triple-Negative Breast Cancer?



- Unlike other breast cancer types there are **no approved targeted treatments** available
- TNBC lacks the **three most common drug targets for breast cancer treatment**: estrogen receptor [ER], progesterone receptor [PR] and human epidermal growth factor receptor 2 [HER2] protein
- **Limited treatment options**: hormone therapy and HER2-targeted treatments are ineffective. Chemotherapy remains the most common treatment option for TNBC
- **Higher risk of recurrence**: initially responds well to chemotherapy (e.g., anthracyclines, taxanes, platinum agents), **resistance often develops, leading to relapse**
- **Clinical need for targeted treatment**

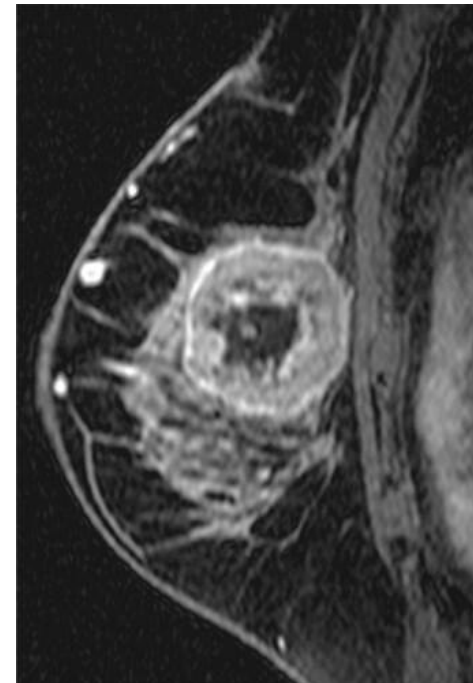


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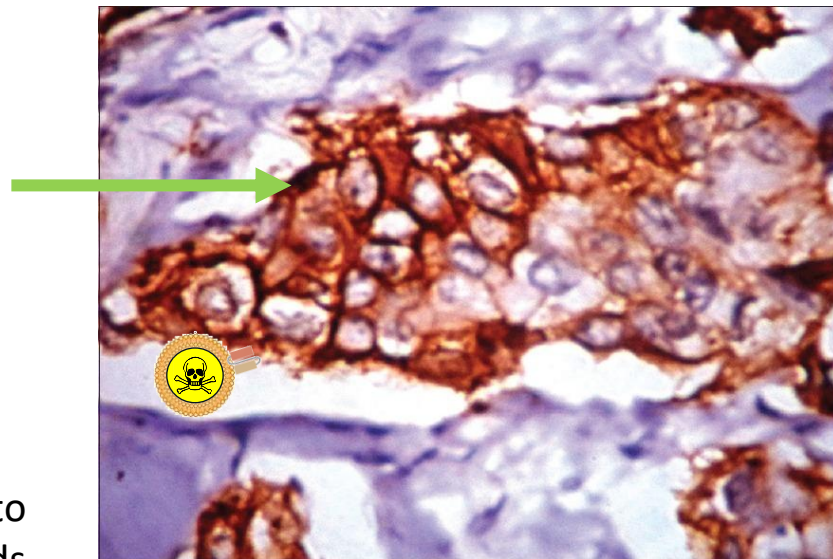


The target ...

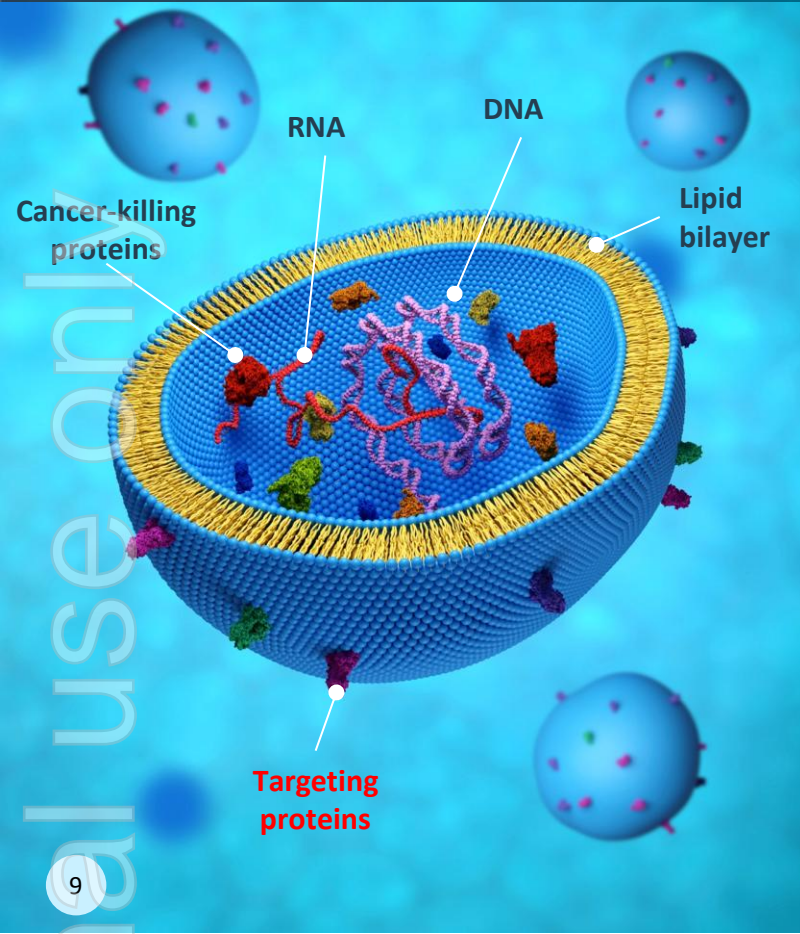
- **EGFR protein** on the surface of TNBC cells

The therapeutic agent...

- **Cancer-killing exosome** that targets EGFR-expressing TNBC cells
- Targeting cancer cells is achieved by adding onto the surface of the exosomes a protein that binds to EGFR and then release cytotoxic biomolecules



EGFR is overexpressed in up to 90% of TNBC cases, which is higher than other breast cancer types.



- Exosomes are tiny "packages" released by cells that help them communicate with each other.
- 200 times smaller than a cell: 100,000,000,000 per ml of blood
- They are like microscopic delivery trucks, carrying bioactive substances such as proteins, RNA, and other molecules from one cell to another.
- These packages are surrounded by a protective membrane that allows them to move between cells safely.
- INOVIQ's exosomes carry cancer-killing agents to TNBC by targeting EGFR that is over expressed on the surface of the cancer cell. **CAR-NK-EVs**

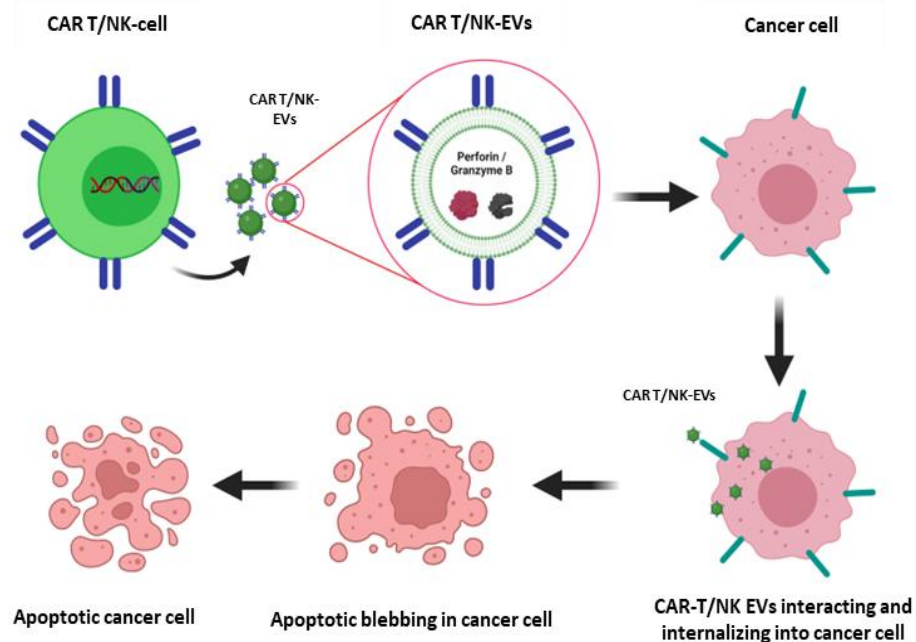


CAR-EVs inherit the targeting and cytotoxic properties of their parent CAR-T or CAR-NK cells

- CAR-EVs are produced by CAR-T/NK cells
- CAR-EVs contains cytotoxic proteins (perforin, granzyme A,B,K FasL/TRAIL, granulysin, IFN- γ /TNF- α)
- CAR-EVs interact and internalise into cancer cell
- Cytotoxic proteins from CAR-EVs induce cancer cell death (apoptosis)

CAR-EVs for drug delivery

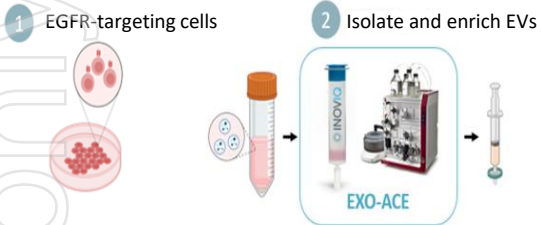
- Chemotherapy, peptides and RNAs or combination therapy





EGFR-targeting Exosomes (EVs)

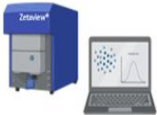
Immortalized NK cells



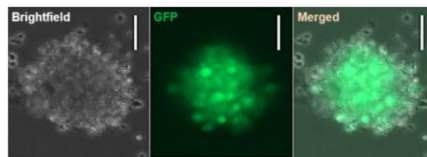
4 Killing Activity (MTS Assay)



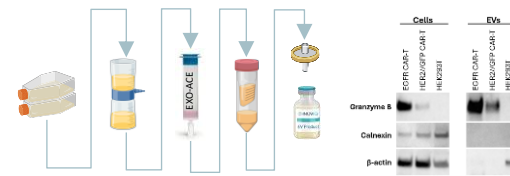
3 Quality Control Release



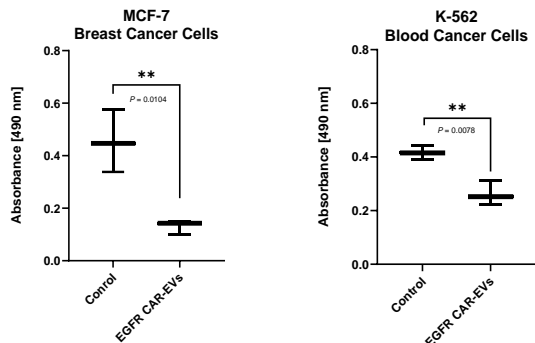
CAR-EV generation, enrichment, EV characterisation and functional readout



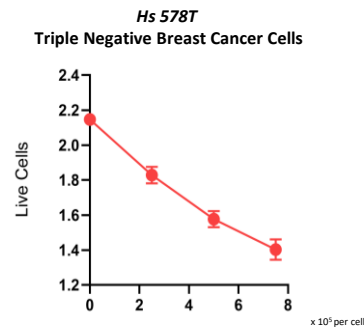
NK cells successfully transduced with CAR to target cancer cells



CAR-EVs isolated using proprietary technology for therapeutic use



EGFR-targeting EVs kill blood and solid tumours



EGFR-targeting EVs kill TNBC

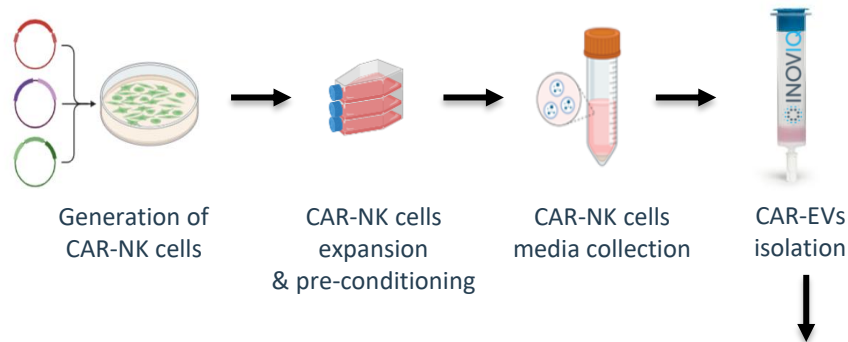


Objective

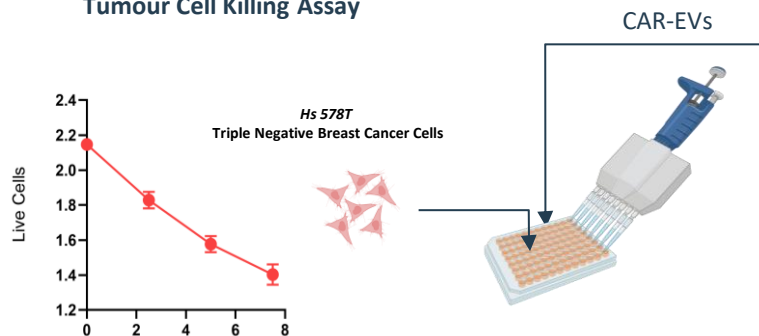
- Evaluate anti-tumour efficacy of CAR-EVs derived from immortalized human CAR-NK cells on triple negative breast cancer cells.

Methods

- Engineer human EGFR-CAR-NK92 cells
- Expand CAR-NK cells
- Isolate, purify and characterise CAR-EVs
- Treat TNBCs (Hs 578T) with CAR-EVs + appropriate controls
- Evaluate dose and time effects of CAR-EVs on TNBC viability



Tumour Cell Killing Assay



x 10⁵ per cell

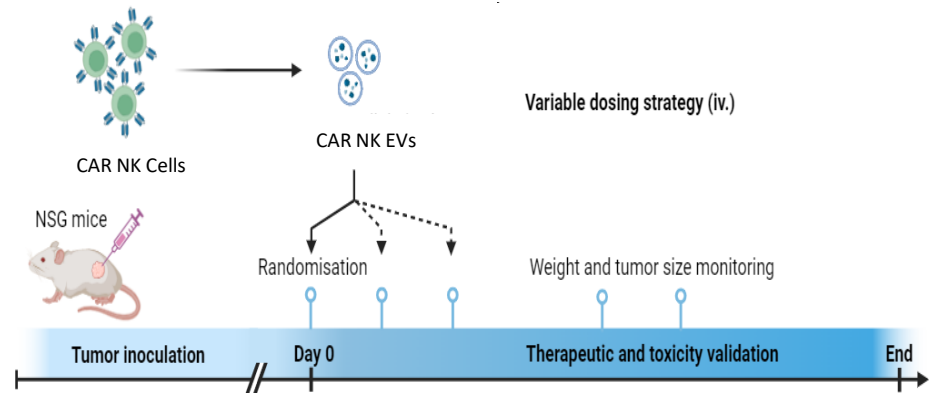


Objective

- Evaluate anti-tumour efficacy of CAR-NK EVs on a TNBC – immunodeficient mouse model (CDX)

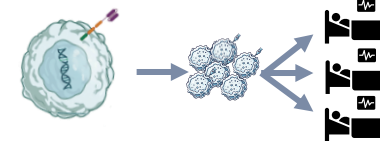
Methods

- [NSG mouse model MDA-MB-231](#)
- Evaluate dose and time effects of CAR-EVs (and appropriate controls) on tumour volume.





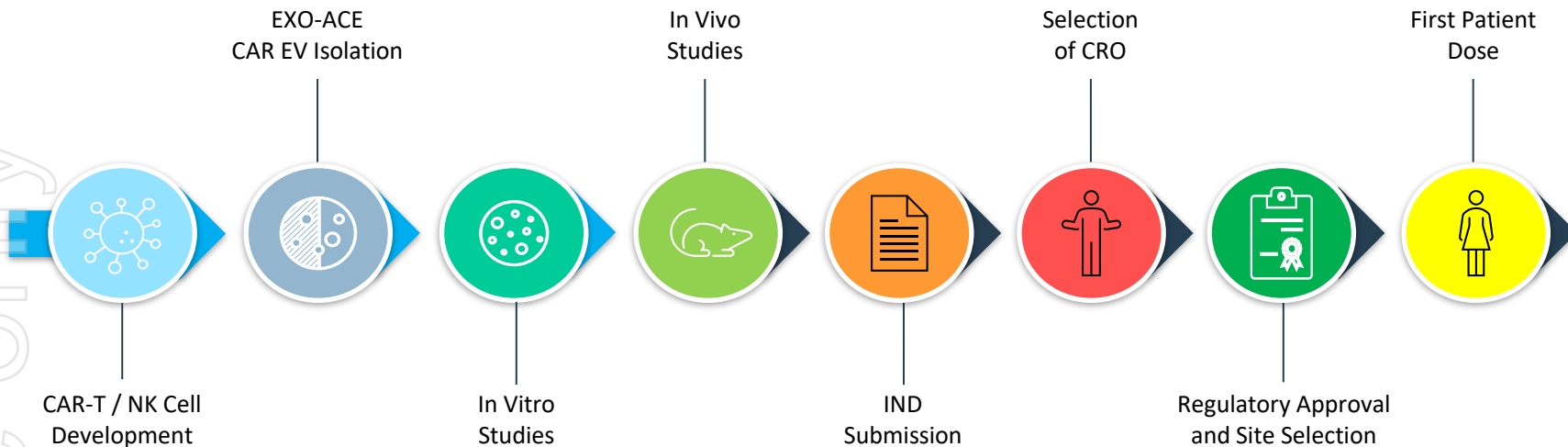
- ✓ **Improved safety profile** due to reduced GvHD (immune rejection), CRS & secondary tumours as EVs don't replicate in the body
- ✓ **Improved efficacy** in solid tumours due to ability to infiltrate TME based on nano-size (10^{-9})
- ✓ **Multiple doses** and/or CAR-T follow-on or combination therapy
- ✓ Continuous manufacturing from immortalised cells enables **off-the-shelf** (allogeneic) therapy for any patient
- ✓ Fast patient logistics and time-to-dose of **~1 week**
- ✓ **Reduced manufacturing** and supply chain costs
- ✓ **Lower treatment cost** benefiting patients & healthcare system



Unmet clinical needs for CAR-EV therapy

- Cancers for which there are no approved targeted therapies (TNBC, Ovarian Cancer)
- Cancers where Cell Therapy has limited access (glioblastoma)

Cancer-killing Exosomes | Development path



CAR-T / NK Cell Development

EXO-ACE CAR EV Isolation

In Vitro Studies

In Vivo Studies

IND Submission

Selection of CRO

Regulatory Approval and Site Selection

First Patient Dose

- ✓ Master cell banks established
- ✓ Cells engineered with CARs

- ✓ High purity & yield of CAR-EVs
- ✓ Scalable EXO-ACE EV isolation process

- ✓ In vitro PoC for CAR-T-EVs in BC cells
- ✓ In vitro PoC for CAR-NK-EVs in TNBC cells

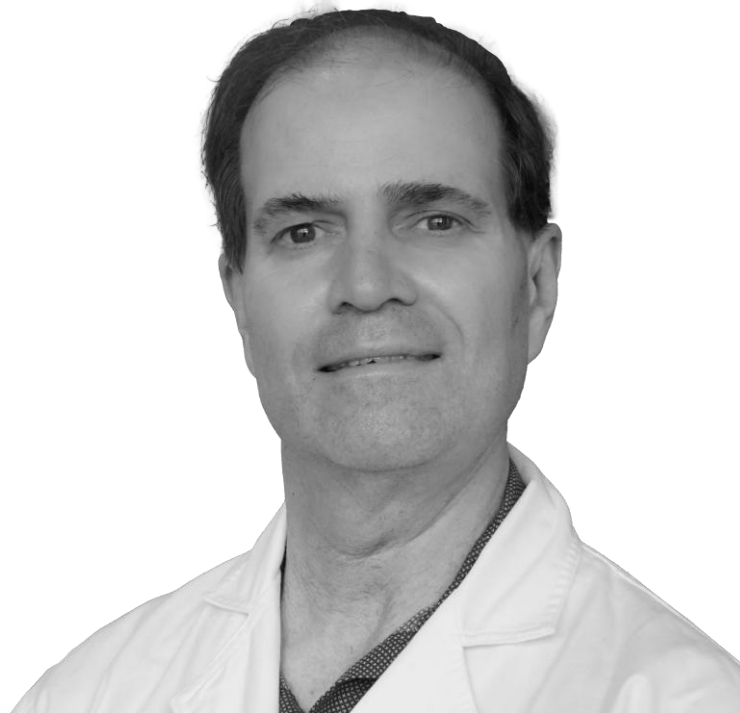
- ✓ Peter Mac collaboration to advance preclinical development
- ✓ Preclinical *in vitro* & *in vivo* studies commencing 1H25

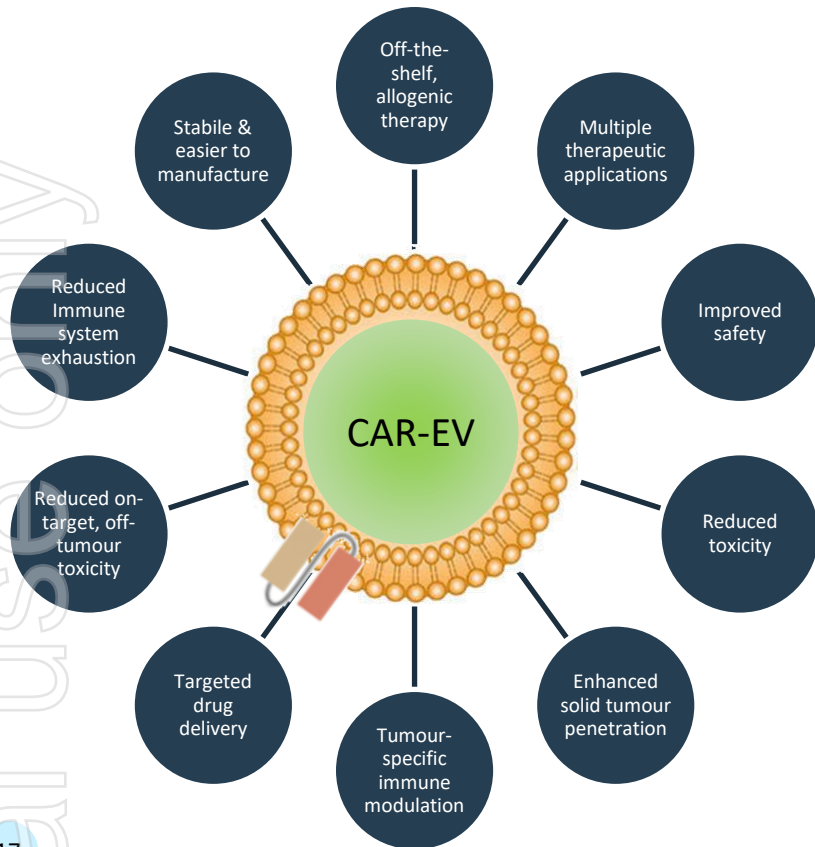




- Co-leader of the Cancer Immunology program, Group Leader of the Cancer Immunotherapy Laboratory at the Peter MacCallum Cancer Centre and NHMRC Principal Research Fellow
- Focused on novel T cell-based immunotherapy approaches for cancer in preclinical mouse models and clinical translation

“My team has expertise in the preclinical development and clinical translation of novel immunotherapies for cancer, including CAR-T therapies. CAR-exosomes are a next-gen acellular therapy with potential safety and efficacy advantages over cell therapies for treatment of solid tumours. My lab is excited to add our expertise and capabilities in immunotherapy to support the preclinical development of INOVIQ’s CAR-exosome therapy for triple negative breast cancer.”





- **Next-gen cell-free therapy** to target and kill solid tumours
- **Versatile and flexible technology platform** with multiple therapeutic applications
- **Targeting specificity:**
 - EVs inherit targeting specificity (CAR) from parent CAR-NK cells
 - EVs lack PD-1 expression, avoiding suppression by tumour expressed PD-L1
- **Antitumour efficacy:**
 - NK-derived EVs deliver cytotoxic molecules (granzymes, perforin) to kill tumours
 - Drug-loaded EVs (chemotherapy, RNA) enhance tumour-killing efficacy and minimise off-target effects
- **Safety:** Reduced risk of immune rejection, cytokine release syndrome, CRES and GvHD
- **Durability:** Short-lived with transient activity, reducing risk of sustained immune activation or exhaustion



- Experienced biotechnology commercialisation executive with expertise in business development, licensing, and strategic partnerships across therapeutics, vaccines and diagnostics
- Non-Executive Chair of BioMelbourne Network
- Previous senior business development / licensing roles in multinational biotechnology companies CSL Ltd and Illumina Inc

"I am thrilled to be joining INOVIQ at such a pivotal time in the company's growth. I was drawn to INOVIQ's diverse portfolio of diagnostics, therapeutics and research tools, underpinned by its novel exosome technology platform. I will leverage my commercialisation and partnering expertise to accelerate development and accessibility of innovative diagnostics and therapeutics for cancer and other critical diseases."

Exosome Therapeutics market and drug candidates



Exosome therapeutics market
US\$32.0m to \$1.4b (2029-2040)¹
41.1% CAGR

CAR-T cell therapy market
US\$4.3b to \$61.1b (2024-2034)²

















US\$570m+ investment
120+ EV therapies in development: Oncology,
Regenerative Medicine, Autoimmune & Neurology¹

Breast Cancer statistics 2022
2.3m new cases pa & >25m survivors worldwide³
10-15% TNBC⁴

Drug	Company	Indication	Phase
CAP-1002	Capricor Therapeutics	DMD	Phase III
ExoFlo	Direct Biologics	ARDS	Phase III
Debamestrocel	BrainStorm Cell Therapeutics	ALS	Phase III
PEP-TISSEEL	Rion	Diabetic Foot Ulcers	Phase III
EXOMSC-COV19	Dermama Biotech Lab	ARDS	Phase II/III
Dex2	Gustave Roussy Institute	Cancer Immunotherapy	Phase II/III
SF-MSC-EX	Osmangazi University	COVID-19 Pneumonia	Phase II/III
AGLE-102	Aegle Therapeutics	Epidermolysis Bullosa, Diabetic Ulcers	Phase I/II
MSC-Exosomes	Multiple Institutions	Rectal Cancer, AML	Phase I
KRAS G12D siRNA	Mesenchymal Stromal Cells	Pancreatic Cancer	Phase I
VL-PX10	Vitti Labs	Neurodegenerative Diseases	Preclinical
AB126	Aruna Bio	Acute Ischaemic Stroke	Preclinical
EV101	EV Therapeutics	Colorectal Cancer	Preclinical
COYA 201	Coya Therapeutics	ALS	Preclinical

Exosome & cell therapy deals



Acquirer / Licensee	Target / Licensor	Date	Deal Type	Stage	Upfront (US\$m)	Milestones (US\$m)	Total Deal Value (US\$m)	Cell Source
		2024	Acquisition	Phase 1	\$1,038	\$462	\$1,500	T cell
		2023	Acquisition	Phase 1b	\$1,000	\$200	\$1,200	T cell
		2022	Research Collaboration & Licence	Phase 1	\$110	\$110	\$220	T cell
		2022	Research Collaboration & Option	Preclinical	Undisclosed	\$900	\$900	EV
		2021	Acquisition	Phase 1	\$70	\$115	\$185	iNKT cell
		2020	Research Collaboration & Licence	Preclinical	\$20	Undisclosed	\$1,200	EV
		2020	Research Collaboration & Licence	Preclinical	\$44	\$838	\$882	EV
		2020	Research Collaboration & Option	Preclinical	\$73	Undisclosed	\$1,100	EV
		2019	Research Collaboration & Licence	Preclinical	\$56	\$1,000	\$1,056	EV
		2018	Research Collaboration & Licence	Preclinical	\$36	\$1,000	\$1,036	EV



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