Recce Pharmaceuticals

# RCE Webinar

ASX:RCE | FSE:R9Q

March 2026

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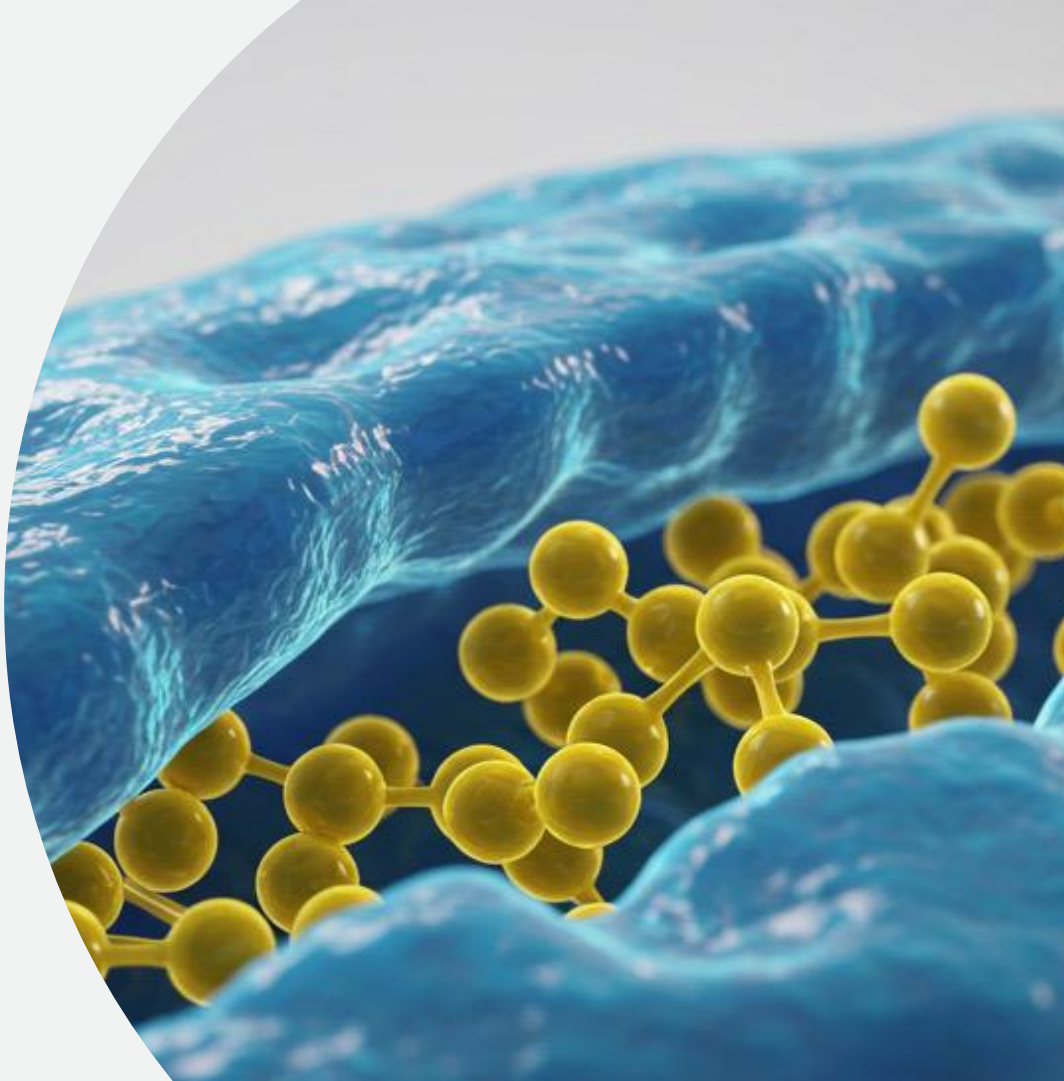
# Company Overview

## *Introduction*

James Graham
Chief Executive Officer



# Recce Pharmaceuticals – Company Overview

*An Australian clinical-stage biotech with a United States presence, developing a New Class of Synthetic Anti-infectives with a unique mechanism of action for a broad spectrum of infections including serious/life-threatening indications.*

- Publicly-traded on the **Australian and Frankfurt exchanges – (ASX: RCE, FSE: R9Q).**
- **Therapeutics to address the global healthcare crisis** of antibiotic resistance: works faster than traditional antibiotics and against multidrug-resistant bacteria.
- **Phase 3 Clinical trial (Indonesia) – patient dosing commenced.**
- Multiple successful Phase I and Phase II clinical trials across Australia.
- US Defense Burn Research Program grant; US Army Medical Research Institute of Infectious Diseases.
- **>40 granted patents across major pharmaceutical markets out to 2041.**
- **Our goal is for our product to be made available in Indonesia in 2026.**

**RECCE® 327 granted Qualified Infectious Disease Product (QIDP) Designation by U.S. Food and Drug Administration giving 10 years market exclusivity plus fast-track approval.**

**RECCE® 327 added to World Health Organization's List of Antibacterial Products in Clinical Development.**

# Board and Management Structure

## Dr John Prendergast – Chairman

*BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)*

US-based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Nighthawk Biosciences (NYSE: HHWK). With extensive experience in the international commercialisation of pharmaceutical technologies, **Dr Prendergast has been responsible for the approval of three new drug applications,** marking significant achievements in the pharmaceutical landscape

## Michele Dilizia – Executive Director & Chief Scientific Officer

*BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM*

Co-inventor and qualified medical scientist with a specialisation in medical microbiology and regulatory affairs. **Ms Dilizia successfully co-led the research and development of Recce's suite of anti- infective compounds**, resulting in a portfolio of granted patents across the globe, including a Qualified Infectious Disease Product designation with the U.S. FDA.

## James Graham – Managing Director & Chief Executive Officer

*BCom (Entrepreneurship), GAICD*

Mr Graham is the Chief Executive Officer of Recce Pharmaceuticals. He brings extensive experience in marketing, business development, and the commercialisation of early-stage technologies with global potential. With a proven track record of growing globally focused companies, Mr Graham has applied his expertise to Recce, including serving on its Board of Directors. He has participated in nearly every capital raise to date, demonstrating a strong commitment to expanding Recce's commercial opportunities and clinical programs.

## Dr Justin Ward – Executive Director & Principal Quality Chemist

*BSc (Chem), PhD (Chem), M Pharm, MRACI, CChem*

A quality control expert who has worked with leading pharmaceutical companies. He previously held a technical role with Pfizer, involving providing data for the regulatory submissions to the FDA and TGA. Dr Ward is bringing Recce's research and development and manufacturing up to US FDA requirements.

## Dr Alan Dunton – Chief Medical Advisor & Non-Executive Director

*BSc (BioChem) Hons, M.D. (NYU)*

US based, Director of Palatin Technologies. Over three decades of senior pharmaceutical experience incl. President and MD of Janssen Research Foundation (Johnson & Johnson). **Dr Dunton has advanced a number of blockbuster antibiotics** through regulatory review and commercialisation at Fortune 500 companies including Roche. **Dr Dunton has been responsible for the approval of approximately 20 New Drug Applications,** fostering advancements in numerous drug development and successful commercialisation efforts.

## Alistair McKeough – Non-Executive Director

Mr McKeough is an experienced executive and solicitor. Before being appointed as a non-executive director in 2022, Alistair served as Recce's company secretary and he has been involved with the company since 2017. Alistair has extensive experience in a variety of private and listed corporations across many sectors, including professional services, technology, financial services, charities, health, biotech, childcare and education. Recent roles include Managing Director of a legal practice specialising in equity capital markets and advice to listed companies and as part of the senior leadership team at share registry, Automic Group.

# The Advantages of a New Class of Antibiotics

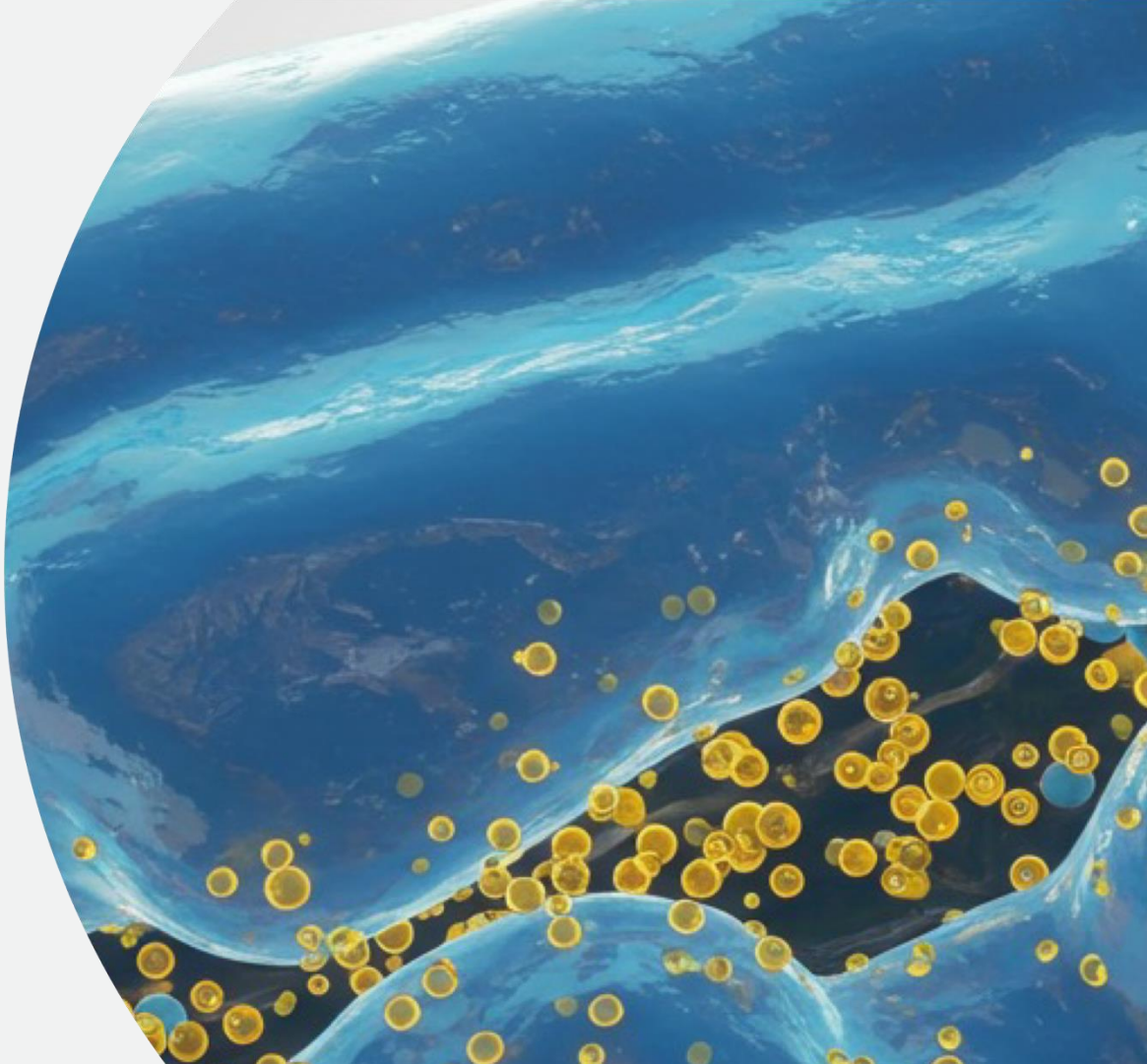
Recce is on-track to be the only **global clinical stage company** whose drug is shown to be **efficacious** against the full suite of **ESKAPE pathogens**

- **Unprecedented, broad-spectrum activity against Gram-positive and Gram-negative bacteria**
- **Universal Mechanism of Action** - does not succumb to resistance
- **Extremely rapid onset of effect – measured in minutes** as compared to hours for typical antibiotics
- **Multiple formulations available** – intravenous, topical liquid, topical gel and aerosol for inhalation or intranasal

# RECCE® 327

## *Clinical Overview*

Dr Alan W Dunton
Chief Medical Advisor & Non-Executive Director



# DFIs: Addressing a High-Burden Infection Setting

## DFIs are complex infection environments

- Compromised blood flow, impaired immune response and high bacterial burden
- Reduced penetration of systemic antibiotics
- Delayed healing associated with increased risk of escalation and amputation

## Local infection management in DFIs

- Direct delivery of anti-infective therapy to the site of infection
- Rapid bacterial kill without reliance on systemic circulation
- Broad-spectrum activity suitable for mixed bacterial populations

## RECCE® 327 Gel was designed with DFI complexity in mind

- Designed for direct application within complex wound settings
- Designed to operate independently of host circulation
- Broad-spectrum anti-infective activity suitable for mixed and unidentified bacterial populations

# RECCE® 327 Topical Gel

***First-Line Local Treatment for Infected Wounds***

## No Pathogen Identification Required

- Applied directly to infected tissue
- Localised antimicrobial action at the site of infection
- Suitable for outpatient and community-based care

## Proven Antimicrobial Activity

- Broad-spectrum activity against DFI and wound pathogens, including resistant strains
- Eliminates delays associated with swabs, cultures, and sensitivity testing
- Rapid onset of action, measured in hours not days


## Rapid Clinical Response

- Clinical and TGA Special Access Scheme use demonstrates visible reduction in infection, redness, and swelling within 24–72 hours
- *In vitro* time-kill studies show fast bactericidal activity within minutes

## Safe and Well Tolerated

- Minimal systemic absorption
- Soothing clear gel
- Suitable for daily application





*For illustrative purposes only – not final product*

# Topical Clinical Programs – Previously Completed

**Phase I/II Clinical Trial**

**Diabetic Foot Infections (DFI)**

- **Interim data results released – primary endpoints achieved**
- Patients supported by in-home (out-patient) nurses trained in R327 treatment protocols
- Study across South Western Sydney health district – one of the highest prevalence rates of diabetes in NSW

**Phase I/II Clinical Trial**

**Treatment of Burn Wound Infections**

- **Stage 1 Complete**
- Patients treated with R327 showed **good indications of safety and tolerability**
- **No serious adverse events** reported among patients

**Phase II Clinical Trial**

**ABSSSI**

- This Phase II study **achieved all primary and secondary endpoints** as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area


*For illustrative purposes only – not final product*

# Phase II Acute Bacterial Skin and Skin Structure Infections (ABSSSI) Clinical Trial

*Achieved all Endpoints*

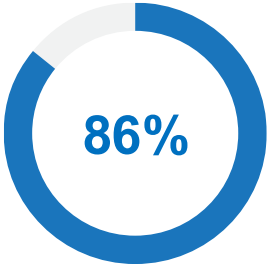
- This Phase II study **achieved all primary and secondary endpoints** as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area
- The study enrolled 30 patients, with 29 included in the final data analysis. One patient was withdrawn due to pre-existing pain at the wound site that was deemed unrelated to R327G
- After 7 days of treatment, **86% of patients** (25 out of 29) treated with R327G had a successful clinical response
- At 14 days of treatment, **93% of patients** (27 out of 29) achieved a primary efficacy endpoint
- R327G demonstrated to be safe and well tolerated, achieving all endpoints - no Serious Adverse Events reported

| | |
|---|---|
| Study Outcome* | To evaluate the efficacy of RECCE®327 topical gel on ABSSSI |
| Assessment method | Lipsky Scale/Bates Jensen Wound Assessment Tool |
| Endpoint met | Yes |

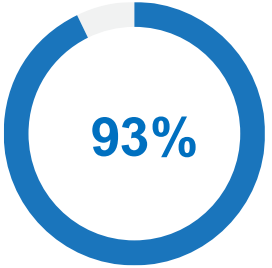
*https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=387997&isReview=true

**Successful clinical response**

*After 7 days of treatment*




*After 14 days of treatment*

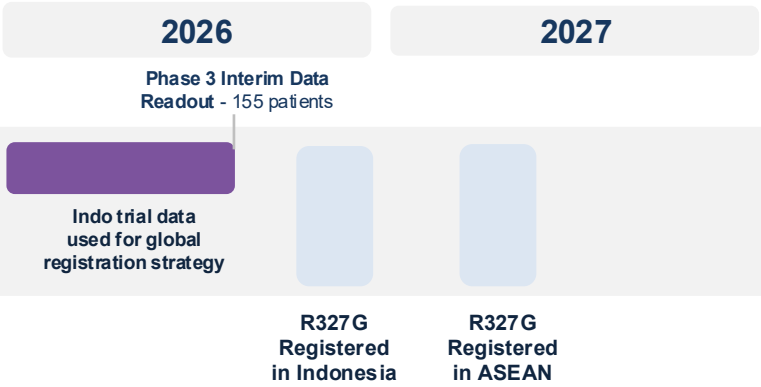



recce.com.au

# Registrational Phase 3 Clinical Trial - Indonesia

*Phase 3, Double-blind, Placebo-Controlled Study of R327 Topical Gel for the Treatment of Diabetic Foot Infections*

## Timeline




## Study Overview

### Locations

**Multi-centre, 5 activated sites.**

Multiple Clinical Trial Sites in Diverse Populations; Jakarta, Denpasar, Surabaya.

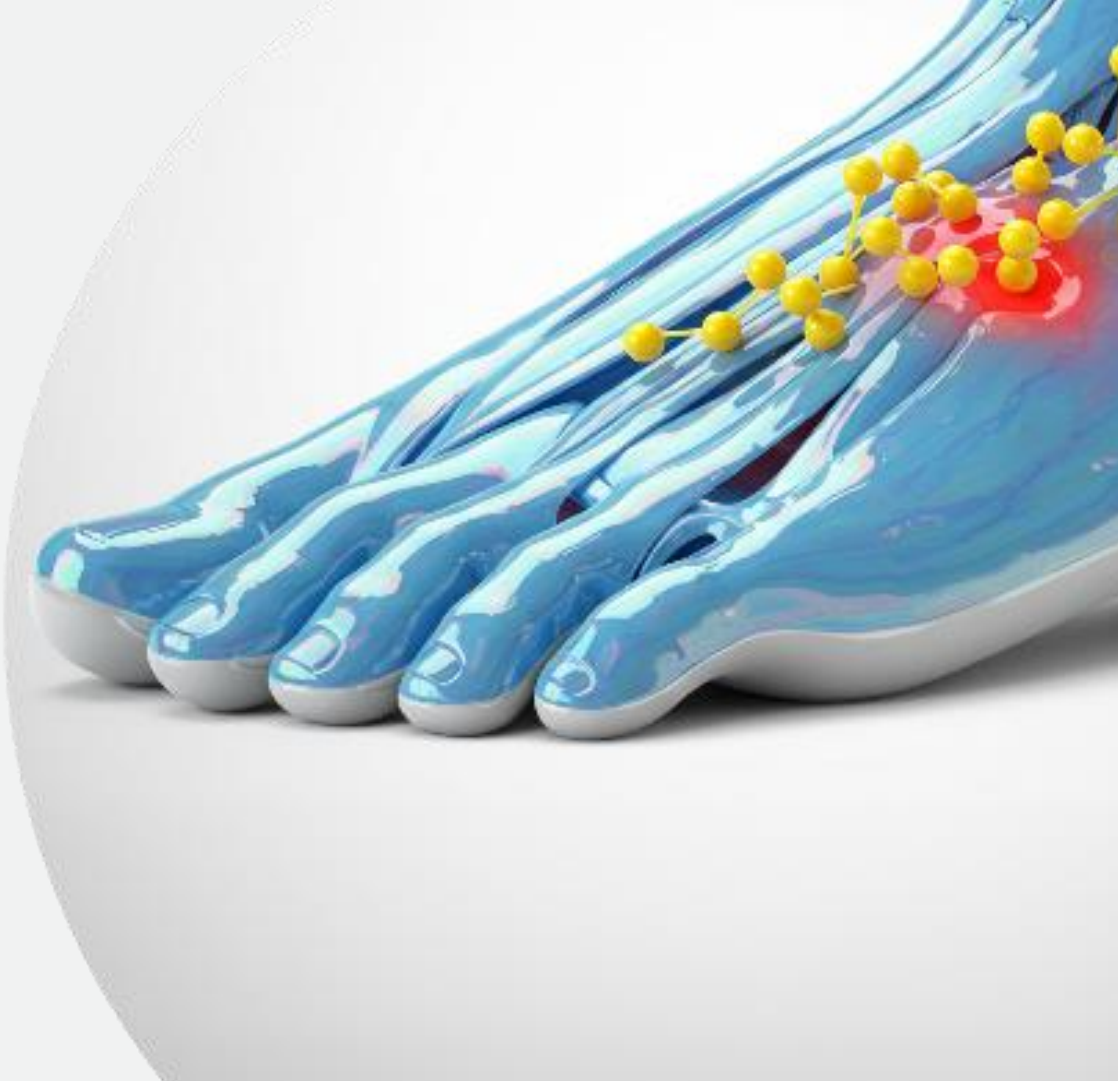
### Endpoints

**Primary Endpoint:** Assess the **clinical response** of the DFI according to the Lipsky Scale.

**Secondary Endpoints:** DFI total **wound score and safety** of R327G.

# Etana & Recce Program Overview

Nathan Tirtana
Chief Executive Officer – Etana Biotechnologies



# PT Etana Biotechnologies – Company Overview

***Innovative, affordable biopharmaceuticals for Indonesia — in collaboration with Recce Pharmaceuticals***

- **Founded in 2014** – emerging producer of innovative, affordable biopharmaceuticals.
- **Focus areas:** Infectious disease & other life-threatening diseases, cancer, metabolic, autoimmune.
- **Mission:** expand access to life-saving medicines for all Indonesians.
- **Global partnerships for R&D and drug development.**
- **Building Indonesia's biotech capabilities with modern, eco-friendly facilities.**
- Collaborations with hospitals, doctors' associations & government health agencies.
- Commitment to **long-term growth** through product innovation & workforce development.


etana Biotech

# Strategic Partnership in South-East Asia to Accelerate Clinical Program

- Recce and leading biomedical organisation PT Etana Biotechnologies Memorandum of Understanding (MoU).
- MoU aims to **facilitate late-stage clinical trials in Indonesia**, **supporting the Indonesian Government's access to novel infectious disease medicines**.
- **Patient Population** focussed upon **significant unmet medical needs** particular to the region.
  - **Significant need for new therapeutics in Indonesia**, with the Government increasing its focus on addressing infectious diseases and AMR.
- **Historically, significant bilateral initiative supported by Australian and Indonesian Government**.

**Indonesian Minister of Health, Mr. Budi Sadikin**

The purpose of the MoU is for both parties to **work collaboratively** on the ***research***, ***development***, ***production***, ***distribution***, and ***commercialisation*** of a **first-in-class therapeutic agent** designed with broad spectrum anti-infective capabilities for potential registrational use across Indonesia (and in other jurisdictions as otherwise agreed by the parties) **to address the critical global health challenge of antimicrobial-resistance**.

# Registrational Phase 3 Clinical Trial - Indonesia

*Study Title: Phase 3, Double-blind, Placebo-Controlled Study of R327 Topical Gel for the Treatment of Diabetic Foot Ulcer Infections*

## Population

**Up to 310 participants** will be enrolled who present with a mild diabetic foot infection.

**Interim data analysis to be conducted after 155 participants.**

## Intervention


Participants to receive either **R327 topical gel** or **placebo topical gel**.

## Locations

**Multi-centre, 5 activated sites across Indonesia.**

Over 20.9 million adults in Indonesia are living with diabetes – more than 1 in every 10 adults.

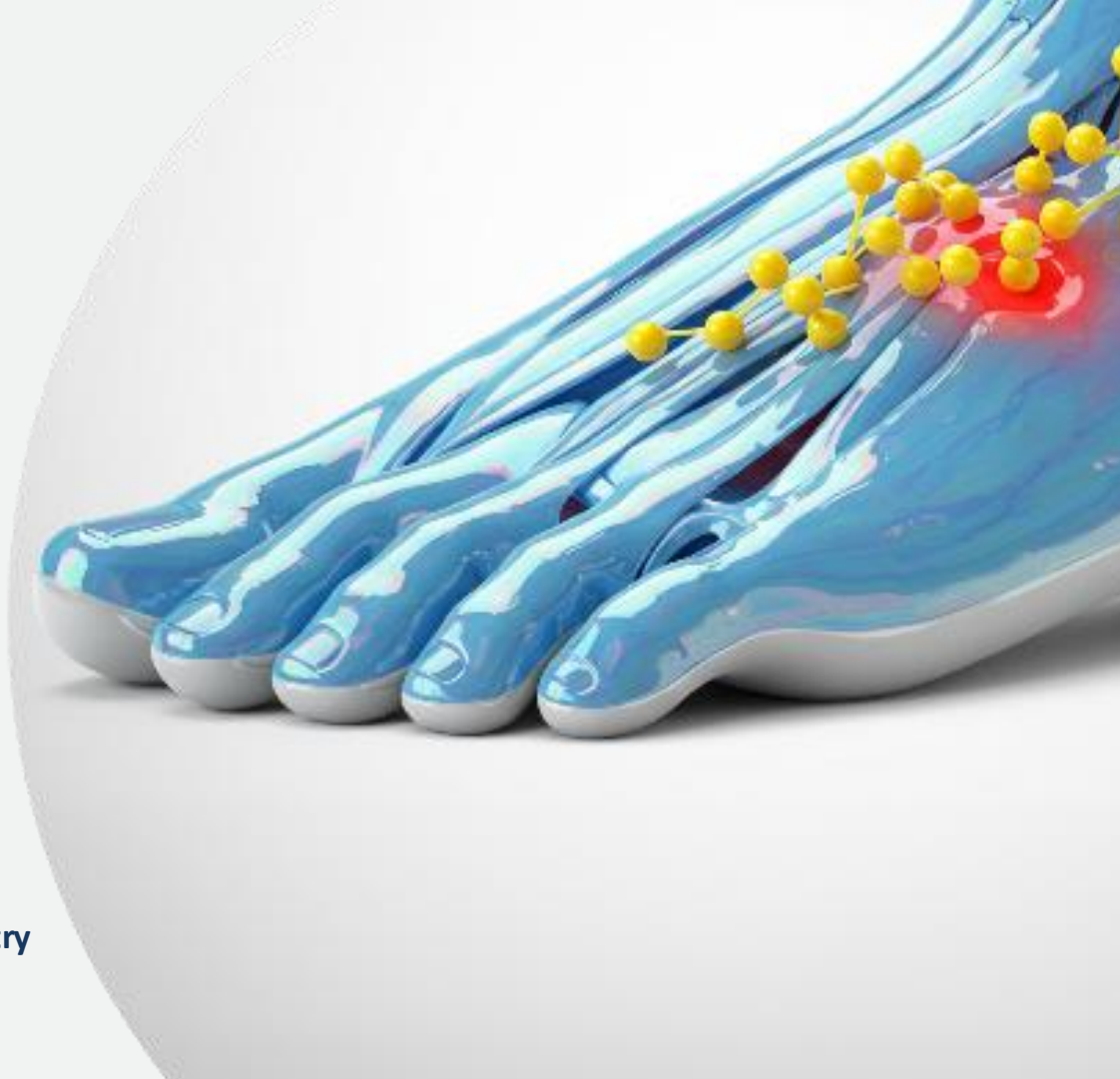
## Endpoints

**Primary Endpoint:** Assess the **clinical response** of the DFI according to the Lipsky Scale.

**Secondary Endpoints:** DFI total **wound score and safety** of R327G.

# Siloam Hospitals
# Trial Site Overview

Dr Jane Olivia Lorens
Clinical Research Department Head –
Siloam Clinical Research



**Siloam Hospitals – Introduction**

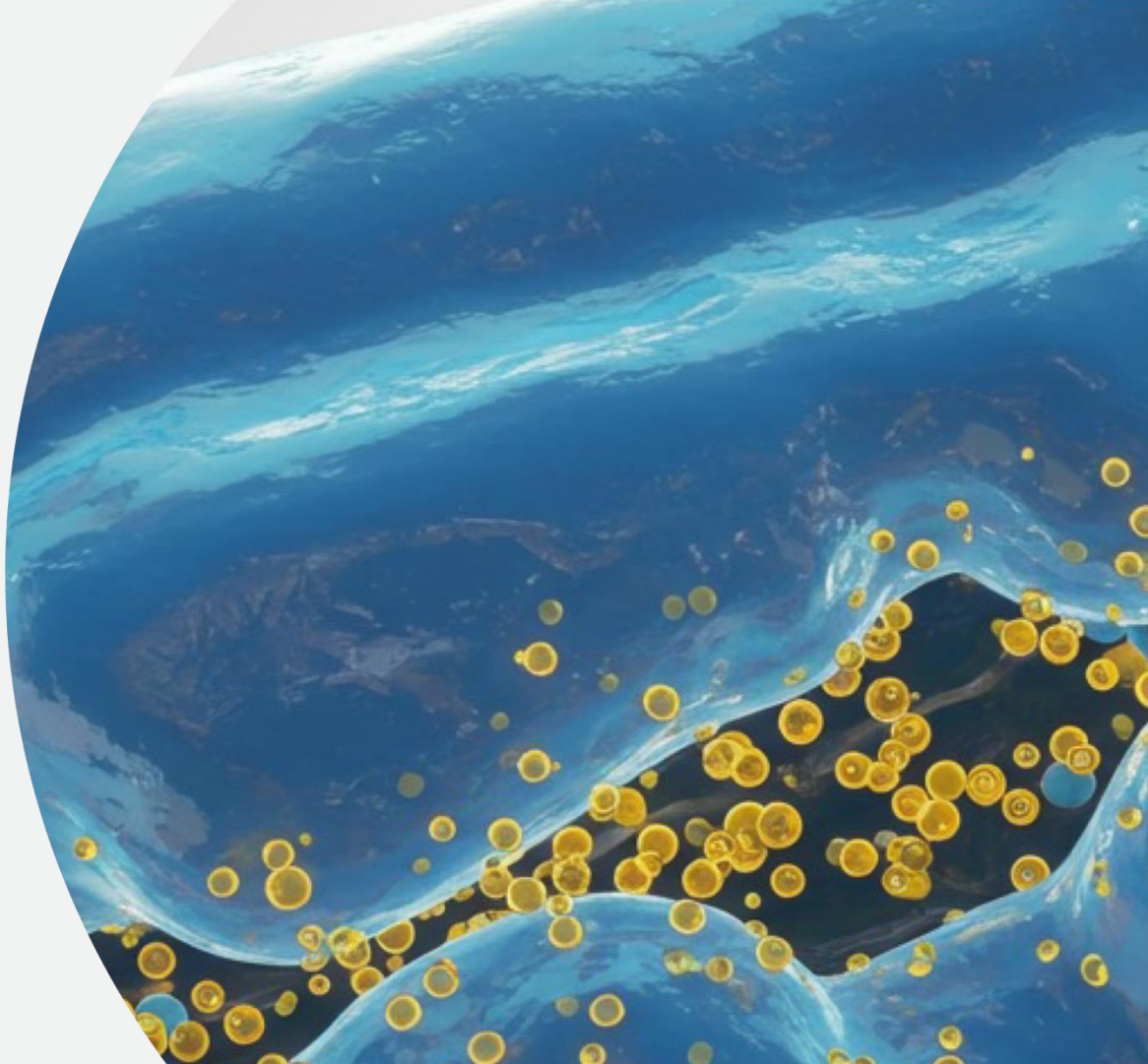
**Industry Engagement in Indonesia**

**Regulatory Acceleration & ASEAN Commercial Entry**

# Dept. of War Burn Wound Programs

David F. Lasseter
Founder and Partner of Horizons Global Solutions

Ryan Kane
Founder and Managing Partner of RK Strategies, Inc.



# Speakers

**David F. Lasseter** is the Founder and Partner of Horizons Global Solutions, a consultancy specializing in national security, law enforcement, intelligence and biotechnology.

He served as the Former Deputy Assistant Secretary of Defense for Countering Weapons of Mass Destruction (CWMD), supporting the Under Secretary of Defense for Policy and the Assistant Secretary of Defense for Global Security. He oversaw the development and implementation of strategies and policies, the DoD Cooperative Threat Reduction (CTR) Program, and Chemical, Biological, Radiological and Nuclear (CBRN) defence.

Prior to this he was the Deputy Assistant Attorney General for Legislative Affairs at the U.S. Department of Justice, managing the national security portfolio. His early career includes serving on Capitol Hill as a Congressional Chief of Staff, military legislative assistant, and counsel.

David holds an undergraduate degree from the University of Georgia, a Juris Doctor from the University of Alabama. He is currently serving as an Officer in the United States Marine Forces Reserve and is also a Visiting Fellow at the National Security Institute.

**Ryan Kane** is the Founder and Managing Partner of RK Strategies, Inc., a government and public affairs consultancy specializing in healthcare, biodefense, preparedness, defense, and technology sectors. Founded in 2017, RK Strategies advises publicly traded companies and organizations navigating complex U.S. government policy, regulatory, and contracting environments.

He also serves as Vice President of Government Affairs at Elusys Therapeutics, where he oversees global government affairs strategy for the biodefense pharmaceutical company. His work includes engagement with Congress, federal agencies, and national security stakeholders supporting medical countermeasures within the U.S. Strategic National Stockpile and broader biodefense infrastructure.

Earlier in his career, Kane advised senior political leaders and worked on major U.S. political campaigns, including efforts supporting U.S. Senators and Members of Congress. His experience spans government relations, policy strategy, and political advisory work across federal and state levels.

# US Defense Areas of Interest

**Broad Research Theme:** seeking unconventional approaches outside the mainstream that challenge assumptions and have the potential to radically change established practice.

**Key areas** include war fighter health countermeasures for biological threats, and platform technologies that integrate.

- ✓ Antimicrobials – MDR Bacteria and Biothreat Pathogens
- ✓ Burn and Blast Medical Countermeasures
- ✓ Combat Wound infections
- ✓ Biodefense – CBRN Threats

- ✓ **Scalable, pathogen-agnostic** approaches
- ✓ **Rapid treatment** for point-of-care battlefield use
- ✓ **Commercial-scale production** of antimicrobials

# Applications for the Warfighter

## Proof-of concept

### *The Challenge*

- Military personnel are vulnerable to the morbidity and mortality associated with infections resulting from burn wounds sustained during combat.
- Evacuation from the field to a treatment facility is often not timely and **wounds are typically contaminated with a multitude of potent bacteria** from soil and the surrounding environment.
- Immediate, **on-the-field application of an effective topical antimicrobial agent** is needed to arrest microbial proliferation and prevent downstream secondary sequelae from uncontrolled infection.
- The cooling and protective properties of an antimicrobial agent delivered within a hydrogel stands to **aid pain relief and promote wound healing.**
- Antimicrobial resistance may be the most important infectious disease threat of our time[1] – HHS, CDC

### *The Solution*

- An acute intervention for military burn wounds sustained in a combat setting
- Gel or Hydrogel could replace a suite of traditional topical antibiotics for use in the field and be supplemented in the clinic by systemic treatment where warranted
- **Broad-spectrum platform**
- **Efficacious against MDR pathogens**
- **Rapid-acting**
- Ability to be applied by non-medical professional
- Intravenous administration may be used in field hospital/military bases
- Recce's New Class of Synthetic Anti-Infectives have a unique mechanism of action with the ability to overcome hyper-cellular mutation of bacteria





[1] https://www.hhs.gov/about/agencies/oga/global-health-security/antimicrobial-resistance/index.html

# US Department of War Overview

## U.S. Department of Defense Congressionally Directed Medical Research Program (CDMRP)

**Project:** *A Novel, Synthetic Anti-infective Drug Candidate, R327, for the Acute Treatment of Burn Wounds and Downstream Sequelae*

**Goal:** Develop room-temperature-stable, sterile R327 amorphous hydrogel dressing in sachets for field use; evaluate efficacy to treat burn wound infections in animal thermal wound infection models.

U.S. Army Medical Research and Materiel Command

## CRADA with the *U.S. Army* Medical *Research Institute of Infectious Diseases*

**Project:** *Core Antibiotic Screening Program Funded by DTRA. Testing R327 against a panel of biothreat pathogens*

**Update:** Preliminary testing with R327 is ongoing with 30-strain panels of biodefense pathogens including *Burkholderia pseudomallei* and *Yersinia pestis* along with control strains *E. coli* (ATCC 25922), *S. aureus* (ATCC 29213) and *P. aeruginosa* (ATCC27853).

USAMRIID
United States Army Medical Research Institute of Infectious Diseases

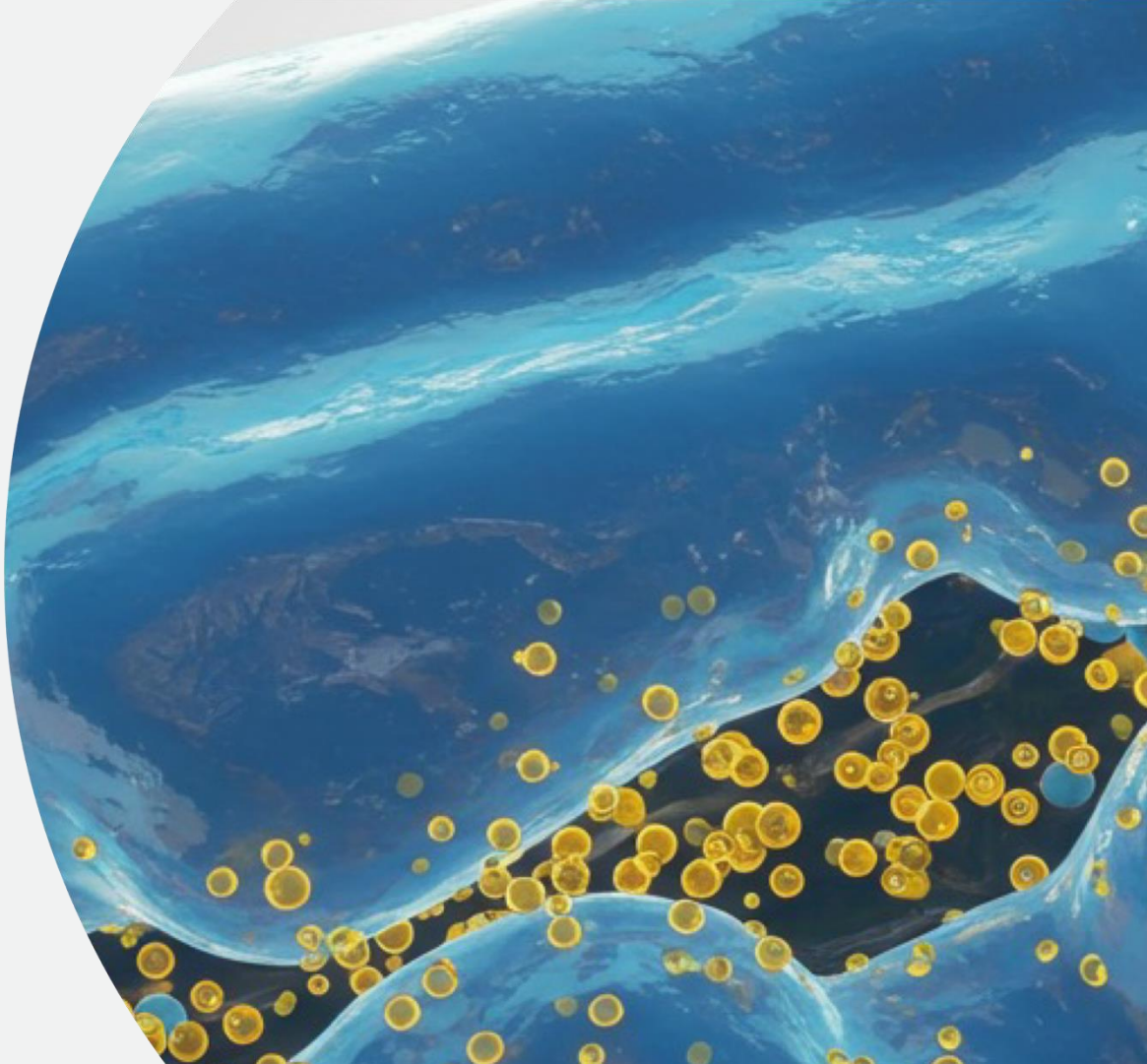
## CRADA with the *U.S. Army Institute of Surgical Research (USAISR)*

**Project:** *To evaluate the efficacy of R327G in reducing the bioburden of Pseudomonas aeruginosa / Staphylococcus aureus in Burn Wounds in the USAISR Walker-Mason rat model.*

# RECCE® 327

## *Pre-Clinical Programs*

Michele Dilizia
Executive Director & Chief Scientific Officer



# Contributors to Antibiotic Resistance

- **Increased consumption of antimicrobial drugs**
  - Both by humans and animals; and improper prescribing of antimicrobial therapy.
- **Overuse of many common antimicrobials agents by physicians may occur**
  - The choice of drug is based on a combination of low cost and low toxicity.
- **Improper prescribing of antimicrobials drugs**
  - Initial prescription of a broad-spectrum drug that is unnecessary or ultimately found to be ineffective for the organism(s) causing the infection.
- **Prior use of antimicrobial drugs**
  - Puts a patient at risk for infection with a drug-resistant organism, and those patients with the highest exposure to antimicrobials are most often those who are infected with resistant bacteria.

***The emergence and spread of drug-resistant pathogens that have acquired new resistance mechanisms continues to threaten the ability to treat common infections.***

***Most antimicrobial compounds are naturally-produced molecules, and, as such, co-resident bacteria have evolved mechanisms to overcome their action in order to survive.***



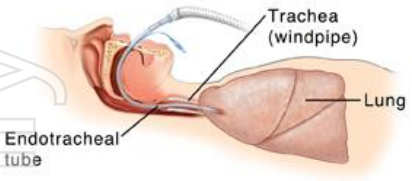


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6604941/

# VAP is a Common Infection that Typically Occurs in the ICU

*High clinical burden given comorbidities associated with hospitalised patients*

## Overview of Ventilator-associated Pneumonia (VAP)




Primary route of infection is micro-aspiration of organisms in the throat, with ventilator endotracheal tube facilitating entrance of organisms to the lungs

- VAP is considered a subset of HAP that develops after >48 hours of mechanical ventilation and is a common issue in the ICU that significantly increases patient risk of death

## Common Pathogens

*Increasing Frequency*

| | |
|---|---|
| ***P. Aeruginosa*** (20 – 30%) | Gram Negative |
| ***Acinetobacter spp.*** (20 – 30%) | Gram Negative |
| ***S. aureus*** *(15 – 20%, ~30% of which is MRSA)* | Gram Positive |
| ***K. pneumoniae*** (5 – 10%) | Gram Negative |
| ***E. Coli*** *(<5%)* | Gram Negative |

## Typical Setting of Care

- VAP **typically occurs in the ICU**, but may also present in other settings where mechanical ventilation occurs
- **Critical care specialists** are typically the disease managers for VAP patients

## Disease Burden

**Morbidity**

Low — High

- A 2021 study elucidated morbidity, as patients with VAP had significantly **longer ICU stays**, **hospital length of stay**, and **total time on ventilator** compared to those without VAP
- Increased time on mechanical ventilation may also lead to **long-term vocal cord damage** and increase **risk of blood clots**

**Mortality**

Low — High

- **High mortality** associated with VAP given comorbidities and drug resistance, with rates ranging from **30 – 70%**

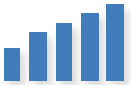
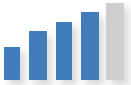
MV: Mechanical Ventilator.

Source: Luo W. BMC Infectious Disease. 2021; Xi J. Clinical Infectious Diseases. 2018; El-Saed A. International Journal of Infectious Diseases. 2013. UptoDate; ClearView Analysis.

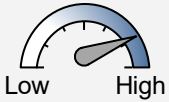
# High unmet need in VAP is driven by significant morbidity and mortality

*Due to high prevalence of MDR pathogens*

## Physician Perspectives on Key Unmet Needs in VAP

| | DEGREE OF NEED | DESCRIPTION | PHYSICIAN INSIGHT |
|---|---|---|---|
| **Decreased Time on Mechanical Ventilation** |  | • Physicians noted that **time on mechanical ventilation can lead to mortality and long-term morbidity** (e.g., lung trauma, vocal cord damage), with even short increases in duration resulting in extended need for care | *"Prolonged time on MV can be a burden for patients which may lead to prolonged hospital care and need for pulmonary rehab."* |
| **Superior First Line Antibiotics for MDR Pathogens** |  | • Up to **60% of patients do not respond to first line therapy**, often given VAP is caused by MDR pathogens, and delayed resolution can lead to worsening of initial comorbidity and increase hospitalization and MV times | *"Patients are often are not responding to empiric treatments, which just leaves time for their condition to deteriorate."* |
| **Improved Methods of Culturing and Diagnosis** |  | • **Delay time to initiation of targeted treatment given delays for culture results**, and oftentimes cultures do not show any targetable pathogens<br>– Targeted treatment leads to higher likely efficacy | *"If we could understand what pathogens a patient has right away, we could start by targeting that."* |

**Overall Unmet Need**




***R327 may have potential to address key unmet needs within VAP by decreasing time on mechanical ventilation (and thus morbidity and mortality), as well as demonstrating efficacy in MDR pathogens***

ClearView Healthcare Partners · Recce

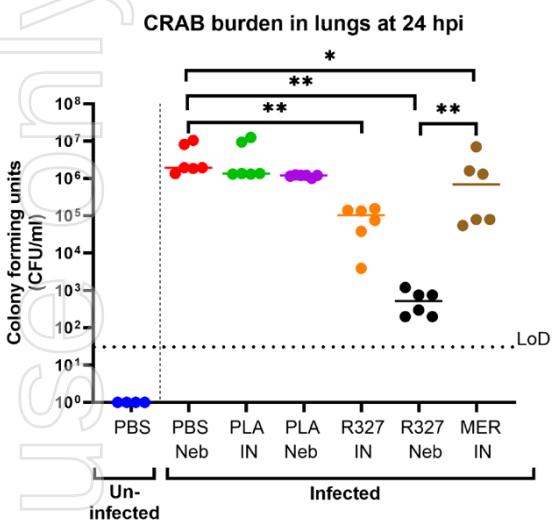
Source: Physician Interviews; ClearView Analysis.

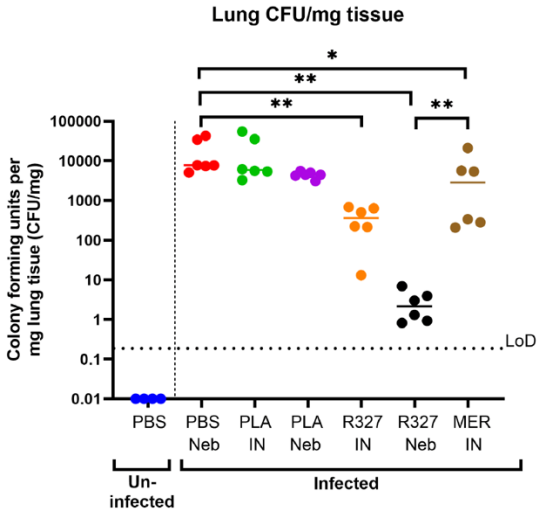
**Key:** High Unmet Need · Low Unmet Need

# R327 Demonstrates Potent Efficacy

## *Against Carbapenem-Resistant Acinetobacter baumannii (CRAB) Lung Infection*

**Model:** Hospital-Acquired Pneumonia (HAP) caused by *Carbapenem-Resistant Acinetobacter baumannii* (CRAB)
**Design:** 40 female mice assigned to 7 groups; treated with R327, placebo, saline, or meropenem via **intranasal (IN)** or **nebulised (Neb)** delivery.




**Results at 24h post-infection:**

Both **IN and Neb R327** was well tolerated and significantly reduced lung bacterial burden vs. untreated and placebo groups.

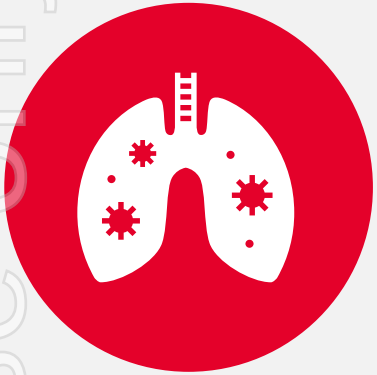
**Nebulised R327** resulted in a 4-log reduction (>99.99%) lower bacterial burden in the lungs, nearing the **limit of detection (LoD)**, showing strong local infection control.

**Meropenem** reduced bacterial load but is restricted to IN use, limiting clinical practicality.

**R327 Advantage:** Unlike meropenem (not suitable for nebulisation due to solubility limits), R327 can be **effectively nebulised**, enabling direct lung delivery.

# Tuberculosis Burden in Indonesia

***Tuberculosis is a highly serious and potentially fatal infectious disease that continues to pose a major global health challenge.***



- Tuberculosis continues to represent a **major global unmet medical need**, with ~10.8 million new cases annually worldwide.[1]
- Indonesia accounts for **~10% of global TB cases**, making it one of the largest tuberculosis healthcare markets worldwide.[4]
- Tuberculosis causes around **14 deaths every hour in Indonesia**, highlighting the scale of the national disease burden.[2]
- The disease is estimated to cost **~US$6.9 billion annually in economic impact**, reflecting one of **the largest infectious disease burdens globally**.[3]



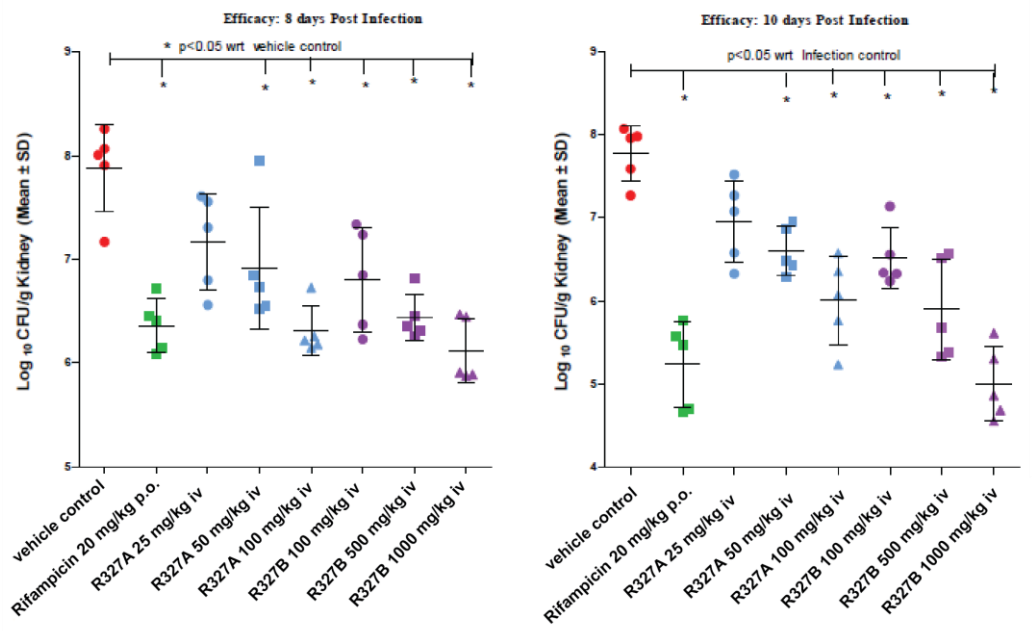


Source: (1) https://kemkes.go.id/eng/indonesias-movement-to-end-tb (2) https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2024/featured-topics/the-second-national-tb-inventory-study-in-indonesia (3) (WHO / Stop TB Partnership) (4) World Health Organization. *Global Tuberculosis Report 2024.*

# *Mycobacterium fortuitum*

- **Objective:** The aim of the study was to evaluate the efficacy of R327A and R327B against *Mycobacterium fortuitum* (ATCC6841TM) in the mouse intravenous infection model.
- **Results: Both R327A and R327B showed dose dependent antibacterial effect in Kidneys on days 8 and 10.**
  - R327A - **Significant decrease in bacterial load was observed** with 50 and 100 mg/kg on days 8 and 10 Post Infection (PI) (P<0.05) when compared to the corresponding vehicle controls.
  - R327B - **Significant decrease in bacterial load was observed** with 100, 500 and 1000 mg/kg on days 8 and 10 PI (P<0.05) when compared to the corresponding vehicle controls.
  - **Day 10 PI, R327B achieved a superior bacterial load log reduction (3-logs (99.9%) = "bactericidal effect") than the optimally dosed Positive Control (Rifampicin)**
- **The decrease in bacterial load in kidneys also correlated with decrease in the number of kidney lesions.**

**Time course of bacterial load in kidneys of mice**
*treated with reference and test compounds*




***M. fortuitum is accepted as a substitute organism to test for proof-of-concept efficacy and to provide a model of Tuberculosis infection in animals***

recce.com.au

# RECCE® 327 broad activity against a range of clinical MDR species

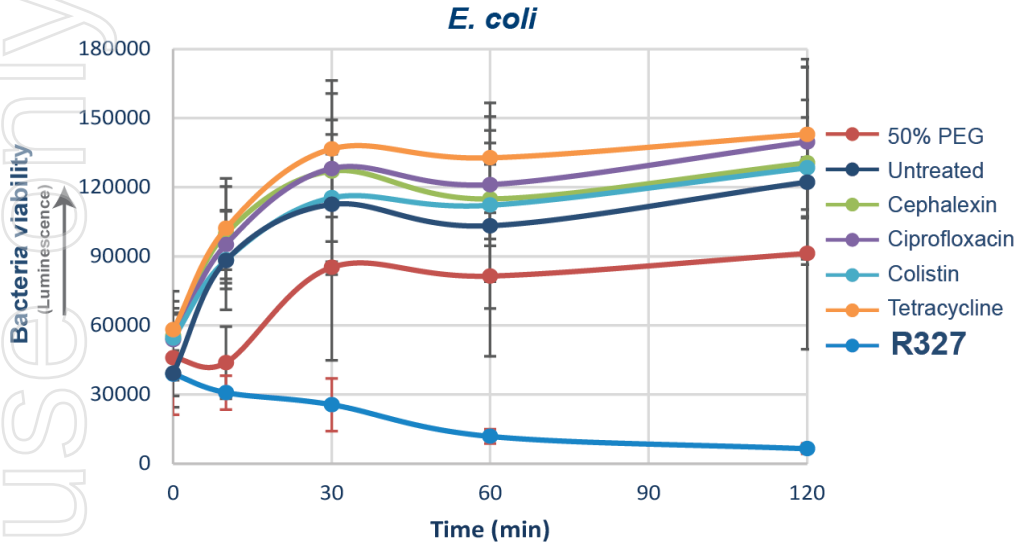
| | | | Nos of strains susceptible to R327/susceptible to comparator abx | Nos of strains susceptible to R327/resistant to comparator abx | # of strains resistant to R327 |
|---|---|---|---|---|---|
| | Comparator abx | Total nos of strains | (+/+) | (+/-) | |
| *Enterococcus spp* | ampicillin | 51 | 36 | 14 | 0 |
| *Staphylococcus aureus* | vancomycin | 132 | 132 | 0 | 0 |
| *Klebsiella pneumoniae* | levofloxacin | 142 | 25 | 117 | 0 |
| *Acinetobacter baumannii* | levofloxacin | 71 | 39 | 32 | 0 |
| *Pseudomonas aeruginosa* | levofloxacin | 139 | 38 | 101 | 0 |
| *Enterobacter spp* | levofloxacin | 49 | 25 | 24 | 0 |
| *Escherichia coli* | levofloxacin | 115 | 31 | 84 | 0 |
| **Total nos. of strains tested** | | **699** | | | |

*Strains sourced from Center for Disease Control, USA; MRSA, * includes MRSA (mecA, erm(C), aac(6')-aph(2'')*

# R327 Faster Acting Than Existing Antibiotics

*No Prolonged Exposure Needed*

**R327 is faster-acting against bacteria than other antibiotics** – works quickly, without prolonged cellular exposure times required of other antibiotics (extended exposures commonly associated with systemic toxicity).




**R327 kills pathogenic bacteria at a faster rate.**

**R327 designed to work faster than all existing antibiotics,** reinforced by MoA work undertaken by experts in their field.

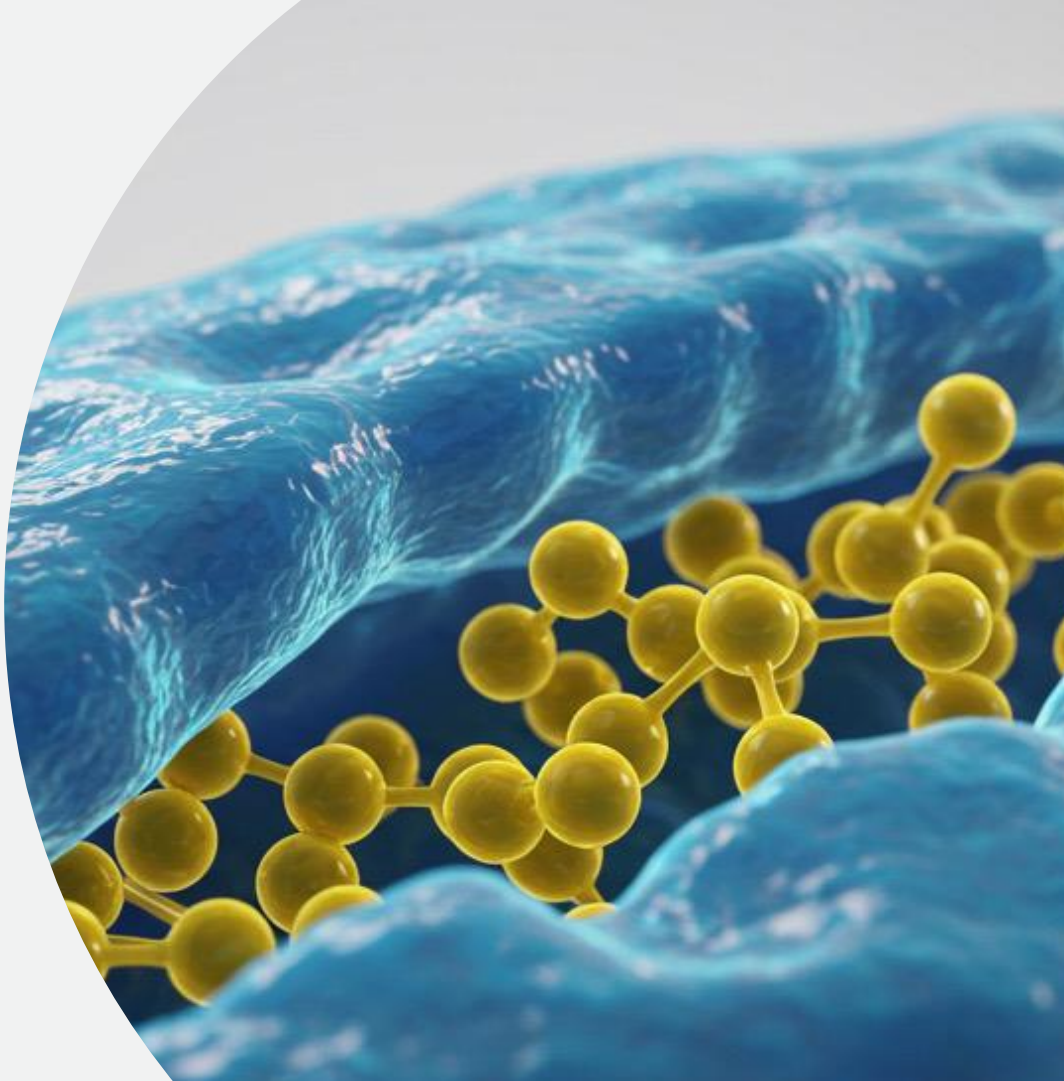
> ***R327 kills bacteria*** *in conditions where other antibiotics are ineffective.*
>
> *- Marc Sharp, PhD, Chief Scientific Officer, Linnaeus Biosciences*

*All compounds used at 2X Minimum Inhibitory Concentration (MIC)*

# Company Overview

*What's next*

Dr John Prendergast
Executive Chairman



Antibiotic-resistant infections now contribute to 4.9 million deaths globally each year

Roughly 75% of antibiotics in development are derived from existing drugs.

Nearly inevitable that bacteria will develop resistance to these newly-derived antibiotics.

- **The antibacterial pipeline reveals a dual crisis: Scarcity and Lack of Innovation**
  (WHO Report 2025)

- Approximately **13 to 17 new antibacterial agents** were approved by the FDA between 2017 and mid-2024, with **only 2 representing a new chemical class.**

- While the pipeline has seen some activity since 2015, the World Health Organization (WHO) **considers the development of new, innovative antibiotics for treating resistant infections to be stagnant.**
  WHO Report 2024 & 2025

- **Only 11 antibiotics in the pipeline target the most critical bacterial threats**, and even those represent limited novelty. *"Innovation is badly lacking"* in the pipeline.
  De la Fuente-Nunez & Skinner March 2026

## Other disease areas with high impact innovation

PD1 Antibodies- Cancer

GLP-1 Inhibitors Obesity

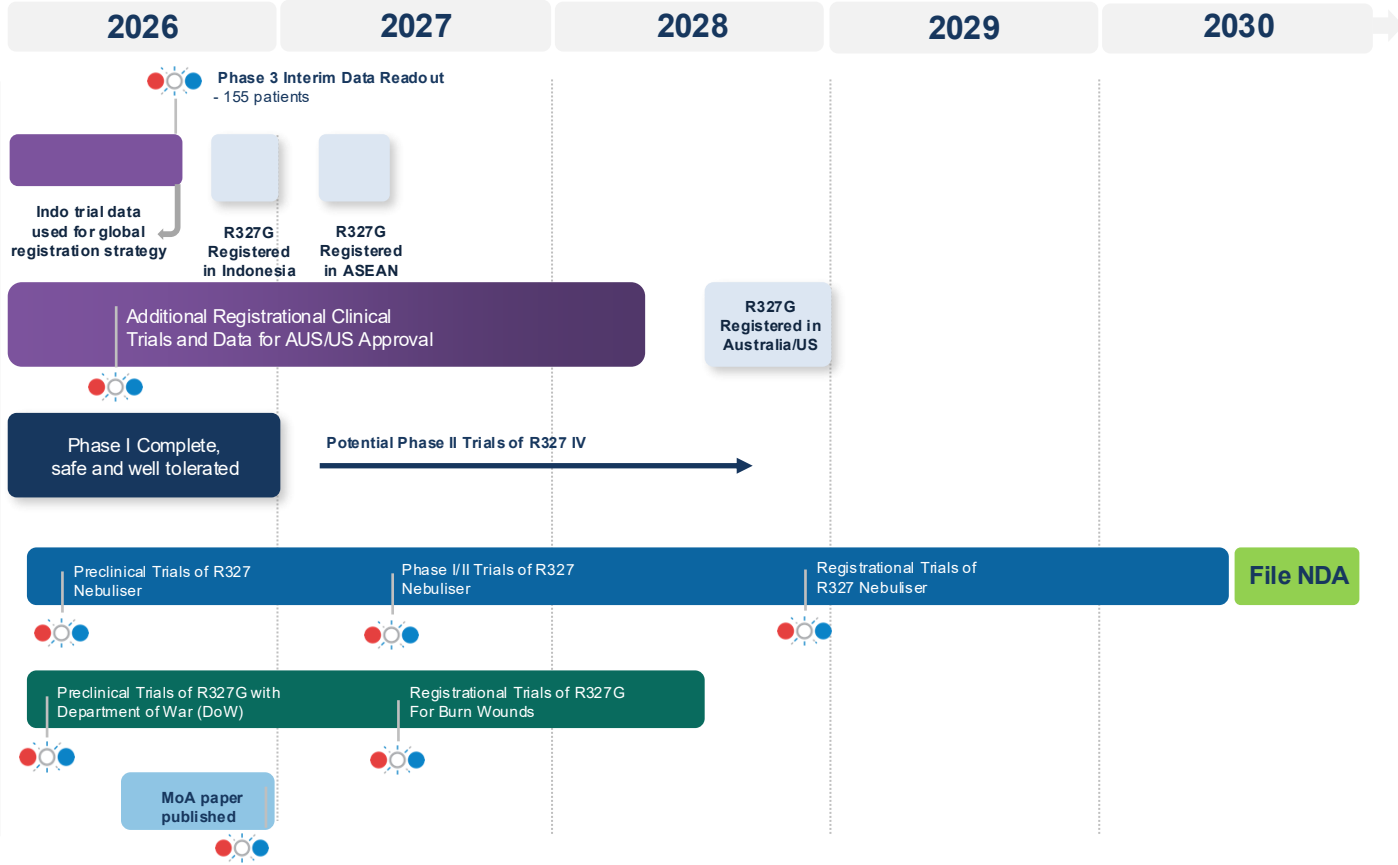
New Antibiotics (?) Infectious Diseases

## Innovation is critical to combat the global superbug crisis

**RECCE 327 (R327) is a fully synthetic polymer designed to disrupt bacterial energy (ATP) production, cell growth and division.**

> ***This molecule stands out in clinical development as the only fully synthetic compound that functions as a targeted ATP synthase disruptor.***
> *WHO Report 2025*

# Program Pipeline* driven by 1st approval in Diabetic Foot Infections




## R327 Topical

Diabetic Foot Ulcer Infection GEL
INDONESIA/ASEAN

## R327 Topical

DFI/ABSSSI AUSTRALIA/USA

## R327 I.V. Program

## R327 Inhaled – Lung Infections

Hospital Acquired Pneumonia (HAP)
Ventilator Assisted Pneumonia (VAP)

## Civil & Dept of War Programs

Burn Wound Infections USA

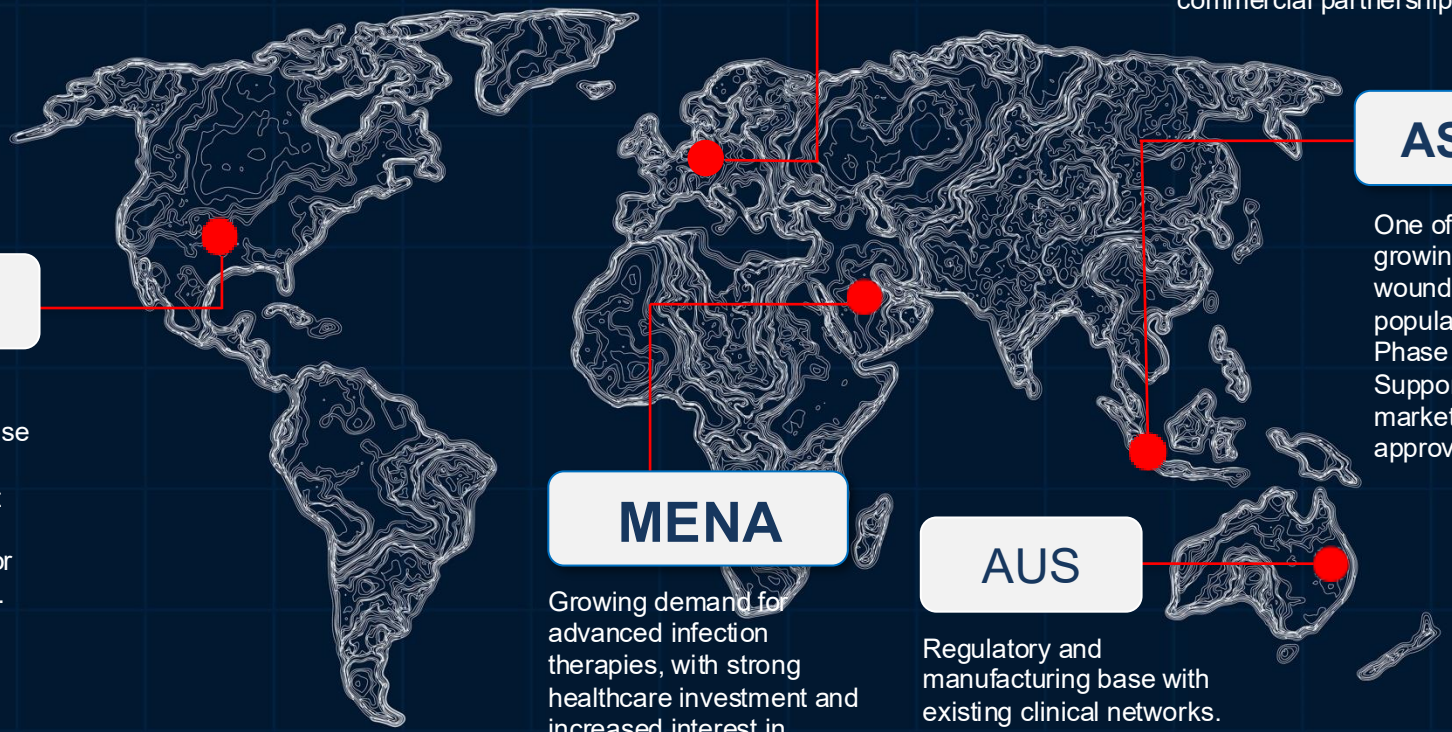
## Mechanism of Action (MoA)

Peer Reviewed Publication

recce.com.au

*The information and forecasts presented reflect management's current expectations as at the date of this presentation. These statements involve assumptions, including the availability of appropriate funding, and are subject to known and unknown risks and uncertainties. Actual outcomes may differ from those expressed or implied and the Company reserves the right to revise its plans, projections, and strategic priorities as circumstances change.

# Commercial Strategy – By Region



**EUR**

Multiple high-value markets with established AMR and DFI treatment pathways. Patent protection de-risks potential commercial partnerships.

**ASEAN**

One of the fastest-growing diabetic and wound care populations, active Phase 3 pathway. Supports immediate market entry upon approval.

**USA**

World's largest infectious disease therapeutics market; highest reimbursement potential; key for global adoption.

**MENA**

Growing demand for advanced infection therapies, with strong healthcare investment and increased interest in innovation and next-generation anti-infectives.

**AUS**

Regulatory and manufacturing base with existing clinical networks. Ongoing Phase II and III trials planned.

# RECCE: Key Takeaways/Messages

**R327 targets any bacteria** independent of resistance to other antibiotics

Demonstrates amazing lethality in minutes **(not hours or days like traditional antibiotics)**

**Has not developed resistance** in multiple passaging series of experiment 100's of times

**R327 safety profile is excellent**

**R327 topical gel** formulation acts **rapidly at the target site** unlike oral or IV antibiotics

**No Standard of Care for a topical antibiotic** for Diabetic Foot Infections

Pipeline opportunities in **premium price therapeutic areas**

**Global Commercial Opportunities**

# Recce: Pioneer to Global Leader

***With significant value creation opportunities***

**The world's first synthetic anti-infective platform** with programmable polymers for the post-antibiotic age engineered to outsmart superbugs

**Development of a first new class of antibiotic in over 40 years,** recognised by the World Health Organization, with accelerated de-risking via registrational Phase 3 trials in Indonesia and Australia

Positioned to become **the first topical anti-infective approved for the treatment of DFI's**

Multiple value creating opportunities across program pipeline addressing **global unmet medical needs** (DFIs, HAP/VAP, Burn Wounds)

Initial products will **impact multibillion dollar markets** in dire need of innovative treatments

# Thank you