Propanc Biopharma, Inc.

Developing a Novel Approach to Treat Metastatic Solid Tumors

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Summary

Investment Highlights

- Generated compassionate use (CU) data across **46 terminal patients where 41% exceeded life expectancy** without any serious adverse events
- Initially targeting Pancreatic and Ovarian cancers with **combined TAM of $14.3B** and long-term strategy of targeting metastatic solid tumors (**~$111B TAM**)
- Ready to initiate a **Phase 1b clinical study in 30 - 40 patients** to study the safety and efficacy of PRP with expected results in 2025
- **Unique ability to convert cancerous cells back into healthy cells**. Post-treatment data shows Colorectal and Pancreatic cancer cells returned to homeostasis

Senior Leadership with Extensive Experience

Management

James Nathanielsz
Chief Executive & Chief Financial Officer

- Director & CEO since Oct. 2007
- 25 yrs. experience in R&D, Manufacturing & Distribution, including 15 yrs. in oncology pharmaceutical drug development.
- Bachelor of Applied Science (Biochemistry/ Applied Chemistry) & Master of Entrepreneurship & Innovation

Dr. Julian Kenyon
Chief Scientific Officer

- Co-Founder & Director, Feb '08.
- Medical Director of the Dove Clinic for Integrated Medicine, UK
- Bachelor of Medicine & Surgery & Doctor of Medicine, University of Liverpool, UK
- Primary Fellow of the Royal College of Surgeons, Edinburgh for over 40 years

Prof. Klaus Kutz
Chief Medical Officer

- 25 yrs. Experience in Clinical Pharmacology & Safety in oncology
- 12 yrs. experience Head of Clinical Pharmacology in 2 multinational pharma companies
- Specialist for Internal Medicine, Gastroenterology & Clinical Pharmacology
- Professor of Medicine, University of Bonn, Germany

Mr. Josef Zelinger
Non-Executive Director

- 45 yrs. Experience in tax auditing, finance, investment and management consulting
- Director of several private investment companies in commercial real estate, import/export businesses and financial investments
- Bachelor of Business (Accounting), RMIT University, Fellow of RMIT University (Business)

Scientific Advisory Board (SAB)

Prof. Macarena Perán
University of Jaén

Prof. Juan Marchal Corrales
University of Granada

Dr. Maria Garcia
University Hospital

Dr. Ralf Brandt
vivoPharm Co-Founder

Focused Pipeline Candidates

Indications	Drug Candidate	Discovery	Preclinical	Phase 1	Phase 2	Status
Pancreatic Cancer (ODD*) Ovarian Cancer	**PRP** (Trypsinogen + Chemotrypsinogen)			→		*Initiate Phase Ib in 2H 2024; Interim results expected in 2025*
	POP1 Synthetic (Trypsinogen + Chemotrypsinogen)		→			*Entering preclinical development 2H 2024*

** = Orphan Drug Designation*

Clinical Partners

eurofins | CDMO

FIBAO
FUNDACIÓN PÚBLICA ANDALUZA PARA LA INVESTIGACIÓN BIOSANITARIA DE ANDALUCÍA ORIENTAL

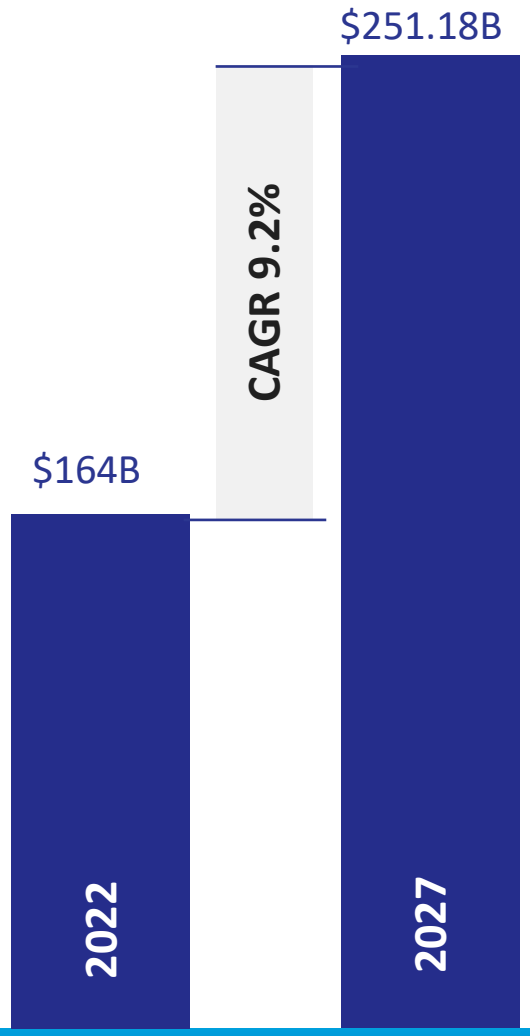
UNIVERSITY OF BATH

Universidad de Jaén

Universidad de Granada

Large Addressable Market with Unmet Need

Global Cancer Treatment Market Size



~$111B
Global metastatic cancer market by 2027

~$14.3B
Global Pancreatic and Ovarian cancer markets by 2027

~$4.2B
Global Pancreatic Cancer

~$10.1B
Global Ovarian Cancer

91%
of cancer cases are solid tumors

1.8M
New cases of solid tumors in the U.S.

~670k
Pancreatic and ovarian cancer deaths in 2022

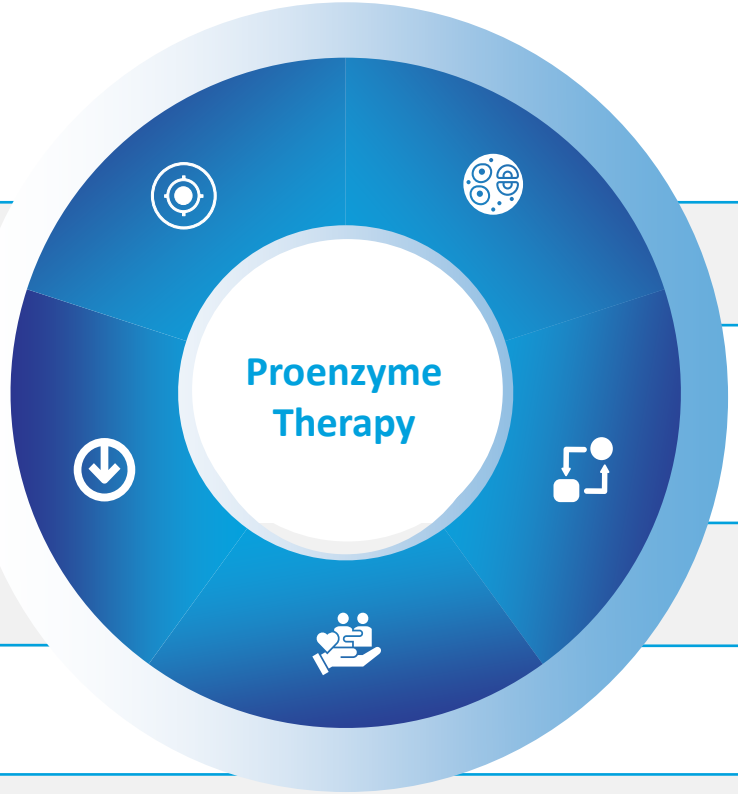
PRP

A synergistic combination of Trypsinogen and Chymotrypsinogen

Technology Based on Pancreatic Enzyme Therapy

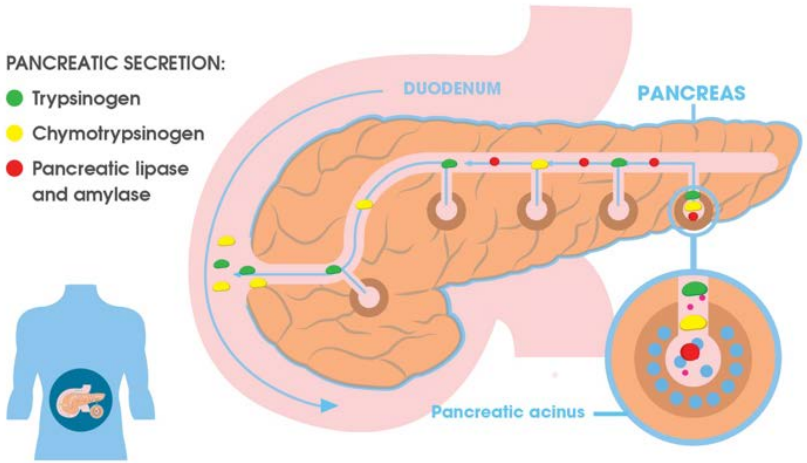
Propanc Biopharma's PRP (Proenzyme Therapy) offers a groundbreaking approach to treating metastatic solid tumors, addressing critical challenges in the cancer treatment market.

- ✓ Selective Targeting of Tumor Cell
- ✓ Inducing Cell Differentiation
- Targeting Cancer Stem Cells ✓
- Altering EMT Signalling Pathways ✓



✓ Compassionate Patient Treatment Results

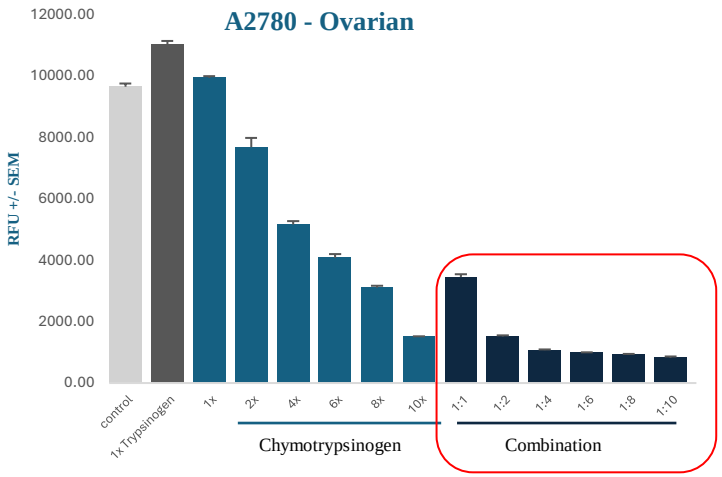
PRP: Proenzyme Formulation Derived from Pancreas

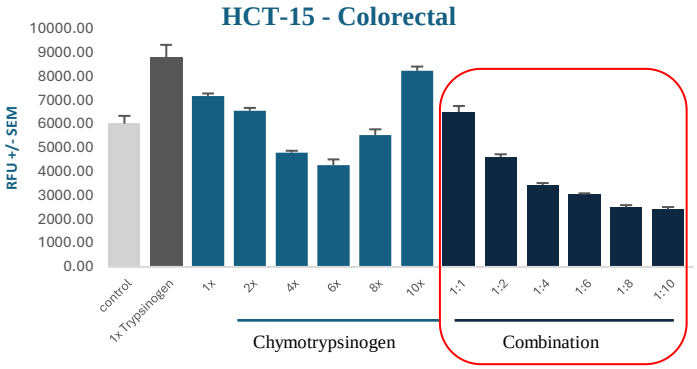


Mixture of 2 proenzymes from bovine pancreas

Synergistic ratio of 1:6 inhibits growth of most tumor cells, *in vitro*

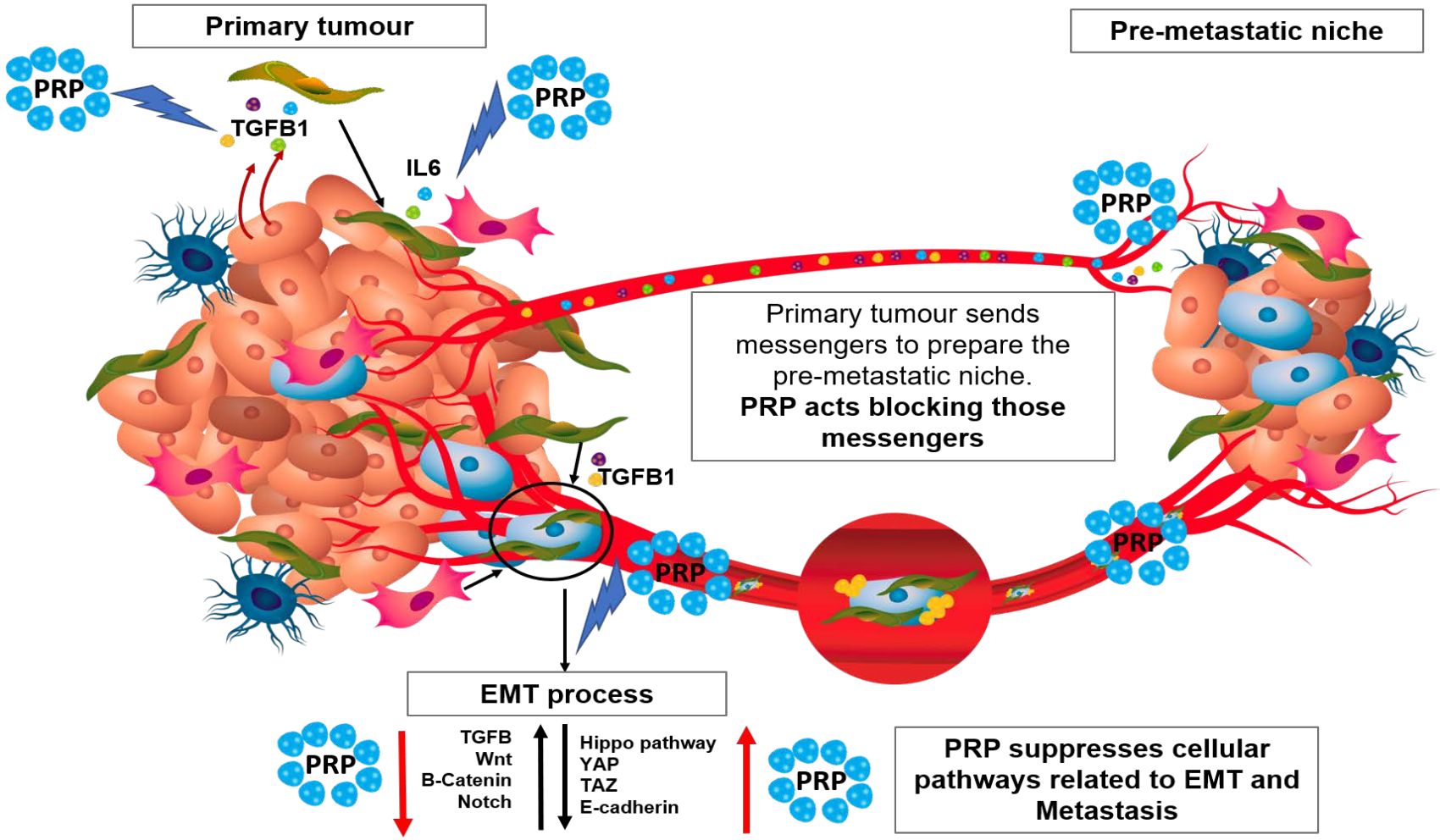
Strong responses include ovarian and colorectal cancers





Efficacy also shown in pancreatic, kidney, breast, brain, prostate, lung, liver, uterine and skin cancers

PRP: Novel Mechanism of Action



1 Targets CSCs

Inhibits Cancer Stem Cells (CSC) Related Genes

2 Prevents Metastasis

Differentiates Malignant Cells to Become Safer

3 Blocks Messengers

Primary Tumor Signal Interference

PRP: Suppresses EMT Process and Metastasis

1 Up-Regulation

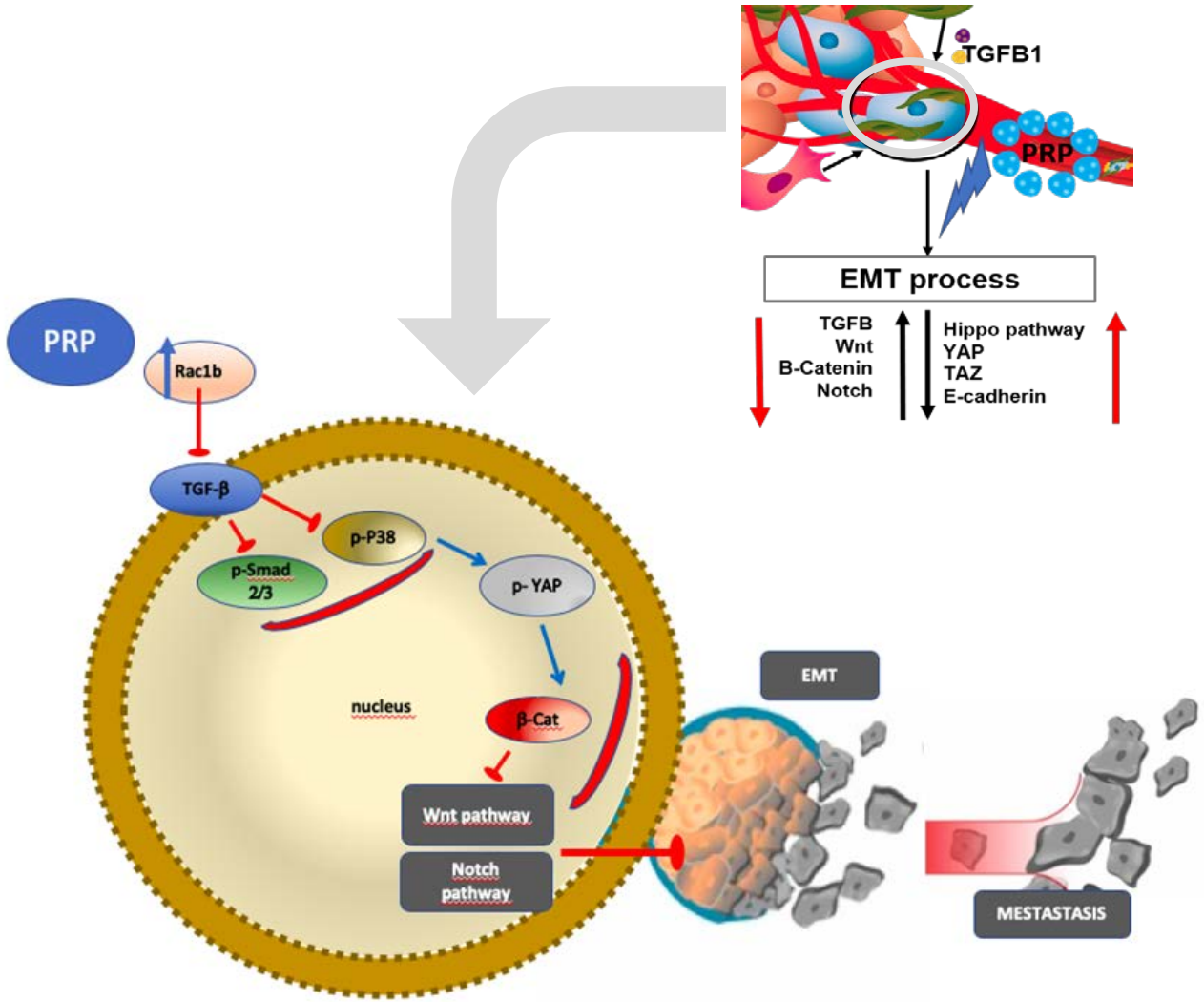
Promotes RAC1b;
Preventing Hyper-activation of TGF- β Pathway

2 Multiple Pathways

Regulates Four Pathways Relating to Cancer Spread & Metastasis of CSCs

3 Inhibits the EMT

Inhibits the EMT Process That Leads to Metastatic Cancer

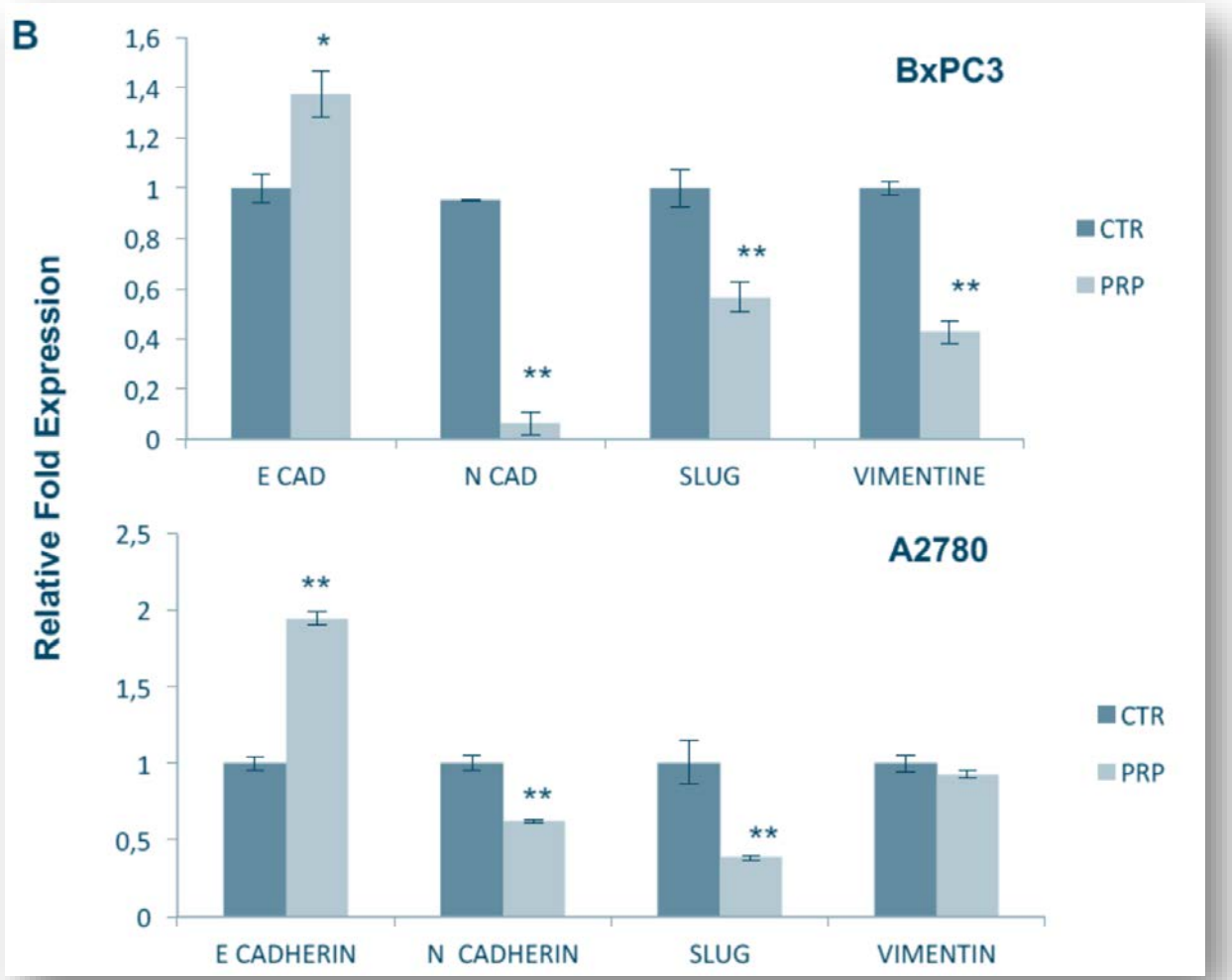


PRP: Alters EMT Signaling Pathways

Cancer stem cells die naturally by reprogramming the cancer stem cell to reduce malignancy and invasiveness

PRP promotes the expression of E-cadherin and decreases expression of N-cadherin & vimentin mesenchymal markers

Strongly inhibits Slug, a transcription factor associated with tumour metastasis and angiogenesis



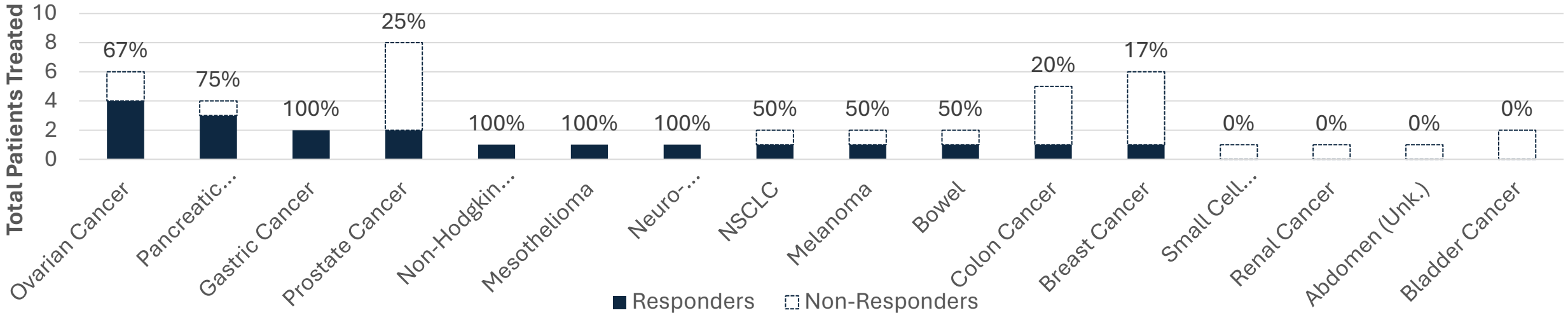
Compassionate Use (CU) Study Data

46 terminal patients administered suppository formulation

No severe, or even serious adverse events observed from treatment

More than 40% of patients significantly **exceeded life expectancy**

Mean survival of 9 months; significantly higher than mean life expectancy (5.6 Mo.), one way ANOVA ($\alpha = 0.05$, $P < 0.05$)



*All patients either met or exceeded life expectancy based on initial prognosis

Improving on CU Results

1 Formulation Optimized

Compassionate use study was meant as a proof of concept; only tested a 1:1 ratio of proenzymes

2 Administration Improved

PRP will be an IV administration, making it a far simpler and direct delivery of drug

3 Systemic Exposure

Because of synergistic ratio and direct delivery, proenzymes will increase systemic exposure to 100%

4 Dosing Regime

Dosing will be weekly vs daily allowing for a more flexible and less intensive schedule for patients

CU Data Highlights Market Value

*Compassionate use study highlighted **41% of patients exceeded life expectancy** with the average survival of patients almost doubling from 5.6 months at original prognosis to 9 months. Additionally, there was a superior safety profile with no serious adverse events observed from treatment. Propanc has since developed an optimized formulation of this proenzyme combination which we will be used in our Phase 1b trial.*

Company	Mkt Cap.[1]	Ph. of Lead Asset[1]	Context of Data from Lead Asset[1]
Revolution Medicine	$4.8B	Ph. 1	RMC-6236, showed an ORR of 38% in NSCLC and 20% in PDAC in their Ph.1 studies. This was compared to a SOC benchmark of 13% and 11% respectively
Merus	$2.8B	Ph. 1/2	Reported an ORR of 37% in HNSCC Ph. 1/2 trial and PFS of 5.3 months with median OS being 11.5 months
ALX Oncology	$730M	Ph. 2	(Combo Treatment) 52% ORR but the other combo drugs showed 22% ORR without Evo (net +30% ORR due to Evo)
Maia Biotechnology	$24M	Ph. 2	Currently enrolling Ph.2 … Combo with Libtayo … "estimated" ORR between 35-40%
Compass Therapeutics	$250M	Ph. 3	In Ph. 1 study across multiple indications, monotherapy ORR of 19% and combo ORR of 24%. ORR in Ph. 2 study in solely BTC of 37.5% (increase to 64% ORR in patients in 2nd line setting)
Hookipa Pharma	$80M	Ph. 2	Ph. 2 ORR of 42% for Head / Neck Cancer vs historical 19% ORR for pembro alone
Cardiff Oncology	$160M	Ph. 2	29% ORR in Ph.1b/2 trial in all patients with median DOR of 12 months
C4 Therapeutics	$730M	Ph. 1	15% ORR in Ph.1 Monotherapy study and 33% ORR in combo study with Dex (to date; still enrolling) … and 33% is 3/9 patients (small sample)
Elevation Oncology *	$230M	Ph. 1	Ph. 1 data demonstrated 47.1% ORR in gastric cancer and 38.1% ORR across all evaluable patients
Tango Therapeutics *	$1.2B	Ph. 1/2	TNG908 proof-of-mechanism demonstrated in phase 1 update. Exposure not yet within the efficacious range. Ph. 1/2 study ongoing testing solid tumors
Nucana	$17M	Ph. 2	Ph.1 study highlighted encouraging disease control & PFS in various metastatic cancers between 9 to 11 months, but no ORR reported

[1] As of March 5th, 2024

PRP Phase 1b Study Design

Design

- Open-label, multicenter, non-comparative, safety and pharmacokinetic study of PRP administered at increasing dose levels, once weekly as intravenous injection of a 28-day (4-week) cycle
- The study consists of an accelerated escalation phase and a subsequent standard phase
- Target patient population will be 30-40 patients

Objectives

- ***Primary***: Determine maximum tolerated dose (MTD) of PRP in patients with advanced solid tumors
- ***Secondary***: Determine dose for Phase II, evaluate toxicity profile and time for recovery, evaluate dose-limiting toxicity, evaluate pharmacokinetics, describe relationship between toxicity and systemic exposure, describe any evidence for antitumor activity of PRP, and describe possible immune response against study medication

Timing

- From first dose to trial completion, the study will be a 6-month review period and after the study, patients will have the option to enroll in an open label extension
- Assuming positive results, we will look towards the initiation of two simultaneous Ph.2 studies in advanced pancreatic and ovarian cancers

Additional Variables

Primary: Drug related toxicities, based on clinical and laboratory assessments

Secondary: ORR, PFS, Safety Criteria, Pharmacokinetics, Antibodies against both chymotrypsinogen and trypsinogen

POP1 / Rec-PRP

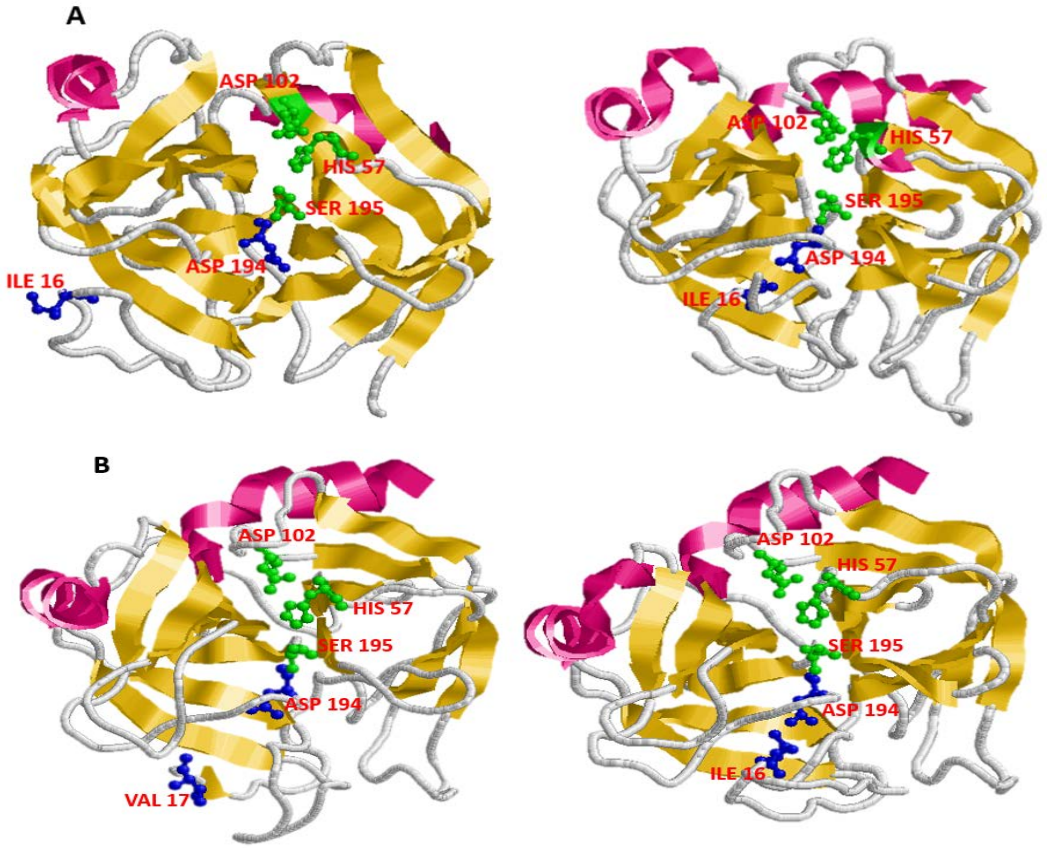
Human Recombinant Version of PRP

Rec-PRP Program: Synthetic Enzymes

Our research has produced synthetic versions of the two proenzymes using a novel expression system to achieve high titers of recombinant trypsinogen and chymotrypsinogen

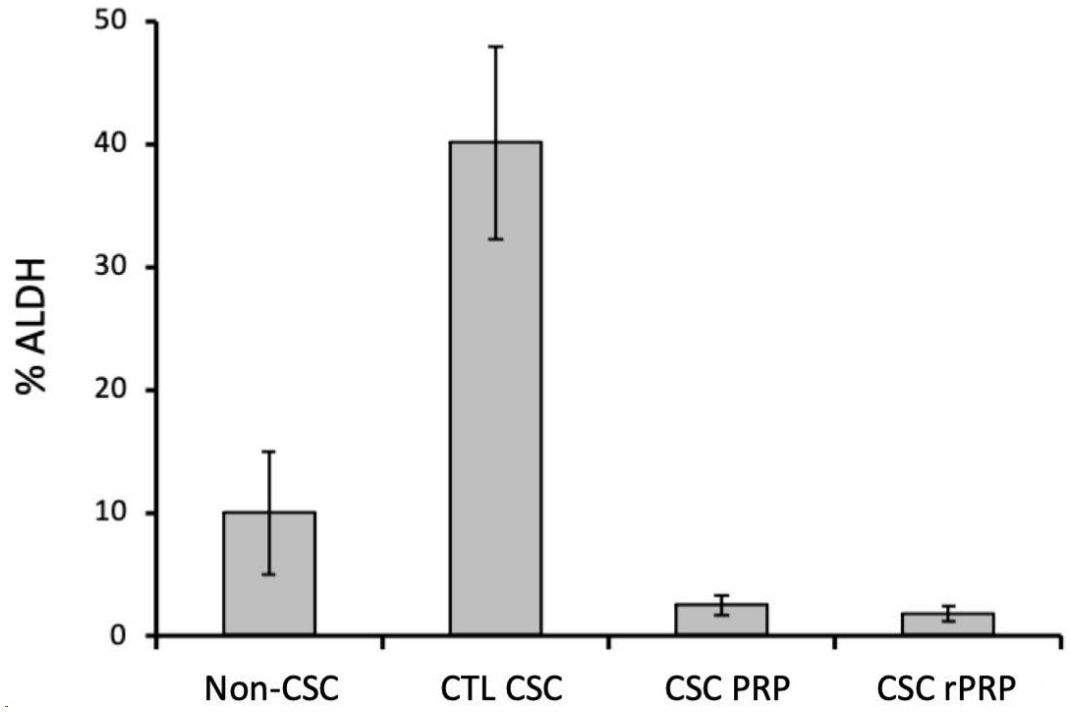
Anti-cancer effects to be tested against naturally derived proenzymes of bovine origin

Goal to produce crystallized proteins with better stability and a longer shelf life for global distribution



General structure of Chymotrypsinogen / Chymotrypsin and Trypsinogen / Trypsin represented in ribbon and in color. **A** The structure of Chymotrypsinogen (zymogen) is shown on the left and the structure of Chymotrypsin (active form) on the right. **B** The structure of Trypsinogen (zymogen) is shown on the left and the structure of Trypsin (active form) on the right. The amino acids that make up the active site are shown in green. In the case of the active structures in blue, the interaction between the amino acids Ile-16 and Asp-194 is shown, which are involved in the formation of a salt bridge necessary for the activation of proteins.

Rec-PRP Demonstrated Preclinical Results



Graph represents the %ALDH of BxPC3 CSCs and Non-CSC control and treated with PRP and Rec-PRP

- Novel therapeutic formulation based on the combination of human recombinant trypsinogen & chymotrypsinogen produced synthetically
- Demonstrated the reduced viability of CSCs and decreased the expression of CSC markers
- Showed a similar anti-tumor effect when compared with the bovine derived PRP formulation
- Set to enter formal preclinical development program

Corporate Overview

Therapeutic Landscape

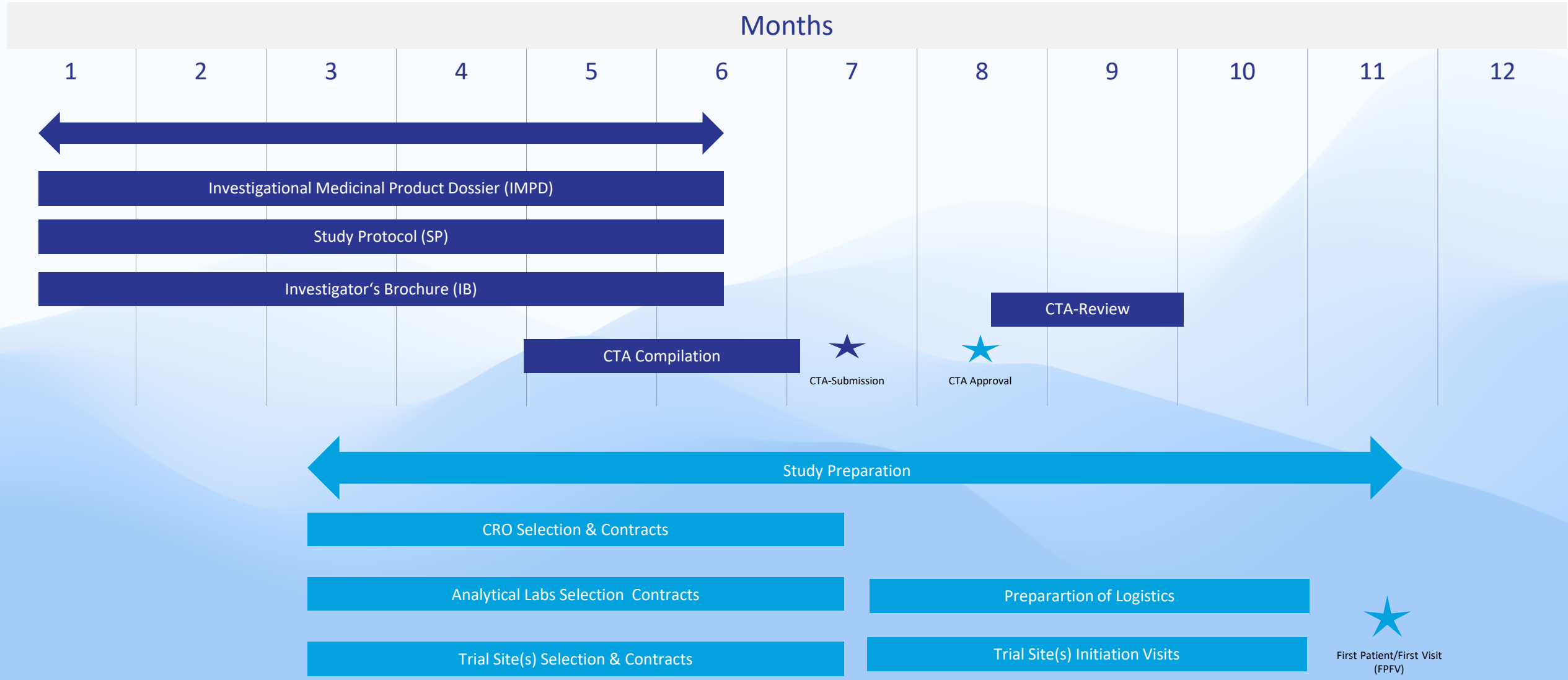
	PRP Therapy	Chemotherapeutics	Targeted Therapies (e.g., Multi-targeted kinase inhibitors)	Monoclonal Antibodies	Immunotherapy
Severe, or Serious Side Effects	**No severe or serious side effects observed from treatment to date**	Pain, diarrhoea, constipation, mouth sores, hair loss, nausea, vomiting, blood-related side effects (neutropenia, anaemia, thrombocytopenia)	Fatigue, rash, hand-foot reaction, diarrhoea, hypertension, dyspnoea	Skin and gastrointestinal toxicities, serious side effects from certain drugs (e.g., Avastin)	Skin and gastrointestinal toxicities, limited patient eligibility, limited clinical advancements
Resistance Development	**Not observed in clinical trials**	Limited	Limited	Limited	Not applicable
Cancer Types	**Various, including breast, ovarian, colorectal, lung, and pancreatic cancer**	Various	Various	Various	Various
Clinical Advancements	**Significant clinical advancements, fewer side effects, potential for preventing recurrence and metastasis, potential for inducing cell differentiation, potential for targeting and eradicating cancer stem cells**	Limited	Limited	Limited	Limited

Early Data Shows Promise Among Alternatives

	ELEVATION ONCOLOGY	FibroGen	TANGO therapeutics
Ticker	ELEV	FGEN	TNGX
Share Price	$4.41	$1.71	$11.13
Market Cap.	$187M	$169M	$1.1B
Phase of Dev.	Ph.1 Study Ongoing	Ph.3 Ongoing	Ph. 1/2 Ongoing
Overview	Claudin 18.2 targeting ADC; comes with typical safety concerns of toxic payloads of ADCs and potential off target effects	MOA is fully human antibody against connective tissue growth factor used in combination; previous trial showed no clear survival benefit	Uncertainty around PRMT5 class / less robust efficacy as previously believed; early data; other challenges faced with synthetic lethality

Propanc expects to see an increased survival benefit when compared across all three of these pipeline candidates without nearly the same amount of safety risks associated

Clinical Development Timelines



What's Next?

Significant Value Already Unlocked

Short Timelines and Limited Capital Required for Next Milestones

Completed Tasks
☑ Scientific advice meetings with MHRA (UK)
☑ Preclinical pharmacology and safety toxicology studies
☑ Orphan Drug Designation Status received from FDA for treatment of pancreatic cancer

Planned Activities
☐ Preparation for Ph.1B, FIH Study in advanced cancer patients
☐ Investigational Medicinal Product (IMP) Manufacture
☐ Development of bio-analytical assays to quantify PRP in human serum
☐ Follow on discussion with study investigator at Australia's biggest cancer hospital, Peter Mac Cancer Center

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- **Unique ability to convert cancerous cells back into healthy cells**. Post-treatment data shows Colorectal and Pancreatic cancer cells returned to homeostasis