



Novogen Limited

An emerging oncology drug developer with two clinical-stage programs







Forward-Looking Statements

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Corporate Overview | Novogen's Transformation

Enhanced Pipeline

GDC-0084 in-licensed from Genentech in October 2016

- Under development for Glioblastoma (primary brain cancer)
- Completed phase I human trial in 47 patients
- Phase II human trial to start in 2017
- Open IND with US FDA, strong IP protection, and premanufactured API

TRXE-002-1 developed from pre-existing Novogen research

- Under development for ovarian cancer
- Phase I human trial currently underway in Australia and US

Strengthened Team

New senior management with extensive international industry experience

Global Scientific Advisory Board of eminent cancer research specialists

Focused Strategy

Accessing the best global innovation available

- Bring in programs with some of the risky, time-consuming work already done
- Partner with big pharma for expensive and labour-intensive late-stage development and commercialisation



Management | Experienced New Management Team



Dr James GarnerChief Executive Officer & Managing Director











Dr Gordon Hirsch Chief Medical Officer











Dr Peng LeongChief Business Officer



PiperJaffray.



Eighteen years of business development and investment banking experience

Physician / MBA; Extensive pharma drug development experience

Physician / MBA; Twenty years of pharmaceutical industry experience



Kate Hill Company Secretary



Chartered accountant, and former audit partner at Deloitte



Expertise | Global Scientific Advisory Board

Professor Sir Murray Brennan







- Chairman Emeritus of Department of Surgery at MSKCC
- Former Vice
 President of
 American College of
 Surgeons

Dr Karen Ferrante







- Former Chief Medical Officer at Millennium
- Contributed to multiple novel cancer therapies including Velcade® (bortezomib)

Professor Peter Gunning







- Head of School of Medical Sciences at UNSW
- Extensively published cancer researcher and academic

Professor Alex Matter







- Former head of oncology research at Novartis
- Led team that discovered Gleevec® (imatinib), one of the first targeted therapies for cancer



Strategy | Accelerating Value Realisation

Identify Value

 Bring in undervalued assets from other pharmaceutical companies

Build Value

- Conduct focused clinical trials
- Identify optimal patient groups
- Understand safety and dosing
- Engage with external experts

Proceeds of outbound licensing reinvested in earlier-stage assets

Realise Value

 Partner with big pharma for latestage development to bring to market



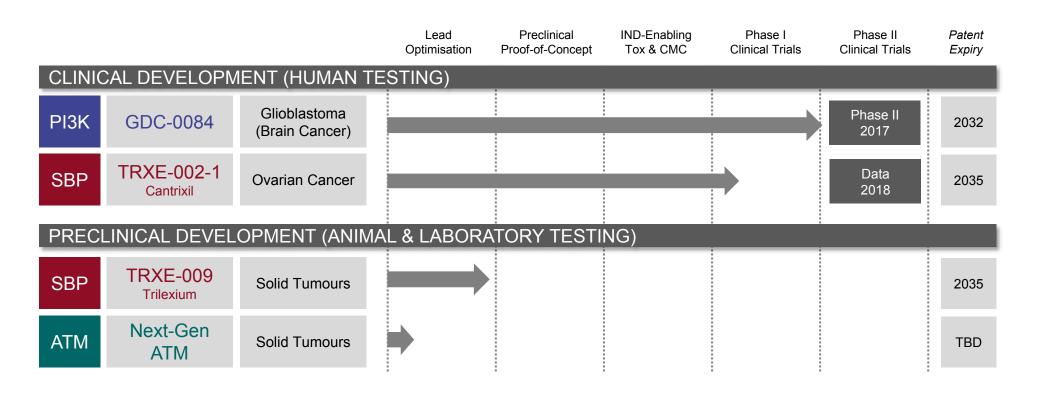
Reduce cycle time: 2-4 years to get to value inflection

Improve portfolio strength: access the best global innovation

Mitigate risk: bring in assets which already partially de-risked



Portfolio | Diversified Pipeline – Two Assets in Human Trials





GDC-0084 | How it Works

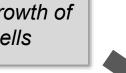


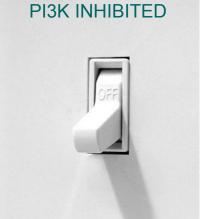
TUMOUR GROWTH

85 – 90% of glioblastoma cases have PI3K 'switched on'

PI3K

A central biochemical control mechanism in the growth of cells





TUMOUR

>50% of patients at therapeutic doses (45-65mg) in phase I human trials achieved 'stable disease'

GDC-0084 **switches off** PI3K activation, arresting growth of tumour cells



Comparators | US-based PI3K Companies

Other companies focused on the PI3K technology have achieved value recognition in the market



Single asset company with one PI3K inhibitor in phase I human trials

US\$ 122 million Market Cap



One PI3K inhibitor in phase II human trials, one other drug in phase III, and two in animal testing

US\$ 600 million Market Cap



One PI3K inhibitor in phase II human trials

Acquired by big pharma in 2011 for US\$ 375 million



GDC-0084 | What Makes it Different

One PI3K inhibitor is already a marketed drug, providing validation for the approach





GDC-0084 inhibits all the four main types of PI3K, whereas Zydelig mainly targets just one type

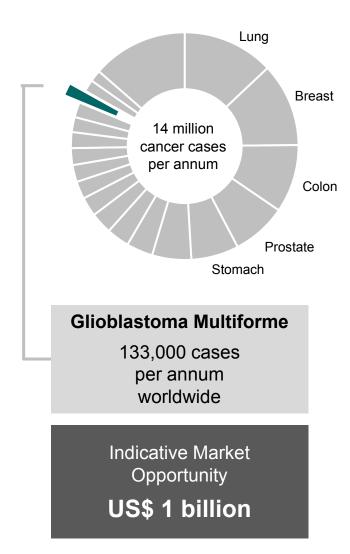
Others PI3K inhibitors are in human trials against a wide range of cancer types



GDC-0084 is able to cross the blood-brain barrier, which most PI3K inhibitors cannot



GDC-0084 | Unmet Need in Brain Cancer



No clear cause

or strong risk factors

3-4 months

untreated survival

12-15 months

average survival with treatment

Any age, but most common in

60s

Five-year survival

3 - 5%

(breast cancer: 90%)

Most common drug treatment is temozolomide (Temodar®), used after surgery and radiotherapy

Ineffective in approximately two-thirds of patients



GDC-0084 | Promising Human Trial Data

Safety

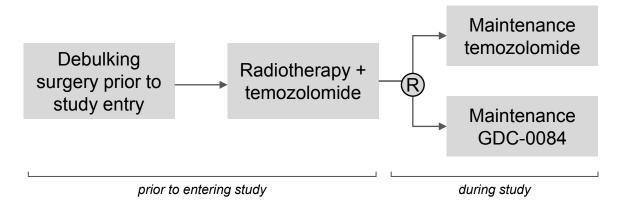
- Phase I safety trial conducted by Genentech
- 47 patients enrolled with advanced brain cancer
- Most common adverse events were mouth ulcers and increase in blood sugar (common effects of PI3K inhibitors)
- No evidence of liver, bone marrow, kidney toxicity, or mood disturbances
- Data presented at American Society for Clinical Oncology annual meeting in Chicago, June 2016

Efficacy Signals Comparison **GDC-0084** 40% 21-52% **Arresting** Achieved in studies of Avastin Tumour 'stable disease' in similar patients Growth Median 21% **Potentially** progression-free Remained on study **Delaying** survival of for >3 months **Progression** 1 month Potentially better 26% Slowing predictor of clinical Showed 'metabolic **Tumour** response than MRI partial response' **Activity**



GDC-0084 | Phase II Study Starting 2H 2017

Phase II study design to target first-line patients, following surgery and radiotherapy



Patients in United States, Australia and other countries, under oversight of US Food & Drug Administration under an open IND

Will target patients who are resistant to temozolomide (approximately two-thirds of glioblastoma patients)

Commencement:

2H 2017 (Jul – Dec 2017)

Duration:

approx. 2.5 years

Number of patients:

approx. **200** (100 per arm)

Regulatory Strategy

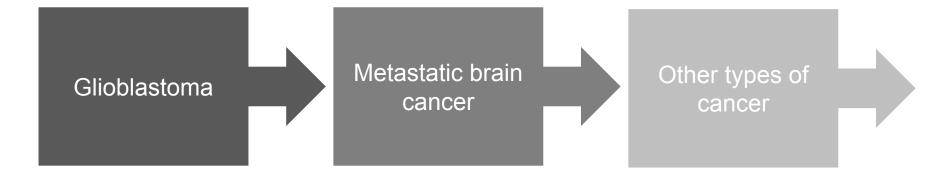
- Study will be designed to provide robust evidence of clinical efficacy using progression-free survival (PFS) as primary endpoint
- FDA provides a mechanism for promising drugs in diseases with high unmet need to receive 'accelerated approval' prior to completion of a definitive phase III study. Avastin (bevacizumab) was approved for recurrent GBM in this way
- Novogen hopes to discuss potential for accelerated approval with FDA after completion of phase II



GDC-0084 | Longer-Term Expansion Opportunities

Novogen's Core Focus

Potential Opportunity for Future Partners



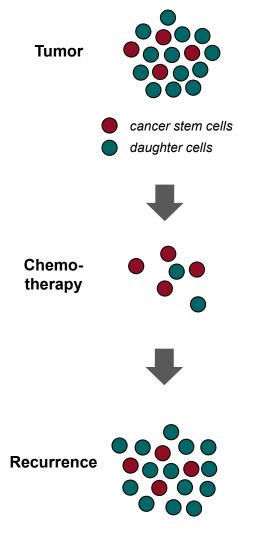
- Best opportunity to run a focused clinical program
- Fastest path to market

- Up to 10 times as many patients as glioblastoma
- Potential to expand use of GDC-0084 after a successful launch in glioblastoma

- 'Blue sky' potential
- PI3K inhibitors have potential to treat many types of cancer



TRXE-002-1 (Cantrixil) | How it Works



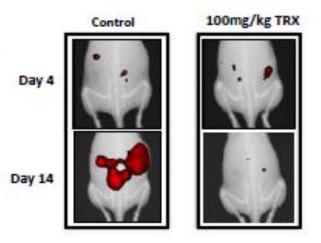
Ovarian cancer tumours contain a mixture of different cell types

Chemotherapy is not very active against 'cancer stem cells'

Cancer stem cells important to tumour recurrence and resistance

TRXE-002-1 is active against both regular cancer cells and cancer stem cells, and may therefore help to prevent recurrence

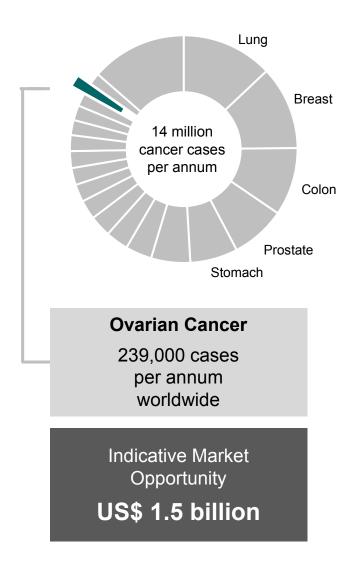
Mouse Model



Yale | Data courtesy of Prof Gil Mor, Yale University



TRXE-002-1 | Unmet Need in Ovarian Cancer



Cause of death for

1 in 100

women

>60%
of patients
have disease
spread at
diagnosis

10%
of cases are primarily genetic in origin

80%
of patients are over 50 years of age

Five-year survival

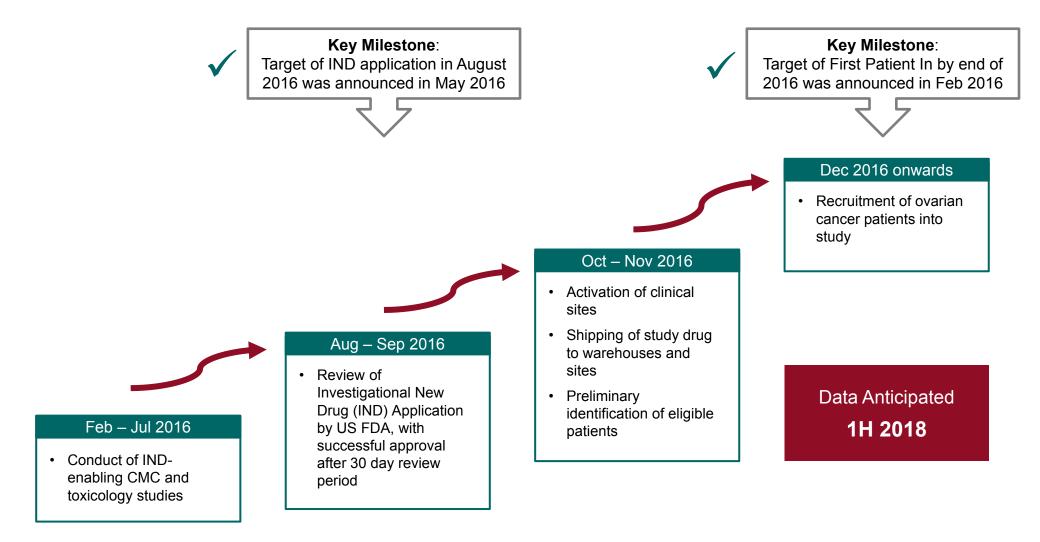
45%
(breast cancer: 90%)

Chemotherapy only curative in ~20% of ovarian cancers

More than half of patients with advanced disease will recur within 1-4 years



TRXE-002-1 | Significant Progress in 12 Months





TRXE-002-1 | Human Clinical Trials Started in December 2016

Completion **Trial Sites Patient Population** Study Design ~6 hospitals in United Women with Standard dose Forecast 18 month States and Australia confirmed ovarian escalation to establish study duration maximally tolerated cancer dose (MTD) Actual duration will Investigators are generally specialist Resistant or refractory depend on how many Expansion phase at gynaecological to at least one prior dose cohorts are line of therapy MTD to explore oncologists with required to establish clinical trial (generally a platinum signals of clinical MTD experience compound) activity

Study performed under Investigational New Drug (IND) application with United States Food & Drug Administration (FDA) – provides careful validation and supports eventual product approval in United States

In addition to standard efficacy measures (via CT scan), study will measure exploratory biomarkers to seek signals of clinical activity



Laboratory Research | Reprioritisation of ATM Projects

ATM-3507 (Anisina)



Next-Generation ATM Program

Program Terminated – April 2017

- Under development since 2013
- Novel approach to targeting the structural components of cancer cells, based on research from UNSW
- Animal studies showed unfavourable balance of activity and toxicity
- Funding and resources internally reallocated to other programs

Competitive CRC-P Grant Awarded – Feb 2017

- New approach to targeting structural components of cancer cells
- Aims to avoid challenges seen with older programs
- First drug development program to be awarded competitive CRC-P Grant by Federal Government
- Grant provides \$3 million of funding over three years, on top of \$1 million from Novogen



Milestones | Rich Series of Value-Driving Activities in 2017

GDC-0084 (phase II study in brain cancer)

Transfer of IND with US FDA

Transfer of responsibility for intellectual property

Completion of manufacture of capsules for trial

Consultation with FDA to confirm approach

Submission and approval of regulatory filings for study

Submission and approval of hospital ethics applications

Commencement of enrolment of patients ('First Patient In')

TRXE-002-1 (phase I study in ovarian cancer)

Completion of dose escalation phase

Granting of patents in US, EU, and other territories

Reporting of phase I data in 1H 2018

Next- Generation ATM Program

Commencement of work under grant







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