Next generation anti-inflammatory drugs for Chronic age-related diseases

Oncology
Ophthalmology
Neurology

Corporate presentation – June 2026

The problem

- **Age-related cancers** *(prostate, breast, lung, pancreas, ovarian, large bowel)*
- **Neurodegenerative diseases** *(Alzheimer's, Parkinson's, ALS, CTE etc)*
- **Eye diseases** *(dry AMD, wet AMD, uveitis, glaucoma)*
- **Chronic fibrotic diseases** *(lung, kidney, liver)*
- **Metabolic diseases** *(metabolic syndrome, diabetes)*

Chronic inflammatory/degenerative diseases in Australia are associated with 90% of premature deaths and over 50% of hospitalisations. 40% of of Australians over 60 yr have two or more chronic diseases. The Federal Govt in 2026 flagged the treatment of chronic disease as a major national health initiative.

Chronic disease is associated with premature death, physical disability, loss of independence, substance abuse, poor quality of life, depression, and financial difficulties from high costs of care.

The complexity of chronic disease also often means polypharma treatment (use of multiple drugs) bringing poor treatment compliance and high rates of adverse side-effects.

The proposed Filamon solution

Three drug technology platforms

- ALPHA
- BETA
- SIGMA

Each approaching chronic inflammation from a different angle.

Each first-of-kind.

Each owned by or exclusively available to Filamon.

Each the subject of an aggressive IP protection strategy.

Complex-acting drugs for complex diseases.

The antithesis of *targeted* medicines. A family of next generation anti-inflammatory drugs offering multiple functions to avoid polypharma. *'A pipeline in a pill'* concept.

Convenient and safe treatments

Drugs that can be self-administered (oral, topical) at home and that are well-tolerated.

Multi-use drugs

Drugs that can be multi-purposed based on the idea that many chronic diseases are linked to a common underlying systemic inflammatory process, reducing the need to develop different drugs for different chronic diseases.

Founders

Paul de Souza

Medical oncologist
Professor of Medicine
University of Sydney

Kieran Scott

Medical scientist
Assoc. Professor of Oncology
Western Sydney University

Graham Kelly

Medical scientist, biotech entrepreneur
Adjunct Professor, University of Sydney

Board

ROBERT EDGLEY
NON-EXECUTVE CHAIRMAN

Extensive career in International Finance and Investment Banking with the NatWest Group and Royal Bank of Scotland. 25+ years experience with a proven track record as a Non-Executive Director in high-growth ASX-listed and private companies.

GRAHAM KELLY
MANAGING DIRECTOR AND CEO

Medical scientist with over 55 years of experience in medical research and drug development. Has founded and built four publicly-listed (ASX, NASDAQ) biotechnology companies.

PAUL DE SOUZA
NON-EXECUTIVE DIRECTOR

Medical oncologist with PhD from UNSW. Formerly with Eli Lilly Australia, followed by the role of Chair of Medical Oncology at the University of Sydney. Specialising in translational medicine with extensive experience as Principal Investigator in multiple clinical drug trials.

STEPHEN MENZIES
NON-EXECUTIVE DIRECTOR

One of Australia's leading securities lawyer. Head of Ashurst China practice until 2018. Variously founder, seed investor and director of a range of biotechnology companies. Director of Platinum Asset Management 2014- 2022. Recently retired as Chair of Silicon Quantum Computing P/L.

JASON NAGY
NON-EXECUTIVE DIRECTOR

Extensive experience in technology and healthcare transactions, including the successful exit of Carlisle Health Radiology delivering significant value to Quadrant Private Equity. Founder of a private equity investment firm, Wahl Citadel, with multiple completed acquisitions and divestments across technology-enabled services and healthcare sectors. Proven track record in structuring , negotiating and executing complex transactions, capital raises and strategic exits.

Drug pipeline

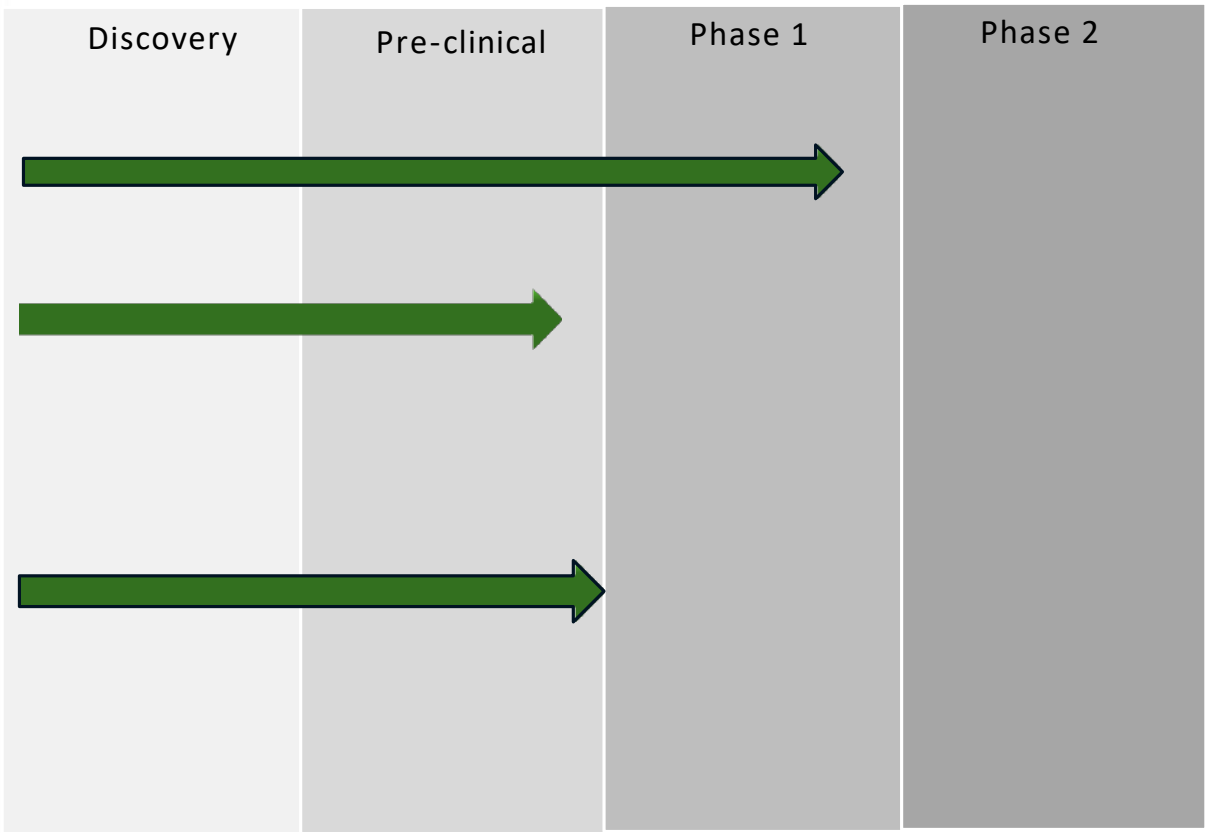
Oncology

KESONOTIDE™

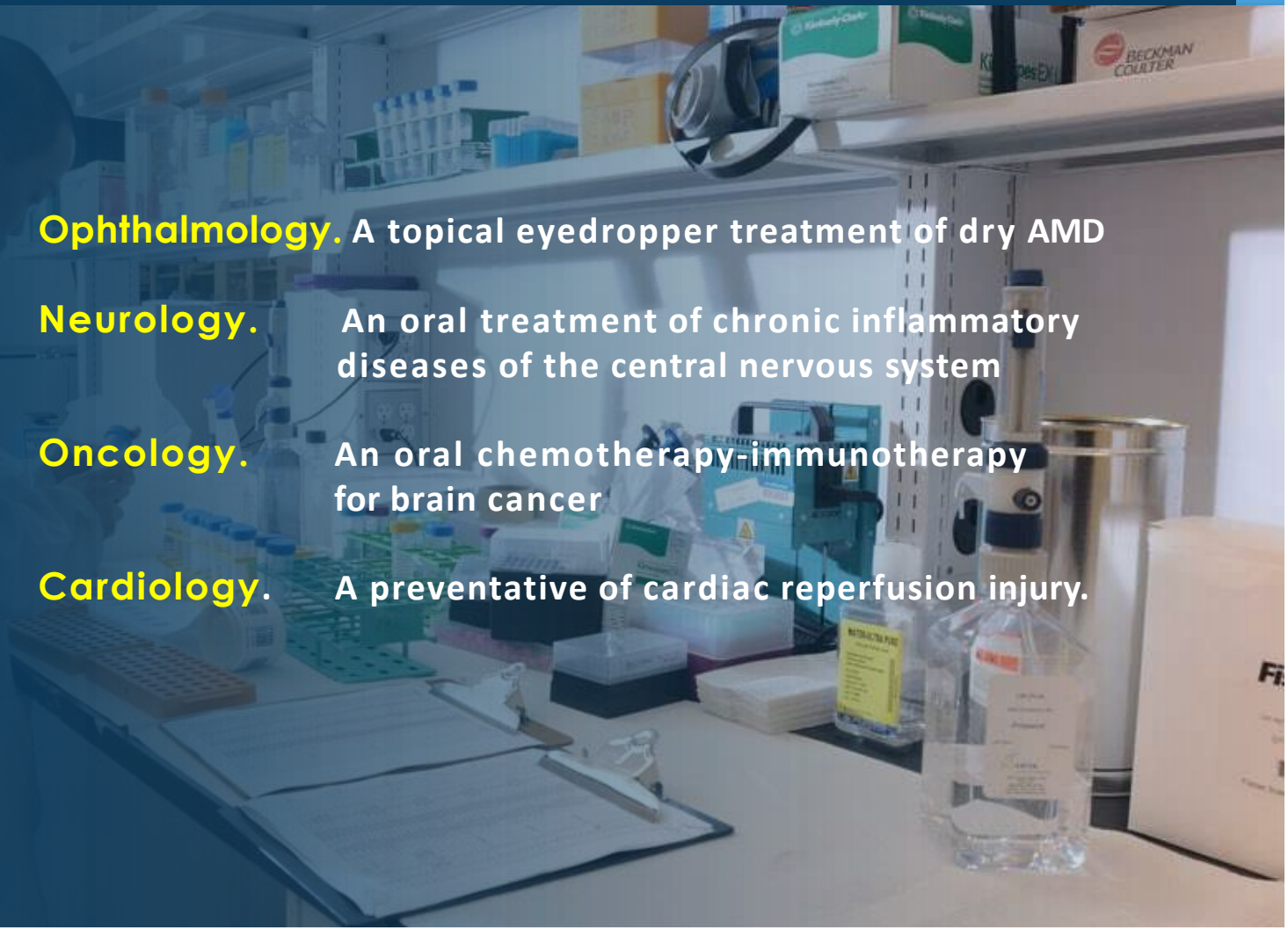
BETA-TT17

Ophthalmology

BETA-TT8 Ophthalmic Gel



Filamon Emerging pipeline



Ophthalmology. A topical eyedropper treatment of dry AMD

Neurology. An oral treatment of chronic inflammatory diseases of the central nervous system

Oncology. An oral chemotherapy-immunotherapy for brain cancer

Cardiology. A preventative of cardiac reperfusion injury.

Filamon Oncology

Kesonotide™ First-in-class, oral inhibitor of vimentin –driven cancer aggression and invasiness

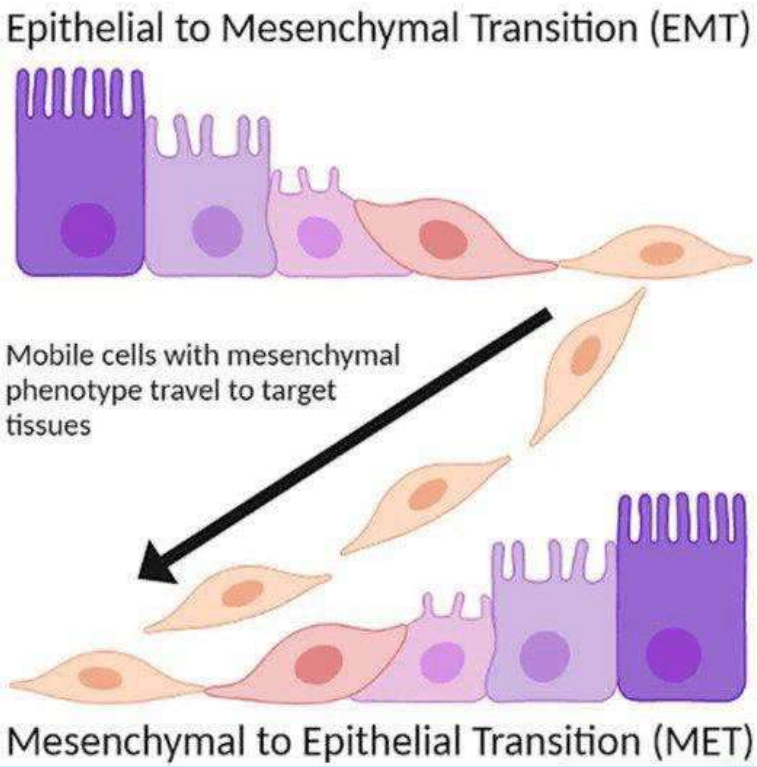
BETA –TT17 First-in-class , oral chemotherapy combining direct killing of cancer cells with reversal of T cell exhaustion to assist immunotherapy drugs

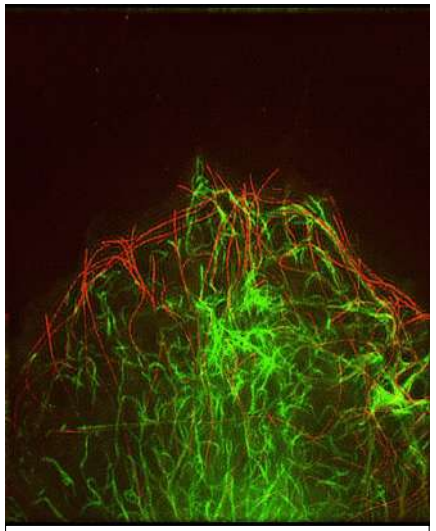
KESONOTIDE

Designed to fill a major gap in cancer treatment.

Blocking the epithelial-mesenchymal transition (EMT) function that drives cancer cells to

- proliferate
- become aggressive and invasive and spread
- become resistant to chemotherapy and radiotherapy
- recur following treatment.





Human retina cell displaying vimentin as intermediate filaments (red)
Courtesy Professor Gelfand, Northwestern University.

EMT is dependent on activation of the structural protein, vimentin.

KESONOTIDE has been designed to block the ability of vimentin to enable cancer cell invasiveness and spread.

KESONOTIDE

ADVICE Phase 1b/2a clinical study

Rationale: to block cancer aggression and spread by blocking the creation of the mesenchymal cell format (vimentin-dependent)

Oral drug. Daily dosing. 3-week treatment cycle. Max 6 cycles.

Phase 1. Up to 16 patients. Open to all solid cancer types. Three Australian sites. Safety, confirm oral absorption, biomarkers, early clinical signals.
10, 30, 60 and 120 mg dose cohorts.. Currently at 60 mg dose. No evidence of any toxicity.

Phase 2. Scheduled to start September 2026.
Two cohorts:

- late-stage prostate cancer (hormone-sensitive, progressing)
- second-line soft tissue sarcoma (vimentin-dependent mesenchymal cells)

Phase 2a Arm
Phase 1b Arm

ADVICE is an adaptive trial design allowing for an expansion of patient numbers in the event of positive signals.

BETA-TT17

A new form of immunotherapy

The role of **T cells** is to recognize abnormal cells like cancer cells and eliminate them.

A braking system known as immune checkpoint proteins is designed to regulate T cell killing action.

Cancer cells hijack this braking system and take it to excess in order to block T cells completely.

After months of being blocked from killing the cancer cells, the T cells become exhausted and inactive.

Immunotherapy drugs such as Keytruda and Opdivo remove the braking system but fail to work in most (~85%) cancer patients. This is believed due to the exhaustion of CD8+ cytotoxic T cells in those patients.

Reversing that exhaustion has been estimated to lift global sales of drugs such as Keytruda and Opdivo from current **USD62 billion** to a projected >**USD200 billion** by 2035.

BETA-TT17

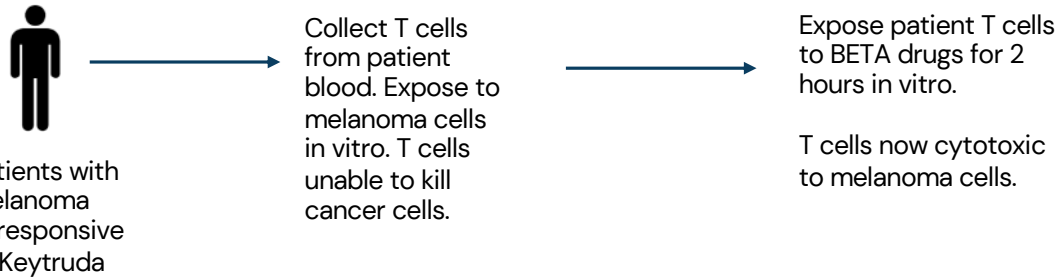
A unique combined chemotherapy/ immunotherapy.

Chemotherapy effect

BETA-TT17 kills a broad range of cancer cells (lung, breast, prostate, pancreatic, large bowel, brain etc) at pmol levels.

Immunotherapy effect

BETA-TT17 inhibits PD-1 expression by T cells, reversing their exhaustion and restoring their ability to kill cancer cells.



BETA-TT17

A unique combined chemotherapy - immunotherapy.

BETA-TT17 fully owned by Filamon. PCT patent lodged in all major territories.

Partnership between **Filamon** and **UNSW**.

UNSW currently identifying (with Federal funding) in humanised mice optimal immunotherapy drug combination.

Good drug qualities. High oral absorption; no metabolism; long half-life; well-tolerated

Filamon aiming to bring **BETA-TT17** into a FIH trial by mid-2027 in patients with late-stage cancers.

Current strategy is to treat **BETA-TT17** as a stand-alone chemotherapy/immunotherapy until confirm need/advantage of combination treatment.

Filamon Ophthalmology

T8 Ophthalmic Gel

An eyedropper treatment of intra-ocular inflammation

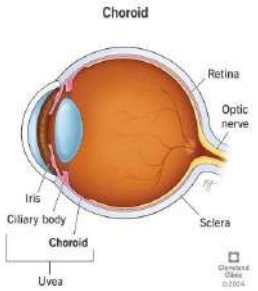
- wet (neovascular) AMD
- diabetic retinopathies
- uveitis

T8 Ophthalmic Gel

A first-in-class, eyedropper therapy designed to treat the underlying inflammation and not just the symptoms associated with inflammatory retinopathies (wet AMD and diabetic disease) and uveitis.

Current strategies for treating wet AMD and diabetic retinopathies involve eyeball injections of VEGF inhibitors which treat a symptom (leaky blood vessels) but not the underlying inflammatory disease process.

Steroid eyedrops or injections for uveitis and optic neuritis are associated with side-effects such as glaucoma and risk of infection.



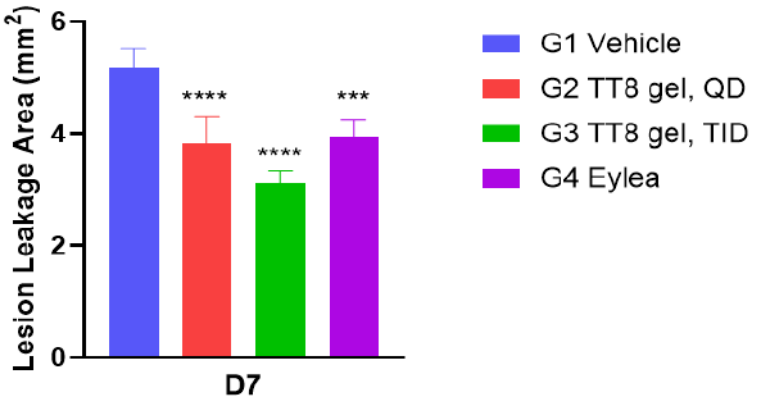
T8 Ophthalmic Gel readily crosses the cornea delivering sustained high levels of a potent anti-inflammatory drug (BETA-TT8) throughout rabbit eye.

T8 Ophthalmic Gel administered 3 times daily for 28 days consecutively in animals is well-tolerated with no irritation.

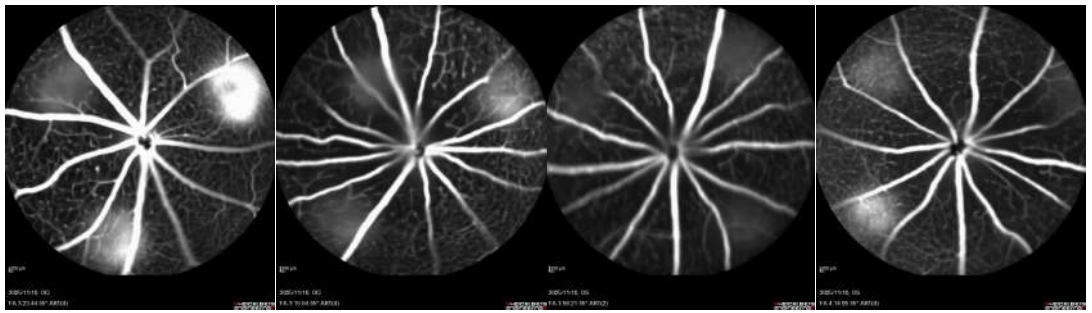
T8 Ophthalmic Gel avoids the damage and pain caused by eyeball injections and the increased risk of infection caused by steroids.

T8 Ophthalmic Gel

Leakage measurement – Fundus Fluorescent Angiography (FFA).



$^{**}p < 0.01$, $^{***}p < 0.001$, $^{****}p < 0.0001$



Vehicle | TT8 – gel_QD | TT8 – gel_TID | Eylea, 40µg

T8 Ophthalmic Gel

A first-in-class, eyedropper treatment for intra-ocular inflammation.

An alternative treatment for VEGF-inhibitors and steroids and their attendant side-effects.

- **BEyOND trial in wet AMD patients responding to Eylea**
- **Eylea treatment to be withheld and T8 Gel introduced**
- **scheduled to commence Q3 2026**
- **26 patients**
- **12 weeks treatment – safety, clinical response**
- **4 Australian sites.**

- **Advisory Board appointed (*see Slide 17*).**

Ophthalmology Advisory Panel

Professor Andrew Chang AM MBBS PhD FRANZCO FRACS

Member of the Filamon Ophthalmology Medical Advisory Board: Professor Andrew Chang is consultant vitreoretinal ophthalmologist, Head of Ophthalmology at the Sydney Eye Hospital and Medical Director of Sydney Retina Clinic. He holds academic appointments of Conjoint Professor Department of Surgery UNSW and Clinical Associate Professor at the University of Sydney and is Clinician Advisor to the Australian Department of Health Australia and TGA.

Adj. Professor Hemal Mehta MBBS MD FRCOphth FRANZCO

Member of the Filamon Ophthalmology Medical Advisory Board: Consultant ophthalmologist specializing in management of macular disease and cataract surgery. Adjunct Professor at Notre Dame University Australia, Clinical Associate Professor at University of Sydney and member of the Steering Committee of the *Fight Retinal Blindness! p*roject. Author of 70 peer-reviewed publications. Doctorate of Medicine (Cambridge University).

Professor Lyndell Lim MBBS DMedSci FRANZCO

Filamon Special Advisor in Intra-Ocular Inflammation: Principal Research Fellow, University of Melbourne, Head of Uveitis and Retinal Vascular Research, Centre of Eye Research Australia (CERA). Chief Medical Officer, Cerulea Clinical Trials. Specialties include Ocular Inflammatory Disease and Diabetic Retinopathy.

Filamon

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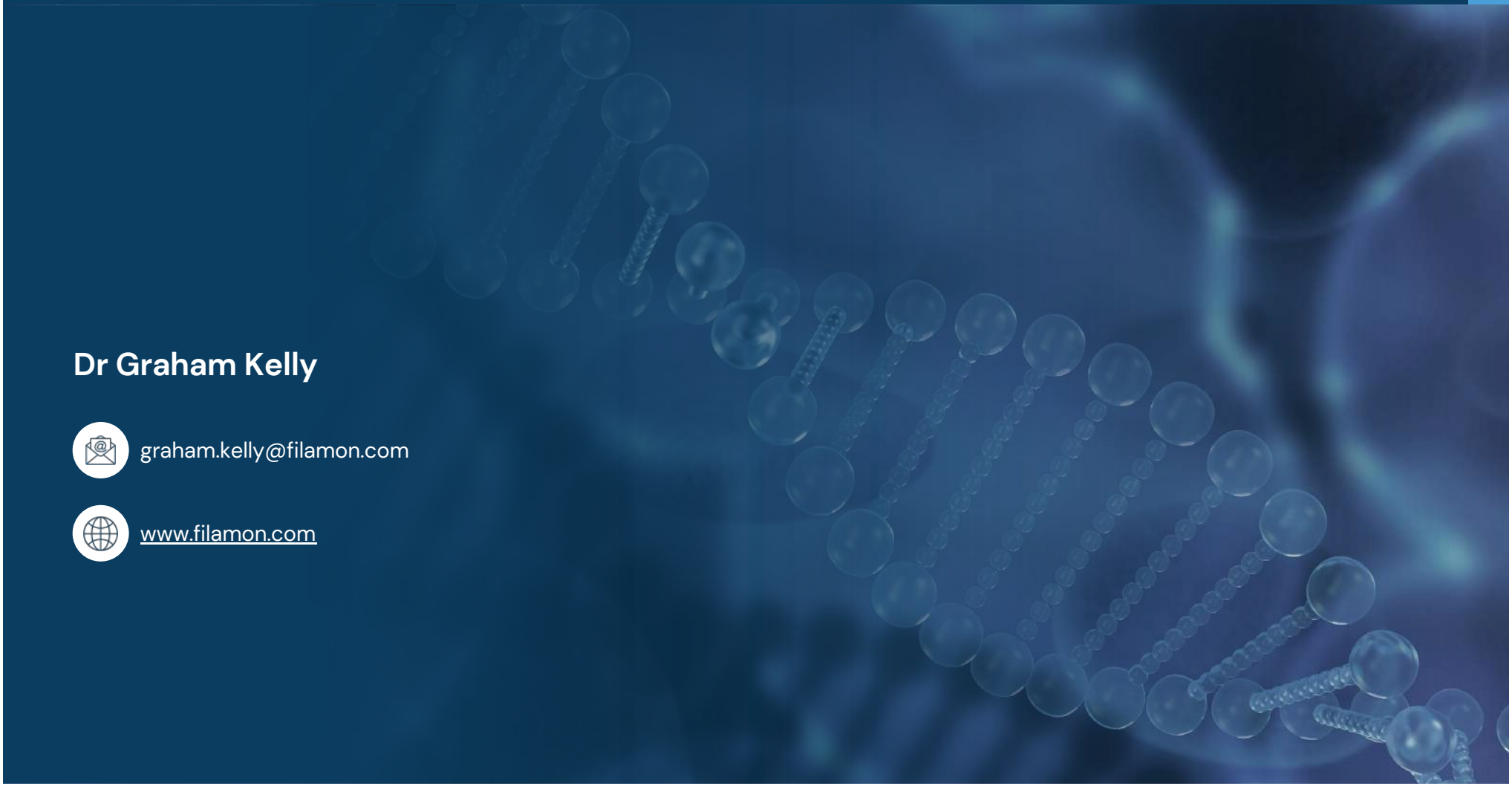

Dr Graham Kelly

graham.kelly@filamon.com

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