Filamon

Shareholder Newsletter November 2026

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Message from the CEO



Dear Shareholder

I would like to begin by inviting you to join us online at **10.30 am AEDT on Tuesday, 24 November**, for Filamon's 2026 Annual General Meeting.

Since our last shareholder update in March 2026, Filamon has made significant progress across its clinical and preclinical drug development programs, alongside important advancements in our commercial strategy.

In this update, I share the latest progress from our KESONOTIDE™ ADVICE clinical trial, preparations for the first clinical trial of our BETA-TT8 eye gel, and the development of our BETA-TT17 cancer immunotherapy candidate.

I also provide an update on our capital raising activities and preparations for a proposed ASX listing in 2027.

Thank you for your continued support as we advance our next generation of treatments for age-related chronic diseases.

Dr Graham Kelly
CEO and Managing Director

ONCOLOGY



KESONOTIDE: TARGETING CANCER SPREAD AND TREATMENT RESISTANCE

Most cancer deaths are caused by the original tumour spreading and becoming resistant to treatment. KESONOTIDE is designed to tackle both issues by blocking the activity of the protein vimentin.

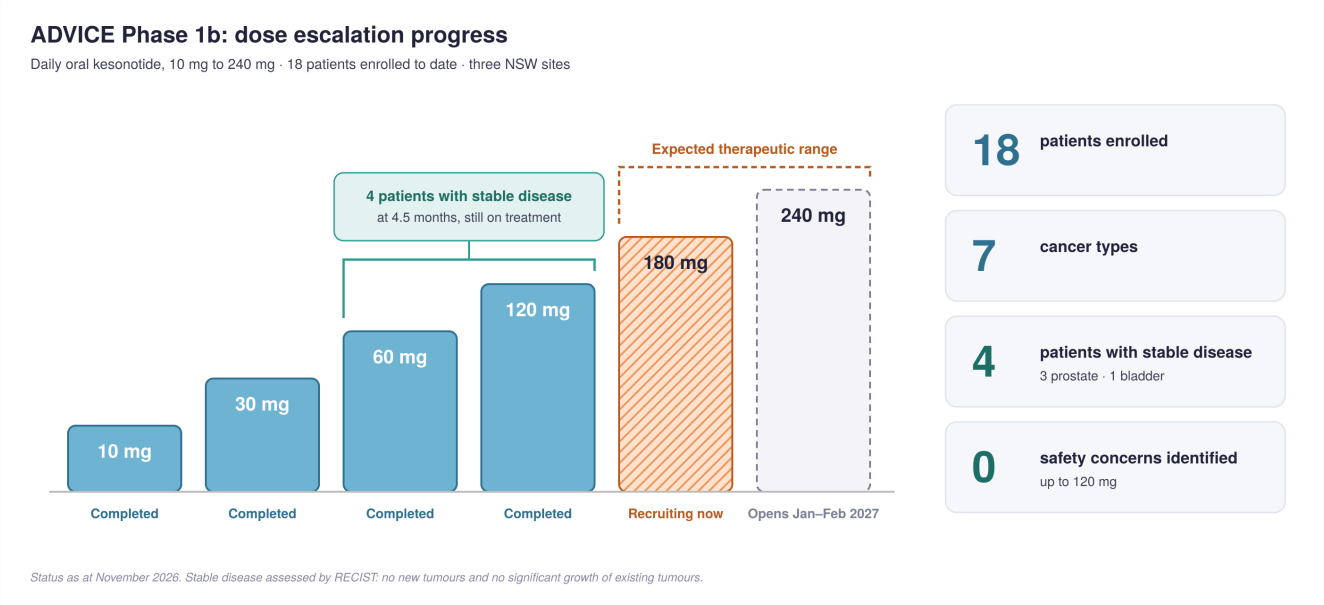
By targeting vimentin, KESONOTIDE addresses a mechanism shared by most cancers including lung, breast, prostate and colorectal cancers, in which high levels of vimentin are linked to poorer outcomes, increased invasiveness, higher rates of metastasis and reduced overall survival.[1]

KESONOTIDE is designed to be added to existing treatments rather than replace them. This gives it the potential to be used across multiple cancer types and different stages of disease. Its oral dosing and good tolerability to date also make long-term use practical. Few cancer medicines can be used this broadly, and we anticipate this breadth will be attractive to potential pharmaceutical partners.

PHASE 1B: ON TRACK AND WELL TOLERATED

The Phase 1b dose-escalation arm of ADVICE is assessing daily oral KESONOTIDE at doses ranging from 10 mg to 240 mg across three NSW sites. Patients are treated for 4.5 months and can continue treatment if their disease remains stable, as determined by scans according to RECIST criteria[2].

Our goal is for KESONOTIDE to slow, and potentially prevent, cancer spread and to keep tumours responsive to treatment for longer when used alongside standard therapies. The longest period of stable disease recorded to date is 10 months, with one patient with prostate cancer continuing treatment.



These results were presented at the Medical Oncology Group of Australia (MOGA) Annual Scientific Meeting in August 2026.

For the full announcement, read here: Filamon-MOGA-2026-Ann.pdf

Recruitment for the 180 mg group is under way, with the 240 mg group expected to open for recruitment in January–February 2027. These two highest doses are within the range expected to be therapeutically effective. Filamon is adding further trial sites to accelerate recruitment of the final 12 patients, with a focus on men with late-stage prostate cancer.

BETA-TT-17: AN ORAL IMMUNOTHERAPY

BETTA-TT-17: A Dual-Action Cancer Drug

BETA-TT-17 is a late-stage pre-clinical drug candidate that has demonstrated two complementary actions in preclinical studies:

- It kills cancer cells directly, in the same way as conventional chemotherapy.
- It activates the immune system, switching on T cells to attack and kill cancer cells, in the same way as an immunotherapy.

This combination gives BETA-TT-17 significant medical and commercial potential. Immune checkpoint inhibitors such as pembrolizumab (Keytruda) and nivolumab (Opdivo) are among the world's top-selling medicines, but many patients do not respond to them. A drug that makes these immunotherapies work for more patients would be a highly valuable combination partner.

BETA-TT-17 is being prepared for its first-in-human study in the second half of 2027, initially targeting pancreatic cancer and melanoma.

There is also further opportunity in brain cancer. In preclinical studies, BETA-TT-17 readily crosses the blood-brain barrier, which most cancer drugs cannot do. In the laboratory studies, it killed cells from adult glioblastoma and diffuse intrinsic pontine glioma (DIPG), a childhood brain cancer. Both cancers have very poor survival rates and few treatment options.



BETA-TT-8 AND LAMDA CLINICAL TRIAL

An Eye Drop for Inflammatory Diseases of the Retina

BETA-TT-8 is being developed as an eye drop to treat three leading causes of vision loss in adults:

- Wet age-related macular degeneration (wet AMD)
- Diabetic macular oedema (DMO)
- Diabetic retinopathy (DR)

Cases of all three are rising. Wet AMD is becoming more common as people live longer, and DMO and DR are increasing with the global rise in obesity and diabetes.

The Need

The current standard treatment for wetAMD and DMO is a VEGF inhibitor, a drug injected into the eye every one to two months, usually for life. These drugs control the main symptom, leaking blood vessels, but not the low-grade inflammation that drives it.

As a result:

- Many patients respond only partly, or not at all.
- The disease is slowed rather than stopped.
- The injections are expensive and carry risks of side-effects.
- Frequent clinic visits and injections lead many patients to miss treatments or stop altogether, increasing the risk of further vision loss.

Despite these drawbacks, VEGF inhibitors for eye disease generate more than US$10 billion in sales each year, demonstrating the scale of the market that a better treatment could serve.

THE BETA-TT-8 APPROACH

BETA-TT-8 is a potent small-molecule anti-inflammatory designed to do two things at once: shut down the underlying inflammation in the retina and directly block VEGF to control leaking blood vessels.

Preclinical studies show that BETA-TT-8 readily crosses the cornea when applied as an eye drop and performs as well as, or better than, aflibercept (Eylea), the current standard of care.

Filamon believes a drug that treats both the disease and its symptoms, and that patients can apply themselves at home, could transform care for these conditions. Patients would avoid regular eye injections, while health systems would face a reduced burden from frequent clinic visits.

LAMDA PHASE 1B/2A CLINICAL TRIAL

LAMDA will test T8-EyeGel, the eye-drop form of BETA-TT-8, in patients with wet AMD. The trial is expected to commence in the first quarter of 2027 and will involve:

- 10 patients with wet AMD who currently receive monthly injections of aflibercept (Eylea).
- Pausing injections while patients apply T8-EyeGel daily for 14 days.
- Three months of follow-up without injections to measure the strength and duration of the response.



Our aim is to show that a short course of T8-EyeGel can halt the disease process in the retina. Patients would then require only occasional maintenance treatment and visits to their ophthalmologist.

Several ophthalmology clinics in NSW will participate . The trial is guided by our Ophthalmology Advisory Board, including Associate Professor Andrew Chang and Associate Professor Hemal Mehta, together with Professor Lyndell Lim, our Special Advisor on Ocular Inflammatory Disease.

Corporate

CORPORATE AND COMMERCIAL

Since the last Filamon shareholder update, the Company has progressed its commercial development and preparation for initial public offering (IPO).

Private equity group WAHL Citadel, an Australian-based investor with substantial investments across healthcare and resources, has joined the Company's share register with a ~$3 million cornerstone pre-IPO investment into Filamon. WAHL partner Jason S. Nagy, MBA, has also joined the Filamon board.

Blue Ocean Equities Limited (BOEQ) remains the Company's mandated IPO Lead Manager. In September and October this year, Filamon's corporate adviser, Amery Partners, commenced discussions with additional prospective lead managers to diversify the IPO broker pool and maximise market coverage for Filamon's planned Q1 2027 listing.

These discussions with established mid-tier equity capital markets brokers based on Australia's east and west coasts have progressed very favourably. The Company expects to finalise the appointment of two additional lead managers for the IPO this month.

Discussions with potential IPO cornerstone investors, both domestically and offshore, are continuing and are expected to conclude in early Q1 2027.

Filamon continues to raise funds under its Series B pre-IPO terms (33 cents per share, with one free attaching 50-cent option for every three shares) up to its maximum Series B pre-IPO limit of $8 million, with approximately $1.8 million remaining available to place.

Pre-IPO funding is being directed towards the Company's ongoing ADVICE oncology trial, the upcoming LAMBDA Wet AMD topical eye gel trial and to IPO preparations.

The IPO program remains on track and is well advanced, with the Company's Due Diligence Committee (DDC) approximately halfway through its scheduled meeting and drafting of the IPO prospectus nearing completion.

Filamon expects to commence pre-IPO pathfinder marketing in late January 2027, targeting a March listing date.

NEXT YEAR

We look forward to a busy and exciting year ahead, with a proposed listing, at least three clinical trials underway and generating multiple data readouts, further news flow from our preclinical pipeline, engagement with the US FDA on several fronts, and increased business development activities.

1. https://pmc.ncbi.nlm.nih.gov/articles/PMC7137029/
2. https://recist.eortc.org/recist-1-1/