



Corporate Presentation
July 2026

NEXT-GENERATION CANCER THERAPEUTICS

***DE-RISKED DRUG DEVELOPMENT OPPORTUNITIES
TARGETING GLOBAL MARKETS***

Dr Christian Toouli, CEO & Managing Director
c.toouli@fivephusion.com

By accepting this presentation or attending a presentation (whether in person or by video conference), the recipient (**you**) agrees to be bound by the following terms and conditions. The purpose of this presentation is to provide general information about Detsamma Investments Pty Ltd (ABN:85 630 579 547) (trading as **"FivepHusion"**) and its business.

This presentation does not constitute an offer, invitation or recommendation to subscribe for, or purchase, any security or financial product or an advertisement for the same. This document is not a prospectus, disclosure document, product disclosure statement or other offer or disclosure document under Australian law or the laws of any other jurisdiction. This presentation does not constitute the provision of financial product or investment advice. You should seek independent legal, financial, regulatory and taxation advice before making any decision in respect of this presentation. You represent and warrant that you fall within one or more of the categories of "sophisticated" or "professional" investors as described in sections 708(8) and 708(11) of the Corporations Act 2001 (Cth), or that you are otherwise a person to whom this presentation may be provided under the securities laws of any applicable jurisdiction.

FivepHusion and its officers, employees, consultants and advisors do not make any guarantee, representation or warranty, either expressed or implied concerning the accuracy, completeness or reliability of the information contained in this presentation or accept any responsibility for errors or omissions in any information contained in this presentation or the future performance of FivepHusion; and disclaim and exclude all liability for the accuracy, completeness or reliability of the information contained in this presentation (or any error or omission thereof), and exclude all liability whatsoever for any loss, damage or costs (whether foreseeable or not and whether direct, indirect or consequential) which may be suffered by any person as a consequence of any information in this presentation or any error in or omission from it, whether the loss or damage arises in tort (including negligence), contract, statute or otherwise. Specifically, FivepHusion does not warrant or represent that the information contained in this presentation has been audited, except where specifically stated otherwise.

This presentation may include forward-looking statements, which reflect various assumptions that may or may not prove to be correct. Actual results may be materially affected by known and unknown risks including changes in economic conditions and other circumstances which may be outside the control of FivepHusion. The reliance that recipients place upon such information is a matter for their own commercial judgement however you are cautioned not to place undue reliance on forward-looking statements and to seek professional advice if in doubt.

All warranties, conditions, liabilities or representations in relation to information or advice contained in this presentation are expressly negated and excluded to the maximum extent permitted by law. The recipient agrees, to the fullest extent permitted by law that he/she shall not seek to sue or hold FivepHusion or its officers, employees, consultants and advisors liable in any respect by reason of provision of this presentation.

This information in this presentation is being furnished to you solely for your information and may not be reproduced, in whole or in part, or distributed to any other person, without the consent of FivepHusion.



Millions of cancer patients are
treated with chemotherapy
unchanged since last century

FivepHusion **is optimising**
treatment safety and efficacy,
& **unlocking multi-billion-**
dollar commercial
opportunities

Optimising the standard of care, backbone of cancer treatment

Deflexifol®: A next-generation, best-in-class treatment

A new & optimised standard of care therapy

- Superior co-formulation of **5-fluorouracil (5-FU)** & its biomodulator **leucovorin (LV)**
- Positioned to **replace standard therapy** in solid tumours
- Sales revenue potential **>US\$1B**

Broad therapeutic utility & market opportunities

- Priority development indications:
 - **paediatric ependymoma (brain) cancer**
 - **1st line metastatic colorectal cancer**
- **Significant upside** potential in other solid tumours
 - pancreatic, gastric, breast, head & neck cancers

Technically low-risk & clinically advanced

- **3 clinical studies successfully completed**
- **5x surrogate pII trials** support increased survival benefit
- **pII ependymoma trial HREC approved & ready to initiate**
- Fast-tracked, low-risk 505(b)(2) regulatory pathway
- Low-cost, scalable manufacture with **Pfizer** in Melbourne
- **Endorsed by leading oncologists**
- **Granted composition of matter IP** + patent pipeline exclusivity to >2046

**Pursuing strategic partnerships to prepare for
registration trials**

EXPERIENCED LEADERSHIP & STRATEGIC PARTNERS

Established highly experienced Board, Management and Advisory Teams

Board



David Ranson

Executive Chairman
BEng(ElecEng)



Dr. Christian Tooли

CEO & Managing Director
Btech Hons; PhD; GAICD



Dr. Bill Ketelbey

Executive Director
MBBCh; FFPM; MBA; GAICD



Iain Ross

Non-Executive Director
BSc Hons; CDir (IoD)

Strategic Collaborations



Independent Clinical Advisory Board

Advising on the clinical strategy and trial design for Deflexifol® registration for use in adult cancers



Prof. Stephen Clarke
OAM

Chairman



Prof. John Simes
AO



Prof. Andrew McLachlan
AM



Prof. John Zalcborg
AO



Founder Advisory Board

Inventors of Deflexifol® contributing expertise to ongoing development



Prof. Philip Clingan
OAM



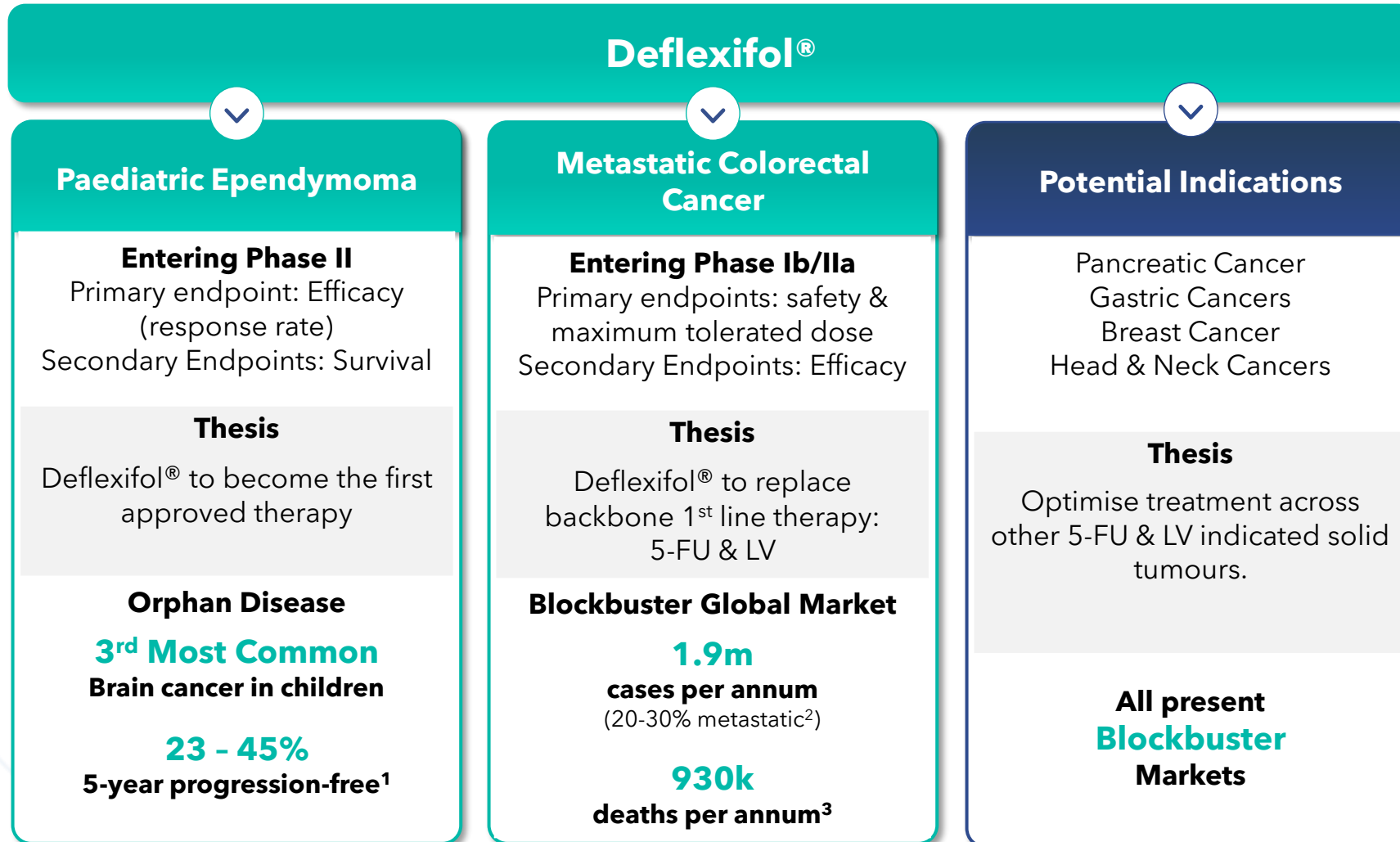
Senior Prof. Marie Ranson



Emeritus Prof. John Bremner
AM

MULTIPLE BLOCKBUSTER OPPORTUNITIES

Deflexifol® has broad clinical applications in solid tumour therapy



1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10036929/>
2. Global Cancer Observatory 2020, Cancer Today; GLOBOCAN 2020
3. <https://www.who.int/news-room/fact-sheets/detail/colorectal-cancer>

Combining and Optimising the Current Standard of Care



Metastatic colorectal cancer (mCRC)

Treated palliatively, with up to only ~55% response rate & ~30-month survival

5-fluorouracil (5-FU) + leucovorin (LV)
are the “**backbone**” of mCRC therapy

~95% of patients receive 5-FU/LV

The treatment backbone for the foreseeable future¹

X

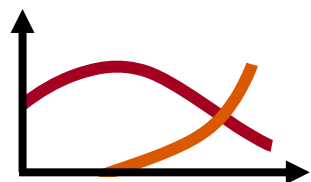
The Problem with 5-FU + LV

5-FU + LV is synergistic, but chemically incompatible

- **Synergy:** LV enhances the efficacy of 5-FU
- **Chemically Incompatible:** Cannot be co-administered to maximise efficacy (crystallises and blocks the infusion line)

Sequential administration (current workaround) provides:

- **limited co-exposure and**
- **sub-optimal efficacy**

**✓**

The Solution: Deflexifol®

FivepHusion's Breakthrough: Deflexifol®

- **Deflexifol® successfully combines 5-FU + LV**
- **Overcomes chemical incompatibility**
- **Increases co-exposure from 3 hours → 47 hours**
- **Delivers new highly valuable composition of matter IP**



**Enhanced
Efficacy**



**Reduced
Toxicity**



**Higher
Tolerated Dose**

¹ According to KOL opinion & competitive landscape analysis, and as reviewed by Glimelius et al. 2021, *Cancer Treat Rev* 98:102218.

CONFIRMED IMPROVED SAFETY AND EFFICACY

FivepHusion's two adult clinical trials demonstrated safety and efficacy signals

FivepHusion has treated **59 adult end-stage patients** with a **variety of solid tumours demonstrating¹**

- Reduced toxicity and improved tolerability
- Effective disease control in the majority of patients despite failing all prior therapies (including 5-FU)



Supported by **five independent phase II studies²** demonstrating improved anti-tumour activity and significant survival benefits

Deflexifol® monotherapy

64-69%
disease control
rates

Across two dose-escalation studies in
end-stage, heavily pre-treated patients

vs.

Approved mCRC monotherapies*

41%
disease control
rate

&

44%
disease control
rate

for regorafenib
(**US\$580M** sales in 2023)

for Lonsurf®
(**US\$550M** sales in 2023)

^{1,2} Deflexifol® publications, conference proceedings and supportive literature can be found at: <https://fivephusion.com/publications/>

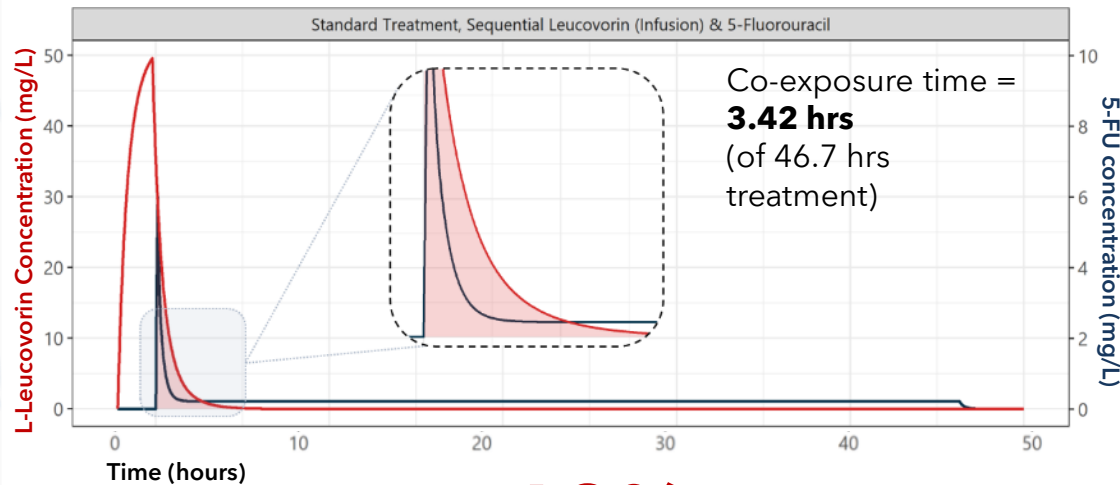
* Registration trial results: Regorafenib - PFS 1.9 (vs. 1.7 months placebo), OS 6.4 months (vs 5.0- months placebo); Lonsurf - PFS 2.0 months (vs. 1.7 months placebo), OS 7.1 months (vs. 5.3 months placebo). Grothey et al., 2013, Lancet, 381(9863):303; Mayer et al. 2015, N Engl J Med, 372(20):1909

WHY DEFLEXIFOL® ENHANCES EFFICACY

Pre-longed leucovorin exposure significantly enhances 5-FU anti-cancer potency^{1,2}

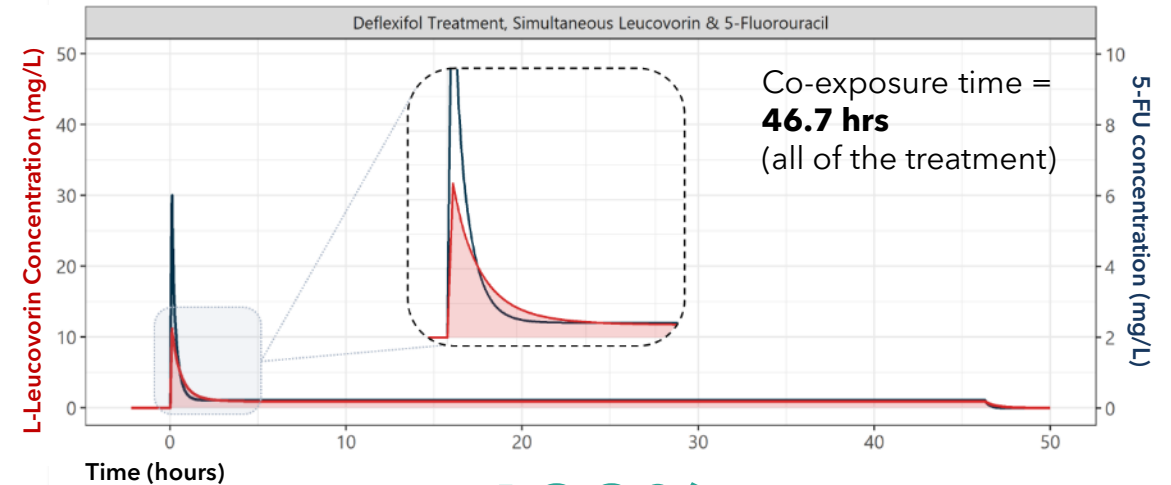
Deflexifol® co-formulates 5-FU/LV safely with an FDA-approved cyclodextrin to enable maximal tumour co-exposure for optimal treatment efficacy

Current Standard of Care Sub-Optimal Serial Administration



<10%
5-FU/LV co-exposure

Co-infusion via Deflexifol® The New Gold Standard of Care™



100%
5-FU/LV co-exposure

Modelled pharmacokinetics based on published independent literature^{3,4}

¹ Moran & Scanlon 1991, *Cancer Res* 51:4618; ² Romanini et al. 1991, *Cancer Res* 51:789; ³ Maring et al. 2003, *Cancer Chemother Pharmacol.* 51:167; ⁴ Straw et al. 1984, *Cancer Res.* 44:3114

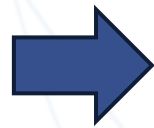
5-FU/LV CO-INFUSION IMPROVES ANTI-TUMOUR EFFICACY & SURVIVAL

FivepHusion's thesis is supported by robust third-party precedent data

- **Five independent surrogate mCRC clinical studies⁽¹⁻⁵⁾** demonstrate that simultaneous 5-FU & LV delivery achieves superior response rates and survival (*using unapproved and/or unsafe methods that may block infusion lines*)
- **Two comparative trials demonstrate a survival benefit of simultaneous 5-FU & LV** administered as part of current Standard of Care mCRC regimens:
 - FOLFOX = 5-FU + LV + oxaliplatin
 - FOLFIRI = 5-FU + LV + irinotecan)

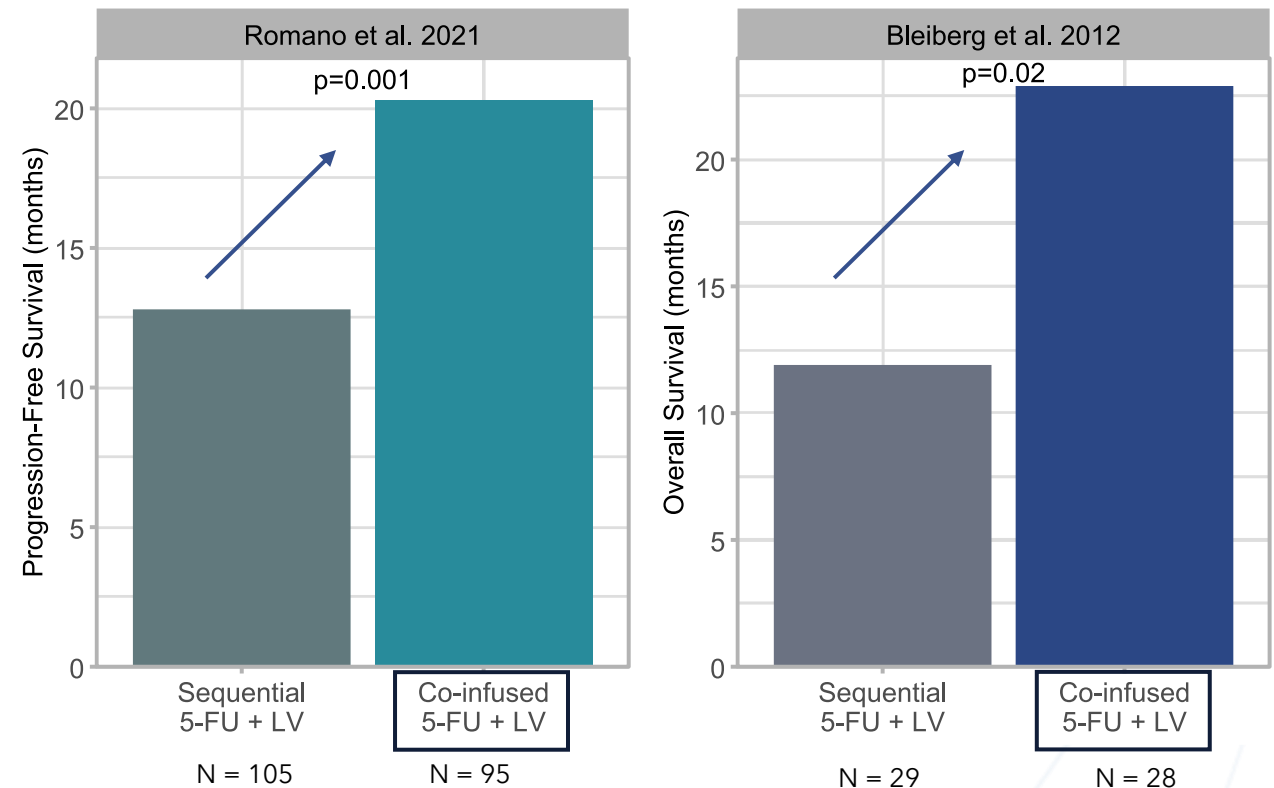
Reported:

- **Near doubling** in duration of patient survival
- **~40-60% reduction** in rate of progression or death



De-risks and justifies Deflexifol® development & commercialisation

PRECEDENT CO-INFUSION COMPARATIVE STUDIES WITH FOLFOX/FOLFIRI



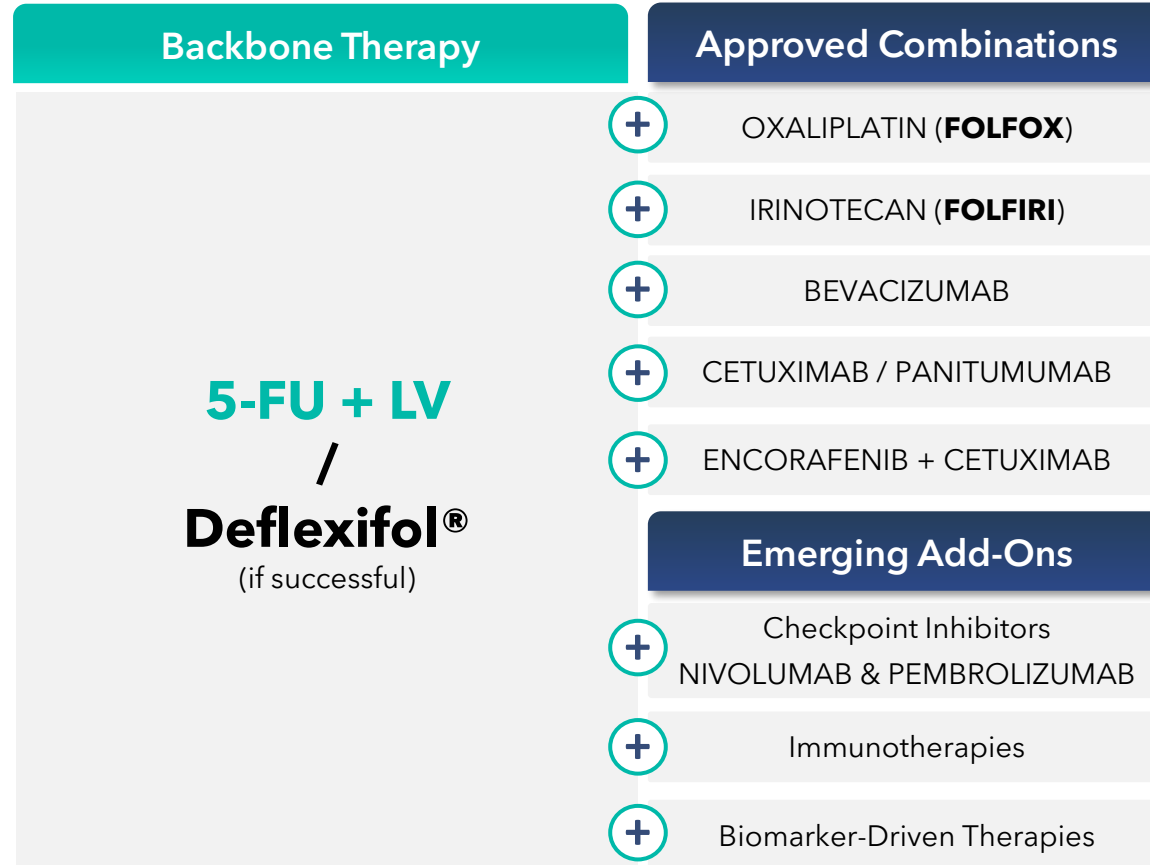
1. Ardalan et al. 1991, *J Clin Oncol.*, 9(4):625-30.
2. Yeh et al. 1997, *Anticancer Res.*, 17(5B):3867-71.

3. Yang et al. 1999, *Cancer*, 85(9):1925-30.
4. Bleiberg et al. 2012, *Acta Gastroenterol Belg.*, 75(1):14-21.

5. Romano et al., 2021 *Oncotarget* 12(3):221

DEFLEXIFOL® A NEW BACKBONE THERAPY

Deflexifol® aims to replace 5-FU + LV as the backbone therapy of mCRC



5-FU & LV (Deflexifol®) **faces limited competition risk** as it will likely remain as a **Backbone Therapy** with new mCRC treatments utilised in combination.

Feedback on FivepHusion data set, clinical development, CMC and regulatory plans for Deflexifol®

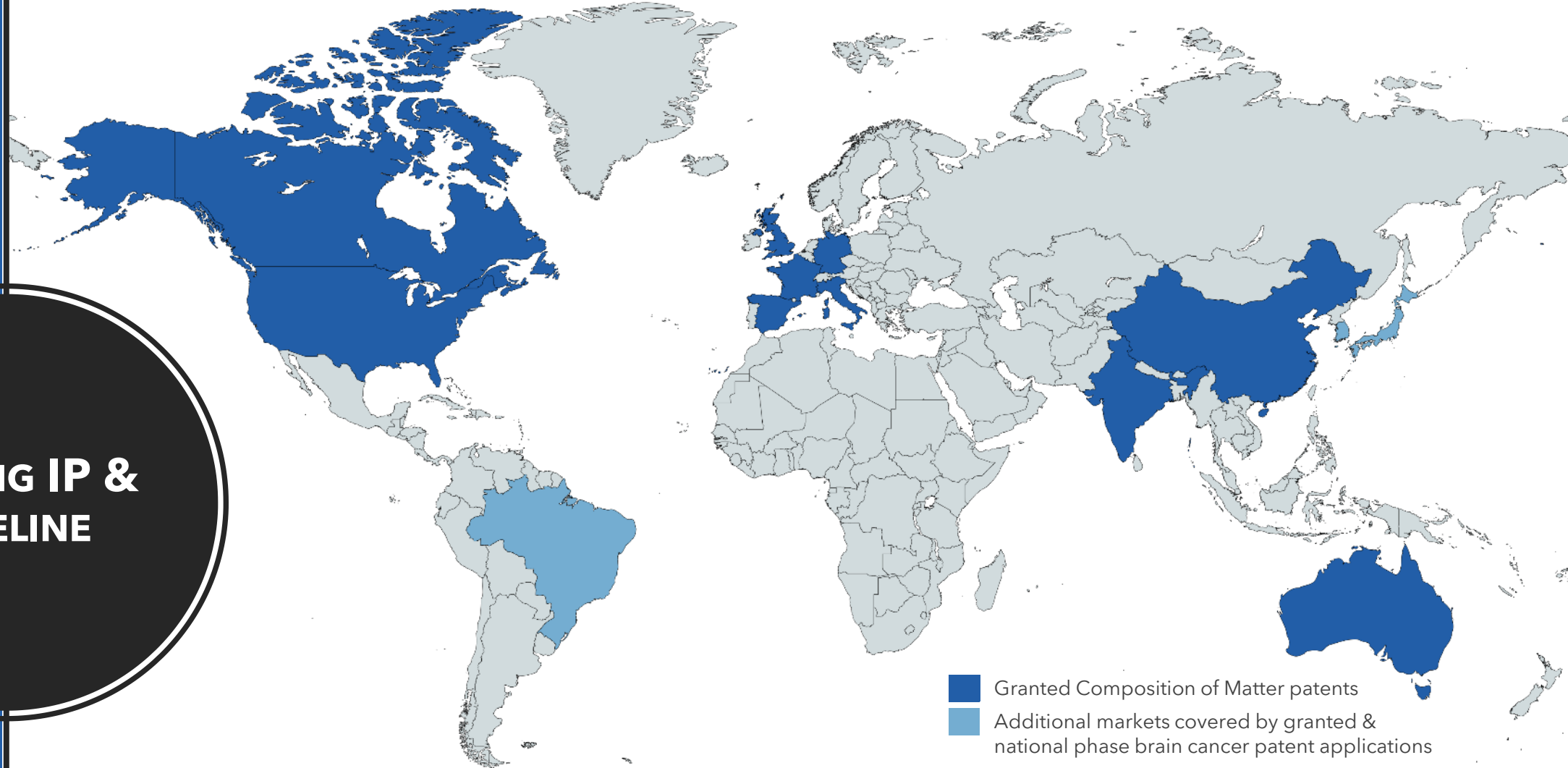
Key FDA Feedback

- 1. Deflexifol® can be immediately developed for 1st line mCRC patients**
 - **No need for phase II** due to approved drugs with established safety and tolerability
 - **No need to first seek registration in later lines of therapy**
- 2. Advice on design of planned phase Ib/IIa ("combo") trial confirming Deflexifol® dose in FOLFOX** – i.e., when combined with oxaliplatin & bevacizumab
(Trial is HREC approved and ready to initiate)
- 3. Only one successfully conducted phase III** pivotal trial required to support registration
- 4. Accelerated regulatory path** for registration in mCRC (FDA 505(b)(2))



Endorses our plan to accelerate towards phase III development and registration for Deflexifol®

STRONG IP & PIPELINE



- **Granted composition of matter**
- Patents at national phase prosecution
- **New composition** filed in 2026

expected
exclusivity to
>2046

DEFLEXIFOL®: PAEDIATRIC EPENDYMOMA

Strategic Path to Market - Aiming to be the first approved drug for this cancer

PAEDIATRIC EPENDYMOMA

- **The third most common brain cancer in children**
- Peak incidence <4 years of age

CURRENT TREATMENT

- Surgical resection and adjuvant radiotherapy
- There are no approved drug therapies

RATIONALE

- **US trial¹: 5-FU activity in children that had failed prior therapy**
- **Deflexifol® is safer and more efficacious than 5-FU alone**

DEFLEXIFOL® AT RELAPSE TRIAL (DART)

- Phase 1/2 Trial investigating safety, tolerability & efficacy in children with recurrent or refractory ependymoma
- **A safe & tolerable dose confirmed, encouraging reports of extended treatment durations.**



Orphan indication with a fast path to approval

¹Wright et al. 2015, *Neuro Oncol.*, 17(12):1620-27

Independent Supportive Data

5-FU has been shown to have a strong and selective cytotoxic effect against *in vitro* and *in vivo* ependymoma models^{1,2}

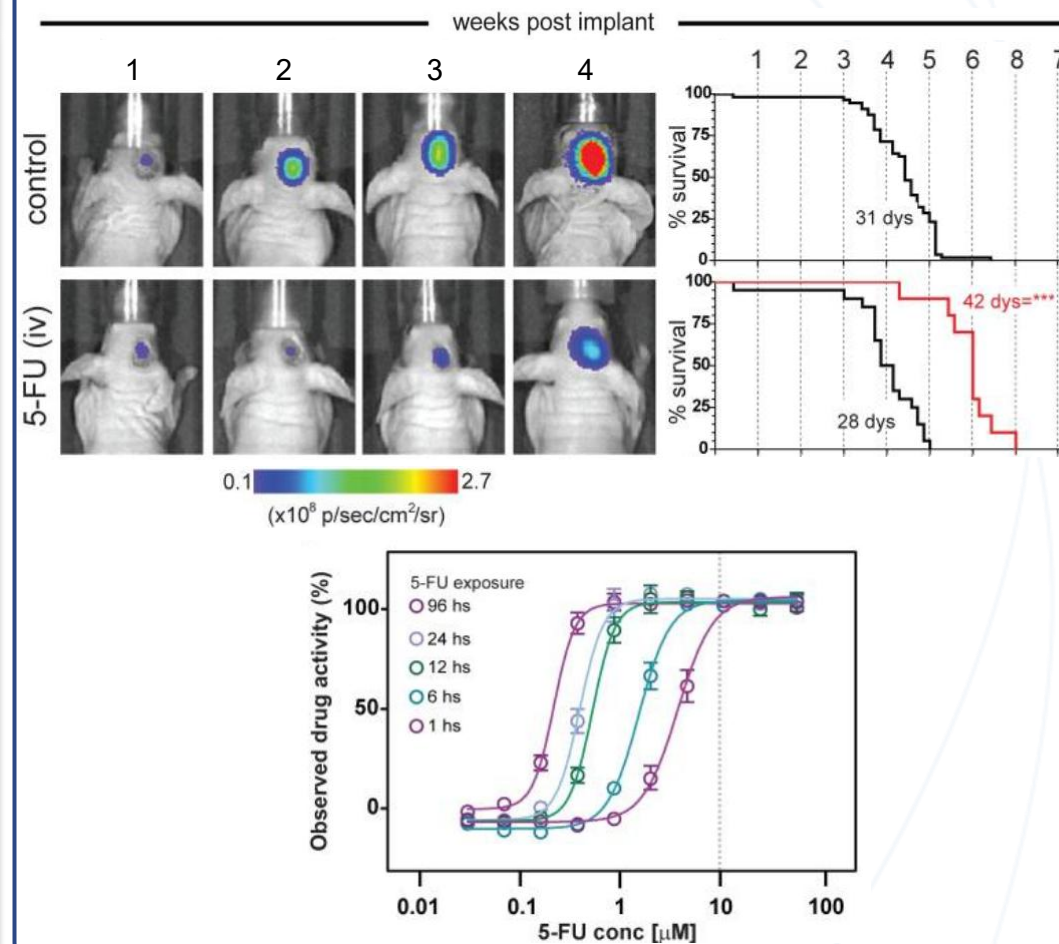
Ependymomas may be sensitive to 5-FU³ due to:

- Low thymidylate synthase expression,
- Frequent chromosome 1q amplification, leading to *UCK2* gene overexpression – sensitization and tumour cell death

A phase I study was conducted at St Jude Children's Research Hospital in paediatric patients with recurrent ependymoma⁴

- **A 48% disease control rate** (5/23 partial responses and 6/23 stable disease)
- Experienced DLTs, grade 3/4 AEs
- Study used 5-FU alone and did not administer leucovorin

Effect of 5-FU against a cerebral ependymoma model¹



PHASE 1/2 DEFLEXIFOL® AT RELAPSE TRIAL (DART) *

Ongoing national investigator-led trial

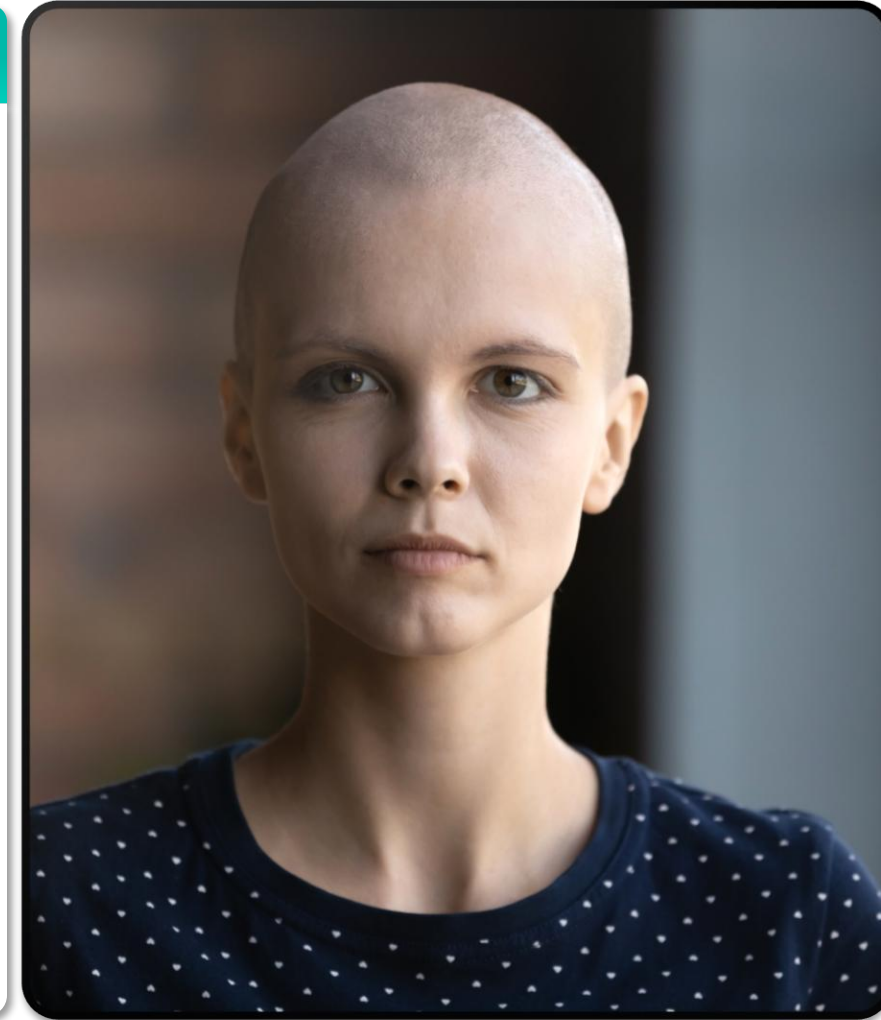
Trial Outcomes So Far

Part A: SUCCESSFULLY COMPLETED

- 9 patients treated (4-14yrs): ependymoma (n=6), DMG (n=2) and ETMR (n=1)
- **Safe & tolerable dose (525mg/m² bolus + 3000mg/m² infusion)**
(**25% higher** than 5-FU maximum tolerated dose in adults)
- Data presented at Society of Neuro-Oncology (November 2025) #

Part B: Phase II in recurrent ependymoma patients

- HREC approved; 7 evaluable patients to be recruited
(3 evaluable from Part A)
- Patient recruitment commencing in mid-2026



EPENDYMOMA SENSITIVITY TO 5-FU

Ependymoma (EPN) = 3rd Most Common paediatric brain tumour¹

Ependymoma cell lines have significantly lower *thymidylate synthase* expression levels ^{2,3} → **increased 5-FU sensitivity**

Posterior fossa (PF)

~2/3 of childhood EPN¹

Supratentorial

~1/3 of childhood EPN¹



All partial responders in the St Jude 5-FU trial had primary PF-EPN⁴

PF-A = ~85-90% of PF-EPN¹

- Predominantly younger children
- Frequent gain of chromosome arm 1q (1q+)⁵
 - ~20% at presentation
 - ~50% at first recurrence

PF-B = ~10-15% of PF-EPN¹

- Mostly older children & adults

PF-A 1q+ cell lines demonstrate:

- Repressed p53 (tumour suppressor) activity **that is restored by 5-FU**
- Significantly higher expression of *UCK2*, a 5-FU 'activating' enzyme → **increased 5-FU sensitivity**

Compared to PF-A 1q wild-type cells⁶



INCREASINGLY HIGH RISK
(Younger age, PF-A & 1q+ are negative prognostic factors)

¹ Zaytseva et al. 2021, *Cancers* 13(19):4954.

² Atkinson et al. 2011, *Cancer Cell* 20(3):384-99.

³ Donson et al. 2018, *Mol Cancer Ther.* 17(9):1984-94.

⁴ Wright et al. 2015, *Neuro Oncol.* 17(12):1620-27.

⁵ Donson et al. 2023, *Neuro Oncol.* 25(10):1854-67.

⁶ Griesinger et al. 2024, *Clin Cancer Res.* 30(8):1544-54.

SIGNIFICANT COMMERCIAL OPPORTUNITIES

FivepHusion's conservative modelling indicates blockbuster status for Deflexifol®

Deflexifol® addresses global markets

Global annual colorectal cancer incidence: 1.9M

- **20-30%** diagnosed metastatic¹
 - **380K - 570K new cases are metastatic (mCRC)**
- **~50% of patients with earlier-stage CRC** will eventually develop metastases²
- **US\$13B** mCRC market³, **majority receive 5-FU + LV**⁴
- FDA confirmed immediate **path to 1st line treatment**
- **Strong pharmacoeconomic value** / basis for **premium pricing**
- **Limited competition** - other drugs typically combine with 5-FU + LV

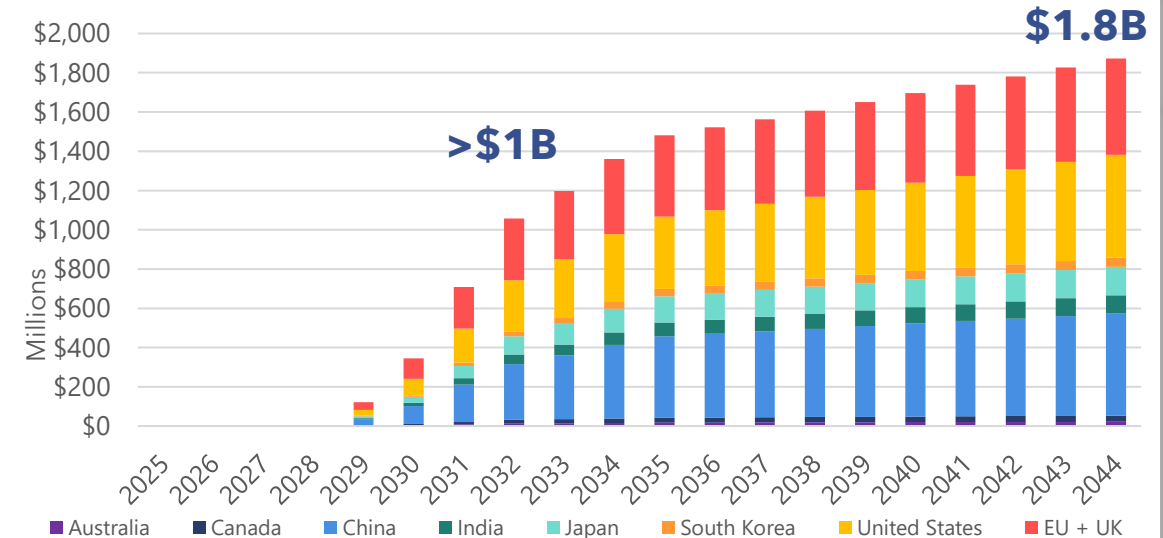
Pipeline Upside:

- + Paediatric brain cancer: **US\$1.32B**⁵ → Adult brain cancer
- + Replace 5-FU+LV across solid tumour indications = **>8M patients**

On mCRC approval:

Deflexifol® may also receive an **FDA registration label enabling** physician use **across all other solid tumour indications for which 5-FU + LV are currently utilised.**

Deflexifol® Projected Sales⁶



Path to Substantial Value

- **De-risked & accelerated regulatory pathways** to market
- Commercial launch: As early as **2029/30**
- **Strong KOL** interest to switch to a superior co-formulation
- Projected global peak sales: **US\$1.8B**

¹ Global Cancer Observatory 2020, Cancer Today; GLOBOCAN 2020

² Metastatic colorectal cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up †
Van Cutsem, E. et al. Annals of Oncology, Volume 25, iii1 - iii9

³ 2025 Colorectal Cancer Market Insight, Epidemiology And Market Forecast - 2034

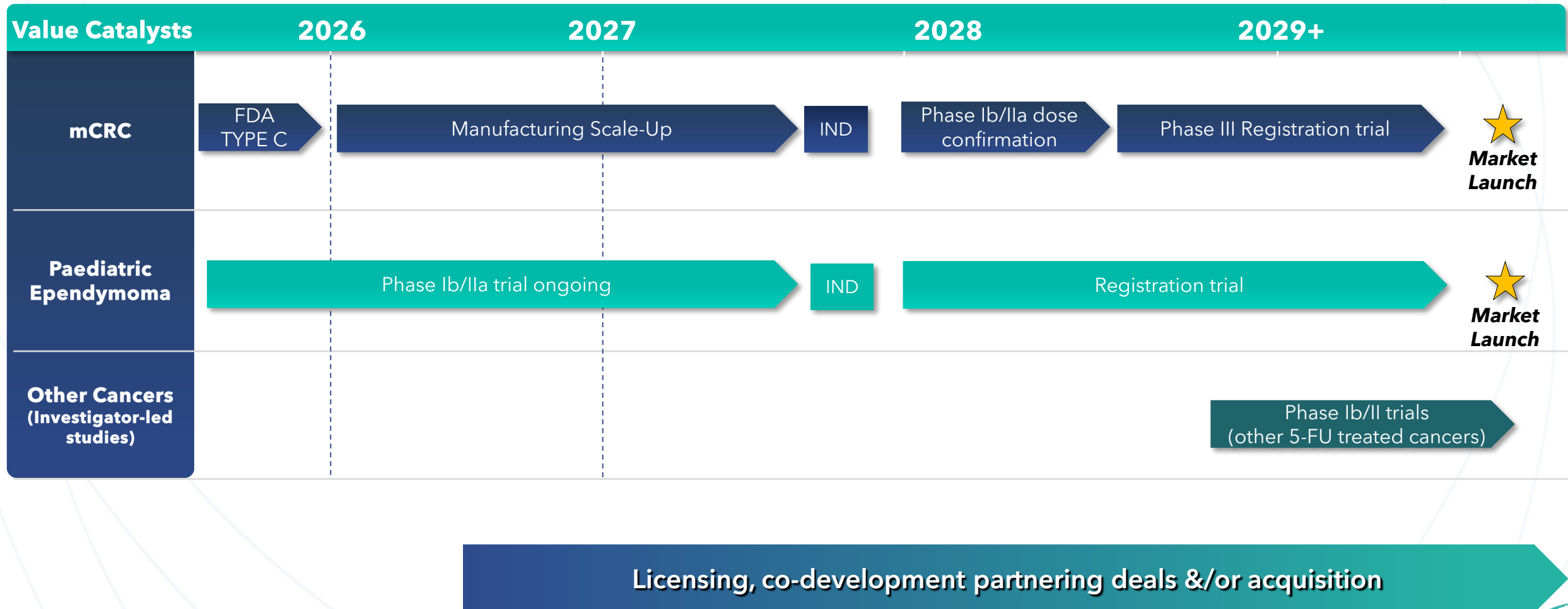
⁴ Glimelius et al., 2021, Cancer Treatment Reviews 98:102218

⁵ Pediatric Brain Tumour Market - Market Research Future 2026

⁶ Indications: drug sales for the treatment of mCRC, ependymoma, CRC, breast, gastric, pancreatic

VALUE CREATION STRATEGY

FivepHusion's fast-tracked development strategy to global markets



The background of the slide features a photograph of a young child in a hospital bed, looking upwards. The image is overlaid with a teal and blue gradient and several white, curved lines that sweep across the right side of the frame. A large, light gray circle is positioned on the left side, containing the word "Appendix" in a bold, teal font.

Appendix

Efficacious after 5-FU + LV failure in end-stage cancer patients

Heavily pre-treated patients **experienced benefit** from optimised 5-FU/LV delivery

Activity after failure of 5-FU treatment - **Indicates Deflexifol® superiority**

Phase Ib/IIa trial[^] Demonstrated

Disease control:
9/13 (69%) evaluable
patients

**Median progression free
survival:**
28.2 weeks

Metastatic Colorectal Cancer

Patient: male, 59 years

Failed two lines previously:

- FOLFOX
- FOLFIRI + bevacizumab

Treatment: Deflexifol®

- 525 mg/m² bolus
+ 3000 mg/m² infusion

Result: Stable Disease
5 months

Pancreatic Cancer

Patient: female, 75 years

Failed two lines previously:

- FOLFIRINOX
- Gemcitabine/Abraxane

Treatment: Deflexifol®

- 525 mg/m² bolus
+ 3000 mg/m² infusion

Result: Stable Disease
6 months

Metastatic Colorectal Cancer

Patient: male, 61 years

Failed four lines previously:

- FOLFOX + bevacizumab
- FOLFIRI
- Panitumumab
- Lonsurf®

Treatment: Deflexifol®

- 525 mg/m² bolus
+ 3800 mg/m² infusion

Result: Partial Response
6 months

[^] Patients treated in the FP101A phase Ib/IIa trial (ACTRN12619001533189, completed May 2023). Presented at ASCO GI 2024: [Link](#)

FOLFOX = 5-FU, LV & oxaliplatin; FOLFIRI = 5-FU, LV & irinotecan; FOLFIRINOX = 5-FU, LV + oxaliplatin & irinotecan
PFS = Progression Free Survival; Partial response = tumour reduced in size by ≥30%

FP101B: HREC APPROVED PHASE Ib/IIa TRIAL DESIGN STUDY[^]

Dose exposure / response confirmation for Deflexifol[®] when combined with oxaliplatin + bevacizumab

Trial Design

- **1st line unresectable mCRC**
- **Two stage phase Ib/IIa** Trial Design
 - **40 - 50 patients**; trial duration **~12 months**
- Allarity Therapeutics collaboration: Blinded evaluation of DRP[®]-5-FU CDx predictive ability

Endpoints

- **Primary endpoints:** Safety and tolerability of Deflexifol[®] when combined with oxaliplatin and bevacizumab
- **Secondary endpoints:**
 - Pharmacokinetics of Deflexifol[®] when combined with oxaliplatin and bevacizumab, DRP[®]-5-FU evaluation
 - ORR, PFS*

PART A

Dose Escalation Cohorts (3 + 3)

(9 - 18 pts, 3 trial sites; ~6 - 8 months^⓪)

Standard of Care

OXALIPLATIN

85 mg/m²

BEVACIZUMAB

5 mg/kg



DEFLEXIFOL[®]

BOLUS[#]

400 mg/m²



DEFLEXIFOL[®]

INFUSION^Ω

Dose: → **2400 mg/m²**

3400 mg/m²



No DLTs

3000 mg/m²



No DLTs

3 patients per cohort +
an additional 3 patients at the final dose



PART B

Expansion Cohort

(~30 pts, 6 - 8 trial sites; ~6 months^⓪)

OXALIPLATIN

85 mg/m²

BEVACIZUMAB

5 mg/kg



DEFLEXIFOL[®]

BOLUS

400 mg/m²



DEFLEXIFOL[®]

INFUSION

Part A MTD

[^] Trial design approved by Bellberry HREC. Trial planned to commence H1 2026, pending successful capital raising

*ORR = Objective Response Rate; PFS = Progression Free Survival, MTD = Maximum Tolerated Dose, DLT = Dose Limiting Toxicity

^⓪ Time frame to expected primary completion

[#] Deflexifol[®] bolus = 400 mg/m² 5-FU + 27 mg/m² LV;

^Ω Deflexifol[®] infusion dose escalation = 2400 mg/m² 5-FU + 160 mg/m² LV (equivalent to the current standard 5-FU dose) up to the currently declared MTD of 3400 mg/m² 5-FU + 227 mg/m² LV

REGISTRATION TRIAL: DRAFT PLAN FOR PHASE III TRIAL

1st line treatment of unresectable mCRC

Phase III Registration Trial

- International, multi-centre registration trial
- Designed to demonstrate that as a treatment for first-line unresectable mCRC,
 - *Deflexifol® in combination with oxaliplatin and bevacizumab (DEFLOX)*
- is superior in efficacy to*
 - *the standard of care mFOLFOX6 + bevacizumab regimen*

Rationale for superior efficacy over the standard of care

- ▶ **Optimised 5-FU/LV co-exposure**
- ▶ **Higher 5-FU dose**

GLOBAL PHASE III TRIAL

A ~550 patient, blinded, randomized phase III study of Deflexifol® in combination with oxaliplatin (DEFLOX) and bevacizumab vs mFOLFOX6 and bevacizumab in first-line unresectable metastatic colorectal cancer

RANDOMIZATION 1:1

DEFLOX + bevacizumab
i.v. 14-day cycle

mFOLFOX6 + bevacizumab
i.v. 14-day cycle

Radiological response every 8 weeks (RECIST 1.1)

Primary Objective: Best Objective Response Rate

Secondary Objectives: Progression Free Survival, Overall Survival, safety, Quality of Life

* Considering regulatory and commercial factors, this trial design is to be refined and confirmed based on independent expert feedback from KOL oncologists, clinical scientists and regulatory specialists, together with consultation with the FDA, EMA, NMPA and potentially other regulators

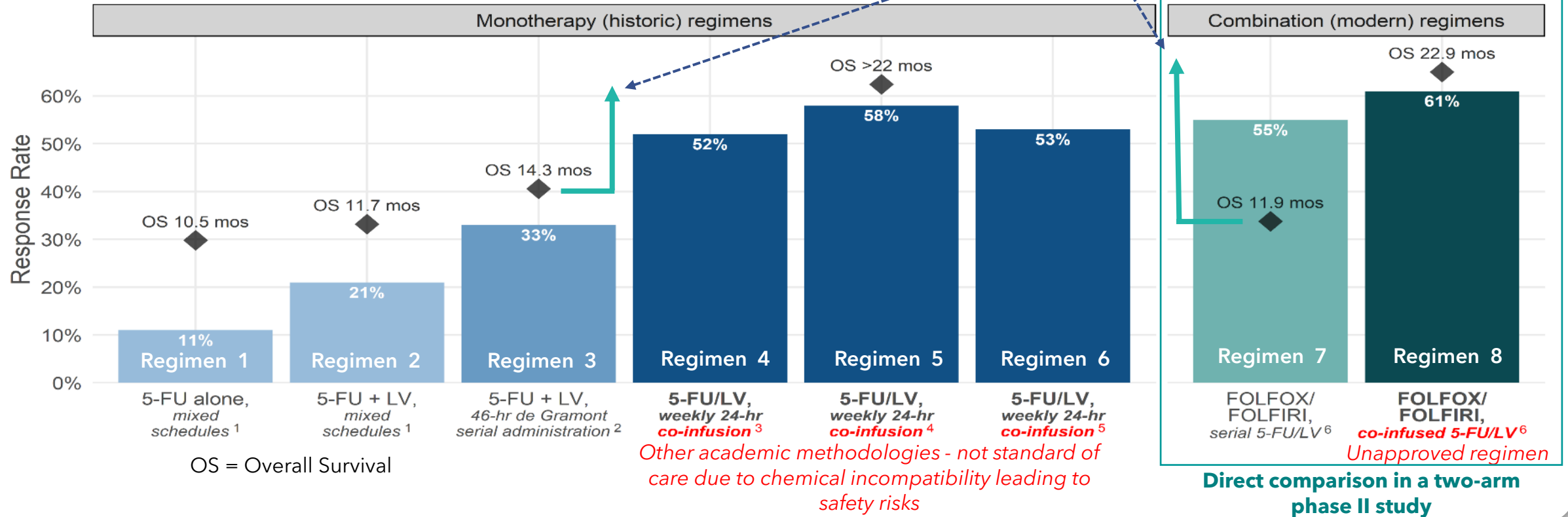
5-FU/LV Co-INFUSION IMPROVES ANTI-TUMOUR EFFICACY

FivepHusion's thesis is supported by robust third-party data

mCRC 1st line treatment has only incrementally improved over decades.

- Independent phase II trials indicate superiority of 5-FU/LV co-infusion (using unsafe / impractical/ unapproved methods).
- FivepHusion's Phase III trial will aim to outperform results from Regimen 7:
 - Results anticipated to **meet/exceed Regimen 8, resulting in successful approval**

Precedent for Deflexifol® - Designed to safely co-infuse 5-FU/LV to enhance efficacy



1. Thirion et al. 2004, *J Clin Oncol.*, 22(18):3766-75.
2. de Gramont et al. 1997, *J Clin Oncol.*, 15(2):808-15.

3. Ardan et al. 1991, *J Clin Oncol.*, 9(4):625-30.
4. Yeh et al. 1997, *Anticancer Res.*, 17(5B):3867-71.

5. Yang et al. 1999, *Cancer*, 85(9):1925-30.
6. Bleiberg et al. 2012, *Acta Gastroenterol Belg.*, 75(1):14-21.

FOLFOX: 5-FU + LV + oxaliplatin
FOLFIRI: 5-FU + LV + irinotecan

5-FU/LV CO-ADMINISTRATION: PRECEDENTS & COMPARISON

Deflexifol® is clinically and commercially viable

Two separate pumps ¹	Dilution strategies ²⁻³	Sodium salt LV ⁴⁻⁵	Deflexifol®
✓ Considerably improved survival & response rate in untreated & previously treated mCRC patients.¹ ✗ Not clinically or commercially feasible - requires two pumps & intravenous lines.	✓ Considerably improved response rates in untreated & previously treated mCRC patients.^{2,3} ✗ Does not prevent precipitation and catheter blockages. ✗ Not approved for this usage.	✓ Significantly improved patient survival in 1st line mCRC when used in modern infusion regimens.^{4,5} ✗ Not approved for this usage. ✗ Requires alkaline pH of 9.0. ✗ Similar toxicity to standard dose administration.	✓ No precipitation or catheter blockages. ✓ Pain-free, physiological-pH formulation. ✓ Highly tolerable, with a higher MTD than 5-FU. ✓ Improved safety. ✓ Demonstrable efficacy in end-stage patients following previous 5-FU failure. ✓ Composition of matter patent protection.

While surrogate studies provide supporting evidence, they remain commercially unviable and impractical in real-world use – **positioning Deflexifol® as the only path forward with both safety and efficacy.**

¹ Ardalan et al., 1991, J Clin Oncol. 9:625.

² Yeh et al. 1997, Anticancer Res. 17:3867.

³ Yang et al. 1999, Cancer 85:1925.

⁴ Bleiberg et al. 2012, Acta Gastroenterol Belg. 75:14.

⁵ Romano et al. 2021, Oncotarget 12:221.

NEW VERSION PRICING PREMIUMS

Deflexifol® has blockbuster potential at all potential pricing outcomes

New version drugs commanded between 2-175x price premiums in comparison to the originator drugs

- Most of these assets demonstrated only modest or even non-inferior improvements in safety and/or efficacy
- Isofol Medical **expected >US\$4,000/month** for arfolitixorin (new version of LV) = **8x increase over LV**¹
 - Analysts expected \$3,000 – \$6,600/month prior to clinical failure^{2, 3}

5-FU & LV: Current Pricing (\$US)

5-FU + LV: Per month	~\$180 – \$800
5-FU + LV: Per course*	~\$1,500 – \$6,500

Deflexifol®: Potential Pricing

Low Case (~2x)	~\$1,100/month;	~\$9,000/course
Mid Case (~8x)	~\$4,400/month;	~\$35,000/course
Courses/patient	~2-3x	
Cost/patient	\$18,000 → \$70,000	
COGS	Immaterial	
Cases/annum	mCRC = ~500,000 Other Solid Tumours = 5,000,000+	

¹ Isofol Medical AB, IPO Prospectus 2017; Isofol Medical, Arfolitixorin overview, 2020

² DNB Markets, Isofol Medical Equity Research 15 Nov 2020; Redeye research update Isofol Medical, 15 Nov 2020

³ Wolters Kluwer Medi-Span Price Rx Accessed May 2020

* An average course of treatment is 8 months

Pricing data sourced from published literature and national pricing & reimbursement authorities (e.g. CMS, G-BA, NICE, AIFA, etc). Prices differ across geographic regions and are subject to change over time due to changes in legislation, demand, shortages, and other factors, thus prices listed on this slide may be subject to change in the future.

Originator	New Drug	Region	Originator Price	New Drug Price	Price Increase
5-FU/LV	Xeloda® (capecitabine)	US	~\$185/month	~\$5,900/month	32x
LV calcium (folinic acid)	Fusilev® (levo-LV)	US	~\$55/dose	~\$1,500/dose	27x
		US	~\$5,200	~\$128,000	24x
		UK	~£6,886	~£82,458	12x
		Germany	~€2,163	~€132,056	61x
		Italy	~€535	~€84,474	158x
Daunorubicin + cytarabine	Vyxeos®	Spain	~€534	~€93,600	175x
		Price is for 2x induction cycles + 2x consolidation cycles			
Paclitaxel (Taxol)	Abraxane® (nab- paclitaxel)	US	\$150/dose generic; \$1,000/dose branded	\$4,200 /dose	4-42x
		UK	£668/3wks	£1,230/3wks	2x
Paclitaxel (Taxol)	Taxotere® (docetaxel)	US	\$150 /dose generic; \$1,000/dose branded	\$2,500/dose	2.5-17x
		UK	£668/3wks	£1,232/3wks	2x
Doxorubicin (Adriamycin)	Doxil® (Doxorubicin liposomal)	US	\$1,066/month	\$2,311/month	2x
Cytarabine	DepoCyt® (Cytarabine liposomal)	US	\$84/month	\$4,762/month	57x

A series of four CEO Interviews summarising the FivepHusion Investment Opportunity

Interview 1: The scientific and clinical rationale, focused on Deflexifol® development for metastatic colorectal cancer and paediatric ependymoma ([link](#))

Interview 2: FivepHusion business fundamentals, including IP, market opportunities and drug pricing, competitive landscape & revenue projections ([link](#))

Interview 3: FivepHusion risk differentiation, in regard to regulatory path, priority indications, development and corporate partnerships ([link](#))

Interview 4: The FivepHusion investment opportunity, clinical impact, licensing & M&A opportunities ([link](#))

Posted on the FivepHusion LinkedIn site and The Market Bull website ([link](#))

FivepHusion's strategy presents a unique and compelling risk-reward profile

Blockbuster Markets

- **1.9m colorectal cancers diagnosed** p.a. ($\leq 570k$ metastatic) = **US\$13B mCRC market**
- **8.0m+ solid tumour diagnosed** p.a. (where 5-FU + LV are utilised)

First-Line Therapy

- 5-FU + LV: Established standard of care' backbone therapy for mCRC (95% of patients)
- **Deflexifol®: Aims to replace current 'standard of care' (SOC) backbone therapy**

Strong economics

- **Premium pricing** potential vs. generics, **driven by superior safety and efficacy**
- **Rapid uptake** - KOLs believe **Deflexifol®** would be **widely adopted within 2 years** of clinical validation and launch
- Conservative Modelling suggests peak sales ~\$1.8B+ (multiplies on higher pricing)

Clinically Validated

- 5x independent surrogate Phase II trials confirm rationale and therapeutic mechanism
- 3x company clinical trials demonstrated **higher safety & tolerability** and **potent efficacy**

Fast-tracked and Capital-Efficient

- Fast-tracked development via 505(b)(2) pathway **enabling faster, lower cost approval**
 - Phase Ib/IIa + **single pivotal Phase III** → ~3.5 years to approval
 - Rare in oncology: **Deflexifol® is a 'next generation' co-formulation** (with composition of matter patents), differing from basic reformulations or new delivery methods.

Strong FDA Engagement

- Ongoing FDA dialogue, including Type C Meeting, guiding Phase Ib/IIa and Phase III trial designs (mCRC)

Significant Pipeline

- **Active Phase I/II paediatric brain cancer** trial moving towards a pivotal trial.
- **Broader applications where 5-FU + LV are utilised:** pancreatic, gastric, breast, head & neck cancers

IP Protection

- **Granted Composition of Matter patents**, expected **exclusivity to 2046**

Licensing Transactions

- Clear, short-term pathway to **regional and global licensing transactions**