

19th Bioshares Biotech Summit

Emerging Private Companies & IPOs

Damian Clarke-Bruce - CEO

Pioneering the development of
immunotherapies for patients with
blood cancers and b-cell disorders

August, 2025



HaemaLogiX

HaemaLogiX is:

Advancing highly selective and efficacious next-generation immunotherapies targeting malignant plasma cells

Preserving normal healthy plasma cells

Focusing on the US\$23.3B multiple myeloma market – a disease without a cure



HaemaLogiX

HaemaLogiX

HaemaLogiX's
technology originated
from research conducted
at the University of
Technology Sydney.



Dr Rosanne Dunn

Co-Founder, Chief Scientific Officer and Director

**These innovations
were led by our Scientific
Founder and Director,
Dr Rosanne Dunn.**

Our thanks to Myeloma Australia

Who actively and expertly support
Australians living with myeloma while
driving progress towards cure.

Click to play



HaemaLogiX

Multiple myeloma is the 2nd most common blood cancer

Multiple myeloma is a blood cancer with no cure that forms in white blood cells, known as “plasma cells”, within the bone marrow

Key statistics

~188,000

new cases per year worldwide¹

~543,000

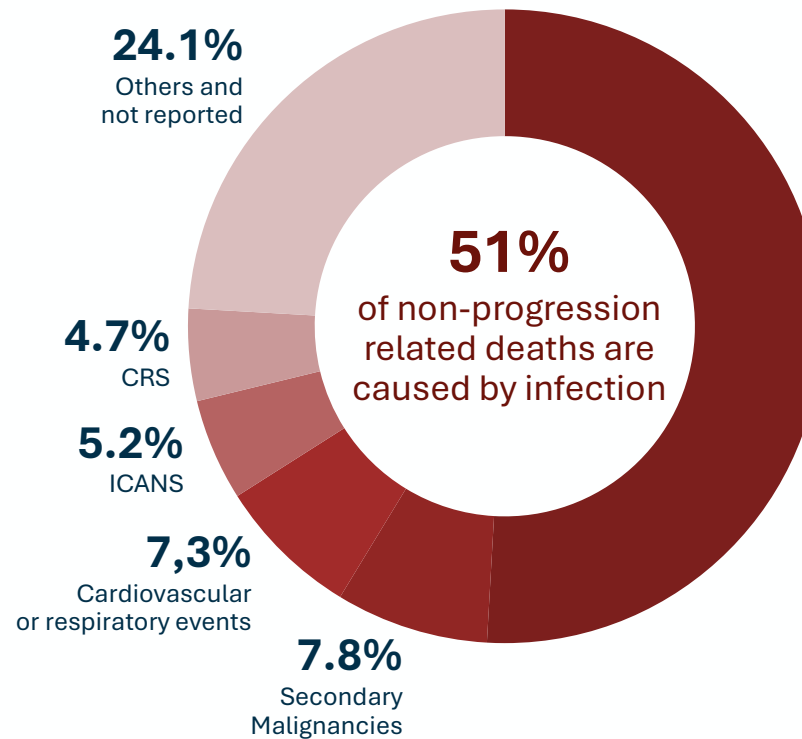
living with the disease worldwide¹

42%

of patients die within five years¹

>60%

of patients fail standard of care treatments and progress



Clinical unmet need

Infections cause **~51%** of non-progression-related deaths in multiple myeloma patients

Primary growth drivers

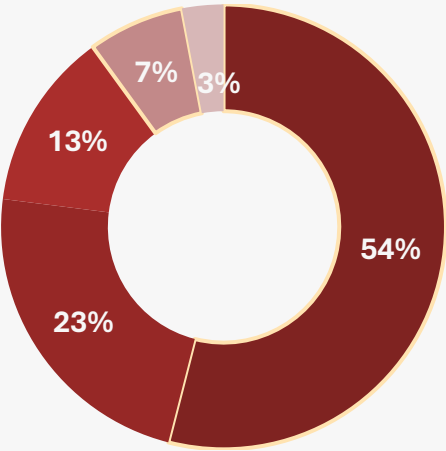
Increased prevalence
Ageing population³

Source: Cordas dos Santos et al. (2024) Nature Medicine

Key products and companies in global myeloma market

Market leadership has shifted from Bristol Myers Squibb – Revlimid® product, to Janssen – Darzalex®

2024 forecast worldwide sales by class
US\$23.3 billion Multiple Myeloma Market



Class	Sales (US\$M)
Monoclonal	12,653
IMiD	5,397
Small molecule	3,030
CAR T	1,607
Bispecific	608

Source: EvaluatePharma, Accessed January 2024



Monoclonal antibody,
Target: CD38



CAR-T cell therapy,
Target: BCMA

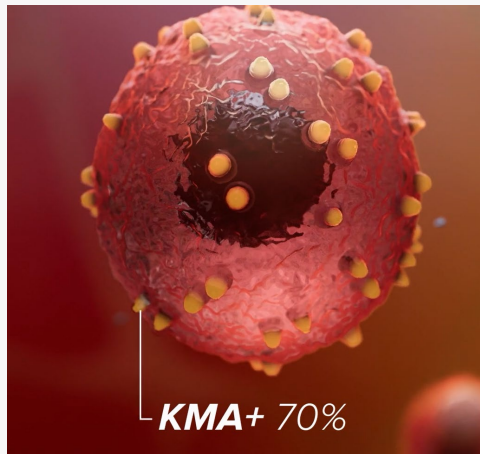
A major market, but room for improvement

- ❑ Targets all plasma cells (malignant + normal)
- ❑ Can suppress immune response
- ❑ BCMA downregulation/resistance is common
- ❑ Patients' refractory to CD38 therapies
- ❑ 40-60% of patients fail treatment & no treatment is curative

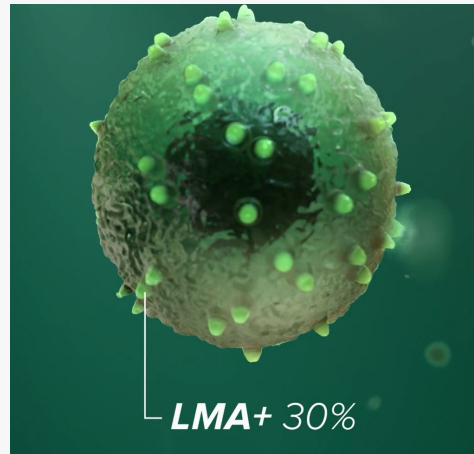
HaemaLogiX's two new cancer targets: KMA and LMA

Targeting myeloma cancer cells with next generation immunotherapies

Two new cancer targets: KMA and LMA



Kappa Myeloma Antigen (KMA)
~70% of multiple myeloma patients



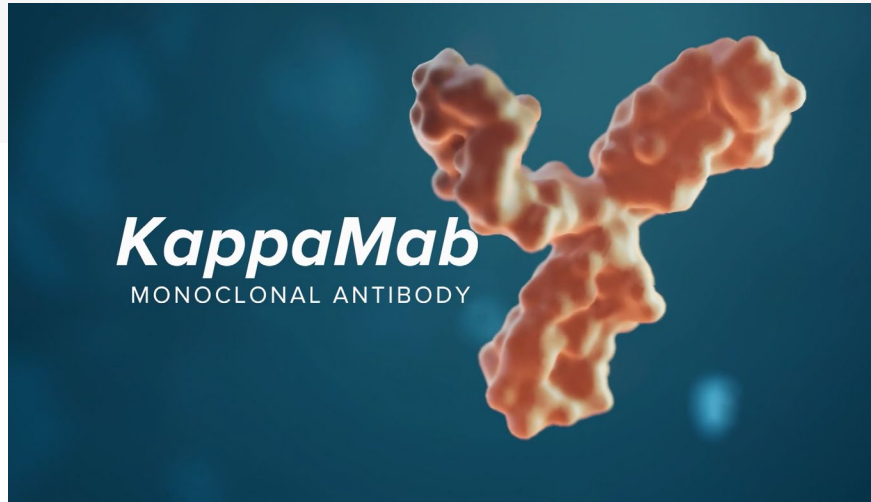
Lambda Myeloma Antigen
~30% of multiple myeloma patients

- ✓ Targets are found **on multiple myeloma plasma cells**, but not on normal, healthy plasma cells¹
- ✓ HaemaLogiX's immunotherapies attach to these targets and trigger an immune response, **which destroys the myeloma cells**
- ✓ Multiple myeloma patients will either be **KMA (~70% of patients)** or **LMA (~30% of patients)** positive in their diagnosis

Platform potential across monoclonal antibodies, CAR T cell therapy, bispecific and tri-specific antibodies, targeting KMA or LMA

Our two, lead products target KMA

First in class, novel immunotherapies



1. KappaMab: a Monoclonal Antibody that has completed Phase 1, 2a and 2b trials and is entering a Phase 2b dose escalation trial

2. KMA.CAR-T: a CAR-T cell therapy in Phase 1 trial, fully funded by Peter MacCallum Cancer Institute

Key addressable markets for HaemaLogiX therapies are¹

~US\$2.7 billion / ~US\$210k per patient per annum
(when utilised in patients that have failed standard of care)

~US\$1.2 billion / ~US\$500k per patient
(as first choice or alternative therapy within fastest growing patient segment)

Active and engaged global Scientific Advisory Board



Prof. Paul Richardson



Prof. Andrew Spencer



Prof. Angela Dispenzieri



Prof. Simon Harrison



Prof. David Gottlieb



Prof. Mohamad Hussein



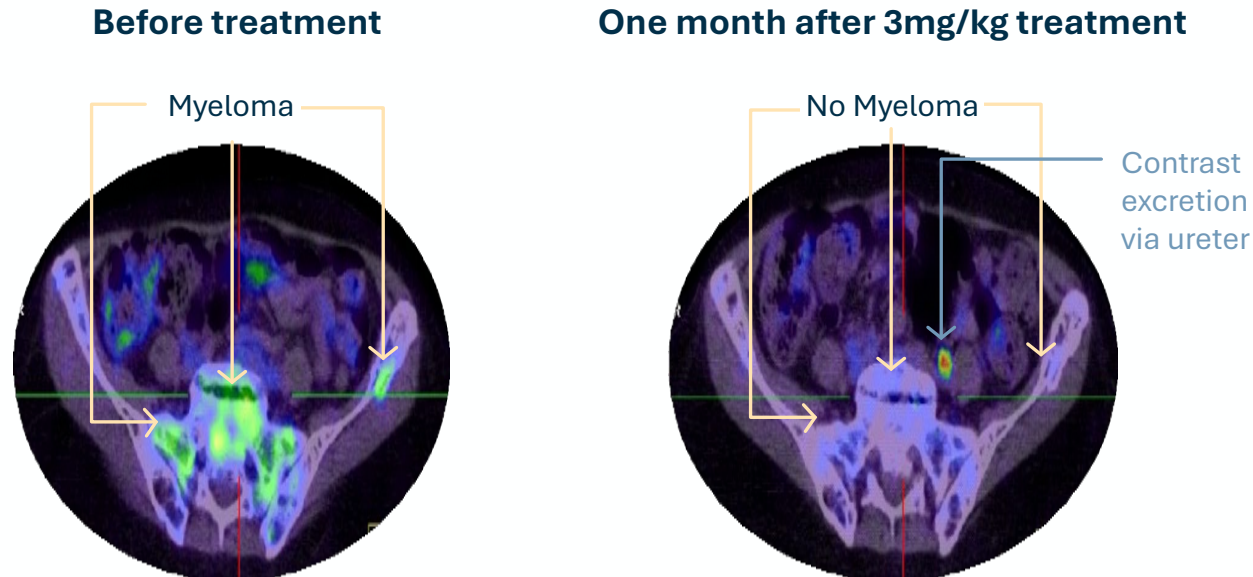
*“The HaemaLogiX platform is unique in my view because these immunotherapies **specifically target the malignant myeloma cells and do not destroy normal plasma cells that are essential to protect our patients from serious infections**, which are a constant and growing challenge with other immune therapies, leading to worse outcomes and substantial cost to health care systems.”*

Prof. Paul Richardson

KappaMab Phase 1 clinical trial case study

In Phase 1, KappaMab was shown to be a potentially safe and effective cancer-killing therapy

Phase 1 Patient case study¹



- Prior to treatment, this patient's PET scan showed extensive myeloma disease in the bone marrow in the pelvic region
- After a single dose of KappaMab the patient had complete resolution of myeloma disease in the pelvis and skeleton. The patient also experienced improved quality of life with reduced bone pain and normalisation of kidney function that persisted for 3 months post treatment

Source: (1) Spencer et al. Blood Cancer Journal, 2019; (9): 58.

*One of my patients was in the very first study where the patients had a single dose of the molecule, and she turned out to be an exceptional responder. **Her PET scan went from a Christmas tree to completely PET negative with a single dose of the antibody.***

Prof. Simon Harrison
HaemaLogiX Scientific
Advisory Board

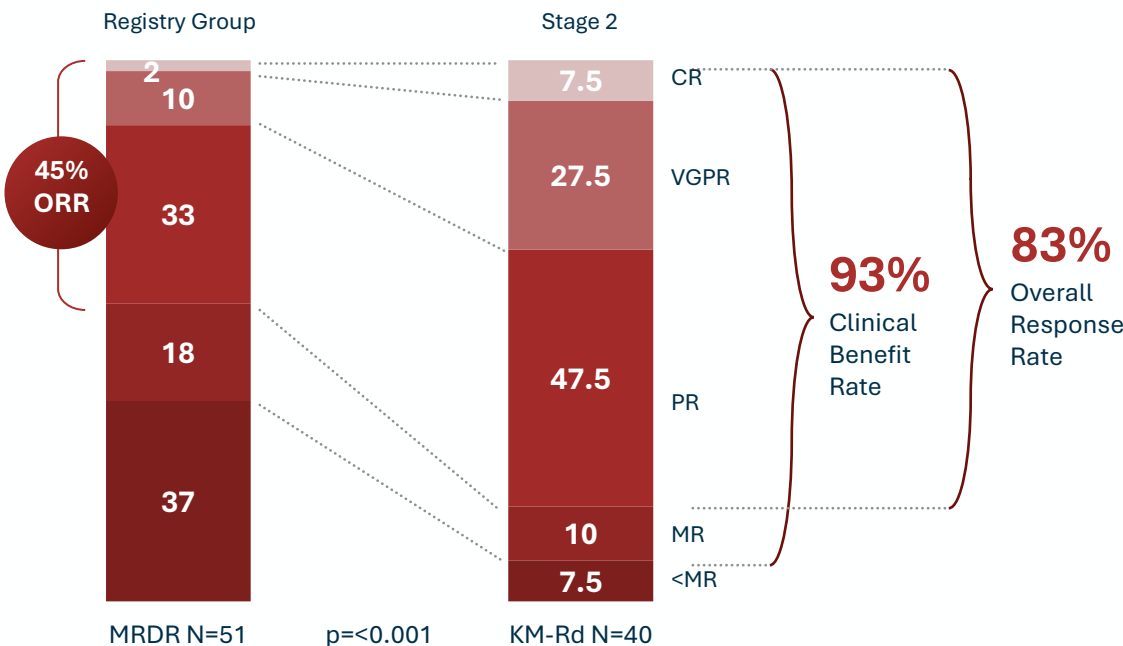


KappaMab Phase 2b clinical trial results

Phase 2b results demonstrated significantly improved efficacy vs standard of care and excellent safety

Overall response rate in Phase 2b trial¹

Population proportion; %



Legend

ORR = Overall Response Rate. CR = Complete Response. VGPR = Very Good Partial Response. PR = Partial Response. MR = Minimal Response. RD = Revlimid + Dexamethasone. N = Number. KM-Rd = KappaMab in combination with Revlimid® + Dexamethasone.



46%

Reduction in the risk of death compared to matched case controls



83%
vs 45%

Overall Response Rate vs matched case controls

- Excellent safety profile
- No antibody-related immune-cell toxicities
- Dramatic increase in depth of response
- Two patients in the KappaMab + Revlimid® group had CRs and remained on therapy three to five years post study



Source: 1) Spencer et al. Br J Haematology, 2023 Aug (4):801-811. Note: The International Myeloma Working Group criteria for reporting multiple myeloma clinical trials (Rajkumar et al. 2011, Blood 117:18:4691-4695) defines response subcategories: a partial response (PR) is ≥50% decrease in the disease biomarker called M protein, a very good partial response (VGPR) as M protein only detectable by immunofixation, complete response (CR) as no detectable M protein and a minimal response as ≥25% but less than ≤49% decrease in M protein. Overall response rate includes patients who have had a PR or greater (≥50% reduction in the M protein disease biomarker) and clinical benefit rate includes patients who have had a MR or greater (≥25% reduction in the M protein disease biomarker).

Rationale for KMA.CAR-T cell Phase 1: pre-clinical results

An emphatic preclinical response led to a partnered Phase 1 trial for KMA.CAR-T cell therapy

KMA.CAR-T cell treatment results

Days post
T cell
injection

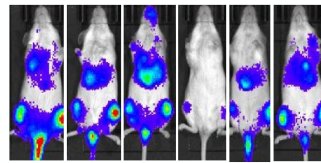
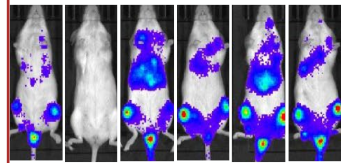
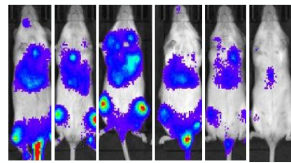
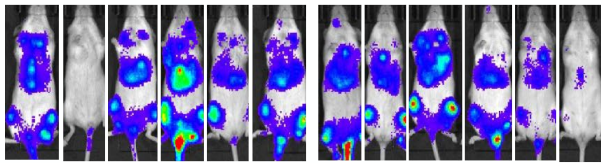
JJN3-KMA^{mid} tumours

CAR-T cells (5.0e6)

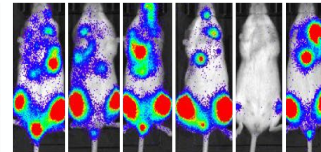
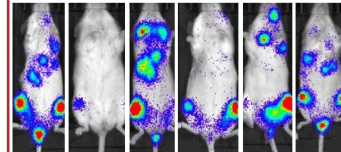
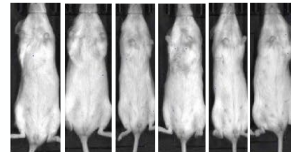
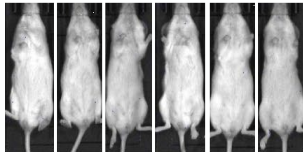
CAR-T cells (2.5e6)

UTD T cells (5.0e6)

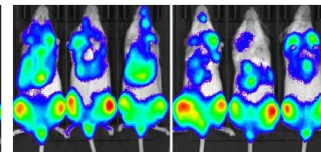
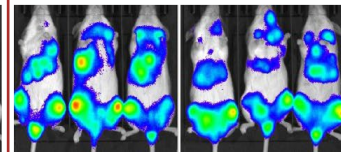
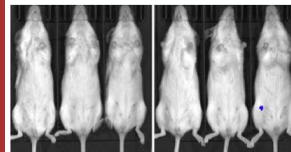
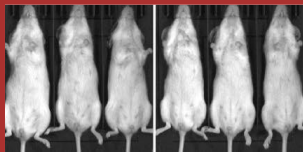
Untreated (PBS)



7



15



No evidence of cancer

- Mice treated with KMA-targeted CAR T cells **showed complete elimination of tumours, with no detectable cancer by Day 15**
- The study delivered a **durable response to 100 days, with no further deaths in the cohort given 5.0e6 CAR T cells** (a pharmaceutical industry benchmark for product development)

HaemaLogiX and Peter MacCallum Cancer Centre have entered a collaboration agreement to design and conduct the first Phase 1 human trial of HaemaLogiX's KMA.CAR-T cell therapy in patients with kappa-type myeloma.



What's next: two studies targeting KMA & value driving pre-clinical

Multiple clinical milestones and value inflection points over the coming 12 months

Phase 2b

- KappaMab 30mg +
- Pomalidomide/
- Dexamethasone

Phase 1

- KMA.CAR-T cell
- First in human

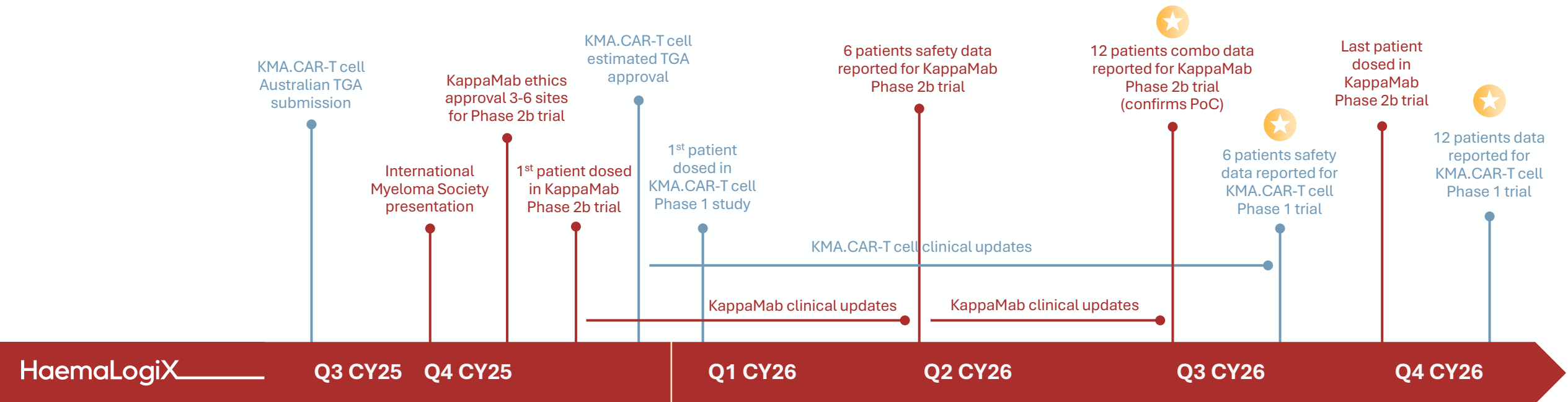
Pre-clinical

- LMA.CAR-T cell
- Bispecific antibodies
- Trispecific antibodies



Multiple clinical milestones and value inflection points

HaemaLogiX is focused on the acceleration of its strategic clinical development plan



Strong foundations

Supported by robust IP, orphan drug designation, and specialist investor backing

Investors

Strong support base of investors inclusive of Platinum Healthcare Fund and Smarter Capital.

Orphan Drug Status

KappaMab has been awarded **Orphan Drug Designation by US FDA for multiple myeloma** which confers a range of benefits, including potential for up to seven years¹ of market exclusivity after approval.

Intellectual Property

80 patient filings across nine strategic patent families

Patent families encompass

- Composition of Matter
- Method of Use
- Dosing
- Combination

Patent life ranging from 2036 to 2045, ensuring our intellectual property is securely positioned for long-term value.

Company summary

HaemaLogiX is pioneering the development of immunotherapies for patients with blood cancers and b-cell disorders



HaemaLogiX is **developing highly effective drugs for the US\$23.3 billion** myeloma market - a disease which is currently incurable



Target abnormal plasma cells and **preserve immune response** demonstrated clinical unmet needs



Proven track record
46% reduction in risk of death¹ **83% vs 45%¹**
overall response rate



Clear pathway for validation and value creation



Deeply experienced Board and Management team



Partnerships and alliances **with global leaders**



Powerful and diverse IP portfolio

*Source: Spencer et al. (2023) Br J Haematology | 1. Compared to matched controls

— Thank you

See more at
www.haemalogix.com

HaemaLogiX