

ASX: VBS



A differentiated approach to pulmonary fibrosis

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Phase 1A

Safety Completed

Phase 1B

Next Value Inflection

IPF

Lead Indication





ASX: VBS



Forward-looking statements:

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The purpose of this presentation is to provide general information about Vectus and its subsidiary and business. The information in this presentation is current as at 22 June 2026. It is in summary form and is not necessarily complete. It should be read together with the Appendix 4D and Half-year report and other ASX announcements by VBS.

SHARE PRICE

\$0.16

per share (AUD)

MARKET CAPITALISATION

\$9.89M

AUD



CAPITAL STRUCTURE

Shares on issue

61.49M

Share price

A\$0.16

Market capitalisation

A\$9.89M

Options

~2M

Idiopathic Pulmonary Fibrosis (IPF): A mostly fatal disease with no cure

Current therapies slow progression, none known to reverse fibrosis.



~3M

patients globally



2–5 yr

median survival



\$5B+

global market by 2030

Significant orphan opportunity

IPF FACTS

Incidence is rising; more common in men over 60

Diagnosis often delayed 1-2 years after symptom onset

Progressive, irreversible lung scarring

Pirfenidone, nintedanib & nerandomilast: ~50% slower decline; high discontinuation due to tolerability

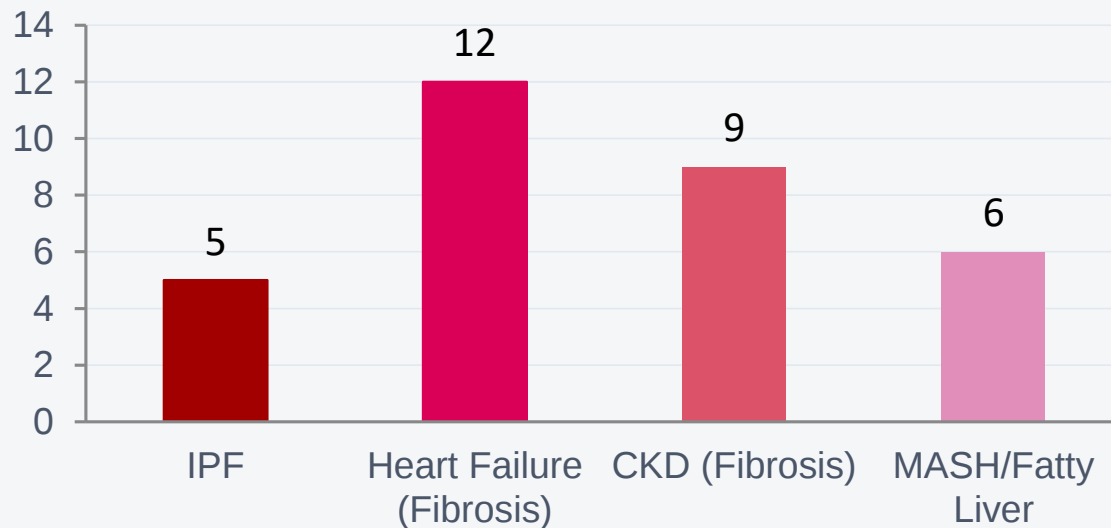
No approved therapy reverses established fibrosis

Lung transplant is the only option for end-stage disease

A Platform Opportunity Across Fibrotic Disease

Fibrosis underlies >40% of deaths globally. Vectus' lead program targets IPF first - with platform expansion potential across heart, kidney, and liver.

Addressable Market by Indication
(US\$ Billions, 2030E)



IPF: Lead Indication

~3M patients globally. \$5B+ market by 2030. No disease-reversing therapy approved. Rapid orphan drug pathway potential.

Cardiovascular Fibrosis

Heart failure largest US healthcare budget item. VB0004 shows reversal of cardiac fibrosis in preclinical models.

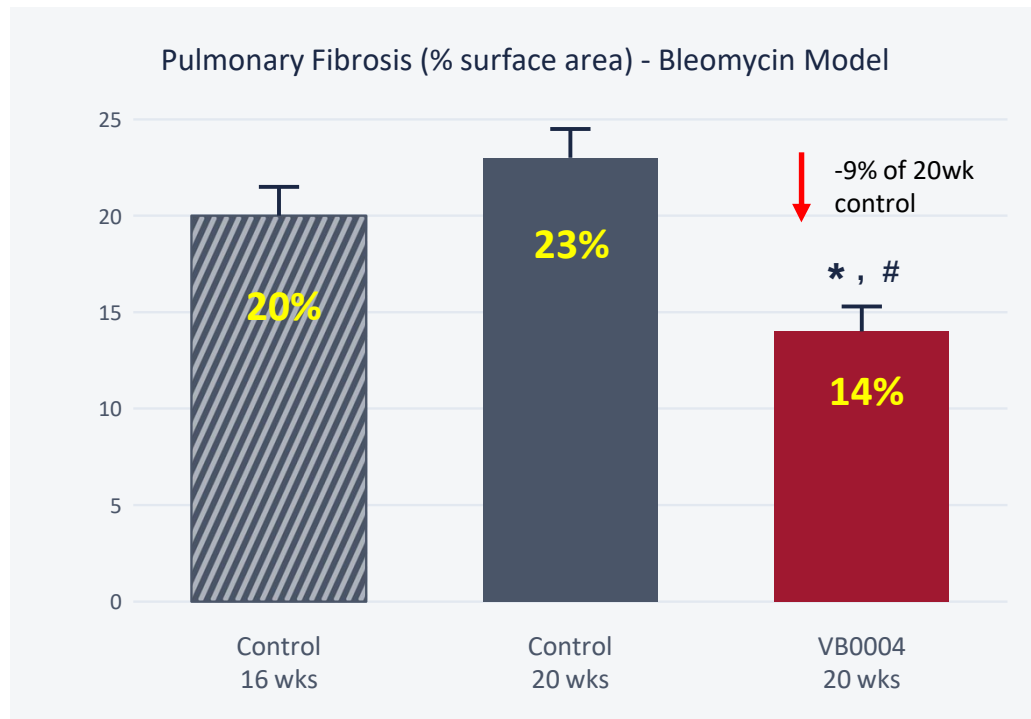
Chronic Kidney Disease

Dialysis & transplant costs \$49B+ annually (US). Renal fibrosis reversal demonstrated at all doses in animal models.

Platform Value

One mechanism. Multiple organs. Early external validation: antifibrotic asset out-licensed to Canadian biotech.

VB0004 Reverses Established Lung Fibrosis in Preclinical Model



16-week Control

Established pulmonary fibrosis - collagen deposition throughout lung parenchyma

20-week Control (Vehicle)

Fibrosis has progressed - additional collagen deposition, reduced airspace

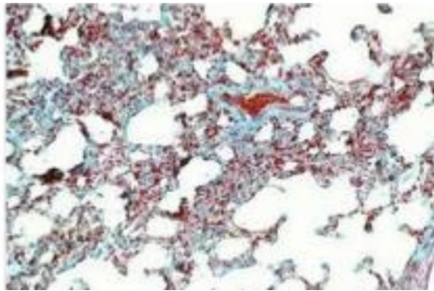
VB0004 (20 wks)

Marked reduction in fibrosis - near-normal lung architecture restored

Note: Bleomycin-induced pulmonary fibrosis model. VB0004 administered after fibrosis established (2 weeks post-bleomycin).

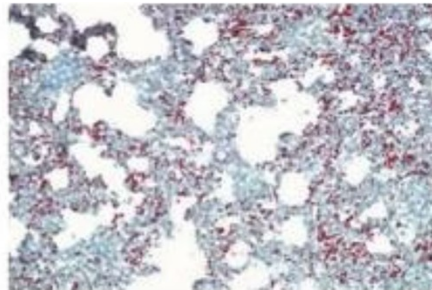
* $p < 0.05$ vs Control 16; # $p < 0.05$ vs Control 20 (vehicle).

VB0004 Reverses Established Lung Fibrosis in Preclinical Model



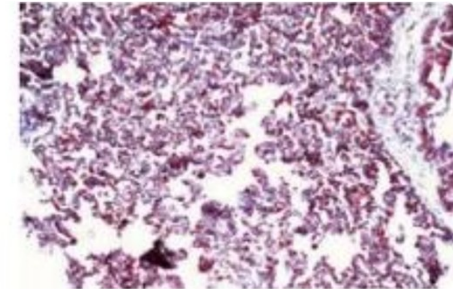
16-Week Fibrosis Model Control

Increased fibrosis (cyano), reduced capillaries



20-Week Fibrosis Model Control

Increasing fibrosis, decreasing capillaries

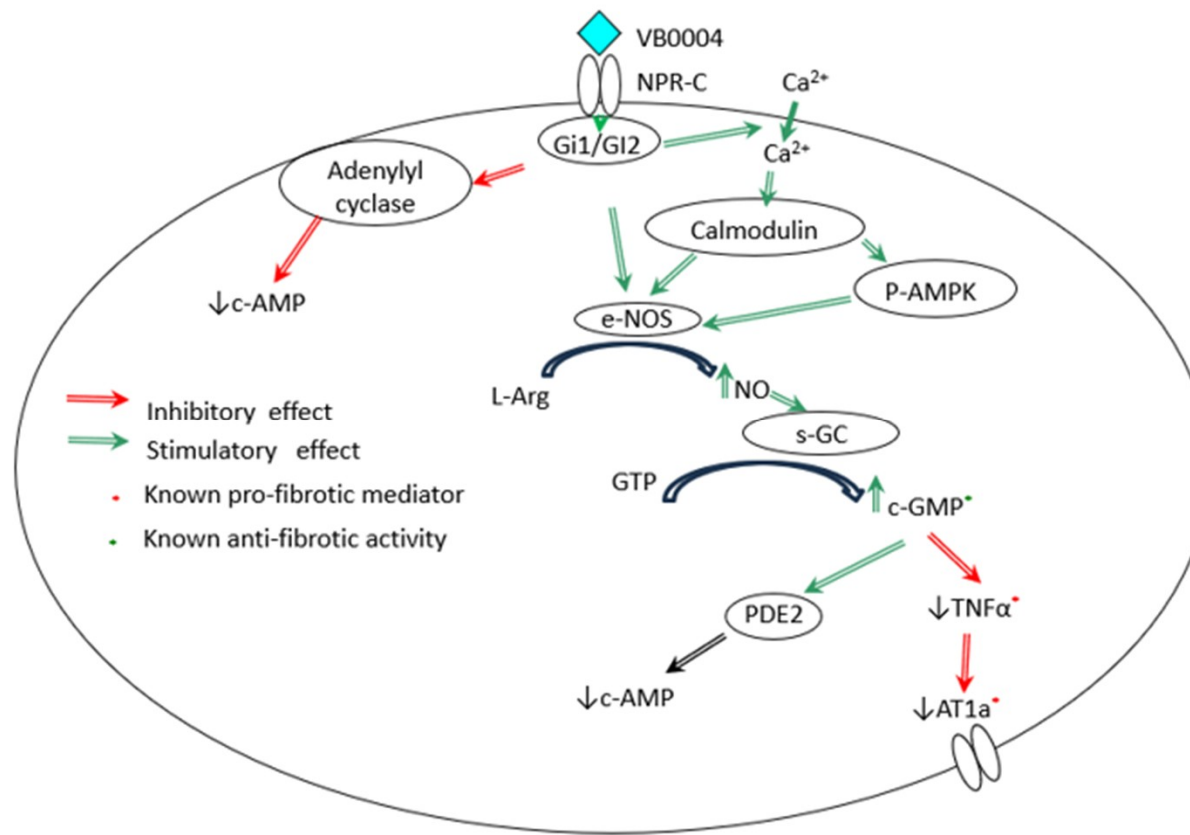


VB0004 in Fibrosis Model at 20 Weeks

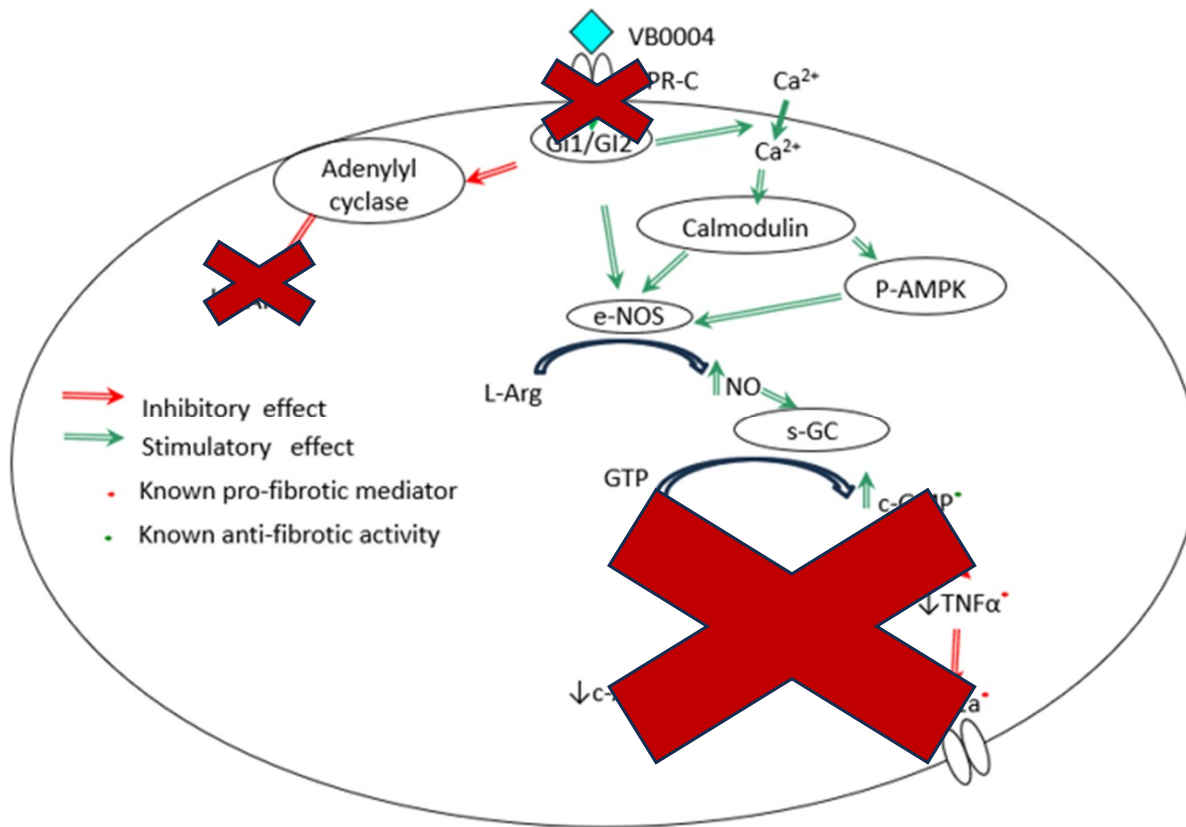
Fibrosis removed, capillaries restored

Note: Bleomycin-induced pulmonary fibrosis model. VB0004 administered after fibrosis established (2 weeks post-bleomycin).
Histology: Masson's trichrome staining. Source: internal preclinical data.

VB0004 acts via the NPR-C receptor and post-receptor signalling cascade

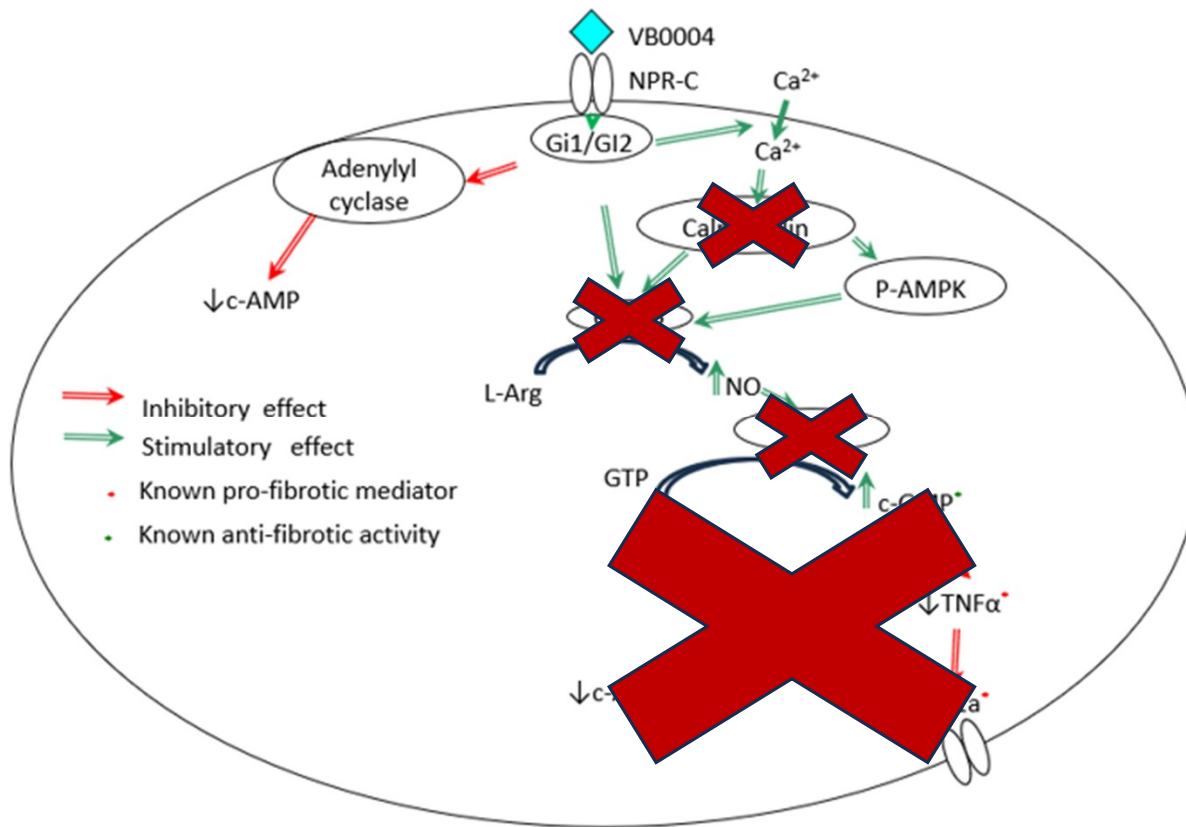


VB0004 acts via the NPR-C receptor and post-receptor signalling cascade



Molecular inhibition (blocking) of the NPR-C receptor blunts the reduced cAMP and increased cGMP

VB0004 acts via the NPR-C receptor and post-receptor signalling cascade



Molecular inhibition (blocking) of the NPR-C receptor blunts the reduced cAMP and increased cGMP

Molecular inhibition (blocking) of other downstream players in the signalling cascade blunts the reduced increased cGMP

Phase 1a Completed: Strong Safety & Predictable Pharmacokinetics

SAD — Single Ascending Dose

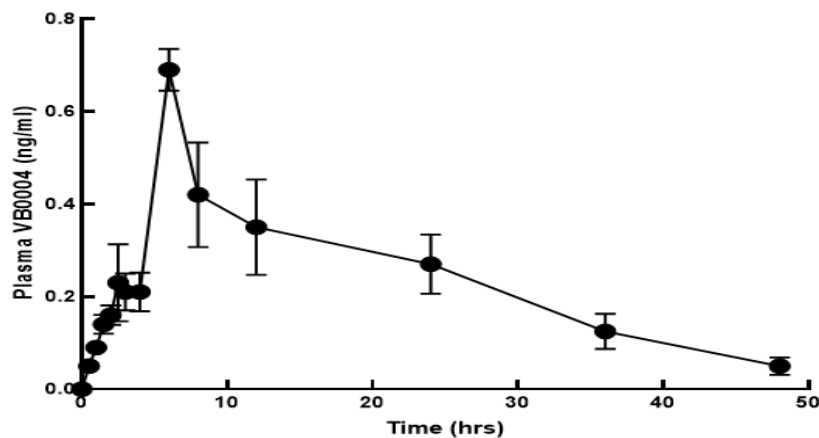
Max planned: 300mg
Max tolerated: 300mg
No significant adverse events

Dose ceiling not reached

MAD — 14-Day Multiple Ascending Dose

Max planned: 100mg/day
Max tolerated: 100mg/day
No significant adverse events

Healthy subjects & mild hypertensives



6–8 hr

Tmax

~10–15 hr

Half-life

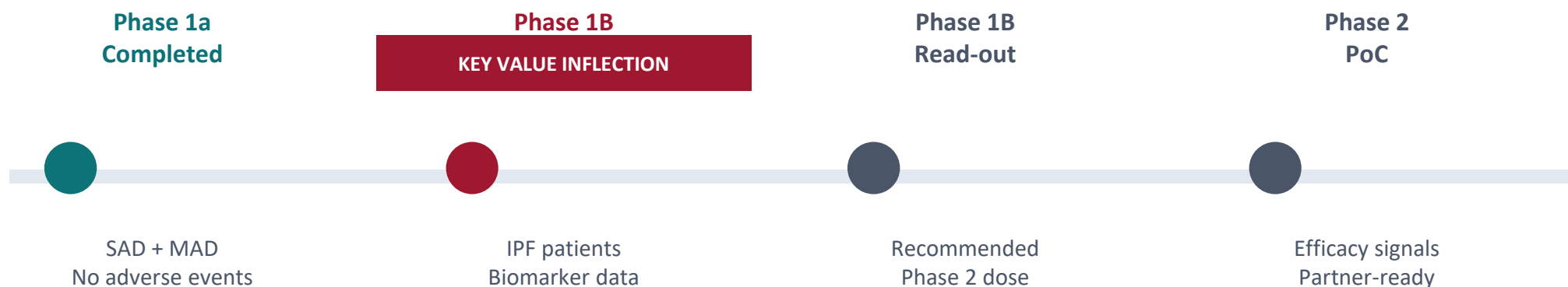
None

Accumulation over 14 days

Once daily

Consistent dosing profile

Clear Path to Value Creation



Pipeline Overview

Program	Lead Indication	Stage	Status
VB0004	Pulmonary Fibrosis (IPF) (Cardiovascular & Renal benefits also demonstrated)	Phase 1B Ready	Lead Program
VB4-A79	Pulmonary Fibrosis (non-scleroderma)	Preclinical	Pipeline
VB4-A32	Liver Fibrosis (NASH/ASH)	Preclinical	Pipeline
VB4-P5	Renal Fibrosis	Preclinical	Licensed — external validation

Experienced Team Aligned to This Stage of Development

Dr Tara Speranza

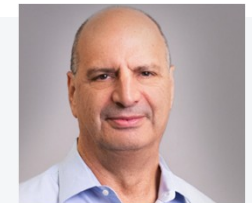
CEO & CTO



20+ years across scientific research, commercial strategy & capital markets. Translational drug development at University of Sydney & University of Geneva. Led commercial partnership with Servier (Protelos). Extensive biotech investment and advisory roles.

Dr Ronald Shnier

Non-Executive Chairman



Radiologist; founder of one of Australia's first private MRI practices; former National Director of Diagnostic Imaging at Mayne Health; active in clinical research and international advisory boards. Dr Shnier was the Chief Medical Officer at I-MED Radiology Network for 7 years and continues to serve a Director on the Board of I-MED.

Mr Maurie Stang

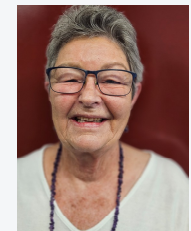
Non-Executive Deputy Chairman



30+ years in healthcare and biotechnology. Strong track record in global IP commercialisation. Executive Chairman of Lumitron Technologies.

Ms Linda Walters

Non-Executive Director



25+ years in life sciences and healthcare. Deep familiarity with Vectus technology and IP. Expertise across commercialisation, finance, HR and IT.



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GET IN TOUCH

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