AGM Presentation

Next-generation exosome diagnostics and therapeutics

27 November 2025

INOVIQ

ASX: IIQ

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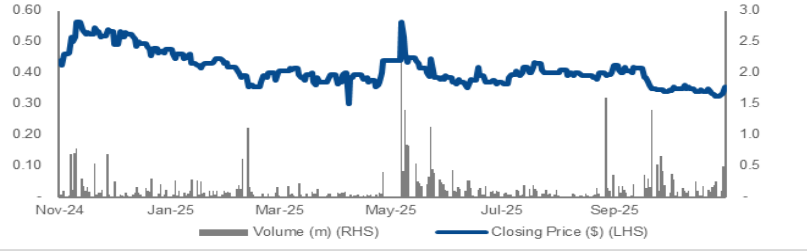
INOVIQ Overview| Next-generation diagnostics and therapeutics for cancer

- Proprietary **exosome platform** with multiple research, diagnostic and therapeutic applications
- **Exosome research tools** commercially available through global distribution partner
- Clinical-stage **OC screening test** and **BC monitoring test**
- Preclinical-stage next-gen **exosome therapeutic** in development for TNBC
- **Partnering** and strategic acquisitions to expedite commercialisation and growth
- Leadership team and Advisory Board with experience in **exosome science, development and commercialisation**

Financial snapshot (ASX:IIQ)	
Market capitalisation	A$50.0m
Share price (26 November 2025)	A$0.355
52-week H/L	A$0.690-0.32
Ordinary shares	140,775,458
Listed / Unlisted options	9,753,913 / 8,775,000
Cash at bank (30 Sep 2025)	A$14.3m*
Shareholder profile	
Top 20	34.9%
Board/KMP	7.9%
Institutional/Funds	10.8%

IIQ 12-month share price performance



*Represents Pro-Forma cash position post-completion of $10.2m capital raise in Oct/Nov 2025

Strategic pillars| Driving growth and value across our exosome business

1 Research tools

Exosome isolation tools for biomarker discovery and diagnostics

- Global distribution partner in place for market development and commercial success
- Delivers early revenue from sales of research tools and products
- Potential licensing income from future commercial diagnostics using EXO-NET

US$794.2m global exosome research market by 2030[1]

2 Diagnostics

Exosome tests for screening, liquid biopsies & companion diagnostics

- Faster-to-market diagnostics to deliver mid-term partners and revenue
- Commercialisation pathway established with existing exosome diagnostics in-market as LDTs and BDD from US FDA

US$5.5b global ovarian cancer diagnostics market by 2030[2]

3 Therapeutics

Exosome therapeutics to target and destroy solid tumours

- High-value therapeutics to deliver blue-sky ROI
- Leverages existing exosome technology, capabilities & expertise
- Potential first-in-class CAR-exosome therapy with cost, logistics, safety & efficacy advantages

US$55.3b global breast cancer therapeutics market in 2027[3]

Exosome technology platform

- Establishes INOVIQ as a leading exosome company
- Delivers solutions for precise exosome isolation, engineering and loading
- Enables transformative applications across research, diagnostics and therapeutics

1. Exosomes Market Size And Share | Industry Report, 2030; 2. Grand View Research, Ovarian Cancer Diagnostics Market 2024-2030;
3. Breast Cancer Therapeutics Market Growth, Trends & Dynamics, 2027 (fortunebusinessinsights.com)

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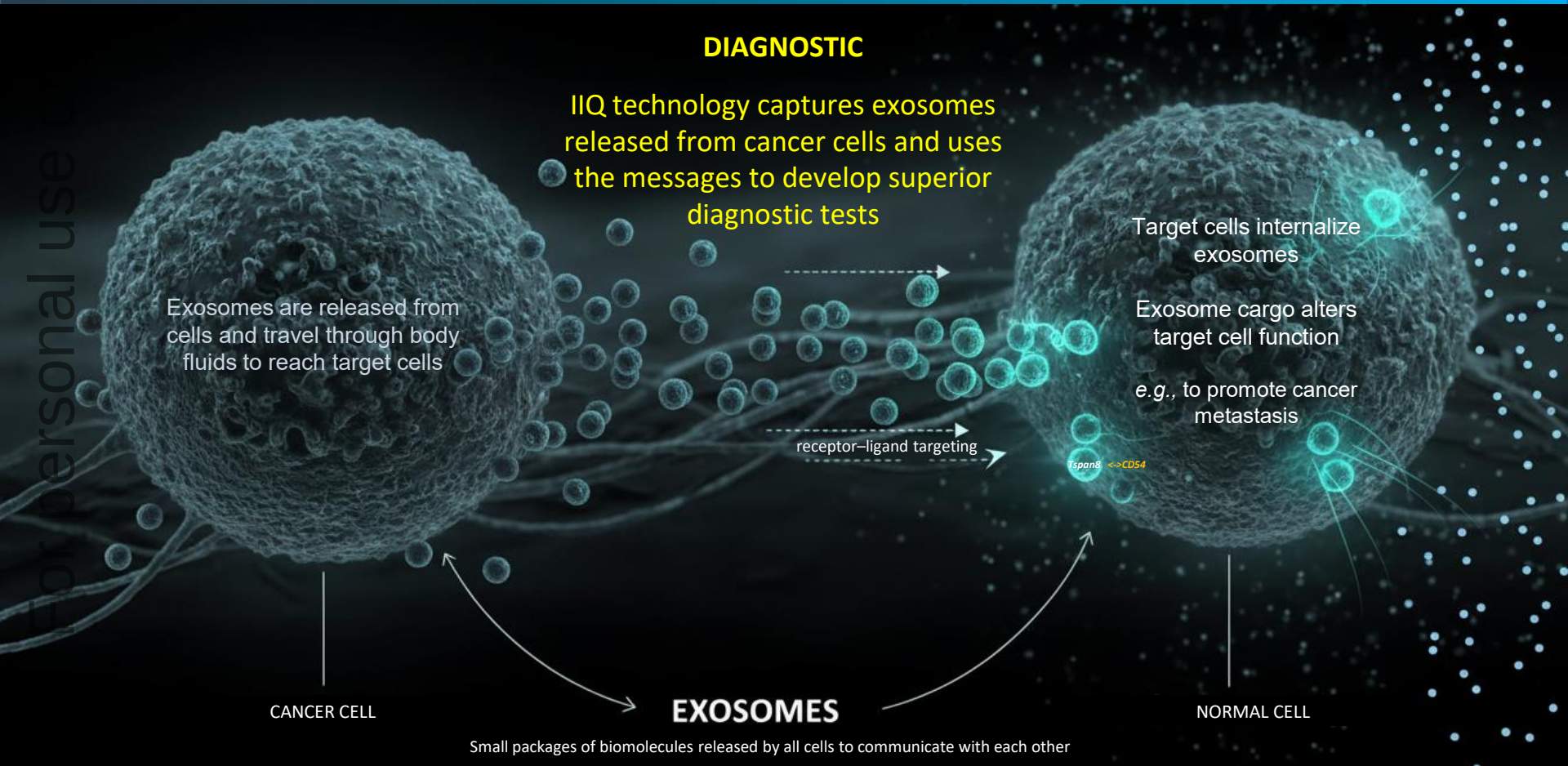
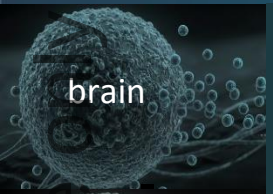
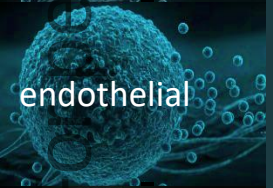
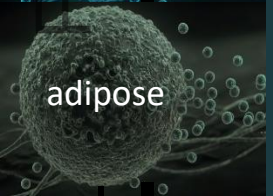
What are exosomes and how are they revolutionizing health care?



Why is IIQ's exosome isolation technology superior ?







released exosomes

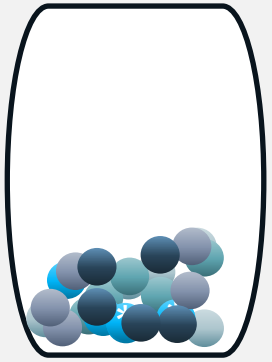
- same size
- same density
- same charge
- common Tspan proteins

in blood
a heterogeneous mixture

bulk isolation methods
(competitor products)

based on common physical properties

- *size*
- *charge*
- *density*
- *tetraspanins*



low-signal to noise ratio

IIQ NET technology
specific exosome isolation
(EXO-NET technology)

high-signal to noise ratio

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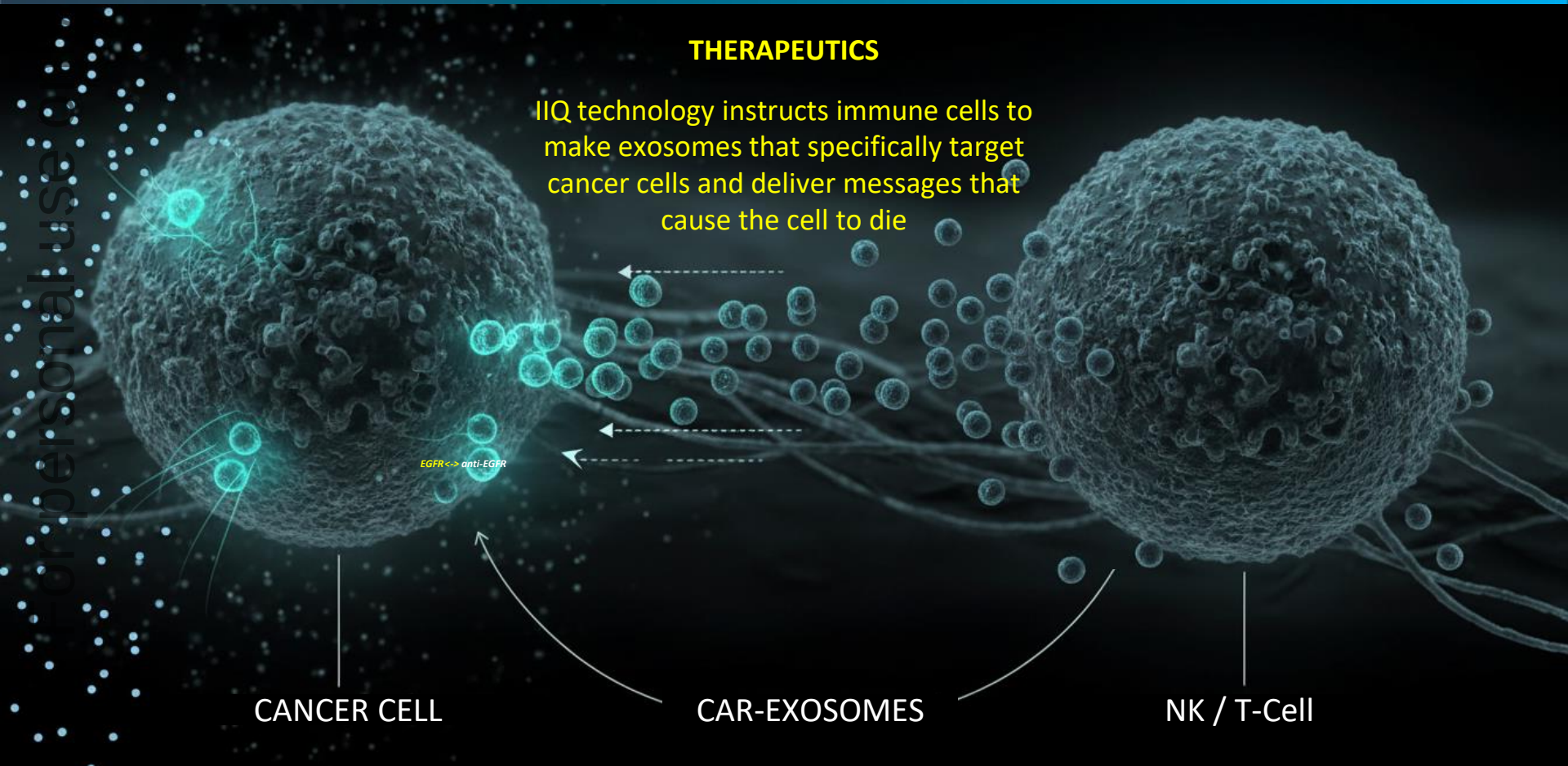
What are exosomes and how are they revolutionizing health care?



EXO-NET®| Commercial progress with growing customers, revenue and pipeline

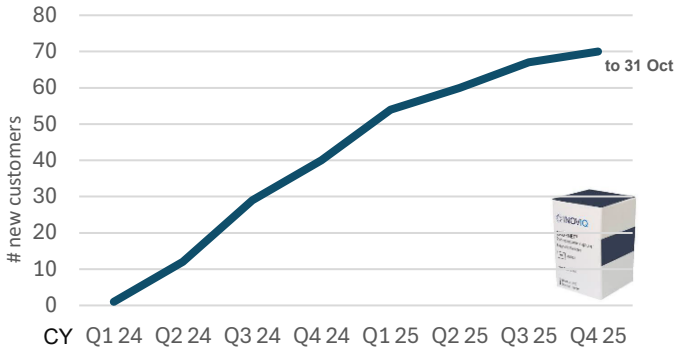
Global distribution partner Promega Corporation delivering initial revenues under *Early Access Program* building traction ahead of *Full Catalogue Launch* Q1 CY2026 of combination EXO-NET / Maxwell fully automated EV & RNA isolation solutions

Product expansion with specialized NEURO-NET, TEXO-NET and Custom-NET solutions for tissue and disease-specific Oncology, Neurology, Cardiac Disease, Transplant Rejection & Sepsis applications

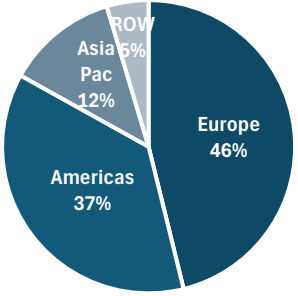
Service Agreements increasing for *custom NET development, exosome isolation, biomarker discovery and diagnostics development* for INOVIQ service fees with Pharma, Biotech & Diagnostic Co's

Customer and revenue growth expected to be driven by *Promega sales* of EXO-NET standalone and combination kits, and future direct *licence revenues* from EXO-NET-enabled diagnostics

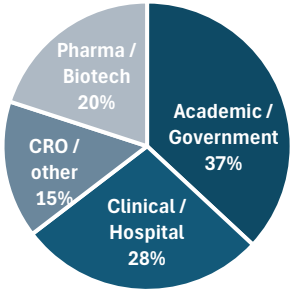
Customer Acquisition



Customer by Geography



Customer by Type



Promega INOVIQ

EXO-OC™| Commercialisation strategy

Dual-path commercialisation strategy
to maximise speed, access and value for patients, clinicians & investors

	Laboratory Developed Test (LDT)	In Vitro Diagnostic (IVD)
Partner	**Laboratory partner** to offer testing service via single CLIA/CAP lab	**Large diagnostics company** for global scale to distribute EXO-OC kits & deliver through pathology networks
Launch	**LDT 2027** (US)	**IVD 2029+** post regulatory approvals (US, UK, Europe, China, Asia, Australia)
Adoption	**Peer reviewed publications** & presentations Build **KOL** network	**+ Pivotal Clinical Trial** (prospective, multi-centre) **+ Health economic** modelling & HTA **+ Clinical guideline** inclusion (USPSTF, NICE, NCCN, ACOG)
Reimbursement	**Patient-Pay** initially Builds evidence for reimbursement	**Public & Private payers** Medicare & Medicaid, Others
Advantages	**Fastest path-to-market** Early access for patients Early revenue Real-world data to support IVD filings	**Broader clinical adoption** Global market reach Sustainable growth Higher reimbursement & guideline potential

*CAP = College of American Pathologists; **CLIA** = Clinical Laboratory Improvement Amendments; **IVD** = In Vitro Diagnostic; **LDT** = Laboratory Developed Test; **USPSTF** = US Preventative Services Task Force; **ACOG** = American College of Clinical Gynecologists; **NCCN** = National Comprehensive Cancer Network*

Exosome Diagnostics| Ovarian cancer screening requirements

EXO-OC™ Ovarian Cancer Screening Test

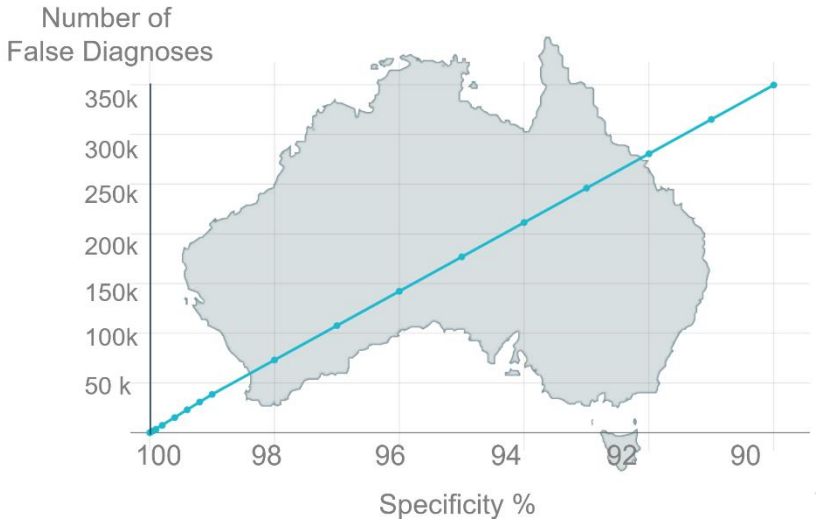
An ovarian cancer **screening test –** for use in asymptomatic average-risk women (like the breast cancer screening program)

Early detection means finding and diagnosing ovarian cancer at an early stage, often through targeted tests due to symptoms or risk factors

Screening is regular testing of women in the general population without symptoms to try to catch cancers early

Screening criteria for the general population requires sensitivity ≥ 75% and specificity ≥ 99.6% [1]

Understanding Test Performance



@ 94.0% specificity > 200,000 misdiagnosed with ovarian cancer
@ 99.9% specificity < 3,500 misdiagnosed with ovarian cancer

1. 2024 Apr 30;14(9):949. doi: 10.3390/diagnostics14090949

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Exosome Diagnostics| EXO-OC™ performance data

EXO-OC Ovarian cancer screening test

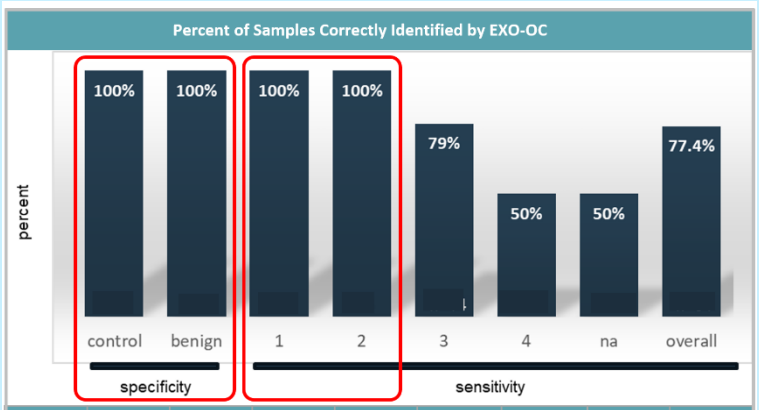
Ovarian cancer **screening test** for use by

asymptomatic average-risk women

(like the breast cancer screening program)

Exceeds recommended test performance for a *general population screening test*

OC500 Study



Set	Control	Benign	Stage I	Stage II	Stage III	Stage IV	na	Total
Training	161	119	21	3	41	21	6	372
Test	59	35	6	3	14	6	2	125

- ✓ **Achieved 77% sensitivity @ > 99.6% specificity**
- ✓ **100% specificity for early-stage cancer**

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Exosome Diagnostics| Planned Studies

EXO-OC Ovarian cancer screening test

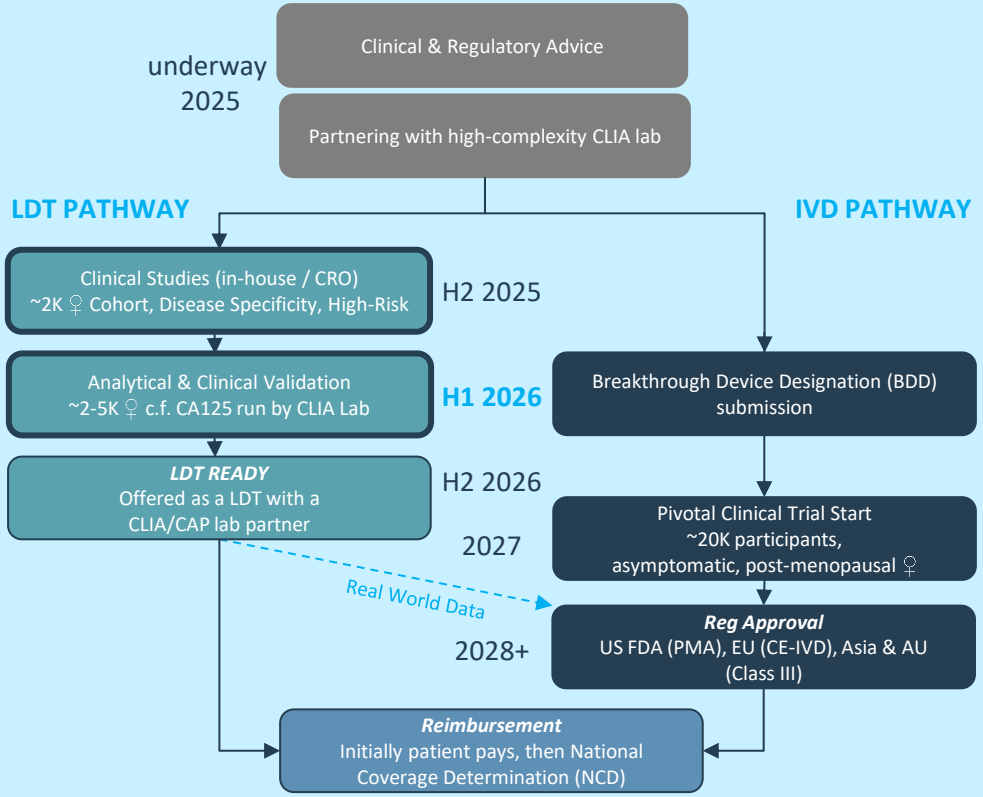
Ovarian cancer **screening test**
for use by *asymptomatic average-risk women*
(like the breast cancer screening program)

Clinical studies* *(commenced Oct-25)*

- Cohort (all stages HGSOC)
- Confounding diseases
- High-risk (BRCA/Lynch/Family history)

CLIA lab study for LDT readiness

- Analytical and clinical validation
- in partner CLIA/CAP-certified lab



**Informed by discussions with potential partners*

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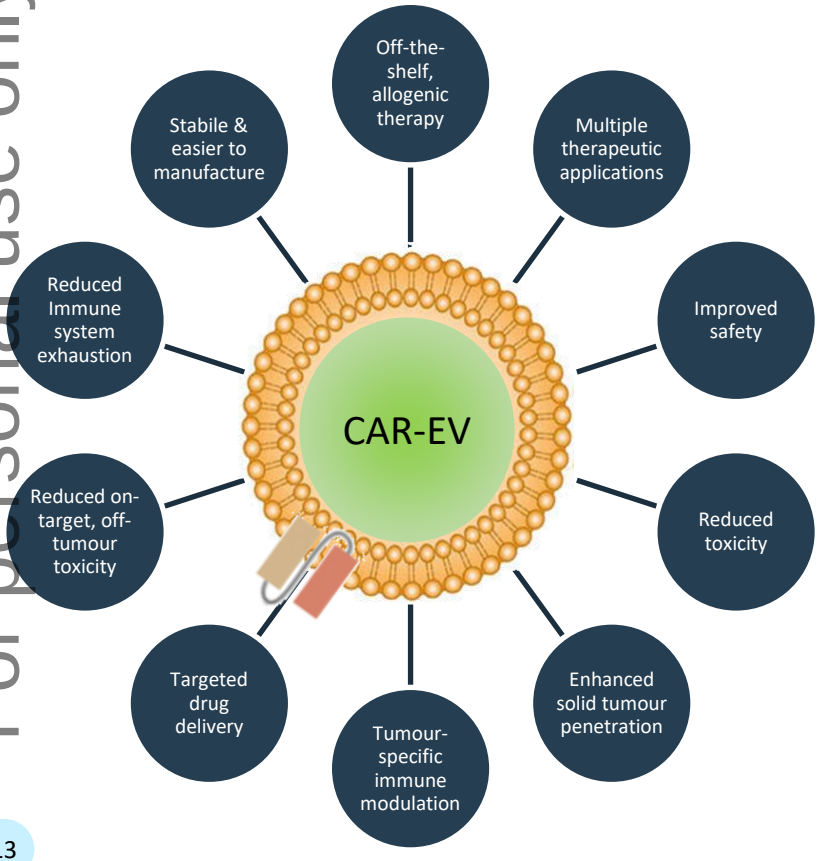
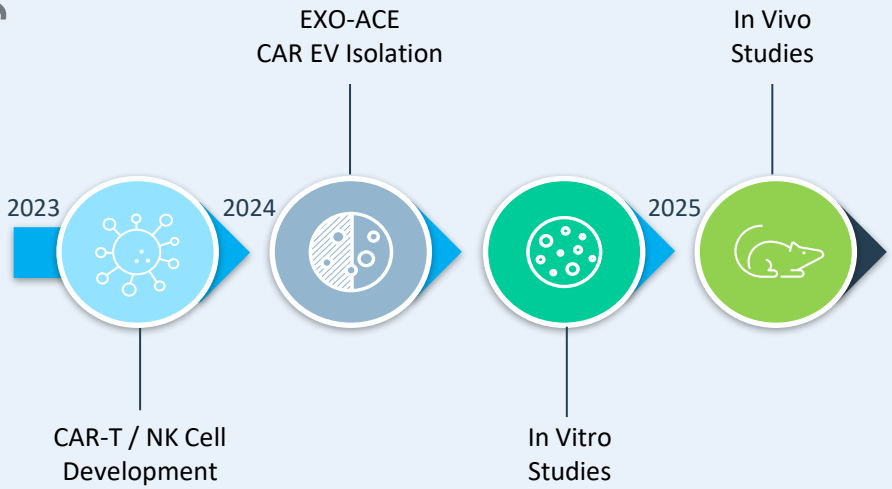
CAR-Exosomes| Next-gen cell-free therapy



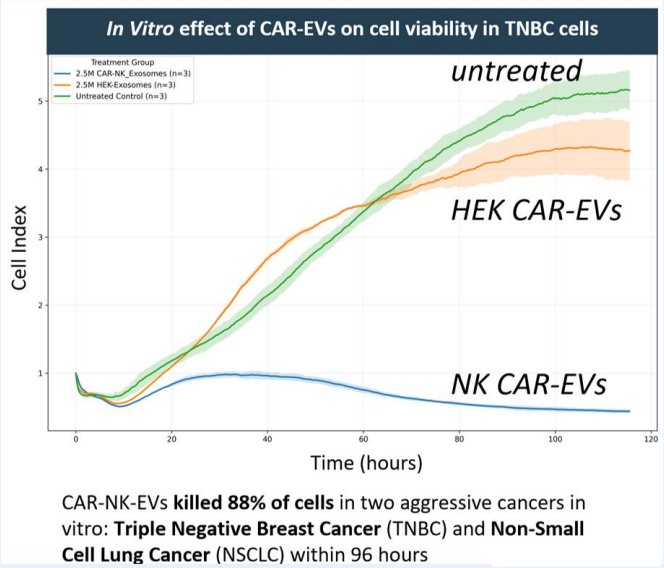
- **Platform technology** with multiple therapeutic applications (CAR-EV therapy, Drug Delivery, Regenerative Medicine, Aesthetic Medicine, Others)
- **Next-gen cell-free therapy** to target and kill solid tumours
- **Targeting specificity:** EVs inherit targeting specificity (CAR) from parent CAR-NK / T cells
- **Anti-tumour efficacy:** Immune cell-derived EVs deliver cytotoxic molecules (granzymes, perforin) to kill tumours
- **Improved safety:** Reduced risk of immune rejection, cytokine release syndrome, CRES and GvHD
- **Lower cost:** Significantly reduced COGs and cost per patient (~US$165k) compared to autologous CAR-T therapy (~US$500k)*

**Based on average cost per patient for MAbs of US$165K and autologous CAR-T therapies of US$509K (see Appendix)*

CAR-Exosomes| Therapeutic development path



- ✓Master cell banks established
- ✓**Cells engineered with CARs**
- ✓**High purity & yield of CAR-EVs**
- ✓Scalable EXO-ACE EV isolation process
- ✓*In vitro* PoC for **CAR-T-EVs** in BC cells
- ✓*In vitro* PoC for **CAR-NK-EVs** in TNBC cells
- ✓*In vitro* tumour killing activity in TNBC cells confirmed at Peter Mac
- ❑ *In vivo* efficacy data in TNBC mouse model **Dec 2025**



CAR-NK-EVs **killed 88% of cells** in two aggressive cancers in vitro: **Triple Negative Breast Cancer** (TNBC) and **Non-Small Cell Lung Cancer** (NSCLC) within 96 hours

EXO-ACE data (ASX: 20/3/24 & 3/6/24); CAR-Exosome in vitro data (ASX: 18/6/24, 16/12/24 & 22/9/25)

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

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Future Catalysts| Exosome platform driving growth and value across our pipeline

	Jul-25	Dec-25	Jun-26	Dec-26
EXO-NET (research tools)	• EXO-NET sales growth, collaborations & diagnostic partnering			
EXO-OC (OC screening)	✓Commence clinical studies for OC screening *(underway)*	• Strategic partnering for LDT commercialisation *(underway)* • Progress IVD clinical & regulatory strategy • Clinical study data	• Analytical and clinical validation data • LDT ready & partnered	
CAR-Exosome (solid tumour Tx)	• In vivo efficacy data in TNBC model *(expected Dec-25)*	• Progress manufacturing for clinical trials • Preclinical CAR-EV TNBC & Ovarian Cancer studies	• Commence IND enabling studies	

Future milestones are forward-looking and may change based on study results, funding, partnering and priorities

Summary| Positioned for growth

Leading exosome company with proven technology platform and best-in-class research tools, diagnostics and therapeutics

Exosome research tools partnered, on-market and generating initial revenue with potential for future licensing income

Clinical-stage EXO-OC screening test targeting significant unmet need in US$5.5B market

Preclinical-stage CAR-exosome program with potential cost, safety & efficacy advantages over CAR-T therapy

Focus on partnering and strategic acquisitions to expedite commercialisation and growth

Significant upside potential in FY26 catalysts and ASX: IIQ share price

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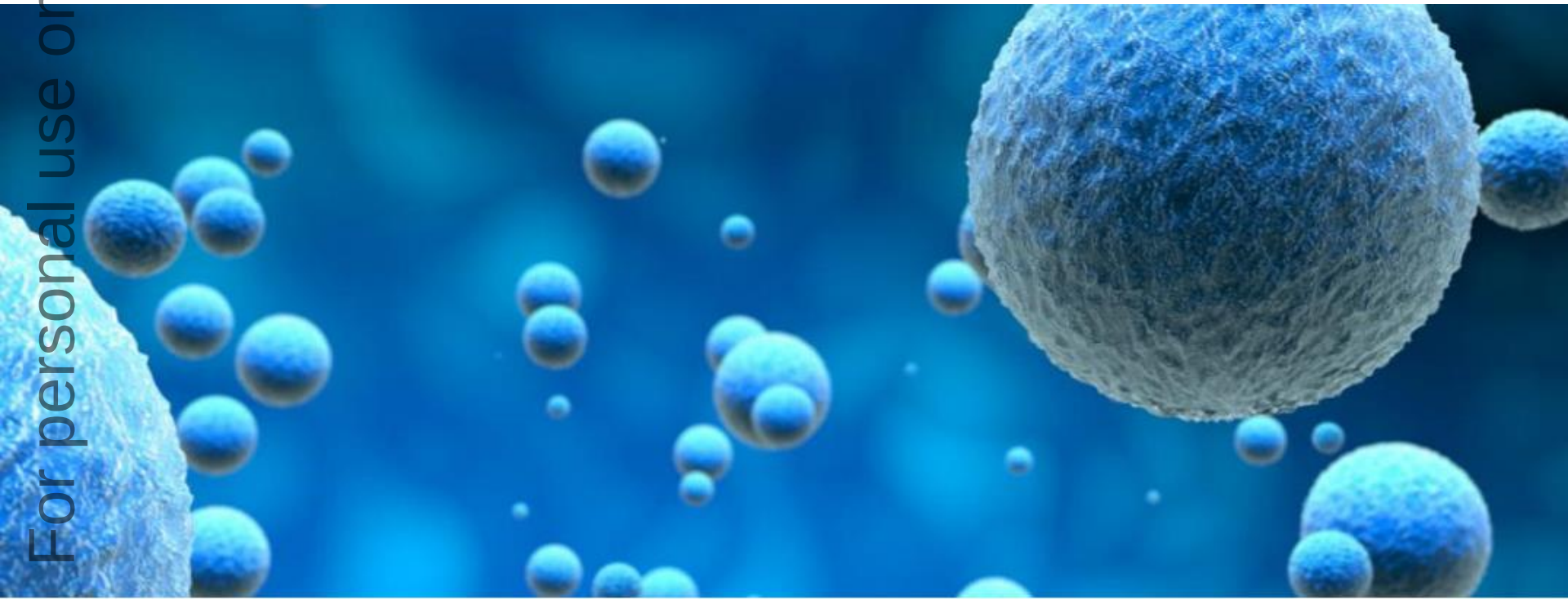
Appendices



Glossary

AUC	area under the curve
BC	breast cancer
CA125	cancer antigen 125 biomarker (used in ovarian cancer)
CA15-3	cancer antigen 15-3 biomarker (used in breast cancer)
CAGR	compound annual growth rate
CAR	chimeric antigen receptor
CDx	companion diagnostic (for therapeutic product)
CLIA	clinical laboratory improvement amendments (US regulatory standards)
CRES	CAR-related encephalopathy syndrome
CRO	contract research organization
ctDNA	circulating tumour DNA
Dx	diagnostic
EGFR	epidermal growth factor receptor
ER	estrogen receptor
EV	extracellular vesicle
GvHD	graft vs host disease
HER2	human epidermal growth factor receptor 2
HT	high throughput
ICC	immunocytochemistry
IDE	investigational device exemption (FDA)
IND	Investigational new drug
IVD	in vitro diagnostic
KOL	key opinion leader
LDT	laboratory developed test
MIA	in vitro multivariate index assay
MRD	minimal residual disease
MRI	magnetic resonance imaging
MSC	mesenchymal stem cell
NK	natural killer (cell)
OC	ovarian cancer
PMA	premarket approval (FDA)
PR	progesterone receptor
ROC	receiver operating characteristic curve
RUO	research use only
Se	sensitivity
SOC	standard of care
Sp	specificity
TAM	total addressable market
TNBC	triple negative breast cancer
TVUS	transvaginal ultrasound
Tx	therapeutic
UQ	The University of Queensland
US	ultrasound

Board| Capital markets, healthcare and biotech experience

DAVID WILLIAMS
Non-Executive Chairman

Experienced biotechnology director and investment banker with extensive strategic, corporate and financial markets experience.

Currently Chairman PolyNovo Ltd, Chairman of RMA Global Ltd and Managing Director of corporate advisory firm Kidder Williams Ltd.

Previously Chairman and major shareholder Medical Developments International Ltd. Major shareholder Healthily Pty Ltd.

MAX JOHNSTON
Non-Executive Director

Healthcare industry director and international business leader with extensive experience across medtech, pharmaceuticals, consumer healthcare and consumer goods.

Currently NED Neurotech International. Previously President and CEO of Johnson & Johnson Pacific, Chairman of AusCann Ltd, NED of PolyNovo Ltd, Medical Developments International Ltd, Tissue Repair Ltd and CannPal Animal Therapeutics Ltd.

PHILIP POWELL
Non-Executive Director

Healthcare industry director and chartered accountant with extensive investment banking experience specialising in capital raisings, IPOs, mergers and acquisitions and other transactions across pharma, food and agriculture.

Previously at OAMPS Ltd and Arthur Andersen, and NED at RMA Global Ltd, Polynovo Ltd and Medical Developments International Ltd.

DR GEOFF CUMMING
Non-Executive Director

Healthcare and biotechnology director with extensive diagnostics industry experience.

Currently NED AnteoTech Ltd.

Previously Managing Director Roche Diagnostic Systems (Oceania), MD/CEO Biosceptre international Ltd and MD/CEO of Anteo Diagnostics Ltd.

MARY HARNEY
Non-Executive Director

Experienced Non-Executive Director and Chief Executive bringing a deep understanding of applied life science research, in addition to experience in biopharmaceutical regulatory affairs and commercialisation.

Current Chair of Oncology One Pty Ltd. Previously Chair of Race Oncology (ASX: RAC) and Microbio Limited.

PETER GUNZBURG
Non-Executive Director

Experienced public company director, stockbroker and investor.

Currently Non-Executive Chairman of ASX listed Metals X Limited and non-executive director of London Stock Exchange listed First Tin Plc.

Previously Director of the Australian Stock Exchange Ltd, Eyres Reed Ltd, CIBC World Markets Australia Ltd and several public companies.

Leadership| Corporate, scientific, clinical and commercial expertise

MANAGEMENT

DR LEEARNE HINCH BVMS MBA
Chief Executive Officer

Biotechnology CEO with a proven track record in corporate strategy, capital raising, product development, business development and partnering across diagnostics, medical devices, therapeutics and animal health.

Past leadership and consulting roles in ASX-listed biotechnology, multinational and private companies including Eustralis Pharmaceuticals, HealthLinx, OBJ, Holista Colltech, Chemeq, Virbac and Mars.

DR GREG RICE PhD MHA
Chief Scientific Officer

Internationally recognised, award-winning scientist with over 35 years' experience and a successful track record in oncology research, exosome science, biomarker discovery, and diagnostics development.

Previous leadership roles in academia and industry including at The University of Queensland Centre for Clinical Research, Baker Heart Institute, University of Melbourne, Monash University and HealthLinx.

MARK EDWARDS BAcc CA
CFO & Company Secretary

Experienced finance executive with expertise in financial leadership and management, corporate governance, investor relations and corporate transactions.

Previous senior roles in ASX listed pharmaceutical, medical device and healthcare companies, including Medical Developments International and Cogstate.

EMMA BALL PhD MBA GAICD
Chief Commercial Officer

Experienced biotechnology commercialisation executive with expertise in business development, licensing, and strategic partnerships across therapeutics, vaccines and diagnostics.

Currently Non-Executive Chair of BioMelbourne Network. Previous senior business development/ licensing roles in multinational biotechnology companies CSL Ltd and Illumina Inc.

ADVISORS

PROF MILES PRINCE
AM MBBS (Hons) MD FRACP FRCPA AFRCMA AFRACD FAHMS
Clinical Haematologist & Oncologist

Leading Clinical Haematologist and Oncologist and Professor at both Melbourne and Monash universities. He is an NHMRC Investigator Fellow and has been principal investigator of over 100 clinical trials including targeted therapeutics (CAR-T therapy) for haematological conditions and cancers.

PROF PHIL DARCY
PhD FAHMS
Immunotherapy expert

Co-leader of the Cancer Immunology program, Group Leader of the Cancer Immunotherapy Laboratory at the Peter MacCallum Cancer Centre and NHMRC Principal Research Fellow, focusing on novel T cell-based immunotherapy approaches for cancer in preclinical mouse models and clinical translation.

PROF CARLOS SALOMON
BBiochem MClinMed PhD
Exosome expert

Director of the University of Queensland Centre for Extracellular Vesicle Nanomedicine, Head of the Translational Extracellular Vesicles in Obstetrics and GynaeOncology Group and NHMRC Investigator Fellow, specialising in exosome biology and its clinical translation to diagnostics and therapeutics for ovarian cancer and obstetrical syndromes.

DR JAMES MCCRACKEN
MBBS FRACP DipPsych MPHA
Medical Oncologist

Leading Medical Oncologist specialising in breast cancer treatment at Epworth Healthcare and the Peter MacCallum Cancer Centre. His research interests include the field of liquid biopsies for cancer to personalise treatment and minimise toxicity.

Ovarian Cancer screening is a significant unmet need

#1 Deadliest gynaecological cancer & 8th most common cancer in women

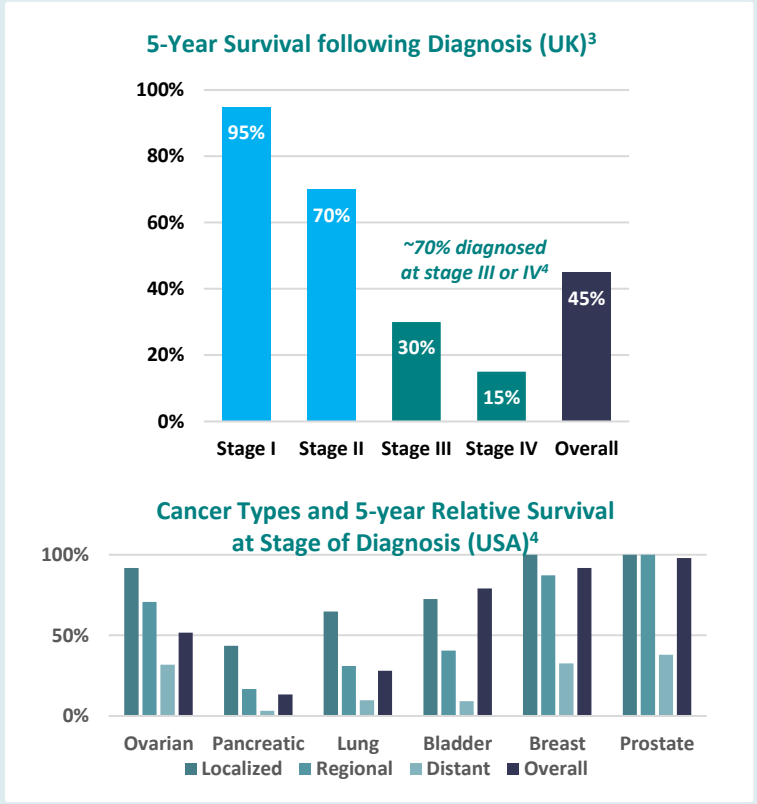
325k New cases pa[1]

207k Deaths pa[1]

90% 70-90% recurrence within 5 years due to late-stage diagnosis[2]

95% Survival improves from ~30% to 95% with early diagnosis[3]

no approved test for early detection in asymptomatic, average risk women



1. Cancer Today (iarc.fr) ; 2. WebMD| Risk of Recurrence 3. Cancer Research UK – Survival for ovarian cancer; 4. SEER 21, 2015-2021

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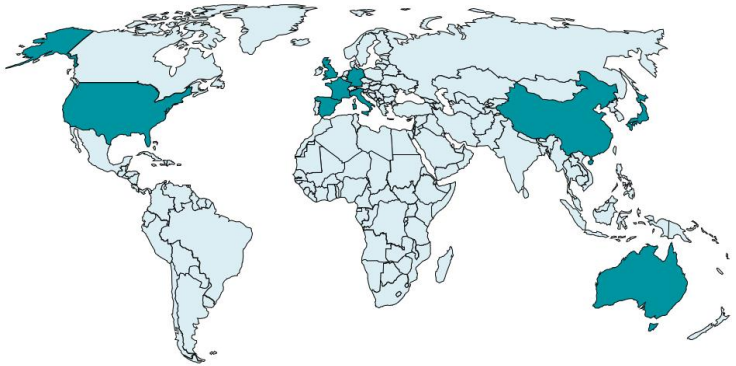
Ovarian Cancer in 9 Major Markets

Market	Incidence	Prevalence (5-year)	Eligible Population (45-74yo)[1]	General Screening Participation	Annual Addressable Population [11]
China	61,060	180,870	282,713,102	51.4% [2]	145,201,449
USA	21,179	68,388	60,689,385	75.7% [3]	45,941,864
Japan	10,693	33,732	24,907,722	46.9% [4]	11,681,721
Germany	7,547	21,475	17,197,363	51.0% [5]	8,770,655
UK	6,390	19,325	12,639,038	64.6% [6]	8,164,818
Italy	6,021	17,652	12,968,521	43.0% [7]	5,576,464
France	5,696	15,485	12,674,444	60.0% [8]	7,604,666
Spain	3,455	11,122	10,279,808	74.7% [9]	7,676,961
Australia	1,799	5,722	4,636,304	54.2% [10]	2,512,877
TOTAL	123,840	373,771	438,705,684	57.9% av	243,131,475



potential to reach
~243M women every 1-2y
across 9 major markets

Link to references slide; OC Screening every 1 – 2 years in accordance with clinical guidelines in each country

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Diagnostic Deals| Liquid biopsy platforms

	Acquiror / Licensee	Target / Licensor	Date	Deal Type	Stage	Upfront (US$m)	Milestones (US$m)	Total Deal Value (US$m)	Technology
1	Abbott	EXACT SCIENCES	2025	Acquisition	Commercial	N/A	N/A	$23,000	Various oncology screening, detection, monitoring and risk profile tests, $3.2B revenues expected 2025
2	Roche	Freenome	2025	Exclusive Development & Distribution, ex-US	Clinical	$75 (equity)	undiscl.	>$200	Kit-based versions of Freenome's centralised tests, exploring incorporation of Roche's multiomics tech
3	EXACT SCIENCES	Freenome	2025	Exclusive Licence, US	FDA Approval Pending	$75	$700	$885	Blood-based colorectal cancer screening assay, detects methylation signatures in ctDNA
5	Quest Diagnostics	HAYSTACK ONCOLOGY	2023	Acquisition	Clinical	$300	$150	$450	ctDNA liquid biopsy technology platform
6	labcorp	PGDx	2022	Acquistion	Clinical	$450	$125	$575	Cancer genomics technology and portfolio
7	Roche	freenome	2022	Equity stake	Clinical	undiscl.	undiscl.	$360	Blood-based multimodal cancer detection technology and colorectal cancer screening test in FDA pivotal PREEMPT CRC study
8	NEO GENOMICS	Inivata	2021	Acquisition	Clinical	$25	undiscl.	$200	Liquid biopsy technology platform including RaDaR MRD assay in development
9	Agilent	RESOLUTION BIOSCIENCE	2021	Acquisition	Clinical	$550	$145	$695	NGS-based liquid biopsy technology platform and CLIA lab
10	biotechne	exosomedx	2018	Acquisition	Commercial	$250	$325	$575	ExosomeDx technology platform and in-market (LDT) ExoDx Prostate Test

See Appendix for Deal References

CAR-exosomes restore the commercially-viable pharma model akin to monoclonals

	CAR-T	Monoclonal Antibodies
Average Price	**$509K**[1,2] per dose	**$165K**[4] per year
Average COGS	**$170-200K**[3] per dose	**1-25%**[5,6] of market price
Other	COGS does not include significant "non-drug" costs e.g. healthcare costs	"non-drug" costs are significantly less than for cell therapies
Dosing regime & Cost allocation	single, one-time dose upfront cost to patient / payors	typical dosing every 2-4 weeks over 12mo with patient / payor cost spread
Examples	Abecma (idecabtagene vicleucel), AMTAGVI (lifileucel), AUCATZYL obecabtagene autoleucel, Breyanzi (lisocabtagene maraleucel), KYMRIAH (tisagenlecleucel), TECARTUS (brexucabtagene autoleucel), CARVYKTI (ciltacabtagene autoleucel), YESCARTA (axicabtagene ciloleucel), Tecelra afamitresgene autoleucel	KEYTRUDA (pembrolizumab), DARZALEX (daratumumab), OPDIVO (nivolumab), IMFINZI durvalumab, PERJETA pertuzumab

1. Based on the 9 FDA approved CAR-Ts, TCR-T and tumour derived T cells Approved Cellular and Gene Therapy Products as at 20251006; 2. Pricing based on Federal Supply Schedule (FFS), typically 10-30% below list price, US Dept Veterans Affairs, National Acquisition Center CCST; 3. Manufacturing innovation to drive down cell therapy costs: Trends in Biotechnology; 4. Based on FFS pricing of top 5 selling monoclonal antibodies used in oncology indications; 5. Cost and supply considerations for antibody therapeutics; 6. Industrialization of mAb production technology: the bioprocessing industry at a crossroads

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Triple Negative Breast Cancer | Unmet need for effective targeted therapies

limited availability of targeted therapy for TNBC results in reliance on chemo, higher recurrence & poorer prognosis

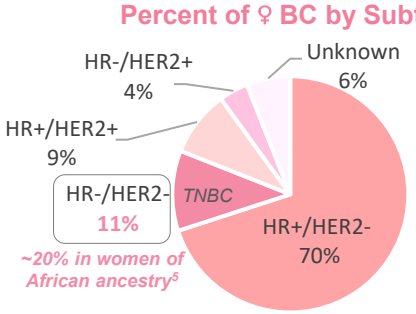
2.3m Breast Cancer new cases pa[1]

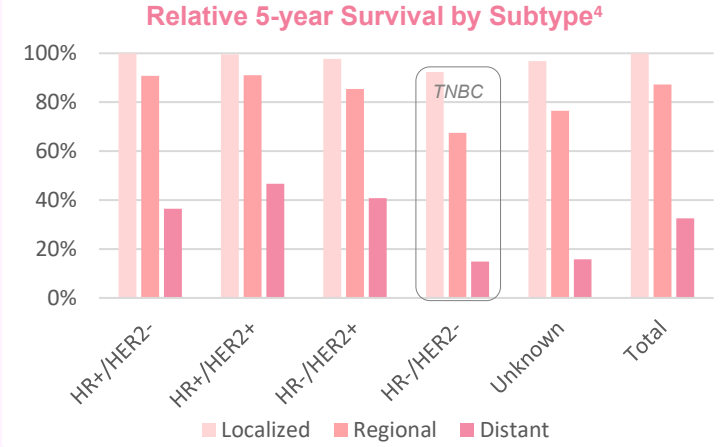
15% TNBC is 10-15% of all breast cancer cases[4]

#1 TNBC is the deadliest subtype

40% Up to 40% recurrence within 5 years for stage I-III TNBC[2]

2yr Median time to distant metastasis of TNBC[3]





1. Cancer Today (iarc.fr) ; 2. WebMD, Triple Negative Breast Cancer; 3. Cai, Front Oncol, 2023; 4. NCI SEER, Female Breast Cancer Subtypes; 5. American Cancer Society, Breast Cancer Facts & Figures 2024-2025;

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Breast Cancer in 9 Major Markets| TNBC ~15% of cases

Market	Incidence	Prevalence (5-year)[1,2]	TNBC incidence[3]
USA	274,375	1,194,271	179,141
China	357,161	1,160,496	174,074
Japan	91,916	389,650	58,448
Germany	74,016	313,465	47,020
France	65,659	271,977	40,797
UK	58,756	253,839	38,076
Italy	57,480	232,993	34,949
Spain	34,735	149,437	22,416
Australia	21,931	96,970	14,546
TOTAL	1,036,029	4,063,098	609,465

Potential to reach up to ***609K TNBC patients pa*** across 9 major markets

1. WHO Cancer Today, Population factsheets (2022) ; 2. 5 year prevalence = all people alive on a specific date who were diagnosed with cancer in the previous 5 years ; 3. Triple-negative Breast Cancer | American Cancer Society;

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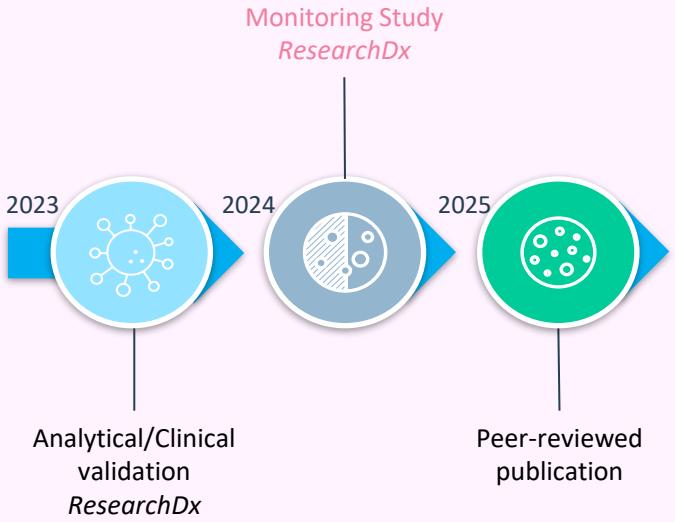
Therapeutic Deals| Exosome & cell therapies

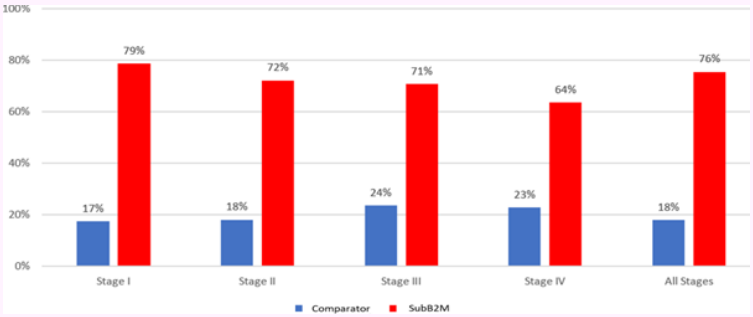
	Acquirer / Licensee	Target / Licensor	Date	Deal Type	Stage	Upfront (US$m)	Milestones (US$m)	Total Deal Value (US$m)	Cell Source
1	Kite, A GILEAD Company	interius	2025	Acquisition	Phase 1	$350	$0	$350	in vivo CAR
2	abbvie	capstan tx	2025	Acquisition	Phase 1	$2,100	$0	$2,100	in vivo CAR
3	AstraZeneca	EsoBiotec	2025	Acquisition	Phase 1	$425	$575	$1,000	in vivo CAR
4	Roche	POSEIDA THERAPEUTICS	2024	Acquisition	Phase 1	$1,038	$462	$1,500	T cell
5	AstraZeneca	GRACELL	2023	Acquisition	Phase 1b	$1,000	$200	$1,200	T cell
6	Roche	POSEIDA THERAPEUTICS	2022	Research Collaboration & Licence	Phase 1	$110	$110	$220	T cell
7	Athenex	»kuur THERAPEUTICS	2021	Acquisition	Phase 1	$70	$115	$185	iNKT cell
8	Takeda	Carmine THERAPEUTICS	2020	Research Collaboration & Option	Preclinical	Undisclosed	$900	$900	RBC-EV
9	Lilly	evox	2020	Research Collaboration & Licence	Preclinical	$20	Undisclosed	$1,200	EV
10	Takeda	evox	2020	Research Collaboration & Licence	Preclinical	$44	$838	$882	EV
11	SAREPTA THERAPEUTICS	CODIAK	2020	Research Collaboration & Option	Preclinical	$73	Undisclosed	$1,100	HEK-EV
12	Jazz Pharmaceuticals	CODIAK	2019	Research Collaboration & Licence	Preclinical	$56	$1,000	$1,056	HEK-EV

See Appendix for Deal References

SubB2M| neuCA15-3 breast cancer monitoring test



SubB2M CA15-3 vs Leading IVD Test Sensitivity by 95% Specificity



- ✓ Detected main breast cancer subtypes (HR+, HER2+ and TNBC)[3] (n=159 pre-treatment samples)
- ✓ Established equivalence for BC monitoring (n=12 patients)
- ✓ Outperformed comparator identifying 19% more breast cancers

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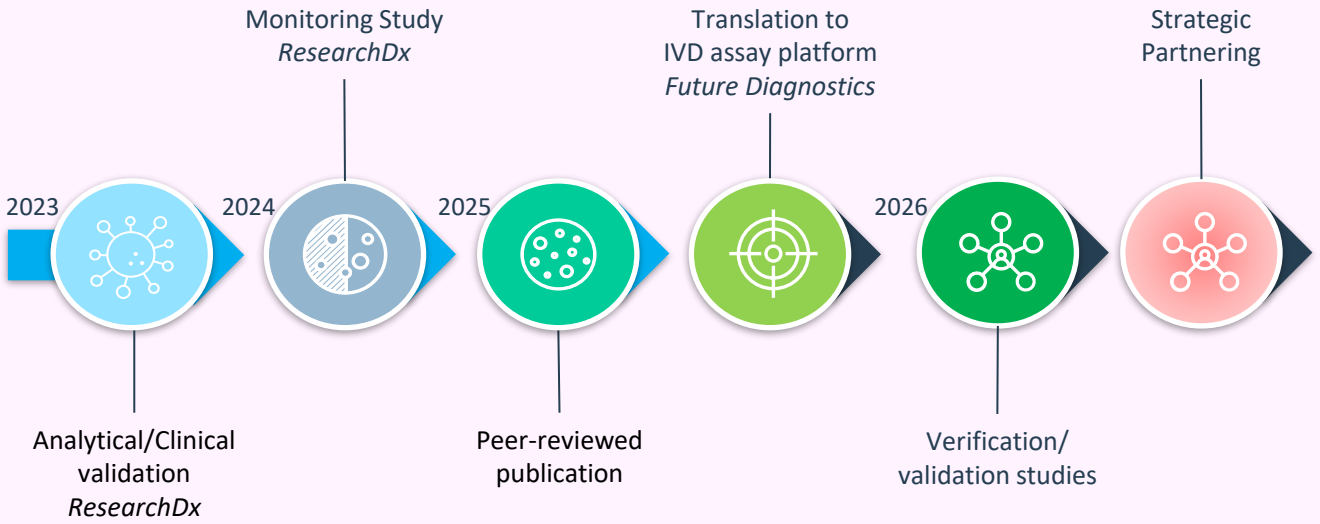
SubB2M| neuCA15-3 breast cancer monitoring test



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10. National Cancer Control Indicators, Cancer Australia, https://ncci.canceraustralia.gov.au/screening/breast-screening-rates/breast-screening-rates
11. Assumes testing annually based on 2025 NCCN breast screening guidelines, https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf

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5. Labcorp Completes Acquisition of PGDx, 15 Mar 2022
6. Blood Stake: Roche Raises Freenome Investment to $360M, 19 Jan, 2022
7. NeoGenomics to Acquire Inivata - Combining Best-In-Class Liquid Biopsy Technology with Leading Community Oncology Platform, 05 May 2021
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