

DIMERIX TO MEET INVESTORS AND PARTNERS AT J.P. MORGAN HEALTHCARE CONFERENCE 2026

MELBOURNE, Australia, 12 January 2026: Dimerix Limited (ASX: DXB), a biopharmaceutical company with a Phase 3 clinical asset in kidney disease, is pleased to advise that CEO and Managing Director, Dr Nina Webster, will be attending the 44th Annual J.P. Morgan Healthcare Conference at the Westin St Francis in San Francisco, California on 12-15 January 2026.

During the conference, Dr Webster will meet with investors and partners to provide an update on the following:

- Phase 3 global clinical trial in FSGS kidney disease, including updated patient numbers and a breakdown on recruitment by country
- Commercial partnering status
- Company growth strategy

Any investors or potential partners interested in meeting with Dr Webster at the conference should reach out via: investor@dimerix.com.

A copy of the presentation is attached.

For further information, please visit our website at www.dimerix.com or contact:

Dr Nina Webster

Dimerix Limited

Chief Executive Officer & Managing Director

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IR Department

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Follow us on [LinkedIn](#) and [X](#)

Authorised for lodgement by the Board of the Company

—END—

About Dimerix Limited

Dimerix (ASX: DXB) is a clinical-stage biopharmaceutical company working to improve the lives of patients with inflammatory diseases, including kidney diseases. Dimerix is currently focused on developing its proprietary Phase 3 product candidate DMX-200, for Focal Segmental Glomerulosclerosis (FSGS) kidney disease, and is also developing DMX-700 for respiratory disease. DMX-200 and DMX-700 were both identified using Dimerix's proprietary assay, Receptor Heteromer Investigation Technology (Receptor-HIT), which is a scalable and globally applicable technology platform, enabling the understanding of receptor interactions to rapidly screen and identify new drug opportunities. For more information, please visit the company's website at www.dimerix.com and follow on [X](#) and [LinkedIn](#).

**Dimerix is a biopharmaceutical
company developing innovative new
therapies in areas with unmet
medical needs.**

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About DMX-200

DMX-200 is a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker, the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042, in addition to Orphan Drug Designation granted by the FDA in the United States.

About FSGS

FSGS is a rare, serious kidney disorder characterised by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGS, including both adults and children.¹ There are no therapies specifically approved for FSGS in the U.S., and disease management relies on non-specific immunosuppressive and supportive therapies. In patients with progressive or treatment-resistant FSGS, the average time from diagnosis to end-stage kidney disease can be as short as five years. Even among those who undergo kidney transplantation, disease recurrence occurs in up to 60% of cases,² underscoring the urgent need for new, disease-modifying treatments.

About FSGS Phase 3 Study

The ACTION3 Phase 3 study is a pivotal Phase 3, multi-centre, randomised, double-blind, placebo-controlled study of the efficacy and safety of DMX-200 in patients with FSGS who are receiving a stable dose of a blood pressure medication known as an angiotensin II receptor blocker (ARB). Once the ARB dose is stable, patients are then randomised to receive either DMX-200 (120 mg capsule, twice daily) or placebo for a 2-year treatment period. The single Phase 3 trial in FSGS patients is designed to capture evidence of proteinuria reduction and kidney function (eGFR slope) during the trial, aimed at generating sufficient evidence to support marketing approval.

Further information about the study can be found on ClinicalTrials.gov (Study Identifier: NCT05183646) or Australian New Zealand Clinical Trials Registry (ANZCTR) (Study Identifier ACTRN12622000066785).

Dimerix Forward Looking Statement

This release includes forward-looking statements that are subject to risks and uncertainties. Although management believes that the expectations reflected in the forward-looking statements are reasonable at this time, Dimerix can give no assurance that these expectations will prove to be correct. Readers are cautioned not to place undue reliance on forward-looking statements. Actual results could differ materially from those anticipated. Reasons may include risks associated with drug development and manufacture, risks inherent in the regulatory processes, delays in clinical trials, results of clinical trials, contractual risks, risks associated with patent protection, future capital needs or other general risks or factors, along with those factors outlined in the most recent Dimerix Limited Annual Report.

References

¹ *Nephcure FSGS Facts* (<https://nephcure.org/>)

² *Front. Immunol.*, (July 2019) | <https://doi.org/10.3389/fimmu.2019.01669>



Dimerix

*Developing new therapies to treat inflammatory
causes of kidney disease with unmet clinical needs*

Investor Presentation

J.P. Morgan Healthcare Conference

12-15 January 2026

San Francisco, California



Forward looking statements

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Overview

Phase 3 Global Opportunity

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Phase 3 trial recruitment complete in trial of DMX-200 in focal segmental glomerulosclerosis (FSGS)

FSGS indication is a **rare disease** that causes scarring of the kidney, leading to irreversible damage¹

No approved treatments specifically for FSGS: damage can lead to **dialysis, transplant or death**¹

Orphan drug designations regulatory, marketing exclusivity and pricing **benefits** in key territories²

4 commercial partners **DMX-200 licensed** in USA, Europe, Canada, Australia, NZ, Japan and GCC³

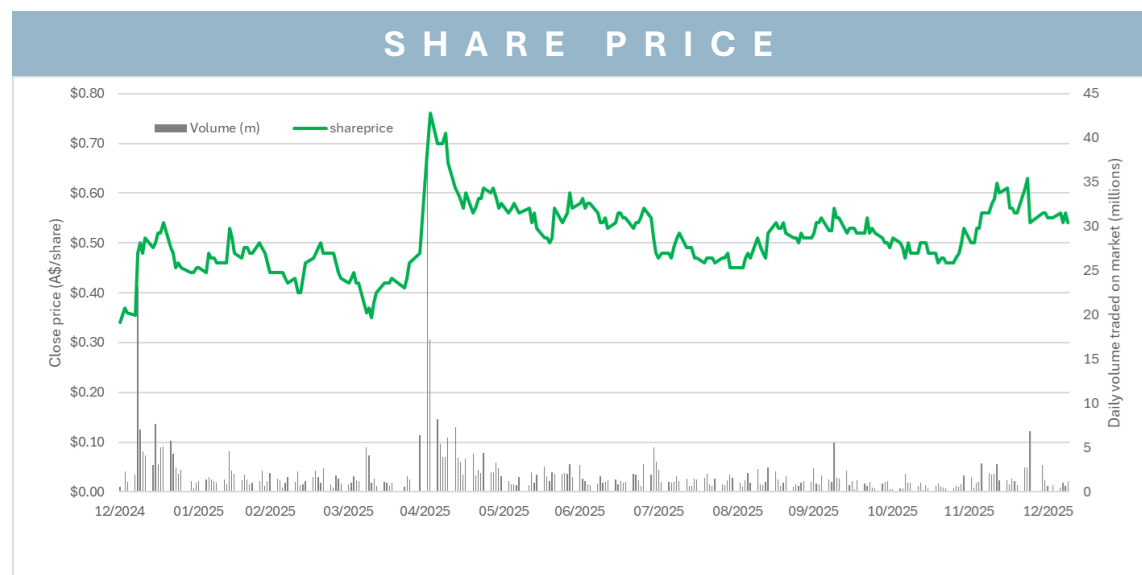
up to \$1.4 billion in total development and sales milestone payments **plus** royalties³

>\$65 million in total upfront **payments received** to date³



Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Sep25)	\$49.2 million
Market Capitalisation ¹	\$330 million
Share price ¹	\$0.55
Total ordinary shares on issue ¹	600,396,776
Average Daily Liquidity by value for past 30 trading days ²	\$1.2 million



SUBSTANTIAL SHAREHOLDERS ³			
Position	Holder Name	Holding	% IC
1	Mr P Meurs	87,259,311	14.5%
TOTAL (TOP 5) Shareholders		146,459,621	24.4%

Cycle of damage :

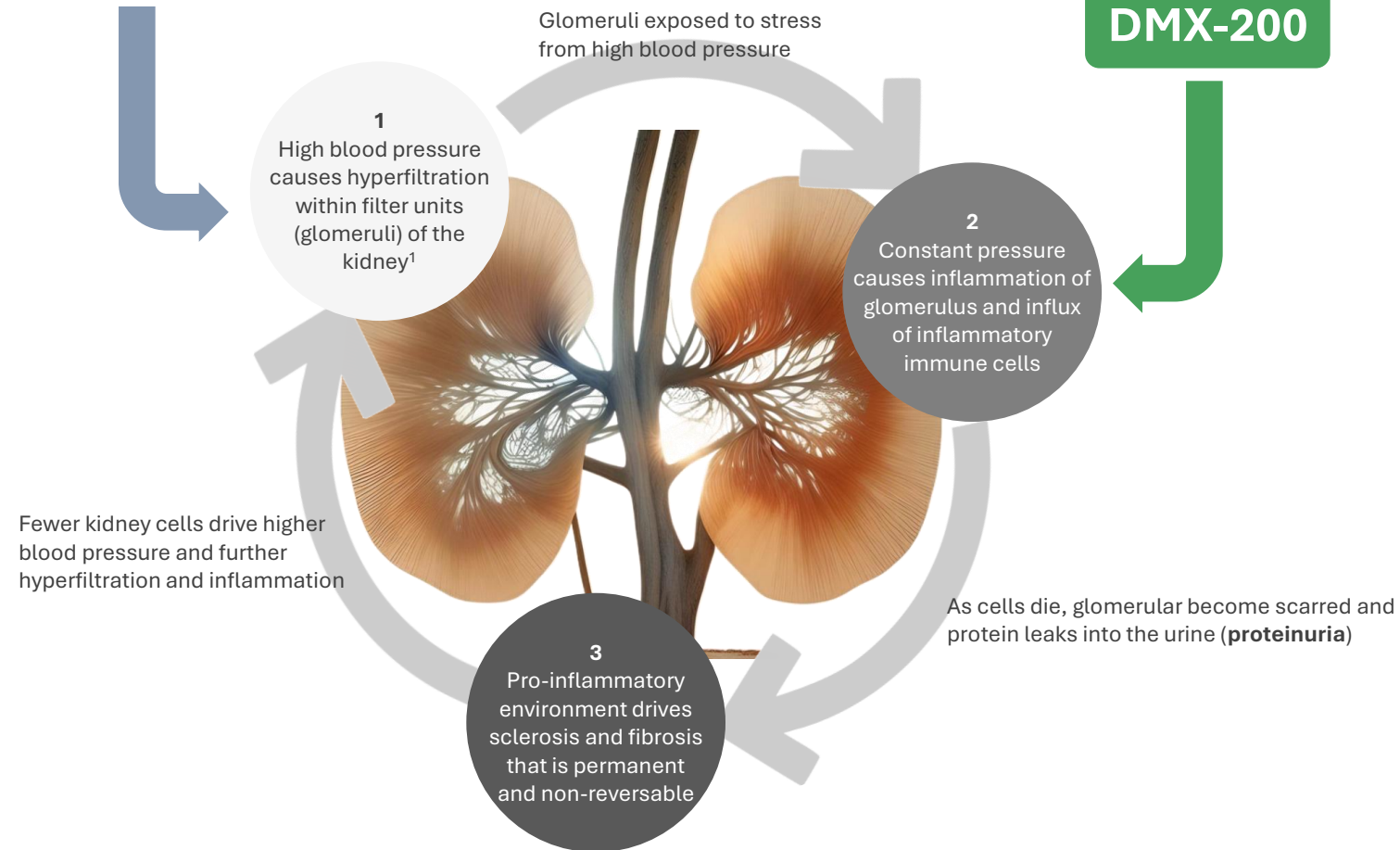
What is FSGS?

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Focal	= some
Segmental	= sections
Glomerulo	= of the kidney filtering units
Sclerosis	= are scarred

in glomerular diseases

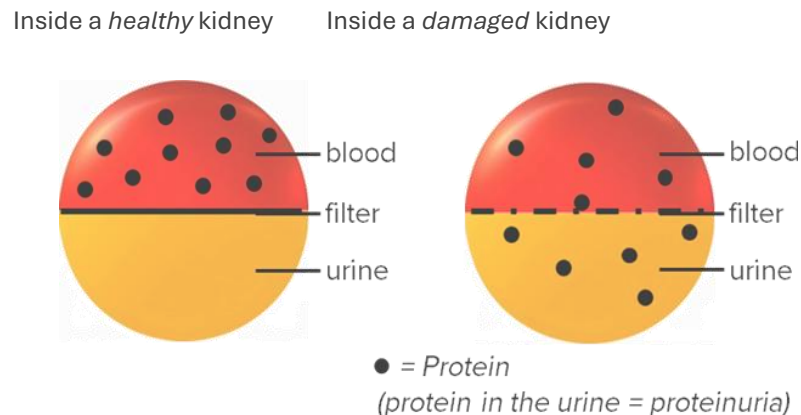
Existing blood pressure medication



Measuring kidney damage – surrogate endpoints

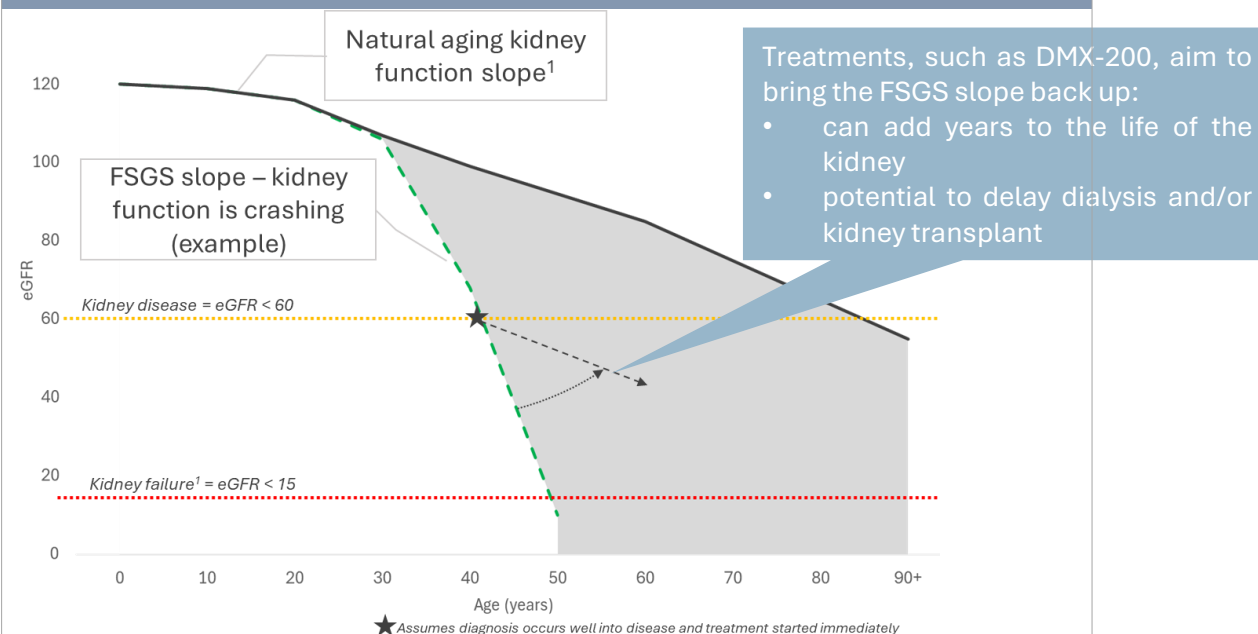
1. Proteinuria

- A healthy kidney is a good filter and allows little to no protein into the urine²



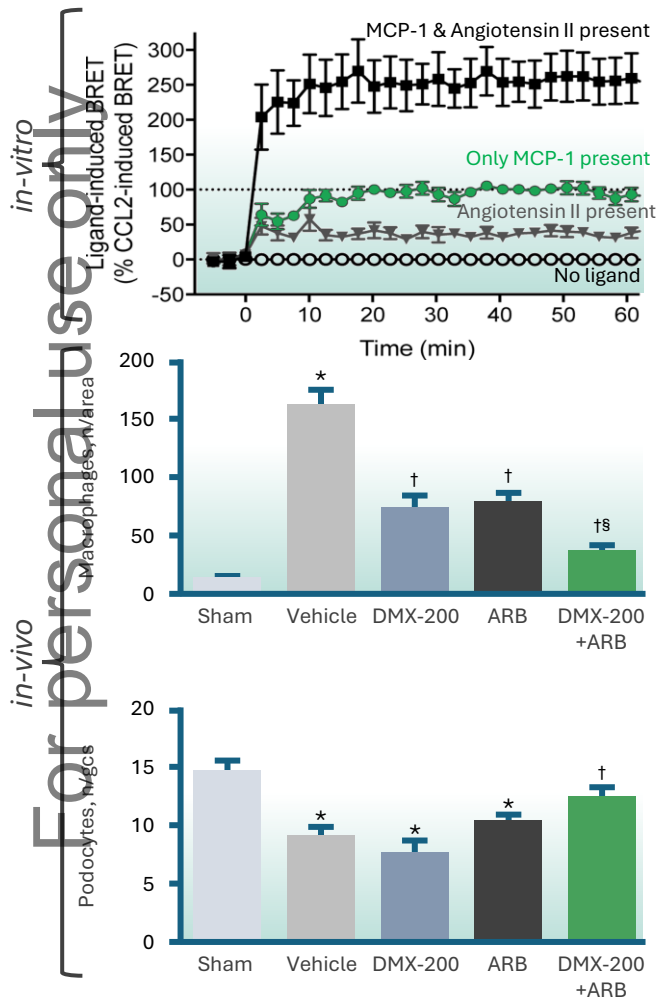
- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function³

2. Estimated glomerular filtration rate (eGFR)



- Kidney function is measured using the estimated rate of blood filtered by the kidney per minute (millilitres per minute)
- eGFR slope naturally declines as we age¹
- In FSGS patients, kidney function is decreasing rapidly

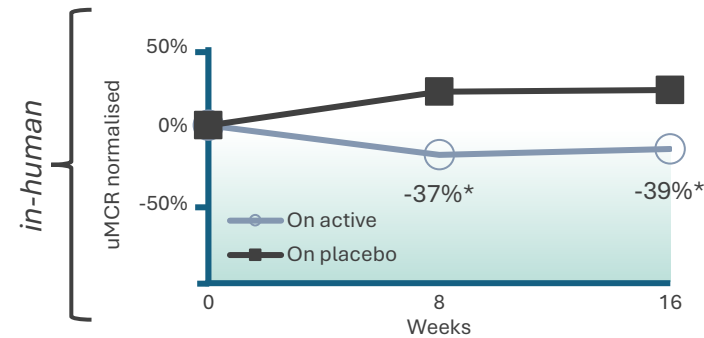
DMX-200: unique pharmacology



Complex of CCR2 and AT1R increases aberrant signaling when both receptors activated¹

Simultaneous inhibition of CCR2 and AT1R reduces recruitment of monocytes to the kidney¹

Simultaneous inhibition of CCR2 and AT1R preserves the number of essential filter cells (podocytes) in the kidney¹



Unlike other CCR2 antagonists investigated to date, treatment with DMX-200 reduces the urine concentration of the pro-inflammatory ligand of CCR2 called MCP-1²

- CCR2 activation promotes recruitment of inflammatory monocytes to the kidney

DMX-200 inhibits CCR2¹

- Monocytes promote sclerosis and fibrosis of the kidney

DMX-200 reduces inflammatory cells^{1,2,3}

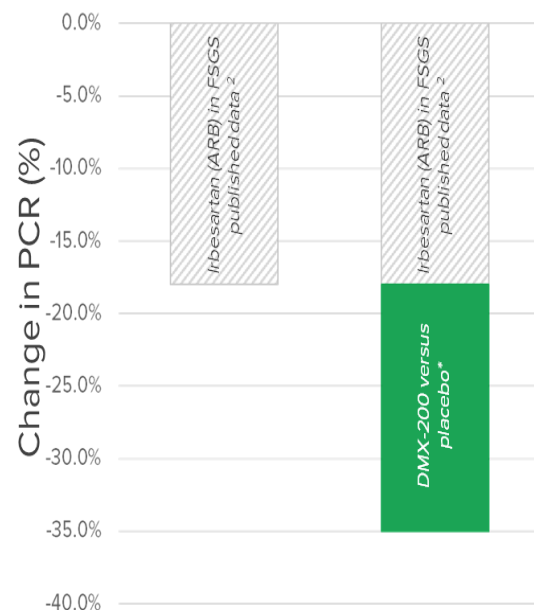
- Podocytes are the essential filter cells of the kidney

DMX-200 preserves podocytes¹

DMX-200: Phase 2 met primary and secondary endpoints

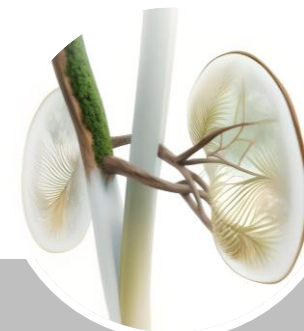
Clinically meaningful outcomes achieved for patients,^{2,3} with no safety concerns

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo¹



“Any reduction in proteinuria could yield years of preserved native kidney function and delay the onset of kidney failure and its attendant morbidity and mortality”

Kidney survival study – Troost et al, August 2020³



EFFICACY

- **86%** of patients demonstrated reduced proteinuria
- DMX-200 reduced inflammatory biomarker by **39%** vs placebo



SAFETY

- No safety concerns – reduced development risk



ACTION3 phase 3 clinical trial

FSGS CLINICAL STUDY

European Renal Association Posters 2025



A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n≥286)

Background

Patients recruited, then screened and stabilised on background medications

Patients randomised to receive drug or placebo

DXB remains blinded at all times during study

Phase 3 Trial Timeline

Successful interim analysis¹
(using statistical measure)
72 patients @ 35 weeks
(% change in uPCR)

Planned blinded
statistical powering
analysis²

Final analysis
≥286 patients @
104 weeks
(uPCR/eGFR)³

ARB + placebo

ARB + DMX-200



planned blinded statistical powering
analysis assuming FDA alignment²

Open Label Extension

DMX-200
71/75 (95%)⁴ patients
enrolled in open label
extension study to date

ACTION3 Study End

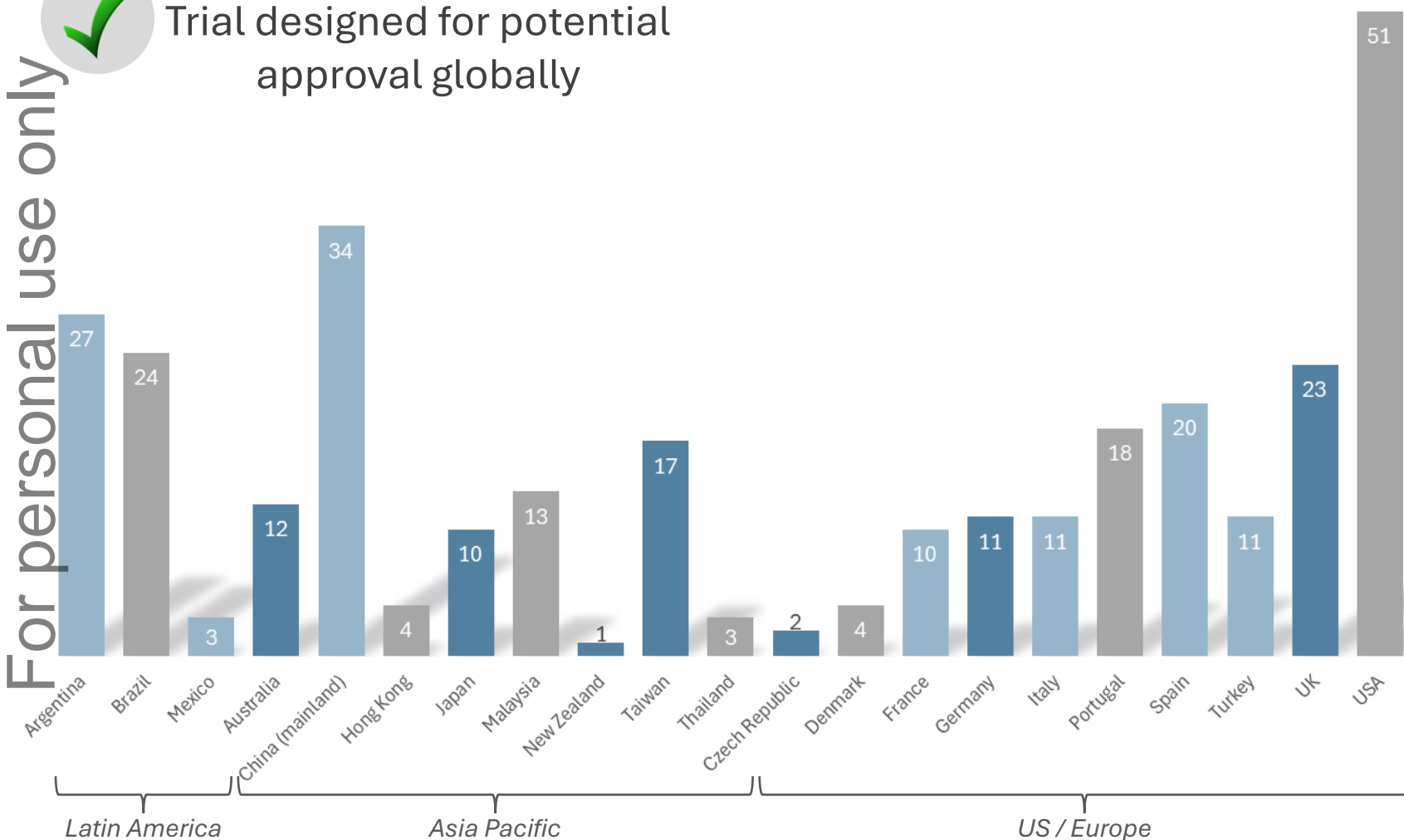
1. Interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial, ASX release 11 March 2024; 2. The potential for accelerated (or conditional) approval submissions, following the second interim analysis and any required unblinding, will be assessed based on outcomes from PARASOL analysis, discussions with the appropriate regulatory authorities such as the FDA in the US and blinded statistical powering outcomes; 3. Regardless of any accelerated (conditional) approval potential, ACTION3 study will complete full 2 year analysis and regulatory submission for potential traditional (full) approval; 4. number and % of eligible patients who have completed 2 years treatment as at 05 January 2026; ARB = angiotensin receptor blocker; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

Adult patient recruitment by territory



Trial designed for potential approval globally

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Recruitment completed

(adult population)¹



309

Adult patients recruited, randomised and dosed (target ≥286)²



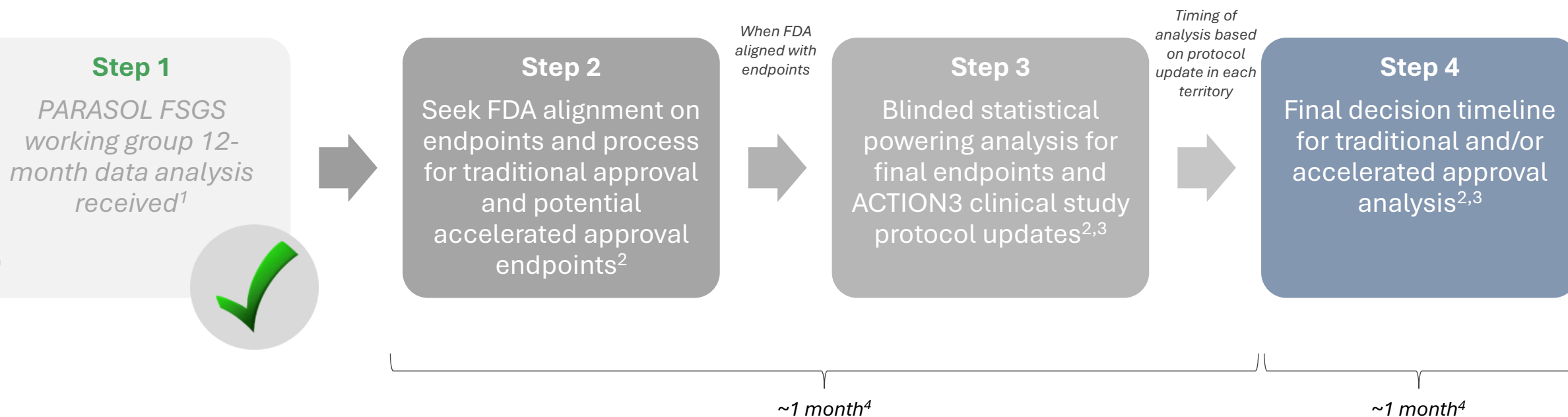
5

Paediatric patients recruited, randomised and dosed²



Blinded analysis process

PARASOL working group conducted “ACTION3-like” population analysis of larger PARASOL observation dataset^{1,2}
Results of this analysis are generally consistent with the broader PARASOL analysis conducted in 2024
Potential relationship between proteinuria at 12 months and subsequent risk of kidney failure observed that may support proteinuria as an endpoint for marketing approval




Competitive landscape in FSGS



Low competition in inflammatory treatment options, huge unmet medical need



DMX-200 is the only inflammatory modulator in development

	Phase 1	Phase 2	Phase 3	Company
DMX-200	<i>Inflammatory modulator</i>			 Dimerix
Sparsentan	<i>AT1R/ETAR dual antagonist – Failed Phase 3 eGFR endpoint: resubmitted to FDA on proteinuria endpoints</i>			Traverse Therapeutics
VX-147	<i>APOL1 inhibitor – targeting a specific type of genetic FSGS</i>			Vertex Pharmaceuticals
BI-764198	<i>TRPC6 inhibitor</i>			Boehringer Ingelheim
Atrasentan	<i>ETAR antagonist</i>			Chinook
Frexalimab, Brivekimig, Rilizabrutinib (basket)	<i>CD40L antagonist, TNF-α/OX40L antagonist, TKI</i>			Sanofi
R3R01	<i>Lipid modifying</i>			River 3 Renal

Rare kidney disease – a potential growth market

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Biopsy

FSGS diagnosis driven by rates of biopsy - growth potential as biopsy rates increase

7 per 1,000,000

Global incidence rate of FSGS per capita, per year¹

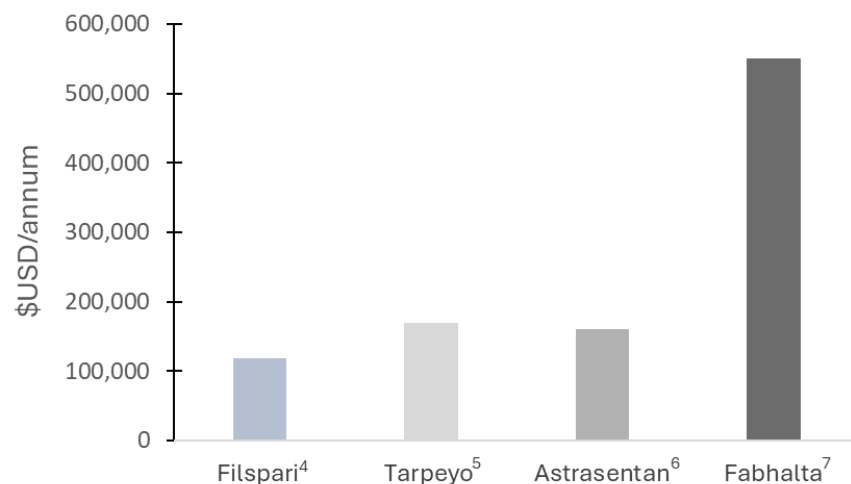
FSGS is the most frequent primary glomerular disease that reaches end-stage renal failure in the US²

DMX-200

Commercial manufacturing sites established in USA³



Example pricing: USA retail price for IgA Nephropathy products



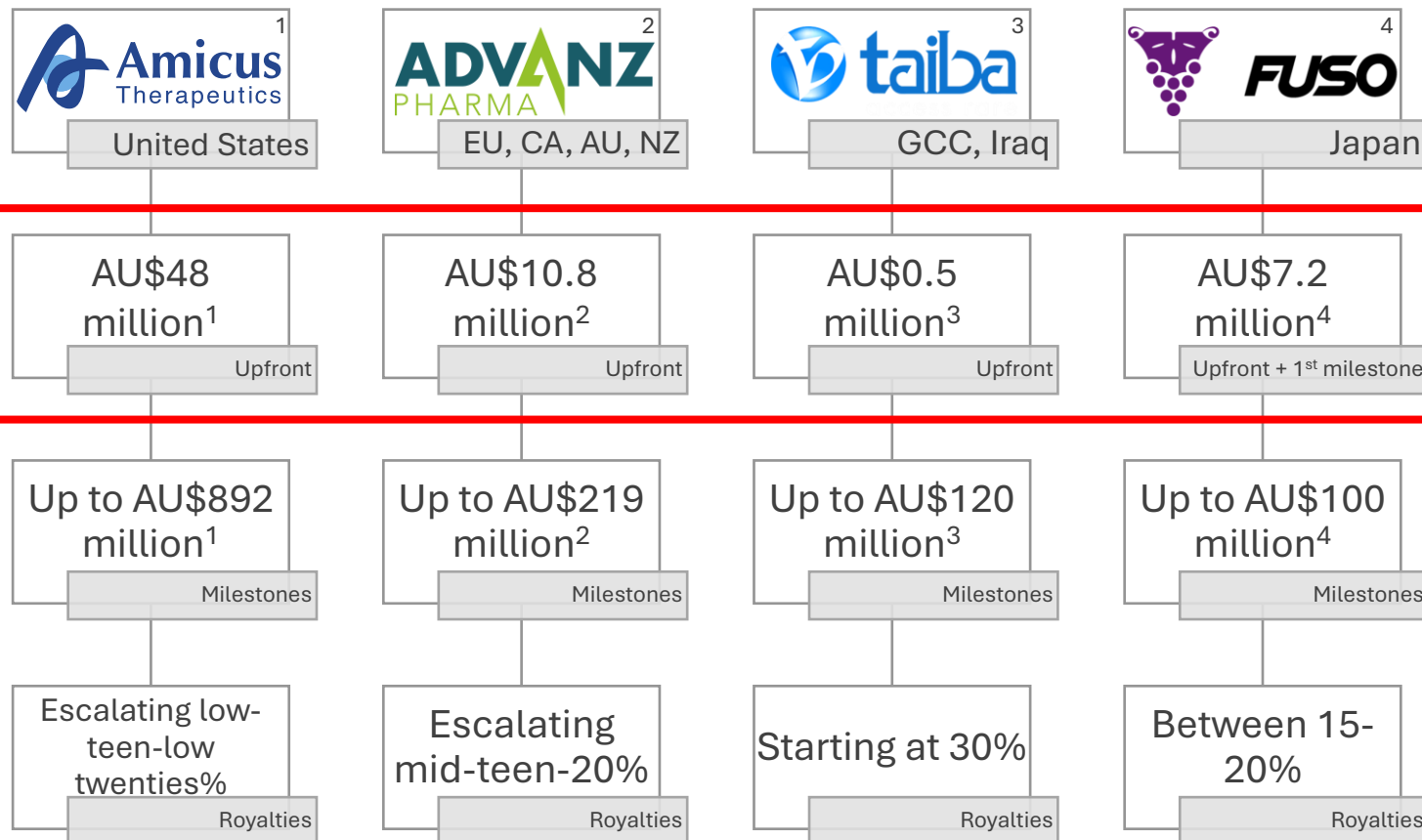
Example price for other rare kidney disease drugs per patient:

- ▶ in the US (i.e. Kinpeygo/Tarpeyo in IgAN)⁸: **US\$15,123 per month**
- ▶ in the UK (Kinpeygo/Tarpeyo in IgAN)⁹: **US\$8,797 per month**

Other key territories, including Middle East and China, use US and/or Europe as pricing reference^{10,11}

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets



Licensing deals collectively valued up to
~AU\$1.4 billion
in total upfront and potential milestone fees plus royalties¹

Over
AU\$65 million
in total payments received

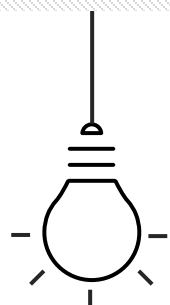
Significant potential additional global **deal value remains**, as Dimerix pursues and progresses **licensing opportunities** with potential partners outside the licensed territories

Intellectual property portfolio

DMX-200



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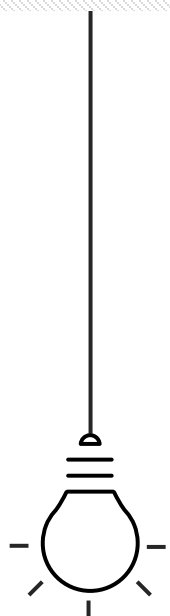


Exclusivity
7/10 years

Orphan exclusivity from
marketing approval date
in many territories¹

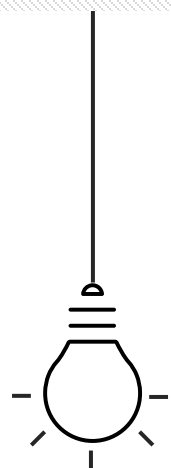
+

Paediatric
exclusivity period
extension¹



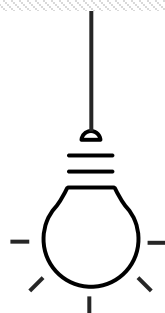
Portfolio 1
Exp.2032
(2033 in US)

Method of Use
Granted in key territories²



Portfolio 2
Exp.2042
(if granted)

Method of Use & Formulation
Global application³

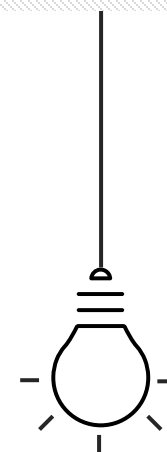


Portfolio 3
Exp.2042
(if granted)
Formulation
Global application³

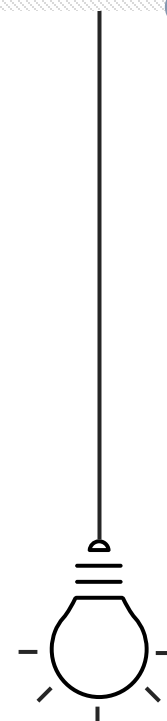


Portfolio 4
Exp.2044
(if granted)

Method of Use & Formulation
Global application³



Portfolio 5
Exp.2045/6
(if granted)
Method of Use
Provisional application⁴



Trademarks
Various trademarks
Global applications

Growth strategy

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Deliver ACTION3 Phase 3 clinical trial

- Ensure drug supply continuity and patient visits for recruited patients
- Complete recruitment of paediatric patients
- Maintain regulatory engagement (FDA, EMA, PMDA, NMPA + others)
- With partners, prepare for potential market approval and launch readiness



Expand global commercial partnerships

- Build on existing licensing agreements and relationships
- Secure additional partnerships to expand and accelerate market access

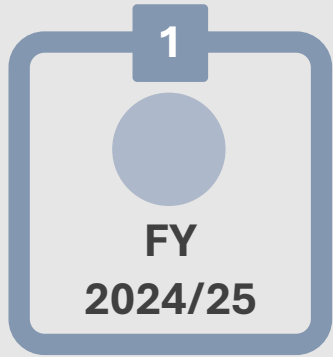


Advance pipeline development

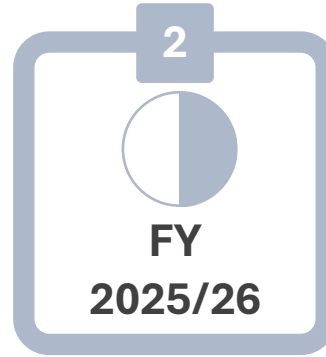
- Identify and progress new assets in renal and/or rare disease indications
- Leverage DMX-200 platform for additional indications

Grow sustainable shareholder value through clinical success, global partnerships, and pipeline diversification

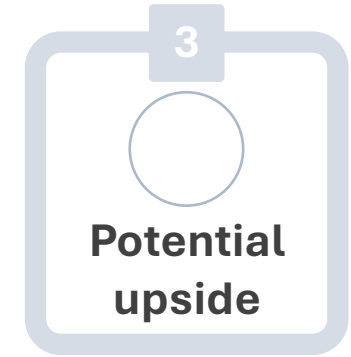
Achievements and potential catalysts



- ✓ DMX-200 **licensed in US** for up to ~AU\$940 million¹
- ✓ DMX-200 **licensed in Japan** for up to ~AU\$107 million²
- ✓ Positive Type C meeting: **FDA confirmed** proteinuria-based endpoint acceptable for full marketing approval in the US³
- ✓ First **development milestone** received from FUSO of AU\$4.1 million⁴



- ✓ Outcome of PARASOL working group **analysis received**⁵
- ✓ Phase 3 trial **recruitment complete** with >286 adult patients⁶
 - FDA outcome on endpoints anticipated Q1 CY 2026⁷
 - Blinded interim data collection anticipated in Q1 CY 2026⁷
 - Potential for accelerated (or conditional) approval submission, subject to FDA feedback and blinded analysis outcomes^{3,7}
 - Additional **pipeline** opportunity(s) to be announced



- Additional **commercial licensing partners** for DMX-200: Dimerix continues to pursue potential licensing opportunities in un-licensed territories, including China
- Additional development **milestone payments** from existing licensees if milestone achieved



Dimerix

(ASX:DXB)



WELL POSITIONED TO DELIVER AGAINST STRATEGIC PLAN

ESG Statement

Dimerix is committed to integrating Environmental, Social and Governance (ESG) considerations across the development cycle of its programs, processes and decision making. The Dimerix commitment to improve its ESG performance demonstrate a strong, well-informed management attitude and a values led culture that is both alert and responsive to the challenges and opportunities of doing business responsibly and sustainably.

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on inflammatory disease treatments such as kidney and respiratory diseases.

Dimerix HQ

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Dimerix board



Mark Diamond
BSc, MBA
Non-Executive Chairman

Previous experience:



- Senior pharmaceutical executive with a demonstrated record of achievement and leadership over more than 30 years within the pharmaceutical and biotechnology industries
- Significant accomplishments in capital raising initiatives, pipeline development and licensing
 - ✓ BSc – Chemistry
 - ✓ MBA – Business



Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialized pharmaceutical products globally
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceutics
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



Hugh Alsop
BSc (Hons), MBA
Non-Executive Director

Previous experience:



- Extensive biotech drug development & commercial manufacturing experience
- Responsible for successful global commercialization programs & NDA registrations
 - ✓ BSc (Hons) – Chemistry
 - ✓ MBA – Business

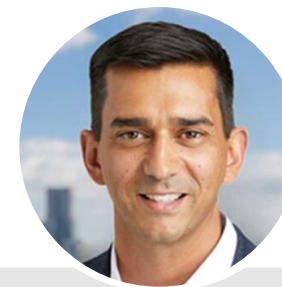


Sonia Poli
PhD
Non-Executive Director

Previous experience:



- Experienced executive in pharmaceutical operations
- Background in small molecules development and analytical development
 - ✓ BSc (Hons) – Chemistry
 - ✓ PhD – Industrial Chemistry



Clinton Snow
BEng (Hons), BCom
Non-Executive Director

Previous experience:



- Experienced technology and governance professional with a focus in operations, risk management, assurance, and AI
- Provides advisory services to a family office with multiple Australian biotech investments
 - ✓ BEng (Hons) – Chemical Engineering
 - ✓ BCom – Commerce

Dimerix management



Nina Webster
PhD, MBA, M.IP.Law
CEO & Managing Director

Previous experience:



- Experienced in product development, commercial strategy development & execution
- Successfully commercialised multiple pharmaceutical products
 - ✓ BSc (Hons) – Pharmacology
 - ✓ PhD – Pharmaceuticals
 - ✓ MBA – Business
 - ✓ M.IP.Law – Intellectual Property Law



Hamish George
Bcom, CA, GIA (Cert)
CFO & Company Secretary

Previous experience:



- Experienced CFO & Co.Sec
- Expertise in Corporate Governance, financial reporting, cash flow management, taxation (including R&D Tax Incentive) & budgeting/forecasting
 - ✓ Bcomm – Commerce
 - ✓ G.Dip. - Financial Planning
 - ✓ M.Acc. – Accounting
 - ✓ GIA(Cert)
 - ✓ Chartered Accountant



David Fuller
B. Pharm (Hons), MBBS
CMO

Previous experience:



- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
 - ✓ B.Pharm (Hons) - Pharmacy
 - ✓ MBBS - Medicine and Surgery



Robert Shepherd
PhD, MBA,
COO

Previous experience:



- Experienced pharmaceutical executive in project management, clinical development and research translation
- BD and strategic alliance leader
- Led multidisciplinary R&D&C teams for 13 years
 - ✓ BSc (Hons) – Genetics
 - ✓ PhD – Molecular Immunology
 - ✓ MBA – Business & Leadership



Bronwyn Pollock
BSc (Hons), MBA
VP, Product Development

Previous experience:



- Experienced pharmaceutical executive in Manufacturing (CMC)
- Successfully developed and submitted multiple dossiers to FDA, EMA, TGA
- Background in project management, technical transfer and product launch
 - ✓ BSc (Hons) – Applied Biology
 - ✓ MBA - Business

Medical Advisory Board



**Professor
Hiddo Heerspink**
PhD

Professor of Clinical Trials and Personalized Medicine: University Medical Center Groningen, the Netherlands. He specializes in the research of novel treatment approaches to slow the onset of diabetic cardiovascular and renal disease. Hiddo has been instrumental in interactions between industry, researchers and regulatory agencies in the validation of surrogate endpoints for renal trials.



**Professor
Alessia Fornoni**
MD, PhD, FASN

Professor of Medicine & Molecular & Cellular Pharmacology: University of Miami. Chief of the Katz Family Division of Nephrology and Hypertension. She has an extensive history of translational excellence for patients with renal disease and has uncovered novel pathogenetic mechanisms and therapeutic approaches for glomerular disorders.



**Professor
Jonathan Barratt**
MD, PhD, FRCP

Mayer Professor of Renal Medicine: Department of Cardiovascular Sciences; University of Leicester and Nephrologist. Jonathan is the IgA nephropathy Rare Disease Group lead for the UK National Registry of Rare Kidney Diseases (RaDaR) and a member of the steering committee for the International IgA Nephropathy Network.



**Associate Professor
Lesley Inker**
MD, MS, FRCPC

An attending physician and Director of the Kidney and Blood Pressure Center in the Division of Nephrology at Tufts Medical Center. Lesley's major research interest is in the estimation and measurement of glomerular filtration rate (GFR) and in defining alternative endpoints for CKD progression trials based on GFR decline and changes in albuminuria.



Dr Muh Geot Wong
MBBS, PhD, FRCP

Renal Physician and Head of the Renal Clinical trials at the Royal North Shore hospital, Sydney, Australia. Muh Geot's main areas of research are in understanding the mechanisms of kidney fibrosis, biomarkers research, and identifying strategies in delaying progressive kidney disease including glomerular diseases.



**Professor
Howard Trachtman**
MD, FASN

Graduated from Haverford College and the University of Pennsylvania School of Medicine. He has been a practicing pediatric nephrologist for 35 years. Has been the PI of NIDDK and industry sponsored clinical trials in glomerular disease and am a Co-Investigator in the NEPTUNE and CureGN observational cohort studies.



**Associate Professor
Laura Mariani**
MD, MSCE

Assistant Professor in the Division of Nephrology at the University of Michigan. Interest in observational studies in glomerular disease, including NEPTUNE and CureGN. Lead on PARASOL program to define FSGS endpoints with by applying statistical methods for clinical outcome definition and prediction of kidney disease progression.

Renal disease landscape

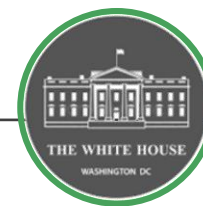
“A squeaky wheel waiting for grease: 50 years of kidney disease management in the US”¹



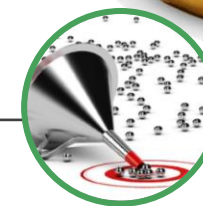
Historical lack of incentives and public policy have contributed to high costs and poor health outcomes for renal patients¹



2018: workshops and regulatory acceptance of surrogate end points in trials of kidney diseases²



2019 changes in US federal policy and rapid adoption of treatment guidelines have contributed to a sea change in the management of renal disease³



Public health policy, legislation and product innovation have converged to accelerate change in renal space today

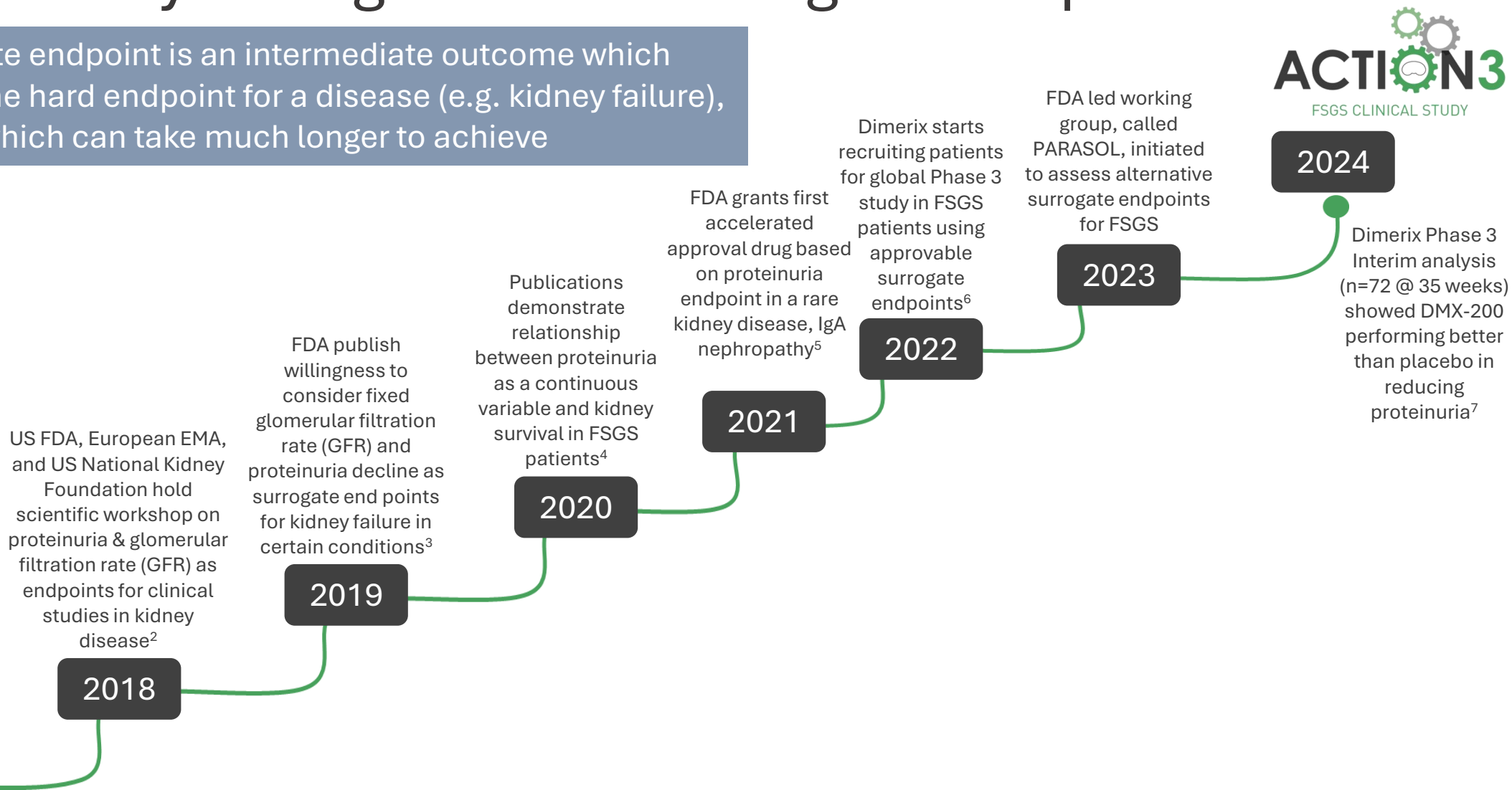
“More change in the past 24 months than the past 24 years: The rapid evolution of [kidney disease] management”¹

Clinical study change: use of surrogate endpoints

A surrogate endpoint is an intermediate outcome which substitutes the hard endpoint for a disease (e.g. kidney failure), which can take much longer to achieve

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"Hard" endpoints for kidney disease (kidney failure) may not be reached for decades¹



Kidney disease is high interest area for pharma

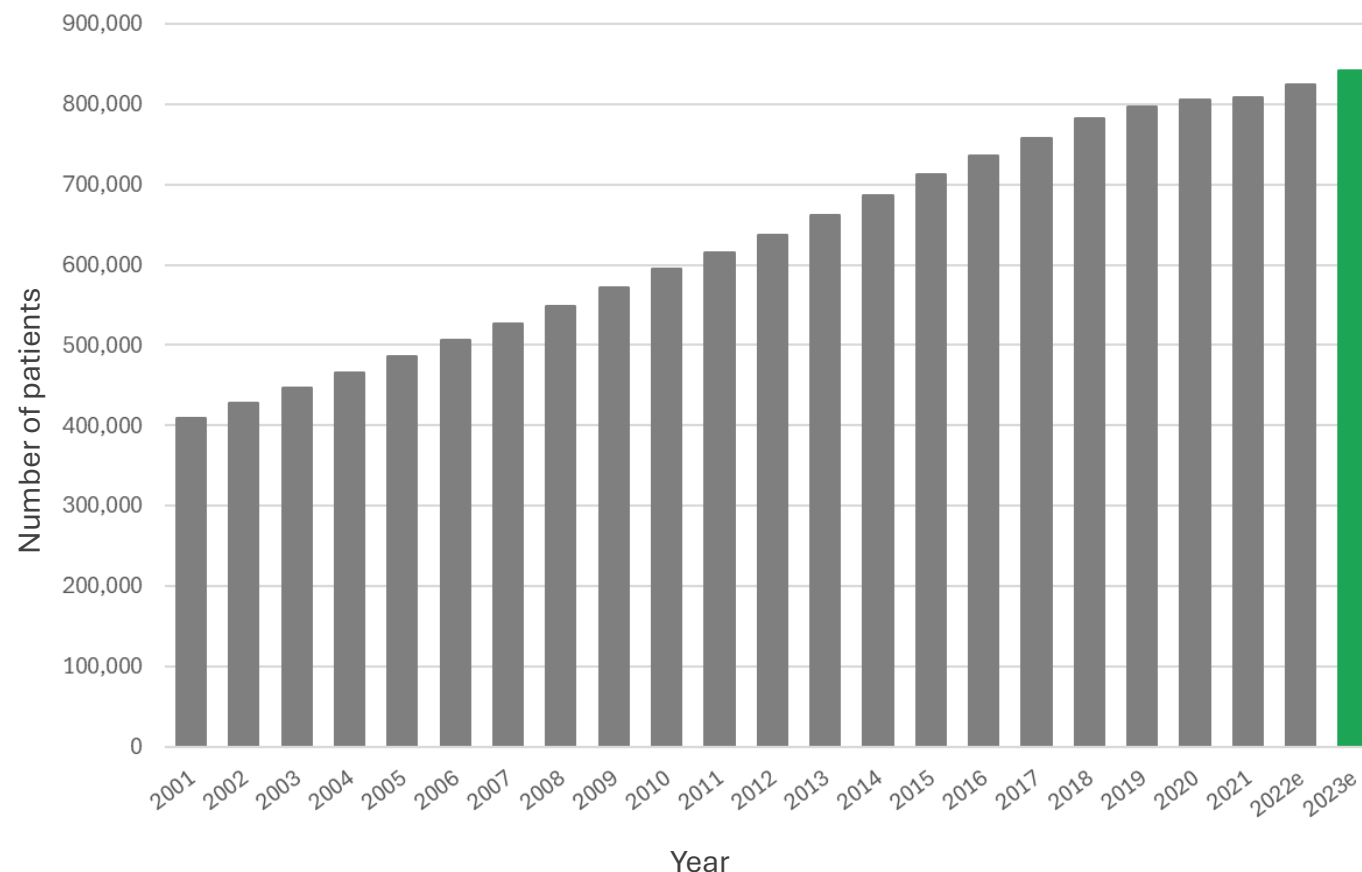
Kidney disease is the third-fastest-growing cause of death globally¹

- In the US alone, the number of people with kidney failure increased by >200% from 2001 to 2023²
- By 2040, it is expected to become the fifth-highest cause of years of life lost^{1,2}

The US government-funded health-care plan (Medicare) spent US\$130 billion in 2023 to treat kidney disease patients

- the majority being on dialysis^{1,3}

Prevalence of Kidney Failure, 2001-2023²



DMX-200 – working on inflammatory signalling pathway

A CCR2 inhibitor working synergistically alongside the current standard of care (AT1R blocker): G protein-coupled receptor (GPCR)

New Chemical Entity status, with orphan exclusivity (7 years US/10 years EU)²; and with granted patents and applications across key countries



2 x 120mg capsule daily



Consistently safe and well tolerated in both healthy volunteers and renal patients (more than 200 patients dosed)³



4 clinical studies completed to date: positive efficacy signals across studies³



Small molecule

Easy & convenient dosing

Strong safety profile³

Positive efficacy signals³

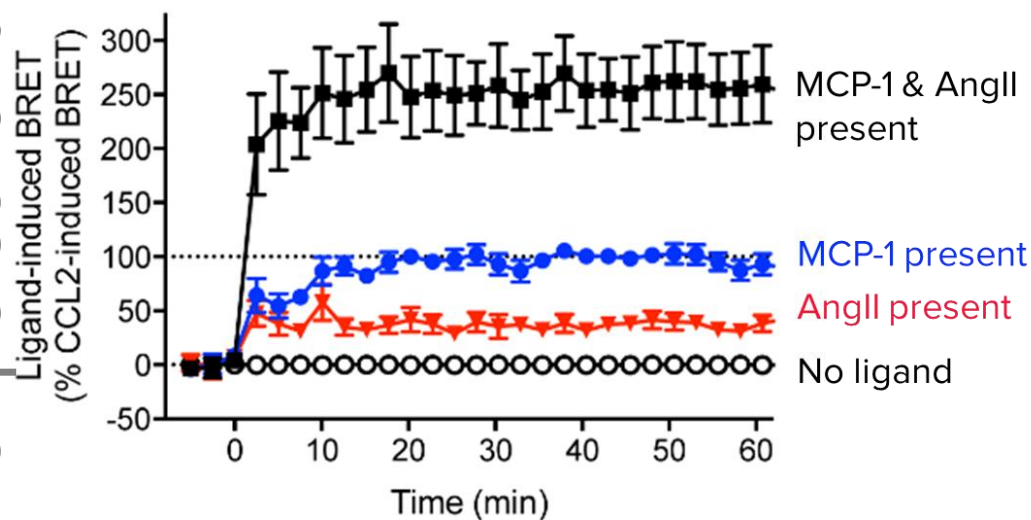
DMX-200 unique heteromer pharmacology

Proprietary discovery platform (Receptor-HIT) identified:

Formation of AT1R and CCR2 heteromers;

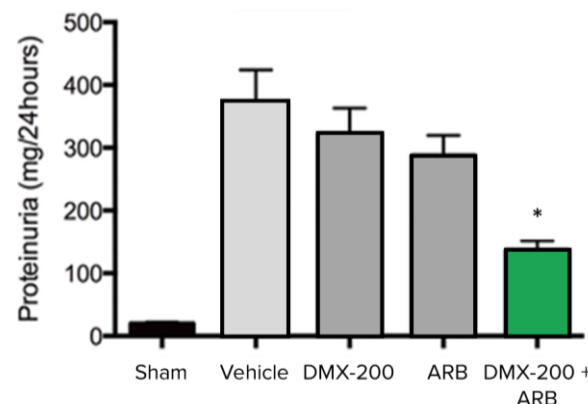
Novel pharmacology (potentiation of signaling)

Dual antagonism required for completed inhibition

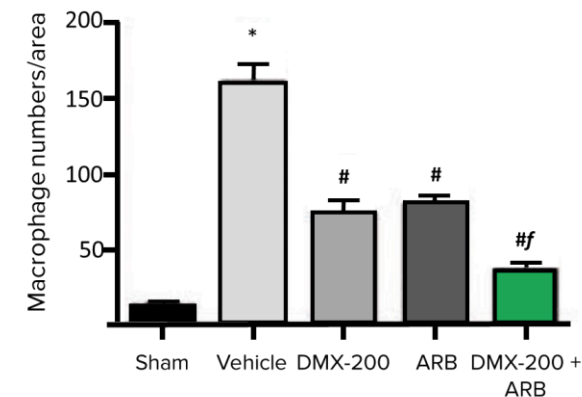


Proposed non-clinical safety package suitability for NDA confirmed with FDA¹

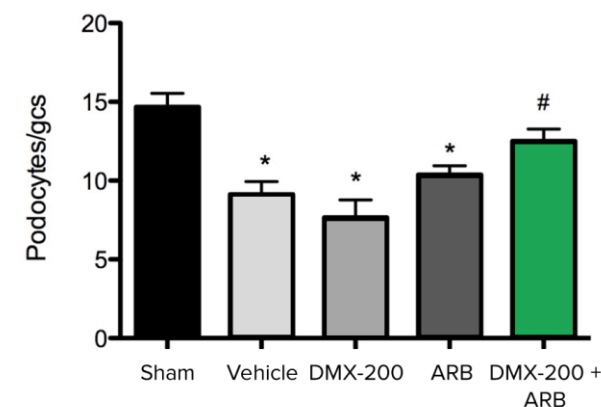
↓ Proteinuria



↓ Macrophage infiltration

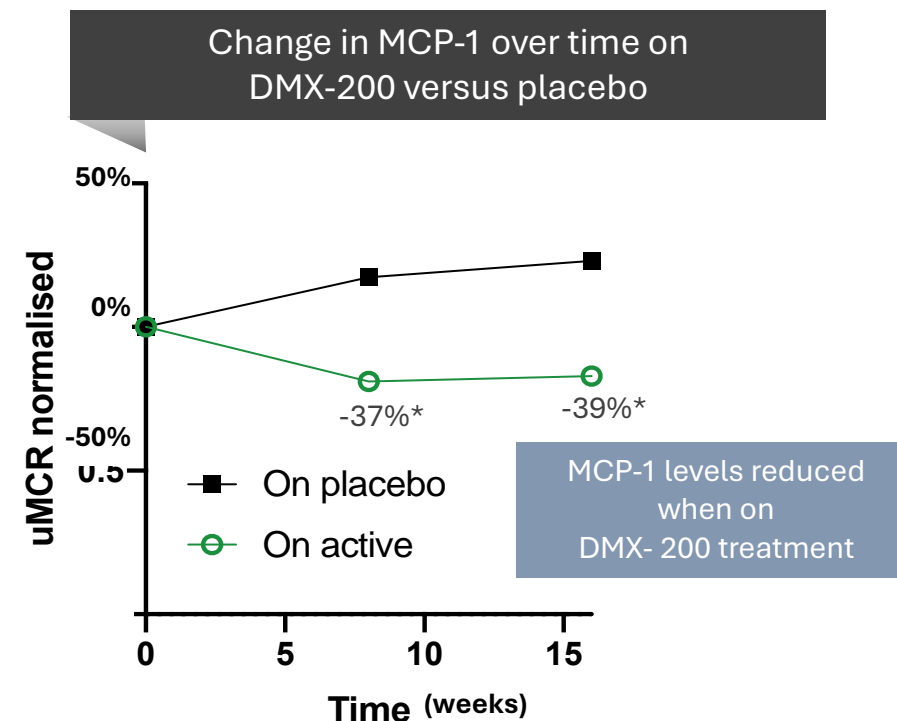
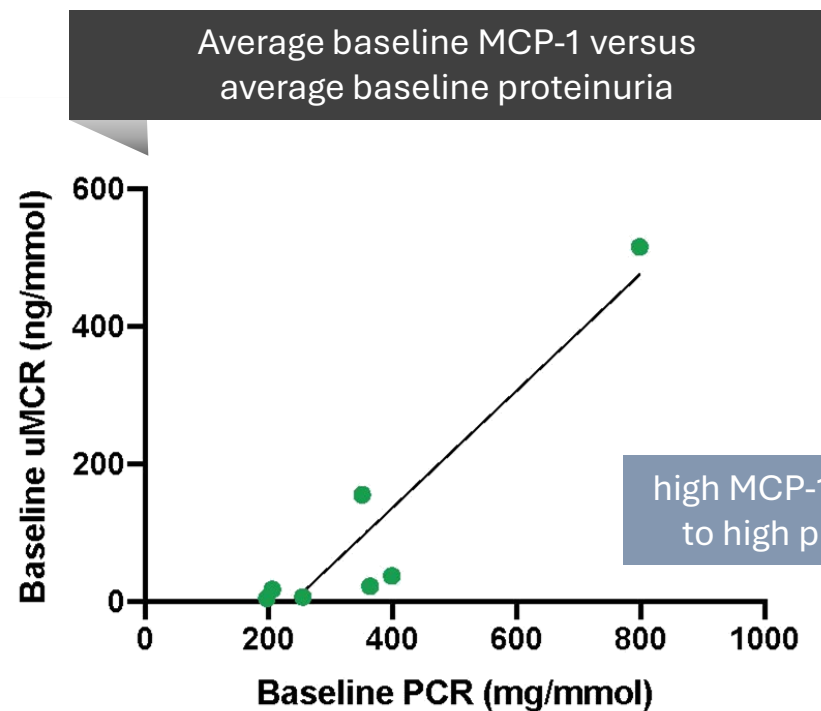


Retained podocyte numbers



DMX-200 Phase 2 effect on inflammatory biomarker¹

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- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
 - DMX-200 blocks receptor responsible for inflammation
 - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney²