

# ImmVirX

Receptor Targeted Oncolytic  
RNA Immunotherapies

**Corporate Update**

**April 2026**

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## Proprietary bioselected picornaviruses

Advanced bioselection yields optimized viral candidates

## Targeting the most prevalent cancer types globally

MSS-CRC (focused on KRAS/BRAF-mutant CRC), gastric, ovarian, HCC, NSCLC and KRAS/BRAF basket

## Lead drug candidate IVX037 in Phase 1a/b solid tumor trial

Induced notable tumor reduction as a monotherapy in Phase 1a and showed early signals of activity across Phase 1b in combination with PD-1 inhibitor in 2 indications, including KRAS/BRAF-mutant CRC

## Pipeline of oncolytic RNA candidates

IVX055 targeting entry into clinic in H2 2026 in NSCLC, HCC and KRAS/BRAF basket.

## Highly experienced management team with proven track record

Developed Viralytics' CAVATAK through to acquisition by Merck & Co.

## Current Cash Position

Cash runway into Q2 2027  
Strong institutional investor register  
(Acorn, OneVentures, others)

# Experienced Team Driving ImmVirX Forward

Deep Expertise in Oncology, Drug Development, and Value Creation



Malcolm McColl, MBA  
CEO & CO-FOUNDER



Prof. Darren Shafren, PhD  
CSO & CO-FOUNDER



Jeannie Joughin, PhD  
NON-EXECUTIVE DIRECTOR



Leonard Post, PhD  
NON-EXECUTIVE DIRECTOR



Robert Routley  
NON-EXECUTIVE DIRECTOR



Robert Vickery  
CO. SEC & CFO



## COHESIVE TEAM WITH RECORD OF SUCCESS

- ex-Viralytics team members responsible for discovery, preclinical and clinical development of investigational oncolytic immunotherapy CAVATAK
- McColl, Shafren led Viralytics acquired by Merck for **A\$502M**. Specialist biotech investors included OrbiMed, Baker Bros, Cormorant
- Deep regulatory knowledge with extensive interactions with FDA
- GMP manufacturing and quality systems experience

- **24 strong R&D team** in facility at Hunter Medical Research Institute
- **Global networks of clinicians and KOLs** to facilitate clinical program
- Leonard Post – Leading role in three successful oncolytic virus companies (VLA, Biovex - acquired by Amgen, CG Oncology)
- Robert Vickery – CFO of Clarity Pharmaceuticals through 2021 IPO process

# Excellent Operations Team (ex Viralytics, Merck)

Strong Bench to Clinic Capability



Min Quah, PhD  
DIRECTOR  
DISCOVERY & PRE-CLINICAL  
RESEARCH



Bronwyn Davies  
DIRECTOR  
CMC



Susanne Johansson, PhD  
DIRECTOR  
QUALITY MANAGEMENT



Yvonne Wong, PhD  
DIRECTOR  
MANUFACTURING SCIENCE



Jennifer Rosenthal, PhD  
DIRECTOR  
QUALITY & REGULATORY  
AFFAIRS



Oksana Zdanska, MD PhD  
MEDICAL DIRECTOR

## PROVEN ONCOLYTIC IMMUNOTHERAPY DEVELOPMENT TEAM

- Preclinical development and translation of Viralytics' CAVATAK into clinic
- Established advanced preclinical models to assess immunotherapy combinations
- Manufacturing experience across US/AU/UK
- Managed multiple clinical trials across US/AU/UK sites ~300 CAVATAK patients
- Tech transfer to Merck from 2018–2019



# Significant Unmet Need Across Solid Tumor Indications

Focused on Solid Tumors with Limited Treatment Options and Large Patient Populations

Indication	Forecast Deaths per Annum		Checkpoint Clinical Response	
	USA <sup>1</sup>	China <sup>2</sup>	ICI ORR <sup>3</sup> (KEYTRUDA)	Study Identifier (KEYNOTE)
Colorectal	53,010	240,010	4% [MSS CRC 0%]	028
Ovarian	12,740	32,646	9%	100
Gastric	10,880	400,415	17%	224
Hepatocellular Carcinoma (Liver Cancer)	29,840	316,544	16%	224 (cohort 2)
Lung Cancer	125,070	733,291	18%	010
Melanoma Skin Cancer (CAVATAK™ Lead Target Indication)	8,290	5,385	33%	006

**Substantive patient population** in major markets

**Immune checkpoint therapies effective in only minority of patients** with advanced solid cancers - potential for combination with oncolytic immunotherapies to enhance efficacy

**Big Pharma facing major pipeline challenges** - 2025 through to 2028 drugs with combined annual sales of \$277Bn estimated to lose patent protection <sup>4</sup>

1 National Cancer Institute, 2024 estimates - <https://seer.cancer.gov/statfacts/html/colorect.html>  
 2. Global Cancer Observatory, International Agency for Research on Cancer (IARC), <https://www.iarc.who.int/>  
 3. Immune Checkpoint Inhibitor Overall Response Rate  
 4. Evaluate "World Preview 2023: Pharma's Age of Uncertainty"

**3rd** most common cause of cancer worldwide<sup>1</sup> with **~1.9M** new cases diagnosed annually

**2nd** leading cause of cancer-related deaths worldwide<sup>2</sup> with **>900,000** deaths per year

Despite advances in treatment of CRC, long term survival remains low<sup>3,6</sup>

Microsatellite stable (MSS) tumors represent

**95%**

3-year relative OS for patients with metastatic CRC is

**~30–35%**

5-year relative OS for patients with metastatic CRC is

**~15%**

CRC is increasing in people under 50 in US: **#1 cause of cancer deaths in men under 50 and #2 cause in women under 50** <sup>4</sup>

In people younger than 50 years of age, rates have increased by 2.4% per year from 2012 to 2021 <sup>5</sup>

Most early onset CRC patients are too young for routine cancer screening

Often diagnosed at advanced stages when treatment options are limited



1. Sung H et al. CA Cancer J Clin 2021
2. World Health Organization, July 2023
3. Wang J et al. [Cancer Med.](#) 2020
4. "More Young People Than Ever Will Get Colorectal Cancer This Year," New York Times, March 27, 2024
5. "Key Statistics for Colorectal Cancer," American Cancer Society, April 28, 2025
6. Battaglin F et al. Clin Adv Hematol Oncol 2018

# Lead Candidate: IVX037

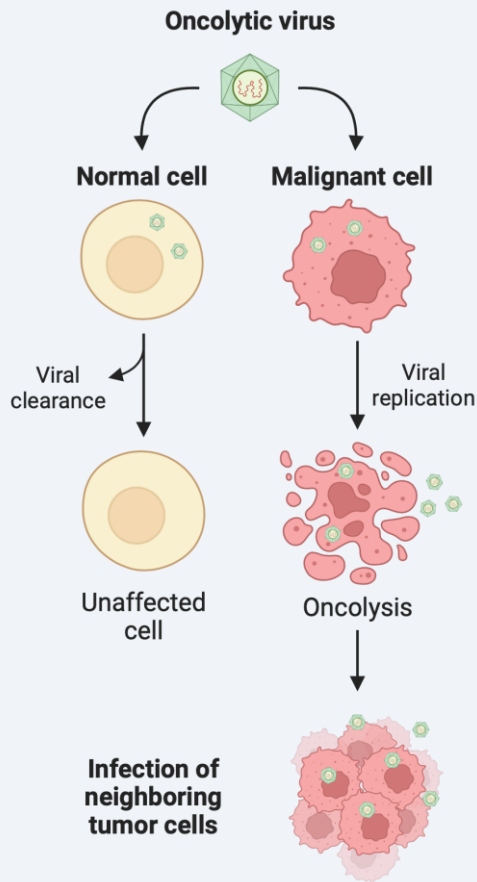
Receptor Targeted

Oncolytic RNA Immunotherapy

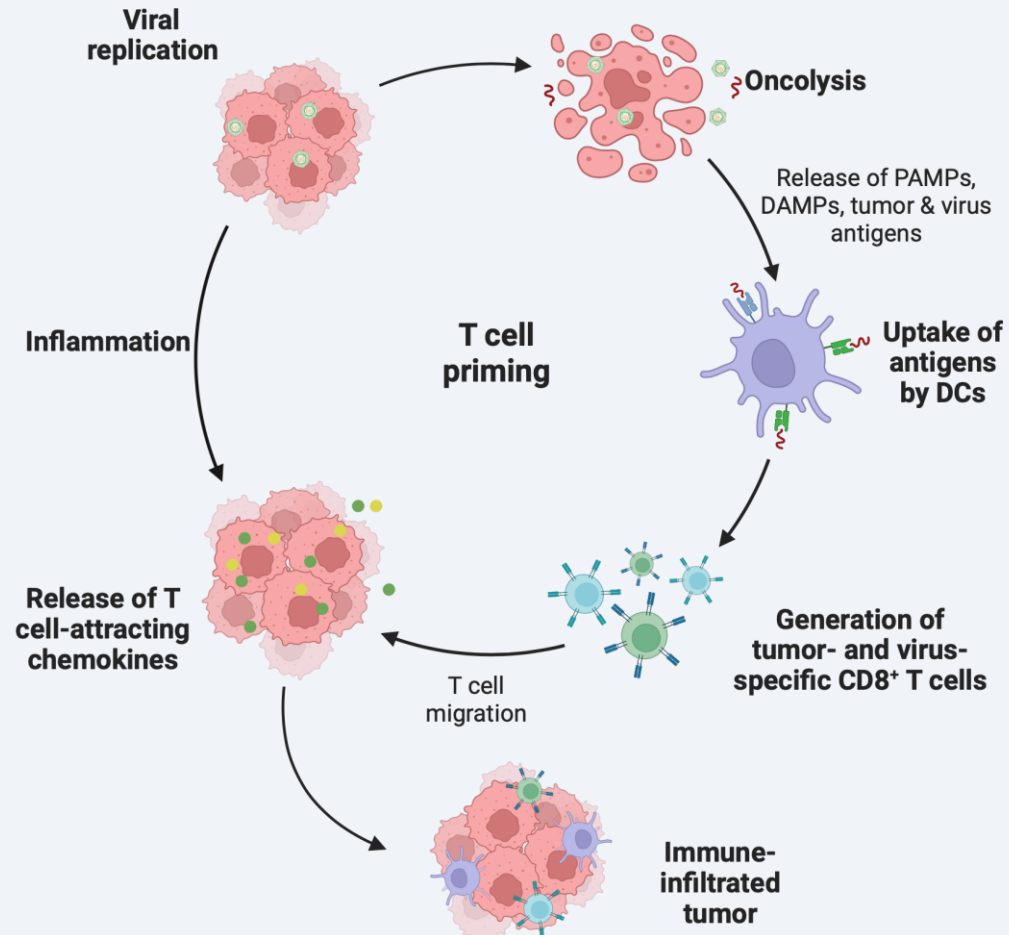
# Oncolytic Viruses

Powerful Cancer Cell Killing and Stimulation of Anti-Tumor Immune Response

## 1. Selective replication in cancer cells



## 2. Immune activation at tumor site

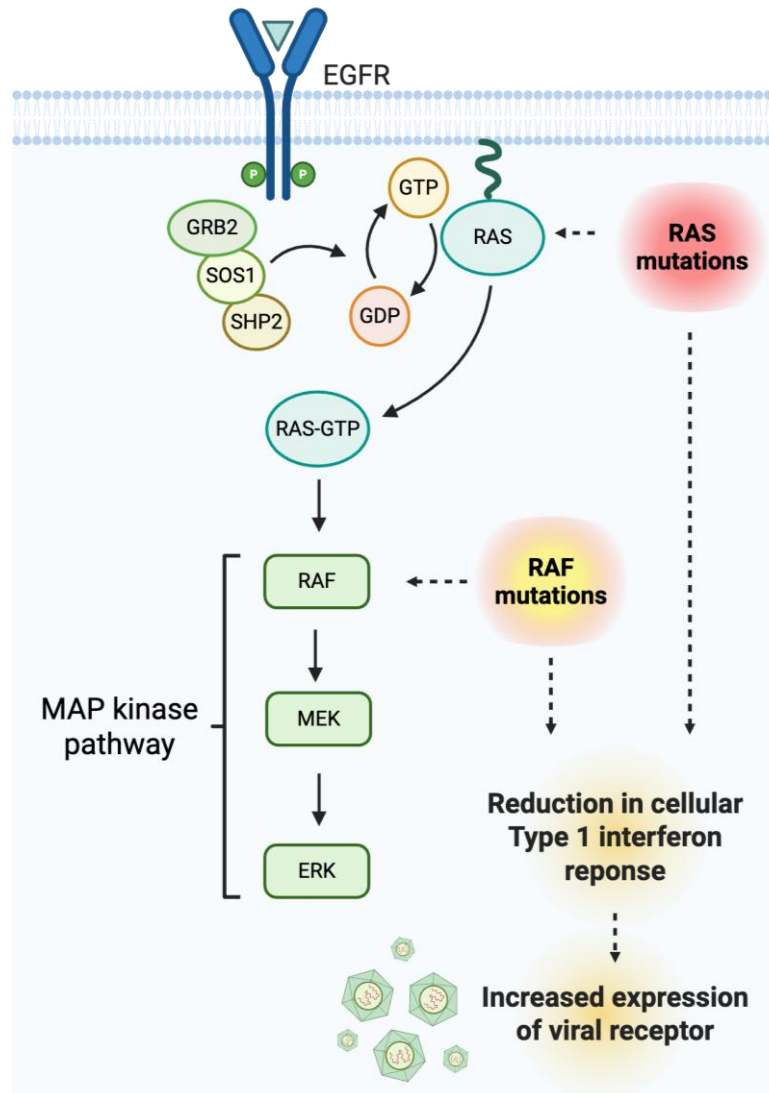


Triggers **both innate and adaptive immune responses** with immune cell infiltration of tumor at a high level

**Highly inflames “cold” tumor types** with current low responsiveness to immune checkpoint therapy

# KRAS & BRAF Mutations Drive MAPK Pathway Activation

Oncolytic Viruses Exploit MAPK-driven Replication, Overcoming Resistance in KRAS/BRAF Tumors



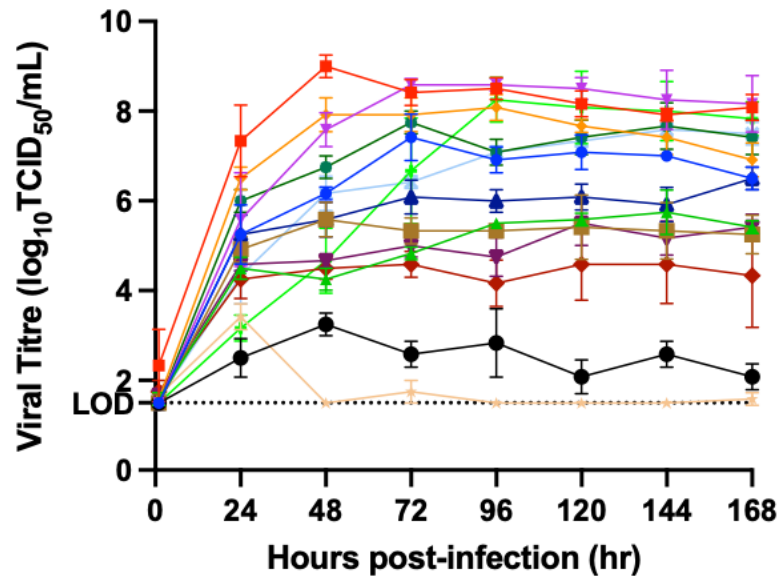
## HIGHLIGHTS

- KRAS/BRAF mutations reduce the cellular type-1 interferon response in CRC cells <sup>1</sup>
- KRAS mutations are found in ~40-45% of CRC patients <sup>2</sup>
- BRAF mutations are more common in metastatic (stage IV) than stage II-III CRC (15-20% vs 5-10%) <sup>3</sup>
- KRAS mutated cells express elevated levels of CD55 (DAF) <sup>4</sup>

1. Hänggi K, Ruffell B. *Cancer Cell*. 2019 Apr 15;35(4):535-537.  
2. Colorectal Cancer Alliance 2026  
3. Clarke & Kopetz J *Gastrointest Oncol* 2015  
4. Martinko et al *eLife* 2018

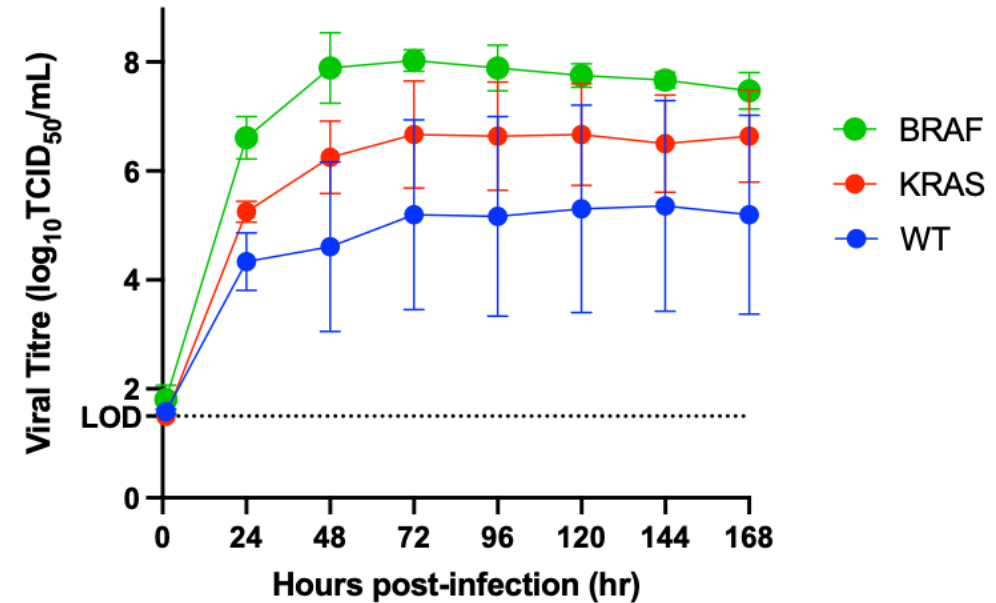
# MAPK Pathway Mutations Potentially Enhance IVX037 Replication by reduction of the cellular Type -1 interferon response

IVX037 replication in human CRC cells



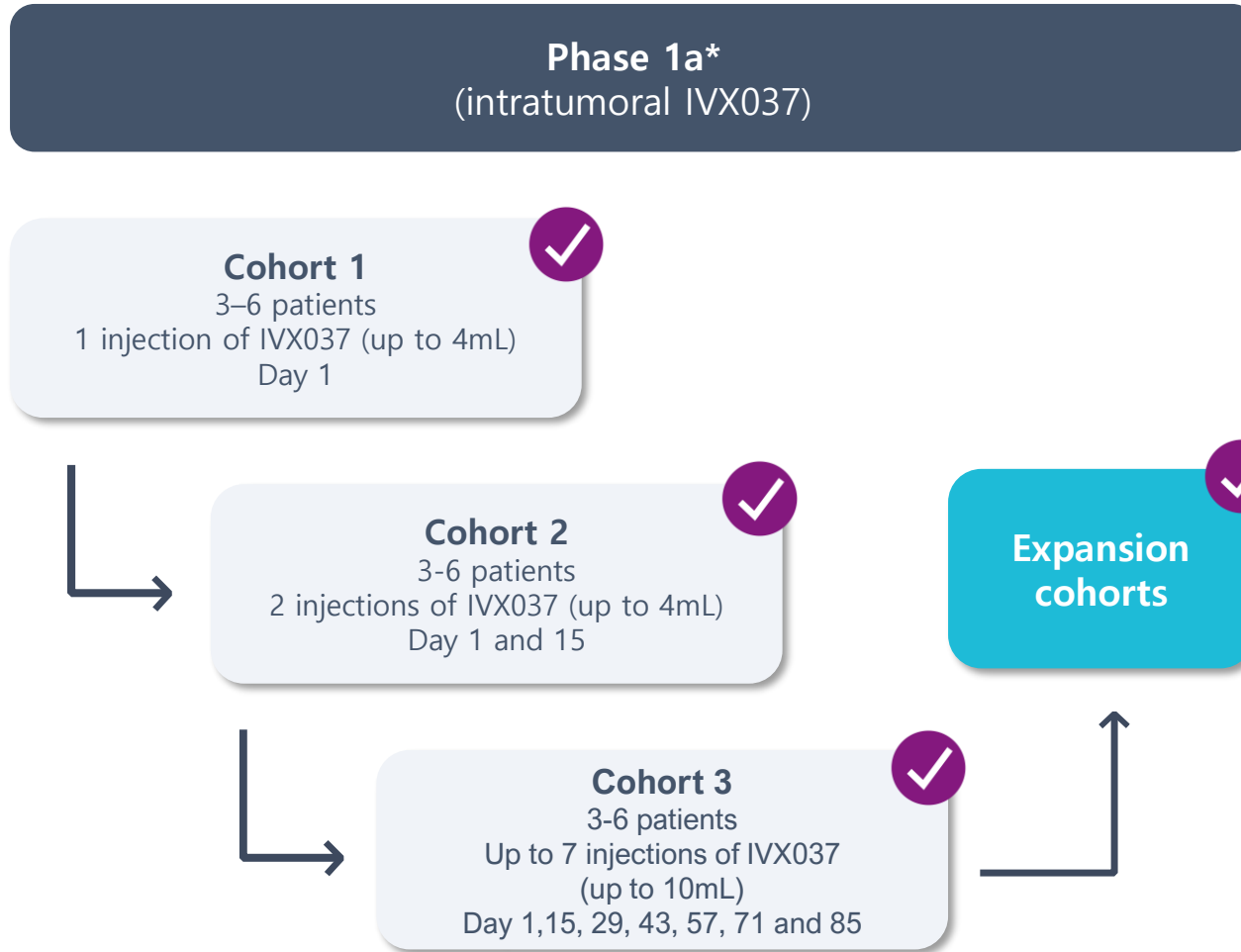
- Caco-2 / WT
- WiDr / BRAF
- ▲ LoVo / KRAS
- ▼ SW620 / KRAS
- ◆ HT-29 / BRAF
- DLD-1 / KRAS
- SW837 / KRAS
- ▲ T84 / KRAS
- ▼ RKO / BRAF
- ◆ SW1417 / BRAF
- LS411N / BRAF
- SW48 / WT
- ▲ COLO 205 / BRAF
- ▼ SNU-C1 / WT

IVX037 replication per mutational status



# Rapid Advancement through Phase 1a

Swift Execution of the Dose-Escalation Phase



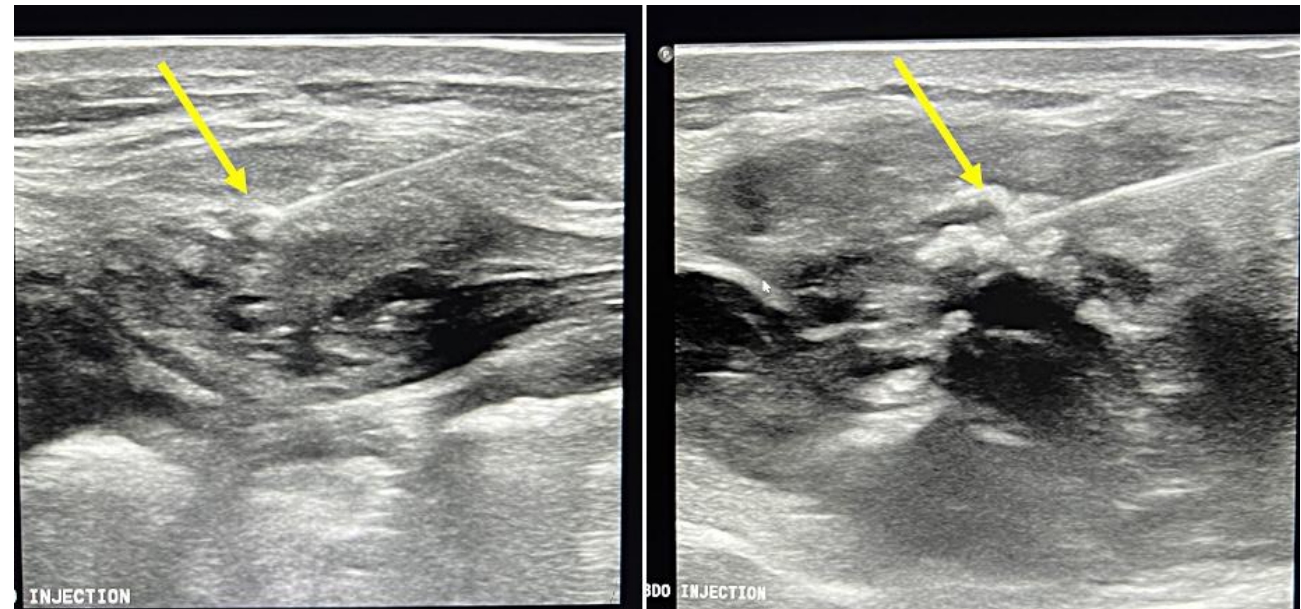
\* Cohort 1 pts receiving >1 IVX037 dose were evaluable for efficacy.  
Cohort 2 pts receiving >2 IVX037 doses were evaluable for efficacy.  
Cohort 3 pts receiving ≥3 IVX037 doses were evaluable for efficacy.

# Accessing Lesions For Intratumoral Administration

## A Straightforward Process

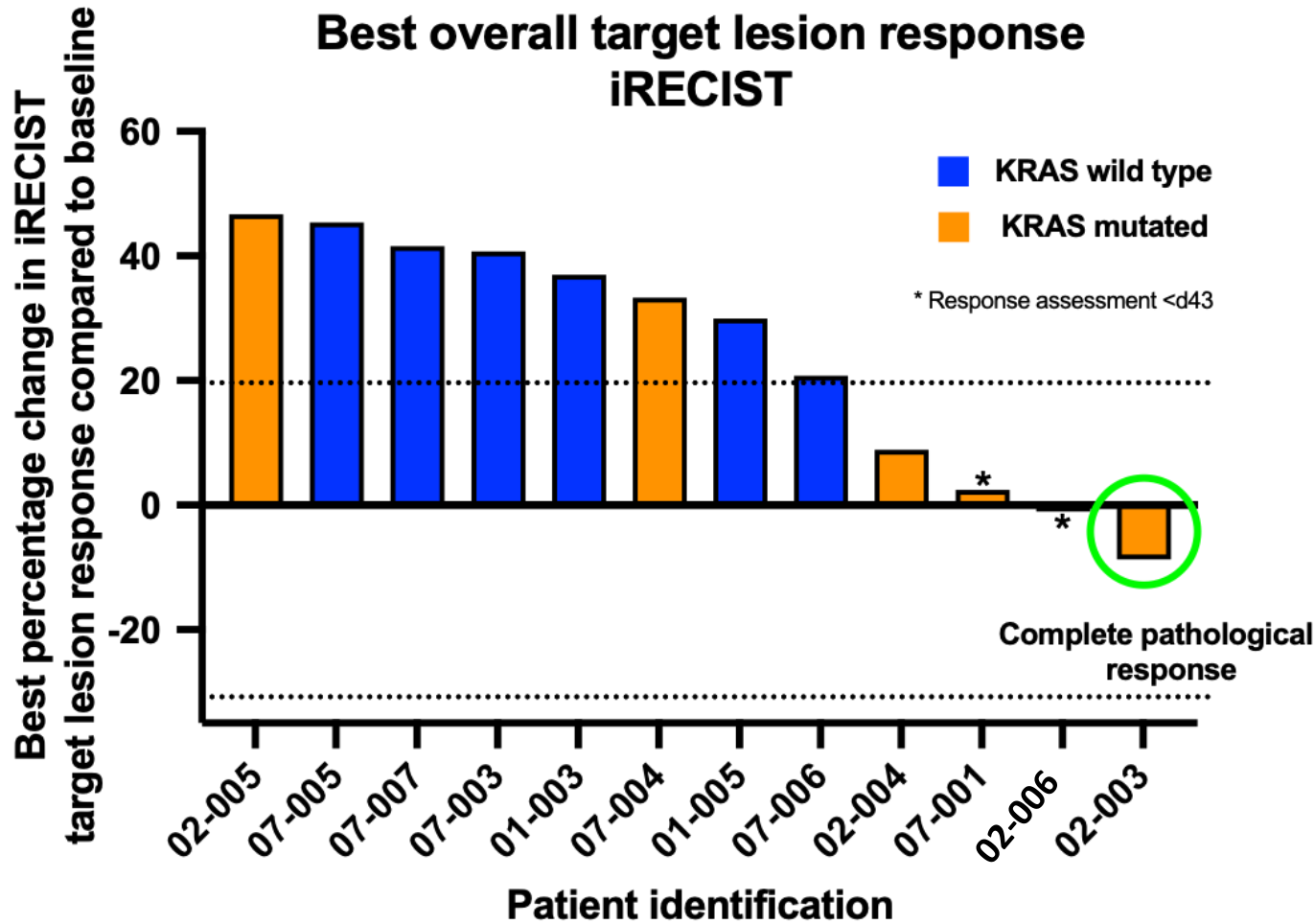
- USG / CT guidance – IVX037 can be safely administered repeatedly to liver and other sites of metastases
- Preloaded syringe with IVX037 delivered to radiology rooms, 50 hours shelf life of compounded IP
- Similar outpatient procedure to biopsy and FNA – local anesthetic +/- conscious sedation
- 20-minute procedure +/- monitoring for 2-4 hours
- Up to 5 lesions, total volume up to 15ml (50% of total disease burden)
- Potential for clinical development to also include both intraperitoneal and intravenous delivery

Ultrasound images of a needle inside a tumor delivering IVX037



# Phase 1a - Promising Reduction in Target Lesions in CRC pts

Where Standard of Care Therapy Offers <2% Overall Response Rate



## HIGHLIGHTS

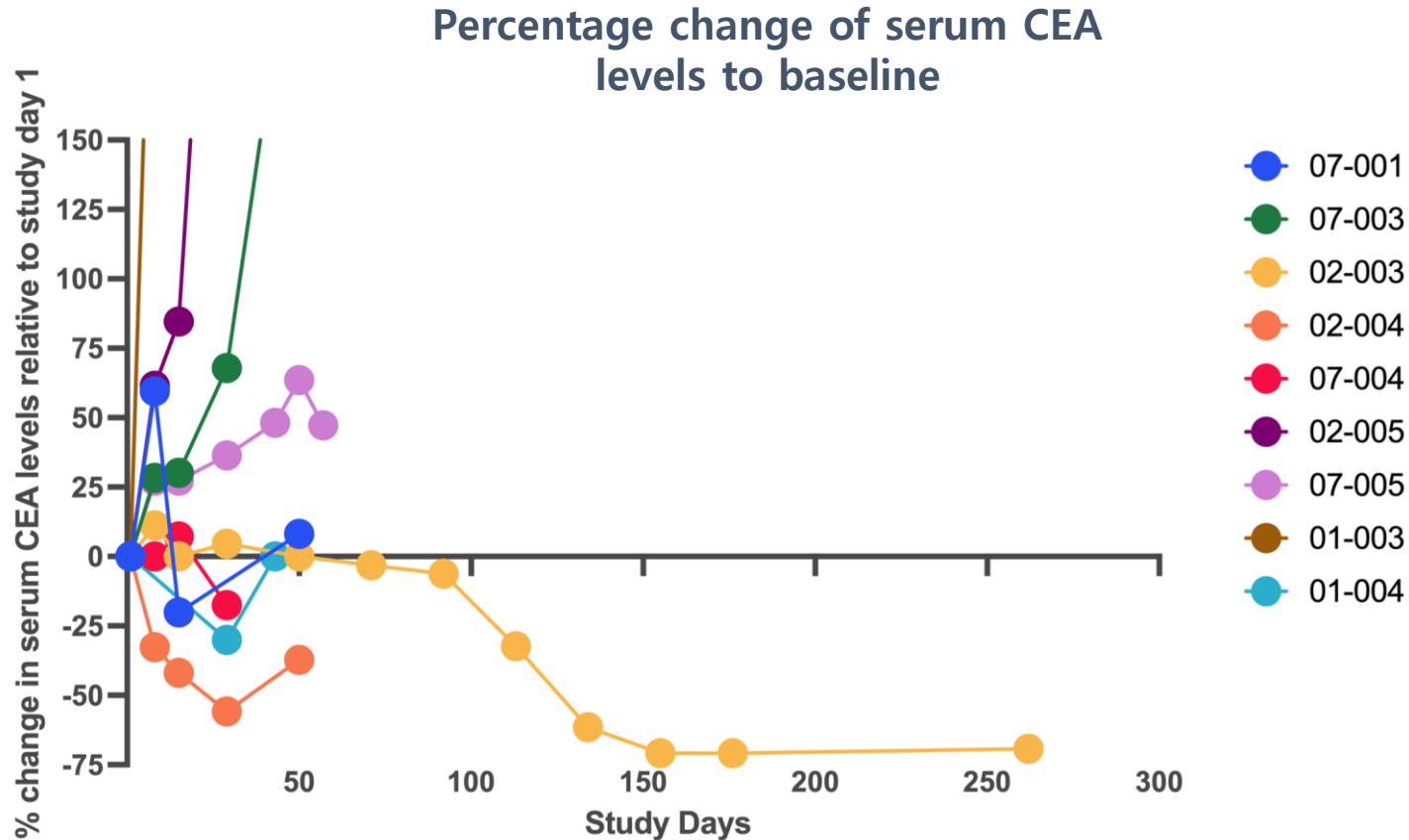
- Promising signals of activity as a monotherapy in 2 late-stage patients

Participant 02-003:

- Complete pathological response in injected target lesion confirmed by histology
- Oncologist considered patient had exceptional response - absence of new metastatic disease (PETscan) for over two years without additional cancer treatments, suggestive of IVX037 induced abscopal activity

# Phase 1a - Early Biomarker Signals in CRC

Decline in Key Tumor Marker Supports Mechanism of Action and Clinical Potential



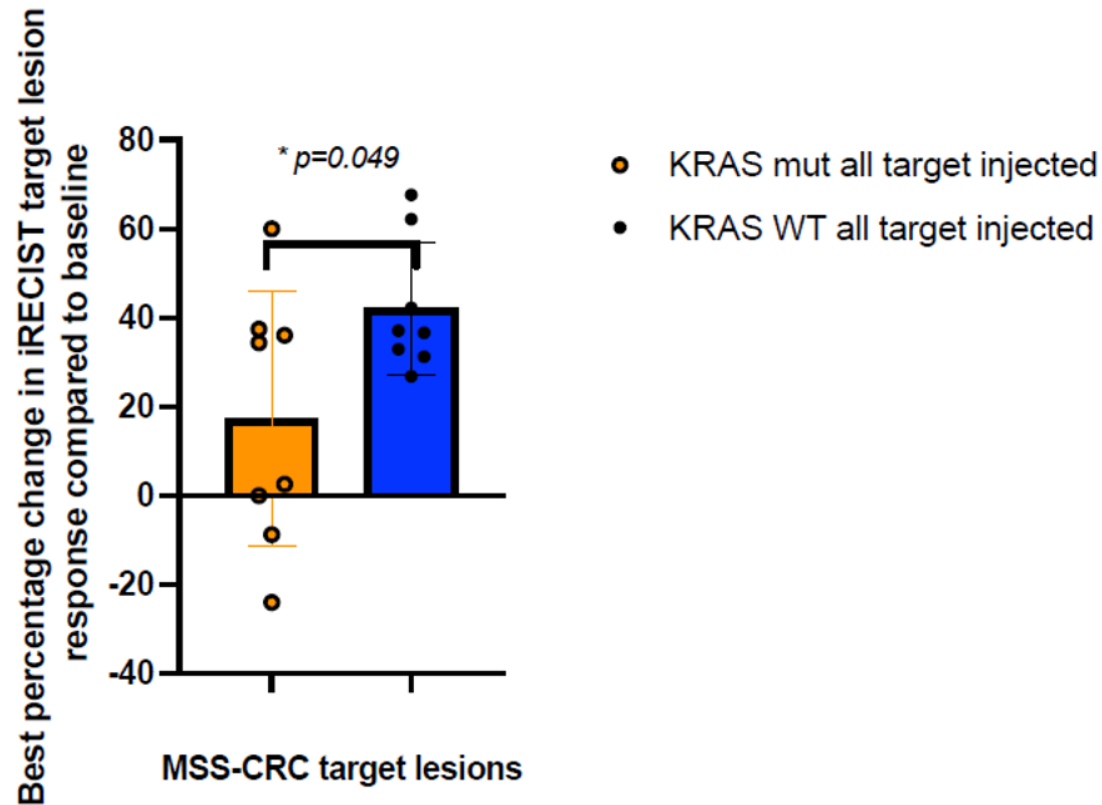
## HIGHLIGHTS

- Carcinoembryonic antigen (CEA) is a biomarker that is elevated in patients with colorectal cancer
- Reduction in CEA reflects positive outcomes in IVX037 treated patients
- Positive CEA signal in patients 02-003 and 02-004 also displaying tumor burden reductions

# Phase 1a - Encouraging Tumor Shrinkage in KRAS mutant Injected Lesions

Early Signs of Local Activity Support Mechanism and Clinical Potential

## Best Individual injected target lesion response iRECIST



Best overall Target lesion response	KRAS-mut (n=6)	KRAS-WT (n=6)
CR	0.0%	0.0%
PR	0.0%	0.0%
SD	66.7%	0.0%
DCR	66.7%	0.0%

# Current Landscape in MSS CRC

Poor Response Rate with Significant Toxicity

Agent	Overall Response Rate	Study	Adverse Event profile
Stivarga® (regorafenib)	1.0%	CORRECT	54% ≥ G3 TRAE (hand-foot skin reaction, fatigue, diarrhoea, hyperbilirubinemia, hypertension)
Lonsurf® (trifluridine/tipiracil)	1.6%	RECOURSE	69% ≥ G3 TRAE (haematological: neutropenia, leukopenia, anemia; gastrointestinal: diarrhoea, nausea, vomiting)
Fruzaqla® (fruquintinib)	2%	FRESCO-2	63% ≥ G3 TRAE (hypertension, asthenia, hand-foot syndrome)

## Immunotherapy in MSS CRC setting

Keytruda® (pembrolizumab)	0% [100% MSS]	KEYNOTE-028	4% ≥ G3 TRAE
Durvalumab + Tremelimumab	1% [98% MSS]	Cancer Trial Group CO.26 study	64% ≥ G3 TRAE
Atezolizumab	2% [92% MSS]	IMblaze-370	31% ≥ G3 TRAE

## SUMMARY

- A total of 14 pts have been dosed in phase 1a; 2 gastric cancer pts, 12 MSS CRC
- IVX037 IT administration has been well tolerated with a favorable safety profile
- No dose limiting toxicities have been observed during phase 1a

## MOST COMMON TREATMENT RELATED ADVERSE EVENTS (TRAEs) GRADE 2 (moderate)

- Fatigue 14.3%
- Rheumatoid arthritis 7.1%
- Injection site pain 7.1%

## MOST COMMON TRAEs GRADE 1 (mild)

- Injection site pain 42.9%
- Intermittent fever 35.7%
- Nausea/anorexia/chills/fatigue/abdominal tenderness 14.3%



# Phase 1b Update for IVX037

Receptor Targeted

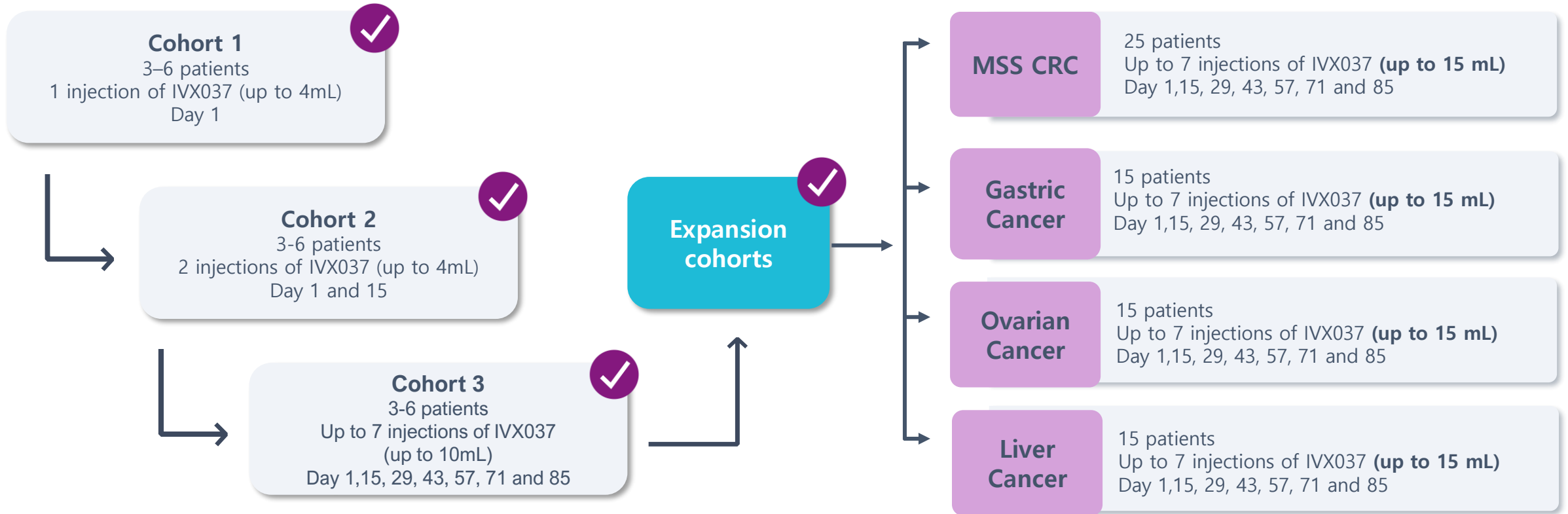
Oncolytic RNA Immunotherapy

# Rapid Advancement into Phase 1b

Combination Study Commenced

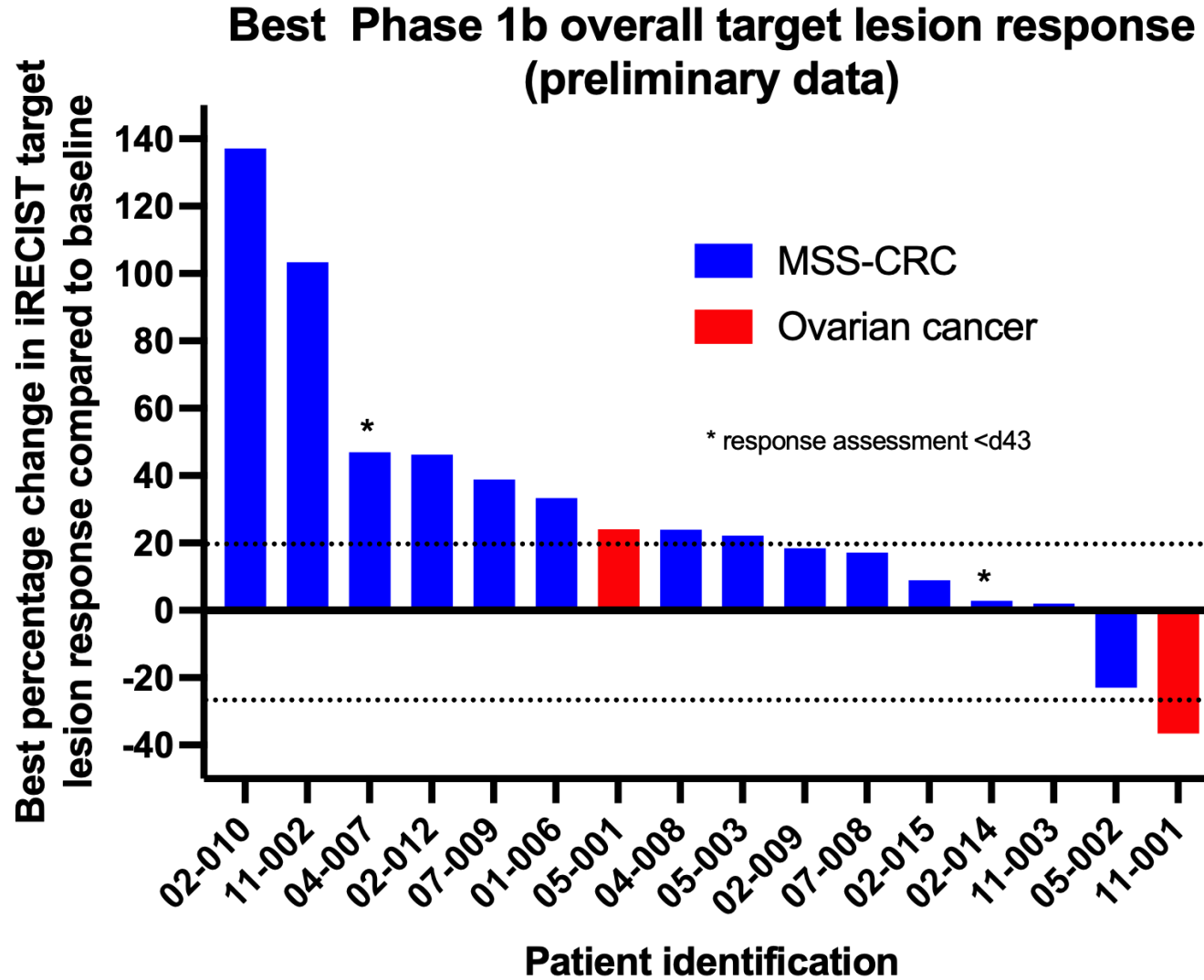
## Phase 1a (intratumoral IVX037)

## Phase 1b (combination of IT IVX037 + IV sintilimab\*)



# Best Phase 1b Target Lesion Response

Phase 1b IVX037 in Combination with Sintilimab (PD-1 inhibitor)



# Promising Initial Findings from first 2 patients in Ovarian Cancer

Phase 1b IVX037 in Combination with Sintilimab

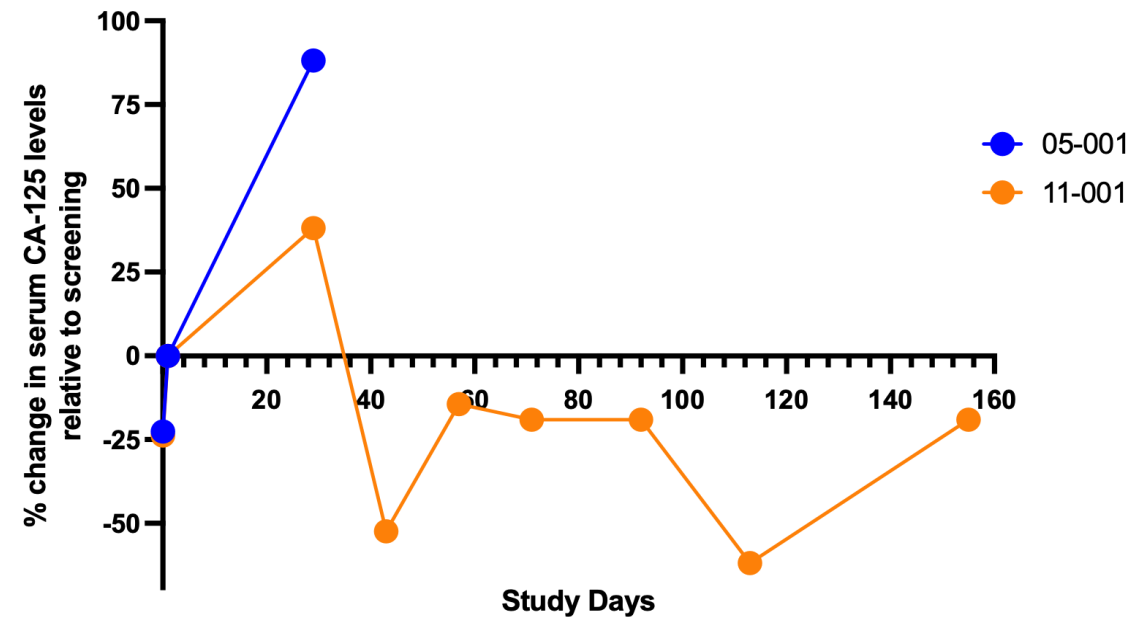
## 05-001 – 82yo female with high grade serous carcinoma (HGSC)

- 3 prior lines of treatment in advanced/metastatic setting, substantial disease burden
- 3 injections, 2 liver lesions injected
- 24% increase at D43, no new lesions
- Complete response to chemotherapy after progression on trial

## 11-001 – 75yo female with high grade serous carcinoma (HGSC)

- 2 prior lines of treatment in advanced/metastatic setting, substantial disease burden
- 7 injections, 2 abdominal wall lesions injected
- Ongoing iPR at D344, no new lesions, trial completed
- CA-125 decrease by >60% at D113

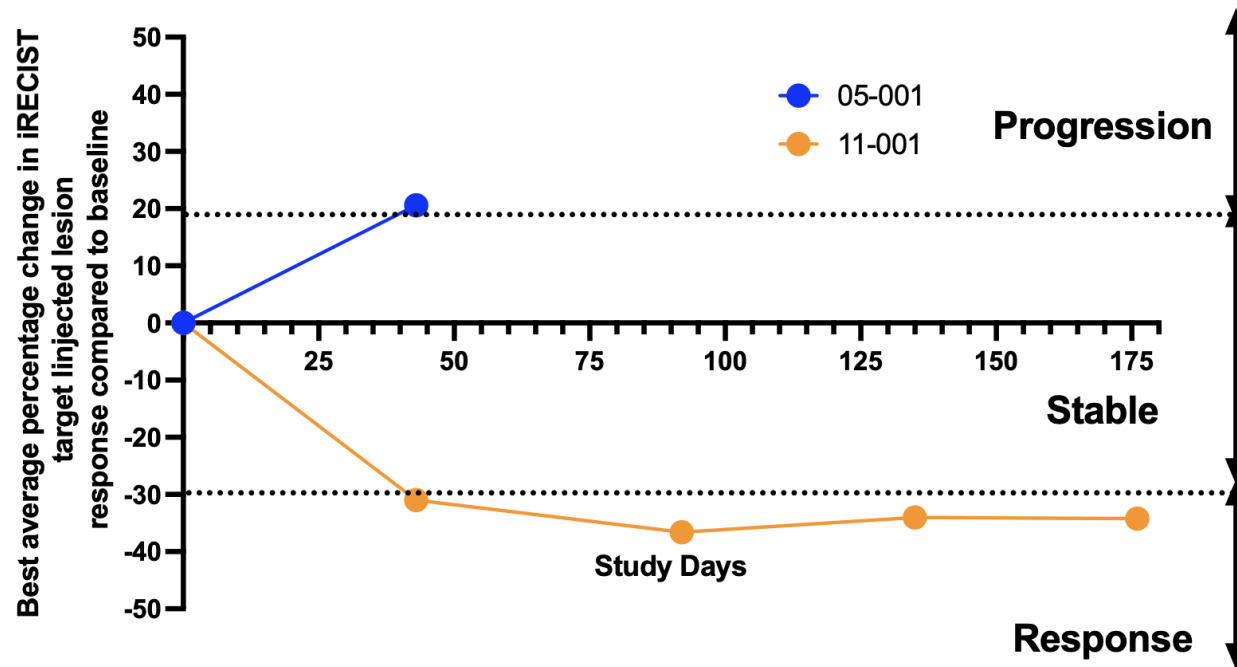
Percentage change of serum CA-125 levels relative to day 1 (Preliminary data)



# Ovarian Cancer Expansion Cohort

Durable Response in Ovarian Cancer

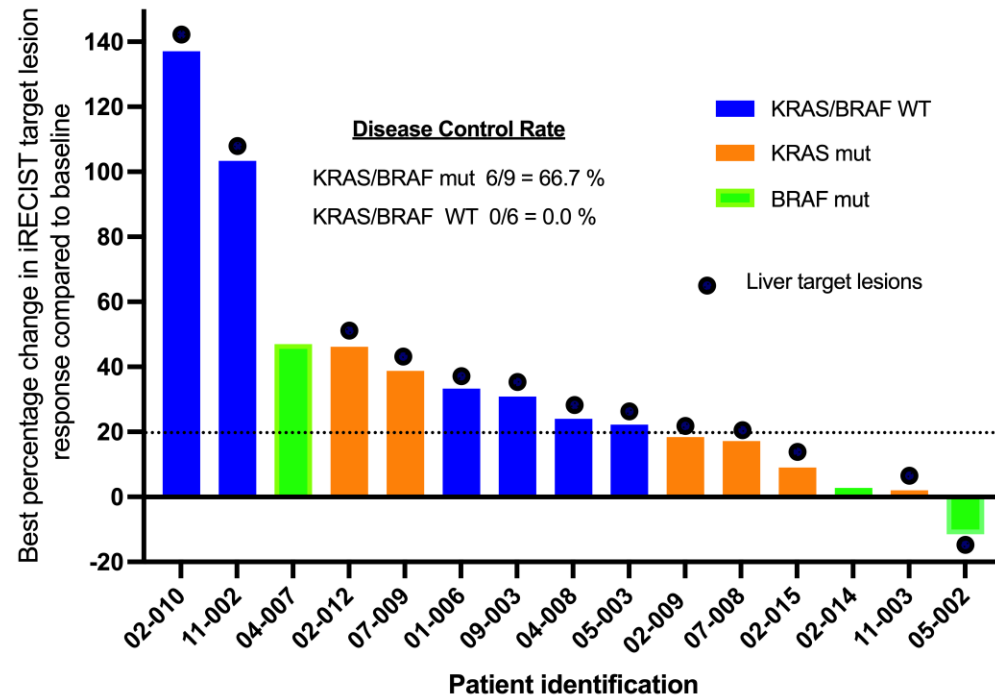
Percentage change of injected target lesions change to baseline  
(RECIST 1.1, Preliminary data)



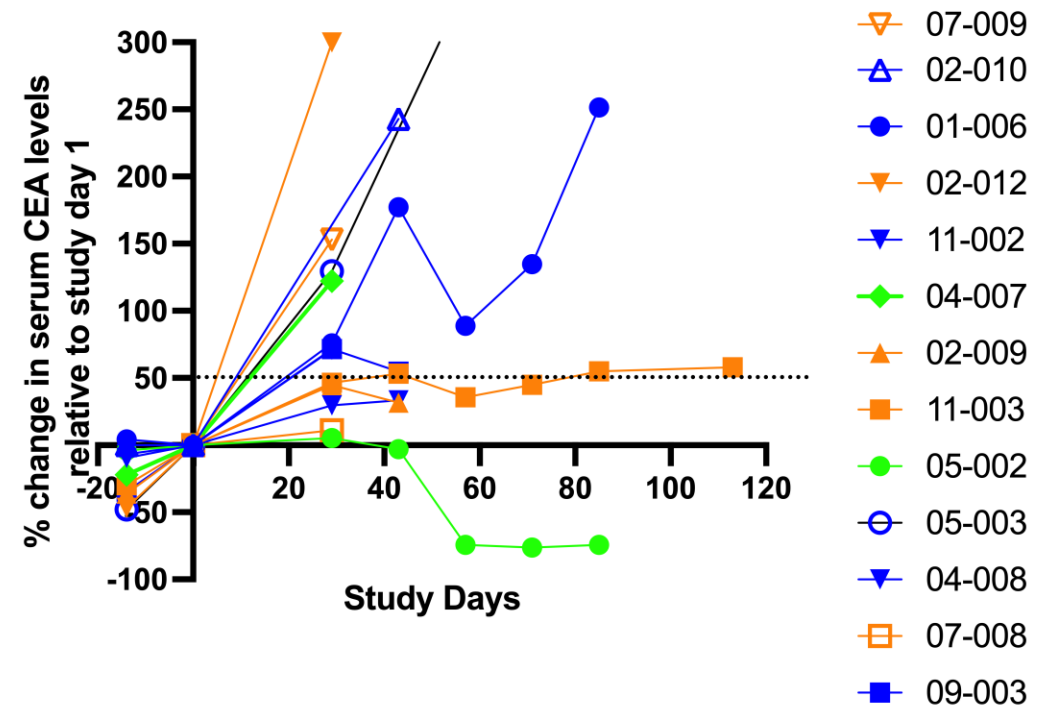
**Expanded Phase 1b**  
(combination of IVX037 + PD-1 inhibitor)  
H2 2026

**Ovarian Cancer Expansion cohort**  
Up to 7 injections of IVX037 via IT and/or IP  
Day 1, 15, 29, 43, 57, 71 and 85  
PD-1 inhibitor: Day 8 Q3W

**A** MSS-CRC Phase 1b overall target lesion response (Preliminary data)

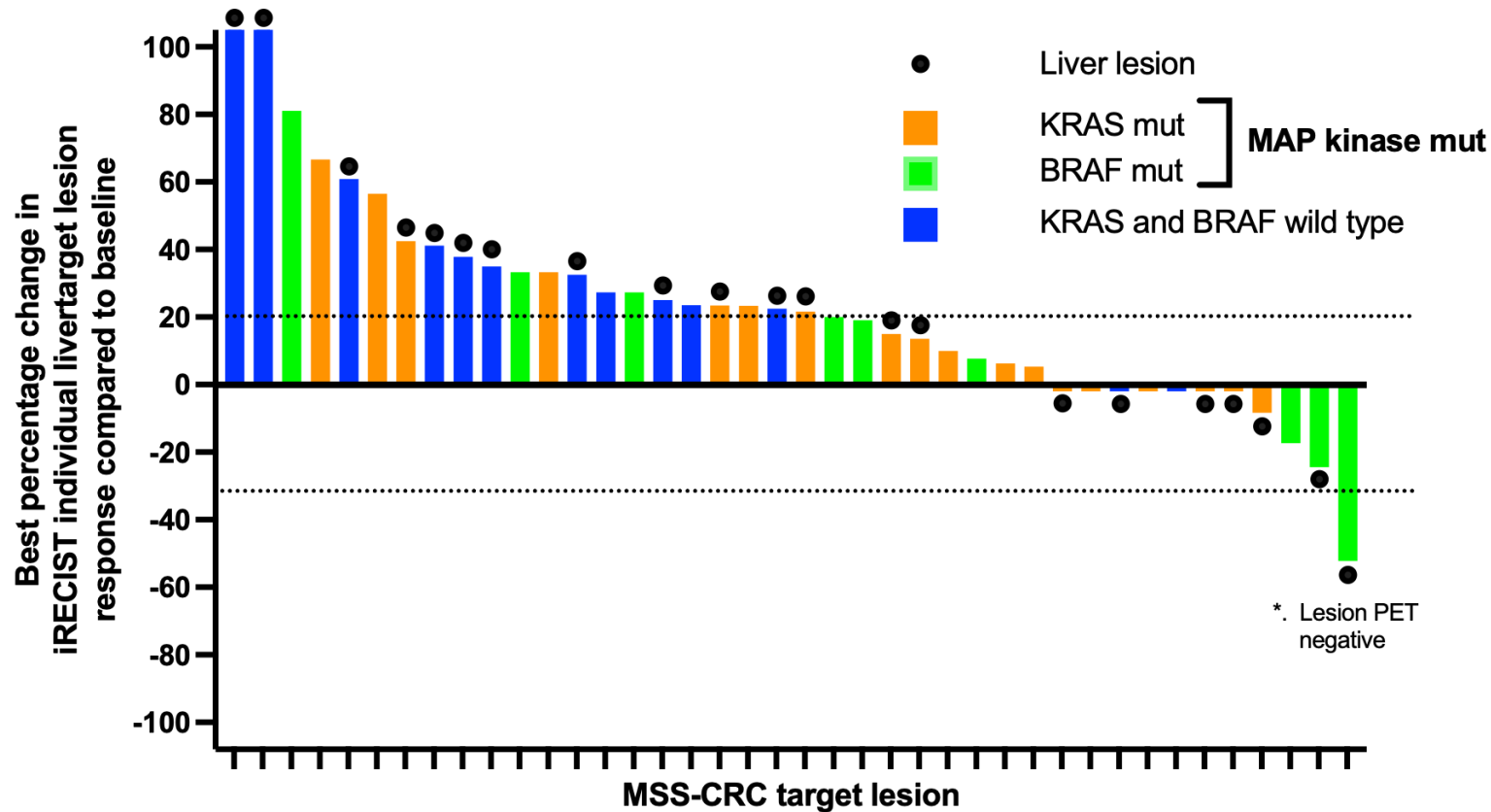


**B** Percentage change of serum CEA levels to baseline (Preliminary data)



# MSS-CRC Efficacy Update: Individual Response in MAP Kinase Mutated Lesions

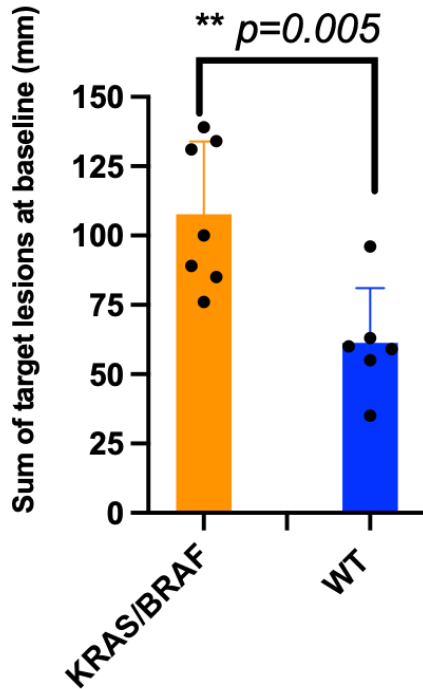
**Best percentage change in individual MSS-CRC iRECIST target lesions compared to baseline (preliminary data)**



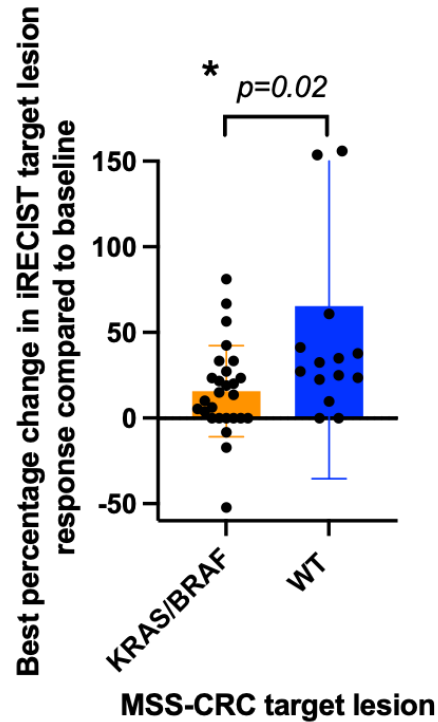
Individual Target lesion Response	Evaluable lesions (n=40)	KRAS-BRAF-mut (n=27)	KRAS-BRAF wt (n=13)
CR	2.5%	3.7%	0.0%
PR	2.5%	3.7%	0.0%
SD	35.0	44.4%	15.4%
DCR	40.5	51.9	15.4%

# MSS-CRC Efficacy Update: Individual Response in MAP Kinase Mutated Lesions

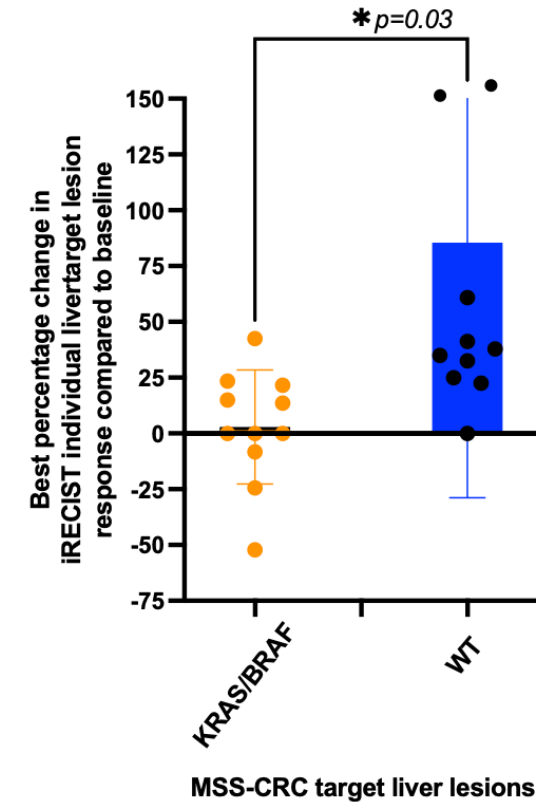
### Sum of target lesions at Baseline



### Best Individual target lesion (all lesions) response iRECIST

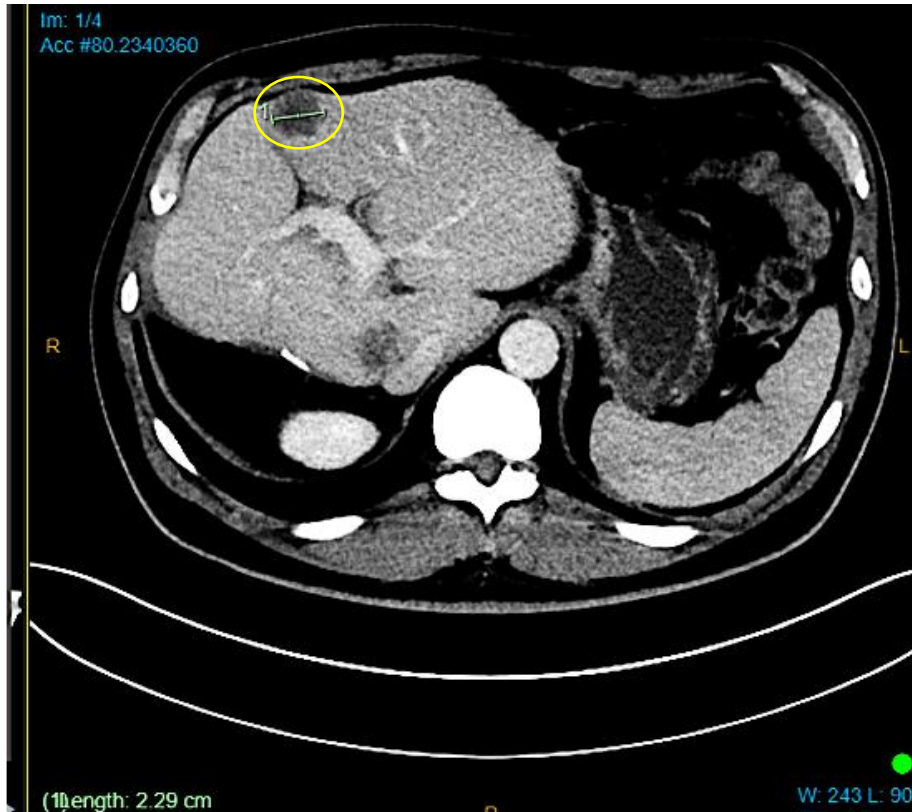


### Best Individual target liver lesion response iRECIST

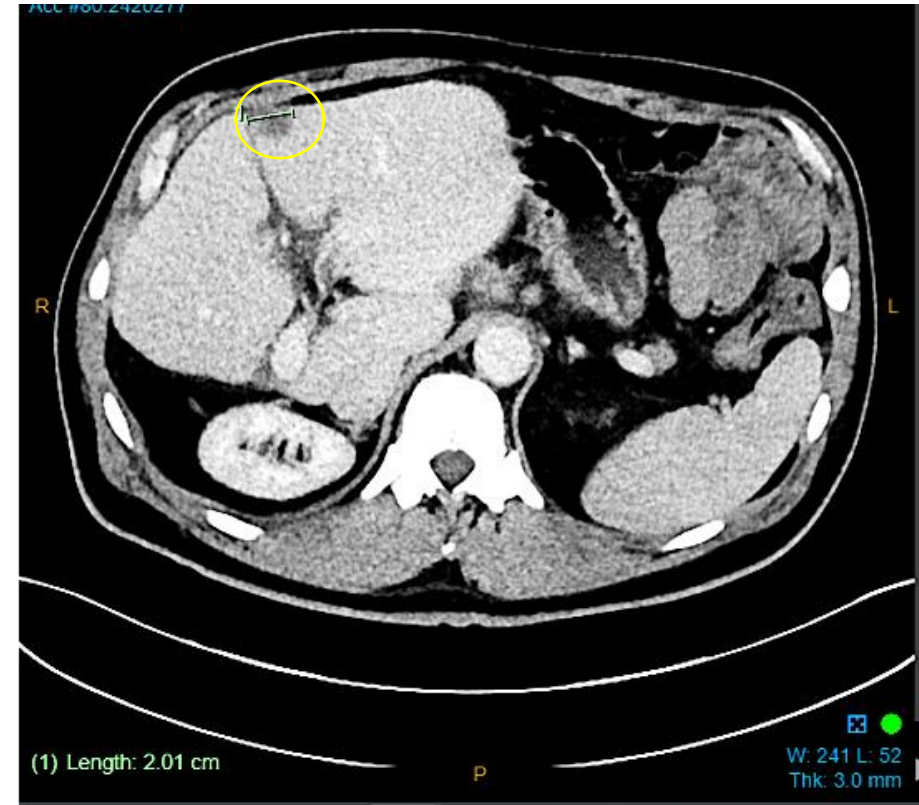


**Injected lesion activity**

Target lesion #1 liver (3.0mL IVX037), subcapsular left hepatic lobe

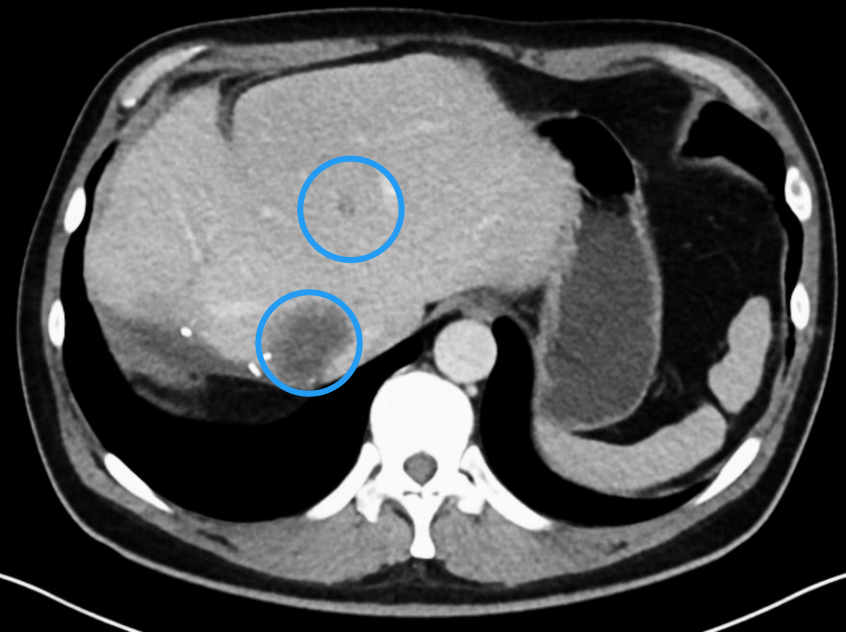


Screening



Day 92

Screening



Day 172



Target lesion #2 and Non-Target lesion  
Liver

**Non-injected**

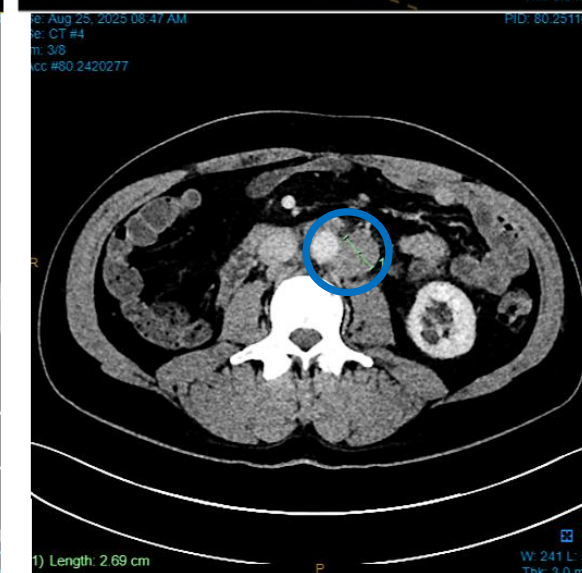
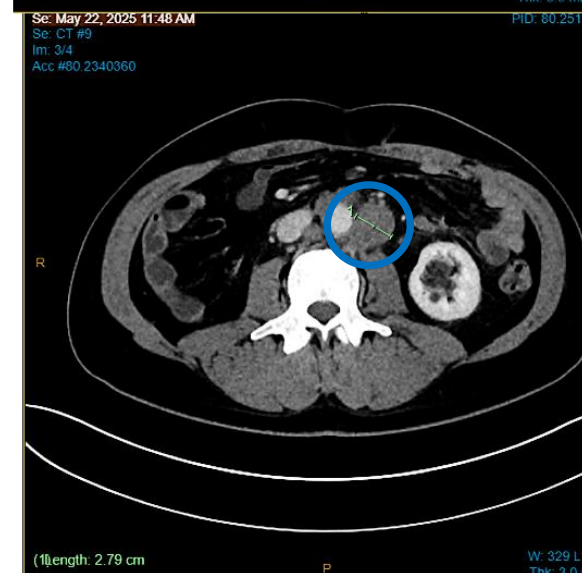
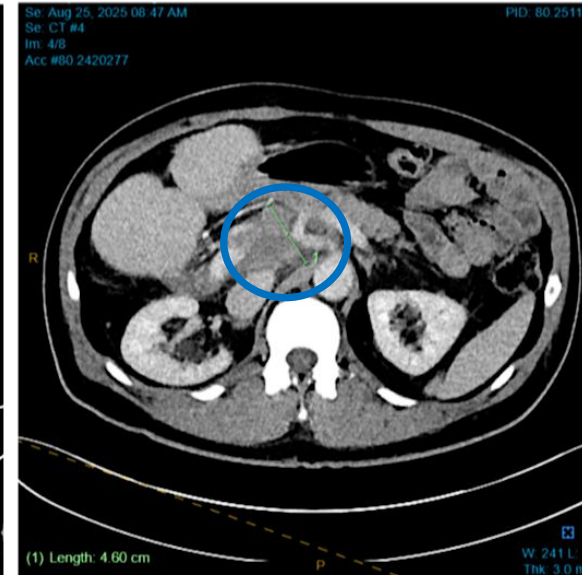
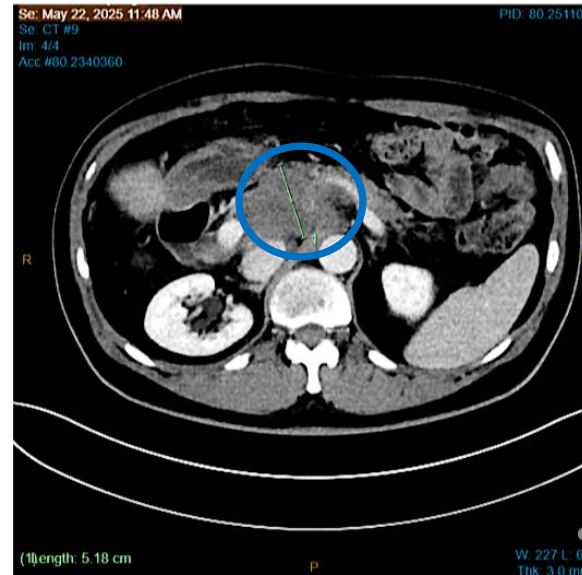
**Target Lesion #3**  
Nodal mass above  
pancreatic head

**Target Lesion #4**  
Left para-aortic  
lymph node

Screening

Day 92

**Non-injected**

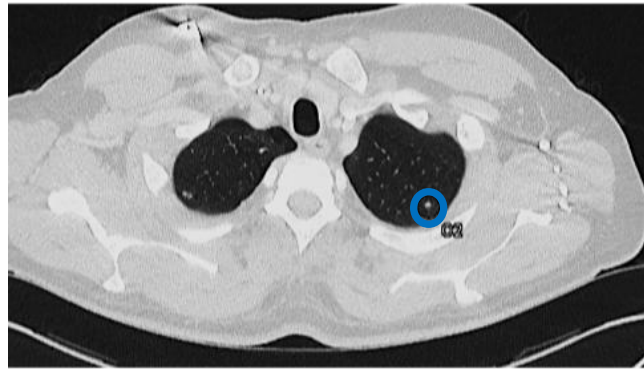


Lung Lesion nodule  
#C1



Non-injected

Lung Lesion nodule  
#C2



Lung Lesion nodule  
#C3



Screening

Day 92

## Injected lesion activity

Screening

Day 29

TL# 1

Injected 5.0mL

Nodularity and peritoneal thickening  
RT mid to lower quadrant  
within hepatorenal region



TL# 2

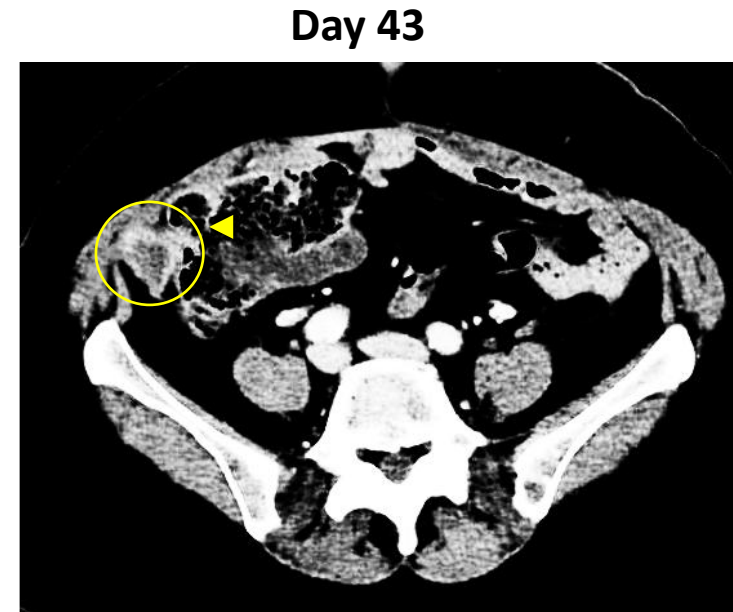
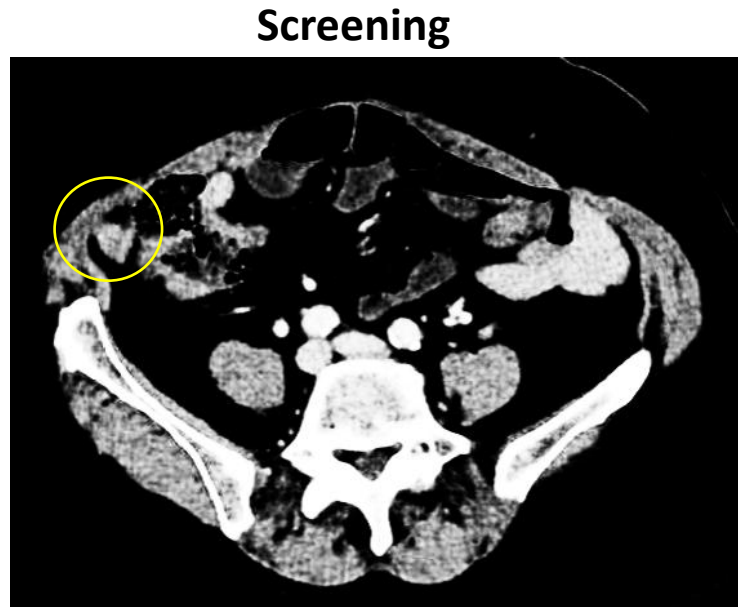
Injected 5.0mL

Left mid abdomen adjacent  
to anastomosis

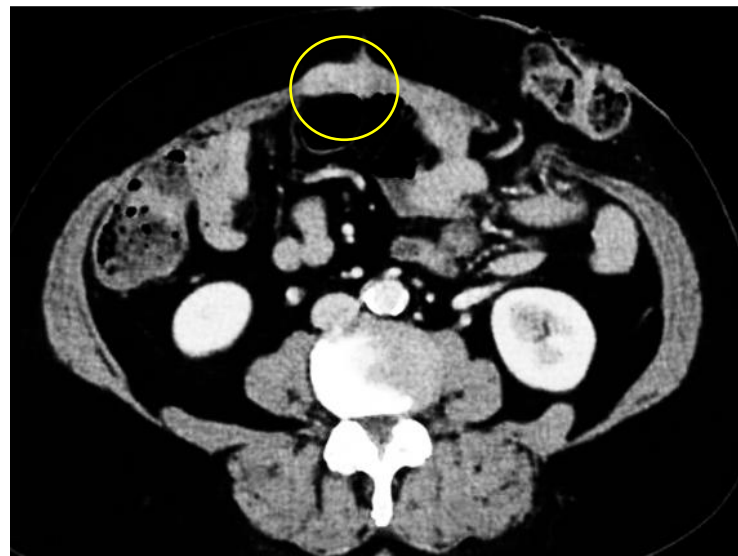


## Injected lesion activity

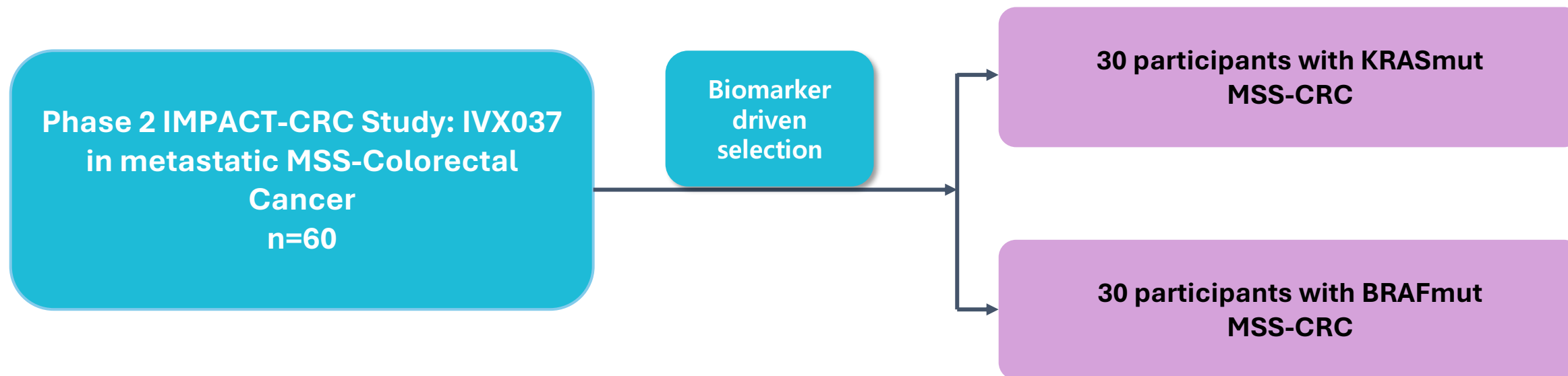
**TL# 3**  
Injected 2.0mL  
RT peritoneum



**TL# 2**  
Injected 2.0mL  
RT paraumbilicus



## Phase 2 IMPACT-CRC study: Intratumoral IVX037 in combination with immune checkpoint therapy in MAP kinase mutated MSS-CRC patients



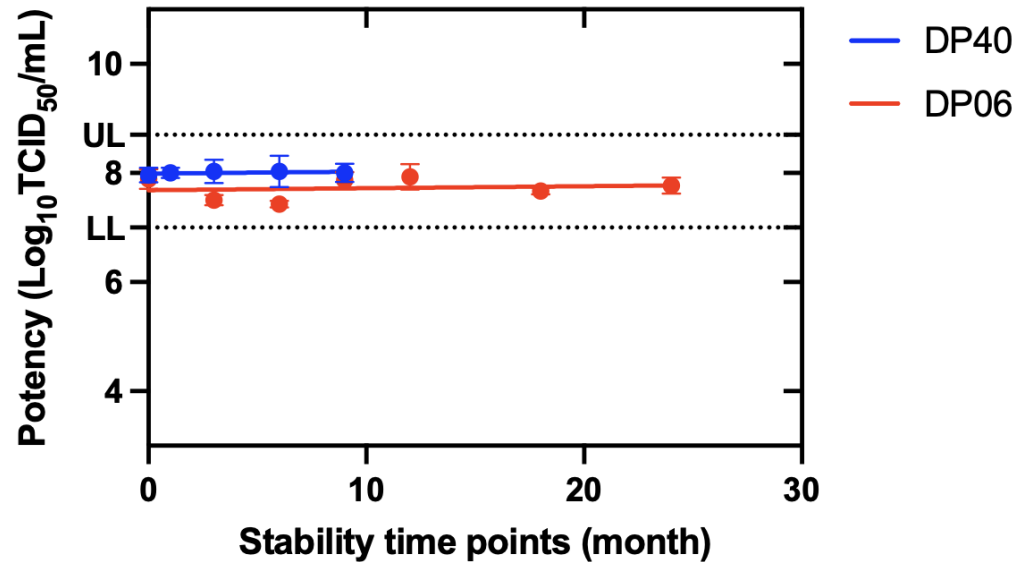
- KRAS and BRAF mutations represent ~ 2/3 of metastatic colorectal cancers
- Data will inform potential registrational expansion pathways and combination strategies
- US/AUS sites

# Enhanced Thermostability of IVX037 Simplifies Cold Chain Challenges

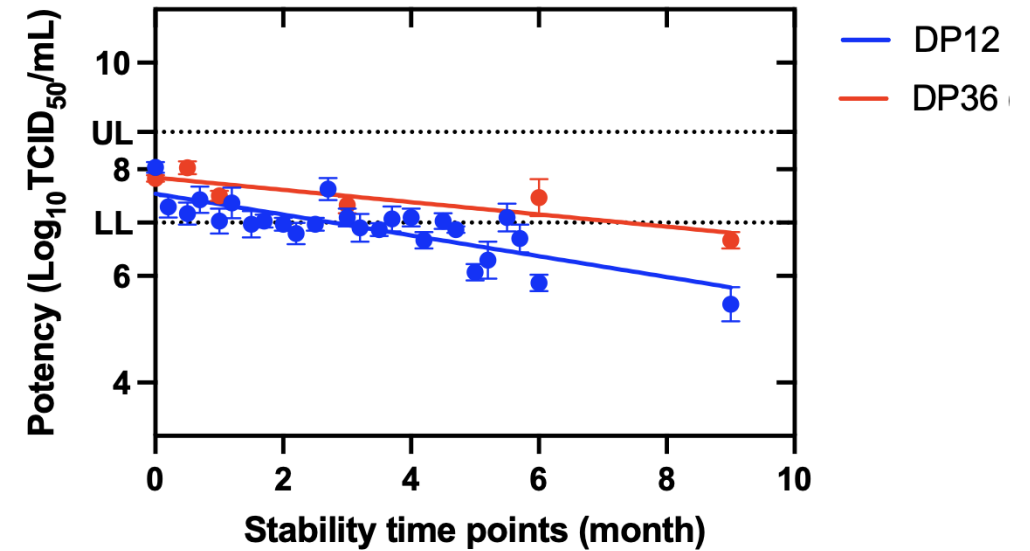
Boosting Scalability and Commercial Viability Across Markets



### IVX037 DP Potency Stability at $-25 \pm 10^\circ\text{C}$ storage conditions



### IVX037 DP Potency Stability at $+5 \pm 3^\circ\text{C}$ storage conditions



# Chromatography Purification Process for IVX037 Drug Substance

Boosting Scalability and Commercial Readiness

## Current IVX037 Gradient Process

Single-step centrifugal gradient process

Labour intensive

Reliant on operator precision

Limited scalability

## New IVX037 Chromatography Process

Two-step chromatography process

Pre-programmed automation

Robust purification

Highly scalable

Comparable Yield



Comparable Purity



# **Second Candidate: IVX055**

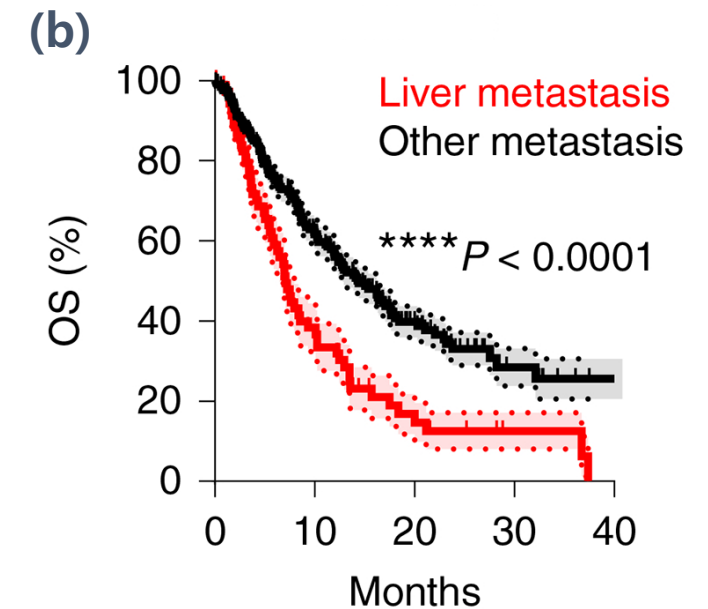
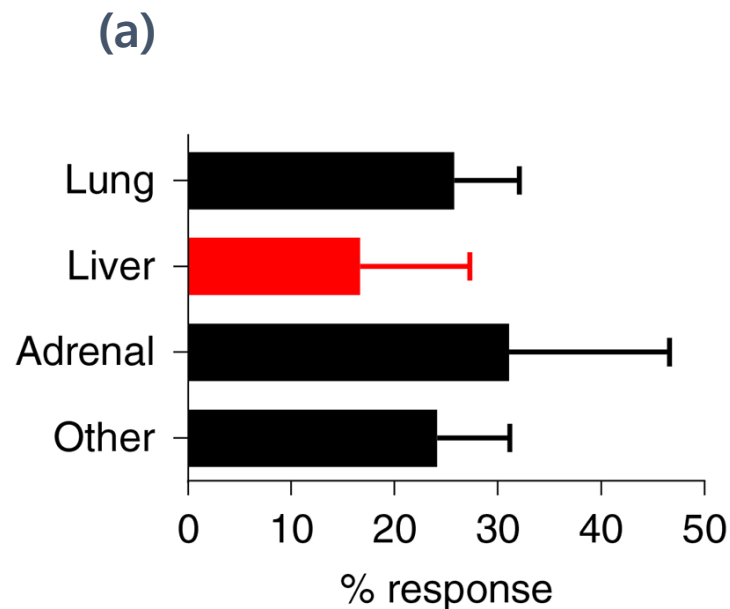
Receptor Targeted

Oncolytic RNA Immunotherapy

Lung Cancer

- Lung cancer number one global cause of cancer death
- Approximately 20% of late-stage NSCLC patients with liver metastases
- High unmet need in NSCLC with liver metastases
- Liver metastases significantly worsen prognosis
- Lower response rates and survival in patients with liver lesions
- IVX055 bioselected to target receptors over expressed on NSCLC

Best objective response rates and overall survival in patients with metastatic NSCLC who received immunotherapy stratified by (a) baseline disease distribution & (b) presence of liver metastasis

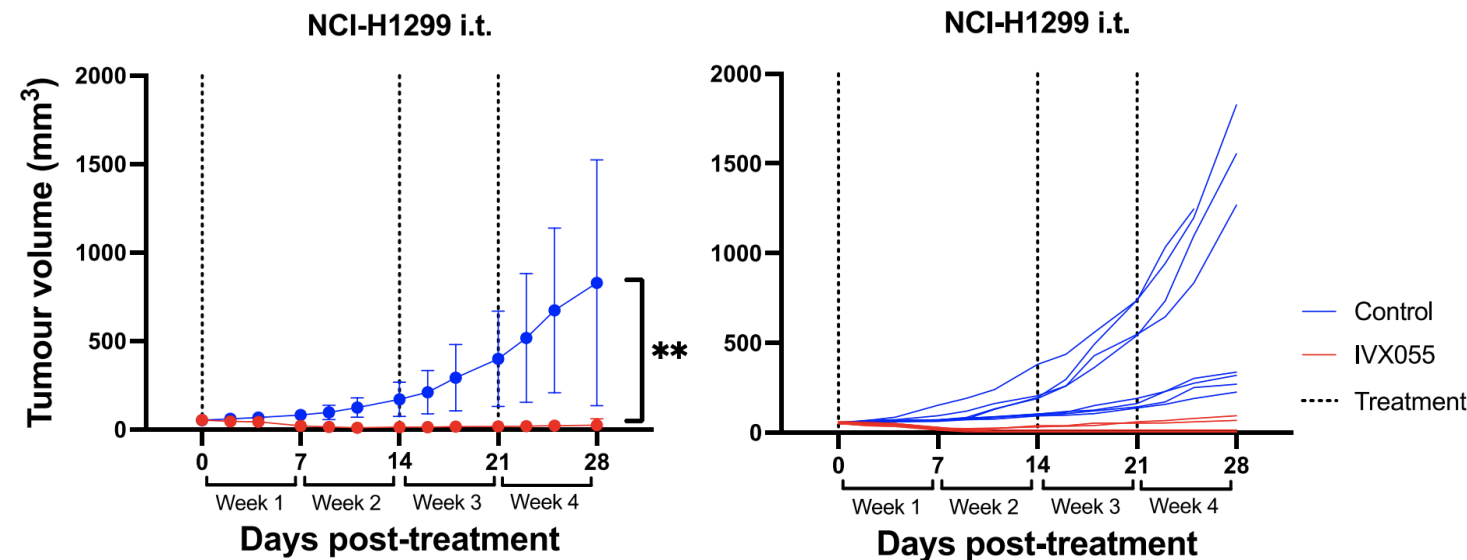


# IVX055 Drives Tumor Reduction in Lung Cancer Preclinical Models

Encouraging Efficacy Supports Advancement Toward Clinical Trials

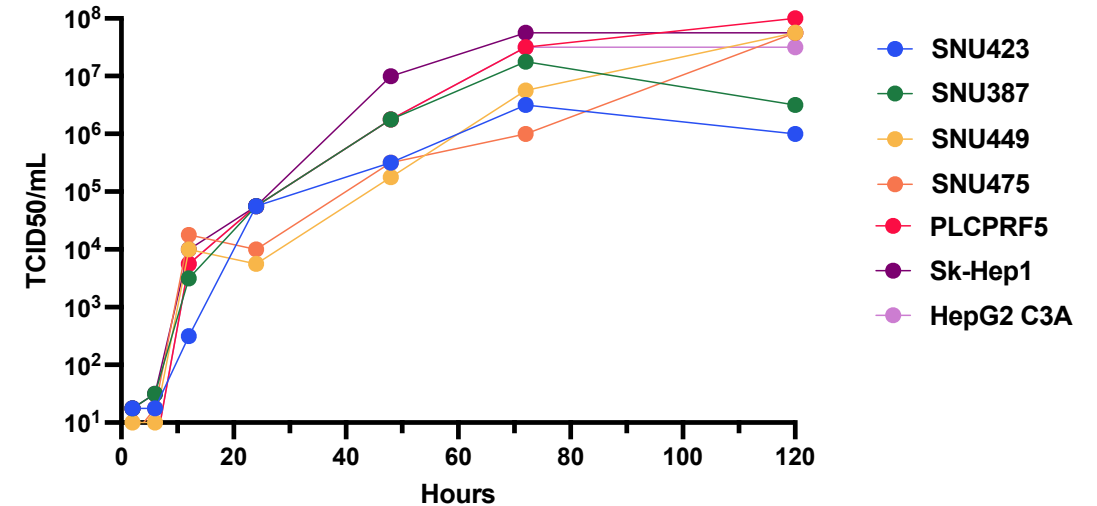
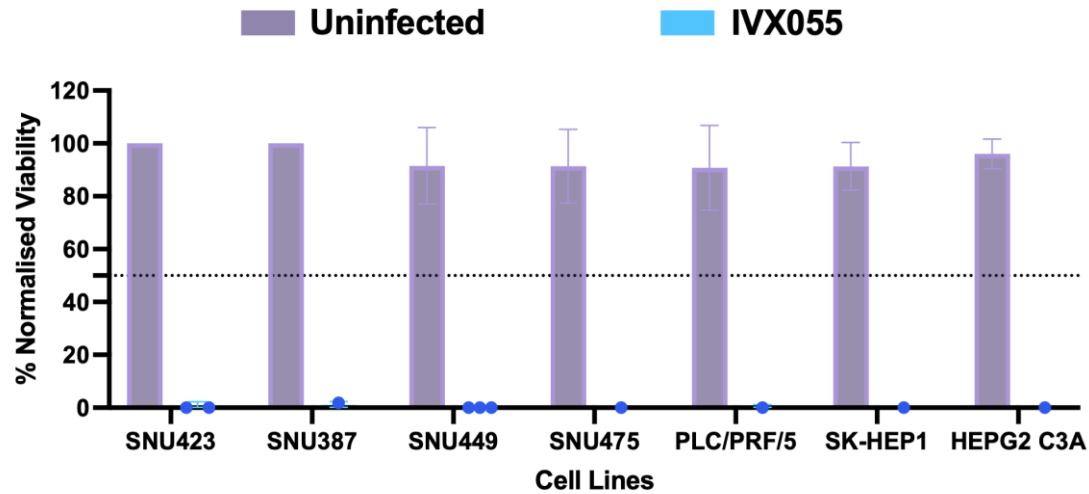
- Three intratumoral doses of IVX055 were well tolerated, and **tumor reduction evident within one week**
- IVX055 inhibits tumor growth in NSCLC xenograft
- Effective oncolytic activity at minimal viral challenge

## Tumor Measurements



# Oncolytic activity of IVX055 in HCC cell lines

Compelling Preclinical Outcomes Supports Clinical Evaluation



- **Strong anti-tumor activity observed in liver cancer cell models**
- Cell viability measured 72 hours post-treatment with IVX055 (MOI = 100) across multiple HCC cell lines

- **Broad susceptibility demonstrated across HCC panel**
- Every HCC line tested was permissive to IVX055, highlighting consistent response across tumor types

## Lead Oncolytic RNA immunotherapy candidate IVX037

- Phase 1a: Well tolerated with promising early signals of targeted monotherapy activity
- Phase 1b: Promising early signals of activity in combination with anti-PD-1 inhibitor across ovarian cancer and KRAS/BRAF mutant CRC
- Successful GMP manufacture of IVX037 by US contract manufacturer
- Pathway to randomized controlled trials or expansion of single arm trials for approval

## Expansion of pipeline with second bioselected asset targeting NSCLC, HCC and KRAS/BRAF basket

- IVX055, the second asset currently in development for basket study leveraging a proprietary bioselection platform for targeted therapy

## Clinical Pipeline Progressing Toward Multiple Catalysts

### IVX037

- Initiating phase II study in MSS CRC patients with KRAS/BRAF mutations in H1 2027
- Ovarian cancer program expansion to broaden target patient population in H2 2026

### IVX055

- First-in-Human (FIH) Basket Study Launching H2 2026 in NSCLC, HCC, and KRAS/BRAF basket

### Cash position

A\$18.9M (31st March 2026) with cash runway into Q2 2027

# ImmVirX

Receptor Targeted Oncolytic  
RNA Immunotherapies

## Thank you

**Malcolm McColl**

Chief Executive Officer and Co-Founder

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