

ASX Announcement

30 September 2026

Cambium CEO, Karolis Rosickas presentation at ShareCafe and Finance News Network (FNN)

Sydney, Australia, 30 September 2026: Cambium Bio Limited (ASX:CMB) ("Cambium Bio" or "Company") is pleased to advise our Chief Executive Officer, Karolis Rosickas is presenting at ShareCafe and Finance News Network (FNN) *Uncovering Hidden Gems* webinar on Wednesday, September 30, 2026 12:30pm AEST.

A copy of the presentation made is included below.

– ENDS –

About Cambium Bio Limited

Cambium Bio Limited (ASX:CMB) is a Sydney-based clinical-stage regenerative medicine company focusing on the development of innovative biologics for ophthalmology and tissue repair applications. The Company's proprietary technology, based on human platelet lysate, is being leveraged to create a pipeline of novel therapeutics, with a primary focus on ophthalmology. Cambium Bio's lead product candidate, Elate Ocular®, is being developed to address significant unmet medical needs in the treatment of dry eye disease. In addition, the Company's stem cell platform, Progenza™, is being applied to the development of therapies for knee osteoarthritis and other tissue repair indications. Cambium Bio is committed to advancing its pipeline through clinical development and commercialisation, with the goal of providing transformative treatments to improve patient outcomes. For more information about the Company and its programs, please visit www.cambium.bio

Authorisation & Additional Information

This announcement was authorised for release by the Company Secretary of Cambium Bio Limited.

For further information, please contact:
Acclime Australia – Company Secretary
Email: info@cambium.bio



CORPORATE PRESENTATION · SEPTEMBER
2026

A late-stage biologic
for dry eye disease,
built on a proprietary
regenerative platform

Cambium Bio Limited

ASX: CMB

Disclaimer

Summary information

This Presentation contains summary information about the current activities of Cambium Bio Limited (ASX: CMB) ("Cambium Bio" or "the Company") as at the date of this Presentation. The information is of a general nature and does not purport to be complete or contain all information that an investor should consider when making an investment decision. This Presentation should be read in conjunction with Cambium Bio's other periodic and continuous disclosure announcements lodged with the ASX, available at www.asx.com.au.

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Financial data

All dollar values are in Australian dollars (A\$, \$, or AUD), unless otherwise stated. Any pro forma financial information is provided for illustrative purposes only and is not represented as being indicative of Cambium Bio's future financial performance.

Future performance

This Presentation contains certain "forward-looking statements". These statements are based on current expectations, estimates and projections about Cambium Bio's business and the industry in which it operates, and management's beliefs and assumptions. Forward-looking statements can generally be identified by the use of forward-looking words such as "anticipate", "believe", "expect", "project", "forecast", "estimate", "likely", "intend", "should", "could", "may", "target", "plan" and other similar expressions. Such statements are not guarantees of future performance and involve known and unknown risks, uncertainties and other factors, many of which are beyond the control of Cambium Bio.

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A Phase 3-ready biologic built on a commercial platform

Overview

- Cambium Bio Limited (CBL) is a **late clinical-stage** regenerative medicine company
- **Listed on the Australian Securities Exchange (ASX)**
- Proprietary technology platform based on **fibrinogen-depleted human platelet lysate**
- HPL is **commercialised** as a cell culture supplement
- Lead biologic candidate: Elate Ocular® for **dry eye disease**, a multibillion-dollar indication with significant unmet need
- Advancing Elate Ocular® towards a **pivotal Phase 3 clinical** trial with FPI in H2 CY 2026
- **A\$30M** of successfully invested capital in the development of Elate Ocular®
- **GMP Phase 3 drug product manufacturing** contracted with a specialist CDMO
- Pipeline includes Progenza™ for knee osteoarthritis and Sygenus for wound healing

Clinical pipeline

Drug	Technology	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Reg.
Elate Ocular®	FD-HPL	Dry eye disease					
Progenza™	MSC and secretome	Knee osteoarthritis					
Sygenus	Secretome	Wound healing					

Human platelet lysate (HPL) products

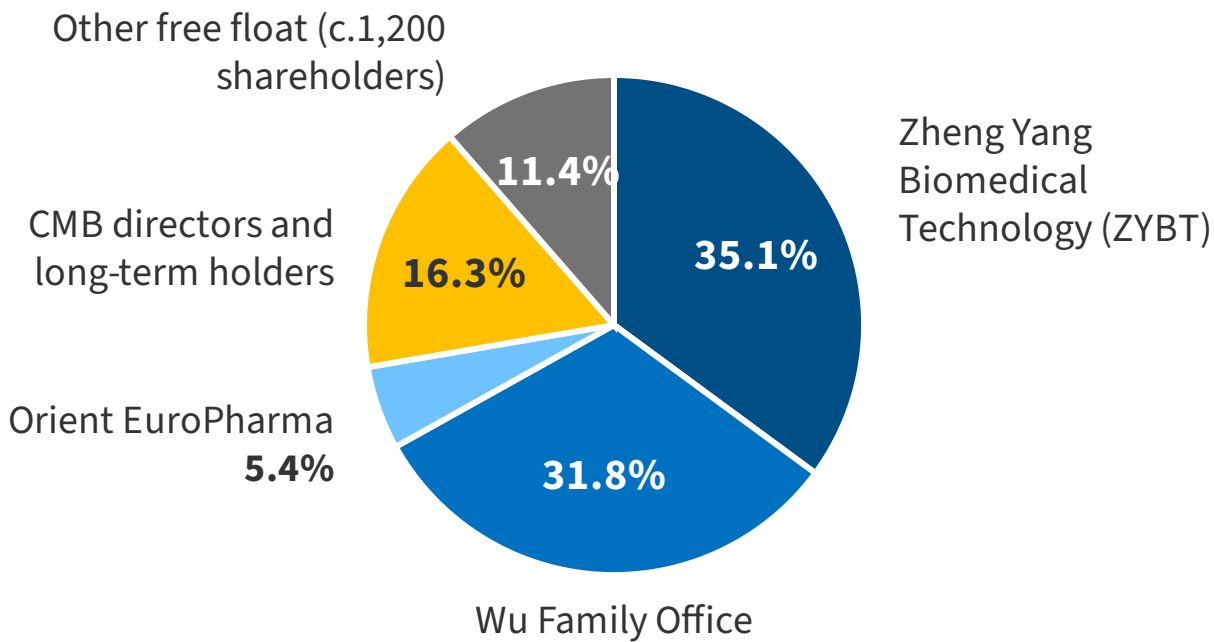


Cell culture supplement
(commercial)



Dry eye disease therapeutic (Phase 3)

Shareholders (ASX: CMB), pro forma



Shareholders: pro forma following AGM approval (9 November 2026) of the A\$7.1M equity raise; 44.2M shares on issue in total.

A founder-scientist with clinical, CMC and finance leads

Executive team



Dr Edmund Waller

MD, PhD
Chief Scientific Officer;
Board Chair

Founded Cambium in 2013

EXPERIENCE

- Professor of Medicine, Pathology and Hematology at Emory University, Atlanta, GA
- Multiple other roles at Emory University

EDUCATION

- PhD, The Rockefeller University
- MD, Cornell University Medical College
- BA, Harvard University



Karolis Rosickas

MS, MBA
Chief Executive Officer

At Cambium since 2020

EXPERIENCE

- Co-founder of cell therapy CDMO SingCell, Singapore
- Co-founder of digital therapeutics company OME Health, London, UK
- Vice President, Healthcare Investment Banking, HSBC, London, UK
- Finance Director, Danone Early Life and Clinical Nutrition

EDUCATION

- MS Biotechnology, Northeastern University
- MBA, IESE Business School



Dr Neera Jagirdar

MD, MPH
VP, Clinical Development

At Cambium since 2017

EXPERIENCE

- Over 15 years of experience in the design and conduct of experimental research studies and clinical trials in support of new product development and quality assurance

EDUCATION

- MD, American University of Antigua
- MPH, American Public University
- BA, Boston University



Dennis Hannigan

MS
VP, CMC and Quality

At Cambium since 2016

EXPERIENCE

- 30+ years of international experience in biologics, medical devices and pharmaceuticals
- Expertise in quality management systems, regulatory affairs and clinical strategies
- Extensive experience with FDA regulations, ISO standards and global regulatory agencies

CERTIFICATIONS

- Regulatory Affairs Certification (RAC)
- ASQ Certified Quality Auditor (CQA)
- Lean Six Sigma Green Belt

Directors with ophthalmology and platelet biologics depth

Non-Executive Directors



Terence Walts
MBA
Non-Executive Director

Co-founded Cambium in 2013

EXPERIENCE

- CEO of 3Ti (automated blood analyzer start-up)
- CEO of Refocus Group (ophthalmic device start-up)
- CMO of Autonomous Technologies (refractive surgery start-up)
- VP WW Sales, Marketing and BD at Novartis/CIBA

EDUCATION

- MBA, The University of Notre Dame
- BS Marketing, Indiana University



Dr Sebastian Tseng
DDS, MBA
Non-Executive Director

Chairman, ZYBT

EXPERIENCE

- Chairman of Zheng Yang Biomedical Technology Co., Ltd. (ZYBT), a holding company for Dekewe, Dr. Wells and other biomedical and healthcare businesses
- Assistant Professor at Taipei Medical University
- Chairman of Asia Pacific Academy of Implant Surgery

EDUCATION

- DDS, New York University College of Dentistry
- BDS, Chung Shan Medical University



A/Prof Denese C Marks
PhD
Non-Executive Director

Platelet biologics expert

EXPERIENCE

- Expert in blood and platelet-derived biologics with 20+ years in transfusion science
- Led development of clinical-grade autologous serum eye drops at the Australian Red Cross
- Former National R&D Director, Australian Red Cross Lifeblood

EDUCATION

- PhD Medical Science, University of Sydney
- Postdoctoral fellowship, Harvard Medical School



A/Prof Chandra Bala
MBBS, PhD, FRANZCO
Non-Executive Director

Corneal surgeon

EXPERIENCE

- Clinical A/Prof and Senior Partner at PersonalEyes, operating 12 ophthalmology clinics across Australia
- Practising corneal surgeon at Macquarie University Hospital, specialising in cornea and refractive surgery
- Extensive experience in Phase 2-4 ophthalmic clinical trials with numerous publications
- Expertise in treating ocular surface diseases

EDUCATION

- PhD, University of Sydney
- MBBS (Hons I), University of Sydney
- BSc (Med) (Hons I), University of Sydney
- Fellow, RANZCO

Note: other Non-Executive Directors include Dr Chi-Tai Chang, Chief Strategy Officer at Orient EuroPharma (4120.TWO), and Li-Chien Chiu, Chairman of Hocheng Corporation (1810.TW).



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Market opportunity

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02 Elate Ocular® and Aurarix®

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Dry eye is a multi-factor loss of tear film homeostasis

Definition and clinical presentation

- DED (keratoconjunctivitis sicca) is a **multi-factor disorder** of tears and ocular surface
- **Loss of tear film homeostasis:** failure to produce high-quality or sufficient tears
- May lead to visual disturbance, irritation, pain, corneal ulceration, conjunctival scarring, infection and **reduced quality of life (QOL)**
- Associated with increased osmolarity and **inflammation of the ocular surface**

Contributing factors

- **Age-related** and hormonal changes
- **Autoimmune disorders** (e.g. Sjögren's, oGvHD, rheumatoid arthritis, lupus)
- **Environmental** (e.g. dry climate, use of technology, smoke exposure, contact lenses)
- **Medications** (e.g. antihistamines, beta-blockers, antidepressants, anti-anxiety drugs)

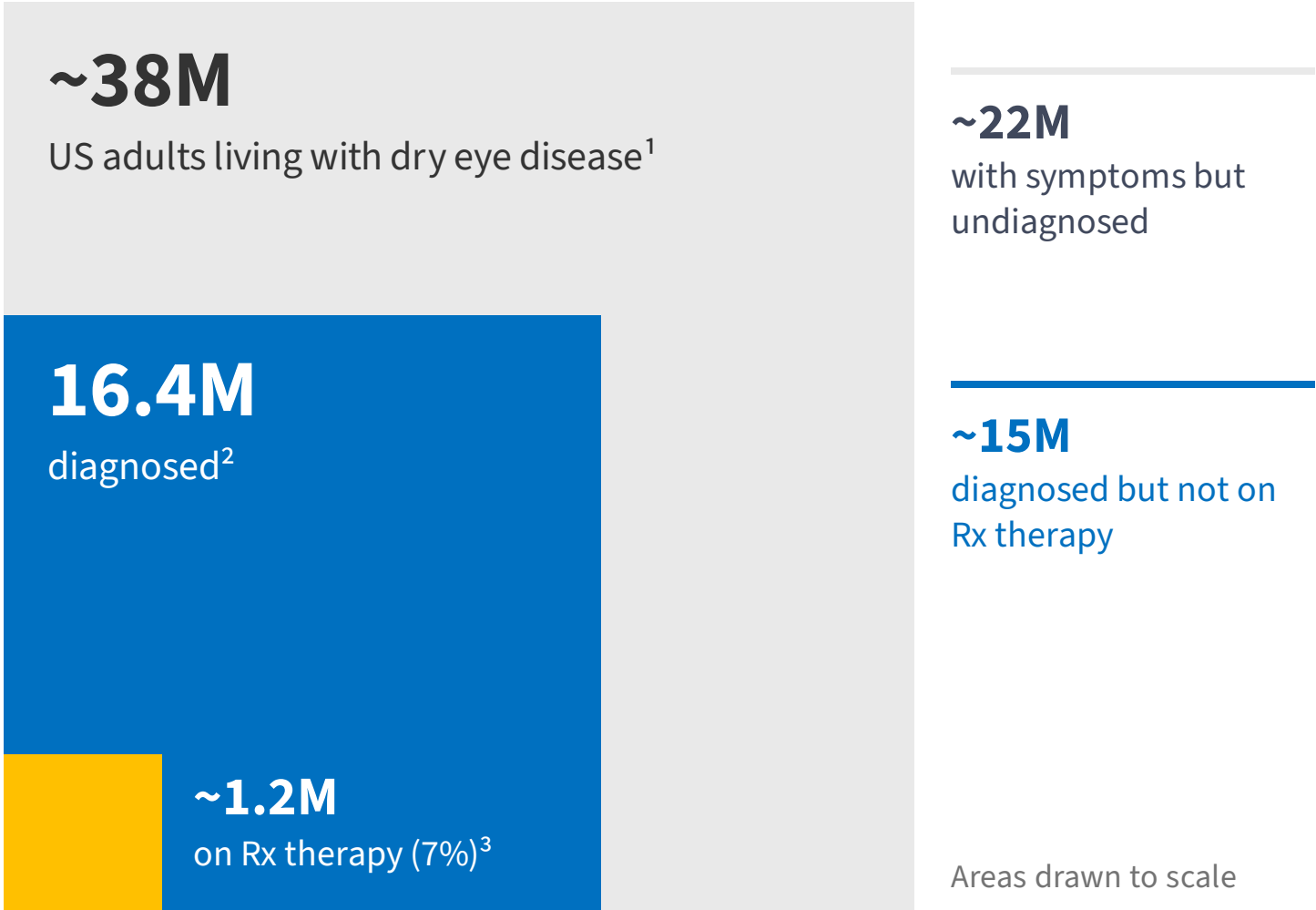


Source: American Academy of Ophthalmology (AAO), Ferrand (2017), Findlay (2018), Craig (2017), GlobalData "Dry Eye Syndrome" report (2018)

Most dry eye patients never receive prescription therapy, and most who start, stop

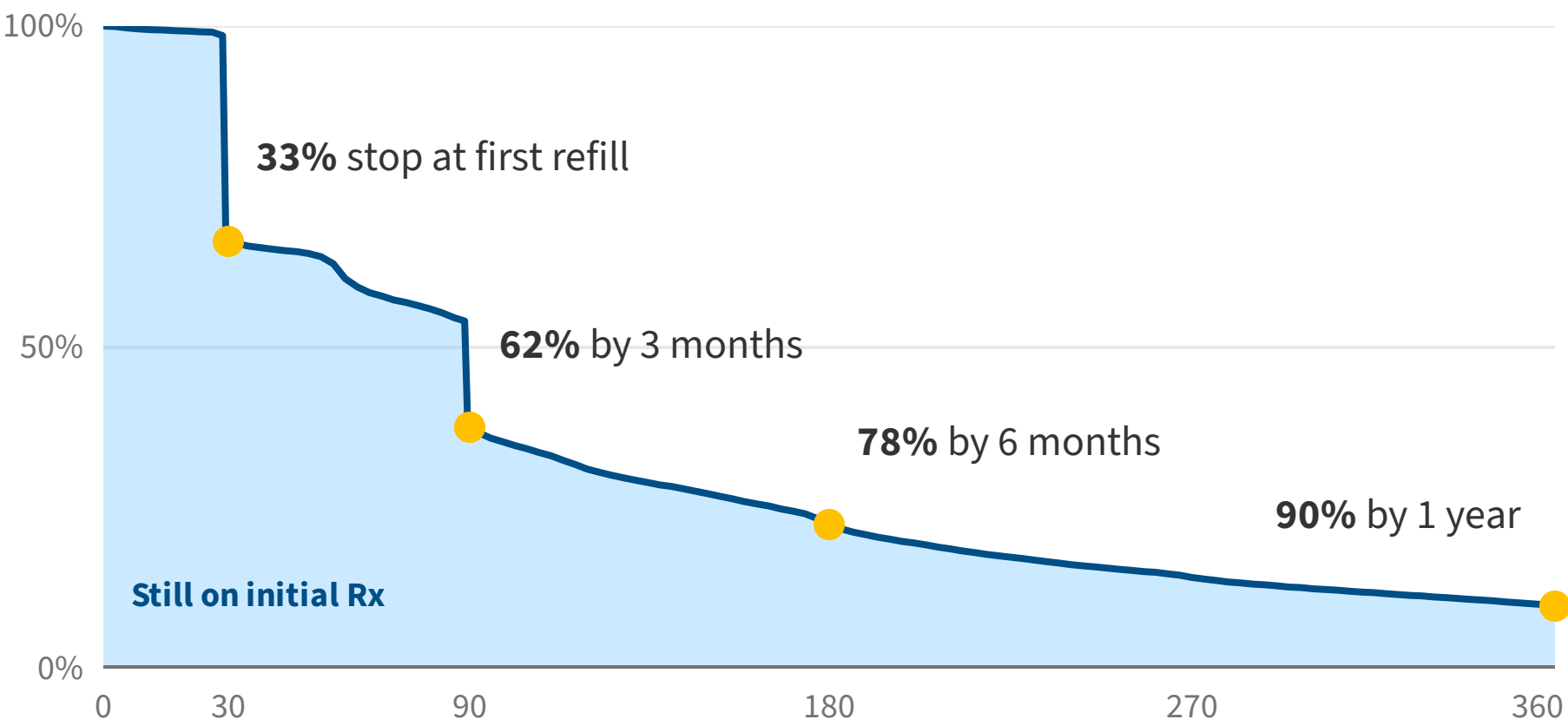
A large population that never reaches treatment...

93% of diagnosed US patients receive **no prescription therapy**³



...and current drugs fail to keep those who start

~90% stop their first prescription **within a year**; only 4% switch to another Rx drug⁴



Days since first prescription. Restasis, Xiidra and Cequa, pooled (n = 73,356)⁴. A separate 3.4M-patient claims analysis found at least 75% stop within 90 days⁵.

Sources: (1) Ophthalmic Comprehensive Reports, DED 2020 Ophthalmic Landscape Report, 2021; (2) Farrand et al., Am J Ophthalmol 2017; (3) Market Scope, 2023 Dry Eye Products Market Report; (4) Mbagwu et al., ASCRS 2024: IRIS Registry linked to Komodo pharmacy claims, 2018–2021, n = 73,356 (study funded by Bausch + Lomb); curve pooled across cyclosporine 0.05%, lifitegrast and cyclosporine 0.09% cohorts, weighted by size and digitised from the published Kaplan-Meier plot; discontinuation defined as a gap of 60+ days in supply; (5) Okoro and Nathan, AMCP Nexus 2025: Symphony claims, 2018–2024, n = 3.4M. Undiagnosed and untreated figures derived from (1) to (3).

Approved therapies force a trade-off between speed, tolerability and symptom relief

Product	Approved	Mechanism	Label indication	First significant effect in pivotal trials				Most common adverse reaction
				2 wk	1 mo	3 mo	6 mo	
 (Cyclosporine Ophthalmic Emulsion) 0.05%	2003	Calcineurin inhibitor (cyclosporine 0.05%)	○ Signs only (tear production)	Month 6				Ocular burning 17%
 (lifitegrast ophthalmic solution) 5%	2016	LFA-1 antagonist (lifitegrast 5%)	● Signs and symptoms	Day 42				Instillation-site irritation, altered taste 15%
 (cyclosporine ophthalmic solution) 0.09%	2018	Calcineurin inhibitor (cyclosporine 0.09%)	○ Signs only (tear production)	Day 84				Instillation-site pain 22%
 (loteprednol etabonate ophthalmic suspension) 0.25%	2020	Corticosteroid (loteprednol 0.25%)	● Signs and symptoms (≤2 weeks)	Day 15				Instillation-site pain 5%
 (varenicline solution) nasal spray 0.03 mg	2021	Nicotinic agonist nasal spray (varenicline)	● Signs and symptoms	Day 28				Sneezing 82%
 (perfluorohexyloctane ophthalmic solution)	2023	Tear-film lipid layer (perfluorohexyloctane)	● Signs and symptoms	Day 15				Blurred vision, redness 1–3%
 (cyclosporine ophthalmic solution) 0.1%	2023	Calcineurin inhibitor (cyclosporine 0.1%)	● Signs and symptoms	Day 29				Instillation-site reactions 8%
 (acotremon ophthalmic solution) 0.003%	2025	TRPM8 agonist (acotremon 0.003%)	● Signs and symptoms	Day 14				Instillation-site pain 50%

In real-world use, current Restasis and Xiidra users report:

64–72%
burning on instillation, at least sometimes

37–50%
blurred vision, at least sometimes

43–44%
itching, at least sometimes

11–29%
dissatisfied with speed of onset

Sources: US prescribing information for each product (DailyMed, accessed September 2026). Time shown is the earliest statistically significant result on a primary endpoint reported in the label (Restasis and Cequa: tear production only), not time to patient-perceived relief. Adverse reaction column: most common adverse reaction and its incidence in the label; Xiidra: instillation-site irritation 15.2% and dysgeusia (altered taste) 14.5%, pooled across five studies in the FDA review (the label gives a combined 5–25%). Tryptyr approval: Alcon, May 2025. Real-world use: White et al., Clinical Ophthalmology 2020, survey of 194 current US users of cyclosporine 0.05% (n = 98) and lifitegrast (n = 96), 2018–19, sponsored by Sun Pharma; ranges span the two drugs. Label rates are trial incidence versus vehicle, so they are lower than patient-reported frequency in daily use. Product logos are trademarks of their respective owners.

02

Elate Ocular[®] and the Aurarix[®] platform

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Elate Ocular[®]: a potential best-in-class biologic for dry eye disease

"Off the shelf natural tear"



SOURCE

Derived from **enriched, fibrinogen-depleted human platelet lysate**

COMPOSITION

Contains **growth factors** (EGF, PDGF, TGF- β 1), proteins and minerals at **levels comparable to natural tears**

ACTION

Promotes **corneal epithelial repair**, reduces ocular-surface **inflammation** and restores **tear-film homeostasis**

DOSING

Administered 4 times a day (QID)

REGULATORY

FDA Fast Track designated

Aurarix[®]: a standardised, scalable platelet-lysate platform

Fibrinogen-depleted human platelet lysate platform technology

What it is

Aurarix[®] is a pooled, enriched, **fibrinogen-depleted**, allogeneic human platelet lysate (FD-HPL) sourced from healthy donors; an off-the-shelf biologic, not an autologous preparation.

Why it works

Depleting fibrinogen removes a pro-inflammatory, clot-forming protein while preserving the growth-factor and cytokine milieu (PDGF, TGF- β 1, EGF and others), giving a consistent product suited to repeated topical dosing on the ocular surface.

Manufacturing track record

FD-HPL is already sold as a GMP cell-culture supplement, demonstrating scalable manufacture of the same material.

Beyond dry eye

Being explored in other ocular surface indications: **ocular surface pain**, **neurotrophic keratitis (NK)** and **persistent corneal epithelial defects (PCED)**.

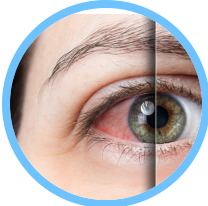
Protected

Exclusively licensed from Emory University (2013) and protected by core patent US 9,688,959 B2 worldwide.



*Aurarix[®] as a GMP cell-culture supplement
(research-use product; not the Elate Ocular[®] clinical eye drop)*

Elate Ocular[®] is comparable in composition to natural tears and to autologous serum tears, an established therapy

	 Natural tears	 Autologous serum tears	 Elate Ocular [®]
Components found in each			
pH	✓ 7.4	✓ 7.4	✓ 7.7
Osmolality mOsm/kg	✓ 298	✓ 296	✓ 284
EGF key active, ng/mL as instilled	0.2–3.0	0.1–0.5	0.8–1.0
Growth factors EGF, TGF-β, PDGF	✓	✓	✓
Proteins albumin, globulins	✓	✓	✓
Electrolytes Na, K, Cl, Ca	✓	✓	✓
Minerals magnesium, phosphate	✓	✓	✓
Glucose energy source	✓	✓	✓
Vitamins vitamin A	✓	✓	✓ †



The same building blocks as natural tears and serum tears, with EGF, a key active that drives corneal healing, at levels matching natural tears and above what diluted serum drops deliver

Sources: natural tears and serum: Geerling et al., Br J Ophthalmol 2004 (pH, osmolality, EGF and its role in epithelial healing, TGF-β, vitamin A); TFOS DEWS II Tear Film Report 2017 (proteins, electrolytes, glucose). AST EGF derived from serum EGF at the 20–100% dilutions in clinical use. Elate Ocular[®]: pH, osmolality, EGF and PDGF-BB from 30% v/v clinical lots EL102017 and ET112018 at release; proteins, electrolytes, minerals and glucose from drug-substance characterisation, IND 17669 Module 3.2.S.3 (company data). † Vitamin A reported in platelet- and plasma-derived eye drops at levels comparable to serum (Kim et al., Jpn J Ophthalmol 2012; Anitua et al., Cornea 2013); not yet measured in Elate Ocular[®].

Four decades of serum tear research, now without the blood draw



Autologous serum tears



Elate Ocular®

Source	⚠ Patient's own blood: about 100 mL drawn every 1–3 months	✓ Pooled, screened donor platelets; no blood draw for the patient
Preparation	⚠ Compounded per patient; dispatched only after serology and microbiology	✓ Manufactured at scale under GMP; released against pH, osmolality, EGF and PDGF potency specifications
Consistency	⚠ Varies with the patient's health, clotting, centrifugation and dilution	✓ Standardised, fibrinogen-depleted process
Suitability	⚠ Unsuitable with poor venous access or systemic inflammation; may carry the patient's medicines	✓ Independent of the patient's blood
Access	⚠ Unapproved compounded preparation; generally not reimbursed	✓ On the FDA BLA pathway with Fast Track; potential reimbursement as an approved biologic



Studied in 19 randomised trials and assessed by the American Academy of Ophthalmology; Elate Ocular® delivers that biology off the shelf, on the path to FDA approval

Sources: AST preparation and handling: Geerling et al., Br J Ophthalmol 2004; patient suitability and reimbursement: CAM-101 Investigator's Brochure. Clinical use since 1984: Fox et al., Arthritis Rheum 1984; 19 randomised trials in 729 patients: Franchini et al., Blood Transfus 2019. Reviews: Shtein et al., Ophthalmology 2020 (AAO Ophthalmic Technology Assessment); Azari & Rapuano, Eye Contact Lens 2015; Anitua et al., Acta Ophthalmol 2015; Soni & Jeng, Br J Ophthalmol 2016. Elate Ocular® specifications: company data.

03

Phase 1/2 clinical data

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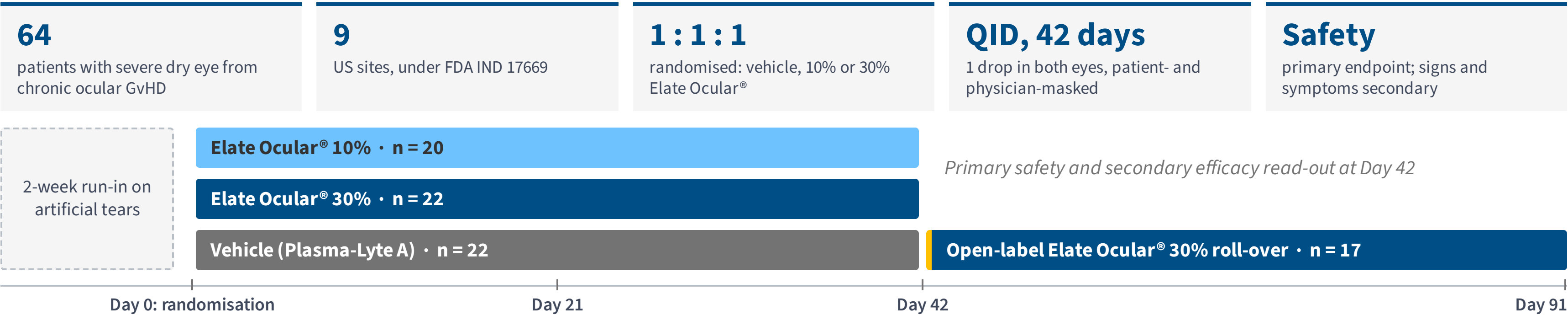
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Phase 1/2: safe and well tolerated at both doses

Randomised, double-masked, vehicle-controlled trial in severe dry eye secondary to chronic ocular graft-versus-host disease



Patients with ≥ 1 event	Vehicle (N = 22)	10% (N = 20)	30% (N = 22)
All adverse events	10 (45.5%)	9 (45.0%)	8 (36.4%)
Ocular adverse events	7 (31.8%)	4 (20.0%)	2 (9.1%)
Treatment-related AEs	1 (4.5%)	1 (5.0%)	0
AEs leading to withdrawal	1 (4.5%)	1 (5.0%)	0
Serious AEs†	2 (9.1%)	2 (10.0%)	3 (13.6%)

At the 30% dose

✓

No treatment-related AEs and no withdrawals due to AEs

✓

Fewer ocular AEs than vehicle: 9% vs 32%

✓

No eye irritation (vehicle 14%)

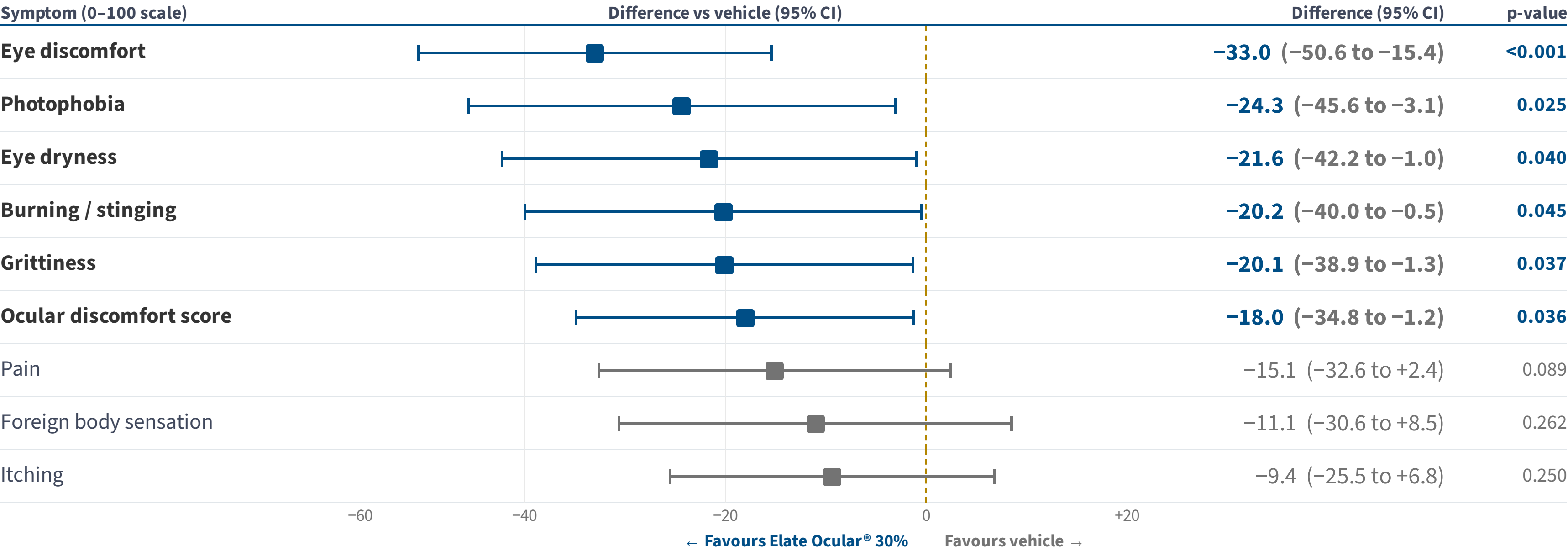
✓

No ocular AE above mild at either dose

† Serious AEs (e.g. infections in immunosuppressed patients) were all judged by investigators to be unrelated to study drug; none occurred in more than one patient. Patients with at least one treatment-emergent event in the 42-day double-masked phase. Sources: Sugar et al., Ophthalmol Sci 2022;2(3):100176; CAM-101-01 clinical study report, Tables 25 and 26 (company data); ClinicalTrials.gov NCT03414645.

Elate Ocular® 30% reduced dry eye symptoms versus vehicle

Phase 1/2 efficacy: difference from vehicle in change from baseline to Day 42, with 95% confidence intervals



Six of nine symptom measures improved significantly versus vehicle, led by eye discomfort (33-point reduction, $p < 0.001$)

Difference = Elate Ocular® 30% minus vehicle in mean change from baseline to Day 42 (repeated-measures model; two-sided p-values); negative values favour Elate Ocular®. Symptom frequency and ocular discomfort scored 0–100 by visual analogue scale; n = 20 (30%) and 21 (vehicle). Sources: CAM-101-01 clinical study report, Tables 17 and 34 (company data); Sugar et al., Ophthalmol Sci 2022;2(3):100176.

Sign outcomes favoured Elate Ocular[®] 30%

Phase 1/2 efficacy: difference from vehicle at Day 42, with 95% confidence interval

Investigator's global evaluation

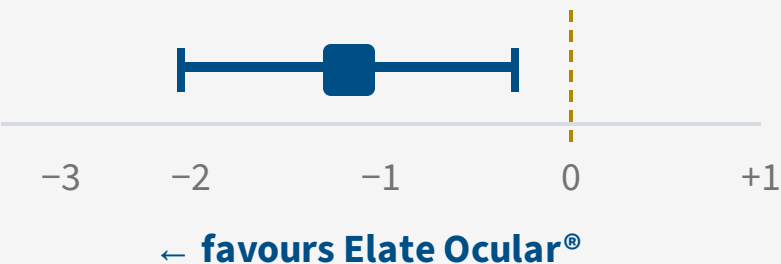
0–6 scale; lower = better

DIFFERENCE VS VEHICLE

-1.17

95% CI -2.05 to -0.30

p = 0.010



MEAN CHANGE FROM BASELINE (LOWER = BETTER)

Vehicle

+0.16

Elate Ocular[®] 30%

-1.02

Tear break-up time

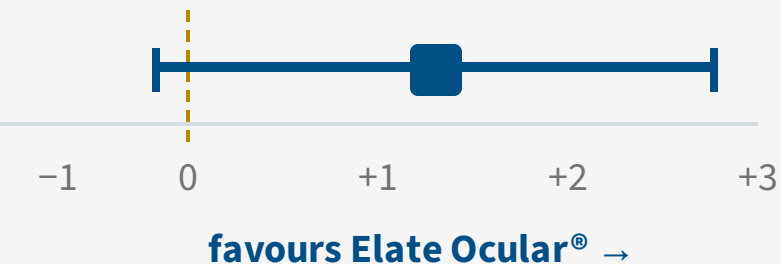
Seconds; higher = better

DIFFERENCE VS VEHICLE

+1.30 s

95% CI -0.17 to 2.77

p = 0.082



MEAN CHANGE FROM BASELINE (SECONDS)

Vehicle

-0.27

Elate Ocular[®] 30%

+1.03

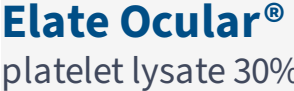


Investigator-assessed improvement was significant ($p = 0.010$), with 73% of patients improved vs 27% on vehicle; tear break-up time trended favourably in a pilot not powered for signs

Difference = Elate Ocular[®] 30% minus vehicle in change from baseline to Day 42 (repeated-measures model; two-sided p-values); $n = 20$ (30%), 21 (vehicle). Investigator's global evaluation scored 0 (resolution) to 6 (worse than baseline); the published comparison of Day 42 scores was -0.86 ($p = 0.052$). Improved: Sugar et al. Table 6. Sources: CAM-101-01 clinical study report, Tables 14.2.6.2 and 33 (company data); Sugar et al., Ophthalmol Sci 2022;2(3):100176.

Elate Ocular[®] outperforms approved dry eye disease therapies in symptom relief

Elate Ocular[®] demonstrates best-in-class improvement in clinically meaningful eye discomfort and dryness endpoints

Drug	Study	Symptom endpoint	Placebo-adjusted treatment effect size (%)*		p-value	Duration
 (Cyclosporine Ophthalmic Emulsion) 0.05%	P3: Impact ¹	Blurred vision		15.5%	0.039	180 days
	P3: OPUS-1 ²	Eye dryness (VAS)		9.8%	0.0291	84 days
 (lifitegrast ophthalmic solution) 5%	P3: OPUS-3 ³	Eye dryness (VAS)		10.5%	0.0007	84 days
	P3: ONSET-2 ⁴	Eye dryness (VAS)		7.5%	0.038	28 days
 (varenicline solution) nasal spray 0.03 mg	P3: Mojave ⁵	Eye dryness (VAS)		16.2%	<0.001	56 days
	P3: Gobi ⁶	Eye dryness (VAS)		11.6%	<0.001	56 days
 (cyclosporine ophthalmic solution) 0.09%	P3: OTX-2014 ⁷	Global symptom score	≈0%	not significant	0.7783	84 days
	P3: OTX-2016 ⁷	Global symptom score	≈0%	not significant	0.7528	84 days
 (loteprednol etabonate ophthalmic suspension) 0.25%	P3: STRIDE ⁸	Ocular discomfort score		6.3%	0.0002	15 days
 platelet lysate 30%	P1/2 ⁹	Eye discomfort (VAS)		44.9%	<0.001	42 days
	P1/2 ⁹	Ocular discomfort score		25.6%	0.036	42 days
	P1/2 ⁹	Eye dryness (VAS)		27.9%	0.040	42 days

8.4%

average placebo-adjusted effect size of approved drugs

Drug logos are trademarks of their respective owners. * Percentage relative treatment effect size = (treatment arm effect size minus placebo arm effect size) / treatment arm baseline score; a standardised measure of each treatment arm's relative effect. Sources: (1) Sall et al. (2000), (2) Sheppard et al. (2014), (3) Holland et al. (2016), (4) Wirta et al. (2021), (5) Sheppard et al. (2023), (6) Tauber et al. (2023), (7) Drugs@FDA approval package, (8) Drugs@FDA approval package, (9) Sugar et al. (2022)

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Pivotal Phase 3 trial

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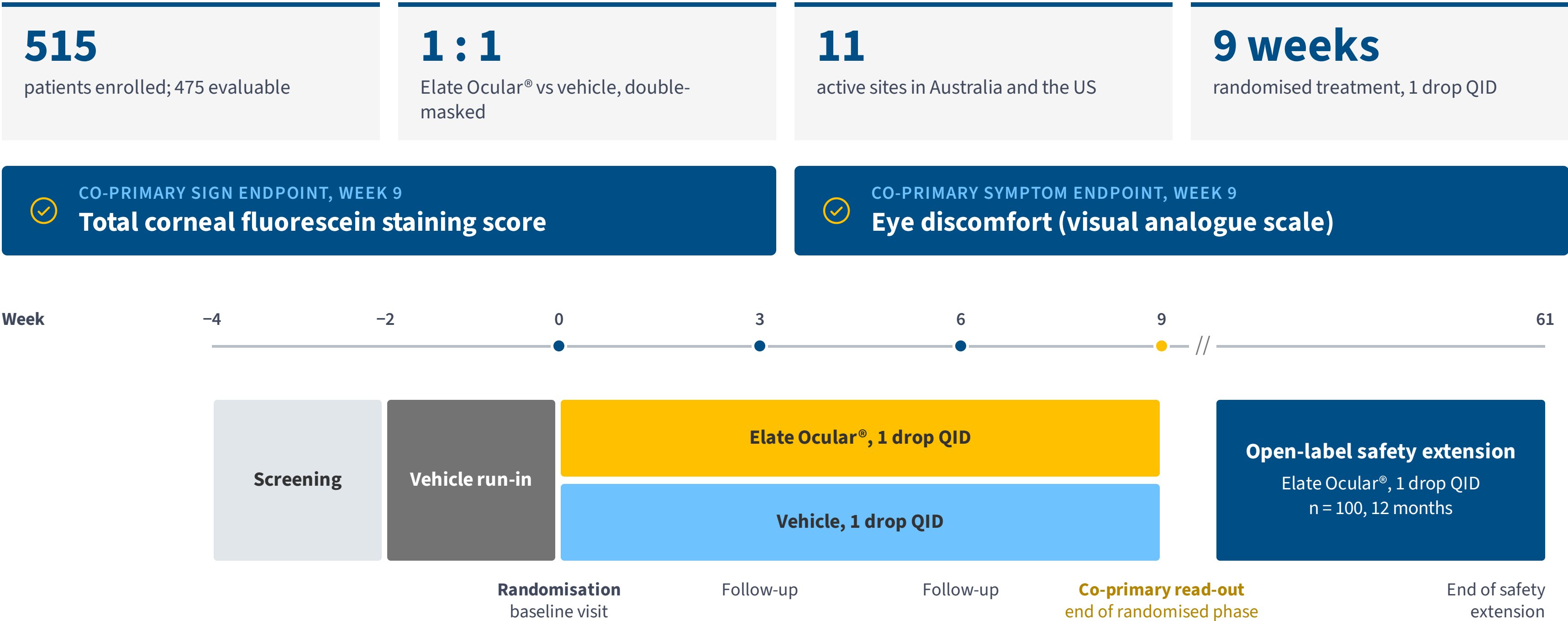
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CAMOMILE-2: one registration-enabling Phase 3 trial

Multicentre, 1:1 randomised, double-masked, vehicle-controlled trial in moderate to severe dry eye, followed by a 12-month safety extension

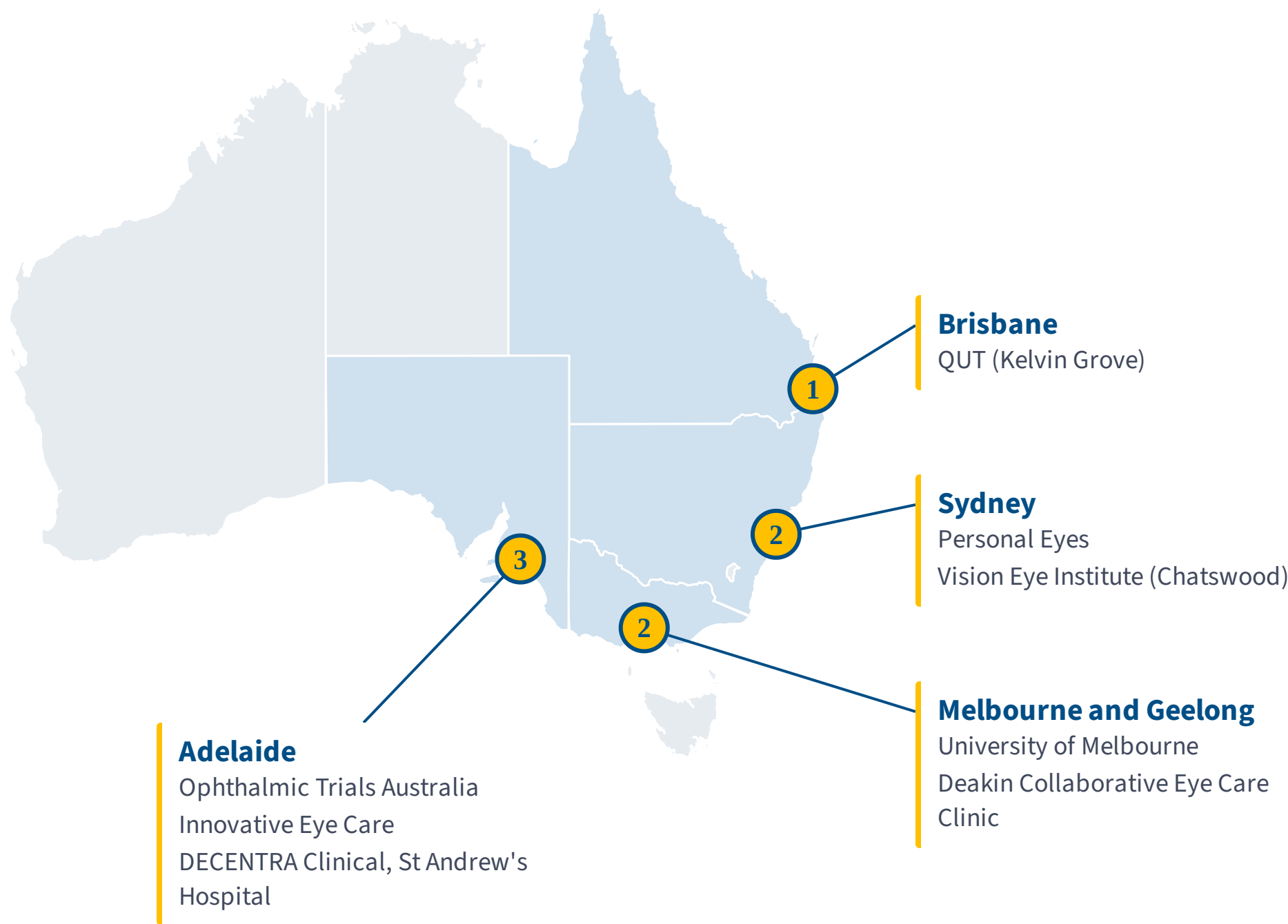


CAMOMILE-2 clinical trial registry numbers: NCT06903611 (USA), CT-2025-CTN-02208-1-v2 (Australia). Evaluable patients assume a 7.75% drop-out rate. Sites: CRO enrolment model, August 2026 (company data).

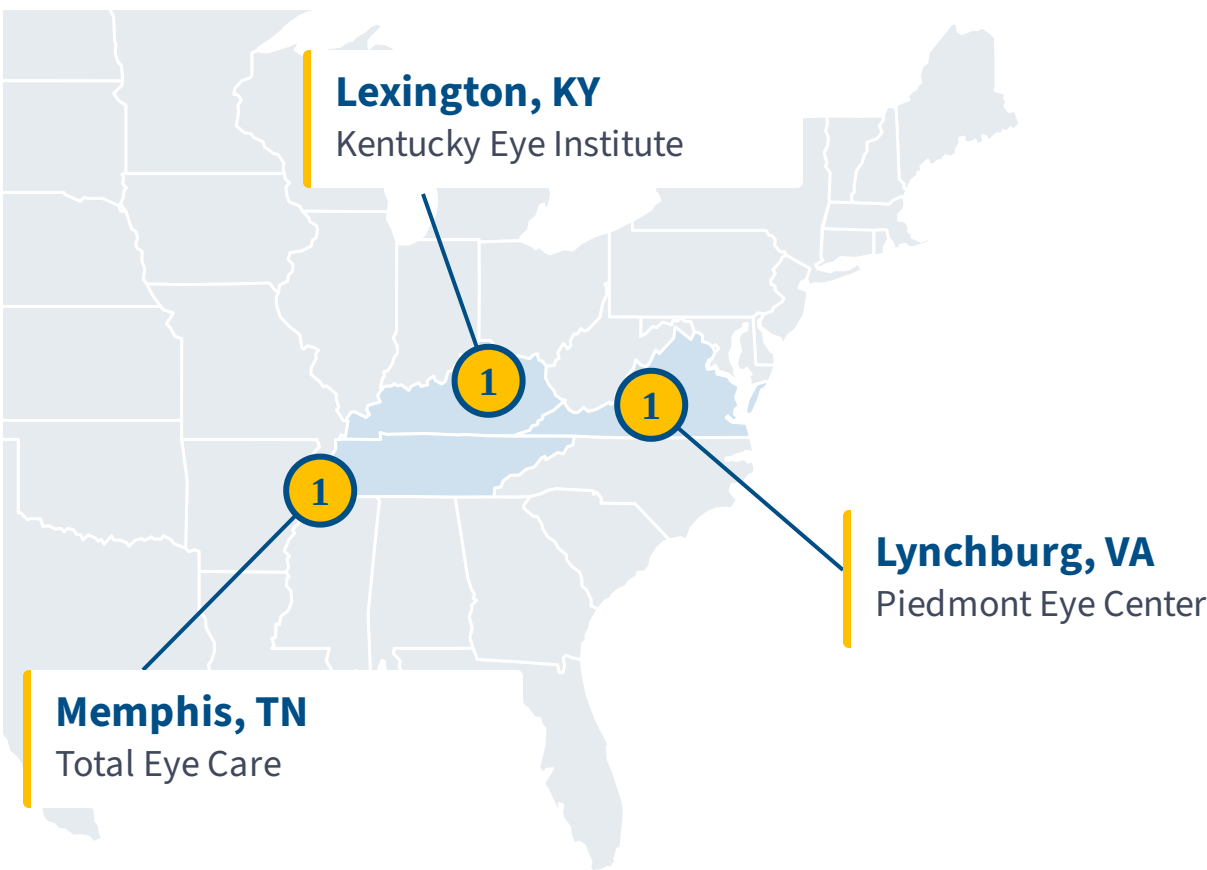
CAMOMILE-2: 11 planned sites across Australia and the US

Indicative site network with experienced dry eye investigators; site contracts yet to be executed

Australia 8 sites in 4 states



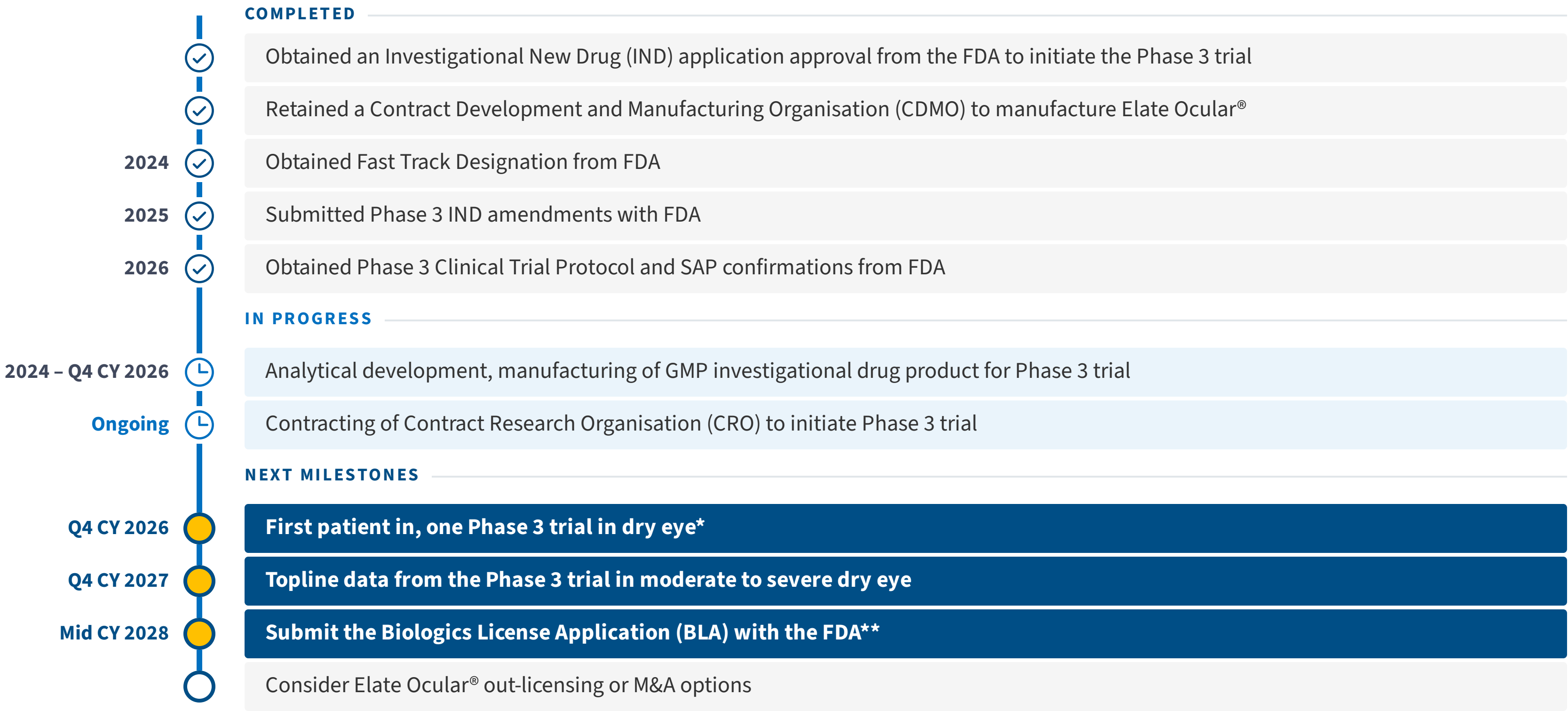
United States 3 sites in 3 states



Indicative site network identified with the CRO; site contracts are yet to be executed and sites may change. Numbers on pins show sites per location. Four further Australian back-up sites have been identified. Source: CRO enrolment model, August 2026 (company data).

A clear path to BLA submission in 2028

One registration-enabling Phase 3 trial in dry eye disease



* Subject to additional funding. ** Based on the FDA Guidance for Industry "Dry Eye: Developing Drugs for Treatment" (<https://www.fda.gov/media/144594/download>) and direct consultations with the FDA.

05

Exclusivity and value realisation

01 Market opportunity

02 Elate Ocular® and Aurarix®

03 Phase 1/2 clinical data

04 Pivotal Phase 3 trial

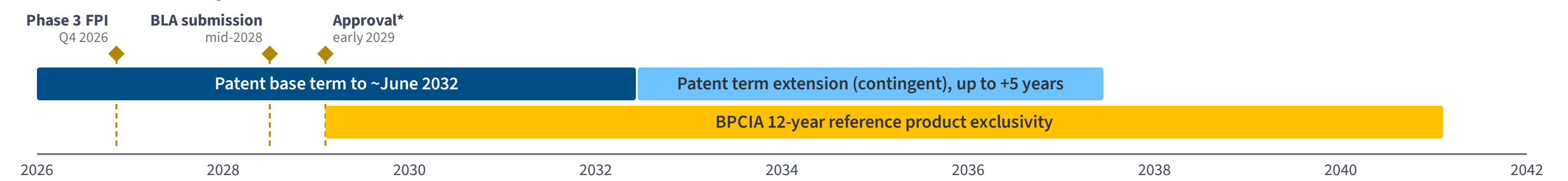
05 Exclusivity and value

Multi-layered exclusivity protects Elate Ocular® into the 2040s

Composition patent, regulatory exclusivity and analytical barrier compound to create a durable commercial moat

Composition and manufacturing patent	12-year BPCIA exclusivity (US)	High biosimilarity barrier
US 9,688,959 B2 Exclusively licensed from Emory University; field of use "all uses", territory worldwide The non-obvious core: standard plateletpheresis uses ACD, which chelates calcium and blocks controlled fibrinogen depletion. The patent substitutes heparin upstream, then adds CaCl₂ in Plasma-Lyte A to drive fibrinogen to fibrin as a removable clot, preserving PDGF-BB, TGF-β1 and EGF. >150x fibrinogen reduction vs crude lysate, growth-factor profile preserved Hard to design around: global collection is ACD-based, so the upstream change cannot be copied without re-engineering the workflow. Base term to ~June 2032; eligible for up to 5-year PTE on approval.	On BLA approval, Elate Ocular® receives the maximum US biologics exclusivity under the BPCIA: 4-year filing bar. No biosimilar §351(k) application can be filed for 4 years 12-year approval bar. No biosimilar can be FDA-approved for 12 years from first licensure, independent of patent expiry Additional layers. FDA Fast Track (Oct 2024); 7-year orphan exclusivity for oGvHD on approval; EU equivalent 10+1 years	Elate Ocular® is a heterogeneous biological mixture, not a single-target molecule: • Hundreds of growth factors, cytokines and protease inhibitors • Pooled allogeneic donors (50 per lot) • Three-prong viral clearance (low pH, UV-C, gamma) • Validated SRE-luc2P potency bioassay (FDA-agreed) A biosimilar applicant must match this full analytical profile and replicate potency in a clinically relevant assay. Unlike monoclonal antibodies, complex platelet-derived products face a materially higher technical and regulatory barrier. Reinforced by GMP manufacturing know-how and trade secrets in pooling, viral clearance and release testing, licensed alongside the patent.

Commercial exclusivity window (United States)



* Approval date illustrative (assumed early 2029); BPCIA and orphan exclusivity windows are measured from first licensure and shift with the actual approval date. On these assumptions, BPCIA reference product exclusivity runs to approximately 2041; patent base term to approximately June 2032, with PTE contingent on Cambium's election and on the patent claiming the approved product. BPCIA, orphan and Fast Track benefits arise on FDA approval, which has not occurred. US protections shown.

Dry eye deals reach up to US\$5.3BN, several at Phase 3

Dry eye companies and drugs have been taken out at Phase 3 or registration stages at significant valuations

Select M&A and licensing transactions in dry eye disease

Date	May 2019	December 2019	November 2022	November 2022	June 2023	October 2023
Drug	 (lifitegrast ophthalmic solution)5%	 (perfluorohexyloctane ophthalmic solution)	 (varenicline solution) nasal spray 0.03 mg	 (acotremon ophthalmic solution) 0.003%	 (lifitegrast ophthalmic solution)5%	 (ophthalmic solution)
Acquiror / licensee						
Seller / licensor						
Deal type	Drug acquisition	Drug licensing	Company acquisition	Company acquisition	Drug acquisition	Drug licensing
Stage at deal date	Marketed	Pre-Phase 3	NDA approved	Phase 3	Marketed	Phase 3
Deal terms	Upfront: \$3.4BN Milestones: \$1.9BN Total: \$5.3BN	Upfront, milestone payments and sales royalties undisclosed First milestone payment of \$45M in Q3 2023	Upfront: \$448M CVRs: \$53M Total: \$501M	Upfront: \$930M	Upfront: \$1.75BN Milestones: \$0.75BN Total: \$2.5BN	Upfront: \$100M Milestones: \$200M 40% of US profits Tiered royalty for sales outside the US

Source: company press releases. All values in US\$. Product and company logos are trademarks of their respective owners.

Investment highlights

- 1 Large addressable market**
 - Dry eye disease affects **16.4M** diagnosed US adults, a 6.8% prevalence that continues to rise
 - Over **US\$2BN** in annual US prescription drug expenditure, expanding with new approvals
- 2 Unmet need**
 - Only **~7%** of 16.4M diagnosed US patients receive prescription therapy
 - **~90%** of those who start stop within a year, reflecting slow onset, poor tolerability and inadequate relief
- 3 Differentiated platform technology**
 - **Aurarix®**: a patent-protected human platelet lysate platform, extendable beyond ophthalmology
 - Composition patent, 12-year BPCIA exclusivity and a high biosimilarity barrier protect Elate Ocular® **into the 2040s**
- 4 Elate Ocular®, a late-stage asset**
 - Phase 1/2 met all primary safety endpoints with statistically significant symptom efficacy
 - **Single registration-enabling Phase 3 trial** following FDA feedback, cutting cost and time versus two trials
 - **FDA Fast Track** designated; first patient **Q4 CY 2026**, topline data **Q4 CY 2027**
- 5 Supportive strategic shareholders**
 - Key shareholders are established pharmaceutical and healthcare companies in Asia Pacific
 - GMP drug product manufacturing established with ZYBT and specialist CDMO partners
- 6 Committed executive team**
 - Executives, co-founders and advisers have driven the programme since CMT's founding in 2013
- 7 Near-term value realisation potential**
 - Approximately **A\$30M** invested in Elate Ocular® development to date
 - Recent dry eye M&A and licensing at Phase 3 or registration completed at **significant valuations**
 - Cambium intends to pursue Elate Ocular® out-licensing or a sale of the Company once Phase 3 commences



CONTACT DETAILS

Karolis Rosickas

Chief Executive Officer

kr@cambium.bio

Cambium Bio Limited • ASX: CMB

www.cambium.bio • +61 485 035 821 • ABN 13 127 035 358

Unit 2.06/31 Lexington Drive, Bella Vista NSW 2153, Australia