

DIMERIX PRESENTATION FOR CANACCORD DRUG AND DEVICE 2026 CONFERENCE AND HONG KONG MEETINGS

MELBOURNE, Australia, 12 October 2026: Dimerix Limited (ASX: DXB, "Dimerix"), a clinical-stage biopharmaceutical company developing treatments for kidney disease, is pleased to release a copy of the presentation to be delivered to investors in Australia and Hong Kong this week.

Dr Nina Webster, CEO and Managing Director will be presenting at Canaccord Genuity Group's Drug and Device conference in Noosa from 12-13 October 2026, with 1:1 meetings across the two days and a podium presentation on 13 October 2026.

Dr Webster and Dr Robert Shepherd, COO will then present at various investor meetings in Hong Kong from 14-16 October 2026, including a podium presentation at the Ignite Conference Hong Kong on 14 October 2026.

The conference and meetings offer a valuable opportunity to connect with investors and showcase Dimerix's progress, as the Company advances its clinical programs for DMX-200 for FSGS, and DMX-652 for acute kidney injury (AKI). The team looks forward to engaging with all those attending the presentations and meetings.

A copy of the presentation is attached.

Authorised for lodgement by the Board of Dimerix

—END—

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

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About Dimerix

Dimerix Limited (ASX: DXB) is a clinical-stage biopharmaceutical company focused on developing new therapies for kidney diseases with significant unmet medical need. The Company's lead program, DMX-200, is currently in Phase 3 clinical development for focal segmental glomerulosclerosis (FSGS), a serious and life-threatening rare kidney disease with limited treatment options. In addition, Dimerix is advancing a second asset, DMX-652, via a Phase 2 program in acute kidney injury (AKI), further strengthening its pipeline in high-need renal indications. With a growing network of five commercial partners supporting global development and future market access, Dimerix is committed to expanding its reach and delivering innovative treatments to as many patients as possible worldwide while creating long-term value for shareholders. For more information, please visit the company's website at www.dimerix.com.

About DMX-200 in 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.

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 in the United States, Europe, UK and Japan³.

About DMX-652 in Acute Kidney Injury

Acute kidney injury (AKI) is a prevalent and severe clinical syndrome of substantial unmet need. It can arise from several high-risk clinical settings including, most notably, cardiac surgery and sepsis and is characterised by a rapid decline in kidney function (within hours), often resulting in high morbidity and mortality. The current addressable patient population is estimated to be approximately 260,000 across the major markets of United States, Germany, France, Italy, Spain and United Kingdom per annum,^{4,5} making this indication a potential orphan designation. AKI represents a significant clinical burden. There are no approved therapies for AKI, which is associated with rapid kidney function decline within hours, increased risk of chronic kidney disease and long-term kidney complications.

DMX-652 is a selective inhibitor of USP30 - a mitochondrial enzyme that slows the removal of damaged mitochondria. DMX-652, which is a small molecule delivered as an oral once daily capsule, is designed to support mitochondrial quality control in injured kidney cells, a mechanism indicated in the progression of AKI caused by ischaemia (lack of blood flow resulting in oxygen starvation), toxins or sepsis related causes, as well as in other renal and non-renal indications. The DMX-652 acquisition includes the composition of matter patent, an open IND in the US with a Phase 2 clinical trial protocol which has received approval to proceed by the US Food and Drug Administration (FDA), as well as sufficient pharmaceutical grade (GMP) drug product for the

Phase 2 trial and all manufacturing methodology. The Phase 2 trial is designed to investigate DMX-652's potential to prevent kidney injury and preserve renal function.

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, including but not limited to 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>
- 3 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
- 4 Demirjian S, Bashour CA, Shaw A, et al. Predictive Accuracy of a Perioperative Laboratory Test–Based Prediction Model for Moderate to Severe Acute Kidney Injury After Cardiac Surgery. *JAMA* 2022;327:956–64. <https://doi.org/10.1001/jama.2022.1751>.
- 5 Hobson C, Ruchi R, Bihorac A. Perioperative Acute Kidney Injury. *Crit Care Clin* 2017;33:379–96. <https://doi.org/10.1016/j.ccc.2016.12.008>



Dimerix

*Developing new therapies to treat kidney
diseases with unmet clinical needs*

Investor Presentation

October 2026

AUSTRALIAN INNOVATION • GLOBAL POTENTIAL



Authorised for lodgement by the Board of the Company

Forward looking statements

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Dimerix: multiple potential inflection points

with clear, value-defining catalysts

A late-stage Phase 3 lead program, a complementary Phase 2-ready asset and an expanding long-term commercial strategy

THE INVESTMENT CASE

Two complementary kidney disease programs

- DMX-200 is in a fully recruited Phase 3 adult study in FSGS¹
- DMX-652 adds a differentiated, Phase 2-ready AKI opportunity²
- Five DMX-200 commercial partners provide global validation and reach and up to \$1.9 billion in potential milestone payments³

Focused on kidney diseases with significant unmet need

CLINICAL PIPELINE & VALUE DRIVERS



DMX-200 Focal segmental glomerulosclerosis

Late-stage lead asset with an established global commercial footprint

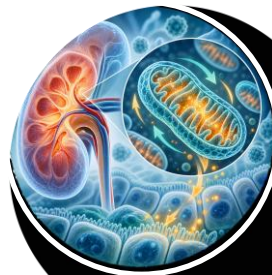
PHASE 3

- ACTION3 adult cohort fully recruited¹
- Long-term OLE data accumulating⁴
- 5 commercial partners secured³

NEXT POTENTIAL VALUE POINTS

Phase 3 readout

**Further licensing
opportunities**



DMX-652 Cardiac surgery- associated AKI

First-in-class USP30 inhibitor designed to address mitochondrial dysfunction

PHASE 2 READY

- FDA Study-May-Proceed / open IND²
- Phase 1 complete; GMP API on hand²
- Potential expansion across AKI²

NEXT POTENTIAL VALUE POINTS

**1st patient dosed in
Phase 2**

Interim readout

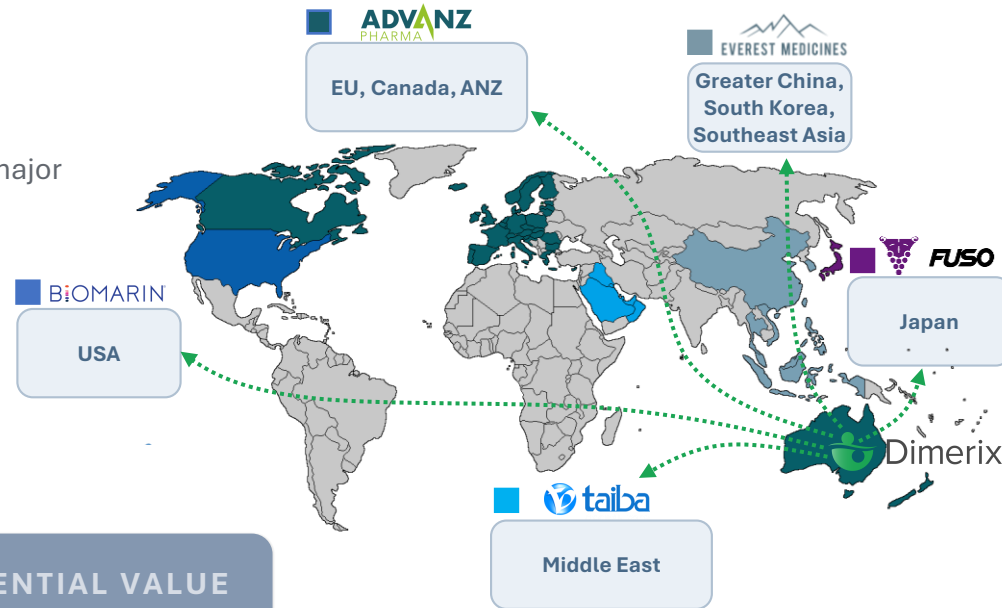
VALUE CREATION PATH | Phase 3 execution • Phase 2 initiation • long-term data • additional partnering

DMX-200: Phase 3 Global Opportunity

GLOBAL COMMERCIAL FOOTPRINT

5 commercial partners¹

DMX-200 licensed across major pharmaceutical markets



~\$1.9B POTENTIAL VALUE
upfront & milestones,
plus royalties¹

RARE DISEASE

FSGS causes kidney scarring and irreversible damage⁵

ORPHAN DESIGNATIONS

Regulatory, marketing exclusivity and pricing benefits⁶

ROYALTY UPSIDE

Royalties on net sales sit above potential milestone payments¹

GLOBAL REACH

Multiple partners across key territories¹

PHASE 3: EXECUTION WITH EVIDENCE

Reduced risk

1

Recruitment complete

Global Phase 3 ACTION3 trial in focal segmental glomerulosclerosis (FSGS)²

2

Blinded interim passed

Proteinuria endpoint passed the blinded interim futility assessment³

3

>90% statistical power

Blinded review confirmed ACTION3 is powered to demonstrate the predicted treatment effect⁴

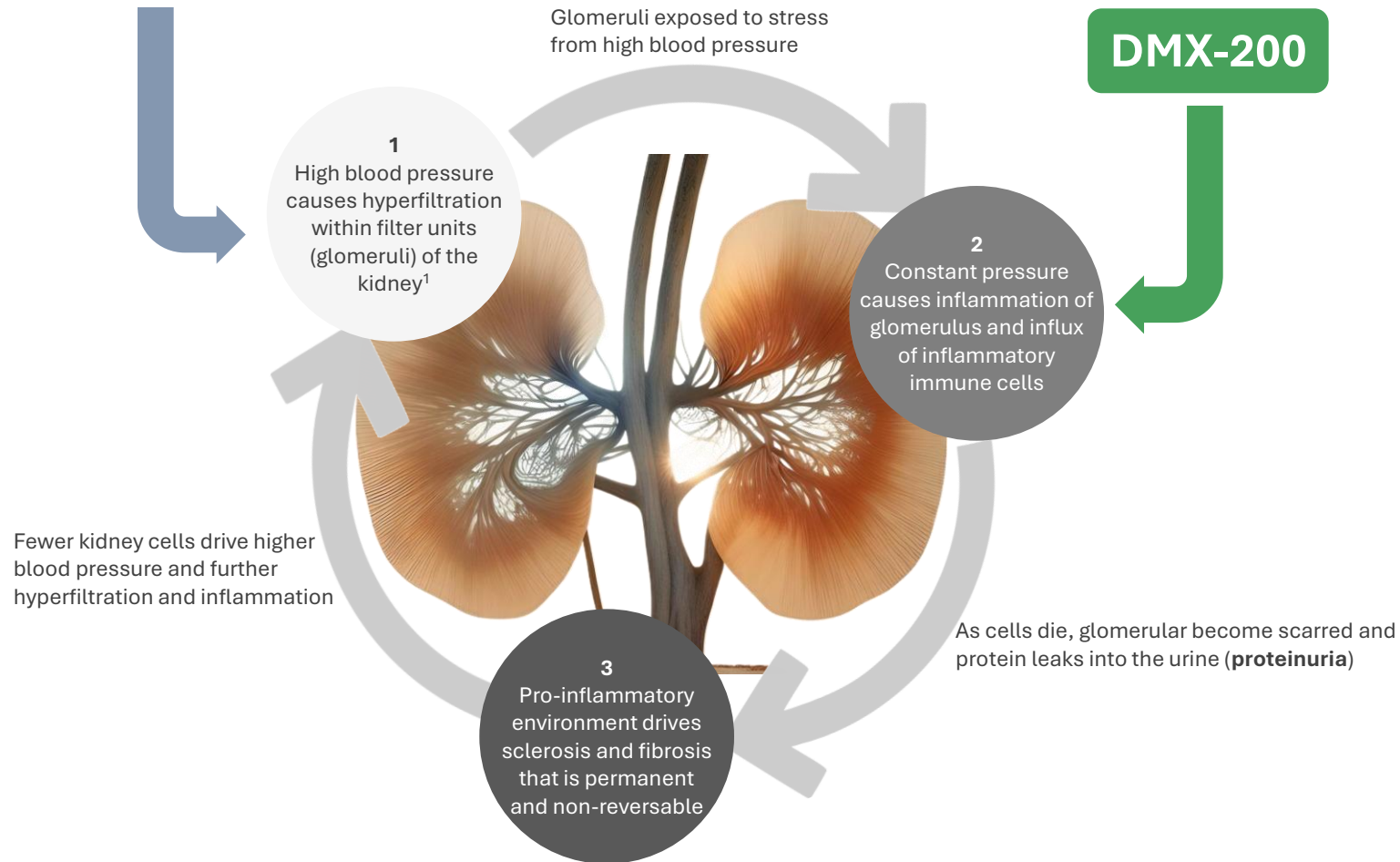
Cycle of damage in glomerular diseases

FSGS at a glance

- 1 FOCAL**
Some
- 2 SEGMENTAL**
sections
- 3 GLOMERULO**
Of the kidney's filtering units
- 4 SCLEROSIS**
Are scarred

Progressive loss of functioning kidney filters can create a self-reinforcing cycle of pressure, inflammation and scarring

Existing blood pressure medication





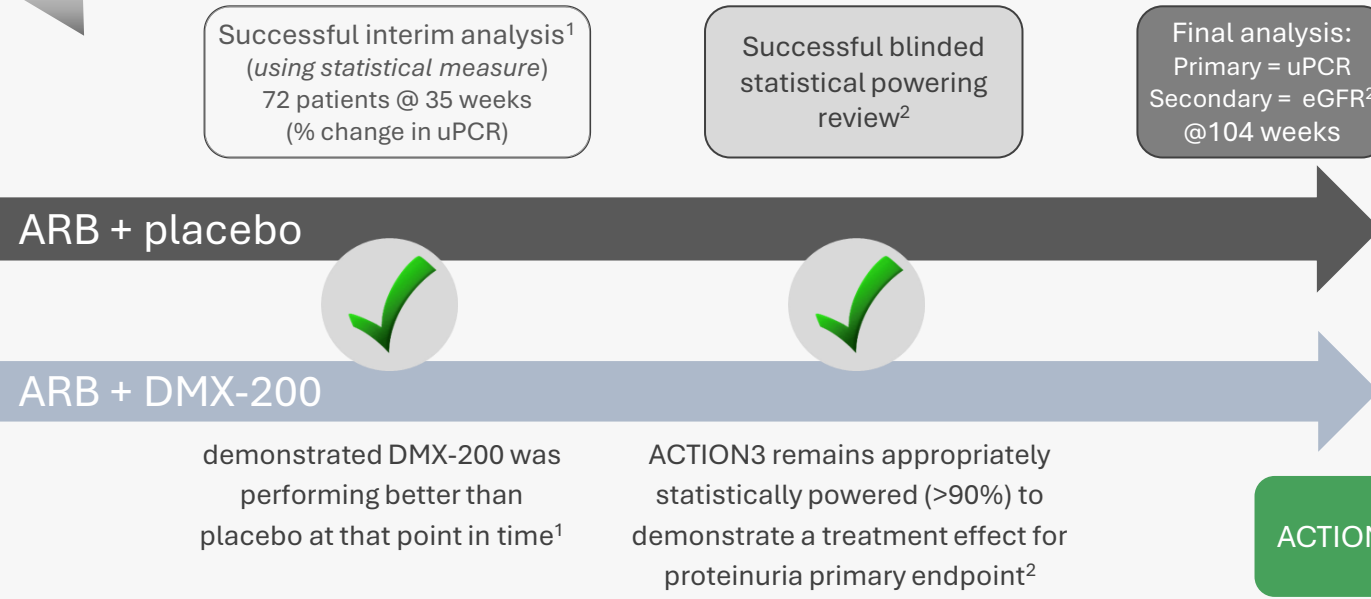
phase 3 clinical trial

A randomised, double-blind, multi-centre, placebo-controlled study of renal outcomes of DMX-200 in patients with FSGS receiving an ARB (n=333)

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

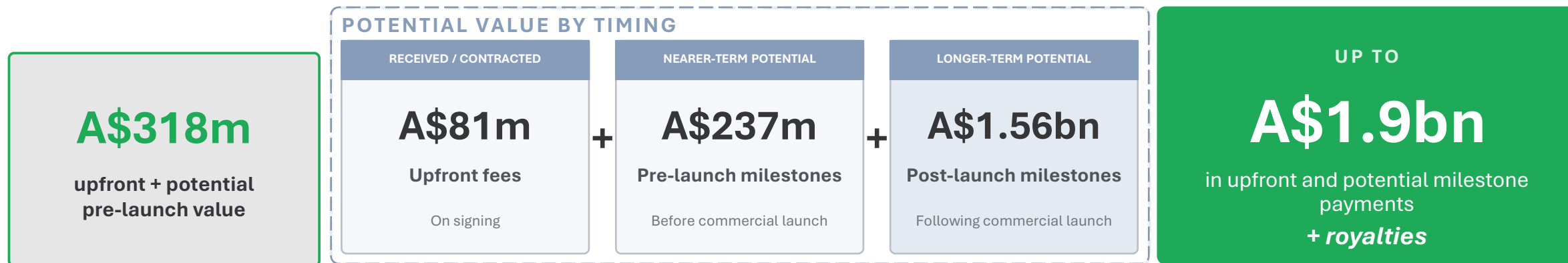
Phase 3 Trial Timeline



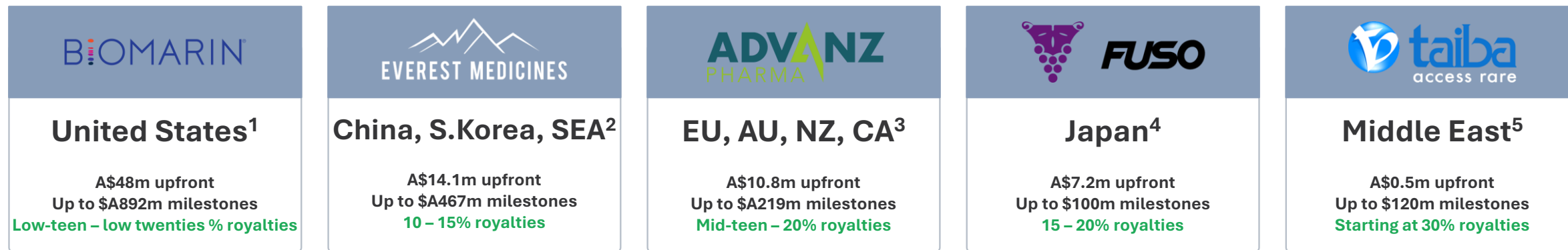
Open Label Extension

DMX-200
90/97 (93%)³ patients enrolled in open label extension study to date

DMX-200: partnerships creating diversified revenue potential



FIVE PARTNERS | DIVERSIFIED GEOGRAPHIC EXPOSURE



INVESTOR TAKEAWAY: Multiple potential revenue streams, with development and commercialisation risk shared across regional partners

DMX-652: Phase 2 in acute kidney injury

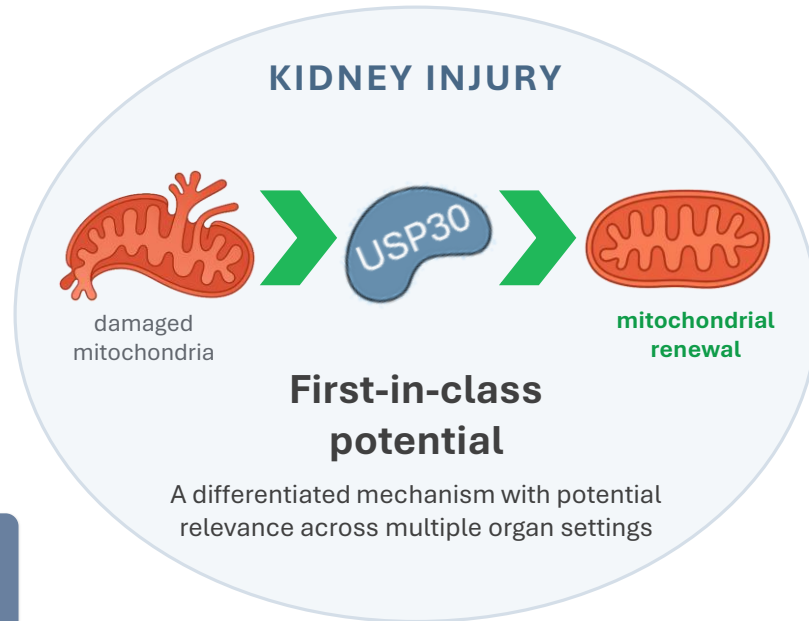
COMPLEMENTARY RENAL PIPELINE ASSET

DMX-652

targets USP30, an emerging driver of kidney injury¹

Designed to promote renewal of mitochondria and reduce cellular energy failure and inflammation

First indication:
acute kidney injury associated with cardiac surgery



STRATEGIC RATIONALE

Built to add value

1

Early risk reduced²

Substantial development work completed by the originator; the asset is FDA cleared, has an open IND and is manufactured to pharmaceutical (GMP) standard

2

Renal expertise leveraged

Dimerix has an experienced team with a track record of advancing kidney disease assets.

3

Development optionality

Dimerix controls development and commercialisation direction, with potential across other indications.

UNMET NEED

No approved therapy for acute kidney injury patients³

2026 MARKET

US\$3.5 billion estimated market opportunity⁴

2036 MARKET

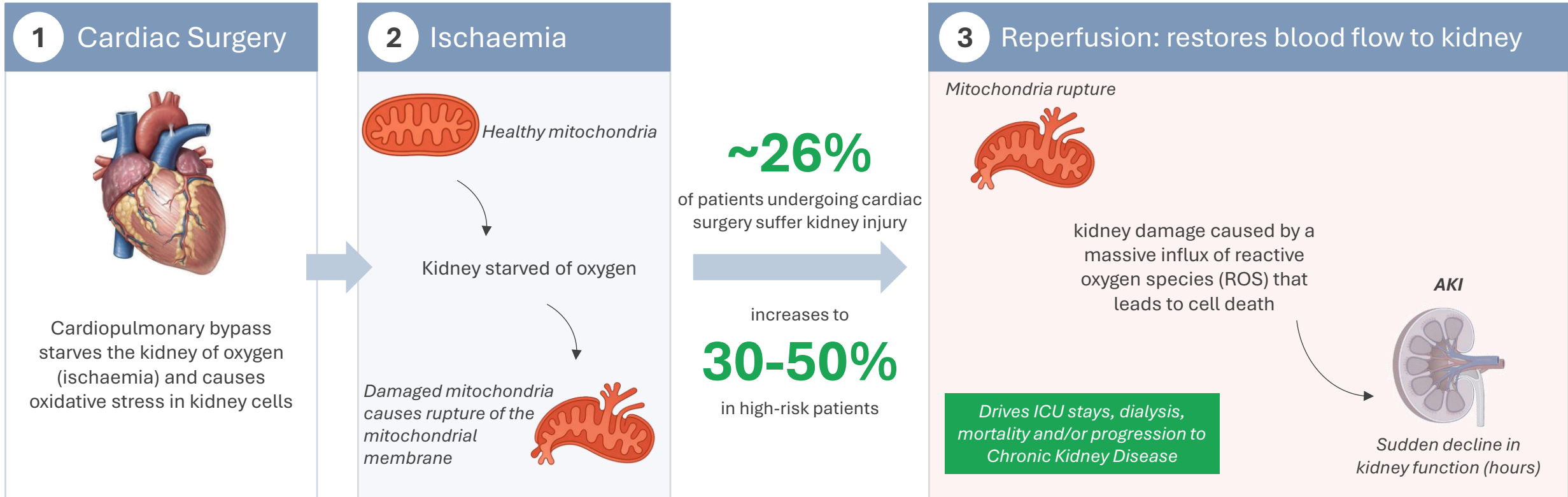
US\$7.5 billion estimated market opportunity⁴

STRATEGIC FIT

Clinical-stage diversification beyond DMX-200

Why is AKI associated with cardiac surgery

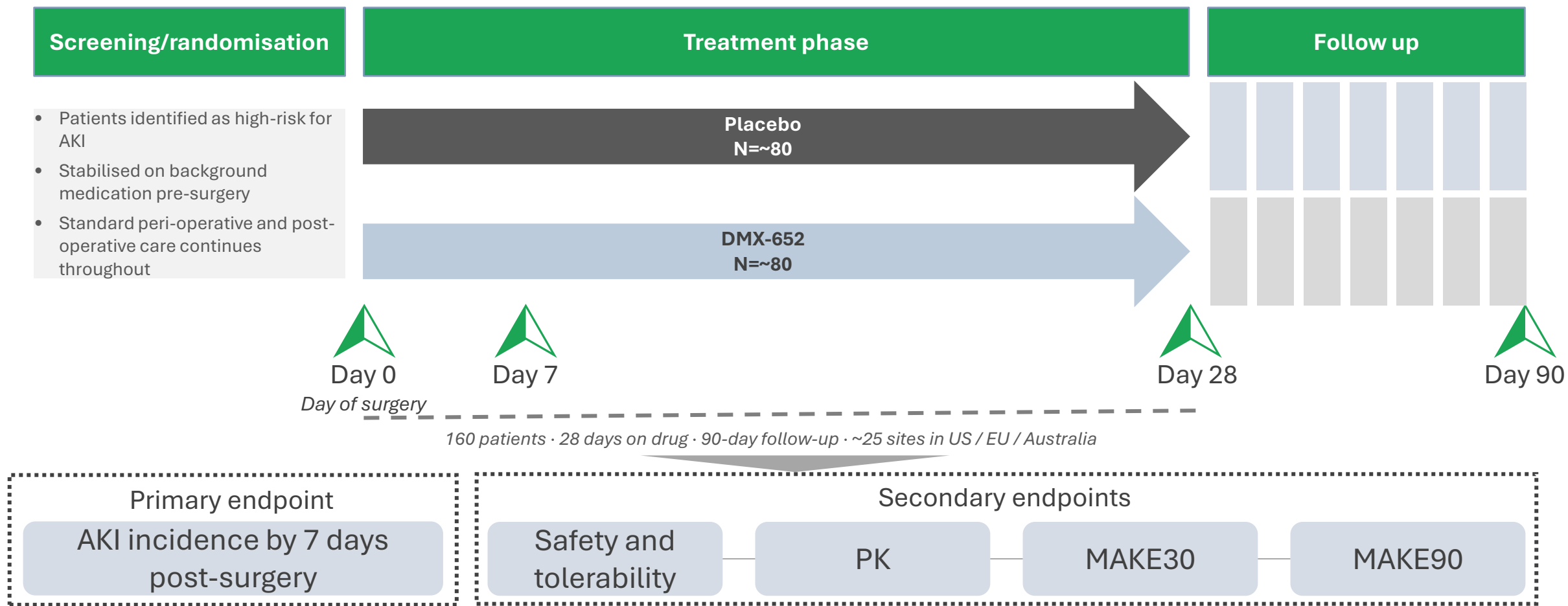
Currently no approved disease-modifying therapies



Mitochondria = “batteries” for the kidney cell
The kidney has the second-highest mitochondrial content and oxygen consumption in the body to fuel intense energy demands

Proposed phase 2 clinical trial design

A multicentre, double-blind, randomised, placebo-controlled study evaluating the safety and efficacy of DMX-652 in patients at high risk of AKI following cardiac surgery (n=160)



Source: Mission Therapeutics MTX-652 Phase 2 protocol (FDA Study-May-Proceed, 2023); Dimerix MTX-652 development plan (2026); MAKE 30 & MAKE 90 = Major Adverse Kidney Events occurring at 30 or 90 days

DMX-200 and DMX-652: complementary growth pillars

Strategic fit: shared renal capabilities, shared regulatory/clinical infrastructure, shared small-molecule know-how

DMX-200

Focal Segmental Glomerulosclerosis (FSGS) rare **kidney** disease

1

Shared kidney disease focus

DMX-652

Acute **kidney** injury associated with cardiac surgery

1

CCR2 inhibitor that modulates inflammatory pathways involved in kidney damage

2

Different Mechanisms of Action

2

USP30 inhibitor designed to enhance mitophagy and mitochondrial quality control in damaged cells

Orphan Drug **exclusivity** + **patents** granted to 2032

3

Strong IP Position

3

First-in-class potential + composition of matter **patents granted to 2043**

existing in-house infrastructure and global network

4

Shared Development Infrastructure

4

Can **leverage existing** expertise in clinical, regulatory, manufacturing, nephrology networks, know-how, and commercial relationships

more advanced, **near-commercialisation** asset with Phase 3 fully recruited and commercial partnering activity

5

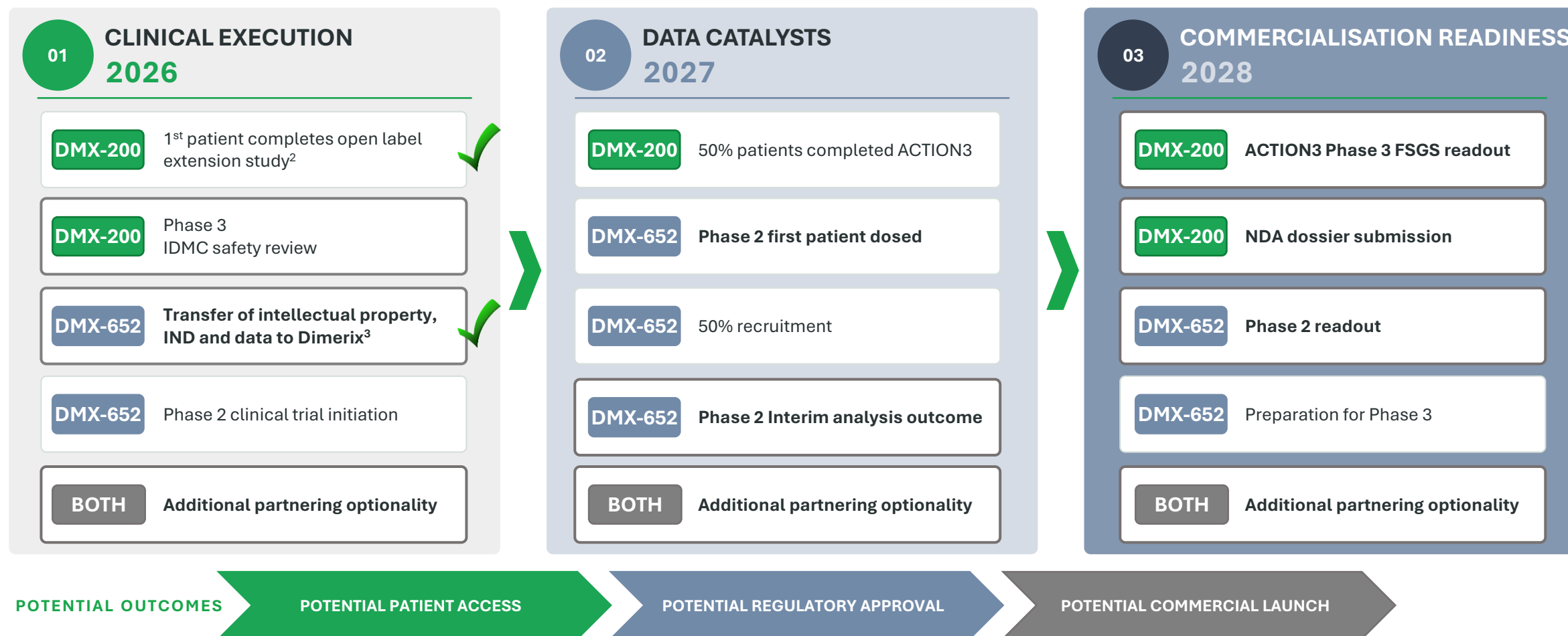
Balanced Risk and Timing

5

provides a **new growth engine**, with an open IND, FDA clearance to proceed to Phase 2, and completed Phase 1 safety studies

A clear pathway to potential value creation

Two differentiated programs provide multiple independent opportunities for clinical de-risking, regulatory advancement and potential commercial value creation¹



Corporate overview

ASX: DXB | Capital position and shareholder snapshot

Cash balance (Jun26)*

\$16.2 million

Market capitalisation¹

\$132 million

Share price¹

\$0.22

Ordinary shares on issue¹

600,396,776

Average daily liquidity²

\$0.3 million

TICKER SYMBOL
ASX: DXB

FUNDING POSITION

*** ~\$48.1 million excluded from the Jun26 cash balance**

- AU\$14.1 million Everest upfront payment received post quarter end³
- \$34 million available facility (\$17 million drawn)⁴

Funding position considered sufficient to complete currently planned activities, including delivery of the ACTION3 Phase 3 trial of DMX-200 and continued advancement of the Phase 2 trial of DMX-652 in Acute Kidney Injury⁴

SHARE PRICE



SUBSTANTIAL SHAREHOLDERS³

Position	Holder Name	Holding	% IC
1	Mr P Meurs	92,140,374	15.35%
TOTAL (TOP 5) Shareholders		153,121,402	25.5%



Dimerix

(ASX:DXB)

A biopharmaceutical company developing innovative new therapies in areas with unmet medical needs, with a core focus on kidney diseases.



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.

Dimerix HQ

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E. investor@dimerix.com

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



Mike Tonroe
BSc (Hons) FCA, MAICD
CFO & Company Secretary

Previous experience:



- Experienced finance and governance executive with extensive experience of both ASX and NASDAQ-listed companies.
- Brings more than 30 years' international finance leadership experience across Australia, US, Canada, the UK and Hong Kong.
 - ✓ BSc (Hons) – Business Studies
 - ✓ MAICD
 - ✓ Chartered Accountant



David Fuller
B. Pharm (Hons), MBBS
CMO

Previous experience:

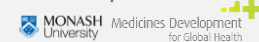


- 35 years international experience in drug development, commercialization and corporate leadership
- Planning, Financing, Pre-clinical, Clinical Development, Regulatory Approval, Product Launch, Pharmacovigilance, and Medical Affairs
 - ✓ B.Pharm (Hons) - Pharmacy
 - ✓ MBBS - Medicine and Surgery



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

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.



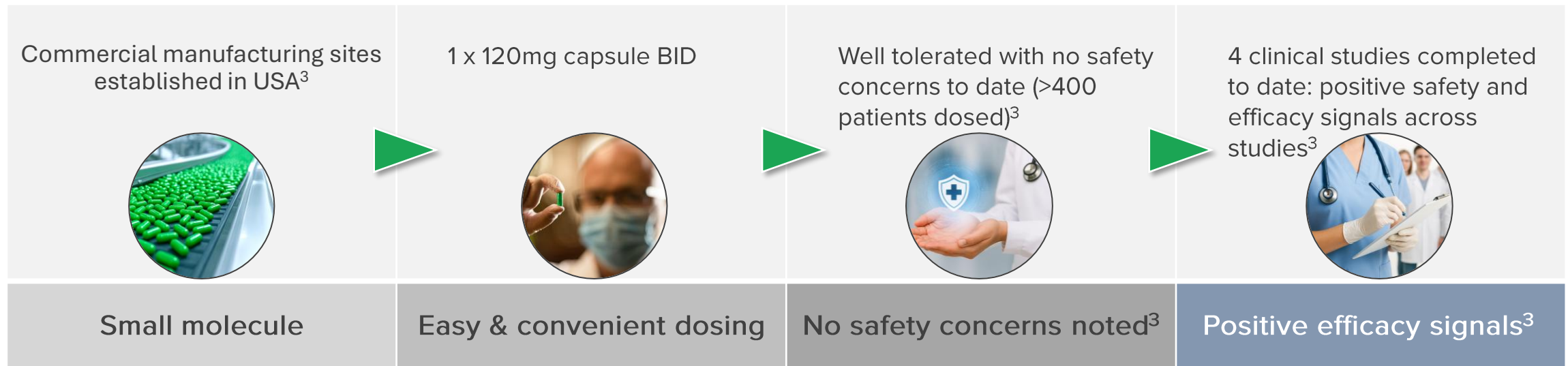
Dimerix

(ASX:DXB)

APPENDIX – DMX-200

DMX-200 – inflammatory modulator

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



DMX-200: unique pharmacology

- CCR2 activation promotes recruitment of inflammatory monocytes to the kidney



DMX-200 **inhibits** CCR2¹

- Monocytes promote sclerosis and fibrosis of the kidney

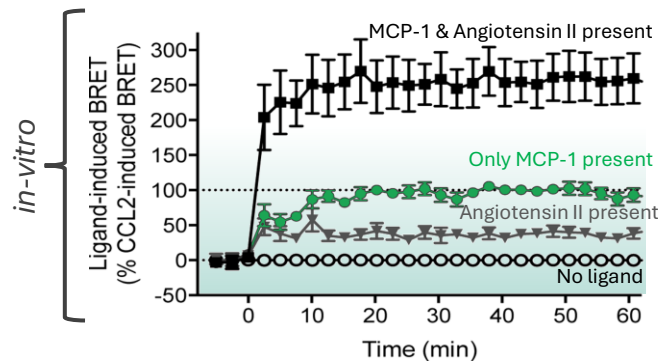


DMX-200 **reduces** inflammatory cells^{1,2,3}

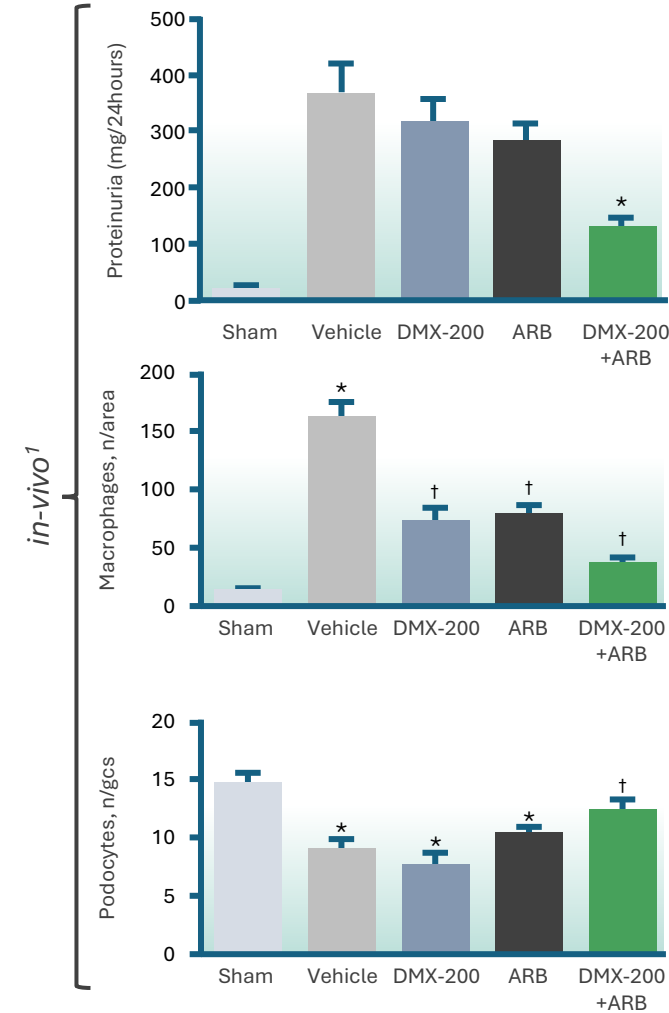
- Podocytes are the essential filter cells of the kidney



DMX-200 **preserves** podocytes¹



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



Simultaneous inhibition of CCR2 and AT1R reduces proteinuria an important early marker of kidney function¹

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

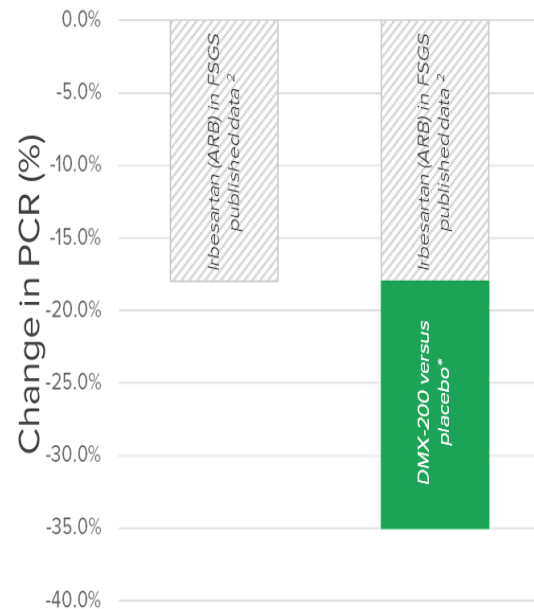


DMX-200: Phase 2 met primary endpoint



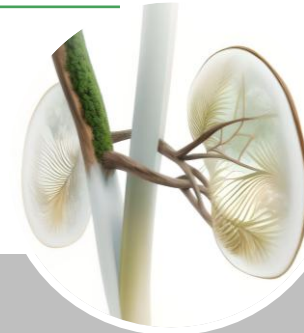
Clinically encouraging outcomes achieved for patients,^{1,2} with no safety concerns noted³

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo³



“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 2020²



EFFICACY

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



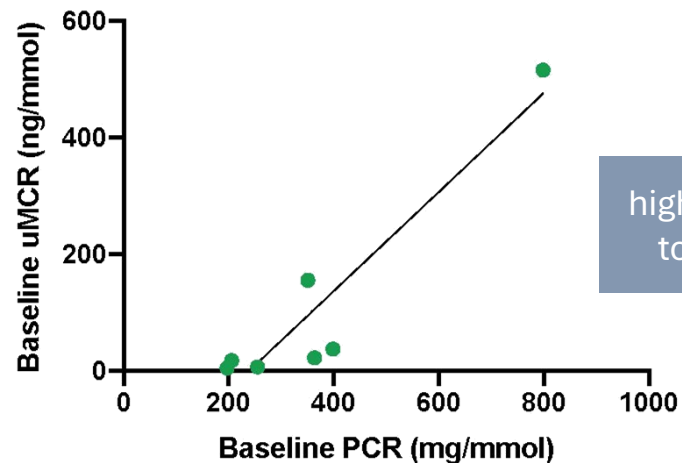
SAFETY

- No safety concerns noted – reduced development risk

DMX-200 Phase 2 effect on inflammatory biomarker¹

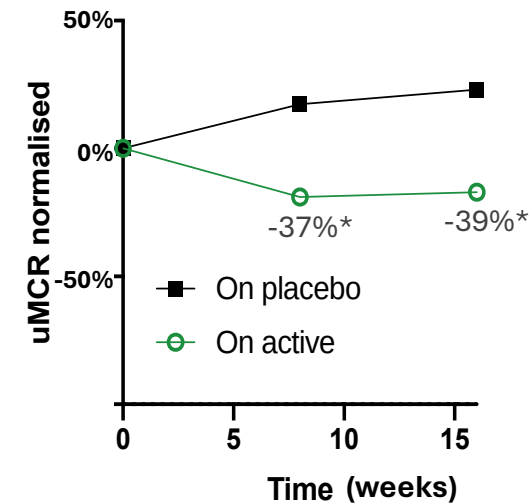
Unlike other CCR2 antagonists investigated to date, treatment with DMX-200 reduces the urine concentration of the pro-inflammatory ligand of CCR2 called MCP-1²

Average baseline MCP-1 versus average baseline proteinuria



high MCP-1 correlates to high proteinuria

Change in MCP-1 over time on DMX-200 versus placebo



MCP-1 levels reduced when on DMX-200 treatment

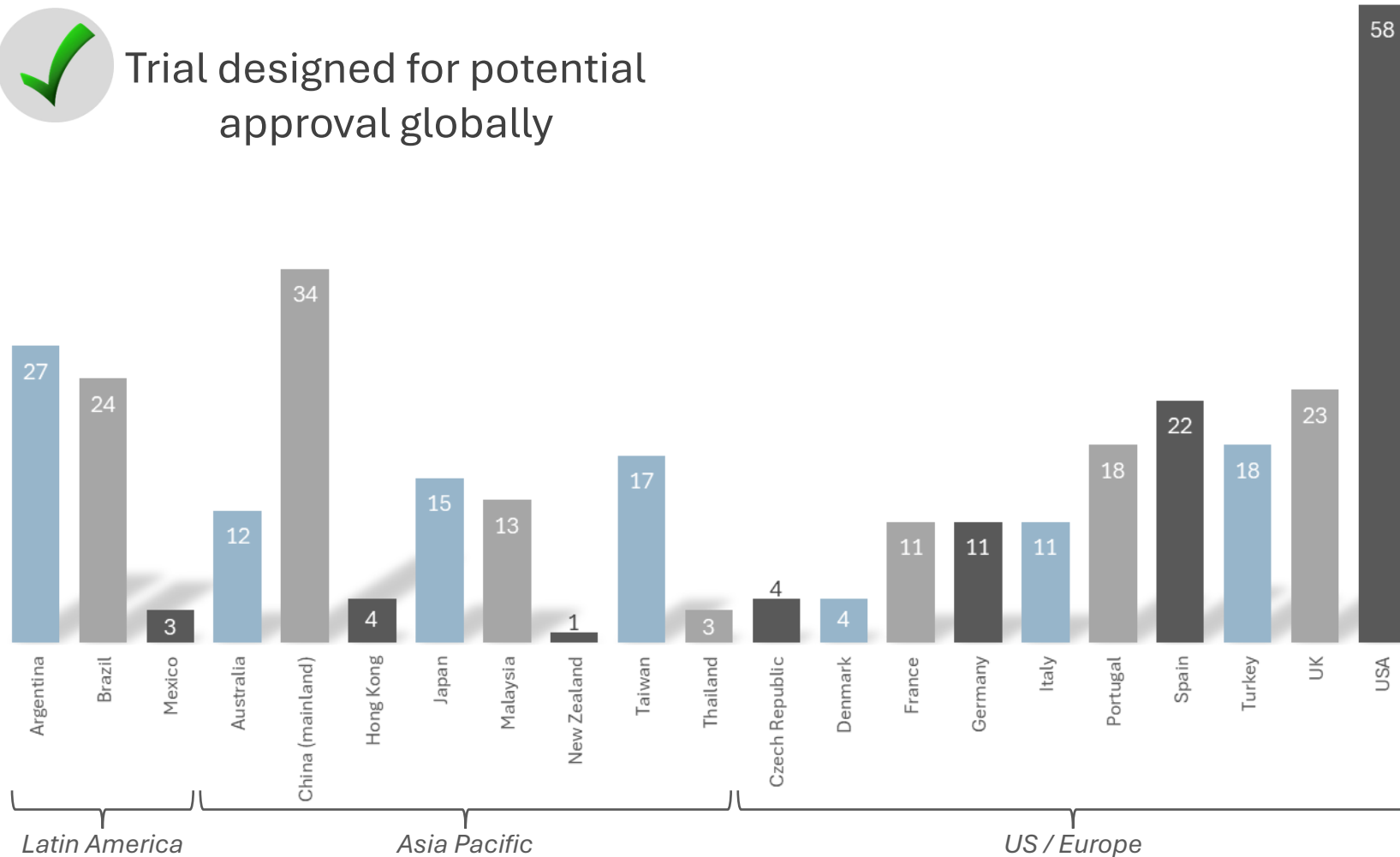
- **16 weeks treatment with DMX-200 vs placebo reduced inflammatory biomarker by 39%:**
 - DMX-200 blocks receptor responsible for inflammation
 - Translates to reduced inflammation and subsequent fibrosis (scarring) in the kidney²

ACTION3 adult patient recruitment by territory

FSGS CLINICAL STUDY



Trial designed for potential approval globally



Recruitment completed

(adult population)¹



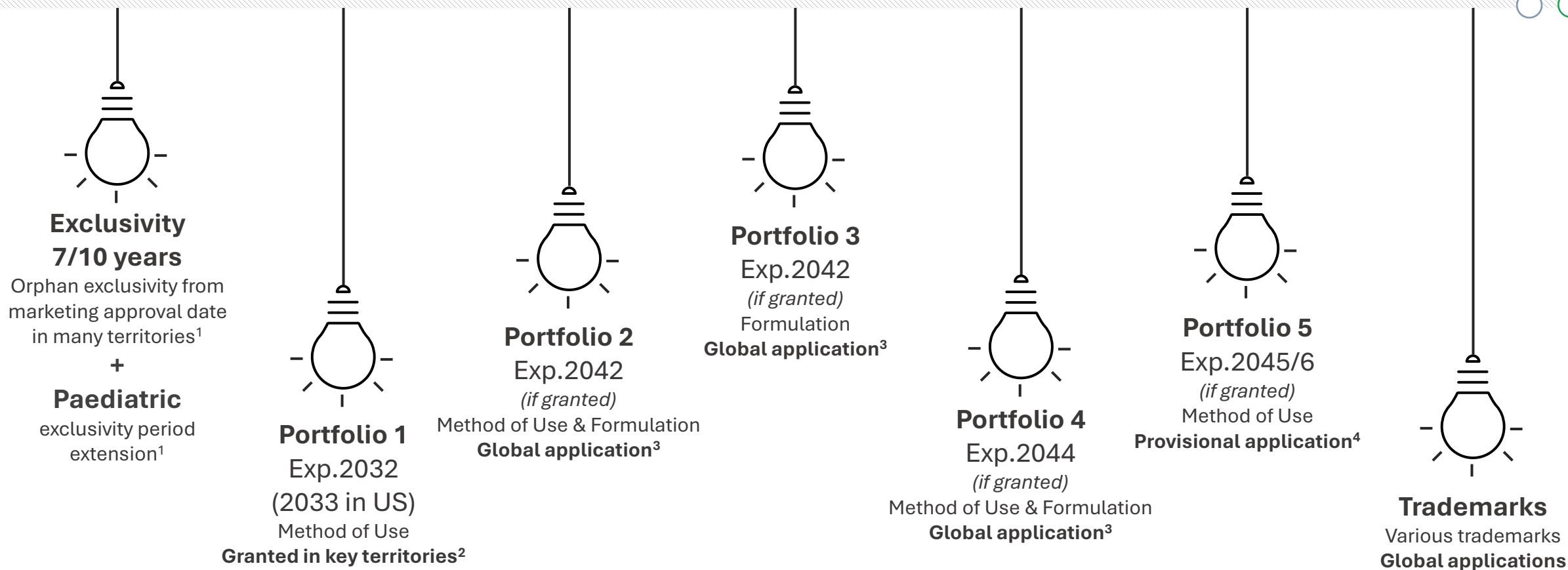
333

Adult patients recruited, randomised and dosed²



DMX-200 intellectual property portfolio

DMX-200





Dimerix

(ASX:DXB)

APPENDIX – DMX-652

Introducing DMX-652

A first-in-class, oral, once-daily USP30 inhibitor for the prevention of acute kidney injury in high-risk patients undergoing cardiac surgery



Small molecule

New chemical entity; oral capsule formulation; GMP-grade API available to support Phase 2 clinical trial



Convenient dosing

Convenient dosing schedule to provide pre-operative and post operative USP30 inhibition



Well tolerated

Phase 1 multi-part study completed in 109 healthy volunteers, (85 volunteers administered DMX-652) no serious adverse events and wide therapeutic margin



Phase 2 ready

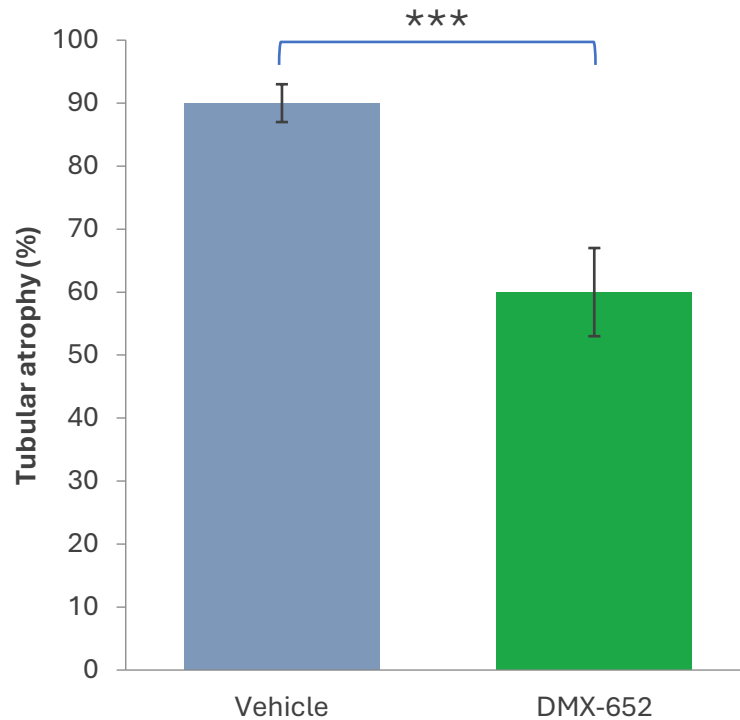
IND open, approved protocol and established global medical advisory board

Key value proposition with encouraging safety profile

DMX-652 Pre-clinical data demonstrates efficacy signal

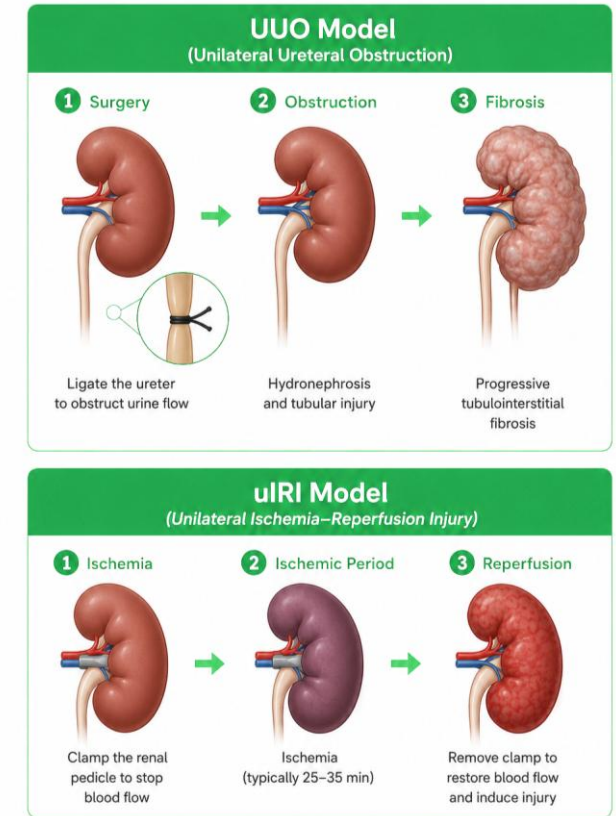
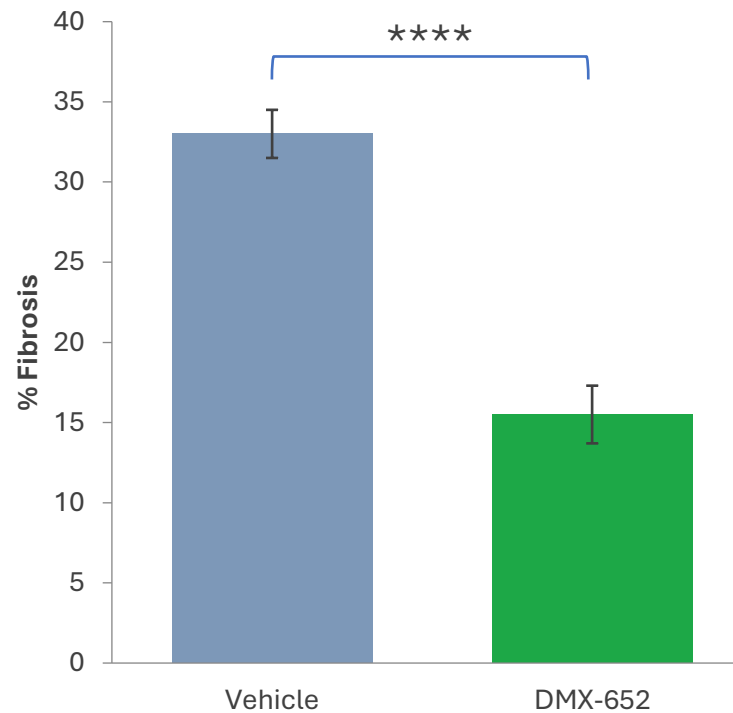
DMX-652 reduces kidney damage

- The uIRI model replicates the processes of cardiac surgery that cause AKI
- DMX-652 significantly reduces the number of kidney tubules damaged when blood is restricted



DMX-652 reduces scarring (fibrosis)

- The UO model predicts acute to chronic kidney disease progression.
- DMX-652 significantly reduces the scarring that drives chronic disease



Significant unmet need in AKI

With no approved disease-modifying therapies, severe consequences for patients, surgeons, and health systems

0

No approved therapies for the prevention of cardiac surgery-associated AKI

1 in 4

Cardiac surgery patients develop AKI after on-pump surgery¹

30-50%

AKI rate in high-risk patients
(e.g. age, diabetes, low cardiac function, prior kidney disease)¹

Consequences of CS-AKI²:

- Prolonged intensive care and hospital length of stay
- Higher rates of renal replacement therapy (dialysis)
- Increased short- and long-term mortality
- Substantially elevated risk of progression to chronic kidney disease and end-stage renal disease

“CS-AKI is a predictable, frequent and devastating complication of cardiac surgery. Effective preventive therapies are a critical unmet need.”

Consensus position, 2024 ADQI Conference

DMX-652 Phase 1 study met primary endpoint

Completed in healthy volunteers: strong safety & pharmacokinetic foundation to support Phase 2 clinical trial

85

Healthy volunteers
received DMX-652;
across 5 study sites

0

No serious adverse events
(SAE) reported in any cohort

Up to 200mg

Single dose well tolerated;
maximum tolerated dose
not reached

100mg

Once daily x 14 days;
multiple ascending dose;
well tolerated

Safety

- No serious adverse events
- Almost all events of mild severity
- ECG signal: no heart rhythm changes noted
- Well tolerated in elderly subjects
- Wide therapeutic margin in non-clinical tox studies

Pharmacokinetics & Drug/Drug Interactions (DDI)

- Rapid oral absorption; no effect of food or formulation
- Once-daily dosing profile supported
- Clean DDI profile: not a CYP450 inducer/inhibitor
- Modelled 100mg loading / 50mg daily achieves ~80% target occupancy
- Phase 2 dose selected using validated PK modelling

DMX-652: first-in-class, best-in-class potential

Unlike competing programs targeting specific inflammatory or fibrotic pathways, DMX-652 acts on a downstream, convergent driver of kidney injury - making it applicable across causes of AKI

1

Only USP30 inhibitor in clinical development for CS-AKI

No other mitophagy modulators are in clinical development for cardiac surgery-associated AKI

2

Damage-sensing mechanism

USP30 inhibition selectively amplifies mitophagy only where mitochondria are already damaged - avoiding the indiscriminate effects of broader pathway activators

3

Targets a 'cause-neutral' pathway

Mitochondrial dysfunction drives AKI regardless of cause - making DMX-652 mechanistically broad and complementary to existing care

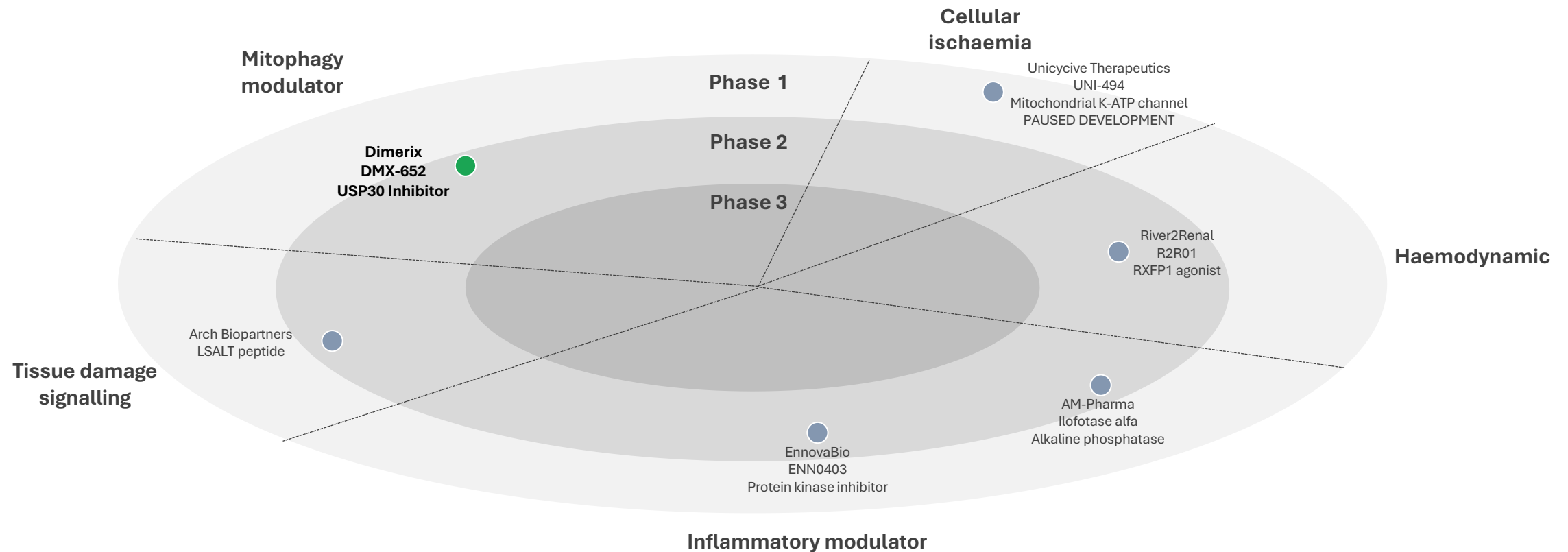
4

Expansion potential beyond CS-AKI

Same mitophagy mechanism applicable to a large range of other diseases, including other AKI causes, kidney transplant, cardiac disease, and lung disease

Competitive/complementary trial landscape in AKI

DMX-652's differentiated mechanism of action supports complementary use and the potential for superior or additive outcomes



DMX-652 Intellectual property

The acquisition secures **owned composition-of-matter IP**, plus exclusive freedom-to-operate rights and regulatory exclusivity



ACQUIRED · ASSIGNED TO DIMERIX

Composition-of-matter patent family¹

Directly covers DMX-652 (originally MTX-652) - a novel USP30-inhibitor compound; this is the core, 100% owned patent underpinning the asset



Granted in initial territories (incl. US and Japan)

2043

patent expiry²

19

Territories filed worldwide

US · EU · Japan · China



LICENSED · EXCLUSIVE RIGHTS

Freedom-to-operate patents

An exclusive licence to specific USP30-inhibitor patent families secures DMX-652's freedom to operate - granted broadly across the US, Europe and Asia.

Licensed patents: PCT/GB2016/050851 · PCT/GB2019/050608



REGULATORY EXCLUSIVITY

New Chemical Entity exclusivity³

≥5 yrs

US data exclusivity (NCE),
from marketing approval

up to 7 / 10 yrs

US / EU, with orphan
drug designation