



# Corporate Overview

NASDAQ New Ticker Symbol: **ONCO**

January 2024

**Dr. Ralph Schiess**

**Interim CEO**

# FORWARD LOOKING STATEMENTS

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Certain statements in this presentation and associated discussions relating to this presentation are considered to be forward-looking within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of forward-looking words such as "anticipate," "believe," "forecast," "estimate," "expect," and "intend," among others. These forward-looking statements are based on Onconetix's current expectations and actual results could differ materially. There are a number of factors that could cause actual events to differ materially from those indicated by such forward-looking statements.

These factors include, but are not limited to, risks related to Onconetix's ability to commercialize ENTADFI® and Proclarix® described herein; risks related to Onconetix's ability to expand its business scope and integrate the assets and commercial operations acquired from Proteomedix into Onconetix's business; risks related to Onconetix's ability to attract, hire and retain skilled personnel necessary to commercialize and operate the company's commercial products; the failure to obtain FDA clearances or approvals and noncompliance with FDA regulations; risks related to the timing and progress of clinical development of our product candidates in oncology; our need for additional financing; uncertainties of patent protection and litigation; uncertainties of government or third party payor reimbursement; limited research and development efforts and dependence upon third parties; and substantial competition. Onconetix does not undertake an obligation to update or revise any forward-looking statement.

Investors should read the risk factors set forth in Onconetix's Annual Report on Form 10-K, filed with the Securities and Exchange Commission (the "SEC") on March 9, 2023, and periodic reports filed with the SEC on or after the date thereof. All of Onconetix's forward-looking statements are expressly qualified by all such risk factors and other cautionary statements. The information set forth herein speaks only as of the date thereof.

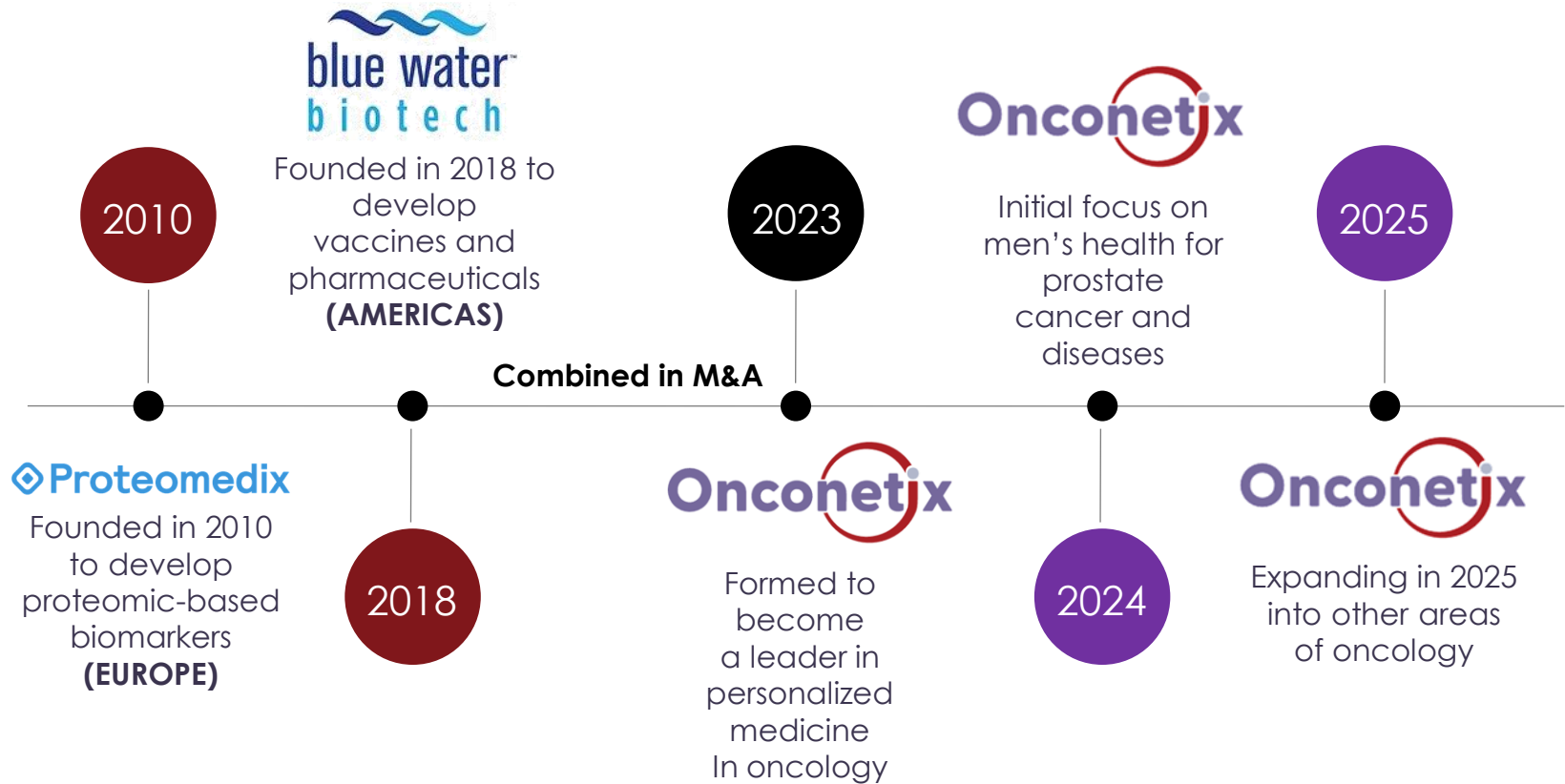
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# Building a World Class Oncology Company



# CORPORATE PROFILE

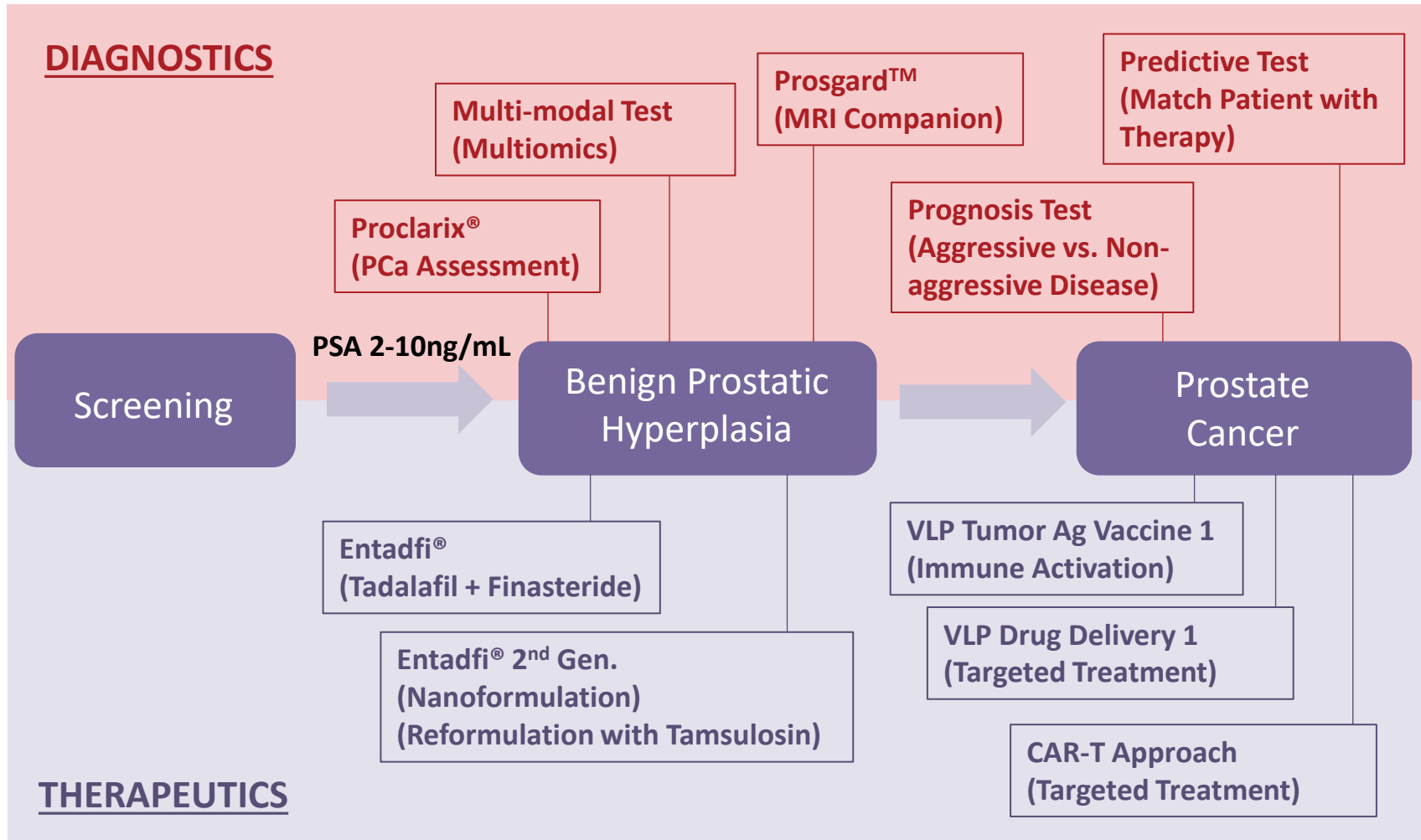
**Onconetix™**, Inc. is the new name of the combined company from the assets of Blue Water Biotech, Inc. (BWV) and Proteomedix AG.

Onconetix is a Nasdaq commercial-stage biotechnology company focused on the research, development, and commercialization of proprietary science and technologies for therapeutics, diagnostics, and services for the treatment of cancer.

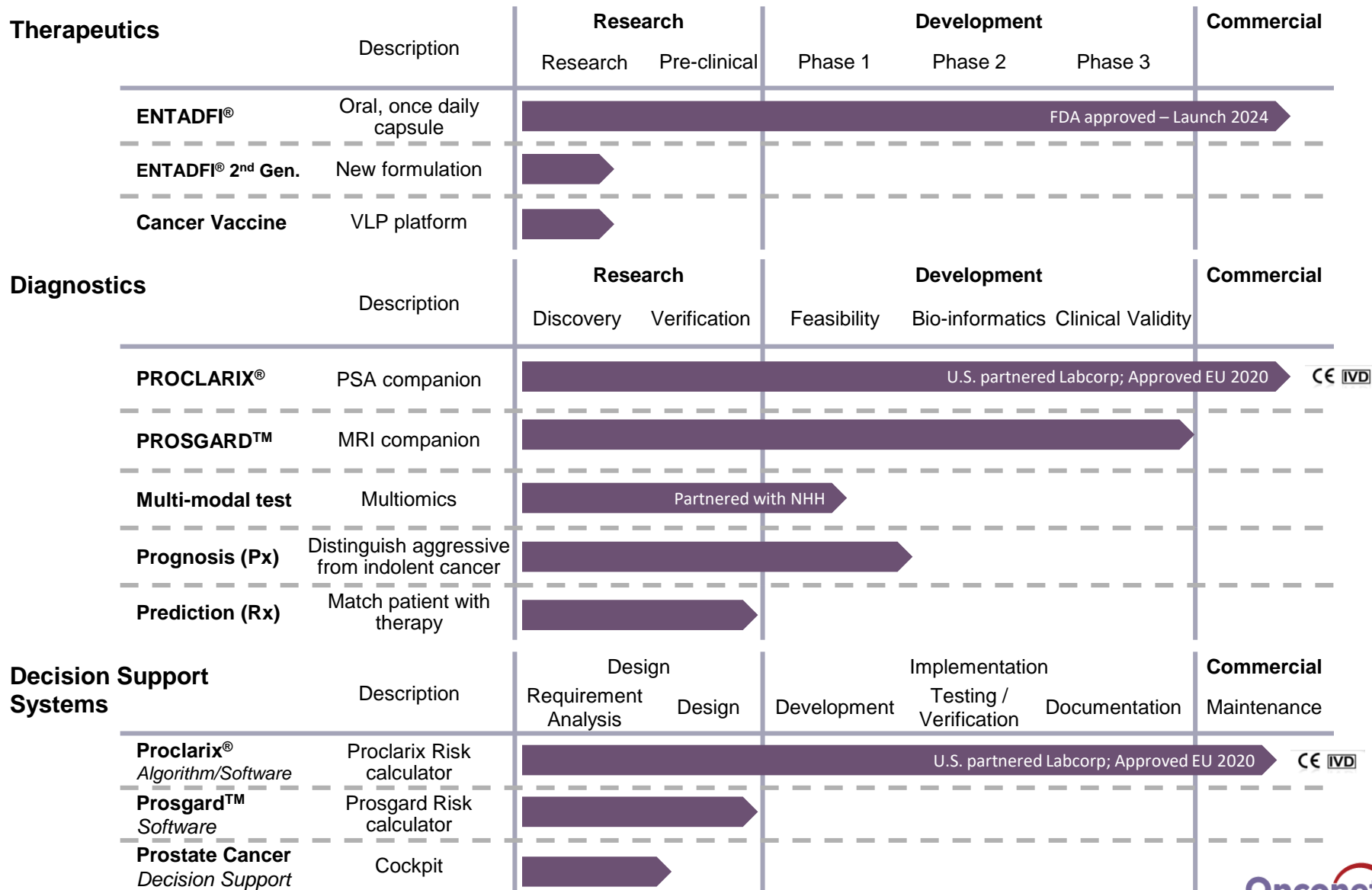
**Therapeutically**, the Company currently has **Entadfi®**, an FDA-approved, once-daily oral therapeutic for the treatment of benign prostatic hyperplasia (BPH), a disorder of the prostate. **Diagnostically**, we have **Proclarix®**, a European CE IVD approved test for prostate diagnostics and a lab developed test (LDT) currently in the U.S.

# The Prostate Cancer “Journey”

## Onconetix’s Diagnostic and Therapeutic Product Line



# Onconetix™ Product Pipeline



# Experienced Management Team

*Proven, successful life science commercialization experience*



**Dr. Ralph Schiess**  
Interim CEO  
Chief Science Officer



**Mr. Bruce Harmon**  
Chief Financial Officer



**Dr. Don Very**  
SVP, Commercial Research  
& Development



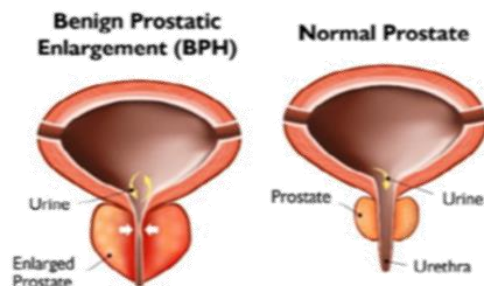
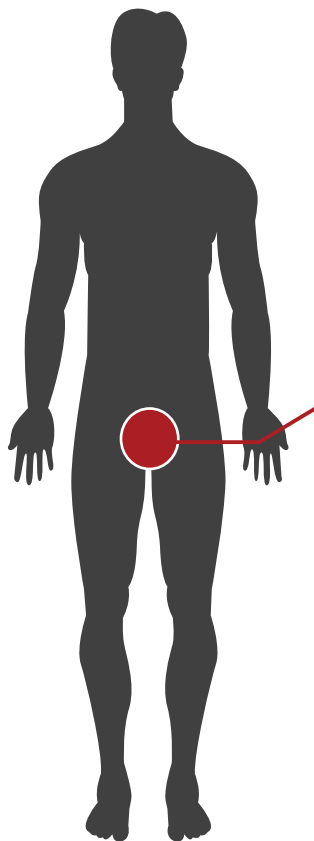
**Mr. Christian Brühlmann**  
Chief Strategy Officer  
General Manager, Europe





**ENTADFI®**

Launch 2024



## Benign Prostatic Hyperplasia (BPH)

- Also known as benign prostatic hypertrophy, BPH is a **histologic diagnosis** characterized by proliferation of the cellular elements of the prostate, leading to an **enlarged prostate gland**
- **Chronic bladder outlet obstruction (BOO)** secondary to BPH may lead to urinary retention, impaired kidney function, recurrent urinary tract infections, gross hematuria, and bladder calculi
- Common problem that affects the quality of life in approximately **one third of men >50 years**
- Histologically evident in up to **90% of men by age 85 years**
- As many as **55.1 million men in the US have symptoms** and worldwide, **approximately 94 million men have prevalent cases** related to BPH

**References:** 1. Yale Medicine (<https://www.yalemedicine.org/conditions/enlarged-prostate-benign-prostatic-hyperplasia-bph>); 2. Oelke M, Bachmann A, Descazeaud A, Emberton M, Gravas S, Michael MC, et al. EAU Guidelines on treatment and follow up of non-neurogenic male lower urinary tract symptoms including benign prostatic obstruction. *Eur Urol.* 2013;64:118-40. 3. Resident Population of the US by sex and age as of July 1, 2021 (<https://www.statista.com/statistics/241488/population-of-the-us-by-sex-and-age/>).

# Treatment of LUTS-BPH Remains Problematic

Approximate Medicare annual in-office and outpatient BPH service costs<sup>1</sup>:

**\$1.5 BILLION**

**23%** of all urologic office visits attributed to BPH

BPH treatment and diagnosis make up the largest segment of urologic practice<sup>2</sup>

**41.2%** of privately insured BPH patients

41.2% of privately insured BPH patients filled at least one BPH-related prescription<sup>1</sup>

**12.2M** actively managed with BPH treatment

54.8% of 12.2M actively managed BPH patients are managed with pharmacological therapy<sup>2</sup>

Source: 1. Feinstein L., Matlaga B. US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2018; NIH Publication No. 12-7865 [pp. 78-81]. 2. Vuichoud, C. Canadian Journal of Urology 22.Suppl 1 (2015): 1-6.

# The ENTADFI® Opportunity

**ENTADFI® has the potential to be first-line treatment for BPH symptoms, both reducing prostate size and managing ED**

- **Current BPH treatment can take up to 6-12 months for significant symptom relief**, contributing to adherence concerns<sup>1</sup>
- **Men with moderate-to-severe LUTS are at increased risk for sexual dysfunction**, including erectile dysfunction, ejaculatory dysfunction, and hypoactive desire<sup>2</sup>
- LUTS/BPH severity and number of medications influence adherence rates
  - Men with less severe symptoms have poorer adherence<sup>3</sup>
  - **Men taking multiple BPH treatments concurrently had an adherence rate of 9%**<sup>4</sup>
- Several **BPH treatments significantly increased the risk of ED, ejaculatory dysfunction, and hypoactive sexual desire** in subjects with BPH<sup>3,4</sup>
- AEs related to sexual/ejaculatory dysfunction appear to increase with 5-ARI/  $\alpha$ -blocker coadministration<sup>1</sup>



Lower urinary tract symptom improvement is not observed with finasteride monotherapy for 6 to 12 months and  $\alpha$ -blockers are not indicated to reduce prostate size<sup>1</sup>

5-ARI – 5-alpha reductase inhibitor; AE – adverse events; BPH – benign prostatic hyperplasia; ED – erectile dysfunction; LUTS – lower urinary tract symptoms.

**References:** 1. Casabé A et al. *Journal of Urology*. 191:727-733 2014. 2. Rosen RC, et al. *European Urology*. 2005;47(6):824-837. 3. Zabkowski T, Saracyn M. *J Physiol Pharmacol*. 2018;69(4):10.26402/jpp.2018.4.14. 4. Cindolo L, et al. *European Urology*. 2015;68(3):418-425. 5. Shin YS, et al. *World Journal of Men's Health*. 2019;37(2):157-165. 6. Corona G, et al. *Andrology*. 2017;5(4):671-678.

# Patients Usually Present to PCP or Urologists When Lower Urinary Tract Symptoms (LUTS) Become Bothersome



## PATIENTS

### Medical History/Comorbidities

- Men aged  $\geq 40$
- Other comorbidities: cardiovascular (hypertension, CHF), diabetes, hyperlipidemia, obesity
- Patients will likely take other medications concurrently, with 65.2% of men ages 40-79 taking at least one prescription drug, and 21.1% taking 5 or more<sup>1</sup>



## SYMPTOMS

### Bothersome Lower Urinary Tract Symptoms

- Increased urinary frequency
- Urgency
- Nocturia
- Decreased and intermittent force of stream
- Sensation of incomplete bladder emptying
- Small voided volumes
- Partial or complete urinary retention



## EXAMS & TESTS

### Physical Examination/Laboratory Testing

- Digital rectal examination (DRE)
- I-PSS (International Prostate Symptom Score)
- Urination observation
- Prostate-specific antigen (PSA)
- Urinalysis
- Serum creatinine

## I-PSS<sup>2</sup>

### (INTERNATIONAL PROSTATE SYMPTOM SCORE)

A validated, self-administered questionnaire to assess BPH and severity of symptoms and quality of life

A tool used to screen for, rapidly diagnose, track the symptoms of, and suggest management of BPH symptoms

Scores range from:

- Mild (symptom score  $\leq 7$ )
- Moderate (symptom score 8-19)
- Severe (symptom score 20-35)

PCP – primary care provider; CHF – congestive heart failure.

Sources: 1. Hales CM, Servais J, Martin CB, Kohen D. Prescription drug use among adults aged 40–79 in the United States and Canada. NCHS Data Brief, no 347. Hyattsville, MD: National Center for Health Statistics. 2019. 2. Lee K, Weiss J. International prostate symptom score - an overview: science direct topics. <https://www.sciencedirect.com/topics/medicine-and-dentistry/international-prostate-symptom-score>. Accessed June 10, 2022.

# ENTADFI<sup>®</sup> is The First and Only FDA-Approved Combination Therapy for Benign Prostatic Hyperplasia

**ENTADFI<sup>®</sup>**  
(tadalafil and finasteride)  
capsules



## INDICATION AND USAGE

ENTADFI<sup>®</sup> is a combination of finasteride, a 5 $\alpha$ -reductase inhibitor, and tadalafil, a phosphodiesterase 5 (PDE5) inhibitor, and is indicated to initiate treatment for the signs and symptoms of benign prostatic hyperplasia (BPH) in men with an enlarged prostate for up to 26 weeks.<sup>1</sup>

## Key Differentiators



**Dual MOA**



**Faster & improved LUTS**



**Significant 1<sup>o</sup> & 2<sup>o</sup> endpoints**  
(at all time points)



**Greater relief of LUTS**



**Sustained over 26 weeks**



**> Treatment satisfaction at week 26**

FDA – U.S. Food and Drug Administration.

Source: 1. Entadfi<sup>™</sup>. Prescribing Information. Blue Water Biotech; 2023.

# ENTADFI® Significantly Improves Early BPH Symptoms

**International Prostate Symptom Score (IPSS):** an eight-question self-administered survey used to screen for, diagnose, track, and manage the symptoms of BPH. Higher scores correlate with more severe symptoms and decreased QoL.

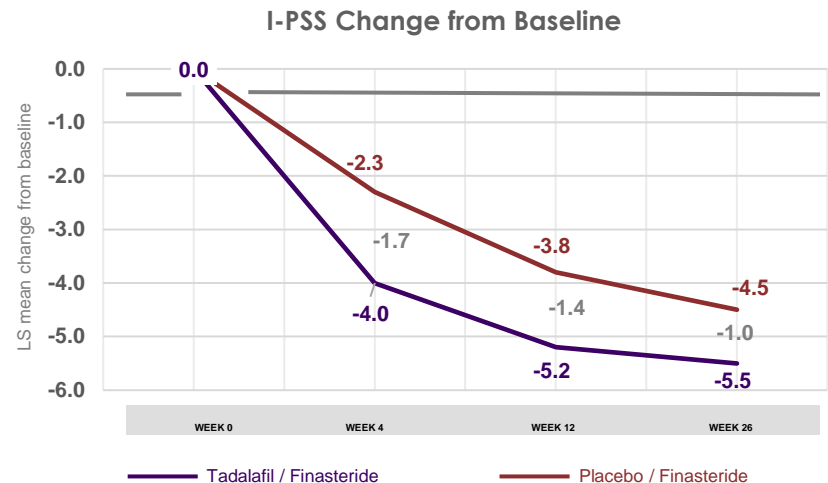
## Primary Endpoint Achieved

- LS mean change from baseline with TAD/FIN at 12 weeks was -5.2 vs -3.8 for PBO/FIN (LSTD of -1.4 [95% CI -2.3, -0.6;  $p \leq 0.001$ ])

## Key Secondary Endpoints Were Statistically Significant

- Significant LUTS improvements were observed with TAD/FIN at 4 and 26 weeks after baseline
- LS mean change in I-PSS total score
  - Week 4: TAD/FIN was -4.0 vs -2.3 for PBO/FIN ( $p < 0.001$ )
  - Week 26: TAD/FIN was -5.5 vs -4.5 for PBO/FIN ( $p = 0.022$ )

## Time course of LS mean change from baseline in I-PSS total score



TAD/FIN Led to a **74% Greater Reduction** than Finasteride Alone

Within the First 4 Weeks and a **22% Greater Reduction** at Week 26

I-PSS – International Prostate Symptom Score; TAD – tadalafil; FIN – finasteride; PBO – placebo; IIEE-EF – International Index of Erectile Function – Erectile Function; Qmax – peak or maximum flow rate; ED – erectile dysfunction.

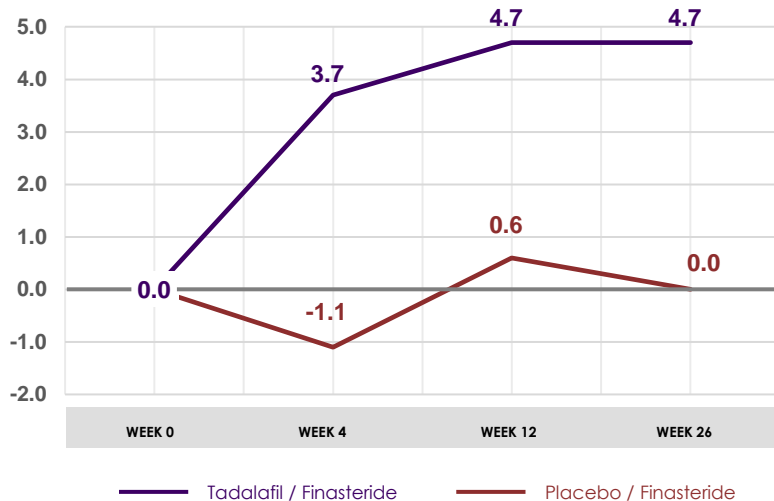
Source: 1. Casabé A et al. Journal of Urology. 191:727-733 2014.

# ENTADFI® Significantly Improves Sexual Function

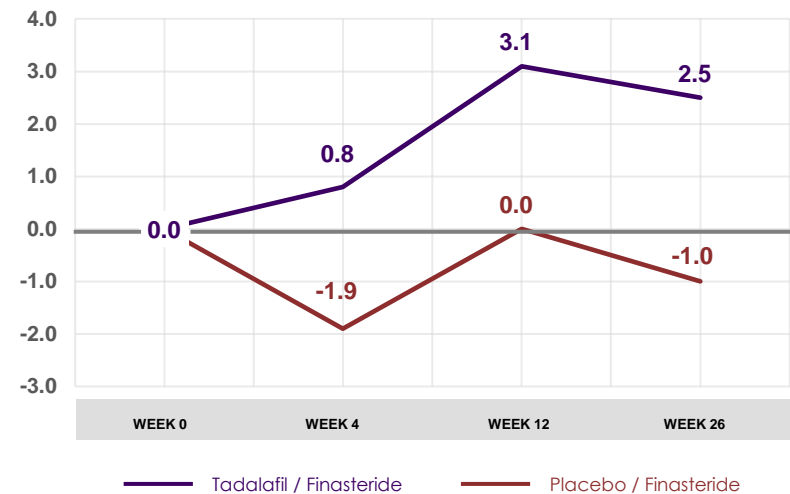
**Among Sexually Active Men With and Without Baseline ED Treated with TAD/FIN, Significant Improvements Were Observed in Scores at All Three Postbaseline Timepoints that were Significantly Greater than Patients Treated with PBO/FIN<sup>1,2</sup>**

**The International Index of Erectile Function (IIEF):** a widely-used multidimensional evaluation for male sexual function. A self-administered questionnaire that reliably assesses sexual function & satisfaction to help inform HCPs of sexual symptoms associated with BPH

IIEF-EF Change from Baseline  
Men With Baseline ED



IIEF-EF Change from Baseline  
Men Without Baseline ED



BPH – benign prostatic hyperplasia; ED – erectile dysfunction; FIN – finasteride; HCP – healthcare provider; IIEF – International Index of Erectile Function; LS – least square;; PBO – placebo; TAD – tadalafil.

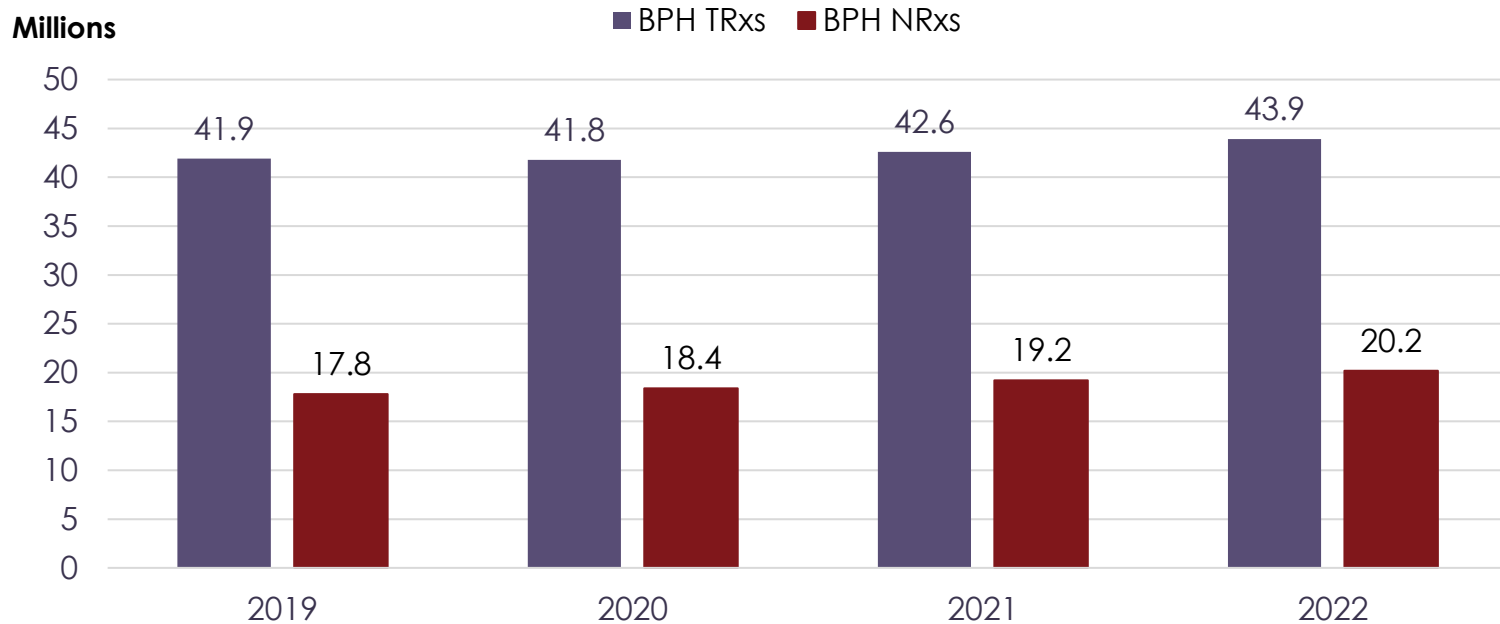
Source: 1. Casabé A et al. *Journal of Urology*. 191:727-733 2014. 2. Glina et al. *J Sex Med*. 2015;12:129-138.



# BPH Market is Large and Growing

**Expected Increases in Both Total Prescriptions and New Prescriptions within BPH Based on Historical Data**

## Annual BPH TRx & NRx Prescription Market<sup>1</sup>



NOTE: Figures for 2022 are annualized based on 11 months of information available from IQVIA at the time of development

References: 1. IQVIA Annual BPH Market – January'23.

# ENTADFI®'s Three-Pronged Commercial Strategy

Decile	Total Rx's	Total URO	Rx per HCP
10	1,046,034	229	4,568
9	1,044,673	327	3,195
8	1,044,958	402	2,599
7	1,043,744	470	2,221
6	1,049,786	553	1,898
5	1,045,625	648	1,614
4	1,040,716	766	1,359
3	1,043,213	960	1,087
2	1,043,741	1,334	782
1	1,043,245	7,069	148

**~2,600 HCP's fall into Urology Deciles 5-10**



\* 2023 Deciling, IQVia LRx claims

Source: Integrated Insights Consulting ENTADFI™ Messaging Research; n=25; July 2022

# Healthcare Provider – Patient Focus

Targeting 3 channels directed to top decile urologists & patients



Patient awareness



Patient demand



Inquire



Qualify



Transact



Ship



**T.B.A**



## Proclarix®

Partnered with Labcorp in U.S.

Available in Europe

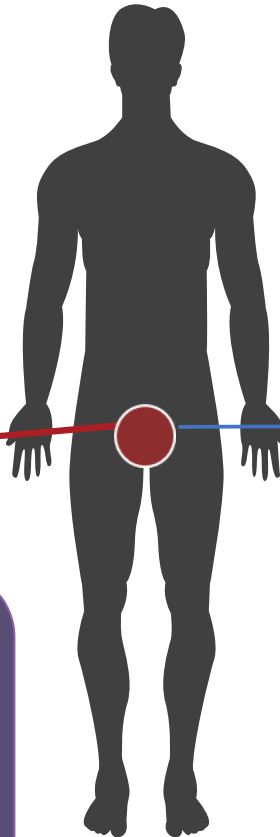
# Public Health Burden of Prostate Cancer

*Driven by longevity, increased awareness, and more personalized treatment options*



1 in 7

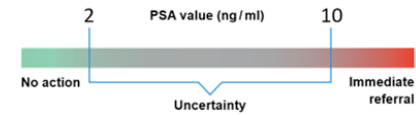
Men diagnosed with prostate cancer



Proclarix<sup>®</sup> addresses “Uncertainty” limitation of the PSA test by improving the NPV of the diagnosis when Proclarix<sup>®</sup> and PSA results are combined thereby improving the patient experience (by limiting the use of Digital Rectal Exams and preventing unnecessary biopsies)

**106 million**  
PSA tests for prostate cancer performed every year for screening purposes

**15 million tests**  
with high PSA levels (2-10ng/ml)

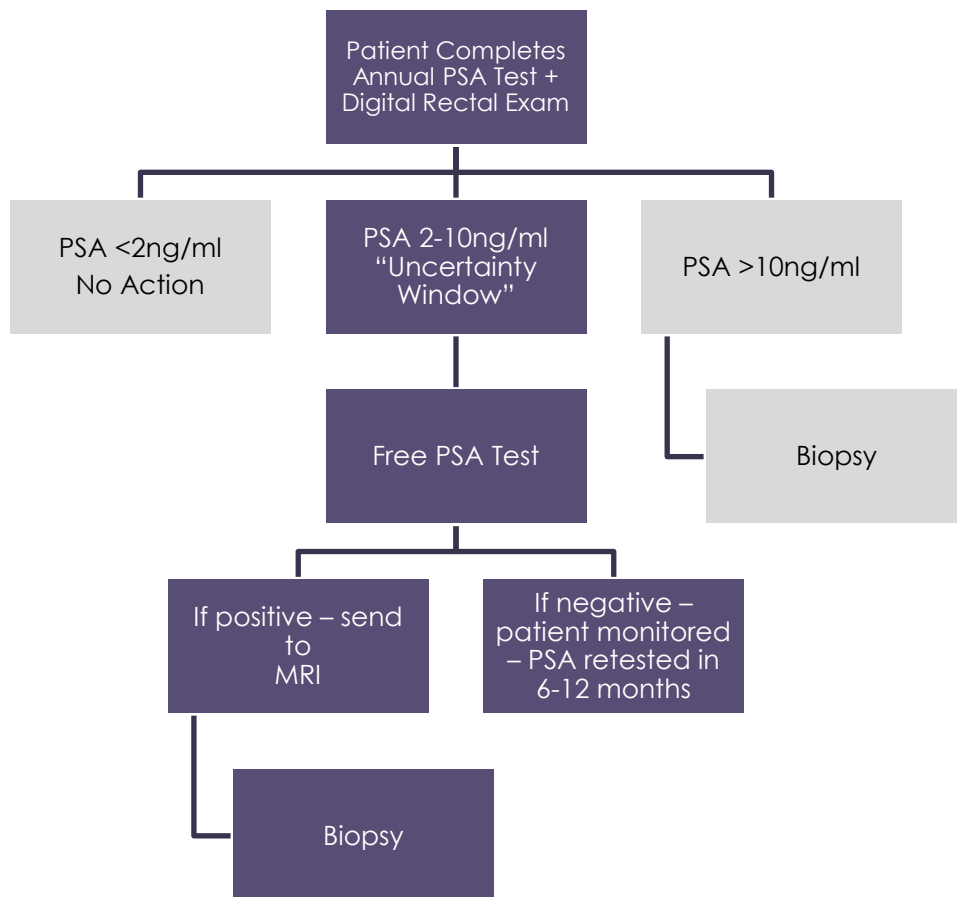


Difficult medical decision-making in grey zone:  
Further investigate or discharge the patient?

**3 million**  
Biopsies performed every year

**1.5 million**  
Negative or clinically insignificant biopsies representing significant costs and risk/discomfort for patients

# Current Prostate Cancer Diagnosis Patient Journey



## Current First Line Testing Performance Metrics\*

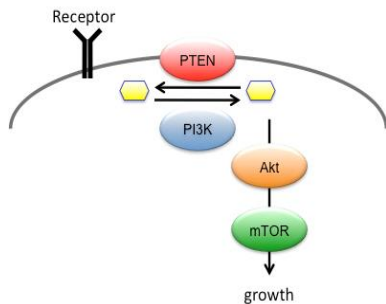
- PSA Test + DRE: specificity 10%, sensitivity 97%, NPV 86%
- PSA Test + DRE + Free PSA: specificity 20%, sensitivity 93%, NPV 86%
- Low specificity with current testing resulting in unneeded biopsies, 5/10 biopsies today are negative after being recommended to biopsy as a result from PSA Test + DRE + Free PSA Test

Reference Roche documentation as specified in instructions for use for total PSA and free PSA assays.

# Targeted Biomarker Approach

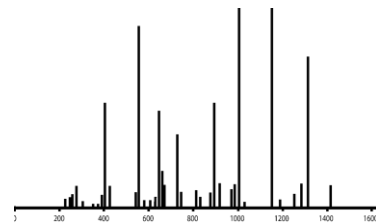
*Proteomedix discovered prostate cancer-related biomarkers (THBS1/CTSD) through a genetics-guided approach*

## 1. Molecular cause of Prostate Cancer...



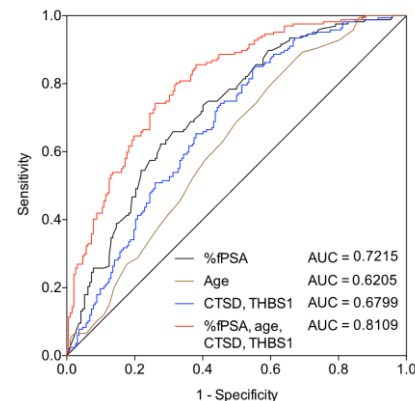
...studied in PTEN KO mouse models<sup>1</sup>

## 2. Mass spectrometry-based discovery...



...of protein biomarkers in serum (CTSD/THBS1)

## 3. Biomarker signatures...



...generated from blood-based proteins<sup>2</sup>

**Diagnosis**  
Reduce false-positive results<sup>2</sup> = Proclarix®

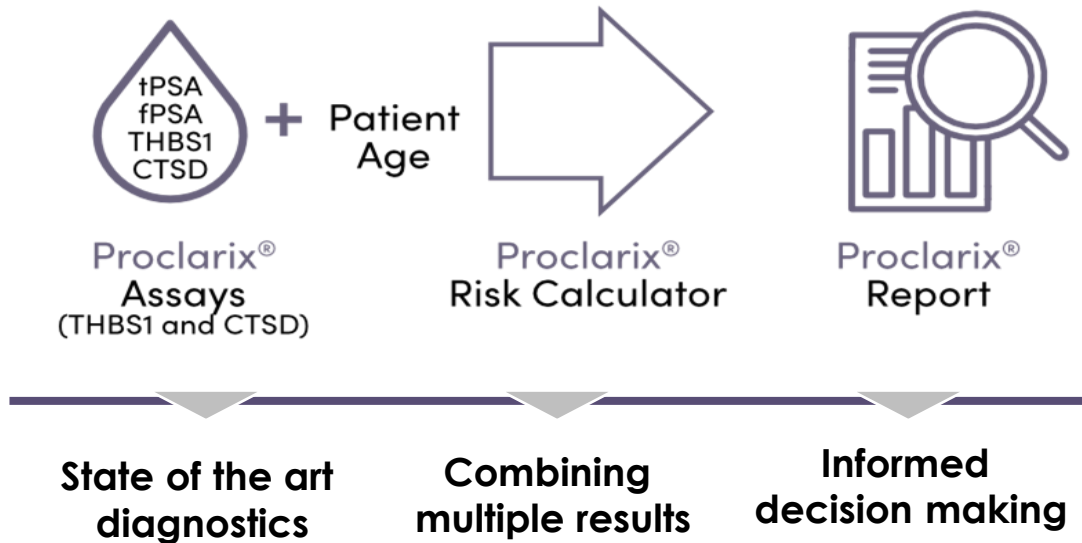
**Prognosis**  
Assess Aggressiveness of disease

**Prediction**  
Stratify patients for response to therapy

References: 1. Cima I., et al. *PNAS* (2011), 2. Endt K., et al. *PLoS ONE* (2017)

# Proclarix<sup>®</sup> Value Proposition

*Proclarix<sup>®</sup> Improves Patient Experience and Provides a More Accurate Diagnosis*



**NON-INVASIVE**  
Blood-based



**FAST**  
Single sample



**PRECISE**  
Accurate & reliable

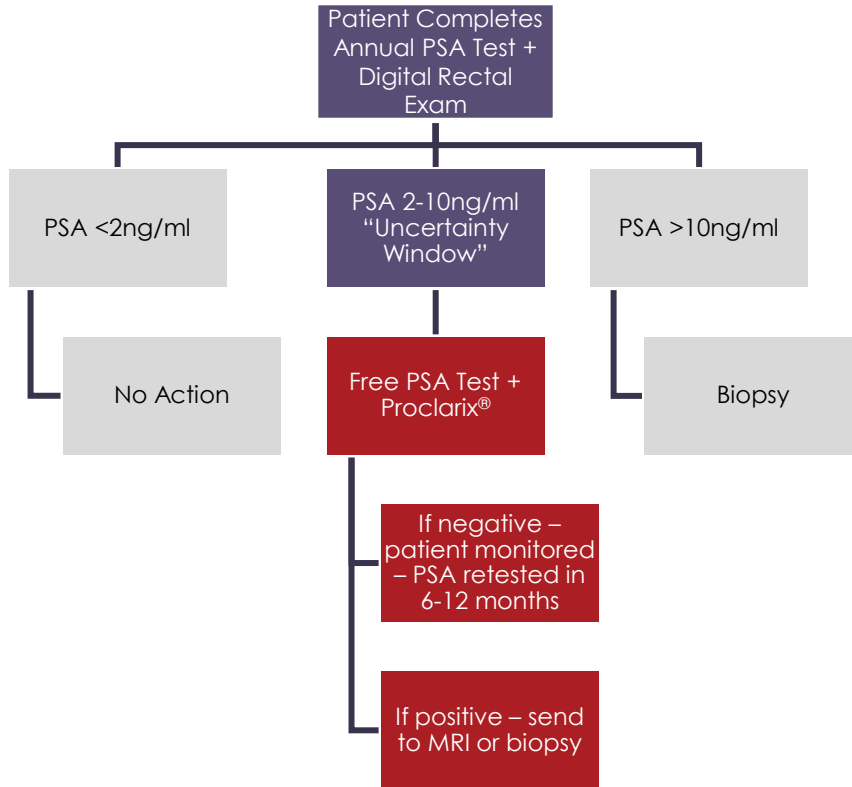


**ACCESSIBLE**  
Local laboratory



**COMPLEMENTARY**  
Proclarix & MRI





## In the “Uncertainty Window”

- PSA Test + DRE: **specificity 18%**, sensitivity 90%, NPV 89%
- PSA Test + DRE + Free PSA Test: **specificity 17%**, sensitivity 90%, NPV 89%
- PSA Test + DRE + Free PSA Test + Proclarix<sup>®</sup>: **specificity 43%**, sensitivity 90%, **NPV 95%**

***Improved specificity and NPV, reducing need for MRI and leading to prevention of unnecessary biopsies = better patient experience***

**Reference** Klocker, H. et al. Development and validation of a novel multivariate risk score to guide biopsy decision for the diagnosis of clinically significant prostate cancer. *BJU Compass* 2020 1(1), 15-20.

## **CE validation study (retrospective)**

955 patients / 2 centers (AT/DE)  
*Klocker et al. 2020 BJUI Compass*

## **Clinical Performance**

- 90% sensitivity
- 43% specificity
- 95% negative predictive value (NPV)
- Reduction of unnecessary biopsies by 43%

## **PROPOSE: Clinical benefit study (prospective)**

457 patients / 10 centers (EU)  
*Steuber et al. 2021 Eur Urol Oncol*

## **Clinical Benefit**

- Prospectively evaluated, Multicenter setting
- Rule-out test verified (97% sensitivity, 96% NPV)
- Reduction of unnecessary biopsies by 26% vs 7% for fPSA)

## **Guide use of MRI (retrospective)**

721 patients / 2 centers (UK, Spain)  
*Morote et al. 2023 BJU International*

## **MRI Companion**

- Proclarix-MRI combination (90% sensitivity, 68% specificity)
- A large reduction of two thirds of unneeded biopsies demonstrated

## Proclarix included in the 2023 European and in the American Association of Urology Guidelines

- Guidelines assist clinicians in making informed treatment decisions, taking into account the available scientific data.
- The inclusion of Proclarix in the guidelines is an important recognition of the clinical value of Proclarix.
- It serves as a validation for the clinical utility and importance of using Proclarix in the detection of prostate cancer.

The Proclarix<sup>®</sup> test is a blood-based test that estimates the likelihood of csPCa according to measurement results for thrombospondin-1, cathepsin D, total PSA, percentage free PSA and patient age. This test has been correlated with the detection of significant PCa, notably in case of equivocal MRI (PI-RADS 3 lesions).



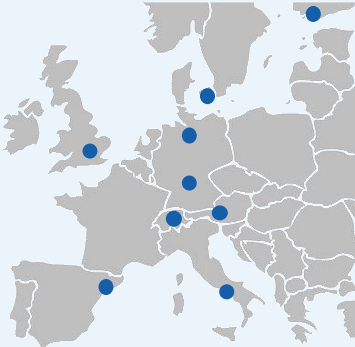
**European Guidelines:** [Link](#)













**American Guidelines:** [Link](#)

# Proclarix<sup>®</sup> Commercialization Status


## Europe



 CAMBRIDGE CLINICAL LABORATORIES  
 UNIVERSITÄTSKLINIKUM FRANKFURT GOETHE-UNIVERSITÄT  
 RIGSHOSPITALET  
 VALL D'HEBRON HOSPITAL  
 MARTINI-KLINIK PROSTATATEKREBSZENTRUM  
 ZENTRUM FÜR LABORMEDIZIN  
 DIAGNOSTICA MEDICA  
 KANTONSSPITAL AARAU  
 UCL  
 MEDICAL UNIVERSITY INNSBRUCK

- Pilots with laboratories (lab-chains, private labs and hospital labs) in EU, Switzerland, Germany, Italy & UK
- Broad clinical data/ scientific publications with several top tier cancer centers from Europe
- IVDR certification for Proclarix<sup>®</sup> assays & software

## US

**Proteomedix Agrees to Issue Labcorp Exclusive License for Proclarix<sup>®</sup> Blood Test to Detect Prostate Cancer**  
 Labcorp Plans to Develop and Commercialize the Innovative Prostate Cancer Liquid Biopsy Test in the U.S. 

May 22, 2023 01:00 AM Eastern Daylight Time

ZÜRICH-SCHLIEREN, Switzerland--(BUSINESS WIRE)--Proteomedix, a Swiss diagnostics company committed to advancing prostate cancer care, announced today that it entered into an agreement for Labcorp, a leading global life sciences company, to be the only laboratory to develop and commercialize the Proclarix<sup>®</sup> Prostate Specific Antigen (PSA) test in the U.S. Proclarix is performed using the same blood sample as a PSA test, and is designed to help determine the risk of clinically significant prostate cancer for men with an elevated total PSA and a digital rectal examination that indicates elevated prostate volume, but who are not suspected of having cancer. In appropriate cases, the test provides a non-invasive alternative to a prostate biopsy, which can have significant side effects.

"This test will give patients and providers clear answers to help them make more informed decisions about the most appropriate monitoring and treatment plan for each patient."

"We are extremely proud of our new collaboration with Labcorp," said Helge Lubenow, CEO of Proteomedix, and added: "About 1 in 7 men will be diagnosed with prostate cancer during their lifetimes, and this type of cancer is the most frequent in men and the second deadliest. There is an important unmet medical need for an accurate diagnosis of clinically significant prostate cancer by employing an innovative, simple blood test. The future commercialization of this assay in the U.S. will significantly impact how care and treatment for men with elevated PSAs is managed. We are pleased to work with Labcorp to make this test available to improve care for more men in the U.S."

"Labcorp is focused on expanding access to innovative diagnostic options like Proclarix," said Dr. Prasanth Reddy, M.D., MPH, FACP, senior vice president and oncology head at Labcorp. "This test will give patients and providers clear answers to help them make more informed decisions about the most appropriate monitoring and treatment plan for each patient."

Tungsten Advisors served as the exclusive financial advisor to Proteomedix. Brown Rudnick served as legal counsel to Proteomedix.

- Labcorp Exclusive Commercial Partner for Proclarix<sup>®</sup> in the US
- All necessary clinical studies and clinical utility studies will be completed by Labcorp
- Labcorp will commercialize Proclarix<sup>®</sup> in the US

# Proclarix® vs Leading Prostate Cancer Diagnostics

	Old generation		New generation		Next generation
	Beckman Coulter PHI score	OPKO 4Kscore	BioTechne Epi	MDxHealth SelectMDX	<b>Onconetix™</b> <b>Proclarix™</b>
Description of the test	Combining PSA, %free PSA, and p2PSA into a score from proprietary algorithm	Combining 4 protein biomarkers and other clinical information into score for aggressive cancer risk from algorithm	Measuring the concentration of 3 RNA cancer biomarkers in urine to score cancer likelihood	Measuring the concentration of 2 cancer biomarkers in urine with other factors to score cancer likelihood	<b>Measuring the concentration of 2 cancer biomarkers in blood with PSA and age to score cancer risk</b>
Additional cancer-specific biomarker	No	No	Yes	Yes	<b>Yes</b>
Test Type	IVD	LDT	LDT	LDT	<b>CE-IVDR in E.U./ LDT in US</b>
Logistics	Complex: Serum to be deeply-frozen for transport	Complex: Samples to be centrifuged and shipped frozen on dry ice	Complex: Relatively unstable samples requiring processing within days	Complex: Relatively unstable samples requiring processing within 5 days	<b>Blood-based test, using same sample as PSA test and easier shipment</b>
Cost	EUR 150-180	USD 500	USD 760	USD 300	<b>USD ~760/EUR ~250</b>
Reimbursement	Not generally reimbursed anywhere	Not reimbursed in Europe Reimbursed in the US	Not reimbursed in Europe Reimbursed in the US	Not reimbursed in Europe	<b>Targeting reimbursement</b>
Ease of use	Need to be run by labs on Beckman equipment	Blood-based test, no prostate massage required	Urine-based test, no prostate massage required	Less patient-friendly – prostate massage required prior to sample collection	<b>Adaptable to clinical routine, fast time to result, no prostate massage required</b>

# Proclarix<sup>®</sup> Market, Reimb. and Drivers for Adoption

**Proclarix's current addressable revenue opportunity in the US and EU is ~\$5B (at a retail price of \$760 per test in the US and \$250 per test in the EU)**

## **US Market \$4.25B revenue opportunity:**

- First market of 3.1MM PSA Tests that fall into the "Uncertainty" window + enlarged prostate + negative DRE
- Second market of an additional 2.5MM PSA Tests if volume and DRE restrictions are removed based on newly generated data

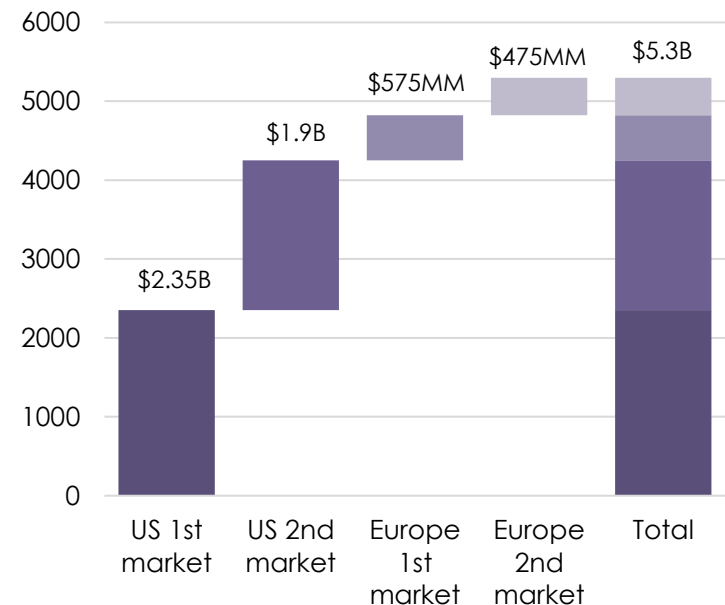
## **European Market \$1.05B revenue opportunity:**

- First market of 2.3MM PSA Tests that fall into the "Uncertainty" window + enlarged prostate + negative DRE
- Second market of an additional 1.9MM PSA Tests if volume and DRE restrictions are removed based on newly generated data

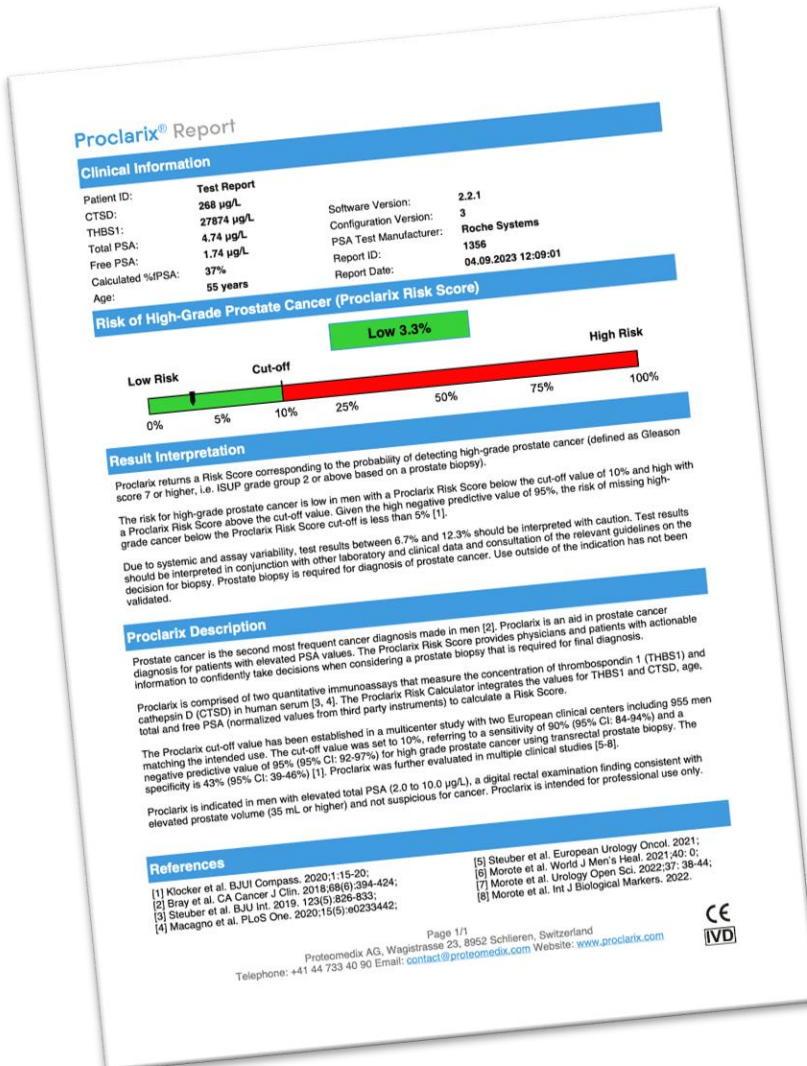
## **Key Benefits when PSA is combined with Proclarix<sup>®</sup>:**

- 2.5x better specificity when PSA and Proclarix are combined vs PSA alone
- Proclarix + PSA – fixed sensitivity of 90% for significant disease resulted in a specificity of 43% and a NPV of 95%
- fPSA alone – fixed sensitivity of 90% for significant disease resulted in a specificity of 17% and NPV of 89%
- Reduction of unnecessary biopsies by 43%

## Market Size



Above figures are management calculations based on number of PSA tests in first and second markets, multiplied by Proclarix retail prices for each addressable market. Estimated number of tests in first market: Steuber et al. 2021 *Eur Urol Oncol* and second market: Morote, J. et al. 2022 *World J Mens Health*



**General information** contains anonymized patient data relevant for risk calculation

The **test result** section reports an individualized risk score between 0 and 100% indicating the risk of high-grade prostate cancer

This section highlights the **result interpretation** by explaining the cut-off chosen

This section contains the **test description** including the parameters, the validation cohort and the intended use

**References** with peer-review publications

# Proteomedix Accreditation

## Quality Management System (QMS):

- ISO 13485:2016 certified for the "Design and development, production and distribution of in-vitro diagnostics and software-based decision aids for improving prostate cancer management".
- Audited by TÜV SÜD Product Service GmbH, an internationally recognized notified body headquartered in Germany.

## Proclarix CE-marked according to IVDR:

- Proclarix is classified in the second highest risk class (class C).
- CE-certification of Proclarix under IVDR was accomplished in 2022. A Declaration of Conformity was submitted to Swissmedic. The product can be placed on the European market.
- Authorized representative (Emergo/UL) for EU and UK were engaged.





## Research, Development and Technical Performance

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- Endt K, et al. Development and clinical testing of individual immunoassays for the quantification of serum glycoproteins to diagnose prostate cancer. Pizzo SV, editor. Plos One. 2017.
- Steuber T, et al. Thrombospondin 1 and cathepsin D improve prostate cancer diagnosis by avoiding potentially unnecessary prostate biopsies. BJU International. 2019.
- Macagno A, et al. Analytical performance of thrombospondin-1 and cathepsin D immunoassays part of a novel CE-IVD marked test as an aid in the diagnosis of prostate cancer. Plos One. 2020.

## Clinical Validation of Proclarix

- Klocker H, et al. Development and validation of a novel multivariate risk score to guide biopsy decision for the diagnosis of clinically significant prostate cancer. BJUI Compass. 2020.
- Steuber T, et al. PROPOSE: A Real-life Prospective Study of Proclarix, a Novel Blood-based Test to Support Challenging Biopsy Decision-making in Prostate Cancer. European Urology Oncol. 2021.
- Terracciano D, et al. New strategy for the identification of prostate cancer: The combination of Proclarix and the prostate health index. Prostate. 2022.
- Campistol, M. et al. Relationship between Proclarix and the Aggressiveness of Prostate Cancer. Mol Diagn Ther. 2023.
- Kaufmann, B. et al. Evaluation of Proclarix in the diagnostic work-up of prostate cancer. BJUI Compass. 2023.

## Proclarix in Combination with Imaging (mpMRI)

- Pye H, et al. Evaluation of Proclarix, a prostate cancer risk score, used together with magnetic resonance imaging for the diagnosis of clinically significant prostate cancer. J Clin Oncol. 2020.
- Morote J, et al. The Efficacy of Proclarix to Select Appropriate Candidates for Magnetic Resonance Imaging and Derived Prostate Biopsies in Men with Suspected Prostate Cancer. World J Men's Heal. 2021.
- Morote J, et al. Who with suspected prostate cancer can benefit from Proclarix after multiparametric magnetic resonance imaging? Int J Biological Markers. 2022.
- Morote J, et al. Improving the Early Detection of Clinically Significant Prostate Cancer in Men in the Challenging Prostate Imaging-Reporting and Data System 3 Category. European Urology Open Sci. 2022.
- Campistol M, et al. Comparison of Proclarix, PSA Density and MRI-ERSPC Risk Calculator to Select Patients for Prostate Biopsy after mpMRI. Cancers. 2022.
- Morote, J. et al. Accurate diagnosis of prostate cancer by combining Proclarix with magnetic resonance imaging. Bju Int. 2023.

## Proteomedix Patent Portfolio

- WO2009138392 (licensed). Use of prostate cancer biomarkers for diagnosis and monitoring. Priority date: 14.05.2008. Status: Granted in US, Japan, China, Europe
- WO2018011212. Method of detecting proteins in human samples (Proclarix). Priority date: 15.07.2016. Status: Granted in US, Europe, Japan, China, South Korea, India, Australia. Pending in Canada.
- WO03102018 (licensed). Glycocapture technology. Priority date: 03.06.2002. Status: Granted in US, Europe, Japan.
- WO2023274741. Proclarix and MRI. Priority date: 29.06.2021. Status: Filed in US, China
- WO2023274742. Prognosis biomarkers. Priority date: 29.06.2021. Status: Filed in US, China, Europe

- Onconetix (Nasdaq: ONCO) personalized medicine theranostic company in oncology.
- Corporate headquarters: Cincinnati, Ohio
- Initial focus is men's health: BPH and prostate cancer.
- Commercial: **Therapeutically**, The Company currently has **Entadfi®**, an FDA-approved, once-daily oral therapeutic for the treatment of benign prostatic hyperplasia (BPH), a disorder of the prostate.
- Commercial: **Diagnostically**, we have **Proclarix®**, a European CE IVD approved test for prostate diagnostics and a lab developed test (LDT) currently in the U.S.
- Targeted pre-market pipeline of therapeutic, diagnostic, and computational services platform for oncology.
- Deeply experienced, successful commercialization management team.

# Thank you!

**Dr. Ralph Schiess**

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