For Immediate Release

DIMERIX RELEASES INVESTOR PRESENTATION & VIDEO RECORDING

MELBOURNE, Australia, 28 April 2026: Dimerix Limited (ASX: DXB) ("Dimerix" or the "Company"), a biopharmaceutical company with a Phase 3 clinical asset in kidney disease, is pleased to release an updated investor presentation and accompanying short video where Chief Executive Officer and Managing Director, Dr Nina Webster, steps through the presentation highlights. The presentation and video accompany today's announcement of the ACTION3 Phase 3 blinded statistical analysis results.

The presentation covers how the likelihood of a positive outcome with the ACTION3 trial has been substantially derisked through the blinded analysis process (announced earlier today) and with the decision to pursue the traditional approval approach for DMX-200, using proteinuria as the primary endpoint, as agreed between Dimerix and its commercial partners.

Key points:

- An overview of Dimerix and the Phase 3 clinical trial, called ACTION3, for its lead asset DMX-200
- The lead disease area that Dimerix is working in - called focal segmental glomerulosclerosis (FSGS), a rare kidney disease for which Dimerix has orphan drug designation in key territories
- The move towards proteinuria as the primary endpoint for ACTION3, and how this maximises the likelihood of a successful study outcome and regulatory success
  - An overview of the blinded review process which confirmed Dimerix' ACTION3 Phase 3 clinical trial remains appropriately statistically powered (>90%) to demonstrate statistical significance for the predicted treatment effect of DMX-200 for the proteinuria primary endpoint
  - The ACTION3 Phase 3 futility analysis conducted in March 2024 demonstrated DMX-200 was performing better than placebo in reducing proteinuria at that point in time
  - The Phase 2 clinical trial where 86% of patients demonstrated reduced proteinuria when administered DMX-200 compared to when administered placebo
  - That the FDA agreed that proteinuria is an appropriate endpoint for DMX-200's full regulatory approval in ACTION3
  - The recent FDA approval of an FSGS therapy in the US, based on the proteinuria endpoint further supports proteinuria as the primary study endpoint
- The potential commercially attractive market for DMX-200, plus patient prevalence and incidence numbers
- The four, highly strategic, commercial partners in key territories around the world, with a total deal value of up to $1.4 billion, and who bring their expertise in clinical, regulatory, pricing, reimbursement as well as their existing infrastructure for sales and marketing to the DMX-200 program
- How Dimerix is well positioned to deliver against its strategic plan of growing sustainable value through clinical success, global partnerships and pipeline diversification.

The video presentation can be accessed via this link: Dimerix Investor Update April 2026

Dimerix HQ
425 Smith St, Fitzroy 3065
Victoria, Australia
T. 1300 813 321
E. info@dimerix.com

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

Dr Nina Webster
Dimerix Limited
Chief Executive Officer & Managing Director
Tel: +61 1300 813 321
E: investor@dimerix.com

Jane Lowe
IR Department
Tel: +61 411 117 774
E: jane.lowe@irdepartment.com.au

Follow Dimerix on **LinkedIn** and **X**

Authorised for lodgement by the Board of Dimerix

—END—

About Dimerix Limited

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

About DMX-200

DMX-200 is a chemokine receptor (CCR2) antagonist administered to patients already receiving an angiotensin II type I receptor (AT1R) blocker, the standard of care treatment for hypertension and kidney disease. DMX-200 is protected by granted patents in various territories until 2032, with patent applications submitted globally that may extend patent protection to 2042, in addition to Orphan Drug Designation granted in the United States, Europe, UK and Japan[1].

About FSGS

FSGS is a rare, serious kidney disorder characterised by progressive scarring (sclerosis) in parts of the glomeruli—the kidney's filtering units. This scarring leads to proteinuria, progressive loss of kidney function, and often end-stage renal disease. FSGS is increasingly understood to have an inflammatory component, with monocyte and macrophage activation contributing to glomerular injury. In the United States, more than 40,000 people are estimated to be living with FSGS, including both adults and children.[2] 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,[3] underscoring the urgent need for new, disease-modifying treatments.

Dimerix Forward Looking Statement

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

patent protection, future capital needs or other general risks or factors, along with those factors outlined in the most recent Dimerix Limited Annual Report.

References

1 ASX releases: 14 December 2015, 21 November 2018, 07 June 2021, 30 September 2025
2 Nephcure FSGS Facts (https://nephcure.org/)
3 Front. Immunol., (July 2019) | https://doi.org/10.3389/fimmu.2019.01669

Dimerix

ACTION3
FSGS CLINICAL STUDY

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

Investor Presentation

April 2026

Authorised for lodgement by the Board of the Company

Forward looking statements

This presentation includes forward-looking statements that are subject to risks and uncertainties. Although we believe 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.

Phase 3 Global Opportunity

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

Reduced risk

- Proteinuria endpoint **passed blinded interim** (futility) assessment[1]
- Blinded review confirmed ACTION3 **statistically powered (>90%)** to demonstrate statistical significance of predicted proteinuria treatment effect of DMX-200[2]

FSGS indication is a **rare disease** that causes scarring of the kidney, leading to irreversible damage[3]

Orphan drug designations regulatory, marketing exclusivity and pricing **benefits** in key territories[4]

4 commercial partners **DMX-200 licensed** in USA, Europe, Canada, Australia, NZ, Japan and GCC[5]

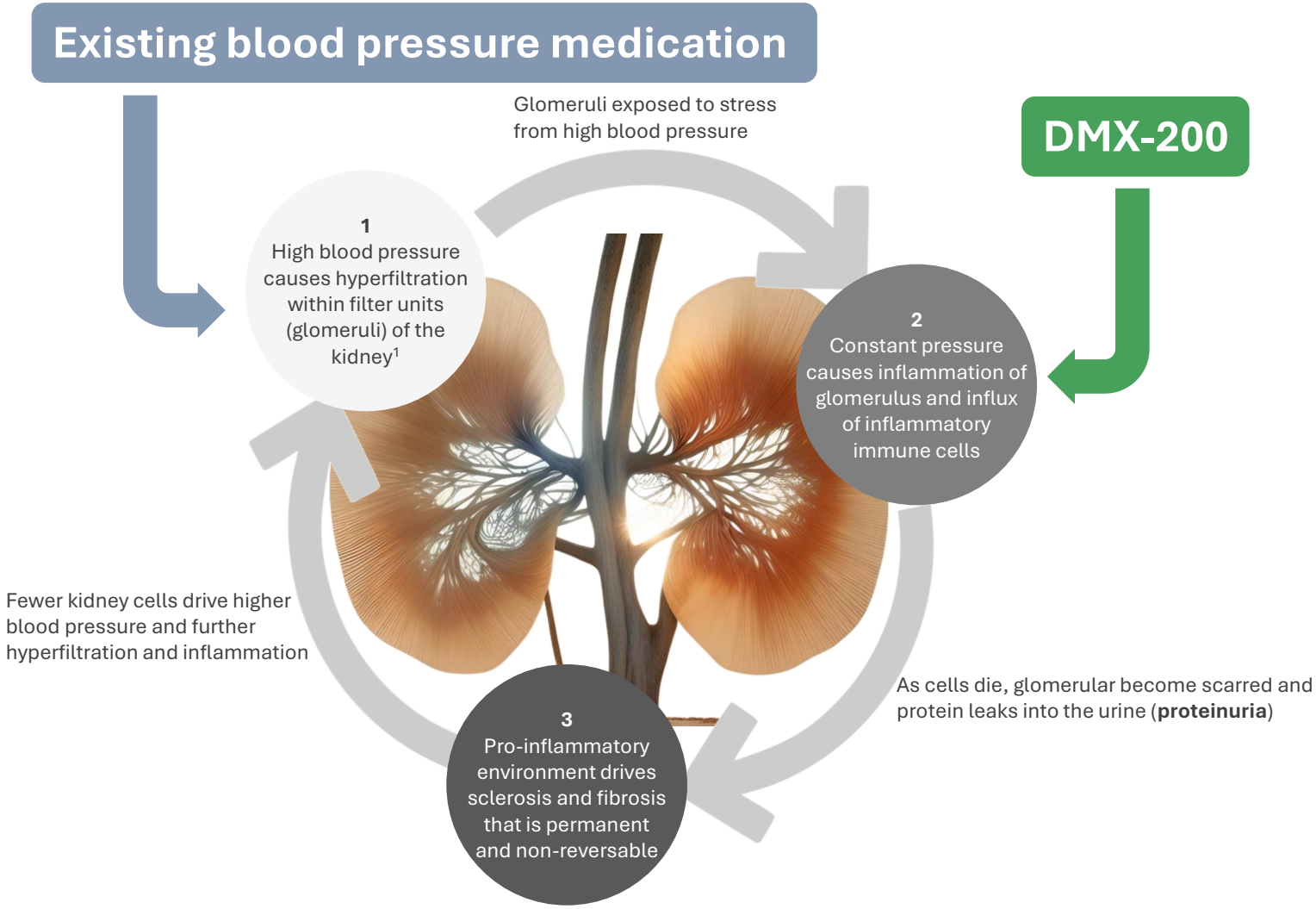
up to $1.4 billion in total development and sales milestone payments **plus** royalties[5]

Dimerix

1. ASX release 11 March 2024 2. ASX release 28 April 2026; 3. Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 4. ASX releases: 14 December 2015, 21 November 2018, 07 June 2021; 5. ASX release 05 October 2023, 27 May 2024, 07 January 2025 and 01 May 2025

Cycle of damage in glomerular diseases

What is FSGS?	
Focal	**= some**
Segmental	**= sections**
Glomerulo	**= of the kidney filtering units**
Sclerosis	**= are scarred**



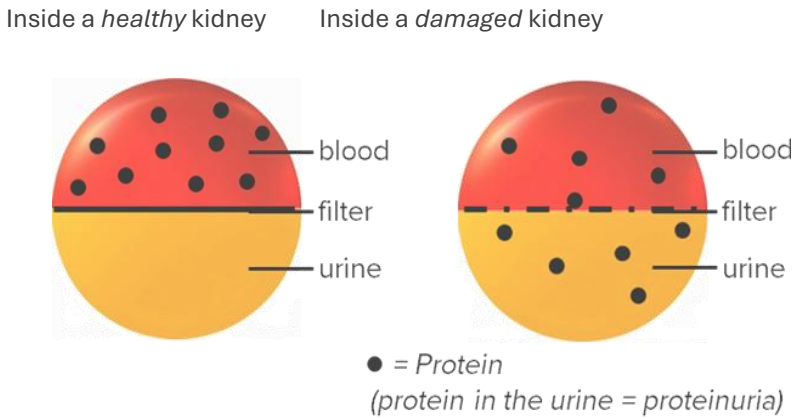
Dimerix

1. Lewis, E. J. et al. (2001), New Engl J Medicine 345, 851–860

Interpreting proteinuria as a surrogate endpoint

Proteinuria is the quantity of protein in the urine

A healthy kidney is a good filter and allows little to no protein into the urine[1]



- When kidneys are damaged, protein can leak into the urine causing proteinuria
- Proteinuria represents an important early marker of kidney function[2]

Proteinuria as a predictor of kidney disease[3]

Dip test	*uPCR g/g*
Neg	<0.13
Trace	0.13
+	0.62
	0.88
++	1.24
+++	2.30
++++	>3.09

NORMAL
MICROALBUMINURIA
HEAVY ALBUMINURIA

normal
proteinuric
nephrotic

Minimal uPCR for ACTION3 inclusion

Proteinuria is typically less variable and easier to measure than eGFR[4]

Dimerix

1.Guruswamy Sangameswaran KD, Baradhi KM. Focal Segmental Glomerulosclerosis (July 2021), online: https://www.ncbi.nlm.nih.gov/books/NBK532272/; 2. Nephcure FSGS living with the disease (2024) at https://nephcure.org/livingwithkidneydisease/ns-and-other-glomerular-diseases/understanding-fsgs/ ; 3. Adapted from graphics prepared by Renal Unit at the Royal Infirmary of Edinburgh and the University of Edinburgh; 4. PARASOL outcomes 2024, a working group made up of: NephCure, ISGD, NKF, KHI are co-sponsors of the project, FDA and EMA involvement, University of Michigan is data coordinating center, Industry invited as participants

ACTION3 endpoint selection

FSGS CLINICAL STUDY

Step 1

PARASOL FSGS working group 12-month data analysis received[1]

Step 2

Seek FDA alignment on endpoints and process for blinded review, ACTION3 clinical study protocol updates[2]

Step 3

Blinded review to assess endpoint power: ACTION3 statistically powered (>90%) to demonstrate a treatment effect for the primary endpoint[3]

Step 4

To maximise the likelihood of a successful study outcome, proteinuria set as the primary endpoint for traditional approval[3]

1. ASX release 08 October 2025; 2. ASX release 24 December 2025; 3. ASX release 28 April 2026.

Proteinuria as ACTION3 primary endpoint

Blinded review confirmed ACTION3 remains appropriately **statistically powered (>90%)** to demonstrate statistical significance for the predicted treatment effect of DMX-200 for the primary endpoint[1]

ACTION3 Phase 3 futility analysis demonstrated **DMX-200 was performing better than placebo in reducing proteinuria** at that point in time[2]

Phase 2 clinical trial: 86% of patients **demonstrated reduced proteinuria** when administered DMX-200 compared to when administered placebo[3]

FDA agreed that **proteinuria is an appropriate endpoint DMX-200 full regulatory approval**[4] in ACTION3; recent FDA approval of an FSGS therapy in the US based on the proteinuria endpoint further supports proteinuria as the primary study endpoint[5]

Collectively, the PARASOL working group,[6] the National Registry of Rare Kidney Diseases UK (RaDaR),[7] Kaiser Permanente[8] and third party FSGS study data all **support proteinuria change from baseline** as a statistically achievable endpoint

Substantially reduced risk phase 3 renal asset

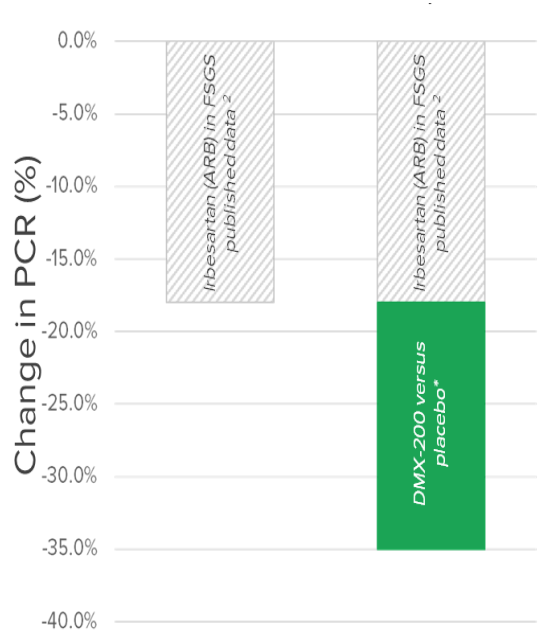
Dimerix

1. ASX release 28 April 2026; 2. ASX release 11 March 2024; 3. ASX release 29 July 2020; 4. ASX release 28 April 2025; 5. FDA announcement https://www.fda.gov/drugs/drug-alerts-and-statements/first-fda-approved-treatment-patients-focal-segmental-glomerulosclerosis-rare-kidney-condition; 6. ASX release 08 October 2025; 7. RaDaR registry: https://www.ukkidney.org/audit-research/data-permissions/data/radar-database; 8. Munis M et al (2026), Real-world eligibility for FSGS clinical trials: insights from a US health system; Clinical Kidney Journal, 19(2); https:/doi.org/10.1093/ckj/sfaf377

DMX-200: Phase 2 met primary endpoint

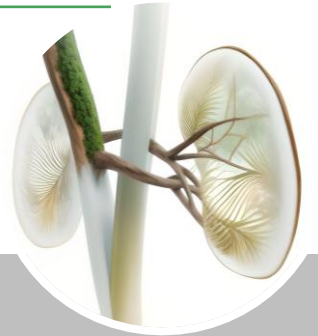
Clinically encouraging outcomes achieved for patients,[1,2] with no safety concerns noted[3]

Average reduction of **17%** in proteinuria after 16 weeks treatment on DMX-200 versus placebo[3]



"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 2020[2]



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

Dimerix

PCR = protein creatinine ratio; ARB = angiotensin receptor blocker; 1. Trachtman, et al., 2018. J Amer Soc Nephrology 29(11):2745-2754; 2. Troost JP et al (August 2020); doi.org/10.1053/j.ajkd.2020.04.014; 3. Repeated measures mixed model analysis per protocol; top line data was reported as grouped analysis on 29 July 2020, study not designed for statistical significance;

ACTION3 phase 3 clinical trial

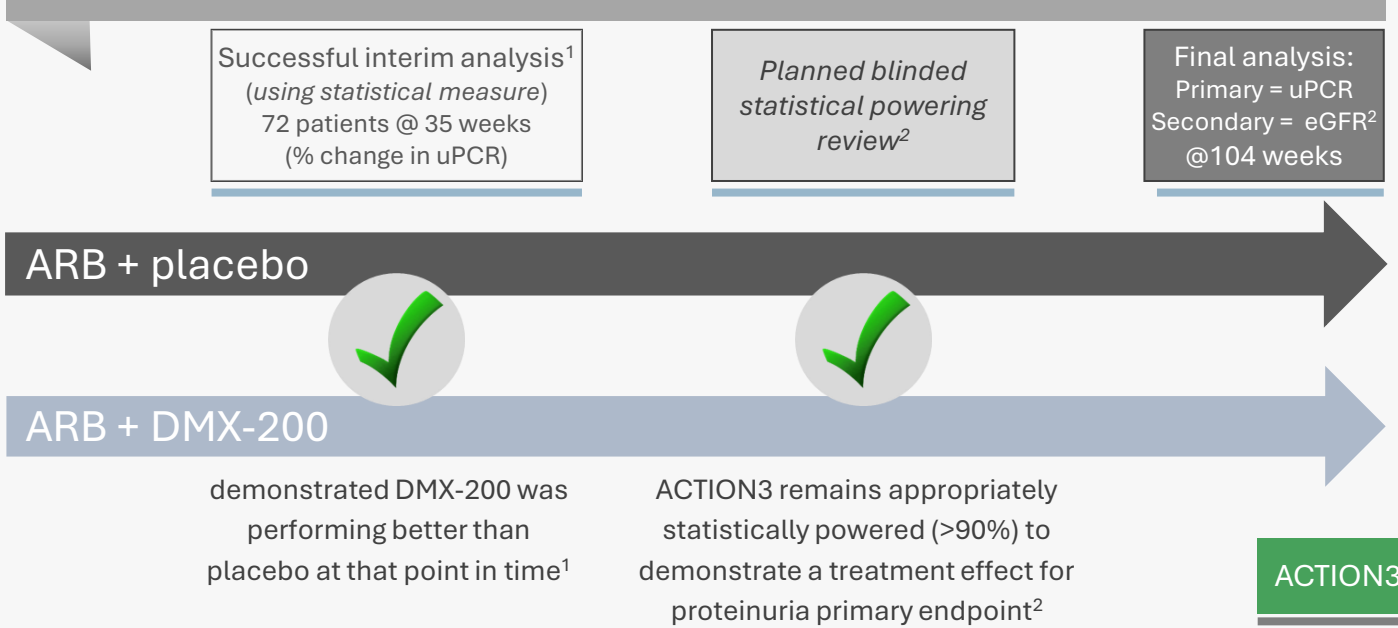
FSGS CLINICAL STUDY

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

Background

- Patients recruited, then screened and stabilised on background medications
- Patients randomised to receive drug or placebo
- DXB remains blinded at all times during study

Phase 3 Trial Timeline



Open Label Extension

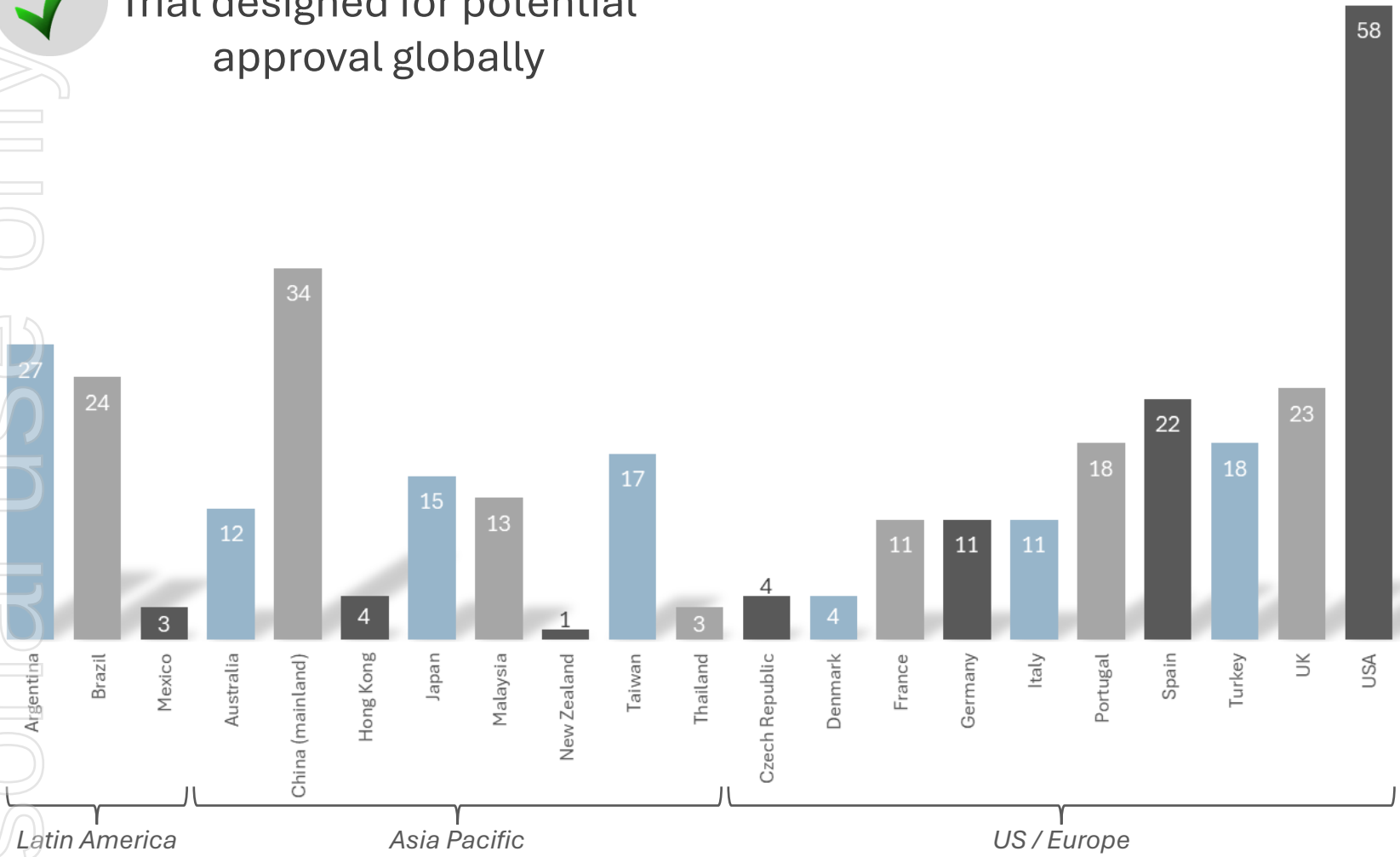
DMX-200
74/80 (93%)[3] patients enrolled in open label extension study to date

Dimerix

1. ASX release 11 March 2024, Predictive Power statistical model using industry standard as set by the independent renal biostatistician consultant for Dimerix, blinded interim Phase 3 analysis data does not guarantee a statistically significant outcome at the end of the trial; 2. ASX release 28 April 2026; 3. number and % of eligible patients who have completed 2 years treatment as at 27 April 2026; ARB = angiotensin receptor blocker; uPCR = urinary proteinuria; eGFR = estimated glomerular filtration rate (kidney function);

Adult patient recruitment by territory

Trial designed for potential approval globally



Recruitment completed

(adult population)[1]

333

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

6

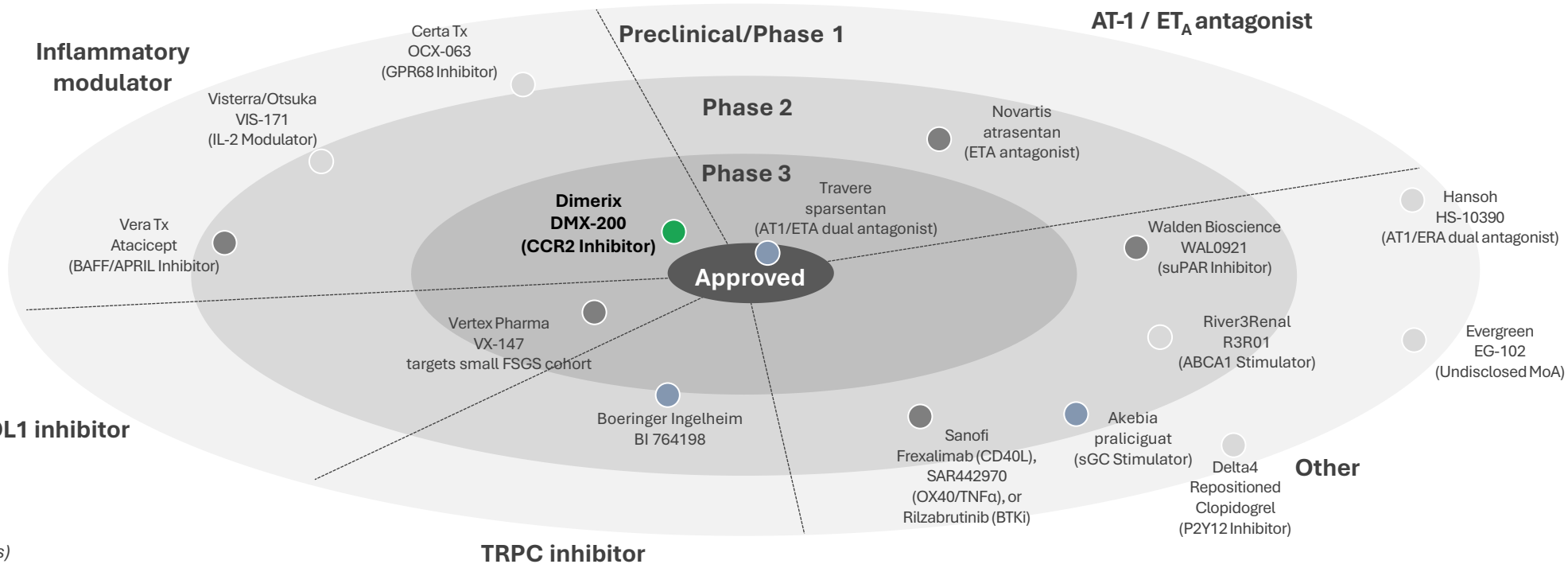
Paediatric patients recruited, randomised and dosed[2]

1. ASX release 15 December 2025; 2. Final numbers of adult patients, ASX release 10 March 2026; paediatric patients will continue to recruit, and will not impact final analysis timelines

Dimerix

Competitive/complementary trial landscape in FSGS

- Low competition in inflammatory treatment options, large unmet medical need
- DMX-200 is the only inflammatory modulator in development specifically for FSGS
- DMX-200 has potential for use in conjunction with other drugs in development if approved



Source: Company information and clinicaltrials.gov

Dimerix

Summary of licensing deals for DMX-200 to date

Dimerix has successfully partnered DMX-200 across key markets

	1 Amicus Therapeutics	2 ADVANZ PHARMA	3 taiba	4 FUSO
	United States	EU, CA, AU, NZ	GCC, Iraq	Japan
Upfront	AU$48 million[1]	AU$10.8 million[2]	AU$0.5 million[3]	AU$7.2 million[4]
	Upfront	Upfront	Upfront	Upfront + 1st milestone
Milestones	Up to AU$892 million[1]	Up to AU$219 million[2]	Up to AU$120 million[3]	Up to AU$100 million[4]
	Milestones	Milestones	Milestones	Milestones
Royalties	Escalating low-teen-low twenties%	Escalating mid-teen-20%	Starting at 30%	Between 15-20%
	Royalties	Royalties	Royalties	Royalties

Licensing deals collectively valued up to

~AU$1.4 billion

in total upfront and potential milestone fees plus royalties[1]

Over

AU$65 million

in total payments received

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

1. ASX release 01 May 2025 (Amicus acquired by BioMarin effective 27 April 2026); 2. Based on Euro conversions & further terms outlined in ASX Announcement on 5 October 2023; 3. Based on US dollar conversions & further terms outlined in ASX Announcement on 27 May 2024; 4. Based on Japanese ¥ Yen conversions & further terms outlined in ASX Announcement on 7 January 2025

DMX-200 substantially de-risked Phase 3 renal asset

Blinded review confirmed study remains appropriately **statistically powered (>90%)** to demonstrate a treatment effect for the primary endpoint[1]

Proteinuria endpoint reduced risk: passed blinded interim (futility) assessment (March 2024)[2]

Commercial validation: 4 commercial partners across key territories[3]

Study fully recruited: fixed timelines to full study completion in Q1 2028[4]

Passed 7 safety data monitoring meetings with no protocol changes requested[5]

Strong uptake into open label extension study indicates patient willingness to continue treatment

Indication extension: DMX-200 proposed mechanism of action potentially suited to other inflammatory renal indications

Dimerix

1. ASX release 24 Dec 2025; 2. ASX release 11 March 2024 ; 3. ASX release 01 May 2025; 4. ASX release 15 Dec 2025; 5. ASX release 1 Nov 2025

Growth strategy

Deliver ACTION3 Phase 3 clinical trial

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

Expand global commercial partnerships

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

Advance pipeline development

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

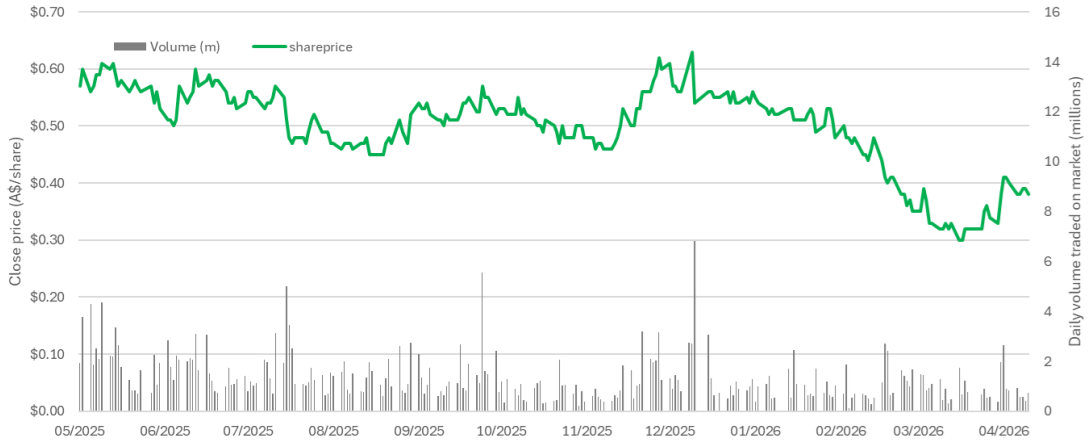
Grow sustainable shareholder value through clinical success, global partnerships, and pipeline diversification

Corporate overview

Ticker Symbol	ASX: DXB
Cash Balance (Dec25)	$38.5 million
Market Capitalisation[1]	$235 million
Share price[1]	$0.39
Total ordinary shares on issue[1]	600,396,776
Average Daily Liquidity by value for past 30 trading days[2]	$0.49 million

Research Coverage	Analyst
EUROZ HARTLEYS	Seth Lizee
PETRA CAPITAL	Tanushree Jain

SHARE PRICE



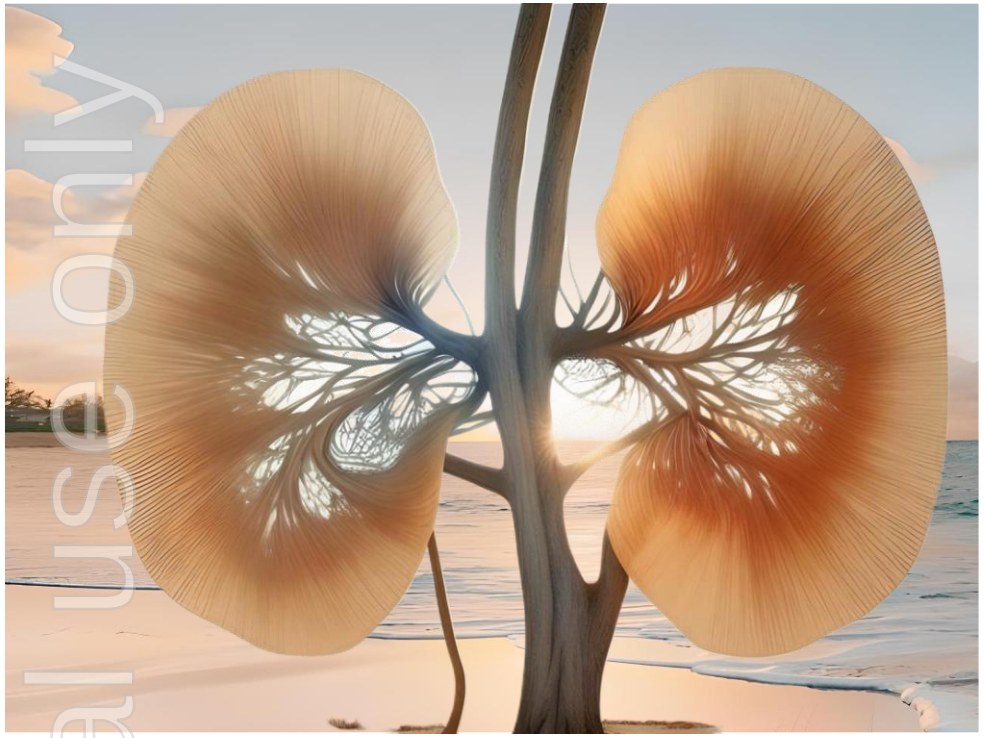
SUBSTANTIAL SHAREHOLDERS[3]

Position	Holder Name	Holding	% IC
1	Mr P Meurs	87,259,311	14.5%
TOTAL (TOP 5) Shareholders		**149,412,198**	**24.9%**

1. As at 27 April 2026; 2. Past 30 trading days liquidity as at 27 April 2026; 3. Shareholder register as at 27 April 2026

Dimerix

(ASX:DXB)



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

SCAN ME

WELL POSITIONED **TO DELIVER** AGAINST STRATEGIC PLAN

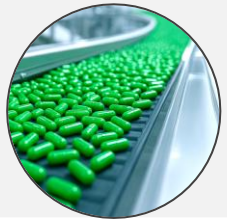
ESG Statement

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
425 Smith St, Fitzroy 3065
Victoria, Australia
T. +61 1300 813 321
E. investor@dimerix.com

DMX-200 – inflammatory modulator

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

Commercial manufacturing sites established in USA[3]	1 x 120mg capsule BID	Well tolerated with no safety concerns to date (>400 patients dosed)[3]	4 clinical studies completed to date: positive safety and efficacy signals across studies[3]
			
Small molecule	**Easy & convenient dosing**	**No safety concerns noted[3]**	**Positive efficacy signals[3]**

1. ASX release and investor presentation 29Jul20 and ASX release 11Mar24 BID: bis in die/ twice a day

DMX-200: unique pharmacology

- CCR2 activation promotes recruitment of inflammatory monocytes to the kidney

  DMX-200 **inhibits** CCR2[1]

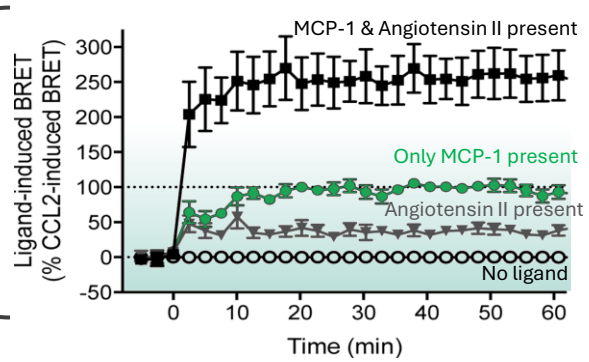
- Monocytes promote sclerosis and fibrosis of the kidney

  DMX-200 **reduces** inflammatory cells[1,2,3]

- Podocytes are the essential filter cells of the kidney

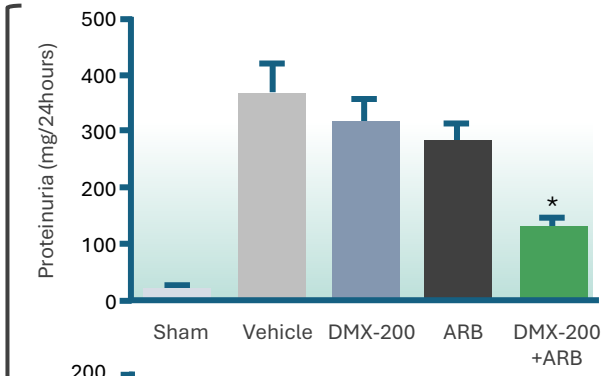
  DMX-200 **preserves** podocytes[1]

in-vitro

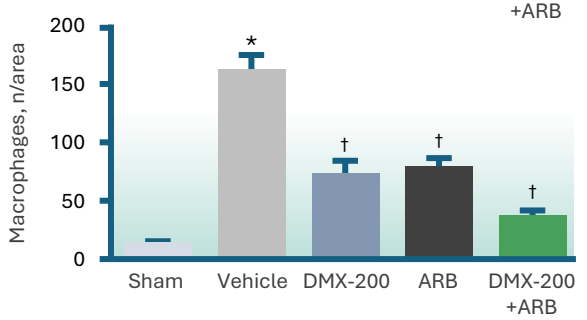


Complex of CCR2 and AT1R increases aberrant signaling when both receptors activated[1]

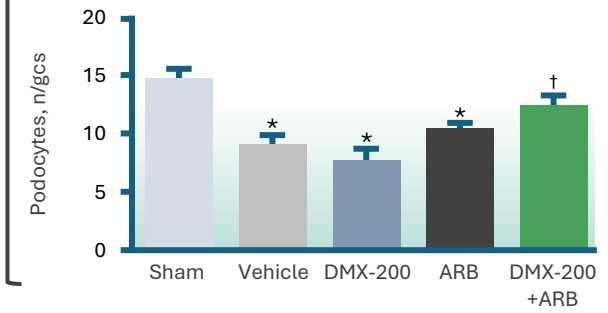
in-vivo[1]



Simultaneous inhibition of CCR2 and AT1R reduces proteinuria an important early marker of kidney function[1]



Simultaneous inhibition of CCR2 and AT1R reduces recruitment of monocytes to the kidney[1]



Simultaneous inhibition of CCR2 and AT1R preserves the number of essential filter cells (podocytes) in the kidney[1]

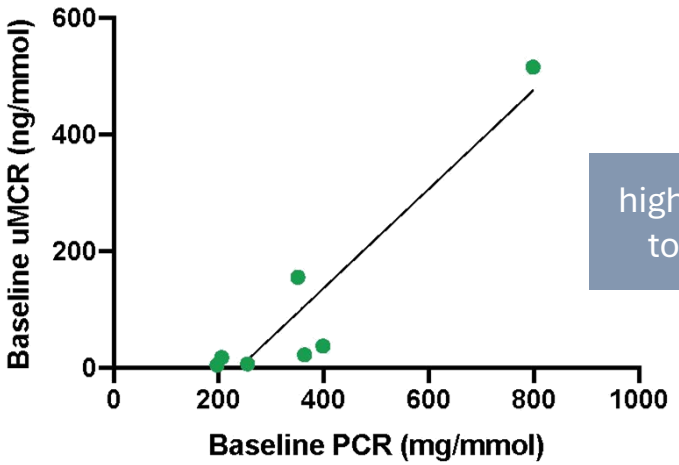
Dimerix

*1. Ayoub MA, et al. (2015) PLoS One; doi.org/10:e0119803; 2. ASX presentation 27 October 2020; 3. Liu Y. et al (2024) Role of MCP-1 as an inflammatory biomarker in nephropathy, Front. Immunol., Sec. Inflammation doi.org/10.3389/fimmu.2023.1303076; CCR2: C-C chemokine receptor type 2; AT1R: Angiotensin II type 1 receptor; MCP1: Monocyte chemoattractant protein-1 (also known as CCL2, the ligand for CCR2); BRET: Bioluminescence Resonance Energy Transfer Assay; PCR = protein creatinine ratio; *P<0.05 vs sham STNx rats ; P<0.05 vs vehicle STNx rats;*

DMX-200 Phase 2 effect on inflammatory biomarker[1]

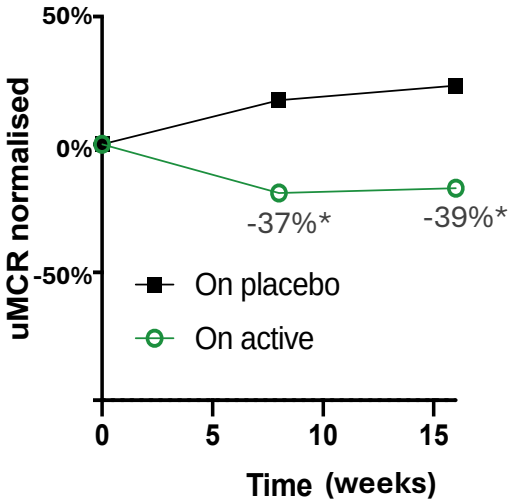
Unlike other CCR2 antagonists investigated to date, treatment with DMX-200 reduces the urine concentration of the pro-inflammatory ligand of CCR2 called MCP-1[2]

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 kidney[2]

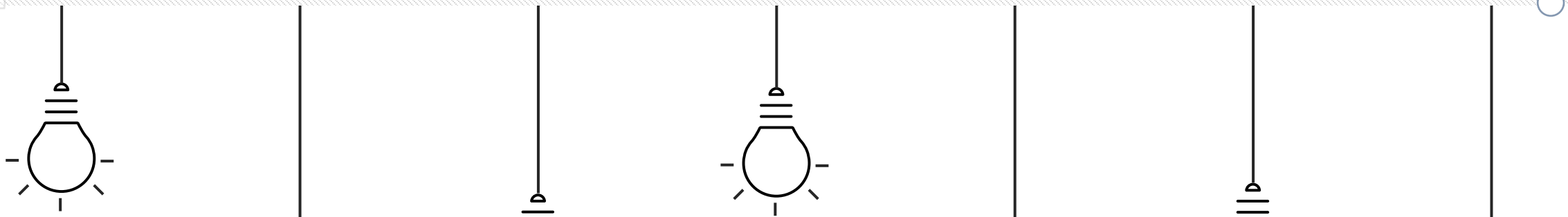
*uMCR = Urinary MCP-1 creatine ratio; PCR = protein creatinine ratio; *placebo adjusted difference*

1. ASX presentation 27 October 2020; 2. Liu Y. et al (2024) Role of MCP-1 as an inflammatory biomarker in nephropathy, Front. Immunol., Sec. Inflammation doi.org/10.3389/fimmu.2023.1303076

Dimerix

Intellectual property portfolio

DMX-200



Exclusivity
7/10 years
Orphan exclusivity from marketing approval date in many territories[1]
+
Paediatric
exclusivity period extension[1]

Portfolio 1
Exp.2032
(2033 in US)
Method of Use
Granted in key territories[2]

Portfolio 2
Exp.2042
(if granted)
Method of Use & Formulation
Global application[3]

Portfolio 3
Exp.2042
(if granted)
Formulation
Global application[3]

Portfolio 4
Exp.2044
(if granted)
Method of Use & Formulation
Global application[3]

Portfolio 5
Exp.2045/6
(if granted)
Method of Use
Provisional application[4]

Trademarks
Various trademarks
Global applications

1. DMX-200 is a "New Chemical Entity: an active moiety not previously approved, which can attract exclusivity periods in various territories; 2. Granted patents US9,314,450, US10,058,555, US10,525,038, US11,382,896, US12,083,102, CN2012800046165, CA2,821,985, EP12734251.7, HK 1404477.8, IL227414, JP2013-547780, SA2013/5897, AU2012206945; 3. Patent applications: PCT/AU2022/050013, PCT/AU2022/050249 and PCT/AU2024/050416; 4. US Provisional Application 63/887,984

Dimerix board

Mark Diamond
BSc, MBA
Non-Executive Chairman

Previous experience:

percheron THERAPEUTICS · Pfizer (Faulding)[1]

- 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:

Wyeth[2] · ACRUX · immuron

- 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:

mayne pharma[1] · ACRUX · HatchTech · KINOXIS

- 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:

Roche · addex · AC Immune · minoryx

- 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:

Woodside Energy · PolyActiva · icetana[AI]

- 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

1. Acquired by Pfizer in 2015; 2. Acquired by Pfizer in 2009

Dimerix management

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

Previous experience:

Wyeth[1] ACRUX immuron

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

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

Previous experience:

IMUGENE OPTHEA Genetic Technologies

- 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:

RACE ONCOLOGY Syneos Health genzyme

- 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:

MONASH University Medicines Development for Global Health

- 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

1. Acquired by Pfizer in 2009;

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.