Recce Pharmaceuticals

RCE Corporate Presentation

ASX:RCE | FSE:R9Q

October 2026

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Company Overview

Recce Pharmaceuticals – Company Overview

Recce Pharmaceuticals is a leading, Australian anti-infective company approaching near term commercialisation milestones

Products address the global healthcare crisis of antibiotic resistance: working faster than traditional antibiotics and against multidrug resistant bacteria

Patient dosing has commenced for Phase 3 clinical trial in Australia and Indonesia of lead asset RECCE® 327 Gel for the treatment of Diabetic Foot Infections – interim data readout expected Q3 CY2026 and **commercialisation in 2027**

Recce has signed a non-binding **term sheet with a leading Middle Eastern pharmaceutical company** for a 10-Year exclusive multi-country licensing agreement

Multiple clinical indications and formulations **addressing unmet medical needs**

Agreements with **US Defense Burn Research Program** and **US Army Medical Research Institute** of Infectious Diseases further support Recce's product potential

RECCE® 327 granted Qualified Infectious Disease Product (QIDP) Designation by U.S. Food and Drug Administration giving 5 years market exclusivity plus fast-track approval.

RECCE® 327 added to World Health Organization's List of Antibacterial Products in Clinical Development.

Board and Management Structure

Dr John Prendergast – Chairman

BSc (Hons), MSc (UNSW), PhD (UNSW), CSS (HU)

US-based, current Chairman and Co-founder of Palatin Technologies, Inc. (NYSE: PTN) and Lead Director of Nighthawk Biosciences (NYSE: HHWK). With extensive experience in the international commercialisation of pharmaceutical technologies, **Dr Prendergast has been responsible for the approval of three new drug applications** and played a pivotal role in the successful sale of Vylessi® to Cosette Pharmaceuticals.

James Graham – Managing Director & Chief Executive Officer

BCom (Entrepreneurship), GAICD

Mr Graham is the Chief Executive Officer of Recce Pharmaceuticals. He brings extensive experience in marketing, business development, and the commercialisation of early-stage technologies with global potential. With a proven track record of growing globally focused companies, Mr Graham has applied his expertise to Recce, including serving on its Board of Directors. He has participated in nearly every capital raise to date, demonstrating a strong commitment to expanding Recce's commercial opportunities and clinical programs.

Dr Alan Dunton – Chief Medical Advisor & Non-Executive Director

BSc (BioChem) Hons, M.D. (NYU)

US based, Director of Palatin Technologies. Over three decades of senior pharmaceutical experience incl. President and MD of Janssen Research Foundation (Johnson & Johnson). **Dr Dunton has advanced a number of blockbuster antibiotics** through regulatory review and commercialisation at Fortune 500 companies including Roche. **Dr Dunton has been responsible for the approval of approximately 20 New Drug Applications**. Dr. Dunton played a key role in the sale of Vylessi® to Cosette Pharmaceuticals.

Michele Dilizia – Executive Director & Chief Scientific Officer

BSc (Med Sci), Grad Dip Bus (Mkting), BA (Journ), GAICD, MASM

Co-inventor and qualified medical scientist with a specialisation in medical microbiology and regulatory affairs. **Ms Dilizia successfully co-led the research and development of Recce's suite of anti- infective compounds**, resulting in a portfolio of granted patents across the globe, including a Qualified Infectious Disease Product designation with the U.S. FDA.

Dr Justin Ward – Executive Director & Principal Quality Chemist

BSc (Chem), PhD (Chem), M Pharm, MRACI, CChem

A quality control expert who has worked with leading pharmaceutical companies. He previously held a technical role with Pfizer, involving providing data for the regulatory submissions to the FDA and TGA. Dr Ward is bringing Recce's research and development and manufacturing up to US FDA requirements.

Alistair McKeough – Non-Executive Director

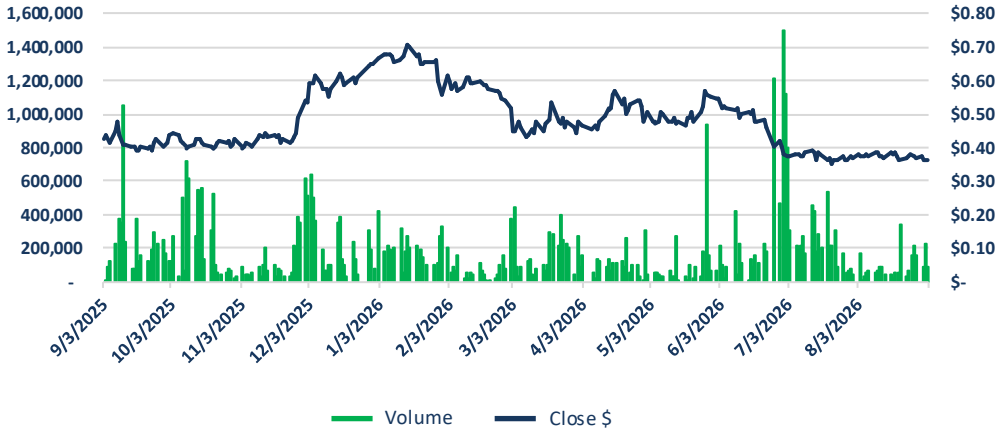
Mr McKeough is an experienced executive and solicitor. Before being appointed as a non-executive director in 2022, Alistair served as Recce's company secretary and he has been involved with the company since 2017. Alistair has extensive experience in a variety of private and listed corporations across many sectors, including professional services, technology, financial services, charities, health, biotech, childcare and education. Recent roles include Managing Director of a legal practice specialising in equity capital markets and advice to listed companies and as part of the senior leadership team at share registry, Automic Group.

Company Financials

Recce Pharmaceuticals Ltd is a clinical-stage biotech company with a new class of novel synthetic anti-infectives

Capital Structure – October 2026	
ASX & FSE Code	RCE, R9Q
Share Price	**AUD $0.2750**
3-Month Average Daily Volume	96.96k
Shares on Issue	**305.77 million**
Unlisted Options	20.18 million
Market Capitalisation	**AUD $82.55 million**
Top 20 Shareholders	54%

RCE Share Price and Volume Chart – 12 Months (price shown in AUD)



Recce Pro-forma Cash Position

The Company expects the **receipt of further non-dilutive funds and capital raise proceeds**, which **extends Recce's pro-forma cash position of AUD ~$33.1 million*** (previously $29.5 million).

Breakdown of cash position:

- Income tax refund from ATO of A$3.6m (recently announced)
- Estimated R&D rebate of A$7.5 million from the ATO in 2026
- Non-dilutive capital anticipated in 2026 through R&D advance ($A10 million)
- Pro-forma cash position of A$33.1 million* post capital raising

**Includes proceeds from Capital Raise (before offer costs) and if debt component is drawn (subject to certain time limitations and the satisfaction of certain conditions)*

The Advantages of a New Class of Antibiotics

Recce is on-track to be the only **global clinical stage company** whose drug is shown to be **efficacious** against the full suite of **ESKAPE pathogens**

Unprecedented, broad-spectrum activity against Gram-positive and Gram-negative bacteria

Universal Mechanism of Action - does not succumb to resistance

Extremely rapid onset of effect – measured in minutes as compared to hours for typical antibiotics

Multiple formulations available – intravenous, topical liquid, topical gel and aerosol for inhalation or intranasal

Large Addressable Market

The global diabetic foot infection (DFI) market represents a substantial burden on global healthcare systems

US$5.8B
Est. global DFI treatment market[1]

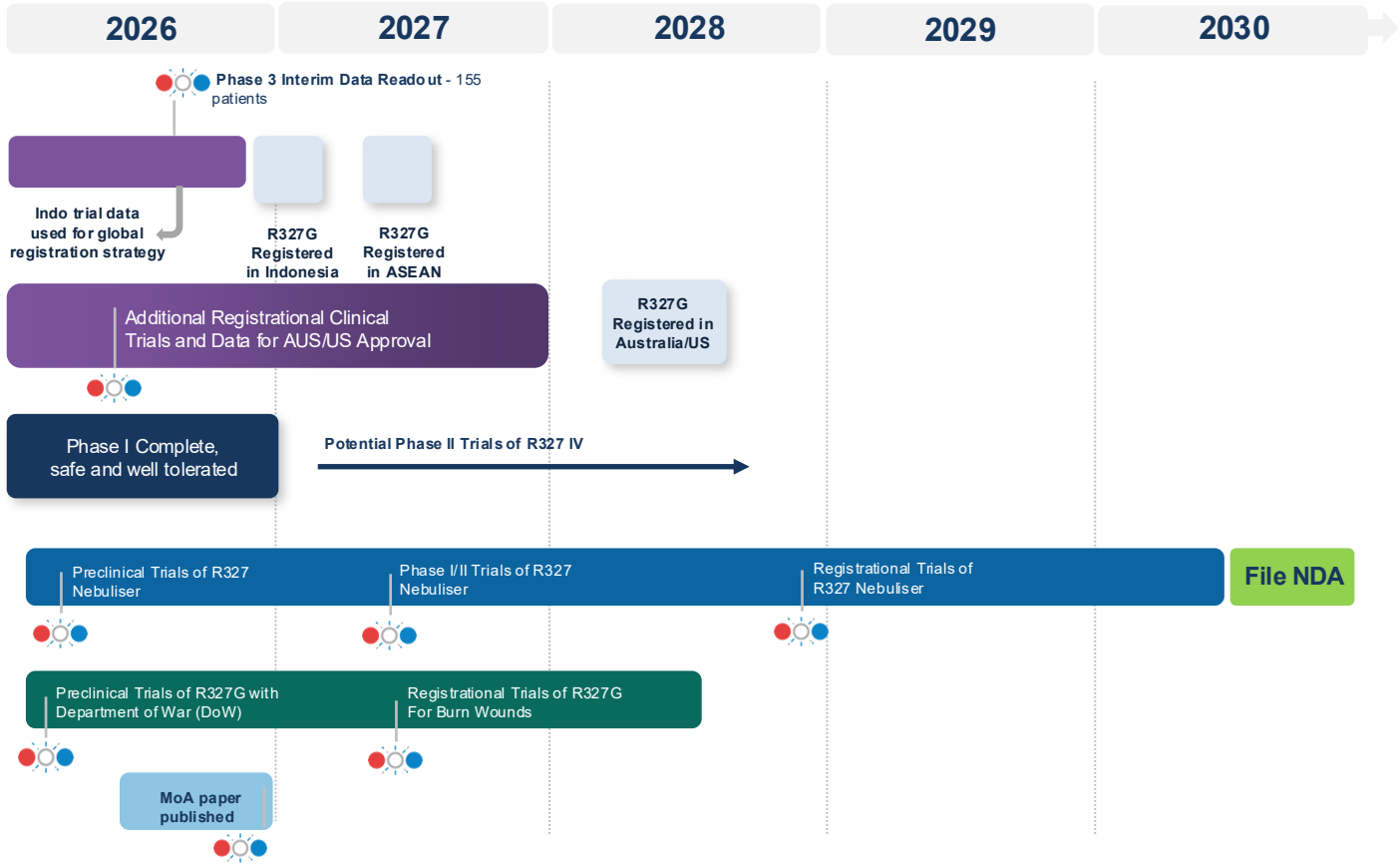
US$135.4B
Est. global **market opportunities** in the anti-infectives market[2]

INDONESIA	MENA	GLOBAL
>20 million	**>84 million**	**>589 million**
adults in Indonesia with diabetes[3]	adults in MENA region with diabetes[4]	adults globally with diabetes[5]

- For adults with diabetes, **approximately one in three adults will develop a diabetic foot ulcer** in their lifetime[6]
- In Indonesia, DFIs are severe in **67.1% of hospitalised cases** and **result in amputation in 46.9% of patients**[7]
- **Diabetes is responsible for 60% of all amputations in Australia**, and it has one of the worst diabetes-related lower limb amputation rates in the developed world, with nearly 20 per 100,000 people with diabetes losing a limb compared to an average of 12 per 100,000 elsewhere.[8]

Source: (1) Grand View Research, Diabetic Foot Ulcer Treatment Market Size, 2025 (2) Grand View Research, Anti-Infective Agents Market Size, 2023 (3) Diabetes Atlas, International Diabetes Federation (IDF) and Prof EM Yunir, Faculty of Medicines, University of Indonesia. (4) https://diabetesatlas.org/data-by-location/region/middle-east-and-north-africa/ (5) https://idf.org/about-diabetes/diabetes-facts-figures/ (6) The current burden of diabetic foot disease – PMC (7) https://doi.org/10.1016/j.heliyon.2024.e41263 (8) https://westernsydneydiabetes.com.au/framework-for-change/enhanced-management/save-a-leg/

Program Pipeline* driven by 1st approval in Diabetic Foot Infections



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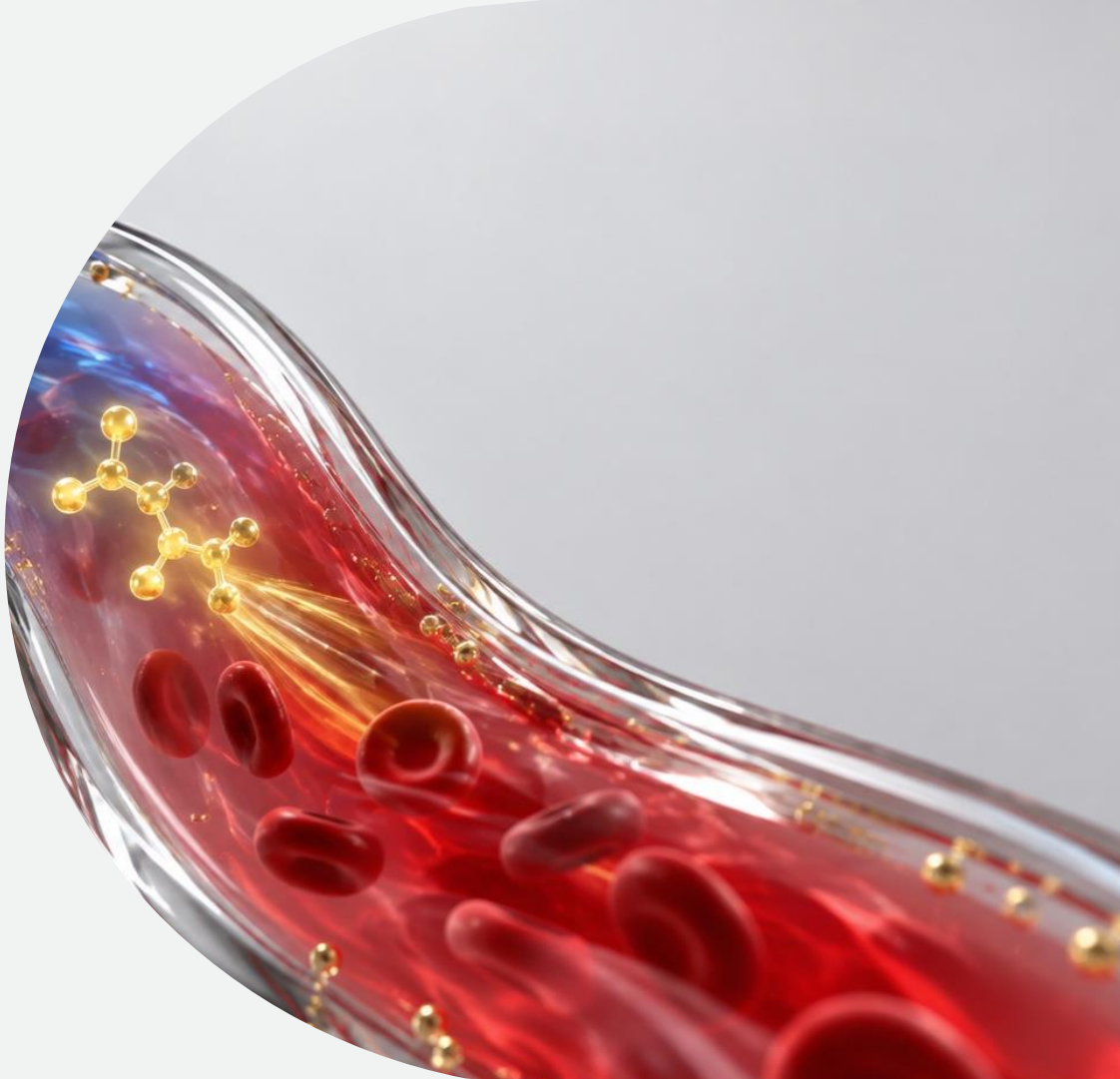
*The information and forecasts presented reflect management's current expectations as at the date of this presentation. These statements involve assumptions, including the availability of appropriate funding, and are subject to known and unknown risks and uncertainties. Actual outcomes may differ from those expressed or implied and the Company reserves the right to revise its plans, projections, and strategic priorities as circumstances change.

RECCE® 327
Synthetic Anti-Infective



Independent Study Undertaken on RECCE® 327 MoA[1]

Linnaeus Biosciences MoA studies of R327

Novel mechanism which targets rapid access to and shut down of bacterial energy production (ATP), **which results in bacterial death of both active and resting bacteria.**

Stage 1

R327 targets and irreversibly binds to essential bacterial proteins

Stage 2

R327 interferes with bacterial cellular metabolism and energy production at or near the cell surface, depleting ATP

Stage 3

R327 kills bacteria rapidly without inducing cell lysis

Stage 4

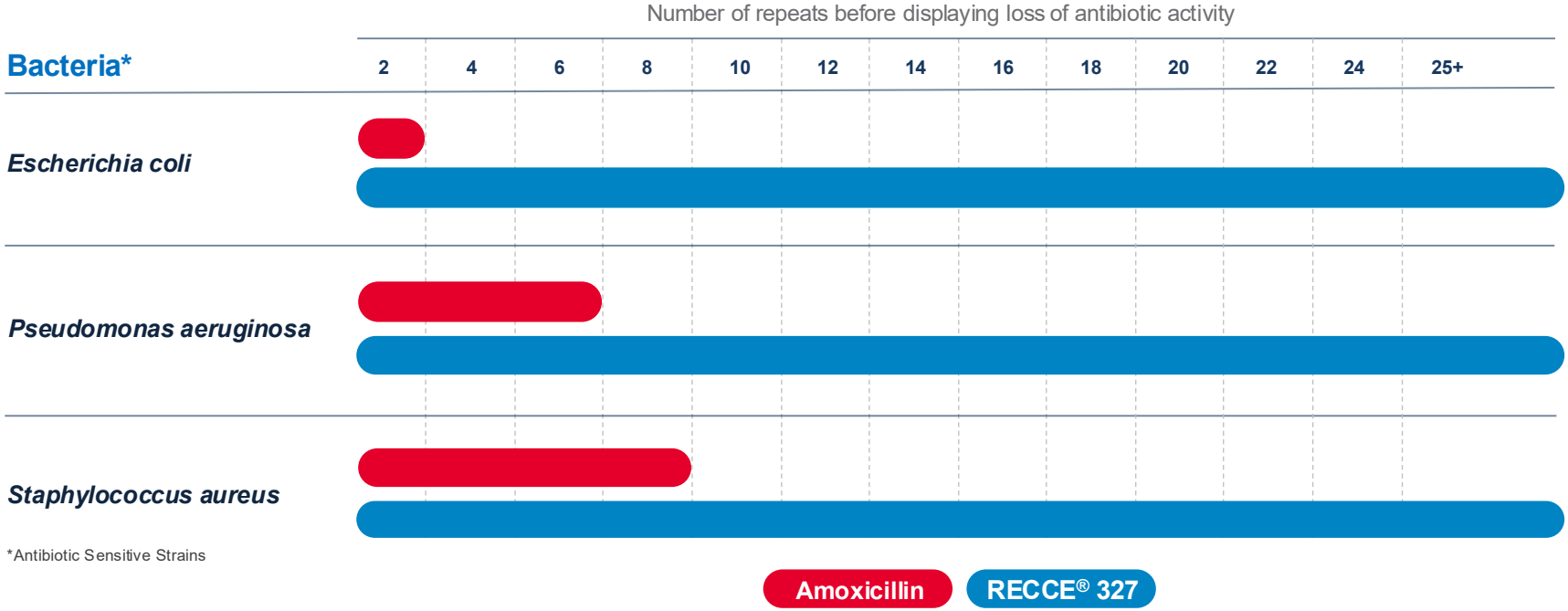
R327 is rapidly and irreversibly bactericidal

1 – Dilizia, M., Tsunemoto, H., Quach, D. et al. Elucidating the Mechanism of Action of Novel Polymer-based Synthetic Anti-infective Compound RECCE 327 - Abstract

RECCE® 327 Maintains Activity

Amoxicillin loses activity after a maximum of 8 repeats; RECCE® 327 remains active for more than 25 repeats

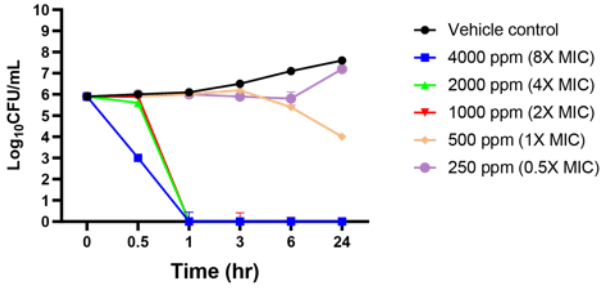
25 repeats at time of discovery was sufficient for PCT patent applications, with no sign of resistance.



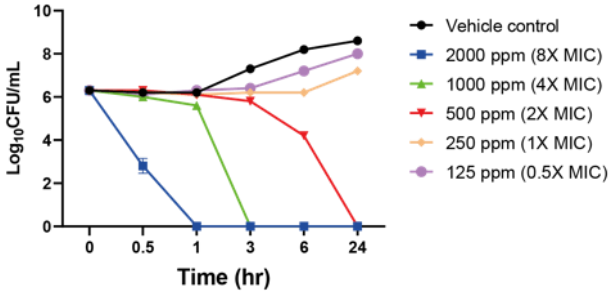
*Antibiotic Sensitive Strains

Bactericidal Effect of RECCE® 327 on ESKAPE Pathogens

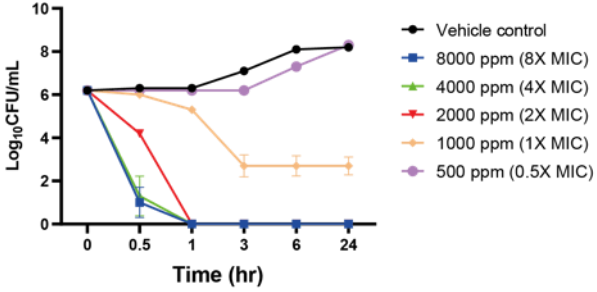
E. faecium ATCC 19434



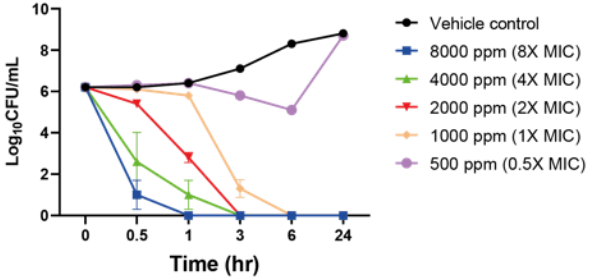
S. aureus ATCC 29213



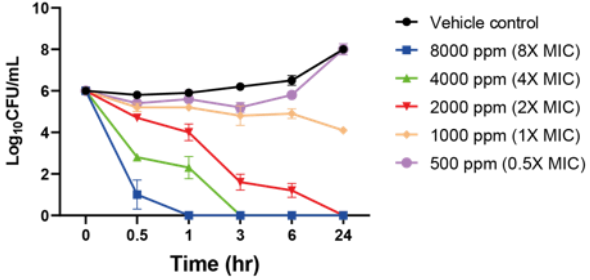
K. pneumoniae ATCC 43816



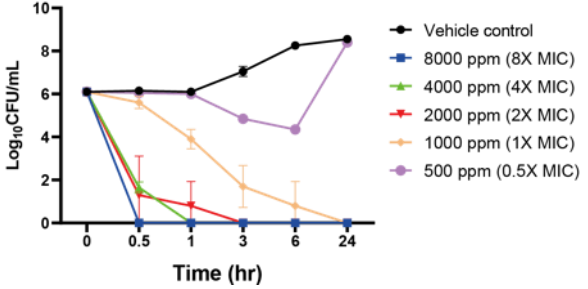
A. baumannii ATCC 17978



P. aeruginosa ATCC 27853

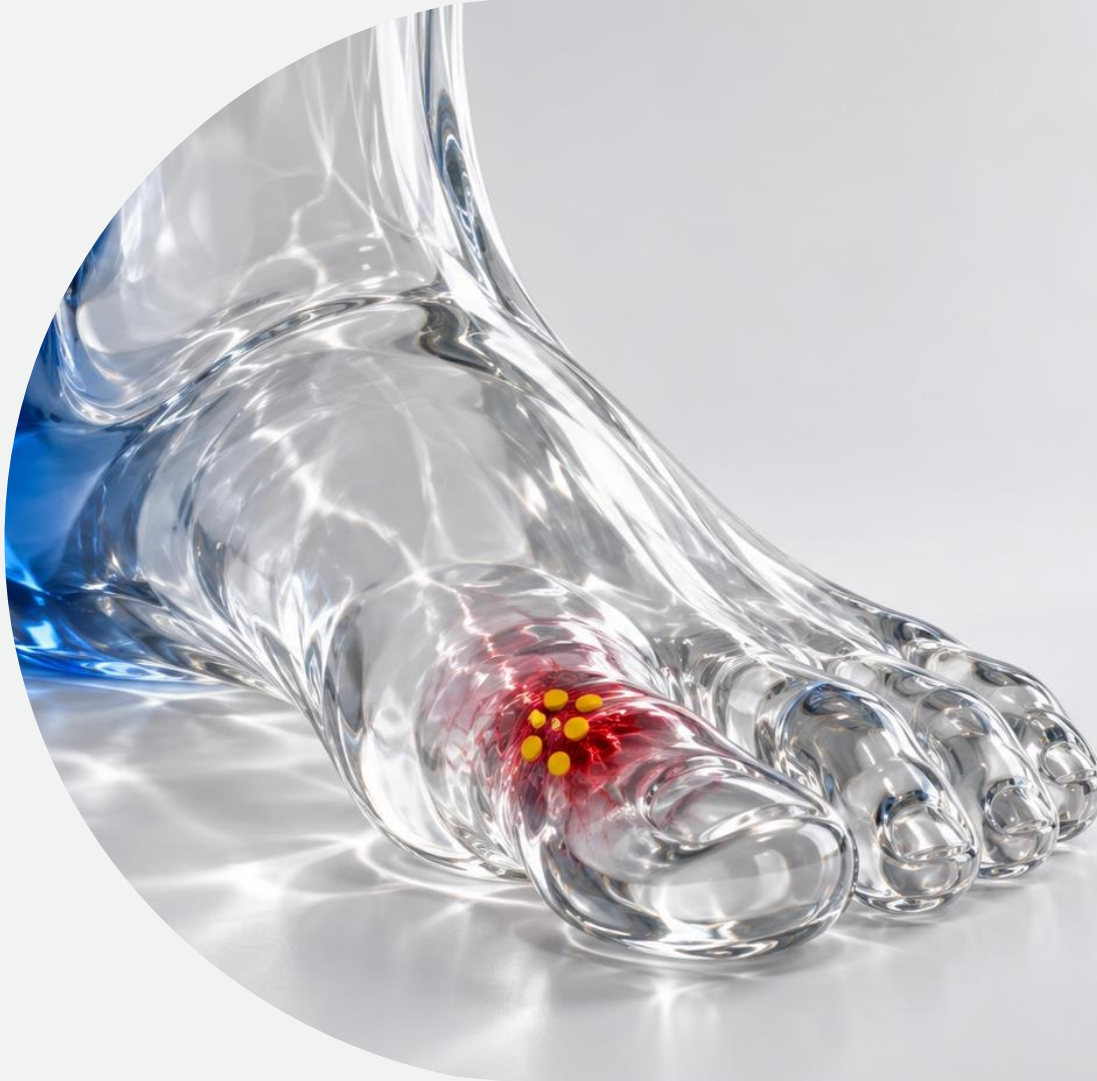


Enterobacter cloacae ATCC 13047



- ***Average time-kill curves of R327 at various concentrations against strains of ESKAPE pathogens (tested in duplicate)***
- Time-kill study was performed to determine the bacterial killing effect of R327 at a total of five concentrations, ranging from 0.5X to 8X, MIC and to measure killing kinetics of treatment with R327 against each strain.

RECCE® 327
Topical Gel



RECCE® 327 Topical Gel

First-Line Local Treatment for Infected Wounds

No Pathogen Identification Required

- Applied directly to infected tissue
- Localised antimicrobial action at the site of infection
- Suitable for outpatient and community-based care

Proven Antimicrobial Activity

- Broad-spectrum activity against DFI and wound pathogens, including resistant strains
- Eliminates delays associated with swabs, cultures, and sensitivity testing
- Rapid onset of action, measured in hours not days

Rapid Clinical Response

- Clinical and TGA Special Access Scheme use demonstrates visible reduction in infection, redness, and swelling within 24–72 hours
- *In vitro* time-kill studies show fast bactericidal activity

Safe and Well Tolerated

- Topical application does not enter systemic circulation through intact skin
- Non-irritating gel, no stinging or discomfort reported in clinical trials or SAS use
- Suitable for daily application

For illustrative purposes only – not final product

DFIs: Addressing a High-Burden Infection Setting

DFIs are complex infection environments

- Compromised blood flow, impaired immune response and high bacterial burden
- Reduced penetration of systemic antibiotics
- Delayed healing associated with increased risk of escalation and amputation

Local infection management in DFIs

- Direct delivery of anti-infective therapy to the site of infection
- Rapid bacterial kill without reliance on systemic circulation
- Broad-spectrum activity suitable for mixed bacterial populations

RECCE® 327G was designed with DFI complexity in mind

- Designed for direct application within complex wound settings
- Designed to operate independently of host circulation
- Broad-spectrum anti-infective activity suitable for mixed and unidentified bacterial populations

Regulatory Acceleration & ASEAN Commercial Entry

High-Impact Market

- **~20M people living with diabetes**
- In Indonesia, DFIs are severe in **67.1% of hospitalised cases** and result in amputation in **46.9% of patients**[1].
- In-hospital treatment costs averaging **IDR 64.95 million (USD ~$4,100) per patient**[1].

Large patient base. High unmet need.

Accelerated Regulatory Pathway

- **Significant bilateral initiative** supported by Australian and Indonesian Governments.
- **Awarded expedited regulatory review status in Indonesia to fast-track progression of Phase 3 trial.**

Innovative Path to Global Access

- **Opportunity to access 10 ASEAN member states** – 680 million inhabitants, including 280 million in Indonesia.
- **Multiple therapeutics** for **unmet medical needs** expected to follow such as: tuberculosis, post-op infections, burn wounds etc.

Indonesian Minister of Health, Mr. Budi Sadikin:

"The global health challenge of antimicrobial resistance is a pressing issue on the world stage. Indonesia welcomes collaborative initiatives and supports efforts to combat antimicrobial resistance, including the development of innovative therapeutics for infectious diseases."

[1]https://doi.org/10.1016/j.heliyon.2024.e41263

Registrational Phase 3 Clinical Trial - Indonesia

Study Title: Phase 3, Double-blind, Placebo-Controlled Study of R327 Topical Gel for the Treatment of Diabetic Foot Ulcer Infections

Population

Up to 310 participants will be enrolled who present with a mild diabetic foot infection.

Interim data analysis to be conducted after 155 participants.

Intervention

Participants to receive either **R327 topical gel** or **placebo topical gel**.

Locations

Multi-centre, 5 activated sites across Indonesia.

Over 20.9 million adults in Indonesia are living with diabetes – more than 1 in every 10 adults.

Endpoints

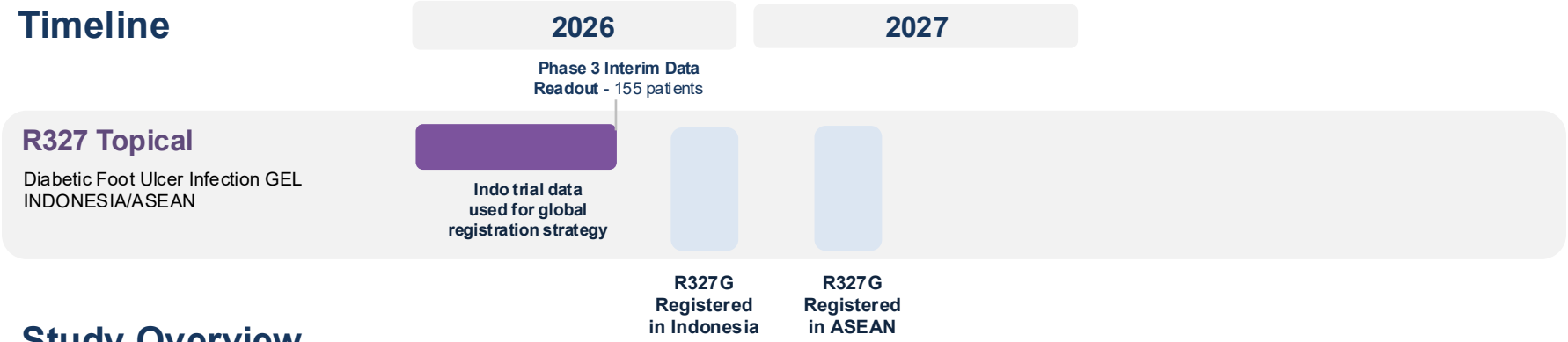
Primary Endpoint: Assess the **clinical response** of the DFI according to the Lipsky Scale.

Secondary Endpoints: DFI total **wound score and safety** of R327G.

Registrational Phase 3 Clinical Trial - Indonesia

Phase 3, Double-blind, Placebo-Controlled Study of R327 Topical Gel for the Treatment of Diabetic Foot Infections

Timeline



Study Overview

Locations

Multi-centre, 5 activated sites.

Multiple Clinical Trial Sites in Diverse Populations; Jakarta, Denpasar, Surabaya.

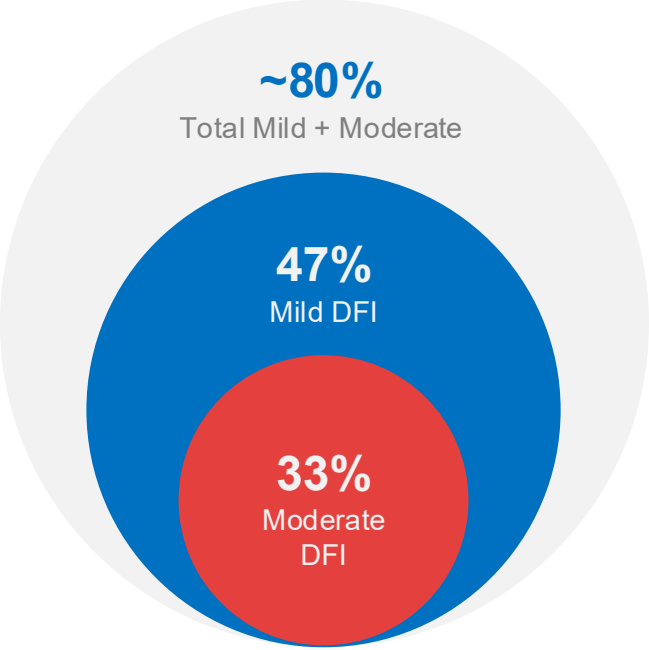
Endpoints

Primary Endpoint: Assess the **clinical response** of the DFI according to the Lipsky Scale.

Secondary Endpoints: DFI total **wound score and safety** of R327G.

Phase 3 DFI Clinical Trial Expands in Australia & Indonesia

HREC approves protocol amendment adding randomised, active-controlled, non-inferiority component



HREC approval significantly expands DFI patient pool from Mild to Mild + Moderate

	Was	Now
Ulcer	Below ankle	Below knee
Severy	Mild only	Mild to moderate
Criteria	Single ulcer	Per ulcer basis

Phase 3 DFI Clinical Trial Expands in Australia

HREC approves protocol amendment adding randomised, active-controlled, non-inferiority + superiority component

Study Design

Randomised, active-controlled, non-inferiority design and includes a superiority analysis

Randomised between R327G and one of four physician-selected comparator antibiotics

Strategic Significance

- Phase 3 global regulatory strategy targeting approvals across **Australia (TGA), the US (FDA), MENA and ASEAN**
- **R327G to be positioned as first standard of care treatment for DFIs** - no specific standard of care exists for DFI

Participants

- **208 patients total** with interim analysis to be conducted after 104 participants
- Patient dosing continues under existing protocol
- **Wound imaging added,** calibrated digital photography for standardised, objective assessment

Registrational Phase 3 Clinical Trial - Australia

Randomised, Double-blind, Placebo-Controlled Study of R327 Topical Gel for the Treatment of Diabetic Foot Infections

Timeline

	2026	2027	2028
R327 Topical **DFI** Australia/USA	Additional Registrational Clinical Trials and Data for AUS/US Approval	**Phase 3 Interim Data Readout**	**R327G Registered in Australia/US**

Study Overview

TGA and US FDA regulatory standards

Expanded Patient Population

Protocol amendment adds moderate DFI. Mild and Moderate DFI together represent 80% of DFI presentations[1].

Endpoints

Primary Endpoint: Assess the **clinical response** of the DFI according to the Lipsky Scale.

Secondary Endpoints: DFI total **wound score and safety** of R327G.

1 Lavery LA, Armstrong DG, Murdoch DP, Peters EJG, Lipsky BA. Validation of the Infectious Diseases Society of America's diabetic foot infection classification system. Clinical Infectious Diseases. 2007;44(4):562–565.

Topical Clinical Programs – Previously Completed

Phase I/II Clinical Trial

Diabetic Foot Infections (DFI)

- **Interim data results released – primary endpoints achieved**
- Patients supported by in-home (out-patient) nurses trained in R327 treatment protocols
- Study across South Western Sydney health district – one of the highest prevalence rates of diabetes in NSW

Phase I/II Clinical Trial

Treatment of Burn Wound Infections

- **Stage 1 Complete**
- Patients treated with R327 showed **good indications of safety and tolerability**
- **No serious adverse events** reported among patients

Phase II Clinical Trial

ABSSSI

- This Phase II study **achieved all primary and secondary endpoints** as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area

For illustrative purposes only – not final product

Phase II ABSSSI Clinical Trial

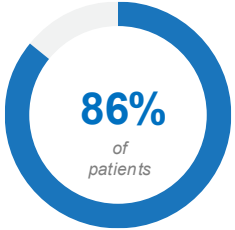
Achieved all Endpoints

Study: Phase II study as an open-label clinical trial evaluating the safety and tolerability, efficacy, and plasma pharmacokinetics of R327G when applied directly to the infected area

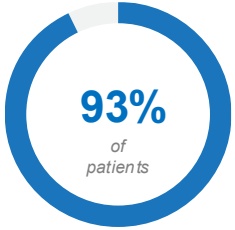
Overview	The study enrolled 30 patients, with 29 included in the final data analysis. One patient was withdrawn due to pre-existing pain at the wound site that was deemed unrelated to R327G
Results	• After **7 days** of treatment, **86% of patients** (25 out of 29) treated with R327G had a successful clinical response • At **14 days** of treatment, **93% of patients** (27 out of 29) achieved a **primary efficacy endpoint**
Efficacy	**R327G demonstrated to be safe and well tolerated, achieving all endpoints - no Serious Adverse Events reported**

Study Outcome*	To evaluate the efficacy of RECCE®327 topical gel on ABSSSI
Assessment method	Lipsky Scale/Bates Jensen Wound Assessment Tool
Endpoint met	Yes

After 7 days of treatment –
successful clinical response



After 14 days of treatment –
primary efficacy endpoint achieved



*https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=387997&isReview=true

Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Recce treatment
Pre-treatment infection

Day 0

Day 0 – Recce treatment
First Recce gel applied

Day 1

Day 1 – Recce treatment
Post treatment

Day 30

Day 30 – Recce treatment
Post treatment

- Patient A **unresponsive to 4x daily Cephalexin for 10 days**
  - Infection spreading and hospital ready.
- With only **one dosing application**, after 24 hours the **infection had clinically** responded – redness and swelling reduced

- ✓ No pre-treatment wound debridement.
- ✓ No stinging at any point reported.
- ✓ **R327 Gel worked quickly and effectively**

Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Recce treatment
Significant bacterial infection

Day 7

Day 7 – Recce treatment
Wound drying up

Day 10

Day 10 – Recce treatment
Post treatment

Day 14

Day 14 – Recce treatment
Wound improved, well tolerated

- Pre-treatment of R327G showed **significant bacterial infection, redness and swelling.**
- Day 10 post R327G treatment showed **no signs of infection**, **no signs of pus formation** and **the wound continuing to clear up and heal.**

- ✓ Day 14 post R327G treatment, the wound has significantly improved and R327G was well tolerated.
- ✓ **Surgical intervention was averted**

Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Pre-treatment wound swab

Day 7

Day 7 – Recce treatment

Day 14

Day 14 – Recce treatment

Day 21

Day 21 – Recce treatment

- Pre-treatment wound swab on Day 0 showed **a growing culture of both Gram-positive and Gram-negative bacilli**
- **Day 14 post R327G treatment, there were no signs of bacterial growth surrounding the wound.**

- ✓ Day 21 post-treatment, the wound had successfully healed, closed and dried up with no signs of bacterial infection.
- ✓ **R327G treatment was well tolerated when applied daily.**

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Patient Case Study – TGA Special Access Scheme Category A

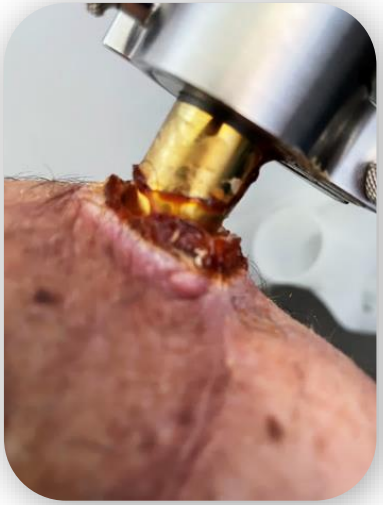
Day 0

Day 0 – Pre-treatment

Day 3

Day 3 – Recce treatment

Day 7



Day 7 – Recce treatment

- Pre-treatment of R327G showed **significant bacterial infection, redness and swelling** around the implant (upper left thigh).
- Post three days after application of R327G, the initial redness and swelling had minimised, with the **wound healing and drying up.**

- ✓ Day 7 post-treatment showed wound was dried up and had improved with no signs of redness or swelling.
- ✓ **R327G treatment was well tolerated when applied daily.**

recce.com.au

Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Pre-treatment

Day 3

Day 3 – Recce treatment

Day 7

Day 7 – Recce treatment

- Pre-treatment (Day 0) X-rays showed **infection deep within the underlying bone**, tissue and around the nail, with signs of initial biofilm formation.
- After 3 days of R327G treatment, the wound is **drying up with infection clearing** and the toe responding well to treatment.

- ✓ Day 7 post R327G treatment showed wound completely dried up, no signs of biofilm surrounding toenail and swelling significantly reduced.
- ✓ **Surgical intervention, which was the next step for this patient, was averted.**

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Patient Case Study – TGA Special Access Scheme Category A

Day 0

Day 0 – Pre-treatment

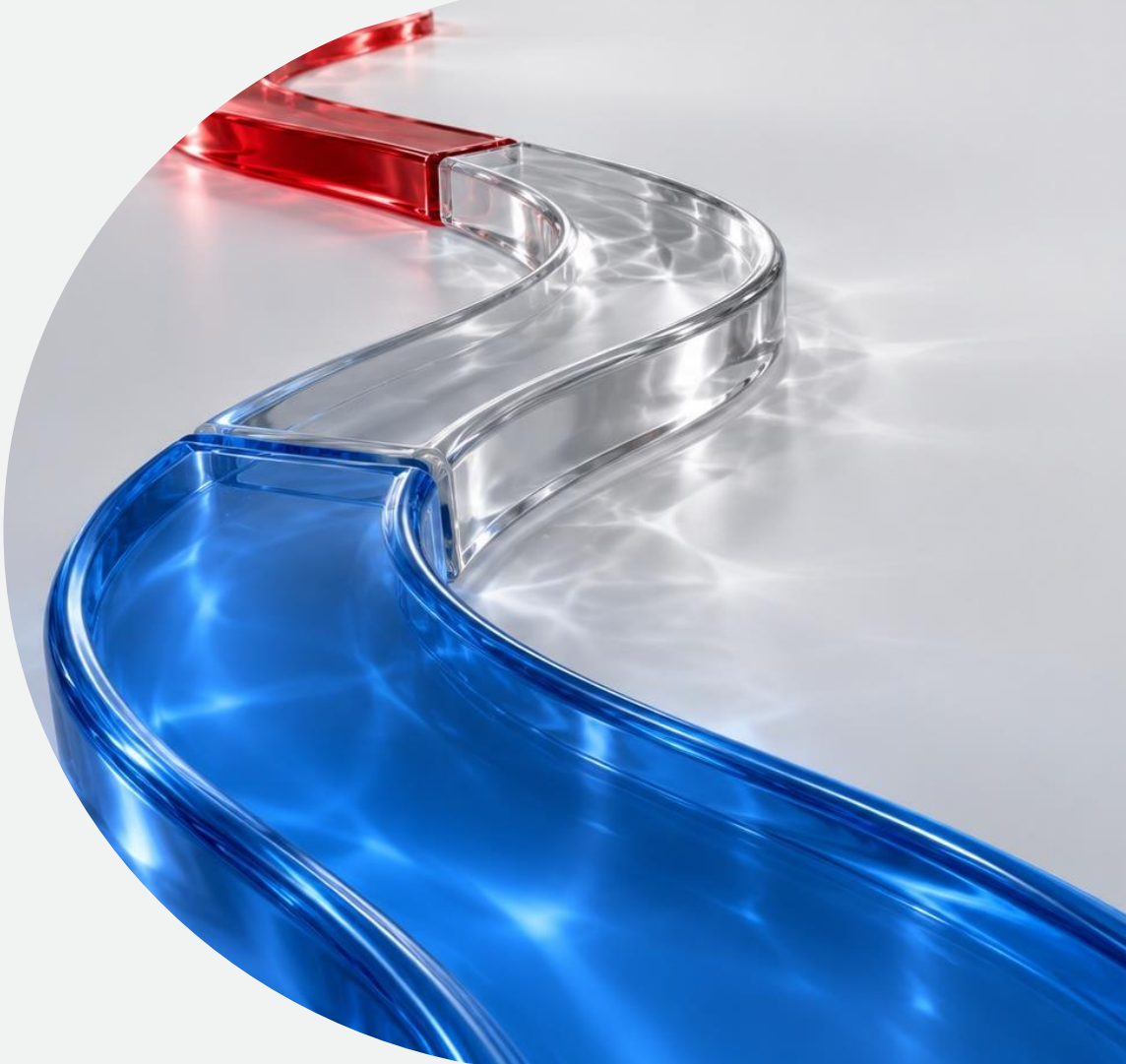
Day 5

Day 5 – Recce treatment

- **Significant bacterial infection** – septic ankle arthritis, peri-prosthetic joint infection, osteomyelitis
- ***E. coli* refractory to multiple debridement and multiple antibiotics**

- ✓ The discharge has cleared, and with no signs of edema present
- ✓ **R327G was applied once and was well-tolerated.**

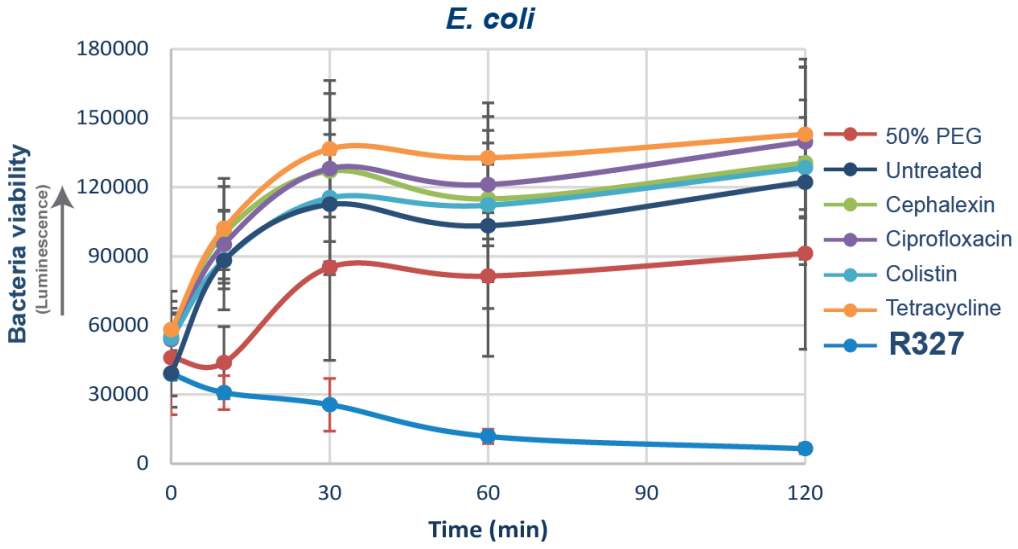
RECCE® 327
Clinical Programs



R327 Faster Acting Than Existing Antibiotics

No Prolonged Exposure Needed

R327 is faster-acting against bacteria than other antibiotics – works quickly, without prolonged cellular exposure times required of other antibiotics (extended exposures commonly associated with systemic toxicity).



R327 kills pathogenic bacteria at a faster rate.

R327 designed to work faster than all existing antibiotics, reinforced by MoA work undertaken by experts in their field.

> ***R327 kills bacteria*** *in conditions where other antibiotics are ineffective.*
>
> *- Marc Sharp, PhD, Chief Scientific Officer, Linnaeus Biosciences*

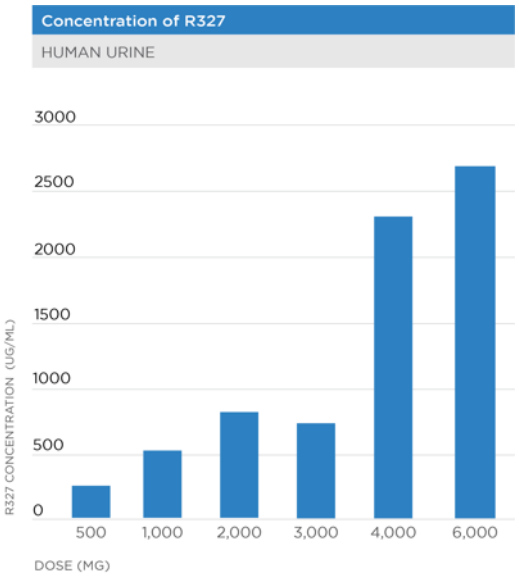
All compounds used at 2X Minimum Inhibitory Concentration (MIC)

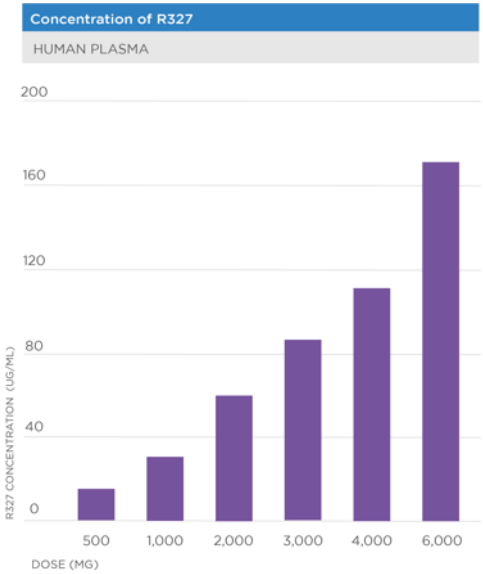
RECCE® 327 Summary Results – Phase I – Complete

Double-blind, Placebo-controlled, Single Ascending-dose, Safety and Pharmacokinetic Study in Healthy Participants

- ✓ **Safe and well tolerated at doses up to 6,000mg given as a 1-hour intravenous infusion;**
- ✓ **No Serious Adverse Events;**
  - All AE's mild or moderate
- ✓ **No significant changes in any laboratory test, EKG or telemetry;**
- ✓ **Concentrations of RECCE® 327 increased with dose, $t_{1/2}$ increased with dose: 3-5 hours at higher doses**
- ✓ **Urine concentrations were up to 20 times higher than plasma concentrations**

RECCE® 327 Concentrates Safely in the Urine





Concentration of R327 in Urine Compared to Plasma

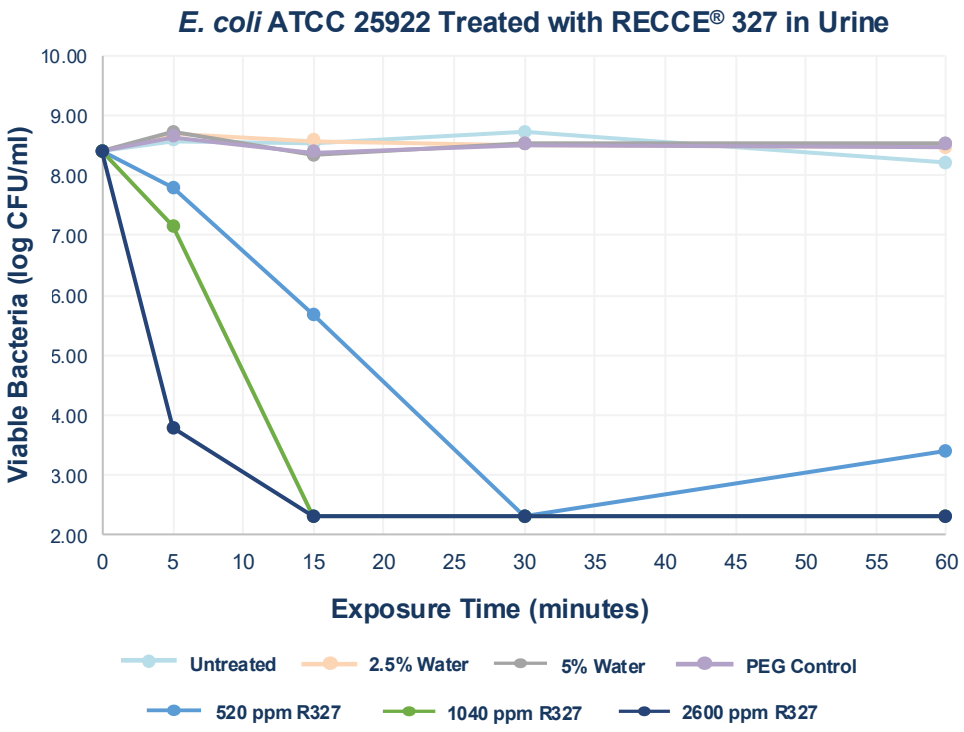
Ratio Urine/Plasma
16x
17x
14x
9x
21x
16x

In over 60 healthy subjects

- **R327 primary route of elimination** appears to be through the kidney to the ureters and bladder.
- **High concentrations of R327** noted in the urine of Phase I healthy subjects.
- **Insight consistent** with pre-clinical *in-vivo* kidney and UTI bacterial infection studies.

- **Opportunities for therapeutic in array of UTIs (uncomplicated UTI - single dose, complicated UTI, recurrent UTI, treatment resistant etc.)**
- Suggests **broader anti-infective treatment model** in pre-sepsis.

RECCE® 327 Kills Quickly in the Urine



- **R327 in the presence of human urine was able to have a fast (near minutes) effect against *E. coli* and irreversible**
- **Bacteria could not be revived post-treatment**
- R327 capability starting from comparatively low concentrations
- Achieved 6-log reduction in viable cell count

Understanding logs (example of a small colony of 1 million MRSA bacteria)*
A 1-log kill reduces the colony to 100,000 MRSA bacteria after a 90% reduction
A 2-log kill reduces the colony to 10,000 bacteria after a 99% reduction
A 3-log kill reduces the colony to 1,000 bacteria after a 99.9% reduction
A 4-log kill reduces the colony to 100 bacteria after a 99.99% reduction
A 5-log kill reduces the colony to 10 bacteria after a 99.999% reduction
A 6-log kill reduces the colony to 1 MRSA bacterium after a 99.9999% reduction

*https://halosil.com/what-are-logs-and-why-do-they-matter-in-preventing-infections/

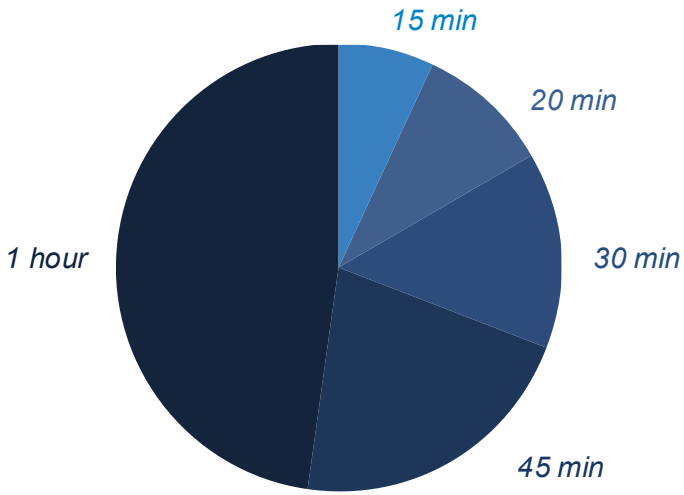
Phase I/II UTI/Urosepsis Rapid Infusion Clinical Trial

*UTIs are responsible for about **30%** of all **sepsis** infections, defined as 'Urosepsis'*

Clinical Trial Complete

Assessment	**Assessing R327 at faster administration rates (<1 hour)**
Endpoint	Trial aimed at positioning **R327 as first patient presentation** 'fast-infusion' **designed to stop any bacterial infection** in its tracks in any medical setting
Subjects	**Male and female** subjects dosed
Initial Indication	Results from trial paves the way for **R327 as a potential first-line treatment for patients suffering from UTI/Urosepsis**
US FDA status	**Qualified Infectious Disease Product designation** - awarded by the US FDA in 2017 for R327 bacteraemia (broad-spectrum bacterial sepsis).

R327 has achieved multiple **'fast infusion' time stamps** in line with intended future regulatory submissions.



Intellectual Property & Manufacturing

Robust Worldwide Intellectual Property Portfolio

Recce's patent portfolio contains over 40 patents and patent applications in the world's major markets.

Filed	Patent Family 1	Expiry	Patent Family 2	Expiry	Patent Family 3	Expiry	Patent Family 4	Expiry
Australia	✓	2028	✓	2037	✓	2037	✓	2041
USA	✓	2029	✓	2037	✓	2037	Pending	
Europe	✓	2028	✓	2037	✓	2037	Pending	
Germany	✓	2028	✓	2037	✓	2037		
Spain	✓	2028	✓	2037	✓	2037		
France	✓	2029	✓	2037	✓	2037		
UK	✓	2028	✓	2037	✓	2037		
Italy	✓	2028	✓	2037	✓	2037		
Sweden	✓	2028	✓	2037	✓	2037		
Japan	✓	2028	✓	2037	✓	2037	✓	2041
China	✓	2028	✓	2037	✓	2037	✓	2041
HK	Pending	2028	Pending	2037	✓	2037	✓	2041
Israel							✓	2041
Canada							✓	2041
Brazil							✓	2041
Vietnam							✓	2041

Family 1 group relates to the Company's Unique and Highly Economical Manufacturing Process and use of the Polymer in Treatment of Diseases.

Family 2 relates to the Method of Manufacture, Administration and Application to Treat a Broad Range of Common Human Infections.

Family 3 relates to a Method of Treatment of a Broad Range of Viral Infections, particularly Parenteral Viral Infection.

Family 4 relates to Process for Preparation of Biologically Active Copolymer, other Patent Cooperation Treaty countries pending/granted.

Manufacturing & Scalability

Manufacturing facility in Sydney's Macquarie Park

Raw **materials**

Plentiful and cheap – few $/Kg

No expensive waste

99.9% product yield

Automated manufacture process

Completing **5,000 doses a week under GMP**

Clear benefits **in cost and scalability**

In-house pilot facility - instrumental to meet clinical testing demands as the technology pipeline continues towards commercialisation

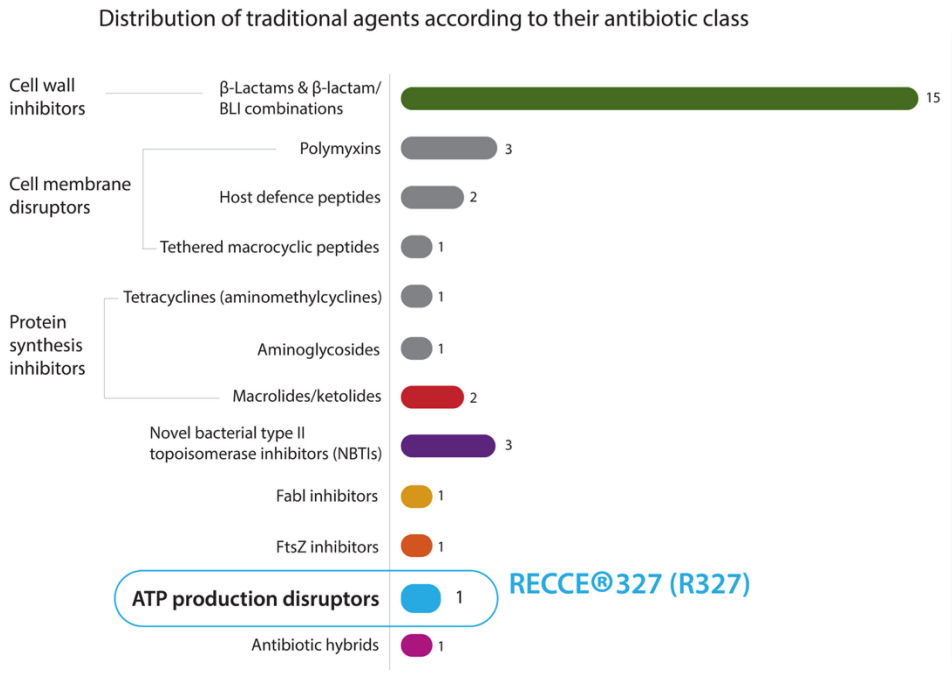
GMP Manufacturing facility in Australia

Manufacturing facility for Phase 3 / Scale Up

Capability to support present and future human clinical trials

RECCE® 327 – Global Recognition

R327 added to World Health Organization's List of Antibacterial Products in Clinical Development



- Global recognition by the **World Health Organization (WHO)** – inclusion underscores significance of R327 in combating antimicrobial resistance.
- Unique Mechanism of Action – R327 uniquely classified as an adenosine triphosphate (ATP) production disruptor, the **only compound under this category.**
- **R327 recognised as a novel treatment** for a broad range of life-threatening and resistant bacteria.
- The report covers traditional and non-traditional antibacterial agents in development worldwide and evaluates to what extent the present pipeline addresses infections caused by priority pathogens.

World Health Organization

US Department of Defense

U.S. Department of Defense Congressionally Directed Medical Research Program (CDMRP)

Project: *A Novel, Synthetic Anti-infective Drug Candidate, R327, for the Acute Treatment of Burn Wounds and Downstream Sequelae*

Goal: Develop room-temperature-stable, sterile R327 amorphous hydrogel dressing in sachets for field use; evaluate efficacy to treat burn wound infections in animal thermal wound infection models.

U.S. Army Medical Research and Materiel Command

CRADA with the *U.S. Army Research Institute of Infectious Diseases*

Project: *Core Antibiotic Screening Program Funded by DTRA. Testing R327 against a panel of biothreat pathogens*

Update: Preliminary testing with R327 is ongoing with 30-strain panels of biodefense pathogens including *Burkholderia pseudomallei* and *Yersinia pestis* along with control strains *E. coli* (ATCC 25922), *S. aureus* (ATCC 29213) and *P. aeruginosa* (ATCC27853).

USAMRIID
United States Army Medical Research Institute of Infectious Diseases
Biodefense solutions to protect our nation

CRADA with the *U.S. Army Institute of Surgical Research (USAISR)*

Project: *To evaluate the efficacy of R327G in reducing the bioburden of Pseudomonas aeruginosa / Staphylococcus aureus in Burn Wounds in the USAISR Walker-Mason rat model.*

Thank you