A pivotal time is ahead

Share Price: A$0.38

ASX: DXB

Sector: Healthcare

21 April 2026

Over the past few years Dimerix (ASX:DXB) has established all the building blocks in place to commercialise DMX-200 (known in some markets as Qytovra). DXB has gathered extensive clinical data, signed 4 commercial arrangements which provide not just paths to market but also validation and sources of non-dilutive funding in signature and milestone payments (up to $1.4bn).

Market cap. (A$m)	228.2
# Shares outstanding (m)	600.4
# Share fully diluted (m)	616.0
Market cap full. dil. (A$m)	234.1
Free float	100%
12-months high/low (A$)	0.755 / 0.30
Avg. daily volume ('1000)	1,707.42
Website	dimerix.com

Source: Company, S&P Capital IQ, Pitt Street Research

Share price (A$) and avg. daily volume (k, r.h.s.)

Source: S&P Capital IQ, Pitt Street Research

Dimerix has all patients enrolled in ACTION3, and crucial FDA guidance

Dimerix's Phase 3 trial (ACTION3), if successful, will likely be the final trial prior to commercialisation against FSGS. In mid-March 2026, the last adult patient recruited into the study was dosed, bringing the final enrolment to 333 patients and setting the 2 year clock ticking for the full study. The company also announced plans to conduct blinded statistical powering analysis of the primary endpoint of the study in March, with outcomes expected in April 2026. This review is important, as it looks to confirm the statistical powering assumptions made at the start of the study, and if appropriate, could lead the company towards a potential early regulatory approval submission prior to the study's completion.

A big market opportunity with FSGS

Dimerix has a significant opportunity with FSGS – a rare kidney disorder that is characterised by progressive scarring (sclerosis) in the kidney's filtering units. There are no therapies specifically approved for FSGS in the US, any treatments on the market only attack symptoms rather than root causes and the disease can progress rapidly to the point where a kidney transplant is the only solution, and even then, recurrence is highly probable (it occurs in up to 60%) of cases. In our model, we believe there is a market of over 200,000 people in all of Dimerix's approved markets and even a small market penetration (we assumed an average of 6%) could lead to a significant market opportunity.

Valuation of A$1.63-2.16 per share

Our valuation per share is $1.63 in a base case and $2.16 in a bull case, representing market capitalisations of $980-1,294m respectively. Our valuation was previously A$1.65-A$2.17 per share and has been adjusted to account for Dimerix's changed cash balance since our last note, which has reduced but is still a healthy $38.5m. As before, this assumes successful commercialisation of DMX-200 and all that all promised milestones consequently eventuate. Please refer to pages 12-14 for more details on our valuation and the key risks to our thesis.

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Where Dimerix (ASX:DXB) is at in April 2026

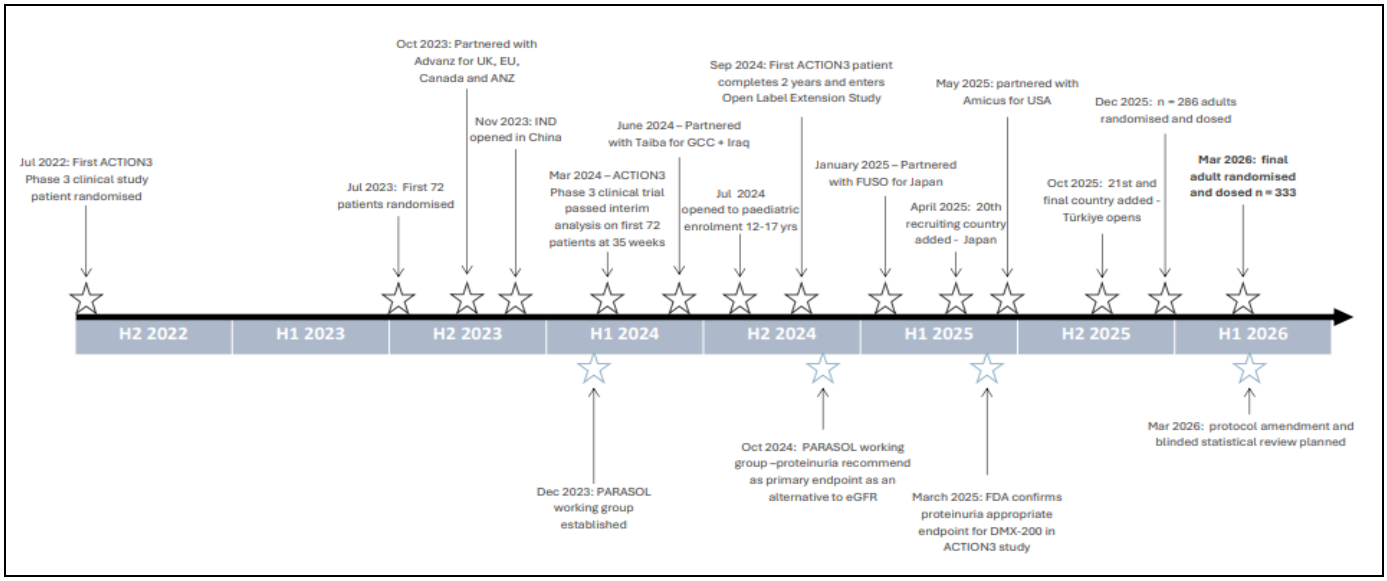
Dimerix's flagship drug DMX-200 (known as Qytovra in some territories) in a Phase 3 trial for focal segmental glomerulosclerosis (FSGS).

Dimerix's flagship drug DMX-200 (known as Qytovra in some territories) in a Phase 3 trial for focal segmental glomerulosclerosis (FSGS). This is expected to be the final clinical trial before market approval, if the trial is successful. Investors who have followed the story would know that there are several building blocks in place (Figure 1) including:

- DMX-200's unanimous efficacy in all clinical trials to date,
- FSGS' position in targeting a disease with ~220,000 patients annually (a figure that could be an underestimate given new diagnostic methods are uncovering new cases that otherwise would not have been identified) but no approved treatments and is well ahead of any other candidates,
- 4 licensing partnerships with ~A$1.4bn in total upfront and potential development and sales milestone payments, not to mention additional royalties on sales. Out of this, over ~A$65m in total upfront payments has already been received.
- Being well capitalised with >$38.5m in cash as of 31 December 2025,
- Having a highly qualified and proven management team that has extensive commercial experience in the pharmaceutical and biotechnology sectors and has led Dimerix to the point where it is now.

None of this even accounts for upside that could be realised from an M&A deal or the commercialisation of DMX-200 for other kidney indications. But ultimately, the key for investors is what happens next with DMX-200. Dimerix has already made strides few other companies have, not just in having advanced a drug into Phase 3 following successful Phase 2, but in being so advanced in the trial that all patients are enrolled.

Figure 1: Dimerix's recent achievements and what is to come



Source: Company, Pitt Street Research

DMX-200/Qytovra®

DMX-200 (known as Qytovra in some territories) is an oral anti-inflammatory drug called repagermanium, co-administered with a blood pressure medication known as an Angiotensin Receptor Blocker (ARB) such as irbesartan and losartan. In other words, it is administered to patients already taking the current standard of care for the treatment of kidney disease. Patients ingest a 120 mg oral capsule of DMX-200 twice daily.

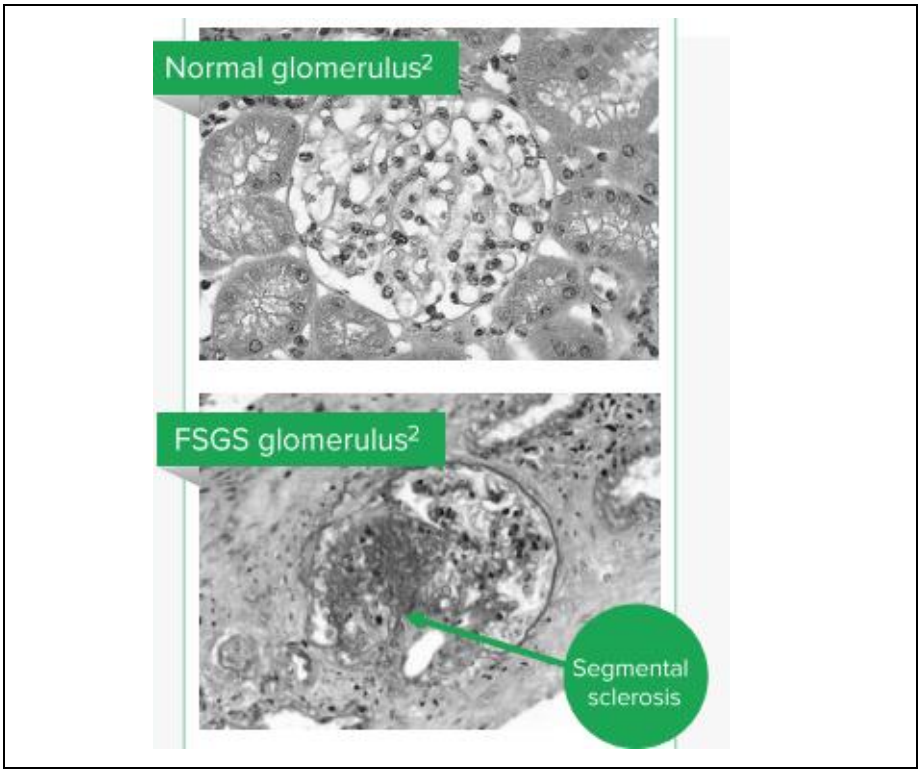
DMX-200 works by blocking the chemokine receptor 2 (CCR2) pathway, which stops immune cells from moving to areas of the body such as in the kidney where they cause abnormal scarring. The angiotensin II receptor type 1 (AT1R), which is the current standard of care, is already the target mechanism for the ARB, and thus with DMX-200 targeting CCR2, both receptors being blocked has greater impact. The clinical data to date has unanimously backed this up. Specifically, the results from the last trial before ACTION3 depicted this with an average placebo adjusted reduction in inflammation (MCP-1) being 39%. Before we proceed to discuss ACTION3, it is necessary to recap FSGS.

FSGS

FSGS is a disease where the kidney's filtering units are attacked, causing irreversible scarring and eventual kidney failure.

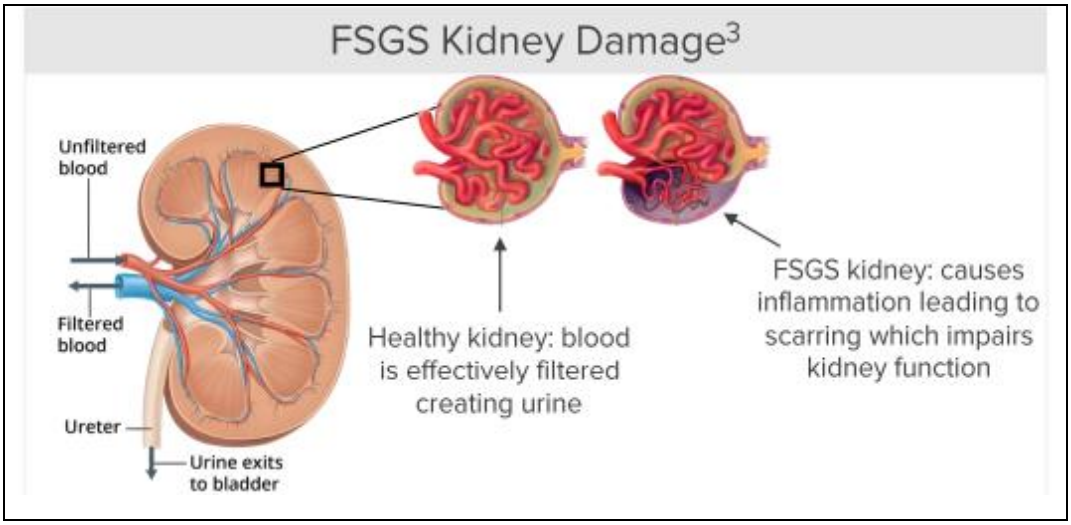
FSGS is a specific kidney disease that attacks the kidney's filtering units where the blood is cleaned (called the glomeruli), causing irreversible scarring and leading to permanent kidney damage and eventual end-stage kidney failure, requiring dialysis or a replacement (Figure 2 and Figure 3).

Figure 2: FSGS observed



Source: Company

Figure 3: FSGS illustrated



Source: Company, Pitt Street Research

The average time from an FSGS diagnosis to the onset of complete kidney failure is just five years.

The average time from a diagnosis of FSGS to the onset of complete kidney failure is only five years and it affects both adults and children as young as two years old. 60% of those who receive a kidney transplant risk will getting recurrent FSGS in the transplanted kidney. It is a disease that can impact both adults and children. The cause can be either idiopathic (where the cause is unknown) or genetic but it is the idiopathic category that accounts for the larger proportion of patients. There are no drugs specifically approved for FSGS anywhere in the world.

There are no existing drugs on the market, and all other competitors are at earlier stages or have failed, with the most prominent being Travere Therapeutics' Filspari, which missed its Phase 3 endpoints by a wide margin[1]. Given the cause is predominantly unknown, any drugs that are used in patients with FSGS target symptoms rather than the disease itself.

What is more concerning is that the incidence of FSGS (and kidney disease generally) is expected to grow. This is in part due to enhanced awareness, availability of different therapies for the different types of kidney disease, improved detection and increased diagnosis, not to mention socioeconomic and healthcare access factors. With little or no innovation in kidney disease over a prolonged period, many kidney disease patients were not aware of which type of kidney disease they had. With new therapies now becoming available for the different types of kidney disease, diagnosis rates have increased dramatically.

What can DMX-200 bring to the table? If the ACTION3 trial results hold up and regulators approve it, the drug will help prolong kidney function and thus delay potential dialysis, transplants or any consequences of kidney disease. Estimated glomerular filtration rate (eGFR) measures kidney function and naturally declines over time, but much faster in patients with FSGS (and any other kidney disease for that matter). A normal or high functioning kidney should be greater than or equal to 60 mL/min/1.73m² in eGFR terms, and it is over 100 in children and young adults[2]. Anything below 60 indicates

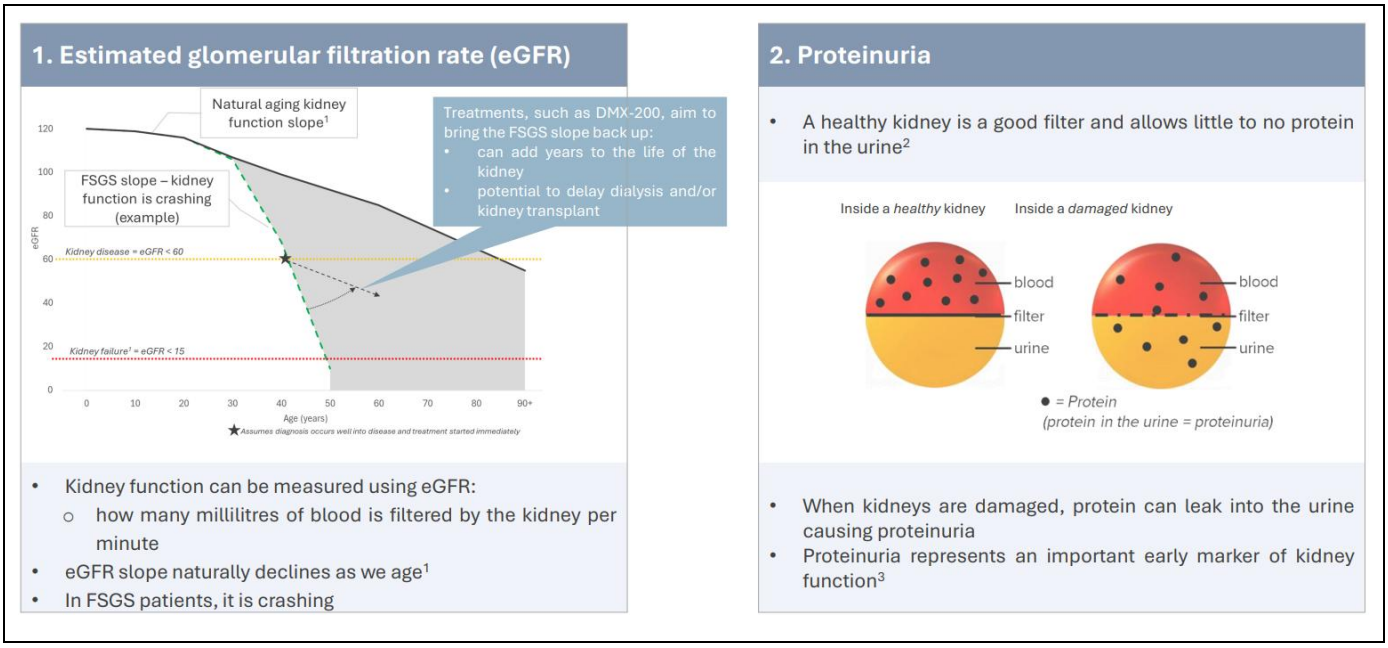
[1] See p.13 of our January 2024 initiation report for further details. We should note that Travere has persisted with the program because certain secondary endpoints had favourable trends, but the failure is effectively a 'back to the drawing board' – again, the primary endpoint was missed by a wide margin.
[2] National Kidney Foundation data. https://www.kidney.org/kidney-health/kidneydisease/siemens_hcp_gfr.

impairment, but unfortunately noticeable symptoms only become obvious below 60, hence leading to a delay in patient diagnosis. A severely decreased functioning kidney has an eGFR of less than 30 and kidney failure is at less than 15[3] (Figure 4).

Even if the change in eGFR is small (in that it may only delay or slow down the decline), it can still save a lot down the track as it can delay the need for expensive interventions, if not eliminate them altogether. If treatment occurred at a young age, it could yield many years of kidney function and delay the onset of kidney conditions.

The cost savings are significant: US$442,500 per treatment for a kidney transplant plus ongoing fees, dialysis costs US$90,000 per year, and a whole range of accompanying medications. And, as we noted above, 60% of FSGS patients have recurring FSGS even after kidney transplant, but treatment with DMX-200 may reduce the need for a transplant for dialysis in the first place.

Figure 4: FSGS biomarkers



Source: Company, Pitt Street Research

Dimerix's ACTION3 trial

An overview

Dimerix's ACTION3 trial is assessing the urinary Protein to Creatinine Ratio (uPCR) and estimated Glomerular Filtration Rate (eGFR).

'ACTION3' (which is short for 'AT1R and CCR2 Targets for Inflammatory Nephrosis' phase 3) has been going since 2022. It is assessing both uPCR and eGFR.

- uPCR is the urinary Protein to Creatinine Ratio, which is a way of measuring proteinuria, that is, protein in the urine. Creatinine is a breakdown product of creatine phosphate from muscle which is routinely excreted through the kidneys and indicates how hydrated a patient is. So, a higher ratio would be a sign of a less healthy kidney.

[3] Ibid.

- eGFR is the estimated Glomerular Filtration Rate, which is the flow rate of filtered fluid through the kidney in millilitres per minute. We are born with an eGFR rate of around 120 mL/min/1.73m², and it declines over time, but plunges faster and to lower levels in FSGS patients.

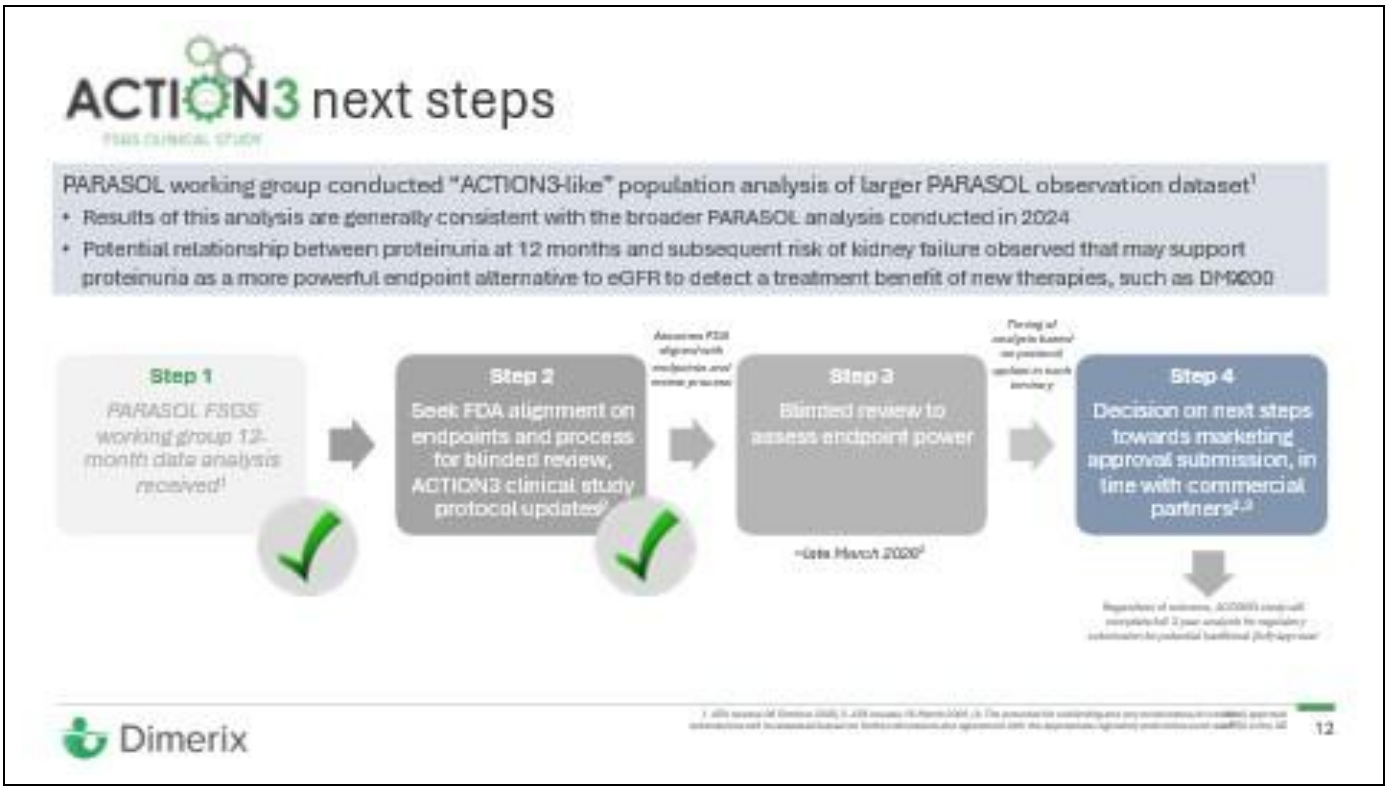
Dimerix's ACTION3 trial is in Phase 3, and the company anticipates it could receive regulatory approval if results here are successful.

The current status of the trial

ACTION3 is a Phase 3 randomised, double-blind, placebo-controlled study where FSGS patients are randomised to receive either 120 mg twice daily of DMX-200 or placebo (Figure 5). The study has, in effect, three Parts:

- **Part 1,** which evaluated the first 72 patients at the 35-week mark for reduction in proteinuria. At this time point, which was reached in March 2024, the Independent Data Safety Monitoring Board analysed the data and found that DMX-200 was performing better than placebo in reducing proteinuria, with statistical significance. The data remained blinded to Dimerix.
- **Part 2, which is where the trial is currently sitting**, Dimerix has been in dialogue with the FDA on whether a statistically significant reduction in proteinuria for the treated patients at an earlier time point could potentially allow the FDA to grant accelerated approval, noting this would mean eGFR would have to be used as the primary endpoint at the full 2 year analysis. Dimerix has announced that it intends on conducting a blinded statistical review to test the powering assumptions for both proteinuria and eGFR endpoints before determining next steps towards marketing submission.

Figure 5: Dimerix's progress with Action 3



Source: Company, Pitt Street Research

- **Part 3**, which will evaluate at least 286 patients at the 104-week mark for reduction in proteinuria as the primary endpoints and eGFR as a secondary endpoint.

The trial is well advanced: as of 23 March 2026, the company has finished enrolment, closing it at 333 patients spread across 219 sites in 21 countries. The full 2-year study is expected to complete in March 2028.

Since the study began, there have been seven reviews from an Independent Data Monitoring Committee

Since the study began, there have been no less than seven reviews from an Independent Data Monitoring Committee (IDMC) evaluating the study for participant safety, study conduct and progress. The trial was recommended to continue as is every single time, with the most recent endorsement being in November 2025.

At the end of the two year study, patients have the option to roll over into an open label extension study. The open label extension study runs for a further two years where patients are guaranteed drug regardless of whether they received drug or placebo in the ACTION3 study. At this point in time, Dimerix has seen ~95% patients who have completed the full 2 years ACTION3 study elect to rollover into that open label extension study. This indicates that these patients are not seeing any concerning side effects and are very comfortable to continue using the drug

The push from eGFR alone towards proteinuria

Dimerix will continue the trial for the full 104 weeks for traditional approval, but may have an opportunity get approval on the basis of data at an earlier time point.

While Dimerix will continue the trial for the full 104 weeks regardless, it may have an opportunity to submit for approval using proteinuria at an earlier time point, if evidence supports eGFR as a primary endpoint for the full study, and FDA agrees. Only at that point could the company 'unblind' the data. On what basis? Just before Christmas 2025, the FDA advised that proteinuria was an appropriate endpoint for full approval, albeit the regulator did not yet approve of the shorter timeframe.

In 2022, when the study started, Dimerix was going to proceed on the basis of eGFR as the primary endpoint, but the landscape changed as proteinuria became more and more acceptable by the FDA. The evolution began in 2023 when the only other late-stage candidate in development for FSGS (Travere Therapeutics' Sparsentan) completed a Phase 3 trial and missed the endpoint for eGFR[4], which was the primary endpoint, but proteinuria was used as a secondary endpoint and there was a positive signal. Specifically, there was a 50% proteinuria reduction from baseline over 108 weeks vs Irbesartan where there was a 32% proteinuria (18% placebo adjusted reduction).

Following these results, the FDA encouraged the PARASOL Initiative, which pooled all the available FSGS data from all the players in an effort to identify whether proteinuria could be validated as an alternative surrogate endpoint for full approval based on changes from baseline proteinuria. In October 2024, PARASOL held a scientific workshop and showed analysis on 1,626 FSGS patients across several clinical trials depicting that proteinuria reductions were strongly associated with a lower risk of kidney failure. This led, in April 2025, to the FDA's official acceptance of proteinuria as a surrogate endpoint specifically for DMX-200 in FSGS.

As we noted, Dimerix met with the FDA and gave its approval to use proteinuria as a primary endpoint for traditional approval. The company is conducting a blinded review of the study data to date to confirm the statistical

[4] Although the eGFR decline over 2 years was slightly slower than placebo, it was not statistically significant.

assumptions of the primary endpoint during April 2026, using methods specified in the study's Statistical Analysis Plan. This review's purpose is to provide an independent validation that the study is tracking within the original statistical assumptions and confirm it is able to show a benefit of DMX-200 vs the Placebo.

Dependent on the FDA's advice and if ACTION3 was adequately powered for the selected endpoint…existing data could be unblinded later on in CY26.

If the study was adequately powered, the existing data from ACTION3 could be unblinded, and this could happen later on in CY26. Should this unblinded data show the preferred endpoints have been achieved, Dimerix could file for FDA approval. Once this filing is accepted, there could potentially be a PDUFA data in late 2026 or early 2027. A PDUFA data is the data which the Agency has committed to say yes or no to a New Drug Application.

Could Sparsentan be a threat?

At this point, some investors may wonder what's happening with Sparsentan, given it was approved for use in FSGS pateints in the US only a week ago on 13 April (excluding a sub-set of patients who have nephrotic range FSGS).

It is important to note a couple of things. Firstly, even though Sparsentan and DMX-200 both target FSGS, they have very different treatment pathways – DMX-200 is about blocking inflammation and utilising immune cells whilst Sparsentan is an ARB and is acting on blood pressure mechanisms using the endothelin system and the renin-angiotensin system. As such, the drug candidates are likely highly complementary, one reducing the blood pressure and the other reducing the inflammation and preventing scarring.

In Dimerix's ACTION3 trial, all patients must be on the background of a blood pressure medication, an ARB. As such, given DMX-200 is intended for patients already taking a blood pressure medication, it doesn't seem to matter whether this is an existing ARB or sparsentan.

Secondly, if sparsentan is approved, firstly it further validates proteinuria as the approvable endpoint; and secondly it provides a large opportunity for patients and physicians to be educated on diagnosis and essentially grow the FSGS market. Both of these would be highly beneficial to Dimerix.

Thirdly, sparsentan in FSGS will set a benchmark for pricing in FSGS. Note that sparsentan for FSGS is double the dose of the previously approved indication for IgA Nephropathy, and Travere has indicated that the pricing would be a much higher cost to the payer for the FSGS treatment. Given sparsentan for IgA Nephropathy retails at over US$150,000 per patient per year, the cost in FSGS could be up to double this cost.

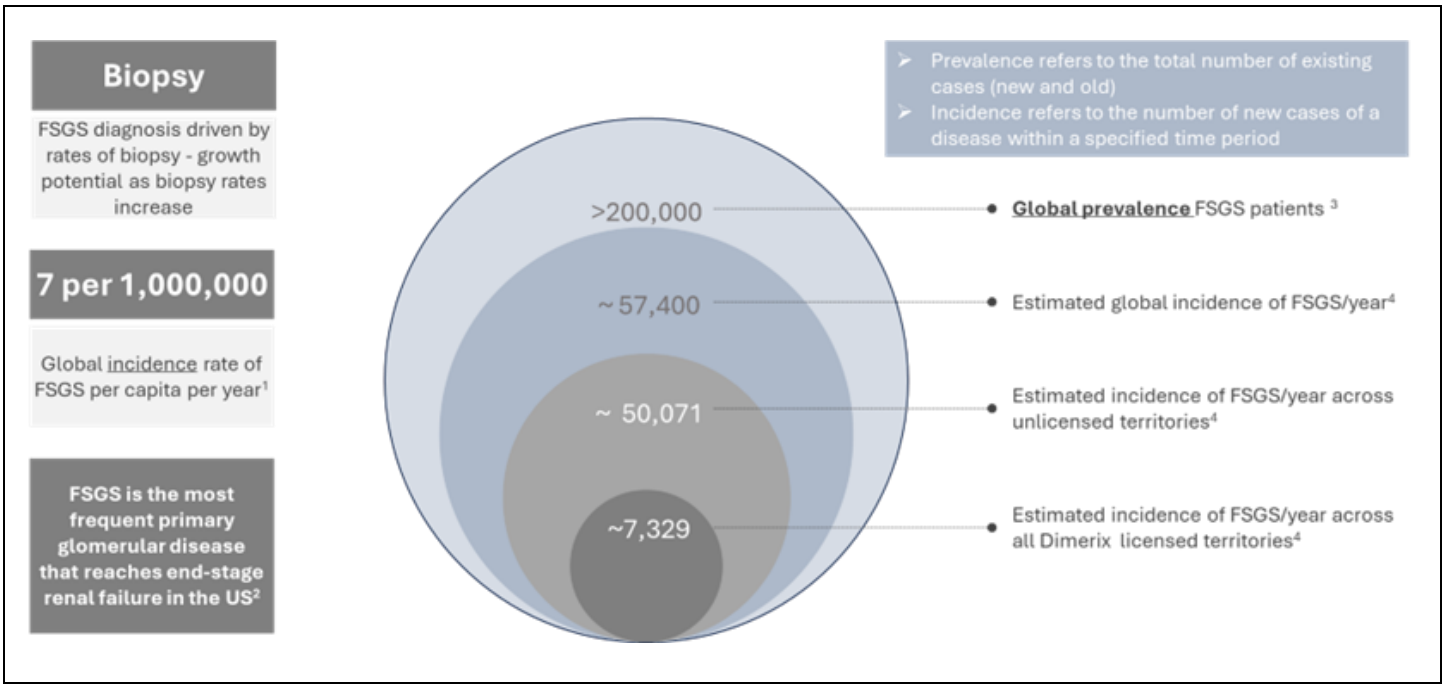
The future

Dimerix is well positioned for commercialisation with its 4 licensing agreements with Advanz, Taiba, Fuso and Amicus.

Dimerix is well-positioned for commercialisation with its 4 licensing agreements with Advanz, Taiba, Fuso, and Amicus. We have assumed the USA will be first, and the EU will follow shortly thereafter, and this is reflected in our valuation. We assumed Middle East and Japan would follow given Dimerix has secured licensing agreements for these jurisdictions. Then comes the remaining Advanz jurisdictions including Canada, Australia and New Zealand. Dimerix is seeking licensing agreements for other unlicensed territories including China and Latin America as well. We expect that, even if such agreements roll out after jurisdictions already licensed, such licensing deals would provide an uplift not just because of future revenues but also because of the upfront payments and additional milestone payments prior to commercialisation.

Dimerix has licensed into key markets: Australia, Canada, the European Economic Area, Japan, the Middle East, the UK and the USA. Data from ResearchAndMarkets estimates that these seven markets for DMX-200 are worth ~US$3bn. $2bn of this is from the US, with $990m from the EU and UK and US$225m in Japan. It has also been estimated that the market in China could be worth another US$2.8bn. This is assuming EU or US pricing of between US$8,200 and US$9,900 per month, which is what Sparsentan costs in those markets, along with assumptions about patient numbers in Figure 6.

Figure 6: The FSGS market



Source: Company

DMX-200 has been granted Orphan Drug status in certain jurisdictions because it is a New Chemical Entity being developed for a rare disease. This was obtained in the USA way back in 2015, for Europe in November 2018 and Japan in September 2025, as well as the ILAP designation in the UK (orphan drug designation equivalent[5]) in 2021. All these designations permit the company benefits including reduced product and registration fees and certain periods of market exclusivity following market approval – generally 10 years in Europe and 7 years in the USA while in Japan it depends on the drug and the disease it targets.

What's next?

If Part 2 is successful, the company may apply to the FDA for accelerated approval.

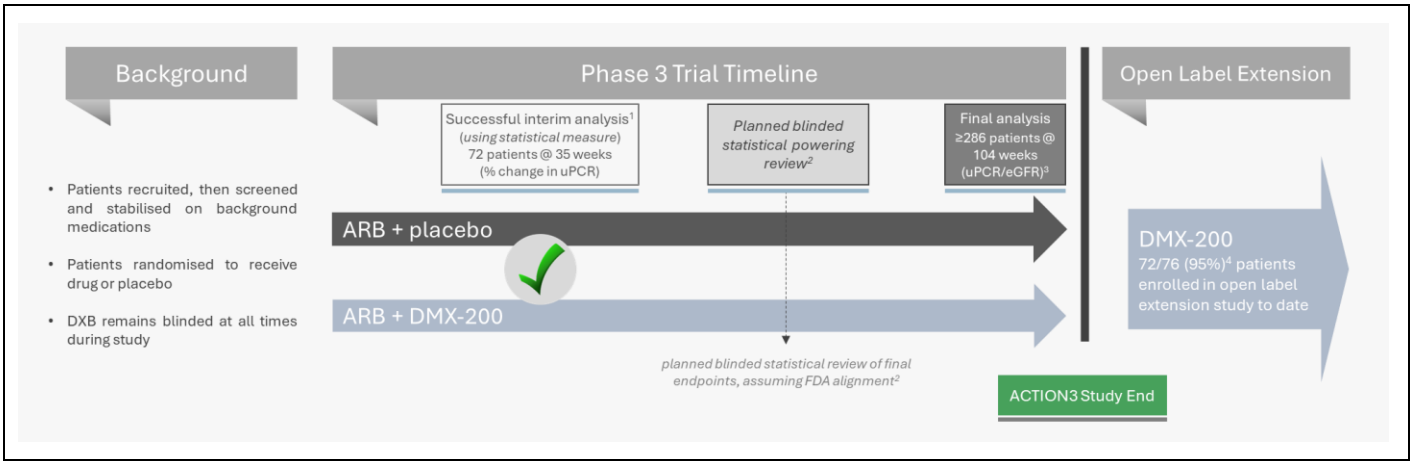
The key event for the company will be the read-out and potential unblinding of Part 2. If successful, the company may apply to the FDA for accelerated approval. Part 3 will conclude when all patients have concluded 104 weeks of treatment, now set as March 2028. But again, DXB is anticipating that it may get accelerated approval in Part 2 if the FDA agrees, the blinded analysis indicated the study is sufficiently powered, and the results are good enough.

The timeframe for a potential accelerated approval post-Part 2 is below (Figure 7 and Figure 8). Investors should watch for the data itself. The 144th

[5] ILAP stands for Innovative Licensing and Access Pathway.

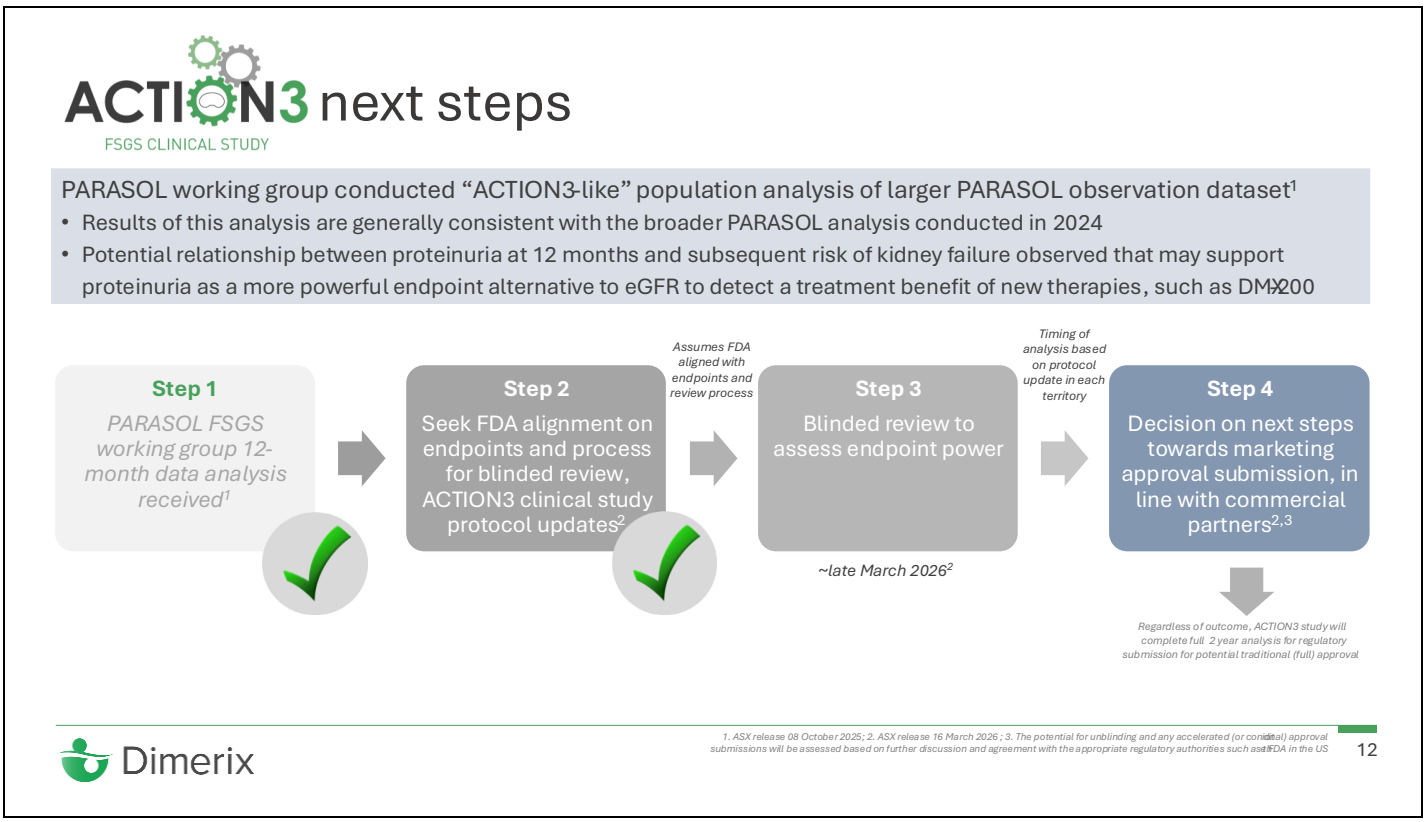
patient was enrolled in December 2024, and thus data will be available for all those patients across a 52-week treatment period[6]. The company is completing the blinded data analysis at this point. If the decision to unblind is positive and the data is positive, the company will consult with the FDA for an accelerated approval submission. If this plan holds, we could see approval by early 2027.

Figure 7: ACTION3 Phase 3 clinical trial – next steps



Source: Company

Figure 8: ACTION3 Phase 3 clinical trial – next steps



Source: Company

[6] Please note, those 144 patients still stay on treatment for 104 weeks. So, treatment is not complete at the point of data readout, where there is only 52 weeks' worth of treatment data. The last of the 286 patients will complete 104 weeks of treatment.

We see upside to $1.63-$2.16 per share

We update our valuation to $1.63 per share in our base case and $2.16 per share in our bull case.

Our valuation of Dimerix, is currently $1.63 in a base case and $2.16 in an optimistic (or bull) case, equating to market capitalisations of $980.7m and $1,294.1m respectively. Our previous valuation was $1.65-2.17 per share and this has been adjusted due to Dimerix's changed cash balance since our last note, $38.5m as of 31 December 2025 (Figure 9). Our modelling of Dimerix has always been using a DCF approach and assuming commercialisation of DMX-200, going with a licensing model as per the commercial agreements to date.

Where it has changed over time is:

- **The markets we have included have expanded** as DXB has signed more and more agreements, we initially only included the US and EU/UK but have expanded it to Middle East markets covered by Taiba and Japan. While a licensing deal for China has not been secured, our bull case assumes this will happen – Dimerix has openly stated this as an aspiration.
- **The 'discounting' of our cash flows has reduced** as commercialisation has drawn closer and the company has de-risked itself through the commercial deals and further clinical evidence it has secured. Our discount rate is currently 13.5% - a figure derived from a 7% risk-free rate of return, a 1.35 beta, and a 7% equity premium.

To recap the key points of our model (investors interested in the full details should see our 1 December 2025 note):

- We assume **regulatory approval comes post-Part 2 and this happens in late-CY26/early CY27**. Initially, DMX-200 enters the US, followed by the EU/UK within 12 months, then the Middle East markets covered by Taiba and Japan in the 2 years thereafter.
- We have assumed **US$119,000 per treatment** – a multiple of US$9,900 per month as example pricing in US[7] (it is the same pricing as Sparsentan in IgAN), with 2% growth per annum; and Dimerix obtains a royalty rate of 17.5% on all sales except for sales in the Middle East where we assume 30% for the first 5 years, followed by 25% in the 5 years thereafter because this has been specifically disclosed.
- Dimerix receives **$451m in milestone payments in full by FY27 cumulatively from 4 partners**, with payments received at the receipt of Phase 3 results, regulatory approval, the first sale, and 1st anniversary of sales.
- **We have modelled the market by patient numbers**: ~85,000 FSGS patients in the US and another ~85,000 in the EU/UK, with these numbers growing by 1% a year, even prior to regulatory approval. We start with ~33,000 for Japan, ~100,000 for China and ~38,000 for the Middle East markets. We assume a gradual ramp up over the first 4 years of commercialisation, and that Dimerix reaches 6% of each market. By the end of FY35, we derive $1,025m in sales which derives $236m of royalty revenue.
- **We assume US$1 is A$1.50 and that there is a 30% corporate tax rate**.
- **Dimerix incurs expenses as follows:** $80m of R&D expenses until commercialisation, then assume then just over $40m per year expenses once commercialised. We assume corporate administration and BD expenses rise 5% per year. We modelled a 37% post-tax margin, higher

[7] Travere has indicated that if it gets approval for sparsentan, it will be double that price (US$9,900 was for IgAN, but Travere's FSGS treatment is double that IgAN dose).

than our earlier model, but this one assumes more markets leads to economies of scale.

Tax: We assume a 30% corporate tax rate in line with the top tax rate in Australia.

- **2% terminal growth is modelled** predicated on several assumptions including that patents will be extended, Orphan Drug Designation will lengthen market exclusivity and there is uncertainty about many candidate drugs in the FSGS pipeline.

Figure 9 outlines our DCF calculation while Figure 10 outlines our assumptions.

Figure 9: DXB's DCF calculation

Valuation (A$m)	Base Case	Bull case
Present Value of FCF	445.4	565.8
Present Value of Terminal Value	496.8	689.8
Enterprise Value (A$ m)	**942.2**	**1,255.6**
Net (debt) cash	38.5	38.5
Equity value (A$ m)	**980.7**	**1,294.1**
Shares outstanding	600.2	600.2
Implied price (A$ cents)	**1.63**	**2.16**
Current price (A$ cents)	0.38	0.38
Upside (%)	329.8%	467.2%

Estimates: Pitt Street Research

Figure 10: Assumptions underpinning our valuation

DCF Assumptions	Base	Bull
Launch (US)	FY27	FY27
Launch (EU/UK)	FY28	FY28
Launch (Middle East)	FY28	FY28
Launch (China)	N/A	FY29
Estimated market size (patient numbers)	245,746	347,756
Market penetration (All markets)	6%	6%
Realised price (US$k)	119	119
Total milestone payments (A$m)	451	451
R&D costs until approval (A$m)	83	83
Peak sales (A$m)	1,523	2,111
Peak royalty revenue (A$m)	351	454
Period of pre-terminal cash flows (years)	7	7
Discount rate	13.5%	13.5%
Average royalty rate	17.5%	17.5%
Tax rate	30.0%	30.0%
Exchange rate (A$ to US$)	0.67	0.67
Net margin	43%	43%

Estimates: Pitt Street Research

Catalysts for DXB's re-rating

- The FDA providing clarity on the endpoints needed,
- The unblinding of ACTION3 data and the data potentially showing similar efficacy to the data to date,
- Future licensing deals for unlicensed jurisdictions, particularly China, and
- Potential M&A interest in the company or in its competitors,
- Additions to the company's pipeline.

Key risks facing Dimerix

Risks specific to DXB - We see the following major risks for DXB as a company and as a listed stock:

- **Timing risk.** There is the risk that the company's products may take longer than expected to move through the clinic, especially with clear time frames that are imminent.
- **Clinical Risk.** There is a risk that the clinical study does not demonstrate sufficient efficacy to warrant regulatory approval
- **Regulatory risk**. There is the risk that regulators may decline to approve DXB products. Even if the study is successful, regulators may decline for other reasons such as potential negative interaction with other compounds in a patients' body.
- **Commercial risk**. There is the risk that DXB may fail to find commercial partners for its products in China, which would reduce the potential for the creation of shareholder value. There is also the risk for commercial partnerships to fall apart.
- **Funding risk**. There is the risk of future capital raisings proving dilutive to existing shareholders.
- **Key personnel risk**. There is the risk that the company may lose key personnel and be unable to replace them and/or their contribution to the business.

Risks related to pre-revenue Life Science companies in general.

The stocks of biotechnology and medical device companies without revenue streams from product sales or ongoing service revenue should always be regarded as speculative in character. Since most biotechnology and medical device companies listed on stocks exchanges in Australia and around the world fit this description, the 'term' speculative can reasonably be applied to the entire sector. The fact that the intellectual property base of most biotechnology and medical device lies in science not generally regarded as accessible to the layman adds further to the riskiness with which the sector ought to be regarded.

Investors are advised to be cognisant of the abovementioned specific and general risks before buying any the stock of any biotechnology and medical device stock mentioned in this report, including Dimerix.

Appendix I - Analyst certification

Stuart Roberts, lead analyst on this report, has been an equities analyst since 2002.

- Stuart obtained a Master of Applied Finance and Investment from the Securities Institute of Australia in 2002. Previously, from the Securities Institute of Australia, he obtained a Certificate of Financial Markets (1994) and a Graduate Diploma in Finance and Investment (1999).
- Stuart joined Southern Cross Equities as an equities analyst in April 2001. From February 2002 to July 2013, his research speciality at Southern Cross Equities and its acquirer, Bell Potter Securities, was Healthcare and Biotechnology. During this time, he covered a variety of established healthcare companies, such as CSL, Cochlear and Resmed, as well as numerous emerging companies. Stuart was a Healthcare and Biotechnology analyst at Baillieu Holst from October 2013 to January 2015.
- After 15 months over 2015–2016 doing Investor Relations for two ASX-listed cancer drug developers, Stuart founded NDF Research in May 2016 to provide issuer-sponsored equity research on ASX-listed Life Sciences companies.
- In July 2016, with Marc Kennis, Stuart co-founded Pitt Street Research Pty Ltd, which provides issuer-sponsored research on ASX-listed companies across the entire market, including Life Sciences companies.
- Since 2018, Stuart has led Pitt Street Research's Resources Sector franchise, spearheading research on both mining and energy companies.

Nick Sundich, lead analyst on this report, is an equities research analyst at Pitt Street Research.

- Nick obtained a Bachelor of Commerce/Bachelor of Arts from the University of Sydney in 2018 and the designation of Financial Modelling & Valuation Analyst by the Corporate Finance Institute. He has also completed the CFA Investment Foundations program.
- He joined Pitt Street Research in January 2022. Previously he worked for over three years as a financial journalist at Stockhead.
- While at university, he worked for a handful of corporate advisory firms.

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