

Accelerating Biomedical Technologies from Incubation to Monetization

Q BioMed Inc. (QBIO) is a biomedical acceleration and development company focused on licensing and acquiring biomedical assets across the healthcare spectrum. Q BioMed is dedicated to providing these target assets the strategic resources, developmental support, and expansion capital needed to ensure they meet their developmental potential, enabling them to provide products to patients in need.

SELECT FINANCIALS

Fiscal Year End	Nov 30
Market Cap <small>(06/05/17)</small>	\$46 M
Current Price <small>(06/05/17)</small>	\$4.62
Avg. Volume	88,346 K
Shares Out	9.2 M
Float	5.8 M
Inside Ownership	35%

Q BioMed Unlocks Undiscovered Biomedical Value

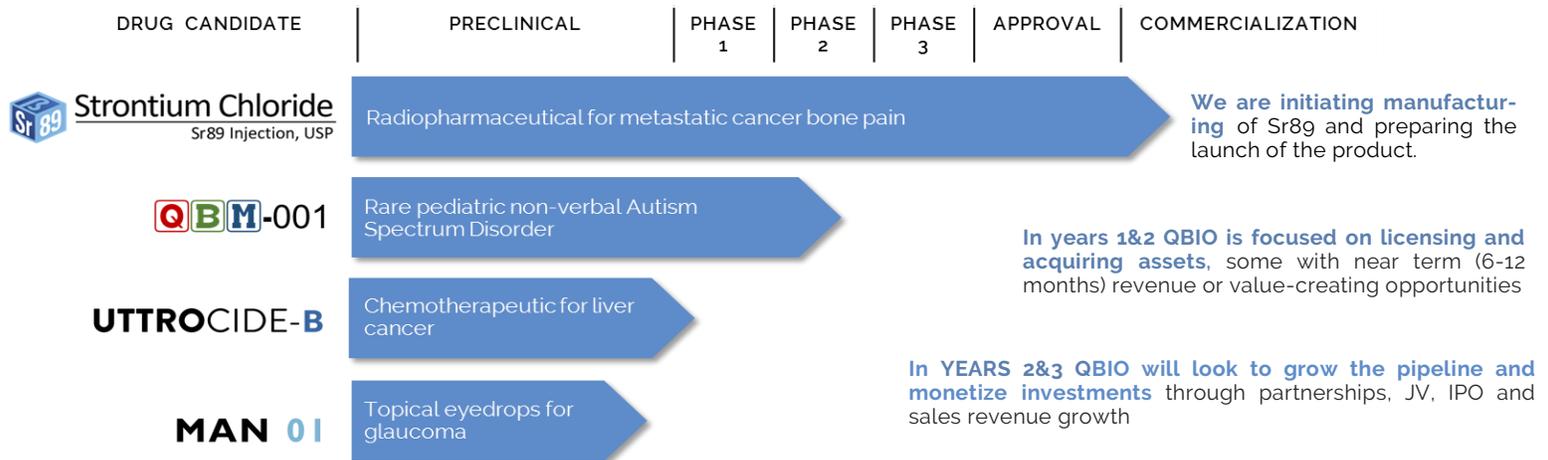
- Targets assets entering validation, clinical stages or commercialization leading up to value creating inflection points
- Deploys performance-based capital and resources to accelerate the development of an asset milestone achievement by its management
- Licenses or acquires the assets and works together to create valuation growth

QBIO INVESTORS BENEFIT FROM VALUE-CREATING INFLECTION POINTS AS ASSETS ACCELERATE THROUGH MILESTONES

How Q BioMed Accelerates Biomedical Technology Development

- Unlocks capital in US public markets to fund the development of assets
- Makes liquid investments in high-value assets that can produce exponential returns
- Diversifies risk over several therapies in various stages of development and deploys performance-based capital only
- Accelerates its asset's development with management and advisory teams' expertise, experience, and industry relationships

A Growing Pipeline and Strategy Mitigates Risk & Drive Shareholder Value



Timeline and Milestones



Our Current Biotechnology Portfolio



Strontium Chloride

Sr89 Injection, USP

- 450,000 new breast and prostate cancer diagnoses each year
- 1 in 3 people will develop bone metastases from the spread of breast and prostate cancer

Current Standards of Care

- Pain is the most common sign of bone cancer, and may become more noticeable as the tumor grows
- Bone cancer can cause debilitating pain in a bone or bone region (e.g., back, pelvis, legs, ribs, arms)
- **Treatment options** include:
 - **Pain Medications** - Opioids - Orthopedic Procedures
- Indicated to relieve bone pain from skeletal metastases from breast and prostate cancers
- Non be used with opiate based drugs and cancer therapeutics
- Studies demonstrated a prolonged progression-free result and overall survival with acceptable toxicity

MARKET ESTIMATED AT \$60-\$80 MILLION

UTTROCIDE-B

LIVER CANCER
Chemotherapy

- 700,000 patients worldwide
- Short 1-year survival rate
- Estimated 39,230 adults in the US will be diagnosed every year

Current Standards of Care

- **Surgery**—Hepatectomy or Liver transplantation
- **Thermal Ablation**- Radiofrequency ablation (RFA) and microwave therapy
- **Percutaneous ethanol injection**—Alcohol injected directly into the liver tumor
- **Radiation**—High-energy x-rays or other particles destroy cancer cells
- **Drug Treatment** - Tyrosine kinase inhibitor antineoplastic agent, Nexavar™

Opportunity

- Sorafenib Tosylate (Nexavar™) is the only FDA approved drug for the treatment of liver cancer
- P Uttroside-B appears to affect phosphorylated JNK (pro survival signaling) and capcase activity (apoptosis in liver cancer)
- Uttroside B increases the cytotoxicity of a variety of liver cancer cell types up to 10x more potent than Sorafenib in pre clinical studies
- Cytotoxicity specific to cancerous liver cells
- Provisional patent filed

Management



Denis D Corin, President and Director - Mr. Corin is an experienced public company executive and management consultant. He has worked almost exclusively in the biomedical field for over 13 years from large pharma and diagnostic companies to small innovative biotech. He has served in various senior executive roles and has been instrumental in building and restructuring businesses.



William Rosenstadt, General and Corporate Securities Counsel and Director - Mr. Rosenstadt is the founding and managing partner of international law Sanders Ortoli Vaughn-Flam Rosenstadt LLP and has been a practicing attorney since 1995. He advises entrepreneurs, public companies, and other corporate entities with respect to the execution of complex commercial, corporate, and international transactions.



David Laskow-Pooley, VP Scientific & Product Development - Mr. Laskow-Pooley has 30 years of experience in all aspects of the discovery, development and commercialization of pharmaceutical products, diagnostics and devices. He is an industry veteran and has a distinguished career working for numerous pharmaceutical and life sciences companies.



Ari Jatwes, Corporate Advisor and Senior Analyst - Mr. Jatwes is an analyst and a banker, with over twenty years of experience. Over the last decade his interest and focus has been in the biotech and pharma sector, which included trading biotech stocks from start up to late stage biotech companies, advising management and raising capital for their needs.

Scientific Advisor **WOMBAT CAPITAL**

BONE METASTASES
from Prostate and
Breast Cancer

QBM-001

**PEDIATRIC NON-
VERBAL DISORDER**

- Among the >60,000 US children who develop Autism Spectrum Disorders (ASD) every year,
- 20,000 become nonverbal and will have to rely on assisted living for the rest of their life.

Current Standards of Care

- The lifetime cost of care is estimated at \$10 M/person.
- No treatment with lasting effects on how children develop
- There are NO drugs currently available to ameliorate this condition.
- Orphan drugs (less than 200k patients) average price \$100,000 per year.
- This pediatric nonverbal disorder, where children lose or don't develop speech and manifest with ASD symptoms is rare and limited to approximately 20,000 children a year in the US and about the same in Europe.

MARKET POTENTIAL

United States: 20,000 patients per year @ \$100,000 - \$2B

Europe and ROW: 30,000 Patients per year @ 100,000 - \$3B

MAN 01

GLAUCOMA and Interocular
Eye Pressure (IOP)

- 60 million patients worldwide
- 8 million with bilateral blindness
- Typically no early warning signs
- Therapy only slows progression, no cure

Current Standards of Care

Medical (Pharmaceuticals) - No new glaucoma pharmaceutical in 20 years (1996)

Laser Surgery - Requires two procedures and use of pharmaceuticals

Traditional Surgery (In-patient) - Requires two procedures and use of pharmaceuticals. Painful, costly, and invasive

First in class drug to treat Intraocular Eye Pressure (IOP)

- Only drug targeting the 'Schlemms' Canal which is responsible for 70% -90% of fluid drainage in the eye
- Testing shows excellent results normalizing IOP
- Primary Indication for adult open angle glaucoma

Additional indications may include:

Age Related Macular Degeneration (AMD)
Cystic Kidney Disease



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